MESSA
475 Kendale Boulevard, PO Box 2560
:ast Lansing, MI 48826-2560
00.292.4910

Quote Summary Exclusively for Genesee ISD
Rates Effective 01/01/2025 through 12/31/2025

Quote Request ID: 235753
MESSA Field Rep: Kirk Ozanich
Date Created: 10/10/2024

)uoted Group(s): 509C - Teacher, Health Professionals

Medical plans

				Quote ID 356935			
)escription	Current Benefits	Rate	Census Used	Quoted Benefits	Rate w/ no Discount		
'lan	Choices (AQ)			*Choices (GO)*			
IN Deductible:	$500/$1000			*$500/$1000*			
IN Coinsurance:	0%	$810.31	S: 25	*0%*	***$768.73***		
TH:24-7/MH/PC Copay:	$20/$20/$20	$1,823.19	2P: 8	*$20/$20/$20*	***$1,729.64***		
OV/SV/UC/ER Copay:	$20/$20/$25/$50	$2,268.87	F: 36	*$20/$20/$25/$50*	***$2,152.45***		
Rx Coverage:	3Tier Mail			*5Tier Mail*			
Riders:	None			*None*			
'lan	Choices (BA)			*Choices (GY)*			
IN Deductible:	$1000/$2000			*$1000/$2000*			
IN Coinsurance:	20%	$677.83	S: 3	*20%*	***$649.64***		
TH:24-7/MH/PC Copay:	$20/$20/$20	$1,525.13	2P: 5	*$20/$20/$20*	***$1,461.69***		
OV/SV/UC/ER Copay:	$20/$20/$25/$50	$1,897.94	F: 6	*$20/$20/$25/$50*	***$1,818.98***		
Rx Coverage:	3Tier Mail			*5Tier Mail*			
Riders:	None			*None*			
'lan	ABC Plan 1 (BP)			*ABC Plan 1 (IX)*			
IN Deductible:	$1600/$3200			*$1650/$3300*			
IN Coinsurance:	0%	$711.60	S: 11	*0%*	***$675.41***		
TH:24-7/MH/PC Copay:	$0/$0/$0	$1,601.10	2P: 9	*$0/$0/$0*	***$1,519.68***		
OV/SV/UC/ER Copay:	$0/$0/$0/$0	$1,992.48	F: 33	*$0/$0/$0/$0*	***$1,891.15***		
Rx Coverage:	3Tier Mail			*5Tier Mail*			
Riders:	HEQ			*HEQ*			
'lan	ABC Plan 2 (CB)			*ABC Plan 2 (JJ)*			
IN Deductible:	$2000/$4000			*$2000/$4000*			
IN Coinsurance:	0%	$655.86	S: 14	*0%*	***$623.25***		
TH:24-7/MH/PC Copay:	$0/$0/$0	$1,475.68	2P: 12	*$0/$0/$0*	***$1,402.32***		
OV/SV/UC/ER Copay:	$0/$0/$0/$0	$1,836.40	F: 51	*$0/$0/$0/$0*	***$1,745.10***		
Rx Coverage:	3Tier Mail			*5Tier Mail*			
Riders:	HEQ			*HEQ*			
'lan	Balance+ (ED)			Balance+ (ED)			
IN Deductible:	$1600/$3200			$1650/$3300			
IN Coinsurance:	20%	$625.78	S: 0	20%	**$625.78**		
TH:24-7/MH/PC Copay:	$10/$10/$25	$1,408.01	2P: 2	$10/$10/$25	**$1,408.01**		
OV/SV/UC/ER Copay:	$25/$50/$50/$200	$1,752.18	F: 4	$25/$50/$50/$200	**$1,752.18**		
Rx Coverage:	Balance+Rx			Balance+Rx			
Riders:	HEQ			HEQ			
)asic Term Life w/Med							
Volume:	$5,000	$1.50	219	$5,000	$1.50		

'he MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a)undled benefit with the MESSA Balance+ plan.

'our account may be eligible for additional savings through our multiproduct discount program by adding nore MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize 'our discount.

'he above rates are based on plans and enrollment as of 10/10/2024. Material changes in the composition of the group such as number of enrollees, definable roup, eligibility requirements or plans offered may affect the final rates.

f you have any questions, please contact your MESSA Field Representative, Kirk Ozanich, at 800.292.4910.

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Quote Summary Exclusively for Genesee ISD
Rates Effective 01/01/2025 through 12/31/2025

Quote Request ID: 235754
MESSA Field Rep: Kirk Ozanich
Date Created: 10/10/2024

)uoted Group(s): 509H - Admin, Para, Maint, Trans

Medical plans

				Quote ID 356938			
)escription	Current Benefits	Rate	Census Used	Quoted Benefits	Rate w/ no Discount		
'lan	Choices (AQ)			*Choices (GO)*			
IN Deductible:	$500/$1000			*$500/$1000*			
IN Coinsurance:	0%	$810.31	S: 179	*0%*	***$768.73***		
TH:24-7/MH/PC Copay:	$20/$20/$20	$1,823.19	2P: 10	*$20/$20/$20*	***$1,729.64***		
OV/SV/UC/ER Copay:	$20/$20/$25/$50	$2,268.87	F: 37	*$20/$20/$25/$50*	***$2,152.45***		
Rx Coverage:	3Tier Mail			*5Tier Mail*			
Riders:	None			*None*			
'lan	Choices (BA)			*Choices (GY)*			
IN Deductible:	$1000/$2000			*$1000/$2000*			
IN Coinsurance:	20%	$677.83	S: 47	*20%*	***$649.64***		
TH:24-7/MH/PC Copay:	$20/$20/$20	$1,525.13	2P: 8	*$20/$20/$20*	***$1,461.69***		
OV/SV/UC/ER Copay:	$20/$20/$25/$50	$1,897.94	F: 4	*$20/$20/$25/$50*	***$1,818.98***		
Rx Coverage:	3Tier Mail			*5Tier Mail*			
Riders:	None			*None*			
'lan	ABC Plan 1 (BP)			*ABC Plan 1 (IX)*			
IN Deductible:	$1600/$3200			*$1650/$3300*			
IN Coinsurance:	0%	$711.60	S: 45	*0%*	***$675.41***		
TH:24-7/MH/PC Copay:	$0/$0/$0	$1,601.10	2P: 6	*$0/$0/$0*	***$1,519.68***		
OV/SV/UC/ER Copay:	$0/$0/$0/$0	$1,992.48	F: 13	*$0/$0/$0/$0*	***$1,891.15***		
Rx Coverage:	3Tier Mail			*5Tier Mail*			
Riders:	HEQ			*HEQ*			
'lan	ABC Plan 2 (CB)			*ABC Plan 2 (JJ)*			
IN Deductible:	$2000/$4000			*$2000/$4000*			
IN Coinsurance:	0%	$655.86	S: 49	*0%*	***$623.25***		
TH:24-7/MH/PC Copay:	$0/$0/$0	$1,475.68	2P: 18	*$0/$0/$0*	***$1,402.32***		
OV/SV/UC/ER Copay:	$0/$0/$0/$0	$1,836.40	F: 43	*$0/$0/$0/$0*	***$1,745.10***		
Rx Coverage:	3Tier Mail			*5Tier Mail*			
Riders:	HEQ			*HEQ*			
'lan	Balance+ (ED)			Balance+ (ED)			
IN Deductible:	$1600/$3200			$1650/$3300			
IN Coinsurance:	20%	$625.78	S: 7	20%	**$625.78**		
TH:24-7/MH/PC Copay:	$10/$10/$25	$1,408.01	2P: 2	$10/$10/$25	**$1,408.01**		
OV/SV/UC/ER Copay:	$25/$50/$50/$200	$1,752.18	F: 2	$25/$50/$50/$200	**$1,752.18**		
Rx Coverage:	Balance+Rx			Balance+Rx			
Riders:	HEQ			HEQ			
;asic Term Life w/Med Volume:	$5,000	$1.50	470	$5,000	$1.50		

'he MESSA supplemental plans, accident, critical illness and hospital indemnity, are included as a)undled benefit with the MESSA Balance+ plan.

'our account may be eligible for additional savings through our multiproduct discount program by adding nore MESSA insurance products. Please speak to your MESSA Field Representative about how you can maximize 'our discount.

'he above rates are based on plans and enrollment as of 10/10/2024. Material changes in the composition of the group such as number of enrollees, definable roup, eligibility requirements or plans offered may affect the final rates.

f you have any questions, please contact your MESSA Field Representative, Kirk Ozanich, at 800.292.4910.

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Medical Rate Summary
Genesee ISD
All Employees
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Employees Enrolled in MESSA Choices $500-0%, 3 Tier Mail	**Census**	203	20	73	$4,399,011
MESSA Choices $500-0%; 3 Tier Mail Rx	**Rate**	$810.31	$1,823.19	$2,268.87	
Employees Enrolled in MESSA Choices $1000-20%, 3 Tier Mail	**Census**	50	13	10	$872,371
MESSA Choices $1000-20%;; 3 Tier Mail Rx	**Rate**	$677.83	$1,525.13	$1,897.94	
Employees Enrolled in MESSA ABC Plan 1, 3 Tier Mail	**Census**	57	15	46	$1,874,781
MESSA ABC Plan 1 $1650-0%; 3 Tier Mail Rx	**Rate**	$711.60	$1,601.10	$1,992.48	
Employees Enrolled in MESSA ABC Plan 2, 3 Tier Mail	**Census**	63	31	92	$3,072,169
MESSA ABC Plan 2 $2000-0%; 3 Tier Mail Rx	**Rate**	$655.86	$1,475.68	$1,836.40	
Employees Enrolled in MESSA Balance+, Balance Rx	**Census**	7	4	6	$246,307
MESSA Balance+ $1650-20%; Balance+Rx	**Rate**	$625.78	$1,408.01	$1,752.18	
	TOTALS:	**380**	**83**	**227**	**$10,464,639**

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO $500-20%; $2500 ECM; $10/$40/$80 Rx	$1,259.64	$3,023.14	$3,778.92	$19,048,784	-$8,584,145
BCBSM SB PPO $1000-20%; $10/$40/$80 Rx	$1,194.96	$2,867.91	$3,584.88	$18,070,669	-$7,606,030
BCBSM SB PPO HSA $1650-0%; $10/$40/$80 after Ded. Rx	$1,133.39	$2,720.13	$3,400.16	$17,139,544	-$6,674,905
BCBSM SB PPO HSA $2000-0%; $10/$40/$80 after Ded. Rx	$1,072.34	$2,573.64	$3,217.04	$16,216,433	-$5,751,794
BCBSM SB PPO HSA $3500-0%; $10/$40/$80 after Ded. Rx	$911.12	$2,186.70	$2,733.37	$13,778,360	-$3,313,721
BCBSM SB PPO $1000-0%; $10/$40/$80 Rx	$1,294.74	$3,107.37	$3,884.22	$19,579,570	-$9,114,931
BCBSM SB PPO HSA $1650-20%; $10/$40/$80 after Ded. Rx	$1,007.85	$2,418.82	$3,023.53	$15,241,036	-$4,776,397
BCN					
BCN HMO HSA $1650-0%; $4/$15/$40/$80/20%/20% Rx	$893.30	$2,143.93	$2,679.91	$13,508,877	-$3,044,238
BCN HMO HSA $2000-0%; $4/$15/$40/$80/20%/20% Rx	$857.76	$2,058.62	$2,573.28	$12,971,386	-$2,506,747
HAP					
HAP HMO $500-0%; $10/$20/$40 Rx	$930.22	$2,092.99	$2,604.61	$13,421,379	-$2,956,740
HAP PPO $1000-20%; $10/$20/$40 Rx	$839.31	$1,888.44	$2,350.06	$12,109,703	-$1,645,064
HAP PPO HSA $1650-0%; $10/$40/$80 after Ded. Rx	$716.88	$1,612.97	$2,007.26	$10,343,267	$121,372
HAP PPO HSA $2000-0%; $10/$40/$80 after Ded. Rx	$685.51	$1,542.40	$1,919.43	$9,890,683	$573,956
SET SEG					
SET SEG MEC (VEBA)	$74.00	$148.00	$222.00	$1,089,576	$9,375,063
Priority Health	Uncompetitive; Declined to Quote				

*BCBSM/BCN: 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.
*Maximum number of allowed medical plans equals 3 when moving away from MESSA. In year 2, Blues will allow a 4th plan.

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Dental Rate Summary
Genesee ISD
Administrators with COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin w/COB (ADN Direct SF 50%/50%/50%/50% - $2,00/$1,800) 1/01/2025	**Census**	2	8	26	$30,284	1/1/25 - 12/31/25
ADN Direct SF 50%/50%/50%/50% - $2,00/$1,800	**Rate**	$27.89	$62.95	$75.55		
	TOTALS:	**2**	**8**	**26**	**$30,284**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Beam						
Beam 50%/50%/50%/50%: $2000/$1800	1/1/25 - 12/31/25	$16.34	$34.26	$72.11	$26,179	$4,105
MetLife						
MetLife 50%/50%/50%/50%:$2000/$1800	1/1/25 - 12/31/25	$24.09	$45.63	$78.58	$29,476	$809
SunLife						
SunLife SF 50%/50%/50%/50%; $2000/$1000	1/1/25 - 12/31/25	$18.31	$34.62	$54.97	$20,914	$9,371
BCBSM	Solicited and declined to quote					

*Quoted plans include taxes and fees.
*Reference individual proposals for specific benefit caveats and details
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
Administrators without COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin w/o COB (ADN Direct SF 90%/90%/90%/90% - $2,00/$1,800) 1/01/2025	**Census**	30	27	51	$125,119	1/1/25 - 12/31/25
ADN Direct SF 90%/90%/90%/90% - $2,00/$1,800	**Rate**	$45.52	$102.73	$123.28		
	TOTALS:	**30**	**27**	**51**	**$125,119**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Beam						
Beam 90%/90%/60%/60%: $2000/$1800	1/1/25 - 12/31/25	$43.71	$89.86	$177.81	$153,670	-$28,551
MetLife						
MetLife 90%/90%/50%/50%:$2000/$1800	1/1/25 - 12/31/25	$49.23	$92.09	$149.03	$138,766	-$13,647
SunLife						
SunLife SF: 90%/90%/80%/80%:$2000/$1000	1/1/25 - 12/31/25	$37.77	$69.58	$106.80	$101,503	$23,616
BCBSM	Solicited and declined to quote					

*Quoted plans include applicable taxes and fees.
*Reference individual proposals for specific benefit caveats and details.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
GIEA with COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIEA w/COB (ADN Direct SF 50%/50%/50%/50% - $2,00/$1,500) 1/01/2025	**Census**	4	12	31	$42,912	1/1/25 - 12/31/25
ADN Direct SF 50%/50%/50%/50% - $2,00/$1,500	**Rate**	$31.08	$70.15	$84.19		
	TOTALS:	**4**	**12**	**31**	**$42,912**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Beam						
Beam 50%/50%/50%/50%: $2000/$1500	1/1/25 - 12/31/25	$16.34	$33.92	$69.27	$31,437	$11,475
MetLife						
MetLife 50%/50%/50%/50%:$1800/$1500	1/1/25 - 12/31/25	$24.11	$45.61	$77.12	$36,414	$6,498
SunLife						
SunLife SF: 50%/50%/50%/50%:$2000/$1500	1/1/25 - 12/31/25	$18.14	$34.61	$57.05	$27,077	$15,835
BCBSM	Solicited and declined to quote					

*Quotes includes taxes and fees.
*Reference individual proposals for specific benefit caveats and details.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
GIEA without COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIEA w/o COB (ADN Direct SF 90%/90%/90%/90% - $2,00/$1,500) 1/01/2025	**Census**	41	36	117	$256,884	1/1/25 - 12/31/25
ADN Direct SF 90%/90%/90%/90% - $2,00/$1,500	**Rate**	$48.75	$110.02	$132.03		
	TOTALS:	**41**	**36**	**117**	**$256,884**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Beam						
Beam 90%/90%/60%/60%: $2000/$1500	1/1/25 - 12/31/25	$43.71	$89.47	$174.40	$305,014	-$48,130
MetLife						
MetLife 90%/90%/90%50%: $2000/$1500	1/1/25 - 12/31/25	$49.97	$93.47	$149.26	$274,525	-$17,642
SunLife						
SunLife SF: 90%/90%/80%/80%:$2000/$1500	1/1/25 - 12/31/25	$37.39	$69.55	$111.02	$204,314	$52,570
BCBSM	Solicited and declined to quote					

*Quotes include taxes and fees.
*Reference individual proposals for specific benefit caveats and plan details.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
GIESPA with COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA w/COB (ADN Direct SF 50%/50%/50%/50% - $1,800/$1,500) 1/01/2025	**Census**	22	41	49	$61,727	1/1/25 - 12/31/25
ADN Direct SF 50%/50%/50%/50% - $1,800/$1,500	**Rate**	$20.81	$46.95	$56.35		
	TOTALS:	**22**	**41**	**49**	**$61,727**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Beam						
Beam: 50%/50%/50%/50%: $1800/$1500	1/1/25 - 12/31/25	$15.98	$33.26	$68.53	$60,878	$849
MetLife						
MetLife: 90%/90%/90%/50%: $1800/$1500	1/1/25 - 12/31/25	$23.03	$43.60	$74.93	$71,590	-$9,863
SunLife						
SunLife SF: 90%/90%/80%/80%:$2000/$1000	1/1/25 - 12/31/25	$17.24	$32.97	$54.73	$52,954	$8,773
BCBSM	Solicited and declined to quote					

*Quotes includes taxes and fees
*Reference individual proposals for specific benefit caveats and plan details.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
GIESPA without COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA w/o COB (ADN Direct SF 90%/90%/90%/90% - $1,800/$1,500) 1/01/2025	**Census**	148	79	73	$213,208	1/1/25 - 12/31/25
ADN Direct SF 90%/90%/90%/90% - $1,800/$1,500	**Rate**	$33.91	$76.52	$91.83		
	TOTALS:	**148**	**79**	**73**	**$213,208**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Beam						
Beam 90%/90%/60%/60%; $1800/$1500	1/1/25 - 12/31/25	$40.54	$83.73	$168.22	$298,736	-$85,528
MetLife						
MetLife 90%/90%/90%50%:$1800/$1500	1/1/25 - 12/31/25	$46.62	$87.28	$142.07	$289,992	-$76,784
SunLife						
SunLife SF 90%/90%/80%/80%:$1800/$1500	1/1/25 - 12/31/25	$34.45	$64.24	$104.04	$213,222	-$14
BCBSM	Solicited and declined to quote					

*Quotes include taxes and fees
*Reference individual proposals for specific benefit caveats and details.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Vision Rate Summary
Genesee ISD
Administrators
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin (EyeMed SF $0/$0 Copay - $200 Frame/$250 Contracts) 1/1/25	**Census**	35	31	78	$41,187	1/1/25 - 12/31/25
EyeMed SF $0/$0 Copay - $200 Frame/$250 Contracts	**Rate**	$8.91	$16.82	$33.32		
	TOTALS:	**35**	**31**	**78**	**$41,187**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
MetLife						
MetLife $0/$0 Copay: $200 Frame/$200 Contacts	1/1/25 - 12/31/25	$8.38	$16.32	$28.81	$36,557	$4,630
NVA						
NVA $0/$0 Copay: $200 Frame/$250 Contacts	1/1/25 - 12/31/25	$9.00	$18.01	$32.41	$40,815	$371
VSP						
VSP $0/$0 Copay: $200 Frame/$250 Contacts	1/1/25 - 12/31/25	$10.88	$21.75	$35.02	$45,439	-$4,253
SunLife	Solicited and would only provide an all employee quote					

*MetLife rates include taxes and fees.
*NVA rates include taxes and fees.
*VSP rates include taxes and fees
*EyeMed rates are illustrative and include a $1.00 PEPM vision administrative fee.
*All proposed options, frames are in-lieu of contacts.

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Vision Rate Summary
Genesee ISD
GIEA
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIEA (EyeMed SF $0/$0 Copay - $130 Frame/$250 Contacts) 1/1/25	**Census**	44	47	148	$123,764	1/1/25 - 12/31/25
EyeMed SF $0/$0 Copay - $130 Frame/$250 Contacts	**Rate**	$14.61	$28.13	$56.41		
	TOTALS:	**44**	**47**	**148**	**$123,764**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
MetLife						
MetLife $0/$0 Copay: $200 Frame/$200 Contacts	1/1/25 - 12/31/25	$8.64	$16.82	$29.71	$66,813	$56,950
NVA						
NVA $0/$0 Copay: $130 Frame/$250 Contacts	1/1/25 - 12/31/25	$14.01	$28.02	$50.44	$112,782	$10,982
VSP						
VSP $0/$0 Copay: $130 Frame/ $250 Contacts	1/1/25 - 12/31/25	$10.00	$20.01	$32.21	$73,771	$49,993
SunLife	Solicited and would only provide an All Employee quote					

*MetLife rates include taxes and fees.
*NVA rates include taxes and fees.
*VSP rates include taxes and fees
*EyeMed rates are illustrative and include a $1.00 PEPM vision administrative fee.
*All proposed options, frames are in-lieu of contacts.

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Vision Rate Summary
Genesee ISD
GIESPA
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA (EyeMed SF $0/$0 Copay - $200 Frame/$160 Contacts) 1/1/25	**Census**	187	105	120	$73,249	1/1/25 - 12/31/25
EyeMed SF $0/$0 Copay - $200 Frame/$160 Contacts	**Rate**	$7.50	$13.84	$27.07		
	TOTALS:	**187**	**105**	**120**	**$73,249**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
MetLife						
MetLife $0/$0 Copay: $200 Frame/$200 Contacts	1/1/25 - 12/31/25	$8.38	$16.32	$28.81	$80,854	-$7,605
NVA						
NVA $0/$0 Copay: $200 Frames/$160 Contacts	1/1/25 - 12/31/25	$7.68	$15.37	$27.66	$76,431	-$3,181
VSP						
VSP $0/$0 Copay: $200 Frame/$160 Contacts	1/1/25 - 12/31/25	$9.92	$19.84	$31.94	$93,252	-$20,003
SunLife	Solicited and would only provide an All Employee quote					

*MetLife rates include taxes and fees.
*NVA rates include taxes and fees.
*VSP rates include taxes and fees
*EyeMed rates are illustrative and include a $1.00 PEPM administrative fee.
*All proposed options, frames are in-lieu of contacts.

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Vision Rate Summary
Genesee ISD
All Employees
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIEA (EyeMed SF $0/$0 Copay - $130 Frame/$250 Contacts) 1/1/25	**Census**	44	47	148	$123,764	1/1/25 - 12/31/25
EyeMed SF $0/$0 Copay - $130 Frame/$250 Contacts	**Rate**	$14.61	$28.13	$56.41		
GIESPA (EyeMed SF $0/$0 Copay - $200 Frame/$160 Contacts) 1/1/25	**Census**	187	105	120	$73,249	1/1/25 - 12/31/25
EyeMed SF $0/$0 Copay - $200 Frame/$160 Contacts	**Rate**	$7.50	$13.84	$27.07		
Admin (EyeMed SF $0/$0 Copay - $200 Frame/$250 Contracts) 1/1/25	**Census**	35	31	78	$41,187	1/1/25 - 12/31/25
EyeMed SF $0/$0 Copay - $200 Frame/$250 Contracts	**Rate**	$8.91	$16.82	$33.32		
	TOTALS:	**266**	**183**	**346**	**$238,200**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SunLife						
SunLife: $0/$0 Copay: $130 Frame$130 Contacts	1/1/25 - 12/31/25	$8.89	$20.80	$26.49	$184,040	$54,159
SunLife: $0/$0 Copay: $150 Frame/$150 Contacts	1/1/25 - 12/31/25	$9.11	$21.32	$27.15	$188,625	$49,575

*SunLife rates include taxes and fees.
*All proposed options, frames are in-lieu of contacts.
*EyeMed rates are illustrative and include a $1.00 PEPM vision administrative fee.

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Dental Rate Summary
Genesee ISD
Admin w/ COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin w/ COB (ADN Direct SF 50%/50%/50%/50% - $2,000/$1,800)	**Census**	2	8	26	$36,330	1/1/24 - 12/31/24
ADN Direct SF 50%/50%/50%/50% - $2,000/$1,800	**Rate**	$33.46	$75.52	$90.63		
	TOTALS:	**2**	**8**	**26**	**$36,330**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 50%/50%/50%/50% - $2,000/$1,800	1/1/25 - 12/31/25	$27.89	$62.95	$75.55	$30,284	$6,045

*ADN Dental plans include access to the ADN and Dentemax networks.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
Admin w/o Other Cov.
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin w/o Other Cov. (ADN Direct SF 90%/90%/90%/90% - $2,000/$1,800)	**Census**	30	27	51	$146,805	1/1/24 - 12/31/24
ADN Direct SF 90%/90%/90%/90% - $2,000/$1,800	**Rate**	$53.41	$120.53	$144.65		
	TOTALS:	**30**	**27**	**51**	**$146,805**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 90%/90%/90%/90% - $2,000/$1,800	1/1/25 - 12/31/25	$45.52	$102.73	$123.28	$125,119	$21,686

*ADN Dental plans include access to the ADN and Dentemax networks.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
GIEA w/ COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIEA w/ COB (ADN Direct SF 50%/50%/50%/50% - $2,000/$1,500)	**Census**	4	12	31	$51,632	1/1/24 - 12/31/24
ADN Direct SF 50%/50%/50%/50% - $2,000/$1,500	**Rate**	$37.40	$84.40	$101.30		
	TOTALS:	**4**	**12**	**31**	**$51,632**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 50%/50%/50%/50% - $2,000/$1,500	1/1/25 - 12/31/25	$31.08	$70.15	$84.19	$42,912	$8,720

*ADN Dental plans include access to the ADN and Dentemax networks.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
GIEA w/o Other Cov.
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIEA w/o Other Cov. (ADN Direct SF 90%/90%/90%/90% - $2,000/$1,500)	**Census**	41	36	117	$265,111	1/1/24 - 12/31/24
ADN Direct SF 90%/90%/90%/90% - $2,000/$1,500	**Rate**	$50.31	$113.54	$136.26		
	TOTALS:	**41**	**36**	**117**	**$265,111**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 90%/90%/90%/90% - $2,000/$1,500	1/1/25 - 12/31/25	$48.75	$110.02	$132.03	$256,884	$8,227

*ADN Dental plans include access to the ADN and Dentemax networks.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
GIESPA w/ COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA w/ COB (ADN Direct SF 50%/50%/50%/50% - $1,800/$1,500)	**Census**	22	41	49	$64,762	1/1/24 - 12/31/24
ADN Direct SF 50%/50%/50%/50% - $1,800/$1,500	**Rate**	$21.83	$49.26	$59.12		
	TOTALS:	**22**	**41**	**49**	**$64,762**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 50%/50%/50%/50% - $1,800/$1,500	1/1/25 - 12/31/25	$20.81	$46.95	$56.35	$61,727	$3,035

*ADN Dental plans include access to the ADN and Dentemax networks.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Dental Rate Summary
Genesee ISD
GIESPA w/o COB
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA w/o COB (ADN Direct SF 90%/90%/90%/90% - $1,800/$1,500)	**Census**	148	79	73	$248,741	1/1/24 - 12/31/24
ADN Direct SF 90%/90%/90%/90% - $1,800/$1,500	**Rate**	$39.56	$89.27	$107.14		
	TOTALS:	**148**	**79**	**73**	**$248,741**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
ADN Direct						
ADN Direct SF 90%/90%/90%/90% - $1,800/$1,500	1/1/25 - 12/31/25	$33.91	$76.52	$91.83	$213,208	$35,533

*ADN Dental plans include access to the ADN and Dentemax networks.
*ADN Dental SF rates are illustrative and include a $6.50 per employee per month dental administration/network fee.

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Vision Rate Summary
Genesee ISD
Admin Current vs. Renewal
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Admin (EyeMed SF $0/$0 Copay - $200 Frame/$250 Contacts)	**Census**	35	31	78	$40,384	1/1/20 - 12/31/24
EyeMed SF $0/$0 Copay - $200 Frame/$250 Contacts	**Rate**	$8.74	$16.49	$32.67		
	TOTALS:	**35**	**31**	**78**	**$40,384**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
EyeMed						
EyeMed SF $0/$0 Copay - $200 Frame/$250 Contacts	1/1/25 - 12/31/29	$8.91	$16.82	$33.32	$41,187	-$803

*EyeMed rates are illustrative and include a $1.00 PEPM vision administration/network fee.
*EyeMed does not produce annual updated illustrative rates on self-funded plans.

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Vision Rate Summary
Genesee ISD
GIEA Current vs. Renewal
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIEA (EyeMed SF $0/$0 Copay - $130 Frame/$250 Contacts)	**Census**	22	47	148	$112,062	1/1/20 - 12/31/24
EyeMed SF $0/$0 Copay - $130 Frame/$250 Contacts	**Rate**	$13.65	$26.29	$52.72		
	TOTALS:	**22**	**47**	**148**	**$112,062**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
EyeMed						
EyeMed SF $0/$0 Copay - $130 Frame/$250 Contacts	1/1/25 - 12/31/29	$14.61	$28.13	$56.41	$119,907	-$7,845

*EyeMed rates are illustrative and include a $1.00 PEPM vision administration/network fee.
*EyeMed does not produce annual updated illustrative rates on self-funded plans.

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Vision Rate Summary
Genesee ISD
GIESPA Current vs. Renewal
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
GIESPA (EyeMed SF $0/$0 Copay - $200 Frame/$160 Contacts)	**Census**	187	105	120	$62,085	1/1/20 - 12/31/24
EyeMed $0/$0 Copay - $200 Frame/$160 Contacts	**Rate**	$6.36	$11.73	$22.94		
	TOTALS:	**187**	**105**	**120**	**$62,085**	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
EyeMed						
EyeMed $0/$0 Copay - $200 Frame/$160 Contacts	1/1/25 - 12/31/29	$7.50	$13.84	$27.07	$73,249	-$11,164

*EyeMed rates are illustrative and include a $1.00 PEPM vision administration/network fee.
*EyeMed does not produce annual updated illustrative rates on self-funded plans.