2016 Marketing Summary - Bullock Creek School District

CARRIER	LINES OF COVERAGE	MARKETING RESULTS
MESSA (BODS)	M 1 10 D)/	
MESSA (BCBS)	Medical & RX	Current carrier.
Priority Health	Medical & RX	Declined to Quote
HAP	Medical & RX	Quote received, see cost analysis.
BCBS	Medical & RX	Quote received, see cost analysis.
BCN	Medical & RX	Quote received, see cost analysis.



Medical Options - Bullock Creek Community Schools

Period: 07/01/2016 - 06/30/2017

CARRIER Benefit Plan Plan Type/Network		MESSA -	BCBSM	T	Option 1 Health Alliance P				
			MESSA - BCBSM				Option 2 Health Alliance Plan (HAP)		
Plan Type/Network		Choices \$500			Option 1 - \$500		Option 2 - HDHP		
i lair i ypo/itotwork	PPO				PPO		PPO		
Deductible									
In-Network		\$500/1			\$500/1000		\$1300/2600 (Aggregate)		
Out-of-Network		\$1000/	4000		\$1000/200	00	\$2600/5200 (Aggregate)		
Coinsurance					4000/		4000/		
In-Network		100			100%		100%		
Out-of-Network		80/20	0%		80/20%		80/20%		
Coinsurance Maximum									
In-Network		Nor			None		None		
Out-of-Network		Nor	ne		\$2000/4000		None		
Out-of-Pocket Maximum		* 1 = 0 0 (0 0 0 0) (1			***		****		
In-Network		\$1500/3000 (in			\$6850/13,700		\$2000/4000 (Aggregate)		
Out-of-Network		\$3000/6000 (in	iciudes dea.)		\$13,700/27,	400	\$4000/8000 (A	(aggregate)	
Office Visit Copay		\$10 after d	eductible		\$10		Subject to deductible/coinsurance		
Specialist Office Visit Copay		\$10 after d	eductible		\$10		Subject to deductible/coinsurance		
Chiran ractic Canau		Subject to de	ed./coins.,		\$10; 20 visits max.		Subject to deductible/coinsurance;		
Chiropractic Copay	38 visits max.				\$10, 20 visits max.		20 visits max.		
Urgent Care Copay	\$25 after deductible				\$25		Subject to deductible/coinsurance		
Emergency Room Copay	\$50 after deductible				\$50		Subject to deductible/coinsurance		
							Subject to deductible, then:		
					\$10 Generic		\$10 Generic		
Prescription Drugs	MESSA Saver Rx			\$40 Preferred Brand		\$40 Preferred Brand			
- 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					\$80 Nonpreferred Brand Mail Order 2x		\$80 Nonpreferred Brand Mail Order 2x		
Employer Contribution:	-				Minimum 50% of total premium.		Minimum 50% of total premium.		
Participation	<u>-</u>			70%		70%			
A.M. Best Rating	BCBSM - A- (Excellent)				Not Rated		Not Rated		
Rate	Teachers/			ffice Personnel	Illustrative R		Illustrative		
	<u>#</u>	Current Rate	<u>#</u>	Current Rate	<u>#</u>	<u>Rates</u>	<u>#</u>	<u>Rates</u>	
	Single 22	\$497.75	Single 11	\$465.66	Single 33	\$577.63	Single 33	\$520.42	
Tv	wo-Party 19	\$1,118.09	Two-Party 6	\$1,045.87	Two-Party 25	\$1,297.52	Two-Party 25	\$1,169.02	
	Family <u>76</u>	<u>\$1,391.02</u>	Family <u>9</u>	<u>\$1,301.15</u>	Family <u>85</u>	\$1,614.25	Family <u>85</u>	\$1,454.39	
Monthly Premium	117	\$137,911.73	26	\$23,107.83	143	\$188,711.04	143	\$170,022.51	
Estimated Taxes & Fees		<u>\$0.00</u>		<u>\$0.00</u>	<u>Includ</u>	ed in Premium	<u>Incl</u>	uded in Premium	
Total Monthly Cost		\$137,911.73		\$23,107.83		\$188,711.04		\$170,022.51	
Total Annual Cost		\$1,654,940.76		\$277,293.96		\$2,264,532.48		\$2,040,270.12	
Total Annual Cost Combined				\$1,932,234.72		\$2,264,532.48		\$2,040,270.12	
Difference from Current						\$332,297.76		\$108,035.40	
% Difference						17.20%		5.59%	

Current MESSA tier level rates do not include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA). HAP Option tier level rates do not include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).



Medical Options - Bullock Creek Community Schools

Period: 07/01/2016 - 06/30/2017

	Current			00/00/2011	Option	1	Option 2		
CARRIER	MESSA - BCBSM			Blue Cross Blu		Blue Cross Blue Shield			
Benefit Plan	Choices \$500				Community I	Blue M	Simply Blue HSA 1300		
Plan Type/Network	PPO				PPO		PPO		
Deductible									
In-Network		\$500/1			\$500/10		\$1300/2600 (Aggregate)		
Out-of-Network		\$1000/-	4000		\$1000/20	000	\$2600/5200 (Aggregate)		
Coinsurance				1000/		4000/			
In-Network		100			100% 80/20%		100%		
Out-of-Network		80/20	J%		80/20%		80/20%		
Coinsurance Maximum									
In-Network		Non			None		None		
Out-of-Network		Non	ie		None		None	9	
Out-of-Pocket Maximum		₽4.E00/2000 /:∞	المام ماممال		\$4500/20	100	40050/4500 /A		
In-Network Out-of-Network		\$1500/3000 (in \$3000/6000 (in	,		\$1500/3000 \$3000/6000		\$2250/4500 (Aggregate) \$4500/9000 (Aggregate)		
Out-or-Network		\$3000/6000 (III	iciddes ded.)		φ3000/60	100	φ4300/9000 (F	Aggregate)	
Office Visit Copay		\$10 after de	eductible		\$10		Subject to deductible		
Specialist Office Visit Copay		\$10 after deductible			\$10		Subject to deductible		
Chiropractic Copay		Subject to de	ed./coins.,		\$10; 24 visits max.		Subject to deductible;		
Chilopractic Copay	38 visits max.			\$10, 24 VISILS Max.		12 visits max.			
Urgent Care Copay	\$25 after deductible				\$10		Subject to deductible		
Emergency Room Copay	\$50 after deductible				\$50		Subject to deductible		
					#40.0		Subject to dedu	ctible, then:	
					\$10 Generic \$40 Preferred Brand		\$10 Generic		
Prescription Drugs	MESSA Saver Rx			\$80 Nonpreferred Brand		\$40 Preferred Brand			
					Mail Order 2x		\$80 Nonpreferred Brand		
					Mail Order 2X		Mail Order 2x		
Employer Contribution:	-			No Requirement		No Requirement			
Participation	<u>-</u>			Minimum 2 enrolled		Minimum 2 enrolled			
A.M. Best Rating		BCBSM - A- (Excellent)			A- (Excellent)		A- (Excellent)		
Rate	<u>Teachers</u> /		Custodians/Of		Illustrative Rates		Illustrative Rates		
	<u>#</u>	Current Rate	<u>#</u>	Current Rate	<u>#</u>	<u>Rates</u>	<u>#</u>	<u>Rates</u>	
	Single 22	\$497.75	Single 11	\$465.66	Single 33	\$517.54	Single 33	\$371.89	
	Two-Party 19	\$1,118.09	Two-Party 6	\$1,045.87	Two-Party 25	\$1,242.09	Two-Party 25	\$892.54	
	Family <u>76</u>	<u>\$1,391.02</u>	Family <u>9</u>	<u>\$1,301.15</u>	Family <u>85</u>	<u>\$1,552.61</u>	Family <u>85</u>	<u>\$1,115.68</u>	
Monthly Premium	117	\$137,911.73	26	\$23,107.83	143	\$180,102.92	143	\$129,418.67	
Estimated Taxes & Fees		<u>\$0.00</u>		<u>\$0.00</u>	<u>Incl</u>	uded in Premium	<u>Incl</u>	uded in Premium	
Total Monthly Cost		\$137,911.73		\$23,107.83		\$180,102.92		\$129,418.67	
Total Annual Cost		\$1,654,940.76		\$277,293.96		\$2,161,235.04		\$1,553,024.04	
Total Annual Cost Combined				\$1,932,234.72		\$2,161,235.04		\$1,553,024.04	
Difference from Current						\$229,000.32		-\$379,210.68	
% Difference						11.85%		-19.63%	

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Medical Options - Bullock Creek Community Schools

Period: 07/01/2016 - 06/30/2017

	Option 3								
CARRIER		BCBSM	Blue Care Network						
Benefit Plan	Choices \$500				Classic HMO 500				
Plan Type/Network		0	HMO						
Deductible									
In-Network		\$500/			\$500/1000				
Out-of-Network		\$1000/	4000		N/A				
Coinsurance		400	0/		F0/F00/				
In-Network Out-of-Network		100 80/20			50/50% N/A				
Coinsurance Maximum		00/20	U /0		IN/A				
In-Network		Nor				None			
Out-of-Network		Nor Nor			None N/A				
Out-of-Pocket Maximum		INOI	IC .			IN/ /\			
In-Network		\$1500/3000 (ir	ncludes ded.)		\$10	00/200	0		
Out-of-Network		\$3000/6000 (ir	,		·	N/A			
Office Visit Copay		\$10 after d	eductible		\$20				
Specialist Office Visit Copay		\$10 after d	eductible		\$30				
Chiropractic Copay	Subject to ded./coins., 38 visits max.				\$30; when referred, 30 visits max.				
Urgent Care Copay		\$25 after d			\$35				
Emergency Room Copay		·			\$150 after deductible				
Emergency Room Copay	\$50 after deductible								
	MESSA Saver Rx				\$4 Value Generic / \$15 Generic				
					\$40 Preferred Brand \$80 Nonpreferred Brand				
Prescription Drugs					20% Specialty Preferred (max. \$200)				
					20% Specialty Nonpreferred (max. \$300)				
					Mail Order 3x less \$10				
Employer Contribution:		_		No Requirement					
Participation		_			Minimum 2 enrolled				
A.M. Best Rating		BCBSM - A- (Excellent)				A- (Excellent)			
Rate	Teachers/Admin Custodians/Office Personne			fice Personnel	Illustrative Rates				
	<u>#</u>	Current Rate	<u>#</u>	Current Rate		<u>#</u>	<u>Rates</u>		
	Single 22	\$497.75	Single 11	\$465.66	Single	33	\$402.42		
	Two-Party 19	\$1,118.09	Two-Party 6	\$1,045.87	Two-Party	25	\$965.80		
	Family <u>76</u>	<u>\$1,391.02</u>	Family <u>9</u>	<u>\$1,301.15</u>	Family	<u>85</u>	<u>\$1,207.25</u>		
Monthly Premium	117	\$137,911.73	26	\$23,107.83		143	\$140,041.11		
Estimated Taxes & Fees		<u>\$0.00</u>		<u>\$0.00</u>			Included in Premium		
Total Monthly Cost		\$137,911.73		\$23,107.83			\$140,041.11		
Total Annual Cost		\$1,654,940.76		\$277,293.96			\$1,680,493.32		
Total Annual Cost Combined				\$1,932,234.72			\$1,680,493.32		
Difference from Current							-\$251,741.40		
% Difference							-13.03%		

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