



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

Current Plan(s) and Segment:	1P	2P	FF		Total Annual Cost
PAK A Administrators & Support Staff Enrolled in Choices \$200					
MESSA Choices \$200-0%; Saver Rx	Census				
	Rate	\$808.90	\$1,818.17	\$2,262.24	
PAK A Teachers Enrolled in Choices \$500	Census	2	2	2	6
MESSA Choices \$500-0%; Saver Rx	Rate	\$744.72	\$1,673.75	\$2,082.52	\$108,024
PAK C Administrators & Support Staff Enrolled in ABC Plan 2	Census		1	4	5
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$622.49	\$1,398.73	\$1,740.28	\$100,318
PAK C Teachers Enrolled in ABC Plan 2	Census	2	2	4	8
MESSA ABC Plan 2 \$2000-0%; ABC Rx	Rate	\$622.49	\$1,398.73	\$1,740.28	\$132,043
TOTALS:		4	5	10	19
					\$340,385

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA Choices \$1000- 0%; Saver Rx	\$702	\$1,578	\$1,964	\$364,087	-\$23,702
BCBSM Community Blue Conventional Plans					
BCBSM SG CB PPO Platinum \$500-10%; \$5/\$40/\$80 Rx	\$786	\$1,636	\$2,131	\$391,551	-\$51,166
BCBSM Small Group HSA Plans					
BCBSM SG SB HSA PPO Gold \$1350-20%; \$10/\$40/\$80/15%/25% Rx	\$603	\$1,251	\$1,629	\$299,458	\$40,926
BCBSM SG SB HSA PPO Gold \$1500-0%; \$20/\$60/\$80/20%/25% Rx	\$617	\$1,282	\$1,669	\$306,858	\$33,526
BCN Small Group HMO Plans					
BCN SG HMO Platinum \$500	\$644	\$1,338	\$1,742	\$320,248	\$20,137
BCN Small Group HSA Plans					
BCN SG HSA HMO Gold \$2700-0%; \$6/\$25/\$50/\$80/20%/20% Rx	\$462	\$956	\$1,245	\$228,922	\$111,463

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health Small Group Options					
Priority Health SG PPO 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$642	\$1,333	\$1,735	\$319,002	\$21,383
Priority Health SG POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$577	\$1,198	\$1,560	\$286,745	\$53,640
Priority Health SG POS HSA 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$525	\$1,088	\$1,417	\$260,518	\$79,866

*BCBSM/BCN/PH 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.

*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.

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

*MESSA alternative plan option is good through 12/31/2019.

*PH Options are effective 7/1/2019 through 6/30/2020.



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

Plan	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	Option 1	Option 2	Option 3	Option 4
	PAK A Administrators & Support Staff Enrolled in Choices \$200	PAK A Teachers Enrolled in Choices \$500	PAK C Administrators & Support Staff Enrolled in ABC Plan 2	PAK C Teachers Enrolled in ABC Plan 2	BCBSM SG CB PPO Platinum \$500-10%; \$5/\$40/\$80 Rx	BCBSM SG SB HSA PPO Gold \$1500-0%; \$20/\$60/\$80/20%/25% Rx	Priority Health SG POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	Priority Health SG POS HSA 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx
Plan	MESSA Choices \$200-0%; Saver Rx	MESSA Choices \$500-0%; Saver Rx	MESSA ABC Plan 2 \$2000-0%; ABC Rx	MESSA ABC Plan 2 \$2000-0%; ABC Rx				
Rate Period	1/1/2019-12/31/2019	1/1/2019-12/31/2019	1/1/2019-12/31/2020	1/1/2019-12/31/2021	5/1/2019-4/30/2020	5/1/2019-4/30/2020	7/1/2019-6/30/2019	7/1/2019-6/30/2019
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible								
Annual Deductible - 1P	\$200	\$500	\$2,000	\$2,000	\$500	\$1,500	\$500	\$1,400
Annual Deductible - 2P/FF	\$400	\$1,000	\$4,000	\$4,000	\$1,000	\$3,000	\$1,000	\$2,800
Additional Cost After Deductible								
Employee Coinsurance after Deductible	0%	0%	0%	0%	10%	0%	20%	10%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	\$500	\$0	\$4,600	N/A
Coinsurance Max - 2P/FF	N/A	N/A	N/A	N/A	\$1,000	\$0	\$9,200	N/A
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	Medical: \$1,200 Rx: \$1,000	Medical: \$1,500 Rx: \$1,000	\$3,000	\$3,000	\$6,600	\$2,500	\$7,350	\$3,500
Max ded, coinsurance, copays - 2P/FF	Medical: \$2,400 Rx: \$2,000	Medical: \$3,000 Rx: \$2,000	\$6,000	\$6,000	\$13,200	\$5,000	\$14,700	\$7,000
Copayments								
Office Visit/Specialist	\$20/\$20	\$5/\$5after Ded.	0% after Ded.	0% after Ded.	\$20/\$20	0% after Ded.	\$20 before Ded./\$50 before Ded.	10% after Ded.
Urgent Care/ER	\$25/\$50	\$10/\$25 after Ded.	0% after Ded.	0% after Ded.	\$60/\$150	0% after Ded.	\$75 before Ded./\$150 after Ded.	10% after Ded.
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance	38/0% after Ded.	38/0% after Ded.	30/\$20	30/0% after Ded. (combined with PT and OT)	30/\$50 before Ded. (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)
Rx Copay	Saver Rx	Saver Rx	ABC Rx	ABC Rx	\$5/\$40/\$80 Rx	\$20/\$60/\$80/20%/25% after Ded.	\$5/\$20/\$60/\$80/20%/20% before Ded.	\$5/\$20/\$60/\$80/20%/20% after Ded.
Total Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	0 \$808.90	2 \$744.72	0 \$622.49	2 \$622.49	4 \$786.44	4 \$617.32	4 \$577.15	4 \$524.78
Two Person (2P)	0 \$1,818.17	2 \$1,673.75	1 \$1,398.73	2 \$1,398.73	5 \$1,635.65	5 \$1,281.94	5 \$1,197.94	5 \$1,088.41
Family (FF)	0 \$2,262.24	2 \$2,082.52	4 \$1,740.28	4 \$1,740.28	10 \$2,130.52	10 \$1,669.26	10 \$1,559.71	10 \$1,416.87
Total Annual Premium	0 \$0	6 \$108,024	5 \$100,318	8 \$132,043	19 \$391,551	19 \$306,858	19 \$286,745	19 \$260,518
Combined Current Lives	19	< TOTALS	< TOTALS	< TOTALS				
Combined Annual Premium	\$340,385	< TOTALS	< TOTALS	< TOTALS				
One Person Cost Share								
One Person Rate	\$808.90	\$744.72	\$622.49	\$622.49	\$786.44	\$617.32	\$577.15	\$524.78
One Person PA 152 Cap	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10
One Person Monthly Cost	\$251.80	\$187.62	\$65.39	\$65.39	\$229.34	\$60.22	\$20.05	-\$32.32
Two Person Cost Share								
Two Person Rate	\$1,818.17	\$1,673.75	\$1,398.73	\$1,398.73	\$1,635.65	\$1,281.94	\$1,197.94	\$1,088.41
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
Two Person Monthly Cost	\$653.11	\$508.69	\$233.67	\$233.67	\$470.59	\$116.88	\$32.88	-\$76.65
Family Cost Share								
Family Rate	\$2,262.24	\$2,082.52	\$1,740.28	\$1,740.28	\$2,130.52	\$1,669.26	\$1,559.71	\$1,416.87
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
Family Monthly Cost	\$742.88	\$563.16	\$220.92	\$220.92	\$611.16	\$149.90	\$40.35	-\$102.49

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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.

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

*MESSA alternative plan option is good through 12/31/2019.

*PH Options are effective 7/1/2019 through 6/30/2020.



Dental Rate Summary
Pentwater 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
PAK A & C Administrators	Census			2	\$97.97	\$2,351	1/1/2019-12/31/2019
MESSA Dental 70%/70%/60%/60%; \$1200/\$1100	Rate	\$26.60	\$50.22	\$97.97			
PAK B Administrators	Census						1/1/2019-12/31/2019
MESSA Dental 70%/70%/60%/60%; \$1200/\$1100	Rate	\$23.96	\$45.13	\$86.83			
PAK A & C Support Staff	Census		1	2	\$85.02	\$3,061	1/1/2019-12/31/2019
MESSA Dental 70%/70%/60%/60%; \$1200/\$1100	Rate	\$28.37	\$53.01	\$101.03			
PAK B Support Staff	Census			1	\$64.53	\$774	1/1/2019-12/31/2019
MESSA Dental 70%/70%/60%/60%; \$1200/\$1100	Rate	\$19.80	\$36.64	\$64.53			
PAK A & C Teachers	Census	4	4	6	\$58.21	\$9,779	1/1/2019-12/31/2019
MESSA Dental 70%/70%/60%/60%; \$1200/\$1100	Rate	\$24.68	\$46.05	\$88.66			
PAK B Teachers	Census		2	2	\$75.57	\$3,627	1/1/2019-12/31/2019
MESSA Dental 70%/70%/60%/60%; \$1200/\$1100	Rate	\$27.37	\$52.63	\$98.50			
TOTALS:		4	7	13		\$19,592	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
MetLife Dental 70/70/60/50; 1200/1100	7/1/2019-6/30/2021	\$24.22	\$46.16	\$80.80	\$61.27	\$17,645	\$1,947
SET/ADN SF Dental 70/70/60/60; 1200/1100	7/1/2019-6/30/2020	\$22.15	\$37.96	\$71.34	\$53.41	\$15,381	\$4,211
BCBSM		Solicited and did not provide quote					
MESSA		Solicited and did not provide options					

***All rates include taxes and fees.**

***MetLife rates are based on 100% Employer paid and at least 10 covered lives.**



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Dental Plan Comparison
 Pentwater Public Schools
 All Employees

Name	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1	Option 2		
	PAK A & C Administrators		PAK B Administrators		PAK A & C Support Staff		PAK B Support Staff		PAK A & C Teachers		PAK B Teachers		MetLife Dental 70/70/60/50; 1200/1100	SET/ADN SF Dental 70/70/60/60; 1200/1100		
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		7/1/2019-6/30/2021	7/1/2019-6/30/2020		
Purchased Plan Features	MESSA Dental 70%/70%/60%/60%; \$1200/\$1100		MESSA Dental 70%/70%/60%/60%; \$1200/\$1100		MESSA Dental 70%/70%/60%/60%; \$1200/\$1100		MESSA Dental 70%/70%/60%/60%; \$1200/\$1100		MESSA Dental 70%/70%/60%/60%; \$1200/\$1100		MESSA Dental 70%/70%/60%/60%; \$1200/\$1100		Coverage Allowance	Coverage Allowance		
Prevent %	70%		70%		70%		70%		70%		70%		70%	70%		
Basic %	70%		70%		70%		70%		70%		70%		70%	70%		
Major %	60%		60%		60%		60%		60%		60%		60%	60%		
Ortho %	60%		60%		60%		60%		60%		60%		50%	60%		
Basic Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$50/\$150	\$0		
Major Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$50/\$150	\$0		
Ortho Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0	\$0		
Bas/Maj Max	\$1,200		\$1,200		\$1,200		\$1,200		\$1,200		\$1,200		\$1,200	\$1,200		
Ortho Max	\$1,100		\$1,100		\$1,100		\$1,100		\$1,100		\$1,100		\$1,100	\$1,100		
Sealants Covered	No		No		No		No		No		No		Yes	No		
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		No	Endosteal Only		
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates		
One Person (1P)	0	\$26.60	0	\$23.96	0	\$28.37	0	\$19.80	4	\$24.68	0	\$27.37	4	\$24.22	4	\$22.15
Two Person (2P)	0	\$50.22	0	\$45.13	1	\$53.01	0	\$36.64	4	\$46.05	2	\$52.63	7	\$46.16	7	\$37.96
Family (FF)	2	\$97.97	0	\$86.83	2	\$101.03	1	\$64.53	6	\$88.66	2	\$98.50	13	\$80.80	13	\$71.34
Total Annual Premium	2	\$2,351	0	\$0	3	\$3,061	1	\$774	14	\$9,779	4	\$3,627	24	\$17,645	24	\$15,381
Combined Annual Premium	\$19,592		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS					
Estimated Cost for Benefit Increase - \$													\$7	\$1,947	\$15	\$4,211
Estimated Savings - %														10%		21%

*All rates include taxes and fees.

*MetLife rates are based on 100% Employer paid and at least 10 covered lives.



Vision Rate Summary
Pentwater 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
Administrators & Support Staff		Census	1	5	\$15.23	\$1,096	1/1/2019-12/31/2019
	MESSA VSP 2	Rate	\$4.99	\$10.72	\$16.13		
Teachers		Census	4	6	\$12.71	\$2,440	1/1/2019-12/31/2019
	MESSA VSP 2S	Rate	\$5.60	\$12.03	\$18.12		
TOTALS:			4	7	11	\$3,536	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
MetLife Vision Plan \$10/\$25 Copay - \$130 Frame	7/1/2019-6/30/2021	\$7.01	\$13.18	\$18.76	\$14.85	\$3,920	-\$384
SET/ADN SF Vision - VSP 2 plan comparable	7/1/2019-6/30/2020	\$10.89	\$19.94	\$38.75	\$27.70	\$7,313	-\$3,777
SET/ADN SF Vision - VSP 2S plan comparable	7/1/2019-6/30/2020	\$13.49	\$25.13	\$49.35	\$35.12	\$9,273	-\$5,737
VSP Choice Plan \$10/\$25 copay-\$130 frame	7/1/2019-6/30/2023	\$7.79	\$11.89	\$21.32	\$15.86	\$4,187	-\$651
MESSA		Solicited and did not provide options					

*All rates include taxes and fees.

*MetLife rates are based on 100% Employer paid and at least 10 covered lives.

*VSP rates assume a minimum employer contribution of 75% toward employees and dependents or 100% participation of employees and dependents enrolled in the medical or dental plan.



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Vision Plan Comparison

Pentwater Public Schools All Employees

Name	CURRENT PLAN Administrators & Support Staff		CURRENT PLAN Teachers		Option 1		Option 2	
	MESSA VSP 2		MESSA VSP 2S		MetLife Vision Plan \$10/\$25 Copay - \$130 Frame		VSP Choice Plan \$10/\$25 copay-\$130 frame	
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2019		7/1/2019-6/30/2021		7/1/2019-6/30/2023	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	100%		100%		100% after \$10 copay		100% after \$10 copay	
Ophthalmologist Exam	100%		100%		100% after \$10 copay		100% after \$10 copay	
Regular Lenses	100%		100%		100% after \$25 copay		100% after \$25 copay	
Bifocal Lenses	100%		100%		100% after \$25 copay		100% after \$25 copay	
Trifocal Lenses	100%		100%		100% after \$25 copay		100% after \$25 copay	
Lenticular Lenses	100%		100%		100% after \$25 copay		100% after \$25 copay	
Frame Allowance	\$65		\$130		\$130 after \$25 copay		\$130 after \$25 copay	
Necessary Contacts	100%		100%		100% after \$25 copay		100% after \$25 copay	
Cosmetic Contacts	\$90		\$110		\$130 after \$25 copay		\$130 after \$25 copay	
Exam Copay	\$6.5		\$6.5		\$10		\$10	
Material Copay	\$18		\$18		\$25		\$25	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$4.99	4	\$5.60	4	\$7.01	4	\$7.79
Two Person (2P)	1	\$10.72	6	\$12.03	7	\$13.18	7	\$11.89
Family (FF)	5	\$16.13	6	\$18.12	11	\$18.76	11	\$21.32
Total Annual Premium	6	\$1,096	16	\$2,440	22	\$3,920	22	\$4,187
Combined Annual Premium	\$3,536		< TOTALS					
Estimated Cost for Benefit Increase - \$					-\$1	-\$384	-\$2	-\$651
Estimated Savings - %						-11%		-18%

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