

## Lakeview School District

### Vision Rate & Benefit Comparison - Summary for All Groups

PLAN STATUS: CARRIER: Effective Date	CURRENT N.V.A. 1/1/2015	RENEWAL N.V.A. 1/1/2016	ALTERNATIVE EyeMed 7/1/2016	ALTERNATIVE MetLife 7/1/2016
<b>Summary of Rate Information</b>				
Monthly Premium	\$3,619.85	\$3,619.85	\$3,022.23	\$5,932.32
Annual Premium	\$43,438.20	\$43,438.20	\$36,266.76	\$71,187.84
Premium Difference \$	n/a	\$0.00	(\$7,171.44)	\$27,749.64
Premium Difference %	n/a	0.00%	-16.51%	63.88%
Rate Guarantee	4 Years		4 Years	1 Year

BCBS Declined to Quote

*This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.*