

Plan Name	CURRENT PLAN Teachers enrolled in MESSA Choices \$500-0% MESSA Choices \$500-0%; Saver Rx	CURRENT PLAN Teachers enrolled in MESSA ABC Plan 1 \$1,600-0% MESSA ABC Plan 1 \$1,600-0%; ABC Rx	CURRENT PLAN Teachers enrolled in MESSA ABC Plan 1 \$1,600-20% MESSA ABC Plan 1 \$1,600-20%; ABC Mail Rx	CURRENT PLAN Teachers enrolled in MESSA Essentials MESSA Essentials \$375-20%; EbM Rx	Option 1 WMHIP BCBSM PPO \$500-20%; \$10/\$40/\$40 Rx	Option 2 WMHIP BCBSM PPO HSA \$1,600-0%; \$10/\$40/\$40 after Ded. Rx	Option 3 WMHIP BCBSM PPO HSA \$1,600-20%; \$10/20% after Ded. Rx	Option 4 WMHIP BCBSM PPO \$500-20%; \$20/\$40/\$40 Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible								
Annual Deductible - 1P	\$500	\$1,600	\$1,600	\$375	\$500	\$1,600	\$1,600	\$500
Annual Deductible - 2P/FF	\$1,000	\$3,200	\$3,200	\$750	\$1,000	\$3,200	\$3,200	\$1,000
Additional Cost After Deductible								
Employee Coinsurance After Deductible	0%	0%	20%	20%	20%	0%	20%	20%
Coinsurance Max - 1P	N/A	N/A	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	N/A	N/A
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$1,500	\$2,600	\$3,600	\$9,450	\$3,000	\$2,600	\$3,600	\$4,500
Max ded, coinsurance, copays - 2P/FF	\$3,000	\$5,200	\$7,200	\$18,900	\$6,000	\$5,200	\$7,200	\$9,000
Copayments								
Office Visit/Specialist	\$20/\$20	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	\$25/\$50	\$20/\$20	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	\$30/\$50
Urgent Care/ER	\$25/\$50	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	\$50/\$200	20% after Ded./\$50	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	\$60/\$150
Chiropractic Limit/Copay	38 Visits Combined Max/\$20	38 Visits Combined Max/0% after Ded.	38 Visit Combined Max/20% after Ded.	38 Visits Combined Max/\$50	24 Visits Combined Max/\$20	24 Visits Combined Max/0% after Ded.	24 Visits Combined Max/20% after Ded.	12 Visits Combined Max/\$30
Rx Copay	Saver Rx	ABC Rx	ABC Mail	EbM	\$10/\$40/\$40	\$10/\$40/\$40 after Ded.	\$10/20% after Ded.	\$20/\$40/\$40
Total Monthly Costs								
One Person (1P)	(1) \$919.29	(8) \$812.52	(6) \$727.28	(2) \$617.12	(17) \$816.81	(17) \$791.63	(17) \$678.04	(17) \$728.26
Two Person (2P)	(3) \$2,068.38	(9) \$1,828.18	(1) \$1,636.39	(0) \$1,388.52	(13) \$1,837.80	(13) \$1,781.15	(13) \$1,525.58	(13) \$1,638.57
Family (FF)	(6) \$2,573.99	(35) \$2,275.07	(15) \$2,036.39	(4) \$1,727.93	(60) \$2,287.05	(60) \$2,216.54	(60) \$1,898.51	(60) \$2,039.11
Total Annual Premium	(10) \$270,820.44	(52) \$1,230,974.76	(22) \$438,551.04	(6) \$97,751.52	(90) \$2,100,002.04	(90) \$2,035,260.72	(90) \$1,743,237.84	(90) \$1,872,341.16
Combined Annual Premium	\$2,038,097.76	\$2,038,097.76	\$2,038,097.76	\$2,038,097.76				
Savings								
Estimated Savings					-\$61,904.28 (3.0%)	\$2,837.04 (-0.1%)	\$294,859.92 (-14.5%)	\$165,756.60 (-8.1%)
One Person Cost Share								
One Person Rate	\$919.29	\$812.52	\$727.28	\$617.12	\$816.81	\$791.63	\$678.04	\$728.26
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$277.39	\$170.62	\$85.38	-\$24.78	\$174.91	\$149.73	\$36.14	\$86.36
Two Person Cost Share								
Two Person Rate	\$2,068.38	\$1,828.18	\$1,636.39	\$1,388.52	\$1,837.80	\$1,781.15	\$1,525.58	\$1,638.57
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$725.96	\$485.76	\$293.97	\$46.10	\$495.38	\$438.73	\$183.16	\$296.15
Family Cost Share								
Family Rate	\$2,573.99	\$2,275.07	\$2,036.39	\$1,727.93	\$2,287.05	\$2,216.54	\$1,898.51	\$2,039.11
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$823.34	\$524.42	\$285.74	-\$22.72	\$536.40	\$465.89	\$147.86	\$288.46

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Medical Rate Summary
Fremont Public Schools
Teachers

Current Plans and Segments		Assumed Effective Date: 7/1/24			
		1P	2P	FF	Total Annual Cost
Teachers enrolled in MESSA Choices \$500-0%		Census	1	3	6
MESSA Choices \$500-0%; Saver Rx		Rate	\$919.29	\$2,068.38	\$2,573.99
Teachers enrolled in MESSA ABC Plan 1 \$1,600-0%		Census	8	9	35
MESSA ABC Plan 1 \$1,600-0%; ABC Rx		Rate	\$812.52	\$1,828.18	\$2,275.07
Teachers enrolled in MESSA ABC Plan 1 \$1,600-20%		Census	6	1	15
MESSA ABC Plan 1 \$1,600-20%; ABC Mail Rx		Rate	\$727.28	\$1,636.39	\$2,036.39
Teachers enrolled in MESSA Essentials		Census	2	0	4
MESSA Essentials \$375-20%; EbM Rx		Rate	\$617.12	\$1,388.52	\$1,727.93
TOTALS:			17	13	60
					\$2,038,098

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$820.55	\$1,969.34	\$2,461.67	\$2,247,012	-\$208,914
BCBSM SB PPO HSA \$1,600-0%; \$10/\$40/\$80 after Ded. Rx	\$759.45	\$1,822.70	\$2,278.35	\$2,079,681	-\$41,583
BCBSM SB PPO HSA \$1,600-20%; \$10/\$40/\$80 after Ded. Rx	\$666.29	\$1,599.09	\$1,998.87	\$1,824,568	\$213,530
WMHIP					
BCBSM PPO \$500-20%; \$10/\$40/\$40 Rx	\$816.81	\$1,837.80	\$2,287.05	\$2,100,002	-\$61,904
BCBSM PPO HSA \$1,600-0%; \$10/\$40/\$40 after Ded. Rx	\$791.63	\$1,781.15	\$2,216.54	\$2,035,261	\$2,837
BCBSM PPO HSA \$1,600-20%; \$10/20% after Ded. Rx	\$678.04	\$1,525.58	\$1,898.51	\$1,743,238	\$294,860
BCBSM PPO \$500-20%; \$20/\$40/\$40 Rx	\$728.26	\$1,638.57	\$2,039.11	\$1,872,341	\$165,757
Priority Health	Solicited and declined to quote				

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