



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

Mason Public Schools

All Employees

Assumed Effective Date: 7/1/2016

Plan	CURRENT PLAN Administrators		CURRENT PLAN Support Staff		CURRENT PLAN Teachers		CURRENT PLAN Transportation		Option 1		Option 2		Option 3		Option 4		Option 5		Option 6		Option 7		Option 8		Option 9	
	MESSA \$500-0%; Saver Rx		MESSA \$500-0%; Saver Rx		MESSA \$500-0%; Saver Rx		MESSA \$500-0%; Saver Rx		BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx		BCN HMO HSA \$1350-0%; \$10/\$30/\$60/\$80/20%/20% Rx		BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx		McLaren HMO \$500-0%; \$10/\$30/\$60 Rx		McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx		PHP HMO \$500-0%; \$10/\$40/\$80 Rx		PHP POS \$500-0%; \$10/\$40/\$80 Rx		PHP PPO \$500-0%; \$10/\$40/\$80 Rx	
Rate Period	7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017		7/1/2016-6/30/2017	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																										
Annual Deductible - 1P	\$500		\$500		\$500		\$500		\$500		\$1,350		\$500		\$1,300		\$500		\$2,000		\$500		\$500		\$500	
Annual Deductible - 2P/FF	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$2,700		\$1,000		\$2,600		\$1,000		\$4,000		\$1,000		\$1,000		\$1,000	
Additional Cost After Deductible																										
Employee Coinsurance after Deductible	0%		0%		0%		0%		0%		0%		20%		0%		0%		0%		0%		0%		0%	
Coinsurance Max - 1P	\$0		\$0		\$0		\$0		\$0		\$0		\$2,500		\$0		\$0		\$0		\$0		\$0		\$0	
Coinsurance Max - 2P/FF	\$0		\$0		\$0		\$0		\$0		\$0		\$5,000		\$0		\$0		\$0		\$0		\$0		\$0	
Out of Pocket Maximum																										
Max ded, coinsurance, copays - 1P	\$1,500		\$1,500		\$1,500		\$1,500		\$1,000		\$2,350		\$6,350		\$2,250		\$6,350		\$4,000		\$1,000		\$1,000		\$1,000	
Max ded, coinsurance, copays - 2P/FF	\$3,000		\$3,000		\$3,000		\$3,000		\$2,000		\$4,700		\$12,700		\$4,500		\$12,700		\$8,000		\$2,000		\$2,000		\$2,000	
Copayments																										
Office Visit/Specialist	\$20/\$20		\$20/\$20		\$20/\$20		\$20/\$20		\$20/\$30		0% after Ded.		\$20/\$20		0% after Ded.		\$20/\$20		0% after Ded.		\$20/\$20		\$20/\$20		\$20/\$20	
Urgent Care/ER	\$25/\$50		\$25/\$50		\$25/\$50		\$25/\$50		\$35/\$150		0% after Ded.		\$20/\$150		0% after Ded.		\$25/\$50		0% after Ded.		\$30/\$100		\$30/\$100		\$30/\$100	
Chiropractic Limit/Copay	38/\$20		38/\$20		38/\$20		38/\$20		30/\$30 (when referred)		30/0% (when referred)		12/\$20		12/0% after Ded.		Covered at 100% up to \$1500 per person per year		Covered at 100% up to \$1500 per person per year		24/\$20		24/\$20		24/\$20	
Rx Copay	Saver Rx		Saver Rx		Saver Rx		Saver Rx		\$4/\$15/\$40/\$80/20%/20%		\$10/\$30/\$60/\$80/20%/20% after Ded.		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$30/\$60		\$10/\$25/\$40 after Ded.		\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$685.77	7	\$685.77	22	\$685.77	8	\$699.67	37	\$549.07	37	\$474.13	37	\$554.66	37	\$505.87	37	\$489.44	37	\$404.12	37	\$604.40	37	\$639.10	37	\$679.65
Two Person (2P)	3	\$1,540.42	7	\$1,540.42	22	\$1,540.42	0	\$1,571.73	32	\$1,317.77	32	\$1,137.91	32	\$1,331.17	32	\$1,214.09	32	\$1,166.05	32	\$962.79	32	\$1,337.15	32	\$1,413.94	32	\$1,504.33
Family (FF)	9	\$1,920.24	10	\$1,920.24	96	\$1,920.24	0	\$1,959.20	115	\$1,647.22	115	\$1,422.40	115	\$1,663.97	115	\$1,517.61	115	\$1,304.78	115	\$1,077.33	115	\$1,663.66	115	\$1,759.20	115	\$1,871.67
Total Annual Premium	12	\$262,841	24	\$417,429	140	\$2,799,831	8	\$67,168	184	\$3,022,972	184	\$2,610,383	184	\$3,053,709	184	\$2,785,124	184	\$2,465,671	184	\$2,035,856	184	\$3,077,670	184	\$3,254,409	184	\$3,462,332
Combined Current Lives	184		< TOTALS		< TOTALS		< TOTALS																			
Combined Annual Premium	\$3,547,269		< TOTALS		< TOTALS		< TOTALS																			
Total Costs									PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost	\$3,547,269		<Totals		<Totals		<Totals		\$3,022,972		\$2,610,383		\$3,053,709		\$2,785,124		\$2,465,671		\$2,035,856		\$3,077,670		\$3,254,409		\$3,462,332	