



Medical Rate Summary

Kaleva-Norman-Dickson School District

All Employees

Assumed Effective Date: 4/1/2020

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
Teachers Enrolled in PAK A Choices \$500	Census 4		10	14
MESSA Choices \$500-0%; 3-Tier Mail Rx	Rate \$610.83	\$1,372.50	\$1,707.63	\$234,235
Teachers Enrolled in PAK C ABC \$1400	Census 3	1	4	8
MESSA ABC Plan 1 \$1400-0%; 3 Tier Mail Rx	Rate \$545.29	\$1,225.02	\$1,524.10	\$107,487
Administration and Support Staff Enrolled in PAK A ABC \$1400	Census 2	1	4	7
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Rate \$576.84	\$1,296.02	\$1,612.47	\$106,795
ACA Eligible Employees in NON-PAK ABC \$1400	Census 1			1
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Rate \$588.58	\$1,322.44	\$1,645.35	\$7,063
	TOTALS:	10	2	30
				\$455,581

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Small Group Plans					
BCBSM SB PPO Gold \$500-20%; \$20/\$60/50%/20%/25% Rx	\$598	\$1,251	\$1,631	\$454,014	\$1,566
BCBSM Small Group HSA Plans					
BCBSM SB HSA PPO Gold \$1500-20%	\$555	\$1,162	\$1,515	\$421,708	\$33,873
BCBSM SB HSA PPO Gold \$2000-0%	\$557	\$1,164	\$1,518	\$422,639	\$32,942
BCN Small Group Plans					
BCN HMO Gold \$500-20%	\$538	\$1,125	\$1,467	\$408,463	\$47,118
BCN Small Group HSA Plans					
BCN HSA HMO Gold \$2000-0%	\$479	\$1,003	\$1,308	\$364,054	\$91,527
BCN HSA HMO Gold \$2800-0%	\$454	\$949	\$1,238	\$344,667	\$110,914
Priority Health Small Group Plans					
Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$530	\$1,108	\$1,445	\$402,168	\$53,413
Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$498	\$1,041	\$1,357	\$377,921	\$77,660

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health POS HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx	\$472	\$987	\$1,288	\$358,525	\$97,056
Priority Health HMO 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$486	\$1,017	\$1,327	\$369,319	\$86,261
Priority Health HMO 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$457	\$955	\$1,245	\$346,749	\$108,832
Priority Health HMO HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx	\$436	\$911	\$1,188	\$330,880	\$124,701
MESSA	Solicited and did not provide options				

*MESSA rates include taxes and fees.

*BCBSM & 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.

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

Kaleva-Norman-Dickson School District

All Employees

Assumed Effective Date: 4/1/2020

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
	Teachers Enrolled in PAK A Choices \$500	Teachers Enrolled in PAK C ABC \$1400	Administration and Support Staff Enrolled in PAK A ABC \$1400	ACA Eligible Employees in NON-PAK ABC \$1400	MESSA ABC Plan 1 \$1400-0%; ABC Rx	Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% 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		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	
Deductible												
Annual Deductible - 1P	\$500		\$1,400		\$1,400		\$1,400		\$500 (embedded)		\$1,400 (aggregate)	
Annual Deductible - 2P/FF	\$1,000		\$2,800		\$2,800		\$2,800		\$1,000 (embedded)		\$2,800 (aggregate)	
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%		0%		0%		0%		20%		10%	
Coinurance Max - 1P	N/A		N/A		N/A		N/A		\$5,500 (embedded)		N/A	
Coinurance Max - 2P/FF	N/A		N/A		N/A		N/A		\$11,000 (embedded)		N/A	
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	Med Max:\$1,500 Rx Max: \$2,000		\$3,400		\$2,400		\$2,400		\$7,900 (embedded)		\$3,500 (embedded)	
Max ded, coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$4,000		\$6,800		\$4,800		\$4,800		\$15,800 (embedded)		\$7,000 (embedded)	
Copayments												
Office Visit/Specialist	\$20/\$20		0% after Ded.		0% after Ded.		0% after Ded.		\$20 before Ded./\$50 before Ded.		10% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		0% after Ded.		0% after Ded.		\$75 before Ded./\$250 after Ded.		10% after Ded.	
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance		38/0% after Ded.		38/0% after Ded.		38/0% after Ded.		30/\$50 (combined with PT and OT)		30/10% after Ded. (combined with PT and OT)	
Rx Copay	3-Tier Mail Rx		3-Tier Mail Rx		ABC Rx		ABC Rx		\$5/\$20/\$60/\$80/20%/20%		\$5/\$20/\$60/\$80/20%/20% after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	4	\$610.83	3	\$545.29	2	\$576.84	1	\$588.58	10	\$529.67	10	\$497.73
Two Person (2P)	0	\$1,372.50	1	\$1,225.02	1	\$1,296.02	0	\$1,322.44	2	\$1,107.70	2	\$1,040.91
Family (FF)	10	\$1,707.63	4	\$1,524.10	4	\$1,612.47	0	\$1,645.35	18	\$1,444.55	18	\$1,357.46
Total Annual Premium	14	\$234,235	8	\$107,487	7	\$106,795	1	\$7,063	30	\$402,168	30	\$377,921
Combined Current Lives	30		< TOTALS		< TOTALS		< TOTALS					
Combined Annual Premium	\$455,581		< TOTALS		< TOTALS		< TOTALS					
One Person Cost Share												
One Person Rate	\$610.83		\$545.29		\$576.84		\$588.58		\$529.67		\$497.73	
One Person PA 152 Cap	\$568.24		\$568.24		\$568.24		\$568.24		\$568.24		\$568.24	
One Person Monthly Cost	\$42.59		-\$22.95		\$8.60		\$20.34		-\$38.57		-\$70.51	
Two Person Cost Share												
Two Person Rate	\$1,372.50		\$1,225.02		\$1,296.02		\$1,322.44		\$1,107.70		\$1,040.91	
Two Person PA 152 Cap	\$1,188.36		\$1,188.36		\$1,188.36		\$1,188.36		\$1,188.36		\$1,188.36	
Two Person Monthly Cost	\$184.14		\$36.66		\$107.66		\$134.08		-\$80.66		-\$147.45	
Family Cost Share												
Family Rate	\$1,707.63		\$1,524.10		\$1,612.47		\$1,645.35		\$1,444.55		\$1,357.46	
Family PA 152 Cap	\$1,549.75		\$1,549.75		\$1,549.75		\$1,549.75		\$1,549.75		\$1,549.75	
Family Monthly Cost	\$157.88		-\$25.65		\$62.72		\$95.60		-\$105.20		-\$192.29	

*MESSA rates include taxes and fees.

*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.

Dental Rate Summary
Kaleva-Norman-Dickson School District
All Employees
Assumed Effective Date: 4/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
							1/1/2020-12/31/2020
PAK A & C Teachers	MESSA Dental 75/75/60/75; \$1200/\$3000	Census 7	1	14	\$87.75	\$23,166	1/1/2020-12/31/2020
		Rate \$27.61	\$54.18	\$120.22			
PAK B Teachers	MESSA Dental 80/80/80/80; \$2000/\$4000	Census 2	1	2	\$85.28	\$5,117	1/1/2020-12/31/2020
		Rate \$34.52	\$66.00	\$145.67			
PAK A Administration	MESSA Dental 75/75/60/75; \$1200/\$3000	Census		1	\$98.05	\$1,177	1/1/2020-12/31/2020
		Rate \$24.00	\$45.75	\$98.05			
PAK B Administration	MESSA Dental 80/80/80/80; \$2000/\$4000	Census		1	\$141.54	\$1,698	1/1/2020-12/31/2020
		Rate \$31.55	\$62.27	\$141.54			
PAK A Support Staff	MESSA Dental 100/75/50/50; \$1000/\$1000	Census 3	1	3	\$71.50	\$6,006	1/1/2020-12/31/2020
		Rate \$32.55	\$62.22	\$113.55			
PAK B Support Staff	MESSA Dental 100/75/50/50; \$1000/\$1000	Census 3		3	\$71.95	\$5,180	1/1/2020-12/31/2020
		Rate \$33.67	\$59.57	\$110.22			
TOTALS:						\$42,344	

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; \$1000/1000	4/1/2020-3/31/2021	\$51.87	\$108.48	\$141.47	\$107.11	\$53,985	\$11,641
BCBSM Dental PPO Plus 100/80/50/50; \$1500/\$1500	4/1/2020-3/31/2021	\$56.00	\$117.10	\$152.72	\$115.63	\$58,279	\$15,935
SET/ADN SF Dental 75/75/60/75; \$1200/\$3000	4/1/2020-6/30/2021	\$27.21	\$48.06	\$92.12	\$65.79	\$33,159	\$9,186
SET/ADN SF Dental 80/80/80/80; \$2000/\$4000	4/1/2020-6/30/2021	\$36.64	\$66.93	\$130.93	\$92.68	\$46,713	-\$4,368
SET/ADN SF Dental 100/75/50/50; \$1000/\$1000	4/1/2020-6/30/2021	\$27.59	\$48.82	\$93.68	\$66.87	\$33,704	\$8,641
MESSA		Solicited and did not provide options					
MetLife		Solicited and declined to quote					

***All current and 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.**

	Current Plan		Current Plan		Current Plan		Current Plan		Current Plan		Current Plan		Option 1		Option 2		Option 3	
	PAK A & C Teachers		PAK B Teachers		PAK A Administration		PAK B Administration		PAK A Support Staff		PAK B Support Staff							
Name	MESSA Dental 75/75/60/75; \$1200/\$3000	MESSA Dental 80/80/80/80; \$2000/\$4000	MESSA Dental 75/75/60/75; \$1200/\$3000	MESSA Dental 80/80/80/80; \$2000/\$4000	MESSA Dental 100/75/50/50; \$1000/\$1000	MESSA Dental 100/75/50/50; \$1000/\$1000	SET/ADN SF Dental 75/75/60/75; \$1200/\$3000	SET/ADN SF Dental 80/80/80/80; \$2000/\$4000	SET/ADN SF Dental 100/75/50/50; \$1000/\$1000									
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	1/1/2020-12/31/2020	1/1/2020-12/31/2020	1/1/2020-12/31/2020	4/1/2020-6/30/2021	4/1/2020-6/30/2021	4/1/2020-6/30/2021								
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	75%		80%		75%		80%		100%		100%		75%		80%		100%	
Basic %	75%		80%		75%		80%		75%		75%		75%		80%		75%	
Major %	60%		80%		60%		80%		50%		50%		60%		80%		50%	
Ortho %	75%		80%		75%		80%		50%		50%		75%		80%		50%	
Basic Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Bas/Maj Max	\$1,200		\$2,000		\$1,200		\$2,000		\$1,000		\$1,000		\$1,200		\$2,000		\$1,000	
Ortho Max	\$3,000		\$4,000		\$3,000		\$4,000		\$1,000		\$1,000		\$3,000		\$4,000		\$1,000	
Sealants Covered	Yes		Yes		Yes		Yes		No		No		No		No		No	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		No		No		No	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	7	\$27.61	2	\$34.52	0	\$24.00	0	\$31.55	3	\$32.55	3	\$33.67	15	\$27.21	15	\$36.64	15	\$27.59
Two Person (2P)	1	\$54.18	1	\$66.00	0	\$45.75	0	\$62.27	1	\$62.22	0	\$59.57	3	\$48.06	3	\$66.93	3	\$48.82
Family (FF)	14	\$120.22	2	\$145.67	1	\$98.05	1	\$141.54	3	\$113.55	3	\$110.22	24	\$92.12	24	\$130.93	24	\$93.68
Total Annual Premium	22	\$23,166	5	\$5,117	1	\$1,177	1	\$1,698	7	\$6,006	6	\$5,180	42	\$33,159	42	\$46,713	42	\$33,704
Combined Annual Premium	\$42,344		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS					
Estimated Cost for Benefit Increase - \$													\$18		\$9,186		-\$9	
Estimated Savings - %													22%		-\$4,368		\$17	
															\$17		\$8,641	
																	20%	

***All current and 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
Kaleva-Norman-Dickson School District
All Employees
Assumed Effective Date: 4/1/2020

Current Plan(s) and Segment:	Census	1P	2P	FF	Monthly Composite	Total Annual	Rate Period
						Cost	
Teachers and Administration							
MESSA VSP 3G \$0/\$0 Copay - \$130 Frame	Census	9	2	18	\$20.95	\$7,289	1/1/2020-12/31/2020
Support Staff	Rate	\$8.51	\$18.27	\$27.46			
MESSA VSP 3 \$0/\$0 Copay - \$65 Frame	Census	6	1	6	\$16.07	\$2,508	1/1/2020-12/31/2020
	Rate	\$7.59	\$16.30	\$24.52			
	TOTALS:	15	3	24		\$9,796	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
						Cost	
EyeMed SF Vision \$0/\$0 Copay - \$65 Frame	4/1/2020-3/31/2024	\$6.62	\$12.58	\$18.48	\$13.82	\$6,967	\$2,830
EyeMed SF Vision \$0/\$0 Copay - \$130 Frame	4/1/2020-3/31/2024	\$7.80	\$14.82	\$21.77	\$16.28	\$8,207	\$1,589
SET ADN SF Vision \$0/\$0 Copay - \$65 Frame	4/1/2020-6/30/2021	\$12.57	\$23.28	\$45.57	\$32.19	\$16,225	-\$6,428
MESSA		Solicited and did not provided options					
VSP		Solicited and declined to quote					

*All current and proposed 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.

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

Kaleva-Norman-Dickson School District
All Employees

Name	CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
	Teachers and Administration	Support Staff	MESSA VSP 3G \$0/\$0 Copay - \$130 Frame	MESSA VSP 3 \$0/\$0 Copay - \$65 Frame	EyeMed SF Vision \$0/\$0 Copay - \$65 Frame	EyeMed SF Vision \$0/\$0 Copay - \$130 Frame	Coverage Allowance	Coverage Allowance
Rate Period	1/1/2020-12/31/2020	1/1/2020-12/31/2020			4/1/2020-3/31/2024		4/1/2020-3/31/2024	
Purchased Plan Features	Coverage Allowance	Coverage Allowance			Coverage Allowance		Coverage Allowance	
Optometrist Exam	100% once every 12 months	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		100% once every 12 months	
Regular Lenses	100% once every 12 months	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		100% once every 12 months	
Trifocal Lenses	100% once every 12 months	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		100% once every 12 months	
Frame Allowance	\$130.00 once every 12 months	\$65.00 once every 12 months			\$65.00 once every 12 months		\$130.00 once every 12 months	
Necessary Contacts	100% once every 12 months	100% once every 12 months			100% once every 12 months		100% once every 12 months	
Cosmetic Contacts	\$135.00 once every 12 months	\$115.00 once every 12 months			\$115.00 once every 12 months		\$135.00 once every 12 months	
Exam Copay	\$0	\$0			\$0		\$0	
Material Copay	\$0	\$0			\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	9	\$8.51	6	\$7.59	15	\$6.62	15	\$7.80
Two Person (2P)	2	\$18.27	1	\$16.30	3	\$12.58	3	\$14.82
Family (FF)	18	\$27.46	6	\$24.52	24	\$18.48	24	\$21.77
Total Annual Premium	29	\$7,289	13	\$2,508	42	\$6,967	42	\$8,207
Combined Annual Premium	\$9,796		< TOTALS					
Estimated Cost for Benefit Increase - \$					\$6	\$2,830	\$3	\$1,589
Estimated Savings - %						29%		16%

*All current and proposed rates include taxes and fees.

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