

Health Insurance Bids  
2012

**MESSA Quotes**

Plan	Current MESSA Choices II	Quote #317522 MESSA Choices II	Quote #317523 MESSA Choices II	Estimate savings MESSA ABC - H.S.A.	Estimate savings MESSA ABC - H.S.A.	Estimate savings MESSA ABC - H.S.A.	Current MESSA -3%
Deductible-In network	\$200/\$400	\$500/\$1000	\$500/\$1000	\$1250/\$2500	\$2000/\$4000	\$3500/\$7000	
Deductible-Out network	\$400/\$800	\$1000/\$2000	\$1000/\$2000	\$2500/\$5000	\$4000/\$8000	\$6000/\$14000	
Office visit copay	\$10/\$25/\$50	\$20/\$25/\$50	\$20/\$25/\$50	0-in network, 20% out	0-in network, 20% out	deductible, 10% in, 30% out	
RX copay	\$10/\$20	Saver RX	\$10/\$20	Deductible/Saver RX	Deductible/Saver RX	Deductible/Saver RX	
Out of pocket cap				\$1000/\$2000	\$1000/\$2000	\$1000/\$2000	
<u>Monthly</u>							
Single	\$636.16	\$562.69	\$584.57	\$508.93	\$477.12	\$426.23	\$617.08
2 person	\$1,429.48	\$1,264.19	\$1,313.40	\$1,143.58	\$1,072.11	\$957.75	\$1,386.60
Family	\$1,588.16	\$1,404.49	\$1,459.17	\$1,270.53	\$1,191.12	\$1,064.07	\$1,540.52
<u>Annual</u>							
Single	\$7,633.92	\$6,752.28	\$7,014.84	\$6,107.14	\$5,725.44	\$5,114.73	\$7,404.90
2 person	\$17,153.76	\$15,170.28	\$15,760.80	\$13,723.01	\$12,865.32	\$11,493.02	\$16,639.15
Family	\$19,057.92	\$16,853.88	\$17,510.04	\$15,246.34	\$14,293.44	\$12,768.81	\$18,486.18

## Set Seg Quotes

Plan	Current	March Rates		March Rates	Priority Health	Priority Health	Priority Health
	MESSA Choices II	Blue Cross HRA** (in background)	Blue Cross H.S.A. Simply Blue	Priority Health POS - HRA**	Priority Health POS-HSA	Priority Health POS-HSA	Priority Health POS-HSA
Deductible-In network	\$200/\$400	\$4000/\$8000	\$1250/\$2500	20%, \$1000/\$2000	\$1500/\$3000		\$2000/\$4000
Deductible-Out network	\$400/\$800	0	\$2500/\$5000, 20% deductible, 0	\$2000/\$4000, 40%			\$3500/\$7000, 30%
Office visit copay	\$10/\$25/\$50			\$20/\$75/\$150	deductible, 0		deductible, 0
RX copay	\$10/\$20	\$5/\$25/\$50	\$5/\$25/\$50	\$10/\$40/\$80	0		\$10/\$40/\$80
Out of pocket cap			\$1000/\$2000	\$1500/\$3000			\$4000/\$8000
<u>Monthly</u>							
Single	\$636.16	\$469.33	\$348.83	\$405.45	\$383.04		\$330.41
2 person	\$1,429.48	\$1,126.40	\$837.17	\$912.23	\$861.80		\$743.41
Family	\$1,588.16	\$1,408.03	\$1,046.47	\$1,135.19	\$1,072.46		\$925.11
<u>Annual</u>							
Single	\$7,633.92	\$5,631.96	\$4,185.96	\$4,865.40	\$4,596.48		\$3,964.92
2 person	\$17,153.76	\$13,516.80	\$10,046.04	\$10,946.76	\$10,341.60		\$8,920.92
Family	\$19,057.92	\$16,896.36	\$12,557.64	\$13,622.28	\$12,869.52		\$11,101.32
Deductible Year		<i>Jan-Dec</i>	<i>Jan-Dec</i>	<i>Jan-Dec</i>	<i>Jan-Dec</i>		<i>Jan-Dec</i>
		<i>**Based on 40% usage</i>		<i>**Based on 55% usage</i>			In network deductible is not applied to out network

## Kapnick Quotes

\*Renewal\* (11.14%)

Plan	Current	*Renewal* (11.14%)				
	MESSA Choices II	(curr admin) Priority Health POS-HSA	BC-Option 5 Blue Cross Simply Blue	Option 1 Priority Health POS	Option 2 Priority Health POS	Option 4 Priority Health POS-HSA
Deductible-In network	\$200/\$400	\$1500/\$3000	\$1000/\$2000, 20%	\$500/\$1000	\$1000/\$2000	\$2000/\$4000
Deductible-Out network	\$400/\$800	combined w/in net	\$2000/\$4000, 40%	\$1000/\$2000, 30%	\$2000/\$4000, 30%	\$3500/\$7000, 30%
Office visit copay	\$10/\$25/\$50	deductible, 0	\$30/\$30/\$150	\$20/\$75/\$150	\$20/\$75/\$150	deductible, 0
RX copay	\$10/\$20	deductible, 0	\$5/\$25/\$50	\$10/\$40/\$80	\$10/\$40/\$80	deductible, 0
Out of pocket cap		\$1500/\$3000	\$2500/\$5000			
<u>Monthly</u>						
Single	\$636.16	\$388.64	\$523.15	\$416.89	\$397.56	\$364.57
2 person	\$1,429.48	\$874.41	\$1,256.05	\$937.97	\$894.49	\$820.27
Family	\$1,588.16	\$1,088.15	\$1,570.06	\$1,169.93	\$1,113.11	\$1,020.75
<u>Annual</u>						
Single	\$7,633.92	\$4,663.68	\$6,277.80	\$5,002.68	\$4,770.72	\$4,374.84
2 person	\$17,153.76	\$10,492.92	\$15,072.60	\$11,255.64	\$10,733.88	\$9,843.24
Family	\$19,057.92	\$13,057.80	\$18,840.72	\$14,039.16	\$13,357.32	\$12,249.00