

786752

Priority Health 100% HMO - Health Savings Account¹

\$3000 / \$6000 Deductible

Coinsurance: 100%

Coinsurance Maximum: \$5000/\$10,000 (includes deductible and Rx copays)

Domestic Partner Rider included (same sex and opposite sex)

PCP Office Visit: Subject to deductible and coinsurance

Specialist Office Visit: Subject to deductible and coinsurance

Hospital / Surgical Care: Subject to deductible and coinsurance

Emergency Room: Subject to deductible and coinsurance

Urgent Care: Subject to deductible and coinsurance

Preventive Care: Covered 100%, no deductible

Prescription Drugs: Subject to deductible then \$20 Generic / \$60 Preferred Brand / \$80 Non-Preferred Brand / 20% Preferred

Specialty/ 20% Non-Preferred Specialty Rx Copay with Mail Order (2x) and Contraceptives. Maximum Specialty copayment of \$200 preferred / \$400 Non-Preferred per prescription after deductible.

		Current Rates	Renewal Rates	% Difference
Medical				
	<i>Contracts</i>			
Single	10	\$201.00	\$250.25	
Two Person	1	442.19	550.53	
Family	7	552.74	688.17	
Monthly Premium	18	6,321.37	7,870.22	
Monthly Difference			1,548.85	24.50%
Annual Premium		75,856.44	94,442.64	
Annual Difference			18,586.20	24.50%

¹Deductible and out-of-pocket maximum include medical and prescription costs including copays. Entire family deductible must be satisfied prior to coinsurance commencement and may be met utilizing one member's claims.

	Current Rates	Renewal Rates
	HMO	HMO
	HSA 100-2	HSA 100-2
Hospital Coverage	100% Coinsurance	100% Coinsurance
Office Visit Copay	0%	0%
Medical Deductible	\$3,000/\$6,000	\$3,000/\$6,000
Rx Copay	\$20/\$60/\$80 20%/20%	\$20/\$60/\$80 20%/20%
Contraceptives	Covered	Non Exempt
Rx Deductible	Combined Rx/Med	Combined Rx/Med
OOP Individual/Family	\$5,000 / \$10,000	\$5,000 / \$10,000
Emergency Room Copay	0%	0%
Ambulance Copay	0%	0%
Domestic Partner	Same & Opposite Gender	Same & Opposite Gender
Health Care Reform Status	Non-Grandfathered	Non-Grandfathered
Coverage Rates*		
Michigan Employees		
Single	\$201.00	\$250.25
Double	\$442.19	\$550.53
Family	\$552.74	\$688.17
Monthly Premium*	\$6,321.37	\$7,870.22
Yearly Premium*	\$75,856.44	\$94,442.64
Percent Change		24.50 %

NOTE: Please note rates, fees, and/or claims projections do not include the "Michigan claims tax" effective January 1, 2012, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known. Priority Health participation rules apply, see Priority Health New Group Application. Priority Health is not liable for agent or employer group errors. For New groups, final rates will be based on final enrollment. Rates guaranteed for 12 months from the effective date of coverage. For renewing groups, rates are not valid until verification of all pre-renewal documents has been completed. Benefits and generated rates may be pending and subject to final approval by the Michigan Office of Financial and Insurance Regulation. In general Mental Health Parity does not apply for small businesses. The rates produced are not valid when a group is required to comply with Mental Health Parity. Please contact the Small Business department for assistance.



Sun Life Dental

Passive PPO Dental

PPO Dental Network: UCD Advantage Plus

Deductible: \$50 / \$150 (waived for Preventive Services)

Annual Maximum: \$1000 per person

Benefit Percentage

Preventative Services	100%
Basic Services ¹	80%
Major Services ²	50%

¹ Endodontics/Periodontics covered under Basic Services.

² Major Services: Crowns, Inlays, Onlays, Bridges, Dentures

Prevailing fees: 80th percentile

Dental Rate	Contracts	Current Rates	Renewal Rates	% Difference
Single	8	\$45.95	\$0.00	(100.00%)
Single + Spouse	1	91.40	0.00	(100.00%)
Single + Child(ren)	1	83.45	0.00	(100.00%)
Family	3	140.05	0.00	(100.00%)
Total Premium	13	962.60	0.00	
Difference			-962.60	(100.00%)