



Sandusky Community Schools

Medical Rate Summary

All Employees (Census Assumption of 1 Renewal Plan)

Effective Date: January 1, 2019

Current Plans:		1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA ABC Plan 1 \$1,350-0%; ABC Rx (w/ Med)	Census	19	20	36	75		
	Rate	\$631.18	\$1,418.28	\$1,764.61		\$103,884	\$1,246,608
TOTALS:		19	20	36	75	\$103,884	\$1,246,608

Renewal Plan:		1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA ABC Plan 1 \$1,350-0%; ABC Rx	Census	19	20	36	75		
	Rate	\$633.77	\$1,424.10	\$1,771.85		\$104,310	\$1,251,723
TOTALS:		19	20	36	75	\$104,310	\$1,251,723

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost
BCBSM PPO HSA \$1,350-0%; \$10/\$40/\$80 Rx	\$647.06	\$1,541.32	\$1,924.58	\$112,405.68	\$1,348,868.17
BCBSM PPO HSA \$1,350-20%; \$10/\$40/\$80 Rx	\$607.42	\$1,446.18	\$1,805.66	\$105,468.35	\$1,265,620.23
BCBSM PPO HSA \$2,000-0%; \$10/\$40/\$80 Rx	\$589.18	\$1,402.41	\$1,750.94	\$102,276.21	\$1,227,314.49
BCBSM PPO HSA \$3,000-0%; \$10/\$40/\$80 Rx	\$543.62	\$1,293.05	\$1,614.26	\$94,303.01	\$1,131,636.10
BCBSM PPO \$1,500-0%; \$10/\$40/\$80 Rx	\$679.42	\$1,618.96	\$2,021.64	\$118,067.25	\$1,416,807.01
BCBSM PPO \$1,000-0%; \$10/\$40/\$80 Rx	\$712.58	\$1,698.57	\$2,121.14	\$123,871.51	\$1,486,458.08
BCBSM PPO \$1,000-20%; \$10/\$40/\$80 Rx	\$655.23	\$1,560.92	\$1,949.09	\$113,835.02	\$1,366,020.27
BCN - No Response					
HAP - No Response					
PH - Declined to Quote					

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Proposed Plans:

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

SET SEG:

*Quoted rates include \$8.30 Enrollment & Billing Fee

*BCBSM Quoted rates include 3% MESSA Commission



Sandusky Community Schools

Dental Rate Summary

All Employees

Effective Date: January 1, 2019

Current Plan(s) and Segment:	1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA 90%/90%/90%/0%; \$2000/\$0 (PAK A SS 20+)	Census 5	14	15	34		
	Rate \$40.34	\$74.96	\$127.06		\$3,157	\$37,884
MESSA 90%/90%/90%/0%; \$2000/\$0 (PAK B SS 20+)	Census 1	2	3	3		
	Rate \$35.33	\$69.67	\$117.95		\$306	\$3,667
MESSA 90%/90%/90%/0%; \$2000/\$0 (PAK C Admin)	Census 1	1	1	1		
	Rate \$37.38	\$69.31	\$119.50		\$120	\$1,434
MESSA 100/90/90/90; \$2000/\$5000	Census 12	8	30	50		
	Rate \$34.97	\$67.86	\$145.09		\$5,315	\$63,783
MESSA 80%/80%/80%/80%; \$1000/\$1300	Census 2	4	6	6		
	Rate \$26.14	\$48.12	\$95.32		\$478	\$5,730
MESSA 90%/90%/90%/0%; \$2000/\$0	Census 1	3	4	4		
	Rate \$33.74	\$61.99	\$109.71		\$391	\$4,693
	17	26	55	98	\$9,766	\$117,192

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost
Principal 100%/90%/80% \$2000/\$5000 (All Employees)	\$40.78	\$77.71	\$161.73	\$11,608.87	\$139,306.44
SET ADN 100%/90%/90%/90%; \$2,000/\$5,000 (Teachers w/ Med)	\$57.91	\$109.46	\$176.49	\$13,537.38	\$162,448.56
SET ADN 80%/80%/80%/80%; \$1,000/\$1,300 (Teachers w/o Med)	\$40.91	\$75.47	\$120.40	\$9,279.69	\$111,356.28
SET ADN 90%/90%/90%; \$2,000 (Admin & SS)	\$45.49	\$84.64	\$135.52	\$10,427.57	\$125,130.84
MetLife	Declined to quote				
SunLife	Did not respond				
The Standard	Did not respond				
UNUM	Did not respond				

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*Proposed plans include taxes and fees.



Sandusky Community Schools

Vision Rate Summary

All Employees

Effective Date: January 1, 2019

Current Plan(s):	1P	2P	FF	Total Census	Total Monthly Cost	Total Annual Cost
MESSA VSP 3 \$0 Copay; 12-12-12; \$65 Frame/\$115 Contacts	Census 0 Rate \$6.80	2 \$14.63	4 \$22.00	6	\$117.26	\$1,407.12
MESSA VSP-3 Plus \$0 Copay; 12-12-12; \$130 Frame/\$250 Contacts	Census 20 Rate \$11.81	24 \$25.36	40 \$38.15	84	\$2,370.84	\$28,450.08
TOTALS:	20	26	44	90	\$2,488	\$29,857

Product Name	1P Rate	2P Rate	3P Rate	Total Monthly Cost	Total Annual Cost
Principal \$10/\$25 Copay; 12-12-12;-\$150 Frame	\$6.14	\$11.26	\$18.87	\$1,245.84	\$14,950.08
VSP \$0/\$0 Copay; 12-12-12; \$100 Frame/\$120 Contacts	\$14.43	\$24.80	\$39.98	\$2,692.52	\$32,310.24
SET ADN SF \$0 Copay; 12-12-12; \$80 Frame/\$200 Contacts (Teacher w/ Med, Admin & SS)	\$10.64	\$19.42	\$30.84	\$2,074.68	\$24,896.16
SET ADN SF \$0 Copay; 12-12-12; \$65 Frame/\$115 Contacts (Teachers w/o Med)	\$9.53	\$17.21	\$27.19	\$1,834.42	\$22,013.04

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Sandusky Community Schools

MESSA Current Plans

Effective Date: 1/1/2018 - 12/31/2018

MESSA Current Options

	Option 1 MESSA ® MESSA ABC Plan 1 \$1,350-0%; ABC Rx (NP 2018)	Option 2 MESSA ® MESSA ABC Plan 1 \$1,350-0%; ABC Rx (PA 2018)	Option 3 MESSA ® MESSA ABC Plan 1 \$1,350-0%; ABC Mail (Pak C 2018)	Option 4 MESSA ® MESSA ABC Plan 1 \$1,350-20%; ABC Mail (Pak D 2018)
Rate Period	1/1/2018 - 12/31/2018	1/1/2018 - 12/31/2018	1/1/2018 - 12/31/2018	1/1/2018 - 12/31/2018
Benefits	In-Network	In-Network	In-Network	In-Network
Deductible				
Individual	\$1,350	\$1,350	\$1,350	\$1,350
Family	\$2,700	\$2,700	\$2,700	\$2,700
Coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	20% coinsurance
Coinsurance Maximum	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum				
Individual	\$2,350	\$2,350	\$2,350	\$2,350
Family	\$4,700	\$4,700	\$4,700	\$4,700
Professional Services				
Office Visit	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	20% coinsurance after deductible
Specialist Visit	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	20% coinsurance after deductible
Chiropractic	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	20% coinsurance after deductible
Emergency Services				
Urgent Care	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	20% coinsurance after deductible
Emergency Room	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	20% coinsurance after deductible
Prescription Drugs				
Preferred Generic				
Generic	ABC Rx	ABC Rx	ABC Mail Rx	ABC Mail Rx
Preferred Brand	ABC Rx	ABC Rx	ABC Mail Rx	ABC Mail Rx
Non-Preferred Brand	ABC Rx	ABC Rx	ABC Mail Rx	ABC Mail Rx
Preferred Specialty				
Non-Preferred Specialty				
Rates Including Additional Fees				
Single	\$644.03	\$631.18	\$623.46	\$565.13
Two Person	\$1,447.20	\$1,418.28	\$1,400.90	\$1,269.66
Family	\$1,800.59	\$1,764.61	\$1,742.97	\$1,579.66
Cost Share Analysis				
One Person Cost Share				
One Person Rate	\$644.03	\$631.18	\$623.46	\$565.13
One Person PA 152 Cap	\$546.71	\$546.71	\$546.71	\$546.71
One Person Monthly Cost	\$97.32	\$84.47	\$76.75	\$18.42
Two Person Cost Share				
Two Person Rate	\$1,447.20	\$1,418.28	\$1,400.90	\$1,269.66
Two Person PA 152 Cap	\$1,143.34	\$1,143.34	\$1,143.34	\$1,143.34
Two Person Monthly Cost	\$303.86	\$274.94	\$257.56	\$126.32
Family Cost Share				
Family Rate	\$1,800.59	\$1,764.61	\$1,742.97	\$1,579.66
Family PA 152 Cap	\$1,491.03	\$1,491.03	\$1,491.03	\$1,491.03
Family Monthly Cost	\$309.56	\$273.58	\$251.94	\$88.63

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*MESSA rates do not include \$8.30 Enrollment & Billing fee



Sandusky Community Schools

MESSA Renewal Plans

Effective Date: 1/1/2019 - 12/31/2019

MESSA Renewal Options

	Option 1 MESSA® MESSA ABC Plan 1 \$1,350-0%; ABC Rx (NP 2018)	Option 2 MESSA MESSA ABC Plan 1 \$1,350-0%; ABC Rx (PA 2018)	Option 3 MESSA® MESSA ABC Plan 1 \$1,350-0%; ABC Mail Rx (Pak C 2018)	Option 4 MESSA® MESSA ABC Plan 1 \$1,350-0%; ABC Mail Rx (Pak D 2018)
Rate Period	1/1/2019 - 12/31/2019	1/1/2019 - 12/31/2019	1/1/2019 - 12/31/2019	1/1/2019 - 12/31/2019
Benefits	In-Network	In-Network	In-Network	In-Network
Deductible				
Individual	\$1,350	\$1,350	\$1,350	\$1,350
Family	\$2,700	\$2,700	\$2,700	\$2,700
Coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
Coinsurance Maximum	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum				
Individual	\$2,350	\$2,350	\$2,350	\$2,350
Family	\$4,700	\$4,700	\$4,700	\$4,700
Professional Services				
Office Visit	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Specialist Visit	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Chiropractic	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Services				
Urgent Care	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Room	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Prescription Drugs				
Preferred Generic				
Generic	ABC Rx	ABC Rx	ABC Rx	ABC Mail Rx
Preferred Brand	ABC Rx	ABC Rx	ABC Rx	ABC Mail Rx
Non-Preferred Brand	ABC Rx	ABC Rx	ABC Rx	ABC Mail Rx
Preferred Specialty				
Non-Preferred Specialty				
Rates Including Additional Fees				
Single	\$646.68	\$633.77	\$626.01	\$567.44
Two Person	\$1,453.14	\$1,424.10	\$1,406.64	\$1,274.86
Family	\$1,807.98	\$1,771.85	\$1,750.11	\$1,586.12
Cost Share Analysis				
One Person Cost Share				
One Person Rate	\$646.68	\$633.77	\$626.01	\$567.44
One Person PA 152 Cap	\$557.10	\$557.10	\$557.10	\$557.10
One Person Monthly Cost	\$89.58	\$76.67	\$68.91	\$10.34
Two Person Cost Share				
Two Person Rate	\$1,453.14	\$1,424.10	\$1,406.64	\$1,274.86
Two Person PA 152 Cap	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06
Two Person Monthly Cost	\$288.08	\$259.04	\$241.58	\$109.80
Family Cost Share				
Family Rate	\$1,807.98	\$1,771.85	\$1,750.11	\$1,586.12
Family PA 152 Cap	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36
Family Monthly Cost	\$288.62	\$252.49	\$230.75	\$66.76

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