GROUP BENEFITS PROPOSAL

PREPARED FOR

Northstar Studio — 2027 Benefits

Medical

Balance Northstar Studio’s annual premium budget with employees’ medical benefit needs

Prepared for Northstar Studio — 2027 Benefits

Effective 01/01/2027 - 12/31/2027

Generated 10/24/2026

Overview

$11,016

ANNUAL COST REDUCTION

Cedar Sample Health reduces current annual cost by $11,016.

Northstar Studio — 2027 Benefits and your employees are at the center of this analysis. This proposal compares Harbor Sample Health with Cedar Sample Health with a primary objective of **Balance Northstar Studio's annual premium budget with employees' medical benefit needs**.

OUR RECOMMENDATION

Recommend Cedar PPO 2000 for Northstar Studio's 2027 renewal. The proposed annual premium is $216,648, compared with $227,664 today. Discuss the higher deductible and primary care copay before confirming the change.

MATERIAL TRADEOFFS

The individual deductible increases from $1,500 to $2,000, and primary care rises from $25 to $30. Review provider networks and prescription coverage before enrollment.

Annual program cost comparison

ALL LINES OF COVERAGE

Current	$227,664 Baseline program
RECOMMENDED Proposed	$216,648 −$11,016 · −4.8% vs. current
Proposed	−$11,016 · −4.8% vs. current

Line-by-line impact

VS. CURRENT ANNUAL PREMIUM

- **Medical.** Cedar Sample Health option saves − $11,016 · −4.8% vs current.

Proposal details

AS QUOTED

Proposal Type	New Business
Group Name	Northstar Studio — 2027 Benefits
Policy Period	01/01/2027 - 12/31/2027
Lines of Coverage	Medical
Carriers Quoted	Cedar Sample Health
Enrolled Subscribers	20
Run Date	10/24/2026

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Program financials — all lines of coverage

ANNUALIZED PREMIUM

Current program

HARBOR SAMPLE HEALTH

$227,664

Annual premium

Proposed program

CEDAR SAMPLE HEALTH

$216,648

−$11,016.00 · −4.8%

Annual premium by line of coverage

CEDAR SAMPLE HEALTH IN EACH LINE

Line of Coverage	CURRENT Harbor Sample Health	PROPOSED Cedar Sample Health	Proposed vs current
Medical — Harbor Sample Health / Cedar Sample Health	$227,664.00	**$216,648.00**	−$11,016.00 · −4.8%
Program Total	**$227,664.00**	**$216,648.00**	**−$11,016.00 · −4.8%**

Executive decision summary

ADVISOR RECOMMENDATION

At the same displayed enrollment, annual premium decreases by $11,016 (4.8%). Figures use the case's rates and enrollment and exclude expenses not modeled here.

Medical benefits

TOTAL ANNUAL PREMIUM	
CURRENT · HARBOR SAMPLE HEALTH	
Total Annual Premium	$227,664.00
PROPOSED · CEDAR SAMPLE HEALTH	RECOMMENDED
Total Annual Premium	$216,648.00
Cedar Sample Health vs Harbor Sample Health	−$11,016.00 · −4.8%

Premium comparison — monthly rates by coverage tier

ALL QUOTED PLANS

Coverage Tier	CURRENT Harbor PPO 1500 Harbor Sample Health	PROPOSED Cedar PPO 2000 Cedar Sample Health
Employee	$620.00 (12)	$590.00 (12)
Employee + Spouse	$1,240.00 (3)	$1,180.00 (3)
Employee + Child(ren)	$1,116.00 (2)	$1,062.00 (2)
Family	$1,860.00 (3)	$1,770.00 (3)
Monthly Total	**$18,972.00** (20 enrolled) **baseline**	**$18,054.00** (20 enrolled) **−4.8%**
Annualized	**$227,664.00**	**$216,648.00** **−$11,016**

This is only a summary based on submitted census and wage data, reference carrier documents for additional details.

Medical — benefit detail

IN-NETWORK · PLAN DOCUMENTS GOVERN

Benefit detail comparison

HARBOR SAMPLE HEALTH · CEDAR SAMPLE HEALTH

Benefit	CURRENT Harbor PPO 1500 Harbor Sample Health	PROPOSED Cedar PPO 2000 Cedar Sample Health
Deductible	$1,500 / $3,000	$2,000 / $4,000
Coinsurance	20%	20%
Out-of-Pocket Max	$6,000 / $12,000	$6,500 / $13,000
Primary Care	$25	$30
Specialist	$50	$60
Urgent Care	$75	$75
Inpatient Hospital	20% AD	20% AD
Outpatient Surgery	20% AD	20% AD
Emergency Room	$350	$350
Laboratory Services	$30	$30
Imaging (X-Ray/MRI/CT)	$100	$100
RX Deductible	$0	$0
RX Coverage	$10/$35/$60/20%	$10/$35/$60/20%
Deductible Out of Network (Ind / Fam)	$6,000/$12,000	$6,000/$12,000
Out-of-Pocket Max Out of Network (Ind / Fam)	$12,000/$24,000	$12,000/$24,000
Coinsurance Out of Network	50%	50%
ENROLLMENT & PREMIUM RATES — MONTHLY		
Employee	$620.00 (12)	$590.00 (12)
Employee + Spouse	$1,240.00 (3)	$1,180.00 (3)
Employee + Child(ren)	$1,116.00 (2)	$1,062.00 (2)
Family	$1,860.00 (3)	$1,770.00 (3)
Monthly Total	$18,972.00 (20 enrolled) baseline	$18,054.00 (20 enrolled) −4.8%
Annualized	$227,664.00	$216,648.00 −$11,016 · −4.8%

This is only a summary based on submitted census and wage data, reference carrier documents for additional details.

Census & caveats

Enrollment census

20 ENROLLED SUBSCRIBERS

Coverage Tier	Enrolled	Share
Employee	12	60%
Employee + Spouse	3	15%
Employee + Child(ren)	2	10%
Family	3	15%
Total	**20**	**100%**

Caveats

- Rates shown at current census and subject to final carrier underwriting and eligibility verification.
- This is only a summary based on submitted census and wage data, reference carrier documents for additional details.