



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Medical Plan Comparison
Woodhaven-Brownstown School District
All Employees 2015 Renewal Options

| | CURRENT PLAN Administrators, Central Office, Support Staff, Para-professionals & Teachers enrolled in PAK A Choices II 2015 Renewal Rates | CURRENT PLAN Administrators, Central Office, Support Staff, Para-professionals & Teachers enrolled in PAK C ABC Plan I 2015 Renewal Rates | Option 1 BCBSM SB PPO \$500-20% Ded; \$20 OV; \$10/\$40/\$80/15%- \$150/25%- \$300 Rx | Option 2 BCBSM SB PPO HSA HDHP \$1300-0%; 0% OV; \$10/\$40/\$80/15%- \$150/25%- \$300 Rx | Option 3 Priority Health PPO \$500-0%; \$20 OV; \$10/\$40/\$40 Rx | Option 4 Priority Health PPO HSA HDHP \$1300-0%; \$10/\$40/\$40 Rx | Option 5 HAP PPO \$500-0%; \$20 OV; \$10/\$20/\$40 Rx | Option 6 HAP EPO \$500-0%; \$20 OV; \$10/\$20/\$40 Rx | Option 7 HAP PPO \$500-20%; \$30 OV; \$15/\$40/\$70 Rx | Option 8 HAP PPO HSA HDHP \$1300-0%; \$15/\$40/\$70 Rx | Option 9 MESSA ABC Plan 2 \$2000-0% Ded; 0% OV; ABC Rx |
|---------------------------------------|---|---|---|--|---|--|---|---|--|--|--|
| Carrier | MESSA Choices II \$500-0% Ded; \$20 OV; Saver Rx | MESSA ABC Plan I \$1300-0% Ded; 0% OV; ABC Rx | BCBSM | BCBSM | Priority Health | Priority Health | HAP | HAP | HAP | HAP | MESSA |
| Rate Period | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 | 7/1/2015 - 6/30/2016 |
| Purchased Plan Features | In Network | In Network | In Network | In Network | In Network | In Network | In Network | In Network | In Network | In Network | In Network |
| Deductible | | | | | | | | | | | |
| Annual Deductible 1P | \$500 | \$1,300 | \$500 | \$1,300 | \$500 | \$1,300 | \$500 | \$500 | \$500 | \$1,300 | \$2,000 |
| Annual Deductible 2P/FF | \$1,000 | \$2,600 | \$1,000 | \$2,600 | \$1,000 | \$2,600 | \$1,000 | \$1,000 | \$1,000 | \$2,600 | \$4,000 |
| Additional Cost After Deductible | | | | | | | | | | | |
| Coinurance % after Deductible | 0% | 0% | 20% | 0% | 0% | 0% | 0% | 0% | 20% | 0% | 0% |
| Coinurance \$ Limit after Ded - 1P | \$1,000 | \$1,000 | \$1,500 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,500 | \$0 | \$1,000 |
| Coinurance \$ Limit after Ded - 2P/FF | \$2,000 | \$2,000 | \$3,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$3,000 | \$0 | \$2,000 |
| Maximum Out of Pocket Cost | | | | | | | | | | | |
| Max \$ Out of Pocket - 1P | \$1,500 | \$2,300 | \$6,350 | \$2,250 | \$6,350 | \$2,000 | \$6,600 | \$6,600 | \$6,600 | \$1,800 | \$3,000 |
| Max \$ Out of Pocket - 2P/FF | \$3,000 | \$4,600 | \$12,700 | \$4,500 | \$12,700 | \$4,000 | \$13,200 | \$13,200 | \$13,200 | \$3,600 | \$6,000 |
| Copayments | | | | | | | | | | | |
| Office Visit/Specialist | \$20/\$20 | 0%/0% after ded. | \$20/\$20 | 0%/0% after ded. | \$20/\$35 | 0%/0% after ded. | \$20/\$20 | \$20/\$20 | \$30/\$30 | 0%/0% after ded. | 0%/0% after ded. |
| Urgent Care/ER | \$25/\$50 | 0%/0% after ded. | \$20/\$150 | 0%/0% after ded. | \$75/\$150 | 0%/0% after ded. | \$25/\$50 | \$25/\$50 | \$50/\$150 | 0%/0% after ded. | 0%/0% after ded. |
| Chiropractic, Visit Limit/Copay | 38%/0% after ded. | 38%/0% after ded. | 12/\$20 | 12/0% after ded. | 30/\$20 (combine for all PT, OT, and Chiro visits) | 30/0% after ded. (combine for all PT, OT, and Chiro visits) | 20/\$20 | 20/\$20 | 20/\$30 | 20/0% after ded. | 38/0% after ded. |
| Rx Copay | Saver Rx | ABC Rx | \$10/\$40/\$80/15%- \$150/25%- \$300 | \$10/\$40/\$80/15%- \$150/25%- \$300 after ded. | \$10/\$40/\$40 | \$10/\$40/\$40 after ded. | \$10/\$20/\$40 | \$10/\$20/\$40 | \$15/\$40/\$70 | \$15/\$40/\$70 after ded. | ABC Rx |
| Purchased Plan Rates - Medical | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates | Census Rates |
| One Person (1P) | 45 \$525.56 | 11 \$475.52 | 56 \$496.60 | 56 \$461.10 | 56 \$473.72 | 56 \$418.15 | 56 \$490.66 | 56 \$438.62 | 56 \$420.07 | 56 \$444.37 | 56 \$445.12 |
| Two Person (2P) | 62 \$1,180.60 | 8 \$1,068.01 | 70 \$1,190.31 | 70 \$1,105.10 | 70 \$1,063.22 | 70 \$938.23 | 70 \$1,102.21 | 70 \$985.30 | 70 \$943.62 | 70 \$998.22 | 70 \$959.62 |
| Family (FF) | 169 \$1,468.81 | 33 \$1,328.72 | 202 \$1,493.64 | 202 \$1,387.13 | 202 \$1,329.08 | 202 \$1,173.53 | 202 \$1,371.27 | 202 \$1,225.84 | 202 \$1,173.98 | 202 \$1,241.91 | 202 \$1,243.60 |
| Total Annual Premium | 276 \$4,140,915 | 52 \$691,471 | 328 \$4,954,159 | 328 \$4,600,546 | 328 \$4,433,135 | 328 \$3,913,747 | 328 \$4,579,538 | 328 \$4,093,841 | 328 \$3,920,655 | 328 \$4,147,511 | 328 \$4,153,288 |
| One Person Annual Cost Share | | | | | | | | | | | |
| One Person Annual Plan Cost | \$6,306.72 | \$5,706.24 | \$5,959.20 | \$5,533.20 | \$5,684.64 | \$5,017.80 | \$5,887.92 | \$5,263.44 | \$5,040.84 | \$5,332.44 | \$5,341.44 |
| One Person Annual Employer Cost Share | \$5,992.32 | \$5,992.32 | \$5,992.32 | \$5,992.32 | \$5,992.32 | \$5,992.32 | \$5,992.32 | \$5,992.32 | \$5,992.32 | \$5,992.32 | \$5,992.32 |
| One Person Annual Employee Cost Share | \$314.40 | -\$286.08 | -\$33.12 | -\$459.12 | -\$307.68 | -\$974.52 | -\$104.40 | -\$728.88 | -\$951.48 | -\$659.88 | -\$650.88 |
| Two Person Annual Cost Share | | | | | | | | | | | |
| Two Person Annual Plan Cost | \$14,167.20 | \$12,816.12 | \$14,283.72 | \$13,261.20 | \$12,758.64 | \$11,258.76 | \$13,226.52 | \$11,823.60 | \$11,323.44 | \$11,978.64 | \$11,995.44 |
| Two Person Annual Employer Cost Share | \$12,531.72 | \$12,531.72 | \$12,531.72 | \$12,531.72 | \$12,531.72 | \$12,531.72 | \$12,531.72 | \$12,531.72 | \$12,531.72 | \$12,531.72 | \$12,531.72 |
| Two Person Annual Employee Cost Share | \$1,635.48 | \$284.40 | \$1,752.00 | \$729.48 | \$226.92 | -\$1,272.96 | \$694.80 | -\$708.12 | -\$1,208.28 | -\$553.08 | -\$536.28 |
| Family Annual Cost Share | | | | | | | | | | | |
| Family Annual Plan Cost | \$17,625.72 | \$15,944.64 | \$17,923.68 | \$16,645.56 | \$15,948.96 | \$14,082.36 | \$16,455.24 | \$14,710.08 | \$14,087.76 | \$14,902.92 | \$14,923.20 |
| Family Annual Employer Cost Share | \$16,342.68 | \$16,342.68 | \$16,342.68 | \$16,342.68 | \$16,342.68 | \$16,342.68 | \$16,342.68 | \$16,342.68 | \$16,342.68 | \$16,342.68 | \$16,342.68 |
| Family Annual Employee Cost Share | \$1,283.04 | -\$398.04 | \$1,581.00 | \$302.88 | -\$393.72 | -\$2,260.32 | \$112.56 | -\$1,632.60 | -\$2,254.92 | -\$1,439.76 | -\$1,419.48 |

-BCBSM, Priority Health & HAP rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.
 -MESSA renewal rates were marked up by 1.93% to reflect an estimated state tax and fee liability; these figures could fluctuate. ACA taxes/fees are being covered by MESSA.
 -Employer/Employee Cost Share is represented by annual cost.
 -In some cases, select services may be subject to a percentage coinsurance cost share for the member. See benefit summaries for details.
 -With some of the traditional plans proposed, some copays are in lieu of having meet the plan deductible first. See benefit summaries for details.