

JCRetroad  
 MI-49024  
 Company Market: 613  
 # of enrollees: 7  
 SIC Code: 8999

Broker: JENNIFER L DIMAGGIO  
 Broker Phone: (800) 472-0072

Quote Effective Date: 02/01/2018  
 Quote Creation Date: 01/25/2018  
 Quote Number: 749607  
 SAM Case ID: 446699

Minimum Participation Allowed 25%

Employer Contribution 0.0

Package/PlanCode Metallic Level License Product Type Plan Category	Option 1	Option 2	Option 3
	Coins In/Out net Individual Ded In/Out Family Ded In/Out RX Deductible Individual out of pocket In/Out Family out of pocket In/Out PCP/Specialist office visit PCP and referrals required Outpatient Surgery Labs/Diagnostics/X-rays RX Code embedded <sup>1</sup> vs. non-embedded <sup>2</sup> Combined Med & Rx Deductible	MI011/AUKT Silver INS CHOICE PLUS Premier 90% / 60% \$5,000 / \$10,000 \$10,000 / \$20,000 N/A \$7,000 / \$20,000 \$14,000 / \$40,000 \$40 / \$80 No See Benefit Summary 619 \$10.00/\$35.00/\$70.00/\$200.00 N/A	MI011/AUJZ Bronze INS CHOICE PLUS HSA 80% / 50% \$6,000 / \$10,000 \$12,000 / \$20,000 See Medical Deductible \$6,500 / \$20,000 \$13,000 / \$40,000 \$0 / \$0 No See Benefit Summary 623 \$15.00/\$40.00/\$75.00/\$250.00 Yes

<sup>1</sup> Embedded plan - If you have other family members on the policy, they have to meet their own deductible until the overall family deductible amount has been met.

<sup>2</sup> Non-embedded plan - If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.

Monthly Premiums

	Option 1	Option 2	Option 3
Employee Only (2 enrolled) Employee + Spouse (2 enrolled) Employee + Child (0 enrolled) Employee + Family (3 enrolled) Total Monthly Health Cost Savings From Highest	See Age Banded \$4,578.50 6%	See Age Banded \$3,735.83 23%	See Age Banded \$4,912.91 0%

Age banded rates were selected and will be displayed on the follow page

JCRoffroad  
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Package / Plan Code	Age Band	Option 1	Option 2	Option 3
		MI011/AUKT	MI011/AUJZ	MI011/AUJ8
Age Band Rate Details	<15	\$185.47	\$151.33	\$199.01
	15-15	\$201.95	\$164.78	\$216.70
	16-16	\$208.26	\$169.93	\$223.47
	17-17	\$214.56	\$175.07	\$230.23
	18-18	\$221.35	\$180.61	\$237.52
	19-19	\$228.14	\$186.15	\$244.80
	20-20	\$235.17	\$191.89	\$252.35
	21-21	\$242.44	\$197.82	\$260.15
	22-22	\$242.44	\$197.82	\$260.15
	23-23	\$242.44	\$197.82	\$260.15
	24-24	\$242.44	\$197.82	\$260.15
	25-25	\$243.41	\$198.61	\$261.19
	26-26	\$248.26	\$202.57	\$266.39
	27-27	\$254.08	\$207.32	\$272.64
	28-28	\$263.53	\$215.03	\$282.78
	29-29	\$271.29	\$221.36	\$291.11
	30-30	\$275.17	\$224.53	\$295.27
	31-31	\$280.99	\$229.27	\$301.51
	32-32	\$286.81	\$234.02	\$307.76
	33-33	\$290.44	\$236.99	\$311.66
	34-34	\$294.32	\$240.15	\$315.82
	35-35	\$296.26	\$241.74	\$317.90
	36-36	\$298.20	\$243.32	\$319.98
	37-37	\$300.14	\$244.90	\$322.07
	38-38	\$302.08	\$246.48	\$324.15
	39-39	\$305.96	\$249.65	\$328.31
	40-40	\$309.84	\$252.81	\$332.47
	41-41	\$315.66	\$257.56	\$338.72
	42-42	\$321.23	\$262.11	\$344.70
	43-43	\$328.99	\$268.44	\$353.02
	44-44	\$338.69	\$276.35	\$363.43
	45-45	\$350.08	\$285.65	\$375.66
	46-46	\$363.66	\$296.73	\$390.23
	47-47	\$378.93	\$309.19	\$406.61
	48-48	\$396.39	\$323.44	\$425.35
	49-49	\$413.60	\$337.48	\$443.82
	50-50	\$433.00	\$353.31	\$464.63
	51-51	\$452.15	\$368.93	\$485.18
	52-52	\$473.24	\$386.14	\$507.81
	53-53	\$494.58	\$403.55	\$530.71
54-54	\$517.61	\$422.35	\$555.42	
55-55	\$540.64	\$441.14	\$580.13	
56-56	\$565.61	\$461.51	\$606.93	
57-57	\$590.83	\$482.09	\$633.99	
58-58	\$617.74	\$504.05	\$662.86	
59-59	\$631.07	\$514.93	\$677.17	
60-60	\$657.98	\$536.88	\$706.05	
61-61	\$681.26	\$555.87	\$731.02	
62-62	\$696.53	\$568.34	\$747.41	
63-63	\$715.68	\$583.96	\$767.96	
64+	\$727.32	\$593.46	\$780.45	
<b>Total Monthly Health Cost</b>		\$4,578.50	\$3,735.83	\$4,912.91
<b>Savings From Highest</b>		6%	23%	0%