CITY OF TRAVERSE CITY
BID TABULATION

Project: Health Care Services Location: 2d fl. conf room

Date and Time Due: M, ~~4/20/2015~~ 5/4/2015 @ 2 PM Staff: Julie Dalton

Staff: Janie Caroffino

VENDOR	BID AND/OR EXTRAS	TOTAL
Priority Health	see attached page	

Health Insurance Coverage
Monthly Premium Cost

Health Insurance		Regular	Medicare Wrap
Priority Health High Deductible Health Plan (HDHP) with Health Savings Account (HSA) or equivalent	Single	$402.57	N/A
	Double	972.49	N/A
	Family	1,074.02	N/A
Priority Health Plan 1 or equivalent High HMO	Single	$537.17	$548.99 Subscriber 65+
	Double	1,297.75	737.17 Spouse 0-64
	Family	1,433.28	497.94 Child 0-64
Priority Health Copay Alignment or equivalent	Single	$496.55	$521.98 Subscriber 65
	Double	1,199.66	679.33 Spouse 0-64
	Family	1,324.94	459.78 Child 0-64
Priority Health Copay Alignment Medicare wrap or equivalent	Single		
	Double		see above
	Family		
Priority Health L&P Retirees closed or equivalent	Subscriber 65+	N/A	$571.46
	Spouse 0-64	N/A	755.75
	Child 0-64	N/A	509.26
Priority Health Medicare or equivalent	Subscriber 65+		$388.98 MAPD No S+F
	Subscriber 65+	N/A	394.11 MAPD With S+F
Non-Medicare eligible MAPD Dependent	Spouse 0-64	N/A	$720.40
	Child 0-64	N/A	488.64
United American Fire Retirees Closed or equivalent	Subscriber 65+	N/A	$654.58
	Spouse 0-64	N/A	800.58
	Child 0-64	N/A	531.03

I certify that the monthly premium cost shown above is the total cost of the insurance coverage provided.
- Rates do not include applicable taxes and fees.

Submitted by:

tpoindexter
Signature

Tina Poindexter, Sr Acct Manager
Name and Title (Print)

231-932-7950 231-929-7042
Phone Fax

Priority Health
Vendor

1231 E Beltline Ave
Company Address

Grand Rapids MI 49503
City, State, Zip

Corporation
Sole proprietorship/partnership/corporation

MI
If corporation, state of corporation

local office:
Priority Health
300 E Front St Ste 250
Traverse City, MI 49684