

Package Code	036/037		005	141/142		137/138		
Vendor	MESSA	MESSA	POOL	POOL	POOL	MESSA	POOL	MESSA
Plan Name	ABC Plan 1 7U	ABC Plan 1 7U	Flexible Blue 2	Versatile 3 - 10/40	Flexible Blue 7	ABC Plan 1 BV	Flexible Blue 6	CHOICES 6Z
Plan Type	CURRENT	Renewal	HDHP/H.S.A.	PPO	HDHP/H.S.A.	CURRENT/RENEWAL	PPO	CURRENT/RENEWAL
Plan Highlights	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible	\$1,500	\$1,600	\$1,600	\$250	\$1,600	\$1,600	\$1,600	\$500
Family Deductible	\$3,000	\$3,200	\$3,200	\$500	\$3,200	\$3,200	\$3,200	\$1,000
Coinsurance (Insurance Pays)	100%	100%	100%	90%	100%	90%	100%	100%
Individual Coinsurance Max	N/A	N/A	N/A	\$1,000	N/A	N/A	\$1,000	N/A
Family Coinsurance Max	N/A	N/A	N/A	\$2,000	N/A	N/A	\$2,000	N/A
Individual Out of Pocket Max	*\$2500		\$2,600	\$2,500	\$2,600	\$4,500	\$3,500	\$2,500
Family Out of Pocket Max	*\$5000		\$5,200	\$5,000	\$5,200	\$7,500	\$7,000	\$5,000
Covered Benefits								
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Physician Office Visit	100% after ded	100% after ded	100% after ded	\$20 copay	100% after ded	90% after ded	90% after ded	\$20 copay
Specialist Office Visit	100% after ded	100% after ded	100% after ded	\$20 copay	100% after ded	90% after ded	90% after ded	\$20 copay
Online Visit	100% after ded	100% after ded	100% after ded	\$20 copay	100% after ded	90% after ded	90% after ded	\$20 copay
Urgent Care Visit	100% after ded	100% after ded	100% after ded	\$20 copay	100% after ded	90% after ded	90% after ded	\$25 copay
Emergency Room	100% after ded	100% after ded	100% after ded	\$50 copay, 90% after ded	100% after ded	90% after ded	90% after ded	\$50 copay
Hospital Services	100% after ded	100% after ded	100% after ded	90% after ded	100% after ded	90% after ded	90% after ded	100% after ded
Hospice	100% after ded	100% after ded	100% after ded	90% after ded	100% after ded	90% after ded	90% after ded	Covered 100%
Prescription Drugs								
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$40	\$40	\$40	\$40	20% (\$40/\$80)	20% (\$40/\$80)	20% (\$40/\$80)	\$40
Non-Preferred Brand	\$40	\$40	\$40	\$40	20% (\$60/\$100)	20% (\$60/\$100)	20% (\$60/\$100)	\$40
Mandatory Mail	No	No	No	No	No	No	No	No
Retail Prescriptions (90 Days)	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Mail Order Prescriptions (90 Days)	2x copay	2x copay	2x copay	2x copay	2x copay	2x copay	2x copay	2x copay
Enrollment								
Single			6				3	
Double			7				0	
Family			42				1	
Financials	Current	Renewal	Alternative	Alternative	Alternative	Current	Renewal	Alternative
Employee Only	\$720.57	\$742.18	\$693.84	\$747.96	\$664.00	\$633.61	\$652.61	\$614.20
Employee + Spouse	\$1,621.31	\$1,669.92	\$1,561.11	\$1,682.88	\$1,493.98	\$1,425.64	\$1,468.39	\$1,381.93
Employee + Family	\$2,017.61	\$2,078.11	\$1,942.72	\$2,094.25	\$1,783.39	\$1,774.11	\$1,827.31	\$1,719.73
Cap Calculation	Current	Renewal	Alternative	Alternative	Alternative	Current	Renewal	Alternative
Employee Only	\$103.95	\$100.28	\$51.93	\$106.05	\$22.10	\$16.99	\$10.71	(\$27.71)
Employee + Spouse	\$331.76	\$327.50	\$218.69	\$340.46	\$151.56	\$136.09	\$125.97	\$39.51
Employee + Family	\$335.91	\$327.46	\$192.07	\$343.60	\$32.74	\$92.41	\$76.66	(\$30.92)
Total	Current	Renewal	Alternative	Alternative	Alternative	Current	Renewal	Alternative
Monthly Premium	\$100,412	\$103,423	\$96,685	\$104,226	\$89,344	\$3,675	\$3,785	\$3,562
Annual Premium	\$1,204,947	\$1,241,078	\$1,160,220	\$1,250,717	\$1,072,131	\$44,099	\$45,422	\$42,747.97
Premium Difference \$ to Current	--	\$36,131	(\$44,726)	\$45,771	(\$132,816)	--	\$1,322	(\$1,351)
Premium Difference % to Current	--	3.00%	-3.71%	3.80%	-11.02%	--	3.00%	-3.06%

Notes:

Annual Caps	2023	2024
Single	\$ 7,399.47	\$ 7,702.85
2 Person	\$ 15,474.60	\$ 16,109.06
Family	\$ 20,180.43	\$ 21,007.83

St. Joseph Public Schools

Medical Marketing

1/1/2024

068	118	005	144
POOL CB Plan 1 PPO	POOL CB 500 Plan 2 PPO	POOL Versatile 3 PPO	POOL Versatile 5 PPO
In-Network	In-Network	In-Network	In-Network
\$500	\$500	\$250	\$250
\$1,000	\$1,000	\$500	\$500
100%	100%	90%	90%
N/A	N/A	\$1,000	\$1,000
N/A	N/A	\$2,000	\$2,000
\$2,500	\$1,500	\$2,500	\$2,500
\$5,000	\$3,000	\$5,000	\$5,000
Covered 100%	Covered 100%	Covered 100%	Covered 100%
\$20 copay	\$20 copay	\$20 copay	\$20 copay
\$20 copay	\$20 copay	\$20 copay	\$20 copay
\$20 copay	\$20 copay	\$20 copay	\$20 copay
\$20 copay	\$20 copay	\$20 copay	\$20 copay
\$50 copay	\$50 copay	\$50 copay, 90% after ded	\$50 copay, 90% after ded
100% after ded	100% after ded	90% after ded	90% after ded
Covered 100%	Covered 100%	90% after ded	90% after ded
\$10	\$10	\$10	\$10
\$40	20% (\$40/\$80)	\$40	20% (\$40/\$80)
\$40	20% (\$60/\$100)	\$40	20% (\$60/\$100)
No	No	No	No
Not Available	Not Available	Not Available	Not Available
2x copay	2x copay	2x copay	2x copay
	13		
	7		
	22		
Alternative	Alternative	Alternative	Alternative
\$807.16	\$772.45	\$747.96	\$715.79
\$1,816.08	\$1,737.99	\$1,682.88	\$1,610.52
\$2,260.01	\$2,162.83	\$2,094.25	\$2,004.20
Alternative	Alternative	Alternative	Alternative
\$165.25	\$130.54	\$106.05	\$73.89
\$473.66	\$395.56	\$340.46	\$268.09
\$509.36	\$412.18	\$343.60	\$253.55
Alternative	Alternative	Alternative	Alternative
\$72,926	\$69,790	\$67,577	\$64,671
\$875,111	\$837,481	\$810,925	\$776,056
(\$8,773)	(\$46,403)	(\$72,958)	(\$26,502)
-0.99%	-5.25%	-8.25%	-12.20%

MESSA		121/122
ABC Plan 2 (CH)		POOL
CURRENT/RENEWAL		Flexible Blue 3
		PPO
	\$2,000	\$2,000
	\$4,000	\$4,000
	90%	100%
	N/A	N/A
	N/A	N/A
	\$5,000	\$3,000
	\$7,500	\$6,000
Covered 100%	Covered 100%	Covered 100%
90% after ded	100% after ded	100% after ded
90% after ded	100% after ded	100% after ded
90% after ded	100% after ded	100% after ded
90% after ded	100% after ded	100% after ded
90% after ded	100% after ded	100% after ded
90% after ded	100% after ded	100% after ded
90% after ded	100% after ded	100% after ded
90% after ded	100% after ded	100% after ded
Mandatory Mail		
	\$10	\$10 after ded
	20% (\$40/\$80)	20% (\$40/\$80)
	20% (\$60/\$100)	20% (\$60/\$100)
	Yes	No
	Not Available	Not available
	2x copay	2x copay
	3	
	4	
	28	
Current	Renewal	Alternative
\$594.61	\$612.44	\$579.37
\$1,337.88	\$1,377.99	\$1,303.50
\$1,664.89	\$1,714.82	\$1,622.13
Current	Renewal	Alternative
(\$22.01)	(\$29.46)	(\$62.53)
\$48.33	\$35.57	(\$38.92)
(\$16.81)	(\$35.83)	(\$128.52)
Current	Renewal	Alternative
\$53,752	\$55,364	\$52,372
\$645,027	\$664,371	\$628,461
--	\$19,344	(\$16,566)
--	3.00%	-2.57%

BCBSM	BCBSM	BCBSM
Community Blue 500	Community Blue 1000	Simply Blue 500
PPO	PPO	PPO
In-Network	In-Network	In-Network
\$500	\$1,000	\$500
\$1,000	\$2,000	\$1,000
80%	100%	80%
N/A	N/A	N/A
N/A	N/A	N/A
\$8,150	\$8,150	\$8,150
\$16,300	\$16,300	\$16,300
Covered 100%	Covered 100%	Covered 100%
\$20 copay	\$30 copay	\$20 copay
\$20 copay	\$30 copay	\$20 copay
N/A	N/A	N/A
\$20 copay	\$30 copay	\$20 copay
\$150 copay	\$150 copay	\$150 copay
80% after ded	100% after ded	80% after ded
100%	100%	100%
\$10	\$10	\$10
\$40	\$40	\$40
\$80	\$80	\$80
No	No	No
2x copay	2x copay	2x copay
2x copay	2x copay	2x copay
13	13	13
7	7	7
22	22	22
\$939.34	\$946.35	\$875.79
\$2,254.41	\$2,271.24	\$2,101.91
\$2,818.02	\$2,839.06	\$2,627.39
\$297.44	\$304.45	\$233.89
\$911.99	\$928.82	\$759.49
\$1,067.37	\$1,088.41	\$876.74
\$89,989	\$90,661	\$83,901
\$1,079,865	\$1,087,927	\$1,006,815
\$415,494	\$459,466	(\$73,050)
62.54%	73.11%	-6.76%



BCBSM Simply Blue 1000 PPO	BCBSM Simply Blue 1600 (1) H.S.A	BCBSM Simply Blue 1600 (2) H.S.A	BCBSM Simply Blue 2000 H.S.A
In-Network	In-Network	In-Network	In-Network
\$1,000	\$1,600	\$1,600	\$2,000
\$2,000	\$3,200	\$3,200	\$4,000
100%	100%	90%	90%
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
\$8,150	\$4,000	\$4,000	\$4,000
\$16,300	\$8,000	\$8,000	\$8,000
Covered 100%	Covered 100%	Covered 100%	Covered 100%
\$30 copay	100% after ded	90% after ded	90% after ded
\$30 copay	100% after ded	90% after ded	90% after ded
N/A	N/A	N/A	N/A
\$30 copay	100% after ded	90% after ded	90% after ded
\$150 copay	100% after ded	90% after ded	90% after ded
100% after ded	100% after ded	90% after ded	90% after ded
100%	100% after ded	90% after ded	90% after ded
\$10	\$10 after ded	\$10 after ded	\$10 after ded
\$40	\$40 after ded	\$40 after ded	\$40 after ded
\$80	\$80 after ded	\$80 after ded	\$80 after ded
N/A	No	No	No
2x copay	2x copay	2x copay	2x copay
2x copay	2x copay	2x copay	2x copay
13	13	13	3
7	7	7	4
22	22	22	28
\$898.61	\$779.92	\$719.11	\$684.06
\$2,156.65	\$1,871.81	\$1,725.84	\$1,641.75
\$2,695.82	\$2,339.76	\$2,157.30	\$2,052.17
\$256.71	\$138.02	\$77.21	\$42.16
\$814.23	\$529.39	\$383.42	\$299.33
\$945.17	\$589.11	\$406.65	\$301.52
\$86,087	\$74,716	\$68,890	\$66,080
\$1,033,038	\$896,596	\$826,679	\$792,959
(\$54,888)	(\$110,218)	(\$206,359)	\$128,588
-5.05%	-10.95%	-19.98%	19.35%