

Priority Health HMO Medical Renewal - Honey Creek Community School

Renewal Period: 10/01/2019 - 09/30/2020

Reform

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

Current Rates²

\$490.73

\$1,079.61

\$1,349.52

\$14,182.18

\$14,182.18

\$170,186.16

\$170,186.16

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

Renewal Rates²

\$515.26

\$1,133.58

\$1,416.98

\$14,891.12

\$14,891.12

\$178,693.44

\$178,693.44

\$8,507.28

5.00%

5.00%

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.

Delta Dental Renewal - Honey Creek Community School

Renewal Period: 10/01/2019 - 09/30/2020
 Group Number: 2759-0001

Current / Renewal Plan

Coverage for all 19+ with Pediatric dental plan

Pediatric Dental Plan High Pediatric

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

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

In Network
 None
 None
 \$350/700

Out of Network
 None
 None
 N/A

	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
	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			
Single	\$40.52	\$40.52	0.00%
Two Person	\$75.74	\$75.62	-0.16%
Family	\$139.22	\$137.90	-0.95%
Monthly Premium	\$1,229.92	\$1,221.76	
Annual Premium	\$14,759.04	\$14,661.12	
Difference		-\$97.92	-0.66%

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).

This is not a contract. An official description of benefits is contained in applicable certificates and riders. Actual rates may vary.



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

Renewal Period: 10/01/2019 - 09/30/2020

Group Number: 79710

	Current	Renewal	% Difference
Life / AD&D			
Benefit:	Flat \$35,000		
Guaranteed Issue:	Under age 65: \$35,000 Age 65 to 69: \$10,000 Age 70 +: \$1,000		
Benefit Reduction:	Reduced to 67% age age 65, 50% at age 70.		
Volume	968,450	968,450	
Rate (per \$1000)	\$0.231	\$0.231	0.00%
Monthly Premium	\$223.71	\$223.71	
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	16,313	16,313	
Rate (per \$10)	\$0.350	\$0.350	0.00%
Monthly Premium	\$570.96	\$570.96	
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	107,627	107,627	
Rate (per \$100)	\$0.226	\$0.226	0.00%
Monthly Premium	\$243.24	\$243.24	
Total Monthly Premium	\$1,037.90	\$1,037.90	
Total Annual Premium	\$12,454.85	\$12,454.85	
Difference	\$0.00	\$0.00	0.00%

A.M. Best Rating: A+ (Superior)
Under 2 year rate guarantee, will renew 10/01/2020.

