

Pottersville Public Schools - Admin/Support July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
Type of Plan	90/70% POS HRA	90/70% POS HRA	90/70% POS HRA	90/70% POS HRA	80/60% POS	80/60% POS	80/60% POS	80/60% POS	80/60% POS
Network	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
In Network	Current Rates	Renewal A	Renewal B	Renewal C	Option 1	Option 2	Option 3	Option 4	Option 5
Deductible (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000
Coinsurance	90%	90%	90%	90%	80%	80%	80%	80%	80%
Coinsurance Max	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
Out of Pocket Max (Single/Family)	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,750/\$3,500	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000
Office Visit Copays	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Chiropractic Visit copays	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Hearing Aid Rider	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Inpatient & Outpatient Hospital	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
ER	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Ambulance	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Out of Network									
Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	70%	70%	70%	70%	60%	60%	60%	60%	60%
Coinsurance Max	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Out of Pocket Max	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000
Preventive	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Office Visit Copays	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Specialist	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Chiropractic Visit copays	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Inpatient & Outpatient Hospital	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
ER	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Ambulance	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Premium Rates	Current Rates	Renewal Rates A	Renewal Rates B	Renewal Rates C	Option 1	Option 2	Option 3	Option 4	Option 5
Single (4)	\$ 272.99	\$ 295.14	\$ 297.88	\$ 299.07	\$ 428.32	\$ 411.06	\$ 369.56	\$ 329.16	\$ 283.67
Double (6)	\$ 627.88	\$ 678.83	\$ 685.13	\$ 687.85	\$ 985.14	\$ 945.43	\$ 850.00	\$ 757.07	\$ 652.45
Family (2)	\$ 737.07	\$ 796.88	\$ 804.29	\$ 807.48	\$ 1,156.47	\$ 1,109.86	\$ 997.82	\$ 888.74	\$ 765.92
Estimated Monthly Premium	\$ 6,333.38	\$ 6,847.30	\$ 6,910.88	\$ 6,938.34	\$ 9,937.06	\$ 9,536.54	\$ 8,573.88	\$ 7,636.54	\$ 6,581.22
Yearly Premium	\$ 76,000.56	\$ 82,167.60	\$ 82,930.56	\$ 83,260.08	\$ 119,245	\$ 114,438	\$ 102,887	\$ 91,638	\$ 78,975
Yearly Savings from Current		\$ (6,167.04)	\$ (6,930.00)	\$ (7,259.52)	\$ (43,244.16)	\$ (38,437.92)	\$ (26,886.00)	\$ (15,637.92)	\$ (2,974.08)
% of difference from Current		8.1%	9.1%	9.6%	56.9%	50.6%	35.4%	20.6%	3.9%

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Insurance Company	McLaren	BCBS CB 3A	BCBS CB 4A	BCBS CB 12A	BCBS SB500	BCBS SB1000	BCBS SB1500	BCBS SB2500	SB HRA2500
Type of Plan	90/70% POS HRA	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO
Network	McLaren	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS
In Network	Current Rates	Option 6	Option 7	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13
Deductible (Single/Family)	\$3,000/\$6,000	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	90%	80%	80%	80%	80%	80%	80%	80%	80%
Coinsurance Max	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Out of Pocket Max (Single/Family)	\$3,500/\$7,000	\$1,250/\$2,500	\$2,000/\$4,000	\$3,500/\$7,000	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Office Visit Copays	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$60 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Chiropractic Visit copays	Covered 100% up to \$1,000/year	\$30 Copay	\$30 Copay	\$30 Copay	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Hearing Aid Rider	Yes	No	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	\$50 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay
ER	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Out of Network									
Deductible	\$3,000/\$6,000	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	70%	60%	60%	60%	60%	60%	60%	60%	60%
Coinsurance Max	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out of Pocket Max	\$6,000/\$12,000	\$2,500/\$5,000	\$4,000/\$8,000	\$7,000/\$14,000	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$10,000/\$20,000	\$10,000/\$20,000
Preventive	After deductible, 70%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Specialist	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Chiropractic Visit copays	Covered 100% up to \$1,000/year	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Inpatient & Outpatient Hospital	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Urgent Care	\$50 Copay	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
ER	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 70%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Premium Rates	Current Rates	Option 6	Option 7	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13
Single (4)	\$ 272.99	\$ 606.85	\$ 565.04	\$ 544.01	\$ 509.16	\$ 467.05	\$ 439.83	\$ 388.16	\$ 431.07
Double (6)	\$ 627.88	\$ 1,456.42	\$ 1,356.09	\$ 1,305.58	\$ 1,221.94	\$ 1,120.91	\$ 1,055.61	\$ 931.60	\$ 1,034.58
Family (2)	\$ 737.07	\$ 1,820.50	\$ 1,695.09	\$ 1,631.95	\$ 1,527.43	\$ 1,401.14	\$ 1,319.50	\$ 1,164.48	\$ 1,293.21
Estimated Monthly Premium	\$ 6,333.38	\$ 14,806.92	\$ 13,786.88	\$ 13,273.42	\$ 12,423.14	\$ 11,395.94	\$ 10,731.98	\$ 9,471.20	\$ 10,518.18
Yearly Premium	\$ 76,000.56	\$ 177,683.04	\$ 165,442.56	\$ 159,281.04	\$ 149,077.68	\$ 136,751	\$ 128,784	\$ 113,654	\$ 126,218
Yearly Savings from Current		\$ (101,682.48)	\$ (89,442.00)	\$ (83,280.48)	\$ (73,077.12)	\$ (60,750.72)	\$ (52,783.20)	\$ (37,653.84)	\$ (50,217.60)
% of difference from Current		133.8%	117.7%	109.6%	96.2%	79.9%	69.5%	49.5%	66.1%

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Insurance Company	McLaren	Blue Care Network (BCN) 65	Blue Care Network (BCN) Deduct 1	Blue Care Network (BCN) Deduct 3	Blue Care Network (BCN) Deduct 6	Blue Care Network (BCN) Deduct 8	Blue Care Network (BCN) Deduct 9	Blue Care Network (BCN)	Blue Care Network (BCN)
Type of Plan	90/70% POS HRA	100% HMO	80% HMO HRA	80% HMO HRA	80% HMO HRA	80% HMO HRA	80% HMO HRA	100% HMO HSA	100% HMO HSA
Network	McLaren	BCN	BCN	BCN	BCN	BCN	BCN	BCN	BCN
In Network	Current Rates	Option 14	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Deductible (Single/Family)	\$3,000/\$6,000	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	90%	100%	80%	80%	80%	80%	70%	100%	100%
Coinsurance Max	\$500/\$1,000	\$0/\$0	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max (Single/Family)	\$3,500/\$7,000	\$0/\$0	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,000/\$8,000	\$5,000/\$10,000
Office Visit Copays	\$30 Copay	100%	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Specialist	\$30 Copay	100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays	Covered 100% up to \$1,000/year	100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Hearing Aid Rider	Yes	No	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 90%	100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%
Urgent Care	\$50 Copay	100%	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%
ER	\$100 Copay	100%	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 90%	100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network									
Deductible	\$3,000/\$6,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max	\$3,000/\$6,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	\$6,000/\$12,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Office Visit Copays	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specialist	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractic Visit copays	Covered 100% up to \$1,000/year	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient & Outpatient Hospital	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Urgent Care	\$50 Copay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ER	\$100 Copay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambulance	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Premium Rates	Current Rates	Option 14	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Single (4)	\$ 272.99	\$ 423.59	\$ 352.63	\$ 321.03	\$ 290.17	\$ 264.53	\$ 261.59	\$ 319.58	\$ 286.09
Double (6)	\$ 627.88	\$ 1,016.62	\$ 846.33	\$ 770.48	\$ 696.43	\$ 634.89	\$ 627.81	\$ 766.99	\$ 686.62
Family (2)	\$ 737.07	\$ 993.69	\$ 952.11	\$ 866.78	\$ 783.48	\$ 714.24	\$ 706.28	\$ 862.86	\$ 772.45
Estimated Monthly Premium	\$ 6,333.38	\$ 9,781.46	\$ 8,392.72	\$ 7,640.56	\$ 6,906.22	\$ 6,295.94	\$ 6,225.78	\$ 7,605.98	\$ 6,808.98
Yearly Premium	\$ 76,000.56	\$ 117,377.52	\$ 100,712.64	\$ 91,686.72	\$ 82,874.64	\$ 75,551.28	\$ 74,709.36	\$ 91,271.76	\$ 81,707.76
Yearly Savings from Current		\$ (41,376.96)	\$ (24,712.08)	\$ (15,686.16)	\$ (6,874.08)	\$ 449.28	\$ 1,291.20	\$ (15,720.48)	\$ (6,156.48)
% of difference from Current		54.4%	32.5%	20.6%	9.0%	-0.6%	-1.7%	20.8%	8.1%

*PHP was NOT competitive with the Admin group only! They are only competitive for the Teachers group or everyone combined.

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Insurance Company	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
Type of Plan	90/70% POS HRA	90/70% POS HRA	90/70% POS HRA	90/70% POS HRA	80/60% POS	80/60% POS	80/60% POS	80/60% POS	80/60% POS
Network	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
In Network	Current Rates	Renewal A	Renewal B	Renewal C	Option 1	Option 2	Option 3	Option 4	Option 5
Deductible (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000
Coinsurance	90%	90%	90%	90%	80%	80%	80%	80%	80%
Coinsurance Max	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
Out of Pocket Max (Single/Family)	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,750/\$3,500	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000
Office Visit Copays	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Chiropractic Visit copays	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Hearing Aid Rider	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Inpatient & Outpatient Hospital	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
ER	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Ambulance	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Out of Network									
Deductible	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	70%	70%	70%	70%	60%	60%	60%	60%	60%
Coinsurance Max	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Out of Pocket Max	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000
Preventive	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Office Visit Copays	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Specialist	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Chiropractic Visit copays	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Inpatient & Outpatient Hospital	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
ER	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Ambulance	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Premium Rates	Current Rates	Renewal Rates A	Renewal Rates B	Renewal Rates C	Option 1	Option 2	Option 3	Option 4	Option 5
Single (4+19 NEW=23)	\$ 272.99	\$ 295.14	\$ 297.88	\$ 299.07	\$ 428.32	\$ 411.06	\$ 369.56	\$ 329.16	\$ 283.67
Double (6)	\$ 627.88	\$ 678.83	\$ 685.13	\$ 687.85	\$ 985.14	\$ 945.43	\$ 850.00	\$ 757.07	\$ 652.45
Family (2)	\$ 737.07	\$ 796.88	\$ 804.29	\$ 807.48	\$ 1,156.47	\$ 1,109.86	\$ 997.82	\$ 888.74	\$ 765.92
Estimated Monthly Premium	\$ 11,520.19	\$ 12,454.96	\$ 12,570.60	\$ 12,620.67	\$ 18,075.14	\$ 17,346.68	\$ 15,595.52	\$ 13,890.58	\$ 11,970.95
Yearly Premium	\$ 138,242.28	\$ 149,459.52	\$ 150,847.20	\$ 151,448.04	\$ 216,902	\$ 208,160	\$ 187,146	\$ 166,687	\$ 143,651
Yearly Savings from Current		\$ (11,217.24)	\$ (12,604.92)	\$ (13,205.76)	\$ (78,659.40)	\$ (69,917.88)	\$ (48,903.96)	\$ (28,444.68)	\$ (5,409.12)
% of difference from Current		8.1%	9.1%	9.6%	56.9%	50.6%	35.4%	20.6%	3.9%

Pottersville Public Schools - Admin/Support July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	McLaren	BCBS CB 3A	BCBS CB 4A	BCBS CB 12A	BCBS SB500	BCBS SB1000	BCBS SB1500	BCBS SB2500	SB HRA2500
Type of Plan	90/70% POS HRA	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO
Network	McLaren	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS
In Network	Current Rates	Option 6	Option 7	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13
Deductible (Single/Family)	\$3,000/\$6,000	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	90%	80%	80%	80%	80%	80%	80%	80%	80%
Coinsurance Max	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Out of Pocket Max (Single/Family)	\$3,500/\$7,000	\$1,250/\$2,500	\$2,000/\$4,000	\$3,500/\$7,000	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Office Visit Copays	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$60 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Chiropractic Visit copays	Covered 100% up to \$1,000/year	\$30 Copay	\$30 Copay	\$30 Copay	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Hearing Aid Rider	Yes	No	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	\$50 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay
ER	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Out of Network									
Deductible	\$3,000/\$6,000	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	70%	60%	60%	60%	60%	60%	60%	60%	60%
Coinsurance Max	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out of Pocket Max	\$6,000/\$12,000	\$2,500/\$5,000	\$4,000/\$8,000	\$7,000/\$14,000	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$10,000/\$20,000	\$10,000/\$20,000
Preventive	After deductible, 70%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Specialist	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Chiropractic Visit copays	Covered 100% up to \$1,000/year	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Inpatient & Outpatient Hospital	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Urgent Care	\$50 Copay	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%
ER	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 70%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Premium Rates	Current Rates	Option 6	Option 7	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13
Single (4+19 NEW=23)	\$ 272.99	\$ 606.85	\$ 565.04	\$ 544.01	\$ 509.16	\$ 467.05	\$ 439.83	\$ 388.16	\$ 431.07
Double (6)	\$ 627.88	\$ 1,456.42	\$ 1,356.09	\$ 1,305.58	\$ 1,221.94	\$ 1,120.91	\$ 1,055.61	\$ 931.60	\$ 1,034.58
Family (2)	\$ 737.07	\$ 1,820.50	\$ 1,695.09	\$ 1,631.95	\$ 1,527.43	\$ 1,401.14	\$ 1,319.50	\$ 1,164.48	\$ 1,293.21
Estimated Monthly Premium	\$ 11,520.19	\$ 26,337.07	\$ 24,522.64	\$ 23,609.61	\$ 22,097.18	\$ 20,269.89	\$ 19,088.75	\$ 16,846.24	\$ 18,708.51
Yearly Premium	\$ 138,242.28	\$ 316,044.84	\$ 294,271.68	\$ 283,315.32	\$ 265,166.16	\$ 243,239	\$ 229,065	\$ 202,155	\$ 224,502
Yearly Savings from Current		\$ (177,802.56)	\$ (156,029.40)	\$ (145,073.04)	\$ (126,923.88)	\$ (104,996.40)	\$ (90,822.72)	\$ (63,912.60)	\$ (86,259.84)
% of difference from Current		128.6%	112.9%	104.9%	91.8%	76.0%	65.7%	46.2%	62.4%

Pottersville Public Schools - Admin/Support July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	McLaren	Blue Care Network (BCN) 65	Blue Care Network (BCN) Deduct 1	Blue Care Network (BCN) Deduct 3	Blue Care Network (BCN) Deduct 6	Blue Care Network (BCN) Deduct 8	Blue Care Network (BCN) Deduct 9	Blue Care Network (BCN)	Blue Care Network (BCN)
Type of Plan	90/70% POS HRA	100% HMO	80% HMO HRA	80% HMO HRA	80% HMO HRA	80% HMO HRA	80% HMO HRA	100% HMO HSA	100% HMO HSA
Network	McLaren	BCN	BCN	BCN	BCN	BCN	BCN	BCN	BCN
In Network	Current Rates	Option 14	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Deductible (Single/Family)	\$3,000/\$6,000	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	90%	100%	80%	80%	80%	80%	70%	100%	100%
Coinsurance Max	\$500/\$1,000	\$0/\$0	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max (Single/Family)	\$3,500/\$7,000	\$0/\$0	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,000/\$8,000	\$5,000/\$10,000
Office Visit Copays	\$30 Copay	100%	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Specialist	\$30 Copay	100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays	Covered 100% up to \$1,000/year	100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Hearing Aid Rider	Yes	No	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 90%	100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%
Urgent Care	\$50 Copay	100%	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%
ER	\$100 Copay	100%	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 90%	100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network									
Deductible	\$3,000/\$6,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max	\$3,000/\$6,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	\$6,000/\$12,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Office Visit Copays	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specialist	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractic Visit copays	Covered 100% up to \$1,000/year	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient & Outpatient Hospital	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Urgent Care	\$50 Copay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ER	\$100 Copay	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambulance	After deductible, 70%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Copays	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Premium Rates	Current Rates	Option 14	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Single (4+19 NEW=23)	\$ 272.99	\$ 444.27	\$ 369.85	\$ 336.70	\$ 304.34	\$ 277.45	\$ 274.36	\$ 335.18	\$ 300.06
Double (6)	\$ 627.88	\$ 1,066.23	\$ 887.63	\$ 808.07	\$ 730.41	\$ 665.87	\$ 658.45	\$ 804.43	\$ 720.14
Family (2)	\$ 737.07	\$ 1,199.52	\$ 998.59	\$ 909.09	\$ 821.72	\$ 749.11	\$ 740.76	\$ 904.99	\$ 810.15
Estimated Monthly Premium	\$ 11,520.19	\$ 19,014.63	\$ 15,829.51	\$ 14,410.70	\$ 13,025.72	\$ 11,874.79	\$ 11,742.50	\$ 14,345.70	\$ 12,842.52
Yearly Premium	\$ 138,242.28	\$ 228,175.56	\$ 189,954.12	\$ 172,928.40	\$ 156,308.64	\$ 142,497.48	\$ 140,910.00	\$ 172,148.40	\$ 154,110.24
Yearly Savings from Current		\$ (89,933.28)	\$ (51,711.84)	\$ (34,686.12)	\$ (18,066.36)	\$ (4,255.20)	\$ (2,667.72)	\$ (29,650.92)	\$ (11,612.76)
% of difference from Current		65.1%	37.4%	25.1%	13.1%	3.1%	1.9%	20.8%	8.1%

*PHP was NOT competitive with the Admin group only! They are only competitive for the Teachers group or everyone combined.

Potterville Public Schools - Admin/Support July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

DENTAL	Class A Preventative	Class B Basic Services	Class C Major Services	Class D Orthodontics	Deductible on Class B & C Services Only	Benefit Year Maximum/ Lifetime Max on Class D
AlwaysCare	100%/100%	90%/80%	60%/50%	50%/50%	\$50	\$1,000/\$1,500
Rates	Single - 5	Double - 8	Family - 3	Total Monthly Premium	Yearly Premium	% of Change
CURRENT	\$41.88	\$81.20	\$143.94	\$1,290.82	\$15,489.84	
RENEWAL	\$41.88	\$81.20	\$143.94	\$1,290.82	\$15,489.84	0.00%
VISION	Exam	Materials	Std. Plastic Lenses	Frames	Contact Lenses:	
AlwaysCare	\$10 Copay	\$10 Copay	Covered by copay: Single/Bifocal/Trifocal and Lenticular. Progressive: \$70 Allowance	\$150 allowance (\$94 retail at Costco, Walmart, Sam's)	Elective: Up to \$150 allowance Medically Necessary: Up to \$210 allowance	
Rates	Single - 4	Double - 10	Family - 4	Total Monthly Premium	Yearly Premium	% of Change
CURRENT	\$9.96	\$19.20	\$32.42	\$361.52	\$3,483.36	
RENEWAL	\$9.96	\$19.20	\$32.42	\$361.52	\$3,483.36	0.00%

Pottersville Public Schools - Certified Staff CHOICES July 2013 Renewal
Presented by Patty Siegel, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA Choices II	MESSA Choices II	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
Type of Plan	100/80% PPO	100/80% PPO	80/60% POS	80/60% POS	100/70% POS	80/60% POS	100/70% POS	80/60% POS	90%/70% POS
Network	BCBS	BCBS	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
In Network	Current Rates	Renewal Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Deductible (Single/Family)	\$300/\$600	\$300/\$600	\$250/\$500	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance	100%	100%	80%	80%	100%	80%	100%	80%	90%
Coinsurance Max	N/A	N/A	\$1,500/\$3,000	\$1,500/\$3,000	N/A	\$1,500/\$3,000	N/A	\$1,500/\$3,000	\$500/\$1,000
Out of Pocket Max (Single/Family)	\$300/\$600	\$300/\$600	\$1,750/\$3,500	\$2,000/\$4,000	\$500/\$1,000	\$2,500/\$5,000	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$4,000
Office Visit Copays	After deductible, \$20	After deductible, \$20	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay
Specialist	After deductible, \$20	After deductible, \$20	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Hearing Aid Rider	?	?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 90%
Urgent Care	After deductible, \$25 Copay	After deductible, \$25 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 90%
Prescription Drug Copays	\$10/\$20	\$10/\$20	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Out of Network									
Deductible	\$600/\$1,200	\$600/\$1,200	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	80%	80%	60%	60%	70%	60%	70%	60%	70%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Out of Pocket Max	\$2,600/\$5,200	\$2,600/\$5,200	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000
Preventive	Not Covered	Not Covered	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%
Urgent Care	After deductible, 80%	After deductible, 80%	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%
Prescription Drug Copays	After deductible, 75%, minus copay	After deductible, 75%, minus copay	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Premium Rates	Current Rates	Renewal Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Single (8)	\$ 595.02	\$ 600.95	\$ 428.32	\$ 411.06	\$ 545.05	\$ 369.56	\$ 484.95	\$ 329.16	\$ 411.17
Double (2)	\$ 1,338.78	\$ 1,350.27	\$ 985.14	\$ 945.43	\$ 1,253.62	\$ 850.00	\$ 1,115.39	\$ 757.07	\$ 945.69
Family (9)	\$ 1,487.55	\$ 1,679.97	\$ 1,156.47	\$ 1,109.86	\$ 1,471.64	\$ 997.82	\$ 1,309.37	\$ 888.74	\$ 1,110.16
Estimated Monthly Premium	\$ 20,825.67	\$ 22,627.87	\$ 15,805.07	\$ 15,168.08	\$ 20,112.40	\$ 13,636.86	\$ 17,894.71	\$ 12,146.08	\$ 15,172.18
Yearly Premium	\$ 249,908.04	\$ 271,534.44	\$ 189,661	\$ 182,017	\$ 241,349	\$ 163,642	\$ 214,737	\$ 145,753	\$ 182,066
Yearly Savings from Current		\$ (21,626.40)	\$ 60,247.20	\$ 67,891.08	\$ 8,559.24	\$ 86,265.72	\$ 35,171.52	\$ 104,155.08	\$ 67,841.88
% of difference from Current		9%	-24%	-27.2%	-3.4%	-34.5%	-14.1%	-41.7%	-27.1%

Pottersville Public Schools - Certified Staff CHOICES July 2013 Renewal
Presented by Patty Siegel, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA Choices II	MESSA Choices II	McLaren	McLaren	McLaren	McLaren	BCBS CB 3A	BCBS CB 4A	BCBS CB 12A
Type of Plan	100/80% PPO	100/80% PPO	80/60% POS	90/60% POS	90/70% POS HRA	90/70% POS HRA	80/60% PPO	80/60% PPO	80/60% PPO
Network	BCBS	BCBS	McLaren	McLaren	McLaren	McLaren	BCBS	BCBS	BCBS
In Network	Current Rates	Renewal Rates	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13	Option 14
Deductible (Single/Family)	\$300/\$600	\$300/\$600	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	100%	100%	80%	90%	90%	90%	80%	80%	80%
Coinsurance Max	N/A	N/A	\$1,500/\$3,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000
Out of Pocket Max (Single/Family)	\$300/\$600	\$300/\$600	\$4,000/\$8,000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,250/\$2,500	\$2,000/\$4,000	\$3,500/\$7,000
Office Visit Copays	After deductible, \$20	After deductible, \$20	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist	After deductible, \$20	After deductible, \$20	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,500/year	\$30 Copay	\$30 Copay	\$30 Copay
Hearing Aid Rider	?	?	Yes	Yes	Yes	Yes	No	No	No
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	After deductible, \$25 Copay	After deductible, \$25 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	\$100 Copay	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	\$10/\$20	\$10/\$20	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Out of Network									
Deductible	\$600/\$1,200	\$600/\$1,200	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	80%	80%	60%	70%	70%	70%	60%	60%	60%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Out of Pocket Max	\$2,600/\$5,200	\$2,600/\$5,200	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$2,500/\$5,000	\$4,000/\$8,000	\$7,000/\$14,000
Preventive	Not Covered	Not Covered	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	After deductible, 60%	After deductible, 60%	After deductible, 60%
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Urgent Care	After deductible, 80%	After deductible, 80%	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 60%	After deductible, 60%	After deductible, 60%
Hospital Emergency Room	\$50 Copay	\$50 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	After deductible, 75%, minus copay	After deductible, 75%, minus copay	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Premium Rates	Current Rates	Renewal Rates	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13	Option 14
Single (8)	\$ 595.02	\$ 600.95	\$ 283.67	\$ 352.80	\$ 297.88	\$ 299.07	\$ 388.93	\$ 361.76	\$ 348.03
Double (2)	\$ 1,338.78	\$ 1,350.27	\$ 652.45	\$ 811.44	\$ 685.13	\$ 687.85	\$ 933.39	\$ 868.15	\$ 835.26
Family (9)	\$ 1,487.55	\$ 1,679.97	\$ 765.92	\$ 952.56	\$ 804.29	\$ 807.48	\$ 1,166.72	\$ 1,085.18	\$ 1,044.08
Estimated Monthly Premium	\$ 20,825.67	\$ 22,627.87	\$ 10,467.54	\$ 13,018.32	\$ 10,991.91	\$ 11,035.58	\$ 15,478.70	\$ 14,397.00	\$ 13,851.48
Yearly Premium	\$ 249,908.04	\$ 271,534.44	\$ 125,610	\$ 156,220	\$ 131,902.92	\$ 132,426.96	\$ 185,744.40	\$ 172,764.00	\$ 166,217.76
Yearly Savings from Current		\$ (21,626.40)	\$ 124,297.56	\$ 93,688.20	\$ 118,005.12	\$ 117,481.08	\$ 64,163.64	\$ 77,144.04	\$ 83,690.28
% of difference from Current		9%	-50%	-37%	-47%	-47%	-26%	-31%	-33%

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Presented by Patty Siegel, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA Choices II	MESSA Choices II	BCBS SB500	BCBS SB1000	BCBS SB1500	BCBS SB2500	SB HRA2500	SBHSA1250	SBHSA2000
Type of Plan	100/80% PPO	100/80% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	100/80% PPO	100/80% PPO
Network	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS
In Network	Current Rates	Renewal Rates	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Deductible (Single/Family)	\$300/\$600	\$300/\$600	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$1,250/\$2,500	\$2,000/\$4,000
Coinsurance	100%	100%	80%	80%	80%	80%	80%	100%	100%
Coinsurance Max	N/A	N/A	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$1,000/\$2,000	\$1,000/\$2,000
Out of Pocket Max (Single/Family)	\$300/\$600	\$300/\$600	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,250/\$4,500	\$3,000/\$6,000
Office Visit Copays	After deductible, \$20	After deductible, \$20	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Specialist	After deductible, \$20	After deductible, \$20	\$60 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Hearing Aid Rider	?	?	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, \$25 Copay	After deductible, \$25 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	After deductible, 100%	After deductible, 100%
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	\$10/\$20	\$10/\$20	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network									
Deductible	\$600/\$1,200	\$600/\$1,200	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,500/\$5,000	\$4,000/\$8,000
Coinsurance	80%	80%	60%	60%	60%	60%	60%	80%	80%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max	\$2,600/\$5,200	\$2,600/\$5,200	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$10,000/\$20,000	\$10,000/\$20,000	\$4,500/\$9,000	\$6,000/\$12,000
Preventive	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay	After deductible, 80%	After deductible, 80%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	After deductible, 75%, minus copay	After deductible, 75%, minus copay	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Premium Rates	Current Rates	Renewal Rates	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Single (8)	\$ 595.02	\$ 600.95	\$ 322.67	\$ 297.43	\$ 279.74	\$ 246.14	\$ 274.03	\$ 325.78	\$ 288.27
Double (2)	\$ 1,338.78	\$ 1,350.27	\$ 774.34	\$ 713.81	\$ 671.33	\$ 590.70	\$ 657.66	\$ 781.85	\$ 691.85
Family (9)	\$ 1,487.55	\$ 1,679.97	\$ 967.90	\$ 892.24	\$ 839.17	\$ 738.36	\$ 822.05	\$ 977.32	\$ 864.82
Estimated Monthly Premium	\$ 20,825.67	\$ 22,627.87	\$ 12,841.14	\$ 11,837.22	\$ 11,133.11	\$ 9,795.76	\$ 10,906.01	\$ 12,965.82	\$ 11,473.24
Yearly Premium	\$ 249,908.04	\$ 271,534.44	\$ 154,093.68	\$ 142,046.64	\$ 133,597.32	\$ 117,549.12	\$ 130,872.12	\$ 155,589.84	\$ 137,678.88
Yearly Savings from Current		\$ (21,626.40)	\$ 95,814.36	\$ 107,861.40	\$ 116,310.72	\$ 132,358.92	\$ 119,035.92	\$ 94,318.20	\$ 112,229.16
% of difference from Current		9%	-38%	-43%	-47%	-53%	-48%	-38%	-45%

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Insurance Company	MESSA Choices II	MESSA Choices II	Blue Care Network (BCN) Deduct 1	Blue Care Network (BCN) Deduct 3	Blue Care Network (BCN) Deduct 6	Blue Care Network (BCN) Deduct 8	Blue Care Network (BCN) Deduct 9	Blue Care Network (BCN)	Blue Care Network (BCN)
Type of Plan	100/80% PPO	100/80% PPO	80% HMO HRA	80% HMO HRA	80% HMO HRA	80% HMO HRA	70% HMO HRA	100% HMO HSA	100% HMO HSA
Network	BCBS	BCBS	BCN	BCN	BCN	BCN	BCN	BCN	BCN
In Network	Current Rates	Renewal Rates	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27	Option 28
Deductible (Single/Family)	\$300/\$600	\$300/\$600	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	100%	100%	80%	80%	80%	80%	70%	100%	100%
Coinsurance Max	N/A	N/A	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max (Single/Family)	\$300/\$600	\$300/\$600	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,000/\$8,000	\$5,000/\$10,000
Office Visit Copays	After deductible, \$20	After deductible, \$20	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Specialist	After deductible, \$20	After deductible, \$20	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Hearing Aid Rider	?	?	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, \$25 Copay	After deductible, \$25 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	\$10/\$20	\$10/\$20	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network									
Deductible	\$600/\$1,200	\$600/\$1,200	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	80%	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	\$2,600/\$5,200	\$2,600/\$5,200	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive	Not Covered	Not Covered	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Office Visit Copays	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specialist	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Urgent Care	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambulance	After deductible, 100%	After deductible, 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Copays	After deductible, 75%, minus copay	After deductible, 75%, minus copay	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Premium Rates	Current Rates	Renewal Rates	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27	Option 28
Single (8)	\$ 595.02	\$ 600.95	\$ 410.64	\$ 373.84	\$ 337.91	\$ 308.05	\$ 304.62	\$ 372.15	\$ 333.15
Double (2)	\$ 1,338.78	\$ 1,350.27	\$ 985.53	\$ 897.20	\$ 810.98	\$ 739.31	\$ 731.08	\$ 893.15	\$ 799.56
Family (9)	\$ 1,487.55	\$ 1,679.97	\$ 1,108.72	\$ 1,009.36	\$ 912.35	\$ 831.73	\$ 822.46	\$ 1,004.79	\$ 899.51
Estimated Monthly Premium	\$ 20,825.67	\$ 22,627.87	\$ 15,234.66	\$ 13,869.36	\$ 12,536.39	\$ 11,428.59	\$ 11,301.26	\$ 13,806.61	\$ 12,359.91
Yearly Premium	\$ 249,908.04	\$ 271,534.44	\$ 182,815.92	\$ 166,432.32	\$ 150,436.68	\$ 137,143.08	\$ 135,615.12	\$ 165,679.32	\$ 148,318.92
Yearly Savings from Current		\$ (21,626.40)	\$ 67,092.12	\$ 83,475.72	\$ 99,471.36	\$ 112,764.96	\$ 114,292.92	\$ 84,228.72	\$ 101,589.12
% of difference from Current		9%	-27%	-33%	-40%	-45%	-46%	-34%	-41%

Pottersville Public Schools - Certified Staff CHOICES July 2013 Renewal
Presented by Patty Siegel, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA Choices II	MESSA Choices II	Physicians Health Plan (PHP)
Type of Plan	100/80% PPO	100/80% PPO	100/80% PPO
Network	BCBS	BCBS	PHP & Cofinity
In Network	Current Rates	Renewal Rates	Option 29
Deductible (Single/Family)	\$300/\$600	\$300/\$600	\$300/\$600
Coinsurance	100%	100%	100%
Coinsurance Max	N/A	N/A	N/A
Out of Pocket Max (Single/Family)	\$300/\$600	\$300/\$600	\$300/\$600
Office Visit Copays	After deductible, \$20	After deductible, \$20	BEFORE deductible, \$20
Specialist	After deductible, \$20	After deductible, \$20	BEFORE deductible, \$20
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	BEFORE deductible, \$20
Hearing Aid Rider	?	?	YES
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, \$25 Copay	After deductible, \$25 Copay	BEFORE deductible, \$25 Copay
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	BEFORE deductible, \$50 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	\$10/\$20	\$10/\$20	\$5/\$25/\$50
Out of Network			
Deductible	\$600/\$1,200	\$600/\$1,200	\$600/\$1,200
Coinsurance	80%	80%	80%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max	\$2,600/\$5,200	\$2,600/\$5,200	\$2,600/\$5,200
Preventive	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 80%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 80%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	After deductible, 80%
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 80%
Hospital Emergency Room	After deductible, \$50 Copay	After deductible, \$50 Copay	BEFORE deductible, \$50 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	After deductible, 75%, minus copay	After deductible, 75%, minus copay	\$5/\$25/\$50
Premium Rates	Current Rates	Renewal Rates	Option 29
Single (8)	\$ 595.02	\$ 600.95	\$ 516.78
Double (2)	\$ 1,338.78	\$ 1,350.27	\$ 1,161.15
Family (9)	\$ 1,487.55	\$ 1,679.97	\$ 1,444.67
Estimated Monthly Premium	\$ 20,825.67	\$ 22,627.87	\$ 19,458.57
Yearly Premium	\$ 249,908.04	\$ 271,534.44	\$ 233,502.84
Yearly Savings from Current		\$ (21,626.40)	\$ 16,405.20
% of difference from Current		9%	-7%

Pottersville Public Schools - Certified Staff ABC July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA ABC #1	MESSA ABC #1	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
Type of Plan	100/80% PPO	100/80% PPO	80/60% POS	80/60% POS	100/70% POS	80/60% POS	100/70% POS	80/60% POS	90%/70% POS
Network	BCBS	BCBS	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
In Network	Current Rates	Renewal Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Deductible (Single/Family)	\$1,250/\$2,500	\$1,250/\$2,500	\$250/\$500	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance	100%	100%	80%	80%	100%	80%	100%	80%	90%
Coinsurance Max	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000	N/A	\$1,500/\$3,000	N/A	\$1,500/\$3,000	\$500/\$1,000
Out of Pocket Max (Single/Family)	\$2,250/\$4,500	\$2,250/\$4,500	\$1,750/\$3,500	\$2,000/\$4,000	\$500/\$1,000	\$2,500/\$5,000	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$4,000
Office Visit Copays	After deductible, 100%	After deductible, 100%	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay
Specialist	After deductible, 100%	After deductible, 100%	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Hearing Aid Rider	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 90%
Urgent Care	After deductible, 100%	After deductible, 100%	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 90%
Prescription Drug Copays	After deductible, \$10/\$20/\$40	After deductible, \$10/\$20/\$40	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Out of Network									
Deductible	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	80%	80%	60%	60%	70%	60%	70%	60%	70%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Out of Pocket Max	\$4,500/\$9,000	\$4,500/\$9,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000
Preventive	Not Covered	Not Covered	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%
Urgent Care	After deductible, 80%	After deductible, 80%	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay
Hospital Emergency Room	After deductible, 80%	After deductible, 80%	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%
Prescription Drug Copays	After deductible, 75%	After deductible, 75%	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Premium Rates	Current Rates	Renewal Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Single (7)	\$ 496.00	\$ 483.47	\$ 428.32	\$ 411.06	\$ 545.05	\$ 369.56	\$ 484.95	\$ 329.16	\$ 411.17
Double (6)	\$ 1,115.99	\$ 1,085.93	\$ 985.14	\$ 945.43	\$ 1,253.62	\$ 850.00	\$ 1,115.39	\$ 757.07	\$ 945.69
Family (20)	\$ 1,239.98	\$ 1,351.00	\$ 1,156.47	\$ 1,109.86	\$ 1,471.64	\$ 997.82	\$ 1,309.37	\$ 888.74	\$ 1,110.16
Estimated Monthly Premium	\$ 34,967.54	\$ 36,919.87	\$ 32,038.48	\$ 30,747.20	\$ 40,769.87	\$ 27,643.32	\$ 36,274.39	\$ 24,621.34	\$ 30,755.53
Yearly Premium	\$ 419,610.48	\$ 443,038.44	\$ 384,462	\$ 368,966	\$ 489,238	\$ 331,720	\$ 435,293	\$ 295,456	\$ 369,066
Yearly Savings from Current		\$ (23,427.96)	\$ 35,148.72	\$ 50,644.08	\$ (69,627.96)	\$ 87,890.64	\$ (15,682.20)	\$ 124,154.40	\$ 50,544.12
% of difference from Current		6%	-8%	-12.1%	16.6%	-20.9%	3.7%	-29.6%	-12.0%

Pottersville Public Schools - Certified Staff ABC July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA ABC #1	MESSA ABC #1	McLaren	McLaren	McLaren	McLaren	BCBS CB 3A	BCBS CB 4A	BCBS CB 12A
Type of Plan	100/80% PPO	100/80% PPO	80/60% POS	90/60% POS	90/70% POS HRA	90/70% POS HRA	80/60% PPO	80/60% PPO	80/60% PPO
Network	BCBS	BCBS	McLaren	McLaren	McLaren	McLaren	BCBS	BCBS	BCBS
In Network	Current Rates	Renewal Rates	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13	Option 14
Deductible (Single/Family)	\$1,250/\$2,500	\$1,250/\$2,500	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	100%	100%	80%	90%	90%	90%	80%	80%	80%
Coinsurance Max	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000
Out of Pocket Max (Single/Family)	\$2,250/\$4,500	\$2,250/\$4,500	\$4,000/\$8,000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,250/\$2,500	\$2,000/\$4,000	\$3,500/\$7,000
Office Visit Copays	After deductible, 100%	After deductible, 100%	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist	After deductible, 100%	After deductible, 100%	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,500/year	\$30 Copay	\$30 Copay	\$30 Copay
Hearing Aid Rider	No	No	Yes	Yes	Yes	Yes	No	No	No
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	After deductible, 100%	After deductible, 100%	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	\$100 Copay	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	After deductible, \$10/\$20/\$40	After deductible, \$10/\$20/\$40	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Out of Network									
Deductible	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	80%	80%	60%	70%	70%	70%	60%	60%	60%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Out of Pocket Max	\$4,500/\$9,000	\$4,500/\$9,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$2,500/\$5,000	\$4,000/\$8,000	\$7,000/\$14,000
Preventive	Not Covered	Not Covered	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	After deductible, 60%	After deductible, 60%	After deductible, 60%
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Urgent Care	After deductible, 80%	After deductible, 80%	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 60%	After deductible, 60%	After deductible, 60%
Hospital Emergency Room	After deductible, 80%	After deductible, 80%	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	After deductible, 75%	After deductible, 75%	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Premium Rates	Current Rates	Renewal Rates	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13	Option 14
Single (7)	\$ 496.00	\$ 483.47	\$ 283.67	\$ 352.80	\$ 297.88	\$ 299.07	\$ 388.93	\$ 361.76	\$ 348.03
Double (6)	\$ 1,115.99	\$ 1,085.93	\$ 652.45	\$ 811.44	\$ 685.13	\$ 687.85	\$ 933.39	\$ 868.15	\$ 835.26
Family (20)	\$ 1,239.98	\$ 1,351.00	\$ 765.92	\$ 952.56	\$ 804.29	\$ 807.48	\$ 1,166.72	\$ 1,085.18	\$ 1,044.08
Estimated Monthly Premium	\$ 34,967.54	\$ 36,919.87	\$ 21,218.79	\$ 26,389.44	\$ 22,281.74	\$ 22,370.19	\$ 31,657.25	\$ 29,444.82	\$ 28,329.37
Yearly Premium	\$ 419,610.48	\$ 443,038.44	\$ 254,625	\$ 316,673	\$ 267,380.88	\$ 268,442.28	\$ 379,887.00	\$ 353,337.84	\$ 339,952.44
Yearly Savings from Current		\$ (23,427.96)	\$ 164,985.00	\$ 102,937.20	\$ 152,229.60	\$ 151,168.20	\$ 39,723.48	\$ 66,272.64	\$ 79,658.04
% of difference from Current		6%	-39%	-25%	-36%	-36%	-9%	-16%	-19%

Pottersville Public Schools - Certified Staff ABC July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA ABC #1	MESSA ABC #1	BCBS SB500	BCBS SB1000	BCBS SB1500	BCBS SB2500	SB HRA2500	SBHSA1250	SBHSA2000
Type of Plan	100/80% PPO	100/80% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	100/80% PPO	100/80% PPO
Network	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS
In Network	Current Rates	Renewal Rates	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Deductible (Single/Family)	\$1,250/\$2,500	\$1,250/\$2,500	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$1,250/\$2,500	\$2,000/\$4,000
Coinsurance	100%	100%	80%	80%	80%	80%	80%	100%	100%
Coinsurance Max	\$1,000/\$2,000	\$1,000/\$2,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$1,000/\$2,000	\$1,000/\$2,000
Out of Pocket Max (Single/Family)	\$2,250/\$4,500	\$2,250/\$4,500	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,250/\$4,500	\$3,000/\$6,000
Office Visit Copays	After deductible, 100%	After deductible, 100%	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Specialist	After deductible, 100%	After deductible, 100%	\$60 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Hearing Aid Rider	No	No	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, 100%	After deductible, 100%	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	After deductible, 100%	After deductible, 100%
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	After deductible, \$10/\$20/\$40	After deductible, \$10/\$20/\$40	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network									
Deductible	\$2,500/\$5,000	\$2,500/\$5,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,500/\$5,000	\$4,000/\$8,000
Coinsurance	80%	80%	60%	60%	60%	60%	60%	80%	80%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max	\$4,500/\$9,000	\$4,500/\$9,000	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$10,000/\$20,000	\$10,000/\$20,000	\$4,500/\$9,000	\$6,000/\$12,000
Preventive	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Hospital Emergency Room	After deductible, 80%	After deductible, 80%	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay	After deductible, 80%	After deductible, 80%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	After deductible, 75%	After deductible, 75%	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Premium Rates	Current Rates	Renewal Rates	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Single (7)	\$ 496.00	\$ 483.47	\$ 322.67	\$ 297.43	\$ 279.74	\$ 246.14	\$ 274.03	\$ 325.78	\$ 288.27
Double (6)	\$ 1,115.99	\$ 1,085.93	\$ 774.34	\$ 713.81	\$ 671.33	\$ 590.70	\$ 657.66	\$ 781.85	\$ 691.85
Family (20)	\$ 1,239.98	\$ 1,351.00	\$ 967.90	\$ 892.24	\$ 839.17	\$ 738.36	\$ 822.05	\$ 977.32	\$ 864.82
Estimated Monthly Premium	\$ 34,967.54	\$ 36,919.87	\$ 26,262.73	\$ 24,209.67	\$ 22,769.56	\$ 20,034.38	\$ 22,305.17	\$ 26,517.96	\$ 23,465.39
Yearly Premium	\$ 419,610.48	\$ 443,038.44	\$ 315,152.76	\$ 290,516.04	\$ 273,234.72	\$ 240,412.56	\$ 267,662.04	\$ 318,215.52	\$ 281,584.68
Yearly Savings from Current		\$ (23,427.96)	\$ 104,457.72	\$ 129,094.44	\$ 146,375.76	\$ 179,197.92	\$ 151,948.44	\$ 101,394.96	\$ 138,025.80
% of difference from Current		6%	-25%	-31%	-35%	-43%	-36%	-24%	-33%

Pottersville Public Schools - Certified Staff ABC July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA ABC #1	MESSA ABC #1	Blue Care Network (BCN) Deduct 1	Blue Care Network (BCN) Deduct 3	Blue Care Network (BCN) Deduct 6	Blue Care Network (BCN) Deduct 8	Blue Care Network (BCN) Deduct 9	Blue Care Network (BCN)	Blue Care Network (BCN)
Type of Plan	100/80% PPO	100/80% PPO	80% HMO HRA	80% HMO HRA	80% HMO HRA	80% HMO HRA	70% HMO HRA	100% HMO HSA	100% HMO HSA
Network	BCBS	BCBS	BCN	BCN	BCN	BCN	BCN	BCN	BCN
In Network	Current Rates	Renewal Rates	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27	Option 28
Deductible (Single/Family)	\$1,250/\$2,500	\$1,250/\$2,500	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	100%	100%	80%	80%	80%	80%	70%	100%	100%
Coinsurance Max	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max (Single/Family)	\$2,250/\$4,500	\$2,250/\$4,500	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,000/\$8,000	\$5,000/\$10,000
Office Visit Copays	After deductible, 100%	After deductible, 100%	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Specialist	After deductible, 100%	After deductible, 100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Hearing Aid Rider	No	No	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, 100%	After deductible, 100%	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	After deductible, \$10/\$20/\$40	After deductible, \$10/\$20/\$40	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network									
Deductible	\$2,500/\$5,000	\$2,500/\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	80%	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	\$4,500/\$9,000	\$4,500/\$9,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive	Not Covered	Not Covered	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Office Visit Copays	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specialist	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Urgent Care	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Emergency Room	After deductible, 80%	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambulance	After deductible, 100%	After deductible, 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Copays	After deductible, 75%	After deductible, 75%	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Premium Rates	Current Rates	Renewal Rates	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27	Option 28
Single (7)	\$ 496.00	\$ 483.47	\$ 410.64	\$ 373.84	\$ 337.91	\$ 308.05	\$ 304.62	\$ 372.15	\$ 333.15
Double (6)	\$ 1,115.99	\$ 1,085.93	\$ 985.53	\$ 897.20	\$ 810.98	\$ 739.31	\$ 731.08	\$ 893.15	\$ 799.56
Family (20)	\$ 1,239.98	\$ 1,351.00	\$ 1,108.72	\$ 1,009.36	\$ 912.35	\$ 831.73	\$ 822.46	\$ 1,004.79	\$ 899.51
Estimated Monthly Premium	\$ 34,967.54	\$ 36,919.87	\$ 30,962.06	\$ 28,187.28	\$ 25,478.25	\$ 23,226.81	\$ 22,968.02	\$ 28,059.75	\$ 12,359.91
Yearly Premium	\$ 419,610.48	\$ 443,038.44	\$ 371,544.72	\$ 338,247.36	\$ 305,739.00	\$ 278,721.72	\$ 275,616.24	\$ 336,717.00	\$ 148,318.92
Yearly Savings from Current		\$ (23,427.96)	\$ 48,065.76	\$ 81,363.12	\$ 113,871.48	\$ 140,888.76	\$ 143,994.24	\$ 82,893.48	\$ 271,291.56
% of difference from Current		6%	-11%	-19%	-27%	-34%	-34%	-20%	-65%

Pottersville Public Schools - Certified Staff ABC July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA ABC #1	MESSA ABC #1	Physicians Health Plan (PHP)
Type of Plan	100/80% PPO	100/80% PPO	100/80% PPO
Network	BCBS	BCBS	PHP & Cofinity
In Network	Current Rates	Renewal Rates	Option 30
Deductible (Single/Family)	\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500
Coinsurance	100%	100%	100%
Coinsurance Max	\$1,000/\$2,000	\$1,000/\$2,000	\$1,250/\$2,500
Out of Pocket Max (Single/Family)	\$2,250/\$4,500	\$2,250/\$4,500	\$2,500/\$5,000
Office Visit Copays	After deductible, 100%	After deductible, 100%	After deductible, 100%
Specialist	After deductible, 100%	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays	After deductible, 100%	After deductible, 100%	After deductible, 100%
Hearing Aid Rider	No	No	No
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, 100%	After deductible, 100%	After deductible, 100%
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	After deductible, \$10/\$20/\$40	After deductible, \$10/\$20/\$40	After deductible, \$5/\$25/\$50
Out of Network			
Deductible	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	80%	80%	80%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000
Out of Pocket Max	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000
Preventive	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 80%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 80%
Chiropractic Visit copays	After deductible, 80%	After deductible, 80%	After deductible, 80%
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 100%
Hospital Emergency Room	After deductible, 80%	After deductible, 80%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	After deductible, 75%	After deductible, 75%	\$10/\$25/\$40
Premium Rates	Current Rates	Renewal Rates	Option 29
Single (7)	\$ 496.00	\$ 483.47	\$ 425.74
Double (6)	\$ 1,115.99	\$ 1,085.93	\$ 956.59
Family (20)	\$ 1,239.98	\$ 1,351.00	\$ 1,190.17
Estimated Monthly Premium	\$ 34,967.54	\$ 36,919.87	\$ 32,523.12
Yearly Premium	\$ 419,610.48	\$ 443,038.44	\$ 390,277.44
Yearly Savings from Current		\$ (23,427.96)	\$ 29,333.04
% of difference from Current		6%	-7%

Pottersville Public Schools - Custodian Staff July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	Community Blue	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
Type of Plan	80/60% PPO	80/60% POS	80/60% POS	100/70% POS	80/60% POS	100/70% POS	80/60% POS	90%/70% POS
Network	BCBS	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren
In Network	Current Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Deductible (Single/Family)	\$250/\$500	\$250/\$500	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance	80%	80%	80%	100%	80%	100%	80%	90%
Coinsurance Max	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000	N/A	\$1,500/\$3,000	N/A	\$1,500/\$3,000	\$500/\$1,000
Out of Pocket Max (Single/Family)	\$1,250/\$2,500	\$1,750/\$3,500	\$2,000/\$4,000	\$500/\$1,000	\$2,500/\$5,000	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$4,000
Office Visit Copays	\$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay
Specialist	\$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay
Chiropractic Visit copays	\$30 Copay	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Hearing Aid Rider	?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 90%
Urgent Care	\$30 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay
Hospital Emergency Room	\$250 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay
Ambulance	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 90%
Prescription Drug Copays	?	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Out of Network								
Deductible	\$500/\$1,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	60%	60%	60%	70%	60%	70%	60%	70%
Coinsurance Max	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Out of Pocket Max	\$2,500/\$5,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000
Preventive	Not Covered	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Office Visit Copays	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Specialist	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%
Chiropractic Visit copays	After deductible, 60%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year
Inpatient & Outpatient Hospital	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%
Urgent Care	After deductible, 60%	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay
Hospital Emergency Room	After deductible, 80%	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay
Ambulance	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%
Prescription Drug Copays	?	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30
Premium Rates	Current Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Single (0)	\$ -	\$ 428.32	\$ 411.06	\$ 545.05	\$ 369.56	\$ 484.95	\$ 329.16	\$ 411.17
Double (2)	\$ 975.83	\$ 985.14	\$ 945.43	\$ 1,253.62	\$ 850.00	\$ 1,115.39	\$ 757.07	\$ 945.69
Family (2)	\$ 975.83	\$ 1,156.47	\$ 1,109.86	\$ 1,471.64	\$ 997.82	\$ 1,309.37	\$ 888.74	\$ 1,110.16
Estimated Monthly Premium	\$ 3,903.32	\$ 4,283.22	\$ 4,110.58	\$ 5,450.52	\$ 3,695.64	\$ 4,849.52	\$ 3,291.62	\$ 4,111.70
Yearly Premium	\$ 46,839.84	\$ 51,399	\$ 49,327	\$ 65,406	\$ 44,348	\$ 58,194	\$ 39,499	\$ 49,340
Yearly Savings from Current		\$ (4,558.80)	\$ (2,487.12)	\$ (18,566.40)	\$ 2,492.16	\$ (11,354.40)	\$ 7,340.40	\$ (2,500.56)
% of difference from Current		10%	5.3%	39.6%	-5.3%	24.2%	-15.7%	5.3%

Pottersville Public Schools - Custodian Staff July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	Community Blue	McLaren	McLaren	McLaren	McLaren	BCBS CB 3A	BCBS CB 4A	BCBS CB 12A
Type of Plan	80/60% PPO	80/60% POS	90/60% POS	90/70% POS HRA	90/70% POS HRA	80/60% PPO	80/60% PPO	80/60% PPO
Network	BCBS	McLaren	McLaren	McLaren	McLaren	BCBS	BCBS	BCBS
In Network	Current Rates	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13	Option 14
Deductible (Single/Family)	\$250/\$500	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	80%	80%	90%	90%	90%	80%	80%	80%
Coinsurance Max	\$1,000/\$2,000	\$1,500/\$3,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000
Out of Pocket Max (Single/Family)	\$1,250/\$2,500	\$4,000/\$8,000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,250/\$2,500	\$2,000/\$4,000	\$3,500/\$7,000
Office Visit Copays	\$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist	\$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Chiropractic Visit copays	\$30 Copay	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,500/year	\$30 Copay	\$30 Copay	\$30 Copay
Hearing Aid Rider	?	Yes	Yes	Yes	Yes	No	No	No
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	\$30 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Hospital Emergency Room	\$250 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	\$100 Copay	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 80%	After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	?	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Out of Network								
Deductible	\$500/\$1,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	60%	60%	70%	70%	70%	60%	60%	60%
Coinsurance Max	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Out of Pocket Max	\$2,500/\$5,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$2,500/\$5,000	\$4,000/\$8,000	\$7,000/\$14,000
Preventive	Not Covered	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	Not Covered	Not Covered	Not Covered
Office Visit Copays	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Specialist	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Chiropractic Visit copays	After deductible, 60%	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	After deductible, 60%	After deductible, 60%	After deductible, 60%
Inpatient & Outpatient Hospital	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Urgent Care	After deductible, 60%	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 60%	After deductible, 60%	After deductible, 60%
Hospital Emergency Room	After deductible, 80%	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance	After deductible, 80%	After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays	?	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Premium Rates	Current Rates	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13	Option 14
Single (0)	\$ -	\$ 283.67	\$ 352.80	\$ 297.88	\$ 299.07	\$ 667.54	\$ 621.55	\$ 598.41
Double (2)	\$ 975.83	\$ 652.45	\$ 811.44	\$ 685.13	\$ 687.85	\$ 1,602.04	\$ 1,622.24	\$ 1,436.11
Family (2)	\$ 975.83	\$ 765.92	\$ 952.56	\$ 804.29	\$ 807.48	\$ 2,002.55	\$ 1,864.59	\$ 1,795.14
Estimated Monthly Premium	\$ 3,903.32	\$ 2,836.74	\$ 3,528.00	\$ 2,978.84	\$ 2,990.66	\$ 7,209.18	\$ 6,973.66	\$ 6,462.50
Yearly Premium	\$ 46,839.84	\$ 34,041	\$ 42,336	\$ 35,746.08	\$ 35,887.92	\$ 86,510.16	\$ 83,683.92	\$ 77,550.00
Yearly Savings from Current		\$ 12,798.96	\$ 4,503.84	\$ 11,093.76	\$ 10,951.92	\$ (39,670.32)	\$ (36,844.08)	\$ (30,710.16)
% of difference from Current		-27%	-10%	-24%	-23%	85%	79%	66%

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Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	Community Blue	BCBS SB500	BCBS SB1000	BCBS SB1500	BCBS SB2500	SB HRA2500	SBHSA1250	Blue Care Network (BCN) Deduct 1
Type of Plan	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	100/80% PPO	80% HMO HRA
Network	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCN
In Network	Current Rates	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Deductible (Single/Family)	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$1,250/\$2,500	\$500/\$1,000
Coinsurance	80%	80%	80%	80%	80%	80%	100%	80%
Coinsurance Max	\$1,000/\$2,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$1,000/\$2,000	\$1,500/\$3,000
Out of Pocket Max (Single/Family)	\$1,250/\$2,500	\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,250/\$4,500	\$2,000/\$4,000
Office Visit Copays	\$30 Copay	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	\$30 Copay
Specialist	\$30 Copay	\$60 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	\$45 Copay
Chiropractic Visit copays	\$30 Copay	\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	\$45 Copay
Hearing Aid Rider	?	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%
Urgent Care	\$30 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	After deductible, 100%	\$50 Copay
Hospital Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay	After deductible, 100%	After deductible, \$150 Copay
Ambulance	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%
Prescription Drug Copays	?	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	\$10/\$40/\$80
Out of Network								
Deductible	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,500/\$5,000	N/A
Coinsurance	60%	60%	60%	60%	60%	60%	80%	N/A
Coinsurance Max	\$2,000/\$4,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,000/\$4,000	N/A
Out of Pocket Max	\$2,500/\$5,000	\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$10,000/\$20,000	\$10,000/\$20,000	\$4,500/\$9,000	N/A
Preventive	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	N/A
Office Visit Copays	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	N/A
Specialist	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	N/A
Chiropractic Visit copays	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	N/A
Inpatient & Outpatient Hospital	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	N/A
Urgent Care	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	N/A
Hospital Emergency Room	After deductible, 80%	\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay	After deductible, 80%	N/A
Ambulance	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	N/A
Prescription Drug Copays	?	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	\$10/\$40/\$80
Premium Rates	Current Rates	Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Single (0)	\$ -	\$ 560.08	\$ 513.77	\$ 483.84	\$ 427.00	\$ 474.19	\$ 558.78	\$ 569.04
Double (2)	\$ 975.83	\$ 1,344.14	\$ 1,233.01	\$ 1,161.17	\$ 1,024.76	\$ 1,138.03	\$ 1,341.06	\$ 1,365.69
Family (2)	\$ 975.83	\$ 1,680.17	\$ 1,541.26	\$ 1,451.47	\$ 1,280.95	\$ 1,422.53	\$ 1,676.31	\$ 1,536.40
Estimated Monthly Premium	\$ 3,903.32	\$ 6,048.62	\$ 5,548.54	\$ 5,225.28	\$ 4,611.42	\$ 5,121.12	\$ 6,034.74	\$ 5,804.18
Yearly Premium	\$ 46,839.84	\$ 72,583.44	\$ 66,582.48	\$ 62,703.36	\$ 55,337.04	\$ 61,453.44	\$ 72,416.88	\$ 69,650.16
Yearly Savings from Current		\$ (25,743.60)	\$ (19,742.64)	\$ (15,863.52)	\$ (8,497.20)	\$ (14,613.60)	\$ (25,577.04)	\$ (22,810.32)
% of difference from Current		55%	42%	34%	18%	31%	55%	49%

Potterville Public Schools - Custodian Staff July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA ABC #1	Blue Care Network (BCN) Deduct 1	Blue Care Network (BCN) Deduct 3	Blue Care Network (BCN) Deduct 6	Blue Care Network (BCN) Deduct 8	Blue Care Network (BCN) Deduct 9	Blue Care Network (BCN)	Blue Care Network (BCN)
Type of Plan	100/80% PPO	80% HMO HRA	80% HMO HRA	80% HMO HRA	80% HMO HRA	70% HMO HRA	100% HMO HSA	100% HMO HSA
Network	BCBS	BCN	BCN	BCN	BCN	BCN	BCN	BCN
In Network	Current Rates	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27	Option 28
Deductible (Single/Family)	\$1,250/\$2,500	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	100%	80%	80%	80%	80%	70%	100%	100%
Coinsurance Max	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max (Single/Family)	\$2,250/\$4,500	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,000/\$8,000	\$5,000/\$10,000
Office Visit Copays	After deductible, 100%	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Specialist	After deductible, 100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays	After deductible, 100%	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%
Hearing Aid Rider	No	No	No	No	No	No	No	No
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, 100%	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%
Hospital Emergency Room	After deductible, 100%	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	After deductible, \$10/\$20/\$40	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network								
Deductible	\$2,500/\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max	\$2,000/\$4,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	\$4,500/\$9,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive	Not Covered	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Office Visit Copays	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Specialist	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chiropractic Visit copays	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient & Outpatient Hospital	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Urgent Care	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Emergency Room	After deductible, 80%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ambulance	After deductible, 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Copays	After deductible, 75%	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Premium Rates	Current Rates	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27	Option 28
Single (0)	\$ -	\$ 569.04	\$ 518.04	\$ 468.25	\$ 426.87	\$ 422.12	\$ 515.70	\$ 461.66
Double (2)	\$ 975.83	\$ 1,365.69	\$ 1,243.29	\$ 1,123.80	\$ 1,024.49	\$ 1,013.08	\$ 1,237.68	\$ 1,107.98
Family (2)	\$ 975.83	\$ 1,536.40	\$ 1,398.70	\$ 1,264.28	\$ 1,152.55	\$ 1,139.72	\$ 1,392.38	\$ 1,246.49
Estimated Monthly Premium	\$ 3,903.32	\$ 5,804.18	\$ 5,283.98	\$ 4,776.16	\$ 4,354.08	\$ 4,305.60	\$ 5,260.12	\$ 4,708.94
Yearly Premium	\$ 46,839.84	\$ 69,650.16	\$ 63,407.76	\$ 57,313.92	\$ 52,248.96	\$ 51,667.20	\$ 63,121.44	\$ 56,507.28
Yearly Savings from Current		\$ (22,810.32)	\$ (16,567.92)	\$ (10,474.08)	\$ (5,409.12)	\$ (4,827.36)	\$ (16,281.60)	\$ (9,667.44)
% of difference from Current		49%	35%	22%	12%	10%	35%	21%

Pottersville Public Schools - EVERYONE July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

MESSA CHOICES/ABC BCBS/MCLAREN	Insurance Company	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	
	Type of Plan		80/60% POS	80/60% POS	100/70% POS	80/60% POS	100/70% POS	80/60% POS	90%/70% POS
Network		McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	McLaren	
In Network		Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	
Deductible (Single/Family)		\$250/\$500	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000	
Coinsurance		80%	80%	100%	80%	100%	80%	90%	
Coinsurance Max		\$1,500/\$3,000	\$1,500/\$3,000	N/A	\$1,500/\$3,000	N/A	\$1,500/\$3,000	\$500/\$1,000	
Out of Pocket Max (Single/Family)		\$1,750/\$3,500	\$2,000/\$4,000	\$500/\$1,000	\$2,500/\$5,000	\$1,000/\$2,000	\$3,000/\$6,000	\$2,000/\$4,000	
Office Visit Copays		Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	
Specialist		Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	
Chiropractic Visit copays		Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	
Hearing Aid Rider		Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Inpatient & Outpatient Hospital		After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 90%	
Urgent Care		Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	
Hospital Emergency Room		Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	
Ambulance		After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 100%	After deductible, 80%	After deductible, 90%	
Prescription Drug Copays		\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	
Out of Network									
Deductible		\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	
Coinsurance		60%	60%	70%	60%	70%	60%	70%	
Coinsurance Max		\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	
Out of Pocket Max		\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	
Preventive		After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	
Office Visit Copays		After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	
Specialist		After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	
Chiropractic Visit copays		Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	
Inpatient & Outpatient Hospital		After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	
Urgent Care		Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	
Hospital Emergency Room		Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	
Ambulance		After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	After deductible, 60%	After deductible, 70%	
Prescription Drug Copays		\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	
	Premium Rates	Premium Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7
Choices	\$ 249,908.04	Single (19)	\$ 428.32	\$ 411.06	\$ 545.05	\$ 369.56	\$ 484.95	\$ 329.16	\$ 411.17
ABC	\$ 419,610.48	Double (15)	\$ 985.14	\$ 945.43	\$ 1,253.62	\$ 850.00	\$ 1,115.39	\$ 757.07	\$ 945.69
BCBS	\$ 46,839.84	Family (33)	\$ 1,156.47	\$ 1,109.86	\$ 1,471.64	\$ 997.82	\$ 1,309.37	\$ 888.74	\$ 1,110.16
McLaren	\$ 76,000.56	Estimated Monthly Premium	\$ 61,078.69	\$ 58,616.97	\$ 77,724.37	\$ 52,699.70	\$ 69,154.11	\$ 46,938.51	\$ 58,632.86
Yearly	\$ 792,358.92	Yearly Premium	\$ 732,944	\$ 703,404	\$ 932,692	\$ 632,396	\$ 829,849	\$ 563,262	\$ 703,594
		Yearly Savings from Current	\$ 59,414.64	\$ 88,955.28	\$ (140,333.52)	\$ 159,962.52	\$ (37,490.40)	\$ 229,096.80	\$ 88,764.60
		% of difference from Current	-7%	-11%	18%	-20%	5%	-29%	-11%

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MESSA CHOICES/ABC BCBS/MCLAREN	Insurance Company	McLaren	McLaren	McLaren	McLaren	BCBS CB 3A	BCBS CB 4A	BCBS CB 12A
	Type of Plan		80/60% POS	90/60% POS	90/70% POS HRA	90/70% POS HRA	80/60% PPO	80/60% PPO
Network		McLaren	McLaren	McLaren	McLaren	BCBS	BCBS	BCBS
In Network		Option 8	Option 9	Option 10	Option 11	Option 12	Option 13	Option 14
Deductible (Single/Family)		\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000
Coinsurance		80%	90%	90%	90%	80%	80%	80%
Coinsurance Max		\$1,500/\$3,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000
Out of Pocket Max (Single/Family)		\$4,000/\$8,000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,250/\$2,500	\$2,000/\$4,000	\$3,500/\$7,000
Office Visit Copays		Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Specialist		Covered at 100%, less \$30 Copay	Covered at 100%, less \$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Chiropractic Visit copays		Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,500/year	\$30 Copay	\$30 Copay	\$30 Copay
Hearing Aid Rider		Yes	Yes	Yes	Yes	No	No	No
Inpatient & Outpatient Hospital		After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care		Covered at 100%, less \$50 Copay	Covered at 100%, less \$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Hospital Emergency Room		Covered at 100%, less \$100 Copay	Covered at 100%, less \$100 Copay	\$100 Copay	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance		After deductible, 80%	After deductible, 90%	After deductible, 90%	After deductible, 90%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays		\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Out of Network								
Deductible		\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance		60%	70%	70%	70%	60%	60%	60%
Coinsurance Max		\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Out of Pocket Max		\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$2,500/\$5,000	\$4,000/\$8,000	\$7,000/\$14,000
Preventive		After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	Not Covered	Not Covered	Not Covered
Office Visit Copays		After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Specialist		After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Chiropractic Visit copays		Covered 100% up to \$1,500/year	Covered 100% up to \$1,500/year	Covered 100% up to \$1,000/year	Covered 100% up to \$1,000/year	After deductible, 60%	After deductible, 60%	After deductible, 60%
Inpatient & Outpatient Hospital		After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 60%	After deductible, 60%	After deductible, 60%
Urgent Care		\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 60%	After deductible, 60%	After deductible, 60%
Hospital Emergency Room		\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Ambulance		After deductible, 60%	After deductible, 70%	After deductible, 70%	After deductible, 70%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays		\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$20/\$30	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Premium Rates	Premium Rates	Option 8	Option 9	Option 10	Option 11	Option 12	Option 13	Option 14
Choices	\$ 249,908.04	Single (19) \$ 283.67	\$ 352.80	\$ 297.88	\$ 299.07	\$ 477.17	\$ 443.99	\$ 427.29
ABC	\$ 419,610.48	Double (15) \$ 652.45	\$ 811.44	\$ 685.13	\$ 687.85	\$ 1,145.16	\$ 1,065.52	\$ 1,025.43
BCBS	\$ 46,839.84	Family (33) \$ 765.92	\$ 952.56	\$ 804.29	\$ 807.48	\$ 1,431.44	\$ 1,331.90	\$ 1,281.78
McLaren	\$ 76,000.56	Estimated Monthly Premium \$ 40,451.84	\$ 50,309.28	\$ 42,478.24	\$ 42,646.92	\$ 73,481.15	\$ 68,371.31	\$ 65,798.70
	\$ 792,358.92	Yearly Premium \$ 485,422	\$ 603,711	\$ 509,738.88	\$ 511,763.04	\$ 881,773.80	\$ 820,455.72	\$ 789,584.40
		Yearly Savings from Current \$ 306,936.84	\$ 188,647.56	\$ 282,620.04	\$ 280,595.88	\$ (89,414.88)	\$ (28,096.80)	\$ 2,774.52
		% of difference from Current -39%	-24%	-36%	-35%	11%	4%	0%

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MESSA CHOICES/ABC BCBS/MCLAREN		Insurance Company	BCBS SB500	BCBS SB1000	BCBS SB1500	BCBS SB2500	SB HRA2500	SBHSA1250	SBHSA2000
Type of Plan			80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	80/60% PPO	100/80% PPO	100/80% PPO
Network			BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS
In Network			Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Deductible (Single/Family)			\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,500/\$5,000	\$1,250/\$2,500	\$2,000/\$4,000
Coinsurance			80%	80%	80%	80%	80%	100%	100%
Coinsurance Max			\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000	\$1,000/\$2,000	\$1,000/\$2,000
Out of Pocket Max (Single/Family)			\$3,000/\$6,000	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,250/\$4,500	\$3,000/\$6,000
Office Visit Copays			\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Specialist			\$60 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%
Chiropractic Visit copays			\$40 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%
Hearing Aid Rider			No	No	No	No	No	No	No
Inpatient & Outpatient Hospital			After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 100%
Urgent Care			\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay	After deductible, 100%	After deductible, 100%
Hospital Emergency Room			\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay	After deductible, 100%	After deductible, 100%
Ambulance			After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays			\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Out of Network									
Deductible			\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,500/\$5,000	\$4,000/\$8,000
Coinsurance			60%	60%	60%	60%	60%	80%	80%
Coinsurance Max			\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,000/\$4,000	\$2,000/\$4,000
Out of Pocket Max			\$6,000/\$12,000	\$7,000/\$14,000	\$8,000/\$16,000	\$10,000/\$20,000	\$10,000/\$20,000	\$4,500/\$9,000	\$6,000/\$12,000
Preventive			Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Office Visit Copays			After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Specialist			After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Chiropractic Visit copays			After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Inpatient & Outpatient Hospital			After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Urgent Care			After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 60%	After deductible, 80%	After deductible, 80%
Hospital Emergency Room			\$250 Copay	\$250 Copay	\$150 Copay	\$150 Copay	\$150 Copay	After deductible, 80%	After deductible, 80%
Ambulance			After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Prescription Drug Copays			\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80
Premium Rates			Option 15	Option 16	Option 17	Option 18	Option 19	Option 20	Option 21
Choices	\$ 249,908.04	Single (19)	\$ 399.05	\$ 365.48	\$ 343.88	\$ 302.87	\$ 336.92	\$ 400.08	\$ 353.33
ABC	\$ 419,610.48	Double (15)	\$ 957.66	\$ 877.12	\$ 825.29	\$ 726.84	\$ 808.58	\$ 960.20	\$ 848.02
BCBS	\$ 46,839.84	Family (33)	\$ 1,197.08	\$ 1,096.39	\$ 1,031.59	\$ 908.54	\$ 1,010.72	\$ 1,200.25	\$ 1,060.02
McLaren	\$ 76,000.56	Estimated Monthly Premium	\$ 61,450.49	\$ 56,281.79	\$ 52,955.54	\$ 46,638.95	\$ 51,883.94	\$ 61,612.77	\$ 54,414.23
	\$ 792,358.92	Yearly Premium	\$ 737,405.88	\$ 675,381.48	\$ 635,466.48	\$ 559,667.40	\$ 622,607.28	\$ 739,353.24	\$ 652,970.76
		Yearly Savings from Current	\$ 54,953.04	\$ 116,977.44	\$ 156,892.44	\$ 232,691.52	\$ 169,751.64	\$ 53,005.68	\$ 139,388.16
		% of difference from Current	-7%	-15%	-20%	-29%	-21%	-7%	-18%

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MESSA CHOICES/ABC BCBS/MCLAREN		Insurance Company	Blue Care Network (BCN) Deduct 1	Blue Care Network (BCN) Deduct 3	Blue Care Network (BCN) Deduct 6	Blue Care Network (BCN) Deduct 8	Blue Care Network (BCN) Deduct 9	Blue Care Network (BCN)	Blue Care Network (BCN)	
		Type of Plan	80% HMO HRA	80% HMO HRA	80% HMO HRA	80% HMO HRA	70% HMO HRA	100% HMO HSA	100% HMO HSA	
		Network	BCN	BCN	BCN	BCN	BCN	BCN	BCN	
		In Network	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27	Option 28	
		Deductible (Single/Family)	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	
		Coinsurance	80%	80%	80%	80%	70%	100%	100%	
		Coinsurance Max	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	
		Out of Pocket Max (Single/Family)	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,000/\$8,000	\$5,000/\$10,000	
		Office Visit Copays	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	After deductible, 100%	After deductible, 100%	
		Specialist	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%	
		Chiropractic Visit copays	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	After deductible, 100%	After deductible, 100%	
		Hearing Aid Rider	No	No	No	No	No	No	No	
		Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%	
		Urgent Care	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	After deductible, 100%	After deductible, 100%	
		Hospital Emergency Room	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, 100%	After deductible, 100%	
		Ambulance	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%	After deductible, 100%	After deductible, 100%	
		Prescription Drug Copays	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80	
		Out of Network								
		Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Out of Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Preventive	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Office Visit Copays	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Specialist	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Chiropractic Visit copays	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Inpatient & Outpatient Hospital	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Urgent Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Hospital Emergency Room	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Ambulance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
		Prescription Drug Copays	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$80	
		Premium Rates	Premium Rates	Option 22	Option 23	Option 24	Option 25	Option 26	Option 27	Option 28
Choices	\$ 249,908.04	Single (19)	\$ 402.77	\$ 366.67	\$ 331.43	\$ 302.14	\$ 298.78	\$ 365.01	\$ 326.77	
ABC	\$ 419,610.48	Double (15)	\$ 966.64	\$ 880.01	\$ 795.43	\$ 725.14	\$ 717.06	\$ 876.04	\$ 784.24	
BCBS	\$ 46,839.84	Family (33)	\$ 1,087.47	\$ 990.01	\$ 894.86	\$ 815.79	\$ 806.70	\$ 985.54	\$ 882.26	
McLaren	\$ 76,000.56	Estimated Monthly Premium	\$ 58,038.74	\$ 52,837.21	\$ 47,759.00	\$ 43,538.83	\$ 43,053.82	\$ 52,598.61	\$ 47,086.81	
	\$ 792,358.92	Yearly Premium	\$ 696,464.88	\$ 634,046.52	\$ 573,108.00	\$ 522,465.96	\$ 516,645.84	\$ 631,183.32	\$ 565,041.72	
		Yearly Savings from Current	\$ 95,894.04	\$ 158,312.40	\$ 219,250.92	\$ 269,892.96	\$ 275,713.08	\$ 161,175.60	\$ 227,317.20	
		% of difference from Current	-12%	-20%	-28%	-34%	-35%	-20%	-29%	

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MESSA CHOICES/ABC BCBS/MCLAREN	Insurance Company	Physicians Health Plan (PHP)	Physicians Health Plan (PHP)
	Type of Plan	100/80% PPO	100/80% PPO
	Network	PHP & Cofinity	PHP & Cofinity
	In Network	Option 29	Option 30
	Deductible (Single/Family)	\$300/\$600	\$1,250/\$2,500
	Coinsurance	100%	100%
	Coinsurance Max	N/A	\$1,250/\$2,500
	Out of Pocket Max (Single/Family)	\$300/\$600	\$2,500/\$5,000
	Office Visit Copays	BEFORE deductible, \$20	After deductible, 100%
	Specialist	BEFORE deductible, \$20	After deductible, 100%
	Chiropractic Visit copays	BEFORE deductible, \$20	After deductible, 100%
	Hearing Aid Rider	YES	No
	Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%
	Urgent Care	BEFORE deductible, \$25 Copay	After deductible, 100%
	Hospital Emergency Room	BEFORE deductible, \$50 Copay	After deductible, 100%
	Ambulance	After deductible, 100%	After deductible, 100%
	Prescription Drug Copays	\$5/\$25/\$50	After deductible, \$5/\$25/\$50
	Out of Network		
	Deductible	\$600/\$1,200	\$2,500/\$5,000
	Coinsurance	80%	80%
	Coinsurance Max	\$2,000/\$4,000	\$2,500/\$5,000
	Out of Pocket Max	\$2,600/\$5,200	\$5,000/\$10,000
	Preventive	Not Covered	Not Covered
	Office Visit Copays	After deductible, 80%	After deductible, 80%
	Specialist	After deductible, 80%	After deductible, 80%
	Chiropractic Visit copays	After deductible, 80%	After deductible, 80%
	Inpatient & Outpatient Hospital	After deductible, 80%	After deductible, 80%
	Urgent Care	After deductible, 80%	After deductible, 100%
	Hospital Emergency Room	BEFORE deductible, \$50 Copay	After deductible, 100%
	Ambulance	After deductible, 100%	After deductible, 100%
	Prescription Drug Copays	\$5/\$25/\$50	\$10/\$25/\$40
	Premium Rates	Premium Rates	Option 29
Choices	\$ 249,908.04	Single (19)	Option 30
ABC	\$ 419,610.48	\$ 537.76	\$ 425.74
BCBS	\$ 46,839.84	Double (15)	\$ 956.59
McLaren	\$ 76,000.56	\$ 1,208.29	\$ 1,190.17
	\$ 792,358.92	Family (33)	\$ 1,503.32
	Estimated Monthly Premium	\$ 77,951.35	\$ 61,713.52
	Yearly Premium	\$ 935,416.20	\$ 740,562.24
	Yearly Savings from Current	\$ (143,057.28)	\$ 51,796.68
	% of difference from Current	18%	-7%

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DENTAL ADMIN	Carrier	Class A Preventative	Class B Basic Services	Class C Major Services	Class D Orthodontics	Deductible on Class B & C Services Only	Benefit Year Maximum/Lifetime Max on Class D	Single - 5	Double - 8	Family - 3	Monthly Premium	Yearly Premium	Savings	% of Change from Renewal
CURRENT	AlwaysCare	100%/100%	90%/80%	60%/50%	50%/50%	\$50	\$1,000/\$1,500	\$ 41.88	\$ 81.20	\$ 143.94	\$ 1,290.82	\$ 15,489.84		
Option 1	AlwaysCare	80%/80%	80%/80%	60%/60%	60%/60%	\$0	\$1,000/\$1,000	\$ 31.60	\$ 59.30	\$ 111.18	\$ 965.94	\$ 11,591.28	\$ 3,898.56	-25%
Option 2	AlwaysCare	100%/100%	80%/80%	60%/60%	60%/60%	\$0	\$1,000/\$1,000	\$ 35.66	\$ 68.89	\$ 121.32	\$ 1,093.38	\$ 13,120.56	\$ 2,369.28	-15%
DENTAL UNION								Single - 16	Double - 8	Family - 29	Monthly Premium	Yearly Premium	Savings	% of Change from Renewal
CURRENT	MESSA	80%	80%	80%	80%	?	\$1,000/\$800	\$ 32.53	\$ 60.92	\$ 112.44	\$ 4,268.60	\$ 51,223.20		
Option 1	AlwaysCare	80%/80%	80%/80%	60%/60%	60%/60%	\$0	\$1,000/\$1,000	\$ 31.60	\$ 59.30	\$ 111.18	\$ 4,204.22	\$ 50,450.64	\$ 772.56	-2%
Option 2	AlwaysCare	100%/100%	80%/80%	60%/60%	60%/60%	\$0	\$1,000/\$1,000	\$ 35.66	\$ 68.89	\$ 121.32	\$ 4,639.96	\$ 55,679.52	\$ (4,456.32)	9%
DENTAL UNION								Single - 0	Double - 4	Family - 4	Monthly Premium	Yearly Premium	Savings	% of Change from Renewal
CURRENT	MESSA	80%	80%	80%	80%	?	\$1,000/\$800	\$ 29.13	\$ 54.66	\$ 102.49	\$ 628.60	\$ 7,543.20		
Option 1	AlwaysCare	80%/80%	80%/80%	60%/60%	60%/60%	\$0	\$1,000/\$1,000	\$ 31.60	\$ 59.30	\$ 111.18	\$ 681.92	\$ 8,183.04	\$ (639.84)	8%
Option 2	AlwaysCare	100%/100%	80%/80%	60%/60%	60%/60%	\$0	\$1,000/\$1,000	\$ 35.66	\$ 68.89	\$ 121.32	\$ 760.84	\$ 9,130.08	\$ (1,586.88)	21%
CURRENT TOTAL COST TO POTTERVILLE FOR ALL SEGMENTS											\$ 6,188.02	\$ 74,256.24		
Option 1 Renewal for EVERYONE with AlwayCares											\$ 5,852.08	\$ 70,224.96	\$ 4,031.28	-5%

Potterville Public Schools - EVERYONE July 2013 Renewal
Presented by Patty Siegel-Wahr, Advanced Health Sales Consulting, LLC

VISION ADMIN	Carrier	Exam	Materials	Std. Plastic Lenses	Frames	Contact Lenses:	Single - 4	Double - 10	Family - 4	Monthly Premium	Yearly Premium	Savings	% of Change from Renewal
CURRENT	AlwaysCare	\$10 Copay	\$10 Copay	Covered by copay: Single/Bifocal/Trifocal and Lenticular Progressive: \$70 Allowance	\$150 allowance (\$94 retail at Costco, Walmart, Sam's)	Elective: Up to \$150 allowance Medically Necessary: Up to \$210 allowance	\$ 9.96	\$ 19.20	\$ 32.42	\$ 361.52	\$ 4,338.24		
Option 1	AlwaysCare	\$10 Copay	\$10 Copay	Covered by copay: Single/Bifocal/Trifocal and Lenticular Progressive: \$70 Allowance	\$150 allowance (\$94 retail at Costco, Walmart, Sam's)	Elective: Up to \$150 allowance Medically Necessary: Up to \$210 allowance	\$ 6.28	\$ 11.55	\$ 16.59	\$ 206.98	\$ 2,483.76	\$ 1,854.48	-43%
VISION UNION	Carrier	Exam	Materials	Std. Plastic Lenses	Frames	Contact Lenses:	Single - 16	Double - 12	Family - 33	Monthly Premium	Yearly Premium	Savings	% of Change from Renewal
CURRENT	VSP						\$ 5.45	\$ 11.72	\$ 17.63	\$ 1,380.59	\$ 16,567.08		
Option 1	AlwaysCare	\$10 Copay	\$10 Copay	Covered by copay: Single/Bifocal/Trifocal and Lenticular Progressive: \$70 Allowance	\$150 allowance (\$94 retail at Costco, Walmart, Sam's)	Elective: Up to \$150 allowance Medically Necessary: Up to \$210 allowance	\$ 6.28	\$ 11.55	\$ 16.59	\$ 1,474.63	\$ 17,695.56	\$ (1,128.48)	7%
CURRENT TOTAL COST TO POTTERVILLE FOR ALL SEGMENTS										\$ 1,742.11	\$ 20,905.32		
Option 1 Renewal for EVERYONE with AlwayCares										\$ 1,681.61	\$ 20,179.32	\$ 726.00	-3%