

Medical Rate Summary Alcona Community Schools All Employees

Assumed Effective Date: 7/1/2016

						Total Annual
Current Plan(s) and Segment:			2P	FF		Cost
Teachers Enrolled in MESSA Choices Plan	Census	3	9	12	24	
MESSA \$500-0%; \$10/\$20 Rx	Rate	\$713.89	\$1,603.70	\$1,999.00		\$486,756
Teachers Enrolled in MESSA ABC Plan 1		3	2	4	9	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$600.88	\$1,349.40	\$1,682.55		\$134,780
Administrators and Support Staff	Census	16	7	5	28	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$613.05	\$1,376.81	\$1,716.65		\$336,357
	TOTALS:	22	18	21	61	\$957,892

					Estimated	
				Total Annual	Annual	
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings	
BCBSM Simply Blue Conventional Plans						
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	\$586	\$1,397	\$1,744	\$895,870	\$62,022	
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx (\$2,500 ECM)	\$572	\$1,361	\$1,700	\$873,282	\$84,610	
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	\$564	\$1,342	\$1,676	\$860,925	\$96,968	
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$2,500 ECM)	\$550	\$1,310	\$1,635	\$840,195	\$117,698	
BCBSM Simply Blue HSA Plans						
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$495	\$1,177	\$1,470	\$755,323	\$202,569	
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$454	\$1,080	\$1,348	\$693,083	\$264,810	
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$437	\$1,038	\$1,296	\$666,206	\$291,686	
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$404	\$960	\$1,198	\$615,961	\$341,931	
Priority Health POS HSA Plans						
Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx	\$481	\$1,072	\$1,331	\$693,958	\$263,934	

				Estimated		
				Total Annual	Annual	
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings	
Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx	\$422	\$940	\$1,167	\$608,533	\$349,359	
Priority Health POS HSA \$2000-0%; \$10/\$40/\$80 Rx	\$430	\$958	\$1,189	\$620,176	\$337,717	
Priority Health POS HSA \$2000-20%; \$10/\$40/\$80 Rx	\$372	\$826	\$1,026	\$535,049	\$422,843	
Priority Health POS Conventional Plans						
Priority Health POS \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	\$588	\$1,312	\$1,630	\$849,234	\$108,659	
Priority Health POS \$250-20%; \$20 OV; \$10/\$40/\$80 Rx	\$537	\$1,197	\$1,487	\$774,857	\$183,035	
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$568	\$1,267	\$1,575	\$820,636	\$137,256	
Priority Health POS \$500-20%; \$20 OV; \$10/\$40/\$80 Rx	\$522	\$1,164	\$1,447	\$753,997	\$203,895	

MESSA:

MESSA rates include estimated taxes and fees.

BCBSM:

*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

^{*}BCBSM and Priority Health rates include enrollment and billing service fee.



Medical Rate Summary Alcona Community Schools Everyone but Teachers

Assumed Effective Date: 7/1/2016

							Total Annual
Current Plan(s) and Segment:			1P	2P	FF		Cost
Administrators and Support Staff		Census	16	7	5	28	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$613.05	\$1,376.81	\$1,716.65		\$336,357
		TOTALS:	16	7	5	28	\$336.357

					Estimated	
				Total Annual	Annual	
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings	
BCBSM Simply Blue Conventional Plans						
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	\$719	\$1,715	\$2,142	\$410,655	-\$74,298	
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx (\$2,500 ECM)	\$701	\$1,672	\$2,088	\$400,381	-\$64,024	
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	\$691	\$1,649	\$2,059	\$394,737	-\$58,380	
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$2,500 ECM)	\$675	\$1,609	\$2,010	\$385,317	-\$48,960	
BCBSM Simply Blue HSA Plans						
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$614	\$1,463	\$1,827	\$350,444	-\$14,087	
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$564	\$1,342	\$1,676	\$321,457	\$14,900	
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$542	\$1,290	\$1,611	\$309,119	\$27,238	
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$501	\$1,192	\$1,489	\$285,730	\$50,628	
Priority Health POS HSA Plans						
Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx	\$560	\$1,249	\$1,552	\$305,454	\$30,903	
Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx	\$490	\$1,092	\$1,357	\$267,209	\$69,148	
Priority Health POS HSA \$2000-0%; \$10/\$40/\$80 Rx	\$500	\$1,113	\$1,383	\$272,426	\$63,931	
Priority Health POS HSA \$2000-20%; \$10/\$40/\$80 Rx	\$430	\$957	\$1,189	\$234,291	\$102,066	
Priority Health POS Conventional Plans						

				Estimated		
				Total Annual	Annual	
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings	
Priority Health POS \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	\$687	\$1,533	\$1,906	\$374,998	-\$38,641	
Priority Health POS \$250-20%; \$20 OV; \$10/\$40/\$80 Rx	\$626	\$1,397	\$1,736	\$341,712	-\$5,355	
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$663	\$1,481	\$1,841	\$362,191	-\$25,834	
Priority Health POS \$500-20%; \$20 OV; \$10/\$40/\$80 Rx	\$609	\$1,359	\$1,689	\$332,350	\$4,007	

MESSA:

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Priority Health:

^{*}Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

^{*}BCBSM and Priority Health rates include enrollment and billing service fee.



Medical Rate Summary Alcona Community Schools Teachers Only

Assumed Effective Date: 7/1/2016

						Total Annual
Current Plan(s) and Segment:		1P	2P	FF		Cost
Teachers Enrolled in MESSA Choices Plan	Census	3	9	12	24	
MESSA \$500-0%; \$10/\$20 Rx	Rate	\$713.89	\$1,603.70	\$1,999.00		\$486,756
Teachers Enrolled in MESSA ABC Plan 1	Census	3	2	4	9	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$600.88	\$1,349.40	\$1,682.55		\$134,780
	TOTALS:	6	11	16	33	\$621.535

					Estimated
				Total Annual	Annual
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	\$512	\$1,218	\$1,520	\$489,510	\$132,026
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx (\$2,500 ECM)	\$499	\$1,187	\$1,482	\$477,172	\$144,363
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	\$492	\$1,170	\$1,461	\$470,393	\$151,142
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$2,500 ECM)	\$480	\$1,142	\$1,426	\$459,079	\$162,456
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$439	\$1,042	\$1,301	\$419,033	\$202,502
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$402	\$955	\$1,192	\$383,986	\$237,549
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$387	\$919	\$1,147	\$369,582	\$251,953
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$358	\$849	\$1,060	\$341,338	\$280,197
Priority Health POS HSA Plans					
Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx	\$448	\$998	\$1,240	\$401,991	\$219,544
Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx	\$394	\$876	\$1,088	\$353,036	\$268,499
Priority Health POS HSA \$2000-0%; \$10/\$40/\$80 Rx	\$402	\$893	\$1,109	\$359,706	\$261,829

					Estimated	
				Total Annual	Annual	
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings	
Priority Health POS HSA \$2000-20%; \$10/\$40/\$80 Rx	\$348	\$772	\$958	\$310,885	\$310,650	_
Priority Health POS Conventional Plans						
Priority Health POS \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	\$547	\$1,219	\$1,514	\$490,961	\$130,574	
Priority Health POS \$250-20%; \$20 OV; \$10/\$40/\$80 Rx	\$499	\$1,113	\$1,383	\$448,322	\$173,213	
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$528	\$1,178	\$1,464	\$474,550	\$146,985	
Priority Health POS \$500-20%; \$20 OV; \$10/\$40/\$80 Rx	\$486	\$1,083	\$1,346	\$436,345	\$185,190	

MESSA:

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BCBSM:

Priority Health:

^{*}BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

^{*}Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

^{*}BCBSM and Priority Health rates include enrollment and billing service fee.



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

Alcona Community Schools

All Employees

Assumed Effective Date: 7/1/2016

	CURRENT PLAN Teachers Enrolled in MESSA Choices Plan	CURRENT PLAN Teachers Enrolled in MESSA		CURRENT P Administrators and S				Ор	tion 2	Ор	tion 3	Option 4		Option 5			tion 6		
	MESSA \$500-0%; \$10/\$20 Rx	MESSA ABC Plan 1 \$1300-0	0%; ABC Rx M	1ESSA ABC Plan 1 \$13	00-0%; ABC Rx		PO \$500-20%; Rx (\$1,500 ECM)		O HSA \$1300-0%; IO/\$80 Rx		HSA \$1300-20%; 0/\$80 Rx	•	OS \$500-0%; \$20 OV; 40/\$80 Rx	•	OS HSA \$1300-0%; 0/\$80 Rx		OS HSA \$1300-20%; 0/\$80 Rx		
Plan Rate Period	7/1/2016-6/30/2017	7/1/2016-6/30/201	17	7/1/2016-6/30	0/2017	7/1/2016	-6/30/2017	7/1/2016	5-6/30/2017	7/1/2016	-6/30/2017	7/1/201	6-6/30/2017	7/1/2016	-6/30/2017	7/1/2016	-6/30/2017		
Purchased Plan Features	In Network	In Network	17	In Netwo			etwork		etwork	In Network		//1/2010-0/30/2017 In Network		In Network			etwork		
Deductible														44.000					
Annual Deductible - 1P Annual Deductible - 2P/FF	\$500 \$1,000	\$1,300 \$2,600		\$1,300 \$2,600			\$500 \$1,000		1,300 2,600		,300 ,600		\$500 1,000		,300 ,600		,300 ,600		
Additional Cost After Deductible	\$1,000	\$2,000		\$2,000		\$1.	,000	\$2	2,000	\$2	,600	Ş	1,000	\$2	,000	\$2	,600		
Employee Coinsurance after Deductible	0%	0%		0%		2	0%		0%	2	0%		0%	(0%	2	0%		
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Coinsurance Max - 1P	\$0	\$1,000		\$1,000		\$1	,500	\$	950	\$	950		\$0	\$	700	\$	700		
Coinsurance Max - 2P/FF	\$0	\$2,000		\$2,000		\$3	,000	\$1	1,900	\$1	,900		\$0	\$1	,400	\$1	,400		
Out of Pocket Maximum																			
Max ded, coinsurance, copays - 1P	\$1,500	\$2,300		\$2,300			,350		2,250		,250		6,850		,000		,000		
Max ded, coinsurance, copays - 2P/FF Copayments	\$3,000	\$4,600		\$4,600		\$12	2,700	Ş2	1,500	\$4	,500	\$3	13,700	\$4	,000	\$4	,000		
Office Visit/Specialist	\$20/\$20	0% after Ded.		0% after D	ed	\$20)/\$40	0% af	ter Ded.	20% at	ter Ded.	\$2	20/\$35	0% af	ter Ded.	20% af	ter Ded.		
Urgent Care/ER	\$25/\$50	0% after Ded.		0% after D			/\$150		ter Ded.		ter Ded.		5/\$150		ter Ded.		ter Ded.		
,																50/20% after Ded.	(combined with PT		
Chiropractic Limit/Copay	38/\$20	38/0% after Ded.	-	38/0% after	Ded.	12,	/\$30	12/0%	after Ded.	12/20%	after Ded.	50/\$20 (combir	ned with PT and OT)		d OT)		d OT)		
Rx Copay	\$10/\$20 Rx	ABC Rx		ABC Rx		\$10/\$4	0/\$80 Rx	\$10/\$40/\$8	0 Rx after Ded.	\$10/\$40/\$80	Rx after Ded.	\$10/\$	40/\$80 Rx		O Rx after Ded.		Rx after Ded.		
Total Monthly Costs	Census Rates		Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates		
One Person (1P)	3 \$713.89	1	88.00	16	\$613.05	22	\$563.55	22	\$494.91	22	\$454.45	22	\$568.22	22	\$481.08	22	\$422.32		
Two Person (2P)	9 \$1,603.70		349.40	7	\$1,376.81	18	\$1,342.03	18	\$1,177.29	18	\$1,080.19	18	\$1,267.32	18	\$1,071.54	18	\$939.51		
Family (FF) Total Annual Premium	12 \$1,999.00 24 \$486,756		682.55 34,780	5 2 8	\$1,716.65 \$336,357	21 61	\$1,675.67 \$860,925	21 61	\$1,469.73 \$755,323	21 61	\$1,348.36 \$693,083	21 61	\$1,574.94 \$820,636	21 61	\$1,331.35 \$693,958	21 61	\$1,167.09 \$608,533		
Combined Current Lives	61	< TOTALS	34,780	< TOTAL		01	\$800,925	01	\$755,323	01	\$093,083	01	\$820,030	01	\$693,958	01	\$008,533		
Combined Annual Premium	\$957,892	< TOTALS		< TOTAL															
Total Costs						PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual		
Estimated Annual Cost Estimated Savings/(Increase) \$ Estimated Difference %	\$957,892	<totals< th=""><th></th><th><totals< th=""><th></th><th></th><th>\$860,925 \$96,967.72 10.1%</th><th></th><th>\$755,323 \$202,569.40 21.1%</th><th></th><th>\$693,083 \$264,809.68 27.6%</th><th></th><th>\$820,636 \$137,256.16 14.3%</th><th></th><th>\$693,958 \$263,934.28 27.6%</th><th></th><th>\$608,533 \$349,358.92 36.5%</th></totals<></th></totals<>		<totals< th=""><th></th><th></th><th>\$860,925 \$96,967.72 10.1%</th><th></th><th>\$755,323 \$202,569.40 21.1%</th><th></th><th>\$693,083 \$264,809.68 27.6%</th><th></th><th>\$820,636 \$137,256.16 14.3%</th><th></th><th>\$693,958 \$263,934.28 27.6%</th><th></th><th>\$608,533 \$349,358.92 36.5%</th></totals<>			\$860,925 \$96,967.72 10.1%		\$755,323 \$202,569.40 21.1%		\$693,083 \$264,809.68 27.6%		\$820,636 \$137,256.16 14.3%		\$693,958 \$263,934.28 27.6%		\$608,533 \$349,358.92 36.5%		
Single (annual amounts)																			
Taxes and Fees	Included in total plan cost	Included in total plan	cost	Included in total			total plan cost		total plan cost		total plan cost		total plan cost		total plan cost		total plan cost		
Total Plan Cost	\$8,566.73	\$7,210.53		\$7,356.6			62.60		938.92		53.40		818.64		72.96		067.84		
PA 152 Hard Cap	\$6,142.11	\$6,142.11		\$6,142.1			42.11		142.11		42.11		142.11		42.11		42.11		
Amount Over/Under Hard Cap	\$2,424.62	\$1,068.42		\$1,214.5	3	\$62	20.49	-\$2	03.19	-\$6	88.71	Şt	576.53	-\$3	69.15	-\$1,0	074.27		
Two Person (annual amounts)																			
Taxes and Fees	Included in total plan cost	Included in total plan	cost	Included in total	nlan cost	Included in t	total plan cost	Included in	total plan cost	Included in	total plan cost	Included in	total plan cost	Included in	total plan cost	Included in t	total plan cost		
Total Plan Cost	\$19,244.41	\$16,192.84	COSC	\$16,521.7			104.36		127.48		962.28		,207.84		858.48		274.12		
PA 152 Hard Cap	\$12,845.04	\$12,845.04		\$12,845.0			845.04		845.04		845.04		,845.04		845.04		845.04		
Amount Over/Under Hard Cap	\$6,399.37	\$3,347.80		\$3,676.6			259.32		282.44		17.24		362.80		3.44		570.92		
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Family (annual amounts)																			
Taxes and Fees	Included in total plan cost	Included in total plan	cost	Included in total	plan cost	Included in t	total plan cost	Included in	total plan cost	Included in	total plan cost	Included in	total plan cost	Included in	total plan cost	Included in t	total plan cost		
Total Plan Cost	\$23,987.97	\$20,190.56		\$20,599.7	76	\$20,3	108.04	\$17,	636.76	\$16,	180.32	\$18	,899.28	\$15,	976.20	\$14,0	005.08		
PA 152 Hard Cap	\$16,751.23	\$16,751.23		\$16,751.2	23	\$16,7	751.23	\$16,	751.23	\$16,	751.23	\$16	,751.23	\$16,	751.23	\$16,	751.23		
Amount Over/Under Hard Cap	\$7,236.74	\$3,439.33		\$3,848.5	3	\$3,3	56.81	\$8	85.53	-\$5	70.91	\$2,	148.05	-\$7	75.03	-\$2,7	746.15		
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MESSA:

*MESSA rates include estimated taxes and fees.

BCBSM:

*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

*BCBSM and Priority Health rates include enrollment and billing service fee.

^{*}Priority Health plans include an additional 20 chiropractic visits, totalling 50, combined with PT and OT.



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Alcona Community Schools Everyone but Teachers Assumed Effective Date: 7/1/2016

	CURRENT PLAN Administrators and Support Staff	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx	Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx
Plan							
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	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	In Network	In Network	In Network
Deductible	44.000	4=00	44.000	44.000	4=00	44.000	44.000
Annual Deductible - 1P	\$1,300	\$500	\$1,300	\$1,300	\$500	\$1,300	\$1,300
Annual Deductible - 2P/FF	\$2,600	\$1,000	\$2,600	\$2,600	\$1,000	\$2,600	\$2,600
Additional Cost After Deductible	00/	200/	00/	200/	00/	00/	200/
Employee Coinsurance after Deductible	0%	20%	0%	20%	0%	0%	20%
Coinsurance Max - 1P	\$1,000	\$1,500	\$950	\$950	\$0	\$700	\$700
	\$1,000		· ·	\$1,900	\$0 \$0	*	\$1.400
Coinsurance Max - 2P/FF Out of Pocket Maximum	\$2,000	\$3,000	\$1,900	\$1,900	\$U	\$1,400	\$1,400
	¢2.200	¢6.250	¢2.250	ć2.250	¢6.050	ć2.000	¢2.000
Max ded, coinsurance, copays - 1P	\$2,300	\$6,350	\$2,250	\$2,250	\$6,850	\$2,000	\$2,000
Max ded, coinsurance, copays - 2P/FF	\$4,600	\$12,700	\$4,500	\$4,500	\$13,700	\$4,000	\$4,000
Copayments Office Visit/Specialist	0% after Ded.	\$20/\$40	0% after Ded.	20% after Ded.	\$20/\$35	0% after Ded.	20% after Ded.
Urgent Care/ER	0% after Ded.	\$60/\$150	0% after Ded.	20% after Ded.	\$20/\$33 \$75/\$150	0% after Ded.	20% after Ded. 20% after Ded.
Chiropractic Limit/Copay		38/0% after Ded. \$50/\$150 12/\$30		12/20% after Ded.	50/\$20 (combined with PT and OT)	50/0% after Ded. (combined with PT and OT)	50/20% after Ded. 50/20% after Ded. (combined with PT and OT)
Rx Copay	ABC Rx	\$10/\$40/\$80 Rx	12/0% after Ded. \$10/\$40/\$80 Rx after Ded.	\$10/\$40/\$80 Rx after Ded.	\$10/\$40/\$80 Rx	\$10/\$40/\$80 Rx after Ded.	\$10/\$40/\$80 Rx after Ded.
Total Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	16 \$613.05	16 \$691.28	16 \$614.06	16 \$563.53	16 \$663.29	16 \$559.84	16 \$490.11
Two Person (2P)	7 \$1,376.81	7 \$1,648.58	7 \$1,463.25	7 \$1,341.96	7 \$1,480.93	7 \$1,248.50	7 \$1,091.82
Family (FF)	5 \$1,716.65	5 \$2,058.85	5 \$1,827.19	5 \$1,675.58	5 \$1,840.69	5 \$1,551.51	5 \$1,356.58
Total Annual Premium	28 \$336,357	28 \$394,737	28 \$350,444	28 \$321,457	28 \$362,191	28 \$305,454	28 \$267,209
Total Costs		PEPM Annual	PEPM Annual	PEPM Annual	PEPM Annual	PEPM Annual	PEPM Annual
Estimated Annual Cost	\$336,357	\$394,737	\$350,444	\$321,457	\$362,191	\$305,454	\$267,209
Estimated Savings/(Increase) \$ Estimated Difference %		(\$58,380.27) -17.4%	(\$14,086.71) -4.2%	\$14,900.01 4.4%	(\$25,833.99) -7.7%	\$30,903.33 9.2%	\$69,148.41 20.6%
Single (annual amounts)							
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$7,356.64	\$8,295.36	\$7,368.72	\$6,762.36	\$7,959.48	\$6,718.08	\$5,881.32
PA 152 Hard Cap	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11
Amount Over/Under Hard Cap	\$1,214.53	\$2,153.25	\$1,226.61	\$620.25	\$1,817.37	\$575.97	-\$260.79
Tive Berson (engue) enguests)							
Two Person (annual amounts)							
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$16,521.73	\$19,782.96	\$17,559.00	\$16,103.52	\$17,771.16	\$14,982.00	\$13,101.84
PA 152 Hard Cap	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04
Amount Over/Under Hard Cap	\$3,676.69	\$6,937.92	\$4,713.96	\$3,258.48	\$4,926.12	\$2,136.96	\$256.80
Family (annual amounts)							
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$20,599.76	\$24,706.20	\$21,926.28	\$20,106.96	\$22,088.28	\$18,618.12	\$16,278.96
PA 152 Hard Cap	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23
Amount Over/Under Hard Cap	\$3,848.53	\$7,954.97	\$5,175.05	\$3,355.73	\$5,337.05	\$1,866.89	-\$472.27
Gant Gvery Grider Hard Cap	ψ3 ₁ 0±0.33	ψ1,55 1 .51	Ç5,175.05	\$3,333.73	Ç5,551.05	ψ±,000.05	Y714.41

MESSA:

*MESSA rates include estimated taxes and fees. BCBSM:

*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

*BCBSM and Priority Health rates include enrollment and billing service fee.

^{*}Priority Health plans include an additional 20 chiropractic visits, totalling 50, combined with PT and OT.



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

Alcona Community Schools

Teachers Only

Assumed Effective Date: 7/1/2016

	CURRENT PLAN Teachers Enrolled in MESSA Choice	es Plan		NT PLAN in MESSA ABC Plan 1	Oį	otion 1	Ор	tion 2	Opt	tion 3	Opt	ion 4	Op	tion 5		otion 6
Plan	MESSA \$500-0%; \$10/\$20 Rx		MESSA ABC Plan 1	L \$1300-0%; ABC Rx		0-20%; \$10/\$40/\$80 Rx 00 ECM)		\$1300-0%; \$10/\$40/\$80 Rx		1300-20%; \$10/\$40/\$80 Rx	•	S \$500-0%; \$20 OV; 0/\$80 Rx	•	OS HSA \$1300-0%; 0/\$80 Rx	•	OS HSA \$1300-20%; 40/\$80 Rx
Plan Rate Period	7/1/2016-6/30/2017		7/1/2016	-6/30/2017	7/1/201	6-6/30/2017	7/1/2016	5-6/30/2017	7/1/2016	i-6/30/2017	7/1/2016	-6/30/2017	7/1/2016	-6/30/2017	7/1/2016	5-6/30/2017
Purchased Plan Features	// 1/2010-0/30/2017 In Network			etwork		letwork		etwork		etwork		etwork		etwork		etwork
Deductible																
Annual Deductible - 1P	\$500			,300		\$500	\$1	1,300	\$1	,300	\$!	500	\$1	,300	\$:	1,300
Annual Deductible - 2P/FF	\$1,000		\$2	,600	\$1,000		\$2	2,600	\$2	2,600	\$1	,000	\$2	,600	\$2	2,600
Additional Cost After Deductible																
Employee Coinsurance after Deductible	0%		C	0%	20%			0%	2	20%	(0%		0%	-	20%
Coinsurance Max - 1P	\$0		\$1	,000	\$	1,500	\$	950	\$	950	;	\$0	\$	700	Ç	5700
Coinsurance Max - 2P/FF	\$0		\$2	,000	\$	3,000	\$1	1,900	\$1	,900	;	\$0	\$1	,400	\$:	1,400
Out of Pocket Maximum																
Max ded, coinsurance, copays - 1P	\$1,500			,300		6,350		2,250		2,250		,850		,000		2,000
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$4	,600	\$1	.2,700	\$4	1,500	\$4	,500	\$13	3,700	\$4	,000	\$4	4,000
Copayments																
Office Visit/Specialist	\$20/\$20			ter Ded.		0/\$40		ter Ded.		fter Ded.)/\$35		ter Ded.		fter Ded.
Urgent Care/ER	\$25/\$50			ter Ded.		0/\$150		ter Ded.		fter Ded.		/\$150		ter Ded.		ifter Ded.
Chiropractic Limit/Copay	38/\$20 \$10/\$20 Rx			after Ded. C Rx		2/\$30 40/\$80 Rx		after Ded. 0 Rx after Ded.		after Ded. 0 Rx after Ded.		ed with PT and OT) 0/\$80 Rx		DRx after Ded.		ombined with PT and OT) 30 Rx after Ded.
Rx Copay Total Monthly Costs	Census Rates		Census	Rates	Census	Rates	\$10/\$40/\$8 Census	Rates	\$10/\$40/\$80 Census	Rates	\$10/\$4 Census	Rates	\$10/\$40/\$8 Census	Rates	\$10/\$40/\$8 Census	Rates
One Person (1P)	3 \$713.8		3	\$600.88	6	\$491.98	6	\$438.74	6	\$402.42	6	\$528.43	6	\$448.28	6	\$394.20
Two Person (2P)	9 \$1,603.		2	\$1,349.40	11	\$1,170.24	11	\$1,042.48	11	\$955.30	11	\$1,177.88	11	\$997.80	11	\$876.30
Family (FF)	12 \$1,999.		4	\$1,682.55	16	\$1,460.93	16	\$1,301.23	16	\$1,192.25	16	\$1,463.66	16	\$1,239.61	16	\$1,088.45
Total Annual Premium	24 \$486,7		9	\$134,780	33	\$470,393	33	\$419,033	33	\$383,986	33	\$474,550	33	\$401,991	33	\$353,036
Combined Current Lives	33			DTALS												
Combined Annual Premium	\$621,535		< TC	OTALS												
Total Costs					PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$621,535		<t0< td=""><td>otals</td><td></td><td>\$470,393</td><td></td><td>\$419,033</td><td></td><td>\$383,986</td><td></td><td>\$474,550</td><td></td><td>\$401,991</td><td></td><td>\$353,036</td></t0<>	otals		\$470,393		\$419,033		\$383,986		\$474,550		\$401,991		\$353,036
Estimated Savings/(Increase) \$ Estimated Difference %						\$151,142.23 24.3%		\$202,502.23 32.6%		\$237,549.19 38.2%		\$146,985.19 23.6%		\$219,544.15 35.3%		\$268,498.63 43.2%
Single (annual amounts)																
Taxes and Fees	Included in total plan cost		Included in t	total plan cost	Included in	total plan cost	Included in	total plan cost	Included in	total plan cost	Included in t	total plan cost	Included in	total plan cost	Included in	total plan cost
Total Plan Cost	\$8,566.73		\$7,2	10.53	\$5,	903.76	\$5,	264.88	\$4,8	329.04	\$6,3	41.16	\$5,3	379.36	\$4,	730.40
PA 152 Hard Cap	\$6,142.11			42.11		142.11		142.11		142.11		42.11		42.11	\$6,	142.11
Amount Over/Under Hard Cap	\$2,424.62		\$1,0	068.42	-\$	238.35	-\$8	377.23	-\$1,:	313.07	\$19	99.05	-\$7	62.75	-\$1,	411.71
Two Person (annual amounts)																
Taxes and Fees	Included in total plan cost			total plan cost		total plan cost		total plan cost		total plan cost		total plan cost		total plan cost		total plan cost
Total Plan Cost	\$19,244.41			192.84	· ·	,042.88		509.76	. ,	463.60		134.56		973.60		,515.60
PA 152 Hard Cap	\$12,845.04		. ,	845.04		,845.04		845.04		845.04		845.04		845.04		,845.04
Amount Over/Under Hard Cap	\$6,399.37		\$3,3	47.80	\$1,	197.84	-\$3	35.28	-\$1,3	381.44	\$1,2	89.52	-\$8	71.44	-\$2,	329.44
Family (annual amounts)																
Taxes and Fees	Included in total plan cost			total plan cost		total plan cost		total plan cost		total plan cost		total plan cost		total plan cost		total plan cost
Total Plan Cost	\$23,987.97		\$20,3	190.56	\$17	,531.16	\$15,	614.76	\$14,	307.00	\$17,	563.92	\$14,	875.32	\$13,	,061.40
PA 152 Hard Cap	\$16,751.23			751.23		,751.23		751.23	. ,	751.23		751.23		751.23		,751.23
Amount Over/Under Hard Cap	\$7,236.74		\$3,4	39.33	\$7	79.93	-\$1,	136.47	-\$2,	444.23	\$81	12.69	-\$1,	375.91	-\$3,	.689.83
		T														

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^{*}Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.