

# EXAMPLE PROPOSAL SUMMARY FOR SOUTHFIELD FAMILY DENTAL

	UNITED HEALTH	AETNA		HUMANA		ASSURANT		BLUE CROSS BLUE SHIELD OF MI		
		PPO 2-07	PPO 1-07	PPO 08	PPO 08	Real Choice I	Real Choice I	Comm Blue 12	Comm Blue 4	Comm Blue 3
<b>RATES FOR</b>	9 single 2 family	9 single 2 family	9 single 2 family	9 single 2 family	9 single 2 family	9 single 2 family	9 single 2 family	9 single 2 family	9 single 2 family	9 single 2 family
<b>MONTHLY</b>										
Per Single	\$317.00	\$302.00	\$343.00	\$261.58	\$304.33	\$269.87	\$301.31	\$325.08	\$363.24	\$390.11
Per Family	\$1,071.00	\$791.00	\$904.00	\$863.21	\$1,004.28	\$833.67	\$930.78	\$877.71	\$980.73	\$1053.30
<b>BENEFITS</b>										
Deductible	\$1,000/2,500	\$500/1,000	\$250/500	\$1,000/3,000	\$500/1,500	\$1,500/3,000	\$1,000/2,000	\$1,000/2,000	\$500/1,000	\$250/500
Co - Ins	100/50%	100/80%	100/80%	100/70%	100/70%	100/80%	100/80%	80/60%	80/60%	80/60%
Max OOP	\$1,000/5,000	\$0/6,000	\$0/3,000	\$0/4,000	\$0/4,000	\$0/3,500	\$0/3,500	\$2,500/3,000	\$1,500/3,000	\$1,000/3,000
Ov Copay	\$30	\$25	\$15	\$20	\$20	\$25	\$25	\$30	\$30	\$30
Spec Copay	\$30	\$25	\$15	\$40	\$40	\$40	\$40	\$30	\$30	\$30
Urgent Care	\$60	\$40	\$30	\$40	\$40	\$50	\$50	\$30	\$30	\$30
ER Copay	\$100 + ded	\$75	\$75	\$150	\$150	\$100	\$100	\$50	\$50	\$50
Rx Program	\$10/25/50	\$10/20/50	\$10/25/50	\$15/30/50	\$15/30/50	\$15/50/75	\$15/50/75	\$10/40	\$10/40	\$10/40
<b>ANNUALLY</b>										
Per Single	\$3,804.00	\$3,624.00	\$4,116.00	\$3,138.96	\$3,651.96	\$3,238.44	\$3,615.72	\$3,900.96	\$4,358.88	\$4,681.32
Per Family	\$12,852.00	\$9,492.00	\$10,848.00	\$10,358.52	\$12,051.36	\$10,004.04	\$11,169.36	\$10,532.52	\$11,768.76	\$12,639.60
<b>TOTAL COST</b>										
Monthly	\$4,995.00	\$4,300.00	\$4,895.00	\$4,080.64	\$4,747.53	\$4,096.17	\$4,573.35	\$4,681.14	\$5,230.62	\$5,617.59
Annually	\$59,940.00	\$51,600.00	\$58,740.00	\$48,967.68	\$56,970.36	\$49,154.04	\$54,880.20	\$56,173.68	\$62,767.44	\$67,411.08
<b>%SAVINGS</b>		14%	2%	18%	5%	18%	8%	6%	-5%	-12%

CURRENT PLAN

CHOSEN PLAN