

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO HSA \$2700-0%; \$6/\$25/\$50/\$80/20%/20% Rx	\$374	\$886	\$1,106	\$1,476,333	\$993,196
BCN HMO HSA \$2700-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$321	\$761	\$949	\$1,266,832	\$1,202,698
BCN HMO HSA \$3000-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$352	\$835	\$1,042	\$1,391,101	\$1,078,428
BCN HMO \$500-10%; \$10/\$30/\$60/\$80/20%/20% Rx	\$446	\$1,059	\$1,322	\$1,763,844	\$705,686
BCN HMO \$1000-20%; \$10/\$30/\$60/\$80/20%/20% Rx	\$404	\$959	\$1,197	\$1,598,090	\$871,440
BCN HMO \$1500-20% - \$500 ECM; \$10/\$30/\$60/\$80/20%/20% Rx	\$417	\$991	\$1,237	\$1,650,633	\$818,897
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$572	\$1,363	\$1,702	\$2,271,090	\$198,439
BCBSM SB PPO \$500-20%; \$2000/\$4000 OOPM; \$10/\$40/\$80 Rx	\$566	\$1,349	\$1,684	\$2,247,574	\$221,955
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$515	\$1,225	\$1,529	\$2,040,145	\$429,385
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$492	\$1,170	\$1,461	\$1,949,283	\$520,246
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$480	\$1,141	\$1,424	\$1,900,561	\$568,969
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$441	\$1,048	\$1,308	\$1,746,247	\$723,282
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$424	\$1,006	\$1,256	\$1,676,413	\$793,117
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$392	\$931	\$1,162	\$1,551,621	\$917,908
McLaren HMO \$250-0%; \$10/\$30/\$60 Rx	\$567	\$1,341	\$1,500	\$2,048,915	\$420,615
McLaren HMO \$500-0%; \$10/\$30/\$60 Rx	\$549	\$1,297	\$1,451	\$1,981,381	\$488,149
McLaren HMO \$1000-0%; \$10/\$30/\$60 Rx	\$508	\$1,201	\$1,343	\$1,834,250	\$635,280
McLaren HMO \$1500-0%; \$10/\$30/\$60 Rx	\$483	\$1,141	\$1,276	\$1,743,502	\$726,027
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	\$453	\$1,069	\$1,195	\$1,632,492	\$837,037
McLaren HMO HSA \$2,000-20%; \$10/\$25/\$40 Rx	\$416	\$980	\$1,095	\$1,496,246	\$973,284
McLaren HMO HSA \$3,000-0%; \$10/\$25/\$40 Rx	\$411	\$970	\$1,084	\$1,481,663	\$987,866
McLaren HMO HSA \$3,000-20%; \$10/\$25/\$40 Rx	\$379	\$892	\$997	\$1,362,534	\$1,106,995
HAP PPO \$200-0%; \$10/\$20/\$20 Rx	\$615	\$1,372	\$1,705	\$2,284,521	\$185,008
HAP PPO \$500-0%; \$10/\$40/\$80 Rx	\$574	\$1,280	\$1,591	\$2,132,305	\$337,224
HAP PPO \$1000-0%; \$10/\$40/\$80 Rx	\$555	\$1,239	\$1,539	\$2,062,641	\$406,889
HAP PPO HSA \$1300-0%; \$10/\$20/\$40 Rx	\$477	\$1,063	\$1,320	\$1,769,527	\$700,003
HAP PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$447	\$996	\$1,237	\$1,657,938	\$811,592

*MESSA rates include estimated blended taxes and fees for the 2016-2017 policy period.

*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.

*BCN proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act.

*McLaren proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act. They also include the MI Claims tax.

*HAP proposed rates include estimated taxes or fees associated with the Affordable Care Act.

*BCBSM and BCN 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.

*Rates include \$7.50 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.

Plan	CURRENT PLAN Teachers		CURRENT PLAN Central Office enrolled in MESSA ABC Plan 1		CURRENT PLAN Central Office enrolled in MESSA Choices Plan		CURRENT PLAN Secretary enrolled in MESSA ABC Plan 1		CURRENT PLAN Secretary enrolled in MESSA Choices Plan		CURRENT PLAN Principal enrolled in MESSA ABC Plan 1		CURRENT PLAN Custodial Mechanics, B enrolled in
	MESSA \$200-0%; \$10/\$20 Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA \$200-0%; \$10/\$20 Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA \$200-0%; \$10/\$20 Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA ABC Plan 1
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	\$200		\$1,300		\$200		\$1,300		\$200		\$1,300		
Annual Deductible - 2P/FF	\$400		\$2,600		\$400		\$2,600		\$400		\$2,600		
Additional Cost After Deductible													
Employee Coinsurance after Deductible	0%		0%		0%		0%		0%		0%		
Coinsurance Max - 1P	\$0		\$0		\$0		\$0		\$0		\$0		
Coinsurance Max - 2P/FF	\$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		
Max ded, coinsurance, copays - 2P/FF	\$2,400		\$4,600		\$2,400		\$4,600		\$2,400		\$4,600		
Copayments													
Office Visit/Specialist	\$5/\$5		0% after Ded.		\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.		0%
Urgent Care/ER	\$10/\$25		0% after Ded.		\$25/\$50		0% after Ded.		\$25/\$50		0% after Ded.		0%
Chiropractic Limit/Copay	38/\$5		38/0% after Ded.		38/\$20		38/0% after Ded.		38/\$20		38/0% after Ded.		38/0%
Rx Copay	\$10/\$20		ABC Rx		\$10/\$20		ABC Rx		\$10/\$20		ABC Rx		
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census
One Person (1P)	9	\$672.58	0	\$519.77	1	\$667.25	0	\$519.77	1	\$667.25	0	\$519.77	1
Two Person (2P)	7	\$1,511.03	0	\$1,167.23	4	\$1,499.04	0	\$1,167.23	1	\$1,499.04	0	\$1,167.23	1
Family (FF)	75	\$1,882.00	1	\$1,454.15	2	\$1,867.08	1	\$1,454.15	1	\$1,867.08	5	\$1,454.15	1
Total Annual Premium	91	\$1,893,365	1	\$17,450	7	\$124,771	1	\$17,450	3	\$48,400	5	\$87,249	3
Combined Current Lives	126		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		

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Plan	CURRENT PLAN Teachers		CURRENT PLAN Central Office enrolled in MESSA ABC Plan 1		CURRENT PLAN Central Office enrolled in MESSA Choices Plan		CURRENT PLAN Secretary enrolled in MESSA ABC Plan 1		CURRENT PLAN Secretary enrolled in MESSA Choices Plan		CURRENT PLAN Principal enrolled in MESSA ABC Plan 1		C Mech enrt C
	MESSA \$200-0%; \$10/\$20 Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA \$200-0%; \$10/\$20 Rx		MESSA ABC Plan 1 \$1300-0%; ABC Rx		MESSA \$200-0%; \$10/\$20 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		
Purchased Plan Features	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		
Annual Deductible - 2P/FF	\$400		\$2,600		\$400		\$2,600		\$400		\$2,600		
Additional Cost After Deductible													
Employee Coinsurance after Deductible	0%		0%		0%		0%		0%		0%		
Coinsurance Max - 1P	\$0		\$0		\$0		\$0		\$0		\$0		
Coinsurance Max - 2P/FF	\$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		
Max ded, coinsurance, copays - 2P/FF	\$2,400		\$4,600		\$2,400		\$4,600		\$2,400		\$4,600		
Copayments:													
Office Visit/Specialist	\$5/\$5		0% after Ded.		\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.		
Urgent Care/ER	\$10/\$25		0% after Ded.		\$25/\$50		0% after Ded.		\$25/\$50		0% after Ded.		
Chiropractic Limit/Copay	38/\$5		38/0% after Ded.		38/\$20		38/0% after Ded.		38/\$20		38/0% after Ded.		
Rx Copay	\$10/\$20		ABC Rx		\$10/\$20		ABC Rx		\$10/\$20		ABC Rx		
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	
One Person (1P)	9	\$672.58	0	\$519.77	1	\$667.25	0	\$519.77	1	\$667.25	0	\$519.77	
Two Person (2P)	7	\$1,511.03	0	\$1,167.23	4	\$1,499.04	0	\$1,167.23	1	\$1,499.04	0	\$1,167.23	
Family (FF)	75	\$1,882.00	1	\$1,454.15	2	\$1,867.08	1	\$1,454.15	1	\$1,867.08	5	\$1,454.15	
Total Annual Premium	91	\$1,893,365	1	\$17,450	7	\$124,771	1	\$17,450	3	\$48,400	5	\$87,249	



Yale Public Schools
Teachers
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
Teachers	Census 9	7	75	91
MESSA \$200-0%; \$10/\$20 Rx	Rate \$672.58	\$1,511.03	\$1,882.00	\$1,893,365
TOTALS:	9	7	75	91
				\$1,893,365

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$487	\$1,093	\$1,361	\$1,369,514	\$523,851
MESSA \$500-0%; Saver Rx	\$594	\$1,335	\$1,662	\$1,672,363	\$221,002
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$474	\$1,128	\$1,408	\$1,413,142	\$480,223
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$456	\$1,084	\$1,354	\$1,358,677	\$534,688
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$424	\$1,007	\$1,257	\$1,261,568	\$631,798
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$405	\$961	\$1,199	\$1,203,703	\$689,663
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$414	\$983	\$1,226	\$1,231,024	\$662,341
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$379	\$900	\$1,123	\$1,127,002	\$766,363
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$365	\$867	\$1,081	\$1,085,473	\$807,893
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$338	\$800	\$998	\$1,001,725	\$891,640
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$336	\$796	\$993	\$996,920	\$896,445
BCBSM SB PPO HSA \$3000-20%; \$10/\$40/\$80 Rx	\$313	\$742	\$925	\$929,074	\$964,291
McLaren HMO \$250-0%; \$10/\$30/\$60 Rx	\$567	\$1,341	\$1,500	\$1,523,924	\$369,441
McLaren HMO \$500-0%; \$10/\$30/\$60 Rx	\$549	\$1,297	\$1,451	\$1,473,685	\$419,680
McLaren HMO \$1000-0%; \$10/\$30/\$60 Rx	\$508	\$1,201	\$1,343	\$1,364,235	\$529,130
McLaren HMO \$1500-0%; \$10/\$30/\$60 Rx	\$483	\$1,141	\$1,276	\$1,296,730	\$596,636
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	\$453	\$1,069	\$1,195	\$1,214,151	\$679,214
McLaren HMO HSA \$2,000-20%; \$10/\$25/\$40 Rx	\$416	\$980	\$1,095	\$1,112,798	\$780,567
McLaren HMO HSA \$3,000-0%; \$10/\$25/\$40 Rx	\$411	\$970	\$1,084	\$1,101,950	\$791,415

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
McLaren HMO HSA \$3,000-20%; \$10/\$25/\$40 Rx	\$379	\$892	\$997	\$1,013,331	\$880,034

*MESSA rates include estimated blended taxes and fees for the 2016-2017 policy period.

*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.

*McLaren proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act. They also include the MI Claims tax.

*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.

*Rates include \$7.50 enrollment and billing service fee.



Yale Public Schools
Administration, Central Office, Secretaries
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Central Office enrolled in MESSA ABC Plan 1	Census		1	1	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$519.77	\$1,167.23	\$1,454.15	\$17,450
Central Office enrolled in MESSA Choices Plan	Census	1	4	2	7
MESSA \$200-0%; \$10/\$20 Rx	Rate	\$667.25	\$1,499.04	\$1,867.08	\$124,771
Secretary enrolled in MESSA ABC Plan 1	Census		1	1	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$519.77	\$1,167.23	\$1,454.15	\$17,450
Secretary enrolled in MESSA Choices Plan	Census	1	1	1	3
MESSA \$200-0%; \$10/\$20 Rx	Rate	\$667.25	\$1,499.04	\$1,867.08	\$48,400
Principal enrolled in MESSA ABC Plan 1	Census		5	5	
MESSA ABC Plan 1 \$1300-0%; ABC Rx	Rate	\$519.77	\$1,167.23	\$1,454.15	\$87,249
TOTALS:		2	5	10	17
					\$295,320

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$487	\$1,093	\$1,361	\$240,593	\$54,727
MESSA \$500-0%; Saver Rx	\$594	\$1,335	\$1,662	\$293,810	\$1,510
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$616	\$1,469	\$1,834	\$322,979	-\$27,660
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$592	\$1,411	\$1,762	\$310,379	-\$15,059
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$550	\$1,309	\$1,634	\$287,813	\$7,507
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$524	\$1,248	\$1,558	\$274,438	\$20,882
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$541	\$1,287	\$1,607	\$283,000	\$12,320
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$494	\$1,176	\$1,468	\$258,588	\$36,732
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$477	\$1,135	\$1,416	\$249,472	\$45,848
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$440	\$1,045	\$1,305	\$229,861	\$65,459
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$439	\$1,042	\$1,301	\$229,099	\$66,221

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO HSA \$3000-20%; \$10/\$40/\$80 Rx	\$408	\$970	\$1,210	\$213,220	\$82,100
McLaren HMO \$250-0%; \$10/\$30/\$60 Rx	\$567	\$1,341	\$1,500	\$274,091	\$21,228
McLaren HMO \$500-0%; \$10/\$30/\$60 Rx	\$549	\$1,297	\$1,451	\$265,058	\$30,262
McLaren HMO \$1000-0%; \$10/\$30/\$60 Rx	\$508	\$1,201	\$1,343	\$245,376	\$49,943
McLaren HMO \$1500-0%; \$10/\$30/\$60 Rx	\$483	\$1,141	\$1,276	\$233,237	\$62,083
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	\$453	\$1,069	\$1,195	\$218,388	\$76,932
McLaren HMO HSA \$2,000-20%; \$10/\$25/\$40 Rx	\$416	\$980	\$1,095	\$200,162	\$95,157
McLaren HMO HSA \$3,000-0%; \$10/\$25/\$40 Rx	\$411	\$970	\$1,084	\$198,212	\$97,108
McLaren HMO HSA \$3,000-20%; \$10/\$25/\$40 Rx	\$379	\$892	\$997	\$182,276	\$113,044

*MESSA rates include estimated blended taxes and fees for the 2016-2017 policy period.

*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.

*McLaren proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act. They also include the MI Claims tax.

*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.

*Rates include \$7.50 enrollment and billing service fee.



Yale Public Schools
Custodial, Maintenance, Mechanics, Bus Driver, Aides
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Custodian, Maintenance, Mechanics, Bus Driver, and Aides enrolled in MESSA ABC Plan 1	1	1	1	3	
Census Rate	\$519.77	\$1,167.23	\$1,454.15		\$37,694
MESSA ABC Plan 1 \$1300-0%; ABC Rx					
Custodian, Maintenance, Mechanics, Bus Driver, and Aides enrolled in MESSA Choices Plan	4	8	3	15	
Census Rate	\$667.25	\$1,499.04	\$1,867.08		\$243,151
MESSA \$200-0%; \$10/\$20 Rx					
TOTALS:	5	9	4	18	\$280,845

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$487	\$1,093	\$1,361	\$212,543	\$68,301
MESSA \$500-0%; Saver Rx	\$594	\$1,335	\$1,662	\$259,568	\$21,277
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$807	\$1,927	\$2,407	\$372,062	-\$91,217
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$776	\$1,852	\$2,313	\$357,609	-\$76,764
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$720	\$1,718	\$2,146	\$331,727	-\$50,883
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$687	\$1,638	\$2,046	\$316,388	-\$35,543
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$706	\$1,685	\$2,104	\$325,312	-\$44,467
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$646	\$1,540	\$1,923	\$297,429	-\$16,585
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$623	\$1,485	\$1,854	\$286,772	-\$5,928
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$575	\$1,369	\$1,709	\$264,355	\$16,489
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$573	\$1,364	\$1,703	\$263,349	\$17,495
BCBSM SB PPO HSA \$3000-20%; \$10/\$40/\$80 Rx	\$533	\$1,270	\$1,585	\$245,201	\$35,643
McLaren HMO \$250-0%; \$10/\$30/\$60 Rx	\$567	\$1,341	\$1,500	\$250,899	\$29,945
McLaren HMO \$500-0%; \$10/\$30/\$60 Rx	\$549	\$1,297	\$1,451	\$242,638	\$38,206
McLaren HMO \$1000-0%; \$10/\$30/\$60 Rx	\$508	\$1,201	\$1,343	\$224,638	\$56,207

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
McLaren HMO \$1500-0%; \$10/\$30/\$60 Rx	\$483	\$1,141	\$1,276	\$213,535	\$67,309
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	\$453	\$1,069	\$1,195	\$199,953	\$80,891
McLaren HMO HSA \$2,000-20%; \$10/\$25/\$40 Rx	\$416	\$980	\$1,095	\$183,286	\$97,559
McLaren HMO HSA \$3,000-0%; \$10/\$25/\$40 Rx	\$411	\$970	\$1,084	\$181,501	\$99,343
McLaren HMO HSA \$3,000-20%; \$10/\$25/\$40 Rx	\$379	\$892	\$997	\$166,927	\$113,917

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*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.

*McLaren proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act. They also include the MI Claims tax.

*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

*Rates include \$7.50 enrollment and billing service fee.



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Plan	CURRENT PLAN Teachers		Option 1		Option 2		Option 3		B
	MESSA \$200-0%; \$10/\$20 Rx		MESSA \$500-0%; Saver Rx		MESSA ABC Plan 2 \$2000-0%; ABC Rx		BCBSM SB PPO \$250-20%; \$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		
Purchased Plan Features	In Network		In Network		In Network		In Network		
Deductible									
Annual Deductible - 1P		\$200		\$500		\$2,000		\$250	
Annual Deductible - 2P/FF		\$400		\$1,000		\$4,000		\$500	
Additional Cost After Deductible									
Employee Coinsurance after Deductible		0%		0%		0%		20%	
Coinsurance Max - 1P		\$0		\$0		\$0		\$2,500	
Coinsurance Max - 2P/FF		\$0		\$0		\$0		\$5,000	
Out of Pocket Maximum									
Max ded, coinsurance, copays - 1P		\$1,200		\$1,500		\$3,000		\$6,350	
Max ded, coinsurance, copays - 2P/FF		\$2,400		\$3,000		\$6,000		\$12,700	
Copayments									
Office Visit/Specialist		\$5/\$5		\$5/\$5		0% after Ded.		\$20/\$20	
Urgent Care/ER		\$10/\$25		\$10/\$25		0% after Ded.		\$20/\$150	
Chiropractic Limit/Copay		38/\$5		38/\$5		38/0% after Ded.		12/\$20	
Rx Copay		\$10/\$20		Saver Rx		Saver Rx		\$10/\$40/\$80	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	
One Person (1P)	9	\$672.58	9	\$594.13	9	\$486.62	9	\$474.33	
Two Person (2P)	7	\$1,511.03	7	\$1,334.52	7	\$1,092.62	7	\$1,127.87	
Family (FF)	75	\$1,882.00	75	\$1,662.33	75	\$1,361.31	75	\$1,407.97	
Total Annual Premium	91	\$1,893,365	91	\$1,672,363	91	\$1,369,514	91	\$1,413,142	



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Plan	CURRENT PLAN Central Office enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx		CURRENT PLAN Central Office enrolled in MESSA Choices Plan MESSA \$200-0%; \$10/\$20 Rx		CURRENT PLAN Secretary enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx		CURRENT PLAN Secretary enrolled in MESSA Choices Plan MESSA \$200-0%; \$10/\$20 Rx		CURRENT PLAN Principal enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1300-0%; ABC Rx		Option 1 MESSA \$500-0%; Saver Rx		Option 2 MESSA ABC Plan 2 \$2000-0%; 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	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	\$1,300	\$200	\$1,300	\$200	\$1,300	\$200	\$1,300	\$200	\$1,300	\$500	\$2,000	\$2,000	\$2,000	
Annual Deductible - 2P/FF	\$2,600	\$400	\$2,600	\$400	\$2,600	\$400	\$2,600	\$400	\$2,600	\$1,000	\$4,000	\$4,000	\$4,000	
Additional Cost After Deductible														
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Coinsurance Max - 1P	\$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	
Out of Pocket Maximum														
Max ded, coinsurance, copays - 1P	\$2,300	\$1,200	\$2,300	\$1,200	\$2,300	\$1,200	\$2,300	\$1,200	\$2,300	\$1,500	\$3,000	\$3,000	\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$4,600	\$2,400	\$4,600	\$2,400	\$4,600	\$2,400	\$4,600	\$2,400	\$4,600	\$3,000	\$6,000	\$6,000	\$6,000	
Copayments														
Office Visit/Specialist	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	\$20/\$20	0% after Ded.	\$5/\$5	0% after Ded.	0% after Ded.	0% after Ded.	
Urgent Care/ER	0% after Ded.	\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.	\$25/\$50	0% after Ded.	\$10/\$25	0% after Ded.	0% after Ded.	0% after Ded.	
Chiropractic Limit/Copay	38/0% after Ded.	38/\$20	38/0% after Ded.	38/\$20	38/0% after Ded.	38/\$20	38/0% after Ded.	38/\$20	38/0% after Ded.	38/\$5	38/0% after Ded.	38/0% after Ded.	38/0% after Ded.	
Rx Copay	ABC Rx	\$10/\$20	ABC Rx	\$10/\$20	ABC Rx	\$10/\$20	ABC Rx	\$10/\$20	ABC Rx	Saver Rx	Saver Rx	Saver Rx	Saver Rx	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$519.77	1	\$667.25	0	\$519.77	1	\$667.25	0	\$519.77	2	\$594.13	2	\$486.62
Two Person (2P)	0	\$1,167.23	4	\$1,499.04	0	\$1,167.23	1	\$1,499.04	0	\$1,167.23	5	\$1,334.52	5	\$1,092.62
Family (FF)	1	\$1,454.15	2	\$1,867.08	1	\$1,454.15	1	\$1,867.08	5	\$1,454.15	10	\$1,662.33	10	\$1,361.31
Total Annual Premium	1	\$17,450	7	\$124,771	1	\$17,450	3	\$48,400	5	\$87,249	17	\$293,810	17	\$240,593



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Plan	CURRENT PLAN Custodian, Maintenance, Mechanics, Bus Driver, and Aides MESSA ABC Plan 1 \$1300-0%; ABC Rx		CURRENT PLAN Custodian, Maintenance, Mechanics, Bus Driver, and Aides MESSA \$200-0%; \$10/\$20 Rx		Option 1 MESSA \$500-0%; Saver Rx		Option 2 MESSA ABC Plan 2 \$2000-0%; ABC Rx		Option 3 McLaren HMO \$2000-0%; ABC Rx
	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census
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
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network
Deductible									
Annual Deductible - 1P	\$1,300		\$200		\$500		\$2,000		
Annual Deductible - 2P/FF	\$2,600		\$400		\$1,000		\$4,000		
Additional Cost After Deductible									
Employee Coinsurance after Deductible	0%		0%		0%		0%		
Coinsurance Max - 1P	\$0		\$0		\$0		\$0		
Coinsurance Max - 2P/FF	\$0		\$0		\$0		\$0		
Out of Pocket Maximum									
Max ded, coinsurance, copays - 1P	\$2,300		\$1,200		\$1,500		\$3,000		\$
Max ded, coinsurance, copays - 2P/FF	\$4,600		\$2,400		\$3,000		\$6,000		\$
Copayments									
Office Visit/Specialist	0% after Ded.		\$20/\$20		\$5/\$5		0% after Ded.		\$
Urgent Care/ER	0% after Ded.		\$25/\$50		\$10/\$25		0% after Ded.		\$
Chiropractic Limit/Copay	38/0% after Ded.		38/\$20		38/\$5		38/0% after Ded.		Covered at 100% up
Rx Copay	ABC Rx		\$10/\$20		Saver Rx		Saver Rx		\$10
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census
One Person (1P)	1	\$519.77	4	\$667.25	5	\$594.13	5	\$486.62	5
Two Person (2P)	1	\$1,167.23	8	\$1,499.04	9	\$1,334.52	9	\$1,092.62	9
Family (FF)	1	\$1,454.15	3	\$1,867.08	4	\$1,662.33	4	\$1,361.31	4
Total Annual Premium	3	\$37,694	15	\$243,151	18	\$259,568	18	\$212,543	18