

Reeth Puffer

Medical Rate & Benefit Comparison - Teachers

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		WMHIP		WMHIP		
Effective Date	July 1-2015		July 1-2016		July 1-2016		July 1-2016		July 1-2016		
PLAN(S)	MESSA Choices		MESSA Choices		PPO		PPO		PPO Versatile 3		
NETWORK(S)	BCBS		BCBS		BCBS		BCBS		BCBSM		
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	
Individual Deductible	\$200	\$400	\$200	\$400	\$250	\$500	\$250	\$500	\$250	\$500	
Family Deductible	\$400	\$800	\$400	\$800	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	
Coinsurance Level	100%	80%	100%	80%	100%	80%	100%	80%	<u>90%</u>	<u>70%</u>	
Individual Out-of-Pocket	\$1,200	\$2,000	\$1,200	\$2,000	\$2,250	\$3,000	\$2,250	\$3,000	<u>\$1,000</u>	<u>\$2,000</u>	
Family Out-of-Pocket	\$2,400	\$4,000	\$2,400	\$4,000	\$4,500	\$6,000	\$4,500	\$6,000	<u>\$2,000</u>	<u>\$4,000</u>	
Other Plan Details											
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	<u>Ded/90%</u>	<u>Ded/70%</u>	
Inpatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	<u>Ded/90%</u>	<u>Ded/70%</u>	
Emergency Care <i>(waived if admitted)</i>	\$25		\$25		\$25		\$25		<u>\$25 copay, ded/90%</u>		
Office Visits	\$5	80% after Ded	\$5	80% after Ded	\$5	80% after Ded	<u>\$20</u>	80% after Ded	<u>\$20 copay</u>	<u>Ded/70%</u>	
Prescription Drugs											
Generic	\$10		\$10		\$10		\$10		\$10		
Formulary Brand	\$40		\$40		\$40		\$40		\$40		
Non-Formulary Brand	NA		NA		\$40		\$40		\$40		
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x		2x		2x		MOPD 2x		
Rates											
Single	\$593.84		\$691.83		\$637.92		\$629.89		\$567.22		
2 Person	\$1,334.24		\$1,554.68		\$1,435.29		\$1,417.23		\$1,276.22		
Family	\$1,660.01		\$1,934.34		\$1,786.14		\$1,763.66		\$1,588.18		
Monthly Employee Payment Under State Caps											
<u>2015 PA 152 Caps</u>	<u>2016 PA 152 Caps</u>										
\$5,992.30	\$6,142.11	\$94.49		\$179.99		\$126.08		\$118.05		\$55.37	
\$12,531.75	\$12,845.04	\$289.93		\$484.26		\$364.87		\$346.81		\$205.80	
\$16,342.66	\$16,751.23	\$298.12		\$538.40		\$390.20		\$367.72		\$192.25	
Enrollment											
Single	25		25		25		25		25		
2 Person	17		17		17		17		17		
Family	141		141		141		141		141		
Monthly Premium	\$271,589.88		\$316,466.68		\$292,193.67		\$288,516.22		\$259,810.08		
Annual Premium	\$3,259,078.51		\$3,797,600.13		\$3,506,324.04		\$3,462,194.64		\$3,117,721.00		
\$ Variance to Current	n/a		\$538,521.63		\$247,245.53		\$203,116.13		(\$141,357.50)		
% Variance to Current	n/a		16.52%		7.6%		6.2%		-4.3%		

Notes

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

Added 3.41 % to MESSA current rates for taxes not included in rates

Reeths-Puffer Schools

Medical Rate & Benefit Comparison - WMHIP

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PLAN STATUS	CURRENT		RENEWAL		OPTION 1	
CARRIER	WMHIP		WMHIP		WMHIP	
Effective Date	7/1/2015		7/1/2016		7/1/2016	
PLAN(S)	PPO Versatile 3		PPO Versatile 3		PPO Versatile 3	
NETWORK(S)	BCBSM		BCBSM		BCBSM	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$250	\$500	\$250	\$500	\$500	\$1,000
Family Deductible	\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000
Coinsurance Level	90%	70%	90%	70%	90%	70%
Individual Out-of-Pocket	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000
Family Out-of-Pocket	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
Other Plan Details						
Hospital Services	Ded/90%	Ded/70%	Ded/90%	Ded/70%	Ded/90%	Ded/70%
Inpatient Care	Ded/90%	Ded/70%	Ded/90%	Ded/70%	Ded/90%	Ded/70%
Emergency Care <i>(waived if admitted)</i>	\$25 copay, ded/90%		\$25 copay, ded/90%		\$25 copay, ded/90%	
Office Visits	\$20 copay	Ded/70%	\$20 copay	Ded/70%	\$20 copay	Ded/70%
Prescription Drugs						
Generic	\$10		\$10		\$10	
Formulary Brand	\$40		\$40		\$40	
Non-Formulary Brand	\$40		\$40		\$40	
Mail Order Prescriptions <i>(90 Days)</i>	MOPD 2x		MOPD 2x		MOPD 2x	
Rates						
Single	\$539.18		\$567.22		\$551.35	
2 Person	\$1,213.14		\$1,276.22		\$1,240.51	
Family	\$1,509.68		\$1,588.18		\$1,543.74	
Monthly Employee Payment Under State Caps						
<u>2015 PA 152 Caps</u>	<u>2016 PA 152 Caps</u>					
\$5,992.30	\$6,142.11		\$39.82		\$55.37	
\$12,531.75	\$12,845.04		\$168.83		\$205.80	
\$16,342.66	\$16,751.23		\$147.79		\$192.25	
Enrollment						
Single	4		4		4	
2 Person	4		4		4	
Family	16		16		16	
Monthly Premium						
Monthly Premium	\$31,164.16		\$32,784.70		\$31,867.28	
Annual Premium	\$373,969.92		\$393,416.36		\$382,407.36	
\$ Variance to Current	n/a		\$19,446.44		\$8,437.44	
% Variance to Current	n/a		5.2%		2.3%	

CURRENT	RENEWAL
WMHIP	WMHIP
7/1/2015	7/1/2016
PPO H.S.A	PPO H.S.A
BCBSM	BCBSM
In-Net	Out-Net
In-Net	Out-Net
\$1,300	\$2,500
\$2,600	\$5,000
100%	80%
N/A	N/A
N/A	N/A
Ded/100%	Ded/80%
Ded/100%	Ded/80%
Ded/100%	Ded/100%
Ded/100%	Ded/80%
\$10	\$10
\$40	\$40
\$40	\$40
MOPD 2x	MOPD 2x
\$500.16	\$526.17
\$1,125.35	\$1,183.87
\$1,400.44	\$1,473.26
\$0.80	\$14.33
\$81.04	\$113.45
\$38.55	\$77.33
0	0
0	0
0	0
\$0.00	\$0.00
\$0.00	\$0.00
n/a	
n/a	

*WMHIP Rates Include all Taxes/Fees

Reeths Puffer Schools

July 1, 2016

GBS Disclosures

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.

Reeths Puffer Schools - Medical Quote Summary

2016 Marketing Solvency

Carrier	Line of Coverage	Response	Commissions
Current: MESSA	Medical	Quoted-Renewal	N/A
Alternatives: WMHIP	Medical	Quoted	\$14.97 PEPY / 3.5% of stop loss

Important: While AJG 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 an insurer's current or future ability to meet its contractual obligations.



Gallagher Benefit Services, Inc.