



Medical Rate Summary
Cass City Public Schools
All Employees
 Assumed Effective Date: 7/1/2017

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA ABC Plan 1; ABC Rx	Census	1	8	36	45	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$631.90	\$1,419.91	\$1,766.63		\$907,078
Teachers Enrolled in MESSA Choices \$100-0%; \$10/\$20 Rx	Census			1	1	
MESSA Choices \$100-0%; \$10/\$20 Rx	Rate	\$842.19	\$1,893.05	\$2,355.43		\$28,265
Administrators and Support Staff with MESSA ABC Plan 1; ABC Rx	Census	2	3	8	13	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$631.90	\$1,419.91	\$1,766.63		\$235,879
Administrators and Support Staff with MESSA Choices \$500-0%; Saver Rx	Census	1			1	
MESSA \$500-0%; Saver Rx	Rate	\$707.61	\$1,590.24	\$1,978.59		\$8,491
Non-Pack ACA Eligible Employees	Census	1			1	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$644.76	\$1,448.85	\$1,802.65		\$7,737
TOTALS:		5	11	45	61	\$1,187,451

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$250-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$585	\$1,395	\$1,741	\$1,159,604	\$27,847
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$562	\$1,338	\$1,671	\$1,112,744	\$74,707
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$501	\$1,191	\$1,487	\$989,993	\$197,458
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$458	\$1,088	\$1,358	\$904,413	\$283,038
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$442	\$1,050	\$1,310	\$872,562	\$314,889
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$406	\$964	\$1,203	\$801,072	\$386,379
BCBSM SB PPO HSA \$3500-0%; \$10/\$40/\$80 Rx	\$388	\$921	\$1,149	\$765,312	\$422,138
Priority Health HMO HSA Plans					
Priority Health HMO HSA \$1300-0%; \$10/\$20/\$40 Rx	\$506	\$1,128	\$1,402	\$936,526	\$250,925

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health PPO HSA Plans					
Priority Health PPO HSA \$1300-0%; \$10/\$20/\$40 Rx	\$546	\$1,216	\$1,511	\$1,009,364	\$178,087
Priority Health HMO Conventional Plans					
Priority Health HMO \$100-0%; \$20 OV; \$10/\$20/\$40 Rx	\$679	\$1,517	\$1,885	\$1,258,901	-\$71,451
Priority Health HMO \$500-0%; \$20 OV; \$10/\$20/\$40 Rx	\$649	\$1,449	\$1,801	\$1,202,999	-\$15,548
Priority Health PPO Conventional Plans					
Priority Health PPO \$100-0%; \$20 OV; \$10/\$20/\$20 Rx	\$733	\$1,639	\$2,037	\$1,360,542	-\$173,091
Priority Health PPO \$500-0%; \$20 OV; \$10/\$20/\$40 Rx	\$699	\$1,562	\$1,941	\$1,296,306	-\$108,855
McLaren HMO Traditional Plans					
McLaren HMO \$250-0%; \$20 OV; \$10/\$20/\$30 Rx	\$590	\$1,315	\$1,635	\$1,091,724	\$95,726
McLaren HMO \$500-0%; \$20 OV; \$10/\$20/\$30 Rx	\$573	\$1,277	\$1,587	\$1,060,076	\$127,374
McLaren HMO HSA Plans					
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	\$439	\$976	\$1,213	\$809,900	\$377,551
HAP PPO Plans					
HAP PPO \$100-0%; \$10/\$20/\$20 Rx	\$805	\$1,799	\$2,237	\$1,493,658	-\$306,208
HAP PPO \$500-0%; \$10/\$20/\$20 Rx	\$677	\$1,513	\$1,880	\$1,255,626	-\$68,175
HAP PPO HSA \$1300-0%; \$10/\$20/\$40 Rx	\$611	\$1,362	\$1,693	\$1,130,717	\$56,734
HAP EPO Plans					
HAP EPO \$500-0%; \$10/\$20/\$20 Rx	\$651	\$1,452	\$1,805	\$1,205,613	-\$18,162
HAP EPO HSA \$1300-0%; \$10/\$20/\$40 Rx	\$586	\$1,308	\$1,626	\$1,085,709	\$101,742

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.

*BCBSM/BCN quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commissions.

Priority Health:

*Priority Health rates, fees and/or claims projections do not 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. Rates and will be communicated to you as soon as they are known.

McLaren:

*McLaren proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act. They also include the MI Claims tax.

HAP:

*HAP proposed rates do not include estimated taxes or fees associated with the Affordable Care Act.

MESSA:

*The current MESSA 2017 renewal rates include taxes and fees

SET SEG:

*Rates do include \$7.50 enrollment and billing service fee.

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.



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

Cass City Public Schools
All Employees
Assumed Effective Date: 7/1/2017

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	Teachers Enrolled in MESSA ABC Plan 1; ABC Rx		Teachers Enrolled in MESSA Choices \$100-0%; \$10/\$20 Rx		Administrators and Support Staff with MESSA ABC Plan 1; ABC Rx		Administrators and Support Staff with MESSA Choices \$500-0%; Saver Rx		BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	
Plan	MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA Choices \$100-0%; \$10/\$20 Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA \$500-0%; Saver Rx		BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	
Rate Period	7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																
Annual Deductible - 1P	\$1,300		\$100		\$1,300		\$500		\$500		\$1,300		\$1,300		\$2,000	
Annual Deductible - 2P/FF	\$2,600		\$200		\$2,600		\$1,000		\$1,000		\$2,600		\$2,600		\$4,000	
Additional Cost After Deductible																
Employee Coinsurance after Deductible	0%		0%		0%		0%		20%		0%		20%		0%	
Coinsurance Max - 1P	\$0		\$0		\$0		\$0		\$1,500		\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$0		\$0		\$3,000		\$0		\$0		\$0	
Out of Pocket Maximum																
Max ded, coinsurance, copays - 1P	\$2,300		\$1,100		\$2,300		\$1,500		\$6,350		\$2,250		\$2,250		\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$4,600		\$2,200		\$4,600		\$3,000		\$12,700		\$4,500		\$4,500		\$6,000	
Copayments																
Office Visit/Specialist	0% after Ded.		\$20/\$20		0% after Ded.		\$20/\$20		\$20/\$20		0% after Ded.		20% after Ded.		0% after Ded.	
Urgent Care/ER	0% after Ded.		\$25/\$50		0% after Ded.		\$25/\$50		\$20/\$150		0% after Ded.		20% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	38/0% after Ded.		38/\$20		38/0% after Ded.		38/\$20		12/\$20		12/0% after Ded.		12/20% after Ded.		12/0% after Ded.	
Rx Copay	ABC Rx		\$10/\$20 Rx		ABC Rx		Saver Rx		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	1	\$631.90	0	\$842.19	2	\$631.90	1	\$707.61	5	\$562.01	5	\$500.54	5	\$457.68	5	\$441.73
Two Person (2P)	8	\$1,419.91	0	\$1,893.05	3	\$1,419.91	0	\$1,590.24	11	\$1,338.33	11	\$1,190.79	11	\$1,087.93	11	\$1,049.65
Family (FF)	36	\$1,766.63	1	\$2,355.43	8	\$1,766.63	0	\$1,978.59	45	\$1,671.04	45	\$1,486.62	45	\$1,358.05	45	\$1,310.19
Total Annual Premium	45	\$907,078	1	\$28,265	13	\$235,879	1	\$8,491	61	\$1,112,744	61	\$989,993	61	\$904,413	61	\$872,562
Combined Current Lives	60		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	
Combined Annual Premium	\$1,179,714		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	
Total Costs																
Estimated Annual Cost	\$1,179,714		<Totals		<Totals		<Totals		PEPM Annual \$1,112,744		PEPM Annual \$989,993		PEPM Annual \$904,413		PEPM Annual \$872,562	
Estimated Savings/(Increase) \$									\$66,970.10		\$189,720.84		\$275,301.11		\$307,151.72	
Estimated Difference %									5.7%		16.1%		23.3%		26.0%	
One Person Cost Share																
One Person Rate	\$631.90		\$842.19		\$631.90		\$707.61		\$562.01		\$500.54		\$457.68		\$441.73	
One Person Total	\$631.90		\$842.19		\$631.90		\$707.61		\$562.01		\$500.54		\$457.68		\$441.73	
One Person PA 152 Cap	\$528.73		\$528.73		\$528.73		\$528.73		\$528.73		\$528.73		\$528.73		\$528.73	
One Person Monthly Cost	\$103.17		\$313.46		\$103.17		\$178.88		\$33.28		-\$28.19		-\$71.05		-\$87.01	
Two Person Cost Share																
Two Person Rate	\$1,419.91		\$1,893.05		\$1,419.91		\$1,590.24		\$1,338.33		\$1,190.79		\$1,087.93		\$1,049.65	
Two Person Total	\$1,419.91		\$1,893.05		\$1,419.91		\$1,590.24		\$1,338.33		\$1,190.79		\$1,087.93		\$1,049.65	
Two Person PA 152 Cap	\$1,105.74		\$1,105.74		\$1,105.74		\$1,105.74		\$1,105.74		\$1,105.74		\$1,105.74		\$1,105.74	
Two Person Monthly Cost	\$314.17		\$787.31		\$314.17		\$484.50		\$232.59		\$85.05		-\$17.82		-\$56.09	
Family Cost Share																
Family Rate	\$1,766.63		\$2,355.43		\$1,766.63		\$1,978.59		\$1,671.04		\$1,486.62		\$1,358.05		\$1,310.19	
Family Total	\$1,766.63		\$2,355.43		\$1,766.63		\$1,978.59		\$1,671.04		\$1,486.62		\$1,358.05		\$1,310.19	
Family PA 152 Cap	\$1,442.00		\$1,442.00		\$1,442.00		\$1,442.00		\$1,442.00		\$1,442.00		\$1,442.00		\$1,442.00	
Family Monthly Cost	\$324.63		\$913.43		\$324.63		\$536.59		\$229.04		\$44.62		-\$83.96		-\$131.81	

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