

# Bay-Arenac Intermediate School District

## PA 106 Transparency Reporting

Teachers

Rates effective 07/1/2010

Option 1:	BCBS Community Blue Plan 1 Office Visit: \$5 Deductible: None Rx Copay: \$5/25/50, 2x MOPD	Single: Two Person Family:	\$557.57 \$1,338.17 \$1,672.71
Option 2:	Blue Care Network Plan 5 Office Visit: \$15 Deductible: None Rx Copay: \$10/20, 2x MOPD	Single: Two Person Family:	\$530.61 \$1,220.40 \$1,432.65
Option 3:	NGS PPO Office Visit: \$20 Deductible: \$200/400 Rx Copay: \$10/20, 2x MOPD, DAW Penalty	Single: Two Person Family:	\$449.63 \$899.25 \$1,236.47
Option 4:	MESSA Choices II Office Visit: \$20 Deductible: \$200/400 Rx Copay: \$10/20, 2x MOPD, DAW Penalty	Single: Two Person Family:	\$529.77 \$1,190.11 \$1,322.18

# Bay-Arenac Intermediate School District

## PA 106 Transparency Reporting

Administrators

Rates effective 09/1/2009

Option 1:	MEBS PPO Wrap Office Visit: \$10 Deductible: \$150/300 Rx Copay: \$5/20/40, \$0/10 MOPD	Single: Two Person Family:	\$575.16 \$1,283.35 \$1,594.97
Option 2:	HealthPlus PPO 1E Office Visit: \$5 Deductible: None Rx Copay: \$10/20, 2x MOPD	Single: Two Person Family:	\$544.03 \$1,212.55 \$1,506.71
Option 3:	BCBS Community Blue Plan 1 Office Visit: \$10 Deductible: None Rx Copay: \$10/20, 2x MOPD	Single: Two Person Family:	\$581.92 \$1,309.30 \$1,629.38
Option 4:	Blue Care Network Plan 5 Office Visit: \$10 Deductible: None Rx Copay: \$10/20, 2x MOPD	Single: Two Person Family:	\$467.86 \$1,076.01 \$1,310.01

## Bay-Arenac Intermediate School District

### PA 106 Transparency Reporting

Non-Administrators

Rates effective 09/1/2009

Option 1:	MEBS PPO Wrap Office Visit: \$10 Deductible: \$150/300 Rx Copay: \$5/20/40, \$0/10 MOPD	Single: Two Person Family:	\$508.35 \$1,133.03 \$1,407.90
Option 2:	HealthPlus PPO 1E Office Visit: \$5 Deductible: None Rx Copay: \$10/20, 2x MOPD	Single: Two Person Family:	\$479.74 \$1,069.27 \$1,328.67
Option 3:	BCBS Community Blue Plan 1 Office Visit: \$10 Deductible: None Rx Copay: \$10/20, 2x MOPD	Single: Two Person Family:	\$623.35 \$1,402.53 \$1,745.65
Option 4:	Blue Care Network Plan 5 Office Visit: \$10 Deductible: None Rx Copay: \$10/20, 2x MOPD	Single: Two Person Family:	\$451.35 \$1,038.10 \$1,218.64