



An Associated Mutual Proposal for

Tawas Area Schools





Tawas Area Schools

Proposal Tracking #: A0275-1

Financial Information

| Contact Information | | | |
|---------------------|---------------|--------|-------------------|
| Sales Executive: | Kim Nicholson | Email: | klvon1960@aol.com |
| Telephone Numt: | 877-560-7332 | Fax: | 855-560-7332 |

| Assumptions | | | |
|-----------------|-------------|-----------------|----------|
| Contract State: | MI | Lives: | 96 |
| Participation: | 75% minimum | Sic Code: | 8211 |
| Contributions: | TBD | Commissions: | 2% |
| | | Effective Date: | 7/1/2013 |
| | | Renewal Date: | 7/1/2014 |

| Proposed Rates | | | |
|----------------|-------------|-------------------|--------------------------|
| Plan Options | Subscribers | Monthly Rate PEPM | Monthly Total Amount Due |
| Product | | | |
| EE | 20 | \$482.94 | \$9,659 |
| EE + 1 | 22 | \$1,135.46 | \$24,980 |
| Family | 54 | \$1,414.87 | \$76,403 |
| Total | 96 | \$1,156.69 | \$111,042 |

| | |
|-------------------------|----------------|
| Total Annual Amount Due | \$1,332,503.18 |
|-------------------------|----------------|

Proposed Plan Designs

| Plan Features | Product | |
|---------------------------|---------------|-----------|
| | In | Out |
| Coinsurance | 95/5 | 60/40 |
| Deductible Individual | 0 | 5000 |
| Deductible Family | 0 | 10000 |
| Coinsurance \$ Max Indiv. | 750 | 5000 |
| Coinsurance \$ Max Family | 1500 | 10000 |
| Office Visit Copay | 0.95 | 60% |
| Specialist Copay | 0.95 | 60% |
| Emergency Room | 0.95 | 0.95 |
| Rx Drug Copay | 7 / 35 / 70 | 25% |
| MOD Copay | 14 / 70 / 140 | 25% |
| Lifetime Maximum | Unlimited | Unlimited |

• Maximum Out-of-pocket: Calculated by adding the deductible to the coinsurance \$ max (e.g., Maximum Out-of-pocket Individual = Deductible Individual + Coinsurance \$ Max Individual OR Maximum Out-of-pocket Family = Deductible Family + Coinsurance \$ Max Family). Excludes HSA and HRA plans.



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| Assumptions | | | |
|-----------------|-------------|-----------------|----------|
| Contract State: | MI | Lives: | 96 |
| Participation: | 75% minimum | Sic Code: | 8211 |
| Contributions: | TBD | Commissions: | 2% |
| | | Effective Date: | 7/1/2013 |
| | | Renewal Date: | 7/1/2014 |

| Proposed Rates | | | |
|----------------|-------------|-------------------|--------------------------|
| Plan Options | Subscribers | Monthly Rate PEPM | Monthly Total Amount Due |
| Product | | | |
| EE | 20 | \$476.75 | \$9,535 |
| EE + 1 | 22 | \$1,120.60 | \$24,653 |
| Family | 54 | \$1,396.28 | \$75,399 |
| Total | 96 | \$1,141.53 | \$109,587 |

| | |
|-------------------------|----------------|
| Total Annual Amount Due | \$1,315,048.10 |
|-------------------------|----------------|

Proposed Plan Designs

| Plan Features | Product | |
|---------------------------|---------------|-----------|
| | In | Out |
| Coinsurance | 92/8 | 60/40 |
| Deductible Individual | 0 | 5000 |
| Deductible Family | 0 | 10000 |
| Coinsurance \$ Max Indiv. | 1200 | 5000 |
| Coinsurance \$ Max Family | 2400 | 10000 |
| Office Visit Copay | 92% | 60% |
| Specialist Copay | 92% | 60% |
| Emergency Room | 92% | 92% |
| Rx Drug Copay | 7 / 35 / 70 | 25% |
| MOD Copay | 14 / 70 / 140 | 25% |
| Lifetime Maximum | Unlimited | Unlimited |

• Maximum Out-of-pocket: Calculated by adding the deductible to the coinsurance \$ max (e.g., Maximum Out-of-pocket Individual = Deductible Individual + Coinsurance \$ Max Individual OR Maximum Out-of-pocket Family = Deductible Family + Coinsurance \$ Max Family). Excludes HSA and HRA plans.



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| Assumptions | | | |
|-----------------|-------------|-----------------|----------|
| Contract State: | MI | Lives: | 96 |
| Participation: | 75% minimum | Sic Code: | 8211 |
| Contributions: | TBD | Commissions: | 2% |
| | | Effective Date: | 7/1/2013 |
| | | Renewal Date: | 7/1/2014 |

| Proposed Rates | | | |
|----------------|-------------|-------------------|--------------------------|
| Plan Options | Subscribers | Monthly Rate PEPM | Monthly Total Amount Due |
| Product | | | |
| EE | 20 | \$473.31 | \$9,466 |
| EE + 1 | 22 | \$1,112.35 | \$24,472 |
| Family | 54 | \$1,385.97 | \$74,842 |
| Total | 96 | \$1,133.13 | \$108,780 |

| | |
|-------------------------|----------------|
| Total Annual Amount Due | \$1,305,363.86 |
|-------------------------|----------------|

Proposed Plan Designs

| Plan Features | Product | |
|---------------------------|---------------|-----------|
| | In | Out |
| Coinsurance | 90/10 | 60/40 |
| Deductible Individual | 0 | 5000 |
| Deductible Family | 0 | 10000 |
| Coinsurance \$ Max Indiv. | 1500 | 5000 |
| Coinsurance \$ Max Family | 3000 | 10000 |
| Office Visit Copay | 90% | 60% |
| Specialist Copay | 90% | 60% |
| Emergency Room | 90% | 90% |
| Rx Drug Copay | 7 / 35 / 70 | 25% |
| MOD Copay | 14 / 70 / 140 | 25% |
| Lifetime Maximum | Unlimited | Unlimited |

* Maximum Out-of-pocket: Calculated by adding the deductible to the coinsurance \$ max (e.g., Maximum Out-of-pocket Individual = Deductible Individual + Coinsurance \$ Max Individual OR Maximum Out-of-pocket Family = Deductible Family + Coinsurance \$ Max Family). Excludes HSA and HRA plans.



Financial Information

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| Sales Executive: | Kim Nicholson | Email: | klvon1960@aol.com |
| Telephone Num: | 877-560-7332 | Fax: | 855-560-7332 |

| Assumptions | | | |
|-----------------|-------------|-----------------|----------|
| Contract State: | MI | Lives: | 96 |
| Participation: | 75% minimum | Sic Code: | 8211 |
| Contributions: | TBD | Commissions: | 2% |
| | | Effective Date: | 7/1/2013 |
| | | Renewal Date: | 7/1/2014 |

| Proposed Rates | | | |
|----------------|-------------|-------------------|--------------------------|
| Plan Options | Subscribers | Monthly Rate PEPM | Monthly Total Amount Due |
| Product | | | |
| EE | 20 | \$469.32 | \$9,386 |
| EE + 1 | 22 | \$1,102.77 | \$24,261 |
| Family | 54 | \$1,374.00 | \$74,196 |
| Total | 96 | \$1,123.37 | \$107,843 |

| | |
|-------------------------|----------------|
| Total Annual Amount Due | \$1,294,117.63 |
|-------------------------|----------------|

Proposed Plan Designs

| Plan Features | Product | |
|---------------------------|---------------|-----------|
| | In | Out |
| Coinsurance | 88/12 | 60/40 |
| Deductible Individual | 0 | 5000 |
| Deductible Family | 0 | 10000 |
| Coinsurance \$ Max Indiv. | 1800 | 5000 |
| Coinsurance \$ Max Family | 3600 | 10000 |
| Office Visit Copay | 88% | 60% |
| Specialist Copay | 88% | 60% |
| Emergency Room | 88% | 88% |
| Rx Drug Copay | 7 / 35 / 70 | 25% |
| MOD Copay | 14 / 70 / 140 | 25% |
| Lifetime Maximum | Unlimited | Unlimited |

* Maximum Out-of-pocket: Calculated by adding the deductible to the coinsurance \$ max (e.g., Maximum Out-of-pocket Individual = Deductible Individual + Coinsurance \$ Max Individual OR Maximum Out-of-pocket Family = Deductible Family + Coinsurance \$ Max Family). Excludes HSA and HRA plans.



Tawas Area Schools

Proposal Tracking #: A0275-5

Financial Information

Contact Information

Sales Executive: Kim Nicholson Email: klvon1960@aol.com
 Telephone Numt: 877-560-7332 Fax: 855-560-7332

Assumptions

Contract State: MI Lives: 96 Effective Date: 7/1/2013
 Participation: 75% minimum Sic Code: 8211 Renewal Date: 7/1/2014
 Contributions: TBD Commissions: 2%

Proposed Rates

| Plan Options | Subscribers | Monthly Rate PEPM | Monthly Total Amount Due |
|--------------|-------------|-------------------|--------------------------|
| Product | | | |
| EE | 20 | \$463.33 | \$9,267 |
| EE + 1 | 22 | \$1,088.40 | \$23,945 |
| Family | 54 | \$1,356.04 | \$73,226 |
| Total | 96 | \$1,108.72 | \$106,437 |

Total Annual Amount Due

\$1,277,248.30

Proposed Plan Designs

| Plan Features | Product | |
|---------------------------|---------------|-----------|
| | In | Out |
| Coinsurance | 85/15 | 60/40 |
| Deductible Individual | 0 | 5000 |
| Deductible Family | 0 | 10000 |
| Coinsurance \$ Max Indiv. | 2250 | 5000 |
| Coinsurance \$ Max Family | 4500 | 10000 |
| Office Visit Copay | 85% | 60% |
| Specialist Copay | 85% | 60% |
| Emergency Room | 85% | 85% |
| Rx Drug Copay | 7 / 35 / 70 | 25% |
| MOD Copay | 14 / 70 / 140 | 25% |
| Lifetime Maximum | Unlimited | Unlimited |

* Maximum Out-of-pocket: Calculated by adding the deductible to the coinsurance \$ max (e.g., Maximum Out-of-pocket Individual = Deductible Individual + Coinsurance \$ Max Individual OR Maximum Out-of-pocket Family = Deductible Family + Coinsurance \$ Max Family). Excludes HSA and HRA plans.



Tawas Area Schools

Financial Information

Proposal Tracking #: A0275-6

Contact Information

Sales Executive: Kim Nicholson Email: klvon1960@aol.com
 Telephone Numt: 877-560-7332 Fax: 855-560-7332

Assumptions

Contract State: MI Lives: 96 Effective Date: 7/1/2013
 Participation: 75% minimum Sic Code: 8211 Renewal Date: 7/1/2014
 Contributions: TBD Commissions: 2%

Proposed Rates

| Plan Options | Subscribers | Monthly Rate PEPM | Monthly Total Amount Due |
|--------------|-------------|-------------------|--------------------------|
| Product | | | |
| EE | 20 | \$453.35 | \$9,067 |
| EE + 1 | 22 | \$1,064.45 | \$23,418 |
| Family | 54 | \$1,326.10 | \$71,609 |
| Total | 96 | \$1,084.32 | \$104,094 |

Total Annual Amount Due

\$1,249,132.74

Proposed Plan Designs

| Plan Features | Product | |
|---------------------------|---------------|-----------|
| | In | Out |
| Coinsurance | 80/20 | 60/40 |
| Deductible Individual | 0 | 5000 |
| Deductible Family | 0 | 10000 |
| Coinsurance \$ Max Indiv. | 3000 | 5000 |
| Coinsurance \$ Max Family | 6000 | 10000 |
| Office Visit Copay | 80% | 60% |
| Specialist Copay | 80% | 60% |
| Emergency Room | 80% | 80% |
| Rx Drug Copay | 7 / 35 / 70 | 25% |
| MOD Copay | 14 / 70 / 140 | 25% |
| Lifetime Maximum | Unlimited | Unlimited |

* Maximum Out-of-pocket: Calculated by adding the deductible to the coinsurance \$ max (e.g., Maximum Out-of-pocket Individual = Deductible Individual + Coinsurance \$ Max Individual OR Maximum Out-of-pocket Family = Deductible Family + Coinsurance \$ Max Family). Excludes HSA and HRA plans.



Tawas Area Schools

Financial Information

Proposal Tracking #: A0275

Contact Information

Sales Executive: Kim Nicholson Email: klyon1960@aol.com
 Telephone Numt: 877-560-7332 Fax: 855-560-7332

Assumptions

Contract State: MI Lives: 96 Effective Date: 7/1/2013
 Participation: 75% minimum Sic Code: 8211 Renewal Date: 7/1/2014
 Contributions: TBD Commissions: 2%

Proposed Rx Rates

| Plan Options | Option 7 | Option 8 | Option 9 | - |
|--------------|----------|----------|----------|---|
| Product | | | | |
| EE | \$78.01 | \$73.33 | \$78.08 | |
| EE + 1 | \$168.24 | \$158.14 | \$168.41 | |
| Family | \$206.66 | \$194.26 | \$206.87 | |

Proposed Plan Designs

| Plan Features | Option 7 | | Option 8 | | Option 9 | | - | |
|---------------|---------------|-----|---------------|-----|---------------|-----|---|--|
| | In | Out | In | Out | In | Out | | |
| Rx Drug Copay | 7 / 35 / 70 | 25% | 10 / 40 / 80 | 25% | 15 / 30 / 60 | 25% | | |
| MOD Copay | 14 / 70 / 140 | 25% | 20 / 80 / 160 | 25% | 30 / 60 / 120 | 25% | | |