



Insurance | Risk Management | Consulting

Northview Public Schools - Medical 1/1/2023

Package Code	6Z		008		70		036/037		AL		6X	
Vendor	MESSA		POOL		MESSA		POOL		MESSA		MESSA	
Plan Name	Choices		Versatile 4 PPO		ABC Plan 1		Flexible Blue 2		ABC Plan 1		Choices	
Plan Highlights	In-Network		In-Network		In-Network		In-Network		In-Network		In-Network	
Individual Deductible	\$500		\$500		\$1,500		\$1,500		\$500		\$500	
Family Deductible	\$1,000		\$1,000		\$3,000		\$3,000		\$1,000		\$1,000	
Coinsurance (Insurance Pays)	100%		90%		100%		100%		90%		100%	
Individual Coinsurance Max	See BAAG		\$1,000		See BAAG		N/A		See BAAG		See BAAG	
Family Coinsurance Max	See BAAG		\$2,000		See BAAG		N/A		See BAAG		See BAAG	
Individual Out of Pocket Max	See BAAG		\$3,000		See BAAG		\$2,500		See BAAG		See BAAG	
Family Out of Pocket Max	See BAAG		\$6,000		See BAAG		\$5,000		See BAAG		See BAAG	
Covered Benefits												
Preventative Care	Covered 100%		Covered 100%		Covered 100%		Covered 100%		Covered 100%		Covered 100%	
Primary Care Physician Office Visit	\$20 copay		\$20 copay		Covered 100%		100% after ded		Covered 90%		\$10 copay	
Specialist Office Visit	\$20 copay		\$20 copay		Covered 100%		100% after ded		Covered 90%		\$10 copay	
Online Visit	\$20 copay		\$20 copay		Covered 100%		100% after ded		Covered 90%		\$10 copay	
Urgent Care Visit	\$20 copay		\$20 copay		Covered 100%		100% after ded		Covered 90%		\$25 copay	
Emergency Room	\$50 copay		\$50 copay, 90% after ded		Covered 100%		100% after ded		Covered 90%		\$50 copay	
Prescription Drugs												
Generic	\$10		\$10		\$10 after deductible		\$10 after deductible		\$10		\$10	
Preferred Brand	\$40		\$40		\$40 after deductible		\$40 after deductible		\$40		\$40	
Non-Preferred Brand	\$40		\$40		\$40 after deductible		\$40 after deductible		\$40		\$40	
Mail Order Prescriptions (90 Days)	2x copay		2x copay		2x copay		2x copay		2x copay		2x copay	
Monthly Premiums	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal
Employee	\$762.92	\$804.71	\$687.75	\$726.61	\$674.33	\$711.27	\$651.42	\$688.23	\$619.66	\$653.60	\$776.64	\$819.19
EE+ 1	\$1,716.58	\$1,810.62	\$1,547.46	\$1,634.89	\$1,517.26	\$1,600.38	\$1,465.72	\$1,548.53	\$1,394.24	\$1,470.62	\$1,747.46	\$1,843.18
Family	\$2,136.17	\$2,253.20	\$1,925.68	\$2,034.48	\$1,888.13	\$1,991.57	\$1,823.97	\$1,927.02	\$1,735.04	\$1,830.09	\$2,174.59	\$2,293.72
2022 Caps Adjusted EE Contributions - Monthly												
Single	\$154.21	\$188.09	\$79.04	\$109.99	\$65.62	\$94.65	\$42.71	\$71.61	\$10.95	\$36.98	\$167.93	\$202.57
2-Person	\$443.58	\$521.07	\$274.46	\$345.34	\$244.26	\$310.83	\$192.72	\$258.98	\$121.24	\$181.07	\$474.46	\$553.63
Family	\$476.05	\$571.50	\$265.56	\$352.78	\$228.01	\$309.87	\$163.85	\$245.32	\$74.92	\$148.39	\$514.47	\$612.02
2022 Caps Adjusted EE Contributions - Annual												
Single	\$1,850.53	\$2,257.05	\$948.49	\$1,319.85	\$787.45	\$1,135.77	\$512.53	\$859.29	\$131.41	\$443.73	\$2,015.17	\$2,430.81
2-Person	\$5,322.95	\$6,252.84	\$3,293.51	\$4,144.08	\$2,931.11	\$3,729.96	\$2,312.63	\$3,107.76	\$1,454.87	\$2,172.84	\$5,693.51	\$6,643.56
Family	\$5,712.59	\$6,857.97	\$3,186.71	\$4,233.33	\$2,736.11	\$3,718.41	\$1,966.19	\$2,943.81	\$899.03	\$1,780.65	\$6,173.63	\$7,344.21
Enrollment												
Employee	0		15		23		6		15		2	
EE+ 1	0		12		15		0		2		0	
Family	0		24		88		11		16		1	
Total												
Estimated Monthly	\$0	\$0	\$75.102	\$79.345	\$204.424	\$215.623	\$23.972	\$25.327	\$39.844	\$42.027	\$3.728	\$3.932
Estimated Yearly	\$0	\$0	\$901.225	\$952.144	\$2,453.087	\$2,587.477	\$287.666	\$303.919	\$478.128	\$504.320	\$44.734	\$47.185
Estimated Yearly Change \$	--	\$0	--	\$50.919	--	\$134.390	--	\$16.253	--	\$26.192	--	\$2.451
Estimated Yearly Change %	--	0%	--	5.65%	--	5.48%	--	5.65%	--	5.48%	--	5.48%

Notes:

Enrollment from client provided census

RENEWAL-FINANCIAL NOTICE: This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

Caps 2022	Caps 2023
\$7,304.51	\$7,399.47
\$15,276.01	\$15,474.60
\$19,921.45	\$20,180.43



Northview Public Schools - Quote Summary
2023 Marketing Solvency

Carrier	Line of Coverage	Response	Commissions/Supplemental Compensation
Current:			
WMHIP	Medical	Renewal	\$18.45 PEPM / \$0-\$7 PEPM- 3.5% stop loss
MESSA	Medical	Renewal	NA
Set Seg	Dental	Renewal	NA
Alternatives:			

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COVERAGE NOTICE: This analysis is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

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