

Kentwood Public Schools Medical Rate & Benefit Comparison - ABC Plan 1

Plan Status	Renewal		Alternative	
Carrier	MESSA		WMHIP	
Effective Date	1/1/2024		1/1/2024	
Plan	ABC Plan 1		PH HSA	
Network	BCBS		Priority Health	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,600	\$3,200	\$2,000	N/A
Family Deductible	\$3,200	\$6,400	\$4,000	N/A
Coinsurance	0%	80%	\$0	N/A
Coinsurance Max Ind.	\$2,600	\$5,200	\$4,000	N/A
Coinsurance Max Fam.	\$5,200	\$10,400	\$8,000	N/A
Other Plan Details				
Hospital Services	100% after ded.	80% after ded.	100% after ded.	N/A
Inpatient Care	100% after ded.	80% after ded.	100% after ded.	N/A
Emergency Care	100% after ded.	100% after ded.	100% after ded.	N/A
Office Visits	100% after ded.	80% after ded.	100%	N/A
Prescription Drugs				
Generic	\$10		\$10	
Formulary	\$40		\$40	
Non-Formulary	\$40		\$40	
Mail Order (90 Days)	2x		1x	
Rates				
Single	\$633		\$593	
2 Person	\$1,424		\$1,334	
Family	\$1,772		\$1,661	
Monthly Employee Payment Under Cap				
2024 PA 152 Monthly Caps				
Single - \$641.90	\$61		\$134	
2 Person - \$1342.42	\$192		\$355	
Family - \$1750.65	\$203		\$277	
Enrollment				
Single	120		120	
2 Person	67		67	
Family	251		251	
Monthly Premium				
Monthly Premium	\$616,288		\$577,379	
Annual Premium				
Annual Premium	\$7,395,456		\$6,928,545	
\$ Variance to Renewal				
\$ Variance to Renewal	N/A		(\$466,911)	
% Variance to Renewal				
% Variance to Renewal	N/A		-6.31%	