



**Mecosta Osceola ISD**  
Medical Renewal - 7/1/2022

Period Effective Date Plan(s)	Non-Affiliate - 2X						AFSCME - 1X					
	Current 7/1/2021		Renewal 7/1/2022		Alternative 7/1/2023 (18) 07/01/2022		Current 7/1/2021		Renewal 7/1/2022		Alternative 7/1/2023 (18)	
	Priority Health POS HDHP		Priority Health POS HDHP		WMHIP PH POS HDHP		Priority Health POS HDHP		Priority Health POS HDHP		WMHIP PH POS HDHP	
	In Network	Out of Network	In Network	Out of Network	In Network		In Network	Out of Network	In Network	Out of Network	In Network	
Plan Basics												
Individual Deductible	\$1,400	\$3,000	\$1,400	\$3,000	\$1,400		\$1,400	\$3,000	\$1,400	\$3,000	\$1,400	
Family Deductible	\$2,800	\$6,000	\$2,800	\$6,000	\$2,800		\$2,800	\$6,000	\$2,800	\$6,000	\$2,800	
Coinsurance	90%	70%	90%	70%	90%		90%	70%	90%	70%	90%	
Individual Out of Pocket Maximum	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000		\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	
Family Out of Pocket Maximum	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000		\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	
<b>Other Plan Details</b>												
Hospital Services	90% after Ded	70% after Ded	90% after Ded	70% after Ded	90% after Ded		90% after Ded	70% after Ded	90% after Ded	70% after Ded	90% after Ded	
Inpatient Care	90% after Ded	70% after Ded	90% after Ded	70% after Ded	90% after Ded		90% after Ded	70% after Ded	90% after Ded	70% after Ded	90% after Ded	
Emergency Care (waived if admitted)	90% after Ded		90% after Ded		90% after Ded		90% after Ded		90% after Ded		90% after Ded	
Office Visits	90% after Ded	70% after Ded	90% after Ded	70% after Ded	90% after Ded		90% after Ded	70% after Ded	90% after Ded	70% after Ded	90% after Ded	
<b>Prescription Drugs</b>												
Generic	\$10 after Ded	NA	\$10 after Ded	NA	\$10 after Ded		\$10 after Ded	NA	\$10 after Ded	NA	\$10 after Ded	
Brand	\$40 after Ded	NA	\$40 after Ded	NA	\$40 after Ded		\$40 after Ded	NA	\$40 after Ded	NA	\$40 after Ded	
Mail Order Prescriptions (90 Days)	2X		2X		2X		1X		1X		1X	
<b>Monthly Base Rate</b>	Current		Renewal		Alternative		Current		Renewal		Alternative	
Employee	\$586.02		\$647.20		\$600.08		\$586.92		\$648.18		\$600.99	
EE+ 1	\$1,318.66		\$1,456.33		\$1,350.19		\$1,320.68		\$1,458.54		\$1,352.24	
Family	\$1,640.92		\$1,812.22		\$1,680.21		\$1,643.44		\$1,814.96		\$1,682.75	
<b>Monthly Rates with Deductibles Payments</b>	Current		Renewal		Alternative		Current		Renewal		Alternative	
Employee	\$702.69		\$763.87		\$716.75		\$703.59		\$764.85		\$717.66	
EE+ 1	\$1,551.99		\$1,689.66		\$1,583.52		\$1,554.01		\$1,691.87		\$1,585.57	
Family	\$1,874.25		\$2,045.55		\$1,913.54		\$1,876.77		\$2,048.29		\$1,916.08	
<b>Monthly Employee Payment Using PA 152 Caps</b>	2021 Caps		2022 Caps		2022 Caps		2021 Caps		2022 Caps		2022 Caps	
	\$115.70		\$147.25		\$100.13		\$116.60		\$148.23		\$101.03	
	\$324.41		\$400.11		\$293.97		\$326.43		\$402.32		\$296.02	
	\$273.36		\$363.85		\$231.84		\$275.88		\$366.59		\$234.37	
<b>Employee Payment Per Pay Period</b>												
Employee	\$53.40		\$67.96		\$46.21		\$53.81		\$68.41		\$46.63	
EE+ 1	\$149.73		\$184.67		\$135.68		\$150.66		\$185.69		\$136.62	
Family	\$126.17		\$167.93		\$107.00		\$127.33		\$169.19		\$108.17	
<b>Enrollment</b>												
Employee	22		22		22		10		10		10	
EE+ 1	12		12		12		9		9		9	
Family	40		40		40		10		10		10	
<b>Total</b>	Base Rate	W/ Ded. funding	Base Rate	W/ Ded. funding	Base Rate	W/ Ded. funding	Base Rate	W/ Ded. funding	Base Rate	W/ Ded. funding	Base Rate	W/ Ded. funding
Estimated Monthly	\$94,353	\$109,053	\$104,203	\$118,903	\$96,612	\$111,312	\$34,190	\$39,790	\$37,758	\$43,358	\$35,007	\$40,607
Estimated Yearly	\$1,132,238	\$1,308,637	\$1,250,438	\$1,426,837	\$1,159,349	\$1,335,748	\$410,277	\$477,476	\$453,099	\$520,299	\$420,090	\$487,289
Estimated Yearly Change \$	--	--	\$118,200	\$118,200	\$27,111	\$27,111	--	--	\$42,822	\$42,822	\$9,813	\$9,813
Estimated Yearly Change %	--	--	10.44%	9.03%	2.39%	2.07%	--	--	10.44%	8.97%	2.39%	2.06%

Notes:  
Enrollments are taken from PH 7/1/2022 renewal  
Expecting Alternate 18 month PH quote

Annual Caps	2021	2022
Single	\$ 7,043.89	\$ 7,399.47
2 Person	\$ 14,730.96	\$ 15,474.60
Family	\$ 19,210.66	\$ 20,180.43



## Mecosta Osceola ISD Dental Renewal - 7/1/2022

Period Effective Date Plan(s)	ADN		Amercias
	Current 7/1/2021 Class 1: Admin	Current 7/1/2021 Class 2: Support Staff	Alternate 7/1/2022 Combined
Benefits			
Deductible	\$0	\$0	\$0
Coinsurance			
Type 1: Preventative	100%	80%	80%
Type 2: Basic	90%	80%	80%
Type 3: Major	90%	80%	80%
Annual Maximum	\$1,000	\$1,000	\$1,000
Type 4: Orthodontia	90%	80%	80%
Lifetime Ortho Maximum	\$1,300	\$1,300	\$1,300
<b>Financials</b>	<b>Class 1</b>	<b>Class 2</b>	<b>Current</b>
Employee Only	16	14	\$37.96
Employee + Spouse	55	15	\$85.67
Employee + Family	25	18	\$102.82
<b>Total</b>	<b>96</b>	<b>47</b>	<b>Current</b>
Monthly Premium	\$7,889.71		\$2,784.96
Annual Premium	\$94,676.52		\$33,419.52
Total Plan Annual Premium	\$128,096.04		\$129,345.72
Total Plan Annual Difference \$	--		\$1,249.68
Total Plan Annual Difference %	--		0.98%
Rate Guarantee	7/1/2023		7/1/2024

**Notes:**

Enrollments are taken from 2022 Census  
Delta Dental Declined to Quote

# Mecosta Osceola ISD

Vision Renewal - 7/1/2022

			NVA		Eye Med	
			AFSCME	Non- Affiliated	AFSCME	Non- Affiliated
Benefits			In-Network	In-Network	In-Network	In-Network
Examination Copay			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Materials Copay			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Lenses						
Single			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Bifocal			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Trifocal			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Lenticular			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Contact Lenses						
Medically Necessary			Covered 100%	Covered 100%	Covered 100%	Covered 100%
Elective			\$200 Allowance	\$200 Allowance	\$250 Allowance	\$230 Allowance
Frames			\$200 allowance 20% off balance			
Benefit Frequency						
Examination			12 months	12 months	12 months	12 months
Contacts			12 months	12 months	12 months	12 months
Lenses/Frames			12 months	12 months	12 months	12 months
Financials		Enrollment	Current	Current	Alternate	Alternate
Employee Only		14    16	\$10.92	\$10.59	\$11.77	\$11.46
Employee + 1		15    55	\$19.66	\$19.07	\$21.19	\$20.63
Employee + 2 or more		18    25	\$28.38	\$27.54	\$30.59	\$29.78
Monthly Premium			\$958.62	\$1,906.79	\$1,033.25	\$2,062.51
Annual Premium			\$11,503.44	\$22,881.48	\$12,399.00	\$24,750.12
Total Annual			\$34,384.92		\$37,149.12	
Total Difference			--		\$2,764.20	
Total % Increase			--		8%	
Rate Guarantee			7/1/2023		7/1/2024	

**Notes:**

Enrollment from 2022 Census

Delta Dental/VSP Declined to Quote

<b>NIS</b>	
<b>Group Life and AD&amp;D</b>	
<b>7/1/2022</b>	
<b>Benefit Amount</b>	
Administrators	\$100,000
Administrative Professionals & Maintenance	\$35,000
Non-Union Instructional & Para-Educators	\$30,000
<b>Financials</b>	<b>Current / Renewal</b>
Life Rates Per \$1,000	\$0.14
AD&D Rates Per \$1,000	\$0.012
Life Volume	\$3,955,000
AD&D Volume	\$3,955,000
<b>Total</b>	<b>Current/Renewal</b>
Estimated Monthly	\$601.16
Estimated Yearly	\$7,213.92
Rate Guarantee	7/1/2023



NIS		
Long Term Disability		
7/1/2022		
All Groups		
<b>Benefit</b>		
Elimination Period	90 days	
Benefit Percentage	66.67%	
Maximum Monthly Benefit	\$8,889	
Own Occupation	24 Months	
Benefit Duration	to age 65	
<b>Financials</b>	<b>Current</b>	<b>Renewal</b>
Rate Per \$100 of Covered Payroll	\$0.52	\$0.52
Volume	\$388,933	\$388,933
<b>Total</b>	<b>Current</b>	<b>Renewal</b>
Estimated Monthly	\$2,003.00	\$2,003.00
Estimated Yearly	\$24,036.04	\$24,036.04
Annual Premium Difference \$		\$0.00
Annual Premium Difference %		0.00%
Rate Guarantee	--	7/1/2023

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## Mecosta Osceola ISD - Quote Summary

2022 Solvency

Carrier	Line of Coverage	Response	Commissions/Supplemental Compensation
<b>Current:</b>			
Priority Health	Medical	Renewal	2% / \$0-\$40 PEPY
ADN Dental	Dental	Current	\$.75 PEPM
NVA	Vision	Current	5% of Premium
NIS	Life, LTD, Voluntary Life, STD, LTD	Rate Pass	8% of Premium
<b>Alternatives:</b>			
WMHIP	Medical	Quote	\$18.45 PEPM / \$0-\$7 PEPM- 3.5% stop loss
Delta Dental	Dental / Vision	Decline	
Amertias	Dental	Quote	0% - 3% of premium
EyeMed	Vision	Quote	10% of Premium
Priority Health	Medical	18 Months Rates Option	2% / \$0-\$40 PEPY

**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.

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