



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

Medical Plan Comparison

Fennville Public Schools
All Employees

Carrier	CURRENT PLAN Teacher		CURRENT PLAN Administrators & Support Staff		BCBSM/EHIM SB HRA 4000 to First Dollar; \$5/\$25/\$50 SF Rx		BCBSM/EHIM SB HRA 4000 to School Plan II; \$5/\$25/\$50 SF Rx		BCBSM/EHIM SB HRA 4000 to First Dollar; \$5/\$25/\$50 Rx		BCBSM/EHIM SB HRA 4000 to School Plan II; \$5/\$25/\$50 Rx		BCBSM/EHIM SB HRA \$4,000; \$5/\$25/\$50 Rx (50% Funded)		BCBSM SB HSA 2000-0%; \$5/\$25/\$50 Rx	
	MESSA Saver Rx 7/01/2011-6/30/2012	In Network	BCBS PPO Versatile Plan 1 with Rx Plan 6 7/1/2011-6/30/2012	In Network	BCBSM/EHIM 7/1/2012 - 6/30/2013	In Network	BCBSM/EHIM 7/1/2012 - 6/30/2013	In Network	BCBSM/EHIM 7/1/2012 - 6/30/2013	In Network	BCBSM/EHIM 7/1/2012 - 6/30/2013	In Network	BCBSM/EHIM 7/1/2012 - 6/30/2013	In Network	BCBSM 7/1/2012 - 6/30/2013	In Network
Coinsurance	0%		0%		20%		20%		20%		20%		20%		0%	
Deductible Individual	\$200		\$250		\$4,000		\$4,000		\$4,000		\$4,000		\$4,000		\$2,000	
Deductible Family	\$400		\$500		\$8,000		\$8,000		\$8,000		\$8,000		\$8,000		\$4,000	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$2,500		\$2,500		\$2,500		\$2,500		\$2,500		\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$5,000		\$5,000		\$5,000		\$5,000		\$5,000		\$0	
Office Visit Copay	\$10		\$10		\$40		\$40		\$40		\$40		\$40		\$0	
Rx Copay	Saver Rx		\$10		SF \$5/\$25/\$50		SF \$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50	
Prescription Drug Deductible	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	15	\$608.50	16	\$494.15	31	\$214.99	31	\$214.99	31	\$307.36	31	\$307.36	31	\$307.36	31	\$341.33
Two Person (2P)	9	\$1,367.26	4	\$1,111.80	13	\$515.97	13	\$515.97	13	\$737.63	13	\$737.63	13	\$737.63	13	\$819.20
Family (FF)	44	\$1,519.02	9	\$1,383.57	53	\$644.96	53	\$644.96	53	\$922.05	53	\$922.05	53	\$922.05	53	\$1,023.99
Rx Rates/Equiv Breakout (as applicable)	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv
One Person (1P)	15	Included in Med	16	Included in Med	31	\$78.56	31	\$78.56	31	Included in Med	31	Included in Med	31	Included in Med	31	Included in Med
Two Person (2P)	9	Included in Med	4	Included in Med	13	\$188.54	13	\$188.54	13	Included in Med	13	Included in Med	13	Included in Med	13	Included in Med
Family (FF)	44	Included in Med	9	Included in Med	53	\$235.68	53	\$235.68	53	Included in Med	53	Included in Med	53	Included in Med	53	Included in Med
Total Annual Premium	68	\$1,059,237	29	\$297,669	97	\$779,191	97	\$779,191	97	\$815,832	97	\$815,832	97	\$815,832	97	\$906,028
Combined Annual Premium	\$1,356,905		< TOTALS													
Deductible & Coins Funding	Deductible	Total	Deductible	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total
Exposure Basis - Individual	\$0	\$0	\$0	\$0	\$6,500	\$201,500	\$6,500	\$201,500	\$6,500	\$201,500	\$6,500	\$201,500	\$6,500	\$201,500	\$4,000	\$124,000
Exposure Basis - Family	\$0	\$0	\$0	\$0	\$13,000	\$858,000	\$13,000	\$858,000	\$13,000	\$858,000	\$13,000	\$858,000	\$13,000	\$858,000	\$8,000	\$528,000
Total Exposure	\$0	\$0	\$0	\$0	\$19,500	\$1,059,500	\$19,500	\$1,059,500	\$19,500	\$1,059,500	\$19,500	\$1,059,500	\$19,500	\$1,059,500	\$12,000	\$652,000
Estimated Utilization Rate	0%		0%		40%		40%		40%		40%		40%		50%	
Additional Ded. Coins., Rx Expense	\$0		\$0		\$423,800		\$423,800		\$423,800		\$423,800		\$423,800		\$326,000	
Plan Extras Funding	Total		Total		Total		Total		Total		Total		Total		Total	
Expected Claims Per Emp Per Month	\$0.00		\$0.00		\$20		\$35		\$20		\$35		\$20		\$0	
Estimated Plan Extras Expense	\$0		\$0		\$23,280		\$40,740		\$23,280		\$40,740		\$23,280		\$0	
Administration	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total
Admin Fee	\$0.00		\$0.00		\$21.00		\$21.00		\$21.00		\$21.00		\$21.00		\$21.00	
Combined Total Administration	\$0		\$0		\$24,444		\$24,444		\$24,444		\$24,444		\$24,444		\$24,444	
Resulting Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Coinsurance	0%		0%		0%		0%		0%		0%		0%		0%	
Deductible Individual	\$200		\$250		\$0		\$0		\$0		\$0		\$0		\$2,000	
Deductible Family	\$400		\$500		\$0		\$0		\$0		\$0		\$0		\$4,000	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$2,500	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$5,000	
Office Visit Copay	\$10		\$10		\$0		\$5		\$0		\$5		\$0		\$40	
Rx Copay	Saver Rx		\$10		SF \$5/\$25/\$50		SF \$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50	
Prescription Drug Deductible	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Total Costs					PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Best Case Annual Cost	\$1,356,905		<Totals		\$803,635		\$803,635		\$840,276		\$840,276		\$840,276		\$840,276	
Estimated Annual Cost	\$1,356,905		<Totals		\$1,250,715		\$1,268,175		\$1,287,356		\$1,304,816		\$1,166,276		\$1,232,028	
Worst Case Annual Cost	\$1,356,905		<Totals		\$1,886,415		\$1,903,875		\$1,923,056		\$1,940,516		\$1,492,276		\$1,232,028	
Estimated Savings - \$					\$91	\$106,190	\$76	\$88,730	\$60	\$69,549	\$45	\$52,089	\$164	\$190,629	\$107	\$124,878
Estimated Savings - %					8%		7%		5%		4%		14%		9%	
Final Illustrative Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	15	\$608.50	16	\$494.15	31	\$471.19	31	\$477.77	31	\$485.00	31	\$491.58	31	\$439.39	31	\$464.14
Two Person (2P)	9	\$1,367.26	4	\$1,111.80	13	\$1,130.85	13	\$1,146.63	13	\$1,163.96	13	\$1,179.74	13	\$1,054.48	13	\$1,113.96
Family (FF)	44	\$1,519.02	9	\$1,383.57	53	\$1,413.55	53	\$1,433.29	53	\$1,454.96	53	\$1,474.70	53	\$1,318.12	53	\$1,392.43

*For EHIM/SB plans: Stated utilization rates are estimates and will be revisited after program utilization analysis can be obtained under the new program offerings
 *For EHIM/School Plans: If transitioning from another TPA, run-in claim administration will have a \$5.00 pepm for first three months and \$10.00 per claim thereafter



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Carrier	CURRENT PLAN Teacher		CURRENT PLAN Administrators & Support Staff		BCBSM/EHIM SB HRA 4000 to First Dollar; \$5/\$25/\$50 SF Rx		Priority Health POS 1 \$10 OV \$10/\$20 Rx		Priority Health POS 1 \$10/\$40 Rx		Priority Health POS HRA Low Plan \$10/\$20 Rx		Priority Health POS HSA Min Plan \$10/\$40 Rx	
	Rate Period 7/01/2011-6/30/2012	MESSA Saver Rx In Network	Rate Period 7/1/2011-6/30/2012	BCBS PPO Versatile Plan 1 with Rx Plan 6 In Network	Rate Period 7/1/2012 - 6/30/2013	BCBSM/EHIM In Network	Rate Period 7/1/2012 - 6/30/2013	Priority Health In Network	Rate Period 7/1/2012 - 6/30/2013	Priority Health In Network	Rate Period 7/1/2012 - 6/30/2013	Priority Health In Network	Rate Period 7/1/2012 - 6/30/2013	Priority Health In Network
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Coinsurance	0%		0%		20%		0%		0%		0%		0%	
Deductible Individual	\$200		\$250		\$4,000		\$0		\$0		\$1,000		\$1,200	
Deductible Family	\$400		\$500		\$8,000		\$0		\$0		\$2,000		\$2,400	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$2,500		\$0		\$0		\$0		\$800	
Post-Deductible Coinsurance - Family	\$0		\$0		\$5,000		\$0		\$0		\$0		\$1,600	
Office Visit Copay	\$10		\$10		\$40		\$10		\$10		\$10		\$0	
Rx Copay	Saver Rx		\$10		SF \$5/\$25/\$50		\$10/\$20 CF		\$10/\$40 CF		\$10/\$20 CF		\$10/\$40 CF	
Prescription Drug Deductible	\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	15	\$608.50	16	\$494.15	31	\$214.99	31	\$547.27	31	\$527.17	31	\$499.38	31	\$394.09
Two Person (2P)	9	\$1,367.26	4	\$1,111.80	13	\$515.97	13	\$1,229.61	13	\$1,184.46	13	\$1,122.01	13	\$885.46
Family (FF)	44	\$1,519.02	9	\$1,383.57	53	\$644.96	53	\$1,366.11	53	\$1,315.95	53	\$1,246.57	53	\$983.75
Rx Rates/Equiv Breakout (as applicable)	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv
One Person (1P)	15	Included in Med	16	Included in Med	31	\$78.56	31	Included in Med	31	Included in Med	31	Included in Med	31	Included in Med
Two Person (2P)	9	Included in Med	4	Included in Med	13	\$188.54	13	Included in Med	13	Included in Med	13	Included in Med	13	Included in Med
Family (FF)	44	Included in Med	9	Included in Med	53	\$235.68	53	Included in Med	53	Included in Med	53	Included in Med	53	Included in Med
Total Annual Premium	68	\$1,059,237	29	\$297,669	97	\$779,191	97	\$1,264,250	97	\$1,217,827	97	\$1,153,621	97	\$910,398
Combined Annual Premium	\$1,356,905		< TOTALS											
Deductible & Coins Funding	Deductible	Total	Deductible	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total
Exposure Basis - Individual	\$0	\$0	\$0	\$0	\$6,500	\$201,500	\$0	\$0	\$0	\$0	\$1,000	\$31,000	\$1,200	\$37,200
Exposure Basis - Family	\$0	\$0	\$0	\$0	\$13,000	\$858,000	\$0	\$0	\$0	\$0	\$2,000	\$132,000	\$2,400	\$158,400
Total Exposure	\$0		\$0		\$1,059,500		\$0		\$0		\$163,000		\$195,600	
Estimated Utilization Rate	0%		0%		40%		0%		0%		55%		100%	
Additional Ded, Coins., Rx Expense	\$0		\$0		\$423,800		\$0		\$0		\$89,650		\$195,600	
Plan Extras Funding	Total		Total		Total		Total		Total		Total		Total	
Expected Claims Per Emp Per Month	\$0.00		\$0.00		\$20		\$0		\$0		\$0		\$0	
Estimated Plan Extras Expense	\$0		\$0		\$23,280		\$0		\$0		\$0		\$0	
Administration	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total
Admin Fee	\$0.00		\$0.00		\$21.00		\$0.00		\$0.00		\$0.00		\$0.00	
Combined Total Administration	\$0		\$0		\$24,444		\$0		\$0		\$0		\$0	
Resulting Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Coinsurance	0%		0%		0%		0%		0%		0%		0%	
Deductible Individual	\$200		\$250		\$0		\$0		\$0		\$0		\$0	
Deductible Family	\$400		\$500		\$0		\$0		\$0		\$0		\$0	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0		\$0		\$0		\$0		\$800	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0		\$0		\$0		\$0		\$1,600	
Office Visit Copay	\$10		\$10		\$0		\$10		\$10		\$10		\$0	
Rx Copay	Saver Rx		\$10		SF \$5/\$25/\$50		\$10/\$20 CF		\$10/\$40 CF		\$10/\$20 CF		\$10/\$40 CF	
Prescription Drug Deductible	\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Total Costs					PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Best Case Annual Cost	\$1,356,905		<Totals		\$803,635		\$1,264,250		\$1,217,827		\$1,153,621		\$1,105,998	
Estimated Annual Cost	\$1,356,905		<Totals		\$1,250,715		\$1,264,250		\$1,217,827		\$1,243,271		\$1,105,998	
Worst Case Annual Cost	\$1,356,905		<Totals		\$1,886,415		\$1,264,250		\$1,217,827		\$1,316,621		\$1,105,998	
Estimated Savings - \$					\$91		\$106,190		\$80		\$139,078		\$250,907	
Estimated Savings - %					8%		7%		10%		8%		18%	
Final Illustrative Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	15	\$608.50	16	\$494.15	31	\$471.19	31	\$547.27	31	\$527.17	31	\$538.19	31	\$478.76
Two Person (2P)	9	\$1,367.26	4	\$1,111.80	13	\$1,130.85	13	\$1,229.61	13	\$1,184.46	13	\$1,209.20	13	\$1,075.70
Family (FF)	44	\$1,519.02	9	\$1,383.57	53	\$1,413.55	53	\$1,366.11	53	\$1,315.95	53	\$1,343.44	53	\$1,195.11