

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

Medical Rate Summary Armada Area Schools All Employees

Assumed Effective Date: 7/1/22

Current Plans and Segments		1P	2P	FF	Total Annual Cost
All Employees with MESSA	Census	24	18	48	\$1,680,143
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Rate	\$703.93	\$1,583.84	\$1,971.01	
All Employees (BCBSM SB PPO HSA \$1400-0%)	Census	1	2	6	\$176,539
BCBSM SB PPO HSA \$1400-0%; \$5/\$25/\$50 after Ded. Rx	Rate	\$618.13	\$1,483.52	\$1,854.40	
	TOTALS:	25	20	54	\$1.856.682

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings		
BCBSM							
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 after Ded. Rx	\$610.79	\$1,465.88	\$1,832.35	\$1,722,411	\$134,271		
BCBSM SB PPO HSA \$1400-20%; \$10/\$40/\$80 after Ded. Rx	\$527.04	\$1,264.90	\$1,581.12	\$1,486,254	\$370,428		
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$558.45	\$1,340.26	\$1,675.33	\$1,574,811	\$281,871		
BCBSM SB PPO HSA \$1400-0%; Prev \$500 Rider; \$10/\$40/\$80 after Ded. Rx	\$611.06	\$1,466.54	\$1,833.18	\$1,723,188	\$133,494		
SET SEG							
SET SEG MEC (VEBA)	\$74.00	\$148.00	\$222.00	\$201,576	\$1,655,106		
HAP	Solicited and declined to quote						
Priority Health	Solicited and declined to quote						

^{**}SET MEC, provides only essential benefits as required under the ACA. \$200 admin fee and \$74 per enrolled life per month.

*BCBSM/BCN: 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.



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Dental Rate Summary Armada Area Schools All Employees

Assumed Effective Date: 7/1/22

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin (SET LF 80%/80%/80%/60%-\$2000/\$1000)	Census	1	3	11	\$22,703	7/1/21 - 6/30/22
SET LF 80%/80%/80%/60%-\$2000/\$1000	Rate	\$40.50	\$97.20	\$141.80		
Full Time Bus Drivers Without Medical	Census	0	0	0	\$0	1/1/22 - 12/31/22
Delta Dental 80%/80%/80%/60%- \$1000/\$1000	Rate	\$40.47	\$68.85	\$119.37		
Full Time Bus Drivers With Medical	Census	1	0	2	\$3,552	1/1/22 - 12/31/22
Delta Dental 80%/80%/80%/60%- \$1000/\$1000	Rate	\$39.13	\$72.92	\$128.43		
Custodian and Maintenance Without Medical	Census	0	1	2	\$4,026	1/1/22 - 12/31/22
Delta Dental 80%/80%/80%/60%- \$1000/\$1000	Rate	\$38.11	\$73.49	\$131.00		
Custodian and Maintenance With Medical	Census	2	2	5	\$10,149	1/1/22 - 12/31/22
Delta Dental 80%/80%/80%/60%- \$1000/\$1000	Rate	\$37.66	\$69.52	\$126.27		
Teachers With Medical	Census	16	15	40	\$76,923	1/1/22 - 12/31/22
Delta Dental 80%/80%/80%/60%- \$1000/\$1000	Rate	\$33.87	\$64.85	\$122.39		
Office Personnel Without Medical	Census	0	2	3	\$6,584	1/1/22 - 12/31/22
Delta Dental 80%/80%/80%/60%- \$1000/\$1000	Rate	\$39.60	\$74.89	\$132.95		
Office Personnel With Medical	Census	3	1	4	\$10,564	1/1/22 - 12/31/22
Delta Dental 80%/80%/80%/60%- \$1000/\$1000	Rate	\$50.77	\$94.13	\$158.47		
Teachers Without Medical	Census	4	7	24	\$33,302	1/1/22 - 12/31/22
Delta Dental 80%/80%/80%/60%- \$1000/\$1000	Rate	\$25.24	\$48.40	\$97.31		
	TOTALS:	27	31	91	\$167.802	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings		
SET ADN								
SET LF 80%/80%/80%/60%-\$2000/\$1000	7/1/22 - 6/30/23	\$39.29	\$94.28	\$137.55	\$198,007	-\$30,205		
Guardian	Solicited and did not provide options							
MetLife	Uncompetitive; Declined to Quote							
SunLife	Uncompetitive; Declined to Quote							

^{*}SET ADN SF rates are illustrative and include a \$6.35 per employee per month dental administration/network fee. Plans include access to the ADN and DenteMax networks.



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Vision Rate Summary Armada Area Schools All Employees Assumed Effective Date: 7/1/22

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin (NVA Insured Plan \$0/\$0 copays-\$130 Frame)	Census	1	3	12	\$5,141	1/1/21 - 12/31/24
NVA Insured Plan \$0/\$0 Copays -\$130 Frame	Rate	\$8.33	\$16.68	\$30.84		
All Employees with MESSA VSP	Census	26	28	80	\$33,413	1/1/22 - 12/31/22
MESSA VSP 3 \$0/\$0 Copays - \$65 Frame	Rate	\$8.09	\$17.36	\$26.10		
	TOTALS:	27	31	92	\$38,554	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET SF \$0/\$0 Copay: \$130 Frame	7/1/22 - 6/30/23	\$18.48	\$35.11	\$70.25	\$96,604	-\$58,050
Guardian	Solicited with no response					
MetLife	Solicited and declined to quo	ote				
SunLife	Solicited and declined to quo	ote				

^{*}SET ADN SF rates are illustrative and include a \$1.85 per employee per month vision administration fee. These plans do not include a network.