



Medical Plan Comparison
Huron School District
Teamsters

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

CURRENT PLAN
Teamsters

Priority Health HMO \$0 Ded; \$15 OV;
\$10/\$40 Rx

7/1/2013 - 6/30/2014
In Network

Purchased Plan Features

Coinsurance	0%
Deductible Individual	\$0
Deductible Family	\$0
Post-Deductible Coinsurance - Individual	\$0
Post-Deductible Coinsurance - Family	\$0
Office Visit Copay	\$15
Rx Copay	\$10/\$40
Prescription Drug Deductible	\$0

Purchased Plan Rates - Medical

Census	Rates
One Person (1P)	\$617.82
Two Person (2P)	\$1,359.20
Family (FF)	\$1,791.68

Rx Rates/Equiv Breakout (as applicable)

Census	Rates/Equiv
One Person (1P)	Included in Med
Two Person (2P)	Included in Med
Family (FF)	Included in Med

Total Annual Premium

\$349,192

In Network

Coinsurance	0%
Deductible Individual	\$0
Deductible Family	\$0
Post-Deductible Coinsurance - Individual	\$0
Post-Deductible Coinsurance - Family	\$0
Office Visit Copay	\$15
Rx Copay	\$10/\$40
Prescription Drug Deductible	\$0

Total Costs

\$349,192

Best Case Annual Cost

\$349,192

Worst Case Annual Cost

\$349,192

Estimated Savings - \$

\$43,733

Estimated Savings - %

13%

BCN \$0 Ded; 20% Coinsurance; \$25
OV; \$10/\$20/\$40 Rx

BCN
7/1/2013 - 6/30/2014
In Network

Coinsurance	20%
Deductible Individual	\$0
Deductible Family	\$0
Post-Deductible Coinsurance - Individual	\$1,500
Post-Deductible Coinsurance - Family	\$3,000
Office Visit Copay	\$25
Rx Copay	\$10/\$20/\$40
Prescription Drug Deductible	\$0

Purchased Plan Rates - Medical

Census	Rates
One Person (1P)	\$554.57
Two Person (2P)	\$1,275.52
Family (FF)	\$1,441.89

Rx Rates/Equiv Breakout (as applicable)

Census	Rates/Equiv
One Person (1P)	Included in Med
Two Person (2P)	Included in Med
Family (FF)	Included in Med

Total Annual Premium

\$305,459

In Network

Coinsurance	20%
Deductible Individual	\$0
Deductible Family	\$0
Post-Deductible Coinsurance - Individual	\$1,500
Post-Deductible Coinsurance - Family	\$3,000
Office Visit Copay	\$25
Rx Copay	\$10/\$20/\$40
Prescription Drug Deductible	\$0

Total Costs

\$305,459

Best Case Annual Cost

\$305,459

Worst Case Annual Cost

\$305,459

Estimated Savings - \$

\$43,733

Estimated Savings - %

13%

HAP EPO 2; \$250/\$500 Ded; \$30
OV; \$20/\$40/\$60 Rx

HAP
7/1/2013 - 6/30/2014
In Network

Coinsurance	0%
Deductible Individual	\$250
Deductible Family	\$500
Post-Deductible Coinsurance - Individual	\$0
Post-Deductible Coinsurance - Family	\$0
Office Visit Copay	\$30
Rx Copay	\$20/\$40/\$60
Prescription Drug Deductible	\$0

Purchased Plan Rates - Medical

Census	Rates
One Person (1P)	\$598.38
Two Person (2P)	\$1,316.44
Family (FF)	\$1,735.30

Rx Rates/Equiv Breakout (as applicable)

Census	Rates/Equiv
One Person (1P)	Included in Med
Two Person (2P)	Included in Med
Family (FF)	Included in Med

Total Annual Premium

\$338,205

In Network

Coinsurance	0%
Deductible Individual	\$250
Deductible Family	\$500
Post-Deductible Coinsurance - Individual	\$0
Post-Deductible Coinsurance - Family	\$0
Office Visit Copay	\$30
Rx Copay	\$20/\$40/\$60
Prescription Drug Deductible	\$0

Total Costs

\$338,205

Best Case Annual Cost

\$338,205

Worst Case Annual Cost

\$338,205

Estimated Savings - \$

\$10,987

Estimated Savings - %

3%

HAP HMO; \$0 Ded; \$10/\$40 Rx

HAP
7/1/2013 - 6/30/2014
In Network

Coinsurance	0%
Deductible Individual	\$0
Deductible Family	\$0
Post-Deductible Coinsurance - Individual	\$0
Post-Deductible Coinsurance - Family	\$0
Office Visit Copay	\$15
Rx Copay	\$10/\$40
Prescription Drug Deductible	\$0

Purchased Plan Rates - Medical

Census	Rates
One Person (1P)	\$634.87
Two Person (2P)	\$1,396.75
Family (FF)	\$1,841.17

Rx Rates/Equiv Breakout (as applicable)

Census	Rates/Equiv
One Person (1P)	Included in Med
Two Person (2P)	Included in Med
Family (FF)	Included in Med

Total Annual Premium

\$358,836

In Network

Coinsurance	0%
Deductible Individual	\$0
Deductible Family	\$0
Post-Deductible Coinsurance - Individual	\$0
Post-Deductible Coinsurance - Family	\$0
Office Visit Copay	\$15
Rx Copay	\$10/\$40
Prescription Drug Deductible	\$0

Total Costs

\$358,836

Best Case Annual Cost

\$358,836

Worst Case Annual Cost

\$358,836

Estimated Savings - \$

-\$9,645

Estimated Savings - %

-3%

BCN HSA HDHP \$1250/\$2500; 20%
Coinsurance; \$15/\$50/50%

BCN
7/1/2013 - 6/30/2014
In Network

Coinsurance	20%
Deductible Individual	\$1,250
Deductible Family	\$2,500
Post-Deductible Coinsurance - Individual	\$1,000
Post-Deductible Coinsurance - Family	\$2,000
Office Visit Copay	\$0
Rx Copay	\$15/\$50/50%
Prescription Drug Deductible	\$0

Purchased Plan Rates - Medical

Census	Rates
One Person (1P)	\$433.99
Two Person (2P)	\$998.19
Family (FF)	\$1,128.39

Rx Rates/Equiv Breakout (as applicable)

Census	Rates/Equiv
One Person (1P)	Included in Med
Two Person (2P)	Included in Med
Family (FF)	Included in Med

Total Annual Premium

\$239,044

In Network

Coinsurance	20%
Deductible Individual	\$1,250
Deductible Family	\$2,500
Post-Deductible Coinsurance - Individual	\$1,000
Post-Deductible Coinsurance - Family	\$2,000
Office Visit Copay	\$0
Rx Copay	\$15/\$50/50%
Prescription Drug Deductible	\$0

Total Costs

\$239,044

Best Case Annual Cost

\$239,044

Worst Case Annual Cost

\$239,044

Estimated Savings - \$

\$110,147

Estimated Savings - %

32%



Medical Plan Comparison

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CURRENT PLAN

Carrier	Priority Health HMO \$0 Ded; \$15 OV; \$10/\$40 Rx	HealthPlus HMO ZF; \$0 Ded; \$15 OV; \$10/\$40 Rx	HealthPlus HMO ZL; \$0 Ded; \$20 OV; \$10/\$40 Rx	HealthPlus HMO HDHP 07YKXKM	Priority Health HMO \$250/\$500 Ded; \$30; \$10/\$40/\$80 Rx	Priority Health HMO \$500/\$1000 Ded; \$30; \$10/\$40/\$80 Rx
Rate Period	7/1/2013 - 6/30/2014	7/1/2013 - 6/30/2014	7/1/2013 - 6/30/2014	7/1/2013 - 6/30/2014	7/1/2013 - 6/30/2014	7/1/2013 - 6/30/2014
Purchased Plan Features	In Network	In Network	In Network	In Network	In Network	In Network
Coinsurance	0%	0%	0%	0%	0%	0%
Deductible Individual	\$0	\$0	\$0	\$1,250	\$250	\$500
Deductible Family	\$0	\$0	\$0	\$2,500	\$500	\$1,000
Post-Deductible Coinsurance - Individual	\$0	\$0	\$0	\$1,000	\$0	\$0
Post-Deductible Coinsurance - Family	\$0	\$0	\$0	\$1,000	\$0	\$0
Office Visit Copay	\$15	\$15	\$20	\$15	\$30	\$30
Rx Copay	\$10/\$40	\$10/\$40	\$10/\$40	\$15/\$30	\$10/\$40/\$80	\$10/\$40/\$80
Prescription Drug Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Purchased Plan Rates - Medical	Census	Census	Census	Census	Census	Census
One Person (1P)	7	7	7	7	7	7
Two Person (2P)	9	9	9	9	9	9
Family (FF)	7	7	7	7	7	7
Rates	\$617.82	\$562.02	\$549.30	\$472.21	\$567.12	\$539.91
One Person (1P)	\$1,359.20	\$1,236.50	\$1,208.51	\$1,038.91	\$1,247.66	\$1,187.80
Two Person (2P)	\$1,791.68	\$1,629.91	\$1,593.02	\$1,369.45	\$1,644.65	\$1,565.74
Rates/Equiv Breakout (as applicable)	Rates/Equiv	Rates/Equiv	Rates/Equiv	Rates/Equiv	Rates/Equiv	Rates/Equiv
One Person (1P)	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Two Person (2P)	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Family (FF)	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Total Annual Premium	\$349,192	\$317,664	\$310,474	\$266,902	\$320,536	\$305,157
Resulting Plan Features	In Network	In Network	In Network	In Network	In Network	In Network
Coinsurance	0%	0%	0%	0%	0%	0%
Deductible Individual	\$0	\$0	\$0	\$1,250	\$250	\$500
Deductible Family	\$0	\$0	\$0	\$2,500	\$500	\$1,000
Post-Deductible Coinsurance - Individual	\$0	\$0	\$0	\$1,000	\$0	\$0
Post-Deductible Coinsurance - Family	\$0	\$0	\$0	\$1,000	\$0	\$0
Office Visit Copay	\$15	\$15	\$20	\$15	\$30	\$30
Rx Copay	\$10/\$40	\$10/\$40	\$10/\$40	\$15/\$30	\$10/\$40/\$80	\$10/\$40/\$80
Prescription Drug Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	PEPMM	PEPMM	PEPMM	PEPMM	PEPMM	PEPMM
Best Case Annual Cost	\$349,192	\$317,664	\$310,474	\$266,902	\$320,536	\$305,157
Estimated Annual Cost	\$349,192	\$317,664	\$310,474	\$266,902	\$320,536	\$305,157
Worst Case Annual Cost	\$349,192	\$317,664	\$310,474	\$266,902	\$320,536	\$305,157
Estimated Savings - \$	\$114	\$31,527	\$38,718	\$298	\$28,656	\$160
Estimated Savings - %	9%	9%	11%	24%	8%	13%