

EXAMPLE PROPOSAL SUMMARY FOR MDA GROUP

	MDA	BCBSM		PRIORITY HEALTH		AETNA		BCN		HUMANA	
	CMM 500	Comm Blue 3	Comm Blue 4	PPO 0/100%	PPO 500/80%	PPO 4.1	PPO 8.1	BCN 10 - 250	BCN 10 - 500	PPO 08-13	PPO 08-2
RATES FOR	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple	4 Single 2 Couple
BENEFITS	4 Family	4 Family	4 Family	4 Family	4 Family	2 Emp. + Child 2 Family	2 Emp. + Child 2 Family	4 Family	4 Family	2 Emp. + Child 2 Family	2 Emp. + Child 2 Family
Ind. Deductible	\$500	\$250/500	\$500/1,000	\$0	\$500/1,000	\$250/500	\$500/1,000	\$250	\$500	\$500/1,000	\$250/750
Fam. Deductible	\$1,000	\$500/1,000	\$1,000/2,000	\$0	\$1,000/2,000	\$500/1,000	\$1,000/2,000	\$500	\$1,000	\$1,000/3,000	\$500/1,500
Co - Ins	80%	80/60%	80/60%	100/70%	80/60%	90/70%	80/60%	\$80%	80%	90/60%	100/70%
Ind. Max OOP	\$2,000	\$1,250/3,500	\$2,000/4,000	\$0/2,500	\$2,000/4,000	\$1,250/3,500	\$2,500/5,000	\$1,750	\$2,000	\$1,500/4,500	\$250/4,750
Fam. Max OOP	\$4,000	\$2,500/7,000	\$4,000/8,000	\$0/5,000	\$4,000/8,000	\$2,500/7,000	\$5,000/10,000	\$3,500	\$4,000	\$3,000/9,000	\$500/9,500
Ov Copay	20% after ded.	\$10	\$10	\$20	\$20	\$15	\$20	\$20	\$20	\$20	\$20
Spec Copay	20% after ded.	\$10	\$10	\$35	\$35	\$15	\$20	\$20	\$20	\$40	\$40
Urgent Care	20% after ded.	\$10	\$10	\$50	\$50	\$30	\$40	\$35	\$35	\$40	\$40
ER Copay	20% after ded.	\$50	\$50	\$100	\$100	\$100	\$100	\$75	\$75	\$150	\$150
Rx Program	\$15/30/60/50%	\$15/30/60	\$15/30/60	\$15/25	\$15/25	\$10/25/50	\$10/30/50	\$10/20/40	\$10/20/40	\$10/35/55/25%	\$10/35/55/25%
MONTHLY											
Per Single	\$382.68	\$375.54	\$351.42	\$361.31	\$309.60	\$358.00	\$316.00	\$301.03	\$279.47	\$262.04	\$331.20
Per Couple	\$800.23	\$844.97	\$790.67	\$794.89	\$681.12	\$698.00	\$614.00	\$692.36	\$642.75	\$655.10	\$828.00
Per Emp. + Child						\$695.00	\$612.00			\$524.08	\$662.40
Per Family	\$1,047.69	\$1,013.96	\$948.80	\$993.61	\$851.39	\$1,127.00	\$922.00	\$782.67	\$726.59	\$864.74	\$1,092.97
TOTAL COST											
Monthly	\$7,321.94	\$7,247.94	\$6,782.22	\$7,009.46	\$6,006.20	\$6,472.00	\$5,700.00	\$5,719.52	\$5,309.74	\$5,157.00	\$6,512.54
Annually	\$87,755.28	\$86,975.28	\$81,386.64	\$84,113.52	\$72,074.40	\$77,664.00	\$68,400.00	\$68,634.24	\$63,716.88	\$61,884.00	\$78,150.48
%SAVINGS		1%	7%	4%	18%	11%	22%	22%	27%	29%	11%

CURRENT PLAN

CHOSEN PLAN