

Medical Marketing Summary - Chelsea School District | All Eligibles

Renewal Period: 08/01/2022 - 07/31/2023

Carrier	Line of Coverage	AM Best Rating	Marketing Results	Annual Premium	\$ Difference	% Difference
MESSA	Medical/Rx	NR (Not Rated)	Current Carrier	\$2,826,561.60		
Blue Cross Blue Shield of MI	Medical/Rx	A- (Excellent)	Quote received, see cost analysis.	\$2,489,767.68	-\$336,793.92	-11.92%
Blue Care Network of MI	Medical/Rx	A- (Excellent)	Quote received, see cost analysis.	\$2,348,489.40	-\$478,072.20	-16.91%

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.

Medical Current - Chelsea School District | All Eligibles

	MESSA CURRENT - All Eligibles											
	All Eligibles			All Eligibles			All Eligibles			All Eligibles		
Benefit Plan	MESSA Choices (7F)			MESSA Choices (AQ)			MESSA ABC Plan 1 (7V)			MESSA ABC Plan 1 (8Z)		
Plan Type/Network	PPO / BCBSM			PPO / BCBSM			PPO / BCBSM			PPO / BCBSM		
Deductible												
<i>In-Network</i>	\$500/\$1,000			\$500/\$1,000			\$1,400/2,800			\$1,400/2,800		
<i>Out-of-Network</i>	\$1,000/\$2,000			\$1,000/\$2,000			\$2,800/5,600			\$2,800/5,600		
Coinsurance												
<i>In-Network</i>	100%			100%			100%			80%		
<i>Out-of-Network</i>	80%			80%			80%			60%		
Coinsurance Maximum												
<i>In-Network</i>	None			None			None			None		
<i>Out-of-Network</i>	None			None			None			None		
Out-of-Pocket Maximum												
<i>In-Network</i>	\$1,500/\$3,000			\$1,500/\$3,000			\$3,400/\$6,800			\$3,400/\$6,800		
<i>Out-of-Network</i>	\$3,000/\$6,000			\$3,000/\$6,000			\$6,800/\$13,600			\$6,800/\$13,600		
Office Visit Copay	\$20			\$20			Subject to ded./coins.			Subject to ded./coins.		
Specialist Office Visit Copay	\$20			\$20			Subject to ded./coins.			Subject to ded./coins.		
Chiropractic Copay	Subject to ded./coins.;			Subject to ded./coins.;			Subject to ded./coins.;			Subject to ded./coins.;		
	38 visits max.			38 visits max.			38 visits max.			38 visits max.		
Urgent Care Copay	\$25			\$25			Subject to ded./coins.			Subject to ded./coins.		
Emergency Room Copay	\$50			\$50			Subject to ded./coins.			Subject to ded./coins.		
Prescription Drugs	ABC Rx Free, \$2 or \$10 Generic / Free, \$20 or \$40 Pref. & Nonpref. Brand / Mail Order 2x			3 Tier RX Free, \$10 Generic / 20% (\$40 min/\$80 max) Brand / 20% (\$60 min/\$100 max) Pref. & Nonpref. Brand / Mail Order 2x			Subject to ded., then: ABC Rx Free, \$2 or \$10 Generic / Free, \$20 or \$40 Pref. & Nonpref. Brand / Mail Order 2x			Subject to ded., then: ABC Rx Free, \$2 or \$10 Generic / Free, \$20 or \$40 Pref. & Nonpref. Brand / Mail Order 2x		
Rate	Current	Employee Share		Current	Employee Share		Current	Employee Share		Current	Employee Share	
Single	14	\$783.63	\$174.92	15	\$740.95	\$132.24	23	\$692.62	\$83.91	24	\$628.21	\$19.50
Two-Person	4	\$1,763.16	\$490.16	4	\$1,667.13	\$394.13	9	\$1,558.40	\$285.40	8	\$1,413.46	\$140.46
Family	10	\$2,194.16	\$534.04	6	\$2,074.64	\$414.52	29	\$1,939.35	\$279.23	30	\$1,758.98	\$98.86
Monthly Premium by Plan	28	\$39,965.06		25	\$30,230.61		61	\$86,197.01		62	\$79,154.12	
Annual Premium by Plan		\$479,580.72			\$362,767.32			\$1,034,364.12			\$949,849.44	
Cost Difference (\$)												
Cost Difference (%)												
Combined Annual Total	# Enrolled			MESSA Combined Current Rates								
Combined \$ Difference	176			\$2,826,561.60								
Combined % Difference												

A.M. Best Rating: NR (Not Rated)

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.

Medical Current - Chelsea School District | All Eligibles

MESSA BCBSM CURRENT OPTIONS All Eligibles												
	All Eligibles			All Eligibles			All Eligibles			All Eligibles		
Benefit Plan	Simply Blue 500 80%			Simply Blue 500 80%			Simply Blue HSA 1400 100%			Simply Blue HSA 1400 80%		
Plan Type/Network	PPO / BCBSM			PPO / BCBSM			PPO HSA / BCBSM			PPO HSA / BCBSM		
Deductible	Embedded			Embedded			Aggregate			Aggregate		
<i>In-Network</i>	\$500/\$1,000			\$500/\$1,000			\$1,400/\$2,800			\$1,400/\$2,800		
<i>Out-of-Network</i>	\$1,000/\$2,000			\$1,000/\$2,000			\$2,800/\$5,600			\$2,800/\$5,600		
Coinsurance	<i>In-Network</i> 80%			<i>In-Network</i> 80%			100%			80%		
	<i>Out-of-Network</i> 60%			<i>Out-of-Network</i> 60%			80%			60%		
Coinsurance Maximum	<i>In-Network</i> \$2,500/\$5,000			<i>In-Network</i> \$2,500/\$5,000			None			None		
	<i>Out-of-Network</i> \$5,000/\$10,000			<i>Out-of-Network</i> \$5,000/\$10,000			None			None		
Out-of-Pocket Maximum	<i>In-Network</i> \$8,150/\$16,300			<i>In-Network</i> \$8,150/\$16,300			\$4,000/\$8,000			\$4,000/\$8,000		
	<i>Out-of-Network</i> \$16,300/\$32,600			<i>Out-of-Network</i> \$16,300/\$32,600			\$8,000/\$16,000			\$8,000/\$16,000		
Office Visit Copay	\$20			\$20			Subject to ded./coins.			Subject to ded./coins.		
Specialist Office Visit Copay	\$20			\$20			Subject to ded./coins.			Subject to ded./coins.		
Chiropractic Copay	\$20			\$20			Subject to ded./coins.;			Subject to ded./coins.;		
	12 visits max.			12 visits max.			Subject to ded./coins.;			Subject to ded./coins.;		
							12 visits max.			12 visits max.		
Urgent Care Copay	\$20			\$20			Subject to ded./coins.			Subject to ded./coins.		
Emergency Room Copay	\$150			\$150			Subject to ded./coins.			Subject to ded./coins.		
Prescription Drugs	\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			\$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x			Subject to ded., then: \$10 Generic \$40 Preferred Brand \$80 Nonpreferred Brand Mail Order 2x		
Rate	MESSA Current	BCBSM Option	Employee Share	MESSA Current	BCBSM Option	Employee Share	MESSA Current	BCBSM Option	Employee Share	MESSA Current	BCBSM Option	Employee Share
Single	14	\$783.63	\$616.65	\$7.94	15	\$740.95	\$616.65	\$7.94	23	\$692.62	\$603.07	-\$5.64
Two-Person	4	\$1,763.16	\$1,479.95	\$206.95	4	\$1,667.13	\$1,479.95	\$206.95	9	\$1,558.40	\$1,447.37	\$174.37
Family	10	\$2,194.16	\$1,849.94	\$189.82	6	\$2,074.64	\$1,849.94	\$189.82	29	\$1,939.35	\$1,809.21	\$149.09
Monthly Premium by Plan	28	\$39,965.06	\$33,052.30		25	\$30,230.61	\$26,269.19		61	\$86,197.01	\$79,364.03	
Annual Premium by Plan		\$479,580.72	\$396,627.60			\$362,767.32	\$315,230.28			\$1,034,364.12	\$952,368.36	
Cost Difference (\$)			-\$82,953.12				-\$47,537.04				-\$81,995.76	
Cost Difference (%)			-17.30%				-13.10%				-7.93%	
Combined Annual Total	# Enrolled			MESSA Combined Current Rates			BCBSM Combined Option Rates					
Combined \$ Difference	176			\$2,826,561.60			\$2,489,767.68					
Combined % Difference							-\$336,793.92					
							-11.92%					

A.M. Best Rating: NR (Not Rated)

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.

Medical Current - Chelsea School District | All Eligibles

MESSA BCN CURRENT OPTIONS All Eligibles																
All Eligibles				All Eligibles				All Eligibles				All Eligibles				
BCN Classic HMO				BCN Classic HMO				BCN HMO HSA 1400 100%				BCN HMO HSA 1400 80%				
HMO / BCN				HMO / BCN				PPO HSA / BCN				HMO HSA / BCN				
Embedded				Embedded				Aggregate				Aggregate				
In-Network				In-Network				In-Network				In-Network				
Deductible	\$500/\$1,000			\$500/\$1,000			\$1,400/\$2,800			\$1,400/\$2,800						
Coinsurance	100%			100%			100%			80%						
Coinsurance Maximum	None			None			None			None						
Out-of-Pocket Maximum	In-Network			In-Network			In-Network			In-Network						
Office Visit Copay	\$8,150/\$16,300			\$8,150/\$16,300			\$4,000/\$8,000			\$4,000/\$8,000						
Specialist Office Visit Copay	\$20			\$20			Subject to ded./coins.			Subject to ded./coins.						
Chiropractic Copay	\$30			\$30			Subject to ded./coins.;			Subject to ded./coins.;						
Urgent Care Copay	30 visits max.			30 visits max.			30 visits max.			30 visits max.						
Emergency Room Copay	\$35			\$35			Subject to ded./coins.			Subject to ded./coins.						
Prescription Drugs	\$150			\$150			Subject to ded./coins.			Subject to ded./coins.						
	\$15 Generic			\$15 Generic			Subject to ded., then:			Subject to ded., then:						
	\$40 Preferred Brand			\$40 Preferred Brand			\$15 Generic			\$15 Generic						
	\$80 Nonpreferred Brand			\$80 Nonpreferred Brand			\$40 Preferred Brand			\$40 Preferred Brand						
	20% (\$200max) Speciality			20% (\$200max) Speciality			\$80 Nonpreferred Brand			\$80 Nonpreferred Brand						
	20% (\$500max) Nonpreferred Speciality			20% (\$500max) Nonpreferred Speciality			20% (\$200max) Speciality			20% (\$200max) Speciality						
	20% (\$500max) Nonpreferred Speciality			20% (\$500max) Nonpreferred Speciality			20% (\$500max) Nonpreferred Speciality			20% (\$500max) Nonpreferred Speciality						
	Mail Order 2x			Mail Order 2x			Mail Order 2x			Mail Order 2x						
Rate	MESSA Current		BCN Option	Employee Share	MESSA Current		BCN Option	Employee Share	MESSA Current		BCN Option	Employee Share	MESSA Current		BCN Option	Employee Share
Single	14	\$783.63	\$635.14	\$26.43	15	\$740.95	\$635.14	\$26.43	23	\$692.62	\$544.08	-\$64.63	24	\$628.21	\$473.02	-\$135.69
Two-Person	4	\$1,763.16	\$1,524.33	\$251.33	4	\$1,667.13	\$1,524.33	\$251.33	9	\$1,558.40	\$1,305.80	\$32.80	8	\$1,413.46	\$1,135.24	-\$137.76
Family	10	\$2,194.16	\$1,905.41	\$245.29	6	\$2,074.64	\$1,905.41	\$245.29	29	\$1,939.35	\$1,632.25	-\$27.87	30	\$1,758.98	\$1,419.05	-\$241.07
Monthly Premium by Plan	28	\$39,965.06	\$34,043.38		25	\$30,230.61	\$27,056.88		61	\$86,197.01	\$71,601.29		62	\$79,154.12	\$63,005.90	
Annual Premium by Plan		\$479,580.72	\$408,520.56			\$362,767.32	\$324,682.56			\$1,034,364.12	\$859,215.48			\$949,849.44	\$756,070.80	
Cost Difference (\$)			-\$71,060.16				-\$38,084.76				-\$175,148.64				-\$193,778.64	
Cost Difference (%)			-14.82%				-10.50%				-16.93%				-20.40%	
# Enrolled	176			MESSA Combined Current Rates				BCBSM Combined Option Rates								
Combined Annual Total				\$2,826,561.60				\$2,348,489.40								
Combined \$ Difference								-\$478,072.20								
Combined % Difference								-16.91%								

A.M. Best Rating: NR (Not Rated)

Rates shown include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.