

Grandville Public Schools Medical Rate & Benefit Comparison- PAK C Adm, Sec, Main, and Teachers

The information contained herein is subject to the disclosures and disclaimers on the first page of this illustration

PLAN STATUS CARRIER Effective Date PLAN(S) NETWORK(S)	CURRENT MESSA July 1-2015 MESSA ABC BCBS		RENEWAL MESSA July 1-2016 MESSA ABC BCBS		OPTION I WMHIP July 1-2016 PPO BCBS		OPTION II WMHIP July 1-2016 PPO BCBS		OPTION III WMHIP July 1-2016 Simply Blue PPO BCBS		OPTION IV WMHIP July 1-2016 PPO BCBS		OPTION V WMHIP July 1-2016 Simply Blue PPO BCBS	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Plan Basics														
Individual Deductible	\$1,300	\$2,600	\$1,300	\$2,600	\$250	\$500	\$1,300	\$2,600	\$1,300	\$2,600	\$1,000	\$2,000	\$2,000	\$4,000
Family Deductible	\$2,600	\$5,200	\$2,600	\$5,200	\$500	\$1,000	\$1,000	\$2,000	\$2,600	\$5,200	\$2,000	\$4,000	\$4,000	\$8,000
Coinsurance Level	100%	80%	100%	80%	90%	70%	80%	60%	80%	60%	80%	60%	80%	60%
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	\$1,000	\$2,000	\$2,500	\$5,000	\$1,000	\$2,000
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$5,000	\$10,000	\$2,000	\$4,000
Other Plan Details														
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded	90% after Ded	70% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded
Impatient Care	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	60% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded
Emergency Care (waived if admitted)	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	60% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	60% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded
Prescription Drugs	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	100% after Ded	60% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded
Generic	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10	\$10	\$10	\$10	\$10	\$20 after Ded	\$10	\$10	\$20 after Ded	\$10
Formulary Brand	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40	\$40	\$40	\$40	\$40	\$40 after Ded	\$40	\$40	\$40 after Ded	\$40
Non-Formulary Brand	NA	NA	NA	NA	NA	NA	NA	NA	NA	\$80 after Ded	NA	NA	\$80 after Ded	\$80
Mail Order Prescriptions (90 Days)	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
Rates														
Single	\$524.78	\$608.04	\$547.08	\$608.04	\$897.76	\$508.78	\$508.78	\$508.78	\$508.78	\$508.78	\$507.19	\$507.19	\$483.35	\$483.35
2 Person	\$1,178.83	\$1,366.16	\$1,231.09	\$1,366.16	\$1,327.13	\$1,441.91	\$1,441.91	\$1,441.91	\$1,441.91	\$1,441.91	\$1,441.33	\$1,441.33	\$1,087.67	\$1,087.67
Family	\$1,466.62	\$1,699.73	\$1,532.02	\$1,699.73	\$1,651.54	\$1,824.78	\$1,824.78	\$1,824.78	\$1,824.78	\$1,824.78	\$1,824.32	\$1,824.32	\$1,353.54	\$1,353.54
Monthly Employee Payment Under CAP														
2015 FA 152 Caps	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$77.92	\$77.92	\$77.92	\$77.92	\$77.92	\$77.92	\$77.92	\$77.92	\$77.92	\$77.92
2016 FA 152 Caps	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$256.71	\$256.71	\$256.71	\$256.71	\$256.71	\$256.71	\$256.71	\$256.71	\$256.71	\$256.71
	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$255.60	\$255.60	\$255.60	\$255.60	\$255.60	\$255.60	\$255.60	\$255.60	\$255.60	\$255.60
Enrollment														
Single	30	30	30	30	30	30	30	30	30	30	30	30	30	30
2 Person	52	52	52	52	52	52	52	52	52	52	52	52	52	52
Family	189	189	189	189	189	189	189	189	189	189	189	189	189	189
Monthly Premium														
Annual Premium	\$354,233.63	\$410,530.40	\$369,980.86	\$410,530.40	\$398,844.96	\$344,082.20	\$344,082.20	\$344,082.20	\$344,082.20	\$344,082.20	\$343,005.34	\$343,005.34	\$326,878.09	\$326,878.09
% Variance to Current	n/a	\$4,926,364.79	\$4,439,770.32	\$4,926,364.79	\$4786,139.47	\$4,128,986.40	\$4,128,986.40	\$4,128,986.40	\$4,128,986.40	\$4,128,986.40	\$4,116,064.08	\$4,116,064.08	\$3,922,537.08	\$3,922,537.08
	n/a	\$675,561.24	\$188,966.77	\$675,561.24	\$535,335.92	(\$121,817.15)	(\$121,817.15)	(\$121,817.15)	(\$121,817.15)	(\$121,817.15)	(\$134,739.47)	(\$134,739.47)	(\$328,266.47)	(\$328,266.47)
	n/a	15.89%	4.4%	15.89%	12.6%	-2.9%	-2.9%	-2.9%	-2.9%	-2.9%	-2.7%	-2.7%	-7.4%	-7.4%

Notes
 Added 1.93% to MESSA current rates for taxes not included in rates
 Added 3.41% to MESSA renewal rates for taxes not included in rates

Grandville Public Schools Medical Rate & Benefit Comparison- PAK A Adm, Sec, Main, and Teachers

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PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
CARRIER	MESSA July 1-2015		MESSA July 1-2016		WMHIP July 1-2016		WMHIP July 1-2016	
Effective Date	MESSA Choices BCBS		MESSA Choices BCBS		PPO BCBS		PPO BCBS	
PLAN(S)	MESSA Choices BCBS		MESSA Choices BCBS		PPO BCBS		PPO BCBS	
NETWORK(S)	MESSA Choices BCBS		MESSA Choices BCBS		PPO BCBS		PPO BCBS	
Plan Basics	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
Family Deductible	\$400	\$800	\$400	\$800	\$500	\$1,000	\$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	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
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	\$50	\$25	\$25	\$25	\$25
Office Visits	\$10	80% after Ded	\$10	80% after Ded	\$10	80% after Ded	\$20	70% after Ded
Prescription Drugs								
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Formulary Brand	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Non-Formulary Brand	NA	NA	NA	NA	NA	NA	NA	NA
Mail Order Prescriptions (90 Days)	2x	2x	2x	2x	2x	2x	2x	2x
Rates	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Single	\$641.62	\$747.22	\$641.62	\$747.22	\$660.42	\$777.92	\$589.76	\$696.28
2 Person	\$1,441.75	\$1,679.29	\$1,441.75	\$1,679.29	\$1,486.13	\$1,723.67	\$1,327.13	\$1,564.67
Family	\$1,793.80	\$2,089.40	\$1,793.80	\$2,089.40	\$1,849.40	\$2,145.00	\$1,651.54	\$1,907.04
Monthly Employee Payment Under CAP	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
2015 PA 152 Caps	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11
2016 PA 152 Caps	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04
	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23
Enrollment	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Single	2	2	2	2	2	2	2	2
2 Person	10	10	10	10	10	10	10	10
Family	5	5	5	5	5	5	5	5
Monthly Premium	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Annual Premium	\$24,669.75	\$28,429.18	\$24,669.75	\$28,429.18	\$24,669.75	\$28,429.18	\$24,669.75	\$28,429.18
\$ Variance to Current	\$296,037.01	\$344,811.46	\$296,037.01	\$344,811.46	\$296,037.01	\$344,811.46	\$296,037.01	\$344,811.46
% Variance to Current	n/a	16.48%	n/a	16.48%	n/a	16.48%	n/a	16.48%
	n/a	3.1%	n/a	3.1%	n/a	3.1%	n/a	3.1%

Notes

Added 1.93% to MESSA current rates for taxes not included in rates
 Added 3.41% to MESSA renewal rates for taxes not included in rates

Grandville Public Schools Medical Rate & Benefit Comparison-Support Staff

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PLAN STATUS	CURRENT			RENEWAL			OPTION I			OPTION II			OPTION III			
	MESSA	MESSA ABC	BCBS	MESSA	MESSA ABC	BCBS	WMHIP	WMHIP	BCBS	WMHIP	WMHIP	BCBS	WMHIP	WMHIP	BCBS	
CARRIER	MESSA	MESSA ABC	BCBS	MESSA	MESSA ABC	BCBS	WMHIP	WMHIP	BCBS	WMHIP	WMHIP	BCBS	WMHIP	WMHIP	BCBS	
Effective Date	July 1-2015	July 1-2015	July 1-2015	July 1-2016	July 1-2016	July 1-2016	July 1-2016	July 1-2016	July 1-2016	July 1-2016	July 1-2016	July 1-2016	July 1-2016	July 1-2016	July 1-2016	
PLAN(S)	MESSA ABC	MESSA ABC	BCBS	MESSA ABC	MESSA ABC	BCBS	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	
NETWORK(S)	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	BCBS	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	In-Net	Out-Net		
Individual Deductible	\$1,300	\$2,600	\$1,300	\$2,600	\$1,300	\$2,600	\$1,300	\$2,600	\$250	\$500	\$1,300	\$2,600	\$1,300	\$2,600		
Family Deductible	\$2,600	\$5,200	\$2,600	\$5,200	\$2,600	\$5,200	\$2,600	\$5,200	\$500	\$1,000	\$2,600	\$5,200	\$2,600	\$5,200		
Coinurance Level	100%	80%	100%	80%	100%	80%	100%	80%	90%	70%	80%	60%	80%	60%		
Coinurance Max Ind	NA	\$2,000	NA	\$2,000	NA	\$2,000	NA	\$2,000	\$1,000	\$2,000	NA	\$1,900	NA	\$1,900		
Coinurance Max Fam	NA	\$4,000	NA	\$4,000	NA	\$4,000	NA	\$4,000	\$2,000	\$4,000	NA	\$3,800	NA	\$3,800		
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	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	60% after Ded	
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	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	60% after Ded	
Emergency Care (waived if admitted)	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	60% after Ded	
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	60% after Ded	
Prescription Drugs	Generic	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	\$10 after Ded	
Formulary Brand	Formulary Brand	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	\$40 after Ded	
Non-Formulary Brand	Non-Formulary Brand	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
Mail Order Prescriptions (90 Days)	Mail Order Prescriptions (90 Days)	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	
Rates																
Single	\$535.46	\$620.42	\$547.08	\$627.49	\$535.46	\$620.42	\$547.08	\$627.49	\$589.76	\$627.49	\$589.76	\$627.49	\$589.76	\$627.49	\$589.76	\$627.49
2 Person	\$1,202.87	\$1,394.01	\$1,231.09	\$1,327.13	\$1,202.87	\$1,394.01	\$1,231.09	\$1,327.13	\$1,231.09	\$1,327.13	\$1,231.09	\$1,327.13	\$1,231.09	\$1,327.13	\$1,231.09	\$1,327.13
Family	\$1,496.53	\$1,734.39	\$1,532.02	\$1,651.54	\$1,496.53	\$1,734.39	\$1,532.02	\$1,651.54	\$1,532.02	\$1,651.54	\$1,532.02	\$1,651.54	\$1,532.02	\$1,651.54	\$1,532.02	\$1,651.54
Monthly Employee Payment Under CAP																
2015 PA 152 Caps	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11	\$5,992.30	\$6,142.11
2016 PA 152 Caps	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04	\$12,531.75	\$12,845.04
Enrollment	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23	\$16,342.66	\$16,751.23
Enrollment																
Single	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
2 Person	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
Family	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Monthly Premium	\$22,430.38	\$25,994.1717	\$22,952.55	\$27,474.20	\$22,430.38	\$25,994.1717	\$22,952.55	\$27,474.20	\$22,430.38	\$25,994.1717	\$22,952.55	\$27,474.20	\$22,430.38	\$25,994.1717	\$22,952.55	\$27,474.20
Annual Premium	\$269,164.55	\$311,930.06	\$275,430.60	\$296,918.35	\$269,164.55	\$311,930.06	\$275,430.60	\$296,918.35	\$269,164.55	\$311,930.06	\$275,430.60	\$296,918.35	\$269,164.55	\$311,930.06	\$275,430.60	\$296,918.35
\$ Variance to Current	n/a	\$42,765.51	\$6,266.05	\$27,753.79	n/a	\$42,765.51	\$6,266.05	\$27,753.79	n/a	\$42,765.51	\$6,266.05	\$27,753.79	n/a	\$42,765.51	\$6,266.05	\$27,753.79
% Variance to Current	n/a	15.89%	2.3%	10.3%	n/a	15.89%	2.3%	10.3%	n/a	15.89%	2.3%	10.3%	n/a	15.89%	2.3%	10.3%

Notes
 Added 1.93% to MESSA current rates for taxes not included in rates
 Added 3.41% to MESSA renewal rates for taxes not included in rates
 Priority Health declined to quote

Grandville Public School - Medical Quote Summary

July 1, 2016

Carrier	Line of Coverage	Response	Commissions
Current: MESSA / Delta	Medical	Quoted-Renewal	N/A
Alternatives: W/WHIP BCBSM Priority Health Aetna	Medical Medical Medical Medical	Quoted Quoted Quoted Declined	\$15.34 PEPY / 3.5% of stop loss NA 2% of premium / \$0-\$40 PEPY N/A

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.



Gallagher Benefit Services, Inc.