MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 07/01/2016

Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family
Choices/Choices II	$0	$5/$10/$25	0%	$10/$20	$763.40	$1,715.77	$2,134.82	$748.16	$1,681.49	$2,092.15
Choices/Choices II	$0	$10/$25/$50	0%	$10/$20	$754.87	$1,696.59	$2,110.94	$739.81	$1,662.69	$2,068.76
Choices/Choices II	$0	$20/$25/$50	0%	$10/$20	$741.60	$1,666.71	$2,073.77	$726.80	$1,633.41	$2,032.32
Choices/Choices II	$100/$200	$5/$10/$25	0%	$10/$20	$739.34	$1,661.64	$2,067.44	$724.58	$1,628.43	$2,026.12
Choices/Choices II	$100/$200	$10/$25/$50	0%	$10/$20	$731.17	$1,643.26	$2,044.58	$716.58	$1,610.42	$2,003.72
Choices/Choices II	$0	$5/$10/$25	0%	Saver Rx	$720.99	$1,620.37	$2,016.08	$706.60	$1,587.99	$1,975.79
Choices/Choices II	$100/$200	$20/$25/$50	0%	$10/$20	$718.54	$1,614.84	$2,009.22	$704.20	$1,582.58	$1,969.06
Choices/Choices II	$200/$400	$5/$10/$25	0%	$10/$20	$718.08	$1,613.81	$2,007.93	$703.75	$1,581.56	$1,967.80
Choices/Choices II	$0	$10/$25/$50	0%	Saver Rx	$712.47	$1,601.19	$1,992.22	$698.25	$1,569.20	$1,952.41
Choices/Choices II	$200/$400	$10/$25/$50	0%	$10/$20	$710.30	$1,596.30	$1,986.13	$696.12	$1,564.40	$1,946.44
Choices/Choices II	$0	$20/$25/$50	0%	Saver Rx	$699.19	$1,571.28	$1,955.02	$685.23	$1,539.89	$1,915.94
Choices/Choices II	$300/$600	$5/$10/$25	0%	$10/$20	$698.78	$1,570.39	$1,953.90	$684.84	$1,539.01	$1,914.86
Choices/Choices II	$200/$400	$20/$25/$50	0%	$10/$20	$698.16	$1,568.99	$1,952.15	$684.23	$1,537.64	$1,913.14
Choices/Choices II	$100/$200	$5/$10/$25	0%	Saver Rx	$696.94	$1,566.22	$1,948.71	$683.03	$1,534.93	$1,909.77
Choices/Choices II	$300/$600	$10/$25/$50	0%	$10/$20	$691.31	$1,553.59	$1,932.99	$677.52	$1,522.54	$1,894.36
Choices/Choices II	$100/$200	$10/$25/$50	0%	Saver Rx	$688.77	$1,547.85	$1,925.85	$675.03	$1,516.93	$1,887.37
Choices/Choices II	$300/$600	$20/$25/$50	0%	$10/$20	$679.64	$1,527.32	$1,900.30	$666.08	$1,496.81	$1,862.32
Choices/Choices II	$100/$200	$20/$25/$50	0%	Saver Rx	$676.13	$1,519.44	$1,890.48	$662.64	$1,489.08	$1,852.70
Choices/Choices II	$200/$400	$5/$10/$25	0%	Saver Rx	$675.68	$1,518.40	$1,889.20	$662.20	$1,488.06	$1,851.45
Choices/Choices II	$200/$400	$10/$25/$50	0%	Saver Rx	$667.90	$1,500.89	$1,867.41	$654.57	$1,470.90	$1,830.09
Choices/Choices II	$500/$1000	$5/$10/$25	0%	$10/$20	$663.89	$1,491.89	$1,856.20	$650.64	$1,462.08	$1,819.11
Choices/Choices II	$500/$1000	$10/$25/$50	0%	$10/$20	$656.98	$1,476.34	$1,836.86	$643.87	$1,446.84	$1,800.15
Choices/Choices II	$300/$600	$5/$10/$25	0%	Saver Rx	$656.38	$1,474.99	$1,835.17	$643.28	$1,445.52	$1,798.50
Choices/Choices II	$200/$400	$20/$25/$50	0%	Saver Rx	$655.76	$1,473.58	$1,833.42	$642.68	$1,444.14	$1,796.78
Choices/Choices II	$300/$600	$10/$25/$50	0%	Saver Rx	$648.90	$1,458.16	$1,814.24	$635.95	$1,429.03	$1,777.98
Choices/Choices II	$500/$1000	$20/$25/$50	0%	$10/$20	$646.15	$1,451.97	$1,806.53	$633.26	$1,422.96	$1,770.43

This information is based on the rates and composition of the group as of the above Effective Date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Romzick, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 07/01/2016

Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family
Choices/Choices II	$300/$600	$20/$25/$50	0%	Saver Rx	$637.24	$1,431.92	$1,781.57	$624.53	$1,403.31	$1,745.97
Choices/Choices II	$500/$1000	$5/$10/$25	0%	Saver Rx	$621.49	$1,396.48	$1,737.47	$609.09	$1,368.58	$1,702.75
Choices/Choices II	$500/$1000	$10/$25/$50	0%	Saver Rx	$614.58	$1,380.93	$1,718.13	$602.32	$1,353.35	$1,683.80
Choices/Choices II	$500/$1000	$20/$25/$50	0%	Saver Rx	$603.75	$1,356.56	$1,687.80	$591.71	$1,329.46	$1,654.07
Choices/Choices II	$1000/$2000	$20/$25/$50	0%	Saver Rx	$569.42	$1,279.32	$1,591.68	$558.06	$1,253.76	$1,559.87
ABC Plan 1	$1300[1]; $2600[2]	None	0%	ABC Rx	$543.52	$1,221.05	$1,519.16	$532.68	$1,196.66	$1,488.81
Choices/Choices II	$2000/$4000	$20/$25/$50	0%	Saver Rx	$536.90	$1,206.15	$1,500.61	$526.19	$1,182.06	$1,470.63
Choices/Choices II	$3000/$6000	$20/$25/$50	0%	Saver Rx	$515.22	$1,157.36	$1,439.91	$504.94	$1,134.24	$1,411.14
ABC Plan 2	$2000[1]; $4000[2]	None	0%	ABC Rx	$508.76	$1,142.83	$1,421.82	$498.62	$1,120.00	$1,393.41
ABC Plan 3	$3500[1]; $7000[2]	None	10%	ABC Rx	$452.97	$1,017.32	$1,265.63	$443.94	$997.01	$1,240.34

1. Employees who choose a MESSA ABC health plan with coverage for a single person are subject to the single person MESSA ABC deductible.
2. Employees who choose 2-person or full family coverage are subject to the higher MESSA ABC family deductible (the full deductible must be met before claims are paid for any individual).

This information is based on the rates and composition of the group as of the above Effective Date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Romzick, at 800.292.4910.

emium and Benefit Comparison - Medical/Rx
Prepared for: Orchard View Public Schools - Administative Staff
Effective Date: July 1, 2016

Williams & Company, LLC.
EMPLOYEE BENEFITS

Medical Plan Type		Priority Health HMO 100%		Priority Health HMO 100%	Priority Health HSA HMO	Priority Health HSA HMO
In Network Deductible		$100 / $200		$200 / $400	$1,300 / $2,600	$2,000 / $4,000
In Network Coinsurance		100%		100%	100%	100%
In Network Out-pocket Max		n/a		N/A	$2,000 / $4,000	$4,000 / $8,000
Out of Network Deductible		n/a		n/a	n/a	n/a
Out Network Coinsurance		n/a		n/a	n/a	n/a
Out Network Out-pocket Max		n/a		n/a	n/a	n/a
Office Visit-PCP		$15 copay		$15 copay	100% after deductible	100% after deductible
Office Visit- Specialist		$15 copay		$15 copay	100% after deductible	100% after deductible
Urgent Care		$15 copay		$15 copay	100% after deductible	100% after deductible
Emergency Room		$50 copay		$50 copay	100% after deductible	100% after deductible
Hospital		100% after deductible		100% after deductible	100% after deductible	100% after deductible
DME/P&O		100% after deductible		100% after deductible	100% after deductible	100% after deductible
Ambulance		$50 copay		$50 copay	100% after deductible	100% after deductible
Prescription Drug Copay		$10/generic, $30/brand 1x mail		$10/$20/$40 1x mail	$15/generic, $50/brand 1x mail	$15/generic, $50/brand 1x mail
Fixed Costs	Census	2015-16	2016-17	2016	2016	2016
Single	6	$615.04	$633.95	$629.82	$468.03	$418.34
Double	4	$1,352.26	$1,394.14	$1,385.06	$1,029.13	$919.82
Family-3	6	$1,692.26	$1,743.91	$1,732.55	$1,287.64	$1,151.00
Family-4	4	$1,696.10	$1,746.34	$1,734.98	$1,290.07	$1,153.43
Family-5	3	$1,699.94	$1,748.77	$1,737.41	$1,292.50	$1,155.86
Family-6	1	$1,703.78	$1,751.20	$1,739.84	$1,294.93	$1,158.29
Family-7	0	$1,707.62	$1,753.63	$1,742.27	$1,297.36	$1,160.72
Monthly Fixed Costs		$32,840.84	$33,826.59	$33,606.45	$24,983.25	$22,334.91
Annual Fixed Costs		$394,090.08	$405,919.08	$403,277.40	$299,799.00	$268,018.92
Annual Fixed Cost Difference			$11,829.00	$9,187.32	-$94,291.08	-$126,071.16
% Fixed Cost Difference			3.00%	2.33%	-23.93%	-31.99%
Premium PEPM			$1,409.44	$1,400.27	$1,040.97	$930.62
Premium PEPY			$16,913.30	$16,803.23	$12,491.63	$11,167.46
HSA Deductible Funding		$0.00	$0.00	$0.00	$54,600.00	$84,000.00
Estimated Premium-based Taxes			Annual	Annual	Annual	Annual
Federal Insurance Premium Tax		$4,417.29	$3,231.26	$3,210.12	$2,382.30	$2,128.06
Michigan HICA Premium Tax		$2,619.10	$2,544.61	$2,527.97	$1,876.06	$1,675.84
Total Estimated Taxes & Fees:		$7,036.39	$5,775.87	$5,738.09	$4,258.35	$3,803.90
Premium Taxes PEPM			$20.06	$19.92	$14.79	$13.21
Premium Taxes PEPY			$240.66	$239.09	$177.43	$158.50
Additional Plan Costs			1.42%	1.41%	1.05%	0.94%
Total Health Plan Costs			$411,694.95	$409,015.49	$358,657.35	$355,822.82

Note 1: Estimated PEPM & PEPY plan costs reflect plan-specific enrollment volumes for Renewal Plans and are subject to fluxuations.

Note 2: Premiums include member-based ACA taxes & fees (transitional reinsurance fee and patient-centered outcomes research institute)

Note 3: Estimated premium-based taxes include Federal insurer tax and Michigan HICA tax.

Note 4: Total Health Plan Costs includes premiums, taxes & fees, and 100% HSA deductible liability funding

Please note: This information is intended to summarize and illustrate the benefits, rates, taxes, and other fees associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Tax calculations are estimates only. Actual taxes due will be based on current monthly enrollment in the selected plan(s). Employers should consult with legal counsel regarding compliance with state and federal laws.

2016 CAP Analysis				
Maximum Allowable Cost	$322,750.04	$322,750.04	$322,750.04	$322,750.04
Projected Total Plan Cost **	$411,694.95	$409,015.49	$358,657.35	$355,822.82
Plan Cost In Excess of Cap	$88,944.91	$86,265.45	$35,907.31	$33,072.78

** Includes estimated taxes and fees

Premium and Benefit Comparison - Medical/Rx
Prepared for: Orchard View Public Schools - HeadStart Employees
Effective Date: July 1, 2016

Williams & Company, LLC.
EMPLOYEE BENEFITS

Medical Plan Type		Priority Health HMO 100%		Priority Health HMO 100%	Priority Health HSA HMO	Priority Health HSA HMO
In Network Deductible		none		$250 / $500	$1,300 / $2,600	$2,000 / $4,000
In Network Coinsurance		100%		100%	100%	100%
In Network Out-pocket Max		n/a		N/A	$2,000 / $4,000	$4,000 / $8,000
Out of Network Deductible		n/a		n/a	n/a	n/a
Out Network Coinsurance		n/a		n/a	n/a	n/a
Out Network Out-pocket Max		n/a		n/a	n/a	n/a
Office Visit-PCP		$15 copay		$20 copay	100% after deductible	100% after deductible
Office Visit- Specialist		$15 copay		$20 copay	100% after deductible	100% after deductible
Urgent Care		$15 copay		$30 copay	100% after deductible	100% after deductible
Emergency Room		$50 copay		$75 copay	100% after deductible	100% after deductible
Hospital		100%		100% after deductible	100% after deductible	100% after deductible
DME/P&O		50%		50% after deductible	50% after deductible	50% after deductible
Ambulance		$50 copay		$75 copay	100% after deductible	100% after deductible
Prescription Drug Copay		$10/generic, $30/brand 2x mail		$15/generic, $50/brand 2x mail	$15/generic, $50/brand 2x mail	$15/generic, $50/brand 2x mail
Fixed Costs	Census	2015-16	2016-17	2016	2016	2016
Single	23	$625.92	$643.60	$579.76	$463.45	$414.27
Double	0	$1,376.07	$1,415.24	$1,274.81	$1,018.97	$910.78
Family-3	0	$1,722.12	$1,770.38	$1,594.83	$1,275.00	$1,139.77
Family-4	0	$1,725.96	$1,772.81	$1,597.26	$1,277.43	$1,142.20
Family-5	0	$1,729.80	$1,775.24	$1,599.69	$1,279.86	$1,144.63
Family-6	0	$1,733.64	$1,777.67	$1,602.12	$1,282.29	$1,147.06
Family-7	0	$1,737.48	$1,780.10	$1,604.55	$1,284.72	$1,149.49
Monthly Fixed Costs		$14,396.16	$14,802.80	$13,334.48	$10,659.35	$9,528.21
Annual Fixed Costs		$172,753.92	$177,633.60	$160,013.76	$127,912.20	$114,338.52
Annual Fixed Cost Difference			$4,879.68	-$12,740.16	-$44,841.72	-$58,415.40
% Fixed Cost Difference			2.82%	-7.37%	-25.96%	-33.81%
Premium PEPM			$643.60	$579.76	$463.45	$414.27
Premium PEPY			$7,723.20	$6,957.12	$5,561.40	$4,971.24
HSA Deductible Funding		$0.00	$0.00	$0.00	$29,900.00	$46,000.00
Estimated Premium-based Taxes			Annual	Annual	Annual	Annual
Federal Insurance Premium Tax		$1,940.14	$1,415.70	$1,274.74	$1,017.93	$909.34
Michigan HICA Premium Tax		$1,150.35	$1,114.87	$1,003.86	$801.62	$716.11
Total Estimated Taxes & Fees:		$3,090.49	$2,530.57	$2,278.61	$1,819.55	$1,625.45
Premium Taxes PEPM			$9.17	$8.26	$6.59	$5.89
Premium Taxes PEPY			$110.02	$99.07	$79.11	$70.67
Additional Plan Costs			1.42%	1.28%	1.02%	0.92%
Total Health Plan Costs			$180,164.17	$162,292.37	$159,631.75	$161,963.97

Note 1: Estimated PEPM & PEPY plan costs reflect plan-specific enrollment volumes for Renewal Plans and are subject to fluxuations.

Note 2: Premiums include member-based ACA taxes & fees (transitional reinsurance fee and patient-centered outcomes research institute)

Note 3: Estimated premium-based taxes include Federal insurer tax and Michigan HICA tax.

Note 4: Total Health Plan Costs includes premiums, taxes & fees, and 100% HSA deductible liability funding

Please note: This information is intended to summarize and illustrate the benefits, rates, taxes, and other fees associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Tax calculations are estimates only. Actual taxes due will be based on current monthly enrollment in the selected plan(s). Employers should consult with legal counsel regarding compliance with state and federal laws.

2016 CAP Analysis				
Maximum Allowable Cost	$141,268.53	$141,268.53	$141,268.53	$141,268.53
Projected Total Plan Cost **	$180,164.17	$162,292.37	$159,631.75	$161,963.97
Plan Cost In Excess of Cap	$38,895.64	$21,023.84	$18,363.22	$20,695.44

** Includes estimated taxes and fees

Premium and Benefit Comparison

Prepared for: Orchard View Public Schools -ALL EMPLOYEES (Including Teachers)
Effective Date: July 1, 2016

Williams & Company, LLC.
EMPLOYEE BENEFITS

Insurer/Administrator				BCBSM	BCBSM	Priority Health	Priority Health
Plan Type				Simply Blue HSA	Simply Blue HSA	HMO HSA	HMO HSA
In Network Deductible		$1,300/$2,600	$2,000/$4,000	$1,300/$2,600	$3,000/$6,000	$1,300/$2,600	$2,000/$4,000
In Network Coinsurance		100%	100%	100%	80%	100%	100%
In Network Out-Pocket Max		$2,300/$4,600	$3,000/$6,000	$2,250/$4,500	$4,000/$8,000	$2,000/$4,000	$4,000/$8,000
Out of Network Deductible		$2,600/$5,200	$4,000/$8,000	$2,600/$5,200	$6,000/$12,000	n/a	n/a
Out of Network Coinsurance		80/20	80/20	80/20	60%	n/a	n/a
Out of Network Out-Pocket Max		$4,600/$9,200	$6,000/$12,000	$4,600/$9,200	$48,000/$16,000	n/a	n/a
				In-network	In-network	In-network	In-network
Office Visit-Primary Care Physician		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Office Visit- Specialist		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Urgent Care		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Emergency Room		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Ambulance		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Hospital		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
DME/P&O		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Chiropractic Care		100%, up to 38	100%, up to 38	100%, up to 12	80%, up to 12	100%, up to 60	100%, up to 50
Preventive Prescription Drugs		100%, No Deduct	100%, No Deduct	See Rx Copay	See Rx Copay	100%, No Deduct	100%, No Deduct
Prescription Drug Copay		$2/$10/$20/$40 Saver Rx 2x mail	$2/$10/$20/$40 Saver Rx 2x mail	$10/$40/$80 2x mail	$10/$40/$80 2x mail	$10/$40 1x mail	$10/$40 1x mail
Prescription Drug Formulary		Open/managed	Open/managed	Closed	Closed	Closed	Closed
Premiums				7/1/2016	7/1/2016	7/1/2016	7/1/2016
Single Enrollment	49	blended	blended	$449.56	$339.62	$427.95	$384.64
Double Enrollment	41	blended	blended	$1,078.95	$815.09	$941.44	$846.17
Family Enrollment	113	blended	blended	$1,348.67	$1,018.86	$1,176.81	$1,057.71
Monthly Premium		$246,922.76	$231,105.62	$218,665.10	$165,191.25	$192,548.12	$173,061.56
Monthly Premium - PEPM		$1,216.37	$1,138.45	$1,077.17	$813.75	$948.51	$852.52
Annual Premium		$2,963,073.12	$2,773,267.44	$2,623,981.20	$1,982,295.00	$2,310,577.44	$2,076,738.72
Annual Premium - PEPY		$14,596.42	$13,661.42	$12,926.02	$9,765.00	$11,382.15	$10,230.24
100% HSA Deductible Funding		$464,100.00	$714,000.00	$464,100.00	$714,000.00	$464,100.00	$714,000.00
Total Annual Plan Costs		$3,427,173.12	$3,487,267.44	$3,088,081.20	$2,696,295.00	$2,774,677.44	$2,790,738.72

80/20 Analysis			BCBSM	BCBSM	Priority Health	Priority Health
			Comm Blue PPO	Comm Blue PPO	HMO HSA	HMO HSA
School's Plan Cost Liability	$2,741,738.50	$2,789,813.95	$2,470,464.96	$2,157,036.00	$2,219,741.95	$2,232,590.98
Employee's Plan Cost Liability	$685,434.62	$697,453.49	$617,616.24	$539,259.00	$554,935.49	$558,147.74
Employee's Liability - PEPY	$3,376.53	$3,435.73	$3,042.44	$2,656.45	$2,733.67	$2,749.50

2016 CAP Analysis			BCBSM	BCBSM	Priority Health	Priority Health
			Comm Blue PPO	Comm Blue PPO	HMO HSA	HMO HSA
School's Max Allowable Cost	$2,720,499.02	$2,720,499.02	$2,720,499.02	$2,720,499.02	$2,720,499.02	$2,720,499.02
Projected Total Plan Cost	$3,427,173.12	$3,487,267.44	$3,088,081.20	$2,696,295.00	$2,774,677.44	$2,790,738.72
Employee's Plan Cost Liability	$706,674.10	$766,768.42	$367,582.18	-$24,204.02	$54,178.42	$70,239.70
Employee's Liability - PEPY	$3,481.15	$3,777.18	$1,810.75	-$119.23	$266.89	$346.01

Solicited proposals that declined to quote: 1) United Healthcare 2) Physician's Care

Please note: This information is intended to summarize and illustrate the benefits, rates, and other plan costs associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Plan costs DO NOT include taxes and fees imposed by State or Federal government. Employers should consult with legal counsel regarding compliance with state and federal laws.

Premium and Benefit Comparison

Prepared for: Orchard View Public Schools - ALL EMPLOYEES (Including Teachers)

Effective Date: July 1, 2016

Williams & Company LLC. EMPLOYEE BENEFITS

Insurer/Administrator		BCBSM	BCBSM	Blue Care Network	Priority Health	Priority Health	Priority Health
Plan Type		Comm Blue PPO	Comm Blue PPO	HMO	POS	POS	HMO
In Network Deductible	$200/$400	$100/$200	$250/$500	$100/$200	$100/$200	$200/$400	$100/$200
In Network Coinsurance	100%	100%	100%	100%	100%	100%	100%
In Network Coinsurance Max	$1,000/$2,000	$1,250/$2,500	$1,250/$2,500	$6,350/$6,000	n/a	n/a	n/a
Out of Network Deductible	$400/$800	$250/$500	$500/$1,000	n/a	$200/$400	$400/$800	n/a
Out of Network Coinsurance	80/20	80%	80%	n/a	80/20	80/20	n/a
Out of Network Coinsurance Max	$2,000/$4,000	$2,250/$4,500	$2,250/$4,500	n/a	$1,500/$3,000	$1,500/$3,000	n/a
		In-network	In-network	In-network	In-network	In-network	In-network
Office Visit-Primary Care Physician	$20 copay	$10 copay	$20 copay	$15 copay	$10 copay	$10 copay	$15 copay
Office Visit- Specialist	$20 copay	$10 copay	$20 copay	$30 copay	$10 copay	$10 copay	$15 copay
Urgent Care	$25 copay	$10 copay	$20 copay	$XX copay	$25 copay	$25 copay	$25 copay
Emergency Room	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay
Ambulance	100% after deduct.	100% after deduct.	100% after deduct.	$XX copay	$50 copay	$50 copay	$50 copay
Hospital	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.
DME/P&O	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.
Chiropractic Care	100%, up to 38	$10 copay, up to 24	$20 copay, up to 24	??	$10 copay, up to 60*	$10 copay, up to 60*	$15 copay, up to 60*
Preventive Prescription Drugs	100%, No Deduct	See Rx Copay	See Rx Copay	See Rx Copay	See Rx Copay	See Rx Copay	See Rx Copay
Prescription Drug Copay	$2/$10/$20/$40 2x mail	$10/$40 2x mail	$10/$40 2x mail	$10/$30 2x mail	$10/$40 2x mail	$10/$40 2x mail	$10/$40 1x mail
Prescription Drug Formulary	Open/managed	Closed	Closed	Closed	Closed	Closed	Closed
Premiums		7/1/2016	7/1/2016	7/1/2016	7/1/2016	7/1/2016	7/1/2016
Single Enrollment 49	blended	$723.10	$691.78	$553.81	$586.30	$573.39	$556.61
Double Enrollment 41	blended	$1,735.44	$1,660.27	$1,329.37	$1,289.80	$1,261.40	$1,224.49
Family Enrollment 113	blended	$2,169.29	$2,075.34	$1,661.41	$1,612.27	$1,576.77	$1,530.62
Monthly Premium	$297,989.72	$351,714.71	$336,481.71	$269,380.19	$263,797.01	$257,988.52	$250,438.04
Monthly Premium - PEPM	$1,467.93	$1,732.58	$1,657.55	$1,327.00	$1,299.49	$1,270.88	$1,233.68
Annual Premium	$3,575,876.64	$4,220,576.52	$4,037,780.52	$3,232,562.28	$3,165,564.12	$3,095,862.24	$3,005,256.48
Annual Premium - PEPY	$17,615.16	$20,791.02	$19,890.54	$15,923.95	$15,593.91	$15,250.55	$14,804.22

80/20 Analysis		BCBSM	BCBSM	Blue Care Network	Priority Health	Priority Health	Priority Health
		Comm Blue PPO	Comm Blue PPO	HMO	POS	POS	HMO
School's Plan Cost Liability	$2,860,701.31	$3,376,461.22	$3,230,224.42	$2,586,049.82	$2,532,451.30	$2,476,689.79	$2,404,205.18
Employee's Plan Cost Liability	$715,175.33	$844,115.30	$807,556.10	$646,512.46	$633,112.82	$619,172.45	$601,051.30
Employee's Liability - PEPY	$3,523.03	$4,158.20	$3,978.11	$3,184.79	$3,118.78	$3,050.11	$2,960.84

2016 CAP Analysis		BCBSM	BCBSM	Blue Care Network	Priority Health	Priority Health	Priority Health
		Comm Blue PPO	Comm Blue PPO	HMO	POS	POS	HMO
School's Max Allowable Cost	$2,720,499.02	$2,720,499.02	$2,720,499.02	$2,720,499.02	$2,720,499.02	$2,720,499.02	$2,720,499.02
Projected Total Plan Cost	$3,575,876.64	$4,220,576.52	$4,037,780.52	$3,232,562.28	$3,165,564.12	$3,095,862.24	$3,005,256.48
Employee's Plan Cost Liability	$855,377.62	$1,500,077.50	$1,317,281.50	$512,063.26	$445,065.10	$375,363.22	$284,757.46
Employee's Liability - PEPY	$4,213.68	$7,389.54	$6,489.07	$2,522.48	$2,192.44	$1,849.08	$1,402.75

Solicited proposals that declined to quote: 1) United Healthcare 2) Physician's Care

Please note: This information is intended to summarize and illustrate the benefits, rates, and other plan costs associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Plan costs DO NOT include taxes and fees imposed by State or Federal government. Employers should consult with legal counsel regarding compliance with state and federal laws.

Premium and Benefit Comparison

Prepared for: Orchard View Public Schools - ALL STAFF EXCEPT TEACHERS

Effective Date: July 1, 2016

Williams & Company, LLC.
EMPLOYEE BENEFITS

Insurer/Administrator		BCBSM	BCBSM	Blue Care Network	Priority Health	Priority Health
Plan Type		Comm Blue PPO	Comm Blue PPO	HMO	HMO	HMO
In Network Deductible	$200/$400	None	$250/$500	$500/$1,000	$100/$200	$200/$400
In Network Coinsurance	100%	100%	80%	100%	100%	100%
In Network Coinsurance Max	$1,000/$2,000	$6,350/$12,700	$6,350/$12,700	$1,000/$2,000	n/a	n/a
Out of Network Deductible	$400/$800	$250/$500	$500/$1,000	n/a	n/a	n/a
Out of Network Coinsurance	80/20	80%	60%	n/a	n/a	n/a
Out of Network Coinsurance Max	$2,000/$4,000	$12,700/$25,400	$12,700/$25,400	n/a	n/a	n/a
		In-network	In-network	In-network	In-network	In-network
Office Visit-Primary Care Physician	$20 copay	$10 copay	$20 copay	$20 copay	$15 copay	$20 copay
Office Visit- Specialist	$20 copay	$10 copay	$20 copay	$30 copay	$15 copay	$20 copay
Urgent Care	$25 copay	$10 copay	$20 copay	$35 copay	$25 copay	$30 copay
Emergency Room	$50 copay	$50 copay	$150 copay	$150 copay	$50 copay	$50 copay
Ambulance	100% after deduct.	100% after deduct.	80% after deduct.	$25 copay	$50 copay	$50 copay
Hospital	100% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.
DME/P&O	100% after deduct.	100% after deduct.	80% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.
Chiropractic Care	100%, up to 38	$10 copay, up to 12	$20 copay, up to 12	??	$15 copay, up to 60	$20 copay, up to 60*
Preventive Prescription Drugs	100%, No Deduct	See Rx Copay	See Rx Copay	See Rx Copay	See Rx Copay	See Rx Copay
Prescription Drug Copay	$2/$10/$20/$40 Saver Rx 2x mail	$10/$40/$80 2x mail	$10/$40/$80 2x mail	$4/$15/$40/$80 3x-$10 mail	$10/$40 1x mail	$10/$40 1x mail
Prescription Drug Formulary	Open/managed	Closed	Closed	Closed	Closed	Closed
Premiums		7/1/2016	7/1/2016	7/1/2016	7/1/2016	7/1/2016
Single Enrollment 34	blended	$683.53	$583.33	$548.98	$615.88	$598.45
Double Enrollment 18	blended	$1,640.49	$1,399.99	$1,262.67	$1,354.87	$1,316.53
Family Enrollment 35	blended	$2,050.61	$1,749.98	$1,509.70	$1,693.61	$1,645.68
Monthly Premium	$111,743.51	$124,540.19	$106,282.34	$94,232.88	$104,603.93	$101,643.64
Monthly Premium - PEPM	$1,284.41	$1,431.50	$1,221.64	$1,083.14	$1,202.34	$1,168.32
Annual Premium	$1,340,922.12	$1,494,482.28	$1,275,388.08	$1,130,794.56	$1,255,247.16	$1,219,723.68
Annual Premium - PEPY	$15,412.90	$17,177.96	$14,659.63	$12,997.64	$14,428.13	$14,019.81

80/20 Analysis		BCBSM	BCBSM	Blue Care Network	Priority Health	Priority Health
		Comm Blue PPO	Comm Blue PPO	HMO	HMO	HMO
School's Plan Cost Liability	$1,072,737.70	$1,195,585.82	$1,020,310.46	$904,635.65	$1,004,197.73	$975,778.94
Employee's Plan Cost Liability	$268,184.42	$298,896.46	$255,077.62	$226,158.91	$251,049.43	$243,944.74
Employee's Liability - PEPY	$3,082.58	$3,435.59	$2,931.93	$2,599.53	$2,885.63	$2,803.96

2016 CAP Analysis		BCBSM	BCBSM	Blue Care Network	Priority Health	Priority Health
		Comm Blue PPO	Comm Blue PPO	HMO	HMO	HMO
Maximum Allowable Cost	$1,026,335.51	$1,026,335.51	$1,026,335.51	$1,026,335.51	$1,026,335.51	$1,026,335.51
Projected Total Plan Cost	$1,340,922.12	$1,494,482.28	$1,275,388.08	$1,130,794.56	$1,255,247.16	$1,219,723.68
Employee's Plan Cost Liability	$314,586.61	$468,146.77	$249,052.57	$104,459.05	$228,911.65	$193,388.17
Employee's Liability - PEPY	$3,615.94	$5,381.00	$2,862.67	$1,200.68	$2,631.17	$2,222.85

Solicited proposals that declined to quote: 1) United Healthcare 2) Physician's Care

Please note: This information is intended to summarize and illustrate the benefits, rates, and other plan costs associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Plan costs DO NOT include taxes and fees imposed by State or Federal government. Employers should consult with legal counsel regarding compliance with state and federal laws.

Premium and Benefit Comparison

Prepared for: Orchard View Public Schools - ALL STAFF EXCEPT TEACHERS
Effective Date: July 1, 2016

Williams & Company, LLC.
EMPLOYEE BENEFITS

Insurer/Administrator				BCBSM	BCBSM	Priority Health	Priority Health
Plan Type				Simply Blue HSA	Simply Blue HSA	HMO HSA	HMO HSA
In Network Deductible		$1,300/$2,600	$2,000/$4,000	$1,300/$2,600	$3,000/$6,000	$1,300/$2,600	$2,000/$4,000
In Network Coinsurance		100%	100%	100%	80%	100%	100%
In Network Out-Pocket Max		$2,300/$4,600	$3,000/$6,000	$2,250/$4,500	$4,000/$8,000	$2,000/$4,000	$4,000/$8,000
Out of Network Deductible		$2,600/$5,200	$4,000/$8,000	$2,600/$5,200	$6,000/$12,000	n/a	n/a
Out of Network Coinsurance		80/20	80/20	80/20	60%	n/a	n/a
Out of Network Out-Pocket Max		$4,600/$9,200	$6,000/$12,000	$4,500/$9,000	$8,000/$16,000	n/a	n/a
				In-network	In-network	In-network	In-network
Office Visit-Primary Care Physician		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Office Visit- Specialist		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Urgent Care		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Emergency Room		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Ambulance		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Hospital		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
DME/P&O		100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Chiropractic Care		100%, up to 38	100%, up to 38	100%, up to 12	80%, up to 12	100%, up to 60	100%, up to 60
Preventive Prescription Drugs		100%, No Deduct	100%, No Deduct	See Rx Copay	See Rx Copay	100%, No Deduct	100%, No Deduct
Prescription Drug Copay		$2/$10/$20/$40 Saver Rx 2x mail	$2/$10/$20/$40 Saver Rx 2x mail	$10/$40/$80 2x mail	$10/$40/$80 2x mail	$10/$40 1x mail	$10/$40 1x mail
Prescription Drug Formulary		Open/managed	Open/managed	Closed	Closed	Closed	Closed
Premiums				7/1/2016	7/1/2016	7/1/2016	7/1/2016
Single Enrollment	34	blended	blended	$448.62	$338.83	$471.98	$423.59
Double Enrollment	18	blended	blended	$1,076.71	$813.19	$1,038.32	$931.87
Family Enrollment	35	blended	blended	$1,345.89	$1,016.48	$1,297.91	$1,164.84
Monthly Premium		$92,596.49	$86,665.90	$81,740.01	$61,734.44	$80,163.93	$71,945.12
Monthly Premium - PEPM		$1,064.33	$996.16	$939.54	$709.59	$921.42	$826.96
Annual Premium		$1,111,157.88	$1,039,990.80	$980,880.12	$740,813.28	$961,967.16	$863,341.44
Annual Premium - PEPY		$12,771.93	$11,953.92	$11,274.48	$8,515.10	$11,057.09	$9,923.46
100% HSA Deductible Funding		$182,000.00	$280,000.00	$182,000.00	$280,000.00	$182,000.00	$280,000.00
Total Annual Plan Costs		$1,293,157.88	$1,319,990.80	$1,162,880.12	$1,020,813.28	$1,143,967.16	$1,143,341.44

80/20 Analysis			BCBSM	BCBSM	Priority Health	Priority Health
			Simply Blue HSA	Simply Blue HSA	HMO HSA	HMO HSA
School's Plan Cost Liability	$1,034,526.30	$1,055,992.64	$930,304.10	$816,650.62	$915,173.73	$914,673.15
Employee's Plan Cost Liability	$258,631.58	$263,998.16	$232,576.02	$204,162.66	$228,793.43	$228,668.29
Employee's Liability - PEPY	$2,972.78	$3,034.46	$2,673.29	$2,346.70	$2,629.81	$2,628.37

2016 CAP Analysis			BCBSM	BCBSM	Priority Health	Priority Health
			Simply Blue HSA	Simply Blue HSA	HMO HSA	HMO HSA
School's Max Allowable Cost	$1,026,335.51	$1,026,335.51	$1,026,335.51	$1,026,335.51	$1,026,335.51	$1,026,335.51
Projected Total Plan Cost	$1,293,157.88	$1,319,990.80	$1,162,880.12	$1,020,813.28	$1,143,967.16	$1,143,341.44
Employee's Plan Cost Liability	$266,822.37	$293,655.29	$136,544.61	($5,522.23)	$117,631.65	$117,005.93
Employee's Liability - PEPY	$3,066.92	$3,375.35	$1,569.48	-$63.47	$1,352.09	$1,344.90

Solicited proposals that declined to quote: 1) United Healthcare 2) Physician's Care

Please note: This information is intended to summarize and illustrate the benefits, rates, and other plan costs associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Plan costs DO NOT include taxes and fees imposed by State or Federal government. Employers should consult with legal counsel regarding compliance with state and federal laws.

Premium and Benefit Comparison

Prepared for: Orchard View Public Schools - TEACHERS ONLY

Effective Date: July 1, 2016

Williams & Company, LLC.
EMPLOYEE BENEFITS

2016 Plan/Costs

Insurer/Administrator		MESSA			BCBSM	BCBSM	Priority Health	Priority Health
Plan Type		Choices II PPO			Simply Blue HSA	Simply Blue HSA	HMO HSA	HMO HSA
In Network Deductible		$100/$200	$1,300/$2,600	$2,000/$4,000	$1,300/$2,600	$3,000/$6,000	$1,300/$2,600	$2,000/$4,000
In Network Coinsurance		100%	100%	100%	100%	80%	100%	100%
In Network Out-Pocket Max		$1,000/$2,000	$2,300/$4,600	$3,000/$6,000	$2,250/$4,500	$4,000/$8,000	$2,000/$4,000	$4,000/$8,000
Out of Network Deductible		$250/$500	$2,600/$5,200	$4,000/$8,000	$2,600/$5,200	$6,000/$12,000	n/a	n/a
Out of Network Coinsurance		80/20	80/20	80/20	80/20	60%	n/a	n/a
Out of Network Out-Pocket Max		$2,000/$4,000	$4,600/$9,200	$6,000/$12,000	$4,600/$9,200	$48,000/$16,000	n/a	n/a
		In-network			In-network	In-network	In-network	In-network
Office Visit-Primary Care Physician		$10 copay	100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Office Visit- Specialist		$10 copay	100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Urgent Care		$25 copay	100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Emergency Room		$50 copay	100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Ambulance		100% after deduct.	100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Hospital		100% after deduct.	100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
DME/P&O		100% after deduct.	100% after deduct	100% after deduct	100% after deduct	80% after deduct	100% after deduct	100% after deduct
Chiropractic Care		100%, up to 38	100%, up to 38	100%, up to 38	100%, up to 12	80%, up to 12	100%, up to 60	100%, up to 60
Preventive Prescription Drugs		100%, No Deduct	100%, No Deduct	100%, No Deduct	See Rx Copay	See Rx Copay	100%, No Deduct	100%, No Deduct
Prescription Drug Copay		$2/$10/$20/$40 Saver Rx 2x mail	$2/$10/$20/$40 Saver Rx 2x mail	$2/$10/$20/$40 Saver Rx 2x mail	$10/$40/$80 2x mail	$10/$40/$80 2x mail	$10/$40 1x mail	$10/$40 1x mail
Prescription Drug Formulary		Open/managed	Open/managed	Open/managed	Closed	Closed	Closed	Closed
Premiums		7/1/2016			7/1/2016	7/1/2016	7/1/2016	7/1/2016
Single Enrollment	15	$675.03	$532.68	$498.62	$431.58	$326.04	$403.11	$362.66
Double Enrollment	24	$1,516.93	$1,196.67	$1,120.01	$1,035.78	$782.48	$886.80	$797.82
Family Enrollment	79	$1,887.37	$1,488.81	$1,393.42	$1,294.73	$978.11	$1,108.51	$997.28
Monthly Premium		$195,634.00	$154,326.27	$144,439.72	$133,616.09	$100,940.81	$114,902.14	$103,372.70
Monthly Premium - PEPM		$1,657.92	$1,307.85	$1,224.07	$1,132.34	$855.43	$973.75	$876.04
Annual Premium		$2,347,608.00	$1,851,915.24	$1,733,276.64	$1,603,393.08	$1,211,289.72	$1,378,825.68	$1,240,472.40
Annual Premium - PEPY		$19,894.98	$15,694.20	$14,688.79	$13,588.08	$10,265.17	$11,684.96	$10,512.48
100% HSA Deductible Funding		$0.00	$287,300.00	$442,000.00	$287,300.00	$442,000.00	$287,300.00	$442,000.00
Total Annual Plan Costs		$2,347,608.00	$2,139,215.24	$2,175,276.64	$1,890,693.08	$1,653,289.72	$1,666,125.68	$1,682,472.40
Annual Differential			-$208,392.76	-$172,331.36	-$456,914.92	-$694,318.28	-$681,482.32	-$665,135.60
Percent Differential			-21.11%	-26.17%	-31.70%	-48.40%	-41.27%	-47.16%

80/20 Analysis	MESSA			BCBSM	BCBSM	Priority Health	Priority Health
	Choices II PPO			Simply Blue HSA	Simply Blue HSA	HMO HSA	HMO HSA
School Plan Cost Liability	$1,878,086.40	$1,711,372.19	$1,740,221.31	$1,512,554.46	$1,322,631.78	$1,332,900.54	$1,345,977.92
Employee's Plan Cost Liability	$469,521.60	$427,843.05	$435,055.33	$378,138.62	$330,657.94	$333,225.14	$336,494.48
Employee's Liability - PEPY	$3,979.00	$3,625.79	$3,686.91	$3,204.56	$2,802.19	$2,823.94	$2,851.65

2016 CAP Analysis	MESSA			BCBSM	BCBSM	Priority Health	Priority Health
	Choices II PPO			Simply Blue HSA	Simply Blue HSA	HMO HSA	HMO HSA
School's Max Allowable Cost	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78
Projected Total Plan Cost	$2,347,608.00	$2,139,215.24	$2,175,276.64	$1,890,693.08	$1,653,289.72	$1,666,125.68	$1,682,472.40
Employee's Plan Cost Liability	$623,848.22	$415,455.46	$451,516.86	$166,933.30	($70,470.06)	($57,634.10)	($41,287.38)
Employee's Liability - PEPY	$5,286.85	$3,520.81	$3,826.41	$1,414.69	-$597.20	-$488.42	-$349.89

Solicited proposals that declined to quote: 1) United Healthcare 2) Physician's Care

Please note: This information is intended to summarize and illustrate the benefits, rates, and other plan costs associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Plan costs DO NOT include taxes and fees imposed by State or Federal government. Employers should consult with legal counsel regarding compliance with state and federal laws.

Premium and Benefit Comparison

Prepared for: Orchard View Public Schools - TEACHERS ONLY

Effective Date: July 1, 2016

Williams & Company, LLC.
EMPLOYEE BENEFITS

2016 Plan/Costs

Insurer/Administrator		MESSA			BCBSM	BCBSM	Blue Care Network	Priority Health	Priority Health	Priority Health
Plan Type		Choices II PPO			Comm Blue PPO	Comm Blue PPO	HMO	POS	HMO	HMO
In Network Deductible		$100/$200	$200/$400	$500/$1,000	$100/$200	$250/$500	$100/$200	$100/$200	$100/$200	$200/$400
In Network Coinsurance		100%	100%	100%	100%	100%	100%	100%	100%	100%
In Network Coinsurance Max		$1,000/$2,000	$1,000/$2,000		$1,250/$2,500	$1,250/$2,500	$6,350/$6,000	n/a	n/a	n/a
Out of Network Deductible		$250/$500	$400/$800		$250/$500	$500/$1,000	n/a	$200/$400	n/a	n/a
Out of Network Coinsurance		80/20	80/20	80/20	80%	80%	n/a	80/20	n/a	n/a
Out of Network Coinsurance Max		$2,000/$4,000	$2,000/$4,000		$2,250/$4,500	$2,250/$4,500	n/a	$2,500/$5,000	n/a	n/a
		In-network			In-network	In-network	In-network	In-network	In-network	In-network
Office Visit-Primary Care Physician		$10 copay	$20 copay	$20 copay	$10 copay	$20 copay	$15 copay	$10 copay	$15 copay	$20 copay
Office Visit- Specialist		$10 copay	$20 copay	$20 copay	$10 copay	$20 copay	$30 copay	$10 copay	$15 copay	$20 copay
Urgent Care		$25 copay	$25 copay	$25 copay	$10 copay	$20 copay	$XX copay	$25 copay	$25 copay	$30 copay
Emergency Room		$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay	$50 copay
Ambulance		100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	$XX copay	$0 copay	$50 copay	$50 copay
Hospital		100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.
DME/P&O		100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.	100% after deduct.
Chiropractic Care		100%, up to 38	100%, up to 38	100%, up to 38	$10 copay, up to 24	$20 copay, up to 24	??	$10 copay, up to 60*	$15 copay, up to 60*	$20 copay, up to 60*
Preventive Prescription Drugs		See Rx Copay	100%, No Deduct	100%, No Deduct	See Rx Copay	See Rx Copay	See Rx Copay	See Rx Copay	See Rx Copay	See Rx Copay
Prescription Drug Copay		$2/$10/$20/$40 Saver Rx 2x mail	$2/$10/$20/$40 Saver Rx 2x mail	$2/$10/$20/$40 Saver Rx 2x mail	$10/$40 2x mail	$10/$40 2x mail	$10/$30 2x mail	$10/$40 2x mail	$10/$30 1x mail	$10/$40 2x mail
Prescription Drug Formulary		Open/managed	Open/managed	Open/managed	Closed	Closed	Closed	Closed	Closed	Closed
Premiums		**7/1/2016**			**7/1/2016**	**7/1/2016**	**7/1/2016**	**7/1/2016**	**7/1/2016**	**7/1/2016**
Single Enrollment	15	$675.03	$642.68	$591.71	$694.17	$664.10	$531.64	$550.47	$532.27	$507.60
Double Enrollment	24	$1,516.93	$1,444.15	$1,329.46	$1,666.02	$1,593.85	$1,275.95	$1,210.98	$1,170.94	$1,116.67
Family Enrollment	79	$1,887.37	$1,796.79	$1,654.07	$2,082.51	$1,992.32	$1,594.94	$1,513.74	$1,463.69	$1,395.85
Monthly Premium		$195,634.00	$186,246.21	$171,454.22	$214,915.32	$205,607.18	$164,597.66	$156,906.03	$151,718.12	$144,686.23
Monthly Premium - PEPM		$1,657.92	$1,578.36	$1,453.00	$1,821.32	$1,742.43	$1,394.90	$1,329.71	$1,285.75	$1,226.15
Annual Premium		$2,347,608.00	$2,234,954.52	$2,057,450.64	$2,578,983.84	$2,467,286.16	$1,975,171.92	$1,882,872.36	$1,820,617.44	$1,736,234.76
Annual Premium - PEPY		$19,894.98	$18,940.29	$17,436.02	$21,855.80	$20,909.20	$16,738.75	$15,956.55	$15,428.96	$14,713.85
Annual Differential			-$112,653.48	-$290,157.36	$231,375.84	$119,678.16	-$372,436.08	-$464,735.64	-$526,990.56	-$611,373.24
Percent Differential			-4.80%	-12.36%	9.86%	5.10%	-15.86%	-19.80%	-22.45%	-26.04%

80/20 Analysis	MESSA Choices II PPO			BCBSM Comm Blue PPO	BCBSM Comm Blue PPO	Blue Care Network HMO	Priority Health POS	Priority Health HMO	Priority Health HMO
School Plan Cost Liability	$1,878,086.40	$1,787,963.62	$1,645,960.51	$2,063,187.07	$1,973,828.93	$1,580,137.54	$1,506,297.89	$1,456,493.95	$1,388,987.81
Employee's Plan Cost Liability	$469,521.60	$446,990.90	$411,490.13	$515,796.77	$493,457.23	$395,034.38	$376,574.47	$364,123.49	$347,246.95
Employee's Liability - PEPY	$3,979.00	$3,788.06	$3,487.20	$4,371.16	$4,181.84	$3,347.75	$3,191.31	$3,085.79	$2,942.77

2016 CAP Analysis	MESSA Choices II PPO			BCBSM Comm Blue PPO	BCBSM Comm Blue PPO	Blue Care Network HMO	Priority Health POS	Priority Health HMO	Priority Health HMO
School's Max Allowable Cost	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78	$1,723,759.78
Projected Total Plan Cost	$2,347,608.00	$2,234,954.52	$2,057,450.64	$2,578,983.84	$2,467,286.16	$1,975,171.92	$1,882,872.36	$1,820,617.44	$1,736,234.76
Employee's Plan Cost Liability	$623,848.22	$511,194.74	$333,690.86	$855,224.06	$743,526.38	$251,412.14	$159,112.58	$96,857.66	$12,474.98
Employee's Liability - PEPY	$5,286.85	$4,332.16	$2,827.89	$7,247.66	$6,301.07	$2,130.61	$1,348.41	$820.83	$105.72

Solicited proposals that declined to quote: 1) United Healthcare 2) Physician's Care

Please note: This information is intended to summarize and illustrate the benefits, rates, and other plan costs associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Plan costs DO NOT include taxes and fees imposed by State or Federal government. Employers should consult with legal counsel regarding compliance with state and federal laws.

Premium and Benefit Comparison - Medical/Rx
Prepared for: Orchard View Public Schools - Headstart Employees
Effective Date: January 1, 2017

Williams & Company, LLC.
EMPLOYEE BENEFITS

Medical Plan		Priority Health	Priority Health	Priority Health	Priority Health
Plan Type		HMO 100%	HMO 100%	HSA HMO	HSA HMO
In Network Deductible		$100 / $200	$100 / $200	$1,300 / $2,600	$2,000 / $4,000
In Network Coinsurance		100%	100%	100%	100%
In Network Out-pocket Max		n/a	n/a	$2,000 / $4,000	$3,000 / $6,000
Out of Network Deductible		n/a	n/a	n/a	n/a
Out Network Coinsurance		n/a	n/a	n/a	n/a
Out Network Out-pocket Max		n/a	n/a	n/a	n/a
Office Visit-PCP		$15 copay	$15 copay	100% after deductible	100% after deductible
Office Visit- Specialist		$15 copay	$15 copay	100% after deductible	100% after deductible
Urgent Care		$15 copay	$15 copay	100% after deductible	100% after deductible
Emergency Room		$50 copay	$50 copay	100% after deductible	100% after deductible
Ambulance		$50 copay	$50 copay	100% after deductible	100% after deductible
Hospital		100% after deductible	100% after deductible	100% after deductible	100% after deductible
Chiropractic Care		$15 copay, up to 30 visits/yr	$15 copay, up to 30 visits/yr	100% after deductible	100% after deductible
DME/P&O		50% after deductible	50% after deductible	100% after deductible	100% after deductible
Prescription Drug Copay		$10/generic, $30/brand 2x mail	$10/generic, $30/brand 2x mail	$10/generic, $30/brand 1x mail	$10/generic, $30/brand 1x mail
Preventive Prescription Drugs		See Rx Copay	See Rx Copay	100%, no deductible	100%, no deductible
Sexual Dysfunction Treatments		not covered	not covered	50% copay for oral & non-oral treatments	50% copay for oral & non-oral treatments
Fixed Costs	Census	2016-17	2017	2017	2017
Single	16	$649.44	$669.71	$486.89	$437.69
Double	0	$1,428.57	$1,400.57	$1,018.23	$915.34
Family	0	$1,785.83	$1,826.44	$1,327.85	$1,193.67

CAP ANALYSIS

Annual Premium vs Cap Allowance				
Maximum Allowable School Cost	$98,273.76	$98,273.76	$98,273.76	$98,273.76
Projected Total Premium	$124,692.48	$128,584.32	$93,482.88	$84,036.48
Projected Employee Cost	$26,418.72	$30,310.56	-$4,790.88	-$14,237.28
CAP Variance				
Single	$1,651.17	$1,894.41	-$299.43	-$889.83
Double	$4,297.80	$3,961.80	-$626.28	-$1,860.96
Family	$4,678.73	$5,166.05	-$817.03	-$2,427.19
CAP Variance + HSA Deductible				
Single	$1,651.17	$1,894.41	$1,000.57	$1,110.17
Double	$4,297.80	$3,961.80	$1,973.72	$2,139.04
Family	$4,678.73	$5,166.05	$1,782.97	$1,572.81
CV+Deduct / 26 pays				
Single	$63.51	$72.86	$38.48	$42.70
Double	$165.30	$152.38	$75.91	$82.27
Family	$179.95	$198.69	$68.58	$60.49

Note 1: Premiums include estimated Federal and State taxes & fees

Please note: This information is intended to summarize and illustrate the benefits, rates, taxes, and other fees associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Tax calculations are estimates only. Actual taxes due will be based on current monthly enrollment in the selected plan(s). Employers should consult with legal counsel regarding compliance with state and federal laws.

Premium and Benefit Comparison -Medical/Rx
Prepared for: Orchard View Public Schools - Administative Staff
Effective Date: January 1, 2017

Williams & Company, LLC.
EMPLOYEE BENEFITS

Medical Plan		Priority Health HMO 100%	Priority Health HMO 100%	Priority Health HSA HMO	Priority Health HSA HMO
Plan Type					
In Network Deductible		$100 / $200	$100 / $200	$1,300 / $2,600	$2,000 / $4,000
In Network Coinsurance		100%	100%	100%	100%
In Network Out-pocket Max		n/a	n/a	$2,000 / $4,000	$3,000 / $6,000
Out of Network Deductible		n/a	n/a	n/a	n/a
Out Network Coinsurance		n/a	n/a	n/a	n/a
Out Network Out-pocket Max		n/a	n/a	n/a	n/a
Office Visit-PCP		$15 copay	$15 copay	100% after deductible	100% after deductible
Office Visit- Specialist		$15 copay	$15 copay	100% after deductible	100% after deductible
Urgent Care		$15 copay	$15 copay	100% after deductible	100% after deductible
Emergency Room		$50 copay	$50 copay	100% after deductible	100% after deductible
Ambulance		$50 copay	$50 copay	100% after deductible	100% after deductible
Hospital		100% after deductible	100% after deductible	100% after deductible	100% after deductible
Chiropractic Care		$15 copay, up to 30 visits/yr	$15 copay, up to 30 visits/yr	100% after deductible	100% after deductible
DME/P&O		100% after deductible	100% after deductible	100% after deductible	100% after deductible
Prescription Drug Copay		$10/generic, $30/brand 1x mail	$10/generic, $30/brand 1x mail	$10/generic, $30/brand 1x mail	$10/generic, $30/brand 1x mail
Preventive Prescription Drugs		See Rx Copay	See Rx Copay	100%, no deductible	100%, no deductible
Sexual Dysfunction Treatments		50% copay for oral & non-oral treatments	50% copay for oral & non-oral treatments	50% copay for oral & non-oral treatments	50% copay for oral & non-oral treatments
Fixed Costs	Census	2016-17	2017	2017	2017
Single	4	$639.69	$658.98	$487.48	$438.20
Double	5	$1,407.25	$1,378.12	$1,019.46	$916.40
Family	15	$1,759.09	$1,797.17	$1,329.46	$1,195.06

CAP ANALYSIS

Annual Premium vs Cap Allowance				
Maximum Allowable School Cost	$340,062.09	$340,062.09	$340,062.09	$340,062.09
Projected Total Premium	$431,776.32	$437,808.84	$323,869.44	$291,128.40
Projected Employee Cost	$91,714.23	$97,746.75	-$16,192.65	-$48,933.69
CAP Variance				
Single	$1,534.17	$1,765.65	-$292.35	-$883.71
Double	$4,041.96	$3,692.40	-$611.52	-$1,848.24
Family	$4,357.85	$4,814.81	-$797.71	-$2,410.51
CAP Variance + HSA Deductible				
Single	$1,534.17	$1,765.65	$1,007.65	$1,116.29
Double	$4,041.96	$3,692.40	$1,988.48	$2,151.76
Family	$4,357.85	$4,814.81	$1,802.29	$1,589.49
CV+Deduct / 26 pays				
Single	$59.01	$67.91	$38.76	$42.93
Double	$155.46	$142.02	$76.48	$82.76
Family	$167.61	$185.19	$69.32	$61.13

Note 1: Premiums include estimated Federal and State taxes & fees AND annual deductible amounts

Please note: This information is intended to summarize and illustrate the benefits, rates, taxes, and other fees associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Tax calculations are estimates only. Actual taxes due will be based on current monthly enrollment in the selected plan(s). Employers should consult with legal counsel regarding compliance with state and federal laws.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 07/01/2017

	Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family
1	ABC Plan 3	$3500[1]; $7000[2]	None	20%	ABC Rx	$482.84	$1,084.52	$1,349.25	$473.22	$1,062.86	$1,322.30
2	ABC Plan 3	$3500[1]; $7000[2]	None	10%	ABC Rx	$503.92	$1,131.95	$1,408.29	$493.87	$1,109.34	$1,380.15
3	ABC Plan 2	$2000[1]; $4000[2]	None	20%	ABC Rx	$517.82	$1,163.23	$1,447.22	$507.50	$1,140.00	$1,418.30
4	ABC Plan 2	$2000[1]; $4000[2]	None	10%	ABC Rx	$528.69	$1,187.68	$1,477.63	$518.14	$1,163.95	$1,448.11
5	ABC Plan 1	$1300[1]; $2600[2]	None	20%	ABC Mail	$541.41	$1,216.29	$1,513.24	$530.61	$1,192.00	$1,483.01
6	ABC Plan 1	$1300[1]; $2600[2]	None	20%	ABC Rx	$548.59	$1,232.46	$1,533.35	$537.65	$1,207.84	$1,502.72
7	ABC Plan 1	$1300[1]; $2600[2]	None	10%	ABC Mail	$555.78	$1,248.62	$1,553.47	$544.69	$1,223.68	$1,522.44
8	ABC Plan 1	$1300[1]; $2600[2]	None	10%	ABC Rx	$563.06	$1,265.01	$1,573.87	$551.83	$1,239.74	$1,542.42
9	ABC Plan 2	$2000[1]; $4000[2]	None	0%	ABC Rx	$566.01	$1,271.63	$1,582.11	$554.72	$1,246.23	$1,550.50
10	ABC Plan 1	$1300[1]; $2600[2]	None	0%	ABC Mail	$597.28	$1,342.01	$1,669.68	$585.37	$1,315.20	$1,636.32
11	ABC Plan 1	$1300[1]; $2600[2]	None	0%	ABC Rx	$604.68	$1,358.67	$1,690.42	$592.62	$1,331.52	$1,656.64
12	Choices	$3000/$6000	$20/$25/$50	20%	Saver Rx	$529.84	$1,190.26	$1,480.84	$519.27	$1,166.48	$1,451.25
13	Choices	$3000/$6000	$20/$25/$50	10%	Saver Rx	$539.29	$1,211.54	$1,507.33	$528.54	$1,187.34	$1,477.21
14	Choices	$1000/$2000	$20/$25/$50	20%	3Tier Mail	$539.66	$1,212.35	$1,508.33	$528.89	$1,188.14	$1,478.20
15	Choices	$2000/$4000	$20/$25/$50	20%	Saver Rx	$547.40	$1,229.78	$1,530.03	$536.48	$1,205.21	$1,499.46
16	Choices	$1000/$2000	$20/$25/$50	20%	3Tier	$550.10	$1,235.85	$1,537.58	$539.13	$1,211.16	$1,506.86
17	Choices	$1000/$2000	$20/$25/$50	10%	3Tier Mail	$555.18	$1,247.29	$1,551.81	$544.11	$1,222.37	$1,520.81
18	Choices	$2000/$4000	$20/$25/$50	10%	Saver Rx	$560.24	$1,258.67	$1,565.97	$549.06	$1,233.53	$1,534.68
19	Choices	$1000/$2000	$20/$25/$50	10%	3Tier	$565.63	$1,270.80	$1,581.08	$554.35	$1,245.42	$1,549.48
20	Choices	$1000/$2000	$20/$25/$50	20%	SRX Mail	$567.95	$1,276.02	$1,587.57	$556.62	$1,250.53	$1,555.85
21	Choices	$500/$1000	$20/$25/$50	20%	3Tier Mail	$569.38	$1,279.23	$1,591.56	$558.02	$1,253.67	$1,559.76
22	Choices	$1000/$2000	$20/$25/$50	20%	Saver Rx	$576.45	$1,295.13	$1,611.35	$564.95	$1,269.25	$1,579.16
23	Choices	$3000/$6000	$20/$25/$50	0%	Saver Rx	$577.80	$1,298.17	$1,615.14	$566.27	$1,272.23	$1,582.87
24	Choices	$500/$1000	$20/$25/$50	20%	3Tier	$579.83	$1,302.74	$1,620.83	$568.26	$1,276.72	$1,588.44
25	Choices	$1000/$2000	$20/$25/$50	10%	SRX Mail	$583.49	$1,310.97	$1,631.06	$571.85	$1,284.78	$1,598.46

1. Single coverage deductible

2. 2-person and family coverage deductible (full deductible must be met before claims are paid for any individual)

This information is based on the rates and composition of the group as of the above effective date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 07/01/2017

	Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family
26	Choices	$500/$1000	$20/$25/$50	10%	3Tier Mail	$588.97	$1,323.31	$1,646.43	$577.22	$1,296.88	$1,613.53
27	Choices	$1000/$2000	$20/$25/$50	10%	Saver Rx	$591.98	$1,330.10	$1,654.86	$580.17	$1,303.53	$1,621.80
28	Choices	$500/$1000	$20/$25/$50	20%	SRX Mail	$597.67	$1,342.89	$1,670.79	$585.75	$1,316.06	$1,637.40
29	Choices	$500/$1000	$20/$25/$50	10%	3Tier	$599.42	$1,346.83	$1,675.69	$587.46	$1,319.92	$1,642.20
30	Choices	$1000/$2000	$20/$25/$50	0%	3Tier Mail	$601.81	$1,352.20	$1,682.37	$589.80	$1,325.18	$1,648.75
31	Choices	$2000/$4000	$20/$25/$50	0%	Saver Rx	$602.12	$1,352.90	$1,683.24	$590.11	$1,325.87	$1,649.60
32	Choices	$500/$1000	$20/$25/$50	20%	Saver Rx	$606.18	$1,362.02	$1,694.59	$594.09	$1,334.81	$1,660.72
33	Choices	$1000/$2000	$20/$25/$50	0%	3Tier	$612.26	$1,375.71	$1,711.63	$600.05	$1,348.22	$1,677.43
34	Choices	$500/$1000	$20/$25/$50	10%	SRX Mail	$617.27	$1,386.98	$1,725.65	$604.95	$1,359.27	$1,691.17
35	Choices	$500/$1000	$20/$25/$50	10%	Saver Rx	$625.77	$1,406.11	$1,749.46	$613.29	$1,378.01	$1,714.50
36	Choices	$1000/$2000	$20/$25/$50	0%	SRX Mail	$630.10	$1,415.86	$1,761.60	$617.53	$1,387.58	$1,726.40
37	Choices	$1000/$2000	$20/$25/$50	0%	Saver Rx	$638.61	$1,434.99	$1,785.40	$625.87	$1,406.32	$1,749.72
38	Choices	$500/$1000	$20/$25/$50	0%	3Tier Mail	$640.32	$1,438.85	$1,790.20	$627.54	$1,410.10	$1,754.42
39	Choices	$500/$1000	$20/$25/$50	0%	3Tier	$650.77	$1,462.36	$1,819.46	$637.79	$1,433.15	$1,783.10
40	Choices	$500/$1000	$20/$25/$50	0%	SRX Mail	$668.63	$1,502.53	$1,869.45	$655.28	$1,472.51	$1,832.09
41	Choices	$500/$1000	$20/$25/$50	0%	Saver Rx	$677.12	$1,521.64	$1,893.23	$663.61	$1,491.24	$1,855.39
42	Choices	$500/$1000	$10/$25/$50	0%	Saver Rx	$689.27	$1,548.99	$1,927.26	$675.52	$1,518.04	$1,888.74
43	Choices	$500/$1000	$5/$10/$25	0%	Saver Rx	$697.02	$1,566.42	$1,948.96	$683.11	$1,535.12	$1,910.01
44	Choices	$300/$600	$20/$25/$50	0%	Saver Rx	$714.68	$1,606.17	$1,998.43	$700.42	$1,574.08	$1,958.49
45	Choices	$500/$1000	$20/$25/$50	0%	$10/$20	$724.69	$1,628.67	$2,026.42	$710.22	$1,596.13	$1,985.92
46	Choices	$300/$600	$10/$25/$50	0%	Saver Rx	$727.78	$1,635.61	$2,035.07	$713.25	$1,602.93	$1,994.40
47	Choices	$200/$400	$20/$25/$50	0%	Saver Rx	$735.46	$1,652.92	$2,056.59	$720.78	$1,619.89	$2,015.49
48	Choices	$300/$600	$5/$10/$25	0%	Saver Rx	$736.16	$1,654.49	$2,058.56	$721.47	$1,621.43	$2,017.41
49	Choices	$500/$1000	$10/$25/$50	0%	$10/$20	$736.84	$1,656.02	$2,060.45	$722.13	$1,622.93	$2,019.27
50	Choices	$500/$1000	$5/$10/$25	0%	$10/$20	$744.59	$1,673.45	$2,082.15	$729.73	$1,640.01	$2,040.53

This information is based on the rates and composition of the group as of the above effective date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 07/01/2017

	Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family
51	Choices	$200/$400	$10/$25/$50	0%	Saver Rx	$749.08	$1,683.55	$2,094.72	$734.13	$1,649.91	$2,052.86
52	Choices	$200/$400	$5/$10/$25	0%	Saver Rx	$757.81	$1,703.20	$2,119.16	$742.68	$1,669.17	$2,076.81
53	Choices	$100/$200	$20/$25/$50	0%	Saver Rx	$758.32	$1,704.35	$2,120.60	$743.18	$1,670.30	$2,078.22
54	Choices	$300/$600	$20/$25/$50	0%	$10/$20	$762.26	$1,713.20	$2,131.62	$747.04	$1,678.97	$2,089.02
55	Choices	$100/$200	$10/$25/$50	0%	Saver Rx	$772.50	$1,736.24	$2,160.29	$757.08	$1,701.54	$2,117.11
56	Choices	$300/$600	$10/$25/$50	0%	$10/$20	$775.35	$1,742.67	$2,168.28	$759.87	$1,707.85	$2,124.95
57	Choices	$100/$200	$5/$10/$25	0%	Saver Rx	$781.66	$1,756.85	$2,185.93	$766.05	$1,721.74	$2,142.24
58	Choices	$200/$400	$20/$25/$50	0%	$10/$20	$783.04	$1,759.95	$2,189.78	$767.41	$1,724.78	$2,146.02
59	Choices	$300/$600	$5/$10/$25	0%	$10/$20	$783.73	$1,761.52	$2,191.75	$768.09	$1,726.32	$2,147.94
60	Choices	$200/$400	$10/$25/$50	0%	$10/$20	$796.65	$1,790.58	$2,227.91	$780.74	$1,754.80	$2,183.39
61	Choices	$200/$400	$5/$10/$25	0%	$10/$20	$805.38	$1,810.23	$2,252.37	$789.30	$1,774.05	$2,207.35
62	Choices	$100/$200	$20/$25/$50	0%	$10/$20	$805.89	$1,811.38	$2,253.79	$789.81	$1,775.19	$2,208.75
63	Choices	$100/$200	$10/$25/$50	0%	$10/$20	$820.06	$1,843.27	$2,293.48	$803.69	$1,806.43	$2,247.64
64	Choices	$100/$200	$5/$10/$25	0%	$10/$20	$829.22	$1,863.88	$2,319.12	$812.67	$1,826.63	$2,272.77

This information is based on the rates and composition of the group as of the above effective date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 01/01/2018

	Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family	
1	ABC Plan 3	$3500[1]; $7000[2]	None	20%	ABC Rx	$482.84	$1,084.52	$1,349.25	$473.22	$1,062.86	$1,322.30	9Q
2	ABC Plan 2	$2000[1]; $4000[2]	None	20%	3Tier Mail	$488.98	$1,098.34	$1,366.45	$479.23	$1,076.40	$1,339.15	CI
3	ABC Plan 2	$2000[1]; $4000[2]	None	20%	3Tier	$494.81	$1,111.45	$1,382.77	$484.94	$1,089.25	$1,355.14	DO
4	ABC Plan 2	$2000[1]; $4000[2]	None	10%	3Tier Mail	$499.23	$1,121.39	$1,395.14	$489.27	$1,098.99	$1,367.26	CE
5	ABC Plan 3	$3500[1]; $7000[2]	None	10%	ABC Rx	$503.92	$1,131.95	$1,408.29	$493.87	$1,109.34	$1,380.15	7T
6	ABC Plan 2	$2000[1]; $4000[2]	None	10%	3Tier	$505.19	$1,134.81	$1,411.84	$495.12	$1,112.15	$1,383.63	DK
7	ABC Plan 2	$2000[1]; $4000[2]	None	20%	ABC Rx	$517.82	$1,163.23	$1,447.22	$507.50	$1,140.00	$1,418.30	9L
8	ABC Plan 1	$1350[1]; $2700[2]	None	20%	3Tier Mail	$518.14	$1,163.94	$1,448.09	$507.80	$1,140.69	$1,419.16	BW
9	ABC Plan 1	$1350[1]; $2700[2]	None	20%	3Tier	$524.32	$1,177.84	$1,465.38	$513.86	$1,154.31	$1,436.11	DC
10	ABC Plan 2	$2000[1]; $4000[2]	None	10%	ABC Rx	$528.69	$1,187.68	$1,477.63	$518.14	$1,163.95	$1,448.11	9K
11	ABC Plan 1	$1350[1]; $2700[2]	None	10%	3Tier Mail	$531.88	$1,194.86	$1,486.57	$521.28	$1,171.00	$1,456.87	BS
12	ABC Plan 2	$2000[1]; $4000[2]	None	0%	3Tier Mail	$534.46	$1,200.65	$1,493.78	$523.80	$1,176.67	$1,463.93	CA
13	ABC Plan 1	$1350[1]; $2700[2]	None	10%	3Tier	$538.23	$1,209.14	$1,504.35	$527.49	$1,184.99	$1,474.29	CY
14	ABC Plan 2	$2000[1]; $4000[2]	None	0%	3Tier	$540.84	$1,215.01	$1,511.65	$530.05	$1,190.74	$1,481.45	DG
15	ABC Plan 1	$1350[1]; $2700[2]	None	20%	ABC Mail	$541.41	$1,216.29	$1,513.24	$530.61	$1,192.00	$1,483.01	AO
16	ABC Plan 1	$1350[1]; $2700[2]	None	20%	ABC Rx	$548.59	$1,232.46	$1,533.35	$537.65	$1,207.84	$1,502.72	9D
17	ABC Plan 1	$1350[1]; $2700[2]	None	10%	ABC Mail	$555.78	$1,248.62	$1,553.47	$544.69	$1,223.68	$1,522.44	AK
18	ABC Plan 1	$1350[1]; $2700[2]	None	10%	ABC Rx	$563.06	$1,265.01	$1,573.87	$551.83	$1,239.74	$1,542.42	9C
19	ABC Plan 2	$2000[1]; $4000[2]	None	0%	ABC Rx	$566.01	$1,271.63	$1,582.11	$554.72	$1,246.23	$1,550.50	7R
20	ABC Plan 1	$1350[1]; $2700[2]	None	0%	3Tier Mail	$571.60	$1,284.23	$1,597.77	$560.20	$1,258.57	$1,565.85	BO
21	ABC Plan 1	$1350[1]; $2700[2]	None	0%	3Tier	$578.42	$1,299.58	$1,616.88	$566.88	$1,273.61	$1,584.57	CU
22	ABC Plan 1	$1350[1]; $2700[2]	None	0%	ABC Mail	$597.28	$1,342.01	$1,669.68	$585.37	$1,315.20	$1,636.32	AG
23	ABC Plan 1	$1350[1]; $2700[2]	None	0%	ABC Rx	$604.68	$1,358.67	$1,690.42	$592.62	$1,331.52	$1,656.64	7P
24	Choices	$3000/$6000	$20/$25/$50	20%	Saver Rx	$529.84	$1,190.26	$1,480.84	$519.27	$1,166.48	$1,451.25	8V
25	Choices	$3000/$6000	$20/$25/$50	10%	Saver Rx	$539.29	$1,211.54	$1,507.33	$528.54	$1,187.34	$1,477.21	8U

1. Single coverage deductible

2. 2-person and family coverage deductible (full deductible must be met before claims are paid for any individual)

This information is based on the rates and composition of the group as of the above effective date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 01/01/2018

	Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family	
26	Choices	$1000/$2000	$20/$25/$50	20%	3Tier Mail	$539.66	$1,212.35	$1,508.33	$528.89	$1,188.14	$1,478.20	BA
27	Choices	$2000/$4000	$20/$25/$50	20%	Saver Rx	$547.40	$1,229.78	$1,530.03	$536.48	$1,205.21	$1,499.46	8R
28	Choices	$1000/$2000	$20/$25/$50	20%	3Tier	$550.10	$1,235.85	$1,537.58	$539.13	$1,211.16	$1,506.86	BM
29	Choices	$1000/$2000	$20/$25/$50	10%	3Tier Mail	$555.18	$1,247.29	$1,551.81	$544.11	$1,222.37	$1,520.81	AY
30	Choices	$2000/$4000	$20/$25/$50	10%	Saver Rx	$560.24	$1,258.67	$1,565.97	$549.06	$1,233.53	$1,534.68	8Q
31	Choices	$1000/$2000	$20/$25/$50	10%	3Tier	$565.63	$1,270.80	$1,581.08	$554.35	$1,245.42	$1,549.48	BK
32	Choices	$1000/$2000	$20/$25/$50	20%	SRX Mail	$567.95	$1,276.02	$1,587.57	$556.62	$1,250.53	$1,555.85	AC
33	Choices	$500/$1000	$20/$25/$50	20%	3Tier Mail	$569.38	$1,279.23	$1,591.56	$558.02	$1,253.67	$1,559.76	AU
34	Choices	$1000/$2000	$20/$25/$50	20%	Saver Rx	$576.45	$1,295.13	$1,611.35	$564.95	$1,269.25	$1,579.16	8N
35	Choices	$3000/$6000	$20/$25/$50	0%	Saver Rx	$577.80	$1,298.17	$1,615.14	$566.27	$1,272.23	$1,582.87	8E
36	Choices	$500/$1000	$20/$25/$50	20%	3Tier	$579.83	$1,302.74	$1,620.83	$568.26	$1,276.72	$1,588.44	BG
37	Choices	$1000/$2000	$20/$25/$50	10%	SRX Mail	$583.49	$1,310.97	$1,631.06	$571.85	$1,284.78	$1,598.46	AA
38	Choices	$500/$1000	$20/$25/$50	10%	3Tier Mail	$588.97	$1,323.31	$1,646.43	$577.22	$1,296.88	$1,613.53	AS
39	Choices	$1000/$2000	$20/$25/$50	10%	Saver Rx	$591.98	$1,330.10	$1,654.86	$580.17	$1,303.53	$1,621.80	8M
40	Choices	$500/$1000	$20/$25/$50	20%	SRX Mail	$597.67	$1,342.89	$1,670.79	$585.75	$1,316.06	$1,637.40	9W
41	Choices	$500/$1000	$20/$25/$50	10%	3Tier	$599.42	$1,346.83	$1,675.69	$587.46	$1,319.92	$1,642.20	BE
42	Choices	$1000/$2000	$20/$25/$50	0%	3Tier Mail	$601.81	$1,352.20	$1,682.37	$589.80	$1,325.18	$1,648.75	AW
43	Choices	$2000/$4000	$20/$25/$50	0%	Saver Rx	$602.12	$1,352.90	$1,683.24	$590.11	$1,325.87	$1,649.60	8D
44	Choices	$500/$1000	$20/$25/$50	20%	Saver Rx	$606.18	$1,362.02	$1,694.59	$594.09	$1,334.81	$1,660.72	8J
45	Choices	$1000/$2000	$20/$25/$50	0%	3Tier	$612.26	$1,375.71	$1,711.63	$600.05	$1,348.22	$1,677.43	BI
46	Choices	$500/$1000	$20/$25/$50	10%	SRX Mail	$617.27	$1,386.98	$1,725.65	$604.95	$1,359.27	$1,691.17	9U
47	Choices	$500/$1000	$20/$25/$50	10%	Saver Rx	$625.77	$1,406.11	$1,749.46	$613.29	$1,378.01	$1,714.50	8I
48	Choices	$1000/$2000	$20/$25/$50	0%	SRX Mail	$630.10	$1,415.86	$1,761.60	$617.53	$1,387.58	$1,726.40	9Y
49	Choices	$1000/$2000	$20/$25/$50	0%	Saver Rx	$638.61	$1,434.99	$1,785.40	$625.87	$1,406.32	$1,749.72	8C
50	Choices	$500/$1000	$20/$25/$50	0%	3Tier Mail	$640.32	$1,438.85	$1,790.20	$627.54	$1,410.10	$1,754.42	AQ

This information is based on the rates and composition of the group as of the above effective date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 01/01/2018

	Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family	
51	Choices	$500/$1000	$20/$25/$50	0%	3Tier	$650.77	$1,462.36	$1,819.46	$637.79	$1,433.15	$1,783.10	BC
52	Choices	$500/$1000	$20/$25/$50	0%	SRX Mail	$668.63	$1,502.53	$1,869.45	$655.28	$1,472.51	$1,832.09	9S
53	Choices	$500/$1000	$20/$25/$50	0%	Saver Rx	$677.12	$1,521.64	$1,893.23	$663.61	$1,491.24	$1,855.39	7F
54	Choices	$500/$1000	$10/$25/$50	0%	Saver Rx	$689.27	$1,548.99	$1,927.26	$675.52	$1,518.04	$1,888.74	7D
55	Choices	$500/$1000	$5/$10/$25	0%	Saver Rx	$697.02	$1,566.42	$1,948.96	$683.11	$1,535.12	$1,910.01	7B
56	Choices	$300/$600	$20/$25/$50	0%	Saver Rx	$714.68	$1,606.17	$1,998.43	$700.42	$1,574.08	$1,958.49	7E
57	Choices	$500/$1000	$20/$25/$50	0%	$10/$20	$724.69	$1,628.67	$2,026.42	$710.22	$1,596.13	$1,985.92	5L
58	Choices	$300/$600	$10/$25/$50	0%	Saver Rx	$727.78	$1,635.61	$2,035.07	$713.25	$1,602.93	$1,994.40	7C
59	Choices	$200/$400	$20/$25/$50	0%	Saver Rx	$735.46	$1,652.92	$2,056.59	$720.78	$1,619.89	$2,015.49	6N
60	Choices	$300/$600	$5/$10/$25	0%	Saver Rx	$736.16	$1,654.49	$2,058.56	$721.47	$1,621.43	$2,017.41	7A
61	Choices	$500/$1000	$10/$25/$50	0%	$10/$20	$736.84	$1,656.02	$2,060.45	$722.13	$1,622.93	$2,019.27	5J
62	Choices	$500/$1000	$5/$10/$25	0%	$10/$20	$744.59	$1,673.45	$2,082.15	$729.73	$1,640.01	$2,040.53	5H
63	Choices	$200/$400	$10/$25/$50	0%	Saver Rx	$749.08	$1,683.55	$2,094.72	$734.13	$1,649.91	$2,052.86	6P
64	Choices	$200/$400	$5/$10/$25	0%	Saver Rx	$757.81	$1,703.20	$2,119.16	$742.68	$1,669.17	$2,076.81	6R
65	Choices	$100/$200	$20/$25/$50	0%	Saver Rx	$758.32	$1,704.35	$2,120.60	$743.18	$1,670.30	$2,078.22	6M
66	Choices	$300/$600	$20/$25/$50	0%	$10/$20	$762.26	$1,713.20	$2,131.62	$747.04	$1,678.97	$2,089.02	5K
67	Choices	$100/$200	$10/$25/$50	0%	Saver Rx	$772.50	$1,736.24	$2,160.29	$757.08	$1,701.54	$2,117.11	6L
68	Choices	$300/$600	$10/$25/$50	0%	$10/$20	$775.35	$1,742.67	$2,168.28	$759.87	$1,707.85	$2,124.95	5I
69	Choices	$100/$200	$5/$10/$25	0%	Saver Rx	$781.66	$1,756.85	$2,185.93	$766.05	$1,721.74	$2,142.24	6Q
70	Choices	$200/$400	$20/$25/$50	0%	$10/$20	$783.04	$1,759.95	$2,189.78	$767.41	$1,724.78	$2,146.02	3T
71	Choices	$300/$600	$5/$10/$25	0%	$10/$20	$783.73	$1,761.52	$2,191.75	$768.09	$1,726.32	$2,147.94	5G
72	Choices	$200/$400	$10/$25/$50	0%	$10/$20	$796.65	$1,790.58	$2,227.91	$780.74	$1,754.80	$2,183.39	3U
73	Choices	$200/$400	$5/$10/$25	0%	$10/$20	$805.38	$1,810.23	$2,252.37	$789.30	$1,774.05	$2,207.35	3S
74	Choices	$100/$200	$20/$25/$50	0%	$10/$20	$805.89	$1,811.38	$2,253.79	$789.81	$1,775.19	$2,208.75	3R
75	Choices	$100/$200	$10/$25/$50	0%	$10/$20	$820.06	$1,843.27	$2,293.48	$803.69	$1,806.43	$2,247.64	3Q

This information is based on the rates and composition of the group as of the above effective date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Effective Date: 01/01/2018

	Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family	
76	Choices	$100/$200	$5/$10/$25	0%	$10/$20	$829.22	$1,863.88	$2,319.12	$812.67	$1,826.63	$2,272.77	3P

This information is based on the rates and composition of the group as of the above effective date. Material changes in the composition of the group could result in different rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Rates Effective 01/01/2019 through 12/31/2019

	Product	IN Deductible	IN OL/OV/SV Copay	IN UC/ER Copay	IN Coins.	Rx Coverage	NON-PAK MEDICAL RATES Single	NON-PAK MEDICAL RATES 2-Person	NON-PAK MEDICAL RATES Family	PAK MEDICAL RATES Single	PAK MEDICAL RATES 2-Person	PAK MEDICAL RATES Family	
1	Essentials by MESSA	$375/$750	$10/$25/$50	$50/$200	20%	EbM	$464.24	$1,042.67	$1,297.18	$454.99	$1,021.84	$1,271.27	EA
2	ABC Plan 3	$3500/$7000	None	None	20%	ABC Rx	$492.60	$1,106.48	$1,376.59	$482.78	$1,084.38	$1,349.09	9Q
3	ABC Plan 2	$2000/$4000	None	None	20%	3Tier Mail	$498.87	$1,120.57	$1,394.13	$488.92	$1,098.19	$1,366.28	CI
4	ABC Plan 2	$2000/$4000	None	None	20%	3Tier	$504.82	$1,133.97	$1,410.79	$494.76	$1,111.32	$1,382.61	DO
5	ABC Plan 2	$2000/$4000	None	None	10%	3Tier Mail	$509.32	$1,144.10	$1,423.40	$499.17	$1,121.25	$1,394.96	CE
6	ABC Plan 3	$3500/$7000	None	None	10%	ABC Rx	$514.11	$1,154.88	$1,436.81	$503.86	$1,131.81	$1,408.10	7T
7	ABC Plan 2	$2000/$4000	None	None	10%	3Tier	$515.40	$1,157.78	$1,440.43	$505.13	$1,134.65	$1,411.65	DK
8	ABC Plan 2	$2000/$4000	None	None	20%	ABC Rx	$528.30	$1,186.80	$1,476.54	$517.76	$1,163.09	$1,447.04	9L
9	ABC Plan 1	$1350/$2700	None	None	20%	3Tier Mail	$528.62	$1,187.50	$1,477.42	$518.07	$1,163.78	$1,447.90	BW
10	ABC Plan 1	$1350/$2700	None	None	20%	3Tier	$534.92	$1,201.70	$1,495.09	$524.26	$1,177.70	$1,465.21	DC
11	ABC Plan 2	$2000/$4000	None	None	10%	ABC Rx	$539.39	$1,211.73	$1,507.56	$528.63	$1,187.53	$1,477.44	9K
12	ABC Plan 1	$1350/$2700	None	None	10%	3Tier Mail	$542.63	$1,219.06	$1,516.68	$531.81	$1,194.70	$1,486.38	BS
13	ABC Plan 2	$2000/$4000	None	None	0%	3Tier Mail	$545.27	$1,224.97	$1,524.04	$534.39	$1,200.50	$1,493.58	CA
14	ABC Plan 1	$1350/$2700	None	None	10%	3Tier	$549.11	$1,233.62	$1,534.81	$538.16	$1,208.98	$1,504.15	CY
15	ABC Plan 2	$2000/$4000	None	None	0%	3Tier	$551.78	$1,239.63	$1,542.29	$540.78	$1,214.87	$1,511.47	DG
16	ABC Plan 1	$1350/$2700	None	None	20%	ABC Mail	$552.36	$1,240.93	$1,543.89	$541.34	$1,216.14	$1,513.05	AO
17	ABC Plan 1	$1350/$2700	None	None	20%	ABC Rx	$559.69	$1,257.42	$1,564.42	$548.53	$1,232.30	$1,533.16	9D
18	ABC Plan 1	$1350/$2700	None	None	10%	ABC Mail	$567.01	$1,273.91	$1,584.94	$555.70	$1,248.47	$1,553.28	AK
19	ABC Plan 1	$1350/$2700	None	None	10%	ABC Rx	$574.45	$1,290.64	$1,605.77	$562.99	$1,264.86	$1,573.68	9C
20	ABC Plan 2	$2000/$4000	None	None	0%	ABC Rx	$577.45	$1,297.39	$1,614.17	$565.94	$1,271.47	$1,581.92	7R
21	ABC Plan 1	$1350/$2700	None	None	0%	3Tier Mail	$583.16	$1,310.23	$1,630.15	$571.52	$1,284.06	$1,597.57	BO
22	ABC Plan 1	$1350/$2700	None	None	0%	3Tier	$590.12	$1,325.90	$1,649.65	$578.35	$1,299.41	$1,616.68	CU
23	ABC Plan 1	$1350/$2700	None	None	0%	ABC Mail	$609.36	$1,369.20	$1,703.51	$597.21	$1,341.84	$1,669.47	AG
24	ABC Plan 1	$1350/$2700	None	None	0%	ABC Rx	$616.92	$1,386.19	$1,724.67	$604.62	$1,358.50	$1,690.21	7P
25	Choices	$3000/$6000	$20/$20/$20	$25/$50	20%	Saver Rx	$540.55	$1,214.37	$1,510.84	$529.77	$1,190.11	$1,480.66	8V

The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Rates Effective 01/01/2019 through 12/31/2019

	Product	IN Deductible	IN OL/OV/SV Copay	IN UC/ER Copay	IN Coins.	Rx Coverage	NON-PAK MEDICAL RATES Single	2-Person	Family	PAK MEDICAL RATES Single	2-Person	Family	
26	Choices	$3000/$6000	$20/$20/$20	$25/$50	10%	Saver Rx	$550.20	$1,236.07	$1,537.86	$539.23	$1,211.38	$1,507.14	8U
27	Choices	$1000/$2000	$20/$20/$20	$25/$50	20%	3Tier Mail	$550.57	$1,236.90	$1,538.89	$539.59	$1,212.19	$1,508.14	BA
28	Choices	$2000/$4000	$20/$20/$20	$25/$50	20%	Saver Rx	$558.47	$1,254.69	$1,561.02	$547.33	$1,229.63	$1,529.83	8R
29	Choices	$1000/$2000	$20/$20/$20	$25/$50	20%	3Tier	$561.22	$1,260.88	$1,568.72	$550.03	$1,235.69	$1,537.38	BM
30	Choices	$1000/$2000	$20/$20/$20	$25/$50	10%	3Tier Mail	$566.42	$1,272.55	$1,583.26	$555.12	$1,247.13	$1,551.62	AY
31	Choices	$2000/$4000	$20/$20/$20	$25/$50	10%	Saver Rx	$571.57	$1,284.16	$1,597.70	$560.17	$1,258.50	$1,565.78	8Q
32	Choices	$1000/$2000	$20/$20/$20	$25/$50	10%	3Tier	$577.08	$1,296.54	$1,613.12	$565.57	$1,270.64	$1,580.89	BK
33	Choices	$1000/$2000	$20/$20/$20	$25/$50	20%	SRX Mail	$579.44	$1,301.87	$1,619.73	$567.88	$1,275.86	$1,587.37	AC
34	Choices	$500/$1000	$20/$20/$20	$25/$50	20%	3Tier Mail	$580.89	$1,305.13	$1,623.80	$569.30	$1,279.06	$1,591.35	AU
35	Choices	$1000/$2000	$20/$20/$20	$25/$50	20%	Saver Rx	$588.10	$1,321.36	$1,644.00	$576.37	$1,294.96	$1,611.15	8N
36	Choices	$3000/$6000	$20/$20/$20	$25/$50	0%	Saver Rx	$589.48	$1,324.47	$1,647.86	$577.73	$1,298.01	$1,614.93	8E
37	Choices	$500/$1000	$20/$20/$20	$25/$50	20%	3Tier	$591.55	$1,329.12	$1,653.65	$579.75	$1,302.57	$1,620.61	BG
38	Choices	$1000/$2000	$20/$20/$20	$25/$50	10%	SRX Mail	$595.29	$1,337.52	$1,664.10	$583.41	$1,310.80	$1,630.85	AA
39	Choices	$500/$1000	$20/$20/$20	$25/$50	10%	3Tier Mail	$600.88	$1,350.11	$1,679.77	$588.89	$1,323.14	$1,646.20	AS
40	Choices	$1000/$2000	$20/$20/$20	$25/$50	10%	Saver Rx	$603.96	$1,357.04	$1,688.39	$591.91	$1,329.93	$1,654.65	8M
41	Choices	$500/$1000	$20/$20/$20	$25/$50	20%	SRX Mail	$609.76	$1,370.09	$1,704.65	$597.60	$1,342.72	$1,670.58	9W
42	Choices	$500/$1000	$20/$20/$20	$25/$50	10%	3Tier	$611.55	$1,374.10	$1,709.62	$599.35	$1,346.65	$1,675.46	BE
43	Choices	$1000/$2000	$20/$20/$20	$25/$50	0%	3Tier Mail	$613.98	$1,379.58	$1,716.44	$601.73	$1,352.02	$1,682.14	AW
44	Choices	$2000/$4000	$20/$20/$20	$25/$50	0%	Saver Rx	$614.30	$1,380.30	$1,717.34	$602.05	$1,352.73	$1,683.02	8D
45	Choices	$500/$1000	$20/$20/$20	$25/$50	20%	Saver Rx	$618.43	$1,389.61	$1,728.93	$606.10	$1,361.85	$1,694.38	8J
46	Choices	$1000/$2000	$20/$20/$20	$25/$50	0%	3Tier	$624.64	$1,403.57	$1,746.30	$612.18	$1,375.53	$1,711.40	BI
47	Choices	$500/$1000	$20/$20/$20	$25/$50	10%	SRX Mail	$629.76	$1,415.07	$1,760.62	$617.19	$1,386.80	$1,725.43	9U
48	Choices	$500/$1000	$20/$20/$20	$25/$50	10%	Saver Rx	$638.43	$1,434.60	$1,784.90	$625.69	$1,405.93	$1,749.23	8I
49	Choices	$1000/$2000	$20/$20/$20	$25/$50	0%	SRX Mail	$642.85	$1,444.54	$1,797.28	$630.03	$1,415.68	$1,761.37	9Y
50	Choices	$1000/$2000	$20/$20/$20	$25/$50	0%	Saver Rx	$651.53	$1,464.06	$1,821.57	$638.53	$1,434.81	$1,785.17	8C
51	Choices	$500/$1000	$20/$20/$20	$25/$50	0%	3Tier Mail	$653.27	$1,467.99	$1,826.46	$640.24	$1,438.66	$1,789.96	AQ
52	Choices	$500/$1000	$20/$20/$20	$25/$50	0%	3Tier	$663.93	$1,491.98	$1,856.32	$650.69	$1,462.17	$1,819.22	BC
53	Choices	$500/$1000	$20/$20/$20	$25/$50	0%	SRX Mail	$682.15	$1,532.98	$1,907.33	$668.54	$1,502.35	$1,869.21	9S

The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.

MESSA
Good health. Good business. Great schools.

Medical Rate Summary Exclusively for Orchard View Schools
Rates Effective 01/01/2019 through 12/31/2019

	Product	IN Deductible	IN OL/OV/SV Copay	IN UC/ER Copay	IN Coins.	Rx Coverage	NON-PAK MEDICAL RATES Single	2-Person	Family	PAK MEDICAL RATES Single	2-Person	Family	
54	Choices	$500/$1000	$20/$20/$20	$25/$50	0%	Saver Rx	$690.82	$1,552.47	$1,931.59	$677.03	$1,521.45	$1,892.99	7F
55	Choices	$500/$1000	$10/$10/$10	$25/$50	0%	Saver Rx	$703.22	$1,580.36	$1,966.31	$689.18	$1,548.79	$1,927.01	7D
56	Choices	$500/$1000	$5/$5/$5	$10/$25	0%	Saver Rx	$711.12	$1,598.16	$1,988.44	$696.93	$1,566.22	$1,948.71	7B
57	Choices	$300/$600	$20/$20/$20	$25/$50	0%	Saver Rx	$729.15	$1,638.72	$2,038.92	$714.60	$1,605.98	$1,998.17	7E
58	Choices	$500/$1000	$20/$20/$20	$25/$50	0%	$10/$20	$739.36	$1,661.67	$2,067.48	$724.60	$1,628.47	$2,026.16	5L
59	Choices	$300/$600	$10/$10/$10	$25/$50	0%	Saver Rx	$742.51	$1,668.75	$2,076.31	$727.69	$1,635.41	$2,034.81	7C
60	Choices	$200/$400	$20/$20/$20	$25/$50	0%	Saver Rx	$750.34	$1,686.41	$2,098.27	$735.37	$1,652.71	$2,056.34	6N
61	Choices	$300/$600	$5/$5/$5	$10/$25	0%	Saver Rx	$751.06	$1,688.01	$2,100.28	$736.07	$1,654.28	$2,058.30	7A
62	Choices	$500/$1000	$10/$10/$10	$25/$50	0%	$10/$20	$751.76	$1,689.56	$2,102.21	$736.75	$1,655.80	$2,060.19	5J
63	Choices	$500/$1000	$5/$5/$5	$10/$25	0%	$10/$20	$759.65	$1,707.36	$2,124.34	$744.49	$1,673.24	$2,081.88	5H
64	Choices	$200/$400	$10/$10/$10	$25/$50	0%	Saver Rx	$764.24	$1,717.66	$2,137.16	$748.99	$1,683.34	$2,094.45	6P
65	Choices	$200/$400	$5/$5/$5	$10/$25	0%	Saver Rx	$773.14	$1,737.71	$2,162.11	$757.71	$1,702.98	$2,118.90	6R
66	Choices	$100/$200	$20/$20/$20	$25/$50	0%	Saver Rx	$773.67	$1,738.89	$2,163.58	$758.23	$1,704.14	$2,120.34	6M
67	Choices	$300/$600	$20/$20/$20	$25/$50	0%	$10/$20	$777.68	$1,747.92	$2,174.82	$762.16	$1,712.99	$2,131.35	5K
68	Choices	$100/$200	$10/$10/$10	$25/$50	0%	Saver Rx	$788.13	$1,771.42	$2,204.06	$772.39	$1,736.02	$2,160.01	6L
69	Choices	$300/$600	$10/$10/$10	$25/$50	0%	$10/$20	$791.05	$1,777.97	$2,212.23	$775.26	$1,742.44	$2,168.02	5I
70	Choices	$100/$200	$5/$5/$5	$10/$25	0%	Saver Rx	$797.47	$1,792.45	$2,230.23	$781.55	$1,756.63	$2,185.66	6Q
71	Choices	$200/$400	$20/$20/$20	$25/$50	0%	$10/$20	$798.88	$1,795.61	$2,234.17	$782.94	$1,759.72	$2,189.51	3T
72	Choices	$300/$600	$5/$5/$5	$10/$25	0%	$10/$20	$799.60	$1,797.22	$2,236.17	$783.64	$1,761.30	$2,191.48	5G
73	Choices	$200/$400	$10/$10/$10	$25/$50	0%	$10/$20	$812.77	$1,826.86	$2,273.06	$796.55	$1,790.35	$2,227.63	3U
74	Choices	$200/$400	$5/$5/$5	$10/$25	0%	$10/$20	$821.68	$1,846.91	$2,298.00	$805.28	$1,810.00	$2,252.07	3S
75	Choices	$100/$200	$20/$20/$20	$25/$50	0%	$10/$20	$822.20	$1,848.09	$2,299.48	$805.79	$1,811.16	$2,253.52	3R
76	Choices	$100/$200	$10/$10/$10	$25/$50	0%	$10/$20	$836.67	$1,880.62	$2,339.96	$819.96	$1,843.03	$2,293.19	3Q
77	Choices	$100/$200	$5/$5/$5	$10/$25	0%	$10/$20	$846.01	$1,901.65	$2,366.13	$829.12	$1,863.64	$2,318.83	3P

The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Grace Benedict, at 800.292.4910.