

Lakeview School District

Medical Rate & Benefit Comparison

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		RENEWAL		OPTION 1		OPTION 2		OPTION 3		OPTION 4		OPTION 5	
	MESSA July 1-2015 MESSA Choices II		MESSA July 1-2016 MESSA Choices II		WMHIP July 1-2016 PPO		WMHIP July 1-2016 PPO		WMHIP July 1-2016 HDHP		BCBS July 1-2016 PPO		Priority Health July 1-2016 POS	
PLAN(S)	BCBS		BCBS		BCBS		BCBS		BCBS		BCBS		Priority Health	
NETWORK(S)	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Plan Basics														
Individual Deductible	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	\$250	\$500	\$1,300	\$2,500	\$500	\$1,000	\$500	\$1,000
Family Deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	\$500	\$1,000	\$2,600	\$5,000	\$100	\$2,000	\$1,000	\$2,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%	100%	80%	80%	60%	100%	80%
Coinsurance Max Ind	NA	NA	NA	NA	NA	NA	\$1,000	\$2,000	NA	NA	NA	NA	NA	NA
Coinsurance Max Fam	NA	NA	NA	NA	NA	NA	\$2,000	\$4,000	NA	NA	NA	NA	NA	NA
Other Plan Details														
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Emergency Care (waived if admitted)		\$50		\$50		\$25		\$25		100% after Ded		\$150		\$150
Office Visits	\$20	80% after Ded	\$20	80% after Ded	\$20	80% after Ded	\$20	70% after Ded	100% after Ded	80% after Ded	\$20	80% after Ded	\$20	80% after Ded
Prescription Drugs														
Generic		\$10		\$10		\$10		\$10		\$10 after Ded		\$15		\$10
Formulary Brand		\$40		\$40		\$40		\$40		\$40 after Ded		\$30		\$40
Non-Formulary Brand		NA		NA		NA		NA		NA		\$60		\$80
Mail Order Prescriptions (90 Days)		2x		2x		2x		2x		2x		2x		2x
Rates														
Single	\$574.73		\$633.72		\$572.31		\$542.62		\$491.96		\$638.13		\$642.35	
2 Person	\$1,291.25		\$1,423.91		\$1,285.80		\$1,219.10		\$1,105.28		\$1,531.51		\$1,443.29	
Family	\$1,606.50		\$1,771.60		\$1,599.72		\$1,516.74		\$1,375.13		\$1,914.38		\$1,795.75	
Monthly Employee Payment Under CAP														
Single	\$75.37		\$121.87		\$60.47		\$30.78		\$0.00		\$126.29		\$130.51	
2 Person	\$246.94		\$353.49		\$215.38		\$148.68		\$34.86		\$461.09		\$372.87	
Family	\$244.61		\$375.66		\$203.79		\$120.80		\$0.00		\$518.45		\$399.81	
Enrollment														
Single	50		50		50		50		50		50		50	
2 Person	46		46		46		46		46		46		46	
Family	139		139		139		139		139		139		139	
Monthly Premium	\$311,437.35		\$343,438.24		\$310,123.53		\$294,036.65		\$266,584.16		\$368,455.25		\$348,118.09	
Annual Premium	\$3,737,248.20		\$4,121,258.87		\$3,721,482.32		\$3,528,439.84		\$3,199,009.90		\$4,421,462.96		\$4,177,417.08	
\$ Variance to Current	n/a		\$384,010.67		(\$15,765.89)		(\$208,808.36)		(\$538,238.30)		\$684,214.76		\$440,168.88	
% Variance to Current	n/a		10.28%		-0.4%		-5.6%		-14.4%		18.3%		11.8%	

Notes

Added 1.93% to MESSA current rates for taxes not included in rates
 Added 3.41% to MESSA renewal rates for taxes not included in rates