



PA 106 Summary
Houghton Lake Community Schools
Effective Date: 8/1/2023

Renewal Plan(s) and Segment:		One Person	Two Person	Family	Total Census	Total Annual Cost
All Employees with MESSA	Census	18	16	39	73	
MESSA - ABC 1 PPO	Rate	\$711.03	\$1,599.82	\$1,990.89		\$1,392,484
All Employees with MESSA	Census	1	1	5	7	
MESSA - ABC 2 PPO	Rate	\$628.24	\$1,413.54	\$1,759.08		\$130,046
	Totals:	19	17	44	80	\$1,522,531

Product Name	One Person Rate	Two Person Rate	Family Rate	Total Annual Cost	Estimated Annual Savings	% Change from Current
BCBSM - Simply Blue HSA \$1500/0% PPO	\$620.88	\$1,490.12	\$1,862.64	\$1,429,019	-\$93,512	-6.14%
BCBSM - Simply Blue HSA \$2000/0% PPO	\$575.36	\$1,380.86	\$1,726.08	\$1,324,248	-\$198,283	-13.02%
BCN - BCN HSA \$1500/0% HMO	\$528.02	\$1,267.26	\$1,584.07	\$1,215,299	-\$307,232	-20.18%
BCN - BCN HSA \$2000/0% HMO	\$497.12	\$1,193.08	\$1,491.35	\$1,144,164	-\$378,366	-24.85%
BCN - Blue Elect Plus HSA POS \$1500/0% POS	\$529.97	\$1,271.92	\$1,589.90	\$1,219,772	-\$302,759	-19.89%
BCN - Blue Elect Plus HSA POS \$2000/0% POS	\$499.24	\$1,198.19	\$1,497.73	\$1,149,059	-\$373,472	-24.53%
Priority Health - HSA \$1500/0% PPO	Declined to Quote					

Plan	All Employees MESSA ABC 1		All Employees BCBSM Simply Blue HSA \$1500/0%		All Employees BCN Blue Elect Plus HSA POS \$1500/0%	
	Effective Dates	1/1/2023 - 12/31/2023		8/1/2023 - 7/31/2024		8/1/2023 - 7/31/2024
Provider Network	PPO		PPO		POS	
Annual Deductibles	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible - Single	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
Deductible - Family	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
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	\$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	Renewal Rate	Census	Rate	Census	Rate
One Person (1P)	18	\$711.03	18	\$620.88	18	\$529.97
Two Person (2P)	16	\$1,599.82	16	\$1,490.12	16	\$1,271.92
Family (FF)	39	\$1,990.89	39	\$1,862.64	39	\$1,589.90
Total Monthly Premium		\$116,040.37		\$107,660.72		\$91,896.28
Total Annual Premium	73	\$1,392,484	73	\$1,291,929	73	\$1,102,755
PA 152 Annual Hard Cap	Monthly Cost to Cap		Monthly Cost to Cap		Monthly Cost to Cap	
One Person - \$7,399.47	\$94.41		\$4.26		-\$86.65	
Two Person - \$15,474.60	\$310.27		\$200.57		-\$17.63	
Family - \$20,180.43	\$309.19		\$180.94		-\$91.80	

Disclaimer: This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully demonstrate benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Plan	All Employees MESSA ABC 2		All Employees BCBSM Simply Blue HSA \$2000/0%		All Employees BCN Blue Elect Plus HSA POS \$2000/0%	
	Effective Dates	1/1/2023 - 12/31/2023		8/1/2023 - 7/31/2024		8/1/2023 - 7/31/2024
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	Renewal Rate	Census	Rate	Census	Rate
One Person (1P)	1	\$628.24	1	\$575.36	1	\$499.24
Two Person (2P)	1	\$1,413.54	1	\$1,380.86	1	\$1,198.19
Family (FF)	5	\$1,759.08	5	\$1,726.08	5	\$1,497.73
Total Monthly Premium		\$10,837.18		\$10,586.62		\$9,186.08
Total Annual Premium	7	\$130,046	7	\$127,039	7	\$110,233
PA 152 Annual Hard Cap	Monthly Cost to Cap		Monthly Cost to Cap		Monthly Cost to Cap	
One Person - \$7,399.47		\$11.62		-\$41.26		-\$117.38
Two Person - \$15,474.60		\$123.99		\$91.31		-\$91.36
Family - \$20,180.43		\$77.38		\$44.38		-\$183.97

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