

Renewal Plan(s) and Segment:		1P	2P	FF		Total Census		Total Annual Cost
Employees with BCBSM	Census	11	7	28		46		
BCBSM - Simply Blue HSA \$3000/0% PPO	Rate	\$556.62	\$1,335.88	\$1,669.84				\$746,754
Employees with BCBSM	Census	4	1	3		8		
BCBSM - Simply Blue HSA \$3000/20% PPO	Rate	\$504.20	\$1,210.08	\$1,512.59				\$93,176
Employees with BCN	Census	2	3	12		17		
BCN - BCN HSA \$3000/0% HMO	Rate	\$400.39	\$960.93	\$1,201.06				\$217,155
	Totals:	17	11	43		71		\$1,057,085

Product Name	1P Rate	2P Rate	FF Rate		Total Annual Cost	Estimated Annual Savings	% Change from Current
BCBSM - Simply Blue \$3000/20% PPO	\$601.55	\$1,443.71	\$1,804.65		\$1,244,485	\$187,400	17.73%
BCBSM - Simply Blue HSA \$3500/0% PPO	\$536.17	\$1,286.83	\$1,608.53		\$1,109,242	\$52,156	4.93%
BCBSM - Simply Blue HRA \$2500/20% PPO	\$635.84	\$1,526.03	\$1,907.55		\$1,315,443	\$258,358	24.44%
BCBSM - Simply Blue HRA \$4000/20% PPO	\$592.21	\$1,421.34	\$1,776.66		\$1,225,184	\$168,099	15.90%
BCN - HMO \$3000/20% HMO	\$431.99	\$1,036.79	\$1,295.99		\$893,713	-\$163,372	-15.45%
BCN - HMO \$4000/20% HMO	\$423.57	\$1,016.59	\$1,270.73		\$876,295	-\$180,790	-17.10%
McLaren - HSA \$2000/20% HMO	\$482.46	\$1,157.90	\$1,446.80		\$997,813	-\$59,272	-5.61%
McLaren - HSA \$2000/0% HMO	\$531.29	\$1,275.10	\$1,593.24		\$1,098,808	\$41,723	3.95%
McLaren - HSA \$3000/20% HMO	\$427.09	\$1,025.02	\$1,280.77		\$883,306	-\$173,779	-16.44%
McLaren - HSA \$3000/0% HMO	\$462.22	\$1,109.33	\$1,386.11		\$955,957	-\$101,128	-9.57%
McLaren - HSA \$3000/0% HMO	\$458.52	\$1,100.45	\$1,375.02		\$948,308	-\$108,777	-10.29%
Priority Health -	Declined to quote						

Plan	All Employees BCBSM Simply Blue HSA \$3000/0%			All Employees BCBSM Simply Blue HSA \$3500/0%		All Employees BCBSM Simply Blue HRA \$4000/20%		All Employees BCN HMO \$3000/20%	
	Effective Dates	1/1/2023 - 12/31/2023			1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023
Provider Network	PPO			PPO		PPO		HMO	
Annual Deductibles	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Deductible - Single	\$3,000	\$6,000	\$3,500	\$7,000	\$4,000	\$4,000	\$3,000	NA	
Deductible - Family	\$6,000	\$12,000	\$7,000	\$14,000	\$8,000	\$8,000	\$6,000	NA	
Additional Cost After Deductible									
Coinsurance	0%	40%	0%	20%	20%	40%	20%	NA	
Coinsurance Maximum - Single	NA	NA	NA	NA	NA	NA	\$2,500	NA	
Coinsurance Maximum - Family	NA	NA	NA	NA	NA	NA	\$5,000	NA	
Out of Pocket Maximum									
Single	\$6,900	\$13,800	\$6,900	\$13,800	\$8,150	\$16,300	\$8,150	NA	
Family	\$13,800	\$27,600	\$13,800	\$27,600	\$16,300	\$32,600	\$16,300	NA	
Copayments									
Office Visit	0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$30 office visit/\$50 specialist	NA	
Urgent Care	0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$60	NA	
Emergency Room	0% after in network deductible	0% after in network deductible	0% after in network deductible	0% after in network deductible	\$150	\$150	\$250	NA	
Rx	\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$10/\$40/\$80	\$10/\$40/\$80 plus 25% of approved amount	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA	
Virtual Visits	0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$30	NA	
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate	Census	Rate
One Person (1P)	11	\$472.12	\$556.62	11	\$536.17	11	\$592.21	11	\$431.99
Two Person (2P)	7	\$1,133.08	\$1,335.88	7	\$1,286.83	7	\$1,421.34	7	\$1,036.79
Family (FF)	28	\$1,416.35	\$1,669.84	28	\$1,608.53	28	\$1,776.66	28	\$1,295.99
Total Monthly Premium		\$52,782.68	\$62,229.50		\$59,944.52		\$66,210.17		\$48,297.14
Total Annual Premium	46	\$633,392	\$746,754	46	\$719,334	46	\$794,522	46	\$579,566
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap		Monthly Cost to Cap	
Single - \$7,399.47	-\$60.00			-\$80.45		-\$24.41		-\$184.63	
2 Person - \$15,474.60	\$46.33			-\$2.72		\$131.79		-\$252.76	
Family - \$20,180.43	-\$11.86			-\$73.17		\$94.96		-\$385.71	

Disclaimer: This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully demonstrate benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Plan	All Employees BCBSM Simply Blue HSA \$3000/0%			All Employees McLaren HSA \$2000/0%		All Employees McLaren HSA \$3000/0%			
	Effective Dates	1/1/2023 - 12/31/2023			1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023		
Provider Network	PPO			HMO		HMO			
Annual Deductibles	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network			
Deductible - Single	\$3,000	\$6,000	\$2,000	NA	\$3,000	NA			
Deductible - Family	\$6,000	\$12,000	\$4,000	NA	\$6,000	NA			
Additional Cost After Deductible									
Coinsurance	0%	40%	0%	NA	0%	NA			
Coinsurance Maximum - Single	NA	NA	NA	NA	NA	NA			
Coinsurance Maximum - Family	NA	NA	NA	NA	NA	NA			
Out of Pocket Maximum									
Single	\$6,900	\$13,800	\$4,000	NA	\$6,000	NA			
Family	\$13,800	\$27,600	\$8,000	NA	\$12,000	NA			
Copayments									
Office Visit	0% after in network deductible	20% after out of network deductible	0% after in network deductible	NA	0% after in network deductible	NA			
Urgent Care	0% after in network deductible	20% after out of network deductible	0% after in network deductible	NA	0% after in network deductible	NA			
Emergency Room	0% after in network deductible	0% after in network deductible	0% after in network deductible	NA	0% after in network deductible	NA			
Rx	\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$10/\$25/\$40 after deductible	NA	\$10/\$25/\$40 after deductible	NA			
Virtual Visits	0% after in network deductible	20% after out of network deductible	0% after in network deductible	NA	0% after in network deductible	NA			
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate		
One Person (1P)	11	\$472.12	\$556.62	11	\$531.29	11	\$462.22		
Two Person (2P)	7	\$1,133.08	\$1,335.88	7	\$1,275.10	7	\$1,109.33		
Family (FF)	28	\$1,416.35	\$1,669.84	28	\$1,593.24	28	\$1,386.11		
Total Monthly Premium		\$52,782.68	\$62,229.50		\$59,380.61		\$51,660.81		
Total Annual Premium	46	\$633,392	\$746,754	46	\$712,567	46	\$619,930		
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap			
Single - \$7,399.47	-\$60.00			-\$85.33		-\$154.40			
2 Person - \$15,474.60	\$46.33			-\$14.45		-\$180.22			
Family - \$20,180.43	-\$11.86			-\$88.46		-\$295.59			

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BCBSM-Simply Blue HSA \$3000/20% Replacement Plans

Plan	All Employees BCBSM Simply Blue HSA \$3000/20%			All Employees BCBSM Simply Blue HSA \$3500/0%		All Employees BCBSM Simply Blue HRA \$4000/20%		All Employees BCN HMO \$3000/20%	
	Effective Dates	1/1/2023 - 12/31/2023			1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023
Provider Network	PPO			PPO		PPO		HMO	
Annual Deductibles	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Deductible - Single	\$3,000	\$2,800	\$3,500	\$7,000	\$4,000	\$4,000	\$3,000	NA	
Deductible - Family	\$6,000	\$5,600	\$7,000	\$14,000	\$8,000	\$8,000	\$6,000	NA	
Additional Cost After Deductible									
Coinsurance	20%	40%	0%	20%	20%	40%	20%	NA	
Coinsurance Maximum - Single	NA	NA	NA	NA	NA	NA	\$2,500	NA	
Coinsurance Maximum - Family	NA	NA	NA	NA	NA	NA	\$5,000	NA	
Out of Pocket Maximum									
Single	\$4,000	\$13,800	\$6,900	\$13,800	\$8,150	\$16,300	\$8,150	NA	
Family	\$8,000	\$27,600	\$13,800	\$27,600	\$16,300	\$32,600	\$16,300	NA	
Copayments									
Office Visit	20% after in network deductible	40% after out of network deductible	0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$30 office visit/\$50 specialist	NA	
Urgent Care	20% after in network deductible	40% after out of network deductible	0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$60	NA	
Emergency Room	20% after in network deductible	20% after in network deductible	0% after in network deductible	0% after in network deductible	\$150	\$150	\$250	NA	
Rx	\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$10/\$40/\$80	\$10/\$40/\$80 plus 25% of approved amount	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA	
Virtual Visits	20% after in network deductible	40% after out of network deductible	0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$30	NA	
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate	Census	Rate
One Person (1P)	4	\$428.89	\$504.20	4	\$536.17	4	\$592.21	4	\$431.99
Two Person (2P)	1	\$1,029.36	\$1,210.08	1	\$1,286.83	1	\$1,421.34	1	\$1,036.79
Family (FF)	3	\$1,286.69	\$1,512.59	3	\$1,608.53	3	\$1,776.66	3	\$1,295.99
Total Monthly Premium		\$6,604.99	\$7,764.65		\$8,257.10		\$9,120.16		\$6,652.72
Total Annual Premium	8	\$79,260	\$93,176	8	\$99,085	8	\$109,442	8	\$79,833
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap		Monthly Cost to Cap	
Single - \$7,399.47	-\$112.42			-\$80.45		-\$24.41		-\$184.63	
2 Person - \$15,474.60	-\$79.47			-\$2.72		\$131.79		-\$252.76	
Family - \$20,180.43	-\$169.11			-\$73.17		\$94.96		-\$385.71	

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Plan	All Employees BCBSM Simply Blue HSA \$3000/20%			All Employees McLaren HSA \$2000/0%		All Employees McLaren HSA \$3000/0%			
	Effective Dates	1/1/2023 - 12/31/2023			1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023		
Provider Network	PPO			HMO		HMO			
Annual Deductibles	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network			
Deductible - Single	\$3,000	\$2,800	\$2,000	NA	\$3,000	NA			
Deductible - Family	\$6,000	\$5,600	\$4,000	NA	\$6,000	NA			
Additional Cost After Deductible									
Coinsurance	20%	40%	0%	NA	0%	NA			
Coinsurance Maximum - Single	NA	NA	NA	NA	NA	NA			
Coinsurance Maximum - Family	NA	NA	NA	NA	NA	NA			
Out of Pocket Maximum									
Single	\$4,000	\$13,800	\$4,000	NA	\$6,000	NA			
Family	\$8,000	\$27,600	\$8,000	NA	\$12,000	NA			
Copayments									
Office Visit	20% after in network deductible	40% after out of network deductible	0% after in network deductible	NA	0% after in network deductible	NA			
Urgent Care	20% after in network deductible	40% after out of network deductible	0% after in network deductible	NA	0% after in network deductible	NA			
Emergency Room	20% after in network deductible	20% after in network deductible	0% after in network deductible	NA	0% after in network deductible	NA			
Rx	\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$10/\$25/\$40 after deductible	NA	\$10/\$25/\$40 after deductible	NA			
Virtual Visits	20% after in network deductible	40% after out of network deductible	0% after in network deductible	NA	0% after in network deductible	NA			
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate		
One Person (1P)	4	\$428.89	\$504.20	4	\$531.29	4	\$462.22		
Two Person (2P)	1	\$1,029.36	\$1,210.08	1	\$1,275.10	1	\$1,109.33		
Family (FF)	3	\$1,286.69	\$1,512.59	3	\$1,593.24	3	\$1,386.11		
Total Monthly Premium		\$6,604.99	\$7,764.65		\$8,179.98		\$7,116.54		
Total Annual Premium	8	\$79,260	\$93,176	8	\$98,160	8	\$85,398		
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap			
Single - \$7,399.47	-\$112.42			-\$85.33		-\$154.40			
2 Person - \$15,474.60	-\$79.47			-\$14.45		-\$180.22			
Family - \$20,180.43	-\$169.11			-\$88.46		-\$295.59			

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**PA 106 Health Benefit and Cost Analysis
Frankenmuth School District
BCN-BCN HSA \$3000/0% Replacement Plans**



Plan	All Employees BCN BCN HSA \$3000/0%			All Employees BCBSM Simply Blue HSA \$3500/0%		All Employees BCBSM Simply Blue HRA \$4000/20%		All Employees BCN HMO \$3000/20%	
	Effective Dates	1/1/2023 - 12/31/2023			1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023
Provider Network	HMO			PPO		PPO		HMO	
Annual Deductibles	In Network	Out of Network		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible - Single	\$3,000	NA		\$3,500	\$7,000	\$4,000	\$4,000	\$3,000	NA
Deductible - Family	\$6,000	NA		\$7,000	\$14,000	\$8,000	\$8,000	\$6,000	NA
Additional Cost After Deductible									
Coinsurance	0%	NA		0%	20%	20%	40%	20%	NA
Coinsurance Maximum - Single	NA	NA		NA	NA	NA	NA	\$2,500	NA
Coinsurance Maximum - Family	NA	NA		NA	NA	NA	NA	\$5,000	NA
Out of Pocket Maximum									
Single	\$6,900	NA		\$6,900	\$13,800	\$8,150	\$16,300	\$8,150	NA
Family	\$13,800	NA		\$13,800	\$27,600	\$16,300	\$32,600	\$16,300	NA
Copayments									
Office Visit	0% after in network deductible	NA		0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$30 office visit/\$50 specialist	NA
Urgent Care	0% after in network deductible	NA		0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$60	NA
Emergency Room	0% after in network deductible	NA		0% after in network deductible	0% after in network deductible	\$150	\$150	\$250	NA
Rx	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA		\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$10/\$40/\$80	\$10/\$40/\$80 plus 25% of approved amount	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA
Virtual Visits	0% after in network deductible	NA		0% after in network deductible	20% after out of network deductible	\$30	40% after out of network deductible	\$30	NA
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate	Census	Rate
One Person (1P)	2	\$272.76	\$400.39	2	\$536.17	2	\$592.21	2	\$431.99
Two Person (2P)	3	\$654.64	\$960.93	3	\$1,286.83	3	\$1,421.34	3	\$1,036.79
Family (FF)	12	\$818.30	\$1,201.06	12	\$1,608.53	12	\$1,776.66	12	\$1,295.99
Total Monthly Premium		\$12,329.04	\$18,096.29		\$24,235.19		\$26,768.36		\$19,526.23
Total Annual Premium	17	\$147,948	\$217,155	17	\$290,822	17	\$321,220	17	\$234,315
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap		Monthly Cost to Cap	
Single - \$7,399.47	-\$216.23			-\$80.45		-\$24.41		-\$184.63	
2 Person - \$15,474.60	-\$328.62			-\$2.72		\$131.79		-\$252.76	
Family - \$20,180.43	-\$480.64			-\$73.17		\$94.96		-\$385.71	

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**PA 106 Health Benefit and Cost Analysis
Frankenmuth School District
BCN-BCN HSA \$3000/0% Replacement Plans**



Plan	All Employees BCN BCN HSA \$3000/0%			All Employees McLaren HSA \$2000/0%		All Employees McLaren HSA \$3000/0%			
	Effective Dates	1/1/2023 - 12/31/2023			1/1/2023 - 12/31/2023		1/1/2023 - 12/31/2023		
Provider Network	HMO			HMO		HMO			
Annual Deductibles	In Network	Out of Network		In Network	Out of Network	In Network	Out of Network		
Deductible - Single	\$3,000	NA		\$2,000	NA	\$3,000	NA		
Deductible - Family	\$6,000	NA		\$4,000	NA	\$6,000	NA		
Additional Cost After Deductible									
Coinsurance	0%	NA		0%	NA	0%	NA		
Coinsurance Maximum - Single	NA	NA		NA	NA	NA	NA		
Coinsurance Maximum - Family	NA	NA		NA	NA	NA	NA		
Out of Pocket Maximum									
Single	\$6,900	NA		\$4,000	NA	\$6,000	NA		
Family	\$13,800	NA		\$8,000	NA	\$12,000	NA		
Copayments									
Office Visit	0% after in network deductible	NA		0% after in network deductible	NA	0% after in network deductible	NA		
Urgent Care	0% after in network deductible	NA		0% after in network deductible	NA	0% after in network deductible	NA		
Emergency Room	0% after in network deductible	NA		0% after in network deductible	NA	0% after in network deductible	NA		
Rx	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA		\$10/\$25/\$40 after deductible	NA	\$10/\$25/\$40 after deductible	NA		
Virtual Visits	0% after in network deductible	NA		0% after in network deductible	NA	0% after in network deductible	NA		
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate		
One Person (1P)	2	\$272.76	\$400.39	2	\$531.29	2	\$462.22		
Two Person (2P)	3	\$654.64	\$960.93	3	\$1,275.10	3	\$1,109.33		
Family (FF)	12	\$818.30	\$1,201.06	12	\$1,593.24	12	\$1,386.11		
Total Monthly Premium		\$12,329.04	\$18,096.29		\$24,006.76		\$20,885.75		
Total Annual Premium	17	\$147,948	\$217,155	17	\$288,081	17	\$250,629		
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap			
Single - \$7,399.47	-\$216.23			-\$85.33		-\$154.40			
2 Person - \$15,474.60	-\$328.62			-\$14.45		-\$180.22			
Family - \$20,180.43	-\$480.64			-\$88.46		-\$295.59			

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