



**Medical Rate Summary**  
**Owosso Public Schools**  
**All Employees**  
 Assumed Effective Date: 7/1/2014

Current Plan(s) and Segment:	1P	2P	FF
<b>Teachers, Administrators &amp; Support Staff with Choices</b>	Census 39	43	126
MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$40 Rx	Rate		
<b>Teachers, Administrators &amp; Support Staff with ABC plan</b>	Census 3	1	11
MESS ABC Plan 1 with Saver RX	Rate		
<b>TOTALS:</b>	42	44	137
			<b>223</b>

Product Name	1P Rate	2P Rate	FF Rate	Composite	Total Cost
<b>BCN Options</b>					
BCN 500 ded	\$529	\$1,216	\$1,427	\$1,216	\$3,255,128
BCN 1000 ded	\$438	\$1,006	\$1,181	\$1,007	\$2,693,867
BCN HDHP 1300 ded	\$426	\$980	\$1,151	\$981	\$2,624,085
BCN HDHP 2000 ded	\$443	\$1,019	\$1,196	\$1,020	\$2,728,509
<b>McLaren Options</b>					
McLaren HMO 250 ded	\$705	\$1,622	\$1,905	\$1,623	\$4,343,246
McLaren HMO 250 ded 20%	\$521	\$1,199	\$1,408		
McLaren HMO 500 ded 20%	\$501	\$1,151	\$1,351	\$1,152	\$3,081,700
McLaren HMO 1000 ded	\$599	\$1,377	\$1,616	\$1,377	\$3,685,722
McLaren HMO 3000 ded	\$410	\$942	\$1,106	\$942	\$2,521,627
McLaren HMO 3000 ded 30%	\$287	\$661	\$776	\$661	\$1,769,644
McLaren HMO HDHP 2000 ded	\$566	\$1,301	\$1,527	\$1,302	\$3,483,312
McLaren HMO HDHP 3000 ded	\$491	\$1,129	\$1,325	\$1,129	\$3,022,483
<b>HealthPlus Options</b>					
HealthPlus HMO DTF5	\$534	\$1,202	\$1,442	\$1,224	\$3,274,350
HealthPlus HMO DUF5	\$490	\$1,103	\$1,324	\$1,123	\$3,005,799
HealthPlus PPO OK DE200X1	\$827	\$1,862	\$2,234	\$1,896	\$5,073,126
HealthPlus PPO OK DE500X1	\$780	\$1,755	\$2,106	\$1,787	\$4,782,618
HealthPlus PPO 1K DE 500X3	\$735	\$1,655	\$1,986	\$1,685	\$4,508,769
<b>BCBSM Options</b>					
BCBSM SB 250 20% 10/40/80 RX	\$571	\$1,371	\$1,714	\$1,431	\$3,830,365
BCBSM SB 500 20% 10/40/80 RX	\$548	\$1,315	\$1,644	\$1,372	\$3,672,548
BCBSM SB 1000 20% 10/40/80 RX	\$505	\$1,213	\$1,516	\$1,266	\$3,387,954
BCBSM SB HRA 1500 20% 10/40/80 RX	\$517	\$1,241	\$1,551	\$1,295	\$3,466,155
BCBSM SB HRA 2500 20% 10/40/80 RX	\$478	\$1,147	\$1,433	\$1,197	\$3,202,654
BCBSM SB HSA 1250 10/40/80 RX	\$513	\$1,231	\$1,538	\$1,284	\$3,436,979
BCBSM SB HSA 1250 20% 10/40/80 RX	\$465	\$1,116	\$1,395	\$1,164	\$3,116,183
BCBSM SB HSA 2000 10/40/80 RX	\$451	\$1,083	\$1,354	\$1,131	\$3,025,938
<b>HealthPlus PPO HSA Plans</b>					
HealthPlus HDHP 1G \$10 OV \$10/\$40 Rx HSA	\$704	\$1,585	\$1,902	\$1,614	\$4,317,974
HealthPlus HDHP 2F 2000 100% Rx	\$798	\$1,796	\$2,155	\$1,828	\$4,892,746

\*BCN, BCBSM & HealthPlus rates do not include taxes or assessments required by Federal and/or State governments. Any taxes or assessments will be added as a separate line item on your bill.

\*\* McLaren rates do include certain federal taxes and fees established by the ACA as well as certain state taxes and fees

\*\*\*Rates do not include additional \$6 PEPM billing and enrollment fee is handled by SET SEG

\*\*\*\* Current benefit summaries and rates were not provided, therefore benefits are assumed and savings cannot be generated



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**Medical Plan Comparison**  
**Owosso Public Schools**  
**All Employees**

	<b>CURRENT PLAN</b> Teachers, Administrators & Support Staff with Choices	<b>CURRENT PLAN</b> Teachers, Administrators & Support Staff with ABC plan	<b>Option 1</b> BCN 1000 ded	<b>Option 2</b> BCN HDHP 1300 ded	<b>Option 3</b> McLaren HMO 3000 ded 30%	<b>Option 4</b> HealthPlus HMO DUF8
<b>Carrier</b>	MESSA Choices II 200/400 Ded; \$10 OV; \$10/\$40 Rx	MESS ABC Plan 1 with Saver RX	BCN	BCN	McLaren	HealthPlus
<b>Rate Period</b>	7/1/2013-6/30/2014	7/1/2013-6/30/2014	7/1/2014-6/30/2015	7/1/2014-6/30/2015	7/1/2014-6/30/2015	7/1/2014-6/30/2015
<b>Purchased Plan Features</b>	In Network	In Network	In Network	In Network	In Network	In Network
<b>Deductible</b>						
Annual Deductible 1P	\$200	\$1,250	\$1,000	\$1,300	\$3,000	\$500
Annual Deductible 2P/FF	\$400	\$2,500	\$2,000	\$2,600	\$6,000	\$1,000
<b>Coinsurance</b>						
Coinsurance % after Deductible	0%	0%	20%	20%	30%	10%
Coinsurance \$ Limit after Ded - 1P	\$0	\$0	\$3,500	\$1,000	\$3,000	\$1,500
Coinsurance \$ Limit after Ded - 2P/FF	\$0	\$0	\$7,000	\$2,000	\$6,000	\$3,000
<b>Maximum Out of Pocket</b>						
Max \$ Out of Pocket - 1P	\$200	\$1,250	\$6,350	\$2,300	\$6,350	\$6,350
Max \$ Out of Pocket - 2P/FF	\$400	\$2,500	\$12,700	\$4,600	\$12,700	\$12,700
<b>Copayments</b>						
Office Visit/Specialist	\$10/\$10	\$0	\$20/\$40	20%/20%	\$10/\$10	\$15/\$15
Urgent Care/ER	\$25/\$50	\$0	\$50/\$150	20%/20%	\$25/\$50	\$35/\$75
Chiropractic, Visit Limit/Copay	38/\$0	38/\$0	30/Referral Required	Referral Required	Covered at 100% up to \$1500 per person per year	50% Referral Required
<b>Prescription Drugs</b>						
Rx Copay - Generic	\$10	Saver RX	\$6/\$25/\$50/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%	\$10	\$15
Rx Copay - Preferred Brand	\$40	Saver RX			\$25	\$50
Rx Copay - Non-preferred Brand	\$40	Saver RX			\$50	\$50
<b>Purchased Plan Rates - Medical</b>	Census	Census	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	39	3	42 \$437.52	42 \$426.18	42 \$287.41	42 \$490.28
Two Person (2P)	43	1	44 \$1,006.28	44 \$980.22	44 \$661.04	44 \$1,103.13
Family (FF)	126	11	137 \$1,181.29	137 \$1,150.69	137 \$776.01	137 \$1,323.75
<b>Total Annual Premium</b>	208	15	223 \$2,693,867	223 \$2,624,085	223 \$1,769,644	223 \$3,005,799
<b>Total Costs</b>			PEPM Annual	PEPM Annual	PEPM Annual	PEPM Annual
<b>Estimated Annual Cost</b>	\$0	<Totals	\$2,693,867	\$2,624,085	\$1,769,644	\$3,005,799

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**Dental Rate Summary**  
**Owosso Public Schools**  
**All Employees**  
**Assumed Effective Date: 7/1/2014**

Current Plan(s) and Segment:		1P	2P	FF	Rate Period
Teachers	Census Rate 75/75/50/75/2000/2000	25	27	124	7/1/2013- 6/30/2014
Administrators	Census Rate 75/75/50/75/2000/2000		5	10	7/1/2013- 6/30/2014
Support Staff	Census Rate 80/80/50/80/1000/500	18	12	21	7/1/2013- 6/30/2014
<b>TOTALS:</b>		<b>43</b>	<b>44</b>	<b>155</b>	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost
SET UltraDent 75/75/50/75; 2000; 2000	7/1/2014- 6/30/2015	\$35.20	\$70.40	\$116.15	\$93.45	\$271,373
SET UltraDent 80/80/50/80; 1000; 500	7/1/2014- 6/30/2015	\$32.35	\$64.71	\$106.77	\$85.90	\$249,452
SET Self-Funded 75/75/50/75; 2000; 2000	7/1/2014- 6/30/2015	\$4.80	\$4.80	\$4.80	\$4.80	\$13,939
SET Self-Funded 80/80/50/80; 1000; 500	7/1/2014- 6/30/2015	\$4.80	\$4.80	\$4.80	\$4.80	\$13,939

**\*SET SF plan does not match current level of benefits and does not include a network**  
**\*\* SET Self-Funded rate is administrative fees only. Illustrative rates could not be generated because current rates and claims were not supplied. Therefore total cost is admin fees only**  
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**Vision Plan Summary**  
**Owosso Public Schools**  
**All Employees**  
**Assumed Effective Date: 7/1/2014**

Current Plan(s) and Segment:			1P	2P	FF	Rate Period
Teachers and Administrators		Census	24	32	134	7/1/2013-6/30/2015
	MESSA VSP Plan 3	Rate				
Full Time Union Support		Census	13	5	14	7/1/2013-6/30/2015
	HAN Plan B	Rate				
Part Time Union Support		Census	26	1	2	7/1/2013-6/30/2015
	HAN Plan C	Rate				
Non Union Support		Census	3	7	6	7/1/2013-6/30/2015
	HAN Plan A	Rate				
<b>TOTALS:</b>			<b>66</b>	<b>45</b>	<b>156</b>	

Product Name	Rate Period	1P	2P	FF	Monthly Composite	Total Annual Cost
SET UltraVision Plan 3 - \$65 Frames	7/1/2014-6/30/2015	\$11.22	\$26.93	\$33.66	\$26.98	\$86,440
SET UltraVision Plan 3 - \$35 Frames	7/1/2014-6/30/2015	\$11.22	\$26.93	\$33.66	\$26.98	\$86,440
SET Vision Self-funded Plan 3 - \$65 Frames	7/1/2014-6/30/2015	\$1.80	\$1.80	\$1.80	\$1.80	\$5,767
SET Vision Self-funded Plan 3 - \$35 Frames	7/1/2014-6/30/2015	\$1.80	\$1.80	\$1.80	\$1.80	\$5,767
NVA VSP Plan 1 Match	7/1/2014-6/30/2016	\$2.15	\$4.30	\$7.74	\$5.78	\$18,514
NVA VSP Plan 2 Match	7/1/2014-6/30/2016	\$3.30	\$6.60	\$11.89	\$8.88	\$28,436
NVA Option 3	7/1/2014-6/30/2016	\$4.40	\$8.80	\$15.85	\$11.83	\$37,908

\*SET SF plan does not match current level of benefits and does not include a network

\*\*NVA plans do not match current level of benefits and network participation may vary

\*\*\* SET Self-Funded rate is administrative fees only. Illustrative rates could not be generated because current rates and claims were not supplied. Therefore total cost is admin fees only

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**Current (Baseline)**

Segment(s)	# of Employees	Life Amount	AD&D Amount	Current Life Volume	Current AD&D Volume	Current Carrier
Teachers	176	\$50,000	\$50,000	\$8,800,000	\$8,800,000	MESSA
Administrators	14	2.5 x salary	2.5 x salary	\$2,891,763	\$2,891,763	MESSA
Superintendent	1	3x salary	3x salary	\$379,500	\$379,500	MESSA
Full Time Union Support and Non Certified Staff	49	\$25,000	\$25,000	\$1,225,000	\$1,225,000	RSLI
Part Time Union Support and Non Certified Staff	85	\$12,500	\$12,500	\$1,062,500	\$1,062,500	RSLI
Director of Attendance	1	\$180,000	\$180,000	\$180,000	\$180,000	RSLI
<b>Total/Average</b>	<b>326</b>			<b>\$14,538,763</b>	<b>\$14,538,763</b>	

**Proposed Plans**

Carrier	Life/\$1,000/ Month	AD&D/\$1,000/ Month	Life Volume	AD&D Volume	Total Annual Cost
RSLI	\$0.11	\$0.020	\$14,477,500	\$14,477,500	\$22,585

**Coverage Levels**

Segment	Employees	Life Coverage	AD&D Coverage
Teachers	176	\$50,000	\$50,000
Administrators	14	2.5 x salary	2.5 x salary
Superintendent	1	3x salary	3x salary
Full Time Union Support and Non Certified Staff	49	\$25,000	\$25,000
Part Time Union Support and Non Certified Staff	85	\$12,500	\$12,500
Director of Attendance	1	\$180,000	\$180,000

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Current Segment(s)	Current Carrier	# Emp	Benefit % of Salary	Max Monthly Benefit	Qualifying Period (Days)	COLA	Own Occupation	Survivor Benefit	Medical Waiver of Premium
Teachers with Health	MESSA	152	60.00%	\$5,000	90	Yes	2 Year	None	Yes
Teachers without Health	MESSA	24	66.67%	\$5,000	90	Yes	2 Year	None	Yes
Administrators	UNUM	14	60.00%	\$5,000	90	No	2 Year	3 Month	Yes
<b>Total/Average</b>		<b>190</b>							

## Proposed Plans

Carrier	Rate/\$100/ Month	Volume	Total Annual Cost
RSLI	\$0.27	\$1,005,930	\$32,592

## Coverage Levels

Segment	# of Emp	Benefit % of Salary	Maximum Monthly Benefit	Qualifying Period (Days)	Offsets	Unrestricted Drug/Alcohol	Unrestricted Mental/Nervous	COLA	Own Occupation	Survivor Benefit	Modified Fill	COBRA Medical Supplement
Teachers with Health	152	60.00%	\$5,000	90	Full Family	No	No	No	2 Year	None	No	\$1,200
Teachers without Health	24	66.67%	\$5,000	90	Full Family	No	No	No	2 Year	None	No	\$1,200
Administrators	14	60.00%	\$5,000	90	Full Family	No	No	No	2 Year	None	No	\$1,200

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Current Segment(s)	Current Carrier	# Emp	Benefit % of Salary	Max Weekly Benefit	Qualifying Period (Days)
Administrators	Unum	14	60.00%	\$1,250	30
Support Staff	Unum	122	60.00%	\$500	14
<b>Total/Average</b>		<b>136</b>			

## Proposed Plans

Carrier	Rate/\$100/ Month	Volume	Total Annual Cost
RSLI	\$9.30	\$42,437	\$473,597

## Coverage Levels

Segment	# of Emp	Benefit % of Salary	Maximum Monthly Benefit	Qualifying Period (Days)	Offsets
Administrators	14	60.00%	\$2,000	15	
Support Staff	122	60.00%	\$2,000	15	

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