



Medical Rate Summary
Cheboygan Area Schools
All Employees
 Assumed Effective Date: 1/1/2018

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Employees Enrolled in Priority Health 2018 Renewal Rates	Census	8	13	23	44	
Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx	Rate	\$484.68	\$1,163.24	\$1,454.09		\$629,324
Teacher, Social Worker and Counselor Enrolled in MESSA \$500-0%	Census	3	7	13	23	
MESSA \$500-0%; Saver Rx	Rate	\$668.20	\$1,501.57	\$1,868.24		\$441,633
Teacher, Social Worker and Counselor Enrolled in MESSA ABC Plan 0%	Census	12	2	41	55	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$596.72	\$1,340.74	\$1,668.12		\$938,820
TOTALS:		23	22	77	122	\$2,009,777

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$636	\$1,516	\$1,893	\$2,324,904	-\$315,128
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$548	\$1,305	\$1,629	\$2,001,293	\$8,484
Priority Health POS HSA Plans					
Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx	\$529	\$1,097	\$1,429	\$1,755,641	\$254,135
Priority Health POS Conventional Plans					
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$631	\$1,310	\$1,706	\$2,096,175	-\$86,398
BCN	Solicited and waiting for quote				

*MESSA rates include taxes and fees.

*Priority Health & 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.

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
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*BCBSM quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

*Rates include \$7.90 enrollment and billing service fee.

*HSA plan deductible increased to \$1350, per 2018 Federal law for HSA plans.

*Priority Health plans include an additional 30 chiropractic visits, totaling 60, combined with OT & PT.



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**Cheboygan Area Schools
All Employees
Assumed Effective Date: 1/1/2018**

Plan	RENEWAL PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	Employees Enrolled in Priority Health 2018 Renewal Rates		Teacher, Social Worker and Counselor Enrolled in MESSA \$500-0%		Teacher, Social Worker and Counselor Enrolled in MESSA ABC Plan 0%		BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx		Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx		Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx	
	Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx		MESSA \$500-0%; Saver Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx									
Rate Period	1/1/2018-12/31/2018		7/1/2017-12/31/2018		7/1/2017-12/31/2018		1/1/2018-12/31/2018		1/1/2018-12/31/2018		1/1/2018-12/31/2018		1/1/2018-12/31/2018	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible														
Annual Deductible - 1P	\$1,350		\$500		\$1,350		\$250		\$1,350		\$500		\$1,350	
Annual Deductible - 2P/FF	\$2,700		\$1,000		\$2,700		\$500		\$2,700		\$1,000		\$2,700	
Additional Cost After Deductible														
Employee Coinsurance after Deductible	0%		0%		0%		20%		0%		0%		0%	
Coinsurance Max - 1P	\$650		\$1,000		\$950		\$0		\$900		\$0		\$650	
Coinsurance Max - 2P/FF	\$1,300		\$2,000		\$1,900		\$0		\$1,800		\$0		\$1,300	
Out of Pocket Maximum														
Max ded, coinsurance, copays - 1P	\$2,000		\$1,500		\$2,300		\$2,750		\$2,250		\$7,150		\$2,000	
Max ded, coinsurance, copays - 2P/FF	\$4,000		\$3,000		\$4,600		\$5,500		\$4,500		\$14,300		\$4,000	
Copayments														
Office Visit/Specialist	0% after Ded.		\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.	
Urgent Care/ER	0% after Ded.		\$25/\$50		0% after Ded.		\$20/\$150		0% after Ded.		\$50/\$100		0% after Ded.	
Chiropractic Limit/Copay	60/0% after Ded. (combined with PT and OT)		38/\$20		38/0% after Ded.		12/\$20		12/0% after Ded.		30/\$20 (combined with PT and OT)		60/0% after Ded. (combined with PT and OT)	
Rx Copay	\$10/\$40/\$80 after Ded.		Saver Rx		ABC Rx		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census Rates		Census Rates		Census Rates		Census Rates		Census Rates		Census Rates		Census Rates	
One Person (1P)	8	\$484.68	3	\$668.20	12	\$596.72	23	\$636.25	23	\$548.35	23	\$630.52	23	\$528.81
Two Person (2P)	13	\$1,163.24	7	\$1,501.57	2	\$1,340.74	22	\$1,515.94	22	\$1,304.99	22	\$1,309.98	22	\$1,097.28
Family (FF)	23	\$1,454.09	13	\$1,868.24	41	\$1,668.12	77	\$1,892.95	77	\$1,629.25	77	\$1,705.97	77	\$1,428.58
Total Annual Premium	44	\$629,324	23	\$441,633	55	\$938,820	122	\$2,324,904	122	\$2,001,293	122	\$2,096,175	122	\$1,755,641
Combined Current Lives	122		< TOTALS		< TOTALS									
Combined Annual Premium	\$2,009,777		< TOTALS		< TOTALS									
One Person Cost Share														
One Person Rate	\$484.68		\$668.20		\$596.72		\$636.25		\$548.35		\$630.52		\$528.81	
One Person PA 152 Cap	\$546.71		\$546.71		\$546.71		\$546.71		\$546.71		\$546.71		\$546.71	
One Person Monthly Cost	-\$62.03		\$121.49		\$50.01		\$89.54		\$1.64		\$83.81		-\$17.90	
Two Person Cost Share														
Two Person Rate	\$1,163.24		\$1,501.57		\$1,340.74		\$1,515.94		\$1,304.99		\$1,309.98		\$1,097.28	
Two Person PA 152 Cap	\$1,143.34		\$1,143.34		\$1,143.34		\$1,143.34		\$1,143.34		\$1,143.34		\$1,143.34	
Two Person Monthly Cost	\$19.90		\$358.23		\$197.40		\$372.60		\$161.65		\$166.64		-\$46.06	
Family Cost Share														
Family Rate	\$1,454.09		\$1,868.24		\$1,668.12		\$1,892.95		\$1,629.25		\$1,705.97		\$1,428.58	
Family PA 152 Cap	\$1,491.03		\$1,491.03		\$1,491.03		\$1,491.03		\$1,491.03		\$1,491.03		\$1,491.03	
Family Monthly Cost	-\$36.94		\$377.21		\$177.09		\$401.92		\$138.22		\$214.94		-\$62.45	

*MESSA rates include taxes and fees.

*Priority Health & 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.

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

*Rates include \$7.90 enrollment and billing service fee.

*HSA plan deductible increased to \$1350, per 2018 Federal law for HSA plans.

*Priority Health plans include an additional 30 chiropractic visits, totaling 60, combined with OT & PT.



Medical Rate Summary
Cheboygan Area Schools
Teacher, Social Worker and Counselor Options
 Assumed Effective Date: 1/1/2018

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teacher, Social Worker and Counselor Enrolled in MESSA \$500-0%	Census	3	7	13	23	
MESSA \$500-0%; Saver Rx	Rate	\$668.20	\$1,501.57	\$1,868.24		\$441,633
Teacher, Social Worker and Counselor Enrolled in MESSA ABC Plan 0%	Census	12	2	41	55	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$596.72	\$1,340.74	\$1,668.12		\$938,820
TOTALS:		15	9	54	78	\$1,380,453

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$602	\$1,434	\$1,791	\$1,423,516	-\$43,063
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$578	\$1,376	\$1,718	\$1,365,841	\$14,612
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$515	\$1,225	\$1,530	\$1,216,423	\$164,030
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$471	\$1,119	\$1,397	\$1,110,994	\$269,459
Priority Health POS HSA Plans					
Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx	\$517	\$1,072	\$1,395	\$1,112,854	\$267,599
Priority Health POS Conventional Plans					
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$625	\$1,299	\$1,656	\$1,325,941	\$54,512

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*Rates include \$7.90 enrollment and billing service fee.

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**Cheboygan Area Schools
Teacher, Social Worker and Counselor Options
Assumed Effective Date: 1/1/2018**

	CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	Teacher, Social Worker and Counselor Enrolled in MESSA \$500-0%		Teacher, Social Worker and Counselor Enrolled in MESSA ABC Plan 0%		BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx		Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx		Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx	
Plan	MESSA \$500-0%; Saver Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx									
Rate Period	7/1/2017-12/31/2018		7/1/2017-12/31/2018		1/1/2018-12/31/2018		1/1/2018-12/31/2018		1/1/2018-12/31/2018		1/1/2018-12/31/2018	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network	
Deductible												
Annual Deductible - 1P	\$500		\$1,350		\$500		\$1,350		\$500		\$1,350	
Annual Deductible - 2P/FF	\$1,000		\$2,700		\$1,000		\$2,700		\$1,000		\$2,700	
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%		0%		20%		0%		0%		0%	
Coinsurance Max - 1P	\$1,000		\$950		\$1,500		\$900		\$0		\$650	
Coinsurance Max - 2P/FF	\$2,000		\$1,900		\$3,000		\$1,800		\$0		\$1,300	
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	\$1,500		\$2,300		\$6,350		\$2,250		\$7,150		\$2,000	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$4,600		\$12,700		\$4,500		\$14,300		\$4,000	
Copayments												
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		\$20/\$150		0% after Ded.		\$50/\$100		0% after Ded.	
Chiropractic Limit/Copay	38/\$20		38/0% after Ded.		12/\$20		12/0% after Ded.		30/\$20 (combined with PT and OT)		30/0% after Ded. (combined with PT and OT)	
Rx Copay	Saver Rx		ABC Rx		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	3	\$668.20	12	\$596.72	15	\$577.91	15	\$515.22	15	\$625.38	15	\$516.59
Two Person (2P)	7	\$1,501.57	2	\$1,340.74	9	\$1,375.93	9	\$1,225.45	9	\$1,299.23	9	\$1,071.72
Family (FF)	13	\$1,868.24	41	\$1,668.12	54	\$1,717.93	54	\$1,529.84	54	\$1,655.95	54	\$1,395.25
Total Annual Premium	23	\$441,633	55	\$938,820	78	\$1,365,841	78	\$1,216,423	78	\$1,325,941	78	\$1,112,854
Combined Current Lives	78		< TOTALS									
Combined Annual Premium	\$1,380,453		< TOTALS									
One Person Cost Share												
One Person Rate	\$668.20		\$596.72		\$577.91		\$515.22		\$625.38		\$516.59	
One Person PA 152 Cap	\$528.73		\$528.73		\$546.71		\$546.71		\$546.71		\$546.71	
One Person Monthly Cost	\$139.47		\$67.99		\$31.20		-\$31.49		\$78.67		-\$30.12	
Two Person Cost Share												
Two Person Rate	\$1,501.57		\$1,340.74		\$1,375.93		\$1,225.45		\$1,299.23		\$1,071.72	
Two Person PA 152 Cap	\$1,105.74		\$1,105.74		\$1,143.34		\$1,143.34		\$1,143.34		\$1,143.34	
Two Person Monthly Cost	\$395.83		\$235.00		\$232.59		\$82.11		\$155.89		-\$71.62	
Family Cost Share												
Family Rate	\$1,868.24		\$1,668.12		\$1,717.93		\$1,529.84		\$1,655.95		\$1,395.25	
Family PA 152 Cap	\$1,442.00		\$1,442.00		\$1,491.03		\$1,491.03		\$1,491.03		\$1,491.03	
Family Monthly Cost	\$426.24		\$226.12		\$226.90		\$38.81		\$164.92		-\$95.78	

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Dental Rate Summary
Cheboygan Area Schools
All Employees
Assumed Effective Date: 1/1/2018

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators and Non-Instructional	Census	6	14	27	\$81.68	\$46,069	1/1/2017-12/31/2017
SET/ADN Dental Plan 100/75/50/60; 1000/2000	Rate	\$31.01	\$56.56	\$105.97			
Teachers, Social Workers & Counselors w/ Medical	Census	15	9	54	\$82.15	\$76,893	7/1/2017-12/31/2018
MESSA Dental 100/75/50/75; \$1000/\$1200	Rate	\$26.23	\$52.66	\$102.60			
Teachers, Social Workers & Counselors w/out Medical	Census	2	1	12	\$89.79	\$16,163	7/1/2017-12/31/2018
MESSA Dental 100/75/50/75; \$1000/\$1200	Rate	\$26.22	\$53.29	\$103.43			
TOTALS:		23	24	93		\$139,125	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
Met Life		Solicited and declined to quote					
BCBSM		Solicited and declined to quote					



Dental Rate Summary
Cheboygan Area Schools
Teachers, Social Workers & Counselors
Assumed Effective Date: 1/1/2018

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers, Social Workers & Counselors w/ Medical	Census	15	9	54	\$82.15	\$76,893	7/1/2017-12/31/2018
MESSA Dental 100/75/50/75; \$1000/\$1200	Rate	\$26.23	\$52.66	\$102.60			
Teachers, Social Workers & Counselors w/out Medical	Census	2	1	12	\$89.79	\$16,163	7/1/2017-12/31/2018
MESSA Dental 100/75/50/75; \$1000/\$1200	Rate	\$26.22	\$53.29	\$103.43			
TOTALS:		17	10	66		\$93,056	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN 100/75/50/75; \$1000/\$1200	1/1/2018-12/31/2018	\$22.03	\$44.76	\$86.88	\$70.50	\$78,674	\$14,382

*SETSEG SF/ADN rates are illustrative.

*SET SEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee.



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Dental Plan Comparison
Cheboygan Area Schools
Teachers, Social Workers & Counselors

	CURRENT PLAN		CURRENT PLAN		Option 1	
	Teachers, Social Workers & Counselors w/ Medical		Teachers, Social Workers & Counselors w/out Medical			
Name	MESSA Dental 100/75/50/75; \$1000/\$1200		MESSA Dental 100/75/50/75; \$1000/\$1200		SET ADN 100/75/50/75; \$1000/\$1200	
Rate Period	7/1/2017-12/31/2018		7/1/2017-12/31/2018		1/1/2018-12/31/2018	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	100%		100%		100%	
Basic %	75%		75%		75%	
Major %	50%		50%		50%	
Ortho %	75%		75%		75%	
Basic Ded	\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,000	
Ortho Max	\$1,200		\$1,200		\$1,200	
Sealants Covered	Yes		Yes		Yes	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	15	\$26.23	2	\$26.22	17	\$22.03
Two Person (2P)	9	\$52.66	1	\$53.29	10	\$44.76
Family (FF)	54	\$102.60	12	\$103.43	66	\$86.88
Total Annual Premium	78	\$76,893	15	\$16,163	93	\$78,674
Combined Annual Premium	\$93,056		< TOTALS			
Estimated Cost for Benefit Increase - \$					\$13	\$14,382
Estimated Savings - %					15%	

*SET SEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee.

*SETSEG SF/ADN rates are illustrative.



Vision Rate Summary
Cheboygan Area Schools
All Employees
Assumed Effective Date: 1/1/2018

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators and Non Instructional	Census	8	17	29	\$15.66	\$10,149	7/1/2017-6/30/2018
SET/ADN Vision Plan	Rate	\$6.68	\$11.79	\$20.41			
Teachers, Social Workers & Counselors	Census	17	10	66	\$12.13	\$13,538	7/1/2017-12/31/2018
MESSA VSP-2	Rate	\$4.48	\$9.63	\$14.48			
TOTALS:		25	27	95		\$23,687	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
VSP Vision Choice Plan (\$10/\$10 Copay)	1/1/2018-12/31/2019	\$9.26	\$14.13	\$25.34	\$20.55	\$36,244	-\$12,557
ADN		Solicited and declined to quote					
MetLife		Solicited and declined to quote					
MESSA		Solicited and did not provide rates					

* VSP Plan Rates include taxes and fees and have 24 month rate guarantee.



Vision Rate Summary
Cheboygan Area Schools
Teachers, Social Workers & Counselors
Assumed Effective Date: 1/1/2018

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers, Social Workers & Counselors	Census	17	10	66	\$12.13	\$13,538	7/1/2017-12/31/2018
MESSA VSP-2	Rate	\$4.48	\$9.63	\$14.48			
TOTALS:		17	10	66		\$13,538	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
VSP Vision Choice Plan (\$10/\$10 Copay)	1/1/2018-12/31/2019	\$9.59	\$14.64	\$26.25	\$21.96	\$24,503	-\$10,965

* VSP Plan Rates include taxes and fees and have 24 month rate guarantee.