Medical Rate Summary
New Lothrop Area Public Schools
All Employees
Assumed Effective Date: 6/1/2014

Current Plan(s) and Segment:		1P	2P	FF	Admin/ Deductible Funding	Composite	Total Cost
All Employees	Census	18	7	24			
MESSA Choices II 100/200 Ded $10/$20 Rx	Rate	$559.35	$1,256.66	$1,563.47		$1,151	$676,658
	TOTALS:	18	7	24	49	$1,151	$676,658

Product Name	1P Rate	2P Rate	FF Rate	Composite	Total Cost	Estimated Annual Savings
McLaren Options						
McLaren HMO 250-0%; 10 OV; 10/20/30 RX	$726	$1,670	$1,960	$1,465	$861,604	-$184,946
HealthPlus Options						
HealthPlus PPO 100-0%; 5 OV; 10/20 RX	$662	$1,487	$1,850	$1,362	$800,664	-$124,005
HealthPlus PPO 200-0%; 5 OV; 10/20 RX	$654	$1,468	$1,827	$1,344	$790,559	-$113,900
HealthPlus PPO 500-0%; 5 OV; 10/20 RX	$632	$1,421	$1,768	$1,301	$764,960	-$88,301
HealthPlus PPO 1G 10/20 RX Funding Included	$553	$1,243	$1,547	$1,138	$669,327	$7,331
HealthPlus PPO 1G 10/40 RX Funding Included	$547	$1,230	$1,530	$1,126	$662,123	$14,535
HealthPlus PPO 2G 100% RX Funding Included	$566	$1,271	$1,581	$1,164	$684,236	-$7,577
HealthPlus PPO 2N 10/20 RX Funding Included	$501	$1,125	$1,399	$1,030	$605,564	$71,094
HealthPlus PPO 1G 10/20 RX No Funding Included	$520	$1,168	$1,454	$1,070	$629,101	$47,557
HealthPlus PPO 1G 10/40 RX No Funding Included	$514	$1,155	$1,437	$1,058	$621,909	$54,749
HealthPlus PPO 2G 100% RX No Funding Included	$532	$1,196	$1,488	$1,095	$643,914	$32,745
HealthPlus PPO 2N 10/20 RX No Funding Included	$461	$1,036	$1,289	$949	$557,722	$118,936
BCBSM Options						
BCBSM SB 250; 10/40/80 RX	$483	$1,158	$1,448	$1,052	$618,503	$58,155
BCBS SB HRA 1500; 30OV; 10/40/80 RX	$436	$1,047	$1,309	$951	$559,175	$117,483

Product Name	1P Rate	2P Rate	FF Rate	Composite	Total Cost	Estimated Annual Savings
BCBS SB HRA 2500; 30 OV; 10/40/80 RX	$402	$966	$1,207	$877	$515,712	$160,946
MESSA Plans	Cannot provide rates until May 1					
BCBSM Simply Blue Conventional Plans						
BCBSM SB 500; $10/$40/$80 Rx	$462	$1,110	$1,387	$1,008	$592,582	$84,076
BCBSM SB 1000; $10/$40/$80 Rx	$427	$1,024	$1,280	$930	$546,766	$129,892
BCBSM Simply Blue HSA Plans						
BCBSM SB HSA 1250-0%; $10/$40/$80 Rx	$434	$1,042	$1,302	$946	$556,317	$120,342
BCBSM SB HSA 1250-20%; $10/$40/$80 Rx	$393	$944	$1,180	$857	$503,951	$172,707
BCBSM SB HSA 2000-0%; $10/$40/$80 Rx	$382	$917	$1,146	$833	$489,585	$187,074
BCBSM SB HSA 2000-20%; $10/$40/$80 Rx	$350	$839	$1,049	$762	$447,919	$228,739

*Your rates do not include taxes or assessments required by Federal and/or State governments. Any taxes or assessments will be added as a separate line item on your bill.

**Please note different effective dates for the carriers

*** McLaren rates include taxes & fees

SET SEG

Dental Rate Summary
New Lothrop Area Public Schools
All Employees
Assumed Effective Date: 7/1/2014

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
All Employees with Medical	Census	18	7	24	$95.72	$56,283	7/1/2013-6/30/2014
85/85/85/60; 1500;1000	Rate	$42.71	$79.70	$140.15			
All Employees without Medical	Census	1	5	4	$95.68	$11,482	7/1/2013-6/30/2014
85/85/85/60; 1500;1000	Rate	$40.22	$75.23	$135.11			
	TOTALS:	19	12	28		$67,765	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Cost for Benefit Increase
SET Insured 85/85/85/60; 1500;1000	4/1/2014-6/30/2014	$37.22	$74.45	$122.84	$85.43	$60,481	$7,284
SET Self-Funded 85/85/85/60;1500;1000	4/1/2014-6/30/2014	$36.02	$86.45	$108.07	$80.47	$56,973	$10,792
MetLife 85/85/85/60; 1500;1000	7/1/2014-6/30/2015	$51.39	$96.11	$172.61	$118.01	$83,554	-$15,789
MetLife 100/80/50/50; 1500;1000	7/1/2014-6/30/2015	$37.92	$70.93	$127.38	$87.09	$61,659	$6,106
MESSA		Cannot Provide Rates until May 1					

*SET plans do not match current level of benefits and they do not include a network

**Current claims data not available, therefore SET self-funded plan cost was based on an industry standard utilization of 80%

Printed On 4/1/2014

Vision Plan Summary
New Lothrop Area Public Schools
All Employees
Assumed Effective Date: 7/1/2014

Current Plan(s) and Segment:			1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
All Employees		Census	19	12	28	$18.80	$13,311	7/1/2013-6/30/2014
	MESSA VSP Plan 3 Gold	Rate	$8.20	$17.62	$26.50			
		TOTALS:	19	12	28		$13,311	

Product Name	Rate Period	1P	2P	FF	Monthly Composite	Total Annual Cost	Estimated Annual Savings
MetLife	7/1/2014-6/30/2016	$6.00	$12.88	$19.37	$13.74	$9,731	$3,580
SET UltraVision Plan 3 - $130 Frames	4/1/2014-6/30/2014	$16.10	$38.62	$38.62	$31.36	$22,206	-$8,895
SET Vision Self-funded Plan 3 - $130 Frames	4/1/2014-6/30/2014	$32.81	$78.74	$98.43	$73.29	$51,892	-$38,581
MESSA VSP Plan 3 Gold		Cannot Provide Rates until May 1					$13,311

*SET plans do not match current level of benefits and does not include a network

**MetLife vision coverage may only be sold with another MetLife product