



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: 1/1/2020**

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	Employees with BCBSM PPO HSA \$2,000-20% (Renewal)		Employees with BCBSM SB PPO HSA \$1,350-0% (Renewal)		Pak A Teachers with MESSA Choices		Pak C Teachers with MESSA ABC Plan 1		BCN HMO HSA \$1400-0%; \$4/\$15/\$40/\$80/20%/20% Rx		BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx		BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 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		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		In Network		In Network		In Network		In Network	
Deductible																
Annual Deductible - 1P	\$2,000	\$1,400	\$500	\$1,400	\$1,400	\$1,400	\$500	\$1,000	\$1,400	\$500	\$1,000	\$1,000	\$1,400	\$1,400	\$1,400	
Annual Deductible - 2P/FF	\$4,000	\$2,800	\$1,000	\$2,800	\$2,800	\$2,800	\$1,000	\$2,000	\$2,800	\$1,000	\$2,000	\$2,000	\$2,800	\$2,800	\$2,800	
Additional Cost After Deductible																
Employee Coinsurance after Deductible	20%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Coinsurance Max - 1P	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Coinsurance Max - 2P/FF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Out of Pocket Maximum																
Max ded, coinsurance, copays - 1P	\$3,000	\$2,250	Med Max:\$1,500 Rx Max: \$1,000	\$2,350	\$2,250	\$2,250	\$1,000	\$6,350	\$2,250	\$1,000	\$6,350	\$6,350	\$2,250	\$2,250	\$2,250	
Max ded, coinsurance, copays - 2P/FF	\$6,000	\$4,500	Med Max: \$3,000 Rx Max: \$2,000	\$4,700	\$4,500	\$4,500	\$2,000	\$12,700	\$4,500	\$2,000	\$12,700	\$12,700	\$4,500	\$4,500	\$4,500	
Copayments																
Office Visit/Specialist	20% after Ded.	0% after Ded.	\$20/\$20 after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	\$20/\$30	\$30/\$30	0% after Ded.	\$20/\$30	\$30/\$30	\$30/\$30	0% after Ded.	0% after Ded.	0% after Ded.	
Urgent Care/ER	20% after Ded.	0% after Ded.	\$25/\$50 after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	\$35/\$250	\$30/\$150	0% after Ded.	\$35/\$250	\$30/\$150	\$30/\$150	0% after Ded.	0% after Ded.	0% after Ded.	
Chiropractic Limit/Copay	12/20% after Ded.	12/0% after Ded.	38/Subject to Deductible and Coinsurance	38/0% after Ded.	12/0% after Ded.	30/\$30 (when referred)	12/\$30	12/0% after Ded.	12/0% after Ded.	30/\$30 (when referred)	12/\$30	12/\$30	12/0% after Ded.	12/0% after Ded.	12/0% after Ded.	
Rx Copay	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$20 Rx	ABC Rx	\$10/\$40/\$80 after Ded.	\$4/\$15/\$40/\$80/20%/20%	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$4/\$15/\$40/\$80/20%/20%	\$10/\$40/\$80	\$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	\$493.21	1	\$567.66	1	\$761.58	2	\$635.45	5	\$483.82	5	\$611.73	5	\$664.08	5	\$595.72
Two Person (2P)	0	\$1,172.08	3	\$1,350.77	0	\$1,711.66	7	\$1,427.89	10	\$1,149.56	10	\$1,456.54	10	\$1,582.16	10	\$1,418.10
Family (FF)	1	\$1,463.02	7	\$1,686.39	1	\$2,129.70	29	\$1,776.57	38	\$1,434.88	38	\$1,818.60	38	\$1,975.64	38	\$1,770.55
Total Annual Premium	2	\$23,475	11	\$197,096	2	\$34,695	38	\$753,440	53	\$821,282	53	\$1,040,769	53	\$1,130,596	53	\$1,013,285
One Person Cost Share																
One Person Rate	\$493.21	\$567.66	\$761.58	\$635.45	\$483.82	\$611.73	\$664.08	\$595.72	\$493.21	\$567.66	\$761.58	\$635.45	\$483.82	\$611.73	\$664.08	\$595.72
One Person PA 152 Cap	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24
One Person Monthly Cost	-\$75.03	-\$0.58	\$193.34	\$67.21	-\$84.42	\$43.49	\$95.84	\$27.48	-\$75.03	-\$0.58	\$193.34	\$67.21	-\$84.42	\$43.49	\$95.84	\$27.48
Two Person Cost Share																
Two Person Rate	\$1,172.08	\$1,350.77	\$1,711.66	\$1,427.89	\$1,149.56	\$1,456.54	\$1,582.16	\$1,418.10	\$1,172.08	\$1,350.77	\$1,711.66	\$1,427.89	\$1,149.56	\$1,456.54	\$1,582.16	\$1,418.10
Two Person PA 152 Cap	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36
Two Person Monthly Cost	-\$16.28	\$162.41	\$523.30	\$239.53	-\$38.80	\$268.18	\$393.80	\$229.74	-\$16.28	\$162.41	\$523.30	\$239.53	-\$38.80	\$268.18	\$393.80	\$229.74
Family Cost Share																
Family Rate	\$1,463.02	\$1,686.39	\$2,129.70	\$1,776.57	\$1,434.88	\$1,818.60	\$1,975.64	\$1,770.55	\$1,463.02	\$1,686.39	\$2,129.70	\$1,776.57	\$1,434.88	\$1,818.60	\$1,975.64	\$1,770.55
Family PA 152 Cap	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75
Family Monthly Cost	-\$86.73	\$136.64	\$579.95	\$226.82	-\$114.87	\$268.85	\$425.89	\$220.80	-\$86.73	\$136.64	\$579.95	\$226.82	-\$114.87	\$268.85	\$425.89	\$220.80

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.

BCN:

*BCN proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act.

SET SEG:

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