

# Components of Health Plan

- Claims Administration Services
  - Process Claims
  - Large Case Management / Utilization Review
  - Customer Service
  - Reporting Capabilities
- PPO Network
  - Discounts
  - Network Size / Availability
- Pharmacy Benefit Manager / Rx
  - Administration Cost
  - Dispensing Fees
  - Network Size / Availability
- EAP/Managed Mental Health
  - Three EAP Visits for all Employees and Dependents of the District
  - Large Case Management/Utilization Review of Mental Nervous/Chemical Dependency

# Healthcare and Ancillary Products Out for Proposal

Healthcare	Ancillary Products
<ul style="list-style-type: none"> <li>➤ Medical Claims Administration - Third Party Administrator</li> <li>➤ Large Case Management / Utilization Review</li> <li>➤ PPO Network</li> <li>➤ Prescription Benefits Manager – Retail and Mail Order</li> <li>➤ Employee Assistance Program</li> </ul>	<ul style="list-style-type: none"> <li>➤ Dental Claims Administration (Fully Insured and Self Insured)</li> <li>➤ Basic Life &amp; Voluntary Life Insurance</li> <li>➤ Vision Plan</li> <li>➤ Heart/Stroke Protection Plan</li> <li>➤ Laboratory Services</li> </ul>

# Selected Vendors

DENTAL - INSURED/PPO OPTIONS	
	MetLife
	Single Option Plan
<b>Benefits:</b>	
Preventive	100%
Basic	*80%
Major	*50%
Orthodontia	50% to age 19
Calendar Yr. Max.	\$1,000
Lifetime Ortho.	\$1,000
<b>Deductible</b>	\$50
	Individual Family
<b>Provider Network</b>	
<b>Rates:</b>	
Employee	\$34.76
Employee + Spouse	\$67.87
Employee + Child	\$83.00
Family	\$109.78
Rate Guarantee	1 yr, 2nd yr capped at 9%
Notes	The only other plan allowed next to the above plan would be QCD

DENTAL - DMO/PPO		
PROCEDURE NUMBER	PROCEDURE NAME	QCD Red Plan
120	PERIODIC ORAL EXAM	\$9.00
210	INTRAORAL FMS & BITEWINGS	\$28.00
1110	PROPHYLAXIS ADULTS	\$24.00
1120	PROPHYLAXIS CHILDREN	\$24.00
1203	CHILD FLUORIDE	\$5.00
1351	SEALANT - PER TOOTH	\$14.00
2140	AMALGAM ONE SURFACE PERM.	\$28.00
2150	AMALGAM TWO SURFACES PERM.	\$36.00
2160	AMALGAM 3 SURFACES PERM.	\$46.00
2750	CROWNS PROCELAIN WITH GOLD	\$350.00
2751	PROCELAIN W NONPRECIOUS MET.	\$320.00
2752	PROCELAIN W SEMIPRECIOUS MET	
2950	CROWN BUILDUP-INCLUDING PINS	\$55.00
3330	ROOT CANAL - 3	\$259.00
4341	PERIO SCAL & RT PLAN <12 TEETH	\$75.00
220	INTRAORAL SINGLE FIRST FILM	20% discount
272	BITEWINGS TWO FILMS	20% discount
274	BITEWINGS FOUR FILMS	20% discount
2790	GOLD FULL CAST CROWN	20% discount
8090	CLASS II MALOCCLUSION - ADULT	\$2,400.00
8080	CLASS I MALOCCLUSION - CHILD	\$2,200.00
RATES	EMPLOYEE	no charge
	EE/SPOUSE	\$10.00
	EE/CHILD	
	FAMILY	\$14.00
NOTES		

# Selected Vendors Cont'

<u>LIFE - AD&amp;D - VOLUNTARY LIFE</u>	
	<b>Fort Dearborn</b>
	<b>Blue Cross</b>
	<b>Blue Shield</b>
<b>LIFE \$35,796,000</b>	
<b>Rate per \$1000</b>	
w/Waiver	0.055
w/o Waiver	0.054
<b>AD&amp;D</b>	0.02
<b>Annual w/Waiver</b>	\$32,216
<b>Annual w/o Waiver</b>	\$31,787
<b>Dependent Life</b>	\$1.00 for \$5K \$2.00 for \$10,000
<b>Rate Guarantee</b>	2 yr
<b>Optional Life</b>	Rate / \$1,000
Under 30	0.041
30-34	0.054
35-39	0.061
40-44	0.069
45-49	0.102
50-54	0.156
55-59	0.292
60-64	0.449
65-69	0.863
<b>Notes</b>	EE Guarantee Issue \$100K Max 7x's Salary up to \$500K Sp Guarantee Issue \$20K Max 7x's Salary up to \$500K
<b>Rating</b>	A +

<u>VISION</u>	
	<b>Eye Med</b>
	<b>Visioncare</b>
	<b>Plan B</b>
<b>Benefits:</b>	
<b>Eye Exam</b>	12 Months
<b>Lenses</b>	12 Months
<b>Frames</b>	12 Months
<b>Contacts</b>	In lieu of frames 12 Months
<b>Allowance</b>	
<b>Frames</b>	\$130
<b>Contacts Elective</b>	\$130
<b>Medically Necessary Contacts</b>	100%
<b>Co-Pay</b>	
<b>Exam</b>	\$10
<b>Materials</b>	\$10
<b>Provider Network</b>	10 mile radius 97.40%
<b>Rates:</b>	
<b>Employee</b>	\$8.42
<b>Employee + Spouse</b>	\$15.91
<b>Employee + Child</b>	
<b>Family</b>	\$23.33
<b>Rate Guarantee</b>	4 yrs

<u>HEART/STROKE</u>	
	<b>Financial Benefit Services</b>
	<b>American Public Life Ins.</b>
	<b>Option 1</b> <b>Option 2</b>
Hospital	\$100 Daily    \$200 Daily
Surgery	Actual charges not to exceed \$4,000
Anesthesia	25%
Drugs & Medicine	\$35 per day
Physician	\$35 per day
Nursing Service	\$100 per 24 hrs
Physical Therapy	\$25 per session, not to exceed \$750
Oxygen	Actual charges not to exceed \$400
EKG Benefit	Actual charges not to exceed \$400
Ambulance	\$100 per trip
Heart Transplant	Actual charges to a lifetime max of \$100,000
Cerebral or Carotid Angiogram	N/A
Blood Plasma	\$5,000 per year
Cardiac Catheterization	\$210 to \$275
Coronary Angioplasty	\$600 to \$1,150
Pacemaker Insertion	N/A
Coronary Artery Bypass	N/A
Graft Operation	N/A
Thromboendarterectomy	N/A
<b>RATES</b>	<b>Option 1</b> <b>Option 2</b>
Employee	\$17.35    \$29.50
Single Parent	\$18.10    \$32.45
Family	\$33.00    \$56.00
<b>Rate Guarantee</b>	Additional Rider's can be purchased Policy is guaranteed to age 64

# Selected Vendors Cont'

<u>PRESCRIPTION DRUGS - RETAIL</u>	
	Walgreens
Brand = 13010	Health Initiative
Generic = 10842	
Total = 23852	Option 1
<u>Admin Fee</u>	
Electronic	\$0.00
Paper (Pharm)	
Paper (Member)	
<u>Dispensing Fee</u>	
Preferred Ntwk	
Open Ntwk	
Brand	\$0.00
Generic	\$0.00
<u>Discount</u>	
Brand	AWP - 16%
Preferred Ntwk	
Open Ntwk	
Generic	AWP - 16%
Preferred Ntwk	
Open Ntwk	
Rebate	\$0
Start-Up Fees	\$0
Rate Guarantee	3 yr
Retail Costs	\$0

<u>PRESCRIPTION DRUGS - MAIL ORDER</u>	
	Walgreens
Brand = 923	Health
Generic = 455	Initiatives
Total = 1378	Option 1
<u>Admin Fee</u>	
Electronic	\$0.00
Paper (pharm)	
Paper (member)	
<u>Dispensing Fee</u>	
Brand	\$0.00
Generic	\$0.00
<u>Discount</u>	
Brand	AWP - 22%
Generic	AWP - 22%
Rebates	\$0
Start-Up Fees	\$0
Rate Guarantee	3 yr
Admin Dispensing Costs	\$0
Total Mail & Retail Costs	\$0

# Selected Vendors Cont'

## LAB ANALYSIS

CPT CODE		LabOne		CPT CODE		LabOne	
CPT CODE	OCCURANCE	LabOne	OCCURANCE	CPT CODE	OCCURANCE	LabOne	OCCURANCE
36415	77	\$12.00		84305	0	\$69.94	
80048	6	\$5.45		84402	0	\$22.42	
80050	39	\$28.00		84403	3	\$35.31 *	
80053	61	\$6.78		84436	7	\$6.73 *	
80055	7	\$30.00		84439	13	\$12.00	
80061	83	\$8.98		84443	31	\$16.82 *	
80074	1	\$77.36		84479	4	\$6.73	
80076	12	\$5.11		84480	3	\$20.18 *	
80197	3	\$52.05		84481	1	\$33.63	
81001	18	\$4.00		84702	11	\$11.21 *	
81003	7	\$3.00		85025	50	\$5.50	
82043	4	\$8.00		85610	5	\$5.00	
82105	4	\$22.00		85652	8	\$4.00	
82164	0	\$31.11		86003	4	\$7.00	
82248	20	\$5.61		86038	4	\$14.58 *	
82306	1	\$63.20		86141	8	\$7.00	
82365	1	\$45.79		86300	2	\$28.58 *	
82465	2	\$5.61		86376	1	\$28.58 *	
82507	0	\$105.37		86677	2	\$16.26 *	
82570	5	\$6.73 *		86703	10	\$18.00	
82607	3	\$20.75		86747	1	\$19.08	
82627	1	\$31.39		86790	1	\$21.30 *	
82670	3	\$40.35		86803	2	\$26.90	
82677	3	\$26.90 *		86804	0	\$121.07	
82679	0	\$97.29		87046	1	\$22.67 *	
82728	7	\$17.93		87071	7	\$9.00	
82746	2	\$22.42		87077	3	\$12.29 *	
82787	1	\$74.43		87081	6	\$16.82	
82947	8	\$5.00		87086	18	\$11.00	
83001	3	\$26.00		87088	3	\$6.73	
83002	1	\$26.00		87186	3	\$6.73	
83036	25	\$13.00		87490	6	\$17.93 *	
83090	0	\$120.22 *		87491	4	\$25.78 *	
83525	1	\$31.39		87522	0	\$121.07 *	
83540	9	\$5.61		87590	6	\$17.93 *	
83550	5	\$13.45		87591	4	\$25.78 *	
83896	28	\$4.79 *		87621	3	\$48.50	
83945	0	\$54.65		87902	0	\$177.11 *	
83970	1	\$35.87 *		88141	3	\$4.98 *	
84144	3	\$22.42		88142	43	\$28.31	
84146	1	\$28.03		88164	1	\$15.00	
84153	9	\$22.42 *		88305	13	\$77.66	

\*CPT covers multiple tests using the same methodology. Price represents a conservative estimate of the average charge.