

# Priority Health HMO Medical Renewal with Options - Honey Creek Community School

Renewal Period: 10/01/2016 - 09/30/2017

Group Number: 786752

	Deductible Insurance	Co-Insurance	Co-Insurance Maximum	Out of Pocket Maximum <sup>1</sup>	OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup> Benefit Riders	Prescription Drug Plan Generic/Pref. Brand/Non Preferred Brand	Dental	Monthly Premium	Annual Premium	% Increase Over Current Plan Design
Current eff. 10/2015	PriorityHealth HMO HSA 100-2 In Network \$3000/6000 Plan Yr.	100%	None	\$5,000/10,000	Subject to deductible/coinsurance: OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup> Chiropractic; 30 visits max. (combined therapies) Excludes Pediatric Vision	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 <b>Includes Estimated Taxes and Fees</b>	Excludes Pediatric Dental	\$9,237.13	\$110,845.56	
Renewal eff. 10/2016	PriorityHealth HMO HSA 100-2 In Network \$3000/6000 Plan Yr.	100%	None	\$5,000/10,000	Subject to deductible/coinsurance: OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup> Chiropractic; 30 visits max. (combined therapies) Excludes Pediatric Vision	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 <b>Includes Estimated Taxes and Fees</b>	Excludes Pediatric Dental	\$10,149.06	\$121,788.72	9.87%
Option 1	PriorityHealth HSA HMO Silver 2000 In Network \$2000/4000 Plan Yr.	70/30%	None	\$5,000/10,000	Subject to deductible/coinsurance: OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup> Chiropractic; 30 visits max. (combined therapies) <b>Includes Pediatric Vision</b>	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 <b>Includes Estimated Taxes and Fees</b>	Excludes Pediatric Dental	\$9,946.55	\$119,358.60	7.68%
Option 2	PriorityHealth HSA HMO Bronze 3550 In Network \$3550/7100 Plan Yr.	50/50%	None	\$6,550/13,100	Subject to deductible/coinsurance: OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup> Chiropractic; 30 visits max. (combined therapies) <b>Includes Pediatric Vision</b>	Subject to ded. then \$20 Generic / \$75 Preferred Brand / \$100 Non Preferred Brand / 20% Specialty max. \$200 / 20% Non Preferred Specialty max. \$400 / Mail Order 2x <b>Includes Estimated Taxes and Fees</b>	Excludes Pediatric Dental	\$8,612.81	\$103,353.72	-6.76%
						<b>Includes Estimated Taxes and Fees</b>		\$207.65	\$2,491.50	

A.M. Best Ratings A- (Excellent)

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

<sup>2</sup>HMO/POS: OV = Primary Care Physician (PCP)/HMO/POS: Specialist; When referred: <sup>4</sup>UC = Urgent Care; <sup>5</sup>ER= Emergency Room; <sup>6</sup>AI= Advanced Imaging

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

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

