



Lowell Area Schools 2023 Medical Renewal Comparison

Vendor Plan Name Plan Type	POOL PPO Select 2 PPO	MESSA Choices PPO	POOL Flexible Blue 2 HDHP/H.S.A.	MESSA ABC Plan 1 HDHP/H.S.A.	MESSA ABC Plan 1 HDHP/H.S.A.	MESSA ABC Plan 2 HDHP/H.S.A.
Plan Highlights	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible	\$250	\$1,000	\$1,500	\$1,500	\$1,500	\$2,000
Family Deductible	\$500	\$2,000	\$3,000	\$3,000	\$3,000	\$4,000
Coinsurance (Insurance Pays)	100%	90%	100%	100%	90%	80%
Individual Out of Pocket Max	\$2,250	N/A	\$2,500	N/A	N/A	N/A
Family Out of Pocket Max	\$4,500	N/A	\$5,000	N/A	N/A	N/A
Covered Benefits						
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Physician Office Visit	\$5	\$20	100% after ded	100% after ded	90% after ded	80% after ded
Specialist Office Visit	\$5	\$20	100% after ded	100% after ded	90% after ded	80% after ded
Online Visit	\$5	\$20	100% after ded	100% after ded	90% after ded	80% after ded
Urgent Care Visit	100% after ded	\$25	100% after ded	100% after ded	90% after ded	80% after ded
Emergency Room	\$50	\$50	100% after ded	100% after ded	90% after ded	80% after ded
Hospital Services	100% after ded	90% after ded	100% after ded	100% after ded	90% after ded	80% after ded
Prescription Drugs						
Generic	\$10 after deductible	3 Tier Mail	\$10 after deductible	ABC Rx	ABC Mail	ABC Rx
Preferred Brand	\$40 after deductible		\$40 after deductible			
Non-Preferred Brand	\$40 after deductible		\$40 after deductible			
Mail Order Prescriptions (90 Days)	2x copay		2x copay			
Monthly Premiums						
Employee	\$798.95	\$653.17	\$661.85	\$704.45	\$647.33	\$603.00
EE+ 1	\$1,797.67	\$1,469.63	\$1,489.15	\$1,585.01	\$1,456.48	\$1,356.76
Family	\$2,237.02	\$1,828.86	\$1,853.12	\$1,972.47	\$1,812.51	\$1,688.41
2022 Caps Adjusted EE Contributions - Monthly						
Single	\$182.33	\$36.55	\$45.23	\$87.83	\$30.71	(\$13.62)
2-Person	\$508.12	\$180.08	\$199.60	\$295.46	\$166.93	\$67.21
Family	\$555.32	\$147.16	\$171.42	\$290.77	\$130.81	\$6.71
2022 Caps Adjusted EE Contributions - Annual						
Single	\$2,187.93	\$438.57	\$542.73	\$1,053.93	\$368.49	(\$163.47)
2-Person	\$6,097.44	\$2,160.96	\$2,395.20	\$3,545.52	\$2,003.16	\$806.52
Family	\$6,663.81	\$1,765.89	\$2,057.01	\$3,489.21	\$1,569.69	\$80.49
Enrollment						
Employee	6	3	10	22	5	3
EE+ 1	0	1	3	13	1	3
Family	3	3	17	94	18	13
Total						
Estimated Monthly	\$11,505	\$8,916	\$42,589	\$221,515	\$37,318	\$27,829
Estimated Yearly	\$138,057	\$106,989	\$511,068	\$2,658,183	\$447,820	\$333,943

Notes:

WMHIP rates illustrate current population - full proposal for MESSA population would require receipt of census and claims data

RENEWAL-FINANCIAL NOTICE: This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

Lowell Area Schools - Quote Summary

2023 Marketing Summary

Carrier	Line of Coverage	Response	Decision
Current/Renewal: MESSA BCBSM The Pool BCBSM	Medical Medical	Quoted - Renewal and Options Quoted - Renewal	Renewed with MESSA Renewed with The Pool

RENEWAL-FINANCIAL NOTICE: This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

COVERAGE NOTICE: This analysis is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

FINANCIAL RATING NOTICE: While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g., HMO) organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of any insurer's current or future ability to meet its contractual obligations.

