

Medical Marketing Analysis - Choices Plan

PLAN STATUS	CURRENT		RENEWAL		Quote 1		Quote 2		Quote 3		Quote 4	
CARRIER	MESSA		MESSA		WMHIP		WMHIP		BCBS		Priority Health	
Effective Date	July 1-2016		July 1-2017		July 1-2017		July 1-2017		July 1-2017		July 1-2017	
PLAN(S)	MESSA Choices		MESSA Choices		PPO		PPO		PPO		POS	
NETWORK(S)	BCBS		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	In-Net	Out-Net
Individual Deductible	\$200	\$400	\$200	\$400	\$250	\$500	\$250	\$500	\$250	\$500	\$200	\$400
Family Deductible	\$400	\$800	\$400	\$800	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	\$400	\$800
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%	80%	60%	100%	80%
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000	NA	\$2,000	\$1,000	\$2,000	NA	\$3,000	NA	\$1,500
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000	NA	\$4,000	\$2,000	\$4,000	NA	\$6,000	NA	\$3,000
Other Plan Details												
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	80% after Ded	60% after Ded	100% after Ded	80% 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	80% after Ded	60% after Ded	100% after Ded	80% after Ded
Emergency Care (<i>waived if admitted</i>)	\$50		\$50		\$25		\$25		\$150		\$50	
Office Visits	\$20	80% after Ded	\$20	80% after Ded	\$20	80% after Ded	\$20	70% after Ded	\$20	N/A	\$20	80% after Ded
Prescription Drugs												
Generic	\$10		\$10		\$10		\$10		\$10		\$10	
Formulary Brand	\$40		\$40		\$40		\$40		\$40		\$40	
Non-Formulary Brand	NA		NA		NA		NA		\$80		\$40	
Mail Order Prescriptions (<i>90 Days</i>)	2x		2x		2x		2x		2x		2x	
Rates												
Single	\$637.55		\$703.96		\$636.50		\$573.17		\$807.18		\$876.48	
2 Person	\$1,432.56		\$1,582.04		\$1,432.05		\$1,289.57		\$1,937.22		\$1,969.19	
Family	\$1,782.35		\$1,968.39		\$1,782.12		\$1,604.80		\$2,421.53		\$2,449.94	
Monthly Employee Payment with District Cap												
<u>2016 Teacher Caps</u>												
\$5,650	\$166.71		\$233.13		\$165.66		\$102.33		\$336.35		\$405.65	
\$12,250	\$411.72		\$561.21		\$411.22		\$268.73		\$916.39		\$948.36	
\$15,450	\$494.85		\$680.89		\$494.62		\$317.30		\$1,134.03		\$1,162.44	

Medical Marketing Analysis - ABC Plan

PLAN STATUS	CURRENT		RENEWAL		Quote 1		Quote 2		Quote 3		Quote 4	
CARRIER	MESSA		MESSA		WMHIP		WMHIP		BCBS		Priority Health	
Effective Date	July 1-2016		July 1-2017		July 1-2017		July 1-2017		July 1-2017		July 1-2017	
PLAN(S)	MESSA ABC Plans		MESSA ABC Plans		PPO		PPO		PPO		POS	
NETWORK(S)	BCBS		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	In-Net	Out-Net
Individual Deductible	\$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	\$500	\$1,000	\$2,600	\$5,200	\$2,600	\$5,200
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%	100%	80%	100%	80%
Coinsurance Max Ind	NA	\$2,000	NA	\$2,000	NA	\$2,000	\$1,000	\$2,000	NA	\$1,900	NA	\$1,400
Coinsurance Max Fam	NA	\$4,000	NA	\$4,000	NA	\$4,000	\$2,000	\$4,000	NA	\$3,800	NA	\$2,800
Other Plan Details												
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	100% after Ded	80% after Ded	100% after Ded	80% 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	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Emergency Care <i>(waived if admitted)</i>	100% after Ded		100% after Ded		100% after Ded		\$25		100% after Ded		100% after Ded	
Office Visits	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	\$20	70% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Prescription Drugs												
Generic	\$10 after Ded		\$10 after Ded		\$10 after Ded		\$10		\$10 after Ded		\$10 after Ded	
Formulary Brand	\$40 after Ded		\$40 after Ded		\$40 after Ded		\$40		\$40 after Ded		\$40 after Ded	
Non-Formulary Brand	NA		NA		NA		NA		\$80 after Ded		\$40 after Ded	
Mail Order Prescriptions <i>(90 Days)</i>	2x		2x		2x		2x		2x		2x	
Rates												
Single	\$528.43		\$578.80		\$527.70		\$573.17		\$589.96		\$679.34	
2 Person	\$1,187.06		\$1,300.42		\$1,187.27		\$1,289.57		\$1,415.91		\$1,526.27	
Family	\$1,476.86		\$1,617.93		\$1,477.50		\$1,604.80		\$1,769.89		\$1,898.90	
Monthly Employee Payment with District Cap												
<u>2016 Teacher Caps</u>												
\$5,650	\$57.60		\$107.97		\$56.87		\$102.33		\$119.13		\$208.51	
\$12,250	\$166.23		\$279.59		\$166.44		\$268.73		\$395.08		\$505.44	
\$15,450	\$189.36		\$330.43		\$190.00		\$317.30		\$482.39		\$611.40	

Dental Marketing Analysis – Pak A and C

PLAN STATUS:	2016/2017	RENEWAL**	ALTERNATIVE	ALTERNATIVE	ALTERNATIVE
CARRIER:	MESSA / Delta	MESSA / Delta	BCBS	MetLife	ADN Dental
Effective Date	7/1/2016	7/1/2017	7/1/2017	7/1/2017	7/1/2017
PLAN TYPE:	PPO	PPO	PPO	PPO	PPO
Plan Basics					
Deductible (Individual / Family)					
Class I - Preventive	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	60%	80%
Class IV - Orthodontia	80%	80%	80%	60%	80%
Annual Maximum-Class I-III	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime Maximum-Class IV	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Rates					
Employee	\$30.41	\$31.23	\$31.76	\$30.48	\$25.45
Employee + 1 Dependent	\$60.48	\$62.41	\$63.52	\$60.95	\$50.63
Family	\$111.41	\$118.27	\$111.16	\$112.26	\$93.26
Enrollment					
Employee	70	70	70	70	70
Employee + 1 Dependent	73	73	73	73	73
Family	347	347	347	347	347
Monthly Premium					
Monthly Premium	\$45,201.80	\$47,781.72	\$45,432.68	\$45,537.17	\$37,838.43
Annual Premium	\$542,421.62	\$573,380.64	\$545,192.16	\$546,446.04	\$454,061.13
Premium Variance from Renewal \$			(\$28,188.48)	(\$26,934.60)	(\$119,319.51)
Premium Variance from Renewal %			-4.92%	-4.70%	-20.81%
Rate Guarantee	None	None	1 year	1 year	2 years*

Notes

*Administration rate guaranteed for 2 years

Added 1.39% to MESSA current rates for taxes and fees

**MESSA renewal increase is 5.71% (\$30,959.02)

Dental Marketing Analysis – Pak B

Effective Date	7/1/2016	7/1/2017	7/1/2017	7/1/2017	7/1/2017
PLAN TYPE:	PPO	PPO	PPO	PPO	PPO
Plan Basics					
Deductible (Individual / Family)					
Class I - Preventive	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	60%	80%
Class IV - Orthodontia	80%	80%	80%	60%	80%
Annual Maximum-Class I-III	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime Maximum-Class IV	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Rates					
Employee	\$28.65	\$30.59	\$31.76	\$30.48	\$23.99
Employee + 1 Dependent	\$57.59	\$61.35	\$63.52	\$60.95	\$48.21
Family	\$107.84	\$117.30	\$111.16	\$112.26	\$90.27
Enrollment					
Employee	16	16	16	16	16
Employee + 1 Dependent	12	12	12	12	12
Family	87	87	87	87	87
Premiums					
Monthly Premium	\$10,531.46	\$11,430.74	\$10,941.32	\$10,985.70	\$8,815.89
Annual Premium	\$126,377.52	\$137,168.88	\$131,295.84	\$131,828.40	\$105,790.63
Premium Variance from Renewal\$			(\$5,873.04)	(\$5,340.48)	(\$31,378.25)
Premium Variance from Renewal%			-4.28%	-3.89%	-22.88%
Rate Guarantee	None	None	1 year	1 year	2 years*
Notes					
**Administration rate guaranteed for 2 years					

Notes

*Administration rate guaranteed for 2 years

Added 1.39% to MESSA current rates for taxes and fees

**MESSA renewal increase is 8.54% (\$10,791.36)

Vision Marketing Analysis

PLAN STATUS:	CURRENT		RENEWAL		ALTERNATIVE		ALTERNATIVE		ALTERNATIVE		ALTERNATIVE	
CARRIER:	VSP 3		VSP 3		NVA		EyeMed		MetLife		VSP	
Effective Date	7/1/2016		7/1/2017		7/1/2017		7/1/2017		7/1/2017		7/1/2017	
	In Net	Out Net			In Net	Out Net	In Net	Out Net	In Net	Out Net		
PLAN BASICS												
Exam	Covered 100%	Up to \$45	Covered 100%	Up to \$45	Covered 100%	Up to \$45	Covered 100%	Up to \$45	Covered 100%	Up to \$45	Covered 100%	Up to \$50
Single Vision Lenses	Covered 100%	Up to \$38	Covered 100%	Up to \$38	Covered 100%	Up to \$38	Covered 100%	Up to \$38	Covered 100%	Up to \$30	Covered 100%	Up to \$50
Bifocal Lenses	Covered 100%	Up to \$60	Covered 100%	Up to \$60	Covered 100%	Up to \$60	Covered 100%	Up to \$60	Covered 100%	Up to \$50	Covered 100%	Up to \$75
Trifocal Lenses	Covered 100%	Up to \$72	Covered 100%	Up to \$72	Covered 100%	Up to \$72	Covered 100%	Up to \$72	Covered 100%	Up to \$65	Covered 100%	Up to \$100
Lenticular Lenses	Covered 100%	Up to \$108	Covered 100%	Up to \$108	Covered 100%	Up to \$108	Covered 100%	Up to \$108	Covered 100%	Up to \$100	Covered 100%	Up to \$100
Frame	Up to \$65	Up to \$55	Up to \$65	Up to \$55	Up to \$65	Up to \$55	Up to \$65	Up to \$55	Up to \$65	Up to \$35	Up to \$130	Up to \$70
Contact Lenses												
Necessary	Covered 100%	Up to \$175	Covered 100%	Up to \$175	Covered 100%	Up to \$200	Covered 100%	Up to \$200	Covered 100%	Up to \$210	Covered 100%	Up to \$210
Elective	Up to \$115	Up to \$115	Up to \$115	Up to \$115	Up to \$115	Up to \$115	Up to \$115	Up to \$115	Up to \$65	Up to \$55	Up to \$130	Up to \$105
Coverage Periods												
Exams	12 Months		12 Months		12 Months		12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months		12 Months		12 Months		12 Months	
Frames	12 Months		12 Months		12 Months		12 Months		12 Months		12 Months	
RATES												
Employee	\$5.23		\$4.84		\$6.28		\$5.03		\$5.75		\$13.22	
Single + 1	\$11.24		\$10.41		\$13.50		\$10.82		\$12.36		\$26.46	
Family	\$16.91		15.66		\$20.30		\$16.75		\$18.60		\$42.60	
EMPLOYEE COUNTS												
Employee	77		77		77		77		77		77	
Single + 1	85		85		85		85		85		85	
Family	434		434		434		434		434		434	
Monthly Premium	\$8,694.27		\$8,053.97		\$10,441.26		\$8,576.51		\$9,565.75		\$21,755.44	
Annual Premium	\$104,331.27		\$96,647.64		\$125,295.12		\$102,918.12		\$114,789.00		\$261,065.28	
Premium Difference \$	N/A		(\$7,683.63)		\$20,963.85		(\$1,413.15)		\$10,457.73		\$156,734.01	
Premium Difference %	N/A		-7.36%		20.09%		-1.35%		10.02%		150.23%	
Rate Guarantee					4 Years		4 Years		2 Years		2 Years	

Notes

Added 3.08% to MESSA current rates for taxes and fees

Life/LTD Marketing Analysis

Benefit	Volume	MESSA/CIGNA (Current)	MESSA/CIGNA (Renewal)	NIS KCL *	NIS MNL *	MetLife *	Reliance Standard	The Standard	UNUM	The Hartford *
Basic Life	\$20,825,000	\$0.09	\$0.09	\$0.11	\$0.12	\$0.09	\$0.15	\$0.09	\$0.13	\$0.07
AD&D	\$20,825,000	\$0.03	\$0.03	\$0.02	\$0.02	\$0.02	\$0.01	\$0.03	\$0.02	\$0.03
Life/AD&D Premium		\$29,988	\$29,988	\$31,487	\$32,487	\$26,240	\$40,909	\$29,988	\$37,485	\$24,990
Long Term Disability	\$3,311,895	\$0.46	\$0.48	\$0.29	\$0.30	\$0.45	\$0.37	\$0.45	\$0.47	\$0.34
LTD Premium		\$182,817	\$190,765	\$115,254	\$119,228	\$179,637	\$147,048	\$179,240	\$186,791	\$133,536
Total Premium		\$212,805	\$220,753	\$146,741	\$151,715	\$205,877	\$187,957	\$209,228	\$224,276	\$158,526
\$ Difference from current			\$7,949	-\$66,063	-\$61,089	-\$6,928	-\$24,848	-\$3,577	\$11,471	-\$54,279
% Difference from current			3.7%	-31.0%	-28.7%	-3.3%	-11.7%	-1.7%	5.4%	-25.5%
Rate Guarantee (Life / LTD)		1 / 1	1 / 1	3 / 3	3 / 3	2 / 2	2 / 2	2 / 2	3 / 3	2 / 2

* This carrier has MPB included