

# INSURANCE REVIEW

## Whiteford Agricultural Schools

January 1, 2025

savage

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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:

**Aetna – provided proposal, not competitive**

**Paramount – provided proposal**

**BCBSM – provided proposal**

**Health In Tech – provided proposal**

**SideCar – declined, can't write in MI**

**United Health Care – provided renewal**

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, 2025 - December 31, 2025

	United Health Care Surest A2500		United Health Care Surest D6500		United Health Care Surest E7000	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Medical Benefits</b>						
Deductible	\$00 / \$00 / na	\$00 / \$00 / na	\$00 / \$00 / na	\$00 / \$00 / na	\$00 / \$00 / na	\$00 / \$00 / na
Co-Insurance	n/a	n/a	n/a	n/a	n/a	n/a
Out-of-pocket Limit	\$2,500 / \$5,000	\$8,000 / \$16,000	\$6,500/\$13,000	\$13,000/\$26,000	\$7,000/\$14,00	\$14,000/\$28,000
Primary/Specialist Copay	\$5 to \$40	\$120	\$20 to \$125	\$375	\$35 to \$140	\$420
Outpatient	\$10 to \$2,000	up to \$6,000	\$50 to \$3,500	up to \$10,000	\$70 to \$4,500	up to \$11,000
Inpatient	\$75 to \$2,000	up to \$6,000	\$300 to \$3,500	up to \$10,000	\$600 to \$4,500	up to \$11,000
Urgent Care	\$20	\$60	\$80	\$240	\$90	\$270
Emergency Room	\$180	\$180	\$750	\$750	\$850	\$850
<b>Prescription</b>						
Retail 30 Day	\$20   \$90   \$150 Spec: \$20   \$200   \$500 Optum Natl		\$20   \$90   \$150 Spec: \$20   \$200   \$500 Optum Natl		\$20   \$90   \$150 Spec: \$20   \$200   \$500 Optum Natl	
Mail Order 90 Day	\$50   \$225   \$375		\$50   \$225   \$375		\$50   \$225   \$375	
	<b>Current</b>	<b>Renewal</b>				
Single 10	\$549.48	\$692.34	\$580.77		\$549.29	
2 Party 4	\$1,181.38	\$1,488.53	\$1,248.65		\$1,180.97	
Family 33	\$1,708.88	\$2,153.17	\$1,806.19		\$1,708.29	
Monthly Premium 47	\$66,613.36	\$83,932.13	\$70,406.57		\$66,590.35	
Annual Premium	\$799,360.32	\$1,007,185.56	\$844,878.84		\$799,084.20	

% From Current

26.0%

5.7%

0.0%

To Add an HRA Reimbursement For a deductible only reimbursement structure it would be around \$6.50 pepm; the final reimbursement structure can cause slight adjustments to that. The setup is \$395.00.  
Plan:

# Health Insurance Comparison - Whiteford Agricultural Schools

January 1, 2025 - December 31, 2025

Specific Deductible Contract	United Health Care		Frontpath		Frontpath		Frontpath	
	Surest A2500		eDIYBS Platinum W100 Embedded		eDIYBS Platinum W101 Embedded		eDIYBS Platinum W102 Embedded	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Medical Benefits</b>								
Deductible	\$00 / \$00 / na	\$00 / \$00 / na	\$250/\$500	\$500/\$1,000	\$1,250/\$2,500	\$2,500/\$5,000	\$0/\$0	\$1,000/\$2,000
Co-Insurance	n/a	n/a	80%	50%	100%	50%	70%	50%
Out-of-pocket Limit	\$2,500 / \$5,000	\$8,000 / \$16,000	\$1,250/\$2,500	\$3,750/\$7,500	\$1,250/\$2,500	\$3,750/\$7,500	\$1,250/\$2,500	\$3,750/\$7,500
Primary/Specialist Copay	\$5 to \$40	\$120	\$25/\$45	Coins after ded	\$25/\$45	Coins after ded	\$25/\$45	Coins after ded
Outpatient	\$10 to \$2,000	up to \$6,000	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded
Inpatient	\$75 to \$2,000	up to \$6,000	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded	Coins after ded
Urgent Care	\$20	\$60	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay
Emergency Room	\$180	\$180	In Network Coins after ded		\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay
<b>Prescription</b>								
Retail 30 Day	\$20   \$90   \$150 Spec: \$20   \$200   \$500 Optum Natl		Generic Rx \$0 Copay Preferred Rx \$35 Copay Non Preferred Rx \$75 Copay		Generic Rx \$0 Copay Preferred Rx \$35 Copay Non Preferred Rx \$75 Copay		Generic Rx \$0 Copay Preferred Rx \$35 Copay Non Preferred Rx \$75 Copay	
Mail Order 90 Day	\$50   \$225   \$375							
	<b>Current</b>	<b>Renewal</b>						
Single	10	\$549.48	\$692.34	10	\$659.86	\$620.45	\$632.93	
2 Party   Employee Spouse	4	\$1,181.38	\$1,488.53	4	\$1,361.76	\$1,256.82	\$1,290.08	
Employee Child(ren)				3	\$1,338.70	\$1,235.92	\$1,268.49	
Family	33	\$1,708.88	\$2,153.17	30	\$1,916.38	\$1,759.68	\$1,809.32	
	47			47				
Monthly Premium		\$66,613.36	\$83,932.13		\$73,553.14	\$67,729.94	\$69,574.69	
Annual Premium		\$799,360.32	\$1,007,185.56		\$882,637.68	\$812,759.28	\$834,896.28	

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10.4%

1.7%

4.4%

# Health Insurance Comparison - Whiteford Agricultural Schools

January 1, 2025 - December 31, 2025

		United Health Care		Paramount	
		Surest A2500		POS MI 8020 (1000/5000)	
		Network	Non-Network	Network	Non-Network
<b>Medical Benefits</b>					
Deductible		\$00 / \$00 / na	\$00 / \$00 / na	\$1,000/\$2000	\$3,000/\$6,000
Co-Insurance		n/a	n/a	80%	50%
Out-of-pocket Limit		\$2,500 / \$5,000	\$8,000 / \$16,000	\$5,000/\$10,000	\$10,000/\$20,000
Primary/Specialist Copay		\$5 to \$40	\$120	\$10/\$15	Coins after ded
Outpatient		\$10 to \$2,000	up to \$6,000	Coins after ded	Coins after ded
Inpatient		\$75 to \$2,000	up to \$6,000	Coins after ded	Coins after ded
Urgent Care		\$20	\$60	\$50	\$50
Emergency Room		\$180	\$180	\$250	\$250
<b>Prescription</b>					
Retail 30 Day		\$20   \$90   \$150 Spec: \$20   \$200   \$500 Optum Natl		Preferred Generic \$10 Non-Preferred Generic \$15 Preferred Brand \$50 Non-Preferred Brand \$80 20% Specialty Max \$550	
Mail Order 90 Day				\$50   \$225   \$375	
		<b>Current</b>	<b>Renewal</b>		
Single	10	\$549.48	\$692.34	\$646.05	
2 Party	4	\$1,181.38	\$1,488.53	\$1,389.02	
Family	33	\$1,708.88	\$2,153.17	\$2,009.23	
	47				
Monthly Premium		\$66,613.36	\$83,932.13	\$78,321.17	
Annual Premium		\$799,360.32	\$1,007,185.56	\$939,854.04	

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17.6%

# 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.**