



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

**Eastern Upper Peninsula ISD**  
**Administrators and Non-Union**  
**Assumed Effective Date: 8/1/2016**  
**Option 2**

Plan	CURRENT PLAN Administrator/Non-Union enrolled in Choices Plan MESSA \$500-0%; Saver Rx		CURRENT PLAN Administrator/Non-Union enrolled in ABC Plan MESSA ABC Plan 2 \$2000-0%; ABC Rx		Option 1 BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx		Option 2 BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	
	Rate Period	Purchased Plan Features	Rate Period	Purchased Plan Features	Rate Period	Purchased Plan Features	Rate Period	Purchased Plan Features
<b>Rate Period</b>	7/1/2016 - 6/30/2017		7/1/2016 - 6/30/2017		8/1/2016 - 6/30/2017		8/1/2016 - 6/30/2017	
<b>Purchased Plan Features</b>	In Network		In Network		In Network		In Network	
<b>Deductible</b>								
Annual Deductible - 1P	\$500		\$2,000		\$500		\$2,000	
Annual Deductible - 2P/FF	\$1,000		\$4,000		\$1,000		\$4,000	
<b>Additional Cost After Deductible</b>								
Employee Coinsurance after Deductible	0%		0%		20%		0%	
Coinsurance Max - 1P	\$0		\$0		\$2,500		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$5,000		\$0	
<b>Out of Pocket Maximum</b>								
Max ded, coinsurance, copays - 1P	\$1,500		\$3,000		\$6,350		\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$6,000		\$12,700		\$6,000	
<b>Copayments</b>								
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		\$20/\$150		0% after Ded.	
Chiropractic Limit/Copay	38/\$20		38/0% after Ded.		12/\$20		12/0% after Ded.	
Rx Copay	Saver Rx		ABC Rx		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.	
<b>Total Monthly Costs</b>	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	3	\$680.63	1	\$573.99	4	\$468.90	4	\$375.10
Two Person (2P)	3	\$1,529.08	1	\$1,288.91	4	\$1,114.85	4	\$889.75
Family (FF)	14	\$1,906.14	5	\$1,607.27	19	\$1,391.70	19	\$1,110.30
<b>Total Annual Premium</b>	20	\$399,781	7	\$118,791	27	\$393,327	27	\$313,861
<b>Combined Current Lives</b>	27		< TOTALS					
<b>Combined Annual Premium</b>	\$518,572		< TOTALS					
<b>Total Costs</b>					PEPM	Annual	PEPM	Annual
<b>Estimated Annual Cost</b>	\$518,572		<Totals		\$393,327		\$313,861	
<b>Estimated Savings/(Increase) \$</b>					\$125,245.21		\$204,711.12	
<b>Estimated Difference %</b>					24.2%		39.5%	

\*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.

\*BCBSM quoted rates do not include commissions paid to SET SEG. Fees for SET SEG services are addressed in a separate agreement. BCBSM rates may change based on final BCBSM underwriting guidelines, actual group enrollment and participation.

\*Proposed rates include \$7.50 enrollment and billing service fee.

\*MESSA rates include estimated taxes and fees.