



**Byron Area Schools
All Employees
Assumed Effective Date: 7/1/2017**

Plan	Option 1		Option 2		Option 3		Option 4	
	BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx		McLaren HMO \$500-0%; \$10/\$40/\$40 Rx		McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	
Rate Period	7/1/2017-6/30/2018		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	
Deductible								
Annual Deductible - 1P	\$500		\$1,300		\$500		\$2,000	
Annual Deductible - 2P/FF	\$1,000		\$2,600		\$1,000		\$4,000	
Additional Cost After Deductible								
Employee Coinsurance after Deductible	20%		0%		0%		0%	
Coinsurance Max - 1P	\$2,500		\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$5,000		\$0		\$0		\$0	
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$6,350		\$2,250		\$4,000		\$4,000	
Max ded, coinsurance, copays - 2P/FF	\$12,700		\$4,500		\$8,000		\$8,000	
Copayments								
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$10/\$10		0% after Ded.	
Urgent Care/ER	\$20/\$150		0% after Ded.		\$25/\$50		0% after Ded.	
Chiropractic Limit/Copay	12/\$20		12/0% after Ded.		Covered at 100% up to \$1500 per person per year		Covered at 100% up to \$1500 per person per year	
Rx Copay	\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$40		\$10/\$25/\$40 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	9	\$515.30	9	\$469.48	9	\$515.12	9	\$425.31
Two Person (2P)	11	\$1,226.21	11	\$1,116.23	11	\$1,147.66	11	\$945.93
Family (FF)	33	\$1,530.89	33	\$1,393.43	33	\$1,426.54	33	\$1,175.47
Total Annual Premium	53	\$823,744	53	\$749,843	53	\$772,034	53	\$636,282
Combined Current Lives								
Combined Annual Premium								
Total Costs	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost		\$823,744		\$749,843		\$772,034		\$636,282
Estimated Savings/(Increase) \$		\$138,377.38		\$212,278.56		\$190,087.80		\$325,839.36
Estimated Difference %		14.4%		22.1%		19.8%		33.9%

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.

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 \$7.50 enrollment and billing service fee.



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Medical Rate Summary Exclusively for Byron Area Schools
Effective Date: 07/01/2017

Product	IN Deductible	IN Copay (OV/UC/ER)	IN Coinsurance	Rx Coverage	NON-PAK MEDICAL RATES			PAK MEDICAL RATES		
					Single	2-Person	Family	Single	2-Person	Family
ABC Plan 1	\$1300 ¹ ; \$2600 ²	None	10%	ABC Rx	\$532.72	\$1,196.73	\$1,488.90	\$522.09	\$1,172.83	\$1,459.15
ABC Plan 2	\$2000 ¹ ; \$4000 ²	None	0%	ABC Rx	\$535.50	\$1,202.99	\$1,496.69	\$524.82	\$1,178.96	\$1,466.79
ABC Plan 1	\$1300 ¹ ; \$2600 ²	None	0%	ABC Mail	\$565.09	\$1,269.57	\$1,579.53	\$553.81	\$1,244.20	\$1,547.97
Choices	\$1000/\$2000	\$20/\$25/\$50	0%	3Tier Mail	\$569.37	\$1,279.20	\$1,591.53	\$558.01	\$1,253.65	\$1,559.73
Choices	\$1000/\$2000	\$20/\$25/\$50	0%	3Tier	\$579.25	\$1,301.45	\$1,619.21	\$567.70	\$1,275.45	\$1,586.86
Choices	\$1000/\$2000	\$20/\$25/\$50	0%	SRX Mail	\$596.13	\$1,339.43	\$1,666.48	\$584.24	\$1,312.67	\$1,633.18
Choices	\$1000/\$2000	\$20/\$25/\$50	0%	Saver Rx	\$604.18	\$1,357.52	\$1,688.99	\$592.13	\$1,330.40	\$1,655.24
Choices	\$500/\$1000	\$20/\$25/\$50	0%	3Tier Mail	\$605.80	\$1,361.17	\$1,693.53	\$593.71	\$1,333.98	\$1,659.69
Choices	\$500/\$1000	\$20/\$25/\$50	0%	3Tier	\$615.69	\$1,383.42	\$1,721.21	\$603.40	\$1,355.78	\$1,686.82
Choices	\$500/\$1000	\$20/\$25/\$50	0%	SRX Mail	\$632.57	\$1,421.41	\$1,768.50	\$619.95	\$1,393.01	\$1,733.16
Choices	\$500/\$1000	\$20/\$25/\$50	0%	Saver Rx	\$640.61	\$1,439.49	\$1,791.00	\$627.83	\$1,410.73	\$1,755.21

1. Single coverage deductible

2. 2-person and family coverage deductible (full deductible must be met before claims are paid for any individual)