

September 9, 2011

Kathy Wayda, Finance manager
Gibraltar School District
19370 Vreeland Road
Woodhaven, MI 48183

Re: Public Act 106

Kathy,

Please find below a summary of the PA 106 report completed by D.R.M. Stakor & Associates, Inc. This report was completed and reviewed with the District in May 2009.

May 21, 2009

To: Gibraltar Schools

In response to the District Directed and approved Requests for Proposal, we have received information from the following carriers:

Health Care:

1. Blue Cross Blue Shield of Michigan
2. Consolidated Benefit Trust/Metro Risk Pool
3. Health Alliance Plan
4. Trustmark

Prescription Drug:

1. Blue Cross Blue Shield of Michigan
2. Consolidated Benefit Trust/Metro Risk Pool
3. Health Alliance Plan
4. Trustmark

D.R.M. Stakor & Associates, Inc.

Dental Care:

1. ADN
2. Consolidated Benefit Trust /ADN
3. Reliance Standard
4. Sun Life Financial Group
5. Trustmark

Vision Care:

1. ADN
2. Consolidated Benefit Trust/NVA
3. Davis Vision
4. Reliance Standard
5. Sun Life Financial Group
6. Trustmark

Health Care

Financial	Blue Cross Blue Shield of Michigan	Consolidated Benefit Trust/Metro Risk Pool	Health Alliance Plan	Trustmark
Funding Arrangement	Insured	Insured	Insured	Insured
Provider Arrangement	BCBSM Medical Provider Network; BCBSM RX Network	Aetna Network Caremark RX Network	HAP Network	Cofinity Network
<u>Plans Proposed</u> Match to current Choices II plan: Deductible: \$0/\$0 \$250/\$500 OV: \$5 UC: \$10 ER: \$25 RX: \$10/\$20	Community Blue – Plan 1 Single: \$565.31 2 Person: \$1,271.94 Family: \$1,526.33 Quoted on 72 employees	Quoted at 3% under MESSA and/or BC renewal rates	Closest Match to Choices II: - Difference \$5/10 Rx Single: \$576.62 2 Person: \$1,297.40 Family: \$1,556.87	PPO – Teachers: Single: \$479.50 2 Person: \$1,078.88 Family: \$1,342.61 PPO – Non-teachers: Single: \$492.11 2 Person: \$1,107.25 Family: \$1,377.90

D.R.M. Stakor & Associates, Inc.

<p>Option 1 Plan: Deductible: \$100/\$200 \$250/\$500 OV: \$20 UC: \$25 ER: \$50 RX: \$10/\$20</p>	<p>Community Blue – Plan 2 Single: \$522.38 2 Person: \$1,175.36 Family: \$1,410.44</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>
<p>Option 2 Plan: Deductible: \$200/\$400 \$400/\$800 OV: \$5 UC: \$10 ER: \$25 RX: \$10/\$20</p>	<p>Community Blue – Plan 3 Single: \$458.16 2 Person: \$1,030.86 Family: \$1,237.03</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>
<p>Option 4 Plan: Deductible: \$500/\$1,000 \$1,000/\$2,000 OV: \$5 UC: \$10 ER: \$25 RX: \$10/\$20</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>
<p>Option 5 Plan: Deductible: \$1,000/\$2,000 \$2,000/\$4,000 OV: \$5 UC: \$10 ER: \$25 RX: \$10/\$20</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>	<p>Not included in proposal</p>
<p>Totals based on employee census (Note: this is for discussion purposes only) Single: 48 2 Person: 79 Family: <u>131</u> Total: 258</p>	<p>BCBSM quote based on: Single: 18 2 Person: 28 Family: <u>26</u> Total: 72 Community Blue 1: \$14,764 Community Blue 2:</p>	<p>Quoted at 3% under MESSA and/or BC renewal rates Single 52 2 person 78 Family 134</p>	<p>Closest Match to Choices Plan: \$15,445/employee/ year Single 52 2 person 78 Family 134</p>	<p>Teachers: Single: 196 2 Person: 51 Family: <u>108</u> Total: 355 \$9,938/employee/ year Non-Teachers:</p>

D.R.M. Stakor & Associates, Inc.

	\$13,643 Community Blue 3: \$11,966 Community Blue 4: \$11,201			Single: 70 2 Person: 27 Family: 28 Total: 125 \$9,881/employee/ year
--	--	--	--	---

Prescription Drug

Financial	Insured	Insured	Insured	Insured
Pharmacy Benefit Manager	BCBSM	Caremark	HAP	
Current Plan: \$10/\$20 co-pay Single: 48 2 Person: 79 Family: 131 Total: 258	Insured rates: Single: \$130.29 2Person: \$293.16 Family: \$351.79 Not included with medical rates. Estimated: \$283.57/employee/mo nth *Based on 72 eligible ee's	Insured Rates: Quoted at 3% under MESSA and/or BC renewal rates	Insured rates: Single: \$89.85 2Person: \$202.16 Family: \$224.62 Included with medical rates. Estimated: \$192.67/employee/mo nth	Rates included with healthcare for: Teachers; \$5 generic \$10 preferred brand \$25 non-preferred brand Non-teachers; \$5 generic \$30 preferred brand \$45 non-preferred brand

Dental

Financial	ADN	Consolidated Benefit Trust ADN	Reliance Standard	Sun Life Financial Group	Trustmark
Financial Arrangement	Insured & Self Insured	Insured	Insured	Insured	Insured
Provider Arrangements	ADN, Dentemax, MDP	ADN, Dentemax, MDP		DenteMax	Aetna Dental
Dental Plan	Insured rates: <u>Teacher Plan:</u> Pak A: \$60.03	Match current plan Rates quoted will be 3% under MESSA	<u>Teacher Plan:</u> 80/80/80/50 \$1,000/500	<u>PPO Basic Plan</u> (80/80/50/50) With a \$50 ind. &	<u>Teacher Plan:</u> 80/80/80/50 Maximums: \$1,000/500

D.R.M. Stakor & Associates, Inc.

	Pak B: \$73.41 Pak C: \$60.03 <u>C/M Plan:</u> S: \$36.05 2P: \$81.11 F: \$100.94 <u>Supt/Admin/Sec/D</u> <u>HS Plan:</u> Composite: \$75.49 Self Insured Funding: Teacher/Admin/Sec/ DHS: Estimated savings: \$27,562 Reduction %: 13.94% Cust/Maint: Estimated savings: \$4,544 Reduction %: 14.69%	rates	Composite rate: \$71.13 <u>C/M Plan:</u> 80/80/80/50 Maximums: \$1,000/1,000 Composite rate: \$86.56 <u>Other Non-teacher</u> <u>Plan:</u> 80/80/80/80 Maximums: \$1,000/1,250 Composite rate: \$80.14	\$150 family calendar year deductible to type II & III expenses Maximums: I,II,III: \$1,000 annual IV: \$1,000 lifetime Single: \$33.37 2 Person: \$66.80 Family: \$117.50 <u>PPO Enhanced Plan</u> (100/80/80/80) With a \$50 ind. & \$150 family calendar year deductible to type II & III expenses Maximums: I,II,III: \$1,000 annual IV: \$1,000 lifetime Single: \$48.55 2 Person: \$96.84 Family: \$167.62	\$25/50 deductible Single: \$25.33 2 P: \$57.00 Family: \$70.94 <u>C/M Plan:</u> 80/80/80/50 Maximums: \$1,000/1,000 \$25/50 deductible Single: \$32.21 2 P: \$72.47 Family: \$90.18 <u>Other Non-teacher Plan:</u> 80/80/80/80 Maximums: \$1,000/1,300 \$25/50 deductible Single: \$37.59 2 P: \$84.58 Family: \$105.26
--	---	-------	--	--	---

	ADN	Consolidated Benefit Trust A D N	Reliance Standard	Sun Life Financial Group	Trustmark
Exceptions:		None		Ortho lifetime deductible as noted	See Above
Additional Info:		Rates are contingent upon purchase of all lines of coverage quoted			

D.R.M. Stakor & Associates, Inc.

Estimated Annual Cost	\$881.24/ee/ Year (based on self-funded costs)	Quoted at 3% under MESSA rates	Teacher Plan: (quoted on 195 ee's): \$853.56/ee/year C/M Plan: (quoted on 29 ee's): \$1,038.72/ee/year Other Non-teacher Plan: (quoted on 28 ee's): \$961.68/ee/year	Basic Plan (quoted on 221 ee's): \$1,045.64/ee/year Enhanced Plan (quoted on 35 ee's): \$1,549.22/ee/year	Teacher Plan: (quoted on 355 ee's): \$525.07/ee/year C/M Plan: (quoted on 50 ee's): \$641.60/ee/year Other Non-teacher Plan: (quoted on 75 ee's): \$758.75/ee/year
Employee Count used Single: 48 2 Person: 79 Family: 131	Total 223		Teachers: 195 C/M: 29 Other: 28	Basic 221 Enhanced 35	Teacher: 355 C/M: 50 Other: 75

Vision

Financial	ADN	Consolidated Benefit Trust /NVA	Davis Vision	Reliance Standard	Sun Life Financial Group	Trustmark
Financial Arrangement	Self Insured	Insured	Insured	Insured	Insured	Insured
Network Arrangement	VSP	NVA	Davis Vision	EyeMed	VSP	
Vision	Self funded plan cost at \$1.00 pepm admin fee + consultant fee of \$.050 pepm	Match current plan Rates quoted will be 3% under MESSA rates	Teachers: Single: \$5.67 2 Person: \$10.20 Family: \$15.86 Cust/Maint: Single: \$5.56 2 Person: \$10.01	Teachers: Composite: \$13.00 Cust/Maint: Composite: \$16.28 Admin/Sec/DHS/Cafe: Composite:	Single: \$4.57 2 Person: \$8.62 Family: \$14.91	Teachers: Single: \$4.55 2 Person: \$10.24 Family: \$12.74 See proposal for vision plan

D.R.M. Stakor & Associates, Inc.

			<p>Family: \$15.58</p> <p>Admin/Sec/DHS/ Cafe: Single: \$6.48 2 Person: \$11.66 Family: \$18.14</p> <p>Transportation: Single: \$5.77 2 Person: \$10.39 Family: \$16.17</p>	\$14.12		
<p>Estimated Annual Cost: Employee Count used</p> <p>Single: 48 2 Person: 79 Family: <u>131</u> Total: 258</p>		3% under MESSA rates	<p>Average Rate: \$149.31/ee/ year</p>	<p>Teachers (195): \$156.00/ee/year C/M (29): \$195.36/ee/year Other staff (28): \$169.44/ee/year</p>	<p>Based on 256 ee's: \$134.51/ee/ year</p>	<p>Quote based on 355 ee's: \$94.31/ee/year</p>

Note: After this report was completed administrators Blue Cross Blue Shield health plan was changed to Community Blue plan 15 with \$2500/5000 in-network deductible, with a Health Reimbursement Arrangement.

Please note: The information in this letter is from materials received from the carriers. Please review the details of the quotes received for complete and detailed information.

Prepared by; David R.M. Stakor, LIC, D.R.M. Stakor & Associates, Inc.