

Cost Summary - Honey Creek Community School

Renewal Period: 10/01/2022 - 09/30/2023

Group / Division	Enrolled	Current Premium	Renewal Premium	% Difference
786752 Current / Renewal Priority Health - HMO HSA 100-2	12	\$10,695.35	\$11,657.94	9.00%
Monthly Medical Sub Total (Includes taxes and fees)		\$10,695.35	\$11,657.94	
2759-0001 Delta Dental - PPO Dental	16	\$1,244.76	\$1,273.93	2.34%
955830 Unum - Life/AD&D	27	\$172.97	\$182.07	5.26%
955830 Unum - Short Term Disability	27	\$482.43	\$527.66	9.38%
955830 Unum - Long Term Disability	27	\$277.19	\$296.99	7.14%
Monthly Total Premium		\$12,872.70	\$13,938.59	
Monthly Difference			\$1,065.89	
Annualized Total Premium		\$154,472.40	\$167,263.09	8.28%
Annual Difference			\$12,790.69	
Kapnick Administrative Services - FSA/COBRA		\$1,750.00	\$1,750.00	0.00%

Premium and enrollment are based on most currently available invoice.

Priority Health HMO Medical Renewal - Honey Creek Community School

Renewal Period: 10/01/2022 - 09/30/2023

	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		

		Current Rates ²	Renewal Rates ²	% Difference
Medical, Rx				
Single	7	\$559.96	\$610.36	9.00%
Two Person	3	\$1,231.93	\$1,342.80	9.00%
Family	2	\$1,539.92	\$1,678.51	9.00%
Enrolled Employees	12			
Monthly Cost				
Premium		\$10,695.35	\$11,657.94	
Total Monthly Cost		\$10,695.35	\$11,657.94	
Annual Cost				
Premium		\$128,344.20	\$139,895.28	9.00%
Total Annual Cost		\$128,344.20	\$139,895.28	
Difference			\$11,551.08	9.00%

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: 10/01/2022 - 09/30/2023

Group Number: 786752

			Co- Deductible	Co- Insurance	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. 10/2021	Priority Health HMO HSA 100-2 In Network	<i>Embedded</i> \$3000/6000 Plan Yr.	100%	None	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	\$10,695.35	\$128,344.20	
Renewal eff. 10/2022	Priority Health HMO HSA 100-2 In Network	<i>Embedded</i> \$3000/6000 Plan Yr.	100%	None	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	\$610.36 \$1,342.80 \$1,678.51	\$11,657.94	\$139,895.28	9.00%
Option 1	Priority Health HMO HSA Gold 2350 In Network	Aggregate \$2350/4700 Plan Yr.	100%	None	None	\$4700/9400 Embedded	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	\$11,531.66	\$138,379.92	7.82%
Option 2	Priority Health HMO HSA Silver 2000 In Network	Aggregate \$2000/4000 Plan Yr.	70/30%	None	None	\$7000/14,000 Embedded	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/ \$60 Preferred Brand/ \$80 Nonpreferred Brand/ 20% Specialty max. \$350/ 20% Nonpref. Spec. max. \$550/ Mail Order 2x	Age Banded Rates	\$10,148.23	\$121,778.76	-5.12%

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: 10/01/2022 - 09/30/2023
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
\$375/750	N/A

	<u>Benefit Percentage</u>		<u>Benefit Percentage</u>	
	<u>Delta Preferred</u>	<u>Delta Premier or Out of Network¹</u>	<u>(Under age 19)</u>	
Preventive Services	100%	100%	100%	100%
Radiographs	100%	100%	100%	100%
Oral Surgery	80%	80%	80%	60%
Minor Restorative Services	80%	80%	80%	60%
Periodontic Services	80%	80%	80%	60%
Endodontic Services	80%	80%	80%	60%
Major Restorative Services	50%	50%	50%	50%
Prosthodontic Services	50%	50%	50%	50%
Orthodontia Services	Not Covered	Not Covered	Not Covered	Not Covered

		Current Rates	Renewal Rates	% Difference
Dental Rate				
Single	8	\$40.51	\$41.47	2.37%
Two Person	3	\$76.36	\$78.14	2.33%
Family	5 16	\$138.32	\$141.55	2.34%
Monthly Premium		\$1,244.76	\$1,273.93	
Annual Premium		\$14,937.12	\$15,287.16	
Difference			\$350.04	2.34%

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: 10/01/2022 - 09/30/2023

Group Number: 955830

Life / AD&D		Current	Renewal	% Difference
Benefit:	Flat \$35,000			
Guaranteed Issue:	Full Benefit			
Benefit Reduction:	Reduced to 67% at age 65, 50% at age 70			
Volume		910,350	910,350	
Rate (per \$1000)		\$0.190	\$0.200	5.26%
Monthly Premium		\$172.97	\$182.07	
Short-Term Disability				
Benefit:	66.67% of weekly earnings to a maximum of \$1000			
Benefits Payable:	1st Day Accident, 8th Day Illness			
Benefit Period:	13 Weeks per Disability			
Volume		15,076	15,076	
Rate (per \$10)		\$0.320	\$0.350	9.37%
Monthly Premium		\$482.43	\$527.66	
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		98,997	98,997	
Rate (per \$100)		\$0.280	\$0.300	7.14%
Monthly Premium		\$277.19	\$296.99	
Total Monthly Premium		\$932.59	\$1,006.72	
Total Annual Premium		\$11,191.08	\$12,080.65	
Difference			\$889.57	7.95%

A.M. Best Rating: A (Excellent)

Administrative Fees and Services Summary - Honey Creek School Community School

Renewal Period: 10/01/2022 -9/30/2023

Flexible Spending Account (FSA) Administration		Participants	2021	Participants	2022
Monthly Administration Fee with Debit Card (per participating employee)	<i>Flat Fee</i>		\$900.00		\$900.00
<u>FSA Annual Re-Enrollment Fee:</u>					
Annual Re-Enrollment Fee			\$250.00		\$250.00
Annual Cost			\$1,150.00		\$1,150.00
COBRA Administration		Participants	2021	Participants	2022
Monthly Administration Fee (per benefit eligible employee)	<i>Minimum Fee \$50</i>		\$600.00		\$600.00
<u>COBRA Annual Re-Enrollment Fee:</u>					
Annual Re-Enrollment Fee			\$0.00		\$0.00
Annual Cost			\$600.00		\$600.00
Combined Annual Cost			\$1,750.00		\$1,750.00