



Medical Rate Summary
Alcona Community Schools
All Employees
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Total Annual 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
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

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual 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

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual 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:

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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.

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Alcona Community Schools
Everyone but Teachers
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Current Plan(s) and Segment:		1P	2P	FF		Total Annual 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

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual 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					

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual 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

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Teachers Only
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Current Plan(s) and Segment:	1P	2P	FF	Total Annual 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

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual 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

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual 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

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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	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
Rate Period	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Purchased Plan Features							
Deductible							
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							
Employee Coinsurance after Deductible	0%	20%	0%	20%	0%	0%	20%
Coinsurance Max - 1P	\$1,000	\$1,500	\$950	\$950	\$0	\$700	\$700
Coinsurance Max - 2P/FF	\$2,000	\$3,000	\$1,900	\$1,900	\$0	\$1,400	\$1,400
Out of Pocket Maximum							
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.	\$75/\$150	0% after Ded.	20% after Ded.
Chiropractic Limit/Copay	38/0% after Ded.	12/\$30	12/0% after Ded.	12/20% after Ded.	50/\$20 (combined with PT and OT)	50/0% after Ded. (combined with PT and OT)	50/20% after Ded. (combined with PT and OT)
Rx Copay	ABC Rx	\$10/\$40/\$80 Rx	\$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) \$		(\$58,380.27)	(\$14,086.71)	\$14,900.01	(\$25,833.99)	\$30,903.33	\$69,148.41
Estimated Difference %		-17.4%	-4.2%	4.4%	-7.7%	9.2%	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
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

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

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Alcona Community Schools

Teachers Only

Assumed Effective Date: 7/1/2016
Option 6

Plan	CURRENT PLAN		Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
	Teachers Enrolled in MESSA Choices Plan	Teachers Enrolled in MESSA ABC Plan 1	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
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	\$500	\$1,300	\$500	\$1,300	\$1,300	\$500	\$1,300	\$1,300
Annual Deductible - 2P/FF	\$1,000	\$2,600	\$1,000	\$2,600	\$2,600	\$1,000	\$2,600	\$2,600
Additional Cost After Deductible								
Employee Coinsurance after Deductible	0%	0%	20%	0%	20%	0%	0%	20%
Coinsurance Max - 1P	\$0	\$1,000	\$1,500	\$950	\$950	\$0	\$700	\$700
Coinsurance Max - 2P/FF	\$0	\$2,000	\$3,000	\$1,900	\$1,900	\$0	\$1,400	\$1,400
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$1,500	\$2,300	\$6,350	\$2,250	\$2,250	\$6,850	\$2,000	\$2,000
Max ded, coinsurance, copays - 2P/FF	\$3,000	\$4,600	\$12,700	\$4,500	\$4,500	\$13,700	\$4,000	\$4,000
Copayments								
Office Visit/Specialist	\$20/\$20	0% after Ded.	\$20/\$40	0% after Ded.	20% after Ded.	\$20/\$35	0% after Ded.	20% after Ded.
Urgent Care/ER	\$25/\$50	0% after Ded.	\$60/\$150	0% after Ded.	20% after Ded.	\$75/\$150	0% after Ded.	20% after Ded.
Chiropractic Limit/Copay	38/\$20	38/0% after Ded.	12/\$30	12/0% after Ded.	12/20% after Ded.	50/\$20 (combined with PT and OT)	50/0% after Ded. (combined with PT and OT)	50/20% after Ded. (combined with PT and OT)
Rx Copay	\$10/\$20 Rx	ABC Rx	\$10/\$40/\$80 Rx	\$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
One Person (1P)	3	\$713.89	3	\$600.88	6	\$491.98	6	\$528.43
Two Person (2P)	9	\$1,603.70	2	\$1,349.40	11	\$1,170.24	11	\$997.80
Family (FF)	12	\$1,999.00	4	\$1,682.55	16	\$1,460.93	16	\$1,463.66
Total Annual Premium	24	\$486,756	9	\$134,780	33	\$470,393	33	\$474,550
Combined Current Lives	33		< TOTALS		33	\$419,033	33	\$401,991
Combined Annual Premium	\$621,535		< TOTALS					
Total Costs								
Estimated Annual Cost	\$621,535		<Totals		PEPM	Annual	PEPM	Annual
Estimated Savings/(Increase) \$						\$470,393		\$419,033
Estimated Difference %						\$151,142.23		\$202,502.23
						24.3%		32.6%
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	
Total Plan Cost	\$8,566.73	\$7,210.53	\$5,903.76	\$5,264.88	\$4,829.04	\$6,341.16	\$5,379.36	\$4,730.40
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	\$6,142.11
Amount Over/Under Hard Cap	\$2,424.62	\$1,068.42	-\$238.35	-\$877.23	-\$1,313.07	\$199.05	-\$762.75	-\$1,411.71
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	
Total Plan Cost	\$19,244.41	\$16,192.84	\$14,042.88	\$12,509.76	\$11,463.60	\$14,134.56	\$11,973.60	\$10,515.60
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	\$12,845.04
Amount Over/Under Hard Cap	\$6,399.37	\$3,347.80	\$1,197.84	-\$335.28	-\$1,381.44	\$1,289.52	-\$871.44	-\$2,329.44
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	
Total Plan Cost	\$23,987.97	\$20,190.56	\$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	\$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	\$7,236.74	\$3,439.33	\$779.93	-\$1,136.47	-\$2,444.23	\$812.69	-\$1,875.91	-\$3,689.83

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