BCBSM and BCN Renewal: Age Based Rates VS Hard Cap

Company: Village of Lake Orion
Effective Date: 09-01-2026

Renewal 2026-2027

Plan	Simply Blue Gold Option 4 w/EA (Embedded)		Blue Elect Plus POS Gold Option 2 w/EA		Blue Elect Plus POS HSA Gold Option 2 w/EA	
Summary	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible:	$2,000 / $4,000	$4,000 / $8,000	$1,000 / $2,000	$2,000 / $4,000	$2,500/$5,000	$5,000/$10,000
Coinsurance:	20%	40%	20%	40%	0%	20%
Deductible Type:	Embedded Deductible		Embedded Deductible		Aggregate Deductible	
Ded. And Coins. Maximum	$7,350 / $14,700 [1]	$14,700 / $29,400 [1]	$6,000 / $12,000	$12,000 / $24,000	$2,500/$5,000	$9,000/$18,000 [1]
Out of Pocket Max:	$7,350 / $14,700 [1]	$14,700 / $29,400 [1]	$9,100 / $18,200 [1]	$18,200 / $36,400 [1]	$4,500/$9,000 [1]	$9,000/$18,000 [1]
OV / Spec. / UC:	$30 / $50 / $60	40% after Ded.	$30 / $50 / $50	40% after Ded. / $50 UC	0% after Ded.	20% after Ded. / 0% after Ded UC
Rx:	$20/60/100/20%/25%	$20/60/100/20%/ 25% plus 25%	$10/$30/$60/$80/20%/20%	Not Covered	$15/40/80/100/20%/20% after Ded.	Not Covered
Emergency Room:	$150		$250		0% after Ded.	
Preventative Care:	Covered	Not Covered	Covered	Not Covered	Covered	Not Covered

Carrier		BCBSM PPO			Blue Care Network POS			Blue Care Network POS HSA			
Employee Contracts		Age Based Rate	2026 Hard Cap	Monthly Employee Cost	Age Based Rate	2026 Hard Cap	Monthly Employee Cost	Age Based Rate	2026 Hard Cap	Annual HSA Contribution	Monthly EE Cost
[redacted]	Couple	$1,031.77	$1,384.12	$0.00	$842.56	$1,384.12	$0.00	$744.89	$1,384.12	$900.00	$0.00
[redacted]	Couple	$1,761.00	$1,384.12	$376.88	$1,438.07	$1,384.12	$53.95	$1,271.35	$1,384.12	$900.00	$0.00
[redacted]	Couple	$2,792.77	$1,384.12	$1,408.65	$2,280.63	$1,384.12	$896.51	$2,016.24	$1,384.12	$900.00	$632.12
[redacted]	Family	$2,953.08	$1,805.03	$1,148.05	$2,411.54	$1,805.03	$606.51	$2,131.99	$1,805.03	$900.00	$326.96
TO BE DETERMINED [4]	*Family*	*$1,885.64*	*$1,805.03*	*$80.61*	*$1,539.84*	*$1,805.03*	*$0.00*	*$1,361.33*	*$1,805.03*	*$900.00*	*$0.00*
TO BE DETERMINED [4]	*Family*	*$1,885.64*	*$1,805.03*	*$80.61*	*$1,539.84*	*$1,805.03*	*$0.00*	*$1,361.33*	*$1,805.03*	*$900.00*	*$0.00*
TO BE DETERMINED [4]	*Family*	*$1,885.64*	*$1,805.03*	*$80.61*	*$1,539.84*	*$1,805.03*	*$0.00*	*$1,361.33*	*$1,805.03*	*$900.00*	*$0.00*
[redacted]	Family	$2,274.20	$1,805.03	$469.17	$1,857.14	$1,805.03	$52.11	$1,641.86	$1,805.03	$900.00	$0.00
[redacted]	Couple	$1,319.17	$1,384.12	$0.00	$1,077.25	$1,384.12	$0.00	$952.37	$1,384.12	$900.00	$0.00
[redacted]	Single	$531.28	$661.84	$0.00	$433.85	$661.84	$0.00	$383.56	$661.84	$900.00	$0.00
[redacted]	Single	$546.92	$661.84	$0.00	$446.63	$661.84	$0.00	$394.85	$661.84	$900.00	$0.00
[redacted]	Family	$1,770.29	$1,805.03	$0.00	$1,445.65	$1,805.03	$0.00	$1,278.06	$1,805.03	$900.00	$0.00
[redacted]	Single	$997.07	$661.84	$335.23	$814.23	$661.84	$152.39	$719.83	$661.84	$900.00	$57.99
Monthly Premium:		**$21,634.47**	**$18,352.18**	**$3,979.81**	**$17,667.07**	**$18,352.18**	**$1,761.47**	**$15,618.99**	**$18,352.18**	**$975.00**	**$1,017.07**

Note: Premiums may adjust up or down based on enrollment. Premium amounts reflect enrollment as of June 24, 2026 and do NOT include Pre-65 Retiree Rebecca Shank, enrolled in single coverage on the Simply Blue Gold Option 4 w/EA.

Note:[1] This OOP Max includes all deductible, coinsurance, and copays under the plan.

Note:[2] Estimated annual & monthly premium is based on a static population and does not account for fluctuations in the enrollment population. Actual results will vary.

Note:[3] Composite rates are estimations based off of the member level rates. The monthly bill will reflect the actual member level rates.

Note:[4] All three hypothetical contracts consist of an employee who is 45 years old and is covering a spouse (age 45) and a child (age 20) on a family contract.**These premiums were added for illustrative purposes only. Actual results will vary.**

BCBSM and BCN Renewal: Age Based Rates VS 80/20 Rule

Company: Village of Lake Orion
Effective Date: 09-01-2026

	Renewal 2026-2027								
Plan	**Simply Blue Gold Option 4 w/EA (Embedded)**			**Blue Elect Plus POS Gold Option 2 w/EA**			**Blue Elect Plus POS HSA Gold Option 2 w/EA**		
Summary	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network
Deductible:	$2,000 / $4,000		$4,000 / $8,000	$1,000 / $2,000		$2,000 / $4,000	$2,500/$5,000		$5,000/$10,000
Coinsurance:	20%		40%	20%		40%	0%		20%
Deductible Type:	Embedded Deductible			Embedded Deductible			Aggregate Deductible		
Ded. And Coins. Maximum	$7,350 / $14,700 [1]		$14,700 / $29,400 [1]	$6,000 / $12,000		$12,000 / $24,000	$2,500/$5,000		$9,000/$18,000 [1]
Out of Pocket Max:	$7,350 / $14,700 [1]		$14,700 / $29,400 [1]	$9,100 / $18,200 [1]		$18,200 / $36,400 [1]	$4,500/$9,000 [1]		$9,000/$18,000 [1]
OV / Spec. / UC:	$30 / $50 / $60		40% after Ded.	$30 / $50 / $50		40% after Ded. / $50 UC	0% after Ded.		20% after Ded. / 0% after Ded UC
Rx:	$20/60/100/20%/25%		$20/60/100/20%/ 25% plus 25%	$10/$30/$60/$80/20%/20%		Not Covered	$15/40/80/100/20%/20% after Ded.		Not Covered
Emergency Room:	$150			$250			0% after Ded.		
Preventative Care:	Covered		Not Covered	Covered		Not Covered	Covered		Not Covered
Carrier	BCBSM PPO			Blue Care Network POS			Blue Care Network POS HSA		
Employee Contracts	**Age Based Rate**	**80% Village Contribution to POS HSA**	**Monthly Employee Cost**	**Age Based Rate**	**80% Village Contribution to POS HSA**	**Monthly Employee Cost**	**Age Based Rate**	**80% Village Contribution**	**Monthly Employee Cost**
[redacted] Couple	$1,031.77	$595.91	$435.86	$842.56	$595.91	$246.65	$744.89	$595.91	$148.98
[redacted] Couple	$1,761.00	$1,017.08	$743.92	$1,438.07	$1,017.08	$420.99	$1,271.35	$1,017.08	$254.27
[redacted] Couple	$2,792.77	$1,612.99	$1,179.78	$2,280.63	$1,612.99	$667.64	$2,016.24	$1,612.99	$403.25
[redacted] Family	$2,953.08	$1,705.59	$1,247.49	$2,411.54	$1,705.59	$705.95	$2,131.99	$1,705.59	$426.40
TO BE DETERMINED [4] *Family*	*$1,885.64*	*$1,089.06*	*$796.58*	*$1,539.84*	*$1,089.06*	*$450.78*	*$1,361.33*	*$1,089.06*	*$272.27*
TO BE DETERMINED [4] *Family*	*$1,885.64*	*$1,089.06*	*$796.58*	*$1,539.84*	*$1,089.06*	*$450.78*	*$1,361.33*	*$1,089.06*	*$272.27*
TO BE DETERMINED [4] *Family*	*$1,885.64*	*$1,089.06*	*$796.58*	*$1,539.84*	*$1,089.06*	*$450.78*	*$1,361.33*	*$1,089.06*	*$272.27*
[redacted] Family	$2,274.20	$1,313.49	$960.71	$1,857.14	$1,313.49	$543.65	$1,641.86	$1,313.49	$328.37
[redacted] Couple	$1,319.17	$761.90	$557.27	$1,077.25	$761.90	$315.35	$952.37	$761.90	$190.47
[redacted] Single	$531.28	$306.85	$224.43	$433.85	$306.85	$127.00	$383.56	$306.85	$76.71
[redacted] Single	$546.92	$315.88	$231.04	$446.63	$315.88	$130.75	$394.85	$315.88	$78.97
[redacted] Family	$1,770.29	$1,022.45	$747.84	$1,445.65	$1,022.45	$423.20	$1,278.06	$1,022.45	$255.61
[redacted] Single	$997.07	$575.86	$421.21	$814.23	$575.86	$238.37	$719.83	$575.86	$143.97
Monthly Premium:	**$21,634.47**	**$12,495.19**	**$9,139.28**	**$17,667.07**	**$12,495.19**	**$5,171.88**	**$15,618.99**	**$12,495.19**	**$3,123.80**

Note: Premiums may adjust up or down based on enrollment. Premium amounts reflect enrollment as of June 24, 2026 and do NOT include Pre-65 Retiree Rebecca Shank, enrolled in single coverage on the Simply Blue Gold Option 4 w/EA.
Note:[1] This OOP Max includes all deductible, coinsurance, and copays under the plan.
Note:[2] Estimated annual & monthly premium is based on a static population and does not account for fluctuations in the enrollment population. Actual results will vary.
Note:[3] Composite rates are estimations based off of the member level rates. The monthly bill will reflect the actual member level rates.
Note:[4] All three hypothetical contracts consist of an employee who is 45 years old and is covering a spouse (age 45) and a child (age 20) on a family contract. **These premiums were added for illustrative purposes only. Actual results will vary.**

BCBSM and BCN Renewal: Composite Rates VS Hard Cap

Company: Village of Lake Orion
Effective Date: 09-01-2026

	Renewal 2026-2027									
Plan	**Simply Blue Gold Option 4 w/EA (Embedded)**			**Blue Elect Plus POS Gold Option 2 w/EA**			**Blue Elect Plus POS HSA Gold Option 2 w/EA**			
Summary	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network	
Deductible:	$2,000 / $4,000		$4,000 / $8,000	$1,000 / $2,000		$2,000 / $4,000	$2,500/$5,000		$5,000/$10,000	
Coinsurance:	20%		40%	20%		40%	0%		20%	
Deductible Type:	Embedded Deductible			Embedded Deductible			Aggregate Deductible			
Ded. And Coins. Maximum	$7,350 / $14,700 [1]		$14,700 / $29,400 [1]	$6,000 / $12,000		$12,000 / $24,000	$2,500/$5,000		$9,000/$18,000 [1]	
Out of Pocket Max:	$7,350 / $14,700 [1]		$14,700 / $29,400 [1]	$9,100 / $18,200 [1]		$18,200 / $36,400 [1]	$4,500/$9,000 [1]		$9,000/$18,000 [1]	
OV / Spec. / UC:	$30 / $50 / $60		40% after Ded.	$30 / $50 / $50		40% after Ded. / $50 UC	0% after Ded.		20% after Ded. / 0% after Ded UC	
Rx:	$20/60/100/20%/25%		$20/60/100/20%/ 25% plus 25%	$10/$30/$60/$80/20%/20%		Not Covered	$15/40/80/100/20%/20% after Ded.		Not Covered	
Emergency Room:	$150			$250			0% after Ded.			
Preventative Care:	Covered		Not Covered	Covered		Not Covered	Covered		Not Covered	
Carrier	BCBSM PPO			Blue Care Network POS			Blue Care Network POS HSA			
Employee Contracts	**Composite Rate**	***Resloped* Hard Cap**	**Monthly Employee Cost**	**Composite Rate**	***Resloped* Hard Cap**	**Monthly Employee Cost**	**Composite Rate**	***Resloped* Hard Cap**	**Annual HSA Contribution**	**Monthly EE Cost**
Single 3	$707.01	$599.74	$107.26	$577.36	$599.74	$0.00	$510.42	$599.74	$900.00	$0.00
Two Person 4	$1,696.82	$1,439.39	$257.43	$1,385.65	$1,439.39	$0.00	$1,225.02	$1,439.39	$900.00	$0.00
Family[4] 6	$2,121.03	$1,799.23	$321.79	$1,732.07	$1,799.23	$0.00	$1,531.27	$1,799.23	$900.00	$0.00
Monthly Premium:	**$21,634.47**	**$18,352.18**	**$3,282.29**	**$17,667.07**	**$18,352.18**	**$0.00**	**$15,618.99**	**$18,352.18**	**$975.00**	**$0.00**

Note: Premiums may adjust up or down based on enrollment. Premium amounts reflect enrollment as of June 24, 2026 and do NOT include Pre-65 Retiree Rebecca Shank, enrolled in single coverage on the Simply Blue Gold Option 4 w/EA.

Note:[1] This OOP Max includes all deductible, coinsurance, and copays under the plan.

Note:[2] Estimated annual & monthly premium is based on a static population and does not account for fluctuations in the enrollment population. Actual results will vary.

Note:[3] Composite rates are estimations based off of the member level rates. The monthly bill will reflect the actual member level rates.

Note:[4] All three hypothetical contracts consist of an employee who is 45 years old and is covering a spouse (age 45) and a child (age 20) on a family contract.**These premiums were added for illustrative purposes only. Actual results will vary.**

BCBSM and BCN Renewal: Composite Rates VS 80/20 Rule

Company: Village of Lake Orion
Effective Date: 09-01-2026

	Renewal 2026-2027								
Plan	**Simply Blue Gold Option 4 w/EA (Embedded)**			**Blue Elect Plus POS Gold Option 2 w/EA**			**Blue Elect Plus POS HSA Gold Option 2 w/EA**		
Summary	In Network		Out of Network	In Network		Out of Network	In Network		Out of Network
Deductible:	$2,000 / $4,000		$4,000 / $8,000	$1,000 / $2,000		$2,000 / $4,000	$2,500/$5,000		$5,000/$10,000
Coinsurance:	20%		40%	20%		40%	0%		20%
Deductible Type:	Embedded Deductible			Embedded Deductible			Aggregate Deductible		
Ded. And Coins. Maximum	$7,350 / $14,700 [1]		$14,700 / $29,400 [1]	$6,000 / $12,000		$12,000 / $24,000	$2,500/$5,000		$9,000/$18,000 [1]
Out of Pocket Max:	$7,350 / $14,700 [1]		$14,700 / $29,400 [1]	$9,100 / $18,200 [1]		$18,200 / $36,400 [1]	$4,500/$9,000 [1]		$9,000/$18,000 [1]
OV / Spec. / UC:	$30 / $50 / $60		40% after Ded.	$30 / $50 / $50		40% after Ded. / $50 UC	0% after Ded.		20% after Ded. / 0% after Ded UC
Rx:	$20/60/100/20%/25%		$20/60/100/20%/ 25% plus 25%	$10/$30/$60/$80/20%/20%		Not Covered	$15/40/80/100/20%/20% after Ded.		Not Covered
Emergency Room:	$150			$250			0% after Ded.		
Preventative Care:	Covered		Not Covered	Covered		Not Covered	Covered		Not Covered
Carrier	BCBSM PPO			Blue Care Network POS			Blue Care Network POS HSA		
Employee Contracts	**Composite Rate**	**80% Village Contribution to POS HSA**	**Monthly Employee Cost**	**Composite Rate**	**80% Village Contribution to POS HSA**	**Monthly Employee Cost**	**Composite Rate**	**80% Village Contribution**	**Monthly Employee Cost**
Single 3	$707.01	$408.34	$298.67	$577.36	$408.34	$169.02	$510.42	$408.34	$102.08
Two Person 4	$1,696.82	$980.02	$716.81	$1,385.65	$980.02	$405.64	$1,225.02	$980.02	$245.00
Family[4] 6	$2,121.03	$1,225.02	$896.01	$1,732.07	$1,225.02	$507.05	$1,531.27	$1,225.02	$306.25
Monthly Premium:	**$21,634.47**	**$12,495.19**	**$9,139.28**	**$17,667.07**	**$12,495.19**	**$5,171.88**	**$15,618.99**	**$12,495.19**	**$3,123.80**

Note: Premiums may adjust up or down based on enrollment. Premium amounts reflect enrollment as of June 24, 2026 and do NOT include Pre-65 Retiree Rebecca Shank, enrolled in single coverage on the Simply Blue Gold Option 4 w/EA.
Note:[1] This OOP Max includes all deductible, coinsurance, and copays under the plan.
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Note:[4] All three hypothetical contracts consist of an employee who is 45 years old and is covering a spouse (age 45) and a child (age 20) on a family contract.**These premiums were added for illustrative purposes only. Actual results will vary.**