

Lenawee County Consortium A and B

June 24, 2017

To: Addison Community Schools, Adrian Public Schools, Blissfield Community Schools, Britton Deerfield Schools, Clinton Community Schools, Hudson Area Schools, Lenawee Intermediate School District (LISD), Madison School District, Morenci Area Schools, Onsted Community Schools, Sand Creek Community Schools, Tecumseh Public Schools.

Dear Consortium A and Consortium B Members:

The Lenawee County Insurance Consortium (LCIC) A and Lenawee County Consortium (LCIC) B solicited bids on behalf of the individual member public schools districts in compliance with Public Act (PA) 106, Section 5, (2) which states "A public employer or pooled plan procuring coverage or benefits from 1 or more carriers shall solicit 4 or more bids when establishing a medical benefit plan, including at least 1 bid from a voluntary employees' beneficiary association described in section 501(c)(9) of internal revenue code, 26 USC 501 (c)(9)." Bids were solicited for several Plan options for health insurance and included the specific demographic data of the following member schools: Addison Community Schools, Adrian Public Schools, Blissfield Community Schools, Britton Deerfield Schools, Clinton Community Schools, Hudson Area Schools, Lenawee Intermediate School District (LISD), Madison School District, Morenci Area Schools, Onsted Community Schools, Sand Creek Community Schools, and Tecumseh Public Schools.

The LCIC A and LCIC B solicited bids from several different carriers. Bids were received from Blue Cross Blue Shield of Michigan and Michigan Educational Special Services Agency (MESSA). MESSA is a qualified voluntary employees' beneficiary association (VEBA), described in section 501 (c)(9) of the internal revenue code, 26 USC 501 (c)(9).

It is our understanding that these bids satisfy the requirements of PA 106 for all the Participating LCIC A and the LCIC B school districts listed above.

Respectfully,



Cindy Farmer

Employee Benefit Specialist/Consortium A and Consortium B Secretary

4107 N. Adrian Hwy.

Adrian, MI. 49221

(517) 265-1632

EMPLOYEE BENEFITS PLAN REVIEW

Prepared for

Lenawee Intermediate Schools

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Client Executive

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wish to thank you for the opportunity to examine your employee benefit needs. Because a large portion of your annual budget is allocated to employee benefits, choosing the right provider becomes a very important decision. Please feel free to call us at any time if you have any questions or concerns.

Your Account Service Team Includes:

Client Executive

Todd Gentner
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Client Advocate

Jennifer Brooks, Ext. 1161
Jennifer.brooks@kapnick.com

www.kapnick.com

Blue Cross-Blue Shield



Employer Customer Service
Fax number for Enrollment/Change Forms
Website
Employee Customer Service

(800) 414-3458
(866) 900-2619
www.bcbsm.com
Call number on back of ID card

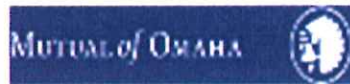
EyeMed



Employer Customer Service
Website
Employee Customer Service

(888) 439-3633
www.eyemed.com
(866) 939-3633

Mutual of Omaha



Employee Customer Service
Website

(800) 556-9228
www.mutualofomaha.com

Products & Services

As a full-service brokerage firm and licensed Third-Party Administrator, Kapnick Insurance Group is a complete resource for employee benefit plan administration. We are in the business of providing solutions to employers of all sizes and with all types of employee benefit plan needs.

- ✓ Benefit Plan Analysis, Design and Consulting Services
- ✓ Benefit Enrollment Administration
- ✓ Design, Installation and Administration of Cafeteria Benefit Plans
- ✓ Medical Plans
- ✓ Dental Plans
- ✓ Vision Plans
- ✓ Short-Term & Long-Term Disability Plans
- ✓ Life Insurance Plans
- ✓ Accidental Death & Dismemberment Plans
- ✓ Long-Term Care Plans
- ✓ Flexible Spending Account Administration
- ✓ COBRA Administration
- ✓ Retirement Plans
 - 401(k) Plans
 - Tax Sheltered Annuity – 403(b) Plans
 - Simplified Employee Pension Plans
- ✓ Executive Shareholder Plans
 - Salary Continuation
 - Stock Redemption
 - Key Person Insurance
 - Individual Disability Insurance
 - Deferred Compensation
- ✓ My Wave – online resource for Kapnick clients
- ✓ Individual Products
- ✓ Employee Assistance Programs

Our proposal, including rates, is based on underwriting information supplied by you. In the event there are significant changes or missing information, we will need that information to forward to the underwriters. Final rates may change based on any updated information.

This proposal is intended to be a summary of Premiums costs and provisions and is not intended to be a complete description of coverages. Please refer to the carriers' complete proposals and policies for actual terms, conditions and limitations.

Kapnick Insurance Group is compensated through commissions paid by insurance companies and/or fees paid by our clients. We also have contingency agreements with some employee benefit Carriers. These agreements are based upon business volume and/or underwriting results of the overall book of business and are not tied to a specific account. These contingency payments are not guaranteed and have historically amounted to roughly one half of one percent of total premiums placed. Kapnick Insurance Group recommends insurance Carriers to our clients based on cost, coverage, service capability and financial security – not based on the existence of contingency agreements. It has always been our practice to leave the final selection of insurers to the discretion of our clients.

Carrier A.M. Best Rating

CARRIER	A.M. BEST RATING
MEDICAL	
Blue Cross Blue Shield	A-
Blue Care Network	A-
Priority Health	A-
United Healthcare	A
DENTAL	
Blue Cross Blue Shield	A-
Delta Dental	A-
Guardian	A++
MetLife	A+
VISION	
Blue Cross Blue Shield	A-
EyeMed	NR
VSP	A
LIFE/AD&D, DISABILITY, WORKPLACE	
Guardian	A++
Fort Dearborn	A+
Lincoln Financial Group	A+
UNUM	A

A.M. Best uses the following scale to rate a company's financial stability.
 A++ / A+ = Superior; A / A- = Excellent; B++ / B+ = Good
 B / B- = Fair; C++ / C+ = Marginal; NR-1 = Insufficient Data
 NR-5 = Not formally followed; pd = Public Data

Carrier ratings updated January 2014

Cost Summary - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group / Division	Enrolled	Current Premium	Renewal Premium	% Difference
007033433-0004 BCBSM - Simply Blue HSA 1250	36	\$48,288.63	\$51,409.59	6.46%
007033433-0005 BCBSM - Simply Blue HSA 2000	23	\$24,323.96	\$25,902.36	6.49%
007033433-0006 BCBSM - Simply Blue 500	14	\$16,218.98	\$17,438.64	7.52%
Monthly Medical Sub Total Cost		\$88,831.57	\$94,750.59	6.66%
007033433 - 0004, 0005, 0006 BCBSM - Blue Dental PPO Plus 100/80/50/50	91	\$8,851.94	\$8,995.77	1.62%
1006696 EyeMed - PPO Vision	91	\$1,516.72	\$1,516.72	0.00%
G000AJE4 Mutual of Omaha - Life/AD&D	110	\$1,006.50	\$1,006.50	0.00%
G000AJE4 Mutual of Omaha - Long Term Disability	110	\$3,357.82	\$3,357.82	0.00%
Monthly Total Premium		\$103,564.55	\$109,627.40	
Monthly Difference			\$6,062.85	
Annualized Total Premium		\$1,242,774.66	\$1,315,528.86	5.85%
Annualized Difference			\$72,754.20	
Renewal rates include mandated ACA plan design changes.				
<i>Premium and enrollment are based on most currently available invoice.</i>				
G000AJE4 Mutual of Omaha - Life/AD&D (Voluntary)	17	\$385.50	\$385.50	0.00%
G000AJE4 Mutual of Omaha - Short Term Disability (Voluntary)	18	\$672.15	\$672.15	0.00%

2017 GROUP PRODUCT FAMILY OVERVIEW



As Michigan's most trusted names in health insurance, Blue Cross® Blue Shield® of Michigan and Blue Care Network offer employers a comprehensive suite of products, designed to fulfill the needs of the state's diverse workforce.

BLUE CROSS BLUE SHIELD OF MICHIGAN

COMMUNITY BLUESM PPO: Top-quality benefits with some of the lowest employee deductibles and out-of-pocket expenses on the market. These plans are good for employers in highly competitive labor situations, or with the most demanding coverage needs.

COMMUNITY BLUE HRASM PPO: The same top-quality benefits of Community Blue, but lower employer costs via a health reimbursement arrangement (HRA) to help fund employees' out-of-pocket expenses.

SIMPLY BLUESM: Comprehensive PPO coverage designed to meet tight budgets and stretch health care dollars through various cost-sharing features. These plans are good for cost-conscious employers who still want to offer high quality PPO coverage.

SIMPLY BLUE HRASM PPO and **SIMPLY BLUE HSASM PPO:** The same comprehensive coverage of Simply Blue, but with lower employer costs via a health reimbursement arrangement (HRA) or health savings account (HSA) to help fund employees' out-of-pocket expenses.

SIMPLY BLUESM ROUTINE CARE PPO: Unique plans which combine the features of Simply Blue with the cost savings of higher-deductible plans, while saving employees money by covering routine care such as primary care doctors visits and generic medications with a copayment.

HEALTHY BLUE ACHIEVESM: Wellness plans that provide significant premium savings over comparable Simply Blue plans. Employees who commit to healthy living pay lower out-of-pocket costs.

BLUE CROSS® PERSONAL CHOICE PPO: PPO plans that leverage the Blues' Organized Systems of Care program to provide lower rates for employers and reduced cost-sharing for members.

BLUE CARE NETWORK

BCN HMOSM: Exceptional health management and cost containment through a wide range of deductibles and cost-sharing options.

BCN ROUTINE CARESM HMO: Unique plans which combine the features of a BCN HMO with the cost savings of higher-deductible plans, while saving employees money by covering routine care such as primary care doctors visits and generic medications with a copayment.

BLUE ELECT PLUSSM SELF REFERRAL OPTION HMO: Affordable HMO plans that allow employees the option to choose an out-of-network provider.

BCN HRASM HMO: The same comprehensive coverage of a BCN HMO, but with lower employer costs via a health reimbursement arrangement (HRA) to help fund employees' out-of-pocket expenses.

BCN HSASM HMO: The same comprehensive coverage of a BCN HMO, but with lower employer costs via a health savings account (HSA) to help fund employees' out-of-pocket expenses.

BCN HEALTHY BLUE LIVINGSM HMO: Wellness plans that provide significant premium savings over comparable BCN HMO plans. Employees who commit to healthy living pay lower out-of-pocket costs.



phone 248.356.8585 • fax 248.356.8589 • www.actionbenefits.com • 26533 Evergreen Rd., Suite 400, Southfield, MI 48076

Action Benefits is an Authorized Managing Agent for Blue Cross Blue Shield of Michigan and Blue Care Network. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

2017 SMALL GROUP PRODUCT PORTFOLIO

BLUE CROSS® BLUE SHIELD® OF MICHIGAN • SMALL GROUP OPTIONS (1-50 ELIGIBLE EMPLOYEES)

ADDITIONS AND CHANGES FOR 2017 HIGHLIGHTED IN RED

	PLAN	DEDUCTIBLE	CO-INSURANCE	ECM*	OUT-OF-POCKET MAX	EMPLOYER CDH CONTRIBUTION	COPAYS OV/SPEC/UC/ER	RX	
Community Blue SM	Community Blue SM PPO Platinum \$0	\$0	10%	\$1,000	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80	
	Community Blue SM PPO Platinum \$250	\$250	20%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80	
	Community Blue SM PPO Platinum \$500	\$500	10%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80	
	Community Blue SM PPO Gold \$1,000	\$1,000	20%	\$3,500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$10/\$40/\$80	
Community Blue HRA SM	Community Blue HRA SM PPO Platinum \$1,500	\$1,500	20%	\$1,500	\$6,350	\$1,250	\$20/\$20/\$60/\$150	\$5/\$40/\$80	
	Community Blue HRA SM PPO Gold \$3,000	\$3,000	20%	\$1,500	\$6,600	\$750	\$30/\$30/\$60/\$150	\$5/\$40/\$80	
	Community Blue HRA SM PPO Gold \$5,000	\$5,000	20%	N/A	\$6,600	\$1,500	\$40/\$40/\$60/\$250	\$10/\$40/\$80	
Simply Blue SM	Simply Blue SM PPO Platinum \$250	\$250	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%	
	Simply Blue SM PPO Gold \$500	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/\$250	\$15/\$50/50%/20%/25%	
	Simply Blue SM PPO Gold \$1,000	\$1,000	20%	\$2,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%	
	Simply Blue SM PPO Gold \$1,500	\$1,500	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%	
	Simply Blue SM PPO Silver \$2,500	\$2,500	30%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%	
	Simply Blue SM PPO Silver \$3,000	\$3,000	20%	N/A	\$6,350	N/A	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%	
	Simply Blue SM PPO Silver \$4,000	\$4,000	20%	N/A	\$6,350	N/A	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%	
Simply Blue HRA SM	Simply Blue HRA SM PPO Platinum \$5,000	\$5,000	30%	N/A	\$6,350	\$3,500	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%	
	Simply Blue HRA SM PPO Gold \$1,500	\$1,500	20%	\$3,500	\$6,350	\$500	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%	
	Simply Blue HRA SM PPO Gold \$2,000	\$2,000	20%	N/A	\$6,350	\$750	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%	
	Simply Blue HRA SM PPO Gold \$4,000	\$4,000	20%	N/A	\$6,350	\$1,450	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%	
Simply Blue HSA SM	Simply Blue HSA SM PPO Gold \$1,300 (Aggregate)	\$1,300	20%	N/A	\$2,300	N/A	Deductible/Coinsurance	Ded. & \$10/\$40/\$80/15%/25%	
	Simply Blue HSA SM PPO Gold \$1,450 (Aggregate)	\$1,450	0%	N/A	\$2,450	N/A	Deductible/Coinsurance	Ded. & \$20/\$60/50%/20%/25%	
	Simply Blue HSA SM PPO Gold \$2,700	\$2,700	0%	N/A	\$5,000	\$700	Deductible/Coinsurance	Ded. & \$15/\$50/50%/20%/25%	
	Simply Blue HSA SM PPO Silver \$2,700	\$2,700	20%	N/A	\$5,000	N/A	Deductible/Coinsurance	Ded. & \$15/\$50/50%/20%/25%	
	Simply Blue HSA SM PPO Silver \$3,500	\$3,500	0%	N/A	\$5,500	\$250	Deductible/Coinsurance	Ded. & \$20/\$60/50%/20%/25%	
	Simply Blue HSA SM PPO Bronze \$5,500	\$5,500	30%	N/A	\$6,450	N/A	Deductible/Coinsurance	Deductible/Coinsurance	
	Simply Blue HSA SM PPO Bronze \$6,350	\$6,350	0%	N/A	\$6,350	N/A	Deductible/Coinsurance	Deductible/Coinsurance	
Simply Blue SM Routine Care	Simply Blue SM Routine Care PPO Silver \$2,000	\$2,000	30%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%	
	Simply Blue SM Routine Care PPO Silver \$3,000	\$3,000	20%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%	
Healthy Blue Achieve SM	Healthy Blue Achieve SM PPO Platinum \$250	Enh.	\$250	20%	\$500	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
		Stand.	\$2,000	40%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
	Healthy Blue Achieve SM PPO Gold \$500	Enh.	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/\$250	\$15/\$50/50%/20%/25%
		Stand.	\$2,000	40%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%

*ECM: Embedded Co-Insurance Maximum

The data represented here is for Single contracts, In-Network. Out-of-Network: 2X Single. Family Deductible and Out-of-Pocket Max: 2X Single.

(Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.)

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2017 LARGE GROUP PRODUCT PORTFOLIO

BLUE CROSS® BLUE SHIELD® OF MICHIGAN • LARGE GROUP OPTIONS (51-100 ELIGIBLE EMPLOYEES)

ADDITIONS FOR 2017 HIGHLIGHTED IN RED

	PLAN	DEDUCTIBLE	ECM* (OPTIONS)	COINS.	OUT-OF-POCKET MAX	OFFICE VISIT (OPTIONS)	ER (OPTIONS)
Community Blue SM	Community Blue SM PPO 1	\$0	N/A	0%	\$6,350	\$10 (\$20, \$30)	\$50 (\$150)
	Community Blue SM PPO 3	\$250	\$1,000	20%	\$6,350	\$20 (\$30)	\$150 (\$250)
	Community Blue SM PPO 4	\$500	\$1,500	20%	\$6,350	\$20 (\$30, \$40)	\$150 (\$250)
	Community Blue SM PPO 12-0%	\$1,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 12-20%	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 14-20%	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-0% \$2,500	\$2,500	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-20% \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-0% \$5,000	\$5,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-20% \$5,000	\$5,000	N/A	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-30% \$5,000	\$5,000	N/A	30%	\$6,350	\$30 (\$40)	\$150 (\$250)
Simply Blue SM	Simply Blue SM PPO \$250	\$250	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply Blue SM PPO \$500	\$500	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply BlueSM PPO \$750	\$750	\$2,500	20%	\$6,850	\$20	\$150
	Simply BlueSM PPO \$1,000/0%	\$1,000	N/A	0%	\$6,350	\$30	\$150
	Simply Blue SM PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue SM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply BlueSM PPO \$2,000	\$2,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue SM PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply BlueSM PPO \$3,000	\$3,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue SM PPO \$4,000	\$4,000	N/A	30%	\$6,350	\$30 (\$40)	\$150
Simply Blue HRA SM	Simply Blue HRA SM PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$4,000	\$4,000	N/A	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$5,000	\$5,000	N/A	20%	\$6,600	\$30 (\$40)	\$150
Simply Blue HSA SM	Simply Blue HSA SM PPO \$1,250-0% (Aggregate)	\$1,300	N/A	0%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$1,250-20% (Aggregate)	\$1,300	N/A	20%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$2,000-0% (Aggregate)	\$2,000	N/A	0%	\$3,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$2,000-20% (Aggregate)	\$2,000	N/A	20%	\$3,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,000-0%	\$3,000	N/A	0%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,000-20%	\$3,000	N/A	20%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,500-0%	\$3,500	N/A	0%	\$4,500	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,500-20%	\$3,500	N/A	20%	\$4,500	Ded./Coins.	Ded./Coins.
Simply Blue SM Routine Care	Simply Blue SM Routine Care PPO \$1,000	\$1,000	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$1,500	\$1,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$2,500	\$2,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$4,000	\$4,000	N/A	30%	\$6,600	\$30	Ded./Coins.
Minimum Value Plans	Simply Blue HSA SM \$4,000-50% w/Rx	\$4,000	N/A	50%	\$6,350	N/A	N/A
	Simply Blue HSA SM \$6,350-0% w/Rx	\$6,350	N/A	0%	\$6,350	N/A	N/A
	Simply Blue SM \$1,500 w/ Blue Advantage Rx	\$1,500	N/A	20%	\$4,000	\$30	\$150

- *ECM: Embedded Coinsurance Maximum
- The data represented here is for Single contracts. Please see Benefits-at-a-Glance documents for additional details.
- Blue Advantage Rx: Member pays BCBSM approved amount for prescription drugs. Medical plan includes coverage for ACA mandated prescription drugs.
- (Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.)

PREScription DRUG OPTIONS FOR APPLICABLE COMMUNITY BLUESM AND SIMPLY BLUESM PLANS ARE DETAILED ON THE FOLLOWING PAGE, AS ARE HEALTHY BLUE ACHIEVESM PPO PLANS

BLUE CARE NETWORK • LARGE GROUP OPTIONS (51-100 ELIGIBLE EMPLOYEES)

	PLAN	DED.	COINS.	ECM*	OUT-OF-POCKET MAX	OV/SPEC/UC/ER	Rx	
BCN HMO SM	BCN HMO SM 10%	\$0	10%	\$1,000	\$5,000	\$20/\$30/\$35/\$150	(Select One)	
	BCN HMO SM 20%	\$0	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150		
	BCN HMO SM 30%	\$0	30%	\$5,500	\$6,600	\$30/\$40/\$35/\$150		
	BCN HMO SM \$500/0%	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150		
	BCN HMO SM \$500/10%	\$500	10%	\$2,500	\$6,600	\$20/\$40/\$50/\$150		
	BCN HMO SM \$1,000/20%	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150		
	BCN HMO SM \$1,000/30%	\$1,000	30%	\$3,000	\$6,600	\$20/\$40/\$50/\$150		
	BCN HMO SM \$1,500/20%/\$500 ECM	\$1,500	20%	\$500	\$6,350	\$20/\$40/\$50/\$150		
	BCN HMO SM \$1,500/20%/\$1,500 ECM	\$1,500	20%	\$1,500	\$6,600	\$20/\$40/\$50/\$150		
	BCN HMO SM \$2,000/20%/\$500 ECM	\$2,000	20%	\$500	\$6,350	\$20/\$40/\$50/\$150		
	BCN HMO SM \$2,000/20%/\$4,000 ECM	\$2,000	20%	\$4,000	\$6,350	\$30/\$50/\$50/\$150		
	BCN HMO SM \$2,000/30%/\$1,000 ECM	\$2,000	30%	\$1,000	\$6,600	\$30/\$40/\$50/\$150		
	BCN HMO SM \$3,000/20%	\$3,000	20%	\$3,500	\$6,600	\$30/\$50/\$50/\$250		
	BCN HMO SM \$4,000/0%	\$4,000	0%	N/A	\$6,600	\$30/\$45/\$50/\$150		
	BCN HMO SM \$4,000/20%	\$4,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150		
BCN HMO SM \$4,000/30%	\$4,000	30%	\$2,000	\$6,600	\$35/\$45/\$50/\$250			
BCN HMO SM \$5,000/20%	\$5,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150			
BCN HSA SM HMO	BCN HSA SM HMO \$1,300/20% (Aggregate)	\$1,300	20%	N/A	\$2,300	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%	
	BCN HSA SM HMO \$1,350/0% (Aggregate)	\$1,350	0%	N/A	\$2,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$2,700/0%	\$2,700	0%	N/A	\$5,000	Ded./Coins.	\$6/\$25/\$50/\$80/20%/20%	
	BCN HSA SM HMO \$2,700/20%	\$2,700	20%	N/A	\$5,000	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%	
	BCN HSA SM HMO \$3,000/0%	\$3,000	0%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$3,000/20%	\$3,000	20%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$3,000/30%	\$3,000	30%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$4,000/20%	\$4,000	20%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
	BCN HSA SM HMO \$4,500/30%	\$4,500	30%	N/A	\$6,450	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%	
BCN HSA SM HMO \$6,350/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	Deductible		
Routine Care	BCN Routine Care SM HMO \$1,500	\$1,500	30%	N/A	\$6,350	\$40/Ded./Ded./Ded.	\$10/\$30/\$60/\$80/220%	
	BCN Routine Care SM HMO \$3,000	\$3,000	20%	N/A	\$5,000	\$30/Ded./Ded./Ded.	\$6/\$25/\$60/\$80/20%/20%	
Minimum Value Plans	BCN HMO SM \$1,500/20%	\$1,500	20%	N/A	\$5,000	\$30/\$45/\$50/\$150	Limited Rx Benefit	
	BCN HSA SM HMO \$4,000/50%	\$4,000	50%	N/A	\$6,350	Ded./Coins.	50% after Ded.	
	BCN HSA SM HMO \$6,350/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	0% after Ded.	
Healthy Blue Living SM	Healthy Blue Living SM HMO \$250	Enh.	\$250	20%	\$500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
		Stand.	\$1,500	30%	\$2,500	\$6,600	\$30/\$40/\$35/\$150	\$6/\$25/\$50/\$80/20%/20%
	Healthy Blue Living SM HMO \$500	Enh.	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
		Stand.	\$3,000	30%	\$3,500	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
	Healthy Blue Living SM HMO \$1,000	Enh.	\$1,000	20%	\$2,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
		Stand.	\$3,000	30%	\$3,000	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
Healthy Blue Living SM HMO \$1,500	Enh.	\$1,500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	Stand.	\$4,000	30%	\$2,500	\$6,600	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%	
Healthy Blue Living SM HMO \$2,000	Enh.	\$2,000	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	Stand.	\$4,000	30%	\$2,000	\$6,600	\$35/\$45/\$60/\$250	\$6/\$25/\$50/\$80/20%/20%	
Blue Elect Plus SM	Blue Elect Plus SM (SRO) \$500	\$500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%	
	Blue Elect Plus SM (SRO) \$1,000	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%	
	Blue Elect Plus SM (SRO) \$3,000	\$3,000	30%	\$2,500	\$6,600	\$30/\$45/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%	

- *ECM: Embedded Coinsurance Maximum. (SRO): Self Referral Option
- (Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.)
- All prescription drug plans (except those paired with Minimum Value medical plans) available with either Custom Drug List or Custom Select Drug List.
- PCP Focus available to BCN HMO, BCN HSA, and HBL groups with less than 100 eligible, less than 100 enrolled, within the select counties.

Current Proforma July 2016 - Lenawee Intermediate School District

	EE ¹	Rates ²	Monthly Total Cost	Monthly Employee Cost	Monthly Employer Cost
	Enrolled				
Medical - BCBSM					
Simply Blue HSA 1250					
Single	6	\$532.99		\$0.00	\$532.99
Two Person	9	\$1,279.17		\$0.00	\$1,279.17
Family	<u>21</u>	\$1,598.96		\$0.00	\$1,598.96
Sub Total:	36		\$48,288.63	\$0.00 0.00%	\$48,288.63 100.00%
Simply Blue HSA 2000					
Single	8	\$469.58		\$0.00	\$469.58
Two Person	2	\$1,126.98		\$0.00	\$1,126.98
Family	<u>13</u>	\$1,408.72		\$0.00	\$1,408.72
Sub Total:	23		\$24,323.96	\$0.00 0.00%	\$24,323.96 100.00%
Simply Blue 500					
Single	6	587.65		\$0.00	\$587.65
Two Person	4	1,410.34		\$0.00	\$1,410.34
Family	<u>4</u>	1,762.93		\$0.00	\$1,762.93
	14		\$16,218.98	\$0.00 0.00%	\$16,218.98 100.00%
Total:	73		\$88,831.57	\$0.00 0.00%	\$88,831.57 100.00%
Dental					
Blue Dental PPO Plus					
Single	22	\$37.43		\$0.00	\$37.43
Two Person	18	\$74.86		\$0.00	\$74.86
Family	<u>51</u>	\$131.00		\$0.00	\$131.00
Total:	91		\$8,851.94	\$0.00 0.00%	\$8,851.94 100.00%
Vision					
EyeMed PPO Vision					
Single	21	\$6.62		\$0.00	\$6.62
Two Person	17	\$14.23		\$0.00	\$14.23
Family	<u>53</u>	\$21.43		\$0.00	\$21.43
Total:	91		\$1,516.72	\$0.00 0.00%	\$1,516.72 100.00%
Life/AD&D - Mutual of Omaha	110	\$0.15	\$1,006.50	\$0.00	\$1,006.50
LTD - Mutual of Omaha	110	\$0.68	\$3,357.82	\$0.00	\$3,357.82
Total:			\$4,364.32	\$0.00 0.00%	\$4,364.32 100.00%
Monthly Total Cost			\$103,564.55	\$0.00	\$103,564.55
<i>Per Employee Per Month</i>			73	\$1,418.69	\$0.00 0.00%
			73	\$17,024.31	\$0.00 0.00%
			EE	Total	Employee
			Enrolled	Cost	Cost
Annual Total Plan Cost			\$1,242,774.66	\$0.00	\$1,242,774.66
Per Employee Per Year			73	\$17,024.31	\$0.00

¹Premium and enrollment are based on most currently available invoice.

²Rates Include Estimated Taxes/Fees where applicable

Renewal Proforma July 2017 - Lenawee Intermediate School District

	EE' Enrolled	Rates ²	Monthly Total Cost	Monthly Employee Cost	Monthly Employer Cost
Medical - BCBSM					
Simply Blue HSA 1250					
Single	6	\$567.44		\$0.00	\$567.44
Two Person	9	\$1,361.85		\$0.00	\$1,361.85
Family	<u>21</u>	\$1,702.30		\$0.00	\$1,702.30
Sub Total:	36		\$51,409.59	\$0.00 0.00%	\$51,409.59 100.00%
Simply Blue HSA 2000					
Single	8	\$500.04		\$0.00	\$500.04
Two Person	2	\$1,200.11		\$0.00	\$1,200.11
Family	<u>13</u>	\$1,500.14		\$0.00	\$1,500.14
Sub Total:	23		\$25,902.36	\$0.00 0.00%	\$25,902.36 100.00%
Simply Blue 500					
Single	6	631.84		\$0.00	\$631.84
Two Person	4	1,516.40		\$0.00	\$1,516.40
Family	<u>4</u>	1,895.50		\$0.00	\$1,895.50
	14		\$17,438.64	\$0.00 0.00%	\$17,438.64 100.00%
Total:	73		\$94,750.59	\$0.00 0.00%	\$94,750.59 100.00%
Dental					
Blue Dental PPO Plus					
Single	22	\$38.04		\$0.00	\$38.04
Two Person	18	\$76.07		\$0.00	\$76.07
Family	51	\$133.13		\$0.00	\$133.13
Total:	91		\$8,995.77	\$0.00 0.00%	\$8,995.77 100.00%
Vision					
EyeMed Vision					
Single	21	\$6.62		\$0.00	\$6.62
Two Person	17	\$14.23		\$0.00	\$14.23
Family	53	\$21.43		\$0.00	\$21.43
Total:	91		\$1,516.72	\$0.00 0.00%	\$1,516.72 100.00%
Life/AD&D - Mutual of Omaha	110	\$0.15	\$1,006.50	\$0.00	\$1,006.50
LTD - Mutual of Omaha	110	\$0.68	\$3,357.82	\$0.00	\$3,357.82
Total:			\$4,364.32	\$0.00 0.00%	\$4,364.32 100.00%
Monthly Total Cost			\$109,627.40	\$0.00	\$109,627.40
<i>Per Employee Per Month</i>			73	\$1,501.75	\$0.00 0.00%
	EE Enrolled		Total Cost	Employee Cost	Employer Cost
Annual Total Plan Cost			\$1,315,528.86	\$0.00	\$1,315,528.86
Per Employee Per Year	73		\$18,020.94	\$0.00	\$18,020.94
% Difference from Prior Year			5.85%	0%	5.85%

¹Premium and enrollment are based on most currently available invoice.

²Rates Include Estimated Taxes/Fees where applicable

BCBSM Medical Renewal - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Current/Renewal Plan

007033433-0004

Simply Blue HSA 1250

Deductible:	In Network \$1300/2600	Out of Network \$2600/5200
Coinsurance:	100%	80/20%
Coinsurance Maximum:	N/A	N/A
Out of Pocket Maximum:¹	\$2250/4500	\$4500/9000
Office Visit Copay:		Subject to Ded./Coins.
Specialist Office Visit Copay:		Subject to Ded./Coins.
Chiropractic Office Visit Copay:		Subject to Ded./Coins., 12 visits max.
Urgent Care Copay:		Subject to Ded./Coins.
Emergency Room Copay:		Subject to Ded./Coins.
Voluntary Abortion:		Included

Subject to Ded./Coins. then:
 \$10 Generic
 \$40 Preferred Brand
 \$80 Nonpreferred Brand
 Mail Order 2x

Prescription Drug Benefit:

Medical	Current Rates	Renewal Rates	% Difference
Single	\$467.89	\$492.33	5.22%
Two Person	\$1,122.94	\$1,181.59	5.22%
Family	\$1,403.67	\$1,476.98	5.22%
Drug Card			
Single	\$65.10	\$75.11	15.38%
Two Person	\$156.23	\$180.26	15.38%
Family	\$195.29	\$225.32	15.38%
Total Rate			
Single	6 \$532.99	\$567.44	6.46%
Two Person	9 \$1,279.17	\$1,361.85	6.46%
Family	21 \$1,598.96	\$1,702.30	6.46%
Sub Total	36 \$48,288.63	\$51,409.59	6.46%
Monthly Estimated Taxes / Fees		Included	Included
Monthly Premium		\$48,288.63	\$51,409.59
Annual Premium		\$579,463.56	\$616,915.08
Difference		\$37,451.52	6.46%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs. Current and renewal rates include Michigan claim taxes and mandatory fees/taxes due to ACA (Affordable Care Act).

6.46%

Blue Cross Blue Shield Medical Renewal with Options - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: 007033433-0004

		Co-Deductible	Co-Insurance	Embedded Co-Insurance Maximum	Out of Pocket Maximum ¹	OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design
Current eff. 07/2016	Simply Blue PPO HSA 1250 In Network Out of Network	\$1300/2600 \$2600/5200	100% 80/20%	N/A N/A	\$2250/4500 \$4500/9000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$532.99 \$1,279.17 \$1,598.96	\$48,288.63	\$579,463.56	<i>Current plan</i>
Renewal eff. 07/2017	Simply Blue PPO HSA 1250 In Network Out of Network	\$1300/2600 \$2600/5200	100% 80/20%	N/A N/A	\$2250/4500 \$4500/9000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$567.44 \$1,361.85 \$1,702.30	\$51,409.59	\$616,915.08	↓ 6.46%
Option 1	Simply Blue PPO HSA 2000 In Network Out of Network	\$2000/4000 \$4000/8000	100% 80/20%	N/A N/A	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$500.04 \$1,200.10 \$1,500.12	\$45,303.62	\$543,643.49	<i>Low 13%</i> -6.18%
Option 2	Simply Blue PPO HSA 2000 In Network Out of Network	\$2000/4000 \$4000/8000	80/20% 60/40%	N/A N/A	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$462.07 \$1,108.97 \$1,386.21	\$41,863.54	\$502,362.50	<i>Low</i> -13.31%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

²HMO/POS: OV = Primary Care Physician (PCP); ³HMO/POS: Spec. = Specialist, When referred; ⁴UC = Urgent Care; ⁵ER = Emergency Room; ⁶AI = Advanced Imaging

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

*2500 ↑
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Blue Cross Blue Shield Medical Renewal with Options - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: 007033433-0004

		Co-Deductible	Co-Insurance	Embedded Co-Insurance Maximum	Out of Pocket Maximum ¹	OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design
Current eff. 07/2016	Simply Blue PPO HSA 1250 1300 In Network Out of Network	\$1300/2600 \$2600/5200	100% 80/20%	N/A N/A	\$2250/4500 \$4500/9000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$532.99 \$1,279.17 \$1,598.96	\$48,288.63	\$579,463.56	
Renewal eff. 07/2017	Simply Blue PPO HSA 1250 1300 In Network Out of Network	\$1300/2600 \$2600/5200	100% 80/20%	N/A N/A	\$2250/4500 \$4500/9000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$567.44 \$1,361.85 \$1,702.30	\$51,409.59	\$616,915.08	6.46%
Option 3	MESSA PAK C ABC Plan 1 In Network Out of Network	\$1300/2600 \$2600/5200	100% 80/20%	N/A N/A	\$2300/4600 \$4600/9200	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 38 visits max.	ABC Rx	\$605.31 \$1,360.10 \$1,692.18	\$51,408.54	\$616,902.48	6.46%
Option 4	MESSA PAK E ABC Plan 2 In Network Out of Network	\$2000/4000 \$4000/8000	90/10% 70/30%	N/A N/A	\$5000/10,000 \$10,000/20,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 38 visits max.	ABC Rx Subject to \$1,000/2,000 cap after deductible is met (included in OOP max.)	\$529.25 \$1,188.96 \$1,479.21	\$44,939.55	\$539,274.60	-6.94%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

²HMO/POS: OV = Primary Care Physician (PCP); ³HMO/POS: Spec. = Specialist, When referred; ⁴UC = Urgent Care; ⁵ER = Emergency Room; ⁶AI = Advanced Imaging

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

BCBSM Medical Renewal - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Current/Renewal Plan

007033433-0005

Simply Blue HSA 2000

	In Network	Out of Network
Deductible:	\$2000/4000	\$4000/8000
Coinsurance:	100%	80/20%
Coinsurance Maximum:	N/A	N/A
Out of Pocket Maximum:¹	\$3000/6000	\$6000/12,000
Office Visit Copay:	Subject to Ded./Coins.	
Specialist Office Visit Copay:	Subject to Ded./Coins.	
Chiropractic Office Visit Copay:	Subject to Ded./Coins., 12 visits max.	
Urgent Care Copay:	Subject to Ded./Coins.	
Emergency Room Copay:	Subject to Ded./Coins.	
Voluntary Abortion:	Included	
Prescription Drug Benefit:	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	

Medical		Current Rates	Renewal Rates	% Difference
Single		\$410.97	\$432.42	5.22%
Two Person		\$986.32	\$1,037.82	5.22%
Family		\$1,232.89	\$1,297.27	5.22%
Drug Card				
Single		\$58.61	\$67.62	15.37%
Two Person		\$140.66	\$162.29	15.38%
Family		\$175.83	\$202.87	15.38%
Total Rate				
Single	8	\$469.58	\$500.04	6.49%
Two Person	2	\$1,126.98	\$1,200.11	6.49%
Family	<u>13</u>	\$1,408.72	\$1,500.14	6.49%
Sub Total				
	23	\$24,323.96	\$25,902.36	6.49%
Monthly Estimated Taxes / Fees				
		Included	Included	
Monthly Premium				
		\$24,323.96	\$25,902.36	
Annual Premium				
		\$291,887.52	\$310,828.32	
Difference				
			\$18,940.80	6.49%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs. Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Blue Cross Blue Shield Medical Renewal with Options - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: 007033433-0005

		Deductible	Co-Insurance	Embedded Co-Insurance Maximum	Out of Pocket Maximum ¹	OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design
Current eff. 07/2016	Simply Blue PPO HSA 2000 In Network Out of Network	\$2000/4000 \$4000/8000	100% 80/20%	N/A N/A	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$469.58 \$1,126.98 \$1,408.72	\$24,323.96	\$291,887.52	
Renewal eff. 07/2017	Simply Blue PPO HSA 2000 In Network Out of Network	\$2000/4000 \$4000/8000	100% 80/20%	N/A N/A	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$500.04 \$1,200.11 \$1,500.14	\$25,902.36	\$310,828.32	6.49%
Option 1	Simply Blue PPO HSA 2000 In Network Out of Network	\$2000/4000 \$4000/8000	80/20% 60/40%	N/A N/A	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$462.07 \$1,108.97 \$1,386.21	\$23,935.23	\$287,222.71	-1.60%
Options 2	Simply Blue PPO HSA 3000 In Network Out of Network	\$3000/6000 \$6000/12,000	100% 80/20%	N/A N/A	\$4000/8000 \$8000/16,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$459.02 \$1,101.65 \$1,377.06	\$23,777.24	\$285,326.83	-2.25%
Option 3	Simply Blue PPO HSA 3500 In Network Out of Network	\$3500/7000 \$7000/14,000	100% 80/20%	N/A N/A	\$4500/9000 \$9000/18,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$438.55 \$1,052.52 \$1,315.65	\$22,716.89	\$272,602.68	-6.61%
Option 4	Simply Blue PPO HSA 3000 In Network Out of Network	\$3000/6000 \$6000/12,000	80/20% 60/40%	N/A N/A	\$4000/8000 \$8000/16,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$428.28 \$1,027.87 \$1,284.84	\$22,184.90	\$266,218.85	-8.79%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

²HMO/POS: OV = Primary Care Physician (PCP); ³HMO/POS: Spec. = Specialist, When referred; ⁴UC = Urgent Care; ⁵ER = Emergency Room; ⁶AI = Advanced Imaging

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Blue Cross Blue Shield Medical Renewal with Options - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: 007033433-0005

		Deductible	Co-Insurance	Embedded Co-Insurance Maximum	Out of Pocket Maximum ¹	OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design
Current eff. 07/2016	Simply Blue PPO HSA 2000 In Network Out of Network	\$2000/4000 \$4000/8000	100% 80/20%	N/A N/A	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$469.58 \$1,126.98 \$1,408.72	\$24,323.96	\$291,887.52	
Renewal eff. 07/2017	Simply Blue PPO HSA 2000 In Network Out of Network	\$2000/4000 \$4000/8000	100% 80/20%	N/A N/A	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 12 visits max.	Subject to Ded./Coins. then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$500.04 \$1,200.11 \$1,500.14	\$25,902.36	\$310,828.32	6.49%
Option 5	MESSA PAK C ABC Plan 1 In Network Out of Network	\$1300/2600 \$2600/5200	100% 80/20%	N/A N/A	\$2300/4600 \$4600/9200	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 38 visits max.	ABC Rx	\$605.31 \$1,360.10 \$1,692.18	\$29,561.02	\$354,732.24	21.53%
Option 6	MESSA PAK E ABC Plan 2 In Network Out of Network	\$2000/4000 \$4000/8000	90/10% 70/30%	N/A N/A	\$5000/10,000 \$10,000/20,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 38 visits max.	ABC Rx Subject to \$1,000/2,000 cap after deductible is met (included in OOP max.)	\$529.25 \$1,188.96 \$1,479.21	\$25,841.65	\$310,099.80	6.24%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

²HMO/POS: OV = Primary Care Physician (PCP); ³HMO/POS: Spec. = Specialist, When referred; ⁴UC = Urgent Care; ⁵ER = Emergency Room; ⁶AI = Advanced Imaging

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

BCBSM Medical Renewal - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Current/Renewal Plan

007033433-0006

Simply Blue 500

	In Network	Out of Network
Deductible:	\$500/1000	\$1000/2000
Coinsurance:	80/20%	60/40%
Embedded Coinsurance Maximum:	\$2500/5000	\$5000/10,000
Out of Pocket Maximum:¹	\$6350/12,700	\$12,700/25,400
Office Visit Copay:	\$20	
Specialist Office Visit Copay:	\$20	
Chiropractic Office Visit Copay:	\$20, 12 visit max	
Urgent Care Copay:	\$20	
Emergency Room Copay:	\$150	
Voluntary Abortion:	Included	
	\$10 Generic	
	\$40 Preferred Brand	
Prescription Drug Benefit:	\$80 Nonpreferred Brand	
	Mail Order 2x	

Medical		Current Rates	Renewal Rates	% Difference
Single		\$454.61	\$478.34	5.22%
Two Person		\$1,091.05	\$1,148.01	5.22%
Family		\$1,363.81	\$1,435.01	5.22%
Drug Card				
Single		\$133.04	\$153.50	15.38%
Two Person		\$319.29	\$368.39	15.38%
Family		\$399.12	\$460.49	15.38%
Total Rate				
Single	6	\$587.65	\$631.84	7.52%
Two Person	4	\$1,410.34	\$1,516.40	7.52%
Family	4	\$1,762.93	\$1,895.50	7.52%
Sub Total				
	14	\$16,218.98	\$17,438.64	7.52%
Monthly Estimated Taxes / Fees				
		Included	Included	
Monthly Premium				
		\$16,218.98	\$17,438.64	
Annual Premium				
		\$194,627.76	\$209,263.68	
Difference				
			\$14,635.92	7.52%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs. Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Blue Cross Blue Shield Medical Renewal with Options - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: 007033433-0006

	Deductible	Co-Insurance	Embedded Co-Insurance Maximum	Out of Pocket Maximum ¹	OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design
Current eff. 07/2016	Simply Blue PPO 500 In Network Out of Network	\$500/1000 \$1000/2000	80/20% 60/40%	\$2500/5000 \$5000/10,000	\$6350/12,700 \$12,700/25,400	\$20/\$20/\$20/\$150/20% AI ⁶ subject to ded. \$20 Chiropractic 12 visits max.	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$587.65 \$1,410.34 \$1,762.93	\$16,218.98 \$194,627.76	
Renewal eff. 07/2017	Simply Blue PPO 500 In Network Out of Network	\$500/1000 \$1000/2000	80/20% 60/40%	\$2500/5000 \$5000/10,000	\$6350/12,700 \$12,700/25,400	\$20/\$20/\$20/\$150/20% AI ⁶ subject to ded. \$20 Chiropractic 12 visits max.	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$631.84 \$1,516.40 \$1,895.50	\$17,438.64 \$209,263.68	7.52%
Option 1	Simply Blue PPO 750 In Network Out of Network	\$750/1500 \$1500/3000	80/20% 60/40%	\$2500/5000 \$5000/10,000	<i>Rx OFV</i> \$6850/13,700 \$13,700/27,400	\$20/\$20/\$20/\$150/20% AI ⁶ subject to ded. \$20 Chiropractic 12 visits max.	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$611.52 \$1,467.65 \$1,834.56	\$16,877.95 \$202,535.42	4.06%
Options 2	Simple Blue PPO 1000 In Network Out of Network	\$1000/2000 \$2000/4000	80/20% 60/40%	\$2500/5000 \$5000/10,000	\$6350/12,700 \$12,700/25,400	\$30/\$30/\$30/\$150/20% AI ⁶ subject to ded. \$30 Chiropractic 12 visits max.	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$587.22 \$1,409.33 \$1,761.66	\$16,207.27 \$194,487.26	-0.07%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

²HMO/POS: OV = Primary Care Physician (PCP); ³HMO/POS: Spec. = Specialist, When referred; ⁴UC = Urgent Care; ⁵ER = Emergency Room; ⁶AI = Advanced Imaging

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Blue Cross Blue Shield Medical Renewal with Options - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: 007033433-0006

	Deductible	Co-Insurance	Co-Insurance Maximum	Out of Pocket Maximum ¹	OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design
Current eff. 07/2016	Simply Blue PPO 500 In Network Out of Network	\$500/1000 \$1000/2000	80/20% 60/40%	\$2500/5000 \$5000/10,000	\$6350/12,700 \$12,700/25,400	\$20/\$20/\$20/\$150/20% AI ⁶ subject to ded. \$20 Chiropractic 12 visits max.	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$587.65 \$1,410.34 \$1,762.93	\$16,218.98 \$194,627.76	
Renewal eff. 07/2017	Simply Blue PPO 500 In Network Out of Network	\$500/1000 \$1000/2000	80/20% 60/40%	\$2500/5000 \$5000/10,000	\$6350/12,700 \$12,700/25,400	\$20/\$20/\$20/\$150/20% AI ⁶ subject to ded. \$20 Chiropractic 12 visits max.	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$631.84 \$1,516.40 \$1,895.50	\$17,438.64 \$209,263.68	7.52%
Option 3	MESSA PAK A Choices 500 In Network Out of Network	\$500/1000 \$1500/3000	100% 80/20%	N/A N/A	\$2500/5000 \$5000/10,000	\$20/\$20/\$25/\$150/0% AI ⁶ subject to ded. Chiropractic subject to ded. 38 visits max.	Saver Rx Subject to \$1,000/2,000 cap after deductible is met (included in OOP max.)	\$677.81 \$1,523.21 \$1,895.17	\$17,740.38 \$212,884.56	9.38%
Options 4	MESSA PAK D Choices 500 In Network Out of Network	\$500/1000 \$1500/3000	80/20% 60/40%	<i>med. 2000/4000</i> N/A N/A	\$3500/7000 \$7000/14,000	\$20/\$20/\$25/\$150/20% AI ⁶ subject to ded. Chiropractic subject to ded. 38 visits max.	Saver Rx with Madatory Mail for maintenance scrips. Subject to \$1,000/2,000 cap after deductible is met (included in OOP max.)	\$587.22 \$1,409.33 \$1,761.66	\$16,207.27 \$194,487.26	-0.07%

A.M. Best Ratings A- (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

²HMO/POS: OV = Primary Care Physician (PCP); ³HMO/POS: Spec. = Specialist, When referred; ⁴UC = Urgent Care; ⁵ER = Emergency Room; ⁶AI = Advanced Imaging

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

BCBSM Dental Renewal - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018
Group Number: 007033433 - 0004, 0005, 0006

Current Plan

Dental Network: Blue Dental PPO Network
Deductible: \$50/150
Annual Maximum: \$1,250

Benefit Percentage

Preventive Services	100%
Radiographs	100%
Oral Surgery	80%
Minor Restorative Services	80%
Periodontic Services	80%
Endodontic Services	80%
Major Restorative Services	50%
Prosthodontic Services	50%
Orthodontia Services	50%
to age 19; \$1250 lifetime maximum	

		Current Rates	Renewal Rates	% Difference
Dental Rate	<i>Contracts</i>			
Single	22	\$37.43	\$38.04	1.63%
Two Person	18	\$74.86	\$76.07	1.62%
Family	51 91	\$131.00	\$133.13	1.63%
Monthly Premium		\$8,851.94	\$8,995.77	
Annual Premium		\$106,223.28	\$107,949.24	
Difference			\$1,725.96	1.62%

A.M. Best Rating: A- (Excellent)

Current and renewal rates include Michigan claim taxes and mandatory fees/taxes due to ACA (Affordable Care Act).

EyeMed Vision Renewal - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: 1006696

Current Plan

Vision Network:	EyeMed Select <u>In Network</u>	<u>Out of Network</u>
Eye Exam:	\$0 Copay	Up to pre-determined amount
Frames / Lenses:	\$65 allowance	
Contact Lenses: ¹	\$115 allowance	
Benefit Frequency:	12/12/12 (Exam/Lenses/Frames)	

Current Rates

Vision Rate	<i>Contracts</i>	
Single	21	\$6.62
Two Person	17	\$14.23
Family	<u>53</u> 91	\$21.43
Monthly Premium		\$1,516.72
Annual Premium		\$18,200.64
Difference		

A.M. Best Rating NR (Not Rated)

¹Members may obtain either eyeglasses or contacts, but not both
 Out of Network claims are paid up to predetermined amount less copay.
4 Year Rate Guarantee, Renews 07/01/2019

Mutual of Omaha Life and Disability Renewal - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: G000AJE4

Life / AD&D	Current	Renewal	% Difference
Benefit:			
Superintendents: 2.5x Annual Salary up to \$400,000 maximum			
All Eligible Admin EE: 2x Annual Salary, minus \$50,000, up to \$250,000			
All Eligible Hourly Non-Admin EE: Flat \$20,000			
All Other Eligible Non-Union EE: Flat \$50,000			
Guaranteed Issue: Full Benefit			
Benefits reduced to 65% at age 70 and 50% at age 75			
Volume	6,710,000	6,710,000	
Rate (per \$1000)	\$0.150	\$0.150	0.00%
Monthly Premium	\$1,006.50	\$1,006.50	
Long-Term Disability			
Benefit:			
All Eligible Superintendents, Admin, & Other Non-Union EE: 66 2/3% of Monthly Earning up to \$6000			
All Eligible Bus Drivers: 60% of Monthly Earning up to \$5000			
Elimination Period: 90 days			
Own Occ. Period: 24 months			
Volume	493,798	493,798	
Rate (per \$100)	\$0.680	\$0.680	0.00%
Monthly Premium	\$3,357.82	\$3,357.82	
Total Monthly Premium	\$4,364.32	\$4,364.32	
Total Annual Premium	\$52,371.90	\$52,371.90	
Difference		\$0.00	0.00%
A.M. Best Ratings	A+ (Superior)		

Mutual of Omaha Voluntary Life Renewal - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: G000AJE4

Voluntary Group Term Life / AD&D

Benefit: Employee 5x annual earnings to \$300,000 max. (\$10,000 increments)
 Spouse up to \$50,000 not to exceed 100% of employee amount (\$5,000 increments)
 Child(ren) up to \$10,000 not to exceed 100% of employee amount (\$5,000 increments)

Guarantee Issue: Employee 5x annual earnings or \$100,000
 Spouse \$30,000
 Child(ren) \$10,000

Age Reduction Schedule: Reduced to 65% at age 70, 45% at age 75, 30% at age 80, 20% at age 85, 15% at age 90.
 Rate Guarantee: Rate hold till 07/2018.

Current/Renewal	Volume Covered Payroll	Group Term Life Rate per \$1000	Current Monthly Cost	Renewal Monthly Cost	% Difference
17 Employees	1,110,000		\$267.60	\$267.60	0.00%
13 Spouse	365,000		\$102.70	\$102.70	0.00%
10 Child	95,000		\$15.20	\$15.20	0.00%

<u>Age Table</u>	<u>Employee</u>	<u>Spouse</u>	<u>Child(ren)</u>
<29	\$0.06	\$0.06	
30-34	0.06	0.06	
35-39	0.08	0.08	
40-44	0.12	0.12	
45-49	0.21	0.21	
50-54	0.34	0.34	\$0.16
55-59	0.54	0.54	
60-64	0.84	0.84	
65-69	1.50	1.50	
70-74	2.69	2.69	
75-79	4.43	4.43	
80+	8.98	8.98	

Monthly Premium	\$385.50	\$385.50	
Annual Premium	\$4,626.00	\$4,626.00	
Difference		\$0.00	0.00%

A.M. Best Rating: A++ (Superior)

Mutual of Omaha Voluntary Disability Renewal - Lenawee Intermediate School District

Renewal Period: 07/01/2017 - 06/30/2018

Group Number: G000AJE4

Voluntary Short-Term Disability

Benefit: 60% of salary to \$1500 weekly maximum
 Waiting Period: 8th day accident, 8th day illness
 Benefit Period: 12 weeks per disability
 Rate Guarantee: In rate hold till 07/01/2018.

	<u>Volume Covered Payroll</u>	<u>Short-Term Disability Rate Per \$10</u>	<u>Monthly Cost</u>	<u>% Difference</u>
18 Employees				
Current	\$10,341	\$0.65	\$672.15	

A.M. Best Rating: A++ (Superior)