

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

Carrier A.M. Best Rating

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

A.M. Best uses the following scale to rate a company's financial stability.

A++ / A+ = Superior; A / A- = Excellent; B++ / B+ = Good

B / B- = Fair; C++ / C+ = Marginal; NR-1 = Insufficient Data

NR-5 = Not formally followed; pd = Public Data

Carrier ratings updated January 2014

Medical Renewal - Adrian Public Schools

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

CARRIER	Current / Renewal	Current / Renewal	Current / Renewal	Current / Renewal	Current / Renewal
	MESSA - NON-PAK Head Start	MESSA - PAK A Admin/Custodian/ AsstAdmin/NonUnion	MESSA - PAK C Union Admin Asst	MESSA - PAK D Union Admin Asst	MESSA - PAK E Non Union Admin/Admin Asst
Benefit Plan	Choices 500	Choices 500	ABC Plan 1 - HDHP	ABC Plan 2 - HDHP	Choices 1000
Plan Type/Network	PPO	PPO	PPO	PPO	PPO
Deductible					
<i>In-Network</i>	\$500/1000	\$500/1000	\$1300/2600	\$2000/4000	\$1000/2000
<i>Out-of-Network</i>	\$1000/2000	\$1000/2000	\$2600/5200	\$4000/8000	\$2000/4000
Coinsurance					
<i>In-Network</i>	100%	100%	100%	100%	100%
<i>Out-of-Network</i>	80/20%	80/20%	80/20%	80/20%	80/20%
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>	None	None	\$2300/\$4600	\$3000/6000	\$2000/4000
<i>Out-of-Network</i>	\$2000/4000	\$2000/4000	\$4600/9200	\$6000/12,000	\$4000/8000
Office Visit Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	\$20
Specialist Office Visit Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	\$20
Chiropractic Copay	100% after ded.; 38 visits max.	100% after ded.; 38 visits max.	Subject to ded./coins.; 38 visits	Subject to ded./coins.; 38 visits	100% after ded.; 38 visits max.
Urgent Care Copay	\$25	\$25	Subject to ded./coins.	Subject to ded./coins.	\$25
Emergency Room Copay	\$50	\$50	Subject to ded./coins.	Subject to ded./coins.	\$50
Prescription Drugs	Saver Rx	Saver Rx	Subject to ded., then: ABC Rx	Subject to ded., then: ABC Rx	Saver Rx
A.M. Best Rating	-	-	-	-	-
Rate	# Current Rates Renewal Rates	# Current Rates Renewal Rates	# Current Rates Renewal Rates	# Current Rates Renewal Rates	# Current Rates Renewal Rates
Single	39 \$645.96 \$691.61	10 \$633.07 \$677.81	1 \$569.91 \$605.31	0 \$533.47 \$566.60	4 \$597.06 \$639.27
Two-Person	5 \$1,451.53 \$1,554.26	13 \$1,422.53 \$1,523.21	1 \$1,280.45 \$1,360.10	0 \$1,198.43 \$1,272.99	2 \$1,341.54 \$1,436.49
Family	9 \$1,805.96 \$1,933.81	18 \$1,769.87 \$1,895.17	1 \$1,593.06 \$1,692.18	1 \$1,490.99 \$1,583.78	2 \$1,669.09 \$1,787.24
Monthly Premium	53 \$48,703.73 \$52,148.38	41 \$56,681.25 \$60,692.89	3 \$3,443.42 \$3,657.59	1 \$1,490.99 \$1,583.78	8 \$8,409.50 \$9,004.54
Estimated Taxes & Fees	<u>Not Included</u> <u>Included</u>	<u>Not Included</u> <u>Included</u>	<u>Not Included</u> <u>Included</u>	<u>Not Included</u> <u>Included</u>	<u>Not Included</u> <u>Included</u>
Total Monthly Cost	\$48,703.73 \$52,148.38	\$56,681.25 \$60,692.89	\$3,443.42 \$3,657.59	\$1,490.99 \$1,583.78	\$8,409.50 \$9,004.54
Total Annual Cost	\$584,444.76 \$625,780.56	\$680,175.00 \$728,314.68	\$41,321.04 \$43,891.08	\$17,891.88 \$19,005.36	\$100,914.00 \$108,054.48
Difference	\$41,335.80	\$48,139.68	\$2,570.04	\$1,113.48	\$7,140.48
% Difference	7.07%	7.08%	6.22%	6.22%	7.08%
		# Enrolled		MESSA Combined Current Rates	MESSA Combined Renewal Rate
Combined Annual Total		106		\$1,424,746.68	\$1,525,046.16
Combined Difference					\$100,299.48
Combined % Difference					7.04%

Current Tier Level Rates do not include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).
Renewal Tier Level Rates do include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

2017 GROUP PRODUCT FAMILY OVERVIEW



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

BLUE CROSS BLUE SHIELD OF MICHIGAN

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

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

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

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

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

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

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

BLUE CARE NETWORK

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

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

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

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

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

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



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

2017 SMALL GROUP PRODUCT PORTFOLIO

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

ADDITIONS AND CHANGES FOR 2017 HIGHLIGHTED IN RED

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

Rev. 7/25/16

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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 SM	Community Blue SM PPO 1	\$0	N/A	0%	\$6,350	\$10 (\$20, \$30)	\$50 (\$150)
	Community Blue SM PPO 3	\$250	\$1,000	20%	\$6,350	\$20 (\$30)	\$150 (\$250)
	Community Blue SM PPO 4	\$500	\$1,500	20%	\$6,350	\$20 (\$30, \$40)	\$150 (\$250)
	Community Blue SM PPO 12-0%	\$1,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 12-20%	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 14-20%	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-0% \$2,500	\$2,500	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-20% \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-0% \$5,000	\$5,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-20% \$5,000	\$5,000	N/A	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue SM PPO 15-30% \$5,000	\$5,000	N/A	30%	\$6,350	\$30 (\$40)	\$150 (\$250)
Simply Blue SM	Simply Blue SM PPO \$250	\$250	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply Blue SM PPO \$500	\$500	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply Blue SM PPO \$750	\$750	\$2,500	20%	\$6,850	\$20	\$150
	Simply Blue SM PPO \$1,000/0%	\$1,000	N/A	0%	\$6,350	\$30	\$150
	Simply Blue SM PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue SM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue SM PPO \$2,000	\$2,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue SM PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue SM PPO \$3,000	\$3,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue SM PPO \$4,000	\$4,000	N/A	30%	\$6,350	\$30 (\$40)	\$150
Simply Blue HRA SM	Simply Blue HRA SM PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$4,000	\$4,000	N/A	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA SM PPO \$5,000	\$5,000	N/A	20%	\$6,600	\$30 (\$40)	\$150
Simply Blue HSA SM	Simply Blue HSA SM PPO \$1,250-0% (Aggregate)	\$1,300	N/A	0%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$1,250-20% (Aggregate)	\$1,300	N/A	20%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$2,000-0% (Aggregate)	\$2,000	N/A	0%	\$3,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$2,000-20% (Aggregate)	\$2,000	N/A	20%	\$3,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,000-0%	\$3,000	N/A	0%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,000-20%	\$3,000	N/A	20%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,500-0%	\$3,500	N/A	0%	\$4,500	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$3,500-20%	\$3,500	N/A	20%	\$4,500	Ded./Coins.	Ded./Coins.
Simply Blue SM Routine Care	Simply Blue SM Routine Care PPO \$1,000	\$1,000	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$1,500	\$1,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$2,500	\$2,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
	Simply Blue SM Routine Care PPO \$4,000	\$4,000	N/A	30%	\$6,600	\$30	Ded./Coins.
Minimum Value Plans	Simply Blue HSA SM \$4,000-50% w/Rx	\$4,000	N/A	50%	\$6,350	N/A	N/A
	Simply Blue HSA SM \$6,350-0% w/Rx	\$6,350	N/A	0%	\$6,350	N/A	N/A
	Simply Blue SM \$1,500 w/ Blue Advantage Rx	\$1,500	N/A	20%	\$4,000	\$30	\$150

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

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

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

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

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

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

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

Adrian School
Administration / Custodians

Medical Options - Adrian Public Schools

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

	Option 1 Non-PAK Head Start	Option 1 Admin/Custodians	Option 4 Admin/Custodians	Option 6 Admin/Custodians	Option 3 Admin/Custodians
CARRIER	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	Simply Blue 500	Simply Blue 500	Simply Blue HDHP 1250 0%	Simply Blue HDHP 2000 0%	Simply Blue 1000
Plan Type/Network	Matched to MESSA Non-PAK	Matched to MESSA PAK A	Matched to MESSA PAK C	Matched to MESSA PAK D	Matched to MESSA PAK E
Deductible					
<i>In-Network</i>	\$500/1000	\$500/1000	\$1300/2600	\$2000/4000	\$1000/2000
<i>Out-of-Network</i>	\$1000/2000	\$1000/2000	\$2600/\$5200	\$4000/8000	\$2000/4000
Coinsurance					
<i>In-Network</i>	80/20%	80/20%	100%	100%	80/20%
<i>Out-of-Network</i>	60/40%	60/40%	80/20%	80/20%	60/40%
Coinsurance Maximum					
<i>In-Network</i>	\$2500/5000	\$2500/5000	None	None	\$2500/5000
<i>Out-of-Network</i>	\$5000/10,000	\$5000/10,000	None	None	\$5000/10,000
Out-of-Pocket Maximum					
<i>In-Network</i>	\$6350/12,700	\$6350/12,700	\$2250/4500	\$3000/6000	\$6350/12,700
<i>Out-of-Network</i>	\$12,700/25,400	\$12,700/25,400	\$4500/9000	\$6000/12,000	\$12,700/25,400
Office Visit Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	\$30
Specialist Office Visit Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	\$30
Chiropractic Copay	\$20; 12 visits max.	\$20; 12 visits max.	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.	\$30; 12 visits max.
Urgent Care Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	\$30
Emergency Room Copay	\$150	\$150	Subject to ded./coins.	Subject to ded./coins.	\$150
Prescription Drugs	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate					
	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
Single	39 \$665.64	Single 10 \$685.16	Single 1 \$623.54	Single 0 \$549.26	Single 4 \$635.49
Two-Person	5 \$1,597.54	Two-Person 13 \$1,644.39	Two-Person 1 \$1,496.50	Two-Person 0 \$1,318.22	Two-Person 2 \$1,525.16
Family	9 \$1,996.92	Family 18 \$2,055.49	Family 1 \$1,870.63	Family 1 \$1,647.77	Family 2 \$1,906.46
Monthly Premium	53 \$51,919.94	41 \$65,227.55	3 \$3,990.67	1 \$1,647.77	8 \$9,405.18
Estimated Taxes & Fees	<u>Include</u>	<u>Include</u>	<u>Include</u>	<u>Include</u>	<u>Include</u>
Total Monthly Cost	\$51,919.94	\$65,227.55	\$3,990.67	\$1,647.77	\$9,405.18
Total Annual Cost	\$623,039.25	\$782,730.55	\$47,888.10	\$19,773.24	\$112,862.20
Difference from Current	\$38,594.49	\$102,555.55	\$6,567.06	\$1,881.36	\$11,948.20
% Difference	6.60%	15.08%	15.89%	10.52%	11.84%
			# Enrolled	MESSA Combined Current Rates	BCBS Combined Rates
Combined Annual Total			106	\$1,424,746.68	\$1,586,293.34
Combined Difference					\$161,546.66
Combined % Difference					11.34%

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

Medical Options - Adrian Public Schools

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

	Current / Renewal		Option 1	Option 2	Option 3
	MESSA - PAK A		Admin/Custodian	Admin/Custodian	Admin/Custodian
CARRIER	Admin/Custodian/AsstAdmin/NonUnion		Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	Choices 500		Simply Blue 500	Simply Blue 750	Simply Blue 1000
Plan Type/Network	PPO		PPO	PPO	PPO
Deductible					
<i>In-Network</i>	\$500/1000		\$500/1000	\$750/1500	\$1000/2000
<i>Out-of-Network</i>	\$1000/2000		\$1000/2000	\$1500/3000	\$2000/4000
Coinsurance					
<i>In-Network</i>	100%		80/20%	80/20%	80/20%
<i>Out-of-Network</i>	80/20%		60/40%	60/40%	60/40%
Coinsurance Maximum					
<i>In-Network</i>	None		\$2500/5000	\$2500/5000	\$2500/5000
<i>Out-of-Network</i>	None		\$5000/10,000	\$5000/10,000	\$5000/10,000
Out-of-Pocket Maximum					
<i>In-Network</i>	None		\$6350/12,700	\$6850/13,700	\$6350/12,700
<i>Out-of-Network</i>	\$2000/4000		\$12,700/25,400	\$13,700/27,400	\$12,700/25,400
Office Visit Copay	\$20		\$20	\$20	\$30
Specialist Office Visit Copay	\$20		\$20	\$20	\$30
Chiropractic Copay	100% after ded.; 38 visits max.		\$20; 12 visits max.	\$20; 12 visits max.	\$30; 12 visits max.
Urgent Care Copay	\$25		\$20	\$20	\$30
Emergency Room Copay	\$50		\$150	\$150	\$150
Prescription Drugs	Saver Rx		\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	-		A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate					
	Single 10	Current Rates \$633.07	Single 10	Single 10	Single 10
	Two-Person 13	Renewal Rates \$677.81	Two-Person 13	Two-Person 13	Two-Person 13
	Family 18	\$1,422.53	Family 18	Family 18	Family 18
		\$1,769.87			
Monthly Premium	41	\$56,681.25	41	41	41
Estimated Taxes & Fees		\$60,692.89			
Total Monthly Cost		Not Included	Included in Rates	Included in Rates	Included in Rates
Total Annual Cost		\$56,681.25	\$65,227.55	\$63,062.51	\$60,498.21
Difference from Current		\$680,175.00	\$782,730.55	\$756,750.13	\$725,978.48
% Difference		\$728,314.68	\$102,555.55	\$76,575.13	\$45,803.48
		7.08%	15.08%	11.26%	6.73%

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

Medical Options - Adrian Public Schools

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

	Current / Renewal	Option 4 Admin/Custodians	Option 5 Admin/Custodians	Option 6 Admin/Custodians	Option 7 Admin/Custodians
CARRIER	MESSA - PAK C Union Admin Asst	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 1 \$569.91 \$605.31	Single 1 \$623.54	Single 1 \$569.71	Single 1 \$549.26	Single 1 \$505.99
	Two-Person 1 \$1,280.45 \$1,360.10	Two-Person 1 \$1,496.50	Two-Person 1 \$1,367.31	Two-Person 1 \$1,318.22	Two-Person 1 \$1,214.36
	Family 1 \$1,593.06 \$1,692.18	Family 1 \$1,870.63	Family 1 \$1,709.14	Family 1 \$1,647.77	Family 1 \$1,517.96
Monthly Premium	3 \$3,443.42 \$3,657.59	3 \$3,990.67	3 \$3,646.16	3 \$3,515.24	3 \$3,238.30
Estimated Taxes & Fees	Not Included Included	Included	Included	Included	Included
Total Monthly Cost	\$3,443.42 \$3,657.59	\$3,990.67	\$3,646.16	\$3,515.24	\$3,238.30
Total Annual Cost	\$41,321.04 \$43,891.08	\$47,888.10	\$43,753.96	\$42,182.92	\$38,859.66
Difference from Current		\$6,567.06	\$2,432.92	\$861.88	-\$2,461.38
% Difference	6.22%	15.89%	5.89%	2.09%	-5.96%

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

Medical Options - Adrian Public Schools

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

	Current / Renewal			Option 6 Admin/Custodians			Option 7 Admin/Custodians		
CARRIER	MESSA - PAK D Union Admin Asst			Blue Cross Blue Shield			Blue Cross Blue Shield		
Benefit Plan	ABC Plan 2 - HDHP PPO			Simply Blue HDHP 2000 0% PPO			Simply Blue HDHP 2000 20% PPO		
Plan Type/Network									
Deductible									
In-Network	\$2000/4000			\$2000/4000			\$2000/4000		
Out-of-Network	\$4000/8000			\$4000/8000			\$4000/8000		
Coinsurance									
In-Network	100%			100%			80/20%		
Out-of-Network	80/20%			80/20%			60/40%		
Coinsurance Maximum									
In-Network	None			None			None		
Out-of-Network	None			None			None		
Out-of-Pocket Maximum									
In-Network	\$3000/6000			\$3000/6000			\$3000/6000		
Out-of-Network	\$6000/12,000			\$6000/12,000			\$6000/12,000		
Office Visit Copay	Subject to ded./coins.			Subject to ded./coins.			Subject to ded./coins.		
Specialist Office Visit Copay	Subject to ded./coins.			Subject to ded./coins.			Subject to ded./coins.		
Chiropractic Copay	Subject to ded./coins.; 38 visits max.			Subject to ded./coins.; 12 visits max.			Subject to ded./coins.; 12 visits max.		
Urgent Care Copay	Subject to ded./coins.			Subject to ded./coins.			Subject to ded./coins.		
Emergency Room Copay	Subject to ded./coins.			Subject to ded./coins.			Subject to ded./coins.		
Prescription Drugs	Subject to ded., then: ABC Rx			Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		
A.M. Best Rating	-			A- (Excellent)			A- (Excellent)		
Rate									
		Current Rates	Renewal Rates			Rates			Rates
	Single 0	\$533.47	\$566.60	Single 0	\$549.26		Single 0	\$505.99	
	Two-Person 0	\$1,198.43	\$1,272.99	Two-Person 0	\$1,318.22		Two-Person 0	\$1,214.36	
	Family 1	\$1,490.99	\$1,583.78	Family 1	\$1,647.77		Family 1	\$1,517.96	
Monthly Premium	1	\$1,490.99	\$1,583.78	1	\$1,647.77		1	\$1,517.96	
Estimated Taxes & Fees		Not Included	Included		Included			Included	
Total Monthly Cost		\$1,490.99	\$1,583.78		\$1,647.77			\$1,517.96	
Total Annual Cost		\$17,891.88	\$19,005.36		\$19,773.24			\$18,215.46	
Difference from Current			\$1,113.48		\$1,881.36			\$323.58	
% Difference			6.22%		10.52%			1.81%	

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

Medical Options - Adrian Public Schools

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

	Current / Renewal		Option 8 Admin/Custodian	Option 9 Admin/Custodian	Option 10 Admin/Custodian
CARRIER	MESSA - PAK D Union Admin Asst		Blue Cross Blue Shield	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	ABC Plan 2 - HDHP PPO		Simply Blue HDHP 3000 0% PPO	Simply Blue HDHP 3000 20% PPO	Simply Blue HDHP 3500 0% PPO
Plan Type/Network					
Deductible					
<i>In-Network</i>	\$2000/4000		\$3000/6000	\$3000/6000	\$3500/7000
<i>Out-of-Network</i>	\$4000/8000		\$6000/12,000	\$6000/12,000	\$7000/14,000
Coinsurance					
<i>In-Network</i>	100%		100%	80/20%	100%
<i>Out-of-Network</i>	80/20%		80/20%	60/40%	80/20%
Coinsurance Maximum					
<i>In-Network</i>	None		None	None	None
<i>Out-of-Network</i>	None		None	None	None
Out-of-Pocket Maximum					
<i>In-Network</i>	\$3000/6000		\$4000/8000	\$4000/8000	\$4500/9000
<i>Out-of-Network</i>	\$6000/12,000		\$8000/16,000	\$8000/16,000	\$9000/18,000
Office Visit Copay	Subject to ded./coins.		Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Specialist Office Visit Copay	Subject to ded./coins.		Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Chiropractic Copay	Subject to ded./coins.; 38 visits max.		Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.	Subject to ded./coins.; 12 visits max.
Urgent Care Copay	Subject to ded./coins.		Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Emergency Room Copay	Subject to ded./coins.		Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Prescription Drugs	Subject to ded., then: ABC Rx		Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	-		A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate					
		<u>Current Rates</u> <u>Renewal Rates</u>	<u>Rates</u>	<u>Rates</u>	<u>Rates</u>
Single 0		\$533.47 \$566.60	Single 0 \$504.02	Single 0 \$468.93	Single 0 \$481.42
Two-Person 0		\$1,198.43 \$1,272.99	Two-Person 0 \$1,209.66	Two-Person 0 \$1,125.43	Two-Person 0 \$1,155.41
Family 1		\$1,490.99 \$1,583.78	Family 1 \$1,512.07	Family 1 \$1,406.79	Family 1 \$1,444.26
Monthly Premium		1 \$1,490.99 \$1,583.78	1 \$1,512.07	1 \$1,406.79	1 \$1,444.26
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		\$1,490.99 \$1,583.78	\$1,512.07	\$1,406.79	\$1,444.26
Total Annual Cost		\$17,891.88 \$19,005.36	\$18,144.88	\$16,881.52	\$17,331.08
Difference from Current		\$1,113.48	\$253.00	-\$1,010.36	-\$560.80
% Difference		6.22%	1.41%	-5.65%	-3.13%

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

Medical Options - Adrian Public Schools

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

	Current / Renewal		Option 3 Admin/Custodian		
CARRIER	MESSA - PAK E Non Union Admin/Admin Asst		Blue Cross Blue Shield		
Benefit Plan	Choices 1000 PPO		Simply Blue 1000 PPO		
Plan Type/Network					
Deductible					
<i>In-Network</i>	\$1000/2000		\$1000/2000		
<i>Out-of-Network</i>	\$2000/4000		\$2000/4000		
Coinsurance					
<i>In-Network</i>	100%		80/20%		
<i>Out-of-Network</i>	80/20%		60/40%		
Coinsurance Maximum					
<i>In-Network</i>	None		\$2500/5000		
<i>Out-of-Network</i>	None		\$5000/10,000		
Out-of-Pocket Maximum					
<i>In-Network</i>	\$2000/4000		\$6350/12,700		
<i>Out-of-Network</i>	\$4000/8000		\$12,700/25,400		
Office Visit Copay	\$20		\$30		
Specialist Office Visit Copay	\$20		\$30		
Chiropractic Copay	100% after ded.; 38 visits max.		\$30; 12 visits max.		
Urgent Care Copay	\$25		\$30		
Emergency Room Copay	\$50		\$150		
Prescription Drugs	Saver Rx		\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		
A.M. Best Rating	-		A- (Excellent)		
Rate	<u>Current Rates</u> <u>Renewal Rates</u>		<u>Rates</u>		
	Single 4	\$597.06	\$639.27	Single 4	\$635.49
	Two-Person 2	\$1,341.54	\$1,436.49	Two-Person 2	\$1,525.16
	Family 2	\$1,669.09	\$1,787.24	Family 2	\$1,906.46
Monthly Premium	8	\$8,409.50	\$9,004.54	8	\$9,405.18
Estimated Taxes & Fees	<u>Not Included</u>		<u>Included</u>	<u>Included in Rates</u>	
Total Monthly Cost	\$8,409.50		\$9,004.54	\$9,405.18	
Total Annual Cost	\$100,914.00		\$108,054.48	\$112,862.20	
Difference from Current			\$7,140.48	\$11,948.20	
% Difference			7.08%	11.84%	

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

Adrian School
Head Start

Medical Options - Adrian Public Schools

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

	Current / Renewal			Option 1			Option 2			Option 3		
CARRIER	MESSA - NON-PAK Head Start			Blue Cross Blue Shield			Blue Cross Blue Shield			Blue Cross Blue Shield		
Benefit Plan	Choices 500			Simply Blue 500			Simply Blue 750			Simply Blue 1000		
Plan Type/Network	PPO			PPO			PPO			PPO		
Deductible												
In-Network	\$500/1000			\$500/1000			\$750/1500			\$1000/2000		
Out-of-Network	\$1000/2000			\$1000/2000			\$1500/3000			\$2000/4000		
Coinsurance												
In-Network	100%			80/20%			80/20%			80/20%		
Out-of-Network	80/20%			60/40%			60/40%			60/40%		
Coinsurance Maximum												
In-Network	None			\$2500/5000			\$2500/5000			\$2500/5000		
Out-of-Network	None			\$5000/10,000			\$5000/10,000			\$5000/10,000		
Out-of-Pocket Maximum												
In-Network	None			\$6350/12,700			\$6850/13,700			\$6350/12,700		
Out-of-Network	\$2000/4000			\$12,700/25,400			\$13,700/27,400			\$12,700/25,400		
Office Visit Copay	\$20			\$20			\$20			\$30		
Specialist Office Visit Copay	\$20			\$20			\$20			\$30		
Chiropractic Copay	100% after ded.; 38 visits max.			\$20; 12 visits max.			\$20; 12 visits max.			\$30; 12 visits max.		
Urgent Care Copay	\$25			\$20			\$20			\$30		
Emergency Room Copay	\$50			\$150			\$150			\$150		
Prescription Drugs	Saver Rx			\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		
A.M. Best Rating	-			A- (Excellent)			A- (Excellent)			A- (Excellent)		
Rate												
	<u>Current Rates</u> <u>Renewal Rates</u>			<u>Rates</u>			<u>Rates</u>			<u>Rates</u>		
Single 39		\$645.96	\$691.61	Single 39		\$665.64	Single 39		\$643.45	Single 39		\$617.19
Two-Person 5		\$1,451.53	\$1,554.26	Two-Person 5		\$1,597.54	Two-Person 5		\$1,544.29	Two-Person 5		\$1,481.25
Family 9		\$1,805.96	\$1,933.81	Family 9		\$1,996.92	Family 9		\$1,930.36	Family 9		\$1,851.57
Monthly Premium	53	\$48,703.73	\$52,148.38	53		\$51,919.94	53		\$50,189.41	53		\$48,140.75
Estimated Taxes & Fees	<u>Not Included</u> <u>Included</u>			<u>Included</u>			<u>Included</u>			<u>Included</u>		
Total Monthly Cost		\$48,703.73	\$52,148.38			\$51,919.94			\$50,189.41			\$48,140.75
Total Annual Cost		\$584,444.76	\$625,780.56			\$623,039.25			\$602,272.91			\$577,688.94
Difference from Current			\$41,335.80			\$38,594.49			\$17,828.15			-\$6,755.82
% Difference			7.07%			6.60%			3.05%			-1.16%

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

Medical Options - Adrian Public Schools

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

	Current / Renewal			Option 4		Option 5	
CARRIER	MESSA - NON-PAK Head Start			Blue Cross Blue Shield		Blue Cross Blue Shield	
Benefit Plan	Choices 500			Simply Blue HDHP 1250 0%		Simply Blue HDHP 1250 20%	
Plan Type/Network	PPO			PPO		PPO	
Deductible							
<i>In-Network</i>	\$500/1000			\$1300/2600		\$1300/2600	
<i>Out-of-Network</i>	\$1000/2000			\$2600/\$5200		\$2600/\$5200	
Coinsurance							
<i>In-Network</i>	100%			100%		80/20%	
<i>Out-of-Network</i>	80/20%			80/20%		60/40%	
Coinsurance Maximum							
<i>In-Network</i>	None			None		None	
<i>Out-of-Network</i>	None			None		None	
Out-of-Pocket Maximum							
<i>In-Network</i>	None			\$2250/4500		\$2250/4500	
<i>Out-of-Network</i>	\$2000/4000			\$4500/9000		\$4500/9000	
Office Visit Copay	\$20			Subject to ded./coins.		Subject to ded./coins.	
Specialist Office Visit Copay	\$20			Subject to ded./coins.		Subject to ded./coins.	
Chiropractic Copay	100% after ded.; 38 visits max.			Subject to ded./coins.; 12 visits max.		Subject to ded./coins.; 12 visits max.	
Urgent Care Copay	\$25			Subject to ded./coins.		Subject to ded./coins.	
Emergency Room Copay	\$50			Subject to ded./coins.		Subject to ded./coins.	
Prescription Drugs	Saver Rx			Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	
A.M. Best Rating	-			A- (Excellent)		A- (Excellent)	
Rate							
		<u>Current Rates</u>	<u>Renewal Rates</u>		<u>Rates</u>		<u>Rates</u>
Single 39		\$645.96	\$691.61	Single 39	\$606.88	Single 39	\$554.21
Two-Person 5		\$1,451.53	\$1,554.26	Two-Person 5	\$1,456.52	Two-Person 5	\$1,330.09
Family 9		\$1,805.96	\$1,933.81	Family 9	\$1,820.65	Family 9	\$1,662.62
Monthly Premium	53	\$48,703.73	\$52,148.38	53	\$47,336.82	53	\$43,228.04
Estimated Taxes & Fees		<u>Not Included</u>	<u>Included</u>		<u>Included</u>		<u>Included</u>
Total Monthly Cost		\$48,703.73	\$52,148.38		\$47,336.82		\$43,228.04
Total Annual Cost		\$584,444.76	\$625,780.56		\$568,041.82		\$518,736.48
Difference from Current			\$41,335.80		-\$16,402.94		-\$65,708.28
% Difference			7.07%		-2.81%		-11.24%

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

Medical Options - Adrian Public Schools

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

	Current / Renewal		Option 6		Option 7	
CARRIER	MESSA - NON-PAK Head Start		Blue Cross Blue Shield		Blue Cross Blue Shield	
Benefit Plan	Choices 500		Simply Blue HDHP 2000 0%		Simply Blue HDHP 2000 20%	
Plan Type/Network	PPO		PPO		PPO	
Deductible						
<i>In-Network</i>	\$500/1000		\$2000/4000		\$2000/4000	
<i>Out-of-Network</i>	\$1000/2000		\$4000/8000		\$4000/8000	
Coinsurance						
<i>In-Network</i>	100%		100%		80/20%	
<i>Out-of-Network</i>	80/20%		80/20%		60/40%	
Coinsurance Maximum						
<i>In-Network</i>	None		None		None	
<i>Out-of-Network</i>	None		None		None	
Out-of-Pocket Maximum						
<i>In-Network</i>	None		\$3000/6000		\$3000/6000	
<i>Out-of-Network</i>	\$2000/4000		\$6000/12,000		\$6000/12,000	
Office Visit Copay	\$20		Subject to ded./coins.		Subject to ded./coins.	
Specialist Office Visit Copay	\$20		Subject to ded./coins.		Subject to ded./coins.	
Chiropractic Copay	100% after ded.; 38 visits max.		Subject to ded./coins.; 12 visits max.		Subject to ded./coins.; 12 visits max.	
Urgent Care Copay	\$25		Subject to ded./coins.		Subject to ded./coins.	
Emergency Room Copay	\$50		Subject to ded./coins.		Subject to ded./coins.	
Prescription Drugs	Saver Rx		Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	
A.M. Best Rating	-		A- (Excellent)		A- (Excellent)	
Rate						
		<u>Current Rates</u>	<u>Renewal Rates</u>			<u>Rates</u>
Single	39	\$645.96	\$691.61	Single	39	\$534.56
Two-Person	5	\$1,451.53	\$1,554.26	Two-Person	5	\$1,282.94
Family	9	\$1,805.96	\$1,933.81	Family	9	\$1,603.67
Monthly Premium	53	\$48,703.73	\$52,148.38		53	\$41,695.43
Estimated Taxes & Fees		<u>Not Included</u>	<u>Included</u>			<u>Included</u>
Total Monthly Cost		\$48,703.73	\$52,148.38			\$41,695.43
Total Annual Cost		\$584,444.76	\$625,780.56			\$500,345.12
Difference from Current			\$41,335.80			-\$84,099.64
% Difference			7.07%			-14.39%

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

Medical Options - Adrian Public Schools

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

	Current / Renewal			Option 8			Option 9			Option 10		
CARRIER	MESSA - NON-PAK Head Start			Blue Cross Blue Shield			Blue Cross Blue Shield			Blue Cross Blue Shield		
Benefit Plan	Choices 500			Simply Blue HDHP 3000 0%			Simply Blue HDHP 3000 20%			Simply Blue HDHP 3500 0%		
Plan Type/Network	PPO			PPO			PPO			PPO		
Deductible												
In-Network	\$500/1000			\$3000/6000			\$3000/6000			\$3500/7000		
Out-of-Network	\$1000/2000			\$6000/12,000			\$6000/12,000			\$7000/14,000		
Coinsurance												
In-Network	100%			100%			80/20%			100%		
Out-of-Network	80/20%			80/20%			60/40%			80/20%		
Coinsurance Maximum												
In-Network	None			None			None			None		
Out-of-Network	None			None			None			None		
Out-of-Pocket Maximum												
In-Network	None			\$4000/8000			\$4000/8000			\$4500/9000		
Out-of-Network	\$2000/4000			\$8000/16,000			\$8000/16,000			\$9000/18,000		
Office Visit Copay	\$20			Subject to ded./coins.			Subject to ded./coins.			Subject to ded./coins.		
Specialist Office Visit Copay	\$20			Subject to ded./coins.			Subject to ded./coins.			Subject to ded./coins.		
Chiropractic Copay	100% after ded.; 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	\$25			Subject to ded./coins.			Subject to ded./coins.			Subject to ded./coins.		
Emergency Room Copay	\$50			Subject to ded./coins.			Subject to ded./coins.			Subject to ded./coins.		
Prescription Drugs	Saver Rx			Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		
A.M. Best Rating	-			A- (Excellent)			A- (Excellent)			A- (Excellent)		
Rate												
	<u>Current Rates</u> <u>Renewal Rates</u>			<u>Rates</u>			<u>Rates</u>			<u>Rates</u>		
Single 39		\$645.96	\$691.61	Single 39		\$490.52	Single 39		\$456.20	Single 39		\$468.51
Two-Person 5		\$1,451.53	\$1,554.26	Two-Person 5		\$1,177.25	Two-Person 5		\$1,094.89	Two-Person 5		\$1,124.43
Family 9		\$1,805.96	\$1,933.81	Family 9		\$1,471.56	Family 9		\$1,368.61	Family 9		\$1,405.54
Monthly Premium	53	\$48,703.73	\$52,148.38	53		\$38,260.54	53		\$35,583.78	53		\$36,543.92
Estimated Taxes & Fees	<u>Not Included</u> <u>Included</u>			<u>Included</u>			<u>Included</u>			<u>Included</u>		
Total Monthly Cost		\$48,703.73	\$52,148.38			\$38,260.54			\$35,583.78			\$36,543.92
Total Annual Cost		\$584,444.76	\$625,780.56			\$459,126.49			\$427,005.40			\$438,526.99
Difference from Current			\$41,335.80			-\$125,318.27			-\$157,439.36			-\$145,917.77
% Difference			7.07%			-21.44%			-26.94%			-24.97%

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

Medical Options - Adrian Public Schools

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

CARRIER	Head Start	Admin/Custodians	Union Admin	Union Admin	Non-Union Admin
Benefit Plan	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health
Plan Type/Network	POS 500	POS 500	POS HSA 1300	POS HSA 2000	POS 1000
Deductible	Matched to MESSA NON-PAK	Matched to MESSA PAK A	Matched to MESSA PAK C	Matched to MESSA NON-PAK	Matched to MESSA PAK E
<i>In-Network</i>	\$500/1000	\$500/1000	\$1300/2600	\$2000/4000	\$1000/2000
<i>Out-of-Network</i>	\$1000/2000	\$1000/2000	\$2600/\$5200	\$4000/8000	\$2000/4000
Coinsurance					
<i>In-Network</i>	100%	100%	100%	100%	100%
<i>Out-of-Network</i>	80/20%	80/20%	80/20%	80/20%	80/20%
Coinsurance Maximum					
<i>In-Network</i>	None	None	None	None	None
<i>Out-of-Network</i>	\$2500/5000	\$2500/5000	None	None	\$2500/5000
Out-of-Pocket Maximum					
<i>In-Network</i>	\$7150/14,300	\$7150/14,300	\$2300/4600	\$3000/6000	\$7150/14,300
<i>Out-of-Network</i>	\$14,300/28,600	\$14,300/28,600	\$4600/9200	\$6000/12,000	\$14,300/28,600
Office Visit Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	\$20
Specialist Office Visit Copay	\$35	\$35	Subject to ded./coins.	Subject to ded./coins.	\$35
Chiropractic Copay	\$20; 60 visits max. (combined with PT & OT)	\$20; 60 visits max. (combined with PT & OT)	Subject to ded./coins.; 60 visits max. (combined with PT & OT)	Subject to ded./coins.; 60 visits max. (combined with PT & OT)	\$20; 60 visits max. (combined with PT & OT)
Urgent Care Copay	\$75	\$75	Subject to ded./coins.	Subject to ded./coins.	\$75
Emergency Room Copay	\$150	\$150	Subject to ded./coins.	Subject to ded./coins.	\$150
Prescription Drugs	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate	Rates	Rates	Rates	Rates	Rates
	Single 39 \$880.87	Single 10 \$880.87	Single 1 \$725.50	Single 0 \$647.51	Single 4 \$836.02
	Two-Person 5 \$1,979.58	Two-Person 13 \$1,979.58	Two-Person 1 \$1,629.74	Two-Person 0 \$1,455.15	Two-Person 2 \$1,878.79
	Family 9 \$2,462.92	Family 18 \$2,462.92	Family 1 \$2,027.66	Family 1 \$1,810.44	Family 2 \$2,337.51
Monthly Premium	53 \$66,418.11	41 \$78,875.80	3 \$4,382.90	1 \$1,810.44	8 \$11,776.68
Estimated Taxes & Fees	Included	Included	Included	Included	Included
Total Monthly Cost	\$66,418.11	\$78,875.80	\$4,382.90	\$1,810.44	\$11,776.68
Total Annual Cost	\$797,017.32	\$946,509.60	\$52,594.80	\$21,725.28	\$141,320.16
Difference from Current	\$212,572.56	\$266,334.60	\$11,273.76	\$3,833.40	\$40,406.16
% Difference	36.37%	39.16%	27.28%	21.43%	40.04%
Combined Annual Total		MESSA Current Combined		PH Options Combined	
Combined Difference		\$1,424,746.68		\$1,959,167.16	
Combined % Difference				\$534,420.48	
				37.51%	

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