DISCLAIMER: This document is a summary of certain plan features. It should not be

	CURRENTPLAN			Option 1	
	All Employees Enrolled MESSA ABC Plan 2 \$2000-0% ABC Rx		x		
	, ,	·		O HSA \$2700-0%;	
Plan	MESSA ABC Plan 2 \$2000-0%; ABC Rx			\$6/\$25/\$50/\$80/20%/20% Rx	
Rate Period	7/1/2017-6/30/2018			017-6/30/2018	
Purchased Plan Features Deductible	In Network		In Network		
Annual Deductible - 1P		\$2,000	\$270	0 (embedded)	
Annual Deductible - 2P/FF	\$4,000		\$5400 (embedded)		
Additional Cost After Deductible		\$47000	\$540	o (embedded)	
Employee Coinsurance after Deductible		0%		0%	
Coinsurance Max - 1P	\$0		\$0		
Coinsurance Max - 2P/FF	\$0		\$0		
Out of Pocket Maximum		·		•	
Max ded, coinsurance, copays - 1P	\$3,000			\$5,000	
Max ded, coinsurance, copays - 2P/FF	\$6,000		\$10,000		
Copayments					
Office Visit/Specialist	0% after Ded.		0% after Ded.		
Urgent Care/ER	0% after Ded.		09	0% after Ded.	
Chiropractic Limit/Copay	38/0% after Ded.			30/0% after Ded. (when referred)	
Rx Copay	ABC Rx		\$6/\$25/\$50/\$	80/20%/20% after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	
One Person (1P)	10	\$578.34	10	\$400.26	
Two Person (2P)	12	\$1,299.41	12	\$950.14	
Family (FF)	39	\$1,616.66	39	\$1,185.79	
Total Annual Premium	61	\$1,013,113	61	\$739,800	
Total Costs			PEPM	Annual	
"stimated Annual Cost	\$1,013,113			\$739,800	
imated Savings/(Increase) \$ _stimated Difference %				\$273,312.77 27.0%	
Estimated Difference %				27.0%	
One Person Cost Share	4570.04			£400.35	
One Person Rate	\$578.34			\$400.26	
One Person Total	\$578.34			\$400.26	
One Person PA 152 Cap	\$528.73			\$528.73	
One Person Monthly Cost		\$49.61		-\$128.47	
Two Person Cost Share				<b>4</b>	
Two Person Rate	\$1,299.41			\$950.14	
Two Person Total	\$1,299.41		\$950.14		
Two Person PA 152 Cap	\$1,105.74		\$1,105.74		
Two Person Monthly Cost				-\$155.61	
Family Cost Share					
Family Rate	\$1,616.66		\$1,185.79		
Family Total	\$1,616.66			\$1,185.79	
Family PA 152 Cap	\$1,442.00			\$1,442.00	
Family Monthly Cost	\$174.66		-\$256.21		
, dilling televiting Cost		y	i.		

## **BCBSM**

- \*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billing:
  \*BCBSM/BCN quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.
- BCN:

SET SEG:

- \* BCBSM/BCN quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.
- \*BCN proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act.
- Priority Health:
- iority Health rates, fees and/or claims projections do not include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government...claren:
- \*McLaren proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act. They also include the MI Claims tax.
- MESSA:

  \*Current MESSA 2017 renewal rates include estimated blended taxes and fees for the 2017-2018 policy period.
- \*Rates do include \$7.50 enrollment and billing service fee.
- \*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

Option 2	Option 3	Option 4	
BSM SB PPO HSA \$2000-0%; \$10/\$40/\$80	Priority Health PPO HSA \$2000-0%; \$10/\$40 Rx	McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	
7/1/2017-6/30/2018	7/1/2017-6/30/2018	7/1/2017-6/30/2018	
In Network	In Network	In Network	
\$2,000	\$2,000	\$2,000	
\$4,000	\$4,000	\$4,000	
0%	0%	0%	
\$0	\$0	\$0	
\$0	\$0	\$0	
\$3,000	\$3,000	\$4,000	
\$6,000	\$6,000	\$8,000	
0% after Ded. 0% after Ded. 12/0% after Ded. \$10/\$40/\$80 after Ded.  Census Rates 10 \$453.61 12 \$1,078.16 39 \$1,345.83 61 \$839,538 PEPM Annual \$839,538 \$173,574.74 17.1%	0% after Ded. 0% after Ded. 30/0% after Ded. (combined with PT and OT) \$10/\$40 after Ded.  Census Rates 10 \$512.00 12 \$1,140.81 39 \$1,417.48 61 \$889,097 PEPM Annual \$889,097 \$124,015.44 12.2%	0% after Ded. 0% after Ded. 0% after Ded. Covered at 100% up to \$1500 per person per year \$10/\$25/\$40 after Ded.  Census Rates 10 \$445.76 12 \$992.13 39 \$1,232.31 61 \$773,079 PEPM Annual \$773,079 \$240,033.72 23.7%	
\$453.61	\$512.00	\$445.76	
\$453.61	\$512.00	\$445.76	
\$528.73	\$528.73	\$528.73	
-\$ <b>75.12</b>	-\$16.73	-\$82.97	
\$1,078.16	\$1,140.81	\$992.13	
\$1,078.16	\$1,140.81	\$992.13	
\$1,105.74	\$1,105.74	\$1,105.74	
-\$27.58	\$35.07	-\$11 <b>3.6</b> 1	
\$1,345.83	\$1,417.48	\$1,232.31	
\$1,345.83	\$1,417.48	\$1,232.31	
\$1,442.00	\$1,442.00	\$1,442.00	
-\$96.17	- <b>\$24.52</b>	-\$209.69	