

Escanaba Public Schools

MESSA July 2016 Renewal Medical/Prescription

Administration / Non Union Staff / Non Union Secretarial / Non Union Secretarial Clerical / TEAMSTERS Union Support Staff

Principals PAK A / Student Success Center (SSC)

MESSA Choices

		Current	Renewal		
Deductible Single/TP Family		\$500/\$1000			
Coinsurance Single/TP Family		Zero			
OV/Chiro/Spec/UC/ER		\$20/\$20 (\$38)/\$20/\$25/\$50			
Prescription		\$2/\$10/\$20/\$40			
TROOP		\$1500/\$3000			
Rider(s)		NA			
Single	9	\$564.05	\$672.05	\$108.00	19.15%
Two Person	11	\$1,267.24	\$1,510.17	\$242.93	19.17%
Family	17	\$1,576.64	\$1,878.93	\$302.29	19.17%
Monthly Total	37	\$45,818.97	\$54,602.13	\$8,783.16	19.17%
Annual Total		\$549,827.64	\$655,225.56	\$105,397.92	19.17%

MESPA Paraprofessional FT - NON-PAK

MESSA Choices

		Current	Renewal		
Deductible Single/TP Family		\$500/\$1000			
Coinsurance Single/TP Family		Zero			
OV/Chiro/Spec/UC/ER		\$20/\$20 (\$38)/\$20/\$25/\$50			
Prescription		\$2/\$10/\$20/\$40			
TROOP		\$1500/\$3000			
Rider(s)		NA			
Single	29	\$575.53	\$685.28	\$109.75	19.07%
Two Person	1	\$1,293.06	\$1,539.95	\$246.89	19.09%
Family	0	\$1,608.77	\$1,915.99	\$307.22	19.10%
Monthly Total	30	\$17,983.43	\$21,413.07	\$3,429.64	19.07%
Annual Total		\$215,801.16	\$256,956.84	\$41,155.68	19.07%

Principals / Student Success Center (SSC) - PAK C

MESSA ABC Medical Plan 1

		Current	Renewal		
Deductible Single/TP Family		\$1300/\$2600			
Coinsurance Single/TP Family		Zero			
OV/Chiro/Spec/UC/ER		NA			
Prescription		ABC			
Rider(s)		NA			
Single	0	\$510.34	\$604.99	\$94.65	18.55%
Two Person	1	\$1,146.38	\$1,359.30	\$212.92	18.57%
Family	3	\$1,426.24	\$1,691.19	\$264.95	18.58%
Monthly Total	4	\$5,425.10	\$6,432.87	\$1,007.77	18.58%
Annual Total		\$65,101.20	\$77,194.44	\$12,093.24	18.58%

Combined Totals - Medical/Prescription

Monthly Premium Total	71	\$69,227.50	\$82,448.07	\$13,220.57	19.10%
Annual Premium Total		\$830,730.00	\$989,376.84	\$158,646.84	19.10%

Current MESSA rates shown above include any federal or state taxes, fees or assessments.

Renewal MESSA rates have been aggregated to include taxes and fees for illustrative purposes.

Census figures above are based on information received from the group in May 2016.

The carrier reserves the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. Final rates are determined by the underwriting carrier based on actual group enrollment and participation. This is only a brief summary of benefits; it is not a contract. Additional limitations and exclusions may apply. If there is a discrepancy between this document and any applicable plan document, the plan document will control.

Escanaba Public Schools

Renewal Options Summary - September 2016 Medical & Prescription with Seamless HRA Funding

In-Network / Base Plan Options:	MESSA Choices - July 2016 Renewal		MESSA ABC Plan 1 July 2016 Renewal	Simply Blue HRA PPO Option 1		Simply Blue HRA PPO Option 2
	\$500/\$1000 Zero \$20 \$20 (38) \$20 \$25 \$50 N/A	\$2/\$10/\$20/\$40 \$1500/\$3000	\$1300/\$2600 Zero Deductible/Coinsurance (38) N/A Integrated Deductible then \$2/\$10/\$20/\$40 \$2300/\$4600	\$5000/\$10,000 20% up to \$1600/\$3200 \$40 \$40 (12) \$60 \$60 \$250 U.P. Blue	\$5000/\$10,000 20% up to \$1600/\$3200 \$40 \$40 (12) \$60 \$60 \$250 U.P. Blue	\$5000/\$10,000 20% up to \$1600/\$3200 \$40 \$40 (12) \$60 \$60 \$250 U.P. Blue
Deductible Single/2+ Coinsurance Single/2+ Office Visit Copay Chiropractic Copay* Specialist Visit Copay Urgent Visit Copay Emergency Room Copay Riders Prescription Drugs** TROOP Single/2+***						
Admin/SCC						
Non-Union						
TEAMSTERS						
Private PAK A						
Single	9	\$672.05	\$685.28	\$604.99	\$497.49	\$497.49
Two Person	11	\$1,510.17	\$1,539.95	\$1,359.30	\$1,193.97	\$1,193.97
Family	17	\$1,878.93	\$1,915.99	\$1,691.19	\$1,492.46	\$1,492.46
Monthly Premium Total	37	\$54,602.13	\$21,413.07	\$6,432.87	\$64,275.43	\$64,275.43
† Annual HRA Fees		N/A	N/A	N/A	\$19,622.40	\$19,622.40
† Annual Funding of Fixed Copays Estimate		N/A	N/A	N/A	\$30,643.20	\$30,643.20
Agent Consulting Fee		N/A	N/A	N/A	\$20,000.00	\$20,000.00
† Annual HRA Utilization Estimate		N/A	N/A	N/A	\$115,016.72	\$86,733.92
Annual Combined Totals		\$989,376.84			\$956,587.48	\$928,304.68
MESSA 2016 Renewal Increase %		19.10%				
		\$ Savings from 2016 MESSA Renewal			(\$61,072.16)	
		% Savings from 2016 MESSA Renewal			-6.17%	

*BCBSM - 12 visit chiropractic visit limit combined with Osteopathic and Manipulative Therapy.

**BCBSM 3-tier RX: generic / (referred brand / non-preferred brand).

***TROOP (True Out of Pocket) includes deductible, percent coinsurance, and flat copays (OV, ER, Prescriptions, etc.).

3rd Quarter 2016 MESSA Renewal Rates do not include Federal and State taxes, fees and assessments - the rates above have been aggregated to include taxes and fees for illustrative purposes.

3rd Quarter 2016 BCBSM Rates include Federal and State taxes, fees and assessments.

† HRA calculations based on claim utilization estimated at 18.13% plus fixed copay funding. 2nd Submit Rx funding and monthly HRA fee of \$22.45 PEP. Annual HRA fee is \$495.00. This is not a guarantee, results may vary.

All carriers reserve the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. Final rates will be determined by the underwriting carrier based on actual group enrollment and participation. This is only a brief summary of benefits, it is not a contract. Additional limitations and exclusions may apply. If there is a discrepancy between this document and any applicable plan document, the plan document will control.

Vincent W. Babcock, GBDS, CBC, LIC, AHIC (Tracy/cdj)

Traci L. Champion, Account Manager



Escanaba Public Schools

2016 PA152 Analysis - September 2016 BCBSM Option
Administration / Non Union Staff / Non Union Secretarial / Non Union Secretarial Clerical
TEAMSTERS / MESPA / Principals / Student Success Center (SSC)
Employee Contribution Options

Proposed BCBSM Purchased Plan:
 In 5000/20 to 1600 - 6600 TROOP*, Out 10,000/40 to 3200 - 13,200 TROOP
 \$40 Office Visit, \$40 Chiro (12**), \$60 Specialist, \$60 Urgent Care, \$250 ER - WITH UP BLUE
 \$10/\$40/\$80 MOPD2X***

Proposed Seamless HRA Funding:
 In 500/0 to Zero, \$20 Office Visit, \$20 Chiro (12**), \$20 Specialist, \$25 Urgent Care, \$50 ER - WITH UP BLUE
 2nd Submit Rx: \$10/\$20/\$40 MOPD2X***

Hard Caps: Single \$6,142.11 Two Person \$12,845.04 Family \$16,751.23

Straight Math

		Base Medical & Prescription Premium	HRA Illustrative Premium	Agent Consulting Fee	Total Monthly Premium	Monthly Employee Hard Cap
Single	38	\$497.49	\$116.40	\$12.90	\$626.79	\$114.95
Two Person	13	\$1,193.97	\$247.93	\$30.96	\$1,472.86	\$402.44
Family	20	\$1,492.46	\$304.30	\$38.70	\$1,835.46	\$439.52

Aggregated Hard Cap

		Base Medical & Prescription Premium	HRA Illustrative Premium	Agent Consulting Fee	Total Monthly Premium	Monthly Employee Hard Cap
Single	38	\$497.49	\$116.40	\$12.90	\$626.79	\$142.34 ✖
Two Person	13	\$1,193.97	\$247.93	\$30.96	\$1,472.86	\$341.62 ✖
Family	20	\$1,492.46	\$304.30	\$38.70	\$1,835.46	\$427.02 ✖

80/20†

		Base Medical & Prescription Premium	HRA Illustrative Premium	Agent Consulting Fee	Total Monthly Premium	80/20
Single	38	\$497.49	\$116.40	\$12.90	\$626.79	\$125.36
Two Person	13	\$1,193.97	\$247.93	\$30.96	\$1,472.86	\$294.57
Family	20	\$1,492.46	\$304.30	\$38.70	\$1,835.46	\$367.09

Rates include estimated federal and state taxes, fees and assessments.

*In Network True Out of Pocket (TROOP) includes Deductible, Percent Coinsurance and Fixed Copays.

**12 visit limit combined with Osteopathic and Manipulative Therapy.

***BCBSM 3-tier RX: generic / preferred brand / non-preferred brand.

†Aggregating the 20% employee contributions is an option. Elected Officials must pay at least 20%.

Based on 3rd Quarter 2016 BCBSM rates. 18.13% Utilization based on calculator. This is not a guarantee of performance. Results may vary. \$22.45 PEPM included in HRA Rates for Seamless HRA and 2nd Submit Rx. \$495 Annual Administrative fee is not included.

Rates and calculations are based on 44North's review of Public Act 152 and is not intended to impart legal advice. Interpretations of the legislation vary and efforts will be made to present accurate information. This does not replace a review of the law's applicability to individual circumstances and should not be relied upon as legal advice.



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 Traci L. Champion, Account Manager

Escanaba Public Schools

2016 PA152 Analysis - September 2016 BCBSM Option

Administration / Non Union Staff / Non Union Secretarial / Non Union Secretarial Clerical
TEAMSTERS / MESPA / Principals / Student Success Center (SSC)

Employee Contribution Options

Proposed BCBSM Purchased Plan:

In 5000/20 to 1600 - 6600 TROOP*, Out 10,000/40 to 3200 - 13,200 TROOP
\$40 Office Visit, \$40 Chiro (12**), \$60 Specialist, \$60 Urgent Care, \$250 ER - WITH UP BLUE
\$10/\$40/\$80 MOPD2X***

Proposed Seamless HRA Funding:

In 2000/0 to Zero, \$20 Office Visit, \$20 Chiro (12**), \$20 Specialist, \$25 Urgent Care, \$50 ER - WITH UP BLUE
2nd Submit Rx: \$10/\$20/\$40 MOPD2X***

Hard Caps: Single \$6,142.11 Two Person \$12,845.04 Family \$16,751.23

Straight Math

		Base Medical & Prescription Premium	HRA Illustrative Premium	Agent Consulting Fee	Total Monthly Premium	Monthly Employee Hard Cap
Single	38	\$497.49	\$98.16	\$12.90	\$608.55	\$96.71
Two Person	13	\$1,193.97	\$204.15	\$30.96	\$1,429.08	\$358.66
Family	20	\$1,492.46	\$249.57	\$38.70	\$1,780.73	\$384.79

Aggregated Hard Cap

		Base Medical & Prescription Premium	HRA Illustrative Premium	Agent Consulting Fee	Total Monthly Premium	Monthly Employee Hard Cap
Single	38	\$497.49	\$98.16	\$12.90	\$608.55	\$124.10
Two Person	13	\$1,193.97	\$204.15	\$30.96	\$1,429.08	\$297.84
Family	20	\$1,492.46	\$249.57	\$38.70	\$1,780.73	\$372.30

80/20+

		Base Medical & Prescription Premium	HRA Illustrative Premium	Agent Consulting Fee	Total Monthly Premium	80/20
Single	38	\$497.49	\$98.16	\$12.90	\$608.55	\$121.71
Two Person	13	\$1,193.97	\$204.15	\$30.96	\$1,429.08	\$285.82
Family	20	\$1,492.46	\$249.57	\$38.70	\$1,780.73	\$356.15

Rates include estimated federal and state taxes, fees and assessments.

*In Network True Out of Pocket (TROOP) includes Deductible, Percent Coinsurance and Fixed Copays.

**12 visit limit combined with Osteopathic and Manipulative Therapy.

***BCBSM 3-tier RX: generic / preferred brand / non-preferred brand.

†Aggregating the 20% employee contributions is an option. Elected Officials must pay at least 20%.

Based on 3rd Quarter 2016 BCBSM rates. 18.13% Utilization based on calculator. This is not a guarantee of performance. Results may vary. \$22.45 PEPM included in HRA Rates for Seamless HRA and 2nd Submit Rx. \$495 Annual Administrative fee is not included.

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Escanaba Public Schools

September 2016 BCBSM Option with Seamless HRA Funding

Administration / Non Union Staff / Non Union Secretarial / Non Union Secretarial Clerical
TEAMSTERS / MESPA / Principals / Student Success Center (SSC)

In-Network Deductible Coinsurance	BCBSM - Simply Blue HRA PPO - WITH UP BLUE \$5000/\$10,000 20% up to \$1600/\$3200 \$40, \$40 (1.2*), \$60 \$60, \$250 \$6600/\$13,200 \$10/\$40/\$80 MOPD2X	Annual Total
OV, Chiro, Specialist Copays Urgent Care, ER Copays TROOP**		
Prescription Drug***		
Employee Only	\$497.49	\$226,855.44
Two Person	\$1,193.97	\$186,259.32
Family	\$1,492.46	\$358,190.40
Monthly Total	\$64,275.43	\$771,305.16
†HRA Fees: Annual \$495 + \$22.45 PEPM		\$19,622.40
†Funding of Fixed Copays		\$30,643.20
Agent Consulting Fee		\$20,000.00
Known Annual Total		\$841,570.76
Potential HRA Exposure in-Network \$6100/\$12,200		\$634,400.00

Seamless HRA Benefits:

In 500/0 to Zero

\$20 Office Visit, \$20 Chiro (12 visits*), \$20 Specialist, \$25 Urgent Care, \$50 ER - WITH UP BLUE

2nd Submit Rx: \$10/\$20/\$40 MOPD2X

Claims Utilization	\$ Utilization	Annual Exposure & Premium
35% of Maximum	\$222,040.00	\$1,063,610.76
30% of Maximum	\$190,320.00	\$1,031,890.76
25% of Maximum	\$158,600.00	\$1,000,170.76
20% of Maximum	\$126,880.00	\$968,450.76
†18.13% of Maximum	\$115,016.72	\$956,587.48

*12 visit limit combined with Osteopathic and Manipulative Therapy.

**TROOP (True Out of Pocket) Maximum includes deductible, percent coinsurance and flat copays (OV, ER, prescriptions, etc).

***BCBSM 3-tier RX: generic / preferred brand / non-preferred brand.

† HRA calculations based on claim utilization estimated at 18.13% plus fixed copay funding, 2nd Submit prescription funding, and monthly HRA Fee of \$22.45 PEPM. Annual HRA fee is \$495.

3rd Quarter 2016 BCBSM rates include Federal and State taxes, fees and assessments. This is not a guarantee of performance, results may vary.

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September 2016 BCBSM Option with Seamless HRA Funding Administration / Non Union Staff / Non Union Secretarial / Non Union Secretarial Clerical TEAMSTERS / MESPA / Principals / Student Success Center (SSC)

In-Network Deductible Coinsurance OV, Chiro, Specialist Copays Urgent Care, ER Copays TROOP** Prescription Drug*** Employee Only	BCBSM - Simply Blue HRA PPO - WITH UP BLUE \$5000/\$10,000 20% up to \$1600/\$3200 \$40, \$40 (12*), \$60 \$60, \$250 \$6600/\$13,200 \$10/\$40/\$80 MOPDZX \$497.49	Annual Total
Two Person	\$1,193.97	\$226,855.44
Family	\$1,492.46	\$186,259.32
Monthly Total	\$64,275.43	\$358,190.40
†HRA Fees: Annual \$495 + \$22.45 PEPM		\$771,305.16
†Funding of Fixed Copays		\$19,622.40
Agent Consulting Fee		\$30,643.20
Known Annual Total		\$20,000.00
Potential HRA Exposure In-Network \$4600/\$9200		\$841,570.76
		\$478,400.00

Seamless HRA Benefits:
In 2000/0 to Zero
\$20 Office Visit, \$20 Chiro (12 visits*), \$20 Specialist, \$25 Urgent Care, \$50 ER - WITH UP BLUE
2nd Submit RX: \$10/\$20/\$40 MOPDZX

Claims Utilization	\$ Utilization	Annual Exposure & Premium
35% of Maximum	\$167,440.00	\$1,009,010.76
30% of Maximum	\$143,520.00	\$985,090.76
25% of Maximum	\$119,600.00	\$961,170.76
20% of Maximum	\$95,680.00	\$937,250.76
†18.13% of Maximum	\$86,733.92	\$928,304.68

*12 Visit limit combined with Osteopathic and Manipulative Therapy.

**TROOP (True Out of Pocket) Maximum includes deductible, percent coinsurance and flat copays (OV, ER, prescriptions, etc).

***BCBSM 3-tier RX: generic / preferred brand / non-preferred brand.

† HRA calculations based on claim utilization estimated at 18.13% plus fixed copay funding, 2nd Submit prescription funding, and monthly HRA Fee of \$22.45 PEPM. Annual HRA fee is \$495.

3rd Quarter 2016 BCBSM rates include Federal and State taxes, fees and assessments. This is not a guarantee of performance, results may vary.

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