



Medical Rate Summary

Frankfort-Elberta Area Schools

All Employees

Assumed Effective Date: 1/1/2019

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Administrators & Teachers Enrolled in MESSA ABC Plan 1	Census	3	3	7	13	
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx	Rate	\$597.85	\$1,343.30	\$1,671.27		\$210,268
Support Staff Enrolled in MESSA ABC Plan 1	Census	6	2	4	12	
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx	Rate	\$597.85	\$1,343.30	\$1,671.27		\$155,505
Administrators & Teachers Enrolled in MESSA Choices Plan	Census	5	5	13	23	
MESSA Choices \$500-0%; \$10/\$20 Rx	Rate	\$736.13	\$1,654.45	\$2,058.49		\$464,559
TOTALS:		14	10	24	48	\$830,333

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$535	\$1,272	\$1,588	\$699,917	\$130,416
BCBSM SB PPO \$1500-0%; \$10/\$40/\$80 Rx	\$510	\$1,213	\$1,514	\$667,326	\$163,006
BCBSM SB PPO \$2000-20%; \$10/\$40/\$80 Rx	\$461	\$1,094	\$1,365	\$601,690	\$228,643
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$485	\$1,153	\$1,439	\$634,248	\$196,085
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$456	\$1,082	\$1,351	\$595,550	\$234,782

*Rates include \$8.30 enrollment and billing service fee.

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All Employees
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	RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN		Option 1	Option 2	Option 3	Option 4	Option 5					
	Administrators & Teachers Enrolled in MESSA ABC Plan 1		Support Staff Enrolled in MESSA ABC Plan 1		Administrators & Teachers Enrolled in MESSA Choices Plan		BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO \$1500-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO \$2000-20%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx					
Plan	MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx		MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx		MESSA Choices \$500-0%; \$10/\$20 Rx											
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019					
Purchased Plan Features	In Network		In Network		In Network		In Network	In Network	In Network	In Network	In Network					
Deductible																
Annual Deductible - 1P	\$1,350		\$1,350		\$500		\$1,000	\$1,500	\$2,000	\$1,350	\$1,350					
Annual Deductible - 2P/FF	\$2,700		\$2,700		\$1,000		\$2,000	\$3,000	\$4,000	\$2,700	\$2,700					
Additional Cost After Deductible																
Employee Coinsurance after Deductible	0%		0%		0%		0%	0%	20%	0%	20%					
Coinsurance Max - 1P	\$0		\$0		\$0		\$0	\$0	\$2,500	\$0	\$0					
Coinsurance Max - 2P/FF	\$0		\$0		\$0		\$0	\$0	\$5,000	\$0	\$0					
Out of Pocket Maximum																
Max ded, coinsurance, copays - 1P	\$4,350		\$4,350		\$1,500		\$6,350	\$6,350	\$6,850	\$2,250	\$2,250					
Max ded, coinsurance, copays - 2P/FF	\$6,650		\$6,650		\$3,000		\$12,700	\$12,700	\$13,700	\$4,500	\$4,500					
Copayments																
Office Visit/Specialist	0% after Ded.		0% after Ded.		\$5/\$5		\$30/\$30	\$30/\$30	\$30/\$30	0% after Ded.	20% after Ded.					
Urgent Care/ER	0% after Ded.		0% after Ded.		\$10/\$25		\$30/\$150	\$30/\$150	\$30/\$150	0% after Ded.	20% after Ded.					
Chiropractic Limit/Copay	38/0% after Ded.		38/0% after Ded.		38/0% (office visit copay may apply)		12/\$30	12/\$30	12/\$30	12/0% after Ded.	12/20% after Ded.					
Rx Copay	ABC Rx		ABC Rx		\$10/\$20		\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.					
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates				
One Person (1P)	3	\$597.85	6	\$597.85	5	\$736.13	14	\$534.92	14	\$510.22	14	\$460.50	14	\$485.17	14	\$455.86
Two Person (2P)	3	\$1,343.30	2	\$1,343.30	5	\$1,654.45	10	\$1,272.18	10	\$1,212.94	10	\$1,093.59	10	\$1,152.78	10	\$1,082.43
Family (FF)	7	\$1,671.27	4	\$1,671.27	13	\$2,058.49	24	\$1,588.16	24	\$1,514.09	24	\$1,364.91	24	\$1,438.91	24	\$1,350.96
Total Annual Premium	13	\$210,268	12	\$155,505	23	\$464,559	48	\$699,917	48	\$667,326	48	\$601,690	48	\$634,248	48	\$595,550
Combined Current Lives	48		< TOTALS		< TOTALS											
Combined Annual Premium	\$830,333		< TOTALS		< TOTALS											
One Person Cost Share																
One Person Rate	\$597.85		\$597.85		\$736.13		\$534.92	\$510.22	\$460.50	\$485.17	\$455.86					
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10		\$557.10	\$557.10	\$557.10	\$557.10	\$557.10					
One Person Monthly Cost	\$40.75		\$40.75		\$179.03		-\$22.18	-\$46.88	-\$96.60	-\$71.93	-\$101.24					
Two Person Cost Share																
Two Person Rate	\$1,343.30		\$1,343.30		\$1,654.45		\$1,272.18	\$1,212.94	\$1,093.59	\$1,152.78	\$1,082.43					
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06					
Two Person Monthly Cost	\$178.24		\$178.24		\$489.39		\$107.12	\$47.87	-\$71.47	-\$12.28	-\$82.64					
Family Cost Share																
Family Rate	\$1,671.27		\$1,671.27		\$2,058.49		\$1,588.16	\$1,514.09	\$1,364.91	\$1,438.91	\$1,350.96					
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36					
Family Monthly Cost	\$151.91		\$151.91		\$539.13		\$68.80	-\$5.27	-\$154.45	-\$80.45	-\$168.40					

*Rates include \$8.30 enrollment and billing service fee.
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Support Staff Only

Assumed Effective Date: 1/1/2019

Current Plan(s) and Segment:	1P	2P	FF	Monthly Premium	Total Annual Cost
Support Staff Enrolled in MESSA ABC Plan 1	Census 6	2	4	12	
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx	Rate \$597.85	\$1,343.30	\$1,671.27		\$155,505
TOTALS:	6	2	4	12	\$155,505

Product Name	1P Rate	2P Rate	FF Rate	Monthly Premium	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Conventional Plans						
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$637	\$1,518	\$1,896		\$173,335	-\$17,830
BCBSM SB PPO \$1500-0%; \$10/\$40/\$80 Rx	\$608	\$1,448	\$1,808		\$165,295	-\$9,790
BCBSM SB PPO \$2000-20%; \$10/\$40/\$80 Rx	\$549	\$1,306	\$1,630		\$149,105	\$6,401
BCBSM Simply Blue HSA Plans						
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$577	\$1,374	\$1,715		\$156,857	-\$1,351
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$543	\$1,291	\$1,611		\$147,366	\$8,139

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	RENEWAL PLAN		Option 1		Option 2	
	Support Staff Enrolled in MESSA ABC Plan 1		BCBSM SB PPO \$2000-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	
Plan	MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx					
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019	
Purchased Plan Features	In Network		In Network		In Network	
Deductible						
Annual Deductible - 1P	\$1,350		\$2,000		\$1,350	
Annual Deductible - 2P/FF	\$2,700		\$4,000		\$2,700	
Additional Cost After Deductible						
Employee Coinsurance after Deductible	0%		20%		20%	
Coinsurance Max - 1P	\$0		\$2,500		\$0	
Coinsurance Max - 2P/FF	\$0		\$5,000		\$0	
Out of Pocket Maximum						
Max ded, coinsurance, copays - 1P	\$4,350		\$6,850		\$2,250	
Max ded, coinsurance, copays - 2P/FF	\$6,650		\$13,700		\$4,500	
Copayments						
Office Visit/Specialist	0% after Ded.		\$30/\$30		20% after Ded.	
Urgent Care/ER	0% after Ded.		\$30/\$150		20% after Ded.	
Chiropractic Limit/Copay	38/0% after Ded.		12/\$30		12/20% after Ded.	
Rx Copay	ABC Rx		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	6	\$597.85	6	\$548.91	6	\$542.55
Two Person (2P)	2	\$1,343.30	2	\$1,305.75	2	\$1,290.51
Family (FF)	4	\$1,671.27	4	\$1,630.12	4	\$1,611.05
Total Annual Premium	12	\$155,505	12	\$149,105	12	\$147,366
Combined Current Lives	12					
Combined Annual Premium	\$155,505					
Total Costs			PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$155,505		\$149,105		\$147,366	
Estimated Savings/(Increase) \$			\$6,400.51		\$8,139.07	
Estimated Difference %			4.1%		5.2%	
One Person Cost Share						
One Person Rate	\$597.85		\$548.91		\$542.55	
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10	
One Person Monthly Cost	\$40.75		-\$8.19		-\$14.55	
Two Person Cost Share						
Two Person Rate	\$1,343.30		\$1,305.75		\$1,290.51	
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06	
Two Person Monthly Cost	\$178.24		\$140.69		\$125.44	
Family Cost Share						
Family Rate	\$1,671.27		\$1,630.12		\$1,611.05	
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36	
Family Monthly Cost	\$151.91		\$110.76		\$91.69	

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