### Lenawee County Consortium A and B

June 24, 2017

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

Dear Consortium A and Consortium B Members:

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

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

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

Respectfully,

Cindy Farmer

Employee Benefit Specialist/Consortium A and Consortium B Secretary

4107 N. Adrian Hwy.

C.g. Farmer

Adrian, MI. 49221

(517) 265-1632

# EMPLOYEE BENEFITS PLAN REVIEW

**Prepared for Sand Creek Schools** 

Todd Gentner Client Executive

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

# . 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.

### Account Service Team/Who to Call

wish to thank you for the opportunity to examine your employee benefit needs. Because a large portion of your annual budget is allocated to employee benefits, choosing the right provider becomes a very important decision. Please feel free to call us at any time if you have any questions or concerns.

Your Account Service Team Includes:

Client Executive

Todd Gentner Todd.gentner@kapnick.com

Client Advocate

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

www.kapnick.com

### Blue Cross-Blue Shield

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

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

#### EyeMed

Employer Customer Service Website Employee Customer Service



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

#### **Mutual of Omaha**

Employee Customer Service Website



(800) 556-9228 www.mutualofomaha.com



# Carrier A.M. Best Rating

CARRIER	A.M. BEST RATING				
MEDICAL					
Blue Cross Blue Shield	A-				
Blue Care Network	A-				
Priority Health	A-				
United Healthcare	A				
DENTAL					
Blue Cross Blue Shield	A-				
Delta Dental	A-				
Guardian	A++				
MetLife	A+				
VISION	<b>到目的对象是外部正式和自由的工程和</b>				
Blue Cross Blue Shield	A-				
EyeMed	NR				
VSP	A				
LIFE/AD&D, DISABILITY, WORKPLACE					
Guardian	A++				
Fort Dearborn	A+				
Lincoln Financial Group	A+				
UNUM	A				

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

Carrier ratings updated January 2014



### Medical Renewal - Sand Creek Community Schools

Period: 07/01/2017 to 06/30/2018 Current / Renewal Current / Renewal MESSA - PAK C CARRIER MESSA - PAK A ABC Plan 1 - HDHP Benefit Plan Choices 500 **PPO** Plan Type/Network PPO Deductible In-Network \$500/1000 \$1300/2600 \$2600/5200 Out-of-Network \$1000/2000 Coinsurance 100% In-Network 100% Out-of-Network 80/20% 80/20% Coinsurance Maximum In-Network None None Out-of-Network None None Out-of-Pocket Maximum \$2300/\$4600 In-Network None \$4600/9200 Out-of-Network \$2000/4000 Subject to ded./coins. Office Visit Copay \$20 Specialist Office Visit Copay \$20 Subject to ded./coins. Chiropractic Copay 100% after ded.; 38 visits max. Subject to ded./coins.; 38 visits max. Subject to ded./coins. **Urgent Care Copay** \$25 Subject to ded./coins. Emergency Room Copay \$50 Subject to ded., then: Prescription Drugs Saver Rx ABC Rx A.M. Best Rating Current Rates Renewal Rates **Current Rates** Rate Renewal Rates \$605.31 Single \$633.07 \$677.81 Single 12 \$569.91 \$1,422.53 \$1,523.21 Two-Person 3 \$1,280.45 \$1,360.10 Two-Person 0 \$1,692.18 \$1,593.06 Family 1 \$1,769.87 \$1,895.17 Family 27 \$57,032.88 42 \$53,692.89 Monthly Premium 3 \$3,036.01 \$3,250.79 Not Included Included Not Included Included Estimated Taxes & Fees \$57,032.88 \$53,692.89 Total Monthly Cost \$3,036.01 \$3,250.79 Total Annual Cost \$36,432.12 \$39,009.48 \$644,314.68 \$684,394.56

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).

# Enrolled



\$40,079.88

**Combined Renewal Rates** 

\$723,404.04

\$42,657.24

6.27%

6.22%

Difference

% Difference

Combined Annual Total

Combined % Difference

**Combined Difference** 

Combined Current Rates

\$680,746.80

\$2,577.36

7.07%

# 2017 GROUP PRODUCT FAMILY **OVERVIEW**



As Michigan's most trusted names in health insurance, Blue Cross® Blue Shield® of Michigan and Blue Care Network offer employers a comprehensive suite of products, designed to the fulfill the needs of the state's diverse workforce.

### BLUE CROSS BLUE SHIELD OF MICHIGAN

COMMUNITY 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 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 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 though 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

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 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 Bl Platinun	ue <sup>sм</sup> PPO n \$0	\$0	10%	\$1,000	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue <sup>sw</sup>	Community BI Platinum		\$250	20%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
ommuni	Community Bl Platinum		\$500	10%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
٥	Community Bl Gold \$1		\$1,000	20%	\$3,500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$10/\$40/\$80
Blue	Community Blue Platinum \$		\$1,500	20%	\$1,500	\$6,350	\$1.250	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue HRA <sup>SM</sup>	Community Blue Gold \$3	HRA <sup>SM</sup> PPO ,000	\$3,000	20%	\$1,500	\$6,600	\$750	\$30/\$30/\$60/\$150	\$5/\$40/\$80
Сощ	Community Blue Gold \$5		\$5,000	20%	N/A	\$6,600	\$1,500	\$40/\$40/\$60/\$250	\$10/\$40/\$80
	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%
TOTAL	Simply Blue <sup>SM</sup> PF	O Gold \$500	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/ <b>\$250</b>	\$15/\$50/50%/20%/25%
Me <sup>SM</sup>	Simply Blue <sup>SM</sup> PP	O 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>	Simply Blue <sup>SM</sup> PP	O Gold \$1,500	\$1,500	20%	\$1,000	\$6,600	N/A	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
Simp	Simply Blue <sup>SM</sup> PPC	O Silver <b>\$2,500</b>	\$2,500	30%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
	Simply Blue <sup>SM</sup> PPC	O 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> PPC	O Silver \$4,000	\$4,000	20%	N/A	\$6,350	N/A	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
A	Simply Blue H	RA <sup>SM</sup> PPO	\$5,000	30%	N/A	\$6,350	\$3,500	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
Brue HRA <sup>SW</sup>	Simply Blue H Gold \$1		\$1,500	20%	\$3,500	\$6,350	\$500	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%
Simply Bru	Simply Blue H Gold \$2		\$2,000	20%	N/A	\$6,350	\$750	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%
ïS	Simply Blue H Gold \$4		\$4,000	20%	N/A	\$6,350	\$1,450	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
	Simply Blue H Gold \$1,300	SA <sup>SM</sup> PPO ) (Aggregate)	\$1,300	20%	N/A	\$2,300	N/A	Deductible/ Coinsurance	Ded. & \$10/\$40/\$80/15%/25%
	Simply Blue H Gold <b>\$1,45</b> 0		\$1,450	0%	N/A	\$2,450	N/A	Deductible/ Coinsurance	Ded. & \$20/\$60/50%/20%/25%
ue HSA <sup>sw</sup>	Simply Blue H Gold \$2		\$2,700	0%	N/A	\$5,000	\$700	Deductible/ Coinsurance	Ded. & \$15/\$50/50%/20%/25%
<u> </u>	Simply Blue H Silver \$2	SA <sup>SM</sup> PPO 2,700	\$2,700	20%	N/A	\$5,000	N/A	Deductible/ Coinsurance	Ded. & \$15/\$50/50%/20%/25%
Simply	Simply Blue H Silver \$3		\$3,500	0%	N/A	\$5,500	\$250	Deductible/ Coinsurance	Ded. & \$20/\$60/50%/20%/25%
	Simply Blue H Bronze \$		\$5,500	30%	N/A	\$6,450	N/A	Deductible/ Coinsurance	Deductible/ Coinsurance
	Simply Blue H Bronze \$		\$6,350	0%	N/A	\$6,350	N/A	Deductible/ Coinsurance	Deductible/ Coinsurance
Blue <sup>sm</sup> e Care	Simply Blue <sup>SM</sup> Rou Silver \$2	utine Care PPO 2,000	\$2,000	30%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%
Simply Blue <sup>5M</sup> Routine Care	Simply Blue <sup>sM</sup> Rou Silver \$3		\$3,000	20%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%
A Property	Healthy Blue	Enh.	\$250	20%	\$500	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
E E	Achieve <sup>sM</sup> PPO Platinum \$250	Stand.	\$2,000	40%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
ш б				-2000000	JAVACCEUVA.		I.	and the second of the second o	
Healthy Blue Achieve <sup>sm</sup>	Healthy Blue	Enh.	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/ <b>\$250</b>	\$15/\$50/50%/20%/25%

<sup>• \*</sup>ECM: Embedded Co-Insurance Maximum

<sup>•</sup> The data represented here is for Single contracts, In-Network. Out-of-Network: 2X Single. Family Deductible and Out-of-Pocket Max: 2X Single.
• (Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.)

# 2017 LARGE GROUP PRODUCT PORTFOLIO BLUE CROSS® BLUE SHIELD® OF MICHIGAN · LARGE GROUP OPTIONS (51-100 ELIGIBLE EMPLOYEES)

ADDITIONS FOR 2017 HIGHLIGHTED IN RED

	PLAN	DEDUCTIBLE	ECM* (OPTIONS)	COINS.	OUT-OF-POCKET MAX	OFFICE VISIT (OPTIONS)	ER (OPTIONS)
STATE	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)
Slue	Community Blue <sup>SM</sup> PPO 12-20%	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
uity	Community Blue <sup>sм</sup> PPO 14-20%	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
Community Blue <sup>st</sup>	Community Blue <sup>SM</sup> PPO 15-0% \$2,500	\$2,500	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
ŭ	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> 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
	Simply Blue <sup>sM</sup> PPO \$750	\$750	\$2,500	20%	\$6,850	\$20	\$150
,	Simply Blue <sup>sM</sup> PPO \$1,000/0%	\$1,000	N/A	0%	\$6,350	\$30	\$150
Blues	Simply Blue <sup>sM</sup> PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Simply Blue <sup>su</sup>	Simply Blue <sup>SM</sup> PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
iğ	Simply Blue <sup>sM</sup> PPO \$2,000	\$2,000	\$2,500	20%	\$6,850	\$30	\$150
029	Simply Blue <sup>sM</sup> PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue <sup>sM</sup> PPO \$3,000	\$3,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue <sup>sM</sup> PPO \$4,000	\$4,000	N/A	30%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA <sup>SM</sup> PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Hred M	Simply Blue HRA <sup>SM</sup> PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Blue	Simply Blue HRA <sup>SM</sup> PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Simply Blue	Simply Blue HRA <sup>SM</sup> PPO \$4,000	\$4,000	N/A	20%	\$6,350	\$30 (\$40)	\$150
Sir	Simply Blue HRA <sup>SM</sup> PPO \$5,000	\$5,000	N/A	20%	\$6,600	\$30 (\$40)	\$150
)(K	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.
Asm	Simply Blue HSA <sup>SM</sup> PPO \$2,000-0% (Aggregate)	\$2,000	N/A	0%	\$3,000	Ded./Coins.	Ded./Coins.
imply Blue HSA <sup>sM</sup>	Simply Blue HSA <sup>SM</sup> PPO \$2,000-20% (Aggregate)	\$2,000	N/A	20%	\$3,000	Ded./Coins.	Ded./Coins.
ly Blu	Simply Blue HSA <sup>SM</sup> PPO \$3,000-0%	\$3,000	N/A	0%	\$4,000	Ded./Coins.	Ded./Coins.
Simp	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.
ž a	Simply Blue <sup>sM</sup> Routine Care PPO \$1,000	\$1,000	\$2,500	20%	\$6,600	\$30	Ded./Coins.
Blue <sup>8</sup> Care	Simply Blue <sup>sM</sup> Routine Care PPO \$1,500	\$1,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
Simply Blue <sup>ste</sup> Routine Care	Simply Blue <sup>sM</sup> Routine Care PPO \$2,500	\$2,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
N K	Simply Blue <sup>SM</sup> Routine Care PPO \$4,000	\$4,000	N/A	30%	\$6,600	\$30	Ded./Coins.
E SE	Simply Blue HSA <sup>sM</sup> \$4,000-50% w/Rx	\$4,000	N/A	50%	\$6,350	N/A	N/A
Minimum Value Plans	Simply Blue HSA <sup>sM</sup> \$6,350-0% w/Rx	\$6,350	N/A	0%	\$6,350	N/A	N/A
Mir	Simply Blue <sup>sм</sup> \$1,500 w/ Blue Advantage Rx	\$1,500	N/A	20%	\$4,000	\$30	\$150

<sup>• \*</sup>ECM: Embedded Coinsurance Maximum

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

<sup>•</sup> 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.

(Nagressia) 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.)

BLUF CARE NETWORK • LARGE GROUP OPTIONS (51-100 FLIGIBLE EMPLOYEES)

	PLAN		DED.	COINS.	ECM*	OUT-OF-POCKET MAX	OV/SPEC/UC/ER	Rx
	BCN HMO <sup>SM</sup> 10%		\$0	10%	\$1,000	\$5,000	\$20/\$30/\$35/\$150	
The second	BCN HMO <sup>sM</sup> 20%		\$0	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150	1
	BCN HMO <sup>sM</sup> 30%		\$0	30%	\$5,500	\$6,600	\$30/\$40/\$35/\$150	1
	BCN HMO <sup>sм</sup> \$500/0%	6	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150	
	BCN HMO <sup>sм</sup> \$500/109	%	\$500	10%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	
	BCN HMO <sup>sм</sup> \$1,000/20	)%	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
	BCN HMO <sup>sм</sup> \$1,000/30	)%	\$1,000	30%	\$3,000	\$6,600	\$20/\$40/\$50/\$150	
мес	BCN HMO <sup>sм</sup> \$1,500/20%/\$5	00 ECM	\$1,500	20%	\$500	\$6,350	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
BCN HMO <sup>SM</sup>	BCN HMO <sup>sм</sup> \$1,500/20%/\$1,5	500 ECM	\$1,500	20%	\$1,500	\$6,600	\$20/\$40/\$50/\$150	
BCN	BCN HMO <sup>SM</sup> \$2,000/20%/\$5	00 ECM	\$2,000	20%	\$500	\$6,350	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
	BCN HMO <sup>sm</sup> \$2,000/20%/\$4,0	000 ECM	\$2,000	20%	\$4,000	\$6,350	\$30/\$50/\$50/\$150	
	BCN HMO <sup>SM</sup> \$2,000/30%/\$1,6	000 ECM	\$2,000	30%	\$1,000	\$6,600	\$30/\$40/\$50/\$150	(0-1-+ 0)
	BCN HMO <sup>SM</sup> \$3,000/20	)%	\$3,000	20%	\$3,500	\$6,600	\$30/\$50/\$50/\$250	(Select One)
	BCN HMO <sup>sм</sup> \$4,000/0	%	\$4,000	0%	N/A	\$6,600	\$30/\$45/\$50/\$150	1
	BCN HMO <sup>SM</sup> \$4,000/20	)%	\$4,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150	1
	BCN HMO <sup>sм</sup> \$4,000/30	)%	\$4,000	30%	\$2,000	\$6,600	\$35/\$45/\$50/\$250	1
	BCN HMO <sup>SM</sup> \$5,000/20		\$5,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150	1
	BCN HSA <sup>SM</sup> HMO \$1,300/20		\$1,300	20%	N/A	\$2,300	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%
	BCN HSA <sup>SM</sup> HMO \$1,350/0%		\$1,350	0%	N/A	\$2,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
	BCN HSA <sup>sM</sup> HMO \$2,700	***************************************	\$2,700	0%	N/A	\$5,000	Ded./Coins.	\$6/\$25/\$50/\$80/20%/20%
0	BCN HSA <sup>SM</sup> HMO \$2,700	-	\$2,700	20%	N/A	\$5,000	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%
WH w	BCN HSA <sup>SM</sup> HMO \$3,000	0/0%	\$3,000	0%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
BCN HSA <sup>SM</sup> HMO	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	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			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	0/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	Deductible
e e	BCN Routine Care <sup>sм</sup> HMO	\$1,500	\$1,500	30%	N/A	\$6,350	\$40/Ded./Ded./Ded.	\$10/\$30/\$60/\$80/220%
Routine Care	BCN Routine Care <sup>sм</sup> HMO	\$3,000	\$3,000	20%	N/A	\$5,000	\$30/Ded./Ded./Ded.	\$6/\$25/\$60/\$80/20%/20%
	BCN HMO <sup>sm</sup> \$1,500/20	0%	\$1,500	20%	N/A	\$5,000	\$30/\$45/\$50/\$150	Limited Rx Benefit
imum Plar	BCN HSA <sup>SM</sup> HMO \$4,000	/50%	\$4,000	50%	N/A	\$6,350	Ded./Coins.	50% after Ded.
Minimum Value Plans	BCN HSA <sup>SM</sup> HMO \$6,350	0/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	0% after Ded.
TO DE	Healthy <i>Blue</i> Living <sup>sм</sup>	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 <sup>sм</sup>	Enh.	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
ng <sup>sw</sup>	HMO \$500	Stand.	\$3,000	30%	\$3,500	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
e Livi	Healthy <i>Blue</i> Living <sup>sм</sup>	Enh.	\$1,000	20%	\$2,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
y 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 <sup>sM</sup>	Healthy <i>Blue</i> Living <sup>sм</sup>	Enh.	\$1,500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
=	HMO \$1,500	Stand.	\$4,000	30%	\$2,500	\$6,600	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%
	Healthy <i>Blue</i> Living <sup>sм</sup>	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 <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>	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%
Elec	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%

<sup>\*</sup>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.

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

CARRIER  Blue Cross E  Benefit Plan  Plan Type/Network	Blue Shield lue 500 SSA PAK A 1000 2000 0%	Option 4  Blue Cross Blue Sh  Simply Blue HDHP 12: Matched MESSA PA  \$1300/2600 \$2600/\$5200	50 0%			
Benefit Plan Plan Type/Network Deductible  In-Network Out-of-Network Coinsurance In-Network Out-of-Network Scool/1 \$12,700/2 \$20 Specialist Office Visit Copay Specialist O	lue 500 SSA PAK A 1000 2000 0%	Simply Blue HDHP 12 Matched MESSA PA \$1300/2600 \$2600/\$5200	50 0%			
Plan Type/Network Deductible  In-Network Out-of-Network Coinsurance In-Network Out-of-Network S500/1 \$2500/1 \$12,700/2 \$20; 12 vis \$10 Ge \$40 Preferr \$80 Nonpreferm \$80 No	1000 2000 2000 0%	Matched MESSA PA \$1300/2600 \$2600/\$5200				
In-Network	2000 0% 0%	\$2600/\$5200				
Coinsurance	0% 0%	77,				
In-Network Out-of-Network	0%	4000/				
Coinsurance Maximum  In-Network Out-of-Network S6350/1 \$12,700/2 \$20 \$20 \$20 \$20 \$20 \$21 \$20 \$10 Ge \$40 Preferr \$80 Nonprefer \$80 Nonprefer Mail Ord A.M. Best Rating A- (Excertable) Rate  Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	0%					
Coinsurance Maximum  In-Network Out-of-Network Out-of-Pocket Maximum In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network S6350/1 \$12,700/2 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$2		80/20%				
Out-of-Network Out-of-Pocket Maximum In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Office Visit Copay Specialist Office Visit Copay Chiropractic Copay Urgent Care Copay Emergency Room Copay Frescription Drugs Single 2 Two-Person 0 Family 1 Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Single 2 Two-Person 0 Family 1	5000	33,23,7				
Out-of-Pocket Maximum  In-Network Out-of-Network Out-of-Network Office Visit Copay Specialist Office Visit Copay Chiropractic Copay Urgent Care Copay Emergency Room Copay  \$20; 12 vis \$10 Ge \$40 Preferr \$80 Nonprefer Mail Ord A.M. Best Rating A- (Excel Rate Single 2 Two-Person 0 Family 1 Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost		None				
In-Network	0,000	None				
Out-of-Network         \$12,700%           Office Visit Copay         \$20           Specialist Office Visit Copay         \$20           Chiropractic Copay         \$20; 12 vis           Urgent Care Copay         \$20           Emergency Room Copay         \$15           Prescription Drugs         \$10 Ge           \$40 Preferr         \$80 Nonpreference           Mail Ord         A- (Excellent           Rate         Single 2           Two-Person 0         Family 1           Monthly Premium         3           Estimated Taxes & Fees         Total Monthly Cost           Total Annual Cost         Total Annual Cost	2 700	\$2250/4500				
Specialist Office Visit Copay \$20 Chiropractic Copay \$20; 12 vis Urgent Care Copay \$20 Emergency Room Copay \$15 State \$10 Ge \$40 Preferr \$80 Nonprefer Mail Ord A.M. Best Rating A- (Excellent A- (Exc		\$4500/9000				
Chiropractic Copay \$20; 12 vis  Urgent Care Copay \$20  Emergency Room Copay \$15  \$10 Ge \$40 Preferr \$80 Nonprefer Mail Ord  A.M. Best Rating A- (Excel  Rate Single 2  Two-Person 0  Family 1  Monthly Premium  Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	כ	Subject to ded./coi	ns.			
Urgent Care Copay \$20  Emergency Room Copay \$15  \$10 Ge \$40 Preferr \$80 Nonprefer Mail Ord  A.M. Best Rating A- (Excel  Rate Single 2 Two-Person 0 Family 1  Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	)	Subject to ded./coi	ns.			
Emergency Room Copay  \$15  \$10 Ge \$40 Preferr \$80 Nonprefer Mail Ord  A.M. Best Rating  A- (Excel Rate  Single 2 Two-Person 0 Family 1  Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	sits max.	Subject to ded./coins.; 12 visits max.				
\$10 Ge \$40 Preferr \$80 Nonprefer Mail Ord  A.M. Best Rating  A- (Excel Rate  Single 2 Two-Person 0 Family 1  Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	)	Subject to ded./coi	ns.			
Prescription Drugs  \$40 Preferr \$80 Nonprefer Mail Ord  A.M. Best Rating  A- (Excellent  Rate  Single 2 Two-Person 0 Family 1  Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	0	Subject to ded./coins.				
Single 2   Two-Person 0   Family 1	ed Brand erred Brand	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x				
Single 2	ellent)	A- (Excellent)				
Two-Person 0   Family 1   1	Rates	4	Rates			
Family 1  Monthly Premium 3  Estimated Taxes & Fees  Total Monthly Cost  Total Annual Cost	\$624.53	Single 12 Two-Person 3	\$571.53 \$1,371.66			
Monthly Premium 3 Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	\$1,873.59		\$1,714.58			
Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	\$3,122.64		\$57,266.99			
Total Annual Cost	Included	155 V	Included			
Backley # - 1 9824 #8	\$3,122.64		\$57,266.99			
Difference from Current		\$6	687,203.90			
Emisionios non our on	\$37,471.71	\$	42,889.22			
% Difference	\$37,471.71 -\$3,822.99		6.66%			
MESSA Comi	-\$3,822.99 -0.58%	BCBS Combined R	ates			
Combined Annual Total \$680,74	-\$3,822.99 -0.58% bined Rates		\$724,675.61			
Combined Difference	-\$3,822.99 -0.58% bined Rates	\$724,675.61				
Combined % Difference	-\$3,822.99 -0.58% bined Rates	\$724,675.61 \$43,928.81				

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



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

Burney of the State of the Stat	Current / Renewal	oneu.	07/01/2017 10	Option 1			Option 2		STATE OF THE STATE OF	Option 3	A SAME OF
CARRIER	MESSA - PAK A		Blue Cr	oss Blue	Shield	Blue Cro	oss Blue S	Shield	Blue Cr	oss Blue	Shield
Benefit Plan	Choices 500		Sim	ply Blue 5	00	Sim	ply Blue 7	50	Simp	ly Blue 1	000
Plan Type/Network	PPO			PPO			PPO			PPO	
Deductible											
In-Network	\$500/1000		\$	500/1000		\$	750/1500		\$1	1000/200	כ
Out-of-Network	\$1000/2000		S	1000/2000	):	\$1500/3000			\$2	2000/4000	0
Coinsurance	M. N. S.										
In-Network	100%			80/20%			80/20%			80/20%	
Out-of-Network	80/20%			60/40%			60/40%			60/40%	
Coinsurance Maximum	00/20/0			00/40/0			00/10/0			00, 10,0	
In-Network	Maria Name			2500/5000	v:	60	500/5000		6.	2500/500	n
	None		97.5							000/10,00	-
Out-of-Network	None		\$5	000/10,00	U	\$50	000/10,000	J	ခဲ့သ	000/10,00	JU
Out-of-Pocket Maximum	NCC		580700	. 605 (2.87) (878)	85	12000			>200		
In-Network	None			350/12,70			350/13,70			350/12,70	St. 1000
Out-of-Network	\$2000/4000		\$12	,700/25,4	00	\$13,	,700/27,40	00	\$12	,700/25,4	00
0.00	***			000			\$20			\$30	
Office Visit Copay	\$20			\$20			\$20			φου	
Specialist Office Visit Copay	\$20			\$20			\$20			\$30	
Specialist Office Visit Copay	\$20			<b>Φ</b> ΖU		\$20			ΨΟΟ		
	1000/ -0 1-1 00 1-7		000	40!-!!		600.	12 visits m		¢20.	12 visits ı	200
Chiropractic Copay	100% after ded.; 38 visits max.		\$20;	12 visits n	nax.	\$20;	IZ VISITS IT	iax.	<b>Φ30</b> ;	IZ VISILS I	IIax.
2000 S 180 S	(6.00)						2000				
Urgent Care Copay	\$25			\$20		\$20			\$30		
Emergency Room Copay	\$50			\$150		\$150			\$150		
Emergency Room Copay	\$30			\$ 150		Ψ100			Ψ100		
				10 Generio		64	0 Generic		e d	0 Generi	
						7	referred B			referred E	
Prescription Drugs	Saver Rx		0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.000 (0.0	referred B				100000			
				preferred	The state of the s		preferred			preferred	
			Ma	ail Order 2	X	Ma	il Order 2	x	Ma	ail Order 2	2X
A.M. Best Rating				(Excellen	41	Λ_	(Excellent	4	Δ_	(Exceller	nt)
Rate	Current Rates Renewa	al Rates	A-	(Excellen	Rates	Λ-	LXCENEII	Rates		LXCCIICI	Rates
Rate			Cinala	0	\$624.53	Cinalo	2	\$603.55	Single	2	\$578.70
		\$677.81	Single						Two-Person		\$1,388.88
			Two-Person			Two-Person					
	Family <u>1</u> \$1,769.87 \$1	1,895.17	Family	1	\$1,873.59	Family	1	\$1,810.64	Family	1	\$1,736.10
Monthly Premium	3 \$3,036.01 \$3	3,250.79		3	\$3,122.64		3	\$3,017.74		3	\$2,893.49
Estimated Taxes & Fees	14.040.000.000	Included		vac74	Included		eres i	Included			Included
Total Monthly Cost		3,250.79			\$3,122.64			\$3,017.74			\$2,893.49
Total Annual Cost		9,009.48			\$37,471.71			\$36,212.88			\$34,721.92
The Apple British State Control of the Apple Control of the Apple British State Contro	Opening to the state of the st	evan in commence of			RECOGNICATE TOTAL TOTAL CO.			All the second of the			
Difference from Current	\$2	2,577.36			\$1,039.59			-\$219.24			-\$1,710.20
% Difference		7.07%			2.85%			-0.60%			-4.69%
					2000-000-00-00-00-00-00-00-00-00-00-00-0			NAME OF STREET			A-965-m3500

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



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

(Charles in Cardon Spinson	Current / Renewal	A STATE	Option	4	Option	15	Option	16	Option	7	
CARRIER	MESSA - PAK C		Blue Cross Bl	ue Shield	Blue Cross Bl	ue Shield	Blue Cross B	ue Shield	Blue Cross Bl	ue Shield	
Benefit Plan	ABC Plan 1 - HDHP		Simply Blue HDI		Simply Blue HDH		Simply Blue HDHP 2000 0%		Simply Blue HDHP 2000 20%		
Plan Type/Network	PPO		PPO		PPC	)	PPC	)	PPO	E.	
Deductible	<b>#</b> 4800/0000		64000/0	000	#4000/G		\$2000/4000		\$2000/4	\$2000/4000	
In-Network Out-of-Network	\$1300/2600 \$2600/5200		\$1300/2 \$2600/\$5		\$1300/2 \$2600/\$		\$2000/4		\$4000/8000		
Coinsurance	\$2000/3200		\$2000/\$3	1200	φ2000/φ.	5200	φ+000/0	000	ψ+000/0	000	
In-Network	100%		100%	,	80/20	%	100%	6	80/209	%	
Out-of-Network	80/20%		80/209		60/40	%	80/20	%	60/409	%	
Coinsurance Maximum							99928		1000		
In-Network	None		None		None		None		None		
Out-of-Network	None		None	1	None	9	None	9	None	9	
Out-of-Pocket Maximum In-Network	\$2300/\$4600		\$2250/4	500	\$2250/4	500	\$3000/6	000	\$3000/6	000	
Out-of-Network	\$4600/9200		\$4500/9	57777	\$4500/9	00.0000	\$6000/12		\$6000/12		
							11.4-12.00	25 W 26		0.20 / Profession	
Office Visit Copay	Subject to ded./coins.	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 de	d./coins.	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		
	0.11		Subject to de	d./coins.;	Subject to de	d./coins.;	Subject to de	d./coins.;	Subject to ded./coins.;		
Chiropractic Copay	Subject to ded./coins.; 38 visits ma	±0.	12 visits max.		12 visits	12 visits max.		12 visits max.		max.	
Urgent Care Copay	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to de	ed./coins.	
Emergency Room Copay	Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.		
			Subject to de	d., then:	Subject to ded., then:		Subject to ded., then:		Subject to ded., then:		
	Subject to ded., then:		\$10 Ger	eric	\$10 Generic		\$10 Ger		\$10 Gen	157157	
Prescription Drugs	ABC Rx		\$40 Preferre		\$40 Preferred Brand		\$40 Preferre		\$40 Preferre		
	7.50 1.00		\$80 Nonprefer		\$80 Nonprefer		\$80 Nonprefe		\$80 Nonprefer Mail Orde		
2 30210221 N 20 30			Mail Ord		Mail Ord		Mail Ord	7-10-1770 C			
A.M. Best Rating	- Current Rates Renewa	Potos	A- (Exce	lent) Rates	A- (Exce	Rates	A- (Exce	Rates	A- (Excel	Rates	
Rate		05.31	Single 12	\$571.53		\$521.37	Single 12	\$503.36	Single 12	\$463.11	
			Two-Person 3		Two-Person 3		Two-Person 3		Two-Person 3	\$1,111.47	
		92.18		\$1,714.58		\$1,564.10		\$1,510.09	Family 27	\$1,389.34	
Monthly Premium	42 \$53,692.89 \$57	32.88	42	\$57,266.99	42	\$52,240.94	42	\$50,437.06	42	\$46,403.82	
Estimated Taxes & Fees	Not Included li	cluded	1700 A. Hall	Included	774504	Included		<u>Included</u>		Included	
Total Monthly Cost		032.88		\$57,266.99	1	\$52,240.94		\$50,437.06		\$46,403.82	
Total Annual Cost	SELECT ELECTRIC PRODUCTION INVOLUTION	394.56		\$687,203.90		\$626,891.23		\$605,244.73		\$556,845.83	
Difference from Current	\$40,	79.88		\$42,889.22		<b>-</b> \$17,423.45		-\$39,069.95		-\$87,468.85	
% Difference		6.22%		6.66%		-2.70%		-6.06%		-13.58%	

|% Difference | 6.22% | 6.66% | -2

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



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

Committee of the Commit	Current / Rer	ewal	Opti	on 8	Op	tion 9	Option 10		
CARRIER	MESSA - PA		Blue Cross			s Blue Shield	Blue (	Cross Blue Shield	
Benefit Plan	ABC Plan 1 -		Simply Blue H			IDHP 3000 20%	Simply E	Blue HDHP 3500 0%	
Plan Type/Network	PPO		PF			PPO		PPO	
Deductible			55 (2)						
In-Network	\$1300/260	10	\$3000	/6000	\$300	0/6000	\$3500/7000		
Out-of-Network	\$2600/520	0	\$6000/	12,000	\$6000	0/12,000	\$7000/14,000		
Coinsurance			,				5222		
In-Network	100%		100		2.7	/20%		100%	
Out-of-Network	80/20%		80/2	20%	60.	/40%		80/20%	
Coinsurance Maximum	None		No	no	N.	one		None	
In-Network Out-of-Network	None		No		1400	one		None	
Out-of-Pocket Maximum	Notice			iic.	1	one		110110	
In-Network	\$2300/\$46	00	\$4000	/8000	\$400	0/8000	8	\$4500/9000	
Out-of-Network	\$4600/920	00	\$8000/	16,000	\$8000	0/16,000	\$	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.		
100 CONT			Subject to o	ded./coins.:	Subject to	ded./coins.;	Subje	ect to ded./coins.;	
Chiropractic Copay	Subject to ded./coins.;	38 visits max.	12 visit			sits max.	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.		
			Subject to	ded., then:	Subject to	ded., then:		ect to ded., then:	
	Subject to ded	then:	\$10 G		TO SEC.	Generic		\$10 Generic	
Prescription Drugs	ABC Rx	*A	\$40 Prefer			erred Brand	570,0072	Preferred Brand	
	7.2010.		\$80 Nonpref		And the control of the first of the	eferred Brand		onpreferred Brand Mail Order 2x	
			Mail O			Order 2x	I	ENGINE LINEAU PROTECTION CO.	
A.M. Best Rating	- Current Ra	tes Renewal Rates	A- (Exc	cellent) Rates		xcellent) Rates		A- (Excellent) Rates	
Rate	Single 12 \$569			\$461.87		\$429.22			
	Two-Person 3 \$1,280		Two-Person 3		Two-Person 3		Two-Person		
	Family <u>27</u> \$1,593		The second of th	\$1,385.62		\$1,287.67	Family		
Monthly Premium	42 \$53,692	.89 \$57,032.88	42	\$46,279.85	42	\$43,008.29		42 \$44,201.77	
Estimated Taxes & Fees	Not Inclu	Space of the space		Included in Rates		Included in Rates		Included in Rates	
Total Monthly Cost	\$53,692		•	\$46,279.85	•	\$43,008.29		\$44,201.77	
Total Annual Cost	\$644,314	.68 \$684,394.56	i	\$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

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

Market Calendary Control of the Cont	Option 1 PH	Option 3 PH				
CARRIER	Priority Health	Priority Health				
Benefit Plan	POS 500	POS HSA 1300				
Plan Type/Network Deductible	Matched MESSA PAK A	Matched MESSA PAK C				
In-Network	\$500/1000	\$1300/2600				
Out-of-Network	\$1000/2000	\$2600/\$5200				
Coinsurance						
In-Network	100%	100%				
Out-of-Network Coinsurance Maximum	80/20%	80/20%				
In-Network	None	None				
Out-of-Network	\$2500/5000	None				
Out-of-Pocket Maximum	**************************************					
In-Network	\$7150/14,300	\$2300/4600				
Out-of-Network	\$14,300/28,600	\$4600/9200				
Office Visit Copay	\$20	Subject to ded./coins.				
Specialist Office Visit Copay	\$35	Subject to ded./coins.				
	\$20; 60 visits max.	Subject to ded./coins.;				
Chiropractic Copay	(combined with PT & OT)	60 visits max. (combined with PT & OT)				
Urgent Care Copay	\$75	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)				
Rate	Rates	Rates				
	Single 2 \$654.97	Single 12 \$542.16				
		Two-Person 3 \$1,218.18				
	Family <u>1</u> \$1,831.03	Family <u>27</u> \$1,515.66				
Monthly Premium	3 \$3,140.97	42 \$51,083.28				
Estimated Taxes & Fees	Included in Rates	Included in Rates				
Total Monthly Cost	\$3,140.97	\$51,083.28 \$612,000.36				
Total Annual Cost	\$37,691.64	\$612,999.36				
Difference from Current	\$1,259.52	-\$31,315.32				
% Difference	3.46%	-4.86%				
	MESSA Current Combined	MESSA Renewal Combined				
Combined Annual Total	\$680,746.80	\$723,404.04				
Combined Difference		-\$72,713.04				
Combined % Difference		-10.68%				
DI Datas about include Michigan alaine		to to the Detient Protection and				

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



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

<b>1000000000000000000000000000000000000</b>	Current / Renewal	Option 1 PH	Option 2 PH		
CARRIER	MESSA - PAK A	Priority Health	Priority Health		
Benefit Plan	Choices 500	POS 500	POS 1000		
Plan Type/Network	PPO	POS	POS		
Deductible In-Network	\$500/1000	\$500/1000	\$1000/2000		
Out-of-Network		\$1000/2000	\$2000/4000		
Coinsurance	\$ 1000/2000	ψ100012000	\$2555/ 1655		
In-Network	100%	100%	100%		
Out-of-Network	80/20%	80/20%	80/20%		
Coinsurance Maximum	W. C.	27			
In-Network		None	None		
Out-of-Network Out-of-Pocket Maximum	None	\$2500/5000	\$2500/5000		
In-Network	None	\$7150/14,300	\$7150/14.300		
Out-of-Network		\$14,300/28,600	\$14,300/28,600		
Section for strengthening		100 S. Montey (100 S.	1. 25 20		
Office Visit Copay	\$20	\$20	\$20		
Specialist Office Visit Copay	\$20	\$35	\$35		
	Modificació	000 00 11	600 00 i-it		
Chiropractic Copay	100% after ded.; 38 visits max.	\$20; 60 visits max. (combined with PT & OT)	\$20; 60 visits max. (combined with PT & OT)		
		(combined with P1 & O1)	(combined with 1 4 O1)		
Urgent Care Copay	\$25	\$75	\$75		
Emergency Room Copay	\$50	\$150	\$150		
Line geney reem copay	<b>+</b>	<b>\$100</b>	7.00		
		\$10 Generic	\$10 Generic		
Prescription Drugs	Saver Rx	\$40 Preferred Brand	\$40 Preferred Brand		
Trecomption Brago	Cavel 1st	\$80 Nonpreferred Brand	\$80 Nonpreferred Brand		
		Mail Order 2x	Mail Order 2x		
A.M. Best Rating		A- (Excellent)	A- (Excellent)		
Rate	Current Rates Renewal Rates	Rates	Rates		
	Single 2 \$633.07 \$677.81		Single 2 \$622.49		
	- IP 2012년 전 : 전 : 전 : 전 : 전 : 전 : 전 : 전 : 전 : 전	[] 강화가게하다 (세계())()()()()()()()() [[건가 [기계()]()()()()()()()()()()()()()()()()()()	Two-Person 0 \$1,398.67		
	Family <u>1</u> \$1,769.87 \$1,895.17				
Monthly Premium	3 \$3,036.01 \$3,250.79		3 \$2,985.21		
Estimated Taxes & Fees	Not Included Included		Included in Rates \$2,985.21		
Total Monthly Cost Total Annual Cost	\$3,036.01 \$3,250.79 \$36,432.12 \$39,009.48				
Difference from Current	\$20,432.12 \$39,009.46		-\$609.60		
			****		
% Difference	7.07%	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).



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

	Challenge Park	C	urrent / Renewal	07/01/2017 to 0	Option	2 PH		Option 3 F	Н	
CARRIER		V	MESSA - PAK C		Priority H			iority Hea	0.01	
Benefit Plan		AE	C Plan 1 - HDHF		POS HSA	A 1300		S HSA 2	1011/14	
Plan Type/Network			PPO		POS		10 E	POS		
Deductible					1			3 303		
In-Network			\$1300/2600		\$1300/2	2600	l \$	2000/400	00	
Out-of-Network			\$2600/5200		\$2600/\$	5200	\$	4000/800	00	
Coinsurance										
In-Network			100%		1009	%		100%		
Out-of-Network			80/20%		80/20	1%		80/20%		
Coinsurance Maximum										
In-Network			None		Non	e		None		
Out-of-Network			None		Non	е		None		
Out-of-Pocket Maximum								10		
In-Network			\$2300/\$4600		\$2300/4			3000/600		
Out-of-Network			\$4600/9200		\$4600/9	9200	\$6	000/12,0	00	
Office Visit Copay		Sub	ject to ded./coins	<b>.</b> .,	Subject to de	ed./coins.	Subje	ct to ded.	/coins.	
Specialist Office Visit Copay		Sub	iest to ded (seing		Cubicot to de	0.1:-		facility of		
opedialist Office visit oopay		Subject to ded./coins.			Subject to ded./coins.		Subject to ded./coins.			
Chiranzastia Caraci		14 45 17		Tr.	Subject to de	The street of th	Subject to ded./coins.;			
Chiropractic Copay	Subjec	ct to c	led./coins.; 38 vis	sits max.	60 visits		60 visits max.			
2006 (** Ave.) (50°)					(combined with	n PT & OT)	(combin	ed with P	T & OT)	
Urgent Care Copay		Sub	ject to ded./coins		Subject to de	ed./coins.	Subjec	ct to ded.	/coins.	
Emergency Room Copay		Sub	ject to ded./coins	\$ <b>!</b>	Subject to de	ed./coins.	Subjec	ct to ded.	/coins.	
					Subject to de	ed then:	Subject	ct to ded.	then:	
		0.4			\$10 Ger			10 Gener		
Prescription Drugs		Subject to ded., then: ABC Rx			\$40 Preferre	\$40 Preferred Brand				
			ABC KX		\$80 Nonprefer	* 1	npreferre			
					Mail Ord	er 2x	Ma	ail Order	2x	
A.M. Best Rating			20		A- (Exce	llent)	Α-	(Exceller	nt)	
Rate			Current Rates	Renewal Rates		Rates		1=200000	Rates	
	_	12	\$569.91	\$605.31	Single 12	\$542.16	Single	12	\$485.84	
	Two-Person	3	\$1,280.45	\$1,360.10	Two-Person 3	\$1,218.18	Two-Person	3	\$1,091.63	
	Family	<u>27</u>	\$1,593.06	\$1,692.18	Family 27	\$1,515.66	Family	<u>27</u>	\$1,358.21	
Monthly Premium		42	\$53,692.89	\$57,032.88	42	\$51,083.28		42	\$45,776.64	
Estimated Taxes & Fees			Not Included	Included		Included			Included	
Total Monthly Cost			\$53,692.89	\$57,032.88		\$51,083.28			\$45,776.64	
Total Annual Cost			\$644,314.68	\$684,394.56		\$612,999.36			\$549,319.68	
Difference from Current				\$40,079.88		-\$31,315.32			-\$94,995.00	
% Difference				6.22%		-4.86%			-14.74%	
PH rates shown include Michigan claim t	A	-4	f 4						emante a 1200%	

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

