



**Medical Rate Summary**  
**Buckley Community Schools**  
**All Employees Options**  
 Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
<b>PAK A Teachers &amp; Support Staff Enrolled in MESSA Choices \$500</b>	<b>Census</b>	4	4	9	17	
MESSA Choices \$500-0%; Saver Rx	<b>Rate</b>	\$657.65	\$1,477.86	\$1,838.72		\$301,086
<b>PAK A Principals, Admin. Secretaries &amp; Superintendent Enrolled in MESSA Choices \$500</b>	<b>Census</b>			1	1	
MESSA Choices \$500-0%; Saver Rx	<b>Rate</b>	\$657.65	\$1,477.86	\$1,838.72		\$22,065
<b>PAK C Teachers &amp; Support Staff Enrolled in MESSA ABC Plan 1 \$1350</b>	<b>Census</b>	3	4	3	10	
MESSA ABC Plan 1 \$1350-0%; ABC Rx	<b>Rate</b>	\$570.56	\$1,281.90	\$1,594.86		\$139,486
	<b>TOTALS:</b>	7	8	13	28	<b>\$462,637</b>

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
<b>BCBSM Small Group HSA Plans</b>					
Simply Blue HSA PPO Gold \$1350-20%; \$10/\$40/\$80/15%/25% Rx	\$589	\$1,231	\$1,605	\$417,985	\$44,652
<b>BCBSM Small Group PPO Plans</b>					
BCBSM SG SB Gold PPO \$500-20%; \$20/\$60/50%/20%/25% Rx	\$625	\$1,308	\$1,706	\$444,178	\$18,459
BCBSM SG SB Gold PPO \$1000-20%; \$15/\$50/50%/20%/25% Rx	\$598	\$1,250	\$1,630	\$424,437	\$38,200
<b>BCN Small Group HMO Plans</b>					
BCN HMO Gold \$500	\$655	\$1,370	\$1,786	\$465,137	-\$2,499
BCN HMO Gold \$1000	\$560	\$1,171	\$1,527	\$397,556	\$65,082
<b>BCN Small Group HSA Plans</b>					
BCN HSA HMO Gold \$1350-20%	\$500	\$1,045	\$1,362	\$354,768	\$107,869
<b>Priority Health Small Group Options</b>					
Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$570	\$1,193	\$1,556	\$405,100	\$57,537
Priority Health POS HSA 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$518	\$1,083	\$1,413	\$367,910	\$94,728
<b>MESSA</b>					
	Solicited and did not provide options				

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
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\*Current MESSA rates include taxes and fees.

\*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.

\*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.

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



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**Buckley Community Schools  
All Employees Options  
Assumed Effective Date: 7/1/2019**

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	PAK A Teachers & Support Staff Enrolled in MESSA Choices \$500		PAK A Principals, Admin. Secretaries & Superintendent Enrolled in MESSA Choices \$500		PAK C Teachers & Support Staff Enrolled in MESSA ABC Plan 1 \$1350		BCBSM SG SB Gold PPO \$500-20%; \$20/\$60/50%/20%/25% Rx		Simply Blue HSA PPO Gold \$1350-20%; \$10/\$40/\$80/15%/25% Rx		Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx		Priority Health POS HSA 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	
Rate Period	1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible	\$500		\$500		\$1,350		\$500		\$1,350		\$500		\$1,400	
Annual Deductible - 1P	\$1,000		\$1,000		\$2,700		\$1,000		\$2,700		\$1,000		\$2,800	
Annual Deductible - 2P/FF														
Additional Cost After Deductible	0%		0%		0%		20%		20%		20%		10%	
Employee Coinsurance after Deductible	N/A		N/A		N/A		\$3,500		N/A		\$4,600		N/A	
Coinsurance Max - 1P	N/A		N/A		N/A		\$7,000		N/A		\$9,200		N/A	
Coinsurance Max - 2P/FF														
Out of Pocket Maximum	Med Max:\$1,500 Rx Max: \$1,000		Med Max:\$1,500 Rx Max: \$1,000		\$2,300		\$6,600		\$2,350		\$7,350		\$3,500	
Max ded, coinsurance, copays - 1P	Med Max: \$3,000 Rx Max: \$2,000		Med Max: \$3,000 Rx Max: \$2,000		\$4,600		\$13,200		\$4,700		\$14,700		\$7,000	
Max ded, coinsurance, copays - 2P/FF														
Copayments	\$5/\$5 after Ded.		\$5/\$5 after Ded.		0% after Ded.		\$20/\$40		20% after Ded.		\$20 before Ded./\$50 before Ded.		10% after Ded.	
Office Visit/Specialist	\$10/\$25 after Ded.		\$10/\$25 after Ded.		0% after Ded.		\$60/\$250		20% after Ded.		\$75 before Ded./\$150 after Ded.		10% after Ded.	
Urgent Care/ER	38/Subject to Deductible and Coinsurance		38/Subject to Deductible and Coinsurance		38/0% after Ded.		30/\$30 (combined with PT and OT)		30/20% 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)	
Chiropractic Limit/Copay	Saver Rx		Saver Rx		ABC Rx		\$20/\$60/50%/20%/25%		\$10/\$40/\$80/15%/25% after Ded.		\$5/\$20/\$60/\$80/20%/20% before Ded.		\$5/\$20/\$60/\$80/20%/20% after Ded.	
Rx Copay	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
Total Monthly Costs	4	\$657.65	0	\$657.65	3	\$570.56	7	\$625.41	7	\$588.53	7	\$570.39	7	\$518.02
One Person (1P)	4	\$1,477.86	0	\$1,477.86	4	\$1,281.90	8	\$1,307.92	8	\$1,230.79	8	\$1,192.85	8	\$1,083.34
Two Person (2P)	9	\$1,838.72	1	\$1,838.72	3	\$1,594.86	13	\$1,705.66	13	\$1,605.08	13	\$1,555.60	13	\$1,412.79
Family (FF)	17	\$301,086	1	\$22,065	10	\$139,486	28	\$444,178	28	\$417,985	28	\$405,100	28	\$367,910
Total Annual Premium	28		< TOTALS		< TOTALS									
Combined Current Lives	\$462,637		< TOTALS		< TOTALS									
Combined Annual Premium														
One Person Cost Share	\$657.65		\$657.65		\$570.56		\$625.41		\$588.53		\$570.39		\$518.02	
One Person Rate	\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10	
One Person PA 152 Cap	<b>\$100.55</b>		<b>\$100.55</b>		<b>\$13.46</b>		<b>\$68.31</b>		<b>\$31.43</b>		<b>\$13.29</b>		<b>-\$39.08</b>	
One Person Monthly Cost	\$1,477.86		\$1,477.86		\$1,281.90		\$1,307.92		\$1,230.79		\$1,192.85		\$1,083.34	
Two Person Rate	\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06	
Two Person PA 152 Cap	<b>\$312.80</b>		<b>\$312.80</b>		<b>\$116.84</b>		<b>\$142.86</b>		<b>\$65.73</b>		<b>\$27.79</b>		<b>-\$81.72</b>	
Two Person Monthly Cost	\$1,838.72		\$1,838.72		\$1,594.86		\$1,705.66		\$1,605.08		\$1,555.60		\$1,412.79	
Family Rate	\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36	
Family PA 152 Cap	<b>\$319.36</b>		<b>\$319.36</b>		<b>\$75.50</b>		<b>\$186.30</b>		<b>\$85.72</b>		<b>\$36.24</b>		<b>-\$106.57</b>	
Family Monthly Cost														

\*Current MESSA rates include taxes and fees.

\*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.

\*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.

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



**Dental Rate Summary**  
**Buckley Community Schools**  
**All Employee Options**  
**Assumed Effective Date: 7/1/2019**

<b>Current Plan(s) and Segment:</b>		<b>1P</b>	<b>2P</b>	<b>FF</b>	<b>Monthly Composite</b>	<b>Total Annual Cost</b>	<b>Rate Period</b>
PAK A & C Teachers & Support Staff	<b>Census</b>	7	8	12	\$89.77	\$29,085	1/1/2019-12/31/2019
MESSA Dental 100%/70%/70%/70%;\$2000/\$4000	<b>Rate</b>	\$34.10	\$66.52	\$137.74			
Pak B Teachers & Support Staff	<b>Census</b>	1	1	1	\$71.12	\$2,560	1/1/2019-12/31/2019
MESSA Dental 100%/70%/70%/70%;\$2000/\$4000	<b>Rate</b>	\$31.79	\$61.64	\$119.92			
PAK A Principals, Admin. Secretaries & Superintendent	<b>Census</b>			1	\$109.89	\$1,319	1/1/2019-12/31/2019
MESSA Dental 70%/70%/70%/70%;\$2000/\$4000	<b>Rate</b>	\$26.62	\$51.01	\$109.89			
PAK B Principals, Admin. Secretaries & Superintendent	<b>Census</b>			1	\$123.27	\$1,479	1/1/2019-12/31/2019
MESSA Dental 70%/70%/70%/70%;\$2000/\$4000	<b>Rate</b>	\$32.26	\$59.78	\$123.27			
<b>TOTALS:</b>		<b>8</b>	<b>9</b>	<b>15</b>		<b>\$34,443</b>	

<b>Product Name</b>	<b>Rate Period</b>	<b>1P Rate</b>	<b>2P Rate</b>	<b>FF Rate</b>	<b>Monthly Composite</b>	<b>Total Cost</b>	<b>Estimated Annual Savings</b>
SET/ADN SF Dental 100%/70%/70%/70%; \$2000/\$4000	7/1/2019-6/30/2020	\$38.86	\$71.36	\$140.03	\$95.42	\$36,643	-\$2,200
SET/ADN SF Dental 70%/70%/70%/70%; \$2000/\$4000	7/1/2019-6/30/2020	\$30.27	\$54.19	\$104.72	\$71.90	\$27,608	\$6,835
MetLife		Solicited and declined to quote					
BCBSM		Solicited and did not provide options					
MESSA		Solicited and did not provide options					

\*All rates include taxes and fees.

\*SETSEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.



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**Dental Plan Comparison**  
**Buckley Community Schools**  
**All Employee Options**

Name	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
	PAK A & C Teachers & Support Staff		Pak B Teachers & Support Staff		PAK A Principals, Admin. Secretaries & Superintendent		PAK B Principals, Admin. Secretaries & Superintendent		SET/ADN SF Dental 100%/70%/70%/70%; \$2000/\$4000		SET/ADN SF Dental 70%/70%/70%/70%; \$2000/\$4000	
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		7/1/2019-6/30/2020		7/1/2019-6/30/2020	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	100%		100%		70%		70%		100%		70%	
Basic %	70%		70%		70%		70%		70%		70%	
Major %	70%		70%		70%		70%		70%		70%	
Ortho %	70%		70%		70%		70%		70%		70%	
Basic Ded	\$0		\$0		\$0		\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0		\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0		\$0		\$0		\$0	
Bas/Maj Max	\$2,000		\$2,000		\$2,000		\$2,000		\$2,000		\$2,000	
Ortho Max	\$4,000		\$4,000		\$4,000		\$4,000		\$4,000		\$4,000	
Sealants Covered	No		No		No		No		No		No	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	7	\$34.10	1	\$31.79	0	\$26.62	0	\$32.26	8	\$38.86	8	\$30.27
Two Person (2P)	8	\$66.52	1	\$61.64	0	\$51.01	0	\$59.78	9	\$71.36	9	\$54.19
Family (FF)	12	\$137.74	1	\$119.92	1	\$109.89	1	\$123.27	15	\$140.03	15	\$104.72
<b>Total Annual Premium</b>	<b>27</b>	<b>\$29,085</b>	<b>3</b>	<b>\$2,560</b>	<b>1</b>	<b>\$1,319</b>	<b>1</b>	<b>\$1,479</b>	<b>32</b>	<b>\$36,643</b>	<b>32</b>	<b>\$27,608</b>
<b>Combined Annual Premium</b>	<b>\$34,443</b>		<b>&lt; TOTALS</b>		<b>&lt; TOTALS</b>		<b>&lt; TOTALS</b>					
<b>Estimated Cost for Benefit Increase - \$</b>									<b>-\$6</b>	<b>-\$2,200</b>	<b>\$18</b>	<b>\$6,835</b>
<b>Estimated Savings - %</b>										<b>-6%</b>		<b>20%</b>

\*All rates include taxes and fees.

\*SETSEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.



**Vision Rate Summary**  
**Buckley Community Schools**  
**All Employees Options**  
**Assumed Effective Date: 7/1/2019**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
All Employees	Census	8	9	15	\$13.28	\$5,098	1/1/2019-12/31/2019
	MESSA VSP 2S	Rate \$5.60	\$12.03	\$18.12			
	<b>TOTALS:</b>	<b>8</b>	<b>9</b>	<b>15</b>		<b>\$5,098</b>	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET/ADN SF Vision VSP 2S Equivalent	7/1/2019-6/30/2020	\$13.49	\$25.13	\$49.35	\$33.57	\$12,892	-\$7,794
EyeMed FF Vision \$0/\$0 Copay - \$80 Frame	7/1/2019-6/30/2023	\$6.08	\$11.55	\$16.96	\$12.72	\$4,884	\$215
VSP Choice Plan \$0/\$0 Copay - \$130 Frame	7/1/2019-6/30/2023	\$10.56	\$16.12	\$28.91	\$20.73	\$7,959	-\$2,860
MetLife		Solicited and declined to quote					
MESSA		Solicited and did not provide options					

\*All rates include taxes and fees.

\*SETSEG SF/ADN rates are illustrative and include a \$1.85 per employee per month vision administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.

\*VSP rates are based on a voluntary participation of 0-24% employer paid.

\*EyeMed rates are based on Employer paying 80% or more of vision premium.



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## Vision Plan Comparison

### Buckley Community Schools All Employees Options

Name	CURRENT PLAN All Employees		Option 1	
	MESSA VSP 2S		EyeMed FF Vision \$0/\$0 Copay - \$80 Frame	
<b>Rate Period</b>	1/1/2019-12/31/2019		7/1/2019-6/30/2023	
<b>Purchased Plan Features</b>	<b>Coverage Allowance</b>		<b>Coverage Allowance</b>	
Optometrist Exam	100%		100% after \$6 copay	
Ophthalmologist Exam	100%		100% after \$6 copay	
Regular Lenses	100%		100% after \$18 copay	
Bifocal Lenses	100%		100% after \$18 copay	
Trifocal Lenses	100%		100% after \$18 copay	
Lenticular Lenses	100%		100% after \$18 copay	
Frame Allowance	\$130		\$18 copay - covered up to \$130	
Necessary Contacts	100%		\$0copay - 100% coverage	
Cosmetic Contacts	\$110		\$0copay - covered up to \$110	
Exam Copay	\$6.5		\$6	
Material Copay	\$18		\$18	
<b>Purchased Plan Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>
One Person (1P)	8	\$5.60	8	\$6.08
Two Person (2P)	9	\$12.03	9	\$11.55
Family (FF)	15	\$18.12	15	\$16.96
<b>Total Annual Premium</b>	<b>32</b>	<b>\$5,098</b>	<b>32</b>	<b>\$4,884</b>
<b>Estimated Cost for Benefit Increase - \$</b>			<b>\$1</b>	<b>\$215</b>
<b>Estimated Savings - %</b>				<b>4%</b>

\*All rates include taxes and fees.

\*EyeMed rates are based on Employer paying 80% or more of vision premium.