

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

Medical Rate & Benefit Comparison - All Employees

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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 <i>(waived if admitted)</i>	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 <i>(90 Days)</i>	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		\$256.01	
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												
Annual Premium	\$34,271.28		\$18,997.70		\$35,744.90		\$19,814.64		\$34,873.35		\$50,874.73	
\$ Variance to Current	\$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.

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