



Medical Rate Summary

Northport Public School

All Employees Renewal (Retirees Removed & New Hires Added)

Assumed Effective Date: 9/1/2019

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
All Employees Enrolled in BCBSM	Census 7	5	10	22
Simply Blue HSA PPO Gold \$1450-0%	Rate \$522.72	\$1,093.16	\$1,425.59	\$280,569
TOTALS:	7	5	10	22

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA ABC Plan 1 \$1350-0%; 3 Tier Rx (Admin/Maint/OV Per/Tch)	\$522	\$1,172	\$1,458	\$289,043	-\$8,474
MESSA ABC Plan 1 \$1350-0%; 3 Tier Rx (Cust/BusDr/Aides/Clerical)	\$532	\$1,196	\$1,487	\$294,934	-\$14,365
BCBSM Small Group HSA Plans					
Simply Blue HSA PPO Gold \$1350-20%; \$10/\$40/\$80/15%/25% Rx	\$535	\$1,119	\$1,459	\$287,132	-\$6,563
Simply Blue HSA PPO Gold \$2700-0%; \$15/\$50/50%/20%/25% Rx	\$498	\$1,042	\$1,359	\$267,512	\$13,057
Simply Blue HSA PPO Gold \$1500-0% (mapped renewal)	\$565	\$1,182	\$1,541	\$303,339	-\$22,770
Priority Health Small Group Options					
Priority Health SG POS HSA \$1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$481	\$1,007	\$1,313	\$258,435	\$22,134
Priority Health SG POS HSA \$2300-0%; \$5/\$10/\$40/\$80/20%/20% Rx	\$457	\$956	\$1,246	\$245,243	\$35,326

*BCBSM & Priority Health 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.

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*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG.



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

Northport Public School
All Employees Renewal (Retirees Removed & New Hires Added)
Assumed Effective Date: 9/1/2019

	CURRENT PLAN	RENEWAL PLAN	Option 1	Option 2	Option 3
	All Employees Enrolled in BCBSM	Simply Blue HSA PPO Gold \$1500-0% (mapped renewal)	Priority Health SG POS HSA \$1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	MESSA ABC Plan 1 \$1350-0%; 3 Tier Rx (Admin/Maint/OV Per/Tch)	MESSA ABC Plan 1 \$1350-0%; 3 Tier Rx (Cust/BusDr/Aides/Clerical)
Plan	Simply Blue HSA PPO Gold \$1450-0%				
Rate Period	9/1/2018-8/31/2019	9/1/2019-8/31/2020	9/1/2019-8/31/2020	8/1/2019-12/31/2020	8/1/2019-12/31/2020
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network
Deductible					
Annual Deductible - 1P	\$1,450	\$1,500	\$1,400	\$1,350	\$1,350
Annual Deductible - 2P/FF	\$2,900	\$3,000	\$2,800	\$2,700	\$2,700
Additional Cost After Deductible					
Employee Coinsurance after Deductible	0%	0%	10%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A
Coinsurance Max - 2P/FF	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum					
Max ded, coinsurance, copays - 1P	\$2,450	\$2,500	\$3,500	\$3,350	\$3,350
Max ded, coinsurance, copays - 2P/FF	\$4,900	\$5,000	\$7,000	\$6,700	\$6,700
Copayments					
Office Visit/Specialist	0% after Ded.	0% after Ded.	10% after Ded.	0% after Ded.	0% after Ded.
Urgent Care/ER	0% after Ded.	0% after Ded.	10% after Ded.	0% after Ded.	0% after Ded.
Chiropractic Limit/Copay	30/0% after Ded. (combined with PT and OT)	30/0% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	38/0% after Ded.	38/0% after Ded.
Rx Copay	\$20/\$60/50%/20%/25% after Ded.	\$20/\$60/50%/20%/25% after Ded.	\$5/\$20/\$60/\$80/20%/20% after Ded.	3 Tier	3 Tier
Total Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	7 \$522.72	7 \$565.14	7 \$481.48	7 \$521.58	7 \$532.20
Two Person (2P)	5 \$1,093.16	5 \$1,181.88	5 \$1,006.92	5 \$1,171.69	5 \$1,195.57
Family (FF)	10 \$1,425.59	10 \$1,541.29	10 \$1,313.13	10 \$1,457.74	10 \$1,487.46
Total Annual Premium	22 \$280,569	22 \$303,339	22 \$258,435	22 \$289,043	22 \$294,934
Total Costs		PEPM Annual	PEPM Annual	PEPM Annual	PEPM Annual
Estimated Annual Cost	\$280,569	\$303,339	\$258,435	\$289,043	\$294,934
Estimated Savings/(Increase) \$		(\$22,770.48)	\$22,133.76	(\$8,474.04)	(\$14,365.32)
Estimated Difference %		-8.1%	7.9%	-3.0%	-5.1%
One Person Cost Share					
One Person Rate	\$522.72	\$565.14	\$481.48	\$521.58	\$532.20
One Person PA 152 Cap	\$546.71	\$557.10	\$557.10	\$557.10	\$557.10
One Person Monthly Cost	-\$23.99	\$8.04	-\$75.62	-\$35.52	-\$24.90
Two Person Cost Share					
Two Person Rate	\$1,093.16	\$1,181.88	\$1,006.92	\$1,171.69	\$1,195.57
Two Person PA 152 Cap	\$1,143.34	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06
Two Person Monthly Cost	-\$50.18	\$16.82	-\$158.14	\$6.63	\$30.51
Family Cost Share					
Family Rate	\$1,425.59	\$1,541.29	\$1,313.13	\$1,457.74	\$1,487.46
Family PA 152 Cap	\$1,491.03	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36
Family Monthly Cost	-\$65.44	\$21.93	-\$206.23	-\$61.62	-\$31.90

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