

Renewal Rate Almont Community Schools

Serves members of the AEA, AESA, Administrators, Managers & Non Represented Employees

Medical Coverage:

Plan Information

Simply Blue PPO H.S.A

\$1,400/\$2,800 Deductible

Current Rates			Renewal Rates		
Single	Two Person	Family	Single	Two Person	Family
\$440.83	\$1,057.99	\$1,322.49	\$435.75	\$1,045.80	\$1,307.25

Simply Blue PPO H.S.A

\$2,000/\$4,000 Deductible

\$425.34	\$1,020.81	\$1,276.01	\$425.09	\$1,020.23	\$1,275.29
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Blue Care Network HMO H.S.A

1,400/\$2,800 Deductible

\$377.92	\$907.00	\$1,133.75	\$309.89	\$743.72	\$929.66
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Dental Coverage:

Guardian PPO Dental

\$65.48	\$152.32	\$152.32	\$37.45	\$113.26	\$113.26
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Vision Coverage:

Guardian Vison (VSP)

\$1.57	\$1.57	\$1.57	\$1.57	\$1.57	\$1.57
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Group LTD:

Guardian

\$0.57	\$0.57	\$0.57	\$0.49	\$0.49	\$0.49
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Group AD&D:

Guardian

\$0.02	\$0.02	\$0.02	\$0.02	\$0.02	\$0.02
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Group Life:

Guardian

\$0.11	\$0.11	\$0.11	\$0.10	\$0.10	\$0.10
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Voluntary Life:

Guardian

All Rates Vary by Age, Benefit/Salary

Dental Insurance Benefit and cost analysis

Sold Plan Eff. 1/1/20

	The Standard		Guardian Insurance Company	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Deductible	\$0	\$0	\$0	\$0
Annual maximum	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia maximum	\$1,500	\$1,500	\$1,500	\$1,500
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive services	100%	100%	100%	100%
Basic services	80%	80%	80%	80%
Major services	80%	80%	80%	80%
Orthodontia services	65%	65%	65%	65%
	<i>Additional Information</i>		<i>Additional Information</i>	
R&C percentile	90th percentile		90th percentile	
Provider network	Ameritas / DenteMax / Principal Plan Dental		DentalGuard Preferred / DenteMax	
Rate guarantee	1 Year		1 Year	

Second year rate cap of 9%

First year renewal rate cap of 7%

		Current Rates	Renewal Rates	Proposed Rates
One Person	11	\$65.48	\$58.46	\$37.45
Two Person	12	\$152.32	\$136.00	\$113.26
Family	59	\$152.32	\$136.00	\$113.26
Total Monthly Premium		\$11,535.00	\$10,299.06	\$8,453.41
Total Annual Premium		\$138,420.00	\$123,588.72	\$101,440.92
Annual Dollar Change from Current Plan			-\$14,831.28	-\$36,979.08
Annual Percent Change from Current Plan			-10.71%	-26.72%

Vision Insurance

Benefit and cost analysis

Sold Plan Eff. 1/1/20

	Guardian Insurance Company	Guardian Insurance Company
	<i>In-Network</i>	<i>In-Network</i>
Eye exam	Covered - 100%	Covered - 100%
Lenses	Covered - 100%	Covered - 100%
Frames	\$135 allowance	\$150 retail max + 20% off balance
Med nec contacts	Covered - 100%	Covered - 100%
Elective contacts	\$135 allowance	\$150 max
	<i>Frequency of Service</i>	<i>Frequency of Service</i>
Exams	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months
Contacts	12 months	12 months
	<i>Additional Information</i>	<i>Additional Information</i>
Provider network	Davis Vision	VSP Choice
Rate guarantee	2 Years (with dental)	2 Years

		Current Illustrative Rates	Renewal Illustrative Rates	Proposed Fully-Insured Rates
ASO Fee	82	\$1.57	\$1.57	\$1.57
Total Monthly Premium		\$128.74	\$128.74	\$2.46
Average Annual Claims		\$16,884.00	\$20,260.80	\$20,260.80
Total Annual Costs		\$18,428.88	\$21,805.68	\$29.58
Annual Dollar Change from Current Plan			\$3,376.80	-\$18,399.30
Annual Percent Change from Current Plan			18.32%	-99.84%

Life / Disability Insurance
Benefit and cost analysis

Guardian Insurance Company - Renewal Plan 1/1/20		
Benefit Age reduction	Life / AD&D Insurance	
	Class 1 & 2	Class 3
	\$100,000	\$30,000
	None	
Monthly benefit amount Elimination period Own occupation Ben duration / own occ	Long Term Disability Insurance	
	Class 1	Class 2
	66.7% to \$4,000	66.7% to \$3,500
	90 days	60 days
	2 years To age 65 / ADEA	
Rate guarantee	Additional Information	
	2 Years (with dental)	
	Current Rates	Revised Rates
Life Rate:	\$0.110	\$0.100
AD&D Rate:	\$0.020	\$0.020
Volume:	\$8,330,000	\$8,330,000
Monthly Premium:	\$1,082.90	\$999.60
LTD Rate:	\$0.570	\$0.490
Volume:	\$400,490	\$400,490
Monthly Premium:	\$2,282.79	\$1,962.40
Total Monthly Premium	\$3,365.69	\$2,962.00
Total Annual Premium	\$40,388.28	\$35,544.00
Annual Dollar Change from Current Plan		-\$4,844.28
Annual Percent Change from Current Plan		-11.99%

Voluntary Life Insurance

Benefit and cost analysis

Guardian Insurance Company - Renewal Plan 1/1/20			
Employee benefit amount Spouse benefit amount Child benefit amount Age reduction	Benefit Description		
	\$20,000 / \$40,000 / \$60,000 / \$80,000 / \$100,000		
	50% of employee benefit to \$50,000		
	14 days to 23/25 years: 10% of employee benefit to \$10,000		
		None	
Employee Spouse Child(ren)	Guaranteed Issue Amounts		
	<65: \$100,000; 65-69: \$50,000; 70+: \$10,000		
	<65: \$20,000; 65+: \$10,000		
	\$10,000		
Rate guarantee	Additional Information		
	2 Years (with dental)		
		Current Rates	Renewal Rates
<20		\$0.046	\$0.046
20-24		\$0.046	\$0.046
25-29		\$0.046	\$0.046
30-34		\$0.055	\$0.055
35-39		\$0.088	\$0.088
40-44		\$0.164	\$0.164
45-49		\$0.251	\$0.251
50-54		\$0.382	\$0.382
55-59		\$0.595	\$0.595
60-64		\$0.994	\$0.994
65-69		\$1.652	\$1.652
70-74		\$2.647	\$2.647
75-79		\$4.752	\$4.752
80-84		\$9.042	\$9.042
85-89		\$15.058	\$15.058
90-94		\$23.460	\$23.460
95+		\$35.877	\$35.877
Child Rate		\$0.320	\$0.320

PPO Medical Insurance

Benefit and cost analysis

Simply Blue PPO HSA \$1,400 - Renewal Plan 1/1/20		
Deductible	<i>In-Network</i>	<i>Out-of-Network</i>
	C: \$1,350 / \$2,700	C: \$2,700 / \$5,400
	R: \$1,400 / \$2,800	R: \$2,800 / \$5,600
Coinsurance	80% / 20%	60% / 40%
Coinsurance maximum	N / A	N / A
Total OOP maximum	\$2,250 / \$4,500	\$4,500 / \$9,000
PCP / specialist OV Chiropractic ER / urgent care High-tech imaging Prescription drug Generic Preferred brand NonPreferred brand Preferred specialty NonPreferred specialty Mail order	<i>Benefit Description</i>	
	80% / 20% after deductible	
	80% / 20% after deductible	
	80% / 20% after deductible	
	80% / 20% after deductible	
	\$15 after deductible	
	\$30 after deductible	
	\$60 after deductible	
	\$60 max after deductible	
	\$60 max after deductible	
\$30 / \$60 / \$120 after deductible		
Plan riders Provider network Rate guarantee	<i>Additional Information</i>	
	Includes elective abortion rider, Aggregate deductible	
	BCBSM PPO 1 Year	

Rates DO include ACA Taxes & Fees

		Current Rates	Renewal Rates
One Person	4	\$440.83	\$435.75
Two Person	1	\$1,057.99	\$1,045.80
Family	5	\$1,322.49	\$1,307.25
Total Monthly Premium		\$9,433.76	\$9,325.05
Total Admin Fee (\$8.30)		\$83.00	\$83.00
Total Annual Premium		\$114,201.12	\$112,896.60
Annual Dollar Change from Current Plan			-\$1,304.52
Annual Percent Change from Current Plan			-1.14%

PPO Medical Insurance
Benefit and cost analysis

Simply Blue PPO HSA \$2,000 - Renewal Plan 1/1/20		
	<i>In-Network</i>	<i>Out-of-Network</i>
Deductible	\$2,000 / \$4,000	\$4,000 \$8,000
Coinsurance	100%	80% / 20%
Coinsurance maximum	N / A	N / A
Total OOP maximum	\$3,000 / \$6,000	\$6,000 / \$12,000
<i>Benefit Description</i>		
PCP / specialist OV	100% after deductible	
Chiropractic	100% after deductible	
ER / urgent care	100% after deductible	
High-tech imaging	100% after deductible	
Prescription drug		
Generic	\$15 after deductible	
Preferred brand	\$30 after deductible	
NonPreferred brand	\$60 after deductible	
Preferred specialty	\$60 max after deductible	
NonPreferred specialty	\$60 max after deductible	
Mail order	\$30 / \$60 / \$120 after deductible	
<i>Additional Information</i>		
Plan riders	Includes elective abortion rider, Aggregate deductible	
Provider network	BCBSM PPO	
Rate guarantee	1 Year	

Rates DO include ACA Taxes & Fees

		Current Rates	Renewal Rates
One Person	2	\$425.34	\$425.09
Two Person	5	\$1,020.81	\$1,020.23
Family	27	\$1,276.01	\$1,275.29
Total Monthly Premium		\$40,407.00	\$40,384.16
Total Admin Fee (\$8.30)		\$282.20	\$282.20
Total Annual Premium		\$488,270.40	\$487,996.32
Annual Dollar Change from Current Plan			-\$274.08
Annual Percent Change from Current Plan			-0.06%

**PPO Medical Insurance
Benefit and cost analysis**

BCN HMO HSA \$1,400 - Renewal Plan 1/1/20	
<i>In-Network</i>	
Deductible	C: \$1,350 / \$2,600 R: \$1,400 / \$2,800
Coinsurance	80% / 20%
Coinsurance maximum	N / A
Total OOP maximum	\$2,350 / \$4,700
<i>Benefit Description</i>	
PCP / specialist OV	80% / 20% after deductible
Chiropractic	80% / 20% after deductible
ER / urgent care	80% / 20% after deductible
High-tech imaging	80% / 20% after deductible
Prescription drug	
Generic	\$4 after deductible / \$15 after deductible
Preferred brand	\$40 after deductible
NonPreferred brand	\$80 after deductible
Preferred specialty	80% / 20% (\$200 max) after deductible
NonPreferred specialty	80% / 20% (\$300 max) after deductible
Mail order	3 times copay minus \$10 after deductible
<i>Additional Information</i>	
Plan riders	Includes elective abortion rider, Aggregate deductible
Provider network	BCN HMO
Rate guarantee	1 Year

Rates DO include ACA Taxes & Fees

		Current Rates	Renewal Rates
One Person	7	\$377.92	\$309.89
Two Person	4	\$907.00	\$743.72
Family	11	\$1,133.75	\$929.66
Total Monthly Premium		\$18,744.69	\$15,370.37
Total Admin Fee (\$8.30)		\$182.60	\$182.60
Total Annual Premium		\$227,127.48	\$186,635.64
Annual Dollar Change from Current Plan			-\$40,491.84
Annual Percent Change from Current Plan			-17.83%