

Medical Plan	MESSA	MESSA	MESSA	BCBSM Community Blue PPO	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%
Plan Type	Choices II PPO	ABC Plan 1	ABC Plan 2	\$500/\$1,000	\$1,400/\$2,800	\$1,400/\$2,800	\$500 / \$1,000	\$500 / \$1,000	\$1,400 / \$2,800	\$2,000 / \$4,000
In Network Deductible	\$500/\$1,000	\$1,400/\$2,800	\$1,400/\$2,800	100%	100%	100%	100%	100%	100%	100%
In Network Coinsurance					80%	80%				
In Network Coinsurance Max					\$1,500 / \$3,000	\$2,250/\$4,500 TROOP				
Out of Network Deductible					\$1,000 / \$2,000	\$2,800 / \$5,600				
Out Network Coinsurance					60%	60%				
Out Network Coinsurance Max					\$3,000 / \$6,000	\$4,500 / \$9,000 TROOP				
Office Visit-PCP	In-network	In-network	In-network	In-network	In-network	In-network	In-Network	In-Network	In-Network	In-Network
Office Visit- Specialist	\$20 copay, after deduct	100% after deduct	100% after deduct	\$20 copay	100% after deduct	80% after deduct	\$20 copay	90% after deduct	\$20 copay	90% after deductible
Urgent Care	\$20 copay, after deduct	100% after deduct	100% after deduct	\$20 copay	100% after deduct	80% after deduct	\$20 copay	90% after deduct	\$35 copay	90% after deductible
Emergency Room	\$50 copay, after deduct	100% after deduct	100% after deduct	\$150 copay	100% after deduct	80% after deduct	\$50 copay	90% after deduct	\$50 copay	90% after deductible
Ambulance	100%	100% after deduct	100% after deduct	80%	100% after deduct	80% after deduct	\$50 copay	90% after deduct	\$50 copay	90% after deductible
Hospital	100%	100% after deduct	100% after deduct	80%	100% after deduct, up to 38-yr	80% after deduct, up to 24/yr	80%	90% after deduct, up to 30 visits/yr	100% after deductible, up to 30 visits/yr	90% after deductible, up to 30 visits/yr
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	80% after deduct	\$35 copay, up to 30 visits/yr	\$150 copay, after deduct.	100% after deductible	70% after deductible
High Tech Imaging (MRI, PET, etc)	100%	100%	100%	80%	100% after deduct	80% after deduct	80%	90% after deduct	100% after deductible	70% after deductible
DME/P&O	100%	100%	100%	80%	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40	\$100% after deductible	100% 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	2x mail order	\$10/\$40/\$80	\$10/\$40/\$80	1x mail	\$100% after deductible	\$100% after deductible	\$100% after deductible
Enrollment Census	Single 43	Double 13	Family 96		\$702.38	\$584.77	\$738.41	\$588.17	\$522.84	\$412.77
	\$710.42	\$1,598.45	\$1,989.18		\$555.29	\$506.64	\$1,661.42	\$1,323.38	\$1,176.39	\$866.81
					\$1,427.09	\$1,403.45	\$1,215.93	\$1,166.14	\$1,067.55	\$1,463.96
					\$1,328.60	\$1,653.88	\$1,519.91	\$1,646.88	\$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
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	\$137,196.20

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
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	\$2,338,613.11
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	\$1,646,354.40
CAP Variance (Premium Only)										-\$692,258.71
Single	\$1,481.15	\$567.23	\$42.11	\$1,384.67	-\$26.65	-\$380.41	-\$964.21	\$1,817.03	\$14.15	-\$769.81
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	-\$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
CAP Variance (Premium + Deduct.)										-\$5,688.34
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
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	-\$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
Cap Variance / 24 pays	Per Pay									
Single	\$61.71	\$23.63	\$1.75	\$57.69	\$55.14	\$67.48	\$43.16	\$75.71	\$0.59	-\$87.11
Double	\$185.44	\$99.76	\$50.51	\$229.20	\$200.44	\$219.23	\$160.84	\$216.92	\$47.90	-\$180.39
Family	\$194.15	\$87.52	\$26.25	\$253.12	\$189.21	\$199.16	\$126.18	\$233.33	\$23.00	-\$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.