



**Medical Rate Summary**  
**Onekama Consolidated Schools**  
**All Employees**

Assumed Effective Date: 10/1/2014

| Current Plan(s) and Segment:                        |               | 1P       | 2P         | FF         | Total Cost       |
|---|---------------|----------|------------|------------|------------------|
| <b>Administrators and Support Staff</b>             |               |          |            |            |                  |
| Priority Health POS 1250 HSA; 0%; 10/40/40/40/40 Rx | <b>Census</b> | 2        | 1          | 3          |                  |
|   | <b>Rate</b>   | \$534.65 | \$1,176.23 | \$1,470.28 | \$79,876         |
| <b>Teachers - MESSA ABC Plan 1</b>                  |               |          |            |            |                  |
| MESSA ABC Plan 1 1250-0% Ded; ABC Rx                | <b>Census</b> | 2        |            | 3          |                  |
|   | <b>Rate</b>   | \$463.08 | \$1,040.06 | \$1,293.92 | \$57,695         |
| <b>Teachers - MESSA Choices Plan</b>                |               |          |            |            |                  |
| MESSA Choices 500/1000 Ded; 20 OV; 10/20 Rx         | <b>Census</b> | 1        | 7          | 3          |                  |
|   | <b>Rate</b>   | \$547.73 | \$1,230.53 | \$1,530.96 | \$165,052        |
| <b>TOTALS:</b>                                      |               | <b>5</b> | <b>8</b>   | <b>9</b>   | <b>\$302,623</b> |

| Product Name   | Monthly Premium                              | Total Annual Cost | Estimated Annual Savings |
|--|--|-------------------|--------------------------|
| <b>BCBSM Plan Options</b>  |  |                   |                          |
| BCBSM SB PPO Gold \$500 Ded; 20%; \$15/\$50/50%/20%/25% Rx               | \$24,846                                     | \$298,147         | \$4,476                  |
| BCBSM SB PPO Gold \$1000 Ded; 20%; \$15/\$50/50%/20%/25% Rx              | \$23,718                                     | \$284,612         | \$18,012                 |
| BCBSM SB PPO HSA Gold \$1300 Ded; 20%; \$10/\$40/\$80/15%/25% Rx         | \$23,233                                     | \$278,797         | \$23,826                 |
| <b>Priority Health Plan Options</b>                                      |  |                   |                          |
| Priority Health POS Gold \$500 Ded; 20%; \$10/\$40/\$40/\$40/\$40 Rx     | \$23,060                                     | \$276,724         | \$25,899                 |
| Priority Health POS Gold \$500 Ded; 20%; \$15/\$50/\$80/20%/20% Rx       | \$23,201                                     | \$278,407         | \$24,217                 |
| Priority Health POS Gold \$1000 Ded; 20%; \$15/\$50/\$80/20%/20% Rx      | \$22,114                                     | \$265,369         | \$37,254                 |
| Priority Health POS HSA Gold \$1250 Ded; 0%; \$10/\$40/\$40/\$40/\$40 Rx | \$22,735                                     | \$272,821         | \$29,802                 |
| Priority Health POS HSA Gold \$1250 Ded; 0%; \$20/\$60/\$80/20%/20% Rx   | \$22,565                                     | \$270,778         | \$31,846                 |
| <b>Aetna Plan Options</b>  | Aetna declined to quote                      |                   |                          |
| <b>MESSA Plan Options</b>  | MESSA did not provide an all employees quote |                   |                          |
| <b>BCBSM:</b>  |  |                   |                          |

\*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.

| Product Name | Monthly Premium | Total Annual<br>Cost | Estimated<br>Annual<br>Savings |
|--------------|-----------------|----------------------|--------------------------------|
|--------------|-----------------|----------------------|--------------------------------|

**Priority Health:**

\*Priority Health proposed rates include all state and federal fees and taxes, including, but not limited to, the Michigan Health Insurance Claims Assessment and PPACA fees and taxes. Rates and fees will be adjusted as necessary to incorporate additional assessments or taxes and will be communicated to you as soon as they are known.

\*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.



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

**Medical Plan Comparison**  
**Onekama Consolidated Schools**  
**All Employees**

|   | <b>CURRENT PLAN</b>  | <b>CURRENT PLAN</b>                         | <b>CURRENT PLAN</b>                                | <b>Option 1</b>   | <b>Option 2</b>   |
|---|--|---|--|---|---|
|   | <b>Administrators and Support Staff</b>                    | <b>Teachers - MESSA ABC Plan 1</b>          | <b>Teachers - MESSA Choices Plan</b>               | <b>Priority Health POS Gold \$500 Ded; 20%; \$10/\$40/\$40/\$40/\$40 Rx</b> | <b>Priority Health POS HSA Gold \$1250 Ded; 0%; \$10/\$40/\$40/\$40/\$40 Rx</b> |
| <b>Carrier</b>                          | <b>Priority Health POS 1250 HSA; 0%; 10/40/40/40/40 Rx</b> | <b>MESSA ABC Plan 1 1250-0% Ded; ABC Rx</b> | <b>MESSA Choices 500/1000 Ded; 20 OV; 10/20 Rx</b> | <b>Priority Health</b>  | <b>Priority Health</b>  |
| <b>Rate Period</b>                      | <b>10/1/2014-9/30/2015</b>                                 | <b>7/1/2014-6/30/2015</b>                   | <b>7/1/2014-6/30/2015</b>                          | <b>10/1/2014-9/30/2015</b>  | <b>10/1/2014-9/30/2015</b>  |
| <b>Purchased Plan Features</b>          | <b>In Network</b>  | <b>In Network</b>                           | <b>In Network</b>                                  | <b>In Network</b>   | <b>In Network</b>   |
| <b>Deductible</b>                       |  |   |  |   |   |
| Annual Deductible 1P                    | \$1,250  | \$1,250                                     | \$500  | \$500   | \$1,250   |
| Annual Deductible 2P/FF                 | \$2,500  | \$2,500                                     | \$1,000  | \$1,000   | \$2,500   |
| <b>Additional Cost After Deductible</b> |  |   |  |   |   |
| Coinsurance % after Deductible          | 0%   | 0%  | 0%   | 20%   | 0%  |
| Coinsurance \$ Limit after Ded - 1P     | \$750  | \$1,000                                     | \$1,000  | \$4,000   | \$750   |
| Coinsurance \$ Limit after Ded - 2P/FF  | \$1,500  | \$2,000                                     | \$2,000  | \$8,000   | \$1,500   |
| <b>Maximum Out of Pocket Cost</b>       |  |   |  |   |   |
| Max \$ Out of Pocket - 1P               | \$2,000  | \$2,250                                     | \$1,500  | \$4,500   | \$2,000   |
| Max \$ Out of Pocket - 2P/FF            | \$4,000  | \$4,500                                     | \$3,000  | \$9,000   | \$4,000   |
| <b>Copayments</b>                       |  |   |  |   |   |
| Office Visit/Specialist                 | 0%/0%  | 0%/0%                                       | \$20/\$20  | \$15/\$30   | 0%/0%   |
| Urgent Care/ER                          | 0%/50  | 0%/0%                                       | \$25/\$50  | \$75/\$150  | 0%/0%   |
| Chiropractic, Visit Limit/Copay         | 30/0% (PT & OT combined)                                   | 38/\$0                                      | 38/\$0   | 30/\$15 (PT & OT combined)  | 30/0% (PT & OT combined)  |
| Rx Copay                                | \$10/\$40/\$40/\$40/\$40 Rx                                | ABC Rx                                      | \$10/\$20  | \$10/\$40/\$40/\$40/\$40 Rx   | \$10/\$40/\$40/\$40/\$40 Rx   |
| <b>Purchased Plan Rates - Medical</b>   | <b>Census Rates</b>  | <b>Census Rates</b>                         | <b>Census Rates</b>                                | <b>Census Monthly Cost</b>  | <b>Census Monthly Cost</b>  |
| Monthly Premium                         | 2 \$534.65<br>1 \$1,176.23<br>3 \$1,470.28                 | 2 \$463.08<br>0 \$1,040.06<br>3 \$1,293.92  | 1 \$547.73<br>7 \$1,230.53<br>3 \$1,530.96         | 5<br>8 \$23,060.35<br>9   | 5<br>8 \$22,735.07<br>9   |
| <b>Required Employer Contribution</b>   |  |   |  |   |   |
| <b>Total Annual Premium</b>             | 6 \$79,876   | 5 \$57,695                                  | 11 \$165,052                                       | 22 \$276,724  | 22 \$272,821  |
| <b>Combined Annual Premium</b>          | \$302,623  | < TOTALS                                    | < TOTALS   |   |   |
| <b>Total Costs</b>                      |  |   |  | <b>PEPM Annual</b>  | <b>PEPM Annual</b>  |
| <b>Estimated Annual Cost</b>            | \$302,623  | <Totals                                     | <Totals  | \$276,724   | \$272,821   |
| <b>Estimated Savings/(Increase) \$</b>  |  |   |  | \$25,899.12   | \$29,802.48   |
| <b>Estimated Difference %</b>           |  |   |  | 8.6%  | 9.8%  |

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