

RENEWAL SUMMARY

Customer Name: **Morley Stanwood Community Schools**  
 Contract/Group #: **007013972**  
 Renewal Date: **1/1/2024**



Group Health Options:

	Current Plan Non-Union/Admin		Teachers/Support Staff		Option #1	Option #2	Option #3	Option #4
	Current	Renewal	Current	Renewal				
Deductible	2500/5000		1500/3000		1600/3200	1600/3200	1600/3200	1600/3200
Coinsurance %	0%		0%		0%	0%	0%	0%
Coinsurance Max	N/A		N/A		N/A	N/A	N/A	N/A
Prescription	10/40/80 after ded		10/40 after ded		10/40/80 after ded	4/15/40/80/20%/20% after ded	10/40/80 after ded	10/40/80 after ded
90 Day Supply	2x copay after ded		2x copay after ded		2x copay after ded	3x copay less \$10 after ded	2x copay after ded	2x copay after ded
OV/SP/CH/UC/ER	Covered 100% after ded		Covered 100% AD		Covered 100% AD	Covered 100% after ded	Covered 100% AD	Covered 100% AD
Out of Pocket Max	3500/7000		2500/5000		4000/8000	4000/8000	3500/7000	3500/7000
Notes:	2500/5000 ER Funding		1600/3200 ER Funding		1600/3200 ER Funding	1600/3200 ER Funding	1600/3200 ER Funding	1600/3200 ER Funding
Plan Design:	SBPPO HSA 2500 0%		MESSA ABC Plan 1		SB PPO HSA 1600/0%	BCN HMO HSA 1600/0%	PH PPO HSA 1600/0%	PH POS HSA 1600/0%

	Total#	#	Current Rates		Renewal Rates		Carrier	Carrier	Carrier	Carrier		
			Current	Renewal	Current	Renewal						
MEDICAL	Single	22	6	\$595.72	\$658.62	16	\$879.59	\$905.98	\$738.82	\$644.59	\$793.83	\$767.36
	Double	14	4	\$1,429.74	\$1,580.69	10	\$1,979.09	\$2,038.45	\$1,773.18	\$1,547.00	\$1,786.12	\$1,726.56
	Family	41	8	\$1,787.17	\$1,975.86	33	\$2,462.88	\$2,536.75	\$2,216.49	\$1,933.76	\$2,222.73	\$2,148.61
		77	18			59						
	<b>Total Annual Cost:</b>			<b>\$283,088</b>	<b>\$312,976</b>		<b>\$1,381,673</b>	<b>\$1,423,115</b>	<b>\$1,232,365</b>	<b>\$1,075,170</b>	<b>\$1,246,951</b>	<b>\$1,205,370</b>
Cost Change from Current:				\$29,889		\$41,443	\$41,443	(\$149,307)	(\$306,502)	(\$134,722)	(\$176,303)	
% Difference from Current:				10.56%		3.00%	3.00%	-10.81%	-22.18%	-9.75%	-12.76%	

	Total#	#	Current Rates		Renewal Rates	
			Current	Renewal	Current	Renewal
HSA ER Cont.	Single	22	6	\$208.33	\$208.33	
	Double	14	4	\$416.67	\$416.67	
	Family	41	8	\$416.67	\$416.67	
		77	18			
	<b>Total Annual Cost:</b>			<b>\$75,000</b>	<b>\$75,000</b>	
Cost Change from Current:				\$0		
% Difference from Current:				0.00%		

	Total #	#	Current Illustrative Cost		Renewal Illustrative Cost		MESSA Current Cost	MESSA Renewal Cost	Renewal Illustrative Cost	Renewal Illustrative Cost	Renewal Illustrative Cost	Renewal Illustrative Cost
			Current	Renewal	Current	Renewal						
COMBINED	Single	22	6	\$804.05	\$866.95	16	\$879.59	\$905.98	\$738.82	\$644.59	\$793.83	\$767.36
	Double	14	4	\$1,846.41	\$1,997.36	10	\$1,979.09	\$2,038.45	\$1,773.18	\$1,547.00	\$1,786.12	\$1,726.56
	Family	41	8	\$2,203.84	\$2,392.53	33	\$2,462.88	\$2,536.75	\$2,216.49	\$1,933.76	\$2,222.73	\$2,148.61
		77	18			59						
	<b>Annual Total Cost:</b>			<b>\$358,088</b>	<b>\$387,977</b>		<b>\$1,381,673</b>	<b>\$1,423,115</b>	<b>\$1,232,365</b>	<b>\$1,075,170</b>	<b>\$1,246,951</b>	<b>\$1,205,370</b>
Cost Change from Current:				\$29,889		\$41,443	\$41,443	(\$149,307)	(\$306,502)	(\$134,722)	(\$176,303)	
% Difference from Current:				8.35%		3.00%	3.00%	-10.81%	-22.18%	-9.75%	-12.76%	

<b>COMBINED CURRENT COST</b>	<b>\$358,088</b>
<b>COMBINED RENEWAL COST</b>	<b>\$387,977</b>
<b>COST CHANGE</b>	<b>\$29,889</b>
<b>% CHANGE</b>	<b>8.35%</b>

DISCLAIMERS

< Please read prior to making any decision >

- Rates do include estimated federal and state taxes, fees and assessments.
- All carriers reserve the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.
- All carriers reserve the right to adjust rates if there is a +/- 10% change in enrollment, demographics or contract mix, or change in benefits.
- Final rates are determined by the underwriting carrier based on actual group enrollment and participation. This is only a brief summary of benefits, it is not a contract.
- Additional limitations and exclusions may apply. If there is a discrepancy between this document and any applicable plan document, the plan document will control.
- Census based on most current membership numbers available.
- Administrative fees may apply.
- Pre-existing conditions, participation rules, and medical underwriting rules may apply prior to final rates (not included above).
- Plan design above shows In-Network comparisons only. See specific plan benefit summary sheets for out of network.
- All benefit changes are subject to underwriting approval. Exceptions may apply with prior underwriting approval of union contract.
- Michigan public employers must comply with PA 152, Publicly Funded Health Insurance Act. Assistance with PA 152 calculations available upon request. Public employers who opt out of PA 152 should notify their representative.
- Please allow a minimum of 45-60 days for a benefit change (varies based on carriers)
- This is not a binder of coverage, please do not cancel current coverage until final approval is given by new carrier.
- HRA and/or Rx illustrative rates are not a guarantee of performance. Results may vary.
- Employee cost share cannot be higher than actual medical premium
- 44North is not responsible for typographical errors.