



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
Support Staff
Assumed Effective Date: 7/1/2016

Plan	CURRENT PLAN Support Staff enrolled in Choices Plan MESSA \$500-0%; Saver Rx		CURRENT PLAN Support Staff enrolled in ABC Plan MESSA ABC Plan 2 \$2000-0%; ABC Rx		Option 1 BCBSM SB PPO \$500-20%; \$15/\$50/50% or \$70 max of \$100 Rx		Option 2 BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx		Option 3 BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx		Option 4 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	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	
Deductible												
Annual Deductible - 1P	\$500	\$2,000	\$500	\$1,300	\$1,300	\$2,000						
Annual Deductible - 2P/FF	\$1,000	\$4,000	\$1,000	\$2,600	\$2,600	\$4,000						
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%	0%	20%	0%	20%	0%						
Coinsurance Max - 1P	\$0	\$0	\$2,500	\$0	\$0	\$0						
Coinsurance Max - 2P/FF	\$0	\$0	\$5,000	\$0	\$0	\$0						
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	\$1,500	\$3,000	\$6,350	\$2,250	\$2,250	\$3,000						
Max ded, coinsurance, copays - 2P/FF	\$3,000	\$6,000	\$12,700	\$4,500	\$4,500	\$6,000						
Copayments												
Office Visit/Specialist	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	20% after Ded.	0% after Ded.						
Urgent Care/ER	\$25/\$50	0% after Ded.	\$20/\$150	0% after Ded.	20% after Ded.	0% after Ded.						
Chiropractic Limit/Copay	38/\$20	38/0% after Ded.	12/\$20	12/0% after Ded.	12/20% after Ded.	12/0% after Ded.						
Rx Copay	Saver Rx	ABC Rx	\$15/\$50/50% or \$70 max \$100	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.						
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	6	\$680.84	0	\$574.10	6	\$710.81	6	\$683.50	6	\$619.52	6	\$601.66
Two Person (2P)	7	\$1,529.33	0	\$1,289.16	7	\$1,705.95	7	\$1,640.39	7	\$1,486.86	7	\$1,443.99
Family (FF)	9	\$1,906.43	1	\$1,607.56	10	\$2,132.44	10	\$2,050.48	10	\$1,858.56	10	\$1,804.99
Total Annual Premium	22	\$383,379	1	\$19,291	23	\$450,371	23	\$433,062	23	\$392,529	23	\$381,214
Combined Current Lives	23		< TOTALS									
Combined Annual Premium	\$402,669		< TOTALS									
Total Costs					PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$402,669		<Totals			\$450,371		\$433,062		\$392,529		\$381,214
Estimated Savings/(Increase) \$						(\$47,701.60)		(\$30,393.03)		\$10,140.11		\$21,455.44
Estimated Difference %						-11.8%		-7.5%		2.5%		5.3%

*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 do not include enrollment and billing service fee.

*MESSA rates include estimated taxes and fees.



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Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Support Staff enrolled in Choices Plan	Census 6	Census 7	Census 9	22	
MESSA \$500-0%; Saver Rx	Rate \$680.84	Rate \$1,529.33	Rate \$1,906.43		\$383,379
Support Staff enrolled in ABC Plan	Census		1	1	
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate \$574.10	Rate \$1,289.16	Rate \$1,607.56		\$19,291
TOTALS:	6	7	10	23	\$402,669

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	\$1,979	\$2,474	\$522,452	-\$119,782
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$730	\$1,752	\$2,190	\$462,471	-\$59,801
BCBSM SB PPO \$500-20%; \$15/\$50/50% or \$70 max of \$100 Rx	\$711	\$1,706	\$2,132	\$450,371	-\$47,702
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$673	\$1,616	\$2,020	\$426,680	-\$24,011
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$683	\$1,640	\$2,050	\$433,062	-\$30,393
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$620	\$1,487	\$1,859	\$392,529	\$10,140
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$602	\$1,444	\$1,805	\$381,214	\$21,455
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$551	\$1,322	\$1,652	\$348,906	\$53,764

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