



Gallagher Benefit Services, Inc.
t h i n k i n g a h e a d

Delton Kellogg Public Schools - Medical Quote (PA106)

April 2015 Marketing

Carrier	Line of Coverage	Response
Current:		
MESSA-BCBS	Medical and Rx	Quoted-Renewal
Alternatives:		
BCBS	Medical and Rx	Quoted
WMHIP - BCBS	Medical and Rx	Quoted
CONSUMERS MUTUAL	Medical and Rx	Declined
PRIORITY HEALTH	Medical and Rx	Quoted
AETNA	Medical and Rx	Declined



Callaghan Benefit Services, Inc.

t h i n k i n g a h e a d

Delton Kellogg Public Schools - Dental Quote (PA106)

April 2015 Marketing

Carrier	Line of Coverage	Response
Current:		
MESSA/DELTA	Dental	Quoted-Renewal
Alternatives:		
BCBS	Dental	Quoted
ADN	Dental	Quoted
AETNA	Dental	Quoted
DELTA	Dental	Declined
METLIFE	Dental	Quoted
AMERITAS	Dental	Declined



Gallagher Benefit Services, Inc.
t h i n k i n g a h e a d

Delton Kellogg Public Schools - Life Quote (PA106)

April 2015 Marketing

Carrier	Line of Coverage	Response
Current:		
MESSA/CIGNA	Life	Quoted-Renewal
Alternatives:		
SUNLIFE	Life	Declined
NIS	Life	Quoted
UNUM	Life	Quoted
THE STANDARD	Life	Quoted
METLIFE	Life	Quoted
CIGNA	Life	Declined
RELIANCE STANDARD	Life	Quoted
HARTFORD	Life	Quoted

Delton Kellogg School District Teachers

Basic Life/AD&D Marketing Results - Union Group

Benefit	MESSA/CIGNA (Renewal)		NIS - MNL	MetLife	Reliance Standard	Unum	The Standard	Hartford
	Volume							
Basic Life	\$1,775,000	\$0.110	\$0.110	\$0.096	\$0.120	\$0.120	\$0.160	\$0.100
AD&D	\$1,775,000	\$0.030	\$0.020	\$0.016	\$0.030	\$0.010	\$0.015	\$0.020
Life/AD&D Premium		\$2,982	\$2,769	\$2,386	\$3,195	\$2,769	\$3,728	\$2,556
Long Term Disability								
LTD Premium		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Premium		\$2,982	\$2,769	\$2,386	\$3,195	\$2,769	\$3,728	\$2,556
\$ Difference from current			-\$213	-\$596	\$213	-\$213	\$746	-\$426
% Difference from current			-7.1%	-20.0%	7.1%	-7.1%	25.0%	-14.3%
Rate Guarantee (Life / LTD)				2 Years	2 Years	2 Years	3 Years	2 Years

All carriers assume both Teacher and Maintenance will move insurer
 Cigna Declined to Quote
 NIS - if only Teachers move to NIS, rate will be \$.115/\$.02

Delton Kellogg School District Maintenance

Basic Life/AD&D Marketing Results - Union Group

Benefit	Volume	MESSA/CIGNA (Renewal)				MetLife	Reliance Standard	Unum	The Standard	Hartford
		NIS - MNL	NIS - MNL	NIS - MNL	NIS - MNL					
Basic Life	\$40,000	\$0.110	\$0.110	\$0.110	\$0.096	\$0.120	\$0.120	\$0.160	\$0.100	
AD&D	\$40,000	\$0.030	\$0.030	\$0.020	\$0.016	\$0.030	\$0.010	\$0.015	\$0.020	
Life/AD&D Premium		\$67	\$67	\$62	\$54	\$72	\$62	\$84	\$58	
Long Term Disability										
LTD Premium		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total Premium		\$67	\$67	\$62	\$54	\$72	\$62	\$84	\$58	
\$ Difference from renewal				-\$5	-\$13	\$5	-\$5	\$17	-\$10	
% Difference from renewal				-7.1%	-20.0%	7.1%	-7.1%	25.0%	-14.3%	
Rate Guarantee					2 Years	2 Years	2 Years	3 Years	2 Years	

All carriers assume both Teacher and Maintenance will move insurer
 Cigna Declined to Quote
 NIS - if only Maintenance move to NIS, rate will be \$.272/\$.02

Delton Kellogg Public Schools Teachers - Choices 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		OPTION V	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
CARRIER	MESSA		MESSA		WMHIP		WMHIP		BCBS		Priority Health	
Effective Date	July 1-2014		July 1-2015		July 1-2015		July 1-2015		July 1-2015		July 1-2015	
PLAN(S)	MESSA Choices II		MESSA Choices II		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	\$300	\$600	\$300	\$600	\$250	\$500	\$250	\$500	\$250	\$500	\$250	\$500
Family Deductible	\$600	\$1,200	\$600	\$1,200	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000	\$500	\$1,000
Coinurance Level	100%	80%	100%	80%	100%	80%	90%	70%	80%	60%	100%	70%
Other Plan Details	100%	80%	100%	80%	100%	80%	90%	70%	80%	60%	100%	80%
Hospital Services	100%	80%	100%	80%	100%	80%	90%	70%	80%	60%	100%	80%
Inpatient Care	\$50	\$50	\$50	\$50	\$25	\$25	\$25	\$25	\$150	\$150	\$50	\$50
Emergency Care (varies if admitted)	\$10	N/A	\$10	N/A	\$10	N/A	\$20	N/A	\$30	N/A	\$10/\$10/\$20	N/A
Office Visits	\$10	N/A	\$10	N/A	\$10	N/A	\$10	N/A	\$15	N/A	\$10	\$10
Prescription Drugs	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$30	\$30	\$40	\$40
Generic	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$60	\$60	\$40	\$40
Formulary Brand	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
Non-Formulary Brand	\$609.08	\$659.60	\$659.60	\$659.60	\$611.74	\$611.74	\$546.29	\$546.29	\$44.31	\$44.31	\$625.42	\$625.42
Mail Order Prescriptions (90 Days)	\$1,368.54	\$1,482.28	\$1,482.28	\$1,482.28	\$1,376.36	\$1,376.36	\$1,229.11	\$1,229.11	\$1,306.33	\$1,306.33	\$1,404.87	\$1,404.87
Rates	\$1,762.68	\$1,844.13	\$1,844.13	\$1,844.13	\$1,712.83	\$1,712.83	\$1,529.57	\$1,529.57	\$1,632.92	\$1,632.92	\$1,747.85	\$1,747.85
Enrollment	3	3	3	3	3	3	3	3	3	3	3	3
Single	1	1	1	1	1	1	1	1	1	1	1	1
2 Person	8	8	8	8	8	8	8	8	8	8	8	8
Family	\$16,817.22	\$18,214.04	\$18,214.04	\$18,214.04	\$16,914.22	\$16,914.22	\$15,104.54	\$15,104.54	\$16,002.62	\$16,002.62	\$17,263.93	\$17,263.93
Monthly Premium	\$201,806.64	\$218,568.48	\$218,568.48	\$218,568.48	\$202,970.64	\$202,970.64	\$181,254.48	\$181,254.48	\$192,031.44	\$192,031.44	\$207,167.16	\$207,167.16
Annual Premium	n/a	\$16,761.84	\$16,761.84	\$16,761.84	\$1,164.00	\$1,164.00	(\$20,552.16)	(\$20,552.16)	(\$9,775.28)	(\$9,775.28)	\$5,360.52	\$5,360.52
% Variance to Current	n/a	8.31%	8.31%	8.31%	0.6%	0.6%	-10.2%	-10.2%	-4.8%	-4.8%	2.7%	2.7%
% Variance to Current												

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 4.9% to BCBS proposed rates for taxes not included in rates

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

Used WMHIP small group rates with estimated 1.5% renewal increase

Delton Kellogg Public Schools Maintenance - Choices Medical Rate & Benefit Comparison

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PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III		OPTION V	
	MESSA July 1-2014 MESSA Choices II BCBS	MESSA July 1-2015 MESSA Choices II BCBS	MESSA July 1-2015 MESSA Choices II BCBS	WMHIP July 1-2015 PPO BCBS	WMHIP July 1-2015 PPO BCBS	BCBS July 1-2015 PPO BCBS	Priority Health July 1-2015 POS Priority Health					
PLAN(S)	PLAN(S)	PLAN(S)	PLAN(S)	PLAN(S)	PLAN(S)	PLAN(S)	PLAN(S)					
NETWORK(S)	NETWORK(S)	NETWORK(S)	NETWORK(S)	NETWORK(S)	NETWORK(S)	NETWORK(S)	NETWORK(S)					
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	\$500	\$1,000	\$500	\$1,000	\$250	\$500	\$500	\$1,000	\$1,000	\$1,000	\$500	\$1,000
Family Deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000	\$1,000	\$2,000
Coinurance Level	100%	80%	100%	80%	90%	70%	80%	60%	60%	60%	100%	80%
Other Plan Details												
Hospital Services	100%	80%	100%	80%	90%	70%	80%	60%	60%	60%	100%	80%
Inpatient Care	100%	80%	100%	80%	90%	70%	80%	60%	60%	60%	100%	80%
Emergency Care (waived if admitted)	\$50	\$50	\$50	\$25	\$25	\$25	\$25	\$150	\$150	\$150	\$50	\$50
Office Visits	\$10	N/A	\$10	N/A	\$20	N/A	\$20	N/A	N/A	N/A	\$10/\$25/\$75	N/A
Prescription Drugs												
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Formulary Brand	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Non-Formulary Brand	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Mail Order Prescriptions (90 Days)	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
Rates												
Single	\$576.88	\$624.72	\$594.61	\$546.29	\$546.29	\$471.93	\$548.18					
2 Person	\$1,296.08	\$1,403.72	\$1,337.82	\$1,229.11	\$1,229.11	\$1,132.65	\$1,231.37					
Family	\$1,612.51	\$1,746.46	\$1,664.86	\$1,529.57	\$1,529.57	\$1,415.81	\$1,531.99					
Enrollment												
Single	0	0	0	0	0	0	0					
2 Person	0	0	0	0	0	0	0					
Family	4	4	4	4	4	4	4					
Monthly Premium	\$6,450.04	\$6,985.84	\$6,659.44	\$6,118.28	\$6,118.28	\$5,663.24	\$6,127.96					
Annual Premium	\$77,400.48	\$83,830.08	\$79,913.28	\$73,419.36	\$73,419.36	\$67,958.88	\$73,535.52					
\$ Variance to Current	n/a	\$6,429.60	\$2,512.80	(\$3,981.12)	(\$3,981.12)	(\$9,441.60)	(\$2,864.96)					
% Variance to Current	n/a	8.31%	3.2%	-5.1%	-5.1%	-12.2%	-5.0%					

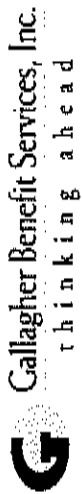
Actna Declined to Quote
 Consumers Mutual Declined to Quote
 Added 1.5% to MESSA current rates for taxes not included in rates
 Added 1.93% to MESSA renewal rates for taxes not included in rates
 Added 4.9% to BCBS proposed rates for taxes not included in rates
 Added 3% to Priority proposed rates for taxes not included in rates
 Used WMHIP small group rates with estimated 1.5% renewal increase

Delton Kellogg Public Schools - H.S.A. Medical Rate & Benefit Comparison

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PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION III		OPTION IV	
	MESSA July 1-2014 MESSA ABC BCBS	MESSA July 1-2015 MESSA ABC BCBS	WMHIP July 1-2015 H.S.A. BCBS	BCBS July 1-2015 H.S.A. BCBS	BCBS July 1-2015 H.S.A. BCBS	Priority Health July 1-2015 H.S.A. Priority Health	Priority Health July 1-2015 H.S.A. 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	\$1,500	\$2,500	\$1,500	\$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
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%
Inpatient Care	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Emergency Care (varied if admitted)										
Office Visits										
Prescription Drugs										
Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Formulary Brand	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Non-Formulary Brand	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Mail Order Prescriptions (90 Days)										
Rates										
Single	\$512.75	\$595.41	\$506.76	\$419.09	\$476.61	\$476.61	\$476.61	\$476.61	\$476.61	\$476.61
2 Person	\$1,151.81	\$1,337.65	\$1,140.16	\$1,005.81	\$1,070.61	\$1,070.61	\$1,070.61	\$1,070.61	\$1,070.61	\$1,070.61
Family	\$1,432.98	\$1,552.19	\$1,418.88	\$1,257.27	\$1,331.99	\$1,331.99	\$1,331.99	\$1,331.99	\$1,331.99	\$1,331.99
Enrollment										
Single	6	6	6	6	6	6	6	6	6	6
2 Person	4	4	4	4	4	4	4	4	4	4
Family	37	37	37	37	37	37	37	37	37	37
Monthly Premium										
Annual Premium	\$68,704.08	\$728,448.00	\$68,099.76	\$53,056.77	\$56,425.73	\$56,425.73	\$56,425.73	\$56,425.73	\$56,425.73	\$56,425.73
\$ Variance to Current	n/a	n/a	\$721,197.12	\$636,681.24	\$677,108.76	\$677,108.76	\$677,108.76	\$677,108.76	\$677,108.76	\$677,108.76
% Variance to Current	n/a	n/a	(\$7,250.88)	(\$91,766.76)	(\$51,339.24)	(\$51,339.24)	(\$51,339.24)	(\$51,339.24)	(\$51,339.24)	(\$51,339.24)
Actua Declined To Quote			-1.0%	-12.6%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%	-7.0%

Consumers Mutual Declined To Quote
 Added 1.5% to MESSA current rates for taxes not included in rates
 Added 1.99% to MESSA renewal rates for taxes not included in rates
 Added 4.9% to BCBS proposed rates for taxes not included in rates
 Added 3% to Priority proposed rates for taxes not included in rates
 Used WMHIP small group rates with estimated 1.5% renewal increase



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

April 2015

Note: Headcounts taken from MESSA

Enrollment	Subs	Person	Months
Dental	11	10	52



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

Current Carrier: MESSA/Delta

Varies by Group

Teacher Current Plan:

80:80:80:80 - \$1,000 Annual Max, \$1,300 Lifetime Max

\$ 73,487 N/A N/A

Renewal Rates

Renewal Carrier: MESSA/Delta

Varies by Group

Teacher Renewal Plan:

80:80:80:80 - \$1,000 Annual Max, \$1,300 Lifetime Max

\$ 72,678 \$ (809) -1.10%

Assumptions / A.M.

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

Estimated S/F Cost Variance from Current

\$ 65,827 \$ (7,660) -10.42%

Assumes 20% PPO Network Usage and duplicates current plan design

Estimated Paid Delta claims July 2014 thru June 2015 were \$61,046

Admin Rate guaranteed for 3 years

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.



Gallagher Benefit Services, Inc.

Delton Kellogg School District - Teacher

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

PLAN STATUS: CARRIER:	RENEWAL - MESSA VSP2 Silver		ALTERNATIVE NVA		ALTERNATIVE METLIFE		ALTERNATIVE EYEMED	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
PLAN BASICS								
Exam	\$6.50 Copay \$18 Copay	\$28.50/\$38.50 \$29	\$6.50 Copay \$18 Copay	\$28.50/\$38.50 \$29	\$10 Copay \$25 Copay	\$45 Allowance \$30	\$6 Copay \$18 Copay	\$39 Allowance \$29
Single Vision Lenses	\$18 Copay	\$51	\$18 Copay	\$51	\$25 Copay	\$50	\$18 Copay	\$51
Bifocal Lenses	\$18 Copay	\$63	\$18 Copay	\$63	\$25 Copay	\$65	\$18 Copay	\$63
Trifocal Lenses	\$18 Copay	\$75	\$18 Copay	\$75	\$25 Copay	\$100	\$18 Copay	\$75
Lenticular Lenses	\$130	\$44	\$130	\$44	\$130	\$70	\$130	\$44
Contact Lenses Allowance								
Necessary Elective	Covered 100% \$110	Up to \$200 \$90	Covered 100% \$110	Up to \$200 \$90	Covered 100% \$130	Up to \$210 \$105	Covered 100% \$110	Up to \$175 \$90
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		24 Months	24 Months	12 Months	12 Months
RATES								
Employee	\$5.76		\$5.65		\$6.58		\$5.79	
Single + 1	\$12.38		\$12.14		\$12.37		\$11.00	
Family	\$18.64		\$18.27		\$17.61		\$16.16	
EMPLOYEE COUNTS								
Employee	11		11		11		11	
Single + 1	10		10		10		10	
Family	48		48		48		48	
Monthly Premium	\$1,081.88		\$1,060.51		\$1,041.36		\$949.37	
Annual Premium	\$12,982.56		\$12,726.12		\$12,496.32		\$11,392.44	
Premium Difference \$	n/a		(\$256.44)		(\$486.24)		(\$1,333.68)	
Premium Difference %	n/a		-1.98%		-3.82%		-10.67%	
Rate Guarantee	1 Year		4 Years		2 Years		4 Years	

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.



Callaghan Benefit Services, Inc.

Delton Kellogg School District - Maintenance

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

PLAN STATUS: CARRIER:	RENEWAL - MESSA VSP1		ALTERNATIVE NVA		ALTERNATIVE METLIFE		ALTERNATIVE EYEMED	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
PLAN BASICS								
Exam	\$10 Copay	\$15 Allowance	\$10 Copay	\$15	\$10 Copay	\$45 Allowance	\$6 Copay	\$39 Allowance
Single Vision Lenses	\$25 Copay	\$20	\$25 Copay	\$20	\$25 Copay	\$30	\$18 Copay	\$29
Bifocal Lenses	\$25 Copay	\$24	\$25 Copay	\$24	\$25 Copay	\$50	\$18 Copay	\$51
Trifocal Lenses	\$25 Copay	\$30	\$25 Copay	\$30	\$25 Copay	\$65	\$18 Copay	\$63
Leenticular Lenses	\$25 Copay	\$40	\$25 Copay	\$40	\$25 Copay	\$100	\$18 Copay	\$75
Frame	\$65	\$8	\$65	\$8	\$130	\$70	\$130	\$44
Contact Lenses Allowance								
Necessary Elective	\$65	\$65	Covered 100% \$65	Up to \$200 \$65	Covered 100% \$130	Up to \$210 \$105	Covered 100% \$110	Up to \$175 \$90
Coverage Periods								
Exams	12 Months		12 Months		12 Months		12 Months	
Lenses	12 Months		12 Months		12 Months		12 Months	
Frames	12 Months		12 Months		24 Months		12 Months	
RATES								
Employee	\$3.38		\$2.77		\$6.58		\$5.79	
Single + 1	\$7.27		\$5.96		\$12.37		\$11.00	
Family	\$10.93		\$8.96		\$17.61		\$16.16	
EMPLOYEE COUNTS								
Employee	0		0		0		0	
Single + 1	0		0		0		0	
Family	4		4		4		4	
Monthly Premium	\$43.72		\$35.84		\$70.44		\$64.64	
Annual Premium	\$524.64		\$430.08		\$845.28		\$775.68	
Premium Difference \$	n/a		(\$94.56)		\$320.64		\$345.60	
Premium Difference %	n/a		-18.02%		74.55%		40.89%	
Rate Guarantee	1 Year		4 Years		2 Years		4 Years	

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.