

2008 HEALTH PLAN COMPARISON

| Benefit | TRS ActiveCare 1 | | Denton ISD PPO | | TRS ActiveCare 2 | | TRS ActiveCare 3 | | Denton ISD Basic | | Denton ISD |
|---|--|-------------|------------------------------------|----------------------------|---|----------------------------|--|----------------------------|-------------------------------------|----------------|---|
| | Network | Non-network | Network | Non-network | Network | Non-network | Network | Non-network | Network | Non-network | IHB |
| Deductible Individual Family | \$1,100 \$3,000 | | \$1000 or \$500 \$1,000/\$2,000 | | \$500 \$1,500 | | None None | \$500 \$1,500 | \$2,000 N/A | | Not a medical plan. Indemnity only \$750 per day if in-patient 30-day calenday year max \$50,000 life insurance |
| Coinsurance (plan pays after deductible) | 80% | 60% | 80% | 60% | 80% | 60% | 80% | 60% | 50% | 50% | |
| (employee pays after deductible) | 20% | 40% | 20% | 40% | 20% | 40% | 20% | 40% | 50% | 50% | |
| Out of Pocket Maximum (in addition to deductible) Individual Family | \$2,000 \$6,000 | | \$3,000 \$4,500 | \$10,000 \$15,000 | \$2,000 \$6,000 | | \$1,000 per individual \$3,000 per individual | \$3,000 per individual | \$7,500 N/A | \$7,500 N/A | |
| Lifetime Maximum | Unlimited | | \$2,000,000 | | Unlimited | | Unlimited | \$1,000,000 | \$2,000,000 | | |
| Office visit Primary/Specialist CoPay | Deductible and Coinsurance | | \$25/\$35 | Deductible and Coinsurance | \$25/\$35 | Deductible and Coinsurance | \$20/\$30 | Deductible and Coinsurance | Deductible and Co-insurance | | |
| Emergency Room | Deductible and Coinsurance | | Deductible and Coinsurance | | \$100 copay plus Deductible and Coinsurance | | \$100 Copay plus coinsurance | Deductible and Coinsurance | Deductible and Coinsurance | | |
| Hospital Admission | Deductible and Coinsurance | | Deductible and Coinsurance | | \$100 copay plus Deductible and Coinsurance | | \$100 per day deduct plus coinsurance | Deductible and Coinsurance | Deductible and Coinsurance | | |
| Prescription Drugs Retail -30 day Generic Preferred Brand Non-Preferred Brand | Medical Deductible plus Coinsurance (Discount card Included) | | \$10 | N/A | \$10 | \$10* | \$10 | \$10* | Medical Deductible plus Coinsurance | | |
| | | | \$35 | N/A | \$25 | \$25* | \$25 | \$25* | | | |
| | | | \$35 | N/A | \$45 | \$45* | \$40 | \$40* | | | |
| | | | | | *plus over cost | | | *plus over cost | | | |
| Mail Order -90day Generic Preferred Brand Non-Preferred Brand | Medical Deductible plus Coinsurance (Discount card Included) | | \$20 | N/A | \$20 | N/A | \$20 | N/A | N/A | | |
| | | | \$70 | N/A | \$62.50 | N/A | \$62.50 | N/A | | | |
| | | | \$70 | N/A | \$112.50 | N.A | \$100.00 | N.A | | | |
| | | | | | | | | | | | |

2008 HEALTH PLAN COMPARISON

| | TRS ActiveCare 1 | Denton ISD | Denton ISD | TRS ActiveCare2 | TRS ActiveCare3 |
|--|--|---|--|---|---|
| Individual Deductible | \$1,100 | \$1,000 | \$500 | \$500 | None |
| If you have the network expenses below: | | | | | |
| \$80 for a visit to a primary care doctor | \$80 will be applied to your calendar year deductible. You pay \$80 | \$25 co-pay applies. Plan pays \$55. You pay \$25 | \$25 co-pay applies. Plan pays \$55. You pay \$25 | \$25 co-pay applies. Plan pays \$55. You pay \$25 | \$20 co-pay applies. Plan pays \$60. You pay \$20 |
| Retail \$100 Preferred Brand Drug | \$100 applied to your calendar year deductible. You pay \$100 | \$35 prescription co-pay applies. You pay \$35 | \$35 prescription co-pay applies. You pay \$35 | \$25 prescription co-pay applies. You pay \$25 | \$25 prescription co-pay applies. You pay \$25 |
| Mail Order \$290 Non-Preferred Brand Drug | \$290 applied to your calendar year deductible. You pay \$290 | \$70 prescription co-pay applies. You pay \$70 | \$70 prescription co-pay applies. You pay \$70 | \$112.50 prescription co-pay applies. You pay \$112.50 | \$100 prescription co-pay applies. You pay \$100 |
| \$800 Emergency Room Visit | \$630 will be applied to your calendar year deductible. Of the balance, you pay 20% of \$170 (\$34.) and the plan pays 80% (\$136) You pay \$664 | \$800 will be applied to your calendar year deductible. You pay \$800 | \$500 will be applied to your calendar year deductible. Of the balance, you pay 20% of \$300 (\$60) and the plan pays 80% (\$240). You pay \$560 | \$500 will be applied to your calendar year deductible. \$100 co-pay applies. Of the balance, you pay 20% of \$200. (\$40) and the plan pays 80% (\$160). You pay \$640 | \$100 copay applies. You pay 20% of \$700 (\$140) and the plan pays 80% (\$560) You pay \$240 |
| \$1200 Out-patient Surgery | You pay 20% of \$1200 (\$240) and the plan pays 80% (\$960) You pay \$240 | \$200 will be applied to your calendar year deductible. You pay 20% of \$1000 (\$200) and the plan pays 80% (\$800) You pay \$400 | You pay 20% of \$1200 (\$240) and the plan pays 80% (\$960) You pay \$240 | \$100 copay applies. Of the balance, you pay 20% (\$220) and the plan pays 80% (\$880) You pay \$320 | You pay 20% of \$1200 (\$240) and the plan pays 80% (\$960) You pay \$240 |
| TOTAL COST (EMPLOYEE) | \$1,374 | \$1,330 | \$930 | \$1,122.50 | \$625 |

2008 HEALTH PLAN COMPARISON

2007 PLAN PARTICIPATION

| | TRIS ActiveCare 1 | Denton ISD | Denton ISD | TRIS ActiveCare2 | TRIS ActiveCare3 |
|--------------------|-------------------------|------------------------|----------------------|--------------------------|-------------------------|
| | | \$1,000 | \$500 | | |
| 2007 CENSUS | 30,867 17.88% | 1,307 49.36% | 416 15.71% | 123,706 71.67% | 18,030 10.45% |

| Denton ISD | Denton ISD |
|----------------------|----------------------|
| Basic | IHB |
| 280 15.99% | 546 31.18% |

**2008
HEALTH PLAN RATES
2008 RATES WITH \$259.00 CONTRIBUTION**

| Coverage Categories and Rates | TRS ActiveCare 1 | | Denton ISD | | | | TRS ActiveCare 2 | | TRS ActiveCare 3 | | Denton ISD Basic | Denton ISD IHB |
|-------------------------------|------------------|-----------------------|-------------------------------|-----------------------|-----------------------------|-----------------------|------------------|-----------------------|------------------|-----------------------|--------------------------|--------------------------|
| | Total Cost | Maximum Employee Cost | Total Cost \$1,000 Deductible | Maximum Employee Cost | Total Cost \$500 Deductible | Maximum Employee Cost | Total Cost | Maximum Employee Cost | Total Cost | Maximum Employee Cost | Paid for by the District | Paid for by the District |
| Employee Only | \$266.00 | \$7.00 | \$367.40 | \$108.40 | \$417.40 | \$158.40 | \$354.00 | \$95.00 | \$477.00 | \$218.00 | | |
| Employee/Children | \$424.00 | \$165.00 | \$541.10 | \$282.10 | \$616.10 | \$357.10 | \$564.00 | \$305.00 | \$760.00 | \$501.00 | | |
| EmployeeSpouse | \$606.00 | \$347.00 | \$714.80 | \$455.80 | \$814.80 | \$555.80 | \$806.00 | \$547.00 | \$1,085.00 | \$826.00 | | |
| Employee/Family | \$667.00 | \$408.00 | \$888.50 | \$629.50 | \$1,013.50 | \$754.50 | \$886.00 | \$627.00 | \$1,193.00 | \$934.00 | | |

2007 RATES WITH \$239.00 CONTRIBUTION

| Coverage Categories and Rates | Total Cost | Maximum Employee Cost | Total Cost \$1,000 Deductible | Maximum Employee Cost | Total Cost \$500 Deductible | Maximum Employee Cost | Total Cost | Maximum Employee Cost | Total Cost | Maximum Employee Cost | Paid for by the District | Paid for by the District |
|-------------------------------|---------------|-----------------------|-------------------------------|-----------------------|-----------------------------|-----------------------|------------|-----------------------|------------|-----------------------|--------------------------|--------------------------|
| | Employee Only | \$249.00 | \$10.00 | \$347.40 | \$108.40 | \$397.40 | \$158.40 | \$331.00 | \$92.00 | \$446.00 | | |
| Employee/Children | \$396.00 | \$157.00 | \$521.10 | \$282.10 | \$596.10 | \$357.10 | \$527.00 | \$288.00 | \$710.00 | \$471.00 | | |
| EmployeeSpouse | \$566.00 | \$327.00 | \$694.80 | \$455.80 | \$794.80 | \$555.80 | \$753.00 | \$514.00 | \$1,014.00 | \$775.00 | | |
| Employee/Family | \$623.00 | \$384.00 | \$868.50 | \$629.50 | \$993.50 | \$754.50 | \$828.00 | \$589.00 | \$1,115.00 | \$876.00 | | |

2006 RATES WITH \$239.00 CONTRIBUTION

| Coverage Categories and Rates | Total Cost | Maximum Employee Cost | Total Cost \$1,000 Deductible | Maximum Employee Cost | Total Cost \$500 Deductible | Maximum Employee Cost | Total Cost | Maximum Employee Cost | Total Cost | Maximum Employee Cost | Paid for by the District | Paid for by the District |
|-------------------------------|------------|-----------------------|-------------------------------|-----------------------|-----------------------------|-----------------------|------------|-----------------------|------------|-----------------------|--------------------------|--------------------------|
| Employee Only | \$249.00 | \$10.00 | \$347.40 | \$108.40 | \$397.40 | \$158.40 | \$331.00 | \$92.00 | \$446.00 | \$207.00 | | |
| Employee/Children | \$396.00 | \$157.00 | \$521.10 | \$282.10 | \$596.10 | \$357.10 | \$527.00 | \$288.00 | \$710.00 | \$471.00 | | |
| Employee/Spouse | \$566.00 | \$327.00 | \$694.80 | \$455.80 | \$794.80 | \$555.80 | \$753.00 | \$514.00 | \$1,014.00 | \$775.00 | | |
| Employee/Family | \$623.00 | \$384.00 | \$868.50 | \$629.50 | \$993.50 | \$754.50 | \$828.00 | \$589.00 | \$1,115.00 | \$876.00 | | |

2007 TRS ActiveCare Participation by District

| Entity Type | Total # of Districts Eligible | # of Districts Participating | % of Districts Participating |
|-------------------|-------------------------------|------------------------------|------------------------------|
| Under 500 | 825 | 801 | 97.09% |
| 500-1000 | 111 | 68 | 61.26% |
| Charters | 184 | 129 | 70.11% |
| Other Ed | 9 | 9 | 100.00% |
| RSC | 20 | 20 | 100.00% |
| Greater than 1000 | 98 | 16 | 16.33% |
| Total | 1247 | 1043 | 83.64% |

