



Medical Rate Summary

NICE Community School District
Administration

Assumed Effective Date: 10/1/2011

Current Plan(s) and Segment:	1P	2P	FF	Admin/ Deductible Funding	Composite	Total Cost
Administration						
	Census	3	2			
MESSA Choices II \$10/\$20	Rate	\$681.76	\$1,532.09	\$1,702.15	\$1,600	\$96,007
TOTALS:		3	2	5	\$1,600	\$96,007

Equivalent Rates
(Including Deductible Funding and Fees as Applicable)

Product Name	1P	2P	FF	Composite	Total Cost	Estimated Annual Savings	Worst Case Exposure
BCBSM HRA Simply Blue Plans to First Dollar							
BCBSM/EHIM SB HRA 1500 to First Dollar; \$5/\$25/\$50 Rx	\$791	\$1,899	\$2,373	\$2,089	\$125,321	-\$29,314	\$143,321
BCBSM/EHIM SB HRA 1500 to First Dollar; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$788	\$1,890	\$2,363	\$2,080	\$124,771	-\$28,764	\$142,321
BCBSM/EHIM SB HRA 1500 to First Dollar; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$784	\$1,882	\$2,353	\$2,070	\$124,221	-\$28,214	\$141,321
BCBSM/EHIM SB HRA 2500 to First Dollar; \$5/\$25/\$50 Rx	\$742	\$1,782	\$2,227	\$1,960	\$117,600	-\$21,593	\$142,600
BCBSM/EHIM SB HRA 4000 to First Dollar; \$5/\$25/\$50 Rx	\$679	\$1,629	\$2,036	\$1,792	\$107,501	-\$11,494	\$146,501
BCBSM/EHIM SB HRA 4000 to First Dollar; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$676	\$1,623	\$2,028	\$1,785	\$107,101	-\$11,094	\$145,501
BCBSM/EHIM SB HRA 4000 to First Dollar; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$674	\$1,617	\$2,021	\$1,778	\$106,701	-\$10,694	\$144,501
BCBSM HRA Simply Blue Plans to School Plan II							
BCBSM/EHIM SB HRA 1500 to School Plan II; \$5/\$25/\$50 Rx	\$797	\$1,912	\$2,391	\$2,104	\$126,221	-\$30,214	\$144,221
BCBSM/EHIM SB HRA 1500 to School Plan II; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$793	\$1,904	\$2,380	\$2,095	\$125,671	-\$29,664	\$143,221
BCBSM/EHIM SB HRA 1500 to School Plan II; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$790	\$1,896	\$2,370	\$2,085	\$125,121	-\$29,114	\$142,221
BCBSM/EHIM SB HRA 2500 to School Plan II; \$5/\$25/\$50 Rx	\$748	\$1,795	\$2,244	\$1,975	\$118,500	-\$22,493	\$143,500
BCBSM/EHIM SB HRA 2500 to School Plan II; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$742	\$1,780	\$2,225	\$1,958	\$117,500	-\$21,493	\$141,500
BCBSM/EHIM SB HRA 4000 to School Plan II; \$5/\$25/\$50 Rx	\$684	\$1,642	\$2,053	\$1,807	\$108,401	-\$12,394	\$147,401
BCBSM/EHIM SB HRA 4000 to School Plan II; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$682	\$1,636	\$2,045	\$1,800	\$108,001	-\$11,994	\$146,401
BCBSM/EHIM SB HRA 4000 to School Plan II; \$500/\$1,000 Ded; \$5/\$25/\$50 Rx	\$672	\$1,612	\$2,015	\$1,773	\$106,401	-\$10,394	\$142,401
BCBSM Simply Blue HSA Plans							
BCBSM SB HSA 1250-0%; \$5/\$25/\$50 Rx	\$701	\$1,682	\$2,102	\$1,850	\$110,985	-\$14,978	\$110,985
BCBSM SB HSA 1250-0%; \$100/\$100 Ded; \$5/\$25/\$50 Rx	\$697	\$1,674	\$2,093	\$1,841	\$110,485	-\$14,478	\$110,485
BCBSM SB HSA 1250-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$694	\$1,666	\$2,083	\$1,833	\$109,985	-\$13,978	\$109,985
BCBSM SB HSA 1250-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$688	\$1,651	\$2,064	\$1,816	\$108,985	-\$12,978	\$108,985
BCBSM SB HSA 3000-0%; \$5/\$25/\$50 Rx	\$641	\$1,538	\$1,922	\$1,692	\$101,499	-\$5,492	\$101,499
BCBSM SB HSA 3000-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$634	\$1,523	\$1,903	\$1,675	\$100,499	-\$4,492	\$100,499
BCBSM SB HSA 3000-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$628	\$1,508	\$1,884	\$1,658	\$99,499	-\$3,492	\$99,499
BCBSM SB HSA 3000-0%; \$400/\$800 Ded; \$5/\$25/\$50 Rx	\$616	\$1,477	\$1,847	\$1,625	\$97,499	-\$1,492	\$97,499

*Stated utilization rates are estimates and will be revisited after program utilization analysis can be obtained under the new program offerings

*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

NICE Community School District

Support Staff

Assumed Effective Date: 10/1/2011

Current Plan(s) and Segment:		1P	2P	FF	Admin/ Deductible Funding	Composite	Total Cost
Support Staff 30-39.99 Hours							
	Census	4	1				
	Rate	\$695.64	\$1,563.33	\$1,736.86		\$869	\$52,151
Support Staff 40-99 Hours							
	Census	2	2	7			
	Rate	\$681.76	\$1,532.09	\$1,702.15		\$1,486	\$196,113
	TOTALS:	6	3	7	16	\$1,293	\$248,264

Equivalent Rates
(Including Deductible Funding and Fees as Applicable)

Product Name	1P	2P	FF	Composite	Total Cost	Estimated Annual Savings	Worst Case Exposure
BCBSM HRA Simply Blue Plans to First Dollar							
BCBSM/EHIM SB HRA 1500 to First Dollar; \$5/\$25/\$50 Rx	\$737	\$1,770	\$2,212	\$1,576	\$302,636	-\$54,373	\$349,436
BCBSM/EHIM SB HRA 1500 to First Dollar; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$734	\$1,761	\$2,202	\$1,569	\$301,206	-\$52,943	\$346,836
BCBSM/EHIM SB HRA 1500 to First Dollar; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$730	\$1,753	\$2,191	\$1,561	\$299,776	-\$51,513	\$344,236
BCBSM/EHIM SB HRA 2500 to First Dollar; \$5/\$25/\$50 Rx	\$695	\$1,668	\$2,085	\$1,485	\$285,183	-\$36,919	\$350,183
BCBSM/EHIM SB HRA 4000 to First Dollar; \$5/\$25/\$50 Rx	\$638	\$1,530	\$1,913	\$1,363	\$261,646	-\$13,382	\$363,046
BCBSM/EHIM SB HRA 4000 to First Dollar; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$635	\$1,524	\$1,905	\$1,357	\$260,606	-\$12,342	\$360,446
BCBSM/EHIM SB HRA 4000 to First Dollar; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$632	\$1,518	\$1,897	\$1,352	\$259,566	-\$11,302	\$357,846
BCBSM HRA Simply Blue Plans to School Plan II							
BCBSM/EHIM SB HRA 1500 to School Plan II; \$5/\$25/\$50 Rx	\$744	\$1,787	\$2,233	\$1,591	\$305,516	-\$57,253	\$352,316
BCBSM/EHIM SB HRA 1500 to School Plan II; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$741	\$1,778	\$2,223	\$1,584	\$304,086	-\$55,823	\$349,716
BCBSM/EHIM SB HRA 1500 to School Plan II; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$737	\$1,770	\$2,212	\$1,576	\$302,656	-\$54,393	\$347,116
BCBSM/EHIM SB HRA 2500 to School Plan II; \$5/\$25/\$50 Rx	\$702	\$1,685	\$2,106	\$1,500	\$288,063	-\$39,799	\$353,063
BCBSM/EHIM SB HRA 2500 to School Plan II; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$696	\$1,669	\$2,087	\$1,487	\$285,463	-\$37,199	\$347,863
BCBSM/EHIM SB HRA 4000 to School Plan II; \$5/\$25/\$50 Rx	\$645	\$1,547	\$1,934	\$1,378	\$264,526	-\$16,262	\$365,926
BCBSM/EHIM SB HRA 4000 to School Plan II; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$642	\$1,541	\$1,926	\$1,372	\$263,486	-\$15,222	\$363,326
BCBSM/EHIM SB HRA 4000 to School Plan II; \$500/\$1,000 Ded; \$5/\$25/\$50 Rx	\$632	\$1,517	\$1,896	\$1,351	\$259,326	-\$11,062	\$352,926
BCBSM Simply Blue HSA Plans							
BCBSM SB HSA 1250-0%; \$5/\$25/\$50 Rx	\$644	\$1,547	\$1,933	\$1,377	\$264,469	-\$16,205	\$264,469
BCBSM SB HSA 1250-0%; \$100/\$100 Ded; \$5/\$25/\$50 Rx	\$641	\$1,537	\$1,922	\$1,369	\$262,869	-\$14,605	\$262,869
BCBSM SB HSA 1250-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$638	\$1,531	\$1,914	\$1,364	\$261,869	-\$13,605	\$261,869
BCBSM SB HSA 1250-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$632	\$1,516	\$1,895	\$1,350	\$259,269	-\$11,005	\$259,269
BCBSM SB HSA 3000-0%; \$5/\$25/\$50 Rx	\$600	\$1,441	\$1,801	\$1,283	\$246,407	\$1,857	\$246,407
BCBSM SB HSA 3000-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$594	\$1,426	\$1,782	\$1,270	\$243,807	\$4,457	\$243,807
BCBSM SB HSA 3000-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$588	\$1,411	\$1,763	\$1,256	\$241,207	\$7,057	\$241,207
BCBSM SB HSA 3000-0%; \$400/\$800 Ded; \$5/\$25/\$50 Rx	\$575	\$1,380	\$1,725	\$1,229	\$236,007	\$12,257	\$236,007

*Stated utilization rates are estimates and will be revisited after program utilization analysis can be obtained under the new program offerings

*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

NICE Community School District
Administration and Support Staff

Assumed Effective Date: 10/1/2011

Current Plan(s) and Segment:		1P	2P	FF	Admin/ Deductible Funding	Composite	Total Cost
Administration							
	Census		3	2			
	Rate	\$681.76	\$1,532.09	\$1,702.15		\$1,600	\$96,007
Support Staff 30-39.99 Hours							
	Census	4	1				
	Rate	\$695.64	\$1,563.33	\$1,736.86		\$869	\$52,151
Support Staff 40-99 Hours							
	Census	2	2	7			
	Rate	\$681.76	\$1,532.09	\$1,702.15		\$1,486	\$196,113
	TOTALS:	6	6	9	21	\$1,366	\$344,271

Equivalent Rates
(Including Deductible Funding and Fees as Applicable)

Product Name	1P	2P	FF	Composite	Total Cost	Estimated Annual Savings	Worst Case Exposure
BCBSM HRA Simply Blue Plans to First Dollar							
BCBSM/EHIM SB HRA 1500 to First Dollar; \$5/\$25/\$50 Rx	\$736	\$1,767	\$2,209	\$1,662	\$418,788	-\$74,517	\$483,588
BCBSM/EHIM SB HRA 1500 to First Dollar; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$733	\$1,759	\$2,198	\$1,654	\$416,808	-\$72,537	\$479,988
BCBSM/EHIM SB HRA 1500 to First Dollar; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$729	\$1,750	\$2,188	\$1,646	\$414,828	-\$70,557	\$476,388
BCBSM/EHIM SB HRA 2500 to First Dollar; \$5/\$25/\$50 Rx	\$694	\$1,665	\$2,081	\$1,566	\$394,587	-\$50,317	\$484,587
BCBSM/EHIM SB HRA 4000 to First Dollar; \$5/\$25/\$50 Rx	\$636	\$1,527	\$1,909	\$1,436	\$361,962	-\$17,691	\$502,362
BCBSM/EHIM SB HRA 4000 to First Dollar; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$634	\$1,521	\$1,901	\$1,431	\$360,522	-\$16,251	\$498,762
BCBSM/EHIM SB HRA 4000 to First Dollar; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$631	\$1,515	\$1,894	\$1,425	\$359,082	-\$14,811	\$495,162
BCBSM HRA Simply Blue Plans to School Plan II							
BCBSM/EHIM SB HRA 1500 to School Plan II; \$5/\$25/\$50 Rx	\$743	\$1,783	\$2,229	\$1,677	\$422,568	-\$78,297	\$487,368
BCBSM/EHIM SB HRA 1500 to School Plan II; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$739	\$1,775	\$2,218	\$1,669	\$420,588	-\$76,317	\$483,768
BCBSM/EHIM SB HRA 1500 to School Plan II; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$736	\$1,766	\$2,208	\$1,661	\$418,608	-\$74,337	\$480,168
BCBSM/EHIM SB HRA 2500 to School Plan II; \$5/\$25/\$50 Rx	\$700	\$1,681	\$2,101	\$1,581	\$398,367	-\$54,097	\$488,367
BCBSM/EHIM SB HRA 2500 to School Plan II; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$694	\$1,666	\$2,082	\$1,567	\$394,767	-\$50,497	\$481,167
BCBSM/EHIM SB HRA 4000 to School Plan II; \$5/\$25/\$50 Rx	\$643	\$1,543	\$1,929	\$1,451	\$365,742	-\$21,471	\$506,142
BCBSM/EHIM SB HRA 4000 to School Plan II; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$640	\$1,537	\$1,921	\$1,446	\$364,302	-\$20,031	\$502,542
BCBSM/EHIM SB HRA 4000 to School Plan II; \$500/\$1,000 Ded; \$5/\$25/\$50 Rx	\$630	\$1,513	\$1,891	\$1,423	\$358,542	-\$14,271	\$488,142
BCBSM Simply Blue HSA Plans							
BCBSM SB HSA 1250-0%; \$5/\$25/\$50 Rx	\$644	\$1,546	\$1,933	\$1,454	\$366,500	-\$22,230	\$366,500
BCBSM SB HSA 1250-0%; \$100/\$100 Ded; \$5/\$25/\$50 Rx	\$641	\$1,538	\$1,922	\$1,446	\$364,400	-\$20,130	\$364,400
BCBSM SB HSA 1250-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$638	\$1,531	\$1,914	\$1,440	\$362,900	-\$18,630	\$362,900
BCBSM SB HSA 1250-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$632	\$1,516	\$1,895	\$1,426	\$359,300	-\$15,030	\$359,300
BCBSM SB HSA 3000-0%; \$5/\$25/\$50 Rx	\$600	\$1,441	\$1,801	\$1,355	\$341,406	\$2,865	\$341,406
BCBSM SB HSA 3000-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	\$594	\$1,425	\$1,782	\$1,341	\$337,806	\$6,465	\$337,806
BCBSM SB HSA 3000-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	\$588	\$1,410	\$1,763	\$1,326	\$334,206	\$10,065	\$334,206
BCBSM SB HSA 3000-0%; \$400/\$800 Ded; \$5/\$25/\$50 Rx	\$575	\$1,380	\$1,725	\$1,298	\$327,006	\$17,265	\$327,006

*Stated utilization rates are estimates and will be revisited after program utilization analysis can be obtained under the new program offerings

*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 Plan Comparison

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NICE Community School District
Administration

	CURRENT PLAN		BCBSM SB HSA 3000-0%; \$5/\$25/\$50 Rx	
	Administration			
Carrier	MESSA Choices II \$10/\$20		BCBSM	
Rate Period	7/1/2011 - 6/30/2012		10/1/2011 - 9/30/2012	
Purchased Plan Features	In Network		In Network	
Coinsurance	0%		0%	
Deductible Individual	\$0		\$3,000	
Deductible Family	\$0		\$6,000	
Post-Deductible Coinsurance - Individual	\$0		\$0	
Post-Deductible Coinsurance - Family	\$0		\$0	
Office Visit Copay	\$5		\$0	
Rx Copay	\$10/\$20		\$5/\$25/\$50	
Prescription Drug Deductible	\$0		\$0	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates
One Person (1P)	0	\$681.76	0	\$451.39
Two Person (2P)	3	\$1,532.09	3	\$1,083.32
Family (FF)	2	\$1,702.15	2	\$1,354.14
Rx Rates/Equiv Breakout (as applicable)	Census	Rates/Equiv	Census	Rates/Equiv
One Person (1P)	0	Included in Med	0	Included in Med
Two Person (2P)	3	Included in Med	3	Included in Med
Family (FF)	2	Included in Med	2	Included in Med
Total Annual Premium	5	\$96,007	5	\$71,499
Deductible & Coins Funding	Deductible	Total	Ded + Coins	Total
Exposure Basis - Individual	\$0	\$0	\$3,000	\$0
Exposure Basis - Family	\$0	\$0	\$6,000	\$30,000
Total Exposure		\$0		\$30,000
Estimated Utilization Rate	0%		100%	
Additional Ded, Coins., Rx Expense		\$0		\$30,000
Administration	PEPM	Total	PEPM	Total
Admin Fee	\$0.00		\$0.00	
Combined Total Administration		\$0		\$0
Resulting Plan Features	In Network		In Network	
Coinsurance	0%		0%	
Deductible Individual	\$0		\$0	
Deductible Family	\$0		\$0	
Post-Deductible Coinsurance - Individual	\$0		\$0	
Post-Deductible Coinsurance - Family	\$0		\$0	
Office Visit Copay	\$5		\$0	
Rx Copay	\$10/\$20		\$5/\$25/\$50	
Prescription Drug Deductible	\$0		\$0	
Total Costs			PEPM	Annual
Best Case Annual Cost	\$96,007			\$101,499
Estimated Annual Cost	\$96,007			\$101,499
Worst Case Annual Cost	\$96,007			\$101,499
Estimated Savings - \$			-\$92	-\$5,492
Estimated Savings - %				-6%
Final Illustrative Plan Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$681.76	0	\$640.79
Two Person (2P)	3	\$1,532.09	3	\$1,537.87
Family (FF)	2	\$1,702.15	2	\$1,922.32



Medical Plan Comparison

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**NICE Community School District
Support Staff**

	CURRENT PLAN Support Staff 30-39.99 Hours		CURRENT PLAN Support Staff 40-99 Hours		BCBSM SB HSA 3000-0%; \$5/\$25/\$50 Rx	BCBSM SB HSA 3000-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx	BCBSM SB HSA 3000-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	
Carrier	MESSA Choices II \$10/\$20		MESSA Choices II \$10/\$20		BCBSM	BCBSM	BCBSM	
Rate Period	7/1/2011 - 6/30/2012		7/1/2011 - 6/30/2012		10/1/2011 - 9/30/2012	10/1/2011 - 9/30/2012	10/1/2011 - 9/30/2012	
Purchased Plan Features	In Network		In Network		In Network	In Network	In Network	
Coinsurance	0%		0%		0%	0%	0%	
Deductible Individual	\$0		\$0		\$3,000	\$3,000	\$3,000	
Deductible Family	\$0		\$0		\$6,000	\$6,000	\$6,000	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0	\$0	\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0	\$0	\$0	
Office Visit Copay	\$5		\$5		\$0	\$0	\$0	
Rx Copay	\$10/\$20		\$10/\$20		\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	
Prescription Drug Deductible	\$0		\$0		\$0	\$0	\$0	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$695.64	2	\$681.76	6	\$410.36	6	\$410.36
Two Person (2P)	1	\$1,563.33	2	\$1,532.09	3	\$984.83	3	\$984.83
Family (FF)	0	\$1,736.86	7	\$1,702.15	7	\$1,231.04	7	\$1,231.04
Rx Rates/Equiv Breakout (as applicable)	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv
One Person (1P)	4	Included in Med	2	Included in Med	6	Included in Med	6	Included in Med
Two Person (2P)	1	Included in Med	2	Included in Med	3	Included in Med	3	Included in Med
Family (FF)	0	Included in Med	7	Included in Med	7	Included in Med	7	Included in Med
Total Annual Premium	5	\$52,151	11	\$196,113	16	\$168,407	16	\$168,407
Combined Annual Premium	\$248,264		< TOTALS					
Deductible & Coins Funding	Deductible	Total	Deductible	Total	Ded + Coins	Total	Ded + Coins	Total
Exposure Basis - Individual	\$0	\$0	\$0	\$0	\$3,000	\$18,000	\$2,900	\$17,400
Exposure Basis - Family	\$0	\$0	\$0	\$0	\$6,000	\$60,000	\$5,800	\$58,000
Total Exposure		\$0		\$0		\$78,000		\$75,400
Estimated Utilization Rate	0%		0%		100%		100%	
Additional Ded, Coins., Rx Expense	\$0		\$0		\$78,000		\$75,400	
Administration	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total
Admin Fee	\$0.00		\$0.00		\$0.00		\$0.00	
Combined Total Administration	\$0		\$0		\$0		\$0	
Resulting Plan Features	In Network		In Network		In Network	In Network	In Network	
Coinsurance	0%		0%		0%	0%	0%	
Deductible Individual	\$0		\$0		\$0	\$100	\$200	
Deductible Family	\$0		\$0		\$0	\$200	\$400	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0	\$0	\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0	\$0	\$0	
Office Visit Copay	\$5		\$5		\$0	\$0	\$0	
Rx Copay	\$10/\$20		\$10/\$20		\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$25/\$50	
Prescription Drug Deductible	\$0		\$0		\$0	\$0	\$0	
Total Costs					PEPM	Annual	PEPM	Annual
Best Case Annual Cost		\$248,264		<Totals		\$246,407		\$243,807
Estimated Annual Cost		\$248,264		<Totals		\$246,407		\$243,807
Worst Case Annual Cost		\$248,264		<Totals		\$246,407		\$243,807
Estimated Savings - \$					\$10	\$1,857	\$23	\$4,457
Estimated Savings - %					1%	2%	3%	3%
Final Illustrative Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$695.64	2	\$681.76	6	\$600.42	6	\$594.09
Two Person (2P)	1	\$1,563.33	2	\$1,532.09	3	\$1,440.97	3	\$1,425.76
Family (FF)	0	\$1,736.86	7	\$1,702.15	7	\$1,801.21	7	\$1,782.21



Medical Plan Comparison

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

NICE Community School District
Administration and Support Staff

	CURRENT PLAN Administration		CURRENT PLAN Support Staff 30-39.99 Hours		CURRENT PLAN Support Staff 40-99 Hours		BCBSM SB HSA 3000-0%; \$5/\$25/\$50 Rx		BCBSM SB HSA 3000-0%; \$100/\$200 Ded; \$5/\$25/\$50 Rx		BCBSM SB HSA 3000-0%; \$200/\$400 Ded; \$5/\$25/\$50 Rx	
Carrier	MESSA Choices II \$10/\$20		MESSA Choices II \$10/\$20		MESSA Choices II \$10/\$20		BCBSM		BCBSM		BCBSM	
Rate Period	7/1/2011 - 6/30/2012		7/1/2011 - 6/30/2012		7/1/2011 - 6/30/2012		10/1/2011 - 9/30/2012		10/1/2011 - 9/30/2012		10/1/2011 - 9/30/2012	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network	
Coinsurance	0%		0%		0%		0%		0%		0%	
Deductible Individual	\$0		\$0		\$0		\$3,000		\$3,000		\$3,000	
Deductible Family	\$0		\$0		\$0		\$6,000		\$6,000		\$6,000	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0		\$0		\$0		\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0		\$0		\$0		\$0	
Office Visit Copay	\$5		\$5		\$5		\$0		\$0		\$0	
Rx Copay	\$10/\$20		\$10/\$20		\$10/\$20		\$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50	
Prescription Drug Deductible	\$0		\$0		\$0		\$0		\$0		\$0	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$681.76	4	\$695.64	2	\$681.76	6	\$410.36	6	\$410.36	6	\$410.36
Two Person (2P)	3	\$1,532.09	1	\$1,563.33	2	\$1,532.09	6	\$984.83	6	\$984.83	6	\$984.83
Family (FF)	2	\$1,702.15	0	\$1,736.86	7	\$1,702.15	9	\$1,231.04	9	\$1,231.04	9	\$1,231.04
Rx Rates/Equiv Breakout (as applicable)	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv
One Person (1P)	0	Included in Med	4	Included in Med	2	Included in Med	6	Included in Med	6	Included in Med	6	Included in Med
Two Person (2P)	3	Included in Med	1	Included in Med	2	Included in Med	6	Included in Med	6	Included in Med	6	Included in Med
Family (FF)	2	Included in Med	0	Included in Med	7	Included in Med	9	Included in Med	9	Included in Med	9	Included in Med
Total Annual Premium	5	\$96,007	5	\$52,151	11	\$196,113	21	\$233,406	21	\$233,406	21	\$233,406
Combined Annual Premium	\$344,271		< TOTALS		< TOTALS							
Deductible & Coins Funding	Deductible	Total	Deductible	Total	Deductible	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total
Exposure Basis - Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000	\$18,000	\$2,900	\$17,400	\$2,800	\$16,800
Exposure Basis - Family	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000	\$90,000	\$5,800	\$87,000	\$5,600	\$84,000
Total Exposure	\$0		\$0		\$0		\$108,000		\$104,400		\$100,800	
Estimated Utilization Rate	0%		0%		0%		100%		100%		100%	
Additional Ded, Coins., Rx Expense	\$0		\$0		\$0		\$108,000		\$104,400		\$100,800	
Administration	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total
Admin Fee	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Combined Total Administration	\$0		\$0		\$0		\$0		\$0		\$0	
Resulting Plan Features	In Network		In Network		In Network		In Network		In Network		In Network	
Coinsurance	0%		0%		0%		0%		0%		0%	
Deductible Individual	\$0		\$0		\$0		\$0		\$100		\$200	
Deductible Family	\$0		\$0		\$0		\$0		\$200		\$400	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0		\$0		\$0		\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0		\$0		\$0		\$0	
Office Visit Copay	\$5		\$5		\$5		\$0		\$0		\$0	
Rx Copay	\$10/\$20		\$10/\$20		\$10/\$20		\$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50	
Prescription Drug Deductible	\$0		\$0		\$0		\$0		\$0		\$0	
Total Costs							PEPM	Annual	PEPM	Annual	PEPM	Annual
Best Case Annual Cost	\$344,271		<Totals		<Totals		\$341,406		\$337,806		\$334,206	
Estimated Annual Cost	\$344,271		<Totals		<Totals		\$341,406		\$337,806		\$334,206	
Worst Case Annual Cost	\$344,271		<Totals		<Totals		\$341,406		\$337,806		\$334,206	
Estimated Savings - \$							\$11	\$2,865	\$26	\$6,465	\$40	\$10,065
Estimated Savings - %								1%		2%		3%
Final Illustrative Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$681.76	4	\$695.64	2	\$681.76	6	\$600.24	6	\$593.91	6	\$587.58
Two Person (2P)	3	\$1,532.09	1	\$1,563.33	2	\$1,532.09	6	\$1,440.52	6	\$1,425.33	6	\$1,410.14
Family (FF)	2	\$1,702.15	0	\$1,736.86	7	\$1,702.15	9	\$1,800.66	9	\$1,781.67	9	\$1,762.68