

**Allendale Public Schools**

Medical Marketing  
1/1/2024

Package Code	MESSA Choices 8R CURRENT		MESSA ABC Plan 1 7V CURRENT		MESSA ABC Plan 1 8Y CURRENT		MESSA ABC Plan 2 CJ CURRENT		BCBSM Simply Blue HSA PPO Alternative
Vendor									
Plan Name									
Plan Type									
<b>Plan Highlights</b>									
Individual Deductible	\$2,000		\$1,500		\$1,500		\$2,000		\$1,600
Family Deductible	\$4,000		\$3,000		\$3,000		\$4,000		\$3,200
Coinsurance (Insurance Pays)	80%		100%		90%		80%		100%
Individual Coinsurance Max	See BAAG		See BAAG		See BAAG		See BAAG		N/A
Family Coinsurance Max	See BAAG		See BAAG		See BAAG		See BAAG		N/A
Individual Out of Pocket Max	See BAAG		See BAAG		See BAAG		See BAAG		\$4,000
Family Out of Pocket Max	See BAAG		See BAAG		See BAAG		See BAAG		\$8,000
<b>Covered Benefits</b>									
Preventative Care	Covered 100%		Covered 100%		Covered 100%		Covered 100%		Covered 100%
Primary Care Physician Office Visit	\$20 copay		100% after ded		90% after ded		80% after ded		100% after ded
Specialist Office Visit	\$20 copay		100% after ded		90% after ded		80% after ded		100% after ded
Online Visit	\$20 copay		100% after ded		90% after ded		80% after ded		100% after ded
Urgent Care Visit	\$25 copay		100% after ded		90% after ded		80% after ded		100% after ded
Emergency Room	\$50 copay		100% after ded		90% after ded		80% after ded		100% after ded
Hospital Services	80% after ded		100% after ded		90% after ded		80% after ded		100% after ded
<b>Prescription Drugs</b>									
Generic	See BAAG		See BAAG		See BAAG		See BAAG		\$10
Preferred Brand	See BAAG		See BAAG		See BAAG		See BAAG		\$40
Non-Preferred Brand	See BAAG		See BAAG		See BAAG		See BAAG		\$80
Mandatory Mail	See BAAG		See BAAG		See BAAG		See BAAG		No
Mail Order Prescriptions (90 Days)	See BAAG		See BAAG		See BAAG		See BAAG		2x copay
<b>Enrollment</b>	Teacher Counselor FT	Teacher Counselor PT	Teacher Counselor FT	Teacher Counselor PT	Teacher Counselor FT	Teacher Counselor PT	Teacher Counselor FT	Teacher Counselor PT	All Members
Single	0	1	12	1	1	0	2	0	31
Double	0	0	12	0	2	0	0	0	23
Family	0	0	70	0	3	0	3	0	113
<b>Financials</b>	Teacher Counselor FT	Teacher Counselor PT	Teacher Counselor FT	Teacher Counselor PT	Teacher Counselor FT	Teacher Counselor PT	Teacher Counselor FT	Teacher Counselor PT	Alternative
Employee Only	\$620.28	\$626.61	\$678.52	\$685.44	\$631.69	\$638.14	\$546.37	\$553.96	\$520.25
Employee + Spouse	\$1,395.64	\$1,409.88	\$1,526.67	\$1,542.25	\$1,421.31	\$1,435.81	\$1,233.81	\$1,246.40	\$1,248.61
Employee + Family	\$1,736.79	\$1,754.51	\$1,899.87	\$1,919.25	\$1,768.73	\$1,786.78	\$1,535.42	\$1,551.09	\$1,560.76
<b>Total</b>	Current		Current		Current		Current		Alternative
Monthly Premium	\$627		\$160,139		\$8,781		\$5,699		\$221,212
Annual Premium	\$7,519		\$1,921,663		\$105,366		\$68,388		\$2,654,540
Premium Difference \$ to Current	--		--		--		--		\$551,603
Premium Difference % to Current	--		--		--		--		26%

<b>Allendale PS</b>			
<b>Dental Marketing</b>			
<b>1/1/2024</b>			
	<b>Current - MESSA</b>	<b>Alternative - MetLife</b>	<b>Alternative - Delta Dental</b>
<b>Benefits</b>	In-Network	In-Network	In-Network
Deductible	\$0	\$50/\$150	DTQ
<b>Coinsurance</b>			
Type 1: Preventative	100%	100%	DTQ
Type 2: Basic	90%	90%	
Type 3: Major	90%	90%	
Annual Maximum	\$3,000	\$3,000	
Type 4: Orthodontia	80%	80%	
Lifetime Ortho Maximum	\$1,500	\$1,500	
<b>Financials</b>	Teacher Counselor FT	Alternative	
Employee Only	\$41.11	\$49.51	DTQ
Employee + Spouse	\$79.89	\$94.15	
Employee + Family	\$153.03	\$185.23	
<b>Enrollment</b>	Teacher Counselor FT	Alternative	
Employee Only	31	45	DTQ
Employee + Spouse	20	34	
Employee + Family	91	131	
<b>Totals</b>	Current	Alternative	
Monthly Premium	\$16,798	\$29,694	--
Annual Premium	\$201,575	\$356,330	--
Premium Difference \$	--	\$154,755	--
Premium Difference %	--	76.77%	--
Rate Guarantee	12 months	12 months	



Allendale Public Schools			
Vision Marketing			
1/1/2024			
	Current - VSP 3 Plan	Alternative - MetLife	Alternative - Delta Dental
<b>Benefits</b>	In-Network	In-Network	
Examination Copay	100% Covered	\$10 copay	DTQ
<b>Lenses</b>	In-Network	In-Network	
Single	Covered 100%	\$25 copay	DTQ
Bifocal	Covered 100%	\$25 copay	
Trifocal	Covered 100%	\$25 copay	
Lenticular	Covered 100%	\$25 copay	
<b>Contact Lenses</b>			
Medically Necessary	100% Covered	100% Covered	DTQ
Elective	Up to \$115	Up to \$130	
Frames	Up to \$65	Up to \$130	
<b>Benefit Frequency</b>			
Examination	12 months	12 months	DTQ
Contacts	12 months	12 months	
Lenses/Frames	12 months	24 months	
<b>Financials</b>	Teacher Couselor FT	Alternative	
Employee Only	\$6.53	\$5.31	DTQ
Employee + Spouse	\$14.01	\$11.41	
Employee + Family	\$21.07	\$17.19	
<b>Enrollment</b>	Teacher Couselor FT	Alternative	
Employee Only	29	42	N/A
Employee + Spouse	22	38	
Employee + Family	91	131	
<b>Total</b>	Current	Alternative	
Monthly Premium	\$2,415	\$2,908	N/A
Annual Premium	\$28,980	\$34,902	
Premium Difference \$	--	\$5,922	
Premium Difference %	--	20%	
Rate Guarantee	12 months	48 months	

**Notes:**

MetLife assumes full enrollment for illustrative purposes

Enrollment from group provided census



**Allendale Public Schools - Quote Summary  
2024 Marketing**

Carrier	Line of Coverage	Response	Commissions/Supplemental Compensation
<b>Current:</b>			
MESSA	Medical	Current	NA
NVA	Vision	Current	NA
MESSA	Dental	Current	NA
<b>Alternatives:</b>			
BCBSM	Medical	Quoted	Not included
Priority Health	Medical	DTQ	NA
MetLife	Dental	Quoted	Flat 10%
MetLife	Vision	Quoted	Flat 10%
Delta Dental	Dental	DTQ	NA
Delta Dental	Vision	DTQ	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.

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