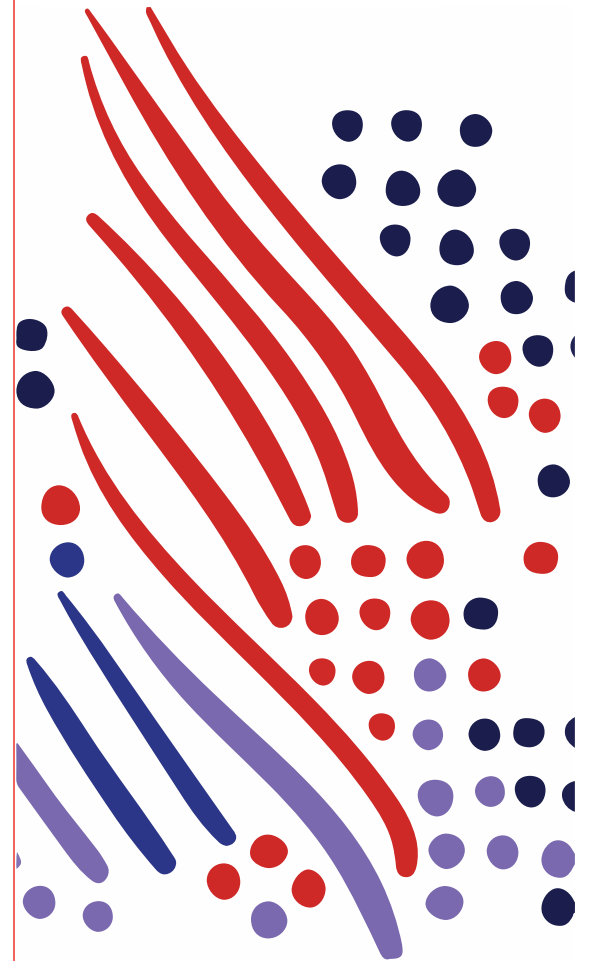


ADP Benefit Options Proposed Solution(s)


Plan Year: 06/01/2021 - 05/31/2022
Return Date: 03/05/2021

Prepared for: Three Pillars Anew
Parent ID: 4V0
Paygroup(s): 4V0




Always Designing
for People™

Solution Summary

Current			Renewal		
Total		\$2,545,824.24	Total	\$2,543,629.68	↓ \$2,194.56
ER		\$1,861,086.60	ER	\$1,860,930.72	↓ \$155.88
		(73.10%)		(73.16%)	
EE		\$684,737.64	EE	\$682,698.96	↓ \$2,038.68
 Medical	WSE	\$2,281,532.76	↓ \$0.00	WSE	\$2,281,532.76
BCN-HMO 1000-MI	141	\$1,309,236.00	BCN-HMO 1000-MI	141	\$1,309,236.00
BCN-HMO 500-MI	74	\$662,768.88	BCN-HMO 500-MI	74	\$662,768.88
BC-PPO SB 1000-20-MI	16	\$134,202.24	BC-PPO SB 1000-20-MI	16	\$134,202.24
BC-PPO SB 500-20-MI	15	\$175,325.64	BC-PPO SB 500-20-MI	15	\$175,325.64
 Dental	WSE	\$133,910.40	↓ \$2,038.68	WSE	\$131,871.72
Guardian-Managed Care Michigan	57	\$15,776.28	Guardian-Managed Care Michigan	57	\$14,985.96
Guardian-PPO XS 1650 Area 3G	93	\$62,340.60	Guardian-PPO XS 1650 Area 3G	93	\$61,092.24
Guardian-Value 1000 Area 3G	111	\$55,793.52	Guardian-Value 1000 Area 3G	111	\$55,793.52
 Vision	WSE	\$32,247.60	↓ \$0.00	WSE	\$32,247.60
VSP- Choice Vision Plan	253	\$32,247.60	VSP- Choice Vision Plan	253	\$32,247.60
 Life	WSE	\$24,196.68	↓ \$155.88	WSE	\$24,040.80
Plans may vary by class	315	\$24,196.68	Plans may vary by class	315	\$24,040.80
 STD	WSE	\$40,824.00	↓ \$0.00	WSE	\$40,824.00
Plans may vary by class	315	\$40,824.00	Plans may vary by class	315	\$40,824.00

Solution Summary

Current			Renewal		
Total	\$2,545,824.24		Total	\$2,543,629.68	↓ \$2,194.56
ER	\$1,861,086.60		ER	\$1,860,930.72	↓ \$155.88
	(73.10%)			(73.16%)	
EE	\$684,737.64		EE	\$682,698.96	↓ \$2,038.68
 LTD	WSE	\$33,112.80	↓ \$0.00	WSE	\$33,112.80
Plans may vary by class	315	\$33,112.80	Plans may vary by class	315	\$33,112.80

Total costs include applicable fees and/or commissions.

Monthly Plan/Contribution Report

Current		Renewal	
Waiting Period	30 Days	Waiting Period	30 Days
Offering Method	Life and LTD All	Offering Method	Life and LTD All
Domestic Partner	No	Domestic Partner	No







	BCN-HMO 1000-MI			BCN-HMO 1000-MI			
	EE\$42.47 / 307.54 / 307.54 / 433.01			EE\$42.47 / 307.54 / 307.54 / 433.01			
	Total	EE	ER	Total	EE	ER	
EE	\$461.13	\$42.47	\$418.66	EE	\$461.13	\$42.47	\$418.66
ES	\$1,106.71	\$307.54	\$799.17	ES	\$1,106.71	\$307.54	\$799.17
EC	\$1,106.71	\$307.54	\$799.17	EC	\$1,106.71	\$307.54	\$799.17
EF	\$1,383.38	\$433.01	\$950.37	EF	\$1,383.38	\$433.01	\$950.37
	BCN-HMO 500-MI			BCN-HMO 500-MI			
	EE\$73.21 / 381.33 / 381.33 / 525.27			EE\$73.21 / 381.33 / 381.33 / 525.27			
	Total	EE	ER	Total	EE	ER	
EE	\$477.77	\$73.21	\$404.56	EE	\$477.77	\$73.21	\$404.56
ES	\$1,146.67	\$381.33	\$765.34	ES	\$1,146.67	\$381.33	\$765.34
EC	\$1,146.67	\$381.33	\$765.34	EC	\$1,146.67	\$381.33	\$765.34
EF	\$1,433.33	\$525.27	\$908.06	EF	\$1,433.33	\$525.27	\$908.06
	BC-PPO SB 1000-20-MI			BC-PPO SB 1000-20-MI			
	EE\$301.62 / 922.03 / 922.03 / 1,196.26			EE\$301.62 / 922.03 / 922.03 / 1,196.26			
	Total	EE	ER	Total	EE	ER	
EE	\$698.97	\$301.62	\$397.35	EE	\$698.97	\$301.62	\$397.35
ES	\$1,677.53	\$922.03	\$755.50	ES	\$1,677.53	\$922.03	\$755.50
EC	\$1,677.53	\$922.03	\$755.50	EC	\$1,677.53	\$922.03	\$755.50
EF	\$2,096.92	\$1,196.26	\$900.66	EF	\$2,096.92	\$1,196.26	\$900.66


Total costs include applicable fees and/or commissions.




Monthly Plan/Contribution Report


Current		Renewal	
Waiting Period	30 Days	Waiting Period	30 Days
Offering Method	Life and LTD All	Offering Method	Life and LTD All
Domestic Partner	No	Domestic Partner	No

 Medical

BC-PPO SB 500-20-MI					BC-PPO SB 500-20-MI				
EE\$354.19 / 1,048.17 / 1,048.17 / 1,353.93					EE\$354.19 / 1,048.17 / 1,048.17 / 1,353.93				
		Total	EE	ER			Total	EE	ER
 EE		\$737.90	\$354.19	\$383.71	EE		\$737.90	\$354.19	\$383.71
 ES		\$1,770.98	\$1,048.17	\$722.81	ES		\$1,770.98	\$1,048.17	\$722.81
 EC		\$1,770.98	\$1,048.17	\$722.81	EC		\$1,770.98	\$1,048.17	\$722.81
 EF		\$2,213.71	\$1,353.93	\$859.78	EF		\$2,213.71	\$1,353.93	\$859.78

 Dental


Guardian-Managed Care Michigan					Guardian-Managed Care Michigan				
ER\$13.06 / 18.25 / 20.40 / 25.86					ER\$13.06 / 18.25 / 20.40 / 25.86				
		Total	EE	ER			Total	EE	ER
 EE		\$14.72	\$1.66	\$13.06	EE		\$13.98	\$0.92	\$13.06
 ES		\$28.98	\$10.73	\$18.25	ES		\$27.53	\$9.28	\$18.25
 EC		\$31.13	\$10.73	\$20.40	EC		\$29.57	\$9.17	\$20.40
 EF		\$45.30	\$19.44	\$25.86	EF		\$43.04	\$17.18	\$25.86

Guardian-PPO XS 1650 Area 3G					Guardian-PPO XS 1650 Area 3G				
ER\$21.05 / 27.31 / 29.63 / 39.37					ER\$21.05 / 27.31 / 29.63 / 39.37				
		Total	EE	ER			Total	EE	ER
 EE		\$37.45	\$16.40	\$21.05	EE		\$36.70	\$15.65	\$21.05
 ES		\$74.92	\$47.61	\$27.31	ES		\$73.42	\$46.11	\$27.31
 EC		\$77.88	\$48.25	\$29.63	EC		\$76.32	\$46.69	\$29.63
 EF		\$118.88	\$79.51	\$39.37	EF		\$116.50	\$77.13	\$39.37

Total costs include applicable fees and/or commissions.





Monthly Plan/Contribution Report

Current		Renewal	
Waiting Period	30 Days	Waiting Period	30 Days
Offering Method	Life and LTD All	Offering Method	Life and LTD All
Domestic Partner	No	Domestic Partner	No





 Dental

Guardian-Value 1000 Area 3G				Guardian-Value 1000 Area 3G			
ER\$21.05 / 27.31 / 29.63 / 39.37				ER\$21.05 / 27.31 / 29.63 / 39.37			
	Total	EE	ER		Total	EE	ER
 EE	\$24.37	\$3.32	\$21.05	EE	\$24.37	\$3.32	\$21.05
 ES	\$48.76	\$21.45	\$27.31	ES	\$48.76	\$21.45	\$27.31
 EC	\$51.08	\$21.45	\$29.63	EC	\$51.08	\$21.45	\$29.63
 EF	\$78.24	\$38.87	\$39.37	EF	\$78.24	\$38.87	\$39.37

 Vision

VSP- Choice Vision Plan				VSP- Choice Vision Plan			
EE\$0.50 / 2.69 / 2.69 / 5.14				EE\$0.50 / 2.69 / 2.69 / 5.14			
	Total	EE	ER		Total	EE	ER
 EE	\$6.46	\$0.50	\$5.96	EE	\$6.46	\$0.50	\$5.96
 ES	\$12.93	\$2.69	\$10.24	ES	\$12.93	\$2.69	\$10.24
 EC	\$13.84	\$2.69	\$11.15	EC	\$13.84	\$2.69	\$11.15
 EF	\$22.12	\$5.14	\$16.98	EF	\$22.12	\$5.14	\$16.98





 Life

Basic 1X ABE				Basic 1X ABE			
ER%100.00				ER%100.00			
	Total	EE	ER		Total	EE	ER
 EE	\$0.12	\$0.00	\$0.12	EE	\$0.12	\$0.00	\$0.12
 ES	\$0.00	\$0.00	\$0.00	ES	\$0.00	\$0.00	\$0.00
 EC	\$0.00	\$0.00	\$0.00	EC	\$0.00	\$0.00	\$0.00
 EF	\$0.00	\$0.00	\$0.00	EF	\$0.00	\$0.00	\$0.00


Monthly Plan/Contribution Report

Current		Renewal	
Waiting Period	30 Days	Waiting Period	30 Days
Offering Method	Life and LTD All	Offering Method	Life and LTD All
Domestic Partner	No	Domestic Partner	No

 STD

STD1 60% \$1,000/wk (0/7-13)				STD1 60% \$1,000/wk (0/7-13)					
		ER%100.00				ER%100.00			
		Total	EE	ER			Total	EE	ER
 EE		\$10.80	\$0.00	\$10.80	EE	\$10.80	\$0.00	\$10.80	
 ES		\$0.00	\$0.00	\$0.00	ES	\$0.00	\$0.00	\$0.00	
 EC		\$0.00	\$0.00	\$0.00	EC	\$0.00	\$0.00	\$0.00	
 EF		\$0.00	\$0.00	\$0.00	EF	\$0.00	\$0.00	\$0.00	

 LTD


LTD1 60% \$5,000/mo-90				LTD1 60% \$5,000/mo-90					
		ER%100.00				ER%100.00			
		Total	EE	ER			Total	EE	ER
 EE		\$8.76	\$0.00	\$8.76	EE	\$8.76	\$0.00	\$8.76	
 ES		\$0.00	\$0.00	\$0.00	ES	\$0.00	\$0.00	\$0.00	
 EC		\$0.00	\$0.00	\$0.00	EC	\$0.00	\$0.00	\$0.00	
 EF		\$0.00	\$0.00	\$0.00	EF	\$0.00	\$0.00	\$0.00	

END OF CLASS: A - All FT Employees


Total costs include applicable fees and/or commissions.

Monthly Plan/Contribution Report

Current		Renewal	
Waiting Period	30 Days	Waiting Period	30 Days
Offering Method	Life and LTD Med	Offering Method	Life and LTD Med
Domestic Partner	No	Domestic Partner	No

 Medical

BC-PPO SB 1000-20-MI				BC-PPO SB 1000-20-MI			
ER\$397.35 / 755.50 / 755.50 / 900.66				ER\$397.35 / 755.50 / 755.50 / 900.66			
	Total	EE	ER		Total	EE	ER
 EE	\$698.97	\$301.62	\$397.35	EE	\$698.97	\$301.62	\$397.35
 ES	\$1,677.53	\$922.03	\$755.50	ES	\$1,677.53	\$922.03	\$755.50
 EC	\$1,677.53	\$922.03	\$755.50	EC	\$1,677.53	\$922.03	\$755.50
 EF	\$2,096.92	\$1,196.26	\$900.66	EF	\$2,096.92	\$1,196.26	\$900.66
BC-PPO SB 500-20-MI				BC-PPO SB 500-20-MI			
ER\$383.71 / 722.81 / 722.81 / 859.78				ER\$383.71 / 722.81 / 722.81 / 859.78			
	Total	EE	ER		Total	EE	ER
 EE	\$737.90	\$354.19	\$383.71	EE	\$737.90	\$354.19	\$383.71
 ES	\$1,770.98	\$1,048.17	\$722.81	ES	\$1,770.98	\$1,048.17	\$722.81
 EC	\$1,770.98	\$1,048.17	\$722.81	EC	\$1,770.98	\$1,048.17	\$722.81
 EF	\$2,213.71	\$1,353.93	\$859.78	EF	\$2,213.71	\$1,353.93	\$859.78


 Dental

Guardian-PPO XS 1650 Area 3G				Guardian-PPO XS 1650 Area 3G			
ER\$21.05 / 27.31 / 29.63 / 39.37				ER\$21.05 / 27.31 / 29.63 / 39.37			
	Total	EE	ER		Total	EE	ER
 EE	\$37.45	\$16.40	\$21.05	EE	\$36.70	\$15.65	\$21.05
 ES	\$74.92	\$47.61	\$27.31	ES	\$73.42	\$46.11	\$27.31
 EC	\$77.88	\$48.25	\$29.63	EC	\$76.32	\$46.69	\$29.63
 EF	\$118.88	\$79.51	\$39.37	EF	\$116.50	\$77.13	\$39.37

Total costs include applicable fees and/or commissions.





Monthly Plan/Contribution Report

Current		Renewal	
Waiting Period	30 Days	Waiting Period	30 Days
Offering Method	Life and LTD Med	Offering Method	Life and LTD Med
Domestic Partner	No	Domestic Partner	No





 Dental

Guardian-Value 1000 Area 3G				Guardian-Value 1000 Area 3G			
ER\$21.05 / 27.31 / 29.63 / 39.37				ER\$21.05 / 27.31 / 29.63 / 39.37			
	Total	EE	ER		Total	EE	ER
 EE	\$24.37	\$3.32	\$21.05	EE	\$24.37	\$3.32	\$21.05
 ES	\$48.76	\$21.45	\$27.31	ES	\$48.76	\$21.45	\$27.31
 EC	\$51.08	\$21.45	\$29.63	EC	\$51.08	\$21.45	\$29.63
 EF	\$78.24	\$38.87	\$39.37	EF	\$78.24	\$38.87	\$39.37

 Vision

VSP- Choice Vision Plan				VSP- Choice Vision Plan			
ER\$5.96 / 10.24 / 11.15 / 16.98				ER\$5.96 / 10.24 / 11.15 / 16.98			
	Total	EE	ER		Total	EE	ER
 EE	\$6.46	\$0.50	\$5.96	EE	\$6.46	\$0.50	\$5.96
 ES	\$12.93	\$2.69	\$10.24	ES	\$12.93	\$2.69	\$10.24
 EC	\$13.84	\$2.69	\$11.15	EC	\$13.84	\$2.69	\$11.15
 EF	\$22.12	\$5.14	\$16.98	EF	\$22.12	\$5.14	\$16.98





 Life

Basic 1X ABE				Basic 1X ABE			
ER%100.00				ER%100.00			
	Total	EE	ER		Total	EE	ER
 EE	\$0.12	\$0.00	\$0.12	EE	\$0.12	\$0.00	\$0.12
 ES	\$0.00	\$0.00	\$0.00	ES	\$0.00	\$0.00	\$0.00
 EC	\$0.00	\$0.00	\$0.00	EC	\$0.00	\$0.00	\$0.00
 EF	\$0.00	\$0.00	\$0.00	EF	\$0.00	\$0.00	\$0.00





Monthly Plan/Contribution Report

Current		Renewal	
Waiting Period	30 Days	Waiting Period	30 Days
Offering Method	Life and LTD Med	Offering Method	Life and LTD Med
Domestic Partner	No	Domestic Partner	No

 STD

STD1 60% \$1,000/wk (0/7-13)				STD1 60% \$1,000/wk (0/7-13)					
		ER%100.00				ER%100.00			
		Total	EE	ER			Total	EE	ER
 EE		\$10.80	\$0.00	\$10.80	EE	\$10.80	\$0.00	\$10.80	
 ES		\$0.00	\$0.00	\$0.00	ES	\$0.00	\$0.00	\$0.00	
 EC		\$0.00	\$0.00	\$0.00	EC	\$0.00	\$0.00	\$0.00	
 EF		\$0.00	\$0.00	\$0.00	EF	\$0.00	\$0.00	\$0.00	

 LTD

LTD1 60% \$5,000/mo-90				LTD1 60% \$5,000/mo-90					
		ER%100.00				ER%100.00			
		Total	EE	ER			Total	EE	ER
 EE		\$8.76	\$0.00	\$8.76	EE	\$8.76	\$0.00	\$8.76	
 ES		\$0.00	\$0.00	\$0.00	ES	\$0.00	\$0.00	\$0.00	
 EC		\$0.00	\$0.00	\$0.00	EC	\$0.00	\$0.00	\$0.00	
 EF		\$0.00	\$0.00	\$0.00	EF	\$0.00	\$0.00	\$0.00	

END OF CLASS: B - All FT Employees not MI

Total costs include applicable fees and/or commissions.

Eligible Employees Not Enrolled



Spousal Waiver





Cannot calculate affordability



Does not meet affordability criteria

	Renewal		
Paygroup / Class 4V0 / A (77 WSE)	BCN-HMO 1000-MI		
Aferi, Mallory			
Ameziane, Malik			
Andrews, Anthony			
Armstrong, Ali			
Banks, Latacha			
Beckley, Jeanette			
Bergonzi, Edward			
Brewer, Verlina			
Bridgewater, Lorissa			
Brown, Natasha			
Brown, Tanga			
Burgor, Stephen			
Buxton, Willie Mae			
Covington, Craig			
Davis, Karen			




Eligible Employees Not Enrolled

 Spousal Waiver
  Cannot calculate affordability
  Does not meet affordability criteria

	Renewal		
 DeLuca, Margaret			
Dillon, Cindy			
 Durrant, Heather			
Edwards, Jessica			
 Elder, Marissa			
Frakes, Natalie			
Gordon, Gwun			
Gordon, Tarra			
Gordon, Terrence			
Graham, Devon			
Graham, Nicholas			
 Hall, Akilah			
 Harrell Allen, Tanya			
Henderson, Jasmine			
 Herrington, Ebony			

Total costs include applicable fees and/or commissions.


Eligible Employees Not Enrolled

 Spousal Waiver
  Cannot calculate affordability
  Does not meet affordability criteria

	Renewal		
Hill, Diana			
Hoffman, Tracy			
Humphrey, Scott			
 Johnson, Loleta			
 Jones, Shelly			
Keydel, Amber			
Lee, Paul			
Lindgren, Helen			
Malone, Christal			
Mccullough, Renee			
Misuraca, Barbara			
Moore, Betty			
Moore, Janell			
 Nagrich, Chad			
 Olson, Richard			

Total costs include applicable fees and/or commissions.




Eligible Employees Not Enrolled

 Spousal Waiver
  Cannot calculate affordability
  Does not meet affordability criteria

	Renewal		
 Oswald, Jennifer			
Owens, Joseph			
Parent, Daniel			
Pelt, Stephanie			
Percy, Diane			
Perkins, Kelsey			
Perkins, Monique			
 Plond, Kathleen			
 Rashid, Maleka			
Redd, Odette			
Redrick, Darrel			
 Riley, Michelle			
 Ronning, Jennifer			
Scott, Marcy			
Shepard, William			

Total costs include applicable fees and/or commissions.

Eligible Employees Not Enrolled

 Spousal Waiver
  Cannot calculate affordability
  Does not meet affordability criteria

	Renewal		
Short, Tianne			
 Smith, Frances			
Solberg Grant, Kristen			
Stubbs, Metecia			
 Taipala, Lindsay			
 Thompson, Ellyshia			
Tobkin, Theresa			
Todd, Lori			
 Walker, Celestine			
 White, Brent			
White, Cheryl			
Whitfield, Stephanie			
Whitfield, Yolonda			
 Williams, Freddie			
 Young, Miranda			

Total costs include applicable fees and/or commissions.

Eligible Employees Not Enrolled

 Spousal Waiver
  Cannot calculate affordability
  Does not meet affordability criteria


		Renewal			
Zaman, Khamruz		Ⓢ			
Zawodny, Rachel		Ⓢ			
	Total	EE	ER		
	Per WSE Monthly	\$461.13	\$42.47	\$418.66	
	Per WSE Annual	\$5,533.56	\$509.64	\$5,023.92	
	Class Monthly Total	\$35,507.01	\$3,270.19	\$32,236.82	
	Class Annual Total	\$426,084.12	\$39,242.28	\$386,841.84	
Grand Total	Monthly	\$35,507.01	\$3,270.19	\$32,236.82	
	Annually	\$426,084.12	\$39,242.28	\$386,841.84	

Disclaimer: This report is for planning purposes only, and the medical costs reflected here-on are not currently included in your organization's cost renewal calculation effective 06/01/2021. This report is an estimate of the potential financial impact created to overall Employer costs as a result of eligible employees, not currently enrolled, electing coverage at the Employee tier of the lowest cost medical plan provided within the class enrolled. This is a representation only and actual costs will vary with participation as well as plan and tier coverage selected.





Total costs include applicable fees and/or commissions.

Plan Detail Report

Current	Renewal
BCN-HMO 1000-MI	BCN-HMO 1000-MI
Total \$1,309,236.00	Total \$1,309,236.00 ↓ \$0.00
ER \$1,015,755.72	ER \$1,015,755.72 ↓ \$0.00
EE \$293,480.28	EE \$293,480.28 ↓ \$0.00

 **Medical** *All summary information shown for Medical plans is based on Employee Responsibility*


CalYr Deductible (Ind/Fam)	\$1,000/\$2,000	\$1,000/\$2,000
Carrier Coinsurance	80%	80%
Member Coinsurance	20%	20%
CalYr OOP Max (Incl Ded) (Ind/Fam)	\$6,600/\$13,200	\$6,600/\$13,200
Primary Office Visit	\$20 Copay	\$20 Copay
Virtual Visit	\$20 Copay	\$20 Copay
Specialist Office Visit/Referral	\$40 Copay/Yes	\$40 Copay/Yes
Inpatient/Outpatient	Ded then 20%/Ded then 20%	Ded then 20%
Emergency Room (In-Area)	Ded then \$250	Ded then \$250
Prescription (Rx)	1A \$4/1B \$15/\$40 Copay/\$80 Copay/20% Coins	1A \$4\1B \$15/\$40 Copay/\$80 Copay/20% Coins
Diagnostic X-Ray, Scans & Lab	L\$0;X20%ad;l\$150	L\$0X20%adl\$150ad

	Count	Monthly Cost	Count	Monthly Cost
 EE	86	\$461.13	86	\$461.13
 ES	10	\$1,106.71	10	\$1,106.71
 EC	14	\$1,106.71	14	\$1,106.71
 EF	31	\$1,383.38	31	\$1,383.38
Total	141		141	





Total costs include applicable fees and/or commissions.

Plan Detail Report

Current		Renewal	
BCN-HMO 500-MI		BCN-HMO 500-MI	
Total	\$662,768.88	Total	\$662,768.88 ↓ \$0.00
ER	\$486,322.32	ER	\$486,322.32 ↓ \$0.00
EE	\$176,446.56	EE	\$176,446.56 ↓ \$0.00

 **Medical** *All summary information shown for Medical plans is based on Employee Responsibility*


CalYr Deductible (Ind/Fam)	\$500/\$1,000	\$500/\$1,000
Carrier Coinsurance	80%	80%
Member Coinsurance	20%	20%
CalYr OOP Max (Incl Ded) (Ind/Fam)	\$6,350/\$12,700	\$6,350/\$12,700
Primary Office Visit	\$20 Copay	\$20 Copay
Virtual Visit	\$20 Copay	\$20 Copay
Specialist Office Visit/Referral	\$40 Copay/Yes	\$40 Copay/Yes
Inpatient/Outpatient	Ded then 20%/Ded then 20%	Ded then 20%
Emergency Room (In-Area)	Ded then \$250	Ded then \$250
Prescription (Rx)	1A \$4/1B \$15/\$40 Copay/\$80 Copay/20% Coins	1A \$4\1B \$15/\$40 Copay/\$80 Copay/20% Coins
Diagnostic X-Ray, Scans & Lab	L\$0;X20%ad;l\$150	L\$0X20%adl\$150ad

	Count	Monthly Cost	Count	Monthly Cost
 EE	49	\$477.77	49	\$477.77
 ES	6	\$1,146.67	6	\$1,146.67
 EC	8	\$1,146.67	8	\$1,146.67
 EF	11	\$1,433.33	11	\$1,433.33
Total	74		74	





Total costs include applicable fees and/or commissions.

Plan Detail Report

Current		Renewal	
BC-PPO SB 1000-20-MI		BC-PPO SB 1000-20-MI	
Total	\$134,202.24	Total	\$134,202.24 ↓ \$0.00
ER	\$76,291.20	ER	\$76,291.20 ↓ \$0.00
EE	\$57,911.04	EE	\$57,911.04 ↓ \$0.00

 **Medical** *All summary information shown for Medical plans is based on Employee Responsibility*


CalYr Deductible (Ind/Fam)	\$1,000/\$2,000	\$1,000/\$2,000
Carrier Coinsurance	80%	80%
Member Coinsurance	20%	20%
CalYr OOP Max (Incl Ded) (Ind/Fam)	\$6,350/\$12,700	\$6,350/\$12,700
Primary Office Visit	\$30 Copay	\$30 Copay
Virtual Visit	\$30 Copay	\$30 Copay
Specialist Office Visit/Referral	\$50 Copay/No	\$50 Copay/No
Inpatient/Outpatient	Ded then 20%/Ded then 20%	Ded then 20%
Emergency Room (In-Area)	\$250 Copay	\$250 Copay
Prescription (Rx)	\$10 Copay/\$40 Copay/\$80 Copay/Not applicable	\$10 Copay/\$40 Copay/\$80 Copay/Not Applicable
Diagnostic X-Ray, Scans & Lab	Ded then 20%	Ded then 20%

	Count	Monthly Cost	Count	Monthly Cost
 EE	16	\$698.97	16	\$698.97
 ES	0	\$1,677.53	0	\$1,677.53
 EC	0	\$1,677.53	0	\$1,677.53
 EF	0	\$2,096.92	0	\$2,096.92
Total	16		16	





Total costs include applicable fees and/or commissions.

Plan Detail Report

Current		Renewal	
BC-PPO SB 500-20-MI		BC-PPO SB 500-20-MI	
Total	\$175,325.64	Total	\$175,325.64 ↓ \$0.00
ER	\$82,919.04	ER	\$82,919.04 ↓ \$0.00
EE	\$92,406.60	EE	\$92,406.60 ↓ \$0.00





 **Medical** *All summary information shown for Medical plans is based on Employee Responsibility*

CalYr Deductible (Ind/Fam)	\$500/\$1,000	\$500/\$1,000
Carrier Coinsurance	80%	80%
Member Coinsurance	20%	20%
CalYr OOP Max (Incl Ded) (Ind/Fam)	\$6,350/\$12,700	\$6,350/\$12,700
Primary Office Visit	\$20 Copay	\$20 Copay
Virtual Visit	\$20 Copay	\$20 Copay
Specialist Office Visit/Referral	\$40 Copay/No	\$40 Copay/No
Inpatient/Outpatient	Ded then 20%/Ded then 20%	Ded then 20%
Emergency Room (In-Area)	\$250 Copay	\$250 Copay
Prescription (Rx)	\$10 Copay/\$40 Copay/\$80 Copay/Not applicable	\$10 Copay/\$40 Copay/\$80 Copay/Not Applicable
Diagnostic X-Ray, Scans & Lab	Ded then 20%	Ded then 20%

	Count	Monthly Cost	Count	Monthly Cost
 EE	12	\$737.90	12	\$737.90
 ES	2	\$1,770.98	2	\$1,770.98
 EC	0	\$1,770.98	0	\$1,770.98
 EF	1	\$2,213.71	1	\$2,213.71
Total	15		15	

Plan Detail Report





Current		Renewal	
Guardian-Managed Care Michigan		Guardian-Managed Care Michigan	
Total	\$15,776.28	Total	\$14,985.96 ↓ \$790.32
ER	\$11,305.68	ER	\$11,305.68 ↓ \$0.00
EE	\$4,470.60	EE	\$3,680.28 ↓ \$790.32

Dental					
CalYr Benefit Maximum	None		None		
CalYr Deductible (Ind/Fam)	None/None		None		
Preventive & Diagnostic Services	Patient Schedule		Patient Schedule		
Basic/Restorative Services	Patient Schedule		Patient Schedule		
Major Services	Patient Schedule		Patient Schedule		
Orthodontic Lifetime Maximum	Patient Schedule		Patient Schedule		
Orthodontic Deductible	Patient Schedule		Patient Schedule		
Orthodontic Coinsurance	Patient Schedule		Patient Schedule		
		Count	Monthly Cost	Count	Monthly Cost
 EE		35	\$14.72	35	\$13.98
 ES		6	\$28.98	6	\$27.53
 EC		7	\$31.13	7	\$29.57
 EF		9	\$45.30	9	\$43.04
Total		57		57	

Total costs include applicable fees and/or commissions.

Plan Detail Report





Current	Renewal
Guardian-PPO XS 1650 Area 3G	Guardian-PPO XS 1650 Area 3G
Total \$62,340.60	Total \$61,092.24 ↓ \$1,248.36
ER \$27,765.96	ER \$27,765.96 ↓ \$0.00
EE \$34,574.64	EE \$33,326.28 ↓ \$1,248.36

Dental					
CalYr Benefit Maximum	\$1,650		\$1,650		
CalYr Deductible (Ind/Fam)	None/None		None		
Preventive & Diagnostic Services	100%		100%		
Basic/Restorative Services	90%		90%		
Major Services	60%		60%		
Orthodontic Lifetime Maximum	\$1,200 < age 19		\$1,200 < age 19		
Orthodontic Deductible	None		None		
Orthodontic Coinsurance	50%		50%		
	Count	Monthly Cost	Count	Monthly Cost	
 EE	61	\$37.45	61	\$36.70	
 ES	11	\$74.92	11	\$73.42	
 EC	10	\$77.88	10	\$76.32	
 EF	11	\$118.88	11	\$116.50	
Total	93		93		

Total costs include applicable fees and/or commissions.

Plan Detail Report


Current		Renewal	
Guardian-Value 1000 Area 3G		Guardian-Value 1000 Area 3G	
Total	\$55,793.52	Total	\$55,793.52 ↓ \$0.00
ER	\$35,693.88	ER	\$35,693.88 ↓ \$0.00
EE	\$20,099.64	EE	\$20,099.64 ↓ \$0.00

Dental					
CalYr Benefit Maximum	\$1,000		\$1,000		
CalYr Deductible (Ind/Fam)	\$50/\$150		\$50/\$150		
Preventive & Diagnostic Services	100%		100%		
Basic/Restorative Services	80% after ded		80% after ded		
Major Services	50% after ded		50% after ded		
Orthodontic Lifetime Maximum	\$1,000 < age 19		\$1,000 < age 19		
Orthodontic Deductible	None		None		
Orthodontic Coinsurance	50%		50%		
	Count	Monthly Cost	Count	Monthly Cost	
 EE	62	\$24.37	62	\$24.37	
 ES	7	\$48.76	7	\$48.76	
 EC	18	\$51.08	18	\$51.08	
 EF	24	\$78.24	24	\$78.24	
Total	111		111		





Total costs include applicable fees and/or commissions.

Plan Detail Report

Current		Renewal	
VSP- Choice Vision Plan		VSP- Choice Vision Plan	
Total	\$32,247.60	Total	\$32,247.60 ↓ \$0.00
ER	\$26,899.32	ER	\$26,899.32 ↓ \$0.00
EE	\$5,348.28	EE	\$5,348.28 ↓ \$0.00

 Vision

Vision Exam	\$10	\$10
Glasses Exam	\$15	\$15
Lenses Single/Bifocal	100%/100%	100%
Frames Allowance	\$180	\$180
Contacts Allowance (Instead of Glasses)	\$150	\$150
Lasik Allowance	\$150	\$150
When do Benefits Reset?	June 1	June 1

	Count	Monthly Cost	Count	Monthly Cost
 EE	152	\$6.46	152	\$6.46
 ES	26	\$12.93	26	\$12.93
 EC	35	\$13.84	35	\$13.84
 EF	40	\$22.12	40	\$22.12
Total	253		253	

Total costs include applicable fees and/or commissions.