

Mattawan Schools

Medical Rate & Benefit Comparison - MESSA Choices II All Employees

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		RENEWAL		OPTION I	
	MESSA		MESSA		WMHIP	
CARRIER	MESSA		MESSA		WMHIP	
Effective Date	July 1-2016		July 1-2017		July 1-2017	
PLAN(S)	MESSA Choices		MESSA Choices		PPO	
NETWORK(S)	BCBS		BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$100	\$200	\$100	\$200	\$250	\$500
Family Deductible	\$200	\$400	\$200	\$400	\$500	\$1,000
Coinsurance Level	100%	80%	100%	80%	100%	80%
Coinsurance Max Ind	N/A	\$2,000	N/A	\$2,000	NA	\$2,000
Coinsurance Max Fam	N/A	\$4,000	N/A	\$4,000	NA	\$4,000
Other Plan Details						
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Emergency Care (waived if admitted)	\$50		\$50		\$25	
Office Visits	\$20	80% after Ded	\$20	80% after Ded	\$20	80% after Ded
Prescription Drugs						
Generic	\$10		\$10		\$10	
Formulary Brand	\$20		\$20		\$20	
Non-Formulary Brand	NA		NA		NA	
Mail Order Prescriptions (90 Days)	2x		2x		2x	
Rates						
Single	\$774.11		\$797.70		\$691.05	
2 Person	\$1,739.81		\$1,792.94		\$1,555.12	
Family	\$2,164.72		\$2,230.84		\$1,935.27	
Monthly Employee Payment Under CAP						
2016 PA 152 Caps	2017 PA 152 Caps					
\$6,142.11	\$6,344.80	\$262.27	\$268.97	\$162.32		
\$12,845.04	\$13,268.93	\$669.39	\$687.20	\$449.38		
\$16,751.23	\$17,304.02	\$768.78	\$788.84	\$493.27		
Enrollment						
Single	1		1		1	
2 Person	0		0		0	
Family	3		3		3	
Monthly Premium	\$7,268.27		\$7,490.22		\$6,496.86	
Annual Premium	\$87,219.24		\$89,882.64		\$77,962.32	
\$ Variance to Current	n/a		\$2,663.40		(\$9,256.92)	
% Variance to Current	n/a		3.05%		-10.6%	

Notes

Added 1.97% to MESSA current rates for taxes not included in rates

Mattawan Schools

Medical Rate & Benefit Comparison - MESSA ABC All Employees

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PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S)	CURRENT		RENEWAL		OPTION I		OPTION II	
	MESSA July 1-2016 MESSA ABC Plan 1 BCBS		MESSA July 1-2017 MESSA ABC Plan 1 BCBS		WMHIP July 1-2017 PPO BCBS		WMHIP July 1-2017 PPO BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,300	\$2,600	\$1,300	\$2,600	\$1,300	\$2,500	\$1,300	\$2,500
Family Deductible	\$2,600	\$5,200	\$2,600	\$5,200	\$2,600	\$5,000	\$2,600	\$5,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%
Coinsurance Max Ind	N/A	\$2,000	N/A	\$2,000	N/A	\$2,000	\$2,000	\$4,000
Coinsurance Max Fam	N/A	\$4,000	N/A	\$4,000	N/A	\$4,000	\$4,000	\$8,000
Other Plan Details								
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded
Emergency Care (waived if admitted)	100% after Ded		100% after Ded		100% after Ded		90% after Ded	
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded
Prescription Drugs								
Generic	\$10 after Ded		\$10 after Ded		\$10 after Ded		\$10 after Ded	
Formulary Brand	\$40 after Ded		\$40 after Ded		\$40 after Ded		\$40 after Ded	
Non-Formulary Brand	NA		NA		NA		NA	
Mail Order Prescriptions (90 Days)	2x		2x		2x		2x	
Rates								
Single	\$585.52		\$598.54		\$528.76		\$502.32	
2 Person	\$1,315.53		\$1,344.84		\$1,189.90		\$1,130.41	
Family	\$1,636.72		\$1,673.21		\$1,480.77		\$1,406.73	
Monthly Employee Payment Under CAP								
2016 PA 152 Caps	2017 PA 152 Caps							
\$6,142.11	\$6,344.80	\$73.68	\$69.81	\$0.03	\$0.00			
\$12,845.04	\$13,268.93	\$245.11	\$239.10	\$84.16	\$24.66			
\$16,751.23	\$17,304.02	\$240.78	\$231.21	\$38.77	\$0.00			
Enrollment								
Single	37		37		37		37	
2 Person	30		30		30		30	
Family	111		111		111		111	
Monthly Premium								
	\$242,806.06		\$248,217.49		\$219,626.59		\$208,645.26	
Annual Premium	\$2,913,672.72		\$2,978,609.88		\$2,635,519.08		\$2,503,743.13	
\$ Variance to Current	n/a		\$64,937.16		(\$278,153.64)		(\$409,929.59)	
% Variance to Current	n/a		2.23%		-9.5%		-14.1%	

Notes

Added 1.97% to MESSA current rates for taxes not included in rates

MATTAWAN CONSOLIDATED SCHOOLS					
APRIL 2017					
(Solicitation of medical benefit plans as required by Section 5 of the Public Employee Health Benefits Act. 2007 PA 106, MCL 124.75)					
MEDICAL ONLY					
Carrier/Vendor	MESSA CHOICES	PAK E	WMHIP Option 1	WMHIP Option 1	WMHIP Option 2
	\$100/\$200	ABC \$1,300/\$2,600 Deductible	\$250/\$500	\$1,300/\$2,500 Deductible	\$1,300/\$2,500 Deductible 90% Coinsurance
	\$10/\$20	ABC RX	\$10/\$20	\$10/\$40	\$10/\$40
Single	\$ 797.70	\$ 598.54	\$ 691.05	\$ 528.76	\$ 502.32
Two Person	\$ 1,792.94	\$ 1,344.84	\$ 1,555.12	\$ 1,189.90	\$ 1,130.41
Full Family	\$ 2,230.84	\$ 1,673.21	\$ 1,935.27	\$ 1,480.77	\$ 1,406.76
DENTAL/VISION ONLY					
Carrier/Vendor	MESSA	EYE MED			
	Dental Only	Vision Only - GOLD			
	\$ 30.31	\$ 8.35			
	\$ 60.27	\$ 17.94			
	\$ 111.03	\$ 27.00			