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Mason County Eastern Schools  
All Employee Options  
Assumed Effective Date: 7/1/2019

Plan	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		
	PAK C Teachers Enrolled in MESSA Choices \$200	PAK A Teachers Enrolled in MESSA ABC Plan 1 \$1350	PAK A Admin&NonUnion Enrolled in MESSA ABC Plan 1 \$1350	PAK A Superintendent Enrolled in MESSA ABC Plan 1 \$1350	Non-PAK Support Staff Enrolled in MESSA ABC Plan 1 \$1350	BCBSM SG CB PPO Platinum \$250-20%; \$5/\$40/\$80 Rx	BCBSM SG SB HSA PPO Gold \$1350-20%; \$10/\$40/\$80/15%/25% Rx						
Rate Period	1/1/2019-12/31/2019	1/1/2019-12/31/2020	1/1/2019-12/31/2021	1/1/2019-12/31/2022	1/1/2019-12/31/2023	7/1/2019-6/30/2020	7/1/2019-6/30/2020						
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network						
Deductible													
Annual Deductible - 1P	\$200	\$1,350	\$1,350	\$1,350	\$1,350	\$1,350	\$250				\$1,350		
Annual Deductible - 2P/FF	\$400	\$2,700	\$2,700	\$2,700	\$2,700	\$2,700	\$500				\$2,700		
Additional Cost After Deductible													
Employee Coinsurance after Deductible	0%	0%	0%	0%	0%	0%	20%				20%		
Coinurance Max - 1P	N/A	N/A	N/A	N/A	N/A	N/A	\$500				N/A		
Coinurance Max - 2P/FF	N/A	N/A	N/A	N/A	N/A	N/A	\$1,000				N/A		
Out of Pocket Maximum													
Max ded, coinsurance, copays - 1P	Medical: \$1,200 Rx: \$1,000	\$2,350	\$2,350	\$2,350	\$2,350	\$2,350	\$6,600				\$2,350		
Max ded, coinsurance, copays - 2P/FF	Medical: \$2,400 Rx: \$2,000	\$4,700	\$4,700	\$4,700	\$4,700	\$4,700	\$13,200				\$4,700		
Copayments													
Office Visit/Specialist	\$10/\$10	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	\$20/\$20				20% after Ded.		
Urgent Care/ER	\$25/\$50	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	0% after Ded.	\$60/\$150				20% after Ded.		
Chiropractic Limit/Copay	38/Subject to Deductible and Coinsurance	38/0% after Ded.	38/0% after Ded.	38/0% after Ded.	38/0% after Ded.	38/0% after Ded.	\$0/\$20				30/20% after Ded. (combined with PT and OT)		
Rx Copay													
Total Monthly Costs	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates	Census Rates
One Person (1P)	0 \$847.82	3 \$684.36	0 \$684.36	0 \$684.36	2 \$698.29	5 \$647.81	5 \$463.10						
Two Person (2P)	1 \$1,905.70	2 \$1,537.92	1 \$1,537.92	0 \$1,537.92	0 \$1,569.27	4 \$1,345.69	4 \$959.42						
Family (FF)	1 \$2,371.17	10 \$1,913.49	4 \$1,913.49	0 \$1,913.49	0 \$1,952.51	15 \$1,752.40	15 \$1,248.66						
Total Annual Premium	2 \$51,322	15 \$291,166	5 \$110,303	0 \$0	2 \$16,759	24 \$418,893	24 \$298,596						
Combined Current Lives	24	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS						
Combined Annual Premium	\$469,550	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS	< TOTALS						
One Person Monthly Cost													
One Person Cost Share													
One Person Rate	\$847.82	\$684.36	\$684.36	\$684.36	\$698.29	\$647.81	\$463.10						
One Person PA 152 Cap	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10	\$557.10						
One Person Monthly Cost	\$290.72	\$127.26	\$127.26	\$127.26	\$141.19	\$90.71	-\$94.00						
Two Person Monthly Cost													
Two Person Cost Share													
Two Person Rate	\$1,905.70	\$1,537.92	\$1,537.92	\$1,537.92	\$1,569.27	\$1,345.69	\$959.42						
Two Person PA 152 Cap	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06	\$1,165.06						
Two Person Monthly Cost	\$740.64	\$372.86	\$372.86	\$372.86	\$404.21	\$180.63	-\$205.64						
Family Monthly Cost													
Family Rate	\$2,371.17	\$1,913.49	\$1,913.49	\$1,913.49	\$1,952.51	\$1,752.40	\$1,248.66						
Family PA 152 Cap	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36	\$1,519.36						
Family Monthly Cost	\$851.81	\$394.13	\$394.13	\$394.13	\$433.15	\$233.04	-\$270.70						

\*BCBSM/BCN/PH 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.

\*BCBSM/BCN quoted rates do not include commission. SET SEG has added 3% to the quoted rates to account for commission.

\*SET SEG applies the 1.5% administrative fee to census information provided by the district for the purposes of quoting. 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.

\*Rates include \$8.30 enrollment and billing service fee.



**Dental Rate Summary**  
**Mason County Eastern Schools**  
**All Employees Options**  
**Assumed Effective Date: 7/1/2019**

Current Plan(s) and Segment:	1P		2P		FF	Monthly Composite	Total Annual Cost	Rate Period
	Census	Rate	Census	Rate	FF			
PAK B Teachers			1	\$56.30	6	\$84.89	\$9,168	1/1/2019-12/31/2019
MESSA Dental 100%/80%/80%/80%; \$1000/\$800		\$29.03		\$108.28				
PAK A Admin & NonUnion Employees			1	\$59.73	4	\$100.60	\$6,036	1/1/2019-12/31/2019
MESSA Dental 100%/80%/80%/80%; \$1000/\$800		\$31.26		\$110.82				
PAK B Admin & NonUnion Employees				\$59.41	3	\$112.12	\$4,036	1/1/2019-12/31/2019
MESSA Dental 100%/80%/80%/80%; \$1000/\$800		\$31.70		\$112.12				
PAK A & B Superintendent				\$59.65	1	\$115.66	\$1,388	1/1/2019-12/31/2019
MESSA Dental 100%/80%/80%/80%; \$1000/\$800		\$31.70		\$115.66				
PAK A & C Teachers			3	\$58.53	11	\$88.02	\$17,957	1/1/2019-12/31/2019
MESSA Dental 100%/80%/80%/50%; \$1000/\$500		\$30.71		\$111.70				
<b>TOTALS:</b>	<b>5</b>		<b>5</b>		<b>25</b>		<b>\$38,586</b>	

Product Name	Rate Period	1P Rate		2P Rate		FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
		Census	Rate	Census	Rate	FF			
MetLife Dental 100%/80%/80%/50%; \$1000/\$500	7/1/2019-6/30/2021	\$28.93	\$55.94	\$91.87	\$77.75	\$32,653	\$5,933		
SET/ADN SF Dental 100%/80%/80%/50%; \$1000/\$500	7/1/2019-6/30/2020	\$31.81	\$57.28	\$111.07	\$92.06	\$38,666	-\$81		
SET/ADN SF Dental 100%/80%/80%/80%; \$1000/\$800	7/1/2019-6/30/2020	\$32.39	\$58.44	\$113.46	\$94.02	\$39,488	-\$902		
BCBSM		Solicited and did not provide quote							
MESSA		Solicited and did not provide options							

\*All rates include taxes and fees.

\*MetLife rates are based on 100% Employer paid and at least 10 covered lives.



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## Dental Plan Comparison

Mason County Eastern Schools  
All Employees Options

Name	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		
	PAK B Teachers MESSA Dental 100%/80%/80%/80%; \$1000/\$800	1/1/2019-12/31/2019	PAK A Teachers MESSA Dental 100%/80%/80%/80%; \$1000/\$800	1/1/2019-12/31/2019	PAK A Admin & NonUnion Employees MESSA Dental 100%/80%/80%/80%; \$1000/\$800	1/1/2019-12/31/2019	PAK A & B Superintendent MESSA Dental 100%/80%/80%/80%; \$1000/\$800	1/1/2019-12/31/2019	PAK A & C Teachers MESSA Dental 100%/80%/80%/80%; \$1000/\$500	1/1/2019-12/31/2019	MetLife Dental 100%/80%/80%/80%; \$1000/\$500	7/1/2019-6/30/2021	Coverage Allowance
Purchased Plan Features													
Prevent %	100%		100%		100%		100%		100%			100%	
Basic %	80%		80%		80%		80%		80%			80%	
Major %	80%		80%		80%		80%		80%			80%	
Ortho %	80%		80%		80%		80%		80%			50%	
Basic Ded	\$0		\$0		\$0		\$0		\$0			\$50/\$150	
Major Ded	\$0		\$0		\$0		\$0		\$0			\$50/\$150	
Ortho Ded	\$0		\$0		\$0		\$0		\$0			\$0	
Bas/Maj Max	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000			\$1,000	
Ortho Max	\$800		\$800		\$800		\$800		\$500			\$500	
Sealants Covered	No		No		No		No		No			Yes	
Implants Covered	Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only		Endosteal Only			Yes	
Purchased Plan Rates	Census Rates		Census Rates		Census Rates		Census Rates		Census Rates			Census Rates	
One Person (1P)	2 \$29.03		0 \$31.26		0 \$31.70		0 \$31.70		3 \$30.71			5 \$28.93	
Two Person (2P)	1 \$56.30		1 \$59.73		0 \$59.41		0 \$59.65		3 \$58.53			5 \$55.94	
Family (FF)	6 \$108.28		4 \$110.82		3 \$112.12		1 \$115.66		11 \$111.70			25 \$91.87	
Total Annual Premium	9 \$9,168		5 \$6,036		3 \$4,036		1 \$1,388		17 \$17,957			35 \$32,653	
Combined Annual Premium	\$38,586		< TOTALS		< TOTALS		< TOTALS		< TOTALS			< TOTALS	
Estimated Cost for Benefit Increase - \$												\$14	\$5,933
Estimated Savings - %													15%

\*All rates include taxes and fees.  
\*MetLife rates are based on 100% Employer paid and at least 10 covered lives.



**Vision Rate Summary**  
**Mason County Eastern Schools**  
**All Employees Options**  
**Assumed Effective Date: 7/1/2019**

Current Plan(s) and Segment:	1P		2P		FF	Monthly Composite	Total Annual Cost	Rate Period
	Census	Rate	Census	Rate				
Admin & NonUnion Employees, Superintendent			1	\$23.01	8	\$33.36	\$3,603	1/1/2019-12/31/2019
MESSA VSP 3 Plus	5	\$10.71	4	\$34.65				
Teachers			5	\$12.03	17	\$14.78	\$4,610	1/1/2019-12/31/2019
MESSA VSP 2 S	5	\$5.60	5	\$18.12	25			
<b>TOTALS:</b>							<b>\$8,212</b>	

Product Name	Rate Period		1P Rate		2P Rate		FF Rate	Monthly Composite	Total Cost	Estimated Annual Savings
MetLife Vision Plan \$10/\$10 Copay - \$130 Frame	7/1/2019-6/30/2021		\$7.36	\$13.84	\$19.70	\$17.10	\$7,182	\$1,030		
SET/ADN SF Vision - VSP 2S plan comparable	7/1/2019-6/30/2020		\$13.49	\$25.13	\$49.35	\$40.77	\$17,122	-\$8,910		
SET/ADN SF Vision - VSP 3 Plus plan comparable	7/1/2019-6/30/2020		\$16.32	\$30.79	\$60.90	\$50.23	\$21,097	-\$12,884		
VSP Choice Plan \$10/\$25 copay-\$130 frame	7/1/2019-6/30/2023		\$7.79	\$11.89	\$21.32	\$18.04	\$7,577	\$636		
MESSA	Solicited and did not provide options									

\*All rates include taxes and fees.  
 \*MetLife rates are based on 100% Employer paid and at least 10 covered lives.  
 \*VSP rates assume a minimum employer contribution of 75% toward employees and dependents or 100% participation of employees and dependents enrolled in the medical or dental plan.



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# Vision Plan Comparison

## Mason County Eastern Schools

### All Employees Options

Name	CURRENT PLAN		CURRENT PLAN		Option 1		Option 2	
	Admin & NonUnion Employees,	Teachers	Admin & NonUnion Employees,	Teachers	MetLife Vision Plan \$10/\$10 Copay - \$130 Frame	VSP Choice Plan \$10/\$25 copay-\$130 frame	MetLife Vision Plan \$10/\$10 Copay - \$130 Frame	VSP Choice Plan \$10/\$25 copay-\$130 frame
<b>Rate Period</b>	MESSA VSP 3 Plus 1/1/2019-12/31/2019	MESSA VSP 2 S 1/1/2019-12/31/2019	MESSA VSP 3 Plus 1/1/2019-12/31/2019	MESSA VSP 2 S 1/1/2019-12/31/2019	7/1/2019-6/30/2021	7/1/2019-6/30/2023	7/1/2019-6/30/2021	7/1/2019-6/30/2023
<b>Purchased Plan Features</b>	<b>Coverage Allowance</b>	<b>Coverage Allowance</b>	<b>Coverage Allowance</b>	<b>Coverage Allowance</b>	<b>Coverage Allowance</b>	<b>Coverage Allowance</b>	<b>Coverage Allowance</b>	<b>Coverage Allowance</b>
Optometrist Exam	100%	100%	100%	100%	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay
Ophthalmologist Exam	100%	100%	100%	100%	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay
Regular Lenses	100%	100%	100%	100%	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	100% after \$25 copay
Bifocal Lenses	100%	100%	100%	100%	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	100% after \$25 copay
Trifocal Lenses	100%	100%	100%	100%	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	100% after \$25 copay
Lenticular Lenses	100%	100%	100%	100%	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	100% after \$25 copay
Frame Allowance	\$80	\$130	\$80	\$130	\$130 after \$10 copay	\$130 after \$10 copay	\$130 after \$10 copay	\$130 after \$25 copay
Necessary Contacts	100%	100%	100%	100%	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	100% after \$25 copay
Cosmetic Contacts	\$200	\$110	\$200	\$110	\$130 after \$10 copay	\$130 after \$10 copay	\$130 after \$10 copay	\$130 after \$25 copay
Exam Copay	\$0	\$7	\$0	\$7	\$10	\$10	\$10	\$10
Material Copay	\$0	\$18	\$0	\$18	\$10	\$10	\$10	\$25
<b>Purchased Plan Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>
One Person (1P)	0	\$10.71	5	\$5.60	5	\$7.36	5	\$7.79
Two Person (2P)	1	\$23.01	4	\$12.03	5	\$13.84	5	\$11.89
Family (FF)	8	\$34.65	17	\$18.12	25	\$19.70	25	\$21.32
<b>Total Annual Premium</b>	<b>9</b>	<b>\$3,603</b>	<b>26</b>	<b>\$4,610</b>	<b>35</b>	<b>\$7,182</b>	<b>35</b>	<b>\$7,577</b>
<b>Combined Annual Premium</b>	<b>\$8,212</b>		<b>&lt; TOTALS</b>					
<b>Estimated Cost for Benefit Increase - \$</b>					<b>\$2</b>	<b>\$1,030</b>	<b>\$2</b>	<b>\$636</b>
<b>Estimated Savings - %</b>						<b>13%</b>		<b>8%</b>

\*All rates include taxes and fees.

\*MetLife rates are based on 100% Employer paid and at least 10 covered lives.

\*VSP rates assume a minimum Employer contribution of 75% toward employees and dependents or 100% participation of employees and dependents enrolled in the medical or dental plan.