

Blue Cross Blue Shield of Michigan Rate Quote

Groupwide Change, Non-Reform

Agency: CreativeFinancialServices
269-695-1567

Client: Bronson Comm. Schools

Group(Subgroup)/Suffix(Class) Specific Data

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

BCBSM Area: 9 **Renewal Date:** 9/1/2011

County: Branch

Zip: 49028

Total Eligibles: 158

Customer Size: 41

Type: Association

Suffix/Class Size: 41

Agent: Ted Chase

Assoc: MAIA

Bronson

MI 49028

Group SIC/Industry 8211 Elementary and secondary schools

BCBSM: Class4

Quoted Benefits

	<u>One</u>	<u>Two</u>	<u>Family</u>	<u>Med.</u>
	<u>Person</u>	<u>Person</u>	<u>Family</u>	<u>Suppl.</u>
Community Blue Plan 3A	613.33	1472.02	1840.01	410.72
Medicare HCR-PCB Preventive Care Benefits	0.00	0.00	0.00	1.22
Mental Health Parity	9.26	22.21	27.76	N/A
CB-OV\$30 - \$30 Office Visit/Outpatient Services Copay	-27.33	-65.60	-82.00	N/A
CBC-MT\$30 - Manipulative Treatments Copay	-16.76	-40.23	-50.29	N/A
OCSM-12, osteopathic & chiropractic spinal manipulation w/\$30 OV	-0.46	-1.11	-1.39	N/A
CI - Contraceptive Injections	0.00	0.00	0.00	N/A
PCD - Prescription Contraceptive Devices	0.10	0.25	0.31	N/A
PD-TTC\$5/\$25/\$50 RXCM	95.89	230.13	287.67	278.19
PDCM - Prescription Contraceptive Medications	1.79	4.30	5.37	N/A
RX90 - Retail Purchase 2X for 90-day Refill	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>N/A</u>
Total Medical and Drug Rate	675.81	1621.97	2027.45	690.13
Advantage Pricing - Drug Coverage	<u>-15.13</u>	<u>-36.32</u>	<u>-45.39</u>	<u>-8.09</u>
Adjusted Medical and Drug Total	660.68	1585.65	1982.05	682.04
Medical and Drug Enrollment	<u>5</u>	<u>15</u>	<u>21</u>	<u>0</u>
Total Plan Rate	660.68	1585.65	1982.05	682.04
Monthly Premium				\$68,711.30

Please submit quote with enrollment documentation.

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

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

Blue Cross Blue Shield of Michigan Rate Quote Groupwide Change, Non-Reform

**One Two Med.
Person Person Family Suppl.**

Quoted Benefits

Cross CCF = 0.9600, Shield CCF = 0.9600

Drug CCF = 0.9600, Dental CCF = 1.0000, Vision CCF = 1.0000

If group participation is below 75% a participation factor is part of the CCF.

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

July 27, 2011

Ms. Rachelle Roby
Bronson Community Schools
215 W. Chicago St.
Bronson, MI 49028

Re: Group Rate Renewals

Dear Ms. Roby,

Enclosed are the rate renewals dated September 1, 2011 for Group-Suffix 66723-002 & 003.

- MEBS WRAP™ Medical Plan
- Self-Funded Prescription Drug Plan
- Self-Funded Dental Plan
- Self-Funded Vision Plan
- Negotiated Life

These rates will be reflected on your September 2011 invoice.

MEBS WRAP™ Administration Fee
Per employee/month **\$32.82**

MEBS Rx Administration Fee
Per employee/month **\$2.56**

MEBS Dental Administration Fee
Per employee/month **\$5.75**

MEBS Vision Administration Fee
Per employee/month **\$2.30**

Associated Mutual Negotiated Life Premium
Premium/\$1,000 **\$0.24**

Thank you for making MEBS the answer to your employee benefit needs.

cc Ted Chase, Agent, Creative Financial Services

BRONSON COMMUNITY SCHOOLS

Detailed Experience Report for Self-Funded Benefit Plan

Medical & Rx Experience

Group Renewal Date: 9/01



	Exposure			MEBS Admin Fee (Med + Rx)	Paid Caremark (Rx) Claims	Paid Wrap Claims	BCBSM Premium	Total Plan Cost
	S	TP	FF					
SEP 10	4	16	20	\$1,309.46	\$4,869.74	\$10,395.49	\$31,768.44	\$48,343.13
OCT	5	16	20	\$1,452.15	\$4,640.28	\$10,936.52	\$33,763.65	\$50,792.60
NOV	5	16	20	\$1,448.12	\$11,096.79	\$10,620.02	\$33,988.35	\$57,153.28
DEC	5	16	20	\$1,448.12	\$5,299.05	\$12,370.61	\$33,988.35	\$53,106.13
JAN 11	4	14	23	\$1,448.12	\$4,341.30	\$9,701.97	\$35,040.20	\$50,531.59
FEB	4	14	23	\$1,448.12	\$7,307.32	\$6,762.20	\$35,040.20	\$50,557.84
MAR	4	14	23	\$1,448.12	\$6,760.82	\$12,379.07	\$35,040.20	\$55,628.21
APR	4	14	23	\$1,448.12	\$5,139.46	\$7,572.83	\$35,040.20	\$49,200.61
MAY	5	13	23	\$1,448.12	\$8,379.63	\$7,391.66	\$33,460.78	\$50,680.19
JUN	5	13	23	\$1,448.12	\$7,239.08	\$9,197.67	\$34,580.01	\$52,464.88
JUL								
AUG								
Total	5	15	22	\$14,346.57	\$65,073.47	\$97,328.04	\$341,710.38	\$518,458.46

Reserves:

Should you elect to fund your incurred but not reported (IBNR) claim liability, the following estimate may be used:

IBNR is calculated at 20.00% of medical claims & 8.00% of Rx claims paid between 07/01/2010 and 06/30/2011

Total IBNR as of 06/30/2011 is: *Medical:* \$22,397.63 *Rx:* \$6,739.74

Illustrative Rates for Experience Period

	MEBS Admin Fee (Med + Rx)	Paid Caremark (Rx) Claims	Paid Wrap Claims	BCBSM Premium	Total Rate
<i>Single</i>	\$35.32	\$62.45	\$93.41	\$328.71	\$519.89
<i>Two-Person</i>	\$35.32	\$149.88	\$224.18	\$788.90	\$1,198.28
<i>Full-Family</i>	\$35.32	\$187.36	\$280.22	\$986.12	\$1,489.02

Illustrative Rates for Renewal Period

	MEBS Admin Fee (Med + Rx)	Paid Caremark (Rx) Claims *	Paid Wrap Claims **	BCBSM Premium	Total Rate
<i>Single</i>	\$35.38	\$65.28	\$101.81	\$441.43	\$643.90
<i>Two-Person</i>	\$35.38	\$156.67	\$244.35	\$1,059.43	\$1,495.84
<i>Full-Family</i>	\$35.38	\$195.84	\$305.44	\$1,324.28	\$1,860.94

* Includes trend of 4.53% based on Book of Business

** Includes trend of 9.00% based on Book of Business

Approximate Rate Increase	0.17%	4.53%	9.00%	34.29%	24.87%
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BRONSON COMMUNITY SCHOOLS

Detailed Experience Report for Self-Funded Benefit Plan

Medical & Rx Experience

Group Renewal Date: 9/01



MEDICAL & RX COBRA RATES

	MEBS Admin Fee (Med + Rx)	Paid Rx Claims + Trend + IBNR	Paid Wrap Claims + Trend + IBNR	BCBSM Premium	2% COBRA Admin Fee	Total COBRA Rate
<i>Single</i>	\$35.38	\$90.98	\$138.64	\$441.43	\$14.13	\$720.57
<i>Two-Person</i>	\$35.38	\$218.36	\$332.75	\$1,059.43	\$32.92	\$1,678.84
<i>Full-Family</i>	\$35.38	\$272.95	\$415.93	\$1,324.28	\$40.97	\$2,089.52

Paid Wrap & Rx Claims: 7/1/2010 - 6/30/2011

Medical: \$111,988.13

Rx: \$84,246.80

IBNR: Incurred but not reported claims

BCBSM Premium: For fully insured coverage

MEBS Admin: Administration fees are stated above

COBRA Admin 2%: An administration charge for COBRA

Effective Date: 9/1/2011

3809 Lake Eastbrook Blvd SE

Grand Rapids, MI 49546

800.968.9682

www.mebs.com

7/27/2011

BRONSON COMMUNITY SCHOOLS

Detailed Experience Report for Self-Funded Benefit Plan

Dental Experience

Group Renewal Date: 9/01



	Exposure			MEBS Admin Fee	Paid Claims	Total Plan Cost
	S	TP	FF			
SEP 10	4	20	26	\$264.50	\$3,157.12	\$3,421.62
OCT	5	21	26	\$304.75	\$2,124.88	\$2,429.63
NOV	5	21	26	\$299.00	\$251.20	\$550.20
DEC	5	21	26	\$299.00	\$1,125.34	\$1,424.34
JAN 11	4	18	30	\$299.00	\$2,923.48	\$3,222.48
FEB	4	17	31	\$299.00	\$2,514.31	\$2,813.31
MAR	4	17	31	\$299.00	\$2,297.56	\$2,596.56
APR	4	17	31	\$299.00	\$3,987.71	\$4,286.71
MAY	5	16	31	\$299.00	\$2,229.48	\$2,528.48
JUN	5	16	31	\$299.00	\$2,254.72	\$2,553.72
JUL						
AUG						
	5	18	29	\$2,961.25	\$22,865.80	\$25,827.05

Reserves:

Should you elect to fund your incurred but not reported (IBNR) claim liability, the following estimate may be used:

IBNR is calculated at 12.50% of claims paid between 07/01/2010 and 06/30/2011

Total IBNR as of 06/30/2011 is: *Dental:* \$3,487.40

Illustrative Rates for Experience Period

	MEBS Admin Fee	Paid Claims	Total Rate
<i>Single</i>	\$5.75	\$19.45	\$25.20
<i>Two-Person</i>	\$5.75	\$43.77	\$49.52
<i>Full-Family</i>	\$5.75	\$48.63	\$54.38

Illustrative Rates for Renewal Period

	MEBS Admin Fee	Paid Claims *	Total Rate
<i>Single</i>	\$5.75	\$20.52	\$26.27
<i>Two-Person</i>	\$5.75	\$46.18	\$51.93
<i>Full-Family</i>	\$5.75	\$51.31	\$57.06

* Includes trend of 5.50% based on Book of Business

BRONSON COMMUNITY SCHOOLS

Detailed Experience Report for Self-Funded Benefit Plan

Vision Experience

Group Renewal Date: 9/01



	Exposure			MEBS Admin Fee	Paid Claims	Total Plan Cost
	S	TP	FF			
SEP 10	4	20	26	\$103.50	\$938.26	\$1,041.76
OCT	5	21	26	\$119.25	\$1,433.50	\$1,552.75
NOV	5	21	26	\$117.00	\$1,433.50	\$1,550.50
DEC	5	21	26	\$117.00	\$1,493.50	\$1,610.50
JAN 11	4	17	31	\$117.00	\$286.50	\$403.50
FEB	4	17	31	\$117.00	\$1,447.50	\$1,564.50
MAR	4	17	31	\$117.00	\$941.00	\$1,058.00
APR	4	17	31	\$117.00	\$448.00	\$565.00
MAY	5	16	31	\$117.00	\$235.00	\$352.00
JUN	5	16	31	\$117.00	\$324.50	\$441.50
JUL						
AUG						
	5	18	29	\$1,158.75	\$8,981.26	\$10,140.01

Reserves:

Should you elect to fund your incurred but not reported (IBNR) claim liability, the following estimate may be used:

IBNR is calculated at 12.50% of claims paid between 07/01/2010 and 06/30/2011

Total IBNR as of 06/30/2011 is:

Vision: \$1,374.15

Illustrative Rates for Experience Period

	MEBS Admin Fee	Paid Claims	Total Rate
Single	\$2.25	\$7.64	\$9.89
Two-Person	\$2.25	\$17.19	\$19.44
Full-Family	\$2.25	\$19.10	\$21.35

Illustrative Rates for Renewal Period

	MEBS Admin Fee	Paid Claims *	Total Rate
Single	\$2.30	\$7.83	\$10.13
Two-Person	\$2.30	\$17.62	\$19.92
Full-Family	\$2.30	\$19.58	\$21.88

* Includes trend of 2.50% based on Book of Business

BRONSON COMMUNITY SCHOOLS

Detailed Experience Report for Self-Funded Benefit Plan

Vision Experience

Group Renewal Date: 9/01



VISION COBRA RATES

	MEBS Admin Fee	Paid Claims + Trend + IBNR	2% COBRA Admin Fee	Total COBRA Rate
Single	\$2.30	\$10.76	\$0.26	\$13.32
Two-Person	\$2.30	\$24.20	\$0.53	\$27.03
Full-Family	\$2.30	\$26.89	\$0.58	\$29.77

Paid Wrap & Rx Claims: 7/1/2010 - 6/30/2011 \$10,993.21

IBNR: Incurred but not reported claims

MEBS Admin: Administration fees are stated above

COBRA Admin 2%: An administration charge for COBRA

Effective Date: 7/1/2011

Medical Rates

Company Name: Bronson Community Schools
Company Street Address: xx
Broker: TED FOSTER
Account Executive: GUY WALTER
Effective Date: 09/01/2011
UW ID#: D - 193311107

Broker Phone: (269) 695-1567
Account Executive Phone: (269) 216-2117
Quote Number: 9881330

Company City: Bronson
Zip Code: 49028
Market: GRAND RAPIDS MI
SIC: 8211 - Elementary and Secondary Schools
Quote Date: 06/20/2011

	HSA2500/80% 9BJ w/PF (SM)	HSA1500/80% 9BI w/PF (SM)	BAL10025/4000 /100% 5JO w/PL (SM)	BAL10030/3000 /100% 5JP w/PL (SM)	HRA25/2500/80% 5JX w/PL (SM)	HSA2000/100% Q3X w/PF (SM)	BAL25/2500/90% 5JJ w/PL (SM)
Package Name	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI
Package Number	MI002	MI002	MI002	MI002	MI002	MI002	MI002
Sequence - Internal Use	26	25	15	14	21	17	13
OI/SA/BIT - Internal Use	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG

Class	# of Employees							
Employee	5	\$ 377.80	\$ 439.12	\$ 445.13	\$ 457.09	\$ 459.97	\$ 463.23	\$ 465.39
Employee + Spouse	15	\$ 793.38	\$ 922.15	\$ 934.77	\$ 959.89	\$ 965.94	\$ 972.78	\$ 977.32
Employee + Child(ren)	0	\$ 717.82	\$ 834.33	\$ 845.75	\$ 868.47	\$ 873.94	\$ 880.14	\$ 884.24
Employee + Family	21	\$ 1,174.20	\$ 1,364.79	\$ 1,383.47	\$ 1,420.64	\$ 1,429.59	\$ 1,439.72	\$ 1,446.44

Premium Totals:								
Employee-Only Monthly Premium	\$ 15,489.80	\$ 18,003.92	\$ 18,250.33	\$ 18,740.69	\$ 18,858.77	\$ 18,992.43	\$ 19,080.99	
Dependent-Only Monthly Premium	\$ 22,958.10	\$ 28,684.52	\$ 27,049.74	\$ 27,776.55	\$ 27,951.57	\$ 28,149.54	\$ 28,281.00	
Total Monthly Premium Including Rx Benefit	\$ 38,447.90	\$ 44,688.44	\$ 45,300.07	\$ 46,517.24	\$ 46,810.34	\$ 47,141.97	\$ 47,361.99	
Employer Contribution Percentage - Employee Only	100%	100%	100%	100%	100%	100%	100%	
Employer Contribution Premium/Month - Employee Only	\$ 15,489.80	\$ 18,003.92	\$ 18,250.33	\$ 18,740.69	\$ 18,858.77	\$ 18,992.43	\$ 19,080.99	
Total Annual Premium Including Rx Benefit	\$ 461,374.80	\$ 536,261.28	\$ 543,600.84	\$ 558,206.88	\$ 561,724.08	\$ 565,703.64	\$ 568,343.88	

Rate Adjustment Percent	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Risk Factor	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95
Monthly Administration Fee	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
Total Employee Count	41	41	41	41	41	41	41	41
Total Number of Eligible Employees	41	41	41	41	41	41	41	41
Total Dependent Count	78	78	78	78	78	78	78	78
Total Member Count	119	119	119	119	119	119	119	119

Benefit Overview:		UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Type		UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Product Type		CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
Plan Category		Definity HSA	Definity HSA	Balanced 100	Balanced 100	Definity HRA	Definity HSA	Balanced
Deductible	- Single (In/Out)	\$ 2500 / \$ 5000	\$ 1500 / \$ 3000	\$ 4000 / \$ 8000	\$ 3000 / \$ 6000	\$ 2500 / \$ 5000	\$ 2000 / \$ 4000	\$ 2500 / \$ 5000
	- Family (In/Out)	\$ 5000 / \$ 10000	\$ 3000 / \$ 6000	\$ 8000 / \$ 16000	\$ 6000 / \$ 12000	\$ 5000 / \$ 10000	\$ 4000 / \$ 8000	\$ 5000 / \$ 10000
Coinsurance (In/Out)		80% / 50%	80% / 50%	100% / 70%	100% / 70%	80% / 50%	100% / 70%	90% / 60%
Office Visit Copay/Coinsurance		80%	80%	\$ 25 (s)	\$ 30 (s)	\$ 25 (s)	100%	\$ 25 (s)
Out of Pocket Maximum	- Single (In/Out)	\$ 5000 / \$ 10000	\$ 3500 / \$ 9000	\$ 4000 / \$ 10000	\$ 3000 / \$ 10000	\$ 4500 / \$ 9000	\$ 4000 / \$ 9000	\$ 4500 / \$ 9000
	- Family (In/Out)	\$ 10000 / \$ 20000	\$ 7000 / \$ 18000	\$ 8000 / \$ 20000	\$ 6000 / \$ 20000	\$ 9000 / \$ 18000	\$ 8000 / \$ 18000	\$ 9000 / \$ 20000
Med/Rx Ded Combined		Yes	Yes	No	No	No	Yes	No
Med/Rx OOP Combined		Yes	Yes	No	No	No	Yes	No
Pharmacy Copay/Coinsurance		\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A
Pharmacy Deductible		Combined with Med	Combined with Med	N/A	N/A	N/A	Combined with Med	N/A

1. Proposal Rates are valid through the requested effective month.
2. Agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your agent if you have questions on their compensation for the products in this proposal.
3. UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Medical Rates

Company Name: Bronson Community Schools
Company Street Address: xx
Broker: TED FOSTER
Account Executive: GUY WALTER
Effective Date: 09/01/2011
UW ID#: D - 193311107

Broker Phone: (269) 695-1567
Account Executive Phone: (269) 216-2117
Quote Number: 9881330

Company City: Bronson
Zip Code: 49028
Market: GRAND RAPIDS MI
SIC: 8211 - Elementary and Secondary Schools
Quote Date: 06/20/2011

UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

4. Engineering Companies with the SIC code of 8711 may be eligible for discounted rates through the American Council of Engineering Companies (ACEC) Life and Health Trust. Please contact your account executive for additional details.

5. Medicare Part D regulations require employers to provide creditable coverage notification to Medicare eligible participants of their prescription drug plan, as well as to Centers for Medicare & Medicaid Services (CMS) at least once a year at specified times. Please contact your UnitedHealthcare representative for information on the support and services UnitedHealthcare can provide employers to help them meet these requirements.

6. The Shared Pharmacy Plans pay a fixed dollar amount toward the cost of covered medications based on the tier level. Employees are responsible for a copayment as well as costs that exceed the plan contribution. Please reference the benefit summary for plan codes: CC, CD, CE, CF and EY for additional benefit information.

7. Generic RX, plan code DZ, provides coverage for most generic drugs at a tier 1 copay. In states where entire therapeutic classes of medications (brands and generics) are required to be covered, these medications will be covered under a 3-tier copayment structure. Brand name medications will fall on Tiers 2 and 3. Contact customer care or myuhc.com for drug coverage information.

8. Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.

9. If the employer offer consists of more than one medical plan, we require the policy year, or calendar year basis selection be the same for each sold policy if the employees have the option to choose from among the plans offered.

*** Indicates State Mandated Plan

(s) This plan features split physician office visit copayments. Enrollees in these plans will pay a higher copayment when they see specialists than when they see primary care physicians.

(SM) These pharmacy plan designs contain a separate member cost share for certain Specialty Medications. Your employees should review their benefit summary to determine how they will be affected.

Medical Rates

Company Name: Bronson Community Schools
Company Street Address: xx
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	BAL-V30/1500 /100% Y3I (E) w/QE (SM)	BAL25/2000/80% 5JW w/PL (SM)	HRA25/2000/80% 5JV w/PL (SM)	HSA1500/100% Y3N (E) w/Hi (SM)	BAL25/1500/80% 5JU w/PL (SM)	BAL10025/2500 /100% 5JN w/PL (SM)	BAL-V30/1000 /100% Y3F (E) w/QE (SM)
Package Name	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI
Package Number	MI002	MI002	MI002	MI002	MI002	MI002	MI002
Sequence - Internal Use	23	11	20	24	10	12	22
OI/SA/BIT - Internal Use	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG

Class	# of Employees							
Employee	5	\$ 465.42	\$ 470.47	\$ 474.47	\$ 474.78	\$ 483.04	\$ 483.84	\$ 491.61
Employee + Spouse	15	\$ 977.39	\$ 987.99	\$ 996.39	\$ 997.04	\$ 1,014.39	\$ 1,016.07	\$ 1,032.39
Employee + Child(ren)	0	\$ 884.30	\$ 893.89	\$ 901.49	\$ 902.08	\$ 917.78	\$ 919.30	\$ 934.06
Employee + Family	21	\$ 1,446.53	\$ 1,462.22	\$ 1,474.66	\$ 1,475.62	\$ 1,501.30	\$ 1,503.79	\$ 1,527.93

Premium Totals:								
Employee-Only Monthly Premium	\$ 19,082.22	\$ 19,289.27	\$ 19,453.27	\$ 19,465.98	\$ 19,804.64	\$ 19,837.44	\$ 20,156.01	
Dependent-Only Monthly Premium	\$ 28,282.86	\$ 28,589.55	\$ 28,832.79	\$ 28,851.54	\$ 29,353.71	\$ 29,402.40	\$ 29,874.42	
Total Monthly Premium Including Rx Benefit	\$ 47,365.08	\$ 47,878.82	\$ 48,286.06	\$ 48,317.52	\$ 49,158.35	\$ 49,239.84	\$ 50,030.43	
Employer Contribution Percentage - Employee Only	100%	100%	100%	100%	100%	100%	100%	
Employer Contribution Premium/Month - Employee Only	\$ 19,082.22	\$ 19,289.27	\$ 19,453.27	\$ 19,465.98	\$ 19,804.64	\$ 19,837.44	\$ 20,156.01	
Total Annual Premium Including Rx Benefit	\$ 568,380.96	\$ 574,545.84	\$ 579,432.72	\$ 579,810.24	\$ 589,900.20	\$ 590,878.08	\$ 600,365.16	

Rate Adjustment Percent	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Risk Factor	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95
Monthly Administration Fee	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
Total Employee Count	41	41	41	41	41	41	41	41
Total Number of Eligible Employees	41	41	41	41	41	41	41	41
Total Dependent Count	78	78	78	78	78	78	78	78
Total Member Count	119	119	119	119	119	119	119	119

Benefit Overview:	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	
Plan Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	
Product Type	EDGE	Balanced	Definity HRA	EDGE with Definity HSA	Balanced	Balanced 100	EDGE	
Plan Category								
Deductible	- Single (In/Out) \$ 1500 / \$ 3000	- Family (In/Out) \$ 4500 / \$ 9000	- Single (In/Out) \$ 2000 / \$ 4000	- Family (In/Out) \$ 4000 / \$ 8000	- Single (In/Out) \$ 1500 / \$ 3000	- Family (In/Out) \$ 3000 / \$ 6000	- Single (In/Out) \$ 1000 / \$ 2000	- Family (In/Out) \$ 3000 / \$ 6000
Coinsurance (In/Out)	100% / 50%	80% / 50%	80% / 50%	100% / 50%	80% / 50%	100% / 70%	100% / 70%	
Office Visit Copay/Coinsurance	\$ 30 (s)	\$ 25 (s)	\$ 25 (s)	100%	\$ 25 (s)	\$ 25 (s)	\$ 30 (s)	
Out of Pocket Maximum	- Single (In/Out) \$ 3000 / \$ 6000	- Family (In/Out) \$ 6000 / \$ 12000	- Single (In/Out) \$ 4000 / \$ 9000	- Family (In/Out) \$ 8000 / \$ 18000	- Single (In/Out) \$ 3000 / \$ 6000	- Family (In/Out) \$ 6000 / \$ 12000	- Single (In/Out) \$ 3000 / \$ 6000	- Family (In/Out) \$ 6000 / \$ 12000
Med/Rx Ded Combined	No	No	No	Yes	No	No	No	
Med/Rx OOP Combined	No	No	No	Yes	No	No	No	
Pharmacy Copay/Coinsurance	\$ 15 / \$ 45 / \$ 85 / \$ 200	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 15 / \$ 45 / \$ 85 / \$ 200	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 15 / \$ 45 / \$ 85 / \$ 200	
Pharmacy Deductible	N/A	N/A	N/A	Combined with Med	N/A	N/A	N/A	

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3. UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your

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Medical Rates

Company Name: Bronson Community Schools
Company Street Address: xx
Broker: TED FOSTER
Account Executive: GUY WALTER
Effective Date: 09/01/2011
UW ID#: D - 193311107

Broker Phone: (269) 695-1567
Account Executive Phone: (269) 216-2117
Quote Number: 9881330

Company City: Bronson
Zip Code: 49028
Market: GRAND RAPIDS MI
SIC: 8211 - Elementary and Secondary Schools
Quote Date: 06/20/2011

UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

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5. Medicare Part D regulations require employers to provide creditable coverage notification to Medicare eligible participants of their prescription drug plan, as well as to Centers for Medicare & Medicaid Services (CMS) at least once a year at specified times. Please contact your UnitedHealthcare representative for information on the support and services UnitedHealthcare can provide employers to help them meet these requirements.

6. The Shared Pharmacy Plans pay a fixed dollar amount toward the cost of covered medications based on the tier level. Employees are responsible for a copayment as well as costs that exceed the plan contribution. Please reference the benefit summary for plan codes: CC, CD, CE, CF and EY for additional benefit information.

7. Generic RX, plan code DZ, provides coverage for most generic drugs at a tier 1 copay. In states where entire therapeutic classes of medications (brands and generics) are required to be covered, these medications will be covered under a 3-tier copayment structure. Brand name medications will fall on Tiers 2 and 3. Contact customer care or myuhc.com for drug coverage information.

8. Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.

9. If the employer offer consists of more than one medical plan, we require the policy year, or calendar year basis selection be the same for each sold policy if the employees have the option to choose from among the plans offered.

***** Indicates State Mandated Plan**

(s) This plan features split physician office visit copayments. Enrollees in these plans will pay a higher copayment when they see specialists than when they see primary care physicians.

(SM) These pharmacy plan designs contain a separate member cost share for certain Specialty Medications. Your employees should review their benefit summary to determine how they will be affected.

(E) For specialty physicians with UnitedHealth Premium designation for both quality and efficiency, higher coverage levels will apply for this UnitedHealthcare EDGE Medical plan.

Medical Rates

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	HRA30/1000 /80% 5JQ w/PL (SM)	HSA1500/100% Q3W w/PF (SM)	HRA25/1500/90% 5JH w/PL (SM)	BAL25/1000/80% 5JT w/PL (SM)	BAL10025/1500 /100% 5JM w/PL (SM)	BAL25/1000/90% 5JZ w/PL (SM)	TRAD25/500/80% 5JY w/PL (SM)
Package Name	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI
Package Number	MI002	MI002	MI002	MI002	MI002	MI002	MI002
Sequence - Internal Use	18	16	19	8	9	7	5
OI/SA/BIT - Internal Use	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG

Class	# of Employees							
Employee	5	\$ 499.67	\$ 503.96	\$ 506.22	\$ 506.88	\$ 523.99	\$ 527.41	\$ 534.02
Employee + Spouse	15	\$ 1,049.31	\$ 1,058.32	\$ 1,063.06	\$ 1,064.45	\$ 1,100.38	\$ 1,107.56	\$ 1,121.44
Employee + Child(ren)	0	\$ 949.37	\$ 957.52	\$ 961.82	\$ 963.07	\$ 995.58	\$ 1,002.08	\$ 1,014.64
Employee + Family	21	\$ 1,552.98	\$ 1,566.31	\$ 1,573.34	\$ 1,575.39	\$ 1,628.57	\$ 1,639.19	\$ 1,659.74

Premium Totals:								
Employee-Only Monthly Premium	\$ 20,486.47	\$ 20,662.36	\$ 20,755.02	\$ 20,782.08	\$ 21,483.59	\$ 21,623.81	\$ 21,894.82	
Dependent-Only Monthly Premium	\$ 30,364.11	\$ 30,624.75	\$ 30,762.12	\$ 30,802.26	\$ 31,842.03	\$ 32,049.63	\$ 32,451.42	
Total Monthly Premium Including Rx Benefit	\$ 50,850.58	\$ 51,287.11	\$ 51,517.14	\$ 51,584.34	\$ 53,325.62	\$ 53,673.44	\$ 54,346.24	
Employer Contribution Percentage - Employee Only	100%	100%	100%	100%	100%	100%	100%	
Employer Contribution Premium/Month - Employee Only	\$ 20,486.47	\$ 20,662.36	\$ 20,755.02	\$ 20,782.08	\$ 21,483.59	\$ 21,623.81	\$ 21,894.82	
Total Annual Premium Including Rx Benefit	\$ 610,206.96	\$ 615,445.32	\$ 618,205.68	\$ 619,012.08	\$ 639,907.44	\$ 644,081.28	\$ 652,154.88	

Rate Adjustment Percent	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Risk Factor	0.95	0.95	0.95	0.95	0.95	0.95	0.95	0.95
Monthly Administration Fee	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
Total Employee Count	41	41	41	41	41	41	41	41
Total Number of Eligible Employees	41	41	41	41	41	41	41	41
Total Dependent Count	78	78	78	78	78	78	78	78
Total Member Count	119	119	119	119	119	119	119	119

Benefit Overview:		UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Type		UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Product Type		CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
Plan Category		Definity HRA	Definity HSA	Definity HRA	Balanced	Balanced 100	Balanced	Traditional with Deductible
Deductible	- Single (In/Out)	\$ 1000 / \$ 2000	\$ 1500 / \$ 3000	\$ 1500 / \$ 3000	\$ 1000 / \$ 2000	\$ 1500 / \$ 3000	\$ 1000 / \$ 2000	\$ 500 / \$ 1000
	- Family (In/Out)	\$ 2000 / \$ 4000	\$ 3000 / \$ 6000	\$ 3000 / \$ 6000	\$ 2000 / \$ 4000	\$ 3000 / \$ 6000	\$ 2000 / \$ 4000	\$ 1000 / \$ 2000
Coinsurance (In/Out)		80% / 50%	100% / 70%	90% / 60%	80% / 50%	100% / 70%	90% / 60%	80% / 50%
Office Visit Copay/Coinsurance		\$ 30 (s)	100%	\$ 25 (s)	\$ 25 (s)	\$ 25 (s)	\$ 25 (s)	\$ 25 (s)
Out of Pocket Maximum	- Single (In/Out)	\$ 4000 / \$ 8000	\$ 3500 / \$ 9000	\$ 3500 / \$ 7000	\$ 3500 / \$ 7000	\$ 1500 / \$ 9000	\$ 2500 / \$ 7000	\$ 3000 / \$ 6000
	- Family (In/Out)	\$ 8000 / \$ 16000	\$ 7000 / \$ 18000	\$ 7000 / \$ 14000	\$ 7000 / \$ 14000	\$ 3000 / \$ 18000	\$ 5000 / \$ 14000	\$ 6000 / \$ 12000
Med/Rx Ded Combined		No	Yes	No	No	No	No	No
Med/Rx OOP Combined		No	Yes	No	No	No	No	No
Pharmacy Copay/Coinsurance		\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A
Pharmacy Deductible		N/A	Combined with Med	N/A	N/A	N/A	N/A	N/A

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Medical Rates

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Company Street Address: xx
Broker: TED FOSTER
Account Executive: GUY WALTER
Effective Date: 09/01/2011
UW ID#: D - 193311107

Broker Phone: (269) 695-1567
Account Executive Phone: (269) 216-2117
Quote Number: 9881330

Company City: Bronson
Zip Code: 49028
Market: GRAND RAPIDS MI
SIC: 8211 - Elementary and Secondary Schools
Quote Date: 06/20/2011

Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.

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7. Generic RX, plan code DZ, provides coverage for most generic drugs at a tier 1 copay. In states where entire therapeutic classes of medications (brands and generics) are required to be covered, these medications will be covered under a 3-tier copayment structure. Brand name medications will fall on Tiers 2 and 3. Contact customer care or myuhc.com for drug coverage information.

8. Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.

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(s) This plan features split physician office visit copayments. Enrollees in these plans will pay a higher copayment when they see specialists than when they see primary care physicians.

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	BAL10025/1000 /100% 5JL w/PL (SM)	TRAD25/500/90% 5JK w/PL (SM)	TRAD25/250/90% 5JI w/PL (SM)	TRAD20/500 /100% 5JS w/PL (SM)	TRAD20/250 /100% 5JR w/PL (SM)
Package Name	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI	MULTICHOICE_MI
Package Number	MI002	MI002	MI002	MI002	MI002
Sequence - Internal Use	6	4	2	3	1
OI/SA/BIT - Internal Use	01/00/CG	01/00/CG	01/00/CG	01/00/CG	01/00/CG

Class	# of Employees					
Employee	5	\$ 553.41	\$ 558.69	\$ 587.22	\$ 619.57	\$ 650.17
Employee + Spouse	15	\$ 1,162.16	\$ 1,173.25	\$ 1,233.16	\$ 1,301.10	\$ 1,365.36
Employee + Child(ren)	0	\$ 1,051.48	\$ 1,061.51	\$ 1,115.72	\$ 1,177.18	\$ 1,235.32
Employee + Family	21	\$ 1,720.00	\$ 1,736.41	\$ 1,825.08	\$ 1,925.63	\$ 2,020.73

Premium Totals:					
Employee-Only Monthly Premium	\$ 22,689.81	\$ 22,906.29	\$ 24,076.02	\$ 25,402.37	\$ 26,656.97
Dependent-Only Monthly Premium	\$ 33,629.64	\$ 33,950.52	\$ 35,884.16	\$ 37,650.21	\$ 39,509.61
Total Monthly Premium Including Rx Benefit	\$ 56,319.45	\$ 56,856.81	\$ 59,760.18	\$ 63,052.58	\$ 66,166.58
Employer Contribution Percentage - Employee Only	100%	100%	100%	100%	100%
Employer Contribution Premium/Month - Employee Only	\$ 22,689.81	\$ 22,906.29	\$ 24,076.02	\$ 25,402.37	\$ 26,656.97
Total Annual Premium Including Rx Benefit	\$ 675,833.40	\$ 682,281.72	\$ 717,122.16	\$ 756,630.96	\$ 793,998.96

Rate Adjustment Percent	0.00%	0.00%	0.00%	0.00%	0.00%
Risk Factor	0.95	0.95	0.95	0.95	0.95
Monthly Administration Fee	\$.00	\$.00	\$.00	\$.00	\$.00
Total Employee Count	41	41	41	41	41
Total Number of Eligible Employees	41	41	41	41	41
Total Dependent Count	78	78	78	78	78
Total Member Count	119	119	119	119	119

Benefit Overview:		UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Plan Type		CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
Product Type		Balanced 100	Traditional with	Traditional with	Traditional with	Traditional with
Plan Category			Deductible	Deductible	Deductible	Deductible
Deductible	- Single (In/Out)	\$ 1000 / \$ 2000	\$ 500 / \$ 1000	\$ 250 / \$ 500	\$ 500 / \$ 1000	\$ 250 / \$ 500
	- Family (In/Out)	\$ 2000 / \$ 4000	\$ 1000 / \$ 2000	\$ 500 / \$ 1000	\$ 1000 / \$ 2000	\$ 500 / \$ 1000
Coinsurance (In/Out)		100% / 70%	90% / 60%	90% / 60%	100% / 70%	100% / 70%
Office Visit Copay/Coinsurance		\$ 25 (s)	\$ 25 (s)	\$ 25 (s)	\$ 20 (s)	\$ 20 (s)
Out of Pocket Maximum	- Single (In/Out)	\$ 1000 / \$ 7000	\$ 3000 / \$ 6000	\$ 2500 / \$ 5000	\$ 500 / \$ 5000	\$ 250 / \$ 3500
	- Family (In/Out)	\$ 2000 / \$ 14000	\$ 6000 / \$ 12000	\$ 5000 / \$ 10000	\$ 1000 / \$ 10000	\$ 500 / \$ 7000
Med/Rx Ded Combined		No	No	No	No	No
Med/Rx OOP Combined		No	No	No	No	No
Pharmacy Copay/Coinsurance		\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A	\$ 10 / \$ 35 / \$ 60 / N/A
Pharmacy Deductible		N/A	N/A	N/A	N/A	N/A

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Market: GRAND RAPIDS MI
SIC: 8211 - Elementary and Secondary Schools
Quote Date: 06/20/2011

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6. The Shared Pharmacy Plans pay a fixed dollar amount toward the cost of covered medications based on the tier level. Employees are responsible for a copayment as well as costs that exceed the plan contribution. Please reference the benefit summary for plan codes: CC, CD, CE, CF and EY for additional benefit information.
7. Generic RX, plan code DZ, provides coverage for most generic drugs at a tier 1 copay. In states where entire therapeutic classes of medications (brands and generics) are required to be covered, these medications will be covered under a 3-tier copayment structure. Brand name medications will fall on Tiers 2 and 3. Contact customer care or myuhc.com for drug coverage information.
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- *** Indicates State Mandated Plan**
- (s) This plan features split physician office visit copayments. Enrollees in these plans will pay a higher copayment when they see specialists than when they see primary care physicians.
- (SM) These pharmacy plan designs contain a separate member cost share for certain Specialty Medications. Your employees should review their benefit summary to determine how they will be affected.

Dental PPO/Indemnity Rates

Company Name: Bronson Community Schools
Company Street Address: xx
Broker: TED FOSTER
Account Executive: GUY WALTER
Effective Date: 09/01/2011
UW ID#: D - 193311107

Broker Phone: (269) 695-1567
Account Executive Phone: (269) 216-2117
Quote Number: 9881330

Company City: Bronson
Zip Code: 49028
Market: GRAND RAPIDS MI
SIC: 8211 - Elementary and Secondary Schools
Quote Date: 06/20/2011

Class	# of Employees	P4877 01/00/CG	P3365 01/00/CG	P4879 01/00/CG
Employee	5	\$ 33.41	\$ 33.96	\$ 37.80
Employee + Spouse	15	\$ 66.82	\$ 67.92	\$ 75.60
Employee + Child(ren)	0	\$ 69.91	\$ 71.06	\$ 79.11
Employee + Family	21	\$ 106.71	\$ 108.47	\$ 120.75

Premium Totals:

Total Monthly Premium	\$ 3,410.26	\$ 3,466.47	\$ 3,858.75
Employer Contribution Percentage - Employee Only	100%	100%	100%
Employer Contribution Premium/Month - Employee Only	\$ 1,369.81	N/A	\$ 1,549.80
Total Annual Premium	\$ 40,923.12	\$ 41,597.64	\$ 46,305.00

Benefit Overview:

Plan Type	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Product Type	PPO	VOLUNTARY PPO	PPO
Deductible (In/Out) - Single	\$ 50 / \$ 50	\$ 50 / \$ 50	\$ 50 / \$ 50
- Family	\$ 150 / \$ 150	\$ 150 / \$ 150	\$ 150 / \$ 150
Coinsurance	100% / 100%	100% / 100%	100% / 100%
- Minor Restorative (In/Out)	80% / 80%	80% / 80%	80% / 80%
- Endodontic/Periodontic/Oral Surgery (In/Out)	50% / 50%	50% / 50%	80% / 80%
- Major (In/Out)	50% / 50%	50% / 50%	50% / 50%
- Orthodontia (In/Out)	N/A / N/A	N/A / N/A	N/A / N/A
Waiting Period	N/A	12 months	N/A
- Major	N/A	N/A	N/A
- Orthodontia	N/A	N/A	N/A
Annual Maximum (In/Out)	\$ 1000 / \$ 1000	\$ 1000 / \$ 1000	\$ 1000 / \$ 1000

- Product availability may vary based upon group size and prior dental coverage.
- UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.
- Agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your agent if you have questions on their compensation for the products in this proposal.
- The Out of Network reimbursement may be based on a percentage of the Usual and Customary (UCR) or Maximum Allowable Charges (MAC) which are applicable for the same service that would have been rendered by a network provider. OON reimbursements are based on the geographic area in which the expenses are incurred. Please see the Benefit Summary for OON reimbursement basis. "P" plans can vary by MAC, 85th, 90th or 95th percentile of UCR. "A" plans can vary by MAC or 70th percentile of UCR.
- Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.
- The Employer Contribution for Voluntary dental plans may range from 0%- 49%.
- For certain dental plans the Endodontic, Periodontic and Oral Surgery benefits may, as a group or individually, be class shifted between Class II and Class III coinsurance rates. For more information, please see the Dental Benefit Summary for the specific plan setup.
- For Indemnity, PPO and INO plans, the employer must meet minimum contribution and eligible employee participation requirements. Employer-Paid dental plans: employer contribution: 50% or more of the employee rate. At least 75% participation of eligible employees who do not waive coverage, not to fall below 50% of total eligible employees (must have at least 2 enrolled employees for plans without ortho and 8 or more enrolled for plans with orthodontia). Voluntary dental plans: employer may contribute 0 to 49% of the total premium. For voluntary dental plans: 2 or more employees enrolled; for plans with Orthodontia, 8 or more employees enrolled.
- Proposed rates are valid to the Effective Date or 90 days from the Quote Date, whichever is sooner.
- Please note that for some Dental Plans minor restorative services (i.e., fillings, space maintainers) may be paid at a higher benefit level.
- Lifetime Deductible dental plans are: P3420 - P3426, P3429, P3430, P3320 - P3326, P3328, P3330, P3331, P3471 - P3477, P3480, P3481, I1213 - I1216 & I1316 - I1321. The deductible is met once per lifetime per eligible individual, with no family maximum.

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Vision Rates

Company Name: Bronson Community Schools
Company Street Address: xx
Broker: TED FOSTER
Account Executive: GUY WALTER
Effective Date: 09/01/2011
UW ID#: D - 193311107

Broker Phone: (269) 695-1567
Account Executive Phone: (269) 216-2117
Quote Number: 9881330

Company City: Bronson
Zip Code: 49028
Market: GRAND RAPIDS MI
SIC: 8211 - Elementary and Secondary Schools
Quote Date: 06/20/2011

Class	# of Employees	V1008 01/00/CG	V1006 01/00/CG
Employee	5	\$ 8.64	\$ 11.08
Employee + Spouse	15	\$ 16.85	\$ 21.60
Employee + Child(ren)	0	\$ 17.71	\$ 22.71
Employee + Family	21	\$ 24.62	\$ 31.57

Premium Totals:		
Total Monthly Premium	\$ 812.97	\$ 1,042.37
Total Annual Premium	\$ 9,755.64	\$ 12,508.44

Benefit Overview:		UnitedHealthcare	UnitedHealthcare
Plan Type		UnitedHealthcare	UnitedHealthcare
Product Type		VOLUNTARY	VOLUNTARY
Frequency	- Exam	12 months	12 months
	- Lenses	12 months	12 months
	- Frames	24 months	12 months
In-Network Copays	- Exam	\$ 10.00	\$ 10.00
	- Materials	\$ 25.00	\$ 25.00
Out-of-Network Allowance	- Exam	Up to \$ 40.00	Up to \$ 40.00
	- Single Vision Lenses	Up to \$ 40.00	Up to \$ 40.00
	- Frames	Up to \$ 45.00	Up to \$ 45.00
	- Contact Lenses	Up to \$ 105.00	Up to \$ 105.00

1. Out-of-Network Allowances for lenses will vary by lens type with a maximum of \$80. Medically necessary contacts have a maximum allowance of \$210.
2. Agents may receive commissions, bonuses and other compensations for selling the product in this proposal. The cost of the compensation may be directly or indirectly reflected in the premium or fees for these products.
3. UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.
4. UnitedHealthcare Vision 24 month rate guarantees on all plan designs.
5. Vision plan codes beginning with V9 utilize the Focus Network. Please refer to the plan benefit summary for important information on the Focus Network.
6. The employer must meet the minimum contribution and eligible employee participation requirements. For voluntary Vision plans: minimum 1 or more enrollees required; no participation percentage required. For employer sponsored plans, if offered with medical 75% participation net of waivers required. For employer sponsored plans and if standalone only, 100% participation net of waivers is required.
7. Proposed rates are valid to the Effective Date.
8. This quote assumes Carrier replacement.
9. Product availability may vary based upon group size.

Life / AD&D Rates

Company Name: Bronson Community Schools
Company Street Address: xx
Broker: TED FOSTER
Account Executive: GUY WALTER
Effective Date: 09/01/2011
UW ID#: D - 193311107

Broker Phone: (269) 695-1567
Account Executive Phone: (269) 216-2117
Quote Number: 9881330

Company City: Bronson
Zip Code: 49028
Market: GRAND RAPIDS MI
SIC: 8211 - Elementary and Secondary Schools
Quote Date: 06/20/2011

Basic Life/AD&D Products	Flat \$ 15000 01/00/CG	Flat \$ 20000 01/00/CG
Plan Type	UnitedHealthcare	UnitedHealthcare
Basic Life Rate/1000 Volume	\$ 0.29	\$ 0.27
AD&D Rate/1000 Volume	\$ 0.03	\$ 0.03
Total Rate/1000 Volume	\$ 0.32	\$ 0.30
Total Rate per Employee	\$ 4.80	\$ 6.00
Total Life Volume	\$ 609,750.00	\$ 813,000.00
Basic Life Monthly Premium	\$ 176.83	\$ 219.51
AD&D Monthly Premium	\$ 18.29	\$ 24.39
Total Monthly Premium	\$ 195.12	\$ 243.90
Employer Contribution Percentage - Employee Only	100%	100%
Employer Contribution Premium/Month - Employee Only	\$ 195.12	\$ 243.90
Total Annual Premium	\$ 2,341.44	\$ 2,926.80

- Stand-alone Life/AD&D available for employer groups with 6 or more eligible employees. Life/AD&D must be sold with medical for groups with 2 to 5 lives.
- Agents may receive commissions, bonuses, and other compensation for the products in this proposal.
- UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.
- Rates are guaranteed for 24 months
- Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.
- The employer must meet minimum contribution and eligible employee participation requirements. Non-Contributory plans require the employer contribute 100% of the premium yielding 100% participation. Contributory plans require 75% participation of eligible employees.
- Basic Life benefits include: waiver of premium, accelerated death benefit, reduction in benefits to 65% at age 65 and to 50% of original amount at age 70. Retirees are not eligible for coverage.

Individual Evidence of Insurability may be required if amounts exceed the Guarantee Issue limit. Allowable Plan Maximums vary by employer group size. Refer to table below.

Group Size (eligible employees)	Guarantee Issue Limit	Plan Maximum Limit
2 - 5 ees	\$ 25,000	\$ 50,000
6 - 19 ees	\$ 50,000	\$ 175,000
20 - 50 ees	\$ 100,000	\$ 250,000

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

United Healthcare
New Business Proposal for Employers with 2-50 Eligible Employees

We are pleased to provide you with this rate quote and benefit summary. Please note that this quote is subject to the following conditions and assumptions.

1. This rate quote is not an offer or a guarantee of coverage. Enrollment materials must be complete and submitted 10 days prior to the effective date before a group will be considered for coverage. **This group should not, under any circumstances, cancel its existing coverage until a Benefit and Premium Confirmation is received and is signed by the employer and the group has paid the initial premium.**
2. If coverage is issued, these rates will be in effect for 12 months from the initial effective date of coverage, subject to the group policy provisions.
3. Premiums for an Employee who changes age rate bands during the policy year will be charged at the new band's premium level as of the first due date following the change (where permitted by law).
4. The rates in this quote are valid for the proposed effective date, but rates are subject to change if:
 - Data for employees actually enrolled is different than the quoted employee data;
 - Any benefits are added or deleted;
 - Additional medical information is revealed on the individual employee health applications or individual underwriting telephone interview(s);
 - The effective date is deferred;
 - Medical underwriting accepts coverage conditional to an additional percentage increase to the medical rates (where permitted by law).
5. Total premium due in any month may differ on the employee payment summary due to rounding in the individual payment calculations. Actual billed payment will be that which is shown on the employee payment summary.
6. United Healthcare small group plans are subject to pre-existing conditions limitations when permitted by law.
7. The United Healthcare Insurance Company will underwrite the Medical and Dental Rates and Benefits presented in this quote.
8. Coverage will be offered only if the employer meets minimum contribution and participation requirements.

Medical:

Contribution: Employer must contribute at least 50% of employee-only premium cost.

Participation: At least of 75% of eligible employees must participate

Dental:

Contribution: Employer must contribute at least 50% of the employee-only rate for Contributory Plans.

Participation: At least 51% of all eligible employees must participate, as well as at least 75% of eligible employees who do not waive coverage for Contributory and Non-Contributory Plans. At least eight eligible employees must enroll for Voluntary Plans with orthodontic coverage; at least two employees must enroll for other Voluntary Plans.



SHARED FUNDING PROPOSAL

BRONSON COMMUNITY SCHOOLS - EXCLUDING RX

Effective: 9/1/2011

PHYSICIANS CARE PROPOSAL
PPO: \$0 Deductible & 100% coverage thereafter

Enrollment	Employee Count	Current Rates	Service Fee	Insurance Premium	Claims Funding	Total
Single	5	\$328.71	\$50.00	\$322.88	\$264.39	\$637.27
Double	15	\$788.90	\$50.00	\$573.06	\$473.17	\$1,096.23
Family	21	\$986.12	\$50.00	\$931.18	\$772.02	\$1,753.20
Total Monthly	41	\$34,185.57	\$2,050.00	\$29,765.08	\$24,631.92	\$56,447.00
Total Annual		\$410,226.84	\$24,600.00	\$357,180.96	\$295,583.04	\$677,364.00
<i>% Change from Current/Renewal</i>						65.1%

Carrier Information

Carrier: PAN AMERICAN LIFE

Contract Type: 12/12

Covered Benefit: MEDICAL

STOP LOSS COVERAGE REQUIREMENTS AND OPTIONS:

- 1) Stop loss quotes assume satisfaction of the carrier's minimum requirements for eligibility, participation, benefits and plan design.
- 2) Stop loss quotes above reflect an annual benefit maximum per covered person per plan year of \$5,000,000 (see ASR Health Benefits/Physicians Care Plan Highlights Benefit Description). The maximum reimbursable amount per the stop loss policy will be \$10,000,000 per covered person per policy year.
- 3) A completed Disclosure Statement must be submitted for review and approval before final stop loss insurance rates and funding factors are issued.
- 4) The stop loss insurance rates and funding factors are contingent upon receipt and review of renewal rates from the quoted group's current health plan.
- 5) Employers must pay premiums and fund claims based on a minimum of 15 employees for each month of the contract.
- 6) Terminal liability coverage is required on a 12/12 contract if the policy is terminated upon renewal. The client will be required to pay an additional two months of the inforce insurance premiums, claims funding factors and administrative fees based on the average enrollment from the last two months of the policy year. The additional charges will provide for coverage and payment of all eligible claims for up to 12 months beyond the policy

GENERAL SPECIFICATIONS:

- 7) Service fee quoted above includes the following costs: Administration fee, PPO network access fees (Physicians Care and the Multiplan Extended National network), Utilization Review services with Physicians Care Health Management, HIPAA administration and postage/handling for the direct release of checks and EOBs.
- 8) Initial supply of Physicians Care directories included at the point of sale. Additional Physicians Care directories are available at a cost of \$3.53 each. Directories are also available on-line at www.physicianscare.com and www.multipian.com.
- 9) Physicians Care/ASR Health Benefits & Pan American Life will not be bound by any typographical errors/omissions in this proposal.
- 10) Do not cancel current coverage until confirmation of final rates and funding factors has been issued and group is accepted for coverage.
- 11) Agent receives part of the service fee as compensation.

Date of proposal: 6/24/2011



1475 Kendale Boulevard, PO Box 2560
 East Lansing, MI 48826-2560
 800.292.4910

**Quote Summary Exclusively for
 Bronson Community Schools**

Quote Effective 08/01/2011

Requested: 07/20/2011
 Quote Request ID: 209047
 MESSA Field Rep: Bonnie Br

Quoted Group(s): NEW-Admin & Support Staff

Description	Current - NEW	Rate	Census Used	Quote ID 315994	Rate	Quote ID 315995	Rate
Medical:			Single: 5	PAK A		PAK A	
IN Deductible:			2-Person: 12	<i>MESSA Choices II</i>	669.41	<i>MESSA Choices II</i>	649.24
OON Deductible:			Family: 24	\$0	1,504.31	\$100/\$200	1,458.89
OV/UC/ER Copay:				\$250/\$500	1,671.28	\$250/\$500	1,620.83
RX Drug Copay:				\$10/\$25/\$50		\$10/\$25/\$50	
Riders Included:				\$10/\$20		\$10/\$20	
				XVA2		XVA2	
Dental:			Single: 5		33.80		23.64
Class I:			2-Person: 12	80%	62.58	80%	43.74
Class II:			Family: 24	80%	105.65	50%	77.76
Class III:				50%		50%	
Annual Max:				\$1,000		\$1,000	
Class IV:				50%		50%	
Lifetime Max:				\$1,000		\$1,000	
Riders Included:				2 Cleanings		2 Cleanings	
Vision:			Single: 5	VSP 2	5.45	VSP 2	5.45
			2-Person: 12		11.72		11.72
			Family: 24		17.63		17.63
Life Ins:			41	\$15,000		\$10,000	
Volume:					615,000		410,000
Rate/\$1,000:					0.18		0.17
Composite:					2.70		1.70
AD&D Ins:			41	\$15,000		\$10,000	
Volume:					615,000		410,000
Rate/\$1,000:					0.03		0.03
Composite:					0.45		0.30
Dep Life Ins:				Not Included in Benefit Package		Not Included in Benefit Package	
Volume:							
Rate/\$1,000:							
Composite:							
LTD:				Not Included in Benefit Package		Not Included in Benefit Package	
Waiting Period:							
Alcohol/Drug:							
Mental/Nervous:							
SS Offset:							
COLA:							
Volume:							
Rate/\$100:							
Total Monthly Rate Per Member - Single					\$711.81	\$680.33	
Total Monthly Rate Per Member - 2 Person					\$1,581.76	\$1,516.35	
Total Monthly Rate Per Member - Family					\$1,797.71	\$1,718.22	

The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered will affect final rates. Final rates will be calculated at time of implementation in accordance with MESSA Underwriting and Rating guidelines.



**Quote Summary Exclusively for
Bronson Community Schools**
Quote Effective 08/01/2011

Requested: 07/20/2011
Quote Request ID: 209047
MESSA Field Rep: Bonnie Brooks

1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

Quoted Group(s): NEW-Admin & Support Staff

Description	Current - NEW	Rate	Census Used	Quote ID 315994	Rate	Quote ID 315995	Rate
Medical: IN Deductible: OON Deductible: OV/UC/ER Copay: RX Drug Copay: Riders Included:				PAK B Not Included in Benefit Package		PAK B Not Included in Benefit Package	
Dental: Class I: Class II: Class III: Annual Max: Class IV: Lifetime Max: Riders Included:			Single: 0 2-Person: 4 Family: 6	80% 80% 50% \$1,000 50% \$1,000 2 Cleanings	33.43 61.92 104.96	80% 50% 50% \$1,000 50% \$1,000 2 Cleanings	23.44 43.36 77.37
Vision:			Single: 0 2-Person: 4 Family: 6	VSP 2	5.45 11.72 17.63	VSP 2	5.45 11.72 17.63
Life Ins: Volume: Rate/\$1,000: Composite:			10	\$15,000	150,000 0.18 2.70	\$10,000	100,000 0.17 1.70
AD&D Ins: Volume: Rate/\$1,000: Composite:			10	\$15,000	150,000 0.03 0.45	\$10,000	100,000 0.03 0.30
Dep Life Ins: Volume: Rate/\$1,000: Composite:				Not Included in Benefit Package		Not Included in Benefit Package	
LTD: Waiting Period: Alcohol/Drug: Mental/Nervous: SS Offset: COLA: Volume: Rate/\$100:				Not Included in Benefit Package		Not Included in Benefit Package	
Total Monthly Rate Per Member - Single					\$42.03		\$30.89
Total Monthly Rate Per Member - 2 Person					\$76.79		\$57.08
Total Monthly Rate Per Member - Family					\$125.74		\$97.00

The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered will affect final rates. Final rates will be calculated at time of implementation in accordance with MESSA Underwriting and Rating guidelines.

**2011 Rate Renewal Exclusively for
Bronson Community Schools
Renewal Effective 07/01/2011**

Quote #: 313922
MESSA Field Rep: Bonnie Brooks
Date Created: 04/30/2011

PAK A - 385B Teachers		2010-11 Rates	Enrollment	2011-12 Rates
Medical:	MESSA Choices II	\$589.10	Single: 11	\$649.24
OV/UC/ER Copay:	\$10/\$25/\$50	\$1,323.61	2-Person: 14	\$1,458.89
RX Drug Copay:	\$10/\$20	\$1,470.51	Family: 28	\$1,620.83
Deductible:	In-\$100/\$200, Out-\$250/\$500			
Riders Included:	XVA2, Adult Immunizations			
<hr/>				
Dental:			Single: 11	\$21.39
Class I:	80%		2-Person: 14	\$39.66
Class II:	50%		Family: 28	\$73.96
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Composite:		\$51.08		
<hr/>				
Vision:	VSP 2		Single: 11	\$5.45
			2-Person: 14	\$11.72
			Family: 28	\$17.63
Composite:		\$14.18		
<hr/>				
Life Insurance:	\$10,000		53	
Rate/\$1000				\$0.14
Volume				\$530,000.00
Composite:		\$1.50		\$1.40
AD&D Coverage:	\$10,000		53	
Rate/\$1000				\$0.03
Volume				\$530,000.00
Composite:		\$0.30		\$0.30
<hr/>				
Total Monthly Rate per Member - Single		\$656.16		\$677.78
Total Monthly Rate per Member - 2-Person		\$1,390.67		\$1,511.97
Total Monthly Rate per Member - Family		\$1,537.57		\$1,714.12
<hr/>				
PAK A COBRA RATES:				
	Medical		Single	\$647.74
			2-Person	\$1,457.39
			Family	\$1,619.33
<hr/>				
The COBRA rates for Dental and Vision are the same as the rates above.				

The above rates are based on plans and enrollment as of 04/21/2011. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



1475 Kendale Boulevard, PO Box 2560
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 800.292.4910

**2011 Rate Renewal Exclusively for
 Bronson Community Schools
 Renewal Effective 07/01/2011**

Quote #: 313922
 MESSA Field Rep: Bonnie Brooks
 Date Created: 04/30/2011

PAK B - 385B Teachers		2010-11 Rates	Enrollment	2011-12 Rates
Dental:			Single: 0	\$20.93
Class I:	80%		2-Person: 1	\$38.82
Class II:	50%		Family: 8	\$73.27
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,000			
Riders:	2 Cleanings			
Composite:		\$63.74		
Vision:	VSP 2		Single: 0	\$5.45
			2-Person: 1	\$11.72
			Family: 8	\$17.63
Composite:		\$15.83		
Life Insurance:	\$10,000		9	
Rate/\$1000				\$0.14
Volume				\$90,000.00
Composite:		\$1.50		\$1.40
AD&D Coverage:	\$10,000		9	
Rate/\$1000				\$0.03
Volume				\$90,000.00
Composite:		\$0.30		\$0.30
Total Composite Rate per Member		\$81.37		
Total Monthly Rate per Member - Single				\$28.08
Total Monthly Rate per Member - 2-Person				\$52.24
Total Monthly Rate per Member - Family				\$92.60

PAK B COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are based on plans and enrollment as of 04/21/2011. Rates will be guaranteed for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.