



**Jonesville Community Schools
Teachers**
Assumed Effective Date: 9/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA Choices	Census 4	11	38	53	
MESSA \$500-0%; Saver Rx	Rate \$760.85	\$1,709.65	\$2,129.14		\$1,233,082
Teachers Enrolled in MESSA ABC 1	Census 2	1	9	12	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate \$685.05	\$1,539.12	\$1,916.93		\$241,939
TOTALS:	6	12	47	65	\$1,475,022

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$408	\$967	\$1,207	\$849,684	\$625,338

BCBSM:

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*BCBSM will run final rates based on actual enrollment and waiver forms submitted. The final rates may be different then the quoted rates which were based on a census provided by the district.

MESSA:

*Rates include taxes and fees

SET:

*Rates include SET SEG's \$7.50 pepm fee for billing and enrollment services.



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Jonesville Community School

Teacher

Assumed Effective Date: 9/1/2016

Plan	CURRENT PLAN Teachers Enrolled in MESSA Choices MESSA \$500-0%; Saver Rx		CURRENT PLAN Teachers Enrolled in MESSA ABC 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx		Option 1 BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	
	Rate Period	7/1/2016-6/30/2017	Rate Period	7/1/2016-6/30/2017	9/1/2016-8/31/2017	
Purchased Plan Features	In Network		In Network		In Network	
Deductible						
Annual Deductible - 1P	\$500		\$1,300		\$1,300	
Annual Deductible - 2P/FF	\$1,000		\$2,600		\$2,600	
Additional Cost After Deductible						
Employee Coinsurance after Deductible	0%		0%		0%	
Coinsurance Max - 1P	\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$0	
Out of Pocket Maximum						
Max ded, coinsurance, copays - 1P	\$1,500		\$2,600		\$2,250	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$5,200		\$4,500	
Copayments						
Office Visit/Specialist	\$20/\$20		0% after Ded.		0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	38/\$20		38/0% after Ded.		12/0% after Ded.	
Rx Copay	Saver Rx		ABC Rx		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$760.85	2	\$685.05	6	\$407.50
Two Person (2P)	11	\$1,709.65	1	\$1,539.12	12	\$967.49
Family (FF)	38	\$2,129.14	9	\$1,916.93	47	\$1,207.49
Total Annual Premium	53	\$1,233,082	12	\$241,939	65	\$849,684
Combined Current Lives	65		< TOTALS			
Combined Annual Premium	\$1,475,022		< TOTALS			
Total Costs					PEPM	Annual
Estimated Annual Cost	\$1,475,022		<Totals			\$849,684
Estimated Savings/(Increase) \$						\$625,337.76
Estimated Difference %						42.4%

BCBSM:

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*BCBSM will run final rates based on actual enrollment and waiver forms submitted. The final rates may be different than the quoted rates which were based on a census provided by the district.

MESSA:

*Rates include taxes and fees

SET:

*Rates include SET SEG's \$7.50 pepm fee for billing and enrollment services.



Jonesville Community Schools
All Employees
 Assumed Effective Date: 8/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA Choices	Census 4	11	38	53	
MESSA \$500-0%; Saver Rx	Rate \$760.85	\$1,709.65	\$2,129.14		\$1,233,082
Teachers Enrolled in MESSA ABC 1	Census 2	1	9	12	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate \$685.05	\$1,539.12	\$1,916.93		\$241,939
Bus Drivers and Teacher Aides Enrolled in MESSA Choices	Census 1	3		4	
MESSA \$500-0%; Saver Rx	Rate \$776.32	\$1,744.46	\$2,172.47		\$72,116
Bus Drivers and Teacher Aides Enrolled in MESSA ABC 1	Census	2		2	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate \$698.97	\$1,570.45	\$1,955.92		\$37,691
Employees Enrolled in Assurant Plan	Census 8	11	8	27	
Assurant HRA Plan	Rate \$483.12	\$1,194.69	\$1,574.84		\$355,263
TOTALS:	15	28	55	98	\$1,940,092

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$441	\$1,047	\$1,307	\$1,293,499	\$646,593

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MESSA:

*Rates include taxes and fees

SET:

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Jonesville Community Schools
All Employees
Assumed Effective Date: 8/1/2016
Option 1

Plan	CURRENT PLAN Teachers Enrolled in MESSA Choices MESSA \$500-0%; Saver Rx		CURRENT PLAN Teachers Enrolled in MESSA ABC 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx		CURRENT PLAN Bus Drivers and Teacher Aides Enrolled in MESSA Choices MESSA \$500-0%; Saver Rx		CURRENT PLAN Bus Drivers and Teacher Aides Enrolled in MESSA ABC 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx		CURRENT PLAN Employees Enrolled in Assurant Plan Assurant HRA Plan		BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	
	7/1/2016-6/30/2017 In Network		7/1/2016-6/30/2017 In Network		7/1/2016-6/30/2017 In Network		7/1/2016-6/30/2017 In Network		12/1/2015-11/30/2016 In Network		8/1/2016-7/31/2017 In Network	
Rate Period	7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		12/1/2015-11/30/2016		8/1/2016-7/31/2017	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network	
Deductible												
Annual Deductible - 1P	\$500		\$1,300		\$500		\$1,300		\$500		\$1,300	
Annual Deductible - 2P/FF	\$1,000		\$2,600		\$1,000		\$2,600		\$1,000		\$2,600	
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%		0%		0%		0%		0%		0%	
Coinsurance Max - 1P	\$0		\$0		\$0		\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$0		\$0		\$0		\$0	
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	\$1,500		\$2,600		\$1,500		\$2,600		\$5,000		\$2,250	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$5,200		\$3,000		\$5,200		\$10,000		\$4,500	
Copayments												
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.		\$35/\$50		0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		\$25/\$50		0% after Ded.		\$50/0% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	38/\$20		38/0% after Ded.		38/\$20		38/0% after Ded.		20/\$50		12/0% after Ded.	
Rx Copay	Saver Rx		ABC Rx		Saver Rx		ABC Rx		\$15/\$45/\$60/0% after Ded.		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$760.85	2	\$685.05	1	\$776.32	0	\$698.97	8	\$483.12	15	\$440.57
Two Person (2P)	11	\$1,709.65	1	\$1,539.12	3	\$1,744.46	2	\$1,570.45	11	\$1,194.69	28	\$1,046.88
Family (FF)	38	\$2,129.14	9	\$1,916.93	0	\$2,172.47	0	\$1,955.92	8	\$1,574.84	55	\$1,306.73
Total Annual Premium	53	\$1,233,082	12	\$241,939	4	\$72,116	2	\$37,691	27	\$355,263	98	\$1,293,499
Combined Current Lives	98		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	
Combined Annual Premium	\$1,940,092		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	
Total Costs												
Estimated Annual Cost	\$1,940,092		<Totals		<Totals		<Totals		<Totals		PEPM Annual	
Estimated Savings/(Increase) \$											\$1,293,499	
Estimated Difference %											33.3%	

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MESSA:

*Rates include taxes and fees

SET:

*Rates include SET SEG's \$7.50 pepm fee for billing and enrollment services.



Jonesville Community Schools
All Employees
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA Choices	Census 4	11	38	53	
MESSA \$500-0%; Saver Rx	Rate \$760.85	\$1,709.65	\$2,129.14		\$1,233,082
Teachers Enrolled in MESSA ABC 1	Census 2	1	9	12	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate \$685.05	\$1,539.12	\$1,916.93		\$241,939
Bus Drivers and Teacher Aides Enrolled in MESSA Choices	Census 1	3		4	
MESSA \$500-0%; Saver Rx	Rate \$776.32	\$1,744.46	\$2,172.47		\$72,116
Bus Drivers and Teacher Aides Enrolled in MESSA ABC 1	Census	2		2	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate \$698.97	\$1,570.45	\$1,955.92		\$37,691
Employees Enrolled in Assurant Plan	Census 8	11	8	27	
Assurant HRA Plan	Rate \$483.12	\$1,194.69	\$1,574.84		\$355,263
TOTALS:	15	28	55	98	\$1,940,092

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$507	\$1,217	\$1,521	\$1,504,283	\$435,809
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$470	\$1,128	\$1,411	\$1,394,764	\$545,328
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$448	\$1,076	\$1,345	\$1,329,514	\$610,578
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$462	\$1,108	\$1,385	\$1,369,895	\$570,197
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$422	\$1,012	\$1,266	\$1,251,346	\$688,746
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$407	\$976	\$1,220	\$1,206,655	\$733,437
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$375	\$899	\$1,124	\$1,111,389	\$828,703
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$373	\$896	\$1,120	\$1,107,384	\$832,708
BCBSM SB PPO HSA \$3000-20%; \$10/\$40/\$80 Rx	\$347	\$833	\$1,042	\$1,030,177	\$909,915
Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx	\$563	\$1,417	\$1,573	\$1,615,644	\$324,448
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$475	\$1,196	\$1,328	\$1,363,929	\$576,163

BCBSM:

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
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MESSA:

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Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.



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Jonesville Community Scho
All Employ

Assumed Effective Date: 7/1/20

Plan	CURRENT PLAN Teachers Enrolled in MESSA Choices MESSA \$500-0% Saver Rx		CURRENT PLAN Teachers Enrolled in MESSA ABC 1 MESSA ABC Plan 1 \$1300-0% ABC Rx		CURRENT PLAN Bus Drivers and Teacher Aides Enrolled in MESSA Choices MESSA \$500-0% Saver Rx		CURRENT PLAN Bus Drivers and Teacher Aides Enrolled in MESSA ABC 1 MESSA ABC Plan 1 \$1300-0% ABC Rx		CURRENT PLAN Employees Enrolled in Assurant Plan		Option 1 BCBSM SB PPO \$500-20% \$10/\$40/\$80 Rx		Option 2 BCBSM SB PPO HSA \$1300-0% \$10/\$40/\$80 Rx		Option 3 BCBSM SB PPO HSA \$2000-0% \$10/\$40/\$80 Rx		Option 4 Priority Health POS \$500-0% \$20 OI; \$10/\$40/\$80 Rx		Option 5 Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx		
	Rate Period	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	
Purchased Plan Features																					
Deductible		\$500	\$1,300	\$500	\$1,300	\$500	\$1,300	\$500	\$1,300	\$500	\$500	\$500	\$1,300	\$2,000	\$3,000	\$4,000	\$500	\$1,300	\$1,300	\$1,300	
Annual Deductible - 1P		\$1,000	\$2,600	\$1,000	\$2,600	\$1,000	\$2,600	\$1,000	\$2,600	\$1,000	\$1,000	\$1,000	\$2,600	\$4,000	\$6,000	\$8,000	\$1,000	\$2,600	\$2,600	\$2,600	
Annual Deductible - 2P/FF																					
Additional Cost After Deductible		0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Employee Coinsurance after Deductible																					
Coinurance Max - 1P		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Coinurance Max - 2P/FF		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Out of Pocket Maximum																					
Max ded. coinurance, copays - 1P		\$1,500	\$2,600	\$1,500	\$2,600	\$1,500	\$2,600	\$1,500	\$2,600	\$1,500	\$6,350	\$2,250	\$3,000	\$3,000	\$6,850	\$13,700	\$6,850	\$13,700	\$13,700	\$13,700	
Max ded. coinurance, copays - 2P/FF		\$3,000	\$5,200	\$3,000	\$5,200	\$3,000	\$5,200	\$3,000	\$5,200	\$3,000	\$10,000	\$12,700	\$4,500	\$6,000	\$6,000	\$13,700	\$13,700	\$13,700	\$13,700	\$13,700	
Copayments																					
Office Visit/Specialist		\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	\$35/\$50	\$20/\$20	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	\$20/\$35	0% after Ded.	0% after Ded.	0% after Ded.	
Urgent Care/ER		\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.	\$50/0% after Ded.	\$20/\$150	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	\$75/\$150	0% after Ded.	0% after Ded.	0% after Ded.	
Chiropractic Limit/Copy		38/\$20	38/0% after Ded	38/\$20	38/0% after Ded	38/\$20	38/0% after Ded	38/0% after Ded	38/0% after Ded	20/\$50	12/\$20	12/0% after Ded	12/0% after Ded	12/0% after Ded	12/0% after Ded	12/0% after Ded	50/\$20 (combined with PT and OI)	50/0% after Ded (combined with PT and OI)	50/0% after Ded (combined with PT and OI)	50/0% after Ded (combined with PT and OI)	
Rx Copy		Saver Rx	Saver Rx	Saver Rx	Saver Rx	Saver Rx	Saver Rx	Saver Rx	Saver Rx	\$15/\$45/\$60/0% after Ded	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	
Total Monthly Costs		Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)		4	\$769.85	2	\$885.05	1	\$776.32	0	\$699.97	8	\$483.12	15	\$507.11	15	\$461.80	15	\$406.78	15	\$474.92	15	\$562.57
Two Person (2P)		11	\$1,709.65	1	\$1,539.12	3	\$1,744.46	2	\$1,570.45	11	\$1,194.69	28	\$1,217.06	28	\$1,108.33	28	\$976.25	28	\$1,196.28	28	\$1,417.05
Family (FF)		38	\$2,139.14	9	\$1,936.93	0	\$2,172.47	0	\$1,955.92	8	\$1,974.84	55	\$1,521.32	55	\$1,385.41	55	\$1,220.82	55	\$1,338.02	55	\$1,379.11
Total Annual Premium		53	\$1,233,082	12	\$241,939	4	\$72,116	2	\$37,691	27	\$355,263	98	\$1,504,283	98	\$1,369,895	98	\$1,206,655	98	\$1,363,929	98	\$1,615,644
Combined Current Lives		98	\$1,340,092	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS
Combined Annual Premium																					
Total Costs																					
Estimated Annual Cost																					
Estimated Savings/(Increase) \$																					
Estimated Difference %																					

BCBSM: BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

Priority Health: *Priority Health rates, fees and/or claims projections do not include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known.

*Priority Health plans include an additional 10 chiropractic visits, totaling 40, combined with OT & PT.

*BCBSM quoted rates do not include commissions paid to SET SEG. Fees for SET SEG services are addressed in a separate agreement. BCBSM rates may change based on final BCBSM underwriting guidelines, actual group enrollment and participation.

MESSA: *Rates include taxes and fees.

SET: *Rates do not include SET SEG's \$7.50 pepm fee for billing and enrollment services.

Priority Health: *Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.



Good health. Good business. Great schools.
 1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

**2016 Rate Renewal Exclusively for
 Jonesville Community Schools
 Renewal Effective 07/01/2016**

Quote #: 333425
 MESSA Field Rep: Tara Wilbur
 Date Created: 03/22/2016

NON-PAK - 625A Admin, Support Staff

		2015-16 Rates	Enrollment	2016-17 Rates
Dental:		\$29.40	Single: 8	\$26.82
Class I:	75%	\$60.03	2-Person: 12	\$54.96
Class II:	75%	\$105.61	Family: 10	\$99.31
Class III:	75%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
<hr/>				
Vision:	VSP 3 G	\$7.72	Single: 8	\$7.72
		\$16.58	2-Person: 12	\$16.58
		\$24.93	Family: 10	\$24.93
<hr/>				
Life Insurance:	\$35,000	\$0.12	30	
Rate/\$1000				\$0.13
Volume				\$1,050,000.00
<hr/>				
AD&D Coverage:	\$35,000	\$0.03	30	
Rate/\$1000				\$0.03
Volume				\$1,050,000.00

NON-PAK COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. **These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.**



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**2016 Rate Renewal Exclusively for
 Jonesville Community Schools
 Renewal Effective 07/01/2016**

Quote #: 333425
 MESSA Field Rep: Tara Wilbur
 Date Created: 03/22/2016

PAK A - 625B Teacher		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA Choices	\$641.72	Single: 4	\$736.77
IN Deductible:	\$500/\$1000	\$1,442.01	2-Person: 12	\$1,655.86
IN Coinsurance:	N/A	\$1,794.11	Family: 37	\$2,060.24
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Dental:		\$26.04	Single: 4	\$26.14
Class I:	75%	\$52.22	2-Person: 13	\$52.42
Class II:	75%	\$94.83	Family: 36	\$96.16
Class III:	75%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Vision:	VSP 3 G	\$7.72	Single: 4	\$7.72
		\$16.58	2-Person: 13	\$16.58
		\$24.93	Family: 36	\$24.93
Life Insurance:	\$20,000		53	
Rate/\$1000				\$0.13
Volume				\$1,060,000.00
Composite:		\$2.40		\$2.60
AD&D Coverage:	\$20,000		53	
Rate/\$1000				\$0.03
Volume				\$1,060,000.00
Composite:		\$0.60		\$0.60
LTD Benefit	66 2/3% Max \$5,000		53	
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.40
Covered Salary				\$265,621.00
Composite:		\$18.74		\$20.05
Total Monthly Rate per Member - Single		\$697.22		\$793.88
Total Monthly Rate per Member - 2-Person		\$1,532.55		\$1,748.11
Total Monthly Rate per Member - Family		\$1,935.61		\$2,204.58

PAK A COBRA RATES:

Medical	Single	\$735.27
	2-Person	\$1,654.36
	Family	\$2,058.74

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 07/01/2016 and based on plans and enrollment as of 03/22/2016. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates. **These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees that may be included on your invoice.**



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**2016 Rate Renewal Exclusively for
 Jonesville Community Schools
 Renewal Effective 07/01/2016**

Quote #: 333425
 MESSA Field Rep: Tara Wilbur
 Date Created: 03/22/2016

PAK B - 625B Teacher		2015-16 Rates	Enrollment	2016-17 Rates
Dental:		\$23.41	Single: 2	\$23.23
Class I:	75%	\$47.16	2-Person: 1	\$46.41
Class II:	75%	\$89.11	Family: 11	\$87.05
Class III:	75%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
<hr/>				
Vision:	VSP 3 G	\$7.72	Single: 2	\$7.72
		\$16.58	2-Person: 1	\$16.58
		\$24.93	Family: 11	\$24.93
<hr/>				
Life Insurance:	\$30,000		14	
Rate/\$1000				\$0.13
Volume				\$420,000.00
Composite:		\$3.60		\$3.90
AD&D Coverage:	\$30,000		14	
Rate/\$1000				\$0.03
Volume				\$420,000.00
Composite:		\$0.90		\$0.90
<hr/>				
LTD Benefit	66 2/3% Max \$5,000		14	
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.40
Covered Salary				\$70,164.00
Composite:		\$18.74		\$20.05
<hr/>				
Total Monthly Rate per Member - Single		\$54.37		\$55.80
Total Monthly Rate per Member - 2-Person		\$86.98		\$87.84
Total Monthly Rate per Member - Family		\$137.28		\$136.83

PAK B COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above.

**2016 Rate Renewal Exclusively for
 Jonesville Community Schools
 Renewal Effective 07/01/2016**

Quote #: 333425
 MESSA Field Rep: Tara Wilbur
 Date Created: 03/22/2016

PAK C - 625B Teacher

		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 1	\$580.60	Single: 2	\$663.25
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,304.48	2-Person: 1	\$1,490.45
IN Coinsurance:	N/A	\$1,622.97	Family: 9	\$1,854.39
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Dental:		\$26.04	Single: 2	\$26.14
Class I:	75%	\$52.22	2-Person: 1	\$52.42
Class II:	75%	\$94.83	Family: 9	\$96.16
Class III:	75%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Vision:	VSP 3 G	\$7.72	Single: 2	\$7.72
		\$16.58	2-Person: 1	\$16.58
		\$24.93	Family: 9	\$24.93
Life Insurance:	\$20,000		12	
Rate/\$1000				\$0.13
Volume				\$240,000.00
Composite:		\$2.40		\$2.60
AD&D Coverage:	\$20,000		12	
Rate/\$1000				\$0.03
Volume				\$240,000.00
Composite:		\$0.60		\$0.60
LTD Benefit	66 2/3% Max \$5,000		12	
Max Monthly Salary:	\$7,500			
Waiting Period:	90 CDMF			
Alcohol/Drug:	Same as any other illness			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.40
Covered Salary				\$60,141.00
Composite:		\$18.74		\$20.05
Total Monthly Rate per Member - Single		\$636.10		\$720.36
Total Monthly Rate per Member - 2-Person		\$1,395.02		\$1,582.70
Total Monthly Rate per Member - Family		\$1,764.47		\$1,998.73

PAK C COBRA RATES:

Medical	Single	2-Person	Family
	\$661.75	\$1,488.95	\$1,852.89

The COBRA rates for Dental and Vision are the same as the rates above.



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**2016 Rate Renewal Exclusively for
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 Renewal Effective 07/01/2016**

Quote #: 333425
 MESSA Field Rep: Tara Wilbur
 Date Created: 03/22/2016

NON-PAK - 625C Bus Driver and Teacher Aides

		2015-16 Rates	Enrollment	2016-17 Rates
Medical:	MESSA ABC Plan 1	\$592.42	Single: 2	\$676.75
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,331.07	2-Person: 0	\$1,520.84
IN Coinsurance:	N/A	\$1,656.06	Family: 0	\$1,892.21
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	EA1			
Medical:	MESSA Choices	\$654.79	Single: 3	\$751.78
IN Deductible:	\$500/\$1000	\$1,471.40	2-Person: 2	\$1,689.63
IN Coinsurance:	N/A	\$1,830.69	Family: 0	\$2,102.27
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Vision:	VSP 3 Plus	\$10.02	Single: 34 2-Person: 0 Family: 0	\$10.02
Life Insurance: Rate/\$1000 Volume	\$30,000	\$0.12	34	\$0.13 \$1,020,000.00

NON-PAK COBRA RATES:

MESSA ABC Plan 1	Single	\$675.25
	2-Person	\$1,519.34
	Family	\$1,890.71
MESSA Choices	Single	\$750.28
	2-Person	\$1,688.13
	Family	\$2,100.77

The COBRA rates for Vision are the same as the rates above.

Rate Exhibit



Employer Group: Jonesville Community Schools
Plan: POS HSA - Option 1
Effective Date: 12/01/2016
Rating Segment: NON-UNION SEGMENT

Quote No: 31731
Agent Name: BRIAN SMITH
Commission: 3%

Product [NonGrandfathered HCR]	POS HSA	Riders
Copay Type	Traditional	DME/P&O Coins: 100%
Hospital Coinsurance		Rehab Visits: 20
In Network	100%	Skilled Nursing Facility 45 additional days (Public School), in network
Out of Network	80%	Rx Mail Order: 2.0 times
Deductible		
Individual - In Network	\$1,300	
Family - In Network	\$2,600	
Individual - Out of Network	\$2,600	
Family - Out of Network	\$5,200	
Total Cost Sharing Out of Pocket Annual Limit		
Individual - In Network	\$2,300	
Family - In Network	\$4,600	
Individual - Out of Network	\$4,600	
Family - Out of Network	\$9,200	

The following services are subject to the deductible and coinsurance.

- Office Visit (PCP) Copay
- Specialist Copay
- Urgent Care Copay
- Emergency Room Copay
- Ambulance Copay
- High Tech Imaging Copay

Rx Deductible (Individual/Family): The Prescription Drugs are subject to the medical deductible prior to applicable copay.

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$518.74	\$1,282.79	\$1,690.94
Estimated Federal & State Taxes	\$4.03	\$9.97	\$13.14
Estimated Billed Rate	\$522.77	\$1,292.76	\$1,704.08
Participants	8	10	9
Summary			Illustrative Combined
Participants		27	
Monthly Cost		\$32,196.28	\$32,446.48
Annual Cost		\$386,355.36	\$389,357.76
	PEPM	\$1,192.45	\$1,201.72

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.

Rate Exhibit



Employer Group: Jonesville Community Schools

Quote No: 31226

Plan: POS - Option 1

Agent Name: BRIAN SMITH

Effective Date: 12/01/2016

Commission: 3%

Rating Segment: NON-UNION SEGMENT

Product [NonGrandfathered HCR]	POS Traditional	Riders
Copay Type	Copay Aligned	DME/P&O Coins: 100%
Hospital Coinsurance		Rehab Visits: 20
In Network	100%	Skilled Nursing Facility 120-day annual limit, in network
Out of Network	80%	Rx Mail Order: 2.0 times
Deductible		
Individual - In Network	\$500	
Family - In Network	\$1,000	
Individual - Out of Network	\$1,000	
Family - Out of Network	\$2,000	
Coinsurance Max		
Individual - In Network	\$0	
Family - In Network	\$0	
Individual - Out of Network	\$5,000	
Family - Out of Network	\$10,000	
Office Visit (PCP) Copay	\$35	
Specialist Copay	\$50	
Urgent Care Copay	\$75	
Emergency Room Copay	\$150	
Ambulance Copay	\$150	
High Tech Imaging Copay	\$150	

Rx Deductible (Individual/Family): \$0

	Copay	Coinsurance	Max
Rx Generic	\$10	100%	\$10
Rx Preferred Brand	\$40	100%	\$40
Rx Non-preferred Brand	\$80	100%	\$80
Rx Preferred Specialty	\$40	100%	\$40
Rx Non-preferred Specialty	\$80	100%	\$80

	Single	Double	Family
Premium	\$612.14	\$1,513.76	\$1,995.39
Estimated Federal & State Taxes	\$4.69	\$11.60	\$15.29
Estimated Billed Rate	\$616.83	\$1,525.36	\$2,010.68
Participants	8	10	9
Summary			Illustrative Combined
Participants		27	
Monthly Cost		\$37,993.23	\$38,284.36
Annual Cost		\$455,918.76	\$459,412.32
PEPM		\$1,407.16	\$1,417.94

This benefit plan includes federally mandated benefits for the following: \$0 copay preventive care and women's preventive care services.



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Michigan Rate Quote

New Policy LG Fully Insured

Agency: Grotenhuis

Client: Jonesville Comm Schools

ILLUSTRATIVE RATES

Agent: Brian Smith

NB-kjs

Assoc: None

Jonesville

MI 49250

Group SIC: 8211 Elementary and secondary
Sponsorship: Association

BCBSM: Class4
Average Age: 45.2

Group/Subgroup/Suffix(Class) Specific Data
Group/Suffix: 0 000 **Effective Date:** 12/01/2016
BCBSM Area: G **Renewal Date:** 12/01/2016
County: Hillsdale **Total Eligibles:** 97
Zip: 49250 **Customer Size:** 31
Suffix/Class Size: 31

Quoted Benefits

	One	Two	Med
Simply Blue \$500, \$500 Deductible, 20% Co-Insurance, \$2,500	497.86	1194.85	1493.56
Embedded Co-Insurance Max, \$6,350 OOP Max, \$20 OY/\$40			446.11
Spec/\$60 UR/\$150 ER Copays			
PD-TTC \$15/\$30/\$60-RXCM	189.60	455.05	568.81
Total Medical and Drug Rate	687.46	1649.90	2062.37
Medical and Drug Enrollment	12	10	9
Total Plan Rate	687.46	1649.90	2062.37
Total Monthly Premium			\$43,309.84

A Summary of Benefits and Coverage corresponding to the coverage being quoted has been provided to your agent by Blue Cross Blue Shield of Michigan. Your Agent is providing an SBC to you with this quote. A paper copy is available free of charge by contacting your agent that has provided the quote.

Certificates, riders, and rates are subject to regulatory approval.

Please submit quote with enrollment documentation.

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

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

Cross RRL = 3.8020, Shield RRL = 2.4115

Drug RRL = 13.5335, Dental RRL = 2.4318, Vision RRL = 1.6795

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA)(also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, <http://www.bcbsm.com/healthreform/>. You should also consult with your legal counsel on how you may comply with the law and regulations and the applicability to your plan.