



Medical Rate Summary
Byron Center Public Schools
All Employees
 Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers with MESSA ABC Plan 1 - \$1400-0%; ABC Mail	Census	15	12	87	114	
MESSA ABC Plan 1 \$1400-0%; ABC Mail Rx	Rate	\$614.04	\$1,381.60	\$1,719.31		\$2,104,437
Teachers with MESSA ABC Plan 1 - \$1400-20%; ABC Mail	Census	17	3	22	42	
MESSA ABC Plan 1 \$1400-20%; ABC Mail Rx	Rate	\$556.45	\$1,252.03	\$1,558.07		\$569,919
Employees with WMHIP Versatile 1	Census	9	4	7	20	
WMHIP PPO Versatile 1 - \$250-10%; \$10/\$40	Rate	\$661.62	\$1,488.63	\$1,852.52		\$298,521
Employees with WMHIP HSA \$1400	Census	6	6	19	31	
WMHIP Flex Blue 2 HSA - \$1400-0%; \$10/\$40	Rate	\$598.77	\$1,347.23	\$1,676.54		\$522,363
	TOTALS:	47	25	135	207	\$3,495,241

Product Name

- BCBSM - Solicited and did not provide ALL EMPLOYEE group quote
- BCN - Solicited and did not provide ALL EMPLOYEE group quote
- Priority Health - Solicited and declined to quote
- MESSA - Did not provide ALL EMPLOYEE group quote



Medical Rate Summary
Byron Center Public Schools
Teachers
 Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers with MESSA ABC Plan 1 - \$1400-0%; ABC Mail	Census	15	12	87	114	
MESSA ABC Plan 1 \$1400-0%; ABC Mail Rx	Rate	\$614.04	\$1,381.60	\$1,719.31		\$2,104,437
Teachers with MESSA ABC Plan 1 - \$1400-20%; ABC Mail	Census	17	3	22	42	
MESSA ABC Plan 1 \$1400-20%; ABC Mail Rx	Rate	\$556.45	\$1,252.03	\$1,558.07		\$569,919
	TOTALS:	32	15	109	156	\$2,674,357

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA ABC Plan 1 \$1400-0%; ABC Mail Rx	\$642	\$1,445	\$1,798	\$2,858,258	-\$183,901
MESSA ABC Plan 1 \$1400-20%; ABC Mail Rx	\$582	\$1,309	\$1,629	\$2,590,237	\$84,120
BCN HMO HSA Plans					
BCN HMO HSA \$1400-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$513	\$1,232	\$1,540	\$2,432,541	\$241,816
BCBSM Simply Blue Plans					
BCBSM SB PPO \$250-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$631	\$1,514	\$1,893	\$2,991,065	-\$316,708
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	\$594	\$1,425	\$1,781	\$2,814,310	-\$139,953
Priority Health - Solicited and declined to quote					

*Current MESSA rates include taxes and fees and are good through 12/31/2021.

*Proposed MESSA rates are good through 12/31/2021.

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

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

*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.



Medical Rate Summary
Byron Center Public Schools
Non Teachers
 Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Employees with WMHIP Versatile 1	Census	9	4	7	20	
WMHIP PPO Versatile 1 - \$250-10%; \$10/\$40	Rate	\$661.62	\$1,488.63	\$1,852.52		\$298,521
Employees with WMHIP HSA \$1400	Census	6	6	19	31	
WMHIP Flex Blue 2 HSA - \$1400-0%; \$10/\$40	Rate	\$598.77	\$1,347.23	\$1,676.54		\$522,363
	TOTALS:	15	10	26	51	\$820,884

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA ABC Plan 1 \$1400-0%; ABC Mail Rx	\$649	\$1,459	\$1,816	\$858,560	-\$37,676
MESSA ABC Plan 1 \$1400-20%; ABC Mail Rx	\$588	\$1,323	\$1,646	\$778,054	\$42,830
MESSA Essentials \$375-20%; Essentials Rx	\$499	\$1,122	\$1,397	\$660,194	\$160,690
BCBSM - Solicited and did not provide NON TEACHER group quote					
BCN - Solicited and did not provide NON TEACHER group quote					
Priority Health - Solicited and declined to quote					

*Current MESSA rates include taxes and fees and are good through 12/31/2021.

*Proposed MESSA rates are good through 12/31/2021.

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.



Dental Rate Summary
Byron Center Public Schools
All Employees
Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers with Medical	Census	28	16	112	\$113.01	\$211,559	1/1/21-12/31/21
MESSA Delta Dental 100%/90%/90%/80% - \$1000/\$2000	Rate	\$36.40	\$69.44	\$138.39			
Teachers without Medical	Census	10	10	32	\$100.25	\$62,554	1/1/21-12/31/21
MESSA Delta Dental 100%/90%/90%/80% - \$1000/\$2000	Rate	\$33.65	\$64.40	\$132.26			
Non-Union Employees with ADN	Census	9	13	41	\$104.71	\$79,159	10/1/2021-9/30/22
ADN 100%/90%/90%/80% - \$1000/\$2000	Rate	\$44.16	\$99.66	\$119.60			
Transportation	Census	25					
No Current Dental Plan	Rate						
TOTALS:		72	39	185		\$353,272	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN SF Dental 100%/90%/90%/80% - \$1000/\$2000	1/1/2022 - 6/30/2022	\$39.40	\$72.50	\$143.40	\$108.76	\$386,320	-\$33,047
BCBSM - Declined to Quote							
Sun Life Dental - Declined to Quote							
Ameritas - Declined to Quote							

***SET ADN SF Dental:**

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.
Rates are based on enrollment and advance self-funded reserve is required.



Dental Rate Summary
Byron Center Public Schools
Non-Union Employees with ADN
Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Non-Union Employees with ADN	Census	9	13	41	\$104.71	\$79,159	10/1/2021-9/30/22
ADN 100%/90%/90%/80% - \$1000/\$2000	Rate	\$44.16	\$99.66	\$119.60			
	TOTALS:	9	13	41		\$79,159	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
MESSA 100%/90%/90%/80% - \$1000/\$2000	1/1/2021 - 12/31/2021	\$44.18	\$83.28	\$161.62	\$128.68	\$97,280	-\$18,121
BCBSM - Declined to Quote							
Sun Life Dental - Declined to Quote							
Ameritas - Declined to Quote							

***SET SEG 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.

Rates are based on enrollment and advance self-funded reserve is required.

***Current MESSA rates include taxes and fees and are good through 12/31/2021.**

***Proposed MESSA rates are good through 12/31/2021.**



Dental Rate Summary
Byron Center Public Schools
Transportation
Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Transportation	Census Rate	25					
	No Current Dental Plan						
	TOTALS:	25					

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
MESSA 100%/90%/90%/80% - \$1000/\$2000	1/1/2021 - 12/31/2021	\$50.00	\$93.70	\$172.45	\$50.00	\$15,000	-\$15,000
BCBSM - Declined to Quote							
Sun Life Dental - Declined to Quote							
Ameritas - Declined to Quote							

***SET SEG 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.

Rates are based on enrollment and advance self-funded reserve is required.

***Proposed MESSA rates are good through 12/31/2021.**



Vision Rate Summary
Byron Center Public Schools
All Employees
Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Employees with VSP 2		Census 4	13	8	\$13.07	\$3,922	1/1/21-12/31/21
	VSP 2	Rate \$5.66	\$12.15	\$18.28			
Employees with VSP 3 G		Census 47	39	185	\$22.85	\$74,311	1/1/21-12/31/21
	VSP 3 G	Rate \$8.51	\$18.27	\$27.46			
TOTALS:		51	52	193		\$78,233	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
EyeMed FF Vision \$5/\$15 Copay - \$100 Frame/\$100 Contacts	1/1/2022 - 12/31/2023	\$6.53	\$12.41	\$18.22	\$15.19	\$53,938	\$24,295
EyeMed FF Vision \$0/\$0 Copay - \$130 Frame/\$140 Contacts	1/1/2022 - 12/31/2023	\$9.16	\$17.40	\$25.65	\$21.36	\$75,869	\$2,364
SET ADN SF Vision \$0/\$0 Copay - \$130 Frame/\$135 Contacts	1/1/2022 - 12/31/2022	\$15.60	\$29.40	\$58.48	\$45.98	\$163,332	-\$85,099
SET ADN SF Vision \$6.50/\$18 Copay - \$65 Frame/\$90 Contacts	1/1/2022 - 12/31/2022	\$11.00	\$20.10	\$39.36	\$31.09	\$110,432	-\$32,199
Sun Life Dental - Declined to Quote							
Ameritas - Declined to Quote							

***SET ADN SF Vision:**

Rates are illustrative and include a \$1.85 per employee per month vision administration fee.
 Rates are based on enrollment and advance self-funded reserve is required.