



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

Medical Plan Comparison
Charlevoix-Emmett ISD
Administrators & Teachers

| | CURRENT PLAN Administrators & Teachers BCBSM CB 1 \$0 Ded; 0%; \$15/\$30/\$60 Rx | RENEWAL PLAN BCBSM CB 1 \$0 Ded; 0%; \$15/\$30/\$60 Rx | Option 1 BCBSM CB 1 \$0 Ded; 0%; \$10/\$40/\$80 Rx | Option 2 BCBSM CB 1 \$0 Ded; 0%; \$10/\$40/\$80/15%/25% Rx | Option 3 BCBSM CB 3 \$250 Ded; 0%; \$15/\$30/\$60 Rx | Option 4 BCBSM CB 3 \$250 Ded; 0%; \$15/\$30/\$60/20%/25% Rx | Option 5 BCBSM CB 3 \$250 Ded; 0%; \$10/\$40/\$80 Rx |
|---|--|---|---|---|---|---|---|
| Carrier | BCBSM | BCBSM | BCBSM | BCBSM | BCBSM | BCBSM | BCBSM |
| Rate Period | 1/1/2015-12/31/2015 | 1/1/2016-12/31/2016 | 1/1/2016-12/31/2016 | 1/1/2016-12/31/2016 | 1/1/2016-12/31/2016 | 1/1/2016-12/31/2016 | 1/1/2016-12/31/2016 |
| Purchased Plan Features | In Network | In Network | In Network | In Network | In Network | In Network | In Network |
| Deductible | | | | | | | |
| Annual Deductible 1P | \$0 | \$0 | \$0 | \$0 | \$250 | \$250 | \$250 |
| Annual Deductible 2P/FF | \$0 | \$0 | \$0 | \$0 | \$500 | \$500 | \$500 |
| Additional Cost After Deductible | | | | | | | |
| Coinsurance % after Deductible | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| Coinsurance \$ Limit after Ded - 1P | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Coinsurance \$ Limit after Ded - 2P/FF | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Maximum Out of Pocket Cost | | | | | | | |
| Max \$ Out of Pocket - 1P | \$600 | \$600 | \$600 | \$600 | \$600 | \$600 | \$600 |
| Max \$ Out of Pocket - 2P/FF | \$1,200 | \$1,200 | \$1,200 | \$1,200 | \$1,200 | \$1,200 | \$1,200 |
| Copayments | | | | | | | |
| Office Visit/Specialist | \$20/\$20 | \$20/\$20 | \$20/\$20 | \$20/\$20 | \$20/\$20 | \$20/\$20 | \$20/\$20 |
| Urgent Care/ER | \$20/\$100 | \$20/\$100 | \$20/\$100 | \$20/\$100 | \$20/\$100 | \$20/\$100 | \$20/\$100 |
| Chiropractic, Visit Limit/Copay | 24/\$20 (combined with osteopathic manipulative therapy) | 24/\$20 (combined with osteopathic manipulative therapy) | 24/\$20 (combined with osteopathic manipulative therapy) | 24/\$20 (combined with osteopathic manipulative therapy) | 24/\$20 (combined with osteopathic manipulative therapy) | 24/\$20 (combined with osteopathic manipulative therapy) | 24/\$20 (combined with osteopathic manipulative therapy) |
| Rx Copay | \$15/\$30/\$60 Rx | \$15/\$30/\$60 Rx | \$10/\$40/\$80 Rx | \$10/\$40/\$80/15%/25% Rx | \$15/\$30/\$60 Rx | \$15/\$30/\$60/20%/25% Rx | \$10/\$40/\$80 Rx |
| Purchased Plan Rates - Medical | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates |
| One Person (1P) | 21 \$523.28 | 21 \$543.09 | 21 \$527.85 | 21 \$525.72 | 21 \$517.24 | 21 \$513.66 | 21 \$501.99 |
| Two Person (2P) | 22 \$1,101.30 | 22 \$1,135.77 | 22 \$1,103.89 | 22 \$1,099.43 | 22 \$1,081.70 | 22 \$1,074.22 | 22 \$1,049.81 |
| Family (FF) | 88 \$1,433.22 | 88 \$1,481.17 | 88 \$1,439.59 | 88 \$1,433.78 | 88 \$1,410.65 | 88 \$1,400.89 | 88 \$1,369.06 |
| Total Annual Premium | 131 \$1,936,090 | 131 \$2,000,817 | 131 \$1,944,652 | 131 \$1,936,803 | 131 \$1,905,560 | 131 \$1,892,376 | 131 \$1,849,379 |
| Total Costs | | PEPM Annual | PEPM Annual | PEPM Annual | PEPM Annual | PEPM Annual | PEPM Annual |
| Estimated Annual Cost | \$1,936,090 | \$2,000,817 | \$1,944,652 | \$1,936,803 | \$1,905,560 | \$1,892,376 | \$1,849,379 |
| Estimated Savings/(Increase) \$ | | (\$64,727.40) | (\$8,562.12) | (\$712.56) | \$30,530.40 | \$43,713.84 | \$86,711.40 |
| Estimated Difference % | | -3.3% | -0.4% | 0.0% | 1.6% | 2.3% | 4.5% |
| Single (yearly amounts) | | | | | | | |
| Total Plan Cost | \$6,279.36 | \$6,517.08 | \$6,334.20 | \$6,308.64 | \$6,206.88 | \$6,163.92 | \$6,023.88 |
| Hard Cap | \$5,992.30 | \$6,142.11 | \$6,142.11 | \$6,142.11 | \$6,142.11 | \$6,142.11 | \$6,142.11 |
| Amount Over/Under | \$287.06 | \$374.97 | \$192.09 | \$166.53 | \$64.77 | \$21.81 | -\$118.23 |
| Two Person (yearly amounts) | | | | | | | |
| Total Plan Cost | \$13,215.60 | \$13,629.24 | \$13,246.68 | \$13,193.16 | \$12,980.40 | \$12,890.64 | \$12,597.72 |
| Hard Cap | \$12,531.75 | \$12,845.04 | \$12,845.04 | \$12,845.04 | \$12,845.04 | \$12,845.04 | \$12,845.04 |
| Amount Over/Under | \$683.85 | \$784.20 | \$401.64 | \$348.12 | \$135.36 | \$45.60 | -\$247.32 |
| Family (yearly amounts) | | | | | | | |
| Total Plan Cost | \$17,198.64 | \$17,774.04 | \$17,275.08 | \$17,205.36 | \$16,927.8 | \$16,810.68 | \$16,428.72 |
| Hard Cap | \$16,342.66 | \$16,751.23 | \$16,751.23 | \$16,751.23 | \$16,751.23 | \$16,751.23 | \$16,751.23 |
| Amount Over/Under | \$855.98 | \$1,022.81 | \$523.85 | \$454.13 | \$176.57 | \$59.45 | -\$322.51 |

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.