



2023 Renewal Presentation

September 6, 2022



Selected Markets		
Effective Date:	1-Jan-23	Agent: Joe Haney
Employer:	Alpena County	Account Executive: Jennie Walker
Location:	720 W. Chisholm Alpena, MI 49707	Phone: 989-354-7189 x621
SIC Code / Industry:	9199 City Government	E-mail: jwalker@lappanagency.com
Carrier	Line of Coverage	Comments
Priority Health	Medical/RX	Renewal +12.6% / +\$94k over current Alternate 1: change deductibles on all plans +7.6% / +\$57k over current Alternate 2: change deductibles on all plans +4.5% / +\$33k over current Alternate 3: implement HRA on non-HSA plans +8.9% / +\$66k over current Alternate 4: implement Minimum Value plans -8.2% / -\$61k under current
DeltaDental	Voluntary Dental	Renewal -8% / -\$4k under current
VSP	Voluntary Vision	Rate hold until 1/2024
Dearborn National	Life & Disability	Rate hold until 1/2025
HAP	Medical/RX	Included +11.3% / +\$83k over current <i>(includes one time credit of \$100 per enrolled contract)</i>
Blue Care Network	Medical/RX	Included -13.8% / -\$103k under current
UnitedHealthcare	Medical/RX	Included +3% / \$23k over current; 63% provider match of current Priority Health providers utilized.
Evolution Healthcare	Partially Self-Funded Medical/RX	Pending
Global Health Management (GHM)/ Canada Rx	International Mail Order Rx Program	Included
Guardian	Voluntary Dental Voluntary Vision Life & Disability	Not included +0% / \$0 over current - requires package sale w/Vision & STD Not included +0% / \$0 over current - requires package sale w/Dental & STD Declined to Quote Life/AD&D: STD Not included STD +7% / +\$213 over current
Principal	Voluntary Dental Voluntary Vision Life & Disability	Declined to Quote (DTQ); Rates not competitive Declined to Quote (DTQ); Rates not competitive Declined to Quote (DTQ); Rates not competitive
Equitable	Voluntary Dental Voluntary Vision	Not included -5% / -\$2.5k under current; Requires package sale w/Vision Not included -5% / -\$675 under current; Requires package sale w/Dental
Companion Life	Voluntary Dental Voluntary Vision Life & Disability	Not included +9% / \$4k over current; Requires package sale w/Vision Not included -1% / -\$200 under current; Requires package sale w/Dental Not included +2% / +\$647 over current; Requires package sale w/Dental & Vision

PH Claim Loss Ratio

Post Date: Jun 30, 2022

Run Date: 8/1/2022

Metrics: (All)

Rows: (Premium
Month)

Columns: (Metrics)

Premium Month: Last 12 Months

Employer Group: (792890 -
ALPENA
COUNTY)

Line of Business: (FF, IC)

Premium Month	Medical Subscriber Months	Medical Member Months	Medical and Pharmacy Premium	Medical Paid	Pharmacy Paid	Medical and Pharmacy Paid	Claim Loss Ratio
202107	60	112	\$44,692.05	\$58,918.29	\$14,740.34	\$73,658.63	164.8%
202108	62	113	\$49,124.58	\$90,441.52	\$15,081.27	\$105,522.79	214.8%
202109	61	112	\$48,327.96	\$87,259.75	\$15,317.55	\$102,577.30	212.3%
202110	59	110	\$44,743.17	\$101,645.12	\$23,734.13	\$125,379.25	280.2%
202111	62	117	\$48,726.27	\$71,983.80	\$10,547.61	\$82,531.41	169.4%
202112	65	121	\$46,336.41	\$48,504.79	\$16,715.77	\$65,220.56	140.8%
202201	62	118	\$55,109.41	\$88,198.98	\$12,067.21	\$100,266.19	181.9%
202202	59	112	\$50,380.15	\$57,891.73	\$22,070.71	\$79,962.44	158.7%
202203	60	115	\$45,351.07	\$44,841.12	\$16,295.25	\$61,136.37	134.8%
202204	62	115	\$52,043.64	\$49,606.90	\$21,288.69	\$70,895.59	136.2%
202205	63	119	\$49,938.69	\$63,759.74	\$14,684.05	\$78,443.79	157.1%
202206	64	120	\$55,411.56	\$66,719.12	\$19,552.44	\$86,271.56	155.7%
Total: Selected Filter(s)	739	1,384	\$590,184.96	\$829,770.86	\$202,095.02	\$1,031,865.88	174.8%

Policy Premium Year	Medical Subscriber Months	Medical Member Months	Medical and Pharmacy Premium	Medical Paid	Pharmacy Paid	Medical and Pharmacy Paid	Claim Loss Ratio
2019 - 2019	973	1,906	\$866,373.59	\$515,035.29	\$296,585.04	\$811,620.33	93.7%
2020 - 2020	727	1,450	\$598,309.49	\$608,055.04	\$257,463.04	\$865,518.08	144.7%
2021 - 2021	746	1,394	\$573,185.35	\$847,461.71	\$204,859.61	\$1,052,321.32	183.6%
Total: Selected Filter(s)	2,446	4,750	\$2,037,868.43	\$1,970,552.04	\$758,907.69	\$2,729,459.73	133.9%

**Alpena County
Renewal Summary**

	2018	2019	2020	Current 2021	Renewal 2022
Medical	Blue Care Network HMO HRA \$750 \$ 599,529	Priority Health HMO \$750 \$ 66,461	Priority Health HMO \$750 \$ 233,583	Priority Health HMO \$750 \$ 165,884	Priority Health HMO \$750 \$ 188,971
Medical		Priority Health HMO \$2,000 \$ 615,641	Priorirty Health HMO \$2,000 \$ 6,431	Priorirty Health HMO \$2,000 \$ 21,664	Priorirty Health HMO \$2,000 \$ 24,690
Medical	Blue Care Network HMO HSA \$3,000 \$ 147,513	Priority Health HMO HSA \$3,000 \$ 125,337	Priority Health HMO HSA \$3,000 \$ 364,624	Priority Health HMO HSA \$3,000 \$ 460,731	Priority Health HMO HSA \$3,000 \$ 525,903
		Employer H.S.A 'seed' + match \$ 20,582	Employer H.S.A 'seed' + match \$ 70,664	Employer H.S.A 'seed' + match \$ 76,084	Employer H.S.A 'seed' + match \$ 76,084
Medical - Early Retiree	Blue Care Network Retiree HMO \$ 21,322 \$2,000	Priority Health Retiree HMO \$ 34,498 \$2,000	Priority Health Retiree HMO \$ 26,063 \$2,000	Priority Health Retiree HMO \$ 21,955 \$2,000	Priority Health Retiree HMO \$ 25,020 \$2,000
Life/AD&D	Dearborn National \$ 7,596	Dearborn National \$ 5,556	Dearborn National \$ 6,068	Dearborn National \$ 6,594	Dearborn National \$ 6,594
STD	Dearborn National \$ 33,976	Dearborn National \$ 28,596	Dearborn National \$ 33,292	Dearborn National \$ 34,920	Dearborn National \$ 34,920
Voluntary Dental ¹	Delta Dental \$ 40,199	Delta Dental \$ 46,416	Delta Dental \$ 40,947	Delta Dental \$ 50,313	Delta Dental \$ 46,286
Voluntary Vision ¹	VSP \$ 15,228	VSP \$ 13,791	VSP \$ 11,524	VSP \$ 13,534	VSP \$ 13,534
One-Time COVID Premium Credit			Delta Dental \$ (3,304)		
TOTAL GROSS COST	\$ 809,936	\$ 896,670	\$ 737,422	\$ 787,831	\$ 882,181
\$ Δ FROM PRIOR YEAR		\$ 86,734	\$ (159,249)	\$ 50,409	\$ 94,351
% Δ FROM PRIOR YEAR		10.7%	-17.8%	6.8%	12.0%
GROSS PEPPY	\$ 10,384	\$ 11,208	\$ 12,089	\$ 11,418	\$ 12,785
	PEPM based on 78 enrolled	PEPM based on 80 enrolled. HSA amounts from period 1/1/19-9/30/19 Moved Medical from Blues to Priority Health with +9.9% renewal rate cap. Added 4th medical plan option PH HMO \$2,000. 2019 headcounts based on March 2019 billing statements.	PEPM based on 61 enrolled. HSA amounts from period 1/1/20-12/31/20 2020 headcounts based on current billing statements.	PEPM based on 69 enrolled. HSA amounts from period 1/1/22-7/7/22 Priority Health 2022 Renewal Rate Cap +7.9% Mandatory Mapping of non-H.S.A Annual Out-of-Pocket Maximum to \$8,150/\$16,300	PEPM based on 69 enrolled. HSA amounts from period 1/1/22-7/7/22 Mandatory Mapping of non-H.S.A Annual Out-of-Pocket Maximum to \$8,550/\$17,100

¹Voluntary lines of coverage (Dental & Vision) **excluded** from summary totals.

² Group opt out bonus \$2,400 per year, paid out as \$200 per month and is **excluded** from summary.

Average HMO plan cost per employee, 2013–2020

*Total gross annual cost (claims cost and administrative cost) for medical plan only, for active employees and dependents, divided by the number of active covered employees. Includes employee contributions (payroll deductions), if any, but not employee out-of-pocket expenses such as deductibles and copays. Prescription drug benefits are included whether provided through the plan or carved out. Dental benefits, even if a part of the plan, are not included in these costs.

†Results for 2013–2018 include employers with 10 or more employees

	Average cost* per employee in:							
	2020	2019	2018	2017	2016	2015	2014	2013
500 or more employees	\$13,738	\$13,186	\$12,235	\$12,513	\$12,388	\$12,056	\$11,719	\$11,134
BY REGION								
West	\$13,139	\$12,834	\$12,429	\$12,544	\$11,983	\$11,688	\$11,981	\$11,549
Midwest	13,736	13,220	12,726	12,927	11,718	12,229	11,634	10,881
Northeast	14,887	14,998	13,785	13,374	14,362	12,461	12,013	11,025
South	13,741	12,191	10,720	11,653	11,714	12,055	11,126	10,753
BY INDUSTRY								
Manufacturing	\$13,768	\$13,098	\$13,273	\$13,476	\$13,157	\$13,622	\$11,794	\$12,292
Wholesale/Retail	11,853	ID	ID	ID	12,117	ID	ID	ID
Services	12,513	13,292	10,542	11,621	10,452	11,383	11,044	10,406
Transport/Communic/Utility	14,371	ID	ID	ID	ID	ID	ID	ID
Healthcare	14,347	12,623	10,649	11,869	12,312	11,742	10,805	10,760
Financial services	13,366	12,218	14,471	11,698	12,834	11,681	11,806	10,411
Government	ID	15,475	14,220	13,678	13,401	12,754	12,575	11,920
BY NUMBER OF EMPLOYEES								
500–999	\$12,532	\$14,245	\$11,377	\$11,756	\$12,136	\$10,646	\$11,724	\$10,418
1,000–4,999	13,954	13,778	12,584	12,353	12,709	12,680	11,739	11,048
5,000–9,999	13,536	12,861	12,708	12,717	11,413	11,865	10,863	11,363
10,000–19,999	13,404	11,413	11,954	12,847	12,853	11,337	11,493	10,922
20,000 or more	14,059	13,303	12,188	12,562	12,212	12,117	11,960	11,279
All employers (50+ employees)†	\$13,141	\$12,401	\$11,580	\$12,298	\$11,866	\$11,248	\$11,052	\$10,612
50–499 employees†	11,372	10,474	10,515	11,767	10,520	9,563	9,311	9,564
	n = 407	n = 305	n = 319	n = 251	n = 242	n = 312	n = 350	n = 408

Option Vendor Plan	CURRENT 2022									
	PRIORITY HEALTH									
	HMO 750-80%			HMO 2000-80%			HMO HSA 3000-80%			HMO 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 677.63			\$ 601.78			\$ 420.99			\$ 609.85
Two Person	\$ 1,626.31			\$ 1,444.27			\$ 1,010.37			\$ 1,463.64
Family	\$ 2,032.89			\$ 1,805.34			\$ 1,262.97			\$ 1,829.55
Monthly Premium	\$ 13,824			\$ 1,805			\$ 38,394			\$ 1,830
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates			Included in Rates			Included in Rates
Annualized H.S.A 'seed' + Match YTD							\$ 76,084			
Annualized Estimated HRA Reimbursement										
One-Time Invoice Credit										
Annual Premium	\$ 165,884			\$ 21,664			\$ 536,815			\$ 21,955
% Δ from Current										
COMBINED ANNUAL PREMIUM										\$ 746,317
\$ Δ from Current										
% Δ from Current										
ANNUAL TOTAL COST	165,884			21,664			536,815			21,955
ANNUAL EMPLOYEE CUSTOM COST	30,098			3,949			85,676			21,955
ANNUAL EMPLOYER CUSTOM COST	135,785			17,715			451,139			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	122.70	110.82	135.53	109.35	34.97	120.36	77.41	(150.06)	84.20	609.85
Two Person	295.50	265.96	325.26	263.68	83.92	288.85	192.50	(369.27)	202.07	1,463.64
Family	369.12	332.46	406.58	329.08	104.91	361.07	234.26	(450.19)	252.59	1,829.55
ANNUAL EE CONTRIBUTIONS	30,098	27,129	33,177	3,949	1,259	4,333	85,676	(165,105)	92,146	21,955
Contributions Per 24 Pay	61.35			54.68			38.70			
	147.75			131.84			96.25			
	184.56			164.54			117.13			
Grant Funded Positions	61.35			54.68			38.70			
Contributions Per 24 Pay	535.69			475.92			333.39			
	738.98			656.46			459.69			
Commissioners	61.35			54.68			38.70			
Contributions Per 24 Pay	535.69	100% Paid by Commissioners eff 10/2021		475.92	100% Paid by Commissioners eff 10/2021		333.39			
	738.98			656.46			459.69			
Deductible (Individual / Family)	\$750 / \$1,500			\$2,000 / \$4,000			\$3,000 / \$6,000 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			80%			80%
Coinsurance Maximum	\$500 / \$1,000			\$500 / \$1,000			N/A			\$500 / \$1,000
Annual OOP Maximum	\$8,550 / \$17,100			\$8,550 / \$17,100			\$6,050 / \$12,100			\$8,550 / \$17,100
Office Visit / Specialist Copay	\$20 / \$35			\$20 / \$35			Covered 80% after deductible			\$20 / \$35
Diabetic Supplies	100%			100%			Covered 80% after deductible			80%
ER / UC Copay	\$150 / \$50			\$150 / \$50			Covered 80% after deductible			\$150 / \$50
Rx Copay	\$15 / \$50 / \$80 20% (\$150max) / 20% (\$300max) 90 day Mail Order = 2.5x copay			\$15 / \$50 / \$80 20% (\$150max) / 20% (\$300max) 90 day Mail Order = 2.5x copay			\$20/\$60/\$80 20% (\$200max)/20% (\$400max) after deductible 90 day Mail Order = 2.5x copay PREVENTIVE RX NOT SUBJECT TO DEDUCTIBLE			\$10 / \$40 / \$80 90 day Mail Order = 2.5x copay

¹COBRA, Base Sec, 911 Dept excluded

Option Vendor Plan	RENEWAL 2023									
	PRIORITY HEALTH									
	HMO 750-80%			HMO 2000-80%			HMO HSA 3000-80%			HMO 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 771.94			\$ 685.83			\$ 480.54			\$ 695.00
Two Person	\$ 1,852.66			\$ 1,645.99			\$ 1,153.30			\$ 1,668.00
Family	\$ 2,315.82			\$ 2,057.49			\$ 1,441.62			\$ 2,085.00
Monthly Premium	\$ 15,748			\$ 2,057			\$ 43,825			\$ 2,085
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates			Included in Rates			Included in Rates
Annualized H.S.A 'seed' + Match YTD							\$ 76,084			
Annualized Estimated HRA Reimbursement										
One-Time Invoice Credit										
Annual Premium	\$ 188,971			\$ 24,690			\$ 601,987			\$ 25,020
% Δ from Current	13.9%			14.0%			12.1%			14.0%
COMBINED ANNUAL PREMIUM										\$ 840,668
\$ Δ from Current										\$ 94,351
% Δ from Current										12.6%
ANNUAL TOTAL COST	188,971			24,690			601,987			25,020
ANNUAL EMPLOYEE CUSTOM COST	32,193			4,225			90,877			25,020
ANNUAL EMPLOYER CUSTOM COST	156,778			20,465			511,110			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	131.24	199.38	154.39	116.99	113.27	137.17	82.10	(95.42)	96.11	695.00
Two Person	316.07	478.53	370.53	282.09	271.86	329.20	204.18	(228.98)	230.66	1,668.00
Family	394.81	598.15	463.16	352.07	339.82	411.50	248.47	(286.25)	288.32	2,085.00
ANNUAL EE CONTRIBUTIONS	32,193	48,809	37,794	4,225	4,078	4,938	90,877	(104,422)	105,181	25,020
Contributions Per 24 Pay	65.62 158.03 197.40			58.50 141.04 176.03			41.05 102.09 124.24			
Grant Funded Positions	65.62			58.50			41.05			
Contributions Per 24 Pay	605.98 837.56			538.58 744.33			377.43 521.59			
Commissioners	385.97			342.92			240.27			
Contributions Per 24 Pay	926.33 1,157.91			823.00 1,028.75			576.65 720.81			
Deductible (Individual / Family)	\$750 / \$1,500			\$2,000 / \$4,000			\$3,000 / \$6,000 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			80%			80%
Coinsurance Maximum	\$500 / \$1,000			\$500 / \$1,000			N/A			\$500 / \$1,000
Annual OOP Maximum	\$8,700 / \$17,400			\$8,700 / \$17,400			\$6,050 / \$12,100			\$8,700 / \$17,400
Office Visit / Specialist Copay	\$20 / \$35			\$20 / \$35			Covered 80% after deductible			\$20 / \$35
Diabetic Supplies	100%			100%			Covered 80% after deductible			80%
ER / UC Copay	\$150 / \$50			\$150 / \$50			Covered 80% after deductible			\$150 / \$50
Rx Copay	\$15 / \$50 / \$80 20% (\$150max) / 20%(\$300max) 90 day Mail Order = 2.5x copay			\$15 / \$50 / \$80 20% (\$150max) / 20%(\$300max) 90 day Mail Order = 2.5x copay			\$20/\$60/\$80 20% (\$200max)/20% (\$400max) after deductible 90 day Mail Order = 2.5x copay PREVENTIVE RX NOT SUBJECT TO DEDUCTIBLE			\$10 / \$40 / \$80 90 day Mail Order = 2.5x copay

¹COBRA, Base Sec, 911 Dept excluded

Option Vendor Plan	ALTERNATE 1									
	PRIORITY HEALTH									
	HMO 1500-80%			HMO 2500-80%			HMO HSA 3500-80%			HMO 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 715.93			\$ 660.41			\$ 459.84			\$ 695.00
Two Person	\$ 1,718.23			\$ 1,584.98			\$ 1,103.62			\$ 1,668.00
Family	\$ 2,147.79			\$ 1,981.23			\$ 1,379.52			\$ 2,085.00
Monthly Premium	\$ 14,605			\$ 1,981			\$ 41,937			\$ 2,085
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates			Included in Rates			Included in Rates
Annualized H.S.A 'seed' + Match YTD							\$ 76,084			
Annualized Estimated HRA Reimbursement										
One-Time Invoice Credit										
Annual Premium	\$ 175,260			\$ 23,775			\$ 579,333			\$ 25,020
% Δ from Current	5.7%			9.7%			7.9%			14.0%
COMBINED ANNUAL PREMIUM										\$ 803,388
\$ Δ from Current										\$ 57,070
% Δ from Current										7.6%
ANNUAL TOTAL COST	175,260			23,775			579,333			-
ANNUAL EMPLOYEE CUSTOM COST	30,949			4,141			89,069			-
ANNUAL EMPLOYER CUSTOM COST	144,311			19,633			490,264			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	126.17	143.37	143.19	114.68	87.85	132.08	80.47	(116.12)	91.97	695.00
Two Person	303.85	344.10	343.65	276.52	210.85	317.00	200.12	(278.66)	220.72	1,668.00
Family	379.55	430.12	429.56	345.11	263.56	396.25	243.53	(348.35)	275.90	2,085.00
ANNUAL EE CONTRIBUTIONS	30,949	35,098	35,052	4,141	3,163	4,755	89,069	(127,076)	100,650	25,020
Contributions Per 24 Pay	63.08			57.34			40.24			
	151.93			138.26			100.06			
	189.78			172.56			121.77			
Grant Funded Positions	63.08			57.34			40.24			
Contributions Per 24 Pay	564.23			519.63			362.13			
	779.01			717.75			500.08			
Commissioners	357.97			330.21			229.92			
Contributions Per 24 Pay	859.12	100% Paid by Commissioners eff 10/2021		792.49	100% Paid by Commissioners eff 10/2021		551.81			
	1,073.90			990.62			689.76			
Deductible (Individual / Family)	\$1,500 / \$3,000			\$2,500 / \$5,000			\$3,500 / \$7,000 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			80%			80%
Coinsurance Maximum	\$500 / \$1,000			\$500 / \$1,000			N/A			\$500 / \$1,000
Annual OOP Maximum	\$8,700 / \$17,400			\$8,700 / \$17,400			\$6,750 / \$13,500			\$8,7000 / \$17,400
Office Visit / Specialist Copay	\$20 / \$35			\$20 / \$35			Covered 80% after deductible			\$20 / \$35
Diabetic Supplies	100%			100%			Covered 80% after deductible			80%
ER / UC Copay	\$150 / \$50			\$150 / \$50			Covered 80% after deductible			\$150 / \$50
Rx Copay	\$15 / \$50 / \$80 20% (\$150max) / 20%(\$300max) 90 day Mail Order = 2.5x copay			\$15 / \$50 / \$80 20% (\$150max) / 20%(\$300max) 90 day Mail Order = 2.5x copay			\$20/\$60/\$80 20% (\$200max)/20% (\$400max) after deductible 90 day Mail Order = 2.5x copay PREVENTIVE RX NOT SUBJECT TO DEDUCTIBLE			\$10 / \$40 / \$80 90 day Mail Order = 2.5x copay

654,208

¹COBRA, Base Sec, 911 Dept excluded

Option Vendor Plan	ALTERNATE 2									
	PRIORITY HEALTH									
	HMO 2000-80%			HMO 3000-80%			HMO HSA 4000-80%			HMO 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 685.83			\$ 614.40			\$ 446.67			\$ 695.00
Two Person	\$ 1,645.99			\$ 1,474.56			\$ 1,072.01			\$ 1,668.00
Family	\$ 2,057.49			\$ 1,843.20			\$ 1,340.01			\$ 2,085.00
Monthly Premium	\$ 13,991			\$ 1,843			\$ 40,736			\$ 2,085
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates			Included in Rates			Included in Rates
Annualized H.S.A 'seed' + Match YTD							\$ 76,084			
Annualized Estimated HRA Reimbursement										
One-Time Invoice Credit										
Annual Premium	\$ 167,891			\$ 22,118			\$ 564,920			\$ 25,020
% Δ from Current	1.2%			2.1%			5.2%			14.0%
COMBINED ANNUAL PREMIUM										\$ 779,949
\$ Δ from Current										\$ 33,632
% Δ from Current										4.5%
ANNUAL TOTAL COST	167,891			22,118			564,920			25,020
ANNUAL EMPLOYEE CUSTOM COST	30,280			3,990			87,919			25,020
ANNUAL EMPLOYER CUSTOM COST	137,611			18,128			477,001			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	123.44	113.27	137.17	110.50	41.84	122.88	79.43	(129.29)	89.33	695.00
Two Person	297.29	271.86	329.20	266.44	100.43	294.91	197.54	(310.27)	214.40	1,668.00
Family	371.36	339.82	411.50	332.53	125.53	368.64	240.39	(387.86)	268.00	2,085.00
ANNUAL EE CONTRIBUTIONS	30,280	27,730	33,578	3,990	1,506	4,424	87,919	(141,489)	97,767	25,020
Contributions Per 24 Pay	61.72			55.25			39.72			
	148.65			133.22			98.77			
	185.68			166.27			120.19			
Grant Funded Positions	61.72			55.25			39.72			
Contributions Per 24 Pay	541.80			485.33			352.39			
	747.55			669.65			486.39			
Commissioners	342.92			307.20			223.34			
Contributions Per 24 Pay	823.00	100% Paid by Commissioners eff 10/2021		737.28	100% Paid by Commissioners eff 10/2021		536.01			
	1,028.75			921.60			670.01			
Deductible (Individual / Family)	\$2,000 / \$4,000			\$3,000 / \$6,000			\$4,000 / \$8,000 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			80%			80%
Coinsurance Maximum	\$500 / \$1,000			\$500 / \$1,000			N/A			\$1,500 / \$3,000
Annual OOP Maximum	\$8,700 / \$17,400			\$8,700 / \$17,400			\$6,750 / \$13,500			\$8,550 / \$17,100
Office Visit / Specialist Copay	\$20 / \$35			\$20 / \$35			Covered 80% after deductible			\$20 / \$35
Diabetic Supplies	100%			100%			Covered 80% after deductible			80%
ER / UC Copay	\$150 / \$50			\$150 / \$50			Covered 80% after deductible			\$150 / \$50
Rx Copay	\$15 / \$50 / \$80 20% (\$150max) / 20% (\$300max) 90 day Mail Order = 2.5x copay			\$15 / \$50 / \$80 20% (\$150max) / 20% (\$300max) 90 day Mail Order = 2.5x copay			\$20/\$60/\$80 20% (\$200max)/20% (\$400max) after deductible 90 day Mail Order = 2.5x copay PREVENTIVE RX NOT SUBJECT TO DEDUCTIBLE			\$10 / \$40 / \$80 90 day Mail Order = 2.5x copay

¹COBRA, Base Sec, 911 Dept excluded

Alpena County
Medical/Rx
Effective 1/1/2023

Assumed current 'CUSTOM' contribution would increase by 50% of respective plan (-0.9% HRA5000 / 3.4% HRA5000 / -0.8% HSA5000)
Employee pays first \$750/\$1,500 or \$2,000/\$4,000 of deductible; County responsible for balance up to deductible maximum
Assumed 20% of maximim exposure AFTER Employee pays the first portion of respective deductible

Option Vendor Plan	ALTERNATE 3									
	PRIORITY HEALTH									
	HMO HRA 5000-80%			HMO HRA 5000-80%			HMO HSA 3000-80%			HMO 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 609.28			\$ 609.28			\$ 480.54			\$ 695.00
Two Person	\$ 1,462.27			\$ 1,462.27			\$ 1,153.30			\$ 1,668.00
Family	\$ 1,827.84			\$ 1,827.84			\$ 1,441.62			\$ 2,085.00
Monthly Premium	\$ 12,429			\$ 1,828			\$ 43,825			\$ 2,085
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates			Included in Rates			Included in Rates
Annualized H.S.A 'seed' + Match YTD							\$ 76,084			
Annualized Estimated HRA Reimbursement	\$ 13,600			\$ 1,200						
One-Time Invoice Credit										
Annual Premium	\$ 162,752			\$ 23,134			\$ 601,987			\$ 25,020
% Δ from Current	-1.9%			6.8%			12.1%			14.0%
COMBINED ANNUAL PREMIUM										\$ 812,893
\$ Δ from Current										\$ 66,576
% Δ from Current										8.9%
ANNUAL TOTAL COST	149,152			21,934			601,987			25,020
ANNUAL EMPLOYEE CUSTOM COST	29,814			4,083			90,877			25,020
ANNUAL EMPLOYER CUSTOM COST	119,338			17,851			511,110			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	121.54	36.72	121.86	113.06	36.72	121.86	82.10	(95.42)	96.11	695.00
Two Person	292.71	88.14	292.45	272.62	88.14	292.45	204.18	(228.98)	230.66	1,668.00
Family	365.64	110.17	365.57	340.25	110.17	365.57	248.47	(286.25)	288.32	2,085.00
ANNUAL EE CONTRIBUTIONS	29,814	8,990	29,830	4,083	1,322	4,387	90,877	(104,422)	105,181	25,020
Contributions Per 24 Pay	60.77			56.53			41.05			
	146.36			136.31			102.09			
	182.82			170.12			124.24			
Grant Funded Positions	60.77			56.53			41.05			
Contributions Per 24 Pay	487.27			483.03			377.43			
	670.05			665.81			521.59			
Commissioners	304.64			304.64			240.27			
Contributions Per 24 Pay	731.14	100% Paid by Commissioners eff 10/2021		731.14	100% Paid by Commissioners eff 10/2021		576.65			
	913.92			913.92			720.81			
Deductible (Individual / Family)	\$5,000 / \$10,000 Employee pays first \$750 / \$1,500 deductible County pays remaining \$4,250 / \$8,500 deductible			\$5,000 / \$10,000 Employee pays first \$2,000 / \$4,000 deductible County pays remaining \$3,000 / \$6,000 deductible			\$3,000 / \$6,000 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			80%			80%
Coinsurance Maximum	\$500 / \$1,000			\$500 / \$1,000			N/A			\$1,500 / \$3,000
Annual OOP Maximum	\$8,700 / \$17,400			\$8,700 / \$17,400			\$6,050 / \$12,100			\$8,550 / \$17,100
Office Visit / Specialist Copay	\$20 / \$35			\$8,700 / \$17,400			Covered 80% after deductible			\$20 / \$35
Diabetic Supplies	100%			100%			Covered 80% after deductible			80%
ER / UC Copay	\$150 / \$50			\$150 / \$50			Covered 80% after deductible			\$150 / \$50
Rx Copay	\$15 / \$50 / \$80 20% (\$150max) / 20% (\$300max) 90 day Mail Order = 2.5x copay			\$15 / \$50 / \$80 20% (\$150max) / 20% (\$300max) 90 day Mail Order = 2.5x copay			\$20/\$60/\$80 20% (\$200max)/20% (\$400max) after deductible 90 day Mail Order = 2.5x copay PREVENTIVE RX NOT SUBJECT TO DEDUCTIBLE			\$10 / \$40 / \$80 90 day Mail Order = 2.5x copay

¹COBRA, Base Sec, 911 Dept excluded

Option Vendor Plan	ALTERNATE 4									
	PRIORITY HEALTH									
	HMO Value Plan 1000-80%			HMO Min Value Plan 6500-80%			HMO Min Value Plan HSA 6350-80%			HMO 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 578.16			\$ 400.30			\$ 391.11			\$ 695.00
Two Person	\$ 1,387.58			\$ 960.72			\$ 938.66			\$ 1,668.00
Family	\$ 1,734.48			\$ 1,200.90			\$ 1,173.33			\$ 2,085.00
Monthly Premium	\$ 11,794			\$ 1,201			\$ 35,669			\$ 2,085
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates			Included in Rates			Included in Rates
Annualized H.S.A 'seed' + Match YTD							\$ 76,084			
Annualized Estimated HRA Reimbursement										
One-Time Invoice Credit										
Annual Premium	\$ 141,534			\$ 14,411			\$ 504,114			\$ 25,020
% Δ from Current	-14.7%			-33.5%			-6.1%			14.0%
COMBINED ANNUAL PREMIUM										\$ 685,079
\$ Δ from Current										\$ (61,239)
% Δ from Current										-8.2%
ANNUAL TOTAL COST	141,534			14,411			504,114			25,020
ANNUAL EMPLOYEE CUSTOM COST	27,889			3,288			83,067			25,020
ANNUAL EMPLOYER CUSTOM COST	113,644			11,123			421,048			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	113.69	578.16	115.63	91.05	400.30	80.06	75.05	391.11	78.22	695.00
Two Person	273.81	1,387.58	277.52	219.54	960.72	192.14	186.63	938.66	187.73	1,668.00
Family	342.03	1,734.48	346.90	273.99	1,200.90	240.18	227.12	1,173.33	234.67	2,085.00
ANNUAL EE CONTRIBUTIONS	27,889	141,534	28,307	3,288	14,411	2,882	83,067	428,030	85,606	25,020
Contributions Per 24 Pay	56.85			45.52			37.52			
	136.91			109.77			93.32			
	171.02			137.00			113.56			
Grant Funded Positions	56.85			45.52			37.52			
Contributions Per 24 Pay	461.56			325.73			311.30			
	635.01			445.82			428.63			
Commissioners	289.08			200.15			195.56			
Contributions Per 24 Pay	693.79	100% Paid by Commissioners eff 10/2021		480.36	100% Paid by Commissioners eff 10/2021		469.33			
	867.24			600.45			586.67			
Deductible (Individual / Family)	\$1,000 / \$2,000			\$6,500 / \$13,000			\$6,350 / \$12,700 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			100%			80%
Coinsurance Maximum	\$7,150 / \$14,300			N/A			N/A			\$500 / \$1,000
Annual OOP Maximum	\$8,700 / \$17,400			\$8,700 / \$17,400			\$6,350 / \$12,700			\$8,550 / \$17,100
Office Visit / Specialist Copay	Covered 100% after deductible			Covered 100% after deductible			Covered 100% after deductible			\$20 / \$35
Diabetic Supplies	100%			100%			Covered 100% after deductible			80%
ER / UC Copay	Covered 100% after deductible			Covered 100% after deductible			Covered 100% after deductible			\$150 / \$50
Rx Copay	\$15 / \$50 / \$80 20% (\$150max) / 20%(\$300max) 90 day Mail Order = 2.5x copay			\$20 / 25% / 25% 25% (\$0 max) / 25%(\$0 max) 90 day Mail Order = 2.5x copay			Covered 100% after deductible 90 day Mail Order = 2.5x copay PREVENTIVE RX NOT SUBJECT TO DEDUCTIBLE			\$10 / \$40 / \$80 90 day Mail Order = 2.5x copay

¹COBRA, Base Sec, 911 Dept excluded

Assumed current 'CUSTOM' contribution would increase by 50% of respective plan (1.1% HMO750 / 1.6% HMO2000 / 7.4% HSA3000)

Option Vendor Plan	ALTERNATE 5									
	HAP									
	HMO 750-80%			HMO 2000-80%			HMO HSA 3000-80%			HMO 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 697.01			\$ 628.23			\$ 498.23			\$ 628.23
Two Person	\$ 1,672.82			\$ 1,507.76			\$ 1,195.75			\$ 1,507.76
Family	\$ 2,091.02			\$ 1,884.70			\$ 1,494.69			\$ 1,884.70
Monthly Premium	\$ 14,219			\$ 1,885			\$ 45,439			\$ 1,885
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates			Included in Rates			Included in Rates
Annualized H.S.A 'seed' + Match YTD							\$ 76,084			
Annualized Estimated HRA Reimbursement										
One-Time Invoice Credit	\$ (1,100)			\$ (100)			\$ (5,400)			\$ (300)
Annual Premium	\$ 169,528			\$ 22,516			\$ 615,947			\$ 22,316
% Δ from Current	2.2%			3.9%			14.7%			1.6%
COMBINED ANNUAL PREMIUM										\$ 830,307
\$ Δ from Current										\$ 83,990
% Δ from Current										11.3%
ANNUAL TOTAL COST	170,628			22,616			621,347			22,616
ANNUAL EMPLOYEE CUSTOM COST	30,429			4,027			85,676			22,616
ANNUAL EMPLOYER CUSTOM COST	140,199			18,590			535,671			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	124.05	130.20	139.40	111.51	61.42	125.65	77.41	(72.82)	99.65	628.23
Two Person	298.75	312.47	334.56	268.86	147.41	301.55	192.50	(183.89)	239.15	1,507.76
Family	373.18	390.59	418.20	335.56	184.27	376.94	234.26	(218.47)	298.94	1,884.70
ANNUAL EE CONTRIBUTIONS	30,429	31,872	34,126	4,027	2,211	4,523	85,676	(80,573)	109,053	22,616
Contributions Per 24 Pay	62.02			55.75			38.70			
	149.37			134.43			96.25			
	186.59			167.78			117.13			
Grant Funded Positions	62.02			55.75			38.70			
Contributions Per 24 Pay	549.93			495.52			387.46			
	759.03			683.99			536.93			
Commissioners	348.51			314.12			249.12			
Contributions Per 24 Pay	836.41	100% Paid by Commissioners eff 10/2021		753.88	100% Paid by Commissioners eff 10/2021		597.88			
	1,045.51			942.35			747.35			
Deductible (Individual / Family)	\$750 / \$1,500			\$2,000 / \$4,000			\$3,000 / \$6,000 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			80%			80%
Coinsurance Maximum	\$1,500 / \$3,000			\$1,500 / \$3,000			N/A			\$1,500 / \$3,000
Annual OOP Maximum	\$6,600 / \$13,200			\$8,550 / \$17,100			\$6,350 / \$12,700			\$8,550 / \$17,100
Office Visit / Specialist Copay	\$20 / \$20			\$20 / \$40			Covered 80% after deductible			\$20 / \$35
Diabetic Supplies	80%			80%			Covered 80% after deductible			80%
ER / UC Copay	\$150 / \$50			\$150 / \$50			Covered 80% after deductible			\$150 / \$50
Rx Copay	\$10 / \$10 / \$40 \$80 / \$80 / \$80 90 day Mail Order = 2x copay			\$10 / \$10 / \$40 \$80 / \$80 / \$80 90 day Mail Order = 2x copay			\$10 / \$10 / \$40 \$80 / \$80 / \$80 after deductible 90 day Mail Order = 2x copay			\$10 / \$10 / \$40 \$80 / \$80 / \$80 90 day Mail Order = 2x copay

¹COBRA, Base Sec, 911 Dept excluded

Alpena County
Medical/Rx
Effective 1/1/2023

Assumed current 'CUSTOM' contribution would increase by 50% of respective plan (-5.2% Choice 500 / -3.2% Choice 2000 / 4.1% HSA3500)
UHC Choice plan provides In Network coverage only, with no PCP designation or referrals needed
UHC matches 63% of current Priority Health providers utilized in past year

Option Vendor Plan	ALTERNATE 6									
	UNITED HEALTHCARE									
	CHVZ-2V 500-80%			CHV3-2V 2000-80%			CS3H-3V HSA 3500-80%			CHV3-2V 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 607.02			\$ 563.05			\$ 460.96			\$ 563.05
Two Person	\$ 1,456.85			\$ 1,351.32			\$ 1,106.30			\$ 1,351.32
Family	\$ 1,821.06			\$ 1,689.15			\$ 1,382.88			\$ 1,689.15
Monthly Premium	\$ 12,383			\$ 1,689			\$ 42,040			\$ 1,689
Monthly Estimated Taxes/Fees	IPA Claims Tax Excluded			IPA Claims Tax Excluded			IPA Claims Tax Excluded			IPA Claims Tax Excluded
Annualized H.S.A 'seed' + Match YTD							\$ 76,084			
Annualized Estimated HRA Reimbursement										
One-Time Invoice Credit										
Annual Premium	\$ 148,599			\$ 20,270			\$ 580,558			\$ 20,270
% Δ from Current	-10.4%			-6.4%			8.1%			-7.7%
COMBINED ANNUAL PREMIUM										\$ 769,696
\$ Δ from Current										\$ 23,379
% Δ from Current										3.1%
ANNUAL TOTAL COST	148,599			20,270			580,558			20,270
ANNUAL EMPLOYEE CUSTOM COST	28,530			3,822			85,676			20,270
ANNUAL EMPLOYER CUSTOM COST	120,068			16,448			494,882			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	116.31	34.46	121.40	105.84	(9.51)	112.61	77.41	(115.00)	92.19	563.05
Two Person	280.11	82.72	291.37	255.19	(22.81)	270.26	192.50	(275.98)	221.26	1,351.32
Family	349.89	103.39	364.21	318.49	(28.52)	337.83	234.26	(344.99)	276.58	1,689.15
ANNUAL EE CONTRIBUTIONS	28,530	8,437	29,720	3,822	(342)	4,054	85,676	(125,851)	100,895	20,270
Contributions Per 24 Pay	58.15			52.92			38.70			
	140.05			127.60			96.25			
	174.95			159.25			117.13			
Grant Funded Positions	58.15			52.92			38.70			
Contributions Per 24 Pay	483.07			447.05			361.37			
	665.17			615.97			499.66			
Commissioners	303.51			281.53			230.48			
Contributions Per 24 Pay	728.43	100% Paid by Commissioners eff 10/2021		675.66	100% Paid by Commissioners eff 10/2021		553.15			
	910.53			844.58			691.44			
Deductible (Individual / Family)	\$500 / \$1,000			\$2,000 / \$4,000			\$3,500 / \$7,000 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			80%			80%
Coinsurance Maximum	N/A			N/A			N/A			N/A
Annual OOP Maximum	\$4,000 / \$8,000			\$5,000 / \$10,000			\$6,500 / \$13,000			\$5,000 / \$10,000
Office Visit / Specialist Copay	\$20 / \$40			\$30 / \$60			Covered 80% after deductible			\$30 / \$60
Diabetic Supplies	100%			100%			Covered 80% after deductible			80%
ER / UC Copay	\$350 / \$50			\$350 / \$50			Covered 80% after deductible			\$350 / \$50
Rx Copay	\$10 / \$35 / \$60 90 day Mail Order = 2.5x copay			\$10 / \$35 / \$60 90 day Mail Order = 2.5x copay			\$10 / \$35 / \$60 after deductible 90 day Mail Order = 2.5x copay PREVENTIVE RX NOT SUBJECT TO DEDUCTIBLE			\$10 / \$35 / \$60 90 day Mail Order = 2.5x copay

¹COBRA, Base Sec, 911 Dept excluded

Morbid Obesity Rider excluded from UHC proposal; may be purchased at additional cost.

Assumed current 'CUSTOM' contribution would increase by 50% of respective plan (-12.5% HMO500 / -12.7% HMO2000 / -4.7% HSA3000)

Option Vendor Plan	ALTERNATE 7									
	BLUE CARE NETWORK									
	HMO 500-80%			HMO 2000-80%			HMO HSA 3000-80%			HMO 2000-80% - Early Retiree
Single	6			0			33			3
Two Person	1			0			8			0
Family	4			1			13			0
	11			1			54			3
Single	\$ 508.13			\$ 448.96			\$ 364.72			\$ 448.96
Two Person	\$ 1,219.53			\$ 1,077.52			\$ 875.31			\$ 1,077.52
Family	\$ 1,524.41			\$ 1,346.89			\$ 1,094.14			\$ 1,346.89
Monthly Premium	\$ 10,366			\$ 1,347			\$ 33,262			\$ 1,347
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates			Included in Rates			Included in Rates
Annualized H.S.A 'seed' + Match YTD							\$ 87,097			
Annualized Estimated HRA Reimbursement										
One-Time Invoice Credit										
Annual Premium	\$ 124,391			\$ 16,163			\$ 486,242			\$ 16,163
% Δ from Current	-25.0%			-25.4%			-9.4%			-26.4%
COMBINED ANNUAL PREMIUM										\$ 642,959
\$ Δ from Current										\$ (103,359)
% Δ from Current										-13.8%
ANNUAL TOTAL COST	124,391			16,163			486,242			16,163
ANNUAL EMPLOYEE CUSTOM COST	26,334			3,448			81,640			16,163
ANNUAL EMPLOYER CUSTOM COST	98,057			12,715			404,602			-
MONTHLY CONTRIBUTIONS	Custom	Hard Cap	20%	Custom	Hard Cap	20%	Custom	Hard Cap	20%	100%
Single	107.35	(64.43)	101.63	95.47	(123.60)	89.79	73.76	(211.24)	72.94	448.96
Two Person	258.55	(154.60)	243.91	230.20	(296.61)	215.50	183.43	(506.97)	175.06	1,077.52
Family	322.96	(193.26)	304.88	287.30	(370.78)	269.38	223.22	(633.73)	218.83	1,346.89
ANNUAL EE CONTRIBUTIONS	26,334	(15,770)	24,878	3,448	(4,449)	3,233	81,640	(231,180)	79,829	16,163
Contributions Per 24 Pay	53.68			47.73			36.88			
	129.27			115.10			91.71			
	161.48			143.65			111.61			
Grant Funded Positions Contributions Per 24 Pay	53.68			47.73			36.88			
	409.38			362.01			292.17			
	561.82			496.70			401.59			
Commissioners Contributions Per 24 Pay	254.07			224.48			182.36			
	609.77			538.76			437.66			
	762.21			673.45			547.07			
Deductible (Individual / Family)	\$500 / \$1,000			\$2,000 / \$4,000			\$3,000 / \$6,000 \$1000 H.S.A "seed" \$800 H.S.A MATCH			\$2,000 / \$4,000
Coinsurance	80%			80%			80%			80%
Coinsurance Maximum	\$2,500 / \$5,000			\$2,500 / \$5,000			N/A			\$2,500 / \$5,000
Annual OOP Maximum	\$8,150 / \$16,300			\$8,150 / \$16,300			\$6,900 / \$13,800			\$8,150 / \$16,300
Office Visit / Specialist Copay	\$20 / \$40			\$30 / \$50			Covered 80% after deductible			\$30 / \$50
Diabetic Supplies	80%			80%			Covered 80% after deductible			80%
ER / UC Copay	\$250 / \$50			\$250 / \$60			Covered 80% after deductible \$10 / \$30 / \$60 / \$80			\$250 / \$60
Rx Copay	\$10 / \$30 / \$60 / \$80			\$10 / \$30 / \$60 / \$80			20% (\$200max)/20% (\$400max) after deductible			\$10 / \$30 / \$60 / \$80
	20% (\$200max) / 20%(\$300max)			20% (\$200max) / 20%(\$300max)			90 day Mail Order = 3x copay less \$10			20% (\$200max) / 20%(\$300max)
	90 day Mail Order = 3x copay less \$10			90 day Mail Order = 3x copay less \$10			NO PREVENTIVE RX			90 day Mail Order = 3x copay less \$10

417,317

¹COBRA, Base Sec, 911 Dept excluded

Alpena County
2023 PCP Comparison - Priority Health v UHC

PCP ID	PCP Name	PCP City	Current Patient Priority Health Network	UHC Choice/ Choice Plus Network
7002291711	Dr. Raul Montante, MD	Alpena	Yes	No
7001455621	Alcona Health Center		Yes	Yes
Mid Michigan Medical	Amber Rivard	Alpena	Yes	Yes
7001957151	Amin Akhlaghi		Yes	No
1689192809	Amy Code	Hillman	Yes	Yes
7000598721	Bernard J O'Brien		Yes	Yes
1205862455	Berney O'Brien		Yes	Yes
7000526663	Cari A Stenz, PAC		Yes	No
1215369434	Courtney Witulski	Alpena	Yes	Yes
1457490609	David D Dargis, DO		Yes	Yes
7001350913	Doug King	Alpena	No	Yes
1750390498	Dr. Christy Werth	Alpena	Yes	Yes
7000647903	Dr. Rao	Lincoln	Yes	No
7000526662	Easton Mann PA	Alpena	Yes	Yes
7000677651	Emily Kennedy	Harbor Springs	Yes	Yes
7000534071	Hasan Basheera		Yes	Yes
4704191276	HOLLY EHRKE	ONAWAY	No	Yes
1205862455	Jacqueline Fitzgerald		Yes	No
1669681748	Jamellee Jacala-Tadian		Yes	Yes
7001314433	Jessica Bruning		Yes	No
7001389061	Kathleen M Pawlanta	Gaylord	Yes	No
Alcona Health Center	Kim Richie	Lincoln	Yes	No
7001611582	Kimberly Ritchie	Lincoln	Yes	No
70008589323	Leah Conboy	Alpena	Yes	No
1851705602	Manuel Hernandez	rogers city	Yes	Yes
1508012006	Matthew Stevens		Yes	No
1487295028	Megan Layton		Yes	Yes
to be determined	MidMichigan Medical Center	Alpena	Yes	Yes
7001845972	Monica Dzieszinski		Yes	Yes
7002019451	Nicole Rice	oscoda	Yes	Yes
7002656881	Rachel Burnmeister	Harbor Springs	Yes	No
unknown	Rick DeMarr	Ossineke	Yes	No
7000867484	Rodney Szymanski	Alpena	Yes	Yes
1215116025	Rong Lawson	Alpena	Yes	Yes
7002135441	Sarah Wolf	Harbor Springs	Yes	Yes
7000222001	Stephen Sheridan	Alpena	Yes	Yes
7000578091	Susan Beatty Page	Ossineke	Yes	Yes
7001505233	Trisha DesChamps	Alpena	No	No

Alpena County
2023 HRA Reimbursement Worksheet

	single	double	family	total
Enrollment	6	1	4	11
HMO 750 Prem	771.94	1,852.66	2,315.82	188,971
HMO 750 Ded	750	1,500	1,500	
HMO 750 Max Exposure - Employee	4,500	1,500	6,000	12,000
0-24%	4	0	1	
25-49%	0	0	0	
50-74%	0	1	2	
75-99%	0	0	0	
100%	0	0	0	0
HMO 5000 HRA Prem	609.28	1,462.27	1,827.84	149,152
HMO 5000 HRA Ded	5,000	10,000	10,000	
HMO 5000 HRA Max Exposure - County (5,000/10,000 deductible less 750/1,500 deductible)	25,500	8,500	34,000	68,000
PCORI Fee \$2.66 pmpy ¹	15.96	5.32	31.92	53.20
Premium Savings from HMO 750	HMO 5000 HRA Prem (39,819)			
Estimated PCORI Fee Expense	53			
20% of Maximum HRA Exposure	13,600			
	(26,166)			
<hr/>				
	single	double	family	total
Enrollment	0	0	1	1
HMO 2000 Prem	685.83	1,645.99	2,057.49	24,690
HMO 2000 Ded	2,000	4,000	4,000	
HMO 2000 Max Exposure - Employee	-	-	4,000	4,000
0-24%	1	0	0	
25-49%	0	0	0	
50-74%	1	0	0	
75-99%	1	0	0	
100%	0	0	0	0
HMO 5000 HRA Prem	609.28	1,462.27	1,827.84	21,934
HMO 5000 HRA Ded	5,000	10,000	10,000	
HMO 5000 HRA Max Exposure - County (5,000/10,000 deductible less 2,000/4,000 deductible)	-	-	6,000	6,000
PCORI Fee \$2.66 pmpy ¹	0	0	7.98	7.98
Premium Savings from HMO 750	HMO 5000 HRA Prem (2,756)			
Estimated PCORI Fee Expense	8			
20% of Maximum HRA Exposure	1,200			
	(1,548)			

¹ assumed 3 contracts per Family unit.

² deductible utilization based on activity from 1/2022-6/2022

Deductible Utilization by Plan

792890 - ALPENA COUNTY Policy Year: 01/01/2022



Updated: 6/27/2022 9:06:39 AM

Group
792890 - ALPENA COUNTY

Policy Year
All

Enrollment Month
6/15/2022

Subgroup
All

Class
All

Plan
All

Plan	Percent Range	Contract Tier			Total
		Single	Double	Family	
FHMO HSA: Coin: 80, Deduct: 3000/6000, OV: 0, OOP: /, TROOP: 6050/12100, Rx: 20/60	0 - 24%	24	4	9	37
	25 - 49%	3		2	5
	50 - 74%	2	3	2	7
	75 - 99%		1		1
	100%	2			2
	Total	31	8	13	52
FHMO: Coin: 80, Deduct: 750/1500, OV: 20, OOP: 500/1000, TROOP: 8550/17100, Rx: 15/50	0 - 24%	4		1	5
	50 - 74%		1	2	3
	Total	4	1	3	8
FHMO: Coin: 80, Deduct: 2000/4000, OV: 20, OOP: 500/1000, TROOP: 8550/17100, Rx: 10/40	0 - 24%	1			1
	50 - 74%	1			1
	75 - 99%	1			1
	Total	3			3
FHMO: Coin: 80, Deduct: 2000/4000, OV: 20, OOP: 500/1000, TROOP: 8550/17100, Rx: 15/50	0 - 24%			1	1
	Total			1	1
Grand Total		38	9	17	64

Deductible Utilization by Plan

792890 - ALPENA COUNTY Policy Year: 01/01/2021



Updated: 8/15/2021 1:51:38 PM

Group: 792890 - ALPENA COUNTY Policy Year: All Enrollment Month: 7/15/2021 Subgroup: All Class: All Plan: All

Plan	Percent Range	Contract Tier			Total
		Single	Double	Family	
FHMO HSA: Coin: 80, Deduct: 3000/6000, OV: 0, OOP: /, TROOP: 6050/12100, Rx: 20/60	0 - 24%	19	3	9	31
	25 - 49%	4		1	5
	50 - 74%	2	5		7
	100%	2	1	1	4
	Total	27	9	11	47
FHMO: Coin: 80, Deduct: 750/1500, OV: 20, OOP: 500/1000, TROOP: 8150/16300, Rx: 15/50	0 - 24%	3		1	4
	50 - 74%		1	1	2
	100%			1	1
	Total	3	1	3	7
FHMO: Coin: 80, Deduct: 2000/4000, OV: 20, OOP: 500/1000, TROOP: 8150/16300, Rx: 10/40	0 - 24%	2			2
	25 - 49%	1			1
	50 - 74%	1			1
	Total	4			4
FHMO: Coin: 80, Deduct: 2000/4000, OV: 20, OOP: 500/1000, TROOP: 8150/16300, Rx: 15/50	0 - 24%	1		1	2
	Total	1		1	2
Grand Total		35	10	15	60

Employer Group Deductible for Active Groups by Plan Year

ALPENA COUNTY - 792890

Plan Year : Current Year

Contracts Eligible As Of: 8/15/2020

Last Refresh Date: 09/09/2020 11:34:23 AM GMT-04:00 - Status: Full

Plan	Percent range	Tier			Total contracts
		Single	Double	Family	
FHMO: Coin: 80, Deduct: 2000/4000, OV: 20, OOP: 500/1000, Rx: 10/40	0 - 24%	2			2
	25% - 49%	1			1
	100%	1			1
		4			4
FHMO: Coin: 80, Deduct: 2000/4000, OV: 20, OOP: 500/1000, Rx: 15/50	0 - 24%	1			1
		1			1
FHMO: Coin: 80, Deduct: 750/1500, OV: 20, OOP: 500/1000, Rx: 15/50	0 - 24%	7		5	12
	50 - 74%		1	1	2
	75% - 99%	1			1
	100%	1		1	2
		9	1	7	17
FHMO HSA: Coin: 80, Deduct: 3000/6000, OV: 0, OOP: /, Rx: 20/60	0 - 24%	12	6	8	26
	25% - 49%	3		2	5
	50 - 74%		3		3
	75% - 99%	1			1
FHMO HSA: Coin: 80, Deduct: 3000/6000, OV: 0, OOP: /, Rx: 20/60	100%	3	1		4
		19	10	10	39
Grand Total:		33	11	17	61



Employer Group Deductible for Active Groups by Plan Year

ALPENA COUNTY - 792890

Plan Year : Current Year

Contracts Eligible As Of: 8/15/2019

Last Refresh Date: 08/26/2019 11:56:21 AM GMT-04:00 - Status: Full

Plan	Percent range	Tier			Total contracts
		Single	Double	Family	
FHMO: Coin: 80, Deduct: 2000/4000, OV: 20, OOP: 500/1000, Rx: 10/40	0 - 24%	1	1		2
	50 - 74%	1			1
	100%	2			2
		4	1		5
FHMO: Coin: 80, Deduct: 2000/4000, OV: 20, OOP: 500/1000, Rx: 15/50	0 - 24%	28		9	37
	25% - 49%	5	2		7
	50 - 74%	1	4	4	9
	75% - 99%	1	1	2	4
	100%	2	2		4
		37	9	15	61
FHMO: Coin: 80, Deduct: 750/1500, OV: 20, OOP: 500/1000, Rx: 15/50	0 - 24%	1			1
	50 - 74%	1			1
	75% - 99%	1			1
	100%	1	1	1	3
		4	1	1	6
FHMO HSA: Coin: 80, Deduct: 3000/6000, OV: 0, OOP: /, Rx: 20/60	0 - 24%	3	2	2	7
	25% - 49%	1	1	2	4
	75% - 99%	1		1	2
		5	3	5	13
Grand Total:		50	14	21	85

Alpena County
2023 Mail Order Savings Summary
H.S.A Utilization 7/2021-6/2022



Drug Prod Name	Priority Health Rx Script Count	Claimants	Priority Health Paid per Rx	Priority Health Paid per Rx (converted to 90 day fill)	Global Health Management (GHM) Paid per Rx (90 day fill)	Savings (90 day fill)
FARXIGA	11	1	\$499.67	\$1,499.02	\$243.56	\$1,255.46
SYMBICORT	13	3	\$344.26	\$1,032.78	\$184.37	\$848.41
JANUVIA	7	1	\$427.58	\$1,282.75	\$245.25	\$1,037.50
CARBAMAZEPINE ER	9	1	\$263.96	\$791.89	\$137.43	\$654.46
DIVALPROEX SODIUM	13	1	\$167.47	\$502.42	\$143.14	\$359.28
DULERA	4	1	\$275.32	\$825.95	\$686.75	\$139.20
DOXEPIN HYDROCHLORIDE	3	1	\$347.88	\$1,043.63	\$318.83	\$724.80
FLUTICASONE PROPIONATE/SA	10	1	\$81.11	\$243.32	\$118.40	\$124.92
RESTASIS MULTIDOSE	9	1	\$554.64	no conversion	\$416.93	\$137.71
CHANTIX STARTING MONTH PA	1	1	\$444.76	no conversion	\$360.50	\$84.26
CIPROFLOXACIN/DEXAMETHASO	1	1	\$167.51	no conversion	\$85.51	\$82.00
ACTEMRA	2	1	\$4,374.70	no conversion	\$3,279.99	\$1,094.71
PREVNAR 13	1	1	\$238.57	no conversion	\$220.00	\$18.57
LANTUS SOLOSTAR	6	1	\$132.69	no conversion	\$277.49	(\$144.80)
BYDUREON BCISE	1	1	\$658.80	no conversion	\$587.50	\$71.30

FAMILY AND FRIENDS EXTENSION

We offer the same pricing for your family and friends as we do to your employer. So, if you're the only one covered by your company, you still get the same pricing for your family members, extended family, and friends.

Our retail prices are often far less than anyone ever hitting their high deductible cost.



WE ARE MAIL ORDER HOME DELIVERY

We deliver to your home. Keep out of the long lines at the local pharmacy where people are lined up and likely to pass on their germs to you. Our program is the ultimate family safety program



How To Use Our Services

- Contact our Client Services Manager Becki Stabbler toll free to enroll over the phone: 1-888-303-5255.
- Fill out our health history questionnaire over the phone or ask for our form from your HR representative and they can help you fax it to us
- Fax, Scan, or send a Picture of your medical prescription to to our client services team.
- We will coordinate delivery to your door

START SAVING MONEY TODAY!

EMERGENCY ROOM

ER Analysis by Relationship

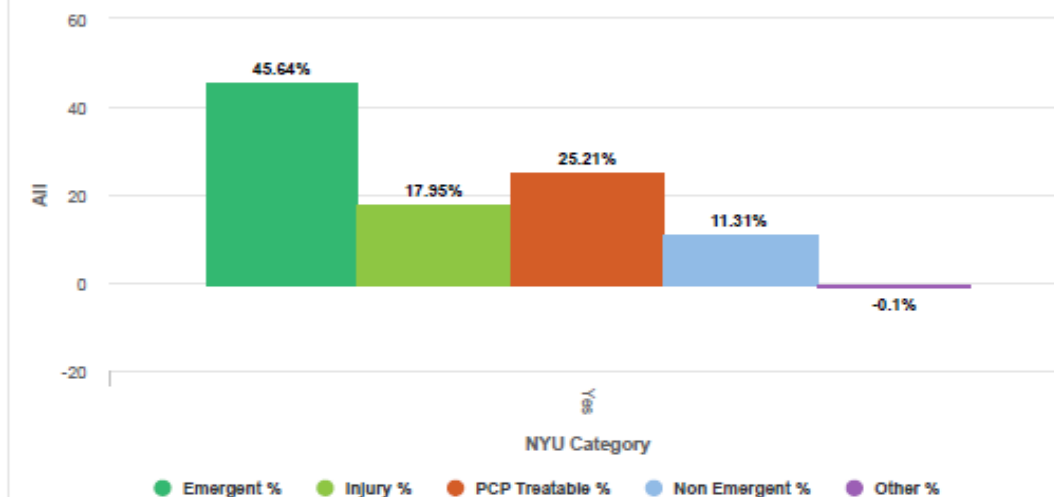
Member Relationship	ER Visits ↓	Claimants
Subscriber	13	9
Dependent	4	4
Spouse	3	3
Total : All	20	16

ER Analysis

ER Visits
20

Claimants
16

% of Visits by ER Category



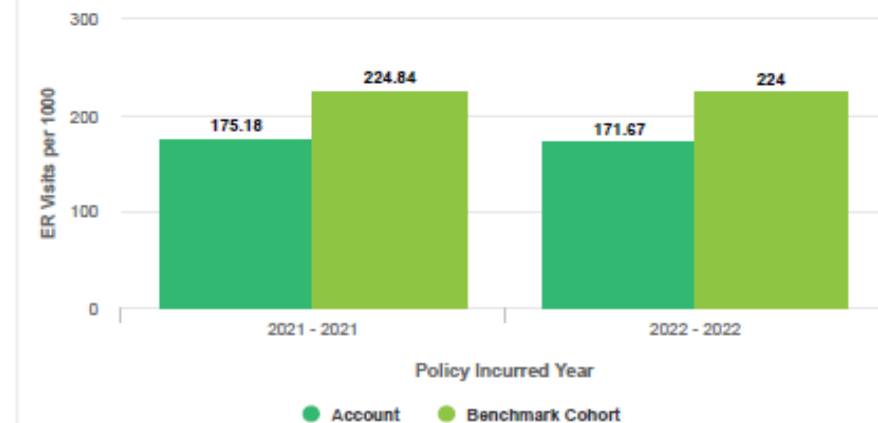
ER Category Definitions

- **Emergent** - Emergency department care was required based on the complaint or procedures performed/resources used.
- **Injury** - Primary diagnosis of an injury (ex: laceration, fracture)
- **PCP-Treatable** - Treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting.
- **Non-Emergent** - Initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours
- **Other** - Diagnosis that do not fall within the Emergent, Injury, PCP-Treatable or Non-Emergent categories.

ER Visits by Facility

Billing Provider Name	ER Visits ↓
ALPENA REGIONAL MEDICAL CENTER	14
MIDMICH MED CENTR MIDLAND	1
MUNSON MEDICAL CENTER	1

ER Visits per 1000



ER Analysis PH

Post Date: Aug 31, 2021

Run Date: 10/11/2021

Metrics: (ER Visits, Claimants, Emergent %, PCP Treatable %, Non Emergent %, Injury %, Other %)

Rows: (Member Relationship)

Columns: (Metrics)

Claim Status: Exclude (DENIED)

Employer Group: (792890 - ALPENA COUNTY)

ER Flag: (Yes)

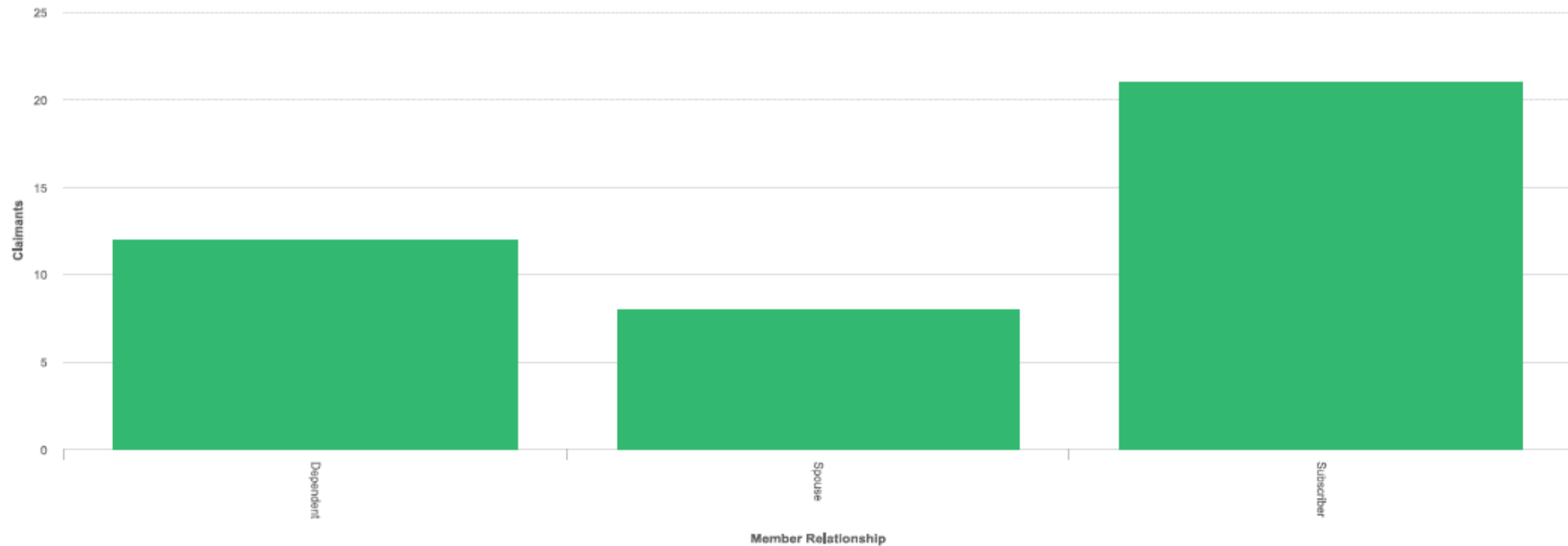
Service From Date: (Q1 2021, Q2 2021, Q3 2021)

Service Through Date: (Q1 2021, Q2 2021, Q3 2021)

Member Relationship	ER Visits	Claimants	Emergent %	PCP Treatable %	Non Emergent %	Injury %	Other %
Dependent	7	3	0.0%	4.7%	9.6%	85.7%	0.0%
Spouse	8	2	53.4%	13.4%	25.8%	0.0%	7.4%
Subscriber	18	5	27.6%	26.5%	0.9%	43.8%	1.3%
Total: All	33	10	25.3%	18.7%	7.5%	46.4%	2.0%

ER Analysis PH

Post Date : Aug 31, 2021



EMERGENCY ROOM

ER Analysis by Relationship ▼

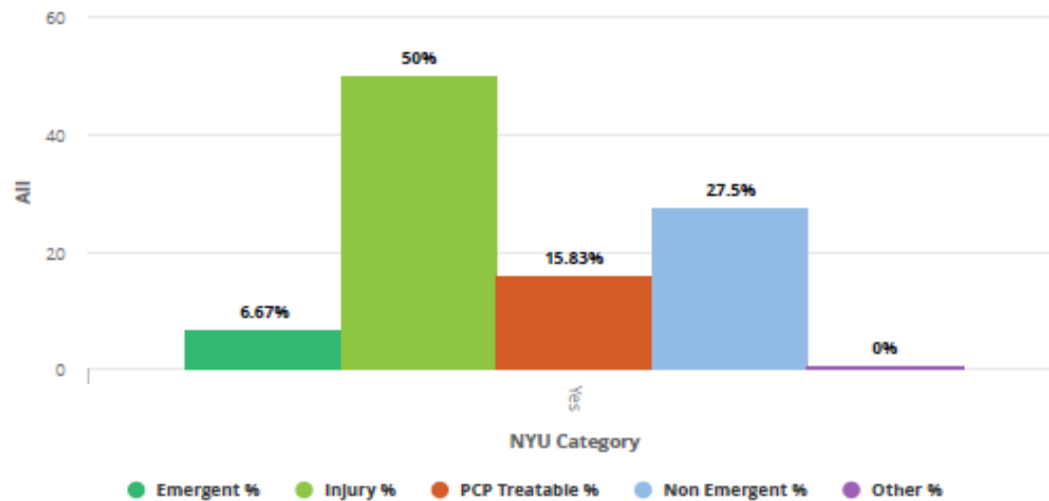
Member Relationship	ER Visits ↓	Claimants
Subscriber	4	3
Dependent	1	1
Spouse	1	1
Total : All	6	5

ER Analysis ▼

6
ER Visits

5
Claimants

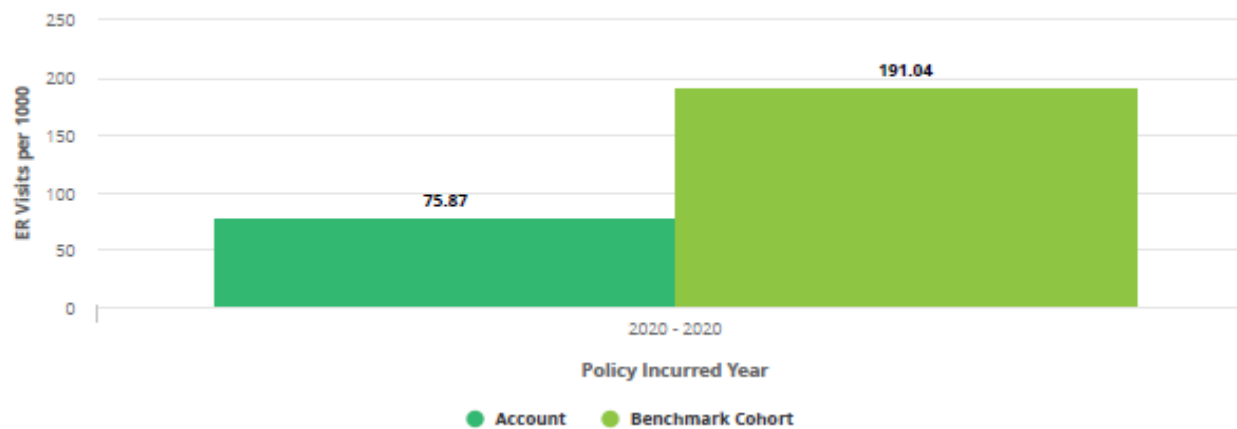
% of Visits by ER Category ▼



ER Category Definitions

- **Emergent** - Emergency department care was required based on the complaint or procedures performed/resources used.
- **Injury** - Primary diagnosis of an Injury (ex: laceration, fracture)
- **PCP-Treatable** - Treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting.
- **Non-Emergent** - Initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours
- **Other** - Diagnosis that do not fall within the Emergent, Injury, PCP-Treatable or Non-Emergent categories.

ER Visits Per 1000 ▼



Key

- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - If the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); If the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

EMERGENCY ROOM

ER Analysis by Relationship ▼

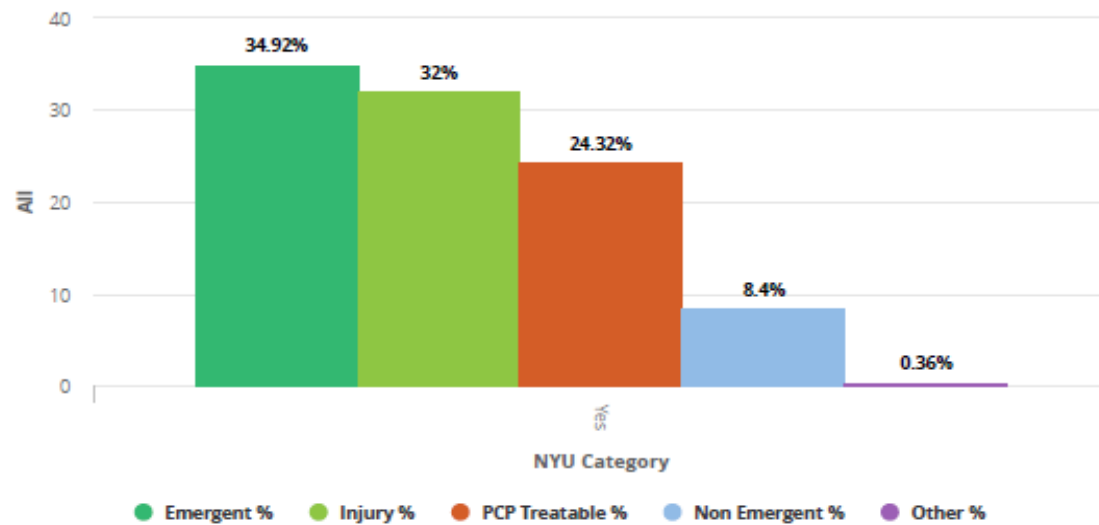
Member Relationship	ER Visits ▼	Claimants
Subscriber	12	11
Spouse	9	7
Dependent	6	6
Total : All	27	24

ER Analysis ▼

27
ER Visits

24
Claimants

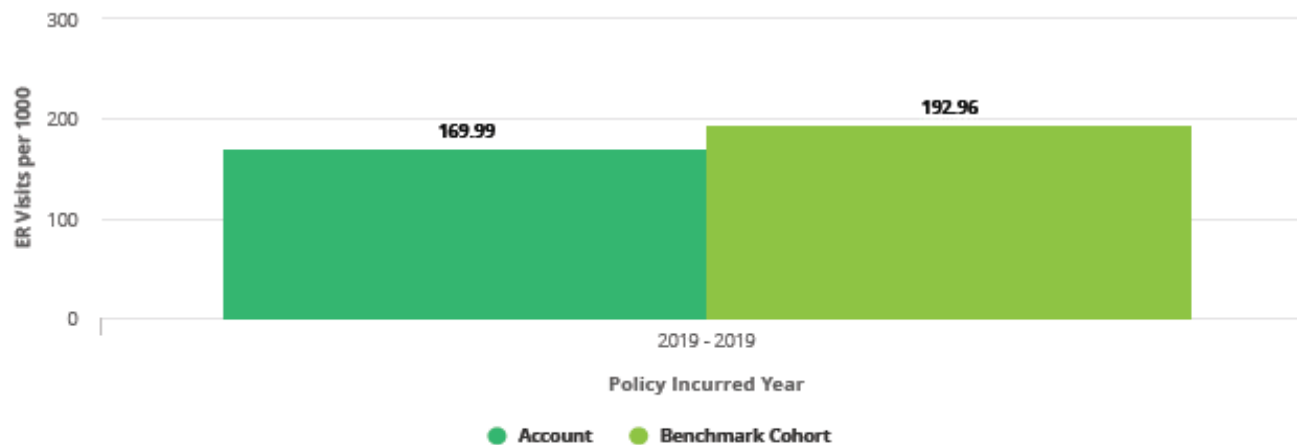
% of Visits by ER Category ▼



ER Category Definitions

- **Emergent** - Emergency department care was required based on the complaint or procedures performed/resources used.
- **Injury** - Primary diagnosis of an injury (ex: laceration, fracture)
- **PCP-Treatable** - Treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting.
- **Non-Emergent** - Initial complaint, presenting symptoms, vital signs, medical history, and age indicated that immediate medical care was not required within 12 hours
- **Other** - Diagnosis that do not fall within the Emergent, Injury, PCP-Treatable or Non-Emergent categories.

ER Visits Per 1000 ▼



Key

- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

URGENT CARE

Urgent Care Visits by Relationship

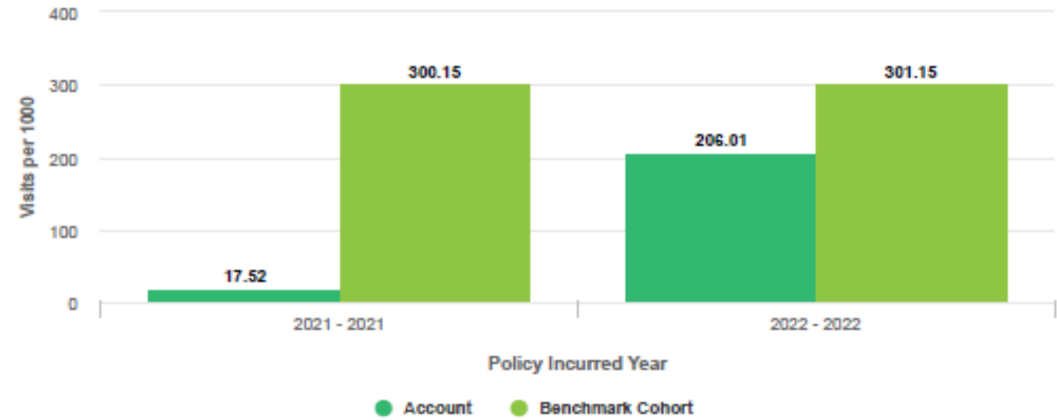
Member Relationship	Visits ↓	Claimants
Dependent	6	6
Subscriber	4	4
Spouse	3	3
Total : All	13	13

Urgent Care Analysis

Visits
13

Claimants
13

Urgent Care per 1000



URGENT CARE

Urgent Care Visits by Relationship ▾

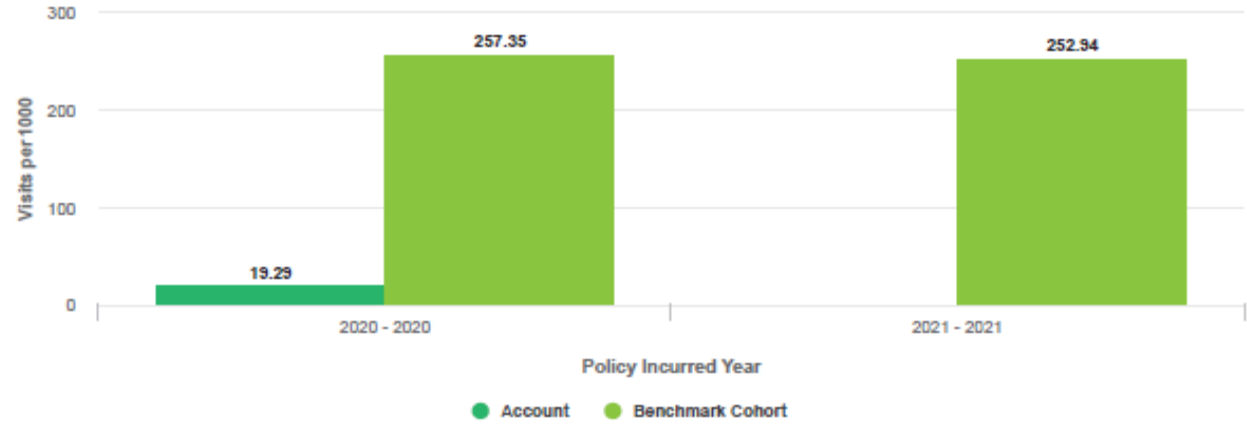
Member Relationship	Visits ▾	Claimants
Spouse	1	1
Total : All	1	1

Urgent Care Analysis ▾

Visits
1

Claimants
1

Urgent Care per 1000 ▾



Key

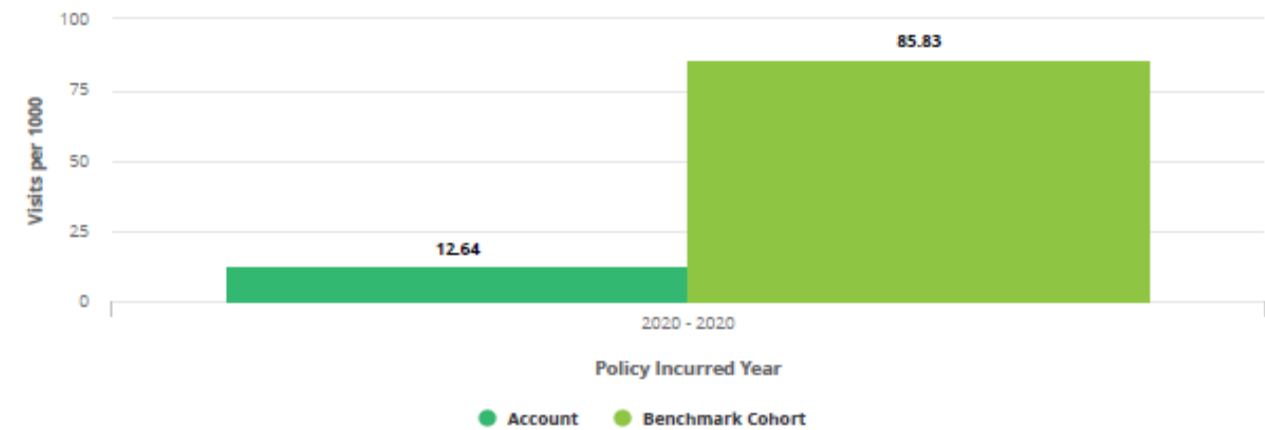
- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

URGENT CARE

Urgent Care Visits by Relationship ▾

Member Relationship	Visits ▾	Claimants
Dependent	2	1
Total : All	2	1

Urgent Care per 1000 ▾



Urgent Care Analysis ▾

2
Visits

1
Claimants

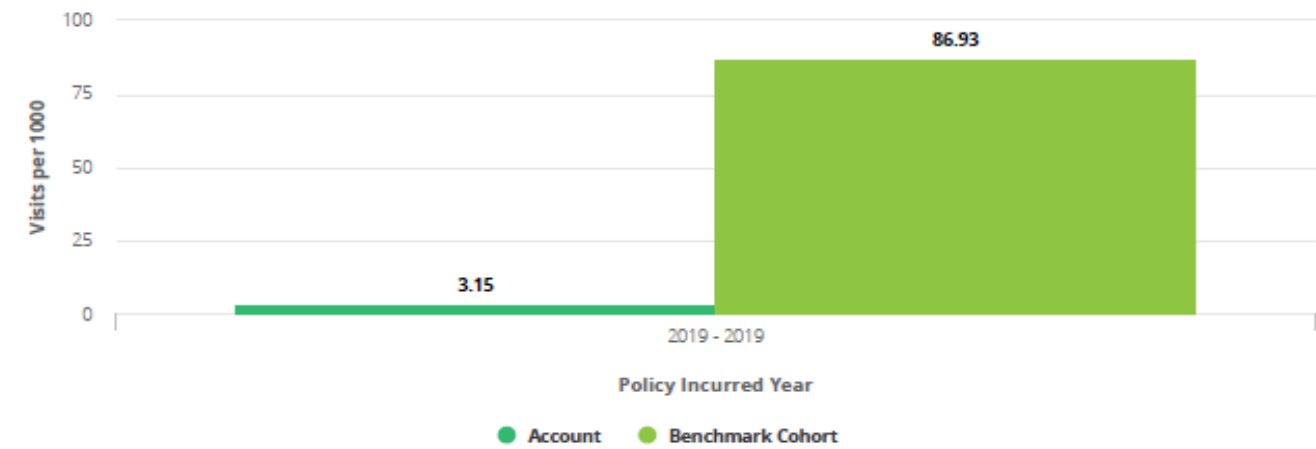
- Key
- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
 - 'Policy Incurred Year' - If the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); If the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

URGENT CARE

Urgent Care Visits by Relationship ▾

Member Relationship	Visits ▾	Claimants
Dependent	1	1
Total : All	1	1

Urgent Care per 1000 ▾



Urgent Care Analysis ▾

1
Visits

1
Claimants

Key

- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

VIRTUAL VISITS

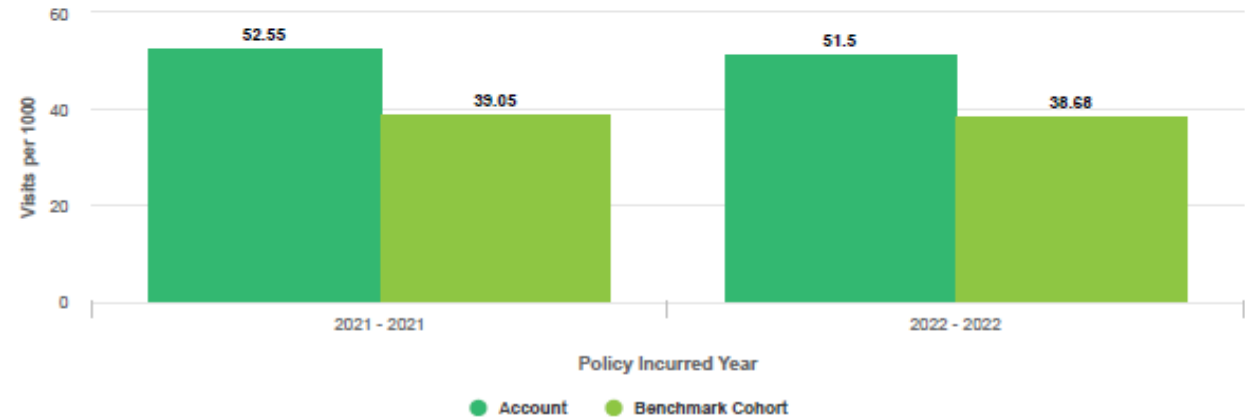
Virtual Visits by Relationship

Member Relationship	Visits	Claimants ↑
Spouse	1	1
Subscriber	5	4
Total : All	6	5

Virtual Visits Analysis

Claimants 5	Visits 6
----------------	-------------

Virtual Visits per 1000



Key

- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

VIRTUAL VISITS

Virtual Visits by Relationship

Member Relationship	Visits	Claimants
Spouse	4	2
Subscriber	6	4
Total : All	10	6

Virtual Visits Analysis

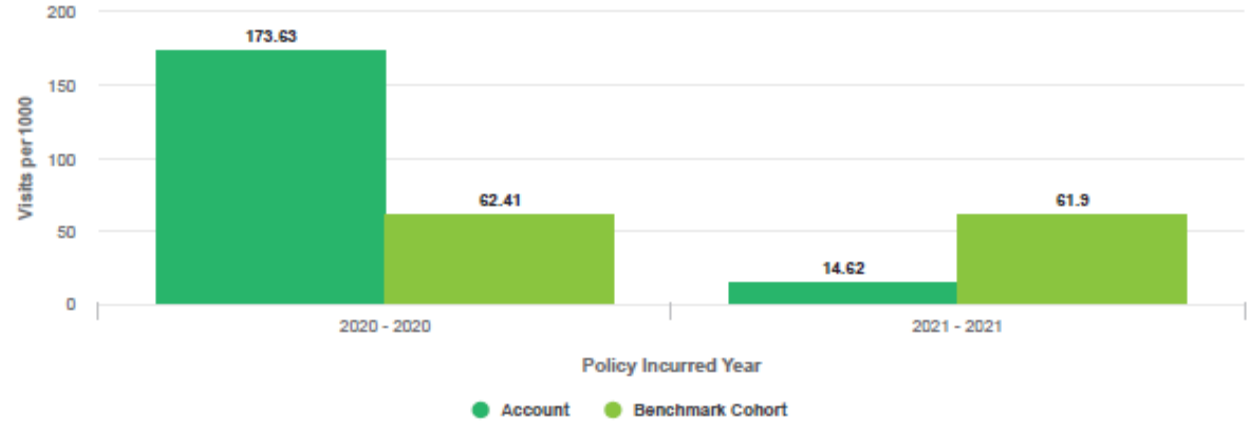
Claimants

6

Visits

10

Virtual Visits per 1000



Key

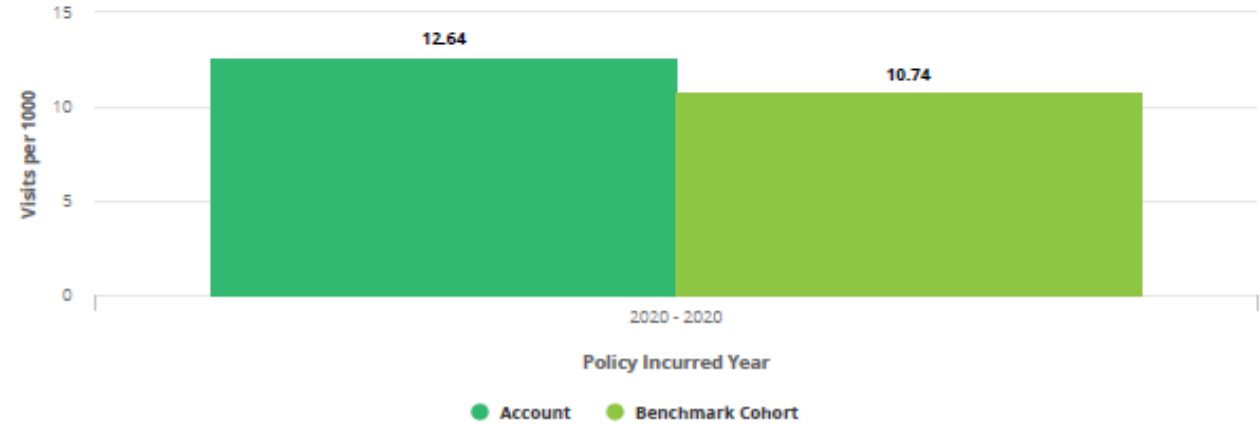
- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

VIRTUAL VISITS

Virtual Visits by Relationship

Member Relationship	Visits	Claimants
Spouse	1	1
Subscriber	1	1
Total : All	2	2

Virtual Visits per 1000



Virtual Visits Analysis

2

Claimants

2

Visits

Key

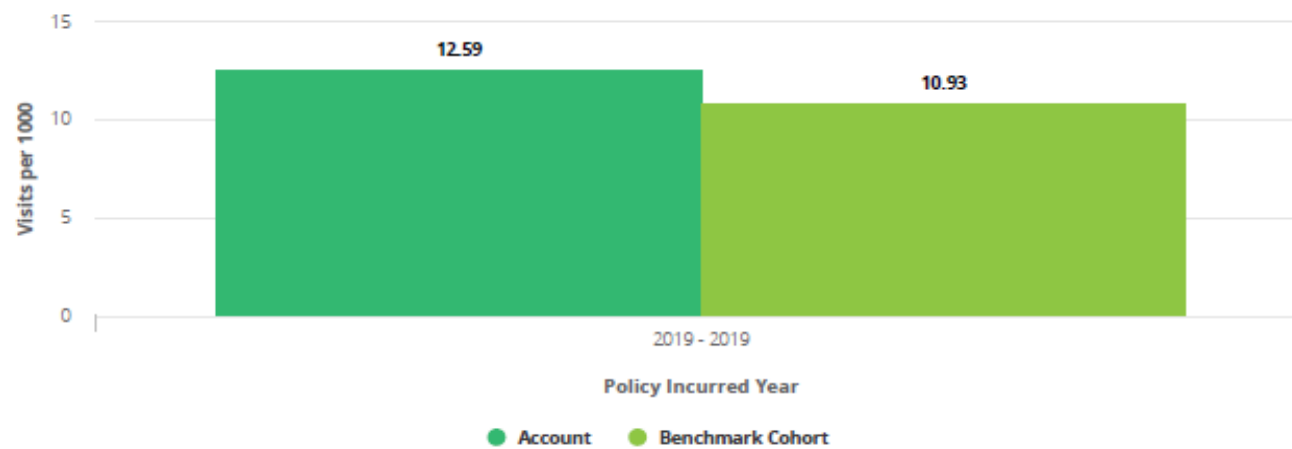
- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - If the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); If the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

VIRTUAL VISITS

Virtual Visits by Relationship ▼

Member Relationship	Visits	Claimants ↑
Spouse	1	1
Subscriber	3	3
Total : All	4	4

Virtual Visits per 1000 ▼



Virtual Visits Analysis ▼

4 Claimants	4 Visits
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Key

- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

PREVENTIVE

Preventive Exams by Relationship

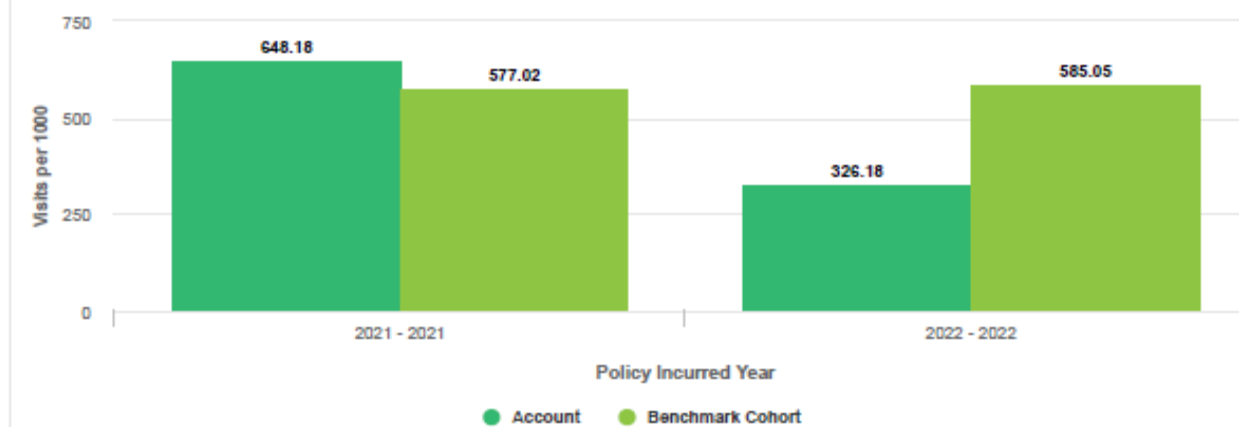
Member Relationship	Claimants	Visits
Dependent	19	25
Spouse	10	10
Subscriber	20	21
Total : All	49	56

Preventive Exams Analysis

Claimants
49

Visits
56

Preventive Exams per 1000



Key

- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

PREVENTIVE

Preventive Exams by Relationship ▾

Member Relationship	Claimants	Visits
Dependent	17	21
Spouse	12	12
Subscriber	20	20
Total : All	49	53

Preventive Exams per 1000 ▾

The report is restricted from the original view. You have restricted access to some elements on this report.

Preventive Exams Analysis ▾

Claimants 49	Visits 53
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Key

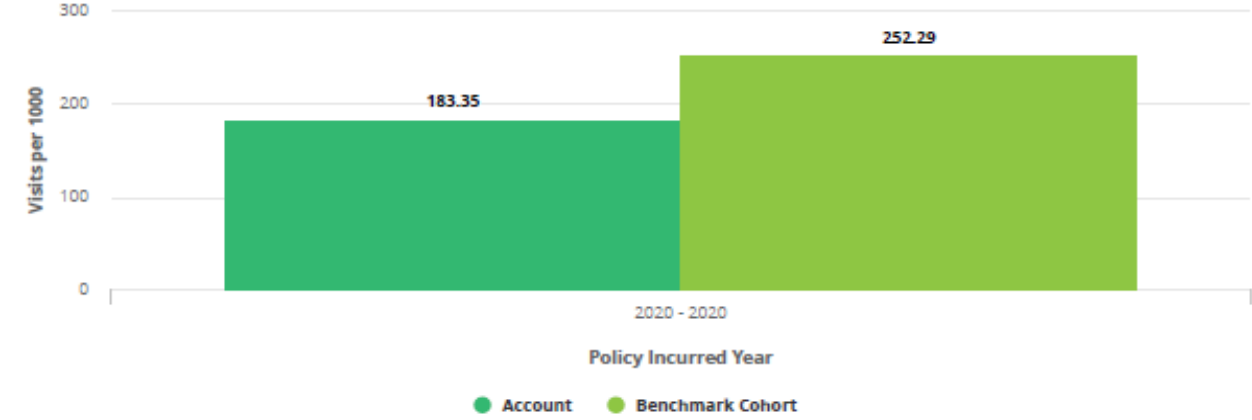
- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

PREVENTIVE

Preventive Exams by Relationship ▾

Member Relationship	Claimants	Visits
Dependent	7	10
Spouse	3	3
Subscriber	16	16
Total : All	26	29

Preventive Exams per 1000 ▾



Preventive Exams Analysis ▾

26
Claimants

29
Visits

Key

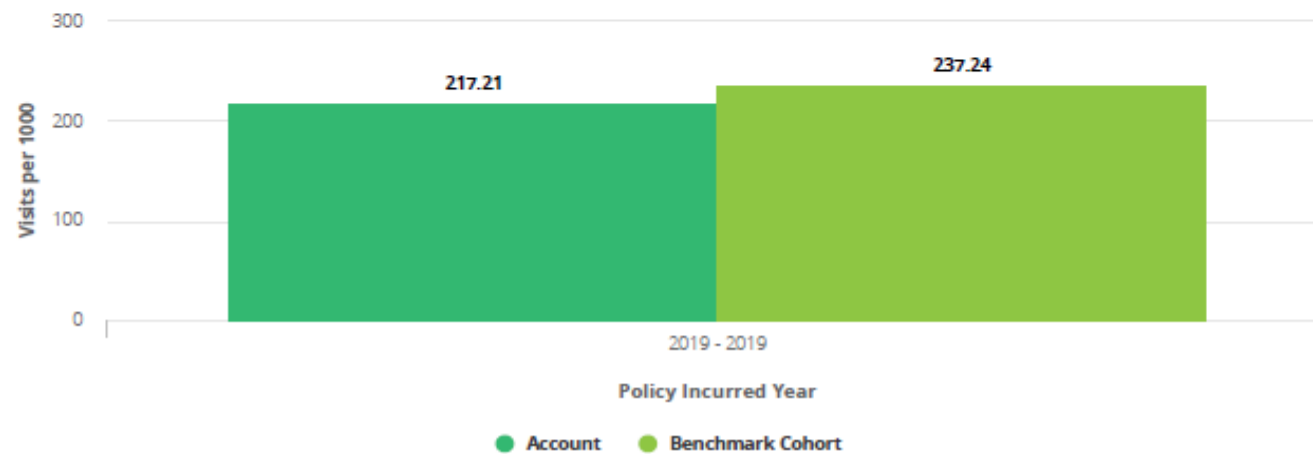
- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - If the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

PREVENTIVE

Preventive Exams by Relationship ▼

Member Relationship	Claimants	Visits
Dependent	25	31
Spouse	11	11
Subscriber	26	27
Total : All	62	69

Preventive Exams per 1000 ▼



Preventive Exams Analysis ▼

62
Claimants

69
Visits

Key

- 'Unknown' - members with visits/claims within the specified time frame that are no longer active on the plan.
- 'Policy Incurred Year' - if the Employer Group is a 1/1 renewal, please use the same year time frame (i.e., 2018 - 2018); if the group is not a 1/1 renewal, please use the off year time frame (i.e., 2018 - 2019).

Alpena County
Voluntary Dental
Effective 1/1/2023

Rate guarantee until 1/2024

Option	CURRENT 2022			RENEWAL 2023		
Vendor	DELTA DENTAL			DELTA DENTAL		
Plan	PPO (Point-of-Service)			PPO (Point-of-Service)		
Employee	34			34		
Employee + 1	13			13		
Employee + Family	19			19		
	66			66		
Employee	\$ 34.74			\$ 31.96		
Employee + 1	\$ 73.33			\$ 67.46		
Employee + Family	\$ 108.33			\$ 99.66		
Monthly Premium	\$ 4,193			\$ 3,857		
Monthly Estimated Taxes/Fees	Included in Rates			Included in Rates		
Annual Premium	\$ 50,313			\$ 46,286		
\$ Δ from Current				\$ (4,027)		
% Δ from Current				-8%		
ANNUAL TOTAL COST	\$ 50,313			\$ 46,286		
ANNUAL EMPLOYEE COST	\$ 50,313			\$ 46,286		
ANNUAL EMPLOYER COST	-			-		
<u>MONTHLY CONTRIBUTIONS</u>						
Employee	34.74			31.96		
Employee + 1	73.33			67.46		
Employee + Family	108.33			99.66		
Contributions Per 24 Pay	17.37			15.98		
	36.67			33.73		
	54.17			49.83		
Commissioners, Grant Funded Positions Contributions Per 24 Pay	17.37			15.98		
	36.67			33.73		
	54.17			49.83		
Plan Design Summary	PPO Dental			PPO Dental		
	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network
Deductible (Individual / Family)	\$0 / \$0			\$0 / \$0		
		No Balance Billing	Balance Billing		No Balance Billing	Balance Billing
Class I Benefits (Preventive)						
Diagnostic, Preventive	100%	100%	100%	100%	100%	100%
Bitewing X-Rays	100%	100%	100%	100%	100%	100%
Emergency Palliative	100%	100%	100%	100%	100%	100%
Class II Benefits (Basic)						
Fillings	75%	75%	75%	75%	75%	75%
Oral Surgery	75%	75%	75%	75%	75%	75%
Periodontics	75%	75%	75%	75%	75%	75%
Endodontics	75%	75%	75%	75%	75%	75%
Class III Benefits (Major)						
Bridges, Dentures, Crowns	50%	50%	50%	50%	50%	50%
Implants	50%	50%	50%	50%	50%	50%
Class IV Benefits (Ortho)	N/A			N/A		
Maximum Payment	\$1,000 Cal Yr			\$1,000 Cal Yr		
Timely Applicant Waiting Period	None			None		

COBRA enrollment excluded

Alpena County
Voluntary Vision
Effective 1/1/2023

Rate hold until 1/2024

Option	CURRENT 2022		RENEWAL	
Vendor	VSP		VSP	
Employee		30		30
Employee + 1		17		17
Employee + Family		17		17
		64		17
Employee	\$	11.00	\$	11.00
Employee + 1	\$	16.63	\$	16.63
Employee + Family	\$	30.30	\$	30.30
Monthly Premium	\$	1,128	\$	1,128
Monthly Taxes/Fees		Included in Rates		Included in Rates
Annual Premium	\$	13,534	\$	13,534
\$ Δ from Current			\$	-
% Δ from Current				0%
ANNUAL TOTAL COST	\$	13,534	\$	13,534
ANNUAL EMPLOYEE COST	\$	13,534	\$	13,534
ANNUAL EMPLOYER COST		-		-
<u>MONTHLY CONTRIBUTIONS</u>				
Employee		11.00		11.00
Employee + 1		16.63		16.63
Employee + Family		30.30		30.30
Contributions Per 24 pay		5.50		5.50
		8.32		8.32
		15.15		15.15
Grant Funded Positions		5.50		5.50
Contributions Per 24 Pay		8.32		8.32
		15.15		15.15
Commissioners		5.50		5.50
Contributions Per 24 Pay		8.32		8.32
		15.15		15.15
Plan Design Summary	Network	Out-of-Network	Network	Out-of-Network
Eye Exam	\$5 copay	Up to \$45 reimbursement	\$5 copay	Up to \$45 reimbursement
Lenses				
Single	\$10 copay	Up to \$30 reimbursement	\$10 copay	Up to \$30 reimbursement
Bi-focal	\$10 copay	Up to \$50 reimbursement	\$10 copay	Up to \$50 reimbursement
Tri-focal	\$10 copay	Up to \$65 reimbursement	\$10 copay	Up to \$65 reimbursement
Standard Progressive	\$10 copay	Up to \$50 reimbursement	\$10 copay	Up to \$50 reimbursement
Contact Lenses				
Medically Necessary	\$8,550 / \$17,100	Up to \$105 reimbursement	\$130 allowance	Up to \$105 reimbursement
Elective	\$130 allowance	Up to \$105 reimbursement	\$130 allowance	Up to \$105 reimbursement
Frames	\$130 allowance	Up to \$70 reimbursement	\$130 allowance	Up to \$70 reimbursement
Benefit Frequency				
Exams		12 months		12 months
Lenses		12 months		12 months
Frames		12 months		12 months

COBRA enrollment excluded

Alpena County
Life/AD&D, Disability
Effective 1/1/2023

Life/AD&D Rate hold until 1/2025
STD Rate hold until 1/2025

Period Vendor	CURRENT 2022 DEARBORN NATIONAL	RENEWAL 2023 DEARBORN NATIONAL
EMPLOYER PAID COST		
Life Rate (per \$1k Benefit)	\$ 0.199	\$ 0.199
AD&D Rate (per \$1k Benefit)	\$ 0.020	\$ 0.020
STD Rate (per \$10 weekly Benefit)	\$ 0.643	\$ 0.643
Life Volume	\$ 2,509,000	\$ 2,509,000
AD&D Volume	\$ 2,509,000	\$ 2,509,000
STD Volume	\$ 45,256	\$ 45,256
Life Monthly Premium	\$ 499	\$ 499
AD&D Monthly Premium	\$ 50	\$ 50
STD Premium	\$ 2,910	\$ 2,910
COMBINED ANNUAL PREMIUM	\$ 41,513	\$ 41,513
\$ Δ from Current		\$ -
% Δ from Current		0.0%
ANNUAL TOTAL COST	\$ 41,513	\$ 41,513
ANNUAL EMPLOYEE COST	\$ -	\$ -
ANNUAL EMPLOYER COST	\$ 41,513	\$ 41,513
BASIC LIFE/AD&D BENEFIT		
Eligibility	Class 1: All Active Full Time Elected Officials and Non-Union Salaried Employees Class 2: All Active Full Time County Commissioners, Non-Union Hourly, Deputy & Corrections Officers, CRTC Employees, Union 211 Employees/Maintenance, Full Time and Part Time 911 Employees	Class 1: All Active Full Time Elected Officials and Non-Union Salaried Employees Class 2: All Active Full Time County Commissioners, Non-Union Hourly, Deputy & Corrections Officers, CRTC Employees, Union 211 Employees/Maintenance, Full Time and Part Time 911 Employees
Benefit	Class 1: \$40,000 Class 2: \$20,000	Class 1: \$40,000 Class 2: \$20,000
Benefit Reduction	65% at age 65	65% at age 65
Conversion	Included	Included
Waiver of Premium	Included	Included
STD Benefit		
Eligibility	Class 1: All Active Full Time Non-Union Hourly and Salaried Employees Class 2: All Active Full Time Deputy & Corrections Officers Class 3: All Active Full Time 911 Employees Class 4: All Active Full Time Union 211 Employees/Maintenance	Class 1: All Active Full Time Non-Union Hourly and Salaried Employees Class 2: All Active Full Time Deputy & Corrections Officers Class 3: All Active Full Time 911 Employees Class 4: All Active Full Time Union 211 Employees/Maintenance
Benefit	Class 1: 66.67% weekly earnings, \$650 max Class 2: 66.67% weekly earnings, \$650 max Class 3: 66.67% weekly earnings, \$500 max Class 4: 66.67% weekly earnings, \$400 max	Class 1: 66.67% weekly earnings, \$650 max Class 2: 66.67% weekly earnings, \$650 max Class 3: 66.67% weekly earnings, \$500 max Class 4: 66.67% weekly earnings, \$400 max
Elimination Period	0/7	0/7
Benefit Duration	26 weeks	26 weeks

Alpena County

2023 Footnotes

The abbreviated outlines of benefits used throughout this document are not intended to express any legal opinion as to the nature of coverage. They are only visuals to a basic understanding of coverages and do not detail all the contract terms nor do they alter any contract conditions. Please read your contract for specific coverages, limitations, and exclusions and call us with questions.

The rates and premiums provided are for illustrative purposes only and are estimated based on the data submitted.

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