

Comstock Park Public Schools

Medical Rate & Benefit Comparison - All Employees

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

PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S)	RENEWAL		ALTERNATIVE		ALTERNATIVE	
	MESSA 1/1/2019 Choices BCBS		WMHIP 7/1/2018 CB PPO BCBS		WMHIP 7/1/2018 Versatile 3 BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$500	\$1,000	\$500	\$1,000	\$250	\$500
Family Deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$500	\$1,000
Coinsurance Level	100%	80%	100%	80%	90%	70%
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000	\$1,000	\$2,000
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000	\$2,000	\$4,000
Other Plan Details						
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded
Emergency Care (waived if admitted)		\$50		100%		\$50
Office Visits	\$20	80% after Ded	\$20	80% after Ded	\$20	70% after Ded
Prescription Drugs						
Generic		\$10		\$10		\$10
Formulary Brand		\$40		\$40		\$40
Non-Formulary Brand		\$40		\$40		\$40
Mail Order Prescriptions (90 Days)		2x		2x		2x
Rates						
Single		\$771.40		\$668.82		\$619.77
2 Person		\$1,733.77		\$1,504.82		\$1,394.47
Family		\$2,157.21		\$1,872.66		\$1,735.34
Monthly Employee Payment Under CAP*						
<u>2019 PA 152 Caps</u>						
		\$214.30		\$111.72		\$62.67
		\$568.71		\$339.76		\$229.41
		\$637.85		\$353.30		\$215.98
Enrollment						
Single		17		17		17
2 Person		10		10		10
Family		21		21		21
Summary						
Monthly Premium		\$75,752.91		\$65,744.00		\$60,922.93
Annual Premium		\$909,034.92		\$788,928.00		\$731,075.16
\$ Variance to Current		n/a		(\$120,106.92)		(\$177,959.76)
% Variance to Current		n/a		-13.21%		-19.58%

Notes:

Enrollments include 2019 renewal figures in addition to current WMHIP enrollees

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PLAN STATUS	RENEWAL		ALTERNATIVE	
CARRIER	MESSA		WMHIP	
Effective Date	1/1/2019		7/1/2018	
PLAN(S)	ABC Plan 1		Flex Blue 2	
NETWORK(S)	BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,350	\$2,700	\$1,350	\$2,700
Family Deductible	\$2,700	\$5,400	\$2,700	\$5,400
Coinsurance Level	100%	80%	100%	80%
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000
Other Plan Details				
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Emergency Care (waived if admitted)	100% after Ded		100% after Ded	
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Prescription Drugs				
Generic	\$10 after Ded		\$10 after Ded	
Formulary Brand	\$40 after Ded		\$40 after Ded	
Non-Formulary Brand	\$40 after Ded		\$40 after Ded	
Mail Order Prescriptions (90 Days)	2x		2x	
Rates				
Single	\$688.87		\$570.61	
2 Person	\$1,548.06		\$1,283.85	
Family	\$1,926.11		\$1,597.68	
Monthly Employee Payment Under CAP*				
<u>2019 PA 152 Caps</u>				
\$6,685.17	\$131.77		\$13.51	
\$13,980.75	\$383.00		\$118.79	
\$18,232.31	\$406.75		\$78.32	
Enrollment				
Single	8		8	
2 Person	5		5	
Family	33		33	
Monthly Premium	\$76,812.89		\$63,707.57	
Annual Premium	\$921,754.68		\$764,490.84	
\$ Variance to Current	n/a		(\$157,263.84)	
% Variance to Current	n/a		-17.06%	

Notes:

Enrollments are taken from the census

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PLAN STATUS	RENEWAL		ALTERNATIVE	
CARRIER	MESSA		WMHIP	
Effective Date	1/1/2019		7/1/2018	
PLAN(S)	ABC Plan 1		Flex Blue 2	
NETWORK(S)	BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,350	\$2,700	\$1,350	\$2,700
Family Deductible	\$2,700	\$5,400	\$2,700	\$5,400
Coinsurance Level	90%	70%	100%	80%
Coinsurance Max Ind	\$2,000	\$4,000	NA	\$2,000
Coinsurance Max Fam	\$4,000	\$8,000	NA	\$4,000
Other Plan Details				
Hospital Services	90% after Ded	70% after Ded	100% after Ded	80% after Ded
Inpatient Care	90% after Ded	70% after Ded	100% after Ded	80% after Ded
Emergency Care (waived if admitted)	90% after Ded		100% after Ded	
Office Visits	90% after Ded	70% after Ded	100% after Ded	80% after Ded
Prescription Drugs				
Generic	\$10 after Ded		\$10 after Ded	
Formulary Brand	\$40 after Ded		\$40 after Ded	
Non-Formulary Brand	\$40 after Ded		\$40 after Ded	
Mail Order Prescriptions (90 Days)	2x		2x	
Rates				
Single	\$641.43		\$570.61	
2 Person	\$1,441.34		\$1,283.85	
Family	\$1,793.30		\$1,597.68	
Monthly Employee Payment Under CAP*				
<u>2019 PA 152 Caps</u>				
\$6,685.17	\$84.33		\$13.51	
\$13,980.75	\$276.28		\$118.79	
\$18,232.31	\$273.94		\$78.32	
Enrollment				
Single	7		7	
2 Person	3		3	
Family	14		14	
Monthly Premium	\$33,920.23		\$30,213.34	
Annual Premium	\$407,042.76		\$362,560.08	
\$ Variance to Current	n/a		(\$44,482.68)	
% Variance to Current	n/a		-10.93%	

Notes:

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PLAN STATUS	RENEWAL		ALTERNATIVE	
CARRIER	MESSA		WMHIP	
Effective Date	1/1/2019		7/1/2018	
PLAN(S)	ABC Plan 2		Flex Blue 3	
NETWORK(S)	BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$2,000	\$4,000	\$2,000	\$4,000
Family Deductible	\$4,000	\$8,000	\$4,000	\$8,000
Coinsurance Level	80%	60%	100%	80%
Coinsurance Max Ind	\$2,000	\$4,000	NA	\$2,000
Coinsurance Max Fam	\$4,000	\$8,000	NA	\$4,000
Other Plan Details				
Hospital Services	80% after Ded	60% after Ded	100% after Ded	80% after Ded
Inpatient Care	80% after Ded	60% after Ded	100% after Ded	80% after Ded
Emergency Care (waived if admitted)	80% after Ded		100% after Ded	
Office Visits	80% after Ded	60% after Ded	100% after Ded	80% after Ded
Prescription Drugs				
Generic	\$10 after Ded		\$10 after Ded	
Formulary Brand	\$40 after Ded		\$40 after Ded	
Non-Formulary Brand	\$40 after Ded		\$40 after Ded	
Mail Order Prescriptions (90 Days)	2x		2x	
Rates				
Single	\$589.88		\$542.91	
2 Person	\$1,325.36		\$1,221.52	
Family	\$1,648.97		\$1,520.12	
Monthly Employee Payment Under CAP*				
<u>2019 PA 152 Caps</u>				
\$6,685.17	\$32.78		(\$14.19)	
\$13,980.75	\$160.30		\$56.46	
\$18,232.31	\$129.61		\$0.76	
Enrollment				
Single	6		6	
2 Person	1		1	
Family	13		13	
Monthly Premium				
Monthly Premium	\$26,301.25		\$24,240.54	
Annual Premium	\$315,615.00		\$290,886.48	
\$ Variance to Current	n/a		(\$24,728.52)	
% Variance to Current	n/a		-7.84%	

Notes:

Enrollments are taken from the census

Comstock Park Public Schools - Medical Quote Summary

2019 Marketing Solvency

Carrier	Line of Coverage	Response	Commissions
Current: MESSA	Medical	Quoted-Renewal	N/A
Alternatives: WMHIP	Medical	Quoted	\$17 PEPM, Supp. Comp. - \$0-\$11 PEPY

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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