

Athens Area Schools Medical Rate & Benefit Comparison

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		
CARRIER	MESSA		MESSA		WMHIP		WMHIP		
Effective Date	July 1-2016		July 1-2017		July 1-2017		July 1-2017		
PLAN(S)	MESSA ABC Plan 1		MESSA ABC Plan 1		PPO		PPO		
NETWORK(S)	BCBS		BCBS		BCBS		BCBS		
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	
Individual Deductible	\$1,300	\$2,600	\$1,300	\$2,600	\$1,300	\$2,500	\$250	\$500	
Family Deductible	\$2,600	\$5,200	\$2,600	\$5,200	\$2,600	\$5,000	\$500	\$1,000	
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%	
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000	NA	\$2,000	\$1,000	\$2,000	
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000	NA	\$4,000	\$2,000	\$4,000	
Other Plan Details									
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	
Emergency Care <i>(waived if admitted)</i>	100% after Ded		100% after Ded		100% after Ded		\$25		
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	\$20	70% after Ded	
Prescription Drugs									
Generic	\$10 after Ded		\$10 after Ded		\$10 after Ded		\$10		
Formulary Brand	\$40 after Ded		\$40 after Ded		\$40 after Ded		\$40		
Non-Formulary Brand	NA		NA		NA		NA		
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x		2x		2x		
Rates									
Single	\$613.18		\$702.10		\$598.25		\$645.14		
2 Person	\$1,377.75		\$1,577.85		\$1,346.47		\$1,451.51		
Family	\$1,714.16		\$1,963.18		\$1,675.61		\$1,806.33		
Monthly Employee Payment Under CAP									
2016 PA 152 Caps	2017 PA 152 Caps								
\$6,142.11	\$6,344.80	\$101.33	\$173.37	\$69.52	\$116.41				
\$12,845.04	\$13,268.93	\$307.33	\$472.11	\$240.73	\$345.77				
\$16,751.23	\$17,304.02	\$318.22	\$521.18	\$233.61	\$364.33				
Enrollment									
Single	8		8		8		8		
2 Person	6		6		6		6		
Family	12		12		12		12		
Monthly Premium	\$33,741.77		\$38,642.06		\$32,972.14		\$35,546.14		
Annual Premium	\$404,901.25		\$463,704.72		\$395,665.68		\$426,553.68		
\$ Variance to Current	n/a		\$58,803.47		(\$9,235.57)		\$21,652.43		
% Variance to Current	n/a		14.52%		-2.3%		5.3%		

Notes

Added 1.97% to MESSA current rates for taxes not included in rates