

Medical Rate Summary

Northport Public School All Employees Renewal (Retirees Removed & New Hires Added)

Assumed Effective Date: 9/1/2019

							Total Annual
Current Plan(s) and Segment:			1P	2P	FF		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	\$280.569

					Estimated	
				Total Annual	Annual	
Product Name	1P Rate	2P Rate	FF Rate	Cost	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.

^{*}BCBSM quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

^{*}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

One Person (1P) 7 \$522.72 7 \$565.14 7 \$481.48 7 \$521.58 7 \$532.2 Two Person (2P) 5 \$1,093.16 5 \$1,181.88 5 \$1,006.92 5 \$1,171.69 5 \$1,195.		1	ENT PLAN Enrolled in BCBSM	RENEWAL PLAN Option Simply Blue HSA PPO Gold \$1500-0% (mapped renewal) Priority Health SG POS \$5/\$20/\$60/\$80/		OS HSA \$1400-10%;	Option 2 (Kamerican Specific		Option 3 MESSA ABC Plan 1 \$1350-0%; 3 Tier Rx (Cust/BusDr/Aides/Clerical)			
Part Preside 9/1/2018-8/13/1/2019 9/1/2018-8/13/1/2010 8/1/2018-8/13/1/2010 8/1/2018-8/13/1/2010 8/1/2018-2/13/12/2010 8/1/2018-2/13/12/2010 8/1/2018-2/13/12/2010 8/1/2018-2/13/12/2010 8/1/2018-2/13/12/2010 8/1/2018-2/13/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2010 8/1/2018-2/13/2018-2/13/2018-2/13/2010 8/1/2018-2/13/2018-2/13/2018-2/13/2018-2/13/2018-2/13/2018-2/13/2018-2/13/20	Plan	Simply Blue HSA	PPO Gold \$1450-0%									
Purchase/Hair Features Purchase/Hair Features Fe	Rate Period	' '	· · · · · · · · · · · · · · · · · · ·	9/1/2019	9/1/2019-8/31/2020		9/1/2019-8/31/2020		8/1/2019-12/31/2020		8/1/2019-12/31/2020	
Designation	Purchased Plan Features											
State Stat	Deductible											
State Stat	Annual Deductible - 1P	Š1	1.450	\$1,500		\$1,400		\$1,350		\$1,350		
Additional Cost After Deductible Find proper Coinsurance After Deductible O% O% O% N/A	Annual Deductible - 2P/FF											
Employee Coinsurance Mar - IP	·		, , , , , , , , , , , , , , , , , , , ,		,			. ,			,	
Coinsurance Max - 1P			0%		1%	1:	0%	0	1%		0%	
Note	• •											
Max ded, coinsurance, copays - 1P						·				· ·		
Max ded, coinsurance, copays - 1P			.,,,	IV/A		IVA		17/0		170		
Max ded, coinsurance, copays - 2P/FF		\$2.450		\$2.500		\$3.500		\$3.350		\$3.350		
Copayments Office Visit/Specialist O% after Ded.						. ,						
Office Visit/Specialist O% after Ded. <		ý.	+,500	\$5,000		Ţ1,	\$7,000		\$6,700		\$0,700	
Urgent Care/ER 0% after Ded. 38/0% after Ded. <t< td=""><td>• •</td><td>00/ 24</td><td>fter Ded</td><td>00/ of</td><td>tor Dod</td><td>100/ of</td><td>tor Dad</td><td>00/ aft</td><td>or Dod</td><td>00/ ad</td><td>tor Dod</td></t<>	• •	00/ 24	fter Ded	00/ of	tor Dod	100/ of	tor Dad	00/ aft	or Dod	00/ ad	tor Dod	
Chiropractic Limit/Copay 30/0% after Ded. (combined with PT and OT) 30/0% after Ded. (combined with PT and OT) \$30/0% after Ded. (combined with PT and OT) \$20/560/50%/20%/25% after Ded. \$3/100	· ·											
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 Sall Census Sall Sall <td>Urgent Care/EK</td> <td>U% at</td> <td>ter Dea.</td> <td>U% at</td> <td>ter Dea.</td> <td colspan="2">10% after Ded.</td> <td colspan="2">U% after Ded.</td> <td colspan="2">и% аттег ред.</td>	Urgent Care/EK	U% at	ter Dea.	U% at	ter Dea.	10% after Ded.		U% after Ded.		и% аттег ред.		
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 Sall Census Sall Sall <td>Chiropractic Limit/Copay</td> <td>30/0% after Ded. (co</td> <td>mbined with PT and OT)</td> <td colspan="2">30/0% after Ded. (combined with PT and OT</td> <td colspan="2">30/10% after Ded. (combined with PT and OT)</td> <td colspan="2">38/0% after Ded.</td> <td colspan="2">38/0% after Ded.</td>	Chiropractic Limit/Copay	30/0% after Ded. (co	mbined 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.		
One Person (IP) 7 \$522.72 7 \$565.14 7 \$481.48 7 \$521.58 7 \$532.2 Two Person (2P) 5 \$1,093.16 5 \$1,181.88 5 \$1,006.92 5 \$1,171.69 5 \$1,195.77 Family (FF) 10 \$1,425.59 10 \$1,541.29 10 \$1,313.13 10 \$1,457.74 10 \$1,487.75 Total Annual Premium 22 \$280,569 22 \$303,339 22 \$258,435 22 \$289,043 22 \$249,93 Total Costs PEPM Annual Premium Annual Premium Annual Premium Pr			•			-						
Two Person (2P)	Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	
Two Person (2P)	•	7	\$522.72	7	\$565.14	7	\$481.48	7	\$521.58	7	\$532.20	
Family (FF) 10 \$1,425.59 10 \$1,541.29 10 \$1,313.13 10 \$1,457.74 10 \$1,487. Total Annual Premium 22 \$280,569 22 \$303,339 22 \$258,435 22 \$289,043 22 \$294,95 Total Costs PEPM Annual PEPM Annual PEPM Annual PEPM Annual PEPM Annual PEST Annual PERM Annual PEST Annual PEPM Annual PEST Annual PEPM Annual PEST Annual PEPM Annual PEPM Annual PEST Annual PEPM Annual PEPM Annual PEST Annual PEPM		5	•	5	·		·		•	5	\$1,195.57	
Total Annual Premium 22 \$280,569 PEPM Annual PEM Annual PEM Annual PEM Annual PEM Annual PEM Annual P											\$1,487.46	
PEPM												
Stimated Annual Cost S280,569 S303,339 S258,435 S289,043 S294,95		22	7200,303									
Stimated Savings/(Increase) \$ (\$22,770.48) \$22,133.76 (\$8,474.04) (\$14,365		\$25	20 569	r Er IVI		FEFIN		FEFIN		r Er Wi		
Stimated Difference % Section 2009 Section 20		720	30,303									
One Person Cost Share \$522.72 \$565.14 \$481.48 \$521.58 \$532.20 One Person Rate \$546.71 \$557.10 \$557.10 \$557.10 \$557.10 \$557.10 \$557.10 \$557.10 \$557.10 \$557.10 \$557.10 \$6.63 \$557.10 </td <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>****</td> <td></td> <td></td>	· · · · · · · · · · · · · · · · · · ·								****			
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					-0.170		7.9%		-3.0%		-5.1%	
One Person PA 152 Cap \$546.71 \$557.10 \$51,195.57 \$51,195.50 \$51,195.50		4-				4		4		4-		
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				· ·				_				
Two Person Cost Share \$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 \$1,165.06 \$1,165.06 \$1,165.06 \$30.51				·								
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	One Person Worthing Cost		23.99	, , , , , , , , , , , , , , , , , , ,	5.04	-5/	3.02	-53	3.32	-چ.	24.50	
Two Person PA 152 Cap \$1,143.34 \$1,165.06 \$1,165.06 \$1,165.06 \$1,165.06 \$1,165.06 \$2,165.06 \$30.51 \$30.51	Two Person Cost Share											
Two Person Monthly Cost -\$50.18 \$16.82 -\$158.14 \$6.63 \$30.51	Two Person Rate	\$1,	093.16	\$1,1	.81.88	\$1,0	06.92	\$1,1	71.69	\$1,:	195.57	
	Two Person PA 152 Cap	\$1,	143.34									
Family Cost Share	Two Person Monthly Cost	-\$.	50.18	\$16.82		-\$158.14		\$6.63		\$30.51		
Family Cost Share	To all food floor											
C4 407 FO C4 407 FO C4 202 FO FO FO C4 202 FO		**	425 50	44.5	44.20	** a	12.12	A	F7 74	**	107.46	
	•	\$1,425.59 \$1,491.03				\$1,313.13 \$1,519.36		\$1,457.74 \$1,519.36		\$1,487.46 \$1,519.36		
Family Monthly Cost -\$65.44 \$21.93 -\$206.23 -\$61.62 -\$31.90												

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