

Medical - Mason Consolidated Schools (Monroe)

Renewal Period: 01/01/2024 - 12/31/2024

					BCBSM											
					Option 1		Option 1		Option 1		Current Renewal					
					Plan 1		Plan 2		Plan 3		Plan 4					
Plan Name					Simply Blue PPO HSA 3500 70%		Simply Blue PPO HSA 2000 80%		Simply Blue PPO 1500 100%		Simply Blue PPO HSA MVP 6350 100%					
Provider Network					PPO BCBSM		PPO BCBSM		PPO BCBSM		PPO BCBSM					
					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		Calendar Year		Calendar Year		Calendar Year					
Deductible					Single	\$3,500	\$7,000	\$2,000	\$4,000	\$1,500	\$3,000	\$6,350	\$12,700	\$12,700	\$25,400	
					Family	\$7,000	\$14,000	\$4,000	\$8,000	\$3,000	\$6,000	\$12,700	\$25,400	\$12,700	\$25,400	
Coinsurance						70%	50%	80%	60%	100%	80%	100%	80%	100%	80%	
Coinsurance Maximum					Single	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
					Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Out-of-Pocket Max					Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible					
					Single	\$6,900	\$13,800	\$4,000	\$8,000	\$8,150	\$16,300	\$6,350	\$15,000	\$6,350	\$15,000	
					Family	\$13,800	\$27,600	\$8,000	\$16,000	\$16,300	\$32,600	\$12,700	\$30,000	\$12,700	\$30,000	
Office Visits (PCP / SCP)					70% after ded.	50% after ded.	80% after ded.	60% after ded.	\$30 / \$30	80% after ded.	100% after ded.	Not Covered	100% after ded.	Not Covered		
Preventive Care					No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered		
Chiropractic					70% after ded.	50% after ded.	80% after ded.	60% after ded.	\$30 Copay;	80% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.		
					12 visits max.		12 visits max.		12 visits max.		100% after ded.; 80% after ded.					
Lab, X-Rays & Nuclear Medicine					70% after ded.	50% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	12 visits max.					
Durable Medical Equipment					70% after ded.	50% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.		
Hospital Services					70% after ded.	50% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.		
Urgent Care					70% after ded.	50% after ded.	80% after ded.	60% after ded.	\$30	80% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.		
Emergency Room					70% after ded.		80% after ded.		\$150		100% after ded.					
Prescription Drugs					30-day Supply		30-day Supply		30-day Supply		30-day Supply					
Retail					Subject to ded. then: \$15/\$30/\$60		Subject to ded. then: \$15/\$30/\$60		\$15/\$30/\$60		Subject to ded./coins.					
Mail Order					2x		2x		2x		Mail Order					
Rate					1	2	3	4	Current	Option 1	Current	Option 1	Current	Option 1	Current	Renewal
Single					1	3	9	0	\$421.34	\$441.43	\$524.57	\$519.95	\$606.02	\$654.50	\$374.91	\$424.99
Two Person					0	5	3	0	\$1,011.24	\$1,059.42	\$1,258.98	\$1,247.88	\$1,454.47	\$1,570.79	\$899.76	\$1,019.97
Family					6	11	11	7	\$1,264.03	\$1,324.28	\$1,573.73	\$1,559.85	\$1,818.08	\$1,963.50	\$1,124.72	\$1,274.96
					7	19	23	7								
Monthly Premium by Plan					\$8,005.52	\$8,387.11	\$25,179.64	\$24,957.60	\$29,816.47	\$32,201.37	\$7,873.04	\$8,924.72				
Annual Premium by Plan					\$96,066.24	\$100,645.32	\$302,155.68	\$299,491.20	\$357,797.64	\$386,416.44	\$94,476.48	\$107,096.64				
Cost Difference (\$)					--	\$4,579.08	--	(\$2,664.48)	--	\$28,618.80	--	\$12,620.16				
Cost Difference (%)					--	4.77%	--	-0.88%	--	8.00%	--	13.36%				
					<u>Current</u>				<u>Options</u>							
Combined Plan Totals					\$850,496.04				\$893,649.60							
Combined Cost Difference (\$)									\$43,153.56							
Combined Cost Difference (%)									5.07%							

Medical - Mason Consolidated Schools (Monroe)

Renewal Period: 01/01/2024 - 12/31/2024

					BCBSM											
					Option 2		Option 2		Option 2		Current Renewal					
					Plan 1		Plan 2		Plan 3		Plan 4					
Plan Name					Simply Blue PPO HSA MVP 4000 50%		Simply Blue PPO HSA 2500 80%		Simply Blue PPO 2000 80%		Simply Blue PPO HSA MVP 6350 100%					
Provider Network					PPO BCBSM		PPO BCBSM		PPO BCBSM		PPO BCBSM					
					In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
Policy or Calendar Year Deductible					Calendar Year		Calendar Year		Calendar Year		Calendar Year					
Deductible					Single	\$4,000	\$8,000	\$2,500	\$5,000	\$2,000	\$4,000	\$6,350	\$12,700	\$6,350	\$12,700	
					Family	\$8,000	\$16,000	\$5,000	\$10,000	\$4,000	\$8,000	\$12,700	\$25,400	\$12,700	\$25,400	
Coinsurance						50%	50%	80%	60%	80%	60%	100%	80%	100%	80%	
Coinsurance Maximum					Single	N/A	N/A	N/A	N/A	\$2,500	\$5,000	N/A	N/A	N/A	N/A	
					Family	N/A	N/A	N/A	N/A	\$5,000	\$10,000	N/A	N/A	N/A	N/A	
Out-of-Pocket Max					Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible					
					Single	\$6,350	\$12,700	\$4,000	\$8,000	\$8,150	\$16,300	\$6,350	\$15,000	\$6,350	\$15,000	
					Family	\$12,700	\$25,400	\$8,000	\$16,000	\$16,300	\$32,600	\$12,700	\$30,000	\$12,700	\$30,000	
Office Visits (PCP / SCP)					50% after ded.	50% after ded.	80% after ded.	60% after ded.	\$30 / \$30	60% after ded.	100% after ded.	Not Covered	100% after ded.	Not Covered		
Preventive Care					No Charge	Not Covered	No Charge	Not Covered	80% after ded.	Not Covered	No Charge	Not Covered	No Charge	Not Covered		
Chiropractic					50% after ded.	50% after ded.	80% after ded.	60% after ded.	\$30 Copay;	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.		
					12 visits max.		12 visits max.		12 visits max.		100% after ded.; 80% after ded.					
Lab, X-Rays & Nuclear Medicine					50% after ded.	50% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.	12 visits max.					
Durable Medical Equipment					50% after ded.	50% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.		
Hospital Services					50% after ded.	50% after ded.	80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.		
Urgent Care					50% after ded.	50% after ded.	80% after ded.	60% after ded.	\$30	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.		
Emergency Room					50% after ded.		80% after ded.		\$150		100% after ded.					
Prescription Drugs					30-day Supply		30-day Supply		30-day Supply		30-day Supply					
Retail					Subject to ded./coins.		Subject to ded. then: \$15/\$30/\$60		\$15/\$30/\$60		Subject to ded./coins.					
Mail Order					Mail Order		2x		2x		Mail Order					
Rate					1	2	3	4	Current	Option 2	Current	Option 2	Current	Option 2	Current	Renewal
Single					1	3	9	0	\$421.34	\$432.99	\$524.57	\$506.10	\$606.02	\$586.69	\$374.91	\$424.99
Two Person					0	5	3	0	\$1,011.24	\$1,039.17	\$1,258.98	\$1,214.62	\$1,454.47	\$1,408.05	\$899.76	\$1,019.97
Family					6	11	11	7	\$1,264.03	\$1,298.96	\$1,573.73	\$1,518.29	\$1,818.08	\$1,760.07	\$1,124.72	\$1,274.96
					7	19	23	7								
Monthly Premium by Plan					\$8,005.52	\$8,226.75	\$25,179.64	\$24,292.59	\$29,816.47	\$28,865.13	\$7,873.04	\$8,924.72				
Annual Premium by Plan					\$96,066.24	\$98,721.00	\$302,155.68	\$291,511.08	\$357,797.64	\$346,381.56	\$94,476.48	\$107,096.64				
Cost Difference (\$)					--	\$2,654.76	--	(\$10,644.60)	--	(\$11,416.08)	--	\$12,620.16				
Cost Difference (%)					--	2.76%	--	-3.52%	--	-3.19%	--	13.36%				
					Current				Options							
Combined Plan Totals					\$850,496.04				\$843,710.28							
Combined Cost Difference (\$)									(\$6,785.76)							

Medical - Mason Consolidated Schools (Monroe)

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					Paramount											
					Option 3		Option 3		Option 3		Option 3					
					Plan 1		Plan 2		Plan 3		Plan 4					
Plan Name					Paramount		Paramount		Paramount		Paramount					
Provider Network					POS HSA 3500		POS HSA 1600		POS 1000		POS HSA 6350					
					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		Calendar Year		Calendar Year		Calendar Year					
Deductible					Single	\$3,500	\$7,000	\$1,600	\$2,800	\$1,000	\$2,000	\$6,350	\$12,700			
					Family	\$7,000	\$14,000	\$3,200	\$5,600	\$2,000	\$4,000	\$12,700	\$25,400			
Coinsurance						80%	60%	80%	60%	100%	80%	100%	80%			
Coinsurance Maximum					Single	\$1,000	\$2,000	\$650	\$1,700	\$5,300	\$10,700	N/A	\$2,300			
					Family	\$2,000	\$4,000	\$1,300	\$3,400	\$10,700	\$21,400	N/A	\$4,600			
Out-of-Pocket Max					Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible					
					Single	\$4,500	\$9,000	\$2,250	\$4,500	\$6,350	\$12,700	\$6,350	\$15,000			
					Family	\$9,000	\$18,000	\$4,500	\$9,000	\$12,700	\$25,400	\$12,700	\$30,000			
Office Visits (PCP / SCP)					80% after ded.	60% after ded.	80% after ded.	60% after ded.	\$30 / \$30	80% after ded.	100% after ded.	Not Covered				
Preventive Care					No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered				
Chiropractic					80% after ded.;	60% after ded.	80% after ded.	60% after ded.	\$30 Copay;	80% after ded.	100% after ded.;	80% after ded.				
					12 visits max.		12 visits max.		12 visits max.		12 visits max.					
Lab, X-Rays & Nuclear Medicine					80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.				
Durable Medical Equipment					80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.				
Hospital Services					80% after ded.	60% after ded.	80% after ded.	60% after ded.	100% after ded.	80% after ded.	100% after ded.	80% after ded.				
Urgent Care					80% after ded.	60% after ded.	80% after ded.	60% after ded.	\$30 Copay	80% after ded.	100% after ded.	80% after ded.				
Emergency Room					80% after ded.		80% after ded.		\$150 Copay		100% after ded.					
Prescription Drugs					30-day Supply		30-day Supply		30-day Supply		30-day Supply					
Retail					Subject to ded. then: \$15/\$30/\$60		Subject to ded. then: \$15/\$30/\$60		\$15/\$30/\$60		Subject to ded./coins.					
Mail Order					2x		2x		2x		Mail Order					
Rate					1	2	3	4	Current	Option 3	Current	Option 3	Current	Option 3	Current	Option 3
Single					1	3	9	0	\$421.34	\$424.17	\$524.57	\$506.72	\$606.02	\$546.94	\$374.91	\$377.16
Two Person					0	5	3	0	\$1,011.24	\$1,018.02	\$1,258.98	\$1,216.13	\$1,454.47	\$1,312.67	\$899.76	\$905.19
Family					6	11	11	7	\$1,264.03	\$1,272.52	\$1,573.73	\$1,520.16	\$1,818.08	\$1,640.83	\$1,124.72	\$1,131.49
					7	19	23	7								
Monthly Premium by Plan									\$8,005.52	\$8,059.29	\$25,179.64	\$24,322.57	\$29,816.47	\$26,909.60	\$7,873.04	\$7,920.43
Annual Premium by Plan									\$96,066.24	\$96,711.48	\$302,155.68	\$291,870.84	\$357,797.64	\$322,915.20	\$94,476.48	\$95,045.16
Cost Difference (\$)									--	\$645.24	--	(\$10,284.84)	--	(\$34,882.44)	--	\$568.68
Cost Difference (%)									--	0.67%	--	-3.40%	--	-9.75%	--	0.60%
										<u>Current</u>				<u>Options</u>		
Combined Plan Totals										\$850,496.04				\$806,542.68		
Combined Cost Difference (\$)														(\$43,953.36)		
Combined Cost Difference (%)														-5.17%		

AM Best Rating: A (Excellent)

This



Dental - Mason Consolidated Schools (Monroe)

Renewal Period: 01/01/2024 - 12/31/2024

CARRIER	Current Renewal			
	Principal Financial Group			
Benefit Plan				
<u>Class of Service</u>	Drivers, Maintenance, Admin, Principal, Superintendent, Central Ofc Staff	Food Svcs or Secretaries working 35 hours or more	Teachers	Members working less than 35 hours
I. Preventive	100%	75%	75%	50%
II. Basic	90%	50%	75%	50%
III. Major	80%	50%	50%	50%
IV. Orthodontia	90%;	50%;	50%;	None
Deductible	\$1500 Lifetime Max.	\$1000 Lifetime Max.	\$1000 Lifetime Max.	None
Annual Maximum	None	None	None	None
Endodontics & Periodontics	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period				
Network				
Reasonable & Customary (Out of Network)				
Rate Guarantee				
AM Best Rating				
Rate				Revised
<u>Drivers, Maintenance, Admin, Principal, Superintendent, Central Ofc Staff</u>		<u>Current Rates</u>	<u>Renewal Rates</u>	<u>Renewal Rates</u>
Single	6	\$42.67	\$45.44	\$44.38
Two Person	5	\$78.48	\$83.58	\$81.62
Family	10	\$145.59	\$155.05	\$151.41
Annual Premium	21	\$25,251.84	\$26,892.48	\$26,261.91
<u>Food Svcs or Secretaries working 35 hours or more</u>				
Single	1	\$21.06	\$22.43	\$21.90
Two Person	1	\$40.09	\$42.70	\$41.69
Family	2	\$77.58	\$82.62	\$80.68
Annual Premium	4	\$2,595.72	\$2,764.44	\$2,699.55
<u>Teachers</u>				
Single	16	\$26.80	\$28.54	\$27.87
Two Person	7	\$49.16	\$52.35	\$51.13
Family	36	\$90.73	\$96.63	\$94.36
Annual Premium	59	\$48,470.40	\$51,621.24	\$50,409.22
<u>Members working 30 to 34 hours</u>				
Single	2	\$17.12	\$18.23	\$17.80
Two Person	0	\$30.71	\$32.70	\$31.94
Family	0	\$49.97	\$53.22	\$51.97
Annual Premium	2	\$410.88	\$437.52	\$427.32
Total Combined Monthly Premium		\$6,394.07	\$6,809.64	\$6,649.83
Annual Premium		\$76,728.84	\$81,715.68	\$79,797.99
Annual Difference			\$4,986.84	\$3,069.15
% Difference from Current			6.50%	4.00%

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Dental - Mason Consolidated Schools (Monroe)

Renewal Period: 01/01/2024 - 12/31/2024

CARRIER	Option 1			
Benefit Plan	Guardian			
Class of Service	Drivers, Maintenance, Admin, Principal, Superintendent, Central Ofc Staff	Food Svcs or Secretaries working 35 hours or more	Teachers	Members working less than 35 hours
I. Preventive	100%	75%	75%	50%
II. Basic	90%	50%	75%	50%
III. Major	80%	50%	50%	50%
IV. Orthodontia	60%;	50%;	50%;	None
Deductible	\$1500 Lifetime Max.	\$1000 Lifetime Max.	\$1200 Lifetime Max.	None
Annual Maximum	None	None	None	None
Endodontics & Periodontics	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Period	Covered as Basic			
Network	None			
Reasonable & Customary (Out of Network)	Dentalguard 7			
Rate Guarantee	90th Percentile			
AM Best Rating	2 Year			
AM Best Rating	A++ (Superior)			
Rate				Proposed Rates
Drivers, Maintenance, Admin, Principal, Superintendent, Central Ofc Staff				
Single	6			\$40.54
Two Person	5			\$74.56
Family	<u>10</u>			\$138.31
Annual Premium	21			\$1,999.14
Food Svcs or Secretaries working 35 hours or more				
Single	1			\$20.01
Two Person	1			\$37.18
Family	<u>2</u>			\$71.01
Annual Premium	4			\$199.21
Teachers				
Single	16			\$25.46
Two Person	7			\$46.70
Family	<u>36</u>			\$86.19
Annual Premium	59			\$3,837.10
Members working 30 to 34 hours				
Single	2			\$16.26
Two Person	0			\$29.17
Family	<u>0</u>			\$47.47
Annual Premium	2			\$32.52
Total Combined Monthly Premium				\$6,067.97
Annual Premium				\$72,815.64
Annual Difference				-\$3,913.20
% Difference from Current				-5.10%

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Dental - Mason Consolidated Schools (Monroe)

Renewal Period: 01/01/2024 - 12/31/2024

CARRIER		Option 2	
Benefit Plan		Unum	
Class of Service		Dual Choice Dental Plans	
		<u>Dual Choice Elite Plan</u>	<u>Dual Choice Elite</u>
		1	Plan 2
I. Preventive		100%	80%
II. Basic		90%	80%
III. Major		60%	50%
IV. Orthodontia		50%	50%;
Deductible		\$1500 Lifetime Max.	\$1000 Lifetime Max.
Annual Maximum		None	None
Endodontics & Periodontics		\$1,000	\$1,000
Waiting Period		Covered as Basic	
Network		None	
Reasonable & Customary (Out of Network)		90th percentile	
Rate Guarantee		1 Year	
AM Best Rating		A (Excellent)	
Rate		Proposed Rates	
<u>Drivers, Maintenance, Admin, Principal, Superintendent, Central Ofc Staff</u>			
	Single	6	\$45.52
	Two Person	5	\$90.56
	Family	<u>10</u>	\$170.73
Annual Premium		21	\$2,433.22
<u>Food Svcs or Secretaries working 35 hours or more</u>			
	Single	1	\$38.56
	Two Person	1	\$76.37
	Family	<u>2</u>	\$142.76
Annual Premium		4	\$400.45
<u>Teachers</u>			
	Single	16	\$38.56
	Two Person	7	\$76.37
	Family	<u>36</u>	\$142.76
Annual Premium		59	\$6,290.91
<u>Members working 30 to34 hours</u>			
	Single	2	\$38.56
	Two Person	0	\$76.37
	Family	<u>0</u>	\$142.76
Annual Premium		2	\$77.12
Total Combined Monthly Premium		\$9,201.70	
Annual Premium		\$110,420.40	
Annual Difference		\$33,691.56	
% Difference from Current		43.91%	

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ADMINISTRATIVE FEES AND SERVICES RENEWAL | Mason Consolidated Schools (Monroe)

Renewal Period: 01/01/2024 - 12/31/2024

	Projected Enrollment	Current	Renewal
<u>Employee Navigator</u>			
Monthly Administration Fee		\$0.00	\$0.00
Active Data Feed Charges (per carrier)	2 BCBSM, Principal	\$300.00	\$300.00
Rate Guarantee			1 Year
	Annual Cost	\$600.00	\$600.00
	<i>% Difference</i>		0.00%

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Vision - Mason Consolidated Schools (Monroe)

Renewal Period: 01/01/2024 - 12/31/2024

			Current Renewal		Option 1	Option 2
CARRIER			Principal Financial Group		Guardian	Unum
Benefit Plan	In-network		\$10 Copay		\$10 Copay	\$10 Copay
	Out-of-network		Reimbursed up to \$45		Reimbursed up to \$39	Reimbursed up to \$40
Annual Exam			\$10 Copay		\$10 Copay	\$10 Copay
Material Copay ¹	In-network		\$130 Allowance		\$150 Allowance	\$150 Allowance
	Out-of-network		Reimbursed up to \$70		Reimbursed up to \$46	Reimbursed up to \$105
Frames						
Lenses	In-network		Covered in full		Covered in full	Covered in full
	Out-of-network		Reimbursed up to:		Reimbursed up to:	Reimbursed up to:
			Single Vision-\$30		Single Vision- \$23	Single Vision-\$30
			Bifocal Lenses-\$50		Bifocal Lenses- \$37	Bifocal Lenses-\$50
Contact Lenses*			Trifocal Lenses-\$65		Trifocal Lenses- \$49	Trifocal Lenses- \$70
			Lenticular-\$100		Lenticular- \$64	Lenticular- \$70
	Medically Necessary					
Elective	In-Network		Covered in full		Covered in full	Covered in full
	Out-of-Network		Reimbursed up to \$210		Reimbursed up to \$210	Reimbursed up to \$210
Benefit Frequency	In-Network		\$130 Allowance		\$150 Allowance	\$150 Allowance
	Out-of-Network		Reimbursed up to \$105		Reimbursed up to \$100	Reimbursed up to \$105
Exams			12		12	12
Lenses			12		12	12
Frames			12		12	12
Deductible			None		None	None
Contribution			Non Contributory		Non Contributory	Non Contributory
Participation			100% of eligible		100% of eligible	100% of eligible
Network			VSP Choice		VSP Choice	EyeMed Insight Network
Rate Guarantee			2 Year		2 Year	4 Year
AM Best Rating			A+ (Superior)		A++ (Superior)	A (Excellent)
Rate			<u>Current</u>	<u>Renewal</u>	<u>Rates</u>	<u>Rates</u>
	Single	30	\$6.42	\$6.42	\$6.42	\$5.61
	Employee & Spouse	8	\$11.71	\$11.71	\$11.71	\$11.22
	Employee & Child(ren)	13	\$13.59	\$13.59	\$13.59	\$12.48
Family	43	\$20.30	\$20.30	\$20.30	\$19.53	
		94				
Monthly Premium			\$1,335.85	\$1,335.85	\$1,335.85	\$1,260.09
Annual Premium			\$16,030.20	\$16,030.20	\$16,030.20	\$15,121.08
Annual Difference				\$0.00	\$0.00	-\$909.12
% Difference from Current				0.00%	0.00%	-5.67%

¹ Copay applies to frame, lenses, or contact lenses if applicable.

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.

Vision - Mason Consolidated Schools (Mo)

Renewal Period: 01/01/2024 - 12/31/2024

CARRIER			Option 3	Option 4
Benefit Plan			EyeMed	VSP
Annual Exam	In-network Out-of-network		\$10 Copay Reimbursed up to \$40	\$10 Copay Reimbursed up to \$45
Material Copay ¹ Frames	In-network Out-of-network		\$0 Copay \$150 Allowance Reimbursed up to \$75	\$10 Copay \$150 Allowance Reimbursed up to \$70
Lenses	In-network Out-of-network		Covered in full Reimbursed up to: Single Vision-\$30 Bifocal Lenses-\$50 Trifocal Lenses- \$70 Lenticular- \$70	Covered in full Reimbursed up to: Single Vision-\$30 Bifocal Lenses-\$50 Trifocal Lenses-\$65 Lenticular-\$100
Contact Lenses* Medically Necessary	In-Network Out-of-Network		Covered in full Reimbursed up to \$300	Covered in full Reimbursed up to \$210
Elective	In-Network Out-of-Network		\$150 Allowance Reimbursed up to \$75	7 \$150 Allowance Reimbursed up to \$105
Benefit Frequency				
Exams			12	12
Lenses			12	12
Frames			12	12
Deductible			None	None
Contribution			Non Contributory	Non Contributory
Participation			100% of eligible	100% of eligible
Network			EyeMed Insight Network	VSP Choice
Rate Guarantee			4 Year	2 Year
AM Best Rating			A (Excellent)	A- (Excellent)
Rate	Single Employee & Spouse Employee & Child(ren) Family	30 8 13 43 94	<u>Rates</u> \$7.48 \$13.64 \$15.83 \$23.65	<u>Rates</u> \$11.28 \$18.99 \$19.39 \$31.26
Monthly Premium			\$1,556.26	\$2,086.57
Annual Premium			\$18,675.12	\$25,038.84
Annual Difference			\$2,644.92	\$9,008.64
% Difference from Current			16.50%	56.20%

¹ Copay applies to frame, lenses, or contact lenses if applicable.

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