

2017 Health Insurance Plan Options

Wexford-Missaukee ISD

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A. Current 2016 Plan Summary and 2017 Estimated Costs

Plan Name	Summary of Benefits Without Reimbursement Plan	Summary of Benefits After Reimbursement Plan	Current Cost	Renewal Cost
Blue Care Network (BCN) Plan	\$5000/\$10000 deductible 30% coinsurance 20/60/50% Rx (minimum \$80, maximum \$100) 90-day 40/120/50% (minimum \$160, maximum \$200) Office Visit \$40 Chiropractic \$40 after deductible, max 30 visits Urgent Care \$50 Emergency Room \$250 after deductible Maximum Out of Pocket \$6350/\$12700	\$500/\$1000 deductible 30% coinsurance \$1500/\$3000 coinsurance maximum 20/60/50% Rx (minimum \$80, maximum \$100) 90-day 40/120/50% (minimum \$160, maximum \$200) Office Visit \$20 Chiropractic \$20 after deductible, max 30 visits Urgent Care \$20 Emergency Room \$250 Maximum Out of Pocket \$6350/\$12700	\$877,940	\$857,939
Blue Cross Blue Shield Michigan (BCBSM) Base Plan	\$5000/\$10000 deductible 30% coinsurance 20/60/50% Rx (minimum \$80, maximum \$100) 90-day 40/120/50% (minimum \$160, maximum \$200) Office Visit \$40 Chiropractic \$40, max 24 visits Urgent Care \$40 Emergency Room \$250 Maximum Out of Pocket \$6350/\$12700	\$500/\$1000 deductible 30% coinsurance \$1500/\$3000 coinsurance maximum 20/60/50% Rx (minimum \$80, maximum \$100) 90-day 40/120/50% (minimum \$160, maximum \$200) Office Visit \$20 Chiropractic \$20, max 24 visits Urgent Care \$20 Emergency Room \$250 Maximum Out of Pocket \$6350/\$12700	\$193,566	\$205,488

Plan Name	Summary of Benefits Without Reimbursement Plan	Summary of Benefits After Reimbursement Plan	Current Cost	Renewal Cost
BCBSM Buy Up Plan	\$5000/\$10000 deductible 30% coinsurance 20/60/50% Rx (minimum \$80, maximum \$100) 90-day 40/120/50% (minimum \$160, maximum \$200) Office Visit \$40 Chiropractic \$40, max 24 visits Urgent Care \$40 Emergency Room \$250 Maximum Out of Pocket \$6350/\$12700	\$0 deductible 0% coinsurance 10/40 Rx 90-day 10/40 Rx Office Visit \$10 Chiropractic \$0, max 24 visits Urgent Care \$10 Emergency Room \$50 Maximum Out of Pocket \$6350/\$12700	\$734,707	\$793,112

2016 Total Purchased Plans (BCN and BCBS) Costs: \$1,806,213.00

2017 Estimate Renewal Purchased Plans: \$1,856,538.00

B. 2017 Summary of Bids for Plans with No HRA

1. Options Matching the Blue Care Network Base Plan

Carrier	Plan	Benefit Summary	Quote
Option 1a Blue Care Network (BCN) Plan	HMO	\$0 deductible 20% coinsurance \$1000/\$2000 coinsurance maximum 4/15/40/80/20%/20% Rx 90-day 2/35/110/230 Rx Office Visit PCP \$25 / Specialist \$35 Chiropractic \$35, max 30 visits Urgent Care \$35 Emergency Room \$150 after deductible Maximum Out of Pocket \$6600/\$13200	\$1,259,281
Option 1b Blue Care Network (BCN) Plan	HMO	\$0 deductible 20% coinsurance \$1000/\$2000 coinsurance maximum 6/25/50/80/20%/20% Rx 90-day 8/65/140/230 Rx Office Visit PCP \$25 / Specialist \$35 Chiropractic \$35, max 30 visits Urgent Care \$35 Emergency Room \$150 after deductible Maximum Out of Pocket \$6600/\$13200	\$1,197,507
Option 1c Blue Care Network (BCN) Plan	HMO	\$0 deductible 20% coinsurance \$1000/\$2000 coinsurance maximum 10/30/60/80/20%/20% Rx 90-day 20/8/170/230 Rx Office Visit PCP \$25 / Specialist \$35 Chiropractic \$35, max 30 visits Urgent Care \$35 Emergency Room \$150 after deductible Maximum Out of Pocket \$6600/\$13200	\$1,151,018
Option 1d Blue Care	HMO	\$500/\$1000 deductible 10% coinsurance	\$1,129,230

Carrier	Plan	Benefit Summary	Quote
Network (BCN) Plan		\$2500/\$5000 coinsurance maximum 6/25/50/80/20%/20% Rx 90-day 8/65/140/230 Rx Office Visit PCP \$20 / Specialist \$40 Chiropractic \$40, max 30 visits Urgent Care \$50 Emergency Room \$150 after deductible Maximum Out of Pocket \$6600/\$13200	

2. Options Matching Blue Cross Blue Shield of Michigan Base Plan

Carrier	Plan	Benefit Summary	Quote
Option 2a Blue Cross Blue Shield Michigan (BCBSM)	PPO	\$500/\$1000 deductible 20% coinsurance \$1500/\$3000 coinsurance maximum 20/60/50% Rx (minimum \$80, maximum \$100) 90-day 40/120/50% (minimum \$160, maximum \$200) Office Visit \$20 Chiropractic \$20, max 24 visits Urgent Care \$20 Emergency Room \$250 Maximum Out of Pocket \$6350/\$12700	\$266,729
Option 2b Blue Cross Blue Shield Michigan (BCBSM)	PPO	\$500/\$1000 deductible 20% coinsurance \$1500/\$3000 coinsurance maximum 20/60/50% Rx (minimum \$80, maximum \$100) 90-day 40/120/50% (minimum \$160, maximum \$200) Office Visit \$20 Chiropractic \$20, max 12 visits Urgent Care \$20 Emergency Room \$150 Maximum Out of Pocket \$6350/\$12700	\$245,436

3. Options Matching Blue Cross Blue Shield of Michigan Buy Up Plan

Carrier	Plan	Benefit Summary	Quote
Option 3a Blue Cross Blue Shield Michigan (BCBSM)	PPO	\$0 deductible 0% coinsurance 10/40/80 Rx 90-day 20/80/160 Rx Office Visit \$10 Chiropractic \$10, max 24 visits Urgent Care \$10 Emergency Room \$50 Maximum Out of Pocket \$6350/\$12700	\$1,225,963
Option 3b Blue Cross Blue Shield Michigan (BCBSM)	PPO Simply Blue	\$250/\$500 deductible 20% coinsurance \$1500/\$3000 coinsurance maximum 10/40/80 Rx 90-day 20/80/160 Rx Office Visit \$20 Chiropractic \$20, max 12 visits Urgent Care \$20 Emergency Room \$150 Maximum Out of Pocket \$6350/\$12700	\$961,471

C. Cost Estimates Based on Varying HRA Plan Designs

The current plan renewal estimate, used in the following scenarios, was calculated using the current plan renewal estimate, plus the HRA and admin fees estimate including the flat HRA.

2016 Costs (Current Plan)	Current Plan Renewal Estimate	2017 HRA and Admin Fees Estimate (Including Flat HRA)	2017 Total Renewal Estimate (Renewal + HRA + Admin Estimate)
\$1,806,213.00	\$1,856,538.00	\$605,469	\$2,462,007

1. No HRA Plan Design Scenarios and Estimated Costs

Scenario	Plan Design	Plan Design Estimated Cost	Estimate to Renew "As Is"	Savings or Additional Cost to Group
BCN + Comm Blue 4 & 1	BCN 1a + BCBS 2a + BCBS 3a	\$2,751,974	\$2,462,007	\$289,966 additional cost
BCN + Comm Blue 4 & 1	BCN 1b + BCBS 2a + BCBS 3a	\$2,690,199	\$2,462,007	\$228,192 additional cost
BCN + Comm Blue 4 & 1	BCN 1c + BCBS 2a + BCBS 3a	\$2,643,710	\$2,462,007	\$181,703 additional cost
BCN 500 + Simply Blue 500 and 250 (benefit reduction)	BCN 1d + BCBS 2b + BCBS 3b	\$2,336,138	\$2,462,007	\$125,869 savings

D. 2017 Summary of Bids for Health Savings Account (HSA) Compatible Plans

1. HSA Options Matching Blue Care Network Base Plan

Carrier	Plan	Benefit Summary	Quote
Option 1a Blue Care Network (BCN) Plan	HMO	\$1300/\$2600 deductible 0% coinsurance 10/30/60/80/20%/20% Rx after deductible 90-day 20/8/170/230 Rx after deductible Office Visit 0% after deductible Chiropractic 0% after deductible, max 30 visits Urgent Care 0% after deductible Emergency Room 0% after deductible Maximum Out of Pocket \$2350/\$4700 HSA Funding \$850/\$1700	\$1,082,308 including HSA funding
Option 1b Blue Care Network (BCN) Plan	HMO	\$1300/\$2600 deductible 20% coinsurance 4/15/40/80/20%/20% Rx after deductible 90-day 2/35/110/230 Rx after deductible Office Visit 20% after deductible Chiropractic 20% after deductible, max 30 visits Urgent Care 20% after deductible Emergency Room 20% after deductible	\$1,054,345 including HSA funding

Carrier	Plan	Benefit Summary	Quote
		Maximum Out of Pocket \$2300/\$4600 HSA Funding \$800/\$1600	
Option 1c Blue Care Network (BCN) Plan	HMO	\$2700/\$5400 deductible 0% coinsurance 6/25/50/80/20%/20% Rx after deductible 90-day 8/65/140/230 Rx after deductible Office Visit 0% after deductible Chiropractic 0% after deductible, max 30 visits Urgent Care 0% after deductible Emergency Room 0% after deductible Maximum Out of Pocket \$5000/\$10000 HSA Funding \$3000/\$6000	\$1,271,077 including HSA funding

2. HSA Options Matching Blue Cross Blue Shield of Michigan Base Plan

Carrier	Plan	Benefit Summary	Quote
Option 2a Blue Cross Blue Shield Michigan (BCBSM)	PPO Simply Blue	\$1300/\$2600 deductible 0% coinsurance 20/60/50% Rx after deductible 90-day 40/120/50% Rx after deductible Office Visit 0% after deductible Chiropractic 0% after deductible, max 12 visits Urgent Care 0% after deductible Emergency Room 0% after deductible Maximum Out of Pocket \$2250/\$4500 HSA Funding \$800/\$1600	\$245,444 including HSA funding
Option 2b Blue Cross Blue Shield Michigan (BCBSM)	PPO Simply Blue	\$1300/\$2600 deductible 20% coinsurance 20/60/50% Rx after deductible 90-day 40/120/50% Rx after deductible Office Visit 0% after deductible Chiropractic 0% after deductible, max 12 visits Urgent Care 0% after deductible Emergency Room 0% after deductible Maximum Out of Pocket \$2250/\$4500 HSA Funding \$800/\$1600	\$229,916 including HSA funding

Carrier	Plan	Benefit Summary	Quote
Option 2c Blue Cross Blue Shield Michigan (BCBSM)	PPO Simply Blue	\$2000/\$4000 deductible 0% coinsurance 20/60/50% Rx after deductible 90-day 40/120/50% Rx after deductible Office Visit 0% after deductible Chiropractic 0% after deductible, max 12 visits Urgent Care 0% after deductible Emergency Room 0% after deductible Maximum Out of Pocket \$3000/\$6000 HSA Funding \$1500/\$3000	\$238,901 including HSA funding

3. HSA Options Matching Blue Cross Blue Shield of Michigan Buy Up Plan

Carrier	Plan	Benefit Summary	Quote
Option 3a Blue Cross Blue Shield Michigan (BCBSM)	PPO Simply Blue	\$1300/\$2600 deductible 0% coinsurance 20/60/50% Rx after deductible 90-day 40/120/50% Rx after deductible Office Visit 0% after deductible Chiropractic 0% after deductible, max 12 visits Urgent Care 0% after deductible Emergency Room 0% after deductible Maximum Out of Pocket \$2250/\$4500 HSA Funding \$2250/\$4500	\$997,596 including HSA funding
Option 3b Blue Cross Blue Shield Michigan (BCBSM)	PPO Simply Blue	\$1300/\$2600 deductible 20% coinsurance 20/60/50% Rx after deductible 90-day 40/120/50% Rx after deductible Office Visit 0% after deductible Chiropractic 0% after deductible, max 12 visits Urgent Care 0% after deductible Emergency Room 0% after deductible Maximum Out of Pocket \$2250/\$4500 HSA Funding \$2250/\$4500	\$939,012 including HSA funding
Option 3c Blue Cross	PPO Simply	\$2000/\$4000 deductible 0% coinsurance	\$974,633 including HSA

Carrier	Plan	Benefit Summary	Quote
Blue Shield Michigan (BCBSM)	Blue	20/60/50% Rx after deductible 90-day 40/120/50% Rx after deductible Office Visit 0% after deductible Chiropractic 0% after deductible, max 12 visits Urgent Care 0% after deductible Emergency Room 0% after deductible Maximum Out of Pocket \$3000/\$6000 HSA Funding \$3000/\$6000	funding

E. Cost Estimates Based on Varying HSA Plan Designs

The current plan renewal estimate, used in the following scenarios, was calculated using the current plan renewal estimate plus the HRA and admin fees estimate not including the flat HRA.

2016 Costs (Current Plan)	Current Plan Renewal Estimate	2017 HRA and Admin Fees Estimate (Not Including Flat HRA)*	2017 Renewal Estimate (Renewal + HRA + Admin Estimate)
\$1,806,213	\$1,856,538	\$429,519	\$2,286,057

*Note: BCN Flat HRA estimate of \$179,950 will not apply to HSA and not included in the scenarios presented below.

1. HSA Compatible Plan Design Scenarios and Estimated Costs

Scenario	Plan Design	Plan Design Estimated Cost	Estimate to Renew "As Is"	Savings or Additional Cost to Group
BCN 1350 0% and BCBS 1300 0%	BCN 1a + BCBS 2a + BCBS 3a (including HSA funding)	\$2,325,348	\$2,286,057	\$39,290 additional cost
BCN and BCBS 1300 20%	BCN 1b + BCBS 2b + BCBS 3b	\$2,223,274	\$2,286,057	\$62,783 savings
BCN 1350 0% + BCBS 2000 0%	BCN 1c + BCBS 2a + BCBS 3a	\$2,295,842	\$2,286,057	\$9,785 additional cost

F. Notes

1. General:

- BCBS does not allow Community Blue and Simply Blue to co-exist, except for Simply Blue HSA.
- Simply Blue Plan does not have \$0 deductible (SB 250 20% is the richest plan available with SB).
- HSA - Rx will not have copays until deductible is fully met
- With HSA plan - a single family member can potentially meet the family deductible (not limited to single deductible only)
- Recommendation - adding HSA as one of the options
- Move Life/DI from LFG to Dearborn - 1% reduction in medical increase and \$4,600 reduction of annual premium
- OMRR rider estimated rates: \$0.79 / \$1.90 / \$2.38. Final quotes will vary based on plan design selected.

2. Simply Blue benefits differences:

- Deductible/Coinsurance applied to OV Services including diagnostic, surgery & therapeutic.
- Chiropractic visit max 12/cal yr
- ER copay is not waived for accidental injury, only waived for admission.
- Physical, speech & occupational therapy up to 30 visits per cal yr.
- Deductible & coinsurance applies to pre & postnatal care.
- Deductible & coinsurance applies to allergy testing & therapy.
- Out of network paid as out of network even with referral.