

### Ionia County ISD - HEALTH INSURANCE RATES 1/1/25 - 12/31/25

	Non-Union/GSRP Plans - Western Michigan Health Insurance Pool			IIEA/IISPA Plans - MESSA		
	Plan# 1	Plan# 2	Plan# 3	Plan# 1	Plan# 2	Plan# 3
	BCBS Enhanced 250 001 (formerly Vers PPO 1)	BCBS Enhanced 500 0008 (formerly Vers PPO 4)	BCBS Enhanced Level 036/037 (H.S.A.) (formerly Flex Blue 2)	BCBS MESSA ABC Plan 1 - 0% (H.S.A.)	BCBS MESSA ABC Plan 2-10% (H.S.A.)	BCBS MESSA Choices
<b>Plan Highlights</b>	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Individual Deductible</b>	\$250.00	\$500.00	\$1,650.00	\$1,650.00	\$2,000.00	\$1,000.00
<b>Family Deductible</b>	\$500.00	\$1,000.00	\$3,300.00*	\$3,300.00*	\$4,000.00	\$2,000.00
<b>Coinsurance (Employee Pays)</b>	10%	10%	0%	0%	10%	0%
<b>Individual Coinsurance Max</b>	\$1,000.00	\$1,000.00	N/A	N/A	N/A	N/A
<b>Family Coinsurance Max</b>	\$2,000.00	\$2,000.00	N/A	N/A	N/A	N/A
<b>Individual Out of Pocket Max</b>	\$2,500.00	\$3,000.00	\$2,650.00	\$3,650.00	\$5,000.00	\$4,000.00
<b>Family Out of Pocket Max</b>	\$5,000.00	\$6,000.00	\$5,300.00	\$7,300.00	\$8,300.00	\$8,000.00
<b>Covered Benefits</b>						
<b>Preventative Care</b>	100%	100%	100%	100%	100%	100%
<b>Primary Care Physician Office Visit</b>	\$10 Copay	\$20 Copay	100% after deductible	100% after deductible	90% after deductible	\$20 Copay after deductible
<b>Specialist Office Visit</b>	\$10 Copay	\$20 Copay	100% after deductible	100% after deductible	90% after deductible	\$20 Copay after deductible
<b>Online Visit</b>	\$10 Copay	\$20 Copay	100% after deductible	100% after deductible	90% after deductible	\$20 Copay after deductible
<b>Urgent Care Visit</b>	90% after deductible	90% after deductible	100% after deductible	100% after deductible	90% after deductible	\$25 Copay after deductible
<b>Emergency Room</b>	\$50 Copay, then 90% after deductible	\$50 Copay, then 90% after deductible	100% after deductible	100% after deductible	90% after deductible	\$50 Copay after deductible
<b>Chiropractic</b>	90% after deductible (limit of 24 visits per member per year)	90% after deductible (limit of 24 visits per member per year)	100% after deductible (limit of 24 visits per member per year)	100% after deductible (Maximum 38 visits per year, including massage therapy)	90% after deductible (Maximum 38 visits per year, including massage therapy)	\$20 copay may apply; 100% after deductible (Maximum 38 visits per year, including massage therapy)
<b>PT/OT/ST Combined</b>	90% after deductible (Combined limit to 60 visits per year)	90% after deductible (Combined limit to 60 visits per year)	100% after deductible (Combined limit to 60 visits per year)	100% after deductible (Combined limit to 60 visits per year)	90% after deductible (Combined limit to 60 visits per year)	\$20 copay may apply; 100% after deductible (Combined limit to 60 visits per year)
<b>Massage Therapy</b>	90% after deductible (limit of 24 visits per year)	90% after deductible (limit of 24 visits per year)	N/A	Included in Chiropractic	Included in Chiropractic	Included in Chiropractic
<b>Prescription Drugs</b>						
<b>Generic</b>	\$10 Copay	\$10 Copay	\$10 Copay after deductible	Free or \$10 Copay after deductible	Free or \$10 Copay after deductible	\$10 Copay
<b>Preferred Brand</b>	\$40 Copay	\$40 Copay	\$40 Copay after deductible	\$40 Copay after deductible	20% coinsurance (\$40 min - \$80 max) after deductible	20% coinsurance (\$40 min - \$80 max)
<b>Non-Preferred Brand</b>	\$40 Copay	\$40 Copay	\$40 Copay after deductible	\$80 Copay after deductible	20% coinsurance (\$60 min - \$100 max) after deductible	20% coinsurance (\$60 min - \$100 max)
<b>Preferred Specialty Generic</b>	\$10 Copay	\$10 Copay	\$10 Copay after deductible	20% coinsurance (\$0 min - \$150 max) after deductible	Pricing included in one of the above categories	Pricing included in one of the above categories
<b>Preferred Specialty Brand</b>	\$40 Copay	\$40 Copay	\$40 Copay after deductible	20% coinsurance (\$0 min - \$150 max) after deductible		
<b>Non-Preferred Specialty</b>	\$40 Copay	\$40 Copay	\$40 Copay after deductible	20% coinsurance (\$0 min - \$300 max) after deductible		
<b>Mail Order Prescriptions (90 Days)</b>	2x 1-month supply	2x 1-month supply	2x 1-month supply	3x 1-month supply; retail or mail after deductible	2.5x 1-month supply; retail or mail after deductible	2.5x 1-month supply; retail or mail
<b>Employee Per Payroll Premiums (Withheld on the 1st &amp; 2nd pay of the month for 24 Pays)</b>				<b>IISPA rates will vary for those that don't work 260 days; deductions will be withheld over 18 pays during the school year and will be more than this calculation.</b>		
<b>Employee</b>	\$77.90	\$66.72	\$46.21	\$89.05	\$48.06	\$143.57
<b>2-Person</b>	\$226.31	\$201.16	\$155.00	\$250.45	\$158.23	\$373.11
<b>Family</b>	\$241.51	\$210.20	\$152.77	\$271.37	\$156.60	\$424.01

\*The full family deductible must be met under a two person or family contract before benefits are paid for any person on the contract.

<b>Dental and Vision Coverage</b>	Only available IF purchase health insurance; then no additional payroll premium.	Provided at no cost to the employee for Single, 2-Person or Family whether you purchase health insurance or not.
<b>Cash in Lieu of Insurance (Payable on the 1st &amp; 2nd pay of the month for 24 Pays)</b>		
	\$321.59	IIEA - \$321.59
		IISPA - \$50 per pay paid over 18 pays from October-May

If you choose to enroll in health insurance through the ISD, please be aware that premiums are paid a month in advance of coverage. Your per pay amount may be double withheld until premiums are caught up.