



DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT HMO  
GROUP ID: 10005273  
SUBGROUP ID(s): 1000,1002,1100,1102,1200,1202

April 30, 2020  
Q-21772 | KK  
Page 1 of 2

HAP RENEWAL PREMIUM RATE NOTIFICATION  
HMO

Renewal Date: January 1  
Monthly Premium Rates Effective: January 1, 2021 through December 31, 2021

Contract Type	Contracts	Premiums Without Taxes*	Renewal Change	Illustrative Premiums w/ Taxes*
Subscriber Only	536	\$412.49	- 2.8%	\$414.89
Subscriber & Spouse	86	\$882.92	- 2.8%	\$888.06
Subscriber & Child	140	\$882.92	- 2.8%	\$888.06
Subscriber & Children	103	\$1,102.79	- 2.8%	\$1,109.20
Subscriber, Spouse & Child(ren)	213	\$1,102.79	- 2.8%	\$1,109.20

\* IMPORTANT: Please read all Premium Rate Conditions on Page 2

Plan/Product  
AAS00108 / XRS00046

Please sign and return to your HAP Account Executive  
Jaimie Fuhrman | jfuhrma1@hap.org | (248) 443-1135

As the Executive Representative of the group listed above, my signature acknowledges the Premium Rates, Effective Dates, Plans and Premium Rate Conditions as outlined on this Rate Notification as well as the Terms and Conditions of my HAP Group Operating Agreement.

I also acknowledge  
Premium rates include commissions per HAP's Blended Commission Schedule

Authorized Signature \_\_\_\_\_  
 Printed Name Nikola P. Vitti, Ed.D  
 Title Superintendent  
 Company DPSCD  
 Date 10/5/2020

We at Health Alliance Plan look forward to our continued partnership and appreciate your business.



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**Page 2 of 2**

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**Renewal Date:** January 1  
**Premium Rate Conditions Effective:** January 1, 2021 through December 31, 2021

**Premium Rate Conditions**

RENEWAL; Premium rates are based upon the March 2020 enrollment.

Health Alliance Plan is regulated by the Department of Insurance and Financial Services (DIFS). Premium rates are conditional and subject to change based on the annual rate filing and its approval with DIFS.

Premium rates are contingent upon an employer group meeting the minimum contribution of 50% or more of the total premium.

If the quoted product provides coverage for hearing aids, please note that HAP (including AHL) will be moving to a new vendor, NationsHearing, to provide hearing aid benefits effective 1/1/2020. The cost share for members will be a copay per hearing aid per year based on technology levels: \$0 copay for Value, \$689 copay for Basic, \$989 copay for Prime, \$1,539 copay for Advanced, \$2,039 copay for Premium. HAP is implementing this change for all members with this benefit, effective 1/1/2020.

Contact your HAP Account Executive for HRA or HSA information and fees.

Commercial applies to those not eligible for Medicare (Parts A and B).

Health Alliance Plan/Alliance Health & Life reserves the right to re-rate an employer group if the enrollment and other demographic factors of the group changes by more than 10%. This applies to not only shifts within the group's fully insured population, but also shifts in funding mechanism – for example, a fully insured group electing self-funded for a portion of their population.

You are currently invoiced for premiums that exclude applicable taxes. Such taxes are being applied to your invoice as separate line item(s). Illustrative Premiums have been provided for informational purposes which include taxes based upon current tax assessments and were developed at a fixed point in time. The actual taxes on your monthly invoice may fluctuate due to shifts in membership. In addition, pending regulatory decisions may affect the taxes applied.

Premium rates do not apply to retirees. A retiree group would be rated separately.

Monthly remittance reports and payment should only be sent to the following address:  
DEPARTMENT #271101 \* HEALTH ALLIANCE PLAN \* P.O. BOX 55000 \* DETROIT, MI 48255-2711

Prepared by Underwriter: Ken Krisan