

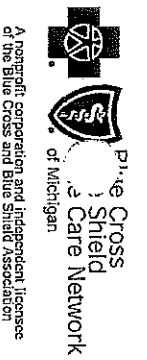
Run Date: 08/11/2018
EDP: 171

**BENEFIT AND RATE SCHEDULE
ELKTONPGEONBAYPORTLAKERS**
Rate Effective: 01/2019 Renewal Month: January
Customer ID: 100286 Group-Division: 007041677-0000

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 67X6	\$ 620.81	301.92	161.62	157.27			
Two Person Regular	0000 67X6	\$ 1,489.95	724.62	387.89	377.44			
Family Regular	0000 67X8	\$ 1,862.43	905.77	484.86	471.80			
One Complementary	0000 3GRW	\$ 1,067.84	313.26	112.05	642.53			
Two Complementary	0000 3GRW	\$ 2,135.68	626.52	224.10	1,285.06			
Three Complementary	0000 3GRW	\$ 3,203.52	939.78	336.15	1,927.59			
1 Person Regular & 1 Complementary	0000 3GRW	\$ 1,688.65	615.18	273.67	799.80			
2 Person Regular & 1 Complementary	0000 3GRW	\$ 2,557.79	1,037.88	499.94	1,019.97			
Family Regular & 1 Complementary	0000 3GRW	\$ 2,930.27	1,219.03	596.91	1,114.33			
1 Person Regular & 2 Complementary	0000 3GRW	\$ 2,756.49	928.44	385.72	1,442.33			
2 Person Regular & 2 Complementary	0000 3GRW	\$ 3,625.63	1,351.14	611.99	1,662.50			
Family Regular & 2 Complementary	0000 3GRW	\$ 3,998.11	1,532.29	708.96	1,756.86			
1 Person Regular & 3 Complementary	0000 3GRW	\$ 3,824.33	1,241.70	497.77	2,084.86			
2 Person Regular & 3 Complementary	0000 3GRW	\$ 4,693.47	1,664.40	724.04	2,305.03			
Family Regular & 3 Complementary	0000 3GRW	\$ 5,065.95	1,845.55	821.01	2,399.39			
RRL			4.6286	3.6028	22.8252		99.9999	99.9999

BCBSM reserves the right to adjust rate if any of the assumptions or calculations used to develop the rates are incorrect. If you have questions or wish to discuss other BCBSM benefit plans, please contact your BCBSM Regional Sales Office or Agent. We at BCBSM appreciate your business and look forward to providing your continuing health benefit needs.

Reference Number: 49652-000



Run Date: 08/11/2018
EDP: 174

BENEFIT AND RATE SCHEDULE
ELKTON PIGEON BAY PORT LAKERS
Rate Effective: 01/2019 Renewal Month: January

Customer ID: 100286 Group-Division: 007041677-0001

Monthly Premium Rates	Benefit ID	Total	Blue Cross	Blue Shield	Drugs	Master Medical	Dental	Vision
One Person Regular	0000 3123	\$ 527.67	271.14	150.16	106.37			
Two Person Regular	0000 3123	\$1,266.42	650.74	360.40	255.28			
Family Regular	0000 3123	\$1,583.02	813.43	450.49	319.10			
One Complementary	0000 3BGG	\$1,151.61	313.26	112.05	726.30			
Two Complementary	0000 3BGG	\$2,303.22	626.52	224.10	1,452.60			
Three Complementary	0000 3BGG	\$3,454.83	939.78	336.15	2,178.90			
1 Person Regular & 1 Complementary	0000 3BGG	\$1,679.28	584.40	262.21	832.67			
2 Person Regular & 1 Complementary	0000 3BGG	\$2,418.03	964.00	472.45	981.58			
Family Regular & 1 Complementary	0000 3BGG	\$2,734.63	1,126.69	562.54	1,045.40			
1 Person Regular & 2 Complementary	0000 3BGG	\$2,630.89	897.66	374.26	1,558.97			
2 Person Regular & 2 Complementary	0000 3BGG	\$3,589.64	1,277.26	584.50	1,707.88			
Family Regular & 2 Complementary	0000 3BGG	\$3,886.24	1,439.95	674.59	1,771.70			
1 Person Regular & 3 Complementary	0000 3BGG	\$3,982.50	1,210.92	486.31	2,285.27			
2 Person Regular & 3 Complementary	0000 3BGG	\$4,721.25	1,590.52	696.55	2,434.18			
Family Regular & 3 Complementary	0000 3BGG	\$5,037.85	1,753.21	786.64	2,498.00			
RRL			4.6286	3.6028	22.8252		99.9999	99.9999

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Reference Number: 49652-001



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

Group Wide Change Large Group Fully Insured PPO

Agency: Haley Ward & Associates

Client: Lakers School

6136 Pigeon Rd

BCBSM Area: F

Agent:

Elkton

MI 48731

Country: Huron

Zip: 48731

Group/Subgroup/Suffix(Class) Specific Data

000

Effective Date: 1/1/2019

Renewal Date: 1/1/2019

Total Eligibles: 54

Customer Size: 11

Suffix/Class Size: 11

Number of FTE's: 54

Group SIC: 8211 Elementary and secondary

Quoted Benefits

Simply Blue \$3000, \$3,000 Deductible, 20% Co-Insurance, \$2,500 Embedded Co-Insurance Max, \$6,850 OOP Max, \$30

OV Copay, \$150 ER Copay, Include Elective Abortion

PD-TTC \$20/\$60/50%-\$80-\$100-RXCM

Total Medical and Drug Rate

Medical and Drug Enrollment

Total Plan Rate

Total Monthly Premium

CDH Spending Account: No Action

One	Two	Family	Med Suppl.
398.16	955.57	1194.46	425.31

157.27	377.44	471.80	642.53
555.43	1333.01	1666.26	1067.84
10	0	1	0
555.43	1333.01	1666.26	1067.84

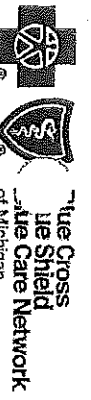
\$7,220.56

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Please submit quote with enrollment documentation.

Cross RRL = 4.6286, Shield RRL = 3.6028

Drug RRL = 22.8252, Dental RRL = 0.0000, Vision RRL = 0.0000



Blue Cross Blue Shield of Michigan Rate Quote

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Agency: Haley Ward & Associates

Client: Lakers School

6136 Pigeon Rd

Group/Subgroup/Suffix(Class) Specific Data
 Group/Suffix: 0 000
 BCBSM Area: F

Effective Date: 1/1/2019
 Renewal Date: 1/1/2019

Agent:

Elkton

MI 48731

Group SIC: 8211 Elementary and secondary

County: Huron
 Zip: 48731

Total Eligibles: 54
 Customer Size: 50
 Suffix/Class Size: 50
 Number of FTE's: 54

Quoted Benefits

Simply Blue HSA \$3000/0%, \$3,000 Deductible, 0%

One	Two	Med
423.89	1017.34	1271.67
		425.31

Co-Insurance, \$6,350 OOP Max, Include Elective Abortion

PD-TTC \$10/\$40/\$80-RXCM

84.45	202.69	253.36	726.30
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Total Medical and Drug Rate

508.34	1220.03	1525.03	1151.61
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Medical and Drug Enrollment

4	9	37	0
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Total Plan Rate

508.34	1220.03	1525.03	1151.61
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Total Monthly Premium

\$69,439.74

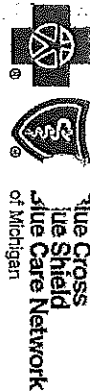
CDH Spending Account: No Action

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Please submit quote with enrollment documentation.

Cross RRL = 4.6286, Shield RRL = 3.6028

Drug RRL = 22.8252, Dental RRL = 0.0000, Vision RRL = 0.0000



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Care Network of Michigan Rate Quote

Group Wide Change Large Group HMO

Agency: Haley Ward & Associates

Client: Lakers School

6136 Pigeon Rd

Agent:

Elkton MI 48731

Group/Subgroup/Suffix(Class) Specific Data

Group/Suffix: 0 000

Effective Date: 1/1/2019
Renewal Date: 1/1/2019

BCN Area: F
County: Huron
Zip: 48731

Total Eligibles: 54
Customer Size: 50
Suffix/Class Size: 50
Number of FTE's: 54

Group SIC: 8211 Elementary and secondary

Quoted Benefits

BCN HSA HMO \$2000/0%, \$3000 OOPM, EA
RX \$4/\$15/\$40/\$80/20% (max \$200)/20% (max \$300),
Integrated Deductible

BCN65, 65OY25, MMHSAP, ER150, UR50, EA

	One	Two	Med
Person	385.40	924.95	1156.19
Family	58.01	139.23	174.04
Suppl.	0.00	0.00	0.00
Total Medical and Drug Rate	443.41	1064.18	1330.23
Medical and Drug Enrollment	4	9	37
Total Plan Rate	443.41	1064.18	1330.23
Total Monthly Premium			836.03
CDH Spending Account: No Action			\$60,569.77

We reserve the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. Final rates will be determined based on actual group enrollment and participation. Plans and rates are not final until they have been approved by DIFS and CMS. Your agent is providing a Summary of Benefits and Coverage with this quote. To comply with the Patient Protection and Affordable Care Act, groups may be required to make changes to their health insurance coverage. This may result in an adjustment to the rates.

Please submit quote with enrollment documentation.
BCN Medical RRL = 3.6427, Drug RRL = 19.7324, BCBSM Dental RRL = 0.0009, BCBSM Vision RRL = 0.0000