

HEALTH INSURANCE REVIEW

Whiteford Agricultural Schools

January 1, 2021

savage

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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 – declined to provide proposal, not competitive

BCBSM – provided proposal

Paramount – incumbent, provided revised renewal

United Health Care – declined to provide proposal, not competitive

In the following pages, you will find a comparison of the bids we received back from these carriers. If you should have any further questions upon the review of this information, please feel free to contact us.

Thank you once again for the opportunity

Health Insurance Comparison

Whiteford Agricultural Schools

January 1, 2021 - December 31, 2021

	Paramount		Paramount		Paramount	
	PPO Pak A MPO261		PPO Pak C MPO262		PPO Pak D MPO263	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Medical Benefits						
Deductible	\$500 Single / \$1000 Family	\$1000 Single / \$2000 Family	\$1400 Single / \$2800 Family	\$2800 Single / \$5600 Family	\$375 Single / \$750 Family	\$1500 Single / \$3000 Family
Co-Insurance	100%	80%	100%	80%	80%	60%
Out-of-pocket Limit	\$1500 Single / \$3000 Family	\$3000 Single / \$6000 Family	\$2250 Single / \$4500 Family	\$4500 Single / \$9000 Family	\$6850/ \$13700	\$13700 Single / \$27400 Family
Primary/Specilaist 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	
	<i>Current</i>	<i>Renewal</i>	<i>Current</i>	<i>Renewal</i>	<i>Current</i>	<i>Renewal</i>
Single	6	\$611.31	\$668.77	1	\$544.86	\$596.36
2 Party	5	\$1,375.45	\$1,504.74	3	\$1,225.95	\$1,341.82
Family	6	\$1,711.68	\$1,872.57	11	\$1,525.62	\$1,669.82
	17			15		
Monthly Premium		\$20,815.19	\$22,771.74		\$21,004.53	\$22,989.84
Annual Premium		\$249,782.28	\$273,260.88		\$252,054.36	\$275,878.08
					\$2,405.10	\$2,633.26
					\$28,861.20	\$31,599.12

	CURRENT	RENEWAL
Total Monthly Premium	\$44,224.82	\$48,394.84
Total Annual Premium	\$530,697.84	\$580,738.08
% from Current		9.43%

Health Insurance Comparison

Whiteford Agricultural Schools

January 1, 2021 - December 31, 2021

	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 Single / \$1000 Family	\$1000 Single / \$2000 Family	\$1400 Single / \$2800 Family	\$2800 Single / \$5600 Family	\$375 Single / \$750 Family	\$1500 Single / \$3000 Family
Co-Insurance	100%	80%	100%	80%	80%	60%
Out-of-pocket Limit	\$1500 Single / \$3000 Family	\$3000 Single / \$6000 Family	\$2250 Single / \$4500 Family	\$4500 Single / \$9000 Family	\$6850 / \$13700	\$13700 Single / \$27400 Family
Primary/Specilaist 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	
	<i>Current</i>	<i>Revised Renewal</i>	<i>Current</i>	<i>Revised Renewal</i>	<i>Current</i>	<i>Revised Renewal</i>
Single	6	\$611.31	1	\$544.86	3	\$414.67
2 Party	5	\$1,375.45	3	\$1,225.95	0	\$933.01
Family	6	\$1,711.68	11	\$1,525.62	1	\$1,161.09
	17		15		4	
Monthly Premium		\$20,815.19		\$21,004.53		\$2,405.10
Annual Premium		\$249,782.28		\$252,054.36		\$28,861.20
		\$22,356.61		\$22,567.97		\$2,584.53
		\$268,279.32		\$270,815.64		\$31,014.36

	CURRENT	Revised RENEWAL
Total Monthly Premium	\$44,224.82	\$47,509.11
Total Annual Premium	\$530,697.84	\$570,109.32
% from Current		7.43%

Health Insurance Comparison

Whiteford Agricultural Schools

January 1, 2021 - December 31, 2021

	BCBSM		BCBCM		BCBSM	
	Simply Blue PPO \$500/20%		Simply Blue HSA \$1400/0%		Simply Blue PPO Plan \$250/20%	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Medical Benefits						
Deductible	\$500 Single / \$1000 Family	\$1000 Single / \$2000 Family	\$1400 Single / \$2800 Family	\$2800 Single / \$5600 Family	\$250 Single / \$500 Family	\$500 Single / \$1000 Family
Co-Insurance	80%	60%	100%	80%	80%	60%
Out-of-pocket Limit	\$8150/\$16300	\$16300 Single / \$32600 Family	\$4000 Single / \$8000 Family	\$8000 Single / \$16000 Family	\$8150/\$16300	\$16300 Single / \$32600 Family
Primary/Specialist Copay	\$20/\$40	coins after ded	No charge	20% coins	\$20/\$40	coins after ded
Urgent Care	\$60	coins after ded	No charge	20% coins	\$60	coins after ded
Emergency Room	\$250 copay		No charge		\$250 Copay	
Prescription						
Retail 30 Day	\$10 \$40 \$80		\$10 \$40 \$80		\$10 \$40 \$80	
Mail Order 90 Day	\$20 \$110 \$230		\$20 \$110 \$230		\$20 \$110 \$230	
Single	6	\$533.26	1	\$506.24	3	\$548.50
2 Party	5	\$1,279.83	3	\$1,214.96	0	\$1,316.39
Family	6	\$1,599.79	11	\$1,518.70	1	\$1,645.50
	17		15		4	
Monthly Premium	\$19,197.45		\$20,856.82		\$3,291.00	
Annual Premium	\$230,369.40		\$250,281.84		\$39,492.00	

	CURRENT	Revised RENEWAL	BCBSM PPO Option
Total Monthly Premium	\$44,224.82	\$47,509.11	\$43,345.27
Total Annual Premium	\$530,697.84	\$570,109.32	\$520,143.24
% from Current		7.43%	-1.99%

Health Insurance Comparison

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January 1, 2021 - December 31, 2021

	BCBSM		BCBSM		BCBSM	
	BCN HMO \$500/0%		BCN HMO \$1500/20%		BCN HMO \$250/20%	
	In-Network		In-Network		In-Network	
Medical Benefits						
Deductible	\$500 Single / \$1000 Family		\$1500 Single / \$3000 Family		\$250 Single / \$500 Family	
Co-Insurance	100%		80%		80%	
Out-of-pocket Limit	\$8150/\$16300		\$8150 Single / \$16300 Family		\$8150/\$16300	
Primary/Specilaist Copay	\$20/\$30		\$20/\$40		\$20/\$30	
Urgent Care	\$35		\$50		\$35	
Emergency Room	\$250 copay		\$250 copay		\$250 Copay	
Prescription						
Retail 30 Day	\$30 \$60 \$80 20% Coins to Max \$200		\$30 \$60 \$80 20% Coins to Max \$200		\$30 \$60 \$80 20% Coins to Max \$200	
Mail Order 90 Day	\$30 \$60 \$80 20% Coins to Max \$200		\$30 \$60 \$80 20% Coins to Max \$200		\$30 \$60 \$80 20% Coins to Max \$200	
Single	6	\$502.19	1	\$431.99	3	\$478.42
2 Party	5	\$1,205.26	3	\$1,036.78	0	\$1,148.22
Family	6	\$1,506.58	11	\$1,295.97	1	\$1,435.28
	17		15		4	
Monthly Premium		\$18,078.92		\$17,798.00		\$2,870.54
Annual Premium		\$216,947.04		\$213,576.00		\$34,446.48

	CURRENT	Revised RENEWAL	BCBSM HMO Option
Total Monthly Premium	\$44,224.82	\$47,509.11	\$38,747.46
Total Annual Premium	\$530,697.84	\$570,109.32	\$464,969.52
% from Current		7.43%	-12.39%

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.