

Marathon County Cooperative
 M3 Insurance/Jamie MacDonald
 7/1/2023
 Quote Produced: 3/9/2023



Network & Plan Design	Plan 7 Freedom POS HDHP - Plan 7B		Plan 8 Freedom POS HDHP - Plan 8B		Plan 9 Freedom POS HDHP - Plan 9B		Plan 10 Freedom POS HDHP - Plan 10B	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$7,000/\$14,000	\$4,000/\$8,000	\$7,000/\$14,000
Coinsurance	0%	20%	0%	20%	0%	20%	0%	20%
Out-of-Pocket Limit	\$3,000/\$6,000	\$7,000/\$14,000	\$3,000/\$6,000	\$7,000/\$14,000	\$4,000/\$8,000	\$7,000/\$14,000	\$4,000/\$8,000	\$7,000/\$14,000
PCP	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
CT/PET scans/MRIs	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Prescriptions	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Max Out-of-Pocket on Rx	N/A	N/A	\$500/\$1,000	N/A	N/A	N/A	\$1,000/\$2,000	N/A
Tier 1/Tier 2/ Tier 3/ Specialty	N/A	N/A	\$10/\$30/\$60/25%	N/A	N/A	N/A	\$10/\$30/\$60/25%	N/A
Coverage Type	Contract Count	Monthly Premium	Contract Count	Monthly Premium	Contract Count	Monthly Premium	Contract Count	Monthly Premium
Single	106	\$1,057.30	106	\$1,015.62	106	\$1,012.17	106	\$972.99
Family	288	\$2,267.97	288	\$2,174.51	288	\$2,132.12	288	\$2,045.72
Single Medicare w/Rx	0	\$740.11	0	\$710.93	0	\$708.52	0	\$681.09
Family Medicare w/Rx	0	\$1,480.22	0	\$1,421.87	0	\$1,417.04	0	\$1,352.18
Special Medicare (1 Over / 1 Under)	0	\$1,797.41	0	\$1,726.55	0	\$1,720.69	0	\$1,654.08
Total Monthly Premium	394	\$765,248.51	394	\$733,914.42	394	\$721,339.32	394	\$692,304.65
Total Annual Premium		\$9,182,982.16		\$8,806,973.06		\$8,656,071.79		\$8,307,655.85

Network & Plan Design	Plan 11 Freedom POS HDHP - Plan 11B		Plan 12 Freedom POS HDHP - Plan 12B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$2,000/\$4,000	\$5,500/\$11,000	\$1,500/\$3,000	\$4,500/\$9,000
Coinsurance	0%	20%	0%	20%
Out-of-Pocket Limit	\$2,000/\$4,000	\$5,500/\$11,000	\$1,500/\$3,000	\$4,500/\$9,000
PCP	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
CT/PET scans/MRIs	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Prescriptions	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Max Out-of-Pocket on Rx	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A
Tier 1/Tier 2/ Tier 3/ Specialty	\$10/\$30/\$60/25%	N/A	\$10/\$30/\$60/25%	N/A
Coverage Type	Contract Count	Monthly Premium	Contract Count	Monthly Premium
Single	106	\$1,050.85	106	\$1,097.31
Family	288	\$2,246.59	288	\$2,329.27
Single Medicare w/Rx	0	\$742.60	0	\$768.12
Family Medicare w/Rx	0	\$1,485.19	0	\$1,536.24
Special Medicare (1 Over / 1 Under)	0	\$1,803.45	0	\$1,865.43
Total Monthly Premium	394	\$759,468.57	394	\$787,143.96
Total Annual Premium		\$9,113,622.85		\$9,445,727.51

Note(s):
 7/1/2024 renewal not to exceed 9% increase to current premium rates.
 1.5% of premium

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: 5-8-23



Marathon County Cooperative
 Agency/Agents: M3 Insurance/Jamie MacDonald
 Effective Date: 7/1/2023
 Quote Produced: 3/9/2023

Network & Plan Design	Plan 1 Signature HMO HDHP - Plan 1A Out-of-Network		Plan 2 Signature HMO HDHP - Plan 2A Out-of-Network		Plan 3 Signature HMO HDHP - 3A Out-of-Network		Plan 4 Signature HMO HDHP Out-of-Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000/\$6,000	N/A	\$3,000/\$6,000	N/A	\$4,000/\$8,000	N/A	\$4,000/\$8,000	N/A
Coinsurance	0%	N/A	0%	N/A	0%	N/A	0%	N/A
Out-of-Pocket Limit	\$3,000/\$6,000	N/A	\$3,000/\$6,000	N/A	\$4,000/\$8,000	N/A	\$4,000/\$8,000	N/A
PCP	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
Specialist	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
C/PTET scans/MRIs	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
Emergency Room	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
Urgent Care	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
Prescriptions	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Max Out-of-Pocket on Rx	N/A	N/A	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A	\$1,000/\$2,000	N/A
Tier 1/Tier 2/Tier 3/Specialty	N/A	N/A	\$10/\$30/\$60/25%	N/A	\$10/\$30/\$60/25%	N/A	\$10/\$30/\$60/25%	N/A
Coverage Type	Contract Count	Monthly Premium	Contract Count	Monthly Premium	Contract Count	Monthly Premium	Contract Count	Monthly Premium
Single	106	\$903.68	106	\$868.05	106	\$865.10	106	\$831.61
Family	288	\$1,938.43	288	\$1,858.56	288	\$1,822.32	288	\$1,748.48
Single Medicare w/Rx	0	\$632.57	0	\$607.64	0	\$605.57	0	\$582.13
Family Medicare w/Rx	0	\$1,265.15	0	\$1,215.27	0	\$1,211.14	0	\$1,164.26
Special Medicare (1 Over / 1 Under)	0	\$1,536.25	0	\$1,475.69	0	\$1,470.67	0	\$1,413.74
Total Monthly Premium	394	\$654,058.56	394	\$627,277.28	394	\$616,529.33	394	\$591,713.38
Total Annual Premium		\$7,848,702.70		\$7,527,327.40		\$7,398,351.96		\$7,100,560.56

Network & Plan Design	Plan 5 Signature HMO HDHP - Plan 5A Out-of-Network		Plan 6 Signature HMO HDHP - Plan 6A Out-of-Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$2,000/\$4,000	N/A	\$1,500/\$3,000	N/A
Coinsurance	0%	N/A	0%	N/A
Out-of-Pocket Limit	\$2,000/\$4,000	N/A	\$1,500/\$3,000	N/A
PCP	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
Specialist	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
C/PTET scans/MRIs	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
Emergency Room	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
Urgent Care	Deductible/Coinsurance	N/A	Deductible/Coinsurance	N/A
Prescriptions	N/A	N/A	N/A	N/A
Max Out-of-Pocket on Rx	\$500/\$1,000	N/A	\$1,000/\$2,000	N/A
Tier 1/Tier 2/Tier 3/Specialty	\$10/\$30/\$60/25%	N/A	\$10/\$30/\$60/25%	N/A
Coverage Type	Contract Count	Monthly Premium	Contract Count	Monthly Premium
Single	106	\$806.71	106	\$937.87
Family	288	\$1,920.16	288	\$1,890.83
Single Medicare w/Rx	0	\$634.70	0	\$656.51
Family Medicare w/Rx	0	\$1,269.40	0	\$1,313.02
Special Medicare (1 Over / 1 Under)	0	\$1,541.41	0	\$1,594.38
Total Monthly Premium	394	\$649,118.44	394	\$672,772.61
Total Annual Premium		\$7,789,421.24		\$8,073,271.38

Note(s): 7/1/2024 renewal not to exceed 9% increase to current premium rates.
 1.5% of premium

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: *Jamie MacDonald* Date: 5-8-23