



Assumed Effective Date: 1/1/25
FF Total Annual Cost

Current Plans and Segments		1P	2P	FF	Total Annual Cost
Administration and Support Enrolled in MESSA Choices \$500-0% Plan					
MESSA Choices \$500-0%; Saver Rx		Census Rate	18	4	9
			\$1,041.42	\$2,343.20	\$2,915.98
Administration and Support Staff Enrolled in MESSA Choices \$1000-10% Plan					
MESSA Choices \$1000-10%; Saver Rx		Census Rate	16	8	14
			\$878.01	\$1,975.52	\$2,458.42
Administration and Support Staff Enrolled in MESSA ABC Plan 1 \$1650-0% Plan					
MESSA ABC Plan 1 \$1650-0%; ABC Rx		Census Rate	6	2	14
			\$888.82	\$1,999.84	\$2,488.69
Administration and Support Staff Enrolled in MESSA Essentials Plan					
MESSA Essentials \$375-20%; Essentials Rx		Census Rate	30	12	14
			\$674.39	\$1,517.37	\$1,888.29
Teachers Enrolled in MESSA Choices \$500-0% Plan					
MESSA Choices \$500-0%; Saver Rx		Census Rate	15	8	26
			\$1,041.42	\$2,343.20	\$2,915.98
Teachers Enrolled in MESSA Choices \$1000-10% Plan					
MESSA Choices \$1000-10%; Saver Rx		Census Rate	10	12	21
			\$878.01	\$1,975.52	\$2,458.42
Teachers Enrolled in MESSA ABC Plan 1 \$1650-0% Plan					
MESSA ABC Plan 1 \$1650-0%; ABC Rx		Census Rate	9	5	23
			\$888.82	\$1,999.84	\$2,488.69
Teachers Enrolled in MESSA Essentials Plan					
MESSA Essentials \$375-20%; Essentials Rx		Census Rate	15	4	11
			\$674.39	\$1,517.37	\$1,888.29
TOTALS:			119	55	132
					\$6,410,080
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	\$718.64	\$1,724.73	\$2,155.92	\$5,579,517	\$830,563
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$722.33	\$1,733.60	\$2,167.00	\$5,608,191	\$801,889
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$663.26	\$1,591.84	\$1,989.79	\$5,149,577	\$1,260,503
BCBSM SB PPO HSA \$1650-0%; \$10/\$40/\$80 after Ded. Rx	\$659.03	\$1,581.67	\$1,977.09	\$5,116,708	\$1,293,373
BCN					
BCN BEP POS \$500-20%; \$.4/\$15/\$40/\$80/20%/20% Rx	\$659.58	\$1,583.00	\$1,978.75	\$5,121,000	\$1,289,080
BCN BEP POS \$1000-20%; \$.4/\$15/\$40/\$80/20%/20% Rx	\$627.18	\$1,505.24	\$1,881.54	\$4,869,431	\$1,540,649
BCN BEP POS HSA \$1650-0%; \$.4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$610.96	\$1,466.31	\$1,832.89	\$4,743,513	\$1,666,567
HAP					
HAP PPO \$500-0%; \$10/\$10/\$20/\$40/\$40/\$40 Rx	\$1,138.33	\$2,561.24	\$3,187.32	\$8,364,669	-\$1,954,588
HAP PPO \$500-20%; \$10/\$10/\$40/\$40/\$40/\$40 Rx	\$737.27	\$1,658.87	\$2,064.37	\$5,417,638	\$992,442
HAP PPO \$1000-10%; \$15/\$15/\$30/\$60/\$60/\$60 Rx	\$959.96	\$2,159.92	\$2,687.90	\$7,054,004	-\$643,923
HAP PPO HSA \$1650-0%; \$10/\$10/\$20/\$40/\$40/\$40 after Ded. Rx	\$971.82	\$2,186.60	\$2,721.10	\$7,141,137	-\$731,057
Priority Health					

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Priority Health POS \$500-0%: \$10/\$40/\$80/\$40/\$80 Rx	\$964.70	\$2,170.58	\$2,701.16	\$7,088,812	\$678,732
Priority Health POS \$1000-10%: \$10/\$40/\$80/\$40/\$80 Rx	\$812.03	\$1,827.07	\$2,273.69	\$5,966,970	\$443,110
Priority Health POS HSA \$1650-0%: \$10/\$40/\$80/\$40/\$80 after Ded. Rx	\$731.84	\$1,646.64	\$2,049.15	\$5,377,704	\$1,032,377

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 *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.
 *HAP 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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Berrien Springs Public Schools
Medical Plan Comparison
All Employees
Assumed Effective Date: 1/1/2025

Plan Name	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN	
	1/1/25 - 12/31/25	In Network	1/1/25 - 12/31/25	In Network	1/1/25 - 12/31/25	In Network	1/1/25 - 12/31/25	In Network	1/1/25 - 12/31/25	In Network	1/1/25 - 12/31/25	In Network	1/1/25 - 12/31/25	In Network	1/1/25 - 12/31/25	In Network
Purchased Plan Features	Administration and Support Staff Enrolled in MESSA Choices \$500-0% Plan		Administration and Support Staff Enrolled in MESSA Choices \$1000-10% Plan		Administration and Support Staff Enrolled in MESSA ABC Plan 1 \$1650-0%; ABC Rx		Administration and Support Staff Enrolled in MESSA Essentials Plan \$375-20%; Essentials Rx		Teachers Enrolled in MESSA Choices \$500-0% Plan		Teachers Enrolled in MESSA Choices \$1000-10% Plan		Teachers Enrolled in MESSA ABC Plan 1 \$1650-0%; ABC Rx		Teachers Enrolled in MESSA Essentials Plan \$375-20%; Essentials Rx	
Rate Period	MESSA Choices \$500-0%; Saver Rx		MESSA Choices \$1000-10%; Saver Rx		MESSA ABC Plan 1 \$1650-0%; ABC Rx		MESSA Essentials \$375-20%; Essentials Rx		MESSA Choices \$500-0%; Saver Rx		MESSA Choices \$1000-10%; Saver Rx		MESSA ABC Plan 1 \$1650-0%; ABC Rx		MESSA Essentials \$375-20%; Essentials Rx	
Deductible	\$500		\$1,000		\$1,650		\$375		\$500		\$1,000		\$3,300		\$375	
Annual Deductible - 1P	\$1,000		\$2,000		\$3,300		\$750		\$1,000		\$2,000		\$2,000		\$750	
Additional Cost After Deductible	0%		10%		0%		20%		0%		10%		0%		20%	
Employee Insurance After Deductible	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Consurance Max - 1P	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Consurance Max - 2P/FF	N/A		N/A		N/A		N/A		N/A		N/A		N/A		N/A	
Out of Pocket Maximum	Med Max: \$1,500 Rx Max: \$1,000		Med Max: \$3,000 Rx Max: \$1,000		\$2,500		\$9,100		Med Max: \$1,500 Rx Max: \$1,000		Med Max: \$3,000 Rx Max: \$1,000		\$2,500		\$9,100	
Max. ded. consurance, copays - 1P	Med Max: \$3,000 Rx Max: \$2,000		Med Max: \$6,000 Rx Max: \$2,000		\$5,000		\$18,200		Med Max: \$3,000 Rx Max: \$2,000		Med Max: \$6,000 Rx Max: \$2,000		\$5,000		\$18,200	
Max. ded. consurance, copays - 2P/FF																
Copayments	\$5/\$5		\$20/\$20				\$25/\$50		\$5/\$5		\$20/\$20				\$25/\$50	
Office Visit/Specialist	\$10/\$25		\$25/\$50				\$50/\$200		\$10/\$25		\$25/\$50				\$50/\$200	
Urgent Care/ER	38 visits/0% after Ded. (office visit copy may apply)		38 visits/10% after Ded. (office visit copy may apply)		0% after Ded./0% after Ded.		12 visits/\$25		38 visits/0% after Ded. (office visit copy may apply)		38 visits/10% after Ded. (office visit copy may apply)		38 visits/0% after Ded. (office visit copy may apply)		12 visits/\$25	
Chiropractic Limit/Copy	Saver Rx		Saver Rx		ABC Rx		Essentials Rx		Saver Rx		Saver Rx		ABC Rx		Essentials Rx	
Rx Copy																
Total Monthly Costs	(18) \$1,041.42		(16) \$878.01		(8) \$888.82		(30) \$674.39		(15) \$1,041.42		(10) \$878.01		(9) \$888.82		(15) \$674.39	
One Person (1P)	(4) \$2,343.20		(8) \$1,975.52		(2) \$1,999.84		(12) \$1,517.37		(8) \$2,343.20		(12) \$1,975.52		(5) \$1,999.84		(4) \$1,517.37	
Two Person (2P)	(9) \$2,915.98		(14) \$2,458.42		(14) \$2,488.69		(14) \$1,888.29		(28) \$2,915.98		(23) \$2,458.42		(23) \$2,488.69		(11) \$1,888.29	
Family (FF)	(31) \$652,346.16		(38) \$771,242.40		(22) \$530,091.12		(56) \$778,514.40		(48) \$1,322,188.56		(43) \$1,009,357.82		(37) \$802,861.40		(30) \$443,478.24	
Total Annual Premium	\$6,410,080.20		\$6,410,080.20		\$6,410,080.20		\$6,410,080.20		\$6,410,080.20		\$6,410,080.20		\$6,410,080.20		\$6,410,080.20	
Combined Annual Premium																
One Person Cost Share	\$1,041.42		\$878.01		\$888.82		\$674.39		\$1,041.42		\$878.01		\$888.82		\$674.39	
One Person Rate	\$643.19		\$643.19		\$643.19		\$643.19		\$643.19		\$643.19		\$643.19		\$643.19	
One Person PA 152 Hard Cap	\$398.23		\$234.82		\$245.63		\$31.20		\$398.23		\$234.82		\$245.63		\$31.20	
Two Person Cost Share	\$2,343.20		\$1,975.52		\$1,999.84		\$1,517.37		\$2,343.20		\$1,975.52		\$1,999.84		\$1,517.37	
Two Person Rate	\$1,345.11		\$1,345.11		\$1,345.11		\$1,345.11		\$1,345.11		\$1,345.11		\$1,345.11		\$1,345.11	
Two Person PA 152 Hard Cap	\$998.09		\$630.41		\$654.73		\$172.26		\$998.09		\$630.41		\$654.73		\$172.26	
Family Cost Share																
Family Rate	\$2,915.98		\$2,458.42		\$2,488.69		\$1,888.29		\$2,915.98		\$2,458.42		\$2,488.69		\$1,888.29	
Family PA 152 Hard Cap	\$1,754.15		\$1,754.15		\$1,754.15		\$1,754.15		\$1,754.15		\$1,754.15		\$1,754.15		\$1,754.15	
Family Monthly Cost	\$1,161.83		\$704.27		\$734.54		\$134.14		\$1,161.83		\$704.27		\$734.54		\$134.14	



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Berrien Springs Public Schools
Medical Plan Comparison
All Employees
Assumed Effective Date: 1/1/2025

Plan Name	Option 1 BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx 1/1/25 - 12/31/25	Option 2 BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx 1/1/25 - 12/31/25	Option 3 BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx 1/1/25 - 12/31/25	Option 4 BCBSM SB PPO HSA \$1650-0%; \$10/\$40/\$80 after Ded. Rx 1/1/25 - 12/31/25	Option 5 BCN BEP POS \$800-20%; \$4/\$15/\$40/\$80/20%/20% Rx 1/1/25 - 12/31/25	Option 6 BCN BEP POS \$1000-20%; \$4/\$15/\$40/\$80/20%/20% Rx 1/1/25 - 12/31/25	Option 7 BCN BEP POS HSA \$1650-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx 1/1/25 - 12/31/25
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible							
Annual Deductible - 1P	\$500	\$1,000	\$1,000	\$1,650	\$500	\$1,000	\$1,650
Annual Deductible - 2P/FF	\$1,000	\$2,000	\$2,000	\$3,300	\$1,000	\$2,000	\$3,300
Additional Cost After Deductible							
Employee Concurrence After Deductible	20%	0%	20%	0%	20%	20%	0%
Concurrence Max - 1P	\$1,500	N/A	\$2,500	N/A	\$2,500	\$3,500	N/A
Concurrence Max - 2P/FF	\$3,000	N/A	\$5,000	N/A	\$5,000	\$7,000	N/A
Out of Pocket Maximum							
Max ded. concurrence, copays - 1P	\$8,150	\$8,150	\$8,150	\$4,000	\$8,150	\$8,150	\$4,000
Max ded. concurrence, copays - 2P/FF	\$16,300	\$16,300	\$16,300	\$8,000	\$16,300	\$16,300	\$8,000
Copayments							
Office Visit/Specialist	\$20/\$20	\$30/\$30	\$20/\$20	\$20/\$20	\$30/\$50	\$30/\$50	\$30/\$50
Urgent Care/ER	\$20/\$150	\$30/\$150	\$20/\$150	0% after Ded. 0% after Ded.	\$50/\$250	\$50/\$250	\$50/\$250
Chiropractic Limit/Copay	12 visits/\$20	12 visits/\$30	12 visits/\$20	0% after Ded. 0% after Ded.	30 visits/\$50	30 visits/\$50	30 visits/0% after Ded.
Rx Copay	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20%	\$4/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs							
One Person (1P)	(119) \$718.64	(119) \$722.33	(119) \$663.26	(119) \$659.03	(119) \$659.58	(119) \$627.18	(119) \$610.96
Two Person (2P)	(55) \$1,724.73	(55) \$1,733.60	(55) \$1,591.84	(55) \$1,581.67	(55) \$1,583.00	(55) \$1,505.24	(55) \$1,466.31
Family (FF)	(132) \$2,155.92	(132) \$2,167.00	(132) \$1,988.79	(132) \$1,977.09	(132) \$1,978.75	(132) \$1,881.54	(132) \$1,832.89
Total Annual Premium	(306) \$5,579,517.00	(306) \$5,608,191.24	(306) \$5,149,577.04	(306) \$5,116,707.60	(306) \$5,121,000.24	(306) \$4,869,430.80	(306) \$4,743,513.24
Combined Annual Premium							
One Person Cost Share							
One Person Rate	\$718.64	\$722.33	\$663.26	\$659.03	\$659.58	\$627.18	\$610.96
One Person PA 152 Hard Cap	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19
One Person Monthly Cost	\$75.45	\$73.14	\$26.07	\$15.84	\$16.39	-\$16.01	-\$32.23
Two Person Cost Share							
Two Person Rate	\$1,724.73	\$1,733.60	\$1,591.84	\$1,581.67	\$1,583.00	\$1,505.24	\$1,466.31
Two Person PA 152 Hard Cap	\$1,345.11	\$1,345.11	\$1,345.11	\$1,345.11	\$1,345.11	\$1,345.11	\$1,345.11
Two Person Monthly Cost	\$379.62	\$388.49	\$246.73	\$238.56	\$237.89	\$160.13	\$123.80
Family Cost Share							
Family Rate	\$2,155.92	\$2,167.00	\$1,988.79	\$1,977.09	\$1,978.75	\$1,881.54	\$1,832.89
Family PA 152 Hard Cap	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15
Family Monthly Cost	\$401.77	\$412.85	\$235.64	\$222.94	\$224.60	\$127.39	\$78.74

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Medical Rate Summary
Berrien Springs Public Schools
Everyone but Teachers
Assumed Effective Date: 1/1/25

Current Plans and Segments

	1P		2P		FF		Total Annual Cost
	Rate	Census	Rate	Census	Rate	Census	
Administration and Support Staff Enrolled in MESSA Choices \$500-0% Plan							
MESSA Choices \$500-0%; Saver Rx	\$1,041.42	18	\$2,343.20	4	\$2,915.98	9	\$652,346
Administration and Support Staff Enrolled in MESSA Choices \$1000-10% Plan							
MESSA Choices \$1000-10%; Saver Rx	\$878.01	16	\$1,975.52	8	\$2,458.42	14	\$771,242
Administration and Support Staff Enrolled in MESSA ABC Plan 1 \$1650-0% Plan							
MESSA ABC Plan 1 \$1650-0%; ABC Rx	\$888.82	6	\$1,999.84	2	\$2,488.69	14	\$530,091
Administration and Support Staff Enrolled in MESSA Essentials Plan							
MESSA Essentials \$375-20%; Essentials Rx	\$674.39	30	\$1,517.37	12	\$1,888.29	14	\$778,514
TOTALS:	70		26		51		\$2,732,194

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	\$760.93	\$1,826.23	\$2,282.79	\$2,606,032	\$126,162
BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	\$764.81	\$1,835.55	\$2,294.43	\$2,619,323	\$112,871
BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	\$702.45	\$1,685.89	\$2,107.36	\$2,405,760	\$326,434
BCBSM SB PPO HSA \$1650-0%; \$10/\$40/\$80 after Ded. Rx	\$697.29	\$1,673.49	\$2,091.86	\$2,388,071	\$344,123
BCN					
BCN BEP POS \$500-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$702.91	\$1,686.98	\$2,108.73	\$2,407,325	\$324,869
BCN BEP POS \$1000-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$668.47	\$1,604.32	\$2,005.40	\$2,289,367	\$442,827
BCN BEP POS HSA \$1650-0%; \$4/\$15/\$40/\$80/20%/20% after Ded. Rx	\$650.54	\$1,561.30	\$1,951.62	\$2,227,971	\$504,223

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Berrien Springs Public Schools
Medical Plan Comparison
Everyone but Teachers
Assumed Effective Date: 1/1/2025

Plan Name	CURRENT PLAN Administration and Support Staff Enrolled in MESSA Choices \$500-0%; Saver Rx	CURRENT PLAN Administration and Support Staff Enrolled in MESSA Choices \$1000-10%; Saver Rx	CURRENT PLAN Administration and Support Staff Enrolled in MESSA ABC Plan 1 \$1650-0%; ABC Rx	CURRENT PLAN Administration and Support Staff Enrolled in MESSA Essentials Plan MESSA Essentials Rx	Option 1 BCBSM SB PPO \$500-20%; \$1500 ECM; \$10/\$40/\$80 Rx	Option 2 BCBSM SB PPO \$1000-0%; \$10/\$40/\$80 Rx	Option 3 BCBSM SB PPO \$1000-20%; \$10/\$40/\$80 Rx	Option 4 BCBSM SB PPO HSA \$1650-0%; \$10/\$40/\$80 after Deductible Rx
Rate Period	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible	\$500	\$1,000	\$1,650	\$375	\$500	\$1,000	\$1,000	\$1,650
Annual Deductible - 1P	\$1,000	\$2,000	\$3,300	\$750	\$1,000	\$2,000	\$2,000	\$3,300
Additional Cost After Deductible	0%	10%	0%	20%	20%	0%	20%	0%
Employee Concurrence After Deductible	0%	10%	0%	20%	20%	0%	20%	0%
Concurrence Max - 1P	N/A	N/A	N/A	N/A	\$1,500	N/A	\$2,500	N/A
Concurrence Max - 2P/FF	N/A	N/A	N/A	N/A	\$3,000	N/A	\$5,000	N/A
Out of Pocket Maximum	Max ded: \$1,500 Rx; Max: \$1,000	Max ded: \$3,000 Rx; Max: \$1,000	\$2,500	\$9,100	\$8,150	\$8,150	\$8,150	\$4,000
Max ded: concurrence, copays - 1P	Max ded: \$3,000 Rx; Max: \$2,000	Max ded: \$6,000 Rx; Max: \$2,000	\$5,000	\$18,200	\$18,300	\$18,300	\$18,300	\$8,000
Copayments	\$535	\$20/\$20	0% after Ded 0% after Ded.	\$25/\$50	\$20/\$20	\$30/\$30	\$20/\$20	0% after Ded 0% after Ded.
Office Visit/Specialist	\$10/\$25	\$25/\$50	0% after Ded 0% after Ded.	\$50/\$200	\$20/\$150	\$30/\$150	\$20/\$150	0% after Ded 0% after Ded.
Urgent Care/ER	38 visits/0% after Ded (office visit copay may apply)	38 visits/10% after Ded (office visit copay may apply)	38 visits/0% after Ded.	12 visits/\$25	12 visits/\$20	12 visits/\$30	12 visits/\$20	12 visits/0% after Ded.
Chiropractic, Limit/Copy	Saver Rx	Saver Rx	ABC Rx	Essentials Rx	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80 after Ded.
Rx Copy								
Total Monthly Costs	(18) \$1,041.42 (4) \$2,343.20 (9) \$2,915.98 (31) \$652,346.16 \$2,732,194.08	(16) \$878.01 (8) \$1,975.52 (14) \$2,458.42 (38) \$771,242.40 \$2,732,194.08	(6) \$888.82 (2) \$1,999.84 (14) \$2,488.69 (22) \$530,091.12 \$2,732,194.08	(30) \$674.39 (12) \$1,517.37 (14) \$1,888.29 (56) \$778,514.40 \$2,732,194.08	(70) \$760.93 (26) \$1,826.23 (51) \$2,282.79 (147) \$2,606,032.44 \$128,161.64 (-4.6%)	(70) \$764.81 (26) \$1,835.55 (51) \$2,294.43 (147) \$2,619,323.16 \$112,870.92 (-4.1%)	(70) \$702.45 (26) \$1,685.89 (51) \$2,107.36 (147) \$2,405,760.00 \$326,434.08 (-11.5%)	(70) \$687.29 (26) \$1,673.49 (51) \$2,091.86 (147) \$2,388,070.80 \$344,123.28 (-12.6%)
One Person (1P)								
Two Person (2P)								
Family (FF)								
Total Annual Premium								
Combined Annual Premium								
Savings								
Estimated Savings								
One Person Cost Share	\$1,041.42	\$878.01	\$888.82	\$674.39	\$760.93	\$764.81	\$702.45	\$687.29
One Person PA 152 Hard Cap	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19
One Person Monthly Cost	\$398.23	\$234.82	\$245.63	\$31.20	\$117.74	\$121.82	\$99.26	\$54.10
Two Person Cost Share								
Two Person PA 152 Hard Cap	\$2,343.20	\$1,975.52	\$1,999.84	\$1,517.37	\$1,826.23	\$1,835.55	\$1,685.89	\$1,673.49
Two Person Monthly Cost	\$345.11	\$345.11	\$345.11	\$345.11	\$345.11	\$345.11	\$345.11	\$345.11
Family Cost Share	\$998.09	\$630.41	\$654.73	\$172.26	\$481.12	\$490.44	\$340.78	\$328.38
Family Rate	\$2,915.98	\$2,458.42	\$2,488.69	\$1,888.29	\$2,282.79	\$2,294.43	\$2,107.36	\$2,091.86
Family PA 152 Hard Cap	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15
Family Monthly Cost	\$1,161.83	\$704.27	\$734.54	\$134.14	\$528.64	\$540.28	\$353.21	\$337.71

*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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Berrien Springs Public Schools
Medical Plan Comparison
Everyone but Teachers
Assumed Effective Date: 1/1/2025

Plan Name	CURRENT PLAN Administration and Support Staff Enrolled in MESSA Choices \$500-0%; Saver Rx	CURRENT PLAN Administration and Support Staff Enrolled in MESSA Choices \$1000-10%; Saver Rx	CURRENT PLAN Administration and Support Staff Enrolled in MESSA ABC Plan 1 \$1650-0%; ABC Rx	CURRENT PLAN Administration and Support Staff Enrolled in MESSA Essentials Plan MESSA Essentials \$375-20%; Essentials Rx	Option 1 BCN BEP POS \$500-20%; \$443.15/\$4080/20%/20% Rx	Option 2 BCN BEP POS \$1000-20%; \$443.15/\$4080/20%/20% Rx	Option 3 BCN BEP POS HSA \$1650-0%; \$443.15/\$4080/20%/20% after Ded. Rx
Rate Period	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25	1/1/25 - 12/31/25
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible							
Annual Deductible - 1P	\$500	\$1,000	\$1,650	\$375	\$500	\$1,000	\$1,650
Annual Deductible - 2P/FF	\$1,000	\$2,000	\$3,300	\$750	\$1,000	\$2,000	\$3,300
Additional Cost After Deductible							
Employee Consequence After Deductible	0%	10%	0%	20%	20%	20%	0%
Consequence Max - 1P	N/A	N/A	N/A	N/A	\$2,500	N/A	N/A
Consequence Max - 2P/FF	N/A	N/A	N/A	N/A	\$5,000	\$7,000	N/A
Out of Pocket Maximum							
Max ded. coinsurance, copays - 1P	Med Max:\$1,500 Rx Max: \$1,000	Med Max:\$3,000 Rx Max: \$1,000	\$2,500	\$9,100	\$8,150	\$8,150	\$4,000
Max ded. coinsurance, copays - 2P/FF	Med Max: \$3,000 Rx Max: \$2,000	Med Max: \$6,000 Rx Max: \$2,000	\$5,000	\$18,200	\$16,300	\$16,300	\$8,000
Copayments							
Office Visit/Specialist	\$5/\$5	\$20/\$20	0% after Ded.0% after Ded.	\$25/\$50	\$30/\$50	\$30/\$50	0% after Ded.0% after Ded.
Urgent Care/ER	\$10/\$25	\$25/\$50	0% after Ded.0% after Ded.	\$50/\$200	\$50/\$250	\$50/\$250	0% after Ded.0% after Ded.
Chiropractic Limit/Copay	38 visits/0% after Ded. (office visit copay may apply)	38 visits/10% after Ded. (office visit copay may apply)	38 visits/0% after Ded.	12 visits/\$25	30 visits/\$50	30 visits/\$50	30 visits/0% after Ded.
Rx Copay	Saver Rx	Saver Rx	ABC Rx	Essentials Rx	\$44/\$15/\$40/\$80/20%/20%	\$44/\$15/\$40/\$80/20%/20%	\$44/\$15/\$40/\$80/20%/20% after Ded.
Total Monthly Costs							
One Person (1P)	(18) \$1,041.42	(16) \$878.01	(6) \$688.82	(30) \$674.39	(70) \$702.91	(70) \$668.47	(70) \$650.54
Two Person (2P)	(4) \$2,343.20	(8) \$1,975.52	(2) \$1,999.84	(12) \$1,517.37	(26) \$1,686.98	(26) \$1,604.32	(26) \$1,561.30
Family (FF)	(9) \$2,915.98	(14) \$2,458.42	(14) \$2,488.69	(14) \$1,888.29	(51) \$2,108.73	(51) \$2,005.40	(51) \$1,951.62
Total Annual Premium	(31) \$652,346.16	(38) \$71,242.40	(22) \$530,091.12	(56) \$78,514.40	(147) \$2,407,324.92	(147) \$2,289,367.44	(147) \$2,227,870.64
Combined Annual Premium	\$2,732,194.08	\$2,732,194.08	\$2,732,194.08	\$2,732,194.08			
Savings							
Estimated Savings					\$324,869.16 (-11.9%)	\$442,826.64 (-16.2%)	\$504,223.44 (-18.5%)
One Person Cost Share							
One Person Rate	\$1,041.42	\$878.01	\$688.82	\$674.39	\$702.91	\$668.47	\$650.54
One Person PA 152 Hard Cap	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19	\$643.19
One Person Monthly Cost	\$398.23	\$234.82	\$245.83	\$31.20	\$59.72	\$28.28	\$7.35
Two Person Cost Share							
Two Person Rate	\$2,343.20	\$1,975.52	\$1,999.84	\$1,517.37	\$1,686.98	\$1,604.32	\$1,561.30
Two Person PA 152 Hard Cap	\$1,345.11	\$1,345.11	\$1,345.11	\$1,345.11	\$1,345.11	\$1,345.11	\$1,345.11
Two Person Monthly Cost	\$998.09	\$630.41	\$664.73	\$172.26	\$341.87	\$289.21	\$216.19
Family Cost Share							
Family Rate	\$2,915.98	\$2,458.42	\$2,488.69	\$1,888.29	\$2,108.73	\$2,005.40	\$1,951.62
Family PA 152 Hard Cap	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15	\$1,754.15
Family Monthly Cost	\$1,161.83	\$704.27	\$734.54	\$134.14	\$354.58	\$251.25	\$197.47

*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.



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Dental Rate Summary
Berrien Springs Public Schools
All Employees

Assumed Effective Date: 1/1/25

Current Plans and Segments	1P			2P			FF			Total Annual Cost	Rate Period
	Census	Rate	1P	Census	Rate	2P	Census	Rate	FF		
Teachers Enrolled in Medical											
MESSA 50%/50%/50%/50%-\$1000/\$500										\$79,593	1/1/25 - 12/31/25
Teachers Waiving Medical											
MESSA 75%/75%/50%/50%-\$1000/\$500										\$47,469	1/1/25 - 12/31/25
Administration											
MESSA 100%/80%/80%/80%-\$1500/\$2000										\$103,219	1/1/25 - 12/31/25
Maintenance, Para-Professionals and Secretaries											
MESSA 50%/50%/50%/50%-\$1000/\$1000										\$51,311	1/1/25 - 12/31/25
Food Service and Mechanic Support											
MESSA 50%/50%/50%/50%-\$1000/\$1000										\$7,426	1/1/25 - 12/31/25
TOTALS:	186	79	229							\$289,017	
Ameritas											
Ameritas 50%/50%/50%/50%-\$1000/\$500										\$46,147	
Ameritas 100%/80%/80%/50%-\$1500/\$2000										-\$245,495	
Beam											
Beam 50%/50%/50%/50%-\$1000/\$500 (Maximum Allowable Charge)										\$74,731	
Beam 50%/50%/50%/50%-\$1000/\$500 (95th Percentile UCR)										-\$1,201	
Beam 100%/80%/60%/60%-\$1500/\$2000 (Maximum Allowable Charge)										-\$272,736	
Beam 100%/80%/60%/60%-\$1500/\$2000 (95th Percentile UCR)										-\$469,416	
MetLife											
MetLife 100%/80%/80%/80%-\$1500/\$2000										-\$104,448	
MetLife 50%/50%/50%/50%-\$1000/\$500										\$88,223	
SET ADN											

See separate rate sheets for quotes.

*MetLife rates include taxes and fees.
*Beam rates include taxes and fees.
*Ameritas rates include taxes and fees.



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Dental Rate Summary

Berrien Springs Public Schools
Teachers Enrolled in Medical
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P		2P		FF		Total Annual Cost	Rate Period
Teachers Enrolled in Medical		Census		Rate					
MESSA 50%/50%/50%/50%- \$1000/\$500		48	31	85				\$79,593	1/1/25 - 12/31/25
								\$58.07	
TOTALS:		48	31	85				\$79,593	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET ADN SF 50%/50%/50%/50%- \$1000/\$500	1/1/25 - 12/31/25	\$16.34	\$28.03	\$52.32	\$73,205	\$6,388

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.

*SET ADN Dental plans include access to the ADN and Dentemax networks.



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**Berrien Springs Public Schools
Dental Plan Comparison
Teachers Enrolled in Medical
Assumed Effective Date: 1/1/2025**

Plan Name	Rate Period	Purchased Plan Features	Preventative %	Basic %	Major %	Orthodontics %	Basic/Major Deductible Ind/Family	Ortho Deductible Ind/Family	Basic/Major Annual Maximum	Orthodontic Lifetime Maximum	Purchased Plan Rates	One Person (1P)	Two Person (2P)	Family (FF)	Total Annual Premium	Savings	Estimated Savings
CURRENT PLAN Teachers Enrolled in Medical	1/1/25 - 12/31/25	MESSA 50%/50%/50%- \$1000/\$500	50%	50%	50%	50%	\$0/\$0	\$0/\$0	\$1,000	\$500		(48) \$16.13	(31) \$29.76	(85) \$58.07	(164) \$79,593.00		
Option 1 SET ADN SF 50%/50%/50%- \$1000/\$500	1/1/25 - 12/31/25		50%	50%	50%	50%	\$0/\$0	\$0/\$0	\$1,000	\$500		(48) \$16.34	(31) \$28.03	(85) \$52.32	(164) \$73,205.40		\$6,387.60 (-8.0%)

*SET NVA SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.
*SET ADN Dental plans include access to the ADN and Dentemax networks.



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Dental Rate Summary
Berrien Springs Public Schools
Teachers Waiving Medical
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers Waiving Medical		Census	12	7	35	1/1/25 - 12/31/25
MESSA 75%/75%/50%/50%-\$1000/\$500		Rate	\$26.45	\$48.61	\$94.23	
TOTALS:		12	7	35	\$47,469	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET ADN SF 75%/75%/50%/50%-\$1000/\$500	1/1/25 - 12/31/25	\$25.19	\$44.21	\$83.35	\$42,348	\$5,121

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.
*SET ADN Dental plans include access to the ADN and Dentimax networks.



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Berrien Springs Public Schools
Dental Plan Comparison
Teachers Waiving Medical
Assumed Effective Date: 1/1/2025

Plan Name	Rate Period	Purchased Plan Features	Purchased Plan Rates	Total Annual Premium	Savings	Estimated Savings
Option 1 SET ADN SF 75%/75%/50%/50%-\$1000/\$500	1/1/25 - 12/31/25	75% 75% 50% 50% 50% \$0/\$0 \$0/\$0 \$1,000 \$500	75% 75% 50% 50% 50% \$0/\$0 \$0/\$0 \$1,000 \$500	(12) \$25.19 (7) \$44.21 (35) \$83.35 (54) \$42,348.00	(12) \$26.45 (7) \$48.61 (35) \$94.23 (54) \$47,468.64	\$5,120.64 (-10.8%)
Option 1 SET ADN SF 75%/75%/50%/50%-\$1000/\$500	1/1/25 - 12/31/25	75% 75% 50% 50% 50% \$0/\$0 \$0/\$0 \$1,000 \$500	75% 75% 50% 50% 50% \$0/\$0 \$0/\$0 \$1,000 \$500	(12) \$25.19 (7) \$44.21 (35) \$83.35 (54) \$42,348.00	(12) \$26.45 (7) \$48.61 (35) \$94.23 (54) \$47,468.64	\$5,120.64 (-10.8%)

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.
*SET ADN Dental plans include access to the ADN and Dentemax networks.



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Dental Rate Summary
Berrien Springs Public Schools
Administration

Assumed Effective Date: 1/1/25
Rate Period

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Administration						
	MESSA 100%/80%/80%/80%-\$1500/\$2000	Census 22	22	63	\$103,219	1/1/25 - 12/31/25
		Rate \$29.56	\$54.61	\$107.14		
TOTALS:		22	22	63	\$103,219	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET ADN SF 100%/80%/80%/80%-\$1500/\$2500	1/1/25 - 12/31/25	\$27.86	\$49.36	\$94.43	\$91,775	\$11,444

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.

*SET ADN Dental plans include access to the ADN and Dentemax networks.



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Berrien Springs Public Schools
Dental Plan Comparison
Administration
Assumed Effective Date: 1/1/2025

Plan Name		Rate Period		Purchased Plan Features		Purchased Plan Rates		Total Annual Premium		Savings	
MESSA 100%/80%/80%/80%-\$1500/\$2000		1/1/25 - 12/31/25		Preventative % Basic % Major % Orthodontics % Basic/Major Deductible Ind/Family Ortho Deductible Ind/Family Basic/Major Annual Maximum Orthodontic Lifetime Maximum		100% 80% 80% 80% \$0/\$0 \$0/\$0 \$0/\$0 \$1,500 \$2,000		(22) \$29.56 (22) \$54.61 (63) \$107.14		(107) \$103,218.72	
Option 1 SET ADN SF 100%/80%/80%/80%-\$1500/\$2500		1/1/25 - 12/31/25		100% 80% 80% 80% \$0/\$0 \$0/\$0 \$0/\$0 \$1,500 \$2,500		(22) \$27.86 (22) \$49.36 (63) \$94.43		(107) \$91,775.16		\$11,443.56 (-11.1%)	

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.
*SET ADN Dental plans include access to the ADN and Dentemax networks.



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Dental Rate Summary
Berrien Springs Public Schools
Maintenance, Para-Professionals and Secretaries
Assumed Effective Date: 1/1/25

Current Plans and Segments		Maintenance, Para-Professionals and Secretaries				Assumed Effective Date: 1/1/25	
		1P	2P	FF	Total Annual Cost	Rate Period	
Maintenance, Para-Professionals and Secretaries		Census	92	18	40	\$51,311	
MESSA 50%/50%/50%/50%-\$1000/\$1000		Rate	\$14.72	\$28.96	\$60.01	1/1/25 - 12/31/25	
TOTALS:		92	18	40	\$51,311		

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET ADN SF 50%/50%/50%/50%-\$1000/\$1000	1/1/25 - 12/31/25	\$15.13	\$27.35	\$53.99	\$48,526	\$2,785

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.

*SET ADN Dental plans include access to the ADN and Dentimax networks.

Berrien Springs Public Schools
Dental Plan Comparison
Maintenance, Para-Professionals and Secretaries
Assumed Effective Date: 1/1/2025

Plan Name	Rate Period	Purchased Plan Features	Preventative %	Basic %	Major %	Orthodontics %	Basic/Major Deductible Ind/Family	Ortho Deductible Ind/Family	Basic/Major Annual Maximum	Orthodontic Lifetime Maximum	Purchased Plan Rates	One Person (1P)	Two Person (2P)	Family (FF)	Total Annual Premium	Savings	Estimated Savings
CURRENT PLAN Maintenance, Para-Professionals and Secretaries	1/1/25 - 12/31/25	MESSA 50%/50%/50%- \$1000/\$1000	50%	50%	50%	50%	\$0/\$0	\$0/\$0	\$1,000	\$1,000		(92) \$14.72	(18) \$28.96	(40) \$60.01	(150) \$51,311.04		
Option 1 SET ADN SF 50%/50%/50%- \$1000/\$1000	1/1/25 - 12/31/25		50%	50%	50%	50%	\$0/\$0	\$0/\$0	\$1,000	\$1,000		(92) \$15.13	(18) \$27.35	(40) \$53.99	(150) \$48,526.32		\$2,784.72 (-5.4%)

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.
*SET ADN Dental plans include access to the ADN and Dentemax networks.



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Dental Rate Summary
Berrien Springs Public Schools
Food Service, Mechanic and Support
Assumed Effective Date: 1/1/25
Rate Period

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Food Service and Mechanic Support		Census	12	1	6	1/1/25 - 12/31/25
MESSA 50%/50%/50%/50%-\$1000/\$1000		Rate	\$17.33	\$32.31	\$63.09	
TOTALS:		12	1	6	\$7,426	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET ADN						
SET ADN SF 50%/50%/50%/50%-\$1000/\$1000	1/1/25 - 12/31/25	\$17.37	\$30.48	\$56.63	\$6,944	\$481

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.

*SET ADN Dental plans include access to the ADN and Dentemax networks.



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**Berrien Springs Public Schools
Dental Plan Comparison
Food Service, Mechanic and Support
Assumed Effective Date: 1/1/2025**

Plan Name	Rate Period	Purchased Plan Features	Preventative %	Basic %	Major %	Orthodontics %	Basic/Major Deductible Ind/Family	Ortho Deductible Ind/Family	Basic/Major Annual Maximum	Orthodontic Lifetime Maximum	Purchased Plan Rates	One Person (1P)	Two Person (2P)	Family (FF)	Total Annual Premium	Savings	Estimated Savings
Option 1 SET ADN SF 50%/50%/50%/50%-\$1000/\$1000	1/1/25 - 12/31/25	Food Service and Mechanic Support MESSA 50%/50%/50%/50%-\$1000/\$1000	50%	50%	50%	50%	\$0/\$0	\$0/\$0	\$1,000	\$1,000		(12) \$17.33	(1) \$32.31	(6) \$63.09	(19) \$7,425.72	(19) \$6,944.40	\$481.32 (-6.5%)
			50%	50%	50%	50%	\$0/\$0	\$0/\$0	\$1,000	\$1,000		(12) \$17.37	(1) \$30.48	(6) \$56.63	(19) \$6,944.40		

*SET ADN Dental SF rates are illustrative and include a \$6.95 per employee per month dental administration/network fee.
*SET ADN Dental plans include access to the ADN and Dentemax networks.



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Vision Rate Summary
Berrien Springs Public Schools
All Employees

Assumed Effective Date: 1/1/25
Rate Period

Current Plans and Segments		1P			2P			FF			Total Annual Cost	Rate Period
Employees Enrolled in MESSA VSP 3G		Census			Rate			Rate				
MESSA VSP 3G \$0/\$0 Copay - \$130 Frames/\$135 Contacts		23			\$7.33			\$15.72			\$24,313	
Employees Enrolled in MESSA VSP 2		163			\$4.87			\$10.44			\$47,812	
MESSA VSP 2 \$6.50/\$18 Copay - \$65 Frames/\$90 Contacts		163			\$4.87			\$10.44			\$15,73	
TOTALS:		186			79			229			\$72,125	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Ameritas						
Ameritas \$0/\$0 Copay - \$130 Frames/\$130 Contacts	1/1/25 - 12/31/26	\$6.39	\$11.61	\$17.02	\$72,040	\$86
BEAM						
Beam \$10/\$10 Copay - \$150 Frames/\$150 Contacts	1/1/25 - 12/31/26	\$7.74	\$15.12	\$25.60	\$101,958	-\$29,833
Beam \$10/\$10 Copay - \$200 Frames/\$200 Contacts	1/1/25 - 12/31/26	\$9.03	\$17.61	\$29.63	\$118,272	-\$46,147
Beam \$10/\$25 Copay - \$130 Frames/\$130 Contacts	1/1/25 - 12/31/26	\$7.13	\$13.94	\$23.71	\$94,284	-\$22,159
MettLife						
MettLife \$0/\$0 Copay - \$130 Frames/\$135 Contacts	1/1/25 - 12/31/28	\$7.22	\$15.45	\$23.27	\$94,708	-\$22,582
MettLife \$5/\$20 Copay - \$65 Frames/\$90 Contacts	1/1/25 - 12/31/28	\$5.09	\$10.89	\$16.40	\$66,752	\$5,374
SET SF NVA	See additional rate sheets for quotes.					

*MettLife rates include taxes and fees.
*SET NVA SF Vision rates are illustrative and include a \$1.95 per employee per month vision administration fee. These plans do include network access.
*Beam rates include taxes and fees.
*Ameritas rates include taxes and fees.



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Vision Rate Summary
Berrien Springs Public Schools
Employees Enrolled in MESSA VSP 3G
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P 2P FF				Total Annual Cost	Rate Period
Employees Enrolled in MESSA VSP 3G		Census	23	22	64	\$24,313	1/1/25 - 12/31/25
MESSA VSP 3G \$0/\$0 Copay - \$130 Frames/\$135 Contacts		Rate	\$7.33	\$15.72	\$23.62		
TOTALS:		23	22	64		\$24,313	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET SF NVA						
SET SF NVA \$0/\$0 Copay - \$130 Frames/\$135 Contacts	1/1/25 - 12/31/25	\$5.13	\$11.00	\$16.53	\$17,015	\$7,298

*SET NVA SF Vision rates are illustrative and include a \$1.95 per employee per month vision administration fee. These plans do include network access.



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**Berrien Springs Public Schools
Vision Plan Comparison
Employees Enrolled in MESSA VSP 3G
Assumed Effective Date: 1/1/2025**

Plan Name	Rate Period	Purchased Plan Features	Exam Coverage	Regular Lenses	Bifocal Lenses	Trifocal Lenses	Lenticular Lenses	Frame Allowance	Necessary Contacts	Cosmetic Contacts	Exam Copay	Material Copay	Purchased Plan Rates	One Person (1P)	Two Person (2P)	Family (FF)	Total Annual Premium	Savings	Estimated Savings
CURRENT PLAN Employees Enrolled in MESSA VSP 3G MESSA VSP 3G \$0/\$0 Copay - \$130 Framing/\$135 Contacts	1/1/25 - 12/31/25		MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	\$0	\$0	\$135	(23) \$7.33	(22) \$15.72	(64) \$23.62	(109) \$24,313.32		
Option 1 SET SF NVA \$0/\$0 Copay - \$130 Framing/\$135 Contacts	1/1/25 - 12/31/25		Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	\$0	\$0	\$135	(23) \$5.13	(22) \$11.00	(64) \$16.53	(109) \$17,014.92		
																			\$7,298.40 (-30.0%)

*SET NVA SF Vision rates are illustrative and include a \$1.95 per employee per month vision administration fee. These plans do include network access.



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

Vision Rate Summary
Berrien Springs Public Schools
Employees Enrolled in MESSA VSP 2
Assumed Effective Date: 1/1/25

Current Plans and Segments		1P				2P		FF		Total Annual Cost	Rate Period
Employees Enrolled in MESSA VSP 2		Census		163		57		165		\$47,812	1/1/25 - 12/31/25
MESSA VSP 2 \$6.50/\$18 Copay - \$65 Frames/\$90 Contacts		Rate		\$4.87		\$10.44		\$15.73			
TOTALS:		163		57		165				\$47,812	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
SET SF NVA						
SET SF NVA \$6.50/\$18 Copay - \$65 Frames/\$90 Contacts	1/1/25 - 12/31/25	\$3.48	\$7.45	\$11.23	\$34,138	\$13,674

*SET NVA SF Vision rates are illustrative and include a \$1.95 per employee per month vision administration fee. These plans do include network access.



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**Berrien Springs Public Schools
Vision Plan Comparison
Employees Enrolled in MESSA VSP 2
Assumed Effective Date: 1/1/2025**

Plan Name	Rate Period	Purchased Plan Features	Exam Coverage	Regular Lenses	Bifocal Lenses	Trifocal Lenses	Lenticular Lenses	Frame Allowance	Necessary Contacts	Cosmetic Contacts	Exam Copay	Material Copay	Purchased Plan Rates	One Person (1P)	Two Person (2P)	Family (FF)	Total Annual Premium	Savings	Estimated Savings
CURRENT PLAN Employees Enrolled in MESSA VSP 2 MESSA VSP 2 \$6.50/\$18 Copay - \$65 Frames/\$90 Contacts	1/1/25 - 12/31/25		MESSA pays 100% of approved amount after exam copay	MESSA pays 100% of approved amount after material copay	MESSA pays 100% of approved amount after material copay	MESSA pays 100% of approved amount after material copay	MESSA pays 100% of approved amount after material copay	MESSA pays 100% of approved amount after material copay	MESSA pays 100% of approved amount	\$65	\$90	\$6.50	\$18	(163) \$4.87	(57) \$10.44	(165) \$15.73	(385) \$47,812.08		
Option 1 SET SF NVA \$6.50/\$18 Copay - \$65 Frames/\$90 Contacts	1/1/25 - 12/31/25		Covered 100% after exam copay	Covered 100% after material copay	Covered 100% after material copay	Covered 100% after material copay	Covered 100% after material copay	Covered 100% after material copay	Covered 100%	\$65	\$90	\$6.50	\$18	(163) \$3.48	(57) \$7.45	(165) \$11.23	(385) \$34,138.08		\$13,674.00 (-28.6%)

*SET NVA SF Vision rates are illustrative and include a \$1.95 per employee per month vision administration fee. These plans do include network access.

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Life/AD&D Rate Summary
Berrien Springs Public Schools
Group Life/AD&D Proposal
Assumed Effective Date: 1/1/25

Current Plans

Segment(s)	Number of Employees	Life Amount	AD&D Amount	Current Life Volume	Current AD&D Volume	Carrier	Current Life Rate/\$1000	Current AD&D Rate/\$1000	Rate	Expiration	Current Total Annual Cost
Class 1: Teachers	220	\$50,000	\$50,000	\$11,000,000	\$11,000,000	MESSA	\$0.12	\$0.03		12/31/25	\$19,800
Class 2: Administrators	110	3 x's annual salary (\$225,000 max)	3 x's annual salary (\$225,000 max)	\$22,215,910	\$22,215,910	MESSA	\$0.12	\$0.03		12/31/25	\$39,989
Class 3: Food Service and Mechanic	11	\$12,500	\$12,500	\$137,500	\$137,500	MESSA	\$0.12	\$0.03		12/31/25	\$248
Class 4: Support Staff (Maintenance, Para-Professionals and Secretaries)	166	\$7,500	\$7,500	\$1,245,000	\$1,245,000	MESSA	\$0.12	\$0.03		12/31/25	\$2,241
Total/Average:	507			\$34,598,410	\$34,598,410		\$0.120	\$0.030			\$62,277

Proposed Plans

Carrier	Life Rate (Per \$1000 Per Month)	AD&D Rate (Per \$1000 Per Month)	Life Volume	AD&D Volume	Total Annual Cost	Savings (\$)	Savings (%)
Reliance Standard	\$0.10	\$0.02	\$34,590,910	\$34,590,910	\$49,811	\$12,466	20.02%
One America	\$0.095	\$0.015	\$34,590,910	\$34,590,910	\$45,660	\$16,617	26.68%

Reliance Standard

Class	Number of Employees	Life Coverage	AD&D Coverage
Class 1: Teachers	220	\$50,000	\$50,000
Class 2: Administrators	110	3 x's annual salary (\$225,000 max)	3 x's annual salary (\$225,000 max)
Class 3: Food Service and Mechanic	11	\$12,500	\$12,500
Class 4: Support Staff (Maintenance, Para-Professionals and Secretaries)	166	\$7,500	\$7,500

One America

Class	Number of Employees	Life Coverage	AD&D Coverage
Class 1: Teachers	220	\$50,000	\$50,000
Class 2: Administrators	110	3 x's annual salary (\$225,000 max)	3 x's annual salary (\$225,000 max)
Class 3: Food Service and Mechanic	11	\$12,500	\$12,500
Class 4: Support Staff (Maintenance, Para-Professionals and Secretaries)	166	\$7,500	\$7,500

*Quoted rates include all necessary taxes and fees.

*Reliance Standard quoted plan includes a 50% benefit reduction at age 70.

*One America quoted plan includes a 50% benefit reduction at age 70.



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LTD Rate Summary
Berrien Springs Public Schools
Group LTD Proposal
Assumed Effective Date: 1/1/25

Current Segment(s)		Carrier	Rate (per \$100/month)	Volume	Total Annual Cost	# Emp	Benefit % Of Salary	Maximum Monthly Benefit	Elimination Period	Drug/Alcohol Limitations	Mental/Nervous Limitations	Own Occupation	COBRA Waiver of Premium
Class 1: Teachers		MESSA	\$0.36	\$1,088,258	\$47,013	220	66.67%	\$5,000	90 days	24 Months	24 Months	24 Months	\$1,500/
Class 2: Administrators		MESSA	\$0.36	\$595,318	\$25,718	110	66.67%	\$4,500	90 days	24 Months	24 Months	36 Months	\$1,500/
Class 3: Support Staff		MESSA	\$0.36	\$426,837	\$18,439	166	60%	\$3,000	90 days	24 Months	24 Months	24 Months	\$1,500/
Class 4: Food Service and Mechanic		MESSA	\$0.89	\$29,909	\$3,194	11	60%	\$3,000	90 days	24 Months	24 Months	24 Months	\$1,500/
Total/Average			\$0.371	\$2,140,322	\$94,364	507							

Proposed Policies

Carrier	Rate(Per \$100/Month)	Assumed Volume	Total Annual Cost	Total Annual Savings (\$)	Total Annual Savings (%)
One America	\$0.255	\$2,140,322	\$65,494	\$28,870	30.59%
Reliance Standard	\$0.32	\$2,140,322	\$82,188	\$12,176	12.9%

One America

Class	Number of Employees	Benefit % of Salary	Maximum Monthly Benefit	Elimination Period	Drug/Alcohol Limitations	Mental/Nervous Limitations	Own Occupation	COBRA Waiver of Premium
Class 1: Teachers	220	66.67%	\$5,000	90 days	24 Months	24 Months	24 Months	included
Class 2: Administrators	110	66.67%	\$4,500	90 days	24 Months	24 Months	36 months	included
Class 3: Support Staff	166	60%	\$3,000	90 days	24 Months	24 Months	24 Months	included
Class 4: Food Service and Mechanics	11	60%	\$3,000	90 days	24 Months	24 Months	24 Months	included

Reliance Standard								
Class	Number of Employees	Benefit % of Salary	Maximum Monthly Benefit	Elimination Period	Drug/Alcohol Limitations	Mental/Nervous Limitations	Own Occupation	COBRA Waiver of Premium
Class 1: Teachers	220	66.67%	\$5,000	90 days	24 Months	24 Months	24 Months	\$1500/29
Class 2: Administrators	110	66.67%	\$4,500	90 days	24 Months	24 Months	36 months	\$1500/29
Class 3: Support Staff	166	60%	\$3,000	90 days	24 Months	24 Months	24 Months	\$1500/29
Class 4: Food Service and Mechanics	11	60%	\$3,000	90 days	24 Months	24 Months	24 Months	\$1500/29

* All illustrated quotes contain volumes normalized to current in order to accurately portray carrier cost differences.

Berrien Springs Public Schools **Medical Insurance 2025** **All District Employees**

Insurance Company		BCBS		BCBS		BCBS		BCN	
Type of Plan		PPO	PPO	PPO - HSA		Blue Elect Plus - HMO			
Network		BCBS	BCBS	BCBS		BCN			
In Network		PLAN 1	PLAN 2	PLAN 3		PLAN 4			
Deductible (Single/Family)		\$500/\$1,000	\$1,000/\$2,000	\$1,650/\$3,300		\$1,000/\$2,000			
Coinsurance		20%	20%	0%		20%			
Coinsurance Max		\$2,500/\$5,000	\$2,500/\$5,000	N/A		\$3,500/\$7,000			
Out of Pocket Max (Single/Family)		\$8,150/\$16,300	\$8,150/\$16,300	\$4,000/\$8,000		\$8,150/\$16,300			
Inpatient & Outpatient Hospital		After deductible, 20%	After deductible, 20%	After deductible, 0%		After deductible, 20%			
Primary Care Visits		\$20 Copay	\$20 Copay	After deductible, 0%		\$30 Copay			
Specialist Copay		\$20 Copay	\$20 Copay	After deductible, 0%		\$50 Copay			
PT/OT/Chiro Visit Copays		\$20 Copay, Chiro 12/year After deductible, 20%	\$20 Copay, Chiro 12/year After deductible, 20%	After deductible, 0% Chiro 12/year PT/OT 30/year		\$50 Copay, Chiro 30/year After deductible, 20% PT/OT 30/year			
Durable Medical/P&O		After deductible, 20%	After deductible, 20%	After deductible, 0%		After deductible, 20%			
Urgent Care		\$20 Copay	\$20 Copay	After deductible, 0%		\$50 Copay			
Hospital Emergency Room		After deductible, \$150 Copay	After deductible, \$150 Copay	After deductible, 0%		After deductible, Copay		\$250	
Ambulance		After deductible, 20%	After deductible, 20%	After deductible, 0%		\$150 Copay			
Prescription Drug Copays		\$10/\$40/\$80	\$10/\$40/\$80	After deductible, \$10/\$40/\$80		\$4/\$15/\$40/\$80/20%			
Monthly Premium Rates		PLAN 1		PLAN 2		PLAN 3		PLAN 4	
Single:		\$ 699.37	\$ 663.26	\$ 659.03		\$ 627.18			
Double:		\$ 1,678.49	\$ 1,591.84	\$ 1,581.67		\$ 1,505.24			
Family:		\$ 2,098.11	\$ 1,989.79	\$ 1,989.79		\$ 1,881.54			
EMPLOYEE PER MONTH COST									
Single:		\$ 56.18	\$ 20.07	\$ 15.84		\$ (16.01)			
Double:		\$ 333.38	\$ 246.73	\$ 236.56		\$ 160.13			
Family:		\$ 343.96	\$ 235.64	\$ 235.64		\$ 127.39			

All plan cost calculations include the State Hard Cap (District Contribution) as follows:

	Monthly	Annual
Single	\$ 643.19	\$ 7,718.28
2 Person	\$ 1,345.11	\$ 16,141.32
Family	\$ 1,754.15	\$ 21,049.80