



Insurance | Risk Management | Consulting

## Plainwell Community Schools

WMHIP Quote Effective 1/1/2023

|  |
|--|
| <b>Package Code</b>                                  |
| <b>Vendor</b>  |
| <b>Plan Name</b>                                     |
| <b>Plan Type</b>                                     |
| <b>Plan Highlights</b>                               |
| Individual Deductible                                |
| Family Deductible                                    |
| Coinsurance (Insurance Pays)                         |
| Individual Out of Pocket Max                         |
| Family Out of Pocket Max                             |
| <b>Covered Benefits</b>                              |
| Preventative Care                                    |
| Primary Care Physician Office Visit                  |
| Specialist Office Visit                              |
| Online Visit   |
| Urgent Care Visit                                    |
| Emergency Room                                       |
| <b>Prescription Drugs</b>                            |
| Generic  |
| Preferred Brand                                      |
| Non-Preferred Brand                                  |
| Mail Order Prescriptions (90 Days)                   |
| <b>Monthly Premiums</b>                              |
| Employee   |
| EE+ 1  |
| Family   |
| <b>2023 Caps Adjusted EE Contributions - Monthly</b> |
| Single   |
| 2-Person   |
| Family   |
| <b>2023 Caps Adjusted EE Contributions - Annual</b>  |
| Single   |
| 2-Person   |
| Family   |
| <b>Enrollment</b>                                    |
| Employee   |
| EE+ 1  |
| Family   |
| <b>Total</b>   |
| Estimated Monthly                                    |
| Estimated Yearly                                     |
| Estimated Yearly Change \$                           |
| Estimated Yearly Change %                            |

|                                   | 121/122                                |
|-----------------------------------|--|
| MESSA<br>ABC 2 CB<br>RENEWAL      | POOL<br>Flexible Blue 3<br>HDHP/H.S.A. |
| In-Network                        | In-Network                             |
| \$2,000                           | \$2,000                                |
| \$4,000                           | \$4,000                                |
| 100%                              | 100%                                   |
| Need Benefit Summary              | \$3,000                                |
| Need Benefit Summary              | \$6,000                                |
| Covered 100%                      | Covered 100%                           |
| 100% after ded                    | 100% after ded                         |
| 100% after ded                    | 100% after ded                         |
| 100% after ded                    | 100% after ded                         |
| 100% after ded                    | 100% after ded                         |
| 100% after ded                    | 100% after ded                         |
| \$10 after deductible             | \$10 after deductible                  |
| 20% (\$40/\$80) after deductible  | 20% (\$40/\$80) after deductible       |
| 20% (\$60/\$100) after deductible | 20% (\$60/\$100) after deductible      |
| 2x copay                          | 2x copay                               |
| \$628.16                          | \$557.18                               |
| \$1,413.36                        | \$1,253.65                             |
| \$1,758.85                        | \$1,560.10                             |
| \$11.54                           | (\$59.44)                              |
| \$123.81                          | (\$35.90)                              |
| \$77.15                           | (\$121.60)                             |
| \$138.45                          | (\$713.33)                             |
| \$1,485.72                        | (\$430.80)                             |
| \$925.77                          | (\$1,459.23)                           |
| 5                                 |  |
| 1                                 |  |
| 0                                 |  |
| \$4,554.16                        | \$4,039.54                             |
| \$54,649.92                       | \$48,474.48                            |
| --                                | (\$6,175.44)                           |
| --                                | -11.30%                                |

|                                   | 137/138                                |
|-----------------------------------|--|
| MESSA<br>ABC 1 BT<br>RENEWAL      | POOL<br>Flexible Blue 6<br>HDHP/H.S.A. |
| In-Network                        | In-Network                             |
| \$1,500                           | \$1,500                                |
| \$3,000                           | \$3,000                                |
| 90%                               | 90%                                    |
| Need Benefit Summary              | \$3,500                                |
| Need Benefit Summary              | \$7,000                                |
| Covered 100%                      | Covered 100%                           |
| 90% after ded                     | 90% after ded                          |
| 90% after ded                     | 90% after ded                          |
| 90% after ded                     | 90% after ded                          |
| 90% after ded                     | 90% after ded                          |
| 90% after ded                     | 90% after ded                          |
| 90% after ded                     | 90% after ded                          |
| \$10 after deductible             | \$10 after deductible                  |
| 20% (\$40/\$80) after deductible  | 20% (\$40/\$80) after deductible       |
| 20% (\$60/\$100) after deductible | 20% (\$60/\$100) after deductible      |
| 2x copay                          | 2x copay                               |
| \$625.13                          | \$554.49                               |
| \$1,406.54                        | \$1,247.60                             |
| \$1,750.36                        | \$1,552.57                             |
| \$8.51                            | (\$62.13)                              |
| \$116.99                          | (\$41.95)                              |
| \$68.66                           | (\$129.13)                             |
| \$102.09                          | (\$745.59)                             |
| \$1,403.88                        | (\$503.39)                             |
| \$823.89                          | (\$1,549.60)                           |
| 0                                 |  |
| 1                                 |  |
| 0                                 |  |
| \$1,406.54                        | \$1,247.60                             |
| \$16,878.48                       | \$14,971.21                            |
| --                                | (\$1,907.27)                           |
| --                                | -11.30%                                |