

BCBSM Medical Options - Mason Consolidated Schools (Teachers & Administrators)

Period: 09/01/2018 - 08/31/2019

CARRIER	Option 1		Option 2		Option 3		Option 4		Option 5	
	Simply Blue 500	Simply Blue 1000 100%	Simply Blue 1000 100%	Simply Blue HSA 1350 100%	Simply Blue HSA 1350 100%	Simply Blue HSA 2000 100%	Simply Blue HSA 2000 100%	Simply Blue HSA 3500 100%	Simply Blue HSA 3500 100%	
Benefit Plan	Simply Blue 500	Simply Blue 1000 100%	Simply Blue 1000 100%	Simply Blue HSA 1350 100%	Simply Blue HSA 1350 100%	Simply Blue HSA 2000 100%	Simply Blue HSA 2000 100%	Simply Blue HSA 3500 100%	Simply Blue HSA 3500 100%	
Plan Type/Network	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	
Deductible	\$500/1000 Out-of-Network \$1000/2000	\$1000/2000 \$2000/4000	\$1350/2700 \$2700/5400	\$2000/4000 \$4000/8000	\$3500/7000 \$7000/14,000					
Coinsurance	In-Network Out-of-Network 80/20% 60/40%	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%					
Coinsurance Maximum	In-Network Out-of-Network \$2500/5000 \$5000/10,000	None None	None None	None None	None None					
Out-of-Pocket Maximum	In-Network Out-of-Network \$6350/12,700 \$12,700/25,400	\$6350/12,700 \$12,700/25,400	\$2250/4500 \$4500/9000	\$3000/6000 \$6000/12,000	\$4500/9000 \$9000/18,000					
Office Visit Copay	\$20	\$30	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.					
Specialist Office Visit Copay	\$20	\$30	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.					
Urgent Care Copay	\$20	\$30	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.					
Emergency Room Copay	\$150	\$150	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.					
Prescription Drugs	\$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x	\$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x					
A.M. Best Rating	A- (Excellent)									
Rate	A- (Excellent)		A- (Excellent)		A- (Excellent)		A- (Excellent)		A- (Excellent)	
	Single 5 Two-Party 0 Family 2	Single 5 Two-Party 4 Family 5	Single 4 Two-Party 4 Family 10	Single 1 Two-Party 1 Family 2	Single 4 Two-Party 0 Family 5					
	\$537.31 \$1,289.55 \$1,611.94	\$551.46 \$1,323.50 \$1,654.38	\$496.09 \$1,190.61 \$1,488.26	\$451.21 \$1,082.91 \$1,353.63	\$402.27 \$965.44 \$1,206.80					
Monthly Premium	7	14	18	9	9					
Estimated Taxes & Fees	Included in Rates									
Total Monthly Cost	\$5,910.46	\$16,323.17	\$21,629.41	\$11,009.56	\$7,643.08					
Total Annual Cost	\$70,925.49	\$195,878.09	\$259,552.87	\$132,114.72	\$91,716.99					
Combined Annual Cost Difference from current rates % Difference	# Enrolled 57		MESSA Combined Current Rates \$955,571.64		Paramount Combined Rates \$750,188.16 -\$205,383.48 -21.49%					

Tier Level Rates include Michigan claim taxes and madatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

BCBSM Medical Options - Mason Consolidated Schools (Teachers & Administrators)

Period: 09/01/2018 - 08/31/2019

CARRIER Benefit Plan Plan Type/Network Deductible Coinsurance Coinsurance Maximum Out-of-Pocket Maximum Office Visit Copay Specialist Office Visit Copay Urgent Care Copay Emergency Room Copay Prescription Drugs A.M. Best Rating Rate	Option 1 Simply Blue 500		Option 2A Simply Blue 1000 80%		Option 3A Simply Blue HSA 1350 80%		Option 4A Simply Blue HSA 2000 80%		Option 5A Simply Blue HSA 3500 80%	
	Network	Cost	Network	Cost	Network	Cost	Network	Cost	Network	Cost
In-Network	PPO	\$500/1000	PPO	\$1000/2000	PPO	\$1350/2700	PPO	\$2000/4000	PPO	\$3500/7000
Out-of-Network		\$1000/2000		\$2000/4000		\$2700/5400		\$4000/8000		\$7000/14,000
In-Network		80/20%		80/20%		80/20%		80/20%		80/20%
Out-of-Network		60/40%		60/40%		60/40%		60/40%		60/40%
In-Network		\$2500/5000		\$2500/5000		None		None		None
Out-of-Network		\$5000/10,000		\$5,000/10,000		None		None		None
In-Network		\$6350/12,700		\$6350/12,700		\$2250/4500		\$3000/6000		\$4500/9000
Out-of-Network		\$12,700/25,400		\$12,700/25,400		\$4500/9000		\$6000/12,000		\$9000/18,000
Office Visit Copay		\$20		\$30		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.
Specialist Office Visit Copay		\$20		\$30		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.
Urgent Care Copay		\$20		\$30		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.
Emergency Room Copay		\$150		\$150		Subject to ded./coins.		Subject to ded./coins.		Subject to ded./coins.
Prescription Drugs		\$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x		\$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x		Subject to ded., then: \$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x		Subject to ded., then: \$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x		Subject to ded., then: \$15 Generic \$30 Preferred Brand \$60 Nonpreferred Brand Mail Order 2x
A.M. Best Rating	A- (Excellent)		A- (Excellent)		A- (Excellent)		A- (Excellent)		A- (Excellent)	
Rate	Single 5 Two-Party 0 Family 2	\$537.31 \$1,289.55 \$1,611.94	Single 5 Two-Party 4 Family 5	\$507.62 \$1,218.29 \$1,522.86	Single 4 Two-Party 4 Family 10	\$466.83 \$1,120.40 \$1,400.50	Single 1 Two-Party 1 Family 7	\$426.93 \$1,024.63 \$1,280.78	Single 4 Two-Party 0 Family 5	\$385.48 \$925.15 \$1,156.44
Monthly Premium	7	\$5,910.46	14	\$15,025.58	18	\$20,353.97	9	\$10,417.05	9	\$7,324.14
Estimated Taxes & Fees	Included in Rates		Included in Rates		Included in Rates		Included in Rates		Included in Rates	
Total Monthly Cost		\$5,910.46		\$15,025.58		\$20,353.97		\$10,417.05		\$7,324.14
Total Annual Cost		\$70,925.49		\$180,306.90		\$244,247.62		\$125,004.59		\$87,889.67
Combined Annual Cost Difference from current rates										
% Difference										
		# Enrolled 57		MESSA Combined Current Rates \$955,571.64		Paramount Combined Rates \$708,374.28		-25.87%		

Tier Level Rates include Michigan claim taxes and madatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Paramount Medical Options - Mason Consolidated Schools (Teachers & Administrators)

Period: 09/01/2018 - 08/31/2019

CARRIER Benefit Plan Plan Type/Network Deductible Coinsurance Coinsurance Maximum Out-of-Pocket Maximum Office Visit Copay Specialist Office Visit Copay Urgent Care Copay Emergency Room Copay	Option 1 Paramount PAK A 500		Option 2 Paramount PAK A 1000		Option 3 Paramount CDHP Plan 1		Option 4 Paramount CDHP Plan 2		Option 5 Paramount CDHP Plan 3	
	Rate	Not Rated	Rate	Not Rated	Rate	Not Rated	Rate	Not Rated	Rate	Not Rated
In-Network Out-of-Network	PPO \$500/1000 \$1000/2000	PPO \$1000/2000 \$2000/4000	PPO \$1350/2700 \$2700/5400	PPO \$2000/4000 \$4000/8000	PPO \$3500/7000 \$7000/14,000	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x
In-Network Out-of-Network	100% 80/20%	100% 80/20%	100% 80/20%	90/10% 70/30%	90/10% 70/30%	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	
In-Network Out-of-Network	\$1000/2000 \$2000/4000	\$1000/2000 \$2000/4000	None None	None None	None None	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	
In-Network Out-of-Network	\$1500/3000 \$3000/6000	\$2000/4000 \$4000/8000	\$2350/4700 \$4700/9400	\$3000/6000 \$6000/12,000	\$4500/9000 \$9000/18,000	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	
Office Visit Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	
Specialist Office Visit Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	
Urgent Care Copay	\$25	\$25	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	
Emergency Room Copay	\$50	\$50	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	
Prescription Drugs	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand 20% Specialty Drug (\$350 max.) Mail Order 2x	
A.M. Best Rating	Not Rated	Not Rated	Not Rated	Not Rated	Not Rated	Not Rated	Not Rated	Not Rated	Not Rated	
Rate	Single 5 \$662.81 Two-Party 0 \$1,489.54 Family 2 \$1,853.29	Single 5 \$645.49 Two-Party 4 \$1,450.60 Family 5 \$1,804.84	Single 4 \$581.80 Two-Party 4 \$1,307.48 Family 10 \$1,626.77	Single 1 \$538.60 Two-Party 1 \$1,210.39 Family 2 \$1,505.97	Single 4 \$495.24 Two-Party 0 \$1,112.95 Family 5 \$1,384.73	Single 5 \$662.81 Two-Party 0 \$1,489.54 Family 2 \$1,853.29	Single 5 \$645.49 Two-Party 4 \$1,450.60 Family 5 \$1,804.84	Single 4 \$581.80 Two-Party 4 \$1,307.48 Family 10 \$1,626.77	Single 1 \$538.60 Two-Party 1 \$1,210.39 Family 2 \$1,505.97	Single 4 \$495.24 Two-Party 0 \$1,112.95 Family 5 \$1,384.73
Monthly Premium	7 \$7,020.63	14 \$18,054.05	18 \$23,824.82	9 \$12,290.78	9 \$8,904.61	7 \$7,020.63	14 \$18,054.05	18 \$23,824.82	9 \$12,290.78	9 \$8,904.61
Estimated Taxes & Fees	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	Included in rates	
Total Monthly Cost	\$7,020.63	\$18,054.05	\$23,824.82	\$12,290.78	\$8,904.61	\$7,020.63	\$18,054.05	\$23,824.82	\$12,290.78	\$8,904.61
Total Annual Cost	\$84,247.56	\$216,648.60	\$285,897.84	\$147,489.36	\$106,855.32	\$84,247.56	\$216,648.60	\$285,897.84	\$147,489.36	\$106,855.32
Combined Annual Cost Difference from current rates % Difference	# Enrolled: 57 MESSA Combined Current Rates: \$955,571.64 Paramount Combined Rates: \$841,138.68 -\$114,432.96 -11.98%									

Tier Level Rates include Michigan claim taxes and madatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Priority Health Medical Options - Mason Consolidated Schools (Teachers & Administrators)

Period: 09/01/2018 - 08/31/2019

CARRIER Benefit Plan	Option 1		Option 2		Option 3		Option 4		Option 5	
	Priority Health 500 PPO	Priority Health 1000 PPO	Priority Health 1350 PPO H.S.A.	Priority Health 2000 PPO H.S.A.	Priority Health 3500 PPO H.S.A.	Priority Health 500 PPO	Priority Health 1000 PPO	Priority Health 1350 PPO H.S.A.	Priority Health 2000 PPO H.S.A.	Priority Health 3500 PPO H.S.A.
Plan Type/Network	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Deductible	\$500/1000 \$1000/2000	\$1000/2000 \$2000/4000	\$1350/2700 \$2700/5400	\$2000/4000 \$4000/8000	\$3300/6600 \$6600/13,200	\$500/1000 \$1000/2000	\$1000/2000 \$2000/4000	\$1350/2700 \$2700/5400	\$2000/4000 \$4000/8000	\$3300/6600 \$6600/13,200
Coinsurance	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network
Coinsurance Maximum	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%	100% 80/20%	90/10% 70/30%
Out-of-Pocket Maximum	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network	In-Network Out-of-Network
Office Visit Copay	None \$1500/3000	None \$1500/3000	None None	None None	None None	None None	None None	None None	None None	None None
Specialist Office Visit Copay	\$7350/14,700 \$14,700/29,400	\$7350/14,700 \$14,700/29,400	\$2300/4600 \$4600/9200	\$3000/6000 \$6000/12,000	\$4300/8600 \$8600/17,200	\$7350/14,700 \$14,700/29,400	\$7350/14,700 \$14,700/29,400	\$2300/4600 \$4600/9200	\$3000/6000 \$6000/12,000	\$4300/8600 \$8600/17,200
Urgent Care Copay	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	\$20	\$20	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Emergency Room Copay	\$35	\$35	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	\$35	\$35	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
Prescription Drugs	\$75	\$75	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.	\$75	\$75	Subject to ded./coins.	Subject to ded./coins.	Subject to ded./coins.
A.M. Best Rating	\$100 after ded.	\$100 after ded.	Subject to ded., then: \$10 Generic \$20 Preferred Brand \$40 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$20 Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$20 Brand Mail Order 2x	\$100 after ded.	\$100 after ded.	Subject to ded., then: \$10 Generic \$20 Preferred Brand \$40 Nonpreferred Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$20 Brand Mail Order 2x	Subject to ded., then: \$10 Generic \$20 Brand Mail Order 2x
Rate	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)	A- (Excellent)
Estimated Premium	Single 5 \$833.14 Two-Party 0 \$1,872.32 Family 2 \$2,329.54	Single 5 \$787.65 Two-Party 4 \$1,770.09 Family 5 \$2,202.35	Single 4 \$680.10 Two-Party 4 \$1,528.39 Family 10 \$1,901.62	Single 1 \$603.66 Two-Party 1 \$1,356.61 Family 2 \$1,687.90	Single 4 \$458.13 Two-Party 0 \$1,029.56 Family 5 \$1,280.97	Single 5 \$833.14 Two-Party 0 \$1,872.32 Family 2 \$2,329.54	Single 5 \$787.65 Two-Party 4 \$1,770.09 Family 5 \$2,202.35	Single 4 \$680.10 Two-Party 4 \$1,528.39 Family 10 \$1,901.62	Single 1 \$603.66 Two-Party 1 \$1,356.61 Family 2 \$1,687.90	Single 4 \$458.13 Two-Party 0 \$1,029.56 Family 5 \$1,280.97
Estimated Taxes & Fees	7 \$8,824.78 Included in rates	14 \$22,030.36 Included in rates	18 \$27,850.16 Included in rates	9 \$13,775.57 Included in rates	9 \$8,237.37 Included in rates	7 \$8,824.78 Included in rates	14 \$22,030.36 Included in rates	18 \$27,850.16 Included in rates	9 \$13,775.57 Included in rates	9 \$8,237.37 Included in rates
Total Annual Cost	\$8,824.78	\$22,030.36	\$27,850.16	\$13,775.57	\$8,237.37	\$8,824.78	\$22,030.36	\$27,850.16	\$13,775.57	\$8,237.37
Total Annual Cost	\$105,897.36	\$264,364.32	\$334,201.92	\$165,306.84	\$98,848.44	\$105,897.36	\$264,364.32	\$334,201.92	\$165,306.84	\$98,848.44
Combined Annual Cost	# Enrolled 57 MESSA Combined Current Rates \$955,571.64 Priority Health Combined Rates \$968,618.88									
Difference from current rates	1.37%									

Tier Level Rates include Michigan claim taxes and madatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).