

River Rouge School District

HEALTH BENEFIT/COST ANALYSIS - PA 106 Transparency Reporting, November 2019

	Current Plan		HAP - Eff: 1/2020 - 8/31/2020		HAP - Eff: 1/2020 - 12/31/2020		McLaren- Eff: 1/2020 - 12/31/2020		BCBSM Eff: 1/2020 - 12/31/2020	
	Current / Renewal		Alternate 1		Alternate 2		Alternate 3		Alternate 4	
	MESSA Choices II PPO		HAP PPO Custom 1073		HAP PPO Custom 1073		McLaren C1/SP3		BCBSM Community Blue	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible										
Single	\$300	\$600	\$300	\$600	\$300	\$600	\$250	\$2,000	\$250	\$500
Family	\$600	\$1,200	\$600	\$1,200	\$600	\$1,200	\$500	\$4,000	\$500	\$1,000
Coinsurance	0%	20% for general services	0%	20%	0%	20%	0%	20%	20%	40%
Single Coinsurance / OOP Max	\$6,850	\$13,700	N/A / \$6,600	\$2,000 / \$13,200	N/A / \$6,600	\$2,000 / \$13,200	\$7,350	Unlimited	\$2,500 / \$6,350	\$5,000 / \$127,00
Family Coinsurance / OOP Max	\$13,700	\$27,400	N/A / \$13,200	\$4,000 / \$26,400	N/A / \$13,200	\$4,000 / \$26,400	\$14,700	Unlimited	\$5,000 / \$12,700	\$10,000 / \$25,400
Office Visits	\$20 copay	20% after ded.	\$20 copay	20% after ded.	\$20 copay	20% after ded.	\$15 copay	30% after ded.	\$20 copay	40%
Urgent Care	\$25 copay	20% after ded.	\$25 copay		\$25 copay		\$25 copay		\$20 copay	40%
Emergency Room	\$50 copay	No Charge after ded.	\$50 copay		\$50 copay		\$50 copay		\$150 copay	
Prescription Drugs										
Retail	Saver RX	25% after copay	\$10/\$40 (2x copay for 90 day supply)		\$10/\$40 (2x copay for 90 day supply)		\$10/\$40/\$80		\$10/\$40/\$80	copay plus an additional 25%
Mail Order							\$20/\$80/\$160		\$20/\$80/\$160	copay plus an additional 25%
Rates	Current	Renewal	Alternate 1		Alternate 2		Alternate 3		Alternate 4	
Single	25 \$754.82	\$739.84	\$652.62		\$663.47		\$676.58		\$703.08	
2 Person	12 \$1,696.46	\$1,662.77	\$1,501.03		\$1,525.98		\$1,520.48		\$1,687.39	
Family	25 \$2,110.77	\$2,068.86	\$1,696.81		\$1,725.02		\$1,891.68		\$2,109.24	
Employee & Child(ren)										
Double										
Family										
Single Medicare										
Family Medicare										
Single Medicare w/o Drug										
Family Medicare w/o Drug										
Medicare Rate										
Special Medicare both Rx										
Special Medicare both 1 Rx										
Monthly Premium	\$91,997.27	\$90,170.74	\$76,748.11		\$78,024.01		\$82,452.26		\$90,556.68	
Annual Premium	\$1,103,967.24	\$1,082,048.88	\$920,977.32		\$936,288.12		\$989,427.12		\$1,086,680.16	
Cost Difference (%)	--	-1.99%	-16.58%		-15.19%		-10.38%		-1.57%	
Cost Difference (\$)	--	(\$21,918.36)	(\$182,989.92)		(\$167,679.12)		(\$114,540.12)		(\$17,287.08)	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Priority Health and COPS Trust (VEBA) were solicited, but were uncompetitive or declined to quote

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Plan Name	Current Plan		BCBSM Eff: 1/2020 - 12/31/2020	
	Current / Renewal		Alternate 5	
	MESSA Choices II PPO		BCBSM Simply Blue	
Provider Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Single	\$300	\$600	\$250	\$500
Family	\$600	\$1,200	\$500	\$1,000
Coinsurance	0%	20% for general services	20%	40%
Single Coinsurance / OOP Max	\$6,850	\$13,700	\$2,500 / \$6,350	\$5,000 / \$12,700
Family Coinsurance / OOP Max	\$13,700	\$27,400	\$5,000 / \$12,700	\$10,000 / \$25,400
Office Visits	\$20 copay	20% after ded.	\$20 copay	40%
Urgent Care	\$25 copay	20% after ded.	\$20 copay	40%
Emergency Room	\$50 copay	No Charge after ded.	\$150 copay	
Prescription Drugs				
Retail	Saver RX	25% after copay	\$10/\$40/\$80	copay plus an additional 25%
Mail Order			\$20/\$80/\$160	copay plus an additional 25%
Rates	Current	Renewal	Alternate 4	
Single	25	\$754.82	\$739.84	\$639.57
2 Person	12	\$1,696.46	\$1,662.77	\$1,534.98
Family	25	\$2,110.77	\$2,068.86	\$1,918.72
Employee & Child(ren)				
Double				
Family				
Single Medicare				
Family Medicare				
Single Medicare w/o Drug				
Family Medicare w/o Drug				
Medicare Rate				
Special Medicare both Rx				
Special Medicare both 1 Rx				
Monthly Premium		\$91,997.27	\$90,170.74	\$82,377.01
Annual Premium		\$1,103,967.24	\$1,082,048.88	\$988,524.12
Cost Difference (%)		--	-1.99%	-10.46%
Cost Difference (\$)		--	(\$21,918.36)	(\$115,443.12)

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Health Alliance Plan

	Current Plan		BCBSM Eff: 1/2020 - 12/31/2020	
	Current / Renewal Eff: 1/1/2020 - 12/31/2020		Alternate 1	
Plan Name	HAP		BCBSM	
Provider Network	HMO		HMO	
	In-Network		In-Network	
Deductible	None		None	
Single	None		None	
Family	None		None	
Coinsurance	None		10% and 50% for select services	
Single Coinsurance / OOP Max	N/A		\$1,000 / \$5,000	
Family Coinsurance / OOP Max	N/A		\$2,000 / \$10,000	
Office Visits	\$10 copay		\$20 / \$30 copay	
Urgent Care	\$10 copay		\$35 copay	
Emergency Room	\$25 copay - waived if admitted		\$250 copay	
Prescription Drugs				
Retail	\$10/\$40/ (2x copay 90 day supply)		\$4/\$40/\$80/20%	
Mail Order			3 x applicable copay minus \$10	
	Rates		Alternate 1	
Employee	16	\$660.56	\$671.43	\$591.46
Employee & Spouse	3	\$1,519.29	\$1,544.30	\$1,419.50
Employee & Child	2	\$1,519.29	\$1,544.30	\$1,419.50
Employee & Child(ren)	1	\$1,717.45	\$1,745.72	\$1,774.37
Family	4	\$1,717.45	\$1,745.72	\$1,774.37
Family				
Single Medicare				
Family Medicare				
Single Medicare w/o Drug				
Family Medicare w/o Drug				
Medicare Rate				
Special Medicare both Rx				
Special Medicare both 1 Rx				
Monthly Premium		\$26,752.66	\$27,192.98	\$25,432.71
Annual Premium		\$321,031.92	\$326,315.76	\$305,192.52
Cost Difference (%)		--	1.65%	-4.93%
Cost Difference (\$)		--	\$5,283.84	(\$15,839.40)

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