

Revised #'s 5/6/16



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

All Employees

Assumed Effective Date: 7/1/2016

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1	Option 2	Option 3	Option 4
	Support Staff with MESSA ABC Plan 1	Teachers with MESSA ABC Plan 1	Administration with MESSA Choices	Administration with MESSA ABC Plan 1	BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	Priority Health PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	Priority Health PPO HSA \$500-20%; \$20 OV; \$10/\$40/\$80 Rx		
Rate 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	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network	
Deductible										
Annual Deductible - 1P	\$1,300	\$1,300	\$500	\$1,300	\$2,000	\$3,000 (embedded)	\$1,300	\$500		
Annual Deductible - 2P/FF	\$2,600	\$2,600	\$1,000	\$2,600	\$4,000	\$6,000 (embedded)	\$2,600	\$1,000		
Additional Cost After Deductible										
Employee Coinsurance after Deductible	0%	0%	0%	0%	20%	0%	20%	20%		
Coinsurance Max - 1P	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000		
Coinsurance Max - 2P/FF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,000		
Out of Pocket Maximum										
Max ded, coinsurance, copays - 1P	\$2,300	\$2,300	\$1,500	\$2,300	\$3,000	\$4,000	\$2,000	\$6,850		
Max ded, coinsurance, copays - 2P/FF	\$4,600	\$4,600	\$3,000	\$4,600	\$6,000	\$8,000	\$4,000	\$13,700		
Copayments										
Office Visit/Specialist	0% after Ded.	0% after Ded.	\$20/\$20	0% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.	\$20/\$35		
Urgent Care/ER	0% after Ded.	0% after Ded.	\$25/\$50	0% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.	\$50/\$50		
Chiropractic Limit/Copay	38/0% after Ded.		38/\$20 Saver RX		12/20% after Ded.		12/0% after Ded.		30/20% after ded (combined with PT and OT)	
Rx Copay	ABC RX		ABC RX		\$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	Census Rates	Census Rates	
One 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		
Two Person (2P)	7 \$1,289.94	3 \$1,289.94	0 \$1,432.53	3 \$1,289.94	13 \$1,089.99	13 \$995.92	13 \$995.92	13 \$1,248.39		
Family (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		
Total 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		
Combined Current Lives	61	< TOTALS	< TOTALS	< TOTALS						
Combined Annual Premium	\$1,015,059	< TOTALS	< TOTALS	< TOTALS						
Total Costs					PEPM Annual \$845,497	PEPM Annual \$840,757	PEPM Annual \$773,298	PEPM Annual \$969,419		
Estimated Annual Cost	\$1,015,059	<Totals	<Totals	<Totals	\$169,562.75	\$174,302.81	\$241,761.69	\$45,640.44		
Estimated Savings/(Increase) \$					16.7%	17.2%	23.8%	4.5%		
Estimated Difference %										

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's \$7.50 pepm fee for billing and enrollment services.



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

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

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

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
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*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
 Option 4

Plan	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	Option 1	Option 2	Option 3	Option 4
	Support Staff with MESSA ABC Plan 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx	Administration with MESSA Choices MESSA \$500-0%; Saver Rx	Administration with MESSA ABC Plan 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx	BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	Priority Health PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	Priority Health PPO \$500-20%; \$20 OV; \$10/\$40/\$80 Rx
Rate 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
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible							
Annual Deductible - 1P	\$1,300	\$500	\$1,300	\$2,000	\$3,000 (embedded)	\$1,300	\$500
Annual Deductible - 2P/FF	\$2,600	\$1,000	\$2,600	\$4,000	\$6,000 (embedded)	\$2,600	\$1,000
Additional Cost After Deductible							
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	20%	20%
Coinsurance Max - 1P	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000
Coinsurance Max - 2P/FF	\$0	\$0	\$0	\$0	\$0	\$0	\$4,000
Out of Pocket Maximum							
Max ded, coinsurance, copays - 1P	\$2,300	\$1,500	\$2,300	\$3,000	\$4,000	\$2,000	\$6,850
Max ded, coinsurance, copays - 2P/FF	\$4,600	\$3,000	\$4,600	\$6,000	\$8,000	\$4,000	\$13,700
Copayments							
Office Visit/Specialist	0% after Ded.	\$20/\$20	0% after Ded.	0% after Ded.	0% after Ded.	20% after Ded.	\$20/\$35
Urgent Care/ER	0% after Ded.	\$25/\$50	0% after Ded.	0% after Ded.	0% after Ded.	20% after Ded.	\$50/\$50
Chiropractic Limit/Copay Rx Copay	38/0% after Ded. ABC RX	38/\$20 Saver RX	38/0% after Ded. ABC RX	12/0% after Ded. \$10/\$40/\$80 after Ded.	12/0% after Ded. \$10/\$40/\$80 after Ded.	30/20% after ded (combined with PT and OT) \$10/\$40/\$80 after Ded.	30/\$20 (combined with PT and OT) \$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	< TOTALS				
Combined Annual Premium	\$632,211	< TOTALS	< TOTALS				
Total Costs				PEPM	PEPM	PEPM	PEPM
Estimated Annual Cost	\$632,211	<Totals	<Totals	Annual \$603,804	Annual \$554,476	Annual \$511,789	Annual \$642,851
Estimated Savings/(Increase) \$				\$28,406.61	\$77,734.87	\$120,421.44	(\$10,640.64)
Estimated Difference %				4.5%	12.3%	19.0%	-1.7%

BCBSM:

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Priority Health:

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MESSA:

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SET:

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Priority Health:

*Priority Health rates include estimated taxes and fees



Medical Rate Summary

Sanilac ISD

All Employees

Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual 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	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:	10	13	38	61	\$1,015,059

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$622	\$1,483	\$1,852	\$1,150,468	-\$135,409
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$578	\$1,378	\$1,720	\$1,068,802	-\$53,743
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$552	\$1,315	\$1,642	\$1,020,141	-\$5,082
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$562	\$1,339	\$1,671	\$1,038,377	-\$23,318
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$515	\$1,227	\$1,531	\$951,511	\$63,549
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$496	\$1,180	\$1,473	\$915,518	\$99,541
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$459	\$1,090	\$1,361	\$845,497	\$169,563
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$456	\$1,084	\$1,353	\$840,757	\$174,303
BCBSM SB PPO HSA \$3000-20%; \$10/\$40/\$80 Rx	\$426	\$1,011	\$1,262	\$784,041	\$231,019
Priority Health PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$447	\$996	\$1,238	\$773,298	\$241,762
Priority Health PPO \$500-20%; \$20 OV; \$10/\$40/\$80 Rx	\$559	\$1,248	\$1,552	\$969,419	\$45,640

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