



1475 Kendale Boulevard, PO Box 2560
East Lansing, MI 48826-2560
800.292.4910

Quote Summary Exclusively for
Genesee ISD
Rates Effective 01/01/2024 through 12/31/2024

Quote Request ID: 233775
MESSA Field Rep: Kirk Ozanich
Date Created: 10/13/2023

Quoted Group(s): 509C - Teacher, Health Professionals

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 354059			
				Quoted Benefits	Rate w/ no Discount		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Choices (AQ) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	 \$699.55 \$1,573.99 \$1,958.74	S: 18 2P: 8 F: 27	Choices (AQ) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	 \$699.55 \$1,573.99 \$1,958.74		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Choices (BA) \$1000/\$2000 20% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	 \$589.31 \$1,325.97 \$1,650.09	S: 5 2P: 2 F: 7	Choices (BA) \$1000/\$2000 20% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	 \$589.31 \$1,325.97 \$1,650.09		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	ABC Plan 1 (BP) \$1500/\$3000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier Mail HEQ	 \$618.05 \$1,390.61 \$1,730.54	S: 17 2P: 15 F: 54	ABC Plan 1 (BP) \$1600/\$3200 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier Mail HEQ	 \$618.05 \$1,390.61 \$1,730.54		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	ABC Plan 2 (CB) \$2000/\$4000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier Mail HEQ	 \$577.79 \$1,300.02 \$1,617.81	S: 15 2P: 9 F: 27	ABC Plan 2 (CB) \$2000/\$4000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier Mail HEQ	 \$577.79 \$1,300.02 \$1,617.81		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	ABC Plan 3 (7Z) \$3500/\$7000 10% \$0/\$0/\$0 \$0/\$0/\$0/\$0 ABC Rx HEQ	 \$544.69 \$1,225.55 \$1,525.13	S: 1 2P: 2 F: 2	<i>Balance+ (ED)</i> <i>\$1600/\$3200</i> <i>20%</i> <i>\$10/\$10/\$25</i> <i>\$25/\$50/\$50/\$200</i> <i>Balance+Rx</i> <i>HEQ</i>	 <i>\$555.84</i> <i>\$1,250.63</i> <i>\$1,556.34</i>		
Basic Term Life w/Med Volume:	\$5,000	\$1.50	209	\$5,000	\$1.50		

The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.

Your account may be eligible for additional savings through our multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.

The above rates are based on plans and enrollment as of 10/11/2023. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Kirk Ozanich, at 800.292.4910.



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**Quote Summary Exclusively for
Genesee ISD
Rates Effective 01/01/2024 through 12/31/2024**

Quote Request ID: 233776
MESSA Field Rep: Kirk Ozanich
Date Created: 10/13/2023

Quoted Group(s): 509H - Admin, Para, Maint, Trans

Medical plans

Description	Current Benefits	Rate	Census Used	Quote ID 354060			
				Quoted Benefits	Rate w/ no Discount		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Choices (AQ) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	 \$699.55 \$1,573.99 \$1,958.74	S: 154 2P: 11 F: 37	Choices (AQ) \$500/\$1000 0% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	 \$699.55 \$1,573.99 \$1,958.74		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	Choices (BA) \$1000/\$2000 20% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	 \$589.31 \$1,325.97 \$1,650.09	S: 28 2P: 5 F: 3	Choices (BA) \$1000/\$2000 20% \$20/\$20/\$20 \$20/\$20/\$25/\$50 3Tier Mail None	 \$589.31 \$1,325.97 \$1,650.09		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	ABC Plan 1 (BP) \$1500/\$3000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier Mail HEQ	 \$618.05 \$1,390.61 \$1,730.54	S: 48 2P: 13 F: 17	ABC Plan 1 (BP) \$1600/\$3200 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier Mail HEQ	 \$618.05 \$1,390.61 \$1,730.54		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	ABC Plan 2 (CB) \$2000/\$4000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier Mail HEQ	 \$577.79 \$1,300.02 \$1,617.81	S: 44 2P: 16 F: 35	ABC Plan 2 (CB) \$2000/\$4000 0% \$0/\$0/\$0 \$0/\$0/\$0/\$0 3Tier Mail HEQ	 \$577.79 \$1,300.02 \$1,617.81		
Plan IN Deductible: IN Coinsurance: TH:24-7/MH/PC Copay: OV/SV/UC/ER Copay: Rx Coverage: Riders:	ABC Plan 3 (7Z) \$3500/\$7000 10% \$0/\$0/\$0 \$0/\$0/\$0/\$0 ABC Rx HEQ	 \$544.69 \$1,225.55 \$1,525.13	S: 3 2P: 0 F: 3	<i>Balance+ (ED)</i> <i>\$1600/\$3200</i> <i>20%</i> <i>\$10/\$10/\$25</i> <i>\$25/\$50/\$50/\$200</i> <i>Balance+Rx</i> <i>HEQ</i>	 <i>\$555.84</i> <i>\$1,250.63</i> <i>\$1,556.34</i>		
Basic Term Life w/Med Volume:	\$5,000	\$1.50	417	\$5,000	\$1.50		

The MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a bundled benefit with the MESSA Balance+ plan.

Your account may be eligible for additional savings through our multiproduct discount program by adding more MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize your discount.

The above rates are based on plans and enrollment as of 10/11/2023. Material changes in the composition of the group such as number of enrollees, definable group, eligibility requirements or plans offered may affect the final rates.

If you have any questions, please contact your MESSA Field Representative, Kirk Ozanich, at 800.292.4910.



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
Genesee ISD
All Employees

Current Plans and Segments	Assumed Effective Date: 1/1/24				
		1P	2P	FF	Total Annual Cost
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA Choices \$500-0% Plan	Census	153	14	37	\$2,418,485
MESSA Choices \$500-0%; 3 Tier Mail Rx	Rate	\$699.55	\$1,573.99	\$1,958.74	
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA Choices \$1000-20% Plan	Census	28	5	2	\$317,169
MESSA Choices \$1000-20%;; 3 Tier Mail Rx	Rate	\$589.31	\$1,325.97	\$1,650.09	
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 1 \$1600-0% HSA Plan	Census	47	12	18	\$922,625
MESSA ABC Plan 1 \$1600-0%; 3 Tier Mail Rx	Rate	\$618.05	\$1,390.61	\$1,730.54	
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 2 \$2000-0% HSA Plan	Census	45	15	34	\$1,206,077
MESSA ABC Plan 2 \$2000-0%; 3 Tier Mail Rx	Rate	\$577.79	\$1,300.02	\$1,617.81	
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 3 \$3500-10% HSA Plan	Census	3	0	3	\$74,514
MESSA ABC Plan 3 \$3500-10%; ABC Rx	Rate	\$544.69	\$1,225.55	\$1,525.13	
Teachers Enrolled in MESSA Choices \$500-0% Plan	Census	18	8	25	\$889,828
MESSA Choices \$500-0%; 3 Tier Mail Rx	Rate	\$699.55	\$1,573.99	\$1,958.74	
Teachers Enrolled in MESSA Choices \$1000-20% Plan	Census	5	1	8	\$209,679
MESSA Choices \$1000-20%;; 3 Tier Mail Rx	Rate	\$589.31	\$1,325.97	\$1,650.09	
Teachers Enrolled in MESSA ABC Plan 1 \$1600-0% HSA Plan	Census	17	15	55	\$1,518,548
MESSA ABC Plan 1 \$1600-0%; 3 Tier Mail Rx	Rate	\$618.05	\$1,390.61	\$1,730.54	
Teachers Enrolled in MESSA ABC Plan 2 \$2000-0% HSA Plan	Census	15	10	27	\$784,175
MESSA ABC Plan 2 \$2000-0%; 3 Tier Mail Rx	Rate	\$577.79	\$1,300.02	\$1,617.81	
Teachers Enrolled in MESSA ABC Plan 3 \$3500-10% HSA Plan	Census	1	2	2	\$72,553
MESSA ABC Plan 3 \$3500-10%; ABC Rx	Rate	\$544.69	\$1,225.55	\$1,525.13	
TOTALS:		332	82	211	\$8,413,651

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	\$653.43	\$1,568.24	\$1,960.29	\$9,109,868	-\$696,217
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$674.62	\$1,619.11	\$2,023.88	\$9,405,354	-\$991,704
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$613.48	\$1,472.35	\$1,840.44	\$8,552,891	-\$139,240
BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	\$618.57	\$1,484.57	\$1,855.72	\$8,623,883	-\$210,232
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$579.93	\$1,391.84	\$1,739.80	\$8,085,185	\$328,466
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$645.37	\$1,548.88	\$1,936.10	\$8,997,457	-\$583,806
BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$598.02	\$1,435.26	\$1,794.07	\$8,337,393	\$76,258
BCN HMO \$1000-20%; \$1000 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$580.70	\$1,393.70	\$1,742.11	\$8,095,932	\$317,719
BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$539.92	\$1,295.80	\$1,619.75	\$7,527,315	\$886,335

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$514.65	\$1,235.17	\$1,543.96	\$7,175,080	\$1,238,571

*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.

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Genesee ISD
Medical Plan Comparison
All Employees
Assumed Effective Date: 1/1/2024

Plan Name	Option 1 BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	Option 2 BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	Option 3 BCN HMO \$1000-20%; \$1000 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	Option 4 BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	Option 5 BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network
Deductible					
Annual Deductible - 1P	\$2,000	\$1,000	\$1,000	\$1,600	\$2,000
Annual Deductible - 2P/FF	\$4,000	\$2,000	\$2,000	\$3,200	\$4,000
Additional Cost After Deductible					
Employee Coinsurance After Deductible	0%	0%	20%	0%	0%
Coinsurance Max - 1P	N/A	N/A	\$1,000	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	\$2,000	N/A	N/A
Out of Pocket Maximum					
Max ded, coinsurance, copays - 1P	\$4,000	\$8,150	\$8,150	\$4,000	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$8,000	\$16,300	\$16,300	\$8,000	\$8,000
Copayments					
Office Visit/Specialist	0% after Ded./0% after Ded.	\$30/\$50 (when referred)	\$20/\$40 (when referred)	0% after Ded./0% after Ded. (when referred)	0% after Ded./0% after Ded. (when referred)
Urgent Care/ER	0% after Ded./0% after Ded.	\$60/\$250	\$50/\$250	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	12 visits/0% after Ded.	30 visits (when referred)/\$50	30 visits (when referred)/\$40	30 visits (when referred)/0% after Ded.	30 visits (when referred)/0% after Ded.
Rx Copay	\$10/\$40/\$80 after Ded.	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs					
One Person (1P)	(332) \$579.93	(332) \$598.02	(332) \$580.70	(332) \$539.92	(332) \$514.65
Two Person (2P)	(82) \$1,391.84	(82) \$1,435.26	(82) \$1,393.70	(82) \$1,295.80	(82) \$1,235.17
Family (FF)	(211) \$1,739.80	(211) \$1,794.07	(211) \$1,742.11	(211) \$1,619.75	(211) \$1,543.96
Total Annual Premium	(625) \$8,085,185.28	(625) \$8,337,392.76	(625) \$8,095,932.12	(625) \$7,527,315.48	(625) \$7,175,079.60
One Person Cost Share					
One Person Rate	\$579.93	\$598.02	\$580.70	\$539.92	\$514.65
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	-\$61.97	-\$43.88	-\$61.20	-\$101.98	-\$127.25
Two Person Cost Share					
Two Person Rate	\$1,391.84	\$1,435.26	\$1,393.70	\$1,295.80	\$1,235.17
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$49.42	\$92.84	\$51.28	-\$46.62	-\$107.25
Family Cost Share					
Family Rate	\$1,739.80	\$1,794.07	\$1,742.11	\$1,619.75	\$1,543.96
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	-\$10.85	\$43.42	-\$8.54	-\$130.90	-\$206.69

*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.



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Medical Rate Summary
Genesee ISD
Everyone but Teachers

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA Choices \$500-0% Plan	Census	153	14	37	\$2,418,485
MESSA Choices \$500-0%; 3 Tier Mail Rx	Rate	\$699.55	\$1,573.99	\$1,958.74	
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA Choices \$1000-20% Plan	Census	28	5	2	\$317,169
MESSA Choices \$1000-20%; 3 Tier Mail Rx	Rate	\$589.31	\$1,325.97	\$1,650.09	
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 1 \$1600-0% HSA Plan	Census	47	12	18	\$922,625
MESSA ABC Plan 1 \$1600-0%; 3 Tier Mail Rx	Rate	\$618.05	\$1,390.61	\$1,730.54	
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 2 \$2000-0% HSA Plan	Census	45	15	34	\$1,206,077
MESSA ABC Plan 2 \$2000-0%; 3 Tier Mail Rx	Rate	\$577.79	\$1,300.02	\$1,617.81	
Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 3 \$3500-10% HSA Plan	Census	3	0	3	\$74,514
MESSA ABC Plan 3 \$3500-10%; ABC Rx	Rate	\$544.69	\$1,225.55	\$1,525.13	
	TOTALS:	276	46	94	\$4,938,868

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	\$721.13	\$1,730.72	\$2,163.40	\$5,784,055	-\$845,187
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$744.50	\$1,786.81	\$2,233.51	\$5,971,502	-\$1,032,634
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$676.98	\$1,624.77	\$2,030.97	\$5,429,965	-\$491,097
BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	\$682.73	\$1,638.56	\$2,048.20	\$5,476,056	-\$537,188
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$640.07	\$1,536.16	\$1,920.20	\$5,133,858	-\$194,990
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$713.17	\$1,711.61	\$2,139.51	\$5,720,195	-\$781,327
BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$660.79	\$1,585.90	\$1,982.37	\$5,300,067	-\$361,199
BCN HMO \$1000-20%; \$1000 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$641.64	\$1,539.94	\$1,924.92	\$5,146,468	-\$207,600
BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$596.75	\$1,432.20	\$1,790.25	\$4,786,412	\$152,456
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$568.82	\$1,365.18	\$1,706.47	\$4,562,409	\$376,459

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Plan Name	CURRENT PLAN Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA Choices \$500-0% Plan MESSA Choices \$500-0%; 3 Tier Mail Rx	CURRENT PLAN Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA Choices \$1000-20% Plan MESSA Choices \$1000-20%;; 3 Tier Mail Rx	CURRENT PLAN Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 1 \$1600-0% HSA Plan MESSA ABC Plan 1 \$1600-0%; 3 Tier Mail Rx	CURRENT PLAN Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 2 \$2000-0% HSA Plan MESSA ABC Plan 2 \$2000-0%; 3 Tier Mail Rx	CURRENT PLAN Administration, Para-Professional, Maintenance & Transportation Enrolled in MESSA ABC Plan 3 \$3500-10% HSA Plan MESSA ABC Plan 3 \$3500-10%; ABC Rx	Option 1 BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	Option 2 BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible							
Annual Deductible - 1P	\$500	\$1,000	\$1,600	\$2,000	\$3,500	\$1,600	\$2,000
Annual Deductible - 2P/FF	\$1,000	\$2,000	\$3,200	\$4,000	\$7,000	\$3,200	\$4,000
Additional Cost After Deductible							
Employee Coinsurance After Deductible	0%	20%	0%	0%	10%	0%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum							
Max ded, coinsurance, copays - 1P	\$1,500	\$3,000	\$3,500	\$4,000	\$4,500	\$4,000	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$3,000	\$6,000	\$7,000	\$7,500	\$9,000	\$8,000	\$8,000
Copayments							
Office Visit/Specialist	\$20/\$20	\$20/\$20	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	10% after Ded./10% after Ded.	0% after Ded./0% after Ded. (when referred)	0% after Ded./0% after Ded. (when referred)
Urgent Care/ER	\$25/\$50	\$25/\$50	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	10% after Ded./10% after Ded.	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/0% after Ded. (office visit copay may apply)	38 visits/20% after Ded. (office visit copay may apply)	38 visits/0% after Ded.	38 visits/0% after Ded.	38 visits/10% after Ded.	30 visits (when referred)/0% after Ded.	30 visits (when referred)/0% after Ded.
Rx Copay	3 Tier Mail	3 Tier Mail	3 Tier Mail	3 Tier Mail	ABC Rx	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs							
One Person (1P)	(153) \$699.55	(28) \$589.31	(47) \$618.05	(45) \$577.79	(3) \$544.69	(276) \$596.75	(276) \$568.82
Two Person (2P)	(14) \$1,573.99	(5) \$1,325.97	(12) \$1,390.61	(15) \$1,300.02	(0) \$1,225.55	(46) \$1,432.20	(46) \$1,365.18
Family (FF)	(37) \$1,958.74	(2) \$1,650.09	(18) \$1,730.54	(34) \$1,617.81	(3) \$1,525.13	(94) \$1,790.25	(94) \$1,706.47
Total Annual Premium	(204) \$2,418,484.68	(35) \$317,168.52	(77) \$922,624.68	(94) \$1,206,076.68	(6) \$74,513.52	(416) \$4,786,412.40	(416) \$4,562,409.36
Combined Annual Premium	\$4,938,868.08	\$4,938,868.08	\$4,938,868.08	\$4,938,868.08	\$4,938,868.08		
Savings							
Estimated Savings						\$152,455.68 (-3.1%)	\$376,458.72 (-7.6%)
One Person Cost Share							
One Person Rate	\$699.55	\$589.31	\$618.05	\$577.79	\$544.69	\$596.75	\$568.82
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$57.65	-\$52.59	-\$23.85	-\$64.11	-\$97.21	-\$45.15	-\$73.08
Two Person Cost Share							
Two Person Rate	\$1,573.99	\$1,325.97	\$1,390.61	\$1,300.02	\$1,225.55	\$1,432.20	\$1,365.18
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$231.57	-\$16.45	\$48.19	-\$42.40	-\$116.87	\$89.78	\$22.76
Family Cost Share							
Family Rate	\$1,958.74	\$1,650.09	\$1,730.54	\$1,617.81	\$1,525.13	\$1,790.25	\$1,706.47
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$208.09	-\$100.56	-\$20.11	-\$132.84	-\$225.52	\$39.60	-\$44.18

*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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Medical Rate Summary
Genesee ISD
GIESPA Employees

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost
GIESPA Enrolled in MESSA Choices \$500-0% Plan	Census	12	0	1	\$124,240
MESSA Choices \$500-0%; 3 Tier Mail Rx	Rate	\$699.55	\$1,573.99	\$1,958.74	
GIESPA Enrolled in MESSA Choices \$1000-20% Plan	Census	3	1	0	\$37,127
MESSA Choices \$1000-20%; 3 Tier Mail Rx	Rate	\$589.31	\$1,325.97	\$1,650.09	
GIESPA Enrolled in MESSA ABC Plan 1 \$1600-0% HSA Plan	Census	9	0	0	\$66,749
MESSA ABC Plan 1 \$1600-0%; 3 Tier Mail Rx	Rate	\$618.05	\$1,390.61	\$1,730.54	
GIESPA Enrolled in MESSA ABC Plan 2 \$2000-0% HSA Plan	Census	9	1	0	\$78,002
MESSA ABC Plan 2 \$2000-0%; 3 Tier Mail Rx	Rate	\$577.79	\$1,300.02	\$1,617.81	
GIESPA Enrolled in MESSA ABC Plan 3 \$3500-10% HSA Plan	Census	1	0	0	\$6,536
MESSA ABC Plan 3 \$3500-10%; ABC Rx	Rate	\$544.69	\$1,225.55	\$1,525.13	
TOTALS:		34	2	1	\$312,654

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$649.09	\$1,557.82	\$1,947.28	\$325,584	-\$12,930
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$652.39	\$1,565.72	\$1,957.16	\$327,238	-\$14,584
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$596.45	\$1,431.48	\$1,789.34	\$299,179	\$13,475
BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	\$589.63	\$1,415.13	\$1,768.91	\$295,759	\$16,895
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$553.50	\$1,328.41	\$1,660.50	\$277,636	\$35,018
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 after Ded. Rx	\$493.78	\$1,185.07	\$1,481.33	\$247,680	\$64,974
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$610.20	\$1,464.49	\$1,830.61	\$306,077	\$6,577
BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$563.70	\$1,352.88	\$1,691.10	\$282,752	\$29,902
BCN HMO \$1000-20%; \$1000 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$548.27	\$1,315.86	\$1,644.83	\$275,013	\$37,641
BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$502.49	\$1,205.98	\$1,507.46	\$252,049	\$60,605
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$479.23	\$1,150.14	\$1,437.68	\$240,381	\$72,273
BCN HMO HSA \$2000-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$433.18	\$1,039.62	\$1,299.52	\$217,283	\$95,372

*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.



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Genesee ISD
Medical Plan Comparison
GIESPA Employees
Assumed Effective Date: 1/1/2024

	Option 1	Option 2	Option 3	Option 4
Plan Name	BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24
Purchased Plan Features	In Network	In Network	In Network	In Network
Deductible				
Annual Deductible - 1P	\$1,000	\$1,600	\$2,000	\$2,000
Annual Deductible - 2P/FF	\$2,000	\$3,200	\$4,000	\$4,000
Additional Cost After Deductible				
Employee Coinsurance After Deductible	20%	0%	0%	20%
Coinsurance Max - 1P	\$2,500	N/A	N/A	N/A
Coinsurance Max- 2P/FF	\$5,000	N/A	N/A	N/A
Out of Pocket Maximum				
Max ded, coinsurance, copays - 1P	\$8,150	\$4,000	\$4,000	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$16,300	\$8,000	\$8,000	\$8,000
Copayments				
Office Visit/Specialist	\$30/\$30	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.
Urgent Care/ER	\$30/\$150	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.
Chiropractic Limit/Copay	12 visits/\$30	12 visits/0% after Ded.	12 visits/0% after Ded.	12 visits/20% after Ded.
Rx Copay	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.
Total Monthly Costs				
One Person (1P)	(34) \$596.45	(34) \$589.63	(34) \$553.50	(34) \$493.78
Two Person (2P)	(2) \$1,431.48	(2) \$1,415.13	(2) \$1,328.41	(2) \$1,185.07
Family (FF)	(1) \$1,789.34	(1) \$1,768.91	(1) \$1,660.50	(1) \$1,481.33
Total Annual Premium	(37) \$299,179.20	(37) \$295,759.08	(37) \$277,635.84	(37) \$247,679.88
One Person Cost Share				
One Person Rate	\$596.45	\$589.63	\$553.50	\$493.78
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	-\$45.45	-\$52.27	-\$88.40	-\$148.12
Two Person Cost Share				
Two Person Rate	\$1,431.48	\$1,415.13	\$1,328.41	\$1,185.07
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$89.06	\$72.71	-\$14.01	-\$157.35
Family Cost Share				
Family Rate	\$1,789.34	\$1,768.91	\$1,660.50	\$1,481.33
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$38.69	\$18.26	-\$90.15	-\$269.32

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Plan Name	Option 1 BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	Option 2 BCN HMO \$1000-0%; \$4/\$15/\$40/\$80/20%/20% Rx	Option 3 BCN HMO \$1000-20%; \$1000 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	Option 4 BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	Option 5 BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	Option 6 BCN HMO HSA \$2000-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network
Deductible						
Annual Deductible - 1P	\$500	\$1,000	\$1,000	\$1,600	\$2,000	\$2,000
Annual Deductible - 2P/FF	\$1,000	\$2,000	\$2,000	\$3,200	\$4,000	\$4,000
Additional Cost After Deductible						
Employee Coinsurance After Deductible	0%	0%	20%	0%	0%	20%
Coinsurance Max - 1P	N/A	N/A	\$1,000	N/A	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	\$2,000	N/A	N/A	N/A
Out of Pocket Maximum						
Max ded, coinsurance, copays - 1P	\$8,150	\$8,150	\$8,150	\$4,000	\$4,000	\$4,000
Max ded, coinsurance, copays - 2P/FF	\$16,300	\$16,300	\$16,300	\$8,000	\$8,000	\$8,000
Copayments						
Office Visit/Specialist	\$20/\$30 (when referred)	\$30/\$50 (when referred)	\$30/\$40 (when referred)	0% after Ded. /0% after Ded. (when referred)	0% after Ded./0% after Ded. (when referred)	20% after Ded./20% after Ded. (when referred)
Urgent Care/ER	\$35/\$250	\$60/\$250	\$50/\$250	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.
Chiropractic Limit/Copay	30 visits (when referred)/\$30 (when referred)	30 visits (when referred)/\$50	30 visits (when referred)/\$40	30 visits/0% after Ded. (when referred)	30 visits/0% after Ded. (when referred)	30 visits/20% after Ded. (when referred)
Rx Copay	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs						
One Person (1P)	(34) \$610.20	(34) \$563.70	(34) \$548.27	(34) \$502.49	(34) \$479.23	(34) \$433.18
Two Person (2P)	(2) \$1,464.49	(2) \$1,352.88	(2) \$1,315.86	(2) \$1,205.98	(2) \$1,150.14	(2) \$1,039.62
Family (FF)	(1) \$1,830.61	(1) \$1,691.10	(1) \$1,644.83	(1) \$1,507.46	(1) \$1,437.68	(1) \$1,299.52
Total Annual Premium	(37) \$306,076.68	(37) \$282,751.92	(37) \$275,012.76	(37) \$252,048.96	(37) \$240,381.36	(37) \$217,282.56
One Person Cost Share						
One Person Rate	\$610.20	\$563.70	\$548.27	\$502.49	\$479.23	\$433.18
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	-\$31.70	-\$78.20	-\$93.63	-\$139.41	-\$162.67	-\$208.72
Two Person Cost Share						
Two Person Rate	\$1,464.49	\$1,352.88	\$1,315.86	\$1,205.98	\$1,150.14	\$1,039.62
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$122.07	\$10.46	-\$26.56	-\$136.44	-\$192.28	-\$302.80
Family Cost Share						
Family Rate	\$1,830.61	\$1,691.10	\$1,644.83	\$1,507.46	\$1,437.68	\$1,299.52
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$79.96	-\$59.55	-\$105.82	-\$243.19	-\$312.97	-\$451.13

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Vision Rate Summary
Genesee ISD
GIEA

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Assumed Effective Date: 1/1/24 Rate Period
GIEA (EyeMed SF \$0/\$0 Copay - \$130 Frame/\$250 Contacts)		Census 58	49	125	\$104,039	1/1/20 - 12/31/24
EyeMed SF \$0/\$0 Copay - \$130 Frame/\$250 Contacts		Rate \$13.65	\$26.29	\$52.72		
TOTALS:		58	49	125	\$104,039	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
NVA						
NVA \$0/\$0 Copay - \$130 Frame/\$130 Contacts	1/1/24 - 12/31/27	\$17.17	\$30.90	\$54.93	\$112,515	-\$8,476
SET ADN						
SET ADN SF \$0/\$0 Copay - \$130 Frame/\$250 Contacts	1/1/24 - 6/30/24	\$16.90	\$31.95	\$63.55	\$125,874	-\$21,835
VSP						
VSP \$0/\$0 Copay - \$130 Frame/\$250 Contacts	1/1/24 - 12/31/25	\$9.02	\$18.05	\$29.06	\$60,481	\$43,558

*SET ADN SF rates are illustrative and include a \$1.85 per employee per month vision administration fee. These plans do not include a network.
*SET ADN SF illustrative rates are based on enrollment and advance self-funded reserve is required.
*NVA rates include taxes and fees.
*VSP rates include taxes and fees.



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Genesee ISD
Vision Plan Comparison
GIEA
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN GIEA EyeMed SF \$0/\$0 Copay - \$130 Frame/\$250 Contacts	Option 1 VSP \$0/\$0 Copay - \$130 Frame/\$250 Contacts
Rate Period	1/1/20 - 12/31/24	1/1/24 - 12/31/25
Purchased Plan Features		
Exam Coverage	100%	100%
Regular Lenses	100%	100%
Bifocal Lenses	100%	100%
Trifocal Lenses	100%	100%
Lenticular Lenses	100%	100%
Frame Allowance	\$130	\$130
Necessary Contacts	paid in full	100%
Cosmetic Contacts	\$250	\$250
Exam Copay	\$0	\$0
Material Copay	\$0	\$0
Purchased Plan Rates		
One Person (1P)	(58) \$13.65	(58) \$9.02
Two Person (2P)	(49) \$26.29	(49) \$18.05
Family (FF)	(125) \$52.72	(125) \$29.06
Total Annual Premium	(232) \$104,038.92	(232) \$60,481.32
Savings		
Estimated Savings		\$43,557.60 (-41.9%)

*VSP rates include taxes and fees.



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Vision Rate Summary
Genesee ISD
GIESPA

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA (EyeMed SF \$0/\$0 Copay - \$200 Frame/\$160 Contacts)	Census	181	102	104	\$56,801	1/1/20 - 12/31/24
EyeMed \$0/\$0 Copay - \$200 Frame/\$160 Contacts	Rate	\$6.36	\$11.73	\$22.94		
	TOTALS:	181	102	104	\$56,801	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
NVA						
NVA \$0/\$0 Copay - \$200 Frame/\$160 Contacts	1/1/24 - 12/31/27	\$8.63	\$15.54	\$27.63	\$72,248	-\$15,447
SET ADN						
SET ADN SF \$0/\$0 Copay - \$200 Frame/\$160 Contacts	1/1/24 - 6/30/24	\$14.77	\$27.69	\$54.82	\$134,388	-\$77,588
VSP						
VSP \$0/\$0 Copay - \$200 Frame/\$160 Contacts	1/1/24 - 12/31/25	\$8.95	\$17.90	\$28.82	\$77,316	-\$20,516

*SET ADN SF rates are illustrative and include a \$1.85 per employee per month vision administration fee. These plans do not include a network.

*SET ADN SF illustrative rates are based on enrollment and advance self-funded reserve is required.

*NVA rates include taxes and fees.

*VSP rates include taxes and fees.



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Genesee ISD
Vision Plan Comparison
GIESPA
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN GIESPA EyeMed \$0/\$0 Copay - \$200 Frame/\$160 Contacts	Option 1 VSP \$0/\$0 Copay - \$200 Frame/\$160 Contacts
Rate Period	1/1/20 - 12/31/24	1/1/24 - 12/31/25
Purchased Plan Features		
Exam Coverage	100%	100%
Regular Lenses	100%	100%
Bifocal Lenses	100%	100%
Trifocal Lenses	100%	100%
Lenticular Lenses	100%	100%
Frame Allowance	\$200	\$200
Necessary Contacts	paid in full	100%
Cosmetic Contacts	\$160	\$160
Exam Copay	\$0	\$0
Material Copay	\$0	\$0
Purchased Plan Rates		
One Person (1P)	(181) \$6.36	(181) \$8.95
Two Person (2P)	(102) \$11.73	(102) \$17.90
Family (FF)	(104) \$22.94	(104) \$28.82
Total Annual Premium	(387) \$56,800.56	(387) \$77,316.36
Savings		
Estimated Savings		-\$20,515.80 (36.1%)

*VSP rates include taxes and fees.



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Vision Rate Summary
Genesee ISD
Administrators

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Assumed Effective Date: 1/1/24 Rate Period
Admin (EyeMed SF \$0/\$0 Copay - \$200 Frame/\$250 Contacts)		Census 35	24	74	\$37,431	1/1/20 - 12/31/24
EyeMed SF \$0/\$0 Copay - \$200 Frame/\$250 Contacts		Rate \$8.74	\$16.49	\$32.67		
TOTALS:		35	24	74	\$37,431	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
NVA						
NVA \$0/\$0 Copay - \$200 Frame/\$250 Contacts	1/1/24 - 12/31/27	\$11.82	\$21.27	\$37.81	\$44,665	-\$7,235
SET ADN						
SET ADN SF \$0/\$0 Copay - \$200 Frame/\$250 Contacts	1/1/24 - 6/30/24	\$17.66	\$33.47	\$66.66	\$76,251	-\$38,820
VSP						
VSP \$0/\$0 Copay - \$200 Frame/\$250 Contacts	1/1/24 - 12/31/25	\$9.82	\$19.64	\$31.61	\$37,850	-\$420

*SET ADN SF rates are illustrative and include a \$1.85 per employee per month vision administration fee. These plans do not include a network.

*SET ADN SF illustrative rates are based on enrollment and advance self-funded reserve is required.

*NVA rates include taxes and fees.

*VSP rates include taxes and fees.



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Genesee ISD
Vision Plan Comparison
Administrators
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN	
	Admin	Option 1
	EyeMed SF \$0/\$0 Copay - \$200 Frame/\$250 Contacts	VSP \$0/\$0 Copay - \$200 Frame/\$250 Contacts
Rate Period	1/1/20 - 12/31/24	1/1/24 - 12/31/25
Purchased Plan Features		
Exam Coverage	100%	100%
Regular Lenses	100%	100%
Bifocal Lenses	100%	100%
Trifocal Lenses	100%	100%
Lenticular Lenses	100%	100%
Frame Allowance	\$200	\$200
Necessary Contacts	paid in full	100%
Cosmetic Contacts	\$250	\$250
Exam Copay	\$0	\$0
Material Copay	\$0	\$0
Purchased Plan Rates		
One Person (1P)	(35) \$8.74	(35) \$9.82
Two Person (2P)	(24) \$16.49	(24) \$19.64
Family (FF)	(74) \$32.67	(74) \$31.61
Total Annual Premium	(133) \$37,430.88	(133) \$37,850.40
Savings		
Estimated Savings		-\$419.52 (1.1%)

*VSP rates include taxes and fees.



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Dental Rate Summary
Genesee ISD
GIESPA with COB

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA w/ COB (ADN Direct SF 50%/50%/50%/50% - \$1,800/\$1,500)	Census	14	44	42	\$64,000	1/1/23 - 12/31/23
ADN Direct SF 50%/50%/50%/50% - \$1,800/\$1,500	Rate	\$23.49	\$53.01	\$63.62		
	TOTALS:	14	44	42	\$64,000	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 50%/50%/50%/50% - \$1,800/\$1,500	1/1/24 - 12/31/24	\$21.83	\$49.26	\$59.12	\$59,473	\$4,527
BCBSM						
BCBSM 50%/50%/50%/50%-\$2000/\$1500	1/1/24 - 12/31/25	\$26.28	\$52.56	\$91.99	\$78,530	-\$14,530
Beam	Uncompetitive; Declined to Quote					
Guardian	Uncompetitive; Declined to Quote					

*BCBSM rates include taxes and fees



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Genesee ISD
Dental Plan Comparison
GIESPA with COB
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN GIESPA w/ COB ADN Direct SF 50%/50%/50%/50% - \$1,800/\$1,500	RENEWAL ADN Direct SF 50%/50%/50%/50% - \$1,800/\$1,500	Option 1 BCBSM 50%/50%/50%/50%-\$20 00/\$1500
Rate Period	1/1/23 - 12/31/23	1/1/24 - 12/31/24	1/1/24 - 12/31/25
Purchased Plan Features			
Preventative %	50%	50%	50%
Basic %	50%	50%	50%
Major %	50%	50%	50%
Orthodontics %	50%	50%	50%
Basic/Major Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Ortho Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Basic/Major Annual Maximum	\$1,800	\$1,800	\$2,000
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500
Purchased Plan Rates			
One Person (1P)	(14) \$23.49	(14) \$21.83	(14) \$26.28
Two Person (2P)	(44) \$53.01	(44) \$49.26	(44) \$52.56
Family (FF)	(42) \$63.62	(42) \$59.12	(42) \$91.99
Total Annual Premium	(100) \$64,000.08	(100) \$59,473.20	(100) \$78,529.68
Savings			
Estimated Savings		\$4,526.88 (-7.1%)	-\$14,529.60 (22.7%)

*BCBSM rates include taxes and fees.



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Dental Rate Summary
Genesee ISD
GIESPA without COB

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA w/o COB (ADN Direct SF 90%/90%/90%/90% - \$1,800/\$1,500)	Census	146	75	69	\$246,851	1/1/23 - 12/31/23
ADN Direct SF 90%/90%/90%/90% - \$1,800/\$1,500	Rate	\$40.97	\$92.45	\$110.95		
	TOTALS:	146	75	69	\$246,851	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 90%/90%/90%/90% - \$1,800/\$1,500	1/1/24 - 12/31/24	\$39.56	\$89.27	\$107.14	\$238,364	\$8,487
BCBSM						
BCBSM 90%/90%/90%/100%-\$2000/\$1500	1/1/24 - 12/31/25	\$47.11	\$94.22	\$164.89	\$303,864	-\$57,013
Beam	Uncompetitive; Declined to Quote					
Guardian	Uncompetitive; Declined to Quote					

*BCBSM rates include taxes and fees



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Genesee ISD
Dental Plan Comparison
GIESPA without COB
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN GIESPA w/o COB ADN Direct SF 90%/90%/90%/90% - \$1,800/\$1,500	RENEWAL ADN Direct SF 90%/90%/90%/90% - \$1,800/\$1,500	Option 1 BCBSM 90%/90%/90%/100%-\$2 000/\$1500
Rate Period	1/1/23 - 12/31/23	1/1/24 - 12/31/24	1/1/24 - 12/31/25
Purchased Plan Features			
Preventative %	90%	90%	90%
Basic %	90%	90%	90%
Major %	90%	90%	90%
Orthodontics %	90%	90%	100%
Basic/Major Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Ortho Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Basic/Major Annual Maximum	\$1,800	\$1,800	\$2,000
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500
Purchased Plan Rates			
One Person (1P)	(146) \$40.97	(146) \$39.56	(146) \$47.11
Two Person (2P)	(75) \$92.45	(75) \$89.27	(75) \$94.22
Family (FF)	(69) \$110.95	(69) \$107.14	(69) \$164.89
Total Annual Premium	(290) \$246,851.04	(290) \$238,364.04	(290) \$303,863.64
Savings			
Estimated Savings		\$8,487.00 (-3.4%)	-\$57,012.60 (23.1%)

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Dental Rate Summary
Genesee ISD

Administrators with COB

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin w/ COB (ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,800)	Census	0	8	28	\$30,720	1/1/23 - 12/31/23
ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,800	Rate	\$27.27	\$61.53	\$73.85		
	TOTALS:	0	8	28	\$30,720	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,800	1/1/24 - 12/31/24	\$33.46	\$75.52	\$90.63	\$37,702	-\$6,981
BCBSM						
BCBSM 50%/50%/50%/50%-\$2000/\$2000	1/1/24 - 12/31/25	\$26.72	\$53.45	\$93.53	\$36,557	-\$5,837
Beam	Uncompetitive; Declined to Quote					
Guardian	Uncompetitive; Declined to Quote					

*BCBSM rates include taxes and fees



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Genesee ISD
Dental Plan Comparison
Administrators with COB
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN Admin w/ COB ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,800	RENEWAL ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,800	Option 1 BCBSM 50%/50%/50%/50%-\$2000/\$2000
Rate Period	1/1/23 - 12/31/23	1/1/24 - 12/31/24	1/1/24 - 12/31/25
Purchased Plan Features			
Preventative %	50%	50%	50%
Basic %	50%	50%	50%
Major %	50%	50%	50%
Orthodontics %	50%	50%	50%
Basic/Major Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Ortho Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Basic/Major Annual Maximum	\$2,000	\$2,000	\$2,000
Orthodontic Lifetime Maximum	\$1,800	\$1,800	\$2,000
Purchased Plan Rates			
One Person (1P)	(0) \$27.27	(0) \$33.46	(0) \$26.72
Two Person (2P)	(8) \$61.53	(8) \$75.52	(8) \$53.45
Family (FF)	(28) \$73.85	(28) \$90.63	(28) \$93.53
Total Annual Premium Savings	(36) \$30,720.48	(36) \$37,701.60	(36) \$36,557.28
Estimated Savings		-\$6,981.12 (22.7%)	-\$5,836.80 (19.0%)

*BCBSM rates include taxes and fees.



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Dental Rate Summary
Genesee ISDA
Administrators without COB
Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin w/o Other Cov. (ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,800)	Census	30	19	50	\$147,747	1/1/23 - 12/31/23
ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,800	Rate	\$59.11	\$133.39	\$160.09		
	TOTALS:	30	19	50	\$147,747	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,800	1/1/24 - 12/31/24	\$53.41	\$120.53	\$144.65	\$133,498	\$14,248
BCBSM						
BCBSM 90%/90%/90%/100%-\$2000/\$2000	1/1/24 - 12/31/25	\$48.08	\$96.15	\$168.27	\$140,193	\$7,554
Beam	Uncompetitive; Declined to Quote					
Guardian	Uncompetitive; Declined to Quote					

*BCBSM rates include taxes and fees



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Genesee ISD
Dental Plan Comparison
Administrators without COB
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN Admin w/o Other Cov. ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,800	RENEWAL ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,800	Option 1 BCBSM 90%/90%/90%/100%-\$2 000/\$2000
Rate Period	1/1/23 - 12/31/23	1/1/24 - 12/31/24	1/1/24 - 12/31/25
Purchased Plan Features			
Preventative %	90%	90%	90%
Basic %	90%	90%	90%
Major %	90%	90%	90%
Orthodontics %	90%	90%	100%
Basic/Major Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Ortho Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Basic/Major Annual Maximum	\$2,000	\$2,000	\$2,000
Orthodontic Lifetime Maximum	\$1,800	\$1,800	\$2,000
Purchased Plan Rates			
One Person (1P)	(30) \$59.11	(30) \$53.41	(30) \$48.08
Two Person (2P)	(19) \$133.39	(19) \$120.53	(19) \$96.15
Family (FF)	(50) \$160.09	(50) \$144.65	(50) \$168.27
Total Annual Premium	(99) \$147,746.52	(99) \$133,498.44	(99) \$140,193.00
Savings			
Estimated Savings		\$14,248.08 (-9.6%)	\$7,553.52 (-5.1%)

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Dental Rate Summary
Genesee ISD
GIEA with COB

Assumed Effective Date: 1/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIEA w/ COB (ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,500)	Census	2	11	30	\$49,776	1/1/23 - 12/31/23
ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,500	Rate	\$38.38	\$86.61	\$103.95		
	TOTALS:	2	11	30	\$49,776	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,500	1/1/24 - 12/31/24	\$37.40	\$84.40	\$101.30	\$48,506	\$1,269
BCBSM						
BCBSM 50%/50%/50%/50%-\$2000/\$1500	1/1/24 - 12/31/25	\$26.28	\$52.56	\$91.99	\$40,685	\$9,091
Beam	Uncompetitive; Declined to Quote					
Guardian	Uncompetitive; Declined to Quote					

*BCBSM rates include taxes and fees



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Genesee ISD
Dental Plan Comparison
GIEA with COB
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN GIEA w/ COB ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,500	RENEWAL ADN Direct SF 50%/50%/50%/50% - \$2,000/\$1,500	Option 1 BCBSM 50%/50%/50%/50%-\$2000/\$1500
Rate Period	1/1/23 - 12/31/23	1/1/24 - 12/31/24	1/1/24 - 12/31/25
Purchased Plan Features			
Preventative %	50%	50%	50%
Basic %	50%	50%	50%
Major %	50%	50%	50%
Orthodontics %	50%	50%	50%
Basic/Major Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Ortho Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Basic/Major Annual Maximum	\$2,000	\$2,000	\$2,000
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500
Purchased Plan Rates			
One Person (1P)	(2) \$38.38	(2) \$37.40	(2) \$26.28
Two Person (2P)	(11) \$86.61	(11) \$84.40	(11) \$52.56
Family (FF)	(30) \$103.95	(30) \$101.30	(30) \$91.99
Total Annual Premium Savings	(43) \$49,775.64	(43) \$48,506.40	(43) \$40,685.04
Estimated Savings		\$1,269.24 (-2.5%)	\$9,090.60 (-18.3%)

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Dental Rate Summary
Genesee ISD
GIEA without COB

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Assumed Effective Date: 1/1/24 Rate Period
GIEA w/o Other Cov. (ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,500)		Census 50	38	104	\$271,985	1/1/23 - 12/31/23
ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,500		Rate \$54.30	\$122.53	\$147.06		
TOTALS:		50	38	104	\$271,985	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,500	1/1/24 - 12/31/24	\$50.31	\$113.54	\$136.26	\$252,013	\$19,972
BCBSM						
BCBSM 90%/90%/90%/100%-\$2000/\$1500	1/1/24 - 12/31/24	\$47.11	\$94.22	\$164.89	\$277,013	-\$5,028
Beam	Uncompetitive; Declined to Quote					
Guardian	Uncompetitive; Declined to Quote					

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Genesee ISD
Dental Plan Comparison
GIEA without COB
Assumed Effective Date: 1/1/2024

Plan Name	CURRENT PLAN GIEA w/o Other Cov. ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,500	RENEWAL ADN Direct SF 90%/90%/90%/90% - \$2,000/\$1,500	Option 1 BCBSM 90%/90%/90%/100%-\$2 000/\$1500
Rate Period	1/1/23 - 12/31/23	1/1/24 - 12/31/24	1/1/24 - 12/31/24
Purchased Plan Features			
Preventative %	90%	90%	90%
Basic %	90%	90%	90%
Major %	90%	90%	90%
Orthodontics %	90%	90%	100%
Basic/Major Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Ortho Deductible Ind/Family	\$0/\$0	\$0/\$0	\$0/\$0
Basic/Major Annual Maximum	\$2,000	\$2,000	\$2,000
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500
Purchased Plan Rates			
One Person (1P)	(50) \$54.30	(50) \$50.31	(50) \$47.11
Two Person (2P)	(38) \$122.53	(38) \$113.54	(38) \$94.22
Family (FF)	(104) \$147.06	(104) \$136.26	(104) \$164.89
Total Annual Premium	(192) \$271,984.56	(192) \$252,012.72	(192) \$277,013.04
Savings			
Estimated Savings		\$19,971.84 (-7.3%)	-\$5,028.48 (1.8%)

*BCBSM rates include taxes and fees.