



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

Medical Rate Summary
Pontiac School District
All Employees

Current Plans and Segments		1P	2P	Assumed Effective Date: 1/1/24 FF	Total Annual Cost	
All employees (BCN HMO \$500-10%-\$1,500 ECM)		Census	22	2	1	\$230,620
BCN HMO \$500-10%-\$1,500 ECM; \$4/\$15/\$40/\$80/20%/20% Rx		Rate	\$644.91	\$1,547.78	\$1,934.73	
All Employees (BCN HMO HSA \$1,400-20%)		Census	4	1	0	\$41,102
BCN HMO HSA \$1,400-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx		Rate	\$535.18	\$1,284.44	\$1,605.55	
Administration Enrolled in MESSA Choices \$200 Plan		Census	2	4	2	\$219,587
MESSA Choices \$200-0%; Saver Rx		Rate	\$1,102.34	\$2,480.27	\$3,086.57	
Administration and Teachers Enrolled in MESSA ABC Plan 1 \$1600-0% HSA		Census	28	12	16	\$1,042,359
MESSA ABC Plan 1 \$1600-0%; ABC Rx		Rate	\$870.37	\$1,958.34	\$2,437.05	
Administration Enrolled in MESSA ABC Plan 2 \$2000-0% HSA		Census	3	1	3	\$133,424
MESSA ABC Plan 2 \$2000-0%; ABC Rx		Rate	\$814.55	\$1,832.75	\$2,280.76	
All Employees Enrolled in MESSA Essentials \$375 Plan		Census	38	9	17	\$839,672
MESSA Essentials \$375-20%; Essentials Rx		Rate	\$661.05	\$1,487.38	\$1,850.96	
Teachers Enrolled in MESSA Choices \$1000-20% Plan		Census	15	5	6	\$405,208
MESSA Choices \$1000-20%; 3 Tier Mail Rx		Rate	\$784.37	\$1,764.85	\$2,196.25	
Teachers Enrolled in MESSA ABC Plan 2 \$2000-20% HSA		Census	7	2	10	\$353,147
MESSA ABC Plan 2 \$2000-20%; ABC Rx		Rate	\$745.04	\$1,676.33	\$2,086.10	
Office Personnel and Para-Professionals Enrolled in MESSA Choices \$500 Plan		Census	25	5	3	\$498,882
MESSA Choices \$500-0%; 3 Tier Mail Rx		Rate	\$931.10	\$2,094.96	\$2,607.06	
Office Personnel and Para-Professionals Enrolled in MESSA Choices \$1000-10% Plan		Census	19	8	7	\$548,122
MESSA Choices \$1000-10%; 3 Tier Mail Rx		Rate	\$807.01	\$1,815.78	\$2,259.63	
Office Personnel and Para-Professionals Enrolled in MESSA ABC Plan 1 \$1600-0% HSA		Census	9	2	1	\$168,153
MESSA ABC Plan 1 \$1600-0%; ABC Rx w/Mandatory Mail		Rate	\$859.68	\$1,934.27	\$2,407.10	
TOTALS:			172	51	66	\$4,480,275

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$780.87	\$1,874.08	\$2,342.60	\$4,613,992	-\$133,717
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$793.03	\$1,903.26	\$2,379.08	\$4,685,840	-\$205,565
BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	\$718.47	\$1,724.34	\$2,155.42	\$4,245,311	\$234,964
BCN					
BCN Blue Elect Plus POS \$500-30%; \$4/\$15/\$40/\$80/20%/20% Rx	\$661.97	\$1,588.72	\$1,985.90	\$3,911,436	\$568,839
BCN Blue Elect Plus POS \$1000-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$655.97	\$1,574.33	\$1,967.91	\$3,875,997	\$604,278
BCN Blue Elect Plus POS \$2000-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$622.03	\$1,492.88	\$1,866.10	\$3,675,464	\$804,811
HAP					

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
HAP PPO \$200-0%; \$10/\$10/\$20/\$40/\$40/\$40 Rx	\$1,085.87	\$2,443.21	\$3,040.43	\$6,144,501	-\$1,664,226
HAP PPO \$500-0%; \$10/\$10/\$35/\$60/\$60/\$60 Rx	\$1,043.40	\$2,347.66	\$2,921.53	\$5,904,197	-\$1,423,922
HAP PPO \$500-20%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	\$855.74	\$1,925.41	\$2,396.06	\$4,842,278	-\$362,003
HAP PPO \$1000-10%; \$4/\$10/\$20/\$40/\$80/\$120 Rx	\$916.97	\$2,063.19	\$2,567.52	\$5,188,774	-\$708,499
HAP HMO \$500-10%; \$10/\$10/\$40/\$80/\$80/\$80 Rx	\$699.03	\$1,572.81	\$1,957.27	\$3,955,515	\$524,760
HAP PPO HSA \$1600-0%; \$10/\$10/\$40/\$80/\$80/\$80 after Ded. Rx	\$829.95	\$1,867.40	\$2,323.87	\$4,696,371	-\$216,096
HAP HMO HSA \$1600-20%; \$5/\$15/\$20/\$40/20%/20% after Ded. Rx	\$587.60	\$1,322.10	\$1,645.28	\$3,324,993	\$1,155,282
HAP PPO HSA \$2000-20%; \$15/\$15/\$30/\$60/\$60/\$60 after Ded. Rx	\$707.59	\$1,592.08	\$1,981.25	\$4,003,969	\$476,306
SET SEG					
SET SEG MEC (VEBA)	\$74.00	\$148.00	\$222.00	\$419,136	\$4,061,139
Priority Health	Solicited and declined to quote				

*SET MEC, provides only essential benefits as required under the ACA. \$200 admin fee and \$74 per enrolled life per month.

*HAP 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 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.



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Dental Rate Summary
Pontiac School District
All Employees

Current Plans and Segments		Assumed Effective Date: 1/1/24					
		1P	2P	FF	Total Annual Cost	Rate Period	
All Employees (MetLife Dental; Ded \$25/\$75; 100%/75%/50%/75%:\$1500/\$1,800)		Census	28	4	3	\$17,893	1/1/23 - 12/31/23
MetLife 100%/75%/50%/75%:\$1,500/\$1,800		Rate	\$31.16	\$61.91	\$123.65		
Administrators with and without Medical		Census	12	14	18	\$58,514	1/1/24 - 12/31/24
MESSA 100%/90%/90%/90%-\$1200/\$1500		Rate	\$48.98	\$92.01	\$166.68		
Office Personnel with and without Medical		Census	8	8	8	\$29,717	1/1/24 - 12/31/24
MESSA 100%/90%/90%/90%-\$1500/\$1500		Rate	\$50.29	\$90.76	\$168.50		
Teachers with Medical		Census	69	17	41	\$118,420	1/1/24 - 12/31/24
MESSA 100%/80%/80%/80%-\$1200/\$1200		Rate	\$40.63	\$76.85	\$140.45		
Teachers without Medical		Census	4	1	10	\$21,780	1/1/24 - 12/31/24
MESSA 100%/90%/90%/90%-\$1500/\$1500		Rate	\$45.44	\$86.41	\$154.68		
Para-Professionals with Medical		Census	50	17	13	\$65,057	1/1/24 - 12/31/24
MESSA 80%/80%/80%/80%-\$2500/\$2000		Rate	\$42.49	\$81.37	\$147.20		
Para-Professionals without Medical		Census	17	1	8	\$25,756	1/1/24 - 12/31/24
MESSA 100%/90%/90%/90%-\$2000/\$2500		Rate	\$44.07	\$83.99	\$164.14		
TOTALS:			188	62	101	\$337,136	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET ADN SF 100%/80%/80%/80%-\$1200/\$1200	1/1/24 - 12/31/24	\$37.43	\$68.51	\$133.77	\$297,543	\$39,593
BCBSM	Solicited and declined to quote					
Guardian	Solicited and declined to quote					
Priority Health	Solicited and declined to quote					

*SET ADN SF rates are illustrative and include a \$6.35 per employee per month dental administration/network fee. Plans include access to the ADN and DenteMax networks.
*SET ADN SF illustrative rates are based on enrollment and advance self-funded reserve is required.



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Vision Rate Summary
Pontiac School District
All Employees

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
All Employees Enrolled in MESSA VSP 3	Census	42	24	44	\$18,451	1/1/24 - 12/31/24
MESSA VSP 3 \$0/\$0 Copay - \$65 Frame	Rate	\$6.53	\$14.01	\$21.07		
All Employees Enrolled in MESSA VSP 2	Census	125	35	55	\$22,054	1/1/24 - 12/31/24
MESSA VSP 2 \$6.50/\$18 Copay - \$65 Frame	Rate	\$4.87	\$10.43	\$15.71		
	TOTALS:	167	59	99	\$40,505	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET ADN SF \$6.50/\$18 Copay - \$65 Frame	1/1/24 - 12/31/24	\$14.59	\$27.33	\$54.09	\$112,847	-\$72,342
BCBSM	Solicited and declined to quote					
Guardian	Solicited and declined to quote					
Priority Health	Solicited and declined to quote					

*SET ADN SF rates are illustrative and include a \$1.85 per employee per month vision administration fee. These plans do not include a network.

*SET ADN SF illustrative rates are based on enrollment and advance self-funded reserve is required.