

Hudsonville Public Schools - Teacher High Deductible Plan

Medical Rate & Benefit Comparison

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III	
CARRIER	MESSA		MESSA		WMHIP		BCBS		Priority Health	
Effective Date	July 1-2014		July 1-2015		July 1-2015		July 1-2015		July 1-2015	
PLAN(S)	MESSA ABC		MESSA ABC		H.S.A.		H.S.A.		POS H.S.A.	
NETWORK(S)	BCBS		BCBS		BCBS		BCBS		Priority Health	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$3,000
Family Deductible	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$6,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Other Plan Details										
Hospital Services	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Inpatient Care	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Emergency Care <i>(waived if admitted)</i>										
Office Visits										
Prescription Drugs										
Generic	\$10		\$10		\$10		\$10		\$10	
Formulary Brand	\$40		\$40		\$40		\$60		\$40	
Non-Formulary Brand	\$40		\$40		\$40		\$60		\$40	
Mail Order Prescriptions <i>(90 Days)</i>										
Rates										
Single	\$403.64		\$447.40		\$432.98		352.29		\$475.22	
2 Person	\$906.29		\$1,004.72		\$984.35		\$843.95		\$1,067.20	
Family	\$1,127.46		\$1,249.95		\$1,224.98		\$1,060.69		\$1,327.67	
Enrollment										
Single	24		24		24		24		24	
2 Person	36		36		36		36		36	
Family	225		225		225		225		225	
Monthly Premium										
Monthly Premium	\$295,992.30		\$328,146.27		\$321,448.62		\$277,492.41		\$348,550.23	
Annual Premium	\$3,551,907.60		\$3,937,755.24		\$3,857,383.44		\$3,329,908.92		\$4,182,602.76	
\$ Variance to Current	n/a		\$385,847.64		\$305,475.84		(\$221,998.68)		\$630,695.16	
% Variance to Current	n/a		10.86%		8.6%		-6.3%		17.8%	

All Options assume all Support Staff, Admin and Teachers move to the proposed carrier

Aetna Declined to Quote

Consumers Mutual Declined to Quote

Added 1.5% to MESSA current rates for taxes not included in rates

Added 1.93% to MESSA renewal rates for taxes not included in rates

Added 3% to Priority proposed rates for taxes not included in rates

Hudsonville Public Schools All Other Employee Groups - High Deductible Plan

Medical Rate & Benefit Comparison

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PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III	
CARRIER	MESSA		MESSA		WMHIP		BCBS		Priority Health	
Effective Date	July 1-2014		July 1-2015		July 1-2015		July 1-2015		July 1-2015	
PLAN(S)	MESSA ABC		MESSA ABC		H.S.A.		H.S.A.		POS H.S.A.	
NETWORK(S)	BCBS		BCBS		BCBS		BCBS		Priority Health	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$3,000
Family Deductible	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$6,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Other Plan Details										
Hospital Services	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Inpatient Care	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Emergency Care <i>(waived if admitted)</i>										
Office Visits										
Prescription Drugs										
Generic	\$10		\$10		\$10		\$10		\$10	
Formulary Brand	\$40		\$40		\$40		\$60		\$40	
Non-Formulary Brand	\$40		\$40		\$40		\$60		\$40	
Mail Order Prescriptions <i>(90 Days)</i>										
Rates										
Single	\$411.85		\$456.50		\$432.98		\$352.29		\$475.22	
2 Person	\$924.76		\$1,025.20		\$984.35		\$843.95		\$1,067.20	
Family	\$1,150.44		\$1,275.44		\$1,224.98		\$1,060.69		\$1,327.67	
Enrollment										
Single	9		9		9		9		9	
2 Person	9		9		9		9		9	
Family	39		39		39		39		39	
Monthly Premium										
Monthly Premium	\$56,896.65		\$63,077.46		\$60,530.19		\$52,133.07		\$65,660.91	
Annual Premium	\$682,759.80		\$756,929.52		\$726,362.28		\$625,596.84		\$787,930.92	
\$ Variance to Current	n/a		\$74,169.72		\$43,602.48		(\$57,162.96)		\$105,171.12	
% Variance to Current	n/a		10.86%		6.4%		-8.4%		15.4%	

4 employee still on Choices plan that is not included in this illustration

All Options assume all Support Staff, Admin and Teachers move to the proposed carrier

Aetna Declined to Quote

Consumers Mutual Declined to Quote

Added 1.5% to MESSA current rates for taxes not included in rates

Added 1.93% to MESSA renewal rates for taxes not included in rates

Added 3% to Priority proposed rates for taxes not included in rates



Gallagher Benefit Services, Inc.
thinking ahead

Analysis of PA 152 for Hudsonville Public Schools

Current Teacher H.S.A. Plan and Carrier Options

	Enrollment	Current Rates for \$1300/\$2600 HSA \$10/\$40 Rx	Renewal Rates for \$1300/\$2600 HSA \$10/\$40 Rx	WMHIP PPO \$1300/\$2600 HSA \$10/\$40 Rx	BCBS \$1300/\$2600 HSA \$10/\$60/\$60 Rx
Monthly Premium					
Single	24	\$403.64	\$447.40	\$432.98	\$352.29
2 Person	36	\$906.29	\$1,004.72	\$984.35	\$843.95
Family	225	\$1,127.46	\$1,249.95	\$1,224.98	\$1,060.69
Monthly Cost	285	\$295,992.30	\$328,146.27	\$321,448.62	\$277,492.41
Total Annualized Cost		\$3,551,907.60	\$3,937,755.24	\$3,857,383.44	\$3,329,908.92
Difference from Renewal				-2.04%	-15.44%

2014 PA 152 Cap Amounts					
Annual Payment					
Single	\$5,857.58	\$0.00			
2 Person	\$12,250.00	\$0.00			
Family	\$15,975.23	\$0.00			
Total Employee Payment		\$0.00			
Total Organizational Payment		\$3,551,907.60			
Total Annualized Cost		\$3,551,907.60			

2015 PA 152 Cap Amounts					
Annual Payment					
Single	\$5,992.30	\$0.00	\$0.00	\$0.00	\$0.00
2 Person	\$12,531.75	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$16,342.66	\$0.00	\$0.00	\$0.00	\$0.00
Total Employee Payment		\$0.00	\$0.00	\$0.00	\$0.00
Total Organizational Payment			\$3,937,755.24	\$3,857,383.44	\$3,329,908.92
Total Annualized Cost			\$3,937,755.24	\$3,857,383.44	\$3,329,908.92

2014 Allowable PA 152 Cost = \$4,176,009

2015 Allowable PA 152 Cost = \$4,272,057

Annualized Deductible Cost = \$709,800



Gallagher Benefit Services, Inc.
thinking ahead

Analysis of PA 152 for Hudsonville Public Schools

Current All Other Employees MESSA ABC Plan and Carrier Options

	Enrollment	Current Rates for \$1300/\$2600 HSA \$10/\$40 Rx	Renewal Rates for \$1300/\$2600 HSA \$10/\$40 Rx	WMHIP PPO \$1300/\$2600 HSA \$10/\$40 Rx	BCBS \$1300/\$2600 HSA \$10/\$60/\$60 Rx
Monthly Premium					
Single	9	\$411.85	\$456.50	\$432.98	\$352.29
2 Person	9	\$924.76	\$1,025.20	\$984.35	\$843.95
Family	39	\$1,150.44	\$1,275.44	\$1,224.98	\$1,060.69
Monthly Cost	57	\$56,896.65	\$63,077.46	\$60,530.19	\$52,133.07
Total Annualized Cost		\$682,759.80	\$756,929.52	\$726,362.28	\$625,596.84
Difference from Renewal				-4.04%	-17.35%

2014 PA 152 Cap Amounts					
Annual Payment					
Single	\$5,857.58	\$0.00			
2 Person	\$12,250.00	\$0.00			
Family	\$15,975.23	\$0.00			
Total Employee Payment		\$0.00			
Total Organizational Payment		\$682,759.80			
Total Annualized Cost		\$682,759.80			

2015 PA 152 Cap Amounts					
Annual Payment					
Single	\$5,992.30	\$0.00	\$0.00	\$0.00	\$0.00
2 Person	\$12,531.75	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$16,342.66	\$0.00	\$0.00	\$0.00	\$0.00
Total Employee Payment		\$0.00	\$0.00	\$0.00	\$0.00
Total Organizational Payment		\$756,929.52	\$726,362.28	\$625,596.84	
Total Annualized Cost		\$756,929.52	\$726,362.28	\$625,596.84	



Hudsonville School District - Teacher

Vision Rate & Benefit Comparison - Effective 7/1/15

PLAN STATUS: CARRIER:	RENEWAL - MESSA VSP2 Silver		ALTERNATIVE N.V.A.		ALTERNATIVE BCBS	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
PLAN BASICS						
Exam	\$6.50 Copay, Covered 100%	\$28.50/\$38.50	\$6.50 Copay, Covered 100%	\$28.50/\$38.50	\$5 Copay	Up to \$35
Single Vision Lenses	\$18 Copay, Covered 100%	\$29	\$18 Copay, Covered 100%	\$29	\$10 Copay	Up to approved amount
Bifocal Lenses	\$18 Copay, Covered 100%	\$51	\$18 Copay, Covered 100%	\$51	\$10 Copay	Up to approved amount
Trifocal Lenses	\$18 Copay, Covered 100%	\$63	\$18 Copay, Covered 100%	\$63	\$10 Copay	Up to approved amount
Lenticular Lenses	\$18 Copay, Covered 100%	\$75	\$18 Copay, Covered 100%	\$75	\$10 Copay	Up to approved amount
Frame	\$130	\$44	\$130	\$44	\$130	\$65
Contact Lenses Allowance						
Elective	\$110	\$90	\$110	\$90	\$130	\$105
Coverage Periods						
Exams	12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months	
Frames	12 Months		12 Months		12 Months	
RATES						
Employee	\$5.76		\$5.68		\$5.88	
Single + 1	\$12.38		\$12.22		\$14.10	
Family	\$18.64		\$18.39		\$17.63	
EMPLOYEE COUNTS						
Employee	23		23		23	
Single + 1	50		50		50	
Family	292		292		292	
Monthly Premium	\$6,194.36		\$6,111.52		\$5,988.20	
Annual Premium	\$74,332.32		\$73,338.24		\$71,858.40	
Premium Difference \$	n/a		(\$994.08)		(\$2,473.92)	
Premium Difference %	n/a		-1.34%		-3.33%	
Rate Guarantee	1 Year		4 Years		1 Year	

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, etc.



Hudsonville School District - Teacher

Vision Rate & Benefit Comparison - Effective 7/1/15

PLAN STATUS: CARRIER:	RENEWAL - MESSA VSP2 Silver		ALTERNATIVE EyeMED - Insight Network		ALTERNATIVE MetLife	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
PLAN BASICS						
Exam	\$6.50 Copay, Covered 100%	\$28.50/\$38.50	\$6 Copay, Covered 100%	\$39	\$5 Copay	\$45 Allowance
Single Vision Lenses	\$18 Copay, Covered 100%	\$29	\$18 Copay, Covered 100%	\$29	\$10 Copay	\$30
Bifocal Lenses	\$18 Copay, Covered 100%	\$51	\$18 Copay, Covered 100%	\$51	\$10 Copay	\$50
Trifocal Lenses	\$18 Copay, Covered 100%	\$63	\$18 Copay, Covered 100%	\$63	\$10 Copay	\$65
Lenticular Lenses	\$18 Copay, Covered 100%	\$75	\$18 Copay, Covered 100%	\$75	\$10 Copay	\$100
Frame	\$130	\$44	\$130	\$44	\$130	\$70
Contact Lenses Allowance						
Elective	\$110	\$90	\$110	\$90	\$130	\$105
Coverage Periods						
Exams	12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months	
Frames	12 Months		12 Months		12 Months	
RATES						
Employee	\$5.76		\$5.98		\$6.27	
Single + 1	\$12.38		\$12.87		\$12.54	
Family	\$18.64		\$19.37		\$20.29	
EMPLOYEE COUNTS						
Employee	23		23		23	
Single + 1	50		50		50	
Family	292		292		292	
Monthly Premium	\$6,194.36		\$6,437.08		\$6,695.89	
Annual Premium	\$74,332.32		\$77,244.96		\$80,350.68	
Premium Difference \$	n/a		\$2,912.64		\$6,018.36	
Premium Difference %	n/a		3.92%		8.10%	
Rate Guarantee	1 Year		4 Years		2 Years	
AM Best Rating						

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, etc.

Hudsonville School District - Teachers Dental Rate & Benefit Comparison

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PLAN STATUS:	CURRENT		RENEWAL		ALTERNATIVE		ALTERNATIVE		ALTERNATIVE	
CARRIER:	MESSA/Delta		MESSA/Delta		BCBS		MetLife		Madison National NIS	
Effective Date	7/1/2014		7/1/2015		7/1/2015		7/1/2015		7/1/2015	
PLAN TYPE:	PPO		PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum-Class I-III		\$1,800		\$1,800		\$1,800		\$1,800		\$1,800
Lifetime Maximum-Class IV		\$2,500		\$2,500		\$2,500		\$2,500		\$2,500
Rates										
Employee		\$36.18		\$34.52		\$44.19		\$36.63		\$48.13
Employee + 1 Dependent		\$68.67		\$68.94		\$106.06		\$69.53		\$92.71
Family		\$132.05		\$133.24		\$132.58		\$133.71		\$158.15
Enrollment										
Employee		23		23		23		23		23
Employee + 1 Dependent		50		50		50		50		50
Family		292		292		292		292		292
Monthly Premium		\$42,824.24		\$43,147.04		\$45,032.73		\$43,362.31		\$51,922.29
Annual Premium		\$513,890.88		\$517,764.48		\$540,392.76		\$520,347.72		\$623,067.48
Premium Difference \$		N/A		\$3,873.60		\$26,501.88		\$6,456.84		\$109,176.60
Premium Difference %		N/A		0.75%		5.16%		1.26%		21.25%
Rate Guarantee		1 Year		1 Year		1 Year		1 Year		1 Year
Notes										
Network		Delta		Delta		Dental Network of America		MetLife		A.D.N.

Ameritas Declined to Quote

Delta Dental Declined to Quote



Gallagher Benefit Services, Inc.
thinking ahead

Hudsonville School District

DENTAL PLAN RENEWAL ALTERNATIVES - (All MESSA Groups)

Rates and Premium (Monthly)

May 2015

Note: Headcounts taken from MESSA renewal

Enrollment	Single	2 Person	Family
Dental	23	50	292

Rate Guarantee	Single	2 Person	Family	Premium Monthly	Premium Annual	Variance From Current \$	Variance From Current %
Current - 7/1/14							
Current Carrier: MESSA/Delta			Varies by Group		\$ 513,891	N/A	N/A

Current Plan:

80:80:80:80 - \$1,800 Annual Max, \$2,500 Lifetime Max

Renewal - 7/1/15

Renewal Carrier: MESSA/Delta

Varies by Group

\$ 517,764 \$ 3,873 0.75%

Renewal Plan:

80:80:80:80 - \$1,800 Annual Max, \$2,500 Lifetime Max

Alternatives: 7/1/15

Estimated S/F Cost Variance from Current

A.D.N. - Self Funded

(includes 2 networks - Dentemax and A.D.N.)

\$ 473,186 \$ (40,705) -7.92%

Assumes 20% PPO Network Usage

Paid Delta claims March 2014 thru February 2015 were \$452,100

Admin Rate guaranteed for 3 years

IMPORTANT: This proposal [analysis, report, etc.] is an outline of the coverages proposed by the carrier(s), based on information provided by your company.

It does not include all of the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details.

Policy forms for your reference will be made available upon request.

Hudsonville School District Teachers

Basic Life/AD&D and Long Term Disability Marketing Results - Union Group

Benefit	Volume	MESSA/CIGNA (2015 Renewal)	NIS - MNL	MetLife	Unum	The Standard	Hartford	Reliance Standard
Basic Life	\$16,425,000	\$0.060	\$0.064	\$0.060	\$0.105	\$0.090	\$0.070	\$0.080
AD&D	\$16,425,000	\$0.030	\$0.020	\$0.016	\$0.020	\$0.015	\$0.020	\$0.010
Life/AD&D Premium		\$17,739	\$16,556	\$14,980	\$24,638	\$20,696	\$17,739	\$17,739
Long Term Disability	\$1,925,133	\$0.470	\$0.306	\$0.391	\$0.280	\$0.397	\$0.242	\$0.400
LTD Premium		\$108,578	\$70,691	\$90,327	\$64,684	\$91,713	\$55,906	\$92,406
Total Premium		\$126,317	\$87,247	\$105,307	\$89,322	\$112,409	\$73,645	\$110,145
\$ Difference from current			-\$39,069	-\$21,010	-\$36,995	-\$13,908	-\$52,672	-\$16,171
% Difference from current			-30.9%	-16.6%	-29.3%	-11.0%	-41.7%	-12.8%
Rate Guarantee (Life / LTD)			3 / 3 / 3	2 / 2 / 2	2 / 2 / 2	2 / 2 / 2	2 / 2 / 2	3 / 3 / 3

Cigna Declined to Quote

SunLife Declined to Quote

Reliance Standard Includes COBRA Benefit \$1500 29 Months

NIS - MNL Includes MPEB \$1500 24 Months

The Hartford includes MPEB \$1500 24 Months