



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
Bridgman Public School District
All Employees
Assumed Effective Date: 9/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost
All Employees Enrolled in MESSA Choices \$500-0% Plan	Census	1	3	2	\$151,578
MESSA Choices \$500-0%; Saver Rx	Rate	\$946.18	\$2,128.90	\$2,649.30	
All Employees Enrolled in MESSA ABC Plan 1 \$1600-0% HSA	Census	14	18	41	\$1,699,021
MESSA ABC Plan 1 \$1600-0%; ABC Rx	Rate	\$836.30	\$1,881.67	\$2,341.63	
	TOTALS:	15	21	43	\$1,850,599

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$830.56	\$1,993.33	\$2,491.66	\$1,937,517	-\$86,918
BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	\$751.64	\$1,803.94	\$2,254.91	\$1,753,422	\$97,177
BCBSM SB PPO HSA \$1600-20%; \$10/\$40/\$80 after Ded. Rx	\$658.89	\$1,581.35	\$1,976.69	\$1,537,072	\$313,526
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	\$705.72	\$1,693.72	\$2,117.17	\$1,646,307	\$204,292
BCN					
BCN HMO \$500-0%; \$4/\$15/\$40/\$80/20%/20% Rx	\$794.07	\$1,905.78	\$2,382.22	\$1,852,415	-\$1,816
BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$651.71	\$1,564.10	\$1,955.12	\$1,520,303	\$330,296
BCN HMO HSA \$1600-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$578.75	\$1,389.01	\$1,736.26	\$1,350,116	\$500,483
BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$621.60	\$1,491.83	\$1,864.79	\$1,450,061	\$400,538
SET SEG					
SET SEG MEC (VEBA)	\$74.00	\$148.00	\$222.00	\$165,168	\$1,685,431
Priority Health	Solicited and 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.
 **SET MEC, provides only essential benefits as required under the ACA. \$200 admin fee and \$74 per enrolled life per month.



**Bridgman Public School District
Medical Plan Comparison
All Employees
Assumed Effective Date: 9/1/2024**

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Plan Name	CURRENT PLAN All Employees Enrolled in MESSA Choices \$500-0% Plan MESSA Choices \$500-0%; Saver Rx	CURRENT PLAN All Employees Enrolled in MESSA ABC Plan 1 \$1600-0% HSA MESSA ABC Plan 1 \$1600-0%; ABC Rx	Option 1 BCBSM SB PPO HSA \$1600-0%; \$10/\$40/\$80 after Ded. Rx	Option 2 BCBSM SB PPO HSA \$1600-20%; \$10/\$40/\$80 after Ded. Rx	Option 3 BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 after Ded. Rx	Option 4 BCN HMO HSA \$1600-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	Option 5 BCN HMO HSA \$1600-20%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	Option 6 BCN HMO HSA \$2000-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	9/1/24 - 8/31/25	9/1/24 - 8/31/25	9/1/24 - 8/31/25	9/1/24 - 8/31/25	9/1/24 - 8/31/25	9/1/24 - 8/31/25
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible								
Annual Deductible - 1P	\$500	\$1,600	\$1,600	\$1,600	\$2,000	\$1,600	\$1,600	\$2,000
Annual Deductible - 2P/FF	\$1,000	\$3,200	\$3,200	\$3,200	\$4,000	\$3,200	\$3,200	\$4,000
Additional Cost After Deductible								
Employee Coinsurance After Deductible	0%	0%	0%	20%	0%	0%	20%	0%
Coinsurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Maximum								
Max ded, coinsurance, copays - 1P	Med Max:\$1,500 Rx Max: \$2,500	\$2,600	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
Max ded, coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$5,000	\$5,200	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Copayments								
Office Visit/Specialist	\$20/\$20	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.
Urgent Care/ER	\$25/\$50	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.	0% after Ded./0% after Ded.	20% after Ded./20% after Ded.	0% after Ded./0% after Ded.
Chiropractic Limit/Copay	38 visits/\$20	38 visits/0% after Ded.	12 visits/0% after Ded.	12 visits/20% after Ded.	12 visits/0% after Ded.	30 visits (when referred)/0% after Ded.	30 visits (when referred)/20% after Ded.	30 visits (when referred)/0% after Ded.
Rx Copay	Saver Rx	ABC Rx	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$10/\$40/\$80 after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs								
One Person (1P)	(1) \$946.18	(14) \$836.30	(15) \$751.64	(15) \$658.89	(15) \$705.72	(15) \$651.71	(15) \$578.75	(15) \$621.60
Two Person (2P)	(3) \$2,128.90	(18) \$1,881.67	(21) \$1,803.94	(21) \$1,581.35	(21) \$1,693.72	(21) \$1,564.10	(21) \$1,389.01	(21) \$1,491.83
Family (FF)	(2) \$2,649.30	(41) \$2,341.63	(43) \$2,254.91	(43) \$1,976.69	(43) \$2,117.17	(43) \$1,955.12	(43) \$1,736.26	(43) \$1,864.79
Total Annual Premium	(6) \$151,577.76	(73) \$1,699,021.08	(79) \$1,753,421.64	(79) \$1,537,072.44	(79) \$1,646,306.76	(79) \$1,520,302.92	(79) \$1,350,115.68	(79) \$1,450,060.80
Combined Annual Premium	\$1,850,598.84	\$1,850,598.84						
Savings								
Estimated Savings			\$97,177.20 (-5.3%)	\$313,526.40 (-16.9%)	\$204,292.08 (-11.0%)	\$330,295.92 (-17.8%)	\$500,483.16 (-27.0%)	\$400,538.04 (-21.6%)
One Person Cost Share								
One Person Rate	\$946.18	\$836.30	\$751.64	\$658.89	\$705.72	\$651.71	\$578.75	\$621.60
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$304.28	\$194.40	\$109.74	\$16.99	\$63.82	\$9.81	-\$63.15	-\$20.30
Two Person Cost Share								
Two Person Rate	\$2,128.90	\$1,881.67	\$1,803.94	\$1,581.35	\$1,693.72	\$1,564.10	\$1,389.01	\$1,491.83
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$786.48	\$539.25	\$461.52	\$238.93	\$351.30	\$221.68	\$46.59	\$149.41
Family Cost Share								
Family Rate	\$2,649.30	\$2,341.63	\$2,254.91	\$1,976.69	\$2,117.17	\$1,955.12	\$1,736.26	\$1,864.79
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$898.65	\$590.98	\$504.26	\$226.04	\$366.52	\$204.47	-\$14.39	\$114.14

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Dental Rate Summary
Bridgman Public School District
All Employees
Assumed Effective Date: 9/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers						
	Census	24	12	32	\$82,887	1/1/24 - 12/31/24
MESSA 100%/90%/90%/90%-\$2,000/\$2,000	Rate	\$38.50	\$81.75	\$156.32		
Administrators and Support Staff						
	Census	5	9	12	\$35,737	1/1/24 - 12/31/24
MESSA 100%/90%/90%/90%-\$2,000/\$2,000	Rate	\$45.48	\$84.99	\$165.48		
TOTALS:		29	21	44	\$118,624	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
MetLife						
MetLife 100%/90%/60%/60%-\$2,000/\$2,000	9/1/24 - 8/31/26	\$50.55	\$97.30	\$172.14	\$133,001	-\$14,377
Guardian	Solicited and did not provide options					
SET ADN	Solicited and declined to quote					
SunLife	Solicited and declined to quote					

*MetLife rates include taxes and fees.



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Vision Rate Summary
 Bridgman Public School District
 All Employees
 Assumed Effective Date: 9/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
All Employees	Census	29	21	44	\$16,928	1/1/24 - 12/31/24
MESSA VSP 3 \$0/\$0 Copay - \$65 Frames	Rate	\$6.53	\$14.01	\$21.07		
	TOTALS:	29	21	44	\$16,928	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
MetLife						
MetLife \$0/\$0 Copay - \$65 Frames	9/1/24 - 8/31/26	\$6.39	\$12.00	\$17.09	\$14,271	\$2,657
Guardian	Solicited and did not provide options					
SET SF NVA	Solicited and declined to quote					
SunLife	Solicited and declined to quote					

*MetLife rates include taxes and fees.