



MI MEDICAL BENEFITS



		Simply Blue PPO HSA \$1,400		Simply Blue PPO HSA \$1,400		Simply Blue PPO HSA \$2,000	
		In-Network		In-Network		In-Network	
Group #: 007045008-0000							
Deductible		\$1,400 / \$2,800		\$1,400 / \$2,800		\$2,000 / \$4,000	
Coinsurance		80% / 20%		80% / 20%		80% / 20%	
Coinsurance maximum		N / A		N / A		N / A	
Out-of-pocket maximum		\$2,250 / \$4,500		\$4,000 / \$8,000		\$4,000 / \$8,000	
		Benefit Description		Benefit Description		Benefit Description	
PCP / Specialist		80% / 20% after deductible		80% / 20% after deductible		80% / 20% after deductible	
Telemedicine		80% / 20% after deductible		80% / 20% after deductible		80% / 20% after deductible	
ER / Urgent care		80% / 20% after deductible		80% / 20% after deductible		80% / 20% after deductible	
High-tech imaging		80% / 20% after deductible		80% / 20% after deductible		80% / 20% after deductible	
Prescription drugs		\$15 / \$30 / \$60 after deductible		\$15 / \$30 / \$60 after deductible		\$15 / \$30 / \$60 after deductible	
		Additional Information		Additional Information		Additional Information	
Plan riders		Aggregate deductible; Custom formulary		Aggregate deductible; Custom formulary		Aggregate deductible; Custom formulary	
Provider network		BCBSM PPO		BCBSM PPO		BCBSM PPO	
Rate guarantee		1 year		1 year		1 year	
		Current		Renewal		Proposed	
One Person	3	\$467.74	\$550.57	\$508.33	\$478.53	\$478.53	\$478.53
Two Person	1	\$1,122.57	\$1,321.36	\$1,219.98	\$1,148.45	\$1,148.45	\$1,148.45
Family	4	\$1,403.21	\$1,651.70	\$1,524.96	\$1,435.58	\$1,435.58	\$1,435.58
Monthly Premium		\$8,138.63	\$9,579.88	\$8,844.83	\$8,326.35	\$8,326.35	\$8,326.35
Annual Premium		\$97,663.56	\$114,958.53	\$106,137.99	\$99,916.15	\$99,916.15	\$99,916.15
Annual Difference			\$17,294.97	\$8,474.43	\$2,252.59	\$2,252.59	\$2,252.59
Percent Change			17.71%	8.68%	2.31%	2.31%	2.31%

Please refer to benefit summaries for Out-of-Network benefits

Simply Blue PPO HSA \$1,400

Simply Blue PPO HSA \$1,400

Simply Blue PPO HSA \$2,000

HSA Employer Funding

One Person	3	\$119.25	\$58.14	\$100.38	\$130.18
Two Person	1	\$105.01	\$0.00	\$53.02	\$124.55
Family	4	\$197.68	\$8.42	\$135.16	\$224.54

Total Monthly Cost Including ER HSA Contributions & Admin

One Person	3	\$586.99	\$608.71	\$608.71	\$608.71
Two Person	1	\$1,227.58	\$1,321.36	\$1,273.00	\$1,273.00
Family	4	\$1,600.89	\$1,660.12	\$1,660.12	\$1,660.12

Total Monthly Employee Contributions Hard Cap Scenario

One Person	3	\$0.00	\$0.00	\$0.00	\$0.00
Two Person	1	\$0.00	\$48.36	\$0.00	\$0.00
Family	4	\$0.00	\$0.00	\$0.00	\$0.00

Total Annual Premium + HSA Funding	\$112,705.27	\$117,455.69	\$116,875.34	\$116,875.34
Total Annual EE Contributions	\$0.00	\$580.35	\$0.00	\$0.00
Total Net Cost	\$112,705.27	\$116,875.34	\$116,875.34	\$116,875.34
Annual Difference		\$4,170.07	\$4,170.07	\$4,170.07
Percent Change		3.70%	3.70%	3.70%



MI MEDICAL BENEFITS



Group #: 007045008-0001		Simply Blue PPO HSA \$2,000		Simply Blue PPO HSA \$2,000		Simply Blue PPO HSA \$2,500	
		In-Network		In-Network		In-Network	
Deductible		\$2,000 / \$4,000		\$2,000 / \$4,000		\$2,500 / \$5,000	
Coinsurance		100%		80% / 20%		80% / 20%	
Coinsurance maximum		N / A		N / A		N / A	
Out-of-pocket maximum		\$3,000 / \$6,000		\$4,000 / \$8,000		\$4,000 / \$8,000	
		Benefit Description		Benefit Description		Benefit Description	
PCP / Specialist		100% after deductible		80% / 20% after deductible		80% / 20% after deductible	
Telemedicine		100% after deductible		80% / 20% after deductible		80% / 20% after deductible	
ER / Urgent care		100% after deductible		80% / 20% after deductible		80% / 20% after deductible	
High-tech imaging		100% after deductible		80% / 20% after deductible		80% / 20% after deductible	
Prescription drugs		\$15 / \$30 / \$60 after deductible		\$15 / \$30 / \$60 after deductible		\$15 / \$30 / \$60 after deductible	
		Additional Information		Additional Information		Additional Information	
Plan riders		Aggregate deductible; Custom formulary		Aggregate deductible; Custom formulary		Aggregate deductible; Custom formulary	
Provider network		BCBSM PPO		BCBSM PPO		BCBSM PPO	
Rate guarantee		1 year		1 year		1 year	
		Current		Renewal		Proposed	
One Person	3	\$458.82	\$540.07	\$476.13		\$463.47	
Two Person	1	\$1,101.17	\$1,296.17	\$1,142.72		\$1,112.33	
Family	19	\$1,376.46	\$1,620.21	\$1,428.41		\$1,390.41	
Monthly Premium		\$28,630.37	\$33,700.45	\$29,710.91		\$28,920.55	
Annual Premium		\$343,564.44	\$404,405.38	\$356,530.90		\$347,046.65	
Annual Difference			\$60,840.94	\$12,966.46		\$3,482.21	
Percent Change			17.71%	3.77%		1.01%	

Please refer to benefit summaries for Out-of-Network benefits

Simply Blue PPO HSA \$2,000

Simply Blue PPO HSA \$2,000

Simply Blue PPO HSA \$2,500

HSA Employer Funding

One Person	3	\$128.17	\$68.64	\$132.58	\$145.24
Two Person	1	\$126.41	\$0.00	\$130.28	\$160.67
Family	19	\$224.43	\$39.91	\$231.71	\$269.71

Total Monthly Cost Including ER HSA Contributions & Admin

One Person	3	\$586.99	\$608.71	\$608.71	\$608.71
Two Person	1	\$1,227.58	\$1,296.17	\$1,273.00	\$1,273.00
Family	19	\$1,600.89	\$1,660.12	\$1,660.12	\$1,660.12

Total Monthly Employee Contributions Hard Cap Scenario

One Person	3	\$0.00	\$0.00	\$0.00	\$0.00
Two Person	1	\$0.00	\$23.17	\$0.00	\$0.00
Family	19	\$0.00	\$0.00	\$0.00	\$0.00

Total Annual Premium + HSA Funding	\$400,865.17	\$415,975.16	\$415,697.09	\$415,697.09
Total Annual EE Contributions	\$0.00	\$278.07	\$0.00	\$0.00
Total Net Cost	\$400,865.17	\$415,697.09	\$415,697.09	\$415,697.09
Annual Difference		\$14,831.92	\$14,831.92	\$14,831.92
Percent Change		3.70%	3.70%	3.70%

Please refer to benefit summaries for Out-of-Network benefits



MI MEDICAL BENEFITS



Group #: 00101312-0001-0001

	BCN HMO HSA \$1,400	BCN HMO HSA \$2,000	BCN HMO HSA \$2,500
	In-Network	In-Network	In-Network
Deductible	\$1,400 / \$2,800	\$2,000 / \$4,000	\$2,500 / \$5,000
Coinsurance	80% / 20%	80% / 20%	80% / 20%
Coinsurance maximum	N / A	N / A	N / A
Out-of-pocket maximum	\$2,350 / \$4,700	\$4,000 / \$8,000	\$4,000 / \$8,000
	Benefit Description	Benefit Description	Benefit Description
PCP / Specialist	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
Telemedicine	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
ER / Urgent care	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
High-tech imaging	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
Prescription drugs	\$4 / \$15 / \$40 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible	\$4 / \$15 / \$40 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible	\$4 / \$15 / \$40 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible
	Additional Information	Additional Information	Additional Information
Plan riders	Aggregate deductible; Custom formulary	Aggregate deductible; Custom formulary	Aggregate deductible; Custom formulary
Provider network	BCN HMO	BCN HMO	BCN HMO
Rate guarantee	1 year	1 year	1 year

		Current	Renewal	Proposed	Proposed
One Person	6	\$322.18	\$379.23	\$338.78	\$329.59
Two Person	6	\$773.25	\$910.18	\$813.11	\$791.04
Family	25	\$966.56	\$1,137.73	\$1,016.38	\$988.79
Monthly Premium		\$30,736.58	\$36,179.64	\$32,320.81	\$31,443.58
Annual Premium		\$368,838.96	\$434,155.70	\$387,849.75	\$377,322.91
Annual Difference			\$65,316.74	\$19,010.79	\$8,483.95
Percent Change			17.71%	5.15%	2.30%

BCN HMO HSA \$1,400

BCN HMO HSA \$2,000

BCN HMO HSA \$2,500

HSA Employer Funding

One Person	6	\$264.81	\$229.48	\$269.93	\$279.12
Two Person	6	\$454.33	\$362.82	\$459.89	\$481.96
Family	25	\$591.67	\$522.40	\$643.74	\$671.33

Total Monthly Cost Including ER HSA Contributions & Admin

One Person	6	\$586.99	\$608.71	\$608.71	\$608.71
Two Person	6	\$1,227.58	\$1,273.00	\$1,273.00	\$1,273.00
Family	25	\$1,558.23	\$1,660.12	\$1,660.12	\$1,660.12

Total Monthly Employee Contributions Hard Cap Scenario

One Person	6	\$0.00	\$0.00	\$0.00	\$0.00
Two Person	6	\$0.00	\$0.00	\$0.00	\$0.00
Family	25	\$0.00	\$0.00	\$0.00	\$0.00

Total Annual Premium + HSA Funding	\$598,117.10	\$633,519.37	\$633,519.37	\$633,519.37
Total Annual EE Contributions	\$0.00	\$0.00	\$0.00	\$0.00
Total Net Cost	\$598,117.10	\$633,519.37	\$633,519.37	\$633,519.37
Annual Difference		\$35,402.27	\$35,402.27	\$35,402.27
Percent Change		5.92%	5.92%	5.92%



MI MEDICAL BENEFITS



Group #: 00101312-0001-0001

	BCN HMO HSA \$1,400	Blue Elect Plus POS HSA \$1,400	Blue Elect Plus POS HSA \$2,000
	In-Network	In-Network	In-Network
Deductible	\$1,400 / \$2,800	\$1,400 / \$2,800	\$2,000 / \$4,000
Coinsurance	80% / 20%	80% / 20%	80% / 20%
Coinsurance maximum	N / A	N / A	N / A
Out-of-pocket maximum	\$2,350 / \$4,700	\$4,000 / \$8,000	\$4,000 / \$8,000
	Benefit Description	Benefit Description	Benefit Description
PCP / Specialist	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
Telemedicine	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
ER / Urgent care	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
High-tech imaging	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
Prescription drugs	\$4 / \$15 / \$40 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible	\$4 / \$15 / \$40 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible	\$4 / \$15 / \$40 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible
	Additional Information	Additional Information	Additional Information
Plan riders	Aggregate deductible; Custom formulary	Aggregate deductible; Custom formulary	Aggregate deductible; Custom formulary
Provider network	BCN HMO	BCN HMO	BCN HMO
Rate guarantee	1 year	1 year	1 year

		Current	Renewal	Proposed	Proposed
One Person	6	\$322.18	\$379.23	\$356.48	\$341.62
Two Person	6	\$773.25	\$910.18	\$855.59	\$819.93
Family	25	\$966.56	\$1,137.73	\$1,069.49	\$1,024.90
Monthly Premium		\$30,736.58	\$36,179.64	\$34,009.57	\$32,591.80
Annual Premium		\$368,838.96	\$434,155.70	\$408,114.84	\$391,101.57
Annual Difference			\$65,316.74	\$39,275.88	\$22,262.61
Percent Change			17.71%	10.65%	6.04%

BCN HMO HSA \$1,400

Blue Elect Plus POS HSA \$1,400

Blue Elect Plus POS HSA \$2,000

HSA Employer Funding

One Person	6	\$264.81	\$229.48	\$252.23	\$267.09
Two Person	6	\$454.33	\$362.82	\$417.41	\$453.07
Family	25	\$591.67	\$522.40	\$590.64	\$635.22

Total Monthly Cost Including ER HSA Contributions & Admin

One Person	6	\$586.99	\$608.71	\$608.71	\$608.71
Two Person	6	\$1,227.58	\$1,273.00	\$1,273.00	\$1,273.00
Family	25	\$1,558.23	\$1,660.12	\$1,660.12	\$1,660.12

Total Monthly Employee Contributions Hard Cap Scenario

One Person	6	\$0.00	\$0.00	\$0.00	\$0.00
Two Person	6	\$0.00	\$0.00	\$0.00	\$0.00
Family	25	\$0.00	\$0.00	\$0.00	\$0.00

Total Annual Premium + HSA Funding	\$598,118.10	\$633,519.37	\$633,519.37	\$633,519.37
Total Annual EE Contributions	\$0.00	\$0.00	\$0.00	\$0.00
Total Net Cost	\$598,118.10	\$633,519.37	\$633,519.37	\$633,519.37
Annual Difference		\$35,401.27	\$35,401.27	\$35,401.27
Percent Change		5.92%	5.92%	5.92%



MI MEDICAL BENEFITS



		Simply Blue PPO HSA \$1,400		HAP PPO HSA \$1,400		United Healthcare - BMGD	
Group #: 007045008-0000		In-Network		In-Network		In-Network	
Deductible		\$1,400 / \$2,800		\$1,400 / \$2,800		\$1,500 / \$3,000	
Coinsurance		80% / 20%		80% / 20%		80% / 20%	
Coinsurance maximum		N / A		N / A		N / A	
Out-of-pocket maximum		\$2,250 / \$4,500		\$2,250 / \$4,500		\$5,000 / \$7,900	
		Benefit Description		Benefit Description		Benefit Description	
PCP / Specialist		80% / 20% after deductible		80% / 20% after deductible		80% / 20% after deductible	
Telemedicine		80% / 20% after deductible		80% / 20% after deductible		80% / 20% after deductible	
ER / Urgent care		80% / 20% after deductible		80% / 20% after deductible		80% / 20% after deductible	
High-tech imaging		80% / 20% after deductible		80% / 20% after deductible		80% / 20% after deductible	
Prescription drugs		\$15 / \$30 / \$60 after deductible		\$15 / \$30 / \$60 after deductible		\$10 / \$35 / \$60 after deductible	
		Additional Information		Additional Information		Additional Information	
Plan riders		Aggregate deductible; Custom formulary		Aggregate deductible		Aggregate deductible	
Provider network		BCBSM PPO		Alliance Health Plan		UHC Choice Plus	
Rate guarantee		1 year		1 year		1 year	
		Current		Renewal		Proposed	
One Person	3	\$467.74	\$550.57	\$470.03		\$399.51	
Two Person	1	\$1,122.57	\$1,321.36	\$1,128.07		\$960.12	
Family	4	\$1,403.21	\$1,651.70	\$1,410.09		\$1,200.15	
Monthly Premium		\$8,138.63	\$9,579.88	\$8,178.52		\$6,959.25	
Annual Premium		\$97,663.56	\$114,958.53	\$98,142.24		\$83,511.00	
Annual Difference			\$17,294.97	\$478.68		-\$14,152.56	
Percent Change			17.71%	0.49%		-14.49%	

Please refer to benefit summaries for Out-of-Network benefits

Simply Blue PPO HSA \$1,400

HAP PPO HSA \$1,400

United Healthcare - BMGD

HSA Employer Funding

One Person	3	\$119.25	\$58.14	\$138.68	\$209.20
Two Person	1	\$105.01	\$0.00	\$144.93	\$312.88
Family	4	\$197.68	\$8.42	\$250.03	\$459.97

Total Monthly Cost Including ER HSA Contributions & Admin

One Person	3	\$586.99	\$608.71	\$608.71	\$608.71
Two Person	1	\$1,227.58	\$1,321.36	\$1,273.00	\$1,273.00
Family	4	\$1,600.89	\$1,660.12	\$1,660.12	\$1,660.12

Total Monthly Employee Contributions Hard Cap Scenario

One Person	3	\$0.00	\$0.00	\$0.00	\$0.00
Two Person	1	\$0.00	\$48.36	\$0.00	\$0.00
Family	4	\$0.00	\$0.00	\$0.00	\$0.00

Total Annual Premium + HSA Funding	\$112,705.27	\$117,455.69	\$116,875.34	\$116,875.34
Total Annual EE Contributions	\$0.00	\$580.35	\$0.00	\$0.00
Total Net Cost	\$112,705.27	\$116,875.34	\$116,875.34	\$116,875.34
Annual Difference		\$4,170.07	\$4,170.07	\$4,170.07
Percent Change		3.70%	3.70%	3.70%

Please refer to benefit summaries for Out-of-Network benefits



MI MEDICAL BENEFITS



Group #: 007045008-0001		Simply Blue PPO HSA \$2,000		HAP PPO HSA \$2,000		United Healthcare - ABIX	
		In-Network		In-Network		In-Network	
Deductible		\$2,000 / \$4,000		\$2,000 / \$4,000		\$1,500 / \$3,000	
Coinsurance		100%		100%		100%	
Coinsurance maximum		N / A		N / A		N / A	
Out-of-pocket maximum		\$3,000 / \$6,000		\$3,000 / \$6,000		\$2,500 / \$5,000	
		Benefit Description		Benefit Description		Benefit Description	
PCP / Specialist		100% after deductible		100% after deductible		100% after deductible	
Telemedicine		100% after deductible		100% after deductible		100% after deductible	
ER / Urgent care		100% after deductible		100% after deductible		100% after deductible	
High-tech imaging		100% after deductible		100% after deductible		100% after deductible	
Prescription drugs		\$15 / \$30 / \$60 after deductible		\$10 / \$40 / \$80 after deductible		\$10 / \$35 / \$60 after deductible	
		Additional Information		Additional Information		Additional Information	
Plan riders		Aggregate deductible; Custom formulary		Aggregate deductible		Aggregate deductible	
Provider network		BCBSM PPO		Alliance Health Plan		UHC Choice Plus	
Rate guarantee		1 year		1 year		1 year	
		Current		Renewal		Proposed	
One Person	3	\$458.82	\$540.07	\$468.03		\$482.13	
Two Person	1	\$1,101.17	\$1,296.17	\$1,123.27		\$1,158.68	
Family	19	\$1,376.46	\$1,620.21	\$1,404.09		\$1,448.35	
Monthly Premium		\$28,630.37	\$33,700.45	\$29,205.07		\$30,123.72	
Annual Premium		\$343,564.44	\$404,405.38	\$350,460.84		\$361,484.64	
Annual Difference			\$60,840.94	\$6,896.40		\$17,920.20	
Percent Change			17.71%	2.01%		5.22%	

Please refer to benefit summaries for Out-of-Network benefits

Simply Blue PPO HSA \$2,000

HAP PPO HSA \$2,000

United Healthcare - ABIX

HSA Employer Funding

One Person	3	\$128.17	\$68.64	\$140.68	\$126.58
Two Person	1	\$126.41	\$0.00	\$149.73	\$114.32
Family	19	\$224.43	\$39.91	\$256.03	\$211.77

Total Monthly Cost Including ER HSA Contributions & Admin

One Person	3	\$586.99	\$608.71	\$608.71	\$608.71
Two Person	1	\$1,227.58	\$1,296.17	\$1,273.00	\$1,273.00
Family	19	\$1,600.89	\$1,660.12	\$1,660.12	\$1,660.12

Total Monthly Employee Contributions Hard Cap Scenario

One Person	3	\$0.00	\$0.00	\$0.00	\$0.00
Two Person	1	\$0.00	\$23.17	\$0.00	\$0.00
Family	19	\$0.00	\$0.00	\$0.00	\$0.00

Total Annual Premium + HSA Funding	\$400,865.17	\$415,975.16	\$415,697.09	\$415,697.09
Total Annual EE Contributions	\$0.00	\$278.07	\$0.00	\$0.00
Total Net Cost	\$400,865.17	\$415,697.09	\$415,697.09	\$415,697.09
Annual Difference		\$14,831.92	\$14,831.92	\$14,831.92
Percent Change		3.70%	3.70%	3.70%



MI MEDICAL BENEFITS



Group #: 00101312-0001-0001

	BCN HMO HSA \$1,400	HAP HMO HSA \$1,400	United Healthcare - BMGQ	United Healthcare - BMGR
	In-Network	In-Network	In-Network	In-Network
Deductible	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,500 / \$3,000	\$2,000 / \$4,000
Coinsurance	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Coinsurance maximum	N / A	N / A	N / A	N / A
Out-of-pocket maximum	\$2,350 / \$4,700	\$2,800 / \$5,600	\$5,000 / \$7,900	\$6,350 / \$7,900
	Benefit Description	Benefit Description	Benefit Description	Benefit Description
PCP / Specialist	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
Telemedicine	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
ER / Urgent care	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
High-tech imaging	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible	80% / 20% after deductible
Prescription drugs	\$4 / \$15 / \$40 / \$80 / 20% (\$200 max) / 20% (\$300 max) after deductible	\$7 / \$20 / \$30 / \$60 / 20% / 20% after deductible	\$5 / \$40 / \$105 / \$250 after deductible	\$5 / \$40 / \$105 / \$250 after deductible
	Additional Information	Additional Information	Additional Information	Additional Information
Plan riders	Aggregate deductible; Custom formulary	Aggregate deductible	Aggregate deductible	Aggregate deductible
Provider network	BCN HMO	HAP HMO	UHC Choice	UHC Choice
Rate guarantee	1 year	1 year	1 year	1 year

		Current	Renewal	Proposed	Proposed	Proposed
One Person	6	\$322.18	\$379.23	\$449.99	\$390.24	\$366.17
Two Person	6	\$773.25	\$910.18	\$1,079.98	\$937.85	\$880.00
Family	25	\$966.56	\$1,137.73	\$1,349.97	\$1,172.30	\$1,100.00
Monthly Premium		\$30,736.58	\$36,179.64	\$42,929.07	\$37,276.04	\$34,977.02
Annual Premium		\$368,838.96	\$434,155.70	\$515,148.84	\$447,312.48	\$419,724.24
Annual Difference			\$65,316.74	\$146,309.88	\$78,473.52	\$50,885.28
Percent Change			17.71%	39.67%	21.28%	13.80%

		BCN HMO HSA \$1,400	HAP HMO HSA \$1,400	United Healthcare - BMGQ	United Healthcare - BMGR
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HSA Employer Funding					
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One Person	6	\$264.81	\$229.48	\$158.72	\$218.47	\$242.54
Two Person	6	\$454.33	\$362.82	\$193.02	\$335.15	\$393.00
Family	25	\$634.33	\$522.40	\$310.15	\$487.82	\$560.12

Total Monthly Cost Including ER HSA Contributions & Admin					
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One Person	6	\$586.99	\$608.71	\$608.71	\$608.71	\$608.71
Two Person	6	\$1,227.58	\$1,273.00	\$1,273.00	\$1,273.00	\$1,273.00
Family	25	\$1,600.89	\$1,660.12	\$1,660.12	\$1,660.12	\$1,660.12

Total Monthly Employee Contributions Hard Cap Scenario					
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One Person	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Two Person	6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total Annual Premium + HSA Funding		\$610,915.60	\$633,519.37	\$633,519.37	\$633,519.37	\$633,519.37
Total Annual EE Contributions		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Net Cost		\$610,915.60	\$633,519.37	\$633,519.37	\$633,519.37	\$633,519.37
Annual Difference			\$22,603.77	\$22,603.77	\$22,603.77	\$22,603.77
Percent Change			3.70%	3.70%	3.70%	3.70%