



**Dental Rate Summary**  
**McBain Rural Agricultural Schools**  
**All Employees w/ BCBSM -2020 Renewal**  
**Assumed Effective Date: 7/1/2020**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Employees Enrolled in BCBSM Dental Plan (Current)	Census	6	15	54	\$123.74	\$111,363	7/1/2019-6/30/2020
BCBSM Dental 100/80/60/50-1500/1500	Rate	\$41.24	\$82.49	\$144.36			
	TOTALS:	6	15	54		\$111,363	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
BCBSM Dental 100/80/60/50-1500/1500 (Renewal)	7/1/2020-6/30/2021	\$43.23	\$86.46	\$151.30	\$129.69	\$116,718	-\$5,355
MESSA Dental 100/80/80/80; \$1500/\$1500 (Teachers Only)	5/1/2020-12/31/2020	\$32.94	\$61.98	\$120.05	\$101.47	\$91,320	\$20,042

\*BCBSM rates include taxes and fees.

\*MESSA rates include taxes and fees and are good through 12/31/2020.



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

## Dental Plan Comparison

McBain Rural Agricultural Schools  
All Employees w/ BCBSM -2020 Renewal

	CURRENT PLAN		RENEWAL PLAN		Option 1	
<b>Name</b>	<b>Employees Enrolled in BCBSM Dental Plan (Current)</b>		<b>BCBSM Dental 100/80/60/50-1500/1500 (Renewal)</b>		<b>MESSA Dental 100/80/80/80; \$1500/\$1500 (Teachers Only)</b>	
<b>Rate Period</b>	<b>7/1/2019-6/30/2020</b>		<b>7/1/2020-6/30/2021</b>		<b>5/1/2020-12/31/2020</b>	
<b>Purchased Plan Features</b>	<b>BCBSM Dental 100/80/60/50-1500/1500 Coverage Allowance</b>		<b>BCBSM Dental 100/80/60/50-1500/1500 (Renewal) Coverage Allowance</b>		<b>MESSA Dental 100/80/80/80; \$1500/\$1500 (Teachers Only) Coverage Allowance</b>	
Prevent %	100%		100%		100%	
Basic %	80%		80%		80%	
Major %	60%		60%		80%	
Ortho %	50%		50%		80%	
Basic Ded	\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0	
Bas/Maj Max	\$1,500		\$1,500		\$1,500	
Ortho Max	\$1,500		\$1,500		\$1,500	
Sealants Covered	Yes		Yes		No	
Implants Covered	Yes		Yes		Endosteal Only	
<b>Purchased Plan Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>
One Person (1P)	6	\$41.24	6	\$43.23	6	\$32.94
Two Person (2P)	15	\$82.49	15	\$86.46	15	\$61.98
Family (FF)	54	\$144.36	54	\$151.30	54	\$120.05
<b>Total Annual Premium</b>	<b>75</b>	<b>\$111,363</b>	<b>75</b>	<b>\$116,718</b>	<b>75</b>	<b>\$91,320</b>
<b>Estimated Cost for Benefit Increase - \$</b>			<b>-\$6</b>	<b>-\$5,355</b>	<b>\$22</b>	<b>\$20,042</b>
<b>Estimated Savings - %</b>				<b>-5%</b>		<b>18%</b>

\*BCBSM rates include taxes and fees.

\*MESSA rates include taxes and fees and are good through 12/31/2020.



**Vision Rate Summary**  
**McBain Rural Agricultural Schools**  
**All Employees**  
**Assumed Effective Date: 7/1/2020**

<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>
Employees Enrolled in SET/ADN SF Vision Plan (Renewal)	<b>Census</b>	4	7	8	\$16.78	\$3,825	7/1/2020-6/30/2021
SET/ADN SF Vision \$0/\$0 copay-\$100 frame -Renewal	<b>Rate</b>	\$7.29	\$12.73	\$25.06			
Employees Enrolled in SET/ADN LF Vision Plan (Renewal)	<b>Census</b>			7	\$20.86	\$1,752	7/1/2020-6/30/2021
SET/ADN LF Vision \$0/\$0 copay-\$100 frame - Renewal	<b>Rate</b>	\$20.86	\$20.86	\$20.86			
Employees Enrolled in UHC Vision Plan (Renewal)	<b>Census</b>	6	12	49	\$19.15	\$15,397	7/1/2019-6/30/2021
UHC Vision Plan \$15/\$25 copay-\$130 frame - Renewal	<b>Rate</b>	\$19.15	\$19.15	\$19.15			
<b>TOTALS:</b>		<b>10</b>	<b>19</b>	<b>64</b>		<b>\$20,974</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>
Eyemed SF \$0/\$0 copay-\$100 frame	7/1/2020-6/30/2024	\$7.22	\$13.72	\$20.14	\$17.44	\$19,462	\$1,512
Eyemed SF \$15/\$25 copay-\$130 frame	7/1/2020-6/30/2024	\$5.66	\$10.75	\$15.79	\$13.67	\$15,257	\$5,717
MESSA VSP 3 G Vision \$0/\$0 Copay - \$130 Frame (Teachers Only)	5/1/2020-12/31/2020	\$8.51	\$18.27	\$27.46	\$23.54	\$26,276	-\$5,302

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

\*Current SET/ADN SF rates are illustrative.

\*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

\*MESSA rates are good through 12/31/2020.

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	RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN		Option 1		Option 2		Option 3	
	Employees Enrolled in SET/ADN SF Vision Plan (Renewal)		Employees Enrolled in SET/ADN LF Vision Plan (Renewal)		Employees Enrolled in UHC Vision Plan (Renewal)							
Name	SET/ADN SF Vision \$0/\$0 copay-\$100 frame -Renewal		SET/ADN LF Vision \$0/\$0 copay-\$100 frame - Renewal		UHC Vision Plan \$15/\$25 copay-\$130 frame - Renewal		Eyemed SF \$0/\$0 copay-\$100 frame		Eyemed SF \$15/\$25 copay-\$130 frame		MESSA VSP 3 G Vision \$0/\$0 Copay - \$130 Frame (Teachers Only)	
Rate Period	7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2019-6/30/2021		7/1/2020-6/30/2024		7/1/2020-6/30/2024		5/1/2020-12/31/2020	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	Covered up to \$48		Covered up to \$48		\$15 copay - 100% coverage		\$0 copay - 100% coverage		\$15 copay - 100% coverage		\$0 copay - 100% coverage	
Ophthalmologist Exam	Covered up to \$48		Covered up to \$48		\$15 copay - 100% coverage		\$0 copay - 100% coverage		\$15 copay - 100% coverage		\$0 copay - 100% coverage	
Regular Lenses	Covered up to \$63		Covered up to \$63		\$25 copay - 100% coverage		100% after \$0 copay		100% after \$25 copay		\$0 copay - 100% coverage	
Bifocal Lenses	Covered up to \$72		Covered up to \$72		\$25 copay - 100% coverage		100% after \$0 copay		100% after \$25 copay		\$0 copay - 100% coverage	
Trifocal Lenses	Covered up to \$90		Covered up to \$90		\$25 copay - 100% coverage		100% after \$0 copay		100% after \$25 copay		\$0 copay - 100% coverage	
Lentiucular Lenses	Covered up to \$108		Covered up to \$108		\$25 copay - 100% coverage		100% after \$0 copay		100% after \$25 copay		\$0 copay - 100% coverage	
Frame Allowance	Covered up to \$100		Covered up to \$100		\$25 copay - covered up to \$130		\$0 copay - covered up to \$100		\$0 copay - covered up to \$130		\$0 copay - covered up to \$130	
Necessary Contacts	Covered up to \$150		Covered up to \$150		\$25 copay - 100% coverage		\$0 copay - 100% coverage		\$0 copay - 100% coverage		\$0 copay - 100% coverage	
Cosmetic Contacts	Covered up to \$150		Covered up to \$150		\$25 copay - covered up to \$150		\$0 copay - covered up to \$150		\$0 copay - covered up to \$150		\$0 copay - covered up to \$135	
Exam Copay	\$0		\$0		\$15		\$0		\$15		\$0	
Material Copay	\$0		\$0		\$25		\$0		\$25		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$7.29	0	\$20.86	6	\$19.15	10	\$7.22	10	\$5.66	10	\$8.51
Two Person (2P)	7	\$12.73	0	\$20.86	12	\$19.15	19	\$13.72	19	\$10.75	19	\$18.27
Family (FF)	8	\$25.06	7	\$20.86	49	\$19.15	64	\$20.14	64	\$15.79	64	\$27.46
Total Annual Premium	19	\$3,825	7	\$1,752	67	\$15,397	93	\$19,462	93	\$15,257	93	\$26,276
Combined Annual Premium	\$20,974		< TOTALS		< TOTALS							
Estimated Cost for Benefit Increase - \$							\$1	\$1,512	\$5	\$5,717	-\$5	-\$5,302
Estimated Savings - %								7%		27%		-25%

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

\*SET/ADN Self-funded rates are for illustrative purposes only.

\*Eyemed rates are for illustrative purposes only and include at \$2.00 per employee per month administration/network fee.

\*MESSA rates are good through 12/31/2020.