

Fennville Public Schools - Teachers with MESSA Choices Medical Rate & Benefit Comparison

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

PLAN(S) NETWORK(S)	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III	
	MESSA* 7/1/2015 MESSA Choices II BCBSM		MESSA* 7/1/2016 MESSA Choices II BCBSM		WMHIP 7/1/2016 PPO Select BCBSM		WMHIP 7/1/2016 PPO Versatile 3 BCBSM		WMHIP 7/1/2016 PPO H.S.A. BCBSM	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net			In-Net	Out-Net
Individual Deductible	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	\$250	\$500	\$1,300	\$2,500
Family Deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	\$500	\$1,000	\$2,600	\$5,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%	100%	80%
Individual Coinsurance Maximum	N/A	N/A	N/A	N/A	N/A	N/A	\$1,000	\$2,000	N/A	N/A
Family Coinsurance Maximum	N/A	N/A	N/A	N/A	N/A	N/A	\$2,000	\$4,000	N/A	N/A
Other Plan Details										
Hospital Services	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	Ded/100%	Ded/80%
Inpatient Care	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	Ded/100%	Ded/80%
Emergency Care <i>(waived if admitted)</i>	\$25 copay		\$25 copay		\$25 copay		\$25 copay, ded/90%		Ded/100%	
Office Visits	\$20 copay	Ded/80%	\$20 copay	Ded/80%	\$20 copay	Ded/80%	\$20 copay	Ded/70%	Ded/100%	Ded/80%
Prescription Drugs										
Generic	\$10		\$10		\$10		\$10		\$10	
Formulary Brand	\$40		\$40		\$40		\$40		\$40	
Non-Formulary Brand	\$40		\$40		\$40		\$40		\$40	
Mail Order Prescriptions <i>(90 Days)</i>	MOPD 2x		MOPD 2x		MOPD 2x		MOPD 2x		MOPD 2x	
Rates										
Single	\$613.61		\$690.77		\$594.27		\$550.69		\$510.84	
2 Person	\$1,378.71		\$1,552.28		\$1,337.09		\$1,239.03		\$1,149.38	
Family	\$1,715.34		\$1,931.34		\$1,663.94		\$1,541.93		\$1,430.34	
Monthly Employee Payment										
<u>2015 PA 152 Caps</u>	<u>2016 PA 152 Caps</u>									
\$5,992.30	\$6,142.11	\$114.25	\$178.93	\$82.43	\$38.85	\$0.00				
\$12,531.75	\$12,845.04	\$334.40	\$481.86	\$266.67	\$168.61	\$78.96				
\$16,342.66	\$16,751.23	\$353.45	\$535.40	\$268.00	\$145.99	\$34.40				
Enrollment										
Single	15		15		15		15		15	
2 Person	6		6		6		6		6	
Family	37		37		37		37		37	
Summary										
Monthly Premium	\$80,943.99		\$91,134.81		\$78,502.37		\$72,745.94		\$67,481.46	
Annual Premium	\$971,327.88		\$1,093,617.72		\$942,028.44		\$872,951.28		\$809,777.52	
\$ Variance to Current	n/a		\$122,289.84		(\$29,299.44)		(\$98,376.60)		(\$161,550.36)	
% Variance to Current	n/a		12.6%		-3.0%		-10.1%		-16.6%	

*1.93% added to 2015 MESSA rates for ACA Taxes/Fees and 3.41% for 2016 State Taxes and Fees

Fennville Public Schools - Teachers with MESSA ABC Medical Rate & Benefit Comparison

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PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		
CARRIER	MESSA*		MESSA*		WMHIP		WMHIP		
Effective Date	7/1/2015		7/1/2016		7/1/2016		7/1/2016		
PLAN(S)	ABC Plan 1		ABC Plan 1		PPO H.S.A.		PPO Versatile 3		
NETWORK(S)	BCBSM		BCBSM		BCBSM		BCBSM		
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net			
Individual Deductible	\$1,250	\$2,500	\$1,300	\$2,500	\$1,300	\$2,500	\$250	\$500	
Family Deductible	\$2,500	\$5,000	\$2,600	\$5,000	\$2,600	\$5,000	\$500	\$1,000	
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%	
Individual Coinsurance Maximum	N/A	N/A	N/A	N/A	N/A	N/A	\$1,000	\$2,000	
Family Coinsurance Maximum	N/A	N/A	N/A	N/A	N/A	N/A	\$2,000	\$4,000	
Other Plan Details									
Hospital Services	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	
Inpatient Care	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	
Emergency Care <i>(waived if admitted)</i>	Ded/100%		Ded/100%		Ded/100%		\$25 copay, ded/90%		
Office Visits	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	\$20 copay	Ded/70%	
Prescription Drugs									
Generic	\$10		\$10		\$10		\$10		
Formulary Brand	\$40		\$40		\$40		\$40		
Non-Formulary Brand	\$40		\$40		\$40		\$40		
Mail Order Prescriptions <i>(90 Days)</i>	MOPD 2x		MOPD 2x		MOPD 2x		MOPD 2x		
Rates									
Single	\$555.16		\$621.84		\$510.84		\$550.69		
2 Person	\$1,247.21		\$1,397.20		\$1,149.38		\$1,239.03		
Family	\$1,551.70		\$1,738.36		\$1,430.34		\$1,541.93		
Monthly Employee Payment									
<u>2015 PA 152 Caps</u>	<u>2016 PA 152 Caps</u>								
\$5,992.30	\$6,142.11	\$55.80	\$110.00	\$0.00	\$38.85				
\$12,531.75	\$12,845.04	\$202.90	\$326.78	\$78.96	\$168.61				
\$16,342.66	\$16,751.23	\$189.81	\$342.42	\$34.40	\$145.99				
Enrollment									
Single	1		1		1		1		
2 Person	3		3		3		3		
Family	5		5		5		5		
Monthly Premium	\$12,055.29		\$13,505.24		\$11,110.68		\$11,977.43		
Annual Premium	\$144,663.48		\$162,062.88		\$133,328.16		\$143,729.16		
\$ Variance to Current	n/a		\$17,399.40		(\$11,335.32)		(\$934.32)		
% Variance to Current	n/a		12.0%		-7.8%		-0.6%		

*1.93% added to 2015 MESSA rates for ACA Taxes/Fees and 3.41% for 2016 State Taxes and Fees

Fennville Public Schools

Anniversary Date Renewal with Carrier and Type of Rates

July 1, 2015

GBS Disclosures

RENEWAL-FINANCIAL NOTICE: This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

COVERAGE NOTICE: This analysis is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

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