



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: 1/1/2019

Plan	CURRENT PLAN		RENEWAL		Admin Group	
	All Employees BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	
Rate Period	7/1/2018-12/31/2018		1/1/2019-12/31/2019		1/1/2019 - 12/31/2019	
Purchased Plan Features	In Network		In Network		In Network	
Deductible						
Annual Deductible - 1P	\$1,350		\$1,350		\$2,000	
Annual Deductible - 2P/FF	\$2,700		\$2,700		\$4,000	
Additional Cost After Deductible						
Employee Coinsurance after Deductible	0%		0%		20%	
Coinsurance Max - 1P	\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$0	
Out of Pocket Maximum						
Max ded, coinsurance, copays - 1P	\$2,250		\$2,250		\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$4,500		\$4,500		\$6,000	
Copayments						
Office Visit/Specialist	0% after Ded.		0% after Ded.		20% after Ded.	
Urgent Care/ER	0% after Ded.		0% after Ded.		20% after Ded.	
Chiropractic Limit/Copay	12/0% after Ded.		12/0% after Ded.		12/20% after Ded.	
Rx Copay	\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	2	\$539.04	2	\$550.52	2	\$473.85
Two Person (2P)	3	\$1,282.65	3	\$1,309.61	3	\$1,125.63
Family (FF)	9	\$1,601.33	9	\$1,634.95	9	\$1,404.96
One Person Cost Share						
One Person Rate	\$539.04		\$550.52		\$473.85	
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10	
One Person Monthly Cost	-\$18.06		-\$6.57		-\$83.25	
Two Person Cost Share						
Two Person Rate	\$1,282.65		\$1,309.61		\$1,125.63	
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06	
Two Person Monthly Cost	\$117.59		\$144.55		-\$39.43	
Family Cost Share						
Family Rate	\$1,601.33		\$1,634.95		\$1,404.96	
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36	
Family Monthly Cost	\$81.97		\$115.59		-\$114.40	

BCBSM: Rates Include 3% MESSA Commission
SET SEG: Rates include \$8.30 Enrollment & Billing Fee