



Medical Rate Summary
Ionia Public Schools
All Employees
 Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Principal, Administrator, Support Staff and Teacher	Census	29	31	98	158	
	Rate	\$675.90	\$1,518.21	\$1,892.60		\$3,025,682
MESSA Choices \$500-0%; Saver Rx						
Secretary and Mechanic	Census	1		1	2	
	Rate	\$668.41	\$1,501.36	\$1,871.65		\$30,481
MESSA Choices \$500-0%; Saver Rx						
Para-Professional and Secretary	Census	7	1		8	
	Rate	\$681.96	\$1,531.86	\$1,909.61		\$75,667
MESSA Choices \$500-0%; Saver Rx						
Custodian and Maintenance	Census	7	1	1	9	
	Rate	\$689.60	\$1,549.05	\$1,931.00		\$99,687
MESSA Choices \$500-0%; Saver Rx						
TOTALS:		44	33	100	177	\$3,231,517

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
MESSA Plans	Did not provide quote as requested				
BCBSM Simply Blue Conventional Plans					
BCBSM SB PPO \$250-20%; \$15/\$30/\$60 Rx	\$627	\$1,504	\$1,880	\$3,181,958	\$49,559
BCBSM SB PPO \$500-20%; \$10/\$40/\$80 Rx	\$589	\$1,413	\$1,766	\$2,989,081	\$242,436
BCBSM SB PPO \$1500-20%; \$10/\$40/\$80 Rx	\$473	\$1,134	\$1,418	\$2,400,068	\$831,449
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$489	\$1,174	\$1,467	\$2,483,678	\$747,839
BCBSM SB PPO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$451	\$1,083	\$1,354	\$2,292,103	\$939,414
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$438	\$1,051	\$1,313	\$2,223,086	\$1,008,431

Product Name	1P Rate	2P Rate	FF Rate	Total Annual Cost	Estimated Annual Savings
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$397	\$952	\$1,190	\$2,013,905	\$1,217,612
Priority Health HMO HSA Plans					
Priority Health HMO HSA \$1300-0%; \$10/\$40/\$80 Rx	\$461	\$1,035	\$1,288	\$2,198,860	\$1,032,657
Priority Health HMO HSA \$1300-20%; \$10/\$40/\$80 Rx	\$406	\$911	\$1,134	\$1,935,114	\$1,296,403
Priority Health HMO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$412	\$926	\$1,152	\$1,967,178	\$1,264,339
Priority Health HMO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$356	\$801	\$996	\$1,700,577	\$1,530,940
Priority Health POS HSA Plans					
Priority Health POS HSA \$1300-0%; \$10/\$40/\$80 Rx	\$483	\$1,086	\$1,351	\$2,306,993	\$924,524
Priority Health POS HSA \$1300-20%; \$10/\$40/\$80 Rx	\$425	\$955	\$1,188	\$2,028,413	\$1,203,104
Priority Health POS HSA \$2000-0%; \$10/\$40/\$80 Rx	\$434	\$974	\$1,212	\$2,069,452	\$1,162,064
Priority Health POS HSA \$2000-20%; \$10/\$40/\$80 Rx	\$375	\$843	\$1,048	\$1,789,851	\$1,441,665
Priority Health HMO Conventional Plans					
Priority Health HMO \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	\$569	\$1,279	\$1,591	\$2,715,710	\$515,806
Priority Health HMO \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$551	\$1,238	\$1,541	\$2,629,960	\$601,557
Priority Health POS Conventional Plans					
Priority Health POS \$250-0%; \$20 OV; \$10/\$40/\$80 Rx	\$596	\$1,339	\$1,666	\$2,843,883	\$387,634
Priority Health POS \$500-0%; \$20 OV; \$10/\$40/\$80 Rx	\$576	\$1,295	\$1,611	\$2,750,929	\$480,588
Aetna	Declined to quote				

MESSA:

*MESSA plans include estimated taxes and fees.

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.

Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments, or similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

*BCBSM and Priority Health rates do not include enrollment and billing service fee.



Dental Rate Summary

Ionia Public Schools

All Employees

Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Principal Enrolled in Medical	Census 2		7	\$116.29	\$12,559	7/1/2016-6/30/2017
90/90/90/80-1000/1500 Dental Plan	Rate \$38.00	\$74.62	\$138.66			
Principal Not Enrolled in Medical	Census		1	\$136.98	\$1,644	7/1/2016-6/30/2017
90/90/90/80-1000/1500 Dental Plan	Rate \$37.72	\$69.96	\$136.98			
Administrator Enrolled in Medical	Census 1	3	2	\$105.30	\$7,581	7/1/2016-6/30/2017
100/90/90/80-1000/1500 Dental Plan	Rate \$45.32	\$88.83	\$159.99			
Administrator Not Enrolled in Medical	Census		1	\$119.11	\$1,429	7/1/2016-6/30/2017
100/90/90/80-1000/1500 Dental Plan	Rate \$31.10	\$62.16	\$119.11			
Support Staff Enrolled in Medical	Census	4	1	\$92.92	\$5,575	7/1/2016-6/30/2017
90/90/90/90-1000/1500 Dental Plan	Rate \$40.56	\$80.50	\$142.62			
Support Staff Not Enrolled in Medical	Census	2	1	\$96.15	\$3,462	7/1/2016-6/30/2017
90/90/90/90-1000/1500 Dental Plan	Rate \$35.38	\$72.73	\$143.00			
Secretary and Mechanic Enrolled in Medical	Census		2	\$158.94	\$3,815	7/1/2016-6/30/2017
100/90/90/80-1500/2000 Dental Plan	Rate \$41.73	\$82.76	\$158.94			
Secretary and Mechanic Not Enrolled in Medical	Census		1	\$145.21	\$1,743	7/1/2016-6/30/2017
100/90/90/80-1500/2000 Dental Plan	Rate \$40.22	\$79.33	\$145.21			
Teacher Enrolled in Medical	Census 25	26	87	\$121.86	\$201,807	7/1/2016-6/30/2017
100/90/90/80-1500/2000 Dental Plan	Rate \$41.95	\$84.18	\$156.09			
Teacher Not Enrolled in Medical	Census 2	8	17	\$123.99	\$40,172	7/1/2016-6/30/2017
100/90/90/80-1500/2000 Dental Plan	Rate \$39.97	\$80.39	\$154.39			
Custodian and Maintenance Employees	Census 3		8	\$105.80	\$13,966	7/1/2015-6/30/2016
50/50/50/NA-\$1000/NA Dental Plan	Rate \$44.43	\$128.82	\$128.82			
TOTALS:	33	43	128		\$293,754	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
ADN Dental Plan	7/1/2016-6/30/2017	\$41.66	\$94.01	\$112.83	\$97.35	\$238,313	\$55,440
BCBSM 100/80/50/50-1000/1000 Dental Plan	7/1/2016-6/30/2017	\$28.91	\$57.82	\$101.18	\$80.35	\$196,696	\$97,058
BCBSM 100/80/50/50-1250/1250 Dental Plan	7/1/2016-6/30/2017	\$30.40	\$57.82	\$106.40	\$83.87	\$205,304	\$88,450
Guardian					Declined to quote		

MetLife
Principal

Declined to quote
Declined to quote

*ADN rates are illustrative and include a \$5.90 per employee per month dental administration/network fee. The plan includes access to the ADN/Dentemax network.

*Proposed ADN plan is a composite calculation of each segment remaining at their current benefit level.

*BCBSM rates include taxes and fees.



Vision Rate Summary
Ionia Public Schools
All Employees
Assumed Effective Date: 7/1/2016

Current Plan(s) and Segment:	1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Principal and Support Staff	Census 2	6	10	\$26.31	\$5,683	7/1/2016-6/30/2017
VSP 3 Plus	Rate \$10.02	\$21.54	\$32.43			
Administrator	Census 1	3	3	\$16.87	\$1,417	7/1/2016-6/30/2017
VSP 3	Rate \$6.88	\$14.80	\$22.26			
Mechanic, Secretary, Teacher, Para-Professional and Secretary	Census 30	41	111	\$28.95	\$63,224	7/1/2016-6/30/2017
VSP 3 Plus Platinum	Rate \$11.05	\$23.74	\$35.71			
TOTALS:	33	50	124		\$70,323	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
NVA Vision Plan - \$65.00 Frames	7/1/2016-6/30/2020	\$4.48	\$8.96	\$16.14	\$12.55	\$31,166	\$39,157
NVA Vision Plan - \$80.00 Frames	7/1/2016-6/30/2020	\$7.41	\$14.82	\$26.68	\$20.74	\$51,526	\$18,797
NVA Vision Plan - \$130.00 Frames	7/1/2016-6/30/2020	\$8.81	\$17.62	\$31.72	\$24.66	\$61,260	\$9,063
Guardian		Declined to quote					
MetLife		Declined to quote					
Principal		Declined to quote					

*NVA rates include taxes and fees.