



Lansing School District 2027 Plan Year Medical Illustrative Rates

2026 Current Rates	Enrollment			Illustrative Rates			PA 152 Hard Cap Difference			Composite	Estimated Annual Total Cost	% Change from Current
	1P	2P	FF	1P	2P	FF	1P	2P	FF			
BCBSM SF PPO \$500/\$1000 Ded - 0% Co ; EHIM \$10/\$25/\$40 Rx	123	16	70	\$ 1,028.95	\$ 2,442.91	\$ 2,744.79	\$ 367.11	\$ 1,058.80	\$ 939.77	\$ 1,711.88	\$ 1,613.18	\$ 14,034,677
BCBSM SF PPO \$1000/\$2000 Ded - 0% Co ; EHIM \$10/\$30/\$60 Rx	113	31	77	\$ 971.42	\$ 2,305.88	\$ 2,591.46	\$ 309.58	\$ 921.77	\$ 786.44	\$ 1,723.06		
BCBSM SF PPO HSA \$2000/\$4000 Ded - 0% Co ; EHIM \$10/\$25/\$40 Rx	96	34	77	\$ 838.95	\$ 1,990.26	\$ 2,238.29	\$ 177.11	\$ 606.15	\$ 433.27	\$ 1,548.58		
BCBSM SF PPO HSA \$3500/\$7000 Ded - 30% Co ; EHIM \$10/\$25/\$40 Rx	39	18	31	\$ 671.55	\$ 1,594.37	\$ 1,791.39	\$ 9.71	\$ 210.26	\$ (13.63)	\$ 1,254.80		
2027 BCBS Renewal Rates	1P	2P	FF	1P	2P	FF	1P	2P	FF	Composite	Total Cost	% Change
BCBSM SF PPO \$500/\$1000 Ded - 0% Co ; EHIM \$10/\$25/\$40 Rx	123	16	70	\$ 1,092.39	\$ 2,593.52	\$ 2,914.01	\$ 410.69	\$ 1,167.88	\$ 1,054.84	\$ 1,817.42	\$ 1,712.64	\$ 14,899,959
BCBSM SF PPO \$1000/\$2000 Ded - 0% Co ; EHIM \$10/\$30/\$60 Rx	113	31	77	\$ 1,031.31	\$ 2,448.04	\$ 2,751.23	\$ 349.62	\$ 1,022.41	\$ 892.06	\$ 1,829.29		
BCBSM SF PPO HSA \$2000/\$4000 Ded - 0% Co ; EHIM \$10/\$25/\$40 Rx	96	34	77	\$ 890.67	\$ 2,112.97	\$ 2,376.29	\$ 208.98	\$ 687.33	\$ 517.11	\$ 1,644.06		
BCBSM SF PPO HSA \$3500/\$7000 Ded - 30% Co ; EHIM \$10/\$25/\$40 Rx	39	18	31	\$ 712.95	\$ 1,692.67	\$ 1,901.83	\$ 31.26	\$ 267.03	\$ 42.66	\$ 1,332.16		
2027 BCBS Renewal Rates w/ LEA Segment	1P	2P	FF	1P	2P	FF	1P	2P	FF	Composite	Total Cost	% Change
BCBSM SF PPO \$500/\$1000 Ded - 0% Co ; EHIM \$10/\$25/\$40 Rx	163	20	74	\$ 1,081.68	\$ 2,568.10	\$ 2,885.45	\$ 399.98	\$ 1,142.46	\$ 1,026.27	\$ 1,716.73	\$ 1,695.85	\$ 15,995,243
BCBSM SF PPO \$1000/\$2000 Ded - 0% Co ; EHIM \$10/\$30/\$60 Rx	114	32	81	\$ 1,021.20	\$ 2,424.04	\$ 2,724.26	\$ 339.50	\$ 998.41	\$ 865.08	\$ 1,826.66		
BCBSM SF PPO HSA \$2000/\$4000 Ded - 0% Co ; EHIM \$10/\$25/\$40 Rx	101	35	78	\$ 881.94	\$ 2,092.25	\$ 2,352.99	\$ 200.25	\$ 666.61	\$ 493.81	\$ 1,616.07		
BCBSM SF PPO HSA \$3500/\$7000 Ded - 30% Co ; EHIM \$10/\$25/\$40 Rx	39	18	31	\$ 705.96	\$ 1,676.07	\$ 1,883.19	\$ 24.27	\$ 250.43	\$ 24.01	\$ 1,319.10		
2027 MESSA Fully Insured Quote w/ All Employees	1P	2P	FF	1P	2P	FF	1P	2P	FF	Composite	Total Cost	% Change
MESSA Choices \$500/\$1000 Ded - 0% Co; 3 Tier Rx	163	20	74	\$ 1,367.16	\$ 2,934.92	\$ 3,624.74	\$ 685.46	\$ 1,509.28	\$ 1,765.56	\$ 2,139.21	\$ 2,078.73	\$ 19,606,610
MESSA Choices \$1000/\$2000 Ded - 0% Co; 3 Tier Rx	114	32	81	\$ 1,292.77	\$ 2,767.55	\$ 3,416.45	\$ 611.07	\$ 1,341.91	\$ 1,557.27	\$ 2,258.46		
MESSA ABC Plan 2 \$2000/\$4000 Ded - 0% Co; 3 Tier Rx	101	35	78	\$ 1,115.72	\$ 2,369.18	\$ 2,920.71	\$ 434.02	\$ 943.54	\$ 1,061.53	\$ 1,978.62		
MESSA Essentials \$3500/\$7000 Ded- 20% Co; 3 Tier Rx	39	18	31	\$ 943.23	\$ 1,981.08	\$ 2,437.73	\$ 261.53	\$ 555.44	\$ 578.55	\$ 1,681.99		

*WMHIP declined to quote

*BCBSM rates include the Health Center PEPF fee and the E & B fee.

*MESSA rates include the Health Center PEPF fee and E&B fee. Enrollment assumptions made based on MESSA plans with similar structure. MESSA rates do not take into account dollars for care received off the plan (through the SSPHC) or Rx claims run through the Elect Rx program. Estimated cost of care received at SSPHC in the last 18 months is \$2.5 million. Estimated cost of Rx run through Elect Rx for the last 18 months is \$575,000.

*Percentages of change are based on the 1P rate for the \$500/\$1000 plan. The slopes provided by MESSA do not match the current slopes of the district's plans, thus the 2P and FF rates will have a different % change.