



Medical Rate Summary
Mid-Peninsula School District
Teachers

Assumed Effective Date: 8/1/2015

Current Plan(s) and Segment:

Current Plan(s) and Segment:	Census Rate	1	8	Monthly Premium	Total Annual Cost
Teachers					
MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx				\$16,207	\$194,484
TOTALS:		1	8		\$194,484

Product Name	Monthly Premium	Total Annual Cost	Estimated Annual Savings
Consumers Mutual Options			
Consumers Mutual Platinum PPO \$500-10%; \$5/\$25/\$60/75%	\$11,213	\$134,551	\$59,933
Consumers Mutual Premier PPO No Deductible -10%; \$10/\$45/\$70/75%	\$10,371	\$124,447	\$70,037
Consumers Mutual Premier PPO Low Deductible \$1000-10%; \$10/\$45/\$70/75%	\$9,644	\$115,723	\$78,761
Consumers Mutual Choice PPO HSA Medium Deductible \$2000-20%; \$10/\$35/\$65/75%	\$8,789	\$105,467	\$89,017
BCBSM Small Group HSA Plans			
Simply Blue HSA PPO Gold \$1300	\$10,922	\$131,067	\$63,417
Simply Blue HSA PPO Gold \$1750 (250)	\$10,529	\$126,350	\$68,134
BCBSM Small Group PPO Plans			
Community Blue PPO Platinum \$500	\$13,647	\$163,764	\$30,719
Simply Blue PPO Gold \$500	\$11,321	\$135,856	\$58,627

Current Plan:

*Current rates were provided in single, two person, family rates. Monthly premium estimate is used for cost comparison purposes.

Proposed Plans:

*Rates do not include SET SEG's admin fee for billing and enrollment services.

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

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 rates include the cost for pediatric dental benefits. If district has dental coverage this cost will removed.

Consumers Mutual:

*Consumers mutual proposed rates include fees associated with the Affordable Care Act.



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Medical Plan Comparison
Mid-Peninsula School District
Teachers

	CURRENT PLAN	Option 1	Option 2	Option 3
	Teachers	Consumers Mutual Platinum PPO \$500-10%; \$5/\$25/\$60/75%	Simply Blue HSA PPO Gold \$1750 (250)	Simply Blue PPO Gold \$500
Carrier	MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	Consumers Mutual	BCBSM	BCBSM
Rate Period	7/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016
Purchased Plan Features	In Network	In Network	In Network	In Network
Deductible				
Annual Deductible 1P	\$200	\$500	\$1,750	\$500
Annual Deductible 2P/FF	\$400	\$1,000	\$3,500	\$1,000
Additional Cost After Deductible				
Coinsurance % after Deductible	0%	10%	0%	20%
Coinsurance \$ Limit after Ded - 1P	\$0	\$0	\$0	\$3,000
Coinsurance \$ Limit after Ded - 2P/FF	\$0	\$0	\$0	\$6,000
Maximum Out of Pocket Cost				
Max \$ Out of Pocket - 1P	\$200	\$1,000	\$6,350	\$6,600
Max \$ Out of Pocket - 2P/FF	\$400	\$2,000	\$12,700	\$13,200
Copayments				
Office Visit/Specialist	\$10/\$10	\$15/\$35	\$0/\$0	\$20/\$40
Urgent Care/ER	\$25/\$50	\$35/\$150	\$0/\$0	\$60/\$150
Chiropractic, Visit Limit/Copay	38/\$0	30/\$15 (Combined with PT & OT)	30/\$0 combined with PT & OT	30/\$30 combined with PT & OT
Rx Copay	\$10/\$20	\$5/\$25/\$60/75%	\$15/50/50%/20%/25%	\$15/50/50%/20%/25%
Purchased Plan Rates - Medical	Monthly Cost	Monthly Cost	Monthly Cost	Monthly Cost
Monthly Premium	0 1 \$16,206.97 8	0 1 \$11,212.59 8	0 1 \$10,529.16 8	0 1 \$11,321.36 8
Required Employer Contribution	\$0	\$0	\$250	\$0
Total Annual Premium	\$194,484	\$134,551	\$126,350	\$135,856
Total Costs		PEPM	PEPM	PEPM
Estimated Annual Cost	\$194,484	Annual \$134,551	Annual \$126,350	Annual \$135,856
Estimated Savings/(Increase) \$		\$59,932.56	\$68,133.72	\$58,627.32
Estimated Difference %		30.8%	35.0%	30.1%



**Medical Rate Summary
Mid-Peninsula School District
Non-Teachers**

Assumed Effective Date: 8/1/2015

Current Plan(s) and Segment:					Monthly Premium	Total Annual Cost
Administration	Census	1		1		
MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	Rate				\$2,499	\$29,992
Support Staff	Census	2	2	2		
MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	Rate				\$8,120	\$97,442
	TOTALS:	3	2	3		\$127,434

Product Name	Monthly Premium	Total Annual Cost	Estimated Annual Savings
Consumers Mutual Options			
Consumers Mutual Platinum PPO \$500-10%; \$5/\$25/\$60/75%	\$10,053	\$120,631	\$6,803
Consumers Mutual Premier PPO No Deductible -10%; \$10/\$45/\$70/75%	\$9,298	\$111,571	\$15,863
Consumers Mutual Premier PPO Low Deductible \$1000-10%; \$10/\$45/\$70/75%	\$8,646	\$103,750	\$23,684
Consumers Mutual Choice PPO HSA Medium Deductible \$2000-20%; \$10/\$35/\$65/75%	\$7,880	\$94,555	\$32,879
BCBSM Small Group HSA Plans			
Simply Blue HSA PPO Gold \$1300	\$7,286	\$87,431	\$40,003
Simply Blue HSA PPO Gold \$1750 (250)	\$7,022	\$84,264	\$43,170
BCBSM Small Group PPO Plans			
Community Blue PPO Platinum \$500	\$9,115	\$109,386	\$18,048
Simply Blue PPO Gold \$500	\$7,554	\$90,647	\$36,787

Current Plan:

*Current rates were provided in single, two person, family rates. Monthly premium estimate is used for cost comparison purposes.

Proposed Plans:

*Rates do not include SET SEG's admin fee for billing and enrollment services.

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

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 rates include the cost for pediatric dental benefits. If district has dental coverage this cost will removed.

*Rates do not include part-time employees working less than 30 hours. Rates will change to reflect these two employees if district chooses to enroll PT and FT employees.

Consumers Mutual:

*Consumers mutual proposed rates include fees associated with the Affordable Care Act.



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Medical Plan Comparison
Mid-Peninsula School District
Non-Teachers

	CURRENT PLAN Administration	CURRENT PLAN Support Staff	Option 1 Consumers Mutual Platinum PPO \$500-10%; \$5/\$25/\$60/75%	Option 2 Simply Blue HSA PPO Gold \$1750 (250)	Option 3 Simply Blue PPO Gold \$500
	MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	Consumers Mutual	BCBSM	BCBSM
Carrier					
Rate Period	7/1/2015 - 6/30/2016	7/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network
Deductible					
Annual Deductible 1P	\$200	\$200	\$500	\$1,750	\$500
Annual Deductible 2P/FF	\$400	\$400	\$1,000	\$3,500	\$1,000
Additional Cost After Deductible					
Coinsurance % after Deductible	0%	0%	10%	0%	20%
Coinsurance \$ Limit after Ded - 1P	\$0	\$0	\$0	\$0	\$3,000
Coinsurance \$ Limit after Ded - 2P/FF	\$0	\$0	\$0	\$0	\$6,000
Maximum Out of Pocket Cost					
Max \$ Out of Pocket - 1P	\$200	\$200	\$1,000	\$6,350	\$6,600
Max \$ Out of Pocket - 2P/FF	\$400	\$400	\$2,000	\$12,700	\$13,200
Copayments					
Office Visit/Specialist	\$10/\$10	\$10/\$10	\$15/\$35	\$0/\$0	\$20/\$40
Urgent Care/ER	\$25/\$50	\$25/\$50	\$35/\$150	\$0/\$0	\$60/\$150
Chiropractic, Visit Limit/Copay	38/\$0	38/\$0	30/\$15 (Combined with PT & OT)	30/\$0 combined with PT & OT	30/\$30 combined with PT & OT
Rx Copay	\$10/\$20	\$10/\$20	\$5/\$25/\$60/75%	\$15/50/50%/20%/25%	\$15/50/50%/20%/25%
Purchased Plan Rates - Medical	Monthly Cost	Monthly Cost	Monthly Cost	Monthly Cost	Monthly Cost
Monthly Premium	1 0 1 \$2,499.36	2 2 2 \$8,120.16	3 2 3 \$10,052.61	3 2 3 \$7,021.98	3 2 3 \$7,553.90
Required Employer Contribution	\$0	\$0	\$0	\$250	\$0
Total Annual Premium	\$29,992	\$97,442	\$120,631	\$84,264	\$90,647
Combined Annual Premium	\$127,434	< TOTALS			
Total Costs			PEPM	PEPM	PEPM
Estimated Annual Cost	\$127,434	<Totals	Annual \$120,631	Annual \$84,264	Annual \$90,647
Estimated Savings/(Increase) \$			\$6,802.92	\$43,170.48	\$36,787.44
Estimated Difference %			5.3%	33.9%	28.9%



Medical Rate Summary
Mid-Peninsula School District
All Employees

Assumed Effective Date: 8/1/2015

Current Plan(s) and Segment:					Monthly Premium	Total Annual Cost
Administration	Census	1		1		
MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	Rate				\$2,499	\$29,992
Teachers	Census		1	8		
MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	Rate				\$16,207	\$194,484
Support Staff	Census	2	2	2		
MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	Rate				\$8,120	\$97,442
	TOTALS:	3	3	11		\$321,918

Product Name				Estimated Annual Savings
	Monthly Premium	Total Annual Cost		
Consumers Mutual Options				
Consumers Mutual Platinum PPO \$500-10%; \$5/\$25/\$60/75%	\$21,265	\$255,182		\$66,735
Consumers Mutual Premier PPO No Deductible -10%; \$10/\$45/\$70/75%	\$19,668	\$236,018		\$85,899
Consumers Mutual Premier PPO Low Deductible \$1000-10%; \$10/\$45/\$70/75%	\$18,289	\$219,472		\$102,445
Consumers Mutual Choice PPO HSA Medium Deductible \$2000-20%; \$10/\$35/\$65/75%	\$16,669	\$200,022		\$121,896
BCBSM Small Group HSA Plans				
Simply Blue HSA PPO Gold \$1300	\$18,208	\$218,498		\$103,420
Simply Blue HSA PPO Gold \$1750 (250)	\$17,551	\$210,614		\$111,304
BCBSM Small Group PPO Plans				
Community Blue PPO Platinum \$500	\$22,763	\$273,150		\$48,768
Simply Blue PPO Gold \$500	\$18,875	\$226,503		\$95,415

Current Plan:

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Proposed Plans:

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BCBSM:

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*BCBSM rates include the cost for pediatric dental benefits. If district has dental coverage this cost will removed.

*Rates do not include part-time employees working less than 30 hours. Rates will change to reflect these two employees if district chooses to enroll PT and FT employees.

Consumers Mutual:

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Medical Plan Comparison
Mid-Peninsula School District
All Employees

	CURRENT PLAN Administration	CURRENT PLAN Teachers	CURRENT PLAN Support Staff	Option 1 Consumers Mutual Platinum PPO \$500-10%; \$5/\$25/\$60/75%	Option 2 Simply Blue HSA PPO Gold \$1750 (250)	Option 3 Simply Blue PPO Gold \$500
Carrier	MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$20 Rx	Consumers Mutual	BCBSM	BCBSM
Rate Period	7/1/2015 - 6/30/2016	7/1/2015 - 6/30/2016	7/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016	8/1/2015 - 6/30/2016
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network
Deductible						
Annual Deductible 1P	\$200	\$200	\$200	\$500	\$1,750	\$500
Annual Deductible 2P/FF	\$400	\$400	\$400	\$1,000	\$3,500	\$1,000
Additional Cost After Deductible						
Coinsurance % after Deductible	0%	0%	0%	10%	0%	20%
Coinsurance \$ Limit after Ded - 1P	\$0	\$0	\$0	\$0	\$0	\$3,000
Coinsurance \$ Limit after Ded - 2P/FF	\$0	\$0	\$0	\$0	\$0	\$6,000
Maximum Out of Pocket Cost						
Max \$ Out of Pocket - 1P	\$200	\$200	\$200	\$1,000	\$6,350	\$6,600
Max \$ Out of Pocket - 2P/FF	\$400	\$400	\$400	\$2,000	\$12,700	\$13,200
Copayments						
Office Visit/Specialist	\$10/\$10	\$10/\$10	\$10/\$10	\$15/\$35	\$0/\$0	\$20/\$40
Urgent Care/ER	\$25/\$50	\$25/\$50	\$25/\$50	\$35/\$150	\$0/\$0	\$60/\$150
Chiropractic, Visit Limit/Copay	38/\$0	38/\$0	38/\$0	30/\$15 (Combined with PT & OT)	30/\$0 combined with PT & OT	30/\$30 combined with PT & OT
Rx Copay	\$10/\$20	\$10/\$20	\$10/\$20	\$5/\$25/\$60/75%	\$15/50/50%/20%/25%	\$15/50/50%/20%/25%
Purchased Plan Rates - Medical	Monthly Cost	Monthly Cost	Monthly Cost	Monthly Cost	Monthly Cost	Monthly Cost
Monthly Premium	1 0 1 \$2,499.36	0 1 8 \$16,206.97	2 2 2 \$8,120.16	3 3 11 \$21,265.20	3 3 11 \$17,551.14	3 3 11 \$18,875.26
Required Employer Contribution	\$0	\$0	\$0	\$0	\$250	\$0
Total Annual Premium	\$29,992	\$194,484	\$97,442	\$255,182	\$210,614	\$226,503
Combined Annual Premium	\$321,918	< TOTALS	< TOTALS			
Total Costs				PEPM	PEPM	PEPM
Estimated Annual Cost	\$321,918	<Totals	<Totals	Annual \$255,182	Annual \$210,614	Annual \$226,503
Estimated Savings/(Increase) \$				\$66,735.48	\$111,304.20	\$95,414.76
Estimated Difference %				20.7%	34.6%	29.6%