

# HAP Plans

	Renewal Plans (2017 PA 152 Cap) January through December 2018						Health Alliance Plan of Michigan / HAP January through December 2018											
Health Plan	ABC 1		ABC 2		Choices 500		HDHP 1		HDHP 2		PPO 1		PPO 2		PPO 3		HMO 1	HMO 2
Monthly Employee Cost																		
Single	\$153.06	\$67.35			\$238.76		\$164.82	\$77.64			\$202.85	\$251.81	\$160.41	\$205.87	\$133.12			
Two Person	\$426.43	\$233.58			\$614.23		\$446.46	\$251.33			\$526.88	\$636.45	\$431.91	\$540.28	\$376.77			
Family	\$464.33	\$224.34			\$697.06		\$489.29	\$246.50			\$588.36	\$724.71	\$470.21	\$605.04	\$401.60			
Benefit Levels	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	In
First Dollar Coverage																		
Preventive Care Copay	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	\$0
Deductible - Pre All Coverage																		
Single	\$1,300	\$2,600	\$2,000	\$4,000			\$1,300	\$2,600	\$2,000	\$4,000								
Family	\$2,600	\$5,200	\$4,000	\$8,000			\$2,600	\$5,200	\$4,000	\$8,000								
Rx Copays																		
Generic - Maintenance	\$2		\$2		\$2		\$15		\$15		\$15		\$15		\$15		\$15	\$15
Generic	\$10		\$10		\$10		\$15		\$15		\$15		\$15		\$15		\$15	\$15
Brand - diabetes/asthma	\$20		\$20		\$20		\$30		\$30		\$30		\$30		\$30		\$50	\$45
Preferred Brand	\$40		\$40		\$40		\$30		\$30		\$30		\$30		\$30		\$50	\$45
Non Preferred Brand	\$40		\$40		\$40		\$60		\$60		\$60		\$60		\$60		\$50	\$70
Preferred Specialty	\$40		\$40		\$40		\$30		\$30		\$30		\$30		\$30		\$50	\$45
Non Preferred Specialty	\$40		\$40		\$40		\$60		\$60		\$60		\$60		\$60		\$50	\$70
Deductible - Pre Copays																		
Single					\$500	\$1,000												
Family					\$1,000	\$2,000												
Medical Co-Pays																		
Office Visit	n/a	n/a	n/a	n/a	\$20		n/a	n/a	n/a	n/a	\$20	\$20	\$30	\$30	\$30	\$30	\$10	\$20
Specialist	n/a	n/a	n/a	n/a	\$20		n/a	n/a	n/a	n/a	\$20	\$20	\$30	\$30	\$30	\$30	\$10	\$30
UC	n/a	n/a	n/a	n/a	\$25		n/a	n/a	n/a	n/a	\$20	\$20	\$30	\$30	\$30	\$30	\$35	\$35
ER Copay	n/a	n/a	n/a	n/a	\$50		n/a	n/a	n/a	n/a	\$150	\$150	\$150	\$150	\$150	\$150	\$50	\$150
Deductible - Pre Coinsurance																		
Single											\$250	\$500	\$500	\$1,000	\$1,000	\$2,000	\$0	\$500
Family											\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$0	\$1,000
Coinsurance																		
Coinsurance	0%	20%	10%	30%	0%	20%	0%	20%	10%	30%	20%	40%	0%	20%	20%	40%	0%	10%
Annual Coinsurance Max																		
Single											\$500	\$1,500	\$1,500	\$1,000	\$2,000			\$1,500
Family											\$1,000	\$3,000	\$3,000	\$2,000	\$4,000			\$3,000
Annual Out of Pocket Medical																		
Single					\$1,500	\$3,000												
Family					\$3,000	\$6,000												
Annual Out of Pocket Rx																		
Single					\$1,000	\$1,000												
Family					\$2,000	\$2,000												
Annual Out of Pocket Max Total																		
Single	\$2,300	\$4,600	\$4,000	\$8,000	\$2,500	\$4,000	\$2,250	\$4,500	\$4,000	\$8,000	\$1,500	\$3,000	\$1,500	\$6,000	\$3,000	\$6,000	\$6,350	\$6,600
Family	\$4,600	\$9,200	\$6,550	\$13,100	\$5,000	\$8,000	\$4,500	\$9,000	\$8,000	\$16,000	\$3,000	\$6,000	\$3,000	\$12,000	\$6,000	\$12,000	\$12,700	\$13,200

# HAP Costs

	MESSA Renewal 1/1/2018 - 12/31/2018 12 Months			Health Alliance Plan of Michigan / HAP 1/1/2018 - 12/31/2018 12 Months						
	ABC1	ABC2	Choices	HDHP 1	HDHP 2	PPO 1	PPO 2	PPO 3	HMO 1	HMO 2
Estimated Enrollment										
Single	15	0	29	15	0	0	29	0	0	0
Two Person	0	1	17	0	1	0	17	0	0	0
Family	14	7	45	14	7	0	45	0	0	0
Total Enrolled	29	8	91	29	8	0	91	0	0	0
Monthly Insurance Rates			+ \$4 FSA			+ \$4 FSA				
Single	\$667.41	\$583.51	\$751.38	\$668.45	\$584.42	\$705.35	\$752.54	\$664.46	\$713.32	\$642.69
Two Person	\$1,499.81	\$1,311.03	\$1,683.73	\$1,502.33	\$1,313.47	\$1,580.29	\$1,686.34	\$1,488.37	\$1,598.19	\$1,439.45
Family	\$1,866.06	\$1,631.15	\$2,093.96	\$1,869.23	\$1,634.25	\$1,965.25	\$2,097.21	\$1,850.89	\$1,987.53	\$1,790.02
Taxes and Fees										
Single	\$14.38	\$12.57	\$16.11	\$25.10	\$21.95	\$26.23	\$28.00	\$24.68	\$21.28	\$19.16
Two Person	\$32.36	\$28.29	\$36.24	\$49.87	\$43.60	\$52.33	\$55.85	\$49.28	\$47.83	\$43.06
Family	\$40.27	\$35.19	\$45.10	\$62.06	\$54.25	\$65.11	\$69.50	\$61.32	\$59.51	\$53.58
Total Monthly Cost of Health Plan										
Single	\$681.79	\$596.08	\$767.49	\$693.55	\$606.37	\$731.58	\$780.54	\$689.14	\$734.60	\$661.85
Two Person	\$1,532.17	\$1,339.32	\$1,719.97	\$1,552.20	\$1,357.07	\$1,632.62	\$1,742.19	\$1,537.65	\$1,646.02	\$1,482.51
Family	\$1,906.33	\$1,666.34	\$2,139.06	\$1,931.29	\$1,688.50	\$2,030.36	\$2,166.71	\$1,912.21	\$2,047.04	\$1,843.60
Monthly Cap Per Contract	2017 CAP			2017 CAP						
Single	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73
Two Person	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74
Family	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00
Monthly EE Premiums	First 12 months			First 12 months						
Single	(\$153.06)	(\$67.35)	(\$238.76)	(\$164.82)	(\$77.64)	(\$202.85)	(\$251.81)	(\$160.41)	(\$205.87)	(\$133.12)
Two Person	(\$426.43)	(\$233.58)	(\$614.23)	(\$446.46)	(\$251.33)	(\$526.88)	(\$636.45)	(\$431.91)	(\$540.28)	(\$376.77)
Family	(\$464.33)	(\$224.34)	(\$697.06)	(\$489.29)	(\$246.50)	(\$588.36)	(\$724.71)	(\$470.21)	(\$605.04)	(\$401.60)
Total Annual Cost										
Gross Plan	\$2,372,083			\$2,404,473						
Employee Payments	(\$712,006)			(\$744,395)						
Net to Oakland Schools	\$1,660,077			\$1,660,077						

# Priority Health Plans

	Renewal Plans (2017 PA 152 Cap) January through December 2018						Priority Health January through December 2018											
Health Plan	ABC 1		ABC 2		Choices 500		HDHP 1		HDHP 2		PPO 1		PPO 2		PPO 3		HMO 1	HMO 2
Monthly Employee Cost																		
Single	\$153.06		\$67.35		\$238.76		\$74.34		\$0.00		\$268.44		\$248.76		\$130.55		\$228.54	\$89.62
Two Person	\$426.43		\$233.58		\$614.23		\$249.48		\$0.00		\$680.91		\$636.68		\$371.00		\$590.70	\$278.58
Family	\$464.33		\$224.34		\$697.06		\$244.18		\$0.00		\$780.02		\$724.99		\$394.42		\$667.69	\$279.36
Benefit Levels	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	In
First Dollar Coverage																		
Preventive Care Copay	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	\$0
Deductible - Pre All Coverage																		
Single	\$1,300	\$2,600	\$2,000	\$4,000			\$1,300	\$2,600	\$2,000	\$4,000								
Family	\$2,600	\$5,200	\$4,000	\$8,000			\$2,600	\$5,200	\$4,000	\$8,000								
Rx Copays																		
Generic - Maintenance	\$2		\$2		\$2		\$10		\$10		\$10		\$10		\$10		\$15	\$10
Generic	\$10		\$10		\$10		\$10		\$10		\$10		\$10		\$10		\$15	\$10
Brand - diabetes/asthma	\$20		\$20		\$20		\$20		\$20		\$20		\$20		\$20		\$50	\$40
Preferred Brand	\$40		\$40		\$40		\$20		\$20		\$20		\$20		\$20		\$50	\$40
Non Preferred Brand	\$40		\$40		\$40		\$40		\$40		\$40		\$40		\$40		\$50	\$80
Preferred Specialty	\$40		\$40		\$40		\$20		\$20		\$20		\$20		\$20		\$50	\$40
Non Preferred Specialty	\$40		\$40		\$40		\$40		\$40		\$40		\$40		\$40		\$50	\$80
Deductible - Pre Copays																		
Single					\$500	\$1,000												
Family					\$1,000	\$2,000												
Medical Co-Pays																		
Office Visit	n/a		n/a		\$20		n/a		n/a		\$10		\$10		\$20		\$10	\$20
Specialist	n/a		n/a		\$20		n/a		n/a		\$25		\$25		\$35		\$10	\$35
UC	n/a		n/a		\$25		n/a		n/a		\$40		\$40		\$50		\$35	\$75
ER Copay	n/a		n/a		\$50		n/a		n/a		\$150		\$150		\$150		\$50	\$150
Deductible - Pre Coinsurance																		
Single											\$250	\$500	\$500	\$1,000	\$1,000	\$2,000	\$0	\$500
Family											\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$0	\$1,000
Coinsurance																		
Coinsurance	0%	20%	10%	30%	0%	20%	0%	20%	10%	30%	0%	20%	0%	20%	20%	40%	0%	10%
Annual Coinsurance Max																		
Single											\$1,500		\$1,500	\$2,500	\$5,000			\$6,000
Family											\$3,000		\$3,000	\$5,000	\$10,000			\$12,000
Annual Out of Pocket Medical																		
Single					\$1,500	\$3,000												
Family					\$3,000	\$6,000												
Annual Out of Pocket Rx																		
Single					\$1,000	\$1,000												
Family					\$2,000	\$2,000												
Annual Out of Pocket Max Total																		
Single	\$2,300	\$4,600	\$4,000	\$8,000	\$2,500	\$4,000	\$2,300	\$4,600	\$4,000	\$8,000	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$7,150
Family	\$4,600	\$9,200	\$6,550	\$13,100	\$5,000	\$8,000	\$4,600	\$9,200	\$8,000	\$16,000	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$14,300

# Priority Health Cost

	MESSA Renewal 1/1/2018 - 12/31/2018 12 Months			Priority Health 1/1/2018 - 12/31/2018 12 Months						
Estimated Enrollment	ABC1	ABC2	Choices	HDHP 1	HDHP 2	PPO 1	PPO 2	PPO 3	HMO 1	HMO 2
Single	15	0	29	15	0	0	29	0	0	0
Two Person	0	1	17	0	1	0	17	0	0	0
Family	14	7	45	14	7	0	45	0	0	0
Total Enrolled	29	8	91	29	8	0	91	0	0	0
Monthly Insurance Rates			+ \$4 FSA			+ \$4 FSA				
Single	\$667.41	\$583.51	\$751.38	\$581.18	\$462.37	\$768.46	\$749.49	\$635.52	\$743.40	\$606.99
Two Person	\$1,499.81	\$1,311.03	\$1,683.73	\$1,306.03	\$1,038.85	\$1,722.12	\$1,679.49	\$1,423.34	\$1,665.28	\$1,358.80
Family	\$1,866.06	\$1,631.15	\$2,093.96	\$1,624.98	\$1,292.51	\$2,141.74	\$2,088.69	\$1,769.98	\$2,070.92	\$1,689.60
Taxes and Fees										
Single	\$14.38	\$12.57	\$16.11	\$21.89	\$17.47	\$28.71	\$28.00	\$23.76	\$13.87	\$11.36
Two Person	\$32.36	\$28.29	\$36.24	\$49.19	\$39.25	\$64.53	\$62.93	\$53.40	\$31.16	\$25.52
Family	\$40.27	\$35.19	\$45.10	\$61.20	\$48.84	\$80.28	\$78.30	\$66.44	\$38.77	\$31.76
Total Monthly Cost of Health Plan										
Single	\$681.79	\$596.08	\$767.49	\$603.07	\$479.84	\$797.17	\$777.49	\$659.28	\$757.27	\$618.35
Two Person	\$1,532.17	\$1,339.32	\$1,719.97	\$1,355.22	\$1,078.10	\$1,786.65	\$1,742.42	\$1,476.74	\$1,696.44	\$1,384.32
Family	\$1,906.33	\$1,666.34	\$2,139.06	\$1,686.18	\$1,341.35	\$2,222.02	\$2,166.99	\$1,836.42	\$2,109.69	\$1,721.36
Monthly Cap Per Contract	2017 CAP			2017 CAP						
Single	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73	\$528.73
Two Person	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74	\$1,105.74
Family	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00	\$1,442.00
Monthly EE Premiums	First 12 months			First 12 months						
Single	(\$153.06)	(\$67.35)	(\$238.76)	(\$74.34)	\$0.00	(\$268.44)	(\$248.76)	(\$130.55)	(\$228.54)	(\$89.62)
Two Person	(\$426.43)	(\$233.58)	(\$614.23)	(\$249.48)	\$0.00	(\$680.91)	(\$636.68)	(\$371.00)	(\$590.70)	(\$278.58)
Family	(\$464.33)	(\$224.34)	(\$697.06)	(\$244.18)	\$0.00	(\$780.02)	(\$724.99)	(\$394.42)	(\$667.69)	(\$279.36)
Total Annual Cost										
Gross Plan	\$2,372,083			\$2,313,636						
Employee Payments	(\$712,006)			(\$662,345)						
Net to Oakland Schools	\$1,660,077			\$1,651,291						