

Quality Aire Systems, Inc.

a healthcare & benefits proposal

Effective Date December 1, 2024



Presenter

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Prepared For

Quality Aire Systems, Inc.

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County: Washtenaw
SIC Code: 5075

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Employees Information

86 Total number of employees

86 Full time employees

86 Eligible employees

86 Enrolling employees



Medical Coverage

8 Recommended Plans

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Medical Coverage

BlueCross BlueShield of Michigan BCN HMO HSA Bronze 6900

\$32,358.71
Total Monthly Cost

BCN HMO HSA Bronze 6900 HMO Bronze

Deductible	
(In) Ind / Fam	\$6,900 / \$13,800
(Out) Ind / Fam	/
Out-of-Pocket Max	
(In) Ind / Fam	\$6,900 / \$13,800
(Out) Ind / Fam	/
Coinsurance	
In-Network	
Out-of-Network	See SBC
Doctor Visit	Deductible
Virtual Visit	
Specialist Visit	Deductible
X-ray/Lab	Deductible
Imaging	Deductible
Urgent Care	Deductible
Emergency Room	Deductible
Hospital Stay	Deductible
Prescription Drugs	Deductible
RX deductible	See SBC
Employer Cost	\$31,756.51
Employee Cost	\$602.20
Monthly Premium	\$32,358.71

BlueCross BlueShield of Michigan BCN HMO Silver 5000

\$38,709.89
Total Monthly Cost

BCN HMO Silver 5000 HMO Bronze

Deductible	
(In) Ind / Fam	\$5,000 / \$10,000
(Out) Ind / Fam	/
Out-of-Pocket Max	
(In) Ind / Fam	\$9,100 / \$18,200
(Out) Ind / Fam	/
Coinsurance	
In-Network	30%
Out-of-Network	See SBC
Doctor Visit	\$40
Virtual Visit	
Specialist Visit	\$60
X-ray/Lab	Deductible/coins.
Imaging	Deductible/coins.
Urgent Care	\$60
Emergency Room	\$350
Hospital Stay	Deductible/coins.
Prescription Drugs	\$15/\$40/\$80/\$150/20%(...
RX deductible	See SBC
Employer Cost	\$32,798.08
Employee Cost	\$5,911.81
Monthly Premium	\$38,709.89

BlueCross BlueShield of Michigan Simply Blue PPO Gold 1500

\$51,719.08
Total Monthly Cost

SB Gold 1500 PPO Gold

Deductible	
(In) Ind / Fam	\$1,500 / \$3,000
(Out) Ind / Fam	/
Out-of-Pocket Max	
(In) Ind / Fam	\$8,150 / \$16,300
(Out) Ind / Fam	/
Coinsurance	
In-Network	20%
Out-of-Network	See SBC
Doctor Visit	\$30
Virtual Visit	
Specialist Visit	\$50
X-ray/Lab	Ded/Coins.
Imaging	Ded/Coins.
Urgent Care	\$60
Emergency Room	\$250
Hospital Stay	Ded/Coins.
Prescription Drugs	\$20/\$60/\$100/20% (\$20...
RX deductible	See SBC
Employer Cost	\$32,798.08
Employee Cost	\$18,921.00
Monthly Premium	\$51,719.08

BlueCross BlueShield of Michigan 2024 Simply Blue PPO Gold Option 3 AR Con


\$57,685.65
Total Monthly Cost

1 PPO Gold

Deductible	
(In) Ind / Fam	\$1,500 / \$3,000
(Out) Ind / Fam	\$0 / \$0
Out-of-Pocket Max	
(In) Ind / Fam	\$8,150 / \$16,300
(Out) Ind / Fam	\$0 / \$0
Coinsurance	
In-Network	20%
Out-of-Network	40%
Doctor Visit	\$30
Virtual Visit	true
Specialist Visit	\$50
X-ray/Lab	20% after ded
Imaging	20% after ded
Urgent Care	\$60
Emergency Room	\$250
Hospital Stay	20% after ded
Prescription Drugs	\$20 / N/A / \$60 / \$100 / ...
RX deductible	See SBC
Employer Cost	\$32,798.08
Employee Cost	\$24,887.57
Monthly Premium	\$57,685.65

SBC

+ Medical Coverage


2  BlueCross BlueShield of Michigan 2024 Simply Blue PPO Gold Option 5 AR Con

\$55,770.39
Total Monthly Cost

PPO
Gold

Deductible	
(In) Ind / Fam	\$2,500 / \$5,000
(Out) Ind / Fam	\$0 / \$0
Out-of-Pocket Max	
(In) Ind / Fam	\$7,000 / \$14,000
(Out) Ind / Fam	\$0 / \$0
Coinsurance	
In-Network	20%
Out-of-Network	40%
Doctor Visit	
Doctor Visit	\$30
Virtual Visit	
Virtual Visit	true
Specialist Visit	
Specialist Visit	\$50
X-ray/Lab	
X-ray/Lab	20% after ded
Imaging	
Imaging	20% after ded
Urgent Care	
Urgent Care	\$60
Emergency Room	
Emergency Room	\$150
Hospital Stay	
Hospital Stay	20% after ded
Prescription Drugs	
Prescription Drugs	\$20 / N/A / \$60 / \$100 / ...
RX deductible	See SBC
Employer Cost	
Employer Cost	\$32,798.08
Employee Cost	
Employee Cost	\$22,972.31
Monthly Premium	
Monthly Premium	\$55,770.39

SBC

3  BlueCross BlueShield of Michigan 2024 BCN HSA Bronze AR Con

\$33,478.98
Total Monthly Cost

HMO
Bronze

Deductible	
(In) Ind / Fam	\$7,500 / \$15,000
(Out) Ind / Fam	\$0 / \$0
Out-of-Pocket Max	
(In) Ind / Fam	\$7,500 / \$15,000
(Out) Ind / Fam	\$0 / \$0
Coinsurance	
In-Network	0%
Out-of-Network	N/A
Doctor Visit	
Doctor Visit	\$0 after ded
Virtual Visit	
Virtual Visit	
Specialist Visit	
Specialist Visit	\$0 after ded
X-ray/Lab	
X-ray/Lab	\$0 after ded
Imaging	
Imaging	\$0 after ded
Urgent Care	
Urgent Care	\$0 after ded
Emergency Room	
Emergency Room	\$0 after ded
Hospital Stay	
Hospital Stay	\$0 after ded
Prescription Drugs	
Prescription Drugs	\$0 after ded / \$0 after d...
RX deductible	See SBC
Employer Cost	
Employer Cost	\$32,798.08
Employee Cost	
Employee Cost	\$680.90
Monthly Premium	
Monthly Premium	\$33,478.98

SBC


4  BlueCross BlueShield of Michigan 2024 BCN Platinum AR Con

\$61,083.51
Total Monthly Cost

HMO
Platinum

Deductible	
(In) Ind / Fam	\$500 / \$1,000
(Out) Ind / Fam	\$0 / \$0
Out-of-Pocket Max	
(In) Ind / Fam	\$1,500 / \$3,000
(Out) Ind / Fam	\$0 / \$0
Coinsurance	
In-Network	0%
Out-of-Network	N/A
Doctor Visit	
Doctor Visit	\$20
Virtual Visit	
Virtual Visit	
Specialist Visit	
Specialist Visit	\$30
X-ray/Lab	
X-ray/Lab	\$0 after ded
Imaging	
Imaging	\$150 after ded
Urgent Care	
Urgent Care	\$35
Emergency Room	
Emergency Room	\$150 after ded
Hospital Stay	
Hospital Stay	\$0 after ded
Prescription Drugs	
Prescription Drugs	\$4 / \$15 / \$40 / \$80 / 20...
RX deductible	See SBC
Employer Cost	
Employer Cost	\$32,798.08
Employee Cost	
Employee Cost	\$28,285.43
Monthly Premium	
Monthly Premium	\$61,083.51

SBC

5  BlueCross BlueShield of Michigan 2024 BCN Silver AR Con

\$40,829.80
Total Monthly Cost

HMO
Silver

Deductible	
(In) Ind / Fam	\$5,000 / \$10,000
(Out) Ind / Fam	\$0 / \$0
Out-of-Pocket Max	
(In) Ind / Fam	\$9,100 / \$18,200
(Out) Ind / Fam	\$0 / \$0
Coinsurance	
In-Network	30%
Out-of-Network	N/A
Doctor Visit	
Doctor Visit	\$40
Virtual Visit	
Virtual Visit	
Specialist Visit	
Specialist Visit	\$60
X-ray/Lab	
X-ray/Lab	30% after ded
Imaging	
Imaging	\$150 after ded
Urgent Care	
Urgent Care	\$60
Emergency Room	
Emergency Room	\$350 after ded
Hospital Stay	
Hospital Stay	30% after ded
Prescription Drugs	
Prescription Drugs	\$15 / \$40 / \$80 / \$150 / 2...
RX deductible	See SBC
Employer Cost	
Employer Cost	\$32,798.08
Employee Cost	
Employee Cost	\$8,031.72
Monthly Premium	
Monthly Premium	\$40,829.80

SBC

Medical Plans - 8 Available Plans

Important! United-HealthCare Level Funded Status: Illustrative Underwriting Quote

#	Plan Code	Type	Deductible Individual (In/Out) Family (In/Out)		Out-of-Pocket Individual (In/Out) Family (In/Out)		Coins Individual (In/Out)	Doctor Visit	Specialist Visit	Prescription Drugs	RX Ded	PCP Required	Tier Rates	Total Monthly Cost
BlueCross BlueShield of Michigan BCN HMO HSA Bronze 6900														
1	BCN HMO HSA Bronze 6900	HMO	\$6,900 /	\$13,800 /	\$6,900 /	\$13,800 /	/See SBC	Deductible	Deductible	Deductible	See SBC	No	EE ES EC EF	\$32,358.71
BlueCross BlueShield of Michigan 2024 BCN HSA Bronze AR Con														
6		HMO	\$7,500 / \$0	\$15,000 / \$0	\$7,500 / \$0	\$15,000 / \$0	0%/N/A	\$0 after ded	\$0 after ded	\$0 after ded / \$0 after ded / \$0 after ded / \$0 after ded	See SBC	No	EE ES EC EF	\$33,478.98
BlueCross BlueShield of Michigan BCN HMO Silver 5000														
2	BCN HMO Silver 5000	HMO	\$5,000 /	\$10,000 /	\$9,100 /	\$18,200 /	30%/See SBC	\$40	\$60	\$15/\$40/\$80/\$150/20% (\$300)/20%(\$500)	See SBC	No	EE ES EC EF	\$38,709.89
BlueCross BlueShield of Michigan 2024 BCN Silver AR Con														
8		HMO	\$5,000 / \$0	\$10,000 / \$0	\$9,100 / \$0	\$18,200 / \$0	30%/N/A	\$40	\$60	\$15 / \$40 / \$80 / \$150 / 20%, up to \$300 / 20%, up to \$500	See SBC	No	EE ES EC EF	\$40,829.80
BlueCross BlueShield of Michigan Simply Blue PPO Gold 1500														
3	SB Gold 1500	PPO	\$1,500 /	\$3,000 /	\$8,150 /	\$16,300 /	20%/See SBC	\$30	\$50	\$20/\$60/\$100/20% (\$200 max)/ 25% (\$300 max)	See SBC	No	EE ES EC EF	\$51,719.08
BlueCross BlueShield of Michigan 2024 Simply Blue PPO Gold Option 5 AR Con														
5		PPO	\$2,500 / \$0	\$5,000 / \$0	\$7,000 / \$0	\$14,000 / \$0	20%/40%	\$30	\$50	\$20 / N/A / \$60 / \$100 / 20%, up to \$200 / 25%, up to \$300	See SBC	No	EE ES EC EF	\$55,770.39
BlueCross BlueShield of Michigan 2024 Simply Blue PPO Gold Option 3 AR Con														
4		PPO	\$1,500 / \$0	\$3,000 / \$0	\$8,150 / \$0	\$16,300 / \$0	20%/40%	\$30	\$50	\$20 / N/A / \$60 / \$100 / 20%, up to \$200 / 25%, up to \$300	See SBC	No	EE ES EC EF	\$57,685.65
BlueCross BlueShield of Michigan 2024 BCN Platinum AR Con														
7		HMO	\$500 / \$0	\$1,000 / \$0	\$1,500 / \$0	\$3,000 / \$0	0%/N/A	\$20	\$30	\$4 / \$15 / \$40 / \$80 / 20%, up to \$200 / 20%, up to \$300	See SBC	No	EE ES EC EF	\$61,083.51

Disclaimers

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. Actual costs will vary based on factors such as the case characteristics of the group and/or employees/dependents to be insured, the insurance plan selected and the start date. Rates are determined by the carrier and are not final until the group is enrolled with the carrier. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by the carrier and final rates have been accepted by and initial premium paid by the group.

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