



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

Atlanta Community Schools
Teachers & Administration
Assumed Effective Date: 2/1/2020

Plan	CURRENT PLAN Administration		CURRENT PLAN Teachers Enrolled in MESSA Choices		CURRENT PLAN Teachers Enrolled in MESSA ABC Rx w/ mandatory mail		Option 1	Option 2
	MESSA Choices \$1000- 0%; 3-Tier Rx	1/1/2020-12/31/2020 In Network	MESSA Choices \$1000-0%; Saver Rx w/ mandatory mail	1/1/2020-12/31/2020 In Network	MESSA ABC Plan 1 \$1400-0%; ABC Rx w/ mandatory mail	1/1/2020-12/31/2020 In Network	Priority Health POS 1000-20%; \$5/\$20/\$60/\$80/20%/20% Rx	Priority Health POS HSA \$1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx
Rate Period							2/1/2020-1/31/2021	2/1/2020-1/31/2021
Purchased Plan Features							In Network	In Network
Deductible								
Annual Deductible - 1P	\$1,000	\$1,000	\$1,000	\$1,000	\$1,400	\$1,400	\$1,400	\$1,400
Annual Deductible - 2P/FF	\$2,000	\$2,000	\$2,000	\$2,000	\$2,800	\$2,800	\$2,800	\$2,800
Additional Cost After Deductible								
Employee Insurance after Deductible	0%	0%	0%	0%	0%	0%	10%	10%
Coinurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinurance Max - 2P/FF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	Med Max:\$2,000 Rx Max: \$2,000	Med Max:\$2,000 Rx Max: \$1,000	Med Max:\$2,000 Rx Max: \$1,000	Med Max:\$2,000 Rx Max: \$1,000	\$2,400	\$2,400	\$3,500	\$3,500
Max ded, coinsurance, copays - 2P/FF	Med Max: \$4,000 Rx Max: \$4,000	Med Max: \$4,000 Rx Max: \$2,000	Med Max: \$4,000 Rx Max: \$2,000	Med Max: \$4,000 Rx Max: \$2,000	\$4,800	\$4,800	\$7,000	\$7,000
Copayments								
Office Visit/Specialist	\$20/\$20 after Ded.	\$20/\$20 after Ded.	\$20/\$20 after Ded.	\$20/\$20 after Ded.	0% after Ded.	0% after Ded.	10% after Ded.	10% after Ded.
Urgent Care/ER	\$25/\$50 after Ded.	\$25/\$50 after Ded.	\$25/\$50 after Ded.	\$25/\$50 after Ded.	0% after Ded.	0% after Ded.	10% after Ded.	10% after Ded.
Chiropractic Limit/Copay	38/(Subject to Deductible and Coinsurance	38/(Subject to Deductible and Coinsurance	38/(Subject to Deductible and Coinsurance	38/(Subject to Deductible and Coinsurance	38/0% after Ded.	38/0% after Ded.	30/10% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)
Rx Copay	3-Tier Rx	3-Tier Rx	Saver Rx w/ mandatory mail	Saver Rx w/ mandatory mail	ABC Rx w/ mandatory mail	ABC Rx w/ mandatory mail	\$5/\$20/\$60/\$80/20%/20% after Ded.	\$5/\$20/\$60/\$80/20%/20% after Ded.
Total Monthly Costs							Census Rates	Census Rates
One Person (1P)							\$570.77	\$548.19
Two Person (2P)							\$1,193.66	\$1,146.43
Family (FF)							\$1,556.65	\$1,495.05
One Person Cost Share								
One Person Rate							\$570.77	\$548.19
One Person PA 152 Cap							\$568.24	\$568.24
One Person Monthly Cost							\$2.53	-\$20.05
Two Person Cost Share								
Two Person Rate							\$1,193.66	\$1,146.43
Two Person PA 152 Cap							\$1,188.36	\$1,188.36
Two Person Monthly Cost							\$5.30	-\$41.93
Family Cost Share								
Family Rate							\$1,556.65	\$1,495.05
Family PA 152 Cap							\$1,549.75	\$1,549.75
Family Monthly Cost							\$6.90	-\$54.70

*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.

*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG.