



### Vicksburg Community Schools

Dental  
3/1/2021

Plan	Current- A.D.N			Alternative- MetLife	Alternative- BCBSM	Current- A.D.N			Alternative- MetLife	Alternative- BCBSM		
	In-Network Admin	In-Network	In-Network	In-Network	In-Network VEA	In-Network	In-Network	In-Network VESPA	In-Network	In-Network		
Benefits												
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Coinsurance												
Type 1: Preventative	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%		
Type 2: Basic	100%	100%	100%	80%	80%	80%	80%	80%	80%	80%		
Type 3: Major	100%	60%	100%	80%	60%	80%	80%	60%	60%	60%		
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000		
Type 4: Orthodontia	100%	80%	100%	80%	80%	80%	80%	80%	80%	80%		
Lifetime Ortho Maximum	\$1,500	\$1,500	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000		
Financials	Admin	VEA	VESPA	Current	Alternative- MetLife	Alternative- BCBSM	Current	Alternative- MetLife	Alternative- BCBSM	Current	Alternative- MetLife	Alternative- BCBSM
Employee Only	3	21	4	\$50.97	\$64.42	\$33.00	\$39.41	\$48.54	\$26.91	\$22.17	\$48.54	\$26.91
Employee + Spouse	6	30	13	\$115.03	\$124.92	\$65.99	\$88.95	\$93.80	\$53.83	\$50.03	\$93.80	\$53.83
Employee + Family	23	107	20	\$138.05	\$212.74	\$115.49	\$106.74	\$157.69	\$94.20	\$60.04	\$157.69	\$94.20
Total				Current	Alternative- MetLife	Alternative- BCBSM	Current	Alternative- MetLife	Alternative- BCBSM	Current	Alternative- MetLife	Alternative- BCBSM
Monthly Premium				\$4,018	\$5,836	\$3,151	\$14,917	\$20,706	\$12,259	\$1,940	\$4,567	\$2,691
Annual Premium				\$48,219	\$70,030	\$37,815	\$179,007	\$248,474	\$147,113	\$23,278	\$54,808	\$32,297
Premium Difference \$				--	\$21,811	(\$10,404)	--	\$69,467	(\$31,895)	--	\$31,530	\$9,019
Premium Difference %				--	45%	-22%	--	39%	-18%	--	135%	39%
Total Current Annual Cost (paid claims +Admin fee) of Three				\$208,922.91								
Total Annual Cost of Three Plans- MetLife Alternative				\$373,311.96								
Total Annual Cost of Three Plans- BCBS Alternative				\$217,224.60								
Rate Guarantee*	10/1/2021	3/1/2022	3/1/2023	10/1/2021	3/1/2022	3/1/2023	10/1/2021	3/1/2022	3/1/2023	10/1/2021	3/1/2022	3/1/2023

**Notes:**

- Paid claims in 2020 \$188,885
- Paid claims in 2019 \$230,628
- Paid premium based on illustrative rates in 2020, \$250,505
- Delta declined to quote
- Current admin fee is guaranteed until 10/1/21

**NOTE:** All employee groups eligible for medical and prescription drug benefits are covered by the Western Michigan Health Insurance Pool, a self-insured Public Employer Pooled Plan. All required bidding of administrative services under MCL 124.75 is conducted and retained by the Pool.



**Vicksburg Community Schools**

Vision  
3/1/2021

Plan	Current- MESSA		Alternative- NVA		Alternative- MetLife		Alternative- EyeMed	
Benefits	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Examination Copay	100% Covered	Up to \$45	100% Covered	Up to \$45	\$10 Copay	Up to \$45	100% Covered	Up to \$45
Lenses	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Single	100% Covered	Up to \$38	Covered 100%	Up to \$38	Covered 100% after \$25 Copay	Up to \$30	100% Covered	Up to \$38
Bifocal	100% Covered	Up to \$60	Covered 100%	Up to \$60	Covered 100% after \$25 Copay	Up to \$50	100% Covered	Up to \$60
Trifocal	100% Covered	Up to \$72	Covered 100%	Up to \$72	Covered 100% after \$25 Copay	Up to \$65	100% Covered	Up to \$72
Lenticular	100% Covered	Up to \$108	Covered 100%	Up to \$108	Covered 100% after \$25 Copay	Up to \$100	100% Covered	Up to \$108
Contact Lenses								
Medically Necessary	100% Covered	Up to \$200	100% Covered	Up to \$200	100% Covered	Up to \$210	100% Covered	Up to \$210
Elective	UP to \$135	UP to \$115	UP to \$135	UP to \$115	UP to \$130	UP to \$105	UP to \$135	UP to \$115
Frames	Upt to \$130	Up to \$55	Upt to \$130	Upt to \$130	Upt to \$130	Upt to \$70	Upt to \$130	Upt to \$55
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/24 Months		12 months	
Financials		Current	Alternative	Alternative	Alternative	Alternative		
Employee Only	29	\$7.63	\$6.63	\$5.93	\$7.80			
Employee + Spouse	51	\$16.39	\$14.24	\$11.15	\$14.82			
Employee + Family	146	\$24.63	\$21.39	\$15.87	\$21.77			
Total		Current	Alternative	Alternative	Alternative			
Monthly Premium		\$4,653	\$4,041	\$3,058	\$4,160			
Annual Premium		\$55,838	\$48,497	\$36,692	\$49,925			
Premium Difference \$		--	(\$7,340)	(\$19,146)	(\$5,912)			
Premium Difference %		--	-13%	-34%	-11%			
Rate Guarantee		1/1/2021	3/1/2025	3/1/2023	3/1/2025			

Notes:

BCBSM declined to quote

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## Vicksburg Community Schools - Quote Summary

2021 Marketing Solvency

Carrier	Line of Coverage	Response	Commissions/Supplemental Compensation
<b>Current:</b>			
MESSA	Vision	Quoted Renewal	NA
A.D.N	Dental	Quoted Renewal	\$2 PEPM
<b>Alternatives:</b>			
MetLife	Vision	Quoted	10% pf Premium/0% to 2.75% (new business w/ MetLife)
MetLife	Dental	Quoted	5% of premium/0% to 2.75% (new business w/ MetLife)
EyeMed	Vision	Quoted	10% pf Premium
NVA	Vision	Quoted	10% pf Premium
Delta	Dental	Declined	NA
BCBSM	Dental	Quoted	5% of premium/ \$0-\$7 PEPY
BCBSM	Vision	Declined	NA

**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.

**FINANCIAL RATING NOTICE:** While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g., HMO) organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of any insurer's current or future ability to meet its contractual obligations.

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