



**DC Everest Area School District**  
**M3 Insurance / Jamie McDonald**  
 Released 7/29/2025

Effective Date Network Plan Design	Plan 1					Plan 2				
	1/1/2026					1/1/2026				
	Signature					Freedom				
	HMO - HDHP					POS - HDHP				
	Embedded					Embedded				
	In-Network		Out-Of-Network			In-Network		Out-Of-Network		
	Single	Family	Single	Family		Single	Family	Single	Family	
	Deductible	\$3,400	\$6,800	N/A		N/A	\$3,400	\$6,800	\$6,600	\$13,200
	Coinsurance	0%	0%	N/A		N/A	0%	0%	20%	20%
	Out-of-Pocket Limit	\$3,400	\$6,800	N/A		N/A	\$3,400	\$6,800	\$8,000	\$16,000
	Max Out-of-Pocket	\$3,400	\$6,800	N/A		N/A	\$3,400	\$6,800	\$8,000	\$16,000
	PCP	Deductible / Coinsurance		N/A		Deductible / Coinsurance		Deductible / Coinsurance		
Specialist	Deductible / Coinsurance		N/A		Deductible / Coinsurance		Deductible / Coinsurance			
Emergency Room	Deductible / Coinsurance		Deductible / Coinsurance		Deductible / Coinsurance		Deductible / Coinsurance			
Urgent Care	Deductible / Coinsurance		Deductible / Coinsurance		Deductible / Coinsurance		Deductible / Coinsurance			
Prescriptions										
Tier 1/Tier 2/ Tier 3/ Specialty	Deductible / Coinsurance		N/A		Deductible / Coinsurance		N/A			

	Counts:	Current Rates	Renewal Rates
Employee	103	\$724.16	\$782.09
Family	235	\$1,781.44	\$1,923.96
Total:	338		

	Counts:	Current Rates	Renewal Rates
	33	\$854.52	\$982.70
	127	\$2,102.09	\$2,417.40
	160		

Total Monthly Premium:		\$493,227	\$532,685	Y/Y % Change	Total Monthly Premium:		\$295,165	\$339,439	Y/Y % Change
Total Annual Premium:		\$5,918,723	\$6,392,220	8.00%	Total Annual Premium:		\$3,541,975	\$4,073,271	15.00%

Note(s): Commission: 1.25% of Premium

See terms and conditions.

Signed acceptance of offered rates, subject to any and all underwriting contingencies. Please review quote detail in following pages.

This proposal must be signed by the Employer.

The final rates will be based on the rate in effect at the time of the final quote, the benefits elected, and the final employee census of those applying for coverage.

No warranties are made regarding rates, underwriting requirements, transfer of benefits or industry acceptability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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#### Terms and Conditions

- 1.) The rates provided in this proposal for medical and prescription coverage are based upon standard policy provisions, limitations and exclusions.  
They are subject to change upon receipt of final employee enrollment census and medical evaluations, plan coverage selection and receipt of all new business submission requirements.
- 2.) A group will not be issued coverage with outstanding requirements and is subject to meeting all plan participation and eligibility requirements.
- 3.) This proposal is valid up to and including the proposed effective date.  
Enrollment information must be signed and dated prior to the requested effective date.
- 4.) Additional requirements may be requested to facilitate the processing of a new group applying for coverage.
- 5.) Employer should not cancel current coverage until written notification of approval is received from Aspirus Health Plan.
- 6.) Experience, large claim information and pending claims information to be submitted and reflect experience within 60-days of effective date.