



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

**Genesee School District
All Employees
Assumed Effective Date: 8/1/2019**

Plan	CURRENT PLAN		Option 1	Option 2	Option 3	Option 4	Option 5							
	Employees with Pak A	Employees with Pak C	BCN HMO HSA \$1350-0%; \$4/\$15/\$40/\$80/20%/20% Rx	BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	McLaren HMO HSA \$1350-0%; \$10/\$25/\$40 Rx	McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx							
Rate Period	1/1/19-12/31/19		8/1/19-7/31/20	8/1/19-7/31/20	8/1/19-7/31/20	7/1/2019-6/30/20	7/1/2019-6/30/20							
Purchased Plan Features	In Network		In Network	In Network	In Network	In Network	In Network							
Deductible														
Annual Deductible - 1P	\$1,350	\$2,000	\$1,350	\$1,350	\$2,000	\$1,350	\$2,000							
Annual Deductible - 2P/FF	\$2,700	\$4,000	\$2,700	\$2,700	\$4,000	\$2,700	\$4,000							
Additional Cost After Deductible														
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%	0%							
Coinsurance Max - 1P	\$0	\$0	\$0	\$0	\$0	\$0	\$0							
Coinsurance Max - 2P/FF	\$0	\$0	\$0	\$0	\$0	\$0	\$0							
Out of Pocket Maximum														
Max ded, coinsurance, copays - 1P	\$2,350	\$3,000	\$2,350	\$2,250	\$3,000	\$2,700	\$4,000							
Max ded, coinsurance, copays - 2P/FF	\$4,700	\$6,000	\$4,700	\$4,500	\$6,000	\$5,400	\$8,000							
Copayments														
Office Visit/Specialist	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.							
Urgent Care/ER	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.							
Chiropractic Limit/Copay	38/0% after Ded.	38/0% after Ded.	30/0% after Ded. (when referred)	12/0% after Ded.	12/0% after Ded.	Covered at 100% up to \$1500 per person per year, after deductible	Covered at 100% up to \$1500 per person per year, after deductible							
Rx Copay	ABC Rx	ABC Rx	\$4/\$15/\$40/\$80/20%/20%	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$25/\$40 after Ded.	\$10/\$25/\$40 after Ded.							
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates						
One Person (1P)	4	\$559.35	3	\$523.58	7	\$429.14	7	\$483.87	7	\$483.58	7	\$456.72		
Two Person (2P)	7	\$1,256.66	0	\$1,176.18	7	\$1,018.30	7	\$1,263.46	7	\$1,149.67	7	\$1,074.05	7	\$1,013.82
Family (FF)	17	\$1,563.46	2	\$1,463.32	19	\$1,270.79	19	\$1,577.25	19	\$1,435.03	19	\$1,335.27	19	\$1,260.28
Total Annual Premium	28	\$451,354	5	\$53,969	33	\$411,325	33	\$510,371	33	\$464,404	33	\$435,282	33	\$410,869
One Person Cost Share														
One Person Rate	\$559.35	\$523.58	\$429.14	\$531.28	\$483.87	\$483.58	\$456.72							
One Person PA 152 Cap	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10							
One Person Monthly Cost	\$2.25	-\$33.52	-\$127.96	-\$25.82	-\$73.23	-\$73.52	-\$100.38							
Two Person Cost Share														
Two Person Rate	\$1,256.66	\$1,176.18	\$1,018.30	\$1,263.46	\$1,149.67	\$1,074.05	\$1,013.82							
Two Person PA 152 Cap	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06							
Two Person Monthly Cost	\$91.60	\$11.12	-\$146.76	\$98.40	-\$15.39	-\$91.01	-\$151.24							
Family Cost Share														
Family Rate	\$1,563.46	\$1,463.32	\$1,270.79	\$1,577.25	\$1,435.03	\$1,335.27	\$1,260.28							
Family PA 152 Cap	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36							
Family Monthly Cost	\$44.10	-\$56.04	-\$248.57	\$57.89	-\$84.33	-\$184.09	-\$259.08							

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.
 McLaren:
 *McLaren proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act. They also include the MI Claims tax.
 SET SEG:
 *Rates include \$8.30 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.