

# Current vs Renewal

| Rates                              |    |  |
|------------------------------------|----|--|
| Single                             | 68 |  |
| Double                             | 20 |  |
| Family                             | 20 |  |
| Estimated Monthly Premium          |    |  |
| Estimated Annual Premium           |    |  |
| Annual Dollar Change               |    |  |
| % Change from Current              |    |  |
|                                    |    |  |
| <b>Deductible</b>                  |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Coinsurance</b>                 |    |  |
| <b>Max Out-of-Pocket</b>           |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Coinsurance Max</b>             |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Hospitalization</b>             |    |  |
| <b>Emergency Room</b>              |    |  |
| <b>Urgent Care</b>                 |    |  |
| <b>Emergency Medical Transport</b> |    |  |
| <b>Office Visit</b>                |    |  |
| <b>Virtual Visit</b>               |    |  |
| <b>Specialist Visit</b>            |    |  |
| <b>Preventative Care</b>           |    |  |
| <b>Prescription Drug Copays</b>    |    |  |
| Tier 1                             |    |  |
| Tier 2                             |    |  |
| Tier 3                             |    |  |
| Tier 4                             |    |  |
| Tier 5                             |    |  |
| <b>Mail Order</b>                  |    |  |

## Current vs Renewal

PH HMO HSA \$3000 30%

Priority Health

| Current                           | Renewal        |
|-----------------------------------|----------------|
| \$483.11                          | \$656.19       |
| \$1,159.46                        | \$1,574.86     |
| \$1,449.33                        | \$1,968.57     |
| \$85,027.28                       | \$115,489.52   |
| \$1,020,327.36                    | \$1,385,874.24 |
|                                   | \$365,546.88   |
|                                   | 35.83%         |
| In-Network                        |                |
| <b>Aggregate</b>                  |                |
| \$3,000                           |                |
| \$6,000                           |                |
| 30%                               |                |
|                                   |                |
| \$6,000                           |                |
| \$12,000                          |                |
|                                   |                |
| N/A                               |                |
|                                   |                |
| 30% after ded                     |                |
| 30% after ded                     |                |
| 30% after ded                     |                |
| 30% after ded                     |                |
| 30% after ded                     |                |
| 30% after ded                     |                |
| 0% after ded                      |                |
| 30% after ded                     |                |
| Covered 100%                      |                |
| <b>After Deductible All Tiers</b> |                |
| \$15                              |                |
| \$50                              |                |
| \$80                              |                |
| 20% (\$150 max)                   |                |
| 20% (\$300 max)                   |                |
| 2x copay after ded tiers 1/2/3    |                |
|                                   |                |

# Current vs Renewal Summary

|                                    |
|------------------------------------|
| Est. Total Monthly Prem. (Current) |
| Est. Total Annual Prem. (Current)  |

|                |
|----------------|
| Grand Total    |
| \$85,027.28    |
| \$1,020,327.36 |

|                                    |
|------------------------------------|
| Est. Total Monthly Prem. (Renewal) |
| Est. Total Annual Prem. (Renewal)  |

|                |
|----------------|
| \$115,489.52   |
| \$1,385,874.24 |

|                          |
|--------------------------|
| Est. Total % Diff.       |
| Est. Total Monthly Diff. |
| Est. Total Annual Diff   |

|              |
|--------------|
| 35.83%       |
| \$30,462.24  |
| \$365,546.88 |

# Priority Health Alternatives

| Rates                              |    |  |
|------------------------------------|----|--|
| Single                             | 68 |  |
| Double                             | 20 |  |
| Family                             | 20 |  |
| Estimated Monthly Premium          |    |  |
| Estimated Annual Premium           |    |  |
| Annual Dollar Change               |    |  |
| % Change from Current              |    |  |
|                                    |    |  |
| <b>Deductible</b>                  |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Coinsurance</b>                 |    |  |
|                                    |    |  |
| <b>Max Out-of-Pocket</b>           |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Coinsurance Max</b>             |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Hospitalization</b>             |    |  |
| <b>Emergency Room</b>              |    |  |
| <b>Urgent Care</b>                 |    |  |
| <b>Emergency Medical Transport</b> |    |  |
| <b>Office Visit</b>                |    |  |
| <b>Virtual Visit</b>               |    |  |
| <b>Specialist Visit</b>            |    |  |
| <b>Preventative Care</b>           |    |  |
| <b>Prescription Drug Copays</b>    |    |  |
| Tier 1                             |    |  |
| Tier 2                             |    |  |
| Tier 3                             |    |  |
| Tier 4                             |    |  |
| Tier 5                             |    |  |
| <b>Mail Order</b>                  |    |  |

| Current vs Renewal                       |                                |  |
|------------------------------------------|--------------------------------|--|
| PH HMO HSA \$3000 30%<br>Priority Health |                                |  |
| Current                                  | Renewal                        |  |
| \$483.11                                 | \$656.19                       |  |
| \$1,159.46                               | \$1,574.86                     |  |
| \$1,449.33                               | \$1,968.57                     |  |
| \$85,027.28                              | \$115,489.52                   |  |
| \$1,020,327.36                           | \$1,385,874.24                 |  |
|                                          | \$365,546.88                   |  |
|                                          | 35.83%                         |  |
| In-Network                               |                                |  |
| Aggregate                                |                                |  |
| \$3,000                                  |                                |  |
| \$6,000                                  |                                |  |
| 30%                                      |                                |  |
|                                          |                                |  |
| \$6,000                                  |                                |  |
| \$12,000                                 |                                |  |
|                                          | N/A                            |  |
|                                          |                                |  |
| 30% after ded                            |                                |  |
| 30% after ded                            |                                |  |
| 30% after ded                            |                                |  |
| 30% after ded                            |                                |  |
| 30% after ded                            |                                |  |
| 0% after ded                             |                                |  |
| 30% after ded                            |                                |  |
| Covered 100%                             |                                |  |
| After Deductible All Tiers               |                                |  |
|                                          | \$15                           |  |
|                                          | \$50                           |  |
|                                          | \$80                           |  |
|                                          | 20% (\$150 max)                |  |
|                                          | 20% (\$300 max)                |  |
|                                          | 2x copay after ded tiers 1/2/3 |  |

| PH Alternate Option                      |                                |
|------------------------------------------|--------------------------------|
| PH HMO HSA \$3500 30%<br>Priority Health |                                |
|                                          | Option 1                       |
|                                          | \$632.29                       |
|                                          | \$1,517.50                     |
|                                          | \$1,896.87                     |
|                                          | \$111,283.12                   |
|                                          | \$1,335,397.44                 |
|                                          | \$315,070.08                   |
|                                          | 30.88%                         |
| In-Network                               |                                |
| Embedded                                 |                                |
|                                          | \$3,500                        |
|                                          | \$7,000                        |
|                                          | 30%                            |
|                                          |                                |
|                                          | \$7,000                        |
|                                          | \$14,000                       |
|                                          |                                |
|                                          | N/A                            |
|                                          |                                |
|                                          | 30% after ded                  |
|                                          | 30% after ded                  |
|                                          | 30% after ded                  |
|                                          | 30% after ded                  |
|                                          | 30% after ded                  |
|                                          | 0% after ded                   |
|                                          | 30% after ded                  |
|                                          | Covered 100%                   |
| After Deductible All Tiers               |                                |
|                                          | \$15                           |
|                                          | \$50                           |
|                                          | \$80                           |
|                                          | 20% (\$150 max)                |
|                                          | 20% (\$300 max)                |
|                                          | 2x copay after ded tiers 1/2/3 |

| PH Alternate Option                      |                                |
|------------------------------------------|--------------------------------|
| PH HMO HSA \$4000 30%<br>Priority Health |                                |
| Option 2                                 |                                |
|                                          | \$588.11                       |
|                                          | \$1,411.47                     |
|                                          | \$1,764.33                     |
|                                          | \$103,507.48                   |
|                                          | \$1,242,089.76                 |
|                                          | \$221,762.40                   |
|                                          | 21.73%                         |
| In-Network                               |                                |
| Embedded                                 |                                |
|                                          | \$4,000                        |
|                                          | \$8,000                        |
|                                          | 30%                            |
|                                          |                                |
|                                          | \$8,500                        |
|                                          | \$17,000                       |
|                                          | N/A                            |
|                                          |                                |
|                                          | 30% after ded                  |
|                                          | 30% after ded                  |
|                                          | 30% after ded                  |
|                                          | 30% after ded                  |
|                                          | 30% after ded                  |
|                                          | 0% after ded                   |
|                                          | 30% after ded                  |
|                                          | Covered 100%                   |
| After Deductible All Tiers               |                                |
|                                          | \$15                           |
|                                          | \$50                           |
|                                          | \$80                           |
|                                          | 20% (\$150 max)                |
|                                          | 20% (\$300 max)                |
|                                          | 2x copay after ded tiers 1/2/3 |

# Priority Health Alternatives

| Rates                       |  | Current vs Renewal             |                | PH Alternate Option            |  | PH Alternate Option            |  | PH Alternate Option            |  |
|-----------------------------|--|--------------------------------|----------------|--------------------------------|--|--------------------------------|--|--------------------------------|--|
|                             |  | Priority Health                |                | Priority Health                |  | Priority Health                |  | Priority Health                |  |
|                             |  | Current                        | Renewal        | PH HMO HSA \$3000 30%          |  | PH HMO HSA \$4500 30%          |  | PH HMO HSA \$5000 30%          |  |
| Single                      |  | \$483.11                       | \$656.19       |                                |  | Option 3                       |  | Option 4                       |  |
| Double                      |  | \$1,159.46                     | \$1,574.86     |                                |  |                                |  |                                |  |
| Family                      |  | \$1,449.33                     | \$1,968.57     |                                |  |                                |  |                                |  |
| Estimated Monthly Premium   |  | \$85,027.28                    | \$115,489.52   |                                |  |                                |  |                                |  |
| Estimated Annual Premium    |  | \$1,020,327.36                 | \$1,385,874.24 |                                |  |                                |  |                                |  |
| Annual Dollar Change        |  | \$365,546.88                   |                |                                |  |                                |  |                                |  |
| % Change from Current       |  |                                | 35.83%         |                                |  |                                |  |                                |  |
|                             |  |                                |                |                                |  |                                |  |                                |  |
|                             |  | In-Network                     |                | In-Network                     |  | In-Network                     |  | In-Network                     |  |
| Deductible                  |  | Aggregate                      |                | Embedded                       |  | Embedded                       |  | Embedded                       |  |
| Individual                  |  | \$3,000                        |                | \$4,500                        |  | \$5,000                        |  | \$5,500                        |  |
| Family                      |  | \$6,000                        |                | \$9,000                        |  | \$10,000                       |  | \$11,000                       |  |
| Coinsurance                 |  | 30%                            |                | 30%                            |  | 30%                            |  | 30%                            |  |
| Max Out-of-Pocket           |  |                                |                |                                |  |                                |  |                                |  |
| Individual                  |  | \$6,000                        |                | \$8,500                        |  | \$8,500                        |  | \$8,500                        |  |
| Family                      |  | \$12,000                       |                | \$17,000                       |  | \$17,000                       |  | \$17,000                       |  |
| Coinsurance Max             |  | N/A                            |                | N/A                            |  | N/A                            |  | N/A                            |  |
| Individual                  |  |                                |                |                                |  |                                |  |                                |  |
| Family                      |  |                                |                |                                |  |                                |  |                                |  |
| Hospitalization             |  | 30% after ded                  |                | 30% after ded                  |  | 30% after ded                  |  | 30% after ded                  |  |
| Emergency Room              |  | 30% after ded                  |                | 30% after ded                  |  | 30% after ded                  |  | 30% after ded                  |  |
| Urgent Care                 |  | 30% after ded                  |                | 30% after ded                  |  | 30% after ded                  |  | 30% after ded                  |  |
| Emergency Medical Transport |  | 30% after ded                  |                | 30% after ded                  |  | 30% after ded                  |  | 30% after ded                  |  |
| Office Visit                |  | 30% after ded                  |                | 30% after ded                  |  | 30% after ded                  |  | 30% after ded                  |  |
| Virtual Visit               |  | 0% after ded                   |                | 0% after ded                   |  | 0% after ded                   |  | 0% after ded                   |  |
| Specialist Visit            |  | 30% after ded                  |                | 30% after ded                  |  | 30% after ded                  |  | 30% after ded                  |  |
| Preventative Care           |  | Covered 100%                   |                | Covered 100%                   |  | Covered 100%                   |  | Covered 100%                   |  |
| Prescription Drug Copays    |  | After Deductible All Tiers     |                | After Deductible All Tiers     |  | After Deductible All Tiers     |  | After Deductible All Tiers     |  |
| Tier 1                      |  | \$15                           |                | \$15                           |  | \$15                           |  | \$15                           |  |
| Tier 2                      |  | \$50                           |                | \$50                           |  | \$50                           |  | \$50                           |  |
| Tier 3                      |  | \$80                           |                | \$80                           |  | \$80                           |  | \$80                           |  |
| Tier 4                      |  | 20% (\$150 max)                |                | 20% (\$150 max)                |  | 20% (\$150 max)                |  | 20% (\$150 max)                |  |
| Tier 5                      |  | 20% (\$300 max)                |                | 20% (\$300 max)                |  | 20% (\$300 max)                |  | 20% (\$300 max)                |  |
| Mail Order                  |  | 2x copay after ded tiers 1/2/3 |                | 2x copay after ded tiers 1/2/3 |  | 2x copay after ded tiers 1/2/3 |  | 2x copay after ded tiers 1/2/3 |  |

# Priority Health Alternatives – West MI Partners

|                                    | Current vs Renewal                |                | PH Alternate Option                     |                                         |
|------------------------------------|-----------------------------------|----------------|-----------------------------------------|-----------------------------------------|
|                                    | Current                           | Renewal        | PH HMO HSA WMP 3000 30% Priority Health | PH HMO HSA WMP 3500 30% Priority Health |
| <b>Rates</b>                       |                                   |                | <b>Option 1</b>                         | <b>Option 2</b>                         |
| Single                             | \$483.11                          | \$656.19       | \$583.90                                | \$579.75                                |
| Double                             | \$1,159.46                        | \$1,574.86     | \$1,401.36                              | \$1,391.40                              |
| Family                             | \$1,449.33                        | \$1,968.57     | \$1,751.70                              | \$1,739.25                              |
| Estimated Monthly Premium          | \$85,027.28                       | \$115,489.52   | \$102,766.40                            | \$102,036.00                            |
| Estimated Annual Premium           | \$1,020,327.36                    | \$1,385,874.24 | \$1,233,196.80                          | \$1,224,432.00                          |
| Annual Dollar Change               |                                   | \$365,546.88   | \$212,869.44                            | \$204,104.64                            |
| % Change from Current              |                                   | 35.83%         | 20.86%                                  | 20.00%                                  |
|                                    | <b>In-Network</b>                 |                | <b>Tier 1</b>                           | <b>Tier 2</b>                           |
| <b>Deductible</b>                  | <b>Aggregate</b>                  |                | <b>Embedded</b>                         |                                         |
| Individual                         | \$3,000                           |                | \$3,000                                 | \$7,000                                 |
| Family                             | \$6,000                           |                | \$6,000                                 | \$14,000                                |
| <b>Coinsurance</b>                 | 30%                               |                | 30%                                     | 50%                                     |
| <b>Max Out-of-Pocket</b>           |                                   |                |                                         |                                         |
| Individual                         | \$6,000                           |                | \$7,000                                 | \$7,000                                 |
| Family                             | \$12,000                          |                | \$14,000                                | \$14,000                                |
| <b>Coinsurance Max</b>             |                                   |                |                                         |                                         |
| Individual                         | N/A                               |                | N/A                                     | N/A                                     |
| Family                             | N/A                               |                | N/A                                     | N/A                                     |
| <b>Hospitalization</b>             | 30% after ded                     |                | 30% after ded                           | 50% after ded                           |
| <b>Emergency Room</b>              | 30% after ded                     |                | 30% after ded                           | 30% after ded                           |
| <b>Urgent Care</b>                 | 30% after ded                     |                | 30% after ded                           | 50% after ded                           |
| <b>Emergency Medical Transport</b> | 30% after ded                     |                | 30% after ded                           | 30% after ded                           |
| <b>Office Visit</b>                | 30% after ded                     |                | 30% after ded                           | 50% after ded                           |
| <b>Virtual Visit</b>               | 0% after ded                      |                | 0% after ded                            | 0% after ded                            |
| <b>Specialist Visit</b>            | 30% after ded                     |                | 30% after ded                           | 50% after ded                           |
| <b>Preventative Care</b>           | Covered 100%                      |                | Covered 100%                            | Covered 100%                            |
| <b>Prescription Drug Copays</b>    | <b>After Deductible All Tiers</b> |                | <b>After Deductible All Tiers</b>       |                                         |
| Tier 1                             | \$15                              |                | \$15                                    | Not Covered                             |
| Tier 2                             | \$50                              |                | \$50                                    | Not Covered                             |
| Tier 3                             | \$80                              |                | \$80                                    | Not Covered                             |
| Tier 4                             | 20% (\$150 max)                   |                | 20% (\$150 max)                         | Not Covered                             |
| Tier 5                             | 20% (\$300 max)                   |                | 20% (\$300 max)                         | Not Covered                             |
| <b>Mail Order</b>                  | 2x copay after ded tiers 1/2/3    |                | 2x copay after ded tiers 1/2/3          |                                         |
|                                    |                                   |                | Not Covered                             |                                         |

# Priority Health Alternatives – West MI Partners

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# Blue Cross Blue Shield Alternatives

| Current vs Renewal                    |          | BCBS Alternate Option                               |                                | BCBS Alternate Option                               |                                |
|---------------------------------------|----------|-----------------------------------------------------|--------------------------------|-----------------------------------------------------|--------------------------------|
| PH HMO HSA \$3000 30% Priority Health |          | Simply Blue PPO HSA 2500 20% Blue Cross Blue Shield |                                | Simply Blue PPO HSA 3400 30% Blue Cross Blue Shield |                                |
| Current                               |          | Option 1                                            |                                | Option 2                                            |                                |
| Single                                | 68       | \$483.11                                            | \$656.19                       | \$745.18                                            |                                |
| Double                                | 20       | \$1,159.46                                          | \$1,574.86                     | \$1,788.43                                          |                                |
| Family                                | 20       | \$1,449.33                                          | \$1,968.57                     | \$2,235.53                                          |                                |
| Estimated Monthly Premium             |          | \$85,027.28                                         | \$115,489.52                   | \$131,151.44                                        |                                |
| Estimated Annual Premium              |          | \$1,020,327.36                                      | \$1,385,874.24                 | \$1,573,817.28                                      |                                |
| Annual Dollar Change                  |          | \$365,546.88                                        | \$786,239.52                   | \$553,489.92                                        |                                |
| % Change from Current                 |          | 35.83%                                              | 77.06%                         | 54.25%                                              |                                |
| In-Network                            |          | In-Network                                          |                                | In-Network                                          |                                |
| Aggregate                             |          | Aggregate                                           |                                | Embedded                                            |                                |
| Individual                            | \$3,000  | \$2,500                                             | \$5,000                        | \$3,400                                             | \$6,800                        |
| Family                                | \$6,000  | \$5,000                                             | \$10,000                       | \$6,800                                             | \$13,600                       |
| Coinsurance                           | 30%      | 20%                                                 | 40%                            | 30%                                                 | 50%                            |
| Max Out-of-Pocket                     |          |                                                     |                                |                                                     |                                |
| Individual                            | \$6,000  | \$4,000                                             | \$8,000                        | \$6,900                                             | \$13,800                       |
| Family                                | \$12,000 | \$8,000                                             | \$16,000                       | \$13,800                                            | \$27,600                       |
| Coinsurance Max                       |          | N/A                                                 |                                | N/A                                                 |                                |
| Individual                            | N/A      | N/A                                                 | N/A                            | N/A                                                 | N/A                            |
| Family                                | N/A      | N/A                                                 | N/A                            | N/A                                                 | N/A                            |
| Hospitalization                       |          | 30% after ded                                       | 40% after ded                  | 30% after ded                                       | 50% after ded                  |
| Emergency Room                        |          | 30% after ded                                       | 20% after ded                  | 30% after ded                                       | 30% after ded                  |
| Urgent Care                           |          | 30% after ded                                       | 40% after ded                  | 30% after ded                                       | 50% after ded                  |
| Emergency Medical Transport           |          | 30% after ded                                       | 20% after ded                  | 30% after ded                                       | 30% after ded                  |
| Office Visit                          |          | 30% after ded                                       | 40% after ded                  | 30% after ded                                       | 50% after ded                  |
| Virtual Visit                         |          | 0% after ded                                        | 40% after ded                  | 30% after ded                                       | 50% after ded                  |
| Specialist Visit                      |          | 30% after ded                                       | 40% after ded                  | 30% after ded                                       | 50% after ded                  |
| Preventative Care                     |          | Covered 100%                                        | Covered 100%                   | Covered 100%                                        | Not Covered                    |
| Prescription Drug Copays              |          | After Deductible All Tiers                          |                                | After Deductible All Tiers                          |                                |
| Tier 1                                |          | \$15                                                | \$15 + 20%                     | \$15                                                | \$15 + 20%                     |
| Tier 2                                |          | \$50                                                | \$50 + 20%                     | \$50                                                | \$50 + 20%                     |
| Tier 3                                |          | \$80                                                | 50% (\$70 min/\$100 max) + 20% | 50% (\$70 min/\$100 max)                            | 50% (\$70 min/\$100 max) + 20% |
| Tier 4                                |          | 20% (\$150 max)                                     | Not Covered                    | 20% (\$200 max)                                     | Not Covered                    |
| Tier 5                                |          | 20% (\$300 max)                                     | Not Covered                    | 25% (\$300 max)                                     | Not Covered                    |
| Mail Order                            |          | 2x copay after ded tiers 1/2/3                      | 2x copay after ded tiers 1/2/3 | 2x copay after ded tiers 1/2/3                      | Not Covered                    |

# Blue Care Network Alternatives

| Current vs Renewal                                                                                     |        | BCN Alternate Option                        |                               | BCN Alternate Option                        |                               | BCN Alternate Option                        |  |
|--------------------------------------------------------------------------------------------------------|--------|---------------------------------------------|-------------------------------|---------------------------------------------|-------------------------------|---------------------------------------------|--|
| PH HMO HSA \$3000 30%<br>Priority Health                                                               |        | BCN HMO HSA \$3000 30%<br>Blue Care Network |                               | BCN HMO HSA \$3300 30%<br>Blue Care Network |                               | BCN HMO HSA \$3400 30%<br>Blue Care Network |  |
| Rates                                                                                                  |        | Current                                     | Renewal                       | Option 1                                    | Option 2                      | Option 3                                    |  |
| Estimated Monthly Premium<br>Estimated Annual Premium<br>Annual Dollar Change<br>% Change from Current | Single | \$483.11                                    | \$656.19                      | \$752.43                                    | \$720.49                      | \$717.13                                    |  |
|                                                                                                        | Double | \$1,159.46                                  | \$1,574.86                    | \$1,805.84                                  | \$1,729.17                    | \$1,721.12                                  |  |
|                                                                                                        | Family | \$1,449.33                                  | \$1,968.57                    | \$2,257.30                                  | \$2,161.46                    | \$2,151.40                                  |  |
|                                                                                                        |        | \$85,027.28                                 | \$115,489.52                  | \$132,428.04                                | \$126,805.92                  | \$126,215.24                                |  |
| Deductible<br>Individual<br>Family<br>Coinsurance                                                      |        | \$1,020,327.36                              | \$1,385,874.24                | \$1,589,136.48                              | \$1,521,671.04                | \$1,514,582.88                              |  |
|                                                                                                        |        |                                             | \$365,546.88                  | \$568,809.12                                | \$501,343.68                  | \$494,255.52                                |  |
|                                                                                                        |        |                                             | 35.83%                        | 55.75%                                      | 49.14%                        | 48.44%                                      |  |
|                                                                                                        |        |                                             | In-Network                    | In-Network                                  | In-Network                    | In-Network                                  |  |
| Max Out-of-Pocket<br>Individual<br>Family<br>Coinsurance Max                                           |        | Aggregate                                   | Aggregate                     | Aggregate                                   | Embedded                      | Embedded                                    |  |
|                                                                                                        |        | \$3,000                                     | \$3,000                       | \$3,000                                     | \$3,300                       | \$3,400                                     |  |
|                                                                                                        |        | \$6,000                                     | \$6,000                       | \$6,000                                     | \$6,600                       | \$6,800                                     |  |
|                                                                                                        |        | 30%                                         | 30%                           | 30%                                         | 30%                           | 30%                                         |  |
| Hospitalization<br>Emergency Room<br>Urgent Care<br>Emergency Medical Transport                        |        | \$6,000                                     | \$5,000                       | \$5,000                                     | \$6,900                       | \$6,900                                     |  |
|                                                                                                        |        | \$12,000                                    | \$10,000                      | \$10,000                                    | \$13,800                      | \$13,800                                    |  |
|                                                                                                        |        | N/A                                         | N/A                           | N/A                                         | N/A                           | N/A                                         |  |
|                                                                                                        |        | 30% after ded                               | 30% after ded                 | 30% after ded                               | 30% after ded                 | 30% after ded                               |  |
| Office Visit<br>Virtual Visit<br>Specialist Visit<br>Preventative Care                                 |        | 30% after ded                               | 30% after ded                 | 30% after ded                               | 30% after ded                 | 30% after ded                               |  |
|                                                                                                        |        | 0% after ded                                | 30% after ded                 | 30% after ded                               | 30% after ded                 | 30% after ded                               |  |
|                                                                                                        |        | 30% after ded                               | 30% after ded                 | 30% after ded                               | 30% after ded                 | 30% after ded                               |  |
|                                                                                                        |        | Covered 100%                                | Covered 100%                  | Covered 100%                                | Covered 100%                  | Covered 100%                                |  |
| Prescription Drug Copays<br>Tier 1<br>Tier 2<br>Tier 3<br>Tier 4<br>Tier 5                             |        | After Deductible All Tiers                  | After Deductible All Tiers    | After Deductible All Tiers                  | After Deductible All Tiers    | After Deductible All Tiers                  |  |
|                                                                                                        |        | \$15                                        | \$4/\$15                      | \$4/\$15                                    | \$4/\$15                      | \$4/\$15                                    |  |
|                                                                                                        |        | \$50                                        | \$40                          | \$40                                        | \$40                          | \$40                                        |  |
|                                                                                                        |        | \$80                                        | \$80                          | \$80                                        | \$80                          | \$80                                        |  |
| Mail Order                                                                                             |        | 20% (\$150 max)                             | 20% (\$200 max)               | 20% (\$200 max)                             | 20% (\$200 max)               | 20% (\$200 max)                             |  |
|                                                                                                        |        | 20% (\$300 max)                             | 20% (\$300 max)               | 20% (\$300 max)                             | 20% (\$300 max)               | 20% (\$300 max)                             |  |
|                                                                                                        |        | 2x copay after ded tiers 1/2/3              | 3x copay minus \$10 after ded | 3x copay minus \$10 after ded               | 3x copay minus \$10 after ded | 3x copay minus \$10 after ded               |  |
|                                                                                                        |        |                                             |                               |                                             |                               |                                             |  |

# UHC Alternatives

| Rates                              |    |  |
|------------------------------------|----|--|
| Single                             | 68 |  |
| Double                             | 20 |  |
| Family                             | 20 |  |
| Estimated Monthly Premium          |    |  |
| Estimated Annual Premium           |    |  |
| Annual Dollar Change               |    |  |
| % Change from Current              |    |  |
|                                    |    |  |
| <b>Deductible</b>                  |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Coinsurance</b>                 |    |  |
| <b>Max Out-of-Pocket</b>           |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Coinsurance Max</b>             |    |  |
| Individual                         |    |  |
| Family                             |    |  |
| <b>Hospitalization</b>             |    |  |
| <b>Emergency Room</b>              |    |  |
| <b>Urgent Care</b>                 |    |  |
| <b>Emergency Medical Transport</b> |    |  |
| <b>Office Visit</b>                |    |  |
| <b>Virtual Visit</b>               |    |  |
| <b>Specialist Visit</b>            |    |  |
| <b>Preventative Care</b>           |    |  |
| <b>Prescription Drug Copays</b>    |    |  |
| Tier 1                             |    |  |
| Tier 2                             |    |  |
| Tier 3                             |    |  |
| Tier 4                             |    |  |
| Tier 5                             |    |  |
| <b>Mail Order</b>                  |    |  |

| Current vs Renewal                       |                |  |
|------------------------------------------|----------------|--|
| PH HMO HSA \$3000 30%<br>Priority Health |                |  |
| Current                                  | Renewal        |  |
| \$483.11                                 | \$656.19       |  |
| \$1,159.46                               | \$1,574.86     |  |
| \$1,449.33                               | \$1,968.57     |  |
| \$85,027.28                              | \$115,489.52   |  |
| \$1,020,327.36                           | \$1,385,874.24 |  |
|                                          | \$365,546.88   |  |
|                                          | 35.83%         |  |
| In-Network                               |                |  |
| Aggregate                                |                |  |
| \$3,000                                  |                |  |
| \$6,000                                  |                |  |
| 30%                                      |                |  |
|                                          |                |  |
| \$6,000                                  |                |  |
| \$12,000                                 |                |  |
|                                          |                |  |
| N/A                                      |                |  |
|                                          |                |  |
| 30% after ded                            |                |  |
| 30% after ded                            |                |  |
| 30% after ded                            |                |  |
| 30% after ded                            |                |  |
| 30% after ded                            |                |  |
| 0% after ded                             |                |  |
| 30% after ded                            |                |  |
| Covered 100%                             |                |  |
| After Deductible All Tiers               |                |  |
| \$15                                     |                |  |
| \$50                                     |                |  |
| \$80                                     |                |  |
| 20% (\$150 max)                          |                |  |
| 20% (\$300 max)                          |                |  |
| 2x copay after ded tiers 1/2/3           |                |  |

| UHC Alternate Option                        |                                     |
|---------------------------------------------|-------------------------------------|
| UHC HMO HSA \$3000 30%<br>United Healthcare |                                     |
| Option 1                                    |                                     |
|                                             | \$749.59                            |
|                                             | \$1,799.01                          |
|                                             | \$2,248.77                          |
|                                             | \$131,927.72                        |
|                                             | \$1,583,132.64                      |
|                                             | \$562,805.28                        |
|                                             | 55.16%                              |
| In-Network                                  |                                     |
| Aggregate                                   |                                     |
|                                             | \$3,000                             |
|                                             | \$6,000                             |
|                                             | 30%                                 |
|                                             |                                     |
|                                             | \$6,000                             |
|                                             | \$10,150                            |
|                                             |                                     |
|                                             | N/A                                 |
|                                             |                                     |
|                                             | 30% after ded                       |
|                                             | 30% after ded                       |
|                                             | 30% after ded                       |
|                                             | 30% after ded                       |
|                                             | 30% after ded                       |
|                                             | 0% after ded                        |
|                                             | 30% after ded                       |
|                                             | Covered 100%                        |
| After Deductible All Tiers                  |                                     |
|                                             | \$10                                |
|                                             | \$40                                |
|                                             | \$85                                |
|                                             | \$250                               |
|                                             | N/A                                 |
|                                             | 2.5x copay after ded tiers 1/2/3 32 |

# HAP Alternatives

| Rates                              |            |    |
|------------------------------------|------------|----|
|                                    | Single     | 68 |
|                                    | Double     | 20 |
|                                    | Family     | 20 |
| Estimated Monthly Premium          |            |    |
| Estimated Annual Premium           |            |    |
| Annual Dollar Change               |            |    |
| % Change from Current              |            |    |
|                                    |            |    |
| <b>Deductible</b>                  | Individual |    |
|                                    | Family     |    |
| <b>Coinsurance</b>                 |            |    |
| <b>Max Out-of-Pocket</b>           | Individual |    |
|                                    | Family     |    |
| <b>Coinsurance Max</b>             | Individual |    |
|                                    | Family     |    |
| <b>Hospitalization</b>             |            |    |
| <b>Emergency Room</b>              |            |    |
| <b>Urgent Care</b>                 |            |    |
| <b>Emergency Medical Transport</b> |            |    |
| <b>Office Visit</b>                |            |    |
| <b>Virtual Visit</b>               |            |    |
| <b>Specialist Visit</b>            |            |    |
| <b>Preventative Care</b>           |            |    |
| <b>Prescription Drug Copays</b>    | Tier 1     |    |
|                                    | Tier 2     |    |
|                                    | Tier 3     |    |
|                                    | Tier 4     |    |
|                                    | Tier 5     |    |
| <b>Mail Order</b>                  |            |    |

| Current vs Renewal                    |                                |  |
|---------------------------------------|--------------------------------|--|
| PH HMO HSA \$3000 30% Priority Health |                                |  |
| Current                               | Renewal                        |  |
| \$483.11                              | \$656.19                       |  |
| \$1,159.46                            | \$1,574.86                     |  |
| \$1,449.33                            | \$1,968.57                     |  |
| \$85,027.28                           | \$115,489.52                   |  |
| \$1,020,327.36                        | \$1,385,874.24                 |  |
|                                       | \$365,546.88                   |  |
|                                       | 35.83%                         |  |
| In-Network                            |                                |  |
|                                       | Aggregate                      |  |
|                                       | \$3,000                        |  |
|                                       | \$6,000                        |  |
|                                       | 30%                            |  |
|                                       |                                |  |
|                                       | \$6,000                        |  |
|                                       | \$12,000                       |  |
|                                       | N/A                            |  |
|                                       |                                |  |
|                                       | 30% after ded                  |  |
|                                       | 30% after ded                  |  |
|                                       | 30% after ded                  |  |
|                                       | 30% after ded                  |  |
|                                       | 30% after ded                  |  |
|                                       | 0% after ded                   |  |
|                                       | 30% after ded                  |  |
|                                       | Covered 100%                   |  |
|                                       | After Deductible All Tiers     |  |
|                                       | \$15                           |  |
|                                       | \$50                           |  |
|                                       | \$80                           |  |
|                                       | 20% (\$150 max)                |  |
|                                       | 20% (\$300 max)                |  |
|                                       | 2x copay after ded tiers 1/2/3 |  |

| HAP Alternate Option                        |                                  |
|---------------------------------------------|----------------------------------|
| HAP EPO HSA \$3000 20% Health Alliance Plan |                                  |
| Option 1                                    |                                  |
|                                             | \$689.86                         |
|                                             | \$1,655.67                       |
|                                             | \$2,069.59                       |
|                                             | \$121,415.68                     |
|                                             | \$1,456,988.16                   |
|                                             | \$436,660.80                     |
|                                             | 42.80%                           |
| In-Network                                  |                                  |
| Aggregate                                   |                                  |
|                                             | \$3,000                          |
|                                             | \$6,000                          |
|                                             | 20%                              |
|                                             |                                  |
|                                             | \$6,900                          |
|                                             | \$13,800                         |
|                                             | N/A                              |
|                                             |                                  |
|                                             | 20% after ded                    |
|                                             | 20% after ded                    |
|                                             | 20% after ded                    |
|                                             | 20% after ded                    |
|                                             | 20% after ded                    |
|                                             | 0% after ded                     |
|                                             | 20% after ded                    |
|                                             | Covered 100%                     |
| After Deductible All Tiers                  |                                  |
|                                             | \$10/\$30                        |
|                                             | \$60                             |
|                                             | \$80                             |
|                                             | 20% (\$200 max)                  |
|                                             | 20% (\$300 max)                  |
|                                             | 2x copay after ded tiers 1/2/3/4 |