



Medical Rate Summary
Kelloggsville Public Schools
All Employees
 Assumed Effective Date: 9/1/2021

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers Enrolled in MESSA Choices \$500	Census		3	9	12	
MESSA Choices \$500-0%; Saver Rx	Rate	\$724.02	\$1,629.05	\$2,027.26		\$277,590
Teachers Enrolled in MESSA ABC \$1400-0%	Census		11	44	55	
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Rate	\$646.40	\$1,454.41	\$1,809.92		\$1,147,620
Teachers Enrolled in MESSA ABC \$1400-10%	Census		6	3	9	
MESSA ABC Plan 1 \$1400-10%; 3-Tier Rx	Rate	\$575.18	\$1,294.15	\$1,610.50		\$151,157
Admin & Support Enrolled in Priority Health \$1400-10%	Census	18	7	15	40	
Priority Health HMO HSA \$1400-10%; \$10/\$40/\$40 Rx	Rate	\$573.60	\$1,288.82	\$1,603.55		\$520,797
	TOTALS:	18	27	71	116	\$2,097,164

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO Plans					
BCN HMO \$500-20%; \$2500 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$630	\$1,512	\$1,890	\$2,236,550	-\$139,386
BCN HMO HSA Plans					
BCN HMO HSA \$1400-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$583	\$1,400	\$1,749	\$2,069,894	\$27,270
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$536	\$1,287	\$1,609	\$1,904,188	\$192,977
BCN HMO HSA \$3000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$499	\$1,197	\$1,496	\$1,769,951	\$327,213
BCBSM Simply Blue Plans					
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$691	\$1,660	\$2,074	\$2,454,506	-\$357,342
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	\$611	\$1,467	\$1,834	\$2,170,024	-\$72,860
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$560	\$1,345	\$1,681	\$1,989,145	\$108,019
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$517	\$1,240	\$1,550	\$1,834,504	\$262,660

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health HMO HSA Plans					
Priority Health HMO HSA \$1400-10%; \$10/\$40/\$40 Rx	\$533	\$1,197	\$1,490	\$1,772,041	\$325,123
Priority Health PPO Plans					
Priority Health PPO \$500-0%; \$10/\$40/\$40 Rx	\$781	\$1,758	\$2,187	\$2,601,962	-\$504,798
Priority Health PPO HSA Plans					
Priority Health PPO HSA \$1400-0%; \$10/\$40/\$40 Rx	\$616	\$1,386	\$1,725	\$2,051,721	\$45,443
Priority Health PPO HSA \$1400-10%; \$10/\$40/\$80 Rx	\$550	\$1,237	\$1,540	\$1,831,515	\$265,649
SET SEG					
SET MEC (VEBA)	\$74	\$148	\$222	\$253,080	\$1,844,084
UHC	Solicited and declined to quote				

*MESSA rates include taxes and fees.

*BCBSM, BCN & 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.

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

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



Dental Rate Summary
Kelloggsville Public Schools
All Employees
Assumed Effective Date: 9/1/2021

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators		Census 2	4	12	\$138.77	\$29,974	7/1/2021-6/30/2022
	SET ADN LF Dental i50/i50/50/75; \$1000/\$3500	Rate \$45.32	\$150.45	\$150.45			
Clerical		Census 3		1	\$65.13	\$3,126	7/1/2021-6/30/2022
	SET ADN LF Dental i50/i50/50/50; \$1000/\$2500	Rate \$41.55	\$135.86	\$135.86			
Custodial		Census 2	3	1	\$103.55	\$7,456	7/1/2021-6/30/2022
	SET ADN LF Dental i50/i50/50/50; \$1000/\$1500	Rate \$41.55	\$134.55	\$134.55			
Instructional		Census 28	24	51	\$120.92	\$149,454	7/1/2021-6/30/2022
	SET ADN LF Dental i50/i50/50/50; \$1000/\$2500	Rate \$45.32	\$149.14	\$149.14			
Non-Instructional		Census 3	1	3	\$85.40	\$7,173	7/1/2021-6/30/2022
	SET ADN LF Dental 50/50/50/No Ortho; \$1000/No Ortho	Rate \$41.55	\$118.28	\$118.28			
TOTALS:		38	32	68		\$197,183	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
Ameritas Dental 100/70/50/75; \$1000/\$3500	9/1/2021-8/31/2022	\$54.44	\$118.56	\$264.16	\$172.65	\$285,906	-\$88,724
Ameritas Dental 100/i70/50/75; \$1000/\$3500	9/1/2021-8/31/2022	\$56.04	\$121.80	\$270.68	\$177.05	\$293,200	-\$96,018
Ameritas Dental 100/80/50/75; \$1000/\$3500 (Reverse Incentive Class 1-3)	9/1/2021-8/31/2022	\$53.00	\$115.68	\$260.44	\$169.75	\$281,108	-\$83,926
MetLife		Solicited and declined to quote					
BCBSM		Solicited and did not provide options					

*All rates include taxes and fees.

*Ameritas rates assume enrollment in electronic certificate (eCert) program. If you choose to received paper certificates, monthly rates will increase.



Vision Rate Summary
Kelloggsville Public Schools
All Employees
Assumed Effective Date: 9/1/2021

Current Plan(s) and Segment:	1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
All Employees	Census 7	24	71	\$36.67	\$44,884	9/1/2018-8/31/2021
District Vision Reimbursement \$440 Max Per EE after \$25/\$50 ded.	Rate \$36.67	\$36.67	\$36.67			
TOTALS:	7	24	71		\$44,884	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings	
SET ADN SF Vision \$10/\$10 Copay - \$160 Frame/\$175 Contact	9/1/2021-6/30/2022	\$15.96	\$30.08	\$59.91	\$49.88	\$61,047	-\$16,163	
EyeMed SF Vision \$10/\$25 Copay - \$180 Frame/\$180 Contacts	9/1/2021-8/31/2025	\$6.85	\$13.01	\$19.10	\$16.83	\$20,595	\$24,289	
Ameritas Vision \$10/\$10 Copay - \$180 Frame/\$180 Contacts (opt. 3 ViewPointe)	9/1/2021-8/31/2023	\$8.72	\$16.60	\$24.04	\$21.24	\$25,995	\$18,889	
Ameritas Vision \$10/\$10 Copay - \$200 Frame/\$200 Contacts (opt. 4 Focus)	9/1/2021-8/31/2023	\$9.04	\$16.52	\$23.80	\$21.07	\$25,795	\$19,089	
MetLife		Solicited and declined to quote						

- *Current reimbursement plan rates were calculated based on census and employee max limit of \$440 and are illustrative purposes only.
- *SETSEG SF/ADN rates are illustrative and include a \$1.85 per employee per month vision administration fee.
- *SETSEG SF/ADN rates are based on enrollment and advance self-funded reserve is required.
- *Ameritas rates assume enrollment in electronic certificate (eCert) program. If you choose to received paper certificates, monthly rates will increase.
- *Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.
- *EyeMed rates are illustrative and include a \$2.12 pepm vision administration/network fee.