



Medical Rate Summary
Oakridge Public Schools
All Employees
 Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Employees Enrolled in MESSA Choices \$500-0%	Census	16	5	22	43	
MESSA Choices \$500-0%; Saver Rx w/Mandatory Mail	Rate	\$769.94	\$1,732.36	\$2,155.84		\$820,912
Employees Enrolled in MESSA Choices \$1000-20%	Census	11	4	5	20	
MESSA Choices \$1000-20%; Saver Rx w/Mandatory Mail	Rate	\$653.76	\$1,470.95	\$1,830.52		\$266,733
Employees Enrolled in MESSA ABC \$1400-0%	Census	14	4	29	47	
MESSA ABC Plan 1 \$1400-0%; ABC Rx w/Mandatory Mail	Rate	\$680.72	\$1,531.62	\$1,906.02		\$851,174
Employees Enrolled in MESSA ABC \$2000-20%	Census	2	1	7	10	
MESSA ABC Plan 2 \$2000-20%; ABC Rx	Rate	\$589.95	\$1,327.37	\$1,651.84		\$168,842
Employees Enrolled in WMHIP Versatile 3 PPO \$250-10%	Census	2		2	4	
WMHIP Versatile 3 PPO \$250-10%; \$10/\$20 Rx	Rate	\$665.74	\$1,497.92	\$1,864.08		\$60,716
Employees Enrolled in WMHIP Flexible Blue 2 \$1400-0%	Census	1	2	12	15	
WMHIP Flexible Blue 2 \$1400-0%; \$10/\$40 Rx	Rate	\$617.58	\$1,389.52	\$1,729.20		\$289,764
TOTALS:		46	16	77	139	\$2,458,140

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCN HMO Plans					
BCN HMO \$500-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$649	\$1,558	\$1,947	\$2,456,606	\$1,534
BCN HMO HSA Plans					
BCN HMO HSA \$1400-0%; \$10/\$30/\$60/\$80/20%/20% Rx	\$562	\$1,348	\$1,685	\$2,125,912	\$332,228
BCBSM Simply Blue Plans					
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$612	\$1,469	\$1,836	\$2,316,102	\$142,039
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$632	\$1,517	\$1,896	\$2,392,469	\$65,671
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	\$596	\$1,430	\$1,787	\$2,254,412	\$203,728
Priority Health	Solicited and declined to quote				
MESSA	Solicited and did not provide ALL EMPLOYEE group quote				

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

*MESSA rates include taxes and fees.

*MESSA renewal 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.



Dental Rate Summary
Oakridge Public Schools
All Employees
Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Non-Affiliated, Supt, Admin	Census	3	3	17	\$112.38	\$31,016	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$35.82	\$68.45	\$133.64			
Teachers & Tech Coord w/ Medical	Census	21	13	62	\$101.35	\$116,758	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$34.78	\$66.21	\$131.27			
Teachers & Tech Coord w/out Medical	Census	10	2	8	\$73.10	\$17,544	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$32.19	\$62.52	\$126.88			
FT Office Personnel w/ Medical	Census	3		1	\$69.11	\$3,317	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$44.24	\$82.39	\$143.73			
FT Office Personnel w/out Medical	Census	6		1	\$49.89	\$4,191	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$36.07	\$70.20	\$132.84			
Support Staff w/ Medical	Census	7	1		\$47.26	\$4,537	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$42.40	\$81.25	\$145.56			
Support Staff w/out Medical	Census			1	\$132.40	\$1,589	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$40.65	\$71.37	\$132.40			
Parapros, PT Off Pers w/ Medical	Census	12			\$42.94	\$6,183	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$42.94					
Parapros, PT Off Pers w/out Medical	Census	29			\$34.20	\$11,902	1/1/2022-12/31/2022
MESSA Dental 100/80/80/80; \$1300/\$1000	Rate	\$34.20					
TOTALS:		91	19	90		\$197,037	

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; \$1000/\$1300	1/1/2022-6/30/2022	\$32.18	\$58.02	\$113.36	\$71.17	\$170,798	\$26,239
BCBSM PPO Plus 100/80/50/50; \$1250/\$1250	1/1/2022-12/31/2022	\$27.72	\$55.44	\$97.02	\$61.54	\$147,692	\$49,345
Guardian		Solicited and declined to quote					
MetLife		Solicited and declined to quote					

***SET ADN SF Dental:**

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.

Rates are based on enrollment and advance self-funded reserve is required.

***BCBSM rates include taxes and fees.**



Vision Rate Summary
Oakridge Public Schools
All Employees
Assumed Effective Date: 1/1/2022

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Non-Affiliated, Supt, Admin, Support Staff	Census	10	4	18	\$24.69	\$9,482	
MESSA Vision VSP 3 Plus P 250CL	Rate	\$10.30	\$22.12	\$33.26			
Teachers & Tech Coord, FT Office Personnel, Parapros, PT Off Pers	Census	80	14	72	\$21.68	\$43,191	
MESSA Vision VSP 3 Plus	Rate	\$10.50	\$22.54	\$33.94			
TOTALS:		90	18	90		\$52,673	

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/\$200 Contacts	1/1/2022-6/30/2022	\$10.63	\$19.40	\$37.95	\$23.85	\$56,657	-\$3,984
SET ADN SF Vision \$0/\$0 Copay - \$130 Frame/\$250 Contacts	1/1/2022-6/30/2022	\$13.34	\$24.83	\$49.12	\$30.65	\$72,820	-\$20,147
EyeMed Vision \$0/\$0 Copay - \$100 Frame/\$200 Contacts	1/1/2022-12/31/2025	\$7.97	\$15.14	\$22.24	\$15.11	\$35,897	\$16,776
EyeMed Vision \$0/\$0 Copay - \$130 Frame/\$250 Contacts	1/1/2022-12/31/2025	\$9.80	\$18.62	\$27.34	\$18.57	\$44,133	\$8,540
Guardian		Solicited and declined to quote					
MetLife		Solicited and declined to quote					

***SET ADN SF Vision:**

Rates are illustrative and include a \$1.85 per employee per month vision administration fee.

Rates are based on enrollment and advance self-funded reserve is required.

***EyeMed rates include taxes and fees.**