



Medical Rate Summary
Elk Rapids Public Schools
All Employees Options
 Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost		
Employees Enrolled in PH \$500-0%	Census	1		1		
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	Rate	\$638.15	\$1,423.39	\$1,768.92	\$17,081	
Employees Enrolled in PH HSA \$1350-0%	Census	8	5	7	20	
Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx	Rate	\$532.26	\$1,185.48	\$1,472.92	\$245,951	
Employees Enrolled in MESSA PAK A	Census	3	8	38	49	
MESSA ABC Plan 1 \$1350-0%; ABC Rx	Rate	\$582.39	\$1,308.49	\$1,627.97	\$888,935	
Employees Enrolled in MESSA PAK C	Census	1		1	2	
MESSA ABC Plan 1 \$1350-10%; ABC Rx	Rate	\$542.30	\$1,218.30	\$1,515.74	\$24,696	
Employees Enrolled in MESSA PAK D	Census					
MESSA ABC Plan 1 \$1350-20%; ABC Rx	Rate	\$528.37	\$1,186.94	\$1,476.71		
TOTALS:		12	14	46	72	\$1,176,664

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA Choices \$500-0%; Saver Rx	\$652	\$1,465	\$1,823	\$1,346,550	-\$169,886
BCN HMO HSA Plans					
BCN HMO HSA \$1350-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$491	\$1,166	\$1,455	\$1,069,626	\$107,037
BCN HMO HSA \$1350-20%; \$10/\$30/\$60/\$80/20%/20% Rx	\$464	\$1,103	\$1,376	\$1,011,803	\$164,860
BCN HMO Conventional Plans					
BCN HMO \$500-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$613	\$1,458	\$1,821	\$1,338,454	-\$161,790
BCN HMO \$1500-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$519	\$1,233	\$1,539	\$1,131,382	\$45,281
BCN HMO \$1500-20% - \$2500 ECM; \$10/\$30/\$60/\$80/20%/20% Rx	\$502	\$1,194	\$1,491	\$1,095,725	\$80,939
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$617	\$1,468	\$1,833	\$1,347,479	-\$170,816

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO \$1500-0%; \$10/\$40/\$80 Rx	\$604	\$1,437	\$1,794	\$1,318,779	-\$142,115
BCBSM SB PPO \$1500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$562	\$1,337	\$1,669	\$1,226,570	-\$49,906
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$574	\$1,366	\$1,705	\$1,253,355	-\$76,691
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$539	\$1,282	\$1,601	\$1,176,784	-\$121
Priority Health	See additional rate sheets				

*Current Priority Health and MESSA rates include all estimated taxes and fees.

*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.

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

*Rates include \$8.30 enrollment and billing service fee.

*Proposed MESSA rates are good through 12/31/2019.



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

**Elk Rapids Public Schools
All Employees Options
Assumed Effective Date: 7/1/2019**

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1	Option 2
	Employees Enrolled in PH \$500-0%	Employees Enrolled in PH HSA \$1350-0%	Employees Enrolled in MESSA PAK A	Employees Enrolled in MESSA PAK C	Employees Enrolled in MESSA PAK D	Employees Enrolled in MESSA PAK D	Employees Enrolled in MESSA PAK D	Employees Enrolled in MESSA PAK D	Employees Enrolled in MESSA PAK D	Employees Enrolled in MESSA PAK D	BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx
Rate Period	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	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2019	7/1/2019-6/30/2020	7/1/2019-6/30/2020
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible												
Annual Deductible - 1P	\$500	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350
Annual Deductible - 2P/FF	\$1,000	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%	0%	0%	10%	20%	0%	0%	0%	0%	0%	0%	20%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	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	N/A	N/A	N/A	N/A
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	\$7,150	\$2,000	\$2,350	\$3,350	\$3,350	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250
Max ded, coinsurance, copays - 2P/FF	\$14,300	\$4,000	\$4,700	\$6,700	\$6,700	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
Copayments												
Office Visit/Specialist	\$20/\$35	0% after Ded.	0% after Ded.	10% after Ded.	20% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	20% after Ded.
Urgent Care/ER	\$75/\$150	0% after Ded.	0% after Ded.	10% after Ded.	20% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	20% after Ded.
Chiropractic Limit/Copay	30/\$20	30/0% after Ded.	38/0% after Ded.	38/10% after Ded.	38/20% after Ded.	12/0% after Ded.	12/0% after Ded.	12/0% after Ded.	12/0% after Ded.	12/0% after Ded.	12/0% after Ded.	12/20% after Ded.
Rx Copay	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	ABC Rx	ABC Rx	ABC Rx	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.
Total Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	0 \$638.15	8 \$532.26	3 \$582.39	1 \$542.30	0 \$528.37	12 \$573.92	12 \$539.17	12 \$573.92	12 \$539.17	12 \$573.92	12 \$539.17	12 \$539.17
Two Person (2P)	1 \$1,423.39	5 \$1,185.48	8 \$1,308.49	0 \$1,218.30	0 \$1,186.94	14 \$1,365.80	14 \$1,282.40	14 \$1,365.80	14 \$1,282.40	14 \$1,365.80	14 \$1,282.40	14 \$1,282.40
Family (FF)	0 \$1,768.92	7 \$1,472.92	38 \$1,627.97	1 \$1,515.74	0 \$1,476.71	46 \$1,705.17	46 \$1,600.91	46 \$1,705.17	46 \$1,600.91	46 \$1,705.17	46 \$1,600.91	46 \$1,600.91
Total Annual Premium	1 \$17,081	20 \$245,951	49 \$888,935	2 \$24,696	0 \$0	72 \$1,253,355	72 \$1,176,784	72 \$1,253,355	72 \$1,176,784	72 \$1,253,355	72 \$1,176,784	72 \$1,176,784
Combined Current Lives	72	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS
Combined Annual Premium	\$1,176,664	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS
One Person Cost Share												
One Person Rate	\$638.15	\$532.26	\$582.39	\$542.30	\$528.37	\$573.92	\$539.17	\$573.92	\$539.17	\$573.92	\$539.17	\$539.17
One Person PA 152 Cap	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10
One Person Monthly Cost	\$81.05	-\$24.84	\$25.29	-\$14.80	-\$28.73	\$16.82	-\$17.93	\$16.82	-\$17.93	\$16.82	-\$17.93	-\$17.93
Two Person Cost Share												
Two Person Rate	\$1,423.39	\$1,185.48	\$1,308.49	\$1,218.30	\$1,186.94	\$1,365.80	\$1,282.40	\$1,365.80	\$1,282.40	\$1,365.80	\$1,282.40	\$1,282.40
Two Person PA 152 Cap	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$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 Monthly Cost	\$258.33	\$20.42	\$143.43	\$53.24	\$21.88	\$200.74	\$117.34	\$200.74	\$117.34	\$200.74	\$117.34	\$117.34
Family Cost Share												
Family Rate	\$1,768.92	\$1,472.92	\$1,627.97	\$1,515.74	\$1,476.71	\$1,705.17	\$1,600.91	\$1,705.17	\$1,600.91	\$1,705.17	\$1,600.91	\$1,600.91
Family PA 152 Cap	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$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 Monthly Cost	\$249.56	-\$46.44	\$108.61	-\$3.62	-\$42.65	\$185.81	\$81.55	\$185.81	\$81.55	\$185.81	\$81.55	\$81.55

*Current Priority Health and MESSA rates include all estimated taxes and fees.

*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.

*Rates include \$8.30 enrollment and billing service fee.



Medical Rate Summary
Elk Rapids Public Schools
All Non-Teacher Options
 Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
Employees Enrolled in PH \$500-0%				
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	Census 1	1		1
	Rate \$638.15	\$1,423.39	\$1,768.92	\$17,081
Employees Enrolled in PH HSA \$1350-0%				
Priority Health POS HSA \$1350-0%; \$10/\$40/\$80 Rx	Census 8	5	7	20
	Rate \$532.26	\$1,185.48	\$1,472.92	\$245,951
TOTALS:	8	6	7	21
				\$263,032

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO HSA Plans					
BCN HMO HSA \$1350-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$488	\$1,160	\$1,448	\$252,089	\$10,943
BCN HMO HSA \$1350-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$461	\$1,095	\$1,366	\$237,810	\$25,222
BCN HMO Conventional Plans					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$610	\$1,453	\$1,814	\$315,499	-\$52,467
BCN HMO \$500-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$543	\$1,292	\$1,613	\$280,610	-\$17,578
BCN HMO \$1500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$527	\$1,252	\$1,563	\$271,992	-\$8,960
BCN HMO \$1500-20% - \$2500 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$510	\$1,214	\$1,515	\$263,627	-\$595
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$579	\$1,379	\$1,721	\$299,457	-\$36,426
BCBSM SB PPO \$1500-0%; \$10/\$40/\$80 Rx	\$569	\$1,354	\$1,691	\$294,133	-\$31,101
BCBSM SB PPO \$1500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$530	\$1,260	\$1,573	\$273,769	-\$10,737
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$553	\$1,316	\$1,642	\$285,772	-\$22,740
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$520	\$1,235	\$1,542	\$268,343	-\$5,311

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
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*Current Priority Health and MESSA rates include all estimated taxes and fees.

*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.

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

*Rates include \$8.30 enrollment and billing service fee.



Medical Rate Summary
Elk Rapids Public Schools
Teachers Options
 Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
Employees Enrolled in MESSA PAK A	Census 3	8	38	49	
MESSA ABC Plan 1 \$1350-0%; ABC Rx	Rate \$582.39	\$1,308.49	\$1,627.97		\$888,935
Employees Enrolled in MESSA PAK C	Census 1		1	2	
MESSA ABC Plan 1 \$1350-10%; ABC Rx	Rate \$542.30	\$1,218.30	\$1,515.74		\$24,696
Employees Enrolled in MESSA PAK D	Census				
MESSA ABC Plan 1 \$1350-20%; ABC Rx	Rate \$528.37	\$1,186.94	\$1,476.71		
TOTALS:	4	8	39	51	\$913,632

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health POS HSA Plans					
Priority Health POS HSA \$1350-0%; \$10/\$40 Rx	\$561	\$1,250	\$1,554	\$874,021	\$39,611
Priority Health POS HSA \$1350-10%; \$10/\$40 Rx	\$497	\$1,107	\$1,375	\$773,887	\$139,745
Priority Health POS HSA \$1350-20%; \$10/\$40 Rx	\$476	\$1,060	\$1,316	\$740,535	\$173,097

*Current MESSA and proposed Priority Health rates include all estimated taxes and fees.

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



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**Elk Rapids Public Schools
Teachers Options
Assumed Effective Date: 7/1/2019**

Plan	CURRENT PLAN Employees Enrolled in MESSA PAK A		CURRENT PLAN Employees Enrolled in MESSA PAK C		CURRENT PLAN Employees Enrolled in MESSA PAK D		Option 1 Priority Health POS HSA \$1350-0%; \$10/\$40 Rx	Option 2 Priority Health POS HSA \$1350-10%; \$10/\$40 Rx	Option 3 Priority Health POS HSA \$1350-20%; \$10/\$40 Rx			
	MESSA ABC Plan 1 \$1350-0%; ABC Rx		MESSA ABC Plan 1 \$1350-10%; ABC Rx		MESSA ABC Plan 1 \$1350-20%; ABC Rx							
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		7/1/2019-6/30/2020	7/1/2019-6/30/2020	7/1/2019-6/30/2020			
Purchased Plan Features	In Network		In Network		In Network		In Network	In Network	In Network			
Deductible												
Annual Deductible - 1P	\$1,350		\$1,350		\$1,350		\$1,350	\$1,350	\$1,350			
Annual Deductible - 2P/FF	\$2,700		\$2,700		\$2,700		\$2,700	\$2,700	\$2,700			
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%		10%		20%		0%	10%	20%			
Coinsurance Max - 1P	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			
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	\$2,350		\$3,350		\$3,350		\$2,300	\$3,300	\$3,300			
Max ded, coinsurance, copays - 2P/FF	\$4,700		\$6,700		\$6,700		\$4,600	\$6,600	\$6,600			
Copayments												
Office Visit/Specialist	0% after Ded.		10% after Ded.		20% after Ded.		0% after Ded.	10% after Ded.	20% after Ded.			
Urgent Care/ER	0% after Ded.		10% after Ded.		20% after Ded.		0% after Ded.	10% after Ded.	20% after Ded.			
Chiropractic Limit/Copay	38/0% after Ded.		38/10% after Ded.		38/20% after Ded.		30/0% after Ded.	30/0% after Ded.	30/0% after Ded.			
Rx Copay	ABC Rx		ABC Rx		ABC Rx		\$10/\$40 after Ded.	\$10/\$40 after Ded.	\$10/\$40 after Ded.			
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates		
One Person (1P)	3	\$582.39	1	\$542.30	0	\$528.37	4	\$561.10	4	\$497.45	4	\$476.23
Two Person (2P)	8	\$1,308.49	0	\$1,218.30	0	\$1,186.94	8	\$1,250.33	8	\$1,107.18	8	\$1,059.51
Family (FF)	38	\$1,627.97	1	\$1,515.74	0	\$1,476.71	39	\$1,553.54	39	\$1,375.47	39	\$1,316.16
Total Annual Premium	49	\$888,935	2	\$24,696	0	\$0	51	\$874,021	51	\$773,887	51	\$740,535
Combined Current Lives	51		< TOTALS		< TOTALS							
Combined Annual Premium	\$913,632		< TOTALS		< TOTALS							
One Person Cost Share												
One Person Rate	\$582.39		\$542.30		\$528.37		\$561.10	\$497.45	\$476.23			
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10		\$557.10	\$557.10	\$557.10			
One Person Monthly Cost	\$25.29		-\$14.80		-\$28.73		\$4.00	-\$59.65	-\$80.87			
Two Person Cost Share												
Two Person Rate	\$1,308.49		\$1,218.30		\$1,186.94		\$1,250.33	\$1,107.18	\$1,059.51			
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06	\$1,165.06	\$1,165.06			
Two Person Monthly Cost	\$143.43		\$53.24		\$21.88		\$85.27	-\$57.88	-\$105.55			
Family Cost Share												
Family Rate	\$1,627.97		\$1,515.74		\$1,476.71		\$1,553.54	\$1,375.47	\$1,316.16			
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36	\$1,519.36	\$1,519.36			
Family Monthly Cost	\$108.61		-\$3.62		-\$42.65		\$34.18	-\$143.89	-\$203.20			

*Current MESSA and proposed Priority Health rates include all estimated taxes and fees.

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



Dental Rate Summary
Elk Rapids Public Schools
All Employee Options
Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers Enrolled in Medical	Census	4	9	39	\$82.05	\$51,198	1/1/2019-12/31/2019
MESSA Dental 70/70/70/70; 1000/2000	Rate	\$25.39	\$48.55	\$95.59			
Teachers Not Enrolled in Medical	Census	1	2	14	\$81.49	\$16,625	1/1/2019-12/31/2019
MESSA Dental 70/70/70/70; 1000/2000	Rate	\$22.60	\$43.76	\$91.09			
Administrators/Non-Union	Census		5	8	\$83.44	\$13,017	1/1/2019-12/31/2019
MESSA Dental 70/70/70/70; 1500/1500	Rate	\$28.71	\$53.65	\$102.06			
Food Service & Custodians	Census	8	1	2	\$31.83	\$4,201	1/1/2019-12/31/2019
MESSA Dental 60/50/50/50; 1500/1500	Rate	\$20.75	\$37.54	\$73.28			
Bus Drivers	Census	3	1		\$21.57	\$1,035	1/1/2019-12/31/2019
MESSA Dental 60/50/50/50; 1500/1500	Rate	\$17.72	\$33.11	\$68.23			
Paraprofessionals	Census	2	1		\$31.92	\$1,149	1/1/2019-12/31/2019
MESSA Dental 60/60/60/60; 1500/1500	Rate	\$24.30	\$47.17	\$86.96			
TOTALS:		18	19	63		\$87,225	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET/ADN SF Dental 70/70/70/70; 1000/2000	7/1/2019-6/30/2020	\$26.73	\$47.12	\$90.16	\$70.57	\$84,678	\$2,547
SET/ADN SF Dental 70/70/70/70; 1500/1500	7/1/2019-6/30/2020	\$27.38	\$48.41	\$92.82	\$72.60	\$87,123	\$102
SET/ADN SF Dental 60/50/50/50; 1500/1500	7/1/2019-6/30/2020	\$22.31	\$38.27	\$71.97	\$56.63	\$67,954	\$19,271
SET/ADN SF Dental 60/60/60/60; 1500/1500	7/1/2019-6/30/2020	\$23.93	\$41.51	\$78.64	\$61.74	\$74,085	\$13,140

MetLife Solicited and declined to quote
BCBSM Solicited and declined to quote
MESSA 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
Elk Rapids Public Schools
All Employee Options

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4			
	Teachers Enrolled in Medical		Teachers Not Enrolled in Medical		Administrators/Non-Union		Food Service & Custodians		Bus Drivers		Paraprofessionals									
Name	MESSA Dental 70/70/70/70; 1000/2000		MESSA Dental 70/70/70/70; 1000/2000		MESSA Dental 70/70/70/70; 1500/1500		MESSA Dental 60/50/50/50; 1500/1500		MESSA Dental 60/50/50/50; 1500/1500		MESSA Dental 60/60/60/60; 1500/1500		SET/ADN SF Dental 70/70/70/70; 1000/2000		SET/ADN SF Dental 70/70/70/70; 1500/1500		SET/ADN SF Dental 60/50/50/50; 1500/1500		SET/ADN SF Dental 60/60/60/60; 1500/1500	
Rate Period	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		7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	70%		70%		70%		60%		60%		60%		70%		70%		60%		60%	
Basic %	70%		70%		70%		50%		50%		60%		70%		70%		50%		60%	
Major %	70%		70%		70%		50%		50%		60%		70%		70%		50%		60%	
Ortho %	70%		70%		70%		50%		50%		60%		70%		70%		50%		60%	
Basic Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,500		\$1,500		\$1,500		\$1,500		\$1,000		\$1,500		\$1,500		\$1,500	
Ortho Max	\$2,000		\$2,000		\$1,500		\$1,500		\$1,500		\$1,500		\$2,000		\$1,500		\$1,500		\$1,500	
Sealants Covered	No		No		No		No		No		No		No		No		No		No	
Implants Covered	Endosteal Only		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	Census	Rates
One Person (1P)	4	\$25.39	1	\$22.60	0	\$28.71	8	\$20.75	3	\$17.72	2	\$24.30	18	\$26.73	18	\$27.38	18	\$22.31	18	\$23.93
Two Person (2P)	9	\$48.55	2	\$43.76	5	\$53.65	1	\$37.54	1	\$33.11	1	\$47.17	19	\$47.12	19	\$48.41	19	\$38.27	19	\$41.51
Family (FF)	39	\$95.59	14	\$91.09	8	\$102.06	2	\$73.28	0	\$68.23	0	\$86.96	63	\$90.16	63	\$92.82	63	\$71.97	63	\$78.64
Total Annual Premium	52	\$51,198	17	\$16,625	13	\$13,017	11	\$4,201	4	\$1,035	3	\$1,149	100	\$84,678	100	\$87,123	100	\$67,954	100	\$74,085
Combined Annual Premium	\$87,225		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS									
Estimated Cost for Benefit Increase - \$													\$2	\$2,547	\$0	\$102	\$16	\$19,271	\$11	\$13,140
Estimated Savings - %														3%	0%	22%			15%	

*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
Elk Rapids 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
Teachers	Census	5	11	53	\$28.27	\$23,410	1/1/2019-12/31/2019
	Rate	\$9.75	\$20.95	\$31.54			
Administrators/Non-Union/Paraprofessional	Census	2	6	8	\$30.06	\$5,772	1/1/2019-12/31/2019
	Rate	\$11.81	\$25.36	\$38.15			
Food Service/Custodians/Bus Drivers	Census	11	2	2	\$11.06	\$1,992	1/1/2019-12/31/2019
	Rate	\$7.63	\$16.39	\$24.63			
TOTALS:		18	19	63		\$31,173	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET/ADN SF Vision VSP 3 Plus Equivalent	7/1/2019-6/30/2020	\$16.32	\$30.79	\$60.90	\$47.15	\$56,586	-\$25,412
SET/ADN SF Vision VSP 3 Gold Equivalent	7/1/2019-6/30/2020	\$15.50	\$29.16	\$57.56	\$44.59	\$53,512	-\$22,339
SET/ADN SF Vision VSP 3 Plus Platinum Equivalent	7/1/2019-6/30/2020	\$20.80	\$39.76	\$79.19	\$61.19	\$73,426	-\$42,252
EyeMed FF Vision \$0/\$0 Copay - \$130 Frame \$250 CL	7/1/2019-6/30/2023	\$9.75	\$18.52	\$27.20	\$22.41	\$26,892	\$4,281
EyeMed FF Vision \$0/\$0 Copay - \$80 Frame	7/1/2019-6/30/2023	\$8.15	\$15.48	\$22.73	\$18.73	\$22,474	\$8,700
EyeMed FF Vision \$0/\$0 Copay - \$130 Frame \$135 CL	7/1/2019-6/30/2023	\$7.80	\$14.82	\$21.77	\$17.93	\$21,522	\$9,651
VSP Signature Plan \$0/\$0 Copay - \$130 Frame	7/1/2019-6/30/2023	\$22.46	\$34.28	\$61.46	\$49.28	\$59,131	-\$27,958
VSP Choice Plan \$0/\$0 Copay - \$130 Frame	7/1/2019-6/30/2023	\$13.49	\$20.60	\$36.93	\$29.61	\$35,530	-\$4,356
MESSA		Solicited and did not provide options					

*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

Elk Rapids Public Schools
All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3	
	Teachers		Administrators/Non-Union/Paraprofessional		Food Service/Custodians/Bus Drivers		EyeMed FF Vision \$0/\$0 Copay - \$80 Frame		EyeMed FF Vision \$0/\$0 Copay - \$130 Frame \$250 CL		EyeMed FF Vision \$0/\$0 Copay - \$130 Frame \$135 CL	
Name	MESSA VSP 3 Plus 200CL		MESSA VSP 3 Plus Platinum		MESSA VSP 3 Gold							
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		7/1/2019-6/30/2023		7/1/2019-6/30/2023		7/1/2019-6/30/2023	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	100%		100% once every 12 months		100% once every 12 months		100% after \$0 copay		100% after \$0 copay		100% after \$0 copay	
Ophthalmologist Exam	100%		100% once every 12 months		100% once every 12 months		100% after \$0 copay		100% after \$0 copay		100% after \$0 copay	
Regular Lenses	100%		100% once every 12 months		100% once every 12 months		100% after \$0 copay		100% after \$0 copay		100% after \$0 copay	
Bifocal Lenses	100%		100% once every 12 months		100% once every 12 months		100% after \$0 copay		100% after \$0 copay		100% after \$0 copay	
Trifocal Lenses	100%		100% once every 12 months		100% once every 12 months		100% after \$0 copay		100% after \$0 copay		100% after \$0 copay	
Lenticular Lenses	100%		100% once every 12 months		100% once every 12 months		100% after \$0 copay		100% after \$0 copay		100% after \$0 copay	
Frame Allowance	\$80		\$130.00 once every 12 months		\$130.00 once every 12 months		\$0 copay - covered up to \$80		\$0 copay - covered up to \$130		\$0 copay - covered up to \$130	
Necessary Contacts	100%		100% once every 12 months		100% once every 12 months		\$0 copay - 100% coverage		\$0 copay - 100% coverage		\$0 copay - 100% coverage	
Cosmetic Contacts	\$200		100% once every 12 months (\$250.00 allowance for disposable lenses)		\$135.00 allowance		\$0 copay - covered up to \$200		\$0 copay - covered up to \$250		\$0 copay - covered up to \$135	
Exam Copay	\$0		\$0		\$0		\$0		\$0		\$0	
Material Copay	\$0		\$0		\$0		\$0		\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	5	\$9.75	2	\$11.81	11	\$7.63	18	\$8.15	18	\$9.75	18	\$7.80
Two Person (2P)	11	\$20.95	6	\$25.36	2	\$16.39	19	\$15.48	19	\$18.52	19	\$14.82
Family (FF)	53	\$31.54	8	\$38.15	2	\$24.63	63	\$22.73	63	\$27.20	63	\$21.77
Total Annual Premium	69	\$23,410	16	\$5,772	15	\$1,992	100	\$22,474	100	\$26,892	100	\$21,522
Combined Annual Premium	\$31,173		< TOTALS		< TOTALS							
Increase - \$							\$7	\$8,700	\$4	\$4,281	\$8	\$9,651
Estimated Savings - %								28%		14%		31%

*All rates include taxes and fees.

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