

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	\$1,418.06
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	28	
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%

THE POOL

Western Michigan Health Insurance

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	
Preventive 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 CI RENEWAL	POOL CB HSA 2000 HMO/PHSA
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
(\$42.09)	(\$106.98)
\$3.21	(\$142.87)
(\$72.92)	(\$254.71)
(\$504.63)	(\$1,283.75)
\$38.32	(\$1,714.46)
(\$873.07)	(\$3,036.38)
7	
5	
12	
\$29,791.15	\$26,424.75
\$357,493.80	\$317,097.00
-	(\$40,396.80)
-	-11.30%

MESSA Choices BC RENEWAL	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
\$30 copay	\$30 copay
\$10	\$10
\$40	\$40
\$40	\$40
2x copay	2x copay
\$738.50	\$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
\$5,303.29	\$2,423.40
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	POOL Flexible Blue 4 HMO/PHSA
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)	(\$76.31)
\$80.54	(\$74.28)
\$23.19	(\$169.38)
(\$92.43)	(\$918.13)
\$966.48	(\$891.36)
\$279.43	(\$2,032.52)
4	
4	
4	
\$14,736.00	\$13,070.83
\$176,832.00	\$156,849.98
-	(\$19,982.02)
-	-11.30%

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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 %

121/122	
MESSA ABC 2 CB RENEWAL	POOL Flexible Blue 3 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
--	(\$8,175.44)
--	-11.30%

137/138	
MESSA ABC 1 BT RENEWAL	POOL Flexible Blue 6 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	\$14,871.21
--	(\$1,907.27)
--	-11.30%

THE POOL

Western Michigan Health Insurance