



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Ashley Community Schools
All Employees
Assumed Effective Date: 7/1/2017

	CURRENT PLAN All Employees		Option 1		Option 2		Option 3		Option 4	
Plan	MESSA \$500-0%; Saver Rx		MESSA \$1000-20%; Saver Rx		Simply Blue PPO Gold \$500		Simply Blue HSA PPO Gold \$1300		Simply Blue HSA PPO Gold \$1450	
Rate Period	7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018		7/1/2017-6/30/2018	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network	
Deductible										
Annual Deductible - 1P	\$500		\$1,000		\$500		\$1,300		\$1,450	
Annual Deductible - 2P/FF	\$1,000		\$2,000		\$1,000		\$2,600		\$2,900	
Additional Cost After Deductible										
Employee Coinsurance after Deductible	0%		20%		20%		20%		0%	
Coinsurance Max - 1P	\$0		\$0		\$3,000		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$6,000		\$0		\$0	
Out of Pocket Maximum										
Max ded, coinsurance, copays - 1P	\$1,500		\$2000 for medical; \$1000 for prescription		\$6,600		\$2,300		\$2,450	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$4000 for medical; \$2000 for prescription		\$13,200		\$4,600		\$4,900	
Copayments										
Office Visit/Specialist	\$20/\$20		\$20/\$20		\$20/\$40		20% after Ded.		0% after Ded.	
Urgent Care/ER	\$25/\$50		\$25/\$50		\$60/\$250		20% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	38/\$20		38/\$20		30/\$30 (combined with PT and OT)		30/20% after Ded. (combined with PT and OT)		30/0% after Ded. (combined with PT and OT)	
Rx Copay	Saver Rx		Saver Rx		\$15/\$50/50%/20%/25%		\$10/\$40/\$80/15%/25% after Ded.		\$20/\$60/50%/20%/25% after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	5	\$592.62	5	\$504.56	5	\$450.21	5	\$425.24	5	\$438.30
Two Person (2P)	4	\$1,331.54	4	\$1,133.39	4	\$941.54	4	\$889.29	4	\$916.62
Family (FF)	11	\$1,656.64	11	\$1,410.06	11	\$1,227.86	11	\$1,159.73	11	\$1,195.36
Total Annual Premium	20	\$318,148	20	\$270,804	20	\$234,285	20	\$221,284	20	\$228,082
Total Costs			PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$318,148		\$270,804		\$234,285		\$221,284		\$228,082	
Estimated Savings/(Increase) \$			\$47,343.36		\$83,862.81		\$96,863.31		\$90,065.18	
Estimated Difference %			14.9%		26.4%		30.4%		28.3%	

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 quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

MESSA:
 MESSA rates include taxes and fees.

SET SEG:
 *SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG