



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
Atlanta Community Schools
All Employees
Assumed Effective Date: 5/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost
All employees enrolled in MESSA Choices \$1000	Census	6	7	5	\$303,789
MESSA Choices \$1000-0%; 5 Tier Mandatory Mail Rx	Rate	\$708.13	\$1,593.30	\$1,982.77	
All employees enrolled in MESSA ABC Plan 1	Census	0	0	1	\$22,168
MESSA ABC Plan 1 \$1650-0%; 5 Tier Mandatory Mail Rx	Rate	\$659.77	\$1,484.49	\$1,847.36	
TOTALS:		6	7	6	\$325,957

Product Name	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BCBSM					
BCBSM SB PPO \$1000-20%; \$20/\$60/\$100/20%/25% Rx	\$906.70	\$1,896.18	\$2,472.81	\$402,604	-\$76,647
BCBSM SB PPO HSA \$1650-0%; integrated with Med Ded. Rx	\$944.08	\$1,974.37	\$2,574.78	\$419,205	-\$93,248
BCN					
BCN BEP POS Gold \$1000-20%; \$10/\$30/\$60/\$80/20%/20% Rx	\$827.61	\$1,730.80	\$2,257.14	\$367,489	-\$41,532
BCN BEP POS HSA \$1650-0%; integrated with Med. Ded. Rx	\$840.85	\$1,758.47	\$2,293.22	\$373,365	-\$47,407
Priority Health					
Priority Health POS \$1000-20%; \$5/\$35/\$75/\$90/20%/20% Rx	\$825.04	\$1,725.41	\$2,250.10	\$366,345	-\$40,387
Priority Health POS HSA \$1650-20%; \$5/\$35/\$65/\$85/20%/20% after ded. Rx	\$758.66	\$1,586.60	\$2,069.08	\$336,872	-\$10,915

*Proposed rates include taxes and fees.

*Proposed rates are for illustrative purposes only.



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

Dental Rate Summary
Atlanta Community Schools
All Employees

Assumed Effective Date: 5/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
Administration						
	Census	3	0	2	\$4,322	2/1/25 - 1/31/26
Admin Delta Dental 100%/80%/80%/80%; \$1,000/\$3,000	Rate	\$31.99	\$60.62	\$132.11		
Teachers						
	Census	4	7	7	\$18,836	2/1/25 - 1/31/26
Teachers Delta Dental 100%/80%/80%/80%; \$1,000/\$3,000	Rate	\$33.92	\$67.68	\$137.17		
	TOTALS:	7	7	9	\$23,158	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
Beam						
100%/80%/50%/0%; \$1,000	5/1/25 - 4/30/26	\$36.99	\$73.78	\$131.16	\$23,470	-\$312
Equitable						
100%/80%/60%/50%; \$1,000/\$1,500	5/1/25 - 4/30/26	\$30.53	\$60.91	\$123.45	\$21,014	\$2,144
MetLife	Solicited and declined to quote					



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
 Atlanta Community Schools
 All Employees

Assumed Effective Date: 5/1/25

Current Plans and Segments		1P	2P	FF	Total Annual Cost	Rate Period
All Employees	Census	7	7	9	\$5,717	2/1/25 - 1/31/26
VSP 3 Plus P 250 CL	Rate	\$9.32	\$20.03	\$30.11		
TOTALS:		7	7	9	\$5,717	

Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Total Cost	Estimated Annual Savings
BEAM						
BEAM \$10 copay; 12/12/12; \$150 frame/ \$210 contact	5/1/25 - 4/30/26	\$7.67	\$15.07	\$24.94	\$4,604	\$1,114
VSP						
VSP direct \$0 copay; 12/12/12; \$130 frame/\$250 contact	5/1/25 - 4/30/26	\$16.40	\$25.03	\$44.89	\$8,328	-\$2,611
EyeMed	Solicited and declined to quote					
MetLife	Solicited and declined to quote					