



Woodhaven-Brownstown School District
All Employees 2016 Options
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
All Employees Enrolled in MESSA Choices \$500 Renewal Plan	Census	49	55	172	276	
MESSA \$500-0%; Saver Rx	Rate	\$613.10	\$1,377.20	\$1,715.45		\$4,810,146
All Employees Enrolled in MESSA ABC Plan 1 Renewal Plan	Census	11	5	36	52	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$552.07	\$1,239.90	\$1,544.58		\$814,525
	TOTALS:	60	60	208	328	\$5,624,672

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$517	\$1,161	\$1,446	\$4,816,895	\$807,776
MESSA \$1000-0%; Saver Rx	\$578	\$1,299	\$1,618	\$5,390,312	\$234,360
BCN HMO Conventional Plans					
BCN HMO \$500-10%; \$4/\$15/\$40/\$80/20%/20% Rx	\$571	\$1,369	\$1,712	\$5,668,764	-\$44,092
BCN HMO \$1500-20% - \$500 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$537	\$1,288	\$1,610	\$5,333,152	\$291,520
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$637	\$1,528	\$1,910	\$6,325,585	-\$700,914
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$591	\$1,419	\$1,774	\$5,875,617	-\$250,946
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$574	\$1,377	\$1,721	\$5,699,532	-\$74,861
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$526	\$1,261	\$1,577	\$5,222,179	\$402,493
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$505	\$1,213	\$1,516	\$5,022,268	\$602,404
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$467	\$1,120	\$1,400	\$4,637,301	\$987,371

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
HAP PPO Plans					
HAP PPO \$500-0%; \$10/\$40/\$80 Rx	\$572	\$1,285	\$1,599	\$5,327,055	\$297,617
HAP PPO \$500-20%; \$10/\$40/\$80 Rx	\$497	\$1,117	\$1,389	\$4,629,249	\$995,423
HAP PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$515	\$1,157	\$1,440	\$4,797,508	\$827,164
HAP PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$499	\$1,122	\$1,396	\$4,650,981	\$973,691
HAP PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$487	\$1,095	\$1,362	\$4,538,492	\$1,086,179
HAP HMO Plans					
HAP HMO \$500-20%; \$10/\$40/\$80 Rx	\$470	\$1,055	\$1,313	\$4,375,488	\$1,249,184
HAP HMO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$461	\$1,036	\$1,289	\$4,296,565	\$1,328,107
Aetna	Solicited and declined to quote				
PriorityHealth	Solicited and waiting for quote				

-MESSA renewal rates & proposed alternative rates include estimated blended taxes and fees for the 2016-2017 policy period.

-BCBSM, BCN, & HAP proposed 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 commissions paid to SET SEG. Fees for SET SEG services are addressed in a separate agreement. BCBSM/BCN rates may change based on final BCBSM/BCN underwriting guidelines, actual group enrollment and participation.

-Rates do not include SET SEG enrollment and billing service fee.

-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.

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Plan	RENEWAL PLAN		RENEWAL PLAN		Option 1		Option 2	
	All Employees Enrolled in MESSA Choices \$500 Renewal Plan		All Employees Enrolled in MESSA ABC Plan 1 Renewal Plan		HAP PPO \$500-0%; \$10/\$40/\$80 Rx		HAP PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	
	MESSA \$500-0%; Saver Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx					
Rate Period	7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017	
Purchased Plan Features	In Network		In Network		In Network		In Network	
Deductible								
Annual Deductible - 1P	\$500		\$1,300		\$500		\$1,300	
Annual Deductible - 2P/FF	\$1,000		\$2,600		\$1,000		\$2,600	
Additional Cost After Deductible								
Employee Coinsurance after Deductible	0%		0%		0%		0%	
Coinsurance Max - 1P	\$0		\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$0		\$0	
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$1,500		\$2,300		\$1,500		\$2,250	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$4,600		\$3,000		\$4,500	
Copayments								
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		\$25/\$50		0% after Ded.	
Chiropractic Limit/Copay	38/0% (office visit copay may apply)		38/0% after Ded.		20/\$20		20/0% after Ded.	
Rx Copay	Saver Rx		ABC Rx		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	49	\$613.10	11	\$552.07	60	\$571.87	60	\$515.10
Two Person (2P)	55	\$1,377.20	5	\$1,239.90	60	\$1,284.90	60	\$1,157.18
Family (FF)	172	\$1,715.45	36	\$1,544.58	208	\$1,598.63	208	\$1,439.69
Total Annual Premium	276	\$4,810,146	52	\$814,525	328	\$5,327,055	328	\$4,797,508
Combined Current Lives	328		< TOTALS					
Combined Annual Premium	\$5,624,672		< TOTALS					
One Person Cost Share								
One Person Rate	\$613.10		\$552.07		\$571.87		\$515.10	
One Person PA 152 Cap	\$511.84		\$511.84		\$511.84		\$511.84	
One Person Monthly Cost	\$101.26		\$40.23		\$60.03		\$3.26	
One Person Per Pay (26 Pays)	\$46.73		\$18.57		\$27.71		\$1.50	
Two Person Cost Share								
Two Person Rate	\$1,377.20		\$1,239.90		\$1,284.90		\$1,157.18	
Two Person PA 152 Cap	\$1,070.42		\$1,070.42		\$1,070.42		\$1,070.42	
Two Person Monthly Cost	\$306.78		\$169.48		\$214.48		\$86.76	
Two Person Per Pay (26 Pays)	\$141.59		\$78.22		\$98.99		\$40.04	
Family Cost Share								
Family Rate	\$1,715.45		\$1,544.58		\$1,598.63		\$1,439.69	
Family PA 152 Cap	\$1,395.94		\$1,395.94		\$1,395.94		\$1,395.94	
Family Monthly Cost	\$319.52		\$148.64		\$202.69		\$43.75	
Family Per Pay (26 Pays)	\$147.47		\$68.60		\$93.55		\$20.19	

- MESSA renewal rates include estimated blended taxes and fees for the 2016-2017 policy period.
- HAP proposed 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.
- Rates do not include SET SEG enrollment and billing service fee.
- Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.
- In some cases, select services may be subject to a percentage coinsurance cost share for the member. See benefit summaries for details.