



Medical Rate Summary

Imlay City Community Schools

All Employees

Assumed Effective Date: 1/1/2010

Current Plan(s) and Segment:		1P	2P	FF	Admin/ Deductible Funding	Composite	Total Cost
All Employees							
	Census Rate	38	36	91			
	FB 4 100%	\$309.03	\$695.30	\$865.30	\$565,273	\$986	\$1,951,467
	TOTALS:	38	36	91	165	\$986	\$1,951,467

Product Name	Equivalent Rates (Including Deductible Funding and Fees as Applicable)					Total Cost	Estimated Annual Savings	Worst Case Exposure
	1P	2P	FF	Composite				
BMA Choices II Custom Plans \$0/\$10 Rx								
BCBSM/BMA CB15-20 to Choices II \$0/\$10 Rx	\$427	\$960	\$1,195	\$967	\$1,914,467	\$37,001	\$3,009,467	
BCBSM/BMA CB15-20 to Choices II \$100/\$200 Ded \$0/\$10 Rx	\$425	\$956	\$1,190	\$962	\$1,905,707	\$45,761	\$2,978,807	
BCBSM/BMA CB15-20 to Choices II \$200/\$400 Ded \$0/\$10 Rx	\$423	\$952	\$1,184	\$958	\$1,896,947	\$54,521	\$2,948,147	
BMA Choices II Custom Plans \$0/\$20 Rx								
BCBSM/BMA CB15-20 to Choices II \$0/\$20 Rx	\$421	\$947	\$1,178	\$953	\$1,887,242	\$64,226	\$2,982,242	
BCBSM/BMA CB15-20 to Choices II \$100/\$200 Ded \$0/\$20 Rx	\$419	\$942	\$1,173	\$949	\$1,878,482	\$72,986	\$2,951,582	
BCBSM/BMA CB15-20 to Choices II \$200/\$400 Ded \$0/\$20 Rx	\$417	\$938	\$1,167	\$944	\$1,869,722	\$81,746	\$2,920,922	
HealthPlus HDHP Plans								
HealthPlus HDHP OG 100% Rx HSA	\$446	\$1,003	\$1,248	\$1,010	\$1,999,268	-\$47,801	\$1,999,268	
HealthPlus HDHP OG \$5/\$15 Rx HSA	\$451	\$1,015	\$1,263	\$1,022	\$2,024,114	-\$72,647	\$2,024,114	
HealthPlus HDHP OG \$10/\$25 Rx HSA	\$447	\$1,005	\$1,251	\$1,012	\$2,004,474	-\$53,006	\$2,004,474	
HealthPlus/TASC HRA Plans								
HealthPlus/TASC HDHP OG 100% Rx HRA	\$432	\$972	\$1,209	\$978	\$1,937,158	\$14,309	\$2,010,158	
HealthPlus/TASC HDHP OG \$5/\$15 Rx HRA	\$437	\$984	\$1,225	\$991	\$1,962,004	-\$10,537	\$2,035,004	
HealthPlus/TASC HDHP OG \$10/\$25 Rx HRA	\$433	\$974	\$1,212	\$981	\$1,942,364	\$9,104	\$2,015,364	
HealthPlus/TASC HDHP \$2,500/\$5,000 \$10/\$20 Rx	\$435	\$979	\$1,218	\$986	\$1,952,023	-\$555	\$3,047,023	



Medical Plan Comparison

Imlay City Community Schools

All Employees

	CURRENT PLAN All Employees		HealthPlus/TASC HDHP OG 100% Rx		HealthPlus/TASC HDHP OG \$5/\$15 Rx		HealthPlus/TASC HDHP OG \$10/\$25		HealthPlus/TASC HDHP \$2,500/\$5,000	
Display Name			HRA HealthPlus		HRA HealthPlus		Rx HRA HealthPlus		\$10/\$20 Rx HealthPlus	
Carrier	FB 4 100%		1/1/2010 - 12/31/2010		1/1/2010 - 12/31/2010		1/1/2010 - 12/31/2010		1/1/2010 - 12/31/2010	
Rate Period	7/1/2009 - 6/30/2010		12/31/2010		12/31/2010		12/31/2010		12/31/2010	
Quote Expiration Date	N/A		In Network		In Network		In Network		In Network	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network	
Coinsurance	0%		0%		0%		0%		20%	
Deductible Individual	\$3,000		\$1,250		\$1,250		\$1,250		\$2,500	
Deductible Family	\$5,950		\$2,500		\$2,500		\$2,500		\$5,000	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0		\$0		\$2,500	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0		\$0		\$5,000	
Office Visit Copay	\$0		\$0		\$10 after ded		\$5 after ded		\$40	
Rx Copay	\$0		\$0		\$5/\$15		\$10/\$25		\$10/\$20	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	38	\$309.03	38	\$364.33	38	\$369.87	38	\$365.49	38	\$351.37
Two Person (2P)	36	\$695.30	36	\$819.72	36	\$832.18	36	\$822.33	36	\$790.56
Family (FF)	91	\$865.30	91	\$1,020.16	91	\$1,035.67	91	\$1,023.41	91	\$983.87
Projected Increase (0%)	0%									
Total Annual Premium	165	\$1,386,195	165	\$1,634,268	165	\$1,659,114	165	\$1,639,474	165	\$1,576,133
Deductible & Coins Funding	Deductible	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total
1P Deductible/Coinsurance	\$3,000	\$114,000	\$1,250	\$47,500	\$1,250	\$47,500	\$1,250	\$47,500	\$5,000	\$190,000
2P & FF Deductible/Coinsurance	\$5,950	\$755,650	\$2,500	\$317,500	\$2,500	\$317,500	\$2,500	\$317,500	\$10,000	\$1,270,000
Total Exposure		\$869,650		\$365,000		\$365,000		\$365,000		\$1,460,000
Estimated Utilization Rate	65%		80%		80%		80%		25%	
Additional Ded, Coins., Rx Expense		\$565,273		\$292,000		\$292,000		\$292,000		\$365,000
Rx Funding	Per Rx	Total	Total		Total		Total		Total	
Estimated Rx Fills PEPY			0		0		0		0	
Estimated Annual Rx Fills			0		0		0		0	
Average Cost per Fill			\$0		\$0		\$0		\$0	
Estimated Rx Copay Expense				\$0		\$0		\$0		\$0
MESSA Extras Funding	Per Rx	Total	Total		Total		Total		Total	
Percent of Expected Claims			0%		0%		0%		0%	
Estimated MESSA Expense				\$0		\$0		\$0		\$0
Impact of Office Visit Copay Variations	Total		Total		Total		Total		Total	
\$0			N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0
\$5			N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0
\$10			N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0
\$20			N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0
Basic Life	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total
Basic Life Premium/Person			\$0.00		\$0.00		\$0.00		\$0.00	
Total Basic Life Premium				\$0		\$0		\$0		\$0
Administration	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total
Admin Fee	\$0.00		\$5.50		\$5.50		\$5.50		\$5.50	
Combined Total Administration		\$0		\$10,890		\$10,890		\$10,890		\$10,890
Total Costs			PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Best Case Annual Cost		\$1,386,195		\$1,645,158		\$1,670,004		\$1,650,364		\$1,587,023
Estimated Annual Cost		\$1,951,467		\$1,937,158		\$1,962,004		\$1,942,364		\$1,952,023
Worst Case Annual Cost		\$2,255,845		\$2,010,158		\$2,035,004		\$2,015,364		\$3,047,023
Estimated Savings			\$7	\$14,309	-\$5	-\$10,537	\$5	\$9,104	\$0	-\$555
Final Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	38	\$435.05	38	\$431.86	38	\$437.40	38	\$433.02	38	\$435.18
Two Person (2P)	36	\$978.87	36	\$971.69	36	\$984.15	36	\$974.30	36	\$979.14
Family (FF)	91	\$1,218.14	91	\$1,209.21	91	\$1,224.72	91	\$1,212.46	91	\$1,218.49
Equivalent Monthly Composite		\$986		\$978		\$991		\$981		\$986