



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

Medical Plan Comparison
Fairview Area Schools
Administrators & Teachers

	CURRENT PLAN Administrators & Teachers	Option 1 Priority Health PPO Platinum 250 10%; \$10/\$40/\$80/20%/20% Rx	Option 2 Priority Health POS Platinum 250 10%; \$10/\$40/\$80/20%/20% Rx	Option 3 BCBSM Community Blue PPO Platinum 250; 20%; \$5/\$40/\$80 Rx	Option 4 BCBSM Community Blue PPO Platinum 500; 10%; \$5/\$40/\$80 Rx
Carrier	Priority Health PPO Platinum 250 0%; \$10/\$40/\$80/20%/20% Rx	Priority Health	Priority Health	BCBSM	BCBSM
Rate Period	7/1/2014 - 6/30/2015	7/1/2015 - 6/30/2016	7/1/2015 - 6/30/2016	7/1/2015 - 6/30/2016	7/1/2015 - 6/30/2016
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network
Deductible					
Annual Deductible 1P	\$250	\$250	\$250	\$250	\$500
Annual Deductible 2P/FF	\$500	\$500	\$500	\$500	\$1,000
Additional Cost After Deductible					
Coinsurance % after Deductible	0%	10%	10%	20%	10%
Coinsurance \$ Limit after Ded - 1P	\$0	\$0	\$0	\$500	\$500
Coinsurance \$ Limit after Ded - 2P/FF	\$0	\$0	\$0	\$1,000	\$1,000
Maximum Out of Pocket Cost					
Max \$ Out of Pocket - 1P	\$1,250	\$1,500	\$1,500	\$6,600	\$6,600
Max \$ Out of Pocket - 2P/FF	\$2,500	\$3,000	\$3,000	\$13,200	\$13,200
Copayments					
Office Visit/Specialist	\$10/\$25	\$10/\$25	\$10/\$25	\$20/\$20	\$20/\$20
Urgent Care/ER	\$75/\$150	\$75/\$150	\$75/\$150	\$60/\$150	\$60/\$150
Chiropractic, Visit Limit/Copay	30/\$10 (PT & OT combined)	30/\$10 (PT & OT combined)	30/\$10 (PT & OT combined)	30/20% (PT & OT combined)	30/10% (PT & OT combined)
Rx Copay	\$10/\$40/\$80/20%/20% Rx	\$10/\$40/\$80/20%/20% Rx	\$10/\$40/\$80/20%/20% Rx	\$5/\$40/\$80 Rx	\$5/\$40/\$80 Rx
Purchased Plan Rates - Medical					
	Census Rates	Census Monthly Cost	Census Monthly Cost	Census Monthly Cost	Census Monthly Cost
Monthly Premium	3 6 \$24,411.45 9	3 6 \$27,857.68 9	3 6 \$26,664.16 9	3 6 \$27,576.26 9	3 6 \$26,947.42 9
Required Employer Contribution	\$0	\$0	\$0	\$0	\$0
Total Annual Premium	18 \$292,937	18 \$334,292	18 \$319,970	18 \$330,915	18 \$323,369

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. The figures are estimates and may change for future billings.

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 proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

*BCBSM proposed rates do not include SET SEG's admin fee for billing and enrollment services.



Medical Rate Summary
Fairview Area Schools
Administrators & Teachers
 Assumed Effective Date: 7/1/2015

Current Plan(s) and Segment:

Administrators & Teachers	Census Rate	3	6	9	18	Total Cost
Priority Health PPO Platinum 250 0%; \$10/\$40/\$80/20%/20% Rx					\$24,411.45	\$292,937
TOTALS:		3	6	9	18	\$292,937
					\$24,411	

Product Name	Monthly Premium	Total Annual Cost	Estimated Annual Savings
Priority Health Renewal Options			
Priority Health PPO Platinum 250 0%; \$10/\$40/\$80/20%/20% Rx 7/1/2015 Renewal	\$28,903	\$346,832	-\$53,895
Priority Health PPO Platinum 250 10%; \$10/\$40/\$80/20%/20% Rx	\$27,858	\$334,292	-\$41,355
Priority Health POS Platinum 250 0%; \$10/\$40/\$80/20%/20% Rx	\$27,646	\$331,750	-\$38,813
Priority Health POS Platinum 250 10%; \$10/\$40/\$80/20%/20% Rx	\$26,664	\$319,970	-\$27,033
Priority Health POS Gold 500; 20%; \$15/\$50/\$80/20%/20% Rx	\$22,787	\$273,439	\$19,498
Priority Health POS HSA Gold 1300; 10%; \$10/\$40/\$80/20%/20% Rx	\$20,998	\$251,970	\$40,967
Priority Health POS HSA Silver 2000; 30%; \$20/\$60/\$80/20%/20% Rx	\$18,202	\$218,426	\$74,511
Priority Health HMO Platinum 250 0%; \$10/\$40/\$80/20%/20% Rx	\$26,350	\$316,197	-\$23,259
Priority Health HMO Platinum 250 10%; \$10/\$40/\$80/20%/20% Rx	\$25,352	\$304,227	-\$11,290
Priority Health HMO Gold 500; 20%; \$15/\$50/\$80/20%/20% Rx	\$21,618	\$259,419	\$33,518
Priority Health HMO HSA Gold 1300; 10%; \$10/\$40/\$80/20%/20% Rx	\$20,071	\$240,858	\$52,080
Priority Health HMO HSA Silver 2000; 30%; \$20/\$60/\$80/20%/20% Rx	\$17,396	\$208,749	\$84,188
BCBSM Renewal Options			
BCBSM Community Blue PPO Platinum 250; 20%; \$5/\$40/\$80 Rx	\$27,576	\$330,915	-\$37,978
BCBSM Community Blue PPO Platinum 500; 10%; \$5/\$40/\$80 Rx	\$26,947	\$323,369	-\$30,432
BCBSM Simply Blue PPO Gold 500; 20%; \$15/\$50/50%/20%/25% Rx	\$22,300	\$267,600	\$25,338
BCBSM Simply Blue HSA PPO Gold 1300; 20%; \$10/\$40/\$80/15%/25% Rx	\$21,502	\$258,025	\$34,912
BCBSM Simply Blue HSA PPO Gold 2000 (1000); 20%; \$15/\$50/50%/20%/25% Rx	\$18,408	\$220,896	\$72,042
BCBSM Simply Blue HSA PPO Silver 2000; 20%; \$15/\$50/50%/20%/25% Rx	\$18,408	\$220,896	\$72,042

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. The figures are estimates and may change for future billings..

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 proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

*BCBSM proposed rates do not include SET SEG's admin fee for billing and enrollment services.