



**Bay-Arenac ISD  
Medical Plan Comparison  
All Employees  
Assumed Effective Date: 1/1/2023**

DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Plan Name	CURRENT PLAN All Employees Enrolled in MESSA Choices \$500 MESSA Choices \$500-0%; Saver Rx w/Mandatory Mail	CURRENT PLAN All Employees Enrolled in MESSA Choices \$1000 MESSA Choices \$1000-0%; Saver Rx w/Mandatory Mail	CURRENT PLAN All Employees Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1500-0%; ABC Rx w/Mandatory Mail	CURRENT PLAN All Employees Enrolled in MESSA ABC Plan 2 MESSA ABC Plan 2 \$2000-10%; 3 Tier Mail Rx	Option 1 BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	Option 2 BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	Option 3 BCBSM SB PPO HSA \$1500-0%; \$10/\$40/\$80 after Ded. Rx
<b>Rate Period</b>	<b>1/1/23 - 12/31/23</b>	<b>1/1/23 - 12/31/23</b>	<b>1/1/23 - 12/31/23</b>	<b>1/1/23 - 12/31/23</b>	<b>1/1/23 - 12/31/23</b>	<b>1/1/23 - 12/31/23</b>	<b>1/1/23 - 12/31/23</b>
<b>Purchased Plan Features</b>	<b>In Network</b>	<b>In Network</b>	<b>In Network</b>	<b>In Network</b>	<b>In Network</b>	<b>In Network</b>	<b>In Network</b>
<b>Deductible</b>							
Annual Deductible - 1P	\$500	\$1,000	\$1,500	\$2,000	\$500	\$1,000	\$1,500
Annual Deductible - 2P/FF	\$1,000	\$2,000	\$3,000	\$4,000	\$1,000	\$2,000	\$3,000
<b>Additional Cost After Deductible</b>							
Employee Coinsurance After Deductible	0%	0%	0%	10%	20%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	\$2,500	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	\$5,000	N/A	N/A
<b>Out of Pocket Maximum</b>							
Max ded, coinsurance, copays - 1P	Med Max:\$1,500 Rx Max: \$1,000	Med Max:\$2,000 Rx Max: \$1,000	\$2,500	\$4,000	\$8,150	\$8,150	\$4,000
Max ded, coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$2,000	Med Max: \$4,000 Rx Max: \$2,000	\$5,000	\$7,500	\$16,300	\$16,300	\$8,000
<b>Copayments</b>							
Office Visit/Specialist	\$20/\$20	\$20/\$20	0% after Ded./0% after Ded.	10% after Ded./10% after Ded.	\$20/\$20	\$30/\$30	0% after Ded./0% after Ded.
Urgent Care/ER	\$25/\$50	\$25/\$50	0% after Ded./0% after Ded.	10% after Ded./10% after Ded.	\$20/\$150	\$30/\$150	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/0% after Ded.	38 visits/0% after Ded.	38 visits/0% after Ded.	38 visits/10% after Ded.	12 visits/\$20	12 visits/\$30	12 visits/0% after Ded.
Rx Copay	Saver Rx w/Mandatory Mail	Saver Rx w/Mandatory Mail	ABC Rx w/Mandatory Mail	3 Tier Mail	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.
<b>Total Monthly Costs</b>							
One Person (1P)	(39) \$765.20	(11) \$721.02	(12) \$676.53	(3) \$565.19	(65) \$562.20	(65) \$587.33	(65) \$542.88
Two Person (2P)	(18) \$1,721.70	(15) \$1,622.29	(4) \$1,522.19	(6) \$1,271.67	(43) \$1,349.28	(43) \$1,409.59	(43) \$1,302.90
Family (FF)	(35) \$2,142.56	(37) \$2,018.84	(33) \$1,894.28	(21) \$1,582.52	(126) \$1,686.60	(126) \$1,761.99	(126) \$1,628.63
Combined Annual Premium	\$4,344,750.24	\$4,344,750.24	\$4,344,750.24	\$4,344,750.24			
<b>Savings</b>							
Estimated Savings					\$659,866.56 (-15.2%)	\$495,155.52 (-11.4%)	\$786,518.88 (-18.1%)
<b>One Person Cost Share</b>							
One Person Rate	\$765.20	\$721.02	\$676.53	\$565.19	\$562.20	\$587.33	\$542.88
One Person PA 152 Hard Cap	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62
<b>One Person Monthly Cost</b>	<b>\$148.58</b>	<b>\$104.40</b>	<b>\$59.91</b>	<b>-\$51.43</b>	<b>-\$54.42</b>	<b>-\$29.29</b>	<b>-\$73.74</b>
<b>Two Person Cost Share</b>							
Two Person Rate	\$1,721.70	\$1,622.29	\$1,522.19	\$1,271.67	\$1,349.28	\$1,409.59	\$1,302.90
Two Person PA 152 Hard Cap	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55
<b>Two Person Monthly Cost</b>	<b>\$432.15</b>	<b>\$332.74</b>	<b>\$232.64</b>	<b>-\$17.88</b>	<b>\$59.73</b>	<b>\$120.04</b>	<b>\$13.35</b>
<b>Family Cost Share</b>							
Family Rate	\$2,142.56	\$2,018.84	\$1,894.28	\$1,582.52	\$1,686.60	\$1,761.99	\$1,628.63
Family PA 152 Hard Cap	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70
<b>Family Monthly Cost</b>	<b>\$460.86</b>	<b>\$337.14</b>	<b>\$212.58</b>	<b>-\$99.18</b>	<b>\$4.90</b>	<b>\$80.29</b>	<b>-\$53.07</b>

\*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

\*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.