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Rockford Public Schools - Quote Summary

2020 Marketing Solvency

Carrier	Line of Coverage	Response	Commissions/Supplemental Compensation
Current: MESSA	Medical	Quoted Renewal	NA
MESSA	Vision	Quoted	NA
A.D.N	Dental	Quoted Renewal	\$2 PEPM
Alternatives:			
Priority Health	Medical	Quoted	2%/
WMHIP	Medical	Quoted	\$18 PEPM/\$0-\$7 PEPY/ 3.5% stop loss
EyeMed	Vision	Quoted	10%
NVA	Vision	Quoted	10%
MetLife	Vision	Declined	NA
MetLife	Dental	Quoted	5%
BCBS			

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.

Rockford Public Schools
Vision Marketing Summary- VSP 2
1/1/2020

Carrier	Current MESSA/VSP Plan3		Alternative/EyeMed		Alternative/NVA	
Benefits	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Examination Copay	\$6.50 Copay	Up to \$38.50	\$6 Copay	Up to \$40	\$6.50 Copay	Up to \$38.5
Lenses						
Single	Covered 100% after \$18 Copay	Up to \$29	Covered 100% after \$18 Copay	Up to \$29	Covered 100% after \$18 Copay	Up to \$29
Bifocal	Covered 100% after \$18 Copay	Up to \$51	Covered 100% after \$18 Copay	Up to \$51	Covered 100% after \$18 Copay	Up to \$51
Trifocal	Covered 100% after \$18 Copay	Up to \$63	Covered 100% after \$18 Copay	Up to \$63	Covered 100% after \$18 Copay	Up to \$63
Lenticular	Covered 100% after \$18 Copay	Up to \$75	Covered 100% after \$18 Copay	Up to \$75	Covered 100% after \$18 Copay	Up to \$75
Contact Lenses						
Medically Necessary	100% covered	Up to \$175	100% covered	Up to \$210	100% covered	Up to \$175
Elective	\$90 allowance	Up to \$90	\$90 allowance	Up to \$90	\$90 allowance	Up to \$90
Frames	\$65 allowance	Up to \$44	\$65 allowance	Up to \$44	\$65 allowance	Up to \$44
Benefit Frequency						
Examination	12 months		12 months		12 months	
Contacts	12 months		12 months		12 months	
Lenses/Frames	12 months		12 months		12 months	
Financials						
		VSP 2	Current	Alternative	Alternative	
Employee Only		28	\$5.20	\$4.80	\$4.17	
Employee + Spouse		82	\$11.16	\$9.12	\$8.94	
Employee + Family		144	\$16.78	\$13.40	\$13.44	
Total						
Monthly Premium			\$3,477.04	\$2,811.84	\$2,785.20	
Annual Premium			\$41,724.48	\$33,742.08	\$33,422.40	
Premium Difference \$			--	(\$7,982.40)	(\$8,302.08)	
Premium Difference %			--	-19%	-20%	
Rate Guarantee			1/1/2021	1/1/2025	1/1/2025	

Rockford Public Schools
Vision Marketing Summary- VSP 3
1/1/2020

Carrier				Current MESSA/VSP Plan2		Alternative/EyeMed		Alternative/NVA	
Benefits				In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Examination Copay				\$0 Copay	Up to \$45	\$0 Copay	Up to \$45	\$0 Copay	Up to \$38
Lenses				In-Network	Out-Network				
Single				Covered 100%	Up to \$38	Covered 100%	Up to \$38	Covered 100%	Up to \$38
Bifocal				Covered 100%	Up to \$60	Covered 100%	Up to \$60	Covered 100%	Up to \$60
Trifocal				Covered 100%	Up to \$72	Covered 100%	Up to \$72	Covered 100%	Up to \$72
Lenticular				Covered 100%	Up to \$108	Covered 100%	Up to \$108	Covered 100%	Up to \$108
Contact Lenses									
Medically Necessary				\$0 Copay	Up to \$200	\$0 Copay	Up to \$200	\$0 Copay	Up to \$200
Elective				\$115 Allowance	Up to \$115	\$115 Allowance	Up to \$115	\$115 Allowance	Up to \$115
Frames				\$65 allowance	Up to \$55	\$65 allowance	Up to \$55	\$65 allowance	Up to \$55
Benefit Frequency									
Examination				12 months		12 months		12 months	
Contacts				12 months		12 months		12 months	
Lenses/Frames				12 months		12 months		12 months	
Financials				VSP 3	Current	Alternative	Alternative		
Employee Only				42	\$6.97	\$6.62	\$5.72		
Employee + Spouse				54	\$14.96	\$12.58	\$12.27		
Employee + Family				231	\$22.51	\$18.48	\$18.46		
Total					Current	Alternative	Alternative		
Monthly Premium					\$6,300.39	\$5,226.24	\$5,167.08		
Annual Premium					\$75,604.68	\$62,714.88	\$62,004.96		
Premium Difference \$					--	(\$12,889.80)	(\$13,599.72)		
Premium Difference %					--	-17%	-18%		
Rate Guarantee					1/1/2021	1/1/2025	1/1/2025		



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Rockford Public Schools						
Vision Marketing Summary- VSP 3 Plus						
1/1/2020						
Carrier	Current MESSA/VSP Plan1		Alternative/EyeMed		Alternative/NVA	
Benefits	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Examination Copay	\$0 Copay	Up to \$45	\$0 Copay	Up to \$45	\$0 Copay	Up to \$45
Lenses	In-Network	Out-Network				
Single	Covered 100%	Up to \$38	Covered 100%	Up to \$38	Covered 100%	Up to \$38
Bifocal	Covered 100%	Up to \$60	Covered 100%	Up to \$60	Covered 100%	Up to \$60
Trifocal	Covered 100%	Up to \$72	Covered 100%	Up to \$72	Covered 100%	Up to \$72
Lenticular	Covered 100%	Up to \$108	Covered 100%	Up to \$108	Covered 100%	Up to \$108
Contact Lenses						
Medically Necessary	\$0 Copay	Up to \$200	\$0 Copay	Up to \$210	\$0 Copay	Up to \$200
Elective	\$200 Allowance	Up to \$150	\$200 Allowance	Up to \$150	\$200 Allowance	Up to \$200
Frames	\$80 allowance	Up to \$66	\$80 allowance	Up to \$45	\$80 allowance	Up to \$66
Benefit Frequency						
Examination	12 months		12 months		12 months	
Contacts	12 months		12 months		12 months	
Lenses/Frames	12 months		12 months		12 months	
Financials	VSP 3 Plus		Current	Alternative	Alternative	
Employee Only	12		\$10.15	\$8.15	\$8.73	
Employee + Spouse	26		\$21.78	\$15.48	\$18.73	
Employee + Family	87		\$32.80	\$22.73	\$28.21	
Total			Current	Alternative	Alternative	
Monthly Premium			\$3,541.68	\$2,477.79	\$3,046.01	
Annual Premium			\$42,500.16	\$29,733.48	\$36,552.12	
Premium Difference \$			--	(\$12,766.68)	(\$5,948.04)	
Premium Difference %			--	-30%	-14%	
Rate Guarantee			1/1/2021	1/1/2025	1/1/2025	



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Rockford Public Schools
Dental Marketing Summary
1/1/2020

Carrier	A.D.N. Current Plan 1 Teachers w/out Medical					MetLife Alternative	BCBS Alternative	A.D.N. Current Plan 2 Admin					MetLife Alternative	BCBS Alternative	A.D.N. Current Plan 3 Teachers w/ Medical					MetLife Alternative	BCBS Alternative	A.D.N. Current Plan 4 Non-Union					MetLife Alternative	BCBS Alternative	A.D.N. Current Plan 5 Union/SS & Security					MetLife Alternative	BCBS Alternative
Plan	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network				
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network					
Type 1: Preventative	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					
Type 2: Basic	90%	90%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%					
Type 3: Major	90%	90%	90%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%					
Annual Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500					
Type 4: Orthodontia	90%	80%	90%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%					
Lifetime Ortho Maximum	\$900	\$900	\$900	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000					
Financials	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Current-illustrates	Alt-FI	Alt-FI	Current-illustrates	Alt-FI	Alt-FI	Current-illustrates	Alt-FI	Alt-FI	Current-illustrates	Alt-FI	Alt-FI	Current-illustrates	Alt-FI	Alt-FI	Current-illustrates	Alt-FI	Alt-FI	Current-illustrates	Alt-FI	Alt-FI	Current-illustrates	Alt-FI	Alt-FI	Current-illustrates	Alt-FI	Alt-FI			
Employee Only	12	7	53	3	29	\$48.21	\$43.66	\$38.57	\$49.80	\$45.10	\$39.21	\$38.83	\$35.17	\$34.37	\$40.71	\$36.87	\$33.57	\$29.19	\$26.44	\$25.73	\$29.19	\$26.44	\$25.73	\$29.19	\$26.44	\$25.73	\$29.19	\$26.44	\$25.73	\$29.19	\$26.44	\$25.73			
Employee + Spouse	13	12	70	6	82	\$89.14	\$80.73	\$77.13	\$92.09	\$83.39	\$78.42	\$72.24	\$65.42	\$68.74	\$75.38	\$68.27	\$67.14	\$54.17	\$49.05	\$51.45	\$54.17	\$49.05	\$51.45	\$54.17	\$49.05	\$51.45	\$54.17	\$49.05	\$51.45	\$54.17	\$49.05	\$51.45			
Employee + Family	66	30	256	9	132	\$153.70	\$139.20	\$134.99	\$158.78	\$143.80	\$137.23	\$129.59	\$117.36	\$120.29	\$127.68	\$115.63	\$117.49	\$92.84	\$84.08	\$90.04	\$92.84	\$84.08	\$90.04	\$92.84	\$84.08	\$90.04	\$92.84	\$84.08	\$90.04	\$92.84	\$84.08	\$90.04			
Total						\$11,881.54	\$10,760.61	\$10,374.87	\$6,217.08	\$5,630.38	\$5,332.41	\$40,289.83	\$36,487.57	\$37,427.65	\$1,723.53	\$1,560.90	\$1,560.96	\$17,543.33	\$15,887.42	\$16,850.35	\$17,543.33	\$15,887.42	\$16,850.35	\$17,543.33	\$15,887.42	\$16,850.35	\$17,543.33	\$15,887.42	\$16,850.35	\$17,543.33	\$15,887.42	\$16,850.35			
Monthly Premium						\$142,578.48	\$129,127.32	\$124,498.44	\$74,604.96	\$67,564.56	\$63,988.92	\$483,477.96	\$437,850.84	\$449,131.80	\$20,682.36	\$18,730.80	\$18,731.52	\$210,519.96	\$190,649.04	\$202,204.20	\$210,519.96	\$190,649.04	\$202,204.20	\$210,519.96	\$190,649.04	\$202,204.20	\$210,519.96	\$190,649.04	\$202,204.20	\$210,519.96	\$190,649.04	\$202,204.20			
Premium Difference \$						---	(\$13,451.16)	(\$18,080.04)	---	(\$7,040.40)	(\$10,616.04)	---	(\$45,627.12)	(\$34,346.16)	---	(\$1,951.56)	(\$1,950.84)	---	(\$19,870.92)	(\$8,315.76)	---	---	---	---	---	---	---	---	---	---	---				
Premium Difference %						---	-9.43%	-12.68%	---	-9.44%	-14.23%	---	-9.44%	-7.10%	---	-9.44%	-9.43%	---	-9.44%	-3.95%	---	---	---	---	---	---	---	---	---	---	---				
Rate Guarantee*						1/1/2021	2nd year 8% rate cap	1/1/2022		2nd year 8% rate cap	1/1/2022		2nd year 8% rate cap	1/1/2022		2nd year 8% rate cap	1/1/2022		2nd year 8% rate cap	1/1/2022		2nd year 8% rate cap	1/1/2022		2nd year 8% rate cap	1/1/2022		2nd year 8% rate cap	1/1/2022		2nd year 8% rate cap	1/1/2022			

Notes:
 * ADN admin fee of \$7.20 PEPM is guaranteed until 1/1/21
 Enrollments are from 2020 census provided by the group
 Based on this group enrollments, annual admin fee is \$67,392
 This group had 96.73% and 99.91% loss ratios in 2018 and 2019 respectively



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Rockford Public Schools								
Medical Marketing Summary- Plan 1								
1/1/2021								
Plan Year	MESSA- ABC 3 Tier Mail		WMHIP- HDHP 3 Tier Mail		BCBS- Simply Blue		Priority Health	
	1/1/2020		1/1/2021		1/1/2021		1/1/2021	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Benefits								
Individual Deductible	\$1,400	\$2,800	\$1,400	\$2,800	\$1,400	\$2,800	\$1,400	\$2,800
Family Deductible	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	\$5,600
Coinsurance	90%	70%	90%	70%	80%	60%	90%	70%
Individual Out of Pocket Maximum	\$4,400	\$8,800	\$4,400	\$8,800	\$2,250	\$4,500	\$2,000	\$4,000
Family Out of Pocket Maximum	\$6,900	\$17,600	\$6,800	\$17,600	\$4,500	\$9,000	\$4,000	\$8,000
Other Plan Details								
Preventative Care	100% after Ded	NA	100% after Ded	NA	100% after Ded	NA	100% after Ded	70% after Ded
PCP Office Visit	90% after Ded	70% after Ded	90% after Ded	70% after Ded	80% after Ded	60% after Ded	90% after Ded	70% after Ded
Specialist Visit	90% after Ded	70% after Ded	90% after Ded	70% after Ded	80% after Ded	60% after Ded	90% after Ded	70% after Ded
Urgent Care Visit	90% after Ded	70% after Ded	90% after Ded	70% after Ded	80% after Ded	60% after Ded	90% after Ded	70% after Ded
Emergency Care (waived if admitted)	90% after Ded		80% after Ded		80% after Ded		90% after Ded	70% after Ded
Hospital Services	90% after Ded	70% after Ded	90% after Ded	70% after Ded	80% after Ded	60% after Ded	90% after Ded	70% after Ded
Prescription Drugs								
Generic	\$10 after Ded		\$10 after Ded		\$10 after Ded		\$10 after Ded	
Preferred Brand	20% coinsurance - Preferred brand drugs \$40 minimum, \$80 maximum		20% coinsurance - Preferred brand drugs \$40 minimum, \$80 maximum		\$40 after Ded		\$40 after Ded	
Non-Preferred Brand	20% coinsurance - Non-Preferred brand drugs \$60 minimum, \$100 maximum		20% coinsurance - Non-Preferred brand drugs \$60 minimum, \$100 maximum		\$80 after Ded		\$40 after Ded	
Mail Order Prescriptions (90 Days)	Mandatory Mail Order* (2.5x)		Mandatory Mail Order* (2x)		2x		2x	
Financials		Current		Alternative		Alternative		Alternative
Employee	15	\$500.65		\$503.45		\$534.72		\$504.77
EE+ 1	13	\$1,124.61		\$1,132.77		\$1,283.31		\$1,133.87
Family	21	\$1,399.12		\$1,409.62		\$1,604.14		\$1,410.63
PA 152 Contributions		2020 Caps		2021 Caps		2021 Caps		2021 Caps
Single		(\$67.59)		(\$83.54)		(\$52.27)		(\$82.22)
2-Person		(\$63.75)		(\$94.81)		\$55.73		(\$93.71)
Family		(\$150.63)		(\$191.27)		\$3.25		(\$190.26)
Total		Current		Alternative		Alternative		Alternative
Estimated Monthly		\$51,511.20		\$51,879.77		\$58,390.77		\$51,935.09
Estimated Yearly		\$618,134.40		\$622,557.26		\$700,689.24		\$623,221.08
Estimated Yearly Change \$		--		\$4,422.86		\$82,554.84		\$5,086.68
Estimated Yearly Change %		--		0.72%		13.36%		0.82%

Notes:

*Members must use mail order after 3 fills at retail for Maintenance Drugs; otherwise, member will be responsible for the complete cost of the drug. A 90-day supply of prescription drugs is not payable at a retail pharmacy. A 90-day supply is only payable at a participating mail order pharmacy."

Rockford Public Schools
Medical Marketing Summary-Plan 2
1/1/2021

Plan Year	MESSA- ABC Plan 1/1/2020		WMHIP-HDHP 1/1/2021		BCBS- Simply Blue 1/1/2021		Priority Health 1/1/2021	
Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$1,400	\$2,800	\$1,400	\$2,800	\$1,400	\$2,800	\$1,400	\$2,800
Family Deductible	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	\$5,600	\$2,800	\$5,600
Coinsurance	100%	80%	100%	80%	100%	80%	100%	80%
Individual Out of Pocket Maximum	\$2,400	\$4,800	\$2,300	\$4,500	\$2,250	\$4,500	\$2,000	\$4,000
Family Out of Pocket Maximum	\$4,800	\$9,600	\$4,600	\$9,000	\$4,500	\$9,000	\$4,000	\$8,000
Other Plan Details								
Preventative Care	100% after Ded	NA	100% after Ded	NA	100% after Ded	NA	100% after Ded	80% after Ded
PCP Office Visit	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Specialist Visit	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Urgent Care Visit	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Emergency Care (waived if admitted)	100% after Ded		100% after Ded		100% after Ded		100% after Ded	
Hospital Services	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded	100% after Ded	80% after Ded
Prescription Drugs								
Generic	\$10 after Ded		\$10 after Ded		\$10 after Ded		\$10 after Ded	
Preferred Brand	\$40 after Ded		\$40 after Ded		\$40 after Ded		\$40 after Ded	
Non-Preferred Brand	\$40 after Ded		\$40 after Ded		\$40 after Ded		\$40 after Ded	
Mail Order Prescriptions (90 Days)	2x		2x		2x		2x	
Financials								
		Current		Alternative		Alternative		Alternative
Employee	78	\$569.16		\$556.55		\$571.78		\$561.29
EE+ 1	76	\$1,278.74		\$1,252.25		\$1,372.30		\$1,261.06
Family	286	\$1,590.94		\$1,558.30		\$1,715.37		\$1,568.91
PA 152 Contributions		2020 Caps		2021 Caps		2021 Caps		2021 Caps
Single		\$0.92		(\$30.44)		(\$15.21)		(\$25.70)
2-Person		\$90.38		\$24.67		\$144.72		\$33.48
Family		\$41.19		(\$42.59)		\$114.48		(\$31.98)
Total		Current		Alternative		Alternative		Alternative
Estimated Monthly		\$596,587.56		\$584,255.70		\$639,489.46		\$588,329.44
Estimated Yearly		\$7,159,050.72		\$7,011,068.40		\$7,673,873.52		\$7,059,953.28
Estimated Yearly Change \$		--		(\$147,982.32)		\$514,822.80		(\$99,097.44)
Estimated Yearly Change %		--		-2.07%		7.19%		-1.38%

Notes: