

**Ithaca Public Schools  
Medical Proposals July 1, 2017 - Teachers**

Actives	MESSA (Current)	2016 PA 152 Hard Cap	MESSA (Renewal)	BCBSM Simply Blue HSA 1250/0%	BCBSM Simply Blue HSA 1250/20%	Health Alliance Plan HDHP 1300/0%	Health Alliance Plan HDHP 1300/20%	2017 PA 152 Hard Cap
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**Teachers**

Individual	12	\$510.34	\$511.84	\$550.82	\$468.05	\$427.41	\$519.81	\$496.55	\$528.73
2 Person	11	\$1,146.39	\$1,070.42	\$1,237.47	\$1,123.32	\$1,025.78	\$1,164.00	\$1,111.73	\$1,105.74
Family	32	\$1,426.25	\$1,395.94	\$1,539.60	\$1,404.15	\$1,282.22	\$1,447.43	\$1,382.42	\$1,442.00
Month	55	\$64,374.37		\$69,489.21	\$62,905.92	\$57,443.54	\$65,359.48	\$62,425.07	
Monthly Tax Est.		\$1,388.56		In Rates	In Rates	In Rates	In Rates	In Rates	
Annual Cost		\$789,155.10		\$833,870.52	\$754,871.04	\$689,322.48	\$786,260.76	\$751,047.84	

<b>Projected Annual Cost</b>	<b>\$789,155.10</b>
<b>Saving/(Loss) Over Current</b>	
<b>Percent Savings/(Loss) Over Current</b>	

<b>\$833,870.52</b>	<b>\$754,871.04</b>	<b>\$689,322.48</b>	<b>\$786,260.76</b>	<b>\$751,047.84</b>
<b>(\$44,715.42)</b>	<b>\$34,284.06</b>	<b>\$99,832.62</b>	<b>\$2,894.34</b>	<b>\$38,107.26</b>
<b>-5.67%</b>	<b>4.34%</b>	<b>12.65%</b>	<b>0.37%</b>	<b>4.83%</b>

Payroll Deduction Per Pay Period	Individual	\$0.00
	2 Person	\$56.07
	Family	\$35.45

\$11.05	\$0.00	\$0.00	\$0.00	\$0.00
\$65.87	\$8.79	\$0.00	\$29.13	\$2.99
\$48.80	\$0.00	\$0.00	\$2.71	\$0.00

Annual Payroll Deduction	Individual	\$0.00
	2 Person	\$1,345.68
	Family	\$850.80

\$265.20	\$0.00	\$0.00	\$0.00	\$0.00
\$1,580.88	\$210.91	\$0.00	\$699.07	\$71.83
\$1,171.18	\$0.00	\$0.00	\$65.14	\$0.00

Medical Benefits:	
Specific Deductible	
Deductible	\$1,300/\$2,600
% Copay	0%
% Copay Maximum	N/A
TROOP (applies to all fixed and % copays including rx)	\$2,300/\$4,600
Physician Office Visit Copay	100% after Ded.
Urgent Care Copay	100% after Ded.
Emergency Room Copay	100% after Ded.
Chiropractic Office Visit Copay	100% after Ded.
# of Chiro Visits	38
# of Outpatient Physical, Speech and Occupational Therapy Visits	100% after Ded.
Preventive Services	Covered Per ACA
Prescription Drug Benefits:	After Ded.
Tier 1: Generic up to 30 days	\$10
Tier 2: Preferred Brand up to	\$40
Tier 3: Non Preferred Brand up to 30 days Copay	\$80
90 Day RX Copays	Two Copays

\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600
0%	0%	20%	0%	20%
N/A	N/A	N/A	N/A	N/A
\$2,300/\$4,600	\$2,250/\$4,500	\$2,250/\$4,500	\$2,300/\$4,600	\$2,300/\$4,600
100% after Ded.	100% after Ded.	80% after Ded.	100% after Ded.	80% after Ded.
100% after Ded.	100% after Ded.	80% after Ded.	100% after Ded.	80% after Ded.
100% after Ded.	100% after Ded.	80% after Ded.	100% after Ded.	80% after Ded.
100% after Ded.	100% after Ded.	80% after Ded.	100% after Ded.	80% after Ded.
38	12	12	38	38
100% after Ded.	100% after Ded.	80% after Ded.	100% after Ded.	80% after Ded.
Covered Per ACA	Covered Per ACA	Covered Per ACA	Covered Per ACA	Covered Per ACA
After Ded.	After Ded.	After Ded.	After Ded.	After Ded.
\$10	\$10	\$10	\$10	\$10
\$40	\$40	\$40	\$40	\$40
\$80	\$80	\$80	\$40	\$40
Two Copays	Two Copays	Two Copays	Two Copays	Two Copays

\*This is a summary of benefits. For complete plan details please refer to certificate of coverage.