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Medical Rate Summary
West Bloomfield School District
All Employees
Assumed Effective Date: 7/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Teachers Enrolled in MESSA Choices 1000/2000-0%, 5 Tier Rx	**Census**	20	11	30	$1,504,306
MESSA Choices $1000-0%; 5 Tier Rx	**Rate**	$973.66	$2,190.74	$2,726.25	
Teachers Enrolled in MESSA Choices 1000/2000-20%, 5 Tier Rx with Mandatory Mail	**Census**	21	6	19	$918,270
MESSA Choices $1000-20%;; 5 Tier Rx w/ Mandatory Mail	**Rate**	$872.55	$1,963.24	$2,443.13	
Teachers Enrolled in MESSA ABC 2 2000/4000-0%, 5 Tier Rx with Mandatory Mail	**Census**	32	11	73	$2,623,337
MESSA ABC Plan 2 $2000-0%; 5 Tier Rx w/ Mandatory Mail	**Rate**	$837.11	$1,883.50	$2,343.91	
Teachers Enrolled in MESSA Essentials 375/750-20%, Essentials by MESSA Rx	**Census**	10	2	5	$264,794
MESSA Essentials $375-20%; Essentials Rx	**Rate**	$774.25	$1,742.07	$2,167.91	
Everyone Except Teachers and Community Ed Childcare Enrolled in MESSA Choices 1000/2000-0%, 5 Tier Rx with Mandatory Mail	**Census**	9	8	10	$642,616
MESSA Choices $1000-0%; 5 Tier Rx	**Rate**	$973.66	$2,190.74	$2,726.25	
Everyone Except Teachers and Community Ed Childcare Enrolled in MESSA Choices 1000/2000-20%, 5 Tier Rx with Mandatory Mail	**Census**	2	2	7	$273,282
MESSA Choices $1000-20%;; 5 Tier Rx w/ Mandatory Mail	**Rate**	$872.55	$1,963.24	$2,443.13	
Everyone Except Teachers and Community Ed Childcare Enrolled in MESSA ABC 2 2000/4000-0%, 5 Tier Rx with Mandatory Mail	**Census**	11	8	15	$713,218
MESSA ABC Plan 2 $2000-0%; 5 Tier Rx w/ Mandatory Mail	**Rate**	$837.11	$1,883.50	$2,343.91	
Everyone Except Teachers and Community Ed Childcare Enrolled in MESSA Essentials 375/750-20%, Essentials by MESSA Rx	**Census**	5	1	0	$67,360
MESSA Essentials $375-20%; Essentials Rx	**Rate**	$774.25	$1,742.07	$2,167.91	
Community Ed Chilcare Enrolled in MESSA Choices 1000/2000-0%, 5 Tier Rx with Mandatory Mail	**Census**	3	0	0	$35,410
MESSA Choices $1000-0%; 5 Tier Rx with Mandatory Mail	**Rate**	$983.60	$2,213.09	$2,754.07	
Community Ed Childcare Enrolled in MESSA Choices 1000/2000-20%, 5 Tier Rx with Mandatory Mail	**Census**	9	0	0	$95,197
MESSA Choices $1000-20%;; 5 Tier Rx with Mandatory Mail	**Rate**	$881.45	$1,983.27	$2,468.06	
Community Ed Childcare Enrolled in MESSA ABC Plan 2 2000/4000-0%, 5 Tier Rx with Mandatory Mail	**Census**	3	0	0	$30,443
MESSA ABC Plan 2 $2000-0%; 5 Tier Rx with Mandatory Mail	**Rate**	$845.65	$1,902.72	$2,367.83	
Community Ed Childcare Enrolled in Essentials by MESSA, Essential Rx	**Census**	2	0	0	$18,772
MESSA Essentials $375-20%; Essentials Rx	**Rate**	$782.15	$1,759.85	$2,190.03	
	TOTALS:	**127**	**49**	**159**	**$7,187,005**

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO $1000-0%; $10/$40/$80 Rx	$1,636.12	$3,926.69	$4,908.36	$14,167,491	-$6,980,487
BCBSM SB PPO $1000-20%; $10/$40/$80 Rx	$1,505.74	$3,613.78	$4,517.22	$13,038,506	-$5,851,501
BCBSM SB PPO $500-20%; $2500 ECM; $10/$40/$80 Rx	$1,576.42	$3,783.41	$4,729.26	$13,650,537	-$6,463,532
BCBSM SB PPO HSA $2000-0%; $10/$40/$80 after Ded. Rx	$1,356.30	$3,255.12	$4,068.90	$11,744,473	-$4,557,468
BCBSM SB PPO HSA $1650-20%; $10/$40/$80 after Ded. Rx	$1,285.51	$3,085.23	$3,856.54	$11,131,511	-$3,944,506
BCN					

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCN HMO HSA $1650-0%; $4/$15/$40/$80/20%/20% after Ded. Rx	$1,211.45	$2,907.48	$3,634.35	$10,490,188	-$3,303,183
SET SEG					
SET MEC Plan	$74.00	$148.00	$222.00	$623,376	$6,563,629
HAP	Solicited and did not provide options				
Priority Health	Uncompetitive; Declined to Quote				

SET SEG

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Dental Rate Summary
West Bloomfield School District
All Employees
Assumed Effective Date: 7/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers No COB	**Census**	76	42	141	$317,525	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60:1500/2000	**Rate**	$38.15	$71.74	$145.73		
Teachers with COB	**Census**	11	10	58	$67,113	1/1/25 - 12/31/25
MESS Delta Dental 50/50/50/50: 1500/2000	**Rate**	$20.50	$39.14	$85.79		
Secretary No COB	**Census**	6	5	8	$24,031	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60: 2000/2000	**Rate**	$46.67	$86.50	$161.26		
Secretary with COB	**Census**	0	5	10	$14,461	1/1/25 - 12/31/25
MESSA Delta Dental 50/50/50/50: 2000/2000	**Rate**	$25.10	$47.00	$97.01		
Superintendent	**Census**	0	0	1	$1,675	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60: 3000/3000	**Rate**	$32.59	$61.28	$139.56		
Administrator	**Census**	1	0	16	$32,992	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60: 3000/3000	**Rate**	$43.71	$80.88	$169.10		
Admin Supervisor, Exec Secretary, Admin Asst	**Census**	4	1	1	$5,450	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60: 3000/3000	**Rate**	$46.87	$89.84	$176.87		
Paraprofessional No COB	**Census**	18	14	17	$63,545	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60: 3000/3000	**Rate**	$49.26	$93.62	$182.24		
Paraprofessional with COB	**Census**	4	2	19	$26,654	1/1/25 - 12/31/25
MESSA Delta Denal 50/50/50/50: 3000/3000	**Rate**	$25.25	$49.38	$106.39		
Central Office Administrators	**Census**	1	0	5	$11,224	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60: 3000/3000	**Rate**	$46.47	$85.31	$177.78		
Maintenance Technician	**Census**	2	1	3	$6,178	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/50: 1000/1000	**Rate**	$39.60	$67.03	$122.86		
Community Ed Childcare	**Census**	11	1	1	$7,300	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60: 1500/2000	**Rate**	$37.04	$66.13	$134.74		
Private Teacher	**Census**	0	1	0	$862	1/1/25 - 12/31/25
MESSA Delta Dental 80/80/80/60: 1500/2000	**Rate**	$38.77	$71.85	$152.91		
Community Education Supervisor	**Census**	0	2	2	$6,048	1/1/25 - 12/31/25
MESSA Delta Dental	**Rate**	$43.04	$82.36	$169.62		
	TOTALS:	**134**	**84**	**282**	**$585,058**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Equitable						
Equitable Quote 1 without COB 80/80/80/60: 2000/1500 - $50/$150 Deductible	7/1/25 - 6/30/26	$43.28	$87.06	$164.32	$713,410	-$128,352
Equitable Quote 1 with COB 80/80/80/60: 2000/1000 - $50/$150 Deductible	7/1/25 - 6/30/26	$45.73	$91.46	$169.42	$739,043	-$153,985

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET SF Dental Quote 1 without COB 80/80/80/60: 1500/2000	7/1/25 - 6/30/26	$31.32	$56.86	$113.13	$490,509	$94,548
SET SF Dental Quote 1 with COB 50/50/50/50: 3000/3000	7/1/25 - 6/30/26	$23.64	$44.03	$92.20	$394,400	$190,657
SET SF Dental Quote 2 without COB 80/80/80/60: 1000/2000	7/1/25 - 6/30/26	$29.84	$54.09	$107.49	$466,252	$118,806
SET SF Dental Quote 2 with COB 50/50/50/50: 3000/3000	7/1/25 - 6/30/26	$21.21	$39.72	$81.97	$351,530	$233,528
SunLife						
SunLife 80/80/60/50: 2000/1500 - $50/$150 Deductible	7/1/25 - 6/30/26	$40.18	$78.34	$134.63	$599,164	-$14,106
Beam	Solicited and declined to quote					

*Rates include taxes and fees
*SET ADN Dental SF rates are illustrative and include a $6.95 per employee per month dental administration/network fee.

SET SEG

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Vision Rate Summary
West Bloomfield School District
All Employees
Assumed Effective Date: 7/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers with Medical Enrolled in VSP2	**Census**	73	38	129	$32,727	1/1/25 - 12/31/25
MESSA VSP 2	**Rate**	$4.78	$10.24	$15.42		
Teachers without Medical Enrolled in VSP 3 Plus 200CL	**Census**	14	13	71	$27,619	1/1/25 - 12/31/25
MESSA VSP 3 Plus 200CL	**Rate**	$8.48	$18.21	$27.41		
Secretaries, Maintenance Tech, Community Ed Childcare, Private Teacher Enrolled in VSP 2	**Census**	20	13	22	$6,816	1/1/25 - 12/31/25
MESSA VSP 2	**Rate**	$4.78	$10.24	$15.42		
Administrator, Admin Supervisor, Admin Asst, CO Administratos, Community Ed Supervisor Superintendent Enrolled in VSP 3 Plus 200CL	**Census**	6	3	25	$9,489	1/1/25 - 12/31/25
MESSA VSP 2	**Rate**	$8.48	$18.21	$27.41		
Paraprofessional Enrolled in VSP 3 G	**Census**	22	16	36	$14,855	1/1/25 - 12/31/25
MESSA VSP 3 G	**Rate**	$7.18	$15.41	$23.15		
	TOTALS:	**135**	**83**	**283**	**$91,505**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
EyeMed						
EyeMed VSP 3 Plus 200CL Comparable	7/1/25 - 6/30/26	$9.13	$17.35	$25.47	$118,567	-$27,062
EyeMed VSP 2 Comparable	7/1/25 - 6/30/26	$5.62	$10.68	$15.68	$72,991	$18,514
EyeMed VSP 3 G Comparable	7/1/25 - 6/30/26	$8.56	$16.26	$23.88	$111,159	-$19,653
NVA						
NVA Option 1 VSP 2 Comparable	7/1/25 - 6/30/26	$3.66	$7.83	$11.79	$53,767	$37,739
NVA Option 2 VSP 3 Plus 200CL Comparable	7/1/25 - 6/30/26	$6.39	$13.73	$20.66	$94,188	-$2,683
NVA Option 5 VSP 3 G Comparable	7/1/25 - 6/30/26	$5.97	$12.81	$19.25	$87,803	$3,702
SunLife						
SunLife Plan 3 $0 Copay, $130 Frames, $130 Contaces	7/1/25 - 6/30/26	$8.61	$17.22	$27.55	$124,659	-$33,154
VSP	Uncompetitive; Declined to Quote					

*Rates include taxes and fees.
*All proposed options, frames are in-lieu of contacts.