

*Submitted by
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One Suffix of Six - 2 rated locations

BCBS PPO FB Rated as one group - Alternatives

Enrollment as of 11/2010 census

	CURRENT BCBS FB HSA (Suffix 002) - CLARE location		Alternate #4 - Priority Health HSA		Alternate #5 Alliance Health & Life PPO HDHP Healthy Solutions 2		Alternate #6 HealthPlus PPO HDHP Plan 2C	
Single	0		0		0		0	
2 Person	1		1		1		1	
Family	1		1		1		1	
Total Enrollment:	2		2		2		2	
PLAN DESIGN	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Deductible	\$2,000(single) \$4,000(family)	\$4,000(single) \$8,000(family)	\$2,000(single) \$4,000(family)	\$4,000(single) \$8,000(family)	\$2,000(single) \$4,000(family)	\$4,000(single) \$8,000(family)	\$2,850(single) \$5,650(family)	\$5,500(single) \$11,000(family)
Coinsurance	100%	80/20%	100%	70/30%	100%	50/50%	100%	80/20%
Coinsurance Maximum <i>(does not include deductible)</i>	None	\$1,000 (single)/ \$2,000 (family)	\$2,000 (single) \$4,000 (family)	\$2,000 (single) \$4,000 (family)	\$3,000 (single) \$6,000 (family)	\$6,000 (single) \$12,000 (family)	None	\$1,000 (single) \$2,000 (family)
Office Visit Copay	100% after ded.	80% after ded.	100% after ded.	70% after ded.	100% after ded.	50% after ded.	100% after ded.	80% after ded. (excess charges may apply)
Chiropractic	100% after ded. (24 visits)	80% after ded.	100% after ded. (30 visits)	50% after ded.	100% after ded. (20 visits)	50% after ded.	100% after ded. (38 visits)	80% after ded. (excess charges may apply)
Emergency Room Copay	100% after ded.	100% after in net. ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	80% after ded. (excess charges may apply)
Generic / Brand Rx Copay	\$10/\$40 after ded.	100% after ded.	\$20/\$60/\$80/ 20% -Preferred specialty max of \$200 / Non Preferred specialty max of \$400 after ded.	Not Covered	\$5/\$30/\$60 after ded.	\$5/\$30/\$60 after ded.	100% after ded.	100% after Ded. (excess charges may apply)
Notes					Rates below are approximate and may vary			
Monthly Rates	Current Rates		Renewal Rates					
Single	\$480.27	\$655.59			\$526.61		\$518.47	
2 Person	\$1,152.66	\$1,573.42			\$1,211.20		\$1,166.55	
Family	\$1,392.80	\$1,966.77			\$1,369.18		\$1,399.87	
Gross Annual Premium (PPO Only)	\$30,546	\$42,482	\$21,975		\$30,965		\$30,797	
Gross Avg Cost per EE	\$15,273	\$21,241	\$10,987		\$15,482		\$15,399	
Gross Difference From Current (CMM & PPO 12 Combined)	\$	\$11,937			\$419		\$252	
	%	39%			1%		1%	

Prior approval required for certain services. Failure to obtain will result in a reduction in benefits. Advanced Diagnostic imaging 100% In Ntwk / 70% Out of Ntwk after deductible per test. Plan includes a \$5 Million annual maximum.

Some services may require precertification. If precertification procedures are not followed, inpatient benefits will be subject to a \$250 penalty and outpatient benefits will be subject to a 50% penalty up to a maximum of \$250.

Some services require prior authorization. Emergency admissions require authorization within 24 hours.

Priority Health: Out of state employees would access the PHCS Network

Alliance Health & Life: Illinois and Osceola County employees would access the HPI affiliated providers

HealthPlus: Illinois employees would access the HFN Network (Health's Finest Network)

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services.

Differences from the Current Plan are shaded and bolded

Another Suffix of Six - 2 rated locations

BCBS PPO FB Rated as one group - Alternatives

Enrollment as of 11/2010 census

	CURRENT BCBS FB HSA (Suffix 549) -WAYNE location		Alternate #4 - Priority Health HSA		Alternate #5 Alliance Health & Life PPO HDHP Healthy Solutions 2		Alternate #6 HealthPlus PPO HDHP Plan 2C	
Single	2		2		2		2	
2 Person	1		1		1		1	
Family	1		1		1		1	
Total Enrollment:	4		4		4		4	
PLAN DESIGN								
	<u>In-Network</u>	<u>Out of Network</u>	<u>In-Network</u>	<u>Out of Network</u>	<u>In-Network</u>	<u>Out of Network</u>	<u>In-Network</u>	<u>Out of Network</u>
Deductible	\$2,000(single) \$4,000(family)	\$4,000(single) \$8,000(family)	\$2,000(single) \$4,000(family)	\$4,000(single) \$8,000(family)	\$2,000(single) \$4,000(family)	\$4,000(single) \$8,000(family)	\$2,850(single) \$5,650(family)	\$5,500(single) \$11,000(family)
Coinsurance	100%	80/20%	100%	70/30%	100%	50/50%	100%	80/20%
Coinsurance Maximum <i>(does not include deductible)</i>	None	\$1,000 (single)/ \$2,000 (family)	\$2,000 (single) \$4,000 (family)	\$2,000 (single) \$4,000 (family)	\$3,000 (single) \$6,000 (family)	\$6,000 (single) \$12,000 (family)	None	\$1,000 (single) \$2,000 (family)
Office Visit Copay	100% after ded.	80% after ded.	100% after ded.	70% after ded.	100% after ded.	50% after ded.	100% after ded.	80% after ded. (excess charges may apply)
Chiropractic	100% after ded. (24 visits)	80% after ded.	100% after ded. (30 visits)	50% after ded.	100% after ded. (20 visits)	50% after ded.	100% after ded. (38 visits)	80% after ded. (excess charges may apply)
Emergency Room Copay	100% after ded.	100% after in net. ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	100% after ded.	80% after ded. (excess charges may apply)
Generic / Brand Rx Copay	\$10/\$40 after ded.	100% after ded.	\$20/\$60/\$80/ 20% -(Preferred specialty max of \$200 / Non Preferred specialty max of \$400) after ded.	Not Covered	\$5/\$30/\$60 after ded.	\$5/\$30/\$60 after ded.	100% after ded.	100% after Ded. (excess charges may apply)
Notes	Rates below are approximate and may vary							
Monthly Rates								
	Current Rates	Renewal Rates						
Single	\$443.11	\$527.62	\$369.95		\$526.61		\$518.47	
2 Person	\$1,063.46	\$1,266.27	\$813.88		\$1,211.20		\$1,166.55	
Family	\$1,285.00	\$1,582.85	\$1,017.35		\$1,369.18		\$1,399.87	
Gross Annual Premium (PPO Only)	\$38,816	\$46,852	\$30,854		\$43,603		\$43,240	
Gross Avg Cost per EE	\$9,704	\$11,713	\$7,713		\$10,901		\$10,810	
Gross Difference From Current (CMM & PPO 12 Combined)		\$8,036	(\$7,961)		\$4,787		\$4,424	
		21%	-21%		12%		11%	

Prior approval required for certain services. Failure to obtain will result in a reduction in benefits. Advanced Diagnostic Imaging 100% In Ntwk / 70% Out of Ntwk after deductible per test. Plan includes a \$5 Million annual maximum.

Some services may require precertification. If precertification procedures are not followed, inpatient benefits will be subject to a \$250 penalty and outpatient benefits will be subject to a 50% penalty up to a maximum

Some services require prior authorization. Emergency admissions require authorization within 24 hours.

Priority Health: Out of state employees would access the PHCS Network.

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Differences from the Current Plan are shaded and bolded

ABC Company Current Dental Analysis vs. Alternatives

Rates Renew 11/1/10

ITEM	Current		Alternative 1a		Alternative 1b		Alternative 2		Alternative 3	
	Guardian		Mutual of Omaha		Mutual of Omaha		MetLife		MetLife	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Class Definitions			Class 1: All eligible Employees-excluding Texas Class 2: All eligible Texas employees (In Network Only)		Class 1: All eligible Employees-excluding Texas Class 2: All eligible Texas employees (In Network Only)		Class 1: All eligible Employees-excluding Texas Class 2: All eligible Texas employees		Class 1: All eligible Employees-excluding Texas Class 2: All eligible Texas employees	
Deductible	Basic & Major only		Basic & Major only		Basic & Major only		Basic & Major only		Basic & Major only	
- Single	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
- Family	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Office Visit Copayment	N/A		N/A		N/A		N/A		N/A	
Annual Maximum	\$1,500		\$1,500		\$2,000		\$1,500		\$1,500	
Benefit Schedule										
- Preventive	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Basic	90%	80%	90%	80%	90%	80%	Class 1: 90% Class 2: 90%	Class 1: 80% Class 2: 90%	Class 1: 90% Class 2: 80%	Class 1: 80% Class 2: 80%
- Major	60%	50%	60%	50%	60%	50%	Class 1: 60% Class 2: 60%	Class 1: 50% Class 2: 60%	Class 1: 60% Class 2: 50%	Class 1: 50% Class 2: 50%
- Orthodontics Endo/Perio	No Ortho Basic	No Ortho Basic	No Ortho Endo - Basic/ Perio -Major	No Ortho Endo - Basic/ Perio -Major	No Ortho Endo - Basic/ Perio -Major	No Ortho Endo - Basic/ Perio -Major	No Ortho Basic	No Ortho Basic	No Ortho Basic	No Ortho Basic
Ortho Lifetime Maximum	N/A		N/A		N/A		N/A		N/A	
Rate Guarantee	N/A		1 Year (Effective 11/1/10)		1 Year (Effective 11/1/10)		1 Year		1 Year	

Notes:	Non-contributory (with waivers)	Non-contributory (100% participation)	Non-contributory (100% participation)	Contributory (95% participation) Late entrant W.P. - Basic W.P.-6 mo.(fillings), 12 mo. other; Major W.P.-24 mo.	Contributory (95% participation) Late entrant W.P. - Basic W.P.-6 mo.(fillings), 12 mo. other; Major W.P.-24 mo.
		Late entrant W.P. - 12 mo.	Late entrant W.P. - 12 mo.	OON claims Percentage - 80th%	OON claims Percentage - 80th%
		OON claims Percentage - 90th%	OON claims Percentage - 90th%	Includes Annual Open Enrollment	Includes Annual Open Enrollment

Plan Costs	Enrolled	No Annual Open Enrollment		No Annual Open Enrollment		No Annual Open Enrollment		Includes Annual Open Enrollment		Includes Annual Open Enrollment	
		Current	Renewal	Alt. 1a	Alt. 1b	Alternative 2	Alternative 3				
Employee	13	\$54.61	\$57.34	\$36.36	\$38.85	\$42.80	\$40.56				
EE+SP	3	\$110.78	\$116.32	\$74.21	\$80.10	\$86.79	\$82.22				
EE+CH	1	\$101.79	\$106.88	\$75.72	\$78.54	\$78.01	\$74.41				
Family	7	\$157.97	\$165.87	\$104.31	\$109.37	\$128.52	\$122.34				
Totals	24	\$2,250	\$2,362	\$1,501	\$1,589	\$1,794	\$1,705				
Annual Totals		\$26,998	\$28,348	\$18,014	\$19,074	\$21,533	\$20,457				

\$ Difference from Current	\$1,350	(\$9,984)	(\$7,924)	(\$5,465)	(\$6,511)
% Difference from Current	5%	-33%	-29%	-20%	-24%

*Packaged rates
if any employee waives, the rates will vary*

Enrollment taken from August 2010 Bill.
Differences from Current plan are Bolded and Shaded

ABC Company

Current / Renewal Basic Life/AD&D vs. Alternatives

ITEM	Current/Renewal		Alternative 1	Alternative 2
	Guardian		Mutual of Omaha	MetLife
Classification	Class 1: Full time EE's earning more than \$60k annually Class 2: Full time EE's earning between \$45-\$60k annually Class 3: Full time EE's earning between \$36-\$45k annually Class 4: Full time EE's earning between \$29-\$36k annually Class 5: Full time EE's earning between \$26-\$29k annually Class 6: Full time EE's earning between \$16-\$26k annually Class 7: Full time EE's earning less than \$16k annually		Full time EE's earning more than \$60k annually Full time EE's earning between \$45-\$60k annually Full time EE's earning between \$36-\$45k annually Full time EE's earning between \$29-\$36k annually Full time EE's earning between \$16-\$26k annually Class can be matched if implemented Class can be matched if implemented	All employees
Benefit				
Class 1	\$200,000		\$200,000	2.5 times Base Annual Earnings to a max of \$200,000
Class 2	\$154,000		\$154,000	
Class 3	\$120,000		\$120,000	
Class 4	\$105,000		\$105,000	
Class 5	\$70,000		\$63,000	
Class 6	\$63,000		N/A	
Class 7	\$30,000		N/A	
Reduction Schedule	35% at age 65, 50% at age 70		35% at age 65, 50% at age 70	35% at age 70, 55% at age 75, 70% at age 80
Guarantee Issue				
Class 1	\$154,000		\$200,000	
All other	Full Benefit		\$200,000	\$200,000
Monthly Volume	\$3,244,000		\$3,244,000	\$3,244,000
Covered Lives	21		21	21
RATES per \$1,000	Current	Renewal	Alternative 1	Alternative 2
Life	\$0.220	\$0.220	\$0.225	\$0.258
AD&D	\$0.030	\$0.030	\$0.030	\$0.016
Total	\$0.250	\$0.250	\$0.255	\$0.274
Rate Guarantee	11/1/2009-11/1/2010	11/1/2010-11/1/2011	11/1/2010-11/1/2012	11/1/2010-11/1/2012
Monthly Premium	\$811.00	\$811.00	\$827.22	\$888.86
Annual Premium	\$9,732	\$9,732	\$9,927	\$10,666

Packaged Rates

\$ Difference from Current	\$0	\$195	\$934
% Difference from Current	0%	2%	10%

Volume taken from August 2010 Bill. Benefits are Non-contributory.