

ATTACHMENT

#1

Titus County 2012 Medical Benefits Coverage

Dependent Coverage

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

Employee Responsibility

\$ 265.00
\$ 325.00
\$ 385.00
\$ 450.00
\$ 560.00

Kids up to 26 yrs old

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)

Employee Responsibility

\$ 600.00 -
\$ 1,200.00
\$ 2,000.00 -
\$ 4,000.00

Cobra

One Member
Family

Employee Responsibility

\$ 1,000.00
\$ 1,200.00

Prescription

Rx - Generic
Rx - Brand Name
Rx - Brand Name If Generic is not available

Co-pay Amount

\$25.00 - 30 day supply
\$45.00 - 30 day supply
\$25.00 - 30 day supply

Other Benefits

Wellness Benefit

Covers 1 Diagnostic Colonoscopy per participant every 5 years

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

8/60

	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	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	\$798.36	\$594.12
Family - 41	\$1,431.86		\$1,420.69
Estimated Attachment Point	\$1,279,314.00	1,159,219	\$1,269,338.00
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%
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	\$1,159,219	\$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	\$1,591,323.52
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%

\$750 Deductible Plan Design

10/60

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	\$281.42
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		\$1,690.97
Estimated Attachment Point	\$1,279,314.00	\$1,191,438.60	\$1,510,822.00
Composite Rate per month - 121	\$10.14	\$7.80	\$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
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
Variable Costs	\$1,279,314.00	\$1,191,438.60	\$1,510,822.00
Aggregating Specific/Self-funded Liability	\$120,000.00	\$60,000.00	\$60,000.00
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

	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	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		\$707.15
Family - 41	\$1,431.86	\$825.93	\$1,690.97
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	\$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			
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	
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
% Increase		8.6%	17.0%