



Medical Rate Summary
Kaleva-Norman-Dickson School District
Everyone But Teachers
 Assumed Effective Date: 1/1/2014

Current Plan(s) and Segment:		1P	2P	FF	Admin/ Deductible Funding	Composite	Total Cost
Everyone But Teachers	Census	2	4	2			
BCBSM SB HSA 1250-0%; 5/25/50 Rx	Rate	\$500.62	\$1,201.50	\$1,501.88		\$1,101	\$105,732
	TOTALS:	2	4	2	8	\$1,101	\$105,732

Product Name	1P Rate	2P Rate	FF Rate	Composite	Total Cost	Estimated Annual Savings
BCBSM Plan Options						
BCBSM SB \$500-20%; \$15/\$50/50%/20%/25% Rx	\$766	\$1,839	\$2,298	\$1,686	\$161,809	-\$56,077
BCBSM SB HRA \$1500-20%; \$15/\$50/50%/20%/25% Rx	\$722	\$1,732	\$2,165	\$1,587	\$152,396	-\$46,664
BCBSM SB HRA \$2500-20%; \$15/\$50/50%/20%/25% Rx	\$663	\$1,591	\$1,988	\$1,458	\$139,972	-\$34,240
BCBSM SB HSA \$1250-20%; \$15/\$50/50%/20%/25% Rx	\$648	\$1,556	\$1,945	\$1,426	\$136,936	-\$31,204
BCBSM SB HSA \$2000-0%; \$15/\$50/50%/20%/25% Rx	\$627	\$1,504	\$1,881	\$1,379	\$132,391	-\$26,659
BCBSM SB HSA \$2000-20%; \$15/\$50/50%/20%/25% Rx	\$576	\$1,383	\$1,728	\$1,267	\$121,677	-\$15,945
BCN Plan Options						
BCN HMO \$1000-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$449	\$1,033	\$1,235	\$937	\$89,964	\$15,768
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$537	\$1,235	\$1,476	\$1,121	\$107,595	-\$1,863
BCN HMO HSA \$1300-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$413	\$950	\$1,136	\$862	\$82,795	\$22,937
Priority Health Options						
PH HSA HMO Silver \$1500-20%; \$20/\$60/\$80/20%/20% Rx					\$90,786	\$14,946
PH HealthbyChoice Incentives Integrated POS Gold Choice \$500-20%; \$15/\$50/\$80/20%/20% Rx					\$102,975	\$2,757
PH HMO Gold \$500-20% Standard; \$10/\$40/\$40/\$40/\$40 Rx					\$101,230	\$4,502
PH HMO Gold \$1000-20% Standard; \$15/\$50/\$80/20%/20% Rx					\$98,600	\$7,132
PH HealthbyChoice Incentives Integrated HMO Gold Choice \$500-20%; \$15/\$50/\$80/20%/20% Rx					\$97,406	\$8,326

Product Name	1P Rate	2P Rate	FF Rate	Composite	Total Cost	Estimated Annual Savings
PH HMO Gold \$1250-0%; \$10/\$40/\$40/\$40/\$40 Rx					\$104,865	\$867
PH HMO Gold \$1250-0%; \$15/\$50/\$80/20%/20% Rx					\$104,255	\$1,477
PH HSA POS Silver \$1500-20%; \$20/\$60/\$80/20%/20% Rx					\$95,793	\$9,939

*Priority Health 2014 proposed rates include certain Federal taxes & fees established by the Affordable Care Act as well as certain State taxes & assessments. The figures are estimates & may change for future billings.

*BCBCM Current 2013 rates do NOT include taxes & assessments. Proposed rates for BCBSM & BCN also do NOT include taxes & assessments in the premiums shown.

*BCBCM/BCN Rates are ILLUSTRATIVE ONLY pending Underwriting Approval of a Renewal Date Change.

*BCN rates are based on the census provided by the District. Rates may change based on actual group enrollment & participation.

*PH HealthbyChoice Incentive plan proposed is Choice level benefits. Plan is also available with Standard level benefits offering 30% Coins & \$2000/\$4000 Deductible.



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
Kaleva-Norman-Dickson School District
Everyone But Teachers

	CURRENT PLAN	Option 1	Option 2	Option 3
	Everyone But Teachers	BCN HMO HSA \$1300-20%; \$4/\$15/\$40/\$80/20%/20% Rx	PH HSA HMO Silver \$1500-20%; \$20/\$60/\$80/20%/20% Rx	PH HealthbyChoice Incentives Integrated HMO Gold Choice \$500- 20%; \$15/\$50/\$80/20%/20% Rx
Carrier	BCBSM SB HSA 1250-0%; 5/25/50 Rx	BCN	Priority Health	Priority Health
Rate Period	9/1/2013-8/30/2014	1/1/2014-12/31/2014	1/1/2014-12/31/2014	1/1/2014-12/31/2014
Purchased Plan Features	In Network	In Network	In Network	In Network
Deductible				
Annual Deductible 1P	\$1,250	\$1,300	\$1,500	\$500
Annual Deductible 2P/FF	\$2,500	\$2,600	\$3,000	\$1,000
Coinsurance				
Coinsurance % after Deductible	0%	20%	20%	20%
Coinsurance \$ Limit after Ded - 1P	\$1,000	\$1,000	\$2,100	\$2,500
Coinsurance \$ Limit after Ded - 2P/FF	\$2,000	\$2,000	\$4,200	\$5,000
Maximum Out of Pocket				
Max \$ Out of Pocket - 1P	\$2,250	\$2,300	\$3,600	\$3,000
Max \$ Out of Pocket - 2P/FF	\$4,500	\$4,600	\$7,200	\$6,000
Copayments				
Office Visit/Specialist	\$0/\$0	20%/20% Coins.	20%/20% Coins.	\$15/\$30
Urgent Care/ER	\$0/\$0	20%/20% Coins.	20%/20% Coins.	\$75/\$150
Chiropractic, Visit Limit/Copay	12/\$0	Requires Prior Authorization/20% Coins.	30/20% Coins. (Includes PT & OT)	30/\$15 (Includes PT & OT)
Prescription Drugs				
Rx Copay	\$5/\$25/\$50	\$4/\$15/\$40/\$80/20%/20%	\$20/\$60/\$80/20%/20%	\$15/\$50/\$80/20%/20%
Purchased Plan Rates - Medical	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	2 \$500.62	2 \$413.15	2	2
Two Person (2P)	4 \$1,201.50	4 \$950.24	4 Age-Banded	4 Age-Banded
Family (FF)	2 \$1,501.88	2 \$1,136.15	2	2
Total Annual Premium	8 \$105,732	8 \$82,795	8 \$0	8 \$0
Total Costs		PEPM Annual	PEPM Annual	PEPM Annual
Estimated Annual Cost	\$105,732	\$82,795	\$90,786	\$97,406
Estimated Difference \$		-\$22,937	-\$14,946	-\$8,326
Estimated Difference %		-21.7%	-14.1%	-7.9%

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