



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

Kenowa Hills Public Schools  
All Employees  
Assumed Effective Date: 7/1/2016

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4		Option 5			
	Teachers enrolled in Choices Plan		Teachers enrolled in ABC Plan		Support Staff and Non-Union Support Staff enrolled in Choices Plan		Support Staff and Non-Union Support Staff enrolled in ABC Plan		Office Personnel, Maintenance and Paraprofessional enrolled in Choices Plan		Office Personnel, Maintenance and Paraprofessional enrolled in ABC Plan		BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx		Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx		Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx		Priority Health POS HSA \$2000-0%; \$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		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		In Network		In Network		In Network		In Network			
Deductible																								
Annual Deductible - 1P	\$200	\$1,300	\$200	\$1,300	\$200	\$1,300	\$200	\$1,300	\$200	\$1,300	\$200	\$1,300	\$2,000	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300	\$2,000	\$2,000		
Annual Deductible - 2P/FF	\$400	\$2,600	\$400	\$2,600	\$400	\$2,600	\$400	\$2,600	\$400	\$2,600	\$400	\$2,600	\$4,000	\$2,600	\$2,600	\$2,600	\$2,600	\$2,600	\$2,600	\$2,600	\$4,000	\$4,000		
Additional Cost After Deductible																								
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	0%	0%	0%	0%	20%	0%	20%	0%	0%		
Coinsurance Max - 1P	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Coinsurance Max - 2P/FF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Out of Pocket Maximum																								
Max ded, coinsurance, copays - 1P	\$1,200	\$2,300	\$1,200	\$2,300	\$1,200	\$2,300	\$1,200	\$2,300	\$1,200	\$2,300	\$1,200	\$2,300	\$2,250	\$3,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$4,000	\$4,000		
Max ded, coinsurance, copays - 2P/FF	\$2,400	\$4,600	\$2,400	\$4,600	\$2,400	\$4,600	\$2,400	\$4,600	\$2,400	\$4,600	\$2,400	\$4,600	\$4,500	\$6,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$8,000	\$8,000		
Copayments																								
Office Visit/Specialist	\$5/\$5	0% after Ded.	\$5/\$5	0% after Ded.	\$5/\$5	0% after Ded.	\$5/\$5	0% after Ded.	\$5/\$5	0% after Ded.	\$5/\$5	0% after Ded.	20% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	0% after Ded.		
Urgent Care/ER	\$10/\$25	0% after Ded.	\$10/\$25	0% after Ded.	\$10/\$25	0% after Ded.	\$10/\$25	0% after Ded.	\$10/\$25	0% after Ded.	\$10/\$25	0% after Ded.	20% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	0% after Ded.		
Chiropractic Limit/Copay	38/\$5	38/0% after Ded.	38/\$5	38/0% after Ded.	38/\$5	38/0% after Ded.	38/\$5	38/0% after Ded.	38/\$5	38/0% after Ded.	38/\$5	38/0% after Ded.	12/20% after Ded.	12/0% after Ded.	12/0% after Ded.	12/0% after Ded.	12/0% after Ded.	60/0% after ded (combined with PT and OT)	60/20% after ded (combined with PT and OT)	60/0% after ded (combined with PT and OT)	60/0% after ded (combined with PT and OT)			
Rx Copay	Saver Rx	ABC Rx	Saver Rx	ABC Rx	Saver Rx	ABC Rx	Saver Rx	ABC Rx	Saver Rx	ABC Rx	Saver Rx	ABC Rx	\$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.	\$10/\$40/\$80 after Ded.	\$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	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates		
One Person (1P)	5	\$684.71	10	\$551.05	4	\$698.63	3	\$562.24	1	\$684.71	3	\$551.05	26	\$527.33	26	\$501.31	26	\$495.33	26	\$435.68	26	\$441.65		
Two Person (2P)	6	\$1,538.35	13	\$1,237.61	1	\$1,569.66	4	\$1,262.78	2	\$1,538.35	5	\$1,237.61	31	\$1,265.60	31	\$1,203.15	31	\$1,112.76	31	\$978.75	31	\$992.17		
Family (FF)	21	\$1,915.99	104	\$1,541.73	0	\$1,954.96	16	\$1,573.06	2	\$1,915.99	5	\$1,541.73	148	\$1,582.00	148	\$1,503.94	148	\$1,384.45	148	\$1,217.73	148	\$1,234.41		
Total Annual Premium	32	\$634,673	127	\$2,183,272	5	\$52,370	23	\$382,882	5	\$91,121	13	\$186,598	205	\$3,444,958	205	\$3,274,987	205	\$3,027,273	205	\$2,662,716	205	\$2,699,194		
Combined Current Lives	205		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS			
Combined Annual Premium	\$3,530,916		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS			
Total Costs																								
Estimated Annual Cost	\$3,530,916		<Totals		<Totals		<Totals		<Totals		<Totals		\$3,444,958		\$3,274,987		\$3,027,273		\$2,662,716		\$2,699,194			
Estimated Savings/(Increase) \$																								
Estimated Difference %																								
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		Included in total plan cost			
One Person Total	\$8,216.52		\$6,612.60		\$8,383.56		\$6,746.88		\$8,216.52		\$6,612.60		\$6,327.95		\$6,015.74		\$5,943.96		\$5,228.16		\$5,299.80			
One Person PA 152 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		\$6,142.11			
Amount Over/Under Har Cap	\$2,074.41		\$470.49		\$2,241.45		\$604.77		\$2,074.41		\$470.49		\$185.84		-\$126.37		-\$198.15		-\$913.95		-\$842.31			
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		Included in total plan cost			
Two Person Total	\$18,460.20		\$14,851.32		\$18,835.92		\$15,153.36		\$18,460.20		\$14,851.32		\$15,187.23		\$14,437.84		\$13,353.12		\$11,745.00		\$11,906.04			
Two Person PA 152 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		\$12,845.04			
Amount Over/Under Har Cap	\$5,615.16		\$2,006.28		\$5,990.88		\$2,308.32		\$5,615.16		\$2,006.28		\$2,342.19		\$1,592.80		\$508.08		-\$1,100.04		-\$939.00			
Family (annual amounts)																								
Family Rate	\$22,991.88		\$18,500.76		\$23,459.52		\$18,876.72		\$22,991.88		\$18,500.76		\$18,983.97		\$18,047.33		\$16,613.40		\$14,612.76		\$14,812.92			
Family Deductible (HSAs Only)	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		Included in total plan cost			
Family Total	\$22,991.88		\$18,500.76		\$23,459.52		\$18,876.72		\$22,991.88		\$18,500.76		\$18,983.97		\$18,047.33		\$16,613.40		\$14,612.76		\$14,812.92			
Family PA 152 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		\$16,751.23			
Amount Over/Under Har Cap	\$6,240.65		\$1,749.53		\$6,708.29		\$2,125.49		\$6,240.65		\$1,749.53		\$2,232.74		\$1,296.10		-\$137.83		-\$2,138.47		-\$1,938.31			

\*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 commissions paid to SET SEG. Fees for SET SEG services are addressed in a separate agreement. BCBSM rates may change based on final BCBSM underwriting guidelines, actual group enrollment and participation.  
 \*Priority Health rates, fees and/or claims projections do 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 30 chiropractic visits, totalling 60, combined with PT and OT.  
 \*MESSA rates include estimated blended taxes and fees for the 2016-2017 policy period.  
 \*Rates do not include enrollment and billing service fee.  
 \*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.



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## Vision Plan Comparison

Kenowa Hills Public Schools  
All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3	
	Teachers		Office Personnel, Maintenance, Paraprofessionals (Full Time Union Staff)		Employees enrolled with SET Self-Funded Vision		MetLife		NVA Option 1; \$80 Frames		NVA Option 2; \$65 Frames	
Name	MESSA VSP 3 Plus		MESSA VSP 3		SET SEG Self-Funded Vision		MetLife		NVA Option 1; \$80 Frames		NVA Option 2; \$65 Frames	
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 - 6/30/2020		7/1/2016 - 6/30/2020	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	100%		100%		\$64		100%		100%		100%	
Ophthalmologist Exam	100%		100%		\$64		100%		100%		100%	
Regular Lenses	100%		100%		\$84		100%		100%		100%	
Bifocal Lenses	100%		100%		\$96		100%		100%		100%	
Trifocal Lenses	100%		100%		\$120		100%		100%		100%	
Lentiular Lenses	100%		100%		\$144		100%		100%		100%	
Frame Allowance	\$80		\$65		\$36		\$100		\$80		\$65	
Necessary Contacts	100%		100%		\$200		100%		100%		100%	
Cosmetic Contacts	100%		\$115		\$200		\$100		\$200		\$115	
Exam Copay	\$0		\$0		\$0		\$0		\$0		\$0	
Material Copay	\$0		\$0		\$0		\$0		\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	21	\$10.02	4	\$6.88	5	\$7.95	30	\$9.01	30	\$6.56	30	\$4.83
Two Person (2P)	20	\$21.54	9	\$14.80	8	\$14.20	37	\$16.93	37	\$14.10	37	\$10.39
Family (FF)	142	\$32.43	7	\$22.26	15	\$27.75	164	\$24.10	164	\$21.23	164	\$15.63
<b>Total Annual Premium</b>	<b>183</b>	<b>\$62,955</b>	<b>20</b>	<b>\$3,798</b>	<b>28</b>	<b>\$6,835</b>	<b>231</b>	<b>\$58,189</b>	<b>231</b>	<b>\$50,403</b>	<b>231</b>	<b>\$37,112</b>
<b>Combined Annual Premium</b>	<b>\$73,589</b>		<b>&lt; TOTALS</b>		<b>&lt; TOTALS</b>							
<b>Estimated Cost for Benefit Increase - \$</b>							<b>\$6</b>	<b>\$15,400</b>	<b>\$8</b>	<b>\$23,186</b>	<b>\$13</b>	<b>\$36,477</b>
<b>Estimated Savings - %</b>								<b>21%</b>		<b>32%</b>		<b>50%</b>

\*Current SET SEG Self-Funded rates are illustrative and include \$1.70 administrative fee.

\*MESSA provided quotes for individual segments only. Please see actual MESSA proposal for details.

\*MetLife proposal includes one benefit level for all employees. These rates include taxes and fees.

\*NVA rates include taxes and fees