



Medical Rate Summary
Dryden Community Schools
All Employees - PA 106
 Assumed Effective Date: 7/1/2021

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost	
Employees with BCN \$2000	Census 2	2	13	17	
BCN HSA HMO Gold \$2000-0%	Rate \$334.45	\$699.44	\$912.14		\$167,107
	TOTALS: 2	2	13	17	\$167,107

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA ABC Plan 2 \$2000-0%; 3-Tier Rx w/mandatory mail	\$484.97	\$1,091.20	\$1,357.94	\$249,667	-\$82,560

*HAP - solicited, response pending
 *Priority Health - declined to quote

SET SEG:

***If an employee or spouse enrolls in Medicare during the plan year, rates may increase, on the effective date of enrollment, to a predetermined Medicare rate. Please contact your Account Executive or ASR for exact cost.**

BCBSM:

***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.**



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

Dryden Community Schools
All Employees - Current vs Renewal
Assumed Effective Date: 7/1/2021

Plan	CURRENT PLAN		Renewal	
	Employees with BCN \$2000		BCN HSA HMO Gold \$2000-0%	
Rate Period	7/1/20-6/30/21		7/1/21-6/30/22	
Purchased Plan Features	In Network		In Network	
Deductible				
Annual Deductible - 1P	\$2,000		\$2,000	
Annual Deductible - 2P/FF	\$4,000		\$4,000	
Additional Cost After Deductible				
Employee Coinsurance after Deductible	0%		0%	
Coinsurance Max - 1P	N/A		N/A	
Coinsurance Max - 2P/FF	N/A		N/A	
Out of Pocket Maximum				
Max ded, coinsurance, copays - 1P	\$3,500		\$3,500	
Max ded, coinsurance, copays - 2P/FF	\$7,000		\$7,000	
Copayments				
Office Visit/Specialist	0% after Ded.		0% after Ded.	
Urgent Care/ER	0% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	30/0% after Ded. (when referred)		30/0% after Ded. (when referred)	
Rx Copay	\$10/\$30/\$60/\$80/20%/20% after Ded.		\$10/\$30/\$60/\$80/20%/20% after Ded.	
Total Monthly Costs				
	Census	Rates	Census	Rates
One Person (1P)	2	\$334.45	2	\$364.71
Two Person (2P)	2	\$699.44	2	\$762.72
Family (FF)	13	\$912.14	13	\$994.66
Total Annual Premium	17	\$167,107	17	\$182,225
One Person Cost Share				
One Person Rate	\$334.45		\$364.71	
One Person PA 152 Cap	\$458.33		\$477.08	
One Person Monthly Cost	-\$123.88		-\$112.37	
Two Person Cost Share				
Two Person Rate	\$699.44		\$762.72	
Two Person PA 152 Cap	\$916.67		\$954.00	
Two Person Monthly Cost	-\$217.23		-\$191.28	
Family Cost Share				
Family Rate	\$912.14		\$994.66	
Family PA 152 Cap	\$1,250.00		\$1,301.00	
Family Monthly Cost	-\$337.86		-\$306.34	

BCBSM:

*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.

SET SEG:

*If an employee or spouse enrolls in Medicare during the plan year, rates may increase, on the effective date of enrollment, to a predetermined Medicare rate. Please contact your Account Executive or ASR for exact cost.



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Dryden Community Schools
All Employees - PA 106
Assumed Effective Date: 7/1/2021

Plan	CURRENT PLAN		Option 1	
	Employees with BCN \$2000		MESSA ABC Plan 2 \$2000-0%; 3-Tier Rx w/mandatory mail	
	BCN HSA HMO Gold \$2000-0%			
Rate Period	7/1/20-6/30/21		7/1/21-12/31/21	
Purchased Plan Features	In Network		In Network	
Deductible				
Annual Deductible - 1P	\$2,000		\$2,000	
Annual Deductible - 2P/FF	\$4,000		\$4,000	
Additional Cost After Deductible				
Employee Coinsurance after Deductible	0%		0%	
Coinsurance Max - 1P	N/A		N/A	
Coinsurance Max - 2P/FF	N/A		N/A	
Out of Pocket Maximum				
Max ded, coinsurance, copays - 1P	\$3,500		\$4,000	
Max ded, coinsurance, copays - 2P/FF	\$7,000		\$7,000	
Copayments				
Office Visit/Specialist	0% after Ded.		0% after Ded.	
Urgent Care/ER	0% after Ded.		0% after Ded.	
Chiropractic Limit/Copay	30/0% after Ded. (when referred)		38/0% after Ded.	
Rx Copay	\$10/\$30/\$60/\$80/20%/20% after Ded.		3-Tier Rx w/mandatory mail	
Total Monthly Costs	Census	Rates	Census	Rates
One Person (1P)	2	\$334.45	2	\$484.97
Two Person (2P)	2	\$699.44	2	\$1,091.20
Family (FF)	13	\$912.14	13	\$1,357.94
Total Annual Premium	17	\$167,107	17	\$249,667
One Person Cost Share				
One Person Rate	\$334.45		\$484.97	
One Person PA 152 Cap	\$458.33		\$477.08	
One Person Monthly Cost	-\$123.88		\$7.89	
Two Person Cost Share				
Two Person Rate	\$699.44		\$1,091.20	
Two Person PA 152 Cap	\$916.67		\$954.00	
Two Person Monthly Cost	-\$217.23		\$137.20	
Family Cost Share				
Family Rate	\$912.14		\$1,357.94	
Family PA 152 Cap	\$1,250.00		\$1,301.00	
Family Monthly Cost	-\$337.86		\$56.94	

*HAP solicited, response pending

*Priority health - declined to quote

BCN:

*BCN proposed rates include estimated Health Insurance Claims assessment and the fees and taxes associated with the Affordable Care Act.

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Dental Rate Summary
Dryden Community Schools
All Employees
Assumed Effective Date: 7/1/2021

Current Plan(s) and Segment:		1P	2P	FF	Total Annual Cost	Rate Period
Employees with MESSA Dental	Census	3	3	18	\$31,113	1/1/21-12/31/21
Delta Dental 80%/80%/80%/80% - \$1,000/\$1,300	Rate	\$34.28	\$66.12	\$127.31		
	TOTALS:	3	3	18	\$31,113	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET SF 80%/80%/80%/80% - \$1,000/\$1,300	7/1/21-6/30/22	\$32.18	\$58.02	\$113.36	\$27,733	\$3,380
BCBSM 100%/80%/50%/50% - \$1500/\$1500	7/1/21-6/30/22	\$32.45	\$67.87	\$88.51	\$22,730	\$8,384

*MetLife - declined to quote

*MESSA - provided current rates

*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.

*BCBSM rates are illustrative for proposal, please see age banded rate sheet for more details



Dental Plan Comparison

Dryden Community Schools

All Employees

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	CURRENT PLAN		Option 1		Option 2	
	Employees with MESSA Dental					
Name	Delta Dental 80%/80%/80%/80% - \$1,000/\$1,300		SET SF 80%/80%/80%/80% - \$1,000/\$1,300		BCBSM 100%/80%/50%/50% - \$1500/\$1500	
Rate Period	1/1/21-12/31/21		7/1/21-6/30/22		7/1/21-6/30/22	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	80%		80%		100%	
Basic %	80%		80%		80%	
Major %	80%		80%		50%	
Ortho %	80%		80%		50%	
Basic Ded	\$0		\$0		\$0	
Major Ded	\$0		\$0		1-\$25 2-\$50 FF-\$75 per year per family	
Ortho Ded	\$0		\$0		\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,500	
Ortho Max	\$1,300		\$1,300		\$1,500*	
Sealants Covered	N		N		Y	
Implants Covered	N		N		Y	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	3	\$34.28	3	\$32.18	3	\$32.45
Two Person (2P)	3	\$66.12	3	\$58.02	3	\$67.87
Family (FF)	18	\$127.31	18	\$113.36	18	\$88.51
Total Annual Premium	24	\$31,113	24	\$27,733	24	\$22,730

*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.

*BCBSM rates are illustrative for proposal, please see age banded rate sheet for more details

*BCBSM Ortho OOP - \$350 for one pediatric member, \$700 for two or more



Vision Rate Summary
Dryden Community Schools
All Employees
Assumed Effective Date: 7/1/2021

Current Plan(s) and Segment:		1P	2P	FF	Total Annual Cost	Rate Period
Employees with MESSA vision		Census 3	3	18	\$6,156	1/1/21-12/31/21
	VSP 3	Rate \$7.59	\$16.30	\$24.52		
TOTALS:		3	3	18	\$6,156	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET SF \$0/\$0 Copays - \$65 Frame/\$115 Contacts	7/1/21-6/30/22	\$12.65	\$23.46	\$46.29	\$11,299	-\$5,142
EyeMed ASO \$0/\$0 Copays - \$65 Frame/\$115 Contacts	7/1/21-6/30/25	\$5.69	\$11.19	\$16.49	\$4,170	\$1,987

- *MetLife - declined to quote
- *BCBSM - declined to quote
- *MESSA - provided current rates

*EyeMed rates are illustrative and include a \$2.00 pepm vision administration/network fee.
 *SETSEG SF/ADN rates are illustrative and include a \$1.85 per employee per month vision administration fee.



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Vision Plan Comparison

Dryden Community Schools

All Employees

	CURRENT PLAN		Option 1		Option 2	
	Employees with MESSA vision					
Name	VSP 3		SET SF \$0/\$0 Copays - \$65 Frame/\$115 Contacts		EyeMed ASO \$0/\$0 Copays - \$65 Frame/\$115 Contacts	
Rate Period	1/1/21-12/31/21		7/1/21-6/30/22		7/1/21-6/30/25	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	100%		100%		100%	
Ophthalmologist Exam	100%		100%		100%	
Regular Lenses	100%		100%		100%	
Bifocal Lenses	100%		100%		100%	
Trifocal Lenses	100%		100%		100%	
Lenticular Lenses	100%		100%		100%	
Frame Allowance	\$65		\$65		\$65	
Necessary Contacts	100%		100%		100%	
Cosmetic Contacts	\$115		\$115		\$115	
Exam Copay	\$0		\$0		\$0	
Material Copay	\$0		\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	3	\$7.59	3	\$12.65	3	\$5.69
Two Person (2P)	3	\$16.30	3	\$23.46	3	\$11.19
Family (FF)	18	\$24.52	18	\$46.29	18	\$16.49
Total Annual Premium	24	\$6,156	24	\$11,299	24	\$4,170