

Wyoming Public Schools Medical Rate & Benefit Comparison

PAK A CustSec TransFC Office

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S)	CURRENT		RENEWAL		OPTION I		OPTION Ia**		OPTION II	
	MESSA July 1-2015 MESSA Choices BCBS		MESSA July 1-2016 MESSA Choices BCBS		WMHIP July 1-2016 PPO BCBS		WMHIP July 1-2016 PPO BCBS		BCBS July 1-2016 PPO BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$300	\$600	\$300	\$600	\$250	\$500	\$250	\$500	\$500	\$1,000
Family Deductible	\$600	\$1,200	\$600	\$1,200	\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	100%	80%	80%	60%
Out-of-Pocket Max Ind	\$1,300	\$2,600	\$1,300	\$2,600	\$2,250	\$2,500	\$2,250	\$2,500	\$2,000	\$4,000
Out-of-Pocket Max Fam	\$2,600	\$5,200	\$2,600	\$5,200	\$4,500	\$5,000	\$4,500	\$5,000	\$4,000	\$8,000
Other Plan Details										
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	80% after Ded	60% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	80% after Ded	60% after Ded
Emergency Care <i>(waived if admitted)</i>	\$50		\$50		\$25		\$25		\$150	
Office Visits	\$20	80% after Ded	\$20	80% after Ded	\$20	80% after Ded	\$20	80% after Ded	\$20	60% after Ded
Prescription Drugs										
Generic	\$10		\$10		\$10		\$10		\$15	
Formulary Brand	\$40		\$40		\$40		\$40		\$30	
Non-Formulary Brand	NA		NA		NA		NA		\$60	
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x		2x		2x			
Rates										
Single	\$677.58		\$778.24		\$668.50		\$648.45		\$849.00	
2 Person	\$1,522.66		\$1,749.10		\$1,501.94		\$1,456.88		\$2,037.60	
Family	\$1,894.48		\$2,176.28		\$1,868.63		\$1,812.58		\$2,547.00	
Monthly Employee Payment Under CAP										
Single	\$178.22		\$266.40		\$156.66		\$136.61		\$337.16	
2 Person	\$478.35		\$678.68		\$431.52		\$386.46		\$967.18	
Family	\$532.59		\$780.35		\$472.69		\$416.64		\$1,151.06	
Enrollment										
Single	13		13		13		13		13	
2 Person	11		11		11		11		11	
Family	7		7		7		7		7	
Summary										
Monthly Premium	\$38,819.17		\$44,591.22		\$38,292.25		\$37,143.59		\$51,279.60	
Annual Premium	\$465,830.09		\$535,094.63		\$459,507.00		\$445,723.08		\$615,355.20	
\$ Variance to Current	n/a		\$69,264.54		(\$6,323.09)		(\$20,107.01)		\$149,525.11	
% Variance to Current	n/a		14.87%		-1.4%		-3.8%		32.1%	

Notes

Added 1.93% to MESSA current rates for taxes not included in rates
 Added 3.41% to MESSA renewal rates for taxes not included in rates
 **Presumes putting all Wyoming employees together on one rate structure in the WMHIP

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PAK C CustSec TransFC Office and PAK C Teachers

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PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION Ia**		OPTION II		OPTION Iia**		OPTION III	
CARRIER	MESSA		MESSA		WMHIP		WMHIP		WMHIP		WMHIP		BCBS	
Effective Date	July 1-2015		July 1-2016		July 1-2016		July 1-2016		July 1-2016		July 1-2016		July 1-2016	
PLAN(S)	ABC Plan 1		ABC Plan 1		HDHP		HDHP		HDHP		HDHP		PPO	
NETWORK(S)	BCBS		BCBS		BCBS		BCBS		BCBS		BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,300	\$2,600	\$1,300	\$2,600	\$1,300	\$2,500	\$1,300	\$2,500	\$250	\$500	\$250	\$500	\$1,300	\$2,600
Family Deductible	\$2,600	\$5,200	\$2,600	\$5,200	\$2,600	\$5,000	\$2,600	\$5,000	\$500	\$1,000	\$500	\$1,000	\$2,600	\$5,200
Coinsurance Level	100%	80%	100%	80%	100%	80%	100%	80%	90%	70%	90%	70%	80%	60%
Out-of-Pocket Max Ind	\$2,300	\$4,600	\$2,300	\$4,600	\$2,300	\$4,500	\$2,300	\$4,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,250	\$4,500
Out-of-Pocket Max Fam	\$4,600	\$9,200	\$4,600	\$9,200	\$4,600	\$9,000	\$4,600	\$9,000	\$5,000	\$5,000	\$5,000	\$5,000	\$4,500	\$9,000
Other Plan Details														
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	90% after Ded	70% after Ded	80% after Ded	60% after Ded
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	90% after Ded	70% after Ded	80% after Ded	60% after Ded
Emergency Care <i>(waived if admitted)</i>	100% after Ded		100% after Ded		100% after Ded		100% after Ded		\$25		\$25		100% after Ded	
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	\$20	70% after Ded	\$20	70% after Ded	80% after Ded	60% after Ded
Prescription Drugs														
Generic	\$10 after Ded		\$10 after Ded		\$10 after Ded		\$10 after Ded		\$10		\$10		\$10 after Ded	
Formulary Brand	\$40 after Ded		\$40 after Ded		\$40 after Ded		\$40 after Ded		\$40		\$40		\$40 after Ded	
Non-Formulary Brand	\$40 after Ded		\$40 after Ded		\$40 after Ded		\$40 after Ded		NA		NA		\$80 after Ded	
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x		2x		2x		2x		2x		2x	
Rates														
Single	\$580.82		\$663.75		\$558.42		\$541.67		\$601.99		\$580.12		\$576.01	
2 Person	\$1,304.93		\$1,491.49		\$1,254.62		\$1,216.98		\$1,352.49		\$1,303.37		\$1,382.43	
Family	\$1,623.53		\$1,855.69		\$1,560.93		\$1,514.11		\$1,682.71		\$1,621.59		\$1,728.04	
Monthly Employee Payment Under CAP														
Single	\$81.46		\$151.90		\$46.58		\$29.83		\$90.15		\$68.28		\$64.17	
2 Person	\$260.62		\$421.07		\$184.20		\$146.56		\$282.07		\$232.95		\$312.01	
Family	\$261.64		\$459.76		\$165.00		\$118.17		\$286.77		\$225.65		\$332.10	
Enrollment														
Single	21		21		21		21		21		21		21	
2 Person	25		25		25		25		25		25		25	
Family	108		108		108		108		108		108		108	
Monthly Premium	\$220,161.71		\$251,640.80		\$211,673.18		\$205,322.98		\$228,186.88		\$219,898.49		\$233,285.28	
Annual Premium	\$2,641,940.47		\$3,019,689.60		\$2,540,078.15		\$2,463,875.81		\$2,738,242.61		\$2,638,781.88		\$2,799,423.36	
\$ Variance to Current	n/a		\$377,749.13		(\$101,862.32)		(\$178,064.66)		\$96,302.15		(\$3,158.59)		\$157,482.89	
% Variance to Current	n/a		14.30%		-3.9%		-5.9%		3.6%		-0.1%		6.0%	

Notes

Added 1.93% to MESSA current rates for taxes not included in rates

Added 3.41% to MESSA renewal rates for taxes not included in rates

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Wyoming Public Schools - Medical Quote Summary

July 1, 2016

Carrier	Line of Coverage	Response	Commissions
Current: MESSA	Medical	Quoted-Renewal	N/A
Alternatives: WMHIP	Medical	Quoted	\$15.34 PEPY / 3.5% of stop loss
BCBSM	Medical	Quoted	NA

RENEWAL-FINANCIAL NOTICE: This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

COVERAGE NOTICE: This analysis is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

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