



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

**Clare Public Schools  
All Employees  
Assumed Effective Date: 7/1/2021**

Plan	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN
	Administration; Central Office Staff; Teachers Enrolled in MESSA ABC \$1,400-0%	Teachers Enrolled in MESSA Choices \$300-0%	Teachers Enrolled in MESSA Choices \$500-0%	ACA GF Alt/Adult Ed Teachers	Maintenance	Secretary Paraprofessional
	MESSA ABC \$1,400-0%; ABC Rx	MESSA Choices \$300-0%; Saver Rx	MESSA Choices \$500-0%; Saver Rx	MESSA Choices \$300-0%; Saver Rx	MESSA ABC \$1,400-0%; ABC Rx	MESSA Choices \$200-0%; Saver Rx
<b>Rate Period</b>	1/1/21-12/31/21	1/1/21-12/31/21	1/1/21-12/31/21	1/1/21-12/31/21	1/1/21-12/31/21	1/1/21-12/31/21
<b>Purchased Plan Features</b>	In Network	In Network	In Network	In Network	In Network	In Network
<b>Deductible</b>						
Annual Deductible - 1P	\$1,400	\$300	\$500	\$300	\$1,400	\$200
Annual Deductible - 2P/FF	\$2,800	\$600	\$1,000	\$600	\$2,800	\$400
<b>Additional Cost After Deductible</b>						
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max - 2P/FF	N/A	N/A	N/A	N/A	N/A	N/A
<b>Out of Pocket Maximum</b>						
Max ded, coinsurance, copays - 1P	\$2,400	\$1,300	\$1,500	\$1,300	\$2,400	\$1,200
Max ded, coinsurance, copays - 2P/FF	\$4,800	\$2,600	\$3,000	\$2,600	\$4,800	\$2,400
<b>Copayments</b>						
Office Visit/Specialist	0% after Ded.	\$20/\$20	\$20/\$20	\$5/\$5	0% after Ded.	\$10/\$10
Urgent Care/ER	0% after Ded.	\$25/\$50	\$25/\$50	\$10/\$25	0% after Ded.	\$25/\$50
Chiropractic Limit/Copay	38/0% after Ded.	38/\$20	38/\$20	38/\$5	38/0% after Ded.	38/\$10
Rx Copay	\$10/\$40/\$40 Rx	\$10/\$40/\$40 Rx	\$10/\$40/\$40 Rx	\$10/\$40/\$40 Rx	\$10/\$40/\$40 Rx	\$10/\$40/\$40 Rx
<b>Total Monthly Costs</b>	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	7 \$508.43	10 \$601.16	1 \$569.49	1 \$619.25	1 \$513.62	8 \$630.14
Two Person (2P)	3 \$1,143.98	3 \$1,352.60	0 \$1,281.34	0 \$1,393.33	0 \$1,155.65	1 \$1,417.82
Family (FF)	27 \$1,423.61	13 \$1,683.24	19 \$1,594.57	1 \$1,733.92	1 \$1,438.14	1 \$1,764.40
<b>Total Annual Premium</b>	37 \$545,141	26 \$383,418	20 \$370,396	2 \$28,238	2 \$23,421	10 \$98,680
<b>Combined Current Lives</b>	97					
<b>Combined Annual Premium</b>	\$1,449,294					
<b>One Person Cost Share</b>						
One Person Rate	\$508.43	\$601.16	\$569.49	\$619.25	\$513.62	\$630.14
One Person PA 152 Cap	\$586.99	\$586.99	\$586.99	\$586.99	\$586.99	\$586.99
<b>One Person Monthly Cost</b>	<b>-\$78.56</b>	<b>\$14.17</b>	<b>-\$17.50</b>	<b>\$32.26</b>	<b>-\$73.37</b>	<b>\$43.15</b>
<b>Two Person Cost Share</b>						
Two Person Rate	\$1,143.98	\$1,352.60	\$1,281.34	\$1,393.33	\$1,155.65	\$1,417.82
Two Person PA 152 Cap	\$1,227.58	\$1,227.58	\$1,227.58	\$1,227.58	\$1,227.58	\$1,227.58
<b>Two Person Monthly Cost</b>	<b>-\$83.60</b>	<b>\$125.02</b>	<b>\$53.76</b>	<b>\$165.75</b>	<b>-\$71.93</b>	<b>\$190.24</b>
<b>Family Cost Share</b>						
Family Rate	\$1,423.61	\$1,683.24	\$1,594.57	\$1,733.92	\$1,438.14	\$1,764.40
Family PA 152 Cap	\$1,600.89	\$1,600.89	\$1,600.89	\$1,600.89	\$1,600.89	\$1,600.89
<b>Family Monthly Cost</b>	<b>-\$177.28</b>	<b>\$82.35</b>	<b>-\$6.32</b>	<b>\$133.03</b>	<b>-\$162.75</b>	<b>\$163.51</b>

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



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

**Clare Public Schools  
All Employees  
Assumed Effective Date: 7/1/2021**

Plan	Option 1 BCBSM SB PPO \$250-20%; \$2500 ECM; \$10/\$40/\$80 Rx		Option 2 BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx		Option 3 BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	
	Rate Period		Rate Period		Rate Period	
<b>Rate Period</b>	7/1/21 - 6/30/22		7/1/21 - 6/30/22		7/1/21 - 6/30/22	
<b>Purchased Plan Features</b>	In Network		In Network		In Network	
<b>Deductible</b>						
Annual Deductible - 1P	\$250		\$500		\$1,400	
Annual Deductible - 2P/FF	\$500		\$1,000		\$2,800	
<b>Additional Cost After Deductible</b>						
Employee Coinsurance after Deductible	20%		20%		0%	
Coinsurance Max - 1P	\$2,500		\$2,500		N/A	
Coinsurance Max - 2P/FF	\$5,000		\$5,000		N/A	
<b>Out of Pocket Maximum</b>						
Max ded, coinsurance, copays - 1P	\$8,150		\$8,150		\$4,000	
Max ded, coinsurance, copays - 2P/FF	\$16,300		\$16,300		\$8,000	
<b>Copayments</b>						
Office Visit/Specialist	\$20/\$20		\$20/\$20		0% after Ded.	
Urgent Care/ER	\$20/\$150		\$20/\$150		0% after Ded.	
Chiropractic Limit/Copay	12/\$20		12/\$20		12/0% after Ded.	
Rx Copay	\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.	
<b>Total Monthly Costs</b>	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	28	\$526.36	28	\$511.90	28	\$469.20
Two Person (2P)	7	\$1,263.27	7	\$1,228.53	7	\$1,126.08
Family (FF)	62	\$1,579.09	62	\$1,535.68	62	\$1,407.60
<b>Total Annual Premium</b>	97	\$1,457,818	97	\$1,417,740	97	\$1,299,493
<b>One Person Cost Share</b>						
One Person Rate	\$526.36		\$511.90		\$469.20	
One Person PA 152 Cap	\$586.99		\$586.99		\$586.99	
<b>One Person Monthly Cost</b>	<b>-\$60.63</b>		<b>-\$75.09</b>		<b>-\$117.79</b>	
<b>Two Person Cost Share</b>						
Two Person Rate	\$1,263.27		\$1,228.53		\$1,126.08	
Two Person PA 152 Cap	\$1,227.58		\$1,227.58		\$1,227.58	
<b>Two Person Monthly Cost</b>	<b>\$35.69</b>		<b>\$0.95</b>		<b>-\$101.50</b>	
<b>Family Cost Share</b>						
Family Rate	\$1,579.09		\$1,535.68		\$1,407.60	
Family PA 152 Cap	\$1,600.89		\$1,600.89		\$1,600.89	
<b>Family Monthly Cost</b>	<b>-\$21.80</b>		<b>-\$65.21</b>		<b>-\$193.29</b>	

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