

Bendle Public Schools
PA 106 Bid Results
Rates Effective 12/1/2016
Dental and Vision - All Employees

Dental

| | Single | Two Person | Family |
|------------------------------|----------|------------|-----------|
| Blue Dental PPO 100/80/60 | \$ 34.96 | \$ 69.92 | \$ 122.36 |
| Blue Dental EPO 100/80/60 | \$ 26.78 | \$ 53.55 | \$ 93.72 |
| ADN (Matching Current Plans) | \$ 33.50 | \$ 75.61 | \$ 90.74 |

Vision

| | Single | Two Person | Family |
|---------------------------|---------|------------|----------|
| Blue Vision 12/12/12 | \$ 7.44 | \$ 14.87 | \$ 24.69 |
| Essential Vision 12/12/12 | \$ 6.63 | \$ 13.26 | \$ 22.01 |
| Superior Vision | \$ 5.84 | \$ 13.18 | \$ 20.39 |

**Bendle Public Schools
Medical/ Rx Options - All Employees
Effective: December 1, 2016**

| | Current Plan | Option 1 | Option 2 | Option 3 | Option 4 | Option 5 |
|---|------------------------|--|--|--|--|--|
| Insurance Carrier | MESSA | Blue Cross Blue Shield* | Blue Cross Blue Shield* | Blue Cross Blue Shield* | Blue Cross Blue Shield* | Blue Cross Blue Shield* |
| Plan Name | ABC Plan 1/ Choices II | Simply Blue HSA \$1300/20% | Simply Blue HSA \$1300/0% | Simply Blue HSA \$2000/0% | Simply Blue \$500 | Simply Blue \$250 |
| Plan Type | PPO | PPO | PPO | PPO | PPO | PPO |
| HSA Compatible | | Yes | Yes | Yes | No | Yes |
| Single Rate 14 | | \$396.12 | \$432.45 | \$381.03 | \$479.50 | \$498.69 |
| Two Person Rate 9 | | \$950.69 | \$1,037.87 | \$914.47 | \$1,150.81 | \$1,196.85 |
| Family Rate 47 | | \$1,188.36 | \$1,297.33 | \$1,143.08 | \$1,438.51 | \$1,496.06 |
| Estimated Monthly Premium | \$102,645.14 | \$69,954.81 | \$76,369.64 | \$67,289.41 | \$84,680.26 | \$88,068.13 |
| Estimated Annual Premium | \$1,231,741.68 | \$839,457.72 | \$916,435.68 | \$807,472.92 | \$1,016,163.12 | \$1,056,817.56 |
| Estimated Monthly Taxes | Included In Premium | Included In Rate | Included In Rate | Included In Rate | Included In Rate | Included In Rate |
| Total Difference From Current | | (\$392,283.96) | (\$315,306.00) | (\$424,268.76) | (\$215,578.56) | (\$174,924.12) |
| % Difference from Current | | -46.73% | -34.41% | -52.54% | -21.21% | -16.55% |
| In-Network Services | | | | | | |
| Deductible | | \$1,300/\$2,600 | \$1,300/\$2,600 | \$2,000/\$4,000 | \$500/\$1,000 | \$250/\$500 |
| Coinsurance | | 20% after deductible for most services | 0% after deductible for most services | 0% after deductible for most services | 20% after deductible for most services | 20% after deductible for most services |
| Out-of-Pocket Maximum | | \$2,250/\$4,500 | \$2,250/\$4,500 | \$3,000/\$6,000 | \$6,350/\$12,700 | \$6,350/\$12,700 |
| Office Visit | | 20% after deductible | 0% after deductible | 0% after deductible | \$20 after deductible | \$20 after deductible |
| Specialist Visit | | 20% after deductible | 0% after deductible | 0% after deductible | \$20 after deductible | \$20 after deductible |
| Urgent Care Visit | | 20% after deductible | 0% after deductible | 0% after deductible | \$20 after deductible | \$20 after deductible |
| Emergency Room Visit | | 20% after deductible | 0% after deductible | 0% after deductible | \$150 after deductible | \$150 after deductible |
| Prescription Drugs | | | | | | |
| Tier 1 - Generic | | \$10 after deductible | \$10 after deductible | \$10 after deductible | \$10 | \$10 |
| Tier 2 - Preferred Brand | | \$40 after deductible | \$40 after deductible | \$40 after deductible | \$40 | \$40 |
| Tier 3 - Nonpreferred Brand | | \$80 after deductible | \$80 after deductible | \$80 after deductible | \$80 | \$80 |
| Tier 4 - Preferred Specialty | | \$80 after deductible | \$80 after deductible | \$80 after deductible | \$80 | \$80 |
| Tier 5 - Non Preferred Specialty | | \$80 after deductible | \$80 after deductible | \$80 after deductible | \$80 | \$80 |
| Out-of- Network Services | | | | | | |
| Deductible | | \$2,600/\$5,200 | \$2,600/\$5,200 | \$4,000/\$8,000 | \$1,000/\$2,000 | \$500/\$1,000 |
| Coinsurance | | 40% after deductible for most services | 20% after deductible for most services | 20% after deductible for most services | 40% after deductible for most services | 40% after deductible for most services |
| Out-of-Pocket Maximum | | \$4,500/\$9,000 | \$4,500/\$9,000 | \$6,000/\$12,000 | \$12,700/\$25,400 | \$12,700/\$25,400 |
| Office Visit | | 40% after deductible | 20% after deductible | 20% after deductible | 40% after deductible | 40% after deductible |
| Specialist Visit | | 40% after deductible | 20% after deductible | 20% after deductible | 40% after deductible | 40% after deductible |
| Urgent Care Visit | | 40% after deductible | 20% after deductible | 20% after deductible | 40% after deductible | 40% after deductible |
| Emergency Room Visit | | 40% after deductible | 20% after deductible | 20% after deductible | 40% after deductible | 40% after deductible |
| Prescription Drugs | | | | | | |
| Tier 1 - Generic | | | | | | |
| Tier 2 - Preferred Brand | | Applicable copay after deductible plus an additional 20% BCBSM approved amount of the drug | Applicable copay after deductible plus an additional 20% BCBSM approved amount of the drug | Applicable copay after deductible plus an additional 20% BCBSM approved amount of the drug | Applicable copay after deductible plus an additional 20% BCBSM approved amount of the drug | Applicable copay after deductible plus an additional 20% BCBSM approved amount of the drug |
| Tier 3 - Nonpreferred Brand | | | | | | |
| Tier 4 - Preferred Specialty | | | | | | |
| Tier 5 - Non Preferred Specialty | | | | | | |

* STANDARD COMMISSION HAS BEEN ADDED TO BCBS AND BCN RATES

Please Note: Rates are estimated and are provided for informational purposes only. Rates may vary due to rounding. Final determination will be made at time of enrollment. Applicable taxes may apply. Please see the Summary of Benefit Coverage for benefit coverage details.

**Bendle Public Schools
Medical/ Rx Options - All Employees
Effective: December 1, 2016**

| | Current Plan | Option 6 | Option 7 | Option 8 |
|---|------------------------|--|--|---------------------------------------|
| Insurance Carrier | MESSA | Blue Care Network* | Blue Care Network* | Blue Care Network* |
| Plan Name | ABC Plan 1/ Choices II | BCN HSA \$1300/0% | BCN HSA \$1300/20% | HMO \$500 |
| Plan Type | PPO | HMO | HMO | HMO |
| HSA Compatible | | Yes | Yes | No |
| Single Rate 14 | | \$363.80 | \$349.15 | \$423.05 |
| Two Person Rate 9 | | \$873.11 | \$837.97 | \$1,015.33 |
| Family Rate 47 | | \$1,091.39 | \$1,047.47 | \$1,269.17 |
| Estimated Monthly Premium | \$102,645.14 | \$64,246.52 | \$61,660.92 | \$74,711.66 |
| Estimated Annual Premium | \$1,231,741.68 | \$770,958.24 | \$739,931.04 | \$896,539.92 |
| Estimated Monthly Taxes | Included In Premium | Included In Rate | Included In Rate | Included In Rate |
| Total Difference From Current | | (\$460,783.44) | (\$491,810.64) | (\$335,201.76) |
| % Difference from Current | | -59.77% | -66.47% | -37.39% |
| In-Network Services | | | | |
| Deductible | | \$1,300/\$2,600 | \$1,300/\$2,600 | \$500/\$1,000 |
| Coinsurance | | 20% after deductible for most services | 20% after deductible for most services | 0% after deductible for most services |
| Out-of-Pocket Maximum | | 2,000/\$4,600 | 2,000/\$4,600 | \$1,000/\$2,000 |
| Office Visit | | 0% after deductible | 20% after deductible | \$20 |
| Specialist Visit | | 0% after deductible | 20% after deductible | \$30 |
| Urgent Care Visit | | 0% after deductible | 20% after deductible | \$35 |
| Emergency Room Visit | | 0% after deductible | 20% after deductible | \$150 |
| Prescription Drugs | | | | |
| Tier 1 - Generic | | \$10 after deductible | \$10 after deductible | \$10 |
| Tier 2 - Preferred Brand | | \$ 40 after deductible | \$ 40 after deductible | \$40 |
| Tier 3 - Nonpreferred Brand | | \$80 after deductible | \$80 after deductible | \$80 |
| Tier 4 - Preferred Specialty | | 20% after deductible max \$200 | 20% after deductible max \$200 | 20% max \$200 |
| Tier 5 - Non Preferred Specialty | | 20% after deductible max \$300 | 20% after deductible max \$300 | 20% max \$300 |
| Out-of- Network Services | | | | |
| Deductible | | Not Covered | Not Covered | Not Covered |
| Coinsurance | | Not Covered | Not Covered | Not Covered |
| Out-of-Pocket Maximum | | Not Covered | Not Covered | Not Covered |
| Office Visit | | Not Covered | Not Covered | Not Covered |
| Specialist Visit | | Not Covered | Not Covered | Not Covered |
| Urgent Care Visit | | Not Covered | Not Covered | Not Covered |
| Emergency Room Visit | | Not Covered | Not Covered | Not Covered |
| Prescription Drugs | | | | |
| Tier 1 - Generic | | Not Covered | Not Covered | Not Covered |
| Tier 2 - Preferred Brand | | Not Covered | Not Covered | Not Covered |
| Tier 3 - Nonpreferred Brand | | Not Covered | Not Covered | Not Covered |
| Tier 4 - Preferred Specialty | | Not Covered | Not Covered | Not Covered |
| Tier 5 - Non Preferred Specialty | | Not Covered | Not Covered | Not Covered |

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Please Note: Rates are estimated and are provided for informational purposes only. Rates may vary due to rounding. Final determination will be made at time of enrollment. Applicable taxes may apply. Please see the Summary of Benefit Coverage for benefit coverage details.