



Medical Rate Summary
Harrison Community Schools
All Employees
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
Administrators Enrolled in MESSA Choices Plan	Census	2	5	7
MESSA \$500-0%; Saver Rx	Rate	\$593.40	\$1,332.60	\$1,661.62
Administrators Enrolled in MESSA ABC Plan 1	Census	1		1
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$534.46	\$1,199.97	\$1,496.59
PAK Support Staff Staff Enrolled in MESSA Choices Plan	Census	6		6
MESSA \$500-0%; Saver Rx	Rate	\$593.40	\$1,332.60	\$1,661.62
Teachers Enrolled in MESSA Choices Plan	Census	7	10	47
MESSA \$200-0%; \$10/\$20 Rx	Rate	\$685.90	\$1,540.74	\$1,920.63
Non-PAK Support Staff Enrolled in MESSA Choices Plan	Census	6		6
MESSA \$500-0%; Saver Rx	Rate	\$605.43	\$1,359.66	\$1,695.31
TOTALS:	13	19	52	84
				\$1,611,360

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 (\$1,500 ECM)	\$558	\$1,330	\$1,660	\$1,426,437	\$184,923
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	\$537	\$1,278	\$1,596	\$1,370,950	\$240,410
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$471	\$1,119	\$1,397	\$1,200,694	\$410,666
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$433	\$1,028	\$1,283	\$1,102,192	\$509,168
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$416	\$987	\$1,232	\$1,058,937	\$552,422
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$385	\$913	\$1,140	\$979,372	\$631,988
Priority Health POS HSA Plans					
Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx	\$450	\$1,003	\$1,246	\$1,076,327	\$535,032
Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx	\$390	\$866	\$1,076	\$929,374	\$681,985

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health POS HSA \$2000-0%; \$10/\$40/\$80 Rx	\$403	\$896	\$1,113	\$961,827	\$649,532
Priority Health POS HSA \$2000-20%; \$10/\$40/\$80 Rx	\$357	\$792	\$984	\$850,086	\$761,274
Priority Health POS Conventional Plans					
Priority Health POS \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	\$554	\$1,235	\$1,535	\$1,325,498	\$285,861
Priority Health POS \$250-20%; \$20 OV; \$10/\$40/\$80 Rx	\$506	\$1,129	\$1,403	\$1,211,550	\$399,810
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$536	\$1,195	\$1,485	\$1,282,425	\$328,935
Priority Health POS \$500-20%; \$20 OV; \$10/\$40/\$80 Rx	\$494	\$1,100	\$1,367	\$1,180,543	\$430,817

MESSA:

*MESSA rates include estimated taxes and fees.

BCBSM:

*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.

Priority Health:

*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.

*BCBSM and Priority Health rates include enrollment and billing service fee.



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Everyone but Teachers
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Administrators Enrolled in MESSA Choices Plan	Census	2	5	7
MESSA \$500-0%; Saver Rx	Rate	\$593.40	\$1,332.60	\$1,661.62
Administrators Enrolled in MESSA ABC Plan 1	Census	1		1
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$534.46	\$1,199.97	\$1,496.59
PAK Support Staff Enrolled in MESSA Choices Plan	Census	6		6
MESSA \$500-0%; Saver Rx	Rate	\$593.40	\$1,332.60	\$1,661.62
Non-PAK Support Staff Enrolled in MESSA Choices Plan	Census	6		6
MESSA \$500-0%; Saver Rx	Rate	\$605.43	\$1,359.66	\$1,695.31
TOTALS:		6	9	5
				20
				\$285,618

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 (\$1,500 ECM)	\$704	\$1,679	\$2,097	\$357,772	-\$72,155
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx (\$1,500 ECM)	\$676	\$1,612	\$2,013	\$343,546	-\$57,928
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$598	\$1,424	\$1,779	\$303,585	-\$17,968
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$548	\$1,304	\$1,628	\$277,916	\$7,702
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$528	\$1,256	\$1,568	\$267,647	\$17,971
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$487	\$1,159	\$1,446	\$246,980	\$38,637
Priority Health POS HSA Plans					
Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx	\$553	\$1,233	\$1,533	\$265,006	\$20,612
Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx	\$476	\$1,061	\$1,318	\$227,982	\$57,636
Priority Health POS HSA \$2000-0%; \$10/\$40/\$80 Rx	\$493	\$1,099	\$1,366	\$236,162	\$49,456
Priority Health POS HSA \$2000-20%; \$10/\$40/\$80 Rx	\$435	\$968	\$1,202	\$207,997	\$77,620

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health POS Conventional Plans					
Priority Health POS \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	\$683	\$1,526	\$1,897	\$327,800	-\$42,182
Priority Health POS \$250-20%; \$20 OV; \$10/\$40/\$80 Rx	\$625	\$1,394	\$1,732	\$299,442	-\$13,824
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$661	\$1,475	\$1,834	\$316,937	-\$31,319
Priority Health POS \$500-20%; \$20 OV; \$10/\$40/\$80 Rx	\$608	\$1,357	\$1,687	\$291,604	-\$5,987

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Priority Health:

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*BCBSM and Priority Health rates include enrollment and billing service fee.



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

Harrison Community Schools

All Employees

Assumed Effective Date: 7/1/2016

Plan	CURRENT PLAN Administrators Enrolled in MESSA Choices Plan		CURRENT PLAN Administrators Enrolled in MESSA ABC Plan 1		CURRENT PLAN PAK Support Staff Enrolled in MESSA Choices Plan		CURRENT PLAN Teachers Enrolled in MESSA Choices Plan		CURRENT PLAN Non-PAK Support Staff Enrolled in MESSA Choices Plan		Option 1		Option 2	
	MESSA \$500-0%; Saver Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA \$500-0%; Saver Rx		MESSA \$200-0%; \$10/\$20 Rx		MESSA \$500-0%; Saver Rx		Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx		Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 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	
Deductible														
Annual Deductible - 1P	\$500		\$1,300		\$500		\$200		\$500		\$500		\$1,300	
Annual Deductible - 2P/FF	\$1,000		\$2,600		\$1,000		\$400		\$1,000		\$1,000		\$2,600	
Additional Cost After Deductible														
Employee Coinsurance after Deductible	0%		0%		0%		0%		0%		0%		0%	
Coinsurance Max - 1P	\$0		\$1,000		\$0		\$0		\$0		\$0		\$1,000	
Coinsurance Max - 2P/FF	\$0		\$2,000		\$0		\$0		\$0		\$0		\$2,000	
Out of Pocket Maximum														
Max ded, coinsurance, copays - 1P	\$1,500		\$2,300		\$1,500		\$1,200		\$1,500		\$6,850		\$2,300	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$4,600		\$3,000		\$2,400		\$3,000		\$13,700		\$4,600	
Copayments														
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$20		\$20/\$20		\$20/\$20		\$20/\$35		0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		\$25/\$50		\$25/\$50		\$25/\$50		\$50/\$150		0% after Ded.	
Chiropractic Limit/Copay	38/0% (office visit copay may apply)		38/0% after Ded.		38/0% (office visit copay may apply)		38/0% (office visit copay may apply)		38/0% (office visit copay may apply)		50/\$20 (combined with PT and OT)		50/0% after Ded. (combined with PT and OT)	
Rx Copay	Saver Rx		ABC Rx		Saver Rx		\$10/\$20 Rx		Saver Rx		\$10/\$40/\$80 Rx		\$10/\$40/\$80 Rx after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$593.40	0	\$534.46	0	\$593.40	7	\$685.90	6	\$605.43	13	\$535.83	13	\$450.42
Two Person (2P)	2	\$1,332.60	1	\$1,199.97	6	\$1,332.60	10	\$1,540.74	0	\$1,359.66	19	\$1,194.77	19	\$1,002.83
Family (FF)	5	\$1,661.62	0	\$1,496.59	0	\$1,661.62	47	\$1,920.63	0	\$1,695.31	52	\$1,484.66	52	\$1,245.86
Total Annual Premium	7	\$131,680	1	\$14,400	6	\$95,947	64	\$1,325,742	6	\$43,591	84	\$1,282,425	84	\$1,076,327
Combined Current Lives	84		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	
Combined Annual Premium	\$1,611,360		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	
Total Costs														
Estimated Annual Cost	\$1,611,360		<Totals		<Totals		<Totals		<Totals		PEPM		Annual	
Estimated Savings/(Increase) \$													\$1,282,425	
Estimated Difference %													33.2%	
													\$535,032.44	
													20.4%	
													33.2%	
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	
Total Plan Cost	\$7,120.83		\$6,413.51		\$7,120.83		\$8,230.84		\$7,265.19		\$6,429.96		\$5,405.04	
PA 152 Hard Cap	\$6,142.11		\$6,142.11		\$6,142.11		\$6,142.11		\$6,142.11		\$6,142.11		\$6,142.11	
Amount Over/Under Hard Cap	\$978.72		\$271.40		\$978.72		\$2,088.73		\$1,123.08		\$287.85		-\$737.07	
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	
Total Plan Cost	\$15,991.18		\$14,399.66		\$15,991.18		\$18,488.93		\$16,315.94		\$14,337.24		\$12,033.96	
PA 152 Hard Cap	\$12,845.04		\$12,845.04		\$12,845.04		\$12,845.04		\$12,845.04		\$12,845.04		\$12,845.04	
Amount Over/Under Hard Cap	\$3,146.14		\$1,554.62		\$3,146.14		\$5,643.89		\$3,470.90		\$1,492.20		-\$811.08	
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	
Total Plan Cost	\$19,939.49		\$17,959.03		\$19,939.49		\$23,047.60		\$20,343.68		\$17,815.92		\$14,950.32	
PA 152 Hard Cap	\$16,751.23		\$16,751.23		\$16,751.23		\$16,751.23		\$16,751.23		\$16,751.23		\$16,751.23	
Amount Over/Under Hard Cap	\$3,188.26		\$1,207.80		\$3,188.26		\$6,296.37		\$3,592.45		\$1,064.69		-\$1,800.91	

MESSA:

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Priority Health:

*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.

*Priority Health plans include an additional 20 chiropractic visits, totalling 50, combined with PT and OT.

*Priority Health rates include enrollment and billing service fee.



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Harrison Community Schools
 Everyone but Teachers
 Assumed Effective Date: 7/1/2016
 Option 2

Plan	CURRENT PLAN Administrators Enrolled in MESSA Choices Plan MESSA \$500-0%; Saver Rx		CURRENT PLAN Administrators Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx		CURRENT PLAN PAK Support Staff Enrolled in MESSA Choices Plan MESSA \$500-0%; Saver Rx		CURRENT PLAN Non-PAK Support Staff Enrolled in MESSA Choices Plan MESSA \$500-0%; Saver Rx		Option 1 Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	Option 2 Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx
	Rate Period	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	7/1/2016-6/30/2017 In Network	
Purchased Plan Features										
Deductible										
Annual Deductible - 1P	\$500	\$1,300	\$500	\$500	\$500	\$500	\$500	\$500	\$1,300	
Annual Deductible - 2P/FF	\$1,000	\$2,600	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$2,600	
Additional Cost After Deductible										
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Coinsurance Max - 1P	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000	
Coinsurance Max - 2P/FF	\$0	\$2,000	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000	
Out of Pocket Maximum										
Max ded, coinsurance, copays - 1P	\$1,500	\$2,300	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$6,850	\$2,300	
Max ded, coinsurance, copays - 2P/FF	\$3,000	\$4,600	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$13,700	\$4,600	
Copayments										
Office Visit/Specialist	\$20/\$20	0% after Ded.	\$20/\$20	\$20/\$20	\$20/\$20	\$20/\$20	\$20/\$20	\$20/\$35	0% after Ded.	
Urgent Care/ER	\$25/\$50	0% after Ded.	\$25/\$50	\$25/\$50	\$25/\$50	\$25/\$50	\$25/\$50	\$50/\$150	0% after Ded.	
Chiropractic Limit/Copay	38/0% (office visit copay may apply)	38/0% after Ded.	38/0% (office visit copay may apply)	38/0% (office visit copay may apply)	38/0% (office visit copay may apply)	38/0% (office visit copay may apply)	38/0% (office visit copay may apply)	50/\$20 (combined with PT and OT)	50/0% after Ded. (combined with PT and OT)	
Rx Copay	Saver Rx	ABC Rx	Saver Rx	Saver Rx	Saver Rx	Saver Rx	Saver Rx	\$10/\$40/\$80 Rx	\$10/\$40/\$80 Rx after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$593.40	0	\$534.46	0	\$593.40	6	\$605.43	6	\$660.83
Two Person (2P)	2	\$1,332.60	1	\$1,199.97	6	\$1,332.60	0	\$1,359.66	9	\$1,475.33
Family (FF)	5	\$1,661.62	0	\$1,496.59	0	\$1,661.62	0	\$1,695.31	5	\$1,833.69
Total Annual Premium	7	\$131,680	1	\$14,400	6	\$95,947	6	\$43,591	20	\$316,937
Combined Current Lives	20	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS
Combined Annual Premium	\$285,618	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS
Total Costs										
Estimated Annual Cost	\$285,618	<Totals	<Totals	<Totals	<Totals	<Totals	<Totals	<Totals	PEPM	Annual
Estimated Savings/(Increase) \$										\$316,937
Estimated Difference %										(\$31,319.10)
										-11.0%
										\$265,006
										\$20,611.86
										7.2%
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	Included in total plan cost
Total Plan Cost	\$7,120.83	\$6,413.51	\$7,120.83	\$7,120.83	\$7,265.19	\$7,120.83	\$7,265.19	\$7,929.96	\$7,929.96	\$6,638.04
PA 152 Hard Cap	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11	\$6,142.11
Amount Over/Under Hard Cap	\$978.72	\$271.40	\$978.72	\$978.72	\$1,123.08	\$978.72	\$1,123.08	\$1,787.85	\$1,787.85	\$495.93
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	Included in total plan cost
Total Plan Cost	\$15,991.18	\$14,399.66	\$15,991.18	\$15,991.18	\$16,315.94	\$15,991.18	\$16,315.94	\$17,703.96	\$17,703.96	\$14,801.40
PA 152 Hard Cap	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04	\$12,845.04
Amount Over/Under Hard Cap	\$3,146.14	\$1,554.62	\$3,146.14	\$3,146.14	\$3,470.90	\$3,146.14	\$3,470.90	\$4,858.92	\$4,858.92	\$1,956.36
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	Included in total plan cost
Total Plan Cost	\$19,939.49	\$17,959.03	\$19,939.49	\$19,939.49	\$20,343.68	\$19,939.49	\$20,343.68	\$22,004.28	\$22,004.28	\$18,393.00
PA 152 Hard Cap	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23	\$16,751.23
Amount Over/Under Hard Cap	\$3,188.26	\$1,207.80	\$3,188.26	\$3,188.26	\$3,592.45	\$3,188.26	\$3,592.45	\$5,253.05	\$5,253.05	\$1,641.77

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 *Priority Health plans include an additional 20 chiropractic visits, totalling 50, combined with PT and OT.
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