



School Insurance Specialists

June 2, 2011

Lakeshore Public Schools
Cynthia Vujea, Superintendent
5771 Cleveland Ave.
Stevensville, MI 49127

Dear Ms. Vujea:

SET has discovered extremely significant savings opportunities for your district through our RFP process.

<u>Product</u>	<u>Segment</u>	<u>Carrier</u>	<u>Savings of:</u>
• Medical:	Administration & Support Staff	BCBSM	10%

Information on these and other savings options are outlined within SET's RFP response analysis which includes cost comparison summaries and carrier product information. The list above highlights your *best* cost savings opportunities.

Please also note, Lakeshore Public Schools has met the requirements for PA 106 through this RFP process for the segments requested. Your district is in full compliance with the law. Please keep this proposal on file in the event you are required to submit proof of compliance.

Thank you for trusting SET Employee Benefits Consulting Services to analyze and compile your health insurance Request for Proposals. Please contact me or your Account Executive at your leisure if you have questions pertaining to your RFP Analysis.

Thank you again,

Handwritten signature of Ashli Solitro in cursive.

Ashli Solitro, LIC
Supervisor, Consulting Services





June 8, 2011

Lakeshore Public Schools
Cynthia Vujea, Superintendent
5771 Cleveland Ave.
Stevensville, MI 49127

Dear Ms. Vujea:

SET has discovered extremely significant savings opportunities for your district through our proposal process.

<u>Product</u>	<u>Segment</u>	<u>Carrier</u>	<u>Savings of:</u>
• Medical:	Administration & Support Staff	BCBSM	18%
• Dental:	Administration	SET	27%

Information on these and other savings options are outlined within SET's response analysis which includes cost comparison summaries and carrier product information. The list above highlights your *best* cost savings opportunities.

Thank you for trusting SET Employee Benefits Consulting Services to analyze and compile your health insurance quotes. We are committed to offering our services for the sole benefit of Lakeshore Public School's health insurance needs.

Please contact me or your Account Executive at your leisure if you have questions pertaining to your proposal.

Thank you again,

A handwritten signature in cursive script that reads 'Ashli Solitro'.

Ashli Solitro, LIC
Supervisor, Consulting Services

Medical Plan Comparison

Lakeshore Public Schools
Administration and Support Staff

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

Carrier	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN	
	Rate Period	Administration and Support Staff with Flexible Blue	Administration and Support Staff with Community Blue	Community Blue PPO Plan 14 0% \$10/\$60 Rx BASIC Wrap	BCBSM/EHIM \$G SB HRA 4000 to First Dollar, \$5/\$25/\$50 Rx	BCBSM/EHIM \$G SB HRA 4000 to School Plan II, \$5/\$25/\$50 Rx	BCBSM SG SB HSA 1250-0%, \$5/\$25/\$50 Rx	BCBSM SG SB HSA 3000-0%, \$5/\$25/\$50 Rx	BCBSM In Network	BCBSM In Network	BCBSM In Network	BCBSM In Network	BCBSM In Network	BCBSM In Network
Carrier	7/1/2011 - 6/30/2012	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	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	
Purchased Plan Features	Flexible Blue 2 HRA w/ BASIC \$10/\$60 Rx	Administration and Support Staff with Flexible Blue	Administration and Support Staff with Community Blue	Community Blue PPO Plan 14 0% \$10/\$60 Rx BASIC Wrap	BCBSM/EHIM \$G SB HRA 4000 to First Dollar, \$5/\$25/\$50 Rx	BCBSM/EHIM \$G SB HRA 4000 to School Plan II, \$5/\$25/\$50 Rx	BCBSM SG SB HSA 1250-0%, \$5/\$25/\$50 Rx	BCBSM SG SB HSA 3000-0%, \$5/\$25/\$50 Rx	BCBSM In Network	BCBSM In Network	BCBSM In Network	BCBSM In Network	BCBSM In Network	
Coinsurance	0%	0%	0%	0%	20%	20%	0%	0%	0%	0%	0%	0%	0%	
Deductible Individual	\$1,250	\$1,500	\$1,500	\$1,500	\$4,000	\$4,000	\$1,250	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	
Deductible Family	\$2,500	\$3,000	\$3,000	\$3,000	\$8,000	\$8,000	\$2,500	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	
Post-Deductible Coinsurance - Individual	\$1,000	\$0	\$0	\$0	\$2,500	\$2,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Post-Deductible Coinsurance - Family	\$2,000	\$0	\$0	\$0	\$5,000	\$5,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Office Visit Copay	\$0	\$40	\$40	\$40	\$40	\$40	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Rx Copay	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	
Purchased Plan Rates - Medical														
One Person (1P)	\$605.18	\$599.26	\$599.26	\$599.26	\$408.15	\$408.15	\$408.15	\$374.40	\$374.40	\$374.40	\$374.40	\$374.40	\$374.40	
Two Person (2P)	\$1,476.43	\$727.33	\$727.33	\$727.33	\$979.54	\$979.54	\$979.54	\$1,237.72	\$1,237.72	\$1,237.72	\$1,237.72	\$1,237.72	\$1,237.72	
Family (FF)	\$1,845.53	\$908.16	\$908.16	\$908.16	\$1,224.43	\$1,224.43	\$1,224.43	\$1,547.16	\$1,547.16	\$1,547.16	\$1,547.16	\$1,547.16	\$1,547.16	
Rx Rates/Equip Breakout (as applicable)														
One Person (1P)	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	
Two Person (2P)	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	
Family (FF)	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	
Total Annual Premium	\$559,547	\$41,458	\$41,458	\$41,458	\$426,101	\$426,101	\$426,101	\$390,868	\$390,868	\$390,868	\$390,868	\$390,868	\$390,868	
Combined Annual Premium Deductible & Coins Funding														
Exposure Basis - Individual	\$6,900	\$1,150	\$1,150	\$1,150	\$9,000	\$9,000	\$9,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000	
Exposure Basis - Family	\$59,800	\$2,300	\$2,300	\$2,300	\$390,000	\$390,000	\$390,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	
Total Exposure	\$66,700	\$3,450	\$3,450	\$3,450	\$429,000	\$429,000	\$429,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	
Combined Total Exposure	\$75,900	\$3,450	\$3,450	\$3,450	\$429,000	\$429,000	\$429,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	\$24,000	
Estimated Utilization Rate	75%	55%	55%	55%	40%	40%	40%	100%	100%	100%	100%	100%	100%	
Additional Ded, Coins, Rx Expense	\$50,025	\$5,060	\$5,060	\$5,060	\$171,600	\$171,600	\$171,600	\$82,500	\$82,500	\$82,500	\$82,500	\$82,500	\$82,500	
Combined Ded & Coins, Rx Expense														
Plan Extras Funding														
Expected Claims Per Emp Per Month														
Estimated Plan Extras Expense	\$0	\$0	\$0	\$0	\$8,640	\$8,640	\$8,640	\$0	\$0	\$0	\$0	\$0	\$0	
Administration														
Admin Fee	\$5.50	\$5.50	\$5.50	\$5.50	\$21.00	\$21.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Combined Total Administration	\$2,376	\$2,376	\$2,376	\$2,376	\$9,072	\$9,072	\$9,072	\$0	\$0	\$0	\$0	\$0	\$0	
Combined Administrative Fees														
Resitting Plan Features														
Coinsurance	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Deductible Individual	\$100	\$350	\$350	\$350	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Deductible Family	\$200	\$700	\$700	\$700	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Post-Deductible Coinsurance - Individual	\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Post-Deductible Coinsurance - Family	\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Office Visit Copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Rx Copay	\$10/\$60	\$10/\$60	\$10/\$60	\$10/\$60	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	
Total Costs														
Best Case Annual Cost	\$601,923	\$601,923	\$601,923	\$601,923	\$435,173	\$435,173	\$435,173	\$620,910	\$620,910	\$620,910	\$620,910	\$620,910	\$620,910	
Estimated Annual Cost	\$657,008	\$657,008	\$657,008	\$657,008	\$615,413	\$615,413	\$615,413	\$620,910	\$620,910	\$620,910	\$620,910	\$620,910	\$620,910	
Worst Case Annual Cost	\$677,823	\$677,823	\$677,823	\$677,823	\$872,813	\$872,813	\$872,813	\$620,910	\$620,910	\$620,910	\$620,910	\$620,910	\$620,910	
Estimated Savings - %					6%	6%	6%	5%	5%	5%	5%	5%	5%	
Final Illustrative Plan Rates														
One Person (1P)	\$672.65	\$676.22	\$676.22	\$676.22	\$589.49	\$589.49	\$589.49	\$594.74	\$594.74	\$594.74	\$594.74	\$594.74	\$594.74	
Two Person (2P)	\$1,614.36	\$820.73	\$820.73	\$820.73	\$1,414.74	\$1,414.74	\$1,414.74	\$1,427.37	\$1,427.37	\$1,427.37	\$1,427.37	\$1,427.37	\$1,427.37	
Family (FF)	\$2,017.94	\$1,025.91	\$1,025.91	\$1,025.91	\$1,768.43	\$1,768.43	\$1,768.43	\$1,784.23	\$1,784.23	\$1,784.23	\$1,784.23	\$1,784.23	\$1,784.23	

*For EHM/SB plans: Stated utilization rates are estimates and will be revisited after program utilization analysis can be obtained under the new program offerings

*For EHM/School Plans: If transitioning from another TPA, run-in claim administration will have a \$5.00 pepm for first three months and \$10.00 per claim thereafter



Medical Rate Summary

Lakeshore Public Schools

Administration and Support Staff

Assumed Effective Date: 8/1/2011

Current Plan(s) and Segment:	1P	2P	FF	Admin/ Deductible Funding	Composite	Total Cost
Administration and Support Staff with Flexible Blue	Census Rate	6 \$1,476.43	14 \$1,845.53	12 \$52,137	\$1,589	\$610,227
Flexible Blue 2 HRA w/ BASIC \$10/\$60 Rx						
Administration and Support Staff with Community Blue	Census Rate	1 \$727.33	3 \$909.16	\$5,324	\$975	\$46,782
Community Blue PPO Plan 14.0% \$10/\$60 Rx, BASIC Wrap						
TOTALS:	6	15	15	36	\$1,521	\$657,008

Equivalent Rates

(Including Deductible Funding and Fees as Applicable)

Product Name	1P	2P	FF	Composite	Total Cost	Estimated Annual Savings	Worst Case Exposure
BCBSM Comm. Blue and Simply Blue Plans							
BCBSM/EHIM CB12A to First Dollar; \$5/\$25/\$50 Rx	\$691	\$1,658	\$2,072	\$1,669	\$721,052	-\$64,043	\$836,552
BCBSM/EHIM CB12A to First Dollar; \$7/\$35/\$70 Rx	\$655	\$1,573	\$1,966	\$1,584	\$684,312	-\$27,304	\$799,812
BCBSM/EHIM CB12A to First Dollar; \$10/\$40/\$80 Rx	\$691	\$1,658	\$2,072	\$1,669	\$721,052	-\$64,043	\$836,552
BCBSM/EHIM CB12A to School Plan II; \$5/\$25/\$50 Rx	\$670	\$1,608	\$2,010	\$1,619	\$699,432	-\$42,424	\$814,932
BCBSM HRA Simply Blue Plans to First Dollar							
BCBSM/EHIM SB HRA 1000 to First Dollar; \$5/\$25/\$50 Rx	\$703	\$1,686	\$2,108	\$1,698	\$733,435	-\$76,427	\$825,835
BCBSM/EHIM SB HRA 1000 to First Dollar; \$10/\$40/\$80 Rx	\$667	\$1,602	\$2,002	\$1,613	\$696,694	-\$39,686	\$789,094
BCBSM/EHIM SB HRA 1500 to First Dollar; \$5/\$25/\$50 Rx	\$682	\$1,637	\$2,047	\$1,649	\$712,207	-\$55,199	\$831,007
BCBSM/EHIM SB HRA 1500 to First Dollar; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$679	\$1,629	\$2,036	\$1,640	\$708,577	-\$51,569	\$824,407
BCBSM/EHIM SB HRA 1500 to First Dollar; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$675	\$1,621	\$2,026	\$1,632	\$704,947	-\$47,939	\$817,807
BCBSM/EHIM SB HRA 1500 to First Dollar; \$10/\$40/\$80 Rx	\$647	\$1,553	\$1,941	\$1,564	\$675,468	-\$18,460	\$794,268
BCBSM/EHIM SB HRA 2500 to First Dollar; \$5/\$25/\$50 Rx	\$643	\$1,544	\$1,930	\$1,555	\$671,623	-\$14,615	\$836,623
BCBSM/EHIM SB HRA 4000 to First Dollar; \$10/\$40/\$80 Rx	\$608	\$1,459	\$1,824	\$1,470	\$634,884	\$22,124	\$799,884
BCBSM/EHIM SB HRA 4000 to First Dollar; \$5/\$25/\$50 Rx	\$589	\$1,415	\$1,768	\$1,425	\$615,413	\$41,595	\$872,813
BCBSM/EHIM SB HRA 4000 to First Dollar; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$587	\$1,409	\$1,761	\$1,418	\$612,773	\$44,235	\$866,213
BCBSM/EHIM SB HRA 4000 to First Dollar; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$584	\$1,403	\$1,753	\$1,412	\$610,133	\$46,875	\$859,613
BCBSM/EHIM SB HRA 4000 to First Dollar; \$10/\$40/\$80 Rx	\$554	\$1,330	\$1,663	\$1,340	\$578,672	\$78,336	\$836,072
BCBSM HRA Simply Blue Plans to School Plan II							
BCBSM/EHIM SB HRA 1000 to School Plan II; \$5/\$25/\$50 Rx	\$709	\$1,701	\$2,126	\$1,713	\$739,915	-\$82,907	\$832,315
BCBSM/EHIM SB HRA 1000 to School Plan II; \$10/\$40/\$80 Rx	\$674	\$1,616	\$2,021	\$1,628	\$703,174	-\$46,166	\$795,574
BCBSM/EHIM SB HRA 1500 to School Plan II; \$5/\$25/\$50 Rx	\$688	\$1,652	\$2,065	\$1,664	\$718,687	-\$61,679	\$837,487
BCBSM/EHIM SB HRA 1500 to School Plan II; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$685	\$1,644	\$2,055	\$1,655	\$715,057	-\$58,049	\$830,887
BCBSM/EHIM SB HRA 1500 to School Plan II; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$681	\$1,635	\$2,044	\$1,647	\$711,427	-\$54,419	\$824,287
BCBSM/EHIM SB HRA 1500 to School Plan II; \$10/\$40/\$80 Rx	\$653	\$1,568	\$1,960	\$1,579	\$681,948	-\$24,940	\$800,748
BCBSM/EHIM SB HRA 2500 to School Plan II; \$5/\$25/\$50 Rx	\$650	\$1,559	\$1,949	\$1,570	\$678,103	-\$21,095	\$843,103
BCBSM/EHIM SB HRA 2500 to School Plan II; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$643	\$1,544	\$1,930	\$1,554	\$671,503	-\$14,495	\$829,993
BCBSM/EHIM SB HRA 2500 to School Plan II; \$10/\$40/\$80 Rx	\$614	\$1,474	\$1,843	\$1,485	\$641,364	\$15,644	\$806,364
BCBSM/EHIM SB HRA 4000 to School Plan II; \$5/\$25/\$50 Rx	\$596	\$1,430	\$1,787	\$1,440	\$621,893	\$35,115	\$879,293
BCBSM/EHIM SB HRA 4000 to School Plan II; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$593	\$1,424	\$1,779	\$1,433	\$619,253	\$37,755	\$872,693

Product Name	Equivalent Rates (Including Deductible Funding and Fees as Applicable)						Total Cost	Estimated Annual Savings	Worst Case Exposure
	1P	2P	FF	Composite	Annual Savings	Worst Case Exposure			
BCBSM/EHIM SB HRA 4000 to School Plan II; \$500/\$1,000 Ded; \$5/\$25/\$50 Rx	\$583	\$1,399	\$1,749	\$1,409	\$608,693	\$48,315	\$846,293		
BCBSM/EHIM SB HRA 4000 to School Plan II; \$10/\$40/\$80 Rx	\$560	\$1,345	\$1,681	\$1,355	\$585,152	\$71,856	\$842,552		
BCBSM Simply Blue HSA Plans									
BCBSM SB HSA 1250-0%; \$5/\$25/\$50 Rx	\$595	\$1,427	\$1,784	\$1,437	\$620,910	\$36,098	\$620,910		
BCBSM SB HSA 1250-0%; \$100/\$100 Ded; \$5/\$25/\$50 Rx	\$591	\$1,419	\$1,774	\$1,429	\$617,310	\$39,698	\$617,310		
BCBSM SB HSA 1250-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$588	\$1,412	\$1,765	\$1,422	\$614,310	\$42,698	\$614,310		
BCBSM SB HSA 1250-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$582	\$1,397	\$1,746	\$1,407	\$607,710	\$49,298	\$607,710		
BCBSM SB HSA 1250-20%; \$5/\$25/\$50 Rx	\$536	\$1,287	\$1,608	\$1,295	\$559,629	\$97,380	\$559,629		
BCBSM SB HSA 2000-0%; \$5/\$25/\$50 Rx	\$501	\$1,202	\$1,503	\$1,210	\$522,868	\$134,140	\$522,868		
BCBSM SB HSA 3000-0%; \$5/\$25/\$50 Rx	\$527	\$1,264	\$1,580	\$1,273	\$549,973	\$107,035	\$549,973		
BCBSM SB HSA 3000-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$520	\$1,249	\$1,561	\$1,258	\$543,373	\$113,635	\$543,373		
BCBSM SB HSA 3000-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$514	\$1,234	\$1,542	\$1,243	\$536,773	\$120,235	\$536,773		
BCBSM SB HSA 3000-0%; \$400/\$800 Ded; \$5/\$25/\$50 Rx	\$502	\$1,204	\$1,505	\$1,212	\$523,573	\$133,435	\$523,573		
MESSA Plans									
MESSA Choices II \$10/\$20	\$647	\$1,455	\$1,616	\$1,387	\$599,369	\$57,639	\$599,369		
MESSA Choices II \$100/\$200 Ded \$10/\$20 Rx	\$628	\$1,411	\$1,568	\$1,346	\$581,557	\$75,452	\$581,557		
MESSA Choices II \$300/\$600 Ded; \$5 OV; \$10/\$20 Rx	\$599	\$1,346	\$1,495	\$1,283	\$554,471	\$102,538	\$554,471		



Medical Plan Disclaimers:

Please take note of the following disclaimers if you are interested in a Blue Cross Blue Shield of Michigan plan shown within this proposal.



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross Blue Shield Association.

BCBSM has the right to adjust rates if any of the assumptions or calculations used in the quoting process is incorrect.

BCBSM no longer markets Master Medical 65 as part of its supplemental coverage. If you choose to make any change in your medical benefit plan, and MM65 is part of your coverage, Master Medical will no longer be a part of your Medicare supplemental coverage.

Cost includes a 7% rate load for groups with less than 10 employees.

ERS specific:

BCBSM reserves the right to requote if enrollment or membership mix changes by greater than ten percent variance from the proposal assumptions. A final proposal may be completed once actual enrollment and benefit selections are known.

The ERS rates represent a formula III fully insured arrangement. The rates may also be used for illustrative purposes for a self-funded program.

ERS proposal may not be used to price the ERS 50-99 product.



Medical Plan Disclaimers:

Please take note of the following disclaimers if you are interested in a Blue Cross Blue Shield of Michigan plan using EHIM as the Third Party Administrator.

EHIM

One time set-up fees are not included in the rates for EHIM. Medical plan set-up: \$1,000; Debit card set-up: \$500; Debit cards issued: \$3.00 per card.

Monthly administration fees are included with the rates for EHIM. (\$500 minimum monthly administration fees for new business)

The EHIM projections do not account for Run-in claims processed on behalf of the previous carrier or TPA. Fees of \$5.00 pepm for the first three months and \$10.00 per claim thereafter will apply.

Drugs not covered under the carrier formulary may be paid for with use of the Debit Card. This may increase the overall plan cost.

Employees are responsible for presenting the primary insurance card prior to the use of the debit card. Claims paid for with the debit card are not transferred to the primary insurance deductible.

Credit for drug claims within the primary carriers deductible that are paid for with the use of the Debit Card cannot be guaranteed.

Lakeshore Public Schools Medical/Rx Analysis

June 6, 2011

Exhibit 1

Current Rates 7/1/10 - 6/30/11

	Single	2 Person	Family	Total
Support Staff and Administration - BCBS Community Blue w/ \$1,500/\$3,000 ded and \$10/\$60 Rx	0	1	2	3
Support Staff and Administration - BCBS Flexible Blue w/ \$1,250/\$2,500 ded and \$10/60 Rx	7	14	13	34
Totals	7	15	15	37

Current Rates 7/1/10 - 6/30/11

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
Support Staff and Administration - BCBS Community Blue w/ \$1,500/\$3,000 ded and \$10/\$60 Rx	\$ 439.91	\$ 1,055.77	\$ 1,319.72	\$ 3,695.21	\$ 44,342.52	\$ 14,780.84
Support Staff and Administration - BCBS Flexible Blue w/ \$1,250/\$2,500 ded and \$10/60 Rx	\$ 462.19	\$ 1,109.27	\$ 1,386.58	\$ 36,790.65	\$ 441,487.80	\$ 12,984.94
Totals				\$ 40,485.86	\$ 485,830.32	\$ 13,130.55

Renewal Rates 7/1/11 - 6/30/12

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY	Annual Difference	% Difference
Support Staff and Administration - BCBS Community Blue w/ \$1,500/\$3,000 ded and \$10/\$60 Rx	\$ 599.26	\$ 1,438.25	\$ 1,797.81	\$ 5,033.87	\$ 60,406.44	\$ 20,135.48	\$ 16,063.92	36.23%
Support Staff and Administration - BCBS Flexible Blue w/ \$1,250/\$2,500 ded and \$10/60 Rx	\$ 615.18	\$ 1,476.43	\$ 1,845.53	\$ 48,968.17	\$ 587,618.04	\$ 17,282.88	\$ 146,130.24	33.10%
Totals				\$ 54,002.04	\$ 648,024.48	\$ 17,514.18	\$ 162,194	33.38%

*Enrollment Taken from BCBS Billing

Wake County Public Schools
Medical Cost Analysis Support Staff and Administration

Exhibit 3

June 6, 2011

	Single	2 Person	Family	Total
Support Staff and Administration - RCBS Flexible Blue w/ \$1,250/\$2,500 ded and \$10/60 Rx	7	14	13	34

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
Support Staff and Administration - RCBS Flexible Blue w/ \$1,250/\$2,500 ded and \$10/60 Rx	\$ 462.19	\$ 1,109.27	\$ 1,386.58	\$ 36,790.65	\$ 441,487.80	\$ 12,984.94
\$1,150/\$2,300 Funding Deductible	\$ 95.83	\$ 191.67	\$ 191.67	\$ 5,845.83	\$ 70,150.00	\$ 2,063.24
Total Net Cost to District	\$ 558.02	\$ 1,300.94	\$ 1,578.25	\$ 42,636.48	\$ 511,637.80	\$ 15,048.17

Note:

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY	Annual Difference	% Difference
Support Staff and Administration - RCBS Flexible Blue w/ \$1,250/\$2,500 ded and \$10/60 Rx	\$ 615.18	\$ 1,476.43	\$ 1,845.53	\$ 48,968.17	\$ 587,618.04	\$ 17,282.88		
\$1,150/\$2,300 Funding Deductible	\$ 95.83	\$ 191.67	\$ 191.67	\$ 5,845.83	\$ 70,150.00	\$ 2,063.24		
Total Net Cost to District	\$ 711.01	\$ 1,668.10	\$ 2,037.20	\$ 54,814.00	\$ 657,768.04	\$ 19,346.12	\$ 146,190.24	28.56%

Note: Effective Date: 7/1/11

Option 1

WmHIP PPO Select 100/80 Plan with \$5 OY

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

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY	Annual Difference	% Difference
WmHIP PPO Select 100/80 Plan with \$5 OY	\$649.15	\$1,460.60	\$1,817.62	\$ 48,621.51	\$ 583,458.12	\$ 17,160.53	\$ (74,409.92)	-11.89%
with \$10/\$20 Rx - MOPD 2x	\$628.53	\$ 1,414.38	\$1,759.85	\$ 47,076.28	\$ 564,915.36	\$ 16,615.16	\$ (92,852.68)	-14.12%
with \$10/\$40 Rx - MOPD 2x	\$602.59	\$ 1,355.82	\$ 1,687.22	\$ 45,133.47	\$ 541,601.64	\$ 15,929.46	\$ (116,166.40)	-17.66%

Option 2

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

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

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY	Annual Difference	% Difference
WmHIP Versatile PPO 90/70 Plan with \$250/\$500 In Network Deductible and \$10 OY	\$553.55	\$1,245.48	\$1,549.92	\$ 41,460.53	\$ 497,526.36	\$ 14,633.13	\$ (160,241.68)	-24.36%
with \$5/\$30 Rx - MOPD 2x	\$517.10	\$1,165.44	\$1,447.84	\$ 38,729.78	\$ 464,757.36	\$ 13,609.33	\$ (93,010.68)	-20.34%

Option 3

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

with \$5/\$30 Rx - MOPD 2x after deductible
with \$1,150/\$2,300 Funding Deductible
Total Net Cost to District

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY	Annual Difference	% Difference
WmHIP PPO 100/80 H.S.A. with \$1,250/\$2,500 In Network Deductible and \$0 OY	\$ 485.93	\$ 1,093.30	\$ 1,360.55	\$ 36,394.86	\$ 436,738.32	\$ 12,845.24	\$ (221,029.72)	-31.60%
with \$5/\$30 Rx - MOPD 2x after deductible	\$ 95.83	\$ 191.67	\$ 191.67	\$ 5,845.83	\$ 70,150.00	\$ 2,063.24	\$ (150,879.72)	-21.94%
\$1,150/\$2,300 Funding Deductible	\$ 581.76	\$ 1,284.97	\$ 1,552.22	\$ 42,240.69	\$ 506,888.32	\$ 14,908.48	\$ (226,462.24)	-34.43%
Total Net Cost to District	\$ 479.88	\$ 1,079.70	\$ 1,343.63	\$ 35,942.15	\$ 431,305.80	\$ 12,685.46	\$ (156,312.24)	-24.76%

with \$10/\$40 Rx - MOPD 2x after deductible
with \$1,150/\$2,300 Funding Deductible
Total Net Cost to District

Important: This proposal (analysis, report, etc.) is an outline of the coverage 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.

Talleshore Public Schools Medical Rx Analysis - Support Staff and Administration

Exhibit 2

June 6, 2011

Current Enrollment

	Single	2 Person	Family	Total
Support Staff and Administration - BCBS Community Blue w/ \$1,500/\$1,000 ded and \$10/\$60 Rx	0	1	2	3

Current Rates 7/1/10 - 6/30/11

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
Support Staff and Administration - BCBS Community Blue w/ \$1,500/\$1,000 ded and \$10/\$60 Rx	\$ 439.91	\$ 1,035.77	\$ 1,319.72	\$ 3,695.21	\$ 44,342.52	\$ 14,780.84
\$1,150/\$2,300 Funding Deductible	\$ 95.83	\$ 191.67	\$ 191.67	\$ 575.00	\$ 6,900.00	\$ 2,300.00
Total Net Cost to District	\$ 535.74	\$ 1,227.44	\$ 1,511.39	\$ 4,270.21	\$ 51,242.52	\$ 17,080.84

Retiree Rates 7/1/10 - 6/30/11

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
Support Staff and Administration - BCBS Community Blue w/ \$1,500/\$1,000 ded and \$10/\$60 Rx	\$ 599.26	\$ 1,438.25	\$ 1,797.81	\$ 5,033.87	\$ 60,406.44	\$ 20,135.48
\$1,150/\$2,300 Funding Deductible	\$ 95.83	\$ 191.67	\$ 191.67	\$ 575.00	\$ 6,900.00	\$ 2,300.00
Total Net Cost to District	\$ 695.09	\$ 1,629.92	\$ 1,989.48	\$ 5,608.87	\$ 67,306.44	\$ 22,435.48

Other Alternatives to BCBS Community Blue w/ \$1,500/\$1,000 ded and \$10/\$60 Rx

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
Option 1 WmHIP PPO Select 100/80 Plan with \$5 OY with \$10/\$20 Rx - MOPD 2x with \$5/\$30 Rx - MOPD 2x with \$10/\$40 Rx - MOPD 2x	\$645.15	\$1,460.60	\$1,817.62	\$ 5,095.84	\$ 61,500.08	\$ 20,383.36
	\$628.53	\$ 1,414.18	\$1,759.85	\$ 4,913.88	\$ 59,206.56	\$ 19,735.52
	\$602.59	\$ 1,355.82	\$ 1,687.22	\$ 4,730.26	\$ 56,763.12	\$ 18,921.04

Option 2

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
WmHIP Versatile PPO 90/70 Plan with \$250/\$500 In Network Deductible and \$10 OY with \$3/\$30 Rx - MOPD 2x with \$10/\$40 Rx - MOPD 2x	\$533.55	\$1,245.48	\$1,549.92	\$ 4,345.32	\$ 52,143.84	\$ 17,381.28
	\$517.10	\$1,165.44	\$1,447.84	\$ 4,059.12	\$ 48,709.44	\$ 16,236.48

Option 3

	Single	2 Person	Family	Monthly Premium	Annual Premium	PEPY
WmHIP PPO 100/80 H.S.A. with \$1,250/\$2,500 In Network Deductible and \$0 OY with \$5/\$30 Rx - MOPD 2x after deductible with \$10/\$40 Rx - MOPD 2x after deductible	\$ 485.93	\$ 1,093.30	\$ 1,360.55	\$ 3,814.40	\$ 45,772.80	\$ 15,257.60
	\$ 95.83	\$ 191.67	\$ 191.67	\$ 575.00	\$ 6,900.00	\$ 2,300.00
	\$ 581.76	\$ 1,284.97	\$ 1,552.22	\$ 4,389.40	\$ 52,672.80	\$ 17,557.60
	\$ 479.88	\$ 1,079.70	\$ 1,343.63	\$ 3,766.96	\$ 45,203.52	\$ 15,067.84
	\$ 95.83	\$ 191.67	\$ 191.67	\$ 575.00	\$ 6,900.00	\$ 2,300.00
	\$ 575.71	\$ 1,271.37	\$ 1,535.30	\$ 4,341.96	\$ 52,103.52	\$ 17,367.84

Note: Effective Date 7/1/11

Difference: From Current Net Cost

Difference: From Retiree Net Cost

Difference: From Retiree Net Cost

Difference: From Retiree Net Cost

