

## Medical Rate Summary Godfrey-Lee Public Schools All Employees

Assumed Effective Date: 2/1/2019

Current Plan(s) and Segment:		1P	2P	FF		Total Annual Cost
Union Support Staff - PAK A	Census	2	2	4	8	
MESSA Choices \$500-0%; Saver Rx	Rate	\$676.40	\$1,520.03	\$1,891.22		\$143,493
Union Support Staff - PAK C	Census		1	1	2	
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx	Rate	\$604.05	\$1,357.23	\$1,688.63		\$36,550
Teachers - PAK A	Census	2	13	7	22	
MESSA Choices \$500-0%; Saver Rx	Rate	\$676.40	\$1,520.03	\$1,891.22		\$412,221
Teachers - PAK C	Census	10	8	47	65	
MESSA ABC Plan 1 HSA \$1350-0%; ABC Rx	Rate	\$604.05	\$1,357.23	\$1,688.63		\$1,155,167
Teachers - PAK D	Census	2	1	3	6	
MESSA ABC Plan 1 HSA \$1350-10%; ABC Rx	Rate	\$562.47	\$1,263.68	\$1,572.21		\$85,263
Administrators & Non-Union Support Staff - PPO \$250-0% Plan	Census	4		4	8	
BCBSM PPO \$250-0%; \$10/\$40 Rx	Rate	\$687.76	\$1,549.83	\$1,928.67		\$125,589
Administrators & Non-Union Support Staff - PPO \$250-10% Plan	Census	2	1	4	7	
BCBSM PPO \$250-10%; \$10/\$40 Rx	Rate	\$614.18	\$1,384.02	\$1,722.33		\$114,020
Administrators & Non-Union Support Staff - PPO \$1350 HSA Plan	Census	2		3	5	
BCBSM PPO HSA \$1350-0%; \$10/\$40 Rx	Rate	\$569.74	\$1,283.85	\$1,628.44		\$72,298
	TOTALS:	24	26	73	123	\$2,144,601

				Estimated				
				<b>Total Annual</b>	Annual			
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings			
BCBSM Simply Blue Conventional Plans								
BCBSM SB PPO \$250-20%; \$1500 ECM; \$10/\$40/\$80 Rx	\$571	\$1,358	\$1,696	\$2,073,650	\$70,951			
BCBSM SB PPO \$500-20%; \$2500 ECM; \$10/\$40/\$80 Rx	\$540	\$1,285	\$1,604	\$1,961,665	\$182,936			

					Estimated
				<b>Total Annual</b>	Annual
Product Name	1P Rate	2P Rate	FF Rate	Cost	Savings
BCBSM Simply Blue HSA Plans					
BCBSM SB PPO HSA \$1350-0%; \$10/\$40/\$80 Rx	\$509	\$1,209	\$1,509	\$1,845,617	\$298,984
BCBSM SB PPO HSA \$1350-20%; \$10/\$40/\$80 Rx	\$476	\$1,130	\$1,411	\$1,725,656	\$418,945
BCBSM SB PPO HSA \$2000-0%; \$10/\$40/\$80 Rx	\$463	\$1,100	\$1,373	\$1,679,257	\$465,344
BCBSM SB PPO HSA \$2000-20%; \$10/\$40/\$80 Rx	\$436	\$1,035	\$1,291	\$1,579,646	\$564,955
BCBSM SB PPO HSA \$3000-0%; \$10/\$40/\$80 Rx	\$428	\$1,014	\$1,266	\$1,548,605	\$595,996
BCBSM SB PPO HSA \$3000-20%; \$10/\$40/\$80 Rx	\$389	\$922	\$1,151	\$1,407,819	\$736,782
McLaren POS Traditional Plans					
McLaren POS \$250-0%; \$10/\$40/\$40 Rx	\$704	\$1,573	\$1,955	\$2,406,264	-\$261,663
McLaren POS \$250-20%; \$10/\$40/\$40 Rx	\$658	\$1,469	\$1,826	\$2,247,505	-\$102,904
McLaren POS \$500-0%; \$10/\$40/\$40 Rx	\$687	\$1,535	\$1,908	\$2,348,564	-\$203,963
McLaren POS \$500-20%; \$10/\$40/\$40 Rx	\$643	\$1,435	\$1,783	\$2,194,947	-\$50,346
McLaren HMO HSA Plans					
McLaren HMO HSA \$1350-0%; 0% Rx	\$573	\$1,279	\$1,589	\$1,955,848	\$188,753
McLaren HMO HSA \$1750-20%; \$10/\$25/\$40 Rx	\$487	\$1,083	\$1,345	\$1,656,480	\$488,121
McLaren HMO HSA \$2,000-0%; \$10/\$25/\$40 Rx	\$505	\$1,125	\$1,397	\$1,720,344	\$424,257
McLaren HMO HSA \$2,000-20%; \$10/\$25/\$40 Rx	\$460	\$1,023	\$1,270	\$1,564,532	\$580,069
McLaren HMO HSA \$3,000-0%; \$10/\$25/\$40 Rx	\$441	\$981	\$1,218	\$1,499,967	\$644,634
McLaren HMO HSA \$3,000-20%; \$10/\$25/\$40 Rx	\$409	\$907	\$1,127	\$1,387,888	\$756,713
MESSA	See se	parate rate s	sheets		
Priority Health	De	clined to quo	ote		

## BCBSM:

\*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

## McLaren:

## SET SEG:

<sup>\*</sup>McLaren rates include taxes and fees.

<sup>\*</sup>Rates include \$8.30 enrollment and billing service fee.

<sup>\*</sup>Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.



Dental Rate Summary
Godfrey-Lee Public Schools
All Employees
Assumed Effective Date: 2/1/2019

					Monthly	<b>Total Annual</b>	
Current Plan(s) and Segment:		1P	2P	FF	Composite	Cost	Rate Period
Union Support Staff Enrolled in Medical	Census	2	3	5	\$126.87	\$15,224	1/1/2019-12/31/2019
MESSA 100%/100%/90%/80%-\$2000/\$1500	Rate	\$52.30	\$100.14	\$172.73			
Union Support Staff Not Enrolled in Medical	Census		2		\$111.67	\$2,680	1/1/2019-12/31/2019
MESSA 100%/100%/90%/80%-\$2000/\$1500	Rate	\$60.16	\$111.67	\$188.63			
Union Support Staff Not Enrolled in Medical COB Plan	Census		1		\$49.00	\$588	1/1/2019-12/31/2019
MESSA 50%/50%/50%-\$2000/\$1500	Rate	\$26.16	\$49.00	\$87.60	0.00		1/1/2015-12/51/2015
Teachers Enrolled in Medical	Census	13	20	52	\$119.03	\$121,415	1/1/2019-12/31/2019
MESSA 100%/100%/90%/80%-\$2000/\$1500	Rate	\$43.76	\$81.86	\$152.15			
Teachers Not Enrolled in Medical	Census	3	5	9	\$109.56	\$22,351	1/1/2019-12/31/2019
MESSA 100%/100%/90%/80%-\$2000/\$1500	Rate	\$41.03	\$78.40	\$149.72			
Teachers Enrolled in Medical COB Plan	Census	1	2	5	\$56.71	\$5,444	1/1/2019-12/31/2019
MESSA 50%/50%/50%/50%-\$2000/\$1500	Rate	\$19.69	\$36.60	\$72.16			
Teachers Not Enrolled in Medical COB Plan	Census	1		6	\$65.84	\$5,531	1/1/2019-12/31/2019
MESSA 50%/50%/50%/50%-\$2000/\$1500	Rate	\$18.92	\$36.92	\$73.66			
Administrators and Non-Union Support Staff	Census	9	2	16	\$89.44	\$28,978	
ADN SF 100%/100%/90%/80%-\$2000/\$1500	Rate	\$42.48	\$95.87	\$115.05			
	TOTALS:	29	35	93		\$202,211	

					Monthly				
Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Composite	<b>Total Cost</b>	Estimated Annual Savings		
MetLife 100%/100%/90%/50%-\$2000/\$1500	2/1/2019-1/31/2020	\$52.49	\$97.58	\$158.70	\$125.46	\$236,359	-\$34,149		
Ameritas	See additional rate sheets								
SET		See add	ditional rat	e sheets					
MESSA	Refer to MESSA proposal								
SunLife	Declined to quote								

Guardian Declined to quote
UNUM Did not respond to quote request

<sup>\*</sup>Proposed plan rates include taxes and fees.

<sup>\*</sup>There is an additional \$2.00 per employee per month fee for enrollment and billing for non SET plans.



Dental Rate Summary
Godfrey-Lee Public Schools
Employees Enrolled in Non-COB Plan
Assumed Effective Date: 2/1/2019

					Monthly	<b>Total Annual</b>	
Current Plan(s) and Segment:		1P	2P	FF	Composite	Cost	Rate Period
Union Support Staff Enrolled in Medical	Census	2	3	5	\$126.87	\$15,224	1/1/2019-12/31/2019
MESSA 100%/100%/90%/80%-\$2000/\$1500	Rate	\$52.30	\$100.14	\$172.73			
Union Support Staff Not Enrolled in Medical	Census		2		\$111.67	\$2,680	1/1/2019-12/31/2019
MESSA 100%/100%/90%/80%-\$2000/\$1500	Rate	\$60.16	\$111.67	\$188.63			
Teachers Enrolled in Medical	Census	13	20	52	\$119.03	\$121,415	1/1/2019-12/31/2019
MESSA 100%/100%/90%/80%-\$2000/\$1500	Rate	\$43.76	\$81.86	\$152.15			
Teachers Not Enrolled in Medical	Census	3	5	9	\$109.56	\$22,351	1/1/2019-12/31/2019
MESSA 100%/100%/90%/80%-\$2000/\$1500	Rate	\$41.03	\$78.40	\$149.72			
Administrators and Non-Union Support Staff	Census	9	2	16	\$89.44	\$28,978	
ADN SF 100%/100%/90%/80%-\$2000/\$1500	Rate	\$42.48	\$95.87	\$115.05			
	TOTALS:	27	32	82		\$190,648	

					Monthly		
Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Composite	<b>Total Cost</b>	<b>Estimated Annual Savings</b>
Ameritas 100%/100%/90%/80%-\$2000/\$1500	2/1/2019-1/31/2020	\$58.56	\$114.00	\$192.24	\$148.89	\$251,914	-\$61,266
SET SF 100%/100%/90%/80%-\$2000/\$1500	2/1/2019-1/31/2020	\$47.57	\$60.74	\$161.58	\$116.86	\$197,732	-\$7,084

<sup>\*</sup>Proposed plan rates include taxes and fees.

<sup>\*</sup>SET SF rates are illustrative.

<sup>\*</sup>There is an additional \$2.00 per employee per month fee for enrollment and billing for non SET plans.



Dental Rate Summary Godfrey-Lee Public Schools Employees Enrolled in COB Plan Assumed Effective Date: 2/1/2019

Current Plan(s) and Segment:		1P	2P	FF	Monthly Composite	Total Annual Cost	Rate Period
Union Support Staff Not Enrolled in Medical COB Plan	Census		1		\$49.00	\$588	1/1/2019-12/31/2019
MESSA 50%/50%/50%/50%-\$2000/\$1500	Rate	\$26.16	\$49.00	\$87.60			
Teachers Enrolled in Medical COB Plan	Census	1	2	5	\$56.71	\$5,444	1/1/2019-12/31/2019
MESSA 50%/50%/50%/50%-\$2000/\$1500	Rate	\$19.69	\$36.60	\$72.16			
Teachers Not Enrolled in Medical COB Plan	Census	1		6	\$65.84	\$5,531	1/1/2019-12/31/2019
MESSA 50%/50%/50%/50%-\$2000/\$1500	Rate	\$18.92	\$36.92	\$73.66			
	TOTALS:	2	3	11		\$11,563	

					Monthly		
Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Composite	<b>Total Cost</b>	<b>Estimated Annual Savings</b>
Ameritas 50%/50%/50%/80%-\$2000/\$1500	2/1/2019-1/31/2020	\$25.68	\$50.68	\$88.40	\$73.49	\$14,110	-\$2,547
SET SF 50%/50%/50%/50%-\$2000/\$1500	2/1/2019-1/31/2020	\$29.61	\$37.14	\$94.79	\$75.83	\$14,560	-\$2,997

<sup>\*</sup>Proposed plan rates include taxes and fees.

<sup>\*</sup>SET SF rates are illustrative.

<sup>\*</sup>There is an additional \$2.00 per employee per month fee for enrollment and billing for non SET plans.



Vision Rate Summary Godfrey-Lee Public Schools All Employees

Assumed Effective Date: 2/1/2019

					Monthly	<b>Total Annual</b>	
Current Plan(s) and Segment:		1P	2P	FF	Composite	Cost	Rate Period
Teachers and Union Support Staff	Census	20	33	77	\$17.79	\$27,753	1/1/2019-12/31/2019
MESSA VSP 3 \$0/\$0 copay - \$65 frame	Rate	\$6.80	\$14.63	\$22.00			
Administrators and Non-Union Support Staff	Census	9	2	16	\$16.12	\$5,223	9/1/2018-8/31/2019
NVA \$0/\$0 copay - \$65 frame	Rate	\$8.03	\$14.46	\$20.88			
	TOTALS:	29	35	93		\$32,977	

		Monthly							
Product Name	Rate Period	1P Rate	2P Rate	FF Rate	Composite	<b>Total Cost</b>	<b>Estimated Annual Savings</b>		
Ameritas \$10/\$10 copay - \$130 frame (Eyemed Network)	2/1/2019-1/31/2021	\$6.48	\$12.24	\$17.92	\$14.54	\$27,395	\$5,582		
Ameritas \$0/\$0 copay - \$100 frame (VSP Network)	2/1/2019-1/31/2021	\$7.48	\$14.16	\$20.64	\$16.76	\$31,584	\$1,392		
Eyemed \$0/\$0 copay - \$65 frame	2/1/2019-1/31/2022	\$6.62	\$12.58	\$18.48	\$14.97	\$28,211	\$4,766		
Eyemed \$0/\$0 copay - \$65 frame (Bronze plan)	2/1/2019-1/31/2022	\$9.17	\$17.42	\$25.60	\$20.74	\$39,077	-\$6,100		
NVA \$0/\$0 copay - \$65 frame	2/1/2019-1/31/2020	\$8.03	\$14.46	\$20.88	\$17.08	\$32,170	\$807		
MetLife \$0/\$0 copay - \$65 frame	2/1/2019-1/31/2021	\$8.01	\$15.06	\$21.43	\$17.53	\$33,029	-\$52		
SET SF \$0/\$0 copay - \$65 frame	2/1/2019-1/31/2020	\$8.92	\$15.98	\$28.14	\$21.88	\$41,220	-\$8,243		
MESSA		Refer t	o MESSA p	roposal					
SunLife		De	clined to qu	ıote					
Guardian	Declined to quote								
UNUM	Did not respond to quote request								
VSP		Did not re	spond to q	uote reque	st				

<sup>\*</sup>Proposed rates include taxes and fees.

<sup>\*</sup>SET SF rates are illustrative.

<sup>\*</sup>There is an additional \$2.00 per employee per month fee for enrollment and billing for non SET plans.