



**Medical Rate Summary**  
**Fairview Area Schools**  
**Renewal Options**  
 Assumed Effective Date: 7/1/2017

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
All Employees	Census	2	6	8	16	
Priority Health PPO \$250-0%; \$10/\$40/\$80/20%/20% Rx	Rate	\$677.65	\$1,417.18	\$1,848.15		\$295,723
	<b>TOTALS:</b>	<b>2</b>	<b>6</b>	<b>8</b>	<b>16</b>	<b>\$295,723</b>

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
<b>BCBSM Small Group HSA Plans</b>					
Simply Blue HSA PPO Gold \$1300	\$562	\$1,175	\$1,533	\$245,267	\$50,456
Simply Blue HSA PPO Gold \$1450	\$579	\$1,212	\$1,580	\$252,803	\$42,920
<b>BCBSM Small Group PPO Plans</b>					
Community Blue PPO Platinum \$250	\$736	\$1,539	\$2,007	\$321,201	-\$25,478
Community Blue PPO Platinum \$500	\$719	\$1,504	\$1,961	\$313,827	-\$18,104
Simply Blue PPO Gold \$500	\$595	\$1,244	\$1,623	\$259,678	\$36,045
<b>BCN Small Group HMO Plans</b>					
BCN HMO Platinum \$500	\$592	\$1,238	\$1,615	\$258,382	\$37,341
<b>BCN Small Group HSA Plans</b>					
BCN HSA HMO Gold \$1300	\$476	\$995	\$1,298	\$207,689	\$88,034
BCN HSA HMO Gold \$1450	\$499	\$1,043	\$1,361	\$217,715	\$78,008
<b>Priority Health Small Group Options</b>					
Priority Health POS 250-0%; \$10/\$10/\$40/\$80/20%/20% Rx	\$698	\$1,461	\$1,905	\$304,817	-\$9,094
Priority Health POS 250-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$673	\$1,406	\$1,834	\$293,475	\$2,248
Priority Health POS 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$589	\$1,233	\$1,607	\$257,202	\$38,521

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	\$548	\$1,146	\$1,494	\$239,038	\$56,685
Priority Health PPO 250-0%; \$10/\$10/\$40/\$80/20%/20% Rx Renewal	\$749	\$1,567	\$2,043	\$326,900	-\$31,177
Priority Health PPO 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$625	\$1,308	\$1,706	\$272,930	\$22,793
Priority Health HMO 250-0%; \$10/\$10/\$40/\$80/20%/20% Rx	\$665	\$1,390	\$1,813	\$290,123	\$5,600
Priority Health HMO 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx	\$559	\$1,169	\$1,524	\$243,872	\$51,851

**Priority Health:**

\*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.

**BCBSM/BCN:**

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\*The above rates do not include enrollment for Cindy Neff or Steven Gusler.

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

Fairview Area Schools  
Renewal Options  
Assumed Effective Date: 7/1/2017  
Option 5

Plan	CURRENT PLAN All Employees		RENEWAL PLAN		Option 1		Option 2		Option 3		Option 4		Option 5	
	Priority Health PPO \$250-0%; \$10/\$40/\$80/20%/20% Rx		Priority Health PPO 250-0%; \$10/\$10/\$40/\$80/20%/20% Rx Renewal		Priority Health POS 250-0%; \$10/\$10/\$40/\$80/20%/20% Rx		Priority Health POS 250-10%; \$10/\$10/\$40/\$80/20%/20% Rx		Priority Health POS 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx		Simply Blue PPO Gold \$500		BCN HMO Platinum \$500	
Rate Period	7/1/2016-6/30/2017		7/1/2017-6/30/2018		7/1/2017-6/30/2018		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		In Network		In Network		In Network	
Deductible														
Annual Deductible - 1P	\$250 (embedded)		\$250 (embedded)		\$250 (embedded)		\$250 (embedded)		\$500 (embedded)		\$500		\$500	
Annual Deductible - 2P/FF	\$500 (embedded)		\$500 (embedded)		\$500 (embedded)		\$500 (embedded)		\$1,000 (embedded)		\$1,000		\$1,000	
Additional Cost After Deductible														
Employee Coinsurance after Deductible	0%		0%		0%		10%		20%		20%		0%	
Coinsurance Max - 1P	\$1,500 (embedded)		\$1,500 embedded		\$1,500 (embedded)		\$1,500 (embedded)		\$3,500 (embedded)		\$3,000		\$0	
Coinsurance Max - 2P/FF	\$3,000 (embedded)		\$3,000 embedded		\$3,000 (embedded)		\$3,000 (embedded)		\$7,000 (embedded)		\$6,000		\$0	
Out of Pocket Maximum														
Max ded, coinsurance, copays - 1P	\$5,000 embedded		\$5,000 embedded		\$5,000 (embedded)		\$5,000 (embedded)		\$7,150 (embedded)		\$6,600		\$1,000	
Max ded, coinsurance, copays - 2P/FF	\$10,000 embedded		\$10,000 embedded		\$10,000 (embedded)		\$10,000 (embedded)		\$14,300 (embedded)		\$13,200		\$2,000	
Copayments														
Office Visit/Specialist	\$10/\$25 before Ded.		\$10/\$25 before Ded.		\$10 before Ded./\$25 before Ded.		\$10 before Ded./\$25 before Ded.		\$20 before Ded./\$35 before Ded.		\$20/\$40		\$20/\$30	
Urgent Care/ER	\$75 before Ded./\$150 after Ded.		\$75 before Ded./\$150 after Ded.		\$75 before Ded./\$150 after Ded.		\$75 before Ded./\$150 after Ded.		\$75 before Ded./\$150 after Ded.		\$60/\$250		\$35/\$150	
Chiropractic Limit/Copay	30/\$25 before Ded. (combined with PT and OT)		30/\$25 before Ded. (combined with PT and OT)		30/\$25 (combined with PT and OT)		30/\$25 before Ded. (combined with PT and OT)		30/\$35 before Ded. (combined with PT and OT)		30/\$30 (combined with PT and OT)		30/\$30 (when referred)	
Rx Copay	\$10/\$10/\$40/\$80/20%/20% before Ded.		\$10/\$10/\$40/\$80/20%/20% before Ded.		\$10/\$10/\$40/\$80/20%/20% before Ded.		\$10/\$10/\$40/\$80/20%/20% before Ded.		\$15/\$15/\$50/\$80/20%/20% before Ded.		\$15/\$50/50%/20%/25%		\$4/\$15/\$40/\$80/20%/20%	
Total Monthly Costs	Census Rates		Census Rates		Census Rates		Census Rates		Census Rates		Census Rates		Census Rates	
One Person (1P)	2	\$677.65	2	\$749.10	2	\$698.49	2	\$672.50	2	\$589.38	2	\$595.06	2	\$592.09
Two Person (2P)	6	\$1,417.18	6	\$1,566.59	6	\$1,460.76	6	\$1,406.41	6	\$1,232.58	6	\$1,244.45	6	\$1,238.23
Family (FF)	8	\$1,848.15	8	\$2,042.99	8	\$1,904.98	8	\$1,834.10	8	\$1,607.41	8	\$1,622.88	8	\$1,614.78
Total Annual Premium	16	\$295,723	16	\$326,900	16	\$304,817	16	\$293,475	16	\$257,202	16	\$259,678	16	\$258,382
Total Costs			PEPM Annual		PEPM Annual		PEPM Annual		PEPM Annual		PEPM Annual		PEPM Annual	
Estimated Annual Cost	\$295,723		\$326,900		\$304,817		\$293,475		\$257,202		\$259,678		\$258,382	
Estimated Savings/(Increase) \$			(\$31,176.96)		(\$9,093.60)		\$2,247.84		\$38,520.72		\$36,044.64		\$37,341.36	
Estimated Difference %			-10.5%		-3.1%		0.8%		13.0%		12.2%		12.6%	
Single (annual amounts)														
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$8,131.80		\$8,989.20		\$8,381.88		\$8,070.00		\$7,072.56		\$7,140.72		\$7,105.08	
80 / 20 (employee share)	\$1,626.36		N/A		N/A		N/A		N/A		N/A		N/A	
PA 152 Cap	N/A		\$6,344.80		\$6,344.80		\$6,344.80		\$6,344.80		\$6,344.80		\$6,344.80	
Amount Over/Under Hard Cap	N/A		\$2,644.40		\$2,037.08		\$1,725.20		\$727.76		\$795.92		\$760.28	
Two Person (annual amounts)														
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$17,006.16		\$18,799.08		\$17,529.12		\$16,876.92		\$14,790.96		\$14,933.40		\$14,858.76	
80 / 20 (employee share)	\$3,401.23		N/A		N/A		N/A		N/A		N/A		N/A	
PA 152 Cap	N/A		\$13,268.93		\$13,268.93		\$13,268.93		\$13,268.93		\$13,268.93		\$13,268.93	
Amount Over/Under Hard Cap	N/A		\$5,530.15		\$4,260.19		\$3,607.99		\$1,522.03		\$1,664.47		\$1,589.83	
Family (annual amounts)														
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost		Included in total plan cost	
Total Plan Cost	\$22,177.80		\$24,515.88		\$22,859.76		\$22,009.20		\$19,288.92		\$19,474.56		\$19,377.36	
80 / 20 (employee share)	\$4,435.56		N/A		N/A		N/A		N/A		N/A		N/A	
PA 152 Cap	N/A		\$17,304.02		\$17,304.02		\$17,304.02		\$17,304.02		\$17,304.02		\$17,304.02	
Amount Over/Under Hard Cap	N/A		\$7,211.86		\$5,555.74		\$4,705.18		\$1,984.90		\$2,170.54		\$2,073.34	

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current =  
\$145.94/PAY