

INSURANCE REVIEW

Whiteford Agricultural Schools

January 1, 2024

savage

Matt Holzemer | Josh Holzemer
Employee Benefit Consultants
655 Beaver Creek Circle Maumee, OH 43537

CARRIERS QUOTED

Thank you for providing us the opportunity to bid on your group's Medical Insurance. We requested bids to the following carriers:

Paramount – Incumbent carrier, provided renewal at 14.93%

BCBSM – provided proposal

CIGNA – pending

Marpai - provided proposal

MESSA – pending, waiting for rep to respond

United Health Care – provided proposal

In the following pages, you will find a comparison of the bids we received back from these carriers.

Please let us know if you have any questions, and once again thank you for the opportunity.

Matt Holzemer & Josh Holzemer
Savage & Associates, Inc.

Health Insurance Comparison - Whiteford Agricultural Schools

January 1, 2024 - December 31, 2024

| | Paramount | | | Paramount | | | Paramount | | | |
|--------------------------|--------------------------------------|-----------------|------------------------|--|-----------------|------------------------|--------------------------------------|-------------------|------------------------|-------------|
| | PPO Pak A MP0261 | | | PPO Pak C MP0262 | | | PPO Pak D MP0263 | | | |
| | Network | Non-Network | | Network | Non-Network | | Network | Non-Network | | |
| Medical Benefits | | | | | | | | | | |
| Deductible | \$500 / \$1000 | \$1000 / \$2000 | | \$1600 / \$3200 | \$3000 / \$6000 | | \$375 / \$750 | \$1500 / \$3000 | | |
| Co-Insurance | 100% | 80% | | 100% | 80% | | 80% | 60% | | |
| Out-of-pocket Limit | \$1500 / \$3000 | \$3000 / \$6000 | | \$2250 / \$4500 | \$4500 / \$9000 | | \$6850 / \$13700 | \$13700 / \$27400 | | |
| Primary/Specialist Copay | \$20 | coins after ded | | coins after ded | coins after ded | | \$25 | coins after ded | | |
| Urgent Care | \$20 | coins after ded | | coins after ded | coins after ded | | \$50 | coins after ded | | |
| Emergency Room | \$150 | | | coins after ded | | | \$200 Copay | | | |
| Prescription | | | | | | | | | | |
| Retail 30 Day | \$10 \$40 \$80 20% up to \$250 | | | After Ded is Met \$10 \$40 \$80 20% up to \$250 | | | \$10 \$40 \$80 20% up to \$250 | | | |
| Mail Order 90 Day | \$20 \$80 \$240 | | | \$20 \$80 \$240 | | | \$20 \$80 \$240 | | | |
| | Current | Renewal | Revised Renewal | Current | Renewal | Revised Renewal | Current | Renewal | Revised Renewal | |
| Single 6 | \$730.43 | \$838.90 | \$785.26 | 4 | \$651.75 | \$749.80 | 2 | \$496.21 | \$552.31 | \$533.42 |
| 2 Party 0 | \$1,643.48 | \$1,887.52 | \$1,766.74 | 3 | \$1,466.45 | \$1,687.05 | 0 | \$1,116.46 | \$1,242.71 | \$1,200.18 |
| Family 7 | \$2,045.21 | \$2,348.92 | \$2,198.60 | 21 | \$1,824.91 | \$2,099.45 | 0 | \$1,389.38 | \$1,546.49 | \$1,493.58 |
| | 13 | | | 28 | | | 2 | | | |
| Monthly Premium | \$18,699.05 | \$21,475.84 | \$20,101.76 | | \$45,329.46 | \$52,148.80 | \$48,728.98 | \$992.42 | \$1,104.62 | \$1,066.84 |
| Annual Premium | \$224,388.60 | \$257,710.08 | \$241,221.12 | | \$543,953.52 | \$625,785.60 | \$584,747.76 | \$11,909.04 | \$13,255.44 | \$12,802.08 |

| | Current | Renewal | Revised Renewal |
|-----------------------|--------------|--------------|-----------------|
| Total Monthly Premium | \$65,020.93 | \$74,729.26 | \$69,897.58 |
| Total Annual Premium | \$780,251.16 | \$896,751.12 | \$838,770.96 |
| Rate Change | | 14.93% | 7.50% |

Verbal 7.5%, Rates are estimate

Health Insurance Comparison - Whiteford Agricultural Schools

January 1, 2024 - December 31, 2024

| | Paramount | | Paramount | | Paramount | | BCBSM | | BCBSM | | BCBSM | | | | |
|--------------------------|--------------------------------------|------------------------|--|------------------------|--------------------------------------|------------------------|---------------------------|-------------------|--|-----------------|---------------------------|-------------------|--------------|---|-------------|
| | PPO Pak A MP0261 | | PPO Pak C MP0262 | | PPO Pak D MP0263 | | Simply Blue PPO \$500/20% | | Simply Blue HSA \$1600 | | Simply Blue PPO \$250/20% | | | | |
| | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | | | |
| Medical Benefits | | | | | | | | | | | | | | | |
| Deductible | \$500 / \$1000 | \$1000 / \$2000 | \$1600 / \$3200 | \$3000 / \$6000 | \$375 / \$750 | \$1500 / \$3000 | \$500 / \$1000 | \$1000 / \$2000 | \$1600 / \$3200 | \$3200 / \$6400 | \$250 / \$500 | \$500 / \$1000 | | | |
| Co-Insurance | 100% | 80% | 100% | 80% | 80% | 60% | 80% | 60% | 100% | 80% | 80% | n/a | | | |
| Out-of-pocket Limit | \$1500 / \$3000 | \$3000 / \$6000 | \$2250 / \$4500 | \$4500 / \$9000 | \$6850 / \$13700 | \$13700 / \$27400 | \$8150 / \$16300 | \$16300 / \$32600 | \$4000 / \$8000 | \$16000 | \$8150 / \$16300 | \$16300 / \$32600 | | | |
| Primary/Specialist Copay | \$20 | coins after ded | coins after ded | coins after ded | \$25 | coins after ded | \$20/\$20 | coins after ded | coins after ded | coins after ded | \$20/\$20 | n/a | | | |
| Urgent Care | \$20 | coins after ded | coins after ded | coins after ded | \$50 | coins after ded | \$20 | InNetwork coins | coins after ded | coins after ded | \$20 | \$35 | | | |
| Emergency Room | \$150 | | coins after ded | | \$200 Copay | | \$150 Copay | | coins after ded | | \$150 Copay | | | | |
| Prescription | | | | | | | | | | | | | | | |
| Retail 30 Day | \$10 \$40 \$80 20% up to \$250 | | After Ded is Met \$10 \$40 \$80 20% up to \$250 | | \$10 \$40 \$80 20% up to \$250 | | \$10 \$40 \$80 | | After deductible \$10 \$40 \$80 | | \$10 \$40 \$80 | | | | |
| Mail Order 90 Day | \$20 \$80 \$240 | | \$20 \$80 \$240 | | \$20 \$80 \$240 | | \$20 \$80 \$160 | | \$20 \$80 \$160 | | \$20 \$80 \$160 | | | | |
| | Current | Revised Renewal | Current | Revised Renewal | Current | Revised Renewal | | | | | | | | | |
| Single | 6 | \$730.43 | \$785.26 | 4 | \$651.75 | \$700.63 | 2 | \$496.21 | \$533.42 | 6 | \$608.25 | 4 | \$552.17 | 2 | \$629.28 |
| 2 Party | 0 | \$1,643.48 | \$1,766.74 | 3 | \$1,466.45 | \$1,576.43 | 0 | \$1,116.46 | \$1,200.18 | 0 | \$1,459.82 | 3 | \$1,325.22 | 0 | \$1,510.30 |
| Family | 7 | \$2,045.21 | \$2,198.60 | 21 | \$1,824.91 | \$1,961.77 | 0 | \$1,389.38 | \$1,493.58 | 7 | \$1,824.76 | 21 | \$1,656.51 | 0 | \$1,887.86 |
| | 13 | | | 28 | | | 2 | | | 13 | | 28 | | 2 | |
| Monthly Premium | | \$18,699.05 | \$20,101.76 | | \$45,329.46 | \$48,728.98 | | \$992.42 | \$1,066.84 | | \$16,422.82 | | \$40,971.05 | | \$1,258.56 |
| Annual Premium | | \$224,388.60 | \$241,221.12 | | \$543,953.52 | \$584,747.76 | | \$11,909.04 | \$12,802.08 | | \$197,073.84 | | \$491,652.60 | | \$15,102.72 |

| | Current | Revised Renewal |
|-----------------------|--------------|-----------------|
| Total Monthly Premium | \$65,020.93 | \$69,897.58 |
| Total Annual Premium | \$780,251.16 | \$838,770.96 |
| Rate Change | | 7.50% |

| BCBSM |
|--------------|
| \$58,652.43 |
| \$703,829.16 |
| -9.8% |

Verbal 7.5%, Rates are estimate

Health Insurance Comparison - Whiteford Agricultural Schools

January 1, 2024 - December 31, 2024

| | Paramount | | Paramount | | Paramount | | BCBSM | | BCBSM | | BCBSM | |
|--------------------------|--------------------------------------|------------------------|--|------------------------|--------------------------------------|------------------------|---|--------------|--|--------------|---|-------------|
| | PPO Pak A MP0261 | | PPO Pak C MP0262 | | PPO Pak D MP0263 | | BCN HMO \$500/20% | | BCN HMO HSA | | BCN HMO \$250/20% | |
| | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network |
| Medical Benefits | | | | | | | | | | | | |
| Deductible | \$500 / \$1000 | \$1000 / \$2000 | \$1600 / \$3200 | \$3000 / \$6000 | \$375 / \$750 | \$1500 / \$3000 | \$500 / \$1000 | n/a | \$1600 / \$3200 | n/a | \$250 / \$500 | n/a |
| Co-Insurance | 100% | 80% | 100% | 80% | 80% | 60% | 80% | n/a | 100% | n/a | 80% | n/a |
| Out-of-pocket Limit | \$1500 / \$3000 | \$3000 / \$6000 | \$2250 / \$4500 | \$4500 / \$9000 | \$6850 / \$13700 | \$13700 / \$27400 | \$8150 / \$16300 | n/a | \$4000 / \$8000 | n/a | \$8150 / \$16300 | n/a |
| Primary/Specialist Copay | \$20 | coins after ded | coins after ded | coins after ded | \$25 | coins after ded | \$20/\$40 | n/a | coins after ded | n/a | \$20/\$30 | n/a |
| Urgent Care | \$20 | coins after ded | coins after ded | coins after ded | \$50 | coins after ded | \$20 | n/a | coins after ded | n/a | \$35 | \$35 |
| Emergency Room | \$150 | | coins after ded | | \$200 Copay | | \$250 Copay | | coins after ded | | \$250 Copay | |
| Prescription | | | | | | | | | | | | |
| Retail 30 Day | \$10 \$40 \$80 20% up to \$250 | | After Ded is Met \$10 \$40 \$80 20% up to \$250 | | \$10 \$40 \$80 20% up to \$250 | | \$10 \$30 \$60 \$80 20% up to \$200 20% up to \$300 | | After Deductible is met \$10 \$30 \$60 \$80 20% up to \$200 20% up to \$300 | | \$10 \$30 \$60 \$80 20% up to \$200 20% up to \$300 | |
| Mail Order 90 Day | \$20 \$80 \$240 | | \$20 \$80 \$240 | | \$20 \$80 \$240 | | | | | | | |
| | Current | Revised Renewal | Current | Revised Renewal | Current | Revised Renewal | | | | | | |
| Single | 6 | \$730.43 | 4 | \$651.75 | 2 | \$496.21 | 6 | \$511.28 | 4 | \$469.48 | 2 | \$532.44 |
| 2 Party | 0 | \$1,643.48 | 3 | \$1,466.45 | 0 | \$1,116.46 | 0 | \$1,227.05 | 3 | \$1,126.77 | 0 | \$1,277.84 |
| Family | 7 | \$2,045.21 | 21 | \$1,824.91 | 0 | \$1,389.38 | 7 | \$1,533.82 | 21 | \$1,408.46 | 0 | \$1,597.31 |
| | 13 | | 28 | | 2 | | 13 | | 28 | | 2 | |
| Monthly Premium | | \$18,699.05 | | \$45,329.46 | | \$992.42 | | \$13,804.42 | | \$34,835.89 | | \$1,064.88 |
| Annual Premium | | \$224,388.60 | | \$543,953.52 | | \$11,909.04 | | \$165,653.04 | | \$418,030.68 | | \$12,778.56 |

| | Current | Revised Renewal |
|-----------------------|--------------|-----------------|
| Total Monthly Premium | \$65,020.93 | \$69,897.58 |
| Total Annual Premium | \$780,251.16 | \$838,770.96 |
| % from Current | | 7.50% |

| BCBSM |
|--------------|
| \$49,705.19 |
| \$596,462.28 |
| -23.6% |

Verbal 7.5%, Rates are estimate

Health Insurance Comparison - Whiteford Agricultural Schools

January 1, 2024 - December 31, 2024

| | Paramount | | Paramount | | Paramount | | MESSA | | MESSA | | MESSA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------------------|------------------------|--|------------------------|--------------------------------------|------------------------|--------------------|-----------------|--------------------|--|---|-------------------|--------------|----------------|------------|----|------------|--------------|----------------|----|------------|------------|-------------|--------------|------------|------------|------------|----|------------|------------|------------|----|------------|------------|------------|----|------------|------------|------------|
| | PPO Pak A MP0261 | | PPO Pak C MP0262 | | PPO Pak D MP0263 | | Choice 7F | | ABC Plan 1 7V | | Essentials by MESSA (EA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deductible | \$500 / \$1000 | \$1000 / \$2000 | \$1600 / \$3200 | \$3000 / \$6000 | \$375 / \$750 | \$1500 / \$3000 | \$500 / \$1000 | \$1000/\$2000 | \$1600 / \$3200 | \$3200 / \$6400 | \$375 / \$750 | \$750 / \$1500 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-Insurance | 100% | 80% | 100% | 80% | 80% | 60% | 100% | 80% | 100% | 80% | 80% | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Out-of-pocket Limit | \$1500 / \$3000 | \$3000 / \$6000 | \$2250 / \$4500 | \$4500 / \$9000 | \$6850 / \$13700 | \$13700 / \$27400 | \$1500 / \$3000 | \$3000 / \$6000 | \$2600 / \$5200 | \$5200 / \$10400 | \$9450 / \$18900 | \$18900 / \$37800 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary/Specialist Copay | \$20 | coins after ded | coins after ded | coins after ded | \$25 | coins after ded | \$20 / \$20 | coins after ded | coins after ded | coins after ded | \$25 / \$50 | coins after ded | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Urgent Care | \$20 | coins after ded | coins after ded | coins after ded | \$50 | coins after ded | \$25 | coins after ded | coins after ded | coins after ded | \$50 | coins after ded | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Room | \$150 | | coins after ded | | \$200 Copay | | \$50 | | coins after ded | | \$200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescription | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Retail 30 Day | \$10 \$40 \$80 20% up to \$250 | | After Ded is Met \$10 \$40 \$80 20% up to \$250 | | \$10 \$40 \$80 20% up to \$250 | | \$10 \$40 \$40 | | \$10 \$40 \$40 | | \$10 20% not less than \$40 or more than \$80 20% not less than \$60 or more than \$100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mail Order 90 Day | \$20 \$80 \$240 | | \$20 \$80 \$240 | | \$20 \$80 \$240 | | \$20 \$80 \$80 | | \$20 \$80 \$80 | | \$30 20% not less than \$120 or more than \$240 20% not less than \$180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Current | Revised Renewal | Current | Revised Renewal | Current | Revised Renewal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Single | 6 | \$730.43 | \$785.26 | 4 | \$651.75 | \$700.63 | 2 | \$496.21 | \$533.42 | Full Time Teachers, Superintendent, Principals, Secretary, Support, Staff, FT Secretary, Accounting Assist | | 6 | \$840.13 | \$833.75 | \$850.77 | 4 | \$742.56 | \$736.92 | \$751.96 | 3 | \$1,670.77 | \$1,658.08 | \$1,691.91 | 21 | \$2,079.18 | \$2,063.39 | \$2,105.50 | 4 | \$563.98 | \$559.70 | \$571.12 | 2 | \$1,268.96 | \$1,259.32 | \$1,285.02 | 0 | \$1,579.15 | \$1,567.16 | \$1,599.14 |
| 2 Party | 0 | \$1,643.48 | \$1,766.74 | 3 | \$1,466.45 | \$1,576.43 | 0 | \$1,116.46 | \$1,200.18 | Superintendent, Principals, Bus Aides, PT Administrators & Maintenance, PT Directors, Bus Drivers | | 0 | \$1,890.29 | \$1,875.93 | \$1,914.22 | 3 | \$1,670.77 | \$1,658.08 | \$1,691.91 | 3 | \$1,670.77 | \$1,658.08 | \$1,691.91 | 21 | \$2,079.18 | \$2,063.39 | \$2,105.50 | 4 | \$563.98 | \$559.70 | \$571.12 | 2 | \$1,268.96 | \$1,259.32 | \$1,285.02 | 0 | \$1,579.15 | \$1,567.16 | \$1,599.14 |
| Family | 7 | \$2,045.21 | \$2,198.60 | 21 | \$1,824.91 | \$1,961.77 | 0 | \$1,389.38 | \$1,493.58 | Superintendent, Principals, Bus Aides, PT Administrators & Maintenance, PT Directors, Bus Drivers | | 7 | \$2,352.36 | \$2,334.49 | \$2,382.13 | 21 | \$2,079.18 | \$2,063.39 | \$2,105.50 | 21 | \$2,079.18 | \$2,063.39 | \$2,105.50 | 21 | \$2,079.18 | \$2,063.39 | \$2,105.50 | 21 | \$2,079.18 | \$2,063.39 | \$2,105.50 | 21 | \$2,079.18 | \$2,063.39 | \$2,105.50 | 21 | \$2,079.18 | \$2,063.39 | \$2,105.50 |
| Monthly Premium | | \$18,699.05 | \$20,101.76 | | \$45,329.46 | \$48,728.98 | | \$992.42 | \$1,066.84 | | | | \$21,343.93 | \$256,127.16 | | | | \$51,253.11 | \$615,037.32 | | | | \$1,119.40 | \$13,432.80 | | | | | | | | | | | | | | | |
| Annual Premium | | \$224,388.60 | \$241,221.12 | | \$543,953.52 | \$584,747.76 | | \$11,909.04 | \$12,802.08 | | | | \$256,127.16 | \$2,561,271.16 | | | | \$615,037.32 | \$6,150,373.32 | | | | \$13,432.80 | \$134,328.00 | | | | | | | | | | | | | | | |

| | Current | Renewal |
|-----------------------|--------------|--------------|
| Total Monthly Premium | \$65,020.93 | \$69,897.58 |
| Total Annual Premium | \$780,251.16 | \$838,770.96 |
| % from Current | | 7.50% |

Verbal 7.5%, Rates are estimate

For comparison purposes, we used the current contract counts in each plan, calculating with the lowest rate in each plan.

Health Insurance Comparison - Whiteford Agricultural Schools

January 1, 2024 - December 31, 2024

| | Paramount | | Paramount | | Paramount | | United Health Care | |
|--------------------------|--------------------------------------|------------------------|--|------------------------|--------------------------------------|------------------------|---------------------|------------------|
| | PPO Pak A MP0261 | | PPO Pak C MP0262 | | PPO Pak D MP0263 | | Surest A2500 | |
| | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network |
| Medical Benefits | | | | | | | | |
| Deductible | \$500 / \$1000 | \$1000 / \$2000 | \$1600 / \$3200 | \$3000 / \$6000 | \$375 / \$750 | \$1500 / \$3000 | \$00 / \$00 / na | \$00 / \$00 / na |
| Co-Insurance | 100% | 80% | 100% | 80% | 80% | 60% | n/a | n/a |
| Out-of-pocket Limit | \$1500 / \$3000 | \$3000 / \$6000 | \$2250 / \$4500 | \$4500 / \$9000 | \$6850 / \$13700 | \$13700 / \$27400 | \$2500 / \$5000 | \$8000 / \$16000 |
| Primary/Specialist Copay | \$20 | coins after ded | coins after ded | coins after ded | \$25 | coins after ded | \$5 to \$40 | |
| Urgent Care | \$20 | coins after ded | coins after ded | coins after ded | \$50 | coins after ded | \$15 | |
| Emergency Room | \$150 | | coins after ded | | \$200 Copay | | \$170 Copay | |
| Prescription | | | | | | | | |
| Retail 30 Day | \$10 \$40 \$80 20% up to \$250 | | After Ded is Met \$10 \$40 \$80 20% up to \$250 | | \$10 \$40 \$80 20% up to \$250 | | \$10 \$20 \$40 | |
| Mail Order 90 Day | \$20 \$80 \$240 | | \$20 \$80 \$240 | | \$20 \$80 \$240 | | \$25 \$50 \$100 | |
| | Current | Revised Renewal | Current | Revised Renewal | Current | Revised Renewal | | |
| Single 6 | \$730.43 | \$785.26 | 4 | \$651.75 | \$700.63 | 2 | \$496.21 | \$533.42 |
| 2 Party 0 | \$1,643.48 | \$1,766.74 | 3 | \$1,466.45 | \$1,576.43 | 0 | \$1,116.46 | \$1,200.18 |
| Family 7 | \$2,045.21 | \$2,198.60 | 21 | \$1,824.91 | \$1,961.77 | 0 | \$1,389.38 | \$1,493.58 |
| | | | 28 | | | 2 | | |
| Monthly Premium | \$18,699.05 | \$20,101.76 | | \$45,329.46 | \$48,728.98 | | \$992.42 | \$1,066.84 |
| Annual Premium | \$224,388.60 | \$241,221.12 | | \$543,953.52 | \$584,747.76 | | \$11,909.04 | \$12,802.08 |
| | | | | | | | | \$57,986.54 |
| | | | | | | | | \$695,838.48 |

| | Current | Renewal |
|-----------------------|--------------|--------------|
| Total Monthly Premium | \$65,020.93 | \$69,897.58 |
| Total Annual Premium | \$780,251.16 | \$838,770.96 |
| % from Current | | 7.50% |

Verbal 7.5%, Rates are estimate

UHC
\$57,986.54
\$695,838.48
-10.8%

Implementation Credit \$4,300
Annual \$695,838.48
Implementation Credit (\$4,300)
\$691,538.48
Rate Change -11.4%

Health Insurance Comparison - Whiteford Agricultural Schools

January 1, 2024 - December 31, 2024

| | Paramount | | Paramount | | Paramount | | Marpai | | Marpai | | Marpai | | |
|--------------------------|--------------------------------------|------------------------|--|------------------------|--------------------------------------|------------------------|--------------------------|-----------------|----------------------------|------------------|---------------------------|-------------------|--------------|
| | PPO Pak A MP0261 | | PPO Pak C MP0262 | | PPO Pak D MP0263 | | 0/2000/100% Level Funded | | 1000/4000/90% Level Funded | | 2500/600080% Level Funded | | |
| | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | Network | Non-Network | |
| Medical Benefits | | | | | | | | | | | | | |
| Deductible | \$500 / \$1000 | \$1000 / \$2000 | \$1600 / \$3200 | \$3000 / \$6000 | \$375 / \$750 | \$1500 / \$3000 | \$0 / \$0 | \$1000 / \$2000 | \$1000 / \$2000 | \$2500 / \$5000 | \$2500 / \$5000 | \$5000 / \$10000 | |
| Co-Insurance | 100% | 80% | 100% | 80% | 80% | 60% | 100% | 80% | 90% | 70% | 80% | 60% | |
| Out-of-pocket Limit | \$1500 / \$3000 | \$3000 / \$6000 | \$2250 / \$4500 | \$4500 / \$9000 | \$6850 / \$13700 | \$13700 / \$27400 | \$2000 / \$4000 | \$4000 / \$8000 | \$4000 / \$8000 | \$8000 / \$16000 | \$6000 / \$12000 | \$12000 / \$24000 | |
| Primary/Specialist Copay | \$20 | coins after ded | coins after ded | coins after ded | \$25 | coins after ded | | | | | | | |
| Urgent Care | \$20 | coins after ded | coins after ded | coins after ded | \$50 | coins after ded | | | | | | | |
| Emergency Room | \$150 | | coins after ded | | \$200 Copay | | | | | | | | |
| Prescription | | | | | | | | | | | | | |
| Retail 30 Day | \$10 \$40 \$80 20% up to \$250 | | After Ded is Met \$10 \$40 \$80 20% up to \$250 | | \$10 \$40 \$80 20% up to \$250 | | | | | | | | |
| Mail Order 90 Day | \$20 \$80 \$240 | | \$20 \$80 \$240 | | \$20 \$80 \$240 | | | | | | | | |
| | Current | Revised Renewal | Current | Revised Renewal | Current | Revised Renewal | | | | | | | |
| Single | 6 | \$730.43 | \$785.26 | 4 | \$651.75 | \$700.63 | 2 | \$496.21 | \$533.42 | 12 | \$1,133.09 | \$961.43 | \$853.69 |
| 2 Party | 0 | \$1,643.48 | \$1,766.74 | 3 | \$1,466.45 | \$1,576.43 | 0 | \$1,116.46 | \$1,200.18 | 3 | \$2,419.24 | \$2,024.43 | \$1,776.61 |
| Employee Child | | | | | | | | | | 3 | \$2,122.43 | \$1,779.11 | \$1,563.64 |
| Family | 7 | \$2,045.21 | \$2,198.60 | 21 | \$1,824.91 | \$1,961.77 | 0 | \$1,389.38 | \$1,493.58 | 25 | \$3,210.71 | \$2,678.58 | \$2,344.57 |
| | 13 | | | 28 | | | 2 | | | 43 | | | |
| Monthly Premium | | \$18,699.05 | \$20,101.76 | | \$45,329.46 | \$48,728.98 | | \$992.42 | \$1,066.84 | | \$107,489.84 | \$89,912.28 | \$78,879.28 |
| Annual Premium | | \$224,388.60 | \$241,221.12 | | \$543,953.52 | \$584,747.76 | | \$11,909.04 | \$12,802.08 | | \$1,289,878.08 | \$1,078,947.36 | \$946,551.36 |

| | Current | Revised Renewal |
|-----------------------|--------------|-----------------|
| Total Monthly Premium | \$65,020.93 | \$69,897.58 |
| Total Annual Premium | \$780,251.16 | \$838,770.96 |
| % from Current | | 7.50% |

Verbal 7.5%, Rates are estimate

| | Marpai | Marpai | Marpai |
|-----------------------|----------------|----------------|--------------|
| Total Monthly Premium | \$107,489.84 | \$89,912.28 | \$78,879.28 |
| Total Annual Premium | \$1,289,878.08 | \$1,078,947.36 | \$946,551.36 |
| % from Current | 65.3% | 38.3% | 21.3% |

DISCLAIMER

The Benefit levels represented in this proposal are intended to provide a general description of the basic features of each insurer's contract. For a complete and binding description, refer to the carrier's master policy.

The rates in this proposal are estimates based upon the group census data in this proposal, and the expected group risk (existing medical conditions disclosed at the time of proposal request). Final group rates may vary from those quoted, and will be issued after all enrollment applications have been accepted by the insurance company's underwriting department. Also, if the proposed rate is not accepted for the original proposed effective date, the rates may change.

All employees and dependents, including Late Entrants, may be subject to Medical Underwriting. You may be required to submit a group risk evaluation form and/or a current wage & tax report with the case submission.

Any employee or dependent who has not earned a full twelve months of creditable coverage prior to the effective date of a new contract may be subject to pre-existing conditions limitations that they may not have been subject to with your current carrier. This is due to the State of Ohio HIPAA regulations.

In no event should you cancel your current coverage until you have received a written acceptance from a new carrier.