



Mason Consolidated Schools

Effective August 1, 2015 through July 31, 2016

Blue Cross Blue Shield of Michigan

PPO Medical & Prescription Drugs Premium Rates

Benefit Description: <i>See Benefits at a Glance for full benefit description</i>	Community Blue Non-Menu - In Network \$500 Ded/0%, Ded/0%, \$2,250 OOPM, Out Network \$1,000 Ded/20%, \$2,250 OOPM, EA 1-LG		Simply Blue SB HSA Base Plan 0% - In Network \$1,300 Ded/0%, \$2,250 OOPM, Out Network \$2,600 Ded/20%, \$4,500 OOPM, EA 1-LG		SB HSA w/Rx LG Group Benefit Cert / PD-TTC \$10/\$40/\$80 RXCM LG, RXCM LG	
	Med	Rx	Med	Rx	Med	Rx
One Person	\$463.85	\$76.20	\$365.46	\$35.84	\$365.46	\$35.84
Two Person	\$1,118.05	\$182.87	\$877.11	\$86.02	\$877.11	\$86.02
Family	\$1,397.56	\$228.59	\$1,096.39	\$107.53	\$1,096.39	\$107.53
Complimentary	\$310.94	\$212.43	\$310.94	\$212.43	\$310.94	\$212.43
			Premium Rates PCPDM	Premium Rates PCPDM	Premium Rates PCPDM	Premium Rates PCPDM
			\$567.60	\$1,009.39	\$421.22	\$1,009.39
			\$1,360.71	\$1,267.48	\$1,009.39	\$1,267.48
			\$1,706.64	\$544.51	\$544.51	\$544.51

Dental Premium Rates

Benefit Description: <i>See Benefits at a Glance for full benefit description</i>	Custom Blue Dental PPO PLUS, PK (formerly Trad Plus) --- IN 80/80/80-1000, 80/1300		Custom Blue Dental PPO PLUS, PK (formerly Trad Plus) --- IN 50/50/50-1000,		Custom Blue Dental PPO PLUS, PK (formerly Trad Plus) --- IN 100/90/90-1000, 90/1500		Custom Blue Dental PPO PLUS, PK (formerly Trad Plus) --- IN 75/75/75-1000, 90/1200		Custom Blue Dental PPO PLUS, PK (formerly Trad Plus) --- IN 75/50/50-1000, 50/1000	
	Dental	Premium Rates PCPDM	Dental	Premium Rates PCPDM	Dental	Premium Rates PCPDM	Dental	Premium Rates PCPDM	Dental	Premium Rates PCPDM
One Person	\$41.30	\$42.95	\$25.89	\$26.93	\$48.19	\$1.93	\$31.78	\$1.27	\$33.06	\$33.06
Two Person	\$99.12	\$103.09	\$62.14	\$64.63	\$115.66	\$4.63	\$76.28	\$3.06	\$79.34	\$79.34
Family	\$123.90	\$128.86	\$77.67	\$80.78	\$144.57	\$5.79	\$95.35	\$3.82	\$99.17	\$99.17
One Person	\$27.00	\$28.08	\$37.68	\$39.19	\$41.14	\$1.65	\$37.87	\$1.52	\$39.39	\$39.39
Two Person	\$64.80	\$67.40	\$90.42	\$94.05	\$98.73	\$3.96	\$90.89	\$3.64	\$94.53	\$94.53
Family	\$81.00	\$84.25	\$113.03	\$117.56	\$123.41	\$4.94	\$113.61	\$4.55	\$118.16	\$118.16

Vision Premium Rates

Benefit Description: <i>See Benefits at a Glance for full benefit description</i>	Essential - EVL	
	Taxes & Fees	Premium Rates PCPDM
One Person	\$5.09	\$5.29
Two Person	\$12.22	\$12.71
Family	\$15.27	\$15.88

This quote is for financial purposes only.

BCBS ERS Relative Rate Levels:	Cross	Shield	Rx	Dental	Vision
	2.5665	1.8175	6.2663	1.6101	0.8931

Proposal assumptions and disclaimers are listed on the following page.



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July 29, 2015

Mason Consolidated Schools
Attn: Michelle Strick
Director of Finance & Business Services
2400 Mason Eagles Dr.
Erie, MI 48133

Dear Michelle,

Upon receipt of your RFP for Mason Consolidated Schools, we requested proposals from the following carriers:

Aetna
Anthem
Medical Mutual
Paramount

Aetna and Medical Mutual both declined to provide proposals, stating that after evaluation of the information provided they could not offer a competitive proposal at this time. Paramount declined to quote stating they do not have plans that match what is currently offered, but will be rolling out some new plans for 2016. Anthem sent us a self-funded proposal through Blue Cross Blue Shield of Michigan. We have enclosed this proposal for your review.

If you have any questions, please let us know. Thank you for allowing us the opportunity to bid out your group's health insurance this year. There is no charge for this service. Hopefully we can help in the near future.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Holzemer", written over a horizontal line.

Matt Holzemer
Savage & Associates, Inc.