LETTER OF AGREEMENT

Medical Insurance

This Letter of Agreement is entered into between QUINCY SCHOOLS (the "District") and the QUINCY EDUCATION ASSOCIATION/MEA/NEA (the "Association").

The District and the Association agree to the following insurance plans (see attachment 1 – WMHIP Quote) for the medical benefit plan coverage year starting January 1, 2024 through December 31, 2024:

1. West Michigan Health Insurance Pool SB PPO Plan 6 $500/$1000 Deductible
2. West Michigan Health Insurance Pool PPO Select 6 3 Tier RX $500/$1000 Deductible 3 Tier
3. West Michigan Health Insurance Pool Flexible Blue 2 $1600/$3200 Deductible 3 Tier
4. West Michigan Health Insurance Pool Flexible Blue 3 $2000/$4000 Deductible 3 Tier

This agreement is not effective unless ratified by both parties. The terms of this agreement shall be incorporated into the collective bargaining agreement under Section 5.3. The parties both agree to continue to use the hard cap for the term of this agreement.

By entering into this Agreement, neither the District or the Association waive any other rights or protections respectively afforded them by the terms of the Collective Bargaining Agreement.

QUINCY BOARD OF EDUCATION

By: [signature]
Its: Secretary
Dated: 12/18/2023

QUINCY EDUCATION ASSOCIATION/MEA/NEA

By: [signature]
Its: QEA President
Dated: 11-21-23

THE POOL

2024 Renewal
Prepared for Quincy Community Schools

Pool-Standard Renewal 4.25% | **Rate Protection Impact 0%** | **Rate Adjustment 4.25%**

Description		Benefits	2023 Premium Rate		2024 Premium Rate	
SB PPO Plan 6	Deductible:	$500/$1000	Single	$577.35	Single	$601.89
	Coinsurance:	80%	Double	$1,299.01	Double	$1,354.22
	Rx Coverage:	$20/$40/$80	Family	$1,616.55	Family	$1,685.25
Flexible Blue 3 3 Tier	Deductible:	$2000/$4000	Single	$575.71	Single	$600.18
	Coinsurance:	100%	Double	$1,295.33	Double	$1,350.38
	Rx Coverage:	$10/20%/20% after deductible	Family	$1,611.97	Family	$1,680.48
Flexible Blue 2 3-tier Rx	Deductible:	$1600/$3200	Single	$609.66	Single	$635.57
	Coinsurance:	100%	Double	$1,371.71	Double	$1,430.01
	Rx Coverage:	$10/20%/20% after deductible	Family	$1,707.02	Family	$1,779.57
PPO Select 6 3-tier Rx	Deductible:	$500/$1000	Single	--	Single	$745.75
	Coinsurance:	100%	Double	--	Double	$1,677.92
	Rx Coverage:	$10/20%/20%	Family	--	Family	$2,088.08

How Does Your Loss Ratio Compare With Other Pool Members? ▲ = Your Group

If you have questions regarding your rates or plans, or would like to look at other options, please reach out to a member of your Gallagher support team:

Mike Hagerty: Michael_Hagerty@ajg.com
Ashley Contreras: Ashley_Contreras@ajg.com
Tim Wagner: Tim_Wagner@ajg.com
Chris Glass: Chris_Glass@ajg.com
Beth Minard: Beth_Minard@ajg.com
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Gallagher
Insurance | Risk Management | Consulting