



## Kalamazoo Public Schools

### PA 106 HEALTH BENEFIT/COST ANALYSIS

#### MESSA Renewal Plans

	Campus Safety Officers and Leads		Union Administrators		Excluded Administrators, Executive Assistants, Technical Employees, Supervisory Technicians, Maintenance, Foremen		Bus Drivers, Custodians, Office Personnel and Parapros, Behavior Specialists		Bus Drivers, Office Personnel and Parapros	
	2022 Rate with 2% Discount		2022 Rate with 2% Discount		2022 Rate with 2% Discount		2022 Rate with 2% Discount		2022 Rate with 2% Discount	
Plan Name	Essentials by MESSA (EA)		MESSA Choices (5G)		MESSA Choices (9S)		MESSA Choices (7E)		MESSA ABC Plan 1 (AE)	
Provider Network	PPO		PPO		PPO		PPO			
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible	Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)	
Single	\$375	\$750	\$300	\$600	\$500	\$1,000	\$300	\$600	\$1,400	\$2,800
Family	\$750	\$1,500	\$600	\$1,200	\$1,000	\$2,000	\$600	\$1,200	\$2,800	\$5,600
Coinsurance	20%	40%	0%	20%	0%	20%	0%	20%	0%	20%
Single Out of Pocket Max	\$8,150	\$16,300	\$1,300	\$2,600	\$1,500	\$3,000	\$1,300	\$2,600	\$2,400	\$4,800
Family Out of Pocket Max	\$16,300	\$32,600	\$2,600	\$5,200	\$3,000	\$6,000	\$2,600	\$5,200	\$4,800	\$9,600
Office Visits	\$25 copay/office visit	Deductible, then 40% Coinsurance	\$5 copay/office visit	Deductible, then 20% Coinsurance	\$20 copay/office visit	Deductible, then 20% Coinsurance	\$5 copay/office visit	Deductible, then 20% Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	\$50 copay/visit	Deductible, then 40% Coinsurance	\$10 copay/visit	Deductible, then 20% Coinsurance	\$25 copay/visit	Deductible, then 20% Coinsurance	\$10 copay/visit	Deductible, then 20% Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	\$200 copay/visit		\$25 copay/visit		\$50 copay/visit		\$25 copay/visit		Deductible/Coinsurance	
Retail	EbM	EbM	\$10/\$20	\$10/\$20	SRX Mail	SRX Mail	Saver Rx	Saver Rx	ABC Mail	ABC Mail
	Current		Current		Current		Current		Current	
Single	13	\$456.06	1	\$786.58	20	\$670.83	97	\$717.15	9	\$593.09
Double	0	\$1,026.14	8	\$1,769.79	16	\$1,509.36	41	\$1,613.59	6	\$1,334.46
Family	0	\$1,276.97	32	\$2,202.41	22	\$1,878.32	61	\$2,008.01	7	\$1,660.67
Monthly Premium		\$5,928.78		\$85,422.02		\$78,889.40		\$258,209.35		\$24,969.26
Annual Premium		\$71,145.36		\$1,025,064.24		\$946,672.80		\$3,098,512.20		\$299,631.12
Single		(\$152.65)		\$177.87		\$62.12		\$108.44		(\$15.62)
Double		(\$246.86)		\$496.79		\$236.36		\$340.59		\$61.46
Family		(\$383.15)		\$542.29		\$218.20		\$347.89		\$0.55

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## Kalamazoo Public Schools

### PA 106 HEALTH BENEFIT/COST ANALYSIS

#### MESSA Renewal Plans

	Food Service Managers 2022 Rate with 2% Discount		HSS & HSI 2022 Rate with 2% Discount		Teachers 2022 Rate with 2% Discount		Teachers 2022 Rate with 2% Discount		Teachers 2022 Rate with 2% Discount	
Plan Name	MESSA Choices (3P)		MESSA Choices (6M)		MESSA Choices (6Z)		MESSA ABC Plan 1 (7U)		MESSA ABC Plan 2 (7W)	
Provider Network	PPO		PPO		PPO		PPO			
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible	Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)	
Single	\$100	\$250	\$100	\$250	\$500	\$1,000	\$1,400	\$2,800	\$2,000	\$4,000
Family	\$200	\$500	\$200	\$500	\$1,000	\$2,000	\$2,800	\$5,600	\$4,000	\$8,000
Coinsurance	0%	20%	0%	20%	0%	20%	0%	20%	0%	20%
Single Out of Pocket Max	\$1,100	\$2,250	\$0	\$2,000	\$1,500	\$3,000	\$2,400	\$4,800	\$3,000	\$6,000
Family Out of Pocket Max	\$2,200	\$4,500	\$0	\$4,000	\$3,000	\$6,000	\$4,800	\$9,600	\$6,000	\$12,000
Office Visits	\$5 copay/office visit	Deductible, then 20% Coinsurance	\$10 copay/office visit	Deductible, then 20% Coinsurance	\$20 copay/office visit	Deductible, then 20% Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	\$10 copay/visit	Deductible, then 20% Coinsurance	\$25 copay/visit	Deductible, then 20% Coinsurance	\$25 copay/visit	Deductible, then 20% Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room	\$25 copay/visit		\$50 copay/visit		\$50 copay/visit		Deductible/Coinsurance		Deductible/Coinsurance	
Retail	\$10/\$20	\$10/\$20	Saver Rx	Saver Rx	Saver Rx	Saver Rx	ABC Rx	ABC Rx	ABC Rx	ABC Rx
	Current		Current		Current		Current		Current	
Single	9	\$849.30	1	\$761.03	45	\$679.47	118	\$600.57	13	\$562.06
Double	0	\$1,910.93	0	\$1,712.31	24	\$1,528.82	90	\$1,351.30	3	\$1,264.65
Family	0	\$2,378.05	1	\$2,130.86	61	\$1,902.51	261	\$1,681.60	42	\$1,573.77
Monthly Premium		\$7,643.70		\$2,891.89		\$183,320.94		\$631,381.86		\$77,199.07
Annual Premium		\$91,724.40		\$34,702.68		\$2,199,851.28		\$7,576,582.32		\$926,388.84
Single		\$240.59		\$152.32		\$70.76		(\$8.14)		(\$46.65)
Double		\$637.93		\$439.31		\$255.82		\$78.30		(\$8.35)
Family		\$717.93		\$470.74		\$242.39		\$21.48		(\$86.35)

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## Kalamazoo Public Schools

### PA 106 HEALTH BENEFIT/COST ANALYSIS

#### MESSA Renewal Plans

		ACA Eligible Employees		MESSA Totals	
		2022 Rate with 2% Discount		2022 Rate with 2% Discount	
Plan Name		Essentials by MESSA (EA)			
Provider Network		PPO			
		In-Network	Out-of-Network		
Policy or Calendar Year		Calendar Year Aggregate (Non-embedded)			
Deductible					
Single		\$375	\$750		
Family		\$750	\$1,500		
Coinsurance		20%	40%		
Single Out of Pocket Max		\$8,150	\$16,300		
Family Out of Pocket Max		\$16,300	\$32,600		
Office Visits		\$25 copay/office visit	Deductible, then 40% Coinsurance		
Urgent Care		\$50 copay/visit	Deductible, then 40% Coinsurance		
Emergency Room		\$200 copay/visit			
Prescription Drugs					
Retail		EbM	EbM		
		Current		Total MESSA Current	
Single	13	\$465.37		339	Single
Double	0	\$1,047.08		188	Double
Family	1	\$1,303.03		488	Family
Monthly Premium		\$7,352.84			\$1,363,209.11
Annual Premium		\$88,234.08			\$16,358,509.32
Single		(\$143.34)			
Double		(\$225.92)			
Family		(\$357.09)			

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## Kalamazoo Public Schools

### PA 106 HEALTH BENEFIT/COST ANALYSIS

#### MESSA Renewal plans vs. BCBS

		Current MESSA Renewal plans Rates 1/1/2022-12/31/2022		Proposed BCBS - All Eligible 7-1-2022 to 6/30/2023		Proposed BCBS - All Eligible 7-1-2022 to 6/30/2023		Proposed BCBS - All Eligible 7-1-2022 to 6/30/2023	
Plan Name		MESSA renewal plans		BCBS CB4 \$500		BCBS SB \$500		BCBS HSA \$1400	
Provider Network		PPO		PPO		PPO		PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible				Calendar Year Aggregate (Non-embedded)		Plan Year Aggregate (Non-embedded)		Calendar Year Aggregate (Non-embedded)	
Single				\$500	\$1,000	\$500	\$1,000	\$1,400	\$2,800
Family				\$1,000	\$2,000	\$1,000	\$2,000	\$2,800	\$5,600
Coinsurance				20%	40%	20%	40%	0%	20%
Single Out of Pocket Max				\$8,150	\$16,300	\$8,150	\$16,300	\$4,000	\$8,000
Family Out of Pocket Max				\$16,300	\$32,600	\$16,300	\$32,600	\$8,000	\$16,000
Office Visits				\$20 copay/office visit	Deductible, then 40% Coinsurance	\$20 copay/office visit	Deductible, then 40% Coinsurance	Deductible, then fully covered	Deductible, then fully covered
Urgent Care				\$20 copay/visit	Deductible, then 40% Coinsurance	\$20 copay/visit	Deductible, then 40% Coinsurance	Deductible, then fully covered	Deductible, then fully covered
Emergency Room				\$150 copay/visit		\$150 copay/visit		Deductible, then fully covered	
Retail				\$10/\$40/\$80	\$10/\$40/\$80, plus 25% of approved amount	\$10/\$40/\$80	\$10/\$40/\$80, plus 25% of approved amount	\$10/\$40/\$80	\$10/\$40/\$80, plus 25% of approved amount
		Current		Proposed		Proposed		Proposed	
Single	339		339	\$806.00	339	\$736.33	339	\$719.82	
Double	188		188	\$1,934.40	188	\$1,767.21	188	\$1,727.58	
Family	488		488	\$2,418.01	488	\$2,209.02	488	\$2,159.47	
Monthly Premium		\$1,363,209.11		\$1,816,890.08		\$1,659,853.11		\$1,622,625.38	
Annual Premium		\$16,358,509.32		\$21,802,680.96		\$19,918,237.32		\$19,471,504.56	
Single		(\$608.71)		\$197.29		\$127.62		\$111.11	
Double		(\$1,273.00)		\$661.40		\$494.21		\$454.58	
Family		(\$1,660.12)		\$757.89		\$548.90		\$499.35	

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**Boon Chapman (TPA) provided proposals that were not competitive.**  
**McLaren and Priority Health declined to quote.**



**Kalamazoo Public Schools**  
**PA 106 HEALTH BENEFIT/COST ANALYSIS**  
**MESSA Renewal plans vs. BCN**

	Current MESSA Renewal plans Rates 1/1/2022-12/31/2022			Proposed BCN - All Eligible 7-1-2022 to 6/30/2023			Proposed BCN - All Eligible 7-1-2022 to 6/30/2023			Proposed BCN - All Eligible 7-1-2022 to 6/30/2023	
Plan Name	MESSA renewal plans			BCN \$500 20%			BCN \$1,000 0%			BCN HSA \$1400 0%	
Provider Network	PPO			HMO			HMO			HMO	
	In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network
Policy or Calendar Year				Calendar Year Aggregate (Non-embedded)			Calendar Year Aggregate (Non-embedded)			Calendar Year Aggregate (Non-embedded)	
Deductible				\$500	N/A		\$1,000	N/A		\$1,400	N/A
Single				\$500	N/A		\$1,000	N/A		\$1,400	N/A
Family				\$1,000	N/A		\$2,000	N/A		\$2,800	N/A
Coinsurance				20%	N/A		0%	N/A		0%	N/A
Single Out of Pocket Max				\$8,150	N/A		\$8,150	N/A		\$4,000	N/A
Family Out of Pocket Max				\$16,300	N/A		\$16,300	N/A		\$8,000	N/A
Office Visits				\$20 copay/office visit	N/A		\$30 copay/office visit	N/A		Deductible, then fully covered	N/A
Urgent Care				\$50 copay/visit	N/A		\$60 copay/visit	N/A		Deductible, then fully covered	N/A
Emergency Room				\$250 copay/visit			\$250 copay/visit			Deductible, then fully covered	
Retail				\$10/\$40/\$80	N/A		\$10/\$40/\$80	N/A		\$10/\$30/\$60/\$80/20%/20% 6 tier HDHP Rx	
	Current			Proposed			Proposed			Proposed	
Single	339		339	\$692.18	339	\$704.44	339	\$656.88			
Double	188		188	\$1,661.22	188	\$1,690.65	188	\$1,576.52			
Family	488		488	\$2,076.53	488	\$2,113.32	488	\$1,970.65			
Monthly Premium		\$1,363,209.11		\$1,560,305.02		\$1,587,947.52		\$1,480,745.28			
Annual Premium		\$16,358,509.32		\$18,723,660.24		\$19,055,370.24		\$17,768,943.36			
Single		(\$608.71)		\$83.47		\$95.73		\$48.17			
Double		(\$1,273.00)		\$388.22		\$417.65		\$303.52			
Family		(\$1,660.12)		\$416.41		\$453.20		\$310.53			

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**Boon Chapman (TPA) provided proposals that were not competitive.**  
**McLaren and Priority Health declined to quote.**

**PA 106 Dental Benefit Comparison**

**MESSA Renewal Plans vs ADN 80/80/80/80 \$2,000 no ortho**

		MESSA Bus Drivers and Food Service Managers with and without medical In/Out Network	A D N	
			ADN Network and ADN Administrators ADN and DenteMax networks	
			In Network	Out Of Network
Maximums		\$2,000	\$2,000	\$2,000
Deductible		n/a	n/a	n/a
Benefits				
Diagnostic				
Oral Exams		80%	80%	80%
X-Rays		80%	80%	80%
Prophylaxis (Cleaning)		80%	80%	80%
Topical fluoride		80%	80%	80%
Space Maintainers		80%	80%	80%
Sealants		n/a	80%	80%
Palliative Treatment (pain)		80%	80%	80%
Basic				
Fillings		80%	80%	80%
Oral Surgery		80%	80%	80%
Periodontal Services (gum disease)		80%	80%	80%
Endodontic Services (root canals)		80%	80%	80%
Repairs to bridges/dentures		80%	80%	80%
Relining dentures		80%	80%	80%
Major				
Bridges		80%	80%	80%
Dentures		80%	80%	80%
Crowns		80%	80%	80%
Inlays/Onlays		80%	80%	80%
Orthodontic				
Children Only to age 26		0%	0%	0%
Lifetime Maximum		\$0	\$0	\$0
Rates	Enrolled		Illustrative Rates	
Employee	61	4 segments	\$28.20	
Employee + 1	23	4 segments	\$52.70	
Family	35	4 segments	\$85.05	
Monthly Premium		\$7,051.73	\$5,909.05	
Annual Premium		\$84,620.76	\$70,908.60	
Rate Guarantee		MESSA through 12/31/2022	3 years	

Delta Dental Declined to quote Dental  
Transamerica, Blue Cross, and Guardian did not send  
Dental proposals.

ADN Fees  
Initial Start Up (One-time fee) \$ 1.50 per employee  
(\$150 minimum)  
Dental Administration/Network Fee \$ 5.50 per employee  
per month\*  
Dental Agent/Consultant Fee \$ 2.00 per employee per  
month

**PA 106 Dental Benefit Comparison**

**MESSA Renewal Plans vs ADN 80/80/80/80 \$2,000 with \$2,000 ortho**

		MESSA	A D N	
		20 segments	ADN Network and ADN Administrators ADN and DenteMax networks	
		In/Out Network	In Network	Out Of Network
Maximums		\$2,000	\$2,000	\$2,000
Deductible		n/a	n/a	n/a
<b>Benefits</b>				
<b>Diagnostic</b>				
Oral Exams		80%	80%	80%
X-Rays		80%	80%	80%
Prophylaxis (Cleaning)		80%	80%	80%
Topical fluoride		80%	80%	80%
Space Maintainers		80%	80%	80%
Sealants		80%	80%	80%
Palliative Treatment (pain)		80%	80%	80%
<b>Basic</b>				
Fillings		80%	80%	80%
Oral Surgery		80%	80%	80%
Periodontal Services (gum disease)		80%	80%	80%
Endodontic Services (root canals)		80%	80%	80%
Repairs to bridges/dentures		80%	80%	80%
Relining dentures		80%	80%	80%
<b>Major</b>				
Bridges		80%	80%	80%
Dentures		80%	80%	80%
Crowns		80%	80%	80%
Inlays/Onlays		80%	80%	80%
<b>Orthodontic</b>				
Children Only to age 26		80%	80%	80%
Lifetime Maximum		\$2,000	\$2,000	\$2,000
<b>Rates</b>	<b>Enrolled</b>		<b>Illustrative Rates</b>	
Employee	295	20 segments	\$27.08	
Employee + 1	186	20 segments	\$52.02	
Family	427	20 segments	\$100.24	
<b>Monthly Premium</b>		\$72,730.77	\$60,466.80	
<b>Annual Premium</b>		\$872,769.24	\$725,601.60	
<b>Rate Guarantee</b>		MESSA through 12/31/2022	<b>3 years</b>	

Delta Dental Declined to quote Dental Transamerica, Blue Cross, and Guardian did not send Dental proposals.

ADN Fees  
Initial Start Up (One-time fee) \$ 1.50 per employee (\$150 minimum)  
Dental Administration/Network Fee \$ 5.50 per employee per month\*  
Dental Agent/Consultant Fee \$ 2.00 per employee per month

**PA 106 Dental Benefit Comparison**

**MESSA Renewal Plans vs ADN 50/50/50/50 \$1,500 with \$1,500 ortho**

		MESSA	A D N	
		9 segments	ADN Network and ADN Administrators ADN and DenteMax networks	
		In/Out Network	In Network	Out Of Network
Maximums		\$1,500	\$1,500	\$1,500
Deductible		n/a	n/a	n/a
<b>Benefits</b>				
<b>Diagnostic</b>				
Oral Exams		50%	50%	50%
X-Rays		50%	50%	50%
Prophylaxis (Cleaning)		50%	50%	50%
Topical fluoride		50%	50%	50%
Space Maintainers		50%	50%	50%
Sealants		50%	50%	50%
Palliative Treatment (pain)		50%	50%	50%
<b>Basic</b>				
Fillings		50%	50%	50%
Oral Surgery		50%	50%	50%
Periodontal Services (gum disease)		50%	50%	50%
Endodontic Services (root canals)		50%	50%	50%
Repairs to bridges/dentures		50%	50%	50%
Relining dentures		50%	50%	50%
<b>Major</b>				
Bridges		50%	50%	50%
Dentures		50%	50%	50%
Crowns		50%	50%	50%
Inlays/Onlays		50%	50%	50%
<b>Orthodontic</b>				
Children Only to age 26		50%	50%	50%
Lifetime Maximum		\$1,500	\$1,500	\$1,500
<b>Rates</b>	<b>Enrolled</b>		<b>Illustrative Rates</b>	
Employee	40	9 segments	\$13.79	
Employee + 1	45	9 segments	\$26.86	
Family	171	9 segments	\$55.51	
<b>Monthly Premium</b>		\$13,465.67	\$11,252.51	
<b>Annual Premium</b>		\$161,588.04	\$135,030.12	
<b>Rate Guarantee</b>		MESSA through 12/31/2022	<b>3 years</b>	

Delta Dental Declined to quote Dental Transamerica, Blue Cross, and Guardian did not send Dental proposals.

ADN Fees  
Initial Start Up (One-time fee) \$ 1.50 per employee (\$150 minimum)  
Dental Administration/Network Fee \$ 5.50 per employee per month\*  
Dental Agent/Consultant Fee \$ 2.00 per employee per month



**Kalamazoo Public Schools  
PA 106 Vision Comparison  
MESSA renewal plans vs. NVA**

		Current		Proposed		Current		Proposed	
		MESSA VSP 2 Plan		NVA		MESSA VSP 2 Silver Plan		NVA	
		HSS, HSI, Custodians, Maintenance, Executive Assistants, Safety		HSS, HSI, Custodians, Maintenance, Executive Assistants, Safety		Office Personnel, PT Teachers, Bus Drivers, Union Admin		Office Personnel, PT Teachers, Bus Drivers, Union Admin	
		Network	Out of Network	Network	Out of Network	Network	Out of Network	Network	Out of Network
<b>Deductible</b>									
Deductible Frames, Lenses, and Contacts		\$6.50 Exam \$18 Lenses Only \$0 Frames \$0 Contacts		\$6.50 Exam \$18 Lenses Only \$0 Frames \$0 Contacts		\$6.50 Exam \$18 Lenses Only \$0 Frames \$0 Contacts		\$6.50 Exam \$18 Lenses Only \$0 Frames \$0 Contacts	
<b>Annual Eye Exam</b>		(12 months)		(12 months)		(12 months)		(12 months)	
Copay		100%	Optometrist Up to \$28.50 Ophthalmologists Up to \$38.50	100%	Optometrist Up to \$28.50 Ophthalmologists Up to \$38.50	100%	Optometrist Up to \$28.50 Ophthalmologists Up to \$38.50	100%	Optometrist Up to \$28.50 Ophthalmologists Up to \$38.50
<b>Lenses - Standard</b>		(12 months)		(12 months)		(12 months)		(12 months)	
Basic Single Vision		100%	up to \$29	100%	up to \$29	100%	up to \$29	100%	up to \$29
Lined Bifocal		100%	up to \$51	100%	up to \$51	100%	up to \$51	100%	up to \$51
Lined Trifocal		100%	up to \$63	100%	up to \$63	100%	up to \$63	100%	up to \$63
Lenticular		100%	up to \$75	100%	up to \$75	100%	up to \$75	100%	up to \$75
<b>Contact Lenses</b>		(12 months)		(12 months)		(12 months)		(12 months)	
Contacts - Necessary		\$0 copay	up to \$175	\$0 copay	up to \$175	\$0 copay	up to \$175	\$0 copay	up to \$175
Contacts - Conventional		up to \$90	up to \$90	up to \$90	up to \$90	up to \$110	up to \$90	up to \$110	up to \$90
<b>Frames</b>		(12 months)		(12 months)		(12 months)		(12 months)	
		up to \$65	up to \$44	up to \$65, 20% discount on balance	up to \$44	up to \$130	up to \$44	up to \$130, 20% discount on balance	up to \$44
<b>Plan Costs-Monthly Rates</b>									
<b>Employer Contribution</b>		Enrolled		Employer Paid (80% or greater)	Enrolled			Employer Paid (80% or greater)	
Employee		49	\$4.09	\$3.63	121	\$4.60		\$4.59	
Employee + 1 Dependent		39	\$8.76	\$7.78	64	\$9.84		\$9.81	
Employee + 2 or more Dependents		30	\$13.19	\$11.71	135	\$14.81		\$14.76	
		Monthly Premium	\$937.75	\$832.59	Monthly Premium	\$3,185.71		\$3,175.83	
		Annual Premium	\$11,253.00	\$9,991.08	Annual Premium	\$38,228.52		\$38,109.96	
<b>Multiple Option</b>		Yes		Yes		Yes		Yes	
<b>Rate Guarantee</b>		through 12/31/2022		4 years		through 12/31/2022		4 years	
<b>Participation Requirements</b>		min 10 enrolled		min 10 enrolled		min 10 enrolled		min 10 enrolled	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

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VSP Declined

Quotes from Guardian and Eyemed are non-competitive



**Kalamazoo Public Schools  
PA 106 Vision Comparison  
MESSA renewal plans vs. NVA**

		Current		Proposed		Current		Proposed	
		MESSA VSP 3		NVA		MESSA VSP 3 Gold		NVA	
		Behavior Specialists, Excluded Admins		Behavior Specialists, Excluded Admins		Full Time Teachers		Full Time Teachers	
		Network	Out of Network	Network	Out of Network	Network	Out of Network	Network	Out of Network
Deductible		\$0.00		\$0.00		\$0.00		\$0.00	
Annual Eye Exam		(12 months)		(12 months)		(12 months)		(12 months)	
Copay		100%	Optometrist Up to \$35 Ophthalmologists Up to \$45	100%	Optometrist Up to \$35 Ophthalmologists Up to \$45	100%	Optometrist Up to \$35 Ophthalmologists Up to \$45	100%	Optometrist Up to \$35 Ophthalmologists Up to \$45
Lenses - Standard		(12 months)		(12 months)		(12 months)		(12 months)	
Basic Single Vision		100%	up to \$38	100%	up to \$38	100%	up to \$38	100%	up to \$38
Lined Bifocal		100%	up to \$60	100%	up to \$60	100%	up to \$60	100%	up to \$60
Lined Trifocal		100%	up to \$72	100%	up to \$72	100%	up to \$72	100%	up to \$72
Lenticular		100%	up to \$108	100%	up to \$108	100%	up to \$108	100%	up to \$108
Contact Lenses		(12 months)		(12 months)		(12 months)		(12 months)	
Contacts - Necessary		\$0 copay	up to \$200	\$0 copay	up to \$200	\$0 copay	up to \$175	\$0 copay	up to \$175
Contacts - Conventional		up to \$115	up to \$115	up to \$115	up to \$115	up to \$135	up to \$115	up to \$135	up to \$115
Frames		(12 months)		(12 months)		(12 months)		(12 months)	
		up to \$65	up to \$55	up to \$65, 20% discount on balance	up to \$55	up to \$130	up to \$55	up to \$130, 20% discount on balance	up to \$55
Plan Costs-Monthly Rates									
Employer Contribution	Enrolled			Employer Paid (80% or greater)				Employer Paid (80% or greater)	
Employee	4	\$5.48		\$4.94		\$6.14		\$5.79	
Employee + 1 Dependent	5	\$11.77		\$10.61		\$13.18		\$12.43	
Employee + 2 or more Dependents	16	\$17.70		\$15.95		\$19.82		\$18.69	
	Monthly Premium	\$363.97		\$328.01		\$12,157.64		\$11,464.72	
	Annual Premium	\$4,367.64		\$3,936.12		\$145,891.68		\$137,576.64	
Multiple Option									
		Yes		Yes		Yes		Yes	
Rate Guarantee									
		through 12/31/2022		4 years		through 12/31/2022		4 years	
Participation Requirements									
				min 10 enrolled				min 10 enrolled	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

©AP/National Insurance Services

VSP Declined

Quotes from Guardian and Eyemed are non-competitive

**PA 106 Benefit Comparison - LTD Insurance Plan**

**Date: 4/21/2022**

**Prepared for: Kalamazoo Public Schools**

1,151 lives  
\$5,638,486 Monthly Volume  
\$67,661,832 Annual Volume

Benefits	MESSA	Madison National Life Insurance Company, Inc.	Madison National Life Insurance Company, Inc.	Transamerica
Description	Current Benefits	Proposed Benefits - Without Medical Premium Expense Benefit	Proposed Benefits - With Medical Premium Expense Benefit	Proposed Benefits
Estimated Annual Premium	\$306,508.10	\$140,059.99	\$231,403.47	\$307,184.72
Rate	Rates vary by class - current composite rate is .453%	0.207% of covered payroll	0.342% of covered payroll	.454% of covered payroll
Proposed Effective Date	Current Benefits	7/1/2022	7/1/2022	7/1/2022
Rate Guarantee	through 12/31/2022	36 months	36 months	36 months
Eligibility	20 hours per week	20 hours per week	20 hours per week	<b>30 hours per week</b>
Employer Contribution	100%	100%	100%	100%
Participation Percent	100%	100%	100%	100%
Pre-Existing Condition Exclusion	None	None	None	None
Elimination Period	Classes 01-02, 06, 08-12: 90 days Modified fill Classes 03-05: 30 days Modified fill Class 07: 60 days Modified fill	Classes 01-02, 06, 08-12: 90 days Modified fill Classes 03-05: 30 days Modified fill Class 07: 60 days Modified fill	Classes 01-02, 06, 08-12: 90 days Modified fill Classes 03-05: 30 days Modified fill Class 07: 60 days Modified fill	<b>Classes 01-02, 06, 08-12: 90 days</b> <b>Classes 03-05: 30 days</b> <b>Class 07: 60 days</b>
Recurrent Disability	6 months	6 months	6 months	6 months
Benefit Amount	Classes 01, 09: 66 2/3% Classes 02, 08, 11-12: 50% Classes 03, 07: 60% Classes 04-06, 10: 70%	Classes 01, 09: 66 2/3% Classes 02, 08, 11-12: 50% Classes 03, 07: 60% Classes 04-06, 10: 70%	Classes 01, 09: 66 2/3% Classes 02, 08, 11-12: 50% Classes 03, 07: 60% Classes 04-06, 10: 70%	Classes 01, 09: 66 2/3% Classes 02, 08, 11-12: 50% Classes 03, 07: 60% Classes 04-06, 10: 70%
Benefit Calculation	Monthly	Monthly	Monthly	Monthly
Maximum Monthly Benefit	Classes 01, 03-07, 09: \$5,000 Classes 02, 08, 11-12: \$2,000 Class 10: \$7,000	Classes 01, 03-07, 09: \$5,000 Classes 02, 08, 11-12: \$2,000 Class 10: \$7,000	Classes 01, 03-07, 09: \$5,000 Classes 02, 08, 11-12: \$2,000 Class 10: \$7,000	Classes 01, 03-07, 09: \$5,000 Classes 02, 08, 11-12: \$2,000 Class 10: \$7,000
Minimum Monthly Benefit	Classes 01, 08-10: 5% of Gross LTD Benefit Classes 02-07, 11-12: Greater of \$50 or 5% of Gross LTD Benefit	Classes 01, 08-10: 5% of Gross LTD Benefit Classes 02-07, 11-12: Greater of \$50 or 5% of Gross LTD Benefit	Classes 01, 08-10: 5% of Gross LTD Benefit Classes 02-07, 11-12: Greater of \$50 or 5% of Gross LTD Benefit	<b>\$50</b>
Survivor Benefit	N/A	N/A	N/A	3 months
Maximum Benefit Period	MESSA ADEA	MESSA ADEA	MESSA ADEA	<b>RBD</b>
Definition of Disability	Total	Total	Total	<b>Residual with work incentive, Gainful Occupation 80/60 And definition.</b>
Own Occupation Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period	24 months following the end of the Elimination Period
Coordination With Other Income Benefits	Social Security Freeze/Full Family	Social Security Freeze/Full Family	Social Security Freeze/Full Family	Social Security Freeze/Full Family
Rehabilitation	Applies	Applies	Applies	Applies
Leave of Absence Coverage	FMLA; Leave of Absence: One year	FMLA; Leave of Absence: One year	FMLA; Leave of Absence: One year	FMLA; Leave of Absence: One year

<b>Mental Disorder Limitation</b>	Classes 01-02, 08, 11-12: 24 months lifetime unless Hospital confined, with recovery Classes 03-07, 09-10: Same as any Physical Disease	Classes 01-02, 08, 11-12: 24 months lifetime unless Hospital confined, with recovery Classes 03-07, 09-10: Same as any Physical Disease	Classes 01-02, 08, 11-12: 24 months lifetime unless Hospital confined, with recovery Classes 03-07, 09-10: Same as any Physical Disease	Classes 01-02, 08, 11-12: 24 months lifetime unless Hospital confined, with recovery Classes 03-07, 09-10: Same as any Physical Disease
<b>Substance Abuse Limitation</b>	Classes 01-02, 08, 11-12: Same as Mental Disorder Limitation Classes 03-07, 09-10: Same as any Physical Disease	Classes 01-02, 08, 11-12: Same as Mental Disorder Limitation Classes 03-07, 09-10: Same as any Physical Disease	Classes 01-02, 08, 11-12: Same as Mental Disorder Limitation Classes 03-07, 09-10: Same as any Physical Disease	Classes 01-02, 08, 11-12: Same as Mental Disorder Limitation Classes 03-07, 09-10: Same as any Physical Disease
<b>Special Conditions Limitation</b>	None	None	None	None
<b>Cost of Living Adjustment</b>	Classes 01-02, 05-06, 08-12: None Classes 03-04, 07: CPI (capped at 3%)/Unlimited	Classes 01-02, 05-06, 08-12: None Classes 03-04, 07: CPI (capped at 3%)/Unlimited	Classes 01-02, 05-06, 08-12: None Classes 03-04, 07: CPI (capped at 3%)/Unlimited	Classes 01-02, 05-06, 08-12: None Classes 03-04, 07: CPI (capped at 3%)/Unlimited
<b>Conversion of Insurance</b>	No	No	No	No
<b>Employee Assistance Plan (EAP)</b>	Available	Available	Available	Available
<b>Evidence of Insurability</b>	Required for Late Enrolles, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrolles, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrolles, Increases and amounts exceeding the Guarantee Issue	Required for Late Enrolles, Increases and amounts exceeding the Guarantee Issue
<b>Medical Premium Expense Benefit</b>	60 day qualifying period; \$1,500 maximum; 24 month duration	Removed	60 day qualifying period; \$1,500 maximum; 24 month duration	60 day qualifying period; \$1,500 maximum; 24 month duration
<b>Enhancements/Changes</b>		Must sell as a package with MNL Life	Must sell as a package with MNL Life	

# PA 106 Quote Comparison - Life Insurance Plan

Date: 4/8/2022

Prepared for: Kalamazoo Public Schools

1,278 Lives  
\$18,620,000 Life/AD&D Annual Volume

Benefits	MESSA	Madison National Life Insurance Company, Inc.	Transamerica
Quote Desc.	Current Benefits - All classes	Proposed Benefits	Proposed Benefits
Estimated Annual Premium for Employer-Paid Coverages Basic Life and AD&D	\$37,984.80	\$33,516.00	\$24,578.40
Rate	0.14 per \$1,000 - Life 0.03 per \$1,000 - AD&D	0.13 per \$1,000 - Life 0.02 per \$1,000 - AD&D	0.090 per \$1,000 - Life 0.02 per \$1,000 - AD&D
Rate Guarantee	Through 12/31/2022	36 months	36 months
Basic Life Insurance Amount	Classes 01, 11, 13, 15: \$10,000 Classes 02-03, 05, 12, 16: \$15,000 Class 04: \$50,000 Classes 06, 18: \$55,000 Class 07: \$40,000 Class 08: \$30,000 Classes 09-10, 14: \$25,000 Class 17: \$5,000	Classes 01, 11, 13, 15: \$10,000 Classes 02-03, 05, 12, 16: \$15,000 Class 04: \$50,000 Classes 06, 18: \$55,000 Class 07: \$40,000 Class 08: \$30,000 Classes 09-10, 14: \$25,000 Class 17: \$5,000	Classes 01, 11, 13, 15: \$10,000 Classes 02-03, 05, 12, 16: \$15,000 Class 04: \$50,000 Classes 06, 18: \$55,000 Class 07: \$40,000 Class 08: \$30,000 Classes 09-10, 14: \$25,000 Class 17: \$5,000
Basic AD&D Insurance Amount	Equal to Basic Life amount	Equal to Basic Life amount	Equal to Basic Life amount
Supplemental Life Insurance Amount	N/A	N/A	Employee: Up to \$200,000 in increments of \$10,000
Supplemental Life Max Issue	N/A	N/A	Employee: Up to \$200,000 in increments of \$10,000 Spouse: Up to \$100,000 in increments of \$5,000 Guarantee Issue Limit: \$50,000
Dependent Life Insurance Amount	N/A	N/A	Spouse: Up to \$100,000 in increments of \$5,000 Guarantee Issue Limit: \$50,000 Children: \$10,000
Reductions and Terminations	Basic Life and AD&D Insurance do not reduce and terminate at retirement	Basic Life and AD&D Insurance do not reduce and terminate at retirement	Basic Life and AD&D Insurance do not reduce and terminate at retirement Supplemental: ages 65 to 69 Coverage amount is reduced to 65% of the coverage amount prior to age 65, age 70+ Coverage amount is reduced to 50% of the coverage amount prior to age 65
Minimum Hour Requirement	20 hours per week	20 hours per week	20 hours per week
Waiver of Premium	Disabled prior to age Classes 01-18: 60  Elimination Period Classes 01-18: 6 months  Termination age Lifetime Waiver	Disabled prior to age Classes 01-18: 60  Elimination Period Classes 01-18: 6 months  Termination age Lifetime Waiver	Disabled prior to age Classes 01-18: 60  Elimination Period Classes 01-18: 6 months  Termination age Lifetime Waiver
Accelerated Death Benefit	50% up to \$50,000	50% up to \$50,000	50% up to \$250,000

Guarantee Issue	Class(es): 01, 11, 13, 15 \$10,000 Basic Class(es): 02, 03, 05, 12, 16 \$15,000 Basic Class(es): 04 \$50,000 Basic Class(es): 06, 18 \$55,000 Basic Class(es): 07 \$40,000 Basic Class(es): 08 \$30,000 Basic Class(es): 09, 10, 14 \$25,000 Basic Class(es): 17 \$5,000 Basic	Class(es): 01, 11, 13, 15 \$10,000 Basic Class(es): 02, 03, 05, 12, 16 \$15,000 Basic Class(es): 04 \$50,000 Basic Class(es): 06, 18 \$55,000 Basic Class(es): 07 \$40,000 Basic Class(es): 08 \$30,000 Basic Class(es): 09, 10, 14 \$25,000 Basic Class(es): 17 \$5,000 Basic	Class(es): 01, 11, 13, 15 \$10,000 Basic Class(es): 02, 03, 05, 12, 16 \$15,000 Basic Class(es): 04 \$50,000 Basic Class(es): 06, 18 \$55,000 Basic Class(es): 07 \$40,000 Basic Class(es): 08 \$30,000 Basic Class(es): 09, 10, 14 \$25,000 Basic Class(es): 17 \$5,000 Basic Supplemental : Employee \$200,000 Spouse: \$50,000 Children: \$10,000
Participation Requirement	100% Basic Life	100% Basic Life	100% Basic Life 20% Supplemental Life
Leave of Absence	FMLA	FMLA	FMLA; <b>Approved Leave of Absence 6 months</b>
Conversion	Included	Included	Included
Employee Assistance Plan	Available	Available	Available
Portability	N/A	N/A	Included
Enhancements/Changes		Packaged with MNL LTD proposal	Self-administered