

PriorityHealth HMO Medical Renewal - Honey Creek Community School

Renewal Period: 10/01/2015 - 09/30/2016

Reform **Current/Renewal Plan**

786752

PH HMO HSA 100-2

In Network

\$3000/6000

100%

None

\$5,000/10,000

Subject to ded/coins.

Subject to ded/coins.

Subject to ded/coins.; 30 visits max. (combined therapies)

Subject to ded/coins.

Subject to ded/coins.

Excluded

N/A

<i>HSA Maximum Contribution</i>
2015: \$3,350 Indiv./ \$6,650 Family
2016: \$3,350 Indiv./ \$6,750 Family
Catch up: Age 55+ :\$1,000

Deductible:
Coinsurance:
Coinsurance Maximum:
Out of Pocket Maximum:¹
Office Visit Copay:
Specialist Office Visit Copay:
Chiropractic Office Visit Copay:
Urgent Care Copay:
Emergency Room Copay:
Voluntary Abortion:
Pediatric Vision:

Prescription Drug Benefit:³

Subject to ded. then \$20 Generic / \$60 Preferred Brand / \$80 Non Preferred Brand / 20% Specialty max. \$200 / 20% Non Preferred Specialty max. \$400 / Mail Order 2x

Dental: Excludes Pediatric Dental

Medical, Rx, Dental and Vision		Current Rates ²	Renewal Rates ²	% Difference
Single	7	\$357.57	\$383.21	
Two Person	0	\$786.65	\$843.06	
Family	7	\$983.31	\$1,053.82	
Enrolled Employees	14			
Enrolled Members	32			
Monthly Cost				
Premium		\$9,386.16	\$10,059.21	
Taxes and Fees		\$122.88	\$344.00	
Total Monthly Cost		\$9,509.04	\$10,403.21	
Annual Cost				
Premium		\$112,633.92	\$120,710.52	7.17%
Taxes and Fees		\$1,474.56	\$4,128.00	
Total Annual Cost		\$114,108.48	\$124,838.52	
Difference			\$10,730.04	9.40%

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

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

²Rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

³Rx excludes drugs for the treatment of sexual dysfunction, weight loss, cough & cold.

Group Name: HONEY CREEK COMMUNITY SCHOOL	Effective Date: 10/1/2015
Group ID: 786752	SIC Code: 8211

Base Plan	HMO HSA 100-2 100% Coinsurance - Non-Grandfathered Health Care Reform		
Office Visit Copay	0%/0%/0% Office Visit Copay		
Medical Deductible	\$3,000/\$6,000 Medical Deductible		
Rx Copay	\$20/\$60/\$80/20%/20% Rx Copay, Non-Exempt Contraceptives		
Rx Deductible	Combined Med/Rx Rx Deductible		
Out-of-Pocket Maximum	\$5,000/\$10,000 OOP Maximum		
Emergency Room Copay	0% Emergency Room Copay		
Ambulance Copay	0% Ambulance Copay		
Coverage Rates*	Current Rates	Renewal Rates	
Michigan Employees	#		
Single	7	\$357.57	\$383.21
Double	0	\$786.65	\$843.06
Family	7	\$983.31	\$1,053.82
Out of State Employees			
Single	0		
Double	0		
Family	0		
Monthly Premium*	\$9,386.16	\$10,059.21	
Yearly Premium*	\$112,633.92	\$120,710.52	
Percent Change		7.17%	

*NOTE: Please note rates, fees, and/or claims projections do not include ACA taxes and fees, 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. 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 Department of Insurance & Financial Services. In general Mental Health Parity does not apply for small business. The rates produced are not valid when a group is required to comply with Mental Health Parity unless noted above. Please contact the Small Business department for assistance.