

Employee Benefits Risk Management Renewal



Prepared exclusively for:



Big Rapids Public Schools (Admin)

*Programs & Services
Effective:*

1/1/2022



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We can get you there.

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Proposal Disclosures & Notes

- * Quotes provided are effective upon the effective date of this proposal unless otherwise noted
- * Final prices are subject to the terms of the plan as well as underwriting factors if necessary
- * Plan information provided in this booklet is shown as a summary of plan benefits. In the event of discrepancy, official plan documents will prevail. Full plan documents available on request.
- * Proposal includes full risk management assessment from Lerner, Csernai & Fath Financial Group
- * Information in this booklet accurate as of 10/18/2021
- * Proposal includes proprietary product and process information used in risk management strategies for clientele. Information in this proposal is for the client notated on the title page. Information of this proposal is expected to remain confidential from other members of the employee benefits industry (agents/agencies/insurance companies/etc.)
- * Proper compliance documentation will be provided to whomever applicable as soon as a decision is made should plan fall under our agency

Proposal Notes	
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About Lerner, Csernai & Fath Financial Group

Lerner, Csernai & Fath Financial Group is an experienced, independent financial firm -- priding itself in professionalism, integrity and an unbiased approach to solving our clients' financial objectives. We are loyal to and supportive of our clients and the communities we serve. We have prospered in a small community since 1969 being loyal to our clients. Their loyalty to our values has grown our firm, and referrals of their friends and family have been the source of our success. We stay on the cutting edge with our strategies, education and technology to provide personal attention and quality service to all our clients. Through partnerships and a knowledgeable staff, we are able to provide our clients with the support and necessary administrative services to make health and employee benefits administration simple.

Strategic Benefits Network

Starting in mid 2018 we have joined Strategic Benefits Network (SBN). Strategic Benefits Network allows for us network and brainstorm with some of the productive and brightest minds in the Michigan Employee Benefits Industry. This also opens the door for productive and exciting opportunities for us to offer the clients of our Benefits Division.



Risk Management

Our approach is risk based, we call it LernerCare. We place ourselves in the shoes of our commercial client then manage the risk as if it were our own. Our advice and guidance is curated specifically for each of our clients individually. The advice you receive from us is not a canned approach. **We manage your risk, a feature others often do not offer.**

Compliance Protection

Compliance is becoming increasingly difficult to navigate. Through our staff, as well as our expansive group of industry partners, we ensure that your plan is compliant and shielded from penalty.



Industry Innovation

Other industries are increasingly improving and moving ahead to create better, more innovative products and services to support. So are we. We have created strategies unoffered, and unmatched, by any of our competition. By partnering with us you will receive access to some of the most innovative strategies in the employee benefits industry!

The Staff of Lerner, Csernai & Fath Financial Group



50 years of getting the job done right.
Here for the next 50.

Multi-faceted financial assistance

Growing group of financial
professionals

Our Staff
settles for
nothing less
than the best

Education-based approach to bring
our clients the latest and greatest

Leaders of our industry pointing the
way for future generations

Typically, insurance professionals are paid on commission. *This is fundamentally incorrect in our opinion.* If rates go up, so too does the income of your agent - do they really deserve that? The LernerCare risk management strategy changes this. *WHEN ABLE we will be paid strictly on a Per Enrolled Employee basis.* This means if your rates go up, we don't secretly benefit from it.

WE CAN GET YOU THERE!

LERNER
CSERNAI  FATH
FINANCIAL GROUP

Benefits Division Products

Being an independent agency, we can offer employers the coverage they desire and the best rate for their company through our relationships with multiple carriers. No matter the end result in mind – we have the ability to conform to the desires of our clients.

Products that we offer firms who partner with us are:

- **Group Health Insurance**
- **Dental Plans**
- **Vision Plans**
- **Short-Term Disability**
- **Long-Term Disability**
- **Life Insurance**
- **Ancillary Benefit Plans**
- **Retirement Plans**
- **Medicare Plans**
- **Online Enrollment/HRIS Modules**

Fully-Funded, HSA, HRA, and Hybrid-Insured Options Available!

Through partnerships and a knowledgeable staff, we provide our clients with the support and necessary administrative services to make Employee Benefits simple. Be it if the solution is internally with Lerner, Csernai & Fath or externally with our partners – we have the answers.

Services we offer our clients are:

Initial Setup

- Agent of Record Letter/New Business
- Enrollment Material
- Employer & Employee Information Packets

Employee Informational Meeting

- Employee Folders
- Open Enrollment
- Question & Answer Section
- Provide & Obtain enrollments/waivers
- Benefit Review with employees

Benefit Administration

- New Hire Additions & Education
- Employee Termination
- Online Benefits Administration Platform
- Compliance
 - HIPAA, ERISA, FMLA, SPD's, Section 125, COBRA, ACA Compliance, etc.
 - *Supported via an on-retainer Employee Benefits attorney*
- Family Status Changes
- Annual Renewal overview & meetings
- HRIS/Payroll Integrations or assistance (optional)
- HR & FMLA online/outsourcing programs

Risk Management

- LernerCare risk management strategy
- Plan reporting & optimization

Direct Employee Services

- Billing
- Claim Issues
- Personal Online Benefit Portal (optional)
- Replacement Cards
- Benefit Inquiries

Annual Renewals

- Yearly Analysis of Benefits
- Provide customized enrollment material
- Medical Loss Ratio Reporting & Rate Renewal Certification
- Provide rates & Offer alternative plans
- Annual employee meeting

Transitional Services

- Transition to Medicare
- Aging off parent's plan (Age 26)

**We are your resource for any
benefit related needs!**

Your Lerner, Csernai & Fath Financial Group Team

Account Manager



Derek A. Lodholtz

Direct Line: 231.629.8628

Mobile Line: 231.740.1551

Email: derek@lernerfinancial.com (available on mobile phone)

Availability: 7am - 5pm Monday through Friday. Weekends, Early AM & Late PM by Appointment.

Derek deals with the implementation, strategy and direction of given advice of your account. He makes sure the right deals are in place to ensure a smooth and easy benefits experience for you as the employer, in addition to your employees as they use their benefits. Contact Derek for questions regarding plan details, account advice, quoting, renewals, escalated customer service issues. Derek is your representative and when in doubt, direct concerns his way.

Service Coordinator



Maureen Krueger

Direct Line: 231.629.8619

Email: Maureen@lernerfinancial.com

Availability: 8am - 5pm Monday through Friday

Maureen manages the day-to-day occurrences of your account. She handles customer service for you and your employees, new employee additions, employee changes/terminations, billing issues and much more. As her title implies, she coordinates the service of your account, if she needs to get others involved she will.

Risk Manager



Derek A. Lodholtz

Direct Line: 231.629.8628

Mobile Line: 231.740.1551

Email: derek@lernerfinancial.com

Availability: 7am - 5pm Monday through Friday. Weekends, Early AM & Late PM by Appointment.

Your agent is in charge of general account advice.

LERNER
CSERNAI  FATH
FINANCIAL GROUP

**The entire team at Lerner, Csernai & Fath
Financial Group can assist!**

231.796.8621

info@lernerfinancial.com

Your Company Information

Big Rapids Public Schools (Admin)



Company Physical Address:	21034 15 Mile Rd Big Rapids Mi 49307		
Company Mailing Address:	21034 15 Mile Rd Big Rapids Mi 49307		
Locations:	1	County of Headquarters:	Mecosta
Type of Entity:	School	SIC Code/Type of Business:	8211
Full-Time Employee Count:	Approximately 20	Part-Time Employee Count:	N/A
Payroll Company:	Internal	Payroll Frequency:	12
Employees Not Actively Working:	N/A		

PAYROLL SHOWN AS 12 FOR MONTHLY PRICES TO CALCULATE

Superintendent:	Tim Haist
Phone:	231.796.2627
Email:	thaist@brps.org
Preferred Method of Contact:	Through Tina
Authorized Signatory:	Yes

Finance Director:	Tina Mills
Phone:	231.796.2627
Email:	tmills@brps.org
Preferred Method of Contact:	Email
Authorized Signatory:	Yes

Benefits Offered

Employee benefits attract and retain dedicated workers to your business. Through our partnerships with reliable companies we are able to offer your employees their entire benefits package. Benefits offered are:

Benefit Plan	Offered?	Basis Offered	Company	Plan Options
Medical - Active Employees	No	N/A	N/A	N/A
Medical - Retiree Pre 65	No	N/A	N/A	N/A
Health Reimbursement Arrangement	No	N/A	N/A	N/A
TeleMedicine	No	N/A	N/A	N/A
Prescription Control	No	N/A	N/A	N/A
Dental	Yes	ER Paid	Varipro	1
Vision	Yes	ER Paid	Varipro	1
Basic Life	Yes	ER Paid	Varipro	1
Voluntary Life	No	N/A	N/A	N/A
Short-Term Disability	No	Voluntary	Dearborn Group	1
Long-Term Disability	Yes	ER Paid	Dearborn Group	1
Critical Illness	No	N/A	N/A	N/A
Hospital Indemnity	No	N/A	N/A	N/A
Accident	No	N/A	N/A	N/A
Long-Term Care	No	N/A	N/A	N/A
Hearing	Yes	ER Paid	Amplifon/Varipro	1
Flexible Spending Account	No	N/A	N/A	N/A
Health Savings Account	No	N/A	N/A	N/A
Wellness Program	No	N/A	N/A	N/A
Employee Assistance Program	Yes	ER Paid	Dearborn Group	1
Group Retiree Medicare	No	N/A	N/A	N/A
COBRA Administration	Yes	Voluntary	TASC	3
Benefit Administration	Yes	ER Paid	Ease	1
FMLA Management	No	N/A	N/A	N/A
Human Resources Portal	No	N/A	N/A	N/A



Voluntary Benefits

Voluntary benefits are a great way to increase your offering to employees without increasing costs to your company. With voluntary benefits, employees only enroll into the benefit if they want the coverage. The coverage is then paid (most often) with pre-tax dollars that are withheld from their paycheck. Your company is billed and pays that bill with the dollars withheld from employees. As the employer, you do not have to match FICA on withheld dollars. This means that for every dollar of voluntary benefit that is purchased you save 7.65% by not paying FICA.

HR Help

Benefit administration, FMLA management, and overall Human Resources concerns can be time consuming! We have the solutions to help you! Taking benefit administration online, outsourcing or obtaining a tracking tool for FMLA, and having access to HR help can prove to be a valuable resource to your company!



Medical Insurance

Medical Insurance is the hallmark of employee benefits. This is the largest benefit that employees will be looking for when they are job hunting and it is a great way for you as the employer to show you have an investment into your overall workforce. Medical insurance for your employees ensures they have access to healthcare so they are on the job not home

Prescription Control

Managing healthcare risk is only half completed if prescriptions are not addressed. Through our marketplace transparency we are able to bring options at low or no cost to you that when utilized correctly will save your healthcare plan from spending dollars on prescription claims that are otherwise avoidable.

Critical Illness Insurance

Critical Illnesses are devastating to families throughout the world. Critical illness insurance offers a way for families to hedge their risk against all the costs associated with having to deal with a catastrophic diagnosis such as travel and lodging.

Hospital Indemnity Insurance

Hospital admissions are expensive for families to fund and with deductible levels becoming higher in recent years many employees do not have the funds available to pay for deductible and coinsurance costs should something catastrophic occur. Hospital Indemnity is one way to help those employees be prepared and secured for this.

Accident Insurance

Accident insurance is a great voluntary benefit to offer to employees. It is voluntary, meaning only those employees who want it buy it, and the employer pays nothing towards the premium while saving on tax matches due to section 125 pretaxing. The plan works to hedge insurance costs for accidental injury, making it ideal for those workers who have active kids or lead active lifestyles themselves.

Eligibility Information

	Eligibility & General Provisions			
	Hour Requirement	New Hire Waiting Period	Employee Termination	Dependent Termination
Medical	30 Hours	Date of Hire	End of Month	End of Year Turn 26
Dental	30 Hours	Date of Hire	End of Month	End of Year Turn 26
Vision	30 Hours	Date of Hire	End of Month	End of Year Turn 26
Basic Life	30 Hours	Date of Hire	End of Month	End of Year Turn 26
Voluntary Life	N/A	N/A	N/A	N/A
Short-Term Disability	30 Hours	Date of Hire	End of Month	End of Year Turn 26
Long-Term Disability	30 Hours	Date of Hire	End of Month	End of Year Turn 26
Critical Illness	N/A	N/A	N/A	N/A
Hospital Indemnity	N/A	N/A	N/A	N/A
Accident	N/A	N/A	N/A	N/A
Long-Term Care	N/A	N/A	N/A	N/A
Hearing	30 Hours	Date of Hire	End of Month	End of Year Turn 26
TeleMedicine	N/A	N/A	N/A	N/A
Flexible Spending Account	N/A	N/A	N/A	N/A
Health Savings Account	N/A	N/A	N/A	N/A
Health Reimbursement Arrangement	N/A	N/A	N/A	N/A
Wellness Program	N/A	N/A	N/A	N/A
	Reinstatement Provisions			
	Rehire	Layoff	Disability Leave, Sick Leave & Workers Comp.	
Medical	Immediate w/in 13wks	Immediate w/in 13wks	Immediate w/in 13wks	
Dental	Immediate w/in 13wks	Immediate w/in 13wks	Immediate w/in 13wks	
Vision	Immediate w/in 13wks	Immediate w/in 13wks	Immediate w/in 13wks	
Basic Life	Immediate w/in 13wks	Immediate w/in 13wks	Immediate w/in 13wks	
Voluntary Life	N/A	N/A	N/A	
Short-Term Disability	Immediate w/in 13wks	Immediate w/in 13wks	Immediate w/in 13wks	
Long-Term Disability	Immediate w/in 13wks	Immediate w/in 13wks	Immediate w/in 13wks	
Critical Illness	N/A	N/A	N/A	
Hospital Indemnity	N/A	N/A	N/A	
Accident	N/A	N/A	N/A	
Long-Term Care	N/A	N/A	N/A	
Hearing	Immediate w/in 13wks	Immediate w/in 13wks	Immediate w/in 13wks	
TeleMedicine	N/A	N/A	N/A	
Flexible Spending Account	N/A	N/A	N/A	
Health Savings Account	N/A	N/A	N/A	
Health Reimbursement Arrangement	N/A	N/A	N/A	
Wellness Program	N/A	N/A	N/A	

Note: ACA requires groups with 50+ FTEs have immediate coverage reinstatement if within 13 weeks loss of coverage



Extension of Coverage	
Medical, Dental Vision, Flexible Spending Account, Health Reimbursement Arrangement, Wellness Program	Refer to SPD
Other Benefits	Refer to SPD

Variable Hour Employee Audit								
Under the ACA employees must be offered coverage if they work on average of 130 hours per month or more during a defined measurement period. In order to measure this, Lerner, Csernai & Fath Financial Group advises that the lookback period (sometimes called the standard measurement period) be established at 12 months, this allows for the greatest amount of time to ensure if part-time employees are eligible or not. This period is set 13 months back from the anniversary of your plan and runs for the next 12 months. If an employee is deemed to be eligible for benefits, then there is an administrative period that starts allowing for you to gather the proper enrollment materials and then send them off to be processed. This administrative period has been set for 90 days - the maximum allowable to allow for the greatest flexibility. The required offers of coverage are listed below.								
Measurement & Stability Period Requirement			Required To Comply?			Yes		
Measurement Period = 3 to 12 months (Employer Choice)			12 Months - Measurement			Beginning 10/1/2020		
Stability Period = 6 to 12 months (Not less than Measurement Period)			12 Months - Stability			Beginning 1/1/2022		
Administrative Period = 1 to 90 days (not to exceed 90 days)			90 Days - Administrative			Beginning 10/1/2021		
Last Name	First Name	Hours	Last Name	First Name	Hours	Last Name	First Name	Hours

Compliance Information

Ease Online Enrollment System	Current User	
COBRA:	Required To Comply?	Yes
Required for employers with 20 or more employees on more than 50% of its typical business days in the previous calendar year. Part-Time employees must be counted on a pro-rata basis.	COBRA Administrator	TASC
	COBRA Participants?	N/A
FMLA:	Required To Comply?	Yes
Required for employers with 50 or more total employees for each working day during each of 20 or more calendar work weeks in the current or preceding calendar year. Governmental agencies must comply regardless of size.	Tracking System/Vendor	Internal
Temp to Full-Time Employees:	Do you have employees hired using a temp agency?	No
If you are an ALE* you are required to credit time served in a temp agency towards your new hire waiting period		
Paid Medical Leave (PML) (Michigan Employee)	Required To Comply?	Yes
Required for employers with 50 or more total employees (part time and full time). Companies that are part of a control group must total their employee counts to determine eligibility. Employees who work primarily outside of the state of Michigan do not need to be offered PML, but they do count towards your total number of employees.		
Medicare Secondary Payer Rule:	Required To Comply?	Yes
Required for employers with 20 or more employees for 20 or more calendar weeks during the previous or current calendar year. These employers are required to offer employees age 65 or older the same group health plan coverage offer to your younger workers. Incentivizing employees to take Medicare over the group healthplan is expressly prohibited.		
Enrollment Management (Adds, Changes, Terminations)	Who Will Complete?	Lerner, Csernai & Fath Financial Group
Adding new employees, status changes for existing employees, termination of employees leaving employment.	Methodology	Ease / Online
CMS/Medicare Part D Disclosures:	Who Will Complete?	Lerner, Csernai & Fath Financial Group
Employers are required to disclose certain information regarding their prescription drug plan to CMS and employees.		
Medical Waiver Opt Out Credit:	Do you offer an opt out credit?	Yes
ALE's* who offer an opt out credit to their employees must require a signed waiver and proof of other coverage each year. Opt out payments without proof of other coverage increase the employee's cost of coverage and may impact whether the coverage is affordable under the ACA.	Opt Out Amount (taxable):	Insert
IRS Form 5500	Required To Comply?	No
Required for employers with 100 or more plan participants. You are required to file only for years in which you have 100 or more participants on the first day of the year. Employers not subject to ERISA do not need to file (governmental employers, church, etc.)	Who Will Complete?	N/A
	Deadline	N/A
	File For Extension By	Must be filed before due date
	Extended Deadline	N/A

*ALE: Applicable Large Employer. Employers with at least 50 full-time equivalent employees, on average, during the prior calendar year. These employers are subject to the Employer Shared Responsibility and Employer Information Reporting provisions

ACA Reporting (IRS Forms 1094-C/1095-C) :

Required for ALE's* to report an list of coverage offering to eligible employees (1094-C) as well as to furnish employees with a copy of eligibility for their taxes (1095-C).

Required To Comply?

Yes

Methodology

Ease

Michigan PA 106 of 2007:

Required for public employers in the State of Michigan. Requires that benefit plans be bid out every 3 years and include a VEBA in those bids. This does not apply if the plan is hybrid-funded. Pooled plans are always required to bid.

Required To Comply?

Yes

Last Bid Completed When?

1/1/2018

Who Will Complete?

Lerner, Csernai & Fath Financial Group

Michigan PA 152 of 2011:

Required for public employers in the State of Michigan. This sets the maximum allowable contribution amount allowed from the employer. This includes premiums, HSA contributions and HRA payments.

Required To Comply?

Yes

Contribution Amount

PA 152 Cap

Who Will Complete?

LCF will complete

Affordability Audit

Under the ACA large employers have to offer coverage to their employees, additionally that coverage must be deemed affordable to their employees. Below is an analysis of the coverage you offer and if it meets affordability requirements. There are three 'Safe Harbor' methods that can be used to calculate if affordable coverage is offered to your employees. We advise using the 'Federal Poverty Level Safe Harbor'. This is the strictest 'Safe Harbor' that can be adopted and ensures compliance with affordability requirements under the ACA. **Note: this audit is performed to gauge performance going forward.**

Current Safe Harbor Option:

Federal Poverty Level

Current Lowest Single Contribution:

\$0.00

Option 1: Federal Poverty Level

Current Year	2021
Poverty Level Cap	\$103.14
Current Lowest Single Contribution	\$0.00
Compliant?	Yes

Note: This is the strictest affordability guideline set forth by the IRS.

Option 2: Rate of Pay

Current Year	2021
Minimum Wage	\$9.65
Hours	130
Affordability Percent	9.61%
Rate of Pay Cap	\$120.56
Current Lowest Single Contribution	\$0.00
Compliant?	Yes

Note: This is the most reliable method for when Option 1 cannot be used.

Option 3: W-2 Safe Harbor

Multiply the lowest paid employee's estimated W-2 (Box 1) income for the current year by the Affordability Percent to achieve an estimate of affordability.
Risks with this method:
1. Employees could elect pre-tax deductions that lower their Box 1 wages
2. Employees may not work enough hours to meet the predicted wages

Note: This method is not advised and is the least reliable.

Affordability Audit Results on Current Contribution Strategy:

Compliant

Contribution Change/ Action Needed For Upcoming Renewal:

No

Compliance Notes

Dental Renewal Overview

		Current Benefits	Renewal Benefits
Company		Varipro	
Plan Name		BRPS Dental	BRPS Dental
Network Type		No Network	No Network
Voluntary Plan?		No	No
		In-Network Cost Sharing	
Lifetime Maximum		None	None
Annual Maximum		\$1,500.00	\$1,500.00
Deductible		None	None
Cleaning/Exam Frequency		Twice per year	Twice per year
Class 1 (Preventative) Coverage		100%	100%
Class 2 (Basic) Coverage		90%	90%
Class 3 (Major) Coverage		90%	90%
Class 4 (Ortho) Coverage		90%	90%
Class 4 Lifetime Maximum		\$2,500.00	\$2,500.00
Participation Requirements		All employees	All employees
Tier	EE	Pricing Per Month	
Single	3	\$32.20	\$33.49
Double	3	\$61.31	\$63.76
Family	18	\$122.91	\$127.83
Total	24	CHANGE	4.000%
		Employer Contribution Per Month (100%)	
Single		\$32.20	\$33.49
Double		\$61.31	\$63.76
Family		\$122.91	\$127.83
		Employee Contribution Per Pay	
Single		\$0.00	\$0.00
Double		\$0.00	\$0.00
Family		\$0.00	\$0.00

Dental Cost Summary*		
	Current Year Costs	Proposed Renewal Costs
Single	\$1,159.20	\$1,205.57
Double	\$2,207.16	\$2,295.45
Family	\$26,548.56	\$27,610.50
TOTAL	\$29,914.92	\$31,111.52

*The above is based on current enrollment and shows total plan premium

COINSURANCE AMOUNTS ABOVE REPRESENT THE PORTION PAID BY THE INSURANCE COMPANY



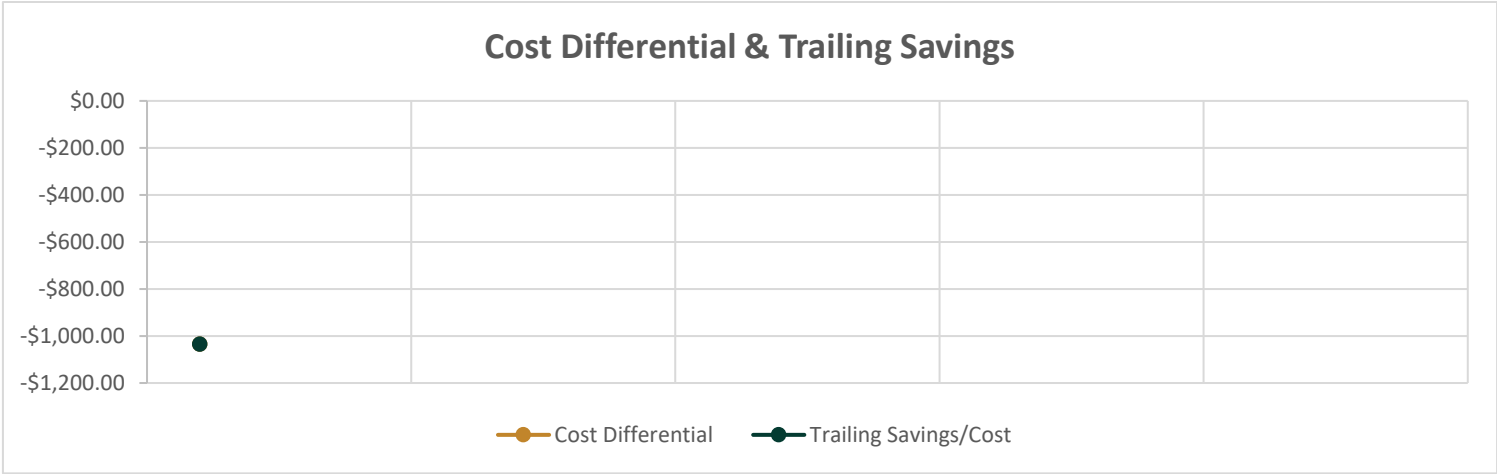
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Dental Self Insured Analysis

Year Began to Self Fund	Type of Self Funding	Stop Loss?
2021	Traditional	No

Year	EE Count	Fully Insured Premium	Cost Per Employee	Self Insured Total Costs	Cost Per Employee	Cost Differential	Trailing Savings/Cost
2021	23	\$25,776.47	\$1,120.72	\$26,810.86	\$1,165.69	-\$1,034.39	-\$1,034.39
2022							
2023							
2024							
2025							
2026							
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Cost differential shows the net savings or costs in excess of fully insured premiums. BCBSM is used as the benchmark fully insured plan to measure differential.

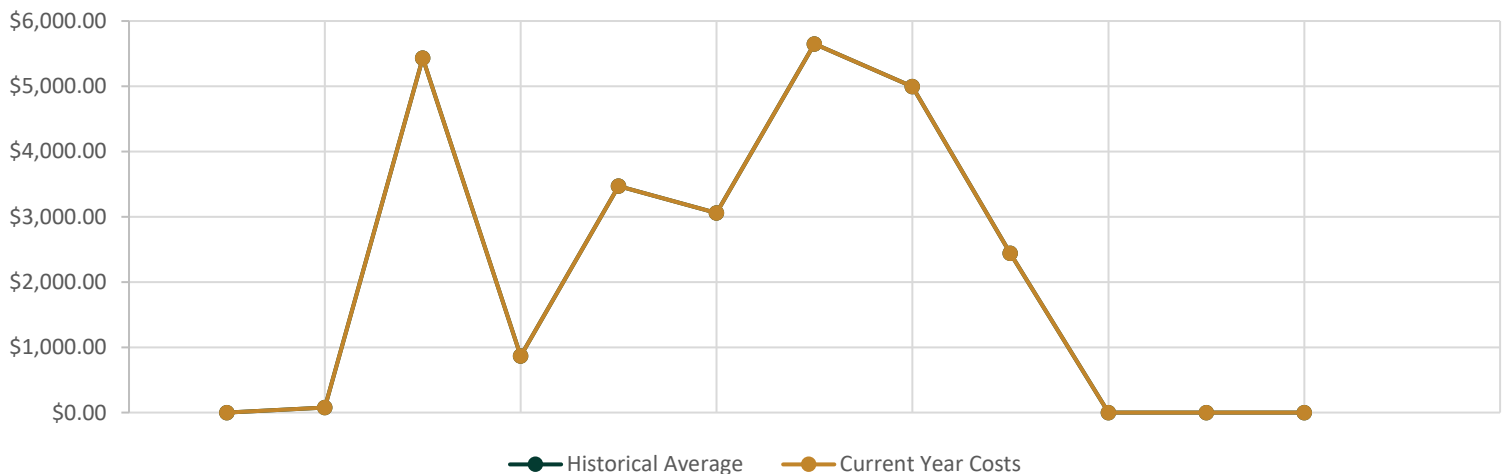


Any applicable refund has been factored into the total hybrid funding costs

	Historical Average	Current Cost	Difference
January	\$0.00	\$0.00	\$0.00
February	\$77.40	\$77.40	\$0.00
March	\$5,431.10	\$5,431.10	\$0.00
April	\$867.14	\$867.14	\$0.00
May	\$3,468.02	\$3,468.02	\$0.00
June	\$3,059.12	\$3,059.12	\$0.00
July	\$5,649.73	\$5,649.73	\$0.00
August	\$4,996.98	\$4,996.98	\$0.00
September	\$2,441.37	\$2,441.37	\$0.00
October	\$0.00	\$0.00	\$0.00
November	\$0.00	\$0.00	\$0.00
December	\$0.00	\$0.00	\$0.00
Total	\$25,990.86	\$25,990.86	\$0.00

The above has removed admin expenses to show pure claims cost

Monthly Costs Compared to Historical Monthly Averages



Vision Renewal Overview

		Current Benefits	Renewal Benefits
Company		Varipro	
Plan Name		BRPS Vision	BRPS Vision
Network Type		VSP	VSP
Voluntary Plan?		No	No
		In-Network Cost Sharing	
Lifetime Maximum		None	None
Deductible		None	None
Eye Exam Frequency		Every year	Every year
Eye Exam Copay		\$0.00	\$0.00
Prescription Frequency		Every year	Every year
Prescription Copay		\$0.00	\$0.00
Necessary Contacts Copay		\$0.00	\$0.00
Materials Frequency		Every year	Every year
Materials Allowance		\$130 F / \$250 C	\$130 F / \$250 C
Contacts OR Frames		Cannot get both	Cannot get both
Participation Requirements		All employees	All employees
Tier	EE	Pricing Per Month	
Single	3	\$7.72	\$7.72
Double	3	\$14.66	\$14.66
Family	18	\$21.53	\$21.53
Total	24	CHANGE	0.000%
		Employer Contribution Per Month (100%)	
Single		\$7.72	\$7.72
Double		\$14.66	\$14.66
Family		\$21.53	\$21.53
		Employee Contribution Per Pay	
Single		\$0.00	\$0.00
Double		\$0.00	\$0.00
Family		\$0.00	\$0.00

Vision Cost Summary*		
	Current Year Costs	Proposed Renewal Costs
Single	\$277.92	\$277.92
Double	\$527.76	\$527.76
Family	\$4,650.48	\$4,650.48
TOTAL	\$5,456.16	\$5,456.16

*The above is based on current enrollment and shows total plan premium



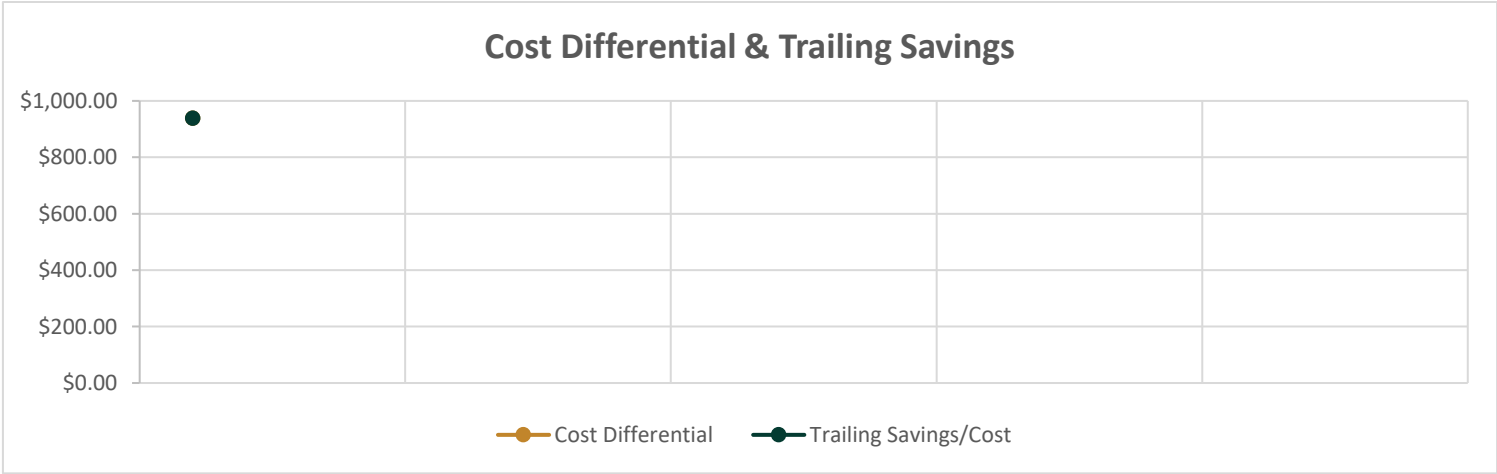
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Vision Self Insured Analysis

Year Began to Self Fund	Type of Self Funding	Stop Loss?
2021	Traditional	No

Year	EE Count	Fully Insured Premium	Cost Per Employee	Self Insured Total Costs	Cost Per Employee	Cost Differential	Trailing Savings/Cost
2021	23	\$4,045.45	\$175.89	\$3,106.97	\$135.09	\$938.48	\$938.48
2022							
2023							
2024							
2025							
2026							
2027							
2028							
2029							
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2043							

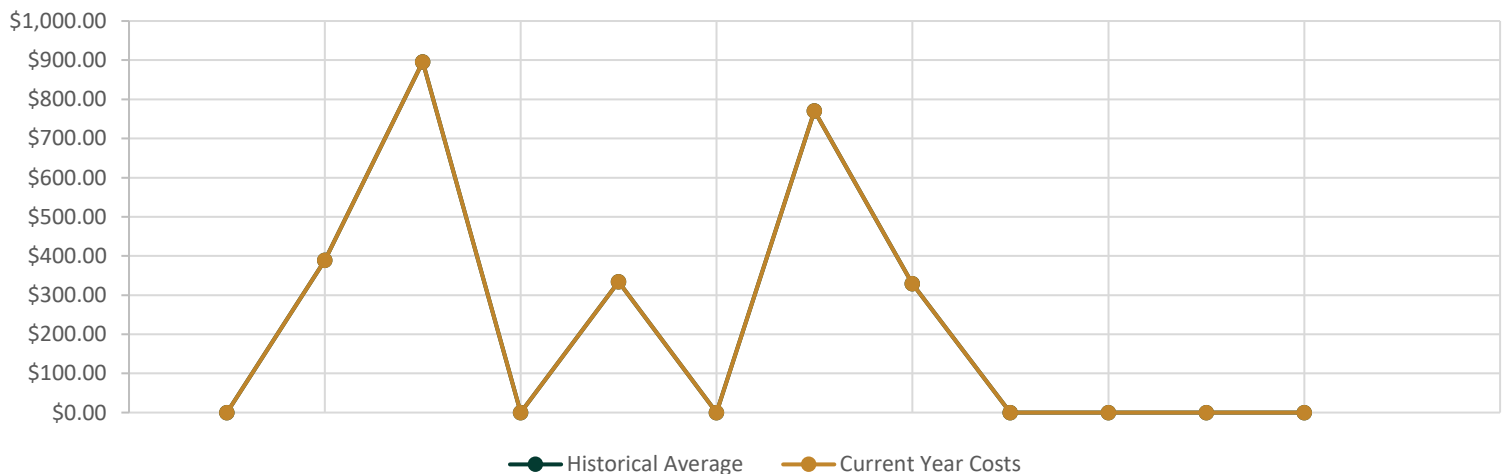
Cost differential shows the net savings or costs in excess of fully insured premiums. BCBSM is used as the benchmark fully insured plan to measure differential.



	Historical Average	Current Cost	Difference
January	\$0.00	\$0.00	\$0.00
February	\$388.75	\$388.75	\$0.00
March	\$895.72	\$895.72	\$0.00
April	\$0.00	\$0.00	\$0.00
May	\$333.75	\$333.75	\$0.00
June	\$0.00	\$0.00	\$0.00
July	\$770.50	\$770.50	\$0.00
August	\$328.75	\$328.75	\$0.00
September	\$0.00	\$0.00	\$0.00
October	\$0.00	\$0.00	\$0.00
November	\$0.00	\$0.00	\$0.00
December	\$0.00	\$0.00	\$0.00
Total	\$2,717.47	\$2,717.47	\$0.00

The above has removed admin expenses to show pure claims cost

Monthly Costs Compared to Historical Monthly Averages



Basic Life with AD&D Renewal Overview

	Current Benefits	Renewal Benefits
Company	Dearborn Group	
Plan Overview		
Life Insurance Amount	2x Annual Salary (\$300k max)	2x Annual Salary (\$300k max)
AD&D Amount	2x Annual Salary (\$300k max)	2x Annual Salary (\$300k max)
Age Reduction Schedule	35% At Age 65	35% At Age 65
	50% At Age 70	50% At Age 70
	75% At Age 75	75% At Age 75
Conversion Feature	Included	Included
Portability Feature	Not Included	Not Included
Waiver of Premium	Included	Included
Rate Guarantee	2 year	2 year
	Enrollment	
Employees	26	
	Pricing	
Life + AD&D Rate	\$0.155	\$0.155
CHANGE		0.000%

Basic Life with AD&D Cost Summary*		
	Current Year Costs	Proposed Renewal Costs
All coverages	\$6,478.56	\$6,478.56

*The above is based on current enrollment and shows total plan premium

Short-Term Disability Renewal Overview

	Current Benefits	Renewal Benefits
Company	Dearborn Group	
Voluntary Plan?	Yes	Yes
	Plan Overview	
Benefit Amount (%) of Salary	60.00%	60.00%
Minimum Weekly Benefit	\$100.00	\$100.00
Maximum Weekly Benefit	\$1,000.00	\$1,000.00
Accident Elimination Period	14 days	14 days
Illness Elimination Period	14 days	14 days
Benefit Duration	To LTD	To LTD
Pre-Existing Conditions	3 month / 12 month	3 month / 12 month
Disability Definition	Total and partial of regular occupation	Total and partial of regular occupation
Definition of Income	Basic	Basic
Rate Guarantee	2 year	2 year
Participation Requirements	20% of employees	20% of employees
	Enrollment	
Employees	5	
	Pricing	
Employee Only Rate	Step Rates	Step Rates
CHANGE		0.000%

Short-Term Disability Cost Summary*		
	Current Year Costs	Proposed Renewal Costs
All coverages	\$1,252.80	\$1,252.80

*The above is based on current enrollment and shows total plan premium

Note: Disability Income is TAXABLE to the employee

Long-Term Disability Renewal Overview

	Current Benefits	Renewal Benefits
Company	Dearborn Group	
Voluntary Plan?	No	No
	Plan Overview	
Benefit Amount (%) of Salary	66.67%	66.67%
Minimum Monthly Benefit	\$100.00	\$100.00
Maximum Monthly Benefit	\$7,200.00	\$7,200.00
Elimination Period	90 days	90 days
Benefit Duration	SSNRA	SSNRA
COBRA Benefit	Not included	Not included
Pre-Existing Conditions	3 month / 12 month	3 month / 12 month
Disability Definition	Total or Partial of regular occupation	Total or Partial of regular occupation
Definition of Income	Basic	Basic
Mental/Drug/Alcohol Limitation	24 months	24 months
Rate Guarantee	2 year	2 year
Participation Requirements	All employees	All employees
	Enrollment	
Employees	26	
	Pricing	
Employee Only Rate	\$0.274	\$0.329
CHANGE		20.073%

Long-Term Disability Cost Summary*		
	Current Year Costs	Proposed Renewal Costs
All coverages	\$4,563.48	\$5,479.51

*The above is based on current enrollment and shows total plan premium

Note: Disability Income is TAXABLE to the employee

Hearing Renewal Overview

		Current Benefits	Renewal Benefits
Company		Amplifon/Varipro	
Plan Name		Discount	Discount
Plan Type		Discount	Discount
Voluntary Plan?		No	No
Plan Overview			
Exam Benefit Amount		40% off	40% off
Exam Frequency		Every year	Every year
Aid Amount Per Ear		Low price guarantee	Low price guarantee
Aid Frequency		Every year	Every year
Tier	EE	Pricing Per Month	
Single	3	\$0.00	\$0.00
Double	3	\$0.00	\$0.00
Family	18	\$0.00	\$0.00
Total	24	CHANGE	0.000%
Employer Contribution Per Month (100%)			
Single		\$0.00	\$0.00
Double		\$0.00	\$0.00
Family		\$0.00	\$0.00
Employee Contribution Per Pay			
Single		\$0.00	\$0.00
Double		\$0.00	\$0.00
Family		\$0.00	\$0.00

Hearing Cost Summary*		
	Current Year Costs	Proposed Renewal Costs
Single	\$0.00	\$0.00
Double	\$0.00	\$0.00
Family	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00

*The above is based on current enrollment and shows total plan premium

Pricing and approval of policy subject to terms/conditions/examination of underwriting policy. Rates above are illustrative with a margin of error of \$10.00. Official rates from the carrier will be used and can be provided upon request

Employee Assistance Program Renewal Overview

	Current Benefits	Renewal Benefits
Company	Dearborn Group	
Plan Name	EAP	EAP
Voluntary Plan	No	No
	Plan Overview	
Financial Assistance	Included	Included
Legal Assistance	Included	Included
Assessments	Included	Included
Life Coaching	Included	Included
Work-Life Services	Included	Included
Life Event Sessions	Included	Included
	Enrollment	
Employees	26	
	Pricing	
Per Year	\$0.00	\$0.00
CHANGE		0.000%

Employee Assistance Program Cost Summary*		
	Current Year Costs	Proposed Renewal Costs
All coverages	\$0.00	\$0.00

*The above is based on current enrollment and shows total plan premium

COBRA Renewal Overview

	Current Benefits	Renewal Benefits
Company	TASC	
	Pricing	
COBRA is 100% paid for by Lerner, Csernai & Fath Financial Group		

Benefit Administration Renewal Overview

	Current Benefits	Renewal Benefits
Company	Ease	
	Program Overview	
Benefit Administration	Included	Included
New Hire Onboarding	Available	Available
ACA Reporting	Included	Included
HRIS	Available	Available
Payroll Integration	Available	Available
	Pricing	
Benefit Administration	\$0.00	\$0.00
New Hire Onboarding	\$0.00	\$0.00
ACA Reporting	\$0.00	\$0.00
HRIS	\$0.00	\$0.00
Payroll Integration	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00
	CHANGE	0.000%



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Medical Plan Quoting - Fully Insured Bids

Carrier	Quotes Requested?	Quote Response	Competitive?
	Yes	Quoted	Yes
	Yes	Not Received	No
	Yes	Declined Due To Non Competitive Rates	No
	Yes	Quoted	Yes
	No	Declined Due To Location	No
	No	Declined Due To Location	No
	Yes	Declined Due To Non Competitive Rates	No
	No	Declined Due To Location	No
	No	Declined Due To Location	No



Fully Insured Plan Bids

We are able to write business with every carrier authorized to do business in your state! If they have competitive option, we can bring it to the table!

What is a Fully Insured Plan?

A fully insured plan is the typical insurance arrangement you are familiar with. You pay a premium to transfer the covered risk to the insurer. The insurer pays claims in accordance to the policy issued. The insurer establishes rates for coverage and pays their administration, stop loss, and claims expense out of the premium dollars it charges. Each year the insurer reevaluates the incurred claims, group composition, and other factors to release renewal rates that may differ from your current rates.



What Are the Benefits of A Fully Insured Plan?

A fully insured plan is great for employers who need a predictable health plan. A fully insured plan maintains the best cash flow for your company as costs are charged based on enrollment and are stable for 12 months.

When Should You have A Fully Insured Plan?

Our LernerCare risk management strategy ensures that we are able to give to the proper insight into your plan. With the information we provide, you will know exactly where your health plan should be.



Medical Options - Option A

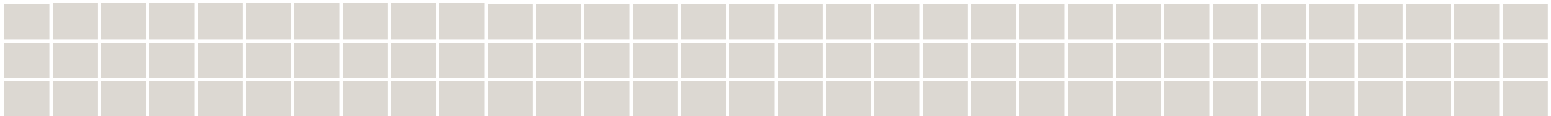
	Option A Renewal	Option A Alternative 1	Option A Alternative 2	Option A Alternative 3	Option A Alternative 4	Option A Alternative 5
Company	WMHIP	BCBSM	BCBSM	BCBSM	BCBSM	BCBSM
Plan Name	Flex Blue 2	SB HSA 1400 0%	SB HSA 1400 20%	SB HSA 2000 0%	SB HSA 2000 10%	SB HSA 2000 20%
Network	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO
Plan Type	HSA	HSA	HSA	HSA	HSA	HSA
HSA Limits	2021	\$3,600 / \$7,200		2022	\$3,650 / \$7,300	
In-Network Cost Sharing						
Deductible	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
HRA Paid Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	0%	0%	20%	0%	0%	20%
Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	\$2,300 / \$4,600	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Lifetime Maximum	None	None	None	None	None	None
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Copay before Ded?	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible
Office Visit Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
Specialist Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
Urgent Care Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
ER Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
Chiropractor Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
	24 Visits per year	12 Visits per year	12 Visits per year	12 Visits per year	12 Visits per year	12 Visits per year
Prescription drug Benefits						
Benefits Offered	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible
Generic	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Preferred Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Preferred Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Tier	EE	Pricing Per Month				
Single	insert	\$588.88	\$505.06	\$437.53	\$467.14	\$424.61
Double	insert	\$1,324.99	\$1,212.12	\$1,050.06	\$1,119.18	\$1,019.07
Family	insert	\$1,648.86	\$1,515.15	\$1,312.58	\$1,403.00	\$1,273.85
Total	0	Change	-10.287%	-22.282%	-17.039%	-24.576%
Employer Contribution Per Month						
Single		\$608.70	\$588.88	\$588.88	\$588.88	\$588.88
Double		\$1,273.00	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99
Family		\$1,660.12	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86
Employee Contribution Per Month						
Single		-\$19.82	-\$83.82	-\$151.35	-\$121.74	-\$164.27
Double		\$51.99	-\$112.87	-\$274.93	-\$205.81	-\$305.92
Family		-\$11.26	-\$133.71	-\$336.28	-\$245.86	-\$375.01



	Option A Renewal	Option A Alternative 6	Option A Alternative 7	Option A Alternative 8	Option A Alternative 9	Option A Alternative 10	
Company	WMHIP	BCBSM	BCBSM	BCBSM	BCBSM	McLaren	
Plan Name	Flex Blue 2	SB HSA 2500 0%	SB HSA 2500 10%	SB HSA 2500 20%	SB HSA 3000 0%	Option 19	
Network	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	McLaren POS	
Plan Type	HSA	HSA	HSA	HSA	HSA	HSA	
HSA Limits	2021	\$3,600 / \$7,200		2022	\$3,650 / \$7,300		
In-Network Cost Sharing							
Deductible	\$1,400 / \$2,800	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$1,400 / \$2,800	
HRA Paid Deductible	N/A	N/A	N/A	N/A	N/A	N/A	
Coinsurance	0%	0%	10%	20%	0%	0%	
Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A	
Out of Pocket Max	\$2,300 / \$4,600	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,900 / \$13,800	\$2,800 / \$5,600	
Lifetime Maximum	None	None	None	None	None	None	
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Copay before Ded?	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	
Office Visit Copay	0% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	
Specialist Copay	0% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	
Urgent Care Copay	0% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	
ER Copay	0% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	
Chiropractor Copay	0% after Ded 24 Visits per year	0% after Ded 12 Visits per year	10% after Ded 12 Visits per year	20% after Ded 12 Visits per year	0% after Ded 12 Visits per year	0% after Ded 30 Visits per year	
Prescription drug Benefits							
Benefits Offered	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	
Generic	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	
Preferred Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00	
Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00	
Preferred Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$40.00	
Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$40.00	
Tier	EE	Pricing Per Month					
Single	insert	\$588.88	\$438.83	\$408.94	\$401.17	\$405.45	\$619.14
Double	insert	\$1,324.99	\$1,053.18	\$981.47	\$962.78	\$973.05	\$1,392.79
Family	insert	\$1,648.86	\$1,316.48	\$1,226.83	\$1,203.49	\$1,216.33	\$1,733.25
Total	0	Change	-22.051%	-27.359%	-28.741%	-27.981%	5.125%
Employer Contribution Per Month							
Single		\$608.70	\$608.70	\$608.70	\$608.70	\$608.70	\$608.70
Double		\$1,273.00	\$1,273.00	\$1,273.00	\$1,273.00	\$1,273.00	\$1,273.00
Family		\$1,660.12	\$1,660.12	\$1,660.12	\$1,660.12	\$1,660.12	\$1,660.12
Employee Contribution Per Month							
Single		-\$19.82	-\$169.87	-\$199.76	-\$207.53	-\$203.25	\$10.44
Double		\$51.99	-\$219.82	-\$291.53	-\$310.22	-\$299.95	\$119.79
Family		-\$11.26	-\$343.64	-\$433.29	-\$456.63	-\$443.79	\$73.13

Medical Options - Option B

	Option B Renewal	Option B Alternative 1	Option B Alternative 2	Option B Alternative 3	Option B Alternative 4	Option B Alternative 5
Company	WMHIP	BCBSM	BCBSM	BCBSM	BCBSM	BCBSM
Plan Name	Simply Blue	SB HSA 1400 0%	SB HSA 1400 20%	SB HSA 2000 0%	SB HSA 2000 10%	SB HSA 2000 20%
Network	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO
Plan Type	HSA	HSA	HSA	HSA	HSA	HSA
HSA Limits	2021	\$3,600 / \$7,200		2022	\$3,650 / \$7,300	
In-Network Cost Sharing						
Deductible	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
HRA Paid Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	0%	0%	20%	0%	0%	20%
Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	\$2,300 / \$4,600	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Lifetime Maximum	None	None	None	None	None	None
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Copay before Ded?	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible
Office Visit Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
Specialist Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
Urgent Care Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
ER Copay	0% after Ded	0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded
Chiropractor Copay	0% after Ded 12 Visits per year	0% after Ded 12 Visits per year	20% after Ded 12 Visits per year	0% after Ded 12 Visits per year	10% after Ded 12 Visits per year	20% after Ded 12 Visits per year
Prescription drug Benefits						
Benefits Offered	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible
Generic	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Preferred Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Preferred Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Tier	EE	Pricing Per Month				
Single	insert	\$553.24	\$505.06	\$437.53	\$467.14	\$424.61
Double	insert	\$1,244.77	\$1,212.12	\$1,050.06	\$1,119.18	\$1,019.07
Family	insert	\$1,549.03	\$1,515.15	\$1,312.58	\$1,403.00	\$1,273.85
Total	0	Change	-4.506%	-17.274%	-11.693%	-19.715%
Employer Contribution Per Month						
Single		\$588.88	\$588.88	\$588.88	\$588.88	\$588.88
Double		\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99
Family		\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86
Employee Contribution Per Month						
Single		-\$35.64	-\$83.82	-\$151.35	-\$121.74	-\$164.27
Double		-\$80.22	-\$112.87	-\$274.93	-\$205.81	-\$305.92
Family		-\$99.83	-\$133.71	-\$336.28	-\$245.86	-\$375.01



	Option B Renewal	Option B Alternative 6	Option B Alternative 7	Option B Alternative 8	Option B Alternative 9	Option B Alternative 10	
Company	WMHIP	BCBSM	BCBSM	BCBSM	BCBSM	McLaren	
Plan Name	Simply Blue	SB HSA 2500 0%	SB HSA 2500 10%	SB HSA 2500 20%	SB HSA 3000 0%	Option 19	
Network	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	McLaren POS	
Plan Type	HSA	HSA	HSA	HSA	HSA	HSA	
HSA Limits	2021	\$3,600 / \$7,200		2022	\$3,650 / \$7,300		
In-Network Cost Sharing							
Deductible	\$1,400 / \$2,800	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$1,400 / \$2,800	
HRA Paid Deductible	N/A	N/A	N/A	N/A	N/A	N/A	
Coinsurance	0%	0%	10%	20%	0%	0%	
Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A	
Out of Pocket Max	\$2,300 / \$4,600	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,900 / \$13,800	\$2,800 / \$5,600	
Lifetime Maximum	None	None	None	None	None	None	
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Copay before Ded?	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	
Office Visit Copay	0% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	
Specialist Copay	0% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	
Urgent Care Copay	0% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	
ER Copay	0% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	
Chiropractor Copay	0% after Ded 12 Visits per year	0% after Ded 12 Visits per year	10% after Ded 12 Visits per year	20% after Ded 12 Visits per year	0% after Ded 12 Visits per year	0% after Ded 30 Visits per year	
Prescription drug Benefits							
Benefits Offered	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	
Generic	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	
Preferred Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00	
Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00	
Preferred Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$40.00	
Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$40.00	
Tier	EE	Pricing Per Month					
Single	insert	\$553.24	\$438.83	\$408.94	\$401.17	\$405.45	\$619.14
Double	insert	\$1,244.77	\$1,053.18	\$981.47	\$962.78	\$973.05	\$1,392.79
Family	insert	\$1,549.03	\$1,316.48	\$1,226.83	\$1,203.49	\$1,216.33	\$1,733.25
Total	0	Change	-17.028%	-22.678%	-24.149%	-23.340%	11.899%
Employer Contribution Per Month							
Single		\$588.88	\$588.88	\$588.88	\$588.88	\$588.88	\$588.88
Double		\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99
Family		\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86
Employee Contribution Per Month							
Single		-\$35.64	-\$150.05	-\$179.94	-\$187.71	-\$183.43	\$30.26
Double		-\$80.22	-\$271.81	-\$343.52	-\$362.21	-\$351.94	\$67.80
Family		-\$99.83	-\$332.38	-\$422.03	-\$445.37	-\$432.53	\$84.39

Medical Options - Option C

		Option C Renewal	Option C Alternative 1	Option C Alternative 2	Option C Alternative 3	Option C Alternative 4	Option C Alternative 5
Company		WMHIP	BCBSM	BCBSM	BCBSM	BCBSM	BCBSM
Plan Name		SB HSA 1400 20%	SB HSA 1400 20%	SB HSA 2000 0%	SB HSA 2000 10%	SB HSA 2000 20%	SB HSA 2500 0%
Network		BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO
Plan Type		HSA	HSA	HSA	HSA	HSA	HSA
HSA Limits		2021	\$3,600 / \$7,200		2022	\$3,650 / \$7,300	
In-Network Cost Sharing							
Deductible		\$1,400 / \$2,800	\$1,400 / \$2,800	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,500 / \$5,000
HRA Paid Deductible		N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance		20%	20%	0%	0%	20%	0%
Coinsurance Max		N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max		\$2,400 / \$4,800	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Lifetime Maximum		None	None	None	None	None	None
Preventative Care		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Copay before Ded?		After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible
Office Visit Copay		0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded
Specialist Copay		0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded
Urgent Care Copay		0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded
ER Copay		0% after Ded	20% after Ded	0% after Ded	10% after Ded	20% after Ded	0% after Ded
Chiropractor Copay		0% after Ded 12 Visits per year	20% after Ded 12 Visits per year	0% after Ded 12 Visits per year	10% after Ded 12 Visits per year	20% after Ded 12 Visits per year	0% after Ded 12 Visits per year
Prescription drug Benefits							
Benefits Offered		After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible
Generic		\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Preferred Brand		20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Brand		20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Preferred Specialty		20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Specialty		20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Tier	EE	Pricing Per Month					
Single	insert	\$532.70	\$437.53	\$467.14	\$424.61	\$412.35	\$438.83
Double	insert	\$1,198.34	\$1,050.06	\$1,119.18	\$1,019.07	\$989.66	\$1,053.18
Family	insert	\$1,491.28	\$1,312.58	\$1,403.00	\$1,273.85	\$1,237.07	\$1,316.48
Total	0	Change	-14.074%	-8.278%	-16.610%	-19.018%	-13.819%
Employer Contribution Per Month							
Single		\$588.88	\$588.88	\$588.88	\$588.88	\$588.88	\$588.88
Double		\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99
Family		\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86
Employee Contribution Per Month							
Single		-\$56.18	-\$151.35	-\$121.74	-\$164.27	-\$176.53	-\$150.05
Double		-\$126.64	-\$274.93	-\$205.81	-\$305.92	-\$335.33	-\$271.81
Family		-\$157.59	-\$336.28	-\$245.86	-\$375.01	-\$411.79	-\$332.38



	Option C Renewal	Option C Alternative 6	Option C Alternative 7	Option C Alternative 8	Option C Alternative 9	Option C Alternative 10	
Company	WMHIP	BCBSM	BCBSM	BCBSM	BCBSM	McLaren	
Plan Name	SB HSA 1400 20%	SB HSA 2500 10%	SB HSA 2500 20%	SB HSA 3000 0%	SB HSA 3500 0%	Option 21	
Network	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	McLaren POS	
Plan Type	HSA	HSA	HSA	HSA	HSA	HSA	
HSA Limits	2021	\$3,600 / \$7,200		2022	\$3,650 / \$7,300		
In-Network Cost Sharing							
Deductible	\$1,400 / \$2,800	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$2,000 / \$4,000	
HRA Paid Deductible	N/A	N/A	N/A	N/A	N/A	N/A	
Coinsurance	20%	10%	20%	0%	0%	20%	
Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A	
Out of Pocket Max	\$2,400 / \$4,800	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,900 / \$13,800	\$6,900 / \$13,800	\$4,000 / \$8,000	
Lifetime Maximum	None	None	None	None	None	None	
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Copay before Ded?	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	
Office Visit Copay	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	20% after Ded	
Specialist Copay	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	20% after Ded	
Urgent Care Copay	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	20% after Ded	
ER Copay	0% after Ded	10% after Ded	20% after Ded	0% after Ded	0% after Ded	20% after Ded	
Chiropractor Copay	0% after Ded 12 Visits per year	10% after Ded 12 Visits per year	20% after Ded 12 Visits per year	0% after Ded 12 Visits per year	0% after Ded 12 Visits per year	20% after Ded 30 Visits per year	
Prescription drug Benefits							
Benefits Offered	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	
Generic	10	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	
Preferred Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00	
Brand	20% (\$40 to \$80)	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00	
Preferred Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$40.00	
Specialty	20% (\$60 to \$100)	\$80.00	\$80.00	\$80.00	\$80.00	\$40.00	
Tier	EE	Pricing Per Month					
Single	insert	\$532.70	\$408.94	\$401.17	\$405.45	\$390.88	\$533.84
Double	insert	\$1,198.34	\$981.47	\$962.78	\$973.05	\$938.12	\$1,200.90
Family	insert	\$1,491.28	\$1,226.83	\$1,203.49	\$1,216.33	\$1,172.65	\$1,494.45
Total	0	Change	-19.688%	-21.216%	-20.375%	-23.235%	0.213%
Employer Contribution Per Month							
Single		\$588.88	\$588.88	\$588.88	\$588.88	\$588.88	\$588.88
Double		\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99
Family		\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86
Employee Contribution Per Month							
Single		-\$56.18	-\$179.94	-\$187.71	-\$183.43	-\$198.00	-\$55.04
Double		-\$126.64	-\$343.52	-\$362.21	-\$351.94	-\$386.87	-\$124.09
Family		-\$157.59	-\$422.03	-\$445.37	-\$432.53	-\$476.21	-\$154.41

Medical Options - Option D

	Option C Renewal	Option C Alternative 1	Option C Alternative 2	Option C Alternative 3	Option C Alternative 4	Option C Alternative 5
Company	WMHIP	BCBSM	BCBSM	BCBSM	BCBSM	BCBSM
Plan Name	ACA Plan	SB HSA 3000 0%	SB HSA 3000 20%	SB HSA 3000 30%	SB HSA 3500 0%	SB HSA 3500 20%
Network	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO
Plan Type	HDHP?	HSA	HSA	HSA	HSA	HSA
HSA Limits	2021	\$3,600 / \$7,200		2022	\$3,650 / \$7,300	
In-Network Cost Sharing						
Deductible	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$3,500 / \$7,000
HRA Paid Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	20%	0%	20%	30%	0%	20%
Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	\$6,350 / \$12,700	\$6,900 / \$13,800	\$6,900 / \$13,800	\$6,900 / \$13,800	\$6,900 / \$13,800	\$6,900 / \$13,800
Lifetime Maximum	None	None	None	None	None	None
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Copay before Ded?	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible
Office Visit Copay	20% after Ded	0% after Ded	20% after Ded	30% after Ded	0% after Ded	20% after Ded
Specialist Copay	20% after Ded	0% after Ded	20% after Ded	30% after Ded	0% after Ded	20% after Ded
Urgent Care Copay	20% after Ded	0% after Ded	20% after Ded	30% after Ded	0% after Ded	20% after Ded
ER Copay	20% after Ded	0% after Ded	20% after Ded	30% after Ded	0% after Ded	20% after Ded
Chiropractor Copay	20% after Ded 12 Visits per year	0% after Ded 12 Visits per year	20% after Ded 12 Visits per year	30% after Ded 12 Visits per year	0% after Ded 12 Visits per year	20% after Ded 12 Visits per year
Prescription drug Benefits						
Benefits Offered	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible	After Deductible
Generic	\$10 after Ded	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Preferred Brand	\$40 after Ded	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Brand	\$40 after Ded	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Preferred Specialty	\$80 after Ded	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Specialty	\$80 after Ded	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00
Tier	EE	Pricing Per Month				
Single	insert	insert	\$405.45	\$365.02	\$356.60	\$390.88
Double	insert	insert	\$973.05	\$876.05	\$855.81	\$938.12
Family	insert	insert	\$1,216.33	\$1,095.06	\$1,069.77	\$1,172.65
Total	0	Change	#VALUE!	#VALUE!	#VALUE!	#VALUE!
Employer Contribution Per Month						
Single	\$588.88	\$588.88	\$588.88	\$588.88	\$588.88	\$588.88
Double	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99
Family	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86
Employee Contribution Per Month						
Single	#VALUE!	-\$183.43	-\$223.86	-\$232.28	-\$198.00	-\$232.45
Double	#VALUE!	-\$351.94	-\$448.94	-\$469.18	-\$386.87	-\$469.57
Family	#VALUE!	-\$432.53	-\$553.80	-\$579.09	-\$476.21	-\$579.59



	Option C Renewal	Option C Alternative 6	Option C Alternative 7	Option C Alternative 8	Option C Alternative 9	Option C Alternative 10
Company	WMHIP	BCBSM	BCBSM	BCBSM	BCBSM	McLaren
Plan Name	ACA Plan	SB HSA 3500 30%	SB 3000	SB 4000	SB 5000	Option 23
Network	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM PPO	BCBSM
Plan Type	HDHP?	HSA	Traditional	Traditional	Traditional	HSA
HSA Limits	2021	\$3,600 / \$7,200		2022	\$3,650 / \$7,300	
In-Network Cost Sharing						
Deductible	\$3,000 / \$6,000	\$3,500 / \$7,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$3,000 / \$6,000
HRA Paid Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	20%	30%	20%	30%	20%	20%
Coinsurance Max	N/A	N/A	\$2,500 / \$5,000	N/A	N/A	N/A
Out of Pocket Max	\$6,350 / \$12,700	\$6,900 / \$13,800	\$8,150 / \$16,300	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,000 / \$12,000
Lifetime Maximum	None	None	None	None	None	None
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Copay before Ded?	After Deductible	After Deductible	Before Deductible	Before Deductible	Before Deductible	After Deductible
Office Visit Copay	20% after Ded	30% after Ded	\$30.00	\$30.00	\$30.00	20% after Ded
Specialist Copay	20% after Ded	30% after Ded	\$30.00	\$30.00	\$30.00	20% after Ded
Urgent Care Copay	20% after Ded	30% after Ded	\$30.00	\$30.00	\$30.00	20% after Ded
ER Copay	20% after Ded	30% after Ded	\$150.00	\$150.00	\$150.00	20% after Ded
Chiropractor Copay	20% after Ded 12 Visits per year	30% after Ded 12 Visits per year	\$30.00 12 Visits per year	\$30.00 12 Visits per year	\$30.00 12 Visits per year	20% after Ded 30 Visits per year
Prescription drug Benefits						
Benefits Offered	After Deductible	After Deductible	Before Deductible	Before Deductible	Before Deductible	After Deductible
Generic	\$10 after Ded	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Preferred Brand	\$40 after Ded	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00
Brand	\$40 after Ded	\$40.00	\$40.00	\$40.00	\$40.00	\$25.00
Preferred Specialty	\$80 after Ded	\$80.00	\$80.00	\$80.00	\$80.00	\$40.00
Specialty	\$80 after Ded	\$80.00	\$80.00	\$80.00	\$80.00	\$40.00
Tier	EE					
Single	insert	insert	\$349.68	\$441.40	\$417.08	\$424.38
Double	insert	insert	\$839.25	\$1,059.36	\$1,000.99	\$1,018.52
Family	insert	insert	\$1,049.06	\$1,324.21	\$1,251.24	\$1,273.15
Total	0	Change	#VALUE!	#VALUE!	#VALUE!	#VALUE!
Employer Contribution Per Month						
Single	\$588.88	\$588.88	\$588.88	\$588.88	\$588.88	\$588.88
Double	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99	\$1,324.99
Family	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86	\$1,648.86
Employee Contribution Per Month						
Single	#VALUE!	-\$239.20	-\$147.48	-\$171.80	-\$164.50	-\$115.79
Double	#VALUE!	-\$485.74	-\$265.63	-\$324.00	-\$306.47	-\$260.75
Family	#VALUE!	-\$599.80	-\$324.65	-\$397.62	-\$375.71	-\$324.48

Dental Alternatives - Fully Insured

Company	Quotes Requested?	Quote Response	Competitive?
Blue Cross Blue Shield	Yes	Not Received	No
Delta Dental	Yes	Not Received	No
Humana	Yes	Quoted	No
Aetna	No	Not Received	No
UnitedHealthcare	No	Not Received	No
Beam	Yes	Quoted	No
Principal	Yes	Declined Due To Non Competitive	No
Gemstar	No	Not Received	No
Companion	Yes	Quoted	No
Kansas City Life	Yes	Not Received	No
United Care Consortium	Yes	Quoted	Yes
MMA	No	Not Received	No
Unum	Yes	Not Received	No
Mutual of Omaha	Yes	Not Received	No
Equitable	Yes	Not Received	No
Reliance Standard	Yes	Not Received	No
Lincoln Financial Group	Yes	Not Received	No
Guardian	Yes	Not Received	No

		Renewal Benefits	Alternative 1	Alternative 2	Alternative 3
Company		Varipro	Beam	Humana	UCC
Plan Name		BRPS Dental	100.90.60.50.1500.2000	MI TRP O2K U&C	Dental
Network Type		No Network	DenteMax	Humana	DenteMax
Voluntary Plan?		No	No	No	No
		In-Network Cost Sharing			
Lifetime Maximum		None	None	None	None
Annual Maximum		\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00
Deductible		None	None	None	None
Cleaning/Exam Frequency		Twice per year	Twice per year	Four per year	Twice per year
Class 1 (Preventative) Coverage		100%	100%	100%	100%
Class 2 (Basic) Coverage		90%	90%	90%	90%
Class 3 (Major) Coverage		90%	60%	60%	80%
Class 4 (Ortho) Coverage		90%	50%	50%	60%
Class 4 Lifetime Maximum		\$2,500.00	\$2,000.00	\$2,000.00	\$2,000.00
Participation Requirements		All employees	All employees	All employees	All employees
Tier	EE	Pricing Per Month			
Single	3	\$33.49	\$40.28	\$49.72	\$53.39
Double	3	\$63.76	\$79.28	\$140.54	\$105.40
Family	18	\$127.83	\$133.62	\$193.52	\$177.77
Total	24	CHANGE	16.384%	73.425%	54.601%
		Employer Contribution Per Month (100%)			
Single		\$33.49	\$33.49	\$33.49	\$33.49
Double		\$63.76	\$63.76	\$63.76	\$63.76
Family		\$127.83	\$127.83	\$127.83	\$127.83
		Employee Contribution Per Pay			
Single		\$0.00	\$6.79	\$16.23	\$19.90
Double		\$0.00	\$15.52	\$76.78	\$41.64
Family		\$0.00	\$5.79	\$65.69	\$49.94

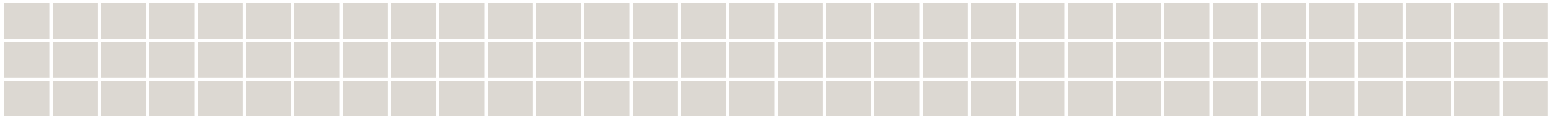
Vision Alternatives - Fully Insured

Company	Quotes Requested?	Quote Response	Competitive?
Blue Cross Blue Shield	Yes	Not Received	No
Priority Health	Yes	Not Received	No
EyeMed	Yes	Not Received	No
VSP	No	Not Received	No
NVA	Yes	Not Received	No
Aetna	No	Not Received	No
Humana	Yes	Quoted	Yes
UnitedHealthcare	No	Not Received	No
Beam	Yes	Quoted	Yes
Principal	Yes	Quoted	No
Gemstar	Yes	Not Received	No
Companion	Yes	Quoted	No
Kansas City Life	Yes	Not Received	No
United Care Consortium	Yes	Quoted	Yes
MMA	No	Not Received	No
Unum	Yes	Quoted	No
Mutual of Omaha	Yes	Not Received	No
Equitable	Yes	Not Received	No
Reliance Standard	Yes	Not Received	No
Lincoln Financial Group	Yes	Not Received	No
Guardian	Yes	Not Received	No

		Renewal Benefits	Alternative 1	Alternative 2	Alternative 3
Company		Varipro	Beam	Humana	UCC
Plan Name		BRPS Vision	VSP Plan 1	HV 200	Vision
Network Type		VSP	VSP	Humana/EyeMed	VSP
Voluntary Plan?		No	No	No	No
		In-Network Cost Sharing			
Lifetime Maximum		None	None	None	None
Deductible		None	None	None	None
Eye Exam Frequency		Every year	Every year	Evey year	Every year
Eye Exam Copay		\$0.00	\$10.00	\$0.00	\$0.00
Prescription Frequency		Every year	Every year	Evey year	Every year
Prescription Copay		\$0.00	\$25.00	\$0.00	\$0.00
Necessary Contacts Copay		\$0.00	\$25.00	\$0.00	\$0.00
Materials Frequency		Every year	Every other year	Evey year	Every year
Materials Allowance		\$130 F / \$250 C	\$150.00	\$200.00	\$150.00
Contacts OR Frames		Cannot get both	Cannot get both	Cannot get both	Cannot get both
Participation Requirements		All employees	All employees	All employees	All employees
Tier	EE	Pricing Per Month			
Single	3	\$7.72	\$6.36	\$11.20	\$7.72
Double	3	\$14.66	\$12.06	\$22.79	\$14.66
Family	18	\$21.53	\$17.21	\$34.95	\$21.53
Total	24	CHANGE	-18.472%	54.289%	0.000%
		Employer Contribution Per Month (100%)			
Single		\$7.72	\$7.72	\$7.72	\$7.72
Double		\$14.66	\$14.66	\$14.66	\$14.66
Family		\$21.53	\$21.53	\$21.53	\$21.53
		Employee Contribution Per Pay			
Single		\$0.00	-\$1.36	\$3.48	\$0.00
Double		\$0.00	-\$2.60	\$8.13	\$0.00
Family		\$0.00	-\$4.32	\$13.42	\$0.00

Life with AD&D Alternatives

Company	Quotes Requested?	Quote Response	Competitive?
Dearborn Group	Yes	Quoted	Yes
Companion	Yes	Quoted	Yes
OneAmerica	Yes	Quoted	Yes
Humana	Yes	Quoted	Yes
Kansas City Life	Yes	Not Received	No
United Care Consortium	Yes	Quoted	Yes
MMA	No	Not Received	No
UnitedHealthcare	No	Not Received	No
Guardian	Yes	Quoted	No
Principal	Yes	Quoted	Yes
Equitable	Yes	Not Received	No
Reliance Standard	Yes	Not Received	No
Lincoln Financial	Yes	Not Received	No
Unum	Yes	Not Received	No



	Renewal Benefits	Alternative 1	Alternative 2
Company	Dearborn Group	Principal	UCC
Plan Overview			
Life Insurance Amount	2x Annual Salary (\$300k max)	2x Annual Salary (\$300k max)	2x Annual Salary (\$300k max)
AD&D Amount	2x Annual Salary (\$300k max)	2x Annual Salary (\$300k max)	2x Annual Salary (\$300k max)
Benefit Reduction Schedule	35% At Age 65	35% At Age 65	35% At Age 65
	50% At Age 70	50% At Age 70	50% At Age 70
	75% At Age 75		75% At Age 75
Conversion Feature	Included	Included	Included
Portability Feature	Not Included	Not Included	Not Included
Waiver of Premium	Included	Included	Included
Rate Guarantee	2 year	2 year	2 year
Enrollment			
Employees	26		
Pricing			
Life + AD&D Rate	\$0.155	\$0.150	\$0.140
CHANGE		-3.226%	-10.000%

UCC Requires 7 Lines of Coverage to sell at quoted rate

Long-Term Disability Alternatives

Company	Quotes Requested?	Quote Response	Competitive?
Dearborn Group	Yes	Quoted	Yes
Companion	Yes	Quoted	Yes
OneAmerica	Yes	Quoted	Yes
Humana	No	Not Received	No
Kansas City Life	Yes	Not Received	No
United Care Consortium	Yes	Quoted	Yes
MMA	No	Not Received	No
UnitedHealthcare	No	Not Received	No
Guardian	Yes	Quoted	No
Principal	Yes	Quoted	Yes
Equitable	Yes	Not Received	No
Reliance Standard	Yes	Not Received	No
Lincoln Financial	Yes	Not Received	No
Unum	Yes	Not Received	No



	Renewal Benefits	Alternative 1	Alternative 2
Company	Dearborn Group	Principal	UCC
Voluntary Plan?	Yes	Yes	Yes
Plan Overview			
Benefit Amount (%) of Salary	60%	60.00%	60.00%
Minimum Weekly Benefit	\$100.00	\$15.00	\$100.00
Maximum Weekly Benefit	\$1,000.00	\$1,000.00	\$1,000.00
Accident Elimination Period	14 days	14 days	14 days
Illness Elimination Period	14 days	14 days	14 days
Benefit Duration	To LTD	To LTD	To LTD
Pre-Existing Conditions	3 month / 12 month	3 Montyh / 12 Month	3 month / 12 month
Disability Definition	Total and partial of regular occupation	Principal "Or" Definition	Total and partial of regular occupation
Definition of Income	Basic	Basic	Basic
Rate Guarantee	2 year	2 year	2 year
Participation Requirements	20% of employees	20% of employees	20% of employees
Enrollment			
Employees	Our Staff settles for nothing less than the best		
Pricing			
Employee Only Rate	Step Rates	Step Rates	Step Rates
CHANGE		N/A	N/A

UCC Requires 7 Lines of Coverage to sell at quoted rate

Long-Term Disability Alternatives

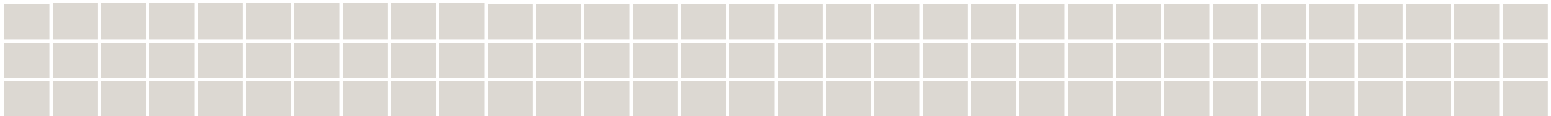
Company	Quotes Requested?	Quote Response	Competitive?
Dearborn Group	Yes	Quoted	Yes
Companion	Yes	Quoted	Yes
OneAmerica	Yes	Quoted	Yes
Humana	No	Not Received	No
Kansas City Life	Yes	Not Received	No
United Care Consortium	Yes	Quoted	Yes
MMA	No	Not Received	No
UnitedHealthcare	No	Not Received	No
Guardian	Yes	Quoted	No
Principal	Yes	Quoted	Yes
Equitable	Yes	Not Received	No
Reliance Standard	Yes	Not Received	No
Lincoln Financial	Yes	Not Received	No
Unum	Yes	Not Received	No

	Renewal Benefits	Alternative 1	Alternative 2
Company	Dearborn Group	Principal	UCC
Voluntary Plan?	No	No	No
Plan Overview			
Benefit Amount (%) of Salary	66.67%	66.67%	66.67%
Minimum Monthly Benefit	\$100.000	\$100.00	\$100.000
Maximum Monthly Benefit	\$7,200.000	\$5,000.00	\$7,200.000
Elimination Period	90 days	90 days	90 days
Benefit Duration	SSNRA	SSNRA	SSNRA
COBRA Benefit	Not included	Not incuded	Not included
Pre-Existing Conditions	3 month / 12 month	3 month / 12 month	3 month / 12 month
Disability Definition	Total or Partial of regular occupation	Principal "Or" Definition	Total or Partial of regular occupation
Definition of Income	Basic	Basic	Basic
Mental/Drug/ Alcohol Limit	24 months	24 months	24 months
Rate Guarantee	2 year	2 year	2 year
Participation Requirements	All employees	All employees	All employees
Enrollment			
Employees	26		
Pricing			
Employee Only Rate	\$0.329	\$0.680	\$0.296
CHANGE		106.687%	-10.000%

UCC Requires 7 Lines of Coverage to sell at quoted rate

Critical Illness Options

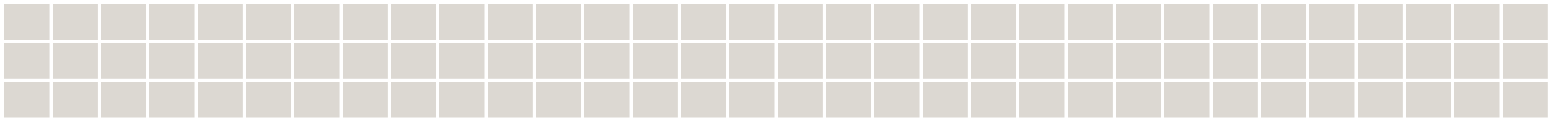
Company	Quotes Requested?	Quote Response	Competitive?
Reliance Standard	Yes	Not Received	No
Lincoln Financial	Yes	Not Received	No
Kansas City Life	Yes	Not Received	No
United Care Consortium	Yes	Quoted	Yes
Guardian	Yes	Not Received	No
LifeSecure	Yes	Not Received	No
UnitedHealthcare	Yes	Not Received	No



	Option 1	Option 2	Option 3
Company	UCC	UCC	UCC
Voluntary Plan?	Yes	Yes	Yes
Plan Overview			
Employee Option	Included	Included	Included
Minimum Benefit	\$10,000.00	\$20,000.00	\$30,000.00
Maximum Benefit	\$10,000.00	\$20,000.00	\$30,000.00
Benefit Increments	N/A	N/A	N/A
Guaranteed Issue	\$10,000.00	\$20,000.00	\$30,000.00
Spousal Option	Included	Included	Included
Minimum Benefit	\$5,000.00	\$10,000.00	\$15,000.00
Maximum Benefit	\$5,000.00	\$10,000.00	\$15,000.00
Benefit Increments	N/A	N/A	N/A
Guaranteed Issue	\$5,000.00	\$10,000.00	\$15,000.00
Dependent Option	Included	Included	Included
Minimum Benefit	\$5,000.00	\$10,000.00	\$15,000.00
Maximum Benefit	\$5,000.00	\$10,000.00	\$15,000.00
Benefit Increments	N/A	N/A	N/A
Guaranteed Issue	\$5,000.00	\$10,000.00	\$15,000.00
Ailments	Specific per ailment	Specific per ailment	Specific per ailment
Pre-Existing Conditions	N/A	N/A	N/A
Participation Requirements	5% of employees	5% of employees	5% of employees
Rates for Age 45-49			
Employee Only	\$18.50	\$37.00	\$55.50
Employee + Spouse	\$28.40	\$56.80	\$85.20
Employee + Child(ren)	\$21.70	\$43.40	\$65.10
Family	\$31.30	\$62.60	\$93.90

Hospital Recovery Options

Company	Quotes Requested?	Quote Response	Competitive?
Reliance Standard	Yes	Not Received	No
Lincoln Financial	Yes	Not Received	No
Kansas City Life	Yes	Not Received	No
United Care Consortium	Yes	Quoted	Yes
Guardian	Yes	Not Received	No
LifeSecure	Yes	Not Received	No
UnitedHealthcare	Yes	Not Received	No



	Option 1	Option 2	Option 3
Company	UCC	UCC	
Voluntary Plan?	Yes	Yes	
	Plan Overview		
Standard Daily Benefit	\$100.00	\$200.00	
Maximum Days	31	31	
Standard Admitted Benefit	\$500.00	\$750.00	
Maximum Admitted Days	1	1	
Critical Care Benefit	\$100.00	\$300.00	
Maximum Critical Care Days	15	15	
Critical Care Admission Benefit	\$1,000.00	\$2,000.00	
Maximum Critical Admissions	1	1	
Wellness Benefit	\$50.00	\$50.00	
Pre-Existing Conditions	N/A	N/A	
Participation Requirements	5% of employees	5% of employees	
	Pricing Per Month		
Employee	\$17.98	\$31.96	
Employee + Spouse	\$36.99	\$65.83	
Employee + Child(ren)	\$28.21	\$50.02	
Family	\$47.21	\$83.90	
	Employee Contribution Per Pay		
Employee	\$17.98	\$31.96	
Employee + Spouse	\$36.99	\$65.83	
Employee + Child(ren)	\$28.21	\$50.02	
Family	\$47.21	\$83.90	

Accident Options

Company	Quotes Requested?	Quote Response	Competitive?
Reliance Standard	Yes	Not Received	No
Lincoln Financial	Yes	Not Received	No
Kansas City Life	Yes	Not Received	No
United Care Consortium	Yes	Quoted	Yes
Guardian	Yes	Not Received	No
LifeSecure	Yes	Not Received	No
UnitedHealthcare	Yes	Not Received	No



	Option 1	Option 2	Option 3
Company	UCC	UCC	
Voluntary Plan?	Yes	Yes	
Plan Options	2	2	
Plan Overview			
Accidental Death (EE)	\$25,000.00	\$50,000.00	
Accidental Death (Sp)	\$12,500.00	\$25,000.00	
Accidental Death (Ch)	\$5,000.00	\$10,000.00	
Loss of Finger/Toe	\$250.00	\$500.00	
Loss of Arm/Leg/Hand	\$2,500.00	\$10,000.00	
Loss of Sight/Hearing	\$10,000.00	\$50,000.00	
Paraplegia	\$5,000.00	\$25,000.00	
Quadriplegia	\$10,000.00	\$50,000.00	
Face/Nose Fracture	\$500.00	\$1,000.00	
Skull Fracture	\$1,000.00	\$2,000.00	
Jaw Fracture	\$250.00	\$500.00	
Arm Fracture	\$500.00	\$1,000.00	
Forearm/Hand/Wrist	\$250.00	\$500.00	
Dislocation	\$250.00	\$500.00	
Participation Requirements	5% of employees	5% of employees	
Pricing Per Month			
Employee	\$9.22	\$17.98	
Employee + Spouse	\$18.09	\$35.28	
Employee + Child(ren)	\$20.87	\$40.77	
Family	\$25.56	\$49.88	
Employee Contribution Per Pay			
Employee	\$9.22	\$17.98	
Employee + Spouse	\$18.09	\$35.28	
Employee + Child(ren)	\$20.87	\$40.77	
Family	\$25.56	\$49.88	

Hearing Alternatives

Company	Quotes Requested?	Quote Response	Competitive?
EPIC Hearing	No	Not Received	No
Amplifon/Varipro	No	Not Received	No
Amplifon/EyeMed	No	Not Received	No
Truhearing/VSP	No	Not Received	No



		Renewal Benefits	Alternative 1	Alternative 2
Company		Amplifon/Varipro		
Plan Name		Discount		
Plan Type		Discount		
Voluntary Plan		No		
Plan Overview				
Exam Benefit		40% off		
Exam Frequency		Every year		
Aid Benefit Per Ear		Low price guarantee		
Aid Frequency		Every year		
Tier	EE	Pricing Per Month		
Single	3	\$0.00		
Double	3	\$0.00		
Family	18	\$0.00		
Total	#REF!	CHANGE		
Employer Contribution Per Month (100%)				
Single		\$0.00		
Double		\$0.00		
Family		\$0.00		
Employee Contribution Per Pay				
Single		\$0.00		
Double		\$0.00		
Family		\$0.00		

Health Savings Account Options

Company	Quotes Requested?	Quote Response	Competitive?
HealthEquity	Yes	Quoted	Yes
The HSA Authority	No	Not Received	No
Lively	Yes	Quoted	Yes
Flex Administrators	No	Not Received	No
BASIC	No	Not Received	No
TASC	No	Not Received	No
SBAM	No	Not Received	No



	Option 1	Option 2	Option 3
Company	HealthEquity	Lively	
Voluntary Plan?	No	No	
Plan Overview			
Debit Cards?	Yes	Yes	
Employer Portal?	Yes	Yes	
Employee Portal?	Yes	Yes	
Contribution Information Sent?	Through ER Portal	Through ER Portal	
Mobile App?	Yes	Yes	
Investment Allowed?	Yes	Yes	
Investment Minimum?	\$2,000.00	Variable	
Investment Fees?	Variable	Variable	
Member Account Fee?	None	None	
Pricing			
Per Employee Per Month	\$0.00	\$2.99	

Employee Assistance Program Alternatives

Company	Quotes Requested?	Quote Response	Competitive?
Dearborn Group	Yes	Quoted	Yes
Principal	Yes	Quoted	Yes



	Renewal Benefits	Alternative 1	Alternative 2
Company	Dearborn Group	Principal	
Plan Name	EAP	EAP	
Voluntary Plan?	No	No	
Plan Overview			
Financial Assistance	Included	Included	
Legal Assistance	Included	Included	
Assessments	Included	Included	
Life Coaching	Included	Included	
Work-Life Services	Included	Included	
Life Event Sessions	Included	Included	
Enrollment			
Employees	26		
Pricing			
Per Year	\$0.00	\$0.00	
CHANGE		0.000%	

COBRA Administration Alternatives

Company	Quotes Requested?	Quote Response	Competitive?
Varipro	Yes	Quoted	No
SBAM	No	Not Received	No
Infinisource	No	Not Received	No
Flex Administrators	No	Not Received	No
BASIC	No	Not Received	No
TASC	Yes	Quoted	Yes



	Renewal Benefits	Alternative 1	Alternative 2
Company	TASC	Varipro	
Pricing			
Per Year	100% Paid for By LCF		
CHANGE		0.000%	

Benefit Administration Options

Company	Quotes Requested?	Quote Response	Competitive?
Ease	Yes	Quoted	Yes



	Renewal	Available
Company	Ease	
Available Options		
Benefit Administration	Included	Included
New Hire Onboarding	Available	Available
ACA Reporting	Included	Included
HRIS	Available	Available
Payroll Integration	Available	Available
Pricing		
Benefit Administration	\$0.00	\$0.00
New Hire Onboarding	\$0.00	\$0.00
ACA Reporting	\$0.00	\$0.00
HRIS	\$0.00	\$0.00
Payroll Integration	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00
CHANGE		\$0.00



WE CAN GET YOU THERE!

Information in this booklet provided as a summary of the coverage offered under shown plan options. In the event of discrepancy between plan documents and this booklet, the plan documents will prevail.

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