



Medical Plan Comparison

Huron School District

Teachers

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

Carrier	Rate Period	Quote Expiration Date	Purchased Plan Features	HealthPlus HDHP 1G \$5 OV \$5/\$15 Rx HSA	HealthPlus PPO OP DDX1 5/25 Rx	HealthPlus PPO 5P 5/10 Rx	HealthPlus/TASC HDHP 1G \$5 OV \$5/\$15 Rx HRA
MESSA Choices II \$5/\$10	7/1/2010 - 6/30/2011	N/A	In Network	HealthPlus 1/1/2011 - 6/30/2011 3/31/2011 In Network	HealthPlus 1/1/2011 - 6/30/2011 3/31/2011 In Network	HealthPlus 1/1/2011 - 6/30/2011 3/31/2011 In Network	HealthPlus 1/1/2011 - 6/30/2011 3/31/2011 In Network
Coinsurance			0%	0%	0%	0%	20%
Deductible Individual			\$0	\$0	\$0	\$0	\$1,250
Deductible Family			\$0	\$0	\$0	\$0	\$2,500
Post-Deductible Coinsurance - Individual			\$0	\$0	\$0	\$0	\$1,000
Post-Deductible Coinsurance - Family			\$0	\$0	\$0	\$0	\$2,000
Office Visit Copay			\$5	\$5	\$5	\$5	\$5
Rx Copay			\$5/\$10	\$5/\$25	\$5/\$10	\$5/\$10	\$5/\$15
Purchased Plan Rates - Medical							
One Person (1P)			\$688.75	\$614.26	\$631.52	\$614.26	\$467.55
Two Person (2P)			\$1,547.82	\$1,380.43	\$1,419.20	\$1,380.43	\$1,050.72
Family (FF)			\$1,719.63	\$1,533.66	\$1,576.74	\$1,533.66	\$1,167.35
Rx Rates/Equiv Breakout (as applicable)							
One Person (1P)			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
Family (FF)			Included in Med	Included in Med	Included in Med	Included in Med	Included in Med
Total Annual Premium			\$1,911,112	\$1,704,433	\$1,752,310	\$1,752,310	\$1,297,336
Deductible & Coins Funding							
Exposure Basis - Individual			\$0	\$0	\$0	\$0	\$1,250
Exposure Basis - Family			\$0	\$0	\$0	\$0	\$2,500
Total Exposure			\$0	\$0	\$0	\$0	\$242,500
Estimated Utilization Rate			0%	0%	0%	0%	80%
Additional Ded, Coins, Rx Expense Administration							
Admin Fee			\$0	\$0	\$0	\$0	\$194,000
Combined Total Administration							
Resulting Plan Features							
Coinsurance			0%	0%	0%	0%	0%
Deductible Individual			\$0	\$0	\$0	\$0	\$0
Deductible Family			\$0	\$0	\$0	\$0	\$0
Post-Deductible Coinsurance - Individual			\$0	\$0	\$0	\$0	\$1,000
Post-Deductible Coinsurance - Family			\$0	\$0	\$0	\$0	\$2,000
Office Visit Copay			\$5	\$5	\$5	\$5	\$5
Rx Copay			\$5/\$10	\$5/\$25	\$5/\$10	\$5/\$10	\$5/\$15
Total Costs							
Best Case Annual Cost			\$1,911,112	\$1,704,433	\$1,752,310	\$1,752,310	\$1,306,452
Estimated Annual Cost			\$1,911,112	\$1,704,433	\$1,752,310	\$1,752,310	\$1,500,452
Worst Case Annual Cost			\$1,911,112	\$1,704,433	\$1,752,310	\$1,752,310	\$1,548,952
Estimated Savings - \$			\$289	\$371,276	\$161	\$206,679	\$410,660
Estimated Savings - %			19%	11%	8%	8%	21%
Final Illustrative Plan Rates							
One Person (1P)			\$688.75	\$614.26	\$631.52	\$614.26	\$540.75
Two Person (2P)			\$1,547.82	\$1,380.43	\$1,419.20	\$1,380.43	\$1,215.23
Family (FF)			\$1,719.63	\$1,533.66	\$1,576.74	\$1,533.66	\$1,350.12