SET SEG

DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Medical Plan Comparison

Galesburg-Augusta Community Schools

All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	Teachers - MESSA Choices Plan		Teachers - MESSA ABC Plan 1		Administrators & Central Office		Secretaries & Library Clerks		BCBSM CB 3 250 Ded; 20%; 10/40/80 Rx		BCBSM CB 4 500 Ded; 20%; 10/40/80 Rx		BCBSM SB 250 Ded; 20%; 10/40/80 Rx		BCBSM SB 500 Ded; 20% 10/40/80 Rx	
Carrier	MESSA Choices 500/1000 Ded; 5 OV; 10/20 Rx		MESSA ABC Plan 1 1250-0% Ded; ABC Rx		MESSA ABC Plan 1 1250-0% Ded; ABC Rx		MESSA Choices 500/1000 Ded; 20 OV; Saver Rx		BCBSM		BCBSM		BCBSM		BCBSM	
Rate Period	7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																
Annual Deductible 1P	$500		$1,250		$1,250		$500		$250		$500		$250		$500	
Annual Deductible 2P/FF	$1,000		$2,500		$2,500		$1,000		$500		$1,000		$500		$1,000	
Additional Cost After Deductible																
Coinsurance % after Deductible	0%		0%		0%		0%		20%		20%		20%		20%	
Coinsurance $ Limit after Ded - 1P	$1,000		$1,000		$1,000		$1,000		$6,100		$5,850		$6,100		$5,850	
Coinsurance $ Limit after Ded - 2P/FF	$2,000		$2,000		$2,000		$2,000		$12,200		$11,700		$12,200		$11,700	
Maximum Out of Pocket Cost																
Max $ Out of Pocket - 1P	$1,500		$2,250		$2,250		$1,500		$6,350		$6,350		$6,350		$6,350	
Max $ Out of Pocket - 2P/FF	$3,000		$4,500		$4,500		$3,000		$12,700		$12,700		$12,700		$12,700	
Copayments																
Office Visit/Specialist	$5/$5		0%/0%		0%/0%		$20/$20		$20/$20		$20/$20		$20/$20		$20/$20	
Urgent Care/ER	$10/$25		0%/0%		0%/0%		$25/$50		$20/$150		$20/$150		$20/$150		$20/$150	
Chiropractic, Visit Limit/Copay	38/$0		38/$0		38/$0		38/$0		24/$20		24/$20		12/$20		12/$20	
Rx Copay	$10/$20		ABC Rx		ABC Rx		Saver Rx		$10/$40/$80 Rx		$10/$40/$80 Rx		$10/$40/$80 Rx		$10/$40/$80 Rx	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	6	$613.83	4	$505.07	0	$505.07	4	$569.60	14	$517.99	14	$490.57	14	$453.41	14	$434.76
Two Person (2P)	6	$1,379.25	0	$1,134.55	2	$1,134.55	2	$1,279.72	10	$1,241.01	10	$1,175.21	10	$1,086.01	10	$1,041.25
Family (FF)	18	$1,716.04	19	$1,411.52	5	$1,411.52	1	$1,592.17	43	$1,559.38	43	$1,477.13	43	$1,365.65	43	$1,309.69
Total Annual Premium	30	$514,166	23	$346,070	7	$111,920	7	$77,160	67	$1,040,582	67	$985,641	67	$911,167	67	$873,791
Combined Annual Premium	$1,049,317		< TOTALS		< TOTALS		< TOTALS									
Total Costs									PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost	**$1,049,317**		**<Totals**		**<Totals**		**<Totals**			**$1,040,582**		**$985,641**		**$911,167**		**$873,791**
Estimated Savings/(Increase) $										$8,734.52		$63,675.82		$138,149.87		$175,525.68
Estimated Difference %										0.8%		6.1%		13.2%		16.7%

BCBSM:

*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

*Rates do not include SET SEG's $6.00 pepm fee for billing and enrollment services.

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

Printed On 9/3/2014

SET SEG

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Medical Plan Comparison

Galesburg-Augusta Community Schools

All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	Teachers - MESSA Choices Plan		Teachers - MESSA ABC Plan 1		Administrators & Central Office		Secretaries & Library Clerks		BCBSM SB HSA 1250 Ded; 0%; 10/40/80 Rx		BCBSM SB HSA 1250 Ded; 20%; 10/40/80 Rx		BCBSM SB HSA 2000 Ded; 0%; 10/40/80 Rx		BCBSM SB HSA 2000 Ded; 20%; 10/40/80 Rx	
Carrier	MESSA Choices 500/1000 Ded; 5 OV; 10/20 Rx		MESSA ABC Plan 1 1250-0% Ded; ABC Rx		MESSA ABC Plan 1 1250-0% Ded; ABC Rx		MESSA Choices 500/1000 Ded; 20 OV; Saver Rx		BCBSM		BCBSM		BCBSM		BCBSM	
Rate Period	7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																
Annual Deductible 1P	$500		$1,250		$1,250		$500		$1,250		$1,250		$2,000		$2,000	
Annual Deductible 2P/FF	$1,000		$2,500		$2,500		$1,000		$2,500		$2,500		$4,000		$4,000	
Additional Cost After Deductible																
Coinsurance % after Deductible	0%		0%		0%		0%		0%		20%		0%		20%	
Coinsurance $ Limit after Ded - 1P	$1,000		$1,000		$1,000		$1,000		$1,000		$1,000		$1,000		$1,000	
Coinsurance $ Limit after Ded - 2P/FF	$2,000		$2,000		$2,000		$2,000		$2,000		$2,000		$2,000		$2,000	
Maximum Out of Pocket Cost																
Max $ Out of Pocket - 1P	$1,500		$2,250		$2,250		$1,500		$2,250		$2,250		$3,000		$3,000	
Max $ Out of Pocket - 2P/FF	$3,000		$4,500		$4,500		$3,000		$4,500		$4,500		$6,000		$6,000	
Copayments																
Office Visit/Specialist	$5/$5		0%/0%		0%/0%		$20/$20		0%/0%		20%/20%		0%/0%		20%/20%	
Urgent Care/ER	$10/$25		0%/0%		0%/0%		$25/$50		0%/0%		20%/20%		0%/0%		20%/20%	
Chiropractic, Visit Limit/Copay	38/$0		38/$0		38/$0		38/$0		12/0%		12 / 20%		12/0%		12 / 20%	
Rx Copay	$10/$20		ABC Rx		ABC Rx		Saver Rx		$10/$40/$80 Rx		$10/$40/$80 Rx		$10/$40/$80 Rx		$10/$40/$80 Rx	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	6	$613.83	4	$505.07	0	$505.07	4	$569.60	14	$408.01	14	$370.13	14	$359.69	14	$329.55
Two Person (2P)	6	$1,379.25	0	$1,134.55	2	$1,134.55	2	$1,279.72	10	$977.06	10	$886.15	10	$861.08	10	$788.76
Family (FF)	18	$1,716.04	19	$1,411.52	5	$1,411.52	1	$1,592.17	43	$1,229.46	43	$1,115.82	43	$1,084.49	43	$994.07
Total Annual Premium	30	$514,166	23	$346,070	7	$111,920	7	$77,160	67	$820,194	67	$744,286	67	$723,355	67	$662,957
Combined Annual Premium	$1,049,317		< TOTALS		< TOTALS		< TOTALS									
Total Costs									PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost	**$1,049,317**		**<Totals**		**<Totals**		**<Totals**			**$820,194**		**$744,286**		**$723,355**		**$662,957**
Estimated Savings/(Increase) $										$229,122.87		$305,030.92		$325,962.09		$386,360.12
Estimated Difference %										21.8%		29.1%		31.1%		36.8%

BCBSM:

*BCBSM rates include certain federal taxes and fees established by the Affordable Care Act as well as certain State taxes and assessments. The figures are estimates and may change for future billings.

*Rates do not include SET SEG's $6.00 pepm fee for billing and enrollment services.

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

Printed On 9/3/2014

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Medical Plan Comparison

Galesburg-Augusta Community Schools

All Employees

	CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		CURRENT PLAN		Option 1		Option 2		Option 3		Option 4	
	Teachers - MESSA Choices Plan		Teachers - MESSA ABC Plan 1		Administrators & Central Office		Secretaries & Library Clerks		Priority Health POS HSA 1250 Ded; 20%; 10/20/40 Rx		Priority Health HMO HSA 1250 Ded; 20%; 10/20/40 Rx		Priority Health POS HSA 2000 Ded; 0%; 10/20/40 Rx		Priority Health HMO HSA 2000 Ded; 0%; 10/20/40 Rx	
Carrier	MESSA Choices 500/1000 Ded; 5 OV; 10/20 Rx		MESSA ABC Plan 1 1250-0% Ded; ABC Rx		MESSA ABC Plan 1 1250-0% Ded; ABC Rx		MESSA Choices 500/1000 Ded; 20 OV; Saver Rx		Priority Health		Priority Health		Priority Health		Priority Health	
Rate Period	7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		7/1/2014-6/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015		10/1/2014-9/30/2015	
Purchased Plan Features	In Network		In Network		In Network		In Network		In Network		In Network		In Network		In Network	
Deductible																
Annual Deductible 1P	$500		$1,250		$1,250		$500		$1,250		$1,250		$2,000		$2,000	
Annual Deductible 2P/FF	$1,000		$2,500		$2,500		$1,000		$2,500		$2,500		$4,000		$4,000	
Additional Cost After Deductible																
Coinsurance % after Deductible	0%		0%		0%		0%		20%		20%		0%		0%	
Coinsurance $ Limit after Ded - 1P	$1,000		$1,000		$1,000		$1,000		$750		$750		$2,000		$2,000	
Coinsurance $ Limit after Ded - 2P/FF	$2,000		$2,000		$2,000		$2,000		$1,500		$1,500		$4,000		$4,000	
Maximum Out of Pocket Cost																
Max $ Out of Pocket - 1P	$1,500		$2,250		$2,250		$1,500		$2,000		$2,000		$4,000		$4,000	
Max $ Out of Pocket - 2P/FF	$3,000		$4,500		$4,500		$3,000		$4,000		$4,000		$8,000		$8,000	
Copayments																
Office Visit/Specialist	$5/$5		0%/0%		0%/0%		$20/$20		20%/20%		20%/20%		0%/0%		0%/0%	
Urgent Care/ER	$10/$25		0%/0%		0%/0%		$25/$50		20%/20%		20%/20%		0%/0%		0%/0%	
Chiropractic, Visit Limit/Copay	38/$0		38/$0		38/$0		38/$0		40/20% (PT & OT combined)		40/20% (PT & OT combined)		40/0% (PT & OT combined)		40/0% (PT & OT combined)	
Rx Copay	$10/$20		ABC Rx		ABC Rx		Saver Rx		$10/$20/$40 Rx		$10/$20/$40 Rx		$10/$20/$40 Rx		$10/$20/$40 Rx	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	6	$613.83	4	$505.07	0	$505.07	4	$569.60	14	$476.13	14	$453.00	14	$484.12	14	$458.24
Two Person (2P)	6	$1,379.25	0	$1,134.55	2	$1,134.55	2	$1,279.72	10	$1,068.21	10	$1,016.24	10	$1,086.15	10	$1,028.01
Family (FF)	18	$1,716.04	19	$1,411.52	5	$1,411.52	1	$1,592.17	43	$1,337.19	43	$1,272.53	43	$1,359.50	43	$1,287.18
Total Annual Premium	30	$514,166	23	$346,070	7	$111,920	7	$77,160	67	$898,167	67	$854,679	67	$913,172	67	$864,531
Combined Annual Premium	$1,049,317		< TOTALS		< TOTALS		< TOTALS									
Total Costs									PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Estimated Annual Cost	**$1,049,317**		**<Totals**		**<Totals**		**<Totals**			**$898,167**		**$854,679**		**$913,172**		**$864,531**
Estimated Savings/(Increase) $										$151,150.08		$194,637.71		$136,144.62		$184,786.17
Estimated Difference %										14.4%		18.5%		13.0%		17.6%

Priority Health:

*Priority Health rates, fees and/or claims projections include "Michigan claims tax", PPACA fees and assessments and similar fees or taxes that may be imposed by the Federal Government or the State of Michigan.

*Priority Health plans include an additional 10 chiropractic visits, totaling 40, combined with OT & PT.

*Rates do not include SET SEG's $6.00 pepm fee for billing and enrollment services.

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

Gallagher Benefit Services, Inc.

Galesburg Augusta Public Schools
Medical Rate & Benefit Comparison - Teachers MESSA Choices II

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		RENEWAL		OPTION 1		OPTION II		OPTION III		OPTION IV	
CARRIER	MESSA		MESSA		WMHIP		WMHIP		WMHIP		WMHIP	
EFFECTIVE DATE	7/1/2014*		7/1/2015**		7/1/2015		7/1/2015		7/1/2015		7/1/2015	
PLAN TYPE	PPO		PPO		PPO		PPO		PPO Versatile 3		PPO	
	BCBSM		BCBSM		BCBSM		BCBSM		BCBSM		BCBSM	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	$500	$1,000	$500	$1,000	$500	$1,000	$500	$1,000	$250	$500	$1,300	$2,500
Family Deductible	$1,000	$2,000	$1,000	$2,000	$1,000	$2,000	$1,000	$2,000	$500	$1,000	$2,600	$5,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	100%	80%	90%	70%	100%	80%
Coinsurance Out of Pocket Max												
Individual	N/A	N/A	N/A	N/A	N/A	$3,000	N/A	$3,000	$1,000	$2,000	N/A	$4,500
Family	N/A	N/A	N/A	N/A	N/A	$6,000	N/A	$6,000	$2,000	$4,000	N/A	$9,000
Other Plan Details												
Hospital Services	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	Ded/100%	Ded/80%
Inpatient Care	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	Ded/100%	Ded/80%
Emergency Care *(waived if admitted)*	$50 Copay		$50 Copay		$50 Copay		$50 Copay		$25 copay, ded/90%		Ded/100%	
Office Visits	$20/$25 Copay	Ded/80%	$20/$25 Copay	Ded/80%	$20 Copay	Ded/80%	$20 Copay	Ded/80%	$20 copay	Ded/70%	Ded/100%	Ded/80%
Prescription Drugs after Ded												
Generic	$10		$10		$10		$10		$10		$10 after ded.	
Brand	$20		$20		$20		$40		$40		40 after ded.	
Mail Order	MOPD 2x?		MOPD 2x?		MOPD 2x		MOPD 2x		MOPD 2x		MOPD 2x's copay after ded.	
Monthly Rates												
Single	**$623.04**		**$674.74**		**$628.09**		**$567.12**		**$525.53**		**$487.50**	
2 Person	**$1,399.94**		**$1,516.24**		**$1,413.15**		**$1,275.97**		**$1,182.40**		**$1,096.83**	
Family	**$1,741.78**		**$1,886.51**		**$1,758.59**		**$1,587.89**		**$1,471.45**		**$1,364.96**	
Annual Employee Payment Under PA152 CAPs												
			$2,104.58		**$1,544.78**		**$813.14**		**$314.06**		**($142.30)**	
			$5,663.13		**$4,426.05**		**$2,779.89**		**$1,657.05**		**$630.21**	
			$6,295.46		**$4,760.42**		**$2,712.02**		**$1,314.74**		**$36.86**	
Enrollment												
Single	3		3		3		3		3		3	
2 Person	4		4		4		4		4		4	
Family	18		18		18		18		18		18	
Monthly Premium	$38,820.92		$42,046.36		$39,191.49		$35,387.26		$32,792.29		$30,419.10	
Annual Premium	$465,851.04		$504,556.32		$470,297.88		$424,647.12		$393,507.48		$365,029.20	
$ Variance to Current	n/a		$38,705.28		$4,446.84		($41,203.92)		($72,343.56)		($100,821.84)	
% Variance to Current	n/a		8.3%		1.0%		-8.8%		-14.3%		-21.6%	

*rates include 1.5% for Taxes/Fees
** rates include 1.93% for Taxes/Fees

Gallagher Benefit Services, Inc.

Galesburg Augusta Public Schools
Medical Rate & Benefit Comparison - All Staff MESSA ABC

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PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II	
CARRIER	MESSA		MESSA		WMHIP		WMHIP	
EFFECTIVE DATE	7/1/2014*		7/1/2015**		7/1/2015		7/1/2015	
PLAN TYPE	PPO		PPO		PPO H.S.A.		PPO Versatile 3	
	BCBSM		BCBSM		BCBSM		BCBSM	
Plan Basics	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**
Individual Deductible	$1,250	$2,500	$500	$1,000	$1,300	$2,500	$250	$500
Family Deductible	$2,500	$5,000	$1,000	$2,000	$2,600	$5,000	$500	$1,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%
Coinsurance Out of Pocket Max								
Individual	N/A	N/A	N/A	N/A	N/A	$4,500	$1,000	$2,000
Family	N/A	N/A	N/A	N/A	N/A	$9,000	$2,000	$4,000
Other Plan Details								
Hospital Services	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%
Inpatient Care	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%
Emergency Care *(waived if admitted)*	Ded/100%		Ded/100%		Ded/100%		$25 copay, ded/90%	
Office Visits	Ded/100%	Ded/80%	$20/$25 Copay	Ded/80%	Ded/100%	Ded/80%	$20 copay	Ded/70%
Prescription Drugs after Ded								
Generic	$10 after ded.		$10 after ded.		$10 after ded.		$10	
Brand	$40 after ded.		$40 after ded.		$40 after ded.		$40	
Mail Order	MOPD 2x's copay after ded.		MOPD 2x's copay after ded.		MOPD 2x's copay after ded.		MOPD 2x	
Monthly Rates								
Single	$512.65		$555.17		$487.50		$525.53	
2 Person	$1,151.57		$1,247.21		$1,096.83		$1,182.40	
Family	$1,432.69		$1,551.71		$1,364.96		$1,471.45	
Annual Employee Payment Under PA152 CAPs								
			$669.74		($142.30)		$314.06	
			$2,434.77		$630.21		$1,657.05	
			$2,277.86		$36.86		$1,314.74	
Enrollment								
Single	4		4		4		4	
2 Person	2		2		2		2	
Family	26		26		26		26	
Monthly Premium	$41,603.68		$45,059.56		$39,632.62		$42,724.62	
Annual Premium	$499,244.16		$540,714.72		$475,591.44		$512,695.44	
$ Variance to Current	n/a		$41,470.56		($23,652.72)		$13,451.28	
% Variance to Current	n/a		8.3%		-4.7%		2.7%	

Rates illustrated are if Teachers move to WMHIP

*rates include 1.5% for Taxes/Fees

** rates include 1.93% for Taxes/Fees

Gallagher Benefit Services, Inc.

Galesburg Augusta Public Schools
Medical Rate & Benefit Comparison - Secretary and Library MESSA Choices II

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III	
CARRIER	MESSA		MESSA		WMHIP		WMHIP		WMHIP	
EFFECTIVE DATE	7/1/2014*		7/1/2015**		7/1/2015		7/1/2015		7/1/2015	
PLAN TYPE	PPO		PPO		PPO		PPO Versatile 3		PPO	
	BCBSM		BCBSM		BCBSM		BCBSM		BCBSM	
Plan Basics	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**
Individual Deductible	$500	$1,000	$500	$1,000	$500	$1,000	$250	$500	$1,300	$2,500
Family Deductible	$1,000	$2,000	$1,000	$2,000	$1,000	$2,000	$500	$1,000	$2,600	$5,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%	100%	80%
Coinsurance Out of Pocket Max										
Individual	N/A	N/A	N/A	N/A	N/A	$3,000	$1,000	$2,000	N/A	$4,500
Family	N/A	N/A	N/A	N/A	N/A	$6,000	$2,000	$4,000	N/A	$9,000
Other Plan Details										
Hospital Services	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	Ded/100%	Ded/80%
Inpatient Care	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	Ded/100%	Ded/80%
Emergency Care *(waived if admitted)*	$50 Copay		$50 Copay		$50 Copay		$25 copay, ded/90%		Ded/100%	
Office Visits	$20/$25 Copay	Ded/80%	$20/$25 Copay	Ded/80%	$20 Copay	Ded/80%	$20 copay	Ded/70%	Ded/100%	Ded/80%
Prescription Drugs after Ded										
Generic	$10		$10		$10		$10		$10 after ded.	
Brand	$40		$40		$40		$40		40 after ded.	
Mail Order	MOPD 2x?		MOPD 2x?		MOPD 2x		MOPD 2x		MOPD 2x's copay after ded.	
Monthly Rates										
Single	**$578.14**		**$626.11**		**$567.12**		**$525.53**		**$487.50**	
2 Person	**$1,298.92**		**$1,406.82**		**$1,275.97**		**$1,182.40**		**$1,096.83**	
Family	**$1,616.05**		**$1,750.32**		**$1,587.89**		**$1,471.45**		**$1,364.96**	
Annual Employee Payment Under PA152 CAPs										
			$1,521.02		**$813.14**		**$314.06**		($142.30)	
			$4,350.09		**$2,779.89**		**$1,657.05**		**$630.21**	
			$4,661.18		**$2,712.02**		**$1,314.74**		**$36.86**	
Enrollment										
Single	2		2		2		2		2	
2 Person	2		2		2		2		2	
Family	1		1		1		1		1	
Monthly Premium	$5,370.17		$5,816.18		$5,274.07		$4,887.31		$4,533.62	
Annual Premium	$64,442.04		$69,794.16		$63,288.84		$58,647.72		$54,403.44	
$ Variance to Current	n/a		$5,352.12		($1,153.20)		($5,794.32)		($10,038.60)	
% Variance to Current	n/a		8.3%		-1.8%		-9.0%		-15.6%	

Rates illustrated are if Teachers move to WMHIP

*rates include 1.5% for Taxes/Fees

** rates include 1.93% for Taxes/Fees

Gallagher Benefit Services, Inc.

Galesburg Augusta Public Schools
Medical Rate & Benefit Comparison - Everybody But Teachers Quote

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PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III	
CARRIER	MESSA		MESSA		WMHIP		WMHIP		WMHIP	
EFFECTIVE DATE	7/1/2014*		7/1/2015**		7/1/2015		7/1/2015		7/1/2015	
PLAN TYPE	PPO		PPO		PPO		PPO Versatile 3		PPO	
	BCBSM		BCBSM		BCBSM		BCBSM		BCBSM	
Plan Basics	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**	**In-Net**	**Out-Net**
Individual Deductible	$500	$1,000	$500	$1,000	$500	$1,000	$250	$500	$1,300	$2,500
Family Deductible	$1,000	$2,000	$1,000	$2,000	$1,000	$2,000	$500	$1,000	$2,600	$5,000
Coinsurance Level	100%	80%	100%	80%	100%	80%	90%	70%	100%	80%
Coinsurance Out of Pocket Max										
Individual	N/A	N/A	N/A	N/A	N/A	$3,000	$1,000	$2,000	N/A	$4,500
Family	N/A	N/A	N/A	N/A	N/A	$6,000	$2,000	$4,000	N/A	$9,000
Other Plan Details										
Hospital Services	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	Ded/100%	Ded/80%
Inpatient Care	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/100%	Ded/80%	Ded/90%	Ded/70%	Ded/100%	Ded/80%
Emergency Care *(waived if admitted)*	$50 Copay		$50 Copay		$50 Copay		$25 copay, ded/90%		Ded/100%	
Office Visits	$20/$25 Copay	Ded/80%	$20/$25 Copay	Ded/80%	$20 Copay	Ded/80%	$20 copay	Ded/70%	Ded/100%	Ded/80%
Prescription Drugs after Ded										
Generic	$10		$10		$10		$10		$10 after ded.	
Brand	$40		$40		$40		$40		40 after ded.	
Mail Order	MOPD 2x²		MOPD 2x²		MOPD 2x		MOPD 2x		MOPD 2x's copay after ded.	
Monthly Rates										
Single	$578.14		$626.11		$585.91		$542.94		$503.65	
2 Person	$1,298.92		$1,406.82		$1,318.24		$1,221.51		$1,133.17	
Family	$1,616.05		$1,750.32		$1,640.49		$1,520.19		$1,410.18	
Annual Employee Payment Under PA152 CAPs										
			$1,521.02		$1,038.62		$522.98		$51.50	
			$4,350.09		$3,287.13		$2,126.37		$1,066.29	
			$4,661.18		$3,343.22		$1,899.62		$579.50	
Enrollment										
Single	3		3		3		3		3	
2 Person	3		3		3		3		3	
Family	6		6		6		6		6	
Monthly Premium	$15,327.48		$16,600.71		$15,555.39		$14,414.49		$13,371.54	
Annual Premium	$183,929.76		$199,208.52		$186,664.68		$172,973.88		$160,458.48	
$ Variance to Current	n/a		$15,278.76		$2,734.92		($10,955.88)		($23,471.28)	
% Variance to Current	n/a		8.3%		1.5%		-6.0%		-12.8%	

*rates include 1.5% for Taxes/Fees

** rates include 1.93% for Taxes/Fees