

Cost Summary - Honey Creek Community School

Renewal Period: 10/01/2020 - 09/30/2021

Group / Division	Enrolled	Current Premium	Renewal Premium	% Difference
786752				
Current / Renewal Priority Health - HMO HSA 100-2	13	\$12,443.62	\$13,065.79	5.00%
Monthly Medical Sub Total (Includes taxes and fees)		\$12,443.62	\$13,065.79	
2759-0001				
Delta Dental - PPO Dental	13	\$1,181.24	\$1,181.24	0.00%
79710				
Sun Life - Life/AD&D	27	\$215.63	\$215.63	0.00%
79710				
Sun Life - Short Term Disability	27	\$553.35	\$575.48	4.00%
79710				
Sun Life - Long Term Disability	27	\$235.85	\$280.72	19.03%
Monthly Total Premium		\$14,629.68	\$15,318.86	
Monthly Difference			\$689.18	
Annualized Total Premium		\$175,556.21	\$183,826.34	4.71%
Annual Difference			\$8,270.13	

Kapnick Administrative Services - FSA

Kapnick Administrative Services - COBRA

Rates include mandated ACA plan design changes.

Premium and enrollment are based on most currently available invoice.

Priority Health HMO Medical Renewal - Honey Creek Community School

Renewal Period: 10/01/2020 - 09/30/2021

Current Plan

786752

PH HMO HSA 100-2

In Network

\$3000/6000

100%

None

\$5000/10,000

Subject to ded/coins.

Subject to ded/coins.

Subject to ded/coins.; 30 visits max.

(combined therapies)

Subject to ded/coins.

Subject to ded/coins.

Subject to ded. then:

\$20 Generic/

\$60 Preferred Brand/

\$80 Nonpreferred Brand/

20% Specialty max. \$200/

20% Nonpreferred Specialty max. \$400/

Mail Order 2x

Renewal Plan

786752

PH HMO HSA 100-2

In Network

\$3000/6000

100%

None

\$5000/10,000

Subject to ded/coins.

Subject to ded/coins.

Subject to ded/coins.; 30 visits max.

(combined therapies)

Subject to ded/coins.

Subject to ded/coins.

Subject to ded. then:

\$20 Generic/

\$60 Preferred Brand/

\$80 Nonpreferred Brand/

20% Specialty max. \$200/

20% Nonpreferred Specialty max. \$400/

Mail Order 2x

Deductible:
 Coinsurance:
 Coinsurance Maximum:
 Out of Pocket Maximum:¹
 Office Visit Copay:
 Specialist Office Visit Copay:

Chiropractic Office Visit Copay:
 Urgent Care Copay:
 Emergency Room Copay:

Prescription Drug Benefit:³

Medical/ Rx

Single

Two Person

Family

Enrolled Employees

Enrolled Members

Monthly Cost

Premium

Total Monthly Cost

Premium

Total Annual Cost

Difference

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.

Current Rates²

\$515.26

\$1,133.58

\$1,416.98

6

2

5

13

35

\$12,443.62

\$12,443.62

\$149,323.44

\$149,323.44

Renewal Rates²

\$541.02

\$1,190.26

\$1,487.83

% Difference

5.00%

5.00%

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

Renewal Period: 10/01/2020 - 09/30/2021

Group Number: 786752

Current eff. 10/2019	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	Single 2 Person Family	Monthly Premium	Annual Premium	% Increase Over Current Plan Design
Renewal 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	\$515.26 \$1,133.58 \$1,416.98	\$12,443.62	\$149,323.44	
Option 1	Priority Health HMO HSA Silver 2000 In Network	Aggregate \$2000/4000 Plan Yr.	70/30%	None	\$6650/13,100	Subject to deductible/coinsurance: OV ² /Spec ³ /UC ⁴ /ER ⁵ /AI ⁶ Chiropractic; 30 visits max. Includes 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	\$13,065.79	\$156,789.48	5.00%
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. Includes Pediatric Vision	Subject to ded. then: \$5 Value Generic/ \$20 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$350/ 20% Nonpref. Spec. max. \$550/ Mail Order 2x	Age Banded Rates	\$12,799.24	\$153,590.88	2.86%
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. Includes Pediatric Vision	Subject to ded. then: \$5 Value Generic/ \$20 Generic/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$250/ 20% Nonpref. Spec. max. \$450/ Mail Order 2x	Age Banded Rates	\$14,364.89	\$172,378.68	15.44%

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: 10/01/2020 - 09/30/2021
Group Number: 2759-0001

Current / Renewal Plan

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

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

Coverage for all 19+ with Pediatric dental plan

Pediatric Dental Plan

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

Benefit Percentage

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%
Prosthodontic Services	50%	50%
Orthodontia Services	not covered	not covered

	Benefit Percentage (Under age 19)	
	In Network	Out of Network
Preventive Services	100%	100%
Radiographs	100%	100%
Oral Surgery	80%	60%
Minor Restorative Services	80%	60%
Periodontic Services	80%	60%
Endodontic Services	80%	60%
Major Restorative Services	50%	50%
Prosthodontic Services	50%	50%
Orthodontia Services	not covered	not covered

Current Rates

Renewal Rates

% Difference

	Contracts	Current Rates	Renewal Rates	% Difference
Dental Rate				
Single	5	\$40.52	\$40.52	0.00%
Two Person	2	\$75.62	\$75.62	0.00%
Family	6	\$137.90	\$137.90	0.00%
Monthly Premium	13	\$1,181.24	\$1,181.24	
Annual Premium		\$14,174.88	\$14,174.88	
Difference		\$0.00	\$0.00	0.00%

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).

Sun Life - Life and Disability Renewal - Honey Creek Community School

Renewal Period: 10/01/2020 - 09/30/2021
Group Number: 79710

	Current	Renewal	% Difference
Life / AD&D			
Benefit:			
Guaranteed Issue:			
Flat \$35,000			
Under age 65: \$35,000			
Age 65 to 69: \$10,000			
Age 70 +: \$1,000			
Benefit Reduction:			
Volume	933,450	933,450	
Rate (per \$1000)	\$0.231	\$0.231	0.00%
Monthly Premium	\$215.63	\$215.63	
Reduced to 67% age age 65, 50% at age 70.			
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			
Rate (per \$10)	15,810	15,810	
Monthly Premium	\$0.350	\$0.364	4.00%
\$553.35		\$575.48	
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:			
6/12/24			
Maximum Benefit Period:			
SSNRA			
Volume			
Rate (per \$100)	104,357	104,357	
Monthly Premium	\$0.226	\$0.269	19.03%
\$280.72		\$280.72	
Total Monthly Premium			
	\$1,004.82	\$1,071.83	
Total Annual Premium			
	\$12,057.89	\$12,861.98	
Difference			
		\$804.09	6.67%
A.M. Best Rating: A+ (Superior)			