



Medical Rate Summary
Bellaire Public Schools
All Employees 2020 Options
 Assumed Effective Date: 1/1/2020

| Current Plan(s) and Segment: | | 1P | 2P | FF | | Total Annual Cost |
|--|---------------|----------|------------|------------|----|-------------------|
| All Employees Enrolled in PAK A MESSA Choices 500 | Census | 2 | 4 | 5 | 11 | |
| MESSA Choices \$500-0%; Saver Rx | Rate | \$720.12 | \$1,618.40 | \$2,013.65 | | \$215,785 |
| All Employees Enrolled in PAK C MESSA ABC Plan 1 | Census | 1 | 2 | 13 | 16 | |
| MESSA ABC Plan 1 \$1400-0%; ABC Rx | Rate | \$643.08 | \$1,445.06 | \$1,797.94 | | \$322,877 |
| TOTALS: | | 3 | 6 | 18 | 27 | \$538,662 |

| Product Name | 1P Rate | 2P Rate | FF Rate | Total Annual Cost | Estimated Annual Savings |
|--|---------------------------------------|---------|---------|-------------------|--------------------------|
| BCBSM Small Group HSA Plans | | | | | |
| Simply Blue HSA PPO Gold \$1500-20% | \$575 | \$1,203 | \$1,569 | \$446,126 | \$92,536 |
| BCBSM Small Group PPO Plans | | | | | |
| BCBSM SG SB Gold PPO \$500-20% | \$616 | \$1,289 | \$1,681 | \$478,051 | \$60,611 |
| BCN Small Group HMO Plans | | | | | |
| BCN HMO Platinum \$500 | \$546 | \$1,142 | \$1,489 | \$423,621 | \$115,041 |
| BCN Small Group HSA Plans | | | | | |
| BCN HSA HMO Gold \$1500 | \$491 | \$1,026 | \$1,338 | \$380,478 | \$158,184 |
| Priority Health Small Group Options | | | | | |
| Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx | \$557 | \$1,164 | \$1,518 | \$431,664 | \$106,998 |
| Priority Health POS 1000-20%; \$5/\$20/\$60/\$80/20%/20% Rx | \$545 | \$1,139 | \$1,485 | \$422,355 | \$116,307 |
| Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx | \$523 | \$1,094 | \$1,426 | \$405,649 | \$133,013 |
| Priority Health POS HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx | \$496 | \$1,038 | \$1,353 | \$384,824 | \$153,838 |
| McLaren | Solicited and declined to quote | | | | |
| MESSA | Solicited and did not provide options | | | | |

*MESSA rates include taxes and fees.

| Product Name | 1P Rate | 2P Rate | FF Rate | Total Annual Cost | Estimated Annual Savings |
|--------------|---------|---------|---------|----------------------|--------------------------------|
|--------------|---------|---------|---------|----------------------|--------------------------------|

*BCBSM, BCN and 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/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.



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

**Bellaire Public Schools
All Employees 2020 Options
Assumed Effective Date: 1/1/2020**

| | RENEWAL PLAN | | RENEWAL PLAN | | Option 1 | | Option 2 | | Option 3 | |
|---|--|------------|---|------------|---|------------|--|------------|---|------------|
| | All Employees Enrolled in PAK A MESSA Choices 500 | | All Employees Enrolled in PAK C MESSA ABC Plan 1 | | Simply Blue HSA PPO Gold \$1500- 20% | | Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx | | Priority Health POS HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx | |
| Plan | MESSA Choices \$500-0%; Saver 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 | |
| Purchased Plan Features | In Network | | In Network | | In Network | | In Network | | In Network | |
| Deductible | | | | | | | | | | |
| Annual Deductible - 1P | \$500 | | \$1,400 | | \$1,500 | | \$1,400 (aggregate) | | \$2,300 (aggregate) | |
| Annual Deductible - 2P/FF | \$1,000 | | \$2,800 | | \$3,000 | | \$2,800 (aggregate) | | \$4,600 (aggregate) | |
| Additional Cost After Deductible | | | | | | | | | | |
| Employee Coinsurance after Deductible | 0% | | 0% | | 20% | | 10% | | 0% | |
| Coinsurance Max - 1P | N/A | | N/A | | N/A | | N/A | | N/A | |
| Coinsurance Max - 2P/FF | 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: \$1,000 | | \$2,400 | | \$3,000 | | \$3,500 (aggregate) | | \$4,600 (embedded) | |
| Max ded, coinsurance, copays - 2P/FF | Med Max: \$3,000 Rx Max: \$2,000 | | \$4,800 | | \$6,000 | | \$7,000 (aggregate) | | \$9,200 (embedded) | |
| Copayments | | | | | | | | | | |
| Office Visit/Specialist | \$20/\$20 after Ded. | | 0% after Ded. | | 20% after Ded. | | 10% after Ded. | | 0% after Ded. | |
| Urgent Care/ER | \$25/\$50 after Ded. | | 0% after Ded. | | 20% after Ded. | | 10% after Ded. | | 0% after Ded. | |
| Chiropractic Limit/Copay | 38/Subject to Deductible and Coinsurance | | 38/0% after Ded. | | 30/20% after Ded. (combined with PT and OT) | | 30/10% after Ded. (combined with PT and OT) | | 30/0% after Ded. (combined with PT and OT) | |
| Rx Copay | Saver Rx | | ABC Rx | | \$10/\$40/\$80/15%/25% after Ded. | | \$5/\$20/\$60/\$80/20%/20% after Ded. | | \$5/\$20/\$60/\$80/20%/20% after Ded. | |
| Total Monthly Costs | Census | Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates |
| One Person (1P) | 2 | \$720.12 | 1 | \$643.08 | 3 | \$575.15 | 3 | \$522.97 | 3 | \$496.12 |
| Two Person (2P) | 4 | \$1,618.40 | 2 | \$1,445.06 | 6 | \$1,202.82 | 6 | \$1,093.69 | 6 | \$1,037.54 |
| Family (FF) | 5 | \$2,013.65 | 13 | \$1,797.94 | 18 | \$1,568.60 | 18 | \$1,426.28 | 18 | \$1,353.06 |
| Total Annual Premium | 11 | \$215,785 | 16 | \$322,877 | 27 | \$446,126 | 27 | \$405,649 | 27 | \$384,824 |
| Combined Current Lives | 27 | | < TOTALS | | | | | | | |
| Combined Annual Premium | \$538,662 | | < TOTALS | | | | | | | |
| One Person Cost Share | | | | | | | | | | |
| One Person Rate | \$720.12 | | \$643.08 | | \$575.15 | | \$522.97 | | \$496.12 | |
| One Person PA 152 Cap | \$568.24 | | \$568.24 | | \$568.24 | | \$568.24 | | \$568.24 | |
| One Person Monthly Cost | \$151.88 | | \$74.84 | | \$6.91 | | -\$45.27 | | -\$72.12 | |
| Two Person Cost Share | | | | | | | | | | |
| Two Person Rate | \$1,618.40 | | \$1,445.06 | | \$1,202.82 | | \$1,093.69 | | \$1,037.54 | |
| Two Person PA 152 Cap | \$1,188.36 | | \$1,188.36 | | \$1,188.36 | | \$1,188.36 | | \$1,188.36 | |
| Two Person Monthly Cost | \$430.04 | | \$256.70 | | \$14.46 | | -\$94.67 | | -\$150.82 | |
| Family Cost Share | | | | | | | | | | |
| Family Rate | \$2,013.65 | | \$1,797.94 | | \$1,568.60 | | \$1,426.28 | | \$1,353.06 | |
| Family PA 152 Cap | \$1,549.75 | | \$1,549.75 | | \$1,549.75 | | \$1,549.75 | | \$1,549.75 | |
| Family Monthly Cost | \$463.90 | | \$248.19 | | \$18.85 | | -\$123.47 | | -\$196.69 | |

*MESSA rates include taxes and fees.

*BCBSM, BCN and 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/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.



Dental Rate Summary
Bellaire Public Schools
All Employees
Assumed Effective Date: 1/1/2020

| Current Plan(s) and Segment: | | 1P | 2P | FF | Monthly Composite | Total Annual Cost | Rate Period |
|--------------------------------------|--------|----------|----------|-----------|-------------------|-------------------|---------------------|
| PAK A & C Administrator Employees | Census | | | 2 | \$139.89 | \$3,357 | 1/1/2020-12/31/2020 |
| MESSA Dental 80/80/80/80; 1500/2900 | Rate | \$33.33 | \$70.07 | \$139.89 | | | |
| PAK B Administrator Employees | Census | | | | | | 1/1/2020-12/31/2020 |
| MESSA Dental 100/90/90/90; 1500/3200 | Rate | \$35.50 | \$67.71 | \$141.26 | | | |
| PAK A & C Support Staff Employees | Census | | 2 | 1 | \$77.02 | \$2,773 | 1/1/2020-12/31/2020 |
| MESSA Dental 80/80/80/80; 1000/1300 | Rate | \$31.06 | \$59.03 | \$112.99 | | | |
| PAK B Support Staff Employees | Census | | 1 | 1 | \$78.57 | \$1,886 | 1/1/2020-12/31/2020 |
| MESSA Dental 80/80/80/80; 1000/1300 | Rate | \$26.93 | \$54.78 | \$102.36 | | | |
| PAK A & C Teachers Employees | Census | 3 | 4 | 15 | \$115.29 | \$30,436 | 1/1/2020-12/31/2020 |
| MESSA Dental 100/80/80/80; 1500/2900 | Rate | \$34.87 | \$66.74 | \$144.32 | | | |
| PAK B Teachers Employees | Census | 2 | 1 | | \$43.29 | \$1,558 | 1/1/2020-12/31/2020 |
| MESSA Dental 100/90/90/90; 1500/3200 | Rate | \$32.47 | \$64.93 | \$146.09 | | | |
| TOTALS: | | 5 | 8 | 19 | | \$40,011 | |

| Product Name | Rate Period | 1P Rate | 2P Rate | FF Rate | Monthly Composite | Total Cost | Estimated Annual Savings |
|---|---------------------|---------------------------------------|---------|----------|-------------------|-------------|--------------------------|
| SET/ADN SF Dental 80/80/80/80; 1500/2900 | 1/1/2020-12/31/2020 | \$32.80 | \$59.25 | \$115.12 | \$88.29 | \$33,903 | \$6,107 |
| SET/ADN SF Dental 100/90/90/90; 1500/3200 | 1/1/2020-12/31/2020 | \$43.03 | \$79.71 | \$157.21 | \$119.99 | \$46,078 | -\$6,067 |
| SET/ADN SF Dental 80/80/80/80; 1000/1300 | 1/1/2020-12/31/2020 | \$27.86 | \$49.37 | \$94.80 | \$72.98 | \$28,026 | \$11,985 |
| SET/ADN SF Dental 100/80/80/80; 1500/2900 | 1/1/2020-12/31/2020 | \$38.64 | \$70.93 | \$139.15 | \$106.39 | \$40,853.88 | -\$843 |
| MetLife Dental 100/80/80/50; 1500/2000 | 1/1/2020-12/31/2020 | \$44.61 | \$84.91 | \$145.04 | \$114.32 | \$43,897 | -\$3,887 |
| SunLife | | Solicited and declined to quote | | | | | |
| MESSA | | Solicited and did not provide options | | | | | |

*MESSA and MetLife 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
Bellaire Public Schools
All Employees

| | CURRENT PLAN | | CURRENT PLAN | | CURRENT PLAN | | CURRENT PLAN | | CURRENT PLAN | | Option 1 | | Option 2 | | Option 3 | | Option 4 | | | |
|--|-------------------------------------|----------|--------------------------------------|----------|-------------------------------------|----------|-------------------------------------|----------|--------------------------------------|----------|--------------------------------------|----------|--|----------|---|----------|--|----------|---|----------|
| | PAK A & C Administrator Employees | | PAK B Administrator Employees | | PAK A & C Support Staff Employees | | PAK B Support Staff Employees | | PAK A & C Teachers Employees | | PAK B Teachers Employees | | | | | | | | | |
| Name | MESSA Dental 80/80/80/80; 1500/2900 | | MESSA Dental 100/90/90/90; 1500/3200 | | MESSA Dental 80/80/80/80; 1000/1300 | | MESSA Dental 80/80/80/80; 1000/1300 | | MESSA Dental 100/80/80/80; 1500/2900 | | MESSA Dental 100/90/90/90; 1500/3200 | | SET/ADN SF Dental 80/80/80/80; 1500/2900 | | SET/ADN SF Dental 100/90/90/90; 1500/3200 | | SET/ADN SF Dental 80/80/80/80; 1000/1300 | | SET/ADN SF Dental 100/80/80/80; 1500/2900 | |
| 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 | | 1/1/2020-12/31/2020 | | 1/1/2020-12/31/2020 | |
| Purchased Plan Features | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | |
| Prevent % | 80% | | 100% | | 80% | | 80% | | 100% | | 100% | | 80% | | 100% | | 80% | | 100% | |
| Basic % | 80% | | 90% | | 80% | | 80% | | 80% | | 90% | | 80% | | 90% | | 80% | | 80% | |
| Major % | 80% | | 90% | | 80% | | 80% | | 80% | | 90% | | 80% | | 90% | | 80% | | 80% | |
| Ortho % | 80% | | 90% | | 80% | | 80% | | 80% | | 90% | | 80% | | 90% | | 80% | | 80% | |
| Basic Ded | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | |
| Major Ded | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | |
| Ortho Ded | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | |
| Bas/Maj Max | \$1,500 | | \$1,500 | | \$1,000 | | \$1,000 | | \$1,500 | | \$1,500 | | \$1,500 | | \$1,500 | | \$1,000 | | \$1,500 | |
| Ortho Max | \$2,900 | | \$3,200 | | \$1,300 | | \$1,300 | | \$2,900 | | \$3,200 | | \$2,900 | | \$3,200 | | \$1,300 | | \$2,900 | |
| Sealants Covered | No | | No | | No | | No | | No | | No | | No | | No | | No | | No | |
| Implants Covered | Endosteal Only | | Endosteal Only | | Endosteal Only | | Endosteal Only | | Endosteal Only | | Endosteal Only | | No | | No | | No | | No | |
| Purchased Plan Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates |
| One Person (1P) | 0 | \$33.33 | 0 | \$35.50 | 0 | \$31.06 | 0 | \$26.93 | 3 | \$34.87 | 2 | \$32.47 | 5 | \$32.80 | 5 | \$43.03 | 5 | \$27.86 | 5 | \$38.64 |
| Two Person (2P) | 0 | \$70.07 | 0 | \$67.71 | 2 | \$59.03 | 1 | \$54.78 | 4 | \$66.74 | 1 | \$64.93 | 8 | \$59.25 | 8 | \$79.71 | 8 | \$49.37 | 8 | \$70.93 |
| Family (FF) | 2 | \$139.89 | 0 | \$141.26 | 1 | \$112.99 | 1 | \$102.36 | 15 | \$144.32 | 0 | \$146.09 | 19 | \$115.12 | 19 | \$157.21 | 19 | \$94.80 | 19 | \$139.15 |
| Total Annual Premium | 2 | \$3,357 | 0 | \$0 | 3 | \$2,773 | 2 | \$1,886 | 22 | \$30,436 | 3 | \$1,558 | 32 | \$33,903 | 32 | \$46,078 | 32 | \$28,026 | 32 | \$40,854 |
| Combined Annual Premium | \$40,011 | | < TOTALS | | < TOTALS | | < TOTALS | | < TOTALS | | < TOTALS | | | | | | | | | |
| Estimated Cost for Benefit Increase - \$ | | | | | | | | | | | | | \$16 | \$6,107 | -\$16 | -\$6,067 | \$31 | \$11,985 | -\$2 | -\$843 |
| Estimated Savings - % | | | | | | | | | | | | | 15% | | -15% | | 30% | | -2% | |

*MESSA and MetLife 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
Bellaire Public Schools
All Employees
Assumed Effective Date: 1/1/2020

| Current Plan(s) and Segment: | | 1P | 2P | FF | Monthly Composite | Total Annual Cost | Rate Period |
|------------------------------|------------------|---------------|----------|----------|-------------------|-------------------|---------------------|
| Teachers & Administrators | | Census | 5 | 5 | 17 | \$26.33 | 1/1/2020-12/31/2020 |
| | MESSA VSP 3 Plus | Rate | \$10.06 | \$21.60 | \$32.51 | | |
| Support Staff | | Census | 3 | 2 | | \$19.59 | 1/1/2020-12/31/2020 |
| | MESSA VSP 3 | Rate | \$7.59 | \$16.30 | \$24.52 | \$1,175 | |
| TOTALS: | | | 5 | 8 | 19 | \$9,707 | |

| Product Name | Rate Period | 1P Rate | 2P Rate | FF Rate | Monthly Composite | Total Cost | Estimated Annual Savings |
|--|---------------------|---------------------------------------|---------|---------|-------------------|------------|--------------------------|
| SET/ADN SF Vision \$0/\$0 Copay - \$80 Frame | 1/1/2020-12/31/2020 | \$16.32 | \$30.79 | \$60.90 | \$46.41 | \$17,820 | -\$8,113 |
| SET/ADN SF Vision \$0/\$0 Copay - \$65 Frame | 1/1/2020-12/31/2020 | \$12.57 | \$23.28 | \$45.57 | \$34.84 | \$13,379 | -\$3,672 |
| MetLife Vision \$10/\$25 Copay - \$130 Frame | 1/1/2020-12/31/2021 | \$6.89 | \$12.95 | \$18.43 | \$15.26 | \$5,859 | \$3,848 |
| Eyemed Vision \$0/\$0 Copay - \$80 Frame | 1/1/2020-12/31/2023 | \$8.15 | \$15.48 | \$22.73 | \$18.64 | \$7,158 | \$2,549 |
| MESSA | | Solicited and did not provide options | | | | | |
| SunLife | | Solicited and declined to quote | | | | | |

*MESSA rates include taxes and fees.

*MetLife and Eyemed 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.



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Vision Plan Comparison

Bellaire Public Schools
All Employees

| | CURRENT PLAN Teachers & Administrators | | CURRENT PLAN Support Staff | | Option 1 | | Option 2 | |
|---|---|----------------|-------------------------------|----------------|--|----------------|------------------------------------|----------------|
| Name | MESSA VSP 3 Plus | | MESSA VSP 3 | | MetLife Vision \$10/\$25 Copay - \$130 | | Eyemed Vision \$0/\$0 Copay - \$80 | |
| Rate Period | 1/1/2020-12/31/2020 | | 1/1/2020-12/31/2020 | | 1/1/2020-12/31/2021 | | 1/1/2020-12/31/2023 | |
| Purchased Plan Features | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | | Coverage Allowance | |
| Optometrist Exam | 100% | | 100% | | \$10 copay - 100% coverage | | 100% | |
| Ophthalmologist Exam | 100% | | 100% | | \$10 copay - 100% coverage | | 100% | |
| Regular Lenses | 100% | | 100% | | \$25 copay - 100% coverage | | 100% | |
| Bifocal Lenses | 100% | | 100% | | \$25 copay - 100% coverage | | 100% | |
| Trifocal Lenses | 100% | | 100% | | \$25 copay - 100% coverage | | 100% | |
| Lenticular Lenses | 100% | | 100% | | \$25 copay - 100% coverage | | 100% | |
| Frame Allowance | \$80 | | \$65 | | Covered up to \$130 | | Covered up to \$80 | |
| Necessary Contacts | 100% | | 100% | | \$25 copay - 100% | | 100% | |
| Cosmetic Contacts | \$200 | | \$115 | | Covered up to \$130 | | Covered up to \$200 | |
| Exam Copay | \$0 | | \$0 | | \$10 | | \$0 | |
| Material Copay | \$0 | | \$0 | | \$25 | | \$0 | |
| Purchased Plan Rates | Census | Rates | Census | Rates | Census | Rates | Census | Rates |
| One Person (1P) | 5 | \$10.06 | 0 | \$7.59 | 5 | \$6.89 | 5 | \$8.15 |
| Two Person (2P) | 5 | \$21.60 | 3 | \$16.30 | 8 | \$12.95 | 8 | \$15.48 |
| Family (FF) | 17 | \$32.51 | 2 | \$24.52 | 19 | \$18.43 | 19 | \$22.73 |
| Total Annual Premium | 27 | \$8,532 | 5 | \$1,175 | 32 | \$5,859 | 32 | \$7,158 |
| Combined Annual Premium | \$9,707 | | < TOTALS | | | | | |
| Estimated Cost for Benefit Increase - \$ | | | | | \$10 | \$3,848 | \$7 | \$2,549 |
| Estimated Savings - % | | | | | | 40% | | 26% |

*MESSA rates include taxes and fees.

*MetLife and Eyemed rates include taxes and fees.