

OPG • BENEFITS

Clarenceville School District
All Employees

Plan	Monthly Rates	Total Monthly	Total Annual	% Change	Savings
Current: MESSA Choices: MESSA ABC Plan 1: MESSA Super Care 1 (I)	Single \$ - Double \$ - Family \$ - N/A Comp N/A	\$ 158,707.35	\$ 1,904,488.20		
Option 1: McLaren POS Custom 1 (I) OV/UC/ER: \$20/25/50 Deductible: \$250/500 Rx Copay: \$10/25/50, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 759.02 Double \$ 1,745.74 Family \$ 2,049.35 FC N/A Comp N/A	\$ 199,697.78	\$ 2,396,373.36	25.8%	\$ (491,885.16)
Option 2: McLaren POS Custom 2 (I) OV/UC/ER: \$20/35/100 Deductible: \$500/1000 Rx Copay: \$10/25/50, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 719.03 Double \$ 1,653.77 Family \$ 1,941.38 FC N/A Comp N/A	\$ 189,176.73	\$ 2,270,120.76	19.2%	\$ (365,632.56)
Option 3: McLaren POS Custom 3 (I) OV/UC/ER: \$20/35/100 Deductible: \$1000/2000 Rx Copay: \$10/25/50, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 639.63 Double \$ 1,471.16 Family \$ 1,727.01 FC N/A Comp N/A	\$ 168,287.48	\$ 2,019,449.76	6.0%	\$ (114,961.56)
Option 4: HAP PPO (I) OV/UC/ER: \$20/25/50 Deductible: \$200/400 Rx Copay: \$10/20/40, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 543.18 Double \$ 1,195.00 Family \$ 1,520.90 FC N/A Comp N/A	\$ 146,332.44	\$ 1,755,989.28	-7.8%	\$ 148,498.92
Option 5: HAP PPO (I) OV/UC/ER: \$5/10/25 Deductible: \$100/200 Rx Copay: \$2, 2x MOPD (I) Coinsurance: 10%* (\$6350/12700 Total Max)	Single \$ 613.49 Double \$ 1,349.68 Family \$ 1,717.77 FC N/A Comp N/A	\$ 165,274.08	\$ 1,983,288.96	4.1%	\$ (78,800.76)
Option 6: HAP PPO (I) OV/UC/ER: \$20/30/75 Deductible: \$250/500 Rx Copay: \$5/10/25, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 555.50 Double \$ 1,222.10 Family \$ 1,555.40 FC N/A Comp N/A	\$ 149,651.70	\$ 1,795,820.40	-5.7%	\$ 108,667.80
Option 7: HAP EPO (I) OV/UC/ER: \$20/30/75 Deductible: \$250/500 Rx Copay: \$5/10/25, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 497.51 Double \$ 1,094.52 Family \$ 1,393.03 FC N/A Comp N/A	\$ 134,029.32	\$ 1,608,351.84	-15.5%	\$ 296,136.36
Option 8: HealthPlus PPO 0K DE0X1 (I) OV/UC/ER: \$5/10/25 Deductible: None Rx Copay: \$5/10/10, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 695.38 Double \$ 1,563.14 Family \$ 1,944.98 FC N/A Comp N/A	\$ 187,609.94	\$ 2,251,319.28	18.2%	\$ (346,831.08)

Current Rates: July 2014 - June 2015
Option Rates: 3Q2014
Effective Date: 9/1/2014

Census: Single 28
Double 13
Family 76
FC 0
Comp 0

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Please note: Total max includes deductible, coinsurance and copays.
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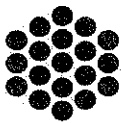
Plan	Monthly Rates	Total Monthly	Total Annual	% Change	Savings
Current: MESSA Choices: MESSA ABC Plan 1: MESSA Super Care 1 (I)	Single \$ - Double \$ - Family \$ - N/A Comp N/A	\$ 158,707.35	\$ 1,904,488.20		
Option 9: HealthPlus PPO 0K DE200X1 (I) OV/UC/ER: \$20/25/50 Deductible: \$200/400 Rx Copay: \$10/20/20, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 651.39 Double \$ 1,464.26 Family \$ 1,821.93 FC N/A Comp N/A	\$ 175,740.98	\$ 2,108,891.76	10.7%	\$ (204,403.56)
Option 10: HealthPlus PPO 0K DE500X1 (I) OV/UC/ER: \$20/50/100 Deductible: \$500/1000 Rx Copay: \$10/40/40, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 612.51 Double \$ 1,376.87 Family \$ 1,713.20 FC N/A Comp N/A	\$ 165,252.79	\$ 1,983,033.48	4.1%	\$ (78,545.28)
Option 11: HealthPlus PPO 2K DE500X2 (I) OV/UC/ER: \$30/50/100 Deductible: \$500/1000 Rx Copay: \$10/60/60, 2x MOPD (I) Coinsurance: 20%* (\$6350/12700 Total Max)	Single \$ 556.50 Double \$ 1,250.96 Family \$ 1,556.54 FC N/A Comp N/A	\$ 150,141.52	\$ 1,801,698.24	-5.4%	\$ 102,789.96
Option 12: Secure One PPO (I) OV/UC/ER: \$30/60/150 Deductible: \$1000/2000 Rx Copay: \$5/25/50, 2.5x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 565.33 Double \$ 1,130.47 Family \$ 1,480.27 FC N/A Comp N/A	\$ 143,025.87	\$ 1,716,310.44	-9.9%	\$ 188,177.76
Option 13: Secure One PPO (I) OV/UC/ER: \$30/60/150 Deductible: \$500/1000 Rx Copay: \$5/25/50, 2.5x MOPD (I) Coinsurance: 10%* (\$6350/12700 Total Max)	Single \$ 524.95 Double \$ 1,043.49 Family \$ 1,364.45 FC N/A Comp N/A	\$ 131,962.17	\$ 1,583,546.04	-16.9%	\$ 320,942.16
Option 14: Total Health Care POS Low (I) OV/UC/ER: \$15/20/100 Deductible: \$300/600 Rx Copay: \$20/40, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 573.47 Double \$ 1,194.82 Family \$ 1,519.98 FC N/A Comp N/A	\$ 147,108.30	\$ 1,765,299.60	-7.3%	\$ 139,188.60
Option 15: Total Health Care POS Mid (I) OV/UC/ER: \$15/30/125 Deductible: \$500/1000 Rx Copay: \$20/40, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 520.07 Double \$ 1,083.57 Family \$ 1,378.45 FC N/A Comp N/A	\$ 133,410.57	\$ 1,600,926.84	-15.9%	\$ 303,561.36
Option 16: Total Health Care POS High (I) OV/UC/ER: \$20/40/150 Deductible: \$1000/2000 Rx Copay: \$20/40, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 468.89 Double \$ 976.94 Family \$ 1,242.80 FC N/A Comp N/A	\$ 120,281.94	\$ 1,443,383.28	-24.2%	\$ 461,104.92

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Census: Single 28
Double 13
Family 76
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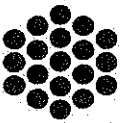


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Current: MESSA Choices: MESSA ABC Plan 1: MESSA Super Care 1 (I)	Single \$ - Double \$ - Family \$ - N/A Comp N/A	\$ 158,707.35	\$ 1,904,488.20		
Option 17: Total Health Care HMO (I) OV/UC/ER: \$20/40/100 Deductible: None Rx Copay: \$15/30, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 368.25 Double \$ 767.26 Family \$ 976.06 FC N/A Comp N/A	\$ 94,465.94	\$ 1,133,591.28	-40.5%	\$ 770,896.92
Option 18: Total Health Care HMO (I) OV/UC/ER: \$20/40/100 Deductible: \$500/1000 Rx Copay: \$15/30, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 336.20 Double \$ 700.47 Family \$ 891.09 FC N/A Comp N/A	\$ 86,242.55	\$ 1,034,910.60	-45.7%	\$ 869,577.60
Option 19: Total Health Care HMO (I) OV/UC/ER: \$20/40/100 Deductible: None Rx Copay: \$20/40, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 353.05 Double \$ 735.58 Family \$ 935.76 FC N/A Comp N/A	\$ 90,565.70	\$ 1,086,788.40	-42.9%	\$ 817,699.80
Option 20: Total Health Care HMO (I) OV/UC/ER: \$20/40/100 Deductible: \$500/1000 Rx Copay: \$20/40, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 320.99 Double \$ 668.79 Family \$ 850.79 FC N/A Comp N/A	\$ 82,342.03	\$ 988,104.36	-48.1%	\$ 916,383.84
Option 21: BCBS Simply Blue PPO (I) OV/UC/ER: \$40/60/250 Deductible: \$250/500 Rx Copay: \$15/30/60, 2x MOPD (I) Coinsurance: 20%* (\$6350/12700 Total Max)	Single \$ 537.76 Double \$ 1,290.62 Family \$ 1,613.27 FC N/A Comp N/A	\$ 154,443.86	\$ 1,853,326.32	-2.7%	\$ 51,161.88
Option 22: BCBS Simply Blue PPO (I) OV/UC/ER: \$40/60/250 Deductible: \$500/1000 Rx Copay: \$10/40/80, 2x MOPD (I) Coinsurance: 20%* (\$6350/12700 Total Max)	Single \$ 498.91 Double \$ 1,197.39 Family \$ 1,496.74 FC N/A Comp N/A	\$ 143,287.79	\$ 1,719,453.48	-9.7%	\$ 185,034.72

Current Rates:	July 2014 - June 2015	Census:	Single	28
Option Rates:	3Q2014		Double	13
Effective Date:	9/1/2014		Family	76
			FC	0
			Comp	0
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Please note: Total max includes deductible, coinsurance and copays.				
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Current: MESSA Choices: MESSA ABC Plan 1: MESSA Super Care 1 (I)	Single \$ - Double \$ - Family \$ - N/A Comp N/A	\$ 158,707.35	\$ 1,904,488.20		
Option 23: McLaren HMO HDHP Plan 1 (I) OV/UC/ER: 0% after ded. Deductible: \$2000/4000 Rx Copay: \$10/25/40 after ded., 2x MOPD (I) Coinsurance: 0% (\$4000/8000 Total Max)	Single \$ 615.54 Double \$ 1,415.74 Family \$ 1,661.95 FC N/A Comp N/A	\$ 161,947.94	\$ 1,943,375.28	2.0%	\$ (38,887.08)
Single Deductible Funding			\$ 56,000.00		
Double, Family Deductible Funding			\$ 356,000.00		
Annual Account Fees (\$3.75 per account per month)			\$ 5,265.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 6,949.80		
Group Set Up Fee			\$ 877.50		
TOTAL			\$ 2,368,467.58	24.4%	\$ (463,979.38)
Account fees are illustrative					
Option 24: McLaren HMO HDHP EHD1 (I) OV/UC/ER: 0% after ded. Deductible: \$3000/6000 Rx Copay: \$10/25/40 after ded., 2x MOPD (I) Coinsurance: 0% (\$4000/8000 Total Max)	Single \$ 533.85 Double \$ 1,227.85 Family \$ 1,441.39 FC N/A Comp N/A	\$ 140,455.49	\$ 1,685,465.88	-11.5%	\$ 219,022.32
Single Deductible Funding			\$ 84,000.00		
Double, Family Deductible Funding			\$ 534,000.00		
Annual Account Fees (\$3.75 per account per month)			\$ 5,265.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 6,949.80		
Group Set Up Fee			\$ 877.50		
TOTAL			\$ 2,316,558.18	21.6%	\$ (412,069.98)
Account fees are illustrative					
Option 25: HAP PPO HDHP (I) OV/UC/ER: 0% after ded. Deductible: \$1250/2500 Rx Copay: \$10/20/40 after ded., 2x MOPD (I) Coinsurance: 0% (\$1750/3500 Total Max)	Single \$ 471.21 Double \$ 1,036.66 Family \$ 1,319.39 FC N/A Comp N/A	\$ 126,944.10	\$ 1,523,329.20	-20.0%	\$ 381,159.00
Single Deductible Funding			\$ 35,000.00		
Double, Family Deductible Funding			\$ 222,500.00		
Annual Account Fees (\$3.75 per account per month)			\$ 5,265.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 6,949.80		
Group Set Up Fee			\$ 877.50		
TOTAL			\$ 1,793,921.50	-5.8%	\$ 110,566.70
Account fees are illustrative					

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Effective Date: 9/1/2014

Census: Single 28
Double 13
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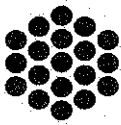
Plan	Monthly Rates	Total Monthly	Total Annual	% Change	Savings
Current: MESSA Choices: MESSA ABC Plan 1: MESSA Super Care 1 (I)	Single \$ - Double \$ - Family \$ - Comp N/A	\$ 158,707.35	\$ 1,904,488.20		
Option 26: HealthPlus PPO HDHP 1G (I) OV/UC/ER: \$10/0% after ded. Deductible: \$1250/2500 Rx Copay: \$10/40/40 after ded., 2x MOPD (I) Coinsurance: 0% (\$4000/8000 Total Max)	Single \$ 557.67 Double \$ 1,253.59 Family \$ 1,559.81 FC N/A Comp N/A	\$ 150,456.99	\$ 1,805,483.88	-5.2%	\$ 99,004.32
Single Deductible Funding			\$ 35,000.00		
Double, Family Deductible Funding			\$ 222,500.00		
Annual Account Fees (\$3.75 per account per month)			\$ 5,265.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 6,949.80		
Group Set Up Fee			\$ 877.50		
TOTAL			\$ 2,076,076.18	9.0%	\$ (171,587.98)
Account fees are illustrative					
Option 27: HealthPlus PPO HDHP 2G (I) OV/UC/ER: 0% after ded. Deductible: \$1250/2500 Rx Copay: 0% after ded., 2x MOPD (I) Coinsurance: 0% (\$4000/8000 Total Max)	Single \$ 578.18 Double \$ 1,299.69 Family \$ 1,617.17 FC N/A Comp N/A	\$ 155,989.93	\$ 1,871,879.16	-1.7%	\$ 32,609.04
Single Deductible Funding			\$ 35,000.00		
Double, Family Deductible Funding			\$ 222,500.00		
Annual Account Fees (\$3.75 per account per month)			\$ 5,265.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 6,949.80		
Group Set Up Fee			\$ 877.50		
TOTAL			\$ 2,142,471.46	12.5%	\$ (237,983.26)
Account fees are illustrative					
Option 28: Secure One PPO HDHP (I) OV/UC/ER: 0% after ded. Deductible: \$1250/2500 Rx Copay: \$15/40/80 after ded., 2.5x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single \$ 456.55 Double \$ 896.19 Family \$ 1,168.31 FC N/A Comp N/A	\$ 113,225.43	\$ 1,358,705.16	-28.7%	\$ 545,783.04
Single Deductible Funding			\$ 35,000.00		
Double, Family Deductible Funding			\$ 222,500.00		
Annual Account Fees (\$3.75 per account per month)			\$ 5,265.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 6,949.80		
Group Set Up Fee			\$ 877.50		
TOTAL			\$ 1,629,297.46	-14.4%	\$ 275,190.74
Account fees are illustrative					

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Option Rates: 3Q2014
Effective Date: 9/1/2014

Census: Single 28
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Family 76
FC 0
Comp 0

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Option 29: BCBS Simply Blue PPO HSA (I) OV/UC/ER: 0% after ded. Deductible: \$1250/2500 Rx Copay: \$10/40/80 after ded., 2x MOPD (I) Coinsurance: 0% (\$2250/4500 Total Max)	Single \$ 487.32 Double \$ 1,169.57 Family \$ 1,461.97 FC N/A Comp N/A	\$ 139,959.09	\$ 1,679,509.08	-11.8%	\$ 224,979.12
Single Deductible Funding			\$ 35,000.00		
Double, Family Deductible Funding			\$ 222,500.00		
Annual Account Fees (\$3.75 per account per month)			\$ 5,265.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 6,949.80		
Group Set Up Fee			\$ 877.50		
TOTAL			\$ 1,950,101.38	2.4%	\$ (45,613.18)
Account fees are illustrative					
Option 30: BCBS Simply Blue PPO HSA (I) OV/UC/ER: 20% after ded. Deductible: \$1250/2500 Rx Copay: \$10/40/80 after ded., 2x MOPD (I) Coinsurance: 20% (\$2250/4500 Total Max)	Single \$ 441.46 Double \$ 1,059.49 Family \$ 1,324.37 FC N/A Comp N/A	\$ 126,786.37	\$ 1,521,436.44	-20.1%	\$ 383,051.76
Single Deductible Funding			\$ 35,000.00		
Double, Family Deductible Funding			\$ 222,500.00		
Annual Account Fees (\$3.75 per account per month)			\$ 5,265.00		
Annual Debit Card Fees (\$4.95 per account per month)			\$ 6,949.80		
Group Set Up Fee			\$ 877.50		
TOTAL			\$ 1,792,028.74	-5.9%	\$ 112,459.46
Account fees are illustrative					

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