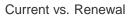
PROPOSAL

Hamburg Township

October 1, 2023



Financial Summary (Monthly Premiums)





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

Medical Snapshot

Monthly Premiums



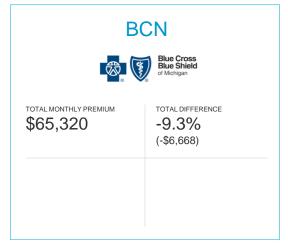




Medical includes a total HRA funding of \$5,313 (30% utilization applied)



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



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)

Priority Health PriorityHealth Total Monthly Premium \$84,375 Total Difference 17.2% (\$12,387)

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

Medical Side-by-	T. Control of the Con	/ Renewal	MI	PEC	1	-IC	Burnham&F		
ALTERNATIVE	© (T			ther	al	Healthcare		rHealth ©	
		_ , ,,							
MEDICAL PLANS		2,500/100%		500/100%	1	% (BMFZ)		2,500/100%	
NETWORK		PO		PO	Choice Plus		Priority POS A		
LIDA Fundina EE/FAM	IN to Foo	OUT	IN to soo	OUT	IN CA OFO	OUT	IN #2.500	OUT	
HRA Funding EE/FAM Deductible - Individual	\$2,500	/ \$5,000 \$5,000	\$2,500 / \$5,000 \$2,500 \$5,000		\$1,250 / \$2,500		\$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	\$1	05	\$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	9 / 26	15 / 9	9 / 26	
Total Enrollment		50		50	5	0	5	0	
Monthly Rates	CURRENT	RENEWAL	М	PEC	U	нс	PRIORIT	/ HEALTH	
Employee Only	\$581.81	\$659.82	\$66	7.24	\$56	2.57	\$68	9.90	
One more	\$1,396.35	\$1,583.56	\$1,2	35.06	\$1,35	50.17	\$1,65	55.76	
Family	\$1,745.44	\$1,979.45	\$1,767.02		\$1,68	37.71	\$2,06	69.70	
Monthly HSA/HRA Funding	\$17,708 (30%)	\$17,708 (30%)	\$17,70	8 (30%)	\$8,854	(30%)	\$17,708	3 (30%)	
Monthly Total	\$71,988	\$80,928	\$72	,379	\$67	127	\$84	375	
Annual Total	\$863,859	\$971,131	\$868	3,550	\$805	5,521	\$1,01	2,501	
Change from Current - \$ Change from Current - %		\$107,272 +12.4%		.5%		3,338 8%	\$148,642 +17.2%		

Medical Side-by-side

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·	Current /	Renewal	BCN	INSURANCE GROUP
ALTERNATIVE	DICAL PLANS CB PPO \$2,500/100%		Blue Cross Blue Shield of Microgan	
MEDICAL PLANS			HMO HRA \$2,500/80%	
NETWORK			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	
_ab	0% after deductible	20% after deductible	20% after deductible	
npatient 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 / <mark>\$30</mark>	
Member Copay Tier 2	\$	40	\$60	
Member Copay Tier 3	\$	30	\$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	5	60	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	
amily	\$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 - \$ Change from Current - %		\$107,272 +12.4%	-\$80,016 -9.3%	

Dental Snapshot

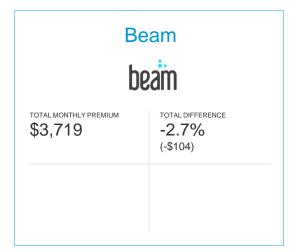
Monthly Premiums







Delta	Dental						
△ DELTA DENTAL							
TOTAL MONTHLY PREMIUM \$4,434	16.0% (\$610)						





^{*}The Standard declined to quote due to uncompetitive numbers

Dental Side-by-side

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I N	S	u	R	A	N	C	E	G	R	0	u	F

	Current /	Renewal	Delta Dental		Ве	eam	INSURANCE GROUP		
ALTERNATIVE		Blue Crosse But Shald de Machagine		△ DELTA DENTAL		beam		บกำน้ำกำ	
DENTAL PLANS	100/75	100/75/50/50		5/50/50	100/7	5/50/50	100/75/50/50 DPPO Network		
NETWORK	DPPO I	Network	DPPO I	DPPO Network		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	5	50	5	50	50		50		
Monthly Rates	CURRENT	RENEWAL	DELTA	DENTAL	ВЕ	EAM	UN	IUM	
Employee Only	\$30.83	\$33.22	\$36	6.37	\$20	6.94	\$29	0.12	
One more	\$61.67	\$66.45	\$68	3.46	\$55	5.25	\$58	3.25	
Family	\$107.92	\$116.28	\$12	5.85	\$10	8.39	\$10	1.94	
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 - \$ Change from Current - %		\$3,555 +7.7%		325 6.0%	-\$1,247 -2.7%		-\$2,543 -5.5%		
Rate Guarantee		1 year	1 y	/ear	1)	/ear	1 year		

Vision Snapshot

Monthly Premiums







Delta	aVision
O	ther
TOTAL MONTHLY PREMIUM \$690	TOTAL DIFFERENCE 22.7% (\$128)





	SP O
TOTAL MONTHLY PREMIUM \$733	TOTAL DIFFERENCE 30.3% (\$170)

^{*}The Standard declined to quote due to uncompetitive numbers

Vision Side-by-si	de				Burnham&Flower
,	T. Control of the Con	Renewal	DeltaVision	Beam	INSURANCE GROUP
ALTERNATIVE	Blue Cross Blue Shild of doopur		Other	beam	บกํบํกํ
VISION PLANS	24/2	24/24	12/12/24	12/12/24	12/12/24
NETWORK	VPPO N	Network	VPPO Network	VPPO Network	VPPO Network
	IN-NETWO	ORK ONLY	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK ONLY
Exams Frequency	1x every 2	24 months	1x every 12 months	1x every 12 months	1x every 12 months
Lenses Frequency	1x every 2	24 months	1x every 12 months	1x every 12 months	1x every 12 months
Frames Frequency	1x every 2	24 months	1x every 24 months	1x every 24 months	1x every 24 months
Contacts Frequency	1x every 2	24 months	1x every 12 months	1x every 12 months	1x every 12 months
Exam Copay	\$	65	\$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	9 / 26	15 / 9 / 26	15/9/26	15/9/26
Total Enrollment	5	50	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 - \$ Change from Current - %		-\$235 -3.5%	\$1,530 +22.7%	-\$476 -7.1%	-\$169 -2.5%
Rate Guarantee		1 year	1 year	2 years	2 years

Vision Side-by-side

Vision Side-by-s	ide			Burnham&Flower
,	1	newal	VSP	INSURANCE GROUP
ALTERNATIVE	.	Blue Cross Blue Shield of Michigan	vsp	
VISION PLANS	24/	24/24	12/12/24	
NETWORK	VPPO	Network	VPPO Network	
	IN-NETW	ORK 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 - \$ Change from Current - %		-\$235 -3.5%	\$2,044 +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.