

Premium and Benefit Comparison - Medical/Rx

Prepared for: Whitehall District Schools - Non-teaching Staff Only

Effective Date: January 1, 2021



Medical Plan	MESSA	BCBSM	Priority Health	Priority Health	Priority Health	
Plan Type	ABC Plan 1 (8Y)	Simply Blue HSA	HSA PPO 70%	HSA PPO 70%	HSA HMO 70%	
In Network Deductible	\$1,400/\$2,800	\$2,000/\$4,000	\$1,400 / \$2,800	\$1,500 / \$3,000	\$2,000 / \$4,000	
In Network Coinsurance	90%	90%	70%	70%	70%	
In Network Coinsurance Max		\$3,500/\$7,000 TROOP	\$2,000 / \$4,000 TROOP	\$2,200 / \$4,400 TROOP	\$2,750 / \$5,50 TROOP	
Out of Network Deductible		\$4,000 / \$8,000	n/a	n/a	n/a	
Out Network Coinsurance		80%	n/a	n/a	n/a	
Out Network Coinsurance Max		\$7,000 / \$14,000 TROOP	n/a	n/a	n/a	
	In-network	In-network	In-Network	In-Network	In-Network	
Office Visit-PCP	90% after deduct	90% after deduct	70% after deductible	70% after deductible	70% after deductible	
Office Visit- Specialist	90% after deduct	90% after deduct	70% after deductible	70% after deductible	70% after deductible	
Urgent Care	90% after deduct	90% after deduct	70% after deductible	70% after deductible	70% after deductible	
Emergency Room	90% after deduct	90% after deduct	70% after deductible	70% after deductible	70% after deductible	
Ambulance	90% after deduct	90% after deduct	70% after deductible	70% after deductible	70% after deductible	
Hospital	90% after deduct	90% after deduct	70% after deductible	70% after deductible	70% after deductible	
Chiropractic Care	90% after deduct, up to 38/yr	90% after deduct, up to 12/yr	70% after deductible, up to 30 visits/yr	70% after deductible, up to 30 visits/yr	70% after deductible, up to 30 visits/yr	
High Tech Imaging (MRI, PET, etc)	90% after deduct	90% after deduct	70% after deductible	70% after deductible	70% after deductible	
DME/P&O	90% after deduct	90% after deduct	70% after deductible	70% after deductible	70% after deductible	
Hearing Care	90%, every 36 months	90% after deduct	n/a	n/a	n/a	
Prescription Drug Copay (after deductible on HSA plans)	\$0/\$2/\$10/\$20/\$40 Saver Rx	\$10/\$40/\$80 2x mail order	\$10/\$40 1x mail	\$10/\$40 1x mail	\$10/\$40 1x mail	
Enrollment	Census					
Single	34	\$590.50	\$484.77	\$590.31	\$576.06	\$524.84
Double	3	\$1,328.60	\$1,163.45	\$1,239.66	\$1,209.72	\$1,102.17
Family	23	\$1,653.38	\$1,454.30	\$1,611.55	\$1,572.65	\$1,432.82

CAP ANALYSIS

Annual Plan Cost vs Cap Allowance					
Maximum Allowable School Cost	\$725,530.32	\$725,530.32	\$725,530.32	\$725,530.32	\$725,530.32
Projected Total Premium	\$745,086.48	\$641,057.16	\$730,262.04	\$712,633.80	\$649,271.16
Projected Employee Cost	\$19,556.16	-\$84,473.16	\$4,731.72	-\$12,896.52	-\$76,259.16
CAP Variance (Annualized)					
Single	\$42.11	-\$1,226.65	\$39.83	-\$131.17	-\$745.81
Double	\$1,212.24	-\$769.56	\$144.96	-\$214.32	-\$1,504.92
Family	\$629.90	-\$1,759.06	\$127.94	-\$338.86	-\$2,016.82
Cap Variance / 24 pays	Per Pay	Per Pay	Per Pay	Per Pay	Per Pay
Single	\$1.75	\$5.14	\$1.66	-\$5.47	-\$31.08
Double	\$50.51	\$80.44	\$6.04	-\$8.93	-\$62.70
Family	\$26.25	\$39.21	\$5.33	-\$14.12	-\$84.03

Note 1: Premiums include estimated Federal and State taxes & fees

Note 2: United Healthcare declined to quote.

Please note: This information is intended to summarize and illustrate the benefits, rates, taxes, and other fees associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance. Tax calculations reflect the State and Federal tax assumptions used by the insurance companies and included in their proposed rates. Employers should consult with legal counsel regarding compliance with state and federal laws.