

Alternate Options	Option 1	Option 2	Option 3
Product	PPO	PPO	PPO
Deductible IN (Indiv/Fam)	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000
Deductible OON (Indiv/Fam)	Combined w/ IN	Combined w/ IN	Combined w/ IN
Medical OOP Max IN (Indiv/Fam)	\$4,000/\$8,000	\$5,000/\$10,000	\$4,500/\$9,000
Medical OOP Max OON (Indiv/Fam)	\$6,000/\$12,000	\$7,000/\$14,000	\$6,500/\$13,000
Member Coinsurance (IN/OON)	10%/30%	10%/30%	10%/30%
Physician Copay	0/20/20/40	10/30/30/50	0/20/20/40
Prescription Drugs	\$10/\$25+20%/\$40+20%	\$10+20%/\$30+20%	\$10/\$25+20%/\$40+20%
Prescription Drugs OOP (Indiv/Fam)	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000

w/ Changes	Option 1	Option 2	Option 3
Enrollee	\$912.15	\$885.20	\$876.00
Ee + Spouse	\$2,005.80	\$1,946.75	\$1,926.30
Ee + 1 Child	\$1,404.25	\$1,362.85	\$1,348.65
Ee + Children	\$1,632.10	\$1,584.05	\$1,567.45
Ee + Sp + Child(ren)	\$2,324.75	\$2,256.00	\$2,232.65

OPTION 1 FOR ALL EMPLOYEES/YEAR \$10,945.80
Employee Pays \$75/mo \$900.00 \$10,045.80

PROPOSAL: COSSA PAYS 100% OF EMPLOYEE PREMIUMS FOR MEDICAL/DENTAL/EAP/LIFE INS:

M/D=\$10,046 + EAP=\$20.00 + LIFE=\$60.00 = \$10,126/YEAR /EMPLOYEE

DISTRICT TOTAL OF \$1,012,600.00 Employer pays \$844/month

School District Decision Tree for State's health plan reserve

Full-Time

Enrolled Employees Enrolled	Monthly Employer Contribution	Monthly Total	Yearly Total	Per Year/Employee
100	\$ 1,145.82	\$ 114,582.00	\$ 1,374,984.00	\$ 13,750.00