



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

Medical Rate Summary
Lapeer ISD
All Employees

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Administration, Secretary/Technology and Para-Professionals Enrolled in MESSA ABC Plan 1	Census	4	6	7	\$347,193
MESSA ABC Plan 1 \$1600-0%; ABC Rx	Rate	\$779.86	\$1,754.68	\$2,183.60	
Administration, Secretary/Technology and Para-Professionals Enrolled in MESSA Choices \$200 Plan	Census	1	0	1	\$47,352
MESSA Choices \$200-0%; \$10/\$20 Rx	Rate	\$1,038.42	\$2,336.44	\$2,907.58	
Administration, Secretary/Technology and Para-Professionals Enrolled in MESSA ABC Plan 2 with 3-Tier Rx	Census	4	4	6	\$249,357
MESSA ABC Plan 2 \$2000-0%; 3 Tier Rx	Rate	\$697.31	\$1,568.94	\$1,952.46	
Vocational Education Teachers Enrolled in MESSA ABC Plan 2 with ABC Rx	Census	1	1	4	\$126,555
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$729.84	\$1,642.15	\$2,043.56	
Vocational Education Teachers Enrolled in MESSA ABC Plan 2 with 3-Tier Rx	Census	2	1	6	\$176,140
MESSA ABC Plan 2 \$2000-0%; 3 Tier Rx	Rate	\$697.31	\$1,568.94	\$1,952.46	
Special Education Teachers	Census	6	5	11	\$397,367
MESSA ABC Plan 2 \$2000-0%; 3 Tier Mail Rx	Rate	\$689.16	\$1,550.61	\$1,929.63	
Special Education Instructional Aide and Professional Assistant	Census	6	3	4	\$198,064
MESSA ABC Plan 2 \$2000-0%; 3 Tier Mail Rx	Rate	\$689.16	\$1,550.61	\$1,929.63	
TOTALS:		24	20	39	\$1,542,027

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$739.14	\$1,773.94	\$2,217.42	\$1,676,370	-\$134,343
BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	\$670.10	\$1,608.25	\$2,010.29	\$1,519,785	\$22,243
BCBSM SB PPO HSA \$1600-20%; \$10/\$40/\$80 after Ded. Rx	\$586.97	\$1,408.71	\$1,760.89	\$1,331,234	\$210,793
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$629.10	\$1,509.82	\$1,887.29	\$1,426,789	\$115,238
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 after Ded. Rx	\$561.82	\$1,348.36	\$1,685.45	\$1,274,201	\$267,826
BCBSM SB PPO HSA \$3200-0%; \$10/\$40/\$80 after Ded. Rx	\$543.46	\$1,304.30	\$1,630.37	\$1,232,562	\$309,466
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$663.38	\$1,592.13	\$1,990.16	\$1,504,560	\$37,468
BCN Blue Elect Plus POS HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$547.37	\$1,313.69	\$1,642.11	\$1,241,436	\$300,592
BCN Blue Elect Plus POS HSA \$1600-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$487.58	\$1,170.19	\$1,462.74	\$1,105,831	\$436,196
BCN Blue Elect Plus POS HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$522.32	\$1,253.56	\$1,566.95	\$1,184,615	\$357,412
BCN Blue Elect Plus POS HSA \$2000-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$474.27	\$1,138.23	\$1,422.80	\$1,075,635	\$466,392
BCN Blue Elect Plus POS HSA \$3200-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$465.84	\$1,118.01	\$1,397.52	\$1,056,524	\$485,504
SET SEG					
SET SEG MEC (VEBA)	\$74.00	\$148.00	\$222.00	\$160,728	\$1,381,299
HAP	Solicited and declined to quote				

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Priority Health	Solicited and did not provide options				

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**SET MEC, provides only essential benefits as required under the ACA. \$200 admin fee and \$74 per enrolled life per month.

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Plan Name	Option 1 BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	Option 2 BCBSM SB PPO HSA \$1600-20%; \$10/\$40/\$80 after Ded. Rx	Option 3 BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	Option 4 BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 after Ded. Rx	Option 5 BCBSM SB PPO HSA \$3200-0%; \$10/\$40/\$80 after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network
Deductible					
Annual Deductible - 1P	\$1,600	\$1,600	\$2,000	\$2,000	\$3,200
Annual Deductible - 2P/FF	\$3,200	\$3,200	\$4,000	\$4,000	\$6,400
Additional Cost After Deductible					
Employee Coinsurance After Deductible	0%	20%	0%	20%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum					
Max ded, coinsurance, copays - 1P	\$4,000	\$4,000	\$4,000	\$4,000	\$6,900
Max ded, coinsurance, copays - 2P/FF	\$8,000	\$8,000	\$8,000	\$8,000	\$13,800
Copayments					
Office Visit/Specialist	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.
Urgent Care/ER	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	12 visits/0% after Ded.	12 visits/20% after Ded.	12 visits/0% after Ded.	12 visits/20% after Ded.	12 visits/0% after Ded.
Rx Copay	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.
Total Monthly Costs					
One Person (1P)	(24) \$670.10	(24) \$586.97	(24) \$629.10	(24) \$561.82	(24) \$543.46
Two Person (2P)	(20) \$1,608.25	(20) \$1,408.71	(20) \$1,509.82	(20) \$1,348.36	(20) \$1,304.30
Family (FF)	(39) \$2,010.29	(39) \$1,760.89	(39) \$1,887.29	(39) \$1,685.45	(39) \$1,630.37
Total Annual Premium	(83) \$1,519,784.52	(83) \$1,331,234.28	(83) \$1,426,789.32	(83) \$1,274,201.16	(83) \$1,232,561.64
One Person Cost Share					
One Person Rate	\$670.10	\$586.97	\$629.10	\$561.82	\$543.46
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$28.20	-\$54.93	-\$12.80	-\$80.08	-\$98.44
Two Person Cost Share					
Two Person Rate	\$1,608.25	\$1,408.71	\$1,509.82	\$1,348.36	\$1,304.30
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$265.83	\$66.29	\$167.40	\$5.94	-\$38.12
Family Cost Share					
Family Rate	\$2,010.29	\$1,760.89	\$1,887.29	\$1,685.45	\$1,630.37
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$259.64	\$10.24	\$136.64	-\$65.20	-\$120.28

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	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Plan Name	BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	BCN Blue Elect Plus POS HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	BCN Blue Elect Plus POS HSA \$1600-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	BCN Blue Elect Plus POS HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	BCN Blue Elect Plus POS HSA \$2000-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	BCN Blue Elect Plus POS HSA \$3200-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network
Deductible						
Annual Deductible - 1P	\$500	\$1,600	\$1,600	\$2,000	\$2,000	\$3,200
Annual Deductible - 2P/FF	\$1,000	\$3,200	\$3,200	\$4,000	\$4,000	\$6,400
Additional Cost After Deductible						
Employee Coinsurance After Deductible	0%	0%	20%	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	\$8,150	\$4,000	\$4,000	\$4,000	\$4,000	\$6,900
Max ded, coinsurance, copays - 2P/FF	\$16,300	\$8,000	\$8,000	\$8,000	\$8,000	\$13,800
Copayments						
Office Visit/Specialist	\$20/\$30 - when referred	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.
Urgent Care/ER	\$35/\$250	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	30 visits - when referred /\$30	30 visits/0% after Ded.	30 visits/20% after Ded.	30 visits/0% after Ded.	30 visits/20% after Ded.	30 visits/0% after Ded.
Rx Copay	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs						
One Person (1P)	(24) \$663.38	(24) \$547.37	(24) \$487.58	(24) \$522.32	(24) \$474.27	(24) \$465.84
Two Person (2P)	(20) \$1,592.13	(20) \$1,313.69	(20) \$1,170.19	(20) \$1,253.56	(20) \$1,138.23	(20) \$1,118.01
Family (FF)	(39) \$1,990.16	(39) \$1,642.11	(39) \$1,462.74	(39) \$1,566.95	(39) \$1,422.80	(39) \$1,397.52
Total Annual Premium	(83) \$1,504,559.52	(83) \$1,241,435.64	(83) \$1,105,830.96	(83) \$1,184,615.16	(83) \$1,075,635.36	(83) \$1,056,523.68
One Person Cost Share						
One Person Rate	\$663.38	\$547.37	\$487.58	\$522.32	\$474.27	\$465.84
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$21.48	-\$94.53	-\$154.32	-\$119.58	-\$167.63	-\$176.06
Two Person Cost Share						
Two Person Rate	\$1,592.13	\$1,313.69	\$1,170.19	\$1,253.56	\$1,138.23	\$1,118.01
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$249.71	-\$28.73	-\$172.23	-\$88.86	-\$204.19	-\$224.41
Family Cost Share						
Family Rate	\$1,990.16	\$1,642.11	\$1,462.74	\$1,566.95	\$1,422.80	\$1,397.52
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$239.51	-\$108.54	-\$287.91	-\$183.70	-\$327.85	-\$353.13

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