

EMPLOYEE HEALTH INSURANCE

BID OPENING 8-24-10

UNITED HEALTHCARE			
Product	Choice Plus	Choice Plus	Choice Plus
Option	OPTION 1	OPTION 2	OPTION 3
HRA/HS ACCT	No	No	No
BENEFITS	Network Single Family	Network Single Family	Network Single Family
Office copay (PCP/SPC)	\$15 Per Visit	\$15/30 Per Visit	\$20 Per Visit
Other copays (IP/ER/UC)	\$200/\$75/\$50	\$0/\$100/\$50	\$0/\$100/\$50
Deductible	\$0	\$500/\$1000	\$1000/\$2000
Coinsurance	100%	100%	100%
Out-of pocket	\$0	\$500/\$1000	\$1000/\$2000
Pharmacy	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$25/\$40
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	\$300/\$600	\$1000/\$2000	\$2000/\$4000
Coinsurance	70%	70%	70%
Out-of pocket	\$3000/\$6000	\$3000/\$6000	\$5000/\$10000
RATES			
Employee	\$603.39	\$551.77	\$523.26
Employee & Spouse	\$1,327.45	\$1,213.89	\$1,151.17
Employee & Child(ren)	\$1,176.61	\$1,075.95	\$1,020.36
Employee & Family	\$1,719.66	\$1,572.54	\$1,491.29

ANTHEM BLUE CROSS & BLUE SHIELD				
Product	Blue Access Choice	Blue Access Choice	Blue Access Choice	Blue Access Choice
Option	Health 1	Health 2	Health 3	ALTERNATE PLAN
HRA/HS ACCT	No	No	No	No
BENEFITS	Network Single Family	Network Single Family	Network Single Family	Network Single Family
Office copay (PCP/SPC)	\$15 Per Visit	\$15/30 Per Visit	\$15 Per Visit	\$15 Per Visit
Other copays (IP/ER/UC)	\$200/\$75/\$50	0%/\$100/\$50	0%/\$100/\$50	0%/\$100/\$50
Deductible	NONE	\$500/\$1000	\$1000/\$2000	\$2000/\$4000
Coinsurance	100%	100%	100%	100%
Out-of pocket	\$0	\$500/\$1000	\$1000/\$2000	\$2000/\$4000
Pharmacy	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$25/\$40
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	\$300/\$600	\$1000/\$2000	\$2000/\$4000	\$4000/\$8000
Coinsurance	70%	70%	70%	70%
Out-of pocket	\$3000/\$6000	\$3000/\$6000	\$5000/\$10000	\$5000/\$10000
RATES				
Employee	\$728.24	\$619.01	\$554.55	\$532.37
Employee & Spouse	\$1,602.13	\$1,361.81	\$1,220.00	\$1,171.20
Employee & Child(ren)	\$1,420.07	\$1,207.06	\$1,081.35	\$1,038.10
Employee & Family	\$2,075.49	\$1,764.16	\$1,580.46	\$1,517.24

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GROUP HEALTH PLAN							
Product	PPO	PPO	PPO	PPO	PPO	PPO w/ BJC Network	PPO w/o BJC Network
Option	PPO A000 2	PPO A500 2	PPO A1000 2	PPO A1000 2	PPO SJ1000 2	PPO A1000 2	PPO SELECT A1000 2
HRA/HS ACCT	No	No	No	No	HRA	No	No
BENEFITS	Network Single Family						
Office copay (PCP/SPC)	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40	\$20/\$40
Other copays (IP/ER/UC)	\$0/\$200/\$50	0%/\$200/\$50	0%/\$200/\$50	0%/\$200/\$50	0%/\$200/\$50	0%/\$200/\$50	0%/\$200/\$50
Deductible	NONE	\$500/\$1000	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000	\$1000/\$2000
Coinsurance	0% IP/\$40 Other	0% IP/0% Other	0% IP/0% Other	0% IP/0% Other	0% IP/0% Other	0% IP/0% Other	0% IP/0% Other
Out-of pocket	\$1000/\$2000	\$1500/\$3000	\$2000/\$4000	\$2000/\$4000	N/A	\$2000/\$4000	\$2000/\$4000
Pharmacy	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$35/\$60	\$12/\$30/\$55	\$10/\$35/\$60	\$10/\$35/\$60
	Out of Network Single/Family						
Deductible	\$500/\$1000	\$1000/\$2000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000
Coinsurance	70%	70%	70%	70%	60%	70%	70%
Out-of pocket	\$3000/\$6000	\$3000/\$6000	\$4000/\$8000	\$4000/\$8000	\$6000/\$12000	\$4000/\$8000	\$4000/\$8000
RATES							
Employee	\$596.34	\$562.24	\$532.39	\$519.23	\$476.54	\$519.23	\$470.03
Employee & Spouse	\$1,311.95	\$1,236.93	\$1,171.25	\$1,142.30	\$1,048.40	\$1,142.30	\$1,034.07
Employee & Child(ren)	\$1,162.87	\$1,096.37	\$1,038.15	\$1,012.49	\$929.26	\$1,012.49	\$916.56
Employee & Family	\$1,699.58	\$1,602.39	\$1,517.30	\$1,479.79	\$1,358.15	\$1,479.79	\$1,339.58

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BAS utilizing Healthlink Open Access III--partially self funded plans						
Product	PPO	PPO	PPO	PPO	PPO	PPO
Option	#1	#2	#3	#4	#5	#6
Carrier	Chubb Group of In					
STOP LOSS TERMS						
SPECIFIC						
Deductible	100,000	100,000	125,000	125,000	150,000	150,000
Annual Maximum Coverage Limit	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Contract	12/12	12/15	12/12	12/15	12/12	12/15
Coverages	Med, Rx					
AGGREGATE						
Annual Maximum	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
STOP LOSS PREMIUM (FIXED)						
Employee 534	47.63	56.97	38.09	445.47	31.37	37.36
Employee & Spouse 23	94.89	113.48	75.88	90.57	62.48	74.42
Employee & Child(ren) 13	83.98	100.43	67.15	80.16	55.30	65.87
Employee & Family 8	142.52	170.45	113.97	136.03	93.85	111.78
Annual Specific Premium	358,185.48	428,414.52	286,440.12	341,932.92	235,899.84	280,949.40
Aggregate Composite	8.12	5.76	8.58	6.36	9.02	6.86
Annual Aggregate Premium	56,320.32	39,951.36	59,510.88	44,112.96	62,562.72	47,580.96
Total Annual Premium	414,505.80	468,365.88	345,951.00	386,045.88	298,462.56	328,530.36
ADMINISTRATIVE COSTS (FIXED)						
Medical Claims Fee 578	15.00	15.00	15.00	15.00	15.00	15.00
PPO/UR Fee 578	8.00	8.00	8.00	8.00	8.00	8.00
Annual Administrative Fee	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
Annual Administration Costs	161,528.00	161,528.00	161,528.00	161,528.00	161,528.00	161,528.00
ANNUAL FIXED COSTS	576,033.80	629,893.88	507,479.00	547,573.88	459,990.56	490,058.36
AGGREGATE CLAIM LIAB. MEDICAL						
Employee 534	543.25	662.23	557.10	677.92	566.31	688.06
Employee & Spouse 23	1,082.16	1,319.17	1,109.73	1,350.42	1,128.09	1,370.63
Employee & Child(ren) 13	957.75	1,167.52	982.15	1,195.18	998.41	1,213.06
Employee & Family 8	1,625.40	1,981.40	1,666.82	2,028.34	1,694.39	2,058.68
Maximum Claim Liability	4,085,269.56	4,980,008.28	4,189,412.40	5,097,996.00	4,258,680.72	5,174,253.00
Expected Claim Liability	3,268,215.65	3,984,006.62	3,351,529.92	4,078,396.80	3,406,944.58	4,139,402.40
Expected Plan Cost	3,844,249.45	4,613,900.50	3,859,008.92	4,625,970.68	3,866,935.14	4,629,460.76
Maximum Plan Cost	4,661,303.36	5,609,902.16	4,696,891.40	5,645,569.88	4,718,671.28	5,664,311.36