

Caledonia Community Schools Medical Rate & Benefit Comparison

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

PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III	
	CARRIER	Effective Date	CARRIER	Effective Date	CARRIER	Effective Date	CARRIER	Effective Date	CARRIER	Effective Date
PLAN(S) NETWORK(S)	MESSA MESSA Choices II BCBS	July 1-2016	MESSA MESSA Choices II BCBS	July 1-2017	W/WHIP PPO BCBS	July 1-2017	W/WHIP PPO BCBS	July 1-2017	W/WHIP PPO BCBS	July 1-2017
Plan Basics	In-Net	Out-Net	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	\$500
Family Deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	\$500	\$1,000	\$2,600	\$1,000
Coinurance Level	100%	80%	100%	80%	100%	80%	90%	70%	100%	70%
Coinurance Max Ind	NA	\$2,000	NA	\$2,000	NA	\$2,000	\$1,000	\$2,000	NA	\$2,000
Coinurance Max Fam	NA	\$4,000	NA	\$4,000	NA	\$4,000	\$2,000	\$4,000	NA	\$4,000
Other Plan Details										
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	100% after Ded	80% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	100% after Ded	80% after Ded
Emergency Care (provided if administered)	\$50	\$50	\$50	\$50	\$25	\$25	\$25	\$25	\$10 after deductible \$40 after deductible	100% after Ded
Office Visits	\$20	80% after Ded	\$20	80% after Ded	\$20	80% after Ded	\$20	70% after Ded	100% after Ded	80% after Ded
Prescription Drugs	\$10	\$40	\$10	\$40	\$10	\$40	\$10	\$40	\$10 after deductible \$40 after deductible	80% after Ded
Generic	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Formulary Brand	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
Non-Formulary Brand										
Mail Order Prescriptions (90 Days)										
Rates										
Single	\$613.28	\$653.89	\$57.02	\$14.07	\$542.80	\$1,221.29	\$499.74	\$1,124.41	\$499.74	\$1,124.41
2 Person	\$1,377.95	\$1,469.38	\$212.20	\$115.55	\$1,317.94	\$1,519.78	\$1,221.29	\$1,399.22	\$1,221.29	\$1,399.22
Family	\$1,714.40	\$1,828.19	\$386.19	\$77.78	\$1,640.05	\$1,942.32	\$1,519.78	\$1,727.40	\$1,399.22	\$1,727.40
Monthly Employee Payment Under CAP										
2016 PA 152 Caps	\$6,142.11	\$6,344.80	\$125.16	\$363.64	\$57.02	\$212.20	\$14.07	\$115.55	\$0.00	\$18.67
	\$12,845.04	\$13,268.93	\$386.19	\$77.78	\$212.20	\$115.55	\$14.07	\$115.55	\$0.00	\$18.67
	\$16,751.23	\$17,304.02	\$386.19	\$77.78	\$198.05	\$77.78	\$77.78	\$77.78	\$0.00	\$0.00
Enrollment										
Single	24	24	24	24	24	24	24	24	24	24
2 Person	32	32	32	32	32	32	32	32	32	32
Family	158	158	158	158	158	158	158	158	158	158
Monthly Premium	\$329,688.51	\$351,567.54	\$4,218,810.48	\$315,359.98	\$292,233.72	\$3,506,804.64	\$269,051.64	\$3,228,619.68	\$269,051.64	\$3,228,619.68
Annual Premium	\$3,956,262.08	\$4,218,810.48	\$262,548.40	\$3,784,319.76	\$3,784,319.76	\$449,457.44	\$3,228,619.68	\$3,228,619.68	\$3,228,619.68	\$3,228,619.68
% Variance to Current	n/a	n/a	6.64%	-4.3%	-4.3%	-11.4%	-18.4%	-18.4%	-18.4%	-18.4%

Notes

Added 1.97% to MESSA current rates for taxes not included in rates