



Medical Rate Summary
Bear Lake Schools
All Employees
 Assumed Effective Date: 7/1/2017

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Administrators and Teachers		Census 2	1	7	10	
	MESSA \$500-0%; Saver Rx	Rate \$685.86	\$1,541.31	\$1,917.70		\$196,043
Support Staff		Census 1		1	1	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate \$612.49	\$1,376.22	\$1,712.27		\$20,547
TOTALS:		2	1	8	11	\$216,590

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans	did not provide quotes as requested				
BCBSM Small Group HSA Plans					
Simply Blue HSA PPO Gold \$1300	\$492	\$1,030	\$1,343	\$153,109	\$63,482
Simply Blue HSA PPO Gold \$1450	\$508	\$1,061	\$1,384	\$157,810	\$58,780
Simply Blue HSA PPO Gold \$2700 (\$700)	\$448	\$937	\$1,222	\$139,307	\$77,283
BCBSM Small Group PPO Plans					
Simply Blue PPO Gold \$500	\$521	\$1,090	\$1,422	\$162,106	\$54,485
Simply Blue PPO Gold \$1000	\$503	\$1,051	\$1,371	\$156,240	\$60,350
BCN Small Group HMO Plans					
BCN HMO Platinum \$500	\$549	\$1,148	\$1,497	\$170,715	\$45,876
BCN HMO Gold \$500	\$473	\$990	\$1,291	\$147,171	\$69,420
BCN HMO Gold \$1000	\$470	\$982	\$1,281	\$145,988	\$70,602
BCN Small Group HSA Plans					

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HSA HMO Gold \$1300	\$441	\$923	\$1,204	\$137,221	\$79,369
BCN HSA HMO Gold \$1450	\$463	\$968	\$1,262	\$143,850	\$72,741
BCN HSA HMO Gold \$2700 (\$700)	\$398	\$832	\$1,085	\$123,716	\$92,875
Priority Health Small Group Options					
Priority Health POS 250-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$608	\$1,271	\$1,658	\$188,977	\$27,613
Priority Health POS 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$533	\$1,114	\$1,453	\$165,625	\$50,965
Priority Health POS 1000-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$510	\$1,068	\$1,392	\$158,719	\$57,872
Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$494	\$1,032	\$1,346	\$153,480	\$63,110
Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	\$495	\$1,035	\$1,350	\$153,926	\$62,664
Priority Health POS HSA 1685-20%; \$20/\$20/\$60/\$80/20%/20% Rx	\$440	\$919	\$1,199	\$136,695	\$79,895
Priority Health POS HSA 2000-0%; \$10/\$10/\$40/\$80/20%/20% Rx	\$465	\$973	\$1,269	\$144,681	\$71,910

MESSA:

*MESSA rates include taxes and fees.

BCBSM/BCN:

*BCBSM/BCN 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.

Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

*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



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

Bear Lake Schools
All Employees
Assumed Effective Date: 7/1/2017

Plan	CURRENT PLAN Administrators and Teachers MESSA \$500-0%; Saver Rx		CURRENT PLAN Support Staff MESSA ABC Plan 1 \$1300-0%; ABC Rx		Option 1	Option 2	Option 3	
					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		\$1,300		\$500	\$1,300	\$1,450	
Annual Deductible - 2P/FF	\$1,000		\$2,600		\$1,000	\$2,600	\$2,900	
Additional Cost After Deductible								
Employee Coinsurance after Deductible	0%		0%		20%	20%	0%	
Coinsurance Max - 1P	\$0		\$1,000		\$3,000	\$1,000	\$1,000	
Coinsurance Max - 2P/FF	\$0		\$2,000		\$6,000	\$2,000	\$2,000	
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$1,500		\$2,300		\$6,600	\$2,300	\$2,450	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$4,600		\$13,200	\$4,600	\$4,900	
Copayments								
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$40	20% after Ded.	0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		\$60/\$250	20% after Ded.	0% after Ded.	
Chiropractic Limit/Copay	38/0% (office visit copay may apply)		38/0% after Ded.		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		ABC 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
One Person (1P)	2	\$685.86	0	\$612.49	2	\$521.39	2	\$492.44
Two Person (2P)	1	\$1,541.31	0	\$1,376.22	1	\$1,090.38	1	\$1,029.86
Family (FF)	7	\$1,917.70	1	\$1,712.27	8	\$1,421.96	8	\$1,343.04
Total Annual Premium	10	\$196,043	1	\$20,547	11	\$162,106	11	\$153,109
Combined Current Lives	11		< TOTALS					
Combined Annual Premium	\$216,590		< TOTALS					
Total Costs					PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$216,590		<Totals			\$162,106		\$153,109
Estimated Savings/(Increase) \$						\$54,484.80		\$63,481.89
Estimated Difference %						25.2%		29.3%
Single (annual amounts)								
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$8,230.32		\$7,349.88		\$6,256.63		\$5,909.32	
PA 152 Cap	\$6,344.80		\$6,344.80		\$6,344.80		\$6,344.80	
Amount Over/Under Hard Cap	\$1,885.52		\$1,005.08		-\$88.17		-\$435.48	
Two Person (annual amounts)								
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$18,495.72		\$16,514.64		\$13,084.54		\$12,358.27	
PA 152 Cap	\$13,268.93		\$13,268.93		\$13,268.93		\$13,268.93	
Amount Over/Under Hard Cap	\$5,226.79		\$3,245.71		-\$184.39		-\$910.66	
Family (annual amounts)								
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$23,012.40		\$20,547.24		\$17,063.47		\$16,116.45	
PA 152 Cap	\$17,304.02		\$17,304.02		\$17,304.02		\$17,304.02	
Amount Over/Under Hard Cap	\$5,708.38		\$3,243.22		-\$240.55		-\$1,187.57	

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