

Fully Funded proposal for

Jackson County Intermediate School District

Effective date: 01/01/2021

Agent: BRIAN DRUMMOND

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There's more to choosing a benefits package than finding the lowest initial cost.

In fact, we think real value comes from benefits that benefit everyone. That's because one-size-fits-all health insurance is a thing of the past, replaced with comprehensive benefits that boost employee health, cut down on absenteeism and ultimately save you money.

Before you start crunching numbers, see why Priority Health is the smart choice for your business.



Plan offerings

We help you choose the right plan for you and your employees.

Every Priority Health plan is carefully designed with a specific set of needs in mind. We can help you decide on the exact combination of plan features that benefit both you and your employees.



ACCEPTED BY
97% OF PRIMARY CARE DOCTORS AND HOSPITALS STATEWIDE¹
1 MILLION NATIONWIDE THROUGH PARTNERSHIP WITH CIGNA

Network

Priority Health has one of the strongest networks available to serve our members with 97% of primary care doctors and hospitals¹ in Michigan. Plus, members who live, work or travel out of state have access to 1 million providers nationwide through our partnership with Cigna.²

	HMO	POS	PPO
Summary	Lowest-cost option with a great network of participating providers and limited coverage outside the plan's network.	A hybrid of HMO and PPO plans. Like an HMO, participants designate an in-network physician to be their primary care provider. However, like a PPO, members may go outside of the provider network for health care services.	Provides ability to receive services by providers regardless of network participation (in-network vs. out-of-network).
Primary Care Physician (PCP) requirements	Member is required to have a designated PCP to receive in-network benefits. No referral required to see a specialist.	Member is required to have a designated PCP to receive in-network benefits. No referral required to see a specialist.	A member is not required to have a PCP to receive in-network benefits. No referral required to see a specialist.
Out-of-network policy	Out-of-network care is not covered unless it's an emergency.	Out-of-network care is covered, but members pay higher out-of-pocket costs for out-of-network services. Services performed out of state through participating Cigna providers are covered at the in-network (preferred) benefit level.	
Enrollment requirements	100% of employees enrolled must work or live in Michigan.	50% of employees enrolled must live in Michigan.	
New member continuity of care	New member continuity of care for the first 90 days. ³ <ul style="list-style-type: none"> • New Priority Health members can receive services from out-of-network providers at the in-network benefit level for pre-authorized services that were scheduled prior to enrollment with Priority Health. • A Priority Health nurse care manager will help members transition to an in-network provider following the services. 		N/A

Plan offerings

Additional services

COBRA

When you choose to offer COBRA coverage⁴ with Priority Health, you'll pay no administrative fees while providing your employees the opportunity to continue health insurance benefits at times they would normally be ineligible (due to resignation, termination, leave of absence, layoff, etc.).

PriorityHSA

When purchasing a PriorityHSA plan, employers will have access to [HealthEquity](#). HealthEquity offers several services with an integrated claims experience to ensure members reap the full benefits of a health savings account (HSA). Most carriers have a banking partner; however, Priority Health offers the service at no charge to employers, their employees or individual members.

FSA

Priority Health partners with HealthEquity to provide employers with options for their flexible spending accounts (FSA). Employers can choose from a traditional FSA product, a Limited Purpose FSA (LPFSA) to complement their HSA plans or dependent care reimbursement.

PriorityHRA

PriorityHRASM is a fully integrated health reimbursement arrangement (HRA) that can be added to large-group Priority Health medical plans to lower employers' total health care spending. Employers can pay a portion of the deductible cost by setting up and funding the account for employees.

Additional coverage rider options

We offer a variety of riders for employer groups to enhance their existing coverage to suit their business's unique needs. A rider is a supplemental option that is added to an existing health plan.



Employees can use our [Find a Doctor](#) tool to search for doctors by their specific plan.

Employee engagement

We aim to keep employees engaged in their health.

Since we administer all of our fully integrated services in-house, we manage each member's health holistically and help your bottom line-for all of our employers, regardless of funding type.



Virtual care is a fast, convenient and affordable way to see a licensed doctor for non-emergencies, saving you and your employees money. In-network virtual care is available at no cost, 24/7 for select services with participating virtual care providers.

\$136 AVERAGE SAVINGS PER VISIT*



Cost transparency with **Cost Estimator** allows employees to shop, compare and save when it comes to health care services, just like they would with any other important purchase. Costs for hundreds of services and prescriptions from in-network⁵ facilities are available so users can make decisions with their health and their budget in mind. Plus, we give members cash back for finding the best price on care. Priority Health is the only carrier in Michigan to issue prepaid Visa® gift cards to members who shop qualifying procedures with Cost Estimator.⁶ Rewards range from \$50-\$200.

VISA \$3 M PAID IN REWARDS
AS OF MAY 2020



We know that healthy living goes beyond doctor visits. That's why we offer no-cost access to the **Wellbeing Hub**-a personalized online solution that offers useful information, tools, programs and activities to help employees monitor and improve their health and wellbeing.

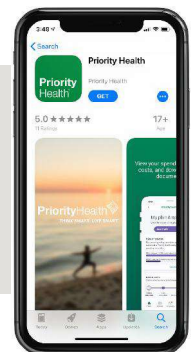


As a Priority Health member, employees will have peace of mind should they need medical assistance when traveling more than 100 miles from home. With **Assist America**®, employees and their dependents have 24/7 travel assistance services with the nation's largest provider of global emergency medical services.



Want more ways to stay healthy, active and fit? The **Active&Fit Direct** program makes it easy to get moving. Choose from an online directory of over 250 fitness centers in Michigan and more than 9,000 nationwide. Participate for \$25/month (plus \$25 enrollment fee and applicable taxes).

With Priority Health, your employees can manage their health insurance easier than ever by downloading the Priority Health app. There they can access their personalized plan information, virtual care, Cost Estimator and Wellbeing Hub anytime, anywhere.



*Combined average savings for the plan and member. Source: Spectrum Health Now virtual care data.

Workforce health

We offer programs to optimize employee health.

The following programs are included with every plan.



Care Management: Our care management program gives employees access to our licensed professionals, who can help them create health goals and a game plan to improve their health and decrease costs. Unlike some other carriers, we accept all members into our care management program.



**20-24%
FEWER MEDICAL
ADMISSIONS⁷**

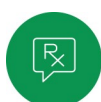


Behavioral health: Priority Health benefits include free, 24/7 behavioral health assistance. Whether your employees are seeking treatment or simply searching for more information, as part of an integrated model our care management, pharmacy and customer service teams can refer members directly to our behavioral health team to help with things like emotional distress, depression, support related to substance use and mental health.

We also have a range of digital resources available for employees, including virtual care for behavioral health and myStrength, a mental wellness tool with activities to manage stress and bolster mental health.



Diabetes Prevention Program, including virtual access through Omada: Members who are at risk of or diagnosed with pre-diabetes are eligible to join our [Diabetes Prevention Program](#) offered digitally and in-person through our partner [Omada](#). The program offers the tools and resources your employees need to prevent diabetes, including personal meetings, classes and group sessions with a certified lifestyle coach.



Medication therapy management: If a member takes several medications for chronic conditions, we can help them manage their prescription regimen. Our plans include a 30-minute face-to-face visit with a pharmacist to help members understand their medications, discuss ways to simplify their regimen, maximize results and potentially save money.

**\$640 SAVED FOR EVERY
COMPLETED MEDICATION
REVIEW (PMPY)⁸**



Employer Insights: We aim to bring value and transparency to your business with a reporting tool and team of analysts that offer the data you want-how, when and where you want it. By putting streamlined data in one place, you can spot patterns and trends, identify problems and create cost-effective solutions. Use it to produce the best result for your bottom line and, more importantly, your employees.

Workforce health

The following programs are additional options for employer groups.



Health coaching: Our team of health coaches can support your employees with their wellbeing goals. Each health coach is nationally board certified and trained. They are skilled in helping individuals with managing their weight, reducing stress, quitting nicotine, exercising and much more.

Additional services



Dental: Priority Health partners with Delta Dental to bring you dental coverage options in one place, on one monthly invoice.



Vision: Opt to add vision coverage through EyeMed to your benefits package so you don't have to worry about yet another invoice.



PriorityWell®: PriorityWell is our workplace wellbeing solution. With the option of three scalable packages, employer groups can create a formal, compliant and personalized wellbeing program for their workforce. These packages are available to groups with 30+ eligible members and work alongside a Priority Health medical plan to give employers and their employees an integrated experience-one with measurable results.

Transitioning plans

We provide the resources you need to ensure a smooth transition.

When switching carriers or plan offerings, we know it's important to guarantee a smooth transition and eliminate any risk or disruption, especially during times of crisis or challenging events.

Priority Health takes care of and provides the following resources to help ease the transition process:

- Dedicated implementation team.
- Open enrollment materials including customizable digital e-guide.
- Enrollment spreadsheet option for quick, easy and accurate transfer of enrollment information.
- Rx transition fill to ensure members continue receiving medications without disruption.
- Member onboarding communications to guide the employee through their new health plan features and benefits.
- Employer toolkits help promote and reinforce critical assets of the health plan to your workforce throughout the year.
- Plus, all the standards you've come to expect, including benefit summaries, Summary of Benefits and Coverage (SBC) documents, member ID cards, online invoices and subrogation services.

Deductible credit transfer:

Members may receive credit toward their new deductible with Priority Health for claims with dates of service 90 days prior to their Priority Health effective date. Credit is applicable to Tiered Copay, Copay Aligned and Traditional Copay plans. PriorityHSA, PriorityValue and Minimum Value plans are not eligible for deductible credit transfer. Requests must be submitted within 120 days of the Priority Health plan effective date.

To learn more, contact your agent or a Priority Health sales representative today.

¹ According to the Michigan Department of Insurance and Financial Services 2020 Individual and Small Group network filings, excluding out-of-state and Upper Peninsula providers. Network varies by plan.

² Priority Health is an independent company and not an affiliate of Cigna. Any Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name and other Cigna marks are owned by Cigna Intellectual Property, Inc.

³ Certain exceptions apply. Please consult with your Priority Health sales representative.

⁴ Offered through Infinisource

⁵ Priority Health network only

⁶ For self-funded plans, employers have the option to opt-in to offer rewards. Rewards are paid by the employer.

⁷ Source: ACHP Performance Gauge reporting 2019 HEDIS (2018 performance)

⁸ Source: Priority Health evaluation of impact of CMR on total cost of care

Fully Funded Proposal Summary

Jackson County Intermediate School District



Effective Date: January 1, 2021
 Agent Name: BRIAN DRUMMOND
 Agent Fee: 3%
 Deductible Type: Policy Year

Enrolled Contracts: 211
 MI Contracts: 211
 Non-MI Contracts: 0
 SIC Code: 8211

Proposed Benefits & Rates

	PPO HSA \$1400 100% Plan ID: 520962	HMO HRA \$3000 80% Plan ID: 520963	POS HSA \$1400 100% Plan ID: 520964	
Product	PPO	HMO	POS	
Copay Type	Traditional	Copay Aligned	Traditional	
Subproduct	HSA	HRA	HSA	
INN Coinsurance	100%	80%	100%	
OON Coinsurance	80%	N/A	80%	
INN Deductible	\$1,400	\$3,000	\$1,400	
OON Deductible	\$2,800	N/A	\$2,800	
INN Coinsurance Maximum	N/A	\$2,500	N/A	
OON Coinsurance Maximum	N/A	N/A	N/A	
INN TrOOP	\$2,300	\$6,350	\$2,300	
OON TrOOP	\$4,600	N/A	\$4,600	
Office Visit Copay		\$30		
Specialist Copay		\$45		
Urgent Care Copay		\$60		
Emergency Room Copay		\$150		
Ambulance Copay		\$150		
High Tech Imaging Copay		\$150		
Rx Plan				
Generic	\$10	\$10	\$10	
Preferred Brand	\$40	\$40	\$40	
Non-Preferred Brand	\$80	\$40	\$80	
Preferred Specialty	\$40	\$40	\$40	
Non-Preferred Specialty	\$80	\$40	\$80	
Proposed Premium Rates	PPO HSA \$1400 100%	HMO HRA \$3000 80%	POS HSA \$1400 100%	
Single	\$574.52	\$488.10	\$555.26	
Double	\$1,378.85	\$1,171.44	\$1,332.63	
Family	\$1,723.56	\$1,464.30	\$1,665.78	

Notes

- Refer to the Rate Exhibit for each plan for specific benefit details.
- Final premium rates will vary slightly due to rounding.
- Rates and benefits may be pending and subject to approval by the Michigan Department of Insurance and Financial Services.
- All released quotes are based on enrollment provided by the group or agent. Priority Health reserves the right to re-rate based on final enrollment.

Rate Exhibit for Jackson County Intermediate School District



Effective Date: 01/01/2021
Deductible Type: Policy Year

Quote No: 79038
Agent Name: BRIAN DRUMMOND
Commission: 3%

Rating Segment: JACKSON COUNTY ISD, JACKSON IEA

Notes:

1. Final premium rates will vary slightly due to rounding.
2. Rates and benefits may be pending and subject to approval by the Michigan Department of Insurance and Financial Services.
3. All released quotes are based on enrollment provided by the group or agent (proposals) or extracted from the Priority Health system (renewals). Priority Health reserves the right to re-rate based on final enrollment.

Other restrictions apply. Please contact your Priority Health Sales Representative for plan design approval and actual rates prior to finalizing the proposal or renewal. Priority Health is not liable for agent or employer group errors.

This Group Agreement, including the Plan Documents, Exhibit A, Exhibit B, Exhibit C (if applicable), the New Group Application, the Rate Exhibit, the Pre-Renewal letter, and any amendments or attachments/exhibits thereto, constitutes the entire agreement between Group and Health Plan. On the Effective Date, this Agreement supersedes all other agreements for health care services and benefits between the parties. However, if this Agreement, including but not limited to any Exhibit A and B, contains a typographical error which is a mistake that is known or should have been known by the parties, the parties agree that this Agreement will be amended to correct such error. If one of the parties is unwilling to amend this Agreement to correct the error, the other party may terminate this Agreement by providing written notice to the unwilling party.

Rate Exhibit for Jackson County Intermediate School District



Plan: PPO HSA
Effective Date: 01/01/2021
Deductible Type: Policy Year
Rating Segment: JACKSON COUNTY ISD, JACKSON IEA

Quote No: 79038
Agent Name: BRIAN DRUMMOND
Commission: 3%

Product [NonGrandfathered HCR]	PPO HSA	Riders
Copay Type	Traditional	Chronic Condition Services & Supplies: Medical & Rx DME/P&O Coins: 100% PSA 100% Rehab Visits: 30 Skilled Nursing Facility 45 additional days (Public School), in network
Hospital Coinsurance		
In Network	100%	
Out of Network	80%	
Deductible		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
Individual - In Network	\$1,400	
Family - In Network	\$2,800	
Individual - Out of Network	\$2,800	
Family - Out of Network	\$5,600	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,300	
Family - In Network	\$4,600	
Individual - Out of Network	\$4,600	
Family - Out of Network	\$9,200	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$571.63	\$1,371.91	\$1,714.89
Federal & State Taxes	\$2.89	\$6.94	\$8.67
Billed Rate	\$574.52	\$1,378.85	\$1,723.56
Participants	3	2	1

Summary	Participants	6	<u>Combined</u>
	Monthly Cost	\$6,173.60	\$6,204.82
	Annual Cost	\$74,083.20	\$74,457.84
	PEPM	\$1,028.93	\$1,034.14

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit for Jackson County Intermediate School District



Plan: HMO HRA
Effective Date: 01/01/2021
Deductible Type: Policy Year
Rating Segment: JACKSON COUNTY ISD, JACKSON IEA

Quote No: 79038
Agent Name: BRIAN DRUMMOND
Commission: 3%

Product [NonGrandfathered HCR]	HMO HRA	Riders
Copay Type	Copay Aligned	Diabetes Supplies: 80%
Hospital Coinsurance		DME/P&O Coins: 80%
In Network	80%	PSA 100%
Out of Network	N/A	Rehab Visits: 30
Deductible		Rx Mail Order: 2.0 times
Individual - In Network	\$3,000	Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
Family - In Network	\$6,000	
Individual - Out of Network	N/A	
Family - Out of Network	N/A	
Coinsurance Max		
Individual - In Network	\$2,500	
Family - In Network	\$5,000	
Individual - Out of Network	N/A	
Family - Out of Network	N/A	
Office Visit (PCP) Copay	\$30	
Specialist Copay	\$45	Total Cost Sharing Out of Pocket Annual Limit
Urgent Care Copay	\$60	Individual - In Network
Emergency Room Copay	\$150	Family - In Network
Ambulance Copay	\$150	\$6,350
High Tech Imaging Copay	\$150	\$12,700

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$40	100%	\$40
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$40	100%	\$40

	Single	Double	Family
Premium	\$485.21	\$1,164.50	\$1,455.63
Federal & State Taxes	\$2.89	\$6.94	\$8.67
Billed Rate	\$488.10	\$1,171.44	\$1,464.30
Participants	66	44	95

Summary	Participants	205	<u>Combined</u>
	Monthly Cost	\$221,546.71	\$222,866.46
	Annual Cost	\$2,658,560.52	\$2,674,397.52
	PEPM	\$1,080.72	\$1,087.15

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit for Jackson County Intermediate School District



Plan: POS HSA
Effective Date: 01/01/2021
Deductible Type: Policy Year
Rating Segment: JACKSON COUNTY ISD, JACKSON IEA

Quote No: 79038
Agent Name: BRIAN DRUMMOND
Commission: 3%

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Traditional	Chronic Condition Services & Supplies: Medical & Rx DME/P&O Coins: 100% PSA 100% Rehab Visits: 30 Skilled Nursing Facility 45 additional days (Public School), in network
Hospital Coinsurance		
In Network	100%	
Out of Network	80%	
Deductible		Rx Mail Order: 2.0 times Rx Sexual Dysfunction: Oral & Non-Oral Treatment, Matching Copay
Individual - In Network	\$1,400	
Family - In Network	\$2,800	
Individual - Out of Network	\$2,800	
Family - Out of Network	\$5,600	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,300	
Family - In Network	\$4,600	
Individual - Out of Network	\$4,600	
Family - Out of Network	\$9,200	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$552.37	\$1,325.69	\$1,657.11
Federal & State Taxes	\$2.89	\$6.94	\$8.67
Billed Rate	\$555.26	\$1,332.63	\$1,665.78
Participants	3	2	1

Summary	Participants	6	<u>Combined</u>
	Monthly Cost	\$5,965.60	\$5,996.82
	Annual Cost	\$71,587.20	\$71,961.84
	PEPM	\$994.27	\$999.47

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.