

SHARED FUNDING PROPOSAL KALKASKA PUBLIC SCHOOLS (ADMIN & SUPPORT)

Effective Date: 12/1/2015

Plan 1: \$1,300 Deductible & 100% coverage thereafter

Proposal Date:

Enrollment	Employee Count	Renewal Rates	Service Fee	Insurance Premium	Claims Funding	Total
Single	2	\$433.77	\$62.00	\$377.99	\$301.47	\$741.46
Double	5	\$907.14	\$62.00	\$751.56	\$602.93	\$1,416.49
Family	15	\$1,183.02	\$62.00	\$1,013.05	\$813.96	\$1,889.01
Total Monthly	22	\$23,148.54	\$1,364.00	\$19,709.53	\$15,826.99	\$36,900.52
Total Annual		\$277,782.48	\$16,368.00	\$236,514.36	\$189,923.88	\$442,806.24

% Change from Current/Renewal

59.4%

9/3/2015

Carrier Information

Carrier: Pan American Life Contract Type: 12/12 Covered Benefit: Medical/RX

PROPOSAL REQUIREMENTS AND CONTINGENCIES:

- Stop loss quote assumes satisfaction of the carrier's minimum requirements for eligibility, participation, benefits and plan design.
- Stop loss quote above reflects an unlimited annual benefit maximum per covered person per plan year.
- A completed Disclosure Statement must be submitted for review/approval before final insurance premiums/funding factors are issued.
- Employer must pay based on a minimum of 25 employees for each month of the contract.
- Terminal liability coverage is required on a 12/12 contract if the policy is terminated upon renewal. The client will be required to pay an additional two months of the inforce insurance premiums, claims funding factors and service fees based on the average enrollment from the last two months of the policy year. The additional charges will provide for coverage and payment of all eligible claims for up to 12 months beyond the policy termination date.
- Stop loss quotes above are subject to receipt and review of medical applications if they have been completed for any carrier within 6 months of the effective date.

GENERAL SPECIFICATIONS:

- IMPLEMENTATION FEE: \$2,500. FEE INCLUDES DRAFT OF INITIAL SUMMARY PLAN DESCRIPTION. COSTS ASSOCIATED WITH PRINTING OF SPD BOOKLETS ARE THE RESPONSIBILITY OF THE CLIENT.
- Service fee quoted above includes the following costs: Administration fee, PPO network access fees (HAP/Physicians Care and the Multiplan/CIGNA Extended National network), Utilization Review services, and postage/handling for the direct release of checks and EOBs.
- COBRA administration is available for \$1.25 per employee per month + ASR retains the 2% administration fee included in the COBRA rate calculation.
- Directories are available on-line at www.asrhealthbenefits.com.
- The Michigan HICA tax, ACA Reinsurance, and PCORI fees are not included in the above proposal.
- ASR Health Benefits & Pan American Life will not be bound by any typographical errors/omissions in this proposal.
- Do not cancel current coverage until confirmation of final premiums/funding factors have been issued and group is accepted for coverage.
- Agent receives part of the service fee as compensation.



SHARED FUNDING PROPOSAL KALKASKA PUBLIC SCHOOLS (ADMIN & SUPPORT)

Effective Date: 12/1/2015

Plan 2: \$500 Deductible & 100% coverage thereafter

Proposal Date:

Enrollment	Employee Count	Renewal Rates	Service Fee	Insurance Premium	Claims Funding	Total
Single	7	\$526.49	\$62.00	\$410.31	\$327.55	\$799.86
Double	4	\$1,182.72	\$62.00	\$816.20	\$655.10	\$1,533.30
Family	5	\$1,471.46	\$62.00	\$1,100.32	\$884.39	\$2,046.71
Total Monthly	16	\$15,773.61	\$992.00	\$11,638.57	\$9,335.20	\$21,965.77
Total Annual		\$189,283.32	\$11,904.00	\$139,662.84	\$112,022.40	\$263,589.24

% Change from Current/Renewal

39.3%

9/3/2015

Carrier Information

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- Stop loss quote above reflects an unlimited annual benefit maximum per covered person per plan year.
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2015 Plan Year ACA Taxes and Fees Guide

Tax Description	Comments				
Federal Insurance Premium Tax	Not Applicable to ASR health benefits Shared Funded nor Self-Funded plans.				
State Insurance Premium Tax	Not Applicable to ASR health benefits Shared Funded nor Self-Funded plans.				
Michigan Claims Tax (HICA)	Self-Funded: Invoiced to client quartertly (.75% of claims paid*); remitted by ASR. Shared-Funded: Invoiced to client monthy (.75% of claims funding); remitted by ASR.				
Patient-Centered Outcomes Research Institute (PCORI)	Paid/remitted by Plan Sponsor by July 31st annually. Enrollment counts available of ASR website to assist client in filing. Fee is \$2.08 per member per year for plan year ending on or after October 1, 2014 and before October 1, 2015.				
Transitional Reinsurance Program	Invoiced to client annually during the 4th quarter; remitted by ASR. Employer may optout and remit independently if preferred. Fee is \$44 per member per year for 2015.				

^{*}HICA tax is applicable only to paid claims for Michigan residents obtaining services in Michigan.

ASR health benefits will not be bound by any errors or omissions associated with this guide. This information is to be used for illustrative purposes only and is not intended to impart legal advice.