



Premium Summary

Prepared for: Swartz Creek

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Prepared on: May 12, 2017



Medical Plan Benefits

Option	2016 Current				2017 Renewal				
Carrier	MESSA				MESSA				
Plan	Swartz Creek MESSA PPO 500		Swartz Creek MESSA PPO 300		Swartz Creek MESSA PPO 500		Swartz Creek MESSA PPO 300		
Network Benefits	Deductible (Ind/Fam)	\$500 / \$1,000		\$300 / \$600		\$500 / \$1,000		\$300 / \$600	
	Out of Pocket Maximum (Ind/Fam)	\$500 / \$1,000		\$300 / \$600		\$500 / \$1,000		\$300 / \$600	
	Primary/Specialist Office Visit	\$20 / \$20		\$20 / \$20		\$20 / \$20		\$20 / \$20	
	Urgent Care	\$25		\$25		\$25		\$25	
	Emergency Room	\$50		\$50		\$50		\$50	
	Preventive Care	\$0		\$0		\$0		\$0	
	MRI, MRA, CAT & PET Scans	100% A.D.		100% A.D.		100% A.D.		100% A.D.	
	Labs/X-ray billed with office visit	100% A.D.		100% A.D.		100% A.D.		100% A.D.	
	Prescription Drugs	Retail		Retail		Retail		Retail	
	Rx Deductible (Ind/Fam)	\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0	
Rx Coverage	\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		
Contract Details	Benefit Year	2017-07-01		2017-07-01		2017-07-01		2017-07-01	
	Virtual Visits	20		20		20		20	
	Out of Network Benefits Available	Yes		Yes		Yes		Yes	
Total Cost	Employee	27	\$557.23	8	\$588.13	27	\$604.49	8	\$638.01
	Employee/Spouse	19	\$1,251.88	4	\$1,321.41	19	\$1,358.21	4	\$1,433.66
	Employee/Children	2	\$1,557.52	0	\$1,644.05	2	\$1,689.85	0	\$1,783.74
	Employee/Family	131	\$1,557.52	17	\$1,644.05	131	\$1,689.85	17	\$1,783.74
	Annualized Premium		\$2,951,773.08		\$455,274.36		\$3,202,527.24		\$493,947.60
	Annualized Cost	\$3,407,047.44				\$3,696,474.84			
Weighted Average Payroll Deductions	Employee		\$45.39		\$76.29		\$75.76		\$109.28
	Employee/Spouse		\$181.46		\$250.99		\$252.47		\$327.92
	Employee/Children		\$161.56		\$263.11		\$247.85		\$341.74
	Employee/Family		\$161.56		\$263.11		\$247.85		\$341.74
	Annualized Deductions		\$337,900		\$73,045		\$477,678		\$95,946
Net Cost	Annualized Cost	\$3,023,136.72				\$3,122,850.84			
	Change					3.3%			

Medical Plan Benefits

Option	BCBS 2017															
Carrier	BlueCross BlueShield of Michigan															
Plan	Swartz Creek MESSA PPO 500			Swartz Creek MESSA PPO 300			Swartz Creek BCBS PPO 250		Swartz Creek BCBS PPO 500		Swartz Creek BCBS PPO HSA 2000		Swartz Creek BCBS PPO HSA 3000		Swartz Creek BCN HMO 500	
Network Benefits	Deductible (Ind/Fam)	\$500 / \$1,000			\$300 / \$600			\$250 / \$500		\$500 / \$1,000		\$2,000 / \$4,000		\$3,000 / \$6,000		\$500 / \$1,000
	Out of Pocket Maximum (Ind/Fam)	\$500 / \$1,000			\$300 / \$600			\$1,250 / \$2,500		\$1,500 / \$3,000		\$2,000 / \$4,000		\$4,000 / \$8,000		\$1,000 / \$2,000
	Primary/Specialist Office Visit	\$20 / \$20			\$20 / \$20			\$20 / \$20		\$20 / \$20		100% A.D. / 100% A.D.		100% A.D. / 100% A.D.		\$20 / \$30
	Urgent Care	\$25			\$25			\$20		\$20		100% A.D.		100% A.D.		\$35
	Emergency Room	\$50			\$50			\$150		\$150		100% A.D.		100% A.D.		\$150
	Preventive Care	\$0			\$0			\$0		\$0		100% no deductible		100% no deductible		\$0
	MRI, MRA, CAT & PET Scans	100% A.D.			100% A.D.			20% A.D.		20% A.D.		100% A.D.		100% A.D.		0% A.D.
	Labs/X-ray billed with office visit	100% A.D.			100% A.D.			20% A.D.		20% A.D.		100% A.D.		100% A.D.		0% A.D.
	Prescription Drugs	Retail			Retail			Retail		Retail		Retail		Retail		Retail
	Rx Deductible (Ind/Fam)	\$0 / \$0			\$0 / \$0			\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0
Rx Coverage	\$10 / \$40 / \$40 / \$40			\$10 / \$40 / \$40 / \$40			\$10 / \$40 / \$80 / \$80		\$10 / \$40 / \$80 / \$80		\$10 / \$40 / \$80 / \$80		\$10 / \$40 / \$80 / \$80		/ \$40 / \$80 / 20%	
Contract Details	Benefit Year	2017-07-01			2017-07-01			2017-07-01		2017-07-01		2017-07-01		2017-07-01		2017-07-01
	Virtual Visits	20			20			20		20						20
	Out of Network Benefits Available	Yes			Yes			Yes		Yes		Yes		Yes		No
Total Cost	Employee	27	\$604.49	8	\$638.01	35	\$732.91	35	\$674.82	35	\$474.86	35	\$436.11	35	\$594.39	
	Employee/Spouse	19	\$1,358.21	4	\$1,433.66	23	\$1,758.99	23	\$1,619.59	23	\$1,139.67	23	\$1,046.66	23	\$1,426.53	
	Employee/Children	2	\$1,689.85	0	\$1,783.74	2	\$2,198.73	2	\$2,024.46	2	\$1,424.59	2	\$1,308.32	2	\$1,783.16	
	Employee/Family	131	\$1,689.85	17	\$1,783.74	148	\$2,198.73	148	\$2,024.46	148	\$1,424.59	148	\$1,308.32	148	\$1,783.16	
	Annualized Premium	\$3,202,527		\$493,947		\$4,751,017		\$4,374,459		\$3,078,252		\$2,827,020		\$3,853,054		
Weighted Average Payroll Deductions	Employee	\$75.76		\$109.28		\$204.18		\$146.09		(\$53.87)		(\$92.62)		\$65.66		
	Employee/Spouse	\$252.47		\$327.92		\$653.25		\$513.85		\$33.93		(\$59.08)		\$320.79		
	Employee/Children	\$247.85		\$341.74		\$756.73		\$582.46		(\$17.41)		(\$133.68)		\$341.16		
	Employee/Family	\$247.85		\$341.74		\$756.73		\$582.46		(\$17.41)		(\$133.68)		\$341.16		
	Annualized Deductions	\$477,678		\$95,946		\$1,628,167		\$1,251,608		(\$44,599)		(\$295,830)		\$730,203		
Net Cost	Annualized Cost			\$3,122,850			\$3,122,850		\$3,122,850		\$3,033,653.40		\$2,531,189.88		\$3,122,850.84	

Medical Plan Benefits

Option	Priority 2017																	
Carrier																		
Plan	Swartz Creek MESSA PPO 500		Swartz Creek MESSA PPO 300		Swartz Creek PH PPO 250		Swartz Creek PH PPO 500		Swartz Creek PH PPO HSA 1300		Swartz Creek PH HMO HSA 1300		Swartz Creek PH PPO 750 20%		Swartz Creek PH HMO 750 20%			
Network Benefits	Deductible (Ind/Fam)		\$500 / \$1,000		\$300 / \$600		\$250 / \$500		\$500 / \$1,000		\$1,300 / \$2,600		\$1,300 / \$2,600		\$750 / \$1,500		\$750 / \$1,500	
	Out of Pocket Maximum (Ind/Fam)		\$500 / \$1,000		\$300 / \$600		\$250 / \$500		\$500 / \$1,000		\$1,300 / \$2,600		\$1,300 / \$2,600		\$1,500 / \$3,000		\$1,500 / \$3,000	
	Primary/Specialist Office Visit		\$20 / \$20		\$20 / \$20		\$20 / \$35		\$20 / \$35		100% A.D. / 100% A.D.		100% A.D. / 100% A.D.		\$20 / \$35		\$20 / \$35	
	Urgent Care		\$25		\$25		\$50		\$50		100% A.D.		100% A.D.		\$50		\$50	
	Emergency Room		\$50		\$50		\$50		\$50		100% A.D.		100% A.D.		\$10		\$100	
	Preventive Care		\$0		\$0		\$0		\$0		100% no deductible		100% no deductible		\$0		\$0	
	MRI, MRA, CAT & PET Scans		100% A.D.		100% A.D.		100% A.D.		100% A.D.		100% A.D.		100% A.D.		\$100		\$100	
	Labs/X-ray billed with office visit		100% A.D.		100% A.D.		100% A.D.		100% A.D.		100% A.D.		100% A.D.		100% A.D.		100% A.D.	
	Prescription Drugs		Retail		Retail		Retail		Retail		Retail		Retail		Retail		Retail	
	Rx Deductible (Ind/Fam)		\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0	
Rx Coverage		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		
Contract Details	Benefit Year		2017-07-01		2017-07-01		2017-07-01		2017-07-01		2017-07-01		2017-07-01		2017-07-01		2017-07-01	
	Virtual Visits		20		20		20		20				20		20			
	Out of Network Benefits Available		Yes		Yes		Yes		Yes		Yes		No		Yes		No	
Total Cost	Employee		27	\$604.49	8	\$638.01	35	\$618.89	35	\$603.69	35	\$487.24	35	\$439.11	35	\$530.73	35	\$483.62
	Employee/Spouse		19	\$1,358.21	4	\$1,433.66	23	\$1,390.40	23	\$1,356.43	23	\$1,094.78	23	\$986.64	23	\$1,192.49	23	\$1,086.64
	Employee/Children		2	\$1,689.85	0	\$1,783.74	2	\$1,729.86	2	\$1,687.62	2	\$1,362.08	2	\$1,227.53	2	\$1,483.65	2	\$1,351.96
	Employee/Family		131	\$1,689.85	17	\$1,783.74	148	\$1,729.86	148	\$1,687.62	148	\$1,362.08	148	\$1,227.53	148	\$1,483.65	148	\$1,351.96
	Annualized Premium		\$3,202,527		\$493,947		\$3,757,432		\$3,665,640		\$2,958,544		\$2,666,292		\$3,222,603		\$2,936,561	
Weighted Average Payroll Deductions	Employee		\$75.76		\$109.28		\$90.16		\$74.96		(\$41.49)		(\$89.62)		\$2.00		(\$45.11)	
	Employee/Spouse		\$252.47		\$327.92		\$284.66		\$250.69		(\$10.96)		(\$119.10)		\$86.75		(\$19.10)	
	Employee/Children		\$247.85		\$341.74		\$287.86		\$245.62		(\$79.92)		(\$214.47)		\$41.65		(\$90.04)	
	Employee/Family		\$247.85		\$341.74		\$287.76		\$245.62		(\$79.92)		(\$214.47)		\$41.65		(\$90.04)	
	Annualized Deductions		\$477,678		\$95,946		\$634,581		\$542,789		(\$164,307)		(\$456,558)		\$99,753		(\$186,290)	
Net Cost	Annualized Cost		\$3,122,850				\$3,122,850		\$3,122,850		\$2,794,237.32		\$2,209,734.84		\$3,122,850		\$2,750,271	

Medical Plan Benefits

Option	HAP 2017								
Carrier									
Plan	Swartz Creek MESSA PPO 500		Swartz Creek MESSA PPO 300		Swartz Creek HAP PPO 500		Swartz Creek HAP PPO 300		
Network Benefits	Deductible (Ind/Fam)	\$500 / \$1,000		\$300 / \$600		\$500 / \$1,000		\$300 / \$600	
	Out of Pocket Maximum (Ind/Fam)	\$500 / \$1,000		\$300 / \$600		\$500 / \$1,000		\$300 / \$600	
	Primary/Specialist Office Visit	\$20 / \$20		\$20 / \$20		\$20 / \$20		\$20 / \$20	
	Urgent Care	\$25		\$25		\$25		\$25	
	Emergency Room	\$50		\$50		\$50		\$50	
	Preventive Care	\$0		\$0		\$0		\$0	
	MRI, MRA, CAT & PET Scans	100% A.D.		100% A.D.		100% A.D.		100% A.D.	
	Labs/X-ray billed with office visit	100% A.D.		100% A.D.		100% A.D.		100% A.D.	
	Prescription Drugs	Retail		Retail		Retail		Retail	
	Rx Deductible (Ind/Fam)	\$0 / \$0		\$0 / \$0		\$0 / \$0		\$0 / \$0	
Rx Coverage	\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		\$10 / \$40 / \$40 / \$40		
Contract Details	Benefit Year	2017-07-01		2017-07-01		2017-07-01		2017-07-01	
	Virtual Visits	20		20		20		20	
	Out of Network Benefits Available	Yes		Yes		Yes		Yes	
Total Cost	Employee	27	\$604.49	8	\$638.01	35	\$708.99	35	\$748.30
	Employee/Spouse	19	\$1,358.21	4	\$1,433.66	23	\$1,592.85	23	\$1,681.27
	Employee/Children	2	\$1,689.85	0	\$1,783.74	2	\$1,981.73	2	\$2,091.79
	Employee/Family	131	\$1,689.85	17	\$1,783.74	148	\$1,981.73	148	\$2,091.79
	Annualized Premium		\$3,202,527		\$493,947		\$4,304,516		\$4,543,538
Weighted Average Payroll Deductions	Employee		\$75.76		\$109.28		\$180.26		\$219.57
	Employee/Spouse		\$252.47		\$327.92		\$487.11		\$575.53
	Employee/Children		\$247.85		\$341.74		\$539.73		\$649.79
	Employee/Family		\$247.85		\$341.74		\$539.73		\$649.79
	Annualized Deductions		\$477,678		\$95,946		\$1,181,665		\$1,420,687
Net Cost	Annualized Cost	\$3,122,850		\$3,122,850		\$3,122,850		\$3,122,850	