



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

Medical Plan Comparison

Oxford Area Community Schools

OEA Teachers

	CURRENT PLAN OEA Teachers		Priority Health PPO 1 \$10/\$20 Rx	Priority Health PPO HRA High Plan \$10/\$20 Rx	Priority Health PPO HRA Low Plan \$10/\$20 Rx	Priority Health PPO HSA Mid Plan \$10/\$40 Rx	HealthPlus HDHP 2G 100% Rx HSA	HealthPlus PPO SP 5/10 Rx	HealthPlus/TASC HDHP 2G 0 Rx HRA	
Carrier	MESSA Choices II \$10/\$20		Priority Health	Priority Health	Priority Health	Priority Health	HealthPlus	HealthPlus	HealthPlus	
Contract Period	7/1/2010 - 6/30/2011		7/1/2010 - 6/30/2011	7/1/2010 - 6/30/2011	7/1/2010 - 6/30/2011	7/1/2010 - 6/30/2011	9/1/2010 - 6/30/2011	9/1/2010 - 6/30/2011	9/1/2010 - 6/30/2011	
Contract Expiration Date	N/A		9/30/2010	9/30/2010	9/30/2010	9/30/2010	6/30/2011	6/30/2011	6/30/2011	
Contract Features	In Network		In Network	In Network	In Network	In Network	In Network	In Network	In Network	
Coinsurance	0%		0%	0%	0%	0%	0%	0%	0%	
Deductible Individual	\$0		\$0	\$3,000	\$1,000	\$2,000	\$1,250	\$0	\$1,250	
Deductible Family	\$0		\$0	\$6,000	\$2,000	\$4,000	\$2,500	\$0	\$2,500	
Out-of-Deductible Coinsurance - Individual	\$0		\$0	\$0	\$0	\$2,000	\$0	\$0	\$0	
Out-of-Deductible Coinsurance - Family	\$0		\$0	\$0	\$0	\$4,000	\$0	\$0	\$0	
Office Visit Copay	\$5		\$10	\$10	\$10	\$0	\$0	\$5	\$0	
Out-of-Copay	\$10/\$20		\$10/\$20 CF	\$10/\$20 CF	\$10/\$20 CF	\$10/\$40 CF	\$0	\$5/\$10	\$0	
Out-of-Pocket Maximum - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
Individual (1P)	32	\$571.70	32	\$515.72	32	\$419.72	32	\$352.11	32	\$352.11
Family (2P)	53	\$1,284.45	53	\$1,160.27	53	\$944.28	53	\$792.23	53	\$792.23
Family (FF)	138	\$1,427.00	138	\$1,289.32	138	\$1,049.32	138	\$880.27	138	\$880.27
Out-of-Pocket Maximum - Equiv (as applicable)	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv
Individual (1P)	32	Included In Med	32	Included In Med	32	Included In Med	32	Included In Med	32	Included In Med
Family (2P)	53	Included In Med	53	Included In Med	53	Included In Med	53	Included In Med	53	Included In Med
Family (FF)	138	Included In Med	138	Included In Med	138	Included In Med	138	Included In Med	138	Included In Med
Total Annual Premium	223	\$3,399,555	223	\$3,071,082	223	\$2,499,408	223	\$1,576,619	223	\$2,096,796
Deductible & Coins Funding	Deductible	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total
Individual	\$0	\$0	\$0	\$0	\$3,000	\$96,000	\$1,000	\$32,000	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$6,000	\$1,146,000	\$2,000	\$382,000	\$1,250	\$40,000
Total Exposure	\$0	\$0	\$0	\$0	\$1,242,000	\$414,000	\$4,000	\$764,000	\$2,500	\$477,500
Estimated Utilization Rate	0%		0%	35%	55%	100%	100%	0%	80%	
Additional Ded., Coins., Rx Expense	\$0		\$0	\$434,700	\$227,700	\$828,000	\$517,500	\$0	\$414,000	
Administration	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total
Admin Fee	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$7.10	\$19,000
Combined Total Administration	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Resulting Plan Features	In Network		In Network	In Network	In Network	In Network	In Network	In Network	In Network	
Coinsurance	0%		0%	0%	0%	0%	0%	0%	0%	
Deductible Individual	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Deductible Family	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Out-of-Deductible Coinsurance - Individual	\$0		\$0	\$0	\$0	\$2,000	\$0	\$0	\$0	
Out-of-Deductible Coinsurance - Family	\$0		\$0	\$0	\$0	\$4,000	\$0	\$0	\$0	
Office Visit Copay	\$5		\$10	\$10	\$10	\$0	\$0	\$5	\$0	
Out-of-Copay	\$10/\$20		\$10/\$20 CF	\$10/\$20 CF	\$10/\$20 CF	\$10/\$40 CF	\$0	\$5/\$10	\$0	
Total Costs	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual	PEPM	Annual
Best Case Annual Cost	\$3,399,555	\$3,071,082	\$2,499,408	\$2,740,394	\$2,404,619	\$2,614,296	\$3,020,347	\$2,115,795		
Estimated Annual Cost	\$3,399,555	\$3,071,082	\$2,934,108	\$2,968,094	\$2,404,619	\$2,614,296	\$3,020,347	\$2,529,795		
Worst Case Annual Cost	\$3,399,555	\$3,071,082	\$3,741,408	\$3,154,394	\$2,404,619	\$2,614,296	\$3,020,347	\$2,633,295		
Estimated Savings	\$123	\$328,473	\$174	\$465,447	\$161	\$431,461	\$293	\$785,259	\$325	\$869,760
Final Illustrative Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
Individual (1P)	32	\$571.70	32	\$515.72	32	\$498.39	32	\$439.01	32	\$507.20
Family (2P)	53	\$1,284.45	53	\$1,160.27	53	\$1,108.51	53	\$987.76	53	\$1,141.18
Family (FF)	138	\$1,427.00	138	\$1,289.32	138	\$1,231.82	138	\$1,009.50	138	\$1,267.99
Equivalent Monthly Composite	\$1,270		\$1,148	\$1,096	\$1,109	\$899	\$977	\$1,129	\$945	

\*Priority Health H.S.A. plans post-deductible coinsurance only applies to a small amount of services not covered at 100%. These services include TMJ, Orthognathic surgery, other certain surgeries, and treatment for morbid obesity. Please refer to plan summary page for details\*



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Medical Plan Comparison

Oxford Area Community Schools

Board Central Office Staff

	CURRENT PLAN Superintendent		CURRENT PLAN Central Office Administrators and Central Office		BCBSM FB4-0% \$10/\$60 Rx HSA	Priority Health PPO 1 \$10/\$20 Rx	Priority Health PPO HRA High Plan \$10/\$20 Rx	Priority Health PPO HRA Mid Plan \$10/\$20 Rx	Priority Health PPO HSA Mid Plan \$10/\$40 Rx	
Carrier	MESSA Choices II \$5/\$10		BCBSM Flexible Blue 2 (Current)		BCBSM	Priority Health	Priority Health	Priority Health	Priority Health	
Rate Period	7/1/2010 - 6/30/2011		7/1/2010 - 6/30/2011		9/1/2010 - 6/30/2011	7/1/2010 - 6/30/2011	7/1/2010 - 6/30/2011	7/1/2010 - 6/30/2011	7/1/2010 - 6/30/2011	
Quote Expiration Date	N/A		N/A		6/30/2011	9/30/2010	9/30/2010	9/30/2010	9/30/2010	
Purchased Plan Features	In Network		In Network		In Network	In Network	In Network	In Network	In Network	
Coinsurance	0%		0%		0%	0%	0%	0%	0%	
Deductible Individual	\$0		\$1,250		\$3,050	\$0	\$3,000	\$2,000	\$2,000	
Deductible Family	\$0		\$2,500		\$6,150	\$0	\$6,000	\$4,000	\$4,000	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0	\$0	\$0	\$0	\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0	\$0	\$0	\$0	\$4,000	
Office Visit Copay	\$5		\$0		\$0	\$10	\$10	\$10	\$0	
Rx Copay	\$5/\$10		\$0		\$10/\$60	\$10/\$20 CF	\$10/\$20 CF	\$10/\$20 CF	\$10/\$40 CF	
Purchased Plan Rates - Medical	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$659.97	4	\$568.32	4	\$379.63	4	\$578.67	4	\$608.25
Two Person (2P)	0	\$1,483.05	3	\$1,363.94	3	\$911.12	3	\$1,301.98	3	\$821.27
Family (FF)	1	\$1,647.67	9	\$1,704.94	10	\$1,138.90	10	\$1,446.67	10	\$1,520.65
Rx Rates/Equiv Breakout (as applicable)	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv	Census	Rates/Equiv
One Person (1P)	0	Included in Med	4	Included in Med	4	Included in Med	4	Included in Med	4	Included in Med
Two Person (2P)	0	Included in Med	3	Included in Med	3	Included in Med	3	Included in Med	3	Included in Med
Family (FF)	1	Included in Med	9	Included in Med	10	Included in Med	10	Included in Med	10	Included in Med
Total Annual Premium	1	\$19,772	16	\$260,515	17	\$187,691	17	\$248,248	17	\$260,943
Combined Annual Premium	\$280,287		< TOTALS							
Deductible & Coins Funding	Deductible	Total	Deductible	Total	Ded + Coins	Total	Ded + Coins	Total	Ded + Coins	Total
Exposure Basis - Individual	\$0	\$0	\$1,250	\$5,000	\$3,050	\$12,200	\$3,000	\$12,000	\$2,000	\$8,000
Exposure Basis - Family	\$0	\$0	\$2,500	\$30,000	\$6,150	\$79,950	\$6,000	\$78,000	\$4,000	\$52,000
Total Exposure	\$0		\$35,000		\$92,150	\$0	\$90,000	\$90,000	\$60,000	\$60,000
Combined Total Exposure	\$35,000		< TOTALS							
Estimated Utilization Rate	0%		100%		100%	0%	35%	45%	100%	
Additional Ded, Coins., Rx Expense	\$0		\$35,000		\$92,150	\$0	\$31,500	\$27,000	\$60,000	
Combined Ded & Coins Expense	\$35,000		< TOTALS							
Administration	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total	PEPM	Total
Admin Fee	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00	\$0
Combined Total Administration	\$0		\$0		\$0	\$0	\$0	\$0	\$0	\$0
Resulting Plan Features	In Network		In Network		In Network	In Network	In Network	In Network	In Network	
Coinsurance	0%		0%		0%	0%	0%	0%	0%	
Deductible Individual	\$0		\$0		\$0	\$0	\$0	\$0	\$0	
Deductible Family	\$0		\$0		\$0	\$0	\$0	\$0	\$0	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$0	\$0	\$0	\$0	\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$0	\$0	\$0	\$0	\$2,000	
Office Visit Copay	\$5		\$0		\$0	\$0	\$0	\$0	\$4,000	
Rx Copay	\$5/\$10		\$0		\$0	\$10	\$10	\$10	\$0	
Total Costs	\$315,287		<Totals		PEPM	Annual	PEPM	Annual	PEPM	Annual
Best Case Annual Cost	\$315,287		<Totals		\$174	\$279,841	\$50	\$305,026	\$134	\$273,444
Estimated Annual Cost	\$315,287		<Totals		\$174	\$35,446	\$50	\$10,261	\$134	\$27,344
Worst Case Annual Cost	\$315,287		<Totals		\$174	\$279,841	\$50	\$305,026	\$134	\$338,248
Estimated Savings	\$315,287		<Totals		\$174	\$279,841	\$50	\$305,026	\$134	\$338,248
Final Illustrative Plan Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	0	\$659.97	4	\$644.67	4	\$566.02	4	\$711.01	4	\$652.10
Two Person (2P)	0	\$1,483.05	3	\$1,547.18	3	\$1,358.45	3	\$1,467.19	3	\$1,510.18
Family (FF)	1	\$1,647.67	9	\$1,934.00	10	\$1,698.06	10	\$1,777.55	10	\$1,630.24
Equivalent Monthly Composite	\$1,648		\$1,539		\$1,372	\$1,495	\$1,371	\$1,411	\$1,062	

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# Medical Plan Comparison

Oxford Area Community Schools

AFSCME - Custodians, Bus Drivers, Cafeteria, and Mechanics

	CURRENT PLAN AFSCME - Custodians and Bus Drivers		CURRENT PLAN AFSCME - Custodians, Bus Drivers, Cafeteria, and Mechanics		Priority Health PPO HSA Mid Plan \$10/\$40 Rx		HealthPlus HMO ZF \$10/\$20 Rx	
Carrier	MESSA Choices II \$10/\$20		BCN 5		Priority Health		HealthPlus	
Rate Period	7/1/2010 - 6/30/2011		7/1/2010 - 6/30/2011		7/1/2010 - 6/30/2011		9/1/2010 - 6/30/2011	
Quote Expiration Date	N/A		N/A		9/30/2010		6/30/2011	
Purchased Plan Features	In Network		In Network		In Network		In Network	
Coinsurance	0%		0%		0%		0%	
Deductible Individual	\$0		\$0		\$2,000		\$0	
Deductible Family	\$0		\$0		\$4,000		\$0	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$2,000		\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$4,000		\$0	
Office Visit Copay	\$5		\$10		\$0		\$15	
Rx Copay	\$10/\$20		\$10/\$20		\$10/\$40 CF		\$10/\$20	
<b>Purchased Plan Rates - Medical</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>
One Person (1P)	1	\$583.34	15	\$522.27	16	\$295.68	16	\$494.83
Two Person (2P)	2	\$1,310.63	12	\$1,201.22	14	\$665.27	14	\$1,138.10
Family (FF)	1	\$1,456.09	19	\$1,357.90	20	\$739.20	20	\$1,286.54
<b>Rx Rates/Equiv Breakout (as applicable)</b>	<b>Census</b>	<b>Rates/Equiv</b>	<b>Census</b>	<b>Rates/Equiv</b>	<b>Census</b>	<b>Rates/Equiv</b>	<b>Census</b>	<b>Rates/Equiv</b>
One Person (1P)	1	Included in Med	15	Included in Med	16	Included in Med	16	Included in Med
Two Person (2P)	2	Included in Med	12	Included in Med	14	Included in Med	14	Included in Med
Family (FF)	1	Included in Med	19	Included in Med	20	Included in Med	20	Included in Med
<b>Total Annual Premium</b>	<b>4</b>	<b>\$55,928</b>	<b>46</b>	<b>\$576,585</b>	<b>50</b>	<b>\$345,944</b>	<b>50</b>	<b>\$594,978</b>
<b>Combined Annual Premium</b>	<b>\$632,514</b>		<b>&lt; TOTALS</b>					
<b>Deductible &amp; Coins Funding</b>	<b>Deductible</b>	<b>Total</b>	<b>Deductible</b>	<b>Total</b>	<b>Ded + Coins</b>	<b>Total</b>	<b>Ded + Coins</b>	<b>Total</b>
Exposure Basis - Individual	\$0	\$0	\$0	\$0	\$2,000	\$32,000	\$0	\$0
Exposure Basis - Family	\$0	\$0	\$0	\$0	\$4,000	\$136,000	\$0	\$0
Total Exposure		\$0		\$0		\$168,000		\$0
Estimated Utilization Rate	0%		0%		100%		0%	
Additional Ded, Coins., Rx Expense	\$0		\$0		\$168,000		\$0	
<b>Administration</b>	<b>PEPM</b>	<b>Total</b>	<b>PEPM</b>	<b>Total</b>	<b>PEPM</b>	<b>Total</b>	<b>PEPM</b>	<b>Total</b>
Admin Fee	\$0.00		\$0.00		\$0.00		\$0.00	
<b>Combined Total Administration</b>	<b>\$0</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>	
<b>Resulting Plan Features</b>	<b>In Network</b>		<b>In Network</b>		<b>In Network</b>		<b>In Network</b>	
Coinsurance	0%		0%		0%		0%	
Deductible Individual	\$0		\$0		\$0		\$0	
Deductible Family	\$0		\$0		\$0		\$0	
Post-Deductible Coinsurance - Individual	\$0		\$0		\$2,000		\$0	
Post-Deductible Coinsurance - Family	\$0		\$0		\$4,000		\$0	
Office Visit Copay	\$5		\$10		\$0		\$15	
Rx Copay	\$10/\$20		\$10/\$20		\$10/\$40 CF		\$10/\$20	
<b>Total Costs</b>					<b>PEPM</b>	<b>Annual</b>	<b>PEPM</b>	<b>Annual</b>
Best Case Annual Cost	\$632,514		<Totals		\$513,944		\$594,978	
<b>Estimated Annual Cost</b>	<b>\$632,514</b>		<b>&lt;Totals</b>		<b>\$513,944</b>		<b>\$594,978</b>	
Worst Case Annual Cost	\$632,514		<Totals		\$513,944		\$594,978	
<b>Estimated Savings</b>					<b>\$198</b>	<b>\$118,570</b>	<b>\$63</b>	<b>\$37,536</b>
<b>Final Illustrative Plan Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>	<b>Census</b>	<b>Rates</b>
One Person (1P)	1	\$583.34	15	\$522.27	16	\$439.27	16	\$494.83
Two Person (2P)	2	\$1,310.63	12	\$1,201.22	14	\$988.34	14	\$1,138.10
Family (FF)	1	\$1,456.09	19	\$1,357.90	20	\$1,098.18	20	\$1,286.54
<b>Equivalent Monthly Composite</b>	<b>\$1,165</b>		<b>\$1,045</b>		<b>\$857</b>		<b>\$992</b>	

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