



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Medical Rate Summary
Monroe County ISD
All Employees

Assumed Effective Date: 7/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Non-Teachers Enrolled in MESSA Choices \$500 Plan	Census	46	1	13	\$793,716
MESSA Choices \$500-0%; Saver Rx	Rate	\$781.37	\$1,758.08	\$2,187.84	
Non-Teachers Enrolled in MESSA Essentials Plan	Census	5	0	1	\$49,096
MESSA Essentials \$375-20%; Essentials Rx	Rate	\$524.53	\$1,180.20	\$1,468.71	
Non-Teachers Enrolled in MESSA ABC Plan 1	Census	34	2	10	\$551,118
MESSA ABC Plan 1 \$1500-0%; ABC Rx	Rate	\$690.62	\$1,553.91	\$1,933.76	
Non-Teachers Enrolled in MESSA ABC Plan 2	Census	16	0	6	\$254,399
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$646.34	\$1,454.26	\$1,809.74	
Non-Teachers Enrolled in MESSA ABC Plan 3	Census	10	0	0	\$69,030
MESSA ABC Plan 3 \$3500-10%; ABC Rx	Rate	\$575.25	\$1,294.33	\$1,610.73	
Teachers Enrolled in MESSA Choices Plan	Census	24	10	43	\$1,564,930
MESSA Choices \$500-0%; Saver Rx	Rate	\$781.37	\$1,758.08	\$2,187.84	
Teachers Enrolled in MESSA ABC Plan 1	Census	11	5	42	\$1,159,011
MESSA ABC Plan 1 \$1500-0%; ABC Rx	Rate	\$690.62	\$1,553.91	\$1,933.76	
Teachers Enrolled in MESSA ABC Plan 2	Census	7	4	8	\$297,832
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$646.34	\$1,454.26	\$1,809.74	
TOTALS:		153	22	123	\$4,739,132

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$697.51	\$1,674.04	\$2,092.55	\$4,811,179	-\$72,046
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$681.37	\$1,635.30	\$2,044.12	\$4,699,836	\$39,297
BCBSM SB PPO HSA \$1500-0%; \$10/\$40/\$80 after Ded. Rx	\$627.71	\$1,506.50	\$1,883.12	\$4,329,677	\$409,456
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$582.83	\$1,398.79	\$1,748.49	\$4,020,128	\$719,005
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$617.60	\$1,482.24	\$1,852.80	\$4,259,958	\$479,175
BCN HMO HSA \$1500-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$504.80	\$1,211.46	\$1,514.40	\$3,481,893	\$1,257,240
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$475.64	\$1,141.55	\$1,426.93	\$3,280,793	\$1,458,339

*BCBSM/BCN rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

Plan Name	CURRENT PLAN Non-Teachers Enrolled in MESSA Choices \$500 Plan MESSA Choices \$500-0%; Saver Rx	CURRENT PLAN Non-Teachers Enrolled in MESSA Essentials Plan MESSA Essentials \$375-20%; Essentials Rx	CURRENT PLAN Non-Teachers Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1500-0%; ABC Rx	CURRENT PLAN Non-Teachers Enrolled in MESSA ABC Plan 2 MESSA ABC Plan 2 \$2000-0%; ABC Rx	CURRENT PLAN Non-Teachers Enrolled in MESSA ABC Plan 3 MESSA ABC Plan 3 \$3500-10%; ABC Rx	CURRENT PLAN Teachers Enrolled in MESSA Choices Plan MESSA Choices \$500-0%; Saver Rx	CURRENT PLAN Teachers Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1500-0%; ABC Rx	CURRENT PLAN Teachers Enrolled in MESSA ABC Plan 2 MESSA ABC Plan 2 \$2000-0%; ABC Rx
Rate Period	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible								
Annual Deductible - 1P	\$500	\$375	\$1,500	\$2,000	\$3,500	\$500	\$1,500	\$2,000
Annual Deductible - 2P/FF	\$1,000	\$750	\$3,000	\$4,000	\$7,000	\$1,000	\$3,000	\$4,000
Additional Cost After Deductible								
Employee Coinsurance After Deductible	0%	20%	0%	0%	10%	0%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$1,500	\$9,100	\$2,500	\$3,000	\$4,500	\$1,500	\$2,500	\$3,000
Max ded, coinsurance, copays - 2P/FF	\$3,000	\$18,200	\$5,000	\$6,000	\$9,000	\$3,000	\$5,000	\$6,000
Copayments								
Office Visit/Specialist	\$20/\$20	\$25/\$50	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	10% after Ded./10% after Ded.	\$20/\$20	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Urgent Care/ER	\$25/\$50	\$50/\$200	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	10% after Ded./10% after Ded.	\$25/\$50	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/0% after Ded. (office visit copay may apply)	12 visits/\$25	38 visits/0% after Ded.	38 visits/0% after Ded.	38 visits/10% after Ded.	38 visits/0% after Ded.	38 visits/0% after Ded.	38 visits/0% after Ded.
Rx Copay	Saver Rx	Essentials Rx	ABC Rx	ABC Rx	ABC Rx	Saver Rx	ABC Rx	ABC Rx
Total Monthly Costs								
One Person (1P)	(46) \$781.37	(5) \$524.53	(34) \$690.62	(16) \$646.34	(10) \$575.25	(24) \$781.37	(11) \$690.62	(7) \$646.34
Two Person (2P)	(1) \$1,758.08	(0) \$1,180.20	(2) \$1,553.91	(0) \$1,454.26	(0) \$1,294.33	(10) \$1,758.08	(5) \$1,553.91	(4) \$1,454.26
Family (FF)	(13) \$2,187.84	(1) \$1,468.71	(10) \$1,933.76	(6) \$1,809.74	(0) \$1,610.73	(43) \$2,187.84	(42) \$1,933.76	(8) \$1,809.74
One Person Cost Share								
One Person Rate	\$781.37	\$524.53	\$690.62	\$646.34	\$575.25	\$781.37	\$690.62	\$646.34
One Person PA 152 Hard Cap	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62
One Person Monthly Cost	\$164.75	-\$92.09	\$74.00	\$29.72	-\$41.37	\$164.75	\$74.00	\$29.72
Two Person Cost Share								
Two Person Rate	\$1,758.08	\$1,180.20	\$1,553.91	\$1,454.26	\$1,294.33	\$1,758.08	\$1,553.91	\$1,454.26
Two Person PA 152 Hard Cap	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55
Two Person Monthly Cost	\$468.53	-\$109.35	\$264.36	\$164.71	\$4.78	\$468.53	\$264.36	\$164.71
Family Cost Share								
Family Rate	\$2,187.84	\$1,468.71	\$1,933.76	\$1,809.74	\$1,610.73	\$2,187.84	\$1,933.76	\$1,809.74
Family PA 152 Hard Cap	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70
Family Monthly Cost	\$506.14	-\$212.99	\$252.06	\$128.04	-\$70.97	\$506.14	\$252.06	\$128.04

Plan Name	Option 1 BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	Option 2 BCBSM SB PPO HSA \$1500-0%; \$10/\$40/\$80 after Ded. Rx	Option 3 BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	Option 4 BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	Option 5 BCN HMO HSA \$1500-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	Option 6 BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx
Rate Period	7/1/23 - 6/30/24	7/1/23 - 6/30/24	7/1/23 - 6/30/24	7/1/23 - 6/30/24	7/1/23 - 6/30/24	7/1/23 - 6/30/24
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network
Deductible						
Annual Deductible - 1P	\$500	\$1,500	\$2,000	\$500	\$1,500	\$2,000
Annual Deductible - 2P/FF	\$1,000	\$3,000	\$4,000	\$1,000	\$3,000	\$4,000
Additional Cost After Deductible						
Employee Coinsurance After Deductible	20%	0%	0%	0%	0%	0%
Coinsurance Max - 1P	\$2,500	N/A	N/A	N/A	N/A	N/A
Coinsurance Max- 2P/FF	\$5,000	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum						
Max ded, coinsurance, copays - 1P	\$8,150	\$4,000	\$4,000	\$8,150	\$4,000	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$16,300	\$8,000	\$8,000	\$16,300	\$8,000	\$8,000
Copayments						
Office Visit/Specialist	\$20/\$20	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	\$20/\$30	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Urgent Care/ER	\$20/\$150	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	\$35/\$250	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	12 visits/\$20	12 visits/0% after Ded.	12 visits/0% after Ded.	30 visits (when referred)/\$30	30 visits (when referred)/0% after Ded.	30 visits (when referred)/0% after Ded.
Rx Copay	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs						
One Person (1P)	(153) \$681.37	(153) \$627.71	(153) \$582.83	(153) \$617.60	(153) \$504.80	(153) \$475.64
Two Person (2P)	(22) \$1,635.30	(22) \$1,506.50	(22) \$1,398.79	(22) \$1,482.24	(22) \$1,211.46	(22) \$1,141.55
Family (FF)	(123) \$2,044.12	(123) \$1,883.12	(123) \$1,748.49	(123) \$1,852.80	(123) \$1,514.40	(123) \$1,426.93
One Person Cost Share						
One Person Rate	\$681.37	\$627.71	\$582.83	\$617.60	\$504.80	\$475.64
One Person PA 152 Hard Cap	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62
One Person Monthly Cost	\$64.75	\$11.09	-\$33.79	\$0.98	-\$111.82	-\$140.98
Two Person Cost Share						
Two Person Rate	\$1,635.30	\$1,506.50	\$1,398.79	\$1,482.24	\$1,211.46	\$1,141.55
Two Person PA 152 Hard Cap	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55
Two Person Monthly Cost	\$345.75	\$216.95	\$109.24	\$192.69	-\$78.09	-\$148.00
Family Cost Share						
Family Rate	\$2,044.12	\$1,883.12	\$1,748.49	\$1,852.80	\$1,514.40	\$1,426.93
Family PA 152 Hard Cap	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70
Family Monthly Cost	\$362.42	\$201.42	\$66.79	\$171.10	-\$167.30	-\$254.77

*BCBSM/BCN rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Medical Rate Summary
Monroe County ISD
Everyone but Teachers

Assumed Effective Date: 7/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Non-Teachers Enrolled in MESSA Choices \$500 Plan	Census	46	1	13	\$793,716
MESSA Choices \$500-0%; Saver Rx	Rate	\$781.37	\$1,758.08	\$2,187.84	
Non-Teachers Enrolled in MESSA Essentials Plan	Census	5	0	1	\$49,096
MESSA Essentials \$375-20%; Essentials Rx	Rate	\$524.53	\$1,180.20	\$1,468.71	
Non-Teachers Enrolled in MESSA ABC Plan 1	Census	34	2	10	\$551,118
MESSA ABC Plan 1 \$1500-0%; ABC Rx	Rate	\$690.62	\$1,553.91	\$1,933.76	
Non-Teachers Enrolled in MESSA ABC Plan 2	Census	16	0	6	\$254,399
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$646.34	\$1,454.26	\$1,809.74	
Non-Teachers Enrolled in MESSA ABC Plan 3	Census	10	0	0	\$69,030
MESSA ABC Plan 3 \$3500-10%; ABC Rx	Rate	\$575.25	\$1,294.33	\$1,610.73	
TOTALS:		111	3	30	\$1,717,359

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$904.72	\$2,171.33	\$2,714.16	\$2,260,353	-\$542,993
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$884.33	\$2,122.39	\$2,652.99	\$2,209,410	-\$492,051
BCBSM SB PPO HSA \$1500-0%; \$10/\$40/\$80 after Ded. Rx	\$809.06	\$1,941.75	\$2,427.19	\$2,021,359	-\$304,000
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$751.51	\$1,803.64	\$2,254.54	\$1,877,577	-\$160,218
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$821.77	\$1,972.24	\$2,465.31	\$2,053,110	-\$335,751
BCN HMO HSA \$1500-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$668.29	\$1,603.81	\$2,004.86	\$1,669,649	\$47,710
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$629.81	\$1,511.53	\$1,889.42	\$1,573,513	\$143,846

*BCBSM/BCN rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

	CURRENT PLAN Non-Teachers Enrolled in MESSA Choices \$500 Plan	CURRENT PLAN Non-Teachers Enrolled in MESSA Essentials Plan	CURRENT PLAN Non-Teachers Enrolled in MESSA ABC Plan 1	CURRENT PLAN Non-Teachers Enrolled in MESSA ABC Plan 2	CURRENT PLAN Non-Teachers Enrolled in MESSA ABC Plan 3		
Plan Name	MESSA Choices \$500-0%; Saver Rx	MESSA Essentials \$375-20%; Essentials Rx	MESSA ABC Plan 1 \$1500-0%; ABC Rx	MESSA ABC Plan 2 \$2000-0%; ABC Rx	MESSA ABC Plan 3 \$3500-10%; ABC Rx	Option 1 BCN HMO HSA \$1500-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	Option 2 BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx
Rate Period	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23	1/1/23 - 12/31/23	7/1/23 - 6/30/24	7/1/23 - 6/30/24
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible							
Annual Deductible - 1P	\$500	\$375	\$1,500	\$2,000	\$3,500	\$1,500	\$2,000
Annual Deductible - 2P/FF	\$1,000	\$750	\$3,000	\$4,000	\$7,000	\$3,000	\$4,000
Additional Cost After Deductible							
Employee Coinsurance After Deductible	0%	20%	0%	0%	10%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum							
Max ded, coinsurance, copays - 1P	\$1,500	\$9,100	\$2,500	\$3,000	\$4,500	\$4,000	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$3,000	\$18,200	\$5,000	\$6,000	\$9,000	\$8,000	\$8,000
Copayments							
Office Visit/Specialist	\$20/\$20	\$25/\$50	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	10% after Ded./10% after Ded.	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Urgent Care/ER	\$25/\$50	\$50/\$200	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	10% after Ded./10% after Ded.	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/0% after Ded. (office visit copay may apply)	12 visits/\$25	38 visits/0% after Ded.	38 visits/0% after Ded.	38 visits/10% after Ded.	30 visits (when referred)/0% after Ded.	30 visits (when referred)/0% after Ded.
Rx Copay	Saver Rx	Essentials Rx	ABC Rx	ABC Rx	ABC Rx	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs							
One Person (1P)	(46) \$781.37	(5) \$524.53	(34) \$690.62	(16) \$646.34	(10) \$575.25	(111) \$668.29	(111) \$629.81
Two Person (2P)	(1) \$1,758.08	(0) \$1,180.20	(2) \$1,553.91	(0) \$1,454.26	(0) \$1,294.33	(3) \$1,603.81	(3) \$1,511.53
Family (FF)	(13) \$2,187.84	(1) \$1,468.71	(10) \$1,933.76	(6) \$1,809.74	(0) \$1,610.73	(30) \$2,004.86	(30) \$1,889.42
Total Annual Premium	(60) \$793,716.24	(6) \$49,096.32	(46) \$551,118.00	(22) \$254,398.56	(10) \$69,030.00	(144) \$1,669,649.04	(144) \$1,573,513.20
Combined Annual Premium	\$1,717,359.12	\$1,717,359.12	\$1,717,359.12	\$1,717,359.12	\$1,717,359.12		
Savings							
Estimated Savings						\$47,710.08 (-2.8%)	\$143,845.92 (-8.4%)
One Person Cost Share							
One Person Rate	\$781.37	\$524.53	\$690.62	\$646.34	\$575.25	\$668.29	\$629.81
One Person PA 152 Hard Cap	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62	\$616.62
One Person Monthly Cost	\$164.75	-\$92.09	\$74.00	\$29.72	-\$41.37	\$51.67	\$13.19
Two Person Cost Share							
Two Person Rate	\$1,758.08	\$1,180.20	\$1,553.91	\$1,454.26	\$1,294.33	\$1,603.81	\$1,511.53
Two Person PA 152 Hard Cap	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55	\$1,289.55
Two Person Monthly Cost	\$468.53	-\$109.35	\$264.36	\$164.71	\$4.78	\$314.26	\$221.98
Family Cost Share							
Family Rate	\$2,187.84	\$1,468.71	\$1,933.76	\$1,809.74	\$1,610.73	\$2,004.86	\$1,889.42
Family PA 152 Hard Cap	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70	\$1,681.70
Family Monthly Cost	\$506.14	-\$212.99	\$252.06	\$128.04	-\$70.97	\$323.16	\$207.72

*BCN rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.