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Medical Rate Summary
Fowler Public Schools
All Employees

Assumed Effective Date: 7/1/24

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Employees Enrolled in MESSA Choices	Census	2	1	3	\$144,649
MESSA Choices \$1000-0%; 3 Tier Mail Rx	Rate	\$952.90	\$2,144.01	\$2,668.09	
Employees Enrolled in MESSA ABC Plan 1	Census	0	0	0	\$0
MESSA ABC Plan 1 \$1600-0%; ABC Rx	Rate	\$947.89	\$2,132.76	\$2,654.11	
Employees Enrolled in MESSA Essentials	Census	2	2	9	\$273,862
MESSA Essentials \$375-20%; Essentials Rx	Rate	\$719.93	\$1,619.85	\$2,015.81	
TOTALS:		4	3	12	\$418,511

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO Gold \$1000-20%; \$20/\$60/\$100/20%/25% Rx	\$747.58	\$1,563.43	\$2,038.87	\$385,765	\$32,747
BCBSM SB HSA PPO Gold \$1600-20%; \$20/\$60/\$100/20%/25% after Ded. Rx	\$658.76	\$1,377.68	\$1,796.63	\$339,932	\$78,579
BCN					
BCN HMO Gold \$1000-20%; \$15/\$40/\$80/\$100/20%/20% Rx	\$645.10	\$1,349.10	\$1,759.36	\$332,880	\$85,631
BCN HSA HMO Gold \$1600-20%; \$10/\$30/\$60/\$80/20%/20% after Ded. Rx	\$562.64	\$1,176.66	\$1,534.49	\$290,333	\$128,178
Priority Health					
PH PPO Gold \$1000-20%; \$5/\$35/\$75/\$90/20%/20% Rx	\$773.64	\$1,617.93	\$2,109.94	\$399,212	\$19,300
PH HSA PPO Gold 1600-20%; \$5/\$35/\$65/\$85/20%/20% after Ded. Rx	\$734.85	\$1,536.80	\$2,004.15	\$379,195	\$39,316

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

*Regarding the small group 3-tier medical rates, in the event that the census proves to be inaccurate and actual group enrollment and participation changes by more than 10%, the districts rates will be subject to change. The rate change may occur during any billing cycle of the current term as determined by SET SEG.

*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.

*BCN 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 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.



**Fowler Public Schools
Medical Plan Comparison
All Employees
Assumed Effective Date: 7/1/2024**

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Plan Name	CURRENT PLAN	CURRENT PLAN	CURRENT PLAN	Option 1	Option 2
	Employees Enrolled in MESSA Choices MESSA Choices \$1000-0%; 3 Tier Mail Rx	Employees Enrolled in MESSA ABC Plan 1 MESSA ABC Plan 1 \$1600-0%; ABC Rx	Employees Enrolled in MESSA Essentials MESSA Essentials \$375-20%; Essentials Rx	Option 1 BCBSM SB PPO Gold \$1000-20%; \$20/\$60/\$100/20%/25% Rx	Option 2 BCBSM SB HSA PPO Gold \$1600-20%; \$20/\$60/\$100/20%/25% after Ded. Rx
Rate Period	1/1/24 - 12/31/24	1/1/24 - 12/31/24	1/1/24 - 12/31/24	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
Deductible					
Annual Deductible - 1P	\$1,000	\$1,600	\$375	\$1,000	\$1,600
Annual Deductible - 2P/FF	\$2,000	\$3,200	\$750	\$2,000	\$3,200
Additional Cost After Deductible					
Employee Coinsurance After Deductible	0%	0%	20%	20%	20%
Coinsurance Max - 1P	N/A	N/A	N/A	\$5,000	N/A
Coinsurance Max- 2P/FF	N/A	N/A	N/A	\$10,000	N/A
Out of Pocket Maximum					
Max ded, coinsurance, copays - 1P	Med Max:\$2,000 Rx Max: \$2,000	\$2,600	\$9,450	\$8,150	\$4,500
Max ded, coinsurance, copays - 2P/FF	Med Max: \$4,000 Rx Max: \$4,000	\$5,200	\$18,900	\$16,300	\$9,000
Copayments					
Office Visit/Specialist	\$20/\$20	0% after Ded./0% after Ded.	\$25/\$50	\$30/\$50	20% after Ded./20% after Ded.
Urgent Care/ER	\$25/\$50	0% after Ded./0% after Ded.	\$50/\$200	\$60/\$250	20% after Ded./20% after Ded.
Chiropractic Limit/Copay	38 visits/0% after Ded.	38 visits/0% after Ded.	12 visits/20% after Ded.	30 visits (combined with PT and OT)/\$30 (combined with PT and OT)	30 visits (combined with PT and OT)/20% after Ded. (combined with PT and OT)
Rx Copay	3 Tier Mail	ABC Rx	Essentials Rx	\$20/\$60/\$100/20%/25%	\$20/\$60/\$100/20%/25% after Ded.
Total Monthly Costs					
One Person (1P)	(2) \$952.90	(0) \$947.89	(2) \$719.93	(4) \$747.58	(4) \$658.76
Two Person (2P)	(1) \$2,144.01	(0) \$2,132.76	(2) \$1,619.85	(3) \$1,563.43	(3) \$1,377.68
Family (FF)	(3) \$2,668.09	(0) \$2,654.11	(9) \$2,015.81	(12) \$2,038.87	(12) \$1,796.63
Total Annual Premium	(6) \$144,648.96	(0) \$0.00	(13) \$273,862.20	(19) \$385,764.60	(19) \$339,931.68
One Person Cost Share					
One Person Rate	\$952.90	\$947.89	\$719.93	\$747.58	\$658.76
One Person PA 152 Hard Cap	\$641.90	\$641.90	\$641.90	\$641.90	\$641.90
One Person Monthly Cost	\$311.00	\$305.99	\$78.03	\$105.68	\$16.86
Two Person Cost Share					
Two Person Rate	\$2,144.01	\$2,132.76	\$1,619.85	\$1,563.43	\$1,377.68
Two Person PA 152 Hard Cap	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42	\$1,342.42
Two Person Monthly Cost	\$801.59	\$790.34	\$277.43	\$221.01	\$35.26
Family Cost Share					
Family Rate	\$2,668.09	\$2,654.11	\$2,015.81	\$2,038.87	\$1,796.63
Family PA 152 Hard Cap	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65	\$1,750.65
Family Monthly Cost	\$917.44	\$903.46	\$265.16	\$288.22	\$45.98

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*BCBSM/BCN: 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 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.



Dental Rate Summary
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 All Employees

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Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers		Census 9	3	13	\$31,555	1/1/24 - 12/31/24
	MESSA Dental 100%/100%/50%/50%; \$1,500/\$1,000	Rate \$42.69	\$78.82	\$154.53		
Support Staff		Census 0	1	3	\$7,709	1/1/24 - 12/31/24
	MESSA Dental 100%/100%/50%/50%; \$1,500/\$1,000	Rate \$47.40	\$93.58	\$182.94		
Administration		Census 1	0	5	\$11,075	1/1/24 - 12/31/24
	MESSA Dental 100%/100%/50%/50%; \$1,500/\$1,000	Rate \$48.89	\$89.99	\$174.80		
TOTALS:		10	4	21	\$50,338	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Ameritas	Solicited and declined to quote					
Guardian	Solicited and declined to quote					
MetLife	Solicited and declined to quote					
SunLife	Solicited and declined to quote					

*MESSA rates include taxes and fees.



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Vision Rate Summary
Fowler Public Schools
All Employees

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Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
All Employees	Census	10	4	21	\$6,766	1/1/24 - 12/31/24
MESSA Vision VSP 3	Rate	\$6.53	\$14.01	\$21.07		
	TOTALS:	10	4	21	\$6,766	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Ameritas	Solicited and declined to quote					
Guardian	Solicited and declined to quote					
MetLife	Solicited and declined to quote					
SunLife	Solicited and declined to quote					

*MESSA rates include taxes and fees.