

Medical Plan Plan Type	MESSA Choices II PPO	MESSA ABC Plan 1	MESSA ABC Plan 2	BCBSM Community Blue PPO	BCBSM Simply Blue HSA	BCBSM Simply Blue HSA	BCBSM Simply Blue HSA	Priority Health Standard PPO	Priority Health HSA PPO 100%	Priority Health HSA PPO 90%	Priority Health HSA HMO 70%	
In Network Deductible	\$500/\$1,000	\$1,400/\$2,800	\$1,400/\$2,800	\$500/\$1,000	\$1,400/\$2,800	\$1,400/\$2,800	\$2,000/\$4,000	\$500 / \$1,000	\$1,400 / \$2,800	\$1,400 / \$2,800	\$2,000 / \$4,000	
In Network Coinsurance	100%	100%	90%	80%	100%	80%	90%	100%	100%	90%	70%	
In Network Coinsurance Max				\$1,500 / \$3,000	\$2,250/\$4,500 TROOP	\$2,250/\$4,500 TROOP	\$3,500/\$7,000 TROOP	n/a	\$2,800 / \$5,600 TROOP	\$2,800 / \$5,600 TROOP	\$2,750 / \$5,50 TROOP	
Out of Network Deductible				\$1,000 / \$2,000	\$2,800 / \$5,600	\$2,800 / \$5,600	\$4,000 / \$8,000	\$1,000 / \$2,000	\$2,800 / \$5,600	\$2,800 / \$5,600	n/a	
Out Network Coinsurance				60%	80%	60%	80%	80%	80%	70%	n/a	
Out Network Coinsurance Max				\$3,000 / \$6,000	\$4,500 / \$9,000 TROOP	\$4,500 / \$9,000 TROOP	\$7,000 / \$14,000 TROOP	\$2,500 / \$5,000 TROOP	\$5,600 / \$11,200 TROOP	\$5,600 / \$11,200 TROOP	n/a	
	In-network	In-network	In-network	In-network	In-network	In-network	In-network	In-Network	In-Network	In-Network	In-Network	
Office Visit-PCP	\$20 copay, after deduct	100% after deduct	100% after deduct	\$20 copay	100% after deduct	80% after deduct	90% after deduct	\$20 copay	100% after deductible	90% after deductible	70% after deductible	
Office Visit- Specialist	\$20 copay, after deduct	100% after deduct	100% after deduct	\$20 copay	100% after deduct	80% after deduct	90% after deduct	\$35 copay	100% after deductible	90% after deductible	70% after deductible	
Urgent Care	\$25 copay, after deduct	100% after deduct	100% after deduct	\$20 copay	100% after deduct	80% after deduct	90% after deduct	\$50 copay	100% after deductible	90% after deductible	70% after deductible	
Emergency Room	\$50 copay, after deduct	100% after deduct	100% after deduct	\$150 copay	100% after deduct	80% after deduct	90% after deduct	\$50 copay	100% after deductible	90% after deductible	70% after deductible	
Ambulance	100%	100% after deduct	100% after deduct	80%	100% after deduct	80% after deduct	90% after deduct	\$50 copay	100% after deductible	90% after deductible	70% after deductible	
Hospital	100%	100% after deduct	100% after deduct	80%	100% after deduct	80% after deduct	90% after deduct	100% after deductible	100% after deductible	90% after deductible	70% after deductible	
Chiropractic Care	up to 38-yr, office visit copay may apply	100% after deduct, up to 38-yr	100% after deduct, up to 38-yr	\$20 copay, up to 24/yr	100% after deduct, up to 24/yr	80% after deduct, up to 24/yr	90% after deduct, up to 24/yr	\$35 copay, up to 30 visits/yr	100% after deductible, up to 30 visits/yr	90% after deductible, up to 30 visits/yr	70% after deductible, up to 30 visits/yr	
High Tech Imaging (MRI, PET, etc)	100%	100%	100%	80%	100% after deduct	80% after deduct	90% after deduct	\$150 copay, after deduct.	100% after deductible	90% after deductible	70% after deductible	
DME/P&O	100%	100%	100%	80%	100% after deduct	80% after deduct	90% after deduct	100% after deductible	100% after deductible	90% after deductible	70% after deductible	
Prescription Drug Copay (after deductible on HSA plans)	\$0/\$2/\$10/\$20/\$40 Saver Rx	\$0/\$2/\$10/\$20/\$40 Saver Rx	\$0/\$2/\$10/\$20/\$40 Saver Rx	\$10/\$40/\$80 2x mail order	\$10/\$40/\$80 2x mail order	\$10/\$40/\$80 2x mail order	\$10/\$40/\$80 2x mail order	\$10/\$40 1x mail	\$10/\$40 1x mail	\$10/\$40 1x mail	\$10/\$40 1x mail	
Enrollment												
Census												
Single	43	\$710.42	\$634.26	\$590.50	\$702.38	\$584.77	\$555.29	\$506.64	\$738.41	\$588.17	\$522.84	\$412.77
Double	13	\$1,598.45	\$1,427.09	\$1,328.60	\$1,685.98	\$1,403.45	\$1,332.71	\$1,215.93	\$1,661.42	\$1,323.38	\$1,176.39	\$866.81
Family	96	\$1,989.18	\$1,775.92	\$1,653.38	\$2,107.12	\$1,754.31	\$1,665.88	\$1,519.91	\$2,067.55	\$1,646.88	\$1,463.96	\$1,126.86
Projected Monthly Premium	\$160,929.58	\$216,313.67	\$201,387.78	\$254,403.60	\$211,803.72	\$201,127.18	\$183,503.97	\$251,834.89	\$200,595.73	\$178,315.35	\$137,196.20	
Projected Annual Premium	\$1,931,154.96	\$2,595,764.04	\$2,416,653.36	\$3,052,843.20	\$2,541,644.64	\$2,413,526.16	\$2,202,047.64	\$3,022,018.68	\$2,407,148.76	\$2,139,784.20	\$1,646,354.40	

CAP ANALYSIS

Annual Plan Cost vs Cap Allowance											
Maximum Allowable School Cost	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11	\$2,338,613.11
Projected Total Premium	\$1,931,154.96	\$2,595,764.04	\$2,416,653.36	\$3,052,843.20	\$2,541,644.64	\$2,413,526.16	\$2,202,047.64	\$3,022,018.68	\$2,407,148.76	\$2,139,784.20	\$1,646,354.40
Projected Employee Cost	-\$407,458.15	\$257,150.93	\$78,040.25	\$714,230.09	\$203,031.53	\$74,913.05	-\$136,565.47	\$683,405.57	\$68,535.65	-\$198,828.91	-\$692,258.71
CAP Variance (Premium Only)											
Single	\$1,481.15	\$567.23	\$42.11	\$1,384.67	-\$26.65	-\$380.41	-\$964.21	\$1,817.03	\$14.15	-\$769.81	-\$2,090.65
Double	\$4,450.44	\$2,394.12	\$1,212.24	\$5,500.80	\$2,110.44	\$1,261.56	-\$139.80	\$5,206.08	\$1,149.60	-\$614.28	-\$4,329.24
Family	\$4,659.50	\$2,100.38	\$629.90	\$6,074.78	\$1,841.06	\$779.90	-\$971.74	\$5,599.94	\$551.90	-\$1,643.14	-\$5,688.34
CAP Variance (Premium + Deduct.)											
Single	\$1,481.15	\$567.23	\$42.11	\$1,384.67	\$1,323.35	\$1,619.59	\$1,035.79	\$1,817.03	\$14.15	-\$769.81	-\$2,090.65
Double	\$4,450.44	\$2,394.12	\$1,212.24	\$5,500.80	\$4,810.44	\$5,261.56	\$3,860.20	\$5,206.08	\$1,149.60	-\$614.28	-\$4,329.24
Family	\$4,659.50	\$2,100.38	\$629.90	\$6,074.78	\$4,541.06	\$4,779.90	\$3,028.26	\$5,599.94	\$551.90	-\$1,643.14	-\$5,688.34
Cap Variance / 24 pays	Per Pay	Per Pay	Per Pay	Per Pay	Per Pay	Per Pay	Per Pay	Per Pay	Per Pay	Per Pay	Per Pay
Single	\$61.71	\$23.63	\$1.75	\$57.69	\$55.14	\$67.48	\$43.16	\$75.71	\$0.59	-\$32.08	-\$87.11
Double	\$185.44	\$99.76	\$50.51	\$229.20	\$200.44	\$219.23	\$160.84	\$216.92	\$47.90	-\$25.60	-\$180.39
Family	\$194.15	\$87.52	\$26.25	\$253.12	\$189.21	\$199.16	\$126.18	\$233.33	\$23.00	-\$68.46	-\$237.01

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.