

## Health Benefit Plan Bids

Winter 2014-15 Health Benefit Plan Bids were solicited from MESSA, Priority Health, ASR, Atena and United Health Care. The quotes received are shown.



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 East Lansing, MI 48826-2560  
 800.292.4910

**2015 Rate Renewal Exclusively for  
 Schoolcraft Community Schools  
 Renewal Effective 07/01/2015**

Quote #: 330740  
 MESSA Field Rep: Renee Szurna  
 Date Created: 03/26/2015

**PAK A - 870A Teachers**

		2014-15 Rates	Enrollment	2015-16 Rates
Medical:	MESSA Choices	\$558.33	Single: 5	\$602.09
IN Deductible:	\$500/\$1000	\$1,254.39	2-Person: 8	\$1,352.84
IN Coinsurance:	N/A	\$1,560.64	Family: 24	\$1,683.14
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	EA1			
Dental:		\$28.12	Single: 5	\$26.60
Class I:	75%	\$53.11	2-Person: 9	\$53.59
Class II:	75%	\$98.35	Family: 23	\$99.79
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 2	\$5.34	Single: 5	\$5.13
		\$11.49	2-Person: 9	\$11.03
		\$17.28	Family: 23	\$16.59
Life Insurance:	\$40,000		37	
Rate/\$1000				\$0.12
Volume				\$1,480,000.00
Composite:		\$4.00		\$4.80
AD&D Coverage:	\$40,000		37	
Rate/\$1000				\$0.03
Volume				\$1,480,000.00
Composite:		\$1.20		\$1.20
LTD Benefit	66 2/3% Max \$5,000		37	
Max Monthly Salary:	\$7,500			
Waiting Period:	60 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.43
Covered Salary				\$175,756.00
Composite:		\$20.90		\$20.43
Total Monthly Rate per Member - Single		\$617.89		\$660.25
Total Monthly Rate per Member - 2-Person		\$1,345.09		\$1,443.89
Total Monthly Rate per Member - Family		\$1,702.37		\$1,825.95

**PAK A COBRA RATES:**

Medical	Single	2-Person	Family
	\$600.59	\$1,351.34	\$1,681.64

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

The above rates are effective 07/01/2015 and based on plans and enrollment as of 03/26/2015. 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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Quote #: 330740  
 MESSA Field Rep: Renee Szuma  
 Date Created: 03/26/2015

**PAK B - 870A Teachers**

		2014-15 Rates	Enrollment	2015-16 Rates
Dental:		\$30.19	Single: 2	\$28.66
Class I:	80%	\$57.00	2-Person: 1	\$58.55
Class II:	80%	\$104.45	Family: 15	\$108.39
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
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Vision:	VSP 3	\$7.17	Single: 2	\$6.88
		\$15.42	2-Person: 1	\$14.80
		\$23.19	Family: 15	\$22.26
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Life Insurance:	\$50,000		18	
Rate/\$1000				\$0.12
Volume				\$900,000.00
Composite:		\$5.00		\$6.00
AD&D Coverage:	\$50,000		18	
Rate/\$1000				\$0.03
Volume				\$900,000.00
Composite:		\$1.50		\$1.50
<hr/>				
LTD Benefit	66 2/3% Max \$5,000		18	
Max Monthly Salary:	\$7,500			
Waiting Period:	60 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.43
Covered Salary				\$85,503.00
Composite:		\$20.90		\$20.43
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Total Monthly Rate per Member - Single		\$64.76		\$63.47
Total Monthly Rate per Member - 2-Person		\$99.82		\$101.28
Total Monthly Rate per Member - Family		\$155.04		\$158.58

**PAK B COBRA RATES:**

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

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Quote #: 330740  
 MESSA Field Rep: Renee Szurna  
 Date Created: 03/26/2015

PAK A - 870E Superintendent & Principals		2014-15 Rates	Enrollment	2015-16 Rates
Medical:	MESSA Choices	\$558.23	Single: 0	\$601.99
IN Deductible:	\$500/\$1000	\$1,254.15	2-Person: 0	\$1,352.60
IN Coinsurance:	N/A	\$1,560.36	Family: 1	\$1,682.86
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders Included:	None			
Dental:		\$29.42	Single: 0	\$21.58
Class I:	75%	\$55.47	2-Person: 0	\$43.19
Class II:	75%	\$99.82	Family: 1	\$86.41
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 2	\$5.34	Single: 0	\$5.13
		\$11.49	2-Person: 0	\$11.03
		\$17.28	Family: 1	\$16.59
Life Insurance:	\$40,000		1	\$0.12
Rate/\$1000				\$40,000.00
Volume				\$4.80
Composite:		\$4.00		\$0.03
AD&D Coverage:	\$40,000		1	\$40,000.00
Rate/\$1000				\$1.20
Volume				
Composite:		\$1.20		
LTD Benefit	66 2/3% Max \$5,000		1	\$0.49
Max Monthly Salary:	\$7,500			\$7,175.00
Waiting Period:	60 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$35.16
Covered Salary				
Composite:		\$34.95		
Total Monthly Rate per Member - Single		\$633.14		\$669.86
Total Monthly Rate per Member - 2-Person		\$1,361.26		\$1,447.98
Total Monthly Rate per Member - Family		\$1,717.61		\$1,827.02

PAK A COBRA RATES:

Medical	Single	\$600.49
	2-Person	\$1,351.10
	Family	\$1,681.36

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

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 Date Created: 03/26/2015

**PAK B - 870E Superintendent & Principals**

		2014-15 Rates	Enrollment	2015-16 Rates
Dental:		\$27.30	Single: 0	\$26.31
Class I:	80%	\$51.78	2-Person: 0	\$55.65
Class II:	80%	\$99.98	Family: 2	\$106.23
Class III:	80%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
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Vision:	VSP 3	\$7.17	Single: 0	\$6.88
		\$15.42	2-Person: 0	\$14.80
		\$23.19	Family: 2	\$22.26
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Life Insurance:	\$50,000		2	
Rate/\$1000				\$0.12
Volume				\$100,000.00
Composite:		\$5.00		\$6.00
AD&D Coverage:	\$50,000		2	
Rate/\$1000				\$0.03
Volume				\$100,000.00
Composite:		\$1.50		\$1.50
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LTD Benefit	66 2/3% Max \$5,000		2	
Max Monthly Salary:	\$7,500			
Waiting Period:	60 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.49
Covered Salary				\$14,349.00
Composite:		\$34.95		\$35.16
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Total Monthly Rate per Member - Single		\$75.92		\$75.85
Total Monthly Rate per Member - 2-Person		\$108.65		\$113.11
Total Monthly Rate per Member - Family		\$164.62		\$171.15

**PAK B COBRA RATES:**

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

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PAK C - 870E Superintendent & Principals		2014-15 Rates	Enrollment	2015-16 Rates
Medical:	MESSA ABC Plan 1	\$505.07	Single: 0	\$544.65
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,134.55	2-Person: 0	\$1,223.59
IN Coinsurance:	N/A	\$1,411.52	Family: 1	\$1,522.32
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	None			
Dental:		\$29.42	Single: 0	\$21.58
Class I:	75%	\$55.47	2-Person: 0	\$43.19
Class II:	75%	\$99.82	Family: 1	\$86.41
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings			
Vision:	VSP 2	\$5.34	Single: 0	\$5.13
		\$11.49	2-Person: 0	\$11.03
		\$17.28	Family: 1	\$16.59
Life Insurance:	\$40,000		1	
Rate/\$1000				\$0.12
Volume				\$40,000.00
Composite:		\$4.00		\$4.80
AD&D Coverage:	\$40,000		1	
Rate/\$1000				\$0.03
Volume				\$40,000.00
Composite:		\$1.20		\$1.20
LTD Benefit	66 2/3% Max \$5,000		1	
Max Monthly Salary:	\$7,500			
Waiting Period:	60 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	2 Year Limitation			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.49
Covered Salary				\$7,175.00
Composite:		\$34.95		\$35.16
Total Monthly Rate per Member - Single		\$579.98		\$612.52
Total Monthly Rate per Member - 2-Person		\$1,241.66		\$1,318.97
Total Monthly Rate per Member - Family		\$1,568.77		\$1,666.48

PAK C COBRA RATES:

Medical	Single	2-Person	Family
	\$543.15	\$1,222.09	\$1,520.82

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

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**NON-PAK - 870G Support Staff**

		2014-15 Rates	Enrollment	2015-16 Rates
Medical:	MESSA ABC Plan 1	\$515.35	Single: 3	\$555.74
IN Deductible:	\$1300 1P; \$2600 2P&FF	\$1,157.67	2-Person: 1	\$1,248.53
IN Coinsurance:	N/A	\$1,440.29	Family: 2	\$1,553.37
IN Copay (OV/UC/ER):	N/A			
Rx Coverage:	ABC Rx			
Riders Included:	None			
Medical:	MESSA Choices	\$601.19	Single: 0	\$648.32
IN Deductible:	\$300/\$600	\$1,350.81	2-Person: 1	\$1,456.85
IN Coinsurance:	N/A	\$1,680.62	Family: 1	\$1,812.60
IN Copay (OV/UC/ER):	\$20/\$25/\$50			
Rx Coverage:	Saver Rx			
Riders included:	None			

**NON-PAK COBRA RATES:**

MESSA ABC Plan 1	Single	\$554.24
	2-Person	\$1,247.03
	Family	\$1,551.87
MESSA Choices	Single	\$646.82
	2-Person	\$1,455.35
	Family	\$1,811.10

The above rates are effective 07/01/2015 and based on plans and enrollment as of 03/26/2015. 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.

## Rate Exhibit



**Employer Group:** Schoolcraft Community Schools  
**Plan:** POS HSA Option 2  
**Effective Date:** 07/01/2015  
**Rating Segment:** TEACHERS, SUPPORT STAFF

**Quote No:** 18488  
**Agent Name:**  
**Commission:** PEPM

Product [NonGrandfathered HCR]	POS HSA	<b>Riders</b>
Copay Type	Traditional	DME/P&O Coins: 100%
Hospital Coinsurance		Skilled Nursing Facility 45 additional days (Public School), in network
In Network	100%	
Out of Network	80%	Rx Mail Order: 2.0 times
<b>Deductible</b>		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$3,500	
Family - Out of Network	\$7,000	
<b>Total Cost Sharing Out of Pocket Annual Limit</b>		
Individual - In Network	\$4,000	
Family - In Network	\$8,000	
Individual - Out of Network	\$5,500	
Family - Out of Network	\$11,000	

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.

	<b>Copay</b>	<b>Coinsurance</b>	<b>Max</b>
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

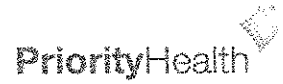
	<b>Single</b>	<b>Double</b>	<b>Family</b>
Premium	\$464.57	\$1,043.75	\$1,298.57
Participants	5	7	31

<b>Summary</b>	Participants	<b>43</b>
	Monthly Cost	<b>\$49,884.77</b>
	Annual Cost	<b>\$598,617.24</b>
	PEPM	<b>\$1,160.11</b>

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



## Rate Exhibit



**Employer Group:** Schoolcraft Community Schools  
**Plan:** POS Option 4  
**Effective Date:** 07/01/2015  
**Rating Segment:** TEACHERS, SUPPORT STAFF

**Quote No:** 18488  
**Agent Name:**  
**Commission:** PEPM

Product [NonGrandfathered HCR]	POS Traditional	<b>Riders</b>
Copay Type	Tiered	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
<b>Deductible</b>		
Individual - In Network	\$1,000	
Family - In Network	\$2,000	
Individual - Out of Network	\$2,000	
Family - Out of Network	\$4,000	
<b>Coinsurance Max</b>		
Individual - In Network	\$0	
Family - In Network	\$0	
Individual - Out of Network	\$3,000	
Family - Out of Network	\$6,000	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$20	<b>Total Cost Sharing Out of Pocket Annual Limit</b>
Specialist Copay	\$35	Individual - In Network                 \$6,350
Urgent Care Copay	\$75	Family - In Network                    \$12,700
Emergency Room Copay	\$150	Individual - Out of Network         \$12,700
Ambulance Copay	\$150	Family - Out of Network             \$25,400
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	\$557.55	\$1,252.65	\$1,558.46
Participants	5	7	31

<b>Summary</b>	Participants	<b>43</b>
	Monthly Cost	<b>\$59,868.56</b>
	Annual Cost	<b>\$718,422.72</b>
	PEPM	<b>\$1,392.29</b>

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

## Rate Exhibit



**Employer Group:** Schoolcraft Community Schools  
**Plan:** POS Option 5  
**Effective Date:** 07/01/2015  
**Rating Segment:** TEACHERS, SUPPORT STAFF

**Quote No:** 18488  
**Agent Name:**  
**Commission:** PEPM

Product [NonGrandfathered HCR]	POS Traditional	<b>Riders</b>
Copay Type	Tiered	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
<b>Deductible</b>		
Individual - In Network	\$2,000	
Family - In Network	\$4,000	
Individual - Out of Network	\$4,000	
Family - Out of Network	\$8,000	
<b>Coinsurance Max</b>		
Individual - In Network	\$0	
Family - In Network	\$0	
Individual - Out of Network	\$3,000	
Family - Out of Network	\$6,000	
With the exception of (PCP, Specialist & Urgent Care) deductible applies to all services below		
Office Visit (PCP) Copay	\$20	Total Cost Sharing Out of Pocket Annual Limit
Specialist Copay	\$35	Individual - In Network \$6,350
Urgent Care Copay	\$75	Family - In Network \$12,700
Emergency Room Copay	\$150	Individual - Out of Network \$12,700
Ambulance Copay	\$150	Family - Out of Network \$25,400
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	\$505.21	\$1,135.06	\$1,412.16
Participants	5	7	31

<b>Summary</b>	Participants	43
	Monthly Cost	\$54,248.43
	Annual Cost	\$650,981.16
	PEPM	\$1,261.59

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

# UnitedHealthcare Medical Plan Alternates for Insurance Choice + \* DMG, 2V RX

Customer Name: Schoolcraft Community Schools  
Effective Date: June 1, 2015

## Schoolcraft Community Schools

### Medical Plan Alternates Preliminary Rates

D/MG	Plan	RCP/OLY	SEC.OL	OP	IP	UC	ER	IN NETWORK		DED	COINS	OBT	OUT OF NETWORK		OHP	EMR/OLY	EMP. OLY	EMP. OLY	PREM. OLY
								MAXIMUM	MINIMUM				MAXIMUM	MINIMUM					
DMG	Balanced 100	\$20	\$40	N/A	N/A	\$75	\$250	Ded+Coins	\$250	250/500 (Embedded)	100%	3000/6000	500/1000	70%	8000/12000	\$594.04	\$1,312.15	\$1,632.30	0.0%
DMH	Traditional	\$20	\$40	\$500	\$1,000	\$75	\$250	Ded+Coins	\$250	0/0 (Embedded)	100%	3000/6000	3000/6000	70%	6000/12000	\$571.96	\$1,285.01	\$1,584.74	-2.1%
DMH	ditional with Deduct	\$20	\$40	N/A	N/A	\$75	\$250	Ded+Coins	\$250	500/1500 (Embedded)	100%	3000/6000	1000/2000	70%	6000/12000	\$586.96	\$1,273.77	\$1,584.76	-2.9%
DMH	ditional with Deduct	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	250/500 (Embedded)	90%	3000/6000	500/1000	60%	6000/12000	\$535.63	\$1,203.39	\$1,497.19	-8.3%
DMO	ditional with Deduct	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	500/1000 (Embedded)	90%	3000/6000	1000/2000	60%	6000/12000	\$527.09	\$1,184.20	\$1,473.32	-9.8%
DMH	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	1000/2000 (Embedded)	100%	4000/8000	2000/4000	70%	8000/16000	\$511.05	\$1,148.18	\$1,428.48	-12.5%
DMU	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	1500/3000 (Embedded)	100%	4000/8000	3000/6000	70%	8000/16000	\$508.67	\$1,142.81	\$1,428.48	-12.9%
DNI	Traditional	N/A	N/A	\$1,000	\$2,000	N/A	\$300	Ded+Coins	N/A	0/0 (Embedded)	80%	5000/10000	5000/10000	50%	10000/20000	\$906.69	\$1,198.37	\$1,416.30	-13.2%
DMR	ditional with Deduct	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	500/1000 (Embedded)	80%	4000/8000	1000/2000	50%	8000/16000	\$505.30	\$1,135.24	\$1,412.41	-13.5%
DMP	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	1000/2000 (Embedded)	100%	4000/8000	2000/4000	70%	8000/16000	\$497.10	\$1,116.82	\$1,389.49	-14.9%
DMK	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	2000/4000 (Embedded)	100%	4000/8000	4000/8000	50%	8000/16000	\$495.13	\$1,112.39	\$1,383.98	-15.2%
DMS	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	1000/2000 (Embedded)	80%	4000/8000	2000/4000	50%	8000/16000	\$487.92	\$1,096.20	\$1,363.53	-15.5%
DMT	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	1500/3000 (Embedded)	80%	4000/8000	4000/8000	50%	8000/16000	\$485.89	\$1,091.64	\$1,358.16	-16.8%
DMQ	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	2000/4000 (Embedded)	90%	4000/8000	5000/10000	70%	10000/20000	\$483.56	\$1,086.40	\$1,351.84	-17.2%
DML	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	2500/5000 (Embedded)	100%	5000/10000	5000/10000	70%	10000/20000	\$483.04	\$1,085.23	\$1,347.25	-17.3%
DMU	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	2000/4000 (Embedded)	80%	4000/8000	4000/8000	50%	8000/16000	\$481.89	\$1,082.87	\$1,347.25	-17.5%
DMK	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	900/1800 (Embedded)	100%	5000/10000	1000/2000	50%	10000/20000	\$472.17	\$1,060.81	\$1,319.51	-19.2%
DMM	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	3000/6000 (Embedded)	100%	6250/12500	6000/12000	70%	12500/25000	\$465.37	\$1,045.53	\$1,300.80	-20.3%
DMV	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	2500/5000 (Embedded)	80%	5000/10000	5000/10000	50%	10000/20000	\$459.21	\$1,031.69	\$1,283.58	-21.4%
DNL	Traditional	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	1000/2000 (Embedded)	80%	5500/11000	2000/4000	50%	11000/22000	\$449.21	\$1,009.23	\$1,258.53	-23.1%
DMW	Balanced	\$30	\$60	N/A	N/A	\$75	\$250	Ded+Coins	\$250	3000/6000 (Embedded)	80%	6250/12500	6000/12000	50%	12500/25000	\$436.02	\$979.59	\$1,218.76	-25.3%
DNU	Traditional	\$35	\$70	\$1,500	\$3,000	N/A	\$300	Ded+Coins	N/A	0/0 (Embedded)	50%	6250/12500	2000/4000	50%	12500/25000	\$428.49	\$958.18	\$1,192.12	-27.0%
DMX	Balanced	\$35	\$70	N/A	N/A	\$100	\$300	Ded+Coins	N/A	1000/2000 (Embedded)	50%	6250/12500	4000/8000	50%	12500/25000	\$423.70	\$951.92	\$1,184.32	-27.5%
DMN	Balanced	\$35	\$70	N/A	N/A	\$100	\$300	Ded+Coins	N/A	2000/4000 (Embedded)	50%	6250/12500	4000/8000	50%	12500/25000	\$416.15	\$934.95	\$1,163.22	-28.7%
DMY	Balanced	\$35	\$70	N/A	N/A	\$100	\$300	Ded+Coins	\$300	2000/4000 (Embedded)	80%	6250/12500	4000/8000	50%	12500/25000	\$413.53	\$929.07	\$1,155.90	-29.2%
DMZ	Consumer	N/A	N/A	N/A	N/A	N/A	N/A	Ded+Coins	N/A	2000/4000 (Embedded)	80%	6250/12500	4000/8000	50%	12500/25000				

Notes:  
- All benefits include the following pharmacy plan: 2V - \$1033/560, 2.5x for M.O.  
- IF TWO OR MORE PLANS ARE SOLD AS A MULTIPLE PLAN ARRANGEMENT, AN ADJUSTMENT TO THE RATES MAY BE NECESSARY.  
- IF THE INITIAL PLAN IS AN HRA, ALL ALTERNATES ARE ALSO ASSUMED TO BE THE SAME TYPE OF HRA.

Quote Assumptions:  
- Rates are guaranteed for the contract period of 6/1/15 through 5/31/16.  
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:  
- Enrollment +/- 10%  
- Average Contract Size +/- 10%  
- Area Factor +/- 7.5%  
- Age/Sex Factor +/- 10%  
- Cobra enrollees are more than 10% of enrollment  
- Any Material Changes  
- This proposal assumes at least 75% of all eligible employees will enroll in an employer sponsored plan. This proposal further assumes that at least 50% of all benefit eligible employees (including spousal waivers) will enroll with UnitedHealthcare. If either assumption is not accurate, we reserve the right to require back to original effective date.  
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.  
- Final rates contingent upon receipt and review of current carrier's renewal rates.  
- Individual Medical Applicants will be required if the group is currently self-funded or does not currently have group medical coverage.  
- Subject to approval of the Employer Form by UHC Medical Underwriting  
- Multiple choice is a pre-packaged product or plan designs. Only plan designs within a package can be offered to an employer and their employees.  
- Plan designs from other packages cannot be combined to create a unique package.  
- Your broker must request and provide the SBCs to you, the employer, for final plans selected. SBCs must be delivered by the employer to the members as required by reform law.  
- Proposal includes ENRP. ENRP attracts non-emergency services provided by an out of network physician or other healthcare professional at a network hospital, facility or ambulatory surgery center. ENRP also affects emergency services provided by an out of network provider at any hospital, facility or freestanding emergency room.  
- For emergencies, the affected services could include all types of providers: physicians, other health care professionals, and facilities.

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.  
- Rates are guaranteed for the contract period of 6/1/15 through 5/31/16.  
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:  
- Enrollment +/- 10%  
- Average Contract Size +/- 10%  
- Area Factor +/- 7.5%  
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- For emergencies, the affected services could include all types of providers: physicians, other health care professionals, and facilities.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

# UnitedHealthcare

## HSA Plan Alternates for Insurance Choice + \* DNN, 2V-HSA Rx

Customer Name: Schoolcraft Community Schools  
 Effective Date: June 1, 2015

### Schoolcraft Community Schools

HSA Plan Alternates  
 Preliminary Rates

Plan	Type	Rate	In-Network				Out-of-Network				Employee Only	Employee + Family	Priority			
			DED	COINS.	COB	DED	COINS.	COB	DED	COINS.						
DNN	HSA	N/A	N/A	N/A	N/A	1500/3000 (Non-Embedded)	80%	3500/7000	3000/6000	50%	7000/14000	8000/16000	\$436.93	\$981.64	\$1,221.30	0.0%
DNP	HSA	\$30	N/A	N/A	\$75	2000/4000 (Non-Embedded)	100%	4000/8000	4000/8000	70%	8000/16000	8000/16000	\$420.44	\$844.59	\$1,175.21	-3.8%
DNO	HSA	\$30	N/A	N/A	\$75	2500/5000 (Non-Embedded)	100%	5000/10000	5000/10000	70%	10000/20000	10000/20000	\$390.21	\$780.67	\$1,030.71	-10.7%
DOB	HSA	N/A	N/A	N/A	N/A	2500/5000 (Non-Embedded)	80%	6250/12500	5000/10000	50%	12500/25000	12500/25000	\$374.31	\$748.95	\$1,046.27	-14.3%
G11	HSA	\$30	N/A	N/A	\$75	3500/7000 (Non-Embedded)	100%	6250/12500	7000/14000	70%	12500/25000	12500/25000	\$361.33	\$711.79	\$1,009.99	-17.3%
G12	HSA	N/A	N/A	N/A	N/A	4000/8000 (Non-Embedded)	80%	6250/12500	8000/16000	50%	12500/25000	12500/25000	\$346.24	\$692.48	\$967.81	-20.8%

#### HSA Plan Assumptions:

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserves the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code.
- For calendar year 2014, the HDHP annual deductible cannot be less than \$1,250 for self-only coverage or \$2,500 for family coverage.
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program.
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.

#### Notes:

- All benefits include the following pharmacy plan: 2V - \$103/5/60, 2.5x for M.O.
- If the HSA is sold in combination with other medical plans, an adjustment to the rates may be necessary.

#### Quote Assumptions:

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 6/1/15 through 5/31/16.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
- Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 75% of all eligible employees will enroll in an employer sponsored plan. This proposal further assumes that at least 50% of all benefit eligible employees (including spousal waivers) will enroll with UnitedHealthcare. If either assumption is not accurate, we reserve the right to require back to original effective date.
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- Final rates contingent upon receipt and review of current carrier's renewal rates.
- Individual Medical Applications will be required if the group is currently self-funded or does not currently have group medical coverage.
- Subject to approval of the Employer Form by UHC Medical Underwriting.
- Multichoice is a pre-packaged product of plan designs. Only plan designs within a package can be offered to an employer and their employees.
- Plan designs from other packages cannot be combined to create a unique package.
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- Proposal includes ENRP. ENRP affects non-emergency services provided by an out of network physician or other healthcare professional at a network hospital, facility or ambulatory surgery center. ENRP also affects emergency services provided by an out of network provider at any hospital, facility or freestanding emergency room.
- For emergencies, the affected services could include all types of providers: physicians, other health care professionals, and facilities.

- This premium includes state and federal taxes and fees including the Insurer Fee (about 3% of premium) and the Reinsurance Fee (about \$4 Per Member Per Month) under the Affordable Care Act. These amounts will vary based on effective date and state reinsurance fees.  
 \*High level benefit summary. Please see your plan summary for more detailed benefit description.