



(With Taxes)

**North Dickinson County Schools**  
**All Employees**  
 Assumed Effective Date: 7/1/2016

| Current Plan(s) and Segment:                                    | Total Annual Cost    |              |              |                     |
|---|----------------------|--------------|--------------|---------------------|
|   | 1P                   | 2P           | FF           |                     |
| <b>Teachers and Administration enrolled in MESSA Choices II</b> |                      |              |              |                     |
| MESSA \$500-0%; Saver Rx  | Census Rate \$667.20 | 1 \$1,498.64 | 7 \$1,868.25 | 8 \$174,916         |
| <b>Teachers and Administration enrolled in ABC Plan 1</b>       |                      |              |              |                     |
| MESSA ABC Plan 1 \$1300-0%; ABC Rx                              | Census Rate \$572.73 | 5 \$1,349.40 | 2 \$1,682.55 | 4 \$80,762          |
| <b>Support Staff</b>  |                      |              |              |                     |
| MESSA \$500-0%; Saver Rx  | Census Rate \$680.73 | 5 \$1,529.08 | 2 \$1,906.14 | 7 \$137,492         |
| <b>TOTALS:</b>  |                      | 6            | 13           | 19 <b>\$393,171</b> |

| Product Name   | 1P Rate | 2P Rate | FF Rate | Total Annual Cost | Estimated Annual Savings |
|--|---------|---------|---------|-------------------|--------------------------|
| Priority Health PPO 250-0%; \$10/\$10/\$40/\$80/20%/20% Rx                 | \$711   | \$1,488 | \$1,940 | \$409,835         | -\$16,664                |
| Priority Health PPO 250-10%; \$10/\$10/\$40/\$80/20%/20% Rx                | \$686   | \$1,434 | \$1,870 | \$394,932         | -\$1,761                 |
| Priority Health PPO 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx                | \$583   | \$1,220 | \$1,591 | \$336,029         | \$57,142                 |
| Priority Health PPO 1000-20%; \$15/\$15/\$50/\$80/20%/20% Rx               | \$558   | \$1,167 | \$1,522 | \$321,408         | \$71,763                 |
| Priority Health PPO Intergrated \$1500-30%; \$20/\$20/\$60/\$80/20%/20% Rx | \$478   | \$999   | \$1,303 | \$275,294         | \$117,877                |
| Priority Health PPO 2000-30%; \$20/\$20/\$60/\$80/20%/20% Rx               | \$486   | \$1,016 | \$1,325 | \$279,821         | \$113,350                |
| Priority Health PPO HSA 1350-10%; 10/\$10/\$40/\$80/20%/20% Rx             | \$547   | \$1,144 | \$1,492 | \$315,107         | \$78,064                 |

\*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. Rates and fees will be adjusted as necessary.

\*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 MESSA rates include the estimated Michigan Claims Tax Assessment, State Premium Tax, ACA Federal Taxes/Fees that may be included in your invoice.



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

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All Employees  
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| Plan                                  | CURRENT PLAN   |  | CURRENT PLAN                                       |  | Option 1  |  | Option 2   |            | Option 3 |  |
|---------------------------------------|--|--|--|--|---|--|--|------------|----------|--|
|                                       | Teachers and Administration enrolled in MESSA Choices II | Teachers and Administration enrolled in ABC Plan 1 | Teachers and Administration enrolled in ABC Plan 1 | Support Staff                          | Priority Health PRO 500-20%; \$15/\$15/\$50/\$80/20%/20% Rx | Priority Health PRO 1000-20%; \$15/\$15/\$50/\$80/20%/20% Rx | Priority Health PRO HSA 1350-10%; \$10/\$10/\$40/\$80/20%/20% 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                   | 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                             | In Network  | In Network   | In Network   |            |          |  |
| Annual Deductible - 1P                | \$500  | \$1,300  | \$500  | \$500                                  | \$500 (embedded)  | \$1,000 (embedded)   | \$1,350  |            |          |  |
| Annual Deductible - 2P/FF             | \$1,000  | \$2,600  | \$1,000  | \$1,000                                | \$1,000 (embedded)  | \$2,000 (embedded)   | \$2,700  |            |          |  |
| Additional Cost After Deductible      | 0%   | 0%   | 0%   | 0%                                     | 20%   | 20%  | 10%  |            |          |  |
| Employee Coinsurance after Deductible | 0%   | 0%   | 0%   | 0%                                     | 20%   | 20%  | 10%  |            |          |  |
| Coinsurance Max - 1P                  | \$0  | \$0  | \$0  | \$0                                    | \$0   | \$0  | \$0  |            |          |  |
| Coinsurance Max - 2P/FF               | \$0  | \$0  | \$0  | \$0                                    | \$0   | \$0  | \$0  |            |          |  |
| Out of Pocket Maximum                 | \$1,500  | \$2,300  | \$1,500  | \$1,500                                | \$5,000 (embedded)  | \$5,000 (embedded)   | \$2,500  |            |          |  |
| Max ded, coinsurance, copays - 1P     | \$3,000  | \$4,600  | \$3,000  | \$3,000                                | \$10,000 (embedded)   | \$10,000 (embedded)  | \$5,000  |            |          |  |
| Max ded, coinsurance, copays - 2P/FF  | \$20/\$20  | 0% after Ded.                                      | \$20/\$20  | \$20/\$20                              | \$20/\$35   | \$20/\$35  | 10% after Ded.   |            |          |  |
| Copayments                            | \$25/\$50  | 0% after Ded.                                      | \$25/\$50  | \$25/\$50                              | \$75/\$150 after Ded.                                       | \$75/\$150 after Ded.  | 10% after Ded.   |            |          |  |
| Office Visit/Specialist               | 38/\$50 (office visit copay may apply)                   | 38/0% after Ded.                                   | 38/\$50 (office visit copay may apply)             | 38/\$50 (office visit copay may apply) | 30/\$35 (combined with PT and OT)                           | 30/\$35 (combined with PT and OT)                            | 30/10% after Ded. (combined with PT and OT)                      |            |          |  |
| Urgent Care/ER                        |  |  |  |  |   |  |  |            |          |  |
| Chiropractic Limit/Copay              |  |  |  |  |   |  |  |            |          |  |
| Rx Copay                              |  |  |  |  |   |  |  |            |          |  |
| Total Monthly Costs                   | Census   | Rates  | Census   | Rates                                  | Census  | Rates  | Census   | Rates      |          |  |
| One Person (1P)                       | 0  | \$667.20   | 0  | \$572.73                               | 0   | \$680.73   | 0  | \$572.73   |          |  |
| Two Person (2P)                       | 1  | \$1,498.64   | 0  | \$1,349.40                             | 5   | \$1,529.08   | 6  | \$1,219.97 |          |  |
| Family (FF)                           | 7  | \$1,868.25   | 4  | \$1,682.55                             | 2   | \$1,906.14   | 13   | \$1,521.74 |          |  |
| Total Annual Premium                  | 8  | \$17,491.6   | 4  | \$80,762                               | 7   | \$137,492  | 19   | \$336,029  |          |  |
| Combined Current Lives                | 19   |  | < TOTALS   |  | < TOTALS  |  | < TOTALS   |            |          |  |
| Total Costs                           | \$393,171  |  | < TOTALS   |  | < TOTALS  |  | < TOTALS   |            |          |  |
| Estimated Annual Cost                 | \$393,171  |  | < TOTALS   |  | < TOTALS  |  | < TOTALS   |            |          |  |
| Estimated Savings/(Increase) \$       |  |  |  |  |   |  |  |            |          |  |
| Estimated Difference %                |  |  |  |  |   |  |  |            |          |  |

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 \*Current MESSA rates include the estimated Michigan Claims Tax Assessment, State Premium Tax, ACA Federal Taxes/Fees that may be included in your invoice.