

**Current:**

Priority Health - H.S.A.

	Rate	Annual Cost Employer	PA 152 Limits 2016	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 445.90	\$ 5,350.80	\$ 6,142.11	\$ -		\$ (791.31)	\$ 1,300.00	\$ 508.69	20%	\$ 700.00	\$ 1,208.69
T	\$ 1,070.16	\$ 12,841.92	\$ 12,845.04	\$ -		\$ (3.12)	\$ 2,600.00	\$ 2,596.88	20%	\$ 1,400.00	\$ 3,996.88
F	\$ 1,337.70	\$ 16,052.40	\$ 16,751.23	\$ -		\$ (698.83)	\$ 2,600.00	\$ 1,901.17	20%	\$ 1,400.00	\$ 3,301.17

**Renewal:**

			PA 152 Limits 2017	Payroll Deduct over 26 Pays	Annual PR Deduct						
S	\$ 519.92	\$ 6,239.04	\$ 6,344.80	\$ -	\$ -	\$ (105.76)	\$ 1,300.00	\$ 1,194.24	20%	\$ 700.00	\$ 1,894.24
T	\$ 1,247.81	\$ 14,973.72	\$ 13,268.93	\$ 65.57	\$ 1,704.79		\$ 2,600.00	\$ 2,600.00	20%	\$ 1,400.00	\$ 5,704.79
F	\$ 1,559.76	\$ 18,717.12	\$ 17,304.02	\$ 54.35	\$ 1,413.10		\$ 2,600.00	\$ 2,600.00	20%	\$ 1,400.00	\$ 5,413.10

**Proposed:**

MESSA - ABC Plan 1

	Rate	Annual Cost Employer	PA 152 Limits 2017	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 676.31	\$ 8,115.72	\$ 6,344.80	\$ 68.11	\$ 1,770.92		\$ 1,300.00	\$ 3,070.92	0%	\$ 1,000.00	\$ 4,070.92
T	\$ 1,519.83	\$ 18,237.96	\$ 13,268.93	\$ 191.12	\$ 4,969.03		\$ 2,600.00	\$ 7,569.03	0%	\$ 2,000.00	\$ 9,569.03
F	\$ 1,890.97	\$ 22,691.64	\$ 17,304.02	\$ 207.22	\$ 5,387.62		\$ 2,600.00	\$ 7,987.62	0%	\$ 2,000.00	\$ 9,987.62

BCBSM

	Rate	Annual Cost Employer	PA 152 Limits 2017	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 548.84	\$ 6,586.08	\$ 6,344.80	\$ 9.28	\$ 241.28		\$ 1,300.00	\$ 1,541.28	20%	\$ 950.00	\$ 2,491.28
T	\$ 1,317.23	\$ 15,806.76	\$ 13,268.93	\$ 97.61	\$ 2,537.83		\$ 2,600.00	\$ 5,137.83	20%	\$ 1,900.00	\$ 7,037.83
F	\$ 1,646.53	\$ 19,758.36	\$ 17,304.02	\$ 94.40	\$ 2,454.34		\$ 2,600.00	\$ 5,054.34	20%	\$ 1,900.00	\$ 6,954.34

BCN

	Rate	Annual Cost Employer	PA 152 Limits 2017	Payroll Deduct over 26 Pays	Annual PR Deduct	Possible Employer Contribution- Offset	Deductible	Projected Employee Risk In-Network	Percentage	Co-Pay	Employee Max. Risk In-Network *
S	\$ 527.82	\$ 6,333.84	\$ 6,344.80	\$ -	\$ -	\$ (10.96)	\$ 1,300.00	\$ 1,289.04	20%	\$ 1,000.00	\$ 2,289.04
T	\$ 1,266.78	\$ 15,201.36	\$ 13,268.93	\$ 74.32	\$ 1,932.43		\$ 2,600.00	\$ 4,532.43	20%	\$ 2,000.00	\$ 6,532.43
F	\$ 1,583.47	\$ 19,001.64	\$ 17,304.02	\$ 65.29	\$ 1,697.62		\$ 2,600.00	\$ 4,297.62	20%	\$ 2,000.00	\$ 6,297.62

\* Employee Risk is calculated by adding any deductible, co-pay or co-insurance less the amount that could be deposited into a H.S.A. account for the amount below Hard Cap.

GBS has made every effort to ensure these rates are accurate based upon the information provided. Please refer to actual proposal for full details. GBS assumes no liability for rate changes made by any service provider after final enrollment.