

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

Addison Community Schools
Whole Group

Medical Options - Addison Community Schools

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

CARRIER		Option 4	
		Blue Cross Blue Shield	
Benefit Plan		Simply Blue HDHP 1250 0% PPO	
Plan Type/Network			
Deductible			
	<i>In-Network</i>	\$1300/2600	
	<i>Out-of-Network</i>	\$2600/\$5200	
Coinsurance			
	<i>In-Network</i>	100%	
	<i>Out-of-Network</i>	80/20%	
Coinsurance Maximum			
	<i>In-Network</i>	None	
	<i>Out-of-Network</i>	None	
Out-of-Pocket Maximum			
	<i>In-Network</i>	\$2250/4500	
	<i>Out-of-Network</i>	\$4500/9000	
Office Visit Copay		Subject to ded./coins.	
Specialist Office Visit Copay		Subject to ded./coins.	
Chiropractic Copay		Subject to ded./coins.; 12 visits max.	
Urgent Care Copay		Subject to ded./coins.	
Emergency Room Copay		Subject to ded./coins.	
Prescription Drugs		Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	
A.M. Best Rating		A- (Excellent)	
Rate		Rates	
		Single 6	\$490.02
		Two-Person 4	\$1,176.04
		Family 37	\$1,470.05
Monthly Premium		47	\$62,036.09
Estimated Taxes & Fees		<u>Included in Rates</u>	
Total Monthly Cost		\$62,036.09	
Total Annual Cost		\$744,433.03	
		MESSA & PH Combined Current	BCBS Total Replacement
Combined Annual Total		\$769,185.60	\$744,433.03
Combined Difference		-\$24,752.57	
Combined % Difference		-3.22%	

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

Medical Options - Addison Community Schools

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

WHOLE GROUP	Option 1 (Whole Group)			Option 2 (Whole Group)			Option 3 (Whole Group)		
CARRIER	Blue Cross Blue Shield			Blue Cross Blue Shield			Blue Cross Blue Shield		
Benefit Plan	Simply Blue 500 PPO			Simply Blue 750 PPO			Simply Blue 1000 PPO		
Plan Type/Network									
Deductible									
<i>In-Network</i>	\$500/1000			\$750/1500			\$1000/2000		
<i>Out-of-Network</i>	\$1000/2000			\$1500/3000			\$2000/4000		
Coinsurance									
<i>In-Network</i>	80/20%			80/20%			80/20%		
<i>Out-of-Network</i>	60/40%			60/40%			60/40%		
Coinsurance Maximum									
<i>In-Network</i>	\$2500/5000			\$2500/5000			\$2500/5000		
<i>Out-of-Network</i>	\$5000/10,000			\$5000/10,000			\$5000/10,000		
Out-of-Pocket Maximum									
<i>In-Network</i>	\$6350/12,700			\$6850/13,700			\$6350/12,700		
<i>Out-of-Network</i>	\$12,700/25,400			\$13,700/27,400			\$12,700/25,400		
Office Visit Copay	\$20			\$20			\$30		
Specialist Office Visit Copay	\$20			\$20			\$30		
Chiropractic Copay	\$20; 12 visits max.			\$20; 12 visits max.			\$30; 12 visits max.		
Urgent Care Copay	\$20			\$20			\$30		
Emergency Room Copay	\$150			\$150			\$150		
Prescription Drugs	\$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									
	<u>Rates</u>			<u>Rates</u>			<u>Rates</u>		
	Single	6	\$536.24	Single	6	\$518.28	Single	6	\$497.01
	Two-Person	4	\$1,286.99	Two-Person	4	\$1,243.88	Two-Person	4	\$1,192.82
	Family	<u>37</u>	\$1,608.73	Family	<u>37</u>	\$1,554.85	Family	<u>37</u>	\$1,491.03
Monthly Premium	47			47			47		
	\$67,888.60			\$65,614.76			\$62,921.46		
Estimated Taxes & Fees	<u>Included</u>			<u>Included</u>			<u>Included in Rates</u>		
Total Monthly Cost	\$67,888.60			\$65,614.76			\$62,921.46		
Total Annual Cost	\$814,663.16			\$787,377.11			\$755,057.55		
Difference from Current	\$45,477.56			\$18,191.51			-\$14,128.05		
% Difference	5.91%			2.37%			-1.84%		
Combined Annual Total Combined Difference Combined % Difference									

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

Medical Options - Addison Community Schools

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

WHOLE GROUP	Option 4 (Whole Group)	Option 5 (Whole Group)	Option 6 (Whole Group)	Option 7 (Whole Group)
CARRIER	Blue Cross Blue Shield			
Benefit Plan	Simply Blue HDHP 1250 0%			
Plan Type/Network	PPO			
Deductible	Simply Blue HDHP 1250 20%			
	PPO			
	Simply Blue HDHP 2000 0%			
	PPO			
	Simply Blue HDHP 2000 20%			
	PPO			
<i>In-Network</i>	\$1300/2600	\$1300/2600	\$2000/4000	\$2000/4000
<i>Out-of-Network</i>	\$2600/\$5200	\$2600/\$5200	\$4000/8000	\$4000/8000
Coinsurance				
<i>In-Network</i>	100%	80/20%	100%	80/20%
<i>Out-of-Network</i>	80/20%	60/40%	80/20%	60/40%
Coinsurance Maximum				
<i>In-Network</i>	None	None	None	None
<i>Out-of-Network</i>	None	None	None	None
Out-of-Pocket Maximum				
<i>In-Network</i>	\$2250/4500	\$2250/4500	\$3000/6000	\$3000/6000
<i>Out-of-Network</i>	\$4500/9000	\$4500/9000	\$6000/12,000	\$6000/12,000
Office Visit Copay	Subject to ded./coins.			
Specialist Office Visit Copay	Subject to ded./coins.			
Chiropractic Copay	Subject to ded./coins.; 12 visits max.			
Urgent Care Copay	Subject to ded./coins.			
Emergency Room Copay	Subject to ded./coins.			
Prescription Drugs	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			
A.M. Best Rating	A- (Excellent)			
Rate	A- (Excellent)			
	<u>Rates</u>		<u>Rates</u>	
	Single 6	\$490.02	Single 6	\$447.20
	Two-Person 4	\$1,176.04	Two-Person 4	\$1,073.27
	Family 37	\$1,470.05	Family 37	\$1,341.59
	<u>Rates</u>		<u>Rates</u>	
	Single 6	\$431.58	Single 6	\$397.21
	Two-Person 4	\$1,035.80	Two-Person 4	\$953.31
	Family 37	\$1,191.64	Family 37	\$1,191.64
Monthly Premium	47	\$62,036.09	47	\$56,614.98
Estimated Taxes & Fees	<u>Included in Rates</u>		<u>Included in Rates</u>	
Total Monthly Cost	\$62,036.09		\$56,614.98	
Total Annual Cost	\$744,433.03		\$679,379.76	
Difference from Current	-\$24,752.57		-\$89,805.84	
% Difference	-3.22%		-11.68%	
	<u>Rates</u>		<u>Rates</u>	
	Single 6	\$54,638.48	Single 6	\$50,287.26
	Two-Person 4	\$1,035.80	Two-Person 4	\$953.31
	Family 37	\$1,191.64	Family 37	\$1,191.64
Monthly Premium	47	\$54,638.48	47	\$50,287.26
Estimated Taxes & Fees	<u>Included in Rates</u>		<u>Included in Rates</u>	
Total Monthly Cost	\$54,638.48		\$50,287.26	
Total Annual Cost	\$655,661.76		\$603,447.11	
Difference from Current	-\$113,523.84		-\$165,738.49	
% Difference	-14.76%		-21.55%	

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

Medical Options - Addison Community Schools

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

WHOLE GROUP	Option 8 (Whole Group)		Option 9 (Whole Group)		Option 10 (Whole Group)	
CARRIER	Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield	
Benefit Plan	Simply Blue HDHP 3000 0% PPO		Simply Blue HDHP 3000 20% PPO		Simply Blue HDHP 3500 0% PPO	
Plan Type/Network						
Deductible						
<i>In-Network</i>	\$3000/6000		\$3000/6000		\$3500/7000	
<i>Out-of-Network</i>	\$6000/12,000		\$6000/12,000		\$7000/14,000	
Coinsurance						
<i>In-Network</i>	100%		80/20%		100%	
<i>Out-of-Network</i>	80/20%		60/40%		80/20%	
Coinsurance Maximum						
<i>In-Network</i>	None		None		None	
<i>Out-of-Network</i>	None		None		None	
Out-of-Pocket Maximum						
<i>In-Network</i>	\$4000/8000		\$4000/8000		\$4500/9000	
<i>Out-of-Network</i>	\$8000/16,000		\$8000/16,000		\$9000/18,000	
Office Visit Copay	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.	
Specialist Office Visit Copay	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.	
Chiropractic Copay	Subject to ded./coins.; 12 visits max.		Subject to ded./coins.; 12 visits max.		Subject to ded./coins.; 12 visits max.	
Urgent Care Copay	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.	
Prescription Drugs	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	
A.M. Best Rating	A- (Excellent)		A- (Excellent)		A- (Excellent)	
Rate						
	<u>Rates</u>		<u>Rates</u>		<u>Rates</u>	
	Single 6	\$396.03	Single 6	\$368.14	Single 6	\$378.25
	Two-Person 4	\$950.47	Two-Person 4	\$883.53	Two-Person 4	\$907.79
	Family 37	\$1,188.09	Family 37	\$1,104.42	Family 37	\$1,134.74
Monthly Premium	47	\$50,137.26	47	\$46,606.38	47	\$47,885.99
Estimated Taxes & Fees	<u>Included in Rates</u>		<u>Included in Rates</u>		<u>Included in Rates</u>	
Total Monthly Cost	\$50,137.26		\$46,606.38		\$47,885.99	
Total Annual Cost	\$601,647.16		\$559,276.52		\$574,631.89	
Difference from Current	-\$167,538.44		-\$209,909.08		-\$194,553.71	
% Difference	-21.78%		-27.29%		-25.29%	

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

Addison Community Schools
Administration / Secretaries

Medical Options - Addison Community Schools

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

Admin/Secretaries	Option 1 (Admin/Secretaries)	Option 2 (Admin/Secretaries)	Option 3 (Admin/Secretaries)
CARRIER	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	Simply Blue 500	Simply Blue 750	Simply Blue 1000
Plan Type/Network	PPO	PPO	PPO
Deductible			
<i>In-Network</i>	\$500/1000	\$750/1500	\$1000/2000
<i>Out-of-Network</i>	\$1000/2000	\$1500/3000	\$2000/4000
Coinsurance			
<i>In-Network</i>	80/20%	80/20%	80/20%
<i>Out-of-Network</i>	60/40%	60/40%	60/40%
Coinsurance Maximum			
<i>In-Network</i>	\$2500/5000	\$2500/5000	\$2500/5000
<i>Out-of-Network</i>	\$5000/10,000	\$5000/10,000	\$5000/10,000
Out-of-Pocket Maximum			
<i>In-Network</i>	\$6350/12,700	\$6850/13,700	\$6350/12,700
<i>Out-of-Network</i>	\$12,700/25,400	\$13,700/27,400	\$12,700/25,400
Office Visit Copay	\$20	\$20	\$30
Specialist Office Visit Copay	\$20	\$20	\$30
Chiropractic Copay	\$20; 12 visits max.	\$20; 12 visits max.	\$30; 12 visits max.
Urgent Care Copay	\$20	\$20	\$30
Emergency Room Copay	\$150	\$150	\$150
Prescription Drugs	\$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	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
	Single 0 \$577.14	Single 0 \$557.82	Single 0 \$534.96
	Two-Person 0 \$1,385.13	Two-Person 0 \$1,338.78	Two-Person 0 \$1,283.89
	Family 8 \$1,731.41	Family 8 \$1,673.47	Family 8 \$1,604.87
Monthly Premium	8 \$13,851.27	8 \$13,387.75	8 \$12,838.92
Estimated Taxes & Fees	<u>Included</u>	<u>Included</u>	<u>Included in Rates</u>
Total Monthly Cost	\$13,851.27	\$13,387.75	\$12,838.92
Total Annual Cost	\$166,215.27	\$160,653.02	\$154,067.09
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).

Medical Options - Addison Community Schools

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

WHOLE GROUP	Option 4 (Admin/Secretaries)	Option 5 (Admin/Secretaries)	Option 6 (Admin/Secretaries)	Option 7 (Admin/Secretaries)
CARRIER	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	Simply Blue HDHP 1250 0% PPO	Simply Blue HDHP 1250 20% PPO	Simply Blue HDHP 2000 0% PPO	Simply Blue HDHP 2000 20% PPO
Plan Type/Network				
Deductible				
<i>In-Network</i>	\$1300/2600	\$1300/2600	\$2000/4000	\$2000/4000
<i>Out-of-Network</i>	\$2600/\$5200	\$2600/\$5200	\$4000/8000	\$4000/8000
Coinsurance				
<i>In-Network</i>	100%	80/20%	100%	80/20%
<i>Out-of-Network</i>	80/20%	60/40%	80/20%	60/40%
Coinsurance Maximum				
<i>In-Network</i>	None	None	None	None
<i>Out-of-Network</i>	None	None	None	None
Out-of-Pocket Maximum				
<i>In-Network</i>	\$2250/4500	\$2250/4500	\$3000/6000	\$3000/6000
<i>Out-of-Network</i>	\$4500/9000	\$4500/9000	\$6000/12,000	\$6000/12,000
Office Visit Copay	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Specialist Office Visit Copay	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Chiropractic Copay	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.
Urgent Care Copay	Subject to ded./coins.	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.	Subject to ded./coins.
Prescription Drugs	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
Single 0	\$527.16	\$481.16	\$464.32	\$427.38
Two-Person 0	\$1,265.20	\$1,154.78	\$1,114.36	\$1,025.71
Family 8	\$1,581.49	\$1,443.47	\$1,392.95	\$1,282.14
Monthly Premium	8 \$12,651.96	8 \$11,547.76	8 \$11,143.63	8 \$10,257.10
Estimated Taxes & Fees	<u>Included in Rates</u>	<u>Included in Rates</u>	<u>Included in Rates</u>	<u>Included in Rates</u>
Total Monthly Cost	\$12,651.96	\$11,547.76	\$11,143.63	\$10,257.10
Total Annual Cost	\$151,823.47	\$138,573.12	\$133,723.51	\$123,085.18

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

Medical Options - Addison Community Schools

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

WHOLE GROUP	Option 8 (Admin/Secretaries)	Option 9 (Admin/Secretaries)	Option 10 (Admin/Secretaries)
CARRIER	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	Simply Blue HDHP 3000 0% PPO	Simply Blue HDHP 3000 20% PPO	Simply Blue HDHP 3500 0% PPO
Plan Type/Network			
Deductible			
<i>In-Network</i>	\$3000/6000	\$3000/6000	\$3500/7000
<i>Out-of-Network</i>	\$6000/12,000	\$6000/12,000	\$7000/14,000
Coinsurance			
<i>In-Network</i>	100%	80/20%	100%
<i>Out-of-Network</i>	80/20%	60/40%	80/20%
Coinsurance Maximum			
<i>In-Network</i>	None	None	None
<i>Out-of-Network</i>	None	None	None
Out-of-Pocket Maximum			
<i>In-Network</i>	\$4000/8000	\$4000/8000	\$4500/9000
<i>Out-of-Network</i>	\$8000/16,000	\$8000/16,000	\$9000/18,000
Office Visit Copay	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Specialist Office Visit Copay	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Chiropractic Copay	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.
Urgent Care Copay	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.
Prescription Drugs	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
	Single 0 \$426.06	Single 0 \$396.10	Single 0 \$406.93
	Two-Person 0 \$1,022.54	Two-Person 0 \$950.65	Two-Person 0 \$976.64
	Family 8 \$1,278.17	Family 8 \$1,188.31	Family 8 \$1,220.80
Monthly Premium	8 \$10,225.39	8 \$9,506.46	8 \$9,766.40
Estimated Taxes & Fees	<u>Included in Rates</u>	<u>Included in Rates</u>	<u>Included in Rates</u>
Total Monthly Cost	\$10,225.39	\$9,506.46	\$9,766.40
Total Annual Cost	\$122,704.70	\$114,077.47	\$117,196.80

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

Medical Options - Addison Community Schools

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

	Option 1 PH (Teachers/Admin/Sect)	Option 2 PH (Teachers/Admin/Sect)	Option 3 PH (Teachers/Admin/Sect)	Option 24PH (Teachers/Admin/Sect)
CARRIER	Priority Health	Priority Health	Priority Health	Priority Health
Benefit Plan	POS 500	POS 1000	POS HSA 1300	POS HSA 2000
Plan Type/Network	POS	POS	POS	POS
Deductible				
<i>In-Network</i>	\$500/1000	\$1000/2000	\$1300/2600	\$2000/4000
<i>Out-of-Network</i>	\$1000/2000	\$2000/4000	\$2600/\$5200	\$4000/8000
Coinsurance				
<i>In-Network</i>	100%	100%	100%	100%
<i>Out-of-Network</i>	80/20%	80/20%	80/20%	80/20%
Coinsurance Maximum				
<i>In-Network</i>	None	None	None	None
<i>Out-of-Network</i>	\$2500/5000	\$2500/5000	None	None
Out-of-Pocket Maximum				
<i>In-Network</i>	\$7150/14,300	\$7150/14,300	\$2300/4600	\$3000/6000
<i>Out-of-Network</i>	\$14,300/28,600	\$14,300/28,600	\$4600/9200	\$6000/12,000
Office Visit Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.
Specialist Office Visit Copay	\$35	\$35	Subject to ded./coins.	Subject to ded./coins.
Chiropractic Copay	\$20; 60 visits max. (combined with PT & OT)	\$20; 60 visits max. (combined with PT & OT)	Subject to ded./coins.; 60 visits max. (combined with PT & OT)	Subject to ded./coins.; 60 visits max. (combined with PT & OT)
Urgent Care Copay	\$75	\$75	Subject to ded./coins.	Subject to ded./coins.
Emergency Room Copay	\$150	\$150	Subject to ded./coins.	Subject to ded./coins.
Prescription Drugs	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate				
	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
	Single 6 \$0.00	Single 6 \$0.00	Single 6 \$0.00	Single 6 \$0.00
	Two-Person 4 \$0.00	Two-Person 4 \$0.00	Two-Person 4 \$0.00	Two-Person 4 \$0.00
	Family 37 \$0.00	Family 37 \$0.00	Family 37 \$0.00	Family 37 \$0.00
Monthly Premium	47 \$0.00	47 \$0.00	47 \$0.00	47 \$0.00
Estimated Taxes & Fees	<u>Included</u>	<u>Included</u>	<u>Included</u>	<u>Included</u>
Total Monthly Cost	\$0.00	\$0.00	\$0.00	\$0.00
Total Annual Cost	\$0.00	\$35,822.52	\$0.00	\$0.00
Difference from Current	-\$656,880.00	-\$609.60	-\$656,880.00	-\$656,880.00
% Difference	-100.00%	-1.67%	-100.00%	-100.00%