



## Medical Comparison for Holly Academy

Carrier	Office Visit Copay	Urgent Care Copay	E.R. Copay	Annual Deductible		Co-Insurance	Co-Insurance Maximum		Prescription Copay	Premium			Monthly Premium	Annual Premium	Annual Savings
				Single	Family		Single	Family		Single	Two Person	Family			
<i>Current Census</i>										17	5	22			
Blue Care Network HMO 10 Current Rates	\$20	\$35	\$100	\$250	\$500	80%	\$1,500	\$3,000	\$20/\$60/50%	\$362.01	\$832.63	\$941.23	\$31,024.38	\$372,292.56	N/A
Blue Care Network HMO 10 Renewal Rates	\$20	\$35	\$100	\$250	\$500	80%	\$1,500	\$3,000	\$20/\$60/50%	\$413.04	\$949.99	\$1,073.91	\$35,397.65	\$424,771.80	N/A
Blue Care Network HMO 10	\$30	\$50	\$150	\$500	\$1,000	80%	\$1,500	\$3,000	\$20/\$60/50%	\$377.78	\$868.84	\$982.16	\$32,373.98	\$388,487.76	\$36,284.04
Blue Care Network HMO Basic Package	\$25	\$35	\$100	\$0	\$0	80%	\$1,500	\$3,000	\$20/\$60/50%	\$405.36	\$932.33	\$1,053.93	\$34,739.23	\$416,870.76	\$7,901.04
Blue Care Network HMO Basic 2 Package	\$35	\$60	\$150	\$0	\$0	70%	\$3,000	\$6,000	\$20/\$60/50%	\$377.64	\$868.57	\$981.85	\$32,363.43	\$388,361.16	\$36,410.64
BC/BS Simply Blue PPO*	\$20	\$20	\$150	\$500	\$1,000	80%	\$2,500	\$5,000	\$20/\$60/50%	\$526.58	\$1,263.76	\$1,579.69	\$50,023.84	\$600,286.08	-\$175,514.28
Alliance Health & Life PPO Plan DEJ	\$45	\$65	\$200	\$250	\$500	100%	\$0	\$0	\$15/\$50	\$416.37	\$957.65	\$1,082.56	\$35,682.86	\$428,194.32	-\$3,422.52
Alliance Health & Life EPO Plan 3	\$25	\$35	\$100	\$1,000	\$2,000	80%	\$1,500	\$3,000	\$15/\$60/50%	\$393.24	\$904.45	\$1,022.42	\$33,700.57	\$404,406.84	\$20,364.96
Health Alliance Plan HMO Plan 1	\$25	\$35	\$100	\$250	\$500	80%	\$1,500	\$3,000	\$20/\$40/\$60	\$390.83	\$898.91	\$1,016.16	\$33,494.18	\$401,930.16	\$22,841.64

\*BC/BS Simply Blue PPO Plan Requires Local Chamber/Association Membership.

Above mentioned rates assume September 1, 2011 enrollments. Actual rates determined by final enrollment and may vary from proposed rates.

Above benefits are for illustrative purposes only. Please refer to insurance certificate for detailed benefit descriptions.



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Carrier	Office Visit Copay	Urgent Care Copay	E.R. Copay	Annual Deductible		Co-Insurance	Co-Insurance Maximum		Prescription Copay	Premium			Monthly Premium	Annual Premium	Annual Savings
				Single	Family		Single	Family		Single	Two Person	Family			
<b>Current Census</b>										17	5	22			
Health Plus PPO Plan 2P D500X2	\$25	\$50	\$100	\$500	\$1,000	80%	\$1,000	\$2,000	\$15/\$60	\$409.06	\$940.84	\$1,063.56	\$35,056.54	\$420,678.48	\$4,093.32
Health Plus HMO Plan DVDA	\$25	\$35	\$100	\$250	\$500	80%	\$1,000	\$2,000	\$15/\$60	\$394.31	\$906.92	\$1,025.22	\$33,792.71	\$405,512.52	\$19,259.28
Priority Health HMO	\$20/\$35	\$75	\$150	\$250	\$500	100%	\$0	\$0	\$15/\$50/\$80	\$402.50	\$925.76	\$1,046.52	\$34,494.74	\$413,936.88	\$10,834.92
Priority Health HMO	\$20/\$35	\$75	\$150	\$500	\$1,000	100%	\$0	\$0	\$15/\$50/\$80	\$388.34	\$893.20	\$1,009.72	\$33,281.62	\$399,379.44	\$25,392.36
Priority Health HMO	\$20/\$35	\$75	\$150	\$250	\$500	80%	\$1,500	\$3,000	\$15/\$50/\$80	\$364.44	\$838.23	\$947.58	\$31,233.39	\$374,800.68	\$49,971.12
Priority Health HMO	\$20/\$35	\$75	\$150	\$500	\$1,000	80%	\$1,500	\$3,000	\$15/\$50/\$80	\$350.29	\$805.68	\$910.78	\$30,020.49	\$360,245.88	\$64,525.92
Total Health Care POS Low Plan	\$10	\$15	\$50	\$0	\$0	100%	\$0	\$0	\$10/\$40	\$371.57	\$774.35	\$1,004.72	\$32,292.28	\$387,507.36	\$37,264.44
Total Health Care HMO Plan T-521	\$5	\$0	\$40	\$0	\$0	100%	\$0	\$0	\$5/\$15	\$310.27	\$646.60	\$838.97	\$26,964.93	\$323,579.16	\$101,192.64
McLaren Health Plan Custom Plan 1	\$25	\$35	\$100	\$250	\$500	80%	\$1,500	\$3,000	\$15/\$25/\$50	\$368.56	\$846.88	\$957.54	\$31,565.80	\$378,789.60	\$45,982.20
McLaren Health Plan Custom Plan 2	\$25	\$35	\$100	\$500	\$1,000	80%	\$1,500	\$3,000	\$15/\$25/\$50	\$353.32	\$811.86	\$917.94	\$30,260.42	\$363,125.04	\$61,646.76

Above mentioned rates assume September 1, 2011 enrollments. Actual rates determined by final enrollment and may vary from proposed rates.

Above benefits are for illustrative purposes only. Please refer to insurance certificate for detailed benefit descriptions.



## Dental Comparison for Holly Academy

Carrier	Annual Benefit Maximum	Annual Deductible	Class 1 Services Preventive	Class 2 Services Basic	Class 3 Services Major	Class 4 Services Orthodontic		Premium			Monthly Premium	Annual Premium	Annual Savings	
			Benefit Percentage	Benefit Percentage	Benefit Percentage	Benefit Percentage	Lifetime Maximum	Single	Two Person	Family				
<i>Current Census</i>									17	5	22			
BC/BS Traditional Plus Dental Plan 3 Current Rates	\$1,000	\$0	100%	75%	50%	50%	\$1,000	\$42.64	\$102.34	\$123.66	\$3,957.10	\$47,485.20	N/A	
BC/BS Traditional Plus Dental Plan 3 Renewal Rates	\$1,000	\$0	100%	75%	50%	50%	\$1,000	\$44.44	\$106.64	\$133.31	\$4,221.50	\$50,658.00	N/A	
Michigan Chamber Delta Dental Plan MC100	\$1,000	\$50	100%	90%	60%	50%	\$1,000	\$34.87	\$64.34	\$122.85	\$3,617.19	\$43,406.28	\$7,251.72	
Michigan Chamber Delta Dental Plan MC200	\$1,000	\$50	100%	50%	50%	50%	\$1,000	\$31.27	\$56.33	\$106.65	\$3,159.54	\$37,914.48	\$12,743.52	
Michigan Chamber Delta Dental Plan MC300	\$800	\$0	50%	50%	50%	50%	\$1,000	\$21.06	\$38.16	\$67.99	\$2,044.60	\$24,535.20	\$26,122.80	
Guardian Dental	\$1,000	\$50	100%	80%	50%	50%	\$1,000	\$39.73	\$75.93	\$126.01	\$3,827.28	\$45,927.36	\$4,730.64	

Above mentioned rates assume September 1, 2011 enrollment. Actual rates based on final enrollment and may vary from proposed rates.



## Life AD&D Comparison for Holly Academy

Life and Accidental Death & Dismemberment Quote Comparison

Carrier	Plan Description	Lives	Rate	Volume	Monthly Premium	Annual Premium	Annual Savings
<b>Unum (Current)</b>	1x Annual Salary		\$0.110	\$ 2,605,000	\$ 286.00	\$ 3,432.00	N/A
<b>Unum (Renewal)</b>	1x Annual Salary		\$0.110	\$ 2,605,000	\$ 286.00	\$ 3,432.00	N/A
SunLife	1x Annual Salary, \$100,000 Max	62	\$0.140	\$ 2,872,000	\$ 402.00	\$ 4,824.00	\$ (1,392.00)
Lincoln Financial	1x Annual Salary, \$100,000 Max	62	\$0.120	\$ 2,872,000	\$ 344.64	\$ 4,135.68	\$ (703.68)
MetLife	1x Annual Salary, \$100,000 Max	62	\$0.115	\$ 2,872,000	\$ 330.28	\$ 3,963.36	\$ (531.36)
Guardian	1x Annual Salary, \$100,000 Max	62	\$0.110	\$ 2,872,000	\$ 315.92	\$ 3,791.04	\$ (359.04)

Above mentioned rates assume 9/1/2010 effective date and are subject to final carrier approval.