# **ATTACHMENT**

#1

# **Titus County** 2012 Medical Benefits Coverage

# Dependent Coverage

One Dependent Two Dependents Three Dependents **Four Dependents Five or More Dependents** 

#### **Deductible and Out of Pocket**

Annual Deductible (In- Network) Annual Deductible (Out of Network) Out of Pocket (in-Network) Out of Pocket (Out of network)

#### Cobra

One Member Family

#### Prescription

Rx - Generic

Rx - Brand Name

Rx - Brand Name If Generic is not available

### **Other Beneifts**

Wellness Benefit

Covers 1 Diagnostic Colonoscopy per participant every 5 years

<b>Employe</b>	e Respons	ibility . K4
\$	265.00	Menistro
\$	325.00	Kid mto sterlishery
\$	385.00	,

450.00

560.00

#### **Employee Responsibility**

\$ 600.00 -

\$ 1,200.00

\$ 2,000.00 ~

\$ 4,000.00

# **Employee Responsibility**

\$ 1,000.00

\$ 1,200.00

#### Co-pay Amount

\$25.00 - 30 day supply

\$45.00 - 30 day supply

\$25.00 - 30 day supply

#### Coverage

100% up to \$750, then deductible and coinsurance

# Changes to your 2012 Calendar year Plan:

- 1. Your prescription coverage has changed to a PBM and will have it's own ID card that must be presented to the pharmacy. Your co-pay amount will remain the same. However; there will only be a maximum limit of 30 days supply.
- 2. Your Annual Deductible for Out of Network providers has increased from \$1,000 to \$1,200.
- 3. Wellness Benefits covers 1 Diagnostic Colonoscopy per participant every 5 years.

# \$1000 Deductible Plan Design



	Current Carrier American Fidelity	UMR / Sun Life	Healthfirst / Optum
Specific Stop Loss			
Specific Deductible	50,000	\$ 50,000	\$ 50,000
Contract Type	24/12	24/12	24/12
Benefits Covered	Medical, RX	Medical, RX, Advance Reimbursement	Medical, RX
Aggregating Specific Ded	\$120,000	\$60,000	\$60,000
Quoted Rate per month		·	
Single - 80	\$78.28	\$108.44	\$115.59
Family - 41	\$191.17	\$255.20	\$281.42
Estimated Annual Premium	\$169,204.00	\$229,660.80	\$249,425.04
Max Annual Reimbursement	\$1,250,000.00		\$2,000,000.00
Max Lifetime Reimbursement	Unlimited	Unlimited	Unlimited
1000 Maria (1000 M			
Aggregate Stop Loss			
Contract Type	24/12	24/12	24/12
Aggregate Attachment Factors			
Single - 80	\$598.79		\$594.12
Family - 41	\$1,431.86	\$ <del>798.36</del>	\$1,420.69
Estimated Attachment Point	\$1,279,314.00	1.159.219	\$1,269,338.00
Louis and a state of the state	Ψ1,2,0,014.00	4134	<b>V</b> 1300,000.00
Composite Rate per month - 121	\$10.14	\$7.80	\$6.24
Estimated Annual Premium - 121	\$14,723.00	\$11,325.60	\$9,060.48
Commission	\$0	\$0	\$0
Run-In Dollar Limit	\$0	\$0	\$0
Max Annual Reimbursement	\$1,250,000	\$1,000,000	\$1,000,000
Aggregate Corridor	125%	125%	125%
, tegrogato contact	12070	720/0	13477
Terminal Liability PEPM		\$1.00	\$2.50
Overall Cost Summary		A HILD CCC (A)	
Terminal Liability Premium		\$1,452.00	\$3,500.00
Total Specific Premium	\$169,204.00	\$229,660.80	\$249,425.04
Total Aggregate Premium	\$14,723.00	\$11,325.60	\$9,060.48
Total Fixed Costs	\$183,927.00	\$242,438.40	\$261,985.52
Variable Costs	\$1,279,314.00	<u>\$1,159,219</u>	\$1,269,338.00
Aggregating Specific/Self-funded Liability	\$120,000.00	\$60,000.00	\$60,000.00
Additional Lasar Specific Deductibles		225,000.00	
Maximum Total Liability	\$1,583,241.00	\$1,686,657.40	<b>\$1</b> ,591,323.52
Estimated Total Administration	\$60,721	\$64,571	\$65,440
Annual Life Insurance	\$25,000	\$25,000	\$25,000
Annual Dental Claims (\$3,000 mo.)	\$26,000	\$36,000	\$36,000
Total Cost	\$1,704,962	\$1,812,228	\$1,717,763
Total Increase		\$107,266	\$12,801
% Increase	6%	1%	

Carrier	Current Carrier American Fidelity	UMR / Sun Life	Healthfirst / Optum
Specific Stop Loss			
Specific Deductible	50,000	\$ 50,000	\$ 50,000
Contract Type	24/12	24/12	24/12
Benefits Covered	Medical, RX	Medical, RX, Advance Reimbursement	Medical, RX
Aggregating Specific Ded	\$120.000	\$60,000	\$60,000
Quoted Rate per month			
Single - 80	\$78.28	\$108.44	\$115.59
Family - 41	\$191.17	\$255.20	
Estimated Annual Premium	\$169,204.00	\$229,660.80	\$249,425.04
Max Annual Reimbursement	\$1,250,000.00	Unlimited	\$2,000,000 00
Max Lifetime Reimbursement	Unlimited	Unlimited	Unlimited
Aggregate Stop Loss			
Contract Type	24/12	24/12	24/12
Aggregate Attachment Factors			
Single - 80	\$598.79	\$820.55	\$707.15
Family - 41	\$1,431.86	\$820.55	\$1,690.97
Estimated Attachment Point	\$1,279,314.00	<b>\$</b> 1,191,438.60	\$1,510,822.00
Composite Rate per month - 121	\$10.14	<u> </u>	\$6.24
Estimated Annual Premium	\$14,723.00	\$11,325.60	\$9,060.48
Commission	\$0	\$0	\$0
Run-In Dollar Limit	\$0	\$0	\$0
Max Annual Reimbursement	\$1,250,000	\$1,000,000	\$1,000,000
Aggregate Corridor	125%	125%	125%
Terminal Liability PEPM		\$1.00	\$2.50
		V1.50	VIV
Overall Cost Summary		\$1,452.00	\$3,500.00
Total Aggregate Premium	\$169,204.00	\$229,660.80	\$249,425.04
Total Fixed Costs	\$14,723.00	\$11,325.60	\$9,060.48
Total Fixed Costs	\$183,927.00	\$242,438.40	\$261,985.52
	64.070.244.00	04 404 400 00	64.540.000.00
Variable Costs	\$1,279,314.00 \$120,000.00	\$1,191,438.60 \$60,000.00	\$1,510,822.00 \$60,000.00
Aggregating Specific/Self-funded Liability Additional Lasar Specific Deductibles	\$120,000.00	\$225,000.00	\$0.00
Additional Lasar Specific Deductibles		\$225,000.00	\$0,00
Maximum Total Liability	\$1,583,241.00	1,718,877.00	\$1,832,807.52
Estimated Total Administration	\$60,721	\$64,571	\$65,400
Annual Life Insurance	\$25,000	\$25,000	\$25,000
Annual Dental Claims (\$3,000 mo.)	\$26,000	\$36,000	\$36,000
Total Cost	\$1,704,962	\$1,844,448	\$1,959,247
Total Increase	\$139,486	\$254,285	
% Increase		8.18%	14.9%

# Current \$600 Deductible Plan Design Spreadsheet

Quoted Rate per month		Current Carrier American Fidelity	UMR / Sun Life	Healthfirst / Optum
Contract Type	Specific Stop Loss			
Renefits Covered	Specific Deductible	50,000	\$ 50,000	\$ 50,000
Renefits Covered	Contract Type	24/12	24/12	24/12
Quoted Rate per month   Single - 80   \$78.28   \$108.44   \$115.59		Medical, RX		Medical, RX
Quoted Rate per month   Single - 80   \$78.28   \$108.44   \$115.59	Aggregating Specific Ded	\$120,000	\$60,000	\$60,000
Family - 41				
Family - 41	Single - 80	\$78.28	\$108.44	\$115.59
Stife   204.00   \$229,680.80   \$249,425.04   Max Annual Reimbursement   \$1,250,000.00   Unlimited   Unlimited				
Max Annual Reimbursement         \$1,250,000.00         Unlimited         \$2,000,000.00           Max Lifetime Reimbursement         Unlimited         Unlimited         Unlimited           Aggregate Stop Loss         Unlimited         Unlimited           Contract Type         24/12         24/12         24/12           Aggregate Attachment Factors         Single - 80         \$598.79         \$825.93         \$707.15           Family - 41         \$1,431.86         \$825.93         \$1,580.97           Estimated Attachment Point         \$1,279.314.00         \$1,199,250.36         \$1,547,973.00           Composite Rate per month - 121         \$10.14         \$7.80         \$6.24           Estimated Annual Premium - 121         \$14,723.00         \$1,325.60         \$9,060.48           Commission         \$0         \$0         \$0         \$0           Run-In Doller Limit         \$0         \$0         \$0           Max Annual Reimbursement         \$1,250,000         \$1,000,000         \$1,000,000           Aggregate Corridor         \$1,256,000         \$1,000,000         \$1,000,000           Aggregate Corridor         \$1,256,000         \$1,000,000         \$2,50           Overall Cost Summary         \$1,452.00         \$3,500.00         \$0	Estimated Annual Premium			
Max Lifetime Reimbursement				
Aggregate Stop Loss   24/12				
Contract Type				J.,,,,,,
Aggregate Attachment Factors   Single - 80   \$598.79   \$1,000.000	Aggregate Stop Loss		***************************************	
Aggregate Attachment Factors   Single - 80   \$598.79   \$1,000.000	Contract Type	24/12	24/12	24/12
Single - 80   \$598.79   \$825.93   \$707.15		- 17.2		
Stimated Attachment Point   \$1,431.86   \$1,499,250.36   \$1,547,973.00		\$598.79		\$707.15
Estimated Attachment Point \$1,279,314.00 \$1,199,250.36 \$1,547,973.00  Composite Rate per month - 121 \$10.14 \$7.80 \$6.24  Estimated Annual Premium - 121 \$14,723.00 \$11,325.60 \$9,060.48  Commission \$0 \$0 \$0  Run-In Dollar Limit \$0 \$0 \$1,000,000 \$1,000,000 \$1,000,000  Aggregate Corridor \$125% \$1,250,000 \$1,000,000 \$1,000,000  Aggregate Corridor \$125% \$1.00 \$2.50  Terminal Liability PEPM \$1.00 \$2.50  Overall Cost Summary \$1,452.00 \$229,660.80 \$249,425.04  Total Aggregate Premium \$169,204.00 \$229,660.80 \$249,425.04  Total Aggregate Premium \$14,723.00 \$11,325.60 \$9,060.48  Total Fixed Costs \$13,987.00 \$224,438.40 \$261,985.52  Variable Costs \$1,279,314.00 \$1,199,250.36 \$1,547,973.00  Aggregating Specific/Self-funded Liability \$120,000.00 \$60,000.00  Additional Lasar Specific Deductibles \$225,000.00  Maximum Total Liability \$1,583,241.00 \$1,726,688.76 \$1,869,958.52  Estimated Total Administration \$50,721 \$64,571 \$65,440  Annual Life Insurance \$25,000 \$25,000  Annual Dental Claims (\$3,000 mo.) \$260,000 \$360,000  Total Cost \$1,704,962 \$1,852,239 \$1,996,398  Total Increase \$11,704,962 \$1,852,239 \$1,996,398			\$825.93	
Composite Rate per month - 121         \$10.14         \$7.80         \$6.24           Estimated Annual Premium - 121         \$14,723.00         \$11,325.60         \$9,060.48           Commission         \$0         \$0         \$0           Run-In Dollar Limit         \$0         \$0         \$0           Max Annual Reimbursement         \$1,250,000         \$1,000,000         \$1,000,000           Aggregate Corridor         \$125%         \$125%         \$125%           Terminal Liability PEPM         \$1.00         \$2.50           Overall Cost Summary         \$1,452.00         \$3,500.00           Total Specific Premium         \$169,204.00         \$229,660.80         \$249,425.04           Total Specific Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Aggregate Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,986.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$1,786,887.76         \$1,869,958.52           Maximum Tot			\$1 100 250 36	
Estimated Annual Premium - 121	LSIIIIated Attachment Font	\$1,213,514,00	\$1,199,200.00	Ψ1,041,910.00
Estimated Annual Premium - 121	Composite Rate per month 121	\$10.14	\$7.00	\$6.24
Commission         \$0         \$0         \$0           Run-In Dollar Limit         \$0         \$0         \$0           Max Annual Reimbursement         \$1,250,000         \$1,000,000           Aggregate Corridor         125%         125%           Terminal Liability PEPM         \$1.00         \$2.50           Overall Cost Summary         Terminal Liability Premium         \$1,452.00         \$3,500.00           Total Specific Premium         \$169,204.00         \$229,660.80         \$249,425.04           Total Aggregate Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,985.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$225,000.00         \$1,726,688.76         \$1,869,958.52           Estimated Total Administration         \$60,721         \$64,571         \$65,440           Annual Life Insurance         \$25,000         \$25,000         \$25,000           Annual Claims (\$3,000 mo.)         \$26,000         \$36,000         \$36,000           Total I				
Run-In Dollar Limit				
Max Annual Reimbursement         \$1,250,000         \$1,000,000         \$1,000,000           Aggregate Corridor         125%         125%         125%           Terminal Liability PEPM         \$1.00         \$2.50           Overall Cost Summary         Terminal Liability Premium         \$1,452.00         \$3,500.00           Total Specific Premium         \$169,204.00         \$229,660.80         \$249,425.04           Total Aggregate Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,985.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$225,000.00         \$225,000.00         \$60,000.00           Maximum Total Liability         \$1,583,241.00         1,726,688.76         \$1,869,958.52           Estimated Total Administration         \$60,721         \$64,571         \$65,440           Annual Life Insurance         \$25,000         \$25,000         \$25,000           Annual Claims (\$3,000 mo.)         \$26,000         \$36,000         \$36,000           Total Increase				
Aggregate Corridor         125%         125%         125%           Terminal Liability PEPM         \$1.00         \$2.50           Overall Cost Summary         Terminal Liability Premium         \$1,452.00         \$3,500.00           Total Specific Premium         \$169,204.00         \$229,660.80         \$249,425.04           Total Aggregate Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,985.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$225,000.00         \$225,000.00           Maximum Total Liability         \$1,583,241.00         1,726,688.76         \$1,869,958.52           Estimated Total Administration         \$60,721         \$64,571         \$65,440           Annual Life Insurance         \$25,000         \$25,000         \$25,000           Annual Dental Claims (\$3,000 mo.)         \$26,000         \$36,000         \$36,000           Total Increase         \$1,704,962         \$1,862,239         \$1,996,398		-	`	
Terminal Liability PEPM				
Overall Cost Summary           Terminal Liability Premium         \$1,452.00         \$3,500.00           Total Specific Premium         \$169,204.00         \$229,660.80         \$249,425.04           Total Aggregate Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,985.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$225,000.00         \$225,000.00           Maximum Total Liability         \$1,583,241.00         1,726,688.76         \$1,869,958.52           Estimated Total Administration         \$60,721         \$64,571         \$65,440           Annual Life Insurance         \$25,000         \$25,000         \$25,000           Annual Dental Claims (\$3,000 mo.)         \$26,000         \$36,000         \$36,000           Total Increase         \$1,704,962         \$1,862,239         \$1,996,398	Aggregate Corridor	125%	123%	12576
Terminal Liability Premium         \$1,452.00         \$3,500.00           Total Specific Premium         \$169,204.00         \$229,660.80         \$249,425.04           Total Aggregate Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,985.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$1,583,241.00         \$225,000.00         \$1,869,958.52           Estimated Total Administration         \$60,721         \$64,571         \$65,440           Annual Life Insurance         \$25,000         \$25,000         \$25,000           Annual Dental Claims (\$3,000 mo.)         \$26,000         \$38,000         \$36,000           Total Cost         \$1,704,962         \$1,862,239         \$1,996,398	Terminal Liability PEPM		\$1.00	\$2.50
Total Specific Premium         \$169,204.00         \$229,660.80         \$249,425.04           Total Aggregate Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,985.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$225,000.00         \$1,726,688.76         \$1,869,958.52           Estimated Total Administration         \$60,721         \$64,571         \$65,440           Annual Life Insurance         \$25,000         \$25,000         \$25,000           Annual Dental Claims (\$3,000 mo.)         \$26,000         \$36,000         \$36,000           Total Cost         \$1,704,962         \$1,852,239         \$1,996,398				
Total Aggregate Premium         \$14,723.00         \$11,325.60         \$9,060.48           Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,985.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$225,000.00         \$225,000.00           Maximum Total Liability         \$1,583,241.00         1,726,688.76         \$1,869,958.52           Estimated Total Administration         \$60,721         \$64,571         \$65,440           Annual Life Insurance         \$25,000         \$25,000         \$25,000           Annual Dental Claims (\$3,000 mo.)         \$26,000         \$36,000         \$36,000           Total Cost         \$1,704,962         \$1,852,239         \$1,996,398				
Total Fixed Costs         \$183,927.00         \$242,438.40         \$261,985.52           Variable Costs         \$1,279,314.00         \$1,199,250.36         \$1,547,973.00           Aggregating Specific/Self-funded Liability         \$120,000.00         \$60,000.00         \$60,000.00           Additional Lasar Specific Deductibles         \$225,000.00         \$225,000.00           Maximum Total Liability         \$1,583,241.00         1,726,688.76         \$1,869,958.52           Estimated Total Administration         \$60,721         \$64,571         \$65,440           Annual Life Insurance         \$25,000         \$25,000         \$25,000           Annual Dental Claims (\$3,000 mo.)         \$26,000         \$36,000         \$36,000           Total Cost         \$1,704,962         \$1,852,239         \$1,996,398           Total Increase         \$147,277         \$291,436				
Variable Costs       \$1,279,314.00       \$1,199,250.36       \$1,547,973.00         Aggregating Specific/Self-funded Liability       \$120,000.00       \$60,000.00       \$60,000.00         Additional Lasar Specific Deductibles       \$225,000.00       \$1,869,958.52         Estimated Total Administration       \$60,721       \$64,571       \$65,440         Annual Life Insurance       \$25,000       \$25,000       \$25,000         Annual Dental Claims (\$3,000 mo.)       \$26,000       \$36,000       \$36,000         Total Cost       \$1,704,962       \$1,852,239       \$1,996,398				\$9,060.48
Aggregating Specific/Self-funded Liability       \$120,000.00       \$60,000.00       \$60,000.00         Additional Lasar Specific Deductibles       \$225,000.00         Maximum Total Liability       \$1,583,241.00       1,726,688.76       \$1,869,958.52         Estimated Total Administration       \$60,721       \$64,571       \$65,440         Annual Life Insurance       \$25,000       \$25,000       \$25,000         Annual Dental Claims (\$3,000 mo.)       \$26,000       \$36,000       \$36,000         Total Cost       \$1,704,962       \$1,852,239       \$1,996,398         Total Increase       \$147,277       \$291,436	Total Fixed Costs	\$183,927.00	\$242,438.40	<b>\$261,985.52</b>
Aggregating Specific/Self-funded Liability       \$120,000.00       \$60,000.00       \$60,000.00         Additional Lasar Specific Deductibles       \$225,000.00         Maximum Total Liability       \$1,583,241.00       1,726,688.76       \$1,869,958.52         Estimated Total Administration       \$60,721       \$64,571       \$65,440         Annual Life Insurance       \$25,000       \$25,000       \$25,000         Annual Dental Claims (\$3,000 mo.)       \$26,000       \$36,000       \$36,000         Total Cost       \$1,704,962       \$1,852,239       \$1,996,398         Total Increase       \$147,277       \$291,436	Variable Costs	\$1,279.314.00	\$1,199,250.36	\$1,547,973.00
Additional Lasar Specific Deductibles       \$225,000.00         Maximum Total Liability       \$1,583,241.00       1,726,688.76       \$1,869,958.52         Estimated Total Administration       \$60,721       \$64,571       \$65,440         Annual Life Insurance       \$25,000       \$25,000       \$25,000         Annual Dental Claims (\$3,000 mo.)       \$26,000       \$36,000       \$36,000         Total Cost       \$1,704,962       \$1,852,239       \$1,996,398         Total Increase       \$147,277       \$291,436				
Estimated Total Administration       \$60,721       \$64,571       \$65,440         Annual Life Insurance       \$25,000       \$25,000       \$25,000         Annual Dental Claims (\$3,000 mo.)       \$26,000       \$36,000       \$36,000         Total Cost       \$1,704,962       \$1,852,239       \$1,996,398         Total Increase       \$147,277       \$291,436				
Annual Life Insurance       \$25,000       \$25,000         Annual Dental Claims (\$3,000 mo.)       \$26,000       \$36,000         Total Cost       \$1,704,962       \$1,852,239       \$1,996,398         Total Increase       \$147,277       \$291,436				\$1,869,958.52
Annual Dental Claims (\$3,000 mo.)       \$26,000       \$36,000       \$36,000         Total Cost       \$1,704,962       \$1,852,239       \$1,996,398         Total Increase       \$147,277       \$291,436	Estimated Total Administration			\$65,440
Total Cost         \$1,704,962         \$1,852,239         \$1,996,398           Total Increase         \$147,277         \$291,436	Annual Life Insurance	\$25,000		\$25,000
Total Increase \$147,277 \$291,436	Annual Dental Claims (\$3,000 mo.)	\$26,000		\$36,000
Total Increase \$147,277 \$291,436	Total Cost	\$1,704,962	<b>\$</b> 1,852,239	\$1,996,398
	Total Increase		\$147 277	\$291 436
	% Increase		8.6%	17.0%