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Medical Rate Summary
Montrose Community Schools
All Employees
Assumed Effective Date: 7/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Administrators and Support Staff Enrolled in MESSA Choices $500 Plan	**Census**	5	2	6	$247,418
MESSA Choices $500-0%; Saver Rx	**Rate**	$783.96	$1,763.93	$2,195.09	
Administrators and Support Staff Enrolled in MESSA ABC Plan 1	**Census**	0	0	3	$69,848
MESSA ABC Plan 1 $1500-0%; ABC Rx	**Rate**	$692.93	$1,559.11	$1,940.21	
Teachers Enrolled in MESSA Choices $500 Plan	**Census**	5	7	34	$1,090,804
MESSA Choices $500-0%; Saver Rx	**Rate**	$783.96	$1,763.93	$2,195.09	
Teachers Enrolled in MESSA ABC Plan 1	**Census**	7	1	11	$333,023
MESSA ABC Plan 1 $1500-0%; ABC Rx	**Rate**	$692.93	$1,559.11	$1,940.21	
	TOTALS:	**17**	**10**	**54**	**$1,741,094**

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO $500-20%; $1500 ECM; $10/$40/$80 Rx	$703.34	$1,688.01	$2,110.01	$1,713,329	$27,765
BCBSM SB PPO HSA $1500-0%; $10/$40/$80 after Ded. Rx	$652.50	$1,566.01	$1,957.52	$1,589,504	$151,589
BCBSM SB PPO $1000-0%; $10/$40/$80 Rx	$707.18	$1,697.22	$2,121.53	$1,722,683	$18,411
BCBSM SB PPO HSA $2000-0%; $10/$40/$80 after Ded. Rx	$604.59	$1,451.01	$1,813.77	$1,472,781	$268,313
BCN					
BCN HMO $500-0%; $4/$15/$40/$80/20%/20% Rx	$588.24	$1,411.76	$1,764.70	$1,432,938	$308,156
BCN HMO HSA $1500-0%; $4/$15/$40/$80/20%/20% after Ded. Rx	$494.31	$1,186.36	$1,482.95	$1,204,154	$536,940
BCN HMO $1000-0%; $4/$15/$40/$80/20%/20% Rx	$542.10	$1,301.05	$1,626.30	$1,320,557	$420,537
BCN Blue Elect Plus POS $500-30%; $4/$15/$40/$80/20%/20% Rx	$505.59	$1,213.41	$1,516.77	$1,231,617	$509,477

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Montrose Community Schools
Medical Plan Comparison
All Employees
Assumed Effective Date: 7/1/2023

Plan Name	CURRENT PLAN Administrators and Support Staff Enrolled in MESSA Choices $500 Plan MESSA Choices $500-0%; Saver Rx	CURRENT PLAN Teachers Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 $1500-0%; ABC Rx	CURRENT PLAN Administrators and Support Staff Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 $1500-0%; ABC Rx	CURRENT PLAN Teachers Enrolled in MESSA Choices $500 Plan MESSA Choices $500-0%; Saver Rx	Option 1 BCBSM SB PPO $500-20%; $1500 ECM; $10/$40/$80 Rx	Option 2 BCBSM SB PPO HSA $1500-0%; $10/$40/$80 after Ded. Rx
Rate Period	**1/1/23 - 12/31/23**	**1/1/23 - 12/31/23**	**1/1/23 - 12/31/23**	**1/1/23 - 12/31/23**	**7/1/23 - 6/30/24**	**7/1/23 - 6/30/24**
Purchased Plan Features	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**
Deductible						
Annual Deductible - 1P	$500	$1,500	$1,500	$500	$500	$1,500
Annual Deductible - 2P/FF	$1,000	$3,000	$3,000	$1,000	$1,000	$3,000
Additional Cost After Deductible						
Employee Coinsurance After Deductible	0%	0%	0%	0%	20%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	$1,500	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	$3,000	N/A
Out of Pocket Maximum						
Max ded, coinsurance, copays - 1P	Med Max:$1,500 Rx Max: $1,000	$2,500 (includes Ded.)	$2,500 (includes Ded.)	Med Max:$1,500 Rx Max: $1,000	$8,150	$4,000
Max ded, coinsurance, copays - 2P/FF	Med Max: $3,000 Rx Max: $2,000	$5,000 (includes Ded.)	$5,000 (includes Ded.)	Med Max: $3,000 Rx Max: $2,000	$16,300	$8,000
Copayments						
Office Visit/Specialist	$20/$20	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	$20/$20	$20/$20	0% after Ded./0% after Ded.
Urgent Care/ER	$25/$50	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	$25/$50	$20/$150	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/office visit copay may apply	38 visits/0% after Ded.	38 visits/0% after Ded.	38 visits/office visit copay may apply	12 visits/$20	12 visits/0% after Ded.
Rx Copay	Saver Rx	ABC Rx	ABC Rx	Saver Rx	$10/$40/$80	$10/$40/$80 after Ded.
Total Monthly Costs						
One Person (1P)	(5) $783.96	(7) $692.93	(0) $692.93	(5) $783.96	(17) $703.34	(17) $652.50
Two Person (2P)	(2) $1,763.93	(1) $1,559.11	(0) $1,559.11	(7) $1,763.93	(10) $1,688.01	(10) $1,566.01
Family (FF)	(6) $2,195.09	(11) $1,940.21	(3) $1,940.21	(34) $2,195.09	(54) $2,110.01	(54) $1,957.52
Total Annual Premium	(13) $247,418.40	(19) $333,023.16	(3) $69,847.56	(46) $1,090,804.44	(81) $1,713,329.04	(81) $1,589,504.16
Combined Annual Premium	$1,741,093.56	$1,741,093.56	$1,741,093.56	$1,741,093.56		
Savings						
Estimated Savings					$27,764.52 (-1.6%)	$151,589.40 (-8.7%)
One Person Cost Share						
One Person Rate	$783.96	$692.93	$692.93	$783.96	$703.34	$652.50
One Person PA 152 Hard Cap	$616.62	$616.62	$616.62	$616.62	$616.62	$616.62
One Person Monthly Cost	**$167.34**	**$76.31**	**$76.31**	**$167.34**	**$86.72**	**$35.88**
Two Person Cost Share						
Two Person Rate	$1,763.93	$1,559.11	$1,559.11	$1,763.93	$1,688.01	$1,566.01
Two Person PA 152 Hard Cap	$1,289.55	$1,289.55	$1,289.55	$1,289.55	$1,289.55	$1,289.55
Two Person Monthly Cost	**$474.38**	**$269.56**	**$269.56**	**$474.38**	**$398.46**	**$276.46**
Family Cost Share						
Family Rate	$2,195.09	$1,940.21	$1,940.21	$2,195.09	$2,110.01	$1,957.52
Family PA 152 Hard Cap	$1,681.70	$1,681.70	$1,681.70	$1,681.70	$1,681.70	$1,681.70
Family Monthly Cost	**$513.39**	**$258.51**	**$258.51**	**$513.39**	**$428.31**	**$275.82**

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Montrose Community Schools
Medical Plan Comparison
All Employees
Assumed Effective Date: 7/1/2023

Plan Name	CURRENT PLAN Administrators and Support Staff Enrolled in MESSA Choices $500 Plan MESSA Choices $500-0%; Saver Rx	CURRENT PLAN Teachers Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 $1500-0%; ABC Rx	CURRENT PLAN Administrators and Support Staff Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 $1500-0%; ABC Rx	CURRENT PLAN Teachers Enrolled in MESSA Choices $500 Plan MESSA Choices $500-0%; Saver Rx	Option 1 BCN HMO $500-0%; $4/$15/$40/$80/20%/20% Rx	Option 2 BCN HMO HSA $1500-0%; $4/$15/$40/$80/20%/20% after Ded. Rx
Rate Period	**1/1/23 - 12/31/23**	**1/1/23 - 12/31/23**	**1/1/23 - 12/31/23**	**1/1/23 - 12/31/23**	**7/1/23 - 6/30/24**	**7/1/23 - 6/30/24**
Purchased Plan Features	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**
Deductible						
Annual Deductible - 1P	$500	$1,500	$1,500	$500	$500	$1,500
Annual Deductible - 2P/FF	$1,000	$3,000	$3,000	$1,000	$1,000	$3,000
Additional Cost After Deductible						
Employee Coinsurance After Deductible	0%	0%	0%	0%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum						
Max ded, coinsurance, copays - 1P	Med Max:$1,500 Rx Max: $1,000	$2,500 (includes Ded.)	$2,500 (includes Ded.)	Med Max:$1,500 Rx Max: $1,000	$8,150	$4,000
Max ded, coinsurance, copays - 2P/FF	Med Max: $3,000 Rx Max: $2,000	$5,000 (includes Ded.)	$5,000 (includes Ded.)	Med Max: $3,000 Rx Max: $2,000	$16,300	$8,000
Copayments						
Office Visit/Specialist	$20/$20	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	$20/$20	$20/$30	0% after Ded./0% after Ded.
Urgent Care/ER	$25/$50	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	$25/$50	$35/$250	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/office visit copay may apply	38 visits/0% after Ded.	38 visits/0% after Ded.	38 visits/office visit copay may apply	30 visits/$30	30 visits/0% after Ded.
Rx Copay	Saver Rx	ABC Rx	ABC Rx	Saver Rx	$4/$15/$40/$80/20%/20%	$4/$15/$40/$80/20%/20% after Ded.
Total Monthly Costs						
One Person (1P)	(5) $783.96	(7) $692.93	(0) $692.93	(5) $783.96	(17) $588.24	(17) $494.31
Two Person (2P)	(2) $1,763.93	(1) $1,559.11	(0) $1,559.11	(7) $1,763.93	(10) $1,411.76	(10) $1,186.36
Family (FF)	(6) $2,195.09	(11) $1,940.21	(3) $1,940.21	(34) $2,195.09	(54) $1,764.70	(54) $1,482.95
Total Annual Premium	(13) $247,418.40	(19) $333,023.16	(3) $69,847.56	(46) $1,090,804.44	(81) $1,432,937.76	(81) $1,204,154.04
Combined Annual Premium	$1,741,093.56	$1,741,093.56	$1,741,093.56	$1,741,093.56		
Savings						
Estimated Savings					$308,155.80 (-17.7%)	$536,939.52 (-30.8%)
One Person Cost Share						
One Person Rate	$783.96	$692.93	$692.93	$783.96	$588.24	$494.31
One Person PA 152 Hard Cap	$616.62	$616.62	$616.62	$616.62	$616.62	$616.62
One Person Monthly Cost	**$167.34**	**$76.31**	**$76.31**	**$167.34**	**-$28.38**	**-$122.31**
Two Person Cost Share						
Two Person Rate	$1,763.93	$1,559.11	$1,559.11	$1,763.93	$1,411.76	$1,186.36
Two Person PA 152 Hard Cap	$1,289.55	$1,289.55	$1,289.55	$1,289.55	$1,289.55	$1,289.55
Two Person Monthly Cost	**$474.38**	**$269.56**	**$269.56**	**$474.38**	**$122.21**	**-$103.19**
Family Cost Share						
Family Rate	$2,195.09	$1,940.21	$1,940.21	$2,195.09	$1,764.70	$1,482.95
Family PA 152 Hard Cap	$1,681.70	$1,681.70	$1,681.70	$1,681.70	$1,681.70	$1,681.70
Family Monthly Cost	**$513.39**	**$258.51**	**$258.51**	**$513.39**	**$83.00**	**-$198.75**

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Medical Rate Summary
Montrose Community Schools
Everyone but Teachers
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Current Plans and Segments		1P	2P	FF	Total Annual Cost
Administrators and Support Staff Enrolled in MESSA ABC Plan 1	**Census**	0	0	3	$69,848
MESSA ABC Plan 1 $1500-0%; ABC Rx	**Rate**	$692.93	$1,559.11	$1,940.21	
Administrators and Support Staff Enrolled in MESSA Choices $500 Plan	**Census**	5	2	6	$247,418
MESSA Choices $500-0%; Saver Rx	**Rate**	$783.96	$1,763.93	$2,195.09	
	TOTALS:	**5**	**2**	**9**	**$317,266**

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO $500-20%; $1500 ECM; $10/$40/$80 Rx	$721.30	$1,731.10	$2,163.87	$318,522	-$1,256
BCBSM SB PPO $1000-0%; $10/$40/$80 Rx	$723.46	$1,736.30	$2,170.38	$319,480	-$2,214
BCBSM SB PPO HSA $1500-0%; $10/$40/$80 after Ded. Rx	$664.36	$1,594.48	$1,993.10	$293,384	$23,882
BCBSM SB PPO HSA $2000-0%; $10/$40/$80 after Ded. Rx	$615.68	$1,477.63	$1,847.05	$271,885	$45,381
BCN					
BCN Blue Elect Plus POS $500-30%; $4/$15/$40/$80/20%/20% Rx	$580.72	$1,393.72	$1,742.16	$256,446	$60,820
BCN HMO $500-0%; $4/$15/$40/$80/20%/20% Rx	$673.76	$1,617.02	$2,021.28	$297,532	$19,734
BCN HMO $1000-0%; $4/$15/$40/$80/20%/20% Rx	$621.82	$1,492.37	$1,865.46	$274,596	$42,670
BCN HMO HSA $1500-0%; $4/$15/$40/$80/20%/20% after Ded. Rx	$563.63	$1,352.71	$1,690.89	$248,899	$68,367

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Everyone but Teachers
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Plan Name	CURRENT PLAN Administrators and Support Staff Enrolled in MESSA Choices $500 Plan MESSA Choices $500-0%; Saver Rx	CURRENT PLAN Administrators and Support Staff Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 $1500-0%; ABC Rx	Option 1 BCBSM SB PPO HSA $1500-0%; $10/$40/$80 after Ded. Rx
Rate Period	**1/1/23 - 12/31/23**	**1/1/23 - 12/31/23**	**7/1/23 - 6/30/24**
Purchased Plan Features	**In Network**	**In Network**	**In Network**
Deductible			
Annual Deductible - 1P	$500	$1,500	$1,500
Annual Deductible - 2P/FF	$1,000	$3,000	$3,000
Additional Cost After Deductible			
Employee Coinsurance After Deductible	0%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A
Out of Pocket Maximum			
Max ded, coinsurance, copays - 1P	Med Max:$1,500 Rx Max: $1,000	$2,500 (includes Ded.)	$4,000
Max ded, coinsurance, copays - 2P/FF	Med Max: $3,000 Rx Max: $2,000	$5,000 (includes Ded.)	$8,000
Copayments			
Office Visit/Specialist	$20/$20	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Urgent Care/ER	$25/$50	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/office visit copay may apply	38 visits/0% after Ded.	12 visits/0% after Ded.
Rx Copay	Saver Rx	ABC Rx	$10/$40/$80 after Ded.
Total Monthly Costs			
One Person (1P)	(5) $783.96	(0) $692.93	(5) $664.36
Two Person (2P)	(2) $1,763.93	(0) $1,559.11	(2) $1,594.48
Family (FF)	(6) $2,195.09	(3) $1,940.21	(9) $1,993.10
Total Annual Premium	(13) $247,418.40	(3) $69,847.56	(16) $293,383.92
Combined Annual Premium	$317,265.96	$317,265.96	
Savings			
Estimated Savings			$23,882.04 (-7.5%)
One Person Cost Share			
One Person Rate	$783.96	$692.93	$664.36
One Person PA 152 Hard Cap	$616.62	$616.62	$616.62
One Person Monthly Cost	**$167.34**	**$76.31**	**$47.74**
Two Person Cost Share			
Two Person Rate	$1,763.93	$1,559.11	$1,594.48
Two Person PA 152 Hard Cap	$1,289.55	$1,289.55	$1,289.55
Two Person Monthly Cost	**$474.38**	**$269.56**	**$304.93**
Family Cost Share			
Family Rate	$2,195.09	$1,940.21	$1,993.10
Family PA 152 Hard Cap	$1,681.70	$1,681.70	$1,681.70
Family Monthly Cost	**$513.39**	**$258.51**	**$311.40**

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Montrose Community Schools
Medical Plan Comparison
Everyone but Teachers
Assumed Effective Date: 7/1/2023

Plan Name	CURRENT PLAN Administrators and Support Staff Enrolled in MESSA Choices $500 Plan MESSA Choices $500-0%; Saver Rx	CURRENT PLAN Administrators and Support Staff Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 $1500-0%; ABC Rx	Option 1 BCN Blue Elect Plus POS $500-30%; $4/$15/$40/$80/20%/20% Rx	Option 2 BCN HMO $500-0%; $4/$15/$40/$80/20%/20% Rx	Option 3 BCN HMO HSA $1500-0%; $4/$15/$40/$80/20%/20% after Ded. Rx
Rate Period	**1/1/23 - 12/31/23**	**1/1/23 - 12/31/23**	**7/1/23 - 6/30/24**	**7/1/23 - 6/30/24**	**7/1/23 - 6/30/24**
Purchased Plan Features	**In Network**	**In Network**	**In Network**	**In Network**	**In Network**
Deductible					
Annual Deductible - 1P	$500	$1,500	$500	$500	$1,500
Annual Deductible - 2P/FF	$1,000	$3,000	$1,000	$1,000	$3,000
Additional Cost After Deductible					
Employee Coinsurance After Deductible	0%	0%	30%	0%	0%
Coinsurance Max - 1P	N/A	N/A	$4,500	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	$9,000	N/A	N/A
Out of Pocket Maximum					
Max ded, coinsurance, copays - 1P	Med Max:$1,500 Rx Max: $1,000	$2,500 (includes Ded.)	$8,150	$8,150	$4,000
Max ded, coinsurance, copays - 2P/FF	Med Max: $3,000 Rx Max: $2,000	$5,000 (includes Ded.)	$16,300	$16,300	$8,000
Copayments					
Office Visit/Specialist	$20/$20	0% after Ded./0% after Ded.	$30/$50	$20/$30	0% after Ded./0% after Ded.
Urgent Care/ER	$25/$50	0% after Ded./0% after Ded.	$50/$250	$35/$250	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/office visit copay may apply	38 visits/0% after Ded.	30 visits/$50	30 visits/$30	30 visits/0% after Ded.
Rx Copay	Saver Rx	ABC Rx	$4/$15/$40/$80/20%/20%	$4/$15/$40/$80/20%/20%	$4/$15/$40/$80/20%/20% after Ded.
Total Monthly Costs					
One Person (1P)	(5) $783.96	(0) $692.93	(5) $580.72	(5) $673.76	(5) $563.63
Two Person (2P)	(2) $1,763.93	(0) $1,559.11	(2) $1,393.72	(2) $1,617.02	(2) $1,352.71
Family (FF)	(6) $2,195.09	(3) $1,940.21	(9) $1,742.16	(9) $2,021.28	(9) $1,690.89
Total Annual Premium	(13) $247,418.40	(3) $69,847.56	(16) $256,445.76	(16) $297,532.32	(16) $248,898.96
Combined Annual Premium	$317,265.96	$317,265.96			
Savings					
Estimated Savings			$60,820.20 (-19.2%)	$19,733.64 (-6.2%)	$68,367.00 (-21.5%)
One Person Cost Share					
One Person Rate	$783.96	$692.93	$580.72	$673.76	$563.63
One Person PA 152 Hard Cap	$616.62	$616.62	$616.62	$616.62	$616.62
One Person Monthly Cost	**$167.34**	**$76.31**	**-$35.90**	**$57.14**	**-$52.99**
Two Person Cost Share					
Two Person Rate	$1,763.93	$1,559.11	$1,393.72	$1,617.02	$1,352.71
Two Person PA 152 Hard Cap	$1,289.55	$1,289.55	$1,289.55	$1,289.55	$1,289.55
Two Person Monthly Cost	**$474.38**	**$269.56**	**$104.17**	**$327.47**	**$63.16**
Family Cost Share					
Family Rate	$2,195.09	$1,940.21	$1,742.16	$2,021.28	$1,690.89
Family PA 152 Hard Cap	$1,681.70	$1,681.70	$1,681.70	$1,681.70	$1,681.70
Family Monthly Cost	**$513.39**	**$258.51**	**$60.46**	**$339.58**	**$9.19**

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