



**Medical Rate Summary**

**Onaway Area Schools**

**10/1/2019 Renewal**

Assumed Effective Date: 10/1/2019

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
<b>Employees Enrolled in PH HMO HBC-I \$0 Ded</b>	<b>Census</b>	3	17	20	
Priority Health HMO HBC-I \$0-0% (Choice) or \$1,000-20% (Standard)	<b>Rate</b>	\$617.05	\$1,290.44	\$1,682.82	\$389,751
<b>Employees Enrolled in PH HMO HBC-I \$250 Ded</b>	<b>Census</b>	2	2	7	11
Priority Health HMO HBC-I \$250-90% (Choice) or \$1,500-30% (Standard)	<b>Rate</b>	\$556.32	\$1,163.43	\$1,517.20	\$168,719
<b>Employees Enrolled in PH HMO \$250 Ded</b>	<b>Census</b>		1	5	6
Priority Health HMO \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	<b>Rate</b>	\$601.38	\$1,257.66	\$1,640.09	\$113,497
<b>TOTALS:</b>		2	6	29	37
					<b>\$671,967</b>

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
<b>Priority Health HMO Conventional Plans</b>					
Priority Health HMO HBC-I \$0-0% (Choice) or \$1,000-20% (Standard)	\$621	\$1,298	\$1,693	\$697,466	-\$25,499
Priority Health HMO HBC-I \$250-90% (Choice) or \$1,500-30% (Standard)	\$558	\$1,166	\$1,521	\$626,584	\$45,383
Priority Health HMO \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	\$604	\$1,263	\$1,646	\$678,365	-\$6,398

\*Priority Health 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.

\*Rates do not include \$8.30 enrollment and billing service fee.



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

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10/1/2019 Renewal  
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Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN	
	Employees Enrolled in PH HMO HBC-I \$0 Ded		Employees Enrolled in PH HMO HBC-I \$250 Ded		Employees Enrolled in PH HMO \$250 Ded		Priority Health HMO HBC-I \$0-0% (Choice) or \$1,000-20% (Standard)		Priority Health HMO HBC-I \$250-90% (Choice) or \$1,500-30% (Standard)		Priority Health HMO \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	
Rate Period	10/1/2018-9/30/2019		10/1/2018-9/30/2019		10/1/2018-9/30/2019		10/1/2019-9/30/2020		10/1/2019-9/30/2020		10/1/2019-9/30/2020	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network	
Deductible												
Annual Deductible - 1P	\$0 (Choice) or \$1,000 (Standard)		\$250 (Choice) or \$1,500 (Standard)		\$250		\$0 (Choice) or \$1,000 (Standard)		\$250 (Choice) or \$1,500 (Standard)		\$250	
Annual Deductible - 2P/FF	\$0 (Choice) or \$2,000 (Standard)		\$500 (Choice) or \$3,000 (Standard)		\$500		\$0 (Choice) or \$2,000 (Standard)		\$500 (Choice) or \$3,000 (Standard)		\$500	
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0% (Choice) or 20% (Standard)		10% (Choice) or 30% (Standard)		0%		0% (Choice) or 20% (Standard)		10% (Choice) or 30% (Standard)		0%	
Coinsurance Max - 1P	\$0 (Choice) or \$1,500 (Standard)		\$1,000 (Choice) or \$2,500 (Standard)		N/A		\$0 (Choice) or \$1,500 (Standard)		\$1,000 (Choice) or \$2,500 (Standard)		N/A	
Coinsurance Max - 2P/FF	\$0 (Choice) or \$3,000 (Standard)		\$2,000 (Choice) or \$5,000 (Standard)		N/A		\$0 (Choice) or \$3,000 (Standard)		\$2,000 (Choice) or \$5,000 (Standard)		N/A	
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	\$7,350		\$7,350		\$7,350		\$7,350		\$7,350		\$7,350	
Max ded, coinsurance, copays - 2P/FF	\$14,700		\$14,700		\$14,700		\$14,700		\$14,700		\$14,700	
Copayments												
Office Visit/Specialist	\$15 (Choice) or \$20 Standard/\$30 (Choice) or \$35 Standard		\$20 (Choice) or \$40 Standard/\$35 (Choice) or \$55 Standard		\$35/\$50		\$15 (Choice) or \$20 Standard/\$30 (Choice) or \$35 Standard		\$20 (Choice) or \$40 Standard/\$35 (Choice) or \$55 Standard		\$35/\$50	
Urgent Care/ER	\$75/\$150		\$75/\$150		\$75/\$150		\$75/\$150		\$75/\$150		\$75/\$150	
Chiropractic Limit/Copay	30/\$15		30/\$20		30/\$35		30/\$15		30/\$20		30/\$35	
Rx Copay	\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80		\$10/\$40/\$80	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$617.05	2	\$556.32	0	\$601.38	2	\$620.72	2	\$557.64	2	\$603.72
Two Person (2P)	3	\$1,290.44	2	\$1,163.43	1	\$1,257.66	6	\$1,298.11	6	\$1,166.19	6	\$1,262.56
Family (FF)	17	\$1,682.82	7	\$1,517.20	5	\$1,640.09	29	\$1,692.83	29	\$1,520.79	29	\$1,646.47
<b>Total Annual Premium</b>	<b>20</b>	<b>\$389,751</b>	<b>11</b>	<b>\$168,719</b>	<b>6</b>	<b>\$113,497</b>	<b>37</b>	<b>\$697,466</b>	<b>37</b>	<b>\$626,584</b>	<b>37</b>	<b>\$678,365</b>
<b>Combined Current Lives</b>	37		< TOTALS		< TOTALS							
<b>Combined Annual Premium</b>	\$671,967		< TOTALS		< TOTALS							
One Person Cost Share												
One Person Rate	\$617.05		\$556.32		\$601.38		\$620.72		\$557.64		\$603.72	
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10	
<b>One Person Monthly Cost</b>	<b>\$59.95</b>		<b>-\$0.78</b>		<b>\$44.28</b>		<b>\$63.62</b>		<b>\$0.54</b>		<b>\$46.62</b>	
Two Person Cost Share												
Two Person Rate	\$1,290.44		\$1,163.43		\$1,257.66		\$1,298.11		\$1,166.19		\$1,262.56	
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06	
<b>Two Person Monthly Cost</b>	<b>\$125.38</b>		<b>-\$1.63</b>		<b>\$92.60</b>		<b>\$133.05</b>		<b>\$1.13</b>		<b>\$97.50</b>	
Family Cost Share												
Family Rate	\$1,682.82		\$1,517.20		\$1,640.09		\$1,692.83		\$1,520.79		\$1,646.47	
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36	
<b>Family Monthly Cost</b>	<b>\$163.46</b>		<b>-\$2.16</b>		<b>\$120.73</b>		<b>\$173.47</b>		<b>\$1.43</b>		<b>\$127.11</b>	

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