



**Medical Rate Summary**  
**Buckley Community Schools**  
**All Employees**  
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost	
<b>All Employees</b>		Census	4	5	13	22	
	MESSA Choices \$500-0%; Saver Rx	Rate	\$686.84	\$1,542.84	\$1,923.25		\$425,566
	<b>TOTALS:</b>		4	5	13	22	\$425,566

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
<b>MESSA Plans</b>					
MESSA ABC Plan 1 \$1300-0%; ABC Rx	\$601	\$1,350	\$1,683	\$372,349	\$53,217
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$563	\$1,264	\$1,576	\$348,622	\$76,944
<b>BCBSM Small Group HSA Plans</b>					
Simply Blue HSA PPO Gold \$1300	\$545	\$1,139	\$1,486	\$326,341	\$99,225
Simply Blue HSA PPO Gold \$1350	\$583	\$1,219	\$1,589	\$349,020	\$76,546
Simply Blue HSA PPO Gold \$2700 (\$700)	\$490	\$1,024	\$1,335	\$293,231	\$132,335
<b>BCBSM Small Group PPO Plans</b>					
Community Blue PPO Platinum \$500	\$698	\$1,460	\$1,904	\$418,078	\$7,488
Simply Blue PPO Gold \$500	\$578	\$1,208	\$1,575	\$345,921	\$79,645
<b>Priority Health Small Group Options</b>					
Priority Health POS \$250-0%; \$10/\$10/\$40/\$80/20%/20% Rx	\$692	\$1,446	\$1,886	\$414,226	\$11,340
Priority Health POS \$500-20%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	\$568	\$1,188	\$1,549	\$340,272	\$85,293
Priority Health Extras POS \$1000-20%; \$5*/\$15*/\$50/\$80/20%/20% Rx (* only generics before deductible)	\$523	\$1,093	\$1,426	\$313,124	\$112,441
Priority Health POS \$2000-30%; \$20/\$20/\$60/\$80/20%/20% Rx	\$485	\$1,014	\$1,322	\$290,404	\$135,162
Priority Health POS HSA \$1350-10%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	\$526	\$1,101	\$1,435	\$315,186	\$110,379

<b>Product Name</b>	<b>1P Rate</b>	<b>2P Rate</b>	<b>FF Rate</b>	<b>Total Annual Cost</b>	<b>Estimated Annual Savings</b>
<b>Declinations</b>					
Aetna					Declined to quote

**MESSA:**

\*7/1/2016 current and proposed MESSA plans include estimated taxes and fees.

**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.

**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 BCBSM and 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



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**Buckley Community Schools  
All Employees  
Assumed Effective Date: 7/1/2016  
Option 3**

Plan	CURRENT PLAN All Employees		Option 1	Option 2	Option 3	
	MESSA Choices \$500-0%; Saver Rx		Community Blue PPO Platinum \$500	Simply Blue PPO Gold \$500	Priority Health POS \$500-20%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	
Rate Period	7/1/2016-6/30/2017		7/1/2016-6/30/2017	7/1/2016-6/30/2017	7/1/2016-6/30/2017	
Purchased Plan Features	In Network		In Network	In Network	In Network	
<b>Deductible</b>						
Annual Deductible - 1P	\$500		\$500	\$500	\$500	
Annual Deductible - 2P/FF	\$1,000		\$1,000	\$1,000	\$1,000	
<b>Additional Cost After Deductible</b>						
Employee Coinsurance after Deductible	0%		10%	20%	20%	
Coinsurance Max - 1P	\$1,000		\$500	\$3,000	\$0	
Coinsurance Max - 2P/FF	\$2,000		\$1,000	\$6,000	\$0	
<b>Out of Pocket Maximum</b>						
Max ded, coinsurance, copays - 1P	\$1,500		\$6,600	\$6,600	\$5,000	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$13,200	\$13,200	\$10,000	
<b>Copayments</b>						
Office Visit/Specialist	\$5/\$5		\$20/\$20	\$20/\$40	\$20/\$35	
Urgent Care/ER	\$10/\$25		\$60/\$150	\$60/\$150	\$75/\$150	
Chiropractic Limit/Copay	38/0% (office visit copay may apply)		30/\$20 (combined with PT and OT visits)	30/\$30 (combined with PT and OT visits)	30/\$35 (combined with PT and OT)	
Rx Copay	Saver Rx		\$5/\$40/\$80 Rx	\$15/\$50/50%/20%/25% Rx	\$10/\$10/\$40/\$40/\$40/\$40 Rx	
<b>Total Monthly Costs</b>	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$686.84	4	\$698.04	4	\$568.13
Two Person (2P)	5	\$1,542.84	5	\$1,459.81	5	\$1,207.86
Family (FF)	13	\$1,923.25	13	\$1,903.74	13	\$1,575.17
<b>Total Annual Premium</b>	22	\$425,566	22	\$418,078	22	\$345,921
<b>Total Costs</b>			PEPM	Annual	PEPM	Annual
<b>Estimated Annual Cost</b>	\$425,566			\$418,078		\$345,921
<b>Estimated Savings/(Increase) \$</b>				\$7,487.74		\$79,644.70
<b>Estimated Difference %</b>				1.8%		18.7%
<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	\$8,242.10		\$8,376.48	\$6,930.72	\$6,817.56	
PA 152 Hard Cap	\$6,142.11		\$6,142.11	\$6,142.11	\$6,142.11	
Amount Over/Under Hard Cap	\$2,099.99		\$2,234.37	\$788.61	\$675.45	
<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	\$18,514.07		\$17,517.72	\$14,494.32	\$14,257.56	
PA 152 Hard Cap	\$12,845.04		\$12,845.04	\$12,845.04	\$12,845.04	
Amount Over/Under Hard Cap	\$5,669.03		\$4,672.68	\$1,649.28	\$1,412.52	
<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	\$23,079.00		\$22,844.88	\$18,902.04	\$18,593.40	
PA 152 Hard Cap	\$16,751.23		\$16,751.23	\$16,751.23	\$16,751.23	
Amount Over/Under Hard Cap	\$6,327.77		\$6,093.65	\$2,150.81	\$1,842.17	

**MESSA:**

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**BCBSM:**

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**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 BCBSM and 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.



**Dental Rate Summary**  
**Buckley Community Schools**  
**All Employees**  
**Assumed Effective Date: 7/1/2016**

<b>Current Plan(s) and Segment:</b>		<b>1P</b>	<b>2P</b>	<b>FF</b>	<b>Monthly Composite</b>	<b>Total Annual Cost</b>	<b>Rate Period</b>
Teachers and Support Staff Enrolled in Medical	<b>Census</b>	4	5	12	\$102.13	\$25,737	7/1/2016-6/30/2017
100/70/70/70-2000/4000 Dental Plan	<b>Rate</b>	\$35.15	\$69.99	\$137.85			
Teachers and Support Staff Not Enrolled in Medical	<b>Census</b>	1			\$27.52	\$330	7/1/2016-6/30/2017
100/70/70/70-2000/4000 Dental Plan	<b>Rate</b>	\$27.52	\$55.25	\$114.17			
Administrators Enrolled in Medical	<b>Census</b>			1	\$109.00	\$1,308	7/1/2016-6/30/2017
70/70/70/70-2000/4000 Dental Plan	<b>Rate</b>	\$24.97	\$50.65	\$109.00			
Administrators Not Enrolled in Medical	<b>Census</b>			2	\$107.89	\$2,589	7/1/2016-6/30/2017
70/70/70/70-2000/4000 Dental Plan	<b>Rate</b>	\$27.96	\$54.80	\$107.89			
<b>TOTALS:</b>		<b>5</b>	<b>5</b>	<b>15</b>		<b>\$29,965</b>	

<b>Product Name</b>	<b>Rate Period</b>	<b>1P Rate</b>	<b>2P Rate</b>	<b>FF Rate</b>	<b>Monthly Composite</b>	<b>Total Cost</b>	<b>Estimated Annual Savings</b>
Principal 70/70/70/70-2000/4000 Dental Plan	7/1/2016 - 6/30/2017	\$34.49	\$68.22	\$135.63	\$101.92	\$30,576	-\$611
ADN		Declined to quote.					
Guardian		Declined to quote.					
MetLife		Declined to quote.					

\*Principal rates include taxes and fees.



**Vision Rate Summary**  
**Buckley Community Schools**  
**All Employees**  
**Assumed Effective Date: 7/1/2016**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
All Employees		5	5	15	\$14.81	\$4,444	7/1/2016-6/30/2017
	VSP 2 Silver	Census Rate	\$5.76	\$12.38	\$18.64		
<b>TOTALS:</b>		<b>5</b>	<b>5</b>	<b>15</b>		<b>\$4,444</b>	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
Principal Vision Plan	7/1/2016-6/30/2017	\$8.95	\$17.48	\$29.02	\$22.70	\$6,809	-\$2,366
NVA Vision Plan	7/1/2016-6/30/2018	\$5.27	\$10.55	\$19.00	\$14.56	\$4,369	\$74
ADN		Declined to quote.					
Guardian		Declined to quote.					
MetLife		Declined to quote.					

\*Principal rates include taxes and fees. Employee & Spouse rates and Employee & Child(ren) rates were provided. Employee & Spouse rates are shown above.

\*NVA rates include the federally mandated PPACA fee for the first year.



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## Vision Plan Comparison

### Buckley Community Schools All Employees

	<b>CURRENT PLAN</b>	<b>Option 1</b>
	<b>All Employees</b>	
<b>Name</b>	<b>VSP 2 Silver</b>	<b>NVA Vision Plan</b>
<b>Rate Period</b>	7/1/2016-6/30/2017	7/1/2016-6/30/2018
<b>Purchased Plan Features</b>	<b>Coverage Allowance</b>	<b>Coverage Allowance</b>
Optometrist Exam	100% after exam copay once every 12 months	100% after exan copay once every 12 months
Ophthalmologist Exam	100% after exam copay once every 12 months	100% after exan copay once every 12 months
Regular Lenses	100% after material copay once every 12 months	100% after material copay once every 12 months
Bifocal Lenses	100% after material copay once every 12 months	100% after material copay once every 12 months
Trifocal Lenses	100% after material copay once every 12 months	100% after material copay once every 12 months
Lentiucular Lenses	100% after material copay once every 12 months	100% after material copay once every 12 months
Frame Allowance	\$130.00 allowance after material copay once every 12 months	Covered up to \$130.00 Retail Allowance (20% discount off remaining balance over \$130.00 allowance)
Necessary Contacts	100% after material copay once every 12 months	100% after material copay once every 12 months
Cosmetic Contacts	\$110.00 allowance once every 12 months	Allowance (15% discount (Conventional) or 10% discount (Disposable) off remaining balance over \$110.00 allowance)
Exam Copay	\$6.50	\$6.50
Material Copay	\$18.00	\$18.00
<b>Purchased Plan Rates</b>	<b>Census</b>	<b>Rates</b>
One Person (1P)	5	\$5.76
Two Person (2P)	5	\$12.38
Family (FF)	15	\$18.64
<b>Total Annual Premium</b>	<b>25</b>	<b>\$4,444</b>
<b>Combined Annual Premium</b>	<b>\$4,444</b>	
<b>Estimated Cost for Benefit Increase - \$</b>		<b>\$0</b>
<b>Estimated Savings - %</b>		<b>\$74</b> <b>2%</b>

\*NVA rates include the federally mandated PPACA fee for the first year.