



Medical Rate Summary
Onekama Consolidated Schools
All Employees
 Assumed Effective Date: 7/1/2017

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Administrators and Support Staff	Census 1	1	4	6	
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate \$573.31	\$1,288.06	\$1,602.56		\$99,259
Teachers Enrolled in MESSA ABC Plan 1	Census 4	3	7	14	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate \$612.49	\$1,376.22	\$1,712.27		\$222,774
Teachers Enrolled in MESSA Choices Plan	Census	2		2	
MESSA \$500-0%; \$10/\$20 Rx	Rate \$734.04	\$1,649.72	\$2,052.61		\$39,593
TOTALS:	5	6	11	22	\$361,627

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans	did not provide quotes as requested				
BCBSM Small Group HSA Plans					
Simply Blue HSA PPO Gold \$1300	\$536	\$1,120	\$1,461	\$305,698	\$55,928
Simply Blue HSA PPO Gold \$1450	\$552	\$1,155	\$1,506	\$315,085	\$46,542
Simply Blue HSA PPO Gold \$2700 (\$700)	\$487	\$1,019	\$1,329	\$278,142	\$83,485
BCBSM Small Group PPO Plans					
Simply Blue PPO Gold \$500	\$567	\$1,186	\$1,547	\$323,661	\$37,966
Simply Blue PPO Gold \$1000	\$547	\$1,143	\$1,491	\$311,950	\$49,677
BCN Small Group HMO Plans					
BCN HMO Platinum \$500	\$597	\$1,249	\$1,629	\$340,850	\$20,776
BCN HMO Gold \$1000	\$511	\$1,068	\$1,393	\$291,482	\$70,144

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN Small Group HSA Plans					
BCN HSA HMO Gold \$1300	\$480	\$1,004	\$1,310	\$273,979	\$87,648
BCN HSA HMO Gold \$1450	\$503	\$1,053	\$1,373	\$287,211	\$74,416
BCN HSA HMO Gold \$2700 (\$700)	\$433	\$905	\$1,181	\$247,011	\$114,616
Priority Health Small Group Options					
Priority Health POS 250-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$661	\$1,383	\$1,804	\$377,313	-\$15,686
Priority Health POS 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$580	\$1,212	\$1,581	\$330,688	\$30,938
Priority Health POS 1000-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$555	\$1,162	\$1,515	\$316,899	\$44,728
Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$537	\$1,123	\$1,465	\$306,439	\$55,188
Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	\$539	\$1,126	\$1,469	\$307,329	\$54,297
Priority Health POS HSA 1685-20%; \$20/\$20/\$60/\$80/20%/20% Rx	\$478	\$1,000	\$1,305	\$272,928	\$88,699
Priority Health POS HSA 2000-0%; \$10/\$10/\$40/\$80/20%/20% Rx	\$506	\$1,059	\$1,381	\$288,870	\$72,757

MESSA:

*MESSA rates include taxes and fees.

BCBSM/BCN:

*BCBSM/BCN 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/BCN quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

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

*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG



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

Onekama Consolidated Schools
All Employees
Assumed Effective Date: 7/1/2017
Option 3

Plan	CURRENT PLAN Administrators and Support Staff MESSA ABC Plan 2 \$2000-0%; ABC Rx		CURRENT PLAN Teachers Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx		CURRENT PLAN Teachers Enrolled in MESSA Choices Plan MESSA \$500-0%; \$10/\$20 Rx		Option 1	Option 2	Option 3	
	MESSA ABC Plan 2 \$2000-0%; ABC Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA \$500-0%; \$10/\$20 Rx		Simply Blue PPO Gold \$500	Simply Blue HSA PPO Gold \$1450	Simply Blue HSA PPO Gold \$1300	
Rate Period	7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-12/31/2018		7/1/2017-6/30/2018	7/1/2017-6/30/2018	7/1/2017-6/30/2018	
Purchased Plan Features	In Network		In Network		In Network		In Network	In Network	In Network	
Deductible										
Annual Deductible - 1P	\$2,000		\$1,300		\$500		\$500	\$1,450	\$1,300	
Annual Deductible - 2P/FF	\$4,000		\$2,600		\$1,000		\$1,000	\$2,900	\$2,600	
Additional Cost After Deductible										
Employee Coinsurance after Deductible	0%		0%		0%		20%	0%	20%	
Coinsurance Max - 1P	\$1,000		\$1,000		\$0		\$3,000	\$1,000	\$1,000	
Coinsurance Max - 2P/FF	\$2,000		\$2,000		\$0		\$6,000	\$2,000	\$2,000	
Out of Pocket Maximum										
Max ded, coinsurance, copays - 1P	\$3,000		\$2,300		\$1,500		\$6,600	\$2,450	\$2,300	
Max ded, coinsurance, copays - 2P/FF	\$6,000		\$4,600		\$3,000		\$13,200	\$4,900	\$4,600	
Copayments										
Office Visit/Specialist	0% after Ded.		0% after Ded.		\$20/\$20		\$20/\$40	0% after Ded.	20% after Ded.	
Urgent Care/ER	0% after Ded.		0% after Ded.		\$25/\$50		\$60/\$250	0% after Ded.	20% after Ded.	
Chiropractic Limit/Copay	38/0% after Ded.		38/0% after Ded.		38/0% (office visit copay may apply)		30/\$30 (combined with PT and OT)	30/0% after Ded. (combined with PT and OT)	30/20% after Ded. (combined with PT and OT)	
Rx Copay	ABC Rx		ABC Rx		\$10/\$20 Rx		\$15/\$50/50%/20%/25%	\$20/\$60/50%/20%/25% after Ded.	\$10/\$40/\$80/15%/25% after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	1	\$573.31	4	\$612.49	0	\$734.04	5	\$567.25	5	\$535.78
Two Person (2P)	1	\$1,288.06	3	\$1,376.22	2	\$1,649.72	6	\$1,186.30	6	\$1,120.46
Family (FF)	4	\$1,602.56	7	\$1,712.27	0	\$2,052.61	11	\$1,547.06	11	\$1,461.20
Total Annual Premium	6	\$99,259	14	\$222,774	2	\$39,593	22	\$323,661	22	\$315,085
Combined Current Lives	22		< TOTALS		< TOTALS					
Combined Annual Premium	\$361,627		< TOTALS		< TOTALS					
Total Costs							PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$361,627		<Totals		<Totals			\$323,661		\$315,085
Estimated Savings/(Increase) \$								\$37,965.91		\$55,928.45
Estimated Difference %								10.5%		15.5%
Single (annual amounts)										
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$6,879.72		\$7,349.88		\$8,808.48		\$6,807.02		\$6,626.69	
PA 152 Cap	\$6,344.80		\$6,344.80		\$6,344.80		\$6,344.80		\$6,344.80	
Amount Over/Under Hard Cap	\$534.92		\$1,005.08		\$2,463.68		\$462.22		\$281.89	
Two Person (annual amounts)										
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$15,456.72		\$16,514.64		\$19,796.64		\$14,235.63		\$13,858.40	
PA 152 Cap	\$13,268.93		\$13,268.93		\$13,268.93		\$13,268.93		\$13,268.93	
Amount Over/Under Hard Cap	\$2,187.79		\$3,245.71		\$6,527.71		\$966.70		\$589.47	
Family (annual amounts)										
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$19,230.72		\$20,547.24		\$24,631.32		\$18,564.72		\$18,072.79	
PA 152 Cap	\$17,304.02		\$17,304.02		\$17,304.02		\$17,304.02		\$17,304.02	
Amount Over/Under Hard Cap	\$1,926.70		\$3,243.22		\$7,327.30		\$1,260.70		\$768.77	

MESSA:

*MESSA rates include taxes and fees.

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 billings.

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

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

*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the