

PROPOSAL

Hamburg Township




October 1, 2023

Burnham&Flower
INSURANCE GROUP

▲ ACRISURE® | AGENCY PARTNER

Financial Summary (Monthly Premiums)

Current vs. Renewal

| | | ENROLLMENT | EMPLOYER | \$ CHANGE | % CHANGE | TOTAL | \$ CHANGE | % CHANGE |
|---|--|------------|----------|-----------|----------|----------|----------------|--------------|
|  | Medical | | | | | | | |
| | Current (BlueCross BlueShield of Michigan) | 50 | \$71,988 | - | - | \$71,988 | - | - |
| | Renewal | 50 | \$80,928 | \$8,939 | 12.4% | \$80,928 | \$8,939 | 12.4% |
|  | Dental | | | | | | | |
| | Current (BlueCross BlueShield of Michigan) | 50 | \$3,823 | - | - | \$3,823 | - | - |
| | Renewal | 50 | \$4,120 | \$296 | 7.7% | \$4,120 | \$296 | 7.7% |
|  | Vision | | | | | | | |
| | Current (BlueCross BlueShield of Michigan) | 50 | \$563 | - | - | \$563 | - | - |
| | Renewal | 50 | \$543 | -\$20 | -3.5% | \$543 | -\$20 | -3.5% |
| Current Total Program Costs - All Plans | | | \$76,374 | - | - | \$76,374 | - | - |
| Renewal Total Program Costs - All Plans | | | \$85,590 | \$9,216 | 12.1% | \$85,590 | \$9,216 | 12.1% |

Medical Snapshot

Monthly Premiums

Current



TOTAL MONTHLY PREMIUM

\$71,988

TOTAL DIFFERENCE

-

Renewal



TOTAL MONTHLY PREMIUM

\$80,928

TOTAL DIFFERENCE

12.4%
(\$8,939)

MPEC

Other

TOTAL MONTHLY PREMIUM

\$72,379

TOTAL DIFFERENCE

0.5%
(\$391)

Medical includes a total HRA funding of \$5,313
(30% utilization applied)

Medical includes a total HRA funding of \$5,313
(30% utilization applied)

BCN



TOTAL MONTHLY PREMIUM

\$65,320

TOTAL DIFFERENCE

-9.3%
(-\$6,668)

UHC



TOTAL MONTHLY PREMIUM

\$67,127

TOTAL DIFFERENCE

-6.8%
(-\$4,861)

Priority Health



TOTAL MONTHLY PREMIUM

\$84,375

TOTAL DIFFERENCE

17.2%
(\$12,387)




Medical includes a total HRA funding of \$5,313
(30% utilization applied)

HRA rule: ER cannot fund more than 50% of the deductible.;
Medical includes a total HRA funding of \$2,656
(30% utilization applied)



Medical includes a total HRA funding of \$5,313
(30% utilization applied)

*Aetna declined to quote due to uncompetitive numbers

Medical Side-by-side

| | Current / Renewal | | MPEC | | UHC | | INSURANCE GROUP Priority Health | |
|-----------------------------------|---|----------------------|---------------------|----------------------|---|----------------------|---|------------------------|
| ALTERNATIVE |  | | Other | |  | |  | |
| MEDICAL PLANS | CB PPO \$2,500/100% | | PPO \$2,500/100% | | \$2,500/80% (BMFZ) | | POS HRA \$2,500/100% | |
| NETWORK | PPO | | PPO | | Choice Plus | | Priority POS A | |
| | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| HRA Funding EE/FAM | \$2,500 / \$5,000 | | \$2,500 / \$5,000 | | \$1,250 / \$2,500 | | \$2,500 / \$5,000 | |
| Deductible - Individual | \$2,500 | \$5,000 | \$2,500 | \$5,000 | \$2,500 | \$5,000 | \$2,500 | \$5,000 |
| Deductible - Family | \$5,000 | \$10,000 | \$5,000 | \$10,000 | \$5,000 | \$10,000 | \$5,000 | \$10,000 |
| OOPM - Individual | \$5,000 | \$10,000 | \$5,000 | \$10,000 | \$5,000 | \$10,000 | \$5,000 | \$10,000 |
| OOPM - Family | \$10,000 | \$20,000 | \$10,000 | \$20,000 | \$10,000 | \$20,000 | \$10,000 | \$20,000 |
| Co-insurance | 0% | 20% | 0% | 20% | 20% | 40% | 0% | 20% |
| PCP | \$40 | 20% after deductible | \$40 | 20% after deductible | \$20 | 40% after deductible | \$40 | 20% after deductible |
| Specialist | \$40 | 20% after deductible | \$40 | 20% after deductible | \$40 | 40% after deductible | \$55 | 20% after deductible |
| X-Ray | 0% after deductible | 20% after deductible | 0% after deductible | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | 20% after deductible |
| Lab | 0% after deductible | 20% after deductible | 0% after deductible | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | 20% after deductible |
| Inpatient Hospital | 0% after deductible | 20% after deductible | 0% after deductible | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | 20% after deductible |
| Outpatient Surgery | 0% after deductible | 20% after deductible | 0% after deductible | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | 20% after deductible |
| Emergency Room | \$250 | \$250 | \$250 | \$250 | \$250 | \$250 | \$250 after deductible | \$250 after deductible |
| Urgent Care | \$40 | 20% after deductible | \$40 | 20% after deductible | \$75 | 40% after deductible | \$40 | 20% after deductible |
| Rx | | | | | | | | |
| Rx Individual / Family Deductible | - | | - | | - | | - | |
| Member Copay Tier 1 | \$10 | | \$10 | | \$5 | | \$10 | |
| Member Copay Tier 2 | \$40 | | \$40 | | \$40 | | \$40 | |
| Member Copay Tier 3 | \$80 | | \$80 | | \$105 | | \$80 | |
| Member Copay Tier 4 | - | | - | | \$250 | | - | |
| Mail Order | 2.0x | | 2.0x | | 2.5x | | 2.0x | |
| Enrollment | | | | | | | | |
| EE / EO / EF | 15 / 9 / 26 | | 15 / 9 / 26 | | 15 / 9 / 26 | | 15 / 9 / 26 | |
| Total Enrollment | 50 | | 50 | | 50 | | 50 | |
| Monthly Rates | CURRENT | RENEWAL | MPEC | | UHC | | PRIORITY HEALTH | |
| Employee Only | \$581.81 | \$659.82 | \$667.24 | | \$562.57 | | \$689.90 | |
| One more | \$1,396.35 | \$1,583.56 | \$1,235.06 | | \$1,350.17 | | \$1,655.76 | |
| Family | \$1,745.44 | \$1,979.45 | \$1,767.02 | | \$1,687.71 | | \$2,069.70 | |
| Monthly HSA/HRA Funding | \$17,708 (30%) | \$17,708 (30%) | \$17,708 (30%) | | \$8,854 (30%) | | \$17,708 (30%) | |
| Monthly Total | \$71,988 | \$80,928 | \$72,379 | | \$67,127 | | \$84,375 | |
| Annual Total | \$863,859 | \$971,131 | \$868,550 | | \$805,521 | | \$1,012,501 | |
| Change from Current - \$ | | \$107,272 | \$4,691 | | -\$58,338 | | \$148,642 | |
| Change from Current - % | | +12.4% | +0.5% | | -6.8% | | +17.2% | |

Medical Side-by-side

| | | | | | |
|-----------------------------------|---|----------------------|---|--|---|
| | Current / Renewal | | BCN | | INSURANCE GROUP <i>You serve others. We serve you.</i> |
| ALTERNATIVE |  | |  | | |
| MEDICAL PLANS | CB PPO \$2,500/100% | | HMO HRA \$2,500/80% | | |
| NETWORK | PPO | | Blue Care Network | | |
| | IN | OUT | IN-NETWORK ONLY | | |
| HRA Funding EE/FAM | \$2,500 / \$5,000 | | \$2,500 / \$5,000 | | |
| Deductible - Individual | \$2,500 | \$5,000 | \$2,500 | | |
| Deductible - Family | \$5,000 | \$10,000 | \$5,000 | | |
| OOPM - Individual | \$5,000 | \$10,000 | \$8,150 | | |
| OOPM - Family | \$10,000 | \$20,000 | \$16,300 | | |
| Co-insurance | 0% | 20% | 20% | | |
| PCP | \$40 | 20% after deductible | \$30 | | |
| Specialist | \$40 | 20% after deductible | \$50 | | |
| X-Ray | 0% after deductible | 20% after deductible | 20% after deductible | | |
| Lab | 0% after deductible | 20% after deductible | 20% after deductible | | |
| Inpatient Hospital | 0% after deductible | 20% after deductible | 20% after deductible | | |
| Outpatient Surgery | 0% after deductible | 20% after deductible | 20% after deductible | | |
| Emergency Room | \$250 | \$250 | \$250 after deductible | | |
| Urgent Care | \$40 | 20% after deductible | \$60 | | |
| Rx | | | | | |
| Rx Individual / Family Deductible | - | | - | | |
| Member Copay Tier 1 | \$10 | | \$10 / \$30 | | |
| Member Copay Tier 2 | \$40 | | \$60 | | |
| Member Copay Tier 3 | \$80 | | \$80 | | |
| Member Copay Tier 4 | - | | 20% to \$200 / \$20% to \$300 | | |
| Mail Order | 2.0x | | 3x minus \$10 | | |
| Enrollment | | | | | |
| EE / EO / EF | 15 / 9 / 26 | | 15 / 9 / 26 | | |
| Total Enrollment | 50 | | 50 | | |
| Monthly Rates | CURRENT | RENEWAL | BCN | | |
| Employee Only | \$581.81 | \$659.82 | \$523.63 | | |
| One more | \$1,396.35 | \$1,583.56 | \$1,256.71 | | |
| Family | \$1,745.44 | \$1,979.45 | \$1,570.88 | | |
| Monthly HSA/HRA Funding | \$17,708 (30%) | \$17,708 (30%) | \$17,708 (30%) | | |
| Monthly Total | \$71,988 | \$80,928 | \$65,320 | | |
| Annual Total | \$863,859 | \$971,131 | \$783,843 | | |
| Change from Current - \$ | | \$107,272 | -\$80,016 | | |
| Change from Current - % | | +12.4% | -9.3% | | |

Dental Snapshot

Monthly Premiums

Current



TOTAL MONTHLY PREMIUM

\$3,823

TOTAL DIFFERENCE

-

Renewal



TOTAL MONTHLY PREMIUM

\$4,120

TOTAL DIFFERENCE

7.7%
(\$296)

Delta Dental



TOTAL MONTHLY PREMIUM

\$4,434

TOTAL DIFFERENCE

16.0%
(\$610)

Beam



TOTAL MONTHLY PREMIUM

\$3,719

TOTAL DIFFERENCE

-2.7%
(-\$104)

Unum



TOTAL MONTHLY PREMIUM





\$3,611

TOTAL DIFFERENCE

-5.5%
(-\$212)

*The Standard declined to quote due to uncompetitive numbers

Dental Side-by-side

| | Current / Renewal | | Delta Dental | | Beam | | Unum | |
|--------------------------|---|--------------|---|--------------|---|--------------|---|--------------|
| ALTERNATIVE |  | |  | |  | |  | |
| DENTAL PLANS | 100/75/50/50 | | 100/75/50/50 | | 100/75/50/50 | | 100/75/50/50 | |
| NETWORK | DPPO Network | | DPPO Network | | DPPO Network | | DPPO Network | |
| | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
| Calendar Year Maximum | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Individual Deductible | \$0 | \$0 | \$0 | \$0 | \$50 | \$50 | \$0 | \$0 |
| Family Deductible | \$0 | \$0 | \$0 | \$0 | \$150 | \$150 | \$0 | \$0 |
| Waived for Preventive | - | - | - | - | Yes | Yes | - | - |
| Class I - Preventive | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Class II - Basic | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% |
| Class III - Major | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| Class IV - Orthodontia | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |
| Orthodontia Lifetime Max | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Ortho Eligibility | Up to age 19 | Up to age 19 | Up to age 19 | Up to age 19 | Up to age 19 | Up to age 19 | Up to age 19 | Up to age 19 |
| Enrollment | | | | | | | | |
| EE / EO / EF | 15 / 9 / 26 | | 15 / 9 / 26 | | 15 / 9 / 26 | | 15 / 9 / 26 | |
| Total Enrollment | 50 | | 50 | | 50 | | 50 | |
| Monthly Rates | CURRENT | RENEWAL | DELTA DENTAL | | BEAM | | UNUM | |
| Employee Only | \$30.83 | \$33.22 | \$36.37 | | \$26.94 | | \$29.12 | |
| One more | \$61.67 | \$66.45 | \$68.46 | | \$55.25 | | \$58.25 | |
| Family | \$107.92 | \$116.28 | \$125.85 | | \$108.39 | | \$101.94 | |
| Monthly Total | \$3,823 | \$4,120 | \$4,434 | | \$3,719 | | \$3,611 | |
| Annual Total | \$45,881 | \$49,436 | \$53,205 | | \$44,634 | | \$43,338 | |
| Change from Current - \$ | | \$3,555 | \$7,325 | | -\$1,247 | | -\$2,543 | |
| Change from Current - % | | +7.7% | +16.0% | | -2.7% | | -5.5% | |
| Rate Guarantee | | 1 year | 1 year | | 1 year | | 1 year | |

Vision Snapshot

Monthly Premiums

Current



TOTAL MONTHLY PREMIUM

\$563

TOTAL DIFFERENCE

-

Renewal



TOTAL MONTHLY PREMIUM

\$543

TOTAL DIFFERENCE

-3.5%
(-\$20)

DeltaVision

Other

TOTAL MONTHLY PREMIUM

\$690

TOTAL DIFFERENCE

22.7%
(\$128)

Beam



TOTAL MONTHLY PREMIUM

\$523

TOTAL DIFFERENCE

-7.1%
(-\$40)

Unum



TOTAL MONTHLY PREMIUM

\$548

TOTAL DIFFERENCE

-2.5%
(-\$14)

VSP



TOTAL MONTHLY PREMIUM




\$733

TOTAL DIFFERENCE

30.3%
(\$170)

*The Standard declined to quote due to uncompetitive numbers



Vision Side-by-side

| | Current / Renewal | DeltaVision | Beam | Unum |
|--------------------|---|--------------------|---|---|
| ALTERNATIVE |  | Other |  |  |
| VISION PLANS | 24/24/24 | 12/12/24 | 12/12/24 | 12/12/24 |
| NETWORK | VPPO Network | VPPO Network | VPPO Network | VPPO Network |
| | IN-NETWORK ONLY | IN-NETWORK ONLY | IN-NETWORK ONLY | IN-NETWORK ONLY |
| Exams Frequency | 1x every 24 months | 1x every 12 months | 1x every 12 months | 1x every 12 months |
| Lenses Frequency | 1x every 24 months | 1x every 12 months | 1x every 12 months | 1x every 12 months |
| Frames Frequency | 1x every 24 months | 1x every 24 months | 1x every 24 months | 1x every 24 months |
| Contacts Frequency | 1x every 24 months | 1x every 12 months | 1x every 12 months | 1x every 12 months |
| Exam Copay | \$5 | \$10 | \$10 | \$10 |
| Materials Copay | \$10 | \$25 | \$25 | \$10 |
| Contacts Allowance | \$130 | \$130 | \$130 | \$130 |
| Frame Allowance | \$130 | \$130 | \$130 | \$130 |

Enrollment

| | | | | | | |
|--------------------------|-------------|---------|-------------|---------|-------------|--|
| EE / EO / EF | 15 / 9 / 26 | | 15 / 9 / 26 | | 15 / 9 / 26 | |
| Total Enrollment | 50 | | 50 | | 50 | |
| Monthly Rates | CURRENT | RENEWAL | DELTAVISION | BEAM | UNUM | |
| Employee Only | \$4.78 | \$4.55 | \$5.60 | \$4.93 | \$4.60 | |
| One more | \$9.56 | \$9.10 | \$11.99 | \$9.84 | \$9.19 | |
| Family | \$15.57 | \$15.11 | \$19.16 | \$13.86 | \$15.26 | |
| Monthly Total | \$563 | \$543 | \$690 | \$523 | \$548 | |
| Annual Total | \$6,751 | \$6,516 | \$8,281 | \$6,274 | \$6,582 | |
| Change from Current - \$ | | -\$235 | \$1,530 | -\$476 | -\$169 | |
| Change from Current - % | | -3.5% | +22.7% | -7.1% | -2.5% | |
| Rate Guarantee | | 1 year | 1 year | 2 years | 2 years | |

Vision Side-by-side

| | Renewal | VSP | | |
|--------------------|---|---|--|--|
| ALTERNATIVE |  |  | | |
| VISION PLANS | 24/24/24 | 12/12/24 | | |
| NETWORK | VPPO Network | VPPO Network | | |
| | IN-NETWORK ONLY | IN-NETWORK ONLY | | |
| Exams Frequency | 1x every 24 months | 1x every 12 months | | |
| Lenses Frequency | 1x every 24 months | 1x every 12 months | | |
| Frames Frequency | 1x every 24 months | 1x every 24 months | | |
| Contacts Frequency | 1x every 24 months | 1x every 12 months | | |
| Exam Copay | \$5 | \$10 | | |
| Materials Copay | \$10 | \$10 | | |
| Contacts Allowance | \$130 | \$130 | | |
| Frame Allowance | \$130 | \$130 | | |

Enrollment

| | | | | | |
|--------------------------|-------------|---------|-------------|--|--|
| EE / EO / EF | 15 / 9 / 26 | | 15 / 9 / 26 | | |
| Total Enrollment | 50 | | 50 | | |
| Monthly Rates | CURRENT | RENEWAL | VSP | | |
| Employee Only | \$4.78 | \$4.55 | \$7.15 | | |
| One more | \$9.56 | \$9.10 | \$12.29 | | |
| Family | \$15.57 | \$15.11 | \$19.81 | | |
| Monthly Total | \$563 | \$543 | \$733 | | |
| Annual Total | \$6,751 | \$6,516 | \$8,795 | | |
| Change from Current - \$ | | -\$235 | \$2,044 | | |
| Change from Current - % | | -3.5% | +30.3% | | |
| Rate Guarantee | | 1 year | 4 years | | |

Disclaimers

The information contained herein is intended to serve only as a brief outline of the various insurance coverages. To avoid misunderstanding or misinterpretation as to the full scope of protection afforded, reference must be made to the respective policies for complete coverage details.

We offer guidance in the selection of the product and policy that most appropriately meets your needs and will receive compensation for placing this coverage with any of the carriers presented. Compensation may include payments, commission, fees, awards, overrides, bonuses, contingent commissions, loans, gifts, prizes, stock options or any other form of valuable consideration. The carrier's compensation programs change periodically and will not be a determining factor as to where your business is placed. The main factors influencing where your coverage is placed is the financial rating and stability of the carrier, plan design, and service.