Medical Benefit Comparison for Village of Pinckney
Prepared by, Hub International Inc.
48169 (Pinckney, MI, Livingston), Medical #1: Base Plan

Relation	Name	DOB	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
			Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network	Priority Health	HAP	UnitedHealthcare
			Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver Option 2	Simply Blue HSA PPO Silver Option 3	Simply Blue HSA PPO Bronze	Blue Elect Plus HSA POS Silver	PriorityHSA PPO Silver $34	HAP PPO Silver HSA D34 EMB	UHC Choice Plus HSA Silver EN8O
			1/1/2025	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
Employee	[redacted]		$867.64	$981.70	$973.41	$969.19	$873.76	$816.40	$1,031.46	$1,065.18	$1,227.40
Spouse			$829.34	$939.80	$931.87	$927.83	$836.47	$781.56	$987.44	$1,019.72	$1,175.02
Child			$371.90	$402.83	$399.43	$397.70	$358.54	$335.00	$423.25	$437.09	$503.65
Child			$371.90	$402.83	$399.43	$397.70	$358.54	$335.00	$423.25	$437.09	$503.65
			$2,440.78	$2,727.16	$2,704.14	$2,692.42	$2,427.31	$2,267.96	$2,865.40	$2,959.08	$3,409.72
Employee			$794.01	$898.31	$890.73	$886.87	$799.54	$747.05	$943.85	$974.70	$1,123.14
Spouse			$867.64	$981.70	$973.41	$969.19	$873.76	$816.40	$1,031.46	$1,065.18	$1,227.40
Child			$371.90	$404.44	$401.03	$399.29	$359.97	$336.34	$424.94	$438.84	$505.66
			$2,033.55	$2,284.45	$2,265.17	$2,255.35	$2,033.27	$1,899.79	$2,400.25	$2,478.72	$2,856.20
Employee			$492.77	$546.64	$542.03	$539.68	$486.54	$454.60	$574.35	$593.13	$683.45
Spouse			$475.29	$524.48	$520.06	$517.81	$466.82	$436.17	$551.07	$569.09	$655.75
Child			$371.90	$402.83	$399.43	$397.70	$358.54	$335.00	$423.25	$437.09	$503.65
Child			$349.96	$390.75	$387.45	$385.77	$347.78	$324.95	$410.55	$423.98	$488.54
Child			$319.46	$356.50	$353.50	$351.96	$317.31	$296.48	$374.58	$386.83	$445.73
Child			$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
Child			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$2,293.88	$2,529.36	$2,508.03	$2,497.16	$2,251.27	$2,103.48	$2,657.59	$2,744.49	$3,162.41
Employee			$829.34	$939.80	$931.87	$927.83	$836.47	$781.56	$987.44	$1,019.72	$1,175.02
Spouse			$664.21	$751.28	$744.94	$741.71	$668.68	$624.78	$789.36	$815.17	$939.31
Child			$284.50	$335.56	$332.73	$331.28	$298.66	$279.06	$352.57	$364.10	$419.54
			$1,778.05	$2,026.64	$2,009.54	$2,000.82	$1,803.81	$1,685.40	$2,129.37	$2,198.99	$2,533.87
Employee			$829.34	$939.80	$931.87	$927.83	$836.47	$781.56	$987.44	$1,019.72	$1,175.02
Spouse			$693.59	$786.32	$779.69	$776.31	$699.87	$653.92	$826.18	$853.19	$983.12
Child			$373.39	$412.50	$409.02	$407.24	$367.14	$343.04	$433.41	$447.58	$515.74
			$1,896.32	$2,138.62	$2,120.58	$2,111.38	$1,903.48	$1,778.52	$2,247.03	$2,320.49	$2,673.88
Employee			$484.21	$533.75	$529.24	$526.95	$475.07	$443.88	$560.81	$579.14	$667.34
			$484.21	$533.75	$529.24	$526.95	$475.07	$443.88	$560.81	$579.14	$667.34
Monthly Premium			$10,926.79	$12,239.98	$12,136.70	$12,084.08	$10,894.21	$10,179.03	$12,860.45	$13,280.91	$15,303.42
Annual Total Premium			$131,121.48	$146,879.76	$145,640.40	$145,008.96	$130,730.52	$122,148.36	$154,325.40	$159,370.92	$183,641.04

146,879.76
131,121.48

$15,758.28

26
VS
25

Medical Benefit Comparison for Village of Pinckney
Prepared by, Hub International Inc.
48169 (Pinckney, MI, Livingston), Medical #1: Base Plan

			Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
			Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network
			Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver Option 1	BCN HSA Silver	BCN HSA Silver	BCN HSA Bronze	BCN HSA PCP Focus Silver	BCN HSA PCP Focus Silver	BCN HSA PCP Focus Bronze
Relation	Name	DOB	1/1/2025	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
Employee	[redacted]		$867.64	$981.70	$792.39	$787.25	$705.56	$723.50	$718.79	$644.25
Spouse			$829.34	$939.80	$758.57	$753.65	$675.45	$692.62	$688.12	$616.75
Child			$371.90	$402.83	$325.15	$323.04	$289.52	$296.88	$294.95	$264.36
Child			$371.90	$402.83	$325.15	$323.04	$289.52	$296.88	$294.95	$264.36
			$2,440.78	**$2,727.16**	**$2,201.26**	**$2,186.98**	**$1,960.05**	**$2,009.88**	**$1,996.81**	**$1,789.72**
Employee			$794.01	$898.31	$725.08	$720.38	$645.63	$662.04	$657.74	$589.52
Spouse			$867.64	$981.70	$792.39	$787.25	$705.56	$723.50	$718.79	$644.25
Child			$371.90	$404.44	$326.45	$324.33	$290.68	$298.07	$296.13	$265.42
			$2,033.55	**$2,284.45**	**$1,843.92**	**$1,831.96**	**$1,641.87**	**$1,683.61**	**$1,672.66**	**$1,499.19**
Employee			$492.77	$546.64	$441.23	$438.37	$392.88	$402.87	$400.25	$358.74
Spouse			$475.29	$524.48	$423.35	$420.60	$376.96	$386.54	$384.02	$344.20
Child			$371.90	$402.83	$325.15	$323.04	$289.52	$296.88	$294.95	$264.36
Child			$349.96	$390.75	$315.40	$313.35	$280.83	$287.97	$286.10	$256.43
Child			$319.46	$356.50	$287.76	$285.89	$256.23	$262.74	$261.03	$233.96
Child			$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
Child			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
			$2,293.88	**$2,529.36**	**$2,041.63**	**$2,028.38**	**$1,817.90**	**$1,864.11**	**$1,851.99**	**$1,659.93**
Employee			$829.34	$939.80	$758.57	$753.65	$675.45	$692.62	$688.12	$616.75
Spouse			$664.21	$751.28	$606.40	$602.47	$539.95	$553.68	$550.08	$493.03
Child			$284.50	$335.56	$270.85	$269.09	$241.17	$247.30	$245.69	$220.21
			$1,778.05	**$2,026.64**	**$1,635.82**	**$1,625.21**	**$1,456.57**	**$1,493.60**	**$1,483.89**	**$1,329.99**
Employee			$829.34	$939.80	$758.57	$753.65	$675.45	$692.62	$688.12	$616.75
Spouse			$693.59	$786.32	$634.69	$630.57	$565.14	$579.51	$575.74	$516.03
Child			$373.39	$412.50	$332.95	$330.79	$296.47	$304.01	$302.03	$270.70
			$1,896.32	**$2,138.62**	**$1,726.21**	**$1,715.01**	**$1,537.06**	**$1,576.14**	**$1,565.89**	**$1,403.48**
Employee			$484.21	$533.75	$430.82	$428.03	$383.61	$393.37	$390.81	$350.28
			$484.21	**$533.75**	**$430.82**	**$428.03**	**$383.61**	**$393.37**	**$390.81**	**$350.28**
Monthly Premium			**$10,926.79**	**$12,239.98**	**$9,879.66**	**$9,815.57**	**$8,797.06**	**$9,020.71**	**$8,962.05**	**$8,032.59**
Annual Total Premium			$131,121.48	$146,879.76	$118,555.92	$117,786.84	$105,564.72	$108,248.52	$107,544.60	$96,391.08

Benefit Comparison for Village of Pinckney
Prepared by, Hub International Inc.
48169 (Pinckney, MI, Livingston)

	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)
	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network	Priority Health	HAP	UnitedHealthcare
	Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver Option 2	Simply Blue HSA PPO Silver Option 3	Simply Blue HSA PPO Bronze	Blue Elect Plus HSA POS Silver	PriorityHSA PPO Silver S34	HAP PPO Silver HSA D34 EMB	UHC Choice Plus HSA Silver EN8O
	1/1/2025	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
Age	Regular	Regular	Regular	Regular	Regular	Regular	Regular	Regular	Regular
0	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
1	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
2	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
3	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
4	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
5	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
6	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
7	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
8	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
9	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
10	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
11	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
12	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
13	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
14	$284.50	$308.16	$305.56	$304.24	$274.28	$256.28	$323.79	$334.37	$385.29
15	$309.79	$335.56	$332.73	$331.28	$298.66	$279.06	$352.57	$364.10	$419.54
16	$319.46	$346.03	$343.11	$341.62	$307.99	$287.77	$363.57	$375.46	$432.64
17	$329.13	$356.50	$353.50	$351.96	$317.31	$296.48	$374.58	$386.83	$445.73
18	$339.54	$367.78	$364.68	$363.10	$327.35	$305.86	$386.43	$399.06	$459.83
19	$349.96	$379.06	$375.86	$374.24	$337.39	$315.24	$398.28	$411.30	$473.93
20	$360.74	$390.75	$387.45	$385.77	$347.78	$324.95	$410.55	$423.98	$488.54
21	$371.90	$402.83	$399.43	$397.70	$358.54	$335.00	$423.25	$437.09	$503.65
22	$371.90	$402.83	$399.43	$397.70	$358.54	$335.00	$423.25	$437.09	$503.65
23	$371.90	$402.83	$399.43	$397.70	$358.54	$335.00	$423.25	$437.09	$503.65
24	$371.90	$402.83	$399.43	$397.70	$358.54	$335.00	$423.25	$437.09	$503.65
25	$373.39	$404.44	$401.03	$399.29	$359.97	$336.34	$424.94	$438.84	$505.66
26	$380.83	$412.50	$409.02	$407.24	$367.14	$343.04	$433.41	$447.58	$515.74
27	$389.75	$422.17	$418.60	$416.79	$375.75	$351.08	$443.57	$458.07	$527.83
28	$404.26	$437.88	$434.18	$432.30	$389.73	$364.15	$460.07	$475.12	$547.47
29	$416.16	$450.77	$446.96	$445.03	$401.21	$374.87	$473.62	$489.10	$563.58
30	$422.11	$457.21	$453.35	$451.39	$406.94	$380.23	$480.39	$496.10	$571.64
31	$431.03	$466.88	$462.94	$460.93	$415.55	$388.27	$490.55	$506.59	$583.73
32	$439.96	$476.55	$472.53	$470.48	$424.15	$396.31	$500.70	$517.08	$595.82
33	$445.54	$482.59	$478.52	$476.44	$429.53	$401.33	$507.05	$523.63	$603.37
34	$451.49	$489.04	$484.91	$482.81	$435.27	$406.69	$513.83	$530.63	$611.43
35	$454.46	$492.26	$488.10	$485.99	$438.14	$409.37	$517.21	$534.12	$615.46
36	$457.44	$495.48	$491.30	$489.17	$441.00	$412.05	$520.60	$537.62	$619.49
37	$460.41	$498.70	$494.49	$492.35	$443.87	$414.73	$523.98	$541.12	$623.52
38	$463.39	$501.93	$497.69	$495.53	$446.74	$417.41	$527.37	$544.61	$627.55
39	$469.34	$508.37	$504.08	$501.90	$452.48	$422.77	$534.14	$551.61	$635.61
40	$475.29	$514.82	$510.47	$508.26	$458.21	$428.13	$540.91	$558.60	$643.66
41	$484.21	$524.48	$520.06	$517.81	$466.82	$436.17	$551.07	$569.09	$655.75
42	$492.77	$533.75	$529.24	$526.95	$475.07	$443.88	$560.81	$579.14	$667.34
43	$504.67	$546.64	$542.03	$539.68	$486.54	$454.60	$574.35	$593.13	$683.45
44	$519.54	$562.75	$558.00	$555.59	$500.88	$468.00	$591.28	$610.61	$703.60
45	$537.02	$581.69	$576.78	$574.28	$517.73	$483.74	$611.17	$631.16	$727.27
46	$557.85	$604.25	$599.15	$596.55	$537.81	$502.50	$634.88	$655.63	$755.48
47	$581.28	$629.62	$624.31	$621.61	$560.40	$523.61	$661.54	$683.17	$787.20
48	$608.06	$658.63	$653.07	$650.24	$586.21	$547.73	$692.01	$714.64	$823.47
49	$634.46	$687.23	$681.43	$678.48	$611.67	$571.51	$722.06	$745.67	$859.23
50	$664.21	$719.45	$713.38	$710.29	$640.35	$598.31	$755.92	$780.64	$899.52
51	$693.59	$751.28	$744.94	$741.71	$668.68	$624.78	$789.36	$815.17	$939.31
52	$725.95	$786.32	$779.69	$776.31	$699.87	$653.92	$826.18	$853.19	$983.12
53	$758.68	$821.77	$814.84	$811.31	$731.42	$683.40	$863.43	$891.66	$1,027.45
54	$794.01	$860.04	$852.78	$849.09	$765.48	$715.23	$903.64	$933.18	$1,075.29
55	$829.34	$898.31	$890.73	$886.87	$799.54	$747.05	$943.85	$974.70	$1,123.14
56	$867.64	$939.80	$931.87	$927.83	$836.47	$781.56	$987.44	$1,019.72	$1,175.02
57	$906.32	$981.70	$973.41	$969.19	$873.76	$816.40	$1,031.46	$1,065.18	$1,227.40
58	$947.60	$1,026.41	$1,017.75	$1,013.34	$913.56	$853.58	$1,078.44	$1,113.70	$1,283.30
59	$968.06	$1,048.57	$1,039.72	$1,035.21	$933.28	$872.01	$1,101.72	$1,137.74	$1,311.00
60	$1,009.34	$1,093.28	$1,084.05	$1,079.36	$973.08	$909.19	$1,148.70	$1,186.25	$1,366.91
61	$1,045.04	$1,131.95	$1,122.40	$1,117.54	$1,007.50	$941.35	$1,189.33	$1,228.21	$1,415.26
62	$1,068.47	$1,157.33	$1,147.56	$1,142.59	$1,030.09	$962.46	$1,216.00	$1,255.75	$1,446.99
63	$1,097.85	$1,189.15	$1,179.12	$1,174.01	$1,058.41	$988.92	$1,249.43	$1,290.28	$1,486.77
64	$1,115.70	$1,208.49	$1,198.29	$1,193.10	$1,075.62	$1,005.00	$1,269.75	$1,311.26	$1,510.95
65	$1,115.70	$1,208.49	$1,198.29	$1,193.10	$1,075.62	$1,005.00	$1,269.75	$1,311.26	$1,510.95

Benefit Comparison for Village of Pinckney
Prepared by, Hub International Inc.
48169 (Pinckney, MI, Livingston)

	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)	Medical #1 (MI Area 4)
	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network
	Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver Option 1	BCN HSA Silver	BCN HSA Silver	BCN HSA Bronze	BCN HSA PCP Focus Silver	BCN HSA PCP Focus Silver	BCN HSA PCP Focus Bronze
	1/1/2025	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
Age	Regular	Regular	Regular	Regular	Regular	Regular	Regular	Regular
0	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
1	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
2	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
3	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
4	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
5	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
6	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
7	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
8	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
9	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
10	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
11	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
12	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
13	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
14	$284.50	$308.16	$248.74	$247.13	$221.48	$227.11	$225.64	$202.24
15	$309.79	$335.56	$270.85	$269.09	$241.17	$247.30	$245.69	$220.21
16	$319.46	$346.03	$279.30	$277.49	$248.70	$255.02	$253.36	$227.09
17	$329.13	$356.50	$287.76	$285.89	$256.23	$262.74	$261.03	$233.96
18	$339.54	$367.78	$296.86	$294.94	$264.33	$271.05	$269.29	$241.36
19	$349.96	$379.06	$305.97	$303.98	$272.44	$279.36	$277.55	$248.76
20	$360.74	$390.75	$315.40	$313.35	$280.83	$287.97	$286.10	$256.43
21	$371.90	$402.83	$325.15	$323.04	$289.52	$296.88	$294.95	$264.36
22	$371.90	$402.83	$325.15	$323.04	$289.52	$296.88	$294.95	$264.36
23	$371.90	$402.83	$325.15	$323.04	$289.52	$296.88	$294.95	$264.36
24	$371.90	$402.83	$325.15	$323.04	$289.52	$296.88	$294.95	$264.36
25	$373.39	$404.44	$326.45	$324.33	$290.68	$298.07	$296.13	$265.42
26	$380.83	$412.50	$332.95	$330.79	$296.47	$304.01	$302.03	$270.70
27	$389.75	$422.17	$340.76	$338.55	$303.42	$311.13	$309.11	$277.05
28	$404.26	$437.88	$353.44	$351.14	$314.71	$322.71	$320.61	$287.36
29	$416.16	$450.77	$363.84	$361.48	$323.97	$332.21	$330.05	$295.82
30	$422.11	$457.21	$369.05	$366.65	$328.61	$336.96	$334.77	$300.05
31	$431.03	$466.88	$376.85	$374.40	$335.55	$344.08	$341.85	$306.39
32	$439.96	$476.55	$384.65	$382.16	$342.50	$351.21	$348.93	$312.74
33	$445.54	$482.59	$389.53	$387.00	$346.84	$355.66	$353.35	$316.70
34	$451.49	$489.04	$394.73	$392.17	$351.48	$360.41	$358.07	$320.93
35	$454.46	$492.26	$397.33	$394.75	$353.79	$362.79	$360.43	$323.05
36	$457.44	$495.48	$399.93	$397.34	$356.11	$365.16	$362.79	$325.16
37	$460.41	$498.70	$402.54	$399.92	$358.43	$367.54	$365.15	$327.28
38	$463.39	$501.93	$405.14	$402.51	$360.74	$369.91	$367.51	$329.39
39	$469.34	$508.37	$410.34	$407.68	$365.37	$374.66	$372.23	$333.62
40	$475.29	$514.82	$415.54	$412.85	$370.01	$379.41	$376.95	$337.85
41	$484.21	$524.48	$423.35	$420.60	$376.96	$386.54	$384.02	$344.20
42	$492.77	$533.75	$430.82	$428.03	$383.61	$393.37	$390.81	$350.28
43	$504.67	$546.64	$441.23	$438.37	$392.88	$402.87	$400.25	$358.74
44	$519.54	$562.75	$454.23	$451.29	$404.46	$414.74	$412.05	$369.31
45	$537.02	$581.69	$469.52	$466.47	$418.07	$428.69	$425.91	$381.74
46	$557.85	$604.25	$487.73	$484.56	$434.28	$445.32	$442.43	$396.54
47	$581.28	$629.62	$508.21	$504.91	$452.52	$464.02	$461.01	$413.19
48	$608.06	$658.63	$531.62	$528.17	$473.37	$485.40	$482.24	$432.23
49	$634.46	$687.23	$554.71	$551.11	$493.92	$506.48	$503.18	$451.00
50	$664.21	$719.45	$580.72	$576.95	$517.08	$530.23	$526.78	$472.15
51	$693.59	$751.28	$606.40	$602.47	$539.95	$553.68	$550.08	$493.03
52	$725.95	$786.32	$634.69	$630.57	$565.14	$579.51	$575.74	$516.03
53	$758.68	$821.77	$663.31	$659.00	$590.62	$605.64	$601.70	$539.29
54	$794.01	$860.04	$694.20	$689.69	$618.13	$633.84	$629.72	$564.41
55	$829.34	$898.31	$725.08	$720.38	$645.63	$662.04	$657.74	$589.52
56	$867.64	$939.80	$758.57	$753.65	$675.45	$692.62	$688.12	$616.75
57	$906.32	$981.70	$792.39	$787.25	$705.56	$723.50	$718.79	$644.25
58	$947.60	$1,026.41	$828.48	$823.11	$737.70	$756.45	$751.53	$673.59
59	$968.06	$1,048.57	$846.37	$840.87	$753.62	$772.78	$767.75	$688.13
60	$1,009.34	$1,093.28	$882.46	$876.73	$785.76	$805.73	$800.49	$717.47
61	$1,045.04	$1,131.95	$913.67	$907.74	$813.55	$834.23	$828.81	$742.85
62	$1,068.47	$1,157.33	$934.16	$928.09	$831.79	$852.94	$847.39	$759.51
63	$1,097.85	$1,189.15	$959.84	$953.61	$854.66	$876.39	$870.69	$780.39
64	$1,115.70	$1,208.49	$975.45	$969.12	$868.56	$890.64	$884.85	$793.08
65	$1,115.70	$1,208.49	$975.45	$969.12	$868.56	$890.64	$884.85	$793.08

Medical, Dental and Vision are included in Contribution Strategy
Employer pays 100% of all coverage levels for medical, dental, and vision
Employer HSA Contributions: 2025 - $193.35 yearly for single ($16.11 monthly) and $375.77 yearly for double/family ($31.31 monthly)
Employer HSA Contributions: 2026 - $193.35 yearly for single ($16.11 monthly) and $375.77 yearly for double/family ($31.31 monthly)

	Blue Cross Blue Shield						
	Current						
Contract Premium	Medical	HSA Cont	Dental	Vision	Total	Employer	Public Act 152
[redacted]	$2,440.78	$31.31	$130.81	$15.74	$2,618.64	$2,618.64	$1,750.65
	$2,033.55	$31.31	$106.26	$12.18	$2,183.30	$2,183.30	$1,750.65
	$2,293.88	$31.31	$196.85	$14.72	$2,536.76	$2,536.76	$1,750.65
	$1,778.05	$31.31	$120.44	$8.63	$1,938.43	$1,938.43	$1,750.65
	$1,896.32	$31.31	$103.61	$12.06	$2,043.30	$2,043.30	$1,750.65
	$484.21	$16.11	$31.63	$3.83	$535.78	$535.78	$641.90
Monthly Premium	$10,927	$173	$690	$67	$11,856	$11,856	$9,395
Annual Premium	$131,121	$2,072	$8,275	$806	$142,275	$142,275	$112,742

	Blue Cross Blue Shield						
	Renewal						
Medical	HSA Cont	Dental	Vision	Total	Employer	Public Act 152
$2,692.42	$31.31	$132.85	$16.69	$2,873.27	$2,873.27	$1,754.15
$2,255.35	$31.31	$108.09	$7.88	$2,402.63	$2,402.63	$1,754.15
$2,497.16	$31.31	$31.63	$3.83	$2,563.93	$2,563.93	$1,754.15
$2,000.82	$31.31	$103.61	$12.06	$2,147.80	$2,147.80	$1,754.15
$2,111.38	$31.31	$120.44	$8.63	$2,271.76	$2,271.76	$1,754.15
$526.95	$16.11	$196.85	$14.72	$754.63	$754.63	$643.19
$12,084	$173	$693	$64	$13,014	$13,014	$9,414
$145,009	$2,072	$8,322	$766	$156,168	$156,168	$112,968

Current (HSA)

HUB Grace&Porta BENEFITS

PriorityHealth
THINK SMART. LIVE SMART.

Village of Pinckney - Optimized Level Funded Monthly Billed Schedule

Effective Date: January 1, 2026
Projected Enrolled Contracts: 6
Projected Enrolled Members: 20
Agent: Josh Porta

Brief Plan Design Summary - For Detailed Plan Summary Please Reference Schedule of Benefits.

Plan Design	PriorityHSA POS 3400	PriorityHSA HMO 3400	PriorityHSA POS 3400 100%	PriorityHSA HMO 3400 100%
ACA Equvilent Name	PriorityHSA POS Silver S34	PriorityHSA HMO Silver S34	NEW PriorityHSA POS Gold G341	NEW PriorityHSA HMO Gold G341
INN Coinsurance:	70%	70%	100%	100%
OON Coinsurance:	50%	N/A	60%	N/A
INN Deductible:	$3400/$6800	$3400/$6800	$3400/$6800	$3400/$6800
OON Deductible:	$6800/$13600	N/A	$6800/$13600	N/A
INN Coinsurance Maximum:	N/A	N/A	N/A	NA
OON Coinsurance Maximum:	N/A	N/A	N/A	N/A
INN TrOOP:	$8100/$16200	$8100/$16200	$4000/$8000	$4000/$8000
OON TrOOP:	$16200/$32400	N/A	$8000/$16000	N/A
PCP/SPEC/UC	Coins	Coins	Coins	Coins
ER/Imaging/Ambulance	Coins	Coins	$350/coins/$350	$350/Coins/$350
Labs/Radiology Examinations (i.e. X-rays)	Coins	Coins	Coins	Coins
Therapies - Rehabilitation/Habilitation	Coins	Coins	Coins	Coins
Rx Plan: (Optimized Formulary)	$5/$35/$60/$80/20%/20%*	$5/$35/$60/$80/20%/20%*	$5/$35/$70/$90/20%/20%*	$5/$35/$70/$90/20%/20%*

-For Non-HSA Plans: Therapies - Rehabilitation/Habilitation for Non-Autism - deductible applies. Rehab/Habilitation for Autism- deductible does NOT apply. **Deductible applies to all services for HSA plans.
-For OLFO Lite Plans: (1) OFLO Lite plans cannot be offered or sold to coexist with traditional ACA or OLFO plans. (2) Exclude coverage for gene/cell therapy, (3) PH will not assume primary responsibility for automobile related covered benefits

Aggregate Claims Funding					
Single		$96.56	$88.72	$109.34	$99.92
EE + Spouse		$282.99	$260.00	$320.43	$292.84
EE + Child(ren)		$187.35	$172.13	$212.13	$193.87
Family		$362.03	$332.63	$409.93	$374.63
Stop-loss Premium					
Single		$386.24	$354.87	$437.34	$399.68
EE + Spouse		$1,131.95	$1,040.01	$1,281.71	$1,171.34
EE + Child(ren)		$749.38	$688.51	$848.53	$775.46
Family		$1,448.13	$1,330.50	$1,639.72	$1,498.52
Administrative Fees					
Single		$58.09	$58.09	$58.09	$58.09
EE + Spouse		$170.24	$170.24	$170.24	$170.24
EE + Child(ren)		$112.70	$112.70	$112.70	$112.70
Family		$217.79	$217.79	$217.79	$217.79
Monthly Billed Amount	**Contracts**				
Single	1	$540.89	$501.67	$604.76	$557.69
EE + Spouse	1	$1,585.18	$1,470.25	$1,772.38	$1,634.42
EE + Child(ren)	0	$1,049.43	$973.34	$1,173.36	$1,082.03
Family	4	$2,027.95	$1,880.91	$2,267.44	$2,090.94
Monthly Billed Amount		$10,238	$9,496	$11,447	$10,556
Annual Billed Amount		$122,854	$113,947	$137,363	$126,670

Proposal Generated: 11/12/2025

Medical Benefit Comparison for Village of Pinckney
Prepared by, Hub International Inc.
48169 (Pinckney, MI, Livingston), Medical #1: Base Plan

	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network	Priority Health	HAP	UnitedHealthcare
	Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver	Simply Blue HSA PPO Silver	Simply Blue HSA PPO Bronze	Blue Elect Plus HSA POS Silver	PriorityHSA PPO Silver S34	HAP PPO Silver HSA D34 EMB	UHC Choice Plus HSA Silver EN8O
	1/1/2025	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
	PPO	PPO	PPO	PPO	PPO	POS	PPO	PPO	POS
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible									
Individual	$3,300	$3,400	$4,000	$5,000	$7,500	$3,400	$3,400	$3,400	$3,500
Family	$6,600	$6,800	$8,000	$10,000	$15,000	$6,800	$6,800	$6,800	$7,000
Coinsurance									
Coinsurance	20%	20%	10%	0%	0%	20%	30%	30%	0%
Individual Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Family Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Annual Out of Pocket Max									
Individual	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$8,100	$7,500	$8,000
Family	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$16,200	$15,000	$16,000
Physician Office Services									
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	No Charge after deductible
Specialist	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	No Charge after deductible
Virtual Visit	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	$10 Copay after deductible	No Charge after deductible	No Charge
Behavioral Health	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	No Charge after deductible
Hospital Services									
Urgent Care	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	No Charge after deductible
Emergency Room	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	$500 Copay after deductible
Inpatient	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	$1,200 Copay per Stay after deductible
Outpatient	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	$800 Copay after deductible
Diagnostic Services									
Imaging/CT/PET/MRI	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	$500 Copay after deductible
Labs	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	$40 Copay after deductible
X-Rays	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	$40 Copay after deductible
Rehabilitative Care									
Chiropractic	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	No Charge after deductible
Speech Therapy	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	No Charge after deductible
Occupational and Physical Therapy	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	20% after deductible	30% after deductible	30% after deductible	No Charge after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	No Charge after deductible	50% after deductible	50% after deductible	50% after deductible	No Charge after deductible
Prescription Drugs									
Generic	$15 Copay after deductible	$15 Copay after deductible	$20 Copay after deductible	$20 Copay after deductible	No Charge after deductible	$6/$25 Copay after deductible	$5/$35 Copay after deductible	$5/$35 Copay after deductible	$10 Copay after deductible
Preferred Brand	$50 Copay after deductible	$50 Copay after deductible	$100 Copay after deductible	$100 Copay after deductible	No Charge after deductible	$60 Copay after deductible	$60 Copay after deductible	$60 Copay after deductible	$40 Copay after deductible
Non-Preferred Brand	$150 Copay after deductible	$150 Copay after deductible	$150 Copay after deductible	$150 Copay after deductible	No Charge after deductible	$80 Copay after deductible	$80 Copay after deductible	$80 Copay after deductible	$105 Copay after deductible
Preferred Specialty	After deductible, 20% $300 max	After deductible, 20% $300 max	After deductible, 20% $300 max	After deductible, 20% $300 max	No Charge after deductible	After deductible, 20% $200 max	After deductible, 20% $350 max	After deductible, 20% $200 max	$250 Copay after deductible
Non-Preferred Specialty	After deductible, 25% $500 max	After deductible, 25% $500 max	After deductible, 25% $500 max	After deductible, 25% $500 max	No Charge after deductible	After deductible, 20% $300 max	After deductible, 20% $550 max	After deductible, 50% $500 max	$500 Copay after deductible
Employee Count	1	1	1	1	1	1	1	1	1
Employee + Spouse Count	0	0	0	0	0	0	0	0	0
Employee + Children Count	0	0	0	0	0	0	0	0	0
Family Count	5	5	5	5	5	5	5	5	5
Total Number of Employees	6	6	6	6	6	6	6	6	6
Monthly Total Premium	**$10,926.79**	**$12,239.98**	**$12,136.70**	**$12,084.08**	**$10,894.21**	**$10,179.03**	**$12,860.45**	**$13,280.91**	**$15,303.42**
Annual Total Premium	$131,121.48	$146,879.76	$145,640.40	$145,008.96	$130,730.52	$122,148.36	$154,325.40	$159,370.92	$183,641.04
Compared To		Current	Current	Current	Current	Current	Current	Current	Current
Annual Change (%)		12.02%	11.07%	10.59%	-0.30%	-6.84%	17.70%	21.54%	40.05%
Annual Change ($)		$15,758.28	$14,518.92	$13,887.48	($390.96)	($8,973.12)	$23,203.92	$28,249.44	$52,519.56
									Services received from a Network provider, not contracted as a Designated Diagnostic Provider, will have higher member cost share.

Medical Benefit Comparison for Village of Pinckney
Prepared by, Hub International Inc.
48169 (Pinckney, MI, Livingston), Medical #1: Base Plan

	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network	Blue Care Network
	Simply Blue HSA PPO Silver Option 1	Simply Blue HSA PPO Silver Option 1	BCN HSA Silver	BCN HSA Silver	BCN HSA Bronze	BCN HSA PCP Focus Silver	BCN HSA PCP Focus Silver	BCN HSA PCP Focus Bronze
	1/1/2025	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026	1/1/2026
	PPO	PPO	HMO	HMO	HMO	HMO	HMO	HMO
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible								
Individual	$3,300	$3,400	$3,400	$4,000	$7,500	$3,400	$4,000	$7,500
Family	$6,600	$6,800	$6,800	$8,000	$15,000	$6,800	$8,000	$15,000
Coinsurance								
Coinsurance	20%	20%	20%	10%	0%	20%	10%	0%
Individual Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Family Max	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Annual Out of Pocket Max								
Individual	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500
Family	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000
Physician Office Services								
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Specialist	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Virtual Visit	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Behavioral Health	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Hospital Services								
Urgent Care	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Inpatient	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Outpatient	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Diagnostic Services								
Imaging/CT/PET/MRI	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Labs	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
X-Rays	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Rehabilitative Care								
Chiropractic	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Speech Therapy	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Occupational and Physical Therapy	20% after deductible	20% after deductible	20% after deductible	10% after deductible	No Charge after deductible	20% after deductible	10% after deductible	No Charge after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	50% after deductible	50% after deductible	No Charge after deductible	50% after deductible	50% after deductible	No Charge after deductible
Prescription Drugs								
Generic	$15 Copay after deductible	$15 Copay after deductible	$6/$25 Copay after deductible	$15/$40 Copay after deductible	No Charge after deductible	$6/$25 Copay after deductible	$15/$40 Copay after deductible	No Charge after deductible
Preferred Brand	$50 Copay after deductible	$50 Copay after deductible	$60 Copay after deductible	$80 Copay after deductible	No Charge after deductible	$60 Copay after deductible	$80 Copay after deductible	No Charge after deductible
Non-Preferred Brand	$150 Copay after deductible	$150 Copay after deductible	$80 Copay after deductible	$100 Copay after deductible	No Charge after deductible	$80 Copay after deductible	$100 Copay after deductible	No Charge after deductible
Preferred Specialty	After deductible, 20% $300 max	After deductible, 20% $300 max	After deductible, 20% $200 max	After deductible, 20% $200 max	No Charge after deductible	After deductible, 20% $200 max	After deductible, 20% $200 max	No Charge after deductible
Non-Preferred Specialty	After deductible, 25% $500 max	After deductible, 25% $500 max	After deductible, 20% $300 max	After deductible, 20% $300 max	No Charge after deductible	After deductible, 20% $300 max	After deductible, 20% $300 max	No Charge after deductible
Employee Count	1	1	1	1	1	1	1	1
Employee + Spouse Count	0	0	0	0	0	0	0	0
Employee + Children Count	0	0	0	0	0	0	0	0
Family Count	5	5	5	5	5	5	5	5
Total Number of Employees	6	6	6	6	6	6	6	6
Monthly Total Premium	**$10,926.79**	**$12,239.98**	**$9,879.66**	**$9,815.57**	**$8,797.06**	**$9,020.71**	**$8,962.05**	**$8,032.59**
Annual Total Premium	$131,121.48	$146,879.76	$118,555.92	$117,786.84	$105,564.72	$108,248.52	$107,544.60	$96,391.08
Compared To		Current	Current	Current	Current	Current	Current	Current
Annual Change (%)		12.02%	-9.58%	-10.17%	-19.49%	-17.44%	-17.98%	-26.49%
Annual Change ($)		$15,758.28	($12,565.56)	($13,334.64)	($25,556.76)	($22,872.96)	($23,576.88)	($34,730.40)