

Dually-Funded Health Care Alternative							
Option 1							
		Plan Admin Fee + Basic COBRA	Expected Claim Liability	BCBSM Premium (Insured)	BCBSM Rx Rate (Insured)	Base Term Life	Total Plan Cost
Single	11	\$27.00	\$82.94	\$330.71	\$94.86	\$2.30	\$537.81
Double	22	\$27.00	\$199.04	\$793.70	\$227.66	\$2.30	\$1,249.71
Family	27	\$27.00	\$248.81	\$992.13	\$284.58	\$2.30	\$1,554.82
Monthly Total		\$1,620.00	\$12,009.00	\$47,886.81	\$13,735.73	\$138.00	\$75,389.54
Annual Total		\$19,440.00	\$144,108.00	\$574,641.70	\$164,828.74	\$1,656.00	\$904,674.43

Benefit Summary

Member Level: DED\$2,850/\$5,650, 100%/0%-After Deductible, HCR-PCB, MHP-2, OV/UC/MT/ER\$50-100%/0%-After Deductible, RX\$10/\$40/\$80 RXCM2X

Underlying Plan: CB15/20%, CBD\$4000, HCR-PCB, MHP-2, OV\$40, UC\$40, MT\$40, ER\$250, RX\$10/\$40/\$80 RXCM2X

1. Please ask for a formal plan document for full benefit detail.
2. The first plan doc is charged a \$1,000; each subsequent plan purchased will be charged \$500 to a max of \$2,500.
3. Start up fees include a plan doc fee, a computer fee of \$100 + \$2.50 per employee, and member cards at \$4.00 per employee.
4. Above rates include \$5,000 BTL and basic COBRA services at \$2.30 and \$1.00, respectively.
5. Plan administration fees include seamless-Wrap.
6. Rates are for illustrative purposes only and are subject to variance based on actual plan experience; final rates are subject to actual cost for Blue Cross Blue Shield portion of coverage.
7. This group will experience a short rating year.

Blue Cross Blue Shield of Michigan Rate Quote

New Policy ERS Quote

Agency: agency name

Client: LAKER SCHOOLS

Group(Subgroup)/Suffix(Class) Specific Data
 Group/Suffix: 0 0 Effective Date: 9/1/2011
 BCBSM Area: 6 Renewal Date: 7/1/2011

Agent: None
 Assoc: None

Pigeon MI 48755

County: Huron
 Zip: 48755

Customer (Primary) 8211 Elementary and secondary schools

Total Eligibles: 52
 Customer Size: 60
 Suffix/Class Size: 60
 Type: Association Entire Group Avg Age: 48.4

BCBSM: Class4

Quoted Benefits	One		Two		Med. Suppl.
	Person	Person	Family	Family	
Community Blue Plan 2	646.17	1550.82	1938.53	382.93	
Amended CB Copay Max \$500	26.53	63.67	79.59	N/A	
HCR-PCB Preventive Care Benefits	7.44	17.85	22.31	1.14	
Mental Health Parity	10.08	24.20	30.25	N/A	
CBC-MT\$10 - Manipulative Treatments Copay	-6.20	-14.88	-18.59	N/A	
CI - Contraceptive Injections	0.00	0.00	0.00	N/A	
PCD - Prescription Contraceptive Devices	0.11	0.27	0.34	N/A	
PD-TTC \$10/\$40/\$80 RXCM	93.22	223.74	279.67	270.36	
PDCM - Prescription Contraceptive Medications	1.53	3.66	4.58	N/A	
RX90 - Retail Purchase 2X for 90-day Refill	0.00	0.00	0.00	N/A	
Total Medical and Drug Rate	778.89	1869.34	2336.68	654.43	
Medical and Drug Enrollment	11	22	27	0	
Total Plan Rate	778.89	1869.34	2336.68	654.43	
Monthly Premium					\$112,784.00

Please submit quote with enrollment documentation.

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

Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.

Cross RRL = 1.5389, Shield RRL = 1.6107

Drug RRL = 7.9502, Dental RRL = 1.4864, Vision RRL = 1.2343

Note: If this is existing business that you are trying to transfer to ERS 50-99 please contact your Sales Representative or Managing Agent for assistance. The quoted rates may not be applicable.

Blue Cross Blue Shield of Michigan Rate Quote

New Policy ERS Quote

Quoted Benefits

One Two Med.
Person Person Family Suppl.

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA)(also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, <http://www.bcbsm.com/healthreform/>. You should also consult with your legal counsel on how you may comply with the law and regulations and the applicability to your plan.

Blue Cross Blue Shield of Michigan Rate Quote

New Policy ERS Quote

Quoted Benefits

One Two Med.
Person Person Family Suppl.

New Business ERS 50-99 Group data information has been provided as follows:

Within the past 18 months the group was "not" enrolled in BCBSM with 50 or more contracts.

Coverage

- The group currently does not have active medical coverage.
- The group currently does not have active prescription drug coverage.
- The group currently does not have active dental coverage.
- The group currently does not have active vision coverage.
- The group will not be offering medical coverage through another insurance carrier including BCN.
- The group will not be offering prescription drug coverage through another insurance carrier including BCN.

Participation

- Medical/Drug enrollment estimated at 70%-80% participation.
- Dental enrollment estimated at 70%-80% participation.
- Vision enrollment estimated at 70%-80% participation.

Residence

- Enrollment estimated at 70%-80% Michigan residents.

Blue Cross Blue Shield of Michigan Rate Quote

New Policy ERS Quote

Agency: agency name

Client: LAKER SCHOOLS

Group/Subgroup)/Suffix(Class) Specific Data

Group/Suffix: 0 0 Effective Date: 9/1/2011

BCBSM Area: 6 Renewal Date: 7/1/2011

County: Huron

Zip: 48755

Total Eligibles: 52

Type: Association

Customer Size: 60
Suffix/Class Size: 60

Entire Group Avg Age: 48.4

Agent:
Assoc: None

Pigeon

MI 48755

Customer (Primary) 8211 Elementary and secondary schools

BCBSM: Class4

Quoted Benefits	One		Two		Med.	Suppl.
	Person	Person	Person	Family		
Community Blue Plan 15/20%	728.53	1748.48	2185.59	382.93		
Amended CB Copay Max \$2500	20.26	48.63	60.79	N/A		
Mental Health Parity	7.28	17.48	21.85	N/A		
\$4000/\$8000 In-Network Deductible	-346.48	-831.56	-1039.45	N/A		
\$8000/\$16,000 Out-Of-Network Deductible	-19.85	-47.64	-59.55	N/A		
HCR-PCB Preventive Care Benefits	7.44	17.85	22.31	1.14		
CB-OV\$40, office visit copay requirement	-37.28	-89.48	-111.85	N/A		
CBC-MT\$40 - Manipulative Treatments Copay	-18.95	-45.49	-56.86	N/A		
CB-ER \$250, Emergency Room Copay	-10.24	-24.58	-30.73	N/A		
CI - Contraceptive Injections	0.00	0.00	0.00	N/A		
PCD - Prescription Contraceptive Devices	0.11	0.27	0.34	N/A		
PD-TTC \$10/\$40/\$80 RXCM	93.22	223.74	279.67	270.36		
PDPCM - Prescription Contraceptive Medications	1.53	3.66	4.58	N/A		
RX90 - Retail Purchase 2X for 90-day Refill	0.00	0.00	0.00	N/A		
Total Medical and Drug Rate	425.57	1021.37	1276.71	654.43		
Medical and Drug Enrollment	11	22	27	0		
Total Plan Rate	425.57	1021.37	1276.71	654.43		
Monthly Premium						\$61,622.70

Please submit quote with enrollment documentation.

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Blue Cross Blue Shield of Michigan Rate Quote

New Policy ERS Quote

Quoted Benefits

Cross RRL = 1.5389, Shield RRL = 1.6107

Drug RRL = 7.9502, Dental RRL = 1.4864, Vision RRL = 1.2343

Note: If this is existing business that you are trying to transfer to ERS 50-99 please contact your Sales Representative or Managing Agent for assistance. The quoted rates may not be applicable.

One Two Med.
Person Person Family Suppl.

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA)(also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, <http://www.bcbsm.com/healthreform/>. You should also consult with your legal counsel on how you may comply with the law and regulations and the applicability to your plan.

Blue Cross Blue Shield of Michigan Rate Quote

New Policy ERS Quote

Quoted Benefits

One Two Med.
Person Person Family Suppl.

New Business ERS 50-99 Group data information has been provided as follows:

Within the past 18 months the group was "not" enrolled in BCBSM with 50 or more contracts.

Coverage

- The group currently does not have active medical coverage.
- The group currently does not have active prescription drug coverage.
- The group currently does not have active dental coverage.
- The group currently does not have active vision coverage.
- The group will not be offering medical coverage through another insurance carrier including BCN.
- The group will not be offering prescription drug coverage through another insurance carrier including BCN.

Participation

- Medical/Drug enrollment estimated at 70%-80% participation.
- Dental enrollment estimated at 70%-80% participation.
- Vision enrollment estimated at 70%-80% participation.

Residence

- Enrollment estimated at 70%-80% Michigan residents.

Health Plus

Lakers

7/28/11 MLK

2011 Renewal

		Renewal		Monthly Cost			
		Current	Blue X	%	\$	Current	Blue X
7	Single	\$382.61	\$456.49	19.31%	\$73.88	\$2,678.27	\$3,195.43
23	Two Person	\$860.88	\$1,095.58	27.26%	\$234.70	\$19,800.24	\$25,198.34
26	Family	\$1,071.34	\$1,369.48	27.83%	\$298.14	\$27,854.84	\$35,606.48
				Monthly Premium		\$50,333.35	\$64,000.25

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Total Monthly Change \$13,666.90

Percentage Of Change 27.15%

- **** Blue Cross had a higher deductible \$3,050 single and \$6,150 for everything else
- **** Blue Cross has a \$10/\$60 co-pay on the prescription drug card
- **** Benefits were matched as close as possible but are not exact

Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change/BCBSM ERS Quote

Agency: Haley & Associates
989-269-5100

Client: Laker Schools

Agent:
Assoc: PHCC

Pigeon

MI 48755

Customer (Primary) 8211 Elementary and secondary schools

BCBSM: Class4

Group(Subgroup)/Suffix(Class) Specific Data

Group/Suffix: 0 0 **Effective Date:** 1/1/2011
BCBSM Area: 6 **Renewal Date:** 1/1/2011

County: Huron
Zip: 48755

Total Eligibles: 65

Customer Size: 56

Type: Chamber

Suffix/Class Size: 56

Quoted Benefits

	One Person	Two Person	Family	Med. Suppl.
Flex Blue 4 - 0% Copay-\$1,000/\$2,000 OutOfPocket Requires RX Plat	371.59	891.83	1114.79	361.86
HCR-PCB Preventive Care Benefits	21.26	51.02	63.78	N/A
Mental Health Parly	0.00	0.00	0.00	N/A
OCSM-24 - Osteopathic and Chiropractic Spinal Manipulation	9.29	22.29	27.87	N/A
RX \$10/\$60 Copay w/Mail Order 2X	55.38	132.92	166.15	222.38
PD-PT - Preferred Therapy	-1.03	-2.48	-3.10	-4.22
Total Medical and Drug Rate	456.49	1095.58	1369.48	580.02
Medical and Drug Enrollment	7	23	26	0
Total Plan Rate	456.49	1095.58	1369.48	580.02
Monthly Premium				\$64,000.40

Please submit quote with enrollment documentation.

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

Final rates will be determined by BCBSM underwriting based on actual group enrollment and participation.

Within the past 18 months was the group enrolled with BCBSM with 50 or more contracts or had 20% or more out of state enrollment was answered No.

Cross RRL = 1.5647, Shield RRL = 1.3385

Drug RRL = 3.9394, Dental RRL = 0.0000, Vision RRL = 0.0000

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA)(also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, <http://www.bcbsm.com/healthreform/>. You should also consult with your legal counsel on how you may comply with the law and regulations and the applicability to your plan.

Rich Ward

From: Gwyn.Starr@priorityhealth.com
Sent: Sunday, August 22, 2010 9:05 PM
To: rward@hwains.com
Cc: Lisa.Ouilette@priorityhealth.com; Kerri.Dunkley@priorityhealth.com
Subject: Laker Schools DTQ

Hi Rich,

I regret that Priority Health must decline to quote this one as our rates are uncompetitive against the current carrier.

I look forward to our next opportunity.

Regards,
Gwyn M. Starr, MBA
Sales Executive
East Region Sales



34505 W. 12 Mile Rd.
Farmington Hills, MI 48331

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