

## 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*

**Sand Creek Schools**

Todd Gentner  
Client Executive

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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

Todd Gentner  
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Client Advocate

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[www.kapnick.com](http://www.kapnick.com)



**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](http://www.bcbsm.com)  
Call number on back of ID card

**EyeMed**

Employer Customer Service  
Website  
Employee Customer Service



(888) 439-3633  
[www.eyemed.com](http://www.eyemed.com)  
(866) 939-3633

**Mutual of Omaha**

Employee Customer Service  
Website



(800) 556-9228  
[www.mutualofomaha.com](http://www.mutualofomaha.com)

### Carrier A.M. Best Rating

CARRIER	A.M. BEST RATING
<b>MEDICAL</b>	
Blue Cross Blue Shield	A-
Blue Care Network	A-
Priority Health	A-
United Healthcare	A
<b>DENTAL</b>	
Blue Cross Blue Shield	A-
Delta Dental	A-
Guardian	A++
MetLife	A+
<b>VISION</b>	
Blue Cross Blue Shield	A-
EyeMed	NR
VSP	A
<b>LIFE/AD&amp;D, DISABILITY, WORKPLACE</b>	
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 - Sand Creek Community Schools

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

	Current / Renewal		Current / Renewal		
CARRIER	MESSA - PAK A		MESSA - PAK C		
Benefit Plan	Choices 500		ABC Plan 1 - HDHP		
Plan Type/Network	PPO		PPO		
Deductible					
<i>In-Network</i>	\$500/1000		\$1300/2600		
<i>Out-of-Network</i>	\$1000/2000		\$2600/5200		
Coinsurance					
<i>In-Network</i>	100%		100%		
<i>Out-of-Network</i>	80/20%		80/20%		
Coinsurance Maximum					
<i>In-Network</i>	None		None		
<i>Out-of-Network</i>	None		None		
Out-of-Pocket Maximum					
<i>In-Network</i>	None		\$2300/\$4600		
<i>Out-of-Network</i>	\$2000/4000		\$4600/9200		
Office Visit Copay	\$20		Subject to ded./coins.		
Specialist Office Visit Copay	\$20		Subject to ded./coins.		
Chiropractic Copay	100% after ded.; 38 visits max.		Subject to ded./coins.; 38 visits max.		
Urgent Care Copay	\$25		Subject to ded./coins.		
Emergency Room Copay	\$50		Subject to ded./coins.		
Prescription Drugs	Saver Rx		Subject to ded., then: ABC Rx		
A.M. Best Rating	-		-		
Rate	Current Rates		Renewal Rates		
	Single	2	\$633.07	\$677.81	
	Two-Person	0	\$1,422.53	\$1,523.21	
	Family	1	\$1,769.87	\$1,895.17	
Monthly Premium		3	\$3,036.01	\$3,250.79	
Estimated Taxes & Fees			<u>Not Included</u>	<u>Included</u>	
Total Monthly Cost			\$3,036.01	\$3,250.79	
Total Annual Cost			\$36,432.12	\$39,009.48	
Difference				\$2,577.36	
% Difference				7.07%	
	Single	12	\$569.91	\$605.31	
	Two-Person	3	\$1,280.45	\$1,360.10	
	Family	27	\$1,593.06	\$1,692.18	
Monthly Premium		42	\$53,692.89	\$57,032.88	
Estimated Taxes & Fees			<u>Not Included</u>	<u>Included</u>	
Total Monthly Cost			\$53,692.89	\$57,032.88	
Total Annual Cost			\$644,314.68	\$684,394.56	
Difference				\$40,079.88	
% Difference				6.22%	
	# Enrolled	Combined Current Rates		Combined Renewal Rates	
		\$680,746.80		\$723,404.04	
				\$42,657.24	
				6.27%	

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

**SIMPLY BLUE<sup>SM</sup> 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 ACHIEVE<sup>SM</sup>:** 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 HMO<sup>SM</sup>:** Exceptional health management and cost containment through a wide range of deductibles and cost-sharing options.

**BCN ROUTINE CARE<sup>SM</sup> 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 PLUS<sup>SM</sup> SELF REFERRAL OPTION HMO:** Affordable HMO plans that allow employees the option to choose an out-of-network provider.

**BCN HRA<sup>SM</sup> 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 HSA<sup>SM</sup> 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 LIVING<sup>SM</sup> 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

phone 248.356.8585 • fax 248.356.8589 • [www.actionbenefits.com](http://www.actionbenefits.com) • 26533 Evergreen Rd., Suite 400, Southfield, MI 48076

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



# 2017 SMALL GROUP PRODUCT PORTFOLIO

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

ADDITIONS AND CHANGES FOR 2017 HIGHLIGHTED IN RED

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

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# 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 <sup>SM</sup>	Community Blue <sup>SM</sup> PPO 1	\$0	N/A	0%	\$6,350	\$10 (\$20, \$30)	\$50 (\$150)
	Community Blue <sup>SM</sup> PPO 3	\$250	\$1,000	20%	\$6,350	\$20 (\$30)	\$150 (\$250)
	Community Blue <sup>SM</sup> PPO 4	\$500	\$1,500	20%	\$6,350	\$20 (\$30, \$40)	\$150 (\$250)
	Community Blue <sup>SM</sup> PPO 12-0%	\$1,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue <sup>SM</sup> PPO 12-20%	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue <sup>SM</sup> PPO 14-20%	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue <sup>SM</sup> PPO 15-0% \$2,500	\$2,500	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue <sup>SM</sup> PPO 15-20% \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue <sup>SM</sup> PPO 15-0% \$5,000	\$5,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue <sup>SM</sup> PPO 15-20% \$5,000	\$5,000	N/A	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
Community Blue <sup>SM</sup> PPO 15-30% \$5,000	\$5,000	N/A	30%	\$6,350	\$30 (\$40)	\$150 (\$250)	
Simply Blue <sup>SM</sup>	Simply Blue <sup>SM</sup> PPO \$250	\$250	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply Blue <sup>SM</sup> PPO \$500	\$500	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	<b>Simply Blue<sup>SM</sup> PPO \$750</b>	<b>\$750</b>	<b>\$2,500</b>	<b>20%</b>	<b>\$6,850</b>	<b>\$20</b>	<b>\$150</b>
	<b>Simply Blue<sup>SM</sup> PPO \$1,000/0%</b>	<b>\$1,000</b>	<b>N/A</b>	<b>0%</b>	<b>\$6,350</b>	<b>\$30</b>	<b>\$150</b>
	Simply Blue <sup>SM</sup> PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue <sup>SM</sup> PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	<b>Simply Blue<sup>SM</sup> PPO \$2,000</b>	<b>\$2,000</b>	<b>\$2,500</b>	<b>20%</b>	<b>\$6,850</b>	<b>\$30</b>	<b>\$150</b>
	Simply Blue <sup>SM</sup> PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	<b>Simply Blue<sup>SM</sup> PPO \$3,000</b>	<b>\$3,000</b>	<b>\$2,500</b>	<b>20%</b>	<b>\$6,850</b>	<b>\$30</b>	<b>\$150</b>
Simply Blue <sup>SM</sup> PPO \$4,000	\$4,000	N/A	30%	\$6,350	\$30 (\$40)	\$150	
Simply Blue <sup>SM</sup> HRA	Simply Blue HRA <sup>SM</sup> PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA <sup>SM</sup> PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA <sup>SM</sup> PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA <sup>SM</sup> PPO \$4,000	\$4,000	N/A	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA <sup>SM</sup> PPO \$5,000	\$5,000	N/A	20%	\$6,600	\$30 (\$40)	\$150
Simply Blue <sup>SM</sup> HSA	Simply Blue HSA <sup>SM</sup> PPO \$1,250-0% (Aggregate)	\$1,300	N/A	0%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA <sup>SM</sup> PPO \$1,250-20% (Aggregate)	\$1,300	N/A	20%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA <sup>SM</sup> PPO \$2,000-0% (Aggregate)	\$2,000	N/A	0%	\$3,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA <sup>SM</sup> PPO \$2,000-20% (Aggregate)	\$2,000	N/A	20%	\$3,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA <sup>SM</sup> PPO \$3,000-0%	\$3,000	N/A	0%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA <sup>SM</sup> PPO \$3,000-20%	\$3,000	N/A	20%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA <sup>SM</sup> PPO \$3,500-0%	\$3,500	N/A	0%	\$4,500	Ded./Coins.	Ded./Coins.
	Simply Blue HSA <sup>SM</sup> PPO \$3,500-20%	\$3,500	N/A	20%	\$4,500	Ded./Coins.	Ded./Coins.
Simply Blue <sup>SM</sup> Routine Care	Simply Blue <sup>SM</sup> Routine Care PPO \$1,000	\$1,000	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue <sup>SM</sup> Routine Care PPO \$1,500	\$1,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue <sup>SM</sup> Routine Care PPO \$2,500	\$2,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue <sup>SM</sup> Routine Care PPO \$4,000	\$4,000	N/A	30%	\$6,600	\$30	Ded./Coins.
Minimum Value Plans	Simply Blue HSA <sup>SM</sup> \$4,000-50% w/Rx	\$4,000	N/A	50%	\$6,350	N/A	N/A
	Simply Blue HSA <sup>SM</sup> \$6,350-0% w/Rx	\$6,350	N/A	0%	\$6,350	N/A	N/A
	Simply Blue <sup>SM</sup> \$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 BLUE<sup>SM</sup> AND SIMPLY BLUE<sup>SM</sup> PLANS ARE DETAILED ON THE FOLLOWING PAGE, AS ARE HEALTHY BLUE ACHIEVE<sup>SM</sup> PPO PLANS



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

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



## Medical Options - Sand Creek Community Schools

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

	Option 1	Option 4
<b>CARRIER</b>	Blue Cross Blue Shield	Blue Cross Blue Shield
<b>Benefit Plan</b>	Simply Blue 500	Simply Blue HDHP 1250 0%
Plan Type/Network	<b>Matched MESSA PAK A</b>	<b>Matched MESSA PAK C</b>
Deductible		
<i>In-Network</i>	\$500/1000	\$1300/2600
<i>Out-of-Network</i>	\$1000/2000	\$2600/\$5200
Coinsurance		
<i>In-Network</i>	80/20%	100%
<i>Out-of-Network</i>	60/40%	80/20%
Coinsurance Maximum		
<i>In-Network</i>	\$2500/5000	None
<i>Out-of-Network</i>	\$5000/10,000	None
Out-of-Pocket Maximum		
<i>In-Network</i>	\$6350/12,700	\$2250/4500
<i>Out-of-Network</i>	\$12,700/25,400	\$4500/9000
Office Visit Copay	\$20	Subject to ded./coins.
Specialist Office Visit Copay	\$20	Subject to ded./coins.
Chiropractic Copay	\$20; 12 visits max.	Subject to ded./coins.; 12 visits max.
Urgent Care Copay	\$20	Subject to ded./coins.
Emergency Room Copay	\$150	Subject to ded./coins.
Prescription Drugs	\$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)
<b>Rate</b>	<u>Rates</u>	<u>Rates</u>
	Single 2      \$624.53	Single 12      \$571.53
	Two-Person 0      \$1,498.87	Two-Person 3      \$1,371.66
	Family 1      \$1,873.59	Family 27      \$1,714.58
Monthly Premium	3      \$3,122.64	42      \$57,266.99
Estimated Taxes & Fees	<u>Included</u>	<u>Included</u>
Total Monthly Cost	\$3,122.64	\$57,266.99
Total Annual Cost	\$37,471.71	\$687,203.90
<i>Difference from Current</i>	-\$3,822.99	\$42,889.22
<i>% Difference</i>	-0.58%	6.66%
	<b>MESSA Combined Rates</b>	<b>BCBS Combined Rates</b>
Combined Annual Total	\$680,746.80	\$724,675.61
Combined Difference		\$43,928.81
Combined % Difference		6.45%

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

## Medical Options - Sand Creek Community Schools

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

CARRIER	Current / Renewal			Option 1			Option 2			Option 3		
Benefit Plan	MESSA - PAK A			Blue Cross Blue Shield			Blue Cross Blue Shield			Blue Cross Blue Shield		
Plan Type/Network	Choices 500 PPO			Simply Blue 500 PPO			Simply Blue 750 PPO			Simply Blue 1000 PPO		
Deductible												
	<i>In-Network</i>			\$500/1000			\$500/1000			\$750/1500		
	<i>Out-of-Network</i>			\$1000/2000			\$1000/2000			\$1500/3000		
Coinsurance												
	<i>In-Network</i>			100%			80/20%			80/20%		
	<i>Out-of-Network</i>			80/20%			60/40%			60/40%		
Coinsurance Maximum												
	<i>In-Network</i>			None			\$2500/5000			\$2500/5000		
	<i>Out-of-Network</i>			None			\$5000/10,000			\$5000/10,000		
Out-of-Pocket Maximum												
	<i>In-Network</i>			None			\$6350/12,700			\$6850/13,700		
	<i>Out-of-Network</i>			\$2000/4000			\$12,700/25,400			\$13,700/27,400		
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	2	\$633.07			\$677.81	Single	2	\$603.55			\$578.70
	Two-Person	0	\$1,422.53			\$1,523.21	Two-Person	0	\$1,448.87			\$1,388.88
	Family	1	\$1,769.87			\$1,895.17	Family	1	\$1,873.59			\$1,736.10
Monthly Premium		3	\$3,036.01			\$3,250.79		3	\$3,122.64			\$2,893.49
Estimated Taxes & Fees	<u>Not Included</u>			<u>Included</u>			<u>Included</u>			<u>Included</u>		
Total Monthly Cost			\$3,036.01			\$3,250.79			\$3,122.64			\$2,893.49
Total Annual Cost			\$36,432.12			\$39,009.48			\$37,471.71			\$34,721.92
Difference from Current						\$2,577.36			\$1,039.59			-\$1,710.20
% Difference						7.07%			2.85%			-4.69%

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

## Medical Options - Sand Creek Community Schools

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

	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		Rates	
Single 12		\$569.91	\$605.31	Single 12	\$571.53	Single 12	\$521.37	Single 12	\$503.36	Single 12	\$463.11
Two-Person 3		\$1,280.45	\$1,360.10	Two-Person 3	\$1,371.66	Two-Person 3	\$1,251.28	Two-Person 3	\$1,208.07	Two-Person 3	\$1,111.47
Family 27		\$1,593.06	\$1,692.18	Family 27	\$1,714.58	Family 27	\$1,564.10	Family 27	\$1,510.09	Family 27	\$1,389.34
Monthly Premium	42	\$53,692.89	\$57,032.88	42	\$57,266.99	42	\$52,240.94	42	\$50,437.06	42	\$46,403.82
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>	<u>Included</u>		<u>Included</u>		<u>Included</u>		<u>Included</u>	
Total Monthly Cost			\$53,692.89			\$57,266.99			\$50,437.06		
Total Annual Cost			\$644,314.68			\$684,394.56			\$605,244.73		
Difference from Current			\$40,079.88			\$42,889.22			-\$39,069.95		
% Difference			6.22%			6.66%			-6.06%		

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



## Medical Options - Sand Creek Community Schools

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

	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 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>	\$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	Current Rates		Renewal Rates	Rates		Rates		Rates			
	Single	12	\$569.91	\$605.31	Single	12	\$461.87	\$429.22	Single	12	\$441.14
	Two-Person	3	\$1,280.45	\$1,360.10	Two-Person	3	\$1,108.50	\$1,030.14	Two-Person	3	\$1,058.72
	Family	27	\$1,593.06	\$1,692.18	Family	27	\$1,385.62	\$1,287.67	Family	27	\$1,323.41
Monthly Premium	42		\$53,692.89	\$57,032.88	42		\$46,279.85	\$43,008.29	42		\$44,201.77
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>		<u>Included in Rates</u>		<u>Included in Rates</u>		<u>Included in Rates</u>		
Total Monthly Cost			\$53,692.89	\$57,032.88			\$46,279.85	\$43,008.29			\$44,201.77
Total Annual Cost			\$644,314.68	\$684,394.56			\$555,358.18	\$516,099.47			\$530,421.21
Difference from Current				\$40,079.88			-\$88,956.50	-\$128,215.21			-\$113,893.47
% Difference				6.22%			-13.81%	-19.90%			-17.68%

BCBS Rates shown include Michigan claim taxes and madatory fees/taxes due to the Patient

Sand Creek Public Schools  
Priority Health

## Medical Options - Sand Creek Community Schools

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

	Option 1 PH	Option 3 PH
<b>CARRIER</b>	Priority Health	Priority Health
<b>Benefit Plan</b>	POS 500	POS HSA 1300
<b>Plan Type/Network</b>	<b>Matched MESSA PAK A</b>	<b>Matched MESSA PAK C</b>
<b>Deductible</b>		
<i>In-Network</i>	\$500/1000	\$1300/2600
<i>Out-of-Network</i>	\$1000/2000	\$2600/\$5200
<b>Coinsurance</b>		
<i>In-Network</i>	100%	100%
<i>Out-of-Network</i>	80/20%	80/20%
<b>Coinsurance Maximum</b>		
<i>In-Network</i>	None	None
<i>Out-of-Network</i>	\$2500/5000	None
<b>Out-of-Pocket Maximum</b>		
<i>In-Network</i>	\$7150/14,300	\$2300/4600
<i>Out-of-Network</i>	\$14,300/28,600	\$4600/9200
<b>Office Visit Copay</b>	\$20	Subject to ded./coins.
<b>Specialist Office Visit Copay</b>	\$35	Subject to ded./coins.
<b>Chiropractic Copay</b>	\$20; 60 visits max. (combined with PT & OT)	Subject to ded./coins.; 60 visits max. (combined with PT & OT)
<b>Urgent Care Copay</b>	\$75	Subject to ded./coins.
<b>Emergency Room Copay</b>	\$150	Subject to ded./coins.
<b>Prescription Drugs</b>	\$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
<b>A.M. Best Rating</b>	A- (Excellent)	A- (Excellent)
<b>Rate</b>	<u>Rates</u>	<u>Rates</u>
	Single 2      \$654.97	Single 12      \$542.16
	Two-Person 0    \$1,471.65	Two-Person 3    \$1,218.18
	Family 1        \$1,831.03	Family 27        \$1,515.66
<b>Monthly Premium</b>	3      \$3,140.97	42      \$51,083.28
<b>Estimated Taxes &amp; Fees</b>	<u>Included in Rates</u>	<u>Included in Rates</u>
<b>Total Monthly Cost</b>	\$3,140.97	\$51,083.28
<b>Total Annual Cost</b>	\$37,691.64	\$612,999.36
<b>Difference from Current</b>	\$1,259.52	-\$31,315.32
<b>% Difference</b>	3.46%	-4.86%
	<b>MESSA Current Combined</b>	<b>MESSA Renewal Combined</b>
<b>Combined Annual Total</b>	\$680,746.80	\$723,404.04
<b>Combined Difference</b>		-\$72,713.04
<b>Combined % Difference</b>		-10.68%

PH Rates shown include Michigan claim taxes and madatory fees/taxes due to the Patient Protection and



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

	Current / Renewal		Option 1 PH		Option 2 PH			
<b>CARRIER</b>	MESSA - PAK A		Priority Health		Priority Health			
<b>Benefit Plan</b>	Choices 500		POS 500		POS 1000			
Plan Type/Network	PPO		POS		POS			
Deductible								
<i>In-Network</i>	\$500/1000		\$500/1000		\$1000/2000			
<i>Out-of-Network</i>	\$1000/2000		\$1000/2000		\$2000/4000			
Coinsurance								
<i>In-Network</i>	100%		100%		100%			
<i>Out-of-Network</i>	80/20%		80/20%		80/20%			
Coinsurance Maximum								
<i>In-Network</i>	None		None		None			
<i>Out-of-Network</i>	None		\$2500/5000		\$2500/5000			
Out-of-Pocket Maximum								
<i>In-Network</i>	None		\$7150/14,300		\$7150/14,300			
<i>Out-of-Network</i>	\$2000/4000		\$14,300/28,600		\$14,300/28,600			
Office Visit Copay	\$20		\$20		\$20			
Specialist Office Visit Copay	\$20		\$35		\$35			
Chiropractic Copay	100% after ded.; 38 visits max.		\$20; 60 visits max. (combined with PT & OT)		\$20; 60 visits max. (combined with PT & OT)			
Urgent Care Copay	\$25		\$75		\$75			
Emergency Room Copay	\$50		\$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			
A.M. Best Rating	-		A- (Excellent)		A- (Excellent)			
<b>Rate</b>	<u>Current Rates</u>		<u>Renewal Rates</u>		<u>Rates</u>			
	Single	2	\$633.07	\$677.81	Single	2	\$654.97	
	Two-Person	0	\$1,422.53	\$1,523.21	Two-Person	0	\$1,471.65	
	Family	1	\$1,769.87	\$1,895.17	Family	1	\$1,831.03	
Monthly Premium		3	\$3,036.01	\$3,250.79		3	\$3,140.97	
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>		<u>Included in Rates</u>		<u>Included in Rates</u>	
Total Monthly Cost			\$3,036.01	\$3,250.79			\$3,140.97	\$2,985.21
Total Annual Cost			\$36,432.12	\$39,009.48			\$37,691.64	\$35,822.52
<i>Difference from Current</i>							\$1,259.52	-\$609.60
<i>% Difference</i>							3.46%	-1.67%

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

## Medical Options - Sand Creek Community Schools

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

	Current / Renewal		Option 2 PH		Option 3 PH	
<b>CARRIER</b>	MESSA - PAK C		Priority Health		Priority Health	
<b>Benefit Plan</b>	ABC Plan 1 - HDHP		POS HSA 1300		POS HSA 2000	
Plan Type/Network	PPO		POS		POS	
Deductible						
<i>In-Network</i>	\$1300/2600		\$1300/2600		\$2000/4000	
<i>Out-of-Network</i>	\$2600/5200		\$2600/\$5200		\$4000/8000	
Coinsurance						
<i>In-Network</i>	100%		100%		100%	
<i>Out-of-Network</i>	80/20%		80/20%		80/20%	
Coinsurance Maximum						
<i>In-Network</i>	None		None		None	
<i>Out-of-Network</i>	None		None		None	
Out-of-Pocket Maximum						
<i>In-Network</i>	\$2300/\$4600		\$2300/4600		\$3000/6000	
<i>Out-of-Network</i>	\$4600/9200		\$4600/9200		\$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.; 60 visits max. (combined with PT & OT)		Subject to ded./coins.; 60 visits max. (combined with PT & OT)	
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)	
<b>Rate</b>						
	<u>Current Rates</u>		<u>Renewal Rates</u>		<u>Rates</u>	
Single 12	12	\$569.91	12	\$605.31	12	\$485.84
Two-Person 3	3	\$1,280.45	3	\$1,360.10	3	\$1,091.63
Family 27	27	\$1,593.06	27	\$1,692.18	27	\$1,358.21
Monthly Premium	42	\$53,692.89	42	\$57,032.88	42	\$45,776.64
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>		<u>Included</u>	
Total Monthly Cost	\$53,692.89		\$57,032.88		\$45,776.64	
Total Annual Cost	\$644,314.68		\$684,394.56		\$549,319.68	
<i>Difference from Current</i>			\$40,079.88		-\$94,995.00	
<i>% Difference</i>			6.22%		-14.74%	

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