



Medical Rate Summary

Mason Public Schools

All Employees

Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Employees Enrolled in McLaren \$500	Census	24	5	22	51	
McLaren POS \$500-0%; \$10/\$40/\$40 Rx	Rate	\$610.41	\$1,362.36	\$1,693.28		\$704,566
Employees Enrolled in McLaren \$2000	Census	1		1	2	
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	Rate	\$447.51	\$996.03	\$1,237.43		\$20,219
PAK A Teachers Enrolled in MESSA \$500	Census	14	8	45	67	
MESSA Choices \$500-0%; SRX Mail Rx	Rate	\$690.47	\$1,551.70	\$1,930.62		\$1,307,497
PAK D Teachers Enrolled in MESSA \$500	Census	10	7	33	50	
MESSA Choices \$500-0%; 3Tier Mail Rx	Rate	\$661.24	\$1,485.93	\$1,848.78		\$936,284
PAK C Teachers Enrolled in MESSA \$1000	Census	7	3	9	19	
MESSA Choices \$1000-20%; 3Tier Mail Rx	Rate	\$557.30	\$1,252.06	\$1,557.74		\$260,123
PAK E Teachers Enrolled in MESSA \$2000	Census	1	3	2	6	
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$584.50	\$1,313.28	\$1,633.92		\$93,506
TOTALS:		57	26	112	195	\$3,322,195

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Plans					
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$614	\$1,461	\$1,825	\$3,328,149	-\$5,954
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$592	\$1,409	\$1,759	\$3,207,992	\$114,203
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	\$540	\$1,285	\$1,604	\$2,925,694	\$396,501
BCBSM SB PPO HSA \$1400-20%; \$10/\$40/\$80 Rx	\$507	\$1,204	\$1,503	\$2,742,852	\$579,343
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$496	\$1,178	\$1,471	\$2,683,263	\$638,932
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$466	\$1,107	\$1,382	\$2,522,147	\$800,048
HAP	Solicited and declined to quote				
Priority Health	Solicited and declined to quote				

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

*McLaren & 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.

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

Mason Public Schools
All Employees
Assumed Effective Date: 7/1/2020

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3			
	Employees Enrolled in McLaren \$500		Employees Enrolled in McLaren \$2000		PAK A Teachers Enrolled in MESSA \$500		PAK D Teachers Enrolled in MESSA \$500		PAK C Teachers Enrolled in MESSA \$1000		PAK E Teachers Enrolled in MESSA \$2000		BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	
Plan	McLaren POS \$500-0%; \$10/\$40/\$40 Rx		McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx		MESSA Choices \$500-0%; SRX Mail Rx		MESSA Choices \$500-0%; 3Tier Mail Rx		MESSA Choices \$1000-20%; 3Tier Mail Rx		MESSA ABC Plan 2 \$2000-0%; ABC Rx							
Rate Period	9/1/2019-8/30/2020		9/1/2019-8/30/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																		
Annual Deductible - 1P	\$500		\$2,000		\$500		\$500		\$1,000		\$2,000		\$1,000		\$1,400		\$2,000	
Annual Deductible - 2P/FF	\$1,000		\$4,000		\$1,000		\$1,000		\$2,000		\$4,000		\$2,000		\$2,800		\$4,000	
Additional Cost After Deductible																		
Employee Coinsurance after Deductible	0%		0%		0%		0%		20%		0%		0%		0%		0%	
Coinsurance Max - 1P	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	
Out of Pocket Maximum																		
Max ded, coinsurance, copays - 1P	\$4,000		\$4,000		Med Max:\$1,500 Rx Max: \$1,000		Med Max:\$1,500 Rx Max: \$2,000		Med Max:\$3,000 Rx Max: \$2,000		\$3,000		\$6,350		\$2,250		\$3,000	
Max ded, coinsurance, copays - 2P/FF	\$8,000		\$8,000		Med Max: \$3,000 Rx Max: \$2,000		Med Max: \$3,000 Rx Max: \$4,000		Med Max: \$6,000 Rx Max: \$4,000		\$6,000		\$12,700		\$4,500		\$6,000	
Copayments																		
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$20 after Ded.		\$20/\$20 after Ded.		\$20/\$20 after Ded.		0% after Ded.		\$30/\$30		0% after Ded.		0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		\$25/\$50 after Ded.		\$25/\$50 after Ded.		\$25/\$50 after Ded.		0% after Ded.		\$30/\$150		0% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	Covered at 100% up to \$1500 per person per year		Covered at 100% up to \$1500 per person per year after Ded.		38/Subject to Deductible and Coinsurance		38/Subject to Deductible and Coinsurance		38/Subject to Deductible and Coinsurance		38/0% after Ded.		12/\$30		12/0% after Ded.		12/0% after Ded.	
Rx Copay	\$10/\$40/\$40		\$10/\$25/\$40 after Ded.		SRX Mail		3Tier Mail		3Tier Mail		ABC Rx		\$10/\$40/\$80		\$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
One Person (1P)	24	\$610.41	1	\$447.51	14	\$690.47	10	\$661.24	7	\$557.30	1	\$584.50	57	\$591.77	57	\$540.12	57	\$495.76
Two Person (2P)	5	\$1,362.36	0	\$996.03	8	\$1,551.70	7	\$1,485.93	3	\$1,252.06	3	\$1,313.28	26	\$1,408.64	26	\$1,284.66	26	\$1,178.18
Family (FF)	22	\$1,693.28	1	\$1,237.43	45	\$1,930.62	33	\$1,848.78	9	\$1,557.74	2	\$1,633.92	112	\$1,758.72	112	\$1,603.75	112	\$1,470.66
Total Annual Premium	51	\$704,566	2	\$20,219	67	\$1,307,497	50	\$936,284	19	\$260,123	6	\$93,506	195	\$3,207,992	195	\$2,925,694	195	\$2,683,263
Combined Current Lives	195		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS							
Combined Annual Premium	\$3,322,195		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS							
One Person Cost Share																		
One Person Rate	\$610.41		\$447.51		\$690.47		\$661.24		\$557.30		\$584.50		\$591.77		\$540.12		\$495.76	
One Person PA 152 Cap	\$568.24		\$568.24		\$568.24		\$568.24		\$568.24		\$568.24		\$568.24		\$568.24		\$568.24	
One Person Monthly Cost	\$42.17		-\$120.73		\$122.23		\$93.00		-\$10.94		\$16.26		\$23.54		-\$28.12		-\$72.48	
Two Person Cost Share																		
Two Person Rate	\$1,362.36		\$996.03		\$1,551.70		\$1,485.93		\$1,252.06		\$1,313.28		\$1,408.64		\$1,284.66		\$1,178.18	
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		\$1,188.36		\$1,188.36	
Two Person Monthly Cost	\$174.00		-\$192.33		\$363.34		\$297.57		\$63.70		\$124.92		\$220.27		\$96.29		-\$10.18	
Family Cost Share																		
Family Rate	\$1,693.28		\$1,237.43		\$1,930.62		\$1,848.78		\$1,557.74		\$1,633.92		\$1,758.72		\$1,603.75		\$1,470.66	
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		\$1,549.75		\$1,549.75	
Family Monthly Cost	\$143.53		-\$312.32		\$380.87		\$299.03		\$7.99		\$84.17		\$208.98		\$54.00		-\$79.08	

*MESSA rates include taxes and fees.
*McLaren & 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
Mason Public Schools
Non-Teacher Employees 2020 Options
Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Total Annual Cost
Employees Enrolled in McLaren \$500	Census	24	5	22	51
McLaren POS \$500-0%; \$10/\$40/\$40 Rx	Rate	\$610.41	\$1,362.36	\$1,693.28	\$704,566
Employees Enrolled in McLaren \$2000	Census	1		1	2
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	Rate	\$447.51	\$996.03	\$1,237.43	\$20,219
TOTALS:		25	5	23	53
					\$724,785

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA ABC Plan 2 \$2000-0%; ABC Rx	\$585	\$1,313	\$1,634	\$705,109	\$19,676
MESSA Choices \$500-0%; SRX Mail Rx	\$690	\$1,552	\$1,931	\$833,094	-\$108,309
MESSA Choices \$500-0%; 3Tier Mail Rx	\$661	\$1,486	\$1,849	\$797,791	-\$73,006
MESSA Choices \$1000-20%; 3Tier Mail Rx	\$557	\$1,252	\$1,558	\$672,250	\$52,535
BCBSM Simply Blue Plans					
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$729	\$1,738	\$2,170	\$921,866	-\$197,081
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$702	\$1,674	\$2,090	\$888,005	-\$163,221
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	\$639	\$1,522	\$1,900	\$807,551	-\$82,767
BCBSM SB PPO HSA \$1400-20%; \$10/\$40/\$80 Rx	\$600	\$1,428	\$1,783	\$757,918	-\$33,133
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$586	\$1,396	\$1,743	\$740,600	-\$15,815
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$552	\$1,313	\$1,639	\$696,817	\$27,967
HAP	Solicited and declined to quote				
Priority Health	Solicited and declined to quote				

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



Medical Rate Summary

Mason Public Schools Teachers

Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
PAK A Teachers Enrolled in MESSA \$500	Census	14	8	45	67	
MESSA Choices \$500-0%; SRX Mail Rx	Rate	\$690.47	\$1,551.70	\$1,930.62		\$1,307,497
PAK D Teachers Enrolled in MESSA \$500	Census	10	7	33	50	
MESSA Choices \$500-0%; 3Tier Mail Rx	Rate	\$661.24	\$1,485.93	\$1,848.78		\$936,284
PAK C Teachers Enrolled in MESSA \$1000	Census	7	3	9	19	
MESSA Choices \$1000-20%; 3Tier Mail Rx	Rate	\$557.30	\$1,252.06	\$1,557.74		\$260,123
PAK E Teachers Enrolled in MESSA \$2000	Census	1	3	2	6	
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$584.50	\$1,313.28	\$1,633.92		\$93,506
TOTALS:		32	21	89	142	\$2,597,410

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Plans					
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$580	\$1,380	\$1,724	\$2,411,316	\$186,094
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$559	\$1,331	\$1,661	\$2,324,597	\$272,814
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	\$511	\$1,215	\$1,516	\$2,121,410	\$476,000
BCBSM SB PPO HSA \$1400-20%; \$10/\$40/\$80 Rx	\$479	\$1,138	\$1,421	\$1,988,353	\$609,057
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$469	\$1,114	\$1,390	\$1,945,643	\$651,767
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$441	\$1,047	\$1,306	\$1,828,422	\$768,988
McLaren POS Plans					
McLaren POS \$500-0%; \$10/\$40/\$40 Rx (OOP \$2000/\$4000)	\$605	\$1,350	\$1,678	\$2,364,836	\$232,575
McLaren POS \$500-10%; \$10/\$40/\$40 Rx	\$583	\$1,300	\$1,615	\$2,275,963	\$321,447
McLaren POS \$1000-0%; \$10/\$40/\$40 Rx	\$578	\$1,289	\$1,602	\$2,257,054	\$340,356
McLaren HMO HSA Plans					
McLaren HMO HSA \$1400-0%; \$10/\$25/\$40 Rx	\$445	\$990	\$1,230	\$1,734,428	\$862,982
McLaren HMO HSA \$1400-20%; \$10/\$25/\$40 Rx	\$417	\$928	\$1,153	\$1,625,796	\$971,615

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	\$423	\$940	\$1,168	\$1,646,301	\$951,109
McLaren HMO HSA \$2,000-20%; \$10/\$25/\$40 Rx	\$385	\$855	\$1,062	\$1,497,420	\$1,099,991
HAP	Solicited and declined to quote				
Priority Health	Solicited and declined to quote				

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Mason Public Schools
Teachers
Assumed Effective Date: 7/1/2020

	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
	PAK A Teachers Enrolled in MESSA \$500	PAK D Teachers Enrolled in MESSA \$500	PAK C Teachers Enrolled in MESSA \$1000	PAK E Teachers Enrolled in MESSA \$2000	BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	McLaren POS \$500-0%; \$10/\$40/\$40 Rx (OOP \$2000/\$4000)	McLaren POS \$1000-0%; \$10/\$40/\$40 Rx	McLaren HMO HSA \$1400-0%; \$10/\$25/\$40 Rx	McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx
Plan	MESSA Choices \$500-0%; SRX Mail Rx	MESSA Choices \$500-0%; 3Tier Mail Rx	MESSA Choices \$1000-20%; 3Tier Mail 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	1/1/2020-12/31/2020	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021	7/1/2020-6/30/2021
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	\$500	\$1,000	\$2,000	\$500	\$1,000	\$1,400	\$2,000	\$500	\$1,000	\$1,400	\$2,000
Annual Deductible - 2P/FF	\$1,000	\$1,000	\$2,000	\$4,000	\$1,000	\$2,000	\$2,800	\$4,000	\$1,000	\$2,000	\$2,800	\$4,000
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%	0%	20%	0%	20%	0%	0%	0%	0%	0%	0%	0%
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	Med Max:\$1,500 Rx Max: \$1,000	Med Max:\$1,500 Rx Max: \$2,000	Med Max:\$3,000 Rx Max: \$2,000	\$3,000	\$2,000	\$6,350	\$2,250	\$3,000	\$2,000	\$2,000	\$2,800	\$4,000
Max ded, coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$2,000	Med Max: \$3,000 Rx Max: \$4,000	Med Max: \$6,000 Rx Max: \$4,000	\$6,000	\$4,000	\$12,700	\$4,500	\$6,000	\$4,000	\$4,000	\$5,600	\$8,000
Copayments												
Office Visit/Specialist	\$20/\$20 after Ded.	\$20/\$20 after Ded.	\$20/\$20 after Ded.	0% after Ded.	\$20/\$20	\$30/\$30	0% after Ded.	0% after Ded.	\$20/\$20	\$20/\$20	0% after Ded.	0% after Ded.
Urgent Care/ER	\$25/\$50 after Ded.	\$25/\$50 after Ded.	\$25/\$50 after Ded.	0% after Ded.	\$20/\$150	\$30/\$150	0% after Ded.	0% after Ded.	\$25/\$50	\$25/\$50	0% after Ded.	0% after Ded.
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance	38/0% after Ded.	12/\$20	12/\$30	12/0% after Ded.	12/0% after Ded.	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year	Covered at 100% up to \$1500 per person per year after Ded.
Rx Copay	SRX Mail	3Tier Mail	3Tier Mail	ABC Rx	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$40	\$10/\$40/\$40	\$10/\$25/\$40 after Ded.	\$10/\$25/\$40 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)	14 \$690.47	10 \$661.24	7 \$557.30	1 \$584.50	32 \$580.03	32 \$559.35	32 \$510.89	32 \$468.97	32 \$605.22	32 \$577.85	32 \$445.06	32 \$422.68
Two Person (2P)	8 \$1,551.70	7 \$1,485.93	3 \$1,252.06	3 \$1,313.28	21 \$1,380.47	21 \$1,330.82	21 \$1,214.52	21 \$1,113.91	21 \$1,350.25	21 \$1,288.72	21 \$990.25	21 \$939.95
Family (FF)	45 \$1,930.62	33 \$1,848.78	9 \$1,557.74	2 \$1,633.92	89 \$1,723.51	89 \$1,661.46	89 \$1,516.08	89 \$1,390.31	89 \$1,678.06	89 \$1,601.50	89 \$1,230.32	89 \$1,167.72
Total Annual Premium	67 \$1,307,497	50 \$936,284	19 \$260,123	6 \$93,506	142 \$2,411,316	142 \$2,324,597	142 \$2,121,410	142 \$1,945,643	142 \$2,364,836	142 \$2,257,054	142 \$1,734,428	142 \$1,646,301
Combined Current Lives	142	< TOTALS	< TOTALS	< TOTALS								
Combined Annual Premium	\$2,597,410	< TOTALS	< TOTALS	< TOTALS								
One Person Cost Share												
One Person Rate	\$690.47	\$661.24	\$557.30	\$584.50	\$580.03	\$559.35	\$510.89	\$468.97	\$605.22	\$577.85	\$445.06	\$422.68
One Person PA 152 Cap	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24	\$568.24
One Person Monthly Cost	\$122.23	\$93.00	-\$10.94	\$16.26	\$11.79	-\$8.89	-\$57.35	-\$99.27	\$36.98	\$9.61	-\$123.18	-\$145.56
Two Person Cost Share												
Two Person Rate	\$1,551.70	\$1,485.93	\$1,252.06	\$1,313.28	\$1,380.47	\$1,330.82	\$1,214.52	\$1,113.91	\$1,350.25	\$1,288.72	\$990.25	\$939.95
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	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36
Two Person Monthly Cost	\$363.34	\$297.57	\$63.70	\$124.92	\$192.10	\$142.46	\$26.16	-\$74.45	\$161.89	\$100.36	-\$198.11	-\$248.41
Family Cost Share												
Family Rate	\$1,930.62	\$1,848.78	\$1,557.74	\$1,633.92	\$1,723.51	\$1,661.46	\$1,516.08	\$1,390.31	\$1,678.06	\$1,601.50	\$1,230.32	\$1,167.72
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	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75
Family Monthly Cost	\$380.87	\$299.03	\$7.99	\$84.17	\$173.76	\$111.71	-\$33.67	-\$159.43	\$128.31	\$51.75	-\$319.43	-\$382.03

*MESSA rates include taxes and fees.
*McLaren & 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.



Dental Rate Summary
Mason Public Schools
All Employees
Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Non-PAK Administration	Census	4	4	14	\$102.41	\$27,036	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1500/\$1500	Rate	\$36.28	\$68.41	\$131.02			
Non- PAK Support Staff	Census	31	6	16	\$72.08	\$45,841	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1500/\$1500	Rate	\$38.93	\$74.66	\$135.33			
PAK A, C, D & E Teachers	Census	32	21	89	\$96.09	\$163,745	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1500/\$1500	Rate	\$34.61	\$66.35	\$125.22			
PAK B Teachers	Census	6	5	38	\$102.89	\$60,500	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1500/\$1500	Rate	\$32.76	\$62.49	\$119.28			
TOTALS:		73	36	157		\$297,123	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
BCBSM PPO Dental 80/80/80/80; \$1500/\$1500	7/1/2020-6/30/2021	\$35.52	\$71.05	\$124.33	\$92.75	\$296,047	\$1,076
SET/ADN SF Dental 80/80/80/80; \$1500/\$1500	7/1/2020-6/30/2021	\$34.40	\$62.46	\$122.80	\$90.37	\$288,472	\$8,650
Guardian		Solicited and declined to quote					
MetLife		Solicited and declined to quote					

*All current & proposed 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.



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

Mason Public Schools
All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
	Non-PAK Administration		Non- PAK Support Staff		PAK A, C, D & E Teachers		PAK B Teachers					
Name	MESSA Dental 80/80/80/80; \$1500/\$1500		MESSA Dental 80/80/80/80; \$1500/\$1500		MESSA Dental 80/80/80/80; \$1500/\$1500		MESSA Dental 80/80/80/80; \$1500/\$1500		BCBSM PPO Dental 80/80/80/80; \$1500/\$1500		SET/ADN SF Dental 80/80/80/80; \$1500/\$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		7/1/2020-6/30/2021		7/1/2020-6/30/2021	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	80%		80%		80%		80%		80%		80%	
Basic %	80%		80%		80%		80%		80%		80%	
Major %	80%		80%		80%		80%		80%		80%	
Ortho %	80%		80%		80%		80%		80%		80%	
Basic Ded	\$0		\$0		\$0		\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0		\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0		\$0		\$0		\$0	
Bas/Maj Max	\$1,500		\$1,500		\$1,500		\$1,500		\$1,500		\$1,500	
Ortho Max	\$1,500		\$1,500		\$1,500		\$1,500		\$1,500		\$1,500	
Sealants Covered	No		No		No		No		Yes		No	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		No	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$36.28	31	\$38.93	32	\$34.61	6	\$32.76	73	\$35.52	73	\$34.40
Two Person (2P)	4	\$68.41	6	\$74.66	21	\$66.35	5	\$62.49	36	\$71.05	36	\$62.46
Family (FF)	14	\$131.02	16	\$135.33	89	\$125.22	38	\$119.28	157	\$124.33	157	\$122.80
Total Annual Premium	22	\$27,036	53	\$45,841	142	\$163,745	49	\$60,500	266	\$296,047	266	\$288,472
Combined Annual Premium	\$297,123		< TOTALS		< TOTALS		< TOTALS					
Estimated Cost for Benefit Increase - \$									\$0		\$3	
Estimated Savings - %									\$1,076 0%		\$8,650 3%	

*All current & proposed 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

Mason Public Schools

All Employees

Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
All Employees		Census 72	36	158	\$18.82	\$60,089	1/1/2020-12/31/2020
	MESSA VSP 3 \$0/\$0 - \$ 65 Frame	Rate \$7.59	\$16.30	\$24.52			
TOTALS:		72	36	158		\$60,089	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
EyeMed Vision \$0/\$0 Copay - \$65 Frame	7/1/2020-6/30/2024	\$6.62	\$12.58	\$18.48	\$14.47	\$46,192	\$13,897
SET ADN SF Vision \$0/\$0 Copay - \$65 Frame	7/1/2020-6/30/2021	\$12.68	\$23.51	\$46.12	\$34.01	\$108,555	-\$48,466
VSP		Solicited and declined to quote					
BCBSM		Solicited and did not provide options					

*All current & proposed rates include taxes and fees.

*EyeMed contacts are in-Lieu of lenses.

*EyeMed has a requirement of at least 10 employees enrolled to offer coverage.

*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.



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Vision Plan Comparison

Mason Public Schools All Employees

	CURRENT PLAN		Option 1	
Name	All Employees		EyeMed Vision \$0/\$0 Copay - \$65 Frame	
Rate Period	MESSA VSP 3 \$0/\$0 - \$ 65 Frame		EyeMed Vision \$0/\$0 Copay - \$65 Frame	
Purchased Plan Features	MESSA VSP 3 \$0/\$0 - \$ 65 Frame		EyeMed Vision \$0/\$0 Copay - \$65 Frame	
	1/1/2020-12/31/2020		7/1/2020-6/30/2024	
	Coverage Allowance		Coverage Allowance	
Optometrist Exam	100% once every 12 months		100% once every 12 months	
Ophthalmologist Exam	100% once every 12 months		100% once every 12 months	
Regular Lenses	100% once every 12 months		100% once every 12 months	
Bifocal Lenses	100% once every 12 months		100% once every 12 months	
Trifocal Lenses	100% once every 12 months		100% once every 12 months	
Lenticular Lenses	100% once every 12 months		100% once every 12 months	
Frame Allowance	\$65.00 once every 12 months		\$65.00 once every 12 months	
Necessary Contacts	100% once every 12 months		100% once every 12 months	
Cosmetic Contacts	\$115.00 once every 12 months		\$115.00 once every 12 months	
Exam Copay	\$0		\$0	
Material Copay	\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates
One Person (1P)	72	\$7.59	72	\$6.62
Two Person (2P)	36	\$16.30	36	\$12.58
Family (FF)	158	\$24.52	158	\$18.48
Total Annual Premium	266	\$60,089	266	\$46,192
Estimated Cost for Benefit Increase - \$			\$4	\$13,897
Estimated Savings - %				23%

*All current & proposed rates include taxes and fees.

*EyeMed contacts are in-Lieu of lenses.

*EyeMed has a requirement of at least 10 employees enrolled to offer coverage.