



Medical Rate Summary
Kalkaska Public Schools
1/1/2019 Renewal Options
 Assumed Effective Date: 1/1/2019

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers and Support Staff Enrolled in BCBSM CB PPO Plan 1	Census	11	1	8	20	
BCBSM CB 1 PPO \$0-0%; \$10/\$40/\$80 Rx	Rate	\$620.91	\$1,490.18	\$1,862.73		\$278,664
Teachers and Support Staff Enrolled in BCBSM SB PPO HSA \$1,350 Plan	Census	16	14	45	75	
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	Rate	\$412.61	\$990.26	\$1,237.83		\$914,013
TOTALS:		27	15	53	95	\$1,192,677

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Community Blue Conventional Plans					
BCBSM CB 1 PPO \$0-0%; \$10/\$40/\$80 Rx Renewal	\$604	\$1,450	\$1,813	\$1,609,953	-\$417,275
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx Renewal	\$451	\$1,081	\$1,352	\$1,200,366	-\$7,689
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$428	\$1,028	\$1,285	\$1,141,359	\$51,319
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$410	\$983	\$1,229	\$1,090,989	\$101,688

*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.



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

Kalkaska Public Schools
1/1/2019 Renewal Options
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Plan	CURRENT PLAN		CURRENT PLAN		RENEWAL PLAN		RENEWAL PLAN		Option 1		Option 2	
	Teachers and Support Staff Enrolled in BCBSM CB PPO Plan 1		Teachers and Support Staff Enrolled in BCBSM SB PPO HSA \$1,350 Plan		BCBSM CB 1 PPO \$0-0%; \$10/\$40/\$80 Rx Renewal		BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx Renewal		BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	
	BCBSM CB 1 PPO \$0-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx									
Rate Period	1/1/2018-12/31/2018		1/1/2018-12/31/2018		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network	
Deductible												
Annual Deductible - 1P	\$0		\$1,350		\$0		\$1,350		\$1,350		\$2,000	
Annual Deductible - 2P/FF	\$0		\$2,700		\$0		\$2,700		\$2,700		\$4,000	
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%		0%		0%		0%		20%		0%	
Coinsurance Max - 1P	N/A		N/A		N/A		N/A		N/A		N/A	
Coinsurance Max - 2P/FF	N/A		N/A		N/A		N/A		N/A		N/A	
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	\$6,350		\$2,250		\$6,350		\$2,250		\$2,250		\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$12,700		\$4,500		\$12,700		\$4,500		\$4,500		\$6,000	
Copayments												
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.		20% after Ded.		0% after Ded.	
Urgent Care/ER	\$20/\$150		0% after Ded.		\$20/\$150		0% after Ded.		20% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	24/\$20		12/0% after Ded.		24/\$20		12/0% after Ded.		12/20% after Ded.		12/0% after Ded.	
Rx Copay	\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	11	\$620.91	16	\$412.61	27	\$604.34	27	\$450.59	27	\$428.44	27	\$409.53
Two Person (2P)	1	\$1,490.18	14	\$990.26	15	\$1,450.40	15	\$1,081.42	15	\$1,028.26	15	\$982.88
Family (FF)	8	\$1,862.73	45	\$1,237.83	53	\$1,813.01	53	\$1,351.76	53	\$1,285.31	53	\$1,228.59
Total Annual Premium	20	\$278,664	75	\$914,013	95	\$1,609,953	95	\$1,200,366	95	\$1,141,359	95	\$1,090,989
Combined Current Lives	95		< TOTALS									
Combined Annual Premium	\$1,192,677		< TOTALS									
One Person Cost Share												
One Person Rate	\$620.91		\$412.61		\$604.34		\$450.59		\$428.44		\$409.53	
One Person PA 152 Cap	\$546.71		\$546.71		\$557.10		\$557.10		\$557.10		\$557.10	
One Person Monthly Cost	\$74.20		-\$134.10		\$47.24		-\$106.51		-\$128.66		-\$147.57	
Two Person Cost Share												
Two Person Rate	\$1,490.18		\$990.26		\$1,450.40		\$1,081.42		\$1,028.26		\$982.88	
Two Person PA 152 Cap	\$1,143.34		\$1,143.34		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06	
Two Person Monthly Cost	\$346.84		-\$153.08		\$285.34		-\$83.64		-\$136.80		-\$182.18	
Family Cost Share												
Family Rate	\$1,862.73		\$1,237.83		\$1,813.01		\$1,351.76		\$1,285.31		\$1,228.59	
Family PA 152 Cap	\$1,491.03		\$1,491.03		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36	
Family Monthly Cost	\$371.70		-\$253.20		\$293.65		-\$167.60		-\$234.05		-\$290.77	

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2019 Rate Renewal Exclusively for

Kalkaska Public Schools

Rates Effective 01/01/2019 through 12/31/2019

Quote #: 342359
 MESSA Field Rep: Viola Collin
 Date Created: 08/17/2018

NON-PAK - 635C Support Staff		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6097-0006	Single: 11	\$30.73	\$30.73
Class I:	100%	2-Person: 9	\$58.73	\$58.73
Class II:	70%	Family: 7	\$115.86	\$115.86
Class III:	50%			
Annual Max:	\$1,000			
Class IV:	50%			
Lifetime Max:	\$1,500			
Riders:	2 Cleanings, Sealants			
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Vision:	VSP 2	Single: 11	\$4.94	\$4.99
		2-Person: 9	\$10.62	\$10.72
		Family: 7	\$15.98	\$16.13
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Life Insurance:	\$10,000	27		\$0.10
Rate/\$1000				\$270,000.00
Volume				
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AD&D Coverage:	\$10,000	27		\$0.03
Rate/\$1000				\$270,000.00
Volume				
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LTD Benefit	66 2/3% Max \$2,500	27		
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$1.62
Covered Salary				\$34,393.00

NON-PAK COBRA RATES:

The COBRA rates for Dental and Vision are the same as the rates above.

The above rates are based on plans and enrollment as of 08/14/2018. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Viola Collin, at 800.292.4910.



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 Rates Effective 01/01/2019 through 12/31/2019

Quote #: 342359
 MESSA Field Rep: Viola Collin
 Date Created: 08/17/2018

NON-PAK - 635D Teachers		Enrollment	2019 Rates without Taxes	2019 Rates with Taxes
Dental:	6097-0007	Single: 13	\$24.97	\$24.97
Class I:	75%	2-Person: 18	\$47.16	\$47.16
Class II:	75%	Family: 52	\$94.41	\$94.41
Class III:	60%			
Annual Max:	\$1,000			
Class IV:	75%			
Lifetime Max:	\$1,200			
Riders:	2 Cleanings, Sealants			
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Vision:	VSP 3	Single: 13	\$6.74	\$6.80
		2-Person: 18	\$14.49	\$14.63
		Family: 52	\$21.79	\$22.00
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Life Insurance:	\$30,000	83		\$0.10
Rate/\$1000				\$2,490,000.00
Volume				
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AD&D Coverage:	\$30,000	83		\$0.03
Rate/\$1000				\$2,490,000.00
Volume				
<hr/>				
LTD Benefit	66 2/3% Max \$2,500	83		
Max Monthly Salary:	\$3,750			
Waiting Period:	90 CDMF			
Alcohol/Drug:	2 Year Limitation			
Mental/Nervous:	Same as any other illness			
Soc. Sec. Offset:	Family			
Pre-Exist Cond.:	Waived			
COLA:	No			
Rate/\$100				\$0.38
Covered Salary				\$307,430.00

NON-PAK COBRA RATES:

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