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DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Sanilac ISD

	CURRENT PLAN Support Staff with MESSA ABC Plan 1	CURRENT PLAN Teachers with MESSA ABC Plan 1	CURRENT PLAN Administration with MESSA Choices	CURRENT PLAN Administration with MESSA ABC Plan 1	Option 1	Option 2	Option 3	Assumed Effective Date: 7/ Option 4	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	MESSA ABC Plan 1 \$1300-0%; ABC Rx	MESSA \$500-0%; Saver Rx	MESSA ABC Plan 1 \$1300-0%; ABC Rx	BCBSM SB PPO HSA \$2000- 20%; \$10/\$40/\$80 Rx	BCBSM 58 PPO HSA \$3000- 0%; \$10/540/580 Rx	Priority Health PPO HSA \$1300-20%; \$10/\$40/\$80 Ra	Priority Health PPO \$500- 20%; \$20 OV; \$10/\$40/\$80 Rx	
an					ALL CLUME HOLD				
te Period	7/1/2016-6/30/2017	7/1/2016-6/30/2017	7/1/2016-6/30/2017	7/1/2016-6/30/2017	7/1/2016-6/30/2017	7/1/2016-6/30/2017	7/1/2016-6/30/2017	7/1/2016-6/30/2017	
rchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	
ductible									
nual Deductible - 1P	\$1,300	\$1,300	\$500	\$1,300	\$2,000	\$3,000 (embedded)	\$1,300	\$500	
nual Deductible - 2P/FF	\$2,600	\$2,600	\$1,000	\$2,600	\$2,600 \$4,000 \$6,000 (eml		\$2,600	\$1,000	
ditional Cost After Deductible									
ployee Coinsurance after Deductible	0%	0%	0%	0%	20%	0%	20%	20%	
insurance Max - 1P	\$0	\$0	\$0	\$0	\$0	\$0 \$0		\$2,000	
insurance Max - 2P/FF	\$0	\$0	\$0	\$0	\$0 \$0 \$0		\$0	\$4,000	
rt of Pocket Maximum									
ax ded, coinsurance, copays - 1P	\$2,300	\$2,300	\$1,500	\$2,300	\$2,300 \$3,000 \$4,000		\$2,000	\$6,850	
ax ded, coinsurance, copays - 2P/FF	\$4,600	\$4,600	\$3,000	\$4,600	\$6,000	\$8,000	\$4,000	\$13,700	
payments									
fice Visit/Specialist	0% after Ded.	0% after Ded.	\$20/\$20	0% after Ded	20% after Ded.	0% after Ded.	20% after Ded.	\$20/\$35	
gent Care/ER	0% after Ded,	0% after Ded.	\$25/\$50	0% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.	\$50/\$50	
							30/20% after ded (combined	30/\$20 (combined with PT and	
iropractic Limit/Copay	38/0% after Ded.	38/0% after Ded.	38/\$20	38/0% after Ded.	12/20% after Ded.	12/0% after Ded.	with PT and OT)	(TO	
Copay	ABC RX	ABC RX	Saver RX	ABC RX	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80	
tal Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	
e Person (1P)	4 \$574,44	4 \$574.44	1 \$637.81	1 \$574.44	10 \$458.54	10 \$455.99	10 \$446,80	10 \$559.01	
o Person (2P)	7 \$1,289.94	3 \$1,289,94	0 \$1,432.53	3 \$1,289.94	13 \$1,089.99	13 \$1,083.87	13 \$995.92	13 \$1,248.39	
mily (FF)	9 \$1,608.53	16 \$1,608.53	5 \$1,785.96	8 \$1,608,53	38 \$1,360.60	38 \$1,352.97	38 \$1,237.54	38 \$1,551.73	
tal Annual Premium	20 \$309,649	23 \$382,849	6 \$114,811	12 \$207,750	61 \$845,497	61 \$840,757	61 \$773,298	61 \$969,419	
mbined Current Lives	61	< TOTALS	< TOTALS	< TOTALS					
mbined Annual Premium	\$1,015,059	< TOTALS	< TOTALS	< TOTALS					
tal Costs		and the second sec			PEPM Annual	PEPM Annual	PEPM Annual	PEPM Annual	
imated Annual Cost	\$1,015,059	<totais< td=""><td><totals< td=""><td><totals< td=""><td>\$845,497</td><td>\$840,757</td><td>\$773,298</td><td>\$969,419</td></totals<></td></totals<></td></totais<>	<totals< td=""><td><totals< td=""><td>\$845,497</td><td>\$840,757</td><td>\$773,298</td><td>\$969,419</td></totals<></td></totals<>	<totals< td=""><td>\$845,497</td><td>\$840,757</td><td>\$773,298</td><td>\$969,419</td></totals<>	\$845,497	\$840,757	\$773,298	\$969,419	
imated Savings/(Increase) \$					\$169,562.75	\$174,302.81	\$241,761.60	\$45,640.44	
timated Difference %				1	16.7%	17,2%	23.8%	4.5%	

BCBSM:

*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

MESSA:

*MESSA rates include estimated taxes and fees and could change at billing

SET:

*Rates include SET SET's \$7.50 pepm fee for billing and enrollment services.



Sanilac ISD All Employees Except Teachers Assumed Effective Date: 7/1/2016

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						Total Annual
Current Plan(s) and Segment:		1P	2P	FF		Cost
Support Staff with MESSA ABC Plan 1	Census	4	7	9	20	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$574.44	\$1,289.94	\$1,608.53		\$309,649
Administration with MESSA Choices	Census	1		5	6	
MESSA \$500-0%; Saver Rx	Rate	\$637.81	\$1,432.53	\$1,785.96		\$114,811
Administration with MESSA ABC Plan 1	Census	1	3	8	12	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$574.44	\$1,289.94	\$1,608.53		\$207,750
	TOTALS:	6	10	22	38	\$632,211

					Estimated	
				Total Annual	Annual	
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings	
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$657	\$1,567	\$1,957	\$751,913	-\$119,703	
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$610	\$1,453	\$1,815	\$697,328	-\$65,117	
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$582	\$1,386	\$1,730	\$664,975	-\$32,765	
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$599	\$1,427	\$1,782	\$684,973	-\$52,763	
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$548	\$1,305	\$1,629	\$626,013	\$6,198	
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$529	\$1,258	\$1,571	\$603,804	\$28,407	
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$488	\$1,160	\$1,448	\$556,425	\$75,786	
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$486	\$1,156	\$1,443	\$554,476	\$77,735	
BCBSM SB PPO HSA \$3000-20%; \$10/\$40/\$80 Rx	\$453	\$1,076	\$1,343	\$516,117	\$116,093	
Priority Health PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$478	\$1,065	\$1,324	\$511,789	\$120,421	
Priority Health PPO \$500-20%; \$20 OV; \$10/\$40/\$80 Rx	\$599	\$1,338	\$1,663	\$642,851	-\$10,641	

MESSA:

					Estimated
				Total Annual	Annual
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings
*MESSA rates include estimated taxes and fees and could change at billing					

BCBSM:

*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

SET:

*Rates include SET SET's \$7.50 pepm fee for billing and enrollment services.

Priority Health:

*Priority Health rates include estimated taxes and fees

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Sanilac ISD

All Employees Except Teachers

Assumed Effective Date: 7/1/2016

	CURRENT PLAN Support Staff with MESSA ABC Plan 1		Administrat	ENT PLAN tion with MESSA hoices	Administration	ENT PLAN n with MESSA ABC Tan 1	Option 1		Op	tion 2	o	otion 3	Op	ntion 4
		n 1 \$1300-0%; ABC Rx	MESSA \$50	00-0%; Saver Rx	MESSA ABC Pla	n 1 \$1300-0%; ABC Rx	and the second se	PO HSA \$2000- /\$40/\$80 Rx	and the same in all the set	PO HSA \$3000- \$40/\$80 Rx		h PPO HSA \$1300-)/\$40/\$80 Rx	Contraction and the Contraction	aith PPO \$500- \$10/\$40/\$80 Rx
Plan Rate Period				c champin	74 /201	6-6/30/2017	7/1 /2014	5-6/30/2017	20.000	C Do Doug	24 1964	6-6/30/2017	7/1/201	6-6/30/2017
Purchased Plan Features Deductible		5-6/30/2017 etwork		6-6/30/2017 Network		letwork	In Network		7/1/2015-6/30/2017 In Network			letwork		etwork
Annual Deductible - 1P	\$1	1,300		\$500	\$	1,300	\$2	2,000	\$3,000 (embedded)	\$	1,300		500
Annual Deductible - 2P/FF Additional Cost After Deductible		2,600	\$	1,000	\$	2,600			\$6,000 (embedded)	\$	2,600	\$	1,000
Employee Coinsurance after Deductible				0%		0%	0% 0%			20%	20%			
Coinsurance Max - 1P	Irance Max - 1P \$0			\$0	SO		so		\$0		\$0		\$2,000	
Coinsurance Max - 2P/FF Out of Pocket Maximum				\$0	\$0		\$0 \$0		\$0		Ş.	4,000		
Max ded, coinsurance, copays - 1P	\$2	2,300	\$	1,500	\$	2,300	\$3	3,000	\$	4,000	\$	2,000	\$	6,850
Max ded, coinsurance, copays - 2P/FF	\$4	1,600	\$3,000		\$4,600		\$6	\$6,000 \$8,000		3,000	\$	4,000	\$1	3,700
Copayments											1 I I I I I I I I I I I I I I I I I I I			
Office Visit/Specialist Urgent Care/ER		fter Ded. fter Ded.		20/\$20 25/\$50		fter Ded. fter Ded.		fter Ded. fter Ded.		fter Ded. fter Ded.		after Ded. after Ded.		0/\$35 0/\$50
Chiropractic Limit/Copay	38/0%	after Ded.	з	8/\$20	38/0%	after Ded.	12/0%	after Ded.	12/0%	after Ded.		r ded (combined 'T and OT)	100223000	oined with PT and OT)
Rx Copav		BC RX		iver RX	A	BC RX	\$10/\$40/\$	80 after Ded.	\$10/\$40/\$	80 after Ded.	\$10/\$40/	\$80 after Ded.	\$10/	\$40/\$80
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$574.44	1	\$637.81	1	\$574.44	6	\$528.67	6	\$485.85	6	\$477.69	6	\$598.91
Two Person (2P)	7	\$1,289.94	0	\$1,432.53	3	\$1,289.94	10	\$1,258.30	10	\$1,155.54	10	\$1,065.43	10	\$1,338.18
Family (FF)	9	\$1,608.53	5	\$1,785.96	8	\$1,608,53	22	\$1,571.00	22	\$1,442.54	22	\$1,324.03	22	\$1,663.44
Total Annual Premium	20	\$309,649	6	\$114,811	12	\$207,750	38	\$603,804	38	\$554,476	38	\$511,789	38	\$642,851
Combined Current Lives		38		TOTALS		OTALS								
Combined Annual Premium	\$63	32,211	<1	FOTALS	<1	OTALS	120111203-044-04							
Total Costs		ACT (2010)					PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost Estimated Savings/(Increase) \$ Estimated Difference %	\$63	32,211	<	Totals		Fotals .		\$603,804 \$28,405.61 4.5%		\$554,476 \$77,734.87 12.3%		\$511,789 \$120,421.44 19.0%		\$642,851 (\$10,640.64) -1.7%

BCBSM:

*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings. Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

MESSA:

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*Rates include SET SET's \$7.50 pepm fee for billing and enrollment services.

Priority Health:

*Priority Health rates include estimated taxes and fees



Medical Rate Summary

Sanilac ISD All Employees Assumed Effective Date: 7/1/2016

						Total Annual
Current Plan(s) and Segment:		1P	2P	FF		Cost
Support Staff with MESSA ABC Plan 1	Census	4	7	9	20	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$574.44	\$1,289.94	\$1,608.53		\$309,649
Teachers with MESSA ABC Plan 1	Census	4	3	16	23	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$574.44	\$1,289.94	\$1,608.53		\$382,849
Administration with MESSA Choices	Census	1		5	6	
MESSA \$500-0%; Saver Rx	Rate	\$637.81	\$1,432.53	\$1,785.96		\$114,811
Administration with MESSA ABC Plan 1		1	3	8	12	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$574.44	\$1,289.94	\$1,608.53		\$207,750
	TOTALS:	10	13	38	61	\$1,015,059

				Estimated	
			Total Annual	Annual	
1P Rate	2P Rate	FF Rate	Cost	Savings	
\$622	\$1,483	\$1,852	\$1,150,468	-\$135,409	
\$578	\$1,378	\$1,720	\$1,068,802	-\$53,743	
\$552	\$1,315	\$1,642	\$1,020,141	-\$5,082	
\$562	\$1,339	\$1,671	\$1,038,377	-\$23,318	
\$515	\$1,227	\$1,531	\$951,511	\$63,549	
\$496	\$1,180	\$1,473	\$915,518	\$99,541	
\$459	\$1,090	\$1,361	\$845,497	\$169,563	
\$456	\$1,084	\$1,353	\$840,757	\$174,303	
\$426	\$1,011	\$1,262	\$784,041	\$231,019	
\$447	\$996	\$1,238	\$773,298	\$241,762	
\$559	\$1,248	\$1,552	\$969,419	\$45,640	
	\$622 \$578 \$552 \$562 \$515 \$496 \$459 \$456 \$426 \$426 \$447	\$622 \$1,483 \$578 \$1,378 \$552 \$1,315 \$562 \$1,339 \$515 \$1,227 \$496 \$1,180 \$459 \$1,090 \$456 \$1,084 \$426 \$1,011 \$447 \$996	\$622 \$1,483 \$1,852 \$578 \$1,378 \$1,720 \$552 \$1,315 \$1,642 \$562 \$1,339 \$1,671 \$515 \$1,227 \$1,531 \$496 \$1,180 \$1,473 \$459 \$1,090 \$1,361 \$456 \$1,084 \$1,353 \$426 \$1,011 \$1,262 \$447 \$996 \$1,238	1P Rate2P RateFF RateCost\$622\$1,483\$1,852\$1,150,468\$578\$1,378\$1,720\$1,068,802\$552\$1,315\$1,642\$1,020,141\$562\$1,339\$1,671\$1,038,377\$515\$1,227\$1,531\$951,511\$496\$1,180\$1,473\$915,518\$459\$1,090\$1,361\$845,497\$456\$1,084\$1,353\$840,757\$426\$1,011\$1,262\$784,041\$447\$996\$1,238\$773,298	IP Rate ZP Rate FF Rate Total Annual Annual \$622 \$1,483 \$1,852 \$1,150,468 -\$135,409 \$578 \$1,378 \$1,720 \$1,068,802 -\$53,743 \$552 \$1,315 \$1,642 \$1,020,141 -\$5,082 \$562 \$1,339 \$1,671 \$1,038,377 -\$23,318 \$515 \$1,227 \$1,531 \$951,511 \$63,549 \$496 \$1,180 \$1,473 \$915,518 \$99,541 \$459 \$1,090 \$1,361 \$845,497 \$169,563 \$4456 \$1,084 \$1,353 \$840,757 \$174,303 \$426 \$1,011 \$1,262 \$784,041 \$231,019 \$447 \$996 \$1,238 \$773,298 \$241,762

					Estimated
				Total Annual	Annual
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings

MESSA:

*MESSA rates include estimated taxes and fees and could change at billing

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SET:

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