DC Everest School District
M3 Insurance / Jamie McDonald

	Alternate 7				Alternate 8			
Effective Date	1/1/2027				1/1/2027			
Network	**Signature**				**Freedom**			
Plan Design	HMO - HDHP Embedded				POS - HDHP Embedded			
	In-Network		Out-Of-Network		In-Network		Out-Of-Network	
	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	$4,000	$8,000	N/A	N/A	$4,000	$8,000	$7,800	$11,600
Coinsurance	10%	10%	N/A	N/A	10%	10%	30%	30%
Out-of-Pocket Limit	$5,000	$10,000	N/A	N/A	$5,000	$10,000	$9,600	$19,200
Max Out-of-Pocket	$6,000	$12,000	N/A	N/A	$6,000	$12,000	$9,600	$19,200
PCP	Deductible/Coinsurance		N/A		Deductible/Coinsurance		Deductible/Coinsurance	
Specialist	Deductible/Coinsurance		N/A		Deductible/Coinsurance		Deductible/Coinsurance	
Emergency Room	$250 – Copay after deductible		$250 – Copay after deductible		$250 – Copay after deductible		$250 – Copay after deductible	
Urgent Care	Deductible/Coinsurance		Deductible/Coinsurance		Deductible/Coinsurance		Deductible/Coinsurance	
Prescriptions Tier 1/Tier 2/ Tier 3/ Specialty	$10/$35/$60/25% to $250 - Copay after deductible		N/A		$10/$35/$60/25% to $250 - Copay after deductible		N/A	

	Counts:	Current Rates	Renewal Rates		Counts:	Current Rates	Renewal Rates	
Employee	120	N/A	$931.47		19	N/A	$1,170.40	
Family	312	N/A	$2,291.44		61	N/A	$2,879.12	
Total:	432				80			
Total Monthly Premium:			$826,704	Y/Y % Change	Total Monthly Premium:		$197,864	Y/Y % Change
Total Annual Premium:			$9,920,453		Total Annual Premium:		$2,374,369	

Commissions: 1.25% of Premium

Note(s):

See terms and conditions.

Signed acceptance of offered rates, subject to any and all underwriting contingencies. Please review quote detail in following pages.

This proposal must be signed by the Employer.

The final rates will be based on the rate in effect at the time of the final quote, the benefits elected, and the final employee census of those applying for coverage.

No warranties are made regarding rates, underwriting requirements, transfer of benefits or industry acceptability.

Signature: _____ Date: _____

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Terms and Conditions

1.) The rates provided in this proposal for medical and prescription coverage are based upon standard policy provisions, limitations and exclusions.
They are subject to change upon receipt of final employee enrollment census and medical evaluations, plan coverage selection and receipt of all new business submission requirements.
2.) A group will not be issued coverage with outstanding requirements and is subject to meeting all plan participation and eligibility requirements.
3.) This proposal is valid up to and including the proposed effective date.
Enrollment information must be signed and dated prior to the requested effective date.
4.) Additional requirements may be requested to facilitate the processing of a new group applying for coverage.
5.) Employer should not cancel current coverage until written notification of approval is received from Aspirus Health Plan.
6.) Experience, large claim information and pending claims information to be submitted and reflect experience within 60-days of effective date.