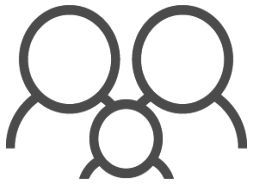
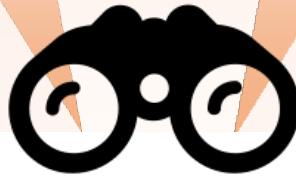


Finding the Health Plan That's Right for You



How many individuals are covered under your plan?

A primary cost driver of any health plan is the number of covered dependents. All of the MSBSD plans have different deductible and maximum out-of-pocket amounts for families and individuals. Before you can adequately assess the best plan for you it's necessary that you evaluate the costs as they may apply to your family or just yourself.

Where do you spend most of your health care dollars?

While evaluating premiums, deductibles and maximum out-of-pocket amounts provides a good plan comparison, be mindful of other health spending that is important to your family. Do you have routine expenditures for prescription drugs? Do you have dental issues which require attention? How many family members wear glasses and need vision benefits? Comparing wrap around services is also important.



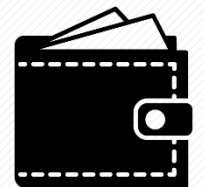
Are you prepared for large expenditures?

Balancing how you would like to pay for health insurance is another important consideration. Higher premium costs are typically coupled with lower deductibles and out-of-pocket maximum amounts. Conversely, low premiums are found with high deductible plans. In evaluating this trade off, you need to understand a few items. First, do you have any major medical expenses that you know are coming? Second, how comfortable are you with risk? Can you handle a large unexpected claim? Third, would you prefer a predictable routine payment, even if it is more expensive? Knowing the answer to these items will help lead you to the right options for you.



What is the cost?

The guaranteed costs associated with health care come in the form of plan premiums. Evaluating the overall plan costs must include a look at the total premium as well as the estimated medical expenses. To understand the plan's value one simple method is to compare the plans total liability. This can be done by adding up the deductible, the maximum out-of-pocket (MOOP), and the premium. This will give you simplistically the total amount you would be required to pay. However, if your expenses don't reach the MOOP or deductible level, it may not be beneficial for you to pay the higher premium for the richer plan.



Side by Side: Below is a simplified side-by-side comparison of the plans available to CEA employees of MSBSD in FY21.

In reviewing the side-by-side, keep in mind the key consideration items from the first page.

	Plan A/B w/Ortho		Plan C/B		Plan F/B		HDHP/V	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Medical								
Deductible	\$ 100.00	\$ 300.00	\$ 500.00	\$1,500.00	\$1,500.00	\$3,000.00	\$1,500.00	\$3,000.00
Max Out-Of-Pocket (MOOP)	\$1,000.00	\$3,000.00	\$2,000.00	\$6,000.00	\$3,000.00	\$6,000.00	\$3,500.00	\$7,000.00
Co-Insurance	20% Preferred		20% Preferred		20% Preferred		20% Preferred	
Office Visit Co-Pay	N/A		N/A		\$25.00 (1 st 6 visits)		N/A	
Prescription	25% Min \$10/Max \$85		30% Min \$15/Max \$100		30% Min \$15/Max \$100		Part of Ded / MOOP	
Dental								
Deductible	\$ 75.00	\$ 225.00	\$ 75.00	\$ 225.00	\$ 75.00	\$ 225.00	\$ 50.00	\$ 150.00
Maximum Benefit	\$3,000 Per Person		\$3,000 Per Person		\$3,000 Per Person		\$500 Per Person	
Preventative Care	100%		100%		100%		100%	
Basic Care	80% (UCR)		80% (UCR)		80% (UCR)		N/A	
Major Care	50% (UCR)		50% (UCR)		50% (UCR)		N/A	
Orthodontia (per lifetime)	50% up to \$2000 per person		N/A		N/A		N/A	
Vision								
Exam Co-Pay	\$ 25.00		\$ 25.00		\$ 25.00		\$ 25.00	
Materials Co-Pay	\$ 25.00		\$ 25.00		\$ 25.00		\$ 25.00	
Lenses	100%		100%		100%		100%	
Frames	Max \$195		Max \$195		Max \$195		Max \$195	
Employee Premium								
.875 - 1.0 FTE	\$ 6,766.74		\$ 4,790.34		\$ 2,762.28		\$ 541.08	
.75 - .874 FTE	\$ 12,506.40		\$ 10,530.00		\$ 8,501.94		\$ 6,280.74	
.50 - .74 FTE	\$ 18,245.88		\$ 16,269.48		\$ 14,241.60		\$ 12,020.40	

Important Terms: Understanding the structure of any health plan can depend on your understanding of the specific terms used to describe the plan and its included benefits. The following key terms should give you the information you need to understand the plan details.

Deductible: The amount you must pay before the plan begins to pay for covered services.

Max Out-Of-Pocket: The most you could pay during a coverage period, typically the plan year, for your share of the cost of covered services.

Preferred Providers: A service provider who is part of the plan's established network, in which rates, discounts, and pricing have been negotiated. Also called In-Network Provider.

Co-Payments: Fixed dollar amounts that you pay for covered services.

Co-Insurance: The share of the costs of a covered service you pay, calculated as a percentage of the allowed amount.