



Medical Rate Summary

Onekama Consolidated Schools

All Employees

Assumed Effective Date: 4/1/2020

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers & Counselors Enrolled in PAK A \$1400-0%	Census		1	5	6	
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Rate	\$649.15	\$1,458.72	\$1,814.94		\$126,401
Teachers & Counselors Enrolled in PAK C \$1400-10%	Census	3	1	1	5	
MESSA ABC Plan 1 \$1400-10%; ABC Rx	Rate	\$604.47	\$1,358.17	\$1,689.80		\$58,337
Administration, Secretaries & Custodians Enrolled in PAK A \$2000-0%	Census	4	2	2	8	
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$607.62	\$1,365.27	\$1,698.64		\$102,700
TOTALS:		7	4	8	19	\$287,437

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Small Group HSA Plans					
BCBSM SB HSA PPO Gold \$1500-20%	\$579	\$1,212	\$1,580	\$258,485	\$28,953
BCBSM SB HSA PPO Gold \$2000-0%	\$581	\$1,214	\$1,583	\$259,055	\$28,382
BCN Small Group HSA Plans					
BCN HSA HMO Gold \$1500-20%	\$501	\$1,047	\$1,366	\$223,485	\$63,952
BCN HSA HMO Gold \$2000-0%	\$500	\$1,045	\$1,363	\$223,037	\$64,400
Priority Health Small Group Plans					
Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$554	\$1,159	\$1,511	\$247,269	\$40,169
Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$521	\$1,089	\$1,420	\$232,360	\$55,077
Priority Health POS HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx	\$494	\$1,033	\$1,347	\$220,436	\$67,001
Priority Health HMO 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$509	\$1,064	\$1,388	\$227,072	\$60,365
Priority Health HMO 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$478	\$999	\$1,303	\$213,195	\$74,242
Priority Health HMO HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx	\$456	\$954	\$1,243	\$203,437	\$84,000
MESSA	Solicited and did not provide options				

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

*BCBSM, BCN, and Priority 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.

*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG

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

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**Onekama Consolidated Schools
All Employees
Assumed Effective Date: 4/1/2020**

Plan	CURRENT PLAN Teachers & Counselors Enrolled in PAK A \$1400-0%		CURRENT PLAN Teachers & Counselors Enrolled in PAK C \$1400-10%		CURRENT PLAN Administration, Secretaries & Custodians Enrolled in PAK A \$2000- 0%		Option 1 BCBSM SB HSA PPO Gold \$1500-20%	Option 2 BCBSM SB HSA PPO Gold \$2000-0%	Option 3 Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	Option 4 Priority Health POS HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx				
	MESSA ABC Plan 1 \$1400-0%; ABC Rx		MESSA ABC Plan 1 \$1400-10%; ABC Rx		MESSA ABC Plan 2 \$2000-0%; ABC Rx									
Rate Period	1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		4/1/2020-3/31/2021	4/1/2020-3/31/2021	4/1/2020-3/31/2021	4/1/2020-3/31/2021				
Purchased Plan Features	In Network		In Network		In Network		In Network	In Network	In Network	In Network				
Deductible														
Annual Deductible - 1P	\$1,400	\$1,400	\$1,400	\$2,000	\$1,500	\$2,000	\$1,400 (aggregate)	\$2,300 (aggregate)	\$2,800 (aggregate)	\$4,600 (aggregate)				
Annual Deductible - 2P/FF	\$2,800	\$2,800	\$4,000	\$3,000	\$4,000	\$2,000	\$2,800 (aggregate)	\$4,600 (aggregate)	\$2,800 (aggregate)	\$4,600 (aggregate)				
Additional Cost After Deductible														
Employee Coinsurance after Deductible	0%	10%	0%	20%	0%	10%	0%	10%	0%	0%				
Coinsurance Max - 1P	N/A	\$0	N/A	\$0	N/A	\$0	N/A	N/A	N/A	N/A				
Coinsurance Max - 2P/FF	N/A	\$0	N/A	\$0	N/A	\$0	N/A	N/A	N/A	N/A				
Out of Pocket Maximum														
Max ded, coinsurance, copays - 1P	\$2,400	\$3,400	\$3,000	\$3,000	\$3,000	\$3,000	\$3,500 (embedded)	\$4,600 (embedded)	\$7,000 (embedded)	\$9,200 (embedded)				
Max ded, coinsurance, copays - 2P/FF	\$4,800	\$6,800	\$6,000	\$6,000	\$6,000	\$6,000	\$7,000 (embedded)	\$9,200 (embedded)	\$7,000 (embedded)	\$9,200 (embedded)				
Copayments														
Office Visit/Specialist	0% after Ded.	10% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	10% after Ded.	0% after Ded.	10% after Ded.	0% after Ded.	0% after Ded.				
Urgent Care/ER	0% after Ded.	10% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	10% after Ded.	0% after Ded.	10% after Ded.	0% after Ded.	0% after Ded.				
Chiropractic Limit/Copay	38/0% after Ded.	38/10% after Ded.	38/0% after Ded.	30/20% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	30/0% after Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	30/0% after Ded. (combined with PT and OT)	30/0% after Ded. (combined with PT and OT)				
Rx Copay	ABC Rx	ABC Rx	ABC Rx	\$10/\$40/\$80/15%/25% after Ded.	\$20/\$60/50%/20%/25% after Ded.	\$5/\$20/\$60/\$80/20%/20% after Ded.	\$5/\$20/\$60/\$80/20%/20% after Ded.	\$5/\$20/\$60/\$80/20%/20% after Ded.	\$5/\$20/\$60/\$80/20%/20% after Ded.	\$5/\$20/\$60/\$80/20%/20% after Ded.				
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates				
One Person (1P)	0	\$649.15	3	\$604.47	4	\$607.62	7	\$579.30	7	\$520.75	7	\$494.03		
Two Person (2P)	1	\$1,458.72	1	\$1,358.17	2	\$1,365.27	4	\$1,211.50	4	\$1,214.17	4	\$1,033.16		
Family (FF)	5	\$1,814.94	1	\$1,689.80	2	\$1,698.64	8	\$1,579.91	8	\$1,583.40	8	\$1,347.35		
Total Annual Premium	6	\$126,401	5	\$58,337	8	\$102,700	19	\$258,485	19	\$259,055	19	\$232,360	19	\$220,436
Combined Current Lives	19		< TOTALS		< TOTALS									
Combined Annual Premium	\$287,437		< TOTALS		< TOTALS									
One Person Cost Share														
One Person Rate	\$649.15	\$604.47	\$607.62	\$579.30	\$580.58	\$520.75	\$494.03							
One Person PA 152 Cap	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24							
One Person Monthly Cost	\$80.91	\$36.23	\$39.38	\$11.06	\$12.34	-\$47.49	-\$74.21							
Two Person Cost Share														
Two Person Rate	\$1,458.72	\$1,358.17	\$1,365.27	\$1,211.50	\$1,214.17	\$1,033.16	\$1,033.16							
Two Person PA 152 Cap	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36							
Two Person Monthly Cost	\$270.36	\$169.81	\$176.91	\$23.14	\$25.81	-\$99.31	-\$155.20							
Family Cost Share														
Family Rate	\$1,814.94	\$1,689.80	\$1,698.64	\$1,579.91	\$1,583.40	\$1,347.35	\$1,347.35							
Family PA 152 Cap	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75							
Family Monthly Cost	\$265.19	\$140.05	\$148.89	\$30.16	\$33.65	-\$129.51	-\$202.40							

*MESSA rates include taxes and fees.

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*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. In the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG

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



Dental Rate Summary
Onekama Consolidated Schools
All Employees
Assumed Effective Date: 4/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
PAK A & C Teachers & Counselors	Census	4	3	7	\$92.29	\$15,505	1/1/2020-12/31/2020
MESSA Dental 100/90/90/90; \$1000/\$1500	Rate	\$36.33	\$69.88	\$133.87			
PAK B Teachers & Counselors	Census			5	\$128.31	\$7,699	1/1/2020-12/31/2020
MESSA Dental 100/90/90/90; \$1000/\$1500	Rate	\$33.42	\$63.16	\$128.31			
PAK A Administration, Secretaries & Custodians	Census	3	1	1	\$64.33	\$3,860	1/1/2020-12/31/2020
MESSA Dental 100/90/90/90; \$1000/\$1500	Rate	\$37.80	\$73.96	\$134.29			
PAK B Administration, Secretaries & Custodians	Census						1/1/2020-12/31/2020
MESSA Dental 100/90/90/90; \$1000/\$1500	Rate	\$33.07	\$62.20	\$118.92			
TOTALS:		7	4	13		\$27,063	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
BCBSM Dental PPO Plus 100/80/50/50; \$1500/\$1500	4/1/2020-3/31/2021	\$55.86	\$116.81	\$152.33	\$118.27	\$34,063	-\$7,000
BCBSM Dental PPO 100/80/50/50; \$1250/1250	4/1/2020-3/31/2021	\$44.70	\$93.49	\$121.92	\$94.66	\$27,262	-\$199
MetLife Dental 100/90/90/80; \$1000/\$1500	4/1/2020-3/31/2021	\$43.31	\$84.56	\$147.35	\$106.54	\$30,684	-\$3,621
SET/ADN SF Dental 100/90/90/90; \$1000/\$1500	4/1/2020-6/30/2021	\$36.57	\$66.80	\$130.65	\$92.57	\$26,660	\$403
MESSA	Solicited and did not provided options						

*MESSA, BCBSM, and MetLife rates include taxes and fees.

*SETSEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee. The plan includes access to the ADN/Dentemax network.

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



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Dental Plan Comparison

Onekama Consolidated Schools
All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1	
	PAK A & C Teachers & Counselors		PAK B Teachers & Counselors		PAK A Administration, Secretaries & Custodians		PAK B Administration, Secretaries & Custodians		SET/ADN SF Dental	
Name	MESSA Dental 100/90/90/90; \$1000/\$1500		MESSA Dental 100/90/90/90; \$1000/\$1500		MESSA Dental 100/90/90/90; \$1000/\$1500		MESSA Dental 100/90/90/90; \$1000/\$1500		100/90/90/90; \$1000/\$1500	
Rate Period	1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		4/1/2020-6/30/2021	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	100%		100%		100%		100%		100%	
Basic %	90%		90%		90%		90%		90%	
Major %	90%		90%		90%		90%		90%	
Ortho %	90%		90%		90%		90%		90%	
Basic Ded	\$0		\$0		\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0		\$0		\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Ortho Max	\$1,500		\$1,500		\$1,500		\$1,500		\$1,500	
Sealants Covered	No		No		No		No		No	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		No	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$36.33	0	\$33.42	3	\$37.80	0	\$33.07	7	\$36.57
Two Person (2P)	3	\$69.88	0	\$63.16	1	\$73.96	0	\$62.20	4	\$66.80
Family (FF)	7	\$133.87	5	\$128.31	1	\$134.29	0	\$118.92	13	\$130.65
Total Annual Premium	14	\$15,505	5	\$7,699	5	\$3,860	0	\$0	24	\$26,660
Combined Annual Premium	\$27,063		< TOTALS		< TOTALS		< TOTALS			
Estimated Cost for Benefit Increase - \$									\$1	\$403
Estimated Savings - %										1%

*MESSA rates include taxes and fees.

*SETSEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee. The plan includes access to the ADN/Dentemax network.

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



Vision Rate Summary
Onekama Consolidated Schools
All Employees
Assumed Effective Date: 4/1/2020

Current Plan(s) and Segment:	1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
All Employees	Census 7	4	13	\$20.40	\$5,876	1/1/2020-12/31/2020
MESSA VSP 3G \$0/\$0 Copay - \$130 Frame	Rate \$8.51	\$18.27	\$27.46			
TOTALS:	7	4	13		\$5,876	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings	
MetLife Vision \$0/\$0 Copay - \$130 Frame	4/1/2020-3/31/2022	\$7.57	\$14.23	\$20.26	\$15.55	\$4,479	\$1,396	
EyeMed SF Vision \$0/\$0 Copay - \$130 Frame	4/1/2020-3/31/2024	\$7.80	\$14.82	\$21.77	\$16.54	\$4,763	\$1,113	
SET/ADN SF Vision \$0/\$0 Copay - \$130 Frame	4/1/2020-6/30/2021	\$15.50	\$29.16	\$57.56	\$40.56	\$11,681	-\$5,805	
VSP		Solicited and declined to quote						
MESSA		Solicited and did not provide options						

*MESSA, MetLife, and EyeMed rates include taxes and fees.

*SETSEG SF/ADN rates are illustrative and include a \$1.85 per employee per month dental administration/network fee. The plan includes access to the ADN/Dentemax network.

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

*EyeMed self-funded rates are illustrative and include vision administration/network fees.



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Vision Plan Comparison

Onekama Consolidated Schools

All Employees

	CURRENT PLAN		Option 1		Option 2	
	All Employees					
Name	MESSA VSP 3G \$0/\$0 Copay - \$130		MetLife Vision \$0/\$0 Copay - \$130		EyeMed SF Vision \$0/\$0 Copay - \$130	
	Frame		Frame		Frame	
Rate Period	1/1/2020-12/31/2020		4/1/2020-3/31/2022		4/1/2020-3/31/2024	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	100% once every 12 months		100% once every 12 months		100% once every 12 months	
Ophthalmologist Exam	100% once every 12 months		100% once every 12 months		100% once every 12 months	
Regular Lenses	100% once every 12 months		100% once every 12 months		100% once every 12 months	
Bifocal Lenses	100% once every 12 months		100% once every 12 months		100% once every 12 months	
Trifocal Lenses	100% once every 12 months		100% once every 12 months		100% once every 12 months	
Lenticular Lenses	100% once every 12 months		100% once every 12 months		100% once every 12 months	
Frame Allowance	\$130.00 once every 12 months		\$130.00 once every 12 months		\$130.00 once every 12 months	
Necessary Contacts	100% once every 12 months		Covered in full after eyewear copay		Covered in full after eyewear copay	
Cosmetic Contacts	\$135.00 once every 12 months		\$130.00 once every 12 months		\$135.00 once every 12 months	
Exam Copay	\$0		\$0		\$0	
Material Copay	\$0		\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	7	\$8.51	7	\$7.57	7	\$7.80
Two Person (2P)	4	\$18.27	4	\$14.23	4	\$14.82
Family (FF)	13	\$27.46	13	\$20.26	13	\$21.77
Total Annual Premium	24	\$5,876	24	\$4,479	24	\$4,763
Estimated Cost for Benefit Increase - \$			\$5	\$1,396	\$4	\$1,113
Estimated Savings - %						
			24%		19%	

*MESSA, MetLife & EyeMed rates include taxes and fees.

*EyeMed self-funded rates are illustrative and include vision administration/network fees.