



**Rudyard Area Schools
All Employees**

Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Employees enrolled in ABC Plan					
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Census		1	1	
	Rate	\$573.99	\$1,288.91	\$1,607.27	\$19,287
Employees enrolled in Choices Plan					
MESSA \$500-0%; Saver Rx	Census	11	5	22	38
	Rate	\$680.73	\$1,529.08	\$1,906.14	\$684,822
TOTALS:		11	5	23	39
					\$704,109

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM CB 4 PPO \$500-20%; \$10/\$40/\$80 Rx	\$825	\$1,980	\$2,475	\$910,822	-\$206,713
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$731	\$1,754	\$2,192	\$806,789	-\$102,680
BCBSM SB PPO \$500-20%; \$15/\$50/50%/\$70/\$100 Rx	\$711	\$1,707	\$2,133	\$785,092	-\$80,983
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$675	\$1,619	\$2,024	\$744,714	-\$40,605
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$682	\$1,638	\$2,047	\$753,403	-\$49,293
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$619	\$1,486	\$1,857	\$683,406	\$20,703
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$601	\$1,442	\$1,802	\$663,247	\$40,863
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$550	\$1,320	\$1,651	\$607,413	\$96,696

*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.

*MESSA rates include estimated taxes and fees.

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

*SET SEG rates do not include the \$7.50 pepm enrollment and billing fee.



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

Rudyard Area Schools

All Employees

Assumed Effective Date: 7/1/2016

Plan	CURRENT PLAN Employees enrolled in ABC Plan		CURRENT PLAN Employees enrolled in Choices Plan		Option 1		Option 2	
	MESSA ABC Plan 2 \$2000-0%; ABC Rx		MESSA \$500-0%; Saver Rx		BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	
Rate Period	7/1/2016 - 6/30/2017		7/1/2016 - 6/30/2017		7/1/2016 - 6/30/2017		7/1/2016 - 6/30/2017	
Purchased Plan Features	In Network		In Network		In Network		In Network	
Deductible								
Annual Deductible - 1P	\$2,000		\$500		\$1,300		\$2,000	
Annual Deductible - 2P/FF	\$4,000		\$1,000		\$2,600		\$4,000	
Additional Cost After Deductible								
Employee Coinsurance after Deductible	0%		0%		20%		0%	
Coinsurance Max - 1P	\$0		\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$0		\$0	
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$3,000		\$1,500		\$2,250		\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$6,000		\$3,000		\$4,500		\$6,000	
Copayments								
Office Visit/Specialist	0% after Ded.		\$20/\$20		20% after Ded.		0% after Ded.	
Urgent Care/ER	0% after Ded.		\$25/\$50		20% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	38/0% after Ded.		38/\$0 (office copays may apply)		12/20% after Ded.		12/0% after Ded.	
Rx Copay	ABC Rx		Saver Rx		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$573.99	11	\$680.73	11	\$619.03	11	\$600.77
Two Person (2P)	0	\$1,288.91	5	\$1,529.08	5	\$1,485.67	5	\$1,441.84
Family (FF)	1	\$1,607.27	22	\$1,906.14	23	\$1,857.08	23	\$1,802.30
Total Annual Premium	1	\$19,287	38	\$684,822	39	\$683,406	39	\$663,247
Combined Current Lives	39		< TOTALS					
Combined Annual Premium	\$704,109		< TOTALS					
Total Costs					PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$704,109		<Totals			\$683,406		\$663,247
Estimated Savings/(Increase) \$						\$20,703.12		\$40,862.52
Estimated Difference %						2.9%		5.8%

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