

Customer Name: **VASSAR PUBLIC SCHOOLS**
 Contract/Group #: **MESSA**
 Renewal Date: **7/1/2016**



Group Health Options:	Current Plan Administrators	Option #1	Current Plan Teachers HSA	Option #1	Current Plan Teachers Choices	Option #1	Current Plan Office Personnel	Option #1	Current Plan Support	Option #1
Deductible	1300/2600	1300/2600	1300/2600	1300/2600	200/400	200/400	500/1000	500/1000	1500/3000	1700/3400
Coinsurance %	0%	0%	0%	0%	0%	0%	0%	0%	20%	20%
Coinsurance Max*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2000/4000
Prescription	2/10/20/40 after ded	10/20/40 aft d	2/10/20/40 after ded	10/20/40 aft d	Saver Rx	10/20/40	Saver Rx	10/20/40	Gen/Pref Brand \$40	20/40
90 Day Supply	No info	20/40/80 aft d	No info	20/40/80 aft d	Saver Rx	20/40/80	Saver Rx	20/40/80	Not covered	40/80
Office Visit Co-Pay	0% after ded	0% after ded	0% after ded	0% after ded	\$20	\$20	\$20	\$20	PCP \$30 / Sp \$45	PCP \$30 / Sp \$45
Chiropractic/Max Visits	0% after ded	0% after ded	0% after ded	0% after ded	No info	No info	No info	No info	\$45 w/ref / 30	No info
Urgent Care/Emergency Room	0% after ded	0% after ded	0% after ded	0% after ded	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$50 / \$150 after ded	\$50 / \$150
Out of Pocket Max***	2300/4600	2250/4500	2300/4600	2250/4500	1200/2400	1500/3000	1500/3000	1500/3000	5000/10000	5000/10000
Preventive Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Notes:										
Plan Design:	MESSA ABC	HAP	MESSA ABC	HAP	MESSA Choices	HAP	MESSA Choices	HAP	BCN MVP	HAP HMO

	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	#
Single	\$496.43	\$548.59	\$540.23	1	\$486.53	\$537.64	\$540.23	6	\$584.04	\$648.66	\$638.23	1	\$548.68	\$609.38	\$599.77	20	\$380.59	\$380.59	\$361.55	
Two Person	\$1,115.09	\$1,232.45	\$1,213.67	2	\$1,092.81	\$1,207.82	\$1,213.67	4	\$1,312.21	\$1,457.62	\$1,434.18	0	\$1,232.65	\$1,369.23	\$1,347.66	0	\$913.42	\$913.42	\$831.56	
Family	\$1,387.30	\$1,533.35	\$1,509.98	4	\$1,359.58	\$1,502.70	\$1,509.98	31	\$1,632.61	\$1,813.55	\$1,784.39	4	\$1,533.59	\$1,703.55	\$1,676.72	0	\$1,141.77	\$1,141.77	\$940.03	
Total Employees				5				7				41				20				
% Difference from Current:		10.53%	8.84%			10.52%	11.06%			11.08%	9.30%			11.08%	9.33%			0.00%		-5.00%
Monthly Total Cost:	\$5,848	\$6,463	\$6,365		\$8,110	\$8,964	\$9,007		\$59,364	\$65,942	\$64,882		\$6,683	\$7,424	\$7,307		\$7,612	\$7,612	\$7,231	
Annual Total Cost:	\$70,171.92	\$77,558	\$76,376		\$97,326	\$107,569	\$108,090		\$712,368	\$791,310	\$778,586		\$80,196	\$89,083	\$87,680		\$91,342	\$91,342	\$86,772	
Cost Change from Renewal:			(\$1,182)				\$521				(\$12,724)				(\$1,403)					(\$4,570)

DISCLAIMERS < Please read prior to making any decision >

- Rates include estimated federal and state taxes, fees and assessments.
- All carriers reserve the right to adjust rates if any of the assumptions or calculations used in the quoting process are incorrect. Final rates are determined by the underwriting carrier based on actual group enrollment and participation. This is only a brief summary of benefits, it is not a contract. Additional limitations and exclusions may apply. If there is a discrepancy between this document and any applicable plan document, the plan document will control.
- Census based on most current membership numbers available.
- Administrative fees may apply. Pre-existing conditions, participation rules, and medical underwriting rules may apply prior to final rates (not included above).
- Plan design above shows In-Network comparisons only. See specific plan benefit summary sheets for out of network.
- All benefit changes are subject to underwriting approval. Exceptions may apply with prior underwriting approval of union contract.
- Please allow a minimum of 45-60 days for a benefit change (varies based on carriers)
- This is not a binder of coverage, please do not cancel current coverage until final approval is given by new carrier.
- HRA Illustrative rates are not a guarantee of performance. Results may vary.
- 44North is not responsible for typographical errors.

Authorized independent agent for Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan