



North Huron School District

Medical Rate Summary

All Employees

Effective Date: January 1, 2019

Renewal Plan(s):		1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA ABC Plan 1 \$1,350-0%; ABC Rx	Census	5	4	14	23		
	Rate	\$594.08	\$1,334.78	\$1,660.70		\$31,559	\$378,712
MESSA Choices \$500-0%; Saver Rx	Census	1	0	3	4		
	Rate	\$665.22	\$1,494.89	\$1,859.93		\$6,245	\$74,940
TOTALS:		6	4	17	27	\$37,804	\$453,652

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost
McLaren POS \$500-20%; \$10/\$40/\$40 Rx	\$573.92	\$1,194.83	\$1,590.34	\$35,258.62	\$423,103.48
McLaren POS \$1000-0%; \$10/\$40/\$40 Rx	\$581.93	\$1,211.62	\$1,612.73	\$35,754.47	\$429,053.58
McLaren HMO HSA \$1350-0%; 0% after ded. Rx	\$511.75	\$1,064.42	\$1,416.46	\$31,408.10	\$376,897.22
BCN HMO \$500-20%; \$10/\$30/\$60/\$80/20%/20%	\$449.64	\$1,067.54	\$1,332.34	\$29,617.89	\$355,414.68
BCN HMO \$1000-0%; \$10/\$30/\$60/\$80/20%/20%	\$451.44	\$1,071.85	\$1,337.72	\$29,737.27	\$356,847.20
BCN HMO HSA \$1350-0%; \$10/\$30/\$60/\$80/20%/20%	\$413.54	\$980.88	\$1,224.03	\$27,213.27	\$326,559.27
BCN HMO HSA \$1350-20%; \$10/\$30/\$60/\$80/20%/20%	\$391.20	\$927.27	\$1,157.00	\$25,725.23	\$308,702.78
BCBSM PPO \$500-20%; \$10/\$40/\$80 Rx	\$527.64	\$1,254.67	\$1,566.28	\$34,811.23	\$417,734.79
BCBSM SB PPO \$1,000 - 0%; \$10/\$40/\$80 Rx	\$541.65	\$1,288.35	\$1,608.37	\$35,745.70	\$428,948.40
BCBSM PPO HSA \$1,350-0%; \$10/\$40/\$80 Rx	\$492.41	\$1,170.14	\$1,460.62	\$32,465.57	\$389,586.86
BCBSM PPO HSA \$1,350-20%; \$10/\$40/\$80 Rx	\$462.23	\$1,097.72	\$1,370.09	\$30,455.87	\$365,470.40
HAP - Declined to Quote					
PH - Declined to Quote					

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Proposed Plans:

*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.

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

SET SEG:

*Quoted rates include \$8.30 Billing & Enrollment fee

*BCBSM/BCN rates include 3% MESSA Commission



North Huron School District

Medical Plan Analysis

All Employees

Effective Date: January 1, 2019

	Renewal Options		Option 1	Option 2	Option 3	Option 4
	MESSA ®	MESSA ®	Blue Care Network ®	Blue Care Network ®	Blue Cross Blue Shield of Michigan ®	Blue Cross Blue Shield of Michigan ®
	MESSA ABC Plan 1 \$1,350-0%; ABC Rx	MESSA Choices \$500-0%; Saver Rx	BCN HMO \$500-20%; \$10/\$30/\$60/\$80/20%/20%	BCN HMO HSA \$1350-0%; \$10/\$30/\$60/\$80/20%/20%	BCBSM PPO \$500-20%; \$10/\$40/\$80 Rx	BCBSM PPO HSA \$1,350-0%; \$10/\$40/\$80 Rx
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
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible						
Individual	\$1,350	\$500	\$500	\$1,350	\$500	\$1,350
Family	\$2,700	\$1,000	\$1,000	\$2,700	\$1,000	\$2,700
Coinsurance	0% coinsurance	0% coinsurance	20% coinsurance	0% coinsurance	20% coinsurance	0% coinsurance
Coinsurance Maximum	N/A	N/A	\$2,500 / \$5,000	N/A	\$2,500 / \$5,000	N/A
Out-of-Pocket Maximum						
Individual	Included in MESSA "Plan Highlights"	Included in MESSA "Plan Highlights"	\$6,350	\$2,350	\$6,350	\$2,250
Family	Included in MESSA "Plan Highlights"	Included in MESSA "Plan Highlights"	\$12,700	\$4,700	\$12,700	\$4,500
Professional Services						
Office Visit	0% coinsurance after deductible	\$20 copay	\$20 copay	0% coinsurance after deductible	\$20 copay	0% coinsurance after deductible
Specialist Visit	0% coinsurance after deductible	Included in MESSA "Plan Highlights"	\$40 copay	0% coinsurance after deductible	\$20 copay	0% coinsurance after deductible
Chiropractic	0% coinsurance after deductible	Included in MESSA "Plan Highlights"	\$40 copay/30 visits per year	0% coinsurance after deductible; 30 visits per year	\$20 copay; 12 visits per year	0% coinsurance after deductible; 12 visits per year
Emergency Services						
Urgent Care	0% coinsurance after deductible	\$25 copay	\$50 copay	0% coinsurance after deductible	\$20 copay	0% coinsurance after deductible
Emergency Room	0% coinsurance after deductible	\$50 copay	\$250 copay after deductible, waived if admitted	0% coinsurance after deductible	\$150 copay; waived if admitted	0% coinsurance after deductible
Prescription Drugs						
Preferred Generic			\$10 copay	\$10 copay after deductible		
Generic	ABC Rx	Saver Rx	\$30 copay	\$30 copay after deductible	\$10 copay	\$10 copay
Preferred Brand	ABC Rx	Saver Rx	\$60 copay	\$60 copay after deductible	\$40 copay	\$40 copay
Non-Preferred Brand	ABC Rx	Saver Rx	\$80 copay	\$80 copay after deductible	\$80 copay	\$80 copay
Preferred Specialty			20% coinsurance	20% coinsurance after deductible		
Non-Preferred Specialty			20% coinsurance	20% coinsurance after deductible		
Rates Including Additional Fees						
Single	5 \$594.08	1 \$665.22	\$449.64	\$413.54	\$527.64	\$492.41
Two Person	4 \$1,334.78	0 \$1,494.89	\$1,067.54	\$980.88	\$1,254.67	\$1,170.14
Family	14 \$1,660.70	3 \$1,859.93	\$1,332.34	\$1,224.03	\$1,566.28	\$1,460.62

Cost Share Analysis

One Person Cost Share							
One Person Rate		\$594.08	\$665.22	\$449.64	\$413.54	\$527.64	\$492.41
One Person PA 152 Cap		\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10
One Person Monthly Cost		\$36.98	\$108.12	-\$107.46	-\$143.56	-\$29.46	-\$64.69
Two Person Cost Share							
Two Person Rate		\$1,334.78	\$1,494.89	\$1,067.54	\$980.88	\$1,254.67	\$1,170.14
Two Person PA 152 Cap		\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06
Two Person Monthly Cost		\$169.72	\$329.83	-\$97.52	-\$184.18	\$89.61	\$5.08
Family Cost Share							
Family Rate		\$1,660.70	\$1,859.93	\$1,332.34	\$1,224.03	\$1,566.28	\$1,460.62
Family PA 152 Cap		\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36
Family Monthly Cost		\$141.34	\$340.57	-\$187.02	-\$295.33	\$46.92	-\$58.74

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

SET SEG:

*Quoted rates include \$8.30 Enrollment & Billing fee

*BCBSM/BCN Quoted rates include MESSA 3% Commission



North Huron School District

Dental Rate Summary

All Employees Dental Options

Effective Date: January 1, 2019

Renewal Plans:		1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA 80%/80%/80%/80%; \$1,000/\$1,200 (Pak A, C Support Staff)	Census	0	3	0	3		
	Rate	\$36.57	\$68.14	\$119.72		\$204.42	\$2,453.04
MESSA 80%/80%/80%/80%; \$1,000/\$1,200 (Pak B Support Staff)	Census	0	2	0	2		
	Rate	\$37.47	\$68.24	\$119.13		\$136.48	\$1,637.76
MESSA 80%/80%/80%/80%; \$1,000/\$1,200 (Pak A, C Teachers)	Census	3	3	14	20		
	Rate	\$36.25	\$67.87	\$128.86		\$2,116.40	\$25,396.80
MESSA 80%/80%/80%/80%; \$1,000/\$1,200 (Pak B Teachers)	Census	0	1	5	6		
	Rate	\$30.06	\$56.82	\$107.65		\$595.07	\$7,140.84
MESSA 80%/80%/80%/80%; \$1,000/\$1,200 (Pak A Principals)	Census	0	0	1	1		
	Rate	\$38.77	\$76.03	\$153.63		\$153.63	\$1,843.56
MESSA 80%/80%/80%/80%; \$1,000/\$1,200 (Pak A, C Central Office)	Census	0	1	2	3		
	Rate	\$42.17	\$78.80	\$141.95		\$362.70	\$4,352.40
MESSA 80%/80%/80%/80%; \$1,000/\$1,200 (Pak B Central Office)	Census	0	0	1	1		
	Rate	\$36.52	\$68.68	\$130.42		\$130.42	\$1,565.04
TOTALS:		3	10	23	36	\$3,699.12	\$44,389.44

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost
SunLife \$50/\$150 Ded.; 90%/90%/80%/80%; \$1,500/\$1,500 (Central Office, Admin)	\$44.96	\$84.02	\$151.35	\$4,456.13	\$53,473.56
SunLife \$50/\$150 Ded.; 90%/90%/80%/80%; \$1,500/\$1,500 (Principals)	\$53.71	\$105.33	\$212.84	\$6,109.75	\$73,317.00
SunLife \$50/\$150 Ded.; 90%/80%/80%/80%; \$1,600/\$1,500 (Teachers)	\$37.38	\$69.99	\$132.89	\$3,868.51	\$46,422.12
Guardian - Declined to Quote					
MetLife - Declined to Quote					

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*Proposed plans include taxes and fees.



North Huron School District

Vision Rate Summary

All Employees

Effective Date: January 1, 2019

Current Plan:		1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA VSP 2 S \$6.50/\$18 Copay; 12-12-12; \$130 Frame/\$110 Contacts	Census	6	3	17	26		
	Rate	\$5.60	\$12.03	\$18.12		\$377.73	\$4,532.76
	TOTALS:	6	3	17	26	\$377.73	\$4,532.76

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost
EyeMed \$6/\$18 Copay; 12-12-12; \$130 Frame	\$6.08	\$11.55	\$16.96	\$359.45	\$4,313.40
SunLife \$5/\$25 Copay; 12-12-24; \$130 Frame	\$6.61	\$14.20	\$21.39	\$445.89	\$5,350.68
Guardian - Declined to Quote					
MetLife - Declined to Quote					
VSP - Declined to Quote					

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