



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

Marion Public Schools
All Teachers
Assumed Effective Date: 1/1/2018

Plan	MESSA ABC Plan 1 \$1350-10% ABC Rx 1/1/2017-12/31/2018 In Network	Option 1 Simply Blue HSA PPO Gold \$1350 1/1/2018-12/31/2018 In Network	Option 2 Priority Health POS HSA 1400-10% \$20/\$20/\$60/\$90/20%/20% Rx 1/1/2018-12/31/2018 In Network
Current Employees			
Rate Period			
Purchased Plan Features			
Deductible	\$1,350	\$1,350	\$1,400
Annual Deductible - 1P	\$2,700	\$2,700	\$2,800
Additional Cost After Deductible			
Employee Coinsurance after Deductible	10%	20%	10%
Coinsurance Max - 1P	\$0	\$1,000	\$2,100
Out of Pocket Maximum	\$0	\$2,000	\$4,200
Max ded. coinsurance, copays - 1P	\$3,300	\$2,350	\$3,500
Max ded. coinsurance, copays - 2P/FF	\$6,600	\$4,700	\$7,000
Copayments			
Office Visit/Specialist	10% after Ded. 10% after Ded. 38/10% after Ded.	20% after Ded. 20% after Ded. 30/20% after Ded. (combined with PT and OT)	10% after Ded. 10% after Ded. 30/10% after Ded. (combined with PT and OT)
Urgent Care/ER			
Chiropractic Unit/Copay	ABC Rx Mandatory Mail	\$10/\$40/\$80/15%/25% after Ded.	\$20/\$20/\$50/\$80/20%/20% after Ded.
Rx Copay			
Total Monthly Costs	Census 2 3 14 19	Census 2 3 14 19	Census 2 3 14 19
One Person (1P)	Rates \$655.88	Rates \$621.94	Rates \$546.25
Two Person (2P)	\$1,473.86	\$1,300.67	\$1,142.37
Family (FF)	\$1,833.76	\$1,696.20	\$1,489.76
Total Annual Premium	\$376,872	\$346,713	\$304,515
Total Costs		Annual PEPM	Annual PEPM
Estimated Annual Cost		\$306,713	\$304,515
Estimated Savings/(Increase) \$		\$30,158.56	\$72,356.76
Estimated Difference %		8.0%	19.2%
Single (annual amounts)			
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$7,870.56	\$7,463.34	\$6,555.00
PA 152 Cap	\$6,344.80	\$6,560.52	\$6,560.52
Amount Over/Under Hard Cap	\$1,525.76	\$902.82	-\$55.52
80/20 (employee cost)	\$1,574.11	\$1,492.67	\$1,311.00
Two Person (annual amounts)			
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$17,686.32	\$15,608.08	\$13,708.44
PA 152 Cap	\$13,268.93	\$13,720.07	\$13,720.07
Amount Over/Under Hard Cap	\$4,417.39	\$1,888.01	-\$11.63
80/20 (employee cost)	\$3,537.26	\$3,121.62	\$2,741.69
Family (annual amounts)			
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$22,005.12	\$20,354.45	\$17,877.12
PA 152 Cap	\$17,304.02	\$17,892.36	\$17,892.36
Amount Over/Under Hard Cap	\$4,701.10	\$2,462.09	-\$15.24
80/20 (employee cost)	\$4,401.02	\$4,070.89	\$3,575.42

*NO HSA
Cont. Ratched
in...*

*will get
FASTER...*

~\$42 online dr...

*travel ins
Snap for svc incentive
Virtual visits*

DCSM:
 *DCSM 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.
 **DCSM/RCH 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 claim tax", "PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan and will be communicated to you as soon as they are known."
 *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 purpose 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.



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Renewal Effective 01/01/2018

Marion Public Schools

2018 Rate Renewal Exclusively for

Quote #: 339872

MESSA Field Rep: Collene Lamonte
 Date Created: 09/13/2017

PAK A - 156C Administration

Medical:	Enrollment	2018 Rates	2018 Rates
Medical: MESSA ABC Plan 1 IN Deductible: \$1350 1P; \$2700 2P&FF IN Coinsurance: N/A IN Copy (OV/UC/ER): N/A ABC RX EA1 Riders Included:	Single: 0 2-Person: 1 Family: 0	\$698.56 \$1,569.90 \$1,953.27	\$698.56 \$1,569.90 \$1,953.27
Dental: 0457-0008 Class I: 75% Class II: 75% Class III: 75% Annual Max: \$1,000 Class IV: 75% Lifetime Max: \$1,300 Riders: 2 Cleanings	Single: 0 2-Person: 1 Family: 0	\$24.85 \$49.52 \$97.00	\$24.85 \$49.52 \$97.00
Vision: VSP 2 S Single: 0 2-Person: 1 Family: 0	Single: 0 2-Person: 1 Family: 0	\$4.93 \$10.58 \$15.93	\$4.93 \$10.58 \$15.93
Life Insurance: \$30,000 Rate/\$1000 Volume Composite: \$0.14 A&D Coverage: \$30,000 Rate/\$1000 Volume Composite: \$4.20 A&D Coverage: \$30,000.00 Rate/\$1000 Volume Composite: \$0.03 LTD Benefit: 70% Max \$2,500 Max Monthly Salary: \$3,571 Waiting Period: 90 CDMF Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Soc. Sec. Offset: Family Pre-Exist Cond.: Waived COLA: No Rate/\$100 Covered Salary Composite: \$0.64	1 1 1	\$0.90 \$30,000.00 \$0.03 \$4.20 \$30,000.00 \$0.14 \$30,000.00 \$0.03 \$0.64	\$0.90 \$30,000.00 \$0.03 \$4.20 \$30,000.00 \$0.14 \$30,000.00 \$0.03 \$0.64

Total Monthly Rate per Member - Single	Total Monthly Rate per Member - 2-Person	Total Monthly Rate per Member - Family
\$771.89	\$1,692.94	\$2,138.37

PAK A COBRA RATES:

Medical	Single	2-Person	Family
	\$697.06	\$1,568.40	\$1,951.77
	\$712.11	\$1,602.27	\$1,993.92

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/13/2017. Rates will be effective for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.



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Date Created: 09/13/2017

PAK B - 156C Administration

Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Dental:	\$23.63	\$23.63
Class I:	\$46.88	\$46.88
Class II:	\$89.01	\$89.01
Class III:	75%	
Class IV:	\$1,000	
Annual Max:	75%	
Class IV:	\$1,300	
Lifetime Max:	2 Cleanings	
Riders:		

Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Vision:	\$5.04	\$16.27
VSP 2 S	\$4.93	\$10.81
Single: 0	\$10.58	\$16.27
2-Person: 0	\$15.93	\$16.27
Family: 0		

Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
Life Insurance:	\$0.14	\$0.14
Rate/\$1000	\$0.14	\$0.14
Volume	\$0.00	\$0.00
Composite:	\$4.20	\$4.20
AD&D Coverage:	\$0.03	\$0.03
Rate/\$1000	\$0.03	\$0.03
Volume	\$0.00	\$0.00
Composite:	\$0.90	\$0.90

Enrollment	2018 Rates without Taxes	2018 Rates with Taxes
LTD Benefit	0	0
70% Max \$2,500		
Max Monthly Salary:	\$3,571	
90 CDMF		
Waiting Period:	2 Year Limitation	
Alcohol/Drug:	Family	
Mental/Nervous:	Waived	
Soc. Sec. Offset:	No	
Pre-Exist Cond.:		
COLA:		
Rate/\$100		
Covered Salary	\$0.64	\$0.64
Composite:	\$0.00	\$0.00
Total Monthly Rate per Member - Single	\$56.62	\$56.62
Total Monthly Rate per Member - 2-Person	\$85.64	\$85.64
Total Monthly Rate per Member - Family	\$133.23	\$133.23

PAK B COBRA RATES:

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PAK C - 156C Administration

2018 Rates	2018 Rates	Enrollment	Medical:
\$924.14	\$904.64	Single: 0	MESSA Choices \$200/\$400 IN Deductible: IN Coinsurance: IN Copay (OV/UC/ER): \$20/\$25/\$50 \$10/\$20 EA1 Riders Included:
\$2,077.45	\$2,033.57	2-Person: 0	Class I: 75% Class II: 75% Class III: 75% Annual Max: \$1,000 Class IV: 75% Lifetime Max: \$1,300 Riders:
\$98.73	\$97.00	Family: 0	Dental: 0457-0008 Single: 0 \$24.85 2-Person: 0 \$49.52 Family: 0

2018 Rates	2018 Rates	Enrollment	Vision:
\$5.04	\$4.93	Single: 0	VSP 2 S
\$10.81	\$10.58	2-Person: 0	
\$16.27	\$15.93	Family: 0	

2018 Rates	2018 Rates	Enrollment	Life Insurance:
\$0.14	\$0.14	0	Rate/\$1000 Volume
\$0.00	\$0.00	0	Composite: A&D Coverage: Rate/\$1000 Volume
\$0.90	\$0.03	0	Composite: Rate/\$100 Volume

2018 Rates	2018 Rates	Enrollment	LTD Benefit
\$982.42	\$982.42	Single	70% Max \$2,500 \$3,571 90 CDMF
\$2,166.62	\$2,166.62	2-Person	Waiting Period: 2 Year Limitation Alcohol/Drug: 2 Year Limitation Mental/Nervous: 2 Year Limitation Soc. Sec. Offset: Family Pre-Exist Cond: Waived COLA: No Rate/\$100 Covered Salary Composite:
\$2,727.83	\$2,727.83	Family	

PAK C COBRA RATES:

Medical	Single	2-Person	Family
\$922.64	\$903.14	\$2,032.07	\$2,528.77
\$2,075.95			
\$2,583.38			

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PAK A - 156F Paraprofessional		Enrollment		2018 Rates		2018 Rates	
				Without Taxes		With Taxes	
Medical:	MESSA Choices	Single: 2	\$880.63	Single: 2	\$880.63	Single: 2	\$899.62
IN Deductible:	\$300/\$600	2-Person: 0	\$1,979.56	2-Person: 0	\$1,979.56	2-Person: 0	\$2,022.27
IN Coinsurance:	N/A	Family: 0	\$2,463.06	Family: 0	\$2,463.06	Family: 0	\$2,516.22
IN Copay (OV/UC/ER):	\$20/\$25/\$50						
Rx Coverage:	\$10/\$20						
Riders Included:	EA1						
Dental:	0457-0012	Single: 1	\$28.64	Single: 1	\$28.64	Single: 1	\$29.15
Class I:	75%	2-Person: 0	\$54.01	2-Person: 0	\$54.01	2-Person: 0	\$54.98
Class II:	75%	Family: 1	\$98.09	Family: 1	\$98.09	Family: 1	\$99.84
Class III:	75%						
Annual Max:	\$1,000						
Class IV:	75%						
Lifetime Max:	\$1,300						
Riders:	2 Cleanings						
Vision:	VSP 2 S	Single: 1	\$4.93	Single: 1	\$4.93	Single: 1	\$5.04
2-Person: 0		2-Person: 0	\$10.58	2-Person: 0	\$10.58	2-Person: 0	\$10.81
Family: 1		Family: 1	\$15.93	Family: 1	\$15.93	Family: 1	\$16.27
Life Insurance:	\$30,000	2	\$0.14	2	\$0.14	2	\$0.14
Rate/\$1000							
Volume	\$60,000.00						
Composite:							
A&D Coverage:	\$30,000	2	\$4.20	2	\$4.20	2	\$4.20
Rate/\$1000							
Volume	\$60,000.00						
Composite:							
LTD Benefit	70% Max \$2,500	2	\$0.90	2	\$0.90	2	\$0.90
Max Monthly Salary:	\$3,571						
Waiting Period:	90 CDMF						
Alcohol/Drug:	2 Year Limitation						
Mental/Nervous:	2 Year Limitation						
Soc. Sec. Offset:	Family						
Pre-Exist Cond:	Waived						
COLA:	No						
Rate/\$100							
Covered Salary							
Composite:							
Total Monthly Rate per Member - Single			\$961.59		\$961.59		\$961.59
Total Monthly Rate per Member - 2-Person			\$2,115.84		\$2,115.84		\$2,115.84
Total Monthly Rate per Member - Family			\$2,660.11		\$2,660.11		\$2,660.11
PAK A COBRA RATES:	Medical	Single	\$879.13	Single	\$879.13	Single	\$898.12
		2-Person	\$1,978.06	2-Person	\$1,978.06	2-Person	\$2,020.77
		Family	\$2,461.56	Family	\$2,461.56	Family	\$2,514.72

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PAK B - 156F Paraprofessional		Enrollment		2018 Rates		2018 Rates	
				without Taxes		with Taxes	
Dental:	0457-0013	Single: 0	Family: 2	\$24.02	\$93.74	\$24.45	\$95.42
Class I:	75%	2-Person: 0	Family: 2	\$48.49	\$93.74	\$49.36	\$95.42
Class II:	75%	2-Person: 0	Family: 2	\$48.49	\$93.74	\$49.36	\$95.42
Class III:	75%	2-Person: 0	Family: 2	\$48.49	\$93.74	\$49.36	\$95.42
Class IV:	75%	2-Person: 0	Family: 2	\$48.49	\$93.74	\$49.36	\$95.42
Annual Max:	\$1,000	2-Person: 0	Family: 2	\$48.49	\$93.74	\$49.36	\$95.42
Lifetime Max:	\$1,300	2-Person: 0	Family: 2	\$48.49	\$93.74	\$49.36	\$95.42
Riders:	2 Cleanings	2-Person: 0	Family: 2	\$48.49	\$93.74	\$49.36	\$95.42
Vision:	VSP 2 S	Single: 0	Family: 2	\$4.93	\$15.93	\$5.04	\$16.27
		2-Person: 0	Family: 2	\$10.58	\$15.93	\$10.81	\$16.27
Life Insurance:	\$30,000	2		\$0.14		\$0.14	
Volume				\$60,000.00		\$60,000.00	
AD&D Coverage:	\$30,000	2		\$4.20		\$4.20	
Rate/\$1000				\$0.03		\$0.03	
Volume				\$60,000.00		\$60,000.00	
Composite:				\$0.90		\$0.90	
LTD Benefit:	70% Max \$2,500	2					
Max Monthly Salary:	\$3,571						
Waiting Period:	90 CDMF						
Alcohol/Drug:	2 Year Limitation						
Mental/Nervous:	2 Year Limitation						
Soc. Sec. Offset:	Family						
Pre-Exist Cond.:	Waived						
COLA:	No						
Rate/\$100				\$1.66		\$1.66	
Covered Salary				\$2,733.00		\$2,733.00	
Composite:				\$22.68		\$22.68	
Total Monthly Rate per Member - Single				\$57.27		\$57.27	
Total Monthly Rate per Member - 2-Person				\$87.95		\$87.95	
Total Monthly Rate per Member - Family				\$139.47		\$139.47	

PAK B COBRA RATES:

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PAK A - 156A Teacher		Enrollment		2018 Rates		2018 Rates with Taxes	
		Single: 2	2-Person: 3	Family: 15	Single: 2	2-Person: 3	Family: 15
Medical:	MESSA ABC Plan 1	\$642.05	\$1,442.74	\$1,795.04	\$655.88	\$1,473.86	\$1,833.76
IN Deductible:	\$1350 1P; \$2700 2P&FF						
IN Coinsurance:	10%						
IN Copay (OV/UC/ER):	N/A						
Rx Coverage:	ABC Mail						
Riders Included:	EA1						
Dental:	0457-0005	\$31.50	\$63.11	\$126.88	\$32.06	\$64.24	\$129.15
Class I:	100%						
Class II:	80%						
Class III:	80%						
Annual Max:	\$1,500						
Class IV:	80%						
Lifetime Max:	\$2,500						
Riders:	2 Cleanings, Sealants						
Vision:	VSP 3 Plus P 250CL	\$10.25	\$22.02	\$33.12	\$10.47	\$22.49	\$33.83
Life Insurance:	\$45,000	20			\$0.14	\$900,000.00	\$6.30
Rate/\$1000							
Volume							
Composite:							
A&D Coverage:	\$45,000	20			\$0.03	\$900,000.00	\$1.35
Rate/\$1000							
Volume							
Composite:							
LTD Benefit	70% Max \$3,000	20					
Max Monthly Salary:	\$4,286						
Waiting Period:	90 CDMF						
Alcohol/Drug:	Same as any other illness						
Mental/Nervous:	Same as any other illness						
Soc. Sec. Offset:	Primary						
Pre-Exist Cond:	Waived						
COLA:	No						
Rate/\$100							
Covered Salary					\$0.76	\$79,126.00	\$31.17
Composite:							
Total Monthly Rate per Member - Single		\$737.23					
Total Monthly Rate per Member - 2-Person		\$1,599.41					
Total Monthly Rate per Member - Family		\$2,035.56					
PAK A COBRA RATES:							
Medical	Single	\$640.55	\$1,441.24	\$1,793.54	\$654.38	\$1,472.36	\$1,832.26
	2-Person						
	Family						

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PAK B - 156A Teacher Enrollment 2018 Rates 2018 Rates with Taxes

Dental:	0457-0006	Single: 1	\$30.19	\$30.73
Class I:	100%	2-Person: 3	\$61.30	\$62.40
Class II:	80%	Family: 2	\$127.68	\$129.96
Class III:	80%			
Annual Max:	\$1,500			
Class IV:	80%			
Lifetime Max:	\$2,500			
Riders:	2 Cleanings, Sealants			

Vision:	VSP 3 Plus P 250CL	Single: 1	\$10.25	\$10.47
		2-Person: 3	\$22.02	\$22.49
		Family: 2	\$33.12	\$33.83

Life Insurance:	\$45,000	6	\$0.14	\$0.14
Rate/\$1000				
Volume				
Composite:				
AD&D Coverage:	\$45,000	6	\$6.30	\$6.30
Rate/\$1000				
Volume				
Composite:				
Rate/\$1000				
Volume				
Composite:				
LTD Benefit	70% Max \$3,000	6	\$1.35	\$1.35

Total Monthly Rate per Member - Single	\$80.02
Total Monthly Rate per Member - 2-Person	\$123.71
Total Monthly Rate per Member - Family	\$202.61

PAK B COBRA RATES:

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PAK C - 156A Teacher		Enrollment		2018 Rates		2018 Rates with Taxes	
		Single: 0	2-Person: 0	Family: 0	Single: 0	2-Person: 0	Family: 0
Medical:	MESSA Choices	\$782.26	\$1,758.21	\$2,187.61	\$792.12	\$1,796.15	\$2,234.81
	IN Deductible:	\$500/\$1000					
	IN Coinsurance:	N/A					
	IN Copay (OV/UC/ER):	\$20/\$25/\$50					
	Rx Coverage:	Saver Rx					
	Riders Included:	EA1					
Dental:	0457-0005	\$31.50	\$63.11	\$126.88	\$32.06	\$64.24	\$129.15
	Class I:	100%					
	Class II:	80%					
	Class III:	80%					
	Annual Max:	\$1,500					
	Class IV:	80%					
	Lifetime Max:	\$2,500					
	Riders:	2 Cleanings, Sealants					
Vision:	VSP 3 Plus P 250CL	\$10.25	\$22.02	\$33.12	\$10.47	\$22.49	\$33.83
	Single: 0						
	2-Person: 0						
	Family: 0						
Life Insurance:	\$45,000	0			\$0.14	\$0.00	\$0.14
	Rate/\$1000						
	Volume						
	Composite:				\$6.30	\$0.00	\$6.30
	AD&D Coverage:	\$45,000					
	Rate/\$1000				\$0.03	\$0.00	\$0.03
	Volume						
	Composite:				\$1.35	\$0.00	\$1.35
LTD Benefit	70% Max \$3,000	0					
	Max Monthly Salary:	\$4,286					
	Waiting Period:	90 CDMF					
	Alcohol/Drug:	Same as any other illness					
	Mental/Nervous:	Same as any other illness					
	Soc. Sec. Offset:	Primary					
	Pre-Exist Cond:	Waived					
	COLA:	No					
	Rate/\$100				\$0.76	\$0.00	\$0.76
	Covered Salary						
	Composite:				\$31.17	\$0.00	\$31.17
Total Monthly Rate per Member - Single		\$880.47			\$880.47	\$1,921.70	\$2,436.61
Total Monthly Rate per Member - 2-Person							
Total Monthly Rate per Member - Family							

PAK C COBRA RATES:

Medical

Single
 2-Person
 Family

\$780.76
 \$1,756.71
 \$2,186.11

\$797.62
 \$1,794.65
 \$2,233.31

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are effective 01/01/2018 through 12/31/2018 and based on plans and enrollment as of 09/13/2017. Rates will be effective for 12 months for plans which remain in compliance with MESSA Underwriting and Rating guidelines. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plan may require re-calculation of rates.