



PA 106 Summary
Cass City Public Schools
Effective Date: 1/1/2024

Renewal Plan(s) and Segment:		One Person	Two Person	Family		Total Census		Total Annual Cost
Admin and Support Staff with BCN	Census	6	4	6		16		
BCN - BCN HSA \$2000/0% HMO	Rate	\$580.15	\$1,392.35	\$1,740.44				\$233,915
Teachers with MESSA	Census	2		2		4		
MESSA - Choices \$500 PPO	Rate	\$916.26	\$2,061.58	\$2,565.52				\$83,563
Teachers with MESSA	Census	2	12	13		27		
MESSA - ABC 1 PPO	Rate	\$756.58	\$1,702.31	\$2,118.43				\$593,766
Teachers with MESSA	Census	2		7		9		
MESSA - ABC 2 PPO	Rate	\$611.45	\$1,375.76	\$1,712.06				\$158,488
	Totals:	12	16	28		56		\$1,069,731

Product Name		One Person Rate	Two Person Rate	Family Rate		Total Annual Cost	Estimated Annual Savings	% Change from Current
BCBSM - Simply Blue \$500 PPO		\$687.57	\$1,650.14	\$2,062.68		\$1,108,897	\$39,166	3.66%
BCBSM - Simply Blue HSA \$1600/0% PPO		\$639.78	\$1,535.47	\$1,919.33		\$1,031,833	-\$37,898	-3.54%
BCBSM - Simply Blue HSA \$2000/0% PPO		\$600.62	\$1,441.50	\$1,801.88		\$968,689	-\$101,043	-9.45%
BCN - HMO \$500/0% HMO		\$660.32	\$1,584.79	\$1,980.98		\$1,064,975	-\$4,756	-0.44%
BCN - BCN HSA \$1600/0% HMO		\$543.05	\$1,303.33	\$1,629.17		\$875,840	-\$193,892	-18.13%
BCN - BCN HSA \$2000/0% HMO		\$517.94	\$1,243.04	\$1,553.80		\$835,324	-\$234,408	-21.91%
BCN - Blue Elect Plus POS \$500 POS		\$570.67	\$1,369.63	\$1,712.03		\$920,388	-\$149,344	-13.96%
BCN - Blue Elect Plus HSA POS \$1600/0% POS		\$545.05	\$1,308.12	\$1,635.16		\$879,060	-\$190,671	-17.82%
BCN - Blue Elect Plus HSA POS \$2000/0% POS		\$520.12	\$1,248.29	\$1,560.36		\$838,850	-\$230,882	-21.58%
Priority Health - PPO		Declined to Quote						

Plan	Admin and Support Staff			All Employees		All Employees	
	BCN BCN HSA \$2000/0%			BCBSM Simply Blue HSA \$2000/0%		BCN Blue Elect Plus HSA POS \$2000/0%	
Effective Dates	1/1/2024 - 12/31/2024			1/1/2024 - 12/31/2024		1/1/2024 - 12/31/2024	
Provider Network	HMO			PPO		POS	
Annual Deductibles	In Network		Out of Network	In Network		Out of Network	Out of Network
Deductible - Single	\$2,000		NA	\$2,000		\$4,000	\$4,000
Deductible - Family	\$4,000		NA	\$4,000		\$8,000	\$8,000
Additional Cost After Deductible							
Coinsurance	0%		NA	0%		20%	20%
Coinsurance Maximum - Single	NA		NA	NA		NA	NA
Coinsurance Maximum - Family	NA		NA	NA		NA	NA
Out of Pocket Maximum							
Single	\$4,000		NA	\$4,000		\$8,000	\$8,000
Family	\$8,000		NA	\$8,000		\$16,000	\$16,000
Copayments							
Office Visit	0% after in network deductible		NA	0% after in network deductible		20% after out of network deductible	0% after in network deductible
Urgent Care	0% after in network deductible		NA	0% after in network deductible		20% after out of network deductible	0% after in network deductible
Emergency Room	0% after in network deductible		NA	0% after in network deductible		0% after in network deductible	0% after in network deductible
Rx	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300		NA	\$10/\$40/\$80 after in network deductible		\$10/\$40/\$80 plus 25% of approved amount	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300
Virtual Visits	0% after in network deductible		NA	0% after in network deductible		20% after out of network deductible	0% after in network deductible
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate
One Person (1P)	6	\$560.32	\$580.15	6	\$600.62	6	\$520.12
Two Person (2P)	4	\$1,344.77	\$1,392.35	4	\$1,441.50	4	\$1,248.29
Family (FF)	6	\$1,680.96	\$1,740.44	6	\$1,801.88	6	\$1,560.36
Total Monthly Premium		\$18,826.76	\$19,492.94		\$20,181.00		\$17,476.04
Total Annual Premium	16	\$225,921	\$233,915	16	\$242,172	16	\$209,712
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap	
One Person - \$7,702.85	-\$61.75			-\$41.28		-\$121.78	
Two Person - \$16,109.06	\$49.93			\$99.08		-\$94.13	
Family - \$21,007.83	-\$10.21			\$51.23		-\$190.29	

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Plan	Teachers MESSA Choices \$500			All Employees BCBSM Simply Blue \$500		All Employees BCN Blue Elect Plus POS \$500	
Effective Dates	1/1/2024 - 12/31/2024			1/1/2024 - 12/31/2024		1/1/2024 - 12/31/2024	
Provider Network	PPO			PPO		POS	
Annual Deductibles	In Network	Out of Network		In Network	Out of Network	In Network	Out of Network
Deductible - Single	\$500	\$1,000		\$500	\$1,000	\$500	\$1,000
Deductible - Family	\$1,000	\$2,000		\$1,000	\$2,000	\$1,000	\$2,000
Additional Cost After Deductible							
Coinurance	0%	20%		20%	40%	30%	50%
Coinurance Maximum - Single	NA	NA		\$2,500	\$5,000	\$4,500	\$9,000
Coinurance Maximum - Family	NA	NA		\$5,000	\$10,000	\$9,000	\$18,000
Out of Pocket Maximum							
Single	\$1,500	\$3,000		\$8,150	\$16,300	\$8,150	\$16,300
Family	\$3,000	\$6,000		\$16,300	\$32,600	\$16,300	\$32,600
Copayments							
Office Visit	\$20	20% after out of network deductible		\$20	40% after out of network deductible	\$30 office visit/\$50 specialist	NA
Urgent Care	\$25	20% after out of network deductible		\$20	40% after out of network deductible	\$50	\$50
Emergency Room	\$50	\$50		\$150	\$150	\$250	\$250
Rx	\$10/\$20	\$10/\$20		\$10/\$40/\$80	\$10/\$40/\$80 plus 25% of approved amount	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA
Virtual Visits	\$20	20% after out of network deductible		\$20	40% after out of network deductible	\$30	50% after out of network deductible
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate
One Person (1P)	2	\$854.76	\$916.26	2	\$687.57	2	\$570.67
Two Person (2P)		\$1,923.21	\$2,061.58	0	\$1,650.14	0	\$1,369.63
Family (FF)	2	\$2,393.33	\$2,565.52	2	\$2,062.68	2	\$1,712.03
Total Monthly Premium		\$6,496.18	\$6,963.56		\$5,500.50		\$4,565.40
Total Annual Premium	4	\$77,954	\$83,563	4	\$66,006	4	\$54,785
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap	
One Person - \$7,702.85	\$274.36			\$45.67		-\$71.23	
Two Person - \$16,109.06	\$719.16			\$307.72		\$27.21	
Family - \$21,007.83	\$814.87			\$312.03		-\$38.62	

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Plan	Teachers MESSA ABC 1			All Employees BCBSM Simply Blue HSA \$1600/0%		All Employees BCN Blue Elect Plus HSA POS \$1600/0%	
Effective Dates	1/1/2024 - 12/31/2024			1/1/2024 - 12/31/2024		1/1/2024 - 12/31/2024	
Provider Network	PPO			PPO		POS	
Annual Deductibles	In Network	Out of Network		In Network	Out of Network	In Network	Out of Network
Deductible - Single	\$1,600	\$3,200		\$1,600	\$3,200	\$1,600	\$3,200
Deductible - Family	\$3,200	\$6,400		\$3,200	\$6,400	\$3,200	\$6,400
Additional Cost After Deductible							
Coinurance	0%	20%		0%	20%	0%	20%
Coinurance Maximum - Single	NA	NA		NA	NA	NA	NA
Coinurance Maximum - Family	NA	NA		NA	NA	NA	NA
Out of Pocket Maximum							
Single	\$2,400	\$4,800		\$4,000	\$8,000	\$4,000	\$8,000
Family	\$4,800	\$9,600		\$8,000	\$16,000	\$8,000	\$16,000
Copayments							
Office Visit	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	NA
Urgent Care	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible
Emergency Room	0% after in network deductible	0% after in network deductible		0% after in network deductible	0% after in network deductible	0% after in network deductible	0% after in network deductible
Rx	ABC RX	ABC RX		\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA
Virtual Visits	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate
One Person (1P)	2	\$705.80	\$756.58	2	\$639.78	2	\$545.05
Two Person (2P)	12	\$1,588.05	\$1,702.31	12	\$1,535.47	12	\$1,308.12
Family (FF)	13	\$1,976.25	\$2,118.43	13	\$1,919.33	13	\$1,635.16
Total Monthly Premium		\$46,159.45	\$49,480.47		\$44,656.49		\$38,044.62
Total Annual Premium	27	\$553,913	\$593,766	27	\$535,878	27	\$456,535
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap	
One Person - \$7,702.85	\$114.68			-\$2.12		-\$96.85	
Two Person - \$16,109.06	\$359.89			\$193.05		-\$34.30	
Family - \$21,007.83	\$367.78			\$168.68		-\$115.49	

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Plan	Teachers MESSA ABC 2			All Employees BCBSM Simply Blue HSA \$2000/0%		All Employees BCN Blue Elect Plus HSA POS \$2000/0%	
Effective Dates	1/1/2024 - 12/31/2024			1/1/2024 - 12/31/2024		1/1/2024 - 12/31/2024	
Provider Network	PPO			PPO		POS	
Annual Deductibles	In Network	Out of Network		In Network	Out of Network	In Network	Out of Network
Deductible - Single	\$2,000	\$4,000		\$2,000	\$4,000	\$2,000	\$4,000
Deductible - Family	\$4,000	\$8,000		\$4,000	\$8,000	\$4,000	\$8,000
Additional Cost After Deductible							
Coinsurance	0%	20%		0%	20%	0%	20%
Coinsurance Maximum - Single	NA	NA		NA	NA	NA	NA
Coinsurance Maximum - Family	NA	NA		NA	NA	NA	NA
Out of Pocket Maximum							
Single	\$3,000	\$6,000		\$4,000	\$8,000	\$4,000	\$8,000
Family	\$6,000	\$12,000		\$8,000	\$16,000	\$8,000	\$16,000
Copayments							
Office Visit	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	NA
Urgent Care	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible
Emergency Room	0% after in network deductible	0% after in network deductible		0% after in network deductible	0% after in network deductible	0% after in network deductible	0% after in network deductible
Rx	3 Tier Mail	3 Tier Mail		\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA
Virtual Visits	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate
One Person (1P)	2	\$570.41	\$611.45	2	\$600.62	2	\$520.12
Two Person (2P)		\$1,283.42	\$1,375.76	0	\$1,441.50	0	\$1,248.29
Family (FF)	7	\$1,597.15	\$1,712.06	7	\$1,801.88	7	\$1,560.36
Total Monthly Premium		\$12,320.87	\$13,207.32		\$13,814.40		\$11,962.76
Total Annual Premium	9	\$147,850	\$158,488	9	\$165,773	9	\$143,553
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap	
One Person - \$7,702.85	-\$30.45			-\$41.28		-\$121.78	
Two Person - \$16,109.06	\$33.34			\$99.08		-\$94.13	
Family - \$21,007.83	-\$38.59			\$51.23		-\$190.29	

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