

# COOR ISD

07.01.16

## All Employees

	MESSA Choices (PPO)		BCBS Community Blue PPO \$250	BCBS Community Blue PPO \$500	BCBS Simply Blue PPO \$250	BCBS Simply Blue PPO \$500 / \$1500 ECM
<b>Health Insurance</b>						
Preventative	100%		100%	100%	100%	100%
Office Visits	\$20		\$20	\$20	\$20	\$20
Hospital - Inpatient	Deductible - 100%		Deductible - 80%	Deductible - 80%	Deductible - 80%	Deductible - 80%
Hospital - Outpatient	Deductible - 100%		Deductible - 80%	Deductible - 80%	Deductible - 80%	Deductible - 80%
Emergency Room	\$50		\$150	\$150	\$150	\$150
Urgent Care	\$25		\$20	\$20	\$20	\$20
Prescription	\$2 or \$10/\$20/\$40 – max \$1000/2000		\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$10/\$40/\$80
Deductible	\$500/1000		\$250/500	\$500/1000	\$250/500	\$500/1000
Max Co-Insurance	\$0		\$1000/20000	\$1500/3000	\$1500/3000	\$1500/3000
Max Out of Pocket	\$1500/3000		\$6350/12700	\$6350/12700	\$6350/12700	\$6350/12700
<b>Premiums</b>	<u>2015-2016</u>	<u>2016-2017</u>				
Employee	\$559.79	\$637.77	\$571.47	\$542.77	\$517.48	\$496.87
Employee + One Dependen	\$1,257.65	\$1,433.12	\$1,371.54	\$1,302.66	\$1,241.95	\$1,192.49
Employee + Dependents	\$1,564.69	\$1,783.04	\$1,714.42	\$1,628.32	\$1,552.43	\$1,490.61
<b>Health Insurance</b>	MESSA ABC Plan 1 (PPO / HSA)		BCBS Simply Blue PPO HSA			
Preventative	100%		100%			
Office Visits	Deductible - 100%		Deductible - 100%			
Hospital - Inpatient	Deductible - 100%		Deductible - 100%			
Hospital - Outpatient	Deductible - 100%		Deductible - 100%			
Emergency Room	Deductible - 100%		Deductible - 100%			
Urgent Care	Deductible - 100%		Deductible - 100%			
Prescription	Ded - \$2 or \$10/\$20/\$40		Ded - \$10/\$40/\$80			
Deductible	\$1300/\$2600		\$1300/2600			
Max Co-Insurance	\$0		\$0			
Max Out of Pocket	\$2300/4600		\$2250/4500			
<b>Premiums</b>	<u>2015-2016</u>	<u>2016-2017</u>				
Employee	\$506.49	\$574.15	\$438.59			
Employee + One Dependen	\$1,137.73	\$1,289.97	\$1,052.62			
Employee + Dependents	\$1,415.46	\$1,604.91	\$1,315.78			

W / CESPA

NEW COLLECT

COOR ISD

	Lives	MESSA				Guardian		Principal		Lincoln	
		Current		Renewal							
<b>Life &amp; AD&amp;D</b>											
Administration											
Benefit		\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
Volume	8	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000	\$600,000
Cost per \$1,000		\$0.17	\$102.00	\$0.17	\$102.00	\$0.20	\$120.00	\$0.153	\$91.80	\$0.165	\$99.00
Non Union Support Staff											
Benefit		\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000
Volume	21	\$840,000	\$840,000	\$840,000	\$840,000	\$840,000	\$840,000	\$840,000	\$840,000	\$840,000	\$840,000
Cost per \$1,000		\$0.17	\$142.80	\$0.17	\$142.80	\$0.20	\$168.00	\$0.153	\$128.52	\$0.165	\$138.60
Union Support Staff											
Benefit		\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Volume	38	\$760,000	\$760,000	\$760,000	\$760,000	\$760,000	\$760,000	\$760,000	\$760,000	\$760,000	\$760,000
Cost per \$1,000		\$0.17	\$129.20	\$0.17	\$129.20	\$0.20	\$152.00	\$0.153	\$116.28	\$0.165	\$125.40
Teachers											
Pak A & C											
Benefit		\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
Volume	16	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000
Cost per \$1,000		\$0.17	\$81.60	\$0.17	\$81.60	\$0.20	\$96.00	\$0.153	\$73.44	\$0.165	\$79.20
Pak B											
Benefit		\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000
Volume	1	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000
Cost per \$1,000		\$0.17	\$6.80	\$0.17	\$6.80	\$0.20	\$6.00	\$0.153	\$4.59	\$0.165	\$6.60
<b>Total Monthly</b>	<b>82</b>		<b>\$482.40</b>		<b>\$482.40</b>		<b>\$542.00</b>		<b>\$414.83</b>		<b>\$448.80</b>
<b>Total Annual</b>			<b>\$5,548.80</b>		<b>\$5,548.80</b>		<b>\$6,504.00</b>		<b>\$4,975.58</b>		<b>\$5,385.60</b>
<b>Annual Change</b>					<b>\$0.00</b>		<b>\$955.20</b>		<b>(\$573.24)</b>		<b>(\$163.20)</b>
<b>% Annual Change</b>					<b>0.00%</b>		<b>17.21%</b>		<b>-10.33%</b>		<b>-2.94%</b>
<b>LTD</b>											
Administration											
Benefit Percentage of Salary		66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
Monthly Maximum Benefit		\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Elimination Days		90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day
Volume (monthly salary)	8	\$22,489	\$22,489	\$22,489	\$22,489	\$22,489	\$22,489	\$22,489	\$22,489	\$22,489	\$22,489
Cost per 100		\$0.72	\$181.92	\$0.72	\$181.92	\$0.20	\$44.98	\$0.38	\$85.48	\$0.34	\$76.48
Non Union Support Staff											
Benefit Percentage of Salary		66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
Monthly Maximum Benefit		\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Elimination Days		90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day
Volume (monthly salary)	21	\$62,129	\$62,129	\$62,129	\$62,129	\$62,129	\$62,129	\$62,129	\$62,129	\$62,129	\$62,129
Cost per 100		\$0.83	\$515.67	\$0.83	\$515.67	\$0.48	\$298.22	\$0.38	\$238.09	\$0.34	\$211.24
Union Support Staff											
Benefit Percentage of Salary		66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
Monthly Maximum Benefit		\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500
Elimination Days		90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day
Volume (monthly salary)	38	\$55,593	\$55,593	\$55,593	\$55,593	\$55,593	\$55,593	\$55,593	\$55,593	\$55,593	\$55,593
Cost per 100		\$1.34	\$744.95	\$1.08	\$804.29	\$0.53	\$294.84	\$0.38	\$211.25	\$0.34	\$189.02
Teachers											
Benefit Percentage of Salary		66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
Monthly Maximum Benefit		\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500
Elimination Days		90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day	90 Day
Volume (monthly salary)	17	\$78,605	\$78,605	\$78,605	\$78,605	\$78,605	\$78,605	\$78,605	\$78,605	\$78,605	\$78,605
Cost per 100		\$0.59	\$463.77	\$0.60	\$471.63	\$0.41	\$322.28	\$0.38	\$298.70	\$0.34	\$267.26
<b>Total Monthly</b>	<b>82</b>		<b>\$1,886.31</b>		<b>\$1,753.51</b>		<b>\$980.12</b>		<b>\$831.50</b>		<b>\$743.97</b>
<b>Total Annual</b>			<b>\$22,635.89</b>		<b>\$21,042.17</b>		<b>\$11,521.45</b>		<b>\$9,978.01</b>		<b>\$8,927.69</b>
<b>Annual Change</b>					<b>(\$1,593.52)</b>		<b>(\$11,114.24)</b>		<b>(\$12,657.88)</b>		<b>(\$13,707.99)</b>
<b>% Annual Change</b>					<b>-7.04%</b>		<b>-48.10%</b>		<b>-55.92%</b>		<b>-60.58%</b>
							rates would increase 8% if all products not sold		rates as if 3 Principal products sold		
<b>total annual (life &amp; ltd)</b>			<b>\$28,184.49</b>		<b>\$26,590.97</b>		<b>\$18,025.45</b>		<b>\$14,953.57</b>		<b>\$14,313.29</b>
<b>Annual Change</b>					<b>(\$1,593.52)</b>		<b>(\$10,159.04)</b>		<b>(\$13,230.92)</b>		<b>(\$13,871.19)</b>
<b>% change</b>					<b>-5.65%</b>		<b>-38.04%</b>		<b>-48.94%</b>		<b>-49.22%</b>

COOR ISD

	Subscribers	MESSA		Priority Health B-1000	Guardian	Principal	Lincoln
		Current	Renewal				
<b>Dental</b>							
Deductible		\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services		75%	75%	100%	75%	75%	75%
Basic Services		75%	75%	80%	75%	75%	75%
Major Services		50%	50%	50%	50%	50%	50%
Orthodontia		75%	75%	50%	80%	75%	60%
Annual Maximum		\$1,000	\$1,000	\$1,000	\$1000 w/ rollover	\$1,000	\$1,000
Orthodontia Lifetime		\$1,200	\$1,200	\$1,000	\$1,200	\$1,200	\$1,200
<b>Premiums</b>							
<b>Administration</b>							
Employee	1	\$29.68	\$29.39	\$30.36	\$28.25	\$28.92	\$34.28
Employee + One Dependent	1	\$59.83	\$59.37	\$58.62	\$56.94	\$52.67	\$62.23
Employee + Dependents	4	\$104.17	\$103.87	\$103.95	\$107.82	\$94.53	\$104.55
		\$506.19	\$504.24	\$504.78	\$516.47	\$459.71	\$514.73
<b>Non Union Support Staff</b>							
Employee	6	\$24.82	\$24.96	\$30.36	\$28.25	\$28.92	\$34.28
Employee + One Dependent	1	\$48.58	\$49.52	\$58.62	\$56.94	\$52.67	\$62.23
Employee + Dependents	14	\$90.23	\$92.55	\$103.95	\$107.82	\$94.53	\$104.55
		\$1,459.52	\$1,494.98	\$1,696.08	\$1,735.92	\$1,549.61	\$1,731.69
<b>Teachers</b>							
Employee	5	\$25.21	\$25.29	\$30.36	\$28.25	\$28.92	\$34.28
Employee + One Dependent	5	\$50.18	\$50.66	\$58.62	\$56.94	\$52.67	\$62.23
Employee + Dependents	7	\$93.26	\$95.59	\$103.95	\$107.82	\$94.53	\$104.55
		\$1,029.77	\$1,048.68	\$1,172.55	\$1,180.69	\$1,069.66	\$1,214.45
<b>Dental</b>							
Deductible		\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services		100%	100%	100%	100%	100%	100%
Basic Services		80%	80%	80%	80%	80%	80%
Major Services		80%	80%	50%	80%	80%	50%
Orthodontia		80%	80%	50%	80%	80%	60%
Annual Maximum		\$1,200	\$1,200	\$1,000	\$1200 w/ rollover	\$1,200	\$1,000
Orthodontia Lifetime		\$1,500	\$1,500	\$1,000	\$1,500	\$1,500	\$1,200
<b>Premiums</b>							
<b>Union Support Staff</b>							
Employee	22	\$33.34	\$32.52	\$40.21	\$46.17	\$47.43	\$40.81
Employee + One Dependent	6	\$67.66	\$65.86	\$77.66	\$91.02	\$86.04	\$74.58
Employee + Dependents	10	\$122.22	\$121.43	\$137.70	\$162.06	\$153.74	\$126.73
		\$2,361.64	\$2,324.90	\$2,727.58	\$3,182.46	\$3,067.10	\$2,612.53
<b>Total Monthly</b>	<b>82</b>	<b>\$6,367.12</b>	<b>\$6,373.00</b>	<b>\$6,100.99</b>	<b>\$6,816.54</b>	<b>\$6,176.08</b>	<b>\$6,073.40</b>
<b>Total Annually</b>		<b>\$84,288.44</b>	<b>\$84,476.00</b>	<b>\$73,211.88</b>	<b>\$78,386.48</b>	<b>\$74,112.96</b>	<b>\$72,880.83</b>
<b>Annual Change</b>			<b>\$190.56</b>	<b>\$8,926.44</b>	<b>\$16,101.04</b>	<b>\$9,827.62</b>	<b>\$8,696.39</b>
<b>% Annual Change</b>			<b>0.30%</b>	<b>13.89%</b>	<b>23.49%</b>	<b>16.28%</b>	<b>13.37%</b>

Must have Priority Health Medical to offer this coverage.

rates would increase 6% if all products not sold

rates as if 3 Principal products sold

**COOR ISD**

	Subscribers	MESSA		Priority Health	Guardian	Principal	Lincoln
		Current	Renewal				
<u>Vision</u>		VSP 2 S	VSP 2 S	PriorityVision H-2	w/ VSP	w/ VSP	
Frequency:							
Eye Exam		12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses		12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frames		12 Months	12 Months	12 Months	12 Months	24 Months	24 Months
Copay per frequency:							
Eye Exam		\$6.50	\$6.50	\$10.00	\$10.00	\$10.00	\$10.00
Lenses and Frames		\$18.00	\$18.00	\$10.00	\$25.00	\$25.00	\$25.00
Elective Contact Lense Allowance		\$90.00	\$90.00	\$130.00	\$130.00	\$150.00	\$125.00
<u>Premiums</u>							
Employee	34	\$5.76	\$5.76	\$6.88	\$6.05	\$7.08	\$7.60
Employee + One Dependent	13	\$12.38	\$12.38	\$12.38	\$13.00	\$13.01	\$13.86
Employee + Dependents	35	\$18.64	\$18.64	\$18.57	\$19.57	\$21.95	\$24.03
		<u>\$1,009.18</u>	<u>\$1,009.18</u>	<u>\$1,044.81</u>	<u>\$1,059.65</u>	<u>\$1,178.10</u>	<u>\$1,279.63</u>
<b>Total Monthly</b>	<u>82</u>	\$1,009.18	\$1,009.18	\$1,044.81	\$1,059.65	\$1,178.10	\$1,279.63
<b>Total Annually</b>		\$12,110.16	\$12,110.16	\$12,537.72	\$12,715.80	\$14,137.20	\$15,355.56
<b>Annual Change</b>			\$0.00	\$427.56	\$605.64	\$2,027.04	\$3,245.40
<b>% Annual Change</b>			0.00%	3.53%	5.00%	16.74%	26.80%

Must have Priority Health Medical to offer this coverage.

rates would increase 6% if all products not sold

rates as if 3 Principal products sold