

## Medical Options - Southgate Community Schools

CARRIER	Current / Renewal-Plan 1		Current / Renewal-Plan 2		Current / Renewal-Plan 3		Option 1		Option 2	
	Benefit Plan	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network
Plan Type/Network	HMO HSA 1350	HSA POS 1350	HSA PPO 1350	HSA PPO 1350	BCN-PCP Focus HMO HSA 1350	HMO HSA 1350				
Deductible	\$1,300/2600	\$1,300/2600	\$1,300/2600	\$1,300/2600	\$1,350/2700	\$1,350/2700				
Out-of-Network	100%	100%	100%	100%	100%	100%				
Out-of-Pocket Maximum	\$2000/4000	\$2000/4000	\$2000/4000	\$2000/4000	\$2350/4700	\$2350/4700				
Office Visit Copay	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.				
Specialist Office Visit Copay	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.				
Chiropractic Copay	Subject to ded/coins. 30 visits max.	Subject to ded/coins. 30 visits max.	Subject to ded/coins. 30 visits max.	Subject to ded/coins. 30 visits max.	Subject to ded/coins. 30 visits max.	Subject to ded/coins. 30 visits max.				
Urgent Care Copay	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.				
Emergency Room Copay	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.				
Prescription Drugs	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded. then: \$10 Value Gen./\$30 Generic \$60 Preferred Brand \$80 Nonpreferred Brand 20% Pref. Spec. (Max \$200) 20% Nonpref. Spec. (Max \$300) Mail Order 3x less \$10	Subject to ded. then: \$10 Value Gen./\$30 Generic \$60 Preferred Brand \$80 Nonpreferred Brand 20% Pref. Spec. (Max \$200) 20% Nonpref. Spec. (Max \$300) Mail Order 3x less \$10				
A.M. Best Rating	A- (Excellent)		A- (Excellent)		A- (Excellent)		A- (Excellent)		A- (Excellent)	
Rate	Current Rates Single \$442.99 Two-person \$995.09 Family \$1,237.98 228	Renewal Rates Single \$504.86 Two-person \$1,134.07 Family \$1,410.89 228	Current Rates Single \$461.79 Two-person \$1,037.32 Family \$1,290.52 228	Renewal Rates Single \$526.40 Two-person \$1,182.45 Family \$1,471.08 228	Current Rates Single \$516.24 Two-person \$1,159.63 Family \$1,442.68 228	Renewal Rates Single \$546.57 Two-person \$1,227.76 Family \$1,527.44 228	Rates Single \$436.72 Two-person \$1,048.13 Family \$1,310.17 261	Rates Single \$470.66 Two-person \$1,129.59 Family \$1,411.98 261		
Total Monthly Cost	\$226,876.27	\$258,563.91	\$3,826.95	\$4,362.38	\$33,731.63	\$35,713.42	\$272,340.11	\$293,503.93		
Total Annual Cost	\$2,722,515.24	\$3,102,766.92	\$45,923.40	\$52,348.56	\$404,779.56	\$428,561.04	\$3,268,081.32	\$3,522,047.16		
Total Combined Monthly Cost	Current \$264,434.85		Current \$298,639.71		Renewal \$298,639.71		\$272,340.11	\$293,503.93		
Total Combined Annual Cost	Current \$3,173,218.20		Current \$3,583,676.52		Renewal \$410,458.32		\$3,268,081.32	\$3,522,047.16		
Difference					12.94%		2.99%	10.99%		
% Difference					12.94%		2.99%	10.99%		

Tier Level Rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

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CARRIER	Current / Renewal		Option 1	
	Current / Renewal	Priority Health	Current / Renewal	Priority Health
<b>Benefit Plan</b>	Priority Health HSA PPO 1350		Priority Health HSA POS 1350	
<b>Plan Type/Network</b>	HSA PPO 1350		HSA POS 1350	
<b>Deductible</b>	Current \$1,300/2,600 Renewal \$1,350/2,700	Current \$1,300/2,600 Renewal \$1,350/2,700	Current \$1,300/2,600 Renewal \$1,350/2,700	Current \$1,300/2,600 Renewal \$1,350/2,700
<b>Coinsurance</b>	Out-of-Network \$3,000/6,000	Out-of-Network \$3,000/6,000	Out-of-Network \$3,000/6,000	Out-of-Network \$3,000/6,000
<b>Coinsurance Maximum</b>	In-Network 100% Out-of-Network 80/20%	In-Network 100% Out-of-Network 80/20%	In-Network 100% Out-of-Network 80/20%	In-Network 100% Out-of-Network 80/20%
<b>Out-of-Pocket Maximum</b>	In-Network None Out-of-Network None	In-Network None Out-of-Network None	In-Network None Out-of-Network None	In-Network None Out-of-Network None
<b>Office Visit Copay</b>	\$2,000/4,000 \$4,000/8,000	\$2,000/4,000 \$4,000/8,000	\$2,000/4,000 \$4,000/8,000	\$2,000/4,000 \$4,000/8,000
<b>Specialist Office Visit Copay</b>	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.
<b>Chiropractic Copay</b>	Subject to ded/coins. 30 visits max.	Subject to ded/coins. 30 visits max.	Subject to ded/coins. 30 visits max.	Subject to ded/coins. 20 visits max.
<b>Urgent Care Copay</b>	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.
<b>Emergency Room Copay</b>	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.
<b>Prescription Drugs</b>	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x
<b>A.M. Best Rating</b>	A- (Excellent)		A- (Excellent)	
<b>Rate</b>	Single 6 Two-person 9 Family 14 29	Current Rates \$516.24 \$1,159.63 \$1,442.68 Renewal Rates \$546.57 \$1,227.76 \$1,527.44	Current Rates \$461.79 \$1,037.32 \$1,290.52 Renewal Rates \$526.40 \$1,182.45 \$1,471.08	Current Rates \$553.98 \$1,244.38 \$1,548.12 Renewal Rates \$526.40 \$1,182.45 \$1,471.08
<b>Total Monthly Cost</b>	\$33,731.63	\$35,713.42	\$3,826.95	\$4,362.38
<b>Total Annual Cost</b>	\$404,779.56	\$428,561.04	\$45,923.40	\$52,348.56
<b>Total Combined Monthly Cost</b>	Current \$37,558.58		Renewal \$40,975.80	
<b>Total Combined Annual Cost</b>	Current \$450,702.96		Renewal \$489,909.60	
<b>% Difference</b>			6.70%	
<b>% Difference</b>			8.60%	

Tier Level Rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

## Medical Options - Southgate Community Schools

CARRIER		Current / Renewal	Option 1
Benefit Plan		Priority Health	Health Alliance Plan
Plan Type/Network	In-Network	Priority HMO HSA 1350	HAP HMO HSA
Deductible		Current \$1300/2600	Renewal \$1350/2700
Coinsurance	In-Network	100%	100%
Coinsurance Maximum	In-Network	None	None
Out-of-Pocket Maximum	In-Network	\$2000/4000	\$2500/5000
Office Visit Copay		Subject to ded/coins.	Subject to ded/coins.
Specialist Office Visit Copay		Subject to ded/coins.	Subject to ded/coins.
Chiropractic Copay		Subject to ded/coins. 30 visits max.	Subject to ded/coins. 20 visits max.
Urgent Care Copay		Subject to ded/coins.	Subject to ded/coins.
Emergency Room Copay		Subject to ded/coins.	Subject to ded/coins.
Prescription Drugs		Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x
A.M. Best Rating		A- (Excellent)	NR-Not Rated
<b>Rate</b>		<b>Current Rates</b>	<b>Renewal Rates</b>
	Single	\$442.99	\$504.86
	Two-person	\$995.09	\$1,134.07
	Family	\$1,237.98	\$1,410.89
		228	228
Total Monthly Cost		\$226,876.27	\$258,563.91
Total Annual Cost		\$2,722,515.24	\$3,102,766.92
Difference		\$380,251.68	\$455,575.56
% Difference		13.97%	16.73%

Tier Level Rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).