

# Kentwood Public Schools

## Medical Rate & Benefit Comparison - ABC Plan 1

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

PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S)	RENEWAL		ALTERNATIVE	
	MESSA 1/1/2019 ABC Plan 1 BCBS		WMHIP 1/1/2019 Flex Blue HSA BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,350	\$2,700	\$1,350	\$2,700
Family Deductible	\$2,700	\$5,400	\$2,700	\$5,400
Coinsurance Level	100%	80%	100%	80%
Coinsurance Max Ind	N/A	\$2,000	N/A	\$2,000
Coinsurance Max Fam	N/A	\$4,000	N/A	\$4,000
Other Plan Details				
Hospital Services	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
Emergency Care <i>(waived if admitted)</i>	100% after Ded		100% after Ded	
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Prescription Drugs				
Generic	\$10 after Ded		\$10 after Ded	
Formulary Brand	\$40 after Ded		\$40 after Ded	
Non-Formulary Brand	\$40 after Ded		\$40 after Ded	
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x	
Rates				
Single	\$570.78		\$547.79	
2 Person	\$1,282.38		\$1,232.50	
Family	\$1,595.48		\$1,533.77	
Monthly Employee Payment Under CAP*				
<u>2018 PA 152 Caps</u> <u>2019 PA 152 Caps</u>				
\$6,560.52                  \$6,685.17	\$13.68		(\$9.31)	
\$13,720.07                \$13,980.75	\$117.32		\$67.43	
\$17,892.36                \$18,232.31	\$76.12		\$14.41	
Enrollment				
Single	86		86	
2 Person	62		62	
Family	224		224	
Monthly Premium	\$485,982.16		\$467,089.42	
Annual Premium	\$5,831,785.92		\$5,605,073.05	
\$ Variance to Renewal	n/a		(\$226,712.87)	
% Variance to Renewal	n/a		-3.89%	

**Notes:**

Enrollments are taken from the census