

Lenawee County Consortium A and B

June 24, 2017

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

Dear Consortium A and Consortium B Members:

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

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

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

Respectfully,



Cindy Farmer

Employee Benefit Specialist/Consortium A and Consortium B Secretary

4107 N. Adrian Hwy.

Adrian, MI. 49221

(517) 265-1632

EMPLOYEE BENEFITS PLAN REVIEW

Prepared for

Clinton Community Schools

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Products & Services

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

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

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

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

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

We 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

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Client Advocate

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Blue Cross-Blue Shield



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

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

EyeMed



Employer Customer Service
Website
Employee Customer Service

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

Mutual of Omaha



Employee Customer Service
Website

(800) 556-9228
www.mutualofomaha.com

Carrier A.M. Best Rating

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

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

Carrier ratings updated January 2014

Medical Renewal - Clinton Community Schools

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

	Current / Renewal			Current / Renewal			Current / Renewal			Current / Renewal					
CARRIER	MESSA - PAK A			MESSA - PAK C			MESSA - PAK D			MESSA - PAK E					
Benefit Plan	Choices 500			ABC Plan 1 - HDHP			ABC Plan 2 - HDHP			Choices 1000					
Plan Type/Network	PPO			PPO			PPO			PPO					
Deductible															
<i>In-Network</i>	\$500/1000			\$1300/2600			\$2000/4000			\$1000/2000					
<i>Out-of-Network</i>	\$1000/2000			\$2600/5200			\$4000/8000			\$2000/4000					
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>	None			None			None			None					
Out-of-Pocket Maximum															
<i>In-Network</i>	None			\$2300/\$4600			\$3000/6000			\$2000/4000					
<i>Out-of-Network</i>	\$2000/4000			\$4600/9200			\$6000/12,000			\$4000/8000					
Office Visit Copay	\$20			Subject to ded./coins.			Subject to ded./coins.			\$20					
Specialist Office Visit	\$20			Subject to ded./coins.			Subject to ded./coins.			\$20					
Chiropractic Copay	100% after ded.; 38 visits max.			Subject to ded./coins.; 38 visits max.			Subject to ded./coins.; 38 visits max.			100% after ded.; 38 visits 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	-			-			-			-					
Rate	Current Rates		Renewal Rates	Current Rates		Renewal Rates	Current Rates		Renewal Rates	Current Rates		Renewal Rates			
Single 8	\$633.07		\$677.81	Single 0	\$569.91		\$605.31	Single 0	\$533.47		\$566.60	Single 0	\$597.06		\$639.27
Two-Person 8	\$1,422.53		\$1,523.21	Two-Person 1	\$1,280.45		\$1,360.10	Two-Person 0	\$1,198.43		\$1,272.99	Two-Person 1	\$1,341.54		\$1,436.49
Family 32	\$1,769.87		\$1,895.17	Family 4	\$1,593.06		\$1,692.18	Family 1	\$1,490.99		\$1,583.78	Family 3	\$1,669.09		\$1,787.24
Monthly Premium	48	\$73,080.64	\$78,253.60	5	\$7,652.69		\$8,128.82	1	\$1,490.99		\$1,583.78	4	\$6,348.81		\$6,798.21
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>	<u>Not Included</u>		<u>Included</u>	<u>Not Included</u>		<u>Included</u>	<u>Not Included</u>		<u>Included</u>	<u>Not Included</u>		<u>Included</u>
Total Monthly Cost	\$73,080.64		\$78,253.60	\$7,652.69		\$8,128.82	\$1,490.99		\$1,583.78	\$6,348.81		\$6,798.21	\$76,185.72		\$81,578.52
Total Annual Cost	\$876,967.68		\$939,043.20	\$91,832.28		\$97,545.84	\$17,891.88		\$19,005.36	\$76,185.72		\$81,578.52	\$5,392.80		\$5,392.80
Difference			\$62,075.52			\$5,713.56			\$1,113.48			\$1,113.48			\$5,392.80
% Difference			7.08%			6.22%			6.22%			6.22%			7.08%
				# Enrolled			Combined Current Rate			Combined Renewal Rate					
				58			\$1,062,877.56			\$1,137,172.92					
										\$74,295.36					
										6.99%					

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 fulfill the needs of the state's diverse workforce.

BLUE CROSS BLUE SHIELD OF MICHIGAN

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

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

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

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

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

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

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

BLUE CARE NETWORK

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

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

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

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

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

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

Action
Benefits

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

2017 SMALL GROUP PRODUCT PORTFOLIO

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

ADDITIONS AND CHANGES FOR 2017 HIGHLIGHTED IN RED

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

*ECM: Embedded Co-Insurance Maximum

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

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

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 LARGE GROUP PRODUCT PORTFOLIO

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

ADDITIONS FOR 2017 HIGHLIGHTED IN RED

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

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

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

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

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

(Select One)

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

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

Action Benefits is an Authorized Managing Agent for Blue Cross Blue Shield of Michigan and Blue Care Network.

Clinton Communtiy Schools
Whole Group
Administration Support / Teachers

Medical Options - Clinton Community Schools

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

	Option 1	Option 3	Option 4	Option 6
CARRIER	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	Simply Blue 500	Simply Blue 1000	Simply Blue HDHP 1250 0%	Simply Blue HDHP 2000 0%
Plan Type/Network	PPO	PPO	PPO	PPO
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>	80/20%	80/20%	100%	100%
<i>Out-of-Network</i>	60/40%	60/40%	80/20%	80/20%
Coinsurance Maximum				
<i>In-Network</i>	\$2500/5000	\$2500/5000	None	None
<i>Out-of-Network</i>	\$5000/10,000	\$5000/10,000	None	None
Out-of-Pocket Maximum				
<i>In-Network</i>	\$6350/12,700	\$6350/12,700	\$2250/4500	\$3000/6000
<i>Out-of-Network</i>	\$12,700/25,400	\$12,700/25,400	\$4500/9000	\$6000/12,000
Office Visit Copay	\$20	\$30	Subject to ded./coins.	Subject to ded./coins.
Specialist Office Visit Copay	\$20	\$30	Subject to ded./coins.	Subject to ded./coins.
Chiropractic Copay	\$20; 12 visits max.	\$30; 12 visits max.	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.
Urgent Care Copay	\$20	\$30	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 8 \$572.86	Single 0 \$531.08	Single 0 \$522.77	Single 0 \$460.46
	Two-Person 8 \$1,374.86	Two-Person 1 \$1,274.58	Two-Person 1 \$1,254.65	Two-Person 0 \$1,105.10
	Family 32 \$1,718.58	Family 3 \$1,593.23	Family 4 \$1,568.31	Family 1 \$1,381.38
Monthly Premium	48 \$70,576.16	4 \$6,054.26	5 \$7,527.91	1 \$1,381.38
Estimated Taxes & Fees	<u>Included</u>	<u>Included</u>	<u>Included</u>	<u>Included</u>
Total Monthly Cost	\$70,576.16	\$6,054.26	\$7,527.91	\$1,381.38
Total Annual Cost	\$846,913.95	\$72,651.16	\$90,334.94	\$16,576.53
Difference from Current	-\$30,053.73	-\$3,534.56	-\$1,497.34	-\$1,315.35
% Difference	-3.43%	-4.64%	-1.63%	-7.35%
	# Enrolled	MESSA Renewal Combined Rates	BCBS Combined Rates	
Combined Annual Total	58	\$1,062,877.56	\$1,026,476.58	
Combined Difference			-\$36,400.98	
Combined % Difference			-3.42%	

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

Medical Options - Clinton Community Schools

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

Whole Group - Admin Support/Teachers

	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				
<i>In-Network</i>	\$500/1000	\$500/1000	\$750/1500	\$1000/2000
<i>Out-of-Network</i>	\$1000/2000	\$1000/2000	\$1500/3000	\$2000/4000
Coinsurance				
<i>In-Network</i>	100%	80/20%	80/20%	80/20%
<i>Out-of-Network</i>	80/20%	60/40%	60/40%	60/40%
Coinsurance Maximum				
<i>In-Network</i>	None	\$2500/5000	\$2500/5000	\$2500/5000
<i>Out-of-Network</i>	None	\$5000/10,000	\$5000/10,000	\$5000/10,000
Out-of-Pocket Maximum				
<i>In-Network</i>	None	\$6350/12,700	\$6850/13,700	\$6350/12,700
<i>Out-of-Network</i>	\$2000/4000	\$12,700/25,400	\$13,700/27,400	\$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	<u>Current Rates</u> <u>Renewal Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
Single 8	\$633.07	\$677.81	\$572.86	\$553.73
Two-Person 8	\$1,422.53	\$1,523.21	\$1,374.86	\$1,328.96
Family 32	\$1,769.87	\$1,895.17	\$1,718.58	\$1,661.20
48	\$73,080.64	\$78,253.60	\$70,576.16	\$68,220.01
Estimated Taxes & Fees	<u>Not Included</u>	<u>Included</u>	<u>Included</u>	<u>Included</u>
Total Monthly Cost	\$73,080.64	\$78,253.60	\$70,576.16	\$68,220.01
Total Annual Cost	\$876,967.68	\$939,043.20	\$846,913.95	\$818,640.08
Difference from Current		\$62,075.52	-\$30,053.73	-\$58,327.60
% Difference		7.08%	-3.43%	-6.65%

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

Medical Options - Clinton Community Schools

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

Whole Group - Admin Support / Teachers

	Current / Renewal		Option 4	Option 5	Option 6	Option 7
CARRIER	MESSA - PAK C		Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	ABC Plan 1 - HDHP		Simply Blue HDHP 1250 0%	Simply Blue HDHP 1250 20%	Simply Blue HDHP 2000 0%	Simply Blue HDHP 2000 20%
Plan Type/Network	PPO		PPO	PPO	PPO	PPO
Deductible						
In-Network	\$1300/2600		\$1300/2600	\$1300/2600	\$2000/4000	\$2000/4000
Out-of-Network	\$2600/5200		\$2600/5200	\$2600/5200	\$4000/8000	\$4000/8000
Coinsurance						
In-Network	100%		100%	80/20%	100%	80/20%
Out-of-Network	80/20%		80/20%	60/40%	80/20%	60/40%
Coinsurance Maximum						
In-Network	None		None	None	None	None
Out-of-Network	None		None	None	None	None
Out-of-Pocket Maximum						
In-Network	\$2300/\$4600		\$2250/4500	\$2250/4500	\$3000/6000	\$3000/6000
Out-of-Network	\$4600/9200		\$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.	Subject to ded./coins.
Specialist Office Visit Copay	Subject to ded./coins.		Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Chiropractic Copay	Subject to ded./coins.; 38 visits max.		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.	Subject to ded./coins.
Emergency Room Copay	Subject to ded./coins.		Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Prescription Drugs	Subject to ded., then: ABC Rx		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>Current Rates</u>	<u>Renewal Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
	Single 0	\$569.91	\$605.31	Single 0	\$522.77	\$477.28
	Two-Person 1	\$1,280.45	\$1,360.10	Two-Person 1	\$1,254.65	\$1,145.47
	Family 4	\$1,593.06	\$1,692.18	Family 4	\$1,568.31	\$1,431.83
Monthly Premium	5	\$7,652.69	\$8,128.82	5	\$7,527.91	\$6,872.79
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>		<u>Included</u>	
Total Monthly Cost		\$7,652.69	\$8,128.82	\$7,527.91	\$6,872.79	\$6,630.61
Total Annual Cost		\$91,832.28	\$97,545.84	\$90,334.94	\$82,473.50	\$79,567.36
Difference from Current			\$5,713.56	-\$1,497.34	-\$9,358.78	-\$12,264.92
% Difference			6.22%	-1.63%	-10.19%	-13.36%

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

Medical Options - Clinton Community Schools

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

Whole Group - Admin Support / Teachers

	Current / Renewal		Option 6		Option 7		Option 8		Option 9	
CARRIER	MESSA - PAK D		Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield	
Benefit Plan	ABC Plan 2 - HDHP PPO		Simply Blue HDHP 2000 0% PPO		Simply Blue HDHP 2000 20% PPO		Simply Blue HDHP 3000 0% PPO		Simply Blue HDHP 3000 20% PPO	
Plan Type/Network										
Deductible										
In-Network	\$2000/4000		\$2000/4000		\$2000/4000		\$3000/6000		\$3000/6000	
Out-of-Network	\$4000/8000		\$4000/8000		\$4000/8000		\$6000/12,000		\$6000/12,000	
Coinsurance										
In-Network	100%		100%		80/20%		100%		80/20%	
Out-of-Network	80/20%		80/20%		60/40%		80/20%		60/40%	
Coinsurance Maximum										
In-Network	None		None		None		None		None	
Out-of-Network	None		None		None		None		None	
Out-of-Pocket Maximum										
In-Network	\$3000/6000		\$3000/6000		\$3000/6000		\$4000/8000		\$4000/8000	
Out-of-Network	\$6000/12,000		\$6000/12,000		\$6000/12,000		\$8000/16,000		\$8000/16,000	
Office Visit Copay	Subject to ded./coins.		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.		Subject to ded./coins.	
Chiropractic Copay	Subject to ded./coins.; 38 visits max.		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.		Subject to ded./coins.	
Emergency Room Copay	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.	
Prescription Drugs	Subject to ded., then: ABC Rx		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>Current Rates</u> <u>Renewal Rates</u>		<u>Rates</u>		<u>Rates</u>		<u>Rates</u>		<u>Rates</u>	
Single 0	\$533.47	\$566.60	Single 0	\$460.46	Single 0	\$423.92	Single 0	\$422.52	Single 0	\$392.88
Two-Person 0	\$1,198.43	\$1,272.99	Two-Person 0	\$1,105.10	Two-Person 0	\$1,017.41	Two-Person 0	\$1,014.06	Two-Person 0	\$942.92
Family 1	\$1,490.99	\$1,583.78	Family 1	\$1,381.38	Family 1	\$1,271.76	Family 1	\$1,267.57	Family 1	\$1,178.65
1	\$1,490.99	\$1,583.78	1	\$1,381.38	1	\$1,271.76	1	\$1,267.57	1	\$1,178.65
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>	
Total Monthly Cost	\$1,490.99	\$1,583.78	\$1,381.38	\$1,381.38	\$1,271.76	\$1,271.76	\$1,267.57	\$1,267.57	\$1,178.65	\$1,178.65
Total Annual Cost	\$17,891.88	\$19,005.36	\$16,576.53	\$16,576.53	\$15,261.09	\$15,261.09	\$15,210.88	\$15,210.88	\$14,143.80	\$14,143.80
Difference from Current	\$1,113.48		-\$1,315.35		-\$2,630.79		-\$2,681.00		-\$3,748.08	
% Difference	6.22%		-7.35%		-14.70%		-14.98%		-20.95%	

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

Medical Options - Clinton Community Schools

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

Whole Group - Admin Support / Teachers

CARRIER	Current / Renewal		Option 8		Option 9		Option 10		
	MESSA - PAK D		Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield		
Benefit Plan	ABC Plan 2 - HDHP PPO		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>	\$2000/4000		\$3000/6000		\$3000/6000		\$3500/7000		
<i>Out-of-Network</i>	\$4000/8000		\$6000/12,000		\$6000/12,000		\$7000/14,000		
Coinsurance									
<i>In-Network</i>	100%		100%		80/20%		100%		
<i>Out-of-Network</i>	80/20%		80/20%		60/40%		80/20%		
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>	\$3000/6000		\$4000/8000		\$4000/8000		\$4500/9000		
<i>Out-of-Network</i>	\$6000/12,000		\$8000/16,000		\$8000/16,000		\$9000/18,000		
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.; 38 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: ABC Rx		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	Current Rates		Renewal Rates		Rates		Rates		
	Single 0	\$533.47	\$566.60	Single 0	\$422.52	Single 0	\$392.88	Single 0	\$403.57
	Two-Person 0	\$1,198.43	\$1,272.99	Two-Person 0	\$1,014.06	Two-Person 0	\$942.92	Two-Person 0	\$968.56
	Family 1	\$1,490.99	\$1,583.78	Family 1	\$1,267.57	Family 1	\$1,178.65	Family 1	\$1,210.70
Monthly Premium	1	\$1,490.99	\$1,583.78	1	\$1,267.57	1	\$1,178.65	1	\$1,210.70
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>		
Total Monthly Cost		\$1,490.99	\$1,583.78		\$1,267.57		\$1,178.65		\$1,210.70
Total Annual Cost		\$17,891.88	\$19,005.36		\$15,210.88		\$14,143.80		\$14,528.44
<i>Difference from Current</i>			\$1,113.48		-\$2,681.00		-\$3,748.08		-\$3,363.44
<i>% Difference</i>			6.22%		-14.98%		-20.95%		-18.80%

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

Medical Options - Clinton Community Schools

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

Whole Group - Admin Support / Teachers

	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	Choices 1000		Simply Blue 500		Simply Blue 750		Simply Blue 1000		
Plan Type/Network	PPO		PPO		PPO		PPO		
Deductible									
<i>In-Network</i>	\$1000/2000		\$500/1000		\$750/1500		\$1000/2000		
<i>Out-of-Network</i>	\$2000/4000		\$1000/2000		\$1500/3000		\$2000/4000		
Coinsurance									
<i>In-Network</i>	100%		80/20%		80/20%		80/20%		
<i>Out-of-Network</i>	80/20%		60/40%		60/40%		60/40%		
Coinsurance Maximum									
<i>In-Network</i>	None		\$2500/5000		\$2500/5000		\$2500/5000		
<i>Out-of-Network</i>	None		\$5000/10,000		\$5000/10,000		\$5000/10,000		
Out-of-Pocket Maximum									
<i>In-Network</i>	\$2000/4000		\$6350/12,700		\$6850/13,700		\$6350/12,700		
<i>Out-of-Network</i>	\$4000/8000		\$12,700/25,400		\$13,700/27,400		\$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									
		<u>Current Rates</u>	<u>Renewal Rates</u>		<u>Rates</u>		<u>Rates</u>		
	Single 0	\$597.06	\$639.27	Single 0	\$572.86	Single 0	\$553.73	Single 0	\$531.08
	Two-Person 1	\$1,341.54	\$1,436.49	Two-Person 1	\$1,374.86	Two-Person 1	\$1,328.96	Two-Person 1	\$1,274.58
	Family 3	\$1,669.09	\$1,787.24	Family 3	\$1,718.58	Family 3	\$1,661.20	Family 3	\$1,593.23
Monthly Premium	4	\$6,348.81	\$6,798.21	4	\$6,530.59	4	\$6,312.57	4	\$6,054.26
Estimated Taxes & Fees		<u>Not Included</u>	<u>Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>
Total Monthly Cost		\$6,348.81	\$6,798.21		\$6,530.59		\$6,312.57		\$6,054.26
Total Annual Cost		\$76,185.72	\$81,578.52		\$78,367.04		\$75,750.79		\$72,651.16
Difference from Current			\$5,392.80		\$2,181.32		-\$434.93		-\$3,534.56
% Difference			7.08%		2.86%		-0.57%		-4.64%

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

Clinton Community Schools
Teachers

Medical Options - Clinton Community Schools

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

Teachers

	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								
<i>In-Network</i>	\$500/1000		\$500/1000		\$750/1500		\$1000/2000	
<i>Out-of-Network</i>	\$1000/2000		\$1000/2000		\$1500/3000		\$2000/4000	
Coinsurance								
<i>In-Network</i>	100%		80/20%		80/20%		80/20%	
<i>Out-of-Network</i>	80/20%		60/40%		60/40%		60/40%	
Coinsurance Maximum								
<i>In-Network</i>	None		\$2500/5000		\$2500/5000		\$2500/5000	
<i>Out-of-Network</i>	None		\$5000/10,000		\$5000/10,000		\$5000/10,000	
Out-of-Pocket Maximum								
<i>In-Network</i>	None		\$6350/12,700		\$6850/13,700		\$6350/12,700	
<i>Out-of-Network</i>	\$2000/4000		\$12,700/25,400		\$13,700/27,400		\$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								
		<u>Current Rates</u>	<u>Renewal Rates</u>		<u>Rates</u>		<u>Rates</u>	
Single 6		\$633.07	\$677.81	Single 6	\$506.50	Single 6	\$489.52	\$469.42
Two-Person 3		\$1,422.53	\$1,523.21	Two-Person 3	\$1,215.60	Two-Person 3	\$1,174.86	\$1,126.62
Family 26		\$1,769.87	\$1,895.17	Family 26	\$1,519.50	Family 26	\$1,468.57	\$1,408.27
Monthly Premium	35	\$54,082.63	\$57,910.91	35	\$46,192.70	35	\$44,644.56	\$42,811.46
Estimated Taxes & Fees		<u>Not Included</u>	<u>Included</u>		<u>Included</u>		<u>Included</u>	<u>Included</u>
Total Monthly Cost		\$54,082.63	\$57,910.91		\$46,192.70		\$44,644.56	\$42,811.46
Total Annual Cost		\$648,991.56	\$694,930.92		\$554,312.39		\$535,734.72	\$513,737.55
Difference from Current			\$45,939.36		-\$94,679.17		-\$113,256.84	-\$135,254.01
% Difference			7.08%		-14.59%		-17.45%	-20.84%

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

Medical Options - Clinton Community Schools

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

Teachers

	Current / Renewal		Option 4		Option 5		Option 6		Option 7	
CARRIER	MESSA - PAK C		Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield		Blue Cross Blue Shield	
Benefit Plan	ABC Plan 1 - HDHP PPO		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		\$1300/2600		\$2000/4000		\$2000/4000	
<i>Out-of-Network</i>	\$2600/5200		\$2600/\$5200		\$2600/\$5200		\$4000/8000		\$4000/8000	
Coinsurance										
<i>In-Network</i>	100%		100%		80/20%		100%		80/20%	
<i>Out-of-Network</i>	80/20%		80/20%		60/40%		80/20%		60/40%	
Coinsurance Maximum										
<i>In-Network</i>	None		None		None		None		None	
<i>Out-of-Network</i>	None		None		None		None		None	
Out-of-Pocket Maximum										
<i>In-Network</i>	\$2300/\$4600		\$2250/4500		\$2250/4500		\$3000/6000		\$3000/6000	
<i>Out-of-Network</i>	\$4600/9200		\$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.		Subject to ded./coins.	
Specialist Office Visit Copay	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.	
Chiropractic Copay	Subject to ded./coins.; 38 visits max.		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.		Subject to ded./coins.	
Emergency Room Copay	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.	
Prescription Drugs	Subject to ded., then: ABC Rx		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	Current Rates		Renewal Rates		Rates		Rates		Rates	
Single 0	\$569.91	\$605.31	Single 0	\$462.94	Single 0	\$422.46	Single 0	\$407.74	Single 0	\$375.25
Two-Person 1	\$1,280.45	\$1,360.10	Two-Person 1	\$1,111.07	Two-Person 1	\$1,013.91	Two-Person 1	\$978.58	Two-Person 1	\$900.59
Family 4	\$1,593.06	\$1,692.18	Family 4	\$1,388.83	Family 4	\$1,267.38	Family 4	\$1,223.22	Family 4	\$1,125.74
5	\$7,652.69	\$8,128.82	5	\$6,666.40	5	\$6,083.45	5	\$5,871.47	5	\$5,403.57
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>	
Total Monthly Cost	\$7,652.69		\$8,128.82		\$6,666.40		\$6,083.45		\$5,871.47	
Total Annual Cost	\$91,832.28		\$97,545.84		\$79,996.76		\$73,001.37		\$64,842.80	
Difference from Current			\$5,713.56		-\$11,835.52		-\$18,830.91		-\$21,374.69	
% Difference			6.22%		-12.89%		-20.51%		-23.28%	

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

Medical Options - Clinton Community Schools

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

Teachers

	Current / Renewal	Option 6	Option 7
CARRIER	MESSA - PAK D	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	ABC Plan 2 - HDHP	Simply Blue HDHP 2000 0%	Simply Blue HDHP 2000 20%
Plan Type/Network	PPO	PPO	PPO
Deductible			
<i>In-Network</i>	\$2000/4000	\$2000/4000	\$2000/4000
<i>Out-of-Network</i>	\$4000/8000	\$4000/8000	\$4000/8000
Coinsurance			
<i>In-Network</i>	100%	100%	80/20%
<i>Out-of-Network</i>	80/20%	80/20%	60/40%
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>	\$3000/6000	\$3000/6000	\$3000/6000
<i>Out-of-Network</i>	\$6000/12,000	\$6000/12,000	\$6000/12,000
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.; 38 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: ABC Rx	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)
Rate	<u>Current Rates</u> <u>Renewal Rates</u>	<u>Rates</u>	<u>Rates</u>
Single 0	\$533.47	\$566.60	\$375.25
Two-Person 0	\$1,198.43	\$1,272.99	\$900.59
Family 1	\$1,490.99	\$1,583.78	\$1,125.74
1	\$1,490.99	\$1,583.78	\$1,125.74
Monthly Premium			
Estimated Taxes & Fees	<u>Not Included</u>	<u>Included</u>	<u>Included</u>
Total Monthly Cost	\$1,490.99	\$1,583.78	\$1,223.22
Total Annual Cost	\$17,891.88	\$19,005.36	\$14,678.66
Difference from Current		\$1,113.48	-\$3,213.22
% Difference		6.22%	-17.96%

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

Medical Options - Clinton Community Schools

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

Teachers

	Current / Renewal	Option 8	Option 9	Option 10
CARRIER	MESSA - PAK D	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	ABC Plan 2 - HDHP	Simply Blue HDHP 3000 0%	Simply Blue HDHP 3000 20%	Simply Blue HDHP 3500 0%
Plan Type/Network	PPO	PPO	PPO	PPO
Deductible				
<i>In-Network</i>	\$2000/4000	\$3000/6000	\$3000/6000	\$3500/7000
<i>Out-of-Network</i>	\$4000/8000	\$6000/12,000	\$6000/12,000	\$7000/14,000
Coinsurance				
<i>In-Network</i>	100%	100%	80/20%	100%
<i>Out-of-Network</i>	80/20%	80/20%	60/40%	80/20%
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>	\$3000/6000	\$4000/8000	\$4000/8000	\$4500/9000
<i>Out-of-Network</i>	\$6000/12,000	\$8000/16,000	\$8000/16,000	\$9000/18,000
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.; 38 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: ABC Rx	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>Current Rates</u> <u>Renewal Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
Single 0	\$533.47	\$374.15	\$347.79	\$357.35
Two-Person 0	\$1,198.43	\$897.95	\$834.69	\$857.64
Family 1	\$1,490.99	\$1,122.44	\$1,043.36	\$1,072.05
1	\$1,490.99	\$1,122.44	\$1,043.36	\$1,072.05
Estimated Taxes & Fees	<u>Not Included</u>	<u>Included</u>	<u>Included</u>	<u>Included</u>
Total Monthly Cost	\$1,490.99	\$1,122.44	\$1,043.36	\$1,072.05
Total Annual Cost	\$17,891.88	\$19,005.36	\$12,520.35	\$12,864.59
<i>Difference from Current</i>		\$1,113.48	-\$4,422.60	-\$5,027.29
<i>% Difference</i>		6.22%	-24.72%	-30.02%

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

Medical Options - Clinton Community Schools

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

Teachers

	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	Choices 1000		Simply Blue 500		Simply Blue 750		Simply Blue 1000	
Plan Type/Network	PPO		PPO		PPO		PPO	
Deductible								
<i>In-Network</i>	\$1000/2000		\$500/1000		\$750/1500		\$1000/2000	
<i>Out-of-Network</i>	\$2000/4000		\$1000/2000		\$1500/3000		\$2000/4000	
Coinsurance								
<i>In-Network</i>	100%		80/20%		80/20%		80/20%	
<i>Out-of-Network</i>	80/20%		60/40%		60/40%		60/40%	
Coinsurance Maximum								
<i>In-Network</i>	None		\$2500/5000		\$2500/5000		\$2500/5000	
<i>Out-of-Network</i>	None		\$5000/10,000		\$5000/10,000		\$5000/10,000	
Out-of-Pocket Maximum								
<i>In-Network</i>	\$2000/4000		\$6350/12,700		\$6850/13,700		\$6350/12,700	
<i>Out-of-Network</i>	\$4000/8000		\$12,700/25,400		\$13,700/27,400		\$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	<u>Current Rates</u>		<u>Renewal Rates</u>		<u>Rates</u>		<u>Rates</u>	
	Single 0	\$597.06	\$639.27	Single 0	\$506.50	\$489.52	Single 0	\$469.42
	Two-Person 1	\$1,341.54	\$1,436.49	Two-Person 1	\$1,215.60	\$1,174.86	Two-Person 1	\$1,126.62
	Family 3	\$1,669.09	\$1,787.24	Family 3	\$1,519.50	\$1,468.57	Family 3	\$1,408.27
Monthly Premium	4	\$6,348.81	\$6,798.21	4	\$5,774.09	\$5,580.57	4	\$5,351.43
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>	<u>Included</u>		<u>Included</u>	<u>Included</u>	
Total Monthly Cost		\$6,348.81	\$6,798.21		\$5,774.09	\$5,580.57		\$5,351.43
Total Annual Cost		\$76,185.72	\$81,578.52		\$69,289.05	\$66,966.84		\$64,217.19
Difference from Current			\$5,392.80		-\$6,896.67	-\$9,218.88		-\$11,968.53
% Difference			7.08%		-9.05%	-12.10%		-15.71%

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

Clinton Communtiy Schools
Administration Support

Medical Options - Clinton Community Schools

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

Administration Support

	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									
<i>In-Network</i>	\$500/1000		\$500/1000		\$750/1500		\$1000/2000		
<i>Out-of-Network</i>	\$1000/2000		\$1000/2000		\$1500/3000		\$2000/4000		
Coinsurance									
<i>In-Network</i>	100%		80/20%		80/20%		80/20%		
<i>Out-of-Network</i>	80/20%		60/40%		60/40%		60/40%		
Coinsurance Maximum									
<i>In-Network</i>	None		\$2500/5000		\$2500/5000		\$2500/5000		
<i>Out-of-Network</i>	None		\$5000/10,000		\$5000/10,000		\$5000/10,000		
Out-of-Pocket Maximum									
<i>In-Network</i>	None		\$6350/12,700		\$6850/13,700		\$6350/12,700		
<i>Out-of-Network</i>	\$2000/4000		\$12,700/25,400		\$13,700/27,400		\$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	<u>Current Rates</u> <u>Renewal Rates</u>		<u>Rates</u>		<u>Rates</u>		<u>Rates</u>		
	Single 2	\$633.07	\$677.81	Single 2	\$673.30	Single 2	\$650.90	Single 2	\$624.36
	Two-Person 5	\$1,422.53	\$1,523.21	Two-Person 5	\$1,615.93	Two-Person 5	\$1,562.16	Two-Person 5	\$1,498.47
	Family 6	\$1,769.87	\$1,895.17	Family 6	\$2,019.91	Family 6	\$1,952.69	Family 6	\$1,873.08
Monthly Premium	13	\$18,998.01	\$20,342.69	13	\$21,545.75	13	\$20,828.75	13	\$19,979.54
Estimated Taxes & Fees		<u>Not Included</u>	<u>Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>
Total Monthly Cost		\$18,998.01	\$20,342.69		\$21,545.75		\$20,828.75		\$19,979.54
Total Annual Cost		\$227,976.12	\$244,112.28		\$258,549.03		\$249,944.95		\$239,754.54
<i>Difference from Current</i>			\$16,136.16		\$30,572.91		\$21,968.83		\$11,778.42
<i>% Difference</i>			7.08%		13.41%		9.64%		5.17%

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

Medical Options - Clinton Community Schools

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

Administration Support

	Current / Renewal	Option 4	Option 5
CARRIER	MESSA - PAK C	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	ABC Plan 1 - HDHP	Simply Blue HDHP 1250 0%	Simply Blue HDHP 1250 20%
Plan Type/Network	PPO	PPO	PPO
Deductible			
<i>In-Network</i>	\$1300/2600	\$1300/2600	\$1300/2600
<i>Out-of-Network</i>	\$2600/5200	\$2600/5200	\$2600/5200
Coinsurance			
<i>In-Network</i>	100%	100%	80/20%
<i>Out-of-Network</i>	80/20%	80/20%	60/40%
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>	\$2300/\$4600	\$2250/4500	\$2250/4500
<i>Out-of-Network</i>	\$4600/9200	\$4500/9000	\$4500/9000
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.; 38 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: ABC Rx	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)
Rate	<u>Current Rates</u> <u>Renewal Rates</u>	<u>Rates</u>	<u>Rates</u>
Single 0	\$569.91	\$605.31	\$560.28
Two-Person 0	\$1,280.45	\$1,360.10	\$1,344.66
Family 1	\$1,593.06	\$1,692.18	\$1,680.83
1	\$1,593.06	\$1,692.18	\$1,680.83
Estimated Taxes & Fees	<u>Not Included</u>	<u>Included</u>	<u>Included</u>
Total Monthly Cost	\$1,593.06	\$1,692.18	\$1,680.83
Total Annual Cost	\$19,116.72	\$20,306.16	\$20,169.95
<i>Difference from Current</i>		\$2,965.82	\$1,053.23
<i>% Difference</i>		6.22%	5.51%

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

Medical Options - Clinton Community Schools

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

Administration Support

CARRIER	Current / Renewal		Option 6		Option 7	
CARRIER	MESSA - PAK C		Blue Cross Blue Shield		Blue Cross Blue Shield	
Benefit Plan	ABC Plan 1 - HDHP		Simply Blue HDHP 2000 0%		Simply Blue HDHP 2000 20%	
Plan Type/Network	PPO		PPO		PPO	
Deductible						
<i>In-Network</i>	\$1300/2600		\$2000/4000		\$2000/4000	
<i>Out-of-Network</i>	\$2600/5200		\$4000/8000		\$4000/8000	
Coinsurance						
<i>In-Network</i>	100%		100%		80/20%	
<i>Out-of-Network</i>	80/20%		80/20%		60/40%	
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>	\$2300/\$4600		\$3000/6000		\$3000/6000	
<i>Out-of-Network</i>	\$4600/9200		\$6000/12,000		\$6000/12,000	
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.; 38 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: ABC Rx		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)	
Rate						
		<u>Current Rates</u>	<u>Renewal Rates</u>		<u>Rates</u>	
	Single 0	\$569.91	\$605.31	Single 0	\$540.31	\$497.62
	Two-Person 0	\$1,280.45	\$1,360.10	Two-Person 0	\$1,296.75	\$1,194.28
	Family 1	\$1,593.06	\$1,692.18	Family 1	\$1,620.94	\$1,492.85
Monthly Premium	1	\$1,593.06	\$1,692.18	1	\$1,620.94	\$1,492.85
Estimated Taxes & Fees		<u>Not Included</u>	<u>Included</u>		<u>Included</u>	<u>Included</u>
Total Monthly Cost		\$1,593.06	\$1,692.18		\$1,620.94	\$1,492.85
Total Annual Cost		\$19,116.72	\$20,306.16		\$19,451.27	\$17,914.25
<i>Difference from Current</i>			\$1,189.44		\$334.55	-\$1,202.47
<i>% Difference</i>			6.22%		1.75%	-6.29%

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

Medical Options - Clinton Community Schools

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

Administration Support

	Current / Renewal	Option 8	Option 9	Option 10
CARRIER	MESSA - PAK C	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	ABC Plan 1 - HDHP	Simply Blue HDHP 3000 0%	Simply Blue HDHP 3000 20%	Simply Blue HDHP 3500 0%
Plan Type/Network	PPO	PPO	PPO	PPO
Deductible				
<i>In-Network</i>	\$1300/2600	\$3000/6000	\$3000/6000	\$3500/7000
<i>Out-of-Network</i>	\$2600/5200	\$6000/12,000	\$6000/12,000	\$7000/14,000
Coinsurance				
<i>In-Network</i>	100%	100%	80/20%	100%
<i>Out-of-Network</i>	80/20%	80/20%	60/40%	80/20%
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>	\$2300/\$4600	\$4000/8000	\$4000/8000	\$4500/9000
<i>Out-of-Network</i>	\$4600/9200	\$8000/16,000	\$8000/16,000	\$9000/18,000
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.; 38 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: ABC Rx	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>Current Rates</u> <u>Renewal Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
Single 0	\$569.91	\$495.81	\$461.19	\$473.57
Two-Person 0	\$1,280.45	\$1,189.96	\$1,106.86	\$1,136.56
Family 1	\$1,593.06	\$1,487.44	\$1,383.58	\$1,420.70
Monthly Premium	1 \$1,593.06	1 \$1,487.44	1 \$1,383.58	1 \$1,420.70
Estimated Taxes & Fees	<u>Not Included</u>	<u>Included</u>	<u>Included</u>	<u>Included</u>
Total Monthly Cost	\$1,593.06	\$1,487.44	\$1,383.58	\$1,420.70
Total Annual Cost	\$19,116.72	\$20,306.16	\$17,849.33	\$17,048.36
<i>Difference from Current</i>		-\$1,189.44	-\$2,513.76	-\$2,068.36
<i>% Difference</i>		-6.63%	-13.15%	-10.82%

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

Medical Options - Clinton Community Schools

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

Administration Support

	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	Choices 1000		Simply Blue 500		Simply Blue 750		Simply Blue 1000	
Plan Type/Network	PPO		PPO		PPO		PPO	
Deductible								
<i>In-Network</i>	\$1000/2000		\$500/1000		\$750/1500		\$1000/2000	
<i>Out-of-Network</i>	\$2000/4000		\$1000/2000		\$1500/3000		\$2000/4000	
Coinsurance								
<i>In-Network</i>	100%		80/20%		80/20%		80/20%	
<i>Out-of-Network</i>	80/20%		60/40%		60/40%		60/40%	
Coinsurance Maximum								
<i>In-Network</i>	None		\$2500/5000		\$2500/5000		\$2500/5000	
<i>Out-of-Network</i>	None		\$5000/10,000		\$5000/10,000		\$5000/10,000	
Out-of-Pocket Maximum								
<i>In-Network</i>	\$2000/4000		\$6350/12,700		\$6850/13,700		\$6350/12,700	
<i>Out-of-Network</i>	\$4000/8000		\$12,700/25,400		\$13,700/27,400		\$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								
	<u>Current Rates</u>	<u>Renewal Rates</u>		<u>Rates</u>		<u>Rates</u>		<u>Rates</u>
Single 0	\$597.06	\$639.27	Single 0	\$673.30	Single 0	\$650.90	Single 0	\$624.36
Two-Person 1	\$1,341.54	\$1,436.49	Two-Person 1	\$1,615.93	Two-Person 1	\$1,562.16	Two-Person 1	\$1,498.47
Family 1	\$1,669.09	\$1,787.24	Family 1	\$2,019.91	Family 1	\$1,952.69	Family 1	\$1,873.08
2	\$3,010.63	\$3,223.73	2	\$3,635.85	2	\$3,514.85	2	\$3,371.55
Estimated Taxes & Fees	<u>Not Included</u>	<u>Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>
Total Monthly Cost	\$3,010.63	\$3,223.73		\$3,635.85		\$3,514.85		\$3,371.55
Total Annual Cost	\$36,127.56	\$38,684.76		\$43,630.15		\$42,178.21		\$40,458.58
<i>Difference from Current</i>		\$2,557.20		\$7,502.59		\$6,050.65		\$4,331.02
<i>% Difference</i>		7.08%		20.77%		16.75%		11.99%

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