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, 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,

C.g. Farmer

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

Todd Gentner Client Executive

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



G roducts & 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



r 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.

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

Client Advocate

Todd Gentner Todd.gentner@kapnick.com

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

www.kapnick.com



Blue Cross-Blue Shield

Émployer 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



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Employee Customer Service Website



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	Α
LIFE/AD&D, DISABILITY, WORKPLACE	
Guardian	A++
Fort Dearborn	\mathbf{A}^+
Lincoln Financial Group	A+
UNUM	А

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

	Cur	rent / Renewal	even character	C C	urrent / Renewal	Statistical and the second		Current / Renewa		C	urrent / Renewal		
CARRIER	ME	SSA - PAK A		N	IESSA - PAK C			MESSA - PAK D		N	IESSA - PAK E		
Benefit Plan	(Choices 500		AB	C Plan 1 - HDHI	0		ABC Plan 2 - HDH	P		Choices 1000		
Plan Type/Network		PPO			PPO			PPO			PPO		
Deductible								*****			\$1000/2000		
In-Network		\$500/1000			\$1300/2600	6	\$2000/4000 \$4000/8000			\$1000/2000 \$2000/4000			
Out-of-Network	3	\$1000/2000		\$2600/5200				\$4000/6000		\$2000/4000			
Coinsurance In-Network		100%		100%				100%			100%		
Out-of-Network		80/20%		80/20%				80/20%			80/20%		
Coinsurance Maximum		00/2070		00/20/10									
In-Network		None		None				None			None		
Out-of-Network		None		None				None			None		
Out-of-Pocket Maximum				00000000000							£0000/4000		
In-Network		None			\$2300/\$4600			\$3000/6000			\$2000/4000 \$4000/8000		
Out-of-Network	5	\$2000/4000		0.1	\$4600/9200	-		\$6000/12,000 Subject to ded./coir			\$4000/8000 \$20		
Office Visit Copay		\$20 \$20		Subject to ded./coins.				Subject to ded./coil			\$20		
Specialist Office Visit Chiropractic Copay	100% offe		may	Subject to ded./coins. Subject to ded./coins.; 38 visits max.				to ded./coins.; 38 v		عدت 100% after ded.; 38 visits max.			
Urgent Care Copay	100% arte	100% after ded.; 38 visits max. \$25			Subject to ded./coins.			Subject to ded./coins.			\$25		
Emergency Room Copay	\$25 \$50				ject to ded./coin			Subject to ded./coil			\$50		
Emergeney room copey		\$50											
War to and the set				Subject to ded., then:				Subject to ded., the	en:		Saver Rx		
Prescription Drugs		Saver Rx		ABC Rx				ABC Rx			Saver rx		
				, 20 Ha									
A.M. Best Rating		-			-		-				8 <u>5</u>		
Rate	9	Current Rates F	Renewal Rates		Current Rates F							Renewal Rates	
	Single 8	\$633.07	\$677.81	Single 0	\$569.91	\$605.31	Single	0 \$533.47	\$566.60		\$597.06	\$639.27	
	Two-Person 8	\$1,422.53		Two-Person 1	\$1,280.45		Two-Person			Two-Person 1	\$1,341.54 \$1.669.09	\$1,436.49 \$1,787.24	
	Family 32	\$1,769.87	\$1,895.17	Family <u>4</u>	\$1,593.06	\$1,692.18	Family	<u>1</u> \$1,490.99	\$1,583.78	Family <u>3</u>	\$1,009.09	\$1,707.24	
	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	
Monthly Premium Estimated Taxes & Fees	40	Not Included	Included	5	Not Included	Included		Not Included	27. 05		Not Included	Included	
Total Monthly Cost		\$73,080.64	\$78,253.60		\$7.652.69	\$8,128.82		\$1,490.99			\$6,348.81	\$6,798.21	
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	
Difference			\$62,075.52			\$5,713.56			\$1,113.48			\$5,392.80	
% Difference			7.08%			6.22%			6.22%			7.08%	
% Difference		and the state of the second	1.00/1		COLUMN A DESIGNATION	# Enrolled	C	ombined Current	Rate	Com	bined Renewal R	Rate	
Combined Annual Total						58		\$1,062,877.56			\$1,137,172.92		
											\$74,295.36		
Combined Difference											6.99%		
Combined % Difference	the second second second			State of Children	NO. IN THE R. L.	ALC: NO DE LA CONTRACT			The second second second	Carl Carl and and and and a	010070		

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). - e---

2017 GROUP PRODUCT FAMILY OVERVIEW



Blue Cross Blue Shield Blue Care Network of Michigan

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-ofpocket 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 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.

phone 248.356.8585 • fax 248.356.8589 • www.actionbenefits.com • 26533 Evergreen Rd., Suite 400, Southfield, MI 48076 Benefits Action Benefits is an Authorized Managing Agent for Blue Cross Blue Shield of Michigan and Blue Care Network. Blue Cross 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 PPO Platinum \$0	\$0	10%	\$1,000	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue sm	Community Blue ^s PPO Platinum \$250	\$250	20%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
ommuni	Community Blue ^s PPO Platinum \$500	\$500	10%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
o	Community Blue sm PPO Gold \$1,000	\$1,000	20%	\$3,500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$10/\$40/\$80
Blue	Community Blue HRA ^s PPO Platinum \$1,500	\$1,500	20%	\$1,500	\$6,350	\$1.250	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue HRA ^{sk}	Community Blue HRA sm PPO Gold \$3,000	\$3,000	20%	\$1,500	\$6,600	\$750	\$30/\$30/\$60/\$150	\$5/\$40/\$80
Соп	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 PPO Platinum \$250	\$250	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
	Simply Blue ^s PPO Gold \$500	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/ <mark>\$250</mark>	\$15/\$50/50%/20%/25%
e	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 ^{sw}	Simply Blue ^s PPO Gold \$1,500	\$1,500	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
Idmi	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%
S	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 PPO Platinum \$5,000	\$5,000	30%	N/A	\$6,350	\$3,500	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
Brue HRASM	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 Bru	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%
ŝ	Simply Blue HRA ^s M 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 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%
ue HSA ^{sw}	Simply Blue HSA sM PPO Gold \$2,700	\$2,700	0%	N/A	\$5,000	\$700	Deductible/ Coinsurance	Ded. & \$15/\$50/50%/20%/25%
ā	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	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 ^s PPO Bronze \$6,350	\$6,350	0%	N/A	\$6,350	N/A	Deductible/ Coinsurance	Deductible/ Coinsurance
Simply Blue ^{sw} Routine Care	Simply Blue ^s 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 Routin	Simply Blue ^s 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 Enh.	\$250	20%	\$500	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
Blue /e ^{sw}	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 sM	Healthy Blue Enh.	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/ \$250	\$15/\$50/50%/20%/25%
A	Achieve ^s PPO				\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
	Gold \$500 Stand.	\$2,000	40%	N/A	φ0,000	I N/A	φ40/φ00/φ00/φ250	φ20/φ00/00/01/20/01/20/01/20/01

*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.
 Rev. 7/25/16
 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 ^s 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 ^s PPO 12-0%	\$1,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
Blue	Community Blue sM PPO 12-20%	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
unity	Community Blue sM PPO 14-20%	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
Community Blue ^{sa}	Community Blue ^s PPO 15-0% \$2,500	\$2,500	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
õ	Community Blue sM PPO 15-20% \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
1-24	Community Blue ^{sм} PPO 15-0% \$5,000	\$5,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue ^s 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 ^s PPO \$250	\$250	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply Blue ^s 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
Blue ^s	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
Sir	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
	Simply Blue sM PPO \$4,000	\$4,000	N/A	30%	\$6,350	\$30 (\$40)	\$150
-	Simply Blue HRA ^s PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
HREAS	Simply Blue HRA ^s PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Blue	Simply Blue HRA ^s PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Simply Blue HRAS	Simply Blue HRA ^s PPO \$4,000	\$4,000	N/A	20%	\$6,350	\$30 (\$40)	\$150
Sir	Simply Blue HRA ^s PPO \$5,000	\$5,000	N/A	20%	\$6,600	\$30 (\$40)	\$150
	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.
WSASM .	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 Bl	Simply Blue HSA ^s PPO \$3,000-0%	\$3,000	N/A	0%	\$4,000	Ded./Coins.	Ded./Coins.
Simply	Simply Blue HSA [™] PPO \$3,000-20%	\$3,000	N/A	20%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA ^s PPO \$3,500-0%	\$3,500	N/A	0%	\$4,500	Ded./Coins.	Ded./Coins.
	Simply Blue HSA ^s PPO \$3,500-20%	\$3,500	N/A	20%	\$4,500	Ded./Coins.	Ded./Coins.
Ξ 0	Simply Blue sM Routine Care PPO \$1,000	\$1,000	\$2,500	20%	\$6,600	\$30	Ded./Coins.
Simply Blue ^{see} Routine Care	Simply Blue sM Routine Care PPO \$1,500	\$1,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
mply	Simply Blue sM Routine Care PPO \$2,500	\$2,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
in a	Simply Blue ^s Routine Care PPO \$4,000	\$4,000	N/A	30%	\$6,600	\$30	Ded./Coins.
E SE	Simply Blue HSA ^s \$4,000-50% w/Rx	\$4,000	N/A	50%	\$6,350	N/A	N/A
Minimum Value Plans	Simply Blue HSA ^s \$6,350-0% w/Rx	\$6,350	N/A	0%	\$6,350	N/A	N/A
Mi	Simply Blue ^{sм} \$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 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.)

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 NI	ETWORK •	LARGE GROUP OPTIONS	(51-100 ELIGIBLE EMPLOYEES)
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	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	
	BCN HMO ^{sм} 20%		\$0	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150	1
	BCN HMO ^s 30%		\$0	30%	\$5,500	\$6,600	\$30/\$40/\$35/\$150	
	BCN HMO ^s \$500/0%	, o	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150	
	BCN HMO sm \$500/109	%	\$500	10%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	1
	BCN HMO sm \$1,000/20	1%	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
	BCN HMO ^{sм} \$1,000/30	1%	\$1,000	30%	\$3,000	\$6,600	\$20/\$40/\$50/\$150	1
a a	BCN HMO sM \$1,500/20%/\$5	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	500 ECM	\$1,500	20%	\$1,500	\$6,600	\$20/\$40/\$50/\$150	
BCN	BCN HMO sm \$2,000/20%/\$5	1000 C 1000 C	\$2,000	20%	\$500	\$6,350	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
	BCN HMO sM \$2,000/20%/\$4,0		\$2,000	20%	\$4,000	\$6,350	\$30/\$50/\$50/\$150	\$10,\$00,\$00,\$00,\$00,20,020,020,0
	BCN HMO ^s \$2,000/30%/\$1,0		\$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	- (Select One)
	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 \$4,000/20		\$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 \$1,300/20	Manual and a second	\$1,300	20%	N/A	\$2,300	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%
	BCN HSA ^s HMO \$1,350/20 BCN HSA ^s HMO \$1,350/09	Di BARTANA ANDARAM	\$1,350	0%	N/A	\$2,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
	BCN HSA SM HMO \$2,700		\$2,700	0%	N/A	\$5,000	Ded./Coins.	\$6/\$25/\$50/\$80/20%/20%
53	BCN HSA SM HMO \$2,700 BCN HSA SM HMO \$2,700		\$2,700	20%	N/A	\$5,000	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%
HSA ^{sw} HMO				0%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
SA SM	BCN HSA SM HMO \$3,000		\$3,000	20%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
CNH	BCN HSA SM HMO \$3,000		\$3,000		N/A N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
Ĵ	BCN HSA sM HMO \$3,000		\$3,000	30%			Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
	BCN HSA SM HMO \$4,000		\$4,000	20%	N/A	\$6,350 \$6,450	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
	BCN HSA sM HMO \$4,500	Section of the sectio	\$4,500	30%	N/A		Ded./Coins.	Deductible
	BCN HSA ^s HMO \$6,350		\$6,350	0%	N/A	\$6,350		
Routine Care	BCN Routine Care ^s HMO	\$1,500	\$1,500	30%	N/A	\$6,350	\$40/Ded./Ded./Ded.	\$10/\$30/\$60/\$80/220%
Roi	BCN Routine Care ^{sм} HMO	\$3,000	\$3,000	20%	N/A	\$5,000	\$30/Ded./Ded./Ded.	\$6/\$25/\$60/\$80/20%/20%
m	BCN HMO sm \$1,500/20	0%	\$1,500	20%	N/A	\$5,000	\$30/\$45/\$50/\$150	Limited Rx Benefit
Minimum Value Plans	BCN HSA ^{sм} HMO \$4,000	/50%	\$4,000	50%	N/A	\$6,350	Ded./Coins.	50% after Ded.
Mi Valu	BCN HSA ^s M HMO \$6,350	0/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	0% after Ded.
	Healthy <i>Blue</i> Living ^s	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 sM	Enh.	\$500	0%	N/A	\$1,00 <mark>0</mark>	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
ing ^{ss}	HMO \$500	Stand.	\$3,000	30%	\$3,500	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
ie Liv	Healthy Blue Living ^{sм}	Enh.	\$1,000	20%	\$2,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
iy Blu	HMO \$1,000	Stand.	\$3,000	30%	\$3,000	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
Healthy <i>Blue</i> Living ^{sw}	Healthy <i>Blue</i> Living ^s ™	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%
a diago	Healthy <i>Blue</i> Living ^s	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%
SSM	Blue Elect Plus ^s (SRO)	\$500	\$500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
Blue Elect Plus ^{sw}	Blue Elect Plus ^s (SRO) \$	61,000	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
Elec	Blue Elect Plus ^s (SRO) \$	63,000	\$3,000	30%	\$2,500	\$6,600	\$30/\$45/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%

*ECM: Embedded Coinsurance Maximum. (SRO): Self Referral Option
 (Agregate) 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. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Clinton Communtiy Schools Whole Group Administration Support / Teachers .



				17 to 06/30/2018					
State of the Independent of the second state of the	Option 1	Since we have	Option 3		Option 4		Option 6		
CARRIER	Blue Cross Blue Shield		Blue Cross Blue Sh	ield	Blue Cross Blue	New Statement All March	Blue Cross Blue Sh		
Benefit Plan	Simply Blue 500		Simply Blue 100	0	Simply Blue HDH	P 1250 0%	Simply Blue HDHP 20 PPO	00 0%	
Plan Type/Network	PPO		PPO		PPO		PPO		
Deductible In-Network	\$500/1000		\$1000/2000		\$1300/26	00	\$2000/4000		
Out-of-Network	\$1000/2000		\$2000/4000		\$2600/\$5200		\$4000/8000		
Coinsurance	\$1000,2000								
In-Network			80/20%		100%		100%		
Out-of-Network	the second		60/40%		80/20%		80/20%		
Coinsurance Maximum	\$2500/5000		\$2500/5000		None		None		
In-Network Out-of-Network	\$2300/3000		\$5000/10.000		None		None		
Out-of-Pocket Maximum	\$5550, F0,000								
In-Network	\$6350/12,700		\$6350/12,700		\$2250/45		\$3000/6000		
Out-of-Network	\$12,700/25,400		\$12,700/25,400		\$4500/90	00	\$6000/12,000		
Office Visit Copay	\$20		\$30		Subject to ded	./coins.	Subject to ded./coi	ins.	
Specialist Office Visit Copay	\$20		\$30		Subject to ded	./coins.	Subject to ded./coi		
Chiropractic Copay	\$20; 12 visits max.		\$30; 12 visits ma	ix.	Subject to ded 12 visits m		Subject to ded./coi 12 visits max.	ns.;	
Urgent Care Copay	\$20		\$30		Subject to ded	./coins.	Subject to ded./col	ins.	
Emergency Room Copay	\$150		\$150		Subject to ded	./coins.	Subject to ded./col	V3/0-442	
Prescription Drugs	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		\$10 Generic \$40 Preferred Bra \$80 Nonpreferred E Mail Order 2x	No. Contraction of the second s	Subject to dec \$10 Gene \$40 Preferred \$80 Nonpreferre Mail Orde	ric Brand ed Brand	Subject to ded., th \$10 Generic \$40 Preferred Bra \$80 Nonpreferred B Mail Order 2x	Ind	
A.M. Best Rating	A- (Excellent)		A- (Excellent)		A- (Excelle		A- (Excellent)		
Rate	Single 8 Two-Person 8 \$1	<u>Rates</u> \$572.86 I,374.86 I,718.58	Single 0 Two-Person 1 Family <u>3</u>	<u>Rates</u> \$531.08 \$1,274.58 \$1,593.23	Single 0 Two-Person 1 Family <u>4</u>	<u>Rates</u> \$522.77 \$1,254.65 \$1,568.31	Single 0 Two-Person 0 Family <u>1</u>	<u>Rates</u> \$460.46 \$1,105.10 \$1,381.38	
Monthly Premium),576.16	4	\$6,054.26	5	\$7,527.91	1	\$1,381.38 Included	
Estimated Taxes & Fees		ncluded		Included		Included \$7,527,91		\$1.381.38	
Total Monthly Cost		0,576.16 6,913.95		\$6,054.26 \$72,651.16		\$90,334.94		\$16,576.53	
Total Annual Cost		0,053.73		-\$3,534.56		-\$1,497.34		-\$1,315.35	
Difference from Current	-\$50			-4.64%		-1.63%		-7.35%	
% Difference		-3.43%			MESSA Rei	28125277-300007	DODG Combined		
				# Enrolled	Combined I	Rates	BCBS Combined F		
Combined Annual Total				58	\$1,062,87	7.56	\$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).



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

Whole Group - Admin Support/Teachers

Current / Renewal				ole Group - Admin Su Option 1	sport recordera		Option 2	Option 3																
CARRIER		ESSA - PAK A		Blue Cross Blue	Shield	Blue Cro	oss Blue Shield	Blue Cro	ss Blue Shield															
Benefit Plan Plan Type/Network		Choices 500 PPO		Simply Blue PPO	500	Simp	bly Blue 750 PPO	Simpl	y Blue 1000 PPO															
Deductible In-Network Out-of-Network	\$500/1000 \$1000/2000																			0 0	100	750/1500 500/3000	\$1000/2000 \$2000/4000	
Coinsurance In-Network Out-of-Network		100% 80/20%		80/20% 60/40%			80/20% 60/40%	233	80/20% 60/40%															
Coinsurance Maximum In-Network Out-of-Network	None			\$2500/500 \$5000/10,0			500/5000 000/10,000	· · ·	500/5000 00/10,000															
Out-of-Pocket Maximum In-Network Out-of-Network	c None			\$6350/12,7 \$12,700/25,			350/13,700 700/27,400	10	50/12,700 700/25,400															
Office Visit Copay		\$20	\$20				\$20	\$30																
Specialist Office Visit Copay	\$20			\$20			\$20	\$30																
Chiropractic Copay	100% aft	ter ded.; 38 visits	s max.	\$20; 12 visits	max.	\$20; ⁻	12 visits max.	\$30; 1	2 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		Brand d Brand	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		\$40 Pr \$80 Non	D Generic eferred Brand preferred Brand I Order 2x															
A.M. Best Rating				A- (Excelle		A- (Excellent)			Excellent)															
Rate	Single 8 Two-Person 8 Family <u>32</u>	Current Rates F \$633.07 \$1,422.53 \$1,769.87	\$677.81	Single 8 Two-Person 8 Family <u>32</u>	<u>Rates</u> \$572.86 \$1,374.86 \$1,718.58	Two-Person 8 Family <u>3</u>	\$ \$1,328.96 <u>2</u> \$1,661.20	Single 8 Two-Person 8 Family <u>32</u>	\$1,274.58 \$1,593.23															
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	48	\$73,080.64 <u>Not Included</u> \$73,080.64 \$876,967.68	\$78,253.60 <u>Included</u> \$78,253.60 \$939,043.20	938-	\$70,576.16 <u>Included</u> \$70,576.16 \$846,913.95		<u>Included</u> \$68,220.01 \$818,640.08		<u>Included</u> \$65,428.53 \$785,142.37															
Difference from Current	\$62,075.52			-\$30,053.73		-\$58,327.60		-\$91,825.31																
% Difference			7.08%		-3.43%		-6.65%		-10.47%															

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

Whole Group - Admin Suport / Teachers

	Current / Renewal			Option		Suport / Teachers Optior	n 5	Opti	on 6	Option 7	
CARRIER		ESSA - PAK C		Blue Cross Bl		Blue Cross Bl		Blue Cross		Blue Cross Bl	ue Shield
Benefit Plan		C Plan 1 - HDHP		Simply Blue HDI	IP 1250 0%	Simply Blue HDH		Simply Blue H		Simply Blue HDH	
Plan Type/Network Deductible		PPO		PPO	6	PPC	2 2	Pr		Fro	
In-Network		\$1300/2600		\$1300/2	600	\$1300/2600		\$2000/4000		\$2000/4	C2470422
Out-of-Network		\$2600/5200		\$2600/\$	5200	\$2600/\$5200		\$4000/8000		\$4000/8	000
Coinsurance In-Network		100%		100%		80/20%		10	0%	80/20	%
Out-of-Network		80/20%		80/20		60/40	%	80/2	20%	60/40	%
Coinsurance Maximum		N		None		None	.	No	ne	None	-
In-Network Out-of-Network		None None		None	£	None	-		ne	None	6.24
Out-of-Pocket Maximum									10000	\$3000/6	
In-Network		\$2300/\$4600 \$4600/9200		\$2250/4 \$4500/9		\$2250/4 \$4500/9	20 E (C / A	\$3000 \$6000/		\$6000/12	
Out-of-Network						3		en nonze positiv		AT ANGLES AND SHE	100000
Office Visit Copay	Subject to ded./coins.			Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		ns. Subject to ded./coins	
Specialist Unice Visit	Subject to ded./coins.			Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.	
	Subject to ded./coins.; 38 visits max.		Subject to de	NR60004DADDOACHCISOLAG	Subject to de			ded./coins.;	Subject to de		
Chiropractic Copay	Subject to u	ieu./coms., 50 vi	5115 max.	12 visits	max.	12 visits	max.	12 visi	s max.	12 visits	
Urgent Care Copay	Subj	ject to ded./coins	S.	Subject to ded./coins.		Subject to de	ed./coins.	Subject to	ded./coins.	Subject to de	ed./coins.
Emergency Room Copay	Subj	ject to ded./coins	5.	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.	
				Subject to ded., then:		Subject to ded., then:		Subject to ded., then:		Subject to ded., then:	
	Sub	ject to ded., ther	1:	\$10 Ger \$40 Preferre		\$10 Generic \$40 Dreferred Brand		\$10 Generic \$40 Preferred Brand		\$10 Ger \$40 Preferre	
Prescription Drugs	,	ABC Rx		\$80 Nonprefe		\$40 Preferred Brand \$80 Nonpreferred Brand		\$40 Preferred Brand \$80 Nonpreferred Brand		\$80 Nonprefer	
				Mail Ord	er 2x	Mail Ord	Mail Order 2x		rder 2x	Mail Ord	
A.M. Best Rating		-		A- (Exce		A- (Exce	ellent) Rates		cellent) Rates	A- (Exce	llent) Rates
Rate	Single 0	Current Rates R \$569.91	senewal Rates \$605.31	Single 0	Rates \$522.77		\$477.28	Single 0	\$460.46	Single 0	\$423.92
	Two-Person 1	\$1,280.45		Two-Person 1		Two-Person 1	\$1,145.47	Two-Person 1		Two-Person 1	\$1,017.41
	Family <u>4</u>	\$1,593.06	\$1,692.18	Family <u>4</u>	\$1,568.31	Family 4	\$1,431.83	10.00	\$1,381.38	Family <u>4</u>	\$1,271.76
Monthly Premium	5	\$7,652.69	\$8,128.82	5	\$7,527.91	5	\$6,872.79	2.310	\$6,630.61 Included	5	\$6,104.43 Included
Estimated Taxes & Fees		Not Included \$7,652.69	Included \$8,128.82		Included \$7,527.91		Included \$6,872.79		\$6,630.61		\$6,104.43
Total Monthly Cost Total Annual Cost		\$7,652.69 \$91,832.28	\$97,545.84		\$90,334.94		\$82,473.50		\$79,567.36		\$73,253.21
Difference from Current		+01,002120	\$5,713.56		-\$1,497.34		-\$9,358.78		-\$12,264.92		-\$18,579.07
% Difference	6.22%				-1.63%		-10.19%		-13.36%		-20.23%
Donerence						Jakle Care Act (DD)					

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

Whole Group - Admin Support / Teachers

	Cu	urrent / Renewal			up - Admin Supp Ion 6	Optic	on 7	Option	8	Optio	n 9
CARRIER		ESSA - PAK D		Blue Cross	The section	Blue Cross		Blue Cross Blu	ue Shield	Blue Cross Blue Shield	
Benefit Plan		C Plan 2 - HDHP		Simply Blue H	Carlander Carlo Carlo	Simply Blue HD	OHP 2000 20%	Simply Blue HDH	IP 3000 0%	Simply Blue HDHP 3000 20%	
Plan Type/Network	1.00	PPO		PF		PP		PPO		PPO	
Deductible										\$2000 <i>(</i>	0000
In-Network		\$2000/4000)/4000	\$2000/4000 \$4000/8000		\$3000/6000 \$6000/12,000		\$3000/ \$6000/1	
Out-of-Network		\$4000/8000		\$4000	/8000	\$4000	/6000	\$0000/12	,000	<i>\$</i> 0000,1	2,000
Coinsurance In-Network	100%			10	0%	80/2	0%	100%		80/20	0%
Out-of-Network	80/20%			80/2	20%	60/4	0%	80/20%	%	60/40	0%
Coinsurance Maximum			10101				News	e.	Nor		
In-Network	None			one	Noi Noi		None None		Nor	080	
Out-of-Network Out-of-Pocket Maximum	None		INC	one	NO		Thomas and the second sec				
In-Network		\$3000/6000		\$3000	0/6000	\$3000	/6000	\$4000/8		\$4000/	
Out-of-Network	\$6000/12,000			\$6000	/12,000	\$6000/*	12,000	\$8000/16	,000	\$8000/1	6,000
Office Visit Copay	Subject to ded./coins.			Subject to	ded./coins.	Subject to o	ded./coins.	Subject to de	Subject to ded./coins. Subject to ded./co		ed./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.	
oopay					ded./coins.;	Subject to c	ded./coins.:	Subject to dee	d./coins.;	Subject to d	ed./coins.;
Chiropractic Copay	Subject to d	ded./coins.; 38 vi	sits max.		ts max.	12 visit		12 visits i	max.	12 visits	s max.
Urgent Care Copay	Subj	ject to ded./coins		Subject to ded./coins.		Subject to o	ded./coins.	Subject to de	d./coins.	Subject to d	led./coins.
Emergency Room Copay	Subj	ject to ded./coins	s	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coin:	
				Subject to ded., then:		Subject to ded., then:		Subject to ded., then:		Subject to ded., then:	
	Subi	ject to ded., ther	c	00000000000000000000000000000000000000	Seneric	\$10 Generic		\$10 Generic \$40 Preferred Brand		\$10 Generic \$40 Preferred Brand	
Prescription Drugs		ABC Rx		\$40 Preferred Brand \$80 Nonpreferred Brand		\$40 Preferred Brand \$80 Nonpreferred Brand				\$40 Prefer	
					order 2x	\$80 Nonpreterred Brand Mail Order 2x		\$80 Nonpreferred Brand Mail Order 2x		Mail Or	
A.M. Best Rating		-7		A- (Ex	cellent)	A- (Exc	cellent)	A- (Excel	llent)	A- (Exc	
Rate	(Current Rates	enewal Rates		Rates		Rates		Rates	0	Rates
	Single 0	\$533.47	\$566.60	Single 0	\$460.46		\$423.92	Single 0 Two-Person 0	\$422.52	Single 0 Two-Person 0	\$392.88 \$942.92
	Two-Person 0	\$1,198.43 \$1,490.99	\$1,272.99 \$1,583.78	Two-Person 0 Family 1	\$1,105.10 \$1,381.38	Two-Person 0 Family 1	\$1,017.41 \$1,271.76	a a service a service a service of the service of t	\$1,014.00		\$1,178.65
	Family <u>1</u>				\$1,381.38	a (153)	\$1,271.76		\$1,267.57		\$1,178.65
Monthly Premium Estimated Taxes & Fees	1	\$1,490.99 Not Included	\$1,583.78 Included	1 1	\$1,381.38 Included	0.0	JI,271.70		Included		Included
Total Monthly Cost	8	\$1,490.99	\$1,583.78		\$1,381.38		\$1,271.76	5	\$1,267.57		\$1,178.65
Total Annual Cost		\$17,891.88	\$19,005.36		\$16,576.53		\$15,261.09		\$15,210.88		\$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%



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

Whole Group - Admin Support / Teachers

No. of Concession, Name		urrent / Renewal	whole c	Froup - Admin Sup Optio	the second se	Optior	n 9	Option	10
CARRIER		MESSA - PAK D		Blue Cross B	the processing states	Blue Cross B	and the second se	Blue Cross B	lue Shield
Benefit Plan Plan Type/Network	A	3C Plan 2 - HDHP PPO		Simply Blue HD PP(Simply Blue HDH PPC		Simply Blue HDHP 3500 0% PPO	
Deductible In-Network Out-of-Network		\$2000/4000 \$4000/8000		\$3000/ \$6000/1		\$3000/6 \$6000/12		\$3500/7 \$7000/14	
Coinsurance In-Network Out-of-Network Coinsurance Maximum		100% 80/20%		100 ⁴ 80/20		80/20 60/40		100% 80/20	366
In-Network Out-of-Network		None None		Non Non	222	None	-	None	
In-Network Out-of-Network		\$3000/6000 \$6000/12,000		\$4000/ \$8000/1		\$4000/8 \$8000/16		\$4500/9 \$9000/18	8,000
Office Visit Copay	Su	bject to ded./coins		Subject to d	ed./coins.	Subject to de	ed./coins.	Subject to ded./coins.	
Specialist Office Visit Copay	Su	bject to ded./coins	•	Subject to d	ed./coins.	Subject to de	ed./coins.	Subject to ded./coins.	
Chiropractic Copay	Subject to	ded./coins.; 38 vis	its max.	Subject to de 12 visits		Subject to de 12 visits		Subject to de 12 visits	
Urgent Care Copay	Su	bject to ded./coins	2	Subject to d	ed./coins.	Subject to de	ed./coins.	Subject to de	ed./coins.
Emergency Room Copay	Su	bject to ded./coins		Subject to d	ed./coins.	Subject to de	ed./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 Bran Mail Order 2x		
A.M. Best Rating		-		A- (Exc		A- (Excellent)		A- (Exce	
Rate	Single 0 Two-Person 0 Family <u>1</u>	\$533.47 \$1,198.43	<u>enewal Rates</u> \$566.60 \$1,272.99 \$1,583.78	Single 0 Two-Person 0 Family <u>1</u>	\$1,267.57	Single 0 Two-Person 0 Family <u>1</u>	<u>Rates</u> \$392.88 \$942.92 \$1,178.65	Single 0 Two-Person 0 Family <u>1</u>	<u>Rates</u> \$403.57 \$968.56 \$1,210.70
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	1	\$1,490.99 <u>Not Included</u> \$1,490.99 \$17,891.88	\$1,583.78 <u>Included</u> \$1,583.78 \$19,005.36		\$1,267.57 <u>Included</u> \$1,267.57 \$15,210.88		\$1,178.65 <u>Included</u> \$1,178.65 \$14,143.80		\$1,210.70 <u>Included</u> \$1,210.70 \$14,528.44
Difference from Current	\$1,113.48				-\$2,681.00 -14.98%		-\$3,748.08 -20.95%		-\$3,363.44 -18.80%
% Difference			0.2270		-14.0070				



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

Whole Group - Admin Support / Teachers

AN REPART OF THE PARTY OF THE PARTY	Contraction of Contract of Contract	And the second second	Option 1		an an a start and a start a st	Option 2	Surs - Surer	Option 3	
CARRIER	1	MESSA - PAK E		Blue Cross Blue	Shield	Blue Cr	oss Blue Shield	Blue C	cross Blue Shield
Benefit Plan Plan Type/Network		Choices 1000 PPO		Simply Blue PPO	500	Sim	ply Blue 750 PPO	Sirr	ply Blue 1000 PPO
Deductible In-Network Out-of-Network				\$500/100 \$1000/200	The second se		750/1500 1500/3000		51000/2000 52000/4000
Coinsurance In-Network Out-of-Network	20			80/20% 60/40%		80/20% 60/40%			80/20% 60/40%
Coinsurance Maximum In-Network Out-of-Network		None None		\$2500/500 \$5000/10,0	950-s		2500/5000 000/10,000		52500/5000 5000/10,000
Out-of-Pocket Maximum In-Network Out-of-Network		\$2000/4000 \$4000/8000		\$6350/12,7 \$12,700/25,	-54.55	\$6850/13,700 \$13,700/27,400			6350/12,700 2,700/25,400
Office Visit Copay		\$20		\$20			\$20	\$30	
Specialist Office Visit Copay	\$20		\$20			\$20	\$30		
Chiropractic Copay	100% a	fter 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		Brand d Brand	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		\$40 \$80 No	10 Generic Preferred Brand onpreferred Brand Iail Order 2x
A.M. Best Rating				A- (Excelle		A-	(Excellent)		- (Excellent)
Rate	Single 0 Two-Person 1 Family <u>3</u>	Current Rates F \$597.06 \$1,341.54 \$1,669.09	<u>enewal Rates</u> \$639.27 \$1,436.49 \$1,787.24	Single 0 Two-Person 1	<u>Rates</u> \$572.86 \$1,374.86 \$1,718.58	Two-Person	1 \$1,328.96	Single Two-Person	1 \$1,274.58 3 \$1,593.23
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	4	\$6,348.81 <u>Not Included</u> \$6,348.81 \$76,185.72	\$6,798.21 <u>Included</u> \$6,798.21 \$81,578.52	4	\$6,530.59 <u>Included</u> \$6,530.59 \$78,367.04		4 \$6,312.57 <u>Included</u> \$6,312.57 \$75,750.79		4 \$6,054.26 Included \$6,054.26 \$72,651.16
Difference from Current			\$5,392.80				-\$434.93		-\$3,534.56 -4.64%
% Difference	7.089		7.08%		2.86%		-0.57%		-4.64%

Clinton Communtiy Schools Teachers



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

Teachers

	Teachers																		
	Cu	rrent / Renewal	international internation	Option			Option 2		Option 3										
CARRIER	М	ESSA - PAK A		Blue Cross Blue	ue Shield	Blue C	ross Blue Shield		Cross Blue Shield										
Benefit Plan Plan Type/Network		Choices 500 PPO		Simply Blu PPO		Sir	nply Blue 750 PPO	Sin	nply Blue 1000 PPO										
Deductible In-Network Out-of-Network		\$500/1000 \$1000/2000		\$500/10 \$1000/2	120.00		\$750/1500 \$1500/3000		\$1000/2000 \$2000/4000										
Coinsurance In-Network Out-of-Network		100% 80/20%		80/209 60/409			80/20% 60/40%	80/20% 60/40%											
Coinsurance Maximum In-Network Out-of-Network		None None		\$2500/5 \$5000/10	313 (5.L.)	\$2500/5000 \$5000/10,000			\$2500/5000 5000/10,000										
Out-of-Pocket Maximum In-Network Out-of-Network		None \$2000/4000		\$6350/12 \$12,700/2			6850/13,700 3,700/27,400		6350/12,700 12,700/25,400										
Office Visit Copay	\$20		\$20		\$20			\$20		\$20		\$20		\$20		\$20			\$30
Specialist Office Visit Copay		\$20		\$20			\$20		\$30										
Chiropractic Copay	100% aft	100% after ded.; 38 visits max.		\$20; 12 visi	ts 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		iπ\$		A- (Exce			A- (Excellent)		A- (Excellent) Rates										
Rate	Single 6 Two-Person 3 Family <u>26</u>	Current Rates F \$633.07 \$1,422.53 \$1,769.87	\$677.81		\$1,519.50	Single Two-Person Family	3 \$1,174.86 26 \$1,468.57	Single Two-Person Family	6 \$469.42 3 \$1,126.62 <u>26</u> \$1,408.27										
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	35	\$54,082.63 <u>Not Included</u> \$54,082.63 \$648,991.56	\$57,910.91 <u>Included</u> \$57,910.91 \$694,930.92 \$45,939.36		\$46,192.70 <u>Included</u> \$46,192.70 \$554,312.39 -\$94,679.17		35 \$44,644.56 Included \$44,644.56 \$535,734.72 -\$113,256.84	1 5 2	35 \$42,811.46 Included \$42,811.46 \$513,737.55 -\$135,254.01										
Difference from Current % Difference			\$45,939.36 7.08%		-\$94,079.17 -14.59%		-17.45%		-20.84%										
				Detient Protection and		Ant (DDACA)													

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Medical Options - Clinton Community Schools

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

Teachers

		Teachers			
	Current / Renewal	Option 4	Option 5	Option 6	Option 7
CARRIER	MESSA - PAK C	Blue Cross Blue Shield			
Benefit Plan Plan Type/Network	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
Deductible In-Network Out-of-Network	\$1300/2600 \$2600/5200	\$1300/2600 \$2600/\$5200	\$1300/2600 \$2600/\$5200	\$2000/4000 \$4000/8000	\$2000/4000 \$4000/8000
Coinsurance In-Network Out-of-Network Coinsurance Maximum	100% 80/20%	100% 80/20%	80/20% 60/40%	100% 80/20%	80/20% 60/40%
In-Network Out-of-Network Out-of-Pocket Maximum	None None	None	None None	None None	None None
In-Network Out-of-Network	\$2300/\$4600 \$4600/9200	\$2250/4500 \$4500/9000	\$2250/4500 \$4500/9000	\$3000/6000 \$6000/12,000	\$3000/6000 \$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 Rate Single 0 \$569.91 \$605.3 Two-Person 1 \$1,280.45 \$1,360.1 Family <u>4</u> \$1,593.06 \$1,692.1	1 Single 0 \$462.94 0 Two-Person 1 \$1,111.07	Single 0 \$422.46 Two-Person 1 \$1,013.91	Two-Person 1 \$978.58 Family <u>4</u> \$1,223.22	Single 0 \$375.25 Two-Person 1 \$900.59 Family <u>4</u> \$1,125.74
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current	5 \$7,652.69 \$8,128.8 <u>Not Included Include</u> \$7,652.69 \$8,128.8 \$91,832.28 \$97,545.8 \$5,713.5	d Included 2 \$6,666.40 4 \$79,996.76	<u>Included</u> \$6,083.45 \$73,001.37	5 \$5,871.47 <u>Included</u> \$5,871.47 \$70,457.59 <i>-\$21,374.6</i> 9	<u>Included</u> \$5,403.57 \$64,842.80
% Difference	6.225	6 -12.89%	-20.51%	-23.28%	-29.39%



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

Teachers

			Teachers			a second and the			A REAL PROPERTY AND		
		urrent / Renewal	Succession of the second		ption 6	Constant Street		ption 7			
CARRIER	N	1ESSA - PAK D		Blue Cro			Blue Cro	en somethere and	Care Filler Dort of Bally .		
Benefit Plan	AB	C Plan 2 - HDHI	C	Simply Blue		2000 0%	Simply Blue		2000 20%		
Plan Type/Network		PPO			PPO			PPO			
Deductible											
In-Network		\$2000/4000		(1.57)	000/400	200		00/40			
Out-of-Network		\$4000/8000		\$40	008/000	0	\$4000/8000				
Coinsurance							00/000/				
In-Network		100%			100%		80/20%				
Out-of-Network		80/20%		8	30/20%		60/40%				
Coinsurance Maximum											
In-Network		None			None		None				
Out-of-Network		None			None			None			
Out-of-Pocket Maximum							2.03				
In-Network		\$3000/6000			000/600	1.		00/60			
Out-of-Network		\$6000/12,000		\$60	00/12,0	00	\$6000/12,000				
Office Visit Copay	Sub	ject to ded./coin	S.	Subject	to ded.	/coins.	Subject to ded./coins.				
Specialist Office Visit Copay	Sub	pject to ded./coin	s.	Subject	to ded.	/coins.	Subject	to ded	./coins.		
				Outlinet.		la cina u	Subject to ded./coins.;				
Chiropractic Copay	Subject to	ded./coins.; 38 v	isits max.	Subject			Support of the Support	isits m	203013-8020300-829/201		
				12 visits max.			12 V	15115 11	Idx.		
Urgent Care Copay	Sut	ject to ded./coir	IS.	Subject	to ded.	/coins.	Subject	to ded	I./coins.		
	C -1			Subject to ded./coins.			Subject	hah at			
Emergency Room Copay	Suc	pject to ded./coir	s.	Subject to ded./coins.			Subject to ded./coins.				
				Subject	to ded.	, then:	Subject				
	C	inat to dad the	. .	10.00 C	Gener	1975) Gene			
Prescription Drugs	Sut	oject to ded., the ABC Rx	n:	\$40 Pre	eferred	Brand	\$40 Pre				
		ABC KX		\$80 Non	oreferre	d Brand	\$80 Nonp				
				Mai	l Order	2x	Mai	l Ordei	r 2x		
A.M. Best Rating		<u>-</u>		A- (Excelle	nt)	A- (Excelle	ent)		
Rate		Current Rates	Renewal Rates			Rates			Rates		
	Single 0	\$533.47	\$566.60	Single	0	\$407.74	Single		\$375.25		
	Two-Person 0	\$1,198.43	\$1,272.99	Two-Person	0	\$978.58	Two-Person		\$900.59		
	Family 1	\$1,490.99	\$1,583.78			\$1,223.22	Family	<u>1</u>	\$1,125.74		
Monthly Premium	1	\$1,490.99	\$1,583.78		1	\$1,223.22		1	\$1,125.74		
Estimated Taxes & Fees		Not Included	Included			Included		7 .1	Included		
		\$1,490.99	\$1,583.78			\$1,223.22			\$1,125.74		
Total Monthly Cost		\$17,891.88	\$19,005.36			\$14,678.66			\$13,508.92		
Total Annual Cost		\$17,091.00	Concernent and a second second						-\$4,382.96		
Difference from Current			\$1,113.48			-\$3,213.22					
% Difference			6.22%			-17.96%			-24.50%		



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

Teachers

	and the second			Teachers			- to- and the second			option 10	and a surface of the surface of the	
	and the second se	Current / Renewal			ption 8			ption 9		withdraw without a suffic		
CARRIER		MESSA - PAK D		Blue Cro	ss Blue	Shield		ss Blue Shield	Blue Cro			
Benefit Plan	Al	BC Plan 2 - HDHP		Simply Blue		3000 0%		HDHP 3000 20%	Simply Blu		9 3500 0%	
Plan Type/Network		PPO			PPO			PPO		PPO		
Deductible						-				\$3500/7000		
In-Network		\$2000/4000			000/600	15 L		00/6000	1.7.7	(E.S. 2200.01 - 1		
Out-of-Network		\$4000/8000		\$6000/12,000			\$600	00/12,000	\$7000/14,000			
Coinsurance		100%		100%				0/20%		100%		
In-Network Out-of-Network		80/20%		100% 80/20%			-	0/40%	,	80/20%		
Coinsurance Maximum		00/20%		C	0/2070		0	0/40 /0		00/20/0		
In-Network		None		None				None		None		
Out-of-Network		None			None			None		None		
Out-of-Pocket Maximum				None								
In-Network			\$40	008/000	0	\$40	000/8000	\$4	500/900	00		
Out-of-Network		100 CBC	00/16,00	253 L	\$800	00/16,000	\$9000/18,000					
				2 0.000		Cubinet	to ded lesing	Subject to ded./coins.				
Office Visit Copay	Su	Subject	to ded./	coins. Subject to ded./coins.			Subject	tio ueu.	./00115.			
Specialist Office Visit Copay	Subject to ded./coins.			Subject	to ded./	coins.	Subject	to ded./coins.	Subject	t to ded.	./coins.	
		Subject to ded./coins.; 38 visits max.		Subject	to ded./	coins.;	Subject t	to ded./coins.;	Subject	to ded.	/coins.;	
Chiropractic Copay	Subject to	ded./coins.; 38 vis	sits max.	12 v	isits ma	ix.	12 v	isits max.	12	visits m	ax.	
Urgent Care Copay	Su	bject to ded./coins		Subject to ded./coins.			Subject	to ded./coins.	Subject	t to ded.	./coins.	
Emergency Room Copay	0.0000	bject to ded./coins		Subject to ded./coins.			Subject	to ded./coins.	Subject	Subject to ded./coins.		
Emergency Room copay	50											
				Subject				to ded., then:	Subject to ded., then: \$10 Generic			
	Su	bject to ded., then	ŝ	25235) Gener	87 S) Generic eferred Brand		eferred		
Prescription Drugs	80.0	ABC Rx			eferred l			oreferred Brand	\$80 Non			
					l Order		and a state of the second s	Order 2x	 (12) (12) (12) (12) (12) (12) (12) (12)	il Order		
A M Deet Detine					Exceller	20183		Excellent)		(Excelle	121112	
A.M. Best Rating Rate		- Current Rates	Renewal Rates	A-1	Excelle	Rates	<u> </u>	Rate		(LLXOUIC	Rates	
Rate	Single 0	\$533.47	\$566.60	Single	0	\$374.15	Single			0	\$357.35	
	Two-Person 0	\$1,198,43		Two-Person			Two-Person		9 Two-Person		\$857.64	
	Family 1	\$1,490.99	\$1,583.78			\$1,122.44	Family				\$1,072.05	
Monthly Premium	1	\$1,490.99	\$1,583.78		1	\$1,122.44		1 \$1,043.3	6	1	\$1,072.05	
Estimated Taxes & Fees		Not Included	Included	1	5	Included		Include	18.0		Included	
Total Monthly Cost		\$1,490,99	\$1,583.78			\$1,122.44		\$1,043.3			\$1,072.05	
Total Annual Cost		\$17,891.88	\$19,005.36			\$13,469.28		\$12,520.3	80 I		\$12,864.59	
Difference from Current	a	φ17,001.00	\$1,113.48			-\$4,422.60		-\$5,371.5	- 1995 		-\$5,027.29	
			6.22%			-24.72%		-30.029	5 604		-28.10%	
% Difference			0.22%			-24.12%		-50.027			20.1070	



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

Teachers

Teachers													
and the second secon	the design of the desire C	urrent / Renewal		Option	1. management	the number of the second	Option 2	Could last	Complete Station	Option 3	and the second second second		
CARRIER	N	MESSA - PAK E		Blue Cross Bl	ue Shield	Blue C	ross Blue Shield	6 8	Blue (cross Blue	Shield		
Benefit Plan Plan Type/Network Deductible		Choices 1000 PPO		Simply Blu PPO		Sir	nply Blue 750 PPO		Sin	ply Blue 10 PPO	000		
In-Network Out-of-Network		\$1000/2000 \$2000/4000						\$750/1500 \$1500/3000				\$1000/2000 \$2000/4000	
Coinsurance In-Network Out-of-Network		100% 80/20%		80/20 ⁰ 60/40 ⁰			80/20% 60/40%			80/20% 60/40%			
Coinsurance Maximum In-Network Out-of-Network		None None		\$2500/5 \$5000/10	0101000000		2500/5000 5000/10,000			\$2500/5000 5000/10,00			
Out-of-Pocket Maximum In-Network Out-of-Network	\$2000/4000 \$4000/8000				2,700 5,400	\$6850/13,700 \$13,700/27,400				\$6350/12,700 \$12,700/25,400 \$30			
Office Visit Copay		\$20		\$20		\$20		\$20				\$30	
Specialist Office Visit Copay		\$20		\$20			\$20			\$30			
Chiropractic Copay	100% at	fter ded.; 38 visits	max.	\$20; 12 visi	ts max.	\$20;	12 visits max.		\$30	; 12 visits n	nax.		
Urgent Care Copay		\$25		\$20		\$20				\$30			
Emergency Room Copay		\$50	2	\$150)	\$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- (Exce	llent)	A	- (Excellent)		A	- (Excellen	t)		
Rate	Single 0 Two-Person 1 Family <u>3</u>	Current Rates F \$597.06 \$1,341.54 \$1,669.09	Renewal Rates \$639.27 \$1,436.49 \$1,787.24	Single 0 Two-Person 1	<u>Rates</u> \$506.50 \$1,215.60 \$1,519.50	Two-Person	1 \$1	<u>Rates</u> \$489.52 ,174.86 ,468.57		1	<u>Rates</u> \$469.42 \$1,126.62 \$1,408.27		
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	4	\$6,348.81 <u>Not Included</u> \$6,348.81 \$76,185.72	\$6,798.21 <u>Included</u> \$6,798.21 \$81,578.52		\$5,774.09 <u>Included</u> \$5,774.09 \$69,289.05 -\$6,896.67		<u>lı</u> \$5 \$66	,580.57 <u>ncluded</u> ,580.57 ,966.84 ,218.88		4	\$5,351.43 <u>Included</u> \$5,351.43 \$64,217.19 - <i>\$11,968.53</i>		
Difference from Current % Difference			\$5,392.80 7.08%		-\$0,890.07 -9.05%			12.10%			-15.71%		

Clinton Communtiy Schools Administration Support



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

				Administration	Support										
	Ci	urrent / Renewal		Option	1		Option 2	CARE PUBLICATION	Option 3						
CARRIER	M	IESSA - PAK A		Blue Cross Blu	ue Shield	Blue Cro	oss Blue Shield	Blue C	Cross Blue Shield						
Benefit Plan Plan Type/Network		Choices 500 PPO		Simply Blu PPO		Simp	oly Blue 750 PPO	Sim	ply Blue 1000 PPO						
Deductible In-Network Out-of-Network		\$500/1000 \$1000/2000		\$500/10 \$1000/20			750/1500 500/3000		\$1000/2000 \$2000/4000						
Coinsurance In-Network Out-of-Network		100% 80/20%		80/209 60/409	-		80/20% 60/40%		80/20% 60/40%						
Coinsurance Maximum In-Network Out-of-Network Out-of-Pocket Maximum		None None		\$2500/50 \$5000/10			500/5000 000/10,000		\$2500/5000 5000/10,000						
In-Network Out-of-Network		None \$2000/4000		\$6350/12 \$12,700/2			50/13,700 700/27,400		6350/12,700 2,700/25,400						
Office Visit Copay		\$20		\$20		\$20		\$20		\$20		\$20			\$30
Specialist Office Visit Copay		\$20		\$20			\$20		\$30						
Chiropractic Copay	100% afi	ter ded.; 38 visit	s max.	\$20; 12 visit	s max.	\$20; 1	2 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 Gen \$40 Preferre \$80 Nonprefer Mail Orde	d Brand red Brand	\$40 Pr \$80 Non	0 Generic eferred Brand preferred Brand il Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x							
A.M. Best Rating				A- (Excel	lent)	A-	(Excellent)	A	- (Excellent)						
Rate	Single 2 Two-Person 5 Family <u>6</u>	Current Rates \$633.07 \$1,422.53 \$1,769.87	\$677.81	Single 2 Two-Person 5 Family <u>6</u>	<u>Rates</u> \$673.30 \$1,615.93 \$2,019.91	Single 2 Two-Person 5	\$1,562.16	Single Two-Person	5 \$1,498.47						
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	13	\$18,998.01 <u>Not Included</u> \$18,998.01 \$227,976.12	\$20,342.69 <u>Included</u> \$20,342.69 \$244,112.28		\$21,545.75 <u>Included</u> \$21,545.75 \$258,549.03		<u>Included</u> \$20,828.75 \$249,944.95		13 \$19,979.54 Included \$19,979.54 \$239,754.54						
Difference from Current			\$16,136.16		\$30,572.91		\$21,968.83		\$11,778.42						
% Difference			7.08%		13.41%		9.64%	1	5.17%						

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

Administration Support

	Cur	rrent / Renewal	Aun	Opt	ion 4		Option	5 decision of the second states		
CARRIER		SSA - PAK C		Blue Cross	and the second se	eld	Blue Cross Blu	e Shield		
Benefit Plan	ABC	Plan 1 - HDHF	0	Simply Blue H	IDHP 125	50 0%	Simply Blue HDHF	P 1250 20%		
Plan Type/Network		PPO			PO		PPO			
Deductible										
In-Network		\$1300/2600		\$130	0/2600		\$1300/26	00		
Out-of-Network		\$2600/5200		\$2600	/\$5200		\$2600/\$52	200		
Coinsurance										
In-Network		100%		10	0%		80/20%			
Out-of-Network		80/20%		80/	20%		60/40%			
Coinsurance Maximum										
In-Network		None		No	one		None			
Out-of-Network		None		No	one		None			
Out-of-Pocket Maximum										
In-Network	\$	2300/\$4600		\$225	0/4500		\$2250/45			
Out-of-Network		\$4600/9200		\$450	0/9000		\$4500/90	00		
Office Visit Copay	Subje	ect to ded./coins	З.	Subject to	ded./coin	IS.	Subject to dec	l./coins.		
Specialist Office Visit Copay	Subje	ect to ded./coins	S.	Subject to	ded./coin	IS.	Subject to dec	I./coins.		
				Subject to	ded./coin	s.:	Subject to ded	./coins.;		
Chiropractic Copay	Subject to de	ed./coins.; 38 vi	sits max.		ts max.		12 visits m	iax.		
Urgent Care Copay	Subje	ect to ded./coins	S.	Subject to	ded./coin	is.	Subject to dec	I./coins.		
Emergency Room Copay	Subje	ect to ded./coins	S.	Subject to	ded./coin	ns.	Subject to dec	I./coins.		
Prescription Drugs	Subje	ect to ded., ther ABC Rx	1:	\$10 G \$40 Prefe \$80 Nonpre	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- (Ex	cellent)		A- (Excelle	ent)		
Rate		urrent Rates R				Rates		Rates Rates		
	Single 0	\$569.91	\$605.31	Single		\$613.40	Single 0	\$560.28		
	Two-Person 0	\$1,280.45	\$1,360.10	Two-Person		\$1,472.17	Two-Person 0	\$1,344.66		
	Family <u>1</u>	\$1,593.06	\$1,692.18	Family	<u>1</u>	\$1,840.21	Family <u>1</u>	\$1,680.83		
Monthly Premium	1	\$1,593.06	\$1,692,18		1	\$1,840.21	1	\$1,680.83		
Estimated Taxes & Fees		Not Included	Included		100%S	Included		Included		
Total Monthly Cost		\$1.593.06	\$1,692.18			\$1,840.21		\$1,680.83		
Total Annual Cost		\$19,116.72	\$20,306.16			\$22,082.54		\$20,169.95		
Difference from Current			\$1,189.44			\$2,965.82		\$1,053.23		
% Difference			6.22%			3.23%		5.51%		
					-	carrier on california				

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Medical Options - Clinton Community Schools

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

Administration Support

and the second	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		5 571 NO. (1984)	17.17.1889
In-Network	\$1300/2600	\$2000/4000	\$2000/4000
Out-of-Network	\$2600/5200	\$4000/8000	\$4000/8000
Coinsurance	\$2000,0200		
In-Network	100%	100%	80/20%
Out-of-Network	80/20%	80/20%	60/40%
Coinsurance Maximum	00/2070	00/20/10	
In-Network	None	None	None
Out-of-Network	None	None	None
The second secon	none	None	None
Out-of-Pocket Maximum	£2200/£4600	\$3000/6000	\$3000/6000
In-Network	\$2300/\$4600		\$6000/12.000
Out-of-Network	\$4600/9200	\$6000/12,000	\$0000/12,000
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.
To see a construction of the construction o	nometer (Al - Alternative Latter contract of the state of	Subject to ded./coins.;	Subject to ded./coins.;
Chiropractic Copay	Subject to ded./coins.; 38 visits max.	12 visits max.	12 visits max.
	2 2	12 VISIUS Max.	12 VISIUS IIIdA.
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.
		Subject to ded., then:	Subject to ded., then:
	1994 - 1995 - 2015 - 197 - 197 - 1984 -	\$10 Generic	\$10 Generic
Prescription Drugs	Subject to ded., then:	\$40 Preferred Brand	\$40 Preferred Brand
Fleschption Drugs	ABC Rx	\$80 Nonpreferred Brand	\$80 Nonpreferred Brand
		Mail Order 2x	Mail Order 2x
an any and the team total			A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O
A.M. Best Rating		A- (Excellent)	A- (Excellent)
Rate	Current Rates Renewal Rate		Rates Single 0 \$497.62
	Single 0 \$569.91 \$605.3		
	Two-Person 0 \$1,280.45 \$1,360.1		Two-Person 0 \$1,194.28
	Family <u>1</u> \$1,593.06 \$1,692.1	8 Family <u>1</u> \$1,620.94	Family <u>1</u> \$1,492.85
Monthly Premium	1 \$1,593.06 \$1,692.1	8 1 \$1,620.94	1 \$1,492.85
Estimated Taxes & Fees	Not Included Include		Included
Total Monthly Cost	\$1,593.06 \$1,692.1	-	\$1,492.85
Total Annual Cost	\$19,116.72 \$20,306.1	-	\$17,914.25
	A CONTRACTOR OF		-\$1,202.47
Difference from Current	\$1,189.4		
% Difference	6.229	6 1.75%	-6.29%

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

		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 Plan Type/Network Deductible	ABC Plan 1 - HDHP PPO	Simply Blue HDHP 3000 0% PPO	Simply Blue HDHP 3000 20% PPO	Simply Blue HDHP 3500 0% PPO		
In-Network Out-of-Network	\$1300/2600 \$2600/5200	\$3000/6000 \$6000/12,000	\$3000/6000 \$6000/12,000	\$3500/7000 \$7000/14,000		
Coinsurance In-Network Out-of-Network Coinsurance Maximum	100% 80/20%	100% 80/20%	80/20% 60/40%	100% 80/20%		
In-Network Out-of-Network Out-of-Pocket Maximum	None None	None None	None None	None None		
In-Network Out-of-Network	\$2300/\$4600 \$4600/9200	\$4000/8000 \$8000/16,000	\$4000/8000 \$8000/16,000	\$4500/9000 \$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	2-:	A- (Excellent)	A- (Excellent)	A- (Excellent)		
Rate	Current Rates Renewal Rates Single \$569.91 \$605.31 Two-Person \$1,280.45 \$1,360.10 Family 1 \$1,593.06 \$1,692.18	Single 0 \$495.8 Two-Person 0 \$1,189.9	Single 0 \$461.19 96 Two-Person 0 \$1,106.86	Single 0 \$473.57 Two-Person 0 \$1,136.56 Family 1 \$1,420.70		
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current	1 \$1,593.06 \$1,692.18 <u>Not Included</u> Included \$1,593.06 \$1,692.18 \$19,116.72 \$20,306.16 <i>\$1,189.44</i>	Include \$1,487.4	Included Included 14 \$1,383.58 33 \$16,602.96	<u>included</u> \$1,420.70 \$17,048.36		
% Difference	6.22%	-6.63	% -13.15%	-10.82%		



Medical Options - Clinton Community Schools Period: 07/01/2017 to 06/30/2018

Administration Support

		Current / Renewal		Adminis	tration Sup Option 1	port		Option 2			Option 3	and the constraints	
CARRIER		MESSA - PAK E		Blue C	ross Blue S	hiold	Blue C	cross Blue S	hiold	Blue	Cross Blue	Shiold	
Benefit Plan		Choices 1000				1000000			A12976254020	154(5)57/3			
Plan Type/Network		PPO		Sir	ply Blue 50 PPO	0	Sir	nply Blue 75 PPO	U U	Sir	nply Blue 10 PPO	000	
Deductible		FFU			PPO			PPU			PPU		
In-Network		\$1000/2000		d	\$500/1000			\$750/1500			\$1000/2000	.	
Out-of-Network		\$2000/4000		(S)	1000/2000			51500/3000			\$2000/2000		
Coinsurance		φ2000/ 1 000		Ψ	1000/2000		8	1000/0000	1		φ2000/ 4 000		
In-Network		100%		80/20%			80/20%			80/20%			
Out-of-Network		80/20%			60/40%			60/40%	8		60/40%		
Coinsurance Maximum					00,1070			00/10/0			00/10/0		
In-Network		None		\$2500/5000			l s	2500/5000			\$2500/5000		
Out-of-Network		None		\$5	000/10.000		S	5000/10,000	2	\$	5000/10.00	0	
Out-of-Pocket Maximum				10.44								183	
In-Network		\$2000/4000		\$6	350/12,700		\$	6850/13,700		\$	6350/12,70	0	
Out-of-Network		\$4000/8000		\$12	2,700/25,40	כ	\$1	3,700/27,400	D	\$1	2,700/25,4	00	
Office Mark Occurry		***									\$12,700/25,400		
Office Visit Copay		\$20			\$20			\$20			\$30		
Specialist Office Visit Copay		\$20			\$20			\$20			\$30		
opecialist office visit oopuy		ψ20			ΨΖΟ			Ψ20			φ30		
Chiropractic Copay	100% a	fter ded.; 38 visits	may	\$20.	12 visits ma	v	\$20.	12 visits ma	av.	\$30	; 12 visits n	nav.	
chillephaone copay	10070 4		max.	ψ20,	12 1010 110	.	φ20,	12 1313 116		φ50	, 12 113113 11	ian.	
Urgent Care Copay		\$25			\$20		\$20			\$30			
		Ψ20		and the services of the servic									
Emergency Room Copay		\$50			\$150			\$150			\$150		
					10 Generic			10 Generic			\$10 Generic		
Prescription Drugs		Saver Rx			referred Bra			Preferred Bra			Preferred B		
· · · · · · · · · · · · · · · · · · ·				2. Conservation and March 1990 (1990)	npreferred E	 Contract (Contract (Contract)) 	507 CT26885 CC. 120 (98)	npreferred E	0.000000000000000000000000000000000000		onpreferred		
				Ma	ail Order 2x		N	ail Order 2x	21	N N	Aail Order 2	x	
A.M. Best Rating		-		Α-	(Excellent)		А А	- (Excellent)		A	- (Excellent	n İ	
Rate		Current Rates F	Renewal Rates		(Extoonone)	Rates		(Excononit)	Rates		((Externation	Rates	
	Single 0	\$597.06	\$639.27	Single	0	\$673.30	Single	0	\$650.90	Single	0	\$624.36	
	Two-Person 1	\$1,341.54		Two-Person			Two-Person			Two-Person		\$1,498.47	
	Family 1	\$1,669.09	\$1,787.24	Family		\$2,019.91	Family		\$1,952.69			\$1,873.08	
Monthly Premium	2	\$3.010.63	\$3,223.73		2	\$3,635.85		2	\$3.514.85	100	2	\$3,371.55	
Estimated Taxes & Fees	2	Not Included	Included		2	Included		4	Included		-	Included	
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	
Difference from Current		<i>400,121.00</i>	\$2,557.20			\$7,502.59			\$6,050.65			\$4,331.02	
			21 - 52			1.51 (2)			97 N I			a	
% Difference			7.08%			20.77%			16.75%			11.99%	