

# **Medical Rate Summary**

# Bangor Township Schools All Employees

Assumed Effective Date: 7/1/2017

							<b>Total Annual</b>
Current Plan(s) and Segmer	nt:		1P	2P	FF		Cost
Teachers		Census	20	11	60	91	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$532.99	\$1,197.37	\$1,489.68		\$1,358,540
Food Service		Census	3			3	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$543.73	\$1,221.53	\$1,519.76		\$19,574
Administrators, Custodians	, Supervisors, Office Personnel & Parapros,	Census	13	10	17	40	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$532.89	\$1,197.13	\$1,489.40		\$530,624
FT Transporation		Census	3			3	
	MESSA Choices \$200-0%; \$10/\$20 Rx	Rate	\$709.69	\$1,594.94	\$1,984.45		\$25,549
		TOTALS:	39	21	77	137	\$1,934,287

						Estimated	
					<b>Total Annual</b>	Annual	
Product Name		1P Rate	2P Rate	FF Rate	Cost	Savings	
BCBSM SB PPO \$250-20%; \$10/\$40/\$8	80 Rx	\$758	\$1,808	\$2,258	\$2,896,158	-\$961,870	
BCBSM SB PPO \$500-20%; \$10/\$40/\$	80 Rx	\$750	\$1,789	\$2,234	\$2,865,681	-\$931,394	
BCBSM SB PPO \$1000-20%; \$10/\$40/\$	\$80 Rx	\$678	\$1,616	\$2,019	\$2,589,937	-\$655,650	
BCBSM SB PPO \$1500-20%; \$10/\$40/	′\$80 Rx	\$647	\$1,542	\$1,926	\$2,470,985	-\$536,698	
McLaren HMO \$250-0%; \$10/\$20/\$30	) Rx	\$538	\$1,271	\$1,422	\$1,885,942	\$48,346	
McLaren HMO HSA \$2,000-0%; \$10/\$2	25/\$40 Rx	\$398	\$937	\$1,048	\$1,390,833	\$543,454	
HAP PPO \$200-0%; \$10/\$20 Rx		\$791	\$1,769	\$2,199	\$2,848,206	-\$913,919	
HAP PPO HSA \$1300-0%; \$10/\$20/\$40	) Rx	\$601	\$1,340	\$1,666	\$2,158,091	-\$223,804	

					Estimated
				<b>Total Annual</b>	Annual
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings

### 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 rates do not include commissions. 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.

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

**Bangor Township Schools** All Employees Assumed Effective Date: 7/1/2017

	CURRE	ENT PLAN	CURRENT PLAN		CURR	ENT PLAN	CURRENT PLAN		Option 1		Option 2	
	Теа	achers	Food S	ervice		Administrators, Custodians, Supervisors, Office Personnel & Parapros, ACA Employee		FT Transporation				
Plan	MESSA ABC Plan	1 \$1300-0%; ABC Rx	MESSA ABC Plan 1	\$1300-0%; ABC Rx	MESSA ABC Plan	1 \$1300-0%; ABC Rx	MESSA Choices \$	5200-0%; \$10/\$20 Rx	McLaren HMO	\$250-0%; \$10/\$20/\$30 Rx	McLaren HMO HSA	\$2,000-0%; \$10/\$25/\$40 Rx
Rate Period	7/1/2017-	-12/31/2018	7/1/2017-1	2/31/2018	7/1/2017	7-12/31/2018	7/1/2017-12/31/2018		7/1/2	017 - 6/30/2018	7/1/2017 - 6/30/2018	
Purchased Plan Features	In No	etwork	In Net	work	In N	letwork	In N	letwork	In Network		In Network	
Deductible												
Annual Deductible - 1P	\$1	1,300	\$1,3	300	\$	1,300	:	\$200		\$250		\$2,000
Annual Deductible - 2P/FF	\$2	2,600	\$2,6	500	\$	2,600	9	\$400		\$500		\$4,000
Additional Cost After Deductible												
Employee Coinsurance after Deductible		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	2,300	\$2,3	300	\$2,300		\$1,200		\$7,150		\$4,000	
Max ded, coinsurance, copays - 2P/FF	\$4	1,600	\$4,6	500	\$4,600		\$2,400		\$14,300		\$8,000	
Copayments												
Office Visit/Specialist	0% af	ter Ded.	0% afte	er Ded.	0% after Ded.		\$5/\$5		\$10/\$10		0%	after Ded.
Urgent Care/ER	0% af	ter Ded.	0% afte	er Ded.	0% after Ded.		\$10/\$25		\$25/\$50		0% after Ded.	
Chiropractic Limit/Copay	38/0% a	after Ded.	38/0% af	ter Ded.	38/0%	after Ded.	38/\$5		Covered at 100% up to \$1500 per person per year		Covered at 100% up to \$1500 per person per year	
Rx Copay	AE	BC Rx	ABC	Rx	A	BC Rx	\$10	/\$20 Rx	\$10/\$20/\$30		\$10/\$25/\$40 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	20	\$532.99	3	\$543.73	13	\$532.89	3	\$709.69	39	\$538.03	39	\$397.83
Two Person (2P)	11	\$1,197.37	0	\$1,221.53	10	\$1,197.13	0	\$1,594.94	21	\$1,271.43	21	\$937.43
Family (FF)	60	\$1,489.68	0	\$1,519.76	17	\$1,489.40	0	\$1,984.45	77	\$1,421.80	77	\$1,048.07
Total Annual Premium	91	\$1,358,540	3	\$19,574	40	\$530,624	3	\$25,549	137	\$1,885,942	137	\$1,390,833
Combined Current Lives	1	137	< TOT	ΓALS	< T	OTALS	< T	OTALS				
Combined Annual Premium	\$1,9	34,287	< TO	ΓALS	< T	OTALS	< T	OTALS				
Total Costs									PEPM	Annual	PEPM	Annual
<b>Estimated Annual Cost</b>	\$1,9	34,287	<tot< td=""><td>tals</td><td>&lt;</td><td>Totals</td><td>&lt;</td><td>Totals</td><td></td><td>\$1,885,942</td><td></td><td>\$1,390,833</td></tot<>	tals	<	Totals	<	Totals		\$1,885,942		\$1,390,833
Estimated Savings/(Increase) \$										\$48,345.60		\$543,453.72
Estimated Difference %										2.5%		28.1%

# 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.

\*Rates include \$7.50 enrollment and billing service fee.



# Medical Rate Summary Bangor Township Schools Everyone But Teachers

Assumed Effective Date: 7/1/2017

							Total Annual
Current Plan(s) and Segment:			1P	2P	FF		Cost
Food Service		Census	3			3	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$543.73	\$1,221.53	\$1,519.76		\$19,574
Administrators, Custodians, Sup ACA Employee	pervisors, Office Personnel & Parapros,	Census	13	10	17	40	
	MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$532.89	\$1,197.13	\$1,489.40		\$530,624
FT Transporation		Census	3			3	
	MESSA Choices \$200-0%; \$10/\$20 Rx	Rate	\$709.69	\$1,594.94	\$1,984.45		\$25,549
		TOTALS:	19	10	17	46	\$575.747

					Estimated	
				Total Annual	Annual	
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings	
BCBSM SB PPO \$250-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$612	\$1,459	\$1,821	\$686,202	-\$110,454	
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$588	\$1,402	\$1,750	\$659,322	-\$83,575	
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$546	\$1,300	\$1,623	\$611,619	-\$35,872	
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$521	\$1,239	\$1,547	\$583,027	-\$7,280	
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$537	\$1,279	\$1,596	\$601,533	-\$25,785	
McLaren HMO \$250-0%; \$10/\$20/\$30 Rx	\$607	\$1,436	\$1,606	\$638,271	-\$62,524	
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	\$449	\$1,058	\$1,183	\$470,699	\$105,048	

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<sup>\*</sup>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.

<sup>\*</sup>BCBSM rates do not include commissions. SET SEG has added 3% to the quoted rates to account for commission.

					Estimated
				<b>Total Annual</b>	Annual
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings

## 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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Bangor Township Schools Everyone But Teachers Assumed Effective Date: 7/1/2017

	C	URRENT PLAN	CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
		Food Service	Supervisors, O	ors, Custodians, ffice Personnel & ICA Employee	FT Tı	ansporation				
Plan	MESSA ABC	Plan 1 \$1300-0%; ABC Rx	MESSA ABC Plan	1 \$1300-0%; ABC Rx	MESSA Choices	\$ \$200-0%; \$10/\$20 Rx	McLaren HMO \$25	0-0%; \$10/\$20/\$30 Rx	McLaren HMO HSA \$2,0	000-0%; \$10/\$25/\$40 Rx
Rate Period	7/1/	2017-12/31/2018	7/1/2017-	-12/31/2018	7/1/2017-12/31/2018		7/1/2017 - 6/30/2018		7/1/2017 - 6/30/2018	
Purchased Plan Features		In Network	In No	etwork	In	Network	In Network		In Network	
Deductible										
Annual Deductible - 1P		\$1,300	\$1	,300		\$200	\$	250	\$2	,000
Annual Deductible - 2P/FF		\$2,600	\$2	,600		\$400	\$	500	\$4,	,000
Additional Cost After Deductible										
Employee Coinsurance after Deductible		0%		0%		0%		0%	(	0%
Coinsurance Max - 1P		\$0		\$0	\$0			\$0	\$0	
Coinsurance Max - 2P/FF		\$0		\$0	\$0		\$0		\$0	
Out of Pocket Maximum										
Max ded, coinsurance, copays - 1P		\$2,300	\$2	,300	\$1,200		\$7,150		\$4,000	
Max ded, coinsurance, copays - 2P/FF		\$4,600	\$4	,600	\$2,400		\$14,300		\$8,000	
Copayments										
Office Visit/Specialist		0% after Ded.	0% af	ter Ded.	\$5/\$5		\$10/\$10		0% after Ded.	
Urgent Care/ER		0% after Ded.	0% af	ter Ded.	\$10/\$25		\$25/\$50		0% after Ded.	
Chiropractic Limit/Copay	38	3/0% after Ded.	38/0% a	after Ded.		38/\$5	Covered at 100% up to \$1500 per person per year		Covered at 100% up to \$1500 per person per year	
Rx Copay		ABC Rx	AE	BC Rx	\$1	LO/\$20 Rx	\$10/\$20/\$30		\$10/\$25/\$40 after Ded.	
<b>Total Monthly Costs</b>	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	3	\$543.73	13	\$532.89	3	\$709.69	19	\$607.03	19	\$448.60
Two Person (2P)	0	\$1,221.53	10	\$1,197.13	0	\$1,594.94	10	\$1,435.81	10	\$1,058.37
Family (FF)	0	\$1,519.76	17	\$1,489.40	0	\$1,984.45	17	\$1,605.74	17	\$1,183.40
Total Annual Premium	3	\$19,574	40	\$530,624	3	\$25,549	46	\$638,271	46	\$470,699
<b>Combined Current Lives</b>		46	< T(	OTALS	<	TOTALS				
Combined Annual Premium		\$575,747	< T(	OTALS	<	TOTALS				
Total Costs							PEPM	Annual	PEPM	Annual
Estimated Annual Cost		\$575,747	<т	otals		<totals< td=""><td></td><td>\$638,271</td><td></td><td>\$470,699</td></totals<>		\$638,271		\$470,699
Estimated Savings/(Increase) \$								(\$62,523.84)		\$105,048.36
Estimated Difference %								-10.9%		18.2%

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<sup>\*</sup>Rates include \$7.50 enrollment and billing service fee.