



2022 Board Renewal Meeting

Presented By: Justin Spewock, Kathy Burns and Teresa Preble

October 26, 2021



Insurance | Risk Management | Consulting

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The intent of this presentation is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

2021 Benefit Plans

Medical/Rx

- Renewal
01/01/2022
- BCBSM
 - PPO \$1,000
20%
- BCN
 - HMO \$1,000
20%

Vol Dental

- Renewal
01/01/2022
- BCBSM
- Voluntary
 - \$50/\$150
Deductible
 - 100/80/50
 - \$1,000 Max
 - Ortho: 50%
\$1,000 Max

Vol Vision

- Renewal
01/01/2022
- BCBSM
- Voluntary
 - 12/12/12
 - \$10 Copayment
Exam
 - \$10 Copayment
Lenses
 - \$130 Frame
Allowance

Ancillary

- Renewal
11/30/2022
- MetLife
- ER Paid LTD
 - 60% up to
\$6,000
 - 90th day
 - Own OCC
- Life & AD&D
 - \$25,000
- Voluntary STD
 - 60% up to
\$1,500
 - 11 Weeks
 - 15 day accident
or illness
- Vol Life

Other

- All Voluntary
- Colonial Life

Renewal and Plan Options

Medical Carriers Quoted

Medical/Rx

Carrier	Funding Model	Status
BCBSM	Fully Insured	Renewal Received
BCN	Fully Insured	Renewal Received
United Healthcare	Fully Insured	Received, Not Competitive
Priority Health	Fully Insured	Received, Not Competitive
HAP	Fully Insured	Received, Not Competitive

Fully Insured Medical: Current, Renewal



Gallagher

Faxon	Current 2021 - BCBSM/BCN			Renewal 2022 - BCBSM/BCN			BCN Opt#4
	BCBSM \$1,000	BCN \$1,000	Total	BCBSM \$1,000	BCN \$1,000	Total	BCN \$1,400 HDHP
Coinsurance (In/Out)	20% / 40%	20%		20% / 40%	20%		20%
Deductible (In/Out)							
Single	\$1,000 / \$2,000	\$1,000		\$1,000 / \$2,000	\$1,000		\$1,400
Family	\$2,000 / \$4,000	\$2,000		\$2,000 / \$4,000	\$2,000		\$2,800
Coinsurance Max (In/Out)							
Single	\$2,500 / \$5,000	\$2,500		\$2,500 / \$5,000	\$2,500		\$2,600
Family	\$5,000 / \$10,000	\$5,000		\$5,000 / \$10,000	\$5,000		\$5,200
Total Out of Pocket Max (In/Out)							
Single	\$6,350 / \$12,700	\$6,600		\$6,350 / \$12,700	\$6,600		\$4,000
Family	\$12,700 / \$25,400	\$13,200		\$12,700 / \$25,400	\$13,200		\$8,000
Hospital Care	20% * / 40% *	20% *		20% * / 40% *	20% *		20% *
Office Visit	\$30 / 40% *	\$20 Copay		\$30 / 40% *	\$20 Copay		20% *
Specialist	\$50 / 40% *	\$40 Copay		\$50 / 40% *	\$40 Copay		20% *
Urgent Care	\$60 / 40% *	\$50 Copay		\$60 / 40% *	\$50 Copay		20% *
Emergency Room Copay	\$150 / \$150 Copay	\$150 Copay		\$150 / \$150 Copay	\$150 Copay		20% *
PRESCRIPTION DRUGS							After Deductible
Generic	\$15 / \$15 + 25%	\$10 Copay		\$15 / \$15 + 25%	\$10 Copay		\$10 Copay
Formulary Brand	\$50 / \$50 + 25%	\$30 Copay		\$50 / \$50 + 25%	\$30 Copay		\$30 Copay
Non-Formulary Brand	\$70 / \$70 + 25%	\$60 Copay		\$70 / \$70 + 25%	\$60 Copay		\$60 Copay
		\$80/20%/20%			\$80/20%/20%		\$80/20%/20%
Assumed Participation							
Single	2	0	2	2	0	2	2
Two-Person	0	1	1	0	1	1	1
Family	0	0	0	0	0	0	0
Total	2	1	3	2	1	3	3
Monthly Rates							
Single	\$635.91	\$420.95		\$632.31	\$429.00		\$376.61
Two-Person	\$1,526.18	\$1,010.28		\$1,517.54	\$1,029.59		\$903.85
Family	\$1,907.72	\$1,262.84		\$1,896.94	\$1,287.00		\$1,129.82
Premium Only Analysis							
Estimated Monthly Premium	\$1,272	\$1,010	\$2,282	\$1,265	\$1,030	\$2,294	\$1,657
Estimated Annual Premium.	\$15,262	\$12,123	\$27,385	\$15,175	\$12,355	\$27,531	\$19,885
Other Cost Factors							
Taxes	Included in Premium	Included in Premium		Included in Premium	Included in Premium		Included in Premium
Subtotal Taxes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Cost Analysis							
Estimated Annual Cost	\$15,262	\$12,123	\$27,385	\$15,175	\$12,355	\$27,531	\$19,885
Dollar Change from Current				-\$86.40	\$232	\$145	-\$7,500
Percent Change from Current				-0.57%	1.91%	0.53%	-27.39%
Dollar Change from Renewal							-\$7,646
Percent Change from Renewal							-27.77%

People counts based on census

Contributions / For Current and Projected for 2022



2021

24 pays			GPS/Faxon Contribution
BCBSM 1000	BCN 1000		
Rates	Rates		HMO
\$635.91	\$420.95		\$285.00
\$1,526.18	\$1,010.28		\$550.00
\$1,907.72	\$1,262.84		\$650.00
EE 24 Pays	EE 24 Pays		PPO
\$116.46	\$67.98		\$403.00
\$429.09	\$230.14		\$668.00
\$569.86	\$306.42		\$768.00
EE Total Monthly	EE Total Monthly		
\$232.91	\$135.95		
\$858.18	\$460.28		
\$1,139.72	\$612.84		
EE Yearly	EE Yearly	Annual HMO Savings over PPO	
\$2,794.92	\$1,631.40	\$1,163.52	
\$10,298.16	\$5,523.36	\$4,774.80	
\$13,676.64	\$7,354.08	\$6,322.56	

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Rates	Rates		HMO
\$635.91	\$420.95		\$285.00
\$1,526.18	\$1,010.28		\$550.00
\$1,907.72	\$1,262.84		\$650.00
EE 20 Pays	EE 20 Pays		PPO
\$139.75	\$81.57		\$403.00
\$514.91	\$276.17		\$668.00
\$683.83	\$367.70		\$768.00
EE Total Monthly	EE Total Monthly		
\$232.91	\$135.95		
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\$13,676.64	\$7,354.08	\$6,322.56	

2022 Proposed rates **ER: \$380/\$640/\$740** The below chart includes the new medical plan offering; BCN/HMO, HSA, \$1400/\$2800

24 pays			GPS/Faxon Contribution
BCBSM 1000	BCN 1000	BCN Opt#4 - BCN \$1,400 HDHP	
Rates	Rates	Rates	HMO
\$632.31	\$429.00	\$376.61	\$295.00
\$1,517.54	\$1,029.59	\$903.85	\$570.00
\$1,896.94	\$1,287.00	\$1,129.82	\$675.00
EE 24 Pays	EE 24 Pays	EE 24 Pays	PPO
\$126.16	\$67.00	\$40.81	\$380.00
\$438.77	\$229.80	\$166.93	\$640.00
\$578.47	\$306.00	\$227.41	\$740.00
EE Total Monthly	EE Total Monthly	EE Total Monthly	
\$252.31	\$134.00	\$81.61	
\$877.54	\$459.59	\$333.85	
\$1,156.94	\$612.00	\$454.82	
EE Yearly	EE Yearly	EE Yearly	
\$3,027.72	\$1,608.00	\$979.32	
\$10,530.48	\$5,515.08	\$4,006.20	
\$13,883.28	\$7,344.00	\$5,457.84	

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\$1,517.54	\$1,029.59	\$903.85	\$570.00
\$1,896.94	\$1,287.00	\$1,129.82	\$675.00
EE 20 Pays	EE 20 Pays	EE 20 Pays	PPO
\$151.39	\$80.40	\$48.97	\$380.00
\$526.52	\$275.75	\$200.31	\$640.00
\$694.16	\$367.20	\$272.89	\$740.00
EE Total Monthly	EE Total Monthly	EE Total Monthly	
\$252.31	\$134.00	\$81.61	
\$877.54	\$459.59	\$333.85	
\$1,156.94	\$612.00	\$454.82	
EE Yearly	EE Yearly	EE Yearly	
\$3,027.72	\$1,608.00	\$979.32	
\$10,530.48	\$5,515.08	\$4,006.20	
\$13,883.28	\$7,344.00	\$5,457.84	

Contributions / For Current and Projected for 2022



2021

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BCBSM 1000	BCN 1000		
Rates	Rates		HMO
\$635.91	\$420.95		\$285.00
\$1,526.18	\$1,010.28		\$550.00
\$1,907.72	\$1,262.84		\$650.00
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\$116.46	\$67.98		\$403.00
\$429.09	\$230.14		\$668.00
\$569.86	\$306.42		\$768.00
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\$1,907.72	\$1,262.84		\$650.00
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\$514.91	\$276.17		\$668.00
\$683.83	\$367.70		\$768.00
EE Total Monthly	EE Total Monthly		
\$232.91	\$135.95		
\$858.18	\$460.28		
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\$2,794.92	\$1,631.40	\$1,163.52	
\$10,298.16	\$5,523.36	\$4,774.80	
\$13,676.64	\$7,354.08	\$6,322.56	

2022 Proposed rates **ER: \$400/\$660/\$760** The below chart includes the new medical plan offering; BCN/HMO, HSA, \$1400/\$2800

24 pays			GPS/Faxon Contribution
BCBSM 1000	BCN 1000	BCN Opt#4 - BCN \$1,400 HDHP	
Rates	Rates	Rates	HMO
\$632.31	\$429.00	\$376.61	\$295.00
\$1,517.54	\$1,029.59	\$903.85	\$570.00
\$1,896.94	\$1,287.00	\$1,129.82	\$675.00
EE 24 Pays	EE 24 Pays	EE 24 Pays	PPO
\$116.16	\$67.00	\$40.81	\$400.00
\$428.77	\$229.80	\$166.93	\$660.00
\$568.47	\$306.00	\$227.41	\$760.00
EE Total Monthly	EE Total Monthly	EE Total Monthly	
\$232.31	\$134.00	\$81.61	
\$857.54	\$459.59	\$333.85	
\$1,136.94	\$612.00	\$454.82	
EE Yearly	EE Yearly	EE Yearly	
\$2,787.72	\$1,608.00	\$979.32	
\$10,290.48	\$5,515.08	\$4,006.20	
\$13,643.28	\$7,344.00	\$5,457.84	

20 pays			GPS/Faxon Contribution
BCBSM 1000	BCN 1000	BCN Opt#4 - BCN \$1,400 HDHP	
Rates	Rates	Rates	HMO
\$632.31	\$429.00	\$376.61	\$295.00
\$1,517.54	\$1,029.59	\$903.85	\$570.00
\$1,896.94	\$1,287.00	\$1,129.82	\$675.00
EE 20 Pays	EE 20 Pays	EE 20 Pays	PPO
\$139.39	\$80.40	\$48.97	\$400.00
\$514.52	\$275.75	\$200.31	\$660.00
\$682.16	\$367.20	\$272.89	\$760.00
EE Total Monthly	EE Total Monthly	EE Total Monthly	
\$232.31	\$134.00	\$81.61	
\$857.54	\$459.59	\$333.85	
\$1,136.94	\$612.00	\$454.82	
EE Yearly	EE Yearly	EE Yearly	
\$2,787.72	\$1,608.00	\$979.32	
\$10,290.48	\$5,515.08	\$4,006.20	
\$13,643.28	\$7,344.00	\$5,457.84	

Faxon 2022 PA 152 Hard Cap Comparison -

Enrollment

Single	2
Two Person	1
Family	0
	3

	<u>Current - 2021</u>	<u>Renewal - 2022</u>
Total Expected Cost	\$27,385	\$27,531
2022 Hard Caps		
Single	\$7,043.89	\$7,304.51
Two Person	\$14,730.96	\$15,276.01
Family	\$19,210.66	\$19,921.45
Total Hard Cap	\$28,819	\$29,885
**Difference	-\$1,434	-\$2,355

**A positive number indicates the Total Expected Cost is over the total hard cap. A negative number indicates the Total Expected Cost is under the total hard cap.

Please note, these numbers are intended as a pro forma only to show total expected cost versus the hard cap. They are not final PA 152 calculations and final PA 152 calculations may vary.

Dental Carriers Quoted

Dental		
Carrier	Funding Model	Status
BCBSM	Vol Fully Insured	Renewal Received



Voluntary Dental Renewal:

GPS	2021 - Current - BCBSM	2022 - Renewal - BCBSM
Dental - Voluntary	Employee Costs	Employee Costs
Dental Network	DNoA	DNoA
Dentist Reimbursement	Negotiated Fees	Negotiated Fees
Deductible	\$50/\$150	\$50/\$150
Coinsurance Percentages	-	-
Class 1 - Preventive Services	100%	100%
-- Exam(covered percentage)	100%	100%
-- X-rays bitewing	100%	100%
-- Prophylaxis (Cleaning)	100%	100%
Class 2 - Basic Services	100%	100%
-- X-rays panoramic	100%	100%
-- Sealants (19yrs and younger)	80%	80%
-- Fillings (Permanent Adult)	80%	80%
-- Recementation of Crowns, Inlays and Onlays	80%	80%
-- Recementation of Veneers and Bridges	80%	80%
-- Oral Surgery, Including Extractions	80%	80%
-- Root Canal (Permanent)	80%	80%
Class 3 - Major Services	50%	50%
-- Onlays and Crowns (Permanent Teeth, Age 12+)	50%	50%
-- Bridges (Fixed Partial Dentures, Age 16+)	50%	50%
-- Endosteal Implants (Age 16+)	50%	50%
Class 4 - Orthodontia	50%	50%
-- Minor Treatment for Tooth Guidance Appliance	50%	50%
-- Minor Treatment to Control Harmful Habits	50%	50%
-- Interceptive & Comprehensive Ortho Treatment	50%	50%
Maximum Payments	\$1,000	\$1,000
Dental (Annual/Member)	\$1,000	\$1,000
Orthodontics (Lifetime/Member)	\$1,000	\$1,000
1. Participation ^A	48	48
2. Monthly Rates		
Single	\$33.05	\$31.46
2 Person	\$66.10	\$62.93
Family	\$115.68	\$110.13
3. Total Monthly Cost	\$2,479	\$2,360
4. Total Annual Cost	\$29,745	\$28,317
Rate Guarantee	1 year	1 year
Dollar Change from Current		-\$1,428.72
Percent Change from Current		-4.80%

24 pays
\$15.73
\$31.47
\$55.07

20 pays
\$18.88
\$37.76
\$66.08

People counts based on 9.2021 invoice

Vision Carriers Quoted

Vision

Carrier	Funding Model	Status
BCBSM	Fully Insured	Received

Voluntary Vision Renewal:

GPS	2021 - Current - BCBSM		2022 - Current - BCBSM	
Vision - Voluntary	BCBS/VSP Choice Network		BCBS/VSP Choice Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Employee Costs		Employee Costs	
	12 Months		12 Months	
Optometrist	\$10 Copay	Reimburse up to \$45 less \$10 copay	\$10 Copay	Reimburse up to \$45 less \$10 copay
Ophthalmologist	\$10 Copay	Reimburse up to \$45 less \$10 copay	\$10 Copay	Reimburse up to \$45 less \$10 copay
Lenses	12 Months		12 Months	
Single	\$10 Copay	Reimburse up to allowed amount; less \$10 Copay	\$10 Copay	Reimburse up to allowed amount; less \$10 Copay
Bi-Focal	Combined \$10 Copay	\$75 Copay	Combined \$10 Copay	\$75 Copay
Tri-Focal	Combined \$10 Copay	\$100 Copay	Combined \$10 Copay	\$100 Copay
Lenticular	Combined \$10 Copay	\$75 Copay	Combined \$10 Copay	\$75 Copay
Standard Progressive Lens	\$60 Copay	N/A	\$60 Copay	N/A
UV Treatment	\$14 Copay	N/A	\$14 Copay	N/A
Plastic Scratch Coating	\$15-\$29 Copay	N/A	\$15-\$29 Copay	N/A
Polycarbonate - Adults	\$23-\$28 Copay	N/A	\$23-\$28 Copay	N/A
Polycarbonate - Kids	Combined \$10 Copay	N/A	Combined \$10 Copay	N/A
Anti-Reflective Coating	\$37 -\$75 Copay	N/A	\$37 -\$75 Copay	N/A
Photocromatic / Transitions Plastic	Combined \$10 Copay	N/A	Combined \$10 Copay	N/A
Frames	12 Months		12 Months	
	\$130 Allowance less \$10 Copay	Reimburse up to \$70; less \$10 Copay	\$130 Allowance less \$10 Copay	Reimburse up to \$70; less \$10 Copay
Contact Lenses	12 Months		12 Months	
Medically necessary	\$10 Copay	Reimburse up to \$210; less \$10 Copay	\$10 Copay	Reimburse up to \$210; less \$10 Copay
Elective	\$130 Allowance	\$105 Allowance	\$130 Allowance	\$105 Allowance
Assumed Participation *				
Total	38		38	
Monthly Rates				
Single	\$6.93		\$6.67	
Two Person	\$13.87		\$13.33	
Family	\$23.02		\$22.13	
Monthly Cost	\$387.64		\$373	
Annual Cost	\$4,652		\$4,474	
Dollar Change from Current			-\$177.36	
Percent Change from Current			-3.81%	
Rate Guarantee	1 year		1 year	

People counts based on 9.2021 invoice

24 pays	20 pays
\$3.34	\$4.00
\$6.67	\$8.00
\$11.07	\$13.28

Ancillary	
Carrier	Status
	DID NOT GO TO MARKET Rate Guarantee 11/30/2022

Faxon	2022 - Current - MetLife
Life Insurance/AD&D Plan	MetLife
Life & AD&D Benefit Amount Class 1: All F/T Employees 30+ hours	\$25,000
Waiver of Premium Benefit	6 months prior to age 60
Accelerated Living Benefit	80% to \$500,000
Airbag Benefit	5% to \$10,000
Seatbelt Benefit	10% to \$25,000
Reduced Benefit based on Age:	
at age 65	35%
at age 70	40%
at age 75	25%
Term at Retirement	
Conversion	Yes
Portability	No
1. Number of Participants *	
Employee	3
2. Volume of Coverage **	
Employee	\$75,000
AD&D	\$75,000
3. Insured Rate (per \$1,000)	
Employee	\$0.141
AD&D	\$0.016
4. Total Monthly Cost	\$12
5. Total Annual Cost	\$141
Rate Guarantee	11/30/2022

Long Term Disability:



Insurance | Risk Management | Consulting

FAXON	2022 - Current - MetLife
Long Term Disability	MetLife
<p>Class <i>Class One: All F/T Employees</i></p> <p>Own Occ</p> <p>Benefit Taxability Disability Definition</p> <p>Partial Disability Benefit Duration Elimination Period Mental/Nervous Alcohol/Substance Abuse Pre-existing Condition Social Security Offset Survivor Benefit FICA Match Benefit W-2 Preparation</p>	<p>60% to \$6,000</p> <p>36 months</p> <p>Taxable</p> <p>Sickness or injury; unable to earn 80% of pre-disability 80% / 80%</p> <p>RBD with SSNRA</p> <p>90 days</p> <p>24 months</p> <p>24 months</p> <p>3/12</p> <p>Family</p> <p>3 months</p> <p>no</p> <p>yes</p>
<u>Number of Participants *</u>	3
<u>Volume of Benefit *</u>	
<u>Insured Rate (per \$100 of payroll)</u>	\$0.325
<u>Total Estimated Monthly Cost</u>	\$23.57
<u>Total Annual Cost</u>	\$283
<u>Rate Guarantee</u>	11/30/2022

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Thank you.

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- Bloomfield Hills, MI 48302



Gallagher

Insurance | Risk Management | Consulting



Gallagher

Insurance | Risk Management | Consulting

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Coverage Disclaimers

IMPORTANT: This analysis is an outline of the coverages proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverages, 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.

Renewal/Financial Disclaimer

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.