



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Medical Rate Summary
Imlay City Community Schools
All Employees
Assumed Effective Date: 1/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost
All EEs BCBSM SB PPO HSA \$2000-0%	Census	18	13	77	\$1,752,225
BCBSM SB PPO HSA \$2,000-0%; \$10/\$40/\$80 after ded Rx	Rate	\$521.12	\$1,250.70	\$1,563.37	
All EEs BCBSM SB PPO HSA \$2000-20%	Census	8	3	12	\$296,104
BCBSM SB PPO HSA \$2,000-20%; \$10/\$40/\$80 after ded Rx	Rate	\$481.94	\$1,156.67	\$1,445.82	
	TOTALS:	26	16	89	\$2,048,329

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO HSA \$2,000-0%; \$10/\$40/\$80 after ded Rx	\$538.13	\$1,291.52	\$1,614.39	\$2,140,037	-\$91,707
BCBSM SB PPO HSA \$2,000-20%; \$10/\$40/\$80 after ded Rx	\$498.88	\$1,197.32	\$1,496.66	\$1,983,969	\$64,361
BCN					
BCN HMO HSA \$2000-20%; \$10/\$40/\$80 after ded Rx	\$425.66	\$1,021.61	\$1,277.00	\$1,692,791	\$355,538
BCN HMO HSA \$2000-0%; \$10/\$40/\$80 after ded Rx	\$473.28	\$1,135.88	\$1,419.85	\$1,882,152	\$166,177
SET SEG					
SET SEG MEC (VEBA)	\$74.00	\$148.00	\$222.00	\$288,600	\$1,759,729
Priority Health	Solicited and declined to quote				

**SET MEC, provides only essential benefits as required under the ACA. \$200 admin fee and \$74 per enrolled life per month.

*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.



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Dental Rate Summary
Imlay City Community Schools
All Employees
Assumed Effective Date: 1/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
All Set SF i70%/i70%/50%/50%; \$1200-\$1200	Census	26	15	103	\$192,887	7/1/22 - 6/30/23
SET SF i70%/i70%/50%/50%; \$1,200-\$1,200	Rate	\$37.82	\$69.29	\$136.42		
	TOTALS:	26	15	103	\$192,887	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Beam						
Beam \$50/\$150 Ded.;100/90/50/50;\$1200-\$1250	1/1/23 - 12/31/24	\$27.41	\$57.18	\$118.62	\$165,459	\$27,429
Beam \$50/\$150 Ded.;100/90/50/50;\$1200-\$1250 (100/80/50/50 OON) MAC	1/1/23 - 12/31/24	\$20.87	\$44.14	\$95.47	\$132,458	\$60,430
Guardian						
Guardian 70%/70%/50%/50%; \$1200-\$1200	1/1/23 - 12/31/23	\$35.17	\$64.44	\$126.87	\$179,384	\$13,504
SET ADN						
SET ADN i70%/i70%/50%/50%; \$1200-\$1200	1/1/23 - 12/31/23	\$37.82	\$69.29	\$136.42	\$192,887	\$0
BCBSM	Solicited and declined to quote					

*Beam rates are 24 month guarantee

*SET ADN SF rates are illustrative and include a \$6.35 per employee per month dental administration/network fee. Plans include access to the ADN and DenteMax networks.



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Vision Rate Summary
Imlay City Community Schools
All Employees
Assumed Effective Date: 1/1/23

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
All EyeMed SF \$0/\$0 Copay; \$130 Frame	Census	26	15	103	\$31,380	7/1/21 - 6/30/24
EyeMed SF \$0/\$0; \$130 Frame	Rate	\$7.65	\$14.54	\$21.34		
	TOTALS:	26	15	103	\$31,380	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET ADN SF \$0/\$0; \$150 Frame	1/1/23 - 6/30/24	\$13.56	\$25.28	\$50.36	\$71,026	-\$39,646
BCBSM	Solicited and declined to quote					
VSP	Solicited and declined to quote					

*EyeMed rates are illustrative and include a \$2.00 PEPM vision administration/network fee.
*SET ADN SF rates are illustrative and include a \$1.85 per employee per month vision administration fee. These plans do not include a network.