

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



Group Health Options:	Current Plan Teachers Choices	Option #1	Current Plan Office Personnel	Option #1	Option #2	Current Plan Teachers Choices	Current Plan Office Personnel	Option #3	Current Plan Teachers Choices	Current Plan Office Personnel
Deductible	200/400	200/400	500/1000	500/1000	2500/5000	200/400	500/1000	5000/10000	200/400	500/1000
Coinsurance %	0%	0%	0%	0%	20%	0%	0%	20%	0%	0%
Coinsurance Max*	N/A	N/A	N/A	N/A	2500/5000	N/A	N/A	N/A	N/A	N/A
Prescription	Saver Rx	10/20/40	Saver Rx	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40	10/20/40
90 Day Supply	Saver Rx	20/40/80	Saver Rx	20/40/80	20/40/80	20/40/80	20/40/80	20/40/80	20/40/80	20/40/80
Office Visit Co-Pay	\$20	\$20	\$20	\$20	PCP \$20 / Sp \$30	\$20	\$20	PCP \$20 / Sp \$30	\$20	\$20
Chiropractic/Max Visits	No info	\$20 / 38	No info	\$20 / 38	\$30 / 38	\$20 / 38	\$20 / 38	\$30 / 38	\$20 / 38	\$20 / 38
Urgent Care/Emergency Room	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50	\$30 / \$50	\$25 / \$50	\$25 / \$50	\$30 / \$50	\$25 / \$50	\$25 / \$50
Out of Pocket Max***	1200/2400	1500/3000	1500/3000	1500/3000	6850/13700	6850/13700	6850/13700	6850/13700	6850/13700	6850/13700
Preventive Care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Notes:										
Plan Design:	MESSA Choices	HAP	MESSA Choices	HAP	HAP 2500	HAP	HAP	HAP 5000	HAP	HAP

	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	#	Current Monthly Cost	Renewal Monthly Cost	Carrier Monthly Cost	Carrier Monthly Cost	HRA + Admin + PCORI	Total Base + HRA and Tax	HRA + Admin + PCORI	Total Base + HRA and Tax	Carrier Monthly Cost	HRA + Admin + PCORI	Total Base + HRA and Tax	HRA + Admin + PCORI	Total Base + HRA and Tax
Single	6	\$584.04	\$648.66	\$638.23	1	\$548.68	\$609.38	\$599.77	\$519.28	\$86.34	\$605.62	\$81.47	\$600.75	\$499.19	\$109.06	\$608.25	\$105.61	\$604.80
Two Person	4	\$1,312.21	\$1,457.62	\$1,434.18	0	\$1,232.65	\$1,369.23	\$1,347.66	\$1,166.78	\$182.56	\$1,349.34	\$170.86	\$1,337.64	\$1,121.66	\$237.07	\$1,358.73	\$228.80	\$1,350.46
Family	31	\$1,632.61	\$1,813.55	\$1,784.39	4	\$1,533.59	\$1,703.55	\$1,676.72	\$1,451.68	\$223.79	\$1,675.47	\$209.17	\$1,660.85	\$1,395.53	\$291.94	\$1,687.47	\$281.60	\$1,677.13
Total Employees	41				5													
% Difference from Current:			11.08%	9.30%			11.08%	9.33%	-10.50%					-13.96%				
Monthly Total Cost:		\$59,364	\$65,942	\$64,882		\$6,683	\$7,424	\$7,307	\$59,111	\$8,186	\$60,971	\$918	\$7,244	\$56,825	\$10,653	\$61,396	\$1,232	\$7,313
Annual Total Cost:		\$712,368	\$791,310	\$778,586		\$80,196	\$89,083	\$87,680	\$709,331	\$98,229	\$731,648	\$11,018	\$86,930	\$681,894	\$127,833	\$736,752	\$14,784	\$87,760
Cost Change from Renewal:				(\$12,724)				(\$1,403)	(\$171,062)					(\$198,499)				

Estimated HRA claims calculated based on 44N book of business and reimbursing as close as possible to current rates for Teachers and Office Personnel. Actual reimbursements will vary based on group's utilization. Admin fee estimates are included in HRA claims



Reimbursed Plan Cost:	\$880,393	\$880,393
Purchased Plan Cost:	\$709,331	\$681,894
Estimated Annual Savings:	\$171,062	\$198,499
Estimated HRA Claims:	\$111,946	\$146,185
Projected Net Savings:	\$59,116	\$52,314

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.