Gmail

Kelly Suey <ksuey@nptsped.com>

Re: New Insurance

Nichole Brown <nichole.brown@dimondbros.com> Wed, Jul 1, 2026 at 11:10 AM
To: Deanna Tarter <dtarter@nptsped.com>, Vickie Craig <vickie.craig@dimondbros.com>
Cc: "tj@bushuehr.com" <tj@bushuehr.com>, Shelby Einhorn <shelby@bushuehr.com>, Kelly Suey <ksuey@nptsped.com>, Vickie Craig <vickie.craig@dimondbros.com>

Good morning all!

I hate to send this email, but Angle has declined to quote NPT. The decline is due to not being competitive. Really what this means is that in order to price the level funded plan to cover the expected claims and administrative cost they would have to price it higher than the BCBS renewal.

Angle does provide a scorecard that is helpful in knowing what risk they see as costly and it explains why they declined.

Even though UHC is not competitive I went ahead and ran quotes so you can see for comparison purposes where BCBS is in the market compared to our other options.

Because NPT is a non-erisa plan Angle is the only carrier that we have currently that will provide a level-funded quote. This leaves BCBS and UHC as our only fully insured carriers at this time.

For the ancillary, see below. I've taken the MetLife rates to Principal to see they will come off their rates any.

All carriers are listed in alphabetical order on all tabs per our new ER policy for marketing spreadsheets.

Carriers:
Quoted:

- Ameritas
- Guardian
- MetLife

Pending:

- The Standard

Standard was asking for a few DOB's on the census that were missing – these were labeled as "new employees". If we have that info that we can provide they can proceed with the quote.

Declined:

- Mutual of Omaha

We have followed up with the pending carriers

Notes:
Ameritas

Rates are not packaged

- Dental
    - No family maximum

- Vision

- 4-Year RG

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Guardian

Rates are packaged

- Dental
  - 2-Year RG
- Vision
  - Quoted Davis & VSP – Showing Davis due to lower rates
- Basic Life
  - Quoted 56 lives – ***confirming rates hold with correct enrollment.****
  - Portability included

MetLife

Rates are not packaged

- Dental
  - 2-Year RG
  - $1,500 CYM in lieu of max rollover
- Vision
  - Matches current
- Basic Life
  - 3-Year RG

-

Carrier Email Notes:

Ameritas:

The rates are standalone and the commissions is flat 10%

Guardian:

Please find the attached proposal

Highlights include:

- ***Basic Life/AD&D:*** *$10,000 employer-paid benefit, AD&D included at 100%, portability and conversion options, with waiver of premium available.*
- ***Dental (DentalGuard Preferred):*** *100/80/50 plan, $1,250 annual max + rollover, $50 deductible, no waiting periods, missing tooth waived.*
- ***Vision:*** *Competitive Davis and VSP options with low copays, strong allowances, and nationwide provider access.*

Package strengths: *Bundled Life, Dental, and Vision deliver a cost-effective solution with multi-product efficiencies and streamlined administration.*

Commissions: *Life/AD&D – 15%; Dental & Vision – graded commission scale.*

Value-added services: *No-cost EAP (with eligible lines), GuardianAnytime® platform, enrollment support, dental rollover, and international travel assistance.*

If you have any questions, please contact Steven Mosca at steven_mosca@glic.com or 9149066833.

MetLife:

Please see our attached quote for NPT Special Education Cooperative effective 9/1/26. ***We look great on this one showing 13% savings, and $2,376 in yearly premium. We are also showing strong network access against their current carrier.***

MetLife				Current Carrier			
Coverage	Rates	Volume	Premium	Coverage	Rates	Volume	Premium
Dental				**Dental**			
EE Only:	$40.11	15	$601.65	EE Only:	$46.24	15	$693.60
EE+SP	$75.68	1	$75.68	EE+SP	$82.48	1	$82.48
EE+Ch(ren)	$82.82	1	$82.82	EE+Ch(ren)	$110.53	1	$110.53
Family	$126.32	2	$252.64	Family	$154.45	2	$308.90
Total		19	$1,012.79	Total		19	$1,195.51
Dental				**Dental**			
EE Only:	$0.00	-	$0.00	EE Only:	$0.00	-	$0.00
EE+SP	$0.00	-	$0.00	EE+SP	$0.00	-	$0.00
EE+Ch(ren)	$0.00	-	$0.00	EE+Ch(ren)	$0.00	-	$0.00
Family	$0.00	-	$0.00	Family	$0.00	-	$0.00
Total		-	$0.00	Total		-	$0.00
Vision				**Vision**			
EE Only:	$9.28	12	$111.36	EE Only:	$9.28	12	$111.36
EE+SP	$15.48	1	$15.48	EE+SP	$15.48	1	$15.48
EE+Ch(ren)	$16.72	1	$16.72	EE+Ch(ren)	$16.72	1	$16.72
Family	$24.42	3	$73.26	Family	$24.42	3	$73.26
Total		17	$216.82	Total		17	$216.82
Life and Disability				**Life and Disability**			
Long Term Disab	$0.000	$0.00	$0.00	Long Term Disabilit	$0.000	$0.00	$0.00
Life Insurance	$0.091	$480,000.00	$43.68	Life Insurance	$0.121	$480,000.00	$58.08
AD&D Insurance	$0.014	$480,000.00	$6.72	AD&D Insurance	$0.016	$480,000.00	$7.68
Short Term Disal	$0.000	$0.00	$0.00	Short Term Disabili	$0.000	$0.00	$0.00
Total			$50.40	Total			$65.76
		Total Monthly	$1,280.01			Total Monthly	$1,478.09
		Annual Premium	$15,360.12			Annual Premium	$17,737.08
As a package, MetLife will save your client:		13%		under the cost of their current coverage, for an annual savings of:			$2,376.96

Premiums

Basic Life with AD&D		
Inforce	Renewal	Met
$ 63	$ 66	$ 50
-19.8%	-23.4%	

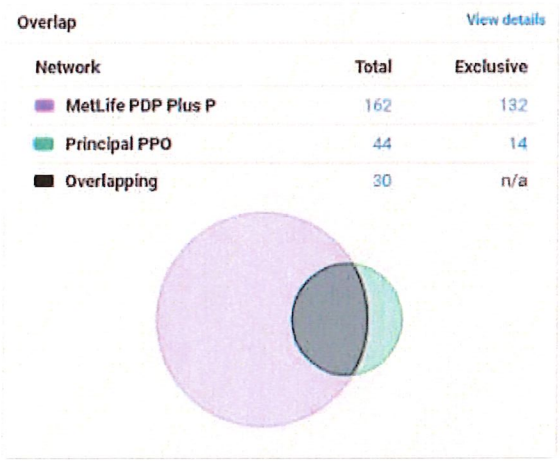
LTD		
Inforce	Renewal	Met
$ -	$ -	$ -

STD		
Inforce	Renewal	Met
$ -	$ -	$ -

Dental		
Inforce	Renewal	Met
$ 1,119	$ 1,196	$ 1,013
-9.5%	-15.3%	

Vision		
Inforce	Renewal	Met
$ 217	$ 217	$ 217
0.0%	0.0%	

Group Totals		
Inforce	Renewal	Met
$ 1,399	$ 1,478	$ 1,280
-8.5%	-13.4%	



The lack of medical markets really are a problem but we continue to explore new opportunities and will continue to bring them to our clients.

Thanks

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NPT Special Education Cooperatvie

Report as of 30 June 2026

Plan Group Comparison - 9/1/26 - 8/31/27

This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

* = Additional details available

	Current	Proposed	Proposed	Proposed
Medical Plan Group	BCBS G507OPT **$ 256,647.84**	BCBS Renewal G507OPT **$ 297,304.80** +15.8%	UHC Choice Plus G 2000 **$ 329,518.80** +28.4%	UHC Choice Plus G 2500 **$ 324,921.60** +26.6%
Medical Plan Design	Blue Cross and Blue Shield of Illinois Blue Options Gold PPOSM 102 - Rx BLUE CHOICE OPTIONS/OPTIONS ...	Blue Cross and Blue Shield of Illinois Blue Options Gold PPOSM 102 - Rx BLUE CHOICE OPTIONS/OPTIONS ...	UnitedHealthcare UHC Choice Plus Gold 2000-5 - EP CHOICE PLUS POS	UnitedHealthcare UHC Choice Plus Gold 2500-7 - EP CHOICE PLUS POS
	Single / Family	Single / Family	Single / Family	Single / Family
Deductible	$ 2,100 / $ 4,200	$ 2,100 / $ 4,200	$ 2,000 / $ 4,000	$ 2,500 / $ 5,000
Employee Coinsurance	10 % / 10 %	10 % / 10 %	20 % / 20 %	20 % / 20 %
Out-of-Pocket Max	$ 4,600 / $ 9,550	$ 4,600 / $ 9,550	$ 6,500 / $ 13,000	$ 6,000 / $ 12,000
Employer Funding	$ - 0 / $ - 0	$ - 0 / $ - 0	$ - 0 / $ - 0	$ - 0 / $ - 0
Net Out-of-Pocket Max	$ 4,600 / $ 9,550	$ 4,600 / $ 9,550	$ 6,500 / $ 13,000	$ 6,000 / $ 12,000
Employee Annual Premium	$ + 0 / $ + 0	$ + 0 / $ + 0	$ + 0 / $ + 0	$ + 0 / $ + 0
Employee Max Annual Cost	$ 4,600 / $ 9,550	$ 4,600 / $ 9,550	$ ▲6,500 / $ ▲13,000	$ ▲6,000 / $ ▲12,000
Medical Copays	Copay	Copay	Copay	Copay
Primary Care	$ 40	$ 40	$ 15	$ 15
Specialty Care	$ 60	$ 60	$ 75	$ 50
Urgent Care	$ 75	$ 75	$ 25	$ 50
Emergency	$ 400 $400 plus 10% after deduct...	$ 400 $400 plus 10% after deduct...	$ 300 $300 plus 20% after deduct...	$ 300 $300 plus 20% after deduct...
In-Patient Hospital	$ 250 $250 plus 10% after deduct...	$ 250 $250 plus 10% after deduct...	$ -- 20% after deductible	$ -- 20% after deductible
Out-Patient Hospital	$ 200 $200 plus 10% after deduct...	$ 200 $200 plus 10% after deduct...	$ -- 20% after deductible	$ -- 20% after deductible
Rx	No Deductible	No Deductible	No Deductible	No Deductible
Tiers	$15*, $25*, $60*, $110*, $350*, $450*	$15*, $25*, $60*, $110*, $350*, $450*	$10*, $10*, $20*, $40*, $125*, $300*	$10*, $10*, $20*, $40*, $125*, $300*
Enrollment	24 / Prem / ER / EE	24 / Prem / ER / EE	24 / Prem / ER / EE	24 / Prem / ER / EE
Employee Only	20 / $ 727.46 / 100 % / $ 0.00	20 / $ 842.70 / 100 % / $ 0.00	20 / $ 934.01 / 100 % / $ 0.00	20 / $ 920.98 / 100 % / $ 0.00
Employee + Spouse	0 / $ 1,454.92 / 100 % / $ 0.00	0 / $ 1,685.40 / 100 % / $ 0.00	0 / $ 1,868.02 / 100 % / $ 0.00	0 / $ 1,841.96 / 100 % / $ 0.00
Employee + Children	2 / $ 1,345.80 / 100 % / $ 0.00	2 / $ 1,559.00 / 100 % / $ 0.00	2 / $ 1,727.92 / 100 % / $ 0.00	2 / $ 1,703.81 / 100 % / $ 0.00
Family	2 / $ 2,073.26 / 100 % / $ 0.00	2 / $ 2,401.70 / 100 % / $ 0.00	2 / $ 2,661.93 / 100 % / $ 0.00	2 / $ 2,624.79 / 100 % / $ 0.00
Annual Insurance Premium	$ 256,647.84	$ 297,304.80 ▲ +15.8%	$ 329,518.80 ▲ +28.4%	$ 324,921.60 ▲ +26.6%
Employer Premium Contribution	$ 256,647.84	$ 297,304.80	$ 329,518.80	$ 324,921.60
Budgeted HRA + HSA	$ + 0.00 + 0.00	$ + 0.00 + 0.00	$ + 0.00 + 0.00	$ + 0.00 + 0.00
Employer Annual Cost	**$ 256,647.84**	**$ 297,304.80 +15.8%**	**$ 329,518.80 +28.4%**	**$ 324,921.60 +26.6%**

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* = Additional details available

	Proposed
Medical Plan Group	UHC Choice Plus G 4000 $ 322,078.08 +25.5%
Medical Plan Design	UnitedHealthcare UHC Choice Plus Gold 4000-11 - E CHOICE PLUS POS

	Single	Family
Deductible	$ 4,000	$ 8,000
Employee Coinsurance	0 %	0 %
Out-of-Pocket Max	$ 6,900	$ 13,800
Employer Funding	$ - 0	$ - 0
Net Out-of-Pocket Max	$ 6,900	$ 13,800
Employee Annual Premium	$ + 0	$ + 0
Employee Max Annual Cost	$ ▲6,900	$ ▲13,800

Medical Copays	Copay	
Primary Care	$ 15	
Specialty Care	$ 50	
Urgent Care	$ 50	
Emergency	$ 300	$300 plus $0 after deductible
In-Patient Hospital	$ 0	$0 after deductible
Out-Patient Hospital	$ 0	$0 after deductible
Rx	No Deductible	
Tiers	$10*, $10*, $20*, $40*, $125*, $300*	

Enrollment	24	Prem	ER	EE
Employee Only	20	$ 912.92	100 %	$ 0.00
Employee + Spouse	0	$ 1,825.84	100 %	$ 0.00
Employee + Children	2	$ 1,688.90	100 %	$ 0.00
Family	2	$ 2,601.82	100 %	$ 0.00
Annual Insurance Premium	$ 322,078.08 ▲			+25.5%

Employer Premium Contribution	$	322,078.08
Budgeted HRA + HSA	$	+ 0.00 + 0.00
Employer Annual Cost	**$**	**322,078.08 +25.5%**