



PA 106 Summary
Lakewood Community Schools
Effective Date: 1/1/2024

Renewal Plan(s) and Segment:		One Person	Two Person	Family		Total Census		Total Annual Cost
Teachers with MESSA	Census	12	3	20		35		
	MESSA - ABC 1 PPO	Rate	\$755.80	\$1,700.54	\$2,116.23			\$677,950
Teachers with MESSA	Census	4	3	35		42		
	MESSA - ABC 2 PPO	Rate	\$706.57	\$1,589.77	\$1,978.38			\$922,067
	Totals:	16	6	55		77		\$1,600,017

Product Name	One Person Rate	Two Person Rate	Family Rate		Total Annual Cost	Estimated Annual Savings	% Change from Current
BCBSM - Simply Blue HSA \$1600/0% PPO	\$654.88	\$1,571.70	\$1,964.63		\$1,535,555	-\$64,461	-4.03%
BCBSM - Simply Blue HSA \$2000/0% PPO	\$614.77	\$1,475.44	\$1,844.30		\$1,441,506	-\$158,511	-9.91%
BCN - BCN HSA \$1600/0% HMO	\$589.29	\$1,414.28	\$1,767.86		\$1,381,759	-\$218,257	-13.64%
BCN - Blue Elect Plus HSA POS \$1600/0% POS	\$591.46	\$1,419.49	\$1,774.37		\$1,386,848	-\$213,169	-13.32%
BCN - Blue Elect Plus HSA POS \$2000/0% POS	\$564.39	\$1,354.54	\$1,693.17		\$1,323,382	-\$276,635	-17.29%
Priority Health	No Quote Received Yet						

Plan	Teachers MESSA ABC 1			Teachers BCBSM Simply Blue HSA \$1600/0%		Teachers BCN Blue Elect Plus HSA POS \$1600/0%	
	Effective Dates	1/1/2024 - 12/31/2024			1/1/2024 - 12/31/2024		1/1/2024 - 12/31/2024
Provider Network	PPO			PPO		POS	
Annual Deductibles	In Network	Out of Network		In Network	Out of Network	In Network	Out of Network
Deductible - Single	\$1,500	\$3,000		\$1,600	\$3,200	\$1,600	\$3,200
Deductible - Family	\$3,000	\$6,000		\$3,200	\$6,400	\$3,200	\$6,400
Additional Cost After Deductible							
Coinsurance	0%	20%		0%	20%	0%	20%
Coinsurance Maximum - Single	NA	NA		NA	NA	NA	NA
Coinsurance Maximum - Family	NA	NA		NA	NA	NA	NA
Out of Pocket Maximum							
Single	\$2,400	\$4,800		\$4,000	\$8,000	\$4,000	\$8,000
Family	\$4,800	\$9,600		\$8,000	\$16,000	\$8,000	\$16,000
Copayments							
Office Visit	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	NA
Urgent Care	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible
Emergency Room	0% after in network deductible	0% after in network deductible		0% after in network deductible	0% after in network deductible	0% after in network deductible	0% after in network deductible
Rx	ABC RX	ABC RX		\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount	\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA
Virtual Visits	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible	0% after in network deductible	20% after out of network deductible
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate	Census	Rate
One Person (1P)	12	\$705.06	\$755.80	12	\$654.88	12	\$591.46
Two Person (2P)	3	\$1,586.39	\$1,700.54	3	\$1,571.70	3	\$1,419.49
Family (FF)	20	\$1,974.18	\$2,116.23	20	\$1,964.63	20	\$1,774.37
Total Monthly Premium		\$52,703.49	\$56,495.82		\$51,866.26		\$46,843.39
Total Annual Premium	35	\$632,442	\$677,950	35	\$622,395	35	\$562,121
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap	
One Person - \$7,702.85	\$113.90			\$12.98		-\$50.44	
Two Person - \$16,109.06	\$358.12			\$229.28		\$77.07	
Family - \$21,007.83	\$365.58			\$213.98		\$23.72	

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

Plan	Teachers MESSA ABC 2			Teachers BCBSM Simply Blue HSA \$2000/0%		Teachers BCN Blue Elect Plus HSA POS \$2000/0%		
	Effective Dates	1/1/2024 - 12/31/2024			1/1/2024 - 12/31/2024		1/1/2024 - 12/31/2024	
Provider Network	PPO			PPO		POS		
Annual Deductibles	In Network	Out of Network		In Network	Out of Network		In Network	Out of Network
Deductible - Single	\$2,000	\$4,000		\$2,000	\$4,000		\$2,000	\$4,000
Deductible - Family	\$4,000	\$8,000		\$4,000	\$8,000		\$4,000	\$8,000
Additional Cost After Deductible								
Coinsurance	0%	20%		0%	20%		0%	20%
Coinsurance Maximum - Single	NA	NA		NA	NA		NA	NA
Coinsurance Maximum - Family	NA	NA		NA	NA		NA	NA
Out of Pocket Maximum								
Single	\$3,000	\$6,000		\$4,000	\$8,000		\$4,000	\$8,000
Family	\$6,000	\$12,000		\$8,000	\$16,000		\$8,000	\$16,000
Copayments								
Office Visit	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible		0% after in network deductible	NA
Urgent Care	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible
Emergency Room	0% after in network deductible	0% after in network deductible		0% after in network deductible	0% after in network deductible		0% after in network deductible	0% after in network deductible
Rx	ABC RX	ABC RX		\$10/\$40/\$80 after in network deductible	\$10/\$40/\$80 plus 25% of approved amount		\$4/\$15/\$40/\$80/20% to \$200/20% to \$300	NA
Virtual Visits	0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible		0% after in network deductible	20% after out of network deductible
Total Monthly Costs	Census	Current Rate	Renewal Rate	Census	Rate		Census	Rate
One Person (1P)	4	\$659.14	\$706.57	4	\$614.77		4	\$564.39
Two Person (2P)	3	\$1,483.06	\$1,589.77	3	\$1,475.44		3	\$1,354.54
Family (FF)	35	\$1,845.59	\$1,978.38	35	\$1,844.30		35	\$1,693.17
Total Monthly Premium		\$71,681.39	\$76,838.89		\$71,435.90			\$65,582.13
Total Annual Premium	42	\$860,177	\$922,067	42	\$857,231		42	\$786,986
PA 152 Annual Hard Cap	Monthly Cost to Cap			Monthly Cost to Cap		Monthly Cost to Cap		
One Person - \$7,702.85	\$64.67			-\$27.13		-\$77.51		
Two Person - \$16,109.06	\$247.35			\$133.02		\$12.12		
Family - \$21,007.83	\$227.73			\$93.65		-\$57.48		

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