



Medical Rate Summary

Bear Lake Schools

All Employees

Assumed Effective Date: 4/1/2020

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Teachers, Superintendent & Principals Enrolled in PAK A Choices \$500	Census	3	1	2	6	
MESSA Choices \$500-0%; Saver Rx	Rate	\$717.61	\$1,612.76	\$2,006.62		\$93,346
Support Staff & Technical Enrolled in PAK A ABC \$1400	Census	1		1	2	
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Rate	\$640.84	\$1,440.02	\$1,791.66		\$29,190
Teachers, Superintendent & Principals Enrolled in PAK C ABC \$1400-10%	Census			2	2	
MESSA ABC Plan 1 \$1400-10%; ABC Rx	Rate	\$596.73	\$1,340.75	\$1,668.13		\$40,035
TOTALS:		4	1	5	10	\$162,571

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	\$623	\$1,303	\$1,700	\$147,521	\$15,050
BCBSM Small Group HSA Plans					
BCBSM SB HSA PPO Gold \$1500-20%	\$579	\$1,211	\$1,579	\$137,027	\$25,544
BCBSM SB HSA PPO Gold \$2000-0%	\$580	\$1,213	\$1,582	\$137,329	\$25,242
BCN Small Group Plans					
BCN HMO Platinum \$500-0%	\$663	\$1,387	\$1,809	\$157,055	\$5,516
BCN Small Group HSA Plans					
BCN HSA HMO Gold \$1500-20%	\$501	\$1,047	\$1,366	\$118,536	\$44,035
BCN HSA HMO Gold \$2000-0%	\$500	\$1,045	\$1,363	\$118,300	\$44,271
Priority Health Small Group Plans					
Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$552	\$1,154	\$1,505	\$130,636	\$31,935
Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$519	\$1,084	\$1,414	\$122,760	\$39,811
Priority Health POS HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx	\$492	\$1,029	\$1,342	\$116,460	\$46,111

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
Priority Health HMO 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	\$507	\$1,060	\$1,382	\$119,966	\$42,605
Priority Health HMO 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	\$476	\$995	\$1,298	\$112,635	\$49,936
Priority Health HMO HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx	\$454	\$949	\$1,238	\$107,479	\$55,092
MESSA	Solicited and did not provide options				

*MESSA rates include taxes and fees.

*BCBSM, BCN, and Priority 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 applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. 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

*BCBSM/BCN quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

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**Bear Lake Schools
All Employees
Assumed Effective Date: 4/1/2020**

	CURRENT PLAN Teachers, Superintendent & Principals Enrolled in PAK A Choices \$500		CURRENT PLAN Support Staff & Technical Enrolled in PAK A ABC \$1400		CURRENT PLAN Teachers, Superintendent & Principals Enrolled in PAK C ABC \$1400-10%		Option 1 Priority Health POS 500-20%; \$5/\$20/\$60/\$80/20%/20% Rx	Option 2 Priority Health POS 1400-10%; \$5/\$20/\$60/\$80/20%/20% Rx	Option 3 Priority Health POS HSA 2300-0%; \$5/\$20/\$60/\$80/20%/20% Rx	
Plan	MESSA Choices \$500-0%; Saver Rx		MESSA ABC Plan 1 \$1400-0%; ABC Rx		MESSA ABC Plan 1 \$1400-10%; ABC Rx					
Rate Period	1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		4/1/2020-3/31/2020	4/1/2020-3/31/2020	4/1/2020-3/31/2020	
Purchased Plan Features	In Network		In Network		In Network		In Network	In Network	In Network	
Deductible										
Annual Deductible - 1P	\$500		\$1,400		\$1,400		\$500 (embedded)	\$1,400 (aggregate)	\$2,300 (aggregate)	
Annual Deductible - 2P/FF	\$1,000		\$2,800		\$2,800		\$1,000 (embedded)	\$2,800 (aggregate)	\$4,600 (aggregate)	
Additional Cost After Deductible										
Employee Coinsurance after Deductible	0%		0%		10%		20%	10%	0%	
Coinsurance Max - 1P	N/A		N/A		N/A		\$5,500 (embedded)	N/A	N/A	
Coinsurance Max - 2P/FF	N/A		N/A		N/A		\$11,000 (embedded)	N/A	N/A	
Out of Pocket Maximum										
Max ded, coinsurance, copays - 1P	Med Max:\$1,500 Rx Max: \$1,000		\$2,400		\$3,400		\$7,900 (embedded)	\$3,500 (embedded)	\$4,600 (embedded)	
Max ded, coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$2,000		\$4,800		\$6,800		\$15,800 (embedded)	\$7,000 (embedded)	\$9,200 (embedded)	
Copayments										
Office Visit/Specialist	\$20/\$20		0% after Ded.		10% after Ded.		\$20 before Ded./\$50 before Ded.	10% after Ded.	0% after Ded.	
Urgent Care/ER	\$25/\$50		0% after Ded.		10% after Ded.		\$75 before Ded./\$250 after Ded.	10% after Ded.	0% after Ded.	
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance		38/0% after Ded.		38/10% after Ded.		30/\$50 (combined with PT and OT)		30/0% after Ded. (combined with PT and OT)	
Rx Copay	Saver Rx		ABC Rx		ABC Rx		\$5/\$20/\$60/\$80/20%/20%		\$5/\$20/\$60/\$80/20%/20% after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	3	\$717.61	1	\$640.84	0	\$596.73	4	\$551.83	4	\$491.95
Two Person (2P)	1	\$1,612.76	0	\$1,440.02	0	\$1,340.75	1	\$1,154.05	1	\$1,028.82
Family (FF)	2	\$2,006.62	1	\$1,791.66	2	\$1,668.13	5	\$1,505.00	5	\$1,341.68
Total Annual Premium	6	\$93,346	2	\$29,190	2	\$40,035	10	\$130,636	10	\$122,760
Combined Current Lives	10		< TOTALS		< TOTALS					
Combined Annual Premium	\$162,571		< TOTALS		< TOTALS					
One Person Cost Share										
One Person Rate	\$717.61		\$640.84		\$596.73		\$551.83	\$518.56	\$491.95	
One Person PA 152 Cap	\$568.24		\$568.24		\$568.24		\$568.24	\$568.24	\$568.24	
One Person Monthly Cost	\$149.37		\$72.60		\$28.49		-\$16.41	-\$49.68	-\$76.29	
Two Person Cost Share										
Two Person Rate	\$1,612.76		\$1,440.02		\$1,340.75		\$1,154.05	\$1,084.47	\$1,028.82	
Two Person PA 152 Cap	\$1,188.36		\$1,188.36		\$1,188.36		\$1,188.36	\$1,188.36	\$1,188.36	
Two Person Monthly Cost	\$424.40		\$251.66		\$152.39		-\$34.31	-\$103.89	-\$159.54	
Family Cost Share										
Family Rate	\$2,006.62		\$1,791.66		\$1,668.13		\$1,505.00	\$1,414.26	\$1,341.68	
Family PA 152 Cap	\$1,549.75		\$1,549.75		\$1,549.75		\$1,549.75	\$1,549.75	\$1,549.75	
Family Monthly Cost	\$456.87		\$241.91		\$118.38		-\$44.75	-\$135.49	-\$208.07	

*MESSA rates include taxes and fees.

*Priority 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 applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. 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



**Dental Rate Summary
Bear Lake Schools
All Employees
Assumed Effective Date: 4/1/2020**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
PAK A Teachers, Superintendent & Principals	Census	3	1	2	\$66.76	\$4,807	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1000/\$2800	Rate	\$31.78	\$58.50	\$123.37			
PAK B Teachers, Superintendent & Principals	Census		3	2	\$81.55	\$4,893	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1000/\$2800	Rate	\$29.15	\$56.51	\$119.10			
PAK C Teachers, Superintendent & Principals	Census			2	\$123.37	\$2,961	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1000/\$2800	Rate	\$31.78	\$58.50	\$123.37			
PAK A Support Staff & Technical	Census	1		1	\$79.47	\$1,907	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1000/\$1000	Rate	\$35.30	\$63.04	\$123.63			
PAK B Support Staff & Technical	Census		1	1	\$78.90	\$1,894	1/1/2020-12/31/2020
MESSA Dental 80/80/80/80; \$1000/\$1000	Rate	\$28.79	\$54.93	\$102.87			
TOTALS:		4	5	8		\$16,461	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
BCBSM Dental PPO Plus 100/80/50/50; \$1500/\$1500	4/1/2020-3/31/2021	\$49.96	\$104.48	\$136.25	\$106.60	\$21,747	-\$5,286
BCBSM Dental PPO 100/80/50/50; \$1250/1250	4/1/2020-3/31/2021	\$40.91	\$85.55	\$111.57	\$87.29	\$17,807	-\$1,346
MetLife Dental 80/80/80/80; \$1000/\$2500	4/1/2020-3/31/2021	\$39.09	\$76.39	\$140.30	\$97.69	\$19,929	-\$3,467
SET/ADN SF Dental 80/80/80/80; \$1000/\$2800	4/1/2020-6/30/2021	\$30.49	\$54.62	\$105.61	\$72.94	\$14,879	\$1,582
SET/ADN SF Dental 80/80/80/80; \$1000/\$1000	4/1/2020-6/30/2021	\$27.40	\$48.45	\$92.92	\$64.42	\$13,143	\$3,319
MESSA		Solicited and did not provided options					

*MESSA, BCBSM, and MetLife rates include taxes and fees.

*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.



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Dental Plan Comparison

Bear Lake Schools
All Employees

Name	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
	PAK A Teachers, Superintendent & Principals		PAK B Teachers, Superintendent & Principals		PAK C Teachers, Superintendent & Principals		PAK A Support Staff & Technical		PAK B Support Staff & Technical		SET/ADN SF Dental 80/80/80/80; \$1000/\$2800		SET/ADN SF Dental 80/80/80/80; \$1000/\$1000	
Rate Period	1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		1/1/2020-12/31/2020		4/1/2020-6/30/2021		4/1/2020-6/30/2021	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	80%		80%		80%		80%		80%		80%		80%	
Basic %	80%		80%		80%		80%		80%		80%		80%	
Major %	80%		80%		80%		80%		80%		80%		80%	
Ortho %	80%		80%		80%		80%		80%		80%		80%	
Basic Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Ortho Max	\$2,800		\$2,800		\$2,800		\$1,000		\$1,000		\$2,800		\$1,000	
Sealants Covered	Yes		Yes		Yes		Yes		Yes		No		No	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		No		No	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	3	\$31.78	0	\$29.15	0	\$31.78	1	\$35.30	0	\$28.79	4	\$30.49	4	\$27.40
Two Person (2P)	1	\$58.50	3	\$56.51	0	\$58.50	0	\$63.04	1	\$54.93	5	\$54.62	5	\$48.45
Family (FF)	2	\$123.37	2	\$119.10	2	\$123.37	1	\$123.63	1	\$102.87	8	\$105.61	8	\$92.92
Total Annual Premium	6	\$4,807	5	\$4,893	2	\$2,961	2	\$1,907	2	\$1,894	17	\$14,879	17	\$13,143
Combined Annual Premium	\$16,461		< TOTALS		< TOTALS		< TOTALS		< TOTALS					
Estimated Cost for Benefit Increase - \$											\$8	\$1,582	\$16	\$3,319
Estimated Savings - %												10%		20%

*MESSA rates include taxes and fees.

*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
Bear Lake Schools
All Employees
Assumed Effective Date: 4/1/2020**

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Teachers, Superintendent & Principals	Census	3	4	6	\$26.34	\$4,109	1/1/2020-12/31/2020
MESSA VSP 3Plus \$0/\$0 Copay - \$80 Frame	Rate	\$11.05	\$23.72	\$35.73			
Support Staff & Technical	Census	1	1	2	\$15.27	\$733	1/1/2020-12/31/2020
MESSA VSP 2S \$6.50/\$18 Copay - \$130 Frame	Rate	\$6.36	\$13.63	\$20.54			
TOTALS:		4	5	8		\$4,842	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
MetLife Vision \$0/\$0 Copay - \$130 Frame	4/1/2020-3/31/2022	\$9.10	\$17.09	\$24.34	\$18.62	\$3,799	\$1,043
EyeMed SF Vision \$0/\$0 Copay - \$80 Frame	4/1/2020-3/31/2024	\$8.15	\$15.48	\$22.73	\$17.17	\$3,502	\$1,340
EyeMed SF Vision \$6/\$18 Copay - \$130 Frame	4/1/2020-3/31/2024	\$6.08	\$11.55	\$16.96	\$12.81	\$2,613	\$2,229
SET/ADN SF Vision \$0/\$0 Copay - \$130 Frame	4/1/2020-6/30/2021	\$13.49	\$25.13	\$49.35	\$33.79	\$6,893	-\$2,051
MESSA		Solicited and did not provided options					
VSP		Solicited and declined to quote					

*MESSA, MetLife, and EyeMed rates include taxes and fees.

*SETSEG SF/ADN rates are illustrative and include a \$1.85 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.

*EyeMed self-funded rates are illustrative and include vision administration/network fees.



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Vision Plan Comparison

Bear Lake Schools
All Employees

	CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
	Teachers, Superintendent & Principals		Support Staff & Technical					
Name	MESSA VSP 3Plus \$0/\$0 Copay - \$80 Frame		MESSA VSP 2S \$6.50/\$18 Copay - \$130 Frame		EyeMed SF Vision \$0/\$0 Copay - \$80 Frame		EyeMed SF Vision \$6/\$18 Copay - \$130 Frame	
Rate Period	1/1/2020-12/31/2020		1/1/2020-12/31/2020		4/1/2020-3/31/2024		4/1/2020-3/31/2024	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	100% once every 12 months		100% once every 12 months- after \$6.50 Copay		100% once every 12 months		100% once every 12 months- after \$6.00 Copay	
Ophthalmologist Exam	100% once every 12 months		100% once every 12 months- after \$6.50 Copay		100% once every 12 months		100% once every 12 months- after \$6.00 Copay	
Regular Lenses	100% once every 12 months		100% once every 12 months- after \$18 Copay		100% once every 12 months		100% once every 12 months- after \$18 Copay	
Bifocal Lenses	100% once every 12 months		100% once every 12 months- after \$18 Copay		100% once every 12 months		100% once every 12 months- after \$18 Copay	
Trifocal Lenses	100% once every 12 months		100% once every 12 months- after \$18 Copay		100% once every 12 months		100% once every 12 months- after \$18 Copay	
Lenticular Lenses	100% once every 12 months		100% once every 12 months- after \$18 Copay		100% once every 12 months		100% once every 12 months- after \$18 Copay	
Frame Allowance	\$80.00 once every 12 months		\$130.00 once every 12 months- after \$18 Copay		\$80.00 once every 12 months		\$130.00 once every 12 months- after \$18 Copay	
Necessary Contacts	100% once every 12 months		100% once every 12 months		100% once every 12 months		100% once every 12 months	
Cosmetic Contacts	\$200.00 once every 12 months		\$110.00 once every 12 months- after \$18 Copay		\$200.00 once every 12 months		\$110.00 once every 12 months- after \$18 Copay	
Exam Copay	\$0		\$6.5		\$0		\$6	
Material Copay	\$0		\$18		\$0		\$18	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	3	\$11.05	1	\$6.36	4	\$8.15	4	\$6.08
Two Person (2P)	4	\$23.72	1	\$13.63	5	\$15.48	5	\$11.55
Family (FF)	6	\$35.73	2	\$20.54	8	\$22.73	8	\$16.96
Total Annual Premium	13	\$4,109	4	\$733	17	\$3,502	17	\$2,613
Combined Annual Premium	\$4,842		< TOTALS					
Estimated Cost for Benefit Increase - \$					\$7	\$1,340	\$11	\$2,229
Estimated Savings - %						28%		46%

*MESSA & EyeMed rates include taxes and fees.

*EyeMed self-funded rates are illustrative and include vision administration/network fees.