

PLAN CHANGES

PROPOSAL #1

June 2011

Benefit Changes:	Annual Savings	Effective Date
Option I - Increase deductible from \$500 to \$1000 per individual, \$1000 to \$2000 per family	\$1,069,000	1/1/2011
Option I - Increase annual out-of-pocket from \$3500 to \$5000 per individual (does not include deductible)	\$220,400	1/1/2011
Option I - After 2 fills, 2 times co-pay for maintenance Rx drugs purchased retail	\$79,000	9/1/2010
Option I - Increase generic Rx co-pay from \$5 to \$10	\$242,000	9/1/2010
Option II - Delete	---	1/1/2011
Option III - Increase annual out-of-pocket from \$5000 per individual to \$5950 (including deductible) for employee only, \$11,900 (including deductible) for family (HSA rules)	---	1/1/2011
Option III - Delete Rx co-pay and pay as any other eligible expense (HSA rules)	---	1/1/2011
Total Savings	\$1,610,400	

Contribution Changes:	Annual Increase	Effective Date
Option I - ECISD continue \$40 per employee increase	\$1,468,800	9/1/2010
Option I - Increase employee coverage by \$5	\$183,600	1/1/2011
Option I - Increase dependent coverage for one child by \$15.10, for children by \$14.88, for spouse by \$15.33 and for family by \$15.16	\$185,209	1/1/2011
Option II - Delete		1/1/2011
Option III - ECISD continue \$40 per employee increase	See Below	9/1/2010
Option III - ECISD divide \$40 per employee increase, \$15 to plan and \$25 to HSA accounts	\$6,840	1/1/2011
Option III - No change in employee contributions	---	1/1/2011
Hospital Indemnity Option - ECISD continue \$40 per employee increase	\$197,280	9/1/2010
Hospital Indemnity Option - decrease funds available to employees for payment of other specified premiums by \$44.51 (phase out in 2012)	\$219,523	1/1/2011
Total Contribution Changes	\$2,261,252	

**ECTOR COUNTY ISD
Contribution Rate Sheet
Effective January 1, 2011**

Option I

	<u>Employee Pays</u>	<u>District Pays*</u>	<u>Total Rate Paid</u>
Employee Only:	40.00	315.00	355.00
Employee & Spouse:	317.00	315.00	632.00
Employee & Child:	206.00	315.00	521.00
Employee & Children:	251.00	315.00	566.00
Employee, Spouse & Child(ren):	365.00	315.00	680.00

Option II - Eliminated

Option III

	<u>Employee Pays</u>	<u>District Pays**</u>	<u>Total Rate Paid</u>
Employee Only:	0.00	290.00	290.00
Employee & Spouse:	235.00	290.00	525.00
Employee & Child:	150.00	290.00	440.00
Employee & Children:	185.00	290.00	475.00
Employee, Spouse & Child(ren):	275.00	290.00	565.00

In-Hospital Indemnity

	<u>Employee Pays</u>	<u>District Pays</u>	<u>Total Rate Paid</u>
Employee Only:	0.00	270.00	270.00***

***Includes \$75.00 State Contribution**

****Includes \$75.00 State Contribution; district provides additional \$25.00 for Health Savings Account for a total contribution of \$315.00**

*****District provides additional \$45.00 for cafeteria benefits for a total contribution of \$315.00**