

BCBSM Medical Renewal - Onsted Community Schools

Renewal Period: 07/01/2018 - 06/31/2019

Current/Renewal Plan

007025723-0006

Simply Blue PPO 500

Deductible:	In Network	Out of Network
Coinsurance:	\$500/1000	\$1000/2000
Coinsurance Maximum:	80/20%	60/40%
Out of Pocket Maximum:¹	\$2500/5000	\$5000/10,000
Office Visit Copay:	\$6350/12,700	\$12,700/25,400
Specialist Office Visit Copay:	\$20	
Chiropractic Office Visit Copay:	\$20	
Urgent Care Copay:	\$20; 12 visits max.	
Emergency Room Copay:	\$20	
Prescription Drug Benefit:	\$150	

\$10 Generic / \$40 Preferred Brand / \$80 Nonpreferred Brand
Mail Order 2x

	Current Rates	Renewal Rates	% Difference
Medical			
Single	\$443.18	\$450.42	1.63%
Two Person	\$1,063.62	\$1,081.00	1.63%
Family	\$1,329.52	\$1,351.25	1.63%
Drug Card			
Single	\$142.81	\$96.65	(32.32%)
Two Person	\$342.73	\$231.96	(32.32%)
Family	\$428.42	\$289.95	(32.32%)
Total Rate			
Single	\$585.99	\$547.07	(6.64%)
Two Person	\$1,406.35	\$1,312.96	(6.64%)
Family	\$1,757.94	\$1,641.20	(6.64%)
Sub Total	\$3,515.94	\$3,282.42	(6.64%)
Monthly Estimated Taxes / Fees	Included	Included	
Monthly Premium	\$3,515.94	\$3,282.42	
Annual Premium	\$42,191.28	\$39,389.04	
Difference		(\$2,802.24)	(6.64%)

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

BCBSM Medical Renewal with Options - Onsted Community Schools

Renewal Period: 07/01/2018 - 06/31/2019
Group Number: 007025723-0006

	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
	Deductible	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. 07/2017	Simply Blue PPO 500 In Network Out of Network	\$500/1000 \$1000/2000 Cal Yr.	80/20% 60/40%	\$2500/5000 \$5000/10,000	\$6350/12,700 \$12,700/25,400	\$20/\$20/\$20/\$150/20% AI subject to ded. \$20 Chiropractic, 12 visits max.	\$10 Generic \$40 Pref. Brand \$80 Nonpref. Brand Mail Order 2x	\$585.99 \$1,406.35 \$1,757.94	\$3,515.94	\$42,191.28					
Renewal eff. 07/2018	Simply Blue PPO 500 In Network Out of Network	\$500/1000 \$1000/2000 Cal Yr.	80/20% 60/40%	\$2500/5000 \$5000/10,000	\$6350/12,700 \$12,700/25,400	\$20/\$20/\$20/\$150/20% AI subject to ded. \$20 Chiropractic, 12 visits max.	\$10 Generic \$40 Pref. Brand \$80 Nonpref. Brand Mail Order 2x	\$547.07 \$1,312.96 \$1,641.20	\$3,282.42	\$39,389.04	(6.64%)				
Option 3	MESSA PAK A Choices 500 In Network Out of Network	\$500/1000 \$1000/2000 Cal Yr.	100% 80/20%	N/A N/A	None \$3000/6000	\$20/\$20/\$25/\$50/0% AI subject to ded. Chiropractic subject to ded. 38 visits max.	Saver Rx: Preventive-No Cost \$2 Specific Generic \$10 All Other Generic \$20 Specific Brand Name \$40 All Other Brand-Name	\$677.81 \$1,523.21 \$1,895.17	\$4,066.86	\$48,802.32	15.67%				

A.M. Best Rating: 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.

²PPO: OV = Office Visit; ³Spec. = Specialist; ⁴UC = Urgent Care; ⁵ER = Emergency Room; ⁶AI = Advanced Imaging

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

BCBSM Medical Renewal with Options - Onsted Community Schools

Renewal Period: 07/01/2018 - 06/31/2019
Group Number: 007025723-0005

	Deductible		Co-Insurance		Embedded Co-Insurance		Out of Pocket		Prescription Drug Plan	Medical Rx Rates		% Increase Over Current Plan Design
	In Network	Out of Network	100%	80/20%	None	Maximum ¹	Co-insurance	Maximum ¹		Monthly Premium	Annual Premium	
Current Renewal eff. 07/2017	Simply Blue HSA 1300-0% In Network	\$1300/2600 \$2600/5200 Cal Yr.	100%	80/20%	None	\$2250/4500 \$4500/9000	None	None	Subject to ded., then: \$10 Generic \$40 Pref. Brand \$80 Nonpref. Brand Mail Order 2x	\$526.02 \$1,262.42 \$1,578.04	\$29,772.34 \$357,268.08	
Renewal eff. 07/2018	Simply Blue HSA 1300-0% In Network	\$1350/2700 \$2700/5400 Cal Yr.	100%	80/20%	None	\$2250/4500 \$4500/9000	None	None	Subject to ded., then: \$10 Generic \$40 Pref. Brand \$80 Nonpref. Brand Mail Order 2x	\$511.78 \$1,228.27 \$1,535.32	\$28,966.46 \$347,597.52	(2.71%)
Option 1	MESSA PAK C ABC Plan 1 In Network	\$1350/2700 \$2700/5400	100%	80/20%	N/A	\$2350/4700 \$4700/9400	N/A	N/A	Subject to ded., then: Saver Rx: Preventive-No Cost \$2 Specific Generic \$10 All Other Generic \$20 Specific Brand Name \$40 All Other Brand-Name	\$605.31 \$1,360.10 \$1,692.18	\$32,157.47 \$385,889.64	8.01%

A.M. Best Rating: 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.

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

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

BCBSM Medical Renewal - Onsted Community Schools

Renewal Period: 07/01/2018 - 06/31/2019

Current Plan | 007025723-0008 | Renewal Plan | 007025723-0008

	Simply Blue HSA PPO 1300-20%	Simply Blue HSA PPO 1350-20%
Deductible:	In Network \$1300/2600	In Network \$1350/2700
Coinsurance:	80/20%	80/20%
Coinsurance Maximum:	None	None
Out of Pocket Maximum: ¹	\$2250/4500	\$2250/4500
Office Visit Copay:	Subject to ded/coins.	Subject to ded/coins.
Specialist Office Visit Copay:	Subject to ded/coins.	Subject to ded/coins.
Chiropractic Office Visit Copay:	Subject to ded/coins; 12 visits max. (combined therapies)	Subject to ded/coin; 12 visits max. (combined therapies)

HSA Maximum Contribution	
2017:	\$3,450 Indiv./\$6,900 Family
2018:	\$3,450 Indiv./\$6,850 Family
Catch up: Age 55+ : \$1,000	

	Simply Blue HSA PPO 1300-20%	Simply Blue HSA PPO 1350-20%
Urgent Care Copay:	Subject to ded/coins.	Subject to ded/coins.
Emergency Room Copay:	Subject to ded/coins.	Subject to ded/coins.
Voluntary Abortion:	Subject to ded/coins. Includes Voluntary Abortion	Subject to ded/coins. Includes Voluntary Abortion
Prescription Drug Benefit:	Subject to deductible, then: \$10 Generic \$40 Preferred Brand \$80 Nopref. Brand Mail Order 2x	Subject to deductible, then: \$10 Generic \$40 Preferred Brand \$80 Nopref. Brand Mail Order 2x

Medical | Current Rates | Renewal Rates | % Difference

Single	\$403.18	\$415.03	2.94%
Two Person	\$967.65	\$996.08	2.94%
Family	\$1,209.55	\$1,245.10	2.94%
Drug Card			
Single	\$79.28	\$64.27	(18.93%)
Two Person	\$190.28	\$154.25	(18.94%)
Family	\$237.85	\$192.81	(18.94%)
Total Rate			
Single	\$482.46	\$479.30	(0.65%)
Two Person	\$1,157.93	\$1,150.33	(0.66%)
Family	\$1,447.40	\$1,437.91	(0.66%)
Sub Total	\$5,210.66	\$5,176.48	(0.66%)
Monthly Estimated Taxes / Fees	Included	Included	
Monthly Premium	\$5,210.66	\$5,176.48	
Annual Premium	\$62,527.92	\$62,117.76	
Difference		(\$410.16)	(0.66%)

+ 2.00
copay-fee
(0.65%)
(0.66%)
(0.66%)
(0.66%)

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

BCBSM Medical Renewal with Options - Onsted Community Schools

Renewal Period: 07/01/2018 - 06/31/2019
Group Number: 007025723-0008

Current Renewal Option 1	Simply Blue HSA 1300-0% In Network Out of Network	Simply Blue HSA 1300-0% In Network Out of Network	MESSA PAK C ABC Plan 1 In Network Out of Network	Deductible Cal Yr.	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 07/2017				\$1300/2600 \$2600/5200 Cal Yr.	80/20% 60/40%	None None	\$2250/4500 \$4500/9000	Subject to ded./coins: OV/Spec/UC/ER/AI Chiropractic, 12 visits max.	Subject to ded., then: \$10 Generic \$40 Pref. Brand \$80 Nonpref. Brand Mail Order 2x	\$482.46 \$1,157.93 \$1,447.40	\$27,307.62	\$327,691.44	
Renewal 07/2018				\$1350/2700 \$2700/5400 Cal Yr.	80/20% 60/40%	None None	\$2250/4500 \$4500/9000	Subject to ded./coins: OV/Spec/UC/ER/AI Chiropractic, 12 visits max.	Subject to ded., then: \$10 Generic \$40 Pref. Brand \$80 Nonpref. Brand Mail Order 2x	\$479.30 \$1,150.33 \$1,437.91	\$27,128.56	\$325,542.72	(0.66%)
Option 1				\$1350/2700 \$2700/5400 Cal Yr.	100% 80/20%	N/A N/A	\$2350/4700 \$4700/9400	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 38 visits max.	Subject to ded., then: Rx: Preventive-No Cost \$2 Specific Generic \$10 All Other Generic \$20 Specific Brand Name \$40 All Other Brand-Name	\$605.31 \$1,360.10 \$1,692.18	\$32,157.47	\$385,889.64	17.76%

A.M. Best Rating: 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.

²PPO/POS: OV = Primary Care Physician (PCP), ³PPO/POS: Spec. = Specialist, When referred; ⁴ER = Emergency Room; ⁵AI = Advanced Imaging
Rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

BCBSM Medical Renewal - Onsted Community Schools

Renewal Period: 07/01/2018 - 06/31/2019

Current/Renewal Plan

007025723-0009

Simply Blue HSA PPO 2000-0%

In Network
 \$2000/4000
 100%
 None
 \$3000/6000

Out of Network
 \$4000/8000
 80/20%
 None
 \$6000/12,000

HSA Maximum Contribution
 2017: \$3,450 Indiv./\$6,900 Family
 2018: \$3,450 Indiv./\$6,850 Family
 Catch up: Age 55+ : \$1,000

Deductible:
Coinsurance:
Coinsurance Maximum:
Out of Pocket Maximum:¹
Office Visit Copay:
Specialist Office Visit Copay:
Chiropractic Office Visit Copay:
Urgent Care Copay:
Emergency Room Copay:
Voluntary Abortion:

Subject to ded/coins.
 Subject to ded/coins.
 Subject to ded/coin; 12 visits max. (combined therapies)
 Subject to ded/coins.
 Subject to ded/coins.
 Includes Voluntary Abortion
 Subject to deductible, then:
 \$10 Generic
 \$40 Preferred Brand
 \$80 Nopref. Brand
 Mail Order 2x

Prescription Drug Benefit:

Medical

Single
 Two Person
 Family
Drug Card
 Single
 Two Person
 Family
Total Rate
 Single 3
 Two Person 6
 Family 24
Sub Total 33

Current Rates
 \$400.64
 \$961.52
 \$1,201.91
 \$62.91
 \$150.99
 \$188.74
 \$463.55
 \$1,112.51
 \$1,390.65
 \$41,441.31
 Included
 \$41,441.31
 \$497,295.72

Renewal Rates
 \$414.79
 \$995.50
 \$1,244.38
 \$50.73
 \$121.74
 \$152.18
 \$465.52
 \$1,117.24
 \$1,396.56
 \$41,617.44
 Included
 \$41,617.44
 \$499,409.28
 \$2,113.56

% Difference

3.53%
 3.53%
 3.53%
 (19.36%)
 (19.37%)
 (19.37%)
 0.42%
 0.43%
 0.42%
 0.43%

+ 2.00
 Contribution
 per

Monthly Estimated Taxes / Fees

Monthly Premium

Annual Premium

Difference

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

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.

BCBSM Medical Renewal with Options - Onsted Community Schools

Renewal Period: 07/01/2018 - 06/31/2019
Group Number: 007025723-0009

Current Renewal eff. 07/2017	Simply Blue HSA 2000-0% In Network Out of Network	Deductible \$2000/4000 \$4000/8000 Cal Yr.	Co- Insurance 100% 80/20%	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
Renewal eff. 07/2018	Simply Blue HSA 2000-0% In Network Out of Network	\$2000/4000 \$4000/8000 Cal Yr.	100% 80/20%	None None	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV/Spec/UC/ER/AI Chiropractic, 12 visits max.	Subject to ded., then: \$10 Generic \$40 Pref. Brand \$80 Nonpref. Brand Mail Order 2x	\$463.55 \$1,112.51 \$1,390.65	\$41,441.31	\$497,295.72	
Option 1	MESSA PAK D ABC Plan 2 In Network Out of Network	\$2000/4000 \$4000/8000 Cal Yr.	100% 80/20%	None None	\$3000/6000 \$6000/12,000	Subject to ded./coins: OV/Spec/UC/ER/AI Chiropractic, 12 visits max.	Subject to ded., then: \$10 Generic \$40 Pref. Brand \$80 Nonpref. Brand Mail Order 2x	\$465.52 \$1,117.24 \$1,396.56	\$41,617.44	\$499,409.28	0.43%
Option 1	MESSA PAK D ABC Plan 2 In Network Out of Network	\$2000/4000 \$4000/8000 Cal Yr.	100% 80/20%	None None	\$3000/6,000 \$6000/12,000	Subject to ded./coins: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic 38 visits max.	Subject to ded., then: Rx: Preventive-No Cost \$2 Specific Generic \$10 All Other Generic \$20 Specific Brand Name \$40 All Other Brand-Name	\$566.60 \$1,272.99 \$1,583.78	\$47,348.46	\$568,181.52	14.25%

A.M. Best Rating: 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.

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

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