

Ionia County ISD

Medical Rate & Benefit Comparison - All Employees

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

| PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S) | CURRENT | | RENEWAL | | ALTERNATIVE | | ALTERNATIVE | |
|---|--------------------------------------|---------------|--------------------------------------|---------------|-------------------------------------|---------------|--|---------------|
| | MESSA 7/1/2017 Choices BCBS | | MESSA 1/1/2019 Choices BCBS | | WMHIP 1/1/2019 CB PPO BCBS | | WMHIP 1/1/2019 Versatile 3 PPO BCBS | |
| Plan Basics | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net |
| Individual Deductible | \$500 | \$1,000 | \$500 | \$1,000 | \$500 | \$1,000 | \$250 | \$500 |
| Family Deductible | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$500 | \$1,000 |
| Coinsurance Level | 100% | 80% | 100% | 80% | 100% | 80% | 90% | 70% |
| Coinsurance Max Ind | NA | \$2,000 | NA | \$2,000 | NA | \$2,000 | \$1,000 | \$2,000 |
| Coinsurance Max Fam | NA | \$4,000 | NA | \$4,000 | NA | \$4,000 | \$2,000 | \$4,000 |
| Other Plan Details | | | | | | | | |
| Hospital Services | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 90% after Ded | 70% after Ded |
| Inpatient Care | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 90% after Ded | 70% after Ded |
| Emergency Care (waived if admitted) | | \$50 | | \$50 | | \$50 | | 90% after Ded |
| Office Visits | \$20 | 80% after Ded | \$20 | 80% after Ded | \$20 | 80% after Ded | \$20 | 70% after Ded |
| Prescription Drugs | | | | | | | | |
| Generic | | \$10 | | \$10 | | \$10 | | \$10 |
| Formulary Brand | | \$40 | | \$40 | | \$40 | | \$40 |
| Non-Formulary Brand | | \$40 | | \$40 | | \$40 | | \$40 |
| Mail Order Prescriptions (90 Days) | | 2x | | 2x | | 2x | | 2x |
| Rates | | | | | | | | |
| Single | | \$741.07 | | \$756.53 | | \$684.24 | | \$634.06 |
| 2 Person | | \$1,667.41 | | \$1,700.32 | | \$1,539.54 | | \$1,426.64 |
| Family | | \$2,074.99 | | \$2,115.58 | | \$1,915.87 | | \$1,775.37 |
| Monthly Employee Payment Under CAP* | | | | | | | | |
| <u>2017 PA 152 Caps</u> | <u>2019 PA 152 Caps</u> | | | | | | | |
| \$6,344.80 | \$6,685.17 | \$212.34 | \$199.43 | \$155.51 | \$76.96 | | | |
| \$13,268.93 | \$13,980.75 | \$561.67 | \$535.26 | \$433.80 | \$261.58 | | | |
| \$17,304.02 | \$18,232.31 | \$632.99 | \$596.22 | \$473.87 | \$256.01 | | | |
| Enrollment | | | | | | | | |
| Single | 8 | | 8 | | 8 | | 8 | |
| 2 Person | 5 | | 5 | | 5 | | 5 | |
| Family | 16 | | 16 | | 16 | | 16 | |
| Monthly Premium | | | | | | | | |
| Monthly Premium | \$47,465.45 | | \$48,403.12 | | \$43,825.54 | | \$40,611.60 | |
| Annual Premium | \$569,585.40 | | \$580,837.44 | | \$525,906.48 | | \$487,339.20 | |
| \$ Variance to Current | n/a | | \$11,252.04 | | (\$43,678.92) | | (\$82,246.20) | |
| % Variance to Current | n/a | | 1.98% | | -7.67% | | -14.44% | |
| Rate Guarantee | | | | | | | | |
| | 18 Months | | 12 Months | | 12 Months | | 12 Months | |

Notes:

Enrollments are taken from the census

Ionia County ISD

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| PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S) | CURRENT | | RENEWAL | | ALTERNATIVE | | ALTERNATIVE | | ALTERNATIVE | |
|---|---|---------------|---|---------------|--|---------------|---|---------------|--|---------------|
| | MESSA 7/1/2017 ABC Plan 1 BCBS | | MESSA 1/1/2019 ABC Plan 1 BCBS | | WMHIP 1/1/2019 Flex Blue 2 BCBS | | WMHIP 1/1/2019 PPO Plan 3 BCBS | | WMHIP 1/1/2019 Versatile 3 PPO BCBS | |
| Plan Basics | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net |
| Individual Deductible | \$1,350 | \$2,700 | \$1,350 | \$2,700 | \$1,350 | \$2,700 | \$1,000 | \$2,000 | \$250 | \$500 |
| Family Deductible | \$2,700 | \$5,400 | \$2,700 | \$5,400 | \$2,700 | \$5,400 | \$2,000 | \$4,000 | \$500 | \$1,000 |
| Coinsurance Level | 90% | 70% | 90% | 70% | 100% | 80% | 80% | 60% | 90% | 70% |
| Coinsurance Max Ind | \$2,000 | \$4,000 | \$2,000 | \$4,000 | NA | \$2,000 | \$2,500 | \$5,000 | \$1,000 | \$2,000 |
| Coinsurance Max Fam | \$4,000 | \$8,000 | \$4,000 | \$8,000 | NA | \$4,000 | \$5,000 | \$10,000 | \$2,000 | \$4,000 |
| Other Plan Details | | | | | | | | | | |
| Hospital Services | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 100% after Ded | 80% after Ded | 80% after Ded | 60% after Ded | 90% after Ded | 70% after Ded |
| Inpatient Care | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 100% after Ded | 80% after Ded | 80% after Ded | 60% after Ded | 90% after Ded | 70% after Ded |
| Emergency Care (waived if admitted) | 90% after Ded | | 90% after Ded | | 100% after Ded | | \$50 | | 90% after Ded | |
| Office Visits | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 100% after Ded | 80% after Ded | \$20 | 60% after Ded | \$20 | 70% after Ded |
| Prescription Drugs | | | | | | | | | | |
| Generic | \$10 after Ded | | \$10 after Ded | | \$10 after Ded | | \$10 | | \$10 | |
| Formulary Brand | \$40 after Ded | | \$40 after Ded | | \$40 after Ded | | \$40 | | \$40 | |
| Non-Formulary Brand | \$40 after Ded | | \$40 after Ded | | \$40 after Ded | | \$40 | | \$40 | |
| Mail Order Prescriptions (90 Days) | 2x | | 2x | | 2x after Ded | | 1x | | 2x | |
| Rates | | | | | | | | | | |
| Single | \$615.97 | | \$629.07 | | \$583.76 | | \$556.89 | | \$634.06 | |
| 2 Person | \$1,385.92 | | \$1,413.53 | | \$1,313.46 | | \$1,253.01 | | \$1,426.64 | |
| Family | \$1,724.70 | | \$1,758.70 | | \$1,634.53 | | \$1,559.30 | | \$1,775.37 | |
| Monthly Employee Payment Under CAP* | | | | | | | | | | |
| <u>2017 PA 152 Caps</u> | <u>2019 PA 152 Caps</u> | | | | | | | | | |
| \$6,344.80 | \$6,685.17 | | \$87.24 | | \$71.97 | | \$26.66 | | (\$0.21) | |
| \$13,268.93 | \$13,980.75 | | \$280.18 | | \$248.47 | | \$148.40 | | \$87.95 | |
| \$17,304.02 | \$18,232.31 | | \$282.70 | | \$239.34 | | \$115.17 | | \$39.94 | |
| Enrollment | | | | | | | | | | |
| Single | 5 | | 5 | | 5 | | 5 | | 5 | |
| 2 Person | 3 | | 3 | | 3 | | 3 | | 3 | |
| Family | 4 | | 4 | | 4 | | 4 | | 4 | |
| Summary | | | | | | | | | | |
| Monthly Premium | \$14,136.41 | | \$14,420.74 | | \$13,397.30 | | \$12,780.68 | | \$14,551.70 | |
| Annual Premium | \$169,636.92 | | \$173,048.88 | | \$160,767.60 | | \$153,368.16 | | \$174,620.40 | |
| \$ Variance to Current | n/a | | \$3,411.96 | | (\$8,869.32) | | (\$16,268.76) | | \$4,983.48 | |
| % Variance to Current | n/a | | 2.01% | | -5.23% | | -9.59% | | 2.94% | |
| Rate Guarantee | 18 Months | | 12 Months | | 12 Months | | 12 Months | | 12 Months | |

Notes:

Enrollments are taken from the census

Ionia County ISD

Medical Rate & Benefit Comparison - All Employees

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| PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S) | CURRENT | | RENEWAL | | ALTERNATIVE | | ALTERNATIVE | |
|---|---|---------------|---|---------------|--|---------------|--|---------------|
| | MESSA 7/1/2017 ABC Plan 1 BCBS | | MESSA 1/1/2019 ABC Plan 1 BCBS | | WMHIP 1/1/2019 Flex Blue 2 BCBS | | WMHIP 1/1/2019 Versatile 3 PPO BCBS | |
| Plan Basics | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net |
| Individual Deductible | \$1,350 | \$2,700 | \$1,350 | \$2,700 | \$1,350 | \$2,700 | \$250 | \$500 |
| Family Deductible | \$2,700 | \$5,400 | \$2,700 | \$5,400 | \$2,700 | \$5,400 | \$500 | \$1,000 |
| Coinsurance Level | 100% | 80% | 100% | 80% | 100% | 80% | 90% | 70% |
| Coinsurance Max Ind | NA | \$2,000 | NA | \$2,000 | NA | \$2,000 | \$1,000 | \$2,000 |
| Coinsurance Max Fam | NA | \$4,000 | NA | \$4,000 | NA | \$4,000 | \$2,000 | \$4,000 |
| Other Plan Details | | | | | | | | |
| Hospital Services | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 90% after Ded | 70% after Ded |
| Inpatient Care | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 90% after Ded | 70% after Ded |
| Emergency Care (waived if admitted) | 100% after Ded | | 100% after Ded | | 100% after Ded | | 90% after Ded | |
| Office Visits | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | 100% after Ded | 80% after Ded | \$20 | 70% after Ded |
| Prescription Drugs | | | | | | | | |
| Generic | \$10 after Ded | | \$10 after Ded | | \$10 after Ded | | \$10 | |
| Formulary Brand | \$40 after Ded | | \$40 after Ded | | \$40 after Ded | | \$40 | |
| Non-Formulary Brand | \$40 after Ded | | \$40 after Ded | | \$40 after Ded | | \$40 | |
| Mail Order Prescriptions (90 Days) | 2x | | 2x | | 2x after Ded | | 2x | |
| Rates | | | | | | | | |
| Single | \$661.62 | | \$675.59 | | \$583.76 | | \$634.06 | |
| 2 Person | \$1,488.65 | | \$1,518.19 | | \$1,313.46 | | \$1,426.64 | |
| Family | \$1,852.54 | | \$1,888.94 | | \$1,634.53 | | \$1,775.37 | |
| Monthly Employee Payment Under CAP* | | | | | | | | |
| <u>2017 PA 152 Caps</u> | <u>2019 PA 152 Caps</u> | | | | | | | |
| \$6,344.80 | \$6,685.17 | \$132.89 | | \$118.49 | | \$26.66 | | \$76.96 |
| \$13,268.93 | \$13,980.75 | \$382.91 | | \$353.13 | | \$148.40 | | \$261.58 |
| \$17,304.02 | \$18,232.31 | \$410.54 | | \$369.58 | | \$115.17 | | \$256.01 |
| Enrollment | | | | | | | | |
| Single | 6 | | 6 | | 6 | | 6 | |
| 2 Person | 5 | | 5 | | 5 | | 5 | |
| Family | 26 | | 26 | | 26 | | 26 | |
| Summary | | | | | | | | |
| Monthly Premium | \$59,579.01 | | \$60,756.93 | | \$52,567.64 | | \$57,097.18 | |
| Annual Premium | \$714,948.12 | | \$729,083.16 | | \$630,811.68 | | \$685,166.16 | |
| \$ Variance to Current | n/a | | \$14,135.04 | | (\$84,136.44) | | (\$29,781.96) | |
| % Variance to Current | n/a | | 1.98% | | -11.77% | | -4.17% | |
| Rate Guarantee | 18 Months | | 12 Months | | 12 Months | | 12 Months | |

Notes:

Enrollments are taken from the census

Ionia County ISD Medical Rate & Benefit Comparison - WMHIP Employees

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| PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S) | CURRENT | | CURRENT | | RENEWAL | | RENEWAL | | ALTERNATIVE | | ALTERNATIVE | |
|---|-------------------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|-----------------|---------------|----------------|----------------|
| | WMHIP | | WMHIP | | WMHIP | | WMHIP | | WMHIP | | WMHIP | |
| | 7/1/2018 | | 7/1/2018 | | 1/1/2019 | | 1/1/2019 | | 1/1/2019 | | 1/1/2019 | |
| | Versatile 1 PPO | | Versatile 4 PPO | | Versatile 1 PPO | | Versatile 4 PPO | | Versatile 3 PPO | | Flex Blue 2 | |
| | BCBS | | BCBS | | BCBS | | BCBS | | BCBS | | BCBS | |
| Plan Basics | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net | In-Net | Out-Net |
| Individual Deductible | \$250 | \$500 | \$500 | \$1,000 | \$250 | \$500 | \$500 | \$1,000 | \$250 | \$500 | \$1,350 | \$2,700 |
| Family Deductible | \$500 | \$1,000 | \$1,000 | \$2,000 | \$500 | \$1,000 | \$1,000 | \$2,000 | \$500 | \$1,000 | \$2,700 | \$5,400 |
| Coinsurance Level | 90% | 70% | 90% | 70% | 90% | 70% | 90% | 70% | 90% | 70% | 100% | 80% |
| Coinsurance Max Ind | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$1,000 | \$2,000 | \$1,000 | \$2,000 | NA | \$2,000 |
| Coinsurance Max Fam | \$2,000 | \$4,000 | \$2,000 | \$4,000 | \$2,000 | \$4,000 | \$2,000 | \$4,000 | \$2,000 | \$4,000 | NA | \$4,000 |
| Other Plan Details | | | | | | | | | | | | |
| Hospital Services | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 100% after Ded | 80% after Ded |
| Inpatient Care | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 90% after Ded | 70% after Ded | 100% after Ded | 80% after Ded |
| Emergency Care (waived if admitted) | | \$50 | | \$50 | | \$50 | | \$50 | | \$50 | | 100% after Ded |
| Office Visits | \$10 | 70% after Ded | \$20 | 70% after Ded | \$10 | 70% after Ded | \$20 | 70% after Ded | \$20 | 70% after Ded | 100% after Ded | 80% after Ded |
| Prescription Drugs | | | | | | | | | | | | |
| Generic | | \$10 | | \$10 | | \$10 | | \$10 | | \$10 | | \$10 after Ded |
| Formulary Brand | | \$40 | | \$40 | | \$40 | | \$40 | | \$40 | | \$40 after Ded |
| Non-Formulary Brand | | \$40 | | \$40 | | \$40 | | \$40 | | \$40 | | \$40 after Ded |
| Mail Order Prescriptions (90 Days) | | 2x | | 2x | | 2x | | 2x | | 2x | | 2x after Ded |
| Rates | | | | | | | | | | | | |
| Single | \$623.12 | | \$590.91 | | \$649.91 | | \$616.32 | | \$634.06 | | \$583.76 | |
| 2 Person | \$1,402.00 | | \$1,329.55 | | \$1,462.29 | | \$1,386.72 | | \$1,426.64 | | \$1,313.46 | |
| Family | \$1,744.72 | | \$1,654.54 | | \$1,819.74 | | \$1,725.69 | | \$1,775.37 | | \$1,634.53 | |
| Monthly Employee Payment Under CAP* | | | | | | | | | | | | |
| <u>2018 PA 152 Caps</u> | <u>2019 PA 152 Caps</u> | | | | | | | | | | | |
| \$6,560.52 | \$6,685.17 | | \$76.41 | | \$33.81 | | \$92.81 | | \$59.22 | | \$26.66 | |
| \$13,720.07 | \$13,980.75 | | \$258.66 | | \$164.49 | | \$297.23 | | \$221.66 | | \$148.40 | |
| \$17,892.36 | \$18,232.31 | | \$253.69 | | \$135.18 | | \$300.38 | | \$206.33 | | \$115.17 | |
| Enrollment | | | | | | | | | | | | |
| Single | 4 | | 3 | | 4 | | 3 | | 4 | | 7 | |
| 2 Person | 4 | | 3 | | 4 | | 3 | | 4 | | 7 | |
| Family | 15 | | 8 | | 15 | | 8 | | 15 | | 23 | |
| Monthly Premium | | | | | | | | | | | | |
| Monthly Premium | \$34,271.28 | | \$18,997.70 | | \$35,744.90 | | \$19,814.64 | | \$34,873.35 | | \$50,874.73 | |
| Annual Premium | \$411,255.36 | | \$227,972.40 | | \$428,938.80 | | \$237,775.68 | | \$418,480.20 | | \$610,496.76 | |
| \$ Variance to Current | n/a | | n/a | | \$17,683.44 | | \$9,803.28 | | (\$10,458.60) | | (\$28,731.00) | |
| % Variance to Current | n/a | | n/a | | 4.30% | | 4.30% | | -2.44% | | -4.49% | |
| Rate Guarantee | 6 Months | | 6 Months | | 12 Months | | 12 Months | | 12 Months | | 12 Months | |

Notes:

Enrollments are taken from the census

Ionia ISD - Medical Quote Summary

2019 Marketing Solvency

| Carrier | Line of Coverage | Response | Commissions |
|-------------------------------|------------------|----------------|--|
| Current: MESSA | Medical | Quoted-Renewal | N/A |
| Alternatives: WMHIP | Medical | Quoted | \$17 PEPM, Supp. Comp. - \$0-\$11 PEPY |

RENEWAL-FINANCIAL NOTICE: 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, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

COVERAGE NOTICE: This analysis is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, 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.

FINANCIAL RATING NOTICE: While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g., HMO) organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of any insurer's current or future ability to meet its contractual obligations.

