



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
Everyone But Teachers
Assumed Effective Date: 1/1/2020**

Plan	Renewal Employees with BCBSM PPO HSA \$2,000-20% (Renewal)	Renewal Employees with BCBSM SB PPO HSA \$1,400-0% (Renewal)	Option 1	Option 2
	BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	BCN HMO HSA \$2000-0%; \$10/\$30/\$60/\$80/20%/20% Rx	BCN HMO HSA \$1400-0%; \$10/\$30/\$60/\$80/20%/20% Rx
Rate Period	1/1/20-12/31/20	1/1/20-12/31/20	1/1/20-12/31/20	1/1/20-12/31/20
Purchased Plan Features	In Network	In Network	In Network	In Network
Deductible				
Annual Deductible - 1P	\$2,000	\$1,400	\$2,000	\$1,400
Annual Deductible - 2P/FF	\$4,000	\$2,800	\$4,000	\$2,800
Additional Cost After Deductible				
Employee Coinsurance after Deductible	20%	0%	0%	0%
Coinsurance Max - 1P	\$0	\$0	\$0	\$0
Coinsurance Max - 2P/FF	\$0	\$0	\$0	\$0
Out of Pocket Maximum				
Max ded, coinsurance, copays - 1P	\$3,000	\$2,250	\$3,000	\$2,350
Max ded, coinsurance, copays - 2P/FF	\$6,000	\$4,500	\$6,000	\$4,700
Copayments				
Office Visit/Specialist	20% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.
Urgent Care/ER	20% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.
Chiropractic Limit/Copay	12/20% after Ded.	12/0% after Ded.	30/0% after Ded.	30/0% after Ded. (when referred)
Rx Copay	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$30/\$60/\$80/20%/20% after Ded.	\$10/\$30/\$60/\$80/20%/20% after Ded.
One Person Cost Share				
One Person Rate	\$493.21	\$567.66	\$424.94	\$461.36
One Person PA 152 Cap	\$568.24	\$568.24	\$568.24	\$568.24
One Person Monthly Cost	-\$75.03	-\$0.58	-\$143.30	-\$106.88
Two Person Cost Share				
Two Person Rate	\$1,172.08	\$1,350.77	\$1,008.20	\$1,095.63
Two Person PA 152 Cap	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36
Two Person Monthly Cost	-\$16.28	\$162.41	-\$180.16	-\$92.73
Family Cost Share				
Family Rate	\$1,463.02	\$1,686.39	\$1,258.18	\$1,367.47
Family PA 152 Cap	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75
Family Monthly Cost	-\$86.73	\$136.64	-\$291.57	-\$182.28

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 commission.

SET SEG:

*Rates include \$8.30 enrollment and billing service fee.