

# 2024 RENEWAL PROPOSAL



Honey Creek Community School

presented by:  
**KAPNICK INSURANCE GROUP**

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BUSINESS INSURANCE  
RISK SOLUTIONS  
**EMPLOYEE BENEFITS**  
WORKSITE WELL-BEING  
PERSONAL INSURANCE  
GLOBAL SOLUTIONS

**NAOMI SCHMIDT**  
**ACCOUNT MANAGER**  
734.274.4465  
naomi.schmidt@kapnick.com



- Dedicated employee advocate for claims and benefit resolutions
- Professional support to Human Resources personnel
- Day-to-day support for all employee benefit in-force plans

**ALEX MCCOY**  
**SECONDARY ACCOUNT MANAGER**  
734.881.1166  
alex.mccoy@kapnick.com



- Day-to-day contact if primary Account Manager is unavailable or out of the office
- Dedicated employee advocate for claims and benefit resolutions

**JENNAH MURPHY**  
**BENEFIT ADVISOR**  
517.266.6952  
jannah.murphy@kapnick.com



- Cost savings analysis
- Contribution methodology
- Renewal preparation and marketing
- Vendor relationships

# EMPLOYEE BENEFITS SERVICE TEAM

## DISCLAIMER |

Our proposal, including rates, is based on underwriting information supplied by you. In the event there are significant changes or missing information, we will need that information to forward to the underwriters. Final rates may change based on any updated information.

This proposal is intended to be a summary of premium costs and provisions and is not intended to be a complete description of coverages. Please refer to the carriers' complete proposals and policies for actual terms, conditions and limitations.

Kapnick Insurance is compensated through commissions paid by insurance companies and/or fees paid by our clients. We also have contingency agreements with some employee benefit carriers. These agreements are based upon business volume and/or underwriting results of the overall book of business and are not tied to a specific account. These contingency payments are not guaranteed and have historically amounted to roughly one half of one percent of total premiums placed.

Kapnick Insurance recommends insurance carriers to our clients based on cost, coverage, service capability and financial security – not based on the existence of contingency agreements. It has always been our practice to leave the final selection of insurers to the discretion of our clients.

**It is important to note that there may be additional coverage differences that have not been outlined in this proposal. This is a convenient coverage summary, not a legal contract. We encourage you to review the actual policies quoted/sold for specific terms, conditions, limitations, and exclusions that will govern in the event of loss, and contact us if you have any questions.**

# Cost Summary | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

Group / Division	Enrolled	Current Premium	Renewal Premium	% Difference
786752 S001 Current/Renewal - Priority Health - HMO HSA 100-2	11	\$10,727.80	\$12,015.09	12.00%
<b>Monthly Medical Sub Total (Includes taxes and fees)</b>	<b>11</b>	<b>\$10,727.80</b>	<b>\$12,015.09</b>	<b>12.00%</b>
2759-0001 Current/Renewal - Delta Dental - Dental	13	\$914.26	\$945.35	3.40%
955830 Current/Renewal - UNUM - Life/AD&D	24	\$168.00	\$176.40	5.00%
955830 Current/Renewal - UNUM - Short Term Disability	24	\$554.38	\$554.38	0.00%
955830 Current/Renewal - UNUM - Long Term Disability	24	\$290.49	\$309.86	6.67%
<b>Monthly Total Premium</b>		<b>\$12,654.93</b>	<b>\$14,001.08</b>	
<b>Monthly Difference</b>			<b>\$1,346.15</b>	
<b>Annual Total Premium</b>		<b>\$151,859.18</b>	<b>\$168,012.94</b>	<b>10.64%</b>
<b>Annual Difference</b>			<b>\$16,153.75</b>	
Current/Renewal - Kapnick Administrative Services		\$1,750.00	\$1,450.00	-17.14%

Premium and enrollment are based on most currently available invoice.

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.



# Medical Renewal | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

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Embedded or Aggregate Deductible: Deductible: Coinsurance: Coinsurance Maximum: Out of Pocket Maximum: <sup>1</sup> Office Visit Copay: Specialist Office Visit Copay: Chiropractic Office Visit Copay: Urgent Care Copay: Emergency Room Copay:
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Prescription Drug Benefit: <sup>3</sup>
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<b>Medical, Rx</b>
Single
Two Person
Family
<b>Enrolled Employees</b>
11
<b>Monthly Cost</b>
Premium
<b>Total Monthly Cost</b>
<b>Annual Cost</b>
Premium
<b>Total Annual Cost</b>
<b>Difference</b>

## CURRENT/RENEWAL PLAN

**786752 S001  
HMO HSA 100-2**

<b>In Network</b>
Embedded
\$3000/6000
100%
None
\$5000/10,000
Subject to deductible
Subject to deductible
Subject to deductible; 30 visits max.
Subject to deductible
Subject to deductible

Subject to deductible, then: \$20 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpreferred Spec. max. \$400/ Mail Order 2x
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HSA Maximum Contribution 2023: \$3,850 Indiv./ \$7,750 Family 2024: <b>\$4,150</b> Indiv./ <b>\$8,300</b> Family Catch up: Age 55+ : \$1,000
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	<u>Current Rates<sup>2</sup></u>	<u>Renewal Rates<sup>2</sup></u>	<u>% Difference</u>
Single	7 \$656.13	\$734.86	
Two Person	3 \$1,443.50	\$1,616.72	
Family	1 \$1,804.39	\$2,020.91	
<b>Enrolled Employees</b>	11		
<b>Monthly Cost</b>			
Premium	\$10,727.80	\$12,015.09	
<b>Total Monthly Cost</b>	\$10,727.80	\$12,015.09	
<b>Annual Cost</b>			
Premium	\$128,733.60	\$144,181.08	12.00%
<b>Total Annual Cost</b>	\$128,733.60	\$144,181.08	
<b>Difference</b>		\$15,447.48	12.00%

A.M.Best Rating: A (Excellent)

<sup>1</sup> Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

<sup>2</sup> Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

<sup>3</sup> Rx excludes drugs for the treatment of sexual dysfunction, weight loss, cough & cold.

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# Medical Renewal with Options | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

	Current/Renewal		Alternate 1	Alternate 2	Alternate 3
<b>CARRIER</b>	Priority Health		Priority Health	Priority Health	Priority Health
<b>Benefit Plan</b>	HMO HSA 100-2		PriorityHSA HMO Gold G231	PriorityHSA HMO Silver S391	PriorityHSA HMO Silver S32
Embedded or Aggregate Deductible	Embedded		Embedded	Embedded	Embedded
<i>In-Network</i>	\$3000/6000		<b>\$2350/4700</b>	<b>\$3900/7800</b>	<b>\$3200/6400</b>
Coinsurance	100%		100%	100%	<b>70/30%</b>
<i>In-Network</i>	None		None	None	None
Coinsurance Maximum	None		None	None	None
<i>In-Network</i>	\$5000/10,000		<b>\$4700/9400</b>	<b>\$7500/15,000</b>	<b>\$7500/15,000</b>
Out-of-Pocket Maximum	Subject to deductible		Subject to deductible	Subject to deductible	Subject to ded./coins.
<i>In-Network</i>	Subject to deductible		Subject to deductible	Subject to deductible	Subject to ded./coins.
Office Visit Copay	Subject to deductible;		Subject to deductible;	Subject to deductible;	Subject to ded./coins.;
Specialist Office Visit Copay	30 visits max.		30 visits max.	30 visits max.	30 visits max.
Chiropractic Copay	<b>(combined therapies)</b>		<b>(combined therapies)</b>	<b>(combined therapies)</b>	<b>(combined therapies)</b>
Urgent Care Copay	Subject to deductible		Subject to deductible	Subject to deductible	Subject to ded./coins.
Emergency Room Copay	Subject to deductible		Subject to deductible	Subject to deductible	Subject to ded./coins.
Prescription Drugs	Subject to deductible, then: \$20 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpreferred Spec. max. \$400/ Mail Order 2x		Subject to deductible, then: <b>\$5 Val. Generic/\$35 Generic/ \$70 Preferred Brand/ \$90 Nonpreferred Brand/ 20% Specialty max. \$250/ 20% Nonpref. Spec. max. \$450/ Mail Order 2x</b>	Subject to deductible, then: <b>\$5 Val. Generic/\$45 Generic/ \$100 Preferred Brand/ \$140 Nonpreferred Brand/ 20% Specialty max. \$350/ 20% Nonpref. Spec. max. \$550/ Mail Order 2x</b>	Subject to deductible, then: <b>\$5 Val. Generic/\$35 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$350/ 20% Nonpref. Spec. max. \$550/ Mail Order 2x</b>
Pediatric Vision:	Excluded		<b>Included</b>	<b>Included</b>	<b>Included</b>
A.M. Best Rating	A (Excellent)		A (Excellent)	A (Excellent)	A (Excellent)
<b>Rate</b>					
Employee	7	\$656.13		Age	Age
Employee + One	3	\$1,443.50		Banded	Banded
Family	<u>1</u> 11	\$1,804.39		Rates	Rates
<b>Total Monthly Cost</b>		<b>\$10,727.80</b>	<b>\$12,015.09</b>	<b>\$10,037.54</b>	<b>\$9,063.97</b>
<b>Total Annual Cost</b>		<b>\$128,733.60</b>	<b>\$144,181.08</b>	<b>\$120,450.48</b>	<b>\$108,767.64</b>
<b>Difference</b>			<b>\$15,447.48</b>	<b>-\$8,283.12</b>	<b>-\$26,370.96</b>
<b>% Difference</b>			<b>12.00%</b>	<b>-6.43%</b>	<b>-20.48%</b>

Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

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# Dental Renewal | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

CARRIER		Current / Renewal				
CARRIER		Delta Dental				
Class of Service	Adult Dental		Pediatric Dental		Out-of-network	
	Passive PPO		Delta Dental PPO			Delta Dental Premier
	I. Preventive	100%	100%	100%		100%
	II. Basic	80%	80%	60%		60%
	III. Major	50%	50%	50%		50%
	IV. Orthodontia	Not Included		Not Included		
	Office Visit Copay	None		None		
	Deductible	\$50/150 (waived for Preventive)		None		
	Annual Maximum	\$1,000		N/A		
	Out of Pocket Maximum	N/A	\$400/800	\$400/800		None
	Endodontics & Periodontics	Covered as Basic		Covered as Basic		
	Waiting Period	None		None		
	Network	Delta Dental PPO/Premier				
A.M. Best Rating	A (Excellent)					
Rate Guarantee		1 Year				
Rate		Current Rates		Renewal Rates		
Single	8	\$41.46		\$42.87		
Two Person	2	\$78.29		\$80.95		
Family	3	\$142.00		\$146.83		
	13					
Monthly Premium		\$914.26		\$945.35		
Annual Premium		\$10,971.12		\$11,344.20		
Annual Difference				\$373.08		
% Difference from Current				3.40%		
CARRIER		Alternate 1				
CARRIER		UNUM				
Class of Service	Adult Dental		Pediatric Dental			
	Passive PPO		In Network			Out of Network
	I. Preventive	100%	100%	100%		100%
	II. Basic	80%	80%	80%		80%
	III. Major	50%	50%	50%		50%
	IV. Orthodontia	Not Included		Not Included		
	Office Visit Copay	None		None		None
	Deductible	\$50/150 (waived for Preventive)		\$50/150 (waived for Preventive)		
	Annual Maximum	\$1,000		N/A		\$1,000
	Out of Pocket Maximum	N/A	\$400/800	\$400/800		N/A
	Endodontics & Periodontics	Covered as Major		Covered as Major		
	Waiting Period	None		None		
	Network	UNUM Dental Network				
Contribution Participation	Any					
A.M. Best Rating	Minimum 2 enrolled A (Excellent)					
Rate Guarantee		1 Year				
Rate				Proposed Rates		
Employee	8			\$38.35		
Employee + Spouse	2			\$75.35		
Employee + Child(ren)	1			\$97.21		
Family	2			\$145.11		
	13					
Monthly Premium				\$844.93		
Annual Premium				\$10,139.16		
Annual Difference				-\$831.96		
% Difference from Current				-7.58%		

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# Life/AD&D Renewal | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

	Current/Renewal	
CARRIER	UNUM	
Life/AD&D		
Benefit	Flat \$35,000	
Guarantee Issue Maximum	Full Benefit	
Reduction Schedule	Reduced to 67% at age 65, and 50% at age 70	
Accelerated Death Benefit	100% up to \$250,000	
A.M. Best Rating	A (Excellent)	
Rate Guarantee	<b>2 Years; Renews 10/01/2026</b>	
	<b><u>Current</u></b>	<b><u>Renewal</u></b>
Employees	24	24
Volume	840,000	840,000
Rate	\$0.200	\$0.210
<b>Total Monthly Premium</b>	<b>\$168.00</b>	<b>\$176.40</b>
<b>Total Annual Premium</b>	<b>\$2,016.00</b>	<b>\$2,116.80</b>
<b>Annual Difference</b>		<b>\$100.80</b>
<b>% Difference from Current</b>		<b>5.00%</b>

UNUM will waive this increase and guarantee your current rate until your 2025 renewal date if you add our Dental or Vision insurance benefits

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# Short Term Disability Renewal | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

	Current/Renewal	
<b>CARRIER</b>	<b>UNUM</b>	
<b>Short Term Disability</b>		
Benefit	66.67% up to \$1,000 weekly maximum	
Waiting Period	8 days illness/1 days injury	
Benefit Duration	13 weeks	
A.M. Best Rating	A (Excellent)	
Rate Guarantee	<b>2 Years; Renews 10/01/2026</b>	
	<b><u>Current</u></b>	<b><u>Renewal</u></b>
Employees	24	24
Covered Benefit (Volume)	\$14,589	\$14,589
Rate	\$0.380	\$0.380
<b>Total Monthly Premium</b>	<b>\$554.38</b>	<b>\$554.38</b>
<b>Total Annual Premium</b>	<b>\$6,652.58</b>	<b>\$6,652.58</b>
<b>Annual Difference</b>		<b>\$0.00</b>
<b>% Difference from Current</b>		<b>0.00%</b>

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.

# Long Term Disability Renewal | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

	Current/Renewal	
<b>CARRIER</b>	<b>UNUM</b>	
<b>Long Term Disability</b>		
Benefit	66.67% up to \$5,000 monthly maximum	
Elimination Period	90 days	
Benefit Duration	SSNRA	
Own Occupation Period	24 months	
Pre-Existing Condition	3/12	
A.M. Best Rating	A (Excellent)	
Rate Guarantee	<b>2 Years; Renews 10/01/2026</b>	
	<b><u>Current</u></b>	<b><u>Renewal</u></b>
Employees	24	24
Covered Payroll (Volume)	\$96,830	\$96,830
Rate	\$0.300	\$0.320
<b>Total Monthly Premium</b>	<b>\$290.49</b>	<b>\$309.86</b>
<b>Total Annual Premium</b>	<b>\$3,485.88</b>	<b>\$3,718.27</b>
<b>Annual Difference</b>		<b>\$232.39</b>
<b>% Difference from Current</b>		<b>6.67%</b>

UNUM will waive this increase and guarantee your current rate until your 2025 renewal date if you add our Dental or Vision insurance benefits

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# Vision Proposal | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

		Current / Renewal	
CARRIER		UNUM	
Annual Exam		\$10 Copay	
Material Copay <sup>1</sup>		\$25 Copay	
Contact Lenses		\$130 Allowance	
Benefit Frequency			
Exams		12	
Lenses		12	
Frames		24	
Deductible		None	
Contribution		Any	
Participation		20% of eligibles	
Network		Insight by EyeMed	
A.M. Best Rating		A (Excellent)	
<b>Rate Guarantee</b>		<b>2 Years; Renews 10/01/2026</b>	
<b>Rate</b>		<b>Proposed Rates</b>	
Employee	8		\$6.51
Employee + Spouse	2		\$13.03
Employee + Child(ren)	1		\$14.66
Family	2		\$22.87
	13		
<b>Monthly Premium</b>		<b>\$138.54</b>	
<b>Annual Premium</b>		<b>\$1,662.48</b>	

<sup>1</sup> Copay applies to frame, lenses, or contact lenses if applicable.

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.

## Administrative Fees & Services Renewal | Honey Creek Community School

Renewal Period: 10/01/2024 - 09/30/2025

	Projected Enrollment	Current Kapnick	Renewal Kapnick
<b>Flexible Spending Account (FSA) Administration</b>			
Monthly Administration Fee with Debit Card (per participating employee)	1	N/A	\$5.00
<i>Flat Fee</i>		\$900.00	\$50.00
<i>Minimum Fee</i>			
<b>FSA Annual Re-Enrollment Fee:</b>			
Annual Re-Enrollment Fee		\$250.00	\$250.00
Rate Guarantee			
	<b>Annual Cost</b>	<b>\$1,150.00</b>	<b>1 Year \$850.00</b>
<b>COBRA Administration</b>			
Monthly Administration Fee (per benefit eligible employee)	24	N/A	\$1.00
<i>Minimum Fee</i>		\$50.00	\$50.00
<b>COBRA Annual Re-Enrollment Fee:</b>			
Annual Re-Enrollment Fee		\$0.00	\$0.00
Rate Guarantee			
	<b>Annual Cost</b>	<b>\$600.00</b>	<b>1 Year \$600.00</b>
	<b>Combined Annual Cost</b>	<b>\$1,750.00</b>	<b>\$1,450.00</b>
	<i>% Difference</i>		-17.14%

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.



***Priority Health has partnered with Greenback Health to provide PriceMyMeds, a NEW first-of-its-kind pharmacy program that helps members save on prescriptions.***

**PriceMyMeds** tool leverages multiple sources of available discounts, capturing even more discounts than other Pharmacy Benefit Manager (PBM) solutions so that members are automatically given an optimized lower price at their current pharmacy.

***Another program with Priority Health is 2nd.MD which gives members access to a second medical opinion for certain procedures or surgeries at no additional cost.***

## **2<sup>nd</sup>.MD provides:**

- The second opinion within days, not weeks
- Independent expertise and an unbiased second opinion from a nationwide network of leading specialists
- Data-driven outreach with best-in-class ability to identify eligible members
- A personal experience with live interactions throughout the process