



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
Mason County Eastern Schools
All Employees
Assumed Effective Date: 7/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost
All Employees enrolled in WMHIP BCBSM \$250-0%	Census	0	1	1	\$56,429
WMHIP BCBSM PPO \$250-0%; \$10/\$40 Rx	Rate	\$931.19	\$2,095.15	\$2,607.30	
All Employees enrolled in WMHIP BCBSM \$1,650-0%	Census	7	7	9	\$407,890
WMHIP BCBSM PPO HSA \$1,650-0%; \$10/\$40 after Ded. Rx	Rate	\$708.89	\$1,594.98	\$1,984.86	
	TOTALS:	7	8	10	\$464,319

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM PPO \$250-20%; \$10/\$40/\$80/15%/25% Rx	\$1,291.86	\$2,701.69	\$3,523.28	\$790,672	-\$326,353
BCBSM PPO HSA \$1,650-0%; 100% covered after Ded. Rx	\$1,095.54	\$2,291.11	\$2,987.83	\$670,512	-\$206,192
BCN					
BCN BEP POS \$250-20%; \$4/\$15/\$40/\$80/20%/20% Rx	\$1,081.38	\$2,261.51	\$2,949.23	\$661,848	-\$197,529
BCN BEP POS \$1,650-20%; 100% covered after Ded. Rx	\$801.60	\$1,676.39	\$2,186.18	\$490,609	-\$26,290
Priority Health					
PH POS \$500-20%; \$5/\$35/\$80/\$95/20%/20% Rx	\$997.30	\$2,085.66	\$2,719.91	\$610,386	-\$146,066
PH POS HSA \$2,000-0%; \$5/\$40/\$80/\$100/20%/20% Rx	\$934.92	\$1,955.20	\$2,549.78	\$572,206	-\$107,887
SET SEG					
SET SEG MEC (VEBA)	\$74.00	\$148.00	\$222.00	\$47,064	\$417,255

*Small group rates are based on individual members enrolled, if membership changes, tiered rates will also change
**SET MEC, provides only essential benefits as required under the ACA. \$200 admin fee and \$74 per enrolled life per month.



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Dental Rate Summary
Mason County Eastern Schools
All Employees
Assumed Effective Date: 7/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers enrolled in MESSA Delta Dental	Census	7	6	7	\$24,242	1/1/25 - 12/31/25
MESSA Delta Dental 100/90/90/90; \$1,500/\$2,500	Rate	\$42.96	\$83.93	\$173.69		
Admin/NonUnion enrolled in MESSA Delta Dental	Census	1	4	4	\$9,737	1/1/25 - 12/31/25
MESSA Delta Dental 100/80/80/80; \$1,000/\$800	Rate	\$36.06	\$67.57	\$126.27		
Superintendent enrolled in MESSA Delta Dental	Census	0	0	1	\$1,516	1/1/25 - 12/31/25
MESSA Delta Dental 100/80/80/80; \$1,000/\$800	Rate	\$33.42	\$62.73	\$126.37		
TOTALS:		8	10	12	\$35,495	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM						
BCBSM Dental 100/90/50/50; \$1,500/\$1,500	7/1/25 - 6/30/26	\$50.96	\$106.58	\$138.99	\$37,696	-\$2,201
BCBSM Dental 100/80/50/50 (50/50/50/50 OON); \$1,500/\$1,500	7/1/25 - 6/30/26	\$39.48	\$82.57	\$107.69	\$29,206	\$6,289
Beam						
BEAM 100/90/60/50; \$1,500/\$2,500	7/1/25 - 6/30/26	\$56.03	\$115.26	\$228.65	\$52,136	-\$16,641
MetLife						
MetLife 100/90/90/80; \$1,500/\$2,500	7/1/25 - 6/30/26	\$57.00	\$123.80	\$189.91	\$47,675	-\$12,180
MetLife 100/80/80/80; \$1,000/\$800	7/1/25 - 6/30/26	\$42.98	\$89.25	\$138.33	\$34,756	\$739
SET ADN	Solicited and declined to quote					

*BCBSM small group dental rates are based on individual members enrolled, if membership changes, tiered rates will also change.



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Vision Rate Summary
Mason County Eastern Schools
All Employees
Assumed Effective Date: 7/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Teachers enrolled in MESSA VSP	Census	7	6	7	\$4,413	1/1/25 - 12/31/25
MESSA VSP 3 Plus 200CL	Rate	\$8.65	\$18.58	\$27.96		
Admin, Superintendent, & NonUnion enrolled in MESSA VSP	Census	2	4	4	\$2,682	1/1/25 - 12/31/25
MESSA VSP 3 Plus	Rate	\$9.50	\$20.40	\$30.73		
	TOTALS:	9	10	11	\$7,095	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BEAM						
BEAM \$10 Copay; \$200 Frame/\$200 Contacts	7/1/25 - 6/30/26	\$8.48	\$16.57	\$26.58	\$6,413	\$682
MetLife						
MetLife \$0 Copay; \$80 Frame/\$80 Contacts	7/1/25 - 6/30/26	\$8.09	\$15.21	\$21.65	\$5,557	\$1,539
Guardian	Solicited and declined to quote					
NVA	Solicited and declined to quote					