

**\$500/\$1000 DEDUCTIBLE PLANS (OV\$20-UC\$25-ER\$50)**

(Max out of pocket \$2,500/\$5,000)

**MESSA CHOICES 2 (Pak only)**

	RATE	HARD CAP	STAFF COST
SINGLE	\$790.44	\$528.73	\$261.71
TWO PERSON	\$1,776.62	\$1,105.74	\$670.88
FAMILY	\$2,210.51	\$1,442.00	\$768.51

**\$500/\$1000 DEDUCTIBLE PLANS (OV\$20-UC\$75-ER\$150)**

(Max out of pocket \$7,150/\$14,300)

**PRIORITY HEALTH (Pak only)**

	RATE	HARD CAP	STAFF COST
	\$746.41	\$528.73	<b>\$217.68</b>
	\$1,677.33	\$1,105.74	<b>\$571.59</b>
	\$2,086.88	\$1,442.00	<b>\$644.88</b>

**H S A PLAN \$1300/\$2600 DEDUCTIBLE**

(Max out of pocket \$2,300/\$4,600)

**MESSA CHOICES 2 (Pak only)**

	RATE	HARD CAP	STAFF COST
SINGLE	\$705.86	\$528.73	\$177.13
TWO PERSON	\$1,586.33	\$1,105.74	\$480.59
FAMILY	\$1,973.72	\$1,442.00	\$531.72

**W/O Paid Deductible**

**H S A PLAN \$1300/\$2600 DEDUCTIBLE**

(Max out of pocket \$2,300/\$4,600)

**PRIORITY HEALTH (Pak only)**

	RATE	HARD CAP	STAFF COST
	\$611.34	\$528.73	<b>\$82.61</b>
	\$1,373.80	\$1,105.74	<b>\$268.06</b>
	\$1,709.25	\$1,442.00	<b>\$267.25</b>

**W/O Paid Deductible**

**\$2,000/\$4,000 DEDUCTIBLE PLANS (OV\$20-UC\$25-ER\$50)**

(Max out of pocket \$4,000/\$8,000)

**MESSA CHOICES 2 (Pak only)**

	RATE	HARD CAP	STAFF COST
SINGLE	\$702.77	\$528.73	\$174.04
TWO PERSON	\$1,579.36	\$1,105.74	\$473.62
FAMILY	\$1,965.06	\$1,442.00	\$523.06

**\$2,000/\$4,000 DEDUCTIBLE PLANS (OV\$20-UC\$75-ER\$150)**

(Max out of pocket \$7,150/\$14,300)

**PRIORITY HEALTH (Pak only)**

	RATE	HARD CAP	STAFF COST
	\$654.65	\$528.73	<b>\$125.92</b>
	\$1,471.13	\$1,105.74	<b>\$365.39</b>
	\$1,830.33	\$1,442.00	<b>\$388.33</b>

**H S A PLAN \$2,000/\$4,000 DEDUCTIBLE**

(Max out of pocket \$3,000/\$6,000)

**MESSA CHOICES 2 (Pak only)**

	RATE	HARD CAP	STAFF COST
SINGLE	\$660.60	\$528.73	\$131.87
TWO PERSON	\$1,484.48	\$1,105.74	\$378.74
FAMILY	\$1,846.99	\$1,442.00	\$404.99

**W/O Paid Deductible**

**H S A PLAN \$2,000/\$4,000 DEDUCTIBLE**

(Max out of pocket \$3,000/\$6,000)

**PRIORITY HEALTH (Pak Only)**

	RATE	HARD CAP	STAFF COST
	\$546.60	\$528.73	<b>\$17.87</b>
	\$1,228.32	\$1,105.74	<b>\$122.58</b>
	\$1,528.24	\$1,442.00	<b>\$86.24</b>

**W/O Paid Deductible**

**ALL RATES INCLUDES ACA AND STATE OF MICHIGAN TAXES AND FEES**



**BRANDYWINE COMMUNITY SCHOOLS**

	MESSA CHOICES	MESSA ABC 1	PRIORITY HEALTH 1	PRIORITY HEALTH H S A 1	PRIOITY HEALTH 2	PRIORITY HEALTH H S A 2
<b>NETWORKS</b>	BLUES PPO	BLUES PPO	PRIORITY POS A	PRIORITY POS A	PRIORITY POS A	PRIORITY POS A
<b>OUTSIDE OF MICHIGAN</b>	BLUE CARD	BLUE CARD	PHCS NETWORK	PHCS NETWORK	PHCS NETWORK	PHCS NETWORK
<b>CALENDAR YEAR DEDUCTIBLE</b>	\$500/\$1000	\$1300/\$2600	\$500/\$1000	\$1300/\$2600	\$2000/\$4000	\$2000/\$4000
<b>BENEFIT % AFTER DEDUCTIBLE</b>	100%	100%	100%	100%	100%	100%
<b>MAXIMUM OUT OF POCKET</b>	\$1500/\$3000	\$2300/\$4600	\$7150/\$14,300	\$2,300/\$4,600	\$7150/\$14,300	\$3000/\$6000
<b>INCLUDES DEDUCTIBLE &amp; ALL CO-PAYS</b>	YES	YES	YES	YES	YES	YES
<b>PREVENTIVE HEALTH CARE SERVICES- COVERED 100% By all Health Plans. No Deductible or Co-Pays. Covers Health Maintenance exams, Annual Gynecological Exam</b>						
<b>Pap Smear, Well Baby Care, Immunizations, PSA Screenings, Mammography Screenings, Pre-Natal, Colonoscopies, etc.</b>						
<b>PRIMARY CARE OFFICE CO-PAY</b>	\$20	DEDUCTIBLE/100%	\$20	DEDUCTIBLE/100%	\$20	DEDUCTIBLE/100%
<b>SPECIALIST OFFICE CO-PAY</b>	\$20	DEDUCTIBLE/100%	\$35	DEDUCTIBLE/100%	\$35	DEDUCTIBLE/100%
<b>URGENT CARE</b>	\$25	DEDUCTIBLE/100%	\$75	DEDUCTIBLE/100%	\$75	DEDUCTIBLE/100%
<b>EMERGENCY ROOM</b>	\$50	DEDUCTIBLE/100%	\$150	DEDUCTIBLE/100%	\$150	DEDUCTIBLE/100%
<b>INPATIENT HOSPITAL</b>	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
<b>AMBULANCE, MEDICALLY NECESSARY</b>	DEDUCTIBLE/100%	DEDUCTIBLE/100%	\$150 CO-PAY	DEDUCTIBLE/100%	\$150	DEDUCTIBLE/100%
<b>OUTPATIENT SURGERY</b>	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
<b>DIAGNOSTIC SERVICES</b>	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
<b>MAJOR SCANS, PET, CAT, MRI'S</b>	DEDUCTIBLE/100%	DEDUCTIBLE/100%	\$150 CO-PAY	DEDUCTIBLE/100%	\$150	DEDUCTIBLE/100%
<b>REHAB SERVICES</b>	DEDUCTIBLE/100%	DEDUCTIBLE/100%	\$20	DEDUCTIBLE/100%	\$20	DEDUCTIBLE/100%
<b>PT, OCCUPATIONAL, SPEECH THERAPY</b>	60 COMBINED VISITS	60 COMBINED VISITS	60 COMBINED VISITS	60 COMBINED VISITS	60 COMBINED VISITS	60 COMBINED VISITS
<b>CHIROPRACTIC CARE</b>	\$20 38 VISITS/YEAR	DEDUCTIBLE/100% 38 VISITS/YEAR	INCLUDED IN REHAB SERVICES	INCLUDED IN REHAB SERVICES	INCLUDED IN REHAB SERVICES	INCLUDED IN REHAB SERVICES
<b>DURABLE MEDICAL EQUIPMENT</b>	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
<b>PROSTHETIC &amp; ORTHOTIC DEVICES</b>	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%	DEDUCTIBLE/100%
<b>RX CO-PAYS</b>	\$2/\$10/\$20/\$40	DEDUCTIBLE \$2/\$10/\$20/\$40	\$10/\$40/\$80	DEDUCTIBLE THEN \$10/\$40/\$80	\$10/\$40/\$80	DEDUCTIBLE THEN \$10/\$40/\$80