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

| CHRRENT PLAN                         |   |                  | Option 1                         |                           |
|--------------------------------------|---|------------------|----------------------------------|---------------------------|
|                                      | All Employees Enrolled MESSA ABC Plan 2 | \$2000-0% ABC Rx |                                  |                           |
|                                      |   |                  | BCN HMO 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                      |                  | 7/1/2017-6/30/2018               |                           |
| Purchased Plan Features              | In Network                              |                  | In Network                       |                           |
| Deductible                           |   |                  |                                  |                           |
| Annual Deductible - 1P               | \$2,000                                 |                  | \$2700 (embedded)                |                           |
| Annual Deductible - 2P/FF            | \$4,000                                 |                  | \$5400 (embedded)                |                           |
| Additional Cost After Deductible     |   |                  |                                  |                           |
| mployee Coinsurance after Deductible | 0%                                      |                  | 0%                               |                           |
| oinsurance Max - 1P                  | \$0                                     |                  | \$0                              |                           |
| oinsurance Max - 2P/FF               | \$0                                     |                  | \$0                              |                           |
| out of Pocket Maximum                |   |                  |                                  |                           |
| /lax ded, coinsurance, copays - 1P   | \$3,000                                 |                  | \$5,000                          |                           |
| Nax ded, coinsurance, copays - 2P/FF | \$6,000                                 |                  | \$10,000                         |                           |
| Copayments                           |   |                  |                                  |                           |
| Office Visit/Specialist              | 0% after Ded.                           |                  | 0% after Ded.                    |                           |
| Jrgent Care/ER                       | 0% after Ded.                           |                  | 0% after Ded.                    |                           |
| hiropractic Limit/Copay              | 38/0% after Ded.                        |                  | 30/0% after Ded. (when referred) |                           |
| ах Сорау                             | ABC Rx                                  |                  |                                  | 0/20%/20% after Ded       |
| otal Monthly Costs                   |   | ates             | Census                           | Rates                     |
| ne Person (1P)                       | 1                                       | /8.34            | 10                               | \$400.26                  |
| wo Person (2P)                       |   | 99.41            | 12                               | \$950.14                  |
| amily (FF)                           |   | 16.66            | 39                               | \$1,185.79                |
| otal Annual Premium                  | 61 \$1,0                                | 13,113           | 61                               | \$739,800                 |
| otal Costs<br>stimated Annual Cost   | <u>(1012112</u>                         |                  | PEPM                             | Annual                    |
| .imated Savings/(Increase) \$        | \$1,013,113                             |                  |                                  | \$739,800<br>\$273,312.77 |
| stimated Difference %                |   |                  |                                  | 27.0%                     |
| stillated billetence //              |   |                  |                                  |                           |
| ne Person Cost Share                 |   |                  |                                  |                           |
| Ine Person Rate                      | \$578.34                                |                  |                                  | \$400.26                  |
| Ine Person Total                     | \$578.34                                |                  | \$400.26                         |                           |
| One Person PA 152 Cap                | \$528.73                                |                  | \$528.73                         |                           |
| One Person Monthly Cost              | \$49.61                                 |                  | -\$128.47                        |                           |
| wo Person Cost Share                 |   |                  |                                  |                           |
| wo Person Rate                       | \$1,299.41                              |                  | \$950.14                         |                           |
| wo Person Total                      | \$1,299.41                              |                  | \$950.14                         |                           |
| wo Person PA 152 Cap                 | \$1,105.74                              |                  | \$1,105.74                       |                           |
| Two Person Monthly Cost              |   |                  | -\$155.61                        |                           |
|                                      |   |                  |                                  |                           |
| amily Cost Share                     |   |                  |                                  |                           |
| amily Rate                           | \$1,616.66                              |                  | \$1,185.79                       |                           |
| amily Total                          | \$1,616.66                              |                  | \$1,185.79                       |                           |
| amily PA 152 Cap                     | \$1,442.00                              |                  | \$1,442.00                       |                           |
|                                      | Family Monthly Cost \$174.66            |                  | -\$256.21                        |                           |

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 guoted rates do not include commission. SET SEG has added 3% to the guoted rates to account for commission.

\* 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 Governme ...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.

SET SEG:

\*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.

BCN:

Sanilac ISD All Employ<sup>~</sup> Assumed Effective Date: 7/1/.

| Option 2   |  | Option 3   |  | Option 4  |  |  |
|--|--|--|--|---|--|--|
| Trute You  |  |  |  |   |  |  |
| BSM SB PPO HSA   | \$2000-0%; \$10/\$40/\$80 Rx                 | Priority Health PPO  | HSA \$2000-0%; \$10/\$40 Rx                  | McLaren HMO HSA   | \$2,000-0%; \$10/\$25/\$40 Rx                |  |
| 7/1/20   | 017-6/30/2018<br>n Network                   | 7/1/20   | 17-6/30/2018<br>Network                      | 7/1/2017-6/30/2018<br>In Network  |  |  |
|  | \$2,000<br>\$4,000                           |  | \$2,000<br>\$4,000                           | \$2,000<br>\$4,000  |  |  |
|  | 0%<br>\$0<br>\$0                             |  | 0%<br>\$0<br>\$0                             |   | 0%<br>\$0<br>\$0                             |  |
|  |  |  |  |   | ·  |  |
|  | \$3,000<br>\$6,000                           |  | \$3,000<br>\$6,000                           |   | \$4,000<br>\$8,000                           |  |
| 0% after Ded.<br>0% after Ded.<br>12/0% after Ded.<br>\$10/\$40/\$80 after Ded.  |  | 0% after Ded.<br>0% after Ded.<br>30/0% after Ded. (combined with PT and OT)<br>\$10/\$40 after Ded. |  | 0% after Ded.<br>0% after Ded.<br>Covered at 100% up to \$1500 per person per year<br>\$10/\$25/\$40 after Ded. |  |  |
| Census   | Rates  | Census   | Rates  | Census  | Rates  |  |
| 10<br>12   | \$453.61<br>\$1,078.16                       | 10<br>12   | \$512.00<br>\$1,140.81                       | 10<br>12  | \$445.76<br>\$992.13                         |  |
| 39   | \$1,345.83                                   | 39   | \$1,417.48                                   | 39  | \$1,232.31                                   |  |
| 61<br><b>PEPM</b>  | \$839,538                                    | 61   | \$889,097                                    | 61  | \$773,079                                    |  |
| PEPM   | Annual<br>\$839,538<br>\$173,574.74<br>17.1% | PEPM   | Annuaí<br>\$889,097<br>\$124,015.44<br>12.2% | PEPM  | Annual<br>\$773,079<br>\$240,033.72<br>23.7% |  |
|  | \$453.61                                     |  | \$512.00                                     |   | \$445.76                                     |  |
|  | \$453.61                                     | \$512.00   |  | \$445.76  |  |  |
| a second reaction of the second s | \$528.73                                     | \$528.73   |  | \$528.73  |  |  |
|  | -\$75.12                                     |  | -\$16.73                                     | -\$82.97  |  |  |
|  | \$1,078.16                                   | \$1,140.81   |  | \$992.13  |  |  |
|  | \$1,078.16                                   | \$1,140.81   |  | \$992.13  |  |  |
|  | 51,105.74                                    | \$1,105.74   |  | \$1,105.74<br>-\$113.61   |  |  |
|  | -\$27.58                                     |  | \$35.07                                      |   | -9112 <b>.</b> 01                            |  |
|  | 51,345.83                                    | \$1,417.48   |  | \$1,232.31  |  |  |
|  | \$1,345.83                                   |  | 1,417.48                                     | \$1,232.31  |  |  |
|  | \$1,442.00                                   |  |  | \$1,442.00  |  |  |
|  | -\$96.17                                     |  | -\$24.52                                     |   | \$209.69                                     |  |

n.axes and will be communicated to you as soon as they are known.