Priority Health Medical Renewal - Honey Creek Community School

Renewal Period: 10/01/2014 to 09/30/2015

	Current Plan	Renewal AS IS Plan	Renewal Mapped Plan
	786752	786752	786752
	Priority Health HMO HSA 100-2	Priority Health HMO HSA 100-2	Priority Health HMO HSA Bronze 3000
	In Network	In Network	In Network
Deductible:	$3000/6000	$3000/6000	$3000/6000
Coinsurance:	100%	100%	**60/40%**
Coinsurance Maximum:	$5000/10,000	$5000/10,000	None
Out of Pocket Maximum:*	None	None	**$6350/12,700**
Office Visit Copay:	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Specialist Office Visit Copay:	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Chiropractic Office Visit Copay:	Subject to deductible & coinsurance; 30 visits max. (combined therapies)	Subject to deductible & coinsurance; 30 visits max. (combined therapies)	Subject to deductible & coinsurance; 30 visits max. (combined therapies)
Urgent Care Copay:	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Emergency Room Copay:	Subject to deductible & coinsurance	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Pediatric Vision:	Excludes Pediatric Vision	Not Covered	**Includes Pediatric Vision**
Prescription Drug Benefit:	Subject to deductible then: $20 Generic / $60 Preferred Brand / $80 Nonpreferred Brand / 20% Spec. Pref. Rx ($200 max) / 20% Spec. Non-Pref Rx ($400 max), Mail Order 2x; Contraceptives	Subject to deductible then: $20 Generic / $60 Preferred Brand / $80 Nonpreferred Brand / 20% Spec. Pref. Rx ($200 max) / 20% Spec. Non-Pref Rx ($400 max), Mail Order 2x; Contraceptives	Subject to deductible then: $20 Generic / $60 Preferred Brand / $80 Nonpreferred Brand / 20% Spec. Pref. Rx ($200 max) / 20% Spec. Non-Pref Rx ($400 max), Mail Order 2x; Contraceptives
Pediatric Dental:	Excludes Pediatric Dental	Excludes Pediatric Dental	Excludes Pediatric Dental

Medical, Rx		Current Rates	Renewal Rates	% Difference	Renewal Rates	% Difference
Single	7	$297.16	$357.57	20.33%	Age Banded	
Two Person	0	$653.76	$786.65	20.33%	Age Banded	
Family	8	$817.20	$983.31	20.33%	Age Banded	
Enrolled Employees	15					
Enrolled Members	38					
Monthly Cost						
Premium		$8,617.72	$10,369.47		$9,401.84	
Taxes and Fees		$205.96	$425.00		$413.00	
Total Monthly Cost		$8,823.68	$10,794.47		$9,814.84	
Annual Cost						
Premium		$103,412.64	$124,433.64	20.33%	$112,822.08	9.10%
Taxes and Fees		$2,471.52	$5,100.00		$4,956.00	
Total Annual Cost		$105,884.16	$129,533.64		$117,778.08	
Difference			$23,649.48	22.34%	$11,893.92	11.23%

A.M.Best Rating: A- (Excellent)

*Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

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