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.

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

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

Respectfully,

C.g. James

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	А
DENTAL	
Blue Cross Blue Shield	A-
Delta Dental	A-
Guardian	A++
MetLife	A+
VISION	
Blue Cross Blue Shield	A-
EyeMed	NR
VSP	А
LIFE/AD&D, DISABILITY, WORKPLACE	
Guardian	A++
Fort Dearborn	A+
Lincoln Financial Group	A+
UNUM	А

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

Carrier ratings updated January 2014



Kapnick Insurance Group | kapnick.com

Medical Renewal - Adrian Public Schools

V		_		_		Period: 07/01/20	017 t	to 06/30/2018					
	Cur	rent / Ren	ewal		Current / Re			Current / Re	newal	Current / R	enewal	Current / Re	enewal
CARRIER	MESSA - N	NON-PAK	Head Start		MESSA - P Admin/Cust AsstAdmin/No	odian/		MESSA - PA Union Admir		MESSA - F Union Admi		MESSA - F Non Union Admin	
Benefit Plan	C	Choices 50	00		Choices	500		ABC Plan 1 -	HDHP	ABC Plan 2	- HDHP	Choices '	
Plan Type/Network		PPO			PPO			PPO		PPO		PPO	
Deductible													
In-Network		\$500/1000	D		\$500/10	00		\$1300/26	00	\$2000/4	000	\$1000/20	000
Out-of-Network	\$	\$1000/200	0		\$1000/20	000	\$2600/5200			\$4000/8	000	\$2000/40	000
Coinsurance													
In-Network		100%			100%		100%			100%		100%	
Out-of-Network		80/20%		80/20%				80/20%	b	80/209	6	80/209	6
Coinsurance Maximum													
In-Network		None			None			None		None		None	
Out-of-Network		None			None			None		None		None	
Out-of-Pocket Maximum													
In-Network		None			None			\$2300/\$40		\$3000/6		\$2000/40	
Out-of-Network	9	\$2000/400	0		\$2000/40	000		\$4600/92		\$6000/12		\$4000/80	000
Office Visit Copay		\$20			\$20			Subject to dec		Subject to de		\$20 \$20	
Specialist Office Visit Copay	10001	\$20			\$20	a	0	Subject to dec		Subject to de		520 : 100% after ded.: 3	Q visite may
Chiropractic Copay	100% atte		visits max.	10	0% after ded.; 3	8 visits max.	Su	ubject to ded./coi		Subject to ded./co		\$25	o visits max.
Urgent Care Copay		\$25 \$50			\$25 \$50			Subject to dec		Subject to ded./coins. Subject to ded./coins.		\$25	
Emergency Room Copay		\$50			20		Subject to ded./coins.			Subject to de	u./coins.	\$30	
Prescription Drugs		Saver Rx			Saver F	Rx		Subject to dec ABC R		Subject to de ABC F		Saver F	٦x
A.M. Best Rating		()			(5)			27.1					
Rate		t Rates R	enewal Rates	# (Current Rates	Renewal Rates	<u>#</u>	Current Rates F		# Current Rates		# Current Rates	
Single	+	645.96	\$691.61	10	\$633.07	\$677.81	1	\$569.91	\$605.31	0 \$533.47	\$566.60		\$639.27
Two-Person		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		\$1,436.49
Family	<u>9</u> \$1,	805.96	\$1,933.81	<u>18</u>	\$1,769.87	\$1,895.17	<u>1</u>	\$1,593.06	\$1,692.18	<u>1</u> \$1,490.99	\$1,583.78	<u>2</u> \$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	+,	cluded	Included		Not Included	Included	-	Not Included	Included	Not Included	Included	Not Included	Included
Total Monthly Cost		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%
	1 - 1 - 1 - 1	2E			States	32.32.3		Carlor de	# Enrolled	MESSA Cor Current F		MESSA Cor Renewal	
Combined Annual Total									106	\$1,424,74	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$1,525,04	
Combined Difference												\$100,29	
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



Blue Cross Blue Shield Blue Care Network of Michigan

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

BLUE CROSS BLUE SHIELD OF MICHIGAN

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

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

SIMPLY BLUE^{5M}: 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 BLUE[™] 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 HMO^{5M}: 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 HSA[™] HMO: The same comprehensive coverage of a BCN HMO, but with lower employer costs via a health savings account (HSA) to help fund employees' out-of-pocket expenses.

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

phone 248.356.8585 • fax 248.356.8589 • www.actionbenefits.com • 26533 Evergreen Rd., Suite 400, Southfield, MI 48076 Benefits Action Benefits is an Authorized Managing Agent for Blue Cross Blue Shield of Michigan and Blue Care Network. Blue Cross Blue Shield Association.

2017 SMALL GROUP PRODUCT PORTFOLIO BLUE CROSS® BLUE SHIELD® OF MICHIGAN • SMALL GROUP OPTIONS (1-50 ELIGIBLE EMPLOYEES) ADDITIONS AND CHANGES FOR 2017 HIGHLIGHTED IN RED

	PLAN	DEDUCTIBLE	CO- INSURANCE	ECM*	OUT-OF- POCKET MAX	EMPLOYER CDH CONTRIBUTION	COPAYS OV/SPEC/UC/ER	RX
	Community Blue ^s PPO Platinum \$0	\$ <u>0</u>	10%	\$1,000	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
ty Blue st	Community Blue ^s PPO Platinum \$250	\$250	20%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue ^{sw}	Community Blue ^s PPO Platinum \$500	\$500	10%	\$500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$5/\$40/\$80
0	Community Blue ^s PPO Gold \$1,000	\$1,000	20%	\$3,500	\$6,600	N/A	\$20/\$20/\$60/\$150	\$10/\$40/\$80
Blue	Community Blue HRA ^s PPO Platinum \$1,500	\$1,500	20%	\$1,500	\$6,350	\$1.250	\$20/\$20/\$60/\$150	\$5/\$40/\$80
Community Blue HRA ^{su}	Community Blue HRA℠ PPO Gold \$3,000	\$3,000	20%	\$1,500	\$6,600	\$750	\$30/\$30/\$60/\$150	\$5/\$40/\$80
Corr	Community Blue HRA sM PPO Gold \$5,000	\$5,000	20%	N/A	\$6,600	\$1,500	\$40/\$40/\$60/\$250	\$10/\$40/\$80
	Simply Blue sM PPO Platinum \$250	\$250	20%	\$1,000	\$6,6 <mark>00</mark>	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
	Simply Blue ^s PPO Gold \$500	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/ <mark>\$250</mark>	\$15/\$50/50%/20%/25%
Jesw	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	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%
lqmi	Simply Blue ^s PPO Silver \$2,500	\$2,500	30%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
0,	Simply Blue ^s PPO Silver \$3,000	\$3.000	20%	N/A	\$6,350	N/A	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
125.14	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 ^s PPO Platinum \$5,000	\$5,000	30%	N/A	\$6,350	\$3,500	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
Brae HRASM	Simply Blue HRA sM PPO Gold \$1,500	\$1,500	20%	\$3,500	\$6,350	\$500	\$30/\$50/\$60/\$150	\$15/\$50/50%/20%/25%
Simply Enc	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%
S	Simply Blue HRA ^s PPO Gold \$4,000	\$4,000	20%	N/A	\$6,350	\$1,450	\$30/\$50/\$60/\$150	\$20/\$60/50%/20%/25%
	Simply Blue HSA SM PPO Gold \$1,300 ^(Aggregata)	\$1,300	20%	N/A	\$2,300	N/A	Deductible/ Coinsurance	Ded. & \$10/\$40/\$80/15%/25%
	Simply Blue HSA SM PPO Gold \$1,450 (Aggregate)	\$1,450	0%	N/A	\$2,450	N/A	Deductible/ Coinsurance	Ded. & \$20/\$60/50%/20%/25%
ue HSA ^{sa}	Simply Blue HSA sM PPO Gold \$2,700	\$2,700	0%	N/A	\$5,000	\$700	Deductible/ Coinsurance	Ded. & \$15/\$50/50%/20%/25%
8	Simply Blue HSA sM PPO Silver \$2,700	\$2,700	20%	N/A	\$5,000	N/A	Deductible/ Coinsurance	Ded. & \$15/\$50/50%/20%/25%
Simply	Simply Blue HSA ^s PPO Silver \$3,500	\$3, <mark>5</mark> 00	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 [™] PPO Bronze \$6,350	\$6,350	0%	N/A	\$6,350	N/A	Deductible/ Coinsurance	Deductible/ Coinsurance
Simply Blue ^{su} Routine Care	Simply Blue ^s Routine Care PPO Silver \$2,000	\$2,000	30%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%
Simply Routin	Simply Blue ^s Routine Care PPO Silver \$3,000	\$3,000	20%	N/A	\$6,600	N/A	\$30/Ded./Coins.	\$10/Ded. & \$60/50%/20%/25%
	Healthy Blue Enh.	\$250	20%	\$500	\$6,600	N/A	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
Healthy Blue Achieve ^{sw}	Achieve ^s PPO Platinum \$250 Stand.	\$2,000	40%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
Health Achie	Healthy Blue Enh. Achieve ^s PPO	\$500	20%	\$3,000	\$6,600	N/A	\$20/\$40/\$60/ <mark>\$250</mark>	\$15/\$50/50%/20%/25%
)	Gold \$500 Stand.	\$2,000	40%	N/A	\$6,600	N/A	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%

*ECM: Embedded Co-Insurance Maximum

The data represented here is for Single contracts, In-Network. Out-of-Network: 2X Single. Family Deductible and Out-of-Pocket Max: 2X Single.
 (Aggregate) Plans have an aggregate deductible (one person can satisfy entire family deductible). All other HSA plans have an embedded deductible (no member will pay more than the single deductible on a family contract. The remaining deductible can be satisfied by any combination of family members.) Action Benefits is an Authorized Managing Agent for Blue Cross Blue Shield of Michigan and Blue Care Network. Rev. 7/25/16 Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

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

ADDITIONS FOR 2017 HIGHLIGHTED IN RED

	PLAN	DEDUCTIBLE	ECM* (OPTIONS)	COINS.	OUT-OF-POCKET MAX	OFFICE VISIT (OPTIONS)	ER (OPTIONS)
	Community Blue sM PPO 1	\$0	N/A	0%	\$6,350	\$10 (\$20, \$30)	\$50 (\$150)
	Community Blue ^s PPO 3	\$250	\$1,000	20%	\$6,350	\$20 (\$30)	\$150 (\$250)
	Community Blue sM PPO 4	\$500	\$1,500	20%	\$6,350	\$20 (\$30, \$40)	\$150 (\$250)
	Community Blue ^s PPO 12-0%	\$1,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
aule	Community Blue ^s PPO 12-20%	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
nity	Community Blue ^{sм} PPO 14-20%	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
Community Blue ³⁴	Community Blue ^s PPO 15-0% \$2,500	\$2,500	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
ŭ	Community Blue sM PPO 15-20% \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue ^s PPO 15-0% \$5,000	\$5,000	N/A	0%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue ^s PPO 15-20% \$5,000	\$5,000	N/A	20%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Community Blue sM PPO 15-30% \$5,000	\$5,000	N/A	30%	\$6,350	\$30 (\$40)	\$150 (\$250)
	Simply Blue ^s PPO \$250	\$250	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
	Simply Blue ^s PPO \$500	\$500	\$2,500 (\$1,500)	20%	\$6,350	\$20 (\$40)	\$150
nic 1	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
3lue ^a	Simply Blue ^s PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Simply Blue ^{ar}	Simply Blue ^s PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Sin	Simply Blue sM PPO \$2,000	\$2,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue ^s PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
	Simply Blue sM PPO \$3,000	\$3,000	\$2,500	20%	\$6,850	\$30	\$150
	Simply Blue sM PPO \$4,000	\$4,000	N/A	30%	\$6,350	\$30 (\$40)	\$150
	Simply Blue HRA ^s PPO \$1,000	\$1,000	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
HIGH	Simply Blue HRA sM PPO \$1,500	\$1,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
alue	Simply Blue HRA ^s PPO \$2,500	\$2,500	\$2,500	20%	\$6,350	\$30 (\$40)	\$150
Simply Blue	Simply Blue HRA ^{sм} PPO \$4,000	\$4,000	N/A	20%	\$6,350	\$30 (\$40)	\$150
Sin	Simply Blue HRA sM PPO \$5,000	\$5,000	N/A	20%	\$6,600	\$30 (\$40)	\$150
	Simply Blue HSA SM PPO \$1,250-0% (Aggregate)	\$1,300	N/A	0%	\$2,250	Ded./Coins.	Ded./Coins.
	Simply Blue HSA SM PPO \$1,250-20% (Aggregate)	\$1,300	N/A	20%	\$2,250	Ded./Coins.	Ded./Coins.
AsM	Simply Blue HSA SM PPO \$2,000-0% ((Agregate)	\$2,000	N/A	0%	\$3,000	Ded./Coins.	Ded./Coins.
simply Blue HSA⁵⊭	Simply Blue HSA SM PPO \$2,000-20% (Aggregate)	\$2,000	N/A	20%	\$3,000	Ded./Coins.	Ded./Coins.
y Blu	Simply Blue HSA sM PPO \$3,000-0%	\$3,000	N/A	0%	\$4,000	Ded./Coins.	Ded./Coins.
Simpl	Simply Blue HSA [™] PPO \$3,000-20%	\$3,000	N/A	20%	\$4,000	Ded./Coins.	Ded./Coins.
	Simply Blue HSA [™] 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.
2 0	Simply Blue ^s Routine Care PPO \$1,000	\$1,000	\$2,500	20%	\$6,600	\$30	Ded./Coins.
Simply Blue sm Routine Care	Simply Blue ^s Routine Care PPO \$1,500	\$1,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
utine	Simply Blue ^s Routine Care PPO \$2,500	\$2,500	\$2,500	20%	\$6,600	\$30	Ded./Coins.
Sin Ro	Simply Blue ^s Routine Care PPO \$4,000	\$4,000	N/A	30%	\$6,600	\$30	Ded./Coins.
e se	Simply Blue HSA ^s \$4,000-50% w/Rx	\$4,000	N/A	50%	\$6,350	N/A	N/A
Minimum Value Plans	Simply Blue HSA ^s \$6,350-0% w/Rx	\$6,350	N/A	0%	\$6,350	N/A	N/A
Min Value	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.
 (Angregate) 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 FLIGIBLE EMPLOYEES)

2h)	PLAN		DED.	COINS.	ECM*	OUT-OF-POCKET MAX	OV/SPEC/UC/ER	Rx
	BCN HMO ^{sм} 10%		\$0	10%	\$1,000	\$5,000	\$20/\$30/\$35/\$150	
	BCN HMO sm 20%		\$0	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150	1
	BCN HMO ^{sм} 30%		\$0	30%	\$5,500	\$6,600	\$30/\$40/\$35/\$150	
	BCN HMO ^s \$500/0%	6	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150	
	BCN HMO sM \$500/10 ^s	%	\$500	10%	\$2,500	\$6,600	\$20/\$40/\$50/\$150]
	BCN HMO ^s \$1,000/20	0%	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
	BCN HMO sm \$1,000/30)%	\$1,000	30%	\$3,000	\$6,600	\$20/\$40/\$50/\$150	
a.	BCN HMO ^s \$1,500/20%/\$5	00 ECM	\$1,500	20%	\$500	\$6,350	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
BCN HMO	BCN HMO ^s \$1,500/20%/\$1,	500 ECM	\$1,500	20%	\$1,500	\$6,600	\$20/\$40/\$50/\$150	
BCN	BCN HMO ^s \$2,000/20%/\$5	00 ECM	\$2,000	20%	\$500	\$6,350	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
	BCN HMO ^s \$2,000/20%/\$4,	000 ECM	\$2,000	20%	\$4,000	\$6,350	\$30/\$50/\$50/\$150]
	BCN HMO ^s \$2,000/30%/\$1,	000 ECM	\$2,000	30%	\$1,000	\$6,600	\$30/\$40/\$50/\$150	(0.1.1.0)
	BCN HMO ^s \$3,000/20	0%	\$3,000	20%	\$3,500	\$6,600	\$30/\$50/\$50/\$250	(Select One)
	BCN HMO ^{sм} \$4,000/0	%	\$4,000	0%	N/A	\$6,600	\$30/\$45/\$50/\$150	1
1.1.1	BCN HMO ^{sм} \$4,000/20	0%	\$4,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150	-
	BCN HMO ^{sм} \$4,000/30	0%	\$4,000	30%	\$2,000	\$6,600	\$35/\$45/\$50/\$250	
	BCN HMO ^s \$5,000/20	0%	\$5,000	20%	N/A	\$6,350	\$20/\$40/\$50/\$150	
	BCN HSA SM HMO \$1,300/20	% (Aggregula)	\$1,300	20%	N/A	\$2,300	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%
	BCN HSA ^s HMO \$1,350/09	(Aggregate)	\$1,350	0%	N/A	\$2,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
	BCN HSA sM HMO \$2,70	0/0%	\$2,700	0%	N/A	\$5,000	Ded./Coins.	\$6/\$25/\$50/\$80/20%/20%
Q	BCN HSA sM HMO \$2,700)/20%	\$2,700	20%	N/A	\$5,000	Ded./Coins.	\$4/\$15/\$40/\$80/20%/20%
NH ws	BCN HSA ^s HMO \$3,000	0/0%	\$3,000	0%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
CN HSAM HMO	BCN HSA ^s M HMO \$3,000)/20%	\$3,000	20%	N/A	\$6,350	Ded./Coins.	\$10/\$30/\$60/\$80/20%/20%
HCN	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 ^s HMO \$6,35	0/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	Deductible
e ine	BCN Routine Care ^{sм} HMO	\$1,500	\$1,500	30%	N/A	\$6,350	\$40/Ded./Ded./Ded.	\$10/\$30/\$60/\$80/220%
Routine Care	BCN Routine Care ^{sм} HMO	\$3,000	\$3,000	20%	N/A	\$5,000	\$30/Ded./Ded./Ded.	\$6/\$25/\$60/\$80/20%/20%
E SE	BCN HMO ^s \$1,500/20	0%	\$1,500	20%	N/A	\$5,000	\$30/\$45/\$50/\$150	Limited Rx Benefit
Minimum Value Plans	BCN HSA sM HMO \$4,000)/50%	\$4,000	50%	N/A	\$6,350	Ded./Coins.	50% after Ded.
Mi	BCN HSA ^s M HMO \$6,35	0/0%	\$6,350	0%	N/A	\$6,350	Ded./Coins.	0% after Ded.
1.1	Healthy <i>Blue</i> Living ^s M	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 ^s	Enh.	\$500	0%	N/A	\$1,000	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
/ing ^{s/}	HMO \$500	Stand.	\$3,000	30%	\$3,500	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
ue Liv	Healthy <i>Blue</i> Living ^s	Enh.	\$1,000	20%	\$2,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
Healthy <i>Blu</i> e Living ^s	HMO \$1,000	Stand.	\$3,000	30%	\$3,000	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
Healt	Healthy Blue Living ^s M	Enh.	\$1,500	20%	\$1,500	\$6,600	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
15.00	HMO \$1,500	Stand.	\$4,000	30%	\$2,500	\$6,600	\$35/\$45/\$50/\$250	\$6/\$25/\$50/\$80/20%/20%
6.22	Healthy Blue Living ^s M	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%
MSSU	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 ^{5M}	Blue Elect Plus ^s (SRO) \$	\$1,000	\$1,000	20%	\$2,500	\$6,600	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
- ŭ	Blue Elect Plus ^s (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.

Rev. 7/25/16

Adrian School Administration / Custodians

Medical Options - Adrian Public Schools Period: 07/01/2017 - 06/30/2018

	Period: 07/01/2017 - 06/30/2018										
	Option 1 Non-PAK Head Start	Option Admin/Cus			ion 4 ustodians		otion 6 Custodians	Optic Admin/Cu			
CARRIER	Blue Cross Blue Shield	Blue Cross B	lue Shield	Blue Cross	Blue Shield	Blue Cros	s Blue Shield	Blue Cross B	Blue Shield		
Benefit Plan Plan Type/Network	Simply Blue 500 Matched to MESSA Non-P	Simply BI Matched to ME			HDHP 1250 0% Messa Pak C		HDHP 2000 0% MESSA PAK D	Simply Bl Matched to M			
Deductible In-Network Out-of-Network	\$500/1000 \$1000/2000	\$500/1 \$1000/2			0/2600 0/\$5200		00/4000 00/8000	\$1000/ \$2000/			
Coinsurance In-Network Out-of-Network	80/20% 60/40%	80/20 60/40	0%	10)0% 20%	1	00% 0/20%	80/2 60/4			
Coinsurance Maximum In-Network Out-of-Network	\$2500/5000 \$5000/10,000	\$2500/5 \$5000/1			one		None None	\$2500/ \$5000/1			
Out-of-Pocket Maximum In-Network Out-of-Network	\$6350/12,700 \$12,700/25,400	\$6350/1 \$12,700/2			0/4500 0/9000		00/6000 0/12,000	\$6350/1 \$12,700/			
Office Visit Copay	\$20	\$20)	Subject to	ded./coins.	Subject t	o ded./coins.	\$3	0		
Specialist Office Visit Copav	\$20	\$20)	Subject to	ded./coins.	Subject t	o ded./coins.	\$3	0		
Chiropractic Copay	\$20; 12 visits max.	\$20; 12 vis	its max.		ded./coins.; its max.		o ded./coins.; sits max.	\$30; 12 visits max.			
Urgent Care Copay	\$20	\$20)	Subject to	ded./coins.	Subject t	o ded./coins.	\$3	0		
Emergency Room Copay	\$150	\$15	0	Subject to	ded./coins.	Subject t	o ded./coins.	\$15	50		
Prescription Drugs	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	\$10 Ge \$40 Preferr \$80 Nonprefe Mail Orc	ed Brand rred Brand	\$10 0 \$40 Prefe \$80 Nonpre	o ded., then: Generic erred Brand eferred Brand Order 2x	\$10 \$40 Pret \$80 Nonpr	o ded., then: Generic ferred Brand referred Brand Order 2x	\$10 Ge \$40 Prefen \$80 Nonpref Mail Or	red Brand erred Brand		
A.M. Best Rating	A- (Excellent)	A- (Exce	ellent)	A- (E)	(cellent)	A- (E	xcellent)	A- (Exc			
Rate	Single 39 \$66	.54 Two-Person 13	<u>Rates</u> \$685.16 \$1,644.39 \$2,055.49	Single 1 Two-Person 1	\$1,496.50	Single 0 Two-Person 0	<u>Rates</u> \$549.26 \$1,318.22 \$1,647.77	Single 4 Two-Person 2 Family <u>2</u>	<u>Rates</u> \$635.49 \$1,525.16 \$1,906.46		
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current	53 \$51,919 inc \$51,919 \$623,039 \$38,594	<u>ude</u> 0.94 0.25	\$65,227.55 Include \$65,227.55 \$782,730.55 \$102.555.55		\$\$\$,990.67 <u>Include</u> \$3,990.67 \$47,888.10 \$6,567.06		\$1,647.77 <u>Include</u> \$1,647.77 \$19,773.24 <i>\$1,881.36</i>	i ca	\$9,405.18 <u>Include</u> \$9,405.18 \$112,862.20 <i>\$11.948.20</i>		
% Difference		0%	\$102,000.00 15.08%		15.89%		10.52%		11.84%		
	10.0		13.00%		# Enrolled	MESSA	Combined ent Rates	BCI <u>Combine</u>	3S d Rates		
Combined Annual Total					106	\$1,42	24,746.68	\$1,586,			
Combined Difference								\$161,5			
Combined % Difference	State of the state of the							11.3	4%		

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



2

					Period: 07/01	/2017	- 06/30/2018				
		C	urrent / Renewal		A		ion 1 Custodian		otion 2 /Custodian		Dption 3 n/Custodian
CARRIER	Admin		MESSA - PAK A odian/AsstAdmin/	NonUnion	Blue	Cross	Blue Shield	Blue Cros	s Blue Shield	Blue Cro	oss Blue Shield
Benefit Plan Plan Type/Network Deductible			Choices 500 PPO		S		Blue 500 PO		y Blue 750 PPO	Simp	ly Blue 1000 PPO
In-Network Out-of-Network			\$500/1000 \$1000/2000				0/1000 0/2000		50/1500 00/3000		000/2000 000/4000
Coinsurance In-Network Out-of-Network Coinsurance Maximum			100% 80/20%				20% 40%		D/20% D/40%		80/20% 60/40%
In-Network Out-of-Network Out-of-Pocket Maximum		None None \$2000/4000					0/5000 /10,000		00/5000 0/10,000		500/5000 000/10,000
In-Network Out-of-Network			None \$2000/4000				/12,700 0/25,400		0/13,700 00/27,400		350/12,700 700/25,400
Office Visit Copay			\$20			\$	20		\$20		\$30
Specialist Office Visit Copay	\$20					\$3	20		\$20		\$30
Chiropractic Copay	10	0% a	fter ded.; 38 visits	max.	\$20); 12 v	visits max.	\$20; 12	visits max.	\$30; 1	2 visits max.
Urgent Care Copay			\$25			\$:	20		\$20		\$30
Emergency Room Copay			\$50			\$1	150		\$150		\$150
Prescription Drugs			Saver Rx		\$40 \$80 N	Prefe onpre	Generic erred Brand eferred Brand Order 2x	\$40 Prei \$80 Nonpi	Generic ferred Brand referred Brand Order 2x	\$40 Pr \$80 Non	0 Generic eferred Brand preferred Brand il Order 2x
A.M. Best Rating			-	_		A- (Ex	cellent)		Excellent)		(Excellent)
Rate	Single Two-Person Family	13	Current Rates \$633.07 \$1,422.53 \$1,769.87	Renewal Rates \$677.81 \$1,523.21 \$1,895.17	Single Two-Person Family	13	<u>Rates</u> \$685.16 \$1,644.39 \$2,055.49	Single 10 Two-Person 13	Rates \$662.42 \$1,589.81 \$1,987.26	Single 10 Two-Person 13	\$1,525.16
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current		41	\$56,681.25 <u>Not Included</u> \$56,681.25 \$680,175.00	\$60,692.89 <u>Included</u> \$60,692.89 \$728,314.68 <i>\$48,139.68</i>		41	\$65,227.55 <u>Included in Rates</u> \$65,227.55 \$782,730.55 <i>\$102,555.55</i>		\$63,062.51 Included in Rates \$63,062.51 \$756,750.13 \$76,575,13		1 \$60,498.21 Included in Rates \$60,498.21 \$725,978.48 \$45,803.48
% Difference				7.08%			15.08%	1	11.26%		6.73%

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				Peri	od: 07/01/20	17 - 06	6/30/2018					_		
		urrent / Renewal			ption 4 /Custodians			ption 5 /Custoo			ption 6 /Custodians		Optic Admin/Cu	
CARRIER		MESSA - PAK C Inion Admin Asst	-	Blue Cros	ss Blue Shiel	d	Blue Cro	ss Blue	e Shield	Blue Cro	ss Blue Shield		Blue Cross I	Blue Shield
Benefit Plan Plan Type/Network Deductible	AE	3C Plan 1 - HDHP PPO			HDHP 1250 PPO	0%	Simply Blue	HDHP PPO	9 1250 20%		HDHP 2000 (PPO	0%	Simply Blue HD PP	
In-Network Out-of-Network		\$1300/2600 \$2600/5200			00/2600 00/\$5200			300/260 00/\$52			000/4000 000/8000		\$2000/ \$4000/	
Coinsurance In-Network Out-of-Network Coinsurance Maximum		100% 80/20%			100% 0/20%			0/20% 0/40%			100% 0/20%		80/2 60/4	
In-Network Out-of-Network Out-of-Pocket Maximum		None None			None None			None None			None None		Noi Noi	
In-Network Out-of-Network		\$2300/\$4600 \$4600/9200			50/4500 00/9000		+	250/450			000/6000 00/12,000		\$3000/ \$6000/^	
Office Visit Copay	Sut	pject to ded./coins		Subject	to ded./coins.	- 1	Subject	to ded.	./coins.	Subject	to ded./coins.		Subject to c	ed./coins.
Specialist Office Visit Copay	Sut	oject to ded./coins		Subject	to ded./coins.		Subject to ded./coins.			Subject to ded./coins.			Subject to c	ed./coins.
Chiropractic Copay	Subject to	ded./coins.; 38 vis	its max.		o ded./coins. isits max.	;	Subject 12 v	to ded. isits ma		Subject to ded./coins.; 12 visits max.			Subject to d 12 visits	
Urgent Care Copay	Sut	pject to ded./coins		Subject	to ded./coins.	.	Subject	to ded.	./coins.	Subject to ded./coins.			Subject to c	led./coins.
Emergency Room Copay	Sut	pject to ded./coins		Subject	to ded./coins.	.	Subject	to ded.	./coins.	Subject	to ded./coins.		Subject to c	
Prescription Drugs	Sul	bject to ded., then ABC Rx	:	\$10 \$40 Pre \$80 Nonp	to ded., then: Generic ferred Brand referred Bran Order 2x		\$40 Pre \$80 Nonp	Gener Gerred	ric Brand ed Brand	\$10 \$40 Pre \$80 Nonp	to ded., then: Generic ferred Brand preferred Brand Order 2x	đ	Subject to c \$10 Ge \$40 Prefer \$80 Nonprefe Mail Or	eneric red Brand erred Brand
A.M. Best Rating		 .		A- (E	Excellent)	_	A- (1	Excelle	-	A- (I	Excellent)	_	A- (Exc	
Rate	Single 1 Two-Person 1 Family <u>1</u>	Current Rates R \$569.91 \$1,280.45 \$1,593.06	enewal Rates \$605.31 \$1,360.10 \$1,692.18	Single Two-Person Family	1 \$6 1 \$1,4	Rates 23.54 96.50 70.63	Single Two-Person Family	1	<u>Rates</u> \$569.71 \$1,367.31 \$1,709.14	Single Two-Person Family	1 \$54 1 \$1,31		Single 1 Two-Person 1 Family <u>1</u>	<u>Rates</u> \$505.99 \$1,214.36 \$1,517.96
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current	3	\$3,443.42 <u>Not Included</u> \$3,443.42 \$41,321.04	\$3,657.59 <u>Included</u> \$3,657.59 \$43,891.08 \$2,570.04		<u>Inc</u> \$3,9 \$47,8 \$6,5	67.06		3	\$3,646.16 <u>Included</u> \$3,646.16 \$43,753.96 \$2,432.92		\$3,51 \$42,18 \$86	uded 5.24 32.92 1.88	3	\$3,238.30 <u>Included</u> \$3,238.30 \$38,859.66 -\$2,461.38
% Difference			6.22%		15	5.89%			5.89%		2.	09%		-5.96%

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

		Penou: 0	7/01/2017 - 06		-		and the second s	-			
					ption 6	Carl Color		ption			
		urrent / Renewal		Admin	Custod	lians	Admin	/Custo	odians		
CARRIER		IESSA - PAK D		Blue Cro	ss Blue	Shield	Blue Cro	ss Blu	e Shield		
		nion Admin Asst					0: 1 5				
Benefit Plan	AB	C Plan 2 - HDHP		Simply Blue		2000 0%	Simply Blue		2000 20%		
Plan Type/Network		PPO			PPO			PPO			
Deductible		\$0000/4000		* 00	000/400		6.00	00/40	000		
In-Network		\$2000/4000 \$4000/8000			00/400			\$2000/4000 \$4000/8000			
Out-of-Network Coinsurance		\$4000/8000		φ40	00/800	10	940	\$ +000/0000			
In-Network		100%			100%		9				
Out-of-Network		80/20%			0/20%		-	0/20%	-		
Coinsurance Maximum		00/2078			0/2070		, i	0/40/			
In-Network		None			None			None			
Out-of-Network		None			None						
Out-of-Pocket Maximum		T ONO						None			
In-Network		\$3000/6000		\$30	000/600	0	\$30	000			
Out-of-Network		\$6000/12,000			00/12,0		\$60	00/12,	000		
Office Visit Copay	Sub	ject to ded./coins.		Subject	to ded.	coins.	Subject to ded./coins.				
Specialist Office Visit Copay	Sub	ject to ded./coins.		Subject	to ded.	/coins.	Subject to ded./coins.				
Chiropractic Copay	Subject to o	ded./coins.; 38 vis	its max.	Subject	to ded./ visits ma		Subject to ded./coins.; 12 visits max.				
Urgent Care Copay		ject to ded./coins.		Subject	to ded.	coins.	Subject				
Emergency Room Copay	Sub	ject to ded./coins.		Subject	to ded.	coins.	Subject	to dec	d./coins.		
				Subject			Subject				
	Sub	ject to ded., then:		*	Gener) Gene			
Prescription Drugs		ABC Rx		\$40 Pre			\$40 Pre				
				\$80 Nong			\$80 Nonp				
					I Order			Orde			
A.M. Best Rating		(H):		A- (Excelle		A- (Excell			
Rate			enewal Rates	0.1	•	Rates	Cincle	0	Rates		
	Single 0	\$533.47	\$566.60			\$549.26	Single Two-Person		\$505.99 \$1,214.36		
	Two-Person 0	\$1,198.43		Two-Person		\$1,318.22	Family		\$1,214.30		
	Family <u>1</u>	\$1,490.99	\$1,583.78		_			_			
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%	52% 1.:				



tr		Pe	riod: 07/01/2017	- 06/30/2018					
	Current / Renews	al		tion 8 Custodian		tion 9 Custodian		Option 10 in/Custodian	
CARRIER	MESSA - PAK Union Admin As		Blue Cross	s Blue Shield	Blue Cros	s Blue Shield	Blue Cr	oss Blue Shield	
Benefit Plan Plan Type/Network Deductible	ABC Plan 2 - HDI PPO	1P		HDHP 3000 0% PO		HDHP 3000 20% PPO	Simply Blu	Je HDHP 3500 0% PPO	
In-Network Out-of-Network	\$2000/4000 \$4000/8000			00/6000 D/12,000	+	00/6000 0/12,000		3500/7000 000/14,000	
Coinsurance In-Network Out-of-Network Coinsurance Maximum	100% 80/20%			00% /20%		//20% //40%		100% 80/20%	
In-Network Out-of-Network	None None			lone lone		lone lone		None None	
Out-of-Pocket Maximum In-Network Out-of-Network	\$3000/6000 \$6000/12,000			00/8000 0/16,000	+	00/8000 0/16,000		4500/9000 000/18,000	
Office Visit Copay	Subject to ded./co	ins.	Subject to	ded./coins.	Subject to	o ded./coins.	Subjec	t to ded./coins.	
Specialist Office Visit Copay	Subject to ded./co	ins.	Subject to	o ded./coins.	Subject to	o ded./coins.	Subjec	Subject to ded./coins.	
Chiropractic Copay	Subject to ded./coins.; 38	visits max.		ded./coins.; sits max.		o ded./coins.; sits max.		t to ded./coins.; visits max.	
Urgent Care Copay	Subject to ded./co	ins.	Subject to	ded./coins.	Subject to	o ded./coins.	Subjec	t to ded./coins.	
Emergency Room Copay	Subject to ded./co	ins.	Subject to	o ded./coins.	Subject to	o ded./coins.		t to ded./coins.	
Prescription Drugs	Subject to ded., th ABC Rx	en:	\$10 (\$40 Prefe \$80 Nonpre	o ded., then: Generic erred Brand eferred Brand Order 2x	\$10 \$40 Pref \$80 Nonpr	o ded., then: Generic erred Brand eferred Brand Order 2x	\$1 \$40 P \$80 Nor	t to ded., then: 10 Generic referred Brand npreferred Brand ail Order 2x	
A.M. Best Rating	-			xcellent)		xcellent)		(Excellent)	
Rate	Single 0 \$533.47 Two-Person 0 \$1,198.43 Family 1 \$1,490.95	\$566.60 \$1,272.99	Single 0 Two-Person 0	Rates \$504.02 \$1,209.66 \$1,512.07	Single 0 Two-Person 0	<u>Rates</u> \$468.93 \$1,125.43 \$1,406.79	Single Two-Person	0 \$1,155.41	
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current % Difference	1 \$1,490.99 <u>Not Includer</u> \$1,490.99 \$17,891.88	<u>Included</u> \$1,583.78		\$1,512.07 <u>Included in Rates</u> \$1,512.07 \$18,144.88 \$253.00 1.41%		\$1,406.79 Included in Rates \$1,406.79 \$16,881.52 -\$1,010.36 -5.65%		1 \$1,444.26 Included in Rates \$1,444.26 \$17,331.08 -\$560.80 -3.13%	

		Period: 07/01/20	017 - 06/30/201	8					
	Ci	irrent / Renewal			Option 3 dmin/Custo	dian			
CARRIER		IESSA - PAK E on Admin/Admin	Asst	Blue	Cross Blue	Shield			
Benefit Plan Plan Type/Network		Choices 1000 PPO		Si	mply Blue 7 PPO	1000			
Deductible In-Network Out-of-Network		\$1000/2000 \$2000/4000			\$1000/200 \$2000/400				
Coinsurance In-Network Out-of-Network		100% 80/20%			80/20% 60/40%				
Coinsurance Maximum In-Network Out-of-Network		None None		:	\$2500/500 \$5000/10,0				
Out-of-Pocket Maximum In-Network Out-of-Network		\$2000/4000 \$4000/8000			\$6350/12,7 12,700/25,-				
Office Visit Copay		\$20			\$30				
Specialist Office Visit Copay		\$20			\$30				
Chiropractic Copay	100% af	er ded.; 38 visits	max.	\$3	0; 12 visits	max.			
Urgent Care Copay		\$25			\$30				
Emergency Room Copay		\$50			\$150				
Prescription Drugs		Saver Rx		\$80 N	\$10 Gener Preferred Nonpreferre Mail Order	Brand d Brand			
A.M. Best Rating		-			A- (Excelle				
Rate	Single 4 Two-Person 2 Family <u>2</u>	Current Rates \$597.06 \$1,341.54 \$1,669.09	Renewal Rates \$639.27 \$1,436.49 \$1,787.24	Single Two-Person Family	4 2 <u>2</u>	<u>Rates</u> \$635.49 \$1,525.16 \$1,906.46			
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current	8	\$8,409.50 <u>Not Included</u> \$8,409.50 \$100,914.00	\$9,004.54 <u>Included</u> \$9,004.54 \$108,054.48 \$7, <i>140.48</i>		8	\$9,405.18 <u>Included in Rates</u> \$9,405.18 \$112,862.20 <i>\$11,948.20</i>			
% Difference			7.08%			11.84%			

Adrian School Head Start

			Perio	d: 07/01/2017	- 06/3	0/2018						
		Current / Renewal			Option	1		Option 2			Option 3	
CARRIER	MESSA	- NON-PAK Head	d Start	Blue Cro	oss Blu	le Shield	Blue Cro	oss Blue	Shield	Blue Cro	oss Blue	Shield
Benefit Plan		Choices 500		Simp	bly Blue	e 500	Sim	PPO	750	Simp	ly Blue 1 PPO	1000
Plan Type/Network		PPO			PPO			PPU			FFU	
Deductible In-Network		\$500/1000		¢.	500/10	00	\$	750/1500	1	\$1	000/200	0
Out-of-Network		\$1000/2000			000/20			500/300			000/400	-
Coinsurance		\$1000/2000		Ú,	000120	.00	•.	000,000	Ū			
In-Network		100%			80/20%	6		80/20%			80/20%	
Out-of-Network		80/20%			60/40%	0		60/40%		60/40%		
Coinsurance Maximum				00500/5000								
In-Network		None			500/50			500/500			500/500	-
Out-of-Network	1	None		\$50	000/10,	000	\$50	000/10,00	00	\$5000/10,000		
Out-of-Pocket Maximum		None		C CC	00/40	700	C C C	350/13.70	00	\$63	50/12 7	00
In-Network Out-of-Network		None \$2000/4000			350/12, 700/25			700/27,4		\$6350/12,700 \$12,700/25,400		
Car-or-Metwork		\$2000/4000		φ12,	100/20	,400	φ13 <u>.</u>	,100121,-	100			
Office Visit Copay	\$20				\$20			\$20			\$30	
Specialist Office Visit Copay	\$20			\$20				\$20			\$30	
Chiropractic Copay	100% after ded.; 38 visits max.			\$20; 1	2 visit	s max.	\$20; ⁻	12 visits	max.	\$30; 1	2 visits	max.
Urgent Care Copay		\$25		\$20				\$20			\$30	
Emergency Room Copay		\$50		\$150				\$150		\$150		
				\$1	0 Gene	eric	\$1	0 Generi	ic	\$1	0 Gener	ic
		0. D				Brand	\$40 Pr	eferred l	Brand	\$40 Pr	eferred	Brand
Prescription Drugs		Saver Rx		\$80 Non	preferr	ed Brand	\$80 Non	preferred	d Brand	\$80 Non		
				Ma	il Orde	r 2x	Ma	il Order :	2x	Ma	il Order	2x
A.M. Best Rating		5 2 3		A-1	(Excell	ent)	A-	(Exceller	nt)	A-	(Exceller	nt)
Rate		Current Rates	Renewal Rates			Rates			Rates			Rate
	Single 39		\$691.61			\$665.64	Single		\$643.45			\$617.1
	Two-Person 5	\$1,451.53		Two-Person			Two-Person			Two-Person		\$1,481.2
	Family <u>9</u>	\$1,805.96	\$1,933.81	Family	<u>9</u>	\$1,996.92	Family	8	\$1,930.36	Family	9	\$1,851.5
Monthly Premium	53	\$48,703.73	\$52,148.38		53	\$51,919.94		53	\$50,189.41		53	\$48,140.7
Estimated Taxes & Fees		Not Included	Included			Included			Included			Include
Total Monthly Cost		\$48,703.73	\$52,148.38			\$51,919.94			\$50,189.41			\$48,140.7
Total Annual Cost		\$584,444.76	\$625,780.56			\$623,039.25		:	\$602,272.91		1	\$577,688.9
Difference from Current			\$41,335.80			\$38,594.49			\$17,828.15			-\$6,755.82
% Difference	7.079					6.60%			3.05%			-1.16%
							1.1/00101					

			Period: 07/01/2	2017 - 06/30/2018				
	Current / Renewal			Optic	Option 5			
CARRIER	MESSA - NON-PAK Head Start			Blue Cross Blue Shield		Blue Cross Blue Shield		
Benefit Plan	Choices 500			Simply Blue HD	DHP 1250 0%	Simply Blue HDHP 1250 20%		
Plan Type/Network	PPO			PPO		PPO		
Deductible								
In-Network	k \$500/1000			\$1300/2600		\$1300/2600		
Out-of-Network		\$1000/2000		\$2600/\$5200		\$2600/\$5200		
Coinsurance								
In-Network		100%		100%		80/20%		
Out-of-Network		80/20%		80/20%		60/40%		
Coinsurance Maximum								
In-Network		None		Nor	ne		None	
Out-of-Network		None		Nor	ne		None	
Out-of-Pocket Maximum								
In-Network		None		\$2250/		\$2250/4500		
Out-of-Network		\$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.		
				Subject to ded./coins.;		Subject to ded./coins.;		
Chiropractic Copay	100% after ded.; 38 visits max.			12 visits max.			12 visits max.	
Urgent Care Copay	\$25			Subject to ded./coins.		Su	bject to ded	./coins.
Emergency Room Copay	\$50			Subject to ded./coins.		Su	bject to ded	./coins.
				Subject to c	led., then:	Subject to ded., then:		
				\$10 Generic		\$10 Generic		
Prescription Drugs		Saver Rx		\$40 Preferred Brand		\$40 Preferred Brand		
	\$80 Nonpreferred Bra			\$80 Nonpreferred Brand				
				Mail Order 2x		Mail Order 2x		
A.M. Best Rating			A- (Excellent)		A- (Excellent)			
Rate			Renewal Rates		Rates			Rates
	Single 39	\$645.96	\$691.61	Single 39	\$606.88		39	\$554.21
	Two-Person 5	\$1,451.53		Two-Person 5		Two-Person	5	\$1,330.09
	Family <u>9</u>	\$1,805.96	\$1,933.81	Family <u>9</u>	\$1,820.65	Family	<u>9</u>	\$1,662.62
Monthly Premium	53	\$48,703.73	\$52,148.38	53	\$47,336.82		53	\$43,228.04
Estimated Taxes & Fees		Not Included	Included		Included			Included
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%			



CARRIER MESSA - NON-PAK Head Start Blue Cross Blue Shield Blue Cross Blue Shield Blue Cross Blue Shield Sonefit Plan Choices 500 Simply Blue HDHP 2000 0% PPO Simply Blue HDHP 2000 0% PPO Pan Type/Network \$500/1000 \$2000/4000 \$2000/4000 \$2000/4000 \$2000/4000 Coll-of-Network \$100% \$00/20% \$00/20% \$00/20% \$00/40% Coll-of-Network 80/20% \$00/20% \$00/20% \$00/40% \$00/40% Coll-of-Network 80/20% \$00/20% \$00/40% \$00/40% \$00/40% Cut-of-Network None None None None None None In-Network None \$3000/6000 \$3000/12,000 \$3000/12,000 \$3000/12,000 Cut-of-Network \$200 Subject to ded./coins.			Per	iod: 07/01/201					
Bandit Plan Choices 500 PPO Simply Blue HDHP 2000 0% PPO Simply Blue HDHP 2000 0% PPO Simply Blue HDHP 2000 20% PPO Simply Blue HDHP 2000 20% Statum Statum Brown and Power and Statum Brown and Power and Power and Power and Statum Brown and Power and Powere and Power and Power and Powere and Power and Power and		Current / Renewal			Option	n 6	Option 7		
Pen Type/Network Deductble PPO PPO PPO In Type/Network Deductble In-Network Cuit-of-Network \$500/1000 \$2000/4000 \$2000/4000 \$4000/8000 Coinsurance In-Network Cuit-of-Network 100% 100% 80/20% 60/40% Coinsurance Maximum In-Network 80/20% 80/20% 60/40% 60/40% Cuit-of-Network None None None None None Dut-of-Pocket Maximum In-Network S2000/4000 \$3000/6000 \$3000/6000 \$3000/6000 \$3000/6000 Specialist Office Visit Copay \$20 Subject to ded./coins. Subject to ded./coin	CARRIER	MESSA - NON-PAK Head Start			Blue Cross Bl	ue Shield	Blue Cross Blue Shield		
In-Network Out-of-Network Coinsurance In-Network Out-of-Network Out-of-Network Out-of-Network Coinsurance Maximum In-Network Out-of-Network Out-Of-Network Out-Of-Network Out-Of-Network Out-Of-Network Out-Of-	Benefit Plan Plan Type/Network								
In-Network Out-of-Network Coinsurance Maximum In-Network 100% 80/20% 100% 80/20% 80/20% 80/40% Out-of-Network Out-of-Pocket Maximum In-Network None None None None Out-of-Network Out-of-Network None None None None Dut-of-Network Out-of-Network None \$3000/6000 \$3000/6000 \$3000/6000 Specialist Office Visit Copay \$220 Subject to ded./coins. Subject to ded./coins. Subject to ded./coins. Specialist Office Visit Copay \$220 Subject to ded./coins. Subject to ded./coins. Subject to ded./coins. Chiropractic Copay \$20 Subject to ded./coins. Subject to ded./coins. Subject to ded./coins. Chiropractic Copay \$25 Subject to ded./coins. Subject to ded./coins. Subject to ded./coins. Prescription Drugs \$309 \$45.96 \$601.61 \$10 Generic \$10 Generic Rate Single 39 \$645.96 \$601.61 \$80 Nonpreferred Brand \$80 Nonpreferred Brand Stol Generic \$10 Generic \$10 Generic \$10 Generic \$10 Generic \$10 Gen	In-Network								
In-Network Out-of-Pocket Maximum In-Network None None None None None None None None None None None None None None None None None None <td>Out-of-Network</td> <td colspan="3"></td> <td colspan="2"></td> <td colspan="2"></td>	Out-of-Network								
Out-of-Network \$2000/4000 \$6000/12,000 \$6000/12,000 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. Subject to ded./coins. Subject to ded./coins. Urgent Care Copay \$25 Subject to ded./coins. Subject to ded./coins. Subject to ded./coins. Prescription Drugs \$25 Subject to ded./coins. Subject to ded./coins. Subject to ded./coins. A.M. Best Rating Saver Rx \$40 Preferred Brand	In-Network								
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. 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 \$40 Preferred Brand \$40 Preferred Brand Mail Order 2x \$40 Preferred Brand Mail Order 2x \$40 Preferred Brand Mail Order 2x A.M. Best Rating - - A-(Excellent) A-(Excellent) Two-Person 5 \$1,451.53 \$1,554.26 Single 39 \$43,23 Family 9 \$1,805.96 \$1,933.81 Family 9 \$1,603.67 Family 9 \$1,805.96 \$1,933.81 Family 9 \$1,603.67 Family 9 \$1,805.96 \$1,933.81 53 \$41,695.43 Estimated Taxes & Fees Not Included \$48,703.73 \$52,148.38 \$3 \$41,695.43 Total Annual Cost \$44,703.73 \$52,148.38 \$500,345.12 \$460,726.7 Difference from Current \$41,335.80 -\$84,099.64 -\$123,718.57	In-Network				+				
Chiropractic Copay100% after ded.; 38 visits max.Subject to ded./coins.; 12 visits max.Subject to ded./coins.; 12 visits max.Urgent Care Copay\$25Subject to ded./coins.Subject to ded./coins.Emergency Room Copay\$50Subject to ded./coins.Subject to ded./coins.Prescription DrugsSaver RxSubject to ded./then: \$10 GenericSubject to ded./then: \$10 GenericSubject to ded./coins.Prescription DrugsSaver RxSaver RxSubject to ded./coins.Subject to ded./coins.A.M. Best RatingA- (Excellent)A- (Excellent)RateSingle 39\$645.96\$691.61Single 39\$534.56Single 39\$442.2Two-Person 5\$1,451.53\$1,554.26Two-Person 5\$1,282.94Two-Person 5\$1,181.3Family 9\$1,805.96\$1,933.81Family 9\$1,603.67Family 9\$1,476.6Monthly Premium53\$48,703.73\$52,148.3853\$41,695.4353\$38,393.6Estimated Taxes & Frees Total Annual Cost\$48,703.73\$52,148.38\$3\$41,695.43\$38,393.6Difference from Current\$44,7335.80-\$84,099.64-\$123,718.57	Office Visit Copay	\$20			Subject to ded./coins.		Subject to ded./coins.		
Chiropractic Copay100% after ded.; 38 visits max.12 visits max.12 visits max.Urgent Care Copay\$25Subject to ded./coins.Subject to ded./coins.Emergency Room Copay\$50Subject to ded./coins.Subject to ded./coins.Prescription DrugsSaver Rx\$10 Generic\$10 GenericA.M. Best RatingA-(Excellent)RateCurrent RatesRenewal RatesSingle 39\$645.96Single 39\$645.96\$691.61Single 39\$534.56Two-Person 5\$1,451.53\$1,554.26Two-Person 5\$1,282.94Two-Person 5\$1,451.53\$1,554.26Family 9\$1,603.67Family 9\$1,805.96\$1,933.81Family 9\$1,603.67Estimated Taxes & FeesNot IncludedIncludedIncludedNoththy Cost\$48,703.73\$52,148.38\$41,695.4353Total Annual Cost\$48,703.73\$52,148.38\$41,695.43\$38,393.61Difference from Current\$41,335.80-\$84,099.64-\$123,718.51	Specialist Office Visit Copay	\$20			Subject to ded./coins.		Subject to ded./coins.		
Emergency Room Copay Emergency Room Copay Prescription Drugs A.M. Best Rating Rate Single 39 Single 30 Single 39 Single 30 Single 39 Single 30 Single 30 Single 30 Single 30 Single 30 Single 30 Single 30 Single 30	Chiropractic Copay	100% after ded.; 38 visits max.							
Prescription DrugsSaver RxSubject to ded., then: \$10 GenericSubject to ded., then: \$10 GenericA.M. Best Rating\$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x\$40 Preferred Brand Mail Order 2xA.M. Best RatingA- (Excellent)A- (Excellent)RateCurrent Rates \$645.96\$691.61 \$1,451.53Single 39\$534.56 \$1,456.153Single 39\$545.66Two-Person 5\$1,451.53 \$1,554.26\$1,933.81 \$1,554.26Two-Person 5\$1,282.94 \$1,803.67Two-Person 5\$1,181.3 \$1,654.36Monthly Premium53\$48,703.73\$52,148.38 \$48,703.7353\$41,695.43 \$5353\$41,695.43 \$53Estimated Taxes & Fees Total Annual CostNot Included \$48,703.73Included \$625,780.56Included \$500,345.12Included \$123,718.57Difference from Current\$41,335.80-\$84,099.64-\$123,718.57	Urgent Care Copay	\$25			Subject to ded./coins.		Subject to	ded./coins.	
Prescription DrugsSaver Rx\$10 Generic\$10 GenericPrescription DrugsSaver Rx\$40 Preferred Brand\$40 Preferred Brand\$40 Preferred Brand\$40 Preferred Brand\$80 Nonpreferred Brand\$80 Nonpreferred Brand\$80 Nonpreferred BrandA.M. Best RatingA- (Excellent)A- (Excellent)RateCurrent RatesRenewal RatesSingle 39\$645.96\$691.61Single 39\$645.96\$691.61Single 39\$534.56Single 39\$492.2Two-Person 5\$1,451.53\$1,554.26Two-Person 5\$1,282.94Two-Person 5\$1,181.3Family 9\$1,805.96\$1,933.81Family 9\$1,603.67Family 9\$1,476.65Monthly Premium53\$48,703.73\$52,148.3853\$41,695.4353\$38,393.83Estimated Taxes & FeesNot IncludedIncludedIncludedIncludedIncludedTotal Annual Cost\$48,703.73\$52,148.38\$53\$41,695.43\$38,393.83Difference from Current\$41,335.80-\$84,099.64-\$123,718.55	Emergency Room Copay		\$50		Subject to ded./coins.		Subject to	ded./coins.	
Rate Current Rates Renewal Rates Rates <thr></thr> Rates <thr></thr> <thr< td=""><td>Prescription Drugs</td><td colspan="3">Saver Rx</td><td colspan="2">\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand</td><td colspan="2">\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand</td></thr<>	Prescription Drugs	Saver Rx			\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand		\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand		
Single 39 \$645.96 \$691.61 Single 39 \$534.56 Single 39 \$492.2 Two-Person 5 \$1,451.53 \$1,554.26 Two-Person 5 \$1,282.94 Two-Person 5 \$1,181.3 Family 9 \$1,805.96 \$1,933.81 Family 9 \$1,603.67 Family 9 \$1,603.67 Monthly Premium 53 \$48,703.73 \$52,148.38 53 \$41,695.43 53 \$38,393.8 Estimated Taxes & Fees Not Included	A.M. Best Rating	÷		A- (Excellent)		A- (Excellent)			
Included	Rate	Two-Person 5	\$645.96 \$1,451.53	\$691.61 \$1,554.26	Single 39 Two-Person 5	\$534.56 \$1,282.94	Single 39 Two-Person 5	<u>Rates</u> \$492.23 \$1,181.35 \$1,476.69	
	Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost Difference from Current	53	Not Included \$48,703.73	<u>Included</u> \$52,148.38 \$625,780.56		<u>Included</u> \$41,695.43 \$500,345.12		\$38,393.8 <u>Include</u> \$38,393.8 \$460,726.1 -\$123,718.58	
% Difference 7.07% -14.39% -21.17	% Difference							-21.17%	

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 Plan Type/Network	Choices 500 PPO			Simply Blue HDHP 3000 0% PPO		Simply Blue HDHP 3000 20% PPO		Simply Blue HDHP 3500 0% PPO	
Deductible In-Network Out-of-Network				\$3000/6000 \$6000/12,000		\$3000/6000 \$6000/12,000		\$3500/7000 \$7000/14,000	
Coinsurance In-Network Out-of-Network	100%			100% 80/20%		80/20% 60/40%		100% 80/20%	
Coinsurance Maximum In-Network Out-of-Network Out-of-Pocket Maximum				None None		None None		None None	
In-Network Out-of-Network				\$4000/8000 \$8000/16,000		\$4000/8000 \$8000/16,000		\$4500/9000 \$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 c	ded./coins.	Subject to	ded./coins.	
Emergency Room Copay	\$50		Subject to ded./coins.		Subject to o	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	18-1		A- (Excellent)		A- (Excellent)		A- (Excellent)		
Rate	Single 39 Two-Person 5 Family <u>9</u>	Current Rates \$645.96 \$1,451.53 \$1,805.96	\$691.61	Single 39 Two-Person 5 Family <u>9</u>	<u>Rates</u> \$490.52 \$1,177.25 \$1,471.56	Single 39 Two-Person 5 Family <u>9</u>	<u>Rates</u> \$456.20 \$1,094.89 \$1,368.61	Single 39 Two-Person 5 Family <u>9</u>	<u>Rates</u> \$468.51 \$1,124.43 \$1,405.54
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	53	\$48,703.73 <u>Not Included</u> \$48,703.73 \$584,444.76	\$52,148.38 <u>Included</u> \$52,148.38 \$625,780.56		\$38,260.54 <u>Included</u> \$38,260.54 \$459,126.49	53	\$35,583.78 <u>Included</u> \$35,583.78 \$427,005.40		\$36,543.92 Included \$36,543.92 \$438,526.99
Difference from Current % Difference			\$41,335.80 7.07%		-\$125,318.27 -21.44%		-\$157,439.36 -26.94%		-\$145,917.77 -24.97%



		Period: 07/01/2017				
	Head Start	Admin/Custodians	Union Admin	Union Admin	Non-Union Admin	
CARRIER	Priority Health	Priority Health	Priority Health	Priority Health	Priority Health	
Benefit Plan	POS 500 Matched to MESSA NON-PAK	POS 500 Matched to MESSA PAK A	POS HSA 1300 Matched to MESSA PAK C	POS HSA 2000 Matched to MESSA NON-PAK	POS 1000 Matched to MESSA PAK E	
Plan Type/Network Deductible	Matched to MESSA NON-PAR	Matched to MESSA PAK A	Matched to MESSA PAR C	Watched to WESSA NON-PAR	Watched to WESSA FAR E	
In-Network Out-of-Network	\$500/1000 \$1000/2000	\$500/1000 \$1000/2000	\$1300/2600 \$2600/\$5200	\$2000/4000 \$4000/8000	\$1000/2000 \$2000/4000	
Coinsurance In-Network Out-of-Network	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%	
Coinsurance Maximum						
In-Network Out-of-Network	None \$2500/5000	None \$2500/5000	None None	None None	None \$2500/5000	
Out-of-Pocket Maximum In-Network Out-of-Network	\$7150/14,300 \$14,300/28,600	\$7150/14,300 \$14,300/28,600	\$2300/4600 \$4600/9200	\$3000/6000 \$6000/12,000	\$7150/14,300 \$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	Chiropractic Copay \$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 Single 39 \$880.87 Two-Person 5 \$1,979.58 Family 9 \$2,462.92	Rates Single 10 \$880.87 Two-Person 13 \$1,979.58 Family 18 \$2,462.92	Single 1 \$725.50 Two-Person 1 \$1,629.74	Single 0 \$647.51 Two-Person 0 \$1,455.15	Rates Single 4 \$836.02 Two-Person 2 \$1,878.79 Family 2 \$2,337.51	
Monthly Premium Estimated Taxes & Fees Total Monthly Cost Total Annual Cost	53 \$66,418.11 <u>Included</u> \$66,418.11 \$797,017.32	41 \$78,875.80 <u>Included</u> \$78,875.80 \$946,509.60	Included \$4,382.90 \$52,594.80	<u>Included</u> \$1,810.44 \$21,725.28		
Difference from Current % Difference	\$212,572.56 36.37%	\$266,334.60 39.16%	\$11,273.76 27,28%	\$3,833.40	\$40,406.16 40.04%	
	30.37%	59.10%	27.20%	MESSA Current Combined	PH Options Combined	
Combined Annual Total				\$1,424,746.68	\$1,959,167.16	
Combined Difference					\$534,420.48	
Combined % Difference					37.51%	

