

Cost Summary - Honey Creek Community School

Renewal Period: 10/01/2021 - 09/30/2022

Group / Division	Enrolled	Current Premium	Renewal Premium	% Difference
786752 Current / Renewal Priority Health - HMO HSA 100-2	15	\$13,201.02	\$13,663.18	3.50%
Monthly Medical Sub Total (Includes taxes and fees)		\$13,201.02	\$13,663.18	
2759-0001 Delta Dental - PPO Dental	15	\$1,262.28	\$1,266.21	0.31%
955830 Unum - Life/AD&D	27	\$175.16	\$175.16	0.00%
955830 Unum - Short Term Disability	27	\$487.74	\$487.74	0.00%
955830 Unum - Long Term Disability	27	\$280.21	\$280.21	0.00%
Monthly Total Premium		\$15,406.42	\$15,872.51	
Monthly Difference			\$466.09	
Annualized Total Premium		\$184,877.01	\$190,470.09	3.03%
Annual Difference			\$5,593.08	
Kapnick Administrative Services - FSA		\$1,150.00	\$1,150.00	0.00%
Kapnick Administrative Services - COBRA		\$600.00	\$600.00	0.00%

Premium and enrollment are based on most currently available invoice.

Priority Health HMO Medical Renewal - Honey Creek Community School

Renewal Period: 10/01/2021 - 09/30/2022

	Current Plan	Renewal Plan	
	786752	786752	
	PH HMO HSA 100-2	PH HMO HSA 100-2	
	<u>In Network</u>	<u>In Network</u>	
Deductible:	\$3000/6000	\$3000/6000	
Coinsurance:	100%	100%	
Coinsurance Maximum:	None	None	
Out of Pocket Maximum: ¹	\$5000/10,000	\$5000/10,000	
Office Visit Copay:	Subject to ded/coins.	Subject to ded/coins.	
Specialist Office Visit Copay:	Subject to ded/coins.	Subject to ded/coins.	
Chiropractic Office Visit Copay:	Subject to ded/coins.; 30 visits max. (combined therapies)	Subject to ded/coins.; 30 visits max. (combined therapies)	
Urgent Care Copay:	Subject to ded/coins.	Subject to ded/coins.	
Emergency Room Copay:	Subject to ded/coins.	Subject to ded/coins.	
	Subject to ded. then:	Subject to ded. then:	
	\$20 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpreferred Specialty max. \$400/ Mail Order 2x	\$20 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpreferred Specialty max. \$400/ Mail Order 2x	
Prescription Drug Benefit: ³			
Medical, Rx		Current Rates²	Renewal Rates²
Single	9	\$541.02	\$559.96
Two Person	2	\$1,190.26	\$1,231.93
Family	4	\$1,487.83	\$1,539.92
Enrolled Employees	15		
Enrolled Members	28		
Monthly Cost			
Premium		\$13,201.02	\$13,663.18
Total Monthly Cost		\$13,201.02	\$13,663.18
Annual Cost			
Premium		\$158,412.24	\$163,958.16
Total Annual Cost		\$158,412.24	\$163,958.16
Difference			\$5,545.92
			3.50%

A.M. Best Rating: A (Excellent)

¹ Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

² Rates include estimated fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

³ Rx excludes drugs for the treatment of sexual dysfunction, weight loss, cough & cold.

Priority Health HMO Medical Renewal with Options - Honey Creek Community School

Renewal Period: 10/01/2021 - 09/30/2022

Group Number: 786752

	Deductible	Co-Insurance	Embedded Co-Insurance Maximum	Out of Pocket Maximum ¹	OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Benefit Riders	Prescription Drug Plan	Single 2 Person Family	Monthly Premium	Annual Premium	% Increase Over Current Plan Design	
Current eff. 10/2020	Priority Health HMO HSA 100-2 In Network	Embedded \$3000/6000 Plan Yr.	100%	None	\$5000/10,000	Subject to deductible/coinsurance: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic; 30 visits max. (combined therapies) Excludes Pediatric Vision	Subject to ded. then: \$20 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpref. Spec. max. \$400/ Mail Order 2x	\$541.02 \$1,190.26 \$1,487.83	\$13,201.02	\$158,412.24	
Renewal eff. 10/2021	Priority Health HMO HSA 100-2 In Network	Embedded \$3000/6000 Plan Yr.	100%	None	\$5000/10,000	Subject to deductible/coinsurance: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic; 30 visits max. (combined therapies) Excludes Pediatric Vision	Subject to ded. then: \$20 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$200/ 20% Nonpref. Spec. max. \$400/ Mail Order 2x	\$559.96 \$1,231.93 \$1,539.92	\$13,663.18	\$163,958.16	3.50%
Option 1	Priority Health HMO HSA Silver 2000 In Network	Aggregate \$2000/4000 Plan Yr.	70/30%	None	\$6650/13,300	Subject to deductible/coinsurance: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic; 30 visits max. (combined therapies) Includes Pediatric Vision	Subject to ded. then: \$5 Value Generic/ \$25 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$350/ 20% Nonpref. Spec. max. \$550/ Mail Order 2x	Age Banded Rates \$11,378.89	\$136,546.68	-13.80%	
Option 2	Priority Health HMO HSA Gold 2300 In Network	Aggregate \$2300/4600 Plan Yr.	100%	None	\$4600/9200	Subject to deductible/coinsurance: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic; 30 visits max. (combined therapies) Includes Pediatric Vision	Subject to ded. then: \$5 Value Generic/ \$30 Generic/ \$70 Preferred Brand/ \$90 Nonpreferred Brand/ 20% Specialty max. \$250/ 20% Nonpref. Spec. max. \$450/ Mail Order 2x	Age Banded Rates \$12,607.63	\$151,291.56	-4.50%	

A.M. Best Rating: A (Excellent)

¹Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

²HMO/POS: OV = Primary Care Physician (PCP) ³HMO/POS: Specialist, when referred; ⁴UC = Urgent Care; ⁵ER= Emergency Room; ⁶AI= Advanced Imaging

Rates include estimated fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Rx excludes drugs for the treatment of sexual dysfunction, weight loss, cough & cold.

Delta Dental Renewal - Honey Creek Community School

Renewal Period: 10/01/2021 - 09/30/2022

Group Number: 2759-0001

Current / Renewal Plan

Dental Network:
Deductible:
Annual Maximum:
Out of Pocket Maximum:

Coverage for all 19+ with Pediatric dental plan

Delta Preferred & Premier
\$50 / \$150 (waived for preventive services)
\$1,000
N/A

Pediatric Dental Plan

High Pediatric

In Network	Out of Network
None	None
None	None
\$350/700	N/A

Benefit Percentage

	Benefit Percentage	
	Delta Preferred	Delta Premier or Out of Network ¹
Preventive Services	100%	100%
Radiographs	100%	100%
Oral Surgery	50%	50%
Minor Restorative Services	80%	80%
Periodontic Services	80%	80%
Endodontic Services	80%	80%
Major Restorative Services	50%	50%
Prosthetic Services	50%	50%
Orthodontia Services	not covered	not covered

Benefit Percentage

Benefit Percentage (Under age 19)	
In Network	Out of Network
100%	100%
100%	100%
80%	60%
80%	60%
80%	60%
80%	60%
50%	50%
50%	50%
not covered	not covered

		Current Rates	Renewal Rates	% Difference
Dental Rate	<i>Contracts</i>			
Single	7	\$40.52	\$40.51	-0.02%
Two Person	2	\$75.62	\$76.36	0.98%
Family	6 15	\$137.90	\$138.32	0.30%
Monthly Premium		\$1,262.28	\$1,266.21	
Annual Premium		\$15,147.36	\$15,194.52	
Difference			\$47.16	0.31%

A.M. Best Rating: A (Excellent)

¹ Employee is responsible for any balance billing for out-of-network claims.

Rates include fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

Unum - Life and Disability Renewal - Honey Creek Community School

Renewal Period: 10/01/2021 - 09/30/2022

Group Number: 955830

Life / AD&D		Current	Renewal	% Difference
Benefit:	Flat \$35,000			
Guaranteed Issue:	Full Benefit			
Benefit Reduction:	Reduced to 67% at age age 65, 50% at age 70			
Volume		921,900	921,900	
Rate (per \$1000)		\$0.190	\$0.190	0.00%
Monthly Premium		\$175.16	\$175.16	
Short-Term Disability				
Benefit:	66.67% of weekly earnings to a maximum of \$1000			
Waiting Period:	1st Day Accident, 8th Day Illness			
Benefit Period:	13 Weeks per Disability			
Volume		15,242	15,242	
Rate (per \$10)		\$0.320	\$0.320	0.00%
Monthly Premium		\$487.74	\$487.74	
Long-Term Disability				
Benefit:	66.67% of total monthly earnings to a maximum of \$5000			
Elimination Period:	90 days			
Own Occ. Period:	24 months			
Pre-Existing Condition:	3/12			
Maximum Benefit Period:	SSNRA			
Volume		100,076	100,076	
Rate (per \$100)		\$0.280	\$0.280	0.00%
Monthly Premium		\$280.21	\$280.21	
Total Monthly Premium		\$943.12	\$943.12	
Total Annual Premium		\$11,317.41	\$11,317.41	
Difference			\$0.00	0.00%
<i>A.M. Best Rating: A (Excellent)</i>				