



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
Owosso Public Schools
All Employees
Assumed Effective Date: 7/1/24

Current Plans and Segments	1P	2P	FF	Total Annual Cost
Administration Enrolled in MESSA Choices \$500	Census 1	2	3	\$127,285
MESSA Choices \$500-0%; Saver Rx	Rate \$763.10	\$1,716.97	\$2,136.68	
Administration Enrolled in MESSA Choices \$1000	Census 0	0	3	\$68,346
MESSA Choices \$1000-0%; 3 Tier Mail Rx	Rate \$678.04	\$1,525.58	\$1,898.49	
Administration Enrolled in MESSA ABC	Census 1	1	2	\$71,630
MESSA ABC Plan 1 \$1600-0%; ABC Rx	Rate \$674.48	\$1,517.58	\$1,888.54	
Superintendent & EOI Supt, Admin Assistants and Supvr Enrolled in MESSA Choices \$500	Census 0	1	0	\$20,552
MESSA Choices \$500-0%; Saver Rx	Rate \$761.18	\$1,712.64	\$2,131.28	
Superintendent & EOI Supt, Admin Assistants and Supvr Enrolled in MESSA Choices \$1000	Census 0	0	1	\$22,724
MESSA Choices \$1000-0%; 3 Tier Mail Rx	Rate \$676.33	\$1,521.73	\$1,893.70	
Teachers Enrolled in MESSA Choices \$500	Census 9	8	44	\$1,361,697
MESSA Choices \$500-0%; Saver Rx	Rate \$755.50	\$1,699.87	\$2,115.37	
Teachers Enrolled in MESSA Choices \$1000	Census 5	5	29	\$785,003
MESSA Choices \$1000-0%; 3 Tier Mail Rx	Rate \$671.29	\$1,510.41	\$1,879.60	
Teachers Enrolled in MESSA ABC	Census 5	0	17	\$421,495
MESSA ABC Plan 1 \$1600-0%; ABC Rx	Rate \$667.77	\$1,502.49	\$1,869.75	
FT & PT Non-Union SS Enrolled in MESSA Choices \$500	Census 0	3	2	\$114,234
MESSA Choices \$500-0%; Saver Rx	Rate \$770.81	\$1,734.32	\$2,158.26	
FT & PT Non-Union SS Enrolled in MESSA Choices \$1000	Census 1	3	1	\$86,706
MESSA Choices \$1000-0%; 3 Tier Mail Rx	Rate \$684.89	\$1,540.99	\$1,917.67	
FT & PT Non-Union SS Enrolled in MESSA ABC	Census 0	0	4	\$91,566
MESSA ABC Plan 1 \$1600-0%; ABC Rx	Rate \$681.29	\$1,532.91	\$1,907.62	
FT & PT OESPA SS Enrolled in MESSA Choices \$500	Census 11	2	1	\$169,292
MESSA Choices \$500-0%; Saver Rx	Rate \$770.91	\$1,734.56	\$2,158.54	
FT & PT OESPA SS Enrolled in MESSA Choices \$1000	Census 5	1	4	\$151,656
MESSA Choices \$1000-0%; 3 Tier Mail Rx	Rate \$684.99	\$1,541.23	\$1,917.95	
FT & PT OESPA SS Enrolled in MESSA ABC	Census 9	1	0	\$91,988
MESSA ABC Plan 1 \$1600-0%; ABC Rx	Rate \$681.39	\$1,533.15	\$1,907.90	
TOTALS:	47	27	111	\$3,584,173

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	\$691.29	\$1,659.10	\$2,073.87	\$3,689,831	-\$105,658
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$721.21	\$1,730.91	\$2,163.63	\$3,849,532	-\$265,360

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	\$653.38	\$1,568.12	\$1,960.15	\$3,487,497	\$96,676
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$659.65	\$1,583.16	\$1,978.95	\$3,520,948	\$63,225
BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$606.79	\$1,456.30	\$1,820.38	\$3,238,817	\$345,356
BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$550.34	\$1,320.81	\$1,651.01	\$2,937,480	\$646,693
Priority Health	Solicited and declined to quote				

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

*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.

*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.



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**Owosso Public Schools
Medical Plan Comparison
All Employees
Assumed Effective Date: 7/1/2024**

Plan Name	Option 1 BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	Option 2 BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	Option 3 BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx
Rate Period	7/1/24 - 6/30/25	7/1/24 - 6/30/25	7/1/24 - 6/30/25
Purchased Plan Features	In Network	In Network	In Network
Deductible			
Annual Deductible - 1P	\$500	\$1,000	\$1,600
Annual Deductible - 2P/FF	\$1,000	\$2,000	\$3,200
Additional Cost After Deductible			
Employee Coinsurance After Deductible	20%	0%	0%
Coinsurance Max - 1P	\$2,500	N/A	N/A
Coinsurance Max- 2P/FF	\$5,000	N/A	N/A
Out of Pocket Maximum			
Max ded, coinsurance, copays - 1P	\$8,150	\$8,150	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$16,300	\$16,300	\$8,000
Copayments			
Office Visit/Specialist	\$20/\$20	\$20/\$20	0% after Ded./0% after Ded.
Urgent Care/ER	\$20/\$150	\$20/\$150	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	12 visits/\$20	12 visits/\$20	12 visits/0% after Ded.
Rx Copay	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.
Total Monthly Costs			
One Person (1P)	(47) \$691.29	(47) \$721.21	(47) \$653.38
Two Person (2P)	(27) \$1,659.10	(27) \$1,730.91	(27) \$1,568.12
Family (FF)	(111) \$2,073.87	(111) \$2,163.63	(111) \$1,960.15
Total Annual Premium	(185) \$3,689,830.80	(185) \$3,849,532.44	(185) \$3,487,497.00
Combined Annual Premium			
One Person Cost Share			
One Person Rate	\$691.29	\$721.21	\$653.38
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$49.39	\$79.31	\$11.48
Two Person Cost Share			
Two Person Rate	\$1,659.10	\$1,730.91	\$1,568.12
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$316.68	\$388.49	\$225.70
Family Cost Share			
Family Rate	\$2,073.87	\$2,163.63	\$1,960.15
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$323.22	\$412.98	\$209.50

*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.



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Dental Rate Summary
Owosso Public Schools
All Employees

Assumed Effective Date: 7/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin, EBT (SET LF 80%/80%/50%/80%-\$1000/\$500)	Census	26	10	12	\$41,082	7/1/24 - 6/30/25
SET LF 80%/80%/50%/80%-\$1000/\$500	Rate	\$52.91	\$78.57	\$105.18		
Administrators Enrolled in MESSA	Census	2	3	8	\$20,610	1/1/24 - 12/31/24
MESSA Dental 80%/80%/80%/80%-\$2500/\$2500	Rate	\$46.49	\$88.56	\$169.86		
Superintendent & EOI Supt Enrolled in MESSA	Census	0	0	1	\$2,215	1/1/24 - 12/31/24
MESSA Dental 80%/80%/80%/80%-\$2500/\$2500	Rate	\$46.45	\$89.32	\$184.56		
Admin Assistants, Supvr Enrolled in MESSA	Census	0	1	0	\$1,084	1/1/24 - 12/31/24
MESSA Dental 80%/80%/80%/80%-\$2500/\$2500	Rate	\$48.43	\$90.32	\$139.85		
Teachers Enrolled in MESSA	Census	19	13	90	\$1,806,717	1/1/24 - 12/31/24
MESSA Dental 80%/80%/80%/80%-\$2500/\$2500	Rate	\$42.57	\$81.41	\$1,652.14		
TOTALS:		47	27	111	\$1,871,708	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Guardian	Solicited and declined to quote					
MetLife	Solicited and declined to quote					
SET ADN	Solicited and declined to quote					
SunLife	Solicited and declined to quote					

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

*MESSA rates include taxes and fees.



Vision Rate Summary
Owosso Public Schools
All Employees

Assumed Effective Date: 7/1/24

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Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
SET NVA SF Vision Enrollee - Union Plan B (SET SF NVA \$10/\$25 Copay; \$65 Frame)	Census	18	4	6	\$1,653	7/1/24 - 6/30/25
SET SF NVA \$10/\$25 Copay; \$65 Frame	Rate	\$3.72	\$5.48	\$8.14		
SET NVA SF Vision Enrollee - Non-Union Plan A (SET SF NVA \$6.50/\$18 Copay; \$65 Frame)	Census	5	4	9	\$1,495	7/1/24 - 6/30/25
SET SF NVA \$6.50/\$18 Copay; \$65 Frame	Rate	\$3.92	\$5.89	\$9.05		
SET NVA SF Vision Enrollee - PT Union (SET SF NVA \$20/Copay varies by lens; \$35 Frame)	Census	7	0	0	\$191	7/1/24 - 6/30/25
SET SF NVA \$20/Copay varies by lens; \$35 Frame	Rate	\$2.27	\$3.49	\$4.64		
Employees Enrolled in MESSA	Census	21	17	99	\$42,149	1/1/24 - 12/31/24
MESSA VSP 3 Plus P 250CL	Rate	\$9.31	\$20.00	\$30.07		
TOTALS:		51	25	114	\$45,488	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Guardian	Solicited and declined to quote					
MetLife	Solicited and declined to quote					
SET SF NVA	Solicited and declined to quote					
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.

*MESSA rates include taxes and fees.