



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

Medical Rate Summary
Mt. Clemens Community School District
All Employees PA 106
Assumed Effective Date: 1/1/25

Current Plans and Segments	1P	2P	FF	Total Annual Cost
Teachers	Census 8	4	2	\$260,211
MESSA Choices \$500-20%; 3 Tier Rx	Rate \$959.48	\$2,158.83	\$2,686.55	
Teachers	Census 2	0	5	\$167,855
MESSA ABC Plan 2 \$2000-0%; 3 Tier Rx	Rate \$874.25	\$1,967.06	\$2,447.89	
Teachers	Census 7	4	2	\$196,811
MESSA Essentials \$375-20%; Essentials Rx	Rate \$759.30	\$1,708.43	\$2,126.05	
Assistant Superintendent/Central Office Admin	Census 1	0	0	\$13,668
MESSA Choices \$500-0%; Saver Rx	Rate \$1,139.00	\$2,562.76	\$3,189.21	
Assistant Superintendent/Central Office Admin	Census 1	1	2	\$106,278
MESSA ABC Plan 1 \$1650-0%; ABC Rx	Rate \$1,000.73	\$2,251.65	\$2,802.05	
Assistant Superintendent/Central Office Admin	Census 1	0	0	\$9,112
MESSA Essentials \$375-20%; Essentials Rx	Rate \$759.30	\$1,708.43	\$2,126.05	
TOTALS:	20	9	11	\$753,935

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$760.41	\$1,824.97	\$2,281.20	\$680,714	\$73,221
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$783.93	\$1,881.43	\$2,351.77	\$701,771	\$52,164
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$717.45	\$1,721.90	\$2,152.36	\$642,265	\$111,670
BCBSM SB PPO HSA \$1650-0%; \$10/\$40/\$80 after Ded. Rx	\$702.23	\$1,685.36	\$2,106.70	\$628,638	\$125,296
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$663.41	\$1,592.17	\$1,990.23	\$593,883	\$160,052
BCBSM SB PPO HSA \$3500-0%; \$10/\$40/\$80 after Ded. Rx	\$561.16	\$1,346.79	\$1,683.49	\$502,352	\$251,583
BCN					
BCN HMO HSA \$1650-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$586.36	\$1,407.27	\$1,759.09	\$524,911	\$229,023
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$562.68	\$1,350.43	\$1,688.04	\$503,711	\$250,224
HAP					
HAP PPO \$500-20%; \$10/\$10/\$20/\$40/\$40/\$40 Rx	\$885.27	\$1,991.85	\$2,478.74	\$754,778	-\$843
HAP PPO HSA \$2000-0%; \$10/\$10/\$40/\$80/\$80/\$80 after Ded. Rx	\$791.84	\$1,781.65	\$2,217.16	\$675,125	\$78,810
SET SEG					
SET SEG MEC (VEBA)	\$74.00	\$148.00	\$222.00	\$63,048	\$690,887
Priority Health	Solicited and did not provide options				

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

*Proposed rates include taxes and fees.

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



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Dental Rate Summary
 Mt. Clemens Community School District
 Assistant Superintendent with medical, no COB
 Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Assistant Superintendent with medical	Census	0	0	2	\$3,596	1/1/25 - 12/31/25
MESSA 80%/80%/80%/80% - \$1,500/\$1,300	Rate	\$38.98	\$81.57	\$149.84		
	TOTALS:	0	0	2	\$3,596	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable 80%/80%/60%/50% - \$1,500/\$1,250 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$40.68	\$81.63	\$152.93	\$3,670	-\$74
MetLife						
MetLife 80%/80%/80%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$38.92	\$73.14	\$121.60	\$2,918	\$678
MetLife 100%/90%/90%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$46.02	\$86.84	\$142.11	\$3,411	\$186
SET ADN						
SET SF ADN 80%/80%/80%/80% - \$1,500/\$1,300	1/1/25 - 12/31/25	\$34.15	\$68.73	\$124.17	\$2,980	\$616
SunLife	Solicited and declined to quote					

*All rates include taxes and fees

*SET ADN Dental plans include access to the ADN and Dentemax networks.

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.



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Dental Rate Summary
 Mt. Clemens Community School District
 Assistant Superintendent without medical, no COB
 Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Assistant Superintendent without medical	Census	0	0	1	\$1,811	1/1/25 - 12/31/25
MESSA 100%/90%/90%/90% - \$1,000/\$1,500	Rate	\$42.61	\$80.03	\$150.90		
	TOTALS:	0	0	1	\$1,811	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable 100%/90%/60%/50% - \$1,000/\$1,500 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$42.53	\$85.62	\$162.12	\$1,945	-\$135
MetLife						
MetLife 100%/90%/90%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$46.02	\$86.84	\$142.11	\$1,705	\$105
MetLife 80%/80%/80%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$38.92	\$73.14	\$121.60	\$1,459	\$352
SET ADN						
SET SF ADN 100%/90%/90%/90% - \$1,000/\$1,500	1/1/25 - 12/31/25	\$37.10	\$67.48	\$125.03	\$1,500	\$310
SunLife	Solicited and declined to quote					

*All rates include taxes and fees

*SET ADN Dental plans include access to the ADN and Dentemax networks.

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.



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Dental Rate Summary
 Mt. Clemens Community School District
 Central Office Admin with medical
 Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Central Office Admin with medical	Census	3	1	0	\$2,005	1/1/25 - 12/31/25
80%/80%/80%/80% - \$1,500/\$1,300	Rate	\$34.63	\$63.20	\$121.37		
	TOTALS:	3	1	0	\$2,005	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable 80%/80%/60%/50% - \$1,500/\$1,250 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$40.68	\$81.63	\$152.93	\$2,444	-\$439
MetLife						
MetLife 80%/80%/80%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$38.92	\$73.14	\$121.60	\$2,279	-\$274
MetLife 100%/90%/90%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$46.02	\$86.84	\$142.11	\$2,699	-\$694
SET ADN						
SET SF ADN 80%/80%/80%/80% - \$1,500/\$1,300	1/1/25 - 12/31/25	\$30.62	\$53.82	\$101.05	\$1,748	\$257
SunLife	Solicited and declined to quote					

*All rates include taxes and fees
 *SET ADN Dental plans include access to the ADN and Dentemax networks.
 *SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.



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Dental Rate Summary
 Mt. Clemens Community School District
 Central Office without medical
 Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Central Office Admin without medical	Census	0	0	3	\$5,214	1/1/25 - 12/31/25
100%/90%/90%/90% - \$1,000/\$1,500	Rate	\$39.55	\$70.97	\$144.83		
	TOTALS:	0	0	3	\$5,214	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable 100%/90%/60%/50% - \$1,000/\$1,500 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$42.53	\$85.62	\$162.12	\$5,836	-\$622
MetLife						
MetLife 100%/90%/90%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$46.02	\$86.84	\$142.11	\$5,116	\$98
MetLife 80%/80%/80%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$38.92	\$73.14	\$121.60	\$4,378	\$836
SET ADN						
SET SF ADN 100%/90%/90%/90% - \$1,000/\$1,500	1/1/25 - 12/31/25	\$34.61	\$60.13	\$120.10	\$4,324	\$890
SunLife	Solicited and declined to quote					

*All rates include taxes and fees

*SET ADN Dental plans include access to the ADN and Dentemax networks.

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.



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Dental Rate Summary
 Mt. Clemens Community School District
 Teachers with medical with COB
 Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers with medical with COB	Census	5	0	0	\$1,447	1/1/25 - 12/31/25
MESSA 50%/50%/50%/50% - \$1,500/\$1,000	Rate	\$24.12	\$46.00	\$87.72		
	TOTALS:	5	0	0	\$1,447	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
SET SF ADN 70%/50%/50%/50% - \$1,500/\$1,000 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$36.55	\$73.42	\$137.97	\$2,193	-\$746
MetLife						
MetLife 80%/80%/80%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$38.92	\$73.14	\$121.60	\$2,335	-\$888
MetLife 100%/90%/90%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$46.02	\$86.84	\$142.11	\$2,761	-\$1,314
SET ADN						
SET SF ADN 50%/50%/50%/50% - \$1,500/\$1,000	1/1/25 - 12/31/25	\$22.09	\$39.85	\$73.73	\$1,325	\$122
SunLife	Solicited and declined to quote					

*All rates include taxes and fees
 *SET ADN Dental plans include access to the ADN and Dentemax networks.
 *SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.



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Dental Rate Summary
 Mt. Clemens Community School District
 Teachers with medical without COB
 Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers with medical without COB	Census	13	7	10	\$30,901	1/1/25 - 12/31/25
MESSA 80%/80%/80%/80% - \$1,500/\$1,300	Rate	\$41.53	\$78.78	\$148.37		
	TOTALS:	13	7	10	\$30,901	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable 80%/80%/60%/50% - \$1,500/\$1,250 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$40.68	\$81.63	\$152.93	\$31,555	-\$654
MetLife						
MetLife 80%/80%/80%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$38.92	\$73.14	\$121.60	\$26,807	\$4,093
MetLife 100%/90%/90%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$46.02	\$86.84	\$142.11	\$31,527	-\$626
SET ADN						
SET SF ADN 80%/80%/80%/80% - \$1,500/\$1,300	1/1/25 - 12/31/25	\$36.22	\$66.47	\$122.98	\$25,991	\$4,909
SunLife	Solicited and declined to quote					

*All rates include taxes and fees.
 *SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.
 *SET ADN Dental plans include access to the ADN and Dentemax networks.



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Dental Rate Summary
 Mt. Clemens Community School District
 Teachers without medical with COB
 Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers without medical with COB	Census	0	0	2	\$1,552	1/1/25 - 12/31/25
MESSA 50%/50%/50%/50% - \$1,000/\$1,000	Rate	\$16.43	\$31.77	\$64.68		
	TOTALS:	0	0	2	\$1,552	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
SET SF ADN 70%/50%/50%/50% - \$1,000/\$1,000 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$32.07	\$64.58	\$122.39	\$2,937	-\$1,385
MetLife						
MetLife 80%/80%/80%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$38.92	\$73.14	\$121.60	\$2,918	-\$1,366
MetLife 100%/90%/90%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$46.02	\$86.84	\$142.11	\$3,411	-\$1,858
SET ADN						
SET SF ADN 50%/50%/50%/50% - \$1,000/\$1,000	1/1/25 - 12/31/25	\$15.84	\$28.30	\$55.02	\$1,320	\$232
SunLife	Solicited and declined to quote					

*All rates include taxes and fees

*SET ADN Dental plans include access to the ADN and Dentemax networks.

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.



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Dental Rate Summary
Mt. Clemens Community School District
Teachers without medical without COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers without medical without COB	Census	3	3	3	\$10,439	1/1/25 - 12/31/25
MESSA 100%/90%/90%/90% - \$1,000/\$1,500	Rate	\$44.01	\$84.73	\$161.24		
	TOTALS:	3	3	3	\$10,439	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable 100%/90%/60%/50% - \$1,000/\$1,500 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$42.53	\$85.62	\$162.12	\$10,450	-\$10
MetLife						
MetLife 80%/80%/80%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$38.92	\$73.14	\$121.60	\$8,412	\$2,028
MetLife 100%/90%/90%/60% - \$1,500/\$1,300 - \$50/\$150 Deductible	1/1/25 - 12/31/25	\$46.02	\$86.84	\$142.11	\$9,899	\$540
SET ADN						
SET SF ADN \$100/90%/90%/90% - \$1,000/\$1,500	1/1/25 - 12/31/25	\$38.24	\$71.30	\$133.43	\$8,747	\$1,692
SunLife	Solicited and declined to quote					

*All rates include taxes and fees.

*SET ADN Dental plans include access to the ADN and Dentemax networks.

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.



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Vision Rate Summary
Mt. Clemens Community School District
Everyone Except Teachers
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Assistant Superintendent, Central Office Admin	Census	3	2	5	\$2,675	1/1/25 - 12/31/25
MESSA VSP 3 Plus - \$80 Frame/\$200 Contacts	Rate	\$9.50	\$20.40	\$30.73		
	TOTALS:	3	2	5	\$2,675	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable \$10/\$25 Copay - \$150 Frame/\$150 Contacts	1/1/25 - 12/31/25	\$7.40	\$14.81	\$23.82	\$2,051	\$624
MetLife						
MetLife \$0/\$0 Copay - \$200 Frame/\$200 Contacts	1/1/25 - 12/31/25	\$10.21	\$19.18	\$27.31	\$2,466	\$209
SET SF NVA						
NVA SF \$0/\$0 Copay - \$80 Frame/\$200 Contacts	1/1/25 - 12/31/25	\$6.41	\$13.77	\$20.74	\$1,806	\$870
VSP						
VSP \$0/\$0 Copay - \$250 Frame/\$130 Contacts	1/1/25 - 12/31/25	\$21.66	\$33.06	\$59.28	\$5,130	-\$2,455
VSP \$10/\$25 Copay - \$150 Frame/\$150 Contacts	1/1/25 - 12/31/25	\$11.87	\$18.11	\$32.47	\$2,810	-\$135
SunLife	Solicited and declined to quote					

*SET NVA SF Vision rates are illustrative and include a \$1.95 per employee per month vision administration fee. These plans do include network access.

*All rates include taxes and fees.

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



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Vision Rate Summary
Mt. Clemens Community School District
Teachers

Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers	Census	21	10	15	\$10,172	1/1/25 - 12/31/25
MESSA VSP 3 Plus P 250CL - \$0/\$0 Copay \$130 Frame/\$250 Contacts	Rate	\$9.32	\$20.03	\$30.11		
	TOTALS:	21	10	15	\$10,172	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable \$10/\$25 Copay - \$130 Frame/\$130 Contacts	1/1/25 - 12/31/25	\$7.00	\$14.00	\$22.54	\$7,501	\$2,671
MetLife						
MetLife \$0/\$0 Copay - \$200 Frame/\$200 Contacts	1/1/25 - 12/31/25	\$10.21	\$19.18	\$27.31	\$9,790	\$382
MetLife \$0/\$0 Copay - \$250 Frame/\$250 Contacts	1/1/25 - 12/31/25	\$10.93	\$20.54	\$29.25	\$10,484	-\$312
SET SF NVA						
NVA SF \$0/\$0 Copay - \$130 Frame/\$250 Contacts	1/1/25 - 12/31/25	\$7.50	\$16.11	\$24.22	\$8,183	\$1,989
VSP						
VSP \$0/\$0 Copay - \$250 Frame/\$130 Contacts	1/1/25 - 12/31/25	\$21.66	\$33.06	\$59.28	\$20,096	-\$9,924
VSP \$10/\$25 Copay - \$150 Frame/\$150 Contacts	1/1/25 - 12/31/25	\$11.87	\$18.11	\$32.47	\$11,009	-\$837
SunLife	Solicited and declined to quote					

*All rates include taxes and fees.

*SET NVA SF Vision rates are illustrative and include a \$1.95 per employee per month vision administration fee. These plans do include network access.