



Medical Rate Summary

Westwood Community Schools

All Employees Options

Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
Administrators & Central Office Administration	Census 5	Census 4	Census 9	18
MESSA Choices \$0-0%; \$10/\$20 Rx	Rate \$848.78	Rate \$1,907.86	Rate \$2,373.86	\$398,881
Secretaries	Census 8	Census 2	Census 2	12
MESSA \$200-0%; Saver Rx	Rate \$729.07	Rate \$1,638.54	Rate \$2,038.70	\$158,244
Alternative Ed/Cyber Teachers	Census 6	Census 1	Census 3	10
MESSA \$200-0%; Saver Rx	Rate \$743.92	Rate \$1,671.94	Rate \$2,080.27	\$148,515
Teachers	Census 15	Census 11	Census 43	69
MESSA \$300-0%; Saver Rx	Rate \$729.76	Rate \$1,640.10	Rate \$2,040.65	\$1,400,825
TOTALS:	34	18	57	109
				\$2,106,466

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA ABC Plan 1 \$1350-0%; ABC Rx	\$599	\$1,347	\$1,676	\$1,681,684	\$424,782
MESSA Choices \$500-0%; Saver Rx	\$691	\$1,553	\$1,932	\$1,938,795	\$167,671
BCN HMO Conventional Plans					
BCN HMO \$0-10%; \$4/\$15/\$40/\$80/20%/20% Rx	\$580	\$1,380	\$1,723	\$1,712,976	\$393,490
BCN HMO \$250-20%; \$2500 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$539	\$1,283	\$1,602	\$1,592,782	\$513,684
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$586	\$1,395	\$1,742	\$1,731,600	\$374,866
BCBSM Community Blue Conventional Plans					
BCBSM CB 1 PPO \$0-0%; \$10/\$40/\$80 Rx	\$796	\$1,899	\$2,371	\$2,356,858	-\$250,392
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx	\$679	\$1,619	\$2,022	\$2,009,627	\$96,839
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$687	\$1,637	\$2,044	\$2,031,759	\$74,708

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$584	\$1,389	\$1,734	\$1,724,043	\$382,424
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$553	\$1,315	\$1,642	\$1,632,676	\$473,790
McLaren HMO Traditional Plans					
McLaren POS \$0-0%; \$10/\$20/\$20 Rx	\$721	\$1,609	\$2,000	\$2,009,418	\$97,048
McLaren POS \$250-0%; \$10/\$20/\$20 Rx	\$702	\$1,567	\$1,948	\$1,957,270	\$149,196
McLaren POS \$250-0%; \$10/\$40/\$40 Rx	\$691	\$1,543	\$1,917	\$1,926,743	\$179,724
Priority Health	Solicited and did not receive quote				

*All Current and Proposed 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.

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

*Proposed rates include \$8.30 enrollment and billing service fee.

*Proposed MESSA rates are good through 12.31.2019.

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



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

**Westwood Community Schools
All Employees Options
Assumed Effective Date: 7/1/2019**

Plan	CURRENT PLAN Administrators & Central Office Administration		CURRENT PLAN Secretaries		CURRENT PLAN Alternative Ed/Cyber Teachers		CURRENT PLAN Teachers		Option 1 MESSA Choices \$500-0%; Saver Rx		Option 2 MESSA ABC Plan 1 \$1350-0%; ABC Rx		Option 3 BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx		Option 4 BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	
	MESSA Choices \$0-0%; \$10/\$20 Rx		MESSA \$200-0%; Saver Rx		MESSA \$200-0%; Saver Rx		MESSA \$300-0%; Saver Rx		MESSA Choices \$500-0%; Saver Rx		MESSA ABC Plan 1 \$1350-0%; ABC Rx		BCBSM SB PPO \$250-20%; \$10/\$40/\$80 Rx		BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	
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		7/1/2019-12/31/2019		7/1/2019-12/31/2019		7/1/2019-6/30/2020		7/1/2019-6/30/2020	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																
Annual Deductible - 1P	\$0		\$200		\$200		\$300		\$500		\$1,350		\$250		\$1,350	
Annual Deductible - 2P/FF	\$0		\$400		\$400		\$600		\$1,000		\$2,700		\$500		\$2,700	
Additional Cost After Deductible																
Employee Coinsurance after Deductible	0%		0%		0%		0%		0%		0%		20%		0%	
Coinsurance Max - 1P	N/A		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		N/A	
Out of Pocket Maximum																
Max ded, coinsurance, copays - 1P	\$1,000		Medical: \$1,200 Rx: \$1,000		Medical: \$1,200 Rx: \$1,000		Medical: \$1,300 Rx: \$1,000		Medical: \$1,500 Rx: \$1,000		\$2,350		\$2,750		\$2,250	
Max ded, coinsurance, copays - 2P/FF	\$2,000		Medical: \$2,400 Rx: \$2,000		Medical: \$2,400 Rx: \$2,000		Medical: \$2,600 Rx: \$2,000		Medical: \$3,000 Rx: \$2,000		\$4,700		\$5,500		\$4,500	
Copayments																
Office Visit/Specialist	\$5/\$5		\$20/\$20		\$20/\$20		\$5/\$5		\$5/\$5 after Ded.		0% after Ded.		\$20/\$20		0% after Ded.	
Urgent Care/ER	\$10/\$25		\$25/\$50		\$25/\$50		\$10/\$25		\$10/\$25 after Ded.		0% after Ded.		\$20/\$150		0% after Ded.	
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance		38/Subject to Deductible and Coinsurance		38/Subject to Deductible and Coinsurance		38/Subject to Deductible and Coinsurance		38/Subject to Deductible and Coinsurance		38/0% after Ded.		12/\$20		12/0% after Ded.	
Rx Copay	\$10/\$20 Rx		Saver Rx		Saver Rx		Saver Rx		Saver Rx		ABC Rx		\$10/\$40/\$80		\$10/\$40/\$80 after Ded.	
Total Monthly Costs	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	5	\$848.78	8	\$729.07	6	\$743.92	15	\$729.76	34	\$690.96	34	\$599.44	34	\$679.39	34	\$583.50
Two Person (2P)	4	\$1,907.86	2	\$1,638.54	1	\$1,671.94	11	\$1,640.10	18	\$1,552.79	18	\$1,346.85	18	\$1,618.91	18	\$1,388.79
Family (FF)	9	\$2,373.86	2	\$2,038.70	3	\$2,080.27	43	\$2,040.65	57	\$1,931.99	57	\$1,675.72	57	\$2,021.57	57	\$1,733.91
Total Annual Premium	18	\$398,881	12	\$158,244	10	\$148,515	69	\$1,400,825	109	\$1,938,795	109	\$1,681,684	109	\$2,009,627	109	\$1,724,043
Combined Current Lives	109		< TOTALS		< TOTALS		< TOTALS									
Combined Annual Premium	\$2,106,466		< TOTALS		< TOTALS		< TOTALS									
One Person Cost Share																
One Person Rate	\$848.78		\$729.07		\$743.92		\$729.76		\$690.96		\$599.44		\$679.39		\$583.50	
One Person PA 152 Cap	\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10		\$557.10	
One Person Monthly Cost 80/20 Amounts	\$291.68		\$171.97		\$186.82		\$172.66		\$133.86		\$42.34		\$122.29		\$26.40	
	\$169.76		\$145.81		\$148.78		\$145.95		\$138.19		\$119.89		\$135.88		\$116.70	
Two Person Cost Share																
Two Person Rate	\$1,907.86		\$1,638.54		\$1,671.94		\$1,640.10		\$1,552.79		\$1,346.85		\$1,618.91		\$1,388.79	
Two Person PA 152 Cap	\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06		\$1,165.06	
Two Person Monthly Cost 80/20 Amounts	\$742.80		\$473.48		\$506.88		\$475.04		\$387.73		\$181.79		\$453.85		\$223.73	
	\$381.57		\$327.71		\$334.39		\$328.02		\$310.56		\$269.37		\$323.78		\$277.76	
Family Cost Share																
Family Rate	\$2,373.86		\$2,038.70		\$2,080.27		\$2,040.65		\$1,931.99		\$1,675.72		\$2,021.57		\$1,733.91	
Family PA 152 Cap	\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36		\$1,519.36	
Family Monthly Cost 80/20 Amounts	\$854.50		\$519.34		\$560.91		\$521.29		\$412.63		\$156.36		\$502.21		\$214.55	
	\$474.77		\$407.74		\$416.05		\$408.13		\$386.40		\$335.14		\$404.31		\$346.78	

*All Current and Proposed 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.

*Proposed MESSA rates are good through 12.31.2019.

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

*BCBSM Proposed rates include \$8.30 enrollment and billing service fee.



Medical Rate Summary

Westwood Community Schools

EBT Options

Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:	1P	2P	FF	Total Annual Cost
Administrators & Central Office Administration	Census 5	Census 4	Census 9	18
MESSA Choices \$0-0%; \$10/\$20 Rx	Rate \$848.78	Rate \$1,907.86	Rate \$2,373.86	\$398,881
Secretaries	Census 8	Census 2	Census 2	12
MESSA \$200-0%; Saver Rx	Rate \$729.07	Rate \$1,638.54	Rate \$2,038.70	\$158,244
Alternative Ed/Cyber Teachers	Census 6	Census 1	Census 3	10
MESSA \$200-0%; Saver Rx	Rate \$743.92	Rate \$1,671.94	Rate \$2,080.27	\$148,515
TOTALS:	19	7	14	40
				\$705,641

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans					
MESSA ABC Plan 1 \$1350-0%; ABC Rx	\$599	\$1,347	\$1,676	\$531,329	\$174,312
MESSA Choices \$500-0%; Saver Rx	\$691	\$1,553	\$1,932	\$612,548	\$93,093
BCN HMO Conventional Plans					
BCN HMO \$250-20%; \$2500 ECM; \$4/\$15/\$40/\$80/20%/20% Rx	\$514	\$1,221	\$1,524	\$475,648	\$229,993
BCBSM Community Blue Conventional Plans					
BCBSM CB 1 PPO \$0-0%; \$10/\$40/\$80 Rx	\$772	\$1,842	\$2,300	\$717,129	-\$11,489
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$250-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$631	\$1,503	\$1,877	\$585,582	\$120,059
McLaren HMO Traditional Plans					
McLaren POS \$0-0%; \$10/\$20/\$20 Rx	\$790	\$1,764	\$2,192	\$696,359	\$9,282
McLaren POS \$250-0%; \$10/\$20/\$20 Rx	\$769	\$1,718	\$2,135	\$678,294	\$27,347
McLaren POS \$250-0%; \$10/\$40/\$40 Rx	\$757	\$1,691	\$2,101	\$667,717	\$37,924

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

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
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*Proposed rates include \$8.30 enrollment and billing service fee.

*Proposed MESSA rates are good through 12.31.2019.

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



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Westwood Community Schools
EBT Options
Assumed Effective Date: 7/1/2019

Plan	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	Option 1	Option 2	Option 3
	Administrators & Central Office Administration	Secretaries	Alternative Ed/Cyber Teachers	MESSA Choices \$500-0%; Saver Rx	MESSA ABC Plan 1 \$1350-0%; ABC Rx	BCBSM SB PPO \$250-20%; \$2500 ECM; \$10/\$40/\$80 Rx
Rate Period	MESSA Choices \$0-0%; \$10/\$20 Rx	MESSA \$200-0%; Saver Rx	MESSA \$200-0%; Saver Rx	MESSA Choices \$500-0%; Saver Rx	MESSA ABC Plan 1 \$1350-0%; ABC Rx	BCBSM SB PPO \$250-20%; \$2500 ECM; \$10/\$40/\$80 Rx
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network
Deductible						
Annual Deductible - 1P	\$0	\$200	\$200	\$500	\$1,350	\$250
Annual Deductible - 2P/FF	\$0	\$400	\$400	\$1,000	\$2,700	\$500
Additional Cost After Deductible						
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	20%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	\$2,500
Coinsurance Max - 2P/FF	N/A	N/A	N/A	N/A	N/A	\$5,000
Out of Pocket Maximum						
Max ded, coinsurance, copays - 1P	\$1,000	Medical: \$1,200 Rx: \$1,000	Medical: \$1,200 Rx: \$1,000	Medical: \$1,500 Rx: \$1,000	\$2,350	\$6,350
Max ded, coinsurance, copays - 2P/FF	\$2,000	Medical: \$2,400 Rx: \$2,000	Medical: \$2,400 Rx: \$2,000	Medical: \$3,000 Rx: \$2,000	\$4,700	\$12,700
Copayments						
Office Visit/Specialist	\$5/\$5	\$20/\$20	\$20/\$20	\$5/\$5 after Ded.	0% after Ded.	\$20/\$20
Urgent Care/ER	\$10/\$25	\$25/\$50	\$25/\$50	\$10/\$25 after Ded.	0% after Ded.	\$20/\$150
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance	38/Subject to Deductible and Coinsurance	38/0% after Ded.	12/\$20
Rx Copay	\$10/\$20 Rx	Saver Rx	Saver Rx	Saver Rx	ABC Rx	\$10/\$40/\$80
Total Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	5 \$848.78	8 \$729.07	6 \$743.92	19 \$690.96	19 \$599.44	19 \$631.25
Two Person (2P)	4 \$1,907.86	2 \$1,638.54	1 \$1,671.94	7 \$1,552.79	7 \$1,346.85	7 \$1,503.42
Family (FF)	9 \$2,373.86	2 \$2,038.70	3 \$2,080.27	14 \$1,931.99	14 \$1,675.72	14 \$1,877.19
Total Annual Premium	18 \$398,881	12 \$158,244	10 \$148,515	40 \$612,548	40 \$531,329	40 \$585,582
Combined Current Lives	40	< TOTALS	< TOTALS			
Combined Annual Premium	\$705,641	< TOTALS	< TOTALS			
One Person Cost Share						
One Person Rate	\$848.78	\$729.07	\$743.92	\$690.96	\$599.44	\$631.25
One Person PA 152 Cap	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10
One Person Monthly Cost	\$291.68	\$171.97	\$186.82	\$133.86	\$42.34	\$74.15
80/20 Amounts	\$169.76	\$145.81	\$148.78	\$138.19	\$119.89	\$126.25
Two Person Cost Share						
Two Person Rate	\$1,907.86	\$1,638.54	\$1,671.94	\$1,552.79	\$1,346.85	\$1,503.42
Two Person PA 152 Cap	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06
Two Person Monthly Cost	\$742.80	\$473.48	\$506.88	\$387.73	\$181.79	\$338.36
80/20 Amounts	\$381.57	\$327.71	\$334.39	\$310.56	\$269.37	\$300.68
Family Cost Share						
Family Rate	\$2,373.86	\$2,038.70	\$2,080.27	\$1,931.99	\$1,675.72	\$1,877.19
Family PA 152 Cap	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36
Family Monthly Cost	\$854.50	\$519.34	\$560.91	\$412.63	\$156.36	\$357.83
80/20 Amounts	\$474.77	\$407.74	\$416.05	\$386.40	\$335.14	\$375.44

*All Current and Proposed 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.

*Proposed MESSA rates are good through 12.31.2019.

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

*BCBSM Proposed rates include \$8.30 enrollment and billing service fee.



Dental Rate Summary
Westwood Community Schools
All Employees
Assumed Effective Date: 7/1/2019

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Administrators PAK A		Census 2	1	4	\$80.06	\$6,725	1/1/2019-12/31/2019
	80%/80%/80%/50%; \$1,000/\$1,000	Rate \$29.35	\$56.86	\$111.21			
Administrators PAK B		Census	1	1	\$125.88	\$1,511	1/1/2019-12/31/2019
	80%/80%/80%/80%; \$1,000/\$1,000	Rate \$35.91	\$67.31	\$125.88			
Teachers PAK A		Census 15	11	43	\$85.51	\$70,805	1/1/2019-12/31/2019
	80%/80%/50%/50%; \$1,000/\$1,000	Rate \$30.48	\$57.96	\$111.76			
Teachers PAK B		Census 3	4	13	\$83.20	\$19,967	1/1/2019-12/31/2019
	80%/80%/50%/50%; \$1,000/\$1,000	Rate \$28.73	\$54.06	\$104.73			
Central Office Administration PAK A		Census 3	3	5	\$79.39	\$10,480	1/1/2019-12/31/2019
	80%/80%/80%/50%; \$1,000/\$1,000	Rate \$34.73	\$65.69	\$114.41			
Central Office Administration PAK B		Census	2	2	\$139.03	\$3,337	1/1/2019-12/31/2019
	80%/80%/80%/50%; \$1,000/\$1,000	Rate \$43.55	\$80.94	\$139.03			
Secretaries PAK A		Census 8	2	2	\$50.65	\$7,293	1/1/2019-12/31/2019
	80%/80%/80%/50%; \$1,000/\$1,000	Rate \$31.85	\$62.39	\$114.09			
Secretaries PAK B		Census	2	2	\$110.97	\$5,327	1/1/2019-12/31/2020
	80%/80%/80%/50%; \$1,000/\$1,000	Rate \$40.53	\$78.90	\$143.04			
Alternative Ed Cyber Teachers NON-PAK		Census 6	1	4	\$66.55	\$8,784	1/1/2019-12/31/2021
	80%/80%/80%/50%; \$1,000/\$1,000	Rate \$31.06	\$62.08	\$120.89			
TOTALS:		37	24	76		\$134,228	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN SF 80%/80%/80%/80%; \$1,000/\$1,000	7/1/2019-6/30/2020	\$27.40	\$48.45	\$92.92	\$67.43	\$110,862	\$23,366
SET ADN SF 80%/80%/80%/50%; \$1,000/\$1,000	7/1/2019-6/30/2020	\$26.96	\$47.57	\$91.11	\$66.16	\$108,763	\$25,465
SET ADN SF 80%/80%/50%/50%; \$1,000/\$1,000	7/1/2019-6/30/2020	\$23.41	\$40.47	\$76.50	\$55.85	\$91,817	\$42,410
Ameritas 80%/80%/80%/50%; \$1,500/\$2,500	7/1/2019-6/30/2021	\$35.68	\$70.60	\$124.08	\$90.84	\$149,336	-\$15,108
BCBSM Dental PPO 100%/80%/50%/50%; \$1,000/\$1,000	7/1/2019-6/30/2020	\$33.99	\$67.99	\$118.98	\$87.09	\$143,182	-\$8,955
MetLife		Solicited and declined to quote					
MESSA		Solicited and did not provide quote					

*All rates include taxes and fees.

*SETSEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.



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Dental Plan Comparison
Westwood Community Schools
All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN					
	Administrators PAK A		Administrators PAK B		Teachers PAK A		Teachers PAK B		Central Office Administration PAK A		Central Office Administration PAK B		Secretaries PAK A		Secretaries PAK B		Alternative Ed Cyber Teachers NON-PAK	
Name	80%/80%/80%/50%; \$1,000/\$1,000		80%/80%/80%/80%; \$1,000/\$1,000		80%/80%/50%/50%; \$1,000/\$1,000		80%/80%/50%/50%; \$1,000/\$1,000		80%/80%/80%/50%; \$1,000/\$1,000		80%/80%/80%/50%; \$1,000/\$1,000		80%/80%/80%/50%; \$1,000/\$1,000		80%/80%/80%/50%; \$1,000/\$1,000		80%/80%/80%/50%; \$1,000/\$1,000	
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		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2019		1/1/2019-12/31/2020		1/1/2019-12/31/2021	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	80%		80%		80%		80%		80%		80%		80%		80%		80%	
Basic %	80%		80%		80%		80%		80%		80%		80%		80%		80%	
Major %	80%		80%		50%		50%		80%		80%		80%		80%		80%	
Ortho %	50%		80%		50%		50%		50%		50%		50%		50%		50%	
Basic Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Ortho Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Sealants Covered	No		No		No		No		No		No		No		No		No	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	2	\$29.35	0	\$35.91	15	\$30.48	3	\$28.73	3	\$34.73	0	\$43.55	8	\$31.85	0	\$40.53	6	\$31.06
Two Person (2P)	1	\$56.86	0	\$67.31	11	\$57.96	4	\$54.06	3	\$65.69	0	\$80.94	2	\$62.39	2	\$78.90	1	\$62.08
Family (FF)	4	\$111.21	1	\$125.88	43	\$111.76	13	\$104.73	5	\$114.41	2	\$139.03	2	\$114.09	2	\$143.04	4	\$120.89
Total Annual Premium	7	\$6,725	1	\$1,511	69	\$70,805	20	\$19,967	11	\$10,480	2	\$3,337	12	\$7,293	4	\$5,327	11	\$8,784
Combined Annual Premium	\$134,228		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS		< TOTALS	

*All rates include taxes and fees



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Dental Plan Comparison Westwood Community Schools All Employees

	Option 1		Option 2		Option 3	
Name	SET ADN SF 80%/80%/80%/80%; \$1,000/\$1,000		SET ADN SF 80%/80%/80%/50%; \$1,000/\$1,000		SET ADN SF 80%/80%/50%/50%; \$1,000/\$1,000	
Rate Period	7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	80%		80%		80%	
Basic %	80%		80%		80%	
Major %	80%		80%		50%	
Ortho %	80%		50%		50%	
Basic Ded	\$0		\$0		\$0	
Major Ded	\$0		\$0		\$0	
Ortho Ded	\$0		\$0		\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,000	
Ortho Max	\$1,000		\$1,000		\$1,000	
Sealants Covered	No		No		No	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	37	\$27.40	37	\$26.96	37	\$23.41
Two Person (2P)	24	\$48.45	24	\$47.57	24	\$40.47
Family (FF)	76	\$92.92	76	\$91.11	76	\$76.50
Total Annual Premium	137	\$110,862	137	\$108,763	137	\$91,817

*All rates include taxes and fees.

*SETSEG SF/ADN rates are illustrative and include a \$6.35 per employee per month dental administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.



Vision Rate Summary
Westwood Community Schools
All Employees
Assumed Effective Date: 1/0/1900

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
All Employees		37	24	76	\$16.60	\$27,297	1/1/2019-12/31/2019
	VSP 3	Census Rate \$6.80	\$14.63	\$22.00			
	TOTALS:	37	24	76		\$27,297	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN SF Vision	7/1/2019-6/30/2020	\$12.57	\$23.28	\$45.57	\$32.75	\$53,846	-\$26,549
NVA Plan 3 Match	7/1/2019-6/30/2023	\$5.24	\$11.26	\$16.94	\$12.79	\$21,019	\$6,278
VSP		Solicited and declined to quote					
MetLife		Solicited and declined to quote					
MESSA		Solicited and did not provide quote					

*All rates include taxes and fees

*SETSEG SF/ADN rates are illustrative and include a \$1.85 per employee per month vision administration/network fee as well as \$1.50 initial start up fee per employee (\$150 minimum). The plan includes access to the ADN/Dentemax network.



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Vision Plan Comparison

Westwood Community Schools

All Employees

Name	CURRENT PLAN All Employees		Option 1	
	VSP 3		NVA Plan 3 Match	
Rate Period	1/1/2019-12/31/2019		7/1/2019-6/30/2023	
Purchased Plan Features	Coverage Allowance		Coverage Allowance	
Optometrist Exam	100%		100%	
Ophthalmologist Exam	100%		100%	
Regular Lenses	100%		100%	
Bifocal Lenses	100%		100%	
Trifocal Lenses	100%		100%	
Lenticular Lenses	100%		100%	
Frame Allowance	\$65		\$65	
Necessary Contacts	100%		100%	
Cosmetic Contacts	\$115		\$115	
Exam Copay	\$0		\$0	
Material Copay	\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates
One Person (1P)	37	\$6.80	37	\$5.24
Two Person (2P)	24	\$14.63	24	\$11.26
Family (FF)	76	\$22.00	76	\$16.94
Total Annual Premium	137	\$27,297	137	\$21,019
Estimated Cost for Benefit Increase - \$			\$4	\$6,278
Estimated Savings - %				23%

*All rates include taxes and fees.