



**Escanaba Area Schools**  
**All Employees**  
 Assumed Effective Date: 9/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
<b>Employees enrolled in MESSA Choices Plan</b>				
Census	45	24	73	142
Rate	\$671.28	\$1,508.12	\$1,878.35	\$2,442,264
MESSA \$500-0%; Saver Rx				
<b>Employees enrolled in MESSA ABC Plan</b>				
Census	3	3	7	13
Rate	\$604.43	\$1,357.72	\$1,691.19	\$212,697
MESSA ABC Plan 1 \$1300-0%; ABC Rx				
<b>TOTALS:</b>	<b>48</b>	<b>27</b>	<b>80</b>	<b>\$2,654,962</b>

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$773	\$1,855	\$2,319	\$3,272,692	-\$617,730
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$739	\$1,773	\$2,217	\$3,128,226	-\$473,264
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$684	\$1,642	\$2,052	\$2,895,912	-\$240,950
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$617	\$1,481	\$1,852	\$2,613,150	\$41,812
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$602	\$1,444	\$1,805	\$2,547,760	\$107,202
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$549	\$1,317	\$1,646	\$2,323,286	\$331,675

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**MESSA:**

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**Escanaba Area Schools  
Teachers**

Assumed Effective Date: 9/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
<b>Teachers enrolled in MESSA Choices Plan</b>				
MESSA \$500-0%; Saver Rx	7	12	55	74
Rate	\$671.28	\$1,508.12	\$1,878.35	\$1,513,268
<b>Teachers enrolled in MESSA ABC Plan</b>				
MESSA ABC Plan 1 \$1300-0%; ABC Rx	3	2	5	10
Rate	\$604.43	\$1,357.72	\$1,691.19	\$155,816
<b>TOTALS:</b>	<b>10</b>	<b>14</b>	<b>60</b>	<b>\$1,669,084</b>

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$617	\$1,481	\$1,851	\$1,655,931	\$13,152
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$633	\$1,518	\$1,898	\$1,697,426	-\$28,342
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$556	\$1,335	\$1,669	\$1,492,442	\$176,642
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$510	\$1,223	\$1,529	\$1,367,283	\$301,801
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$490	\$1,176	\$1,470	\$1,314,891	\$354,193
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$452	\$1,086	\$1,357	\$1,213,963	\$455,121

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**Escanaba Area Schools**  
**All Non-Teachers**  
 Assumed Effective Date: 9/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
<b>All Non-Teachers enrolled in MESSA Choices Plan</b>				
MESSA \$500-0%; Saver Rx	Census Rate \$671.28	38 12 \$1,508.12	18 \$1,878.35	68 \$928,997
<b>All Non-Teachers enrolled in MESSA ABC Plan</b>				
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Census Rate \$604.43	1 1 \$1,357.72	2 \$1,691.19	3 \$56,881
<b>TOTALS:</b>	38	13	20	71 \$985,878

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$740	\$1,776	\$2,220	\$1,147,409	-\$161,532
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$759	\$1,821	\$2,276	\$1,176,193	-\$190,315
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$667	\$1,602	\$2,002	\$1,034,704	-\$48,826
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$611	\$1,467	\$1,834	\$947,783	\$38,095
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$588	\$1,411	\$1,764	\$911,597	\$74,281
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$543	\$1,303	\$1,628	\$841,521	\$144,357

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DISCLAIMER: The above is a summary of health plan features. It should not be interpreted as a complete comparison of the products represented.

**Escanaba Area Schools Teachers**  
**Assumed Effective Date: 9/1/2016**

Plan	CURRENT PLAN Teachers enrolled in MESSA Choices Plan		CURRENT PLAN Teachers enrolled in MESSA ABC Plan		Option 1		Option 2		Option 3			
	Rate Period	In Network	Rate	In Network	Rate	In Network	Rate	In Network	Rate	In Network		
<b>Purchased Plan Features</b>												
<b>Deductible</b>												
Annual Deductible - 1P		\$0		\$0		\$500		\$1,300		\$2,000		
Annual Deductible - 2P/FF		\$0		\$0		\$1,000		\$2,600		\$4,000		
<b>Additional Cost After Deductible</b>												
Employee Coinsurance after Deductible		0%		0%		20%		0%		0%		
Coinurance Max - 1P		\$0		\$0		\$2,500		\$0		\$0		
Coinurance Max - 2P/FF		\$0		\$0		\$5,000		\$0		\$0		
<b>Out of Pocket Maximum</b>												
Max ded. coinsurance, copays - 1P		\$0		\$0		\$6,350		\$2,250		\$3,000		
Max ded. coinsurance, copays - 2P/FF		\$0		\$0		\$12,700		\$4,500		\$6,000		
<b>Copayments</b>												
Office Visit/Specialist		\$0		\$0		\$20/\$20		0% after Ded.		0% after Ded.		
Urgent Care/ER		\$0		\$0		\$20/\$150		0% after Ded.		0% after Ded.		
Chiropractic Limit/Copay		\$0		\$0		12/\$20		12/0% after Ded.		12/0% after Ded.		
Rx Copay		\$0		\$0		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.		
<b>Total Monthly Costs</b>												
One Person (1P)	Census	7	Rates	\$671.28	Census	3	Rates	\$604.43	Census	10	Rates	\$490.04
Two Person (2P)		12		\$1,508.12		2		\$1,357.72		14		\$1,176.11
Family (FF)		55		\$1,878.35		5		\$1,691.19		60		\$1,470.14
<b>Total Annual Premium</b>		74		\$1,513,268		10		\$1,555,816		84		\$1,314,891
<b>Combined Current Lives</b>		84				< TOTALS				< TOTALS		
<b>Combined Annual Premium</b>				\$1,669,084								
<b>Total Costs</b>				\$1,669,084								
<b>Estimated Annual Cost</b>												
<b>Estimated Savings/(Increase) \$</b>												
<b>Estimated Difference %</b>												

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**MESSA:** MESSA rates do not include commissions paid to SET SEB. Fees for the SET SEB services are addressed in a separate agreement. BCBSM rates may change based on final BCBSM underwriting guidelines, actual group enrollment and participation.

**PEPMM:** PEPMM rates include estimated blended rate and fees for the 2016-2017 policy period.

**Annual:** Annual rates do not include \$7.50 enrollment and billing service fee.

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Escanaba Area Schools  
All Non-Teachers  
Assumed Effective Date: 9/1/2016

Plan	CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3	
	All Non-Teachers enrolled in MESSA Choices Plan	All Non-Teachers enrolled in MESSA ABC Plan	MESSA \$500-0%; Saver Rx	MESSA ABC Plan 1 \$1300-0%; ABC Rx	BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1000-0%; \$10/\$40/\$80 Rx			
<b>Rate Period</b>	7/1/2016 - 6/30/2017	7/1/2016 - 6/30/2017			9/1/2016 - 8/31/2017	9/1/2016 - 8/31/2017	9/1/2016 - 8/31/2017			
<b>Purchased Plan Features</b>	In Network	In Network		In Network	In Network	In Network	In Network			
<b>Deductible</b>										
Annual Deductible - 1P	\$0	\$0	\$0	\$500	\$1,300	\$2,000	\$2,000			
Annual Deductible - 2P/FF	\$0	\$0	\$0	\$1,000	\$2,600	\$4,000	\$4,000			
<b>Additional Cost After Deductible</b>										
Employee Coinsurance after Deductible	0%	0%	0%	20%	0%	0%	0%			
Coinurance Max - 1P	\$0	\$0	\$0	\$2,500	\$0	\$0	\$0			
Coinurance Max - 2P/FF	\$0	\$0	\$0	\$5,000	\$0	\$0	\$0			
<b>Out of Pocket Maximum</b>										
Max ded, coinsurance, copays - 1P	\$0	\$0	\$0	\$6,350	\$2,250	\$3,000	\$3,000			
Max ded, coinsurance, copays - 2P/FF	\$0	\$0	\$0	\$12,700	\$4,500	\$6,000	\$6,000			
<b>Copayments</b>										
Office Visit/Specialist	\$0	\$0	\$0	\$20/\$20	0% after Ded.	0% after Ded.	0% after Ded.			
Urgent Care/ER	\$0	\$0	\$0	\$20/\$150	0% after Ded.	0% after Ded.	0% after Ded.			
Chiropractic Limit/Copay	\$0	\$0	\$0	12/\$20	12/0% after Ded.	12/0% after Ded.	12/0% after Ded.			
Rx Copay	\$0	\$0	\$0	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.			
<b>Total Monthly Costs</b>										
One Person (1P)	Census 38 Rates \$674.28	Census 0 Rates \$604.43	Census 38 Rates \$740.08	Census 38 Rates \$740.08	Census 38 Rates \$667.38	Census 38 Rates \$587.98	Census 38 Rates \$587.98			
Two Person (2P)	12 \$1,508.12	1 \$1,357.72	13 \$1,776.17	13 \$1,776.17	13 \$1,601.71	13 \$1,411.14	13 \$1,411.14			
Family (FF)	18 \$1,878.35	2 \$1,691.19	20 \$2,220.22	20 \$2,220.22	20 \$2,002.13	20 \$1,763.93	20 \$1,763.93			
<b>Total Annual Premium</b>	68 \$928,997	3 \$56,881	71 \$1,147,409	71 \$1,147,409	71 \$1,034,704	71 \$911,597	71 \$911,597			
<b>Combined Current Lives</b>	71	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS			
<b>Combined Annual Premium</b>	\$985,878									
<b>Total Costs</b>										
<b>Estimated Annual Cost</b>	\$985,878	<Totals	Annual \$1,147,409	Annual \$1,147,409	Annual \$1,034,704	Annual \$911,597	Annual \$911,597			
<b>Estimated Savings/(Increase) \$</b>			(\$161,531.69)	(\$161,531.69)	(\$48,826.04)	\$74,280.54	\$74,280.54			
<b>Estimated Difference %</b>			-16.4%	-16.4%	-5.0%	7.5%	7.5%			

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