



Stockbridge Community Schools - PA 106 Bids - July 2021
HEALTH BENEFIT/COST ANALYSIS
Current Blue Cross Plans vs. HAP vs. MESSA

		Current BCBS/EHIM HRA & SF Rx		Renewal BCBS/EHIM HRA & SF Rx		Proposed HAP with EHIM HRA and Rx		MESSA		MESSA	
Plan Name		HRA - BCBSM/EHIM		HRA - BCBSM/EHIM		HAP PPO Custom 4025 with EHIM and Rx		MESSA Choices 6Z		MESSA Choices 8K	
Provider Network		Community Blue		Community Blue		PPO		PPO		PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		In-Network	
Single		\$100	\$10,000.00	\$100	\$10,000.00	\$100	\$10,000.00	\$500		\$500	
Family		\$200	\$20,000.00	\$200	\$20,000.00	\$200	\$20,000.00	\$1,000		\$1,000	
Coinsurance		0%	40%	0%	40%	0%	40%	0%		10%	
Single Out of Pocket Max		\$100	\$12,700.00	\$100	\$12,700.00	\$100	\$12,700.00	\$1,500		\$1,500	
Family Out of Pocket Max		\$200	\$25,400.00	\$200	\$25,400.00	\$200	\$25,400.00	\$3,000		\$3,000	
Office Visits		\$20 Copay, then fully covered	you pay 40% after deductible	\$20 Copay, then fully covered	you pay 40% after deductible	\$20 Copay, then fully covered	you pay 40% after deductible	\$20 Copay, then fully covered		\$20 Copay, then fully covered	
Urgent Care		\$40 Copay, then fully covered	N/A	\$40 Copay, then fully covered	N/A	\$40 Copay, then fully covered	N/A	\$25 Copay, then fully covered		\$25 Copay, then fully covered	
Emergency Room		\$250 Copay, then fully covered		\$250 Copay, then fully covered		\$250 Copay, then fully covered		\$50 Copay, then fully covered		\$50 Copay, then fully covered	
Retail Rx		\$10/\$40/\$80 to a \$800/\$1,600 OOP Max.	\$10/\$40/\$80 to a \$800/\$1,600 OOP Max. \$80 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.	\$10/\$40/\$80 to a \$800/\$1,600 OOP Max.	\$10/\$40/\$80 to a \$800/\$1,600 OOP Max. \$80 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.	\$10/\$40/\$80 to a \$800/\$1,600 OOP Max.	\$10/\$40/\$80 to a \$800/\$1,600 OOP Max. \$80 copay (member must pay in advance and then submit for reimbursement at usual and customary). Member may not be fully reimbursed based on Usual & Customary.	Saver Rx copays to max of \$1,000 ind./\$2,000 family		Saver Rx copays to max of \$1,000 ind./\$2,000 family	
		Current		Renewal		With EHIM HRA and Rx renewal rates		MESSA Choices 6Z		MESSA Choices 8K	
Single	21	\$544.15		\$573.41		21	\$547.13	21	\$652.23	21	\$602.67
Double	6	\$1,223.76		\$1,293.99		6	\$1,230.91	6	\$1,467.53	6	\$1,356.02
Family	43	\$1,564.64		\$1,652.44		43	\$1,573.59	43	\$1,826.25	43	\$1,687.47
Monthly Premium		\$86,049.23		\$90,860.47		\$86,539.56		\$101,030.76		\$93,353.40	
Monthly Cost to PA 152 Hard Cap											
Single		(\$24.09)		(\$13.58)		(\$21.11)		\$83.99		\$34.43	
Double		\$35.40		\$66.41		\$42.55		\$279.17		\$167.66	
Family		\$14.89		\$51.55		\$23.84		\$276.50		\$137.72	

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

Carriers that declined to quote: Priority Health