



**Medical Rate Summary
Johannesburg-Lewiston Schools
Teachers**

Assumed Effective Date: 7/1/2014

Current Plan(s) and Segment:	1P	2P	FF	Total Cost	
Teachers	Census	4	5	29	
MESSA Choices 500/1000; 10/20 Rx	Rate	\$547.73	\$1,230.53	\$1,530.96	\$632,897
TOTALS:		4	5	29	38
					\$632,897

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Priority Health Plans Continued					
Priority Health POS 100 M-0	\$509	\$1,142	\$1,421	\$587,560	\$45,337
Priority Health PPO 100 M-1	\$499	\$1,122	\$1,395	\$576,882	\$56,015
BCBSM Simply Blue Conventional Plans					
BCBSM SB 250; 10/40/80 Rx	\$411	\$988	\$1,234	\$508,602	\$124,295
BCBSM SB 500; 10/40/80 Rx	\$395	\$947	\$1,184	\$487,911	\$144,986
BCBSM Simply Blue HSA Plans					
BCBSM SB HSA 1250-0%; 10/40/80 Rx	\$366	\$878	\$1,097	\$452,125	\$180,772
BCBSM SB HSA 1250-20%; 10/40/80 Rx	\$332	\$798	\$997	\$410,937	\$221,960
BCBSM SB HSA 2000-0%; 10/40/80 Rx	\$322	\$773	\$966	\$397,963	\$234,934
Priority Health POS HSA Plans					
Priority Health POS HSA 80-M1	\$367	\$824	\$1,025	\$423,668	\$209,229
Priority Health PPO HSA Plans					
Priority Health PPO HSA 100-M2	\$418	\$940	\$1,169	\$483,441	\$149,456
Priority Health POS Conventional Plans					
Priority Health POS 100-M4	\$487	\$1,094	\$1,361	\$562,797	\$70,100
Priority Health PPO Conventional Plans					
Priority Health PPO 100-M5	\$529	\$1,187	\$1,477	\$610,702	\$22,195

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

BCBSM:
 *BCBSM rates do not 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.

Priority Health:
 *Priority Health rates, fees and/or claims projections do not 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. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known.

***MESSA**
 *MESSA has agreed to cover 75% of the MI Claims Tax and ACA taxes and fee liability.
 *Rates do not include SET SEG's \$6.00 pepm fee for billing and enrollment services.
 *Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.



Medical Rate Summary
Johannesburg-Lewiston Schools
Admin/Support Staff

Assumed Effective Date: 7/1/2014

Current Plan(s) and Segment:		1P	2P	FF	Total Cost
Administrators					
	Census			4	
	Rate	\$547.73	\$1,230.53	\$1,530.96	\$73,486
	MESSA Choices 500/1000; 10/20 Rx				
Support Staff					
	Census			4	
	Rate	\$511.80	\$1,149.68	\$1,430.35	\$68,657
	MESSA Choices 500/1000; 10/20 Rx				
	TOTALS:			8	8
					\$142,143

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM Simply Blue Conventional Plans					
BCBSM SB 250; 10/40/80 Rx	\$411	\$988	\$1,234	\$118,509	\$23,634
BCBSM SB 500; 10/40/80 Rx	\$395	\$947	\$1,184	\$113,688	\$28,455
BCBSM Simply Blue HSA Plans					
BCBSM SB HSA 1250-0%; 10/40/80 Rx	\$366	\$878	\$1,097	\$105,349	\$36,793
BCBSM SB HSA 1250-20%; 10/40/80 Rx	\$332	\$798	\$997	\$95,752	\$46,391
BCBSM SB HSA 2000-0%; 10/40/80 Rx	\$322	\$773	\$966	\$92,729	\$49,414

BCBSM:
 *BCBSM rates do not 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.

***MESSA**
 *MESSA has agreed to cover 75% of the MI Claims Tax and ACA taxes and fee liability.

*Rates do not include SET SEG's \$6.00 pepm fee for billing and enrollment services.

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



Medical Rate Summary
Johannesburg-Lewiston Schools
All Employees

Assumed Effective Date: 7/1/2014

Current Plan(s) and Segment:		1P	2P	FF	Total Cost
Administrators					
	Census			4	
	Rate	\$547.73	\$1,230.53	\$1,530.96	\$73,486
Teachers					
	Census	4	5	29	
	Rate	\$547.73	\$1,230.53	\$1,530.96	\$632,897
Support Staff					
	Census			4	
	Rate	\$511.80	\$1,149.68	\$1,430.35	\$68,657
	TOTALS:	4	5	37	46
					\$775,040

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Priority Health Plans Continued					
Priority Health POS 100 M-0	\$527	\$1,183	\$1,472	\$749,672	\$25,368
Priority Health PPO 100 M-1	\$531	\$1,193	\$1,484	\$755,978	\$19,061
BCBSM Simply Blue Conventional Plans					
BCBSM SB 250; 10/40/80 Rx	\$411	\$988	\$1,234	\$627,111	\$147,929
BCBSM SB 500; 10/40/80 Rx	\$395	\$947	\$1,184	\$601,599	\$173,441
BCBSM Simply Blue HSA Plans					
BCBSM SB HSA 1250-0%; 10/40/80 Rx	\$366	\$878	\$1,097	\$557,474	\$217,566
BCBSM SB HSA 1250-20%; 10/40/80 Rx	\$332	\$798	\$997	\$506,689	\$268,351
BCBSM SB HSA 2000-0%; 10/40/80 Rx	\$322	\$773	\$966	\$490,692	\$284,347
Priority Health POS HSA Plans					
Priority Health POS HSA 80-M1	\$379	\$852	\$1,061	\$540,264	\$234,776
Priority Health PPO HSA Plans					
Priority Health PPO HSA 100-M2	\$433	\$972	\$1,209	\$615,950	\$159,090
Priority Health POS Conventional Plans					

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Priority Health POS 100-M4	\$504	\$1,133	\$1,409	\$717,891	\$57,149
Priority Health PPO Conventional Plans					
Priority Health PPO 100-M5	\$548	\$1,231	\$1,532	\$780,313	-\$5,273

BCBSM:
 *BCBSM rates do not 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.

Priority Health:
 *Priority Health rates, fees and/or claims projections do not 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. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known.

***MESSA**
 *MESSA has agreed to cover 75% of the MI Claims Tax and ACA taxes and fee liability.
 *Rates do not include SET SEG's \$6.00 pepm fee for billing and enrollment services.
 *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.

Medical Plan Comparison
Johannesburg-Lewiston Schools
Teachers

	CURRENT PLAN	Option 1	Option 2	Option 3
	Teachers	BCBSM SB HSA 1250-0%; 10/40/80 Rx	Priority Health POS HSA 80-M1	Priority Health PPO 100-M5
Carrier	MESSA Choices 500/1000; 10/20 Rx	BCBSM	Priority Health	Priority Health
Rate Period	7/1/2014-6/30/2015	7/1/2014-6/30/2015	7/1/2014-6/30/2015	7/1/2014-6/30/2015
Purchased Plan Features	In Network	In Network	In Network	In Network
Deductible				
Annual Deductible 1P	\$500	\$1,250	\$1,250	\$500
Annual Deductible 2P/FF	\$1,000	\$2,500	\$2,500	\$1,000
Additional Cost After Deductible				
Coinsurance % after Deductible	0%	0%	20%	0%
Coinsurance \$ Limit after Ded - 1P	\$0	\$1,000	\$750	\$5,850
Coinsurance \$ Limit after Ded - 2P/FF	\$0	\$2,000	\$1,500	\$11,700
Maximum Out of Pocket Cost				
Max \$ Out of Pocket - 1P	\$500	\$2,250	\$2,000	\$6,350
Max \$ Out of Pocket - 2P/FF	\$1,000	\$4,500	\$4,000	\$12,700
Copayments				
Office Visit/Specialist	\$20/\$20	\$0	20% post ded	\$20/\$35
Urgent Care/ER	\$25/\$50	\$0	20% post ded	\$75/\$150
Chiropractic, Visit Limit/Copay	38/\$0	12/\$0	30/20% post ded (combined with PT & OT)	30/\$20 (combined with PT & OT)
Rx Copay	\$10/\$20	\$10/\$40/\$80 Rx	\$10/\$40/\$80	\$10/\$40/\$80
Purchased Plan Rates - Medical	Census	Census	Census	Census
	Rates	Rates	Rates	Rates
One Person (1P)	4	4	4	4
	\$547.73	\$365.80	\$366.67	\$528.54
Two Person (2P)	5	5	5	5
	\$1,230.53	\$877.91	\$823.72	\$1,187.37
Family (FF)	29	29	29	29
	\$1,530.96	\$1,097.39	\$1,024.84	\$1,477.27
Total Annual Premium	38	38	38	38
	\$632,897	\$452,125	\$423,668	\$610,702
Total Costs		PEPM	PEPM	PEPM
Estimated Annual Cost	\$632,897	\$452,125	\$423,668	\$610,702
Estimated Savings/(Increase) \$		\$180,772.20	\$209,229.24	\$22,194.84
Estimated Difference %		28.6%	33.1%	3.5%

BCBSM:

*BCBSM rates do not 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.

Priority Health:

*Priority Health rates, fees and/or claims projections do not 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. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known.

***MESSA**

*MESSA has agreed to cover 75% of the MI Claims Tax and ACA taxes and fee liability.

*Rates do not include SET SEG's \$6.00 pepm fee for billing and enrollment services.

*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.

Medical Plan Comparison
Johannesburg-Lewiston Schools
Admin/Support Staff

	CURRENT PLAN Administrators	CURRENT PLAN Support Staff	Option 1 BCBSM SB HSA 1250-0%; 10/40/80 Rx
Carrier	MESSA Choices 500/1000; 10/20 Rx	MESSA Choices 500/1000; 10/20 Rx	BCBSM
Rate Period	7/1/2014-6/30/2015	7/1/2014-6/30/2015	7/1/2014-6/30/2015
Purchased Plan Features	In Network	In Network	In Network
Deductible			
Annual Deductible 1P	\$500	\$500	\$1,250
Annual Deductible 2P/FF	\$1,000	\$1,000	\$2,500
Additional Cost After Deductible			
Coinsurance % after Deductible	0%	0%	0%
Coinsurance \$ Limit after Ded - 1P	\$0	\$0	\$1,000
Coinsurance \$ Limit after Ded - 2P/FF	\$0	\$0	\$2,000
Maximum Out of Pocket Cost			
Max \$ Out of Pocket - 1P	\$500	\$500	\$2,250
Max \$ Out of Pocket - 2P/FF	\$1,000	\$1,000	\$4,500
Copayments			
Office Visit/Specialist	\$20/\$20	\$20/\$20	\$0
Urgent Care/ER	\$25/\$50	\$25/\$50	\$0
Chiropractic, Visit Limit/Copay	38/\$0	38/\$0	12/\$0
Rx Copay	\$10/\$20	Saver Rx	\$10/\$40/\$80 Rx
Purchased Plan Rates - Medical	Census	Rates	Census
One Person (1P)	0	\$547.73	0
Two Person (2P)	0	\$1,230.53	0
Family (FF)	4	\$1,530.96	8
Total Annual Premium	4	\$73,486	8
Combined Annual Premium	\$142,143	< TOTALS	
Total Costs			PEPM
Estimated Annual Cost	\$142,143	<Totals	Annual
Estimated Savings/(Increase) \$			\$36,793.44
Estimated Difference %			25.9%

BCBSM:

*BCBSM rates do not 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.

***MESSA**

*MESSA has agreed to cover 75% of the MI Claims Tax and ACA taxes and fee liability.

*Rates do not include SET SEG's \$6.00 pepm fee for billing and enrollment services.

*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.

Medical Plan Comparison
Johannesburg-Lewiston Schools
All Employees

	CURRENT PLAN Administrators		CURRENT PLAN Teachers		CURRENT PLAN Support Staff		Option 1 BCBSM SB HSA 1250-0%; 10/40/80 Rx		Option 2 Priority Health POS HSA 80-M1		Option 3 Priority Health PPO 100-M5	
Carrier	MESSA Choices 500/1000; 10/20 Rx		MESSA Choices 500/1000; 10/20 Rx		MESSA Choices 500/1000; 10/20 Rx		BCBSM		Priority Health		Priority Health	
Rate Period	7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network	
Deductible												
Annual Deductible 1P	\$500		\$500		\$500		\$1,250		\$1,250		\$500	
Annual Deductible 2P/FF	\$1,000		\$1,000		\$1,000		\$2,500		\$2,500		\$1,000	
Additional Cost After Deductible												
Coinsurance % after Deductible	0%		0%		0%		0%		20%		0%	
Coinsurance \$ Limit after Ded - 1P	\$0		\$0		\$0		\$1,000		\$750		\$5,850	
Coinsurance \$ Limit after Ded - 2P/FF	\$0		\$0		\$0		\$2,000		\$1,500		\$11,700	
Maximum Out of Pocket Cost												
Max \$ Out of Pocket - 2P/FF	#N/A		#N/A		#N/A		#N/A		#N/A		#N/A	
Max \$ Out of Pocket - 2P/FF	\$1,000		\$1,000		\$1,000		\$4,500		\$4,000		\$12,700	
Copayments												
Office Visit/Specialist	\$20/\$20		\$20/\$20		\$20/\$20		\$0		20% post ded		\$20/\$35	
Urgent Care/ER	\$25/\$50		\$25/\$50		\$25/\$50		\$0		20% post ded		\$75/\$150	
Chiropractic, Visit Limit/Copay	38/\$0		38/\$0		38/\$0		12/\$0		30/20% post ded (combined with PT & OT)		30/\$20 (combined with PT & OT)	
Rx Copay	\$10/\$20		\$10/\$20		Saver Rx		\$10/\$40/\$80 Rx		\$10/\$40/\$80		\$10/\$40/\$80	
Purchased Plan Rates - Medical												
	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$547.73	4	\$547.73	0	\$511.80	4	\$365.80	4	\$379.46	4	\$548.06
Two Person (2P)	0	\$1,230.53	5	\$1,230.53	0	\$1,149.68	5	\$877.91	5	\$852.46	5	\$1,231.22
Family (FF)	4	\$1,530.96	29	\$1,530.96	4	\$1,430.35	37	\$1,097.39	37	\$1,060.59	37	\$1,531.83
Total Annual Premium	4	\$73,486	38	\$632,897	4	\$68,657	46	\$557,474	46	\$540,264	46	\$780,313
Combined Annual Premium	\$775,040		< TOTALS		< TOTALS							
Estimated Annual Cost	\$775,040		<Totals		<Totals		\$557,474		\$540,264		\$780,313	
Estimated Savings/(Increase) \$							\$217,565.64		\$234,776.16		(\$5,272.80)	
Estimated Difference %							28.1%		30.3%		-0.7%	

BCBSM:

*BCBSM rates do not 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.

Priority Health:

*Priority Health rates, fees and/or claims projections do not 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. Rates and fees will be adjusted as necessary to incorporate such assessments or taxes and will be communicated to you as soon as they are known.

***MESSA**

*MESSA has agreed to cover 75% of the MI Claims Tax and ACA taxes and fee liability.

*Rates do not include SET SEG's \$6.00 pepm fee for billing and enrollment services.

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