



## El Shabazz Academy

Baroda Group  
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Medical Benefits	Current Plan	Renewal Plan	Proposal #1	Proposal #2
Hospital Coverage	80%	80%	80%	80%
Office Visit Co-pay	\$25	\$25	\$20	\$25
Medical Deductible	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000	\$1500/\$3000
Co-Insurance OOP Max	\$3300/\$6600	\$3300/\$6600	\$2500/\$5000	\$3500/\$7000
RX Co-pay	\$20/\$40/\$80	\$20/\$40/\$80	\$4/\$15/\$40/\$80/20%	\$20/\$40/\$80
Network	HMO	HMO	HMO	HMO
Medical Carrier	PHP/Medical & Rx	PHP/Medical & Rx	BCN/Medical, Rx & Pediatric Dental	PHP/Medical & Rx
Medical Rates				
Single:	See Attached	See Attached	See Attached	See Attached
Double:				
Family:				
Monthly Total:	\$14,377.31	\$15,768.17	\$13,793.71	\$15,353.36
		+9.67%	-4.06%	+6.79%



**Group Name:** El Hajj Malik El Shabazz Academy  
**Effective Date:** 7/1/2016  
**Region:** Rating Area 7  
**Producer:** Brown, Matthew  
**Quote Date:** 2/17/2016

**Product:** HMO  
**Plan ID:** GFD005 - PHP Gold Select POS  
**Employer HRA Funding - None**

**Subgroup:** Actives - El Hajj Malik El Shabazz Academy  
**Premium If All Members Select Plan GFD005**

Ded: \$1000 Single/\$2000 Family; Member Coins: 20% after ded; MOOP: \$3300 Single/\$6600 Family  
 PCP OV Copay: \$25; Spec OV Copay: \$40; UC Copay: \$50; ER Copay: \$250  
 Rx Copays: \$20/\$40/\$80

*Renewal + 9.67%*

Total \$15,768.17

**Individual Rates by Age**

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-20	11	\$188.21	\$2,070.31	35	1	\$362.20	\$362.20	50	1	\$529.37	\$529.37
21	0	\$296.41		36	0	\$364.57		51	0	\$552.79	
22	1	\$296.41	\$296.41	37	0	\$366.94		52	0	\$578.57	
23	1	\$296.41	\$296.41	38	0	\$369.32		53	1	\$604.66	\$604.66
24	1	\$296.41	\$296.41	39	0	\$374.06		54	0	\$632.82	
25	0	\$297.59		40	0	\$378.80		55	1	\$660.97	\$660.97
26	0	\$303.51		41	0	\$385.91		56	1	\$691.50	\$691.50
27	0	\$310.63		42	0	\$392.73		57	1	\$722.33	\$722.33
28	0	\$322.19		43	0	\$402.22		58	1	\$755.23	\$755.23
29	1	\$331.67	\$331.67	44	1	\$414.07	\$414.07	59	2	\$771.53	\$1,543.06
30	1	\$336.41	\$336.41	45	3	\$428.00	\$1,284.00	60	1	\$804.43	\$804.43
31	1	\$343.53	\$343.53	46	0	\$444.60		61	1	\$832.89	\$832.89
32	1	\$350.64	\$350.64	47	1	\$463.27	\$463.27	62	0	\$851.56	
33	0	\$355.09		48	0	\$484.62		63	0	\$874.98	
34	0	\$359.83		49	0	\$505.66		64 & older	2	\$889.20	\$1,778.40

**Medical Quote Assumptions**

- The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.
- Rates are guaranteed for 12 months for the contract period of 7/1/2016 through 6/30/2017.
  - For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
  - Physicians Health Plan is the only carrier offered.
  - Monthly premiums are based on current enrollment. Actual monthly premium will be based on actual enrollment.
  - Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
  - Physicians Health Plan reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
  - Rates are subject to approval of the PHP 2016 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
  - Rates include the "Michigan Claims Tax" and ACA related taxes and fees.
  - Minimum participation requirements:
    - Groups with 2-10 eligible employees=100% of those seeking health care coverage
    - Groups with 11-25 eligible employees=75% of those seeking health care coverage
    - Groups with 26-50 eligible employees=50% of those seeking health care coverage
  - The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
  - The plan id above is an internal code. Any change to this code will not impact your actual benefits.
  - Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.

Quote ID: 0034289-01

# Benefit Summary for PHP Gold Select POS Plan



Plan GFD00500-RX08F311

TYPE OF BENEFITS	NETWORK BENEFITS	NON-NETWORK BENEFITS
<b>ANNUAL DEDUCTIBLE:</b>	\$1,000 per individual/\$2,000 per family	\$2,000 per individual/\$4,000 per family
<b>ANNUAL MAXIMUM OUT-OF-POCKET:</b> (includes deductible, coinsurance, copays)	\$3,300 per individual/\$6,600 per family	\$6,600 per individual/\$13,200 per family
This plan does not contain an annual or lifetime limit on the dollar amount of Essential Health Benefits.		

	AMOUNT COVERED	AMOUNT COVERED
<b>PREVENTIVE HEALTH SERVICES</b>		
Routine physical examinations, including: <ul style="list-style-type: none"> <li>• Related pathology and radiology services</li> <li>• Well baby and well child care</li> <li>• Immunizations</li> <li>• Routine screening mammography</li> <li>• Services as mandated by ACA</li> </ul>	100%, deductible waived	Not covered
Tobacco cessation program	100%, deductible waived	Not covered
<b>PHYSICIAN OFFICE VISITS</b>		
Physician professional fee (non-preventive) <ul style="list-style-type: none"> <li>• PCP</li> <li>• Specialist</li> </ul>	100% after \$25/visit, deductible waived 100% after \$40/visit, deductible waived	60% of Eligible Expenses (EE) after deductible
Maternity care (prenatal, delivery & postnatal)	80% after deductible	60% of EE after deductible
Injections/infusions	80% after deductible	60% of EE after deductible
Other ancillary services	80% after deductible	60% of EE after deductible
<b>INPATIENT HOSPITAL SERVICES</b>		
Unlimited days in a semi-private room; special care units; necessary ancillary hospital services; surgery and related services; anesthesia and its administration; maternity care (hospital services); physician services, including consultation; physician obstetrical services	80% after deductible	60% of EE after deductible
<b>OUTPATIENT SERVICES</b>		
Surgical sterilization-female and related services	100%, deductible waived	60% of EE after deductible
All other surgery and related services	80% after deductible	60% of EE after deductible
Diagnostic X-ray and laboratory, advanced imaging and nuclear medicine	80% after deductible	60% of EE after deductible
Diagnostic services (such as certain endoscopic and cardiac procedures)	80% after deductible	60% of EE after deductible
<b>EMERGENCY/URGENT CARE</b>		
At hospital emergency department	100% after \$250/visit, deductible waived	Same as Network benefit
At urgent care facility	100% after \$50/visit, deductible waived	Same as Network benefit
At non-network physician's office outside the service area	100% after \$25/visit, deductible waived	Same as Network benefit
Accidental dental services	80% after deductible	Same as Network benefit

# Benefit Summary for PHP Gold Select POS Plan



Plan GFD00500-RX08F311

TYPE OF BENEFITS	NETWORK BENEFITS	NON-NETWORK BENEFITS*
	AMOUNT COVERED	AMOUNT COVERED
<b>BEHAVIORAL HEALTH SERVICES</b>		
Inpatient treatment (including detoxification)	80% after deductible	60% of EE after deductible
Residential treatment program	80% after deductible	60% of EE after deductible
Intermediate treatment	80% after deductible	60% of EE after deductible
Outpatient treatment	100% after \$25/visit, deductible waived	60% of EE after deductible
<b>OTHER SERVICES</b>		
Ambulance services	80% after deductible	Same as network benefit
Autism Spectrum Disorders treatment (for children from birth through age 18)	80% after deductible	Not covered
Durable medical equipment	80% after deductible	60% of EE after deductible
Home health care	80% after deductible	60% of EE after deductible
Home infusion therapy	80% after deductible	60% of EE after deductible
Morbid obesity treatment (weight management program, bariatric surgery)	80% after deductible	Not covered
Non-hospital facility (hospice care, skilled nursing facility, inpatient rehabilitation facility)	80% after deductible <i>Combined network and non-network limit of 45 days per CY</i>	60% of EE after deductible
Hospice care in the home	80% after deductible	60% of EE after deductible
Nutritional counseling (non-preventive)	100% after deductible <i>Limit of 6 sessions per CY</i>	Not covered
Outpatient rehabilitation therapy (physical therapy, occupational therapy, spinal manipulation by chiropractor or D.O.)	80% after deductible <i>Combined network and non-network limit of 30 visits per CY</i>	60% of EE after deductible
Outpatient rehabilitation therapy (speech therapy)	80% after deductible <i>Combined network and non-network limit of 30 visits per CY</i>	60% of EE after deductible
Outpatient rehabilitation therapy (cardiac and pulmonary rehab)	80% after deductible <i>Combined network and non-network limit of 30 visits per CY</i>	60% of EE after deductible
Pediatric vision services (limitations apply)		
• Routine vision exam	100%, deductible waived	Not covered
• Eyewear, contacts, other services	80% after deductible	Not covered
Prescription drugs (outpatient)	100%, deductible waived after: Tier 1: \$20/order or refill Tier 2: \$40/order or refill Tier 3: \$80/order or refill Up to 90-day supply available from mail-order service for 2 copays	Not covered
Prosthetics and orthotics	80% after deductible	60% of EE after deductible
Transplant services (at designated facilities)	80% after deductible	Not covered

Exclusions include but are not limited to:

- Routine dental care
- Experimental or investigational procedures and services
- Cosmetic surgery
- Custodial care, bed care, convenience care, day care, domiciliary care
- Hearing aids and services
- Adult vision services