



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

Medical Plan Comparison
Fairview Area Schools
All Employees

	CURRENT PLAN Administrators		CURRENT PLAN Teachers		Proposed Plan Priority Health POS 100 Platinum 250; \$10/\$40/\$80/20%/20% Rx		Proposed Plan Priority Health PPO 100 Platinum 250; \$10/\$40/\$80/20%/20% Rx		Proposed Plan BCBSM CB PPO Platinum 250; \$10/\$40/\$80 Rx	
Carrier	BCBSM SB PPO HSA Gold 1750 (250); \$15/\$50/50%/20%/25% Rx		BCBSM CB HRA PPO Platinum 2000; \$10/\$40/\$80 Rx		Priority Health		Priority Health		BCBSM	
Rate Period	7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014 - 6/30/2015		7/1/2014 - 6/30/2015		7/1/2014 - 6/30/2015	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network	
Deductible										
Annual Deductible 1P	\$1,750		\$2,000		\$250		\$250		\$250	
Annual Deductible 2P/FF	\$3,500		\$4,000		\$500		\$500		\$500	
Coinsurance										
Coinsurance % after Deductible	0%		20%		0%		0%		20%	
Coinsurance \$ Limit after Ded - 1P	\$4,600		\$2,500		\$1,000		\$1,000		\$750	
Coinsurance \$ Limit after Ded - 2P/FF	\$9,200		\$5,000		\$2,000		\$2,000		\$1,500	
Maximum Out of Pocket										
Max \$ Out of Pocket - 1P	\$6,350		\$4,500		\$1,250		\$1,250		\$1,000	
Max \$ Out of Pocket - 2P/FF	\$12,700		\$9,000		\$2,500		\$2,500		\$2,000	
Copayments										
Office Visit/Specialist	0%/0%		\$20/\$20		\$10/\$25		\$10/\$25		\$20/\$20	
Urgent Care/ER	0%/0%		\$60/\$150		\$75/\$150		\$75/\$150		\$60/\$150	
Chiropractic, Visit Limit/Copay	30/0% (PT & OT combined)		30/\$20 (PT & OT combined)		30/\$10 (PT & OT combined)		30/\$30 (PT & OT combined)		30/\$20 (PT & OT combined)	
Prescription Drugs										
Rx Copay	\$15/\$50/50%/20%/25%		\$10/\$40/\$80		\$10/\$40/\$80/20%/20%		\$10/\$40/\$80/20%/20%		\$10/\$40/\$80	
Required Employer Contribution	\$250		\$1,500							
Purchased Plan Rates - Medical	Census	Monthly Rates	Census	Monthly Rates	Census	Monthly Cost	Census	Monthly Cost	Census	Monthly Cost
One Person (1P)	0	\$0.00	2	\$0.00	2		2		2	
Two Person (2P)	2	\$0.00	5	\$0.00	7	\$24,185.10	7	\$27,105.90	7	\$28,862.02
Family (FF)	2	\$0.00	7	\$0.00	9		9		9	
Combined Current Lives	18		< TOTALS		18		18		18	
Total Annual Cost	\$279,118.68		< TOTALS		\$290,221		\$325,271		\$346,344	
Estimated Savings \$	(\$54,500)				(\$11,103)		(\$46,152)		(\$67,226)	
Estimated Savings %					-4.0%		-16.5%		-24.1%	

*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.

*Priority Health rates include all state and federal fees and taxes, including, but not limited to, the Michigan Health Insurance Claims Assessment and PPACA fees and taxes. Rates and fees will be adjusted as necessary to incorporate additional assessments or taxes and will be communicated to you as soon as they are known.

*Rates include cost for pediatric dental coverage.



Medical Rate Summary
Fairview Area Schools
All Employees
 Assumed Effective Date: 7/1/2014

Current Plan(s) and Segment:	1P	2P	FF	Admin/ Deductible Funding	Composite	Total Cost
Administrators						
BCBSM SB PPO HSA Gold 1750 (250); \$15/\$50/50%/20%/25% Rx	Census	2	2			\$5,135
Teachers						
BCBSM CB HRA PPO Platinum 2000; \$10/\$40/\$80 Rx	Census	2	5	7		\$18,125
TOTALS:	2	7	9	18		\$23,259.89

Product Name	Total Monthly Cost	Total Annual Cost	Estimated Annual Savings
Priority Health Small Group Plan Options			
Priority Health POS 100 Platinum 250; \$10/\$40/\$80/20%/20% Rx	\$24,185	\$290,221	-\$11,102.52
Priority Health PPO 100 Platinum 250; \$10/\$40/\$80/20%/20% Rx	\$27,106	\$325,271	-\$46,152.12
Priority Health HRA POS 1000 Gold 2000	\$20,118	\$241,416	\$37,702.44
Priority Health HRA PPO 1000 Gold 2000	\$22,512	\$270,150	\$8,968.92
BCBSM Small Group Plan Options			
BCBSM CB PPO Platinum 250; \$10/\$40/\$80 Rx	\$28,862	\$346,344	-\$67,225.56
BCBSM CB HRA PPO 1500 (750); \$10/\$40/\$80 Rx	\$24,933	\$299,192	-\$20,073.12
BCBSM SB HRA PPO Gold 1500 (500); \$15/\$50/50%/20%/25% Rx	\$21,374	\$256,485	\$22,633.68

Priority Health

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