



Medical Rate Summary
Alcona Community Schools
All Employees
 Assumed Effective Date: 1/1/2019

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA choices Plan	Census	4	4	8	16	
MESSA Choices \$1000-0%; 3 Tier Rx	Rate	\$639.53	\$1,437.07	\$1,787.99		\$271,324
Teachers Enrolled in MESSA ABC Plan 1	Census	7	2	10	19	
MESSA ABC Plan 1 HSA \$1350-10%; ABC Rx	Rate	\$588.14	\$1,321.45	\$1,644.10		\$278,411
Administrators & Support Staff Enrolled in MESSA ABC Plan 1	Census	18	6	2	26	
MESSA ABC Plan 1 HSA \$1350-10%; ABC Rx	Rate	\$600.12	\$1,348.39	\$1,677.62		\$266,973
	TOTALS:	29	12	20	61	\$816,707

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$570	\$1,355	\$1,692	\$799,432	\$17,275
BCBSM SB PPO \$1000-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$524	\$1,245	\$1,554	\$734,570	\$82,137
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$518	\$1,232	\$1,538	\$726,659	\$90,048
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$486	\$1,155	\$1,442	\$681,559	\$135,149
Priority Health POS HSA Plans					
Priority Health POS HSA \$1350-0%; \$10/\$40/\$80/\$40/\$80 Rx	\$549	\$1,223	\$1,519	\$731,607	\$85,100
Priority Health POS HSA \$1350-20%; \$10/\$40/\$80/\$40/\$80 Rx	\$482	\$1,072	\$1,332	\$641,919	\$174,789
Priority Health POS Conventional Plans					
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80/\$40/\$80 Rx	\$658	\$1,469	\$1,825	\$878,600	-\$61,892

*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.

*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.

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
--------------	---------	---------	---------	----------------------	--------------------------------

*Proposed rates include \$8.30 enrollment and billing service fee.

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



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

Alcona Community Schools
All Employees
Assumed Effective Date: 1/1/2019

Plan	RENEWAL PLAN Teachers Enrolled in MESSA choices Plan		RENEWAL PLAN Teachers Enrolled in MESSA ABC Plan 1		RENEWAL PLAN Administrators & Support Staff Enrolled in MESSA ABC Plan 1		Option 1 BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx		Option 2 BCBSM SB PPO \$1000-20%; \$2500 ECM; \$10/\$40/\$80 Rx		Option 3 BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx		Option 4 BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx		Option 5 Priority Health POS HSA \$1350-0%; \$10/\$40/\$80/\$40/\$80 Rx		Option 6 Priority Health POS HSA \$1350-20%; \$10/\$40/\$80/\$40/\$80 Rx	
	MESSA Choices \$1000-0%; 3 Tier Rx		MESSA ABC Plan 1 HSA \$1350-10%; ABC Rx		MESSA ABC Plan 1 HSA \$1350-10%; ABC Rx		In Network		In Network		In Network		In Network		In Network		In Network	
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																		
Annual Deductible - 1P	\$1,000		\$1,350		\$1,350		\$1,000		\$1,000		\$1,350		\$1,350		\$1,350		\$1,350	
Annual Deductible - 2P/FF	\$2,000		\$2,700		\$2,700		\$2,000		\$2,000		\$2,700		\$2,700		\$2,700		\$2,700	
Additional Cost After Deductible																		
Employee Coinsurance after Deductible	0%		10%		10%		0%		20%		0%		20%		0%		20%	
Coinsurance Max - 1P	\$0		\$0		\$0		\$0		\$2,500		\$0		\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$0		\$0		\$5,000		\$0		\$0		\$0		\$0	
Out of Pocket Maximum																		
Max ded, coinsurance, copays - 1P	\$2,000		\$3,350		\$3,350		\$6,350		\$6,350		\$2,250		\$2,250		\$2,000		\$2,000	
Max ded, coinsurance, copays - 2P/FF	\$4,000		\$6,650		\$6,650		\$12,700		\$12,700		\$4,500		\$4,500		\$4,000		\$4,000	
Copayments																		
Office Visit/Specialist	\$20/\$20		10% after Ded.		10% after Ded.		\$30/\$30		\$30/\$30		0% after Ded.		20% after Ded.		0% after Ded.		20% after Ded.	
Urgent Care/ER	\$25/\$50		10% after Ded.		10% after Ded.		\$30/\$150		\$30/\$150		0% after Ded.		20% after Ded.		0% after Ded.		20% after Ded.	
Chiropractic Limit/Copay	38/0% (office visit copay may apply)		38/10% after Ded.		38/10% after Ded.		12/\$30		12/\$30		12/0% after Ded.		12/20% after Ded.		30/0% after Ded.		30/20% after Ded.	
Rx Copay	3 Tier Rx		ABC Rx		ABC Rx		\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80/\$40/\$80 after Ded.		\$10/\$40/\$80/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$639.53	7	\$588.14	18	\$600.12	29	\$569.54	29	\$523.65	29	\$518.06	29	\$486.15	29	\$548.76	29	\$481.95
Two Person (2P)	4	\$1,437.07	2	\$1,321.45	6	\$1,348.39	12	\$1,355.25	12	\$1,245.12	12	\$1,231.70	12	\$1,155.13	12	\$1,222.60	12	\$1,072.49
Family (FF)	8	\$1,787.99	10	\$1,644.10	2	\$1,677.62	20	\$1,691.99	20	\$1,554.34	20	\$1,537.54	20	\$1,441.83	20	\$1,519.10	20	\$1,332.34
Total Annual Premium	16	\$271,324	19	\$278,411	26	\$266,973	61	\$799,432	61	\$734,570	61	\$726,659	61	\$681,559	61	\$731,607	61	\$641,919
Combined Current Lives	61		< TOTALS		< TOTALS													
Combined Annual Premium	\$816,707		< TOTALS		< TOTALS													
One Person Cost Share																		
One Person Rate	\$639.53		\$588.14		\$600.12		\$569.54		\$523.65		\$518.06		\$486.15		\$548.76		\$481.95	
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10	
One Person Monthly Cost	\$82.43		\$31.04		\$43.02		\$12.44		-\$33.45		-\$39.04		-\$70.95		-\$8.34		-\$75.15	
Two Person Cost Share																		
Two Person Rate	\$1,437.07		\$1,321.45		\$1,348.39		\$1,355.25		\$1,245.12		\$1,231.70		\$1,155.13		\$1,222.60		\$1,072.49	
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06	
Two Person Monthly Cost	\$272.01		\$156.39		\$183.33		\$190.19		\$80.06		\$66.64		-\$9.93		\$57.54		-\$92.57	
Family Cost Share																		
Family Rate	\$1,787.99		\$1,644.10		\$1,677.62		\$1,691.99		\$1,554.34		\$1,537.54		\$1,441.83		\$1,519.10		\$1,332.34	
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36	
Family Monthly Cost	\$268.63		\$124.74		\$158.26		\$172.63		\$34.98		\$18.18		-\$77.53		-\$0.26		-\$187.02	

*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.

*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 include \$8.30 enrollment and billing service fee.

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