

Hudsonville Public Schools - Teacher High Deductible Plan Medical Rate & Benefit Comparison

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		BCBS		Priority Health	
Effective Date	July 1-2014		July 1-2015		July 1-2015		July 1-2015		July 1-2015	
PLAN(S)	MESSA ABC		MESSA ABC		H.S.A.		H.S.A.		POS H.S.A.	
NETWORK(S)	BCBS		BCBS		BCBS		BCBS		Priority Health	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$2,500	\$1,300	\$3,000
Family Deductible	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$5,000	\$2,600	\$6,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Other Plan Details										
Hospital Services	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Inpatient Care	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Emergency Care <i>(waived if admitted)</i>										
Office Visits										
Prescription Drugs										
Generic		\$10		\$10		\$10		\$10		\$10
Formulary Brand		\$40		\$40		\$40		\$60		\$40
Non-Formulary Brand		\$40		\$40		\$40		\$60		\$40
Mail Order Prescriptions <i>(90 Days)</i>										
Rates										
Single	\$403.64		\$447.40		\$432.98		352.29		\$475.22	
2 Person	\$906.29		\$1,004.72		\$984.35		\$843.95		\$1,067.20	
Family	\$1,127.46		\$1,249.95		\$1,224.98		\$1,060.69		\$1,327.67	
Enrollment										
Single	24		24		24		24		24	
2 Person	36		36		36		36		36	
Family	225		225		225		225		225	
Monthly Premium	\$295,992.30		\$328,146.27		\$321,448.62		\$277,492.41		\$348,550.23	
Annual Premium	\$3,551,907.60		\$3,937,755.24		\$3,857,383.44		\$3,329,908.92		\$4,182,602.76	
\$ Variance to Current	n/a		\$385,847.64		\$305,475.84		(\$221,998.68)		\$630,695.16	
% Variance to Current	n/a		10.86%		8.6%		-6.3%		17.8%	

All Options assume all Support Staff, Admin and Teachers move to the proposed carrier

Aetna Declined to Quote

Consumers Mutual Declined to Quote

Added 1.5% to MESSA current rates for taxes not included in rates

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

Added 3% to Priority proposed rates for taxes not included in rates

Hudsonville Public Schools All Other Employee Groups - High Deductible Plan Medical Rate & Benefit Comparison

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PLAN STATUS	CURRENT			RENEWAL			OPTION I			OPTION II			OPTION III			
	In-Net	Out-Net		In-Net	Out-Net		In-Net	Out-Net		In-Net	Out-Net		In-Net	Out-Net		
CARRIER	MESSA			MESSA			WMHIP			BCBS			Priority Health			
Effective Date	July 1-2014			July 1-2015			July 1-2015			July 1-2015			July 1-2015			
PLAN(S)	MESSA ABC			MESSA ABC			H.S.A.			H.S.A.			POS H.S.A.			
NETWORK(S)	BCBS			BCBS			BCBS			BCBS			Priority Health			
Plan Basics	In-Net	Out-Net		In-Net	Out-Net		In-Net	Out-Net		In-Net	Out-Net		In-Net	Out-Net		
Individual Deductible	\$1,300	\$2,500		\$1,300	\$2,500		\$1,300	\$2,500		\$1,300	\$2,500		\$1,300	\$2,500		
Family Deductible	\$2,600	\$5,000		\$2,600	\$5,000		\$2,600	\$5,000		\$2,600	\$5,000		\$2,600	\$5,000		
Coinurance Level	100%	80%		100%	80%		100%	80%		100%	80%		100%	80%		
Other Plan Details																
Hospital Services	100%	80%		100%	80%		100%	80%		100%	80%		100%	80%		80%
Inpatient Care	100%	80%		100%	80%		100%	80%		100%	80%		100%	80%		80%
Emergency Care (waived if admitted)																
Office Visits																
Prescription Drugs																
Generic		\$10			\$10			\$10			\$10			\$10		\$10
Formulary Brand		\$40			\$40			\$40			\$40			\$40		\$40
Non-Formulary Brand		\$40			\$40			\$40			\$40			\$40		\$40
Mail Order Prescriptions (90 Days)																
Rates																
Single	\$411.85			\$456.50			\$432.98			352.29			\$475.22			
2 Person	\$924.76			\$1,025.20			\$984.35			\$843.95			\$1,067.20			
Family	\$1,150.44			\$1,275.44			\$1,224.98			\$1,060.69			\$1,327.67			
Enrollment																
Single	9			9			9			9			9			9
2 Person	9			9			9			9			9			9
Family	39			39			39			39			39			39
Monthly Premium																
Monthly Premium	\$56,896.65			\$63,077.46			\$60,530.19			\$52,133.07			\$65,660.91			
Annual Premium	\$682,759.80			\$756,929.52			\$726,362.28			\$625,596.84			\$787,930.92			
\$ Variance to Current	n/a			\$74,169.72			\$43,602.48			(\$57,162.96)			\$105,171.12			
% Variance to Current	n/a			10.86%			6.4%			-8.4%			15.4%			

4 employee still on Choices plan that is not included in this illustration

All Options assume all Support Staff, Admin and Teachers move to the proposed carrier

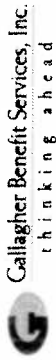
Actna Declined to Quote

Consumers Mutual Declined to Quote

Added 1.5% to MESSA current rates for taxes not included in rates

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

Added 3% to Priority proposed rates for taxes not included in rates



Analysis of PA 152 for Hudsonville Public Schools

Current Teacher H.S.A. Plan and Carrier Options

	Enrollment	Current Rates for \$1300 / \$2600 HSA \$10 / \$40 Rx	Renewal Rates for \$1300 / \$2600 HSA \$10 / \$40 Rx	WMHIP PPO \$1300 / \$2600 HSA \$10 / \$40 Rx	BCBS \$1300 / \$2600 HSA \$10 / \$60 / \$60 Rx
Monthly Premium					
Single	24	\$403.64	\$447.40	\$432.98	\$352.29
2 Person	36	\$906.29	\$1,004.72	\$984.35	\$843.95
Family	225	\$1,127.46	\$1,249.95	\$1,224.98	\$1,060.69
Monthly Cost	285	\$295,992.30	\$328,146.27	\$321,448.62	\$277,492.41
Total Annualized Cost		\$3,551,907.60	\$3,937,755.24	\$3,857,383.44	\$3,329,908.92
Difference from Renewal				-2.04%	-15.44%

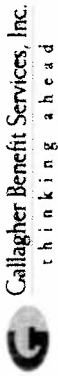
2014 PA 152 Cap Amounts					
Annual Payment					
Single	\$5,857.58	\$0.00			
2 Person	\$12,250.00	\$0.00			
Family	\$15,975.23	\$0.00			
Total Employee Payment		\$0.00			
Total Organizational Payment		\$3,551,907.60			
Total Annualized Cost		\$3,551,907.60			

2015 PA 152 Cap Amounts					
Annual Payment					
Single	\$5,992.30	\$0.00		\$0.00	\$0.00
2 Person	\$12,531.75	\$0.00		\$0.00	\$0.00
Family	\$16,342.66	\$0.00		\$0.00	\$0.00
Total Employee Payment		\$0.00		\$0.00	\$0.00
Total Organizational Payment		\$3,937,755.24		\$3,857,383.44	\$3,329,908.92
Total Annualized Cost		\$3,937,755.24		\$3,857,383.44	\$3,329,908.92

2014 Allowable PA 152 Cost = \$4,176,009

2015 Allowable PA 152 Cost = \$4,272,057

Annualized Deductible Cost = \$709,800



Analysis of PA 152 for Hudsonville Public Schools

Current All Other Employees MESSA ABC Plan and Carrier Options

	Enrollment	Current Rates for \$1300/\$2600 HSA \$10/\$40 Rx	Renewal Rates for \$1300/\$2600 HSA \$10/\$40 Rx	WMHIP PPO \$1300/\$2600 HSA \$10/\$40 Rx	BCBS \$1300/\$2600 HSA \$10/\$60/\$60 Rx
Monthly Premium					
Single	9	\$411.85	\$456.50	\$432.98	\$352.29
2 Person	9	\$924.76	\$1,025.20	\$984.35	\$843.95
Family	39	\$1,150.44	\$1,275.44	\$1,224.98	\$1,060.69
Monthly Cost	57	\$56,896.65	\$63,077.46	\$60,530.19	\$52,133.07
Total Annualized Cost		\$682,759.80	\$756,929.52	\$726,362.28	\$625,596.84
Difference from Renewal				-4.04%	-17.35%

2014 PA 152 Cap Amounts					
Annual Payment					
Single	\$5,857.58	\$0.00			
2 Person	\$12,250.00	\$0.00			
Family	\$15,975.23	\$0.00			
Total Employee Payment		\$0.00			
Total Organizational Payment		\$682,759.80			
Total Annualized Cost		\$682,759.80			

2015 PA 152 Cap Amounts					
Annual Payment					
Single	\$5,992.30	\$0.00		\$0.00	\$0.00
2 Person	\$12,531.75	\$0.00		\$0.00	\$0.00
Family	\$16,342.66	\$0.00		\$0.00	\$0.00
Total Employee Payment		\$0.00		\$0.00	\$0.00
Total Organizational Payment		\$756,929.52		\$726,362.28	\$625,596.84
Total Annualized Cost		\$756,929.52		\$726,362.28	\$625,596.84



Hudsonville School District - Teacher

Vision Rate & Benefit Comparison - Effective 7/1/15

PLAN STATUS: CARRIER:	RENEWAL - MESSA VSP2 Silver		ALTERNATIVE N.V.A.		ALTERNATIVE BCBS	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
PLAN BASICS						
Exam	\$6.50 Copay, Covered 100%	\$28.50/\$38.50	\$6.50 Copay, Covered 100%	\$28.50/\$38.50	\$5 Copay	Up to \$35
Single Vision Lenses	\$18 Copay, Covered 100%	\$29	\$18 Copay, Covered 100%	\$29	\$10 Copay	Up to approved amount
Bifocal Lenses	\$18 Copay, Covered 100%	\$51	\$18 Copay, Covered 100%	\$51	\$10 Copay	Up to approved amount
Trifocal Lenses	\$18 Copay, Covered 100%	\$63	\$18 Copay, Covered 100%	\$63	\$10 Copay	Up to approved amount
Lenticular Lenses	\$18 Copay, Covered 100%	\$75	\$18 Copay, Covered 100%	\$75	\$10 Copay	Up to approved amount
Frame	\$130	\$44	\$130	\$44	\$130	\$65
Contact Lenses Allowance						
Elective	\$110	\$90	\$110	\$90	\$130	\$105
Coverage Periods						
Exams	12 Months		12 Months			12 Months
Lenses	12 Months		12 Months			12 Months
Frames	12 Months		12 Months			12 Months
RATES						
Employee	\$5.76		\$5.68		\$5.88	
Single + 1	\$12.38		\$12.22		\$14.10	
Family	\$18.64		\$18.39		\$17.63	
EMPLOYEE COUNTS						
Employee	23		23		23	
Single + 1	50		50		50	
Family	292		292		292	
Monthly Premium	\$6,194.36		\$6,111.52		\$5,988.20	
Annual Premium	\$74,332.32		\$73,338.24		\$71,858.40	
Premium Difference \$	n/a		(\$994.08)		(\$2,473.92)	
Premium Difference %	n/a		-1.34%		-3.33%	
Rate Guarantee	1 Year		4 Years		1 Year	

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, etc.



Gallagher Benefit Services, Inc.

Hudsonville School District - Teacher

Vision Rate & Benefit Comparison - Effective 7/1/15

PLAN STATUS: CARRIER:	RENEWAL - MESSA VSP2 Silver		ALTERNATIVE EyeMed - Insight Network		ALTERNATIVE MetLife	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
PLAN BASICS						
Exam	\$6.50 Copay, Covered 100%	\$28.50/\$38.50	\$6 Copay, Covered 100%	\$39	\$5 Copay	\$45 Allowance
Single Vision Lenses	\$18 Copay, Covered 100%	\$29	\$18 Copay, Covered 100%	\$29	\$10 Copay	\$30
Bifocal Lenses	\$18 Copay, Covered 100%	\$51	\$18 Copay, Covered 100%	\$51	\$10 Copay	\$50
Trifocal Lenses	\$18 Copay, Covered 100%	\$63	\$18 Copay, Covered 100%	\$63	\$10 Copay	\$65
Lenticular Lenses	\$18 Copay, Covered 100%	\$75	\$18 Copay, Covered 100%	\$75	\$10 Copay	\$100
Frame	\$130	\$44	\$130	\$44	\$130	\$70
Contact Lenses Allowance						
Elective	\$110	\$90	\$110	\$90	\$130	\$105
Coverage Periods						
Exams	12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months	
Frames	12 Months		12 Months		12 Months	
RATES						
Employee	\$5.76		\$5.98		\$6.27	
Single + 1	\$12.38		\$12.87		\$12.54	
Family	\$18.64		\$19.37		\$20.29	
EMPLOYEE COUNTS						
Employee	23		23		23	
Single + 1	50		50		50	
Family	292		292		292	
Monthly Premium	\$6,194.36		\$6,437.08		\$6,695.89	
Annual Premium	\$74,332.32		\$77,244.96		\$80,350.68	
Premium Difference \$	n/a		\$2,912.64		\$6,018.36	
Premium Difference %	n/a		3.92%		8.10%	
Rate Guarantee	1 Year		4 Years		2 Years	
AM Best Rating						

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, etc.

Hudsonville School District - Teachers Dental Rate & Benefit Comparison

The following information is subject to the policies and procedures and does not constitute an offer of insurance.

PLAN STATUS: CARRIER: Effective Date PLAN TYPE:	CURRENT MESSA/Delta 7/1/2014 PPO		RENEWAL MESSA/Delta 7/1/2015 PPO		ALTERNATIVE BCBS 7/1/2015 PPO		ALTERNATIVE MetLife 7/1/2015 PPO		ALTERNATIVE Madison National NIS 7/1/2015 PPO	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum-Class I-III	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800	\$1,800
Lifetime Maximum-Class IV	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Rates										
Employee	\$36.18	\$34.52	\$36.18	\$34.52	\$44.19	\$44.19	\$36.63	\$36.63	\$48.13	\$48.13
Employee + 1 Dependent	\$68.67	\$68.94	\$68.67	\$68.94	\$106.06	\$106.06	\$69.53	\$69.53	\$92.71	\$92.71
Family	\$132.05	\$133.24	\$132.05	\$133.24	\$132.58	\$133.58	\$133.71	\$133.71	\$158.15	\$158.15
Enrollment										
Employee	23	23	23	23	23	23	23	23	23	23
Employee + 1 Dependent	50	50	50	50	50	50	50	50	50	50
Family	292	292	292	292	292	292	292	292	292	292
Monthly Premium										
Monthly Premium	\$42,824.24	\$43,147.04	\$42,824.24	\$43,147.04	\$45,032.73	\$45,032.73	\$43,362.31	\$43,362.31	\$51,922.29	\$51,922.29
Annual Premium	\$513,890.88	\$517,764.48	\$513,890.88	\$517,764.48	\$540,392.76	\$540,392.76	\$520,347.72	\$520,347.72	\$623,067.48	\$623,067.48
Premium Difference \$	N/A	\$3,873.60	N/A	\$3,873.60	\$26,501.88	\$26,501.88	\$6,456.84	\$6,456.84	\$109,176.60	\$109,176.60
Premium Difference %	N/A	0.75%	N/A	0.75%	5.16%	5.16%	1.26%	1.26%	21.25%	21.25%
Rate Guarantee	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year
Notes	Delta	Delta	Delta	Delta	Dental Network of America	Dental Network of America	MetLife	MetLife	A.D.N.	A.D.N.
Network	Delta	Delta	Delta	Delta	Dental Network of America	Dental Network of America	MetLife	MetLife	A.D.N.	A.D.N.

American Declined to Quote
Delta Dental Declined to Quote



Hudsonville School District
DENTAL PLAN RENEWAL ALTERNATIVES - (All MESSA Groups)
Rates and Premium (Monthly)

May 2015

Note: Headcounts taken from MESSA renewal

Enrollment	Single	2 Person	Family
Dental	23	50	292

Rate Guarantee	Premium			Variance From Current		
	Single	2 Person	Family	Monthly	Annual	\$

Current - 7/1/14

Current Carrier: MESSA/Delta

Current Plan:

80:80:80 - \$1,800 Annual Max, \$2,500 Lifetime Max

\$ 513,891 N/A N/A

Varies by Group

Renewal - 7/1/15

Renewal Carrier: MESSA/Delta

Renewal Plan:

80:80:80 - \$1,800 Annual Max, \$2,500 Lifetime Max

\$ 517,764 \$ 3,873 0.75%

Varies by Group

Alternatives: 7/1/15

A.D.N. - Self Funded
(includes 2 networks - Dentemax and A.D.N.)

Assumes 20% PPO Network Usage

Paid Delta claims March 2014 thru February 2015 were \$452,100

Admin Rate guaranteed for 3 years

Estimated S/F Cost
 \$ 473,186 \$ (40,705) -7.92%

Variance from Current

IMPORTANT: This proposal [analysis, report, etc.] is an outline of the coverages proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverages, 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.

Hudsonville School District Teachers

Basic Life/AD&D and Long Term Disability Marketing Results - Union Group

Benefit	Volume	MESSA/CIGNA (2015 Renewal)	NIS - MNL	MetLife	Unum	The Standard	Hartford	Reliance Standard
Basic Life	\$16,425,000	\$0.060	\$0.064	\$0.060	\$0.105	\$0.090	\$0.070	\$0.080
AD&D	\$16,425,000	\$0.030	\$0.020	\$0.016	\$0.020	\$0.015	\$0.020	\$0.010
Life/AD&D Premium		\$17,739	\$16,556	\$14,980	\$24,638	\$20,696	\$17,739	\$17,739
Long Term Disability	\$1,925,133	\$0.470	\$0.306	\$0.391	\$0.280	\$0.397	\$0.242	\$0.400
LTD Premium		\$108,578	\$70,691	\$90,327	\$64,684	\$91,713	\$55,906	\$92,406
Total Premium		\$126,317	\$87,247	\$105,307	\$89,322	\$112,409	\$73,645	\$110,145
\$ Difference from current			-\$39,069	-\$21,010	-\$36,995	-\$13,908	-\$52,672	-\$16,171
% Difference from current			-30.9%	-16.6%	-29.3%	-11.0%	-41.7%	-12.8%
Rate Guarantee (Life / LTD)			3 / 3 / 3	2 / 2 / 2	2 / 2 / 2	2 / 2 / 2	2 / 2 / 2	3 / 3 / 3

Cigna Declined to Quote
 SunLife Declined to Quote
 Reliance Standard Includes COBRA Benefit \$1500 29 Months
 NIS - MNL Includes MPEB \$1500 24 Months
 The Hartford includes MPEB \$1500 24 Months