



**BENEFITS COMPARISON FOR  
PITTSFIELD TOWNSHIP**

For Plans Renewing  
1/1/2023

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48604

Effective Date: January 1, 2023

# PITTSFIELD TOWNSHIP

Prepared by: Melissa Ramos

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Stop Loss: \$100,000

	Renewal	% Increase
Contracts In Renewal:	109	
Contracts Actual:	118	
Stop Loss & Agg Premium:	\$273.82	5.48%
Admin Fee:	\$84.58	2.48%
Attachment Point:	\$18,125	21.18%

Medical and Prescription Claims	
Medical	\$1,440,719
Prescription Drugs	\$341,616
<b>Total Variable Cost</b>	<b>\$1,782,336</b>

Fixed Fees	
Stop Loss Premiums	\$387,729
Admin Fees	\$119,765
Estimated Taxes and Agent Fee	\$30,999
<b>Total Fixed Cost</b>	<b>\$538,493</b>

Renewal Period Cost	
Grand Total, All Costs Based on Current Census	\$2,320,829
Total, Rates x Census, Annually	\$2,059,527
Difference	\$261,303
<b>Rate Factor To Be Applied</b>	<b>112.69%</b>

Expected Rates	Worst Case	Compromise
112.69%	129.99%	121.34%
\$2,320,829	\$2,677,243	\$2,499,036

<b>Worst Case Medical</b>	\$2,138,750
Fixed Cost and Taxes and Fees:	\$538,493
<b>Total:</b>	<b>\$2,677,243</b>
Total Rates X Census:	\$2,059,527
Difference:	\$617,717
<b>Applied:</b>	<b>129.99%</b>

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ACTIVE
Total Monthly Premium
Total Annualized Cost
Annualized Dollar Change From Current

Total Active Enrolled

CURRENT
\$135,341.02
\$1,624,092.24

RENEWAL	
\$157,056.34	16.04%
\$1,884,676.08	16.04%
\$260,583.84	

106
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RENEWAL	
\$157,056.34	16.04%
\$1,884,676.08	16.04%
\$260,583.84	

106
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RETIREE
Total Monthly Premium
Total Annualized Cost
Annualized Dollar Change From Current

Total Retiree Enrolled

CURRENT
\$22,284.75
\$267,417.00

RENEWAL	
\$18,767.15	-15.78%
\$225,205.80	-15.78%
-\$42,211.20	

24	(12 BCBSM Contracts)
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RENEWAL (No MA Contracts)	
\$14,570.87	16.40%
\$174,850.44	16.40%
\$24,634.80	

12
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TOTAL
Total Monthly Premium
Total Annualized Cost
Annualized Dollar Change From Current

Total Active & Retiree Enrolled

CURRENT
\$157,625.77
\$1,891,509.24

RENEWAL	
\$175,823.49	11.54%
\$2,109,881.88	11.54%
\$218,372.64	

130	(118 BCBSM Contracts)
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RENEWAL (No MA Contracts)	
\$171,627.21	16.07%
\$2,059,526.52	16.07%
\$285,218.64	

118
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2023 Premium Rates Simply Blue HDHP w / HSA (Division 0007)			
Contract Type	Census	Monthly Premium - 0007	Total
Single	12	\$598.43	\$7,181.16
Two-Person	9	\$1,436.22	\$12,925.98
Family	53	\$1,795.28	\$95,149.84

2023 PA 152 / Budget Projections			
Contract Type	Census	Monthly Premium	Total
Single	12	\$616.62	\$7,399.47
Two-Person	9	\$1,289.55	\$11,605.95
Family	53	\$1,681.70	\$89,130.23

2023 Employee Premium Calculations	
Monthly Over/Under Hard Cap	Per Pay Over/Under Hard Cap (26 Pays)
(\$18.19)	(\$8.40)
\$146.67	\$67.69
\$113.58	\$52.42

2023 Premium Rates Community Blue 12 / 20% (Division 0008)			
Contract Type	Census	Monthly Premium - 0008	Total
Single	14	\$631.41	\$8,839.74
Two-Person	3	\$1,515.39	\$4,546.17
Family	15	\$1,894.23	\$28,413.45

2023 PA 152 / Budget Projections			
Contract Type	Census	Monthly Premium	Total
Single	14	\$616.62	\$8,632.72
Two-Person	3	\$1,289.55	\$3,868.65
Family	15	\$1,681.70	\$25,225.54

2023 Employee Premium Calculations	
Monthly Over/Under Hard Cap	Per Pay Over/Under Hard Cap (26 Pays)
\$14.79	\$6.82
\$225.84	\$104.23
\$212.53	\$98.09

Monthly Total	\$157,056.34
Annual Total	\$1,884,676.08
Amount Under (Over) Hard Cap Amount	

Monthly Total	\$145,862.56
Annual Total	\$1,750,350.66
-\$134,325.42	

\*Census includes active contracts only.

## PITTSFIELD TOWNSHIP

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2023 Retiree Premium Rates - HDHP w/HSA	
Contract Type	Monthly Premium - 0009
Single	\$598.43
Two-Person	\$1,436.22
Family	\$1,795.28
1 Comp	\$349.69
2 Comp	\$699.38
1 Reg / 1 comp	\$948.12

2023 PA 152 / Budget Projections	
Contract Type	Monthly Premium
Single	\$616.62
Two-Person	\$1,289.55
Family	\$1,681.70
1 Comp	\$616.62
2 Comp	\$1,289.55
1 Reg / 1 comp	\$1,289.55

2023 Employee Premium Calculations
Monthly Over/Under Hard Cap
(\$18.19)
\$146.67
\$113.58
(\$266.93)
(\$590.17)
(\$341.43)

2023 Retiree Premium Rates - CB 12 / 20%	
Contract Type	Monthly Premium - 0010
Single	\$631.41
Two-Person	\$1,515.39
Family	\$1,894.23
1 Comp	\$349.69
2 Comp	\$699.38
1 Reg / 1 comp	\$981.10

2023 PA 152 / Budget Projections	
Contract Type	Monthly Premium
Single	\$616.62
Two-Person	\$1,289.55
Family	\$1,681.70
1 Comp	\$616.62
2 Comp	\$1,289.55
1 Reg / 1 comp	\$1,289.55

2023 Employee Premium Calculations
Monthly Over/Under Hard Cap
\$14.79
\$225.84
\$212.53
(\$266.93)
(\$590.17)
(\$308.45)

# PITTSFIELD TOWNSHIP

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## Dental - All

## CURRENT Delta Dental 100/50/50/50 \$1,000/\$1,500

## RENEWAL Delta Dental 100/50/50/50 \$1,000/\$1,500

Benefit Comparison
Individual / Family Deductible
Annual Benefit Maximum
Orthodontia Benefit Maximum
Preventive & Diagnostic Care Benefit
Basic Care Benefit
Major Care Benefit
Orthodontia Benefit
Dependent Children / Full time student up to age
Rate Guarantee
Waiting Period

In-Network
\$0 / \$0
\$1,000
\$1,500
100%
50%
50%
50%
up to age 19
1 year
FOM following DOH

In-Network
\$0 / \$0
\$1,000
\$1,500
100%
50%
50%
50%
up to age 19
1 Year
FOM following DOH

Rates - 0001 (Active)

Rates Table			
Counts	Tier	Premium	Rate
26	EE Only	\$663.26	\$25.51
24	Two Person	\$1,228.32	\$51.18
72	Family	\$7,368.48	\$102.34

Rates Table			
Counts	Tier	Premium	Rate
26	EE Only	\$663.26	\$25.51
24	Two Person	\$1,228.32	\$51.18
72	Family	\$7,368.48	\$102.34

Rates - 0099 (Cobra)

Rates Table			
Counts	Tier	Premium	Rate
0	EE Only	\$0.00	\$25.51
0	Two Person	\$0.00	\$51.18
0	Family	\$0.00	\$102.34

Rates Table			
Counts	Tier	Premium	Rate
0	EE Only	\$0.00	\$25.51
0	Two Person	\$0.00	\$51.18
0	Family	\$0.00	\$102.34

Cost Comparison
Total Monthly Premium
Total Annualized Premium
Annual Dollar Change From Current
Percent Change From Current

CURRENT
\$9,260.06
\$111,120.72

RENEWAL
\$9,260.06
\$111,120.72
\$0.00
0%

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Rates are subject to final enrollment.

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Life/AD&D - All	CURRENT The Hartford	RENEWAL The Hartford																
Benefit Comparison	Description	Description																
Life/AD&D Benefit Amount	1.5x earnings up to \$120,000	1.5x earnings up to \$120,000																
Age Reduction Schedule	35% @ 65 ; 50% @ 70	35% @ 65 ; 50% @ 70																
Guaranteed Issue Amount	\$120,000	\$120,000																
Conversion	Included	Included																
Portability	Included	Included																
Waiver of Premium	Included	Included																
Accelerated Death Benefit	Included / Not included	Included / Not included																
Rate Guarantee	Year 1 of 2	Year 2 of 2																
Rates	Rates Table	Rates Table																
	<table><tr><th>Description</th><th>Rate</th></tr><tr><td>Total Volume</td><td>\$11,835,000</td></tr><tr><td>Life Rate per \$1,000 of Benefit</td><td>\$0.110</td></tr><tr><td>AD&amp;D Rate per \$1,000 of Benefit</td><td>\$0.027</td></tr></table>	Description	Rate	Total Volume	\$11,835,000	Life Rate per \$1,000 of Benefit	\$0.110	AD&D Rate per \$1,000 of Benefit	\$0.027	<table><tr><th>Description</th><th>Rate</th></tr><tr><td>Total Volume</td><td>\$11,835,000</td></tr><tr><td>Life Rate per \$1,000 of Benefit</td><td>\$0.110</td></tr><tr><td>AD&amp;D Rate per \$1,000 of Benefit</td><td>\$0.027</td></tr></table>	Description	Rate	Total Volume	\$11,835,000	Life Rate per \$1,000 of Benefit	\$0.110	AD&D Rate per \$1,000 of Benefit	\$0.027
Description	Rate																	
Total Volume	\$11,835,000																	
Life Rate per \$1,000 of Benefit	\$0.110																	
AD&D Rate per \$1,000 of Benefit	\$0.027																	
Description	Rate																	
Total Volume	\$11,835,000																	
Life Rate per \$1,000 of Benefit	\$0.110																	
AD&D Rate per \$1,000 of Benefit	\$0.027																	
Cost Comparison	CURRENT	RENEWAL																
Total Monthly Premium	\$1,621.40	\$1,621.40																
Total Annualized Premium	\$19,456.74	\$19,456.74																
Annual Dollar Change From Current		\$0.00																
Percent Change From Current		0%																

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Voluntary Life/AD&D - All	CURRENT The Hartford	RENEWAL The Hartford						
Benefit Comparison	Description	Description						
Employee Life Benefit	\$10,000 increments up to 5x earnings or \$500,000	\$10,000 increments up to 5x earnings or \$500,000						
Employee Guaranteed Issue Amount	\$100,000	\$100,000						
Waiver of Premium	Included	Included						
Conversion	Included	Included						
Portability	Not Included	Not Included						
Age Reduction Schedule	35% @ 65 ; 50% @ 70	35% @ 65 ; 50% @ 70						
Spouse Premium Rate	Based on Employee Age	Based on Employee Age						
Rate Guarantee	Year 1 of 2	Year 2 of 2						
Participation Requirements	28% of eligible employees	28% of eligible employees						
Rates	Summary Rates - Per \$1,000 of Benefit				Summary Rates - Per \$1,000 of Benefit			
	Age	Life	AD&D	Total	Age	Life	AD&D	Total
	00-19	\$0.0720	\$0.028	\$0.100	00-19	\$0.0720	\$0.028	\$0.100
	20-24	\$0.0720	\$0.028	\$0.100	20-24	\$0.0720	\$0.028	\$0.100
	25-29	\$0.0720	\$0.028	\$0.100	25-29	\$0.0720	\$0.028	\$0.100
	30-34	\$0.0920	\$0.028	\$0.120	30-34	\$0.0920	\$0.028	\$0.120
	35-39	\$0.1120	\$0.028	\$0.140	35-39	\$0.1120	\$0.028	\$0.140
	40-44	\$0.1520	\$0.028	\$0.180	40-44	\$0.1520	\$0.028	\$0.180
	45-49	\$0.2320	\$0.028	\$0.260	45-49	\$0.2320	\$0.028	\$0.260
	50-54	\$0.3820	\$0.028	\$0.410	50-54	\$0.3820	\$0.028	\$0.410
	55-59	\$0.6360	\$0.028	\$0.664	55-59	\$0.6360	\$0.028	\$0.664
	60-64	\$0.9620	\$0.028	\$0.990	60-64	\$0.9620	\$0.028	\$0.990
	65-69	\$1.7420	\$0.028	\$1.770	65-69	\$1.7420	\$0.028	\$1.770
	70-74	\$3.0820	\$0.028	\$3.110	70-74	\$3.0820	\$0.028	\$3.110
	75-79	\$3.0820	\$0.028	\$3.110	75-79	\$3.0820	\$0.028	\$3.110
	80+	\$3.1100	\$0.028	\$3.138	80+	\$3.1100	\$0.028	\$3.138
	Children	\$0.2400	\$0.051	\$0.291	Children	\$0.2400	\$0.051	\$0.291
	AD&D is Automatic when purchasing Life				AD&D is Automatic when purchasing Life			

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Long Term Disability - All	CURRENT The Hartford	RENEWAL The Hartford
Benefit Comparison	Description	Description
Monthly Benefit Maximum	\$5,000	\$5,000
Elimination Period	90 Days	90 Days
Benefit Duration	ADEA I w/ SSNRA	ADEA I w/ SSNRA
Benefit Percentage	60%	60%
Mental Illness/Substance Abuse Limitation	24 Months	24 Months
Pre-Existing Condition Limitations	3/3/12	3/3/12
Conversion / Portability	N/A	N/A
Waiver of Premium	N/A	N/A
Rate Guarantee	Year 1 of 2	Year 2 of 2
FICA Match	Included	Included
Rates	Rates Table	
	Description	Rate
	Monthly Covered Payroll	\$675,242
	Rate per \$100 of Payroll	\$0.499
Cost Comparison	CURRENT	RENEWAL
Total Monthly Premium	\$3,369.46	\$3,369.46
Total Annualized Premium	\$40,433.49	\$40,433.49
Annual Dollar Change From Current		\$0.00
Percent Change From Current		0%

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ACTIVE - MEDICAL
Total Monthly Premium
Total Annualized Cost
Annualized Dollar Change From Current

Total Active Enrolled

CURRENT
\$135,341.02
\$1,624,092.24

RENEWAL
\$157,056.34
\$1,884,676.08
\$260,583.84

106

RETIREE - MEDICAL
Total Monthly Premium
Total Annualized Cost
Annualized Dollar Change From Current

Total Retiree Enrolled

CURRENT
\$22,284.75
\$267,417.00

RENEWAL
\$18,767.15
\$225,205.80
-\$42,211.20

24

TOTAL - MEDICAL
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

Total Active & Retiree Enrolled

CURRENT
\$157,625.77
\$1,891,509.24

RENEWAL
\$175,823.49
\$2,109,881.88
11.54%
\$218,372.64

130

TOTAL - DENTAL
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

CURRENT
\$9,260.06
\$111,120.72

RENEWAL
\$9,260.06
\$111,120.72
0.00%
\$0.00

TOTAL - LIFE/AD&D
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

CURRENT
\$1,621.40
\$19,456.74

RENEWAL
\$1,621.40
\$19,456.74
0.00%
\$0.00

TOTAL - LTD
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

CURRENT
\$3,369.46
\$40,433.49

RENEWAL
\$3,369.46
\$40,433.49
0.00%
\$0.00

TOTAL
Total Monthly Premium
Total Annualized Cost
Annualized Percent Change From Current
Annualized Dollar Change From Current

CURRENT
\$171,876.68
\$2,062,520.19

RENEWAL
\$190,074.40
\$2,280,892.83
10.59%
\$218,372.64

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