

Pottersville Public Schools - July 2016 Teacher Renewal
 Presented by Patty Siegel, Advanced Health Sales Consulting, LLC

Insurance Company	MESSA Choices	MESSA Choices	BCBS	BCBS	McLaren
Type of Plan	PPO	Community Blue 3 PPO	SB250/20%	POS	
Network	BCBS	BCBS	BCBS	McLaren	
In-Network	RENEWAL	Option 1	Option 2	Option 3	
Deductible (Single/Family)	\$300/\$600	\$250/\$500	\$250/\$500	\$250/\$500	
Coinsurance	100%	80%	80%	100%	
Coinsurance Max	\$0/\$0	\$1,000/\$2,000	\$2,500/\$5,000	\$0/\$0	
Out of Pocket Max (Single/Family)	\$0/\$0	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	
Primary Care Visits	\$20 Copay	\$20 Copay	\$20 Copay*	\$20 Copay	
Specialist Copay	\$20 Copay	\$20 Copay	\$20 Copay*	\$20 Copay	
Chiropractic Visit Copays	After deductible, 100%	After deductible, 100%	\$20 Copay	Covered at 100% up to \$1,500 per person	
Durable Medical/P&O	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%	
Urgent Care	\$25 Copay	\$20 Copay	\$20 Copay*	\$50 Copay	
Hospital Emergency Room	\$50 Copay	\$50 Copay	\$150 Copay*	\$100 Copay	
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%	
Prescription Drug Copays	\$10/\$20	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$25/\$40	
Out of Network					
Deductible (Single/Family)	\$600/\$1,200	\$500/\$1,000	\$500/\$1,000	\$2,000/\$4,000	
Coinsurance	80%	60%	60%	70%	
Coinsurance Max	\$1,400/\$2,800	\$3,000/\$6,000	\$5,000/\$10,000	\$2,000/\$4,000	
Out of Pocket Max (Single/Family)	\$2,000/\$4,000	\$12,700/\$25,400	\$12,700/\$25,400	\$6,350/\$12,700	
Primary Care Visits	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 70%	
Specialist	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 70%	
Chiropractic Visit Copays	After deductible, 80%	After deductible, 60%	After deductible, 60%	Covered at 100% up to \$1,500 per person	
Durable Medical/P&O	After deductible, 80%	After deductible, 80%	After deductible, 80%	Not Covered	
Urgent Care	After deductible, 80%	After deductible, 60%	After deductible, 60%	\$50 Copay	
Hospital Emergency Room	\$50 Copay	\$150 Copay	\$150 Copay	\$100 Copay	
Ambulance	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	
Premium Rates					
Single (3)	\$ 722.28	\$ 829.31	\$ 584.85	\$ 493.64	
Double (1)	\$ 1,623.27	\$ 1,864.07	\$ 1,403.64	\$ 1,237.29	
Family (0)	\$ 2,019.70	\$ 2,319.36	\$ 1,754.55	\$ 1,546.61	
Estimated Monthly Premium	\$ 3,790.11	\$ 4,352.00	\$ 3,158.21	\$ 2,783.89	
Yearly Premium	\$ 45,481.32	\$ 52,224.00	\$ 37,898.48	\$ 33,406.73	
% of difference from CURRENT		15%	-17%	-27%	-30%

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Insurance Company	MESSA Choices	MESSA Choices	BCBS	BCBS	McLaren	PHP
Type of Plan	PPO	PPO	Community Blue 4 - PPO	SB500/20%	POS	PPO
Network	BCBS	BCBS	BCBS	BCBS	McLaren	Physicians Health Plan
In Network	CURRENT	RENEWAL	Option 4	Option 5	Option 6	Option 7
Deductible (Single/Family)	\$300/\$600	\$300/\$600	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
Coinsurance	100%	100%	80%	80%	100%	80%
Coinsurance Max	\$0/\$0	\$0/\$0	\$1,500/\$3,000	\$2,500/\$5,000	\$0/\$0	\$0/\$0
Out of Pocket Max (Single/Family)	\$0/\$0	\$0/\$0	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$1,000/\$2,000
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%
Primary Care Visits	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay*	\$20 Copay	\$20 Copay
Specialist Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay*	\$20 Copay	\$20 Copay
Chiropractic Visit Copays	After deductible, 100%	After deductible, 100%	\$20 Copay	\$20 Copay	Covered at 100% up to \$1,500 per person	After deductible, 80%
Durable Medical/P&O	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%
Urgent Care	\$25 Copay	\$25 Copay	\$20 Copay	\$20 Copay*	\$50 Copay	\$30 Copay
Hospital Emergency Room	\$50 Copay	\$50 Copay	\$150 Copay	\$150 Copay*	\$100 Copay	\$100 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%
Prescription Drug Copays	\$10/\$20	\$10/\$20	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$25/\$40	\$10/\$40/\$80
Out of Network						
Deductible (Single/Family)	\$600/\$1,200	\$600/\$1,200	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000
Coinsurance	80%	80%	60%	60%	70%	60%
Coinsurance Max	\$1,400/\$2,800	\$1,400/\$2,800	\$3,000/\$6,000	\$5,000/\$10,000	\$2,000/\$4,000	\$1,000/\$2,000
Out of Pocket Max (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$12,700/\$25,400	\$12,700/\$25,400	\$6,350/\$12,700	\$2,000/\$4,000
Primary Care Visits	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	After deductible, 70%	After deductible, 60%
Chiropractic Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	Covered at 100% up to \$1,500 per person	After deductible, 60%
Durable Medical/P&O	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%	Not Covered	After deductible, 60%
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 60%	\$50 Copay	After deductible, 60%
Hospital Emergency Room	\$50 Copay	\$50 Copay	\$150 Copay	\$150 Copay	\$100 Copay	\$100 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%
Premium Rates	CURRENT	RENEWAL	Option 4	Option 5	Option 6	Option 7
Single (3)	\$ 722.28	\$ 829.31	\$ 555.29	\$ 495.46	\$ 477.20	\$ 631.79
Double (1)	\$ 1,623.27	\$ 1,864.07	\$ 1,332.72	\$ 1,189.11	\$ 1,136.89	\$ 1,419.74
Family (0)	\$ 2,019.70	\$ 2,319.36	\$ 1,665.89	\$ 1,486.39	\$ 1,272.15	\$ 1,766.43
Estimated Monthly Premium	\$ 3,790.11	\$ 4,352.00	\$ 2,998.60	\$ 2,675.50	\$ 2,568.49	\$ 3,315.11
Yearly Premium	\$ 45,481.32	\$ 52,224.00	\$ 35,983.17	\$ 32,105.97	\$ 30,821.88	\$ 39,781.32
% of difference from CURRENT		15%	-21%	-29%	-32%	-13%

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Insurance Company	MESSA ABC Plan 1	MESSA ABC Plan 1	BCBS	BCBS	McLaren
Type of Plan	POO - HSA	POO - HSA	SB PPO - HSA	SB PPO - HSA	HMO - HSA
Network	BCBS	BCBS	BCBS	BCBS	McLaren
In Network	CURRENT	RENEWAL	Option 8	Option 9	Option 10
Deductible (Single/Family)	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$2,000/\$4,000
Coinsurance	100%	100%	100%	80%	100%
Coinsurance Max	\$1,000/\$2,000	\$1,000/\$2,000	\$950/\$1,900	\$950/\$1,900	\$0/\$0
Out of Pocket Max (Single/Family)	\$2,300/\$4,600	\$2,300/\$4,600	\$2,250/\$4,500	\$2,250/\$4,500	\$4,000/\$8,000
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Primary Care Visits	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Specialist Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Chiropractic Visit Copays	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	Covered at 100% up to \$1,500 per person
Durable Medical/P&O	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Urgent Care	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Prescription Drug Copays	After deductible: \$10/\$40	After deductible: \$10/\$40	After deductible, \$10/\$40/\$80	After deductible, \$10/\$40/\$40	After deductible, \$10/\$25/\$40
Out of Network					
Deductible (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,600/\$5,200	\$2,600/\$5,200	N/A
Coinsurance	80%	80%	80%	60%	N/A
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$1,900/\$3,800	\$1,900/\$3,800	N/A
Out of Pocket Max (Single/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	N/A
Primary Care Visits	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 60%	N/A
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 60%	N/A
Chiropractic Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 60%	N/A
Durable Medical/P&O	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%	N/A
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 60%	After deductible, 100%
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 80%	After deductible, 100%
Premium Rates					
Single (9)	\$ 580.50	\$ 663.15	Option 8 449.83	Option 9 411.28	Option 10 394.75
Double (5)	\$ 1,304.24	\$ 1,490.21	1,079.60	987.06	940.46
Family (30)	\$ 1,622.69	\$ 1,854.11	1,349.51	1,233.83	1,052.35
Estimated Monthly Premium	\$ 60,426.40	\$ 69,042.70	\$ 49,931.69	\$ 45,651.61	\$ 39,825.55
Yearly Premium	\$ 725,116.80	\$ 828,512.40	\$ 599,180.29	\$ 547,819.30	\$ 477,906.60
% of difference from CURRENT		14%	-17%	-24%	-34%

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Insurance Company	MESSA ABC Plan I	MESSA ABC Plan I	PHIP	McLaren
Type of Plan	PO0 - HSA	PO0 - HSA	PPO - HSA	HMO - HRA
Network	BCBS	BCBS	Physicians Health Plan	McLaren
In Network	CURRENT	RENEWAL	Option 11	Option 12
Deductible (Single/Family)	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$3,000/\$6,000
Coinsurance	100%	100%	100%	100%
Coinsurance Max	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$0/\$0
Out of Pocket Max (Single/Family)	\$2,300/\$4,600	\$2,300/\$4,600	\$2,300/\$4,600	\$6,350/\$12,700
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Primary Care Visits	After deductible, 100%	After deductible, 100%	After deductible, 100%	\$20 Copay
Specialist Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	\$20 Copay
Chiropractic Visit Copays	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%, 50/year
Durable Medical/P&O	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, 100%	After deductible, 100%	After deductible, 100%	\$50 Copay
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	After deductible, 100%	\$100 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	After deductible: \$10/\$40	After deductible: \$10/\$40	After deductible: \$10/\$20/\$40	\$10/\$25/\$40
Out of Network				
Deductible (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,600/\$5,200	\$3,000/\$6,000
Coinsurance	80%	80%	80%	70%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Out of Pocket Max (Single/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$4,600/\$9,200	\$6,350/\$12,700
Primary Care Visits	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 70%
Chiropractic Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 100%, 50/year
Durable Medical/P&O	After deductible, 80%	After deductible, 80%	After deductible, 80%	N/A
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 80%	\$50 Copay
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	After deductible, 100%	\$100 Copay
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Premium Rates				
Single (9)	\$ 580.50	\$ 663.15	\$ 573.68	\$ 413.82
Double (5)	\$ 1,304.24	\$ 1,490.21	\$ 1,289.16	\$ 985.89
Family (30)	\$ 1,622.69	\$ 1,854.11	\$ 1,603.97	\$ 1,103.18
Estimated Monthly Premium	\$ 60,426.40	\$ 69,042.70	\$ 59,728.02	\$ 41,749.23
Yearly Premium	\$ 725,116.80	\$ 828,512.40	\$ 716,736.24	\$ 500,990.76
% of difference from CURRENT		14%	-1%	-31%

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Insurance Company	MESSA ABC Plan I	MESSA ABC Plan I	BCBS	PHP
Type of Plan	POO - HSA	PPO - HSA	SB PPO - HSA MVP	PPO - HSA
Network	BCBS	BCBS	BCBS	Physicians Health Plan
In Network	CURRENT	RENEWAL	Option 13	Option 14
Deductible (Single/Family)	\$1,300/\$2,600	\$1,300/\$2,600	\$6,350/\$12,700	\$6,350/\$12,700
Coinsurance	100%	100%	100%	100%
Coinsurance Max	\$1,000/\$2,000	\$1,000/\$2,000	\$0/\$0	\$0/\$0
Out of Pocket Max (Single/Family)	\$2,300/\$4,600	\$2,300/\$4,600	\$6,350/\$12,700	\$6,350/\$12,700
Inpatient & Outpatient Hospital	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Primary Care Visits	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Specialist Copay	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
PT/OT/Chiro Visit Copays	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Durable Medical/P&O	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Urgent Care	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Prescription Drug Copays	After deductible: \$10/\$40	After deductible: \$10/\$40	After deductible, 100%	After deductible, 100%
Out of Network				
Deductible (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$12,700/\$25,400	\$12,700/\$25,400
Coinsurance	80%	80%	60%	80%
Coinsurance Max	\$2,000/\$4,000	\$2,000/\$4,000	\$2,300/\$4,600	\$0/\$0
Out of Pocket Max (Single/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$15,000/\$30,000	\$12,700/\$25,400
Primary Care Visits	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Specialist	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
PT/OT/Chiro Visit Copays	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Durable Medical/P&O	After deductible, 80%	After deductible, 80%	After deductible, 80%	After deductible, 80%
Urgent Care	After deductible, 80%	After deductible, 80%	After deductible, 100%	After deductible, 80%
Hospital Emergency Room	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Ambulance	After deductible, 100%	After deductible, 100%	After deductible, 100%	After deductible, 100%
Premium Rates				
Single (9)	\$580.50	\$663.15	\$305.68	\$348.75
Double (5)	\$1,304.24	\$1,490.21	\$733.64	\$833.71
Family (30)	\$1,622.69	\$1,854.11	\$917.05	\$975.09
Estimated Monthly Premium	\$60,426.40	\$69,042.70	\$33,930.85	\$36,310.00
Yearly Premium	\$725,116.80	\$828,512.40	\$407,170.17	\$435,720.00
% of difference from CURRENT		14%	-44%	-40%