



Fowler Public Schools

Medical Rate Summary

All Employees Medical Options

Effective Date: November 1, 2018

Current Plan(s):		1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA ABC Plan 2 HSA \$2000-0%; ABC Rx (Tch)	Census	0	0	2	2		
	Rate	\$674.75	\$1,516.31	\$1,886.61		\$3,773	\$45,279
MESSA Choices \$1000-0%; Saver Rx (Tch)	Census	0	1	2	3		
	Rate	\$761.34	\$1,711.14	\$2,129.05		\$5,969	\$71,631
MESSA Choices \$1000-0%; 3-Tier Rx with Mand. Mail (Tch)	Census	1	0	6	7		
	Rate	\$717.45	\$1,612.38	\$2,006.15		\$12,754	\$153,052
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx (Admin, Sec)	Census	0	1	2	3		
	Rate	\$720.89	\$1,620.12	\$2,015.78		\$5,652	\$67,820
MESSA Choices \$1000-0%; Saver Rx (Admin, Sec)	Census	0	1	0	1		
	Rate	\$761.34	\$1,711.14	\$2,129.05		\$1,711	\$20,534
TOTALS:		1	3	12	16	\$29,860	\$358,316

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost	Estimated Annual Savings
BCN HMO \$500-20%; \$10/\$30/\$60/\$80/20%/20% Rx	\$647.01	\$1,353.10	\$1,774.29	\$25,997.79	\$311,973.48	-\$46,342
BCN HMO \$1000-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$550.31	\$1,150.87	\$1,509.11	\$22,112.24	\$265,346.88	-\$92,969
BCN HMO HSA \$1350-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$528.46	\$1,105.16	\$1,449.18	\$21,234.10	\$254,809.20	-\$103,506
BCN HMO HSA \$1450-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$545.15	\$1,140.08	\$1,494.97	\$21,905.03	\$262,860.36	-\$95,455
BCN HMO HSA \$2700-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$465.25	\$972.99	\$1,275.86	\$18,694.54	\$224,334.48	-\$133,981
BCBSM SB PPO \$250;\$10/\$40/\$80/15%/25% Rx	\$748.29	\$1,564.91	\$2,052.04	\$30,067.50	\$360,810.00	\$2,494
BCBSM SB PPO \$500; \$15/\$50/50%/20%/25% Rx	\$671.60	\$1,404.52	\$1,841.72	\$26,985.80	\$323,829.60	-\$34,486
BCBSM SB PPO \$1000; \$15/\$50/50%/20%/25% Rx	\$649.83	\$1,359.00	\$1,782.03	\$26,111.19	\$313,334.28	-\$44,981
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80/15%/25% Rx	\$648.79	\$1,356.82	\$1,779.17	\$26,069.29	\$312,831.48	-\$45,484
BCBSM SB PPO HSA \$1450-0%; \$20/\$60/50%/20%/25% Rx	\$669.24	\$1,399.60	\$1,835.27	\$26,891.28	\$322,695.36	-\$35,620
BCBSM SB PPO HSA \$2700-0%; \$15/\$50/50%/20%/25% Rx	\$571.82	\$1,195.86	\$1,568.10	\$22,976.60	\$275,719.20	-\$82,596
PH HMO \$250-10%; \$10/\$10/\$40/\$80/20%/20% Rx	\$805.94	\$1,685.47	\$2,210.13	\$32,383.91	\$388,606.92	\$30,291
PH HMO \$500-20%; \$20/\$20/\$60/\$80/20%/20% Rx	\$694.82	\$1,453.08	\$1,905.40	\$27,918.86	\$335,026.32	-\$23,289

PH HMO \$1000-20%; \$20/\$20/\$60/\$80/20%/20% Rx	\$655.19	\$1,370.20	\$1,796.72	\$26,326.43	\$315,917.16	-\$42,398
PH HMO HSA \$1400-10%; \$20/\$20/\$60/\$80/20%/20% Rx	\$618.05	\$1,292.54	\$1,694.88	\$24,834.23	\$298,010.76	-\$60,305
PH HMO HSA \$2000-30%; \$20/\$20/\$60/\$80/20%/20% Rx	\$521.39	\$1,090.38	\$1,429.80	\$20,950.13	\$251,401.56	-\$106,914
PH POS \$250-0%; \$10/\$10/\$40/\$80/20%/20% Rx	\$875.17	\$1,830.25	\$2,399.98	\$35,165.68	\$421,988.16	\$63,673
PH POS \$500-20%; \$20/\$20/\$60/\$80/20%/20% Rx	\$725.96	\$1,518.21	\$1,990.80	\$29,170.19	\$350,042.28	-\$8,273
PH POS \$1000-20%; \$20/\$20/\$60/\$80/20%/20% Rx	\$693.27	\$1,449.84	\$1,901.16	\$27,856.71	\$334,280.52	-\$24,035
PH POS HSA \$1400-10%; \$20/\$20/\$60/\$80/20%/20% Rx	\$654.03	\$1,367.79	\$1,793.55	\$26,280.00	\$315,360.00	-\$42,956
PH POS HSA \$2000-30%; \$20/\$20/\$60/\$80/20%/20% Rx	\$546.27	\$1,142.42	\$1,498.03	\$21,949.89	\$263,398.68	-\$94,917
McLaren HMO \$500-10%; \$5/\$30/\$200/\$300 Rx	\$782.26	\$1,635.94	\$2,145.18	\$31,432.24	\$377,186.88	\$18,871
McLaren HMO \$1800-25%; \$20/\$60/\$250/\$350 Rx	\$649.34	\$1,357.98	\$1,780.69	\$26,091.56	\$313,098.72	-\$45,217
McLaren HMO \$6000-30%; \$30/\$100/\$250/\$350 Rx	\$570.49	\$1,193.08	\$1,564.46	\$22,923.25	\$275,079.00	-\$83,237
McLaren HMO HSA \$1350-0%; 0% Rx after deductible	\$733.22	\$1,533.39	\$2,010.70	\$29,461.79	\$353,541.48	-\$4,774
McLaren HMO HSA \$1750-20%; \$10/\$40/\$80/20% Rx	\$624.77	\$1,306.58	\$1,713.30	\$25,104.11	\$301,249.32	-\$57,066
McLaren HMO HSA \$3000-30%; \$10/\$40/\$80/20% Rx	\$483.55	\$1,011.26	\$1,326.04	\$19,429.81	\$233,157.72	-\$125,158
McLaren HMO HSA \$6550-0%; 0% Rx after deductible	\$443.41	\$927.30	\$1,215.95	\$17,816.71	\$213,800.52	-\$144,515

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

SET SEG:

*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.

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



Fowler Public Schools

Medical Plan Analysis
All Employees Medical Options
Effective Date: November 1, 2018

	MESSA @		MESSA @		MESSA @		Option 1	Option 2	Option 3	Option 4
	MESSA ABC Plan 2 HSA \$2000-0%; ABC Rx (Tch)	MESSA Choices \$1000-0%; Saver Rx (Tch)	MESSA Choices \$1000-0%; 3-Tier Rx with Mand. Mail (Tch)	MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx (Admin, Sec)	MESSA Choices \$1000-0%; Saver Rx (Admin, Sec)	MESSA Choices \$1000-0%; 3-Tier Rx with Mand. Mail (Tch)	Blue Care Network @ BCN HMO \$500-20%; \$10/\$30/\$60/\$80/20%/20% Rx	Blue Care Network @ BCN HMO \$1000-20%; \$4/\$15/\$40/\$80/20%/20% Rx	Blue Care Network @ BCN HMO HSA \$1350-20%; \$4/\$15/\$40/\$80/20%/20% Rx	Blue Care Network @ BCN HMO HSA \$2700-20%; \$4/\$15/\$40/\$80/20%/20% Rx
Rate Period	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	11/1/2018-10/31/2019	11/1/2018-10/31/2019	11/1/2018-10/31/2019	11/1/2018-10/31/2019
Benefits										
Deductible										
Individual	\$2,000	\$1,000	\$1,000	\$1,350	\$1,000	\$1,000	\$500	\$1,000	\$1,350	\$2,700
Family	\$4,000	\$2,000	\$2,000	\$2,700	\$2,000	\$2,000	\$1,000	\$2,000	\$2,700	\$5,400
Coinsurance	0% coinsurance after deductible	0% coinsurance	0% coinsurance	0% coinsurance after deductible	0% coinsurance	0% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance after deductible	20% coinsurance after deductible
Coinsurance Maximum							\$3,000 single, \$6,000 2p/family	\$2,500 single, \$5,000 2p/family	\$1,000 single, \$2,000 2p/family	\$2,300 single, \$4,600 2p/family
Out-of-Pocket Maximum										
Individual	\$3,000	\$2,000 medical maximum and \$1,000 Rx maximum	\$2,000 medical maximum and \$2,000 Rx maximum	\$2,350	\$2,000 medical maximum and \$1,000 Rx maximum	\$2,350	\$6,600	\$6,600	\$2,350	\$5,000
Family	\$6,000	\$4,000 medical maximum and \$2,000 Rx maximum	\$4,000 medical maximum and \$4,000 Rx maximum	\$4,700	\$4,000 medical maximum and \$2,000 Rx maximum	\$4,700	\$13,200	\$13,200	\$4,700	\$10,000
Professional Services										
Office Visit	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay (subject to deductible and office visit copayment)	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay	\$20 copay	\$20 copay	20% coinsurance after deductible	20% coinsurance after deductible
Specialist Visit	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay (subject to deductible and office visit copayment)	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$40 copay	\$40 copay	\$40 copay	20% coinsurance after deductible	20% coinsurance after deductible
Chiropractic	0% coinsurance after deductible/38 visits per year	Subject to deductible and coinsurance/38 visits per year	Subject to deductible and coinsurance/38 visits per year	0% coinsurance after deductible/38 visits per year	Subject to deductible and coinsurance/38 visits per year	\$40 copay/30 visits per year (when referred)	\$40 copay/30 visits per year (when referred)	\$40 copay/30 visits per year (when referred)	20% coinsurance after deductible/30 visits per year (when referred)	20% coinsurance after deductible/30 visits per year (when referred)
Emergency Services										
Urgent Care	0% coinsurance after deductible	\$25 copay (Subject to deductible and urgent care copayment)	\$25 copay (Subject to deductible and urgent care copayment)	0% coinsurance after deductible	\$25 copay (Subject to deductible and urgent care copayment)	\$50 copay	\$50 copay	\$50 copay	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room	0% coinsurance after deductible	\$50 copay (Subject to deductible and ER copayment)	\$50 copay (Subject to deductible and ER copayment)	0% coinsurance after deductible	\$50 copay (Subject to deductible and ER copayment)	\$150 copay	\$150 copay	\$150 copay	20% coinsurance after deductible	20% coinsurance after deductible
Prescription Drugs										
Preferred Generic							\$10 copay	\$4 copay	\$4 copay after deductible	\$4 copay after deductible
Generic	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$30 copay	\$15 copay	\$15 copay	\$15 copay after deductible	\$15 copay after deductible
Preferred Brand	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$60 copay	\$40 copay	\$40 copay	\$40 copay after deductible	\$40 copay after deductible
Non-Preferred Brand	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$80 copay	\$80 copay	\$80 copay	\$80 copay after deductible	\$80 copay after deductible
Preferred Specialty	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	20% coinsurance (\$200 max)	20% coinsurance (\$200 max)	20% coinsurance (\$200 max)	20% coinsurance after deductible (\$200 max)	20% coinsurance after deductible (\$200 max)
Non-Preferred Specialty	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	20% coinsurance (\$300 max)	20% coinsurance (\$300 max)	20% coinsurance (\$300 max)	20% coinsurance after deductible (\$300 max)	20% coinsurance after deductible (\$300 max)
Quoted Rates & Census										
Single	0 \$674.75	0 \$761.34	1 \$717.45	0 \$720.89	0 \$761.34	1 \$647.01	1 \$550.31	1 \$528.46	1 \$465.25	
Two Person	0 \$1,516.31	1 \$1,711.14	1 \$1,612.38	1 \$1,620.12	1 \$1,711.14	3 \$1,353.10	3 \$1,150.87	3 \$1,105.16	3 \$972.99	
Family	2 \$1,886.61	2 \$2,129.05	6 \$2,006.15	2 \$2,015.78	0 \$2,129.05	12 \$1,774.29	12 \$1,509.11	12 \$1,449.18	12 \$1,275.86	
Cost										
Combined Est. Monthly Premium			\$29,859.63			\$25,997.79	\$22,112.24	\$21,234.10	\$18,694.54	
Combined Est. Annual Premium			\$358,315.56			\$311,973.48	\$265,346.88	\$254,809.20	\$224,334.48	
Percentage Change From Current						-13%	-26%	-29%	-37%	
Annual Dollar Change From Current						-\$46,342.08	-\$92,968.68	-\$103,506.36	-\$133,981.08	

Cost Share Analysis

Single (annual amounts)	MESSA @	MESSA @	MESSA @	MESSA @	MESSA @	Option 1	Option 2	Option 3	Option 4
	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
Taxes and Fees									
Total Plan Cost	\$8,097.00	\$9,136.08	\$8,609.40	\$8,650.68	\$9,136.08	\$7,764.12	\$6,603.72	\$6,341.52	\$5,583.00
PA 152 Cap	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52
Amount Over/Under Hard Cap	\$1,536.48	\$2,575.56	\$2,048.88	\$2,090.16	\$2,575.56	\$1,203.60	\$43.20	-\$219.00	-\$977.52
Two Person (annual amounts)									
Taxes and Fees									
Total Plan Cost	\$18,195.72	\$20,533.68	\$19,348.56	\$19,441.44	\$20,533.68	\$16,237.20	\$13,810.44	\$13,261.92	\$11,675.88
PA 152 Cap	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07
Amount Over/Under Hard Cap	\$4,475.65	\$6,813.61	\$5,628.49	\$5,721.37	\$6,813.61	\$2,517.13	\$90.37	-\$458.15	-\$2,044.19
Family (annual amounts)									
Taxes and Fees									
Total Plan Cost	\$22,639.32	\$25,548.60	\$24,073.80	\$24,189.36	\$25,548.60	\$21,291.48	\$18,109.32	\$17,390.16	\$15,310.32
PA 152 Cap	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36
Amount Over/Under Hard Cap	\$4,746.96	\$7,656.24	\$6,181.44	\$6,297.00	\$7,656.24	\$3,399.12	\$216.96	-\$502.20	-\$2,582.04

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	Multiple Options					Option 1	Option 2	Option 3	Option 4
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Rate Period	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	11/1/2018-10/31/2019	11/1/2018-10/31/2019	11/1/2018-10/31/2019	11/1/2018-10/31/2019
Benefits									
Deductible									
Individual	\$2,000	\$1,000	\$1,000	\$1,350	\$1,000	\$1,000	\$1,350	\$1,450	\$2,700
Family	\$4,000	\$2,000	\$2,000	\$2,700	\$2,000	\$2,000	\$2,700	\$2,900	\$5,400
Coinsurance	0% coinsurance after deductible	0% coinsurance	0% coinsurance	0% coinsurance after deductible	0% coinsurance	20% coinsurance	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Coinsurance Maximum						\$2,000 single. \$4,000 2p/family	\$1,000 single, \$2,000 2p/family	\$0 single, \$0 2p/family	\$0 single, \$0 2p/family
Out-of-Pocket Maximum									
Individual	\$3,000	\$2,000 medical maximum and \$1,000 Rx maximum	\$2,000 medical maximum and \$2,000 Rx maximum	\$2,350	\$2,000 medical maximum and \$1,000 Rx maximum	\$6,600	\$2,350	\$2,450	\$5,000
Family	\$6,000	\$4,000 medical maximum and \$2,000 Rx maximum	\$4,000 medical maximum and \$4,000 Rx maximum	\$4,700	\$4,000 medical maximum and \$2,000 Rx maximum	\$13,200	\$4,700	\$4,900	\$10,000
Professional Services									
Office Visit	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay (subject to deductible and office visit copayment)	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Specialist Visit	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay (subject to deductible and office visit copayment)	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$40 copay	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Chiropractic	0% coinsurance after deductible/38 visits per year	Subject to deductible and coinsurance/38 visits per year	Subject to deductible and coinsurance/38 visits per year	0% coinsurance after deductible/38 visits per year	Subject to deductible and coinsurance/38 visits per year	\$30 copay/30 visits per year (combined with PT and OT)	20% coinsurance after deductible/30 visits per year (combined with PT and OT)	0% coinsurance after deductible/30 visits per year (combined with PT and OT)	0% coinsurance after deductible/30 visits per year (combined with PT and OT)
Emergency Services									
Urgent Care	0% coinsurance after deductible	\$25 copay (Subject to deductible and urgent care copayment)	\$25 copay (Subject to deductible and urgent care copayment)	0% coinsurance after deductible	\$25 copay (Subject to deductible and urgent care copayment)	\$60 copay	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Room	0% coinsurance after deductible	\$50 copay (Subject to deductible and ER copayment)	\$50 copay (Subject to deductible and ER copayment)	0% coinsurance after deductible	\$50 copay (Subject to deductible and ER copayment)	\$150 copay	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Prescription Drugs									
Preferred Generic									
Generic	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$15 copay	\$10 copay after deductible	\$20 copay after deductible	\$15 copay after deductible
Preferred Brand	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$50 copay	\$40 copay after deductible	\$60 copay after deductible	\$50 copay after deductible
Non-Preferred Brand	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$70 copay or 50% of the approved amount whichever is greater but no more than \$100	\$80 copay after deductible	after deductible, you pay \$80 or 50% of the approved amount (whichever is greater), but no more than \$100	after deductible, you pay \$70 or 50% of the approved amount (whichever is greater), but no more than \$100
Preferred Specialty	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	20% of approved amount but no more than \$200	after deductible, you pay 15% of approved amount, but no more than \$150	after deductible, you pay 20% of approved amount, but no more than \$200	after deductible, you pay 20% of approved amount, but no more than \$200
Non-Preferred Specialty	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	25% of approved amount but no more than \$300	after deductible, you pay 25% of approved amount, but no more than \$300	after deductible, you pay 25% of approved amount, but no more than \$300	after deductible, you pay 25% of approved amount, but no more than \$300
Quoted Rates & Census									
Single	0 \$674.75	0 \$761.34	1 \$717.45	0 \$720.89	0 \$761.34	1 \$649.83	1 \$648.79	1 \$669.24	1 \$571.82
Two Person	1 \$1,516.31	1 \$1,711.14	1 \$1,612.38	1 \$1,620.12	1 \$1,711.14	3 \$1,359.00	3 \$1,356.82	3 \$1,399.60	3 \$1,195.86
Family	2 \$1,886.61	2 \$2,129.05	6 \$2,006.15	2 \$2,015.78	0 \$2,129.05	12 \$1,782.03	12 \$1,779.17	12 \$1,835.27	12 \$1,568.10
Cost									
Combined Est. Monthly Premium			\$29,859.63			\$26,111.19	\$26,069.29	\$26,891.28	\$22,976.60
Combined Est. Annual Premium			\$358,315.56			\$313,334.28	\$312,831.48	\$322,695.36	\$275,719.20
Percentage Change From Current						-13%	-13%	-10%	-23%
Annual Dollar Change From Current						-\$44,981.28	-\$45,484.08	-\$35,620.20	-\$82,596.36
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	\$8,097.00	\$9,136.08	\$8,609.40	\$8,650.68	\$9,136.08	\$7,797.96	\$7,785.48	\$8,030.88	\$6,861.84
PA 152 Cap	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52
Amount Over/Under Hard Cap	\$1,536.48	\$2,575.56	\$2,048.88	\$2,090.16	\$2,575.56	\$1,237.44	\$1,224.96	\$1,470.36	\$301.32
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	\$18,195.72	\$20,533.68	\$19,348.56	\$19,441.44	\$20,533.68	\$16,308.00	\$16,281.84	\$16,795.20	\$14,350.32
PA 152 Cap	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07
Amount Over/Under Hard Cap	\$4,475.65	\$6,813.61	\$5,628.49	\$5,721.37	\$6,813.61	\$2,587.93	\$2,561.77	\$3,075.13	\$630.25
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	\$22,639.32	\$25,548.60	\$24,073.80	\$24,189.36	\$25,548.60	\$21,384.36	\$21,350.04	\$22,023.24	\$18,817.20
PA 152 Cap	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36
Amount Over/Under Hard Cap	\$4,746.96	\$7,656.24	\$6,181.44	\$6,297.00	\$7,656.24	\$3,492.00	\$3,457.68	\$4,130.88	\$924.84

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

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:

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

*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.



Fowler Public Schools

Medical Plan Analysis
 All Employees Medical Options
 Effective Date: November 1, 2018

	MESSA ® MESSA ABC Plan 2 HSA \$2000-0%; ABC Rx (Tch)	MESSA ® MESSA Choices \$1000-0%; Saver Rx (Tch)	Multiple Options MESSA ® MESSA Choices \$1000-0%; 3-Tier Rx with Mand. Mail (Tch)	MESSA ® MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx (Admin, Sec)	MESSA ® MESSA Choices \$1000-0%; Saver Rx (Admin, Sec)	Option 1 Priority Health ® PH POS \$1000-20%; \$20/\$20/\$60/\$80/20%/20% Rx	Option 2 Priority Health ® PH POS HSA \$1400-10%; \$20/\$20/\$60/\$80/20%/20% Rx	Option 3 Priority Health ® PH POS HSA \$2000-30%; \$20/\$20/\$60/\$80/20%/20% Rx
Rate Period	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	11/1/2018-10/31/2019	11/1/2018-10/31/2019	11/1/2018-10/31/2019
Benefits								
Deductible								
Individual	\$2,000	\$1,000	\$1,000	\$1,350	\$1,000	\$1,000 embedded	\$1,400 aggregate	\$2,000 aggregate
Family	\$4,000	\$2,000	\$2,000	\$2,700	\$2,000	\$2,000 embedded	\$2,800 aggregate	\$4,000 aggregate
Coinsurance	0% coinsurance after deductible	0% coinsurance	0% coinsurance	0% coinsurance after deductible	0% coinsurance	20% coinsurance \$3,500 embedded single, \$7,000 embedded 2p/family	10% coinsurance after deductible	30% coinsurance after deductible
Coinsurance Maximum								
Out-of-Pocket Maximum								
Individual	\$3,000	\$2,000 medical maximum and \$1,000 Rx maximum	\$2,000 medical maximum and \$2,000 Rx maximum	\$2,350	\$2,000 medical maximum and \$1,000 Rx maximum	\$7,350 embedded	\$3,500 aggregate	\$6,550 embedded
Family	\$6,000	\$4,000 medical maximum and \$2,000 Rx maximum	\$4,000 medical maximum and \$4,000 Rx maximum	\$4,700	\$4,000 medical maximum and \$2,000 Rx maximum	\$14,700 embedded	\$7,000 aggregate	\$13,100 embedded
Professional Services								
Office Visit	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay (subject to deductible and office visit copayment)	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay - deductible doesn't apply	10% coinsurance after deductible	30% coinsurance after deductible
Specialist Visit	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$20 copay (subject to deductible and office visit copayment)	0% coinsurance after deductible	\$20 copay (subject to deductible and office visit copayment)	\$50 copay - deductible doesn't apply	10% coinsurance after deductible	30% coinsurance after deductible
Chiropractic	0% coinsurance after deductible/38 visits per year	Subject to deductible and coinsurance/38 visits per year	Subject to deductible and coinsurance/38 visits per year	0% coinsurance after deductible/38 visits per year	Subject to deductible and coinsurance/38 visits per year	\$50 copay - deductible doesn't apply/30 visits per year (combined with PT and OT)	10% coinsurance after deductible/30 visits per year (combined with PT and OT)	30% coinsurance after deductible/30 visits per year (combined with PT and OT)
Emergency Services								
Urgent Care	0% coinsurance after deductible	\$25 copay (Subject to deductible and urgent care copayment)	\$25 copay (Subject to deductible and urgent care copayment)	0% coinsurance after deductible	\$25 copay (Subject to deductible and urgent care copayment)	\$75 copay - deductible doesn't apply	10% coinsurance after deductible	30% coinsurance after deductible
Emergency Room	0% coinsurance after deductible	\$50 copay (Subject to deductible and ER copayment)	\$50 copay (Subject to deductible and ER copayment)	0% coinsurance after deductible	\$50 copay (Subject to deductible and ER copayment)	\$150 copay after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Prescription Drugs								
Preferred Generic						\$20 copay before deductible	\$20 copay after deductible	\$20 copay after deductible
Generic	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$20 copay before deductible	\$20 copay after deductible	\$20 copay after deductible
Preferred Brand	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$60 copay before deductible	\$60 copay after deductible	\$60 copay after deductible
Non-Preferred Brand	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	\$80 copay before deductible	\$80 copay after deductible	\$80 copay after deductible
Preferred Specialty	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	20% coinsurance before deductible	20% coinsurance after deductible	20% coinsurance after deductible
Non-Preferred Specialty	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail	ABC Rx	Saver Rx	20% coinsurance before deductible	20% coinsurance after deductible	20% coinsurance after deductible
Quoted Rates & Census								
Single	0 \$674.75	0 \$761.34	1 \$717.45	0 \$720.89	0 \$761.34	1 \$693.27	1 \$654.03	1 \$546.27
Two Person	0 \$1,516.31	1 \$1,711.14	0 \$1,612.38	1 \$1,620.12	1 \$1,711.14	3 \$1,449.84	3 \$1,367.79	3 \$1,142.42
Family	2 \$1,886.61	2 \$2,129.05	6 \$2,006.15	2 \$2,015.78	0 \$2,129.05	12 \$1,901.16	12 \$1,793.55	12 \$1,498.03
Cost								
Combined Est. Monthly Premium			\$29,859.63			\$27,856.71	\$26,280.00	\$21,949.89
Combined Est. Annual Premium			\$358,315.56			\$334,280.52	\$315,360.00	\$263,398.68
Percentage Change From Current						-7%	-12%	-26%
Annual Dollar Change From Current						-\$24,035.04	-\$42,955.56	-\$94,916.88

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
Total Plan Cost	\$8,097.00	\$9,136.08	\$8,609.40	\$8,650.68	\$9,136.08	\$8,319.24	\$7,848.36	\$6,555.24
PA 152 Cap	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52
Amount Over/Under Hard Cap	\$1,536.48	\$2,575.56	\$2,048.88	\$2,090.16	\$2,575.56	\$1,758.72	\$1,287.84	-\$5.28
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	\$18,195.72	\$20,533.68	\$19,348.56	\$19,441.44	\$20,533.68	\$17,398.08	\$16,413.48	\$13,709.04
PA 152 Cap	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07
Amount Over/Under Hard Cap	\$4,475.65	\$6,813.61	\$5,628.49	\$5,721.37	\$6,813.61	\$3,678.01	\$2,693.41	-\$11.03
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	\$22,639.32	\$25,548.60	\$24,073.80	\$24,189.36	\$25,548.60	\$22,813.92	\$21,522.60	\$17,976.36
PA 152 Cap	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36
Amount Over/Under Hard Cap	\$4,746.96	\$7,656.24	\$6,181.44	\$6,297.00	\$7,656.24	\$4,921.56	\$3,630.24	\$84.00

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Fowler Public Schools

Medical Plan Analysis
 All Employees Medical Options
 Effective Date: November 1, 2018

	MESSA @		MESSA @		MESSA @		Option 1		Option 2		Option 3		Option 4						
	MESSA ABC Plan 2 HSA \$2000-0%; ABC Rx (Tch)		MESSA Choices \$1000-0%; Saver Rx (Tch)		MESSA Choices \$1000-0%; 3-Tier Rx with Mand. Mail (Tch)		MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx (Admin. Sec)		MESSA Choices \$1000-0%; Saver Rx (Admin. Sec)		McLaren HMO \$500-10%; \$5/\$30/\$200/\$300 Rx		McLaren HMO HSA \$1350-0%; 0% Rx after deductible		McLaren HMO HSA \$1750-20%; \$10/\$40/\$80/20% Rx		McLaren HMO HSA \$3000-30%; \$10/\$40/\$80/20% Rx		
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		11/1/2018-10/31/2019		11/1/2018-10/31/2019		11/1/2018-10/31/2019		11/1/2018-10/31/2019		
Benefits																			
Deductible																			
Individual	\$2,000	\$1,000	\$1,000	\$1,350	\$1,000	\$500	\$1,350	\$1,750	\$3,000										
Family	\$4,000	\$2,000	\$2,000	\$2,700	\$2,000	\$1,000	\$2,700	\$3,500	\$6,000										
Coinsurance	0% coinsurance after deductible		0% coinsurance		0% coinsurance		0% coinsurance after deductible		0% coinsurance		10% coinsurance		0% coinsurance after deductible		20% coinsurance after deductible		30% coinsurance after deductible		
Coinsurance Maximum																			
Out-of-Pocket Maximum																			
Individual	\$3,000	\$2,000 medical maximum and \$1,000 Rx maximum		\$2,000 medical maximum and \$2,000 Rx maximum		\$2,350	\$2,000 medical maximum and \$1,000 Rx maximum		\$2,000	\$1,350	\$2,500		\$6,000						
Family	\$6,000	\$4,000 medical maximum and \$2,000 Rx maximum		\$4,000 medical maximum and \$4,000 Rx maximum		\$4,700	\$4,000 medical maximum and \$2,000 Rx maximum		\$4,000	\$2,700	\$5,000		\$12,000						
Professional Services																			
Office Visit	0% coinsurance after deductible		\$20 copay (subject to deductible and office visit copayment)		\$20 copay (subject to deductible and office visit copayment)		0% coinsurance after deductible		\$20 copay (subject to deductible and office visit copayment)		\$25 copay		0% coinsurance after deductible		20% coinsurance after deductible		30% coinsurance after deductible		
Specialist Visit	0% coinsurance after deductible		\$20 copay (subject to deductible and office visit copayment)		\$20 copay (subject to deductible and office visit copayment)		0% coinsurance after deductible		\$20 copay (subject to deductible and office visit copayment)		\$50 copay		0% coinsurance after deductible		20% coinsurance after deductible		30% coinsurance after deductible		
Chiropractic	0% coinsurance after deductible/38 visits per year		Subject to deductible and coinsurance/38 visits per year		Subject to deductible and coinsurance/38 visits per year		0% coinsurance after deductible/38 visits per year		Subject to deductible and coinsurance/38 visits per year		10% coinsurance after deductible/20 visits per year (specialist copay may apply)		0% coinsurance after deductible/20 visits per year		20% coinsurance after deductible/20 visits per year		30% coinsurance after deductible/20 visits per year		
Emergency Services																			
Urgent Care	0% coinsurance after deductible		\$25 copay (Subject to deductible and urgent care copayment)		\$25 copay (Subject to deductible and urgent care copayment)		0% coinsurance after deductible		\$25 copay (Subject to deductible and urgent care copayment)		\$60 copay		0% coinsurance after deductible		20% coinsurance after deductible		30% coinsurance after deductible		
Emergency Room	0% coinsurance after deductible		\$50 copay (Subject to deductible and ER copayment)		\$50 copay (Subject to deductible and ER copayment)		0% coinsurance after deductible		\$50 copay (Subject to deductible and ER copayment)		\$250 copay		0% coinsurance after deductible		20% coinsurance after deductible		30% coinsurance after deductible		
Prescription Drugs																			
Preferred Generic																			
Generic	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail		ABC Rx	Saver Rx	\$5 copay	0% coinsurance after deductible		\$10 copay after deductible		\$10 copay after deductible							
Preferred Brand	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail		ABC Rx	Saver Rx	\$30 copay	0% coinsurance after deductible		\$40 copay after deductible		\$40 copay after deductible							
Non-Preferred Brand	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail		ABC Rx	Saver Rx	\$200 copay	0% coinsurance after deductible		\$80 copay after deductible		\$80 copay after deductible							
Preferred Specialty	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail		ABC Rx	Saver Rx	\$300 copay	0% coinsurance after deductible		20% coinsurance after deductible		20% coinsurance after deductible							
Non-Preferred Specialty	ABC Rx	Saver Rx	3-Tier Rx with Mandatory Mail		ABC Rx	Saver Rx													
Quoted Rates & Census																			
Single	0	\$674.75	0	\$761.34	1	\$717.45	0	\$720.89	0	\$761.34	1	\$782.26	1	\$733.22	1	\$624.77	1	\$483.55	
Two Person	0	\$1,516.31	1	\$1,711.14	0	\$1,612.38	1	\$1,620.12	1	\$1,711.14	3	\$1,635.94	3	\$1,533.39	3	\$1,306.58	3	\$1,011.26	
Family	2	\$1,886.61	2	\$2,129.05	6	\$2,006.15	2	\$2,015.78	0	\$2,129.05	12	\$2,145.18	12	\$2,010.70	12	\$1,713.30	12	\$1,326.04	
Cost																			
Combined Est. Monthly Premium					\$29,859.63						\$31,432.24								
Combined Est. Annual Premium					\$358,315.56						\$377,186.88								
Percentage Change From Current											5%								
Annual Dollar Change From Current											\$18,871.32								

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	\$8,097.00	\$9,136.08	\$8,609.40	\$8,650.68	\$9,136.08	\$9,387.12	\$8,798.64	\$7,497.24	\$5,802.60
PA 152 Cap	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52	\$6,560.52
Amount Over/Under Hard Cap	\$1,536.48	\$2,575.56	\$2,048.88	\$2,090.16	\$2,575.56	\$2,826.60	\$2,238.12	\$936.72	-\$757.92
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	\$18,195.72	\$20,533.68	\$19,348.56	\$19,441.44	\$20,533.68	\$19,631.28	\$18,400.68	\$15,678.96	\$12,135.12
PA 152 Cap	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07	\$13,720.07
Amount Over/Under Hard Cap	\$4,475.65	\$6,813.61	\$5,628.49	\$5,721.37	\$6,813.61	\$5,911.21	\$4,680.61	\$1,958.89	-\$1,584.95
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	\$22,639.32	\$25,548.60	\$24,073.80	\$24,189.36	\$25,548.60	\$25,742.16	\$24,128.40	\$20,559.60	\$15,912.48
PA 152 Cap	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36	\$17,892.36
Amount Over/Under Hard Cap	\$4,746.96	\$7,656.24	\$6,181.44	\$6,297.00	\$7,656.24	\$7,849.80	\$6,236.04	\$2,667.24	-\$1,979.88

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