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.

C.g. Farmer

Adrian, MI. 49221

(517) 265-1632

EMPLOYEE BENEFITS PLAN REVIEW

Prepared for Tecumseh Public Schools

Todd Gentner Client Executive

D 517.265.1897 P 888.263.4656 ext. 1970 F 517.263.6658 todd.gentner@kapnick.com



Croducts & 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



The 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.



Account Service Team/Who to Call

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 Todd.gentner@kapnick.com

Client Advocate

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

www.kapnick.com

Blue Cross-Blue Shield

_mployer 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



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	\mathbf{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



Medical Renewal - Tecumseh Public School

Period: 07/01/2017 to 06/30/2018

Teachers & Administration

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上, 1995年 (1995年) 日本, 小市社会	Current / Renewal				urrent / Renewal	WII		urrent / Renewal			urrent / Renewal	
CARRIER	N	1ESSA - PAK A		MESSA - PAK C				MESSA - PAK D			IESSA - PAK E	
Benefit Plan		Choices 500		ABC Plan 1 - HDHP			AE	BC Plan 2 - HDH	Р		Choices 1000	
Plan Type/Network		PPO			PPO		PPO			PPO		
Deductible		A50011000					0.000 (0.0			2.72222222		
In-Network		\$500/1000			\$1300/2600			\$2000/4000		\$1000/2000		
Out-of-Network		\$1000/2000			\$2600/5200		\$4000/8000			\$2000/4000		
Coinsurance												
In-Network	100%				100%			100%			100%	
Out-of-Network		80/20%			80/20%			80/20%			80/20%	
Coinsurance Maximum												
In-Network		None			None			None			None	
Out-of-Network	None				None			None			None	
Out-of-Pocket Maximum												
In-Network		None			\$2300/\$4600			\$3000/6000			\$2000/4000	
Out-of-Network		\$2000/4000			\$4600/9200			\$6000/12,000			\$4000/8000	
Office Visit Copay		\$20			ject to ded./coir			ject to ded./coin			\$20	
Specialist Office Visit Copay		\$20		Sub	ject to ded./coir	ıs.		ject to ded./coin			\$20	
Chiropractic Copay	100% af	ter ded.; 38 visit	s max.		ded./coins.; 38 v		Subject to ded./coins.; 38 visits max.			100% af	s max.	
Urgent Care Copay		\$25		Subject to ded./coins.			Subject to ded./coins.				\$25	
Emergency Room Copay		\$50		Subject to ded./coins.			Subject to ded./coins.				\$50	
Prescription Drugs		Saver Rx		Subject to ded., then: ABC Rx			Subject to ded., then: ABC Rx			Saver Rx		
A.M. Best Rating		-			-				2			
Rate		Current Rates			Current Rates			Current Rates F			Current Rates	
	Single 16	\$633.07	\$677.81	Single 5	\$569.91	\$605.31	Single 4	\$533.47	\$566.60	Single 2	\$597.06	\$639.27
	Two-Person 14	\$1,422.53		Two-Person 5	\$1,280.45		Two-Person 2	\$1,198.43		Two-Person 2	\$1,341.54	\$1,436.49
	Family 57	\$1,769.87	\$1,895.17	Family 12	\$1,593.06	\$1,692.18	Family 3	\$1,490.99	\$1,583.78	Family <u>11</u>	\$1,669.09	\$1,787.24
Mandala Danasiana	87	\$130,927.13	\$140,194.59	22	\$28,368.52	\$30,133.21	9	\$9,003.71	\$9,563.72	15	\$22,237.19	\$23,811.16
Monthly Premium Estimated Taxes & Fees	07	Not Included	Included		Not Included	Included	177.0	Not included	Included	10	Not Included	Included
Total Monthly Cost		\$130,927.13	\$140,194.59		\$28,368.52	\$30,133.21		\$9,003.71	\$9.563.72		\$22,237.19	\$23,811.16
Total Annual Cost	8	\$1,571,125.56			\$340,422.24	\$361,598.52		\$108,044.52	\$114,764.64		\$266,846.28	\$285,733.92
		\$1,571,125.50			\$340,422.24	Water State of the Control of the Co		\$100,044.52			Ψ200,040.20	
Difference			\$111,209.52			\$21,176.28			\$6,720.12			\$18,887.64
% Difference			7.08%			6.22%			6.22%			7.08%
医克里尔氏医疗医尿管检查疗						# Enrolled	Com	bined Current F	Rate		ined Renewal F	Rate
Combined Annual Total						133		\$2,286,438.60			\$2,444,432.16	
Combined Difference											\$157,993.56	
Section Make the Land State Control of Make State Control												
Combined % Difference		THE PROPERTY OF				ile tracking and the second		E PULL BURNER	SUPSIER IN	EN LA STATE OF THE	6.91%	ACRES TO STATE

Current Tier Level Rates do not include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA). Renewal Tier Level Rates do include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).



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 the 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 BLUE™ 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 though 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.

Action

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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

	TIONS AND CHA PLA	THE PROPERTY.	DEDUCTIBLE	CO- INSURANCE	ECM*	OUT-OF- POCKET MAX	EMPLOYER CDH CONTRIBUTION	COPAYS OV/SPEC/UC/ER	RX
	Community E Platinu		\$0	10%	\$1,000	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue ^{sk}	Community E Platinum	Blue sM PPO n \$250	\$250	20%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
ommuni	Community E Platinum		\$500	10%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
8	Community E Gold \$1		\$1,000	20%	\$3,500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$10/\$40/\$80
Blue	Community Blue Platinum		\$1,500	20%	\$1,500	\$6,350	\$1.250	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue HRA SM	Community Blue Gold \$3		\$3,000	20%	\$1,500	\$6,600	\$750	\$30/\$30/\$60/\$150	\$5/\$40/\$80
S	Community Blue Gold \$8		\$5,000	20%	N/A	\$6,600	\$1,500	\$40/\$40/\$60/\$250	\$10/\$40/\$80
	Simply Blue SM PP	O Platinum \$250	\$250	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
May.	Simply Blue sM P	PO Gold \$500	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/ <mark>\$250</mark>	\$15/\$50/50%/20%/25%
ne sw	Simply Blue SM PF	O Gold \$1,000	\$1,000	20%	\$2,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
E S	Simply Blue SM PF	O Gold \$1,500	\$1,500	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
Simply Blue sm	Simply Blue SM PP	O Silver \$2,500	\$2,500	30%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
"	Simply Blue SM PP		\$3,000	20%	N/A	\$6,350	N/A	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
	Simply Blue SM PP	O Silver \$4,000	\$4,000	20%	N/A	\$6,350	N/A	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
	Simply Blue I	HRA SM PPO	\$5,000	30%	N/A	\$6,350	\$3,500	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
e HRASM	Simply Blue I Gold \$		\$1,500	20%	\$3,500	\$6,350	\$500	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%
Simply brue	Simply Blue I Gold \$2		\$2,000	20%	N/A	\$6,350	\$750	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%
ίδ	Simply Blue I Gold \$-		\$4,000	20%	N/A	\$6,350	\$1,450	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
	Simply Blue I Gold \$1,30	HSA SM PPO 00 (Aggregate)	\$1,300	20%	N/A	\$2,300	N/A	Deductible/ Coinsurance	Ded. & \$10/\$40/\$80/15%/25%
	Simply Blue I Gold \$1,45	HSA SM PPO 60 (Aggregate)	\$1,450	0%	N/A	\$2,450	N/A	Deductible/ Coinsurance	Ded. & \$20/\$60/50%/20%/25%
HSASM	Simply Blue I Gold \$		\$2,700	0%	N/A	\$5,000	\$700	Deductible/ Coinsurance	Ded. & \$15/\$50/50%/20%/25%
Blue	Simply Blue I Silver \$	HSA SM PPO 2,700	\$2,700	20%	N/A	\$5,000	N/A	Deductible/ Coinsurance	Ded. & \$15/\$50/50%/20%/25%
Simply	Simply Blue I Silver \$		\$3,500	0%	N/A	\$5,500	\$250	Deductible/ Coinsurance	Ded. & \$20/\$60/50%/20%/25%
	Simply Blue I Bronze		\$5,500	30%	N/A	\$6,450	N/A	Deductible/ Coinsurance	Deductible/ Coinsurance
	Simply Blue I Bronze		\$6,350	0%	N/A	\$6,350	N/A	Deductible/ Coinsurance	Deductible/ Coinsurance
Simply BluesM Routine Care	Simply Blue sM Ro Silver \$		\$2,000	30%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%
Simply	Simply Blue sM Ro Silver \$		\$3,000	20%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%
	Healthy Blue	Enh.	\$250	20%	\$500	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
Blue	Achieve SM PPO Platinum \$250	Stand.	\$2,000	40%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
Healthy Blue Achieve ^{sw}	Healthy Blue	Enh.	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/ \$250	\$15/\$50/50%/20%/25%
Hea	Achieve SM PPO								
	Gold \$500	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.)

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)
108	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)
3lue 51	Community Blue SM PPO 12-20%	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
nity E	Community Blue SM PPO 14-20%	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
Community Blue ^{sn}	Community Blue sM PPO 15-0% \$2,500	\$2,500	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
ပီ -	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)
Ny.	Simply Blue ^{sм} 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 Blue sM PPO \$750	\$750	\$2,500	20%	\$6,850	\$20	\$150
	Simply Blue sM PPO \$1,000/0%	\$1,000	N/A	0%	\$6,350	\$30	\$150
Slues	Simply Blue sM PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Simply Blue ^{sa}	Simply Blue sM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
sin	Simply Blue SM 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 Blue SM PPO \$3,000	\$3,000	\$2,500	20%	\$6,850	\$30	\$150
RO	Simply Blue SM PPO \$4,000	\$4,000	N/A	30%	\$6,350	\$30 (\$40)	\$150
-	Simply Blue HRASM PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
HICA SM	Simply Blue HRASM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Blue	Simply Blue HRA SM PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Simply I	Simply Blue HRASM PPO \$4,000	\$4,000	N/A	20%	\$6,350	\$30 (\$40)	\$150
Sir	Simply Blue HRASM PPO \$5,000	\$5,000	N/A	20%	\$6,600	\$30 (\$40)	\$150
W. B.	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.
Азм	Simply Blue HSA SM PPO \$2,000-0% (Aggregate)	\$2,000	N/A	0%	\$3,000	Ded./Coins.	Ded./Coins.
Blue HSA SM	Simply Blue HSA SM PPO \$2,000-20% (Aggregate)	\$2,000	N/A	20%	\$3,000	Ded./Coins.	Ded./Coins.
ly Bit	Simply Blue HSA SM PPO \$3,000-0%	\$3,000	N/A	0%	\$4,000	Ded./Coins.	Ded./Coins.
Simply	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.
Z X	Simply Blue HSA SM PPO \$3,500-20%	\$3,500	N/A	20%	\$4,500	Ded./Coins.	Ded./Coins.
	Simply Blue SM Routine Care PPO \$1,000	\$1,000	\$2,500	20%	\$6,600	\$30	Ded./Coins.
Blue Care	Simply Blue SM Routine Care PPO \$1,500	\$1,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
Simply Blue SM Routine Care	Simply Blue SM Routine Care PPO \$2,500	\$2,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
Sir	Simply Blue SM Routine Care PPO \$4,000	\$4,000	N/A	30%	\$6,600	\$30	Ded./Coins.
E SE	Simply Blue HSA sM \$4,000-50% w/Rx	\$4,000	N/A	50%	\$6,350	N/A	N/A
Minimum Value Plans	Simply Blue HSA ^{sм} \$6,350-0% w/Rx	\$6,350	N/A	0%	\$6,350	N/A	N/A
Mir	Simply Blue SM \$1,500 w/ Blue Advantage Rx	\$1,500	N/A	20%	\$4,000	\$30	\$150

^{• *}ECM: Embedded Coinsurance Maximum

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

[·] 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.)

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 ^{sм} 10%		\$0	10%	\$1,000	\$5,000	\$20/\$30/\$35/\$150	
No.	BCN HMO ^{sм} 20%		\$0	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150	1
15	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	1
	BCN HMO ^{sм} \$500/10%	ó	\$500	10%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	1
	BCN HMO SM \$1,000/20 ^o	%	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
	BCN HMO SM \$1,000/30 ^d	%	\$1,000	30%	\$3,000	\$6,600	\$20/\$40/\$50/\$150	
MS	BCN HMO SM \$1,500/20%/\$50	00 ECM	\$1,500	20%	\$500	\$6,350	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
BCN HMO SM	BCN HMO SM \$1,500/20%/\$1,5	00 ECM	\$1,500	20%	\$1,500	\$6,600	\$20/\$40/\$50/\$150	
BCN	BCN HMO SM \$2,000/20%/\$50	00 ECM	\$2,000	20%	\$500	\$6,350	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
	BCN HMO SM \$2,000/20%/\$4,0	00 ECM	\$2,000	20%	\$4,000	\$6,350	\$30/\$50/\$50/\$150	
	BCN HMO SM \$2,000/30%/\$1,000 ECN		\$2,000	30%	\$1,000	\$6,600	\$30/\$40/\$50/\$150	(Calcat One)
	BCN HMO ^{sм} \$3,000/20	%	\$3,000	20%	\$3,500	\$6,600	\$30/\$50/\$50/\$250	- (Select One)
	BCN HMO SM \$4,000/09	6	\$4,000	0%	N/A	\$6,600	\$30/\$45/\$50/\$150	1
	BCN HMO sm \$4,000/20	%	\$4,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150	1
	BCN HMO SM \$4,000/30	%	\$4,000	30%	\$2,000	\$6,600	\$35/\$45/\$50/\$250	1
Ne ka	BCN HMO SM \$5,000/20	%	\$5,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150	
是数 1	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%
<u>o</u>	BCN HSA SM HMO \$2,700/	20%	\$2,700	20%	N/A	\$5,000	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%
NH ws	BCN HSA SM HMO \$3,000/0%		\$3,000	0%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
BCN HSASM HMO	BCN HSA SM HMO \$3,000/	20%	\$3,000	20%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
PECN	BCN HSA SM HMO \$3,000/	30%	\$3,000	30%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
1	BCN HSA SM HMO \$4,000/	20%	\$4,000	20%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
	BCN HSASM 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
ine	BCN Routine Care ^{sм} HMO S	\$1,500	\$1,500	30%	N/A	\$6,350	\$40/Ded./Ded./Ded.	\$10/\$30/\$60/\$80/220%
Routine	BCN Routine Care ^{sм} HMO S	\$3,000	\$3,000	20%	N/A	\$5,000	\$30/Ded./Ded./Ded.	\$6/\$25/\$60/\$80/20%/20%
E	BCN HMO ^{sм} \$1,500/20	%	\$1,500	20%	N/A	\$5,000	\$30/\$45/\$50/\$150	Limited Rx Benefit
Minimum Value Plans	BCN HSA SM HMO \$4,000/	′50%	\$4,000	50%	N/A	\$6,350	Ded./Coins.	50% after Ded.
Mi	BCN HSA sM HMO \$6,350	/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	0% after Ded.
	Healthy <i>Blue</i> Living ^{sм}	Enh.	\$250	20%	\$500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
	HMO \$250	Stand.	\$1,500	30%	\$2,500	\$6,600	\$30/\$40/\$35/\$150	\$6/\$25/\$50/\$80/20%/20%
	Healthy <i>Blue</i> Living ^{sм}	Enh.	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
ving ^{sl}	HMO \$500	Stand.	\$3,000	30%	\$3,500	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
ue Li	Healthy <i>Blue</i> Living ^{sм}	Enh.	\$1,000	20%	\$2,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
Healthy <i>Blue</i> Living ^{sw}	HMO \$1,000	Stand.	\$3,000	30%	\$3,000	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
Healt	Healthy Blue Living ^{sм}	Enh.	\$1,500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
	HMO \$1,500	Stand.	\$4,000	30%	\$2,500	\$6,600	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%
	Healthy <i>Blue</i> Living ^{sм}	Enh.	\$2,000	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
	HMO \$2,000	Stand.	\$4,000	30%	\$2,000	\$6,600	\$35/\$45/\$60/\$250	\$6/\$25/\$50/\$80/20%/20%
MSSIN	Blue Elect Plus sM (SRO) S		\$500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
Blue Elect Plus SM	Blue Elect Plus sM (SRO) \$		\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20% \$10/\$30/\$60/\$80/20%/20%
i ii	Blue Elect Plus ^{sм} (SRO) \$	3,000	\$3,000	30%	\$2,500	\$6,600	\$30/\$45/\$50/\$150	ψ 10/ψ30/ψ00/ψ00/2076/20%

^{*}ECM: Embedded Coinsurance Maximum. (SRO): Self Referral Option

• (Angressive) 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.

Tecumseh Public Schools Administration

Medical Renewal - Tecumseh Public School

Period: 07/01/2017 to 06/30/2018

Administration Enrollment

	Manufacture Co	urrent / Renewal		and the latest of C	urrent / Renewal	The second state	C	urrent / Renewal	Designation of the last		urrent / Renewal	
CARRIER	MESSA - PAK A			V	MESSA - PAK C		N.	IESSA - PAK D		ı	MESSA - PAK E	
Benefit Plan		Choices 500		ABC Plan 1 - HDHP			AE	C Plan 2 - HDHF)		Choices 1000	
Plan Type/Network		PPO		PPO			PPO			PPO		
Deductible		4		8						#4000/0000		
In-Network		\$500/1000		\$1300/2600			\$2000/4000			\$1000/2000		
Out-of-Network		\$1000/2000			\$2600/5200		\$4000/8000			\$2000/4000		
Coinsurance In-Network	100%				100%			100%			100%	
Out-of-Network	100% 80/20%				80/20%			80/20%			80/20%	
Coinsurance Maximum		00/20/0			00/20/0			00/2070			00/20/0	
In-Network		None			None			None			None	
Out-of-Network		None			None			None			None	
Out-of-Pocket Maximum												
In-Network		None			\$2300/\$4600			\$3000/6000		=	\$2000/4000	
Out-of-Network		\$2000/4000			\$4600/9200			\$6000/12,000	200		\$4000/8000	
Office Visit Copay		\$20			ject to ded./coin			ject to ded./coin			\$20	
Specialist Office Visit Copay	\$20 100% after ded.; 38 visits max.				ject to ded./coin:		Subject to ded./coins.			\$20 100% after ded.; 38 visits max.		
Chiropractic Copay Urgent Care Copay	100% an	er ded.; 36 visits. \$25	max.	Subject to ded./coins.; 38 visits max.			Subject to ded./coins.; 38 visits max. Subject to ded./coins.			\$25		
Emergency Room Copay		\$50		Subject to ded./coins. Subject to ded./coins.			Subject to ded./coins.				\$50	
Lineigeney recem copay		400		Subject to ded./coms.			, , , , , , , , , , , , , , , , , , , ,					
				Subject to ded., then:			Sul	ect to ded., ther	٠.			
Prescription Drugs		Saver Rx		ABC Rx			00.	ABC Rx	15		Saver Rx	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 2515					
A.M. Best Rating		-			-		_					
Rate		Current Rates F	Renewal Rates		Current Rates F	Renewal Rates		Current Rates R	enewal Rates		Current Rates F	Renewal Rates
	Single 1	\$633.07	\$677.81	Single 0	\$569.91	\$605.31	Single 0	\$533.47	\$566.60	Single 0	\$597.06	\$639.27
	Two-Person 3	\$1,422.53		Two-Person 1	\$1,280.45		Two-Person 0	\$1,198.43		Two-Person 0	\$1,341.54	\$1,436.49
	Family 9	\$1,769.87	\$1,895.17	Family <u>1</u>	\$1,593.06	\$1,692.18	Family 2	\$1,490.99	\$1,583.78	Family 3	\$1,669.09	\$1,787.24
Monthly Premium	13	\$20,829,49	\$22,303.97	2	\$2,873.51	\$3.052.28	2	\$2,981.98	\$3,167.56	3	\$5,007.27	\$5,361.72
Estimated Taxes & Fees	13	Not Included	Included	2	Not Included	Included		Not Included	Included	· ·	Not Included	Included
Total Monthly Cost		\$20,829.49	\$22,303.97		\$2,873.51	\$3,052.28		\$2,981.98	\$3,167.56		\$5,007.27	\$5,361.72
Total Annual Cost		\$249,953.88	\$267,647.64		\$34,482.12	\$36,627.36	1	\$35,783.76	\$38,010.72		\$60,087.24	\$64,340.64
Difference		W. 1980	\$17,693.76		150 (50)	\$2,145.24		XV 65	\$2,226.96			\$4,253.40
% Difference			7.08%			6.22%			6.22%			7.08%
70 Dillerence			7.00%			# Enrolled	Com	bined Current R	300000000000000000000000000000000000000	Com	bined Renewal R	35.5
Combined Annual Total						# Enrolled	Com	\$380,307.00		2011	\$406.626.36	
						20		0000,001.00			\$26.319.36	
Combined Difference												
Combined % Difference	Marie Marie		TEST STATE	av ipisia isti			No service services	AND STREET	Parket Service		6.92%	Let San Kietz

Current Tier Level Rates do not include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA). Renewal Tier Level Rates do include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).



Period: 07/01/2017 to 06/30/2018

Administration Enrollment Option 6 Option 3 Option 1 Option 4 Blue Cross Blue Shield Blue Cross Blue Shield CARRIER Blue Cross Blue Shield Blue Cross Blue Shield Simply Blue 1000 Simply Blue HDHP 2000 0% Benefit Plan Simply Blue 500 Simply Blue HDHP 1250 0% Matched to MESSA PAK E Plan Type/Network Matched to MESSA PAK A Matched to MESSA PAK C Matched to MESSA PAK D Deductible \$2000/4000 \$1000/2000 In-Network \$500/1000 \$1300/2600 \$4000/8000 \$2000/4000 Out-of-Network \$1000/2000 \$2600/\$5200 Coinsurance 80/20% 80/20% 100% 100% In-Network 60/40% Out-of-Network 60/40% 80/20% 80/20% Coinsurance Maximum \$2500/5000 In-Network \$2500/5000 None None \$5000/10.000 None Out-of-Network \$5000/10.000 None Out-of-Pocket Maximum \$2250/4500 \$3000/6000 \$6350/12,700 In-Network \$6350/12,700 \$12,700/25,400 \$6000/12,000 Out-of-Network \$12,700/25,400 \$4500/9000 \$30 Subject to ded./coins. Office Visit Copay \$20 Subject to ded./coins. \$30 Subject to ded./coins. Subject to ded./coins. Specialist Office Visit Copay \$20 Subject to ded./coins.; Subject to ded./coins.; \$30; 12 visits max. \$20; 12 visits max. Chiropractic Copay 12 visits max. 12 visits max. \$30 **Urgent Care Copay** \$20 Subject to ded./coins. Subject to ded./coins. \$150 Emergency Room Copay \$150 Subject to ded./coins. Subject to ded./coins. Subject to ded., then: Subject to ded., then: \$10 Generic \$10 Generic \$10 Generic \$10 Generic \$40 Preferred Brand \$40 Preferred Brand \$40 Preferred Brand \$40 Preferred Brand Prescription Drugs \$80 Nonpreferred Brand \$80 Nonpreferred Brand \$80 Nonpreferred Brand \$80 Nonpreferred Brand Mail Order 2x Mail Order 2x Mail Order 2x Mail Order 2x A- (Excellent) A- (Excellent) A- (Excellent) A- (Excellent) A.M. Best Rating Rates Rates Rates Rate Rates \$597.35 Single 0 \$546.20 Single 0 \$481.06 Single 0 \$553.60 Single 1 \$1,328.63 Two-Person 0 \$1,433.64 Two-Person 1 \$1,310.87 Two-Person 0 \$1,154,55 Two-Person 3 \$1,660.79 Family 9 \$1,792.05 Family 1 \$1,638.59 Family 2 \$1,443.19 Family 3 2 \$2,886.37 3 \$4,982.38 2 13 \$21,026.77 \$2,949.45 Monthly Premium Included in Rates Included in Rates Estimated Taxes & Fees Included in Rates Included in Rates \$2,886.37 \$4,982.38 Total Monthly Cost \$21,026.77 \$2,949.45 \$34,636.48 \$59,788.53 Total Annual Cost \$252,321.24 \$35,393.44 -\$298.71 -\$305,028.80 -\$73,408.04 Difference from Current \$2,367.36 -89.60% -67.94% -0.50% 0.95% % Difference **BCBS Combined Rates MESSA Combined Current Rates** # Enrolled \$382,139.70 20 \$380,307.00 Combined Annual Total

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



\$1,832.70

0.48%

Combined Difference Combined % Difference

Period: 07/01/2017 to 06/30/2018

Administration

STATE OF THE STATE OF THE STATE OF	Current / Renewal	Option 1	Option 2	Option 3		
CARRIER	MESSA - PAK A	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield		
Benefit Plan	Choices 500	Simply Blue 500	Simply Blue 750	Simply Blue 1000		
Plan Type/Network	PPO	PPO	PPO	PPO		
Deductible In-Network	\$500/1000	\$500/1000	\$750/1500	\$1000/2000		
Out-of-Network	\$1000/2000	\$1000/2000	\$1500/3000	\$2000/4000		
Coinsurance	article (minute)		***************************************	2012001		
In-Network Out-of-Network	100% 80/20%	80/20% 60/40%	80/20% 60/40%	80/20% 60/40%		
Coinsurance Maximum	50/20 /6	00/4076	30,4070	56/10/0		
In-Network	None	\$2500/5000	\$2500/5000	\$2500/5000		
Out-of-Network	None	\$5000/10,000	\$5000/10,000	\$5000/10,000		
Out-of-Pocket Maximum In-Network	None	\$6350/12.700	\$6850/13,700	\$6350/12,700		
Out-of-Network	\$2000/4000	\$12,700/25,400	\$13,700/27,400	\$12,700/25,400		
Office Visit Copay	\$20	\$20	\$20	\$30		
	OM/DEPARTMENT	₩996740042	수하면요			
Specialist Office Visit Copay	\$20	\$20	\$20	\$30		
Chiropractic Copay	100% after ded.; 38 visits max.	\$20; 12 visits max.	\$20; 12 visits max.	\$30; 12 visits max.		
Urgent Care Copay	\$25	\$20	\$20	\$30		
Emergency Room Copay	\$50	\$150	\$150	\$150		
		\$10 Generic	\$10 Generic	\$10 Generic		
Prescription Drugs	Saver Rx	\$40 Preferred Brand	\$40 Preferred Brand	\$40 Preferred Brand		
Prescription Drugs	Ouver 100	\$80 Nonpreferred Brand Mail Order 2x	\$80 Nonpreferred Brand Mail Order 2x	\$80 Nonpreferred Brand Mail Order 2x		
		Mail Order 2x	distriction (designation) spring	777 da 15 da 25 da 2		
A.M. Best Rating	-	A- (Excellent)	A- (Excellent)	A- (Excellent) Rates		
Rate	<u>Current Rates</u> <u>Renewal Rates</u> Single 1 \$633.07 \$677.81	Rates Single 1 \$597.35	Rates Single 1 \$577.31	Single 1 \$553.60		
	Two-Person 3 \$1,422.53 \$1,523.21	Two-Person 3 \$1,433.64	Two-Person 3 \$1,385.56	Two-Person 3 \$1,328.63		
	Family <u>9</u> \$1,769.87 \$1,895.17	Family <u>9</u> \$1,792.05	Family <u>9</u> \$1,731.94	Family <u>9</u> \$1,660.79		
Monthly Premium	13 \$20,829.49 \$22,303.97	13 \$21,026.77	13 \$20,321.47	13 \$19,486.63		
Estimated Taxes & Fees	Not Included Included \$20,829.49 \$22,303.97	Included in Rates \$21,026.77	Included in Rates \$20,321.47			
Total Monthly Cost Total Annual Cost	\$20,829.49 \$22,303.97 \$249,953.88 \$267,647.64	\$21,026.77 \$252,321.24	,	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1		
Difference from Current	\$17,693.76	\$2,367.36	-\$6,096.20	-\$16,114.29		
% Difference	7.08%	0.95%	-2.44%	-6.45%		

Combined Annual Total

Combined Difference Combined % Difference

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

KAPNICK A

\$0.00

Period: 07/01/2017 to 06/30/2018

Administration

The supplemental armodules with	C	urrent / Renewal		Option 4		No.	oriental State	Option 5		Opti	on 6	Contract of the Contract of th	Option 7	
CARRIER	MESSA - PAK C			Blue Cross Blue Shield E			Blue Cross Blue Shield			Blue Cross	Blue Shield	Blue C	ross Blu	e Shield
Benefit Plan	AB	ABC Plan 1 - HDHP		Simply Blue HDHP 1250 0%			Simply Blue HDHP 1250 20%		Simply Blue H		Simply Bl		2000 20%	
Plan Type/Network		PPO		PPO		1	PPO		PF	0	PPO			
Deductible In-Network		\$1300/2600		\$1300)/2600		¢	1300/260	20	\$2000	/4000	\$2000/4000		00
Out-of-Network		\$2600/5200		\$2600/\$5200			\$2600/\$5200		\$4000/8000		\$4000/8000			
Coinsurance							Ψ2000/ψ0200							
In-Network	100%			0%		80/20%		100% 80/20%			80/20% 60/40%			
Out-of-Network Coinsurance Maximum	80/20%		80/3	20%			60/40%		80/2	0%		00/40%	•	
In-Network	None			No	ne			None		No	ne		None	
Out-of-Network	None			No	ne			None		No	ne		None	
Out-of-Pocket Maximum				2005				2050145	00	¢2000	(0000	0.0	3000/60	00
In-Network Out-of-Network		\$2300/\$4600 \$4600/9200)/4500)/9000			32250/450 34500/900	CALL.	\$3000 \$6000/	1/7/17/17/17/1.		6000/12,	
Out-or-Network				W 500			87.					Area control		3 50 50
Office Visit Copay	Sub	Subject to ded./coins.		Subject to	ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		I./coins.	
Specialist Office Visit Copay	Sub	oject to ded./coins.		Subject to	ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		l./coins.	
	0.1	d. d (t 00 . t.)	2 000000000000000000000000000000000000	Subject to	ded./coins.;		Subjec	ct to ded./coins.;		Subject to ded./coins.;			ct to ded	
Chiropractic Copay	Subject to t	ded./coins.; 38 vis	is max.	12 visi	ts max.	1	12 visits max.		12 visit	s max.	1	2 visits m	nax.	
Urgent Care Copay	Sub	oject to ded./coins.		Subject to ded./coins.			Subject to ded./coins.		./coins.	Subject to ded./coins.		Subje	ct to dec	l./coins.
Emergency Room Copay	Sub	oject to ded./coins.		Subject to ded./coins.			Subject to ded./coins.		Subject to ded./coins.		Subje	ct to dec	l./coins.	
				Subject to	ded., then:		Subject to ded., then:		Subject to ded., then:		Subject to ded., then:		SERVICE SECURITION OF SECURITI	
March No. Was assessed to	Sub	bject to ded., then:))		eneric		\$10 Generic		\$10 Generic \$40 Preferred Brand		\$10 Generic \$40 Preferred Brand			
Prescription Drugs		ABC Rx			rred Brand ferred Brand		\$40 Preferred Brand \$80 Nonpreferred Brand		\$40 Prefer \$80 Nonpref		01		ed Brand	
					rder 2x			lail Order		Mail O			fail Orde	
A.M. Best Rating		=			cellent)		A	- (Excelle	ent)	A- (Exc	ellent)	Α	- (Excelle	ent)
Rate			enewal Rates	5000 00	Rate		0235 33		Rates		Rates		•	Rates
	Single 0	\$569.91	\$605.31	Single (Single	0 1	\$498.38	Single 0 Two-Person 1		Single wo-Person	0	\$442.69 \$1,062.45
	Two-Person 1 Family 1	\$1,280.45 \$1,593.06	\$1,360.10		Nr. 2550		Family	1	\$1,190.12	Family 1		Progress Till State and Section	<u>1</u>	\$1,328.06
Monthly Premium	2	\$2,873.51	\$3.052.28	0 - Section 20 - 1-	2 \$2,949.4			2	\$2,691.27	2	1 2 25		2	\$2,390.51
Estimated Taxes & Fees	_	Not Included	Included		Include			_	Included	-	Included			Included
Total Monthly Cost		\$2,873.51	\$3,052.28		\$2,949.4	5357			\$2,691.27		\$2,597.74	1		\$2,390.51
Total Annual Cost	\$34,482.12 \$36,627.36		5.25049.09427.0340.0340.0340.034							l		\$28,686.13		
Difference from Current			\$2,145.24		\$911.3	2	-\$2,186.87		N 250				-\$5,795.99	
% Difference			6.22%		2.649	%			-6.34%		-9.60%			-16.81%

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



Period: 07/01/2017 to 06/30/2018

Administration

Netter the step step in the contract of	Current / Renewal	Option 6	Option 7	Option 8	Option 9	Option 10	
CARRIER	MESSA - PAK D	Blue Cross Blue Shield	Blue Cross Blue Shield				
		TO PROPERTY OF THE STATE OF THE	Simply Blue HDHP 2000 20%		Simply Blue HDHP 3000 20%		
Benefit Plan Plan Type/Network	ABC Plan 2 - HDHP PPO	Simply Blue HDHP 2000 0% PPO	PPO	PPO	PPO	PPO	
Deductible		110	110	110			
In-Network	\$2000/4000	\$2000/4000	\$2000/4000	\$3000/6000	\$3000/6000	\$3500/7000	
Out-of-Network	\$4000/8000	\$4000/8000	\$4000/8000	\$6000/12,000	\$6000/12,000	\$7000/14,000	
Coinsurance	(0.401) (0.01) Benchmark (0.01) (0.01) (0.01)	COMPANIENCE TO LONG A DESCRIPTION OF THE SECOND		10-1998-0-199 HILLIAN P. (1) J. A. A. SANDER PRINT AND D.	A	W 25	
In-Network	100%	100%	80/20%	100%	80/20%	100%	
Out-of-Network	80/20%	80/20%	60/40%	80/20%	60/40%	80/20%	
Coinsurance Maximum	364 T M2				A Parameter	N	
In-Network	None	None	None	None	None None	None None	
Out-of-Network	None	None	None	None	None	None	
Out-of-Pocket Maximum In-Network	\$3000/6000	\$3000/6000	\$3000/6000	\$4000/8000	\$4000/8000	\$4500/9000	
Out-of-Network	\$6000/12,000	\$6000/12,000	\$6000/12,000	\$8000/16,000	\$8000/16,000	\$9000/18,000	
Topic Production and Control of C	Company of the Compan		# 12 A A A A A A A A A A A A A A A A A A				
Office Visit Copay	Subject to ded./coins.	Subject to ded./coins.					
Specialist Office Visit	Subject to ded./coins.	Subject to ded./coins.					
Conav	Subject to ded./coms.	The process of the pr	Market of a market of the last of the second control of the second	040-3000 • 344-0400 900-0400 100-05-05-05-05-05-0			
Chiropractic Copay	Subject to ded./coins.; 38 visits max.	Subject to ded./coins.;	Subject to ded./coins.;	Subject to ded./coins.;	Subject to ded./coins.;	Subject to ded./coins.; 12 visits max.	
om oprastis sopa,	, , , , , , , , , , , , , , , , , , , ,	12 visits max.	12 visits max.	12 visits max.	12 visits max.	12 visits max.	
Urgent Care Copay	Subject to ded./coins.	Subject to ded./coins.					
	0.11.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	Continue and forting	Cubinstan ded Inches	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	
Emergency Room Copay	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	300			
		Subject to ded., then:	Subject to ded., then:				
December 19 Marie Barrery 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Subject to ded., then:	\$10 Generic	\$10 Generic	\$10 Generic	\$10 Generic	\$10 Generic	
Prescription Drugs	ABC Rx	\$40 Preferred Brand	\$40 Preferred Brand	\$40 Preferred Brand	\$40 Preferred Brand \$80 Nonpreferred Brand	\$40 Preferred Brand \$80 Nonpreferred Brand	
		\$80 Nonpreferred Brand Mail Order 2x	\$80 Nonpreferred Brand Mail Order 2x	\$80 Nonpreferred Brand Mail Order 2x	Mail Order 2x	Mail Order 2x	
		13,743.1.3.4.3.4.1.33.3.3.			A- (Excellent)	A- (Excellent)	
A.M. Best Rating Rate	Current Rates Renewal Rates	A- (Excellent) Rates	A- (Excellent) Rates	A- (Excellent) Rates		Rates	
Rate	Single 0 \$533.47 \$566.60		Single 0 \$442.69		The state of the s	Single 0 \$421.60	
						Two-Person 0 \$1,011.84	
	Family 2 \$1,490.99 \$1,583.78	4 N. 1984 N. 1	Family 2 \$1,328.06			Family 2 \$1,264.81	
Monthly Premium	2 \$2,981.98 \$3,167.56		2 \$2.656.12	2 \$2.648.57	2 \$2,461.73	2 \$2,529.61	
Estimated Taxes & Fees	Not Included Included		Included	The state of the s	Access to the second of the se	Included	
Total Monthly Cost	\$2,981.98 \$3,167.56		\$2,656.12		\$2,461.73		
Total Annual Cost	\$35,783.76 \$38,010.72		\$31,873.48	\$31,782.89	\$29,540.77	\$30,355.33	
Difference from Current	\$2,226.96	-\$1,147.28	-\$3,910.28	-\$4,000.87	-\$6,242.99	-\$5,428.43	
% Difference	6.22%		-10.93%	-11.18%	-17.45%	-15.17%	
	o,22%			17.1070	17.1070	.0.7770	

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



Period: 07/01/2017 to 06/30/2018

Administration

The state of the s	Current / Renewal	Option 1	Option 2	Option 3
CARRIER	MESSA - PAK E	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan Plan Type/Network Deductible	Choices 1000 PPO	Simply Blue 500 PPO	Simply Blue 750 PPO	Simply Blue 1000 PPO
In-Network Out-of-Network	\$1000/2000 \$2000/4000	\$500/1000 \$1000/2000	\$750/1500 \$1500/3000	\$1000/2000 \$2000/4000
Coinsurance In-Network Out-of-Network Coinsurance Maximum	100% 80/20%	80/20% 60/40%	80/20% 60/40%	80/20% 60/40%
In-Network Out-of-Network Out-of-Pocket Maximum	None None	\$2500/5000 \$5000/10,000	\$2500/5000 \$5000/10,000	\$2500/5000 \$5000/10,000
In-Network Out-of-Network	\$2000/4000 \$4000/8000	\$6350/12,700 \$12,700/25,400	\$6850/13,700 \$13,700/27,400	\$6350/12,700 \$12,700/25,400
Office Visit Copay	\$20	\$20	\$20	\$30
Specialist Office Visit Copay	\$20	\$20	\$20	\$30
Chiropractic Copay	100% after ded.; 38 visits max.	\$20; 12 visits max.	\$20; 12 visits max.	\$30; 12 visits max.
Urgent Care Copay	\$25	\$20	\$20	\$30
Emergency Room Copay	\$50	\$150	\$150	\$150
Prescription Drugs	Saver Rx	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating		A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate	Single 0 \$597.06 \$639.27 Two-Person 0 \$1,341.54 \$1,436.49 Family 3 \$1,669.09 \$1,787.24	Single 0 \$597.35 Two-Person 0 \$1,433.64 Family 3 \$1,792.05	Single 0 \$577.31 Two-Person 0 \$1,385.56 Family 3 \$1,731.94	Single 0 \$553.60 Two-Person 0 \$1,328.63 Family 3 \$1,660.79
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current	3 \$5,007.27 \$5,361.72 <u>Not Included Included</u> \$5,007.27 \$5,361.72 \$60,087.24 \$64,340.64 \$4,253.40	3 \$5,376.16 <u>Included in Rates</u> \$5,376.16 \$64,513.95 \$4,426.71	3 \$5,195.83 <u>Included in Rates</u> \$5,195.83 \$62,349.98 \$ <i>2,262.74</i>	3 \$4,982.38 <u>Included in Rates</u> \$4,982.38 \$59,788.53 -\$298.71
% Difference	7.08%	7.37%	3.77%	-0.50%

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



Tecumseh Public Schools Priority Health

Period: 07/01/2017 to 06/30/2018

		PERMIT	Fellou. 07/01/201		3-44 may 2	Dr. Helich		and the same of th
	Option :		Option		Option	NAME OF TAXABLE PARTY.	Option	
CARRIER	Priority H		Priority F	lealth	Priority I		Priority	
Benefit Plan	POS 5		POS HSA		POS HS.		POS	
Plan Type/Network Deductible	Matched to	PAK A	Matching	PAK C	Matched to	D PAK D	Matched 1	to PAK E
In-Network	\$500/1	000	\$1300/2	enn	\$2000/	4000	\$1000	/2000
Out-of-Network			\$2600/\$		\$4000/	J170797	\$2000	
Coinsurance	\$ 1000iz		φεσσσιφ	0200	ψ1000/	0000	V 2000	. 1000
In-Network	1009	6	1009	%	100	%	100	0%
Out-of-Network	80/20	%	80/20	1%	80/20	0%	80/2	:0%
Coinsurance Maximum	TO A STATE OF THE PROPERTY OF		Section 1		Quite.		752960	
In-Network			Non	-	Nor		No	10.00
	Out-of-Network \$2500/5000		Non	е	Nor	ie	\$2500	/5000
Out-of-Pocket Maximum In-Network	\$7150/14	1 200	\$2300/4	1600	\$3000/	6000	\$7150/	14 300
Out-of-Network		P. C.	\$4600/9	1474747A	\$6000/1		\$14,300	
		CONTRACTOR CONTRACTOR			φοσσογί	2,000		
Office Visit Copay	\$20	Ĭ.	Subject to de	ed./coins.	Subject to d	ed./coins.	\$2	10
Specialist Office Visit Copay	\$35	i e	Subject to de	ed./coins.	Subject to d	ed./coins.	\$3	5
	\$20; 30 visi	its may	Subject to de	7.0	Subject to de	- 8	\$20; 30 visits max.	
Chiropractic Copay	(combined with		30 visits		30 visits		(combined with PT & OT)	
Harris Cara Caray	\$75		(combined with	STEAM OF PARKET PERSONNESS	(combined with PT & OT) Subject to ded./coins.			
Urgent Care Copay	\$/5		Subject to de	ea./coins.	Subject to a	ea./coins.	\$7	5
Emergency Room Copay	\$150)	Subject to de	ed./coins.	Subject to d	ed./coins.	\$1:	50
	\$10 Ger	neric	Subject to de		Subject to d		\$10 G	aneric
	\$40 Preferre		\$10 Generic		\$10 Generic		\$40 Prefer	
Prescription Drugs	\$80 Nonprefer		\$40 Preferre		\$40 Preferr		\$80 Nonpreferred Brand	
	Mail Ord		\$80 Nonprefe Mail Ord		\$80 Nonprefe Mail Ord		Mail Or	
AM Dest Desire	A /F	H					A /F	on the same
A.M. Best Rating Rate	A- (Exce	Rates	A- (Exce	Rates	A- (Exce	Rates	A- (Exc	Rate
Nate	Single 16	\$731.29	Single 5	\$604.07	Single 4	\$540.56	Single 2	\$694.6
	Two-Person 14	\$1,643.43			Two-Person 2		Two-Person 2	\$1,561.0
	Family 57	\$2,044.68	Family 12	\$1,688.98	Family 3	\$1,511.41	Family 11	\$1,942.24
Monthly Premium	87	\$151,255.42	22	\$30,075,76	9	\$9,126.07	15	\$25,876.12
Estimated Taxes & Fees		Included	-	Included	_	Included	1.50	Included
Total Monthly Cost		\$151,255.42		\$30,075.76		\$9,126.07		\$25,876.12
Total Annual Cost	į į	\$1,815,065.04		\$360,909.12		\$109,512.84		\$310,513.4
Difference from Current		\$243,939.48		\$20,486.88		\$1,468.32		\$43,667.16
% Difference		15.53%		6.02%		1.36%		16.36%
				# Enrolled	MESSA Combine		PH Combi	
Combined Annual Total				133	\$2,286,4	38.60	\$2,596,	000.44
Combined Difference							\$309,5	61.84
Combined % Difference							13.5	4%
OH Pates shown include Michigan claim	toyoo and madatar	u faceltouse du	e to the Detient Deate	otion and Affords	ble Core Act (DDA)	241		MANAGE CONTRACTOR OF THE PARTY

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

