



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

**Pellston Public Schools  
All Employees**

**Assumed Effective Date: 12/1/2016  
Updated Rates Based on Final Enrollment**

	<b>CURRENT PLAN</b> <b>Administrators and Supervisors</b> MESSA ABC Plan 2 \$2000-0%; ABC Rx		<b>CURRENT PLAN</b> <b>Teachers</b> MESSA ABC Plan 1 \$1300-0%; ABC Rx		<b>Option 1</b> <b>Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40 Rx</b>	<b>Priority Health POS HSA 1350-10%; \$10/\$10/\$40/\$40/\$40/\$40 Rx (updated rates based on final enrollment)</b>
<b>Plan</b>	7/1/2016-6/30/2017 <b>In Network</b>		7/1/2016-6/30/2017 <b>In Network</b>		12/1/2016-11/30/2017 <b>In Network</b>	9/1/2016-8/31/2017 <b>In Network</b>
<b>Rate Period</b>	7/1/2016-6/30/2017 <b>In Network</b>		7/1/2016-6/30/2017 <b>In Network</b>		12/1/2016-11/30/2017 <b>In Network</b>	9/1/2016-8/31/2017 <b>In Network</b>
<b>Purchased Plan Features</b>						
<b>Deductible</b>						
Annual Deductible - 1P	\$2,000		\$1,300		\$1,350	\$1,350
Annual Deductible - 2P/FF	\$4,000		\$2,600		\$2,700	\$2,700
<b>Additional Cost After Deductible</b>						
Employee Coinsurance after Deductible	0%		0%		10%	10%
Coinsurance Max - 1P	\$1,000		\$1,000		\$1,050	\$1,050
Coinsurance Max - 2P/FF	\$2,000		\$2,000		\$2,100	\$2,100
<b>Out of Pocket Maximum</b>						
Max ded, coinsurance, copays - 1P	\$3,000		\$2,300		\$2,400	\$2,400
Max ded, coinsurance, copays - 2P/FF	\$6,000		\$4,600		\$4,800	\$4,800
<b>Copayments</b>						
Office Visit/Specialist	0% after Ded.		0% after Ded.		10% after Ded.	10% after Ded.
Urgent Care/ER	0% after Ded.		0% after Ded.		10% after Ded.	10% after Ded.
Chiropractic Limit/Copay	38/0% after Ded.		38/0% after Ded.		30/10% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)
Rx Copay	ABC Rx		ABC Rx		\$10/\$10/\$40/\$40/\$40/\$40 after Ded.	\$10/\$10/\$40/\$40/\$40/\$40 after Ded.
<b>Total Monthly Costs</b>	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	2	\$566.51	3	\$593.10	5	\$462.30
Two Person (2P)	0	\$1,272.38	5	\$1,332.20	5	\$966.81
Family (FF)	3	\$1,585.01	21	\$1,659.45	24	\$1,260.81
<b>Total Annual Premium</b>	5	\$70,657	29	\$519,466	34	\$448,860
<b>Combined Current Lives</b>	34		< TOTALS			
<b>Combined Annual Premium</b>	\$590,123		< TOTALS			
<b>Total Costs</b>					<b>PEPM</b>	<b>Annual</b>
<b>Estimated Annual Cost</b>	\$590,123		<Totals			<b>\$448,860</b>
<b>Estimated Savings/(Increase) \$</b>						<b>\$141,262.68</b>
<b>Estimated Difference %</b>						<b>23.9%</b>
<b>Single (annual amounts)</b>						
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost	Included in total plan cost
Total Plan Cost	\$6,798.13		\$7,117.18		\$5,547.60	\$5,204.40
PA 152 Hard Cap	\$6,142.11		\$6,142.11		\$6,142.11	\$6,142.11
Amount Over/Under Hard Cap	\$656.02		\$975.07		-\$594.51	-\$937.71
<b>Two Person (annual amounts)</b>						
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost	Included in total plan cost
Total Plan Cost	\$15,268.55		\$15,986.43		\$11,601.72	\$10,884.12
PA 152 Hard Cap	\$12,845.04		\$12,845.04		\$12,845.04	\$12,845.04
Amount Over/Under Hard Cap	\$2,423.51		\$3,141.39		-\$1,243.32	-\$1,960.92
<b>Family (annual amounts)</b>						
Taxes and Fees	Included in total plan cost		Included in total plan cost		Included in total plan cost	Included in total plan cost
Total Plan Cost	\$19,020.14		\$19,913.44		\$15,129.72	\$14,193.96
PA 152 Hard Cap	\$16,751.23		\$16,751.23		\$16,751.23	\$16,751.23
Amount Over/Under Hard Cap	\$2,268.91		\$3,162.21		-\$1,621.51	-\$2,557.27

**MESSA:**

\*MESSA rates include estimated blended taxes and fees for the 2016-2017 policy period.

**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.

\*For Priority Health SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG.