

ATTACHMENT NO. XI-C: Health Insurance Renewal

Potential motion: Move to approve the renewal of Blue Cross Blue Shield (Health), Dearborn National (Life), Delta Dental (Dental) and Delta Vision (Vision) as provided by Arthur J. Gallagher & Co.

Recommended action: Approve the motion

It is recommended that the Board approve the renewal of the Health/Life/Dental/Vision Insurance as proposed and provided by Arthur J. Gallagher & Co. The health care renewal proposal has a -3.6% decrease in premiums. The renewal has a \$2500 deductible and will continue to offer a health reimbursement account to offset the difference in the deductible. Dental Insurance with Delta and vision insurance will remain the same as last year. Our life insurance quote increase by \$534 for the year

The insurance committee includes certified staff, support staff, administration and broker representatives. The committee met and discussed the renewals of BCBS, Delta Dental and Dearborn Life. The committee decided to renew with the renewal rates listed above.



Gallagher

Insurance | Risk Management | Consulting

North Boone CUSD #200

April 3, 2019
2019 Renewal

Presented by:

Mike Parrott & Jeanette Rowan
Gallagher Benefit Services, Inc.



Gallagher

Insurance | Risk Management | Consulting

**North Boone CUSD #200
HRA Analysis**

2018 \$500 Deductible Renewal	\$	1,782,187
2018 \$2500 Deductible Renewal	\$	1,638,515
Savings	\$	143,672
HRA Paid Claims 7/1/18 - 3/10/19		
	\$	31,325
HRA Estimated Annual Fees	\$	8,302
Total Savings	\$	104,045

North Boone
Total PPO Budget Comparison Report

7/1/2018 through 6/30/2019

Month	Employees	Premium		Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		Loss Ratio			
		\$	PEPM	Inurred Medical Claims	Inurred Rx Claims	Access Fees	Claims over \$45k Pooling Level	\$	PEPM	Estimated Retention/ Pooling Expenss	\$		PEPM		
Jul-18	149	\$135,936	\$912.32	\$85,187	\$27,005	\$1,965	\$0	\$114,157	\$766.15	\$48,703	\$162,860	\$1,093.02	(\$26,924)	(\$180.70)	119.8%
Aug-18	153	\$138,145	\$902.91	\$101,962	\$6,557	\$2,352	\$0	\$110,871	\$724.65	\$49,495	\$164,554	\$1,075.51	(\$26,409)	(\$172.61)	119.1%
Sep-18	156	\$141,057	\$904.21	\$45,463	\$8,728	\$1,049	(\$7,814)	\$47,425	\$304.01	\$50,538	\$102,239	\$655.38	\$38,819	\$248.84	72.5%
Oct-18	158	\$143,169	\$906.13	\$73,622	\$30,317	\$1,698	(\$18,639)	\$86,998	\$550.62	\$51,295	\$142,632	\$902.73	\$537	\$3.40	99.6%
Nov-18	158	\$143,169	\$906.13	\$242,615	\$16,009	\$5,597	(\$131,984)	\$132,238	\$836.95	\$51,295	\$187,872	\$1,189.06	(\$44,703)	(\$282.93)	131.2%
Dec-18	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jan-19	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Feb-19	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Mar-19	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Apr-19	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
May-19	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Jun-19	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	774	\$701,477	\$906.30	\$548,849	\$88,616	\$12,662	(\$158,437)	\$491,690	\$635.26	\$251,325	\$760,156	\$982.11	(\$58,680)	(\$75.81)	108.4%

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.

North Boone
PPO Large Claim Report
7/1/18 - 11/30/18

Claimants Over \$45,000

Member Identifier	Gross Claim Amount	Amount Over \$45,000
Claimant 1	\$122,141	\$77,141
Claimant 2	\$99,224	\$54,224
Claimant 3	\$71,454	\$26,454
Claimant 4	\$45,618	\$618
Total	\$338,437	\$158,437

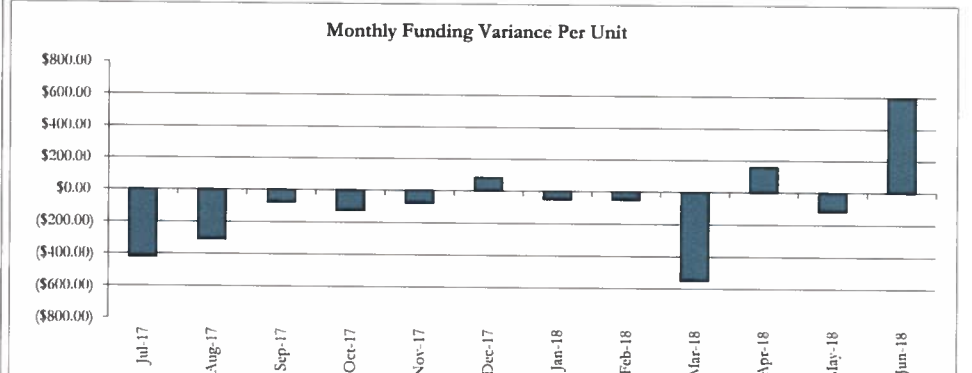
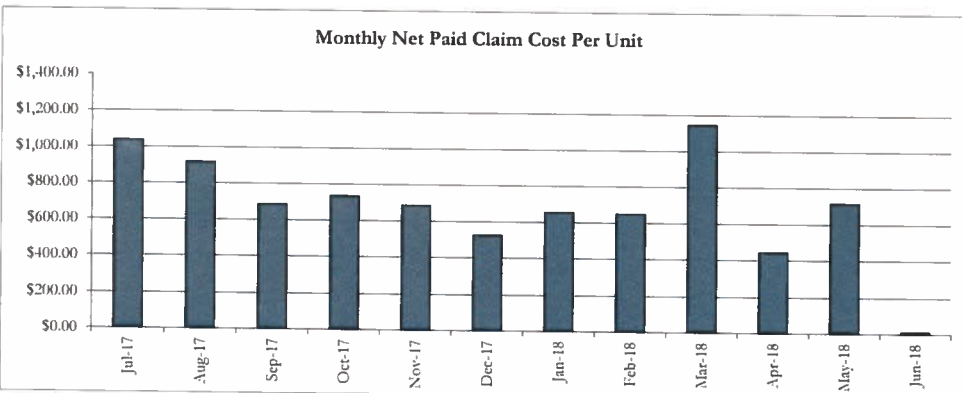
Current Employees	158
Expected # of Claims Over Stop Loss	5.4
Actual # of Claims Over Stop Loss	4

*Expected # of Claims over Stop Loss Level is an annual projection for 2018 and is based on data provided by Healthcare Analytics

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North Boone
Total PPO Budget Comparison Report
7/1/2017 through 6/30/2018

Month	Employees	Premium		Total Net Incurred Claims and Access Fees				Total Net Costs		Funding Variance		Loss Ratio			
		\$	PEPM	Incurring Medical Claims	Access Fees	Incurring Rx Claims	Claims over Pooling Level	\$	PEPM	\$	PEPM				
Jul-17	153	\$148,431	\$970.14	\$121,032	\$1,963	\$35,556	\$0	\$158,550	\$1,036.28	\$53,894	\$212,444	\$1,388.53	(\$64,013)	(\$418.39)	143.1%
Aug-17	151	\$143,294	\$948.97	\$119,432	\$1,937	\$16,700	\$0	\$138,069	\$914.37	\$52,029	\$190,098	\$1,258.93	(\$46,804)	(\$309.96)	132.7%
Sep-17	152	\$144,764	\$952.39	\$100,968	\$1,638	\$25,465	(\$23,976)	\$104,096	\$684.84	\$52,562	\$156,658	\$1,030.64	(\$11,894)	(\$78.25)	108.2%
Oct-17	151	\$144,029	\$953.83	\$130,399	\$2,115	\$18,986	(\$40,753)	\$110,747	\$733.43	\$52,295	\$163,043	\$1,079.75	(\$19,014)	(\$125.92)	113.2%
Nov-17	152	\$144,764	\$952.39	\$136,953	\$2,221	\$18,707	(\$53,830)	\$104,051	\$684.55	\$52,562	\$156,613	\$1,030.35	(\$11,850)	(\$77.96)	108.2%
Dec-17	152	\$144,764	\$952.39	\$96,042	\$1,558	\$15,372	(\$33,259)	\$79,713	\$524.43	\$52,562	\$132,275	\$870.23	\$12,489	\$82.16	91.4%
Jan-18	152	\$144,065	\$947.80	\$130,136	\$2,111	\$13,799	(\$46,946)	\$99,100	\$651.97	\$52,309	\$151,408	\$996.11	(\$7,343)	(\$48.31)	105.1%
Feb-18	152	\$142,529	\$937.69	\$85,925	\$1,394	\$44,649	(\$33,557)	\$98,412	\$647.44	\$51,751	\$150,162	\$987.91	(\$7,633)	(\$50.22)	105.4%
Mar-18	152	\$142,529	\$937.69	\$210,788	\$3,419	\$35,537	(\$75,635)	\$174,109	\$1,145.45	\$51,751	\$225,860	\$1,485.92	(\$83,331)	(\$548.23)	158.5%
Apr-18	152	\$143,228	\$942.29	\$106,600	\$1,729	\$12,687	(\$53,805)	\$67,211	\$442.18	\$52,005	\$119,216	\$784.31	\$24,012	(\$17.474)	115.7%
May-18	152	\$143,228	\$942.29	\$106,707	\$1,731	\$29,937	(\$29,677)	\$108,697	\$715.11	\$52,005	\$160,701	\$1,057.25	(\$17,474)	(\$114.96)	112.2%
Jun-18	150	\$141,896	\$945.97	\$107,839	\$1,749	\$11,872	(\$120,279)	\$1,182	\$7.88	\$51,521	\$52,703	\$351.35	\$89,193	\$594.62	37.1%
Total	1,821	\$1,727,521	\$948.67	\$1,452,820	\$23,565	\$279,268	(\$511,717)	\$1,243,936	\$683.11	\$627,246	\$1,871,182	\$1,027.56	(\$143,661)	(\$78.89)	108.3%



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, (assumptions: 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.



Arthur J. Gallagher & Co.
BUSINESS WITHOUT BARRIERS™

North Boone
PPO Large Claim Report
7/1/17 - 6/30/18

Member Identifier	Gross Claim Amount	Amount Over \$45,000
Claimant 1	\$235,341	\$190,341
Claimant 2	\$229,069	\$184,069
Claimant 3	\$84,510	\$39,510
Claimant 4	\$83,966	\$38,966
Claimant 5	\$79,760	\$34,760
Claimant 6	\$62,193	\$17,193
Claimant 7	\$49,659	\$4,659
Claimant 8	\$47,219	\$2,219
Total	\$871,717	\$511,717

Current Employees	150
Expected # of Claims Over Pooling	3.0
Actual # of Claims Over Pooling	8

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**NORTH BOONE CUSD #200
2019 FULLY INSURED MARKETING EFFORT**

Objectives:	Improve cost Improve Employee Choice Evaluate all market options
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FULLY INSURED
BC BS of IL (Current Carrier)

The information contained herein is subject to the disclosures and disclaimers on the final page of this report/proposal/review.

NORTH BOONE CUSD #200

Medical Rates & Benefits Comparison

EFFECTIVE DATE: JULY 1, 2019

PRESENT DATE: MARCH 5, 2019

PLAN STATUS	CURRENT		RENEWAL	
CARRIER(S)	Blue Cross Blue Shield		Blue Cross Blue Shield	
PLAN(S)	PPO 80% / 60%; \$2,500 D; \$30 OV		PPO 80% / 60%; \$2,500 D; \$30 OV	
NETWORK(S)	BluePrint PPO (MPPC3836)		BluePrint PPO (MPPC3836)	
PLAN BENEFITS	In-Network	Out-Network	In-Network	Out-Network
Coinsurance Level	80%	60%	80%	60%
Individual Deductible	\$2,500	\$5,000	\$2,500	\$5,000
Family Deductible	\$7,500	\$15,000	\$7,500	\$15,000
Medical Individual Out-of-Pocket	\$4,500	\$9,000	\$4,500	\$9,000
Medical Family Out-of-Pocket	\$10,200	\$20,400	\$10,200	\$20,400
Does Medical OOP include RX Copays (Y/N)?	No		No	
Does OOP include Ded, Coins & Copays (Y/N)?	Yes		Yes	
MEDICAL SERVICES				
Office Visits PCP/SPC	\$30 / \$50	60% after ded	\$30 / \$50	60% after ded
Preventive Care	100% (no copay)	60% after ded	100% (no copay)	60% after ded
Diagnostic Test (X-Ray, Blood Work)	\$30 PCP/\$50 SPC	60% after ded	\$30 PCP/\$50 SPC	60% after ded
Imaging (CT/PET scans, MRIs)	80% after ded	60% after ded	80% after ded	60% after ded
Outpatient Surgery	80% after ded	60% after ded	80% after ded	60% after ded
Emergency Care (waived if admitted)	\$150 then 100%		\$150 then 100%	
Inpatient Hospital (per occurrence)	80% after ded	\$300 then 60%	80% after ded	\$300 then 60%
PRESCRIPTION DRUGS ‡				
Out-of-Pocket Maximum (Individual / Family)	\$1,000 Individual / \$3,000 Family		\$1,000 Individual / \$3,000 Family	
Tier 1	\$10	75% after \$15 copay	\$10	75% after \$15 copay
Tier 2	\$40	75% after \$50 copay	\$40	75% after \$50 copay
Tier 3	\$60	75% after \$70 copay	\$60	75% after \$70 copay
Tier 4	Covered	Not Covered	Covered	Not Covered
Tier 5	N/A	N/A	N/A	N/A
Mail Order Prescriptions (90 Days)	2x Copay	N/A	2x Copay	N/A
MONTHLY RATES				
Employee	\$703.88		\$678.54	
Employee & Spouse	\$1,504.86		\$1,450.69	
Employee & Child(ren)	\$1,373.05		\$1,323.62	
Family	\$2,175.34		\$2,097.03	
ESTIMATED ENROLLMENTS				
Employee	129		129	
Employee & Spouse	10		10	
Employee & Child(ren)	5		5	
Family	15		15	
PREMIUM				
Monthly Premium by Plan	\$145,344.47		\$140,112.11	
Monthly Premium	\$145,344.47		\$140,112.11	
Annual Premium	\$1,744,133.64		\$1,681,345.32	
Percentage Premium Difference	N/A		-3.60%	
Annual Premium Difference	N/A		-\$62,788.32	
Rate Guarantee	1 Year		1 Year	
COMMISSION & COMPENSATION				
Commission Level	3.5% Flat		3.5% Flat	
Supplemental Compensation	\$0-\$25/card		\$0-\$25/card	

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While AJG does not guarantee the financial viability of any health/dental 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.

‡ For Members purchasing Prescriptions from a Non-Network Pharmacy there may be an additional charge.

*Entire family deductible must be met before any one is eligible for coverage.
Optional carrier rates are subject to final underwriting.

Commissions are based on a flat fee, per member or graded scale. These graded scales are available upon request. A Revenue Disclosure will be sent disclosing revenue for all lines annually.

North Boone CUSD #200
 Program Year 07/01/2018 - 12/31/2018
 105-HRA Utilization Report

	Employee Count	¹ Maximum Plan Liability	Amount Paid	Plan Balance	% Utilization
² Active Participant Totals:	157	\$408,000.00	\$27,831.20	\$380,168.80	6.82 %
³ Inactive Participant Totals:	13	\$30,000.00	\$0.00	\$30,000.00	0.00 %
Active / Inactive Participant Totals:	170	\$438,000.00	\$27,831.20	\$410,168.80	6.35 %

Active Plan Type/Coverage Enrollment Counts

In Network Deductible	
Single	127
Employee + 1	12
Family	18
Total:	157

Average Reimbursement Amount: \$1,113.25
 Participants Receiving Reimbursements: 25

Reimbursement Range	Participant Count
\$0.00	145
\$0.01 - \$500.00	8
\$500.01 - \$1,000.00	5
\$1,000.01 - \$2,500.00	10
\$2,500.01 - \$5,000.00	2
\$5,000.01 - \$10,000.00	0
\$10,000.01 - \$15,000.00	0
\$15,000.01 - \$10,000,000.00	0

¹ Maximum Plan Liability is the maximum amount that could be reimbursed to participants during the entire plan year. It accounts for changes in coverage type as well as partial year participants.

² For purposes of the Utilization Report, Active Participants include active participants, termed participants in the run-out period and active COBRA participants (if applicable).

³ For purposes of the Utilization Report, Inactive Participants include termed participants who are past the termination run-out period and can no longer submit claims.

North Boone CUSD #200

Plan Year 7/1/2018 - 12/31/2018

105-HRA Payment Summary Report

Payment Summary Totals						
Participant Plans & Coverage Totals	Active	Active Terminated	COBRA	Total Active	Inactive Terminated	Total Participants
In Network Deductible						
Single	125	0	1	126	12	138
Employee + 1	12	0	0	12	0	12
Family	18	0	0	18	1	19
Totals	155	0	1	156	13	169

Grand Totals	Funding	Withdrawals	Other Withdrawals	Plan Balance
Active Totals:	\$404,000.00	\$25,524.76	\$306.44	\$378,168.80
Active Terminated Totals:	\$0.00	\$0.00	\$0.00	\$0.00
COBRA Totals:	\$2,000.00	\$2,000.00	\$0.00	\$0.00
Inactive Terminated Totals:	\$30,000.00	\$0.00	\$0.00	\$30,000.00
Plan Totals	\$436,000.00	\$27,524.76	\$306.44	\$408,168.80
Totals	\$436,000.00	\$27,524.76	\$306.44	\$408,168.80

Funding: Maximum plan amount based on coverage selected for enrollment. Status changes and plan changes may increase or decrease funding.

When changes occur the total funding amount is calculated using the value of the coverage type that corresponds to the report date.

Withdrawals: Reimbursements.

Other Withdrawals: Reimbursements from other coverage periods such as a Status Change or Plan Change.

Plan Balance: Funding minus Withdrawals minus Other Withdrawals.

North Boone CUSD #200

Plan Year 1/1/2019 - 12/31/2019

HRA Payment Summary Report

Summary Page

Grand Totals by Participant Status as of 3/9/2019

<u>Participant Status</u>	<u>Funding</u>	<u>Withdrawals</u>	<u>Other Withdrawals</u>	<u>Plan Balance</u>
Active / Future Term	\$422,000.00	\$3,493.75	\$0.00	\$418,506.25
Active Terminated	\$0.00	\$0.00	\$0.00	\$0.00
COBRA	\$0.00	\$0.00	\$0.00	\$0.00
Inactive Terminated	\$0.00	\$0.00	\$0.00	\$0.00
Active Retiree	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$422,000.00	\$3,493.75	\$0.00	\$418,506.25

North Boone CUSD #200

Plan Year 1/1/2019 - 12/31/2019

HRA Payment Summary Report

Summary Page

Participant Plan / Coverage Counts as of 3/9/2019

Participant Plan / Coverage In Network Deductible	Active / Future Term	Active Terminated	COBRA	Total Active	Inactive Terminated	Active Retiree	Total
Single	130	0	0	130	0	0	130
Employee + 1	12	0	0	12	0	0	12
Family	19	0	0	19	0	0	19



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)



North Boone CUSD # 200

The following is a listing of common services available through your BlueCare Dental PPO network.

The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider*	Non-Contracting Provider*
Benefit Period Maximum	\$1,200 per calendar year	\$1,200 per calendar year
Deductible	\$50 per person per calendar year \$150 maximum per family	\$50 per person per calendar year \$150 maximum per family
Dependent Coverage	Spouse and unmarried dependent up to age 26	

Services

Diagnostic & Preventive Services Dental exams and Cleanings (limited to 2 per calendar year) Bitewing X-rays (limited to 1 set per calendar year) Full mouth & Panoramic X-rays (limited to 1 every 36 months) Fluoride treatment (to age 19, 2 per calendar year)	100% of Maximum Allowance	90% of Usual and Customary
Miscellaneous Services Sealants (covered to age 19) Space maintainers (covered to age 19) Labs & tests Emergency Care (treatment for the relief of pain)	100% of Maximum Allowance	90% of Usual and Customary
Restorative Services Routine fillings (amalgams and resins) Pin retention Simple extractions	80% of Maximum Allowance	70% of Usual and Customary After deductible
General Services Intravenous sedation General anesthesia Stainless steel crowns	80% of Maximum Allowance	70% of Usual and Customary After deductible
Endodontic Services Root canals Pulp caps Apicoectomy / apexification	80% of Maximum Allowance	70% of Usual and Customary After deductible
Periodontic Services Scaling & root planning (limited to one time per quadrant per calendar year) Gingivectomy / gingivoplasty Osseous surgery Periodontal Maintenance (limited to 2 per calendar year)	80% of Maximum Allowance	70% of Usual and Customary After deductible
Oral Surgery Services Surgical extractions Alveoplasty Vestibuloplasty	80% of Maximum Allowance	70% of Usual and Customary After deductible
Crowns, Inlays / Onlays Services Crowns, inlays / onlays (limited to one per tooth every 60 months) Prefabricated posts and cores Repair and recementation of crown, inlays / onlays	50% of Maximum Allowance	40% of Usual and Customary After deductible
Prosthetic Services Bridges and dentures (limited to one every 60 months) Reline / rebase of dentures (limited to once every 6 months) Addition of tooth or clasp Repair of bridges and dentures Implants	50% of Maximum Allowance	40% of Usual and Customary After deductible
Orthodontics Covered for dependent children to age 19	50% of Maximum Allowance	50% of Usual and Customary
Lifetime Maximum (Dollar Amount)	\$1,000	\$1,000

*** Schedule of Maximum Allowances**

Contracting Providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Services from Non-Contracting Providers will be subject to usual and customary allowances as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.



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NORTH BOONE CUSD #200 Dental Rates & Benefits Comparison

EFFECTIVE DATE: JULY 1, 2019

PLAN STATUS	CURRENT			RENEWAL			OPTION	
CARRIER(S)	Delta Dental of Illinois			Delta Dental of Illinois			Blue Cross Blue Shield	
PLAN(S)	PPO 100/80/50/50			PPO 100/80/50/50			PPO 100/80/50/50	
NETWORK(S)	Delta Dental PPO Plus Premier			Delta Dental PPO Plus Premier			BlueCare	
PLAN BENEFITS	PPO Dentist	Premier Dentist	Out-Network	PPO Dentist	Premier Dentist	Out-Network	In-Network	Out-Network
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximums	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200
CLASS I - Preventive	100%	100%	90%	100%	100%	90%	100%	90%
CLASS II - Basic	80%	80%	70%	80%	80%	70%	80%	70%
CLASS III - Major	50%	50%	40%	50%	50%	40%	50%	40%
CLASS IV - Ortho	50%			50%			50%	
Lifetime Maximums	\$1,000			\$1,000			\$1,000	
COVERED SERVICES								
Endodontics	80%	80%	70%	80%	80%	70%	80%	70%
Periodontics - Non-Surgical	80%	80%	70%	80%	80%	70%	80%	70%
Periodontics - Surgical	50%	50%	40%	50%	50%	40%	80%	70%
Simple Extractions	80%	80%	70%	80%	80%	70%	80%	70%
Implants	50%	50%	40%	50%	50%	40%	50%	40%
True Open Enrollment Y/N	Yes			Yes			Yes	
Late Entrant	None			None			No	
Waiting Period	None			None			None	
U&C Percentile	Negotiated Fee	MPA	MPA	Negotiated Fee	MPA	MPA	Negotiated	90th%
MONTHLY RATES								
Employee	\$30.96			\$30.96			\$32.57	
Employee & Spouse	\$97.12			\$97.12			\$102.17	
Employee & Child(ren)	\$97.12			\$97.12			\$102.17	
Family	\$97.12			\$97.12			\$102.17	
ESTIMATED ENROLLMENTS								
Employee	107			107			107	
Employee & Spouse	0			0			0	
Employee & Child(ren)	0			0			0	
Family	52			52			52	
PREMIUM								
Monthly Premium	\$8,362.96			\$8,362.96			\$8,797.83	
Annual Premium	\$100,355.52			\$100,355.52			\$105,573.96	
Percentage Premium Difference	N/A			0%			5.20%	
Annual Premium Difference	N/A			\$0.00			\$5,218.44	
Rate Guarantee	1 Year			1 Year			1 Year	
COMMISSION & COMPENSATION								
Commission Level	Flat 7.5%			Flat 7.5%			Flat 7.5%	
Supplemental Compensation	IL: \$0 - \$10/pepy			IL: \$0 - \$10/pepy			\$0 - \$17/card	

The 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.

While A.J.G. does not guarantee the financial viability of any health/dental 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.

Optional carrier rates are subject to final underwriting.

Commissions are based on a flat fee, per member or graded scale. These graded scales are available upon request. A Revenue Disclosure will be sent disclosing revenue for all lines annually.

**NORTH BOONE CUSD #200
2019 LIFE AND AD&D MARKETING EFFORT**

Objectives:	Improve cost Improve Employee Choice Evaluate all market options
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Life and AD&D

Dearborn National (Current Carrier)

UNCOMPETITIVE RATES / INSUFFICIENT NETWORK / REDUCED BENEFITS

1 Guardian Life	Received; uncompetitive rates 50%
2 Humana	Quote not received
3 Lincoln Financial	Quote not received
4 MetLife	Quote not received
5 Principal	Received; uncompetitive rates 21%
6 Prudential	Received; uncompetitive rates 21%
7 Sun Life	Received; uncompetitive rates 50%
8 UNUM	Received; uncompetitive rates 45%

The information contained herein is subject to the disclosures and disclaimers on the final page of this report/proposal/review.



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NORTH BOONE CUSD #200

Basic Life & AD&D Rates & Benefits Comparison

EFFECTIVE DATE: JULY 1, 2019

PLAN STATUS:	CURRENT	RENEWAL
CARRIER(S)	Dearborn National	Dearborn National
A.M BEST RATING	A	A
GROUP LIFE & AD&D PLAN		
Life Benefit Amount	\$25,000	\$25,000
AD&D Benefit Amount	\$25,000	\$25,000
Guarantee Issue	\$25,000	\$25,000
AGE REDUCTION SCHEDULE		
Age 65*	35%	35%
Age 70*	50%	50%
Age 75*		
Age 80*		
VOLUME / COUNTS		
Covered Benefit	\$4,450,000	\$4,450,000
Employee Counts	178	178
RATES PER \$1,000		
Life	\$0.08	\$0.09
AD&D	\$0.02	\$0.02
PREMIUM		
Monthly Premium	\$445.00	\$489.50
Annual Premium	\$5,340.00	\$5,874.00
Percentage Premium Difference	N/A	10%
Annual Premium Difference	N/A	\$534.00
Rate Guarantee	1 Year	1 Year
COMMISSION & COMPENSATION		
Commission Level	Flat 15%	Flat 15%
Supplemental Compensation	0% - 7% of premium	0% - 7% of premium

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*Age Reduction Schedules are all based on the original benefits amount.

Optional carrier rates are subject to final underwriting.

Commissions are based on a flat fee, per member or graded scale. These graded scales are available upon request. A Revenue Disclosure will be sent disclosing revenue for all lines annually.

**NORTH BOONE CUSD #200
2019 VISION MARKETING EFFORT**

Objectives:	Improve cost Improve Employee Choice Evaluate all market options
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Vision

Delta Dental (Current Carrier)

1 Dearborn National	Received -20.20%
2 Superior Vision	Received -42.09%
3 VSP	Received -32.63%

UNCOMPETITIVE RATES / INSUFFICIENT NETWORK / REDUCED BENEFITS

1 EyeMed	Declined; can't quote Delta Dental clients
2 Guardian	Received: uncompetitive rates 0%
3 Humana	Quote not received
4 Lincoln Financial	Quote not received
5 MetLife	Quote not received
6 National Vision Admin	Declined; uncompetitive rates
7 Principal	Received; uncompetitive rates -7.48%
8 Sun Life Financial	Received: uncompetitive rates -19.51%

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NORTH BOONE CUSD #200 Vision Rates & Benefits Comparison

EFFECTIVE DATE: JULY 1, 2019

PLAN STATUS: CARRIER(S): PLAN(S): NETWORK(S)	CURRENT Delta Dental Delta Vision Complete Access Network		RENEWAL Delta Dental Delta Vision Complete Access Network		OPTION Dearborn National Vision Care Plan EyeMed Select		OPTION VersantHealth (Superior Vision) Designer Plan Davis Vision		OPTION VSP Choice Plan Choice	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
PLAN BENEFITS					75% of Eligible Employees		Minimum participation is 10 enrolled		Rates are based on 51 enrolled	
Minimum Participation										
Examination Copay	\$0	Up to \$35 Allowance*	\$0	Up to \$35 Allowance*	\$10	Up to \$30 Allowance*	\$10	Up to \$40 Allowance*	\$10	Up to \$45 Allowance*
Single Vision Lenses	\$0	Up to \$25 Allowance*	\$0	Up to \$25 Allowance*	\$10	Up to \$25 Allowance*	\$25	Up to \$40 Allowance*	\$25	Up to \$30 Allowance*
Bifocal Lenses	\$0	Up to \$40 Allowance*	\$0	Up to \$40 Allowance*	\$10	Up to \$40 Allowance*	\$25	Up to \$60 Allowance*	\$25	Up to \$50 Allowance*
Trifocal Lenses	\$0	Up to \$55 Allowance*	\$0	Up to \$55 Allowance*	\$10	Up to \$55 Allowance*	\$25	Up to \$80 Allowance*	\$25	Up to \$65 Allowance*
Lenticular Lenses	N/A	N/A	N/A	N/A	\$10	Up to \$55 Allowance*	\$25	Up to \$100 Allowance*	\$25	Up to \$100 Allowance*
Frames	\$130 Allowance plus 20% off balance	Up to \$50 Allowance*	\$130 Allowance plus 20% off balance	Up to \$50 Allowance*	\$130 Allowance plus 20% off balance	Up to \$65 Allowance*	\$130 Allowance plus 20% off balance	Up to \$50 Allowance*	\$130 Allowance plus 20% off balance	Up to \$70 Allowance*
CONTACT LENSES										
Necessary	100% Covered	Up to \$200 Allowance*	100% Covered	Up to \$200 Allowance*	100% Covered	Up to \$210 Allowance*	100% Covered	Up to \$225 Allowance*	100% Covered - \$210 Allowance after copay for members who have a specific conditions	Up to \$210 Allowance*
Elective	\$100 Allowance	Up to \$64 Allowance*	\$100 Allowance	Up to \$64 Allowance*	\$130 Allowance	Up to \$104 Allowance*	\$130 Allowance plus 15% off balance	Up to \$105 Allowance*	\$130 Allowance	Up to \$105 Allowance*
BENEFITS FREQUENCY										
Exam	12 months		12 months		12 months		12 months		12 months	
Lenses/Contacts	12 months		12 months		12 months		12 months		12 months	
Frames	24 months		24 months		24 months		24 months		24 months	
MONTHLY RATES										
Employee	\$7.93		\$7.93		\$6.17		\$4.49		\$6.05	
Employee & Spouse	\$22.19		\$22.19		\$11.71		\$8.98		\$13.01	
Employee & Child(ren)	\$22.19		\$22.19		\$12.33		\$9.43		\$13.01	
Family	\$22.19		\$22.19		\$18.14		\$13.13		\$13.01	
ESTIMATED ENROLLMENTS										
Employee	111		111		111		111		111	
Employee & Spouse	0		0		0		0		0	
Employee & Child(ren)	0		0		0		0		0	
Family	37		37		37		37		37	
PREMIUM										
Monthly Premium	\$1,701.26		\$1,701.26		\$1,356.05		\$984.20		\$1,152.92	
Annual Premium	\$20,415.12		\$20,415.12		\$16,272.60		\$11,810.40		\$13,835.04	
Percentage Premium Difference	N/A		0%		-20.29%		-42.15%		-32.23%	
Annual Premium Difference	N/A		\$0.00		-\$4,142.52		-\$8,604.72		-\$6,580.08	
Rate Guarantee	1 Year		1 Year		4 Years		4 Years		4 Years	
COMMISSION & COMPENSATION										
Commission Level	Flat 10%		Flat 10%		Flat 10%		10%		Graded 10%	
Supplemental Compensation	IL: \$0 - \$10/pepy		IL: \$0 - \$10/pepy		New: 0% - 6% of premium		N/A		N/A	

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* Maximum Dollar Amount paid towards service after material copay.

Optional carrier rates are subject to final underwriting.

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Gallagher

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NORTH BOONE CUSD #200 Market Study - Medical - Dental - Vision - Life

Carrier	Commission Level	Supplemental Compensation
BCBSIL	Medical: 3.5% Flat Dental = PPO 7.5% Flat	\$0 - \$25/card \$0 - \$17/pepy
Dearborn National	Life: 15% Flat Vision = 10% Flat	Life = 0% - 7% of premium Vision = New: 0% - 6% of premium
Delta Dental	Dental = PPO 7.5% Flat; Vision = 10% Flat	Dental and Vision = IL: \$0 - \$10/pepy
Superior Vision (VersantHealth)	Flat 10%	N/A
Vision Service Plan	Graded 10%	N/A

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Gallagher Disclaimers

- Coverage** This proposal [analysis, report, etc.] 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. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of Gallagher.
- Renewal / Financial** 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.
- Legal** The intent of this analysis [report, letter, etc.] is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.

2019 Health Management & Advocacy

2019 Health Management & Advocacy		Wellbeing Management
Category	Key Differences	Empower+ ASO and FI 151+
Utilization Management Expansion	Inpatient Utilization Management (UM)	•
	Specialty Drug Preauthorization Expansion	•
	Outpatient UM Expansion	•
	Additional Outpatient UM Expansion – Advanced Imaging, Cardiology and Sleep Medicine	•
	Additional Outpatient UM Expansion – Pain Management, Joint and Spine Surgery	Extra Fee (ASO)*
	Additional Outpatient UM Expansion – Radiation Therapy and Genetic Testing	Extra Fee (ASO)*
Holistic Health Management	Multidisciplinary Clinical Team	•
	Behavioral Health (Inpatient and Outpatient) – Auto-included for all groups	•
	Health Management of 3% of member population	•
	Expanded Communication Channels with health advisor (e.g., click-to-schedule)	•
Wellness, Coaching and 24/7 Support	Well onTarget® Portal and Expanded Digital Content/Blue Points™	•
	Interactive Wellness Coaching via Well onTarget	•
	Maternity Management	•
	Digital Health Partner Access (Livongo, Omada, Naturally Slim) – <i>not available with HMO networks</i>	•**
	24/7 Nurseline	•
	Fitness Program	•
Navigation and Engagement	Member Rewards	Extra Fee**
	Navigation Advocacy	Extra Fee
Return on Investment Performance Guarantee	ROI Performance Guarantee	•**

*Included for FI **Available for ASO clients only

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.