



June 7, 2011

Courtney Box
Employee Benefit Solutions, Inc
801 S Mitchell St
Cadillac, MI 49601

RE: Houghton Lake Schools

Dear Courtney,

Thank you for the opportunity to review the proposal to bid. We are pleased to be invited and appreciate your interest in working with our company. However, based upon the present information provided in the proposal, we have concluded that we are probably not the partner in this case who can provide the best solution. As a result, we respectfully decline the opportunity to bid. However, we are eager to work with you in the future where our unique combination of administration experience and versatile benefit plan products can provide you with an excellent outcome.

Please keep us informed of future opportunities to partner with your organization.

Sincerely,

Deena Russell
Account Executive
MEBS

Houghton Lake Area Schools
HLEA Union
Medical
7/1/11
Bid 1: MEBS- VEBA

Blue Cross Blue Shield of Michigan Rate Quote New Policy ERS-Quote

Agency: agency name

Client: Houghton Lake Sch HLEA on

Agent: Mark Sisson

cas

Assoc: None

Houghton Lake - MI 48629

Customer (Primary) 8211 Elementary and secondary schools

BCBSM: Class4

Group(Subgroup)/Suffix(Class) Specific Data

Group/Suffix: 0 0 Effective Date: 07/01/2011

BCBSM Area: 7 Renewal Date: 07/01/2011

County: Roscommon

Zip: 48629

Total Eligibles: 166

Customer Size: 79

Type: Association

Suffix/Class Size: 79

Entire Group Avg Age: 43.0

<u>Quoted Benefits</u>	<u>One</u>	<u>Two</u>	<u>Family</u>	<u>Med.</u>
	<u>Person</u>	<u>Person</u>	<u>Suppl.</u>	<u>Suppl.</u>
Community Blue Plan 3A	414.09	993.82	1242.29	274.02
Medicare HCR-PCB Preventive Care Benefits	0.00	0.00	0.00	0.81
Mental Health Parity	6.24	14.99	18.74	N/A
CB-OV\$20 - \$20 Office Visit/Outpatient Services Copay	-10.33	-24.78	-30.98	N/A
CBC-MT\$20 - Manipulative Treatments Copay	-7.94	-19.05	-23.82	N/A
OCSM-12, osteopathic & chiropractic spinal manipulation w/\$20 OV	-1.55	-3.72	-4.65	N/A
XVA - Excludes Voluntary Abortion Coverage	-0.80	-1.91	-2.39	N/A
PD-TTC\$5/\$25/\$50 RXCM	106.91	256.58	320.73	310.16
RX90 - Retail Purchase 2X for 90-day Refill	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>N/A</u>
Total Medical and Drug Rate	506.64	1215.93	1519.92	585.00
Medical and Drug Enrollment	21	11	47	0
Houghton Lake Area Schools	44.25	106.21	132.76	41.68
HLEA Union	<u>21</u>	<u>11</u>	<u>47</u>	<u>0</u>
Medical	550.89	1322.14	1652.68	626.68
7/1/11				
Bid 2: Blue Cross Blue Shield				\$103,788.00

Please submit quote with enrollment documentation.

BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.

Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.

Cross RRL = 1.1700, Shield RRL = 1.0384

Drug RRL = 5.8128, Dental RRL = 1.3536, Vision RRL = 1.2250



SHARED FUNDING PROPOSAL

HOUGHTON LAKE COMMUNITY SCHOOLS

Effective: 7/1/2011

**PHYSICIANS CARE PROPOSAL
PLAN 1 PPO: \$0 Deductible & 100% coverage thereafter**

Enrollment	Employee Count	Current Rates	Service Fee	Insurance Premium	Claims Funding	Total
Single	26	\$613.30	\$50.00	\$249.44	\$317.85	\$617.29
Double	32	\$1,378.04	\$50.00	\$434.21	\$556.98	\$1,041.19
Family	66	\$1,530.99	\$50.00	\$706.00	\$908.75	\$1,664.75
Total Monthly	124	\$161,088.42	\$6,200.00	\$66,976.16	\$86,064.96	\$159,241.12
Total Annual		\$1,933,061.04	\$74,400.00	\$803,713.92	\$1,032,779.52	\$1,910,893.44
<i>% Change from Current/Renewal</i>						-1.1%

Carrier Information

Carrier: PAN AMERICAN LIFE

Contract Type: 12/12

Covered Benefit: MED/RX

STOP LOSS COVERAGE REQUIREMENTS AND OPTIONS:

- 1) Stop loss quotes assume satisfaction of the carrier's minimum requirements for eligibility, participation, benefits and plan design.
- 2) Stop loss quotes above reflect an annual benefit maximum per covered person per plan year of \$5,000,000 (see ASR Health Benefits/Physicians Care Plan Highlights Benefit Description). The maximum reimbursable amount per the stop loss policy will be \$10,000,000 per covered person per policy year.
- 3) A completed Disclosure Statement must be submitted for review and approval before final stop loss insurance rates and funding factors are issued.
- 4) The stop loss insurance rates and funding factors are contingent upon receipt and review of renewal rates from the quoted group's current health plan.
- 5) Employers must pay premiums and fund claims based on a minimum of 15 employees for each month of the contract.
- 6) Terminal liability coverage is required on a 12/12 contract if the policy is terminated upon renewal. The client will be required to pay an additional two months of the inforce insurance premiums, claims funding factors and administrative fees based on the average enrollment from the last two months of the policy year. The additional charges will provide for coverage and payment of all eligible claims for up to 12 months beyond the policy termination date.

GENERAL SPECIFICATIONS:

- 7) Service fee quoted above includes the following costs: Administration fee, PPO network access fees (Physicians Care and the Multiplan Extended National network), Utilization Review services with Physicians Care Health Management, HIPAA administration and postage/handling for the direct release of checks and EOBs.
- 8) Administration services available: Dental = \$4.50 per employee per month (pepm); Vision = \$1.50 pepm.
- 9) Initial supply of Physicians Care directories included at the point of sale. Additional Physicians Care directories are available at a cost of \$3.53 each. Directories are also available on-line at www.physicianscare.com and www.multipan.com.
- 10) Physicians Care/ASR Health Benefits & Pan American Life will not be bound by any typographical errors/omissions in this proposal.
- 11) Do not cancel current coverage until confirmation of final rates and funding factors has been issued and group is accepted for coverage.
- 12) Agent receives part of the service fee as compensation.

Date of proposal: 2/17/2011

Houghton Lake Area Schools
HLEA Union
Medical
7/1/11
Bid 3: ASR/Physicians Care



**2011 Rate Renewal Exclusively for
Houghton Lake Comm Schools
Renewal Effective 07/01/2011**

Quote #: 313858
MESSA Field Rep: Kirk Bascom
Date Created: 04/30/2011

1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

PAK A - 588F Teacher

		2010-11 Rates	Enrollment	2011-12 Rates
Medical:	MESSA Choices II	\$613.30	Single: 20	\$681.76
OV/UC/ER Copay:	\$5/\$10/\$25	\$1,378.04	2-Person: 12	\$1,532.09
RX Drug Copay:	\$10/\$20	\$1,530.99	Family: 47	\$1,702.15
Deductible:	In-\$0, Out-\$250/\$500			
Riders Included:	None			

Dental:				
Class I:	100%			
Class II:	100%			
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$96.41		

Houghton Lake Area Schools

HLEA Union
Medical
7/1/11
Bid 4: MESSA

Dental - Coordination of Benefits:			Single: 1	\$19.16
Class I:	50%		2-Person: 4	\$35.95
Class II:	50%		Family: 8	\$67.21
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$96.41		

Vision:	VSP 3 Plus		Single: 20	\$10.65
			2-Person: 15	\$22.90
			Family: 44	\$34.47
Composite:		\$27.88		

Life Insurance:	\$25,000		79	
Rate/\$1000				\$0.14
Volume				\$1,975,000.00
Composite:		\$4.25		\$3.50
AD&D Coverage:	\$25,000		79	
Rate/\$1000				\$0.03
Volume				\$1,975,000.00
Composite:		\$0.75		\$0.75

LTD Benefit	60% Max \$3,000		79	
Max Monthly Salary:	\$5,000			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.34
Covered Salary				\$321,746.00
Composite:		\$20.85		\$13.85

Total Monthly Rate per Member - Single	\$763.44			\$756.50
Total Monthly Rate per Member - 2-Person	\$1,528.18			\$1,658.46
Total Monthly Rate per Member - Family	\$1,681.13			\$1,903.03

Totals for Dental - Coordination of Benefits

Total Monthly Rate per Member - Single	\$763.44			\$729.67
Total Monthly Rate per Member - 2-Person	\$1,528.18			\$1,609.04
Total Monthly Rate per Member - Family	\$1,681.13			\$1,821.93

The above rates are based on plans and enrollment as of 04/21/2011. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



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RX Drug Copay:	\$10/\$20	\$1,530.99	Family: 47	\$1,702.15
Deductible:	In-\$0, Out-\$250/\$500			
Riders Included:	None			
<hr/>				
Dental:			Single: 19	\$45.99
Class I:	100%		2-Person: 11	\$85.37
Class II:	100%		Family: 36	\$148.31
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$96.41		
<hr/>				
Dental - Coordination of Benefits:			Single: 1	\$19.16
Class I:	50%		2-Person: 4	\$35.95
Class II:	50%		Family: 8	\$67.21
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$96.41		
<hr/>				
Vision:	VSP 3 Plus			
<hr/>				
Composite:		\$27.88		
<hr/>				
Life Insurance:	\$25,000		79	\$0.14
Rate/\$1000				\$1,975,000.00
Volume				\$3.50
Composite:		\$4.25		
AD&D Coverage:	\$25,000		79	\$0.03
Rate/\$1000				\$1,975,000.00
Volume				\$0.75
Composite:		\$0.75		
<hr/>				
LTD Benefit	60% Max \$3,000		79	\$0.34
Max Monthly Salary:	\$5,000			\$321,746.00
Waiting Period:	90 CDMF			\$13.85
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.34
Covered Salary				\$321,746.00
Composite:		\$20.85		\$13.85
<hr/>				
Total Monthly Rate per Member - Single		\$763.44		\$756.50
Total Monthly Rate per Member - 2-Person		\$1,528.18		\$1,658.46
Total Monthly Rate per Member - Family		\$1,681.13		\$1,903.03

**Houghton Lake Area Schools
HLEA Union
Dental
7/1/11
Bid 1: MESSA**

Totals for Dental - Coordination of Benefits

Total Monthly Rate per Member - Single	\$763.44	\$729.67
Total Monthly Rate per Member - 2-Person	\$1,528.18	\$1,609.04
Total Monthly Rate per Member - Family	\$1,681.13	\$1,821.93

The above rates are based on plans and enrollment as of 04/21/2011. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



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**2011 Rate Renewal Exclusively for
 Houghton Lake Comm Schools
 Renewal Effective 07/01/2011**

Quote #: 313858
 MESSA Field Rep: Kirk Bascom
 Date Created: 04/30/2011

PAK B - 588F Teacher

		2010-11 Rates	Enrollment	2011-12 Rates
Dental:			Single: 2	\$37.78
Class I:	100%		2-Person: 0	\$70.47
Class II:	100%		Family: 0	\$132.96
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$59.86		
Dental - Coordination of Benefits:			Single: 1	\$19.58
Class I:	50%		2-Person: 2	\$36.70
Class II:	50%		Family: 13	\$68.30
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$59.86		
Vision:	VSP 2		Single: 3	\$5.45
			2-Person: 2	\$11.72
			Family: 13	\$17.63
Composite:		\$15.83		
Life Insurance:	\$25,000		18	
Rate/\$1000				\$0.14
Volume				\$450,000.00
Composite:		\$4.25		\$3.50
AD&D Coverage:	\$25,000		18	
Rate/\$1000				\$0.03
Volume				\$450,000.00
Composite:		\$0.75		\$0.75
LTD Benefit	60% Max \$3,000		18	
Max Monthly Salary:	\$5,000			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.34
Covered Salary				\$66,424.00
Composite:		\$19.12		\$12.55
Total Composite Rate per Member		\$99.81		
Total Monthly Rate per Member - Single				\$60.03
Total Monthly Rate per Member - 2-Person				\$98.99
Total Monthly Rate per Member - Family				\$167.39
Totals for Dental - Coordination of Benefits				
Total Composite Rate per Member		\$99.81		
Total Monthly Rate per Member - Single				\$41.83
Total Monthly Rate per Member - 2-Person				\$65.22
Total Monthly Rate per Member - Family				\$102.73

The above rates are based on plans and enrollment as of 04/21/2011. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



June 7, 2011

Employee Benefit Solutions
Attn: Courtney Box
801 S. Mitchell Street
Cadillac, MI 49601

Re: Proposal for Dental and Vision Benefit Plan Administration – Houghton Lake Schools

Dear Courtney:

This letter serves as a proposal for the administration services we will provide to Houghton Lake Schools for their self-funded dental and vision plan.

Set-Up Fee: waived (current vision only client)

The set-up fee includes:

- A plan set-up meeting with your client to be conducted at the client's office or at ASR's office.
- Draft of the Plan Documents/Summary Plan Description(s)
- Processing of initial enrollment.

Items not included in the one-time set-up fee

- Printing of benefit booklets/summary plan descriptions for distribution to employees. ASR will coordinate the printing of those booklets but charges for the coordination and printing will be passed through to Houghton Lake Schools. Generally, the cost for booklets ranges from \$3 to \$4 per booklet depending on the style chosen. If preferred, ASR will provide an electronic copy of the SPD to Houghton Lake Schools at no additional cost and Houghton Lake Schools can coordinate booklet printing

Houghton Lake Area Schools
HLEA Union
Dental
7/1/11
Bid 2: ASR/Physicians Care

ASR Monthly Administration Fees

ASR will provide administration services to Houghton Lake Schools based on the following schedule:

FEES*	7/1/11 – 6/30/12
Vision Administration Fee (current client)	\$1.50 per employee per month
Dental Administration Fee	\$4.00 per employee per month

*A minimum fee of \$100.00 per benefit administered per month will apply, regardless of the actual enrollment.

The ASR monthly administration fee includes normal administration services with respect to these benefit plans, including the proper adjudication of claims on behalf of your client in accordance with the plan design. The fees quoted do not include the cost of mailing checks and Explanation of Benefit (EOB) forms. Your client can request that ASR either release checks and EOBs at the current rate of \$0.53 per piece or deliver checks and EOBs to their office in batch for internal distribution.

Please note that the quote for Houghton Lake Schools does not include any form of agent compensation. We certainly can revise this proposal to meet your revenue needs.

We look forward to the opportunity of doing business with Houghton Lake Schools and providing the level of service and information that is expected by their TPA partner. ASR Health Benefits is in a position to clearly identify the needs of Houghton Lake Schools and work with you to provide the best services available from any TPA.

If you have any questions or need further information, please feel free to contact me at (616) 957-1751, extension 3049, or via e-mail at katinaa@asrcorp.com.

Sincerely,

Katina Atwell
Account Coordinator

Blue Cross Blue Shield of Michigan Rate Quote

New Policy ERS Quote

Agency: agency name

Client: Houghton Lake Sch HLEA on

Agent: Mark Sisson

cas

Assoc: None

Houghton Lake MI 48629

Customer (Primary) 8211 Elementary and secondary schools

BCBSM: Class4

Group(Subgroup)/Suffix(Class) Specific Data

Group/Suffix: 0 0 Effective Date: 07/01/2011

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Entire Group Avg Age: 43.0

<u>Quoted Benefits</u>	<u>One Person</u>	<u>Two Person</u>	<u>Family</u>	<u>Med. Suppl.</u>
Community Blue Plan 12A	372.49	893.99	1117.49	274.02
Medicare HCR-PCB Preventive Care Benefits	0.00	0.00	0.00	0.81
Mental Health Parity	5.64	13.54	16.93	N/A
CB-OV\$30 - \$30 Office Visit/Outpatient Services Copay	-18.44	-44.27	-55.34	N/A
CBC-MT\$30 - Manipulative Treatments Copay	-11.90	-28.57	-35.71	N/A
OCSM-12, osteopathic & chiropractic spinal manipulation w/\$30 OV	-0.31	-0.75	-0.94	N/A
CB-ER \$150, Emergency Room Copay	-4.68	-11.24	-14.05	N/A
XVA - Excludes Voluntary Abortion Coverage	-0.80	-1.91	-2.39	N/A
PD-TTC \$10/\$40/\$80 RXCM	68.16	163.59	204.48	197.67
RX90 - Retail Purchase 2X for 90-day Refill	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>N/A</u>
Total Medical and Drug Rate	410.16	984.39	1230.48	472.51
Medical and Drug Enrollment	21	11	47	0
Traditional Dental Plus Plan 3	44.25	106.21	132.76	41.68
Dental Enrollment	<u>21</u>	<u>11</u>	<u>47</u>	<u>0</u>
Total Plan Rate	454.42	1090.60	1363.25	514.20
Monthly Premium				\$85,611.90

Houghton Lake Area Schools

HLEA Union

Dental

7/1/11

Bid 3: Blue Cross Blue Shield

Please submit quote with enrollment documentation.

BCBSM reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect.

Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.

Cross RRL = 1.1700, Shield RRL = 1.0384

Your group insurance benefits

Proposal for HOUGHTON LAKE SCHOOLS
Effective Date July 1, 2011

Underwritten by
Principal Life Insurance Company
Des Moines, IA 50392-0002
www.principal.com

Presented by
Employee Benefit Solutions

Prepared by
DAVID W BRASS
Group Non-Medical Sales and
Services

Thank you for considering group insurance from Principal Life Insurance Company for your employee benefit program. This proposal includes rates and benefit information for:

- Group Dental Insurance

CONVENTIONALLY INSURED RATES

Dental Insurance	Employee	Employee & 1 Dependent	Family	
HLEA Members				
Billed Monthly Rate	\$54.10	\$101.83	\$163.81	
Orthodontia Benefits	\$0.00	\$1.93	\$16.16	
Final Billed Monthly Rate	\$54.10	\$103.76	\$179.97	Dental Total
Lives	20	15	58	93
Monthly Costs	\$1,082.00	\$1,556.40	\$10,438.26	\$13,076.66
Annual Costs	\$12,984.00	\$18,676.80	\$125,259.12	\$156,919.92

Dental PPO Network Benefit Design – HLEA Members Network #85601						
THE PRINCIPAL PLAN DENTAL PPO® (Unscheduled Benefit Design)						
	Calendar Year Deductible		Coinsurance (policy pays/insured pays)		Calendar Year Maximum Benefit	
	In - Network	Non - Network	In - Network	Non - Network	In - Network	Non - Network
Unit 1 - Preventive Procedures	\$0	\$0	100/0%	100/0%	\$1,000	\$1,000
Unit 2 - Basic Procedures	\$0	\$0	100/0%	100/0%		
Unit 3 - Major Procedures	\$0	\$0	50/50%	50/50%		

ADDITIONAL BENEFIT RIDERS						
	Lifetime Deductible		Coinsurance (policy pays/insured pays)		Lifetime Maximum	
	In - Network	Non - Network	In - Network	Non - Network	In - Network	Non - Network
Unit 4-Orthodontia Benefits	\$0	\$0	50/50%	50/50%	\$1,500	\$1,500
• Child						

Houghton Lake Area Schools
HLEA Union
Dental
7/1/11
Bid 4: Principal Insurance

- This proposal assumes the group had prior dental coverage for Preventive/Basic/Major/Ortho procedures.
- The calendar year maximums for Units 1, 2, and 3 are combined.
- We process claims using prevailing fees at the 99th percentile.
- Minimum of 10 enrolled lives required for child orthodontia coverage.
- Note: An Annual Enrollment Period was elected and available subject to plan guidelines.
- The maximum benefit listed above is the maximum benefit payment limit Principal Life Insurance Company will make for each member or dependent.
- The Maximum Accumulation Plan was elected. This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1,000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. A member can accumulate no more than four times the carry over amount.

Participation: 75% employee participation assumed.

Reimbursement

- We pay out-of-network claims based on Prevailing Fee.
- Employee is responsible for any remaining balance.

SCHEDULE OF DENTAL PROCEDURES

Unit 1 – Preventive procedures

- Routine exams – two per calendar year
- Routine cleanings (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)
- Second Opinion Consultation
- Fluoride treatment – one treatment each calendar year (covered only for dependent children under age 18)
- Space maintainers – covered only for dependent children under age 18; repairs not covered
- Harmful Habit Appliance – covered only for dependent children under age 18

Unit 2 – Basic procedures

- Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit. (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)
- Emergency exams – subject to Routine exam frequency limit
- X-rays - Bitewing (one set every calendar year), occlusal, periapical
- X-rays - Full mouth survey (one every 60 months), extraoral
- Fillings and stainless steel crowns
- General Anesthesia/IV Sedation
- Simple Oral surgery
- Complex Oral Surgical Procedures
- Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)
- Periodontal Surgical Procedures – one each quadrant each 36 months
- Simple Endodontics (root canal therapy for anterior teeth)
- Complex Endodontics (root canal therapy for molar teeth)

Unit 3 – Major procedures

- Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations
- Crowns - each 60 months per tooth if tooth cannot be restored by a filling
- Inlays, Onlays, Cast Post and Core, Core Buildup - each 60 months per tooth
- Bridges - Initial placement / Replacement of bridges 60 months old
- Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old

Orthodontic procedures

- Orthodontic procedures - x-rays and other diagnostic procedures, fixed and removable appliances
- The Orthodontic maximum is a lifetime maximum



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RX Drug Copay:	\$10/\$20	\$1,530.99	Family: 47	\$1,702.15
Deductible:	In-\$0, Out-\$250/\$500			
Riders Included:	None			
<hr/>				
Dental:			Single: 19	\$45.99
Class I:	100%		2-Person: 11	\$85.37
Class II:	100%		Family: 36	\$148.31
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$96.41		
<hr/>				
Dental - Coordination of Benefits:			Single: 1	\$19.16
Class I:	50%		2-Person: 4	\$35.95
Class II:	50%		Family: 8	\$67.21
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$96.41		
<hr/>				
Vision:	VSP 3 Plus		Single: 20	\$10.65
			2-Person: 15	\$22.90
			Family: 44	\$34.47
Composite:		\$27.88		
<hr/>				
Life Insurance:	\$25,000			
Rate/\$1000				
Volume				
Composite:		\$4.25		
AD&D Coverage:	\$25,000			
Rate/\$1000				
Volume				
Composite:		\$0.75		
<hr/>				
LTD Benefit	60% Max \$3,000		79	
Max Monthly Salary:	\$5,000			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.34
Covered Salary				\$321,746.00
Composite:		\$20.85		\$13.85
<hr/>				
Total Monthly Rate per Member - Single		\$763.44		\$756.50
Total Monthly Rate per Member - 2-Person		\$1,528.18		\$1,658.46
Total Monthly Rate per Member - Family		\$1,681.13		\$1,903.03
<hr/>				
Totals for Dental - Coordination of Benefits				
Total Monthly Rate per Member - Single		\$763.44		\$729.67
Total Monthly Rate per Member - 2-Person		\$1,528.18		\$1,609.04
Total Monthly Rate per Member - Family		\$1,681.13		\$1,821.93

**Houghton Lake Area Schools
HLEA Union
Vision
7/1/11
Bid 1: MESSA**

The above rates are based on plans and enrollment as of 04/21/2011. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

**2011 Rate Renewal Exclusively for
 Houghton Lake Comm Schools
 Renewal Effective 07/01/2011**

Quote #: 313858
 MESSA Field Rep: Kirk Bascom
 Date Created: 04/30/2011

PAK B - 588F Teacher

		2010-11 Rates	Enrollment	2011-12 Rates
Dental:			Single: 2	\$37.78
Class I:	100%		2-Person: 0	\$70.47
Class II:	100%		Family: 0	\$132.96
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$59.86		
Dental - Coordination of Benefits:			Single: 1	\$19.58
Class I:	50%		2-Person: 2	\$36.70
Class II:	50%		Family: 13	\$68.30
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Composite:		\$59.86		
Vision:	VSP 2		Single: 3	\$5.45
			2-Person: 2	\$11.72
			Family: 13	\$17.63
Composite:		\$15.83		
Life Insurance:	\$25,000		18	
Rate/\$1000				\$0.14
Volume				\$450,000.00
Composite:		\$4.25		\$3.50
AD&D Coverage:	\$25,000		18	
Rate/\$1000				\$0.03
Volume				\$450,000.00
Composite:		\$0.75		\$0.75
LTD Benefit	60% Max \$3,000		18	
Max Monthly Salary:	\$5,000			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.34
Covered Salary				\$66,424.00
Composite:		\$19.12		\$12.55
Total Composite Rate per Member		\$99.81		
Total Monthly Rate per Member - Single				\$60.03
Total Monthly Rate per Member - 2-Person				\$98.99
Total Monthly Rate per Member - Family				\$167.39
Totals for Dental - Coordination of Benefits				
Total Composite Rate per Member		\$99.81		
Total Monthly Rate per Member - Single				\$41.83
Total Monthly Rate per Member - 2-Person				\$65.22
Total Monthly Rate per Member - Family				\$102.73

The above rates are based on plans and enrollment as of 04/21/2011. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.

Tasha Blake

From: Courtney Box [cbox@ebsagency.com]
Sent: Saturday, June 11, 2011 9:53 AM
To: 'Tasha Blake'
Subject: FW: Houghton Lake Schools - QUOTE
Importance: High
Attachments: INSURANCE CENSUS & COVERAGES - EBS 05-27-11.xls

Courtney Box

Employee Benefit Solutions, Inc.
801 S. Mitchell Street
Cadillac, MI 49601
231-779-1406
866-793-2764
Cell: 231-920-0267
Fax: 231-779-2247
www.ebsagency.com

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From: Merritt Shorr [mailto:Merritt.Shorr@vsp.com]
Sent: Wednesday, June 08, 2011 4:08 PM
To: Courtney Box
Subject: FW: Houghton Lake Schools - QUOTE
Importance: High

Hi Courtney

VSP cannot quote on schools associated with MESSA

My apologies

thank you

Houghton Lake Area Schools
HLEA Union
Vision
7/1/11
Bid 2: VSP

Merritt Shorr | Client Manager, Inside Sales | VSP Vision Care | 3333 Quality Drive, Rancho Cordova, CA 95670
P: 800.852.7600 x 4464 | F: 916.463.3929 | Mail Stop 131 | vsp.com

From: Courtney Box [mailto:cbox@ebsagency.com]
Sent: Tuesday, June 07, 2011 10:24 AM

6/11/2011



June 7, 2011

Employee Benefit Solutions
Attn: Courtney Box
801 S. Mitchell Street
Cadillac, MI 49601

Re: Proposal for Dental and Vision Benefit Plan Administration – Houghton Lake Schools

Dear Courtney:

This letter serves as a proposal for the administration services we will provide to Houghton Lake Schools for their self-funded dental and vision plan.

Set-Up Fee: waived (current vision only client)

The set-up fee includes:

- A plan set-up meeting with your client to be conducted at the client's office or at ASR's office.
- Draft of the Plan Documents/Summary Plan Description(s)
- Processing of initial enrollment.

Items not included in the one-time set-up fee

- Printing of benefit booklets/summary plan descriptions for distribution to employees. ASR will coordinate the printing of those booklets but charges for the coordination and printing will be passed through to Houghton Lake Schools. Generally, the cost for booklets ranges from \$3 to \$4 per booklet depending on the style chosen. If preferred, ASR will provide an electronic copy of the SPD to Houghton Lake Schools at no additional cost and Houghton Lake Schools can coordinate booklet printing

Houghton Lake Area Schools
HLEA Union
Vision
7/1/11
Bid 3: ASR/Physicians Care

ASR Monthly Administration Fees

ASR will provide administration services to Houghton Lake Schools based on the following schedule:

FEES*	7/1/11 – 6/30/12
Vision Administration Fee (current client)	\$1.50 per employee per month
Dental Administration Fee	\$4.00 per employee per month

*A minimum fee of \$100.00 per benefit administered per month will apply, regardless of the actual enrollment.

The ASR monthly administration fee includes normal administration services with respect to these benefit plans, including the proper adjudication of claims on behalf of your client in accordance with the plan design. The fees quoted do not include the cost of mailing checks and Explanation of Benefit (EOB) forms. Your client can request that ASR either release checks and EOBs at the current rate of \$0.53 per piece or deliver checks and EOBs to their office in batch for internal distribution.

Please note that the quote for Houghton Lake Schools does not include any form of agent compensation. We certainly can revise this proposal to meet your revenue needs.

We look forward to the opportunity of doing business with Houghton Lake Schools and providing the level of service and information that is expected by their TPA partner. ASR Health Benefits is in a position to clearly identify the needs of Houghton Lake Schools and work with you to provide the best services available from any TPA.

If you have any questions or need further information, please feel free to contact me at (616) 957-1751, extension 3049, or via e-mail at katinaa@asrcorp.com.

Sincerely,

Katina Atwell
Account Coordinator

Tasha Blake

From: Heather Earles [HEarles@Grotenhuis.com]

Sent: Thursday, August 04, 2011 10:54 AM

To: Tasha Blake

Subject: School groups

Attachments: 20110804103836595.pdf

Please see the attached and let me know if there is anything additional needed.....

Thank you,

Heather Earles

BCBSM/BCN

Sales Development & Implementation Team

Grotenhuis

(800) 748-0368 x3143 FAX (877) 329-2844

hearles@grotenhuis.com www.grotenhuis.com


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Houghton Lake Area Schools
HLEA Union
Vision
7/1/11
Bid 4: Blue Cross Blue Shield

8/4/2011

**Agent
Toolbox**

Welcome Heather
[edit profile](#)



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VSP can't be sold to MEA school groups

Posted on: 07/05/2006

July 5, 2006

VSP can't be sold to MEA represented school groups.

VSP coverage cannot be sold to Public School groups represented by the Michigan Education Association (MEA). This policy even applies to groups where only some, but not all, segments are represented by the MEA; the non-represented segments are also not eligible for VSP coverage.

Because SIC 8211 includes both public and private K-12 schools, Rate Ease and SMART will show the following message for rates requested for MEA represented groups:

"Warning! VSP quote is not valid for Public School groups represented by the MEA."

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588 3 Mile Road NW Suite 101, P.O. Box 140167, Grand Rapids, MI 49514-0167
Phone: (800) 748-0368 or (616) 949-7950 Fax: (877) 329-2844 or (616) 949-2502

Grotenhuis is an Authorized Independent Managing Agent for Blue Cross Blue Shield of Michigan and Blue Care Network. Blue Cross Blue Shield of Michigan and Blue Care Network are non-profit corporations and Independent licensees of the Blue Cross and Blue Shield Association.