



**Medical Rate Summary
Bark River-Harris Schools
All Employees**

Assumed Effective Date: 7/1/2015

Current Plan(s) and Segment:	1P	2P	FF	Total Monthly Cost
Administration	1	2	1	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	\$571.41	\$1,256.73	\$1,510.59	\$4,595.45
Teachers w/Choices	2	3	7	
MESSA \$200-0%; Saver Rx	\$572.75	\$1,286.82	\$1,601.01	\$16,213.03
Teachers w/ABC	2	0	20	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	\$571.41	\$1,256.73	\$1,510.59	\$31,354.56
Support Staff w/Choices	1	2	7	
MESSA \$500-0%; Saver Rx	\$526.84	\$1,183.51	\$1,472.44	\$13,200.94
Support Staff w/ABC	0	1	0	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	\$571.41	\$1,256.73	\$1,510.59	\$1,256.73

Total Monthly Cost \$66,620.71
Total Annual Cost \$799,448.52

Quoted Plans	1P	2P	FF	Total Monthly Cost
CMI PPO \$500-0%; \$5/\$40/\$80/20% Rx	6	8	35	
Rate	\$557.23	\$1,170.18	\$1,727.41	\$73,164.17
CMI PPO \$1000-0%; \$5/\$40/\$80/20% Rx				
Rate	\$522.66	\$1,097.59	\$1,620.25	\$68,625.43

Notes:

Rates do not include SET SEG's \$7.00 pepm fee for billing and enrollment services.

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

MESSA:

Current MESSA rates include deductible funding for ABC plans

Consumers Mutual:

Consumers Mutual proposed rates include estimated taxes or fees associated with the Affordable Care Act.

Health Plan Options

Offered By:



Bark River-Harris Schools

**CMI PPO \$500-0%; \$5/\$40/\$80/20% Rx
Conventional PPO Plan**

	All Employees		
	1P	2P	FF
Monthly Premium	\$557.23	\$1,170.18	\$1,727.41
Proposed Monthly Cost		\$73,164.17	
Proposed Annual Cost		\$877,970.04	
Total Annual Savings - \$		-\$78,521.52	
Total Annual Savings - %		-9.8%	
PA 152 Cap (2015)	\$499.36	\$1,044.31	\$1,361.89
Employee Cost Share w/cap	\$57.87	\$125.87	\$365.52

ABOUT THE PLAN

Description: Traditional - Traditional insurance with deductibles and copays
Network: Conventional PPO Plan
Effective Date: 7/1/2015

BEFORE DEDUCTIBLE IS MET, PATIENT PAYS...

Deductible: \$500/\$1000
Coinsurance: 0% coinsurance after deductible has been met
OV/Specialist: \$15 office visit copay and \$30 specialist visit copay
Urgent Care/ER: \$45 urgent care copay and \$150 emergency room copay
Chiropractic: \$30 copay for visits, 30 visit max per year (combined with PT and OT)
Prescription Drugs: \$5/\$40/\$80/20%

AFTER DEDUCTIBLE IS MET, PATIENT PAYS...

Deductible: N/A
Coinsurance: 0% coinsurance
OV/Specialist: \$15 office visit copay and \$30 specialist visit copay until Out of Pocket Max is reached
Urgent Care/ER: \$45 urgent care copay and \$150 emergency room copay until Out of Pocket Max is reached
Chiropractic: \$30 copay for visits until Out of Pocket Max is reached, 30 visit max per year (combined with PT and OT)
Prescription Drugs: \$5/\$40/\$80/20% until Out of Pocket Max is reached

\$1,000/\$2,000 OUT-OF-POCKET MAXIMUM INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS

AFTER OUT-OF-POCKET MAXIMUM IS MET, PLAN PAYS 100% OF COVERED SERVICES

***Please see Rate Summary page for important notes pertaining to this quote.**

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

Health Plan Options

Offered By:



Bark River-Harris Schools

**CMI PPO \$1000-0%; \$5/\$40/\$80/20% Rx
Conventional PPO Plan**

	All Employees		
	1P	2P	FF
Monthly Premium	\$522.66	\$1,097.59	\$1,620.25
Proposed Monthly Cost		\$68,625.43	
Proposed Annual Cost		\$823,505.16	
Total Annual Savings - \$		-\$24,056.64	
Total Annual Savings - %		-3.0%	
PA 152 Cap (2015)	\$499.36	\$1,044.31	\$1,361.89
Employee Cost Share w/cap	\$23.30	\$53.28	\$258.36

ABOUT THE PLAN

Description: Traditional - Traditional insurance with deductibles and copays
Network: Conventional PPO Plan
Effective Date: 7/1/2015

BEFORE DEDUCTIBLE IS MET, PATIENT PAYS...

Deductible: \$1000/\$2000
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OV/Specialist: \$15 office visit copay and \$30 specialist visit copay
Urgent Care/ER: \$45 urgent care copay and \$150 emergency room copay
Chiropractic: \$30 copay for visits, 30 visit max per year (combined with PT and OT)
Prescription Drugs: \$5/\$40/\$80/20%

AFTER DEDUCTIBLE IS MET, PATIENT PAYS...

Deductible: N/A
Coinsurance: 0% coinsurance
OV/Specialist: \$15 office visit copay and \$30 specialist visit copay until Out of Pocket Max is reached
Urgent Care/ER: \$45 urgent care copay and \$150 emergency room copay until Out of Pocket Max is reached
Chiropractic: \$30 copay for visits until Out of Pocket Max is reached, 30 visit max per year (combined with PT and OT)
Prescription Drugs: \$5/\$40/\$80/20% until Out of Pocket Max is reached

\$2,000/\$4,000 OUT-OF-POCKET MAXIMUM INCLUDES DEDUCTIBLE, COINSURANCE AND COPAYS

AFTER OUT-OF-POCKET MAXIMUM IS MET, PLAN PAYS 100% OF COVERED SERVICES

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