

Plan	CURRENT PLAN		RENEWAL PLAN		Option 1		Option 2	
	Rate Period	All Employees	Rate Period	All Employees	Rate Period	All Employees	Rate Period	All Employees
Plan	Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40	Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40	Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40	Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40	MESSA ABC Plan 1 \$1350-10%; ABC Rx	MESSA ABC Plan 1 \$1350-10%; ABC Rx	MESSA ABC Plan 1 \$1350-10%; 3 Tier Mail Rx	MESSA ABC Plan 1 \$1350-10%; 3 Tier Mail Rx
Purchased Plan Features	12/1/2016-11/30/2017 In Network	12/1/2017-11/30/2018 In Network	12/1/2017-11/30/2018 In Network	12/1/2017-11/30/2018 In Network	1/1/2018-12/31/2018 In Network	1/1/2018-12/31/2018 In Network	1/1/2018-12/31/2018 In Network	
Deductible	\$1,350 (aggregate)	\$1,350 (aggregate)	\$1,350 (aggregate)	\$1,350 (aggregate)	\$1,350	\$1,350	\$1,350	
Annual Deductible - 1P	\$2,700 (aggregate)	\$2,700 (aggregate)	\$2,700 (aggregate)	\$2,700 (aggregate)	\$2,700	\$2,700	\$2,700	
Annual Deductible - 2P/FF								
Additional Cost After Deductible								
Employee Coinsurance after Deductible	10%	10%	10%	10%	10%	10%	10%	
Coinsurance Max - 1P	\$1,050	\$1,050	\$1,050	\$1,050	\$2,000	\$3,000	\$3,000	
Coinsurance Max - 2P/FF	\$2,100	\$2,100	\$2,100	\$2,100	\$3,950	\$3,950	\$3,950	
Out of Pocket Maximum								
Max ded. coinsurance, copays - 1P	\$2,400 (aggregate)	\$2,400 (aggregate)	\$2,400 (aggregate)	\$2,400 (aggregate)	\$3,350	\$4,350	\$4,350	
Max ded. coinsurance, copays - 2P/FF	\$4,800 (aggregate)	\$4,800 (aggregate)	\$4,800 (aggregate)	\$4,800 (aggregate)	\$6,650	\$6,650	\$6,650	
Copayments								
Office Visit/Specialist	10% after Ded.	10% after Ded.	10% after Ded.	10% after Ded.	10% after Ded.	10% after Ded.	10% after Ded.	
Urgent Care/ER	10% after Ded.	10% after Ded.	10% after Ded.	10% after Ded.	10% after Ded.	10% after Ded.	10% after Ded.	
Chiropractic Limit/Copay	30/10% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	38/10% after Ded.	38/10% after Ded.	38/10% after Ded.	
Rx Copay	\$10/\$10/\$40/\$40/\$40/\$40	\$10/\$10/\$40/\$40/\$40/\$40	\$10/\$10/\$40/\$40/\$40/\$40	\$10/\$10/\$40/\$40/\$40/\$40	ABC Rx	ABC Rx	3 Tier Mail Rx	
Total Monthly Costs								
One Person (1P)	\$433.70	\$433.70	\$520.62	\$1,088.77	\$16.15	\$16.15	\$487.58	
Two Person (2P)	\$907.01	\$907.01	\$1,088.77	\$1,419.87	\$1,159.47	\$1,159.47	\$1,095.18	
Family (FF)	\$1,822.83	\$1,822.83	\$1,419.87	\$390,190	\$398,210	\$398,210	\$1,362.52	
Total Annual Premium	\$325,050	\$325,050	\$390,190	\$390,190	\$398,210	\$398,210	\$376,128	
Total Costs								
Estimated Annual Cost	\$325,050	\$325,050	\$390,190	\$390,190	\$398,210	\$398,210	\$376,128	
Estimated Savings/(Increase) \$			(\$65,140.32)	(\$65,140.32)	(\$73,160.28)	(\$73,160.28)	(\$51,079.00)	
Estimated Difference %			-20.0%	-20.0%	-22.5%	-22.5%	-15.7%	
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	Included in total plan cost	Included in total plan cost	Included in total plan cost	
Total Plan Cost	\$5,204.40	\$6,247.44	\$6,247.44	\$6,344.80	\$6,193.80	\$5,850.96	\$5,850.96	
PA 152 Cap	\$6,142.11	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	
Amount Over/Under Hard Cap	-\$937.71	-\$97.36	-\$97.36	-\$151.00	-\$151.00	-\$493.84	-\$493.84	
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	Included in total plan cost	Included in total plan cost	Included in total plan cost	
Total Plan Cost	\$10,894.12	\$13,065.24	\$13,065.24	\$13,268.93	\$13,913.64	\$13,142.16	\$13,142.16	
PA 152 Cap	\$12,845.04	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	
Amount Over/Under Hard Cap	-\$1,960.92	-\$203.69	-\$203.69	-\$644.71	-\$644.71	-\$126.77	-\$126.77	
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	Included in total plan cost	Included in total plan cost	Included in total plan cost	
Total Plan Cost	\$14,193.96	\$17,038.44	\$17,038.44	\$17,304.02	\$17,310.36	\$16,350.24	\$16,350.24	
PA 152 Cap	\$16,751.23	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	
Amount Over/Under Hard Cap	-\$2,557.27	-\$265.58	-\$265.58	-\$63.66	-\$63.66	-\$953.78	-\$953.78	

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

MESSA: \*MESSA rates include taxes and fees.

\*HSA plan deductible increased to \$1,350 for single and \$2,700 for 2P/FF, per 2018 Federal law for HSA plans.

\*SET SEG: \*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.