



**Medical Rate Summary
Belding Area Schools
Teachers**

Assumed Effective Date: 1/1/2015

Current Plan(s) and Segment:	1P	2P	FF	Total Cost	
Teachers	Census	10	21	54	
MESSA Choices 500/1000 Ded; \$20 OV; Saver Rx	Rate	\$534.21	\$1,200.11	\$1,493.10	\$1,334,062
TOTALS:		10	21	54	85

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM Options					
BCBSM SB HRA \$1500 20% \$10/40/80 RX	\$434	\$1,041	\$1,302	\$1,158,001	\$176,060
BCBSM SB HRA \$2500 20% \$10/40/80 RX	\$401	\$962	\$1,203	\$1,069,896	\$264,165
BCBSM SB HSA \$1300 0% \$10/40/80 RX	\$430	\$1,033	\$1,291	\$1,148,750	\$185,311
BCBSM SB HSA \$1300 20% \$10/40/80 RX	\$391	\$937	\$1,172	\$1,042,175	\$291,886
Priority Health Options					
Priority PPO Standard \$500 \$10/40/40 RX	\$578	\$1,299	\$1,616	\$1,443,625	-\$109,563
Priority POS Standard \$500 \$10/40/40 RX	\$508	\$1,141	\$1,420	\$1,268,814	\$65,247
Priority POS Standard \$750 \$10/40/40 RX	\$488	\$1,097	\$1,365	\$1,219,343	\$114,718
Priority POS Standard \$1000 \$10/40/40 RX	\$471	\$1,058	\$1,316	\$1,175,794	\$158,268
Priority POS HRA \$1000 \$10/40/40 RX	\$483	\$1,084	\$1,349	\$1,205,510	\$128,552
Priority POS HRA \$2000 \$10/40/40 RX	\$429	\$964	\$1,200	\$1,071,731	\$262,331
Priority POS HSA \$1300 \$10/40/40 RX	\$448	\$1,006	\$1,251	\$1,118,005	\$216,057
Priority POS HSA \$2000 \$10/40/40 RX	\$398	\$894	\$1,112	\$993,889	\$340,173
Priority POS HSA \$1300 10% \$10/40/40 RX	\$406	\$911	\$1,134	\$1,013,143	\$320,918
PHPMM Options					
PHP PPO \$500 \$10/25/40 RX	\$596	\$1,339	\$1,666	\$1,488,905	-\$154,843
PHP PPO HRA \$1000 \$10/25/40 RX	\$555	\$1,247	\$1,551	\$1,386,216	-\$52,154
PHP PPO HRA \$2000 \$10/25/40 RX	\$511	\$1,147	\$1,427	\$1,275,251	\$58,811

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
PHP PPO HSA \$1300 \$5/25/50 RX	\$539	\$1,212	\$1,507	\$1,346,847	-\$12,785
PHP PPO HSA \$2000 \$10/25/50 RX	\$469	\$1,054	\$1,312	\$1,171,867	\$162,195
PHP PPO HSA \$3000 \$5/25/50 RX	\$414	\$931	\$1,158	\$1,034,494	\$299,568
BCBSM Simply Blue Conventional Plans					
BCBSM SB 250; 10/40/80 Rx	\$476	\$1,142	\$1,427	\$1,269,440	\$64,621
BCBSM SB 500; 10/40/80 Rx	\$456	\$1,095	\$1,368	\$1,217,347	\$116,714
BCBSM SB 1000; 10/40/80 Rx	\$423	\$1,015	\$1,268	\$1,128,315	\$205,747
BCBSM Simply Blue HSA Plans					
BCBSM SB HSA 2000-0%; 10/40/80 Rx	\$379	\$909	\$1,137	\$1,011,247	\$322,815
BCBSM SB HSA 2000-20%; 10/40/80 Rx	\$347	\$833	\$1,041	\$926,216	\$407,846

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.

PHP:

*PHP quotes are illustrative and contain the ACA taxes and fees but not Michigan Claims tax. Once actual spouse DOB and number of children are known, rates may change.



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Medical Plan Comparison
Belding Area Schools
Teachers

	CURRENT PLAN	Option 1	Option 2	Option 3	Option 4					
	Teachers	BCBSM SB 250; 10/40/80 Rx	BCBSM SB 500; 10/40/80 Rx	BCBSM SB HSA \$1300 0% \$10/40/80 RX	BCBSM SB HSA 2000-0%; 10/40/80 Rx					
	MESSA Choices 500/1000 Ded; \$20 OV; Saver Rx	BCBSM	BCBSM	BCBSM	BCBSM					
Carrier										
Rate Period	7/1/2014-6/30/2015	1/1/2015-12/31/2015	1/1/2015-12/31/2015	1/1/2015-12/31/2015	1/1/2015-12/31/2015					
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network					
Deductible										
Annual Deductible 1P	\$500	\$250	\$500	\$1,300	\$2,000					
Annual Deductible 2P/FF	\$1,000	\$500	\$1,000	\$2,600	\$4,000					
Additional Cost After Deductible										
Coinsurance % after Deductible	0%	20%	20%	0%	0%					
Coinsurance \$ Limit after Ded - 1P	\$1,000	\$2,500 excl ded; applies to OOPM	\$2,500 excl ded; applies to OOPM	\$950	\$1,000					
Coinsurance \$ Limit after Ded - 2P/FF	\$2,000	\$5,000 excl ded; applies to OOPM	\$5,000 excl ded; applies to OOPM	\$1,900	\$2,000					
Maximum Out of Pocket Cost										
Max \$ Out of Pocket - 1P	\$1,500	\$6,350	\$6,350	\$2,250	\$3,000					
Max \$ Out of Pocket - 2P/FF	\$3,000	\$12,700	\$12,700	\$4,500	\$6,000					
Copayments										
Office Visit/Specialist	\$20/\$20	\$20/\$40	\$20/\$40	0% after ded	0% after ded					
Urgent Care/ER	\$25/\$50	\$60/\$150	\$60/\$150	0% after ded	0% after ded					
Chiropractic, Visit Limit/Copay	38/\$0	12/\$30	12/\$30	12/0% after ded	12/0% after ded					
Rx Copay	Saver Rx	\$10/\$40/\$80 Rx	\$10/\$40/\$80 Rx	\$10/\$40/\$80	\$10/\$40/\$80 Rx					
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	10	\$534.21	10	\$475.66	10	\$456.14	10	\$430.44	10	\$378.92
Two Person (2P)	21	\$1,200.11	21	\$1,141.58	21	\$1,094.74	21	\$1,033.05	21	\$909.40
Family (FF)	54	\$1,493.10	54	\$1,426.98	54	\$1,368.42	54	\$1,291.31	54	\$1,136.74
Total Annual Premium	85	\$1,334,062	85	\$1,269,440	85	\$1,217,347	85	\$1,148,750	85	\$1,011,247
Total Costs										
Estimated Annual Cost		\$1,334,062	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Savings/(Increase) \$				\$1,269,440		\$1,217,347		\$1,148,750		\$1,011,247
Estimated Difference %				\$64,621.32		\$116,714.28		\$185,311.44		\$322,815.00
				4.8%		8.7%		13.9%		24.2%

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.

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.



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Medical Plan Comparison
Belding Area Schools
Teachers

	CURRENT PLAN	Option 1	Option 2	Option 3
	Teachers	Priority POS Standard \$750 \$10/40/40 RX	Priority POS HSA \$1300 \$10/40/40 RX	Priority POS HSA \$2000 \$10/40/40 RX
	MESSA Choices 500/1000 Ded; \$20 OV; Saver Rx	Priority Health	Priority Health	Priority Health
Carrier				
Rate Period	7/1/2014-6/30/2015	1/1/2015-12/31/2015	1/1/2015-12/31/2015	1/1/2015-12/31/2015
Purchased Plan Features	In Network	In Network	In Network	In Network
Deductible				
Annual Deductible 1P	\$500	\$750	\$1,300	\$2,000
Annual Deductible 2P/FF	\$1,000	\$1,500	\$2,600	\$4,000
Additional Cost After Deductible				
Coinsurance % after Deductible	0%	0%	0%	0%
Coinsurance \$ Limit after Ded - 1P	\$1,000	\$0	\$700	\$2,000
Coinsurance \$ Limit after Ded - 2P/FF	\$2,000	\$0	\$1,400	\$4,000
Maximum Out of Pocket Cost				
Max \$ Out of Pocket - 1P	\$1,500	\$6,350	\$2,000	\$4,000
Max \$ Out of Pocket - 2P/FF	\$3,000	\$12,700	\$4,000	\$8,000
Copayments				
Office Visit/Specialist	\$20/\$20	\$20/\$20	100% after ded	100% after ded
Urgent Care/ER	\$25/\$50	\$30/\$50	100% after ded	100% after ded
Chiropractic, Visit Limit/Copay	38/\$0	40/\$20 (combined with PT & OT)	40/100% after ded (combined with PT & OT)	40/100% after ded (combined with PT & OT)
Rx Copay	Saver Rx	\$10/\$40/\$40	\$10/\$40/\$40	\$10/\$40/\$40
Purchased Plan Rates - Medical	Census	Census	Census	Census
	Rates	Rates	Rates	Rates
One Person (1P)	10	10	10	10
	\$534.21	\$488.27	\$447.69	\$397.99
Two Person (2P)	21	21	21	21
	\$1,200.11	\$1,096.90	\$1,005.74	\$894.08
Family (FF)	54	54	54	54
	\$1,493.10	\$1,364.71	\$1,251.29	\$1,112.38
Total Annual Premium	85	85	85	85
	\$1,334,062	\$1,219,343	\$1,118,005	\$993,889
Total Costs		PEPM	PEPM	PEPM
		Annual	Annual	Annual
Estimated Annual Cost	\$1,334,062	\$1,219,343	\$1,118,005	\$993,889
Estimated Savings/(Increase) \$		\$114,718.44	\$216,056.52	\$340,172.52
Estimated Difference %		8.6%	16.2%	25.5%

Priority Health:

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.



**Dental Rate Summary
Belding Area Schools
Teachers**

Assumed Effective Date: 1/1/2015

Current Plan(s) and Segment:	1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers with Medical	Census 10	21	54	\$87.68	\$89,432	7/1/2014-6/30/2015
80/80/80/80;1000;1300	Rate \$32.02	\$60.36	\$108.61			
Teachers without Medical	Census 1	6	18	\$93.95	\$28,186	7/1/2014-6/30/2015
80/80/80/80;1000;1300	Rate \$31.94	\$60.23	\$108.64			
TOTALS:	11	27	72		\$117,618	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET SEG Ultradent 80/80/80/80; 1000;1300	1/1/2015-6/30/2015	\$42.45	\$84.90	\$140.09	\$116.78	\$154,149	-\$36,530
SET SEG Self Funded 80/80/80/80; 1000;1300	1/1/2015-6/30/2015	\$28.68	\$68.83	\$86.04	\$76.08	\$100,425	\$17,193
ADN		Declined to Quote					
Met-Life 80/80/80/80; 1000;1300	12/1/2014-11/30/2015	\$32.00	\$60.34	\$108.83	\$89.24	\$117,803	-\$185

*SET SF plan does not include a network

*Current claims data was not available, therefore proposed SET SF plan cost was based on an industry standard utilization of 80% dental



Vision Plan Summary
 Belding Area Schools
 Teachers

Assumed Effective Date: 1/1/2015

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers	Census	11	27	72	\$14.66	\$19,358	7/1/2014-6/30/2015
	MESSA VSP Plan 2	Rate \$5.34	\$11.49	\$17.28			
TOTALS:		11	27	72		\$19,358	

Product Name	Rate Period	1P	2P	FF	Monthly Composite	Total Annual Cost	Estimated Annual Savings
SET UltraVision Plan 3 - \$65 Frames	1/1/2015-6/30/2015	\$12.85	\$30.83	\$38.54	\$34.08	\$44,985	-\$25,628
SET Vision Self-funded Plan 3 - \$65 Frames	1/1/2015-6/30/2015	\$4.82	\$11.58	\$14.47	\$12.80	\$16,890	\$2,467

*SET SEG insured vision rates include ACA taxes and fees.

*Current claims data was not available, therefore proposed SET SF plan cost was based on an industry standard utilization of 75% vision



Life Insurance Rate Summary

Belding Area Schools

Teachers

Assumed Effective Date: 1/1/2015

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Current (Baseline)

Segment(s)	# of Employees	Life Amount	AD&D Amount	Current Life Volume	Current AD&D Volume	Current Carrier	Current Life Rate/\$1,000	Current AD&D Rate/\$1,000	Current Rate Expiration	Current Annual Cost
Teachers with Medical	85	\$10,000	\$10,000	\$850,000	\$850,000	MESSA	\$0.11	\$0.03	6/30/2015	\$1,428
Teachers without Medical	25	\$20,000	\$20,000	\$500,000	\$500,000	MESSA	\$0.11	\$0.03	6/30/2015	\$840
Total/Average	110			\$1,350,000	\$1,350,000		\$0.11	\$0.03		\$2,268

Proposed Plans

Carrier	Life/\$1,000/ Month	AD&D/\$1,000/ Month	Life Volume	AD&D Volume	Total Annual Cost	Total Annual Savings - \$	Total Annual Savings - %
RSLI	\$0.17	\$0.020	\$1,350,000	\$1,350,000	\$3,078	(\$810)	-36%

Coverage Levels

Segment	Employees	Life Coverage	AD&D Coverage
Teachers with Medical	85	\$10,000	\$10,000
Teachers without Medical	25	\$20,000	\$20,000