



**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
<b>Teachers Enrolled in PAK A Choices \$500</b>	<b>Census</b>	4		10	14
MESSA Choices \$500-0%; 3-Tier Mail Rx	<b>Rate</b>	\$610.83	\$1,372.50	\$1,707.63	\$234,235
<b>Teachers Enrolled in PAK C ABC \$1400</b>	<b>Census</b>	3	1	4	8
MESSA ABC Plan 1 \$1400-0%; 3 Tier Mail Rx	<b>Rate</b>	\$545.29	\$1,225.02	\$1,524.10	\$107,487
<b>Administration and Support Staff Enrolled in PAK A ABC \$1400</b>	<b>Census</b>	2	1	4	7
MESSA ABC Plan 1 \$1400-0%; ABC Rx	<b>Rate</b>	\$576.84	\$1,296.02	\$1,612.47	\$106,795
<b>ACA Eligible Employees in NON-PAK ABC \$1400</b>	<b>Census</b>	1			1
MESSA ABC Plan 1 \$1400-0%; ABC Rx	<b>Rate</b>	\$588.58	\$1,322.44	\$1,645.35	\$7,063
<b>TOTALS:</b>		10	2	18	30
					<b>\$455,581</b>

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
<b>BCBSM Small Group Plans</b>					
BCBSM SB PPO Gold \$500-20%; \$20/\$60/50%/20%/25% Rx	\$598	\$1,251	\$1,631	\$454,014	\$1,566
<b>BCBSM Small Group HSA Plans</b>					
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
<b>BCN Small Group Plans</b>					
BCN HMO Gold \$500-20%	\$538	\$1,125	\$1,467	\$408,463	\$47,118
<b>BCN Small Group HSA Plans</b>					
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
<b>Priority Health Small Group Plans</b>					
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

	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	ACA Eligible Employees in NON-PAK ABC \$1400	ACA Eligible Employees in NON-PAK ABC \$1400	ACA Eligible Employees in NON-PAK ABC \$1400	ACA Eligible Employees in NON-PAK ABC \$1400	Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx
Plan	MESSA Choices \$500-0%; 3-Tier Mail Rx	MESSA ABC Plan 1 \$1400-0%; 3 Tier Mail Rx	MESSA ABC Plan 1 \$1400-0%; ABC Rx	MESSA ABC Plan 1 \$1400-0%; ABC Rx	MESSA ABC Plan 1 \$1400-0%; ABC Rx	MESSA ABC Plan 1 \$1400-0%; ABC Rx	MESSA ABC Plan 1 \$1400-0%; ABC Rx	MESSA ABC Plan 1 \$1400-0%; 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	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	In Network	In Network	In Network	In Network
Deductible										
Annual Deductible - 1P	\$500	\$1,400	\$1,400	\$1,400	\$1,400	\$1,400	\$1,400	\$1,400	\$500 (embedded)	\$1,400 (aggregate)
Annual Deductible - 2P/FF	\$1,000	\$2,800	\$2,800	\$2,800	\$2,800	\$2,800	\$2,800	\$2,800	\$1,000 (embedded)	\$2,800 (aggregate)
Additional Cost After Deductible										
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%	0%	0%	20%	10%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$5,500 (embedded)	N/A
Coinsurance Max - 2P/FF	N/A	N/A	N/A	N/A	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	\$2,400	\$2,400	\$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	\$4,800	\$4,800	\$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.	0% after Ded.	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.	0% after Ded.	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.	38/0% after Ded.	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	ABC Rx	ABC 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
One Person (1P)	4	\$610.83	3	\$545.29	2	\$576.84	1	\$588.58	10	\$529.67
Two Person (2P)	0	\$1,372.50	1	\$1,225.02	1	\$1,296.02	0	\$1,322.44	2	\$1,107.70
Family (FF)	10	\$1,707.63	4	\$1,524.10	4	\$1,612.47	0	\$1,645.35	18	\$1,444.55
Total Annual Premium	14	\$234,235	8	\$107,487	7	\$106,795	1	\$7,063	30	\$402,168
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	\$576.84	\$588.58	\$588.58	\$588.58	\$588.58	\$529.67	\$497.73
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
One Person Monthly Cost	\$42.59	-\$22.95	\$8.60	\$8.60	\$20.34	\$20.34	\$20.34	\$20.34	-\$38.57	-\$70.51
Two Person Cost Share										
Two Person Rate	\$1,372.50	\$1,225.02	\$1,296.02	\$1,296.02	\$1,322.44	\$1,322.44	\$1,322.44	\$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	\$1,188.36	\$1,188.36	\$1,188.36	\$1,188.36
Two Person Monthly Cost	\$184.14	\$36.66	\$107.66	\$107.66	\$134.08	\$134.08	\$134.08	\$134.08	-\$80.66	-\$147.45
Family Cost Share										
Family Rate	\$1,707.63	\$1,524.10	\$1,612.47	\$1,612.47	\$1,645.35	\$1,645.35	\$1,645.35	\$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	\$1,549.75	\$1,549.75	\$1,549.75	\$1,549.75
Family Monthly Cost	\$157.88	-\$25.65	\$62.72	\$62.72	\$95.60	\$95.60	\$95.60	\$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**

<b>Current Plan(s) and Segment:</b>		<b>1P</b>	<b>2P</b>	<b>FF</b>	<b>Monthly Composite</b>	<b>Total Annual Cost</b>	<b>Rate Period</b>
PAK A & C Teachers	<b>Census</b>	7	1	14	\$87.75	\$23,166	1/1/2020-12/31/2020
MESSA Dental 75/75/60/75; \$1200/\$3000	<b>Rate</b>	\$27.61	\$54.18	\$120.22			
PAK B Teachers	<b>Census</b>	2	1	2	\$85.28	\$5,117	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$2000/\$4000	<b>Rate</b>	\$34.52	\$66.00	\$145.67			
PAK A Administration	<b>Census</b>			1	\$98.05	\$1,177	1/1/2020-12/31/2020
MESSA Dental 75/75/60/75; \$1200/\$3000	<b>Rate</b>	\$24.00	\$45.75	\$98.05			
PAK B Administration	<b>Census</b>			1	\$141.54	\$1,698	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$2000/\$4000	<b>Rate</b>	\$31.55	\$62.27	\$141.54			
PAK A Support Staff	<b>Census</b>	3	1	3	\$71.50	\$6,006	1/1/2020-12/31/2020
MESSA Dental 100/75/50/50; \$1000/\$1000	<b>Rate</b>	\$32.55	\$62.22	\$113.55			
PAK B Support Staff	<b>Census</b>	3		3	\$71.95	\$5,180	1/1/2020-12/31/2020
MESSA Dental 100/75/50/50; \$1000/\$1000	<b>Rate</b>	\$33.67	\$59.57	\$110.22			
<b>TOTALS:</b>		<b>15</b>	<b>3</b>	<b>24</b>		<b>\$42,344</b>	

<b>Product Name</b>	<b>Rate Period</b>	<b>1P Rate</b>	<b>2P Rate</b>	<b>FF Rate</b>	<b>Monthly Composite</b>	<b>Total Cost</b>	<b>Estimated Annual Savings</b>
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 provided 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.



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

Kaleva-Norman-Dickson School District

All Employees

	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		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							
Estimated Cost for Benefit Increase - \$													\$18	\$9,186	-\$9	-\$4,368	\$17	\$8,641
Estimated Savings - %														22%		-10%		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:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers and Administration	Census	9	2	18	\$20.95	\$7,289	1/1/2020-12/31/2020
MESSA VSP 3G \$0/\$0 Copay - \$130 Frame	Rate	\$8.51	\$18.27	\$27.46			
Support Staff	Census	6	1	6	\$16.07	\$2,508	1/1/2020-12/31/2020
MESSA VSP 3 \$0/\$0 Copay - \$65 Frame	Rate	\$7.59	\$16.30	\$24.52			
<b>TOTALS:</b>		<b>15</b>	<b>3</b>	<b>24</b>		<b>\$9,796</b>	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
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.



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**Vision Plan Comparison**  
**Kaleva-Norman-Dickson School District**  
**All Employees**

	CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
Name	Teachers and Administration		Support Staff		EyeMed SF Vision \$0/\$0 Copay - \$65		EyeMed SF Vision \$0/\$0 Copay - \$130	
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	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		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
<b>Total Annual Premium</b>	<b>29</b>	<b>\$7,289</b>	<b>13</b>	<b>\$2,508</b>	<b>42</b>	<b>\$6,967</b>	<b>42</b>	<b>\$8,207</b>
<b>Combined Annual Premium</b>	<b>\$9,796</b>		<b>&lt; TOTALS</b>					
<b>Estimated Cost for Benefit Increase - \$</b>					<b>\$6</b>	<b>\$2,830</b>	<b>\$3</b>	<b>\$1,589</b>
<b>Estimated Savings - %</b>						<b>29%</b>		<b>16%</b>

\*All current and proposed rates include taxes and fees.

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