**Group Name: City of Mackinac Island - CITY**
**Effective Date: 1/1/2026**

**Broker Name: Acrisure**
**Proposal Created Date: 10/27/2025**



| Option Name | Current | | Renewal | | Option 1 | | Option 2 | | Option 3 | Option 4 | | Option 5 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan Name | 2025 Simply Blue HRA PPO Platinum | | 2026 Simply Blue HRA PPO Platinum | | 2026 Simply Blue HRA PPO Gold Option 3 | | 2026 Simply Blue HRA PPO Gold Option 4 | | 2026 BCN HRA Platinum Option 3 | PriorityPPO Gold G10 | | UHC Choice Plus Platinum EN8K - EN8K | |
| Carrier Network | BlueCross BlueShield of PPO | | BlueCross BlueShield of PPO | | BlueCross BlueShield of PPO | | BlueCross BlueShield of PPO | | Blue Care Network of Blue Care Network | Priority Health Priority PPO | | UnitedHealthcare Choice Plus POS | |
| Carrier Logo | simplyblue℠ | | simplyblue℠ | | simplyblue℠ | | simplyblue℠ | | Blue Care Network of Michigan | Priority Health | | UnitedHealthcare | |
| | IN | OUT | IN | OUT | IN | OUT | IN | OUT | IN | IN | OUT | IN | OUT |
| HRA Deductible - EE/Family | $1,000/$2,000 | | $1,000/$2,000 | | $1,000/$2,000 | | $1,000/$2,000 | | $1,000/$2,000 | | | | |
| Deductible - Individual | $5,000 | $10,000 | $5,000 | $10,000 | $4,000 | $8,000 | $7,000 | $14,000 | $5,000 | $1,000 | $2,000 | $1,000 | $15,000 |
| Deductible - Family | $10,000 | $20,000 | $10,000 | $20,000 | $8,000 | $16,000 | $14,000 | $28,000 | $10,000 | $2,000 | $4,000 | $2,000 | $30,000 |
| OOPM - Individual | $6,350 | $12,700 | $6,350 | $12,700 | $9,100 | $18,200 | $9,100 | $18,200 | $6,350 | $8,700 | $17,400 | $4,000 | $30,000 |
| OOPM - Family | $12,700 | $25,400 | $12,700 | $25,400 | $18,200 | $36,400 | $18,200 | $36,400 | $12,700 | $17,400 | $34,800 | $8,000 | $60,000 |
| Co-insurance | 30% | 50% | 30% | 50% | 20% | 40% | 20% | 40% | 20% | 20% | 40% | 0%/10% | 30% |
| Coinsurance Max - Individual | 1350 | 2700 | 1350 | 2700 | 5100 | 10200 | 2100 | 4200 | 1350 | $4,500 ECM | $9,000 ECM | 3000 | 15000 |
| Coinsurance Max - Family | 2700 | 5400 | 2700 | 5400 | 10200 | 20400 | 4200 | 8400 | 2700 | $9,000 ECM | $18,000ECM | 6000 | 30000 |
| PCP | $30 | 50% aft ded | $30 | 50% aft ded | $30 | 40% aft ded | $20 | 40% aft ded | $20 | $20 | 40% aft ded | $5 | 30% aft ded |
| Specialist | $50 | 50% aft ded | $50 | 50% aft ded | $50 | 40% aft ded | $40 | 40% aft ded | $40 | $60 | 40% aft ded | $30 | 30% aft ded |
| Inpatient Hospital | 30% aft ded | 50% aft ded | 30% aft ded | 50% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 20% aft ded | 40% aft ded | $0 aft ded | 30% aft ded |
| Outpatient Surgery | 30% aft ded | 50% aft ded | 30% aft ded | 50% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 20% aft ded | 40% aft ded | $0 aft ded | 30% aft ded |
| Emergency Room | $150 | $150 | $150 | $150 | $250 | $250 | $250 | $250 | $150 aft ded | $350 aft ded | $350 aft ded | $500 | $500 |
| Urgent Care | $60 | 50% aft ded | $60 | 50% aft ded | $60 | 40% aft ded | $60 | 40% aft ded | $50 | $85 | 40% aft ded | $30 | 30% aft ded |
| **Rx** | | | | | | | | | | | | | |
| Rx Individual Deductible | $0 | | $0 | | $0 | | $0 | | $0 | $0 | | $0 | |
| Rx Family Deductible | $0 | | $0 | | $0 | | $0 | | $0 | $0 | | $0 | |
| Member Copay Tier 1/2 | $20 per script / Not Applicable | | $20 / Not Applicable | | $20 / Not Applicable | | $20 / Not Applicable | | $6 / $25 | $5 per script / $35 per script | | $10 per script / $40 per script | |
| Member Copay Tier 3 | $60 per script | | $60 | | $60 | | $60 | | $50 | $75 per script | | $105 per script | |
| Member Copay Tier 4 | $100 per script | | $100 | | $125 | | $125 | | $80 | $90 per script | | $250 per script | |
| Member Copay Tier 5/6 | 20%, up to $200 per script / 25%, up to $300 per script | | 20%, up to $200 / 25%, up to $200 | | 20%, up to $200 / 25%, up to $200 | | 20%, up to $200 / 25%, up to $200 | | 20%, up to $200 / 20%, up to $300 | 20%, up to $250 / 20%, up to $450 | | $10-$500 per script / $20-$1,000 per script | |
| Mail Order | 3x - $10 | | 3x - $10 | | 3x - $10 | | 3x - $10 | | 3x - $10 | 2.0x | | 2.5x | |
| | | | | | | | **Enrollment & Cost** | | | | | | |
| Employee Enrollment | 16 / 27 | | 16 / 27 | | 16 / 27 | | 16 / 27 | | 16 / 27 | 16 / 27 | | 16 / 27 | |
| **Monthly HSA/HRA funding** | **$2,182.94** | | **$1,461.60** | | **$2,047.39** | | **$3,533.52** | | **$1,423.60** | | | | |
| **Monthly Total** | **$23,481** | | **$25,578** | | **$25,017** | | **$25,825** | | **$24,036** | **$24,988** | | **$33,832** | |
| **Annual Total** | **$281,766** | | **$306,933** | | **$300,202** | | **$309,898** | | **$288,428** | **$299,854** | | **$405,986** | |
| **$ Change from Current** | | | **$25,167** | | **$18,435** | | **$28,132** | | **$6,662** | **$18,088** | | **$124,220** | |
| **% Change from Current** | | | **8.93%** | | **6.54%** | | **9.98%** | | **2.36%** | **6.42%** | | **44.09%** | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan Name | 2025 Simply Blue HRA PPO Platinum | | 2026 Simply Blue HRA PPO Platinum | | 2026 Simply Blue HRA PPO Gold Option 3 | | 2026 Simply Blue HRA PPO Gold Option 4 | | 2026 BCN HRA Platinum Option 3 | PriorityPPO Gold G50 | | UHC Choice Plus Platinum EN8N - EN8N | |
| **Carrier Network** | **BlueCross BlueShield of PPO** | | **BlueCross BlueShield of PPO** | | **BlueCross BlueShield of PPO** | | **BlueCross BlueShield of PPO** | | **Blue Care Network of Blue Care Network** | **Priority Health Priority PPO** | | **UnitedHealthcare Choice Plus POS** | |
| **Carrier Logo** | simplyblue℠ | | simplyblue℠ | | simplyblue℠ | | simplyblue℠ | | Blue Care Network of Michigan | Priority Health | | UnitedHealthcare | |
| **Carrier Logo** | **IN** | **OUT** | **IN** | **OUT** | **IN** | **OUT** | **IN** | **OUT** | **IN** | **IN** | **OUT** | **IN** | **OUT** |
| HRA Deductible - EE/Family | $500/$1,000 | | $500/$1,000 | | $500/$1,000 | | $500/$1,000 | | $500/$1,000 | | | | |
| Deductible - Individual | $5,000 | $10,000 | $5,000 | $10,000 | $4,000 | $8,000 | $7,000 | $14,000 | $5,000 | $500 | $1,000 | $500 | $5,000 |
| Deductible - Family | $10,000 | $20,000 | $10,000 | $20,000 | $8,000 | $16,000 | $14,000 | $28,000 | $10,000 | $1,000 | $2,000 | $1,000 | $10,000 |
| OOPM - Individual | $6,350 | $12,700 | $6,350 | $12,700 | $9,100 | $18,200 | $9,100 | $18,200 | $6,350 | $9,600 | $19,200 | $3,000 | $10,000 |
| OOPM - Family | $12,700 | $25,400 | $12,700 | $25,400 | $18,200 | $36,400 | $18,200 | $36,400 | $12,700 | $19,200 | $38,400 | $6,000 | $20,000 |
| Co-insurance | 30% | 50% | 30% | 50% | 20% | 40% | 20% | 40% | 20% | 20% | 40% | 20%/30% | 50% |
| Coinsurance Max - Individual | 1350 | 2700 | 1350 | 2700 | 5100 | 10200 | 2100 | 4200 | 1350 | $5,500 ECM | $11,000 ECM | 2500 | 5000 |
| Coinsurance Max - Family | 2700 | 5400 | 2700 | 5400 | 10200 | 20400 | 4200 | 8400 | 2700 | $11,000 ECM | $22,000ECM | 5000 | 10000 |
| PCP | $30 | 50% aft ded | $30 | 50% aft ded | $30 | 40% aft ded | $20 | 40% aft ded | $20 | $30 | 40% aft ded | $0 | 50% aft ded |
| Specialist | $50 | 50% aft ded | $50 | 50% aft ded | $50 | 40% aft ded | $40 | 40% aft ded | $40 | $60 | 40% aft ded | $50 | 50% aft ded |
| Inpatient Hospital | 30% aft ded | 50% aft ded | 30% aft ded | 50% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 50% aft ded |
| Outpatient Surgery | 30% aft ded | 50% aft ded | 30% aft ded | 50% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 20% aft ded | 40% aft ded | 20% aft ded | 50% aft ded |
| Emergency Room | $150 | $150 | $150 | $150 | $250 | $250 | $250 | $250 | $150 aft ded | $350 aft ded | $350 aft ded | 20% aft ded | 20% aft ded |
| Urgent Care | $60 | 50% aft ded | $60 | 50% aft ded | $60 | 40% aft ded | $60 | 40% aft ded | $50 | $85 | 40% aft ded | $50 | 50% aft ded |
| **Rx** | | | | | | | | | | | | | |
| Rx Individual Deductible | $0 | | $0 | | $0 | | $0 | | $0 | $0 | | $0 | |
| Rx Family Deductible | $0 | | $0 | | $0 | | $0 | | $0 | $0 | | $0 | |
| Member Copay Tier 1/2 | $20 per script / Not Applicable | | $20 / Not Applicable | | $20 / Not Applicable | | $20 / Not Applicable | | $6 / $25 | $5 per script / $35 per script | | $10 per script / $40 per script | |
| Member Copay Tier 3 | $60 per script | | $60 | | $60 | | $60 | | $50 | $80 per script | | $105 per script | |
| Member Copay Tier 4 | $100 per script | | $100 | | $125 | | $125 | | $80 | $95 per script | | $250 per script | |
| Member Copay Tier 5/6 | 20%, up to $200 per script / 25%, up to $300 per script | | 20%, up to $200 / 25%, up to $200 | | 20%, up to $200 / 25%, up to $200 | | 20%, up to $200 / 25%, up to $200 | | 20%, up to $200 / 20%, up to $300 | 20%, up to $250 / 20%, up to $450 | | $10-$500 per script / $20-$1,000 per script | |
| Mail Order | 3x - $10 | | 3x - $10 | | 3x - $10 | | 3x - $10 | | 3x - $10 | 2.0x | | 2.5x | |
| | | | | | | | **Enrollment & Cost** | | | | | | |
| Employee Enrollment | 11 / 27 | | 11 / 27 | | 11 / 27 | | 11 / 27 | | 11 / 27 | 11 / 27 | | 11 / 27 | |
| **Monthly HSA/HRA funding** | **$1,500.77** | | **$1,004.85** | | **$1,466.63** | | **$2,658.18** | | **$1,124.61** | | | | |
| **Monthly Total** | **$13,823** | | **$14,892** | | **$14,693** | | **$15,494** | | **$14,145** | **$14,530** | | **$18,927** | |
| **Annual Total** | **$165,873** | | **$178,699** | | **$176,317** | | **$185,930** | | **$169,743** | **$174,359** | | **$227,122** | |
| **$ Change from Current** | | | **$12,827** | | **$10,444** | | **$20,057** | | **$3,871** | **$8,486** | | **$61,250** | |
| **% Change from Current** | | | **7.73%** | | **6.30%** | | **12.09%** | | **2.33%** | **5.12%** | | **36.93%** | |