Coloma Public Schools

Package Code	008	115/116	189	PH01	128	188	186/187	102/103	PH05	PH02
Vendor	POOL	POOL	POOL	POOL	Alternative	Alternative	Alternative	Alternative	Alternative	Alternative
Plan Name	ENHANCED 500 008	VALUE HSA 2000 115/116	VALUE 1000 189	PRIORITY HSA 2500 PH01	VALUE 500 128	VALUE 1000 188	VALUE HSA 3000 186/187	VALUE HSA 2000 102/103	PRIORITY HSA 3500 PH05	PRIORITY HSA 2500 PH02
	In-Network	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**
Individual Deductible	$500	$2,000	$1,000	$2,500	$500	$1,000	$3,000	$2,000	$3,500	$2,500
Family Deductible	$1,000	$4,000	$2,000	$5,000	$1,000	$2,000	$6,000	$4,000	$7,000	$5,000
Embedded or Agg deductible?	Embedded	Aggregate	Embedded	Aggregate	Embedded	Embedded	Aggregate	Aggregate	Aggregate	Aggregate
Coinsurance (Insurance Pays)	90%	100%	100%	100%	90%	90%	100%	80%	100%	80%
Individual Coinsurance Max	$1,000	N/A	N/A	N/A	$1,250	$2,500	N/A	$1,000	N/A	$2,000
Family Coinsurance Max	$2,000	N/A	N/A	N/A	$2,500	$5,000	N/A	$2,000	N/A	$4,000
Individual Out of Pocket Max	$3,000	$3,000	$2,250	$4,500	$2,750	$4,500	$6,350	$3,000	$5,500	$4,500
Family Out of Pocket Max	$6,000	$6,000	$4,500	$9,000	$5,500	$9,000	$6350 per member in a family plan $12700 per family	$6,000	$11,000	$9,000
Preventative Care	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Online Visit	$20 copay	100% after deductible	$20 copay	100% after deductible	$20 copay	$30 copay	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Online Mental Health Visit	$20 copay	100% after deductible	100% after deductible	100% after deductible	90% after deductible	90% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Primary Care Physician Office Visit	$20 copay	100% after deductible	$20 copay	100% after deductible	$20 copay	$30 copay	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Specialist Office Visit	$20 copay	100% after deductible	$40 copay	100% after deductible	$40 copay	$50 copay	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Urgent Care Visit	Facility: 90% after deductible Physician: 100% after $20 copay	100% after deductible	Facility: 100% after $60 copay Physician: 100% after $60 copay	100% after deductible	Facility: 100% after $60 copay Physician: 100% after $60 copay	Facility: 100% after $60 copay Physician: 100% after $60 copay	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Emergency Room	$50 copay, then 90% after deductible (waived if admitted or accidental injury)	100% after deductible	$150 copay (waived if admitted)	100% after deductible	$150 copay (waived if admitted)	$150 copay (waived if admitted)	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Chiropractic	90% after deductible, limited to 24 visits PMPY	100% after deductible, limited to 12 visits PMPY	$20 copay, limited to 12 visits PMPY	100% after deductible, limited to 24 visits PMPY	$20 copay, limited to 12 visits PMPY	$30 copay, limited to 12 visits PMPY	100% after deductible, limited to 12 visits PMPY	80% after deductible, limited to 12 visits PMPY	100% after deductible, limited to 24 visits PMPY	80% after deductible, limited to 24 visits PMPY
PT/OT/Speech combined	90% after deductible, limited to 60 combined visits PMPY	100% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 60 combined visits PMPY	90% after deductible, limited to 30 combined visits PMPY	90% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 30 combined visits PMPY	80% after deductible, limited to 30 combined visits PMPY	100% after deductible, limited to 60 combined visits PMPY	80% after deductible, limited to 60 combined visits PMPY
Generic	$10 copay	$10 copay after deductible	$20 copay	$10 copay after deductible	$20 copay	$20 copay	$10 copay after deductible	$20 copay after deductible	$10 copay after deductible	$10 copay after deductible
Preferred Brand	$40 copay	$40 copay after deductible	$40 copay	80% after deductible ($80 max)	$40 copay	$40 copay	$40 copay after deductible	$40 copay after deductible	80% after deductible ($80 max)	80% after deductible ($80 max)
Non-Preferred Brand	$40 copay	$80 copay after deductible	$80 copay	80% after deductible ($160 max)	$80 copay	$80 copay	$80 copay after deductible	$80 copay after deductible	80% after deductible ($160 max)	80% after deductible ($160 max)
Preferred Specialty	$40 copay	$40 copay after deductible	$40 copay	80% after deductible ($80 max)	$40 copay	$40 copay	$40 copay after deductible	$40 copay after deductible	80% after deductible ($80 max)	80% after deductible ($80 max)
Non-Preferred Specialty	$40 copay	$80 copay after deductible	$80 copay	80% after deductible ($160 max)	$80 copay	$80 copay	$80 copay after deductible	$80 copay after deductible	80% after deductible ($160 max)	80% after deductible ($160 max)
Mandatory Mail	N	N	N	N	N	N	N	N	N	N
Mail Order Prescriptions (90 Days)	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
Private Duty Nursing	90% after deductible	Not Covered	Not Covered	100% after deductible	Not Covered	Not Covered	100% after deductible	Not Covered	100% after deductible	80% after deductible
Wisdom Tooth Extractions	90% after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Massage Therapy Benefit	90% after deductible, limited to 24 visits PY	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Monthly Premiums	**Renewal**	**Renewal**	**Renewal**	**Renewal**	**Alternative**	**Alternative**	**Alternative**	**Alternative**	**Alternative**	**Alternative**
Single	$930.03	$757.53	$889.30	$690.76	$834.52	$786.72	$707.88	$673.10	$646.43	$596.77
2-Person	$2,092.53	$1,704.43	$2,000.92	$1,554.20	$1,877.65	$1,770.11	$1,568.15	$1,514.46	$1,454.44	$1,342.72
Family	$2,604.04	$2,121.07	$2,490.02	$1,934.11	$2,336.64	$2,202.81	$1,982.05	$1,884.67	$1,809.98	$1,670.94
Caps Adjusted EE Contributions - Monthly										
Single	$248.33	$75.83	$207.60	$9.06	$152.82	$105.03	$26.19	($8.60)	($35.27)	($84.93)
2-Person	$666.89	$278.80	$575.28	$128.56	$452.01	$344.47	$142.51	$88.82	$28.80	($82.92)
Family	$744.86	$261.89	$630.85	$74.94	$477.46	$343.63	$122.87	$25.49	($49.20)	($188.24)
Caps Adjusted EE Contributions - Annual										
Single	$2,979.98	$909.96	$2,491.21	$108.74	$1,833.89	$1,260.33	$314.24	($103.14)	($423.25)	($1,019.13)
2-Person	$8,002.64	$3,345.54	$6,903.32	$1,542.73	$5,424.18	$4,133.70	$1,710.14	$1,065.89	$345.66	($995.07)
Family	$8,938.36	$3,142.71	$7,570.19	$899.25	$5,729.54	$4,123.57	$1,474.44	$305.89	($590.41)	($2,258.86)
Enrollment										
Single	12	11	4	5	12	4	11	11	5	5
2-Person	7	4	3	5	7	3	4	4	5	5
Family	13	7	8	10	13	8	7	7	10	10
Total										
Estimated Monthly	$59,661	$29,998	$29,480	$30,566	$53,534	$26,080	$27,934	$26,655	$28,604	$26,407
Estimated Yearly	$715,926	$359,976	$353,762	$366,791	$642,409	$312,956	$335,204	$319,855	$343,249	$316,882
Estimated Yearly Change $										
Estimated Yearly Change %										

Illustration dated 09 18 2026

Notes:

Double check plan details against BAAG

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.