



Medical Rate Summary
Wolverine Community Schools
All Employees 2021 Options
 Assumed Effective Date: 1/1/2021

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
Employees Enrolled in MESSA Choices \$500				
MESSA Choices \$500-0%; Saver Rx	Census Rate \$607.46	1 \$1,366.78	4 \$1,700.89	\$98,044
Employees Enrolled in MESSA ABC Plan 1				
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Census Rate \$532.75	1 \$1,198.70	5 \$1,491.71	\$129,459
TOTALS:	4	2	9	\$227,503

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Small Group Plans					
BCBSM SB PPO Gold \$500-20%; \$20/\$60/50%/20%/25% Rx	\$693	\$1,450	\$1,891	\$272,293	-\$44,790
BCBSM Small Group HSA Plans					
BCBSM SB HSA PPO Gold \$1500-20%	\$656	\$1,371	\$1,788	\$257,439	-\$29,936
BCN Small Group Plans					
BCN HMO Gold \$500-20%	\$604	\$1,263	\$1,648	\$237,263	-\$9,760
BCN Small Group HSA Plans					
BCN HSA HMO Gold \$1500-20%	\$546	\$1,143	\$1,490	\$214,612	\$12,891
Priority Health Small Group Plans					
Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$571	\$1,194	\$1,557	\$224,270	\$3,234
Priority Health POS 1400-10%; \$5/\$25/\$65/\$85/20%/20% Rx	\$528	\$1,104	\$1,440	\$207,356	\$20,147

*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.

*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.

*MESSA renewal rates exclude the required \$5,000 Basic Term Life fee of \$1.50.



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**Wolverine Community Schools
All Employees 2021 Options
Assumed Effective Date: 1/1/2021**

Plan	RENEWAL PLAN		RENEWAL PLAN		Option 1		Option 2	
	Employees Enrolled in MESSA Choices \$500	Employees Enrolled in MESSA ABC Plan 1	Employees Enrolled in MESSA ABC Plan 1 \$1,400-0%; ABC Rx	Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	Priority Health POS 1400-10%; \$5/\$25/\$65/\$85/20%/20% Rx	1/1/2021-12/31/2021 In Network	1/1/2021-12/31/2021 In Network	
Rate Period Purchased Plan Features Deductible	MESSA Choices \$500-0%; Saver Rx \$500	MESSA ABC Plan 1 \$1,400-0%; ABC Rx	MESSA ABC Plan 1 \$1,400-0%; ABC Rx	Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	Priority Health POS 1400-10%; \$5/\$25/\$65/\$85/20%/20% Rx	1/1/2021-12/31/2021 In Network	1/1/2021-12/31/2021 In Network	
Annual Deductible - 1P	\$500	\$1,400	\$1,400	\$500	\$1,400	\$500	\$1,400	
Annual Deductible - 2P/FF	\$1,000	\$2,800	\$2,800	\$1,000	\$2,800	\$1,000	\$2,800	
Additional Cost After Deductible								
Employee Coinsurance after Deductible	0%	0%	0%	20%	10%	20%	10%	
Coinsurance Max - 1P	N/A	N/A	N/A	\$5,500	N/A	\$5,500	N/A	
Coinsurance Max - 2P/FF	N/A	N/A	N/A	\$11,000	N/A	\$11,000	N/A	
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	Med Max: \$1,500 Rx Max: \$1,000	\$2,400	\$2,400	\$7,900	\$3,500	\$7,900	\$3,500	
Max ded, coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$2,000	\$4,800	\$4,800	\$15,800	\$7,000	\$15,800	\$7,000	
Copayments								
Office Visit/Specialist	\$10/\$10 after Ded.	0% after Ded.	0% after Ded.	\$20 before Ded./\$50 before Ded.	10% after Ded.	\$20 before Ded./\$50 before Ded.	10% after Ded.	
Urgent Care/ER	\$25/\$50 after Ded.	0% after Ded.	0% after Ded.	\$85 before Ded./\$250 after Ded.	10% after Ded.	\$85 before Ded./\$250 after Ded.	10% after Ded.	
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance	38/0% after Ded.	38/0% after Ded.	30/\$50 (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	30/\$50 (combined with PT and OT)	30/10% after Ded. (combined with PT and OT)	
Rx Copay	Saver Rx	ABC Rx	ABC Rx	\$5/\$20/\$60/\$80/20%/20%	\$5/\$25/\$65/\$85/20%/20% after Ded.	\$5/\$20/\$60/\$80/20%/20%	\$5/\$25/\$65/\$85/20%/20% after Ded.	
Total Monthly Costs	Census	Rates	Rates	Census	Rates	Census	Rates	
One Person (1P)	0	\$607.46	\$532.75	4	\$571.04	4	\$527.98	
Two Person (2P)	1	\$1,366.78	\$1,198.70	1	\$1,194.23	2	\$1,104.16	
Family (FF)	4	\$1,700.89	\$1,491.71	5	\$1,557.39	9	\$1,439.94	
Total Annual Premium	5	\$98,044	\$129,459	10	\$224,270	15	\$207,356	
Combined Current Lives	15	< TOTALS	< TOTALS					
Combined Annual Premium	\$227,503							
One Person Cost Share								
One Person Rate	\$607.46	\$532.75	\$532.75	\$571.04	\$527.98	\$571.04	\$527.98	
One Person PA 152 Cap	\$586.99	\$586.99	\$586.99	\$586.99	\$586.99	\$586.99	\$586.99	
One Person Monthly Cost	\$20.47	-\$54.24	-\$54.24	-\$15.95	-\$59.01	-\$15.95	-\$59.01	
Two Person Cost Share								
Two Person Rate	\$1,366.78	\$1,198.70	\$1,198.70	\$1,194.23	\$1,104.16	\$1,194.23	\$1,104.16	
Two Person PA 152 Cap	\$1,227.58	\$1,227.58	\$1,227.58	\$1,227.58	\$1,227.58	\$1,227.58	\$1,227.58	
Two Person Monthly Cost	\$139.20	-\$28.88	-\$28.88	-\$33.35	-\$123.42	-\$33.35	-\$123.42	
Family Cost Share								
Family Rate	\$1,700.89	\$1,491.71	\$1,491.71	\$1,557.39	\$1,439.94	\$1,557.39	\$1,439.94	
Family PA 152 Cap	\$1,600.89	\$1,600.89	\$1,600.89	\$1,600.89	\$1,600.89	\$1,600.89	\$1,600.89	
Family Monthly Cost	\$100.00	-\$109.18	-\$109.18	-\$43.50	-\$160.95	-\$43.50	-\$160.95	

*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.

*MESSA rates include taxes and fees.

*MESSA renewal rates exclude the required \$5,000 Basic Term Life fee of \$1.50.



Dental Rate Summary
Wolverine Community Schools
All Employees Options
Assumed Effective Date: 1/1/2021

Current Plan(s) and Segment:	1P		2P		FF	Monthly Composite	Total Annual Cost	Rate Period
	Census	Rate	Census	Rate				
Employees Enrolled in Medical			2	\$42.68	9	\$69.25	\$12,465	1/1/2021-12/31/2021
MESSA Dental 65%/65%/65% - \$1000/\$2500					\$96.40			
Employees Not Enrolled Medical	2		1		7	\$73.14	\$8,777	1/1/2021-12/31/2021
MESSA Dental 65%/65%/65% - \$1000/\$2500					\$93.15			
TOTALS:	6		3		16		\$21,241	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN SF Dental 65%/65%/65%; \$1000/\$2500	1/1/2021-6/30/2021	\$27.19	\$48.03	\$92.85	\$71.71	\$21,514	-\$273
BCBSM		Solicited and did not provide options					
SunLife		Solicited and declined to quote					
MESSA		Solicited and did not provide options					

***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
Wolverine Community Schools
All Employees Options
Assumed Effective Date: 1/1/2021

Current Plan(s) and Segment:	1P		2P		FF		Monthly Composite	Total Annual Cost	Rate Period
	Census	Rate	Census	Rate	FF	Rate			
All Employees	6	\$7.59	3	\$16.30	16	\$24.52	\$19.47	\$5,841	1/1/2021-12/31/2021
MESSA Vision VSP 3 \$0/\$0 Copay - \$65 Frame									
TOTALS:	6		3		16			\$5,841	

Product Name	1P Rate		2P Rate		FF Rate		Monthly Composite	Total Cost	Estimated Annual Savings
	Rate	Rate	Rate	Rate	Rate	Rate			
SET ADN SF Vision \$0/\$0 Copay - \$65 Frame	\$12.68	\$23.51	\$46.12	\$35.38	\$10,614	-\$4,773			
VSP Vision \$0/\$0 Copay - \$130 Frame	\$20.02	\$30.55	\$54.78	\$43.53	\$13,059	-\$7,218			
EyeMed SF Vision \$0/\$0 Copay - \$65 Frame	\$5.69	\$11.19	\$16.49	\$13.26	\$3,979	\$1,863			
SunLife	Solicited and declined to quote								
MESSA	Solicited and did not provide options								

- *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.
- *All rates include taxes and fees.
- *All proposed options, frames are in-lieu of contacts.
- *EyeMed rates are illustrative and include a \$2.00 pepm vision administration/network fee.



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Vision Plan Comparison

Wolverine Community Schools All Employees Options

Name	RENEWAL PLAN		Option 1	
	All Employees			
	MESSA Vision VSP 3 \$0/\$0 Copay - \$65 Frame		EyeMed SF Vision \$0/\$0 Copay - \$65 Frame	
Rate Period	1/1/2021-12/31/2021		1/1/2021-12/31/2024	
Purchased Plan Features	Coverage Allowance		Coverage Allowance	
Optometrist Exam	100%		100%	
Ophthalmologist Exam	100%		100%	
Regular Lenses	100%		100%	
Bifocal Lenses	100%		100%	
Trifocal Lenses	100%		100%	
Lenticular Lenses	100%		100%	
Frame Allowance	\$65		\$65	
Necessary Contacts	100%		100%	
Cosmetic Contacts	\$115		\$115	
Exam Copay	\$0		\$0	
Material Copay	\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates
One Person (1P)	6	\$7.59	6	\$5.69
Two Person (2P)	3	\$16.30	3	\$11.19
Family (FF)	16	\$24.52	16	\$16.49
Total Annual Premium	25	\$5,841	25	\$3,979
Estimated Cost for Benefit Increase - \$			\$6	\$1,863
Estimated Savings - %			32%	

*All rates include taxes and fees.

*All proposed options, frames are in-lieu of contacts.

*EyeMed rates are illustrative and include a \$2.00 pepm vision administration/network fee.