



Saugatuck Public Schools

Public Act 106 Request for Health Care Proposals

Effective July 1, 2014

Submitted by

Douglas H. Roehm, LIC
Strategic Services Group
245 Barclay Circle, Suite 200
Rochester Hills, MI 48307
doug@strategicservicesgroup.org
tel: 800-727-4114

February 18, 2014

February 18, 2014

To Whom It May Concern;

The purpose of this request for proposal is two fold:

- 1) Under Michigan Public Act 106, public entities are required to request alternate health care proposals every three years. Saugatuck Public Schools is complying with the law by submitting this request for your consideration and review.
- 2) Saugatuck Public Schools is facing an increase in health care costs from their incumbent vendor, Priority Health, and is genuinely interesting in exploring alternatives that fit with their provider network, coverage level, and financial requirements.

Saugatuck Public Schools (SPS) www.saugatuckps.com is a Michigan public school district with three facilities and nearly 900 students. The district employs over 100 individuals, with approximately 70 full time staff.

Since 2001, Saugatuck has utilized Priority Health and MESSA as their health care and pharmacy vendors. Beginning July 1, 2012, all employees were transitioned to Priority Health, resulting in a discontinuation of the MESSA health plan.

We have prepared and attached a group census, premium rate and billing information, plan design summaries, and other information that will assist you in your review. The following pages also provide additional instructions. Should you require clarification of any item and/or additional information, please contact me at (doug@strategicservicesgroup.org) or Robert Bray at (robert@strategicservicesgroup.org) with your written request for assistance

Proposals are due no later than March 19, 2014, and may be emailed or submitted in hard copy. We look forward to working with you on this project and remain available via telephone or email to answer any questions or issues that may arise.

Sincerely,

Douglas H. Roehm

ASSUMPTIONS

The contract will be effective for a period of 12 months and should assume a July 1, 2014 effective date. The customer will openly consider a longer-term contract, should sufficient incentives be provided, and asks that you consider offering such proposal when preparing your response.

Respondents may submit alternative plan designs or administrative proposals **ONLY** if they first submit a proposal based on our current plan design(s) in response to this RFP. As such, we are openly seeking your recommendations regarding both funding and plan design strategy and look forward to engaging in discussions with you regarding your capabilities.

Any and all differences from the current plan(s) must be noted within your proposal. In the absence of noting such differences, we will assume your proposal will match the current provision or methodology.

It is critical that your proposal comply with all aspects of health reform. Any deviations from the law will not be accepted and your proposal will be disregarded.

SCOPE

This proposal is for medical and pharmacy benefits only.

ACCOUNT STRUCTURE

Attached please find a summary of the current account structure. Please refer to this information when developing your proposal assumptions for data reporting, etc. Locations are listed below:

Segment	Reporting Division
<u>Management and Non-Union</u>	<ul style="list-style-type: none">• Central Administration• All Other Non-Union Employees
<u>Teachers</u>	<ul style="list-style-type: none">• All Full-Time Teachers

POOLING POINT / STOP LOSS

Priority Health currently utilizes a \$75,000 individual pooling point for all insured business over 50 insured lives. We believe this is too high for a group of this size.

Proposals will be accepted considered for both self-insured and fully insured (with specific & aggregate stop loss) alternatives. Should you wish to submit a self-insured and/or hybrid funded proposal, be sure to include cover both medical and pharmacy benefits under the stop loss policy. Both specific and aggregate will be required, and we recommend a low specific stop loss level of \$25,000 to \$40,000.

HEALTH & PHARMACY BENEFIT ADMINISTRATION

The objective of this RFP is to provide competitive proposals to determine the most effective, efficient, qualified provider of services.

Since the District has negotiated coverage levels with their union employees, it is imperative that you provide the option to match (effectively duplicate) current coverage levels for in-network services. Employees are currently provided three options from which to select coverage:

In-Network Benefits	POS 1	POS 2	HMO HDHP/HSA
Deductible – Single	\$0	\$250	\$1,250
Deductible – Family	\$0	\$500	\$2,500
Coinsurance	100%	100%	100%
Out of Pocket-Single	\$0	\$0	\$750 Rx Copay Cap
Out of Pocket – Family	\$0	\$0	\$1,500 Rx Copay Cap
Office Call Copay	\$10	\$20	100% after Ded
Urgent Care Copay	\$10	\$30	100% after Ded
Emergency Room Copay	\$25	\$150	100% after Ded
Generic Rx	\$10	\$10	\$10 after Ded
Preferred Brand Rx	\$20	\$40	\$40 after Ded
Non-Preferred Brand Rx	\$20	\$40	\$40 after Ded
Specialty Med Rx	\$20	\$40	\$40 after Ded

Notes:

- The HDHP/HSA plan is an HMO plan, while the other two plans are POS/Point of Service plans.
- Priority Health is an open choice network, and does not require any referrals, even within the HMO plan network.

QUESTIONNAIRE

A questionnaire has been excluded from this initial proposal request. Should the district deem your proposal a finalist, an interview will be arranged to discuss a number of items including but not limited to:

- Funding/rating, and renewal process and its timing
- Plan design & coverage differences, if any
- Group administration and billing
- Customer service model
- Prescription drug formulary
- Employee communications material
- Implementation plan and ability to meet client time-lines
- Other



Saugatuck Public Schools

Medical Cost Analysis Effective 7/1/2014

		CURRENT						BCBS TOTAL REPLACEMENT - ONE PLAN ALLOWED									
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		BCBS PPO		BCBS PPO		BCN HMO HSA					
Network		POS High Option 1 Priority Health HMO		POS Low Option 2 Priority Health HMO		HSA 1250 Priority Health HMO		SB 250 (ECM) Blue Cross Blue Shield PPO		SB 500 (ECM) Blue Cross Blue Shield PPO		1300/ 20% HSA Blue Cross Blue Shield HMO					
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network					
Your Deductible																	
Individual		\$0	\$0	\$250	\$500	\$1,250		\$250	\$500	\$500	\$1,000	\$1,300					
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$500	\$1,000	\$1,000	\$2,000	\$2,600					
Your Coinsurance		0%	20%	0%	20%	0%		20%	40%	20%	40%	20%					
Coinsurance Maximum		\$2500/\$500		\$3000/\$600				\$2500/\$50	\$5000/\$10,0	\$2500/\$500	\$5000/\$10,0						
Out of Pocket Maximum*						\$2000/\$4000		\$6350/\$12, \$12,700/\$25,		\$6350/\$12, \$12,700/\$25		\$2300/\$4600					
Preventive Services																	
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered		Covered	Not Covered	Covered	Not Covered	Covered					
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.		\$20	40% after	\$20	40% after	20% after Ded.					
Urgent Care		\$10	Ded.	\$30	Ded.	0% after Ded.		\$20	Ded.	\$20	Ded.	20% after Ded.					
Emergency Room		\$25	Ded.	\$150	Ded.	0% after Ded.		\$150	Ded.	\$150	Ded.	20% after Ded.					
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0					
OutPatient Services																	
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
Pre/Post Maternity		\$10 (6X)	Ded.	\$20 (6X)	Ded.	\$0		0% Pre/	40% after	0% Pre/ 20%	40% after	0% Pre & 20% Post					
Services								20% after	Ded.	after Ded.	Ded.						
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
Maximum Visits Per		50 combined w/Chiro - 50		50 combined w/Chiro - 50		30 combined w/Chiro - 30 ST		30 combined		30 combined		60 consecutive days per cal. year					
Year		ST	50% after	ST	50% after	0% after Ded.		40% after		40% after		20% after Ded.					
Chiropractic Treatment		\$10	Ded.	\$20	Ded.	30 combined with PT &		\$20	Ded.	\$20	Ded.	Referral only					
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT				12		12							
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		20% after	20% after	20% after	20% after	20% after Ded.					
Maximum Visits Per		120		120		45		120		120		45					
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$40/\$80		\$10/\$40/\$80		\$4/\$15/\$40/\$80/20%/20%					
RX Riders/Details												3X mopd (\$200, \$300)					
Rates		Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed	Proposed	Proposed				
Employee		6	\$485.70	\$557.89	0	\$453.33	\$521.48	2	\$376.11	\$434.59	\$414.89	\$397.79	\$441.18				
Employee + One		5	\$1,068.59	\$1,227.41	6	\$906.61	\$1,042.91	7	\$843.77	\$974.96	\$995.75	\$954.69	\$1,014.71				
Family		13	\$1,408.68	\$1,618.05	3	\$1,238.63	\$1,424.84	19	\$937.49	\$1,083.26	\$1,244.69	\$1,193.37	\$1,213.24				
Estimated Annual Premium			#####	#####		#####	#####		#####	#####	\$777,681.24	\$745,616.28	\$771,091.44				
Difference in Annual Premium				\$47,388.60			\$16,517.16			\$45,659.04	\$55,323.72	\$23,258.76	\$477,440.40				
Percentage Difference				14.86%			15.03%			15.55%	7.66%	3.22%	6.75%				
Combined Current		\$722,357.52															
PA 152 Hard Caps			\$5,858	\$837.10		\$5,858	\$400.18		\$5,858	(\$642.50)	\$5,858	(\$1,084)	\$5,858				
			\$12,250	\$2,478.92		\$12,250	\$264.92		\$12,250	(\$301)	\$12,250	(\$794)	\$12,250				
			\$15,975	\$3,441.37		\$15,975	\$1,122.85		\$15,975	(\$1,039)	\$15,975	(\$1,655)	\$15,975				
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS					
*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.																	
BCBS PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. THESE ARE TOTAL REPLACEMENT RATES. ALL EMPLOYEES TO A SINGLE PLAN.																	

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools



Medical Cost Analysis Effective 7/1/2014

		CURRENT								MULTIPLE OPTIONS ALLOWED							
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		BCBS PPO		BCBS PPO		BCN HMO HSA					
		POS High Option 1 Priority Health HMO		POS Low Option 2 Priority Health HMO		HSA 1250 Priority Health HMO		SB 250 (ECM) Blue Cross Blue Shield PPO		SB 500 (ECM) Blue Cross Blue Shield PPO		1300/ 20% HSA Blue Cross Blue Shield HMO					
Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network					
Your Deductible																	
Individual		\$0	\$0	\$250	\$500	\$1,250	\$250	\$500	\$500	\$1,000	\$1,000	\$1,300					
Family		\$0	\$0	\$500	\$1,000	\$2,500	\$500	\$1,000	\$500	\$1,000	\$2,000	\$2,600					
Your Coinsurance		0%	20%	0%	20%	0%	20%	40%	20%	40%	20%						
Coinsurance Maximum		\$2500/\$500		\$3000/\$600		\$2500/\$50 \$5000/\$10,0		\$2500/\$500 \$5000/\$10,0		\$2500/\$500 \$5000/\$10,0							
Out of Pocket Maximum*						\$2000/\$4000		\$6350/\$12, \$12,700/\$25,		\$6350/\$12, \$12,700/\$25		\$2300/\$4600					
Preventive Services																	
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered	Covered	Not Covered	Covered	Not Covered	Covered						
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.	\$20	40% after	\$20	40% after	20% after Ded.						
Urgent Care		\$10	20% after	\$30	20% after	0% after Ded.	\$20	40% after	\$20	40% after	20% after Ded.						
Emergency Room		\$25	Ded.	\$150	Ded.	0% after Ded.	\$150	Ded.	\$150	Ded.	20% after Ded.						
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.	20% after	40% after	20% after	40% after	20% after Ded.						
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0						
OutPatient Services																	
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.	20% after	40% after	20% after	40% after	20% after Ded.						
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.	20% after	40% after	20% after	40% after	20% after Ded.						
Pre/Post Maternity		\$10 (6X)	Ded.	\$20 (6X)	Ded.	\$0	Ded.	Ded.	0% Pre/	Ded.	0% Pre/ 20% after Ded.						
Services							20% after	40% after	after Ded.	40% after	20% Post						
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.	20% after	40% after	20% after	40% after	20% after Ded.						
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST	30 combined	30 combined	30 combined	30 combined	60 consecutive days per cal. year						
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.	\$20	40% after	\$20	40% after	20% after Ded.						
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT &	12	12	12	12	Referral only						
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.	20% after	20% after	20% after	20% after	20% after Ded.						
Maximum Visits Per		120		120		45	120	120	120	120	45						
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.	20% after	40% after	20% after	40% after	20% after Ded.						
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.	20% after	40% after	20% after	40% after	20% after Ded.						
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$40/\$80		\$10/\$40/\$80		\$4/\$15/\$40/\$80/20%/20%					
RX Riders/Details												0% 3X mopd (\$200, \$300)					
Rates		Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed	Proposed					
Employee		6	\$485.70	\$557.89	0	\$453.33	\$521.48	2	\$376.11	\$434.59	\$538.65	\$515.64					
Employee + One		5	\$1,068.59	\$1,227.41	6	\$906.61	\$1,042.91	7	\$843.77	\$974.96	\$1,292.75	\$1,237.54					
Family		13	\$1,408.68	\$1,618.05	3	\$1,238.63	\$1,424.84	19	\$937.49	\$1,083.26	\$1,615.94	\$1,546.93					
Estimated Annual Premium			#####	#####		#####	#####		#####	#####	\$368,434.44	\$144,792.36					
Difference in Annual Premium				\$47,388.60			\$16,517.16			\$45,659.04	\$49,594.56	\$34,925.76					
Percentage Difference				14.86%			15.03%			15.55%	15.55%	31.79%					
Combined Current		\$722,357.52								Proposed Combined \$869,221.44 20.33%							
PA 152 Hard Caps			\$5,858	\$837.10		\$5,858	\$400.18		\$5,858	(\$642.50)	\$5,858	\$330					
			\$12,250	\$2,478.92		\$12,250	\$264.92		\$12,250	(\$550.48)	\$12,250	\$2,600					
			\$15,975	\$3,441.37		\$15,975	\$1,122.85		\$15,975	#####	\$15,975	\$2,588					
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		COMPARED TO PH HIGH OPTION		COMPARED TO PH LOW OPTION		COMPARED TO PH HSA OPTION					

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

BCBS PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. BCBS/BCN WILL ONLY ALLOW 2 PLAN OPTIONS FOR A GROUP THIS SIZE. IF ONLY ONE PLAN SELECTED (TOTAL REPLACEMENT) RATES WILL CHANGE SIGNIFICANTLY.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.



Saugatuck Public Schools

Medical Cost Analysis Effective 6/1/2014

		CURRENT						BCBS TOTAL REPLACEMENT - ONE PLAN ALLOWED									
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		BCBS PPO		BCBS PPO		BCN HMO HSA					
Network		POS High Option 1 Priority Health HMO		POS Low Option 2 Priority Health HMO		HSA 1250 Priority Health HMO		SB 250 (ECM) Blue Cross Blue Shield PPO		SB 500 (ECM) Blue Cross Blue Shield PPO		1300/ 20% HSA Blue Cross Blue Shield HMO					
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network					
Your Deductible																	
Individual		\$0	\$0	\$250	\$500	\$1,250		\$250	\$500	\$500	\$1,000	\$1,300					
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$500	\$1,000	\$1,000	\$2,000	\$2,600					
Your Coinsurance		0%	20%	0%	20%	0%		20%	40%	20%	40%	20%					
Coinsurance Maximum		\$2500/\$500		\$3000/\$600				\$2500/\$50 \$5000/\$10,0		\$2500/\$500 \$5000/\$10,0							
Out of Pocket Maximum*						\$2000/\$4000		\$6350/\$12, \$12,700/\$25,		\$6350/\$12, \$12,700/\$25		\$2300/\$4600					
Preventive Services																	
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered		Covered	Not Covered	Covered	Not Covered	Covered					
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.		\$20	40% after	\$20	40% after	20% after Ded.					
Urgent Care		\$10	Ded.	\$30	Ded.	0% after Ded.		\$20	Ded.	\$20	Ded.	20% after Ded.					
Emergency Room		\$25	\$25	\$150	\$150	0% after Ded.		\$150	\$150	\$150	\$150	20% after Ded.					
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0					
OutPatient Services																	
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
Pre/Post Maternity			Ded.	Ded.	Ded.	0% after Ded.		Ded.	Ded.	Ded.	Ded.	0% after Ded.					
Services		\$10 (6X)	20% after	\$20 (6X)	20% after	\$0		0% Pre/	40% after	0% Pre/ 20%	40% after	0% Pre & 20% Post					
			Ded.		Ded.			20% after	Ded.	after Ded.	Ded.						
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST		30 combined		30 combined		60 consecutive days per cal. year					
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.		\$20	40% after	\$20	40% after	20% after Ded.					
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT &		12		12		Referral only					
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		20% after	20% after	20% after	20% after	20% after Ded.					
Maximum Visits Per		120		120		45		120		120		45					
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.					
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$40/\$80		\$10/\$40/\$80		\$4/\$15/\$40/\$80/20%/20%					
RX Riders/Details												3X mopd (\$200, \$300)					
Rates		Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed	Proposed	Proposed				
Employee		6	\$485.70	\$575.63	0	\$453.33	\$537.92	2	\$376.11	\$448.06	\$427.81	\$410.20	\$433.15				
Employee + One		5	\$1,068.59	\$1,266.44	6	\$906.61	\$1,075.79	7	\$843.77	\$1,005.18	\$1,026.75	\$984.47	\$996.25				
Family		13	\$1,408.68	\$1,669.50	3	\$1,238.63	\$1,469.76	19	\$937.49	\$1,116.83	\$1,283.44	\$1,230.59	\$1,191.16				
Estimated Annual Premium			#####	#####		#####	#####		#####	#####	\$801,892.56	\$768,872.52	\$757,059.60				
Difference in Annual Premium				\$59,033.88			\$20,501.64			\$56,174.76	\$79,535.04	\$46,515.00	\$463,408.56				
Percentage Difference				18.52%			18.66%			19.13%	11.01%	6.44%	4.80%				
Combined Current		\$722,357.52															
PA 152 Hard Caps			\$5,858	\$1,049.98		\$5,858	\$597.46		\$5,858	(\$480.86)	\$5,858	(\$935)	\$5,858				
			\$12,250	\$2,947.28		\$12,250	\$659.48		\$12,250	(\$187.84)	\$12,250	(\$436)	\$12,250				
			\$15,975	\$4,058.77		\$15,975	\$1,661.89		\$15,975	#####	\$15,975	(\$1,208)	\$15,975				
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS					
*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.																	
BCBS PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. THESE ARE TOTAL REPLACEMENT RATES. ALL EMPLOYEES TO A SINGLE PLAN.																	

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools

Medical Cost Analysis Effective 7/1/2014



		CURRENT						SELF FUNDED \$30,000 SPECIFIC STOP LOSS, 12/12					
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		ASR BENEFITS					
		POS High Option 1 Priority Health HMO		POS Low Option 2 Priority Health HMO		HSA 1250 Priority Health HMO		\$0, 0% HAP/Physicians Care		\$250, 0% HAP/Physicians Care		\$1250, 0% HAP/Physicians Care	
Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	
Your Deductible													
Individual		\$0	\$0	\$250	\$500	\$1,250		\$0	\$100	\$250	\$500	\$1,250	
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$0	\$200	\$500	\$1,000	\$2,500	
Your Coinsurance		0%	20%	0%	20%	0%		0%	20%	0%	20%	0%	
Coinsurance Maximum		\$2500/\$500		\$3000/\$600				\$2500/\$500		\$3000/\$600			
Out of Pocket Maximum*						\$2000/\$4000		\$6350/\$12, n/a		\$6350/\$12, n/a		\$2000/\$4000	
Preventive Services													
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered		Covered	20% after	Covered	20% after	Covered	
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.		\$10	20% after	\$20	20% after	0% after Ded.	
Urgent Care		\$10	20% after	\$30	20% after	0% after Ded.		\$10	20% after	\$50	20% after	0% after Ded.	
Emergency Room		\$25	Ded.	\$150	Ded.	0% after Ded.		\$25	Ded.	\$150	Ded.	0% after Ded.	
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.	
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	
OutPatient Services													
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.	
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.	
Pre/Post Maternity		\$10 (6X)	Ded.	\$20 (6X)	Ded.	\$0		\$10 (6X)	Ded.	\$20 (6X)	Ded.	0% after Ded.	
Services													
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after	0% after Ded.	
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST	
Year													
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after	0% after Ded.	
Maximum Visits Per		50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.	30 combined with PT &		50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.	30 combined with PT & OT	
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.	
Maximum Visits Per		120		120		45		120		120		120	
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.	
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.	
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.	
RX Riders/Details													
Rates		Census	Current	Census	Current	Census	Current	Proposed (Maximum Costs 14 Months of Premium)					
Employee		6	\$485.70	0	\$453.33	2	\$376.11	\$508.28					
Employee + One		5	\$1,068.59	6	\$906.61	7	\$843.77	\$1,079.60					
Family		13	\$1,408.68	3	\$1,238.63	19	\$937.49	\$1,079.60					
Estimated Annual Premium			\$318,839.88		\$109,866.60		\$293,651.04	\$857,990.56					
Difference in Annual Premium								\$135,633.04					
Percentage Difference								18.78%					
Combined Current		\$722,357.52						\$2500 Implementation Fee					
PA 152 Hard Caps		\$5,858	(\$29)	\$5,858	(\$418)	\$5,858	(\$1,344)	\$5,858		\$241.78			
		\$12,250	\$573	\$12,250	(\$1,371)	\$12,250	(\$2,125)	\$12,250		\$705.20			
		\$15,975	\$929	\$15,975	(\$1,112)	\$15,975	(\$4,725)	\$15,975		(\$3,020.03)			
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS									

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. PLAN INCLUDES TERMINAL LIABILITY

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools

Medical Cost Analysis Effective 7/1/2014



CURRENT										THREE PLAN OPTIONS ALLOWED									
Medical Plan Design	PRIORITY HEALTH POS			PRIORITY HEALTH POS			PRIORITY HMO HSA			AETNA PPO		AETNA PPO		AETNA PPO					
	POS High Option 1			POS Low Option 2			HSA 1250			PPO High Option 1		PPO Low Option 2		HSA 1250					
	Priority Health HMO			Priority Health HMO			Priority Health HMO			Aetna		Aetna		Aetna					
Network	In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
Your Deductible																			
Individual	\$0	\$0		\$250	\$500		\$1,250			\$0	\$100	\$250	\$500	\$1,250	\$10,000				
Family	\$0	\$0		\$500	\$1,000		\$2,500			\$0	\$200	\$500	\$1,000	\$2,500	\$20,000				
Your Coinsurance	0%	20%		0%	20%		0%			0%	20%	0%	20%	0%	50%				
Coinsurance Maximum	\$2500/\$500			\$3000/\$600															
Out of Pocket Maximum*							\$2000/\$4000			\$500/\$100 \$2500/\$500		\$500/\$100 \$3000/\$600		\$3250/\$65 \$20,000/\$40					
Preventive Services																			
Health Maintenance Exam	Covered	20% after		Covered	20% after		Covered			Covered	20% after	Covered	20% after	Covered	50% after				
PCP/Specialist Office Calls	\$10	Ded. 20% after		\$20	Ded. 20% after		0% after Ded.			\$10	Ded. 20% after	\$20	Ded. 20% after	0% after	50% after				
Urgent Care	\$10	Ded. 20% after		\$30	Ded. 20% after		0% after Ded.			\$0	Ded. 20% after	\$50	Ded. 20% after	0% after	50% after				
Emergency Room	\$25	Ded.		\$150	Ded.		0% after Ded.			\$25	Ded.	\$150	Ded.	0% after	0% after Ded.				
In Hospital Care	\$0	20% after		0% after	20% after		0% after Ded.			\$0	20% after	0% after	20% after	0% after	50% after				
In Patient Copay / Cap	\$0	\$0		\$0	\$0		\$0			\$0	\$0	\$0	\$0	\$0	\$0				
OutPatient Services																			
Advanced Imaging	\$0	20% after		0% after	20% after		0% after Ded.			\$0	20% after	0% after	20% after	0% after	50% after				
OutPatient Surgery	\$0	20% after		0% after	20% after		0% after Ded.			\$0	20% after	0% after	20% after	0% after	50% after				
Pre/Post Maternity	\$10 (6X)	Ded. 20% after		\$20 (6X)	Ded. 20% after		\$0			\$0 Pre/\$10	Ded. 20% after	\$0 Pre/\$20	Ded. 20% after	0% after	50% after				
Services										Post	Ded.	Post	Ded.	Ded.	Ded.				
Physical, Speech & Occup.	\$10	50% after		\$20	50% after		0% after Ded.			\$10	20% after	\$20	20% after	0% after	50% after				
Maximum Visits Per	50 combined w/Chiro - 50	ST		50 combined w/Chiro - 50	ST		30 combined w/Chiro - 30 ST			60 Combined		60 Combined		60 Combined					
Chiropractic Treatment	\$10	50% after		\$20	50% after		0% after Ded.			\$10	20% after	\$20	20% after	0% after	50% after				
Maximum Visits Per	50 combined with PT & OT	Ded.		50 combined with PT & OT	Ded.		30 combined with PT &			20	Ded.	20	Ded.	Ded.	Ded.				
Skilled Nursing	\$0	20% after		0% after	20% after		0% after Ded.			\$0	20% after	0% after	20% after	0% after	50% after				
Maximum Visits Per	120			120			45			120		120		120					
Mental Health Care	\$0	20% after		0% after	20% after		0% after Ded.			\$0	20% after	0% after	20% after	0% after	50% after				
Substance Abuse Treatment	\$0	20% after		0% after	20% after		0% after Ded.			\$0	20% after	0% after	20% after	0% after	50% after				
Prescription Drugs	\$10/\$20			\$10/\$40			\$10/\$40 after Ded.			\$10/\$20/\$35		\$10/\$40/\$60		\$10/\$40/\$60 after Ded.					
RX Riders/Details																			
Rates	Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed		Proposed		Proposed					
Employee	6	\$485.70	\$575.63	0	\$453.33	\$537.92	2	\$376.11	\$448.06	\$398.73		\$362.05		\$305.74					
Employee + One	5	\$1,068.59	\$1,266.44	6	\$906.61	\$1,075.79	7	\$843.77	\$1,005.18	\$943.42		\$860.44		\$725.12					
Family	13	\$1,408.68	\$1,669.50	3	\$1,238.63	\$1,469.76	19	\$937.49	\$1,116.83	\$1,300.60		\$1,190.93		\$1,001.77					
Estimated Annual Premium		#####	#####		#####	#####		#####	#####	\$288,207.36		\$104,825.16		\$296,651.40					
Difference in Annual Premium			\$59,033.88			\$20,501.64			\$56,174.76	(\$30,632.52)		(\$5,041.44)		\$3,000.36					
Percentage Difference			18.52%			18.66%			19.13%	-9.61%		-4.59%		1.02%					
Combined Current	\$722,357.52									Proposed Combined		\$689,683.92		-4.52%					
PA 152 Hard Caps		0% after	0% after	0% after	0% after	0% after	0% after	0% after	0% after	\$5,858	(\$1,073)	\$5,858	(\$1,513)	\$5,858	(\$2,189)				
		0% after	0% after	0% after	0% after	0% after	0% after	0% after	0% after	\$12,250	(\$929)	\$12,250	(\$1,925)	\$12,250	(\$3,549)				
		0% after	0% after	0% after	0% after	0% after	0% after	0% after	0% after	\$15,975	(\$368)	\$15,975	(\$1,684)	\$15,975	(\$3,954)				
Additional Notes	DEDUCTIBLES APPLY WITH COPAYS			DEDUCTIBLES APPLY WITH COPAYS						COMPARED TO PH HIGH OPTION		COMPARED TO PH LOW OPTION		COMPARED TO PH HSA OPTION					

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

AETNA PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. AETNA REQUIRES A GATEKEEPER EMPLOYER APPLICATION IN ORDER TO GUARANTEE RATES.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools

Medical Cost Analysis Effective 7/1/2014



		CURRENT								THREE PLAN OPTIONS ALLOWED							
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA				AETNA PPO		AETNA PPO		AETNA PPO			
		POS High Option 1 Priority Health HMO		POS Low Option 2 Priority Health HMO		HSA 1250 Priority Health HMO				PPO High Option 1 Aetna		PPO Low Option 2 Aetna		HSA 1250 Aetna			
Network		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network			In-Network	Out-of-Network		In-Network	Out-of-Network		
Your Deductible																	
Individual		\$0	\$0		\$250	\$500		\$1,250		\$0	\$100		\$250	\$500	\$1,250	\$10,000	
Family		\$0	\$0		\$500	\$1,000		\$2,500		\$0	\$200		\$500	\$1,000	\$2,500	\$20,000	
Your Coinsurance		0%	20%		0%	20%		0%		0%	20%		0%	20%	0%	50%	
Coinsurance Maximum		\$2500/\$500			\$3000/\$600												
Out of Pocket Maximum*								\$2000/\$4000			\$500/\$100 \$2500/\$500			\$500/\$100 \$3000/\$600		\$3250/\$65 \$20,000/\$40	
Preventive Services																	
Health Maintenance Exam		Covered	20% after		Covered	20% after		Covered		Covered	20% after		Covered	20% after	Covered	50% after	
PCP/Specialist Office Calls		\$10	20% after		\$20	20% after		0% after Ded.		\$10	20% after		\$20	20% after	0% after	50% after	
Urgent Care		\$10	Ded.		\$30	Ded.		0% after Ded.		\$0	Ded.		\$50	Ded.	0% after	Ded.	
Emergency Room		\$25	Ded.		\$150	Ded.		0% after Ded.		\$25	Ded.		\$150	Ded.	0% after	Ded.	
In Hospital Care		\$0	20% after		0% after	20% after		0% after Ded.		\$0	20% after		0% after	20% after	0% after	50% after	
In Patient Copay / Cap		\$0	\$0		\$0	\$0		\$0		\$0	\$0		\$0	\$0	\$0	\$0	
OutPatient Services																	
Advanced Imaging		\$0	20% after		0% after	20% after		0% after Ded.		\$0	20% after		0% after	20% after	0% after	50% after	
OutPatient Surgery		\$0	20% after		0% after	20% after		0% after Ded.		\$0	20% after		0% after	20% after	0% after	50% after	
Pre/Post Maternity		\$10 (6X)	Ded.		\$20 (6X)	Ded.		\$0		\$0 Pre/\$10 Post	Ded.		\$0 Pre/\$20 Post	Ded.	0% after	Ded.	
Services																	
Physical, Speech & Occup.		\$10	50% after		\$20	50% after		0% after Ded.		\$10	20% after		\$20	20% after	0% after	50% after	
Maximum Visits Per		50 combined w/Chiro - 50	ST		50 combined w/Chiro - 50	ST		30 combined w/Chiro - 30 ST		60 Combined			60 Combined		60 Combined		
Chiropractic Treatment		\$10	50% after		\$20	50% after		0% after Ded.		\$10	20% after		\$20	20% after	0% after	50% after	
Maximum Visits Per		50 combined with PT & OT	Ded.		50 combined with PT & OT	Ded.		30 combined with PT &		20	Ded.		20	Ded.	20	Ded.	
Skilled Nursing		\$0	20% after		0% after	20% after		0% after Ded.		\$0	20% after		0% after	20% after	0% after	50% after	
Maximum Visits Per		120			120			45		120			120		60		
Mental Health Care		\$0	20% after		0% after	20% after		0% after Ded.		\$0	20% after		0% after	20% after	0% after	50% after	
Substance Abuse Treatment		\$0	20% after		0% after	20% after		0% after Ded.		\$0	20% after		0% after	20% after	0% after	50% after	
Prescription Drugs		\$10/\$20			\$10/\$40			\$10/\$40 after Ded.		\$10/\$20/\$35			\$10/\$40/\$60		\$10/\$40/\$60 after Ded.		
RX Riders/Details																	
Rates		Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed		Proposed		Proposed		
Employee		6	\$485.70	\$557.89	0	\$453.33	\$521.48	2	\$376.11	\$434.59	\$398.73		\$362.05		\$307.19		
Employee + One		5	\$1,068.59	\$1,227.41	6	\$906.61	\$1,042.91	7	\$843.77	\$974.96	\$943.42		\$860.44		\$728.59		
Family		13	\$1,408.68	\$1,618.05	3	\$1,238.63	\$1,424.84	19	\$937.49	\$1,083.26	\$1,300.60		\$1,190.93		\$1,006.60		
Estimated Annual Premium			#####	#####		#####	#####		#####	#####	\$288,207.36		\$104,825.16		\$298,078.92		
Difference in Annual Premium				\$47,388.60		\$16,517.16	\$45,659.04				(\$30,632.52)		(\$5,041.44)		\$4,427.88		
Percentage Difference				14.86%		15.03%	15.55%				-9.61%		-4.59%		1.51%		
Combined Current		\$722,357.52								Proposed Combined		\$691,111.44				-4.33%	
PA 152 Hard Caps			0% after	0% after	0% after	0% after	0% after	0% after	0% after	0% after	\$5,858	(\$1,073)	\$5,858	(\$1,513)	\$5,858	(\$2,171)	
			0% after	0% after	0% after	0% after	0% after	0% after	0% after	0% after	\$12,250	(\$929)	\$12,250	(\$1,925)	\$12,250	(\$3,507)	
			0% after	0% after	0% after	0% after	0% after	0% after	0% after	0% after	\$15,975	(\$368)	\$15,975	(\$1,684)	\$15,975	(\$3,896)	
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS			DEDUCTIBLES APPLY WITH COPAYS					COMPARED TO PH HIGH OPTION		COMPARED TO PH LOW OPTION		COMPARED TO PH HSA OPTION			

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

AETNA PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. THESE ARE GATEKEEPER RATES AND GUARANTEED.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools



Medical Cost Analysis Effective 7/1/2014

Medical Plan Design		CURRENT		RENEWAL OPTIONS	
		PRIORITY HEALTH POS		PRIORITY HEALTH POS	
		POS Low Option 2 Priority Health HMO		100/70% -\$250 Priority Health HMO	
Network		In-Network	Out-of-Network	In-Network	Out-of-Network
Your Deductible					
Individual		\$250	\$500	\$250	\$500
Family		\$500	\$1,000	\$500	\$1,000
Your Coinsurance		0%	20%	0%	30%
Coinsurance Maximum			\$3000/\$600		\$3000/\$6000
Out of Pocket Maximum*				\$6350/\$12,7	\$12,700/\$25,
Preventive Services					
Health Maintenance Exam		Covered	20% after	Covered	30% after Ded.
PCP/Specialist Office Calls		\$20	20% after Ded.	\$20	30% after Ded.
Urgent Care		\$30	20% after Ded.	\$30	30% after Ded.
Emergency Room		\$150	\$150	\$150	\$150
In Hospital Care		0% after Ded.	20% after	0% after Ded.	30% after Ded.
In Patient Copay / Cap		\$0	\$0	\$0	\$0
OutPatient Services					
Advanced Imaging		0% after Ded.	20% after	0% after Ded.	20% after Ded.
OutPatient Surgery		0% after Ded.	20% after	0% after Ded.	20% after Ded.
Pre/Post Maternity		\$20 (6X)	Ded. 20% after Ded.	\$20 (6X)	30% after Ded.
Services					
Physical, Speech & Occup.		\$20	50% after	\$20	50% after Ded.
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST
Year					
Chiropractic Treatment		\$20	50% after	\$20	50% after Ded.
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT	
Skilled Nursing		0% after Ded.	20% after	0% after Ded.	30% after Ded.
Maximum Visits Per		120		120	
Mental Health Care		0% after Ded.	20% after	0% after Ded.	30% after Ded.
Substance Abuse Treatment		0% after Ded.	20% after	0% after Ded.	30% after Ded.
Prescription Drugs					
RX Riders/Details		\$10/\$40		\$10/\$50	
Rates	Census	Current	Renewal	Proposed	Proposed
Employee	0	\$453.33	\$521.48	\$517.90	\$499.39
Employee + One	6	\$906.61	\$1,042.91	\$1,035.75	\$998.73
Family	3	\$1,238.63	\$1,424.84	\$1,415.06	\$1,364.48
Estimated Annual Premium		\$109,866.60	\$126,383.76	\$125,516.16	\$121,029.84
Difference in Annual Premium			\$16,517.16	\$15,649.56	\$11,163.24
Percentage Difference			15.03%	14.24%	10.16%
PA 152 Hard Caps		\$5,858	\$400.18	\$5,858	\$135.10
		\$12,250	\$264.92	\$12,250	(\$265.24)
		\$15,975	\$1,122.85	\$15,975	\$398.53
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS			

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

PRIORITY OPTIONS DO NOT INCLUDE HEARING BENEFITS.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools



Medical Cost Analysis Effective 7/1/2014

Medical Plan Design		CURRENT		RENEWAL OPTIONS	
		PRIORITY HEALTH POS		PRIORITY HEALTH HMO	PRIORITY HEALTH HMO
		POS High Option 1 Priority Health HMO		100% \$0 Ded. Priority Health HMO	100% \$250 Ded. (2) Priority Health HMO
Network		In-Network	Out-of-Network	In-Network	In-Network
Your Deductible					
Individual		\$0	\$0	\$0	\$250
Family		\$0	\$0	\$0	\$500
Your Coinsurance		0%	20%	0%	0%
Coinsurance Maximum		\$2500/\$500		\$6350/\$12,700	
Out of Pocket Maximum*				\$6350/\$12,700	
Preventive Services					
Health Maintenance Exam		Covered	20% after	Covered	Covered
PCP/Specialist Office Calls		\$10	20% after	\$10	\$20
Urgent Care		\$10	Ded. 20% after	\$20	\$30
Emergency Room		\$25	Ded.	\$50	\$100
In Hospital Care		\$0	20% after	\$0	0% after Ded.
In Patient Copay / Cap		\$0	\$0	\$0	\$0
OutPatient Services					
Advanced Imaging		\$0	20% after	\$0	0% after Ded.
OutPatient Surgery		\$0	20% after	\$0	0% after Ded.
Pre/Post Maternity		\$10 (6X)	Ded. 20% after	\$10 (6X)	\$20 (6X)
Services			Ded.		
Physical, Speech & Occup.		\$10	50% after	\$10	\$20
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	50 combined w/Chiro - 50
Year				ST	ST
Chiropractic Treatment		\$10	50% after	\$10	\$20
Maximum Visits Per		50 combined with PT & OT	Ded.	50 combined with PT & OT	50 combined with PT & OT
Skilled Nursing		\$0	20% after	\$0	0% after Ded.
Maximum Visits Per		120		120	120
Mental Health Care		\$0	20% after	\$0	0% after Ded.
Substance Abuse Treatment		\$0	20% after	\$0	0% after Ded.
Prescription Drugs		\$10/\$20		\$10/\$20	\$15/\$50/\$80
RX Riders/Details					
Rates	Census	Current	Renewal	Proposed	Proposed
Employee	6	\$485.70	\$575.63	\$546.48	\$484.40
Employee + One	5	\$1,068.59	\$1,266.44	\$1,202.31	\$1,065.73
Family	13	\$1,408.68	\$1,669.50	\$1,584.96	\$1,404.91
Estimated Annual Premium		\$318,839.88	\$377,873.76	\$358,738.92	\$317,986.56
Difference in Annual Premium			\$59,033.88	\$39,899.04	(\$853.32)
Percentage Difference			18.52%	12.51%	-0.27%
PA 152 Hard Caps		\$5,858	\$1,049.98	\$5,858	\$5,858
		\$12,250	\$2,947.28	\$12,250	\$12,250
		\$15,975	\$4,058.77	\$15,975	\$15,975
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS			

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools



Medical Cost Analysis Effective 7/1/2014

		CURRENT		RENEWAL OPTIONS					
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH HMO		PRIORITY HEALTH HMO		PRIORITY HEALTH HMO	
		POS High Option 1 Priority Health HMO		100% \$0 Ded. Priority Health HMO		100% \$250 Ded. (1) Priority Health HMO		100% \$250 Ded. (2) Priority Health HMO	
Network		In-Network	Out-of-Network	In-Network		In-Network		In-Network	
Your Deductible									
Individual		\$0	\$0	\$0		\$250		\$250	
Family		\$0	\$0	\$0		\$500		\$500	
Your Coinsurance		0%	20%	0%		0%		0%	
Coinsurance Maximum		\$2500/\$500							
Out of Pocket Maximum*				\$6350/\$12,700		\$6350/\$12,700		\$6350/\$12,700	
Preventive Services									
Health Maintenance Exam		Covered	20% after	Covered		Covered		Covered	
PCP/Specialist Office Calls		\$10	20% after Ded.	\$10		\$10		\$20	
Urgent Care		\$10	20% after Ded.	\$20		\$20		\$30	
Emergency Room		\$25	\$25	\$50		\$50		\$100	
In Hospital Care		\$0	20% after	\$0		0% after Ded.		0% after Ded.	
In Patient Copay / Cap		\$0	\$0	\$0		\$0		\$0	
OutPatient Services									
Advanced Imaging		\$0	20% after	\$0		0% after Ded.		0% after Ded.	
OutPatient Surgery		\$0	20% after	\$0		0% after Ded.		0% after Ded.	
Pre/Post Maternity		\$10 (6X)	Ded. 20% after Ded.	\$10 (6X)		\$10 (6X)		\$20 (6X)	
Services									
Physical, Speech & Occup.		\$10	50% after	\$10		\$10		\$20	
Maximum Visits Per		50 combined w/Chiro - 50		50 combined w/Chiro - 50		50 combined w/Chiro - 50		50 combined w/Chiro - 50	
Year		ST	50% after	ST		ST		ST	
Chiropractic Treatment		\$10	Ded.	\$10		\$10		\$20	
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT		50 combined with PT & OT		50 combined with PT & OT	
Skilled Nursing		\$0	20% after	\$0		0% after Ded.		0% after Ded.	
Maximum Visits Per		120		120		120		120	
Mental Health Care		\$0	20% after	\$0		0% after Ded.		0% after Ded.	
Substance Abuse Treatment		\$0	20% after	\$0		0% after Ded.		0% after Ded.	
Prescription Drugs		\$10/\$20							
RX Riders/Details				\$10/\$50		\$10/\$50		\$10/\$50	
Rates		Census	Current	Renewal	Proposed	Proposed	Proposed	Proposed	Proposed
Employee		6	\$485.70	\$557.89	\$511.53	\$481.55	\$469.43	\$469.43	\$469.43
Employee + One		5	\$1,068.59	\$1,227.41	\$1,125.42	\$1,059.46	\$1,032.79	\$1,032.79	\$1,032.79
Family		13	\$1,408.68	\$1,618.05	\$1,483.59	\$1,396.94	\$1,361.49	\$1,361.49	\$1,361.49
Estimated Annual Premium			\$318,839.88	\$366,228.48	\$335,795.40	\$316,161.84	\$308,158.80	\$308,158.80	\$308,158.80
Difference in Annual Premium				\$47,388.60	\$16,955.52	(\$2,678.04)	(\$10,681.08)	(\$10,681.08)	(\$10,681.08)
Percentage Difference				14.86%	5.32%	-0.84%	-3.35%	-3.35%	-3.35%
PA 152 Hard Caps			\$5,858	\$837.10	\$5,858	(\$78.98)	\$5,858	(\$224.42)	(\$224.42)
			\$12,250	\$2,478.92	\$12,250	\$463.52	\$12,250	\$143.48	\$143.48
			\$15,975	\$3,441.37	\$15,975	\$788.05	\$15,975	\$362.65	\$362.65
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS							

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

PRIORITY OPTIONS DO NOT INCLUDE HEARING BENEFITS.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools

Medical Cost Analysis Effective 7/1/2014



CURRENT										SELF FUNDED 12/12									
Medical Plan Design		PRIORITY HEALTH POS				PRIORITY HEALTH POS				PRIORITY HMO HSA				GERBER LIFE INSURANCE (EBSO)					
		POS High Option 1		POS Low Option 2		POS Low Option 2		HSA 1250		\$0, 0% - \$30,000 stop		\$250, 0% - \$35,000 stop		\$1250, 0% - \$40,000 stop					
		Priority Health HMO		Priority Health HMO		Priority Health HMO		Priority Health HMO		Cigna		Cigna		Cigna					
Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only			
Your Deductible																			
Individual		\$0	\$0	\$250	\$500	\$1,250		\$1,250		\$0	\$100	\$250	\$500	\$1,250		\$1,250			
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$2,500		\$0	\$200	\$500	\$1,000	\$2,500		\$2,500			
Your Coinsurance		0%	20%	0%	20%	0%		0%		0%	20%	0%	20%	0%		0%			
Coinsurance Maximum		\$2500/\$500		\$3000/\$600		\$2500/\$500		\$3000/\$600		\$2500/\$500		\$3000/\$600		\$3000/\$600					
Out of Pocket Maximum*						\$2000/\$4000		\$2000/\$4000		\$6350/\$12, n/a		\$6350/\$12, n/a		\$2000/\$4000					
Preventive Services																			
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered		Covered		Covered	20% after	Covered	20% after	Covered		Covered			
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.		0% after Ded.		\$10	20% after	\$20	20% after	0% after Ded.		0% after Ded.			
Urgent Care		\$10	Ded.	\$30	Ded.	0% after Ded.		0% after Ded.		\$10	Ded.	\$50	Ded.	0% after Ded.		0% after Ded.			
Emergency Room		\$25	\$25	\$150	\$150	0% after Ded.		0% after Ded.		\$25	\$25	\$150	\$150	0% after Ded.		0% after Ded.			
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.			
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0			
OutPatient Services																			
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.			
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.			
Pre/Post Maternity		\$10 (6X)	Ded.	\$20 (6X)	Ded.	\$0		\$0		\$10 (6X)	Ded.	\$20 (6X)	Ded.	0% after Ded.		0% after Ded.			
Services																			
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		0% after Ded.		\$10	50% after	\$20	50% after	0% after Ded.		0% after Ded.			
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST		30 combined w/Chiro - 30 ST		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST		30 combined w/Chiro - 30 ST			
Year																			
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.		0% after Ded.		\$10	50% after	\$20	50% after	0% after Ded.		0% after Ded.			
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT &		30 combined with PT &		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT & OT		30 combined with PT & OT			
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.			
Maximum Visits Per		120		120		45		45		120		120		120		120			
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.			
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.		0% after Ded.			
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.				\$10/\$20		\$10/\$40		\$10/\$40 after Ded.					
RX Riders/Details																			
Rates		Census	Current	Census	Current	Census	Current			Proposed (Maximum)		Proposed (Maximum)		Proposed (Maximum)					
Employee		6	\$485.70	0	\$453.33	2	\$376.11			\$471.53		\$470.92		\$460.95					
Employee + One		5	\$1,068.59	6	\$906.61	7	\$843.77			\$857.11		\$855.86		\$835.90					
Family		13	\$1,408.68	3	\$1,238.63	19	\$937.49			\$1,156.26		\$1,154.54		\$1,126.82					
Estimated Annual Premium			\$318,839.88		\$109,866.60		\$293,651.04			\$265,753.32		\$103,185.36		\$338,193.36					
Difference in Annual Premium										(\$53,086.56)		(\$6,681.24)		\$44,542.32					
Percentage Difference										-16.65%		-6.08%		15.17%					
Combined Current		\$722,357.52								Proposed Combined		\$707,132.04		-2.11%					
PA 152 Hard Caps		\$5,858	(\$29)	\$5,858	(\$418)	\$5,858	(\$1,344)			\$5,858	(\$199)	\$5,858	(\$207)	\$5,858	(\$326)				
		\$12,250	\$573	\$12,250	(\$1,371)	\$12,250	(\$2,125)			\$12,250	(\$1,965)	\$12,250	(\$1,980)	\$12,250	(\$2,219)				
		\$15,975	\$929	\$15,975	(\$1,112)	\$15,975	(\$4,725)			\$15,975	(\$2,100)	\$15,975	(\$2,121)	\$15,975	(\$2,453)				
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS						COMPARED TO PH HIGH OPTION		COMPARED TO PH LOW OPTION		COMPARED TO PH HSA OPTION					

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

GERBER LIFE PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. RATES WILL BE UNDERWRITTEN.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools

Medical Cost Analysis Effective 7/1/2014



		CURRENT						SELF FUNDED LEVEL PREMIUM \$35,000 SPECIFIC STOP LOSS, 12/21							
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		COMMERCE BENEFITS GROUP							
Network		POS High Option 1 Priority Health HMO		POS Low Option 2 Priority Health HMO		HSA 1250 Priority Health HMO		\$0, 0% Cofinity		\$250, 0% Cofinity		\$1250, 0% Cofinity			
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only			
Your Deductible															
Individual		\$0	\$0	\$250	\$500	\$1,250		\$0	\$100	\$250	\$500	\$1,250			
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$0	\$200	\$500	\$1,000	\$2,500			
Your Coinsurance		0%	20%	0%	20%	0%		0%	20%	0%	20%	0%			
Coinsurance Maximum		\$2500/\$500		\$3000/\$600				\$2500/\$500		\$3000/\$600					
Out of Pocket Maximum*						\$2000/\$4000						\$2000/\$4000			
Preventive Services															
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered		Covered	20% after	Covered	20% after	Covered			
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.		\$10	20% after	\$20	20% after	0% after Ded.			
Urgent Care		\$10	Ded.	\$30	Ded.	0% after Ded.		\$10	Ded.	\$50	Ded.	0% after Ded.			
Emergency Room		\$25	Ded.	\$150	Ded.	0% after Ded.		\$25	Ded.	\$150	Ded.	0% after Ded.			
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0			
OutPatient Services															
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
Pre/Post Maternity		\$10 (6X)	Ded.	\$20 (6X)	Ded.	\$0		\$10 (6X)	Ded.	\$20 (6X)	Ded.	0% after Ded.			
Services															
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after	0% after Ded.			
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST			
Year															
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after	0% after Ded.			
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT &		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT & OT			
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
Maximum Visits Per		120		120		45		120		120		120			
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.			
RX Riders/Details															
Rates		Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed		Proposed		
Employee		6	\$485.70	\$557.89	0	\$453.33	\$521.48	2	\$376.11	\$434.59	\$426.87		\$398.42		
Employee + One		5	\$1,068.59	\$1,227.41	6	\$906.61	\$1,042.91	7	\$843.77	\$974.96	\$939.16		\$796.80		
Family		13	\$1,408.68	\$1,618.05	3	\$1,238.63	\$1,424.84	19	\$937.49	\$1,083.26	\$1,238.06		\$1,088.60		
Estimated Annual Premium			#####	#####		#####	#####		#####	#####	\$280,221.60		\$96,559.20		
Difference in Annual Premium				\$47,388.60			\$16,517.16			\$45,659.04	(\$38,618.28)		(\$13,307.40)		
Percentage Difference				14.86%			15.03%			15.55%	-12.11%		-12.11%		
Combined Current		\$722,357.52										Proposed Combined		\$634,864.20	
PA 152 Hard Caps			\$5,858	\$837.10		\$5,858	\$400.18		\$5,858	(\$642.50)	\$5,858		(\$1,077)		
			\$12,250	\$2,478.92		\$12,250	\$264.92		\$12,250	(\$550.48)	\$12,250		(\$2,688)		
			\$15,975	\$3,441.37		\$15,975	\$1,122.85		\$15,975	#####	\$15,975		(\$2,912)		
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS								COMPARED TO PH HIGH OPTION		COMPARED TO PH LOW OPTION	
												COMPARED TO PH HSA OPTION			

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. PLAN INCLUDES TERMINAL LIABILITY

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools

Medical Cost Analysis Effective 6/1/2014



		CURRENT						MULTIPLE OPTIONS ALLOWED					
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		BCBS PPO		BCBS PPO		BCN HMO HSA	
Network		POS High Option 1 Priority Health HMO		POS Low Option 2 Priority Health HMO		HSA 1250 Priority Health HMO		SB 250 (ECM) Blue Cross Blue Shield PPO		SB 500 (ECM) Blue Cross Blue Shield PPO		1300/ 20% HSA Blue Cross Blue Shield HMO	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	
Your Deductible													
Individual		\$0	\$0	\$250	\$500	\$1,250		\$250	\$500	\$500	\$1,000	\$1,300	
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$500	\$1,000	\$1,000	\$2,000	\$2,600	
Your Coinsurance		0%	20%	0%	20%	0%		20%	40%	20%	40%	20%	
Coinsurance Maximum		\$2500/\$500		\$3000/\$600				\$2500/\$50 \$5000/\$10,0		\$2500/\$500 \$5000/\$10,0			
Out of Pocket Maximum*						\$2000/\$4000		\$6350/\$12, \$12,700/\$25,		\$6350/\$12, \$12,700/\$25		\$2300/\$4600	
Preventive Services													
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered		Covered	Not Covered	Covered	Not Covered	Covered	
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.		\$20	40% after	\$20	40% after	20% after Ded.	
Urgent Care		\$10	Ded.	\$30	Ded.	0% after Ded.		\$20	40% after	\$20	40% after	20% after Ded.	
Emergency Room		\$25	Ded.	\$150	Ded.	0% after Ded.		\$150	Ded.	\$150	Ded.	20% after Ded.	
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.	
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0	
OutPatient Services													
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.	
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.	
Pre/Post Maternity		\$10 (6X)	Ded.	\$20 (6X)	Ded.	\$0		0% Pre/	40% after	0% Pre/	20% after	0% Pre & 20% Post	
Services								20% after	Ded.	after Ded.	Ded.		
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.	
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST		30 combined		30 combined		60 consecutive days per cal. year	
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.		\$20	40% after	\$20	40% after	20% after Ded.	
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT &		12		12		Referral only	
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		20% after	20% after	20% after	20% after	20% after Ded.	
Maximum Visits Per		120		120		45		120		120		45	
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.	
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		20% after	40% after	20% after	40% after	20% after Ded.	
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$40/\$80		\$10/\$40/\$80		\$4/\$15/\$40/\$80/20%/20%	
RX Riders/Details												3X mopd (\$200, \$300)	
Rates		Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed	Proposed	Proposed
Employee		6	\$485.70	\$575.63	0	\$453.33	\$537.92	2	\$376.11	\$448.06	\$525.77	\$503.35	\$414.20
Employee + One		5	\$1,068.59	\$1,266.44	6	\$906.61	\$1,075.79	7	\$843.77	\$1,005.18	\$1,261.85	\$1,208.04	\$952.67
Family		13	\$1,408.68	\$1,669.50	3	\$1,238.63	\$1,469.76	19	\$937.49	\$1,116.83	\$1,577.32	\$1,510.05	\$1,139.06
Estimated Annual Premium			#####	#####		#####	#####		#####	#####	\$359,628.36	\$141,340.68	\$349,670.76
Difference in Annual Premium				\$59,033.88			\$20,501.64			\$56,174.76	\$40,788.48	\$31,474.08	\$56,019.72
Percentage Difference				18.52%			18.66%			19.13%	12.79%	28.65%	19.08%
Combined Current		\$722,357.52						Proposed Combined \$850,639.80 17.76%					
PA 152 Hard Caps			\$5,858	\$1,049.98		\$5,858	\$597.46		\$5,858	(\$480.86)	\$5,858	\$183	\$5,858
			\$12,250	\$2,947.28		\$12,250	\$659.48		\$12,250	(\$187.84)	\$12,250	\$2,246	\$12,250
			\$15,975	\$4,058.77		\$15,975	\$1,661.89		\$15,975	#####	\$15,975	\$2,145	\$15,975
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS				COMPARED TO PH HIGH OPTION		COMPARED TO PH LOW OPTION		COMPARED TO PH HSA OPTION	

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

BCBS PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. BCBS/BCN WILL ONLY ALLOW 2 PLAN OPTIONS FOR A GROUP THIS SIZE. IF ONLY ONE PLAN SELECTED (TOTAL REPLACEMENT) RATES WILL CHANGE SIGNIFICANTLY.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools



Medical Cost Analysis Effective 7/1/2014

CURRENT										SHARED FUNDED 12/12									
Medical Plan Design		PRIORITY HEALTH POS				PRIORITY HEALTH POS				PRIORITY HMO HSA				ASR BENEFITS					
		POS High Option 1		POS Low Option 2		POS Low Option 2		HSA 1250		\$0, 0%		\$250, 0%		\$1250, 0%					
		Priority Health HMO		Priority Health HMO		Priority Health HMO		Priority Health HMO		HAP/Physicians Care		HAP/Physicians Care		HAP/Physicians Care					
Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Deductible																			
Individual		\$0		\$250		\$1,250		\$0		\$0		\$250		\$1,250					
Family		\$0		\$500		\$2,500		\$0		\$0		\$500		\$2,500					
Your Coinsurance		0%		0%		0%		0%		0%		0%		0%					
Coinsurance Maximum		\$2500/\$500		\$3000/\$600		\$2000/\$4000		\$2500/\$500		\$3000/\$600		\$3000/\$600		\$2000/\$4000					
Out of Pocket Maximum*																			
Preventive Services																			
Health Maintenance Exam		Covered		Covered		Covered		Covered		Covered		Covered		Covered					
PCP/Specialist Office Calls		\$10		\$20		0% after Ded.		\$10		\$10		\$20		0% after Ded.					
Urgent Care		\$10		\$30		0% after Ded.		\$10		\$10		\$50		0% after Ded.					
Emergency Room		\$25		\$150		0% after Ded.		\$25		\$25		\$150		0% after Ded.					
In Hospital Care		\$0		0% after		0% after Ded.		\$0		\$0		0% after		0% after Ded.					
In Patient Copay / Cap		\$0		\$0		\$0		\$0		\$0		\$0		\$0					
OutPatient Services																			
Advanced Imaging		\$0		0% after		0% after Ded.		\$0		\$0		0% after		0% after Ded.					
OutPatient Surgery		\$0		0% after		0% after Ded.		\$0		\$0		0% after		0% after Ded.					
Pre/Post Maternity		\$10 (6X)		\$20 (6X)		\$0		\$10 (6X)		\$10 (6X)		\$0 Pre/\$20 Post		0% after Ded.					
Services																			
Physical, Speech & Occup.		\$10		\$20		0% after Ded.		\$10		\$10		\$20		0% after Ded.					
Maximum Visits Per		50 combined w/Chiro - 50		50 combined w/Chiro - 50		30 combined w/Chiro - 30 ST		50 combined w/Chiro - 50		50 combined w/Chiro - 50		50 combined w/Chiro - 50		30 combined w/Chiro - 30 ST					
Year		ST		ST		ST		ST		ST		ST		ST					
Chiropractic Treatment		\$10		\$20		0% after Ded.		\$10		\$10		\$20		0% after Ded.					
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT & OT		50 combined with PT & OT		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT & OT					
Skilled Nursing		\$0		0% after		0% after Ded.		\$0		\$0		0% after		0% after Ded.					
Maximum Visits Per		120		120		45		120		120		120		120					
Mental Health Care		\$0		0% after		0% after Ded.		\$0		\$0		0% after		0% after Ded.					
Substance Abuse Treatment		\$0		0% after		0% after Ded.		\$0		\$0		0% after		0% after Ded.					
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$20		\$10/\$40		\$10/\$40		\$10/\$40 after Ded.					
RX Riders/Details																			
Rates		Census	Current	Census	Current	Census	Current	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)	Proposed (Maximum 14 m)
Employee		6	\$485.70	0	\$453.33	2	\$376.11	\$597.23	\$517.97	\$403.77	\$597.23	\$517.97	\$403.77	\$597.23	\$517.97	\$403.77	\$597.23	\$517.97	\$403.77
Employee + One		5	\$1,068.59	6	\$906.61	7	\$843.77	\$1,026.09	\$884.01	\$610.22	\$1,026.09	\$884.01	\$610.22	\$1,026.09	\$884.01	\$610.22	\$1,026.09	\$884.01	\$610.22
Family		13	\$1,408.68	3	\$1,238.63	19	\$937.49	\$1,636.21	\$1,404.77	\$957.68	\$1,636.21	\$1,404.77	\$957.68	\$1,636.21	\$1,404.77	\$957.68	\$1,636.21	\$1,404.77	\$957.68
Estimated Annual Premium			\$318,839.88		\$109,866.60		\$293,651.04	\$419,783.84	\$133,257.18	\$325,850.00	\$419,783.84	\$133,257.18	\$325,850.00	\$419,783.84	\$133,257.18	\$325,850.00	\$419,783.84	\$133,257.18	\$325,850.00
Difference in Annual Premium								\$100,943.96	\$23,390.58	\$32,198.96	\$100,943.96	\$23,390.58	\$32,198.96	\$100,943.96	\$23,390.58	\$32,198.96	\$100,943.96	\$23,390.58	\$32,198.96
Percentage Difference								31.66%	21.29%	10.97%	31.66%	21.29%	10.97%	31.66%	21.29%	10.97%	31.66%	21.29%	10.97%
Combined Current		\$722,357.52						Proposed Combined		\$878,891.02									
PA 152 Hard Caps		\$5,858	(\$29)	\$5,858	(\$418)	\$5,858	(\$1,344)	\$5,858	\$1,309	\$5,858	\$358	\$5,858	\$358	\$5,858	\$1,012	\$5,858	\$1,012	\$5,858	\$1,012
		\$12,250	\$573	\$12,250	(\$1,371)	\$12,250	(\$2,125)	\$12,250	\$63	\$12,250	(\$1,642)	\$12,250	(\$1,642)	\$12,250	(\$4,927)	\$12,250	(\$4,927)	\$12,250	(\$4,927)
		\$15,975	\$929	\$15,975	(\$1,112)	\$15,975	(\$4,725)	\$15,975	\$3,659	\$15,975	\$882	\$15,975	\$882	\$15,975	(\$4,483)	\$15,975	(\$4,483)	\$15,975	(\$4,483)
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS		COMPARED TO PH HIGH OPTION		COMPARED TO PH LOW OPTION		COMPARED TO PH HSA OPTION							

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. PLAN INCLUDES TERMINAL LIABILITY

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools

Medical Cost Analysis Effective 7/1/2014



CURRENT										SHARED FUNDED 12/12			
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		ASR BENEFITS					
		POS High Option 1		POS Low Option 2		HSA 1250		\$1500, 0% HRA		\$1500, 0% HRA			
		Priority Health HMO		Priority Health HMO		Priority Health HMO		HAP/Physicians Care		HAP/Physicians Care			
Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Deductible													
Individual		\$0	\$0	\$250	\$500	\$1,250		\$1,500	\$5,000	\$1,500	\$5,000		
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$3,000	\$10,000	\$3,000	\$10,000		
Your Coinsurance		0%	20%	0%	20%	0%		0%	50%	0%	50%		
Coinsurance Maximum		\$2500/\$500		\$3000/\$600				\$5000/\$10,		\$5000/\$10,			
Out of Pocket Maximum*						\$2000/\$4000		\$6350/\$12, n/a		\$6350/\$12, n/a			
Preventive Services						Covered		Covered	50% after	Covered	50% after		
Health Maintenance Exam		Covered	20% after	Covered	20% after	0% after Ded.		\$10	50% after	\$20	50% after		
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.			Ded.		Ded.		
Urgent Care		\$10	20% after	\$30	20% after	0% after Ded.		\$10	50% after	\$20	50% after		
Emergency Room		\$25	Ded.	\$150	Ded.	0% after Ded.			Ded.	\$150	Ded.		
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		\$25	\$25	\$150	\$150		
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0	50% after	\$0	50% after		
OutPatient Services						0% after Ded.		\$0	\$0	\$0	\$0		
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
Pre/Post Maternity			Ded.	Ded.	Ded.	\$0			Ded.		Ded.		
Services		\$10 (6X)	20% after	\$20 (6X)	20% after			\$10 (6X)	50% after	\$20 (6X)	50% after		
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after		
Maximum Visits Per		50 combined w/Chiro - 50		50 combined w/Chiro - 50		30 combined w/Chiro - 30 ST		50 combined w/Chiro - 50		50 combined w/Chiro - 50			
Year		ST		ST		0% after Ded.		ST		ST			
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after		
Maximum Visits Per		50 combined with PT & OT		50 combined with PT & OT		30 combined with PT &		50 combined with PT & OT		50 combined with PT & OT			
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
Maximum Visits Per		120		120		45		120		120			
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$20		\$10/\$40			
RX Riders/Details													
Rates		Census	Current	Census	Current	Census	Current	Proposed (Maximum 14m)		Proposed (Maximum 14m)			
Employee		6	\$485.70	0	\$453.33	2	\$376.11	\$495.65		\$395.82			
Employee + One		5	\$1,068.59	6	\$906.61	7	\$843.77	\$756.64		\$659.20			
Family		13	\$1,408.68	3	\$1,238.63	19	\$937.49	\$1,195.90		\$1,037.59			
Estimated Annual Premium			\$318,839.88		\$109,866.60		\$293,651.04	\$832,177.08		\$718,869.34			
Difference in Annual Premium								\$109,819.56		(\$3,488.18)			
Percentage Difference								15.20%		-0.48%			
Combined Current		\$722,357.52						\$2500 Implementation Fee					
PA 152 Hard Caps		\$5,858	(\$29)	\$5,858	(\$418)	\$5,858	(\$1,344)	\$5,858	\$90	\$5,858	(\$1,108)		
		\$12,250	\$573	\$12,250	(\$1,371)	\$12,250	(\$2,125)	\$12,250	(\$3,170)	\$12,250	(\$4,340)		
		\$15,975	\$929	\$15,975	(\$1,112)	\$15,975	(\$4,725)	\$15,975	(\$1,624)	\$15,975	(\$3,524)		
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS				COMPARED TO TOTAL CURRENT		COMPARED TO TOTAL CURRENT			

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.
ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools

Medical Cost Analysis Effective 7/1/2014



		CURRENT						SHARED FUNDED 12/18 & 12/24					
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		ASR BENEFITS					
Network		POS High Option 1 Priority Health HMO		POS Low Option 2 Priority Health HMO		HSA 1250 Priority Health HMO		\$1500, 0% HRA 12/18 HAP/Physicians Care		\$1500, 0% HRA 12/24 HAP/Physicians Care			
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network		
Your Deductible													
Individual		\$0	\$0	\$250	\$500	\$1,250		\$1,500	\$5,000	\$1,500	\$5,000		
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$3,000	\$10,000	\$3,000	\$10,000		
Your Coinsurance		0%	20%	0%	20%	0%		0%	50%	0%	50%		
Coinsurance Maximum		\$2500/\$500		\$3000/\$600				\$5000/\$10,		\$5000/\$10,			
Out of Pocket Maximum*						\$2000/\$4000		\$6350/\$12, n/a		\$6350/\$12, n/a			
Preventive Services													
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered		Covered	50% after	Covered	50% after		
PCP/Specialist Office Calls		\$10	20% after	\$20	20% after	0% after Ded.		\$10	50% after	\$20	50% after		
Urgent Care		\$10	Ded.	\$30	Ded.	0% after Ded.		\$10	Ded.	\$20	Ded.		
Emergency Room		\$25	Ded.	\$150	Ded.	0% after Ded.		\$25	Ded.	\$150	Ded.		
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0		
OutPatient Services													
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
Pre/Post Maternity			Ded.	Ded.	Ded.				Ded.		Ded.		
Services		\$10 (6X)	20% after	\$20 (6X)	20% after	\$0		\$10 (6X)	50% after	\$20 (6X)	50% after		
			Ded.		Ded.				Ded.		Ded.		
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after		
Maximum Visits Per		50 combined w/Chiro - 50		50 combined w/Chiro - 50		30 combined w/Chiro - 30 ST		50 combined w/Chiro - 50		50 combined w/Chiro - 50			
Year			ST		ST				ST		ST		
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after		
Maximum Visits Per		50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.	30 combined with PT &		50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.		
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
Maximum Visits Per			120		120	45			120		120		
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		\$0	50% after	\$0	50% after		
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$20		\$10/\$40			
RX Riders/Details													
Rates		Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed (Maximum)		
Employee		6	\$485.70	\$575.63	0	\$453.33	\$537.92	2	\$376.11	\$448.06	\$583.58		
Employee + One		5	\$1,068.59	\$1,266.44	6	\$906.61	\$1,075.79	7	\$843.77	\$1,005.18	\$896.76		
Family		13	\$1,408.68	\$1,669.50	3	\$1,238.63	\$1,469.76	19	\$937.49	\$1,116.83	\$1,423.87		
Estimated Annual Premium			#####	#####		#####	#####		#####	#####	\$847,749.24		
Difference in Annual Premium				\$59,033.88			\$20,501.64			\$56,174.76	\$125,391.72		
Percentage Difference				18.52%			18.66%			19.13%	17.36%		
Combined Current		\$722,357.52						\$2500 Implementation Fee					
PA 152 Hard Caps			\$5,858	\$1,049.98		\$5,858	\$597.46		\$5,858	(\$480.86)	\$5,858		
			\$12,250	\$2,947.28		\$12,250	\$659.48		\$12,250	(\$187.84)	\$12,250		
			\$15,975	\$4,058.77		\$15,975	\$1,661.89		\$15,975	#####	\$15,975		
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS				COMPARED TO TOTAL CURRENT		COMPARED TO TOTAL CURRENT			

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools



Medical Cost Analysis Effective 7/1/2014

		CURRENT						SHARED FUNDED 12/18							
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HMO HSA		ASR BENEFITS							
		POS High Option 1		POS Low Option 2		HSA 1250		\$0, 0%		\$250, 0%		\$1250, 0%			
		Priority Health HMO		Priority Health HMO		Priority Health HMO		HAP/Physicians Care		HAP/Physicians Care		HAP/Physicians Care			
Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only			
Your Deductible															
Individual		\$0	\$0	\$250	\$500	\$1,250		\$0	\$100	\$250	\$500	\$1,250			
Family		\$0	\$0	\$500	\$1,000	\$2,500		\$0	\$200	\$500	\$1,000	\$2,500			
Your Coinsurance		0%	20%	0%	20%	0%		0%	20%	0%	20%	0%			
Coinsurance Maximum		\$2500/\$500		\$3000/\$600				\$2500/\$500		\$3000/\$600					
Out of Pocket Maximum*						\$2000/\$4000		\$6350/\$12, N/A		\$6350/\$12, N/A		\$2000/\$4000			
Preventive Services															
Health Maintenance Exam		Covered	20% after	Covered	20% after	Covered		Covered	20% after	Covered	20% after	Covered			
PCP/Specialist Office Calls		\$10	Ded.	\$20	Ded.	0% after Ded.		\$10	Ded.	\$20	Ded.	0% after Ded.			
Urgent Care		\$10	20% after	\$30	20% after	0% after Ded.		\$10	20% after	\$50	20% after	0% after Ded.			
Emergency Room		\$25	Ded.	\$150	Ded.	0% after Ded.		\$25	Ded.	\$150	Ded.	0% after Ded.			
In Hospital Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0		\$0	\$0	\$0	\$0	\$0			
OutPatient Services															
Advanced Imaging		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
OutPatient Surgery		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
Pre/Post Maternity		\$10 (6X)	Ded.	\$20 (6X)	Ded.	\$0		\$10 (6X)	Ded.	\$0 Pre/\$20	Ded.	0% after Ded.			
Services															
Physical, Speech & Occup.		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after	0% after Ded.			
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	30 combined w/Chiro - 30 ST			
Chiropractic Treatment		\$10	50% after	\$20	50% after	0% after Ded.		\$10	50% after	\$20	50% after	0% after Ded.			
Maximum Visits Per		50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.	30 combined with PT &		50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.	30 combined with PT & OT			
Skilled Nursing		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
Maximum Visits Per		120		120		45		120		120		120			
Mental Health Care		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
Substance Abuse Treatment		\$0	20% after	0% after	20% after	0% after Ded.		\$0	20% after	0% after	20% after	0% after Ded.			
Prescription Drugs		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.		\$10/\$20		\$10/\$40		\$10/\$40 after Ded.			
RX Riders/Details															
Rates		Census	Current	Renewal	Census	Current	Renewal	Census	Current	Renewal	Proposed (Maximum)	Proposed (Maximum)	Proposed (Maximum)		
Employee		6	\$485.70	\$575.63	0	\$453.33	\$537.92	2	\$376.11	\$448.06	\$705.48	\$610.36	\$473.32		
Employee + One		5	\$1,068.59	\$1,266.44	6	\$906.61	\$1,075.79	7	\$843.77	\$1,005.18	\$1,220.11	\$1,049.61	\$721.06		
Family		13	\$1,408.68	\$1,669.50	3	\$1,238.63	\$1,469.76	19	\$937.49	\$1,116.83	\$1,952.25	\$1,674.52	\$1,138.01		
Estimated Annual Premium			#####	#####		#####	#####		#####	#####	\$428,552.16	\$135,854.64	\$331,395.00		
Difference in Annual Premium				\$59,033.88			\$20,501.64			\$56,174.76	\$109,712.28	\$25,988.04	\$37,743.96		
Percentage Difference				18.52%			18.66%			19.13%	34.41%	23.65%	12.85%		
Combined Current		\$722,357.52													
			\$5,858	\$1,049.98		\$5,858	\$597.46		\$5,858	(\$480.86)		\$5,858	\$1,467	\$5,858	(\$178)
PA 152 Hard Caps			\$12,250	\$2,947.28		\$12,250	\$659.48		\$12,250	(\$187.84)		\$12,250	\$345	\$12,250	(\$3,597)
			\$15,975	\$4,058.77		\$15,975	\$1,661.89		\$15,975	#####		\$15,975	\$4,119	\$15,975	(\$2,319)
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS		DEDUCTIBLES APPLY WITH COPAYS				COMPARED TO PH HIGH OPTION		COMPARED TO PH LOW OPTION		COMPARED TO PH HSA OPTION			

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. PLAN INCLUDES TERMINAL LIABILITY

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

Saugatuck Public Schools



Medical Cost Analysis Effective 7/1/2014

Medical Plan Design		CURRENT		RENEWAL OPTION	
		PRIORITY HMO HSA		PRIORITY HMO HSA	
Network		HSA 1250 Priority Health HMO		HSA 2000 Priority Health HMO	
		In-Network		In-Network	
Your Deductible					
Individual		\$1,250		\$2,000	
Family		\$2,500		\$4,000	
Your Coinsurance		0%		0%	
Coinsurance Maximum					
Out of Pocket Maximum*		\$2000/\$4000		\$4000/\$8000	
Preventive Services		Covered		Covered	
Health Maintenance Exam					
PCP/Specialist Office Calls		0% after Ded.		0% after Ded.	
Urgent Care		0% after Ded.		0% after Ded.	
Emergency Room		0% after Ded.		0% after Ded.	
In Hospital Care		0% after Ded.		0% after Ded.	
In Patient Copay / Cap		\$0		\$0	
OutPatient Services					
Advanced Imaging		0% after Ded.		0% after Ded.	
OutPatient Surgery		0% after Ded.		0% after Ded.	
Pre/Post Maternity Services		\$0		\$0	
Physical, Speech & Occup. Therapy		0% after Ded.		0% after Ded.	
Maximum Visits Per Year		30 combined w/Chiro - 30 ST		30 combined w/Chiro - 30 ST	
Chiropractic Treatment		0% after Ded.		0% after Ded.	
Maximum Visits Per Year		30 combined with PT & OT		30 combined with PT & OT	
Skilled Nursing		0% after Ded.		0% after Ded.	
Maximum Visits Per Year		45		45	
Mental Health Care		0% after Ded.		0% after Ded.	
Substance Abuse Treatment		0% after Ded.		0% after Ded.	
Prescription Drugs		\$10/\$40 after Ded.		\$10/\$40 after Ded.	
RX Riders/Details					
Rates	Census	Current	Renewal	Proposed	
Employee	2	\$376.11	\$434.59	\$385.44	
Employee + One	7	\$843.77	\$974.96	\$864.70	
Family	19	\$937.49	\$1,083.26	\$960.75	
Estimated Annual Premium		\$293,651.04	\$339,310.08	\$300,936.36	
Difference in Annual Premium			\$45,659.04	\$7,285.32	
Percentage Difference			15.55%	2.48%	
PA 152 Hard Caps		\$5,858	(\$642.50)	\$5,858	(\$1,232.30)
		\$12,250	(\$550.48)	\$12,250	(\$1,873.60)
		\$15,975	(\$2,976.11)	\$15,975	(\$4,446.23)
Additional Notes					

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

PRIORITY OPTIONS DO NOT INCLUDE HEARING BENEFITS.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

2b

Saugatuck Public Schools



Medical Cost Analysis Effective 7/1/2014

		CURRENT				RENEWAL OPTIONS			
Medical Plan Design		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HEALTH POS		PRIORITY HEALTH POS	
Network		POS Low Option 2 Priority Health HMO		100/70% -\$250 Priority Health HMO		100/80% -\$500 Priority Health HMO		100/70% -\$500 Priority Health HMO	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Deductible									
Individual		\$250	\$500	\$250	\$500	\$500	\$1,000	\$500	\$1,000
Family		\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000
Your Coinsurance		0%	20%	0%	30%	0%	20%	0%	30%
Coinsurance Maximum		\$3000/\$600		\$3000/\$6000		\$3000/\$6000		\$3000/\$6000	
Out of Pocket Maximum*				\$6350/\$12,7 \$12,700/\$25,		\$6350/\$12,7 \$12,700/\$25,		\$6350/\$12,7 \$12,700/\$25,	
Preventive Services									
Health Maintenance Exam		Covered	20% after	Covered	30% after Ded.	Covered	20% after Ded.	Covered	30% after Ded.
PCP/Specialist Office Calls		\$20	20% after	\$15	30% after Ded.	\$15	20% after Ded.	\$15	30% after Ded.
Urgent Care		\$30	Ded. 20% after	\$25	30% after Ded.	\$25	20% after Ded.	\$25	30% after Ded.
Emergency Room		\$150	Ded.	\$100	\$100	\$100	\$100	\$100	\$100
In Hospital Care		0% after Ded.	20% after	0% after Ded.	30% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	30% after Ded.
In Patient Copay / Cap		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OutPatient Services									
Advanced Imaging		0% after Ded.	20% after	0% after Ded.	30% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	30% after Ded.
OutPatient Surgery		0% after Ded.	20% after	0% after Ded.	30% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	30% after Ded.
Pre/Post Maternity		\$20 (6X)	Ded. 20% after	\$15 (6X)	30% after Ded.	\$15 (6X)	20% after Ded.	\$15 (6X)	30% after Ded.
Services									
Physical, Speech & Occup.		\$20	50% after	\$15	50% after Ded.	\$15	50% after Ded.	\$15	50% after Ded.
Maximum Visits Per		50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST	50 combined w/Chiro - 50	ST
Year									
Chiropractic Treatment		\$20	50% after	\$15	50% after Ded.	\$15	50% after Ded.	\$15	50% after Ded.
Maximum Visits Per		50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.	50 combined with PT & OT	Ded.
Skilled Nursing		0% after Ded.	20% after	0% after Ded.	30% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	30% after Ded.
Maximum Visits Per		120	120	120	120	120	120	120	120
Mental Health Care		0% after Ded.	20% after	0% after Ded.	30% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	30% after Ded.
Substance Abuse Treatment		0% after Ded.	20% after	0% after Ded.	30% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	30% after Ded.
Prescription Drugs		\$10/\$40		\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80	
RX Riders/Details									
Rates		Census	Current	Renewal	Proposed	Proposed	Proposed	Proposed	Proposed
Employee		0	\$453.33	\$537.92	\$513.53	\$488.89	\$487.70	\$487.70	\$487.70
Employee + One		6	\$906.61	\$1,075.79	\$1,129.82	\$1,075.61	\$1,072.99	\$1,072.99	\$1,072.99
Family		3	\$1,238.63	\$1,469.76	\$1,489.39	\$1,417.93	\$1,414.48	\$1,414.48	\$1,414.48
Estimated Annual Premium			\$109,866.60	\$130,368.24	\$134,965.08	\$128,489.40	\$128,176.56	\$128,176.56	\$128,176.56
Difference in Annual Premium				\$20,501.64	\$25,098.48	\$18,622.80	\$18,309.96	\$18,309.96	\$18,309.96
Percentage Difference				18.66%	22.84%	16.95%	16.67%	16.67%	16.67%
PA 152 Hard Caps			\$5,858	\$597.46	\$5,858	\$9.10	\$5,858	\$5,858	(\$5)
			\$12,250	\$659.48	\$12,250	\$657.32	\$12,250	\$12,250	\$626
			\$15,975	\$1,661.89	\$15,975	\$1,039.93	\$15,975	\$15,975	\$999
Additional Notes		DEDUCTIBLES APPLY WITH COPAYS							

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.