



**Medical Rate Summary**  
**Boyer City Public Schools**  
**All Employees Options**  
 Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
<b>PAK A EA, Admin, Support, Superintendent Enrolled in MESSA Choices \$500</b>	Census 9	7	39	55
MESSA Choices \$500-0%; 3 Tier Mail Rx	Rate \$632.41	\$1,421.05	\$1,768.05	\$1,015,116
<b>Non-PAK Bus Drivers (including grandfathered) &amp; EA Enrolled in MESSA Choices \$500</b>	Census			
MESSA Choices \$500-0%; 3 Tier Mail Rx	Rate \$645.29	\$1,450.02	\$1,804.10	
<b>PAK E EA, Admin, FT Support, Superintendent Enrolled in MESSA Choices \$1000 10%</b>	Census 1	1	1	2
MESSA Choices \$1000-10%; 3 Tier Mail Rx	Rate \$548.34	\$1,231.87	\$1,532.63	\$33,174
<b>Non-PAK Bus Drivers (including grandfathered) &amp; EA Enrolled in MESSA Choices \$1000 10%</b>	Census 1	1		1
MESSA Choices \$1000-10%; 3 Tier Mail Rx	Rate \$559.49	\$1,256.98	\$1,563.87	\$15,084
<b>PAK C EA, Admin, FT Support, Superintendent Enrolled in MESSA ABC \$1350</b>	Census 14	4	15	33
MESSA ABC Plan 1 \$1350-0%; ABC Mail Rx	Rate \$589.91	\$1,325.42	\$1,649.03	\$459,550
<b>Non-PAK Bus Drivers (including grandfathered) &amp; EA Enrolled in MESSA ABC \$1350</b>	Census			
MESSA ABC Plan 1 \$1350-0%; ABC Mail Rx	Rate \$601.92	\$1,352.44	\$1,682.66	
<b>PAK D EA, Admin, FT Support, Superintendent Enrolled in MESSA ABC \$1350 10%</b>	Census 1			1
MESSA ABC Plan 1 \$1350-10%; ABC Mail Rx	Rate \$548.91	\$1,233.19	\$1,534.26	\$6,587
<b>Non-PAK Bus Drivers (including grandfathered) &amp; EA Enrolled in MESSA ABC \$1350 10%</b>	Census			
MESSA ABC Plan 1 \$1350-10%; ABC Mail Rx	Rate \$560.08	\$1,258.32	\$1,565.54	
<b>TOTALS:</b>	<b>24</b>	<b>13</b>	<b>55</b>	<b>92</b>

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
<b>BCN HMO HSA Plans</b>					
BCN HMO HSA \$1350-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$455	\$1,080	\$1,348	\$1,188,782	\$340,729
BCN HMO HSA \$1350-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$429	\$1,018	\$1,271	\$1,121,219	\$408,292
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$415	\$985	\$1,230	\$1,084,912	\$444,599
BCN HMO HSA \$2000-10%; \$4/\$15/\$40/\$80/20%/20% Rx	\$396	\$939	\$1,172	\$1,033,775	\$495,736
<b>BCN HMO Conventional Plans</b>					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$568	\$1,350	\$1,686	\$1,486,840	\$42,671
BCN HMO \$500-20% - \$2500 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$505	\$1,201	\$1,499	\$1,322,262	\$207,249

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$507	\$1,206	\$1,505	\$1,327,448	\$202,063
BCN HMO \$1000-20% - \$1000 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$501	\$1,191	\$1,486	\$1,310,858	\$218,653
BCN HMO \$2000-20% - \$2500 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$456	\$1,082	\$1,350	\$1,190,985	\$338,526
<b>BCBSM Simply Blue Conventional Plans</b>					
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$569	\$1,354	\$1,691	\$1,491,216	\$38,295
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$584	\$1,390	\$1,736	\$1,530,832	-\$1,321
BCBSM SB PPO \$1000-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$537	\$1,278	\$1,596	\$1,407,404	\$122,107
BCBSM SB PPO \$2000-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$503	\$1,195	\$1,492	\$1,315,703	\$213,808
<b>BCBSM Simply Blue HSA Plans</b>					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$530	\$1,261	\$1,574	\$1,387,924	\$141,587
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$483	\$1,147	\$1,432	\$1,262,966	\$266,545
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$456	\$1,083	\$1,352	\$1,192,531	\$336,980
<b>Priority Health POS HSA Plans</b>					
Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx	\$533	\$1,187	\$1,474	\$1,311,664	\$217,847
Priority Health POS HSA \$1350-10%; \$10/\$40/\$80 Rx	\$481	\$1,071	\$1,330	\$1,183,536	\$345,975
<b>Priority Health POS Conventional Plans</b>					
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80/\$0/\$0 Rx	\$630	\$1,406	\$1,747	\$1,553,997	-\$24,486
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80/\$40/\$80 Rx	\$637	\$1,420	\$1,765	\$1,569,812	-\$40,301
Priority Health POS \$1000-10%; \$20 OV; \$10/\$40/\$80/\$40/\$80 Rx	\$548	\$1,221	\$1,517	\$1,349,274	\$180,237
<b>MESSA</b>	Solicited and did not provide options				

\*Current MESSA rates include all estimated taxes and fees.

\*BCBSM/BCN/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.

\*BCBSM/BCN quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

\*Proposed rates include \$8.30 enrollment and billing service fee.



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Boyer City Public Schools  
All Employees Options  
Assumed Effective Date: 7/1/2019

Plan	CURRENT PLAN PAK A EA, Admin, Support, Superintendent Enrolled in MESSA Choices \$500		CURRENT PLAN Non-PAK Bus Drivers (including grandfathered) & EA Enrolled in MESSA Choices \$500		CURRENT PLAN PAK E EA, Admin, FT Support, Superintendent Enrolled in MESSA Choices \$1000- 10% 3 Tier Mail Rx		CURRENT PLAN Non-PAK Bus Drivers (including grandfathered) & EA Enrolled in MESSA Choices \$1000- 10% 3 Tier Mail Rx		CURRENT PLAN PAK C EA, Admin, FT Support, Superintendent Enrolled in MESSA ABC \$1350		CURRENT PLAN Non-PAK Bus Drivers (including grandfathered) & EA Enrolled in MESSA ABC \$1350-0%		CURRENT PLAN PAK D EA, Admin, FT Support, Superintendent Enrolled in MESSA ABC \$1350-10%		CURRENT PLAN Non-PAK Bus Drivers (including grandfathered) & EA Enrolled in MESSA ABC \$1350-10%	
	Rate Period	Mail Rx	In Network	Out of Network	Rate Period	Mail Rx	In Network	Out of Network	Rate Period	Mail Rx	In Network	Out of Network	Rate Period	Mail Rx	In Network	Out of Network
<b>Purchased Plan Features</b>	1/1/2019-12/31/2019				1/1/2019-12/31/2019				1/1/2019-12/31/2019				1/1/2019-12/31/2019			
<b>Deductible</b>																
Annual Deductible - 1P	\$500	\$500			\$1,000	\$1,000			\$1,350	\$1,350			\$1,350	\$1,350		
Annual Deductible - 2P/FF	\$1,000	\$1,000			\$2,000	\$2,000			\$2,700	\$2,700			\$2,700	\$2,700		
<b>Additional Cost After Deductible</b>																
Employee Insurance after Deductible	0%	0%			10%	10%			0%	0%			10%	10%		
Coinsurance Max - 1P	N/A	N/A			N/A	N/A			N/A	N/A			N/A	N/A		
Coinsurance Max - 2P/FF	N/A	N/A			N/A	N/A			N/A	N/A			N/A	N/A		
<b>Out of Pocket Maximum</b>																
Max ded, coinsurance, copays - 1P	Med Max: \$1,500 Rx Max: \$2,000	Med Max: \$1,500 Rx Max: \$2,000			Med Max: \$3,000 Rx Max: \$4,000	Med Max: \$3,000 Rx Max: \$4,000			\$2,350	\$2,350			\$3,350	\$3,350		
Max ded, coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$4,000	Med Max: \$3,000 Rx Max: \$4,000			Med Max: \$6,000 Rx Max: \$4,000	Med Max: \$6,000 Rx Max: \$4,000			\$4,700	\$4,700			\$6,700	\$6,700		
<b>Copayments</b>																
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/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance			38/10% after Ded.	38/10% after Ded.		
Rx Copay	3 Tier Mail Rx	3 Tier Mail Rx			3 Tier Mail Rx	3 Tier Mail Rx			3 Tier Mail Rx	3 Tier Mail Rx			3 Tier Mail Rx	3 Tier Mail Rx		
<b>Total Monthly Costs</b>	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	9	\$632.41	0	\$645.29	0	\$548.34	0	\$559.49	14	\$589.91	0	\$601.92	1	\$548.91	0	\$560.08
Two Person (2P)	7	\$1,421.05	0	\$1,450.02	1	\$1,231.87	1	\$1,256.98	4	\$1,325.42	0	\$1,352.44	0	\$1,233.19	0	\$1,258.32
Family (FF)	39	\$1,768.05	0	\$1,804.10	1	\$1,532.63	0	\$1,563.87	15	\$1,649.03	0	\$1,682.66	0	\$1,534.26	0	\$1,565.54
<b>Total Annual Premium</b>	55	\$1,015,116	0	\$0	2	\$33,174	1	\$15,084	33	\$459,550	0	\$0	1	\$6,587	0	\$0
<b>Combined Current Lives</b>	92															
<b>Combined Annual Premium</b>	\$1,529,511															
<b>One Person Monthly Cost</b>																
One Person Cost Share		\$632.41		\$645.29		\$548.34		\$559.49		\$589.91		\$601.92		\$548.91		\$560.08
One Person Rate		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10
One Person PA 152 Cap		\$75.31		\$88.19		-\$8.76		\$2.39		\$32.81		\$44.82		-\$8.19		\$2.98
<b>Two Person Monthly Cost</b>																
Two Person Cost Share		\$1,421.05		\$1,450.02		\$1,231.87		\$1,256.98		\$1,325.42		\$1,352.44		\$1,233.19		\$1,258.32
Two Person Rate		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06
Two Person PA 152 Cap		\$255.99		\$284.96		\$66.81		\$91.92		\$160.36		\$187.38		-\$66.13		\$93.26
<b>Family Monthly Cost</b>																
Family Cost Share		\$1,768.05		\$1,804.10		\$1,532.63		\$1,563.87		\$1,649.03		\$1,682.66		\$1,534.26		\$1,565.54
Family Rate		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36
Family PA 152 Cap		\$248.69		\$284.74		\$13.27		\$44.51		\$129.67		\$163.30		-\$14.90		\$46.18

\*Current MESSA rates include all estimated taxes and fees.

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**Boyer City Public Schools  
All Employees Options  
Assumed Effective Date: 7/1/2019**

Plan	Option 1		Option 2		Option 3	
	BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	
<b>Rate Period</b>	7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020	
<b>Purchased Plan Features</b>	In Network		In Network		In Network	
<b>Deductible</b>						
Annual Deductible - 1P	\$500		\$1,350		\$2,000	
Annual Deductible - 2P/FF	\$1,000		\$2,700		\$4,000	
<b>Additional Cost After Deductible</b>						
Employee Coinsurance after Deductible	20%		0%		0%	
Coinsurance Max - 1P	\$2,500		N/A		N/A	
Coinsurance Max - 2P/FF	\$5,000		N/A		N/A	
<b>Out of Pocket Maximum</b>						
Max ded, coinsurance, copays - 1P	\$6,350		\$2,250		\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$12,700		\$4,500		\$6,000	
<b>Copayments</b>						
Office Visit/Specialist	\$20/\$20		0% after Ded.		0% after Ded.	
Urgent Care/ER	\$20/\$150		0% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	12/\$20		12/0% after Ded.		12/0% after Ded.	
Rx Copay	\$10/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.	
<b>Total Monthly Costs</b>	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	24	\$569.18	24	\$530.08	24	\$482.80
Two Person (2P)	13	\$1,354.41	13	\$1,260.58	13	\$1,147.08
Family (FF)	55	\$1,690.92	55	\$1,573.65	55	\$1,431.78
<b>Total Annual Premium</b>	92	\$1,491,216	92	\$1,387,924	92	\$1,262,966
<b>Combined Current Lives</b>						
<b>Combined Annual Premium</b>						
<b>One Person Cost Share</b>						
One Person Rate	\$569.18		\$530.08		\$482.80	
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10	
<b>One Person Monthly Cost</b>	<b>\$12.08</b>		<b>-\$27.02</b>		<b>-\$74.30</b>	
<b>Two Person Cost Share</b>						
Two Person Rate	\$1,354.41		\$1,260.58		\$1,147.08	
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06	
<b>Two Person Monthly Cost</b>	<b>\$189.35</b>		<b>\$95.52</b>		<b>-\$17.98</b>	
<b>Family Cost Share</b>						
Family Rate	\$1,690.92		\$1,573.65		\$1,431.78	
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36	
<b>Family Monthly Cost</b>	<b>\$171.56</b>		<b>\$54.29</b>		<b>-\$87.58</b>	

\*BCBSM 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.

\*BCBSM quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

\*Proposed rates include \$8.30 for enrollment and billing service fee.



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**Boyer City Public Schools  
All Employees Options  
Assumed Effective Date: 7/1/2019**

Plan	Option 1		Option 2		Option 3	
	Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80/\$40/\$80 Rx		Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx		Priority Health POS HSA \$1350-10%; \$10/\$40/\$80 Rx	
<b>Rate Period</b>	7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020	
<b>Purchased Plan Features</b>	In Network		In Network		In Network	
<b>Deductible</b>						
Annual Deductible - 1P	\$500		\$1,350		\$1,350	
Annual Deductible - 2P/FF	\$1,000		\$2,700		\$2,700	
<b>Additional Cost After Deductible</b>						
Employee Coinsurance after Deductible	0%		0%		10%	
Coinsurance Max - 1P	N/A		N/A		N/A	
Coinsurance Max - 2P/FF	N/A		N/A		N/A	
<b>Out of Pocket Maximum</b>						
Max ded, coinsurance, copays - 1P	\$7,900		\$2,000		\$2,000	
Max ded, coinsurance, copays - 2P/FF	\$15,800		\$4,000		\$4,000	
<b>Copayments</b>						
Office Visit/Specialist	\$20/\$20		0% after Ded.		10% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		10% after Ded.	
Chiropractic Limit/Copay	30/\$20		30/0% after Ded.		30/10% after Ded.	
Rx Copay	\$10/\$40/\$80/\$40/\$80		\$10/\$40/\$80 after Ded.		\$10/\$40/\$80 after Ded.	
<b>Total Monthly Costs</b>	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	24	\$636.66	24	\$532.77	24	\$481.22
Two Person (2P)	13	\$1,420.22	13	\$1,186.68	13	\$1,070.76
Family (FF)	55	\$1,765.00	55	\$1,474.40	55	\$1,330.16
<b>Total Annual Premium</b>	92	\$1,569,812	92	\$1,311,664	92	\$1,183,536
<b>Combined Current Lives</b>						
<b>Combined Annual Premium</b>						
<b>One Person Cost Share</b>						
One Person Rate	\$636.66		\$532.77		\$481.22	
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10	
<b>One Person Monthly Cost</b>	<b>\$79.56</b>		<b>-\$24.33</b>		<b>-\$75.88</b>	
<b>Two Person Cost Share</b>						
Two Person Rate	\$1,420.22		\$1,186.68		\$1,070.76	
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06	
<b>Two Person Monthly Cost</b>	<b>\$255.16</b>		<b>\$21.62</b>		<b>-\$94.30</b>	
<b>Family Cost Share</b>						
Family Rate	\$1,765.00		\$1,474.40		\$1,330.16	
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36	
<b>Family Monthly Cost</b>	<b>\$245.64</b>		<b>-\$44.96</b>		<b>-\$189.20</b>	

\*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.

\*Proposed rates include \$8.30 for enrollment and billing service fee.



**Dental Rate Summary**  
**Boyerne City Public Schools**  
**All Employees**  
**Assumed Effective Date: 7/1/2019**

<b>Current Plan(s) and Segment:</b>	<b>1P</b>	<b>2P</b>	<b>FF</b>	<b>Monthly Composite</b>	<b>Total Annual Cost</b>	<b>Rate Period</b>
PAK A, C, D, E - EA, Admin, FT Support, & Superintendent	Census Rate \$41.68	17 \$82.86	59 \$159.68	\$126.81	\$136,959	1/1/2019-12/31/2019
MESSA Dental 100%/100%/75%/50%; \$1200/\$3000						
PAK B - EA, Admin, FT Support, & Superintendent	Census Rate \$42.33	3 \$84.00	15 \$160.09	\$128.30	\$33,872	1/1/2019-12/31/2019
MESSA Dental 100%/100%/75%/50%; \$1200/\$3000						
NonPAK GF Support Staff 25-28.99 hrs.	Census Rate \$40.64	5 \$79.17	1 \$158.83	\$85.05	\$7,144	1/1/2019-12/31/2019
MESSA Dental 100%/100%/75%/50%; \$1200/\$3000						
NonPAK GF Secretaries, Food Service, & Custodians <20 hrs.	Census Rate \$47.18	1 \$86.07	1 \$157.30	\$86.07	\$1,033	1/1/2019-12/31/2019
MESSA Dental 100%/100%/75%/50%; \$1200/\$3000						
NonPAK GF Bus Drivers	Census Rate \$48.05	1 \$82.63	1 \$158.71	\$158.71	\$1,905	1/1/2019-12/31/2019
MESSA Dental 100%/100%/75%/50%; \$1200/\$3000						
NonPAK GF Support Staff 29 hrs.	Census Rate \$39.69	2 \$74.91	1 \$146.42	\$39.69	\$953	1/1/2019-12/31/2019
MESSA Dental 100%/100%/75%/50%; \$1200/\$3000						
<b>TOTALS:</b>	<b>21</b>	<b>26</b>	<b>76</b>		<b>\$181,865</b>	

<b>Product Name</b>	<b>Rate Period</b>	<b>1P Rate</b>	<b>2P Rate</b>	<b>FF Rate</b>	<b>Monthly Composite</b>	<b>Total Cost</b>	<b>Estimated Annual Savings</b>
SET/ADN SF Dental 100/100/75/50; \$1200/\$3000	7/1/2019-6/30/2020	\$37.82	\$69.29	\$135.77	\$104.99	\$154,971	\$26,894
BCBSM Dental 100/80/50/50; \$1200/\$1200	7/1/2019-6/30/2020	\$28.11	\$56.21	\$98.37	\$77.46	\$114,335	\$67,530
<b>MetLife</b>		Solicited and declined to quote					
<b>MESSA</b>		Solicited and did not provide options					

**\*All rates include taxes and fees.**

**\*SETSEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.**



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## Dental Plan Comparison

Boyerne City Public Schools  
All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
	PAK A, C, D, E - EA, Admin, FT Support, & Superintendent	PAK B - EA, Admin, FT Support, & Superintendent	NonPAK GF Support Staff 25-28.99 hrs.	NonPAK GF Secretaries, Food Service, & Custodians <20 hrs.	NonPAK GF Bus Drivers	NonPAK GF Support Staff 29 hrs.	SET/ADN SF Dental 100%/100/75/50; \$1200/\$3000	BCBSM Dental 100%/80/50/50; \$1200/\$1200				
	MESSA Dental 100%/100%/75%/50%; \$1200/\$3000	MESSA Dental 100%/100%/75%/50%; \$1200/\$3000	MESSA Dental 100%/100%/75%/50%; \$1200/\$3000	MESSA Dental 100%/100%/75%/50%; \$1200/\$3000	MESSA Dental 100%/100%/75%/50%; \$1200/\$3000	MESSA Dental 100%/100%/75%/50%; \$1200/\$3000	MESSA Dental 100%/100%/75%/50%; \$1200/\$3000	MESSA Dental 100%/100%/75%/50%; \$1200/\$3000				
	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-6/30/2020	7/1/2019-6/30/2020				
	Coverage Allowance	Coverage Allowance	Coverage Allowance	Coverage Allowance	Coverage Allowance	Coverage Allowance	Coverage Allowance	Coverage Allowance				
Prevent %	100%	100%	100%	100%	100%	100%	100%	100%				100%
Basic %	100%	100%	100%	100%	100%	100%	100%	100%				80%
Major %	75%	75%	75%	75%	75%	75%	75%	75%				50%
Ortho %	50%	50%	50%	50%	50%	50%	50%	50%				50%
Basic Ded	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0
Major Ded	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0
Ortho Ded	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				\$0
Bas/Maj Max	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200				\$1,200
Ortho Max	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000				\$1,200
Sealants Covered	No	No	No	No	No	No	No	No				Yes
Implants Covered	Endosteal Only	Endosteal Only	Endosteal Only	Endosteal Only	Endosteal Only	Endosteal Only	Endosteal Only	Endosteal Only				Endosteal Only
Purchased Plan Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates				Census Rates
One Person (1P)	14 \$41.68	4 \$42.33	1 \$40.64	0 \$47.18	0 \$48.05	2 \$39.69	21 \$37.82	21 \$28.11				21 \$28.11
Two Person (2P)	17 \$82.86	3 \$84.00	5 \$79.17	1 \$86.07	0 \$82.63	0 \$74.91	26 \$69.29	26 \$56.21				26 \$56.21
Family (FF)	59 \$159.68	15 \$160.09	1 \$158.83	0 \$157.30	1 \$158.71	0 \$146.42	76 \$135.77	76 \$98.37				76 \$98.37
Total Annual Premium	90 \$136,959	22 \$33,872	7 \$7,144	1 \$1,033	1 \$1,905	2 \$953	123 \$154,971	123 \$114,335				123 \$114,335
Combined Annual Premium	\$181,865	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS				< TOTALS
Estimated Cost for Benefit Increase - \$							\$18	\$26,894				\$46
Estimated Savings - %								15%				37%

\*All rates include taxes and fees.  
 \*SETSEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.



Vision Rate Summary  
 Boyne City Public Schools  
 All Employees  
 Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:	1P		2P		FF	Monthly Composite	Total Annual Cost	Rate Period
	Census	Rate	27	34	85	\$26.97	\$47,243	1/1/2019-12/31/2019
All Employees								
MESSA VSP 3 Plus P 250 CL								
<b>TOTALS:</b>			<b>27</b>	<b>34</b>	<b>85</b>		<b>\$47,243</b>	

Product Name	Rate Period		1P Rate		2P Rate		FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
	7/1/2019-6/30/2019	7/1/2019-6/30/2023	\$20.80	\$39.76	\$79.19	\$59.21	\$103,735	-\$56,492		
SET/ADN SF Vision \$0/0 Copay - \$130 Frame			\$7.86	\$14.93	\$21.93	\$17.70	\$31,007	\$16,236		
EyeMed FF Vision \$0/\$0 Copay - \$130 Frame			\$13.49	\$20.60	\$36.93	\$28.79	\$50,444	-\$3,201		
VSP Choice Plan \$0/\$0 Copay - \$130 Frame			Solicited and declined to quote							
MetLife			Solicited and did not provide options							
MESSA										

- \*All rates include taxes and fees.
- \*SETSEG SF/ADN rates are illustrative and include a \$1.85 per employee per month vision administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.
- \*VSP rates are based on a minimum employer contribution of 75% toward employees and dependents or 100% participation of employees and dependents enrolled in the medical or dental plan.
- \*EyeMed rates are based on Employer paying 80% or more of vision premium.





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

## Vision Plan Comparison

### Boyne City Public Schools All Employees

Name	CURRENT PLAN All Employees		Option 1	
	MESSA VSP 3 Plus P 250 CL		EyeMed FF Vision \$0/\$0 Copay - \$130 Frame	
<b>Rate Period</b>	1/1/2019-12/31/2019		7/1/2019-6/30/2023	
<b>Purchased Plan Features</b>	<b>Coverage Allowance</b>		<b>Coverage Allowance</b>	
Optometrist Exam	100%		100% after \$0 copay	
Ophthalmologist Exam	100%		100% after \$0 copay	
Regular Lenses	100%		100% after \$0 copay	
Bifocal Lenses	100%		100% after \$0 copay	
Trifocal Lenses	100%		100% after \$0 copay	
Lenticular Lenses	100%		100% after \$0 copay	
Frame Allowance	\$130		\$0 copay - covered up to \$130	
Necessary Contacts	100%		copay - 100% coverage	
Cosmetic Contacts	100%		\$0 copay - covered up to \$130	
Exam Copay	\$0		\$0	
Material Copay	\$0		\$0	
<b>Purchased Plan Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>
One Person (1P)	27	\$10.51	27	\$7.86
Two Person (2P)	34	\$22.57	34	\$14.93
Family (FF)	85	\$33.95	85	\$21.93
<b>Total Annual Premium</b>	<b>146</b>	<b>\$47,243</b>	<b>146</b>	<b>\$31,007</b>
<b>Estimated Cost for Benefit Increase - \$</b>			<b>\$9</b>	<b>\$16,236</b>
<b>Estimated Savings - %</b>				<b>34%</b>

\*All rates include taxes and fees.

\*EyeMed rates are based on Employer paying 80% or more of vision premium.