



Board Agenda Item #	Agenda # II B
Date:	January 18, 2017
To:	MPS Personnel Committee
From:	Caprice Young, Ed.D., CEO & Superintendent
Staff Lead:	Terri Boatman, Chief Human Resources Officer
RE:	Changes in Personnel Costs

Proposed Board Recommendation

For Information Purposes Only

Background

There were significant increase to Personnel Costs in the revised budgets creating a variance of >6%. The attached file provides key drivers to budget changes to each school. Below is a high level overview of some the changes which are based on increased costs on benefits plans and retirement plans.

Benefits:

There are two drivers that affect the overall costs to benefits: 1.) annual increases from the providers and 2.) actual plan enrollment versus what was originally budgeted.

Each year, providers set new rates at the time of renewal. The average increase to rates varies between 6% to 95 for health insurance and between 3% and 5% for dental and vision insurance. This year, Kaiser increased rates by 7.21%, however based on our agreement with the new benefits broker, Montage Insurance, which included a cap on commissions, Montage was able to negotiation the a cap to our Kaiser premiums limiting our increase to 5.40%. The costs of all Kaiser products (HMO and PPO) increased by this amount.

MetLife Dental plan costs increased by 3.0% and vision remained unchanged from the 2015-2016 plan year. The total increase to benefits plan is 5.15%.

The other key driver is actual plan enrollment versus what was originally budgeted. Since we did not have our benefits automated at the time of the original budget, a general assumption was made for benefit costs for each employee. Now that benefits are automated, we have accurate visibility of what coverage level the employee selected.

There are 283 employees enrolled in a Kaiser plan. A breakdown of coverage by plan is outlined below:

Plan	Costs Per Month	Total Number of Employees
Employee Only	\$379.81	121
Employee + Spouse	\$835.59	43
Employee + Child(ren)	\$759.62	9
Employee + Family	\$1,139.44	110

Now that we know have information about plan selection and averages, we can better budget for next year.

Retirement:

There were two key changes in retirement plans that impacted the budget. Much like the cost of benefits, the two changes are: 1.) employer contribution increases and 2.) the 13th month of contributions based on our old contract structure.

The chart below shows the increases for each state retirement program:

Program	2015-2016 Employer Rate	2016-2017 Employer Rate
STRS	10.73%	12.58%
PERS	11.847%	13.888%

Although we cannot control the retirement rates, next year, we will not have the 13th month of STRS/PERS to consider.

Budget Implications

>6% variance

How Does This Action Relate/Affect/Benefit All MSAs?

Personnel costs impact the overall budget for each schools.

Name of Staff Originator:

Terri Boatman, Chief Human Resources Officer

Attachments

Consolidated Variance Summary

2016-2017 Benefits Costs

Benefits Enrollment

Magnolia Public Schools

Approved FY16-17 Budget vs. Proposed Revised Budget (October presentation)

	MSA-1	MSA-2	MSA-3	MSA-4	MSA-5	MSA-6	MSA-7	MSA-8	MSA-SA	MSA-SD	MERF
Approved Compensation & Benefits	3,362,064	2,987,228	2,812,109	1,172,519	1,064,348	965,253	1,710,715	2,842,777	3,059,757	2,155,725	3,467,487
July Payroll Correction	176,825	141,085	164,517	73,716	64,527	46,740	80,262	107,831	38,348	89,094	-
Other Payroll/Staff Changes	111,019	1,411	228,038	(30,367)	73,329	46,540	(26,429)	(105,153)	593,179	(37,659)	120,521
STRS/PERS	61,365	28,390	61,533	(85)	15,170	13,402	19,030	(1,205)	51,993	15,775	60,391
OASDI/Medicare	456	5,255	5,903	2,620	1,414	2,351	(2,576)	5,443	23,693	4,566	(16,188)
H&W Benefits	49,638	19,195	51,183	(10,409)	(4,400)	4,723	(22,497)	(39,068)	10,397	21,540	55,866
Unemployment	29,955	3,064	3,163	3,018	3,066	3,047	3,027	3,001	3,316	2,026	3,173
Worker's Comp Insurance	(1,348)	(2,444)	662	268	1,358	870	2,286	2,807	10,114	2,718	4,973
401K	-	-	-	-	-	-	-	-	-	-	24,727
Net Increase (Decrease)	427,911	195,956	514,998	38,762	154,464	117,673	53,103	(26,343)	731,040	98,061	253,462
Proposed revised budget - compensation and benefits	3,789,975	3,183,183	3,327,107	1,211,281	1,218,812	1,082,926	1,763,818	2,816,434	3,790,797	2,253,786	3,720,949

Note: items in BLUE have supporting details on next tab

Site	Amount	Description	Explanation/Justification
MSA-1	111,019	Other Payroll/Staff Changes	Teachers and administrators received higher pay than budgeted and included additional stipends. Hired an IT/Tutor and a TA for \$57k. Also added a placeholder position for a PT office manager and TA for \$27k.
MSA-1	61,365	STRS/PERS	\$22,000 is a result of the 13th month payroll (12.58%). Additional \$39k is due to a result of higher annual pay and new hires not previously budgeted.
MSA-1	49,638	H&W Benefits	Budget estimated 40 employees receiving H&W at a cost of \$8,100. Now based on per employee cost. 42 people are receiving H&W benefits, with an average cost of \$9,241 per employee
MSA-1	29,955	Unemployment	MSA-1 is not a part of School Employer's Fund (SEF) like other MPS sites, and state unemployment rate is 6.20% of first \$7k per calendar year. Budget was based on 0.05% SEF rate (which is the rate applicable to all other MPS schools)
MSA-2	28,390	STRS/PERS	\$18,000 is a result of the 13th month payroll (12.58%). Additional \$10k is due to a result of higher annual pay and new hires not previously budgeted.
MSA-2	19,195	H&W Benefits	Budget estimated 37 employees receiving H&W at a cost of \$8,100. Now based on per employee cost. 34 people are receiving H&W benefits, with an average cost of \$9,379 per employee
MSA-3	228,038	Other Payroll/Staff Changes	Replaced 12 teachers at a lower annual pay than budgeted. Added two SpEd aides and office manager \$85k. Hired 3 additional deans not previously budgeted but since then, one has left but increased the budget by \$187k.
MSA-3	61,533	STRS/PERS	\$21,000 is a result of the 13th month payroll (12.58%). Additional 40K is a result of the new hires.
MSA-3	51,183	H&W Benefits	Budget estimated 44 employees receiving H&W at a cost of \$8,100. Now based on per employee cost. 40 people are receiving H&W benefits, with an average cost of \$8,707 per employee
MSA-4	(30,367)	Other Payroll/Staff Changes	3 teachers left - savings of \$80k which was offset by adding 1 Office Tech - Sub and 2 PT SpEd Aides.
MSA-4	(10,409)	H&W Benefits	Budget estimated 14 employees receiving H&W at a cost of \$8,100. Now based on per employee cost. 12 people are receiving H&W benefits, with an average cost of \$8,667 per employee
MSA-5	73,329	Other Payroll/Staff Changes	Added 1 teacher not previously budgeted for \$57k. Teachers and administrators received higher salary than budgeted.
MSA-5	15,170	STRS/PERS	\$8,000 is a result of the 13th month payroll (12.58%). Additional 7K is a result of the new teacher receiving retirement benefits that was not budgeted
MSA-6	46,540	Other Payroll/Staff Changes	Seven teachers left and were replaced by employees at a higher rate, an increase of \$37k. Administrators and classified employees received higher pay than budgeted. Also, added a TA not previously budgeted for \$15k.
MSA-6	13,402	STRS/PERS	\$6,000 is a result of the 13th month payroll (12.58%). Additional \$7k is due to a result of higher annual pay.
MSA-7	(26,429)	Other Payroll/Staff Changes	Two support staff positions were eliminated as they were primarily ASES employees. After ASES was outsourced, it was determined that these positions were no longer needed. One PE teacher position was eliminated as well. Two SpEd employees received a higher pay than budgeted, however, this was offset by staff eliminations
MSA-7	19,030	STRS/PERS	\$10,000 is a result of the 13th month payroll (12.58%). Additional 9K is a result of two employees now receiving retirement benefits that were not budgeted
MSA-7	(22,497)	H&W Benefits	Budget estimated 22 employees receiving H&W at a cost of \$8,100. Now based on per employee cost. 18 people are receiving H&W benefits, with an average cost of \$8,500 per employee
MSA-8	(105,153)	Other Payroll/Staff Changes	12 employees left and were replaced by employees at a lower rate, savings of \$60K. Stipends for additional duties and were overestimated for staff (additional \$1,500/teacher), which led to savings of \$45K
MSA-8	(39,068)	H&W Benefits	Budget estimated 36 employees receiving H&W at a cost of \$8,100. Now based on a per employee cost. 31 employees are receiving H&W at an average cost of \$8,146.
MSA-SA	593,179	Other Payroll/Staff Changes	MSA-SA original budget was for 530 students, but actual enrollment came in at 628. As a result, only 33 teachers were originally budgeted, but 4 more had to be hired for the increase in students. Budget impact approximately \$220K. Four deans were budgeted, but a fifth was hired for the increase in students, leading to a \$96K increase. An additional office manager was added as well as an IT, with an impact of \$72,000. Only 8 support staff were budgeted (TAs, SpEd Aides, etc.), however, 23 support staff were hired, with an impact of \$200K.
MSA-SA	51,993	STRS/PERS	\$5K is a result of the July payroll correction. The remaining \$46K is a result of the additional 5 certificated staff that were hired, as well as employees being eligible for PERS.
MSA-SA	23,693	OASDI/Medicare	Increased staff lead to an increase in OASDI/Medicare expense (see payroll changes)
MSA-SA	10,397	H&W Benefits	Budget estimated 41 employees receiving H&W at an average cost of \$8,100 per employee. Now based on a per employee cost. Actuals are 42 employees receiving H&W, with an average cost of \$8,155 per employee
MSA-SA	10,114	Worker's Compensation	Rate is at 1.13% and increase is related to additional staff
MSA-SD	(37,659)	Other Payroll/Staff Changes	Budgeted for 28 teachers because MSA-SD planned to hire two full-time SpEd teachers and remove their PT Aides. SD was unable to find anyone to fill these positions, thus eliminating two FT positions and replacing with PT Aides, savings of \$50K. A school psychologist was hired, however, there were a corresponding decrease to SpEd contractors.
MSA-SD	15,775	STRS/PERS	\$11K is a result of the July Payroll, and remainder is a result of an additional employee being eligible for STRS
MSA-SD	21,540	H&W Benefits	Budget estimated 25 employees receiving H&W at an average cost of \$8,100 per employee. Now based on a per employee cost. 23 employees are receiving H&W at an average cost of \$9,741 per employee.
MERF	120,521	Other Payroll/Staff Changes	Two employees were expected to leave before 7/1/16, but did not leave until September/October. Budget increase of 68K. Vacation has been accrued by employees, but not booked to the balance sheet as a liability. Forecast has been updated to account for unused vacation time, which would be paid out should an employee leave, budget increase of \$72,510. Severance was paid out for two employees that left, resulting in a budget increase of \$58,000 to the budget. Three positions have not yet been filled, and CEO is delaying the hiring, which resulted in a savings of \$78K
MERF	60,391	STRS/PERS	Previously, only three employees were receiving STRS. Home office offered STRS or PERS to all employees this year. 7 employees are now receiving STRS and 1 employee is receiving PERS
MERF	(16,188)	OASDI/Medicare	STRS employees do not pay Social Security Tax
MERF	55,866	H&W Benefits	Budget estimated 28 employees receiving H&W at an average cost of \$8,100 per employee. Now based on a per employee cost. 26 employees are receiving H&W at an average cost of \$10,872 per employee

EE Code	Plan Year(s)	Benefit Plan	Benefit Level	Benefit Status	Benefit Effective Date
A0FL	(2016 - 2017)	Kaiser HMO	Employee and Children	Approved	12/01/2016
A0AZ	(2016 - 2017)	Kaiser HMO	Employee and Children	Approved	09/01/2016
A0AD	(2016 - 2017)	Kaiser HMO	Employee and Children	Approved	09/01/2016
A0DY	(2016 - 2017)	Kaiser PPO	Employee and Children	Approved	11/01/2016
A02N	(2016 - 2017)	Kaiser HMO	Employee and Children	Approved	09/01/2016
A0CJ	(2016 - 2017)	Kaiser HMO	Employee and Children	Approved	09/01/2016
A07O	(2016 - 2017)	Kaiser HMO	Employee and Children	Approved	09/01/2016
A07Y	(2016 - 2017)	Kaiser HMO	Employee and Children	Approved	09/01/2016
A097	(2016 - 2017)	Kaiser HMO	Employee and Children	Approved	09/01/2016
A001	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A004	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A005	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A043	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A00A	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A089	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0CQ	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0CF	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A00R	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A00T	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A00U	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A011	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0BH	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0DV	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	11/01/2016
A017	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A01B	(2016 - 2017)	Kaiser PPO	Employee and Family	Approved	09/01/2016
A01O	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A01P	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A01U	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A01V	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A022	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A024	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A026	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A029	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/26/2016
A02B	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016

A02M	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A02O	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A02P	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A02R	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0B1	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0AE	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0F2	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	11/01/2016
A031	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A033	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A037	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A038	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A03E	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A03G	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0CX	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A03M	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A03X	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0FZ	(2016 - 2017)	Kaiser PPO	Employee and Family	Approved	02/01/2017
A042	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0AM	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A044	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0CH	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A048	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A04E	(2016 - 2017)	Kaiser PPO	Employee and Family	Approved	09/01/2016
A04I	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A04J	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A04O	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A04Q	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A04T	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A052	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A053	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0BT	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A058	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A05K	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0DP	(2016 - 2017)	Kaiser PPO	Employee and Family	Approved	10/01/2016
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A05U	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A05Y	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0AY	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/27/2016
A063	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A064	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A069	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A06A	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A06B	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
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A0FY	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	02/01/2017
A07K	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A07L	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A07N	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
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A08G	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A08J	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0B3	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
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A08V	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A08Y	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016

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A0CC	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
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A09S	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A09T	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0BI	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A09V	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A09W	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A09Y	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
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A0A5	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A0A6	(2016 - 2017)	Kaiser HMO	Employee and Family	Approved	09/01/2016
A00Q	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A015	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0C8	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A01C	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A01H	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A01I	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0BN	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A01D	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A02I	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A02L	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0D6	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	10/01/2016
A0CP	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0DX	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	11/01/2016
A07V	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A03V	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0C6	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A04G	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0CN	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0BA	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A04M	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016

A0BD	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A05M	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A05O	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A067	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0BV	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A06F	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A06K	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A06O	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	12/11/2016
A073	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A07I	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0D8	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A07U	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0BJ	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0D0	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	10/01/2016
A08Z	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A090	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A0D3	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	10/01/2016
A096	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A09I	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A09K	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A09M	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A03B	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A09Z	(2016 - 2017)	Kaiser HMO	Employee and Spouse	Approved	09/01/2016
A006	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A00D	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A00F	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A00G	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A00H	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A00L	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A00V	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A00X	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A00Z	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DB	(2016 - 2017)	Kaiser PPO	Employee Only	Approved	10/01/2016
A0DU	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	11/01/2016
A019	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016

A01A	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A01E	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A01F	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A01L	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A01R	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A01S	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A01T	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0D2	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	10/01/2016
A02A	(2016 - 2017)	Kaiser PPO	Employee Only	Approved	09/01/2016
A02C	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0CS	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	10/01/2016
A02K	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A02S	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A02T	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A02W	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A030	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A035	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A036	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A03A	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A03C	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A03J	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A03N	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0CY	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A03W	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A03Z	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A045	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0CU	(2016 - 2017)	Kaiser PPO	Employee Only	Approved	09/01/2016
A04A	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A04F	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A04L	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A04P	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0D5	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A04V	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DW	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	11/01/2016
A04X	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016

A0B4	(2016 - 2017)	Kaiser PPO	Employee Only	Approved	09/01/2016
A04Z	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0FT	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	01/01/2017
A054	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A056	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0C9	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DS	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	12/09/2016
A05A	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05B	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0C7	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05E	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0BL	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05F	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05I	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05H	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DO	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	10/01/2016
A05P	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05R	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05S	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05T	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A05Z	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A061	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0AK	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A06D	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0BW	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A06H	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A06J	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0BS	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0FC	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	12/01/2016
A0C2	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A06T	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A06S	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DG	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	10/01/2016
A06W	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A06Z	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016

A0DC	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	10/01/2016
A076	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A07G	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0BX	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A07J	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A07P	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DI	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	10/01/2016
A0AB	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DT	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	12/01/2016
A020	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0B5	(2016 - 2017)	Kaiser PPO	Employee Only	Approved	09/01/2016
A07W	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A07X	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A087	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A08E	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A08M	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0CK	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0FP	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	01/01/2017
A08Q	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DR	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A08X	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0D9	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	10/01/2016
A0B9	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A094	(2016 - 2017)	Kaiser PPO	Employee Only	Approved	09/01/2016
A0FF	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	12/01/2016
A098	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0DD	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	10/01/2016
A0BY	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A09G	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0BZ	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A09Q	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A09L	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0FG	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	12/20/2016
A0FM	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	12/01/2016
A0BP	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016

A0A1	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0CL	(2016 - 2017)	Kaiser PPO	Employee Only	Approved	09/01/2016
A0B8	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016
A0A9	(2016 - 2017)	Kaiser HMO	Employee Only	Approved	09/01/2016

Employee Benefits, Plans & Pricing

2016 - 2017



Prepared For

Magnolia Public Schools

Presented By:

Toby Kennedy
Executive Vice President

Created By:

Gil Bandel
Executive Account Manager



Last Updated: 8/3/2016
Current Effective Date: 9/1/2015
Renewal Effective Date: 9/1/2016

Montage Insurance Solutions
CA License 0F30734

The following is a benefits and pricing summary. Information provided is not intended to be an inclusive list of cost, benefits, policy provisions, limitations and/or exclusions. Please refer to carrier's proposal, contract and/or summary plan description for a complete explanation.

Summary of Plan Options / Recommendations

Effective:

9/1/2016



MONTAGE
INSURANCE SOLUTIONS

"Together We're Stronger"

	Current Plans	Original Renewal	Reduced Renewal	Reduced Renewal w/ Chiro added
MEDICAL	<i>Kaiser</i>	<i>Kaiser</i>	<i>Kaiser</i>	<i>Kaiser</i>
Monthly Premium	\$156,560.69	\$168,508.19	\$165,021.46	\$166,028.14
Annual Premium	\$1,878,728.28	\$2,022,098.28	\$1,980,257.52	\$1,992,337.68
DENTAL	<i>MetLife</i>	<i>MetLife</i>	<i>MetLife</i>	<i>MetLife</i>
Monthly Premium	\$8,940.38	\$9,208.88	\$9,208.88	\$9,208.88
Annual Premium	\$107,284.56	\$110,506.56	\$110,506.56	\$110,506.56
VISION	<i>MetLife</i>	<i>MetLife</i>	<i>MetLife</i>	<i>MetLife</i>
Monthly Premium	\$4,017.24	\$4,017.24	\$4,017.24	\$4,017.24
Annual Premium	\$48,206.88	\$48,206.88	\$48,206.88	\$48,206.88

TOTAL BENEFIT COST	Current Plans	Original Renewal	Reduced Renewal	Reduced Renewal w/ Chiro added
Monthly Premium	\$169,518.31	\$181,734.31	\$178,247.58	\$179,254.26
Annual Premium	\$2,034,219.72	\$2,180,811.72	\$2,138,970.96	\$2,151,051.12

TOTAL ANNUAL DIFFERENCE	Current Plans	Original Renewal	Reduced Renewal	Reduced Renewal w/ Chiro added
Difference (\$) Over Current	N/A	\$146,592.00	\$104,751.24	\$116,831.40
Difference (%) Over Current	N/A	7.21%	5.15%	5.74%
Difference (\$) Over Renewal	N/A	N/A	(\$41,840.76)	(\$29,760.60)
Difference (%) Over Renewal	N/A	N/A	-1.92%	-1.36%

NOTES	Current Plans	Original Renewal	Reduced Renewal	Reduced Renewal w/ Chiro added
PLAN CHANGES	N/A	Renewing All Plans - No Changes or Benefit Enhancements	Renewing All Plans - No Changes or Benefit Enhancements...renewal reduced by Montage	Renewing all plans, but adding chiropractic benefits (\$5/visit to a 30 visit maximum) to the medical plan

Current Kaiser Medical Plans Effective: 9/1/2016

CARRIER PLAN Grandfathered/Non-Grandfathered - (GF/NG) Benefits	CURRENT		CURRENT	
	KAISER PRODUCT NAME NG HMO Network		KAISER PRODUCT NAME NG In-Network Out-Network	
			<u>Deductible needs to be met first</u>	
Main Features				
Calendar Year Individual Deductible	N/A		\$1,500	\$3,000
Calendar Year Family Deductible	N/A		\$3,000	\$6,000
Coinsurance	N/A		70%	50%
Calendar year Out-of-Pocket Maximum	\$3,000/Individual \$6,000/Family		\$6,000/Individual \$12,000/Family	\$12,000/Individual \$24,000/Family
Lifetime Maximum	Unlimited		Unlimited	
Physician Services				
Office Visit	\$20 Copay		\$40 Copay	50%*
Specialty Doctor Visit	\$20 Copay		\$40 Copay	50%*
Lab, X-ray, Diagnostic	\$10 Copay		30%	50%*
Complex Lab/X-Ray (MRI/PET/CT/CAT)	\$50 Copay		30%	50%*
Physical Therapy	\$20 Copay		30% limited to 60 visits per Calendar Year	50%* limited to 60 visits per Calendar Year
Chiro	not covered		not covered	not covered
Acupuncture	not covered		not covered	not covered
Durable Medical Equipment (DME)	50%		30%	50%*
Routine Preventive Care:				
Adult Preventive	No Copay		No Copay	not covered
Child Preventive	No Copay		No Copay	50%*
Hospital Services				
Inpatient	\$500 Copay / Admission		30% after \$1,000 copay	50%* after \$1,500 Copay
Outpatient Surgery	\$250 Copay / Procedure		30% after \$100 copay	50%* after \$150 Copay
Emergency Room	\$150 Copay; waived if admitted		\$100 Copay (Waived if Admitted), then 30%	
Ambulance	\$150 Copay; waived if admitted		50%	50%*
Urgent Care	\$20 Copay		\$40 Copay	50%*
Mental Health Services (S) Severe/(NS) Non-Severe**				
Inpatient Mental Health	\$500 Copay / Admission		30% after \$1,000 copay	50%* after \$1,500 Copay
Outpatient Mental Health	\$20 Copay		\$40 Copay	50%*
Prescription Drugs(Rx)* - (Deductible)				
Generic/Brand/Non-Formulary	No Brand Deductible \$10G / \$30B		No Brand Deductible \$15G / \$40B not covered	
Plan Rates	HMO	PPO	CURRENT	
Employee Only	87	3	\$360.50	
Employee + Spouse	30	0	\$793.10	
Employee + Child(ren)	12	0	\$721.00	
Employee + Family	83	1	\$1,081.50	
Estimated Monthly Premium			\$153,573.00	
Estimated Combined Premium			\$156,560.69	
Total Annual Premium			\$1,878,728.28	
Current Increase/Decrease %				
Employer Monthly Contribution			\$0.00	
Employer Annual Contribution			\$0.00	

*Plus all charges in excess of Maximum Allowable Charge.

**Refer to the Evidence of Coverage Booklet for complete details including Mental Health Parity

Renewal Kaiser Medical Plans Effective: 9/1/2016

CARRIER PLAN Grandfathered/Non-Grandfathered - (GF/NG) Benefits	RENEWAL		RENEWAL	
	KAISER PRODUCT NAME NG Traditional Network		KAISER PRODUCT NAME NG In-Network Out-Network	
			<u>Deductible needs to be met first</u>	
Main Features				
Calendar Year Individual Deductible	N/A		\$1,500	\$3,000
Calendar Year Family Deductible	N/A		\$3,000	\$6,000
Coinsurance	N/A		70%	50%
Calendar year Out-of-Pocket Maximum	\$3,000/Individual \$6,000/Family		\$6,000/Individual \$12,000/Family	\$12,000/Individual \$24,000/Family
Lifetime Maximum	Unlimited		Unlimited	
Physician Services				
Office Visit	\$20 Copay		\$40 Copay	50%*
Specialty Doctor Visit	\$20 Copay		\$40 Copay	50%*
Lab, X-ray, Diagnostic	\$10 Copay		30%	50%*
Complex Lab/X-Ray (MRI/PET/CT/CAT)	\$50 Copay		30%	50%*
Physical Therapy	\$20 Copay		30% limited to 60 visits per Calendar Year	50%* limited to 60 visits per Calendar Year
Chiro	not covered		not covered	not covered
Acupuncture	not covered		not covered	not covered
Durable Medical Equipment (DME)	50%		30%	50%*
Routine Preventive Care:				
Adult Preventive	No Copay		No Copay	not covered
Child Preventive	No Copay		No Copay	50%*
Hospital Services				
Inpatient	\$500 Copay / Admission		30% after \$1,000 copay	50%* after \$1,500 Copay
Outpatient Surgery	\$250 Copay / Procedure		30% after \$100 copay	50%* after \$150 Copay
Emergency Room	\$150 Copay; waived if admitted		\$100 Copay (Waived if Admitted), then 30%	
Ambulance	\$150 Copay		50%	50%*
Urgent Care	\$20 Copay		\$40 Copay	50%*
Mental Health Services (S) Severe/(NS) Non-Severe**				
Inpatient Mental Health	\$500 Copay / Admission		30% after \$1,000 copay	50%* after \$1,500 Copay
Outpatient Mental Health	\$20 Copay		\$40 Copay	50%*
Prescription Drugs(Rx)* - (Deductible)				
Generic/Brand/Non-Formulary	No Brand Deductible \$10G / \$30B		No Brand Deductible \$15G / \$40B not covered	
Plan Rates	HMO	PPO	RENEWAL	
Employee Only	87	3	\$387.83 \$548.59	
Employee + Spouse	30	0	\$853.23 \$1,206.90	
Employee + Child(ren)	12	0	\$775.67 \$1,097.18	
Employee + Family	83	1	\$1,163.50 \$1,645.77	
Estimated Monthly Premium			\$165,216.65 \$3,291.54	
Estimated Combined Premium			\$168,508.19	
Total Annual Premium			\$2,022,098.28	
Current Increase/Decrease %			7.63%	
Employer Monthly Contribution			\$0.00	
Employer Annual Contribution			\$0.00	

*Plus all charges in excess of Maximum Allowable Charge.

**Refer to the Evidence of Coverage Booklet for complete details including Mental Health Parity

Renewal Kaiser Medical Plans Effective: 9/1/2016

CARRIER PLAN Grandfathered/Non-Grandfathered - (GF/NG) Benefits	RENEWAL		RENEWAL	
	KAISER PRODUCT NAME NG Traditional Network		KAISER PRODUCT NAME NG In-Network Out-Network	
			<u>Deductible needs to be met first</u>	
Main Features				
Calendar Year Individual Deductible	N/A		\$1,500	\$3,000
Calendar Year Family Deductible	N/A		\$3,000	\$6,000
Coinsurance	N/A		70%	50%
Calendar year Out-of-Pocket Maximum	\$3,000/Individual \$6,000/Family		\$6,000/Individual \$12,000/Family	\$12,000/Individual \$24,000/Family
Lifetime Maximum	Unlimited		Unlimited	
Physician Services				
Office Visit	\$20 Copay		\$40 Copay	50%*
Specialty Doctor Visit	\$20 Copay		\$40 Copay	50%*
Lab, X-ray, Diagnostic	\$10 Copay		30%	50%*
Complex Lab/X-Ray (MRI/PET/CT/CAT)	\$50 Copay		30%	50%*
Physical Therapy	\$20 Copay		30% limited to 60 visits per Calendar Year	50%* limited to 60 visits per Calendar Year
Chiro	not covered		not covered	not covered
Acupuncture	not covered		not covered	not covered
Durable Medical Equipment (DME)	50%		30%	50%*
Routine Preventive Care:				
Adult Preventive	No Copay		No Copay	not covered
Child Preventive	No Copay		No Copay	50%*
Hospital Services				
Inpatient	\$500 Copay / Admission		30% after \$1,000 copay	50%* after \$1,500 Copay
Outpatient Surgery	\$250 Copay / Procedure		30% after \$100 copay	50%* after \$150 Copay
Emergency Room	\$150 Copay; waived if admitted		\$100 Copay (Waived if Admitted), then 30%	
Ambulance	\$150 Copay		50%	50%*
Urgent Care	\$20 Copay		\$40 Copay	50%*
Mental Health Services (S) Severe/(NS) Non-Severe**				
Inpatient Mental Health	\$500 Copay / Admission		30% after \$1,000 copay	50%* after \$1,500 Copay
Outpatient Mental Health	\$20 Copay		\$40 Copay	50%*
Prescription Drugs(Rx)* - (Deductible)				
Generic/Brand/Non-Formulary	No Brand Deductible \$10G / \$30B		No Brand Deductible \$15G / \$40B not covered	
Plan Rates	HMO	PPO	RENEWAL	
Employee Only	87	3	\$379.81 \$536.89	
Employee + Spouse	30	0	\$835.59 \$1,181.15	
Employee + Child(ren)	12	0	\$759.62 \$1,073.77	
Employee + Family	83	1	\$1,139.44 \$1,610.66	
Estimated Monthly Premium			\$161,800.13 \$3,221.33	
Estimated Combined Premium			\$165,021.46	
Total Annual Premium			\$1,980,257.52	
Current Increase/Decrease %			5.40%	
Employer Monthly Contribution			\$0.00	
Employer Annual Contribution			\$0.00	

*Plus all charges in excess of Maximum Allowable Charge.

**Refer to the Evidence of Coverage Booklet for complete details including Mental Health Parity

Renewal Kaiser Medical Plans Effective: 9/1/2016

CARRIER PLAN Grandfathered/Non-Grandfathered - (GF/NG) Benefits	RENEWAL		RENEWAL	
	KAISER PRODUCT NAME NG Traditional Network		KAISER PRODUCT NAME NG In-Network Out-Network	
			<u>Deductible needs to be met first</u>	
Main Features				
Calendar Year Individual Deductible	N/A		\$1,500	\$3,000
Calendar Year Family Deductible	N/A		\$3,000	\$6,000
Coinsurance	N/A		70%	50%
Calendar year Out-of-Pocket Maximum	\$3,000/Individual \$6,000/Family		\$6,000/Individual \$12,000/Family	\$12,000/Individual \$24,000/Family
Lifetime Maximum	Unlimited		Unlimited	
Physician Services				
Office Visit	\$20 Copay		\$40 Copay	50%*
Specialty Doctor Visit	\$20 Copay		\$40 Copay	50%*
Lab, X-ray, Diagnostic	\$10 Copay		30%	50%*
Complex Lab/X-Ray (MRI/PET/CT/CAT)	\$50 Copay		30%	50%*
Physical Therapy	\$20 Copay		30% limited to 60 visits per Calendar Year	50%* limited to 60 visits per Calendar Year
Chiro	\$5/visit to a 30 visit maximum		\$5/visit to a 30 visit max	not covered
Acupuncture	not covered		not covered	not covered
Durable Medical Equipment (DME)	50%		30%	50%*
Routine Preventive Care:				
Adult Preventive	No Copay		No Copay	not covered
Child Preventive	No Copay		No Copay	50%*
Hospital Services				
Inpatient	\$500 Copay / Admission		30% after \$1,000 copay	50%* after \$1,500 Copay
Outpatient Surgery	\$250 Copay / Procedure		30% after \$100 copay	50%* after \$150 Copay
Emergency Room	\$150 Copay; waived if admitted		\$100 Copay (Waived if Admitted), then 30%	
Ambulance	\$150 Copay		50%	50%*
Urgent Care	\$20 Copay		\$40 Copay	50%*
Mental Health Services (S) Severe/(NS) Non-Severe**				
Inpatient Mental Health	\$500 Copay / Admission		30% after \$1,000 copay	50%* after \$1,500 Copay
Outpatient Mental Health	\$20 Copay		\$40 Copay	50%*
Prescription Drugs(Rx)* - (Deductible)				
Generic/Brand/Non-Formulary	No Brand Deductible \$10G / \$30B		No Brand Deductible \$15G / \$40B not covered	
Plan Rates	HMO	PPO	RENEWAL	
Employee Only	87	3	\$382.14 \$539.22	
Employee + Spouse	30	0	\$840.72 \$1,186.28	
Employee + Child(ren)	12	0	\$764.28 \$1,078.43	
Employee + Family	83	1	\$1,146.43 \$1,617.65	
Estimated Monthly Premium			\$162,792.83 \$3,235.31	
Estimated Combined Premium			\$166,028.14	
Total Annual Premium			\$1,992,337.68	
Current Increase/Decrease %			6.05%	
Employer Monthly Contribution			\$0.00	
Employer Annual Contribution			\$0.00	

*Plus all charges in excess of Maximum Allowable Charge.

**Refer to the Evidence of Coverage Booklet for complete details including Mental Health Parity

Current / Renewal MetLife Dental Plans Effective 9/1/2016

CARRIER PLAN Benefits			CURRENT / RENEWAL			
			METLIFE SGX85 DMO		METLIFE DPPO	
					In-Network	Out-of-Network
Annual Maximum			Unlimited		\$1,500	\$1,000
Office Visit Copay			\$0		N/A	
Annual Deductible - Preventive			None		Waived	
Annual Deductible - Basic/Major			None		\$50 Individual / \$150 Family	
DPPO Coinsurance						
Preventive			N/A		0%	20%
Basic			N/A		20%	20%
Major			N/A		50%	50%
DHMO Coinsurance						
Preventive (1110) Prophylaxis - Adult/Child			No Copay		N/A	
Basic (2140) Amalgam, 1 Surface			No Copay		N/A	
Basic (3310) Root Canal-Anterior			\$40		N/A	
Major (4210) Gingivectomy Per Quadrant			\$35		N/A	
Major (6750) Crown-Porcelain fused to metal			\$85		N/A	
Orthodontia			Adult/Child: \$1,450		not covered	
Endodontics			Based on Copays		Falls Under Basic Services	
Periodontics			Based on Copays		Falls Under Major Services	
Crowns			Based on Copays		Falls Under Major Services	
Waiting Periods			N/A		N/A	
Out-of-Network Reimbursement			N/A		90th Percentile	
Plan Rates (DMO/DPO)						
	HMO	PPO	CURRENT	RENEWAL	CURRENT	RENEWAL
Employee Only	85	10	\$18.24	\$18.79	\$66.55	\$68.55
Employee + Spouse	30	4	\$34.66	\$35.70	\$134.54	\$138.58
Employee + Child(ren)	15	0	\$36.48	\$37.57	\$123.90	\$127.62
Family	69	5	\$51.98	\$53.54	\$202.54	\$208.62
Estimated Monthly Premium			\$6,724.02	\$6,925.96	\$2,216.36	\$2,282.92
Combined Monthly Premium			\$8,940.38	\$9,208.88		
Combined Annual Premium			\$107,284.56	\$110,506.56		
Employer Monthly Contribution			\$8,940.38	\$9,208.88		
Employer Annual Contribution			\$107,284.56	\$110,506.56		
Current Increase/Decrease %			3.00%			

Current/Renewal MetLife Vision VS Alternative Carriers Effective

CARRIER PLAN		CURRENT / RENEWAL	
		METLIFE M130A VSP Choice Network	
Benefit			
Exam Deductible		No Copay	
Material Deductible		No Copay	
Benefits Frequency:			
Examination		Once Every 12 Months	
Lenses		Once Every 12 Months	
Contact Lenses		Once Every 12 Months	
Frames		Once Every 12 Months	
Benefit Summary:		<u>In-Network</u>	<u>Out-of-Network</u>
Examination		\$0	plan pays up to \$45
Single Vision Lenses		\$0	plan pays up to \$30
Bifocal Lenses		\$0	plan pays up to \$50
Trifocal Lenses		\$0	plan pays up to \$65
Frames		plan pays up to \$130	plan pays up to \$70
Contact Lenses:			
Visually Necessary		100%	plans pays up to \$210
Elective		plans pays up to \$130	plans pays up to \$105
Plan Rates		<u>CURRENT</u>	<u>RENEWAL</u>
Employee Only	Vision 98	\$10.08	\$10.08
Employee Only + Spouse	36	\$20.17	\$20.17
Employee + Child(ren)	14	\$20.77	\$20.77
Family	70	\$28.75	\$28.75
Estimated Monthly Premium		\$4,017.24	\$4,017.24
Estimated Annual Premium		\$48,206.88	\$48,206.88
Employer Monthly Contribution		\$4,017.24	\$4,017.24
Employer Annual Contribution		\$48,206.88	\$48,206.88
Current Increase/Decrease %		0.00%	

*notes

1 Year Rate Guarantee

**notes

#REF!

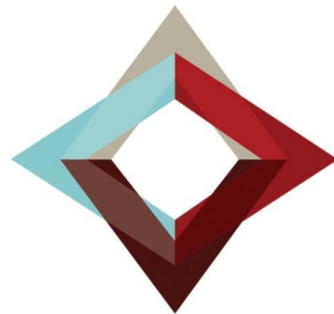
Disclaimer

This presentation and the information contained herein is a summary of current and optional employee benefit insurance plans. The benefits and rates shown are taken from the quotes received and/or plan summaries issued by the carriers. The quotes are based upon census and plan information you provided.

This presentation does not in any way confirm acceptance of coverage by any of the proposed insurance carriers. The presenter of this proposal has no underwriting determination authority. Only the issuing carrier may determine the acceptance or denial of coverage once all underwriting requirements have been submitted.

Please refer to the carrier produced quotes and summaries that follow for detailed plan benefits, rates and underwriting requirements.

If enrollment changes from the quoting enrollment census, Underwriting reserves the right to re-evaluate the rates.



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