



Medical Rate Summary
Homer Community Schools
All Employees
 Assumed Effective Date: 10/1/2021

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
All Employees Enrolled in MESSA Choices \$500-10%	Census	7	6	26	39	
MESSA Choices \$500-10%; 3-Tier Mail Rx	Rate	\$651.69	\$1,466.30	\$1,824.74		\$729,634
All Employees Enrolled in MESSA Choices \$500-20%	Census			3	3	
MESSA Choices \$500-20%; 3-Tier Mail Rx	Rate	\$596.99	\$1,343.22	\$1,671.56		\$60,176
All Employees Enrolled in MESSA ABC Plan 1 \$1400-0%	Census	9	3	5	17	
MESSA ABC Plan 1 \$1400-0%; 3-Tier Mail Rx	Rate	\$632.42	\$1,422.95	\$1,770.78		\$225,774
TOTALS:		16	9	34	59	\$1,015,585

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM Community Blue Plans					
BCBSM CB \$500-20%; \$10/\$40/\$80 Rx	\$644.73	\$1,547.33	\$1,934.15	\$1,080,034	-\$64,449
BCBSM CB \$1000-20% \$2500 ECM; \$10/\$40/\$80 Rx	\$602.60	\$1,446.24	\$1,807.81	\$1,009,482	\$6,103
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1400-0%; \$10/\$40/\$80 Rx	\$571.26	\$1,371.03	\$1,713.79	\$956,978	\$58,607
Priority Health: Solicited, Declined To Quote					
BCN: Solicited, Did Not Provide Proposal					
MESSA: Solicited, Did Not Provide Proposal For Segment					

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



Dental Rate Summary
Homer Community Schools
All Employees
Assumed Effective Date: 10/1/2021

Current Plan(s) and Segment:		1P	2P	FF	Total Annual Cost	Rate Period
All Employees Enrolled in Medical	Census	15	9	35	\$55,142	1/1/2021-12/31/2021
MESSA Dental 75%/75%/75%/60%; \$1000/\$1000	Rate	\$28.61	\$54.71	\$104.96		
All Employees NOT Enrolled in Medical	Census	6	6	9	\$16,189	1/1/2021-12/31/2021
MESSA Dental 75%/75%/75%/60%; \$1000/\$1000	Rate	\$25.64	\$50.45	\$99.17		
	TOTALS:	21	15	44	\$71,331	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
UNUM 75%/75%/60%/50% - \$1000/\$1000	10/1/21-9/30/22	\$33.14	\$63.37	\$121.57	\$83,947	-\$12,616
SET SF 75%/75%/75%/60% - \$1000/\$1000	10/1/21-6/30/22	\$29.30	\$52.30	\$101.42	\$70,347	\$983
Ameritas 75%/75%/75%/60% - \$1000/\$1000	10/1/21-9/30/22	\$31.28	\$61.04	\$103.72	\$73,634	-\$2,303
MESSA: Solicited, Provided Current Rates For Proposal						

*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.



Vision Rate Summary
Homer Community Schools
All Employees
Assumed Effective Date: 10/1/2021

Current Plan(s) and Segment:		1P	2P	FF	Total Annual Cost	Rate Period
All Employees		Census 21	15	44	\$14,901	1/1/2021-12/31/2021
	MESSA VSP 2 S	Rate \$6.36	\$13.63	\$20.54		
	TOTALS:	21	15	44	\$14,901	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
EyeMed ASO \$5/\$15 - \$130 Frame/\$130 Contacts	10/1/21-9/30/25	\$6.41	\$12.18	\$17.88	\$13,248	\$1,653
EyeMed \$5/\$15 - \$130 Frame/\$130 Contacts	10/1/21-9/30/25	\$8.01	\$15.22	\$22.35	\$16,559	-\$1,658
Ameritas Plan 1 \$10/\$25 Copays - \$130 Frame/\$130 Contacts	10/1/21-9/30/23	\$7.04	\$12.84	\$18.48	\$13,843	\$1,059
Ameritas Plan 2 \$10/\$25 Copays - \$150 Frame/\$150 Contacts	10/1/21-9/30/23	\$7.28	\$13.24	\$19.04	\$14,271	\$630
Ameritas Plan 3 \$10/\$25 Copays - \$180 Frame/\$180 Contacts	10/1/21-9/30/23	\$7.68	\$13.96	\$20.08	\$15,050	-\$149
UNUM \$10/\$10 Copays - \$130 Frame/\$130 Contacts	10/1/21-9/30/25	\$5.66	\$12.12	\$18.27	\$13,254	\$1,647

NVA: Solicited, Declined To Quote

MESSA: Solicited, Provided Current Rates For Proposal

*EyeMed ASO rates are illustrative and include a \$2.00 pepm vision administration/network fee.