

2016 Marketing Summary - Bullock Creek School District

CARRIER	LINES OF COVERAGE	MARKETING RESULTS
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

	Current	Option 1	Option 2
CARRIER	MESSA - BCBSM	Health Alliance Plan (HAP)	Health Alliance Plan (HAP)
Benefit Plan	Choices \$500 PPO	Option 1 - \$500 PPO	Option 2 - HDHP PPO
Plan Type/Network			
Deductible			
<i>In-Network</i>	\$500/1000	\$500/1000	\$1300/2600 (Aggregate)
<i>Out-of-Network</i>	\$1000/4000	\$1000/2000	\$2600/5200 (Aggregate)
Coinsurance			
<i>In-Network</i>	100%	100%	100%
<i>Out-of-Network</i>	80/20%	80/20%	80/20%
Coinsurance Maximum			
<i>In-Network</i>	None	None	None
<i>Out-of-Network</i>	None	\$2000/4000	None
Out-of-Pocket Maximum			
<i>In-Network</i>	\$1500/3000 (includes ded.)	\$6850/13,700	\$2000/4000 (Aggregate)
<i>Out-of-Network</i>	\$3000/6000 (includes ded.)	\$13,700/27,400	\$4000/8000 (Aggregate)
Office Visit Copay	\$10 after deductible	\$10	Subject to deductible/coinsurance
Specialist Office Visit Copay	\$10 after deductible	\$10	Subject to deductible/coinsurance
Chiropractic Copay	Subject to ded./coins., 38 visits max.	\$10; 20 visits max.	Subject to deductible/coinsurance; 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
Prescription Drugs	MESSA Saver Rx	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to deductible, then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
Employer Contribution: Participation	-	Minimum 50% of total premium. 70%	Minimum 50% of total premium. 70%
A.M. Best Rating	BCBSM - A- (Excellent)	Not Rated	Not Rated
Rate	Teachers/Admin	Custodians/Office Personnel	Illustrative Rates
	# <u>Current Rate</u>	# <u>Current Rate</u>	# <u>Rates</u>
	Single 22 \$497.75	Single 11 \$465.66	Single 33 \$577.63
	Two-Party 19 \$1,118.09	Two-Party 6 \$1,045.87	Two-Party 25 \$1,297.52
	Family 76 \$1,391.02	Family 9 \$1,301.15	Family 85 \$1,614.25
Monthly Premium	117 \$137,911.73	26 \$23,107.83	143 \$188,711.04
Estimated Taxes & Fees	\$0.00	\$0.00	<u>Included in Premium</u>
Total Monthly Cost	\$137,911.73	\$23,107.83	\$188,711.04
Total Annual Cost	\$1,654,940.76	\$277,293.96	\$2,264,532.48
Total Annual Cost Combined		\$1,932,234.72	\$2,264,532.48
Difference from Current			\$332,297.76
% Difference			17.20%
			\$2,040,270.12
			\$108,035.40
			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	Option 1	Option 2
CARRIER	MESSA - BCBSM	Blue Cross Blue Shield	Blue Cross Blue Shield
Benefit Plan	Choices \$500 PPO	Community Blue M PPO	Simply Blue HSA 1300 PPO
Plan Type/Network			
Deductible			
<i>In-Network</i>	\$500/1000	\$500/1000	\$1300/2600 (Aggregate)
<i>Out-of-Network</i>	\$1000/4000	\$1000/2000	\$2600/5200 (Aggregate)
Coinsurance			
<i>In-Network</i>	100%	100%	100%
<i>Out-of-Network</i>	80/20%	80/20%	80/20%
Coinsurance Maximum			
<i>In-Network</i>	None	None	None
<i>Out-of-Network</i>	None	None	None
Out-of-Pocket Maximum			
<i>In-Network</i>	\$1500/3000 (includes ded.)	\$1500/3000	\$2250/4500 (Aggregate)
<i>Out-of-Network</i>	\$3000/6000 (includes ded.)	\$3000/6000	\$4500/9000 (Aggregate)
Office Visit Copay	\$10 after deductible	\$10	Subject to deductible
Specialist Office Visit Copay	\$10 after deductible	\$10	Subject to deductible
Chiropractic Copay	Subject to ded./coins., 38 visits max.	\$10; 24 visits max.	Subject to deductible; 12 visits max.
Urgent Care Copay	\$25 after deductible	\$10	Subject to deductible
Emergency Room Copay	\$50 after deductible	\$50	Subject to deductible
Prescription Drugs	MESSA Saver Rx	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x	Subject to deductible, then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x
Employer Contribution:	-	No Requirement	No Requirement
Participation	-	Minimum 2 enrolled	Minimum 2 enrolled
A.M. Best Rating	BCBSM - A- (Excellent)	A- (Excellent)	A- (Excellent)
Rate	<u>Teachers/Admin</u>	<u>Custodians/Office Personnel</u>	<u>Illustrative Rates</u>
	# <u>Current Rate</u>	# <u>Current Rate</u>	# <u>Rates</u>
	Single 22 \$497.75	Single 11 \$465.66	Single 33 \$517.54
	Two-Party 19 \$1,118.09	Two-Party 6 \$1,045.87	Two-Party 25 \$1,242.09
	Family 76 \$1,391.02	Family 9 \$1,301.15	Family 85 \$1,552.61
Monthly Premium	117 \$137,911.73	26 \$23,107.83	143 \$180,102.92
Estimated Taxes & Fees	\$0.00	\$0.00	<u>Included in Premium</u>
Total Monthly Cost	\$137,911.73	\$23,107.83	\$180,102.92
Total Annual Cost	\$1,654,940.76	\$277,293.96	\$2,161,235.04
Total Annual Cost Combined		\$1,932,234.72	\$2,161,235.04
Difference from Current			\$229,000.32
% Difference			11.85%
			-19.63%

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Medical Options - Bullock Creek Community Schools

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

	Current	Option 3
CARRIER	MESSA - BCBSM	Blue Care Network
Benefit Plan	Choices \$500	Classic HMO 500
Plan Type/Network	PPO	HMO
Deductible		
<i>In-Network</i>	\$500/1000	\$500/1000
<i>Out-of-Network</i>	\$1000/4000	N/A
Coinsurance		
<i>In-Network</i>	100%	50/50%
<i>Out-of-Network</i>	80/20%	N/A
Coinsurance Maximum		
<i>In-Network</i>	None	None
<i>Out-of-Network</i>	None	N/A
Out-of-Pocket Maximum		
<i>In-Network</i>	\$1500/3000 (includes ded.)	\$1000/2000
<i>Out-of-Network</i>	\$3000/6000 (includes ded.)	N/A
Office Visit Copay	\$10 after deductible	\$20
Specialist Office Visit Copay	\$10 after deductible	\$30
Chiropractic Copay	Subject to ded./coins., 38 visits max.	\$30; when referred, 30 visits max.
Urgent Care Copay	\$25 after deductible	\$35
Emergency Room Copay	\$50 after deductible	\$150 after deductible
Prescription Drugs	MESSA Saver Rx	\$4 Value Generic / \$15 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 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 # Current Rate	Custodians/Office Personnel # Current Rate
	Single 22 \$497.75	Single 11 \$465.66
	Two-Party 19 \$1,118.09	Two-Party 6 \$1,045.87
	Family <u>76</u> <u>\$1,391.02</u>	Family <u>9</u> <u>\$1,301.15</u>
Monthly Premium	117 \$137,911.73	26 \$23,107.83
Estimated Taxes & Fees	\$0.00	\$0.00
Total Monthly Cost	\$137,911.73	\$23,107.83
Total Annual Cost	\$1,654,940.76	\$277,293.96
<i>Total Annual Cost Combined</i>		\$1,932,234.72
<i>Difference from Current</i>		\$1,680,493.32
<i>% Difference</i>		-\$251,741.40 -13.03%

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 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).