



**Medical Rate Summary Exclusively for Lakeshore Public Schools**  
**Effective Date: 07/01/2011**

Product	In Network	Office Visit	Rx Drug
Deductible	Copay	Copay	Copay
Choices/Choices II	\$0	\$5	\$10
Choices/Choices II	\$0	\$10	\$10
Choices/Choices II	\$100/\$200	\$5	\$10
Choices/Choices II	\$0	\$20	\$10
Choices/Choices II	\$100/\$200	\$10	\$10
Choices/Choices II	\$200/\$400	\$5	\$10
Choices/Choices II	\$0	\$5	\$10/\$20
Choices/Choices II	\$100/\$200	\$20	\$10
Choices/Choices II	\$200/\$400	\$10	\$10
Choices/Choices II	\$0	\$10	\$10/\$20
Choices/Choices II	\$300/\$600	\$5	\$10
Choices/Choices II	\$300/\$600	\$10	\$10
Choices/Choices II	\$100/\$200	\$5	\$10/\$20
Choices/Choices II	\$200/\$400	\$20	\$10
Choices/Choices II	\$0	\$5	Saver Rx
Choices/Choices II	\$0	\$20	\$10/\$20
Choices/Choices II	\$100/\$200	\$10	\$10/\$20
Choices/Choices II	\$0	\$10	Saver Rx
Choices/Choices II	\$300/\$600	\$20	\$10
Choices/Choices II	\$500/\$1000	\$5	\$10
Choices/Choices II	\$200/\$400	\$5	\$10/\$20
Choices/Choices II	\$100/\$200	\$5	Saver Rx
Choices/Choices II	\$100/\$200	\$20	\$10/\$20
Choices/Choices II	\$500/\$1000	\$10	\$10

LEA \*

**NON-PAK MEDICAL RATES**

Single	2-Person	Family
\$686.62	\$1,543.01	\$1,714.28
\$678.08	\$1,523.81	\$1,692.95
\$667.38	\$1,499.74	\$1,666.21
\$664.57	\$1,493.40	\$1,659.16
\$658.85	\$1,480.55	\$1,644.88
\$648.83	\$1,457.99	\$1,619.82
\$647.37	\$1,454.71	\$1,616.17
\$645.35	\$1,450.16	\$1,611.12
\$640.31	\$1,438.82	\$1,598.53
\$638.86	\$1,435.55	\$1,594.89
\$638.18	\$1,434.03	\$1,593.19
\$629.65	\$1,414.83	\$1,571.87
\$628.15	\$1,411.48	\$1,568.13
\$626.79	\$1,408.41	\$1,564.73
\$626.70	\$1,408.21	\$1,564.50
\$625.34	\$1,405.14	\$1,561.10
\$619.61	\$1,392.25	\$1,546.77
\$618.20	\$1,389.07	\$1,543.24
\$616.13	\$1,384.42	\$1,538.07
\$613.63	\$1,378.81	\$1,531.84
\$609.60	\$1,369.72	\$1,521.74
\$607.49	\$1,364.97	\$1,516.46
\$606.10	\$1,361.86	\$1,513.01
\$605.10	\$1,359.61	\$1,510.51

**PAK MEDICAL RATES**

Single	2-Person	Family
\$672.91	\$1,512.18	\$1,680.03
\$664.54	\$1,493.37	\$1,659.12
\$654.06	\$1,469.78	\$1,632.92
\$651.31	\$1,463.56	\$1,626.00
\$645.70	\$1,450.97	\$1,612.01
\$635.88	\$1,428.86	\$1,587.46
\$634.45	\$1,425.65	\$1,583.88
\$632.47	\$1,421.19	\$1,578.93
\$627.54	\$1,410.08	\$1,566.59
\$626.11	\$1,406.87	\$1,563.02
\$625.45	\$1,405.38	\$1,561.36
\$617.09	\$1,386.57	\$1,540.46
\$615.62	\$1,383.28	\$1,536.80
\$614.29	\$1,380.27	\$1,533.46
\$614.19	\$1,380.07	\$1,533.24
\$612.86	\$1,377.07	\$1,529.91
\$607.25	\$1,364.43	\$1,515.87
\$605.86	\$1,361.32	\$1,512.41
\$603.84	\$1,356.76	\$1,507.34
\$601.39	\$1,351.26	\$1,501.23
\$597.44	\$1,342.36	\$1,491.34
\$595.37	\$1,337.70	\$1,486.17
\$594.01	\$1,334.66	\$1,482.78
\$593.03	\$1,332.45	\$1,480.33

**Please Note: Final medical rates may differ by cents due to rounding. All plans include the Adult Immunization Rider and exclude the XVA-2 rider.**

The above information is based on the rates as of the Medical Rate Summary Effective Date. Material changes in the composition of the group could result in different rates. Final rates will be determined at the time of implementation in accordance with MESSA Underwriting and Rating guidelines. If you have any questions, please contact your MESSA Field Representative, Matt Nyquist, at 800.292.4910.



**Medical Rate Summary Exclusively for Lakeshore Public Schools**  
**Effective Date: 07/01/2011**

Product	In Network	Deductible	Office Visit		Rx Drug	
			Copay	Copay	Copay	Copay
Choices/Choices II	\$0		\$20		Saver Rx	
Choices/Choices I	\$200/\$400		\$10		\$10/\$20	
Choices/Choices II	\$100/\$200		\$10		Saver Rx	
Choices/Choices I	\$300/\$600		\$5		\$10/\$20	
Choices/Choices II	\$500/\$1000		\$20		\$10	
Choices/Choices I	\$300/\$600		\$10		\$10/\$20	
Choices/Choices II	\$200/\$400		\$5		Saver Rx	
Choices/Choices I	\$200/\$400		\$20		\$10/\$20	
Choices/Choices II	\$100/\$200		\$20		Saver Rx	
Choices/Choices I	\$200/\$400		\$10		Saver Rx	
Choices/Choices II	\$300/\$600		\$5		Saver Rx	
Choices/Choices I	\$300/\$600		\$20		\$10/\$20	
Choices/Choices II	\$500/\$1000		\$5		\$10/\$20	
Choices/Choices I	\$300/\$600		\$10		Saver Rx	
Choices/Choices II	\$200/\$400		\$20		Saver Rx	
Choices/Choices I	\$500/\$1000		\$10		\$10/\$20	
Choices/Choices II	\$300/\$600		\$20		Saver Rx	
Choices/Choices I	\$500/\$1000		\$5		\$10/\$20	
Choices/Choices II	\$500/\$1000		\$10		Saver Rx	
Choices/Choices I	\$500/\$1000		\$20		Saver Rx	

NON-PAK MEDICAL RATES			
Single	2-Person	Family	
\$604.68	\$1,358.65	\$1,509.45	
\$601.07	\$1,350.53	\$1,500.42	
\$598.94	\$1,345.74	\$1,495.10	
\$598.93	\$1,345.73	\$1,495.09	
\$591.59	\$1,329.20	\$1,476.71	
\$590.42	\$1,326.58	\$1,473.81	
\$588.94	\$1,323.22	\$1,470.07	
\$587.55	\$1,320.11	\$1,466.62	
\$585.44	\$1,315.36	\$1,461.34	
\$580.40	\$1,304.02	\$1,448.75	
\$578.27	\$1,299.23	\$1,443.42	
\$576.90	\$1,296.16	\$1,440.01	
\$574.40	\$1,290.51	\$1,433.73	
\$569.76	\$1,280.08	\$1,422.14	
\$566.89	\$1,273.61	\$1,414.95	
\$565.88	\$1,271.35	\$1,412.45	
\$556.24	\$1,249.67	\$1,388.36	
\$553.73	\$1,244.01	\$1,382.06	
\$552.36	\$1,240.94	\$1,378.65	
\$545.21	\$1,224.87	\$1,360.80	
\$531.71	\$1,194.45	\$1,327.00	

PAK MEDICAL RATES			
Single	2-Person	Family	
\$592.61	\$1,331.51	\$1,479.29	
\$589.08	\$1,323.55	\$1,470.44	
\$586.99	\$1,318.86	\$1,465.23	
\$586.98	\$1,318.85	\$1,465.22	
\$579.78	\$1,302.64	\$1,447.21	
\$578.64	\$1,300.07	\$1,444.36	
\$577.19	\$1,296.78	\$1,440.70	
\$575.83	\$1,293.74	\$1,437.32	
\$573.76	\$1,289.08	\$1,432.14	
\$568.82	\$1,277.97	\$1,419.81	
\$566.73	\$1,273.27	\$1,414.59	
\$565.39	\$1,270.27	\$1,411.24	
\$562.94	\$1,264.73	\$1,405.08	
\$558.39	\$1,254.51	\$1,393.73	
\$555.58	\$1,248.16	\$1,386.68	
\$554.59	\$1,245.96	\$1,384.23	
\$545.14	\$1,224.71	\$1,360.62	
\$542.68	\$1,219.16	\$1,354.45	
\$541.34	\$1,216.15	\$1,351.11	
\$534.34	\$1,200.40	\$1,333.61	
\$521.10	\$1,170.59	\$1,300.49	

**Please Note: Final medical rates may differ by cents due to rounding. All plans include the Adult Immunization Rider and exclude the XVA-2 rider.**

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**Jalisco Public Schools**  
*Medicaid Reimbursement Teachers Pak A*

**Exhibit 4**

June 6, 2011

	Single	2 Person	Family	Total
Teachers Pak A - MESSA Choices II w/ a \$0 ded., \$5 OV and \$10/\$20 Rx	32	28	82	142

	Single	2 Person	Family	Annual Premium	PEPY
Teachers Pak A - MESSA Choices II w/ a \$0 ded., \$5 OV and \$10/\$20 Rx	\$ 576.89	\$ 1,296.36	\$ 1,440.23	\$ 2,074,327.44	\$ 14,667.94

	Single	2 Person	Family	Annual Premium	PEPY
Teachers Pak A - MESSA Choices II w/ a \$0 ded., \$5 OV and \$10/\$20 Rx	\$ 634.45	\$ 1,425.64	\$ 1,583.88	\$ 2,281,181.76	\$ 16,064.66

	Single	2 Person	Family	Annual Premium	PEPY
Teachers Pak A - MESSA Choices II w/ a \$0 ded., \$5 OV and \$10/\$20 Rx	\$ 550.17	\$ 1,237.90	\$ 1,540.47	\$ 2,143,025.12	\$ 15,091.73
with \$5/\$30 Rx - MOPD 2x	\$ 532.69	\$ 1,198.56	\$ 1,491.51	\$ 2,074,915.14	\$ 14,612.08
with \$10/\$40 Rx - MOPD 2x	\$ 510.71	\$ 1,149.09	\$ 1,429.96	\$ 1,989,287.23	\$ 14,009.07

	Single	2 Person	Family	Annual Premium	PEPY
Teachers Pak A - MESSA Choices II w/ a \$0 ded., \$5 OV and \$10/\$20 Rx	\$ 470.01	\$ 1,057.57	\$ 1,316.06	\$ 1,830,834.30	\$ 12,893.20
with \$5/\$30 Rx - MOPD 2x	\$ 448.24	\$ 1,008.55	\$ 1,255.06	\$ 1,743,978.86	\$ 12,295.63

Note: Enrollment and rates taken from MESSA renewal

**Option 1**

**WmHIP PPO Select 100/80 Plan with \$5 OV**

- with \$10/\$20 Rx - MOPD 2x
- with \$5/\$30 Rx - MOPD 2x
- with \$10/\$40 Rx - MOPD 2x

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
with \$10/\$20 Rx - MOPD 2x	\$ 550.17	\$ 1,237.90	\$ 1,540.47	\$ 178,983.43	\$ 2,143,025.12	\$ 15,091.73
with \$5/\$30 Rx - MOPD 2x	\$ 532.69	\$ 1,198.56	\$ 1,491.51	\$ 172,908.60	\$ 2,074,915.14	\$ 14,612.08
with \$10/\$40 Rx - MOPD 2x	\$ 510.71	\$ 1,149.09	\$ 1,429.96	\$ 165,773.94	\$ 1,989,287.23	\$ 14,009.07

**Option 2**

**WmHIP Versatile PPO 90/70 Plan with \$250/\$500 In Network Deductible and \$10 OV**

- with \$5/\$30 Rx - MOPD 2x
- with \$10/\$40 Rx - MOPD 2x

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
with \$5/\$30 Rx - MOPD 2x	\$ 470.01	\$ 1,057.57	\$ 1,316.06	\$ 152,569.53	\$ 1,830,834.30	\$ 12,893.20
with \$10/\$40 Rx - MOPD 2x	\$ 448.24	\$ 1,008.55	\$ 1,255.06	\$ 145,498.24	\$ 1,743,978.86	\$ 12,295.63

**Option 3**

**WmHIP PPO 100/80 H.S.A. with \$1,250/\$2,500 In Network Deductible and \$0 OV**

- with \$5/\$30 Rx - MOPD 2x after deductible
- 100% Funding Deductible
- Total Net Cost to District
- with \$10/\$40 Rx - MOPD 2x after deductible
- 100% Funding Deductible
- Total Net Cost to District

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
with \$5/\$30 Rx - MOPD 2x after deductible	\$ 410.77	\$ 924.24	\$ 1,150.14	\$ 133,334.46	\$ 1,600,013.48	\$ 11,267.70
100% Funding Deductible	\$ 104.17	\$ 208.33	\$ 208.33	\$ 26,250.00	\$ 315,000.00	\$ 2,218.31
Total Net Cost to District	\$ 514.94	\$ 1,132.57	\$ 1,358.47	\$ 159,584.46	\$ 1,915,013.48	\$ 13,486.01
with \$10/\$40 Rx - MOPD 2x after deductible	\$ 405.66	\$ 912.74	\$ 1,135.83	\$ 131,675.87	\$ 1,580,110.45	\$ 11,127.54
100% Funding Deductible	\$ 104.17	\$ 208.33	\$ 208.33	\$ 26,250.00	\$ 315,000.00	\$ 2,218.31
Total Net Cost to District	\$ 509.83	\$ 1,121.07	\$ 1,344.16	\$ 157,925.87	\$ 1,895,110.45	\$ 13,345.85

Important: This proposal (analysis report, etc.) is an outline of the coverage's proposed by the carriers based on information provided by your company. It does not include all of the terms, coverage's, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

WMHIP



# Medical Plan Comparison

Lakeshore Public Schools  
2011 Renewal - Teachers

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

## RENEWAL PLAN

Carrier	Rate Period	Carrier	Rate Period	Carrier	Rate Period	Carrier	Rate Period	Carrier	Rate Period	Carrier	Rate Period		
MESSA Choices II	7/1/2011 - 6/30/2012	BCBSM/EHIM	8/1/2011 - 6/30/2012	BCBSM/EHIM	8/1/2011 - 6/30/2012	BCBSM/EHIM	8/1/2011 - 6/30/2012	BCBSM/EHIM	8/1/2011 - 6/30/2012	BCBSM/EHIM	8/1/2011 - 6/30/2012	BCBSM	8/1/2011 - 6/30/2012
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Coinurance	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Deductible Individual	\$0	\$2,000	\$1,250	\$2,000	\$2,500	\$2,000	\$2,500	\$2,000	\$2,500	\$2,000	\$2,500	\$0	\$0
Deductible Family	\$0	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$0	\$0
Post-Deductible Coinsurance - Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Post-Deductible Coinsurance - Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit Copay	\$5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$0	\$0
Rx Copay	\$10/\$20	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10	\$10/\$20
Purchased Plan Rates - Medical													
One Person (1P)	Census 32 Rates \$634.45	Census 32 Rates \$370.51	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$579.18	Census 32 Rates \$579.18
Two Person (2P)	Census 28 Rates \$1,425.64	Census 28 Rates \$889.22	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$1,390.00	Census 28 Rates \$1,390.00
Family (FF)	Census 83 Rates \$1,583.88	Census 83 Rates \$1,111.52	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,737.51	Census 83 Rates \$1,737.51
Rx Rates/Equiv Breakout (as applicable)													
One Person (1P)	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med	Census 32 Rates/Equiv Included in Med
Two Person (2P)	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med	Census 28 Rates/Equiv Included in Med
Family (FF)	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med	Census 83 Rates/Equiv Included in Med
Total Annual Premium	Deductible \$2,300,188	Deductible \$1,548,128	Total \$1,733,325	Total \$1,733,325	Total \$1,733,325	Total \$1,733,325	Total \$1,733,325	Total \$1,733,325	Total \$1,733,325	Total \$1,733,325	Total \$1,733,325	Total \$2,420,005	Total \$2,420,005
Exposure Basis - Individual	\$0	\$2,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$0	\$0
Exposure Basis - Family	\$0	\$4,000	\$444,000	\$444,000	\$444,000	\$444,000	\$444,000	\$444,000	\$444,000	\$444,000	\$444,000	\$0	\$0
Total Exposure	\$0	\$508,000	\$508,000	\$508,000	\$508,000	\$508,000	\$508,000	\$508,000	\$508,000	\$508,000	\$508,000	\$0	\$0
Estimated Utilization Rate	0%	75%	80%	80%	80%	80%	80%	80%	80%	80%	80%	0%	0%
Additional Ded. Coins., Rx Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Funding													
Estimated Rx-Fills PMPY	Per Rx 0	Per Rx 8	Per Rx 3,432	Per Rx 3,432	Per Rx 3,432	Per Rx 3,432	Per Rx 3,432	Per Rx 3,432	Per Rx 3,432	Per Rx 3,432	Per Rx 3,432	0	0
Estimated Annual Rx Fills	0	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	0	0
Average Cost/Per Fill	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated Rx Copay Expense	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administration													
Admin Fee	PEPMM \$0.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$21.00	PEPMM \$0.00	PEPMM \$0.00
Combined Total Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Resulting Plan Features													
Coinurance	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%	In Network 0%
Deductible Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Deductible Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Post-Deductible Coinsurance - Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Post-Deductible Coinsurance - Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit Copay	\$5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$0	\$0
Rx Copay	\$10/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$0/\$20	\$10	\$10/\$20
Total Costs													
Best Case Annual Cost	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,420,005	\$2,420,005
Estimated Annual Cost	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,420,005	\$2,420,005
Worst Case Annual Cost	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,300,188	\$2,420,005	\$2,420,005
Estimated Savings - \$	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated Savings - %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Final Illustrative Plan Rates													
One Person (1P)	Census 32 Rates \$634.45	Census 32 Rates \$370.51	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$414.83	Census 32 Rates \$579.18	Census 32 Rates \$579.18
Two Person (2P)	Census 28 Rates \$1,425.64	Census 28 Rates \$889.22	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$995.59	Census 28 Rates \$1,390.00	Census 28 Rates \$1,390.00
Family (FF)	Census 83 Rates \$1,583.88	Census 83 Rates \$1,111.52	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,244.49	Census 83 Rates \$1,737.51	Census 83 Rates \$1,737.51

\* Current plan shown is 2011 - 2012 renewal plan compared to SET proposed plans  
\* All FB/EHIM plans are HRA's



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**Medical Plan Comparison**  
Lakeshore Public Schools  
2010 Renewal - Teachers

Carrier	2010 - 2011 - Teachers	MESSA Choices II \$10/\$20	MESSA Choices II \$10/\$20	BCBSM/EHIM FB3 to First Dollar BCBSM Rx \$10/\$60 to \$0/\$20	BCBSM/EHIM FB2 to First Dollar BCBSM Rx \$10/\$60	BCBSM/EHIM FB3 to First Dollar BCBSM Rx \$10/\$60	BCBSM/EHIM FB3 to First Dollar BCBSM Rx \$10/\$60	BCBSM
<b>Rate Period</b>	7/1/2010 - 6/30/2011	7/1/2011 - 6/30/2012	7/1/2011 - 6/30/2012	8/1/2011 - 6/30/2012	8/1/2011 - 6/30/2012	8/1/2011 - 6/30/2012	8/1/2011 - 6/30/2012	8/1/2011 - 6/30/2012
<b>Purchased Plan Features</b>	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
<b>Contribution</b>	0%	0%	0%	0%	0%	0%	0%	0%
<b>Deductible Individual</b>	\$0	\$0	\$0	\$2,000	\$2,000	\$2,000	\$2,000	\$0
<b>Deductible Family</b>	\$0	\$0	\$0	\$4,000	\$2,500	\$4,000	\$4,000	\$0
<b>Post-Deductible Coinsurance - Individual</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Post-Deductible Coinsurance - Family</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Office Visit Copay</b>	\$5	\$5	\$5	\$0	\$0	\$0	\$0	\$10
<b>Rx Copay</b>	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$20
<b>Purchased Plan Rates - Medical</b>								
<b>One Person (1P)</b>	32	32	32	32	32	32	32	32
<b>Two Person (2P)</b>	28	28	28	28	28	28	28	28
<b>Family (FF)</b>	83	83	83	83	83	83	83	83
<b>Rx Rates/Equiv Breakout (as applicable)</b>								
<b>One Person (1P)</b>	32	32	32	32	32	32	32	32
<b>Two Person (2P)</b>	28	28	28	28	28	28	28	28
<b>Family (FF)</b>	83	83	83	83	83	83	83	83
<b>Total Annual Premium</b>	\$2,091,610	\$2,300,188	\$2,300,188	\$1,548,128	\$1,733,325	\$1,548,128	\$1,548,128	\$2,420,005
<b>Deductible &amp; Coins Funding</b>								
<b>Exposure Basis - Individual</b>	\$0	\$0	\$0	\$64,000	\$40,000	\$64,000	\$64,000	\$0
<b>Exposure Basis - Family</b>	\$0	\$0	\$0	\$444,000	\$277,500	\$444,000	\$444,000	\$0
<b>Total Exposure</b>	\$0	\$0	\$0	\$508,000	\$317,500	\$508,000	\$508,000	\$0
<b>Estimated Utilization Rate</b>	0%	0%	0%	75%	80%	75%	75%	0%
<b>Additional Ded, Coins, Rx Expense</b>								
<b>Rx Funding</b>								
<b>Estimated Rx Fills PMPY</b>	0	0	0	8	0	0	0	0
<b>Estimated Annual Rx Fills</b>	0	0	0	3,432	0	0	0	0
<b>Average Cost per Fill</b>	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Estimated Rx Copay Expense</b>	\$0	\$0	\$0	\$85,800	\$0	\$0	\$0	\$0
<b>Administration</b>								
<b>Admin Fee</b>	\$0.00	\$0.00	\$0.00	\$21.00	\$21.00	\$21.00	\$21.00	\$0.00
<b>Combined Total Administration Resulting Plan Features</b>								
<b>Contribution</b>								
<b>Deductible Individual</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Deductible Family</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Post-Deductible Coinsurance - Individual</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Post-Deductible Coinsurance - Family</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Office Visit Copay</b>	\$5	\$5	\$5	\$0	\$0	\$0	\$0	\$10
<b>Rx Copay</b>	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$20
<b>Total Costs</b>	\$2,091,610	\$2,300,188	\$2,300,188	\$1,584,164	\$1,769,361	\$1,584,164	\$1,584,164	\$2,420,005
<b>Best Case Annual Cost</b>	\$2,091,610	\$2,300,188	\$2,300,188	\$2,023,361	\$2,023,361	\$1,965,164	\$1,965,164	\$2,420,005
<b>Worst Case Annual Cost</b>	\$2,091,610	\$2,300,188	\$2,300,188	\$2,177,964	\$2,086,861	\$2,092,164	\$2,092,164	\$2,420,005
<b>Estimated Savings - \$</b>				\$40,647	\$69,249	\$126,447	\$126,447	\$528,395
<b>Estimated Savings - %</b>				2%	3%	6%	6%	-16%
<b>Final Illustrative Plan Rates</b>								
<b>One Person (1P)</b>	32	32	32	32	32	32	32	32
<b>Two Person (2P)</b>	28	28	28	28	28	28	28	28
<b>Family (FF)</b>	83	83	83	83	83	83	83	83
<b>Annual Rates</b>	\$576.99	\$694.45	\$694.45	\$490.85	\$494.24	\$470.32	\$470.32	\$575.18
<b>Annual Total</b>	\$1,440.23	\$1,425.64	\$1,425.64	\$1,178.04	\$1,162.18	\$1,128.76	\$1,128.76	\$1,390.00
<b>Annual Total</b>	\$1,440.23	\$1,583.88	\$1,583.88	\$1,472.54	\$1,452.73	\$1,410.94	\$1,410.94	\$1,737.51

\*Current plan shows 2010 - 2011 MESSA rates compared to 2011 - 2012 MESSA renewal plan and SET proposed plans  
\*All FB/EHIM plans are HRA's



## Dental Plan Comparison

### Lakeshore Public Schools Teachers with Medical

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

Name	CURRENT PLAN			
	Teachers with Medical		SET SF 100/90/80/50; 2000/3000	
Carrier	MESSA		SET TPA	
Purchased Plan Features	In Network		Coverage Allowance	
Prevent %	100%		100%	
Basic %	90%		90%	
Major %	80%		80%	
Ortho %	50%		50%	
Basic Ded	\$0		\$0	
Major Ded	\$0		\$0	
Ortho Ded	\$0		\$0	
Bas/Maj Max	\$2,000		\$2,000	
Ortho Max	UCR		\$3,000	
Sealants Covered	No		No	
Implants Covered	No		No	
Purchased Plan Rates	Census	Rates	Census	Rates
One Person (1P)	32	\$42.93	32	\$85.75
Two Person (2P)	28	\$79.89	28	\$85.75
Family (FF)	83	\$146.50	83	\$85.75
Projected Increase (0%)	0%			
<b>Total Annual Premium</b>	<b>143</b>	<b>\$189,242</b>	<b>143</b>	<b>\$147,147</b>
Estimated Savings - \$			<b>\$25</b>	<b>\$42,095</b>
Estimated Savings - %				<b>22%</b>

\*Current claims data was not available, therefore proposed SET SF plan cost was based on an industry standard utilization of 80%



# Dental Plan Summary

Lakeshore Public Schools  
 Teachers with Medical  
 Assumed Effective Date: 8/1/2011

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Expiration
Teachers with Medical		32	28	83	\$110.28	\$189,242	6/30/2012
	MESSA 100/90/80/50/2000/UCR	Rate \$42.93	\$79.89	\$146.50			
<b>TOTALS:</b>		<b>32</b>	<b>28</b>	<b>83</b>		<b>\$189,242</b>	

Product Name	Quote Expires	1P Rate		2P Rate		FF Rate		Monthly Composite		Total Cost		Estimated Annual Savings	
SET SF 100/90/80/50; 2000/3000		\$85.75	\$85.75	\$85.75	\$85.75	\$85.75	\$85.75	\$85.75	\$85.75	\$147,147	\$147,147	\$42,095	\$42,095

\*Current claims data was not available, therefore proposed SET SF plan cost was based on an industry standard utilization of 80%



## Dental Plan Comparison

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Lakeshore Public Schools  
Teachers without Medical

Name	CURRENT PLAN			
	Teachers without Medical		SET SF 50/50/50/50; 2000/3000	
Carrier	MESSA		SET TPA	
Purchased Plan Features	In Network		Coverage Allowance	
Prevent %	50%		50%	
Basic %	50%		50%	
Major %	50%		50%	
Ortho %	50%		50%	
Basic Ded	\$0		\$0	
Major Ded	\$0		\$0	
Ortho Ded	\$0		\$0	
Bas/Maj Max	\$2,000		\$2,000	
Ortho Max	UCR		\$3,000	
Sealants Covered	No		No	
Implants Covered	No		No	
Purchased Plan Rates	Census	Rates	Census	Rates
One Person (1P)	1	\$20.81	1	\$43.51
Two Person (2P)	7	\$39.26	7	\$43.51
Family (FF)	19	\$77.36	19	\$43.51
Projected Increase (0%)	0%			
<b>Total Annual Premium</b>	<b>27</b>	<b>\$21,186</b>	<b>27</b>	<b>\$14,097</b>
Estimated Savings - \$			\$22	\$7,088
Estimated Savings - %				33%

\*Current claims data was not available, therefore proposed SET SF plan cost was based on an industry standard utilization of 80%



# Dental Plan Summary

Lakeshore Public Schools  
 Teachers without Medical  
 Assumed Effective Date: 8/1/2011

Current Plan(s) and Segment:	1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Expiration
Teachers without Medical	1	7	19	\$65.39	\$21,186	6/30/2012
MESSA 50/50/50/50/2000/UCR	Rate \$20.81	\$39.26	\$77.36			
<b>TOTALS:</b>	<b>1</b>	<b>7</b>	<b>19</b>		<b>\$21,186</b>	

Product Name	Quote Expires	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET SF 50/50/50/50; 2000/3000		\$43.51	\$43.51	\$43.51	\$43.51	\$14,097	\$7,088

\*Current claims data was not available, therefore proposed SET SF plan cost was based on an industry standard utilization of 80%



# Vision Plan Comparison

Lakeshore Public Schools  
Teachers

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

Name Carrier	CURRENT PLAN			CURRENT PLAN		
	Teachers with Medical MESSA VSP Plan 1	Teachers without Medical MESSA VSP Plan 1	Teachers without Medical MESSA VSP Plan 1	SET Vision Self-funded Plan 1 - \$65 Frames SET TPA	NVA VSP Plan 1 Match NVA	
Rate Period	7/1/2011-6/30/2012	7/1/2011-6/30/2012	7/1/2011-6/30/2012	7/1/2011-6/30/2012	7/1/2011-6/30/2012	7/1/2011-6/30/2012
Purchased Plan Features	In Network	Out of Network	In Network	Coverage Allowance	In Network	Out of Network
Optometrist Exam	100%	\$15	100%	\$32	100%	\$15
Ophthalmologist Exam	100%	\$15	100%	\$32	100%	\$15
Regular Lenses	100%	\$20	100%	\$42	100%	\$20
Bifocal Lenses	100%	\$24	100%	\$48	100%	\$24
Trifocal Lenses	100%	\$30	100%	\$60	100%	\$30
Lenticular Lenses	100%	\$40	100%	\$72	100%	\$40
Frames	\$65	\$8	\$65	\$65	\$65	\$8
Necessary Contacts	\$65	\$65	\$65	\$100	\$65	\$65
Cosmetic Contacts	\$65	\$65	\$65	\$100	\$65	\$65
Exam Copy	\$10.00	n/a	\$10.00	\$0.00	\$10.00	n/a
Material Copay	\$25.00	n/a	\$25.00	\$0.00	\$25.00	n/a
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	32	\$3.59	1	\$3.59	33	\$8.49
Two Person (2P)	28	\$7.72	7	\$7.72	35	\$8.49
Family (FF)	83	\$11.62	19	\$11.62	102	\$9.76
Projected Increase (0%)	0%		0%			
Total Annual Premium	143	\$15,546	27	\$3,341	170	\$17,320
Combined Annual Premium		\$18,887	< TOTALS			\$15,984
Estimated Savings - \$					\$1	\$1,567
Estimated Savings - %						8%

\*Current claims data was not available, therefore proposed SET SF plan cost was based on an industry standard utilization of 75%  
\*NVA plan matches current level of benefits however network participation may vary



# Vision Plan Summary

Lakeshore Public Schools  
Teachers

Assumed Effective Date: 8/1/2011

Current Plan(s) and Segment:	1P		2P		FF	Monthly Composite	Total Annual Cost	Rate Period
	Census	Rate	Census	Rate				
Teachers with Medical	32	\$3.59	28	\$7.72	83	\$9.06	\$15,546	7/1/2011-6/30/2012
Teachers without Medical	1		7		19	\$10.31	\$3,341	7/1/2011-6/30/2012
	33		35		102		\$18,887	

Product Name	1P		2P		FF	Monthly Composite	Total Annual Cost	Estimated Annual Savings
	Census	Rate	Census	Rate				
SET Vision Self-funded Plan 1 - \$65 Frames	8,49	\$8.49	8,49	\$8.49	8,49	\$8.49	\$17,320	\$1,567
NVA VSP Plan 1 Match	3,44	\$6.37	6,37	\$9.76	9,76	\$7.84	\$15,984	\$2,903

\*Current claims data was not available, therefore proposed SET SF plan cost was based on an industry standard utilization of 75%  
 \*NVA plan matches current level of benefits however network participation may vary