



DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Life Insurance Rate Summary

Brighton Area Schools
Assumed Effective Date: 1/1/2018

Current (Baseline)

Segment(s)	# of Employees	Life Amount	AD&D Amount	Current Life Volume	Current AD&D Volume	Current Carrier	Current Life Rate/\$1,000	Current AD&D Rate/\$1,000	Rate Period	Current Annual Cost
All FT Eligible Employees	419	\$50,000	\$50,000	\$20,950,000	\$20,950,000	MESSA	\$0.11	\$0.03	7/1/2017-12/31/2019	\$35,196
Total/Average	419			\$20,950,000	\$20,950,000		\$0.11	\$0.03		\$35,196

Proposed Plans

Carrier	Life/\$1,000/ Month	AD&D/\$1,000/ Month	Rate Period	Life Volume	AD&D Volume	Total Annual Cost	Total Annual Savings - \$	Total Annual Savings - %
Reliance Standard	\$0.15	\$0.010	1/1/2018-12/31/2019	\$20,925,000	\$20,925,000	\$38,921	(\$3,725)	-11%
MetLife	\$0.103	\$0.016	1/1/2018-12/31/2019	\$20,785,000	\$20,785,000	\$29,681	\$5,515	16%
Guardian	\$0.20	\$0.025	1/1/2018-12/31/2020	\$4,930,000	\$4,930,000	\$13,311	* Guardian class does not include all employees. Rates only valid for 100 enrolled.	
MESSA	Did Not Supply Options Outside Renewal							

Coverage Levels

Reliance Standard

Segment	Employees	Life Coverage	AD&D Coverage
Full Time Administrator working 20 hrs or more per week	15	\$50,000	\$50,000
Full Time Support Staff working 20 hrs or more per week	85	\$50,000	\$50,000
Full Time and Part Time Teachers working 15 hrs or more per week	320	\$50,000	\$50,000

MetLife

Segment	Employees	Life Coverage	AD&D Coverage
All Full Time Employees 30 hrs	372	\$50,000	\$50,000

Guardian

Segment	Employees	Life Coverage	AD&D Coverage
Non-Teacher Full Time Employees	100	\$50,000	\$50,000

*Proposed rates are based on census provided by the district. Rates may change based on actual group enrollment and participation.

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LTD Insurance Rate Summary

Brighton Area Schools

Assumed Effective Date: 1/1/2018

Current Segment(s)	Current Carrier	Rate/ \$100/ Month	Volume	Total Annual Cost	# Emp	Benefit % of Salary	Max Monthly Benefit	Qualifying Period (Days)	Offsets	Unrestricted Drug/Alcohol	Unrestricted Mental/Nervous	COLA	Own Occupation	Survivor Benefit	Modified Fill
Administrators Pak A and Pak B	MESSA	\$0.61	\$129,279	\$9,463	15	66.67%	\$7,500	90	Full Family	Yes	Yes	No	2 Year	None	Yes
Teachers Pak A and Pak B	MESSA	\$0.55	\$1,706,972	\$112,660	319	66.67%	\$6,000	90	Full Family	Yes	Yes	No	2 Year	None	Yes
FoodSerParaOffPersInterpMainEA Pak A and Pak B	MESSA	\$0.55	\$170,337	\$11,242	85	66.67%	\$6,000	90	Full Family	Yes	Yes	No	2 Year	None	Yes
Total/Average		\$0.55	\$2,006,588	\$133,366	419										

Proposed Plans

Carrier	Rate/\$100/ Month	Rate Period	Volume	Total Annual Cost	Total Annual Savings - \$	Total Annual Savings - %
Reliance Standard	\$0.48	1/1/2018-12/31/2019	\$2,009,391	\$115,741	\$17,625	13%
MetLife Admin Only	\$0.488	1/1/2018-12/31/2019	\$107,243	\$6,280		* Rates valid for Administrators Only
MetLife All Other Employees	\$0.440	1/1/2018-12/31/2019	\$1,936,184	\$102,231		* Rates valid for all employees but Admin
Guardian	\$0.46	1/1/2018-12/31/2020	\$294,368	\$16,249		* Rates valid for Full Time Non-Teachers Only
MESSA	Did Not Submit Options Outside Renewal					

Coverage Levels

Reliance Standard

Segment	# of Emp	Benefit % of Salary	Maximum Monthly Benefit	Qualifying Period (Days)	Offsets	Unrestricted Drug/Alcohol	Unrestricted Mental/Nervous	COLA	Own Occupation	Survivor Benefit	Modified Fill	COBRA Medical Supplement
Full Time Administrators working 20 hrs or more per week	15	66.67%	\$7,500	90	Full Family	No	No	No	2 Year	None	Yes	\$1,200
Full Time Support Staff working 20 hrs or more per week	85	66.67%	\$6,000	90	Full Family	No	No	No	2 Year	None	Yes	\$1,200
Full Time and Part Time Teacher working 15 hrs or more per week	319	66.67%	\$6,000	90	Full Family	No	No	No	2 Year	None	Yes	\$1,200

MetLife

Segment	# of Emp	Benefit % of Salary	Maximum Monthly Benefit	Qualifying Period (Days)	Offsets	Unrestricted Drug/Alcohol	Unrestricted Mental/Nervous	COLA	Own Occupation	Survivor Benefit	Modified Fill	COBRA Medical Supplement
All Active Full Time Admin Employees 30 hours	12	66.67%	\$7,500	90	Full Family	No	No	No	2 Year	Yes	Yes	None
All Full Time Other Employees 30 hours	407	66.67%	\$6,000	90	Full Family	No	No	No	2 Year	Yes	Yes	None

Guardian

Segment	# of Emp	Benefit % of Salary	Maximum Monthly Benefit	Qualifying Period (Days)	Offsets	Unrestricted Drug/Alcohol	Unrestricted Mental/Nervous	COLA	Own Occupation	Survivor Benefit	Modified Fill	COBRA Medical Supplement
Non-Teachers Full Time Employees	100	66.67%	\$9,000	90	Full Family	No	No	No	2 Year	3 Month	Yes	None

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