



Gallagher

Insurance | Risk Management | Consulting

North Boone CUSD #200

April 17, 2018

2018 Renewal

Presented by:

Mike Parrott & Jeanette Rowan

Gallagher Benefit Services, Inc.

Disclaimer Notice

This analysis is for illustrative purposes only, and is not a proposal for coverage or 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. See your policy or contact us for specific information or further details in this regard.

This proposal (analyses, report, etc.) is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of Arthur J. Gallagher & Co. Policy forms for your reference will be made available upon request.

**North Boone
PPO Executive Summary
7/1/2017 through 6/30/2018**

Monthly Claims - November, 2017		Plan YTD Claims
Coverage	Claims	
Medical Claims	\$136,949	\$608,691
Rx Claims	\$18,707	\$115,414
Total Claims	\$155,761	\$724,298

Total Claims	\$155,761	\$724,298
Estimated Retention	\$51,950	\$260,275
Total Costs	\$207,711	\$984,573

*Total Claims do not include specific reimbursements

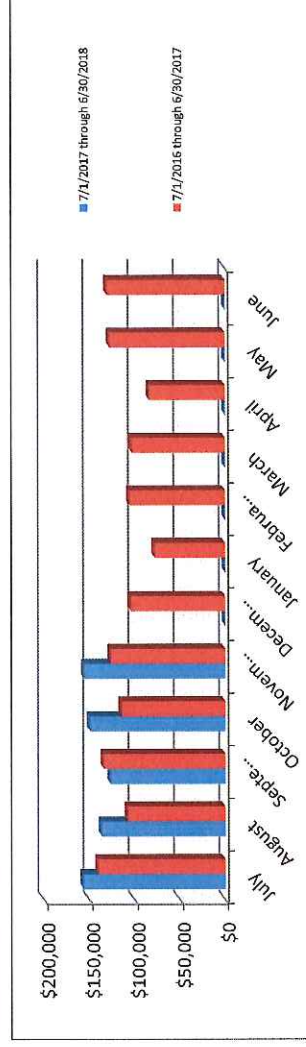
Monthly Claims



Claimant	Diagnosis	Claims
Claimant 1	N/A	\$124,903
Claimant 2	N/A	\$83,656

Average Number of Lives: 152

Month	Overall Monthly Paid Claims 7/1/2017 through 6/30/2018	Total Claims 7/1/2016 through 6/30/2017	% Change
July	\$156,587	\$140,355	12%
August	\$136,132	\$107,440	27%
September	\$126,433	\$134,090	-6%
October	\$149,385	\$114,128	31%
November	\$155,761	\$126,013	24%
December	\$0	\$103,990	0%
January	\$0	\$77,608	0%
February	\$0	\$105,317	0%
March	\$0	\$102,906	0%
April	\$0	\$83,439	0%
May	\$0	\$127,219	0%
June	\$0	\$130,316	0%
Total Claims	\$724,298	\$1,352,821	
Annualized Claims	\$1,738,316	\$1,352,821	28%
Less Claims Over Pooling	-\$118,559		
Net Claims	\$1,619,758	\$1,086,205	49%



NORTH BOONE CUSD #200



BlueCross BlueShield of Illinois
Experience. Wellness. Everywhere.®

Carrier

Effective Date

July 1, 2018

4th Quarter Deduct Carryover

Deductible - Single
Deductible - Family
OOP - Single
OOP - Family
Deduct Included in OOP
Rx Included in OOP?

Coinsurance
In-Network PCP Visit
In-Network Specialist Visit
In-Network Urgent Care Visit

In-Network Inpatient Hospital
In-Network Outpatient Surgery
Emergency Services

Prescription PBM Carrier

Retail - Preferred Pharmacy
Retail - Non-Preferred Pharmacy
Mail Order

Rating Structure

Rating	# of Lives
EE	126
EE & Spouse	7
EE & Child(ren)	5
Family	14
	152

Total Maximum Costs

Monthly
Annual
% change to current

Estimated ACA Monthly Fees

CONFIDENTIAL - Gallagher Benefit Services, Inc.

CURRENT / RENEWAL		OPTION	
PPO Custom Plan		MPPC3836	
IN	OUT	IN	OUT
\$500 / \$1,000	\$2,500 / \$5,000	Yes	\$2,500 / \$5,000
\$1,500 / \$3,000	\$7,500 / \$15,000		\$7,500 / \$15,000
\$2,500 / \$5,000	\$4,500 / \$9,000		\$4,500 / \$9,000
\$7,500 / \$15,000	\$10,200 / \$20,400	Yes	\$10,200 / \$20,400
No, Individual \$500 / Family \$1,500			No, Individual \$1K / Family \$3k
80% / 60%			80% / 60%
\$30			\$30
\$50			\$50
80% after Deduct			80% after Deduct
\$250 then 80% after Deduct			80% after Deduct
80% after Deduct			80% after Deduct
\$150			\$150
Prime Therapeutics			Prime Therapeutics
Generic / Pref Brand / Non-Pref Brand / Specialty			Generic / Pref Brand / Non-Pref Brand
\$15/\$30/\$50/\$50			\$10/\$40/\$60
\$30/\$60/\$100			\$15/\$50/\$70
			\$20/\$80/\$120

Current Rates	Renewal Rates
\$734.74	\$765.60
\$1,570.83	\$1,636.80
\$1,433.25	\$1,493.45
\$2,270.71	\$2,366.08

Current Rates	Renewal Rates
\$142,529.24	\$148,515.57
\$1,710,350.88	\$1,782,186.84

Included in rates

Included in rates

NORTH BOONE CUSD #200

BC BS of IL Renewal and Option
July 1, 2018

Carrier	Plan #	Deductible		Deduct included in OOP Max	Out of Pocket Max		Coinsurance	OV Specialist Urgent Care	Preferred Rx	Annual Cost	% Change to Current
		In/Out	In/Out		In/Out	In/Out					
Current	BC BS of IL Custom	\$500/\$1,000	\$500/\$1,000	Yes	\$2,500/\$5,000	\$2,500/\$5,000	80%/60%	\$30/\$50/80% after Deduct	\$15/\$30/\$50/\$50	\$1,710,350.88	
Renewal	BC BS of IL Custom	\$500/\$1,000	\$500/\$1,000	Yes	\$2,500/\$5,000	\$2,500/\$5,000	80%/60%	\$30/\$50/80% after Deduct	\$15/\$30/\$50/\$50	\$1,782,186.84	4.20%
Option	BC BS of IL MPPC3836	\$2,500/\$5,000	\$2,500/\$5,000	Yes	\$4,500/\$9,000	\$4,500/\$9,000	80%/60%	\$30/\$50/80% after Deduct	\$10/\$40/60	\$1,638,514.92	-4.20%

PPO Enrollment includes: 126 - Employee; 7 - EE+Spouse; 5 - EE+Child(ren); and 14 - Family for a total enrolled of 152.

NORTH BOONE CUSD #200

STEP THERAPY

BC BS of IL: Required.

Current - All out-of-pocket prescription costs apply towards separate prescription out-of-pocket maximum of \$500 Single/\$1,500 Family.

Option - All out-of-pocket prescription costs apply towards separate prescription out-of-pocket maximum of \$1,000 Single/\$3,000 Family.

Prescription drug tiers: Tier 1 - Generic; Tier 2 - Preferred Brand; Tier 3 - Non-Preferred Brand; Tier 4 - Specialty.

CHIROPRACTIC CARE

BC BS of IL: Current Plan - In Network: Office Visit - \$50 copay; Benefits - 80% after deductible; Annual Maximum - 25 visits.

MPPC3836 In Network: Office Visit - \$50 copay; Benefits - 80% after deductible; Annual Maximum - 30 visits.

VISION

BC BS of IL: Discounts on eye exams, prescription lenses, and eyewear available through EyeMed.

VIRTUAL VISITS

BC BS of IL: Benefits paid at PCP copay.

NORTH BOONE CUSD #200

Solvency & Compensation - Medical Carriers

	Base Commission Level	Supplemental Compensation	Solvency Rating
BC BS	3.5% Flat	\$0-\$12 PEPY	See Detail Below *

Solvency & Compensation - Dental Carriers

	Base Commission Level	Supplemental Compensation	Solvency Rating
Delta Dental	7.5% Flat	0-25% renewal	See Detail Below *

Solvency & Compensation - Life and Disability Carriers

	Base Commission Level	Supplemental Compensation	Solvency Rating
Dearborn National	15% Flat	0%	A+

Solvency & Compensation - Vision Carriers

	Base Commission Level	Supplemental Compensation	Solvency Rating
Delta Dental	10% Flat	0-25% renewal	See Detail Below *

* 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 an insurer's current or future ability to meet its contractual obligations.

NORTH BOONE CUSD #200
Dental Benefit and Rate Comparison
July 1, 2018

CURRENT / RENEWAL			
Delta Dental of Illinois			
PPO	Premier	Non-Network	
100%	Calendar 100%	90%	
80%	Waived 80%	70%	
50%	50%	40%	
50%	50%	50%	
	To age 19		
	\$50		
	\$150		
	\$1,200		
	\$1,000		
	Twice per Year		
	Basic		
	Major		
	Basic		
	Basic		

COINSURANCE
DEDUCT/ANNUAL MAX RUN
PLAN OR CALENDAR YEAR?
PREVENTIVE
DEDUCTIBLE?
BASIC
MAJOR
ORTHODONTIA
AGE LIMIT

DEDUCTIBLES
INDIVIDUAL
FAMILY

MAXIMUMS
CALENDAR YEAR
ORTHO LIFETIME

DETAILS
Preventive Exams/Cleanings
Non-Surgical Perio
Surgical Perio
Non-Surgical Endo
Surgical Endo

MONTHLY RATES
EMPLOYEE
EE + SPOUSE
EE + CHILD(REN)
FAMILY

MONTHLY TOTAL
ANNUAL TOTAL
% DIFFERENCE TO CURRENT
RATE GUARANTEE

of Lives
106
0
0
48

Current Rates	Renewal Rates
\$28.67	\$30.96
\$89.93	\$97.12
\$89.93	\$97.12
\$89.93	\$97.12

\$7,355.66	\$7,943.52
\$88,267.92	\$95,322.24
	7.99%

1 Year
2nd year rate
cap 8%

ACA fees are included in rates shown.

**NORTH BOONE CUSD #200
DENTAL**

<i>Participation Requirement</i>		<i>Waiting Periods</i>
Delta Dental of IL		Preventive - none
Child Age Limits:	Open Enrollment - Yes	Basic - none
To age 26	Non-network dentists reimbursement is based on the lesser of the submitted fee or MPA.	Major - none
		Ortho - none



NORTH BOONE COMMUNITY SCHOOL DISTRICT #200

Delta Dental PPO Plan Highlights

Group #10010

Introduction

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. North Boone Community School District #200 dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist's office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., "out-of-network"). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.** There are 100,000 Delta Dental PPO and 176,000 Delta Dental Premier dentist locations nationwide.

Choosing Your Dentist

Under your Dental Plan, you may go to any in- or out-of-network general or specialty dentist. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on pre-set, reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowances (MPAs). In both networks, you only have to pay your copayment and deductible – *you are not responsible for charges exceeding the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.**

For example, if you need a crown, assume the Delta Dental PPO fee allowance is \$500 and the MPA is \$600. If your plan covers crowns at 50% and your dentist normally charges \$700, your out-of-pocket cost (excluding deductible) would be:

Delta Dental PPO Dentist - \$250

(50% of the \$500 PPO fee allowance)

Delta Dental Premier Dentist - \$300

(50% of the \$600 MPA)

Out-of-Network Dentist - \$460

(60% of the \$600 MPA plus \$100 difference between the MPA and the dentist's billed charge)

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your copayment and deductible; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network dentists do not accept Delta Dental's MPAs as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your copayment and deductible. At the dentist's discretion, *you may also have to pay the entire bill in advance.*

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

**If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 800-323-1743.*

Non-Covered Services

There are some limitations on the expenses for which the North Boone Community School District #200 Dental Plan pays. For further information, refer to your certificate of coverage or call our customer service department.

Finding a Network Dentist

To verify your dentist's participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at

www.deltadentalil.com

The North Boone Community School District #200 Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:

- 1) City, state and ZIP code
- 2) Specialty
- 3) Dentist name (optional)

Summary of Benefits and Covered Services

Annual Maximum \$1,200/person

Annual Deductible \$50/person; \$150/family
(applies to Basic/Major only)

Lifetime Orthodontia Maximum \$1,000

	<u>Delta Dental PPO Network</u>	<u>Delta Dental Premier Network</u>	<u>Out-of-Network</u>
Preventive/Diagnostic	100% of reduced fee* (deductible doesn't apply)	100% of MPA** (deductible doesn't apply)	90% of MPA*** (deductible doesn't apply)
<ul style="list-style-type: none"> • oral evaluations (two per benefit year) • X-rays (bitewings – two per benefit year; full mouth - once every three years) • prophylaxis (cleaning; two per benefit year) • fluoride treatment (once per benefit year for children under age 19) • space maintainers 			
Basic	80% of reduced fee* (deductible applies)	80% of MPA** (deductible applies)	70% of MPA*** (deductible applies)
<ul style="list-style-type: none"> • fillings • oral surgery • non-surgical periodontics • endodontics • general anesthesia (in conjunction with oral surgery) • sealants 			
Major	50% of reduced fee* (deductible applies)	50% of MPA** (deductible applies)	40% of MPA*** (deductible applies)
<ul style="list-style-type: none"> • crowns, jackets, cast restorations • fixed/removable bridges • partial/full dentures • surgical periodontics 			
Orthodontia	50%	50%	50%
<ul style="list-style-type: none"> • for dependent children under age 19 			

*You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO fees

**You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowances (MPAs)

***You are responsible for charges exceeding Delta Dental's maximum plan allowances (MPAs)

The preceding information is a brief summary of the North Boone Community School District #200 Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 800-323-1743.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.

NORTH BOONE CUSD #200

Vision Benefit and Rate Comparison

July 1, 2018

CURRENT / RENEWAL	
DeltaVision (Delta Dental)	
In Network	Out of Network
Access Network	
Frequency	
12 MONTHS	
\$0	Up to \$35 Allowance
12 MONTHS	
\$0	Up to \$25 Allowance
\$0	Up to \$40 Allowance
\$0	Up to \$55 Allowance
N/A	N/A
\$65	N/A
N/A	N/A
24 MONTHS	
\$130 Allowance - 20% off balance	Up to \$50 Allowance
12 MONTHS	
Covered in Full	Up to \$200 Allowance
\$100 Allowance	Up to \$64 Allowance
\$100 Allowance - 15% off balance	Up to \$64 Allowance
<i>Contacts in lieu of glasses</i>	

	Current	Renewal
EMPLOYEE	\$7.93	\$7.93
EE + SPOUSE	\$22.19	\$22.19
EE + CHILD(REN)	\$22.19	\$22.19
FAMILY	\$22.19	\$22.19
	142	
Monthly Premium	\$1,696.46	\$1,696.46
Annual Premium	\$20,357.52	\$20,357.52
% Difference to Current RATE GUARANTEE		0%

NETWORK

EXAM

EXAM

LENSES

Single Lenses

Bifocal Lenses

Trifocal Lenses

Lenticular Lenses

Progressive

Standard

Premium

FRAME

Coverage

CONTACT LENSES

Medically Necessary

Disposable

Elective (Conventional)

RATES

EMPLOYEE

EE + SPOUSE

EE + CHILD(REN)

FAMILY

Monthly Premium

Annual Premium

% Difference to Current

RATE GUARANTEE

of Lives

1 Year

ACA Monthly Fees included in rates shown.

NORTH BOONE COMMUNITY UNIT SCHOOL DISTRICT #200

DeltaVision® Complete Vision Program Highlights – Access Network

Introduction

DeltaVision® is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks. DeltaVision offers members vision care benefits that combine choice, value and wellness. Your DeltaVision program provides vision care insurance to you (and your family, if applicable) according to the following information. Active, full-time employees are eligible for coverage.

Vision Care Services	Access-Network Member Cost	Out-of-Network Allowance
Exam with Dilation as Necessary:	\$0 Copay	\$35
Contact Lens Fit & Follow-up: (Available once a comprehensive eye exam has been completed)		
Standard*	\$0 Copay, Paid-in-full fit and two follow-up visits	\$40
Premium**	\$0 Copay, 10% off retail price, then apply \$55 allowance	\$40
Frames: (Any available frame at provider location)	\$130 allowance, 20% off balance over allowance	\$50
Standard Plastic Lenses:		
Single Vision	\$0 Copay	\$25
Bifocal	\$0 Copay	\$40
Trifocal	\$0 Copay	\$55
Lens Options:		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Progressive (Add-on to Bifocal)	\$65	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% discount off retail price	N/A
Contact Lenses: (Contact lens allowance covers materials only)		
Conventional	\$0 Copay, \$100 allowance, 15% off balance over allowance	\$64
Disposable	\$0 Copay, \$100 allowance, plus balance over allowance	\$64
Visually Required	\$0 Copay, Paid-in-Full	\$200
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	

*Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement
(Examples include, but are not limited to, disposable and frequent replacement)

**Premium Contact Lens Fitting - all lens designs, materials and specialty fittings, other than Standard Contact Lenses
(Examples include toric and multifocal)

Additional Discounts

Member will receive a 20% discount at in-network providers on items not covered by the program. This discount may not be combined with any other discounts or promotional offers and the discount does not apply to contact lenses or an in-network provider's professional services. Retail prices may vary by location.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses at in-network providers once the funded benefit has been used.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.deltadentalil.com/deltavision. The contact lens benefit allowance is not applicable to this service.

LASIK or PRK: DeltaVision enrollees can receive a discount of 15% off retail price or 5% off promotional price from select providers. Please contact us at www.deltadentalil.com/deltavision or 866-723-0513 for a current list of LASIK/PRK providers.

General Information

You may choose to go to any licensed optometrist, ophthalmologist and/or dispensing optician whenever you need vision care. However, there may be significant cost advantages when you receive treatment from an in-network provider.

We offer two easy ways to locate an in-network provider 7 days a week, 24 hours a day. You can either:

- ◆ search our online Provider directory at www.deltadentalil.com/deltavision; or
- ◆ use the automated phone system by calling 1-866-723-0513

Using Your Vision Program

1. Have your DeltaVision information card available when scheduling and visiting an in-network provider. An in-network provider participates in the EyeMed Vision Care Provider network. **It's very important that you know which network your benefit plan utilizes because providers may not be participating under both networks (Select and Access).** You will only receive in-network benefits from the network your benefit plan utilizes. Please note: the network provider will need the primary enrollee's name and date of birth to verify eligibility.
2. Pay your copayment and any other charges not covered at the time of service. No paperwork is required. You continue to save on additional eyewear purchases any time you present your card to an in-network provider.
3. If you select a provider who is not in the network, you do not receive preferred pricing and you may be asked to provide full payment to your out-of-network provider at the time of service. To receive benefit reimbursement, submit a completed claim form (available on our website), along with itemized receipts from your provider and your prescription to:

DeltaVision
ProTec Insurance Company
c/o EyeMed Vision Care
Attn: Claims Processing
P.O. Box 8504
Mason, OH 45040-7111

DeltaVision is administered by



Exclusions

In no event will coverage exceed the lesser of:

1. the actual cost of Covered Services or Materials or
2. the limits of the Policy, shown in the Schedule.

Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit period.

Benefits may not be combined with any discount, promotional offering or other group benefit programs.

Benefit allowances provide no remaining balance for future use within the same benefit period.

There is no coverage for professional services or materials connected with:

1. Orthoptic or vision training, sub-normal vision aids and any associated supplemental testing;
2. Aniseikonic lenses;
3. Medical and/or surgical treatment of the eye, eyes or supporting structures;
4. Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under this program;
5. Services provided as a result of any Workers' Compensation law;
6. Plano lenses (lenses that have no refractive power), non-prescription lenses and non-prescription sunglasses (except for 20% discount);
7. Two pair of glasses in lieu of bifocals.

The preceding information is a brief summary of the NORTH BOONE COMMUNITY UNIT SCHOOL DISTRICT #200 Complete Vision Program and the services it covers.

If you have specific questions regarding benefit coverage, limitations or exclusions, contact our customer service department at 1-866-723-0513.



DeltaVision® is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed

Vision Care networks.

111 Shuman Blvd
Naperville, IL 60563
800-335-8215

www.deltadentalil.com/deltavision