

# NICE COMMUNITY SCHOOLS

09.1.2011 BCBSM Options

Plan	Option 1		Option 2		Option 3		
	Heathly Rewards 250		Heathly Rewards 500		Heathly Rewards 1000		
Deductible - Healthy Rewards	\$250 / \$500		\$500 / \$1000		\$1000 / \$2000		
Co-insurance	80 / 20%		80 / 20%		80 / 20%		
Out of Pocket	\$2750 / \$5500		\$3000 / \$6000		\$3500 / \$7000		
Benefit Plan Deductible	\$1000 / \$2000		\$1500 / \$3000		\$2500 / \$5000		
Office Visit Co-Pay	\$20		\$20		\$30		
Chiro Visit Co-Pay	\$20 (12 visits/yr)		\$20 (12 visits/yr)		\$30 (12 visits/yr)		
Preventative	100% Coverage		100% Coverage		100% Coverage		
ER Co-Pay	\$150		\$150		\$150		
Additional Riders	MHP		MHP		MHP		
Prescription	\$5 /\$25 / \$50		\$5 /\$25 / \$50		\$5 /\$25 / \$50		
Dental	Voluntary Dental PPO 100/80/50 w/ Ortho		Voluntary Dental PPO 100/80/50 w/ Ortho		Voluntary Dental PPO 100/80/50 w/ Ortho		
Vision	None		None		None		
Network	UP Blue PPO	BCBSM PPO	UP Blue PPO	BCBSM PPO	UP Blue PPO	BCBSM PPO	
Medical w/ Dental							
1 Person	17	\$570.45		\$534.12	\$449.02	\$485.45	
2 Person	15	\$1,369.06		\$1,281.88	\$1,077.62	\$1,165.07	
Family	44	\$1,711.32		\$1,602.34	\$1,347.02	\$1,456.34	
Medical Only							
1 Person	1	\$545.55		\$509.23	\$424.13	\$460.56	
2 Person	1	\$1,309.33		\$1,222.15	\$1,017.89	\$1,105.34	
Family	0	\$1,636.65		\$1,527.67	\$1,272.35	\$1,381.67	
Dental Only							
1 Person	1			\$30.62			
2 Person	2			\$73.50			
Family	18			\$91.87			
MONTHLY PREMIUM		\$1,831.28	\$109,217.79	\$1,831.28	\$102,373.86	\$86,339.82	\$93,204.84
ANNUAL PREMIUM		\$21,975.36	\$1,310,613.48	\$21,975.36	\$1,228,486.32	\$1,036,077.84	\$1,118,458.08

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