

Kentwood Public Schools Medical Rate & Benefit Comparison - Choices

| Plan Status | Renewal | | Alternative | |
|------------------------------------|----------|-------------|-----------------|-------------|
| Carrier | MESSA | | WMHIP | |
| Effective Date | 1/1/2024 | | 1/1/2024 | |
| Plan | Choices | | EPO | |
| Network | BCBS | | Priority Health | |
| Plan Basics | In-Net | Out-Net | In-Net | Out-Net |
| Individual Deductible | \$500 | \$1,000 | \$500 | N/A |
| Family Deductible | \$1,000 | \$2,000 | \$1,000 | N/A |
| Coinsurance | 90% | 70% | 90% | N/A |
| Coinsurance Max Ind. | \$2,500 | \$5,000 | \$1,000 | N/A |
| Coinsurance Max Fam. | \$5,000 | \$10,000 | \$2,000 | N/A |
| Other Plan Details | | | | |
| Hospital Services | 90% | 70% | 90% | N/A |
| Inpatient Care | 90% | 70% | 90% | N/A |
| Emergency Care | \$50 | \$50 | \$25 | N/A |
| Office Visits | \$20 | 70% | \$5 | N/A |
| Prescription Drugs | | | | |
| Generic | | \$10 | | \$10 |
| Formulary | | \$40 | | 80% |
| Non-Formulary | | \$40 | | 80% |
| Mail Order (90 Days) | | 2x | | N/A |
| Rates | | | | |
| Single | | \$662 | | \$750 |
| 2 Person | | \$1,489 | | \$1,688 |
| Family | | \$1,853 | | \$2,100 |
| Monthly Employee Payment Under Cap | | | | |
| 2024 PA 152 Monthly Caps | | | | |
| Single - \$641.90 | | \$89 | | \$125 |
| 2 Person - \$1342.42 | | \$257 | | \$375 |
| Family - \$1750.65 | | \$284 | | \$384 |
| Enrollment | | | | |
| Single | | 50 | | 50 |
| 2 Person | | 16 | | 16 |
| Family | | 50 | | 50 |
| Monthly Premium | | | | |
| Monthly Premium | | \$149,560 | | \$169,515 |
| Annual Premium | | \$1,794,722 | | \$2,034,177 |
| \$ Variance to Renewal | | N/A | | \$239,455 |
| % Variance to Renewal | | N/A | | 13.34% |