

Wayland Union Schools

HEALTH BENEFIT/COST ANALYSIS

Blue Cross Blue Shield Of Mi

\$1400 / \$2800 Deductible	Current Plan Current / Renewal		Blue Cross Blue Shield Of MI		PriorityHealth		PriorityHealth	
Plan Name	MESSA - BCBS		Simply Blue SB HSA		PPO PriorityHSA		POS PriorityHSA	
Provider Network	ABC Plan 1							
Policy or Calendar Year Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	Policy or Plan Year		Policy or Plan Year		Policy or Plan Year		Policy or Plan Year	
Family	\$1,400	\$2,800	\$1,400	\$2,800	\$1,400	\$2,800	\$1,400	\$2,800
Coinsurance	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	\$5,600
Single OOP Max	100%	80%	100%	80%	100%	20%	100%	20%
Family OOP Max	\$2,400	\$4,800	\$2,250	\$4,500	\$2,300	\$4,600	\$2,300	\$4,600
Office Visits	\$4,800	\$9,600	\$4,500	\$9,000	\$4,600	\$9,200	\$4,600	\$9,200
Urgent Care	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	100%	80%	100%	80%
Emergency Room	Deductible, then 100%	Deductible, then 80%	Deductible, then 100%	Deductible, then 80%	100%	80%	100%	80%
Prescription Drugs	Deductible, then 100%		Deductible, then 100%		100%		100%	
Retail	\$10/\$40/\$40		\$10/\$40/\$80		\$10/\$40/\$40		\$10/\$40/\$40	
Mail Order	\$20/\$80/\$80		\$20/\$80/\$160		\$20/\$80		\$20/\$80	
Rates	Current	Renewal	Alternate 1					
Single Employee	\$610.50	\$634.22	\$576.80		\$584.13		\$564.77	
Employee & Spouse	\$1,373.63	\$1,427.01	\$1,384.31		\$1,314.30		\$1,270.74	
Employee & Child(ren)								
Double Family	\$1,709.41	\$1,775.82	\$1,730.39		\$1,635.57		\$1,581.36	

Wayland Union Schools

HEALTH BENEFIT/COST ANALYSIS

Blue Cross Blue Shield Of Mi

\$3500 / \$7000 Deductible	Current Plan Current / Renewal		Blue Cross Blue Shield Of Mi Alternate 2		PriorityHealth		PriorityHealth	
Plan Name	MESSA - BCBS		Simply Blue SB HSA		PPO PriorityHSA		POS PriorityHSA	
Provider Network	ABC Plan 3							
Policy or Calendar Year Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	Policy or Plan Year		Policy or Plan Year		Policy or Plan Year		Policy or Plan Year	
Family	\$3,500	\$7,000	\$3,500	\$7,000	\$3,500	\$7,000	\$3,500	\$7,000
Coinsurance	\$7,000	\$14,000	\$7,000	\$14,000	\$7,000	\$14,000	\$7,000	\$14,000
Single OOP Max	90%	70%	80%	60%	90%	70%	90%	70%
Family OOP Max	\$4,500	\$9,000	\$6,350	\$12,700	\$6,750	\$13,500	\$6,750	\$13,500
Office Visits	\$9,000	\$18,000	\$12,700	\$25,400	\$13,500	\$27,000	\$13,500	\$27,000
Urgent Care	90%	70%	80%	60%	90%	70%	90%	70%
Emergency Room	90%	70%	80%	60%	90%	70%	90%	70%
Prescription Drugs	90%		80%		90%		90%	
Retail	\$10/\$40/\$40		\$10/\$40/\$80		\$10/\$40/\$40		\$10/\$40/\$40	
Mail Order	\$20/\$80/\$80		\$20/\$80/\$160		\$20/\$80		\$20/\$80	
Rates	Current	Renewal	Alternate 2					
Single Employee	\$518.90	\$539.05	\$431.06		\$397.96		\$385.37	
Employee & Spouse	\$1,167.51	\$1,212.87	\$1,034.55		\$895.42		\$867.09	
Employee & Child(ren)								
Double Family	\$1,452.90	\$1,509.35	\$1,293.19		\$1,114.29		\$1,079.04	

Presented by: NIS
National Insurance Services