



Insurance | Risk Management | Consulting

Plainwell Community Schools

WMHIP Quote Effective 1/1/2023

Package Code	068	
Vendor	MESSA	POOL
Plan Name	Choices 7F	CB PPO Plan 1
Plan Type	RENEWAL	PPO
Plan Highlights	In-Network	In-Network
Individual Deductible	\$500	\$500
Family Deductible	\$1,000	\$1,000
Coinsurance (Insurance Pays)	100%	100%
Individual Out of Pocket Max	Need Benefit Summary	\$2,500
Family Out of Pocket Max	Need Benefit Summary	\$5,000
Covered Benefits		
Preventative Care	Covered 100%	Covered 100%
Primary Care Physician Office Visit	\$20 copay	\$20 copay
Specialist Office Visit	\$20 copay	\$20 copay
Online Visit	\$20 copay	\$20 copay
Urgent Care Visit	\$25 copay	\$20 copay
Emergency Room	\$50 copay	\$50 copay
Prescription Drugs		
Generic	\$10	\$10
Preferred Brand	\$40	\$40
Non-Preferred Brand	\$40	\$40
Mail Order Prescriptions (90 Days)	2x copay	2x copay
Monthly Premiums		
Employee	\$804.35	\$713.46
EE+ 1	\$1,809.79	\$1,605.28
Family	\$2,252.19	\$1,997.69
2023 Caps Adjusted EE Contributions - Monthly		
Single	\$187.73	\$96.84
2-Person	\$520.24	\$315.73
Family	\$570.49	\$315.99
2023 Caps Adjusted EE Contributions - Annual		
Single	\$2,252.73	\$1,162.03
2-Person	\$6,242.88	\$3,788.80
Family	\$6,845.85	\$3,791.88
Enrollment		
Employee	3	
EE+ 1	4	
Family	1	
Total		
Estimated Monthly	\$11,904.40	\$10,559.20
Estimated Yearly	\$142,852.80	\$126,710.43
Estimated Yearly Change \$	--	(\$16,142.37)
Estimated Yearly Change %	--	-11.30%

Package Code	036/037	
Vendor	MESSA	POOL
Plan Name	ABC 1 7V	Flexible Blue 2
Plan Type	RENEWAL	HDHP/H.S.A.
Plan Highlights	In-Network	In-Network
Individual Deductible	\$1,500	\$1,500
Family Deductible	\$3,000	\$3,000
Coinsurance (Insurance Pays)	100%	100%
Individual Out of Pocket Max	Need Benefit Summary	\$2,500
Family Out of Pocket Max	Need Benefit Summary	\$5,000
Covered Benefits		
Preventative Care	Covered 100%	Covered 100%
Primary Care Physician Office Visit	100% after ded	100% after ded
Specialist Office Visit	100% after ded	100% after ded
Online Visit	100% after ded	100% after ded
Urgent Care Visit	100% after ded	100% after ded
Emergency Room	100% after ded	100% after ded
Prescription Drugs		
Generic	\$10	\$10
Preferred Brand	\$40	\$40
Non-Preferred Brand	\$40	\$40
Mail Order Prescriptions (90 Days)	2x copay	2x copay
Monthly Premiums		
Employee	\$710.94	\$630.60
EE+ 1	\$1,599.62	\$1,418.86
Family	\$1,990.64	\$1,765.70
2023 Caps Adjusted EE Contributions - Monthly		
Single	\$94.32	\$13.98
2-Person	\$310.07	\$129.31
Family	\$308.94	\$84.00
2023 Caps Adjusted EE Contributions - Annual		
Single	\$1,131.81	\$167.78
2-Person	\$3,720.84	\$1,551.76
Family	\$3,707.25	\$1,007.94
Enrollment		
Employee	26	
EE+ 1	11	
Family	52	
Total		
Estimated Monthly	\$139,593.54	\$123,819.47
Estimated Yearly	\$1,675,122.48	\$1,485,833.64
Estimated Yearly Change \$	--	(\$189,288.84)
Estimated Yearly Change %	--	-11.30%

Package Code	040/041	
Vendor	MESSA	POOL
Plan Name	ABC 2 7X	Flexible Blue 3
Plan Type	RENEWAL	HDHP/H.S.A.
Plan Highlights	In-Network	In-Network
Individual Deductible	\$2,000	\$2,000
Family Deductible	\$4,000	\$4,000
Coinsurance (Insurance Pays)	100%	100%
Individual Out of Pocket Max	Need Benefit Summary	\$3,000
Family Out of Pocket Max	Need Benefit Summary	\$6,000
Covered Benefits		
Preventative Care	Covered 100%	Covered 100%
Primary Care Physician Office Visit	100% after ded	100% after ded
Specialist Office Visit	100% after ded	100% after ded
Online Visit	100% after ded	100% after ded
Urgent Care Visit	100% after ded	100% after ded
Emergency Room	100% after ded	100% after ded
Prescription Drugs		
Generic	\$10	\$10
Preferred Brand	\$40	\$40
Non-Preferred Brand	\$40	\$40
Mail Order Prescriptions (90 Days)	2x copay	2x copay
Monthly Premiums		
Employee	\$665.35	\$590.17
EE+ 1	\$1,497.03	\$1,327.87
Family	\$1,862.97	\$1,652.45
2023 Caps Adjusted EE Contributions - Monthly		
Single	\$48.73	(\$26.46)
2-Person	\$207.48	\$38.32
Family	\$181.27	(\$29.25)
2023 Caps Adjusted EE Contributions - Annual		
Single	\$584.73	(\$317.48)
2-Person	\$2,489.76	\$459.79
Family	\$2,175.21	(\$350.98)
Enrollment		
Employee	4	
EE+ 1	0	
Family	2	
Total		
Estimated Monthly	\$6,387.34	\$5,665.57
Estimated Yearly	\$76,648.08	\$67,986.85
Estimated Yearly Change \$	--	(\$8,661.23)
Estimated Yearly Change %	--	-11.30%