



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
Lakeview School District
All Employees

Assumed Effective Date: 7/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost
All Employees Enrolled in MESSA Choices \$500% with Saver Rx	Census	38	27	83	\$3,146,661
MESSA Choices \$500-0%; Saver Rx	Rate	\$791.86	\$1,781.67	\$2,217.18	
All Employees Enrolled in MESSA Choices \$500-0% with 3-Tier Rx	Census	5	2	12	\$393,573
MESSA Choices \$500-0%; 3 Tier Rx	Rate	\$760.97	\$1,712.18	\$2,130.71	
All Employees Enrolled in MESSA Choices \$1000-% with Saver Rx	Census	12	6	21	\$755,377
MESSA Choices \$1000-0%; Saver Rx	Rate	\$746.72	\$1,680.11	\$2,090.80	
All Employees Enrolled in MESSA ABC Plan 1 \$1600 HSA with ABC Rx	Census	13	3	20	\$636,202
MESSA ABC Plan 1 \$1600-0%; ABC Rx	Rate	\$699.89	\$1,574.76	\$1,959.70	
All Employees Enrolled in MESSA Balance + \$1600-20% HSA Plan	Census	0	0	1	\$22,466
MESSA Balance + \$1600-20%; Balance + Rx	Rate	\$700.01	\$1,483.65	\$1,872.13	
TOTALS:		68	38	137	\$4,954,278

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	\$719.07	\$1,725.78	\$2,157.22	\$4,920,186	\$34,092
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$722.55	\$1,734.12	\$2,167.65	\$4,943,976	\$10,302
BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	\$661.94	\$1,588.66	\$1,985.83	\$4,529,277	\$425,002
BCBSM SB PPO HSA \$1600-20%; \$10/\$40/\$80 after Ded. Rx	\$574.85	\$1,379.65	\$1,724.55	\$3,933,358	\$1,020,920
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$620.61	\$1,489.48	\$1,861.84	\$4,246,486	\$707,793
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$754.33	\$1,810.38	\$2,262.98	\$5,161,406	-\$207,127
BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$694.61	\$1,667.08	\$2,083.85	\$4,752,840	\$201,439
BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$627.28	\$1,505.49	\$1,881.85	\$4,292,125	\$662,153
BCN HMO HSA \$1600-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$553.23	\$1,327.74	\$1,659.68	\$3,785,399	\$1,168,879
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$598.08	\$1,435.38	\$1,794.23	\$4,092,281	\$861,998
SET SEG					
SET SEG MEC (VEBA)	\$74.00	\$148.00	\$222.00	\$492,840	\$4,461,438
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.
*BCBSM/BCN: 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.

Plan Name	CURRENT PLAN All Employees Enrolled in MESSA Choices \$500% with Saver Rx MESSA Choices \$500-0%; Saver Rx	CURRENT PLAN All Employees Enrolled in MESSA Choices \$500-0% with 3-Tier Rx MESSA Choices \$500-0%; 3 Tier Rx	CURRENT PLAN All Employees Enrolled in MESSA Choices \$1000-% with Saver Rx MESSA Choices \$1000-0%; Saver Rx	CURRENT PLAN All Employees Enrolled in MESSA ABC Plan 1 \$1600 HSA with ABC Rx MESSA ABC Plan 1 \$1600-0%; ABC Rx	CURRENT PLAN All Employees Enrolled in MESSA Balance + \$1600-20% HSA Plan MESSA Balance + \$1600-20%; Balance + Rx	Option 1 BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	Option 2 BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	Option 3 BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	7/1/24 - 6/30/25	7/1/24 - 6/30/25	7/1/24 - 6/30/25
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible								
Annual Deductible - 1P	\$500	\$500	\$1,000	\$1,600	\$1,600	\$500	\$1,000	\$1,600
Annual Deductible - 2P/FF	\$1,000	\$1,000	\$2,000	\$3,200	\$3,200	\$1,000	\$2,000	\$3,200
Additional Cost After Deductible								
Employee Coinsurance After Deductible	0%	0%	0%	0%	20%	20%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	\$1,500	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	N/A	\$3,000	N/A	N/A
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$2,500	\$3,500	\$3,000	\$2,600	\$4,000	\$8,150	\$8,150	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$5,000	\$7,000	\$6,000	\$5,200	\$8,000	\$16,300	\$16,300	\$8,000
Copayments								
Office Visit/Specialist	\$20/\$20	\$20/\$20	\$20/\$20	0% after Ded./0% after Ded.	\$25/\$50	\$20/\$20	\$30/\$30	0% after Ded./0% after Ded.
Urgent Care/ER	\$25/\$50	\$25/\$50	\$25/\$50	0% after Ded./0% after Ded.	\$50/\$200	\$20/\$150	\$30/\$150	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/0% after Ded. (office visit copay may apply)	38 visits/0% after Ded. (office visit copay may apply)	38 visits/0% after Ded. (office visit copay may apply)	38 visits/0% after Ded.	12 visits/\$25 after Ded.	12 visits/\$20	12 visits/\$30	12 visits/0% after Ded.
Rx Copay	Saver Rx	3 Tier	Saver Rx	ABC Rx	Balance + Rx	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.
Total Monthly Costs								
One Person (1P)	(38) \$791.86	(5) \$760.97	(12) \$746.72	(13) \$699.89	(0) \$700.01	(68) \$719.07	(68) \$722.55	(68) \$661.94
Two Person (2P)	(27) \$1,781.67	(2) \$1,712.18	(6) \$1,680.11	(3) \$1,574.76	(0) \$1,483.65	(38) \$1,725.78	(38) \$1,734.12	(38) \$1,588.66
Family (FF)	(83) \$2,217.18	(12) \$2,130.71	(21) \$2,090.80	(20) \$1,959.70	(1) \$1,872.13	(137) \$2,157.22	(137) \$2,167.65	(137) \$1,985.83
Total Annual Premium	(148) \$3,146,660.52	(19) \$393,572.76	(39) \$755,377.20	(36) \$636,202.20	(1) \$22,465.56	(243) \$4,920,186.48	(243) \$4,943,976.12	(243) \$4,529,276.52
Combined Annual Premium	\$4,954,278.24	\$4,954,278.24	\$4,954,278.24	\$4,954,278.24	\$4,954,278.24			
Savings								
Estimated Savings						\$34,091.76 (-0.7%)	\$10,302.12 (-0.2%)	\$425,001.72 (-8.6%)
One Person Cost Share								
One Person Rate	\$791.86	\$760.97	\$746.72	\$699.89	\$700.01	\$719.07	\$722.55	\$661.94
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$149.96	\$119.07	\$104.82	\$57.99	\$58.11	\$77.17	\$80.65	\$20.04
Two Person Cost Share								
Two Person Rate	\$1,781.67	\$1,712.18	\$1,680.11	\$1,574.76	\$1,483.65	\$1,725.78	\$1,734.12	\$1,588.66
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$439.25	\$369.76	\$337.69	\$232.34	\$141.23	\$383.36	\$391.70	\$246.24
Family Cost Share								
Family Rate	\$2,217.18	\$2,130.71	\$2,090.80	\$1,959.70	\$1,872.13	\$2,157.22	\$2,167.65	\$1,985.83
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$466.53	\$380.06	\$340.15	\$209.05	\$121.48	\$406.57	\$417.00	\$235.18

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Plan Name	CURRENT PLAN All Employees Enrolled in MESSA Choices \$500% with Saver Rx MESSA Choices \$500-0%; Saver Rx	CURRENT PLAN All Employees Enrolled in MESSA Choices \$500-0% with 3-Tier Rx MESSA Choices \$500-0%; 3 Tier Rx	CURRENT PLAN All Employees Enrolled in MESSA Choices \$1000-% with Saver Rx MESSA Choices \$1000-0%; Saver Rx	CURRENT PLAN All Employees Enrolled in MESSA ABC Plan 1 \$1600 HSA with ABC Rx MESSA ABC Plan 1 \$1600-0%; ABC Rx	CURRENT PLAN All Employees Enrolled in MESSA Balance + \$1600-20% HSA Plan MESSA Balance + \$1600-20%; Balance + Rx	Option 1 BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	Option 2 BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	Option 3 BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	7/1/24 - 6/30/25	7/1/24 - 6/30/25	7/1/24 - 6/30/25
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible								
Annual Deductible - 1P	\$500	\$500	\$1,000	\$1,600	\$1,600	\$500	\$1,000	\$1,600
Annual Deductible - 2P/FF	\$1,000	\$1,000	\$2,000	\$3,200	\$3,200	\$1,000	\$2,000	\$3,200
Additional Cost After Deductible								
Employee Coinsurance After Deductible	0%	0%	0%	0%	20%	0%	0%	0%
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
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	\$2,500	\$3,500	\$3,000	\$2,600	\$4,000	\$8,150	\$8,150	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$5,000	\$7,000	\$6,000	\$5,200	\$8,000	\$16,300	\$16,300	\$8,000
Copayments								
Office Visit/Specialist	\$20/\$20	\$20/\$20	\$20/\$20	0% after Ded./0% after Ded.	\$25/\$50	\$20/\$30	\$30/\$50	0% after Ded./0% after Ded.
Urgent Care/ER	\$25/\$50	\$25/\$50	\$25/\$50	0% after Ded./0% after Ded.	\$50/\$200	\$35/\$250	\$60/\$250	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/0% after Ded. (office visit copay may apply)	38 visits/0% after Ded. (office visit copay may apply)	38 visits/0% after Ded. (office visit copay may apply)	38 visits/0% after Ded.	12 visits/\$25 after Ded.	30 visits - when referred /\$30	30 visits - when referred /\$50	30 visits - when referred /0% after Ded.
Rx Copay	Saver Rx	3 Tier	Saver Rx	ABC Rx	Balance + Rx	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs								
One Person (1P)	(38) \$791.86	(5) \$760.97	(12) \$746.72	(13) \$699.89	(0) \$700.01	(68) \$754.33	(68) \$694.61	(68) \$627.28
Two Person (2P)	(27) \$1,781.67	(2) \$1,712.18	(6) \$1,680.11	(3) \$1,574.76	(0) \$1,483.65	(38) \$1,810.38	(38) \$1,667.08	(38) \$1,505.49
Family (FF)	(83) \$2,217.18	(12) \$2,130.71	(21) \$2,090.80	(20) \$1,959.70	(1) \$1,872.13	(137) \$2,262.98	(137) \$2,083.85	(137) \$1,881.85
Total Annual Premium	(148) \$3,146,660.52	(19) \$393,572.76	(39) \$755,377.20	(36) \$636,202.20	(1) \$22,465.56	(243) \$5,161,405.68	(243) \$4,752,839.64	(243) \$4,292,125.32
Combined Annual Premium	\$4,954,278.24	\$4,954,278.24	\$4,954,278.24	\$4,954,278.24	\$4,954,278.24			
Savings								
Estimated Savings						-\$207,127.44 (4.2%)	\$201,438.60 (-4.1%)	\$662,152.92 (-13.4%)
One Person Cost Share								
One Person Rate	\$791.86	\$760.97	\$746.72	\$699.89	\$700.01	\$754.33	\$694.61	\$627.28
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$149.96	\$119.07	\$104.82	\$57.99	\$58.11	\$112.43	\$52.71	-\$14.62
Two Person Cost Share								
Two Person Rate	\$1,781.67	\$1,712.18	\$1,680.11	\$1,574.76	\$1,483.65	\$1,810.38	\$1,667.08	\$1,505.49
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$439.25	\$369.76	\$337.69	\$232.34	\$141.23	\$467.96	\$324.66	\$163.07
Family Cost Share								
Family Rate	\$2,217.18	\$2,130.71	\$2,090.80	\$1,959.70	\$1,872.13	\$2,262.98	\$2,083.85	\$1,881.85
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$466.53	\$380.06	\$340.15	\$209.05	\$121.48	\$512.33	\$333.20	\$131.20

*BCN: 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
Lakeview School District
All Employees

Assumed Effective Date: 7/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers	Census	66	40	139	\$210,428	1/1/24 - 12/31/24
	Rate	\$26.22	\$50.13	\$99.28		
MESSA 100%/80%/80%/80%-\$1000/\$1500	Census	3	3	22	\$35,098	1/1/24 - 12/31/24
	Rate	\$32.81	\$65.36	\$119.56		
Administrators and EOI Admins	Census	5	3	14	\$20,366	1/1/24 - 12/31/24
	Rate	\$28.29	\$54.01	\$99.55		
MESSA 100%/100%/90%/80%-\$1000/\$1300	Census	5	1	8	\$11,332	1/1/24 - 12/31/24
	Rate	\$26.17	\$51.47	\$95.25		
Union Secretary	Census	19	0	0	\$6,566	1/1/24 - 12/31/24
	Rate	\$28.80	\$49.54	\$92.84		
MESSA 80%/80%/80%/80%-\$1000/\$1500	Census	0	1	5	\$7,531	1/1/24 - 12/31/24
	Rate	\$31.49	\$46.50	\$116.22		
Non-Union Support Staff	Census	1	2	2	\$3,890	1/1/24 - 12/31/24
	Rate	\$28.21	\$49.93	\$98.03		
MESSA 80%/80%/80%/80%-\$1000/\$1300	Census					
	Rate					
Food Service	Census					
	Rate					
MESSA 100%/80%/80%/80%-\$1000/\$1300	Census					
	Rate					
Coordinators and Assistant Directors	Census					
	Rate					
MESSA 100%/100%/90%/80%-\$1000/\$1300	Census					
	Rate					
Custodians, Maintenance and Groundskeeper	Census					
	Rate					
MESSA 100%/80%/80%/80%-\$1000/\$1300	Census					
	Rate					
TOTALS:		99	50	190	\$295,211	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Guardian	Solicited and declined to quote					
MetLife	Solicited and did not provide options					
SET ADN	Solicited and declined to quote					
SunLife	Solicited and declined to quote					



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Vision Rate Summary
Lakeview School District
All Employees

Assumed Effective Date: 7/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
All Employees Enrolled in MESSA VSP 3 G Plan	Census	71	43	153	\$57,649	1/1/24 - 12/31/24
MESSA VSP 3 G	Rate	\$7.32	\$15.70	\$23.59		
All Employees Enrolled in MESSA VSP 3	Census	8	5	35	\$10,317	1/1/24 - 12/31/24
MESSA VSP 3	Rate	\$6.53	\$14.01	\$21.07		
All Employees Enrolled in MESSA VSP 2	Census	19	2	3	\$1,926	1/1/24 - 12/31/24
MESSA VSP 2	Rate	\$4.87	\$10.43	\$15.71		
TOTALS:		98	50	191	\$69,892	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Guardian	Solicited and declined to quote					
MetLife	Solicited and did not provide options					
SET SF NVA	Solicited and declined to quote					
SunLife	Solicited and declined to quote					