



Medical Rate Summary
Traverse City Area Public Schools
All Non-Teacher Options
 Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
EBT Enrolled in MESSA Choices \$300-0%	Census	18	10	13	41	
MESSA Choices \$300-0%; Saver Rx	Rate	\$606.87	\$1,363.59	\$1,696.55		\$559,377
EBT Enrolled in MESSA Choices \$500-0%	Census	31	29	29	89	
MESSA Choices \$500-0%; Saver Rx	Rate	\$574.98	\$1,291.83	\$1,607.25		\$1,222,772
EBT Enrolled in MESSA Choices \$1000-20%	Census	6	2	1	9	
MESSA Choices \$1000-20%; Saver Rx	Rate	\$489.53	\$1,099.56	\$1,367.98		\$78,051
EBT Enrolled in MESSA ABC Plan 1 \$1400-0%	Census	13	13	37	63	
MESSA ABC Plan 1 \$1400-0%; ABC Rx	Rate	\$513.50	\$1,153.50	\$1,435.10		\$897,236
EBT Enrolled in MESSA ABC Plan 1 \$1400-20%	Census	2	4	21	27	
MESSA ABC Plan 1 \$1400-20%; ABC Rx w/ Mandatory Mail	Rate	\$459.79	\$1,032.65	\$1,284.71		\$384,349
	TOTALS:	70	58	101	229	\$3,141,786

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Simply Blue Plans					
BCBSM SB PPO \$500-0%; \$10/\$40/\$80 Rx	\$622	\$1,494	\$1,867	\$3,825,355	-\$683,570
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	\$534	\$1,280	\$1,601	\$3,279,313	-\$137,528
BCBSM SB PPO HSA \$1400-20%; \$10/\$40/\$80 Rx	\$501	\$1,202	\$1,502	\$3,077,274	\$64,511
Priority Health HMO Plans					
Priority Health HMO \$400-0%; \$20 OV; \$10/\$40 Rx	\$691	\$1,552	\$1,930	\$3,999,683	-\$857,897
Priority Health HMO \$500-0%; \$20 OV; \$10/\$40 Rx	\$682	\$1,532	\$1,906	\$3,948,835	-\$807,049
Priority Health HMO \$1000-20%; \$20 OV; \$10/\$40 Rx	\$575	\$1,293	\$1,608	\$3,332,202	-\$190,416
Priority Health HMO HSA Plans					
Priority Health HMO HSA \$1400-0%; \$10/\$40 Rx	\$553	\$1,243	\$1,547	\$3,204,921	-\$63,135
Priority Health HMO HSA \$1400-20%; \$10/\$40 Rx	\$469	\$1,054	\$1,311	\$2,716,537	\$425,248

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
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*MESSA rates include taxes and fees.

*BCBSM & 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.



Dental Rate Summary
Traverse City Area Public Schools
All Non-Teacher Employees Renewal
Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Non-Instructors Enrolled in SET ADN LF Dental (Current)	Census	39	26	38	\$107.26	\$132,568	7/1/2019-6/30/2020
SET ADN LF Dental 100/80/80/50; \$1000/\$1000	Rate	\$58.35	\$91.79	\$168.03			
Principals Enrolled in SET ADN SF Dental (Current)	Census	1	6	22	\$75.17	\$26,161	7/1/2019-6/30/2020
SET ADN SF Incentive Dental 60/60/80/50; \$1000/\$1000	Rate	\$25.39	\$44.77	\$85.73			
Administrators Enrolled in SET ADN SF Dental (Current)	Census	7	11	33	\$98.64	\$60,366	7/1/2019-6/30/2020
SET ADN SF Incentive Dental 80/80/100/50; \$1000/\$1000	Rate	\$34.51	\$63.27	\$124.03			
Non-Instructors Enrolled in SET ADN SF Dental (Current)	Census	22	30	24	\$34.84	\$31,776	7/1/2019-6/30/2020
SET ADN SF Incentive Dental 50/50; \$1000 (No Major or Ortho)	Rate	\$18.13	\$30.26	\$55.89			
TOTALS:		69	73	117		\$250,871	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN LF Dental 100/80/80/50; \$1000/\$1000 (Renewal)	7/1/2020-6/30/2021	\$58.35	\$91.79	\$168.03	\$117.32	\$364,636	-\$113,765
SET ADN SF Incentive Dental 60/60/80/50; \$1000/\$1000 (Renewal)	7/1/2020-6/30/2021	\$27.17	\$48.34	\$93.87	\$63.27	\$196,636	\$54,235
SET ADN SF Incentive Dental 80/80/100/50; \$1000/\$1000 (Renewal)	7/1/2020-6/30/2021	\$35.55	\$65.35	\$129.46	\$86.37	\$268,444	-\$17,572
SET ADN SF Incentive Dental 50/50; \$1000 (No Major or Ortho) (Renewal)	7/1/2020-6/30/2021	\$18.70	\$31.40	\$58.72	\$40.36	\$125,433	\$125,439

*SET ADN and BCBSM rates include taxes and fees.

*SET ADN Self-funded rates are for illustrative purposes only and include administration/network fee.



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Dental Plan Comparison

Traverse City Area Public Schools All Non-Teacher Employees Renewal

	CURRENT PLAN Non-Instructors Enrolled in SET ADN LF Dental (Current)		CURRENT PLAN Principals Enrolled in SET ADN SF Dental (Current)		CURRENT PLAN Administrators Enrolled in SET ADN SF Dental (Current)		CURRENT PLAN Non-Instructors Enrolled in SET ADN SF Dental (Current)		RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN	
Name	SET ADN LF Dental 100/80/80/50; \$1000/\$1000		SET ADN SF Incentive Dental 60/60/80/50; \$1000/\$1000		SET ADN SF Incentive Dental 80/80/100/50; \$1000/\$1000		SET ADN SF Incentive Dental 50/50; \$1000 (No Major or Ortho)		SET ADN LF Dental 100/80/80/50; \$1000/\$1000 (Renewal)		SET ADN SF Incentive Dental 60/60/80/50; \$1000/\$1000 (Renewal)		SET ADN SF Incentive Dental 80/80/100/50; \$1000/\$1000 (Renewal)		SET ADN SF Incentive Dental 50/50; \$1000 (No Major or Ortho) (Renewal)	
Rate Period	7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	100%		i60%		i80%		i50%		100%		i60%		i80%		i50%	
Basic %	80%		i60%		i80%		i50%		80%		i60%		i80%		i50%	
Major %	80%		80%		100%		No coverage		80%		80%		100%		No coverage	
Ortho %	50%		50%		50%		No coverage		50%		50%		50%		No coverage	
Basic Ded	\$0		\$50/\$100		\$50/\$100		\$50		\$0		\$50/\$100		\$50/\$100		\$50	
Major Ded	\$0		\$50/\$100		\$50/\$100		\$50		\$0		\$50/\$100		\$50/\$100		\$50	
Ortho Ded	\$0		\$0		\$0		No coverage		\$0		\$0		\$0		No coverage	
Bas/Maj Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Ortho Max	\$1,000		\$1,000		\$1,000		No coverage		\$1,000		\$1,000		\$1,000		No coverage	
Sealants Covered	No		No		No		No		No		No		No		No	
Implants Covered	No		No		No		No		No		No		No		No	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	39	\$58.35	1	\$25.39	7	\$34.51	22	\$18.13	69	\$58.35	69	\$27.17	69	\$35.55	69	\$18.70
Two Person (2P)	26	\$91.79	6	\$44.77	11	\$63.27	30	\$30.26	73	\$91.79	73	\$48.34	73	\$65.35	73	\$31.40
Family (FF)	38	\$168.03	22	\$85.73	33	\$124.03	24	\$55.89	117	\$168.03	117	\$93.87	117	\$129.46	117	\$58.72
Total Annual Premium	103	\$132,568	29	\$26,161	51	\$60,366	76	\$31,776	259	\$364,636	259	\$196,636	259	\$268,444	259	\$125,433
Combined Annual Premium	\$250,871		< TOTALS		< TOTALS		< TOTALS									

*SET ADN and BCBSM rates include taxes and fees.

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Dental Rate Summary
Traverse City Area Public Schools
All Non-Teacher Employees Renewal Options
Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Non-Instructors Enrolled in SET ADN LF Dental	Census	39	26	38	\$107.26	\$132,568	7/1/2020-6/30/2021
SET ADN LF Dental 100/80/80/50; \$1000/\$1000 (Renewal)	Rate	\$58.35	\$91.79	\$168.03			
Principals Enrolled in SET ADN SF Dental	Census	1	6	22	\$82.15	\$28,588	7/1/2020-6/30/2021
SET ADN SF Incentive Dental 60/60/80/50; \$1000/\$1000 (Renewal)	Rate	\$27.17	\$48.34	\$93.87			
Administrators Enrolled in SET ADN SF Dental	Census	7	11	33	\$102.74	\$62,879	7/1/2020-6/30/2021
SET ADN SF Incentive Dental 80/80/100/50; \$1000/\$1000 (Renewal)	Rate	\$35.55	\$65.35	\$129.46			
Non-Instructors Enrolled in SET ADN SF Dental	Census	22	30	24	\$36.35	\$33,152	7/1/2020-6/30/2021
SET ADN SF Incentive Dental 50/50; \$1000 (No Major or Ortho) (Renewal)	Rate	\$18.70	\$31.40	\$58.72			
TOTALS:		69	73	117		\$257,187	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
BCBSM FF Dental PPO Plus 100/100/80/50; \$1000/\$1000	7/1/2020-6/30/2021	\$27.22	\$54.44	\$95.27	\$65.63	\$203,987	\$53,200
BCBSM FF Dental PPO Plus 100/100/100/50; \$1000/\$1000	7/1/2020-6/30/2021	\$27.42	\$54.84	\$95.97	\$66.12	\$205,485	\$51,701
BCBSM FF Dental PPO 50/50; \$1000 (No Major or Ortho)	7/1/2020-6/30/2021	\$26.22	\$52.45	\$91.78	\$63.23	\$196,515	\$60,671
BCBSM SF Dental PPO Plus 100/100/80/50; \$1000/\$1000	7/1/2020-6/30/2021	\$25.08	\$50.17	\$87.80	\$60.48	\$187,986	\$69,201
BCBSM SF Dental PPO Plus 100/100/100/50; \$1000/\$1000	7/1/2020-6/30/2021	\$25.27	\$50.54	\$88.44	\$60.93	\$189,366	\$67,821
BCBSM SF Dental PPO 50/50; \$1000 (No Major or Ortho)	7/1/2020-6/30/2021	\$24.17	\$48.33	\$84.58	\$58.27	\$181,100	\$76,087

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*BCBSM Self-funded rates are for illustrative purposes only and include a \$8.02 PEPM dental administration/network fee.



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Dental Plan Comparison

Traverse City Area Public Schools All Non-Teacher Employees Renewal Options

	RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN		RENEWAL PLAN		Option 1		Option 2		Option 3		Option 4	
Name	Non-Instructors Enrolled in SET ADN LF Dental		Principals Enrolled in SET ADN SF Dental		Administrators Enrolled in SET ADN SF Dental		Non-Instructors Enrolled in SET ADN SF Dental		BCBSM FF Dental PPO Plus 100/100/80/50; \$1000/\$1000		BCBSM FF Dental PPO Plus 100/100/100/50; \$1000/\$1000		BCBSM SF Dental PPO Plus 100/100/80/50; \$1000/\$1000		BCBSM SF Dental PPO Plus 100/100/100/50; \$1000/\$1000	
Rate Period	7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021		7/1/2020-6/30/2021	
Purchased Plan Features	SET ADN LF Dental 100/80/80/50; \$1000/\$1000 (Renewal)		SET ADN SF Incentive Dental 60/60/80/50; \$1000/\$1000 (Renewal)		SET ADN SF Incentive Dental 80/80/100/50; \$1000/\$1000 (Renewal)		SET ADN SF Incentive Dental 50/50; \$1000 (No Major or Ortho) (Renewal)		Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Prevent %	100%		i60%		i80%		i50%		100%		100%		100%		100%	
Basic %	80%		i60%		i80%		i50%		100%		100%		100%		100%	
Major %	80%		80%		100%		No coverage		80%		100%		80%		100%	
Ortho %	50%		50%		50%		No coverage		50%		50%		50%		50%	
Basic Ded	\$0		\$50/\$100		\$50/\$100		\$50		\$50 per member limited to a maximum of \$100 per family		\$50 per member limited to a maximum of \$100 per family		\$50 per member limited to a maximum of \$100 per family		\$50 per member limited to a maximum of \$100 per family	
Major Ded	\$0		\$50/\$100		\$50/\$100		\$50		\$50 per member limited to a maximum of \$100 per family		\$50 per member limited to a maximum of \$100 per family		\$50 per member limited to a maximum of \$100 per family		\$50 per member limited to a maximum of \$100 per family	
Ortho Ded	\$0		\$0		\$0		No coverage		\$0		\$0		\$0		\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Ortho Max	\$1,000		\$1,000		\$1,000		No coverage		\$1,000		\$1,000		\$1,000		\$1,000	
Sealants Covered	No		No		No		No		Yes		Yes		Yes		Yes	
Implants Covered	No		No		No		No		Yes		Yes		Yes		Yes	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	39	\$58.35	1	\$27.17	7	\$35.55	22	\$18.70	69	\$27.22	69	\$27.42	69	\$25.08	69	\$25.27
Two Person (2P)	26	\$91.79	6	\$48.34	11	\$65.35	30	\$31.40	73	\$54.44	73	\$54.84	73	\$50.17	73	\$50.54
Family (FF)	38	\$168.03	22	\$93.87	33	\$129.46	24	\$58.72	117	\$95.27	117	\$95.97	117	\$87.80	117	\$88.44
Total Annual Premium	103	\$132,568	29	\$28,588	51	\$62,879	76	\$33,152	259	\$203,987	259	\$205,485	259	\$187,986	259	\$189,366
Combined Annual Premium	\$257,187		< TOTALS		< TOTALS		< TOTALS									
Increase - \$									\$17	\$53,200	\$17	\$51,701	\$22	\$69,201	\$22	\$67,821
Estimated Savings - %										21%		20%		27%		26%

*SET ADN and BCBSM rates include taxes and fees.

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*BCBSM Self-funded rates are for illustrative purposes only and include a \$8.02 PEPM dental administration/network fee.



Vision Rate Summary
Traverse City Area Public Schools
All Non-Teachers Employees Renewal
Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Non-Instructional Employees	Census	43	35	38	\$13.79	\$19,190	7/1/2019-6/30/2020
SET ADN LF Vision \$0/\$0 Copay - \$27 Frame (Current)	Rate	\$7.53	\$12.12	\$22.40			
Principals & Administrator Employees	Census	8	15	57	\$16.57	\$15,906	7/1/2019-6/30/2020
SET ADN SF Vision \$0/\$0 Copay - \$50 Frame (Current)	Rate	\$6.14	\$10.42	\$19.65			
TOTALS:		51	50	95		\$35,096	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
SET ADN LF Vision \$0/\$0 Copay - \$27 Frame (Renewal)	7/1/2020-6/30/2021	\$7.53	\$12.12	\$22.40	\$15.91	\$37,416	-\$2,320
SET ADN SF Vision \$0/\$0 Copay - \$50 Frame (Renewal)	7/1/2020-6/30/2021	\$5.93	\$10.00	\$18.32	\$12.97	\$30,514	\$4,582

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Vision Plan Comparison

Traverse City Area Public Schools All Non-Teachers Employees Renewal

	CURRENT PLAN		CURRENT PLAN		RENEWAL PLAN		RENEWAL PLAN	
	Non-Instructional Employees		Principals & Administrator Employees					
Name	SET ADN LF Vision \$0/\$0 Copay - \$27 Frame (Current)		SET ADN SF Vision \$0/\$0 Copay - \$50 Frame (Current)		SET ADN LF Vision \$0/\$0 Copay - \$27 Frame (Renewal)		SET ADN SF Vision \$0/\$0 Copay - \$50 Frame (Renewal)	
Rate Period	7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2020-6/30/2021		7/1/2020-6/30/2021	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	Covered up to \$48		Covered up to \$48		Covered up to \$48		Covered up to \$48	
Ophthalmologist Exam	Covered up to \$48		Covered up to \$48		Covered up to \$48		Covered up to \$48	
Regular Lenses	Covered up to \$63		Covered up to \$63		Covered up to \$63		Covered up to \$63	
Bifocal Lenses	Covered up to \$72		Covered up to \$72		Covered up to \$72		Covered up to \$72	
Trifocal Lenses	Covered up to \$90		Covered up to \$90		Covered up to \$90		Covered up to \$90	
Lenticular Lenses	Covered up to \$108		Covered up to \$108		Covered up to \$108		Covered up to \$108	
Frame Allowance	Covered up to \$27		Covered up to \$50		Covered up to \$27		Covered up to \$50	
Necessary Contacts	Covered up to \$150		Covered up to \$150		Covered up to \$150		Covered up to \$150	
Cosmetic Contacts	Covered up to \$150		Covered up to \$150		Covered up to \$150		Covered up to \$150	
Exam Copay	\$0		\$0		\$0		\$0	
Material Copay	\$0		\$0		\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	43	\$7.53	8	\$6.14	51	\$7.53	51	\$5.93
Two Person (2P)	35	\$12.12	15	\$10.42	50	\$12.12	50	\$10.00
Family (FF)	38	\$22.40	57	\$19.65	95	\$22.40	95	\$18.32
Total Annual Premium	116	\$19,190	80	\$15,906	196	\$37,416	196	\$30,514
Combined Annual Premium	\$35,096		< TOTALS					

*SET ADN rates included taxes and fees.

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Vision Rate Summary
Traverse City Area Public Schools
All Non-Teachers Renewal Options
Assumed Effective Date: 7/1/2020

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Non-Instructional Employees	Census	43	35	38	\$13.79	\$19,190	7/1/2019-6/30/2020
SET ADN LF Vision \$0/\$0 Copay - \$27 Frame (Renewal)	Rate	\$7.53	\$12.12	\$22.40			
Principals & Administrator Employees	Census	8	15	57	\$15.52	\$14,900	7/1/2019-6/30/2020
SET ADN SF Vision \$0/\$0 Copay - \$50 Frame (Renewal)	Rate	\$5.93	\$10.00	\$18.32			
TOTALS:		51	50	95		\$34,090	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
EyeMed SF Vision \$0/\$0 Copay - \$100 Frame	7/1/2020-6/30/2024	\$7.22	\$13.72	\$20.14	\$15.14	\$35,610	-\$1,520
VSP Vision \$10/\$25 Copay - \$130 Frame	7/1/2020-6/30/2024	\$8.23	\$12.56	\$22.53	\$16.27	\$38,257	-\$4,167

*SET ADN, EyeMed & VSP rates included taxes and fees.

*SET ADN Self-funded rates are for illustrative purposes only and include administration/network fee.

*EyeMed rates are illustrative and include a \$2.00 per employee per month vision administration/network fee.



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Vision Plan Comparison

Traverse City Area Public Schools

All Non-Teachers Renewal Options

	RENEWAL PLAN		RENEWAL PLAN		Option 1	
	Non-Instructional Employees		Principals & Administrator Employees			
Name	SET ADN LF Vision \$0/\$0 Copay - \$27 Frame (Renewal)		SET ADN SF Vision \$0/\$0 Copay - \$50 Frame (Renewal)		EyeMed SF Vision \$0/\$0 Copay - \$100 Frame	
Rate Period	7/1/2019-6/30/2020		7/1/2019-6/30/2020		7/1/2020-6/30/2024	
Purchased Plan Features	Coverage Allowance		Coverage Allowance		Coverage Allowance	
Optometrist Exam	Covered up to \$48		Covered up to \$48		100% once every 12 months - \$0 Copay	
Ophthalmologist Exam	Covered up to \$48		Covered up to \$48		100% once every 12 months - \$0 Copay	
Regular Lenses	Covered up to \$63		Covered up to \$63		100% once every 12 months - \$0 Copay	
Bifocal Lenses	Covered up to \$72		Covered up to \$72		100% once every 12 months - \$0 Copay	
Trifocal Lenses	Covered up to \$90		Covered up to \$90		100% once every 12 months - \$0 Copay	
Lenticular Lenses	Covered up to \$108		Covered up to \$108		100% once every 12 months - \$0 Copay	
Frame Allowance	Covered up to \$27		Covered up to \$50		\$100 every 12 months - \$0 Copay	
Necessary Contacts	Covered up to \$150		Covered up to \$150		100% once every 12 months - \$0 Copay	
Cosmetic Contacts	Covered up to \$150		Covered up to \$150		\$150 every 12 months - \$0 Copay	
Exam Copay	\$0		\$0		\$0	
Material Copay	\$0		\$0		\$0	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	43	\$7.53	8	\$5.93	51	\$7.22
Two Person (2P)	35	\$12.12	15	\$10.00	50	\$13.72
Family (FF)	38	\$22.40	57	\$18.32	95	\$20.14
Total Annual Premium	116	\$19,190	80	\$14,900	196	\$35,610
Combined Annual Premium	\$34,090		< TOTALS			
Increase - \$					-\$1	-\$1,520
Estimated Savings - %					-4%	

*SET AND, EyeMed & VSP rates included taxes and fees.

*SET ADN Self-funded rates are for illustrative purposes only and include administration/network fee.

*EyeMed rates are illustrative and include a \$2.00 per employee per month vision administration/network fee.