Health Insurance

4.1.11

Health Insurance Renewal

 If the renewal were to occur today we would look at a 20% increase.

 The good news is , we are in the healthiest months and trend suggests the renewal will end up around a 12% increase. (This however is an estimate)

	Current Rate	es		
	Deduct	Cost	District	Employee
	500			
Single		\$ 507.34	\$ 500.00	\$ 7.34
2 Party		\$ 1,130.56	\$ 500.00	\$ 630.56
Employee +child	ren	\$ 1,130.56	\$ 500.00	\$ 630.56
Family		\$ 1,244.73	\$ 500.00	\$ 744.73
	1000			
Single		\$ 476.83	\$ 476.83	\$ -
2 Party		\$ 1,062.65	\$ 545.00	\$ 517.65
Employee +child	ren	\$ 1,062.65	\$ 545.00	\$ 517.65
Family		\$ 1,169.96	\$ 545.00	\$ 624.96
	2000			
Single		\$ 435.89	\$ 435.89	\$ -
Family		\$ 985.44	\$ 620.00	\$ 365.44

20% increase	Deduct	Cost	District	Employee
	500			
Single		\$ 608.81	\$ 500.00	\$ 108.81
2 Party		\$ 1,356.67	\$ 500.00	\$ 856.67
Employee +childr	en	\$ 1,356.67	\$ 500.00	\$ 856.67
Family		\$ 1,493.68	\$ 500.00	\$ 993.68
,		, -,		
	1000			
Single		\$ 572.20	\$ 545.00	\$ 27.20
2 Party		\$ 1,275.18	\$ 545.00	\$ 730.18
Employee +childr		\$ 1,275.18	\$ 545.00	\$ 730.18
Family		\$ 1,403.95	\$ 545.00	\$ 858.95
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	0000			
g: 1	2000	4 500.05	4 500 05	
Single		\$ 523.07	\$ 523.07	\$ 0
Family		\$ 1,182.53	\$ 620.00	\$ 562.53

12% increase	Deduct	Cost		District	Employee
	500				
Single		\$ 568.2	2	\$ 500.00	\$ 68.22
2 Party		\$ 1,266.5	23	\$ 500.00	\$ 766.23
Employee +childr	en	\$ 1,266.5	23	\$ 500.00	\$ 766.23
Family		\$ 1,394.	.0	\$ 500.00	\$ 894.10
·		\$			
	1000				
Single	1000	\$ 534.0		\$545.00	\$ O
2 Party		\$ 1,190.		\$ 545.00	\$ 645.17
Employee +childr	· on	\$ 1,190.		\$ 545.00	\$ 645.17
	en				
Family		\$ 1,310.5		\$ 545.00	\$ 765.36
		\$			
	2000				
Single		\$ 488.2	0	\$ 488.20	\$ 0
Family		\$ 1,103.	89	\$ 620.00	\$ 483.69

PARKSTON SCHOOL DISTRICT 33-3 99069A SCHEDULE OF BENEFITS

MEDICAL BENEFITS	PATIENT'S LIABILITY				
	PLAN B	PLAN C	. PLAN D		
Medical Deductible: (per calendar year) - Per Individual - Per Family	\$500 \$1,000	\$1,000 \$2,000	\$2,000 \$4,000	28	
Out-of-pocket: (per calendar year) - Per Individual - Per Family	\$1,500 \$3,000	\$2,000 \$4,000	\$3,000 \$6,000	29	
Coinsurance Percentage:	80% of \$5,000 pe	r individual, \$10,000 per f	amily, of eligible expenses		
Prescription Drugs - Generic - Preferred Brand - Non-Preferred Brand	NA	NA	\$10.00 Co-pay \$25.00 Co-pay \$40.00 Co-pay		
Doctors Office Visit - Office visit only	NA	NA	\$25.00 Co-pay		
Preferred Provider Network:	Various discounts can be approviders. Please refer to the	pplied to eligible claims sul e Plan Specifications Page	bmitted by participating for contact information.		
Pre-Notification:	The Pre-Notification Progra and Continued Stay Review information.	m includes Preadmission C r. Please refer to the Plan S	Certification, Pregnancy Review Specifications Page for contact		
Pregnancy	Failure to enroll and comply with the Pre-Notification Company's recommendations in the "Our Healthy Baby Program: will result in a 50% penalty (no maximum amount) to all related charges from birth to discharge, for the eligible dependent newborn child. The 50% penalty will not apply to deductible or coinsurance.				
Review: Penalty for Non- Compliance	Failure to comply with the I applied toward outpatient su confinement, including hos	irgery, non-emergency (ele	nay result in a reduction of 20% cetive) procedures, and hospital x-ray and lab expenses.		
All benefits are subj	ect to the following deductil	oles, coinsurance and ma	ximums unless otherwise stated.		

MEDICAL BENEFITS	PLAN A PAYS	YOU PAY	GENERAL PLAN LIMITS	PAGE
Allergy Testing and Injections	80%	20%		
Ambulance Service	80%	20%	Professional services for local air or ground.	26

PARKSTON SCHOOL DISTRICT 33-3 99069A SCHEDULE OF BENEFITS

PATIENT'S LIABILITY				
PLAN B	PLAN C	PLAN D	1000	
\$1,000 \$2,000	\$1,500 \$3,000	\$2,500 \$5,000	20	
\$3,000 \$6,000	\$3,500 \$7,000	\$4,500 \$9,000	20	
80% of %10,000 per	individual, \$20,000 per family, o	feligible expenses	20	
\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	18	
\$25.00 Co-pay	\$25.00 Co-pay	\$25.00 Co-pay		
Various discounts can be applied refer to the Plan Specifications Pa	to eligible claims submitted by page for contact information.	articipating providers. Please		
or for any procedure that will, or and/or second opinion procedure vices when incurred as a result of follow up care. The Plan Adminis (such as non-emergency surgical and equivalent alternative to the oprocedures include, but are not lin opinions are also required for surgicilon physician instructions. The If pre-authorization review and/or procedure can be beneficially per trator, payment will be limited to es another facility, he or she will	is expected to, total more than \$2, may be required. The Plan covers voluntary second surgical opinion strator may require second opinion procedures) when there is cause to original medical/surgical opinion. mited to, sinus surgery, or anterior gical procedures that must be redee procedure below will need to be the second opinion process indicated at a facility that has contratted the contracted fee at that facility, be responsible for the cost over the	5,000.00 a pre-authorization physician consultation ser- ns or other requirements for a for certain covered services believe there is an effective Non-emergency surgical flateral disc fusion. Second one because the patient did not followed. ate that a medically necessary acted with the Plan Administiful the Covered Person choose contracted fee amount.	17	
	\$1,000 \$2,000 \$3,000 \$6,000 \$0,000 \$10,000 per \$10.00 Co-pay \$35.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$25.00 Co-pay When the participant's doctor sure of the Plan Specifications Procedure that will, or and/or second opinion procedure vices when incurred as a result of follow up care. The Plan Administration is the composed of the procedures include, but are not like opinions are also required for sure follow physician instructions. The pre-authorization review and/oprocedure can be beneficially per trator, payment will be limited to es another facility, he or she will	\$1,000 \$1,500 \$3,000 \$3,000 \$3,000 \$3,000 \$3,500 \$7,000 \$10,000 per individual, \$20,000 per family, or \$10.00 Co-pay \$35.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$25.00 C	PLAN B PLAN C PLAN D \$1,000 \$2,000 \$1,500 \$3,000 \$2,500 \$5,000 \$3,000 \$6,000 \$3,500 \$7,000 \$4,500 \$9,000 80% of %10,000 per individual, \$20,000 per family, of eligible expenses \$10.00 Co-pay \$35.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay Various discounts can be applied to eligible claims submitted by participating providers. Please	

PARKSTON SCHOOL DISTRICT 33-3 99069A SCHEDULE OF BENEFITS

PATIENT'S LIABILITY				
PLAN B	PLAN C	PLAN D		
\$1,000 \$2,000 6%	\$1,500 \$3,000	\$2,500 \$5,000	20	
\$3,000 \$6,000	\$3,500 \$7,000	\$4,500 \$9,000	20	
80% of %10,000 per in	dividual, \$20,000 per family,	of eligible expenses	20	
\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	18	
\$25.00 Co-pay 1%	\$25,00 Co-pay	\$25.00 Co-pay		
		participating providers. Please		
or for any procedure that will, or is and/or second opinion procedure my vices when incurred as a result of which will be provided by a result of the Plan Administration of the Plan Administration of the procedures include, but are not limit opinions are also required for surgic follow physician instructions. The procedure can be beneficially performator, payment will be limited to the sanother facility, he or she will be	expected to, total more than \$ ay be required. The Plan cover oluntary second surgical opinitator may require second opinitator medical/surgical opinion led to, sinus surgery, or anterival procedures that must be recorded below will need to be the second opinion process indifferent at a facility that has contracted fee at that facility responsible for the cost over the second open of the cost over the second opinion process.	25,000.00 a pre-authorization rs physician consultation serons or other requirements for ons for certain covered services to believe there is an effective. Non-emergency surgical or/lateral disc fusion. Second done because the patient did not e followed. Icate that a medically necessary racted with the Plan Administrated with the Plan Plan Administrated fee amount.	17	
trator, payment will be limited to the es another facility, he or she will be These charges will not apply to the	e contracted fee at that facility responsible for the cost over t individual's annual medical or	. If the Covered Person choos- he contracted fee amount. at-of pocket limit.		
	\$1,000 \$2,000 6 \$ \$3,000 \$6,000 \$0,000 \$6,000 \$0,000 \$10,000 per in 6 \$ \$10.00 Co-pay \$35.00 Co-pay \$35.00 Co-pay \$50.00 Co-	\$1,000 \$1,500 \$3,000 \$3,000 \$3,000 \$3,000 \$3,500 \$7,000 \$10,000 per individual, \$20,000 per family, 668 \$10.00 Co-pay \$10.00 Co-pay \$35.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$10.00	PLAN B PLAN C PLAN D \$1,000 \$2,000 \$1,500 \$3,000 \$2,500 \$5,000 \$3,000 \$6,000 \$3,500 \$7,000 \$4,500 \$9,000 80% of %10,000 per individual, \$20,000 per family, of cligible expenses 6% \$10.00 Co-pay \$35.00 Co-pay \$35.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$50.00 Co-pay \$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay \$25.00 Co-pay	

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BENEFITS	PATIENT'S LIABILITY			
	PLAN B	PLAN C	. PLAN D	-
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Coinsurance Percentage:	80% of \$5,000 per i	ndividual, \$10,000 per fa	amily, of eligible expenses	
Prescription Drugs - Generic - Preferred Brand - Non-Preferred Brand	NA	NA	\$10.00 Co-pay \$25.00 Co-pay \$40.00 Co-pay	
Doctors Office Visit - Office visit only	NA	NA	\$25.00 Co-pay	
Preferred Provider Network:	Various discounts can be app providers. Please refer to the	lied to eligible claims sub Plan Specifications Page	omitted by participating for contact information.	
Pre-Notification:	The Pre-Notification Program and Continued Stay Review, information.	includes Preadmission C Please refer to the Plan S	Certification, Pregnancy Review pecifications Page for contact	
Pregnancy		nm: will result in a 50% point in the discharge, for the		
Review: Penalty for Non-	Failure to comply with the Pre applied toward outpatient surg confinement, including hospit	gery, non-emergency (ele	nay result in a reduction of 20% ective) procedures, and hospital	

MEDICAL BENEFITS	PLAN A PAYS	YOU PAY	GENERAL PLAN LIMITS	PAGE
Allergy Testing and Injections	80%	20%		
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PARKSTON SCHOOL DISTRICT 33-3 99069A SCHEDULE OF BENEFITS

PATIENT'S LIABILITY				
PLAN B	PLAN C	PLAN D	1000	
\$1,000 \$2,000	\$1,500 \$3,000	\$2,500 \$5,000	20	
\$3,000 \$6,000	\$3,500 \$7,000	\$4,500 \$9,000	20	
80% of %10,000 per i	ndividual, \$20,000 per family,	of eligible expenses	20	
\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	\$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-pay	18	
\$25.00 Co-pay 1%	\$25,00 Co-pay	\$25.00 Co-pay		
		participating providers. Please		
or for any procedure that will, or is expected to, total more than \$25,000,00 a pre-authorization and/or second opinion procedure may be required. The Plan covers physician consultation services when incurred as a result of voluntary second surgical opinions or other requirements for follow up care. The Plan Administrator may require second opinions for certain covered services such as non-emergency surgical procedures) when there is cause to believe there is an effective and equivalent alternative to the original medical/surgical opinion. Non-emergency surgical procedures include, but are not limited to, sinus surgery, or anterior/lateral disc fusion. Second poinions are also required for surgical procedures that must be redone because the patient did not ollow physician instructions. The procedure below will need to be followed.				
1 0 1 1 1	\$1,000 \$2,000 \$6,000 80% of %10,000 per in 6% \$10.00 Co-pay \$35.00 Co-pay \$50.00 Co-	\$1,000 \$1,500 \$3,000 \$3,000 \$3,000 \$3,000 \$3,000 \$3,000 \$3,000 \$3,500 \$7,000 \$10,000 per individual, \$20,000 per family, or fam	PLAN B PLAN C PLAN D \$1,000 \$2,000 \$2,000 \$3,000 \$3,000 \$3,000 \$3,500 \$4,500 \$4,500 \$6,000 \$7,000 \$10,000 per individual, \$20,000 per family, of eligible expenses 6% \$10,00 Co-pay \$35,00 Co-pay \$35,00 Co-pay \$35,00 Co-pay \$50,00 Co-pa	

3

Other Options

- Deductable Rather than \$500 increase,
- change to \$250 increase 3% decrease
 - **-** \$750 **-**\$1250 **\$2250**

 Change Co –insurance from 80% of \$10,000 to 80% of \$7,500 – 3% decrease

Copy of slides

 A copy of this presentation will be posted to the document section of my webpage. The link can be found on the school webpage under School Board Meeting Information.

Next Step – A survey

 I would like to provide feedback to the school board. Please log on to the following survey tool and complete a short survey.

http://www.surveymonkey.com/s/QC8X3GQ

 This link will be emailed and placed on the school home page. Deadline is Wednesday, April 6 by 10:00 AM