



**Medical Rate Summary Exclusively for Portage Public Schools**  
**Effective Date: 07/01/2016**

Product	IN		IN Copay (OV/JUC/ER)		IN	Rx	NON-PAK MEDICAL RATES			PAK MEDICAL RATES		
	Deductible		(OV/JUC/ER)		Coinsurance	Coverage	Single	2-Person	Family	Single	2-Person	Family
Choices/Choices II	\$0		\$5/\$10/\$25		0%	\$10/\$20	\$793.91	\$1,784.41	\$2,220.23	\$778.06	\$1,748.75	\$2,175.86
Choices/Choices II	\$0		\$10/\$25/\$50		0%	\$10/\$20	\$785.04	\$1,764.47	\$2,195.41	\$769.37	\$1,729.21	\$2,151.53
Choices/Choices II	\$0		\$20/\$25/\$50		0%	\$10/\$20	\$771.23	\$1,733.38	\$2,156.74	\$755.84	\$1,698.75	\$2,113.63
Choices/Choices II	\$100/\$200		\$5/\$10/\$25		0%	\$10/\$20	\$768.88	\$1,728.11	\$2,150.16	\$753.53	\$1,693.58	\$2,107.19
Choices/Choices II	\$100/\$200		\$10/\$25/\$50		0%	\$10/\$20	\$760.39	\$1,709.00	\$2,126.38	\$745.21	\$1,674.85	\$2,083.88
Choices/Choices II	\$0		\$5/\$10/\$25		0%	Saver Rx	\$749.80	\$1,685.18	\$2,096.75	\$734.83	\$1,651.51	\$2,054.84
Choices/Choices II	\$100/\$200		\$20/\$25/\$50		0%	\$10/\$20	\$747.25	\$1,679.44	\$2,089.60	\$732.34	\$1,645.88	\$2,047.84
Choices/Choices II	\$200/\$400		\$5/\$10/\$25		0%	\$10/\$20	\$746.77	\$1,678.36	\$2,088.26	\$731.87	\$1,644.83	\$2,046.53
Choices/Choices II	\$0		\$10/\$25/\$50		0%	Saver Rx	\$740.94	\$1,665.24	\$2,071.93	\$726.15	\$1,631.96	\$2,030.52
Choices/Choices II	\$200/\$400		\$10/\$25/\$50		0%	\$10/\$20	\$738.68	\$1,660.15	\$2,065.60	\$723.94	\$1,626.98	\$2,024.31
Choices/Choices II	\$0		\$20/\$25/\$50		0%	Saver Rx	\$727.12	\$1,634.14	\$2,033.23	\$712.61	\$1,601.49	\$1,992.60
Choices/Choices II	\$300/\$600		\$5/\$10/\$25		0%	\$10/\$20	\$726.70	\$1,633.21	\$2,032.08	\$712.20	\$1,600.57	\$1,991.47
Choices/Choices II	\$200/\$400		\$20/\$25/\$50		0%	\$10/\$20	\$726.06	\$1,631.75	\$2,030.26	\$711.56	\$1,599.14	\$1,989.68
Choices/Choices II	\$100/\$200		\$5/\$10/\$25		0%	Saver Rx	\$724.78	\$1,628.87	\$2,026.68	\$710.32	\$1,596.33	\$1,986.17
Choices/Choices II	\$300/\$600		\$10/\$25/\$50		0%	\$10/\$20	\$718.93	\$1,615.73	\$2,010.32	\$704.58	\$1,583.44	\$1,970.15
Choices/Choices II	\$100/\$200		\$10/\$25/\$50		0%	Saver Rx	\$716.29	\$1,609.77	\$2,002.90	\$701.99	\$1,577.60	\$1,962.88
Choices/Choices II	\$300/\$600		\$20/\$25/\$50		0%	\$10/\$20	\$706.80	\$1,588.42	\$1,976.32	\$692.69	\$1,556.68	\$1,936.83
Choices/Choices II	\$100/\$200		\$20/\$25/\$50		0%	Saver Rx	\$703.15	\$1,580.21	\$1,966.12	\$689.11	\$1,548.64	\$1,926.82
Choices/Choices II	\$200/\$400		\$5/\$10/\$25		0%	Saver Rx	\$702.68	\$1,579.14	\$1,964.79	\$688.65	\$1,547.58	\$1,925.52
Choices/Choices II	\$200/\$400		\$10/\$25/\$50		0%	Saver Rx	\$694.58	\$1,560.92	\$1,942.12	\$680.72	\$1,529.74	\$1,903.31
Choices/Choices II	\$500/\$1000		\$5/\$10/\$25		0%	\$10/\$20	\$690.41	\$1,551.56	\$1,930.46	\$676.63	\$1,520.56	\$1,891.88
Choices/Choices II	\$500/\$1000		\$10/\$25/\$50		0%	\$10/\$20	\$683.23	\$1,535.39	\$1,910.34	\$669.60	\$1,504.71	\$1,872.17
Choices/Choices II	\$300/\$600		\$5/\$10/\$25		0%	Saver Rx	\$682.60	\$1,533.98	\$1,908.59	\$668.98	\$1,503.33	\$1,870.45
Choices/Choices II	\$200/\$400		\$20/\$25/\$50		0%	Saver Rx	\$681.96	\$1,532.52	\$1,906.77	\$668.35	\$1,501.90	\$1,868.67
Choices/Choices II	\$300/\$600		\$10/\$25/\$50		0%	Saver Rx	\$674.82	\$1,516.48	\$1,886.82	\$661.36	\$1,486.18	\$1,849.11
Choices/Choices II	\$500/\$1000		\$20/\$25/\$50		0%	\$10/\$20	\$671.97	\$1,510.04	\$1,878.80	\$658.56	\$1,479.87	\$1,841.26

This information is based on the rates and composition of the group as of the above Effective Date. Material changes in the composition of the group could result in different rates.

**If you have any questions, please contact your MESSA Field Representative, Renee Szurna, at 800.292.4910.**



**Medical Rate Summary Exclusively for Portage Public Schools**  
**Effective Date: 07/01/2016**

Product	IN		IN Copay (OV/UC/ER)	IN	Rx Coverage	NON-PAK MEDICAL RATES			PAK MEDICAL RATES		
	Deductible	IN				Coinsurance	Single	2-Person	Family	Single	2-Person
Choices/Choices II	\$300/\$600		\$20/\$25/\$50	0%	Saver Rx	\$662.70	\$1,489.19	\$1,852.85	\$649.47	\$1,459.44	\$1,815.82
Choices/Choices II	\$500/\$1000		\$5/\$10/\$25	0%	Saver Rx	\$646.31	\$1,452.33	\$1,806.98	\$633.42	\$1,423.32	\$1,770.87
Choices/Choices II	\$500/\$1000		\$10/\$25/\$50	0%	Saver Rx	\$639.13	\$1,436.17	\$1,786.87	\$626.38	\$1,407.47	\$1,751.16
Choices/Choices II	\$500/\$1000		\$20/\$25/\$50	0%	Saver Rx	\$627.87	\$1,410.82	\$1,755.31	\$615.34	\$1,382.63	\$1,720.24
Choices/Choices II	\$1000/\$2000		\$20/\$25/\$50	0%	Saver Rx	\$592.16	\$1,330.48	\$1,655.35	\$580.34	\$1,303.90	\$1,622.27
ABC Plan 1	\$1300 <sup>1</sup> , \$2600 <sup>2</sup>		None	0%	ABC Rx	\$565.22	\$1,269.88	\$1,579.93	\$553.95	\$1,244.52	\$1,548.36
Choices/Choices II	\$2000/\$4000		\$20/\$25/\$50	0%	Saver Rx	\$558.33	\$1,254.38	\$1,560.63	\$547.20	\$1,229.32	\$1,529.45
Choices/Choices II	\$3000/\$6000		\$20/\$25/\$50	0%	Saver Rx	\$535.79	\$1,203.64	\$1,497.50	\$525.10	\$1,179.60	\$1,467.58
ABC Plan 2	\$2000 <sup>1</sup> , \$4000 <sup>2</sup>		None	0%	ABC Rx	\$529.07	\$1,188.53	\$1,478.69	\$518.52	\$1,164.79	\$1,449.14
ABC Plan 3	\$3500 <sup>1</sup> , \$7000 <sup>2</sup>		None	10%	ABC Rx	\$471.05	\$1,058.00	\$1,316.24	\$461.66	\$1,036.87	\$1,289.95

1. Employees who choose a MESSA ABC health plan with coverage for a single person are subject to the single person MESSA ABC deductible.
2. Employees who choose 2-person or full family coverage are subject to the higher MESSA ABC family deductible (the full deductible must be met before claims are paid for any individual).

This information is based on the rates and composition of the group as of the above Effective Date. Material changes in the composition of the group could result in different rates.

**If you have any questions, please contact your MESSA Field Representative, Renee Szurna, at 800.292.4910.**

**Quote Summary Exclusively for  
Portage Public Schools**

 Requested: 06/06/2016  
 Quote Request ID: 221585  
 MESSA Field Rep: Jacqueline Mast

 Good health. Good business. Great schools.  
 75 Kendale Boulevard, PO Box 2560  
 East Lansing, MI 48826-2560  
 517.292.4910

Quote Effective 07/01/2016

**Quoted Group(s): 194A-Teachers**

Description	Current - 194A	Rate	Census Used	Quote ID 334873	Rate
Medical:	<b>NON-PAK</b>			<b>PAK A</b>	
Medical:	MESSA Choices	627.97	Single: 103	MESSA Choices	580.44
Non-Deductible:	\$500/\$1000	1,411.05	2-Person: 66	\$1000/\$2000	1,304.14
Non-Deductible:	\$1000/\$2000	1,755.59	Family: 224	\$2000/\$4000	1,622.55
IV/UC/ER Copay:	\$20/\$25/\$50			\$20/\$25/\$50	
Prescription Drug Copay:	Saver Rx			Saver Rx	
Services Included:	EA1			EA1	
Medical:	MESSA ABC Plan 1	565.32			
Non-Deductible:	\$1300/\$2600	1,270.12			
Non-Deductible:	\$2600/\$5200	1,580.21			
IV/UC/ER Copay:	N/A				
Prescription Drug Copay:	ABC Rx				
Services Included:	EA1				
Dental:		27.20	Single: 90		31.27
Class I:	80%	54.36	2-Person: 77	90%	61.86
Class II:	80%	100.95	Family: 226	80%	114.80
Class III:	80%			80%	
Annual Max:	\$1,000			\$1,500	
Class IV:	80%			80%	
Lifetime Max:	\$1,300			\$1,500	
Services Included:	2 Cleanings, Sealants			2 Cleanings, Sealants	
Vision:	VSP 2	5.13	Single: 90	VSP 2 S	5.76
		11.03	2-Person: 77		12.38
		16.59	Family: 226		18.64
Life Ins:	Not Included in Benefit Package		393	\$30,000	
Volume:					11,790,000
Rate/\$1,000:					0.09
Composite:					2.70
D&D Ins:	Not Included in Benefit Package		393	\$30,000	
Volume:					11,790,000
Rate/\$1,000:					0.03
Composite:					0.90
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
TD:	Not Included in Benefit Package		393	66 2/3% Max \$5,000	
Waiting Period:				90 CDMF	
Alcohol/Drug:				2 Year Limitation	
Mental/Nervous:				2 Year Limitation	
Dis Offset:				Family	
COLA:				No	
Volume:					2,012,015
Rate/\$100:					0.38
Composite:					19.45
Total Monthly Rate Per Member - Single					\$640.52
Total Monthly Rate Per Member - 2 Person					\$1,401.43
Total Monthly Rate Per Member - Family					\$1,779.04

The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements, plans offered may affect the final rates. These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees.

**Quote Summary Exclusively for  
 Portage Public Schools**

Quote Effective 07/01/2016

Requested: 06/06/2016  
 Quote Request ID: 221585  
 MESSA Field Rep: Jacqueline Mast

**Quoted Group(s): 194A-Teachers**

Description	Current - 194A	Rate	Census Used	Quote ID 334873	Rate
Medical:	Not Included in Benefit Package			<b>PAK B</b>	
Non-Deductible:				Not Included in Benefit Package	
COB Deductible:					
W/UC/ER Copay:					
Out-of-Pocket Max:					
Services Included:					
Class I:	Not Included in Benefit Package		Single: 40		<b>29.39</b>
Class II:			2-Person: 10	<b>90%</b>	<b>59.97</b>
Class III:			Family: 60	<b>80%</b>	<b>112.92</b>
Class IV:				<b>80%</b>	
Annual Max:				<b>\$1,500</b>	
Lifetime Max:				<b>80%</b>	
Services Included:				<b>\$1,500</b>	
				<b>2 Cleanings, Sealants</b>	
Vision:	Not Included in Benefit Package		Single: 40	<b>VSP 2 S</b>	<b>5.76</b>
			2-Person: 10		<b>12.38</b>
			Family: 60		<b>18.64</b>
Life Ins:	Not Included in Benefit Package		110	<b>\$30,000</b>	
Volume:					<b>3,300,000</b>
Rate/\$1,000:					<b>0.09</b>
Composite:					<b>2.70</b>
Life Ins:	Not Included in Benefit Package		110	<b>\$30,000</b>	
Volume:					<b>3,300,000</b>
Rate/\$1,000:					<b>0.03</b>
Composite:					<b>0.90</b>
Term Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
TD:	Not Included in Benefit Package		110	<b>66 2/3% Max \$5,000</b>	
Waiting Period:				<b>90 CDMF</b>	
Alcohol/Drug:				<b>2 Year Limitation</b>	
Alcohol/Nervous:				<b>2 Year Limitation</b>	
COB Offset:				<b>Family</b>	
COA:				<b>No</b>	
Volume:					<b>563,159</b>
Rate/\$100:					<b>0.38</b>
Composite:					<b>19.45</b>
Total Monthly Rate Per Member - Single					\$58.20
Total Monthly Rate Per Member - 2 Person					\$95.40
Total Monthly Rate Per Member - Family					\$154.61

The above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements, or plans offered may affect the final rates. These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees.

Good health. Good business. Great schools.  
75 Kendale Boulevard, PO Box 2560  
East Lansing, MI 48826-2560  
0.292.4910

**Quoted Group(s): 194A-Teachers**

Description	Current - 194A	Rate	Census Used	Quote ID 334873	Rate
Medical:	Not Included in Benefit Package		Single: 0	<b>PAK C</b>	
▼ Deductible:			2-Person: 0	<b>MESSA ABC Plan 1</b>	<b>554.05</b>
NON Deductible:			Family: 0	<b>\$1300/\$2600</b>	<b>1,244.76</b>
W/UC/ER Copay:				<b>\$2600/\$5200</b>	<b>1,548.64</b>
OX Drug Copay:				<b>N/A</b>	
riders Included:				<b>ABC Rx</b>	
				<b>EA1</b>	
Dental:	Not Included in Benefit Package		Single: 0		<b>31.27</b>
Class I:			2-Person: 0	<b>90%</b>	<b>61.86</b>
Class II:			Family: 0	<b>80%</b>	<b>114.80</b>
Class III:				<b>80%</b>	
Annual Max:				<b>\$1,500</b>	
Class IV:				<b>80%</b>	
Lifetime Max:				<b>\$1,500</b>	
riders Included:				<b>2 Cleanings, Sealants</b>	
Vision:	Not Included in Benefit Package		Single: 0	<b>VSP 2 S</b>	<b>5.76</b>
			2-Person: 0		<b>12.38</b>
			Family: 0		<b>18.64</b>
Life Ins:	Not Included in Benefit Package		0	<b>\$30,000</b>	
Volume:					<b>0</b>
Rate/\$1,000:					<b>0.09</b>
Composite:					<b>2.70</b>
D&D Ins:	Not Included in Benefit Package		0	<b>\$30,000</b>	
Volume:					<b>0</b>
Rate/\$1,000:					<b>0.03</b>
Composite:					<b>0.90</b>
Dep Life Ins:	Not Included in Benefit Package			Not Included in Benefit Package	
Volume:					
Rate/\$1,000:					
Composite:					
TD:	Not Included in Benefit Package		0	<b>66 2/3% Max \$5,000</b>	
Waiting Period:				<b>90 CDMF</b>	
Alcohol/Drug:				<b>2 Year Limitation</b>	
Dental/Nervous:				<b>2 Year Limitation</b>	
MS Offset:				<b>Family</b>	
OLA:				<b>No</b>	
Volume:					<b>0</b>
Rate/\$100:					<b>0.38</b>
Composite:					<b>19.45</b>
Total Monthly Rate Per Member - Single					<b>\$614.13</b>
Total Monthly Rate Per Member - 2 Person					<b>\$1,342.05</b>
Total Monthly Rate Per Member - Family					<b>\$1,705.13</b>

*the above rates are based on the information provided. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements plans offered may affect the final rates. These rates do not include the Michigan Claims Tax Assessment, State Premium Tax or ACA Federal Taxes/Fees.*

**PORTAGE PUBLIC SCHOOLS**

PRESENTED BY:

**Rose Street**  
ADVISORS

BENEFITS | INSURANCE | INVESTMENTS

**COVERAGE**

**Outpatient Treatment**

Primary Care Physician Office Visit

Specialist Physician Office Visit

Urgent Care

Emergency Room

Chiropractic Services

Routine/Preventive Services

Prescriptions

Mail Order Prescriptions

Deductible - (Individual / Family)

Co-Insurance

Maximum Co-Insurance

Total Out-of-Pocket (Ded, Co-Ins. & Copays)

Inpatient Treatment

Diagnostic, X-Ray, Lab

Maternity - Pre-Natal

Post-Natal

(Hospitalization - see Inpatient)

**Exclusions & Limitations**

Benefit Maximum

Underwriting Required Prior to Approval

Mental Health/Substance Abuse

Network

Network Website

**Rates Effective**

**Monthly Unit Health Rates**

15 Employee

0 Employee & Dependent

2 Family

17 Total Enrollment

Projected Monthly Taxes/Fees

**Approximate Medical Monthly Premium**

**Approximate Medical Annual Premium**

Difference from current

**NOTE**

This benefit listing is only a general summary, it is not intended to be an insurance contract.

**HEALTH INSURANCE COMPARISON**

**BLUE CROSS BLUE SHIELD**

Simply Blue Routine Care \$4,000

Current

In Network Out of Network

\$30 Copay 60% of R&C After Deductible

70% After Deductible 60% of R&C After Deductible

70% After Deductible 60% of R&C After Deductible

70% After Deductible 70% After Deductible

70% After Deductible 60% of R&C After Deductible  
Limited to 12 visits per member/calendar year

Covered 100% Not Covered

\$20/\$60/\$80 or 50% (Max \$100) \$20/\$60/\$80 or 50% (Max \$100) PLUS 25%

2x Copay - Mail Order Not Covered

Prescription Copays Apply After Deductible EXCEPT generic

\$4,000 / \$8,000 \$4,000 / \$8,000

70% 60%

N/A N/A

\$6,600 / \$13,200 \$13,200 / \$26,400

70% After Deductible 70% After In-Network Ded.

70% After Deductible 60% of R&C After Deductible

100% 60% of R&C After Deductible

70% After Deductible 60% of R&C After Deductible

None

None

Services Included: Inpatient and Outpatient

Blue Cross Blue Shield of Michigan

[www.BCBSM.com](http://www.BCBSM.com)

1/1/2017 -12/31/2017

**PRIORITY HEALTH**

POS Traditional

Option #1

In Network Out of Network

\$30 Copay 50% of R&C After Deductible

\$30 Copay After Deductible 50% of R&C After Deductible

\$50 Copay After Deductible 50% of R&C After Deductible

\$150 Copay After Deductible (Copay waived if admitted) \$150 Copay After Deductible (Copay waived if admitted)

100% After Deductible 80% of R&C After Deductible  
Limited to 12 visits per member/calendar year

Covered 100% Not Covered

\$20/\$60/\$80/20% Max \$200/20% Max \$400 \$20/\$60/\$80/20% Max \$200/20% Max \$400

2x Copay - Mail Order Not Covered

\$4,000 / \$8,000 \$8,000 / \$16,000

70% 50%

\$2,500 / \$5,000 \$5,000 / \$10,000

\$7,150 / \$14,300 \$14,300 / \$28,600

70% After Deductible 50% of R&C After Deductible

70% After Deductible 50% of R&C After Deductible

100% 50% of R&C After Deductible

70% After Deductible 50% of R&C After Deductible

None

None

Services Included: Inpatient and Outpatient

Priority Health

[www.PriorityHealth.com](http://www.PriorityHealth.com)

1/1/2017 -12/31/2017

**Current Rates**

\$324.00 \$429.86  
\$777.60 \$1,031.68  
\$972.01 \$1,289.59

\$6,804.02 \$9,027.08

\$81,648 \$108,325  
32.67%

**Option #1 Rates**

\$375.37  
\$900.88  
\$1,126.11

\$7,882.77

\$94,593  
15.85%

The above member rates DO NOT include taxes and fees.

The above member rates include certain Federal taxes/fees established by ACA and Michigan claims tax.

R  
O  
S  
E  
  
S  
T  
R  
E  
E  
T  
  
A  
D  
V  
I  
S  
O  
R  
S

ROSE STREET ADVISORS

**PORTAGE PUBLIC SCHOOLS**

PRESENTED BY:

**Rose Street  
ADVISORS**

BENEFITS | INSURANCE | INVESTMENTS

**COVERAGE**

**Outpatient Treatment**

Primary Care Physician Office Visit

Specialist Physician Office Visit

Urgent Care

Emergency Room

Chiropractic Services

Routine/Preventive Services

Prescriptions

Mail Order Prescriptions

Deductible - (Individual / Family)

Co-Insurance

Maximum Co-Insurance

Total Out-of-Pocket (Ded, Co-Ins. & Copays)

Inpatient Treatment

Diagnostic, X-Ray, Lab

Maternity - Pre-Natal

Post-Natal

(Hospitalization - see Inpatient)

**Exclusions & Limitations**

Benefit Maximum

Underwriting Required Prior to Approval

Mental Health/Substance Abuse

Network

Network Website

**Rates Effective**

**Monthly Unit Health Rates**

15 Employee

0 Employee & Dependent

2 Family

17 Total Enrollment

Projected Monthly Taxes/Fees

**Approximate Medical Monthly Premium**

**Approximate Medical Annual Premium**

Difference from current

**NOTE**

This benefit listing is only a general summary, it is not intended to be an insurance contract.

**HEALTH INSURANCE COMPARISON**

	PRIORITY HEALTH POS Copay Alignment Option #2		PRIORITY HEALTH POS Value Plan Option #3	
	In Network	Out of Network	In Network	Out of Network
Primary Care Physician Office Visit	\$30 Copay	50% of R&C After Deductible	100%	50% of R&C After Deductible
Specialist Physician Office Visit	\$45 Copay	50% of R&C After Deductible	70% After Deductible	50% of R&C After Deductible
Urgent Care	\$75 Copay	50% of R&C After Deductible	70% After Deductible	50% of R&C After Deductible
Emergency Room	\$150 Copay After Deductible (Copay waived if admitted)	\$150 Copay After Deductible (Copay waived if admitted)	70% After Deductible	70% After Deductible
Chiropractic Services	\$30 Copay Limited to 12 visits per member/calendar year	60% of R&C After Deductible Limited to 12 visits per member/calendar year	Copay Limited to 12 visits per member/calendar year	50% of R&C After Deductible Limited to 12 visits per member/calendar year
Routine/Preventive Services	Covered 100%	Not Covered	Covered 100%	Not Covered
Prescriptions	\$20/\$60/\$80/20% Max \$200/20% Max \$400 2x Copay - Mail Order	\$20/\$60/\$80/20% Max \$200/20% Max \$400 Not Covered	\$20/75%/75%/75%/75% 2x Copay - Mail Order	\$20/75%/75%/75%/75% Not Covered
Deductible - (Individual / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Co-Insurance	70%	50%	70%	50%
Maximum Co-Insurance	\$2,500 / \$5,000	\$5,000 / \$10,000	N/A	N/A
Total Out-of-Pocket (Ded, Co-Ins. & Copays)	\$7,150 / \$14,300	\$14,300 / \$28,600	\$7,150 / \$14,300	\$14,300 / \$28,600
Inpatient Treatment	70% After Deductible	50% of R&C After Deductible	70% After Deductible	50% of R&C After Deductible
Diagnostic, X-Ray, Lab	70% After Deductible	50% of R&C After Deductible	70% After Deductible	50% of R&C After Deductible
Maternity - Pre-Natal	100%	50% of R&C After Deductible	100%	50% of R&C After Deductible
Post-Natal (Hospitalization - see Inpatient)	70% After Deductible	50% of R&C After Deductible	70% After Deductible	50% of R&C After Deductible
Benefit Maximum	None		None	
Underwriting Required Prior to Approval	None		None	
Mental Health/Substance Abuse	Services Included: Inpatient and Outpatient		Services Included: Inpatient and Outpatient	
Network	Priority Health		Priority Health	
Network Website	<a href="http://www.PriorityHealth.com">www.PriorityHealth.com</a>		<a href="http://www.PriorityHealth.com">www.PriorityHealth.com</a>	
Rates Effective	1/1/2017 -12/31/2017		1/1/2017 -12/31/2017	

	Option #2 Rates	Option #3 Rates
15 Employee	\$420.77	\$323.67
0 Employee & Dependent	\$1,009.85	\$776.81
2 Family	\$1,262.31	\$971.01
17 Total Enrollment		
Projected Monthly Taxes/Fees		
<b>Approximate Medical Monthly Premium</b>	<b>\$8,836.17</b>	<b>\$6,797.07</b>
<b>Approximate Medical Annual Premium</b>	<b>\$106,034</b>	<b>\$81,565</b>
Difference from current	29.87%	-0.10%

The above member rates include certain Federal taxes/fees established by ACA and Michigan claims tax.