

Oxford Community Schools Benefit Comparison

Benefits shown are amounts member pays. (Only in-network benefits are shown. For non-network benefits please see plan documents)

Item	BCBSM Simply Blue 1300 HSA PPO	BCBSM Community Blue 15 HRA PPO	BCN 5000 HRA HMO	HAP PPO HSA	HAP/AHL PPO 5000 HRA	HAP EPO HRA
What are the Actual Plan Expenses without Oxford HRA/HSA funding?						
Actual Plan Deductible	For 2-P/F contract, entire family deductible must be met	\$5,000/member. Two or more members may meet 2-P/F deductible.	\$5,000/member. Two or more members may meet 2-P/F deductible.	For 2-P/F contract, entire family deductible must be met	\$5,000/member. Two or more members may meet 2-P/F deductible.	\$5,000/member. Two or more members may meet 2-P/F deductible.
Single	\$1,300	\$5,000	\$5,000	\$1,350	\$5,000	\$5,000
Two-Person/Family	\$2,600	\$10,000	\$10,000	\$2,700	\$10,000	\$10,000
Coinsurance (%)						
Most Services	0%	20%	20%	0%	20%	20%
Select Services	0%	50%	50%	0%	50%	50%
Coinsurance Maximum						
Single	N/A	N/A	N/A	N/A	\$1,000	\$1,000
Two-Person/Family	N/A	N/A	N/A	N/A	\$2,000	\$2,000
True Out-of-Pocket Maximum (1) (TROOP = Deductible + Coinsurance and Copays)						
Single	\$2,250	\$6,350	\$6,350	\$2,350	\$6,850	\$6,850
Two-Person/Family	\$4,500	\$12,700	\$12,700	\$4,700	\$13,700	\$13,700
Office Visits						
Primary Care Office Visit	\$0 after deductible	\$30 Copay	\$20 Copay	\$0 after deductible	\$30 Copay	\$20 Copay
Specialist Office Visit	\$0 after deductible	\$30 Copay	\$40 Copay	\$0 after deductible	\$30 Copay	\$20 Copay
Chiropractic Visit	\$0 after deductible (12/cal yr)	\$30 Copay (24/cal yr)	\$40 Copay (38cal yr)	\$0 after deductible (20cal yr)	\$30 Copay (30/cal yr)	\$20 Copay (30cal yr)
Prescription Coverage (30-day Sup) Copays apply after deductible						
Generic	\$10 Copay	\$10 Copay	\$4 or \$15 Copay	\$10 Copay	\$10 Copay	\$4 or \$15 Copay
Preferred Brand	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
Nonpreferred Brand	\$80 Copay	\$80 Copay	\$80 Copay	\$80 Copay	\$80 Copay	\$80 Copay
Specialty Drugs	\$80 Copay	\$80 Copay	20% Copay	\$80 Copay	\$80 Copay	20% Copay
Purchased Plan Rates (Med + R)						
	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	16	\$509.33	9	\$511.89	67	\$327.14
Two Person (2p)	7	\$1,222.40	3	\$1,228.53	46	\$785.13
Family (FF)	26	\$1,528.01	9	\$1,535.66	170	\$981.41
Total Annual Premium	49	\$677,212.08	21	\$265,362.48	283	\$2,698,488.72
Est. HRA Funding (annual)		\$0.00		\$29,700.00		\$449,100.00
HRA/HSA Admin Fees		\$0.00		\$3,402.00		\$0.00
Oxford HSA Funding		\$0.00		\$0.00		\$0.00
Total Gross Annual Premium		\$677,212.08		\$298,464.48		\$3,147,588.72
Totals by Plan Year						
Premium All Plans			\$3,641,063.28			\$3,440,812.80
HRA Funding			\$478,800.00			\$478,800.00
HRA/HSA Admin Fees			\$3,402.00			\$89,085.40
HSA Funding			\$0.00			\$0.00
Total Gross Annual Premium			\$4,123,265.28			\$4,008,698.20

*HSA funding available only to employees currently eligible for Oxford benefits.
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Item	BCBSM Simply Blue 1300 HSA PPO	BCBSM Community Blue 15 HRA PPO	BCN 5000 HRA HMO	PH PPO HSA	PH PPO HRA	PH HMO HRA
What are the Actual Plan Expenses without Oxford HRA/HSA funding?						
Actual Plan Deductible	For 2-P/F contract, entire family deductible must be met	\$5,000/member. Two or more members may meet 2-P/F deductible.	\$5,000/member. Two or more members may meet 2-P/F deductible.	For 2-P/F contract, entire family deductible must be met	\$5,000/member. Two or more members may meet 2-P/F deductible.	\$5,000/member. Two or more members may meet 2-P/F deductible.
Single	\$1,300	\$5,000	\$5,000	\$1,350	\$5,000	\$5,000
Two-Person/Family	\$2,600	\$10,000	\$10,000	\$2,700	\$10,000	\$10,000
Coinsurance (%)						
Most Services	0%	20%	20%	0%	20%	20%
Select Services	0%	50%	50%	0%	50%	50%
Coinsurance Maximum						
Single	N/A	N/A	N/A	N/A	\$1,500	\$1,500
Two-Person/Family	N/A	N/A	N/A	N/A	\$3,000	\$3,000
True Out-of-Pocket Maximum (1) (TROOP = Deductible + Coinsurance and Copays)						
Single	\$2,250	\$6,350	\$6,350	\$2,300	\$7,150	\$7,150
Two-Person/Family	\$4,500	\$12,700	\$12,700	\$4,600	\$14,300	\$14,300
Office Visits						
Primary Care Office Visit	\$0 after deductible	\$30 Copay	\$20 Copay	\$0 after deductible	\$30 Copay	\$20 Copay
Specialist Office Visit	\$0 after deductible	\$30 Copay	\$40 Copay	\$0 after deductible	\$45 Copay	\$35 Copay
Chiropractic Visit	\$0 after deductible (12/cal yr)	\$30 Copay (24/cal yr)	\$40 Copay (38cal yr)	\$0 after deductible (12/cal yr)	\$30 Copay (24/cal yr)	\$20 Copay (30cal yr)
Prescription Coverage (30-day Sup) Copays apply after deductible						
Generic	\$10 Copay	\$10 Copay	\$4 or \$15 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Preferred Brand	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
Nonpreferred Brand	\$80 Copay	\$80 Copay	\$80 Copay	\$80 Copay	\$80 Copay	\$80 Copay
Specialty Drugs	\$80 Copay	\$80 Copay	20% Copay	\$80 Copay	\$80 Copay	\$80 Copay
Purchased Plan Rates (Med + R)						
	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	16	\$509.33	9	\$511.89	67	\$327.14
Two Person (2p)	7	\$1,222.40	3	\$1,228.53	46	\$785.13
Family (FF)	26	\$1,528.01	9	\$1,535.66	170	\$981.41
Total Annual Premium	49	\$677,212.08	21	\$265,362.48	283	\$2,698,488.72
Est. HRA Funding (annual)		\$0.00		\$29,700.00		\$449,100.00
HRA/HSA Admin Fees		\$0.00		\$3,402.00		\$0.00
Oxford HSA Funding		\$0.00		\$0.00		\$0.00
Total Gross Annual Premium		\$677,212.08		\$298,464.48		\$3,147,588.72
Totals by Plan Year						
Premium All Plans			\$3,641,063.28			\$3,412,315.44
HRA Funding			\$478,800.00			\$478,800.00
HRA/HSA Admin Fees			\$3,402.00			\$0.00
HSA Funding			\$0.00			\$0.00
Total Gross Annual Premium			\$4,123,265.28			\$3,891,115.44

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Item	BCBSM Simply Blue 1300 HSA PPO	BCBSM Community Blue 15 HRA PPO	BCN 5000 HRA HMO	MESSA ABC Plan 1 with ABC Rx	MESSA CHOICES 1000 Saver Rx	MESSA CHOICES 2000 Saver Rx
What are the Actual Plan Expenses without Oxford HRA/HSA funding?				MESSA offers a 6-month Rate Guarantee - Plans will renew 1/1/2019		
Actual Plan Deductible	For 2-P/F contract, entire family deductible must be met	\$5,000/member. Two or more members may meet 2-P/F deductible.	\$5,000/member. Two or more members may meet 2-P/F deductible.	For 2-P/F contract, entire family deductible must be met	\$1,000/member. Two or more members may meet 2-P/F deductible.	\$2,000/member. Two or more members may meet 2-P/F deductible.
Single	\$1,300	\$5,000	\$5,000	\$1,350	\$1,000	\$2,000
Two-Person/Family	\$2,600	\$10,000	\$10,000	\$2,700	\$2,000	\$4,000
Coinsurance (%)						
Most Services	0%	20%	20%	0%	20%	20%
Select Services	0%	50%	50%	0%	50%	50%
Coinsurance Maximum						
Single	N/A	N/A	N/A	N/A	N/A	N/A
Two-Person/Family	N/A	N/A	N/A	N/A	N/A	N/A
True Out-of-Pocket Maximum (1) (TROOP = Deductible + Coinsurance and Copays)				(TROOP = Deductible + Coinsurance and Copays)		
Single	\$2,250	\$6,350	\$6,350	\$2,350	N/A	N/A
Two-Person/Family	\$4,500	\$12,700	\$12,700	\$5,700	N/A	N/A
Office Visits						
Primary Care Office Visit	\$0 after deductible	\$30 Copay	\$20 Copay	\$0 after deductible	\$20 after deductible & coinsurance	\$20 after deductible & coinsurance
Specialist Office Visit	\$0 after deductible	\$30 Copay	\$40 Copay	\$0 after deductible	\$20 after deductible & coinsurance	\$20 after deductible & coinsurance
Chiropractic Visit	\$0 after deductible (12/cal yr)	\$30 Copay (24/cal yr)	\$40 Copay (38cal yr)	\$0 after deductible	\$20 after deductible & coinsurance	\$20 after deductible & coinsurance
Prescription Coverage (30-day Sup) Copays apply after deductible				Copays apply after deductible		
Generic	\$10 Copay	\$10 Copay	\$4 or \$15 Copay	\$10 Copay	\$2 or \$10 Copay	\$2 or \$10 Copay
Preferred Brand	\$40 Copay	\$40 Copay	\$40 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Nonpreferred Brand	\$80 Copay	\$80 Copay	\$80 Copay	\$20 Copay	\$20 Copay	\$20 Copay
Specialty Drugs	\$80 Copay	\$80 Copay	20% Copay	\$40 Copay	\$40 Copay	\$40 Copay
Purchased Plan Rates (Med + R)	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	16 \$509.33	9 \$511.89	67 \$327.14	16 \$525.72	9 \$511.38	67 \$475.94
Two Person (2p)	7 \$1,222.40	3 \$1,228.53	46 \$785.13	7 \$1,181.00	3 \$1,148.72	46 \$1,068.99
Family (FF)	26 \$1,528.01	9 \$1,535.66	170 \$981.41	26 \$1,469.33	9 \$1,429.16	170 \$1,329.93
Total Annual Premium	49 \$677,212.08	21 \$265,362.48	283 \$2,698,488.72	49 \$658,573.20	21 \$250,932.24	283 \$3,685,795.44
Est. HRA Funding (annual)	\$0.00	\$29,700.00	\$449,100.00	\$0.00	\$0.00	\$0.00
HRA/HSA Admin Fees	\$0.00	\$3,402.00	\$0.00	\$0.00	\$0.00	\$0.00
Oxford HSA Funding	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Gross Annual Premium	\$677,212.08	\$298,464.48	\$3,147,588.72	\$658,573.20	\$250,932.24	\$3,685,795.44
Totals by Plan Year						
Premium All Plans		\$3,641,063.28			\$4,595,300.88	
HRA Funding		\$478,800.00			\$0.00	
HRA/HSA Admin Fees		\$3,402.00			\$0.00	
HSA Funding		\$0.00			\$0.00	
Total Gross Annual Premium		\$4,123,265.28			\$4,595,300.88	

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