



Homer Community School District

Medical Rate Summary

All Employees Medical Options

Effective Date: July 1, 2018

Current Plan(s):		1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA Choices \$500-0%; 3 Tier Rx with Mandatory Mail (Admin)	Census	0	1	4	5		
	Rate	\$658.88	\$1,480.60	\$1,842.16		\$8,849	\$106,191
MESSA Choices \$500-0%; 3 Tier Rx with Mandatory Mail (Tch and SS)	Census	6	5	26	37		
	Rate	\$658.88	\$1,480.60	\$1,842.15		\$59,252	\$711,026
MESSA Choices \$500-20%; 3 Tier Rx with Mandatory Mail (All)	Census	1	0	1	2		
	Rate	\$585.87	\$1,316.34	\$1,637.74		\$2,224	\$26,683
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx with Mandatory Mail (Tch and SS)	Census	7	1	4	12		
	Rate	\$614.59	\$1,380.94	\$1,718.14		\$12,556	\$150,668
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx with Mandatory Mail (Admin)	Census	0	1	0	1		
	Rate	\$614.59	\$1,380.95	\$1,718.14		\$1,381	\$16,571
TOTALS:		14	8	35	57	\$84,262	\$1,011,139

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO \$250-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$548.16	\$1,304.51	\$1,628.66	\$75,113.20	\$901,358.37	-\$109,781
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$532.80	\$1,267.66	\$1,582.59	\$72,991.29	\$875,895.53	-\$135,244
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$481.14	\$1,143.69	\$1,427.64	\$65,853.00	\$790,236.04	-\$220,903
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$453.04	\$1,076.25	\$1,343.32	\$61,968.51	\$743,622.15	-\$267,517
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$438.21	\$1,040.65	\$1,298.84	\$59,919.60	\$719,035.14	-\$292,104
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$414.91	\$984.75	\$1,228.97	\$56,700.60	\$680,407.18	-\$330,732
MESSA Choices \$500-0%; Saver Rx	\$696.75	\$1,565.79	\$1,948.17	\$90,466.77	\$1,085,601.24	\$74,462
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx	\$622.20	\$1,398.09	\$1,739.48	\$80,777.32	\$969,327.84	-\$41,811

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All Proposed Plans:

*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:

*BCBSM quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

SET SEG:

*BCBSM rates include \$7.90 enrollment and billing service fee.

Declinations:

Priority Health declined to quote

McLaren declined to quote.

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



Homer Community School District

All Employees Medical Options
Effective Date: July 1, 2018

	Current Plans					Option 1	Option 2	Option 3	Option 4
	MESSA @ MESSA Choices \$500-0%; 3 Tier Rx with Mandatory Mail (Admin)	MESSA @ MESSA Choices \$500-0%; 3 Tier Rx with Mandatory Mail (Tch and SS)	MESSA @ MESSA Choices \$500-20%; 3 Tier Rx with Mandatory Mail (All)	MESSA @ MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx with Mandatory Mail (Tch and SS)	MESSA @ MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx with Mandatory Mail (Admin)	Blue Cross Blue Shield of Michigan @ BCBSM SB PPO \$250-20%; \$1500 ECM; \$10/\$40/\$80 Rx	Blue Cross Blue Shield of Michigan @ BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	Blue Cross Blue Shield of Michigan @ BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	Blue Cross Blue Shield of Michigan @ BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx
Rate Period	7/1/2017 - 12/31/2018	7/1/2017 - 12/31/2018	7/1/2017 - 12/31/2018	7/1/2017 - 12/31/2018	7/1/2017 - 12/31/2018	7/1/2018-6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019
Benefits									
Deductible									
Individual	\$500	\$500	\$500	\$1,350	\$1,350	\$250	\$500	\$1,350	\$1,350
Family	\$1,000	\$1,000	\$1,000	\$2,700	\$2,700	\$500	\$1,000	\$2,700	\$2,700
Coinsurance	0% coinsurance	0% coinsurance	20% coinsurance	0% coinsurance after Deductible	0% coinsurance after Deductible	20% coinsurance	20% coinsurance	0% coinsurance after Deductible	20% coinsurance after Deductible
Coinsurance Maximum				\$0 single,\$0 2P/family	\$0 single,\$0 2P/family	\$1,500 per member/\$3,000 per family	\$1,500 per member/\$3,000 for family	\$0 single,\$0 2p/family	\$900 single,\$1,800 2p/family
Out-of-Pocket Maximum									
Individual	Medical: \$1,500/Prescription Drug: \$2,000	Medical: \$1,500/Prescription Drug: \$2,000	Medical: \$2,500/Prescription Drug: \$2,000	\$2,350	\$2,350	\$6,350	\$6,350	\$2,250	\$2,250
Family	Medical: \$3,000/Prescription Drug: \$4,000	Medical: \$3,000/Prescription Drug: \$4,000	Medical: \$5,000/Prescription Drug: \$4,000	\$4,700	\$4,700	\$12,700	\$12,700	\$4,500	\$4,500
Professional Services									
Office Visit	Subject to Deductible and \$20 copay	Subject to Deductible and \$20 copay	Subject to Deductible and \$20 copay	0% coinsurance after Deductible	0% coinsurance after Deductible	\$20 copay	\$20 copay	0% coinsurance after Deductible	20% coinsurance after Deductible
Specialist Visit	Subject to Deductible and \$20 copay Subject to Deductible and coinsurance (office visit copay may apply)/38 visits	Subject to Deductible and \$20 copay Subject to Deductible and coinsurance (office visit copay may apply)/38 visits	Subject to Deductible and \$20 copay Subject to Deductible and coinsurance (office visit copay may apply)/38 visits	0% coinsurance after Deductible	0% coinsurance after Deductible	\$20 copay	\$20 copay	0% coinsurance after Deductible	20% coinsurance after Deductible
Chiropractic				38/0% coinsurance after Deductible	38/0% coinsurance after Deductible	\$20 copay/12 visits per year	\$20 copay/12 visits per year	0% coinsurance after Deductible/12 visits per year	20% coinsurance after Deductible/12 visits per year
Emergency Services									
Urgent Care	Subject to Deductible and \$25 copay Subject to Deductible and \$50 copay (if copay is waived, then coinsurance may apply)	Subject to Deductible and \$25 copay Subject to Deductible and \$50 copay (if copay is waived, then coinsurance may apply)	Subject to Deductible and \$25 copay Subject to Deductible and \$50 copay (if copay is waived, then coinsurance may apply)	0% coinsurance after Deductible	0% coinsurance after Deductible	\$20 copay	\$20 copay	0% coinsurance after Deductible	20% coinsurance after Deductible
Emergency Room				0% coinsurance after Deductible	0% coinsurance after Deductible	\$150 copay	\$150 copay	0% coinsurance after Deductible	20% coinsurance after Deductible
Prescription Drugs									
Preferred Generic									
Generic	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail	\$10 copay	\$10 copay	\$10 copay after Deductible	\$10 copay after Deductible
Preferred Brand	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail	\$40 copay	\$40 copay	\$40 copay after Deductible	\$40 copay after Deductible
Non-Preferred Brand	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail	\$80 copay	\$80 copay	\$80 copay after Deductible	\$80 copay after Deductible
Preferred Specialty	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail				
Non-Preferred Specialty	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail				
Rates	Total Count								
Single	14 0	6	1	7	0	\$548.16	\$532.80	\$481.14	\$453.04
Two Person	8 1	5	0	1	1	\$1,304.51	\$1,267.66	\$1,143.69	\$1,076.25
Family	35 4	26	1	4	0	\$1,628.66	\$1,582.59	\$1,427.64	\$1,343.32
Combined Est. Monthly Premium						\$75,113.20	\$72,991.29	\$65,853.00	\$61,968.51
Combined Est. Annual Premium						\$901,358.37	\$875,895.53	\$790,236.04	\$743,622.15
Percentage Change From Current						-11%	-13%	-22%	-26%
Annual Dollar Change From Current						-\$109,780.95	-\$135,243.79	-\$220,903.28	-\$267,517.17

Cost Share Analysis

Single (annual amounts)									
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$7,906.56	\$7,906.56	\$7,030.44	\$7,375.08	\$7,375.08	\$6,577.87	\$6,393.58	\$5,773.73	\$5,436.42
PA 152 Cap	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,560.52	\$6,560.52	\$6,560.52
Amount Over/Under Hard Cap	\$1,561.76	\$1,561.76	\$685.64	\$1,030.28	\$1,030.28	\$233.07	-\$166.94	-\$786.79	-\$1,124.10
Two Person (annual amounts)									
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$17,767.20	\$17,767.20	\$15,796.08	\$16,571.28	\$16,571.40	\$15,654.06	\$15,211.95	\$13,724.30	\$12,914.96
PA 152 Cap	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,720.07	\$13,720.07	\$13,720.07
Amount Over/Under Hard Cap	\$4,498.27	\$4,498.27	\$2,527.15	\$3,302.35	\$3,302.47	\$2,385.13	\$1,491.88	\$4.23	-\$805.11
Family (annual amounts)									
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$22,105.92	\$22,105.80	\$19,652.88	\$20,617.68	\$20,617.68	\$19,543.88	\$18,991.14	\$17,131.70	\$16,119.79
PA 152 Cap	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,892.36	\$17,892.36	\$17,892.36
Amount Over/Under Hard Cap	\$4,801.90	\$4,801.78	\$2,348.86	\$3,313.66	\$3,313.66	\$2,239.86	\$1,098.78	-\$760.66	-\$1,772.57

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Declinations:

Priority Health declined to quote

McLaren declined to quote.

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Homer Community School District

Medical Rate Summary

Everyone but Teachers Medical Options

Effective Date: July 1, 2018

Current Plan(s) and Segment:		1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA Choices \$500-0%; 3 Tier Rx with Mandatory Mail (Admin)	Census	0	1	4	5		
	Rate	\$658.88	\$1,480.60	\$1,842.16		\$8,849	\$106,191
MESSA Choices \$500-0%; 3 Tier Rx with Mandatory Mail (SS)	Census	1	3	3	7		
	Rate	\$658.88	\$1,480.60	\$1,842.15		\$10,627	\$127,526
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx with Mandatory Mail (Admin)	Census	0	1	0	1		
	Rate	\$614.59	\$1,380.95	\$1,718.14		\$1,381	\$16,571
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx with Mandatory Mail (SS)	Census	2	1	0	3		
	Rate	\$614.59	\$1,380.94	\$1,718.14		\$2,610	\$31,321
TOTALS:		3	6	7	16	\$23,467	\$281,609

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO \$250-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$658.23	\$1,568.70	\$1,958.91	\$25,099.23	\$301,190.81	\$19,582
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$639.94	\$1,524.81	\$1,904.03	\$24,396.88	\$292,762.53	\$11,153
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$575.58	\$1,370.34	\$1,710.94	\$21,925.41	\$263,104.95	-\$18,504
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$542.67	\$1,291.33	\$1,612.19	\$20,661.29	\$247,935.52	-\$33,674
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$524.05	\$1,246.66	\$1,556.35	\$19,946.58	\$239,358.92	-\$42,250
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$496.77	\$1,181.19	\$1,474.51	\$18,899.02	\$226,788.18	-\$54,821

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Declinations:

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Homer Community School District

Everyone but Teachers Medical Options

Effective Date: July 1, 2018

	Current Plans				Option 1	Option 2	Option 3	Option 4					
	MESSA ® MESSA Choices \$500-0%; 3 Tier Rx with Mandatory Mail (Admin) 7/1/2017 - 12/31/2018	MESSA ® MESSA Choices \$500-0%; 3 Tier Rx with Mandatory Mail (SS) 7/1/2017 - 12/31/2018	MESSA ® MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx with Mandatory Mail (Admin) 7/1/2017 - 12/31/2018	MESSA ® MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx with Mandatory Mail (SS) 7/1/2017 - 12/31/2018	Blue Cross Blue Shield of Michigan ® BCBSM SB PPO \$250-20%; \$1500 ECM; \$10/\$40/\$80 Rx 7/1/2018 - 6/30/2019	Blue Cross Blue Shield of Michigan ® BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx 7/1/2018 - 6/30/2019	Blue Cross Blue Shield of Michigan ® BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx 7/1/2018 - 6/30/2019	Blue Cross Blue Shield of Michigan ® BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx 7/1/2018 - 6/30/2019					
Rate Period	7/1/2017 - 12/31/2018												
Benefits													
Deductible													
Individual	\$500	\$500	\$1,350	\$1,350	\$250	\$500	\$1,350	\$1,350					
Family	\$1,000	\$1,000	\$2,700	\$2,700	\$500	\$1,000	\$2,700	\$2,700					
Coinsurance	0% coinsurance												
Coinsurance Maximum	0% coinsurance after Deductible												
Out-of-Pocket Maximum	\$0 single, \$0 2p/family												
Individual	Medical: \$1,500/Prescription Drug: \$2,000	Medical: \$1,500/Prescription Drug: \$2,000	\$2,350	\$2,350	\$6,350	\$6,350	\$2,250	\$2,250					
Family	Medical: \$3,000/Prescription Drug: \$4,000	Medical: \$3,000/Prescription Drug: \$4,000	\$4,700	\$4,700	\$12,700	\$12,700	\$4,500	\$4,500					
Professional Services													
Office Visit	Subject to Deductible and \$20 copay	Subject to Deductible and \$20 copay	0% coinsurance after Deductible	0% coinsurance after Deductible	\$20 copay	\$20 copay	0% coinsurance after Deductible	20% coinsurance after Deductible					
Specialist Visit	Subject to Deductible and \$20 copay	Subject to Deductible and \$20 copay	0% coinsurance after Deductible	0% coinsurance after Deductible	\$20 copay	\$20 copay	0% coinsurance after Deductible	20% coinsurance after Deductible					
Chiropractic	Subject to Deductible and coinsurance (office visit copay may apply)/38 visits	Subject to Deductible and coinsurance (office visit copay may apply)/38 visits	38/0% coinsurance after Deductible	38/0% coinsurance after Deductible	\$20 copay/12 visits per year	\$20 copay/12 visits per year	0% coinsurance after Deductible/12 visits per year	20% coinsurance after Deductible/12 visits per year					
Emergency Services													
Urgent Care	Subject to Deductible and \$25 copay	Subject to Deductible and \$25 copay	0% coinsurance after Deductible	0% coinsurance after Deductible	\$20 copay	\$20 copay	0% coinsurance after Deductible	20% coinsurance after Deductible					
Emergency Room	Subject to Deductible and \$50 copay (if copay is waived, then coinsurance may apply)	Subject to Deductible and \$50 copay (if copay is waived, then coinsurance may apply)	0% coinsurance after Deductible	0% coinsurance after Deductible	\$150 copay	\$150 copay	0% coinsurance after Deductible	20% coinsurance after Deductible					
Prescription Drugs													
Preferred Generic													
Generic	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail	\$10 copay	\$10 copay	\$10 copay after Deductible	\$10 copay after Deductible					
Preferred Brand	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail	\$40 copay	\$40 copay	\$40 copay after Deductible	\$40 copay after Deductible					
Non-Preferred Brand	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail	\$80 copay	\$80 copay	\$80 copay after Deductible	\$80 copay after Deductible					
Preferred Specialty	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail									
Non-Preferred Specialty	3 Tier Rx with Mandatory Mail	3 Tier Rx with Mandatory Mail	ABC Rx with Mandatory Mail	ABC Rx with Mandatory Mail									
Rates													
Total Count													
Single	3	0	\$658.88	1	\$658.88	0	\$614.59	2	\$614.59	\$658.23	\$639.94	\$575.58	\$542.67
Two Person	6	1	\$1,480.60	3	\$1,480.60	1	\$1,380.95	1	\$1,380.94	\$1,568.70	\$1,524.81	\$1,370.34	\$1,291.33
Family	7	4	\$1,842.16	3	\$1,842.15	0	\$1,718.14	0	\$1,718.14	\$1,958.91	\$1,904.03	\$1,710.94	\$1,612.19
Combined Est. Monthly Premium									\$23,467.44	\$23,099.23	\$24,396.88	\$21,925.41	\$20,661.29
Combined Est. Annual Premium									\$281,609.28	\$301,190.81	\$292,762.53	\$263,104.95	\$247,935.52
Percentage Change From Current										7%	4%	-7%	-12%
Annual Dollar Change From Current										\$19,581.53	\$11,153.25	-\$18,504.33	-\$33,673.76

Cost Share Analysis

	MESSA (Admin)	MESSA (SS)	MESSA ABC (Admin)	MESSA ABC (SS)	Option 1	Option 2	Option 3	Option 4
Single (annual amounts)								
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$7,906.56	\$7,906.56	\$7,375.08	\$7,375.08	\$7,898.78	\$7,679.27	\$6,907.01	\$6,511.99
PA 152 Cap	\$6,344.80	\$6,344.80	\$6,344.80	\$6,344.80	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52
Amount Over/Under Hard Cap	\$1,561.76	\$1,561.76	\$1,030.28	\$1,030.28	\$1,338.26	\$1,118.75	\$346.49	-\$48.53
Two Person (annual amounts)								
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$17,767.20	\$17,767.20	\$16,571.40	\$16,571.28	\$18,824.40	\$18,297.74	\$16,444.11	\$15,495.98
PA 152 Cap	\$13,268.93	\$13,268.93	\$13,268.93	\$13,268.93	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07
Amount Over/Under Hard Cap	\$4,498.27	\$4,498.27	\$3,302.47	\$3,302.35	\$5,104.33	\$4,577.67	\$2,724.04	\$1,775.91
Family (annual amounts)								
Taxes and Fees	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost	Included in total plan cost
Total Plan Cost	\$22,105.92	\$22,105.80	\$20,617.68	\$20,617.68	\$23,506.86	\$22,848.32	\$20,531.32	\$19,346.24
PA 152 Cap	\$17,304.02	\$17,304.02	\$17,304.02	\$17,304.02	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36
Amount Over/Under Hard Cap	\$4,801.90	\$4,801.78	\$3,313.66	\$3,313.66	\$5,614.50	\$4,955.96	\$2,638.96	\$1,453.88

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