



Customer Name: **WEXFORD-MISSAUKEE ISD**  
 Contract/Group #: BCBSM 007005290 / BCN 00124706  
 Renewal Date: 1/1/2016

*All BCBS rates are estimated - final renewal rates pending.*

*Flat BCN Funding has rollover of unused funds.*

Group Health Options:	Current Plan BCN	Reimbursed BCN	Current Plan Base	Reimbursed Base	Current Plan Buy Up	Reimbursed Buy Up	Option #1	Option #2	Option #3
Deductible	5000/1000	500/1000	5000/1000	500/1000	5000/1000	0	5000/10000	5000/10000	5000/10000
Coinsurance %	30%	30%	30%	30%	20%	0%	30%	30%	20%
Coinsurance Max*	N/A	1500/3000	N/A	1500/3000	N/A	N/A	2500/5000	2500/5000	N/A
Prescription	20/60/50% (\$80/\$100)	20/60/50% (\$80/\$100)	20/60/50% (\$80/\$100)	20/60/50% (\$80/\$100)	10/40/80	10/40/40	10/40/80	20/60/80	20/60/50% (\$80/\$100)
90 Day Supply	40/120/50% (\$160/\$200)	40/120/50% (\$160/\$200)	40/120/50% (\$160/\$200)	40/120/50% (\$160/\$200)	20/80/160	10/40/40	20/80/160	40/120/160	40/120/50% (\$160/\$200)
Office Visit Co-Pay	\$40	\$20	\$40	\$20	\$40	\$10	PCP \$20 / Sp \$35	PCP \$40 / Sp \$55	PCP \$40 / Sp \$60
Chiropractic/Max Visits	\$40 aft ded / 30	\$20 aft ded / 30	\$40 / 24	\$20 / 24	\$40 / 24	\$0 / 24	\$20 / 30 combined	\$40 / 30 combined	\$40 / 12
Urgent Care/Emergency Room	\$50 / \$250 aft ded	\$20 / \$250	\$40 / \$250	\$20 / \$250	\$40 / \$250	\$10 / \$50	\$75 / \$150 aft d	\$75 / \$250 aft d	\$60 / \$250
<b>Out of Pocket Max***</b>	6350/12700	6350/12700	6350/12700	6350/12700	6350/12700	6350/12700	6850/13700	6850/13700	6600/13200
Preventive Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Notes:	HC	Flat HRA S \$448 / 2P \$1075	HC	HC	HC	HC	Amb/HT \$150 aft d	Amb/HT \$150 aft d	HC conf pending
Notes:		F \$1345							HC cost estimated
Plan Design:	BCN 5000		PPO 15/30%	PPO 4 Mod	PPO 15/20%	PPO 1	Priority POS	Priority POS	SB HRA 5000

NOTES: \*\*Rates shown are proposed, FINAL rates are based on actual enrollment & underwriting approval. \*\*

\*\*\* Starting 1/1/2014, for PPACA compliance, all charges (deductible, coinsurance %, and flat copays - Rx, office/specialist visits, chiropractic, urgent care, ER, etc) will apply toward the Out of Pocket Maximum.

PA 152 Calculations		HRA Rates	Base + HRA + Taxes	HRA Rates	Base + HRA + Taxes	HRA Rates	Base + HRA + Taxes	Priority Health does not allow flat copay reimbursements. Deductible and Coinsurance only.	
(Annual Hard Cap - Single \$6,142.11 / Two P \$12,845.04 / Family \$16,751.23)	Single	\$37.70	\$391.43	Single	\$37.66	\$466.73	Single	\$98.94	\$569.25
	Two P	\$90.49	\$939.42	Two P	\$90.39	\$1,120.15	Two P	\$237.45	\$1,366.19
	Family	\$113.11	\$1,174.28	Family	\$112.99	\$1,400.19	Family	\$296.81	\$1,707.73

Type of Group	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	Hard Cap	20% Cost	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	Hard Cap	20% Cost	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	Hard Cap	20% Cost	Carrier Monthly Cost	Carrier Monthly Cost	Carrier Monthly Cost			
Single Person	1	\$346.25	\$353.73	\$463.56	(\$71.62)	\$78.29	1	\$376.09	\$429.07	\$563.38	\$3.69	\$93.35	10	\$407.51	\$470.31	\$744.07	\$106.20	\$113.85	\$421.41	\$393.72	\$397.77			
Two Person	4	\$831.00	\$848.93	\$1,112.52	(\$171.88)	\$187.88	1	\$902.63	\$1,029.76	\$1,352.12	\$8.86	\$224.03	25	\$978.05	\$1,128.74	\$1,785.78	\$254.88	\$273.24	\$1,011.34	\$944.89	\$953.64			
Family	5	\$1,038.74	\$1,061.17	\$1,390.66	(\$214.86)	\$234.86	3	\$1,128.28	\$1,287.20	\$1,690.15	\$11.07	\$280.04	86	\$1,222.56	\$1,410.92	\$2,232.22	\$318.60	\$341.55	\$1,264.19	\$1,181.12	\$1,193.30			
<b>Total Employees</b>	<b>10</b>						<b>5</b>						<b>121</b>											
% Change from Current Single:			2.16%	33.88%					14.09%	49.80%					15.41%	82.59%			Compared Base	Compared Base	Compared Base			
% Change from Current Two-P:			2.16%	33.88%					14.08%	49.80%					15.41%	82.59%			12.05%	4.69%	5.76%			
% Change from Current Family:			2.16%	33.88%					14.09%	49.80%					15.41%	82.59%			12.04%	4.68%	5.65%			
Annual Cost for Single Group:		\$4,155	\$4,245	\$5,563				\$4,513	\$5,149	\$6,761				\$48,901	\$56,437	\$89,288			\$60,683	\$56,696	\$57,279			
Annual Cost for Two-P Group:		\$39,888	\$40,749	\$53,401				\$10,832	\$12,357	\$16,225				\$293,415	\$338,621	\$535,733			\$364,082	\$340,160	\$343,309			
Annual Cost for Family Group:		\$62,324	\$63,670	\$83,440				\$40,618	\$46,339	\$60,845				\$1,261,682	\$1,456,069	\$2,303,651			\$1,426,006	\$1,332,303	\$1,346,042			
Annual Total Cost:		\$106,367	\$108,664	\$142,404				\$55,963	\$63,845	\$83,831				\$1,603,998	\$1,851,127	\$2,928,672			\$1,850,772	\$1,729,159	\$1,746,630			
Annual Savings from Renewal:																				(\$172,864)	(\$294,477)	(\$277,006)		
		<b>Total Current (No Taxes &amp; Fees)</b>						<b>\$1,766,328</b>						<b>Total Renewal (Taxes &amp; Fees built in)</b>						<b>\$2,023,636</b>				

HRA	Reimbursed Plan Cost:	\$3,154,907
	Purchased Plan Cost:	\$2,023,636
	Estimated Annual Savings:	\$1,131,271
	Estimated 40% HRA Claims:	\$452,508.44
	Projected Net Savings:	\$678,763

**DISCLAIMERS** < Please read prior to making any decision >

- Rates above reflect actively working employees under the age of 65 only. Retirees and Medicare eligible recipients are subject to higher premiums.
- This spreadsheet analyzes some of the plan differences & rate options (rates are illustrative only) see formal company quote and benefit description sheets for complete details.
- Carrier holds the right to change rates quoted at anytime, including rate increases due to underwriting.
- Administrative fees may apply. Pre-existing conditions, participation rules, and medical underwriting rules may apply prior to final rates (not included above).
- Plan design above shows In-Network comparisons only. See specific plan benefit summary sheets for out of network.
- All benefit changes are subject to underwriting approval. Exceptions may apply with prior underwriting approval of union contract.
- Please allow a minimum of 45 days for a benefit change.
- This is not a binder of coverage, please do not cancel current coverage until final approval is given by new carrier.
- 44North is not responsible for typographical errors.

Original Date: 10/16/15 jf  
 Modified Date: 10/19/15 jf