

ALEX AND MARIE MANOOGIAN SCHOOL

CURRENT MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD / BLUE CARE NETWORK

Plan Design	CURRENT Community Blue 1		CURRENT Community Blue 2		CURRENT BCN E	
Network	Community Blue PPO		Community Blue PPO		Blue Care Network HMO	
Deductible	None		\$100/\$200		None	
Coinsurance	100/0%		90/10%		None	
Coinsurance Maximum	None		\$500/\$1,000		None	
Office Visit Copay	\$10		\$10		\$10	
Specialist Office Visit Copay	\$10		\$10		\$10 Copay - when referred	
Routine Exams	100% Covered (up to \$250 annual maximum)		100% Covered (up to \$500 annual maximum)		\$10 Copay	
Routine Mammography	100% Covered		100% Covered		Covered 100%	
Emergency Room	\$50 (Waived if admitted or accidental injury)		\$50 (Waived if admitted or accidental injury)		\$50 copay, waived if admitted	
Urgent Care	\$10 Copay		\$10 Copay		\$10 Copay	
Hospital Admissions	100% Covered		Covered 90% after deductible		Covered 100%	
Allergy Testing & Therapy	100% Covered		100% Covered		50% Covered, \$5 for Injections	
Chiropractic	100% Covered - up to 24 visits per year		100% Covered - up to 24 visits per year		\$10 Copay - when referred	
Medical Only	# of lives	Current Rates 10/1/10 to 9/30/11	# of lives	Current Rates 10/1/10 to 9/30/11	# of lives	Current Rates 10/1/10 to 9/30/11
Single	0	\$999.10	2	\$700.93	23	\$442.71
Two Person	0	\$2,397.83	0	\$1,682.24	1	\$1,018.22
Family	0	\$2,897.37	0	\$2,032.70	2	\$1,151.04
Family Continuation	0	\$499.55	0	\$350.46	0	\$221.35
Monthly Total	0	\$0.00	2	\$1,401.86	26	\$13,502.63
Annual Total		\$0.00		\$16,822.32		\$162,031.56

Rx Only (w/Contraceptives)	# of lives	\$10/\$20 (MOPD 1x) Includes Preferred Therapy & Rx-90	# of lives	\$15/\$30 (MOPD 2x) Includes Preferred Therapy & Rx-90	# of lives	\$10/\$20 (MOPD 1x) (50% Max.)
Single	0	\$233.42	2	\$168.08	23	\$74.63
Two Person	0	\$560.20	0	\$403.39	1	\$171.66
Family	0	\$676.91	0	\$487.43	2	\$194.05
Family Continuation	0	\$116.71	0	\$84.04	0	\$37.32
Monthly Totals	0	\$0.00	2	\$336.16	26	\$2,276.25
Annual Total		\$0.00		\$4,033.92		\$27,315.00

Medical + Rx	# of lives	CB 1 + \$10/\$20	# of lives	CB 2 + \$15/\$30	# of lives	BCN E + \$10/\$20
Single	0	\$1,232.52	2	\$869.01	23	\$517.34
Two Person	0	\$2,958.03	0	\$2,085.63	1	\$1,189.88
Family	0	\$3,574.28	0	\$2,520.13	2	\$1,345.09
Family Continuation	0	\$616.26	0	\$434.50	0	\$258.67
Monthly Totals	0	\$0.00	2	\$1,738.02	26	\$15,778.88
Annual Total		\$0.00		\$20,856.24		\$189,346.56

For network info: www.bcbsm.com

discount for the inclusion of the Rx Plan.

Note: Other Riders are available that may lower the final rates.
Mental health, Substance abuse & Private Duty nursing copayments are 50%.
Minimum Employer Contribution : None, Minimum participation : 2 enrolled

BCBSM Grandfathered Items:

- CB #1 - CB-PCM 250
- CB #1 - \$10/\$20 Rx MOPD 1x
- CB #2 - CB-PCM 500
- CB #2 - \$15/\$30 Rx

Prosthetics & Orthotics are paid at 100%

The above Plan is Grandfathered.
Plan E is no longer sold. If you wish to make any changes, a standardized plan must be chosen.

MOPD 1x is also Grandfathered.

2010 - 2011 RRF's:
BCN Medical: 1.1311
Rx: 1.1311

SIC: 8211, BCBS Class 2
Elem & Secondary Schools
Area 1

2010 - 2011 CCF's:
BC & BS: 1.3500
Rx: 1.3500

ALEX AND MARIE MANOOGIAN SCHOOLS

RENEWAL MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD / BLUE CARE NETWORK

	RENEWAL		RENEWAL	
Plan Design	Community Blue 2		BCN E	
Network	Community Blue PPO		Blue Care Network HMO	
Deductible	\$100/\$200		None	
Coinsurance	90/10%		None	
Coinsurance Maximum	\$500/\$1,000		None	
Office Visit Copay	\$10		\$10	
Specialist Office Visit Copay	\$10		\$10 Copay - when referred	
Routine Exams	100% Covered		100% Covered	
Routine Mammography	100% Covered		100% Covered	
Emergency Room	\$50 (Waived if admitted or accidental injury)		\$50 copay, waived if admitted	
Urgent Care	\$10 Copay		\$10 Copay	
Hospital Admissions	Covered 90% after deductible		Covered 100%	
Allergy Testing & Therapy	100% Covered		50% Covered, \$5 for Injections	
Chiropractic	100% Covered - up to 24 visits per year		\$10 Copay - when referred	
Medical Only	# of lives	Renewal Rates 10/1/11 to 9/30/12	# of lives	Renewal Rates 10/1/11 to 9/30/12
Single	2	\$736.39	23	\$489.34
Two Person	0	\$1,767.33	1	\$1,125.48
Family	0	\$2,209.16	2	\$1,272.28
Family Continuation	0	\$0.00	0	\$0.00
Monthly Total	2	\$1,472.78	26	\$14,924.86
Annual Total		\$17,673.36		\$179,098.32
% Change from Current		5.1		10.5
Rx Only (w/Contraceptives)	# of lives	\$15/\$30 (MOPD 2x) Includes Preferred Therapy & Rx-90	# of lives	\$10/\$20 (MOPD 1x) (50% Max.)
Single	2	\$193.50	23	\$82.19
Two Person	0	\$464.39	1	\$189.03
Family	0	\$580.49	2	\$213.68
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$387.00	26	\$2,506.76
Annual Total		\$4,644.00		\$30,081.12
% Change from Current		15.1		10.1
Medical + Rx	# of lives	CB 2 + \$15/\$30	# of lives	BCN E + \$10/\$20
Single	2	\$929.89	23	\$571.53
Two Person	0	\$2,231.72	1	\$1,314.51
Family	0	\$2,789.65	2	\$1,485.96
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$1,859.78	26	\$17,431.62
Annual Total		\$22,317.36		\$209,179.44
% Change from Current		7.0		10.5

For network info: www.bcbsm.com

discount for the inclusion of the Rx Plan.

Note: Other Riders are available that may lower the final rates.
 Mental health, Substance abuse & Private Duty nursing copayments are 50%.
 Minimum Employer Contribution : None, Minimum participation : 2 enrolled

BCBSM Grandfathered Items:

- CB #1 - CB-PCM 250
- CB #1 - \$10/\$20 Rx MOPD 1x
- CB #2 - CB-PCM 500
- CB #2 - \$15/\$30 Rx

Prosthetics & Orthotics are paid at 100%

The above Plan is Grandfathered.
 Plan E is no longer sold. If you wish to make any changes, a standardized plan must be chosen.

MOPD 1x is also Grandfathered.

2011 - 2012 RRF's:

BCN Medical: 1.1545
 Rx: 1.1545

SIC: 8211, BCBS Class 2
 Elem & Secondary Schools
 Area 1

2011 - 2012 CCF's:

BC & BS: 1.3500
 Rx: 1.3500

ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

Plan Design	ALTERNATE Community Blue 3A		ALTERNATE Community Blue 3A	
	Network	Community Blue PPO		Community Blue PPO
Deductible	\$250/\$500		\$250/\$500	
Coinsurance	80/20%		80/20%	
Coinsurance Maximum	\$1,000/\$2,000		\$1,000/\$2,000	
Office Visit Copay	\$20		\$30	
Specialist Office Visit Copay	\$20		\$30	
Routine Exams	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Routine Mammography	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Emergency Room	\$150 (Waived if admitted or accidental injury)		\$150 (Waived if admitted or accidental injury)	
Urgent Care	\$20 Copay		\$30 Copay	
Hospital Admissions	Covered 80% after deductible		Covered 80% after deductible	
Allergy Testing & Therapy	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Chiropractic	\$20 Copay - up to 12 visits per year		\$30 Copay - up to 12 visits per year	
Medical Only	# of lives	Alternate Rates 10/1/11 to 9/30/12	# of lives	Alternate Rates 10/1/11 to 9/30/12
Single	2	\$608.66	2	\$591.58
Two Person	0	\$1,460.79	0	\$1,419.82
Family	0	\$1,826.00	0	\$1,774.78
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$1,217.32	2	\$1,183.16
Annual Total		\$14,607.84		\$14,197.92
% Change from Current		-13.2		-15.6
Rx Only (w/Contraceptives)	# of lives	\$15/\$50/50% (MOPD 2x) (incl 90-Rx) Min/Max % Copays \$70/\$100	# of lives	\$15/\$50/50% (MOPD 2x) (incl 90-Rx) Min/Max % Copays \$70/\$100
Single	2	\$78.43	2	\$78.43
Two Person	0	\$188.22	0	\$188.22
Family	0	\$235.27	0	\$235.27
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$156.86	2	\$156.86
Annual Total		\$1,882.32		\$1,882.32
% Change from Current		-53.3		-53.3
Medical + Rx	# of lives	CB 3A + \$15/\$50/50%	# of lives	CB 3A + \$15/\$50/50%
Single	2	\$687.09	2	\$670.01
Two Person	0	\$1,649.01	0	\$1,608.04
Family	0	\$2,061.27	0	\$2,010.05
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$1,374.18	2	\$1,340.02
Annual Total		\$16,490.16		\$16,080.24
% Change from Current		-20.9		-22.9

Note:

¹BCBS requires groups with less than 51 employees to be members of a BCBSM sponsored association or approved Chamber of Commerce to offer this plan.

***Preventive Care Services, Adult Immunizations, Mammograms & Colonoscopies covered at 100% (no deductible or copay), some services subject to one per member per calendar year.**

***Mental Health Care & Substance Abuse treatment is based on co-insurance and deductible, please refer to plan description.**

***Private Duty Nursing covered at 50% after in-network deductible.**

Minimum Employer Contribution : None, Minimum participation : 2 enrolled

For network info: www.bcbsm.com

This is intended as an easy-to-read summary. IT IS NOT A CONTRACT. Additional limitations & exclusions may apply to covered services. For a complete description of benefits, please see the applicable certificates and riders. FINAL RATES ARE DETERMINED BY FINAL ENROLLMENT AND ARE SUBJECT TO ADJUSTMENT BY THE CARRIER.

DISCLAIMER: 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 by the carrier. To learn more about the PPACA, please visit your carrier's website. You should also consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan.

ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

Plan Design	ALTERNATE Community Blue 4A		ALTERNATE Community Blue 4A	
Network	Community Blue PPO		Community Blue PPO	
Deductible	\$500/\$1,000		\$500/\$1,000	
Coinsurance	80/20%		80/20%	
Coinsurance Maximum	\$1,500/\$3,000		\$1,500/\$3,000	
Office Visit Copay	\$20		\$30	
Specialist Office Visit Copay	\$20		\$30	
Routine Exams	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Routine Mammography	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Emergency Room	\$150 (Waived if admitted or accidental injury)		\$150 (Waived if admitted or accidental injury)	
Urgent Care	\$20 Copay		\$30 Copay	
Hospital Admissions	Covered 80% after deductible		Covered 80% after deductible	
Allergy Testing & Therapy	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Chiropractic	\$20 Copay - up to 12 visits per year		\$30 Copay - up to 12 visits per year	
Medical Only	# of lives	Alternate Rates 10/1/11 to 9/30/12	# of lives	Alternate Rates 10/1/11 to 9/30/12
Single	2	\$561.16	2	\$544.08
Two Person	0	\$1,346.77	0	\$1,305.81
Family	0	\$1,683.48	0	\$1,632.26
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$1,122.32	2	\$1,088.16
Annual Total		\$13,467.84		\$13,057.92
% Change from Current		-19.9		-22.4
Rx Only (w/Contraceptives)	# of lives	\$15/\$50/50% (MOPD 2x) (incl 90-Rx) Min/Max % Copays \$70/\$100	# of lives	\$15/\$50/50% (MOPD 2x) (incl 90-Rx) Min/Max % Copays \$70/\$100
Single	2	\$78.43	2	\$78.43
Two Person	0	\$188.22	0	\$188.22
Family	0	\$235.27	0	\$235.27
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$156.86	2	\$156.86
Annual Total		\$1,882.32		\$1,882.32
% Change from Current		-53.3		-53.3
Medical + Rx	# of lives	CB 4A + \$15/\$50/50%	# of lives	CB 4A + \$15/\$50/50%
Single	2	\$639.59	2	\$622.51
Two Person	0	\$1,534.99	0	\$1,494.03
Family	0	\$1,918.75	0	\$1,867.53
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$1,279.18	2	\$1,245.02
Annual Total		\$15,350.16		\$14,940.24
% Change from Current		-26.4		-28.4

Note:

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***Preventive Care Services, Adult Immunizations, Mammograms & Colonoscopies covered at 100% (no deductible or copay), some services subject to one per member per calendar year.**

***Mental Health Care & Substance Abuse treatment is based on co-insurance and deductible, please refer to plan description.**

***Private Duty Nursing covered at 50% after in-network deductible.**

Minimum Employer Contribution : None, Minimum participation : 2 enrolled

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

Plan Design	ALTERNATE Community Blue 12A		ALTERNATE Community Blue 12A	
	Network	Community Blue PPO		Community Blue PPO
Deductible	\$1,000/\$2,000		\$1,000/\$2,000	
Coinsurance	80/20%		80/20%	
Coinsurance Maximum	\$2,500/\$5,000		\$2,500/\$5,000	
Office Visit Copay	\$30		\$40	
Specialist Office Visit Copay	\$30		\$40	
Routine Exams	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Routine Mammography	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Emergency Room	\$150 (Waived if admitted or accidental injury)		\$250 (Waived if admitted or accidental injury)	
Urgent Care	\$30 Copay		\$40 Copay	
Hospital Admissions	Covered 80% after deductible		Covered 80% after deductible	
Allergy Testing & Therapy	100% Covered (no deductible or copay)		100% Covered (no deductible or copay)	
Chiropractic	\$30 Copay - up to 12 visits per year		\$40 Copay - up to 12 visits per year	
Medical Only	# of lives	Alternate Rates 10/1/11 to 9/30/12	# of lives	Alternate Rates 10/1/11 to 9/30/12
Single	2	\$520.10	2	\$504.05
Two Person	0	\$1,248.25	0	\$1,209.74
Family	0	\$1,560.33	0	\$1,512.18
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$1,040.20	2	\$1,008.10
Annual Total		\$12,482.40		\$12,097.20
% Change from Current		-25.8		-28.1
Rx Only (w/Contraceptives)	# of lives	\$15/\$50/50% (MOPD 2x) (incl 90-Rx) Min/Max % Copays \$70/\$100	# of lives	\$15/\$50/50% (MOPD 2x) (incl 90-Rx) Min/Max % Copays \$70/\$100
Single	2	\$78.43	2	\$78.43
Two Person	0	\$188.22	0	\$188.22
Family	0	\$235.27	0	\$235.27
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$156.86	2	\$156.86
Annual Total		\$1,882.32		\$1,882.32
% Change from Current		-53.3		-53.3
Medical + Rx	# of lives	CB 12A + \$15/\$50/50%	# of lives	CB 12A + \$15/\$50/50%
Single	2	\$598.53	2	\$582.48
Two Person	0	\$1,436.47	0	\$1,397.96
Family	0	\$1,795.60	0	\$1,747.45
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	2	\$1,197.06	2	\$1,164.96
Annual Total		\$14,364.72		\$13,979.52
% Change from Current		-31.1		-33.0

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***Mental Health Care & Substance Abuse treatment is based on co-insurance and deductible, please refer to plan description.**

***Private Duty Nursing covered at 50% after in-network deductible.**

Minimum Employer Contribution : None, Minimum participation : 2 enrolled

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE PRESCRIPTION BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

Rx Only (w/Contraceptives)	# of lives	Alternate Rates 10/1/11 to 9/31/12		Alternate Rates 10/1/11 to 9/31/12		Alternate Rates 10/1/11 to 9/31/12	
		\$5/\$25/\$50 (MOPD 2x) Includes Rx-90	# of lives	\$15/\$30/\$60 (MOPD 2x) Includes Rx-90	# of lives	\$7/\$35/\$70 (MOPD 2x) Includes Rx-90	# of lives
Single	2	\$154.27	2	\$124.15	2	\$113.12	
Two Person	0	\$370.24	0	\$286.68	0	\$271.48	
Family	0	\$462.79	0	\$359.10	0	\$339.35	
Family Continuation	0	\$0.00	0	\$0.00	0	\$0.00	
Monthly Totals	2	\$308.54	2	\$248.30	2	\$226.24	
Annual Total		\$3,702.48		\$2,979.60		\$2,714.88	
% Change from Current		-8.2		-26.1		-32.7	

Rx Only (w/Contraceptives)	# of lives	Alternate Rates 10/1/11 to 9/31/12		Alternate Rates 10/1/11 to 9/31/12		Alternate Rates 10/1/11 to 9/31/12	
		\$10/\$40/\$80 (MOPD 2x) Includes Rx-90	# of lives	\$15/\$50/50% (MOPD 2x) (incl 90-Rx) Min/Max % Copays \$70/\$100	# of lives	\$20/\$60/50% (MOPD 2x) (incl 90-Rx) Min/Max % Copays \$80/\$100	# of lives
Single	2	\$98.22	2	\$78.39	2	\$69.17	
Two Person	0	\$235.73	0	\$188.13	0	\$166.01	
Family	0	\$294.66	0	\$235.16	0	\$207.52	
Family Continuation	0	\$0.00	0	\$0.00	0	\$0.00	
Monthly Totals	2	\$196.44	2	\$156.78	2	\$138.34	
Annual Total		\$2,357.28		\$1,881.36		\$1,660.08	
% Change from Current		-41.6		-53.4		-58.8	

Rx Only (w/Contraceptives)	# of lives	Alternate Rates 10/1/11 to 9/31/12	
		Blue Advantage Includes 90-Rx	# of lives
Single	2	\$2.22	
Two Person	0	\$5.33	
Family	0	\$6.67	
Family Continuation	0	\$0.00	
Monthly Totals	2	\$4.44	
Annual Total		\$53.28	
% Change from Current		-98.7	

← Allows Members to purchase eligible drugs & supplies from network pharmacies at reduced rates by showing their BCBSM ID card.
Minimum Enrollment 2 - 50

Note:

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ALEX AND MARIE MANOOGIAN SCHOOLS

ALTERNATE MEDICAL BENEFITS SUMMARY - BLUE CARE NETWORK

Plan Design	ALTERNATE BCN 5		ALTERNATE BCN BASIC	
	Network	Blue Care Network HMO		Blue Care Network HMO
Deductible	None		None	
Coinsurance	None		80/20%	
Coinsurance Maximum	None		\$1,500/\$3,000	
Office Visit Copay	\$20		\$25	
Specialist Office Visit Copay	\$40 Copay - when referred		\$35 Copay - when referred	
Routine Exams	Covered 100%		Covered 100%	
Routine Mammography	Covered 100%		Covered 100%	
Emergency Room	\$150 Copay, waived if admitted		\$100 Copay, (waived if admitted)	
Urgent Care	\$50 Copay		\$35 Copay	
Hospital Admissions	\$250 copay per admission up to a copay max of \$750/\$1,000 per calendar year		Covered 80%	
Allergy Testing & Therapy	50% Covered, \$5 for Injections		50% Covered, \$5 for Injections	
Chiropractic	\$40 Copay - when referred		\$35 Copay - when referred	
Medical Only	# of lives	Alternate Rates 10/1/11 to 9/30/12	# of lives	Alternate Rates 10/1/11 to 9/30/12
Single	23	\$440.72	23	\$382.15
Two Person	1	\$1,013.67	1	\$878.96
Family	2	\$1,145.89	2	\$993.60
Family Continuation	0	\$0.00	0	\$0.00
Monthly Total	26	\$13,442.01	26	\$11,655.61
Annual Total		\$161,304.12		\$139,867.32
% Change from Current		-0.4		-13.7
Rx Only (w/Contraceptives)	# of lives	\$10/\$20/\$40 (MOPD 2x)	# of lives	\$10/\$20/\$40 (MOPD 2x)
Single	23	\$78.10	23	\$78.10
Two Person	1	\$179.62	1	\$179.62
Family	2	\$203.05	2	\$203.05
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	26	\$2,382.02	26	\$2,382.02
Annual Total		\$28,584.24		\$28,584.24
% Change from Current		4.6		4.6
Medical + Rx	# of lives	BCN 5 + \$10/\$20/\$40	# of lives	BCN Basic + \$10/\$20/\$40
Single	23	\$518.82	23	\$460.25
Two Person	1	\$1,193.29	1	\$1,058.58
Family	2	\$1,348.94	2	\$1,196.65
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	26	\$15,824.03	26	\$14,037.63
Annual Total		\$189,888.36		\$168,451.56
% Change from Current		0.3		-11.0

Note: Other Riders are available that may lower the final rates.

Mental health, Substance abuse & Private Duty nursing copayments are 50%.

Minimum Employer Contribution : None, Minimum participation : 2 enrolled

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE PRESCRIPTION BENEFITS SUMMARY - BLUE CARE NETWORK

		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	\$10/\$20/\$40 (MOPD 2x)		\$4/\$20/75% Savings Plus (MOPD 2x)		\$10/\$20 (MOPD 2x)	
Single	23	\$78.10		\$62.34		\$56.20	
Two Person	1	\$179.62		\$143.48		\$129.27	
Family	2	\$203.05		\$162.08		\$146.13	
Family Continuation	0	\$0.00		\$0.00		\$0.00	
Monthly Totals	26	\$2,382.02		\$1,901.46		\$1,714.13	
Annual Total		\$28,584.24		\$22,817.52		\$20,569.56	
% Change from Current		4.6		-16.5		-24.7	

		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	\$0/\$40/75% Savings Plus (MOPD 2x)		\$10/\$40/\$80 20% (\$100 max)/20% (\$200 max) (MOPD)		\$4/\$40/75% Savings Plus (MOPD 2x)	
Single	23	\$55.97		\$54.86		\$48.38	
Two Person	1	\$128.73		\$126.19		\$111.28	
Family	2	\$145.52		\$142.65		\$125.79	
Family Continuation	0	\$0.00		\$0.00		\$0.00	
Monthly Totals	26	\$1,707.08		\$1,673.27		\$1,475.60	
Annual Total		\$20,484.96		\$20,079.24		\$17,707.20	
% Change from Current		-25.0		-26.5		-35.2	

		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	\$15/\$50/50% (MOPD 2x) ¹ Min/Max % Copays \$70/\$100		\$15/\$50 (MOPD 2x)		\$15/\$50/\$80 20% (\$150 max)/20% (\$300 max) (MOPD)	
Single	23	\$46.75		\$46.26		\$44.86	
Two Person	1	\$107.52		\$106.40		\$103.17	
Family	2	\$121.54		\$120.27		\$116.63	
Family Continuation	0	\$0.00		\$0.00		\$0.00	
Monthly Totals	26	\$1,425.85		\$1,410.92		\$1,368.21	
Annual Total		\$17,110.20		\$16,931.04		\$16,418.52	
% Change from Current		-37.4		-38.0		-39.9	

		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	\$4/\$60/75% Savings Plus (MOPD 2x)		\$20/\$60/50% (MOPD 2x) Min/Max % Copays \$80/\$100		\$20/\$60/\$80 20% (\$200 max)/20% (\$400 max) (MOPD)	
Single	23	\$43.38		\$39.43		\$38.75	
Two Person	1	\$99.77		\$90.68		\$89.12	
Family	2	\$112.78		\$102.51		\$100.74	
Family Continuation	0	\$0.00		\$0.00		\$0.00	
Monthly Totals	26	\$1,323.07		\$1,202.59		\$1,181.85	
Annual Total		\$15,876.84		\$14,431.08		\$14,182.20	
% Change from Current		-41.9		-47.2		-48.1	

		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	50% (MOPD 2x) Min/Max % Copays \$5/\$100	
Single	23	\$38.05	
Two Person	1	\$87.52	
Family	2	\$98.93	
Family Continuation	0	\$0.00	
Monthly Totals	26	\$1,160.53	
Annual Total		\$13,926.36	
% Change from Current		-49.0	

ALEX AND MARIE MANOOGIAN SCHOOL

Definitions:

Generic Drugs: Prescription drugs which have been determined by the FDA to be bioequivalent to Brand Name Drugs & are not manufactured or marketed under a registered trade name or trademark. Select Generic Drugs are available on the Savings Plus Approved Drug List.

Brand Name Drugs: Prescription drugs which are manufactured & marketed under a registered trade name or trademark. Select Brand Name Drugs are available on the Savings Plus Approved Drug List.

Covered Drugs: Prescription drugs (Generic or Brand Name) which are on the Savings Plus Approved Drug List, prescribed by a BCN affiliated provider & obtained through a participating pharmacy.

Savings Plus Approved Drug List: The BCN drug list of select Prescription Drugs that have been approved for use by BCN & which shall be dispensed through Participating Pharmacies to members. Some drugs included on the Savings Plus Approved Drug List require prior authorization by BCN before they are covered. Drugs that are not included on the Savings Plus Approved Drug List are either NOT covered drugs or are subject to a 75% coinsurance. BCN reviews all prescription drugs approved by the FDA and determines whether they will be placed on the Savings Plus Approved Drug List.

All BCN Rx Plans are Closed Formulary and Mandatory Generic WITH THE EXCEPTION OF THE THREE (3) TIERED PLANS WHICH COVER NON-FORMULARY DRUGS WITH THE THIRD TIER.

¹BCN requires groups with less than 51 employees to be members of a BCN sponsored association or approved Chamber of Commerce to offer this plan.

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DISCLAIMER: 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 by the carrier. To learn more about the PPACA, please visit your carrier's website. You should also consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan.

ALEX AND MARIE MANOOGIAN SCHOOL						
ALTERNATE MEDICAL BENEFITS SUMMARY - ALLIANCE HEALTH & LIFE						
Plan Design	ALTERNATE		ALTERNATE		ALTERNATE	
	PPO Flexible 3 100/70%		PPO Flexible 4 80/60%		PPO H S 1 100/50%	
Network	Alliance Health & Life		Alliance Health & Life		Alliance Health & Life	
Deductible	\$500/\$1,000		\$1,000/\$2,000		\$250/\$500	
Coinsurance	None		80/20%		None	
Coinsurance Maximum	None		\$2,000/\$4,000		None	
Office Visit Copay	\$30		\$30		\$45	
Specialist Office Visit Copay	\$50		\$50		\$45	
Preventive Services	100% Covered		100% Covered		100% Covered	
Emergency Room	\$200 (Waived if admitted)		\$200 (Waived if admitted)		\$200 (Waived if admitted)	
Urgent Care	\$65		\$65		\$65	
Hospital Admissions	100% Covered after deductible		80% Covered after deductible		100% Covered after deductible	
Allergy Testing & Therapy	100% Covered after deductible		80% Covered after deductible		100% Covered after deductible	
Chiropractic	\$50 (Sublaxation only - 20 visits per year)		\$30,\$40,\$50 (Sublaxation only - 20 visits per year)		\$45 (Sublaxation only - 20 visits per year)	
Prescriptions	\$15/\$60/50%		\$15/\$60/50%		\$15/\$50/\$50	
Medical + Rx	# of lives	Alternate Rates 10/1/11 to 9/30/12	# of lives	Alternate Rates 9/1/10 to 8/31/11	# of lives	Alternate Rates 9/1/10 to 8/31/11
Single	2	\$634.24	2	\$562.17	2	\$554.19
Two Person	0	\$1,458.75	0	\$1,292.99	0	\$1,274.64
Family	0	\$1,649.02	0	\$1,461.64	0	\$1,440.89
Family Continuation	0	\$0.00	0	\$0.00	0	\$0.00
Monthly Totals	2	\$1,268.49	2	\$1,124.34	2	\$1,108.38
Annual Total		\$15,221.83		\$13,492.08		\$13,300.56
% Change from Current		-27.0		-35.3		-36.2

Note: **Must meet Alliance emergency guidelines. Care not meeting guidelines may result in non-payment.

***Admissions require Alliance be notified within 48 hours of admission. Failure to notify Alliance within 48 hours could result in benefit reduction.

Participation Requirements: Single subscriber groups are not eligible for coverage.

Groups with 2 - 10 eligible employees seeking coverage, 100% of the group (2 minimum) must enroll.

Groups with 11 - 25 eligible employees seeking coverage, 75% of the group (2 minimum) must enroll.

Groups with 26 - 50 eligible employees seeking coverage, 50% of the group (2 minimum) must enroll.

Groups with 51 or more - A minimum of ten (10) eligible employees must enroll.

For network info: www.hap.org

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE MEDICAL BENEFITS SUMMARY - HEALTH ALLIANCE PLAN (HAP)

Plan Design	ALTERNATE HMO Plan HS 1		ALTERNATE HMO Plan HS 2	
	Network	HAP		HAP
Deductible	None		\$500/\$1,000	
Coinsurance	None		None	
Coinsurance Maximum	None		None	
Office Visit Copay	\$15		\$30	
Specialist Office Visit Copay	\$30		\$50	
Preventive Services	100% Covered		100% Covered	
Emergency Room	\$75 Copay (copay waived if admitted)		\$100 Copay (copay waived if admitted)	
Urgent Care	\$40 Copay		\$50 Copay	
Hospital Admissions	\$300 Copay (per admission)		\$300 Copay (per admission after ded)	
Allergy Testing & Therapy	100% Covered		100% Covered after deductible	
Chiropractic	Not Covered		Not Covered	
Prescriptions	\$10/75%/50%		\$10/75%/50%	
Medical + Rx	# of lives	Alternate Rates 9/1/10 to 8/31/11	# of lives	Alternate Rates 9/1/10 to 8/31/11
Single	23	\$497.22	23	\$445.43
Two Person	1	\$1,143.61	1	\$1,024.49
Family	2	\$1,292.77	2	\$1,158.12
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	26	\$15,165.21	26	\$13,585.62
Annual Total		\$181,982.52		\$163,027.44
% Change from Current		-3.9		-13.9

Participation Requirements: Single subscriber groups are not eligible for coverage.
 Groups with 2 - 10 eligible employees seeking coverage, 100% of the group (2 minimum) must enroll.
 Groups with 11 - 25 eligible employees seeking coverage, 75% of the group (2 minimum) must enroll.
 Groups with 26 - 50 eligible employees seeking coverage, 50% of the group (2 minimum) must enroll.
 Groups with 51 or more - A minimum of ten (10) eligible employees must enroll.

For network info: www.hap.org

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ALEX AND MARIE MANOOGIAN SCHOOL (Armenian)

CURRENT & RENEWAL MEDICAL BENEFITS SUMMARY - BLUE CARE NETWORK

Plan Design	CURRENT		RENEWAL	
	BCN E		BCN E	
Network	Blue Care Network HMO		Blue Care Network HMO	
Deductible	None		None	
Coinsurance	None		None	
Coinsurance Maximum	None		None	
Office Visit Copay	\$10		\$10	
Specialist Office Visit Copay	\$10 Copay - when referred		\$10 Copay - when referred	
Routine Exams	\$10 Copay		\$10 Copay	
Routine Mammography	Covered 100%		Covered 100%	
Emergency Room	\$50 copay, waived if admitted		\$50 copay, waived if admitted	
Urgent Care	\$10 Copay		\$10 Copay	
Hospital Admissions	Covered 100%		Covered 100%	
Allergy Testing & Therapy	50% Covered, \$5 for Injections		50% Covered, \$5 for Injections	
Chiropractic	\$10 Copay - when referred		\$10 Copay - when referred	
Medical Only	# of lives	Current Rates 10/1/10 to 9/30/11	# of lives	Renewal Rates 10/1/11 to 9/30/12
Single	3	\$442.71	3	\$489.34
Two Person	0	\$1,018.22	0	\$1,125.48
Family	0	\$1,151.04	0	\$1,272.28
Family Continuation	0	\$221.35	0	\$0.00
Monthly Total	3	\$1,328.13	3	\$1,468.02
Annual Total		\$15,937.56		\$17,616.24
% Change from Current				10.5
Rx Only (w/Contraceptives)	# of lives	\$10/\$20 (MOPD 1x) (50% Max.)	# of lives	\$10/\$20 (MOPD 1x) (50% Max.)
Single	3	\$74.63	3	\$82.19
Two Person	0	\$171.66	0	\$189.03
Family	0	\$194.05	0	\$213.68
Family Continuation	0	\$37.32	0	\$0.00
Monthly Totals	3	\$223.89	3	\$246.57
Annual Total		\$2,686.68		\$2,958.84
% Change from Current				10.1
Medical + Rx	# of lives	BCN E + \$10/\$20	# of lives	BCN E + \$10/\$20
Single	3	\$517.34	3	\$571.53
Two Person	0	\$1,189.88	0	\$1,314.51
Family	0	\$1,345.09	0	\$1,485.96
Family Continuation	0	\$258.67	0	\$0.00
Monthly Totals	3	\$1,552.02	3	\$1,714.59
Annual Total		\$18,624.24		\$20,575.08
% Change from Current				10.5

Grandfathered Items:
 The BCN E Plan is Grandfathered. Plan E is no longer sold. If you wish to make any changes, a standardized plan must be chosen. MOPD 1x is also Grandfathered.

Durable Medical Equipment & Prosthetics & Orthotics are paid at 100%

Note: Other Riders are available that may lower the final rates. Mental health, Substance abuse & Private Duty nursing copayments are 50%. Minimum Employer Contribution : None, Minimum participation : 2 enrolled

SIC: 8211, BCN Class 2
 Elem & Secondary Schools
 Southeast Region

2010 - 2011 RRF's:
 BCN Medical: 1.1311
 Rx: 1.1311

2011 - 2012 RRF's:
 BCN Medical: 1.1545
 Rx: 1.1545

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ALEX AND MARIE MANOOGIAN SCHOOL (Armenian)

ALTERNATE MEDICAL BENEFITS SUMMARY - BLUE CARE NETWORK

Plan Design	ALTERNATE BCN 5		ALTERNATE BCN BASIC	
	Network	Blue Care Network HMO		Blue Care Network HMO
Deductible	None		None	
Coinsurance	None		80/20%	
Coinsurance Maximum	None		\$1,500/\$3,000	
Office Visit Copay	\$20		\$25	
Specialist Office Visit Copay	\$40 Copay - when referred		\$35 Copay - when referred	
Routine Exams	Covered 100%		Covered 100%	
Routine Mammography	Covered 100%		Covered 100%	
Emergency Room	\$150 Copay, waived if admitted		\$100 Copay, (waived if admitted)	
Urgent Care	\$50 Copay		\$35 Copay	
Hospital Admissions	\$250 copay per admission up to a copay max of \$750/\$1,000 per calendar year		Covered 80%	
Allergy Testing & Therapy	50% Covered, \$5 for Injections		50% Covered, \$5 for Injections	
Chiropractic	\$40 Copay - when referred		\$35 Copay - when referred	
Medical Only	# of lives	Alternate Rates 10/1/11 to 9/30/12	# of lives	Alternate Rates 10/1/11 to 9/30/12
Single	3	\$440.72	3	\$382.15
Two Person	0	\$1,013.67	0	\$878.96
Family	0	\$1,145.89	0	\$993.60
Family Continuation	0	\$0.00	0	\$0.00
Monthly Total	3	\$1,322.16	3	\$1,146.45
Annual Total		\$15,865.92		\$13,757.40
% Change from Current		-0.4		-13.7
Rx Only (w/Contraceptives)	# of lives	\$10/\$20/\$40 (MOPD 2x)	# of lives	\$10/\$20/\$40 (MOPD 2x)
Single	3	\$78.10	3	\$78.10
Two Person	0	\$179.62	0	\$179.62
Family	0	\$203.05	0	\$203.05
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	3	\$234.30	3	\$234.30
Annual Total		\$2,811.60		\$2,811.60
% Change from Current		4.6		4.6
Medical + Rx	# of lives	BCN 5 + \$10/\$20/\$40	# of lives	BCN Basic + \$10/\$20/\$40
Single	3	\$518.82	3	\$460.25
Two Person	0	\$1,193.29	0	\$1,058.58
Family	0	\$1,348.94	0	\$1,196.65
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	3	\$1,556.46	3	\$1,380.75
Annual Total		\$18,677.52		\$16,569.00
% Change from Current		0.3		-11.0

Note: Other Riders are available that may lower the final rates.

Mental health, Substance abuse & Private Duty nursing copayments are 50%.

Minimum Employer Contribution : None, Minimum participation : 2 enrolled

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ALEX AND MARIE MANOOGIAN SCHOOL (Armenian)

ALTERNATE PRESCRIPTION BENEFITS SUMMARY - BLUE CARE NETWORK

		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	\$10/\$20/\$40 (MOPD 2x)	# of lives	\$4/\$20/75% Savings Plus (MOPD 2x)	# of lives	\$10/\$20 (MOPD 2x)	
Single	3	\$78.10	3	\$62.34	3	\$56.20	
Two Person	0	\$179.62	0	\$143.48	0	\$129.27	
Family	0	\$203.05	0	\$162.08	0	\$146.13	
Family Continuation	0	\$0.00	0	\$0.00	0	\$0.00	
Monthly Totals	3	\$234.30	3	\$187.02	3	\$168.60	
Annual Total		\$2,811.60		\$2,244.24		\$2,023.20	
% Change from Current		4.6		-16.5		-24.7	

		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	\$0/\$40/75% Savings Plus (MOPD 2x)	# of lives	\$10/\$40/\$80 20% (\$100 max)/20% (\$200 max) (MOPD)	# of lives	\$4/\$40/75% Savings Plus (MOPD 2x)	
Single	3	\$55.97	3	\$54.86	3	\$48.38	
Two Person	0	\$128.73	0	\$126.19	0	\$111.28	
Family	0	\$145.52	0	\$142.65	0	\$125.79	
Family Continuation	0	\$0.00	0	\$0.00	0	\$0.00	
Monthly Totals	3	\$167.91	3	\$164.58	3	\$145.14	
Annual Total		\$2,014.92		\$1,974.96		\$1,741.68	
% Change from Current		-25.0		-26.5		-35.2	

		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	\$15/\$50/50% (MOPD 2x) ¹ Min/Max % Copays \$70/\$100	# of lives	\$15/\$50 (MOPD 2x)	# of lives	\$15/\$50/\$80 20% (\$150 max)/20% (\$300 max) (MOPD)	
Single	3	\$46.75	3	\$46.26	3	\$44.86	
Two Person	0	\$107.52	0	\$106.40	0	\$103.17	
Family	0	\$121.54	0	\$120.27	0	\$116.63	
Family Continuation	0	\$0.00	0	\$0.00	0	\$0.00	
Monthly Totals	3	\$140.25	3	\$138.78	3	\$134.58	
Annual Total		\$1,683.00		\$1,665.36		\$1,614.96	
% Change from Current		-37.4		-38.0		-39.9	

		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	\$4/\$60/75% Savings Plus (MOPD 2x)	# of lives	\$20/\$60/50% (MOPD 2x) Min/Max % Copays \$80/\$100	# of lives	\$20/\$60/\$80 20% (\$200 max)/20% (\$400 max) (MOPD)	
Single	3	\$43.38	3	\$39.43	3	\$38.75	
Two Person	0	\$99.77	0	\$90.68	0	\$89.12	
Family	0	\$112.78	0	\$102.51	0	\$100.74	
Family Continuation	0	\$0.00	0	\$0.00	0	\$0.00	
Monthly Totals	3	\$130.14	3	\$118.29	3	\$116.25	
Annual Total		\$1,561.68		\$1,419.48		\$1,395.00	
% Change from Current		-41.9		-47.2		-48.1	

		Alternate Rates 10/1/11 to 9/30/12	
Rx Only (w/Contraceptives)	# of lives	50% (MOPD 2x) Min/Max % Copays \$5/\$100	
Single	3	\$38.05	
Two Person	0	\$87.52	
Family	0	\$98.93	
Family Continuation	0	\$0.00	
Monthly Totals	3	\$114.15	
Annual Total		\$1,369.80	
% Change from Current		-49.0	

ALEX AND MARIE MANOOGIAN SCHOOL (Armenian)

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Covered Drugs: Prescription drugs (Generic or Brand Name) which are on the Savings Plus Approved Drug List, prescribed by a BCN affiliated provider & obtained through a participating pharmacy.

Savings Plus Approved Drug List: The BCN drug list of select Prescription Drugs that have been approved for use by BCN & which shall be dispensed through Participating Pharmacies to members. Some drugs included on the Savings Plus Approved Drug List require prior authorization by BCN before they are covered. Drugs that are not included on the Savings Plus Approved Drug List are either NOT covered drugs or are subject to a 75% coinsurance. BCN reviews all prescription drugs approved by the FDA and determines whether they will be placed on the Savings Plus Approved Drug List.

All BCN Rx Plans are Closed Formulary and Mandatory Generic WITH THE EXCEPTION OF THE THREE (3) TIERED PLANS WHICH COVER NON-FORMULARY DRUGS WITH THE THIRD TIER.

¹BCN requires groups with less than 51 employees to be members of a BCN sponsored association or approved Chamber of Commerce to offer this plan.

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE MEDICAL BENEFITS SUMMARY - HEALTH ALLIANCE PLAN (HAP)

Plan Design	ALTERNATE HMO Plan HS 1		ALTERNATE HMO Plan HS 2	
	Network	HAP		HAP
Deductible	None		\$500/\$1,000	
Coinsurance	None		None	
Coinsurance Maximum	None		None	
Office Visit Copay	\$15		\$30	
Specialist Office Visit Copay	\$30		\$50	
Preventive Services	100% Covered		100% Covered	
Emergency Room	\$75 Copay (copay waived if admitted)		\$100 Copay (copay waived if admitted)	
Urgent Care	\$40 Copay		\$50 Copay	
Hospital Admissions	\$300 Copay (per admission)		\$300 Copay (per admission after ded)	
Allergy Testing & Therapy	100% Covered		100% Covered after deductible	
Chiropractic	Not Covered		Not Covered	
Prescriptions	\$10/75%/50%		\$10/75%/50%	
Medical + Rx	# of lives	Alternate Rates 9/1/10 to 8/31/11	# of lives	Alternate Rates 9/1/10 to 8/31/11
Single	3	\$497.22	3	\$445.43
Two Person	0	\$1,143.61	0	\$1,024.49
Family	0	\$1,292.77	0	\$1,158.12
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	3	\$1,491.66	3	\$1,336.29
Annual Total		\$17,899.92		\$16,035.48
% Change from Current		-3.9		-13.9

Participation Requirements: Single subscriber groups are not eligible for coverage.
 Groups with 2 - 10 eligible employees seeking coverage, 100% of the group (2 minimum) must enroll.
 Groups with 11 - 25 eligible employees seeking coverage, 75% of the group (2 minimum) must enroll.
 Groups with 26 - 50 eligible employees seeking coverage, 50% of the group (2 minimum) must enroll.
 Groups with 51 or more - A minimum of ten (10) eligible employees must enroll.

For network info: www.hap.org

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ALEX & MARIE MANOOGIAN SCHOOL w/ARMENIAN

ALTERNATE MEDICAL BENEFITS SUMMARY - TOTAL HEALTH

Plan Design	ALTERNATE		
	Select Low POS Option		
Network	TotalHealth Care USA	Cofinity (PPOM)	Out-of-Network
Deductible	None	\$400/\$800	\$1,000/\$2,000
Coinsurance	None	75/25%	50/50%
Coinsurance Maximum	None	\$1,100/\$2,200	\$9,000/\$18,000
Office Visit Copay	\$10	\$30	50% Covered after deductible
Specialist Office Visit Copay	\$10	\$30	50% Covered after deductible
Routine Exams	100% Covered	100% Covered	50% Covered after deductible
Routine Mammography	100% Covered	100% Covered	50% Covered after deductible
Emergency Room	\$75 Copay (waived if admitted)	\$75 Copay (waived if admitted)	\$75 Copay (waived if admitted)
Urgent Care	\$15 Copay	\$40 Copay	50% Covered after deductible
Hospital Admissions	100% Covered	75% Covered after deductible	50% Covered after deductible
Allergy Testing & Therapy	\$10 Copay	\$30 Copay	50% Covered after deductible
Chiropractic	\$10 Copay (20 visits per year)	\$30 Copay (20 visits per year)	50% Covered after deductible
Prescriptions w/Contraceptives	\$10/\$40 MOPD 2x* (Mandatory Generic)	\$10/\$40 MOPD 2x* (Mandatory Generic)	\$10/\$40 MOPD 2x* (Mandatory Generic)
	This plan also covers Hearing Services, (hearing exam & hearing aid) & Vision Services (exam-1 per year & glasses-one pair every 2 years)	Hearing Services & Vision Services are NOT covered	Hearing Services & Vision Services are NOT covered
Medical + Rx	# of lives	Alternate Rates 10/1/11 to 9/30/12	
Single	28	\$442.20	
Two Person	1	\$915.80	
Family	2	\$1,193.95	
Family Continuation	0	\$0.00	
Monthly Totals	31	\$15,685.30	
Annual Total		\$188,223.60	
% Change from Current		-17.7	

*TotalHealthCare will authorize your non-formulary drug for 90 days. You must see your Primary Care Physician within 90 days and be evaluated for a covered alternative drug. Your Primary Care Physician/Prescribing physician may request a Prior Authorization if there is a medical reason you can not try the alternative drugs or if there is a history of trial and failure of the covered alternatives. Please allow five (5) days for the processing of the Prior Authorization. Medical information must be provided to TotalHealthCare from your Provider. For network info: www.mi.thconline.com

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ALEX & MARIE MANOOGIAN SCHOOL w/ARMENIAN

ALTERNATE MEDICAL BENEFITS SUMMARY - TOTAL HEALTH

Plan Design	ALTERNATE		
	Select Mid POS Option		
Network	TotalHealth Care USA	Cofinity (PPOM)	Out-of-Network
Deductible	\$300/\$600	\$900/\$1,800	\$2,000/\$4,000
Coinsurance	100/0%	75/25%	50/50%
Coinsurance Maximum	None	\$1,100/\$2,200	\$10,500/\$21,000
Office Visit Copay	\$15	\$40	50% Covered after deductible
Specialist Office Visit Copay	\$15	\$40	50% Covered after deductible
Routine Exams	100% Covered	100% Covered	50% Covered after deductible
Routine Mammography	100% Covered	100% Covered	50% Covered after deductible
Emergency Room	\$125 Copay (waived if admitted)	\$125 Copay (waived if admitted)	\$125 Copay (waived if admitted)
Urgent Care	\$25 Copay	\$60 Copay	50% Covered after deductible
Hospital Admissions	100% Covered after deductible	75% Covered after deductible	50% Covered after deductible
Allergy Testing & Therapy	\$15 Copay	\$40 Copay	50% Covered after deductible
Chiropractic	\$15 Copay (20 visits per year)	\$40 Copay (20 visits per year)	50% Covered after deductible
Prescriptions w/Contraceptives	\$10/\$40 MOPD 2x* (Mandatory Generic)	\$10/\$40 MOPD 2x* (Mandatory Generic)	\$10/\$40 MOPD 2x* (Mandatory Generic)
	This plan also covers Hearing Services, (hearing exam & hearing aid) & Vision Services (exam-1 per year & glasses-one pair every 2 years)	Hearing Services & Vision Services are NOT covered	Hearing Services & Vision Services are NOT covered
Medical + Rx	# of lives	Alternate Rates 10/1/11 to 9/30/12	
Single	28	\$402.38	
Two Person	1	\$833.32	
Family	2	\$1,086.42	
Family Continuation	0	\$0.00	
Monthly Totals	31	\$14,272.80	
Annual Total		\$171,273.60	
% Change from Current		-57.4	

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ALEX & MARIE MANOOGIAN SCHOOL w/ARMENIAN

ALTERNATE MEDICAL BENEFITS SUMMARY - TOTAL HEALTH

Plan Design	ALTERNATE		
	Select High POS Option		
Network	TotalHealth Care USA	Cofinity (PPOM)	Out-of-Network
Deductible	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$3,000
Coinsurance	100/0%	75/25%	50/50%
Coinsurance Maximum	None	\$2,000/\$4,000	\$12,000/\$24,000
Office Visit Copay	\$20	\$50	50% Covered after deductible
Specialist Office Visit Copay	\$20	\$50	50% Covered after deductible
Routine Exams	100% Covered	100% Covered	50% Covered after deductible
Routine Mammography	100% Covered	100% Covered	50% Covered after deductible
Emergency Room	\$150 Copay (waived if admitted)	\$150 Copay (waived if admitted)	\$150 Copay (waived if admitted)
Urgent Care	\$30 Copay	\$75 Copay	50% Covered after deductible
Hospital Admissions	100% Covered after deductible	75% Covered after deductible	50% Covered after deductible
Allergy Testing & Therapy	\$20 Copay	\$50 Copay	50% Covered after deductible
Chiropractic	\$20 Copay (20 visits per year)	\$50 Copay (20 visits per year)	50% Covered after deductible
Prescriptions w/Contraceptives	\$5/\$15 MOPD 2x* (Mandatory Generic)	\$5/\$15 MOPD 2x* (Mandatory Generic)	\$5/\$15 MOPD 2x* (Mandatory Generic)
	This plan also covers Hearing Services, (hearing exam & hearing aid) & Vision Services (exam-1 per year & glasses-one pair every 2 years)	Hearing Services & Vision Services are NOT covered	Hearing Services & Vision Services are NOT covered
Medical + Rx	# of lives	Alternate Rates 10/1/11 to 9/30/12	
Single	28	\$364.20	
Two Person	1	\$754.26	
Family	2	\$983.34	
Family Continuation	0	\$0.00	
Monthly Totals	31	\$12,918.54	
Annual Total		\$155,022.48	
% Change from Current		-61.5	

*TotalHealthCare will authorize your non-formulary drug for 90 days. You must see your Primary Care Physician within 90 days and be evaluated for a covered alternative drug. Your Primary Care Physician/Prescribing physician may request a Prior Authorization if there is a medical reason you can not try the alternative drugs or if there is a history of trial and failure of the covered alternatives. Please allow five (5) days for the processing of the Prior Authorization. Medical information must be provided to TotalHealthCare from your Provider. For network info: www.mi.thconline.com

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ALEX AND MARIE MANOOGIAN SCHOOL w/ ARMENIAN

CURRENT & RENEWAL CONTRIBUTORY DENTAL BENEFITS SUMMARY - DELTA DENTAL of MICHIGAN

Plan Design	CURRENT		RENEWAL	
	Delta Premier		Delta Premier	
Network	Delta Premier		Delta Premier	
Benefits:				
Annual Deductible	\$50/\$100		\$50/\$100	
Annual Maximum	\$1,500 per person per Calendar Year		\$1,500 per person per Calendar Year	
Preventive Care (Type 1)	100% (Including Bitewings)		100% (Including Bitewings)	
Basic Care (Type 2)	80% after deductible		80% after deductible	
Major Care (Type 3)	50% after deductible		50% after deductible	
Major Care Waiting Period	None		None	
Orthodontics (Type 4)	Not Covered		Not Covered	
Orthodontics Waiting Period	Not Applicable		Not Applicable	
Lifetime max on Ortho	Not Applicable		Not Applicable	
Endo & Perio are in:	Basic Care (Type 2)		Basic Care (Type 2)	
Crowns are in:	Major Care (Type 3)		Major Care (Type 3)	
Dental	# of Lives	Current Rates 10/1/10 to 9/30/11	# of Lives	Renewal Rates 10/1/11 to 9/30/12
Single	21	\$54.43	21	\$56.74
Two Person	4	\$96.56	4	\$100.66
Family	5	\$166.03	5	\$173.15
Monthly Total	30	\$2,359.42	30	\$2,459.93
Annual Total		\$28,313.04		\$29,519.16
% Change from Current				4.3

For network info: www.deltadentalmi.com

Oral Surgery Services are covered under Type 2 and includes extractions and dental surgery

Note: Out-ofNetwork payment is based on the nonparticipating dentist fee schedule and patients may be balance billed.

Delta Dental now provides coverage for dental implants, coverage for composite resin (white) restorations on posterior teeth and enhanced preventive benefits for enrollees with specific high-risk medical conditions. There are no additional charges for these benefits beyond the rates outlined.

Mandatory Enrollment: 20 subscribers or 75% of the eligible employees and dependents.

Minimum Group Contributions: 50% of the cost for employees and dependents.

The plan specifications are subject to Delta Dental's standard exclusions and limitations:

Benefits for oral examinations and prophylaxes (cleanings) are payable twice per calendar year.

Fluoride treatment is payable twice per calendar year up to age 19.

Bitewing radiographs are payable once per calendar year.

Full mouth radiographs are payable once every five years.

Crowns and dentures are limited to once in a five year period.

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE DENTAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

Plan Design	ALTERNATE		ALTERNATE	
	Traditional Plus Dental 2		Traditional Plus Dental 3	
Network	Dental Network of America or BC Participating DDS		Dental Network of America or BC Participating DDS	
In Network Benefits:				
Annual Deductible	None		None	
Annual Maximum	\$1,000 per person		\$1,000 per person	
Preventive Care (Type 1)	100% of approved amount		100%	
Basic Care (Type 2)	75% of approved amount		75% of approved amount	
Major Care (Type 3)	50% of approved amount		50% of approved amount	
Major Care Waiting Period	None		None	
Orthodontics (Type 4)	Not Covered		50% of approved amount (for dependents under age 19)	
Orthodontics Waiting Period	N/A		None	
Lifetime max on Ortho	N/A		\$1,000 per person	
Dental	# of Lives	Alternate Rates 10/1/11 to 9/30/12	# of Lives	Alternate Rates 10/1/11 to 9/30/12
Single	21	\$37.84	21	\$40.40
Two Person	4	\$90.81	4	\$96.96
Family	5	\$113.51	5	\$121.20
Family Continuation	0	\$0.00	0	\$0.00
Monthly Total	30	\$1,725.43	30	\$1,842.24
Annual Total		\$20,705.16		\$22,106.88
% Change from Current		-26.9		-21.9

Network Access Information

Dental Network of America PPO Network -
Dental Network of America PPO dentists agree to accept our approved amount as payment in full & participate on all claims. You'll also receive discounts on noncovered services when you use PPO dentists.

Blue Par SelectSM -

Most dentists participate with the Blues on a "per claim" basis, so you should ask your dentist if he/she participates before every procedure. These dentists accept payment in full from BCBSM for covered services and you pay the dentist only applicable copays & deductibles, and any fees for noncovered services.

You won't be balance billed for any difference between our approved amount and the dentist's charge.

We call this arrangement "Blue Par Select."

To find a dentist who may participate with BCBSM, go to bcbsm.com, select the *Dental Professionals* subsection of "Where You Can Go for Care" page.

Note: With Traditional Plus Dental, you choose your dentist every time you need care. Network dentist or not, you're covered. Most out of network dentists participate, which means they accept BCBSM's approved amount, plus any deductible and copay from you, as payment in full. Ask your dentist if he or she participates with BCBSM. If your dentist does NOT participate, you are responsible for any difference between BCBSM's approved amount and your dentist's charges, in addition to any deductible or copay.

NOTE: For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination before treatments begins.

Minimum Participation: 2 subscribers. **Sponsorship:** BCBSM requires groups with less than 10 subscribers on the medical plan to be members of a BCBSM approved Chamber of Commerce or sponsored association. If one of these dental plans is offered, all those enrolled in the BCBSM or BCN medical plan must enroll in the dental plan. If you waive the medical you are not eligible for these dental benefits.

Endodontic and Periodontics are in Type 2 (Basic Services). Crowns are in Type 3 (Major Services).

For network info: www.dentemax.com

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE DENTAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

ALTERNATE	
Plan Design	Traditional Plus Dental 7
Network	Dental Network of America or BC Participating DDS
In Network Benefits:	
Annual Deductible	None
Annual Maximum	\$1,500 per person
Preventive Care (Type 1)	100%
Basic Care (Type 2)	75% of approved amount
Major Care (Type 3)	50% of approved amount
Major Care Waiting Period	None
Orthodontics (Type 4)	50% of approved amount (for dependents under age 19)
Orthodontics Waiting Period	None
Lifetime max on Ortho	\$1,500 per person
Dental	# of Lives Alternate Rates 10/1/11 to 9/30/12
Single	21 \$43.85
Two Person	4 \$105.23
Family	5 \$131.54
Family Continuation	0 \$0.00
Monthly Total	30 \$1,999.47
Annual Total	\$23,993.64
% Change from Current	-15.3

Network Access Information

Dental Network of America PPO Network -
Dental Network of America PPO dentists agree to accept our approved amount as payment in full & participate on all claims. You'll also receive discounts on noncovered services when you use PPO dentists.

Blue Par SelectSM -
Most dentists participate with the Blues on a "per claim" basis, so you should ask your dentist if he/she participates before every procedure. These dentists accept payment in full from BCBSM for covered services and you pay the dentist only applicable copays & deductibles, and any fees for noncovered services. You won't be balance billed for any difference between our approved amount and the dentist's charge. We call this arrangement "Blue Par Select."

To find a dentist who may participate with BCBSM, go to bcbsm.com, select the *Dental Professionals* subsection of "Where You Can Go for Care" page.

Note: With Traditional Plus Dental, you choose your dentist every time you need care. Network dentist or not, you're covered. Most out of network dentists participate, which means they accept BCBSM's approved amount, plus any deductible and copay from you, as payment in full. Ask your dentist if he or she participates with BCBSM. If your dentist does NOT participate, you are responsible for any difference between BCBSM's approved amount and your dentist's charges, in addition to any deductible or copay.

NOTE: For non-urgent, complex or expensive dental treatment such as crowns, bridges or dentures, members should encourage their dentist to submit the claim to Blue Cross for predetermination before treatments begins.

Minimum Participation: 2 subscribers. **Sponsorship:** BCBSM requires groups with less than 10 subscribers on the medical plan to be members of a BCBSM approved Chamber of Commerce or sponsored association. If one of these dental plans is offered, all those enrolled in the BCBSM or BCN medical plan must enroll in the dental plan. If you waive the medical you are not eligible for these dental benefits.

Endodontic and Periodontics are in Type 2 (Basic Services); limited Endosteal Implants & Crowns are in Type 3 (Majors).

For network info: www.dentemax.com

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ALEX AND MARIE MANOOGIAN SCHOOL

DENTAL SMALL GROUP BENEFITS FREQUENCY SUMMARY - BLUE CROSS BLUE SHIELD

with FACR (Frequency, Age, Classification Rider) - Rider Effective as of 4/1/2010

Class 1 Services:

<u>Bitewing X-rays</u>	One set (up to four): For members 15 & younger - once every calendar year For members 16 & older - once every 24 months
<u>Full-mouth or Panoramic X-rays</u>	Once every 84 months
<u>All Radiographs (films)</u>	Cover any combination of six individual or sets in a year
<u>Fluoride Treatment</u>	Once per calendar year - limited to children 14 and younger
<u>Space Maintainers</u>	Covers patients younger than 16
<u>Dental Sealants</u>	Covers patients younger than 16

Class 2 Services:

<u>Fillings (Permanent Teeth)</u>	Once every 48 months
<u>Fillings (Primary Teeth)</u>	Once every 24 months
<u>Periodontal Maintenance</u>	Covered twice per calendar year
<u>Root Canals</u>	Covered once every 36 months
<u>Scaling and Root Planning</u>	Once every 36 months per quadrant of the mouth
<u>Occlusal Bite guards</u>	Covered once every 60 months

Class 3 Services:

<u>Complete & Partial Removable Dentures</u>	Once every 84 months
<u>Bridges (Fixed Partial Dentures)</u>	Once every 84 months
<u>Onlays, Crowns, Veneers & Inlays (Permanent Teeth)</u>	Once every 84 months per tooth
<u>Replacement of a Complete or Partial Denture or Bridge on the Same Teeth</u>	Covered after 84 after the original is delivered

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ALEX AND MARIE MANOOGIAN SCHOOL

CURRENT CONTRIBUTORY VISION BENEFITS SUMMARY - DELTA

		CURRENT
Plan Design	Delta Vision	
Network	Delta Vision	
Plan Type	24/24/24	
Exam Plan Pays	Covered every 24 months \$50	
Lenses Plan Pays	Covered every 24 months \$22.50 to \$42.50 depending on lens	
Frames Plan Pays	Covered every 24 months Up to \$60	
Contacts Plan Pays	Covered every 24 months Up to \$150	
Maximum Payment per Calendar Year	\$150 per Person Total Benefit	
Vision	# of Lives	Current Rates 10/1/10 to 9/30/11
Single	23	\$5.09
Employee & Spouse	3	\$10.18
Employee & 1 Child	4	\$6.94
Employee & 2+ Children	1	\$9.00
Family	4	\$14.10
Monthly Total	35	\$240.77
Annual Total		\$2,889.24

For network info: www.delta.com

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE VISION BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

Plan Design	ALTERNATE		ALTERNATE	
	Blue Vision		Blue Vision	
Network	VSP Network		VSP Network	
Plan Type	12-12-12		24-24-24	
Exam	\$5 Copay - Covered every 12 months		\$5 Copay - Covered every 24 months	
Lenses	\$10 Copay - Covered every 12 months <i>One copay for frames and lenses combined</i>		\$10 Copay - Covered every 24 months <i>One copay for frames and lenses combined</i>	
Frames	\$10 Copay - Covered every 12 months <i>One copay for frames and lenses combined</i>		\$10 Copay - Covered every 24 months <i>One copay for frames and lenses combined</i>	
Contacts (Medically Necessary) (in lieu of lenses and frames)	\$10 Copay - Covered every 12 months		\$10 Copay - Covered every 24 months	
Contacts (Elective) (in lieu of lenses and frames)	\$130 Allowance - Cvrld. every 12 months, toward evaluation and fitting		\$130 Allowance - Cvrld. every 12 months, toward evaluation and fitting	
Out of Network Exam	≤ to \$35		≤ to \$35	
Vision	# of Lives	Alternate Rates 10/1/11 to 9/30/12	# of Lives	Alternate Rates 10/1/11 to 9/30/12
Employee	23	\$6.14	23	\$4.54
Two Person	7	\$14.72	7	\$10.89
Family	5	\$18.41	5	\$13.61
Family Continuation	0	\$0.00	0	\$0.00
Monthly Totals	35	\$336.31	35	\$248.70
Annual Total		\$4,035.72		\$2,984.40
% Change from Current		39.7		3.3

Note:

Minimum participation : 2 enrolled. **Sponsorship** : BCBS requires groups with less than 10 subscribers on the medical plan to be members of a BCBS approved Chamber of Commerce or a BCBSM sponsored association

These vision plans can be installed with a BCBS or BCN medical plan. If one of these vision plans is offered, all those enrolled in the BCBS or BCN medical plan, must enroll in the vision plan. If you waive the medical, you are not eligible for these vision benefits.

For network info: www.vsp.com

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ALEX AND MARIE MANOOGIAN SCHOOL

ALTERNATE VOLUNTARY VISION BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

		ALTERNATE	
Plan Design		Voluntary Blue Choice	
Network		VSP Network	
Plan Type		12-12-24	
Exam		\$10 Copay - Covered every 12 months	
Lenses		\$25 Copay - Covered every 12 months <i>One copay for frames and lenses combined</i>	
Frames		\$25 Copay - Covered every 24 months <i>One copay for frames and lenses combined</i>	
Contacts (Medically Necessary) (in lieu of lenses and frames)		\$25 Copay - Covered every 12 months	
Contacts (Elective) (in lieu of lenses and frames)		\$130 allowance - Cvd. every 12 months, toward evaluation and fitting	
Out of Network Exam		≤ to \$35	
Vision	# of Lives	Alternate Rates 9/1/10 to 8/31/11	
Single	23	\$6.01	
Two Person	7	\$14.42	
Family	5	\$18.02	
Family Continuation	0	\$0.00	
Monthly Total	35	\$329.27	
Annual Total		\$3,951.24	
% Change from Current		36.8	

Note:

Minimum participation: 1 subscriber. **Sponsorship:** BCBS requires groups with less than 25 subscribers to be members of a sponsored association or approved Chamber of Commerce to offer this plan. Also, this plan requires an in force BCBSM or BCN medical plan. For network info: www.vsp.com
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ALEX AND MARIE MANOOGIAN SCHOOL

CURRENT BASIC NON-CONTRIBUTORY LIFE/AD&D SUMMARY - UNUM

Plan Design - Assumes 39 Lives		Rates 10/1/09 to 9/30/12	
Benefit Amount: (Life)	Flat \$15,000	Estimated Monthly Premium:	
Benefit Amount: (AD&D)	Flat \$15,000		
Reduction Schedule:	Benefit reduces by 35% of the original amount at age 65, and to 50% of the original amount at age 70. Coverage ends at retirement or termination of employment.	Rate per \$1,000 of Life/AD&D Benefit:	\$0.27
Guaranteed Issue:	\$15,000	Volume:	\$553,500
Minimum Participation:	Employer Paid - 100% Participation required.	Monthly Premium:	\$149.45
		Annual Premium:	\$1,793.34
		Rate Guarantee:	Three Years

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ALEX AND MARIE MANOOGIAN SCHOOL

CURRENT NON-CONTRIBUTORY SHORT-TERM DISABILITY SUMMARY - UNUM

Plan Design - Assumes 39 Lives	Rates 10/1/09 to 9/30/11
Employer Paid Short Term Disability: 60% of Basic Weekly Earnings to a maximum of \$600 Elimination Period: 14th day Accident, 14th day Sickness Benefit Duration: 11 weeks Minimum Participation: Employer Paid - 100% Participation required.	Estimated Monthly Premium: Rate per \$10 of Weekly Benefit: \$0.253 Volume: \$16,502.43 Monthly Premium: \$417.51 Annual Premium: \$5,010.14 Rate Guarantee: Two Years

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ALEX AND MARIE MANOOGIAN SCHOOL

RENEWAL NON-CONTRIBUTORY SHORT-TERM DISABILITY SUMMARY - UNUM

Plan Design - Assumes 39 Lives	Rates 10/1/11 to 9/30/12
Employer Paid Short Term Disability: 60% of Basic Weekly Earnings to a maximum of \$600 Elimination Period: 14th day Accident, 14th day Sickness Benefit Duration: 11 weeks Minimum Participation: Employer Paid - 100% Participation required.	Estimated Monthly Premium: Rate per \$10 of Weekly Benefit: \$0.253 Volume: \$16,502.43 Monthly Premium: \$417.51 Annual Premium: \$5,010.14 Rate Guarantee: Two Years

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ALEX AND MARIE MANOOGIAN SCHOOL

CURRENT NON-CONTRIBUTORY LONG-TERM DISABILITY SUMMARY - UNUM

Plan Design - Assumes 39 Lives	Rates 10/1/09 to 9/30/11
Employer Paid Long Term Disability: 60% of Basic Monthly Earnings to a maximum of \$6,000 Elimination Period: 90 days Benefit Duration: SSNRA Own Occupation: 36 months Minimum Participation: Employer Paid - 100% Participation required.	Estimated Monthly Premium: Rate per \$100 of Monthly Covered Payroll: \$0.320 Volume: \$121,643.08 Monthly Premium: \$389.26 Annual Premium: \$4,671.09 Rate Guarantee: Two Years

This is intended as an easy-to-read summary. IT IS NOT A CONTRACT. Additional limitations & exclusions may apply to covered services. For a complete description of benefits, please see the applicable certificates and riders

ALEX AND MARIE MANOOGIAN SCHOOL

RENEWAL NON-CONTRIBUTORY LONG-TERM DISABILITY SUMMARY - UNUM

Plan Design - Assumes 39 Lives	Rates 10/1/11 to 9/30/12
Employer Paid Long Term Disability: 60% of Basic Monthly Earnings to a maximum of \$6,000 Elimination Period: 90 days Benefit Duration: SSNRA Own Occupation: 36 months Minimum Participation: Employer Paid - 100% Participation required.	Estimated Monthly Premium: Rate per \$100 of Monthly Covered Payroll: \$0.320 Volume: \$121,643.08 Monthly Premium: \$389.26 Annual Premium: \$4,671.09 Rate Guarantee: Two Years

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ALEX AND MARIE MANOOGIAN SCHOOLS

CURRENT MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD / BLUE CARE NETWORK

	CURRENT		CURRENT		CURRENT	
Plan Design	Community Blue 1		Community Blue 2		BCN E	
Network	Community Blue PPO		Community Blue PPO		Blue Care Network HMO	
Deductible	None		\$100/\$200		None	
Coinsurance	100/0%		90/10%		None	
Coinsurance Maximum	None		\$500/\$1,000		None	
Office Visit Copay	\$10		\$10		\$10	
Specialist Office Visit Copay	\$10		\$10		\$10 Copay - when referred	
Routine Exams	100% Covered (up to \$250 annual maximum)		100% Covered (up to \$500 annual maximum)		\$10 Copay	
Routine Mammography	100% Covered		100% Covered		Covered 100%	
Emergency Room	\$50 (Waived if admitted or accidental injury)		\$50 (Waived if admitted or accidental injury)		\$50 copay, waived if admitted	
Urgent Care	\$10 Copay		\$10 Copay		\$10 Copay	
Hospital Admissions	100% Covered		Covered 90% after deductible		Covered 100%	
Allergy Testing & Therapy	100% Covered		100% Covered		50% Covered, \$5 for Injections	
Chiropractic	100% Covered - up to 24 visits per year		100% Covered - up to 24 visits per year		\$10 Copay - when referred	
Medical Only	# of lives	Current Rates 10/1/09 to 9/30/10	# of lives	Current Rates 10/1/09 to 9/30/10	# of lives	Current Rates 10/1/09 to 9/30/10
Single	0	\$765.97	4	\$709.14	25	\$427.04
Two Person	0	\$1,723.44	0	\$1,595.57	0	\$982.19
Family	0	\$2,068.13	0	\$1,914.69	0	\$110.30
Family Continuation	0	\$382.99	0	\$354.57	0	\$213.52
Monthly Total	0	\$0.00	4	\$2,836.56	25	\$10,676.00
Annual Total		\$0.00		\$34,038.72		\$128,112.00

Rx Only (w/Contraceptives)	# of lives	\$10/\$20 (MOPD 1x)	# of lives	\$15/\$30 (MOPD 2x) w/o Contraceptives	# of lives	\$10/\$20 (MOPD 1x) (50% Max.)
Single	0	\$197.71	4	\$142.57	25	\$65.66
Two Person	0	\$445.30	0	\$320.79	0	\$151.01
Family	0	\$534.36	0	\$384.93	0	\$170.71
Family Continuation	0	\$98.96	0	\$71.28	0	\$32.82
Monthly Totals	0	\$0.00	4	\$570.28	25	\$1,641.50
Annual Total		\$0.00		\$6,843.36		\$19,698.00

Medical + Rx	# of lives	CB 1 + \$10/\$20	# of lives	CB 2 + \$15/\$30	# of lives	BCN E + \$10/\$20
Single	0	\$963.68	4	\$851.71	25	\$492.70
Two Person	0	\$2,168.74	0	\$1,916.36	0	\$1,133.20
Family	0	\$2,602.49	0	\$2,299.62	0	\$281.01
Family Continuation	0	\$481.95	0	\$425.85	0	\$246.34
Monthly Totals	0	\$0.00	4	\$3,406.84	25	\$12,317.50
Annual Total		\$0.00		\$40,882.08		\$147,810.00

The Current rates for BCBSM include Advantage Pricing with the 3% discount for the inclusion of the Rx Plan.

Note: Other Riders are available that may lower the final rates.
 Mental health, Substance abuse & Private Duty nursing copayments are 50%.
 Minimum Employer Contribution: None, Minimum participation: 2 enrolled

BCBSM Grandfathered Items:
 CB #1 - CB-PCM 250
 CB #1 - \$10/\$20 Rx MOPD 1x
 CB #2 - CB-PCM 500
 CB #2 - \$15/\$30 Rx

Durable Medical Equipment & Prosthetics & Orthotics are paid at 100%
 The above Plan is Grandfathered.
 Plan E is no longer sold. If you wish to make any changes, a standardized plan must be chosen.
 MOPD 1x is also Grandfathered.
 2010 - 2011 RRF's:
 BCN Medical: 1.1311
 Rx: 1.1311

SIC: 8211, BCBS Class 2
 Elem & Secondary Schools
 Area 1

2009 - 2010 CCF's:
 BC & BS: 1.3500
 Rx: 1.3500

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ALEX AND MARIE MANOOGIAN SCHOOLS

CURRENT MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD / BLUE CARE NETWORK

Plan Design	RENEWAL		RENEWAL		RENEWAL	
	Community Blue 1		Community Blue 2		BCN E	
Network	Community Blue PPO		Community Blue PPO		Blue Care Network HMO	
Deductible	None		\$100/\$200		None	
Coinsurance	100/0%		90/10%		None	
Coinsurance Maximum	None		\$500/\$1,000		None	
Office Visit Copay	\$10		\$10		\$10	
Specialist Office Visit Copay	\$10		\$10		\$10 Copay - when referred	
Routine Exams	100% Covered (up to \$250 annual maximum)		100% Covered (up to \$500 annual maximum)		\$10 Copay	
Routine Mammography	100% Covered		100% Covered		Covered 100%	
Emergency Room	\$50 (Waived if admitted or accidental injury)		\$50 (Waived if admitted or accidental injury)		\$50 copay, waived if admitted	
Urgent Care	\$10 Copay		\$10 Copay		\$10 Copay	
Hospital Admissions	100% Covered		Covered 90% after deductible		Covered 100%	
Allergy Testing & Therapy	100% Covered		100% Covered		50% Covered, \$5 for Injections	
Chiropractic	100% Covered - up to 24 visits per year		100% Covered - up to 24 visits per year		\$10 Copay - when referred	
Medical Only	# of lives	Renewal Rates 10/1/10 to 9/30/11	# of lives	Renewal Rates 10/1/10 to 9/30/11	# of lives	Renewal Rates 10/1/10 to 9/30/11
Single	0	\$999.10	4	\$700.93	25	\$442.71
Two Person	0	\$2,397.83	0	\$1,682.24	0	\$1,018.22
Family	0	\$2,897.37	0	\$2,032.70	0	\$1,151.04
Family Continuation	0	\$499.55	0	\$350.46	0	\$221.35
Monthly Total	0	\$0.00	4	\$2,803.72	25	\$11,067.75
Annual Total		\$0.00		\$33,644.64		\$132,813.00
% Change from Current		N/A		-1.2		3.7

Rx Only (w/Contraceptives)	# of lives	\$10/\$20 (MOPD 1x) Includes Preferred Therapy & Rx-90	# of lives	\$15/\$30 (MOPD 2x) Includes Preferred Therapy & Rx-90	# of lives	\$10/\$20 (MOPD 1x) (50% Max.)
Single	0	\$233.42	4	\$168.08	25	\$74.63
Two Person	0	\$560.20	0	\$403.39	0	\$171.66
Family	0	\$676.91	0	\$487.43	0	\$194.05
Family Continuation	0	\$116.71	0	\$84.04	0	\$37.32
Monthly Totals	0	\$0.00	4	\$672.32	25	\$1,865.75
Annual Total		\$0.00		\$8,067.84		\$22,389.00
% Change from Current		N/A		17.9		13.7

Medical + Rx	# of lives	CB 1 + \$10/\$20	# of lives	CB 2 + \$15/\$30	# of lives	BCN E + \$10/\$20
Single	0	\$1,232.52	4	\$869.01	25	\$517.34
Two Person	0	\$2,958.03	0	\$2,085.63	0	\$1,189.88
Family	0	\$3,574.28	0	\$2,520.13	0	\$1,345.09
Family Continuation	0	\$616.26	0	\$434.50	0	\$258.67
Monthly Totals	0	\$0.00	4	\$3,476.04	25	\$12,933.50
Annual Total		\$0.00		\$41,712.48		\$155,202.00
% Change from Current		N/A		2.0		5.0

discount for the inclusion of the Rx Plan.

Note: Other Riders are available that may lower the final rates.
 Mental health, Substance abuse & Private Duty nursing copayments are 50%.
 Minimum Employer Contribution: None, Minimum participation: 2 enrolled

BCBSM Grandfathered Items:

- CB #1 - CB-PCM 250
- CB #1 - \$10/\$20 Rx MOPD 1x
- CB #2 - CB-PCM 500
- CB #2 - \$15/\$30 Rx

Prosthetics & Orthotics are paid at 100%

The above Plan is Grandfathered.
 Plan E is no longer sold. If you wish to make any changes, a standardized plan must be chosen.
 MOPD 1x is also Grandfathered.

SIC: 8211, BCBS Class 2
 Elem & Secondary Schools
 Area 1

2010 - 2011 CCF's:
 BC & BS: 1.3500
 Rx: 1.3500

2010 - 2011 RRF's:
 BCN Medical: 1.1311
 Rx: 1.1311

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ALEX AND MARIE MANOOGIAN SCHOOLS

ALTERNATE MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

Plan Design	ALTERNATE Community Blue 2		ALTERNATE Community Blue 2		ALTERNATE Community Blue 3	
Network	Community Blue PPO		Community Blue PPO		Community Blue PPO	
Deductible	\$100/\$200		\$100/\$200		\$250/\$500	
Coinsurance	90/10%		90/10%		80/20%	
Coinsurance Maximum	\$500/\$1,000		\$500/\$1,000		\$1,000/\$2,000	
Office Visit Copay	\$10		\$20		\$10	
Specialist Office Visit Copay	\$10		\$20		\$10	
Routine Exams	100% Covered (up to \$1,000 annual maximum)		100% Covered (up to \$1,000 annual maximum)		100% Covered (up to \$1,000 annual maximum)*	
Routine Mammography	100% Covered		100% Covered		100% Covered	
Emergency Room	\$150 (Waived if admitted or accidental injury)		\$100 (Waived if admitted or accidental injury)		\$100 (Waived if admitted or accidental injury)	
Urgent Care	\$10 Copay		\$20 Copay		\$10 Copay	
Hospital Admissions	Covered 90% after deductible		Covered 90% after deductible		Covered 80% after deductible	
Allergy Testing & Therapy	100% Covered		100% Covered		100% Covered	
Chiropractic	\$10 Copay - up to 24 visits per year		\$20 Copay - up to 24 visits per year		\$10 Copay - up to 12 visits per year	
Medical Only	# of lives	Alternate Rates 10/1/10 to 9/30/11	# of lives	Alternate Rates 10/1/10 to 9/30/11	# of lives	Alternate Rates 10/1/10 to 9/30/11
Single	4	\$691.12	4	\$671.53	4	\$610.12
Two Person	0	\$1,658.70	0	\$1,611.67	0	\$1,464.28
Family	0	\$2,004.27	0	\$1,947.45	0	\$1,769.34
Family Continuation	0	\$345.57	0	\$335.77	0	\$305.07
Monthly Total	4	\$2,764.48	4	\$2,686.12	4	\$2,440.48
Annual Total		\$33,173.76		\$32,233.44		\$29,285.76
% Change from Current		-2.5		-5.3		-14.0

Rx Only (w/Contraceptives)	# of lives	\$5/\$25/\$50 (MOPD 2x) Includes Preferred Therapy & Rx-90	# of lives	\$7/\$35/\$70 (MOPD 2x) Includes Preferred Therapy & Rx-90	# of lives	\$5/\$25/\$50 (MOPD 2x) Includes Preferred Therapy & Rx-90
Single	4	\$141.68	4	\$104.95	4	\$141.68
Two Person	0	\$340.03	0	\$251.89	0	\$340.03
Family	0	\$410.87	0	\$304.37	0	\$410.87
Family Continuation	0	\$70.84	0	\$52.48	0	\$70.84
Monthly Totals	4	\$566.72	4	\$419.80	4	\$566.72
Annual Total		\$6,800.64		\$5,037.60		\$6,800.64
% Change from Current		-0.6		-26.4		-0.6

Medical + Rx	# of lives	CB 2 + \$5/\$25/\$50	# of lives	CB 2 + \$7/\$35/\$70	# of lives	CB 3 + \$5/\$25/\$50
Single	4	\$832.80	4	\$776.48	4	\$751.80
Two Person	0	\$1,998.73	0	\$1,863.56	0	\$1,804.31
Family	0	\$2,415.14	0	\$2,251.82	0	\$2,180.21
Family Continuation	0	\$416.41	0	\$388.25	0	\$375.91
Monthly Totals	4	\$3,331.20	4	\$3,105.92	4	\$3,007.20
Annual Total		\$39,974.40		\$37,271.04		\$36,086.40
% Change from Current		-2.2		-8.8		-11.7

The Current rates for BCBSM include Advantage Pricing with the 3% discount for the inclusion of the Rx Plan.

Note: Other Riders are available that may lower the final rates. Include voluntary abortions, and exclude lifestyle Rx drugs. Minimum Employer Contribution: None, Minimum participation: 2 enrolled BCBS rates are subject to change if the BCBS Dental program is selected as a package.

SIC: 8211, BCBS Class 2
Elem & Secondary Schools
Area 1

2010 - 2011 CCF's:
BC & BS: 1.3500
Rx: 1.3500

BCBSM Grandfathered Items:

- CB #1 - CB-PCM 250
- CB #1 - \$10/\$20 Rx MOPD 1x
- CB #2 - CB-PCM 500
- CB #2 - \$15/\$30 Rx

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ALEX AND MARIE MANOOGIAN SCHOOLS

ALTERNATE MEDICAL BENEFITS SUMMARY - BLUE CROSS BLUE SHIELD

ALTERNATE	
Plan Design	Community Blue 4
Network	Community Blue PPO
Deductible	\$500/\$1,000
Coinsurance	80/20%
Coinsurance Maximum	\$1,500/\$3,000
Office Visit Copay	\$10
Specialist Office Visit Copay	\$10
Routine Exams	100% Covered (up to \$1,000 annual maximum)*
Routine Mammography	100% Covered
Emergency Room	\$100 (Waived if admitted or accidental injury)
Urgent Care	\$10 Copay
Hospital Admissions	Covered 80% after deductible
Allergy Testing & Therapy	100% Covered
Chiropractic	\$10 Copay - up to 24 visits per year
Medical Only	# of lives Alternate Rates 10/1/10 to 9/30/11
Single	4 \$572.62
Two Person	0 \$1,374.27
Family	0 \$1,660.58
Family Continuation	0 \$286.31
Monthly Total	4 \$2,290.48
Annual Total	\$27,485.76
% Change from Current	-19.3

Rx Only (w/Contraceptives)	# of lives	\$5/\$25/\$50 (MOPD 2x)
Single	4	\$141.68
Two Person	0	\$340.03
Family	0	\$410.87
Family Continuation	0	\$70.84
Monthly Totals	4	\$566.72
Annual Total		\$6,800.64
% Change from Current		-0.6

Medical + Rx	# of lives	CB 4 + \$5/\$25/\$50
Single	4	\$714.30
Two Person	0	\$1,714.30
Family	0	\$2,071.45
Family Continuation	0	\$357.15
Monthly Totals	4	\$2,857.20
Annual Total		\$34,286.40
% Change from Current		-16.1

The Current rates for BCBSM include Advantage Pricing with the 3% discount for the inclusion of the Rx Plan.

Note: Other Riders are available that may lower the final rates. Include voluntary abortions, and exclude lifestyle Rx drugs. Minimum Employer Contribution: None, Minimum participation: 2 enrolled

BCBSM Grandfathered Items:
 CB #1 - CB-PCM 250
 CB #1 - \$10/\$20 Rx MOPD 1x
 CB #2 - CB-PCM 500
 CB #2 - \$15/\$30 Rx

SIC: 8211, BCBS Class 2
 Elem & Secondary Schools
 Area 1

2010 - 2011 CCF's:
 BC & BS: 1.3500
 Rx: 1.3500

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ALEX AND MARIE MANOOGIAN SCHOOLS

ALTERNATE MEDICAL BENEFITS SUMMARY - BLUE CARE NETWORK

Plan Design	ALTERNATE BCN 5		ALTERNATE BCN 5		ALTERNATE BCN 5	
Network	Blue Care Network HMO		Blue Care Network HMO		Blue Care Network HMO	
Deductible	None		None		None	
Coinsurance	None		None		None	
Coinsurance Maximum	None		None		None	
Office Visit Copay	\$15		\$15		\$20	
Specialist Office Visit Copay	\$15 Copay - when referred		\$15 Copay - when referred		\$20 Copay - when referred	
Routine Exams	\$15 Copay		\$15 Copay		\$20 Copay	
Routine Mammography	Covered 100%		Covered 100%		Covered 100%	
Emergency Room	\$100 Copay, waived if admitted		\$100 Copay, waived if admitted		\$100 Copay, waived if admitted	
Urgent Care	\$35 Copay		\$35 Copay		\$35 Copay	
Hospital Admissions	Covered 100%		Covered 100%		Covered 100%	
Allergy Testing & Therapy	50% Covered, \$5 for Injections		50% Covered, \$5 for Injections		50% Covered, \$5 for Injections	
Chiropractic	\$15 Copay - when referred		\$15 Copay - when referred		\$20 Copay - when referred	
Medical Only	# of lives	Alternate Rates 10/1/10 to 9/30/11	# of lives	Alternate Rates 10/1/10 to 9/30/11	# of lives	Alternate Rates 10/1/10 to 9/30/11
Single	25	\$424.29	25	\$424.29	25	\$418.15
Two Person	0	\$975.86	0	\$975.86	0	\$961.76
Family	0	\$1,103.16	0	\$1,103.16	0	\$1,087.21
Family Continuation	0	\$212.15	0	\$212.15	0	\$209.08
Monthly Total	25	\$10,607.25	25	\$10,607.25	25	\$10,453.75
Annual Total		\$127,287.00		\$127,287.00		\$125,445.00
% Change from Current		-0.6		-0.6		-2.1

Rx Only (w/Contraceptives)	# of lives	\$10/\$20 (MOPD 1x)	# of lives	\$10/\$20/\$40 (MOPD 1x)	# of lives	\$10/\$20 (MOPD 1x)
Single	25	\$70.98	25	\$71.74	25	\$70.98
Two Person	0	\$163.25	0	\$165.01	0	\$163.25
Family	0	\$184.55	0	\$186.53	0	\$184.55
Family Continuation	0	\$35.49	0	\$35.87	0	\$35.49
Monthly Totals	25	\$1,774.50	25	\$1,793.50	25	\$1,774.50
Annual Total		\$21,294.00		\$21,522.00		\$21,294.00
% Change from Current		8.1		9.3		8.1

Medical + Rx	# of lives	BCN 5 + \$10/\$20	# of lives	BCN 5 + \$10/\$20/\$40	# of lives	BCN 5 + \$10/\$20
Single	25	\$495.27	25	\$496.03	25	\$489.13
Two Person	0	\$1,139.11	0	\$1,140.87	0	\$1,125.01
Family	0	\$1,287.71	0	\$1,289.69	0	\$1,271.76
Family Continuation	0	\$247.64	0	\$248.02	0	\$244.57
Monthly Totals	25	\$12,381.75	25	\$12,400.75	25	\$12,228.25
Annual Total		\$148,581.00		\$148,809.00		\$146,739.00
% Change from Current		0.5		0.7		-0.7

Note: Other Riders are available that may lower the final rates.

Mental health, Substance abuse & Private Duty nursing copayments are 50%.

Minimum Employer Contribution: None, Minimum participation: 2 enrolled

SIC: 8211, BCN Class 2 Elem & Secondary Schools Southeast Region	2010 - 2011 RRF's: BCN Medical: 1.1311 Rx: 1.1311
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Durable Medical Equipment & Prosthetics & Orthotics are paid at 100%

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ALEX AND MARIE MANOOGIAN SCHOOLS (Armenian)

CURRENT MEDICAL BENEFITS SUMMARY - BLUE CARE NETWORK

Plan Design	CURRENT		RENEWAL	
	BCN E		BCN E	
Network	Blue Care Network HMO		Blue Care Network HMO	
Deductible	None		None	
Coinsurance	None		None	
Coinsurance Maximum	None		None	
Office Visit Copay	\$10		\$10	
Specialist Office Visit Copay	\$10 Copay - when referred		\$10 Copay - when referred	
Routine Exams	\$10 Copay		\$10 Copay	
Routine Mammography	Covered 100%		Covered 100%	
Emergency Room	\$50 copay, waived if admitted		\$50 copay, waived if admitted	
Urgent Care	\$10 Copay		\$10 Copay	
Hospital Admissions	Covered 100%		Covered 100%	
Allergy Testing & Therapy	50% Covered, \$5 for Injections		50% Covered, \$5 for Injections	
Chiropractic	\$10 Copay - when referred		\$10 Copay - when referred	
Medical Only	# of lives	Current Rates 10/1/09 to 9/30/10	# of lives	Current Rates 10/1/09 to 9/30/10
Single	3	\$427.04	3	\$442.71
Two Person	0	\$982.19	0	\$1,018.22
Family	0	\$110.30	0	\$1,151.04
Family Continuation	0	\$213.52	0	\$221.35
Monthly Total	3	\$1,281.12	3	\$1,328.13
Annual Total		\$15,373.44		\$15,937.56

Grandfathered Items:
 The BCN E Plan is Grandfathered. Plan E is no longer sold. If you wish to make any changes, a standardized plan must be chosen. MOPD 1x is also Grandfathered.

Durable Medical Equipment & Prosthetics & Orthotics are paid at 100%

Rx Only (w/Contraceptives)	# of lives	\$10/\$20 (MOPD 1x) (50% Max.)	# of lives	\$10/\$20 (MOPD 1x) (50% Max.)
Single	3	\$65.66	3	\$74.63
Two Person	0	\$151.01	0	\$171.66
Family	0	\$170.71	0	\$194.05
Family Continuation	0	\$32.82	0	\$37.32
Monthly Totals	3	\$196.98	3	\$223.89
Annual Total		\$2,363.76		\$2,686.68

Medical + Rx	# of lives	BCN E + \$10/\$20	# of lives	BCN E + \$10/\$20
Single	3	\$492.70	3	\$517.34
Two Person	0	\$1,133.20	0	\$1,189.88
Family	0	\$281.01	0	\$1,345.09
Family Continuation	0	\$246.34	0	\$258.67
Monthly Totals	3	\$1,478.10	3	\$1,552.02
Annual Total		\$17,737.20		\$18,624.24

Note: Other Riders are available that may lower the final rates.
 Mental health, Substance abuse & Private Duty nursing copayments are 50%.
 Minimum Employer Contribution: None, Minimum participation: 2 enrolled

SIC: 8211, BCN Class 2 Elem & Secondary Schools Southeast Region	2010 - 2011 RRF's: BCN Medical: 1.1311 Rx: 1.1311
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ALEX AND MARIE MANOOGIAN SCHOOLS (Armenian)

CURRENT MEDICAL BENEFITS SUMMARY - BLUE CARE NETWORK

	ALTERNATE		ALTERNATE		ALTERNATE	
Plan Design	BCN 5		BCN 5		BCN 5	
Network	Blue Care Network HMO		Blue Care Network HMO		Blue Care Network HMO	
Deductible	None		None		None	
Coinsurance	None		None		None	
Coinsurance Maximum	None		None		None	
Office Visit Copay	\$15		\$15		\$20	
Specialist Office Visit Copay	\$15 Copay - when referred		\$15 Copay - when referred		\$20 Copay - when referred	
Routine Exams	\$15 Copay		\$15 Copay		\$20 Copay	
Routine Mammography	Covered 100%		Covered 100%		Covered 100%	
Emergency Room	\$100 Copay, waived if admitted		\$100 Copay, waived if admitted		\$100 Copay, waived if admitted	
Urgent Care	\$35 Copay		\$35 Copay		\$35 Copay	
Hospital Admissions	Covered 100%		Covered 100%		Covered 100%	
Allergy Testing & Therapy	50% Covered, \$5 for Injections		50% Covered, \$5 for Injections		50% Covered, \$5 for Injections	
Chiropractic	\$15 Copay - when referred		\$15 Copay - when referred		\$20 Copay - when referred	
Medical Only	# of lives	Alternate Rates 10/1/10 to 9/30/11	# of lives	Alternate Rates 10/1/10 to 9/30/11	# of lives	Alternate Rates 10/1/10 to 9/30/11
Single	25	\$424.29	25	\$424.29	25	\$418.15
Two Person	0	\$975.86	0	\$975.86	0	\$961.76
Family	0	\$1,103.16	0	\$1,103.16	0	\$1,087.21
Family Continuation	0	\$212.15	0	\$212.15	0	\$209.08
Monthly Total	25	\$10,607.25	25	\$10,607.25	25	\$10,453.75
Annual Total		\$127,287.00		\$127,287.00		\$125,445.00
		-0.6		-0.6		-2.1

Rx Only (w/Contraceptives)	# of lives	\$10/\$20 (MOPD 1x)	# of lives	\$10/\$20/\$40 (MOPD 1x)	# of lives	\$10/\$20 (MOPD 1x)
Single	25	\$70.98	25	\$71.74	25	\$70.98
Two Person	0	\$163.25	0	\$165.01	0	\$163.25
Family	0	\$184.55	0	\$186.53	0	\$184.55
Family Continuation	0	\$35.49	0	\$35.87	0	\$35.49
Monthly Totals	25	\$1,774.50	25	\$1,793.50	25	\$1,774.50
Annual Total		\$21,294.00		\$21,522.00		\$21,294.00
		8.1		9.3		8.1

Medical + Rx	# of lives	BCN 5 + \$10/\$20	# of lives	BCN 5 + \$10/\$20/\$40	# of lives	BCN 5 + \$10/\$20
Single	25	\$495.27	25	\$496.03	25	\$489.13
Two Person	0	\$1,139.11	0	\$1,140.87	0	\$1,125.01
Family	0	\$1,287.71	0	\$1,289.69	0	\$1,271.76
Family Continuation	0	\$247.64	0	\$248.02	0	\$244.57
Monthly Totals	25	\$12,381.75	25	\$12,400.75	25	\$12,228.25
Annual Total		\$148,581.00		\$148,809.00		\$146,739.00
		0.5		0.7		-0.7

Note: Other Riders are available that may lower the final rates.
 Mental health, Substance abuse & Private Duty nursing copayments are 50%.
 Minimum Employer Contribution: None, Minimum participation: 2 enrolled

SIC: 8211, BCN Class 2 Elem & Secondary Schools Southeast Region	2010 - 2011 RRF's: BCN Medical: 1.1311 Rx: 1.1311
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ALEX AND MARIE MANOOGIAN SCHOOLS

CURRENT CONTRIBUTORY DENTAL BENEFITS SUMMARY - DELTA DENTAL of MICHIGAN

	CURRENT		RENEWAL	
Plan Design	Delta Premier		Delta Premier	
Network	Delta Premier		Delta Premier	
Benefits:				
Annual Deductible	\$50/\$100		\$50/\$100	
Annual Maximum	\$1,500 per person per Calendar Year		\$1,500 per person per Calendar Year	
Preventive Care (Type 1)	100% (Including Bitewings)		100% (Including Bitewings)	
Basic Care (Type 2)	80% after deductible		80% after deductible	
Major Care (Type 3)	50% after deductible		50% after deductible	
Major Care Waiting Period	None		None	
Orthodontics (Type 4)	Not Covered		Not Covered	
Orthodontics Waiting Period	Not Applicable		Not Applicable	
Lifetime max on Ortho	Not Applicable		Not Applicable	
Endo & Perio are in:	Basic Care (Type 2)		Basic Care (Type 2)	
Crowns are in:	Major Care (Type 3)		Major Care (Type 3)	
Dental	# of Lives	Current Rates 10/1/09 to 9/30/10	# of Lives	Current Rates 10/1/10 to 9/30/11
Single	21	\$49.62	21	\$54.43
Two Person	5	\$91.44	5	\$96.56
Family	8	\$159.15	8	\$166.03
Monthly Total	34	\$2,772.42	34	\$2,954.07
Annual Total		\$33,269.04		\$35,448.84
% Change from Current				6.6

For network info: www.deltadentalmi.com

Oral Surgery Services are covered under Type 2 and includes extractions and dental surgery

Note: Out-ofNetwork payment is based on the nonparticipating dentist fee schedule and patients may be balance billed.

Delta Dental now provides coverage for dental implants, coverage for composite resin (white) restorations on posterior teeth and enhanced preventive benefits for enrollees with specific high-risk medical conditions. There are no additional charges for these benefits beyond the rates outlined.

Mandatory Enrollment: 20 subscribers or 75% of the eligible employees and dependents.

Minimum Group Contributions: 50% of the cost for employees and dependents.

The plan specifications are subject to Delta Dental's standard exclusions and limitations:

Benefits for oral examinations and prophylaxes (cleanings) are payable twice per calendar year.

Fluoride treatment is payable twice per calendar year up to age 19.

Bitewing radiographs are payable once per calendar year.

Full mouth radiographs are payable once every five years.

Crowns and dentures are limited to once in a five year period.

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ALEX AND MARIE MANOOGIAN SCHOOLS

ALTERNATE CONTRIBUTORY DENTAL BENEFITS SUMMARY

	ALTERNATE		ALTERNATE		ALTERNATE	
Plan Design	Principal		MetLife		BCBS Traditional Plan 6	
Network Benefits:	Principal		MetLife		Dentemax	
Annual Deductible	\$50/\$150		\$50/\$150		None	
Annual Maximum	\$1,500 per person per Calendar Year		\$1,500 per person per Calendar Year		\$1,500 per person per Calendar Year	
Preventive Care (Type 1)	100% (Including Bitewings)		100% (Including Bitewings)		100% (Including Bitewings)	
Basic Care (Type 2)	80% after deductible		80% after deductible		75% after deductible	
Major Care (Type 3)	50% after deductible		50% after deductible		50% after deductible	
Major Care Waiting Period	None		None		None	
Orthodontics (Type 4)	Not Covered		Not Covered		Not Covered	
Orthodontics Waiting Period	Not Applicable		Not Applicable		Not Applicable	
Lifetime max on Ortho	Not Applicable		Not Applicable		Not Applicable	
Endo & Perio are in:	Major Care (Type 3)		Basic Care (Type 2)		Basic Care (Type 2)	
Crowns are in:	Major Care (Type 3)		Major Care (Type 3)		Major Care (Type 3)	
Dental	# of Lives	Alternate Rates 10/1/10 to 9/30/11	# of Lives	Alternate Rates 10/1/10 to 9/30/11	# of Lives	Alternate Rates 10/1/10 to 9/30/11
Single	21	\$42.87	21	\$43.93	21	\$41.99
Two Person	5	\$78.17	5	\$83.11	5	\$100.77
Family	8	\$121.07	8	\$127.11	8	\$121.76
Monthly Total	34	\$2,259.68	34	\$2,354.96	34	\$2,359.72
Annual Total		\$27,116.16		\$28,259.52		\$28,316.64
% Change from Current		-18.5		-15.1		-14.9

For network info: www.principal.com

For network info: www.metlife.com

For network info: www.bcbsm.com

Oral Surgery Services are covered under Type 2 and includes extractions and dental surgery

Note: Mandatory Enrollment: 20 subscribers or 75% of the eligible employees and dependents.

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ALEX AND MARIE MANOOGIAN SCHOOLS

CURRENT CONTRIBUTORY VISION BENEFITS SUMMARY - DELTA

	CURRENT		RENEWAL	
Plan Design	Delta Vision		Delta Vision	
Network	Delta Vision		Delta Vision	
Plan Type	24/24/24		24/24/24	
Exam	Covered every 24 months		Covered every 24 months	
Plan Pays	\$50		\$50	
Lenses	Covered every 24 months		Covered every 24 months	
Plan Pays	\$22.50 to \$42.50 depending on lens		\$22.50 to \$42.50 depending on lens	
Frames	Covered every 24 months		Covered every 24 months	
Plan Pays	Up to \$60		Up to \$60	
Contacts	Covered every 24 months		Covered every 24 months	
Plan Pays	Up to \$150		Up to \$150	
Maximum Payment per Calendar Year	\$150 per Person Total Benefit		\$150 per Person Total Benefit	
Vision	# of Lives	Current Rates 10/1/09 to 9/30/10	# of Lives	Current Rates 10/1/09 to 9/30/10
Single	21	\$4.78	21	\$5.09
Employee & Spouse	6	\$9.56	6	\$10.18
Employee & 1 Child	1	\$6.52	1	\$6.94
Employee & 2+ Children	4	\$8.45	4	\$9.00
Family	2	\$13.24	2	\$14.10
Monthly Total	34	\$224.54	34	\$239.11
Annual Total		\$2,694.48		\$2,869.32
				6.5

For network info: www.delta.com

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ALEX AND MARIE MANOOGIAN SCHOOLS

ALTERNATE CONTRIBUTORY VISION BENEFITS SUMMARY

	ALTERNATE		ALTERNATE	
Plan Design	VSP		Blue Vision	
Network	VSP Network		VSP Network	
Plan Type	12-24-24		24-24-24	
Exam	\$10 Copay - Covered every 12 months		\$5 Copay - Covered every 24 months	
Lenses:				
Single Vision	\$10 Copay - Covered every 24 months		\$10 Copay - Covered every 24 months	
Bifocal	\$10 Copay - Covered every 24 months		\$10 Copay - Covered every 24 months	
Trifocal	\$10 Copay - Covered every 24 months		\$10 Copay - Covered every 24 months	
Lenticular	\$10 Copay - Covered every 24 months		\$10 Copay - Covered every 24 months	
Frames	\$10 Copay - Covered every 24 months		\$10 Copay - Covered every 24 months	
Contacts (Medically Necessary) (in lieu of lenses and frames)	\$10 Copay - Covered every 24 months		\$10 Copay - Covered every 24 months	
Contacts (Elective) (in lieu of lenses and frames)	\$150 Allowance - Cvrld. every 12 months, toward toward evaluation and fitting		\$120 Allowance - Cvrld. every 24 months, toward toward evaluation and fitting	
Out of Network Exam	≤ to \$35		≤ to \$35	
Vision	# of Lives	Current Rates 10/1/10 to 9/30/11	# of Lives	Current Rates 10/1/10 to 9/30/11
Single	21	\$8.61	21	\$4.79
Employee & Spouse	6	\$14.51	6	\$11.49
Employee & 1 Child	1	\$14.51	1	\$11.49
Employee & 2+ Children	4	\$14.83	4	\$13.89
Family	2	\$23.89	2	\$13.89
Family Continuation	0	\$0.00	0	\$2.39
Monthly Total	34	\$389.48	34	\$264.36
Annual Total		\$4,673.76		\$3,172.32
% Change from Current		73.5		17.7

For network info: www.vsp.com

description of benefits, please see the applicable certificates and riders. FINAL RATES ARE DETERMINED BY FINAL ENROLLMENT AND ARE SUBJECT TO ADJUSTMENT BY THE CARRIER.

ALEX AND MARIE MANOOGIAN SCHOOLS

CURRENT BASIC NON-CONTRIBUTORY LIFE/AD&D SUMMARY - UNUM

Plan Design - Assumes 39 Lives		Rates 10/1/09 to 9/30/12	
Benefit Amount: (Life)	Flat \$15,000	Estimated Monthly Premium:	
Benefit Amount: (AD&D)	Flat \$15,000	Rate per \$1,000 of Life/AD&D Benefit:	\$0.27
Reduction Schedule:	Benefit reduces by 35% of the original amount at age 65, and to 50% of the original amount at age 70. Coverage ends at retirement or termination of employment.	Volume:	\$553,500
Guaranteed Issue:	\$15,000	Monthly Premium:	\$149.45
Minimum Participation:	Employer Paid - 100% Participation required.	Annual Premium:	\$1,793.34
		Rate Guarantee:	Three Years

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ALEX AND MARIE MANOOGIAN SCHOOLS

CURRENT NON-CONTRIBUTORY SHORT-TERM DISABILITY SUMMARY - UNUM

Plan Design - Assumes 39 Lives	Rates 10/1/09 to 9/30/11	
Employer Paid Short Term Disability: 60% of Basic Weekly Earnings to a maximum of \$600 Elimination Period: 14th day Accident, 14th day Sickness Benefit Duration: 11 weeks Minimum Participation: Employer Paid - 100% Participation required.	Estimated Monthly Premium: Rate per \$10 of Weekly Benefit: \$0.253 Volume: \$16,502.43 Monthly Premium: \$417.51 Annual Premium: \$5,010.14 Rate Guarantee: Two Years	

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ALEX AND MARIE MANOOGIAN SCHOOLS

CURRENT NON-CONTRIBUTORY LONG-TERM DISABILITY SUMMARY - UNUM

Plan Design - Assumes 39 Lives	Rates 10/1/09 to 9/30/11	
Employer Paid Long Term Disability: 60% of Basic Monthly Earnings to a maximum of \$6,000 Elimination Period: 90 days Benefit Duration: SSNRA Own Occupation: 36 months Minimum Participation: Employer Paid - 100% Participation required.	Estimated Monthly Premium: Rate per \$100 of Monthly Covered Payroll: \$0.320 Volume: \$121,643.08 Monthly Premium: \$389.26 Annual Premium: \$4,671.09 Rate Guarantee: Two Years	

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