



Medical Rate Summary
Manistee Area Public Schools
All Employees
 Assumed Effective Date: 1/1/2021

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA Choices \$500	Census	7	5	9	21	
MESSA Choices \$500-0%; Saver Rx	Rate	\$673.58	\$1,515.57	\$1,886.03		\$351,206
Teachers Enrolled in MESSA ABC Plan 1 ABC Rx	Census	7	3	8	18	
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Rate	\$601.37	\$1,353.12	\$1,683.85		\$260,877
Teachers Enrolled in MESSA ABC Plan 1 3Tier Mail	Census	4		4	8	
MESSA ABC Plan 1 \$1400-0%; 3Tier Mail	Rate	\$568.39	\$1,278.90	\$1,591.50		\$103,675
Non-Teachers Enrolled in PH POS \$1400	Census	7	1		8	
Priority Health POS HSA \$1400-20%; \$10/\$40/\$80 Rx	Rate	\$552.65	\$1,326.36	\$1,657.95		\$62,339
Non-Teachers Enrolled in PH HMO \$1400-20%	Census	10	3	2	15	
Priority Health HMO HSA \$1400-20%; \$20/\$60/\$80 Rx	Rate	\$511.88	\$1,228.51	\$1,535.64		\$142,507
Non-Teachers Enrolled in PH HMO \$1400-30%	Census	12	4	6	22	
Priority Health HMO HSA \$1400-30%; \$20/\$60/\$80 Rx	Rate	\$488.12	\$1,171.48	\$1,464.36		\$231,954
TOTALS:		47	16	29	92	\$1,152,558

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO Plans					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$562	\$1,349	\$1,686	\$1,162,614	-\$10,056
BCN HMO HSA Plans					
BCN HMO HSA \$1400-0%; \$10/\$40/\$80/20%/20% Rx	\$469	\$1,125	\$1,406	\$969,667	\$182,892
BCBSM Simply Blue Plans					
BCBSM SB PPO \$500-20%; \$2500 ECM; \$15/\$30/\$60 Rx	\$561	\$1,346	\$1,683	\$1,160,622	-\$8,063
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$15/\$30/\$60 Rx	\$515	\$1,236	\$1,545	\$1,065,460	\$87,098
Priority Health HMO HSA Plans					
Priority Health HMO HSA \$1400-20%; \$20/\$60/\$80 Rx	\$446	\$1,071	\$1,338	\$922,955	\$229,603
Priority Health HMO HSA \$1400-30%; \$20/\$60/\$80 Rx	\$425	\$1,019	\$1,274	\$878,269	\$274,289

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health PPO Plans					
Priority Health POS \$500-0%; \$10/\$40 Rx	\$695	\$1,669	\$2,086	\$1,438,562	-\$286,004
Priority Health POS HSA Plans					
Priority Health POS HSA \$1400-20%; \$10/\$40/\$80 Rx	\$481	\$1,154	\$1,443	\$995,156	\$157,402
MESSA	Solicited and did not provide options				

*Priority Health 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.

*MESSA rates include taxes and fees.

*MESSA rates exclude the required \$5,000 Basic Term Life fee of \$1.50.

*BCBSM/BCN 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.



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

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Plan	RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN	
	Teachers Enrolled in MESSA Choices \$500		Teachers Enrolled in MESSA ABC Plan 1 ABC Rx		Teachers Enrolled in MESSA ABC Plan 1 3Tier Mail		Non-Teachers Enrolled in PH POS \$1400		Non-Teachers Enrolled in PH HMO \$1400-20%		Non-Teachers Enrolled in PH HMO \$1400-30%	
	MESSA Choices \$500-0%; Saver Rx		MESSA ABC Plan 1 \$1400-0%; ABC Rx		MESSA ABC Plan 1 \$1400-0%; 3Tier Mail		Priority Health POS HSA \$1400-20%; \$10/\$40/\$80 Rx		Priority Health HMO HSA \$1400-20%; \$20/\$60/\$80 Rx		Priority Health HMO HSA \$1400-30%; \$20/\$60/\$80 Rx	
Rate Period	1/1/2021-12/31/2021		1/1/2021-12/31/2021		1/1/2021-12/31/2021		10/1/2020-9/30/2021		10/1/2020-9/30/2021		10/1/2020-9/30/2021	
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		\$1,400		\$1,400	
Annual Deductible - 2P/FF	\$1,000		\$2,800		\$2,800		\$2,800		\$2,800		\$2,800	
Additional Cost After Deductible												
Employee Coinsurance after Deductible	0%		0%		0%		20%		20%		30%	
Coinsurance Max - 1P	N/A		N/A		N/A		N/A		N/A		N/A	
Coinsurance Max - 2P/FF	N/A		N/A		N/A		N/A		N/A		N/A	
Out of Pocket Maximum												
Max ded, coinsurance, copays - 1P	Med Max:\$1,500 Rx Max: \$3,000		\$2,350		\$3,350		\$2,000		\$2,000		\$2,300	
Max ded, coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$6,000		\$4,700		\$6,700		\$4,000		\$4,000		\$4,600	
Copayments												
Office Visit/Specialist	\$20/\$20 after Ded.		0% after Ded.		0% after Ded.		20% after Ded.		20% after Ded.		30% after Ded.	
Urgent Care/ER	\$25/\$50 after Ded.		0% after Ded.		0% after Ded.		20% after Ded.		20% after Ded.		30% after Ded.	
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance		38/0% after Ded.		38/0% after Ded.		30/20% after Ded.		30/20% after Ded.		30/30% after Ded.	
Rx Copay	Saver Rx		ABC Rx		3-Tier Rx w/Mandatory Mail		\$10/\$40/\$80 after Ded.		\$20/\$60/\$80 after Ded.		\$20/\$60/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	7	\$673.58	7	\$601.37	4	\$568.39	7	\$552.65	10	\$511.88	12	\$488.12
Two Person (2P)	5	\$1,515.57	3	\$1,353.12	0	\$1,278.90	1	\$1,326.36	3	\$1,228.51	4	\$1,171.48
Family (FF)	9	\$1,886.03	8	\$1,683.85	4	\$1,591.50	0	\$1,657.95	2	\$1,535.64	6	\$1,464.36
Total Annual Premium	21	\$351,206	18	\$260,877	8	\$103,675	8	\$62,339	15	\$142,507	22	\$231,954
One Person Cost Share												
One Person Rate	\$673.58		\$601.37		\$568.39		\$552.65		\$511.88		\$488.12	
One Person PA 152 Cap	\$586.99		\$586.99		\$586.99		\$586.99		\$586.99		\$586.99	
One Person Monthly Cost	\$86.59		\$14.38		-\$18.60		-\$34.34		-\$75.11		-\$98.87	
Two Person Cost Share												
Two Person Rate	\$1,515.57		\$1,353.12		\$1,278.90		\$1,326.36		\$1,228.51		\$1,171.48	
Two Person PA 152 Cap	\$1,227.58		\$1,227.58		\$1,227.58		\$1,227.58		\$1,227.58		\$1,227.58	
Two Person Monthly Cost	\$287.99		\$125.54		\$51.32		\$98.78		\$0.93		-\$56.10	
Family Cost Share												
Family Rate	\$1,886.03		\$1,683.85		\$1,591.50		\$1,657.95		\$1,535.64		\$1,464.36	
Family PA 152 Cap	\$1,600.89		\$1,600.89		\$1,600.89		\$1,600.89		\$1,600.89		\$1,600.89	
Family Monthly Cost	\$285.14		\$82.96		-\$9.39		\$57.06		-\$65.25		-\$136.53	

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*MESSA rates include taxes and fees.

*MESSA rates exclude the required \$5,000 Basic Term Life fee of \$1.50.

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All Employees
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Plan	Option 1		Option 2		Option 3		Option 4		Option 5	
	BCBSM SB PPO \$500-20%; \$2500 ECM; \$15/\$30/\$60 Rx		BCBSM SB PPO HSA \$1400-0%; \$15/\$30/\$60 Rx		Priority Health POS \$500-0%; \$10/\$40 Rx		Priority Health POS HSA \$1400-20%; \$10/\$40/\$80 Rx		Priority Health HMO HSA \$1400-30%; \$20/\$60/\$80 Rx	
Rate Period	1/1/2021-12/31/2021		1/1/2021-12/31/2021		1/1/2021-12/31/2021		1/1/2021-12/31/2021		1/1/2021-12/31/2021	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network	
Deductible										
Annual Deductible - 1P	\$500		\$1,400		\$500		\$1,400		\$1,400	
Annual Deductible - 2P/FF	\$1,000		\$2,800		\$1,000		\$2,800		\$2,800	
Additional Cost After Deductible										
Employee Coinsurance after Deductible	20%		0%		0%		20%		30%	
Coinsurance Max - 1P	\$2,500		N/A		N/A		N/A		N/A	
Coinsurance Max - 2P/FF	\$5,000		N/A		N/A		N/A		N/A	
Out of Pocket Maximum										
Max ded, coinsurance, copays - 1P	\$8,150		\$4,000		\$8,150		\$2,000		\$2,300	
Max ded, coinsurance, copays - 2P/FF	\$16,300		\$8,000		\$16,300		\$4,000		\$4,600	
Copayments										
Office Visit/Specialist	\$20/\$20		0% after Ded.		\$20/\$20		20% after Ded.		30% after Ded.	
Urgent Care/ER	\$20/\$150		0% after Ded.		\$20/\$50		20% after Ded.		30% after Ded.	
Chiropractic Limit/Copay	12/\$20		12/0% after Ded.		30/\$20		30/20% after Ded.		30/30% after Ded.	
Rx Copay	\$15/\$30/\$60		\$15/\$30/\$60 after Ded.		\$10/\$40		\$10/\$40/\$80 after Ded.		\$20/\$60/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	47	\$561.01	47	\$515.02	47	\$695.36	47	\$481.03	47	\$424.53
Two Person (2P)	16	\$1,346.43	16	\$1,236.03	16	\$1,668.87	16	\$1,154.48	16	\$1,018.88
Family (FF)	29	\$1,683.04	29	\$1,545.03	29	\$2,086.08	29	\$1,443.09	29	\$1,273.59
Total Annual Premium	92	\$1,160,622	92	\$1,065,460	92	\$1,438,562	92	\$995,156	92	\$878,269
One Person Cost Share										
One Person Rate	\$561.01		\$515.02		\$695.36		\$481.03		\$424.53	
One Person PA 152 Cap	\$586.99		\$586.99		\$586.99		\$586.99		\$586.99	
One Person Monthly Cost	-\$25.98		-\$71.97		\$108.37		-\$105.96		-\$162.46	
Two Person Cost Share										
Two Person Rate	\$1,346.43		\$1,236.03		\$1,668.87		\$1,154.48		\$1,018.88	
Two Person PA 152 Cap	\$1,227.58		\$1,227.58		\$1,227.58		\$1,227.58		\$1,227.58	
Two Person Monthly Cost	\$118.85		\$8.45		\$441.29		-\$73.10		-\$208.70	
Family Cost Share										
Family Rate	\$1,683.04		\$1,545.03		\$2,086.08		\$1,443.09		\$1,273.59	
Family PA 152 Cap	\$1,600.89		\$1,600.89		\$1,600.89		\$1,600.89		\$1,600.89	
Family Monthly Cost	\$82.15		-\$55.86		\$485.19		-\$157.80		-\$327.30	

*BCBSM & Priority Health 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 quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.



Dental Rate Summary
Manistee Area Public Schools
All Employees
Assumed Effective Date: 1/1/2021

Current Plan(s) and Segment:	1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators	Census 3	1	11	\$101.33	\$18,240	7/1/2020-6/30/2021
SET/ADN SF Dental i70/i70/80/50; \$1500/\$1500	Rate \$33.30	\$61.26	\$123.53			
Clerical, Custodial, Food Service, Mechanics and Secretaries	Census 3	1		\$23.88	\$1,146	7/1/2020-6/30/2021
SET/ADN SF Dental 100/i70/50; \$1000/No Ortho	Rate \$20.17	\$34.99	\$66.87			
Transportation	Census 11	4		\$55.46	\$9,982	10/1/2020-9/30/2021
BCBSM Dental 100/80/50/50; \$1000/\$1000	Rate \$43.78	\$87.57	\$153.24			
Teachers w/ Medical	Census 18	8	21	\$55.14	\$31,099	1/1/2021-12/31/2021
MESSA Dental 60/60/50/60; \$1500/\$2000	Rate \$22.53	\$43.36	\$87.58			
Teachers w/o Medical	Census 11	6	14	\$73.11	\$27,199	1/1/2021-12/31/2021
MESSA Dental 75/75/60/75; \$1500/\$2000	Rate \$28.37	\$55.57	\$115.79			
TOTALS:	46	20	46		\$87,666	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN SF 75/75/60/75; \$1500/\$2000	1/1/2021-6/30/2021	\$24.95	\$43.55	\$83.55	\$52.34	\$70,344	\$17,322
SET ADN SF 100/80/50/50; \$1000/\$1000	1/1/2021-6/30/2021	\$29.26	\$51.17	\$101.44	\$62.82	\$84,427	\$3,239
MetLife		Solicited and declined to quote					
BCBSM		Solicited and declined to quote					
MESSA		Solicited and did not provide options					

*MESSA rates include taxes and fees.

*SETSEG SF/ADN current rates are illustrative and include a \$5.35 per employee per month dental administration/network fee. The plan includes access to the ADN network.

*SETSEG SF/ADN proposed 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/AND proposed rates are based on enrollment and advance self-funded reserve is required.



Vision Rate Summary
Manistee Area Public Schools
All Employees
Assumed Effective Date: 1/1/2021

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Custodians & Support	Census	3		1	\$9.65	\$463	7/1/2020-6/30/2021
SET/ADN SF Vision \$0/\$0 Copay - \$50 Frame	Rate	\$6.20	\$10.54	\$20.01			
Food Service	Census	1	1	1	\$10.08	\$363	7/1/2020-6/30/2021
SET/ADN SF Vision \$0/\$0 Copay - \$110 Frame	Rate	\$5.33	\$8.82	\$16.09			
Mechanics	Census		1		\$6.58	\$79	7/1/2020-6/30/2021
SET/ADN LF Vision \$0/\$0 Copay - \$18 Frame	Rate	\$4.21	\$6.58	\$11.52			
Transportation	Census	5	2		\$8.46	\$711	7/1/2020-6/30/2021
SET/ADN LF Vision \$0/\$0 Copay - \$50 Frame	Rate	\$5.65	\$15.50	\$15.50			
Teachers w/ Medical	Census	25	11	21	\$11.56	\$7,908	1/1/2021-12/31/2021
MESSA VSP 2 \$6.50/\$18 Copay - \$65 Frame	Rate	\$5.66	\$12.15	\$18.28			
Teachers w/o Medical	Census	3	3	14	\$20.75	\$4,979	1/1/2021-12/31/2021
MESSA VSP 3 \$0/\$0 Copay - \$65 Frame	Rate	\$7.59	\$16.30	\$24.52			
Administrators, Supervisors & Superintendent	Census	3	2	10	\$19.55	\$3,519	10/1/2020-9/30/2024
EyeMed SF Vision \$0/\$0 Copay - \$130 Frame	Rate	\$8.49	\$16.44	\$23.49			
Secretaries	Census	3	1		\$8.89	\$427	11/1/2020-10/31/2024
EyeMed SF Vision \$0/\$0 Copay - \$80 Frame	Rate	\$7.22	\$13.89	\$19.94			
TOTALS:		43	21	47		\$18,450	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN SF Vision \$6.5/\$18 Copay - \$65 Frame	1/1/2021-6/30/2021	\$10.99	\$20.13	\$39.21	\$24.67	\$32,858	-\$14,409
SET ADN SF Vision \$0/\$0 Copay - \$65 Frame	1/1/2021-6/30/2021	\$12.68	\$23.51	\$46.12	\$28.89	\$38,479	-\$20,030
EyeMed SF Vision \$0/\$0 Copay - \$65 Frame	1/1/2021-12/31/2024	\$5.69	\$11.19	\$16.49	\$11.30	\$15,056	\$3,393
NVA		Solicited and declined to quote					
VSP		Solicited and declined to quote					
MESSA		Solicited and did not provide options					

*SETSEG SF/ADN rates are illustrative and include a \$1.85 per employee per month vision administration fee.

*EyeMed rates are illustrative and include a \$2.00 pepm vision administration/network fee.