



Gallagher Benefit Services, Inc.

## Grandville Public School Dental Rate & Benefit Comparison - Summary for All Groups

PLAN STATUS: CARRIER: Effective Date PLAN TYPE:	2015/2016		RENEWAL		ALTERNATIVE		ALTERNATIVE	
	MESSA / Delta	PPO	MESSA / Delta	PPO	BCBSM	MetLife	ADN Dental*	PPO
<b>Summary of Rate Information</b>								
Fully Insured Monthly Premium	\$41,939.31		\$44,763.99			\$49,253.01		
Fully Insured Annual Premium	\$503,271.72		\$537,167.87			\$591,036.12		
Self Funded Annual Claims (Ortho/SS)***	\$46,863.18		\$49,546.13		\$34,062.35	N/A		\$40,953.67
Total Annual Cost	\$550,134.90		\$586,714.00		\$408,748.20	N/A		\$491,444.00
Premium Difference \$	N/A		\$33,896.15		(\$141,386.70)			(\$58,690.90)
Premium Difference %	N/A		6.74%		-25.70%	17.44%		-10.67%
Rate Guarantee	None		None		1 year	1 year		2 years**

**Notes**

\*"Premium" indicates an estimated annual self-funded cost assuming 10% network usage, including the Dentemax, A.D.N. and MDP networks.

\*\*Administration rate guaranteed for 2 years

Added 1.39% to MESSA renewal rates for taxes and fees

SET SEG Ortho and 20 Support Staff with dental

\*\*\*\$46,863.18 is self-funded claims paid in 2015 doesn't include admin fees

Assumed 5% increase in self-funded cost

Delta declined to quote

*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.*