



Clare Public Schools

Medical Rate Summary

All Employees Options

Effective Date: July 1, 2018

Current Plan(s):	1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA Choices \$0-0%; \$5/\$10 Rx (AE Tch)	Census 1	0	0	1		
	Rate \$796.52	\$1,790.29	\$2,227.55		\$797	\$9,558
MESSA Choices \$200-0%; Saver Rx (Para/Sec.)	Census 8	5	2	15		
	Rate \$621.05	\$1,395.48	\$1,736.23		\$15,418	\$185,019
MESSA Choices \$300-0%; Saver Rx (Tch)	Census 11	6	39	56		
	Rate \$592.54	\$1,331.36	\$1,656.43		\$79,107	\$949,282
MESSA ABC PLAN 1 \$1,350-0%; ABC Rx (Tch)	Census 6	1	14	21		
	Rate \$501.38	\$1,126.24	\$1,401.18		\$23,751	\$285,012
MESSA ABC PLAN 1 \$1,350-0%; ABC Rx (Admin/CO)	Census 1	1	5	7		
	Rate \$501.38	\$1,126.24	\$1,401.18		\$8,634	\$103,602
MESSA ABC PLAN 1 \$1,350-0%; ABC Rx (Maintenance)	Census 1	0	0	1		
	Rate \$511.59	\$1,149.20	\$1,429.75		\$512	\$6,139
TOTALS:	28	13	60	101	\$128,218	\$1,538,614

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost	Estimated Annual Savings
PH POS \$200-0%; \$10/\$40/\$40/\$40/\$40 Rx	\$589.65	\$1,315.03	\$1,634.18	\$131,656.39	\$1,579,876.68	\$41,263
PH POS \$250-0%; \$10/\$40/\$40/\$40/\$40 Rx	\$585.80	\$1,306.38	\$1,623.15	\$130,774.34	\$1,569,292.08	\$30,678
PH POS \$250-10%; \$10/\$10/\$10/\$10/\$10 Rx	\$595.28	\$1,327.68	\$1,649.92	\$132,922.88	\$1,595,074.56	\$56,461
PH POS \$500-0%; \$10/\$40/\$40/\$40/\$40 Rx	\$571.05	\$1,273.24	\$1,582.18	\$127,472.32	\$1,529,667.84	-\$8,946
PH POS HSA \$1,350-0%; \$10/\$40/\$40/\$40/\$40 Rx	\$451.10	\$1,003.73	\$1,246.87	\$100,491.49	\$1,205,897.88	-\$332,716
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$613.54	\$1,461.45	\$1,824.83	\$145,667.74	\$1,748,012.88	\$209,399
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$619.01	\$1,474.57	\$1,841.24	\$146,975.94	\$1,763,711.31	\$225,098
BCBSM SB PPO \$1,350-20%; \$10/\$40/\$80 Rx	\$508.07	\$1,208.31	\$1,508.41	\$120,438.84	\$1,445,266.05	-\$93,348
BCBSM SF SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$607.34	\$1,446.55	\$1,806.22	\$144,183.78	\$1,730,205.33	\$191,592
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$613.14	\$1,460.47	\$1,823.60	\$145,570.23	\$1,746,842.76	\$208,229
BCBSM SF SB PPO HSA \$1,350-20%; \$10/\$40/\$80 Rx	\$500.22	\$1,189.45	\$1,484.85	\$118,559.92	\$1,422,719.06	-\$115,895

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	Current Plans						Option	Option	Option	Option
	MESSA @ MESSA Choices \$0-0%; \$5/\$10 Rx (AE Tch)	MESSA @ MESSA Choices \$200-0%; Saver Rx (Para/Sec.)	MESSA @ MESSA Choices \$300-0%; Saver Rx (Tch)	MESSA @ MESSA ABC PLAN 1 \$1,350-0%; ABC Rx (Tch)	MESSA @ MESSA ABC PLAN 1 \$1,350-0%; ABC Rx (Admin/CO)	MESSA @ MESSA ABC PLAN 1 \$1,350-0%; ABC Rx (Maintenance)	Priority Health @ PH POS \$500-0%; \$10/\$40/\$40/\$40/\$40 Rx	Priority Health @ PH POS HSA \$1,350-0%; \$10/\$40/\$40/\$40/\$40 Rx	Blue Cross Blue Shield of Michigan @ BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	Blue Cross Blue Shield of Michigan @ BCBSM SB PPO \$1,350-20%; \$10/\$40/\$80 Rx
Rate Period	1/1/2018 - 12/31/2018	1/1/2018 - 12/31/2018	1/1/2018 - 12/31/2018	1/1/2018 - 12/31/2018	1/1/2018 - 12/31/2018	1/1/2018 - 12/31/2018	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019
Benefits										
Deductible										
Individual	\$0	\$200	\$300	1,350	1,350	1,350	\$500	\$1,350	\$500	\$1,350
Family	\$0	\$400	\$600	\$2,700	\$2,700	\$2,700	\$1,000	\$2,700	\$1,000	\$2,700
Coinsurance	0% after Ded.	0% after Deductible	0% after Ded.	0%	0%	0% after Deductible	0% after deductible	0% after Deductible	20% after Deductible	20% after Deductible
Coinsurance Maximum										
Out-of-Pocket Maximum										
Individual	Medical: \$5,000/Prescription Drug: \$1,000	Medical: \$1,500/Prescription Drug: \$1,000	Medical: \$5,000/Prescription Drug: \$1,000	\$3,350	\$3,350	\$3,350	\$7,150	\$2,300	\$2,000	\$2,250
Family	Medical: \$10,000/Prescription Drug: \$2,000	Medical: \$3,000/Prescription Drug: \$2,000	Medical: \$10,000/Prescription Drug: \$2,000	\$6,650	\$6,650	\$6,650	\$14,300	\$4,600	\$4,000	\$4,500
Professional Services										
Office Visit	\$5 copay	\$10 copay	\$20 copay	0% after Deductible	0% after Deductible	0% after Deductible	\$10 copay	0% after Deductible	\$20 copay	20% after Deductible
Specialist Visit	\$5 copay	\$10 copay	\$20 copay	0% after Deductible	0% after Deductible	0% after Deductible	\$25 copay	0% after Deductible	\$20 copay	20% after Deductible
Chiropractic	Subject to Deductible and coinsurance (office visit copay may apply)/38 visits	Subject to Deductible and coinsurance (office visit copay may apply)/38 visits	Subject to Deductible and coinsurance (office visit copay may apply)/38 visits	0% after Deductible/38 visits per year	0% after Deductible/38 visits per year	0% after Deductible/38 visits per year	\$10 copay/30 visits per year	0% after Deductible/ 30 visits per year	\$20 copay/12 visits per year	20% after Deductible/12 visits per year
Emergency Services										
Urgent Care	\$10 copay	\$25 copay	\$25 copay	0% after Deductible	0% after Deductible	0% after Deductible	\$40 copay	0% after Deductible	\$20 copay	20% after Deductible
Emergency Room	\$25 copay	\$50 copay	\$50 copay	0% after Deductible	0% after Deductible	0% after Deductible	\$50 copay	0% after Deductible	\$150 copay	20% after Deductible
Prescription Drugs										
Preferred Generic										
Generic	\$5	Saver Rx	Saver Rx	ABC Rx	ABC Rx	ABC Rx	\$10 copay	\$10 after Deductible	\$10 copay	\$10 after Deductible
Preferred Brand	\$10	Saver Rx	Saver Rx	ABC Rx	ABC Rx	ABC Rx	\$40 copay	\$40 after Deductible	\$40 copay	\$40 after Deductible
Non-Preferred Brand		Saver Rx	Saver Rx	ABC Rx	ABC Rx	ABC Rx	\$40 copay	\$40 after Deductible	\$80 copay	\$80 after Deductible
Preferred Specialty							\$40 copay	\$40 after Deductible		
Non-Preferred Specialty							\$40 copay	\$40 after Deductible		
Rates										
Total Count										
Single	28 1	8	11	6	1	1	\$571.05	\$451.10	\$619.01	\$508.07
Two Person	13 0	5	6	1	1	0	\$1,273.24	\$1,003.73	\$1,474.57	\$1,208.31
Family	60 0	2	39	14	5	0	\$1,582.18	\$1,246.87	\$1,841.24	\$1,508.41
Combined Est. Monthly Premium				\$128,217.80			\$127,472.32	\$100,491.49	\$146,975.94	\$120,438.84
Combined Est. Annual Premium				\$1,538,613.60			\$1,529,667.84	\$1,205,897.88	\$1,763,711.31	\$1,445,266.05

Cost Share Analysis

One Person Cost Share										
One Person Rate	\$796.52	\$621.05	\$592.54	\$501.38	\$501.38	\$511.59	\$571.05	\$451.10	\$619.01	\$508.07
One Person PA 152 Cap	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$546.71	\$546.71	\$546.71	\$546.71
One Person Monthly Cost	\$267.79	\$92.32	\$63.81	-\$27.35	-\$27.35	-\$17.14	\$24.34	-\$95.61	\$72.30	-\$38.64
Two Person Cost Share										
Two Person Rate	\$1,790.29	\$1,395.48	\$1,331.36	\$1,126.24	\$1,126.24	\$1,149.20	\$1,273.24	\$1,003.73	\$1,474.57	\$1,208.31
Two Person PA 152 Cap	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,143.34	\$1,143.34	\$1,143.34	\$1,143.34
Two Person Monthly Cost	\$684.55	\$289.74	\$225.62	\$20.50	\$20.50	\$43.46	\$129.90	-\$139.61	\$331.23	\$64.97
Family Cost Share										
Family Rate	\$2,227.55	\$1,736.23	\$1,656.43	\$1,401.18	\$1,401.18	\$1,429.75	\$1,582.18	\$1,246.87	\$1,841.24	\$1,508.41
Family PA 152 Cap	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,491.03	\$1,491.03	\$1,491.03	\$1,491.03
Family Monthly Cost	\$785.55	\$294.23	\$214.43	-\$40.82	-\$40.82	-\$12.25	\$91.15	-\$244.16	\$350.21	\$17.38

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