



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
Alba Public Schools
All Employees

Assumed Effective Date: 5/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost
All Employees enrolled in MESSA ABC \$1,600-0%	Census	0	1	0	\$19,944
MESSA ABC Plan 1 \$1,600-0%; ABC Rx	Rate	\$738.66	\$1,662.00	\$2,068.25	
All Employees enrolled in MESSA Choices \$500-0%	Census	4	0	1	\$70,202
MESSA Choices \$500-0%; Saver Rx	Rate	\$860.32	\$1,935.73	\$2,408.89	
TOTALS:		4	1	1	\$90,146

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO HSA \$1,600-20%; \$20/\$60/\$100/20%/25% after Ded. Rx	\$665.96	\$1,392.73	\$1,816.27	\$70,474	\$19,672
BCBSM SB PPO \$500-30%; \$20/\$60/\$100/20%/25% Rx	\$763.14	\$1,595.97	\$2,081.30	\$80,758	\$9,388
BCN					
BCN HMO HSA \$1,600-20%; \$10/\$30/\$60/\$80/20%/20% after Ded. Rx	\$579.32	\$1,211.55	\$1,579.98	\$61,306	\$28,840
BCN HMO \$500-20%; \$15/\$40/\$80/\$100/20%/20% Rx	\$669.59	\$1,400.32	\$1,826.16	\$70,858	\$19,288
Priority Health					
Priority Health POS HSA \$1,600-0%; \$5/\$40/\$80/\$100/20%/20% after Ded. Rx	\$716.53	\$1,498.50	\$1,954.19	\$75,826	\$14,320
Priority Health POS \$500-20%; \$5/\$35/\$80/\$95/20%/20% Rx	\$730.13	\$1,526.93	\$1,991.27	\$77,265	\$12,881
SET SEG					
SET MEC Plan	\$74.00	\$148.00	\$222.00	\$7,992	\$82,154

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

**SET MEC, provides only essential benefits as required under the ACA. \$200 admin fee and \$74 per enrolled life per month.



Dental Rate Summary
Alba Public Schools
All Employees

Assumed Effective Date: 5/1/24

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Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
SS (SET ADN SF 80%/80%/80%/80%-\$2,000/\$2,000)	Census	0	1	0	\$757	7/1/23 - 6/30/24
SET ADN SF 80%/80%/80%/80%-\$2,000/\$2,000	Rate	\$34.72	\$63.09	\$123.87		
All Employees Enrolled in MESSA Delta Dental	Census	12	2	1	\$11,049	1/1/24 - 12/31/24
MESSA Delta Dental 100/100/100/80; \$3000/UCR	Rate	\$46.63	\$90.41	\$180.35		
	TOTALS:	12	3	1	\$11,806	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Guardian						
\$50/\$150 Ded. 80/80/80; \$2000	5/1/24 - 4/30/26	\$55.77	\$113.21	\$173.77	\$14,192	-\$2,386
SunLife						
\$50/\$150 Ded. 80/80/80; \$2000	5/1/24 - 4/30/25	\$44.18	\$85.66	\$170.88	\$11,496	\$310
MetLife	Solicited and declined to quote					
SET ADN	Solicited and declined to quote					



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Vision Rate Summary
Alba Public Schools
All Employees

Assumed Effective Date: 5/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
SS (SET ADN SF \$0/\$0 Copay - \$130 Frame)	Census	0	1	0	\$484	7/1/23 - 6/30/24
SET ADN SF \$0/\$0 Copay; \$130 Frame	Rate	\$21.11	\$40.37	\$80.61		
All Employees	Census	12	2	1	\$2,181	1/1/24 - 12/31/24
MESSA VSP 3 Plus P250CL	Rate	\$9.31	\$20.00	\$30.07		
TOTALS:		12	3	1	\$2,666	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Guardian						
\$0 copay; 12/12/12: \$130 frame/\$130 contacts	5/1/24 - 4/30/25	\$12.10	\$22.90	\$36.93	\$3,010	-\$344
SunLife						
\$0 copay; 12/12/12: \$130 frame/\$130 contacts	5/1/24 - 4/30/25	\$8.49	\$18.24	\$27.42	\$2,208	\$458
MetLife	Solicited and declined to quote					
NVA	Solicited and declined to quote					

*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.