

# PA106 Marketing

Presented to SCCRESA| October - 2024



**Gallagher**

Insurance | Risk Management | Consulting

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# THE GALLAGHER WAY

Shared values at Gallagher are the rock foundation of the company and our culture. What is a shared value? These are concepts that the vast majority of the movers and shakers in the company passionately adhere to. What are some of Gallagher's shared values?

1. We are a sales and marketing company dedicated to providing excellence in risk management services to our clients.
2. We support one another. We believe in one another. We acknowledge and respect the ability of one another.
3. We push for professional excellence.
4. We can all improve and learn from one another.
5. There are no second-class citizens — everyone is important and everyone's job is important.
6. We're an open society.
7. Empathy for the other person is not a weakness.
8. Suspicion breeds more suspicion. To trust and be trusted is vital.
9. Leaders need followers. How leaders treat followers has a direct impact on the effectiveness of the leader.
10. Interpersonal business relationships should be built.
11. We all need one another. We are all cogs in a wheel.
12. No department or person is an island.
13. Professional courtesy is expected.
14. Never ask someone to do something you wouldn't do yourself.
15. I consider myself support for our sales and marketing. We can't make things happen without each other. We are a team.
16. Loyalty and respect are earned — not dictated.
17. Fear is a turnoff.
18. People skills are very important at Arthur J. Gallagher & Co.
19. We're a very competitive and aggressive company.
20. We run to problems — not away from them.
21. We adhere to the highest standards of moral and ethical behavior.
22. People work harder and are more effective when they're turned on — not turned off.
23. We are a warm, close company. This is a strength — not a weakness.
24. We must continue building a professional company — together — as a team.
25. Shared values can be altered with circumstances — but carefully and with tact and consideration for one another's needs.

When accepted shared values are changed or challenged, the emotional impact and negative feelings can damage the company.  
- Robert E. Gallagher, May 1984

# Gallagher

A Global Snapshot.

Founded in  
**1927**

**960+**  
Offices Globally

**\$9.9B**  
Total Adjusted  
Brokerage & Risk  
Management  
Revenues 2023



**130+**  
Countries Served

**Global Reach  
Local Presence**

Shared values  
Passion of excellence  
Promises delivered

**52,000+**  
Employees Worldwide



# Michigan at a Glance

Bloomfield Hills | Grand Rapids | Lansing | St. Clair Shores



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# 2025 Renewal Summary

# Executive Summary:



## Observations

- Medical/Rx increases are very high this year and coupled with an extremely low increase to the PA152 HARD CAP are resulting in very significant cost share to the employees

## Recommendations

- Consider plan design alternatives on medical plan (e.g. 5 Tier Rx)
- Consider halting any H.S.A. Funding
- Consider Alternative carriers on ancillary lines of coverage (Dental/Vision, etc.)

## Medical/Rx | MESSA

- The MESSA renewal called for a +17.1% increase from current or +\$608,000/yr

## Dental | MESSA

- The MESSA renewal called for a +7.3% increase from current or +\$24,000/yr

## Vision | MESSA

- The MESSA renewal called for a 0.1% increase from current or +\$44/yr.

## Life and Disability | NIS

- The NIS renewal called for a no change in rates for both Life and Disability



# 2025 Renewal Summary – All Employees

	2024 Current	2025 Renewal	Percentage Difference
Medical/Rx - MESSA Choices 0% - \$1000/\$2000 with 3 Tier	\$559,960	\$667,321	19.2%
Medical/Rx - MESSA ABC Plan 2 - 0% H.S.A. \$2000/\$4000 with 3 Tier	\$2,507,626	\$2,928,686	16.8%
Medical/Rx - MESSA ABC Plan 2 - 20% H.S.A.-\$2000/\$4000 with 3 Tier	\$436,575	\$506,222	16.0%
Medical/Rx - MESSA Essentials	\$50,431	\$60,210	19.4%
<b>Medical Total</b>	<b>\$3,554,592</b>	<b>\$4,162,439</b>	<b>17.1%</b>
Dental - MESSA	\$338,343	\$362,926	7.3%
<b>Dental Total</b>	<b>\$338,343</b>	<b>\$362,926</b>	<b>7.3%</b>
Vision - MESSA	\$44,265	\$44,308	0.1%
<b>Vision Total</b>	<b>\$44,265</b>	<b>\$44,308</b>	<b>0.1%</b>
Life and AD&D - NIS	\$44,885	\$44,885	0.0%
LTD - NIS	\$46,921	\$46,921	0.0%
<b>Life and DI Total</b>	<b>\$91,805</b>	<b>\$91,805</b>	<b>0.0%</b>
<b>Total Gross</b>	<b>\$4,029,005</b>	<b>\$4,661,478</b>	<b>15.7%</b>
Difference from Current	N/A	<b>\$632,473</b>	
% Difference from Current	N/A	<b>15.7%</b>	

## Headcounts:

MESSA Choices	43	43
MESSA ABC Plan 2 - 100%	167	167
MESSA ABC Plan 2 - 80%	33	33
MESSA Essentials	7	7
Total Medical	250	250
Dental - MESSA	353	353
Vision - MESSA	349	349

# 2025 Renewals

# 2025 Medical/Rx

Effective 1/1/25 - MESSA

# 2025 HDHP/ HSA Limits Released

Effective 1/1/25

	2024	2025
<b>HDHP Minimum Annual Deductible</b>		
Self-only Coverage	\$1,600	\$1,650
Other than Self-only Coverage	\$3,200	\$3,300
<b>HDHP Maximum Out-of-Pocket</b>		
Self-only Coverage	\$8,050	\$8,300
Other than Self-only Coverage	\$16,100	\$16,600
<b>HSA Maximum Calendar Year Contribution</b>		
Self-only Coverage	\$4,150	\$4,300
Other than Self-only Coverage	\$8,300	\$8,550
Catch-up Age 55 and Older (not indexed)	\$1,000	\$1,000

# 2025 Medical/Rx Renewal – MESSA

Effective 1/1/25

	MESSA 1/1/24	MESSA 1/1/25
MESSA Medical/Rx	\$3,554,592	\$4,162,439
Taxes and Fees	Included	Included
Total Gross	\$3,554,592	\$4,162,439
Total Gross PEPY	\$14,218	\$16,650
\$ Difference from Current		\$607,846
% Difference from Current		17.1%

Avg EE Count (MESSA)

250

PEPY = Per Employee Per Year Cost

Headcounts taken from 2025 MESSA Renewal

# 2025 Medical/Rx Renewal - BCBSM Alternatives

Effective 1/1/25

	MESSA 1/1/24	MESSA 1/1/25	BCBSM 1/1/25
MESSA Medical/Rx	\$3,554,592	\$4,162,439	\$4,216,781
Taxes and Fees	Included	Included	Included
Total Gross	\$3,554,592	\$4,162,439	\$4,216,781
Total Gross PEPY	\$14,218	\$16,650	\$16,867
\$ Difference from Current		\$607,846	\$662,188
% Difference from Current		17.1%	18.6%

Avg EE Count (MESSA) 250

PEPY = Per Employee Per Year Cost  
Headcounts taken from 2025 MESSA Renewal

\* Totals include estimated Taxes and Fees

# 2025 Medical Marketing – Solvency Sheet

Effective 1/1/25

Carrier	Line of Coverage	Response
<b>Current:</b> MESSA	Medical	Quoted-Renewal
<b>Alternatives:</b>		
BCBSM	Medical	Quoted
HAP	Medical	DTQ
AETNA	Medical	DTQ
PRIORITY HEALTH	Medical	DTQ

# PA152 Analysis



# Michigan Public Act 152

- Public Funded Health Insurance Contribution Act
- Act requires to comply by either implementing hard cap (default) or 20% employee contributions
- Employer hard caps established by PA152 are noted below

Increase  
+0.2%

Election	2020 Annual Cap	2021 Annual Cap	2022 Annual Cap	2023 Annual Cap	2024 Annual Cap	2025 Annual Cap
Single	\$6,818.87	\$7,043.89	\$7,304.51	\$7,399.47	\$7,702.85	\$7,718.26
2-Person	\$14,260.37	\$14,730.96	\$15,276.01	\$15,474.60	\$16,109.06	\$16,141.28
Family	\$18,596.96	\$19,210.66	\$19,921.45	\$20,180.43	\$21,007.83	\$21,049.85

*Note: HARD CAPS are released in the month of March/April*

# Public Act 152 – Historical Increases

Election	2015 Annual Cap	2016 Annual Cap	2017 Annual Cap	2018 Annual Cap	2019 Annual Cap	2020 Annual Cap	2021 Annual Cap	2022 Annual Cap	2023 Annual Cap	2024 Annual Cap	2025 Annual Cap
Single	\$5,992.30	\$6,142.11	\$6,344.80	\$6,560.52	\$6,685.17	\$6,818.87	\$7,043.89	\$7,304.51	\$7,399.47	\$7,702.85	\$7,718.26
2-Person	\$12,531.75	\$12,845.04	\$13,268.93	\$13,720.07	\$13,980.75	\$14,260.37	\$14,730.96	\$15,276.01	\$15,474.60	\$16,109.06	\$16,141.28
Family	\$16,342.66	\$16,751.23	\$17,304.02	\$17,892.36	\$18,232.31	\$18,596.96	\$19,210.66	\$19,921.45	\$20,180.43	\$21,007.83	\$21,049.85
% Increase	2.3%	2.5%	3.3%	3.4%	1.9%	2.0%	3.3%	3.7%	1.3%	4.1%	0.2%

Election	2015 Monthly Cap	2016 Monthly Cap	2017 Monthly Cap	2018 Monthly Cap	2019 Monthly Cap	2020 Monthly Cap	2021 Monthly Cap	2022 Monthly Cap	2023 Monthly Cap	2024 Monthly Cap	2025 Monthly Cap
Single	\$499.36	\$511.84	\$528.73	\$546.71	\$557.10	\$568.24	\$586.99	\$608.71	\$616.62	\$641.90	\$643.19
2-Person	\$1,044.31	\$1,070.42	\$1,105.74	\$1,143.34	\$1,165.06	\$1,188.36	\$1,227.58	\$1,273.00	\$1,289.55	\$1,342.42	\$1,345.11
Family	\$1,361.89	\$1,394.94	\$1,442.00	\$1,491.03	\$1,519.36	\$1,549.75	\$1,600.89	\$1,660.12	\$1,681.70	\$1,750.65	\$1,754.15
% Increase	2.3%	2.4%	3.4%	3.4%	1.9%	2.0%	3.3%	3.7%	1.3%	4.1%	0.2%

# 2025 PA152 Analysis - Current MESSA

Effective 1/1/25

Rate Tier	EE Count	Renewal Rates 1/1/25 to 12/31/25	Renewal Annual Premiums	2025 HARD CAP (yr)	Annual Premium Over CAP	Current - 2024 Mthly Contributions	"HARD CAP" - 2025 Mthly Contributions	"80/20" - 2025 Mthly Contributions
<b>MESSA Choices 100/80 PPO- \$1,000/\$2,000 with 3 Tier Rx</b>								
Single	26	\$817.15	\$9,805.80	\$7,718.26	\$2,087.54	\$43.87	\$173.96	\$163.43
Two Person	10	\$1,836.70	\$22,040.40	\$16,141.28	\$5,899.12	\$198.69	\$491.59	\$367.34
Family	7	\$2,285.31	\$27,423.72	\$21,049.85	\$6,373.87	\$166.81	\$531.16	\$457.06
<b>MESSA ABC Plan 2 100/80 PPO H.S.A. - \$2,000/\$4,000 with 3 Tier Rx</b>								
Single	58	\$700.29	\$8,403.48	\$7,718.26	\$685.22	\$0.00	\$57.10	\$140.06
Two Person	26	\$1,573.77	\$18,885.24	\$16,141.28	\$2,743.96	\$5.07	\$228.66	\$314.75
Family	83	\$1,958.10	\$23,497.20	\$21,049.85	\$2,447.35	\$0.00	\$203.95	\$391.62
<b>MESSA ABC Plan 2 80/60 PPO H.S.A. - \$2000/\$4000 with 3 Tier Rx</b>								
Single	12	\$636.08	\$7,632.96	\$7,718.26	(\$85.30)	\$0.00	\$0.00	\$127.22
Two Person	8	\$1,429.29	\$17,151.48	\$16,141.28	\$1,010.20	\$0.00	\$84.18	\$285.86
Family	13	\$1,778.30	\$21,339.60	\$21,049.85	\$289.75	\$0.00	\$24.15	\$355.66
<b>MESSA Essentials</b>								
Single	6	\$608.41	\$7,300.92	\$7,718.26	(\$417.34)	\$0.00	\$0.00	\$121.68
Two Person	1	\$1,367.05	\$16,404.60	\$16,141.28	\$263.32	\$0.00	\$21.94	\$273.41
Family	0	\$1,700.85	\$20,410.20	\$21,049.85	(\$639.65)	\$0.00	\$0.00	\$340.17

2025 Summary Costs	
Total Employer Cost (yr)	\$3,678,227
Total Employee Cost (yr)	\$484,212
Total Active Employees	250
PEPY - ER	\$14,713
PEPY - EE	\$1,937

# 2025 PA152 Analysis - BCBS/BCN Alternatives

Effective 1/1/25

Rate Tier	Renewal Rates 1/1/25 to 12/31/25	Renewal Annual Premiums	2025 HARD CAP (yr)	Annual Premium Over CAP	"HARD CAP" - 2025 Mthly Contributions	"80/20" - 2025 Mthly Contributions
<b>BCBSM SB 100/80 PPO - \$1000/\$2000, \$20 OV, \$150 ER and \$10/\$40/\$80 Rx</b>						
Single	\$791.57	\$9,498.84	\$7,718.26	\$1,780.58	\$148.38	\$158.31
Two Person	\$1,899.76	\$22,797.12	\$16,141.28	\$6,655.84	\$554.65	\$379.95
Family	\$2,374.70	\$28,496.40	\$21,049.85	\$7,446.55	\$620.55	\$474.94
<b>BCBSM SB 100/80 PPO H.S.A. - \$2000/\$4000 and \$10/\$40/\$80 Rx</b>						
Single	\$671.64	\$8,059.68	\$7,718.26	\$341.42	\$28.45	\$134.33
Two Person	\$1,611.94	\$19,343.28	\$16,141.28	\$3,202.00	\$266.83	\$322.39
Family	\$2,014.93	\$24,179.16	\$21,049.85	\$3,129.31	\$260.78	\$402.99
<b>BCBSM SB 80/60 PPO H.S.A. - \$2000/\$4000 with \$10/\$40/\$80 Rx</b>						
Single	\$595.61	\$7,147.32	\$7,718.26	(\$570.94)	\$0.00	\$119.12
Two Person	\$1,429.47	\$17,153.64	\$16,141.28	\$1,012.36	\$84.36	\$285.89
Family	\$1,786.84	\$21,442.08	\$21,049.85	\$392.23	\$32.69	\$357.37
<b>BCN HMO 100% - \$1000/\$2000, \$30 OV, \$250 ER, and \$4/\$15/\$40/\$80/20%(Max \$200),/20% (max \$300)</b>						
Single	\$729.79	\$8,757.48	\$7,718.26	\$1,039.22	\$86.60	\$145.96
Two Person	\$1,751.51	\$21,018.12	\$16,141.28	\$4,876.84	\$406.40	\$350.30
Family	\$2,189.38	\$26,272.56	\$21,049.85	\$5,222.71	\$435.23	\$437.88
<b>BCN HMO H.S.A. 100% - \$2000/\$4000 with \$4/\$15/\$40/\$80/20%(Max \$200),/20% (max \$300)</b>						
Single	\$628.61	\$7,543.32	\$7,718.26	(\$174.94)	\$0.00	\$125.72
Two Person	\$1,508.67	\$18,104.04	\$16,141.28	\$1,962.76	\$163.56	\$301.73
Family	\$1,885.84	\$22,630.08	\$21,049.85	\$1,580.23	\$131.69	\$377.17

# ACA Affordability and Penalties

2025 ACA affordability percentage will increase to 9.02% of household income, increase from 8.39% in 2024.

Using federal poverty level safe harbor, the maximum monthly affordable contribution for single coverage in the lowest cost plan will be \$113.20.

*Proposed guidance would change affordability standard for dependents covered by group health plans. If contributions for family coverage exceed defined percentage of household income, dependents may qualify for premium subsidy through the marketplace*

Section 4980H(a) penalty is \$2,900 per full time employee in 2025  
“Failure to offer minimum essential coverage”

Section 4980H(b) penalty is estimated to be \$4,350 per full time employee in 2025 who receives a premium tax credit  
“Failure to offer coverage that is affordable and provides minimum value”

# 2025 Dental

Effective 1/1/25 - MESSA

# 2025 Dental Renewal – MESSA

Effective 1/1/25

	MESSA 1/1/24	MESSA 1/1/25
MESSA Dental	\$338,343	\$362,926
Taxes and Fees	Included	Included
Total Gross	\$338,343	\$362,926
Total Gross PEPY	\$958	\$1,028
\$ Difference from Current		\$24,583
% Difference from Current		7.3%

Avg EE Count (MESSA) 353

PEPY = Per Employee Per Year Cost  
Headcounts taken from 2025 MESSA Renewal

# 2025 Dental Renewal Alternatives

Effective 1/1/25

	MESSA 1/1/24	MESSA 1/1/25	Alt - BCBSM 1/1/25	Alt - ADN 1/1/25
MESSA Dental	\$338,343	\$362,926	\$296,816	\$285,239
Taxes and Fees	Included	Included	Included	Included
Total Gross	\$338,343	\$362,926	\$296,816	\$285,239
Total Gross PEPY	\$958	\$1,028	\$841	\$808
\$ Difference from Current		\$24,583	(\$41,526)	(\$53,104)
% Difference from Current		7.3%	-12.3%	-15.7%

Avg EE Count (MESSA) 353

PEPY = Per Employee Per Year Cost

Headcounts taken from 2025 MESSA Renewal



# 2025 Dental Renewal Alternatives

## Effective 1/1/25 – Administrators

PLAN STATUS: CARRIER: Effective Date PLAN TYPE:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
	MESSA		MESSA		BCBSM		ADN	
	1/1/2024		1/1/2025		1/1/2025		1/1/2025	
	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum-Class I-III	\$1,300		\$1,300		\$1,500		\$1,300	
Lifetime Maximum-Class IV	\$1,300		\$1,300		\$1,500		\$1,300	
Rates								
Employee	\$37.76		\$39.35		\$30.93		\$31.83	
Employee + 1 Dependent	\$72.45		\$72.33		\$61.86		\$61.08	
Family	\$129.22		\$136.17		\$108.25		\$108.93	
Enrollment								
Employee	2		2		2		2	
Employee + 1 Dependent	3		3		3		3	
Family	14		14		14		14	
Total	19		19		19		19	
Monthly Premium	\$2,102		\$2,202		\$1,763		\$1,772	
Annual Premium	\$25,223		\$26,425		\$21,155		\$21,263	
Premium Difference \$	N/A		\$1,201		(\$4,068)		(\$3,960)	
Premium Difference %	N/A		4.8%		-16.1%		-15.7%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	

# 2025 Dental Renewal Alternatives

Effective 1/1/25 – Teacher Aide

PLAN STATUS: CARRIER: Effective Date PLAN TYPE:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
	MESSA 1/1/2024		MESSA 1/1/2025		BCBSM 1/1/2025		ADN 1/1/2025	
	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	60%	60%	60%	60%	60%	60%	60%	60%
Annual Maximum-Class I-III	\$1,000		\$1,000		\$1,000		\$1,000	
Lifetime Maximum-Class IV	\$600		\$600		\$600		\$600	
Rates								
Employee	\$32.36		\$31.41		\$26.74		\$27.28	
Employee + 1 Dependent	\$63.36		\$59.70		\$53.47		\$53.41	
Family	\$110.48		\$112.55		\$93.57		\$93.13	
Enrollment								
Employee	27		27		27		27	
Employee + 1 Dependent	17		17		17		17	
Family	17		17		17		17	
Total	61		61		61		61	
Monthly Premium	\$3,829		\$3,776		\$3,222		\$3,228	
Annual Premium	\$45,948		\$45,316		\$38,660		\$38,733	
Premium Difference \$	N/A		(\$632)		(\$7,288)		(\$7,215)	
Premium Difference %	N/A		-1.4%		-15.9%		-15.7%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	

# 2025 Dental Renewal Alternatives

## Effective 1/1/25 – FT Service Personnel

PLAN STATUS:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
CARRIER:	MESSA		MESSA		BCBSM		ADN	
Effective Date	1/1/2024		1/1/2025		1/1/2025		1/1/2025	
PLAN TYPE:	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum-Class I-III	\$1,300		\$1,300		\$1,500		\$1,300	
Lifetime Maximum-Class IV	\$1,300		\$1,300		\$1,500		\$1,300	
Rates								
Employee	\$34.54		\$36.87		\$30.93		\$29.12	
Employee + 1 Dependent	\$65.80		\$68.61		\$61.86		\$55.47	
Family	\$120.14		\$131.15		\$108.25		\$101.28	
Enrollment								
Employee	27		27		27		27	
Employee + 1 Dependent	31		31		31		31	
Family	57		57		57		57	
Total	115		115		115		115	
Monthly Premium	\$9,820		\$10,598		\$8,923		\$8,279	
Annual Premium	\$117,844		\$127,175		\$107,076		\$99,345	
Premium Difference \$	N/A		\$9,331		(\$10,768)		(\$18,499)	
Premium Difference %	N/A		7.9%		-9.1%		-15.7%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	

# 2025 Dental Renewal Alternatives

## Effective 1/1/25 - Custodian

PLAN STATUS:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
CARRIER:	MESSA		MESSA		BCBSM		ADN	
Effective Date	1/1/2024		1/1/2025		1/1/2025		1/1/2025	
PLAN TYPE:	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	0%	0%	0%	0%	0%	0%	0%	0%
Annual Maximum-Class I-III	\$1,000		\$1,000		\$1,000		\$1,000	
Lifetime Maximum-Class IV	\$0		\$0		\$0		\$0	
Rates								
Employee	\$34.43		\$36.30		\$26.17		\$29.02	
Employee + 1 Dependent	\$68.44		\$71.33		\$52.33		\$57.69	
Family	\$113.13		\$120.28		\$91.59		\$95.37	
Enrollment								
Employee	6		6		6		6	
Employee + 1 Dependent	3		3		3		3	
Family	0		0		0		0	
Total	9		9		9		9	
Monthly Premium	\$412		\$432		\$314		\$347	
Annual Premium	\$4,943		\$5,181		\$3,768		\$4,166	
Premium Difference \$	N/A		\$239		(\$1,175)		(\$777)	
Premium Difference %	N/A		4.8%		-23.8%		-15.7%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	

# 2025 Dental Renewal Alternatives

## Effective 1/1/25 – Non Union Instructors

PLAN STATUS:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
CARRIER:	MESSA		MESSA		BCBSM		ADN	
Effective Date	1/1/2024		1/1/2025		1/1/2025		1/1/2025	
PLAN TYPE:	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum-Class I-III	\$1,000		\$1,000		\$1,000		\$1,000	
Lifetime Maximum-Class IV	\$2,500		\$2,500		\$2,500		\$2,500	
Rates								
Employee	\$31.46		\$33.61		\$29.33		\$26.52	
Employee + 1 Dependent	\$59.40		\$61.91		\$54.45		\$50.70	
Family	\$120.14		\$131.74		\$102.29		\$101.28	
Enrollment								
Employee	2		2		2		2	
Employee + 1 Dependent	2		2		2		2	
Family	5		5		5		5	
Total	9		9		9		9	
Monthly Premium	\$782		\$850		\$679		\$661	
Annual Premium	\$9,389		\$10,197		\$8,148		\$7,930	
Premium Difference \$	N/A		\$808		(\$1,241)		(\$1,459)	
Premium Difference %	N/A		8.6%		-13.2%		-15.5%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	

# 2025 Dental Renewal Alternatives

## Effective 1/1/25 – GSRP Teachers & Assoc Teachers

PLAN STATUS:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
CARRIER:	MESSA		MESSA		BCBSM		ADN	
Effective Date	1/1/2024		1/1/2025		1/1/2025		1/1/2025	
PLAN TYPE:	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum-Class I-III	\$1,300		\$1,300		\$1,500		\$1,300	
Lifetime Maximum-Class IV	\$1,300		\$1,300		\$1,500		\$1,300	
Rates								
Employee	\$30.85		\$34.84		\$30.93		\$26.01	
Employee + 1 Dependent	\$59.28		\$67.80		\$61.86		\$49.97	
Family	\$111.95		\$129.78		\$108.25		\$94.37	
Enrollment								
Employee	36		36		36		36	
Employee + 1 Dependent	3		3		3		3	
Family	0		0		0		0	
Total	39		39		39		39	
Monthly Premium	\$1,288		\$1,458		\$1,299		\$1,086	
Annual Premium	\$15,461		\$17,492		\$15,589		\$13,035	
Premium Difference \$	N/A		\$2,030		\$127		(\$2,426)	
Premium Difference %	N/A		13.1%		0.8%		-15.7%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	

# 2025 Dental Renewal Alternatives

## Effective 1/1/25 – Union Teachers

PLAN STATUS:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
CARRIER:	MESSA		MESSA		BCBSM		ADN	
Effective Date	1/1/2024		1/1/2025		1/1/2025		1/1/2025	
PLAN TYPE:	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	90%	90%	90%	90%	90%	90%	90%	90%
Class II - Basic	90%	90%	90%	90%	90%	90%	90%	90%
Class III - Major	90%	90%	90%	90%	90%	90%	90%	90%
Class IV - Orthodontia	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum-Class I-III	\$1,500		\$1,500		\$1,500		\$1,500	
Lifetime Maximum-Class IV	\$2,500		\$2,500		\$2,500		\$2,500	
Rates								
Employee	\$40.37		\$44.64		\$35.41		\$34.03	
Employee + 1 Dependent	\$76.63		\$82.50		\$70.81		\$64.60	
Family	\$149.98		\$168.01		\$123.92		\$126.43	
Enrollment								
Employee	14		14		14		14	
Employee + 1 Dependent	20		20		20		20	
Family	40		40		40		40	
<b>Total</b>	<b>74</b>		<b>74</b>		<b>74</b>		<b>74</b>	
Monthly Premium	\$8,097		\$8,995		\$6,869		\$6,826	
Annual Premium	\$97,164		\$107,944		\$82,425		\$81,907	
Premium Difference \$	N/A		\$10,781		(\$14,739)		(\$15,256)	
Premium Difference %	N/A		11.1%		-15.2%		-15.7%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	

# 2025 Dental Renewal Alternatives

## Effective 1/1/25 – Instructional Technicians

PLAN STATUS:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
CARRIER:	MESSA		MESSA		BCBSM		ADN	
Effective Date	1/1/2024		1/1/2025		1/1/2025		1/1/2025	
PLAN TYPE:	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	60%	60%	60%	60%	60%	60%	60%	60%
Annual Maximum-Class I-III	\$1,000		\$1,000		\$1,000		\$1,000	
Lifetime Maximum-Class IV	\$600		\$600		\$600		\$600	
Rates								
Employee	\$32.13		\$31.73		\$26.74		\$27.09	
Employee + 1 Dependent	\$60.77		\$58.53		\$53.47		\$51.23	
Family	\$109.69		\$111.16		\$93.57		\$92.47	
Enrollment								
Employee	6		6		6		6	
Employee + 1 Dependent	2		2		2		2	
Family	6		6		6		6	
Total	14		14		14		14	
Monthly Premium	\$972		\$974		\$829		\$820	
Annual Premium	\$11,670		\$11,693		\$9,946		\$9,838	
Premium Difference \$	N/A		\$23		(\$1,724)		(\$1,832)	
Premium Difference %	N/A		0.2%		-14.8%		-15.7%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	



# 2025 Dental Renewal Alternatives

Effective 1/1/25 – Food Service & WIA

PLAN STATUS:	CURRENT		RENEWAL		RENEWAL OPTION 1		RENEWAL OPTION 2	
CARRIER:	MESSA		MESSA		BCBSM		ADN	
Effective Date	1/1/2024		1/1/2025		1/1/2025		1/1/2025	
PLAN TYPE:	PPO		PPO		PPO		PPO	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (Individual / Family)								
Class I - Preventive	80%	80%	80%	80%	80%	80%	80%	80%
Class II - Basic	80%	80%	80%	80%	80%	80%	80%	80%
Class III - Major	80%	80%	80%	80%	80%	80%	80%	80%
Class IV - Orthodontia	80%	80%	80%	80%	80%	80%	80%	80%
Annual Maximum-Class I-III	\$1,000		\$1,000		\$1,000		\$1,000	
Lifetime Maximum-Class IV	\$1,000		\$1,000		\$1,000		\$1,000	
Rates								
Employee	\$30.13		\$31.61		\$27.46		\$25.40	
Employee + 1 Dependent	\$53.11		\$54.63		\$54.92		\$44.77	
Family	\$101.56		\$109.84		\$96.10		\$85.62	
Enrollment								
Employee	6		6		6		6	
Employee + 1 Dependent	0		0		0		0	
Family	7		7		7		7	
Total	13		13		13		13	
Monthly Premium	\$892		\$959		\$837		\$752	
Annual Premium	\$10,700		\$11,502		\$10,050		\$9,021	
Premium Difference \$	N/A		\$802		(\$651)		(\$1,680)	
Premium Difference %	N/A		7.5%		-6.1%		-15.7%	
Rate Guarantee	1 Year		1 Year		2 Year		3 Years	
Notes	Fully Insured		Fully Insured		Fully Insured		Self Funded	
Network	PPO/Premier		PPO/Premier		Blue Dental/ Blue Par Select		ADN/DenteMax	

# 2025 Dental Marketing – Solvency Sheet

Effective 1/1/25

Carrier	Line of Coverage	Response
<b><u>Current:</u></b>		
MESSA	Dental	Quoted-Renewal
<b><u>Alternatives:</u></b>		
DELTA DENTAL	Dental	DTQ
BCBSM	Dental	Quoted
GUARDIAN	Dental	Quoted
METLIFE	Dental	DTQ
A.D.N.	Dental	Quoted

# 2025 Vision

Effective 1/1/25 - MESSA

# 2025 Vision Renewal – MESSA

Effective 1/1/25

	MESSA 1/1/24	MESSA 1/1/25
MESSA Vision	\$44,265	\$44,308
Taxes and Fees	N/A	Included
Total Gross	\$44,265	\$44,308
Total Gross PEPY	\$127	\$127
\$ Difference from Current		\$44
% Difference from Current		0.1%

Avg EE Count (MESSA)

349

PEPY = Per Employee Per Year Cost

Headcounts taken from 2025 MESSA Renewal

# 2025 Vision Renewal Alternatives

Effective 1/1/25

	MESSA 1/1/24	MESSA 1/1/25	Alt - NVA 1/1/25	Alt - EyeMed 1/1/25
MESSA Vision	\$44,265	\$44,308	\$36,088	\$45,596
Taxes and Fees	N/A	Included	Included	Included
Total Gross	\$44,265	\$44,308	\$36,088	\$45,596
Total Gross PEPY	\$127	\$127	\$103	\$131
\$ Difference from Current		\$44	(\$8,177)	\$1,331
% Difference from Current		0.1%	-18.5%	3.7%
Rate Guarantee			4 Year- \$1,000 implementation credit	4 year

Avg EE Count (MESSA) 349

PEPY = Per Employee Per Year Cost

Headcounts taken from 2025 MESSA Renewal

# 2025 Vision Renewal Alternatives

Effective 1/1/25

PLAN STATUS: CARRIER: Effective Date	CURRENT MESSA - VSP 2 1/1/2024		RENEWAL MESSA - VSP 2 1/1/2025		MARKET OPTION 1 N.V.A. 1/1/2025		MARKET OPTION 2 EyeMed 1/1/2025	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
<b>PLAN BASICS</b>								
Exam	\$6.50 Copay	up to \$28.50 (Optometrist) Up to \$38.50 (Ophthalmologist)	\$6.50 Copay	up to \$28.50 (Optometrist) Up to \$38.50 (Ophthalmologist)	\$6.50 Copay	up to \$28.50 (Optometrist) Up to \$38.50 (Ophthalmologist)	\$5 copay	up to \$40
Single Vision Lenses	\$18 Copay	up to \$29	\$18 Copay	up to \$29	\$18 Copay	up to \$29	\$15 copay	up to \$29
Bifocal Lenses	\$18 Copay	up to \$51	\$18 Copay	up to \$51	\$18 Copay	up to \$51	\$15 copay	up to \$51
Trifocal Lenses	\$18 Copay	up to \$63	\$18 Copay	up to \$63	\$18 Copay	up to \$63	\$15 copay	up to \$63
Lenticular Lenses	\$18 Copay	up to \$75	\$18 Copay	up to \$75	\$18 Copay	up to \$75	\$15 copay	up to \$75
Frame	Up to \$65	up to \$44	Up to \$65	up to \$44	up to \$65 20% off balance	up to \$44	up to \$70 20% off balance	up to \$44
Contact Lenses								
Necessary	100% approved amount	\$175 allowance	100% approved amount	\$175 allowance	100% approved amount up to \$90	up to \$175	100% approved amount	up to \$210
Elective	\$90 allowance	\$90 allowance	\$90 allowance	\$90 allowance	15% discount(Conventional)/ 10% discount (Disposable) on remaining balance	up to \$90	15% discount(Conventional) of remaining balance	\$90 allowance
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		12 Months		12 Months	
RATES								
Employee	\$4.87		\$4.87		\$3.97		\$5.62	
Single + 1	\$10.43		\$10.44		\$8.50		\$10.68	
Family	\$15.71		\$15.73		\$12.81		\$15.68	
EMPLOYEE COUNTS								
Employee	128		128		128		128	
Single + 1	77		77		77		77	
Family	144		144		144		144	
Monthly Premium	\$3,689		\$3,692		\$3,007		\$3,800	
Annual Premium	\$44,265		\$44,308		\$36,088		\$45,596	
Premium Difference \$	n/a		\$44		(\$8,177)		\$1,331	
Premium Difference %	n/a		0.1%		-18.5%		3.0%	
Rate Guarantee	1 Year		1 Year		4 Year- \$1,000 implementation credit		4 Year	

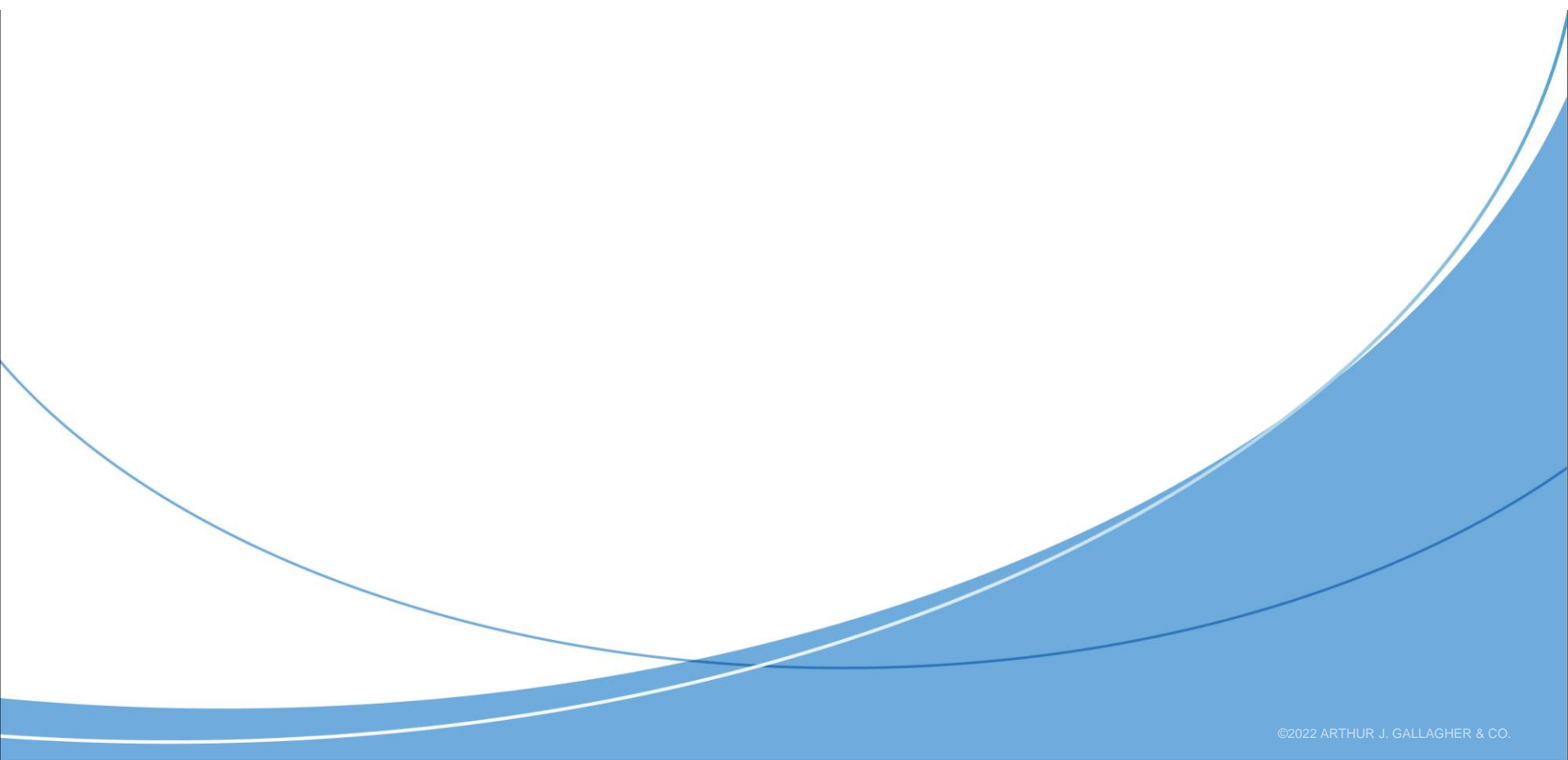
# 2025 Vision Marketing – Solvency Sheet

Effective 1/1/25

Carrier	Line of Coverage	Response
<b>Current:</b> MESSA	Vision	Quoted-Renewal
<b>Alternatives:</b>		
NVA	Vision	Quoted
GUARDIAN	Vision	DTQ
BCBSM	Vision	DTQ
METLIFE	Vision	DTQ
VSP	Vision	DTQ
EYEMED	Vision	Quoted

# 2025 Life and DI

## NIS – Fully Insured





# 2025 Life and DI Renewal - NIS

Effective 1/1/25

Current Carrier	Eff. Date	Monthly Premium	Annual Premium	Annual \$	% difference + / -	\$ difference + / -	Rate Guarantee
NIS - Life and AD&D	1/1/2024	\$3,740	\$44,885	\$44,885			1 Year
NIS - Life and AD&D	1/1/2025	\$3,740	\$44,885	\$44,885	0.0%	\$0	1 Year
<b>Total (Renewal)</b>	1/1/2025	\$3,740	\$44,885	\$44,885			1 Year

Current Carrier	Eff. Date	Monthly Premium	Annual Premium	Annual \$	% difference + / -	\$ difference + / -	Rate Guarantee
NIS - LTD	1/1/2024	\$3,910	\$46,921	\$46,921			1 Year
NIS - LTD	1/1/2025	\$3,910	\$46,921	\$46,921	0.0%	\$0	1 Year
<b>Total (Renewal)</b>	1/1/2025	\$3,910	\$46,921	\$46,921			1 Year

Current Carrier	Eff. Date	Monthly Premium	Annual Premium	Annual \$	% difference + / -	\$ difference + / -	Rate Guarantee
NIS - Total Combined	1/1/2024	\$7,650	\$91,805	\$91,805			1 Year
NIS - Total Combined	1/1/2025	\$7,650	\$91,805	\$91,805	0.0%	\$0	1 Year
<b>Total (Renewal)</b>	1/1/2025	\$7,650	\$91,805	\$91,805			1 Year

# Life and AD&D - NIS

Effective 1/1/25

<b>PLAN STATUS:</b>	<b>Current</b>	<b>Renewal</b>
<b>CARRIER:</b>	<b>NIS</b>	<b>NIS</b>
<b>Effective Date</b>	<b>1/1/2024</b>	<b>1/1/2025</b>
<b>Class Definition</b>		
<b>Class 1</b>	Admin and Svc Personnel	Admin and Svc Personnel
<b>Class 2</b>	Teacher Aides w Medical	Teacher Aides w Medical
<b>Class 3</b>	Teacher Aides w/o Medical	Teacher Aides w/o Medical
<b>Class 4</b>	Custodians	Custodians
<b>Class 5</b>	Union Teachers w Medical, Non Union Instructors, Food Svc, and WIA	Union Teachers w Medical, Non Union Instructors, Food Svc, and WIA
<b>Class 6</b>	Union Teachers w/o Medical	Union Teachers w/o Medical
<b>Class 7</b>	Instructional Technicians	Instructional Technicians
<b>Basic Life and AD&amp;D</b>		
<b>Class 1</b>	2x Salary (Max \$225,000)	2x Salary (Max \$225,000)
<b>Class 2</b>	\$30,000	\$30,000
<b>Class 3</b>	\$40,000	\$40,000
<b>Class 4</b>	\$50,000	\$50,000
<b>Class 5</b>	\$50,000	\$50,000
<b>Class 6</b>	\$55,000	\$55,000
<b>Class 7</b>	\$50,000	\$50,000
<b>Volume</b>		
<b>Covered Monthly Payroll (Life)</b>	\$26,717,000	\$26,717,000
<b>Covered Monthly Payroll (AD&amp;D)</b>	\$26,717,000	\$26,717,000
<b>Employee Count</b>	322	322
<b>Rates per \$1,000</b>		
<b>Life</b>	\$0.120	\$0.120
<b>AD&amp;D</b>	\$0.020	\$0.020
<b>Monthly Premium</b>		
<b>Monthly Premium</b>	\$3,740	\$3,740
<b>Annual Premium</b>	\$44,885	\$44,885
<b>Premium Difference \$</b>	N/A	\$0
<b>Premium Difference %</b>	N/A	0.0%
<b>Rate Guarantee</b>	3 Year	1 Year

# LTD – NIS (Class 1 - Administrators)

Effective 1/1/25

PLAN STATUS:	CURRENT	RENEWAL
CARRIER:	NIS	NIS
Effective Date	1/1/2024	1/1/2025
<b>Plan Basics</b>		
Monthly Benefit Percentage	66.67%	66.67%
Monthly Maximum Benefit	\$10,000	\$10,000
Elimination Period	120 days	120 days
<b>Pre-Existing Limitations</b>		
Pre-Existing Limitations	3/12	3/12
<b>Volume</b>		
Covered Monthly Payroll	\$188,198	\$188,198
Employee Count	19	19
<b>Rates</b>		
Rate Per \$100 Benefit	\$0.275	\$0.275
Monthly Premium	\$518	\$518
Annual Premium	\$6,211	\$6,211
Premium Difference \$	n/a	\$0
Premium Difference %	n/a	0.0%
Rate Guarantee	1 Year	1 Year

# LTD – NIS (Class 2 – Teacher Aides, Custodians, Food Svc, and WIA)

Effective 1/1/25

PLAN STATUS:	CURRENT	RENEWAL
CARRIER:	NIS	NIS
Effective Date	1/1/2024	1/1/2025
Plan Basics		
Monthly Benefit Percentage	66.67%	66.67%
Monthly Maximum Benefit	\$2,500	250000%
Elimination Period	120 days	120 days
Pre-Existing Limitations		
Pre-Existing Limitations	3/12	3/12
Volume		
Covered Monthly Payroll	\$225,382	\$225,382
Employee Count	90	90
Rates		
Rate Per \$100 Benefit	\$0.275	\$0.275
Monthly Premium	\$620	\$620
Annual Premium	\$7,438	\$7,438
Premium Difference \$	n/a	\$0
Premium Difference %	n/a	0.0%
Rate Guarantee	1 Year	1 Year

# LTD – NIS (Class 3 – Service Personnel)

Effective 1/1/25

PLAN STATUS:	CURRENT	RENEWAL
CARRIER:	NIS	NIS
Effective Date	1/1/2024	1/1/2025
<b>Plan Basics</b>		
Monthly Benefit Percentage	66.67%	66.67%
Monthly Maximum Benefit	\$5,000	500000%
Elimination Period	120 days	120 days
<b>Pre-Existing Limitations</b>		
Pre-Existing Limitations	3/12	3/12
<b>Volume</b>		
Covered Monthly Payroll	\$578,075	\$578,075
Employee Count	114	114
<b>Rates</b>		
Rate Per \$100 Benefit	\$0.275	\$0.275
Monthly Premium	\$1,590	\$1,590
Annual Premium	\$19,076	\$19,076
Premium Difference \$	n/a	\$0
Premium Difference %	n/a	0.0%
Rate Guarantee	1 Year	1 Year

# LTD – NIS (Class 4 – Non Union Instructors and Union Teachers)

Effective 1/1/25

PLAN STATUS:	CURRENT	RENEWAL
CARRIER:	NIS	NIS
Effective Date	1/1/2024	1/1/2025
<b>Plan Basics</b>		
Monthly Benefit Percentage	66.67%	66.67%
Monthly Maximum Benefit	\$3,500	350000%
Elimination Period	120 days	120 days
<b>Pre-Existing Limitations</b>		
Pre-Existing Limitations	3/12	3/12
<b>Volume</b>		
Covered Monthly Payroll	\$430,179	\$430,179
Employee Count	85	85
<b>Rates</b>		
Rate Per \$100 Benefit	\$0.275	\$0.275
Monthly Premium	\$1,183	\$1,183
Annual Premium	\$14,196	\$14,196
Premium Difference \$	n/a	\$0
Premium Difference %	n/a	0.0%
Rate Guarantee	1 Year	1 Year

# Next Steps

# Decision Points

## Prompts for SCCRESA

### Plan Design Changes

- TBD

### Carrier Changes

- TBD

### New Benefit Offerings

- TBD

### Funding and Contributions

- Hard Cap / 80/20
- H.S.A. Funding

### Open Enrollment

- Passive/Active
- Onsite/Virtual
- Dates: Oct / November

### Communications

- Client Messaging
- Carrier Value Adds
- GLP-1 (Weight Loss)





## Next Steps

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

# Thank You!

Arthur J Gallagher – D.J. MacAloon  
2600 S. Telegraph Rd., Suite 100  
Bloomfield Hills, MI 48302



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