



PA 106 Summary
Pinconning Area Schools
Effective Date: 1/1/2025

Renewal Plan(s) and Segment:		One Person	Two Person	Family		Total Census		Total Annual Cost
Teachers and Admin with MESSA	Census	9	3	13		25		
MESSA - Choices \$500 PPO	Rate	\$799.87	\$1,799.72	\$2,239.66				\$500,563
Support Staff with MESSA	Census	6	9	8		23		
MESSA - Choices \$500 PPO	Rate	\$806.00	\$1,813.49	\$2,256.80				\$470,542
Teachers and Admin with MESSA	Census	8	7	12		27		
MESSA - ABC 1 PPO	Rate	\$699.41	\$1,573.68	\$1,958.35				\$481,335
Support Staff with MESSA	Census	1	1	1		3		
MESSA - ABC 1 PPO	Rate	\$704.76	\$1,585.72	\$1,973.34				\$51,166
	Totals:	24	20	34		78		\$1,503,605

Product Name	One Person Rate	Two Person Rate	Family Rate	Total Annual Cost	Estimated Annual Savings	% Change from Current
BCBSM - Simply Blue \$500 PPO	\$892.28	\$2,141.49	\$2,676.85	\$1,863,089	\$359,484	23.91%
BCBSM - Simply Blue HSA \$1650/0% PPO	\$822.56	\$1,974.14	\$2,467.66	\$1,717,496	\$213,891	14.23%
BCN - Blue Elect Plus POS \$500 POS	\$777.66	\$1,866.39	\$2,332.99	\$1,623,760	\$120,154	7.99%
BCN - Blue Elect Plus HSA POS \$1650/0% POS	\$703.00	\$1,687.20	\$2,109.00	\$1,467,864	-\$35,741	-2.38%
HAP - \$500/0% PPO	\$791.16	\$1,780.10	\$2,215.23	\$1,558,892	\$55,287	3.68%
HAP - HSA \$1650/0% PPO	\$693.28	\$1,559.88	\$1,941.18	\$1,366,037	-\$137,568	-9.15%
Priority Health	Declined to quote					



**PA 106 Summary
Pinconning Area Schools
Effective Date: 1/1/2024**

Renewal Plan(s) and Segment:		One Person	Two Person	Family		Total Census		Total Annual Cost
Admin with MESSA	Census	1	1	2		4		
MESSA - Choices \$500 PPO	Rate	\$799.87	\$1,799.72	\$2,239.66				\$84,947
Support Staff with MESSA	Census	6	9	8		23		
MESSA - Choices \$500 PPO	Rate	\$806.00	\$1,813.49	\$2,256.80				\$470,542
Admin with MESSA	Census	1		1		2		
MESSA - ABC 1 PPO	Rate	\$699.41	\$1,573.68	\$1,958.35				\$31,893
Support Staff with MESSA	Census	1	1	1		3		
MESSA - ABC 1 PPO	Rate	\$704.76	\$1,585.72	\$1,973.34				\$51,166
	Totals:	9	11	12		32		\$638,548

Product Name	One Person Rate	Two Person Rate	Family Rate		Total Annual Cost	Estimated Annual Savings	% Change from Current
BCBSM - Simply Blue \$500 PPO	\$1,164.97	\$2,795.92	\$3,494.91		\$998,145	\$359,598	56.31%
BCBSM - Simply Blue HSA \$1650/0% PPO	\$1,073.82	\$2,577.17	\$3,221.46		\$920,049	\$281,502	44.08%
BCN - Blue Elect Plus POS \$500 POS	\$900.63	\$2,161.51	\$2,701.89		\$771,660	\$133,112	20.85%
BCN - Blue Elect Plus HSA POS \$1650/0% POS	\$814.06	\$1,953.75	\$2,442.20		\$697,490	\$58,943	9.23%
HAP - PPO		No response yet					
Priority Health		Declined to quote					



Pinconning Area School District
October 2, 2024
Dental Benefit Comparison

	Current Plan		Current Plan		Current Plan		Proposed Plan		Proposed Plan		Proposed Plan		Proposed Plan			
	MESSA - Class 1 Admin and Supt.		MESSA - Class 2 Teachers		MESSA - Class 3 USW Support Staff		ADN - Class 1 Admin and Supt.		ADN - Class 2 Teachers		ADN - Class 3 USW Support Staff		Met Life - All Active Full Time Employees		Met Life - All Active Full Time Support Employees	
Maximums	\$2,500		\$2,500		\$1,000		\$2,500		\$2,500		\$1,000		\$2,500		\$1,000	
Deductible	N/A		N/A		N/A		N/A		N/A		N/A		\$50 Individual/\$150 family		\$50 Individual/\$150 family	
Benefits																
Diagnostic																
Oral Exams	100%		100%		100%		100%		100%		100%		100%		100%	
X-Rays	100%		100%		100%		100%		100%		100%		100%		100%	
Prophylaxis (Cleaning)	100%		100%		100%		100%		100%		100%		100%		100%	
Topical fluoride	100%		100%		100%		100%		100%		100%		100%		100%	
Space Maintainers	N/A		N/A		N/A		N/A		N/A		N/A		100%		100%	
Sealants	90%		90%		75%		90%		90%		75%		90%		75%	
Palliative Treatment (pain)	100%		100%		100%		100%		100%		100%		90%		50%	
Basic																
Fillings	90%		90%		75%		90%		90%		75%		90%		75%	
Oral Surgery	90%		90%		75%		90%		90%		75%		90%		75%	
Periodontal Services (gum disease)	90%		90%		75%		90%		90%		75%		90%		75%	
Endodontic Services (root canals)	90%		90%		75%		90%		90%		75%		90%		75%	
Repairs to bridges/dentures	90%		90%		75%		90%		90%		75%		90%		75%	
Relining dentures	90%		90%		75%		90%		90%		75%		90%		75%	
Major																
Bridges	90%		90%		50%		90%		90%		50%		90%		50%	
Dentures	90%		90%		50%		90%		90%		50%		90%		50%	
Crowns	90%		90%		50%		90%		90%		50%		90%		50%	
Inlays/Onlays	90%		90%		50%		90%		90%		50%		90%		50%	
Orthodontic																
Children Only to age 26	90%		90%		50%		90%		90%		50%		80%		50%	
Lifetime Maximum	\$3,500		\$3,500		\$1,000		\$3,500		\$3,500		\$1,000		\$3,500		\$1,000	
Rates	Current	Renewal	Current	Renewal	Current	Renewal	Illustrative Rates ^		Illustrative Rates ^		Illustrative Rates ^					
Single	\$43.52	\$44.99	\$42.92	\$42.78	\$34.94	\$34.55	\$35.64		\$35.15		\$28.62		\$42.99		\$34.94	
Single + 1	\$82.26	\$84.51	\$83.38	\$82.43	\$64.91	\$63.80	\$67.37		\$68.29		\$53.16		\$83.03		\$64.91	
Family	\$164.46	\$182.66	\$172.39	\$181.00	\$121.22	\$122.83	\$134.69		\$141.19		\$99.28		\$171.15		\$121.22	
Admin Fee if applicable	Initial Start Up (One-time fee) \$ 1.50 per employee (\$150 minimum) Dental Administration/Network Fee \$ 5.50 per employee per month* Dental Agent/Consultant Fee\$ 2.00 per employee per month *This fee includes the ADN and DenteMax networks.															
Rate Guarantee	12 Months		12 Months		12 Months		36 Months		36 Months		36 Months		12 Months 2nd year Rate Cap: The first year's renewal rates will not be increased by more than 7.0% above the current rates.			
Participation Requirements	^ As a self-funded plan, the rates are illustrative, representing an estimation of claims paid. The District would be responsible for the full amount of claims. 86% and at least 10 covered lives.															

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.



**Pinconning Area School District
October 2, 2024
Vision Benefit Comparison**

	Current and Renewal		Current and Renewal		Proposed		Proposed		Proposed		Proposed		Proposed	
	MESSA - Class 1 Admin and Supt. and Class 2 Teachers - VSP 3 Plus P		MESSA - Class 3 USW Support Staff - VSP 2 S		ADN - Class 1 Admin and Supt. and Class 2 Teachers		ADN - Class 3 USW Support Staff		NVA - Class 1 Admin and Supt. and Class 2 Teachers		NVA - Class 3 USW Support Staff		Metropolitan Life	
	Network	Out of Network	Network	Out of Network	Network	Out of Network	Network	Out of Network	Network	Out of Network	Network	Out of Network	Network	Out of Network
Annual Eye Exam														
Vision Exam	No copayment	Covered up to \$35 (Optometrist) up to \$45 (Ophthalmologist)	\$6.50 copayment	Covered up to \$28.50 (Optometrist) up to \$38.50 (Ophthalmologist)	No copayment	Covered up to \$35 (Optometrist) up to \$45 (Ophthalmologist)	\$6.50 copayment	Covered up to \$28.50 (Optometrist) up to \$38.50 (Ophthalmologist)	No copayment	Covered up to \$35 (Optometrist) up to \$45 (Ophthalmologist)	\$6.50 copayment	Covered up to \$28.50 (Optometrist) up to \$38.50 (Ophthalmologist)	No copayment	Covered up to \$45
Lenses - Standard														
Basic Single Vision	100% of approved amount	Covered up to \$38	\$18 copayment	Covered up to \$29	100% of approved amount	Covered up to \$38	\$18 copayment	Covered up to \$29	100% of approved amount	Covered up to \$38	\$18 copayment	Covered up to \$29	100% of approved amount	Covered up to \$30
Lined Bifocal	100% of approved amount	Covered up to \$60	\$18 copayment	Covered up to \$51	100% of approved amount	Covered up to \$60	\$18 copayment	Covered up to \$51	100% of approved amount	Covered up to \$60	\$18 copayment	Covered up to \$51	100% of approved amount	Covered up to \$65
Lined Trifocal	100% of approved amount	Covered up to \$72	\$18 copayment	Covered up to \$63	100% of approved amount	Covered up to \$72	\$18 copayment	Covered up to \$63	100% of approved amount	Covered up to \$72	\$18 copayment	Covered up to \$63	100% of approved amount	Covered up to \$100
Lenticular	100% of approved amount	Covered up to \$108	\$18 copayment	Covered up to \$75	100% of approved amount	Covered up to \$108	\$18 copayment	Covered up to \$75	100% of approved amount	Covered up to \$108	\$18 copayment	Covered up to \$75	100% of approved amount	Covered up to \$100
Contact Lenses														
Contacts - Necessary	100% of approved amount	Covered up to \$200	100% of approved amount	Covered up to \$175	100% of approved amount	Covered up to \$200	100% of approved amount	Covered up to \$175	100% of approved amount	Covered up to \$210	100% of approved amount	Covered up to \$210	100% of approved amount	Covered up to \$210
Contacts - Conventio	Non-disposable covered up to 100% of approved amount; Disposable up to \$250	Non-disposable covered up to \$200; Disposable up to \$150	Covered up to \$110	Covered up to \$90	Non-disposable covered up to 100% of approved amount; Disposable up to \$250	Non-disposable covered up to \$200; Disposable up to \$150	Covered up to \$110	Covered up to \$90	Covered up to \$250; 15% discount on conventional/10% discount on disposable remaining balance	Covered up to \$150	Covered up to \$110; 15% discount on conventional/10% discount on disposable remaining balance	Covered up to \$90	Covered up to \$130	Covered up to \$105
Frames														
	Covered up to \$130	Covered up to \$66	Covered up to \$130	Covered up to \$44	Covered up to \$130	Covered up to \$66	Covered up to \$130	Covered up to \$44	Covered up to \$130	Covered up to \$66	Covered up to \$130	Covered up to \$44	Covered up to \$130	Covered up to \$70
Plan Costs-Monthly Rates														
	Current Rates	Renewal Rates	Current Rates	Renewal Rates	Proposed Fees and Rates ^		Proposed Fees and Rates^		Proposed Rates		Proposed Rates		Proposed Rates	
Single	\$9.31	\$9.32	\$5.47	\$5.48	\$12.91		\$8.98		\$9.02		\$5.39		\$7.32	
Two Person	\$20.00	\$20.03	\$11.71	\$11.72	\$29.13		\$20.26		\$19.38		\$11.54		\$14.24	
Family	\$30.07	\$30.11	\$17.64	\$17.66	\$34.96		\$24.31		\$29.14		\$17.38		\$25.09	
Admin Fee if applicabl	N/A		N/A		\$1.75 PEPM		\$1.75 PEPM		N/A		N/A		N/A	
Rate Guarantee	12 Months		12 Months		36 Months		36 Months		48 Months		48 Months		48 Months	
Participation Requirements									Minimum 10 enrollees		Minimum 10 enrollees		Expected Participation: 86% Employee Contributions: 25%	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

© National Insurance Services

Benefit Comparison - LTD Insurance Plan
Date: 10/2/2024

Prepared for: Pinconning Area School District

Lives: Admin = 4; Teachers = 114
Volume: Admin = \$26,668; Teachers = \$520,804

Benefits	MESSA	Madison National Life Insurance Company, Inc.	Kansas City Life Insurance Company	Met Life
Description	Current and Renewal plans and rates	Proposed Benefits	Proposed Benefits	Proposed Benefits
Estimated Annual Premium	Current: \$21,295.87 Renewal: \$23,170.77	\$13,860.30	\$18,703.59	\$19,166 with no other Met coverage \$18,584.62 with Dental or Basic Life \$18,006.15 with Dental and Basic Life
Rate	Current Rates Class 1 Admin - .330% Class 2 Teachers - .210% Renewal Rates Class 1 Admin - .360% Class 2 Teachers - .210%	Class 1 Admin - .230% Class 2 Teachers - .210%	Class 1 Admin - .435% Class 2 Teachers - .277%	Class 1 Admin. & Supt. - .297% With Dental or Basic Life - .288% With Dental and Basic Life - .279% Class 2 Teachers - .189% With Dental or Basic Life - .183% With Dental and Basic Life - .178%
Proposed Effective Date		10/1/2024	10/1/2024	1/1/2025
Rate Guarantee	12 months	36 months	36 months	24 months
Eligibility	20 hours per week	20 hours per week	20 hours per week	30 hours per week
Employer Contribution	100%	100%	100%	100%
Participation Percent	100%	100%	100%	100%
Pre-Existing Condition Exclusion	None	None	3 months/12 months	3 months/12 months
Elimination Period	90 days Modified fill	90 days Modified fill	90 days Modified fill	90 Days or until the end of the STD Maximum Benefit Period.
Recurrent Disability	6 months	6 months	6 months	6 months
Benefit Amount	Class 01: 60% Class 02: 50%	Class 01: 60% Class 02: 50%	Class 01: 60% Class 02: 50%	Class 01: 60% Class 02: 50%
Benefit Calculation	Monthly	Monthly	Monthly	Monthly
Maximum Monthly Benefit	Class 01: \$4,000 Class 02: \$3,500	Class 01: \$4,000 Class 02: \$3,500	Class 01: \$4,000 Class 02: \$3,500	Class 01: \$4,000 Class 02: \$3,500
Minimum Monthly Benefit	5% of Gross LTD Benefit	5% of Gross LTD Benefit	5% of Gross LTD Benefit	\$100
Survivor Benefit	N/A	N/A	N/A	N/A
Maximum Benefit Period	MESSA ADEA	MESSA ADEA	MESSA ADEA	RBD
Definition of Disability	Total	Total	Total	Due to a Sickness, or as a direct result of accidental injury: •The employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and •During the elimination period and the next 24 months is unable to earn more than 80% of predisability earnings at their Own Occupation for any employer in their National economy, and •After such period, is unable to earn more than 60% of their predisability earnings from any employer in their National economy at any gainful occupation for which they are reasonably qualified taking into account their training, prior education and experience.
Own Occupation Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period
Coordination With Other Income Benefits	Class 01: Social Security Freeze/Full Family Class 02: General Freeze/Full Family	Class 01: Social Security Freeze/Full Family Class 02: General Freeze/Full Family	Class 01: Social Security Freeze/Full Family Class 02: General Freeze/Full Family	Family Social Security
Rehabilitation	Applies	Applies	Applies	Applies
Leave of Absence Coverage	FMLA	FMLA	FMLA	FMLA
Mental Disorder Limitation	24 months per Occurrence	24 months per Occurrence	24 months per Occurrence	24 months per Occurrence
Substance Abuse Limitation	Same as Mental Disorder Limitation	Same as Mental Disorder Limitation	Same as Mental Disorder Limitation	Same as Mental Disorder Limitation
Special Conditions Limitation	None	None	None	Same as Mental Disorder Limitation
Cost of Living Adjustment	None	None	None	None
Conversion of Insurance	No	No	No	No
Employee Assistance Plan (EAP)	Available	Available	Available	For an additional charge
Evidence of Insurability	Required for Late Enrolles, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrolles, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrolles, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrolles, Increases and amounts exceeding the Guarantee Issue
Medical Premium Expense Benefit	60 day qualifying period; \$1,500 maximum; 24 month duration	60 day qualifying period; \$1,500 maximum; 24 month duration	60 day qualifying period; \$1,500 maximum; 24 month duration	Not specified in proposal

Quote Comparison - Life Insurance Plan
Date: 10/2/2024
Prepared for: Pinconning Area School District

118 lives
\$4,942,000 Volume

Benefits	MESSA	Madison National Life Insurance Company, Inc.	Kansas City Life Insurance Company	Met Life
Quote Desc.	Current and Renewal Plan	Proposed Carrier	Proposed Carrier	Proposed Carrier
Estimated Annual Premium for Employer-Paid Coverages Basic Life and AD&D	\$9,488.64	\$7,590.91	\$6,938.57	\$8,658.38
Rate	Current and Renewal Rates Basic Life and AD&D: \$0.140/\$0.02 per \$1,000	Basic Life and AD&D: \$0.108/\$0.02 per \$1,000	Basic Life and AD&D: \$0.097/\$0.02 per \$1,000	Basic Life and AD&D: \$0.132/\$0.014 per \$1,000
Rate Guarantee	Renewal - 12 months	36 months	36 months	24 months
Basic Life Insurance Amount	Class 01: 1.5 times Annual Salary, rounded to the next higher \$1,000 to a maximum of \$205,000 Class 02: 1.5 times Annual Salary, rounded to the next higher \$1,000 to a maximum of \$200,000 Class 03: \$45,000 Class 04: \$40,000 Class 05: \$25,000 Class 06: \$20,000	Class 01: 1.5 times Annual Salary, rounded to the next higher \$1,000 to a maximum of \$205,000 Class 02: 1.5 times Annual Salary, rounded to the next higher \$1,000 to a maximum of \$200,000 Class 03: \$45,000 Class 04: \$40,000 Class 05: \$25,000 Class 06: \$20,000	Class 01: 1.5 times Annual Salary, rounded to the next higher \$1,000 to a maximum of \$205,000 Class 02: 1.5 times Annual Salary, rounded to the next higher \$1,000 to a maximum of \$200,000 Class 03: \$45,000 Class 04: \$40,000 Class 05: \$25,000 Class 06: \$20,000	Class 01: 1.5 times Annual Salary, rounded to the next higher \$1,000 to a maximum of \$200,000 Class 02: 1.5 times Annual Salary, rounded to the next higher \$1,000 to a maximum of \$200,000 Class 03: \$40,000 Class 04: \$40,000 Class 05: \$20,000 Class 06: \$20,000
Basic AD&D Insurance Amount	Classes 01-02: Equal to Basic Life amount to a maximum of Equal to Basic Life amount Classes 03-06: Equal to Basic Life amount	Classes 01-02: Equal to Basic Life amount to a maximum of Equal to Basic Life amount Classes 03-06: Equal to Basic Life amount	Classes 01-02: Equal to Basic Life amount to a maximum of Equal to Basic Life amount Classes 03-06: Equal to Basic Life amount	Classes 01-02: Equal to Basic Life amount to a maximum of Equal to Basic Life amount Classes 03-06: Equal to Basic Life amount
Supplemental Life Insurance Amount	N/A	N/A	N/A	N/A
Supplemental Life Max Issue	N/A	N/A	N/A	N/A
Dependent Life Insurance Amount	N/A	N/A	N/A	N/A
Reductions and Terminations	Basic Life and AD&D Insurance does not reduce and terminates at retirement.	Basic Life and AD&D Insurance does not reduce and terminates at retirement.	Basic Life and AD&D Insurance does not reduce and terminates at retirement.	Basic Life and AD&D Insurance does not reduce and terminates at retirement.
Minimum Hour Requirement	20 hours per week	20 hours per week	20 hours per week	20 hours per week
Waiver of Premium	Disabled prior to age Classes 01-06: 60 Elimination Period Classes 01-06: 6 months Termination Lifetime Waiver	Disabled prior to age Classes 01-06: 60 Elimination Period Classes 01-06: 6 months Termination Lifetime Waiver	Disabled prior to age Classes 01-06: 60 Elimination Period Classes 01-06: 6 months Termination Lifetime Waiver	Disabled prior to age Classes 01-06: 60 Elimination Period Classes 01-06: 9 months Termination Age 65
Accelerated Death Benefit	50 up to \$50,000	50 up to \$50,000	50 up to \$50,000	80 up to \$500,000
Guarantee Issue	Class(es): 01 \$205,000 Basic Class(es): 02 \$200,000 Basic Class(es): 03 \$45,000 Basic Class(es): 04 \$40,000 Basic Class(es): 05 \$25,000 Basic Class(es): 06 \$20,000 Basic	Class(es): 01 \$205,000 Basic Class(es): 02 \$200,000 Basic Class(es): 03 \$45,000 Basic Class(es): 04 \$40,000 Basic Class(es): 05 \$25,000 Basic Class(es): 06 \$20,000 Basic	Class(es): 01 \$205,000 Basic Class(es): 02 \$200,000 Basic Class(es): 03 \$45,000 Basic Class(es): 04 \$40,000 Basic Class(es): 05 \$25,000 Basic Class(es): 06 \$20,000 Basic	Class(es): 01 \$200,000 Basic Class(es): 02 \$200,000 Basic Class(es): 03 \$40,000 Basic Class(es): 04 \$40,000 Basic Class(es): 05 \$20,000 Basic Class(es): 06 \$20,000 Basic
Participation Requirement	100% Basic Life	100% Basic Life	100% Basic Life	100% Basic Life
Leave of Absence	FMLA	FMLA	FMLA	FMLA
Conversion	Included	Included	Included	Included
Employee Assistance Plan	Available	Available	Available	At additional cost
Portability	N/A	N/A	N/A	Included