



West Bloomfield School District
MESSA PAK Employees 2016 Alternative Options
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Instructional Staff, Secretary, Paraprofessional and Maintenance Technician Enrolled in MESSA Choices \$500					
Census	67	55	225	347	
Rate	\$715.77	\$1,607.92	\$2,004.23		\$7,048,133
MESSA Choices \$500-0%; Saver Rx					
Instructional Staff, Secretary, Paraprofessional and Maintenance Technician Enrolled in MESSA ABC Plan 1					
Census	1	4	18	23	
Rate	\$644.59	\$1,447.79	\$1,804.97		\$467,102
MESSA ABC Plan 1 \$1300-0%; ABC Rx					
Administrator, Admin Supervisor, Superintendent, Community Ed Coordinator, Community Ed Childcare and Private Teacher Enrolled in MESSA ABC Plan 1					
Census			1	1	
Rate	\$657.66	\$1,477.20	\$1,841.57		\$22,099
MESSA ABC Plan 1 \$1300-0%; ABC Rx					
TOTALS:	68	59	244	371	\$7,537,334

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$603	\$1,355	\$1,690	\$6,399,082	\$1,138,252
MESSA Choices \$1000-0%; Saver Rx	\$675	\$1,516	\$1,890	\$7,159,451	\$377,883

-MESSA renewal & proposed rates reflect estimated tax and fee liability; these figures are estimates and could fluctuate.



West Bloomfield School District
MESSA Non-PAK Employees 2016 Alternative Options
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost	
Administrator, Admin Supervisor, Superintendent, Community Ed Coordinator, Community Ed Childcare, Private Teacher and Bus Monitor/Crossing Guard Enrolled in MESSA Choices \$500	36	4	16	56	
Census					
MESSA Choices \$500-0%; Saver Rx	Rate	\$730.29	\$1,640.61	\$2,044.91	\$786,858
TOTALS:	36	4	16	56	\$786,858

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$616	\$1,383	\$1,724	\$663,316	\$123,542
MESSA Choices \$1000-0%; Saver Rx	\$689	\$1,547	\$1,929	\$742,132	\$44,726

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West Bloomfield School District
All Employees 2016 Options
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Instructional Staff, Secretary, Paraprofessional and Maintenance Technician Enrolled in MESSA Choices \$500					
MESSA Choices \$500-0%; Saver Rx	Census 67	Census 55	Census 225	Census 347	
	Rate \$715.77	Rate \$1,607.92	Rate \$2,004.23		Rate \$7,048,133
Administrator, Admin Supervisor, Superintendent, Community Ed Coordinator, Community Ed Childcare, Private Teacher and Bus Monitor/Crossing Guard Enrolled in MESSA Choices \$500					
MESSA Choices \$500-0%; Saver Rx	Census 36	Census 4	Census 16	Census 56	
	Rate \$730.29	Rate \$1,640.61	Rate \$2,044.91		Rate \$786,858
Instructional Staff, Secretary, Paraprofessional and Maintenance Technician Enrolled in MESSA ABC Plan 1					
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Census 1	Census 4	Census 18	Census 23	
	Rate \$644.59	Rate \$1,447.79	Rate \$1,804.97		Rate \$467,102
Administrator, Admin Supervisor, Superintendent, Community Ed Coordinator, Community Ed Childcare and Private Teacher Enrolled in MESSA ABC Plan 1					
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Census		Census 1	Census 1	
	Rate \$657.66	Rate \$1,477.20	Rate \$1,841.57		Rate \$22,099
TOTALS:	104	63	260	427	\$8,324,192

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO HSA Plans					
BCN HMO HSA \$1300-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$548	\$1,316	\$1,645	\$6,810,127	\$1,514,065
BCN HMO Conventional Plans					
BCN HMO \$500-10%; \$4/\$15/\$40/\$80/20%/20% Rx	\$613	\$1,470	\$1,838	\$7,609,130	\$715,062
BCBSM Community Blue Conventional Plans					
BCBSM CB PPO \$500-0%; \$10/\$20 Rx	\$1,070	\$2,568	\$3,210	\$13,290,136	-\$4,965,944
BCBSM CB PPO \$500-0%; \$10/\$40 Rx	\$922	\$2,213	\$2,766	\$11,452,249	-\$3,128,057
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$651	\$1,561	\$1,952	\$8,081,302	\$242,890
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$582	\$1,398	\$1,747	\$7,235,587	\$1,088,605

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
HAP PPO Plans					
HAP PPO \$500-0%; \$10/\$40/\$40 Rx	\$652	\$1,464	\$1,822	\$7,603,112	\$721,079
HAP PPO HSA \$1300-0%; \$10/\$40/\$40 Rx	\$587	\$1,319	\$1,641	\$6,850,451	\$1,473,741
HAP PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$533	\$1,197	\$1,489	\$6,214,152	\$2,110,040
HAP PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$513	\$1,153	\$1,435	\$5,990,036	\$2,334,156
HAP HMO Plans					
HAP HMO \$500-0%; \$10/\$20 Rx	\$598	\$1,343	\$1,671	\$6,975,790	\$1,348,402
HAP HMO HSA \$1300-0%; \$10/\$20 Rx	\$535	\$1,203	\$1,496	\$6,245,084	\$2,079,108
PriorityHealth	Solicited and waiting for response				

-MESSA renewal rates reflect estimated tax and fee liability; these figures are estimates and could fluctuate.

-BCBSM, BCN & HAP proposed 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.

-Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.



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

**West Bloomfield School District
All Employees 2016 Options
Assumed Effective Date: 7/1/2016**

	RENEWAL PLAN	RENEWAL PLAN	RENEWAL PLAN	RENEWAL PLAN	Option 1	Option 2	Option 3	Option 4	Option 5
	Instructional Staff, Secretary, Paraprofessional and Maintenance Technician Enrolled in MESSA Choices \$500	Administrator, Admin Supervisor, Superintendent, Community Ed Coordinator, Community Ed Childcare, Private Teacher and Bus Monitor/Crossing Guard Enrolled in MESSA Choices \$500	Instructional Staff, Secretary, Paraprofessional and Maintenance Technician Enrolled in MESSA ABC Plan 1	Administrator, Admin Supervisor, Superintendent, Community Ed Coordinator, Community Ed Childcare and Private Teacher Enrolled in MESSA ABC Plan 1	BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	HAP PPO \$500-0%; \$10/\$40/\$40 Rx	HAP PPO HSA \$1300-0%; \$10/\$40/\$40 Rx	HAP HMO \$500-0%; \$10/\$20 Rx	HAP HMO HSA \$1300-0%; \$10/\$20 Rx
Plan	MESSA Choices \$500-0%; Saver Rx	MESSA Choices \$500-0%; Saver Rx	MESSA ABC Plan 1 \$1300-0%; ABC Rx	MESSA ABC Plan 1 \$1300-0%; ABC 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
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible	Annual Deductible - 1P \$500 Annual Deductible - 2P/FF \$1,000	Annual Deductible - 1P \$500 Annual Deductible - 2P/FF \$1,000	Annual Deductible - 1P \$1,300 Annual Deductible - 2P/FF \$2,600	Annual Deductible - 1P \$1,300 Annual Deductible - 2P/FF \$2,600	Annual Deductible - 1P \$1,300 Annual Deductible - 2P/FF \$2,600	Annual Deductible - 1P \$500 Annual Deductible - 2P/FF \$1,000	Annual Deductible - 1P \$1,300 Annual Deductible - 2P/FF \$2,600	Annual Deductible - 1P \$500 Annual Deductible - 2P/FF \$1,000	Annual Deductible - 1P \$1,300 Annual Deductible - 2P/FF \$2,600
Additional Cost After Deductible									
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%	0%	0%	0%
Coinsurance Max - 1P	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Coinsurance Max - 2P/FF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out of Pocket Maximum									
Max ded, coinsurance, copays - 1P	\$1,500	\$1,500	\$2,300	\$2,300	\$2,250	\$2,000	\$2,300	\$1,500	\$3,000
Max ded, coinsurance, copays - 2P/FF	\$3,000	\$3,000	\$4,600	\$4,600	\$4,500	\$4,000	\$4,600	\$3,000	\$6,000
Copayments									
Office Visit/Specialist	\$20/\$20	\$20/\$20	0% after Ded.	0% after Ded.	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.
Urgent Care/ER	\$25/\$50	\$25/\$50	0% after Ded.	0% after Ded.	0% after Ded.	\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.
Chiropractic Limit/Copay	38/\$0 after Ded.	38/\$0 after Ded.	38/0% after Ded.	38/0% after Ded.	12/0% after Ded.	20/\$20	20/0% after Ded.	20/\$20	20/0% after Ded.
Rx Copay	Saver Rx	Saver Rx	ABC Rx after Ded.	ABC Rx after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$40	\$10/\$40/\$40 after Ded.	\$10/\$20	\$10/\$20 after Ded.
Total Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	67 \$715.77	36 \$730.29	1 \$644.59	0 \$657.66	104 \$582.46	104 \$651.58	104 \$587.08	104 \$597.82	104 \$535.20
Two Person (2P)	55 \$1,607.92	4 \$1,640.61	4 \$1,447.79	0 \$1,477.20	63 \$1,397.91	63 \$1,464.06	63 \$1,319.13	63 \$1,343.26	63 \$1,202.56
Family (FF)	225 \$2,004.23	16 \$2,044.91	18 \$1,804.97	1 \$1,841.57	260 \$1,747.39	260 \$1,821.51	260 \$1,641.19	260 \$1,671.22	260 \$1,496.16
Total Annual Premium	347 \$7,048,133	56 \$786,858	23 \$467,102	1 \$22,099	427 \$7,235,587	427 \$7,603,112	427 \$6,850,451	427 \$6,975,790	427 \$6,245,084
Combined Current Lives	427	< TOTALS	< TOTALS	< TOTALS					
Combined Annual Premium	\$8,324,192	< TOTALS	< TOTALS	< TOTALS					
One Person Cost Share									
One Person Rate	\$715.77	\$730.29	\$644.59	\$657.66	\$582.46	\$651.58	\$587.08	\$597.82	\$535.20
One Person PA 152 Cap	\$511.84	\$511.84	\$511.84	\$511.84	\$511.84	\$511.84	\$511.84	\$511.84	\$511.84
One Person Monthly Cost	\$203.93	\$218.45	\$132.75	\$145.82	\$70.62	\$139.74	\$75.24	\$85.98	\$23.36
One Person Per Pay (26 Pays)	\$94.12	\$100.82	\$61.27	\$67.30	\$32.59	\$64.49	\$34.73	\$39.68	\$10.78
Two Person Cost Share									
Two Person Rate	\$1,607.92	\$1,640.61	\$1,447.79	\$1,477.20	\$1,397.91	\$1,464.06	\$1,319.13	\$1,343.26	\$1,202.56
Two Person PA 152 Cap	\$1,070.42	\$1,070.42	\$1,070.42	\$1,070.42	\$1,070.42	\$1,070.42	\$1,070.42	\$1,070.42	\$1,070.42
Two Person Monthly Cost	\$537.50	\$570.19	\$377.37	\$406.78	\$327.49	\$393.64	\$248.71	\$272.84	\$132.14
Two Person Per Pay (26 Pays)	\$248.08	\$263.16	\$174.17	\$187.75	\$151.15	\$181.68	\$114.79	\$125.93	\$60.99
Family Cost Share									
Family Rate	\$2,004.23	\$2,044.91	\$1,804.97	\$1,841.57	\$1,747.39	\$1,821.51	\$1,641.19	\$1,671.22	\$1,496.16
Family PA 152 Cap	\$1,395.94	\$1,395.94	\$1,395.94	\$1,395.94	\$1,395.94	\$1,395.94	\$1,395.94	\$1,395.94	\$1,395.94
Family Monthly Cost	\$608.30	\$648.97	\$409.03	\$445.63	\$351.45	\$425.57	\$245.25	\$275.28	\$100.22
Family Per Pay (26 Pays)	\$280.75	\$299.53	\$188.78	\$205.68	\$162.21	\$196.42	\$113.19	\$127.05	\$46.26

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 -BCBSM & HAP proposed 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.
 -Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.
 -In some cases, select services may be subject to a percentage coinsurance cost share for the member. See benefit summaries for details.