

Quality Aire Systems, Inc.
Health and Welfare Plan Proposal

Effective December 1, 2024

Presented by

HIA
FINANCIAL

EMPLOYEE BENEFIT PLANS

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HEALTH INSURANCE ADMINISTRATION, INC.

Medical/Rx Plan Renewal and Alternatives
Schedule of In-Network Benefits and Rates

Summary of Renewal and Alternative Plan Designs for 2024



Quality Aire Systems, Inc.
December 2024 Renewal

Benefit Plan	Carrier	Plan Name	Netw ork	Office Visit Copay -		Emergency Room	Deductible	Coinsurance	Rx - Custom Drug List	Out of Pocket Max	Two			Total	% Change from Current
				Primary Care	UC						Single Person	Family			
Current Plan 1	BCBS	Simply Blue 1500	PPO	\$30	\$60	\$250	\$1,500	20% (\$4,000)	\$20/\$60/\$100/20% (\$200)	\$8,150	AR	AR	AR	\$51,719	-
Renewal Plan 1	BCBS	Simply Blue 1500	PPO	\$30	\$60	\$250	\$1,500	20% (\$4,000)	\$20/\$60/\$100/20% (\$200)	\$8,150	AR	AR	AR	\$57,686	11.5%
Alt Plan 1	PH	PPO Trad 1500	PPO	\$30	\$60	\$250	\$1,500	20% (\$4,000)	\$20/\$60/\$100/20% (\$200)	\$8,150	\$554	\$1,219	\$1,496	\$49,630	-4.0%
Current Plan 2	BCN	BCN Silver 5000	HMO	\$40	\$60	\$350 after ded.	\$5,000	30%	\$15/\$40/\$80/\$150/20% (\$300)	\$9,100	AR	AR	AR	\$38,710	-
Renewal Plan 2	BCN	BCN Silver 5000	HMO	\$40	\$60	\$350 after ded.	\$5,000	30%	\$15/\$40/\$80/\$150/20% (\$300)	\$9,100	AR	AR	AR	\$40,830	5.5%
Alt Plan 2	PH	HMO Trad 5000-71	HMO	\$40	\$60	\$350 after ded.	\$5,000	30%	\$15/\$30/\$60/20% (\$300)	\$9,100	\$386	\$850	\$1,043	\$34,626	-10.6%
Current Plan 3	BCN	BCN HSA Bronze	HMO	Ded/Coin.	Ded./	Ded./Coins.	\$6,900	0%	Ded./Coins.	\$6,900	AR	AR	AR	\$32,359	-
Renewal Plan 3	BCN	BCN HSA Bronze	HMO	Ded/Coin.	Ded./	Ded./Coins.	\$7,500	0%	Ded./Coins.	\$7,500	AR	AR	AR	\$33,479	3.5%
Alt Plan 3	PH	HMO HSA \$7500	HMO	Ded/Coin.	Ded./	Ded./Coins.	\$7,500	0%	Ded./Coins.	\$7,500	\$282	\$620	\$761	\$25,266	-21.9%

This Schedule of In-Network Benefits & Rates is designed to provide an overview of comparative plan options and is subject to the terms and conditions of the actual policy. In case of conflict between this schedule and the policy, the terms and conditions of the policy govern. Plan rates are effective 2024-Q4 and may include medical and prescription drug Essential Health Benefits as required by the Affordable Care Act. Benefits accumulate on a calendar year basis. Proposed rates are intended for comparison purposes and are based on the census provided or captured in the months prior to renewal; see the customer rate sheets for detailed premiums. Deductibles, coinsurance, and out of pocket maximums shown are for one member - two deductibles and out of pocket maximums per contract apply.

- Note:
- Simply Blue plans apply deductible and coinsurance to office services. Services include diagnostic (including complex), therapeutic and surgery. An office visit copay still applies to the exam. Cost-sharing may not apply if preventive/immunization services are performed during the office visit.
 - Underwriting allows up to three plans. Product coexistence rules apply (e.g., group cannot offer both Simply Blue and Community Blue; group cannot offer both BCN Classic HMO and BCN PCP Focus HMO).

Medical/Rx Plan Renewal and Alternatives
Schedule of In-Network Benefits and Rates

Comparison of Current/Renewal Plan(s)
 and Alternative Plan Designs for 2024



Your **Current 2023** Medical Plans

		Plan 1 Gold Current	Plan 2 Silver Current	Plan 3 Bronze Current
Medical/Rx Plans	Effective Date	12/1/2023	12/1/2023	12/1/2023
	Insurance Carrier	Blue Cross Blue Shield of Michigan	Blue Care Network	Blue Care Network
	Plan Name	Simply Blue 1500 PPO	BCN Silver 5000	BCN Bronze HSA
	Network	PPO	HMO	HMO
Preventive Care	Periodic physical exams, well baby/child exams, immunizations, prenatal care, etc.	Covered 100%	Covered 100%	Covered 100%
Fixed-Dollar Copays	PCP Office Visit (to treat an injury or illness)	\$30	\$40	Deductible/Coinsurance
	Specialist office visit	\$50	\$60	Deductible/Coinsurance
	Urgent care	\$60	\$60	Deductible/Coinsurance
	Emergency room (waived if admitted)	\$250	\$350 after deductible	Deductible/Coinsurance
In-Patient / Out-Patient Out-of-Pocket Expenses	Deductible - Individual/Family	\$1,500/\$3,000	\$5,000/\$10,000	\$6,900/\$13,800
	Coinsurance	20%	30%	0%
	Embedded Coinsurance Maximum	\$4,000/\$8,000	N/A	None
Prescription Drug Copays	Tier 1 (e.g., Generic)	\$20	\$15/\$40	Deductible/Coinsurance
	Tier 2 (e.g., Preferred Brand Name)	\$60	\$80	Deductible/Coinsurance
	Tier 3 (e.g., Non-Preferred Brand Name)	\$100	\$150	Deductible/Coinsurance
	Tier 4 (e.g., Specialty)	20% (\$200 max)	20% (\$300 max)	Deductible/Coinsurance
	Tier 5 (e.g., Non-Preferred Specialty)	25% (\$300 max)	20% (\$500 max)	Deductible/Coinsurance
Out-of-Pocket Maximum (OOPM)	OOPM - Individual/Family Includes fixed-dollar copays for office visits and prescription drugs, deductible, and coinsurance	\$8,150/\$16,300	\$9,100/\$18,200	\$6,900/\$13,800
Monthly Premiums	Single (86)	Age rated	Age rated	Age rated
	Two-Person (3)	Age rated	Age rated	Age rated
	Family (0)	Age rated	Age rated	Age rated
	Total Medical	\$51,719	\$38,710	\$32,359

% Change Over Current

Important:
 Census is based on census provided by Client; which is different than invoice provided by Client. For comparison purposes, the census used in these proposals is the same across plans shown.

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Your **Renewal 2024** Medical Plans

		Plan 1 Gold Renewal	Plan 2 Silver Renewal	Plan 3 Bronze Renewal
Medical/Rx Plans	Effective Date	12/1/2024	12/1/2024	12/1/2024
	Insurance Carrier	Blue Cross Blue Shield of Michigan	Blue Care Network	Blue Care Network
	Plan Name	Simply Blue 1500 PPO	BCN Silver 5000	BCN Bronze HSA
	Network	PPO	HMO	HMO
Preventive Care	Periodic physical exams, well baby/child exams, immunizations, prenatal care, etc.	Covered 100%	Covered 100%	Covered 100%
Fixed-Dollar Copays	PCP Office Visit (to treat an injury or illness)	\$30	\$40	Deductible/Coinsurance
	Specialist office visit	\$50	\$60	Deductible/Coinsurance
	Urgent care	\$60	\$60	Deductible/Coinsurance
	Emergency room (waived if admitted)	\$250	\$350 after deductible	Deductible/Coinsurance
In-Patient / Out-Patient Out-of-Pocket Expenses	Deductible - Individual/Family	\$1,500/\$3,000	\$5,000/\$10,000	\$7,500/\$15,000
	Coinsurance	20%	30%	0%
	Embedded Coinsurance Maximum	\$4,000/\$8,000	N/A	None
Prescription Drug Copays	Tier 1 (e.g., Generic)	\$20	\$15/\$40	Deductible/Coinsurance
	Tier 2 (e.g., Preferred Brand Name)	\$60	\$80	Deductible/Coinsurance
	Tier 3 (e.g., Non-Preferred Brand Name)	\$100	\$150	Deductible/Coinsurance
	Tier 4 (e.g., Specialty)	20% (\$200 max)	20% (\$300 max)	Deductible/Coinsurance
	Tier 5 (e.g., Non-Preferred Specialty)	25% (\$300 max)	20% (\$500 max)	Deductible/Coinsurance
Out-of-Pocket Maximum (OOPM)	OOPM - Individual/Family Includes fixed-dollar copays for office visits and prescription drugs, deductible, and coinsurance	\$8,150/\$16,300	\$9,100/\$18,200	\$7,500/\$15,000
Monthly Premiums	Single (86)	Age rated	Age rated	Age rated
	Two-Person (3)	Age rated	Age rated	Age rated
	Family (0)	Age rated	Age rated	Age rated
	Total Medical	\$57,686	\$40,830	\$33,479

% Change Over Current

11.54%

5.48%

3.46%

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 Plan changes are shown in **bold**.

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Your **Alternative 2024** Medical Plans

		Plan 1 Alternative	Plan 2 Alternative	Plan 3 Alternative
Medical/Rx Plans	Effective Date	12/1/2024	12/1/2024	12/1/2024
	Insurance Carrier	Priority Health	Priority Health	Priority Health
	Plan Name	Priority Health PPO Trad \$1500	Priority Health HMO Trad \$5000-70%	Priority Health HMO HSA \$7500
	Network	PPO	HMO	HMO
Preventive Care	Periodic physical exams, well baby/child exams, immunizations, prenatal care, etc.	Covered 100%	Covered 100%	Covered 100%
Fixed-Dollar Copays	PCP Office Visit (to treat an injury or illness)	\$30	\$40	Deductible/Coinsurance
	Specialist office visit	\$50	\$60	Deductible/Coinsurance
	Urgent care	\$60	\$60	Deductible/Coinsurance
	Emergency room (waived if admitted)	\$250	\$350 after deductible	Deductible/Coinsurance
In-Patient / Out-Patient Out-of-Pocket Expenses	Deductible - Individual/Family	\$1,500/\$3,000	\$5,000/\$10,000	\$7,500\$15,000
	Coinsurance	20%	30%	0%
	Embedded Coinsurance Maximum	\$4,000/\$8,000	N/A	None
Prescription Drug Copays	Tier 1 (e.g., Generic)	\$20	\$15	Deductible/Coinsurance
	Tier 2 (e.g., Preferred Brand Name)	\$60	\$30	Deductible/Coinsurance
	Tier 3 (e.g., Non-Preferred Brand Name)	\$100	\$60	Deductible/Coinsurance
	Tier 4 (e.g., Specialty)	20% (\$200 max)	20% (\$300 max)	Deductible/Coinsurance
	Tier 5 (e.g., Non-Preferred Specialty)	20% (\$400 max)	20% (\$500 max)	Deductible/Coinsurance
Out-of-Pocket Maximum (OOPM)	OOPM - Individual/Family Includes fixed-dollar copays for office visits and prescription drugs, deductible, and coinsurance	\$8,150/\$16,300	\$9,100/\$18,200	\$7,500\$15,000
Monthly Premiums	Single (86)	\$553.91	\$386.45	\$281.99
	Two-Person (3)	\$1,218.60	\$850.19	\$620.37
	Family (0)	\$1,495.56	\$1,043.42	\$761.37
	Total Medical	\$49,630	\$34,626	\$25,266
% Change Over Current		-4.04%	-10.55%	-21.92%



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