



Medical Rate Summary

Farwell Area Schools

All Employees Options

Assumed Effective Date: 2/1/2018

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Non-Teacher Employees Enrolled in MESSA Choices \$0	Census	5			5	
MESSA \$0-0%; \$10/\$20 Rx	Rate	\$771.77	\$1,734.62	\$2,158.25		\$46,306
Non-Teacher Employees Enrolled in MESSA Choices \$500	Census	2	1	3	6	
MESSA Choices \$500-0%; Saver Rx	Rate	\$598.21	\$1,344.12	\$1,672.29		\$90,689
Teachers Enrolled in MESSA Choices \$500	Census	7	6	33	46	
MESSA Choices \$500-0%; SRX Mail Rx	Rate	\$590.71	\$1,327.23	\$1,651.29		\$799,091
Teachers Enrolled in MESSA ABC Plan 1	Census	3	1		4	
MESSA ABC Plan 1 \$1350-0%; ABC Mail Rx	Rate	\$527.71	\$1,185.48	\$1,474.88		\$33,223
TOTALS:		17	8	36	61	\$969,309

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO HSA Plans					
BCN HMO HSA \$1350-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$406	\$963	\$1,201	\$694,129	\$275,180
BCN HMO HSA \$1300-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$385	\$912	\$1,138	\$657,669	\$311,641
BCN HMO Conventional Plans					
BCN HMO 10%; \$10/\$30/\$60/\$80/20%/20% Rx	\$478	\$1,136	\$1,418	\$819,158	\$150,151
BCN HMO \$500-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$466	\$1,108	\$1,383	\$798,667	\$170,642
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$539	\$1,282	\$1,601	\$924,659	\$44,650
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$493	\$1,173	\$1,464	\$845,649	\$123,660

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$451	\$1,071	\$1,337	\$772,177	\$197,133
Priority Health POS HSA Plans					
Priority Health POS HSA \$1350-0%; \$10/\$20/\$40 Rx	\$525	\$1,169	\$1,453	\$847,082	\$122,228
Priority Health PPO HSA Plans					
Priority Health PPO HSA \$1350-0%; \$10/\$20/\$40 Rx	\$543	\$1,211	\$1,505	\$877,266	\$92,043
Priority Health POS Conventional Plans					
Priority Health POS \$0-0%; \$10 OV; \$10/\$20/\$40 Rx	\$715	\$1,597	\$1,985	\$1,156,644	-\$187,335
Priority Health POS \$500-0%; \$20 OV; \$10/\$20/\$40 Rx	\$665	\$1,485	\$1,845	\$1,075,460	-\$106,150
Priority Health PPO Conventional Plans					
Priority Health PPO \$500-0%; \$20 OV; \$10/\$20/\$40 Rx	\$687	\$1,533	\$1,906	\$1,110,708	-\$141,399
Priority Health PPO \$0-0%; \$10 OV; \$10/\$20/\$20 Rx	\$741	\$1,656	\$2,058	\$1,199,229	-\$229,919
McLaren HMO Traditional Plans					
McLaren HMO \$500-20%; \$20/\$50/\$80 Rx	\$507	\$1,129	\$1,403	\$817,640	\$151,669
McLaren HMO HSA Plans					
McLaren HMO HSA \$1,350-0%; 0% Rx	\$520	\$1,159	\$1,440	\$839,296	\$130,013
MESSA	Solicited and did not provide quote				

*Current MESSA rates include taxes and fees.

*BCBSM, BCN, Priority Health and McLaren proposed 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.

*Rates include \$7.90 enrollment and billing service fee.



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

**Farwell Area Schools
All Employees Options
Assumed Effective Date: 2/1/2018**

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1	Option 2	Option 3
	Non-Teacher Employees Enrolled in MESSA Choices \$0	Non-Teacher Employees Enrolled in MESSA Choices \$500	Teachers Enrolled in MESSA Choices \$500	Teachers Enrolled in MESSA ABC Plan 1	BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx				
Rate Period	MESSA \$0-0%; \$10/\$20 Rx	MESSA Choices \$500-0%; Saver Rx	MESSA Choices \$500-0%; SRX Mail Rx	MESSA ABC Plan 1 \$1350-0%; ABC Mail Rx	2/1/2018-1/31/2019	2/1/2018-1/31/2019	2/1/2018-1/31/2019				
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network				
Deductible											
Annual Deductible - 1P	\$0	\$500	\$500	\$1,350	\$500	\$1,350	\$1,350				
Annual Deductible - 2P/FF	\$0	\$1,000	\$1,000	\$2,700	\$1,000	\$2,700	\$2,700				
Additional Cost After Deductible											
Employee Coinsurance after Deductible	0%	0%	0%	0%	20%	0%	20%				
Coinsurance Max - 1P	\$0	\$0	\$0	\$950	\$2,500	\$900	\$900				
Coinsurance Max - 2P/FF	\$0	\$0	\$0	\$1,900	\$5,000	\$1,800	\$1,800				
Out of Pocket Maximum											
Max ded, coinsurance, copays - 1P	Med Max:\$1,000 Rx Max: \$1,000	Med Max:\$1,500 Rx Max: \$1,000	Med Max:\$1,500 Rx Max: \$1,000	\$2,300	\$6,350	\$2,250	\$2,250				
Max ded, coinsurance, copays - 2P/FF	Med Max: \$2,000 Rx Max: \$2,000	Med Max: \$3,000 Rx Max: \$2,000	Med Max: \$3,000 Rx Max: \$2,000	\$4,600	\$12,700	\$4,500	\$4,500				
Copayments											
Office Visit/Specialist	\$5/\$5 after Ded.	\$20/\$20 after Ded.	\$20/\$20 after Ded.	0% after Ded.	\$20/\$20	0% after Ded.	20% after Ded.				
Urgent Care/ER	\$10/\$25 after Ded.	\$25/\$50 after Ded.	\$25/\$50 after Ded.	0% after Ded.	\$20/\$150	0% after Ded.	20% after Ded.				
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance	38/0% after Ded.	12/\$20	12/0% after Ded.	12/20% after Ded.				
Rx Copay	\$10/\$20 Rx	Saver Rx	SRX Mail Rx	ABC Mail Rx	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.				
Total Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates				
One Person (1P)	5 \$771.77	2 \$598.21	7 \$590.71	3 \$527.71	17 \$538.92	17 \$493.26	17 \$450.80				
Two Person (2P)	0 \$1,734.62	1 \$1,344.12	6 \$1,327.23	1 \$1,185.48	8 \$1,282.35	8 \$1,172.77	8 \$1,070.86				
Family (FF)	0 \$2,158.25	3 \$1,672.29	33 \$1,651.29	0 \$1,474.88	36 \$1,600.96	36 \$1,463.98	36 \$1,336.60				
Total Annual Premium	5 \$46,306	6 \$90,689	46 \$799,091	4 \$33,223	61 \$924,659	61 \$845,649	61 \$772,177				
Combined Current Lives	61	< TOTALS	< TOTALS	< TOTALS							
Combined Annual Premium	\$969,309	< TOTALS	< TOTALS	< TOTALS							
One Person Cost Share											
One Person Rate	\$771.77	\$598.21	\$590.71	\$527.71	\$538.92	\$493.26	\$450.80				
One Person PA 152 Cap	\$546.71	\$546.71	\$546.71	\$546.71	\$546.71	\$546.71	\$546.71				
One Person Monthly Cost	\$225.06	\$51.50	\$44.00	-\$19.00	-\$7.79	-\$53.45	-\$95.91				
Two Person Cost Share											
Two Person Rate	\$1,734.62	\$1,344.12	\$1,327.23	\$1,185.48	\$1,282.35	\$1,172.77	\$1,070.86				
Two Person PA 152 Cap	\$1,143.34	\$1,143.34	\$1,143.34	\$1,143.34	\$1,143.34	\$1,143.34	\$1,143.34				
Two Person Monthly Cost	\$591.28	\$200.78	\$183.89	\$42.14	\$139.01	\$29.43	-\$72.48				
Family Cost Share											
Family Rate	\$2,158.25	\$1,672.29	\$1,651.29	\$1,474.88	\$1,600.96	\$1,463.98	\$1,336.60				
Family PA 152 Cap	\$1,491.03	\$1,491.03	\$1,491.03	\$1,491.03	\$1,491.03	\$1,491.03	\$1,491.03				
Family Monthly Cost	\$667.22	\$181.26	\$160.26	-\$16.15	\$109.93	-\$27.05	-\$154.43				

*MESSA and 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.

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

*Rates include \$7.90 enrollment and billing service fee.



Dental Rate Summary
Farwell Area Schools
All Employees
Assumed Effective Date: 2/1/2018

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators w/ Medical	Census	2		3	\$72.65	\$4,359	1/1/2018-12/31/2018
MESSA Dental 100/80/80/80; \$1000/\$2000	Rate	\$26.03	\$51.57	\$103.73			
Administrators w/out Medical	Census	1		2	\$85.97	\$3,095	1/1/2018-12/31/2018
MESSA Dental 100/80/80/80; \$1000/\$2000	Rate	\$29.62	\$58.94	\$114.15			
FT Custodial Staff w/ Medical	Census	1	1		\$37.42	\$898	1/1/2018-12/31/2018
MESSA Dental 75/75/60/75; \$1000/\$1200	Rate	\$25.57	\$49.27	\$83.78			
FT Custodial Staff w/out Medical	Census						1/1/2018-12/31/2018
MESSA Dental 80/80/80/80; \$1000/\$1300	Rate	\$25.30	\$50.11	\$94.47			
Teachers w/ Medical	Census	10	7	33	\$92.73	\$55,635	1/1/2018-12/31/2018
MESSA Dental 100/80/80/80; \$1000/\$2000	Rate	\$28.85	\$58.84	\$119.27			
Teachers w/out Medical	Census	1	3	7	\$93.12	\$12,292	1/1/2018-12/31/2018
MESSA Dental 100/80/80/80; \$1000/\$2000	Rate	\$28.33	\$55.96	\$118.30			
TOTALS:		15	11	45		\$76,279	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN SF Dental 100/80/80/80; \$1000/\$2000	2/1/2018-1/31/2018	\$23.71	\$47.98	\$98.16	\$74.66	\$63,608	\$12,672
SET ADN SF Dental 75/75/60/75; \$1000/\$1200	2/1/2018-1/31/2018	\$25.57	\$49.27	\$83.78	\$66.14	\$56,347	\$19,932
BCBSM Dental PPO Plus 100/80/50/50; \$1000/\$1000	2/1/2018-1/31/2018	\$34.64	\$69.29	\$121.25	\$94.90	\$80,856	-\$4,577
MetLife		Solicited and declined to quote					
MESSA		Solicited and did not provide quote					

*Current and proposed rates include taxes and fees.



**Vision Rate Summary
Farwell Area Schools
All Employees
Assumed Effective Date: 2/1/2018**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators and FT Custodial Staff w/ Medical	Census	3	1	3	\$9.50	\$798	1/1/2018-12/31/2018
	Rate	\$4.48	\$9.63	\$14.48			
Administrators and FT Custodial Staff w/out Medical	Census		1	2	\$17.89	\$644	1/1/2018-12/31/2018
	Rate	\$6.23	\$13.39	\$20.14			
Teachers w/ Medical	Census	10	7	33	\$13.26	\$7,956	1/1/2018-12/31/2018
	Rate	\$5.04	\$10.81	\$16.27			
Teachers w/out Medical	Census	1	3	7	\$19.09	\$2,519	1/1/2018-12/31/2018
	Rate	\$6.99	\$15.01	\$22.56			
Paraprofessionals, Secretary and Media Assistant	Census	49			\$2.96	\$1,740	1/1/2018-12/31/2018
	Rate	\$2.96					
TOTALS:		63	12	45		\$13,658	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
VSP Chice Plan \$0 Copay \$100 Frame	2/1/2018-1/31/2020	\$13.92	\$21.25	\$38.11	\$23.72	\$34,163	-\$20,505
VSP Chice Plan \$10 Copay \$100 Frame	2/1/2018-1/31/2020	\$6.79	\$10.36	\$18.58	\$11.57	\$16,658	-\$3,001
VSP Chice Plan \$20 Copay \$100 Frame	2/1/2018-1/31/2020	\$7.43	\$11.34	\$20.33	\$12.66	\$18,228	-\$4,571
NVA Insured \$0 Copay \$130 Frame	2/1/2018-1/31/2022	\$5.92	\$11.85	\$21.32	\$12.29	\$17,695	-\$4,037
NVA Insured \$6.50 Copay \$130 Frame	2/1/2018-1/31/2022	\$4.50	\$9.01	\$16.21	\$9.34	\$13,453	\$205
NVA Insured \$10 Copay \$130 Frame	2/1/2018-1/31/2022	\$2.96	\$5.92	\$10.65	\$6.14	\$8,841	\$4,816
NVA Insured \$0 Copay \$65 Frame	2/1/2018-1/31/2022	\$4.69	\$9.39	\$16.90	\$9.74	\$14,024	-\$366
NVA Insured \$6.50 Copay \$65 Frame	2/1/2018-1/31/2022	\$3.56	\$7.11	\$12.80	\$7.38	\$10,627	\$3,030
MetLife		Solicited and declined to quote					
MESSA		Solicited and did not provide quote					

*Current and proposed rates include taxes and fees.