



Medical Rate Summary
Kaleva-Norman-Dickson School District
All Employees
 Assumed Effective Date: 7/1/2017

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
Administrators				
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Census		1	1
	Rate	\$583.11	\$1,310.12	\$1,630.01
Teachers Enrolled in MESSA Choices Plan	Census	1	8	9
MESSA \$500-0%; Saver Rx	Rate	\$652.95	\$1,467.27	\$1,825.56
Teachers Enrolled in MESSA ABC Plan 1	Census	7	4	11
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$583.11	\$1,310.12	\$1,630.01
Support Staff Enrolled in MESSA ABC Plan 1	Census	3	3	6
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$583.11	\$1,310.12	\$1,630.01
TOTALS:		11	16	27
				\$409,543

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans	did not provide quotes as requested				
BCBSM Small Group HSA Plans					
Simply Blue HSA PPO Gold \$1300	\$510	\$1,067	\$1,391	\$334,499	\$75,044
Simply Blue HSA PPO Gold \$1450	\$526	\$1,100	\$1,434	\$344,772	\$64,771
Simply Blue HSA PPO Gold \$2700 (\$700)	\$464	\$971	\$1,266	\$304,347	\$105,196
BCBSM Small Group PPO Plans					
Simply Blue PPO Gold \$500	\$540	\$1,130	\$1,473	\$354,155	\$55,388
Simply Blue PPO Gold \$1000	\$521	\$1,089	\$1,420	\$341,340	\$68,203
BCN Small Group HMO Plans					

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO Platinum \$500	\$569	\$1,190	\$1,551	\$372,963	\$36,580
BCN HMO Platinum \$500 (with Comprehensive Drug List)	\$592	\$1,237	\$1,613	\$387,837	\$21,707
BCN HMO Gold \$1000	\$486	\$1,017	\$1,327	\$318,945	\$90,599
BCN Small Group HSA Plans					
BCN HSA HMO Gold \$1300	\$457	\$956	\$1,247	\$299,791	\$109,753
BCN HSA HMO Gold \$1450	\$479	\$1,002	\$1,307	\$314,271	\$95,273
BCN HSA HMO Gold \$2700 (\$700)	\$412	\$862	\$1,124	\$270,284	\$139,260
Priority Health Small Group Options					
Priority Health POS 250-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$630	\$1,317	\$1,717	\$412,863	-\$3,319
Priority Health POS 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$552	\$1,154	\$1,505	\$361,843	\$47,700
Priority Health POS 1000-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$529	\$1,106	\$1,442	\$346,755	\$62,788
Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$511	\$1,070	\$1,395	\$335,312	\$74,231
Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	\$513	\$1,073	\$1,399	\$336,285	\$73,258
Priority Health POS HSA 1685-20%; \$20/\$20/\$60/\$80/20%/20% Rx	\$456	\$953	\$1,242	\$298,642	\$110,901
Priority Health POS HSA 2000-0%; \$10/\$10/\$40/\$80/20%/20% Rx	\$482	\$1,008	\$1,315	\$316,086	\$93,457

MESSA:

*MESSA rates include taxes and fees.

BCBSM/BCN:

*BCBSM/BCN 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/BCN 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 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 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 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



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

Kaleva-Norman-Dickson School District
All Employees
Assumed Effective Date: 7/1/2017
Option 3

Plan	CURRENT PLAN Administrators		CURRENT PLAN Teachers Enrolled in MESSA Choices Plan		CURRENT PLAN Teachers Enrolled in MESSA ABC Plan 1		CURRENT PLAN Support Staff Enrolled in MESSA ABC Plan 1		Option 1	Option 2	Option 3	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA \$500-0%; Saver Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		Simply Blue PPO Gold \$500	Simply Blue HSA PPO Gold \$1450	Simply Blue HSA PPO Gold \$1300	
Rate Period	7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-6/30/2018	7/1/2017-6/30/2018	7/1/2017-6/30/2018	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network	In Network	In Network	
Deductible												
Annual Deductible - 1P	\$1,300	\$500	\$1,300	\$500	\$1,300	\$500	\$1,300	\$500	\$1,450	\$1,300		
Annual Deductible - 2P/FF	\$2,600	\$1,000	\$2,600	\$1,000	\$2,600	\$1,000	\$2,600	\$1,000	\$2,900	\$2,600		
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%	0%	20%	0%	20%		
Coinsurance Max - 1P	\$1,000	\$0	\$1,000	\$0	\$1,000	\$0	\$1,000	\$3,000	\$1,000	\$1,000		
Coinsurance Max - 2P/FF	\$2,000	\$0	\$2,000	\$0	\$2,000	\$0	\$2,000	\$6,000	\$2,000	\$2,000		
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	\$2,300	\$1,500	\$2,300	\$1,500	\$2,300	\$1,500	\$2,300	\$6,600	\$2,450	\$2,300		
Max ded, coinsurance, copays - 2P/FF	\$4,600	\$3,000	\$4,600	\$3,000	\$4,600	\$3,000	\$4,600	\$13,200	\$4,900	\$4,600		
Copayments												
Office Visit/Specialist	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$40	0% after Ded.	20% after Ded.		
Urgent Care/ER	0% after Ded.	\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.	\$60/\$250	0% after Ded.	20% after Ded.		
Chiropractic Limit/Copay	38/0% after Ded.	38/0% (office visit copay may apply)	38/0% after Ded.	38/0% (office visit copay may apply)	38/0% after Ded.	38/0% (office visit copay may apply)	38/0% after Ded.	30/\$30 (combined with PT and OT)	30/0% after Ded. (combined with PT and OT)	30/20% after Ded. (combined with PT and OT)		
Rx Copay	ABC Rx	Saver Rx	ABC Rx	Saver Rx	ABC Rx	Saver Rx	ABC Rx	\$15/\$50/50%/20%/25%	\$20/\$60/50%/20%/25% after Ded.	\$10/\$40/\$80/15%/25% after Ded.		
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$583.11	1	\$652.95	7	\$583.11	3	\$583.11	11	\$540.17	11	\$525.86
Two Person (2P)	0	\$1,310.12	0	\$1,467.27	0	\$1,310.12	0	\$1,310.12	0	\$1,129.66	0	\$1,099.73
Family (FF)	1	\$1,630.01	8	\$1,825.56	4	\$1,630.01	3	\$1,630.01	16	\$1,473.19	16	\$1,434.16
Total Annual Premium	1	\$19,560	9	\$183,089	11	\$127,222	6	\$79,672	27	\$354,155	27	\$344,772
Combined Current Lives	27		< TOTALS		< TOTALS		< TOTALS					
Combined Annual Premium	\$409,543		< TOTALS		< TOTALS		< TOTALS					
Total Costs									PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$409,543		<Totals		<Totals		<Totals			\$354,155		\$344,772
Estimated Savings/(Increase) \$										\$55,388.28		\$75,044.27
Estimated Difference %										13.5%		18.3%
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	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	\$6,997.32	\$7,835.40	\$6,997.32	\$7,835.40	\$6,997.32	\$7,835.40	\$6,997.32	\$6,482.08	\$6,310.27	\$6,122.28	\$6,122.28	
PA 152 Cap	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	
Amount Over/Under Hard Cap	\$652.52	\$1,490.60	\$652.52	\$1,490.60	\$652.52	\$1,490.60	\$652.52	\$137.28	-\$34.53	-\$222.52	-\$222.52	
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	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	\$15,721.44	\$17,607.24	\$15,721.44	\$17,607.24	\$15,721.44	\$17,607.24	\$15,721.44	\$13,555.95	\$13,196.77	\$12,803.60	\$12,803.60	
PA 152 Cap	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	
Amount Over/Under Hard Cap	\$2,452.51	\$4,338.31	\$2,452.51	\$4,338.31	\$2,452.51	\$4,338.31	\$2,452.51	\$287.02	-\$72.16	-\$465.33	-\$465.33	
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	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	\$19,560.12	\$21,906.72	\$19,560.12	\$21,906.72	\$19,560.12	\$21,906.72	\$19,560.12	\$17,678.26	\$17,209.94	\$16,697.12	\$16,697.12	
PA 152 Cap	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	
Amount Over/Under Hard Cap	\$2,256.10	\$4,602.70	\$2,256.10	\$4,602.70	\$2,256.10	\$4,602.70	\$2,256.10	\$374.24	-\$94.08	-\$606.90	-\$606.90	

MESSA:

*MESSA rates include taxes and fees.

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 quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

*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 purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation