

2022 Board Renewal Meeting



Presented By: Justin Spewock, Kathy Burns and Teresa Preble Gallagher

October 26, 2021

Insurance Risk Management Consulting

# **Confidentiality Statement**



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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



Μ	edical,	/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
  - 90<sup>th</sup> 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



Resol       BCBSM \$1,000       BCN \$1,000       Total       BCRSM \$1,000       BCN \$1,000/100         Consurance (In/Cut) Deducible (In/Cut) Single       20% / 40%       20%       20% / 40%       20% <td< th=""><th></th><th>Current</th><th>2021 - BCBSM/BCN</th><th></th><th colspan="5">Renewal 2022 - BCBSM/BCN BCN Opt#4</th></td<>		Current	2021 - BCBSM/BCN		Renewal 2022 - BCBSM/BCN BCN Opt#4				
Coinsurance (IncOur) Doductible (InCOur) Single       20%       20%       20%       20%       20%         Single       \$1,000       \$20,000       \$1,000       \$2,000       \$1,000       \$2,000         Coinsurance Max (drOut)       \$20,000       \$2,000	Faxon			Total		BCN \$1,000	Total	BCN \$1,400 HDHP	
Deducible (in Oru) Single S1,000 / \$2,000       \$1,000       \$2,000       \$1,000       \$2,000       \$1,000         Coinsurace Max (in Oru) Sungle       \$2,000       \$	Coinsurance (In/Out)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	
Single Femily Coinsurance Max (LoOor)       \$1,000       \$1,000       \$2,000       \$1,000       \$2,000									
Emrity Coinsurance Max (In-Out)       \$2,000		\$1,000 / \$2,000	\$1,000		\$1,000 / \$2,000	\$1,000		\$1,400	
Single Family       S2.500/S5.000       S2.500/S	-		\$2,000					\$2,800	
Femily Total Out of Pocket Max (In0/00)       S5.000       \$5.000       \$5.000       \$5.000       \$5.000       \$5.200         Monthal Description       S6.30 / \$12.700       S6.600       \$5.300 / \$12.000       \$5.200       \$5.000	Coinsurance Max (In/Out)								
Total Out of Pocket Max (no Out) Frumity       S6,350 / \$12,700       S6,600       S6,630 / \$12,700       S6,600       S4,000         Frumity       \$12,09 / \$25,400       \$13,200       \$12,700 / \$25,400       \$13,200       \$13,00,20       \$13,200 <td>Single</td> <td>\$2,500 / \$5,000</td> <td>\$2,500</td> <td></td> <td>\$2,500 / \$5,000</td> <td>\$2,500</td> <td></td> <td>\$2,600</td>	Single	\$2,500 / \$5,000	\$2,500		\$2,500 / \$5,000	\$2,500		\$2,600	
Í single       S6,350 / S12,700       S6,600       S5,000       S12,000 / S12,000       S12,000 / S12,000 / S12,000       S12,000 /	Family	\$5,000 / \$10,000	\$5,000		\$5,000 / \$10,000	\$5,000		\$5,200	
Franty Hospital Care Office Visit Solution       S12,200 / S25,400 20% */ 40% *       S12,200 / S25,400 20% */ 20% */ 20% */ S100 / 40% *       S12,200 / S25,400 20% */ 20% */ S100 / 40% *       S12,200 / S25,400 20% */ S100 / 40% *       S12,200 / S25,400 20% */ S100 / 50%	Total Out of Pocket Max (In/Out)								
Hospital Care       20%* / 40%*       20%       20%* / 40%*       20%* <th< td=""><td>Single</td><td>\$6,350 / \$12,700</td><td>\$6,600</td><td></td><td>\$6,350 / \$12,700</td><td>\$6,600</td><td></td><td>\$4,000</td></th<>	Single	\$6,350 / \$12,700	\$6,600		\$6,350 / \$12,700	\$6,600		\$4,000	
Office Visit Specialist Urgent Case Energency Roon Copay       S30 / 40% * S50 / 20% * S50 / 40% * S50 / 20% * S50 / 40% * S50 / 20% * S50 / 50p y       S20 Copay S50 / 50p y       S20 / 50 / 50 / 50 / 50 / 50 / 50 / 50 /	Family	\$12,700 / \$25,400	\$13,200		\$12,700 / \$25,400	\$13,200		\$8,000	
Specialist Urgent Care Emergency Room Copay       \$\$00 / 40%* \$\$00 / 40%*       \$\$40 Copay \$\$00 / 40%*       \$\$40 Copay \$\$15 / 815 / 82%       \$\$40 Copay \$\$15 / 815 / 82%       \$\$10 Copay \$\$10 / 810 / 60pay       \$\$10 / 60pay \$\$10 / 800 / 800       \$\$30 Copay \$\$30 Copay       \$\$30 Copay       \$\$30 Copay       \$\$30 Copay       \$\$	Hospital Care	20%*/40%*	20%*		20%*/40%*	20%*		20%*	
Urgent Care Benergie Vrgont Care Memory Stato Copay       \$50 / 40%* \$150 Copay       \$50 / 40%* \$150 / 5150 Copay       \$50 Copay \$150 / 5150 Copay       20%* \$150 / 5150 Copay         PRESCRIPTION DRUGS Generic Formalary Brand       \$50 / 515 + 25% \$10 Copay       \$10 Copay \$15 / 515 + 25%       \$10 Copay \$10 Copay       \$10 Copay \$10 Copay       After DeductIbit \$10 Copay         Assumed Participation       \$10 / \$70 + 25%       \$30 Copay       \$50 / \$70 + 25%       \$60 Copay	Office Visit	\$30 / 40%*	\$20 Copay		\$30 / 40%*	\$20 Copay		20%*	
Emergency Room Copay       \$150 / \$150 Copay       \$150 / \$150 Copay       \$150 / \$150 Copay       \$150 / \$150 Copay       20%*         PRESCRIPTION DRUCGS Generic       \$15 / \$15 + 25%       \$10 Copay       \$15 / \$15 + 25%       \$10 Copay	Specialist	\$50/40%*	\$40 Copay		\$50 / 40%*	\$40 Copay		20%*	
PRESCRIPTION DRUGS Generic       \$15 / \$15 + 25% \$50 / \$50 / \$50 + 25% Non-Formulary Brand       \$15 / \$15 + 25% \$50 / \$50 / \$50 - 25% \$60 Copay       \$10 Copay \$50 / \$70 + 25%       \$10 Copay \$50 / \$70 + 25%       \$10 Copay \$60 Copay       \$10 Copay \$50 / \$70 + 25%       \$10 Copay \$50 / \$70 + 25%       \$10 Copay \$50 Copay       \$10 Copay \$60 Copay       \$60 Copay \$60 Copay       \$60 Copay <t< td=""><td>Urgent Care</td><td>\$60 / 40%*</td><td>\$50 Copay</td><td></td><td>\$60 / 40%*</td><td>\$50 Copay</td><td></td><td>20%*</td></t<>	Urgent Care	\$60 / 40%*	\$50 Copay		\$60 / 40%*	\$50 Copay		20%*	
Generic Formulary Brand       \$15 / \$15 + 25% \$50 / \$50 + 25% \$50 / \$50 + 25%       \$10 Copay \$30 Copay \$80/20%/20%       \$15 / \$15 + 25% \$50 / \$50 + 25%       \$10 Copay \$30 Copay \$80 Copay \$80/20%/20%         Assumed Participation       \$70 / \$70 + 25%       \$60 Copay \$80/20%/20%       \$10 Copay \$80/20%/20%       \$10 Copay \$30 Copay \$80/20%/20%       \$10 Copay \$30 Copay \$80/20%/20%         Assumed Participation       2       0       2       2       0       2       2         Two-Person       0       1       1       0       1       1       1         Monthly Rates       \$635.91       \$420.95       \$632.31       \$429.00       \$376.61         Two-Person       \$1.526.18       \$1.010.28       \$1.896.94       \$1.287.00       \$1.282.95         Premium Only Analysis       S1.27.2       \$1.010       \$2.282       \$1.265.5       \$1.030       \$2.294       \$1.657         Estimated Annual Premium       \$1.272       \$1.010       \$2.282       \$1.265.5       \$1.030       \$2.294       \$1.967         Other Cost Factors       Included in Premium	Emergency Room Copay	\$150 / \$150 Copay	\$150 Copay		\$150 / \$150 Copay	\$150 Copay		20%*	
Formulary Brand Non-Formulary Brand Non-Formulary Brand Stol / \$70 / \$70 + 25%       \$30 Copay \$80 Copay \$80 Copay \$80 Copay       \$50 / \$50 + 25% \$70 / \$70 + 25%       \$30 Copay \$80 Copay \$80 Copay       \$30 Copay \$80 Copay         Assumed Participation       2       2       0       2       2         Two-Person Family       0       1       1       0       1       1         Monthly Rates       0       1       3       2       1       3       3         Monthly Rates       Single       5635.91       \$420.95       \$632.31       \$429.00       \$376.61         Two-Person 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       Included in Premium       Included in Premium       Included in Premium       Included in Premium	PRESCRIPTION DRUGS							After Deductible	
Non-Formulary Brand       \$70 / \$70 + 25%       \$60 Copay \$80/20%/20%       \$70 / \$70 + 25%       \$60 Copay \$80/20%/20%       \$60 Copay \$80/20%/20%         Assumed Participation       Single       2       0       2       2       0       2       2         Two-Person       0       1       1       0       1       1       1       1       1         Family       0       0       0       1       3       2       1       3       3         Monthly Rates       Single       \$635.91       \$420.95       \$632.31       \$429.00       \$3376.61         Two-Person       \$1,526.18       \$1,010.28       \$15,17.54       \$1,029.59       \$3903.85         Family       \$1.907.72       \$1,262.84       \$1,896.94       \$1,287.00       \$1,129.82         Premium Only Analysis       S1,272       \$1,010       \$2,282       \$1,265       \$1,030       \$2,294       \$1,657         Estimated Annual Premium       Included in Pr	Generic	\$15 /\$15 + 25%	\$10 Copay		\$15 /\$15 + 25%	\$10 Copay		\$10 Copay	
Assumed Participation       \$80/20%/20%       \$80/20%/20%       \$80/20%/20%       \$80/20%/20%         Assumed Participation       0       1       1       0       2       2         Two-Person       0       1       1       0       1       1       1         Family       0	Formulary Brand	\$50 / \$50 + 25%	\$30 Copay		\$50 / \$50 + 25%	\$30 Copay		\$30 Copay	
Assumed Participation       Single       2       0       2       2       0       2       2         Two-Person       0       1       1       0       1	Non-Formulary Brand	\$70 / \$70 + 25%	\$60 Copay		\$70 / \$70 + 25%	\$60 Copay		\$60 Copay	
Single       2       0       2       2       0       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       1 <td></td> <td></td> <td>\$80/20%/20%</td> <td></td> <td></td> <td>\$80/20%/20%</td> <td></td> <td>\$80/20%/20%</td>			\$80/20%/20%			\$80/20%/20%		\$80/20%/20%	
Two-Person       0       1       1       0       1       0       1 <th1< td=""><td>Assumed Participation</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th1<>	Assumed Participation								
Family       Q <td>Single</td> <td>2</td> <td>0</td> <td>2</td> <td>2</td> <td>0</td> <td>2</td> <td>2</td>	Single	2	0	2	2	0	2	2	
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       \$1517.54       \$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       Included in Premium       Include in	Two-Person	0	1	1	0	1	1	1	
Monthly Rates       Single Two-Person       \$635.91 \$1,526.18       \$420.95 \$1,010.28       \$632.31 \$1,517.54       \$429.00 \$1,029.59       \$376.61 \$903.85         Premium Only Analysis Estimated Monthly Premium Estimated Annual Premium       \$1,272       \$1,010       \$2,282       \$1,265       \$1,030       \$2,294       \$1,657         Deter Cost Factors       Included in Premium       \$15,262       \$12,123       \$27,385       \$15,175       \$12,355       \$27,531       \$19,885         Other Cost Factors       Included in Premium       I	Family	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
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       \$1,272       \$1,010       \$2,282       \$1,265       \$1,030       \$2,294       \$1,657         Estimated Monthly Premium       \$15,262       \$12,123       \$27,385       \$15,175       \$12,355       \$27,531       \$19,885         Other Cost Factors       Included in Premium         Subtotal Taxes       \$0.00	Total	2	1	3	2	1	3	3	
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       \$1,29.82         Premium Only Analysis       \$1,272       \$1,010       \$2,282       \$1,265       \$1,030       \$2,294       \$1,657         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       Included in Premium       Included in P	Monthly Rates								
Family       \$1,907.72       \$1,262.84       \$1,896.94       \$1,287.00       \$1,129.82         Premium Only Analysis       S1,272       \$1,010       \$2,282       \$1,265       \$1,030       \$2,294       \$1,657         Estimated Monthly Premium       \$15,262       \$12,123       \$27,385       \$15,175       \$12,355       \$27,531       \$19,885         Other Cost Factors       Included in Premium       Include in Premium       Include in Premium       Include in Premi	Single	\$635.91	\$420.95		\$632.31	\$429.00		\$376.61	
Premium Only Analysis       \$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       Included in Premium       S0.00       \$0.00	Two-Person	\$1,526.18	\$1,010.28		\$1,517.54	\$1,029.59		\$903.85	
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       Included in Premium       S0.00       \$0.00	Family	\$1,907.72	\$1,262.84		\$1,896.94	\$1,287.00		\$1,129.82	
Estimated Annual Premium.\$15,262\$12,123\$27,385\$15,175\$12,355\$27,531\$19,885Other Cost FactorsTaxesIncluded in PremiumIncluded in PremiumIncluded in PremiumIncluded in PremiumIncluded in PremiumSubtotal Taxes\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00Total Cost AnalysisTotal Cost\$15,262\$12,123\$27,385\$15,175\$12,355\$27,531\$19,885Dollar Change from CurrentContentContentContentContentContentContentContent\$19,885Dollar Change from CurrentContentContentContentContentContent\$12,355\$145\$19,885	Premium Only Analysis								
Estimated Annual Premium.\$15,262\$12,123\$27,385\$15,175\$12,355\$27,531\$19,885Other Cost FactorsTaxesIncluded in PremiumIncluded in PremiumIncluded in PremiumIncluded in PremiumIncluded in PremiumSubtotal Taxes\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00Total Cost AnalysisTotal Cost\$15,262\$12,123\$27,385\$15,175\$12,355\$27,531\$19,885Dollar Change from CurrentContractContractContract\$15,262\$12,123\$27,385\$15,175\$12,355\$27,531\$19,885Dollar Change from CurrentContractContractContractS15,262\$12,123\$27,385\$15,175\$12,355\$27,531\$19,885Contract ContractContractContractContractContractS15,262\$12,123\$27,385\$15,175\$12,355\$145\$19,885	Estimated Monthly Premium	\$1,272	\$1,010	\$2,282	\$1,265	\$1,030	\$2,294	\$1,657	
TaxesIncluded in PremiumIncluded in PremiumIncluded in PremiumIncluded in PremiumIncluded in PremiumSubtotal Taxes\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00Total Cost AnalysisCCCCEstimated Annual Cost\$15,262\$12,123\$27,385\$15,175\$12,355\$27,531\$19,885Dollar Change from CurrentCCCS\$145-\$7,500	Estimated Annual Premium.	\$15,262	\$12,123	\$27,385	\$15,175	\$12,355	\$27,531	\$19,885	
TaxesIncluded in PremiumIncluded in PremiumIncluded in PremiumIncluded in PremiumIncluded in PremiumSubtotal Taxes\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00\$0.00Total Cost Analysis </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Subtotal Taxes       \$0.00	Other Cost Factors								
Total Cost Analysis       Image: Cos	Taxes	Included in Premium	Included in Premium		Included in Premium	Included in Premium		Included in Premium	
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	Subtotal Taxes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Dollar Change from Current       -\$86.40       \$232       \$145       -\$7,500									
	Estimated Annual Cost	\$15,262	\$12,123	\$27,385	\$15,175	\$12,355	\$27,531	\$19,885	
Percent Change from Current       -0.57%       1.91%       0.53%       -27.39%	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	Dollar Change from Renewal							-\$7,646	
Percent Change from Renewal   -27.77%	Percent Change from Renewal							-27.77%	

People counts based on census

### Contributions / For Current and Projected for 2022



### 2021

	24 pa	ays						20 p	bays					
BCBSM 1	000	BCN 1	1000		GPS/Faxon Cor	ntribution	BCBS	<u>M 1000</u>	<u>BCN</u>	1000		<u>GPS/Faxo</u>	n Contr	<u>ibution</u>
Rates	F	Rates			HMO		Rates		Rates			<u>F</u>	<u>IMO</u>	
9	\$635.91		\$420.95			\$285.00		\$635.91		\$420.95				\$285.00
	,526.18		\$1,010.28			\$550.00		\$1,526.18		\$1,010.28	6			\$550.00
	,907.72		\$1,262.84			\$650.00		\$1,907.72		\$1,262.84				\$650.00
EE 24 Pays	E	E 24 Pays			PPO		EE 20 Pay	S	EE 20 Pays	5		<u>F</u>	PPO	
	\$116.46	,	\$67.98			\$403.00		\$139.75		\$81.57	,			\$403.00
	\$429.09		\$230.14			\$668.00		\$514.91		\$276.17	,			\$668.00
9	\$569.86		\$306.42			\$768.00		\$683.83		\$367.70	)			\$768.00
EE Total Mont	thly E	E Total Mo	onthly				EE Total M	Ionthly	EE Total M	onthly				
	, \$232.91		\$135.95					\$232.91		\$135.95	6			
	\$858.18		\$460.28					\$858.18		\$460.28	5			
	,139.72		\$612.84					\$1,139.72		\$612.84				
EE Yearly	E	E Yearly		Annual HMO Savings o	over PPO		EE Yearly		EE Yearly		Annual HMO Savings ov	ver PPO		
-	,794.92	•	\$1,631.40	•				\$2,794.92		\$1,631.40	\$1,163.52			
	,298.16		\$5,523.36					\$10,298.16		\$5,523.36	\$4,774.80			
	,676.64		\$7,354.08					\$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 Con	tribution			20 pays			<u>GPS/Faxon Con</u>	tribution
BCBS	<u>M 1000</u>	<u>BCN 1000</u>	BCN Opt#4 - BCN \$1,400 HDHP			BCBSN	<u>// 1000</u>	BCN 1000	· · · · · · · · · · · · · · · · · · ·	<u>ot#4 - BCN</u> 0 HDHP		
Rates	Rate	s F		<u>HMO</u>		Rates		Rates	Rates		<u>HMO</u>	
	\$632.31	\$429.00	\$376.61		<b>\$295.00</b>		\$632.31	\$	429.00	\$376.61		<mark>\$295.00</mark>
	<b>\$1,517.54</b>	\$1,029.59	\$903.85		<b>\$570.00</b>		\$1,517.54	•	029.59	\$903.85		\$570.00
	\$1,896.94	\$1,287.00	\$1,129.8 <mark>2</mark>		<mark>\$675.00</mark>		\$1,896.94	<b>\$</b> 1,	287.00	\$1,129.82 <mark>.</mark>		<mark>\$675.00</mark>
FF 24 Pav	s FF 2	4 Pays E	F 24 Pays	PPO		EE 20 Pave		EE 20 Pave	EE 20 Pay	e	PPO	
	\$126.16		\$40.81	<u></u>	\$380.00	LE 20 Fays			\$80.40	s \$48.97	<u> </u>	\$380.00
	\$438.77	\$229.80	\$166.93		\$640.00		\$526.52		275.75	\$200.31		\$640.00
	\$578.47	\$306.00	\$227.41		\$740.00				367.20	\$272.89		\$740.00
EE Total N	-	otal Monthly E				EE Total Mo			y EE Total N	-		
	<b>\$252.31</b>	\$134.00	\$81.61				\$252.31	\$	134.00	\$81.61		
	\$877.54	\$459.59	\$333.85				\$877.54	. \$	459.59	\$333.85		
	<mark>\$1,156.94</mark>	\$612.00	\$454.82				\$1,156.94	\$	612.00	\$454.82		
EE Yearly	EE Y	early E	E Yearly			EE Yearly		EE Yearly	EE Yearly			
	\$3,027.72	\$1,608.00					\$3,027.72		608.00	\$979.32		(
	\$10,530.48	\$5,515.08	\$4,006.20				\$10,530.48		515.08		LAGHER & CO.   AJ	
B.	\$13,883.28	\$7,344.00	\$5,457.84				\$13,883.28		344.00	\$5,457.84	LAGHER & CO.   AJ	G.COM

### Contributions / For Current and Projected for 2022



### 2021

	24 pa	ys					20 p	bays				
BCBSM 1	000	<u>BCN 1000</u>	GF	PS/Faxon Cont	tribution	BCBSN	<u>/I 1000</u>	<u>BCN 1</u>	000	<u>G</u>	PS/Faxon Cont	<u>tribution</u>
Rates	R	ates		HMO		Rates		Rates			<u>HMO</u>	
9	635.91	\$420.95			\$285.00		\$635.91		\$420.95	i		\$285.00
\$1	,526.18	\$1,010.28			\$550.00		\$1,526.18		\$1,010.28	•		\$550.0
	,907.72	\$1,262.84			\$650.00		\$1,907.72		\$1,262.84			\$650.0
EE 24 Pays	El	E 24 Pays		PPO		EE 20 Pays		EE 20 Pays			<u>PPO</u>	
	6116.46	, \$67.98			\$403.00		\$139.75		\$81.57			\$403.00
	6429.09	\$230.14			\$668.00		\$514.91		\$276.17			\$668.0
	\$569.86	\$306.42			\$768.00		\$683.83		\$367.70	)		\$768.0
EE Total Mont	thlv El	E Total Monthly				EE Total Mo	onthly	EE Total Mo	nthly			
	\$232.91	\$135.95					\$232.91		\$135.95	i		
	6858.18	\$460.28					\$858.18		\$460.28	6		
	,139.72	\$612.84					\$1,139.72		\$612.84			
EE Yearly	E	E Yearly	Annual HMO Savings over	· PPO		EE Yearly		EE Yearly		Annual HMO Savings over F	PO	
	,794.92	\$1,631.40	•				\$2,794.92	-	\$1,631.40	\$1,163.52		
	,298.16	\$5,523.36					\$10,298.16		\$5,523.36	\$4,774.80		
	,676.64	\$7,354.08					\$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 pa	ys		GPS/Faxon Con	tribution			20 pays			<b>GPS/Faxon Contril</b>	oution
BC	BSM 1000	<u>BCN 10</u>	000	BCN Opt#4 - BCN \$1,400 HDHP			BCBSN	<u>// 1000</u>	<u>BCN 1000</u>	<u>BCN Opt</u> \$1,400			
Rates		Rates		Rates	<u>HMO</u>		Rates		Rates	Rates		<u>HMO</u>	
	\$632.31		\$429.00	\$376.6	1	<b>\$295.00</b>		\$632.31	\$	6429.00	\$376.61		<mark>\$295.00</mark>
	\$1,517.54		\$1,029.59	\$903.8	5	<b>\$570.00</b>		\$1,517.54	\$1,	,029.59	\$903.85		<mark>\$570.00</mark>
	\$1,896.94		\$1,287.00	\$1,129.8	2	\$675.00		\$1,896.94	\$1,	,287.00	\$1,129.82		<mark>\$675.00</mark>
EE 24 P	Pays	EE 24 Pays	I	EE 24 Pays	<u>PPO</u>		EE 20 Pays		EE 20 Pays	EE 20 Pays		<u>PPO</u>	
	\$116.16		\$67.00	\$40.8	1	<b>\$400.00</b>		\$139.39		\$80.40	\$48.97		\$400.00
	\$428.77		\$229.80	\$166.9	3	<b>\$660.00</b>		\$514.52	\$	5275.75	\$200.31		\$660.00
	\$568.47		\$306.00	\$227.4	1	<b>\$760.00</b>		\$682.16	\$	367.20	\$272.89		<mark>\$760.00</mark>
EE Tota	al Monthly	EE Total Mon	thly l	EE Total Monthly			EE Total Mo	onthly	EE Total Month	ly EE Total Mo			
	\$232.31		\$134.00	\$81.6	1			\$232.31	\$	5134.00	\$81.61		
	\$857.54		\$459.59	\$333.8	5			\$857.54	\$	459.59	\$333.85		
	\$1,136.94		\$612.00	\$454.8	2			\$1,136.94	\$	612.00	\$454.82		
EE Yea		-		EE Yearly			EE Yearly		EE Yearly	EE Yearly			8
	\$2,787.72		\$1,608.00	\$979.3	2			\$2,787.72	\$1,	,608.00	\$979.32		
	\$10,290.48		\$5,515.08	\$4,006.2	0			\$10,290.48	\$5,	,515.08	\$4,006.20	AGHER & CO.   AJG.	COM
17(	\$13,643.28		\$7,344.00	\$5,457.8	4			\$13,643.28	\$7	,344.00	\$5,457.84		



#### Faxon 2022 PA 152 Hard Cap Comparison -

Single	2	2
Two Person	1	
Family	C	)
	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

Enrollment

\*\*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	gement Consulting
	Dental - Voluntary	Employee Costs	Employee Costs	
Dental Network		DNoA	DNoA	
Dentist Reimbursement				
	In Network Reimbursement	Negotiated Fees	Negotiated Fees	
	OON Reimbursement			
<u>Deductible</u>		Φ <b>Ξ</b> Ο /Φ1 <b>Ξ</b> Ο	ф <u>ло</u> (ф1 ло	
	Annual Deductible	\$50/\$150	\$50/\$150	
Coinsurance Percentages			-	
	Class 1 - Preventive Services	1000/	1000/	
Exam(covered percentage)		100%	100%	
X-rays bitewing		100%	100%	
Prophylaxis (Cleaning)		100%	100%	_
	Class 2 - Basic Services		1001	
X-rays panoramic		100%	100%	
Sealants (19yrs and younger)		100%	100%	
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			
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			
Minor Treatment for Tooth Guidance Appliance		50%	50%	
Minor Treatment to Control Harmful Habits		50%	50%	
Interceptive & Comprehensive Ortho Treatment		50%	50%	
Maximum Payments		50%	50%	
	Dental (Annual/Member)	\$1,000	\$1,000	
	Orthodontics (Lifetime/Member)	\$1,000	\$1,000	
1. Participation A				24 pays
	Total	48	48	\$15.73
2. Monthly Rates				\$31.47
	Single	\$33.05	\$31.46	
	2 Person	\$66.10	\$62.93	\$55.07
	Family	\$115.68	\$110.13	
	5			20 pays
3. Total Monthly Cost		\$2,479	\$2,360	
				\$18.88
4. Total Annual Cost		\$29,745	\$28,317	\$37.76
	Dollar Change from Current	·	-\$1,428.72	\$66.08
	Percent Change from Current		-4.80%	,
Rate Guarantee		1 year	1 year	
People counts based on 9.2021 invoice				

People counts based on 9.2021 invoice

### **Vision Carriers Quoted**



# Vision

Carrier	Funding Model	Status
BCBSM	Fully Insured	Received

### Voluntary Vision Renewal:



CDC	0.01		2022 - Current - BCBSM				
GPS Vicing Valuetar		Current - BCBSM					
Vision - Voluntary		SP Choice Network	BCBS/VSP In Natawards	Choice Network France Risk Management Cons Out-of-Network			
Notwork	In-Network	Out-of-Network	In-Network	byee Costs			
<u>Network</u>	EII		Empic	Jyee Costs			
Vision Exam		12 Months	12	Months			
		Reimburse up to \$45 less \$10		Reimburse up to \$45 less \$10			
Optometrist	\$10 Copay	copay	\$10 Copay	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		N/A	\$14 Copay	N/A			
Plastic Scratch Coating		N/A	\$15-\$29 Copay	N/A			
	· · · ·	N/A N/A		N/A N/A			
Polycarbonate - Adults			\$23-\$28 Copay				
Polycarbonate - Kids		N/A	Combined \$10 Copay	N/A			
Anti-Reflective Coating		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 Co	ppay 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	9	56.67			
Two Person		\$13.87	\$	13.33			
Family	,	\$23.02	\$	22.13			
Monthly Cost		\$387.64		\$272			
<u>Monthly Cost</u>		φJ07.04		\$373			
Annual Cost		\$4,652		4,474			
Dollar Change from Current				177.36			
Percent Change from Current	4			3.81%			
Rate Guarantee		1 year	1	year			
People counts based on 9.2021 invoice	24 pays 20	) pays					
	\$3.34 \$4	4.00					
		3.00	© 2020 AF	RTHUR J. GALLAGHER & CO.   AJG.C			
GGB		13.28	0 2020 / 1				

### **Ancillary Carriers Quoted**



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

### Life & AD&D:

**G**allagher

Insurance | Risk Management | Consulting

Faxon		2022 - Current - MetLife
	Life Insurance/AD&D Plan	MetLife
I	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
F	Reduced Benefit based on Age:	
	at age 65	35%
	at age 70	40%
	at age 75	25%
	Term at Retirement	
Conversion		Yes
Portability		No
<b>1. Number of Participants *</b>		
	Employee	3
2. Volume of Coverage **		
	Employee	\$75,000
	AD&D	\$75,000
<u>3. Insured Rate (per \$1,000)</u>		
	Employee	\$0.141
	AD&D	\$0.016
4. Total Monthly Cost		\$12
5. Total Annual Cost		\$141
Rate Guarantee		11/30/2022

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### Long Term Disability:



Insurance | Risk Management | Consulting

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

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### Thank you.

Justin Spewock, Area Vice President - Contact #: (517) 204-0914 Kathy Burns, Account Executive - Contact #: (248) 893-9348 Teresa Preble, Benefit Analyst – Contact # (517) 404-5874

2600 S. Telegraph Rd, Ste. 100 Bloomfield Hills, MI 48302



Insurance | Risk Management | Consulting

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