

# Mason Public Schools

Effective 1/1/2024

Package Code	9T	068	AR	118	BB	117	7W	121/122
Vendor	MESSA	POOL	MESSA	POOL	MESSA	POOL	MESSA	POOL
Plan Name	CHOICES 9T	CB PPO Plan 1	CHOICES AR	CB Plan 2	CHOICES BB	PPO Plan 3	ABC Plan 2	Flexible Blue 3
	CURRENT	ALTERNATIVE	CURRENT	ALTERNATIVE	CURRENT	ALTERNATIVE	CURRENT	CURRENT
Plan Highlights	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible	\$500	\$500	\$500	\$500	\$1,000	\$2,000	\$2,000	\$2,000
Family Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$4,000
Coinsurance (Insurance Pays)	100%	100%	100%	100%	80%	80%	100%	100%
Individual Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Coinsurance Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Individual Out of Pocket Max	\$2,500	\$2,500	\$3,500	\$1,500	\$5,000	\$3,000	\$3,000	\$3,000
Family Out of Pocket Max	\$5,000	\$5,000	\$7,000	\$3,000	\$10,000	\$6,000	\$6,000	\$6,000
<b>Covered Benefits</b>								
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Physician Office Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	100% after ded	100% after ded
Specialist Office Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	100% after ded	100% after ded
Online Visit	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	100% after ded	100% after ded
Urgent Care Visit	\$25 copay	\$20 copay	\$25 copay	\$20 copay	\$25 copay	\$20 copay	100% after ded	100% after ded
Emergency Room	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	100% after ded	100% after ded
Hospital Services	100% after ded	100% after ded	100% after ded	100% after ded	80% after ded	80% after ded	100% after ded	100% after ded
Hospice	Covered 100%	Covered 100%	Covered 100%	Covered 100%	80% after ded	Covered 100%	100% after ded	100% after ded
<b>Prescription Drugs</b>								
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$40	\$40	20% (\$40/\$80)	20% (\$40/\$80)	20% (\$40/\$80)	20% (\$40/\$80)	\$40	20% (\$40/\$80)
Non-Preferred Brand	\$40	\$40	20% (\$60/\$100)	20% (\$60/\$100)	20% (\$60/\$100)	20% (\$60/\$100)	\$40	20% (\$60/\$100)
Mail Order Prescriptions (90 Days)	2x copay	2x copay	2x copay	2x copay	2x copay	2x copay	2x copay	2x copay
<b>Enrollment</b>								
Employee Only	23	23	13	13	8	8	3	3
Employee + Spouse	5	5	11	11	2	2	1	1
Employee + Family	44	44	35	35	12	12	12	12
<b>Financials</b>	MESSA Renewal	Teachers Join	MESSA Renewal	Teachers Join	MESSA Renewal	Teachers Join	MESSA Renewal	Teachers Join
Employee Only	\$828.67	\$723.92	\$793.51	\$692.79	\$668.48	\$565.41	\$694.20	\$570.64
Employee + Spouse	\$1,864.52	\$1,503.05	\$1,785.41	\$1,438.42	\$1,504.12	\$1,272.15	\$1,561.98	\$1,283.89
Employee + Family	\$2,320.27	\$1,960.52	\$2,221.83	\$1,876.22	\$1,871.77	\$1,583.13	\$1,943.77	\$1,597.73
<b>Total</b>								
Monthly Premium	\$130,474	\$110,428	\$107,719	\$90,496	\$30,817	\$26,065	\$26,970	\$22,169
Annual Premium	\$1,565,687	\$1,325,139	\$1,292,630	\$1,085,958	\$369,808	\$312,782	\$323,638	\$266,023
Premium Difference \$ From Current	\$62,728	(\$177,820)	\$51,792	(\$154,880)	\$14,817	(\$42,209)	\$12,967	(\$57,615)
Premium Difference % From Current	4.17%	-11.83%	4.17%	-12.48%	4.17%	-11.89%	4.17%	-17.80%
<b>Caps Calculation</b>								
Single	\$186.77	\$82.01	\$151.61	\$50.89	\$26.58	(\$76.49)	\$52.30	(\$71.27)
Double	\$522.10	\$160.63	\$442.99	\$96.00	\$161.70	(\$70.27)	\$219.56	(\$58.53)
Family	\$569.62	\$209.87	\$471.18	\$125.56	\$121.12	(\$167.52)	\$193.12	(\$152.92)



**Mason Public Schools - Quote Summary**  
2024 Marketing

Carrier	Line of Coverage	Response	Commissions/Supplemental Compensation
<b>Current:</b>			
MESSA	Medical	Current	NA
<b>Alternatives:</b>			
BCBSM	Medical	DTQ	Not included
WMHIP - Pool	Medical	Alternative	3.5% of stop loss premium

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.

COVERAGE NOTICE: This analysis is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

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