



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

Mason County Eastern Schools
All Employee Options
Assumed Effective Date: 7/1/2019

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	PAK C Teachers Enrolled in MESSA Choices \$200 Saver Rx		PAK A Teachers Enrolled in MESSA ABC Plan 1 \$1350-0%; ABC Rx		PAK A Admin&NonUnion Enrolled in MESSA ABC Plan 1 \$1350-0%; ABC Rx		PAK A Superintendent Enrolled in MESSA ABC Plan 1 \$1350-0%; ABC Rx		Non-PAK Support Staff Enrolled in MESSA ABC Plan 1 \$1350-0%; ABC Rx		BCBSM SG CB PPO Platinum \$250-20%; \$5/\$40/\$80 Rx		BCBSM SG SB HSA PPO Gold \$1350-20%; \$10/\$40/\$80/15%/25% Rx		Priority Health SG POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx		Priority Health SG POS HSA 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2020		1/1/2019-12/31/2021		1/1/2019-12/31/2022		1/1/2019-12/31/2023		7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																		
Annual Deductible - 1P	\$200		\$1,350		\$1,350		\$1,350		\$1,350		\$250		\$1,350		\$500		\$1,400	
Annual Deductible - 2P/FF	\$400		\$2,700		\$2,700		\$2,700		\$2,700		\$500		\$2,700		\$1,000		\$2,800	
Additional Cost After Deductible																		
Employee Coinsurance after Deductible	0%		0%		0%		0%		0%		20%		20%		20%		10%	
Coinsurance Max - 1P	N/A		N/A		N/A		N/A		N/A		\$500		N/A		\$4,600		N/A	
Coinsurance Max - 2P/FF	N/A		N/A		N/A		N/A		N/A		\$1,000		N/A		\$9,200		N/A	
Out of Pocket Maximum																		
Max ded, coinsurance, copays - 1P	Medical: \$1,200 Rx: \$1,000		\$2,350		\$2,350		\$2,350		\$2,350		\$6,600		\$2,350		\$7,350		\$3,500	
Max ded, coinsurance, copays - 2P/FF	Medical: \$2,400 Rx: \$2,000		\$4,700		\$4,700		\$4,700		\$4,700		\$13,200		\$4,700		\$14,700		\$7,000	
Copayments																		
Office Visit/Specialist	\$10/\$10		0% after Ded.		0% after Ded.		0% after Ded.		0% after Ded.		\$20/\$20		20% after Ded.		\$20 before Ded./\$50 before Ded.		10% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		0% after Ded.		0% after Ded.		0% after Ded.		\$60/\$150		20% after Ded.		\$75 before Ded./\$150 after Ded.		10% after Ded.	
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance		38/0% after Ded.		38/0% after Ded.		38/0% after Ded.		38/0% after Ded.		30/\$20		30/20% after Ded. (combined with PT and OT)		30/\$50 before Ded. (combined with PT and OT)		30/10% after Ded. (combined with PT and OT)	
Rx Copay	Saver Rx		ABC Rx		ABC Rx		ABC Rx		ABC Rx		\$5/\$40/\$80 Rx		\$10/\$40/\$80/15%/25% after Ded.		\$5/\$20/\$60/\$80/20%/20% before Ded.		\$5/\$20/\$60/\$80/20%/20% after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$847.82	3	\$684.36	0	\$684.36	0	\$684.36	2	\$698.29	5	\$937.02	5	\$668.78	5	\$649.42	5	\$590.56
Two Person (2P)	1	\$1,905.70	2	\$1,537.92	1	\$1,537.92	0	\$1,537.92	0	\$1,569.27	4	\$1,950.53	4	\$1,389.56	4	\$1,349.07	4	\$1,225.99
Family (FF)	1	\$2,371.17	10	\$1,913.49	4	\$1,913.49	0	\$1,913.49	0	\$1,952.51	15	\$2,541.16	15	\$1,809.61	15	\$1,756.80	15	\$1,596.30
Total Annual Premium	2	\$51,322	15	\$291,166	5	\$110,303	0	\$0	2	\$16,759	24	\$607,256	24	\$432,554	24	\$419,945	24	\$381,615
Combined Current Lives	24		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	
Combined Annual Premium	\$469,550		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	
One Person Cost Share																		
One Person Rate	\$847.82		\$684.36		\$684.36		\$684.36		\$698.29		\$937.02		\$668.78		\$649.42		\$590.56	
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10	
One Person Monthly Cost	\$290.72		\$127.26		\$127.26		\$127.26		\$141.19		\$379.92		\$111.68		\$92.32		\$33.46	
Two Person Cost Share																		
Two Person Rate	\$1,905.70		\$1,537.92		\$1,537.92		\$1,537.92		\$1,569.27		\$1,950.53		\$1,389.56		\$1,349.07		\$1,225.99	
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06	
Two Person Monthly Cost	\$740.64		\$372.86		\$372.86		\$372.86		\$404.21		\$785.47		\$224.50		\$184.01		\$60.93	
Family Cost Share																		
Family Rate	\$2,371.17		\$1,913.49		\$1,913.49		\$1,913.49		\$1,952.51		\$2,541.16		\$1,809.61		\$1,756.80		\$1,596.30	
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36	
Family Monthly Cost	\$851.81		\$394.13		\$394.13		\$394.13		\$433.15		\$1,021.80		\$290.25		\$237.44		\$76.94	

*BCBSM/BCN/PH 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.

*BCBSM/BCN quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG.

*Rates include \$8.30 enrollment and billing service fee.