

2016 Renewal Presentation

SOUTHFIELD PUBLIC SCHOOLS



AUSTIN BENEFITS GROUP
— Smart Benefit Solutions —

| | Current Plan MESSA Choice Medical Plan via BCBSM Community Blue \$500 | | Renewal Plan MESSA Choice Medical Plan via BCBSM Community Blue \$500 | | BCBSM Community Blue 4 PPO | | BCBSM Simply Blue \$500 PPO | |
|-----------------------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|
| Renewal Date: 7 / 1 / 2016 | | | | | | | | |
| EE Deductible: | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Single | \$500 | \$1,000 | \$500 | \$1,000 | \$500 | \$1,000 | \$500 | \$1,000 |
| Family | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$1,000 | \$2,000 |
| Coinsurance Percentage: | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Carrier % Liability | 100% | 80% | 100% | 80% | 80% | 60% | 80% | 60% |
| Employee % Liability | 0% | 20% | 0% | 20% | 20% | 40% | 20% | 40% |
| Coinsurance Max: | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Single | N/A | N/A | N/A | N/A | \$1,500 | \$3,000 | \$1,500 | \$3,000 |
| Family | N/A | N/A | N/A | N/A | \$3,000 | \$6,000 | \$3,000 | \$6,000 |
| EE True OOPM: | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Single | \$0 | | \$0 | | \$6,350 | \$12,700 | \$6,350 | \$12,700 |
| Family | \$0 | | \$0 | | \$12,700 | \$25,400 | \$12,700 | \$25,400 |
| EE Medical Plan Copays: | | | | | | | | |
| Office Visit | | \$20 | | \$20 | | \$20 | | \$20 |
| Specialist Visit | | | | | | \$20 | | \$20 |
| Urgent Care | | \$25 | | \$25 | | \$20 | | \$20 |
| Emergency Room | | \$50 | | \$50 | | \$150 | | \$150 |
| Imaging | | 0% after Deductible | | 0% after Deductible | | 20% after Deductible | | 20% after Deductible |
| Hospital Admission | | 0% after Deductible | | 0% after Deductible | | 20% after Deductible | | 20% after Deductible |
| Medical Plan Riders: | | | | | | | | |
| Domestic Partner | | | | | | Not Included | | Not Included |
| Abortion Rider | | | | | | Included | | Included |
| Employee RX Plan: | | | | | | | | |
| | MESSA Saver Rx Card \$1000 / \$2000 co-pay maximum | | MESSA Saver Rx Card \$1000 / \$2000 co-pay maximum | | | | | |
| Generic | \$2 / \$10 / \$10 | | \$2 / \$10 / \$10 | | | \$10 | | \$10 |
| Preferred Brand | \$20 / \$40 | | \$20 / \$40 | | | \$40 | | \$40 |
| Non-Preferred Brand | \$20 / \$40 | | \$20 / \$40 | | | \$80 | | \$80 |
| Preferred Specialty | N/A | | N/A | | | \$40 | | \$40 |
| Non-Preferred Specialty | N/A | | N/A | | | \$80 | | \$80 |
| RX Formulary Type | N/A | | N/A | | | Custom Select | | Custom Select |
| Headcounts / Rates: | <i>Do These Include Taxes and Fees?</i> | | <i>Do These Include Taxes and Fees?</i> | | <i>Rates Shown Below Include Taxes and Fees</i> | | <i>Rates Shown Below Include Taxes and Fees</i> | |
| Single | 129 | \$595.26 | | \$663.92 | | \$613.71 | | \$564.64 |
| EE & Spouse | 116 | \$1,337.46 | | \$1,491.95 | | \$1,472.90 | | \$1,355.14 |
| EE & Child | 0 | \$1,337.46 | | \$1,491.95 | | \$1,472.90 | | \$1,355.14 |
| Family | 253 | \$1,664.02 | | \$1,856.27 | | \$1,841.12 | | \$1,693.93 |
| Total | 498 | | | | | | | |
| Monthly / Annual Premium | \$652,930.96 | \$7,835,171.52 | \$728,348.19 | \$8,740,178.28 | \$715,828.35 | \$8,589,940.20 | \$658,599.09 | \$7,903,189.08 |
| \$ Change from Current | | | \$75,417.23 | \$905,006.76 | \$62,897.39 | \$754,768.68 | \$5,668.13 | \$68,017.56 |
| % Change from Current | | | | 11.55% | | 9.63% | | 0.87% |

| Renewal Date: 7 / 1 / 2016 | Current Plan MESSA Choice Medical Plan via BCBSM Community Blue \$500 | | Renewal Plan MESSA Choice Medical Plan via BCBSM Community Blue \$500 | | BCBSM Simply Blue \$1000 PPO | | BCN HMO LG \$0 10% | |
|---------------------------------|---|----------------|---|----------------|---|----------------|---|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| EE Deductible: | | | | | | | | |
| Single | \$500 | \$1,000 | \$500 | \$1,000 | \$1,000 | \$2,000 | \$0 | N/A |
| Family | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$2,000 | \$4,000 | \$0 | N/A |
| Coinsurance Percentage: | | | | | | | | |
| Carrier % Liability | 100% | 80% | 100% | 80% | 80% | 60% | 90% | N/A |
| Employee % Liability | 0% | 20% | 0% | 20% | 20% | 40% | 10% | N/A |
| Coinsurance Max: | | | | | | | | |
| Single | N/A | N/A | N/A | N/A | \$2,500 | \$5,000 | \$1,000 | N/A |
| Family | N/A | N/A | N/A | N/A | \$5,000 | \$10,000 | \$2,000 | N/A |
| EE True OOPM: | | | | | | | | |
| Single | \$0 | | \$0 | | \$6,350 | \$12,700 | \$5,000 | N/A |
| Family | \$0 | | \$0 | | \$12,700 | \$25,400 | \$10,000 | N/A |
| EE Medical Plan Copays: | | | | | | | | |
| Office Visit | \$20 | | \$20 | | \$20 | | \$20 | |
| Specialist Visit | | | | | \$20 | | \$30 | |
| Urgent Care | \$25 | | \$25 | | \$20 | | \$35 | |
| Emergency Room | \$50 | | \$50 | | \$150 | | \$150 | |
| Imaging | 0% after Deductible | | 0% after Deductible | | 20% after Deductible | | 20% after Deductible | |
| Hospital Admission | 0% after Deductible | | 0% after Deductible | | 20% after Deductible | | 20% after Deductible | |
| Medical Plan Riders: | | | | | | | | |
| Domestic Partner | | | | | Not Included | | Not Included | |
| Abortion Rider | | | | | Included | | Included | |
| Employee RX Plan: | | | | | | | | |
| | MESSA Saver Rx Card \$1000 / \$2000 co-pay maximum | | MESSA Saver Rx Card \$1000 / \$2000 co-pay maximum | | | | | |
| Generic | \$2 / \$10 / \$10 | | \$2 / \$10 / \$10 | | \$10 | | \$4 / \$15 | |
| Preferred Brand | \$20 / \$40 | | \$20 / \$40 | | \$40 | | \$40 | |
| Non-Preferred Brand | \$20 / \$40 | | \$20 / \$40 | | \$80 | | \$80 | |
| Preferred Specialty | N/A | | N/A | | \$40 | | 20% (\$200 Maximum) | |
| Non-Preferred Specialty | N/A | | N/A | | \$80 | | 20% (\$300 Maximum) | |
| RX Formulary Type | N/A | | N/A | | Custom Select | | Custom Select | |
| Headcounts / Rates: | <i>Do These Include Taxes and Fees?</i> | | <i>Do These Include Taxes and Fees?</i> | | <i>Rates Shown Below Include Taxes and Fees</i> | | <i>Rates Shown Below Include Taxes and Fees</i> | |
| Single | 129 | \$595.26 | | \$663.92 | | \$514.36 | | \$587.25 |
| EE & Spouse | 116 | \$1,337.46 | | \$1,491.95 | | \$1,234.47 | | \$1,409.39 |
| EE & Child | 0 | \$1,337.46 | | \$1,491.95 | | \$1,234.47 | | \$1,409.39 |
| Family | 253 | \$1,664.02 | | \$1,856.27 | | \$1,543.09 | | \$1,761.74 |
| Total | 498 | | | | | | | |
| Monthly / Annual Premium | \$652,930.96 | \$7,835,171.52 | \$728,348.19 | \$8,740,178.28 | \$599,952.73 | \$7,199,432.76 | \$684,964.71 | \$8,219,576.52 |
| <i>\$ Change from Current</i> | | | \$75,417.23 | \$905,006.76 | (\$52,978.23) | (\$635,738.76) | \$32,033.75 | \$384,405.00 |
| <i>% Change from Current</i> | | | | 11.55% | | -8.11% | | 4.91% |

| Renewal Date: 7 / 1 / 2016 | Current Plan MESSA Choice Medical Plan via BCBSM Community Blue \$500 | | Renewal Plan MESSA Choice Medical Plan via BCBSM Community Blue \$500 | | BCN HMO LG \$500 0% | | BCN HMO LG \$1000 20% | |
|---------------------------------|---|----------------|---|----------------|---|----------------|---|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| EE Deductible: | | | | | | | | |
| Single | \$500 | \$1,000 | \$500 | \$1,000 | \$500 | N/A | \$1,000 | N/A |
| Family | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$1,000 | N/A | \$2,000 | N/A |
| Coinsurance Percentage: | | | | | | | | |
| Carrier % Liability | 100% | 80% | 100% | 80% | 100% | N/A | 80% | N/A |
| Employee % Liability | 0% | 20% | 0% | 20% | 0% | N/A | 20% | N/A |
| Coinsurance Max: | | | | | | | | |
| Single | N/A | N/A | N/A | N/A | N/A | N/A | \$2,500 | N/A |
| Family | N/A | N/A | N/A | N/A | N/A | N/A | \$5,000 | N/A |
| EE True OOPM: | | | | | | | | |
| Single | \$0 | | \$0 | | \$1,000 | N/A | \$6,600 | N/A |
| Family | \$0 | | \$0 | | \$2,000 | N/A | \$13,200 | N/A |
| EE Medical Plan Copays: | | | | | | | | |
| Office Visit | \$20 | | \$20 | | \$20 | | \$20 | |
| Specialist Visit | | | | | \$30 | | \$40 | |
| Urgent Care | \$25 | | \$25 | | \$35 | | \$50 | |
| Emergency Room | \$50 | | \$50 | | \$150 | | \$150 | |
| Imaging | 0% after Deductible | | 0% after Deductible | | 0% after Deductible | | 20% after Deductible | |
| Hospital Admission | 0% after Deductible | | 0% after Deductible | | 0% after Deductible | | 20% after Deductible | |
| Medical Plan Riders: | | | | | | | | |
| Domestic Partner | | | | | Not Included | | Not Included | |
| Abortion Rider | | | | | Included | | Included | |
| Employee RX Plan: | | | | | | | | |
| | MESSA Saver Rx Card | | MESSA Saver Rx Card | | | | | |
| | \$1000 / \$2000 co-pay maximum | | \$1000 / \$2000 co-pay maximum | | | | | |
| Generic | \$2 / \$10 / \$10 | | \$2 / \$10 / \$10 | | \$4 / \$15 | | \$4 / \$15 | |
| Preferred Brand | \$20 / \$40 | | \$20 / \$40 | | \$40 | | \$40 | |
| Non-Preferred Brand | \$20 / \$40 | | \$20 / \$40 | | \$80 | | \$80 | |
| Preferred Specialty | N/A | | N/A | | 20% (\$200 Maximum) | | 20% (\$200 Maximum) | |
| Non-Preferred Specialty | N/A | | N/A | | 20% (\$300 Maximum) | | 20% (\$300 Maximum) | |
| RX Formulary Type | N/A | | N/A | | Custom Select | | Custom Select | |
| Headcounts / Rates: | <i>Do These Include Taxes and Fees?</i> | | <i>Do These Include Taxes and Fees?</i> | | <i>Rates Shown Below Include Taxes and Fees</i> | | <i>Rates Shown Below Include Taxes and Fees</i> | |
| Single | 129 | \$595.26 | | \$663.92 | | \$591.64 | | \$493.88 |
| EE & Spouse | 116 | \$1,337.46 | | \$1,491.95 | | \$1,419.93 | | \$1,185.31 |
| EE & Child | 0 | \$1,337.46 | | \$1,491.95 | | \$1,419.93 | | \$1,185.31 |
| Family | 253 | \$1,664.02 | | \$1,856.27 | | \$1,774.91 | | \$1,481.64 |
| Total | 498 | | | | | | | |
| Monthly / Annual Premium | \$652,930.96 | \$7,835,171.52 | \$728,348.19 | \$8,740,178.28 | \$690,085.67 | \$8,281,028.04 | \$576,061.40 | \$6,912,736.80 |
| \$ Change from Current | | | \$75,417.23 | \$905,006.76 | \$37,154.71 | \$445,856.52 | (\$76,869.56) | (\$922,434.72) |
| % Change from Current | | | | 11.55% | | 5.69% | | -11.77% |

| Renewal Date: 7 / 1 / 2016 | Current Plan | | Renewal Plan | | HAP PPO \$500 | |
|-----------------------------------|---|-----------------------|---|-----------------------|---|-----------------------|
| | MESSA Choice Medical Plan via BCBSM Community Blue \$500 | | MESSA Choice Medical Plan via BCBSM Community Blue \$500 | | | |
| EE Deductible: | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Single | \$500 | \$1,000 | \$500 | \$1,000 | \$500 | \$1,000 |
| Family | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$1,000 | \$2,000 |
| Coinsurance Percentage: | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Carrier % Liability | 100% | 80% | 100% | 80% | 100% | 80% |
| Employee % Liability | 0% | 20% | 0% | 20% | 0% | 20% |
| Coinsurance Max: | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Single | N/A | N/A | N/A | N/A | N/A | \$1,500 |
| Family | N/A | N/A | N/A | N/A | N/A | \$3,000 |
| EE True OOPM: | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
| Single | \$0 | | \$0 | | \$1,500 | \$3,000 |
| Family | \$0 | | \$0 | | \$3,000 | \$6,000 |
| EE Medical Plan Copays: | | | | | | |
| Office Visit | \$20 | | \$20 | | \$20 | |
| Specialist Visit | | | | | \$20 | |
| Urgent Care | \$25 | | \$25 | | \$25 | |
| Emergency Room | \$50 | | \$50 | | \$50 | |
| Imaging | 0% after Deductible | | 0% after Deductible | | 0% after Deductible | |
| Hospital Admission | 0% after Deductible | | 0% after Deductible | | 0% after Deductible | |
| Medical Plan Riders: | | | | | | |
| Domestic Partner | | | | | Not Included | |
| Abortion Rider | | | | | Included | |
| Employee RX Plan: | | | | | | |
| | MESSA Saver Rx Card | | MESSA Saver Rx Card | | | |
| | \$1000 / \$2000 co-pay maximum | | \$1000 / \$2000 co-pay maximum | | | |
| Generic | \$2 / \$10 / \$10 | | \$2 / \$10 / \$10 | | | \$10 |
| Preferred Brand | \$20 / \$40 | | \$20 / \$40 | | | \$20 |
| Non-Preferred Brand | \$20 / \$40 | | \$20 / \$40 | | | \$40 |
| Preferred Specialty | N/A | | N/A | | | \$20 |
| Non-Preferred Specialty | N/A | | N/A | | | \$40 |
| RX Formulary Type | N/A | | N/A | | | Custom Select |
| Headcounts / Rates: | <i>Do These Include Taxes and Fees?</i> | | <i>Do These Include Taxes and Fees?</i> | | <i>Rates Shown Below Include Taxes and Fees</i> | |
| Single 129 | \$595.26 | | \$663.92 | | \$664.47 | |
| EE & Spouse 116 | \$1,337.46 | | \$1,491.95 | | \$1,495.06 | |
| EE & Child 0 | \$1,337.46 | | \$1,491.95 | | \$1,495.06 | |
| Family 253 | \$1,664.02 | | \$1,856.27 | | \$1,860.51 | |
| Total 498 | | | | | | |
| Monthly / Annual Premium | \$652,930.96 | \$7,835,171.52 | \$728,348.19 | \$8,740,178.28 | \$729,852.62 | \$8,758,231.44 |
| <i>\$ Change from Current</i> | | | \$75,417.23 | \$905,006.76 | \$76,921.66 | \$923,059.92 |
| <i>% Change from Current</i> | | | | 11.55% | | 11.78% |

BCBSM PPO Plan Disclaimers

- 1) Employee headcounts obtained from April 2016 census.
- 2) Final premium cost subject to change based on employee enrollment.
- 3) *Medical plan premiums shown above exclude Pediatric Dental EHBs and may increase if a ACA Compliant Dental plan is NOT purchased.*
- 4) The benefits shown in this section are not an insurance contract. The information provided is for illustrative purposes only. Please refer to the contract for the exact description and details.

Benefit Improvements

Benefit Reductions



DENTAL PLAN OPTIONS

Dental Policy #
0000000-0000
Renewal Date: 7 / 1 / 2016

| | Current Plan MESSA Dental Plan via Delta Dental | | Renewal Plan MESSA Dental Plan via Delta Dental | | MetLife ² | |
|--|--|---------------------|--|----------------------|-----------------------------------|---------------------|
| Dental Plan Features: | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| In-Network / UCR | Delta Dental PPO | | Delta Dental PPO | | Negotiated Fee Schedule | |
| Out of Network UCR | Out of Network Fee Schedule | | Out of Network Fee Schedule | | 90th | |
| Preventative Advantage | Not Included | | Not Included | | Not Included | |
| Maximum Rollover | Not Included | | Not Included | | Not Included | |
| Plan Deductible: | | | | | | |
| Single | | | | | \$0 | \$50 |
| Two Person / Family | | | | | \$0 | \$150 |
| Type I - Preventative Services: | | | | | | |
| Exams | 100% | 100% | 100% | 100% | 100% | 100% |
| X-Rays | 100% | 100% | 100% | 100% | 100% | 100% |
| Cleanings (Oral Prophylaxis) | 100% | 100% | 100% | 100% | 100% | 100% |
| Fluoride Treatments | 100% | 100% | 100% | 100% | 100% | 100% |
| Type II - Basic Services: | | | | | 12 month period for late entrants | |
| Fillings | 90% | 90% | 90% | 90% | 90% | 90% |
| Oral Surgery | 90% | 90% | 90% | 90% | 90% | 90% |
| Periodontics | 90% | 90% | 90% | 90% | 90% | 90% |
| Endodontics | 90% | 90% | 90% | 90% | 90% | 90% |
| Type III - Major Services: | | | | | 24 month period for late entrants | |
| Crowns | 90% | 90% | 90% | 90% | 60% | 60% |
| Onlays | 90% | 90% | 90% | 90% | 60% | 60% |
| Bridges / Dentures | 90% | 90% | 90% | 90% | 60% | 60% |
| Type IV - Orthodontics: | | | | | | |
| Orthodontics | 90% | 90% | 90% | 90% | 50% | 50% |
| Plan Maximums: | | | | | | |
| Annual Max per Person | | \$1,500 | | \$1,500 | \$2,000 | |
| Ortho Lifetime Max Per Person | | \$1,500 | | \$1,500 | \$2,000 | |
| Additional Details: | | | | | | |
| Dependent Age | | | | | To Age 26 EOM | |
| Participation Requirement | | | | | 90% and at least 10 Covered Lives | |
| Pediatric Dental: | | | | | | |
| Essential Health Benefits | | Not Required | | Not Required | Not Required | |
| Additional Cost per Dep(s) | | Not Required | | Not Required | Not Required | |
| EHB's Monthly Total Cost | | Not Required | | Not Required | Not Required | |
| Rate Guarantee Duration: | | | | | 12 Months | |
| Headcounts Rates: | | | | | | |
| Single | 126 | \$46.57 | | \$44.53 | \$58.70 | |
| EE & Spouse | 116 | \$91.99 | | \$88.31 | \$116.12 | |
| EE & Child | 0 | \$91.99 | | \$88.31 | \$116.12 | |
| Family | 208 | \$161.88 | | \$157.03 | \$198.11 | |
| Total Enrolled | 450 | | | | | |
| Monthly / Annual Premium | \$50,209.70 | \$602,516.40 | \$48,516.98 | \$582,203.76 | \$62,073.00 | \$744,876.00 |
| <i>\$ Change from Current</i> | | | <i>(\$1,692.72)</i> | <i>(\$20,312.64)</i> | <i>\$11,863.30</i> | <i>\$142,359.60</i> |
| <i>% Change from Current</i> | | | | <i>-3.37%</i> | | <i>23.63%</i> |

Dental Plan Disclaimers

- 1) Employee headcounts obtained from March 2016 census.
- 2) Rates are contingent on a packaged sale.
- 3) Final premium cost subject to change based on employee enrollment (age banded rates only).
- 4) Some carriers offer multi-product discounts, if you move a line of coverage it may increase cost to other lines if this discount is in place.
- 5) If the pediatric essential health benefits are not included in the dental plan, the medical plan premium may increase. No one currently enrolled under age :
- 6) **Mutual of Omaha:** Late Entrant Waiting Period for Type B, C and Ortho is 12 Months.
- 7) **MMA/MetLife:** Late Entrant Waiting Period for Type B is 6 months (fillings)/12 months (other services), C and Ortho is 24 Months.
- 8) The benefits shown in this section are not an insurance contract. The information provided is for illustrative purposes only. Please refer to the contract for the exact description and details.

Benefit Improvements

Benefit Reductions



VISION PLAN OPTIONS

Vision Policy #
0000000-0000
Renewal Date: 7 / 1 / 2016

| | Current Plan VSP-3 Plus Platinum | | Renewal Plan VSP-3 Plus Platinum | | VSP | | MetLife | |
|--|-------------------------------------|--|-------------------------------------|--|------------------------------|--|---------------------------|--|
| Plan Co-Payments: | Panel Providers | Non-Panel Providers | Panel Providers | Non-Panel Providers | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Examinations | \$0 | Reimbursed up to \$45 | \$0 | Reimbursed up to \$45 | \$10 | Reimbursed up to \$45 | \$0 | Reimbursed up to \$45 |
| Materials | \$0 | Member responsible for difference between approved amount and providers charge | \$0 | Member responsible for difference between approved amount and providers charge | \$25 | Member responsible for difference between approved amount and providers charge, after \$25 copay | \$0 | Member responsible for difference between approved amount and providers charge |
| Frequency (Number of Months): | Once Every: | | Once Every: | | Once Every: | | Once Every: | |
| Examinations | | | | | 12 | | 12 | |
| Lenses | | | | | 24 | | 12 | |
| Frames | | | | | 24 | | 24 | |
| Contact Lenses | | | | | 24 | | 12 | |
| Lenses⁴: | Up to: | | Up to: | | Up to: | | Up to: | |
| Single Vision | Paid-in-Full ⁴ | \$38 | Paid-in-Full ⁴ | \$38 | Paid-in-Full ⁴ | \$30 | Paid-in-Full ⁴ | \$30 |
| Bifocal | Paid-in-Full ⁴ | \$60 | Paid-in-Full ⁴ | \$60 | Paid-in-Full ⁴ | \$50 | Paid-in-Full ⁴ | \$50 |
| Trifocal | Paid-in-Full ⁴ | \$72 | Paid-in-Full ⁴ | \$72 | Paid-in-Full ⁴ | \$65 | Paid-in-Full ⁴ | \$65 |
| Lenticular | Paid-in-Full ⁴ | \$108 | Paid-in-Full ⁴ | \$108 | Paid-in-Full ⁴ | \$100 | Paid-in-Full ⁴ | \$100 |
| Frames⁴: | Up to: | | Up to: | | Up to: | | Up to: | |
| Frames | \$130 | \$66.00 | \$130 | \$66.00 | \$130 | \$70.00 | \$130 | \$70 |
| Contact Lenses⁴: | Up to: | | Up to: | | Up to: | | Up to: | |
| Medically Necessary | Paid-in-Full ⁴ | \$150 | Paid-in-Full ⁴ | \$150 | Paid-in-Full ⁴ | \$210 | Paid-in-Full ⁴ | \$210 |
| Elective | \$250 | \$150 | \$250 | \$150 | \$130 | \$105 | \$130 | \$105 |
| Pediatric Vision for Under Age 19 | | | | | | | | |
| Essential Health Benefits | N/A | | N/A | | N/A | | N/A | |
| Vision Plan Features: | | | | | | | | |
| Contact Lenses in Lieu of Frames | Yes | | Yes | | Yes | | Yes | |
| Additional Details: | | | | | | | | |
| Dependent Age | To Age 26 EOY | | To Age 26 EOY | | To Age 26 EOY | | To Age 19 (IFS 25) EOM | |
| Participation Requirement | Required Minimum 10 Enrolled | | Required Minimum 10 Enrolled | | Required Minimum 10 Enrolled | | 90% of eligible employees | |
| Rate Guarantee Duration: | | | | | 24 Months | | 12 Months | |
| Headcounts Rates: | | | | | | | | |
| Single | 34 | \$11.75 | | \$12.28 | | \$7.57 | | \$8.40 |
| EE & Spouse | 21 | \$25.25 | | \$26.38 | | \$12.75 | | \$15.75 |
| EE & Child | 0 | \$25.25 | | \$26.38 | | \$13.02 | | \$15.75 |
| Family | 33 | \$37.99 | | \$39.69 | | \$20.99 | | \$22.19 |
| Total Enrolled | 88 | | | | | | | |
| Monthly / Annual Premium | \$2,183.42 | \$26,201.04 | \$2,281.27 | \$27,375.24 | \$1,217.80 | \$14,613.60 | \$1,348.62 | \$16,183.44 |
| \$ Change from Current | | | \$97.85 | \$1,174.20 | (\$965.62) | (\$11,587.44) | (\$834.80) | (\$10,017.60) |
| % Change from Current | | | 4.48% | | -44.23% | | -38.23% | |



Vision Policy #
000000-0000
Renewal Date: 7/1/2016

| | Current Plan VSP-3 Plus Platinum | | Renewal Plan VSP-3 Plus Platinum | | VSP | | EyeMed Insight Plan H | |
|--|-------------------------------------|--|-------------------------------------|--|----------------------------------|--|----------------------------------|--|
| Plan Co-Payments: | Panel Providers | Non-Panel Providers | Panel Providers | Non-Panel Providers | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Examinations | \$0 | Reimbursed up to \$45 | \$0 | Reimbursed up to \$45 | \$10 | Reimbursed up to \$45 | \$0 | Reimbursed up to \$45 |
| Materials | \$0 | Member responsible for difference between approved amount and providers charge | \$0 | Member responsible for difference between approved amount and providers charge | \$10 | Member responsible for difference between approved amount and providers charge, after \$10 copay | \$0 | Member responsible for difference between approved amount and providers charge |
| Frequency (Number of Months): | Once Every: | | Once Every: | | Once Every: | | Once Every: | |
| Examinations | | | | | 12 | | 12 | |
| Lenses | | | | | 12 | | 12 | |
| Frames | | | | | 24 | | 12 | |
| Contact Lenses | | | | | 12 | | 12 | |
| Lenses⁴: | Up to: | | Up to: | | Up to: | | Up to: | |
| Single Vision | Paid-in-Full ⁴ | \$38 | Paid-in-Full ⁴ | \$38 | Paid-in-Full ⁴ | \$30 | Paid-in-Full ⁴ | \$38 |
| Bifocal | Paid-in-Full ⁴ | \$60 | Paid-in-Full ⁴ | \$60 | Paid-in-Full ⁴ | \$50 | Paid-in-Full ⁴ | \$60 |
| Trifocal | Paid-in-Full ⁴ | \$72 | Paid-in-Full ⁴ | \$72 | Paid-in-Full ⁴ | \$65 | Paid-in-Full ⁴ | \$72 |
| Lenticular | Paid-in-Full ⁴ | \$108 | Paid-in-Full ⁴ | \$108 | Paid-in-Full ⁴ | \$100 | Paid-in-Full ⁴ | \$108 |
| Frames⁴: | Up to: | | Up to: | | Up to: | | Up to: | |
| Frames | \$130 | \$66.00 | \$130 | \$66.00 | \$130 | \$70.00 | \$130 | \$66 |
| Contact Lenses⁴: | Up to: | | Up to: | | Up to: | | Up to: | |
| Medically Necessary | Paid-in-Full ⁴ | \$150 | Paid-in-Full ⁴ | \$150 | Paid-in-Full ⁴ | \$210 | Paid-in-Full ⁴ | \$210 |
| Elective | \$250 | \$150 | \$250 | \$150 | \$130 | \$105 | \$250 | \$150 |
| Pediatric Vision for Under Age 19 | Essential Health Benefits | | Essential Health Benefits | | Essential Health Benefits | | Essential Health Benefits | |
| | N/A | | N/A | | N/A | | N/A | |
| Vision Plan Features: | Contact Lenses in Lieu of Frames | | Contact Lenses in Lieu of Frames | | Contact Lenses in Lieu of Frames | | Contact Lenses in Lieu of Frames | |
| | Yes | | Yes | | Yes | | Yes | |
| Additional Details: | Dependent Age | | Dependent Age | | Dependent Age | | Dependent Age | |
| | To Age 26 EOY | | To Age 26 EOY | | To Age 26 EOY | | To Age 26 EOY | |
| | Participation Requirement | | Participation Requirement | | Participation Requirement | | Participation Requirement | |
| | Required Minimum 10 Enrolled | | Required Minimum 10 Enrolled | | Required Minimum 10 Enrolled | | Required Minimum 10 Enrolled | |
| Rate Guarantee Duration: | | | | | 24 Months | | 48 Months | |
| Headcounts Rates: | | | | | | | | |
| Single | 34 | \$11.75 | | \$12.28 | | \$8.42 | | \$8.94 |
| EE & Spouse | 21 | \$25.25 | | \$26.38 | | \$14.17 | | \$16.99 |
| EE & Child | 0 | \$25.25 | | \$26.38 | | \$17.47 | | \$16.99 |
| Family | 33 | \$37.99 | | \$39.69 | | \$23.33 | | \$24.95 |
| Total Enrolled | 88 | | | | | | | |
| Monthly / Annual Premium | \$2,183.42 | \$26,201.04 | \$2,281.27 | \$27,375.24 | \$1,353.74 | \$16,244.88 | \$1,484.10 | \$17,809.20 |
| \$ Change from Current | | | \$97.85 | \$1,174.20 | (\$829.68) | (\$9,956.16) | (\$699.32) | (\$8,391.84) |
| % Change from Current | | | 4.48% | | -38.00% | | -32.03% | |

