



EMPLOYEE BENEFITS

BENEFITS COMPARISON FOR
Gratiot-Isabella RESD

For Plans Renewing
7/1/2019

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Producer

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Effective Date: July 1, 2019

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Market Summary

Product Line	Carrier	Best Rating	Financial Size Category	Carrier Web Site	Results
Group Medical - All					
	ASR Health Benefits	A- Rating	IX	www.asrhealthbenefits.com	Quoted
	Blue Cross Blue Shield of Michigan	A Rating	XV	www.bcbsm.com	Current
	MESSA	NR	NR	www.messa.org	Quoted
	Priority Health	A Rating	X	www.priorityhealth.com	Declined
Group Dental - All					
	Blue Cross Blue Shield of Michigan	A Rating	XV	www.bcbsm.com	Current
	Delta Dental of Michigan	A Rating	X	www.deltadentalmi.com	No Response
	MESSA	NR	NR	www.messa.org	Quoted
	Metropolitan Life Insurance Company (MetLife)	A+ Rating	XV	www.metlife.com	No Response
Group Vision - All					
	Blue Cross Blue Shield of Michigan	A Rating	XV	www.bcbsm.com	No Response
	EyeMed Vision Care	A- Rating	VIII	www.eyemedvisioncare.com	Current
	MESSA	NR	NR	www.messa.org	Quoted
	Metropolitan Life Insurance Company (MetLife)	A+ Rating	XV	www.metlife.com	No Response
	Superior Vision	NR	NR	www.superiorvision.com	Quoted
	Vision Service Plan (VSP)	A Rating	XIII	www.vsp.com	Declined

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2019-2020 MESSA PLAN ALTERNATIVES	CURRENT BCBSM CB \$500	RENEWAL BCBSM CB\$500	MESSA ABC Plan I Fully Insured PPO H.S.A	MESSA Choices 100% Fully Insured PPO	MESSA Choices 80% Fully Insured PPO	MESSA Essentials Fully Insured PPO
Benefit Comparison	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
**Annual Deductible/Individual	\$500	\$500	\$1,350	\$500	\$500	\$375
**Annual Deductible/Family	\$1,000	\$1,000	\$2,700	\$1,000	\$1,000	\$750
Coinsurance	20% ECM: \$1,500/\$3,000	20% ECM: \$1,500/\$3,000	100%	100%	80%	80%
Office Visit/Exam	\$40	\$40	0% after deductible	\$20	\$20	\$25
Outpatient Specialist Visit	80% after deductible	80% after deductible	0% after deductible	\$20	\$20	\$50
Telemedicine	\$20	\$20	0% after deductible	\$20	\$20	\$10
Annual Out-of-Pocket Limit/Individual	\$6,350	\$6,350	\$3,350	\$1,500 (Rx: \$2,000)	\$2,500 (Rx: \$2,000)	\$7,900
Annual Out-of-Pocket Limit/Family	\$12,700	\$12,700	\$6,700	\$3,000 (Rx: \$4,000)	\$5,000 (Rx: \$4,000)	\$15,800
Emergency Room	\$150	\$150	0% after deductible	\$50	\$50	\$200
Urgent Care Facility	\$40	\$40	0% after deductible	\$25	\$25	\$50
Chiropractic	\$40 ; 24 Visits	\$40 ; 24 Visits	0% after deductible ; 38 Visits	0% after deductible ; 38 Visits	20% after deductible ; 38 Visits	20% after deductible ; 12 Visits
Inpatient Hospitalization - Substance Abuse/Mental Health	80% after deductible	80% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Outpatient Services - Substance Abuse/Mental Health	80% after deductible	80% after deductible	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Prescription Drug Benefits	30 Day 10 / 40 / 80 ; 90 DAY MOPD 2x	30 Day 10 / 40 / 80 ; 90 DAY MOPD 2x	3-Tier Rx	3-Tier Rx	3-Tier Rx	Essentials
Rate Guarantee	July 1, 2018 - June 30, 2019	July 1, 2019 - June 30, 2020	July 1, 2019 - December 31, 2020	July 1, 2019 - December 31, 2020	July 1, 2019 - December 31, 2020	July 1, 2019 - December 31, 2020
Cost Comparison	CURRENT	RENEWAL	ABC Plan I	Choices 100%	Choices 80%	Essentials
Total Monthly Premium	\$228,617.20	\$233,874.29	\$249,703.96	\$276,744.42	\$250,227.99	\$203,587.35
Monthly Dollar Change Over Current		\$5,257.09	\$21,086.76	\$48,127.22	\$21,610.79	-\$25,029.85
Percent Change Over Current		2.30%	9.22%	21.05%	9.45%	-10.95%

*PAK Rates include Taxes

**MESSA requires the entire deductible to be met for all plans prior to the benefits begin to pay

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Prepared by: Angela Garner

Effective Date: January 1, 2019



Self Funded Proposal - All	CURRENT SELF FUNDED BCBSM	RENEWAL SELF FUNDED BCBSM \$35,000	ASR SELF FUNDED SIRIUS A	ASR SELF FUNDED SIRIUS B	ASR SELF FUNDED SIRIUS C	ASR SELF FUNDED SIRIUS D	ASR SELF FUNDED SIRIUS E	ASR SELF FUNDED SIRIUS F
Enrollment								
Total Employees	175	175	175	175	175	175	175	175
Stop Loss Limits								
Specific Deductible	\$35,000	\$35,000	\$35,000	\$35,000	\$45,000	\$45,000	\$55,000	\$55,000
Aggregating Specific Deductible	125%	125%	125%	125%	125%	125%	125%	125%
Contract Type			12/12	18/12	12/12	18/12	12/12	18/12
Specific / Aggregate Coverage Includes	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx	Med/Rx
Fixed Cost								
Administration								
Employee - PEPM	\$79.84	\$83.63	\$39.65	\$39.65	\$39.65	\$39.65	\$39.65	\$39.65
Implementation			\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
Total Monthly	\$13,972	\$14,635	\$6,939	\$6,939	\$6,939	\$6,939	\$6,939	\$6,939
Total Annually	\$167,664	\$175,623	\$85,765	\$85,765	\$85,765	\$85,765	\$85,765	\$85,765
Specific Stop Loss Premium								
Employee	\$358.53	\$455.20	\$158.84	\$186.89	\$138.76	\$163.07	\$121.06	\$142.06
Family			\$419.40	\$495.96	\$370.24	\$437.68	\$326.18	\$385.38
Total Monthly	\$62,743	\$79,660	\$66,881	\$79,066	\$59,005	\$69,729	\$51,954	\$61,359
Total Annually	\$752,913	\$955,920	\$802,572.00	\$948,795	\$708,060	\$836,745	\$623,442	\$736,302
Aggregate Stop Loss Premium								
Employee	\$8.67	\$9.63	\$4.29	\$4.99	\$5.59	\$6.48	\$6.84	\$7.96
Total Monthly	\$1,517	\$1,685	\$751	\$873	\$978	\$1,134	\$1,197	\$1,393
Total Annually	\$18,207	\$20,223	\$9,009	\$10,479	\$11,739	\$13,608	\$14,364	\$16,716
Agent Fee and Taxes								
Agent Fee and Taxes	\$1,896	\$1,903	\$1,903	\$1,903	\$1,903	\$1,903	\$1,903	\$1,903
Total Annually	\$31,198	\$22,840	\$22,840	\$22,840	\$22,840	\$22,840	\$22,840	\$22,840
Total Fixed Cost								
Total Monthly	\$80,128	\$97,884	\$76,474	\$88,782	\$68,825	\$79,705	\$61,993	\$71,594
Total Fixed Cost Annually	\$961,541.00	\$1,174,606	\$920,186	\$1,067,879	\$828,404	\$958,958	\$746,411	\$861,623
Claims								
Expected Claims (B&B Calculation)								
Expected Annual Claims	\$1,655,871.00	\$1,685,681.20	\$1,446,029.68	\$1,681,352.85	\$1,537,799.13	\$1,782,400.18	\$1,605,484.64	\$1,869,525.27
Run Out			\$441,120.15	\$221,226.25	\$441,120.15	\$221,226.25	\$441,120.15	\$221,226.25
Expected Annual Claims			\$1,887,149.83	\$1,902,579.10	\$1,978,919.28	\$2,003,626.43	\$2,046,604.79	\$2,090,751.52
Maximum Attachment Factor								
Attachment Point Per Contract	\$11,827.65	\$12,040.58	\$10,328.78	\$12,009.66	\$10,984.28	\$12,731.43	\$11,467.75	\$13,353.75
Maximum Stop-Loss Claim Liability	\$2,069,838.75	\$2,107,101.50	\$1,807,537.10	\$2,101,691.06	\$1,922,248.92	\$2,228,000.22	\$2,006,855.80	\$2,336,906.59
Fixed Cost, Claims Liability, Taxes								
Expected Liability								
Total Fixed Cost, Expected Liability & Taxes Annually	\$2,617,412	\$2,860,288	\$2,807,336	\$2,970,459	\$2,807,324	\$2,962,585	\$2,793,016	\$2,952,375
% Difference		9.28%	7.26%	13.49%	7.26%	13.19%	6.71%	12.80%
Maximum Liability								
Total Fixed Cost, Maximum Liability & Taxes Annually	\$3,031,380	\$3,281,708	\$3,168,844	\$3,390,797	\$3,191,773	\$3,408,185	\$3,194,387	\$3,419,756
% Difference		8.26%	4.53%	11.86%	5.29%	12.43%	5.38%	12.81%

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Dental - All	CURRENT BCBSM 100 / 90 / 70 / 50 0000-001 / 0001-002	RENEWAL BCBSM 100 / 90 / 70 / 50 0000-001 / 0001-002	MESSA Option 1 100 / 90 / 70 / 50	MESSA Option 2 100 / 90 / 70 / 50	MESSA Option 3 100 / 90 / 70 / 50
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Benefit Comparison	In-Network	In-Network	In-Network	In-Network	In-Network
Individual / Family Deductible	\$50 / \$100	\$50 / \$100	N/A	N/A	N/A
Annual Benefit Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Preventive & Diagnostic Care Benefit	100%	100%	100%	100%	100%
Basic Care Benefit	90%	90%	90%	90%	90%
Major Care Benefit	70%	70%	70%	70%	70%
Orthodontia Benefit	50%	50%	50%	50%	50%
Orthodontia Benefit Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Ortho Dependent Children	up to age 19	up to age 19	up to age 19	up to age 19	up to age 19
Rate Guarantee	12 Months	12 Months	18 Months	18 Months	18 Months

Cost Comparison	CURRENT	RENEWAL	MESSA	MESSA	MESSA
Total Monthly Premium	\$18,730.64	\$18,186.26	\$18,679.25	\$21,090.56	\$19,663.33
Annual Claims	\$178,171.22	\$178,171.22	\$178,171.22	\$178,171.22	\$178,171.22
Run-Out (30 Days)			\$14,847.60	\$14,847.60	\$14,847.60
Total Annualized Premium	\$224,767.68	\$218,235.12	\$238,998.60	\$267,934.32	\$250,807.56
Annual Dollar Change From Current		-\$6,532.56	\$14,230.92	\$43,166.64	\$26,039.88
Percent Change From Current		-2.91%	6.33%	19.21%	11.59%
			*Rates include taxes	*Rates include taxes	*Rates include taxes

Volume and Counts are for illustrative purposes only. This proposal is a brief summary of benefits and is not intended to be a complete outline of policy provisions. Rates are subject to final enrollment.

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Vision - All	EYEMED Current	EYEMED Option 1	EYEMED Option 2	SUPERIOR VISION Option 2	SUPERIOR VISION Option 3	MESSA Option 4
Benefit Comparison	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Copay						
Examination	\$6	\$6	\$6	\$5	\$5	\$6.50
Materials	N/A	N/A	N/A	\$15	\$15	N/A
Benefit Frequency						
Examination	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses						
Single Vision Lens	\$18	\$18	\$18	Covered in full	Covered in full	\$18 Copay
Bifocal Lens	\$18	\$18	\$18	Covered in full	Covered in full	\$18 Copay
Trifocal Lens	\$18	\$18	\$18	Covered in full	Covered in full	\$18 Copay
Contact Lenses						
Medically Necessary	\$0	\$0	\$0	Covered in full	Covered in full	100%
Elective	\$0 ; \$100 allowance	\$0 ; \$110 allowance	\$0 ; \$200 allowance	\$120 allowance	\$100 allowance	\$110 allowance
Frames	\$0 ; \$100 allowance	\$0 ; \$130 allowance	\$0 ; \$200 allowance	\$130 allowance	\$100 allowance	\$130 allowance
Rate Guarantee	Rate Hold until 1/1/2020	48 Months	48 Months	48 Months	48 Months	18 Months
Cost Comparison	EYEMED	EYEMED	EYEMED	SUPERIOR VISION	SUPERIOR VISION	MESSA
Total Monthly Premium	\$2,560.95	\$3,055.34	\$4,660.60	\$2,725.87	\$2,451.96	\$2,941.07
Total Annualized Premium	\$30,731.40	\$36,664.08	\$55,927.20	\$32,710.44	\$29,423.52	\$35,292.84
Annual Dollar Change From Current		\$5,932.68	\$25,195.80	\$1,979.04	-\$1,307.88	\$4,561.44
Percent Change From Current		19.30%	81.99%	6.44%	-4.26%	14.84%
						Taxes included in rates

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