



Insurance | Risk Management | Consulting

Plainwell Community Schools

WMHIP Quote Effective 1/1/2023

Package Code

Vendor

Plan Name

Plan Type

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

MESSA ABC 2 CJ RENEWAL	POOL CB HSA 2000 HDHP/H.S.A.
In-Network	In-Network
\$2,000	\$2,000
\$4,000	\$4,000
80%	80%
Need Benefit Summary	\$3,000
Need Benefit Summary	\$6,000
Covered 100%	Covered 100%
80% after ded	80% after ded
80% after ded	80% after ded
80% after ded	80% after ded
80% after ded	80% after ded
80% after ded	80% after ded
80% after ded	80% 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
\$574.57	\$509.64
\$1,292.76	\$1,146.68
\$1,608.78	\$1,426.99
(\$42.05)	(\$106.98)
\$3.21	(\$142.87)
(\$72.92)	(\$254.71)
(\$504.63)	(\$1,283.75)
\$38.52	(\$1,714.46)
(\$875.07)	(\$3,056.58)
7	
5	
12	
\$29,791.15	\$26,424.75
\$357,493.80	\$317,097.00
--	(\$40,396.80)
--	-11.30%

MESSA Choices 8C RENEWAL	112 POOL CB PPO 4 PPO
In-Network	In-Network
\$1,000	\$1,000
\$2,000	\$2,000
100%	100%
Need Benefit Summary	\$3,000
Need Benefit Summary	\$6,000
Covered 100%	Covered 100%
\$20 copay	\$20 copay
\$20 copay	\$20 copay
\$20 copay	\$20 copay
\$25 copay	\$25 copay
\$50 copay	\$50 copay
\$10	\$10
\$40	\$40
\$40	\$40
2x copay	2x copay
\$758.50	\$672.79
\$1,706.63	\$1,513.78
\$2,123.81	\$1,883.82
\$141.88	\$56.17
\$417.08	\$224.23
\$442.11	\$202.12
\$1,702.53	\$674.00
\$5,004.96	\$2,690.77
\$5,305.29	\$2,425.40
12	
9	
16	
\$58,442.63	\$51,838.61
\$701,311.56	\$622,063.35
--	(\$79,248.21)
--	-11.30%

MESSA ABC 1 BX RENEWAL	119/120 POOL Flexible Blue 4 HDHP/H.S.A.
In-Network	In-Network
\$1,500	\$1,500
\$3,000	\$3,000
80%	80%
Need Benefit Summary	\$3,500
Need Benefit Summary	\$7,000
Covered 100%	Covered 100%
80% after ded	80% after ded
80% after ded	80% after ded
80% after ded	80% after ded
80% after ded	80% after ded
80% after ded	80% after ded
80% after ded	80% 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
\$608.92	\$540.11
\$1,370.09	\$1,215.27
\$1,704.99	\$1,512.33
(\$7.70)	(\$76.51)
\$80.54	(\$74.28)
\$23.29	(\$169.38)
(\$92.43)	(\$918.13)
\$966.48	(\$891.36)
\$279.45	(\$2,032.52)
4	
4	
4	
\$14,736.00	\$13,070.83
\$176,832.00	\$156,849.98
--	(\$19,982.02)
--	-11.30%