



(With Taxes)

North Dickinson County Schools
All Employees
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	Total Annual Cost			
	1P	2P	FF	
Teachers and Administration enrolled in MESSA Choices II				
MESSA \$500-0%; Saver Rx	Census Rate \$667.20	1 \$1,498.64	7 \$1,868.25	8 \$174,916
Teachers and Administration enrolled in ABC Plan 1				
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Census Rate \$572.73	5 \$1,349.40	2 \$1,682.55	4 \$80,762
Support Staff				
MESSA \$500-0%; Saver Rx	Census Rate \$680.73	5 \$1,529.08	2 \$1,906.14	7 \$137,492
TOTALS:		6	13	19 \$393,171

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health PPO 250-0%; \$10/\$10/\$40/\$80/20%/20% Rx	\$711	\$1,488	\$1,940	\$409,835	-\$16,664
Priority Health PPO 250-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$686	\$1,434	\$1,870	\$394,932	-\$1,761
Priority Health PPO 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$583	\$1,220	\$1,591	\$336,029	\$57,142
Priority Health PPO 1000-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$558	\$1,167	\$1,522	\$321,408	\$71,763
Priority Health PPO Intergrated \$1500-30%; \$20/\$20/\$60/\$80/20%/20% Rx	\$478	\$999	\$1,303	\$275,294	\$117,877
Priority Health PPO 2000-30%; \$20/\$20/\$60/\$80/20%/20% Rx	\$486	\$1,016	\$1,325	\$279,821	\$113,350
Priority Health PPO HSA 1350-10%; 10/\$10/\$40/\$80/20%/20% Rx	\$547	\$1,144	\$1,492	\$315,107	\$78,064

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan. Rates and fees will be adjusted as necessary.

*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the

*Current MESSA rates include the estimated Michigan Claims Tax Assessment, State Premium Tax, ACA Federal Taxes/Fees that may be included in your invoice.



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	CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3	
	Teachers and Administration enrolled in MESSA Choices II	Teachers and Administration enrolled in ABC Plan 1	Teachers and Administration enrolled in ABC Plan 1	Support Staff	Priority Health PRO 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx	Priority Health PRO 1000-20%; \$15/\$15/\$50/\$80/20%/20% Rx	Priority Health PRO HSA 1350-10%; \$10/\$10/\$40/\$80/20%/20% 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	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	In Network	In Network	In Network			
Annual Deductible - 1P	\$500	\$1,300	\$500	\$500	\$500 (embedded)	\$1,000 (embedded)	\$1,350			
Annual Deductible - 2P/FF	\$1,000	\$2,600	\$1,000	\$1,000	\$1,000 (embedded)	\$2,000 (embedded)	\$2,700			
Additional Cost After Deductible	0%	0%	0%	0%	20%	20%	10%			
Employee Coinsurance after Deductible	0%	0%	0%	0%	20%	20%	10%			
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	\$1,500	\$2,300	\$1,500	\$1,500	\$5,000 (embedded)	\$5,000 (embedded)	\$2,500			
Max ded, coinsurance, copays - 1P	\$3,000	\$4,600	\$3,000	\$3,000	\$10,000 (embedded)	\$10,000 (embedded)	\$5,000			
Copayments	\$20/\$20	0% after Ded.	\$20/\$20	\$20/\$20	\$20/\$35	\$20/\$35	10% after Ded.			
Office Visit/Specialist	\$25/\$50	0% after Ded.	\$25/\$50	\$25/\$50	\$75/\$150 after Ded.	\$75/\$150 after Ded.	10% after Ded.			
Urgent Care/ER										
Chiropractic Limit/Copay	38/\$0 (office visit copay may apply)	38/0% after Ded.	38/\$0 (office visit copay may apply)	38/\$0 (office visit copay may apply)	30/\$35 (combined with PT and OT)	30/\$35 (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)			
Rx Copay										
Total Monthly Costs	Census	ABC Rx Rates	Census	Saver Rx Rates	Census	PERM Rates	Census	PERM Rates		
One Person (1P)	0	\$667.20	0	\$572.73	0	\$680.73	0	\$583.35		
Two Person (2P)	1	\$1,498.64	0	\$1,349.40	5	\$1,529.08	6	\$1,219.97		
Family (FF)	7	\$1,868.25	4	\$1,682.55	2	\$1,906.14	13	\$1,521.74		
Total Annual Premium	8	\$17,491.6	4	\$80,762	7	\$137,492	19	\$336,029		
Combined Current Lives	19		< TOTALS		< TOTALS		< TOTALS			
Total Costs	\$393,171		< TOTALS		< TOTALS		< TOTALS			
Estimated Annual Cost	\$393,171		< TOTALS		< TOTALS		< TOTALS			
Estimated Savings/(Increase) \$										
Estimated Difference %										

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 *Current MESSA rates include the estimated Michigan Claims Tax Assessment, State Premium Tax, ACA Federal Taxes/Fees that may be included in your invoice.