

COOR ISD

07.01.16

All Employees

	MESSA Choices (PPO)		BCBS Community Blue PPO \$250	BCBS Community Blue PPO \$500	BCBS Simply Blue PPO \$250	BCBS Simply Blue PPO \$500 / \$1500 ECM
Health Insurance						
Preventative	100%		100%	100%	100%	100%
Office Visits	\$20		\$20	\$20	\$20	\$20
Hospital - Inpatient	Deductible - 100%		Deductible - 80%	Deductible - 80%	Deductible - 80%	Deductible - 80%
Hospital - Outpatient	Deductible - 100%		Deductible - 80%	Deductible - 80%	Deductible - 80%	Deductible - 80%
Emergency Room	\$50		\$150	\$150	\$150	\$150
Urgent Care	\$25		\$20	\$20	\$20	\$20
Prescription	\$2 or \$10/\$20/\$40 – max \$1000/2000		\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Deductible	\$500/1000		\$250/500	\$500/1000	\$250/500	\$500/1000
Max Co-Insurance	\$0		\$1000/20000	\$1500/3000	\$1500/3000	\$1500/3000
Max Out of Pocket	\$1500/3000		\$6350/12700	\$6350/12700	\$6350/12700	\$6350/12700
Premiums	<u>2015-2016</u>	<u>2016-2017</u>				
Employee	\$559.79	\$637.77	\$571.47	\$542.77	\$517.48	\$496.87
Employee + One Dependen	\$1,257.65	\$1,433.12	\$1,371.54	\$1,302.66	\$1,241.95	\$1,192.49
Employee + Dependents	\$1,564.69	\$1,783.04	\$1,714.42	\$1,628.32	\$1,552.43	\$1,490.61
Health Insurance	MESSA ABC Plan 1 (PPO / HSA)		BCBS Simply Blue PPO HSA			
Preventative	100%		100%			
Office Visits	Deductible - 100%		Deductible - 100%			
Hospital - Inpatient	Deductible - 100%		Deductible - 100%			
Hospital - Outpatient	Deductible - 100%		Deductible - 100%			
Emergency Room	Deductible - 100%		Deductible - 100%			
Urgent Care	Deductible - 100%		Deductible - 100%			
Prescription	Ded - \$2 or \$10/\$20/\$40		Ded - \$10/\$40/\$80			
Deductible	\$1300/\$2600		\$1300/2600			
Max Co-Insurance	\$0		\$0			
Max Out of Pocket	\$2300/4600		\$2250/4500			
Premiums	<u>2015-2016</u>	<u>2016-2017</u>				
Employee	\$506.49	\$574.15	\$438.59			
Employee + One Dependen	\$1,137.73	\$1,289.97	\$1,052.62			
Employee + Dependents	\$1,415.46	\$1,604.91	\$1,315.78			

W / CESPA

NEW COLLECT

COOR ISD

	Lives	MESSA				Guardian		Principal		Lincoln	
		Current		Renewal							
Life & AD&D											
Administration											
Benefit		\$100,000		\$100,000	\$100,000		\$100,000		\$100,000	\$100,000	
Volume	8	\$600,000		\$600,000	\$600,000		\$600,000		\$600,000	\$600,000	
Cost per \$1,000		\$0.17	\$102.00	\$0.17	\$102.00	\$0.20	\$120.00	\$0.153	\$91.50	\$0.165	\$99.00
Non Union Support Staff											
Benefit		\$40,000		\$40,000	\$40,000		\$40,000		\$40,000	\$40,000	
Volume	21	\$840,000		\$840,000	\$840,000		\$840,000		\$840,000	\$840,000	
Cost per \$1,000		\$0.17	\$142.80	\$0.17	\$142.80	\$0.20	\$168.00	\$0.153	\$126.52	\$0.165	\$138.60
Union Support Staff											
Benefit		\$20,000		\$20,000	\$20,000		\$20,000		\$20,000	\$20,000	
Volume	38	\$760,000		\$760,000	\$760,000		\$760,000		\$760,000	\$760,000	
Cost per \$1,000		\$0.17	\$129.20	\$0.17	\$129.20	\$0.20	\$152.00	\$0.153	\$116.28	\$0.165	\$125.40
Teachers											
Pak A & C											
Benefit		\$30,000		\$30,000	\$30,000		\$30,000		\$30,000	\$30,000	
Volume	16	\$480,000		\$480,000	\$480,000		\$480,000		\$480,000	\$480,000	
Cost per \$1,000		\$0.17	\$81.60	\$0.17	\$81.60	\$0.20	\$96.00	\$0.153	\$73.44	\$0.165	\$79.20
Pak B											
Benefit		\$40,000		\$40,000	\$40,000		\$40,000		\$40,000	\$40,000	
Volume	1	\$40,000		\$40,000	\$40,000		\$40,000		\$40,000	\$40,000	
Cost per \$1,000		\$0.17	\$6.80	\$0.17	\$6.80	\$0.20	\$6.00	\$0.153	\$4.59	\$0.165	\$6.60
Total Monthly	82		\$462.40		\$462.40		\$542.00		\$414.83		\$448.80
Total Annual			\$5,548.80		\$5,548.80		\$6,504.00		\$4,975.56		\$5,385.60
Annual Change					\$0.00		\$958.20		(\$573.24)		(\$163.20)
% Annual Change					0.00%		17.21%		-10.33%		-2.94%
LTD											
Administration											
Benefit Percentage of Salary		66.67%		66.67%	66.67%		66.67%		66.67%	66.67%	
Monthly Maximum Benefit		\$2,500		\$2,500	\$2,500		\$2,500		\$2,500	\$2,500	
Elimination Days		90 Day		90 Day	90 Day		90 Day		90 Day	90 Day	
Volume (monthly salary)	8	\$22,489		\$22,489	\$22,489		\$22,489		\$22,489	\$22,489	
Cost per 100		\$0.72	\$181.92	\$0.72	\$181.92	\$0.20	\$44.98	\$0.38	\$85.46	\$0.34	\$78.46
Non Union Support Staff											
Benefit Percentage of Salary		66.67%		66.67%	66.67%		66.67%		66.67%	66.67%	
Monthly Maximum Benefit		\$2,500		\$2,500	\$2,500		\$2,500		\$2,500	\$2,500	
Elimination Days		90 Day		90 Day	90 Day		90 Day		90 Day	90 Day	
Volume (monthly salary)	21	\$62,129		\$62,129	\$62,129		\$62,129		\$62,129	\$62,129	
Cost per 100		\$0.83	\$515.67	\$0.83	\$515.67	\$0.48	\$298.22	\$0.38	\$238.09	\$0.34	\$211.24
Union Support Staff											
Benefit Percentage of Salary		66.67%		66.67%	66.67%		66.67%		66.67%	66.67%	
Monthly Maximum Benefit		\$2,500		\$2,500	\$2,500		\$2,500		\$2,500	\$2,500	
Elimination Days		90 Day		90 Day	90 Day		90 Day		90 Day	90 Day	
Volume (monthly salary)	38	\$55,953		\$55,953	\$55,953		\$55,953		\$55,953	\$55,953	
Cost per 100		\$1.34	\$744.95	\$1.08	\$804.29	\$0.53	\$294.64	\$0.38	\$211.25	\$0.34	\$189.02
Teachers											
Benefit Percentage of Salary		66.67%		66.67%	66.67%		66.67%		66.67%	66.67%	
Monthly Maximum Benefit		\$3,500		\$3,500	\$3,500		\$3,500		\$3,500	\$3,500	
Elimination Days		90 Day		90 Day	90 Day		90 Day		90 Day	90 Day	
Volume (monthly salary)	17	\$78,605		\$78,605	\$78,605		\$78,605		\$78,605	\$78,605	
Cost per 100		\$0.59	\$463.77	\$0.60	\$471.63	\$0.41	\$322.28	\$0.38	\$298.70	\$0.34	\$267.26
Total Monthly	82		\$1,886.31		\$1,753.51		\$960.12		\$831.50		\$743.97
Total Annual			\$22,635.69		\$21,042.17		\$11,521.45		\$9,978.01		\$8,927.69
Annual Change					(\$1,593.52)		(\$11,114.24)		(\$12,857.88)		(\$13,707.99)
% Annual Change					-7.04%		-48.10%		-59.92%		-60.56%
							rates would increase 6% if all products not sold		rates as if 3 Principal products sold		
total annual (life & ltd)			\$28,184.49		\$26,590.97		\$18,025.45		\$14,953.57		\$14,313.29
Annual Change					(\$1,593.52)		(\$10,158.04)		(\$13,230.92)		(\$13,871.19)
% change					-5.65%		-38.04%		-48.94%		-49.22%

COOR ISD

Subscribers	MESSA		Priority Health B-1000	Guardian	Principal	Lincoln	
	Current	Renewal					
Dental							
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	
Preventive Services	75%	75%	100%	75%	75%	75%	
Basic Services	75%	75%	80%	75%	75%	75%	
Major Services	50%	50%	50%	50%	50%	50%	
Orthodontia	75%	75%	50%	80%	75%	60%	
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1000 w/ rollover	\$1,000	\$1,000	
Orthodontia Lifetime	\$1,200	\$1,200	\$1,000	\$1,200	\$1,200	\$1,200	
Premiums							
Administration							
Employee	1	\$29.68	\$29.39	\$30.36	\$28.25	\$28.92	\$34.28
Employee + One Dependent	1	\$59.83	\$59.37	\$58.62	\$56.94	\$52.67	\$62.23
Employee + Dependents	4	\$104.17	\$103.67	\$103.95	\$107.82	\$94.53	\$104.55
		\$506.19	\$504.24	\$504.78	\$516.47	\$459.71	\$514.73
Non Union Support Staff							
Employee	6	\$24.82	\$24.96	\$30.36	\$28.25	\$28.92	\$34.28
Employee + One Dependent	1	\$48.58	\$49.52	\$58.62	\$56.94	\$52.67	\$62.23
Employee + Dependents	14	\$90.23	\$92.55	\$103.95	\$107.82	\$94.53	\$104.55
		\$1,459.52	\$1,494.98	\$1,696.08	\$1,735.92	\$1,549.61	\$1,731.69
Teachers							
Employee	5	\$25.21	\$25.29	\$30.36	\$28.25	\$28.92	\$34.28
Employee + One Dependent	5	\$50.18	\$50.66	\$58.62	\$56.94	\$52.67	\$62.23
Employee + Dependents	7	\$93.26	\$95.59	\$103.95	\$107.82	\$94.53	\$104.55
		\$1,029.77	\$1,048.68	\$1,172.55	\$1,180.69	\$1,069.66	\$1,214.45
Dental							
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	
Preventive Services	100%	100%	100%	100%	100%	100%	
Basic Services	80%	80%	80%	80%	80%	80%	
Major Services	80%	80%	50%	80%	80%	50%	
Orthodontia	80%	80%	50%	80%	80%	60%	
Annual Maximum	\$1,200	\$1,200	\$1,000	\$1200 w/ rollover	\$1,200	\$1,000	
Orthodontia Lifetime	\$1,500	\$1,500	\$1,000	\$1,500	\$1,500	\$1,200	
Premiums							
Union Support Staff							
Employee	22	\$33.34	\$32.52	\$40.21	\$46.17	\$47.43	\$40.81
Employee + One Dependent	6	\$67.66	\$65.86	\$77.66	\$91.02	\$86.04	\$74.58
Employee + Dependents	10	\$122.22	\$121.43	\$137.70	\$162.06	\$153.74	\$126.73
		\$2,361.64	\$2,324.90	\$2,727.58	\$3,182.46	\$3,097.10	\$2,612.53
Total Monthly	82	\$6,367.12	\$6,373.00	\$6,100.99	\$6,816.34	\$6,176.08	\$6,073.46
Total Annually		\$64,285.44	\$64,476.00	\$73,211.88	\$78,386.48	\$74,112.96	\$72,880.83
Annual Change			\$190.56	\$8,926.44	\$16,101.04	\$9,827.62	\$8,696.39
% Annual Change			0.30%	13.89%	23.49%	16.29%	13.37%

Must have Priority Health Medical to offer this coverage.

rates would increase 6% if all products not sold

rates as if 3 Principal products sold

COOR ISD

	Subscribers	MESSA		Priority Health	Guardian	Principal	Lincoln
		Current	Renewal				
<u>Vision</u>		VSP 2 S	VSP 2 S	PriorityVision H-2	w/ VSP	w/ VSP	
Frequency:							
Eye Exam		12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses		12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frames		12 Months	12 Months	12 Months	12 Months	24 Months	24 Months
Copay per frequency:							
Eye Exam		\$6.50	\$6.50	\$10.00	\$10.00	\$10.00	\$10.00
Lenses and Frames		\$18.00	\$18.00	\$10.00	\$25.00	\$25.00	\$25.00
Elective Contact Lense Allowance		\$90.00	\$90.00	\$130.00	\$130.00	\$150.00	\$125.00
<u>Premiums</u>							
Employee	34	\$5.76	\$5.76	\$6.88	\$6.05	\$7.08	\$7.60
Employee + One Dependent	13	\$12.38	\$12.38	\$12.38	\$13.00	\$13.01	\$13.86
Employee + Dependents	35	\$18.64	\$18.64	\$18.57	\$19.57	\$21.95	\$24.03
		<u>\$1,009.18</u>	<u>\$1,009.18</u>	<u>\$1,044.81</u>	<u>\$1,059.65</u>	<u>\$1,178.10</u>	<u>\$1,279.63</u>
Total Monthly	<u>82</u>	\$1,009.18	\$1,009.18	\$1,044.81	\$1,059.65	\$1,178.10	\$1,279.63
Total Annually		\$12,110.16	\$12,110.16	\$12,537.72	\$12,715.80	\$14,137.20	\$15,355.56
Annual Change			\$0.00	\$427.56	\$605.64	\$2,027.04	\$3,245.40
% Annual Change			0.00%	3.53%	5.00%	16.74%	26.80%

Must have Priority Health Medical to offer this coverage.

rates would increase 6% if all products not sold

rates as if 3 Principal products sold