

Waterford School District QUOTING SUMMARY

· ·	Vendor	Proposal Received
		:
Insured		
	Aetna	Declined to quote
	Aetna-Asscociated Mutual	\checkmark
· · ·	Blue Cross / Blue Shield	
	Blue Care Network	1
	Cigna	Declined to quote
	HealthPlus	✓
	Humana	Declined to quote
	McLaren Health Plan	Declined to quote
	MEBS	Declined to quote
	MESSA	v
· · · · ·	Physicians Health Plan	Declined to quote
•	Priority Health	Not yet received
•	Total Health Care	✓ · · · · · · · · · · · · · · · · · · ·
	UnitedHealthcare	Declined to quote
Self-Fund	led	
	Blue Cross / Blue Shield	1

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NGS/Coresource

Requests for Proposals were submitted with the latest data available from the previous carrier. MESSA utilization data was not provided to the District. It is important to note that successful quoting is based largely on having current and complete data so that vendors can appropriately judge the health care expenditures of a group and thus provide accurate proposals. It is recommended that this entire project be revisited once MESSA releases the data required under Public Act 106, as that will likely lead to expanded availability of options and accurate pricing.



	Plan		Mor	thly	Rates	Total Monthly	1	Fotal Annual	% Change		Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)		Single Double Family FC Comp	\$	525.04 1,181.32 1,312.59 N/A N/A	\$ 1,014,239.10	\$	12,170,869.20			
Option 1:	BCBS CB 1 (I) OV/UC/ER: \$10/10/50 Deductible: None Rx Copay: \$15/30/60, 2x MOPD (I)		Single Double Family FC Comp	\$	635.09 1,524.22 1,905.27 N/A N/A	\$ 1,400,120.25	\$	16,801,443.00	38.0%	\$	(4,630,573.80
Option 2:	BCBS CB 2 (I) OV/UC/ER: \$10/10/50 Deductible: \$100/200 Rx Copay: \$15/30/60, 2x MOPD (I) Coinsurance: 10%	· .	Single Double Family FC Comp	\$	594.10 1,425.85 1,782.31 N/A N/A	\$ 1,309,759.78	\$	15,717,117.36	29.1%	\$	(3,546,248.16
Option 3:	BCBS CB 3 (I) OV/UC/ER: \$10/10/50 Deductible: \$250/500 Rx Copay: \$15/30/60, 2x MOPD (I) Coinsurance: 20%		Single Double Family FC Comp	\$	531.73 1,276.16 1,595.20 N/A N/A	\$ 1,172,258.46	\$	14,067,101.52	15.6%	\$	(1,896,232.32
Option 4:	BCBS CB 4 (I) OV/UC/ER: \$10/10/50 Deductible: \$500/1000 Rx Copay: \$15/30/60, 2x MOPD (I) Coinsurance: 20%		Single Double Family FC Comp	\$	499.01 1,197.63 1,497.04 N/A N/A	\$ 1,100,123.53	\$	13,201,482.36	8.5%	\$	(1,030,613.16
,∕tion 5:	BCBS CB 12 (I) OV/UC/ER: \$30/30/50 Deductible: \$1000/2000 Rx Copay: \$10/20, 2x MOPD (I) Coinsurance: 20%	• • • •	Single Double Family FC Comp	\$	540.54 1,297.28 1,621.61 N/A N/A	\$ 1,191,666.31	\$	14,299, 9 95.72	17.5%	\$	(2,129,126.52
Option 6:	BCBS CB 12 (I) OV/UC/ER: \$30/30/50 Deductible: \$1000/2000 Rx Copay: \$10/40, 2x MOPD (I) Coinsurance: 20%		Single Double Family FC Comp	\$	473.25 1,135.79 1,419.75 N/A N/A	\$ 1,043,324.86	\$	12,519,898.32	2.9%	\$	(349,029.12
Option 7:	BCBS CB 12 (I) OV/UC/ER: \$30/30/50 Deductible: \$1000/2000 Rx Copay: \$10/60, 2x MOPD (I) Coinsurance: 20%		Single Double Family FC Comp	\$ \$	452.29 1,085.49 1,356.87 N/A N/A	\$ 997,117.28	\$	11,965,407.36	-1.7%	\$	205,461.84
Option 8:	BCBS CB 12 (I) OV/UC/ER: \$30/30/50 Deductible: \$1000/2000 Rx Copay: \$10/40/80, 2x MOPD (I) Coinsurance: 20%		Single Double Family FC Comp	\$ \$	445.99 1,070.37 1,337.96 N/A N/A	\$ 983,223.47	\$	11,798,681.64	-3.1%	\$	372,187.5
Current Ra Option Rat Effective D	es: 1Q2013	3					Ce	nsus:	Single Double Family FC Comp	254 209 483 0 0	······································

* Rates quoted are based on the latest information provided by the District, which does not include current MESSA utilization data; all vendors reserve the right to re-rate based on actual enrollment. Proposed rates do not include funding for PA 142 (HICA) **Medical underwriting is required.



Effective Date:

1/1/2013

Waterford School District All Employees

	Plan	Mor	thly	Rates	Total Monthly		Total Annual	% Change		Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$	525.04 1,181.32 1,312.59 N/A N/A	\$ 1,014,239.10	\$	12,170,869.20			
Option 9:	BCBS CB 12 (I) OV/UC/ER: \$30/30/50 Deductible: \$1000/2000 Rx Copay: \$15/30/60, 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	463.27 1,111.84 1,389.80 N/A N/A	\$ 1,021,318.54	\$	12,255,822.48	0.7%	\$	(84,953.28)
Option 10:	BCN5 (I) OV/UC/ER: \$10/25/50 Deductible: None Rx Copay: \$10/40, 2x MOPD (I)	Single Double Family FC Comp	\$	539.74 1,241.38 1,403.30 N/A N/A	\$ 1,074,336.28	\$	12,892,035.36	5.9%	\$	(721,166.16)
Option 11:	BCN10 (I) OV/UC/ER: \$10/25/50 Deductible: \$100/200 Rx Copay: \$10/20, 2x MOPD (I)		\$	541.95 1,246.50 1,409.09 N/A N/A	\$ 1,078,764.27	\$	12,945,171.24	6.4%	\$	(774,302.04)
Option 12:	BCN10 (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: \$10/40/80, 2x MOPD (I)		\$	488.14 1,122.71 1,269.15 N/A N/A	\$ 971,633.40	\$	11,659,600.80	-4.2%	\$	511,268.40
ption 13:	BCN10 (I) OV/UC/ER: \$10/25/50 Deductible: \$1000/2000 Rx Copay: \$15/30/60, 2x MOPD (I)	Single Double Family FC Comp	\$	465.95 1,071.69 1,211.47 N/A N/A	\$ 927,474.52	\$	11,129,694.24	-8.6%	\$	1,041,174.96
Option 14:	HealthPlus PPO 0P D500X1 (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: \$10/20, 2x MOPD (I)	Single Double Family FC Comp	\$	494.91 989.81 1,351.09 N/A N/A	\$ 985,153.90	\$	11,821,846.80	-2.9%	\$	349,022.40
Option 15:	HealthPlus PPO 0P D1000X1 (I) OV/UC/ER: \$20/25/50 Deductible: \$1000/2000 Rx Copay: \$10/40, 2x MOPD (I)	Single Double Family FC Comp	\$.\$	459.87 919.75 1,255.46 N/A N/A	\$ 915,421.91	\$	10,985,062.92	-9.7%	\$	1,185,806.28
Option 16:	Aetna-AM Insured (I) OV/UC/ER: \$10/10/50 Deductible: \$500/1000 Rx Copay: \$10/40, 2x MOPD (I)	Single Double Family FC Comp	\$ \$	608.52 1,455.82 1,818.95 N/A N/A	\$ 1,337,383.31	\$	16,048,599.72	31.9%	\$	(3,877,730.52
Current Rate						Ce	ensus:	Single Double	254 209	

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* Rates quoted are based on the latest information provided by the District, which does not include current MESSA utilization data; all vendors reserve the right to rerate based on actual enrollment. Proposed rates do not include funding for PA 142 (HICA) **Medical underwriting is required.

Family

FC

483

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	Plan	Mon	thly	Rates	To	tal Monthly	Total Annual	% Change	Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$	525.04 1,181.32 1,312.59 N/A N/A	\$1	,014,239.10	\$ 12,170,869.20		
Option 17:	Aetna-AM Insured (I) OV/UC/ER: \$10/10/50 Deductible: \$1000/2000 Rx Copay: \$10/40, 2x MOPD (I)	Single Double Family FC Comp	\$	591.56 1,415.12 1,768.07 N/A N/A	\$ 1	,299,994.13	\$ 15,599,929.56	28.2%	\$ (3,429,060.36)
Option 18:	Aetna-AM Insured (I) OV/UC/ER: \$10/10/50 Deductible: \$1000/2000 Rx Copay: \$10/60, 2x MOPD (I)	Single Double Family FC Comp	\$	577.39 1,381.12 1,725.58 N/A N/A	\$ 1	,268,766.28	\$ 15,225,195.36	25.1%	\$ (3,054,326.16)
Option 19:	Aetna-AM Insured (I) OV/UC/ER: \$10/10/50 Deductible: \$1000/2000 Rx Copay: \$10/40/80, 2x MOPD (I)	Single Double Family FC Comp	\$	580.97 1,389.70 1,736.30 N/A N/A	\$ 1	,276,646.58	\$ 15,319,758.96	25.9%	\$ (3,148,889.76)
Option 20:	Aetna-AM Insured (i) OV/UC/ER: \$10/10/50 Deductible: \$1000/2000 Rx Copay: \$15/30/60, 2x MOPD (i)	Single Double Family FC Comp	\$	588.65 1,408.13 1,759.34 N/A N/A	\$ 1	,293,577.49	\$ 15,522,929.88	27.5%	\$ (3,352,060.68
ુotion 21:	Aetna-AM Wrap (DF) OV/UC/ER: \$10/10/50 Deductible: \$500/1000 Rx Copay: \$10/40, 2x MOPD (I)	Single Double Family FC Comp	\$	594.21 1,394.05 1,736.84 N/A N/A	\$ 1	,281,179.51	\$ 15,374,154.12	26.3%	\$ (3,203,284.92
Option 22:	Total Health Care HMO T-521 (I) OV/UC/ER: \$5/0/40 Deductible: None Rx Copay: \$5/15, 2x MOPD (I)	Single Double Family FC Comp	\$	314.81 656.07 834.56 N/A N/A	\$	620,172.85	\$ 7,442,074.20	-38.9%	\$ 4,728,795.00
Option 23:	Total Health Care HMO T-522 (I) OV/UC/ER: \$10/0/40 Deductible: None Rx Copay: \$5/15, 2x MOPD (I)	Single Double Family FC Comp	\$	313.26 652.83 830.44 N/A N/A	\$	617,112.03	\$ 7,405,344.36	~39.2%	\$ 4,765,524.84
Option 24:	Total Health Care HMO T-523 (I) OV/UC/ER: \$15/0/40 Deductible: None Rx Copay: \$10/20, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	302.13 629.65 800.96 N/A N/A	\$	595,201.55	\$ 7,142,418.60	-41.3%	\$ 5,028,450.60

Current Rates:	July 2012 - June 2013	Census:	Single	254	
Option Rates:	1Q2013		Double	209	
Effective Date:	1/1/2013		Family	483	
ĺ			FC	0	i
	•		Comp	0	
* Rates quoted are ba	used on the latest information prov	led by the District, which does not include current MESSA utilization	on data; all vendors re	serve the right	to re-

<u>ate based on actual enrollment. Proposed rates do not include funding for PA 142 (HICA) **Medical underwriting is required.</u>



	Plan	Mon	thly	Rates	То	tal Monthly	 Total Annual	% Change		Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$ \$ \$	525.04 1,181.32 1,312.59 N/A N/A	\$ 1	,014,239.10	\$ 12,170,869.20			
Option 25:	Total Health Care HMO T-524 (I) OV/UC/ER: \$20/0/40 Deductible: None Rx Copay: \$10/20, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	295.98 616.82 784.64 N/A N/A	\$	583,075.42	\$ 6,996,905.04	-42.5%	\$	5,173,964.1
Option 26:	Total Health Care HMO T-525 (I) OV/UC/ER: \$20/0/40 Deductible: None Rx Copay: 50%, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	278.90 581.24 739.38 N/A N/A	\$	549,440.30	\$ 6,593,283.60	-45.8%	\$	5,577,585.6
Option 27:	Total Health Care HMO T-521X (I) OV/UC/ER: \$5/0/40 Deductible: \$500/1300 Rx Copay: \$5/15, 2x MOPD (I)	Single Double Family FC Comp	\$\$ \$ \$	284.49 592.89 754.20 N/A N/A	\$	560,453.07	\$ 6,725,436.84	-44.7%	\$	5,445,432.3
Option 28:	Total Health Care HMO T-522X (I) OV/UC/ER: \$10/0/40 Deductible: \$500/1300 Rx Copay: \$5/15, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	283.09 589.96 750.47 N/A N/A	\$	557,683.51	\$ 6,692,202.12	-45.0%	\$	5,478,667.0
⊃ption 29:	Total Health Care HMO T-523X (I) OV/UC/ER: \$15/0/40 Deductible: \$500/1300 Rx Copay: \$10/20, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	273.04 569.01 723.83 N/A N/A	\$	537,885.14	\$ 6,454,621.68	-47.0%	\$	5,716,247.5
Option 30:	Total Health Care HMO T-524X (I) OV/UC/ER: \$20/0/40 Deductible: \$500/1300 Rx Copay: \$10/20, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	267.48 557.42 709.08 N/A N/A	\$	526,926.34	\$ 6,323,116.08	-48.0%	\$	5,847,753.
Option 31:	Total Health Care HMO T-525X (I) OV/UC/ER: \$20/0/40 Deductible: \$500/1300 Rx Copay: 50%, 2x MOPD (I)	Single Double Family FC Comp	-	252.05 525.26 668.17 N/A N/A	\$	496,526.15	\$ 5,958,313.80	-51.0%	\$	6,212,555.
Option 32:	Total Health Care POS Low9 (I) OV/UC/ER: \$10/15/75 Deductible: None Rx Copay: \$10/20, 2x MOPD (I)	Single Double Family FC Comp		402.47 838.74 1,066.94 N/A N/A	\$	792,856.06	\$ 9,514,272.72	-21.8%	\$	2,656,596.
Current Rat Option Rate Effective Da	es: 1Q2013						ensus:	Single Double Family FC Comp	254 209 483 0 0	9 3 · · · .



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	Plan	Mon	thly	/ Rates	то	otal Monthly	Total Annual	% Change	Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$ \$ \$	525.04 1,181.32 1,312.59 N/A N/A	\$	1,014,239.10	\$ 12,170,869.20		
Option 33:	Total Health Care POS Mid9 (I) OV/UC/ER: \$15/25/125 Deductible: \$300/600 Rx Copay: \$10/20, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	366.24 763.24 970.90 N/A N/A	\$	721,486.82	\$ 8,657,841.84	-28.9%	\$ 3,513,027.36
Option 34:	Total Health Care POS High9 (I) OV/UC/ER: \$20/30/150 Deductible: \$1000/2000 Rx Copay: \$10/20, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	331.51 690.87 878.84 N/A N/A	\$	653,075.09	\$ 7,836,901.08	-35.6%	\$ 4,333,968.12
Option 35:	MESSA Choices (I) OV/UC/ER: \$20/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx, 2x MOPD (I)	Single Double Family FC Comp	\$ \$ \$	513.84 1,154.26 1,282.34 N/A N/A	\$	991,125.92	\$ 11,893,511.04	-2.3%	\$ 277,358.16

Current Rates:	July 2012 - June 2013	Census:	Single	254	
Option Rates:	1Q2013		Double	209	
Effective Date:	1/1/2013		Family	483	
			FC	0	
			Comp	0	
* Rates quoted are bas	sed on the latest information provided by the District, which a	loes not include current MESSA utilization data	; all vendors re	serve the righ	t to re-
mte based on actual e	nrollment. Proposed rates do not include funding for PA 142	(HICA) **Medical underwriting is required		-	



	Plan	Mon	thly	Rates	Тс	tal Monthly	-	Fotal Annual	% Change	Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)		\$ \$ \$	525.04 1,181.32 1,312.59 N/A N/A	\$ [,]	1,014,239.10	\$	12,170,869.20		
Option 36:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$1250/2500 Rx Copay: \$10/60 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	432.04 1,036.91 1,296.14 N/A N/A	\$	952,487.97	\$	11,429,855.64	-6.1%	\$ 741,013.56
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$ \$	317,500.00 1,730,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative					:	\$	13,583,213.04	1 1.6%	\$ (1,412,343.84)
Option 37:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$1250/2500 Rx Copay: \$10/40/80 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	425.74 1,021.79 1,277.23 N/A N/A	\$	938,594.16	\$	11,263,129.92	-7.5%	\$ 907,739.28
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$	317,500.00 1,730,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	13,416,487.32	10.2%	\$ (1,245,618.12
Option 38:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$1250/2500 Rx Copay: \$15/30/60 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	443.02 1,063.26 1,329.07 N/A N/A	\$	976,689.23	\$	11,720,270.76	-3.7%	\$ 450,598.44
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$	317,500.00 1,730,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	13,873,628.16	14.0%	\$ (1,702,758.96
Current Rat Option Rate Effective Da	es: 1Q2013						Ce	ensus:	Single Double Family FC Comp	254 209 483 0 0



	Plan	Mon	thly	Rates	То	tal Monthly		Total Annual	% Change	Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$	525.04 1,181.32 1,312.59 N/A N/A	\$ 1	.,014,239.10	\$	12,170,869.20		
Option 39:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$2000/4000 Rx Copay: \$10/60 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$ \$ \$	387.86 930.86 1,163.59 N/A N/A	\$	855,080.15	\$	10,260,961.80	-15.7%	\$ 1,909,907.40
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$ \$ \$ \$	508,000.00 2,768,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	13,642,819.20	12.1%	\$ (1,471,950.00)
Option 40:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$2000/4000 Rx Copay: \$10/40/80 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	381.56 915.74 1,144.68 N/A N/A	\$	841,186.34	\$	10,094,236.08	-17.1%	\$ 2,076,633.12
. :	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee	·					\$ \$ \$ \$ \$	508,000.00 2,768,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	13,476,093.48	10.7%	\$ (1,305,224.28
Option 41:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$2000/4000 Rx Copay: \$15/30/60 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	398.84 957.21 1,196.52 N/A N/A	\$	879,281.41	\$	10,551,376.92	-13.3%	\$ 1, 619,492.28
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$			
	TOTAL Account fees are illustrative						\$	13,933,234.32	14.5%	\$ (1,762,365.12
Current Rat Option Rate Effective Da	s: 1Q2013		•				Ce	ensus:	Single Double Family FC Comp	254 209 483 0 0



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	Plan	Mon	thly	Rates	То	tal Monthly		Fotal Annual	% Change	Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$ \$ \$	525.04 1,181.32 1,312.59 N/A N/A	\$ 1	1,014,239.10	\$	12,170,869.20		
Option 42:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$3000/6000 Rx Copay: \$10/60 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	333.38 800.11 1,000.14 N/A N/A	\$	734,969.13	\$	8,819,629.56	-27.5%	\$ 3,351,239.64
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$	762,000.00 4,152,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	13,839,486.96	13.7%	\$ (1,668,617.76)
Option 43:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$3000/6000 Rx Copay: \$10/40/80 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	327.08 784.99 981.23 N/A N/A	\$	721,075.32	\$	8,652,903.84	-28.9%	\$ 3,517,965.36
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$	762,000.00 4,152,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	13,672,761.24	12.3%	\$ (1,501,892.04
Option 44:	BCBS SB HSA (I) OV/UC/ER: 20% after ded. Deductible: \$3000/6000 Rx Copay: \$15/30/60 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	344.36 826.46 1,033.07 N/A N/A	\$	759,170.39	\$	9,110,044.68	-25.1%	\$ 3,060,824.52
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$	762,000.00 4,152,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	14,129,902.08	16.1%	\$ (1,959,032.8
Current Rat Option Rate Effective D	es: 1Q2013						Ce	ensus:	Single Double Family FC Comp	254 209 483 0 0



	Plan	Mon	thly	Rates	То	tal Monthly		Total Annual	% Change	Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$	525.04 1,181.32 1,312.59 N/A N/A	\$ 1	014,239.10	\$	12,170,869.20		
Option 45:	BCN HSA (I) OV/UC/ER: 20% after ded. Deductible: \$1250/2500 Rx Copay: \$15/50/50% after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	357.17 821.49 928.64 N/A N/A	\$	710,945.71	\$	8,531,348.52	-29.9%	\$ 3,639,520.68
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$ \$	317,500.00 1,730,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	10,684,705.92	-12.2%	\$ 1,486,163.28
Option 46:	BCN HSA (I) OV/UC/ER: 20% after ded. Deductible: \$2000/4000 Rx Copay: \$10/40/80 after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	310.88 715.01 808.28 N/A N/A	\$	618,799.85	\$	7,425,598.20	-39.0%	\$ 4,745,271.00
х.	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$ \$	508,000.00 2,768,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	10,807,455.60	-11.2%	\$ 1,363,413.60
Option 47:	BCN HSA (I) OV/UC/ER: 20% after ded. Deductible: \$3000/6000 Rx Copay: \$20/60/50% after ded., 2x MOPD (I) Coinsurance: 20%	Single Double Family FC Comp	\$	266.67 613.36 693.37 N/A N/A	\$	530,824.13	\$	6,369,889.56	-47.7%	\$ 5,800,979.64
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$	762,000.00 4,152,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	11,389,746.96	-6.4%	\$ 781,122.24
Current Rat Option Rate Effective Da	es: 1Q2013	··· . ·					Ce	ensus:	Single Double Family FC Comp	254 209 483 0 0



	Plan	Mor	ithly	Rates	Т	otal Monthly	-	Total Annual	% Change	Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$	525.04 1,181.32 1,312.59 N/A N/A	\$	1,014,239.10	\$	12,170,869.20		
Option 48:	HealthPlus PPO HDHP 2G (I) OV/UC/ER: 0% after ded. Deductible: \$1250/2500 Rx Copay: \$0 after ded., 2x MOPD (I)	Single Double Family FC Comp	\$	416.66 833.32 1,137.49 N/A N/A	\$	829,403.19	\$	9,952,838.28	-18.2%	\$ 2,218,030
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee		·				\$ \$ \$ \$ \$	317,500.00 1,730,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	12,106,195.68	-0.5%	\$ 64,673
Option 49:	HealthPlus PPO HDHP 2F (I) OV/UC/ER: 0% after ded. Deductible: \$2000/4000 Rx Copay: \$0 after ded., 2x MOPD (I)	Single Double Family FC Comp	\$	396.80 793.59 1,083.25 N/A N/A	\$	789,857.26	\$	9,478,287.12	-22.1%	\$ 2,692,58
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$	508,000.00 2,768,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	12,860,144.52	5.7%	\$ (689,27
Option 50:	HealthPlus PPO HDHP ABC 3N (I) OV/UC/ER: \$10 after ded. Deductible: \$3000/6000 Rx Copay: \$10/20 after ded., 2x MOPD (I)	Single Double Family FC Comp	\$	309.01 618.02 843.60 N/A N/A	\$	615,113.52	\$	7,381,362.24	-39.4%	\$ 4,789,50
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month) Group Set Up Fee						\$ \$ \$ \$ \$ \$	762,000.00 4,152,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	12,401,219.64	1.9%	\$ (230,38
Current Ra Option Rate Effective D	es: 1Q2013			·			Ce	ensus:	Single Double Family FC Comp	254 209 483 0 0



	Plan	Mon	thly	Rates	То	tal Monthly		Total Annual	% Change	Savings
Current:	MESSA Choices (I) OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx (I)	Single Double Family FC Comp	\$	525.04 1,181.32 1,312.59 N/A N/A	\$ [^]	1,014,239.10	\$	12,170,869.20		
Option 51:	MESSA ABC Plan 1 (I) OV/UC/ER: 0% after ded. Deductible: \$1250/2500 Rx Copay: Saver Rx, 2x MOPD (I) (a(fred ded. is net))	Single Double Family FC Comp	\$	464.98 1,044.33 1,160.20 N/A N/A	\$	896,746.49	\$	10,760,957.88	-11.6%	\$ 1,409,911.32
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month Group Set Up Fee))					\$ \$ \$ \$ \$	317,500.00 1,730,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	12,914,315.28	6.1%	\$ (743,446.08
Option 52:	MESSA ABC Plan 2 (I) OV/UC/ER: 0% after ded. Deductible: \$2000/4000 Rx Copay: Saver Rx, 2x MOPD (I)	Single Double Family FC Comp	\$	435.31 977.57 1,086.02 N/A N/A	\$	839,428.53	\$	10,073,142.36	-17.2%	\$ 2,097,726.84
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month Group Set Up Fee)	·				\$ \$ \$ \$ \$	508,000.00 2,768,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	13,454,999.76	10.6%	\$ (1,284,130.5
Option 53:	MESSA ABC Plan 3 (I) OV/UC/ER: % after ded. 10 0 0 Deductible: \$3500/7000 Rx Copay: Saver Rx, 2x MOPD (I)	Single Double Family FC Comp	\$	387.69 870.43 966.98 N/A N/A	\$	747,444.47	\$	8,969,333.64	-26.3%	\$ 3,201,535.56
	Single Deductible Funding Double, Family Deductible Funding Annual Account Fees (\$3.75 per account per month) Annual Debit Card Fees (\$4.95 per account per month Group Set Up Fee	h)					\$ \$ \$ \$	889,000.00 4,844,000.00 42,570.00 56,192.40 7,095.00		
	TOTAL Account fees are illustrative						\$	14,808,191.04	21.7%	\$ (2,637,321.8
Current Rat Option Rate Effective Da	es: 1Q2013						: Ce	ensus:	Single Double Family FC Comp	254 209 483 0 0



Matching current benefits $\frac{7}{500}/1,000$

an a		<u></u>		Annual
Current MESSA Plan Costs:			\$	12,170,869.20
DCDSMC	olf Eur	ided Health P	lon	
Medical Administration	enerun \$	57.92	s s	547,923.20
Prescription Drug Administration	\$	1.96	ş.	18,541.60
Network Access	\$		Ś	
Stop Loss insurance	\$	98.11	\$	1,113,744.72
		Fixed Cos	t Sub Total 💲	1,680,209.52
Medical Claims Estimate			\$	11,490,366.09
Prescription Claims Estimate	p in the	to a lot large carries	Ş	3,791,475.57
Hospital Prepayment			\$	507,977.87
		Claims Estimat	e Sub Total 💲	15,789,819.54
Projected Total Annual Plan Cost			\$	17,470,029.06
		1	Difference	43.54%
		Projecte	ed Savings \$	(5,299,159.86)
Potential E	3CBSM A	ccess Fee: \$397,3	320	
Illustrative Rates			Ce	nsus
Single \$ 727.8	3	Sing	gle	254
Double \$ 1,455.6	5	Dou	ible	209
Family \$ 2,001.5	o2	Farr	nily	483
Composite \$ 1,538.9)4	Tota	əl	946

Notes:

1. All costs have been adjusted to the current census. Costs will vary based on changes in enrollment or plan design.

2. Medical and Prescription claims figures are illustrative and may vary based on utilization.

3. Stop-loss is based on \$75,000 specific and 120% aggregate; Medical Only.

4. One-time set up fees and document/SPD draftings fees are not included (estimated at \$5,000).

5. Medical Administration based on:

• Core medical administrative services

Effective Date: 1/1/2013



Waterford School District

All Employees

Matching current benefits

	Annual
Current MESSA Plan Costs:	\$ 12,170,869.20

Prescription Drug Administration Network Access Stop Loss Insurance	Included \$ 6.25	\$ \$	
and the second	Provide the second s	¢	the second state and the second state of the second state of the second state of the second state of the second
Stop Loss Insurance		1.51.11.24	70,950.00
	\$ 92.67	\$	1,051,967.76
	Fixed Cost Sub Total	\$	1,473,694.56
Medical Claims Estimate		\$	6,891,740.00
Prescription Claims Estimate		\$	3,141,840.00
Hospital Prepayment		\$	and the second second
	Claims Estimate Sub Total	\$	10,033,580.00

Difference	-5.45%
Projected Savings \$	663,594.64

Illustrative Rates							
Single		\$	496.41				
Double		\$	1,116.92				
Family		\$	1,241.02				
Composite		\$	1,013.68				

Double	209
Family	483

Notes:

1. All costs have been adjusted to the current census. Costs will vary based on changes in enrollment or plan design.

2. Medical and Prescription claims figures are illustrative and may vary based on utilization.

3. Stop-loss is based on \$125,000 specific and 120% aggregate; Medical Only.

- 4. One-time set up fees and document/SPD draftings fees are not included (estimated at \$5,000).
- 5. Medical Administration based on:

12/1/2012

Effective Date:

- Core medical administrative services
- Utilization Review (including case management)
- YourCare Wellness Suite
- Final Claims Fiduciary
- Letter Services
- Trading Partners
- Rating
- COBRA



· ·	Plan	Monthly	Rates	Total Monthly	Total Annual	% Change	Savings
Current:	MESSA Choices OV/UC/ER: \$10/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx Coinsurance: 0%		525.04 1,181.33 1,312.59 N/A N/A	\$ 1,014,239.10	\$ 12,170,869.20		
Option 1:	NGS Plan (SF) OV/UC/ER: \$10/25/50 Deductible: \$1000/2000 Rx Copay: Hybrid Plan Coinsurance: 0%		475.56 1,070.01 1,188.90 N/A N/A	\$ 918,661.72	\$ 11,023,940.67	-9.4%	\$ 1,146,928.53
Option 2:	NGS Plan (SF) OV/UC/ER: \$0 after ded. Deductible: \$1250/2500 Rx Copay: Hybrid Plan after ded. Coinsurance: 0%		450.74 1,014.16 1,126.85 N/A N/A	\$ 870,714.87	\$ 10,448,578.42	-14.2%	\$ 1,722,290.78
Option 3:	NGS Plan (SF) OV/UC/ER: \$0 after ded. Deductible: \$2000/4000 Rx Copay: Hybrid Plan after ded. Coinsurance: 0%	Single \$ Double \$ Family \$ FC Comp	422.94 951.62 1,057.35 N/A N/A	\$ 817,014.39	\$ 9,804,172.71	-19.4%	\$ 2,366,696.49
Option 4:	NGS Plan (SF) OV/UC/ER: \$0 after ded. Deductible: \$3500/7000 Rx Copay: Hybrid Plan after ded. Coinsurance: 10%	Single \$ Double \$ Family \$ FC Comp	377.77 849.98 944.42 N/A N/A	\$ 729,751.12	\$ 8,757,013.41	-28.0%	\$ 3,413,855.75

Current Rates:	July 2012 - June 2013	Census:	i i	Single	254		
Option Rates:	1Q2013			Double	209		
Effective Date:	1/1/2013			Family	483		
				FC	0		
	·			Comp	0		
* All rates are illustrative and may vary based on utilization or changes in plan design/demographics.							

						Hard Cap Based on	PA 152 Annual Limits	
		Monthly	Annual	Research and the state of the s	nthly al Slope) Employee	Annual (Original Sinpe) Employer Employee	Monthly (Modified Slope) Employer Employee	Annual (Modified Slope) Employer Employee
Current MESSA Choices								
OV/UC/ER: \$10/25/50	Single	\$ 525.04	\$ 6,300.48	\$ 458.33	\$ 66.71	\$ 5500.00 \$ 800.48	\$ 471.98 \$ 53.06	\$ 5,663.82 \$ 636.66
Deductible: \$500/1000	Double	\$ 1,181.33	\$ 14,175.96	\$ 916.67	\$ 264.66	\$ 11,000.00 \$ 3,175.96	\$ 1,061.96 \$ 119.37	\$ 12,743.48 \$ 1,432.4
Rx Copay: Saver Rx	Family	\$ 1,312.59	\$ 15,751.08	\$ 1,250.00		\$ 15,000,00 \$ 751.08		\$ 14,159.43 \$ 1,591.6
Coinsurance: 0%	Composite	\$ 1,072.13	\$ 12,865,61	\$ 963.79	\$ 108.34	\$ 11,565.54 \$ 1,300.07	\$ 963.79 \$ 108.34	\$ 11,565.54 \$ 1,300.07
Option 1 NGS Plan (SF)	and the second		Sector Records			provincial and an and a second	n den sekretariste og soner og	
OV/UC/ER: \$10/25/50	Single	\$ 496.41	\$ 5,956.92	\$ 458,33	\$ 38.08	\$ 5,500.00 \$ 456.92	\$ 471.98 \$ 24.43	\$ 5,663.79 \$ 293.1
Deductible: \$500/1000	Double		\$ 13,403.04			\$ 11,000.00 \$ 2,403.04	[1] 전 14 · · · · · · · · · · · · · · · · · ·	\$ 12,743.51 \$ 659.5
Rx Copay: Hybrid Plan	Family		\$ 14,892.24) \$ 15,000.00 \$ (107.76)		\$ 14,159.43 \$ 732.8
Coinsurance: 0%	Composite	\$ 1,013.68	\$ 12,164.11	\$ 963.79	\$ 49.88	\$ 11,565,54 \$ 598.57	\$ 963.79 \$ 49.88	\$ 11,565.54 \$ 598.5
ption 2 NGS Plan (SF)				法法法的法				
OV/UC/ER: \$10/25/50	Single	lever a second a second a	\$ 5,706.73	나는 문서의 방법을 알려야 가지 않는 것을 했다.		\$ 5,500,00 \$ 206(73)		
Deductible: \$1000/2000	Double	 A. 2017 Contraction of the second se Second second sec second second sec	\$ 12,840.11	and the second		\$ 11,000,00 \$ 1,840,11		
Rx Copay: Hybrid Plan	Family		\$ 14,266.77			\$ 15,000.00 \$ (733.23)		\$ 14,159.43 \$ 107.3
Coinsurance: 0%	Composite	\$ 971.10	\$ 11,653.21	\$ 963.79	\$7.31	\$ 11,565,54 \$ 87,68	\$ 963.79 \$ 7.31	\$ 11,565.54 \$ 87.6
ption 3 NGS Plan (SF)	AND ALL AND AL						n and an and an and an	
OV/UC/ER: \$0 after ded.	Single	\$ 422.94	1976 - 1988 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 -		A STATE OF A STATE OF A	\$ 5,075,30 \$	\$ 422.94 \$ -	\$ 5,075.30 \$ -
Deductible: \$2000/4000	Double	and a strength	\$ 11,419.39	たんきょう ひんちょう ちょうしんがっ		\$ 11,419,39 \$	\$ 951.62 \$ -	\$ 11,419.39 \$ -
Rx Copay: Hybrid Plan after de	d. <u>Family</u>	- Augu	\$ 12,688.19			\$ 12,688,19 \$ -	<u>\$ 1,057,35 </u> \$ -	<u>\$ 12,688,19</u> \$ -
Coinsurance: 0%	Composite	\$ 863.65	\$ 10,363.82	\$ 863,65	\$	\$ 10,363,82 \$	\$ 863.65 \$	\$ 10,363.82 \$ -

Notes:

Rates quoted are based on the latest information provided by the District; all vendors reserve the right to re-rate based on actual enrollment.
 Proposed rates do not include funding for PA 142 (HICA).

Proposed rates are effective 12/1/2012.

• Modified slope redistributes the maximum contribution limits using the slope of the option rating tiers.

· All figures are for illustrative purposes only. Some figures may vary slightly due to rounding.

Annual Cap Amounts							
Single	\$	5,500.00					
Double	\$	11,000.00					
Family	\$	15,000.00					

(29) Oak Pointe Group