

Current:

Priority Health - H.S.A.

	Rate	Annual Cost Employer	PA 152 Limits 2017	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 519.92	\$ 6,239.04	\$ 6,344.80	\$ -	\$ -	\$ (105.76)	\$ 1,300.00	\$ 1,194.24	20%	\$ 700.00	\$ 1,894.24
T	\$ 1,247.81	\$ 14,973.72	\$ 13,268.93	\$ 65.57	\$ 1,704.79		\$ 2,600.00	\$ 2,600.00	20%	\$ 1,400.00	\$ 5,704.79
F	\$ 1,559.76	\$ 18,717.12	\$ 17,304.02	\$ 54.35	\$ 1,413.10		\$ 2,600.00	\$ 2,600.00	20%	\$ 1,400.00	\$ 5,413.10

Renewal:

	Rate	Annual Cost Employer	PA 152 Limits 2018	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 550.18	\$ 6,602.16	\$ 6,560.52	\$ 1.60	\$ 41.64		\$ 1,350.00	\$ 1,350.00	20%	\$ 650.00	\$ 2,041.64
T	\$ 1,320.43	\$ 15,845.16	\$ 13,720.07	\$ 81.73	\$ 2,125.09		\$ 2,700.00	\$ 2,700.00	20%	\$ 1,300.00	\$ 6,125.09
F	\$ 1,650.54	\$ 19,806.48	\$ 17,892.36	\$ 73.62	\$ 1,914.12		\$ 2,700.00	\$ 2,700.00	20%	\$ 1,300.00	\$ 5,914.12

Proposed:

MESSA - ABC Plan 1 - 3 Tier Rx

	Rate	Annual Cost Employer	PA 152 Limits 2018	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 617.60	\$ 7,411.20	\$ 6,560.52	\$ 32.72	\$ 850.68		\$ 1,350.00	\$ 2,200.68	20%	\$ 3,000.00	\$ 5,200.68
T	\$ 1,387.72	\$ 16,652.64	\$ 13,720.07	\$ 112.79	\$ 2,932.57		\$ 2,700.00	\$ 5,632.57	20%	\$ 3,950.00	\$ 9,582.57
F	\$ 1,726.57	\$ 20,718.84	\$ 17,892.36	\$ 108.71	\$ 2,826.48		\$ 2,700.00	\$ 5,526.48	20%	\$ 3,950.00	\$ 9,476.48

BCBSM - Calendar Year Deductible

	Rate	Annual Cost Employer	PA 152 Limits 2018	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 595.09	\$ 7,141.08	\$ 6,560.52	\$ 22.33	\$ 580.56		\$ 1,350.00	\$ 1,930.56	20%	\$ 900.00	\$ 2,830.56
T	\$ 1,428.21	\$ 17,138.52	\$ 13,720.07	\$ 131.48	\$ 3,418.45		\$ 2,700.00	\$ 6,118.45	20%	\$ 1,800.00	\$ 7,918.45
F	\$ 1,785.28	\$ 21,423.36	\$ 17,892.36	\$ 135.81	\$ 3,531.00		\$ 2,700.00	\$ 6,231.00	20%	\$ 1,800.00	\$ 8,031.00

BCN - Calendar Year Deductible - Six tier pharmacy copay

	Rate	Annual Cost Employer	PA 152 Limits 2018	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 543.83	\$ 6,525.96	\$ 6,560.52	\$ -	\$ -	\$ (34.56)	\$ 1,350.00	\$ 1,315.44	20%	\$ 1,000.00	\$ 2,315.44
T	\$ 1,305.20	\$ 15,662.40	\$ 13,720.07	\$ 74.71	\$ 1,942.33		\$ 2,700.00	\$ 4,642.33	20%	\$ 2,000.00	\$ 6,642.33
F	\$ 1,631.50	\$ 19,578.00	\$ 17,892.36	\$ 64.83	\$ 1,685.64		\$ 2,700.00	\$ 4,385.64	20%	\$ 2,000.00	\$ 6,385.64

* Employee Risk is calculated by adding any deductible, co-pay or co-insurance less the amount that could be deposited into a H.S.A. account for the amount below Hard Cap.