

**DENTON ISD
EXECUTIVE SUMMARY**

Company Name	United Healthcare	Cigna	Blue Cross Blue Shield	Humana Option 1	Humana Option 2	Principal
Administration Fees	\$865,506	\$858,841	\$935,294	\$645,304	\$766,865	\$711,503
Rx Administration Fees	\$75,042	\$74,122	\$69,598	\$59,777	\$175,166	\$67,034
Section 125 Claims Administration	\$23,228	\$22,862	\$25,158	\$29,476	\$29,476	\$21,845
EAP Fees	\$16,330	\$52,330	\$58,595	\$64,122	\$64,122	\$51,224
Projected Medical Claims	\$8,900,000	\$8,900,000	\$8,900,000	\$8,900,000	\$8,900,000	\$8,900,000
PPO Discount Increases / Savings	\$0	(\$89,000)	\$0	\$89,000	\$89,000	\$0
Total Projected First Year Cost	\$9,880,106	\$9,819,155	\$9,988,645	\$9,787,679	\$10,024,629	\$9,751,606

* Assumes WHI as PBM

** Assumes IBH as EAP Provider per RFP

*** Assumes Dear Oaks as EAP Provider

**DENTON ISD
EXECUTIVE SUMMARY**

Company Name	Aetna	CoreSource	Group Resources	Administrative Enterprises, Inc.		
Administration Fees	\$755,734	\$862,397	\$784,380	Incomplete		
Rx Administration Fees	\$65,550	\$47,802 *	\$47,802 *	\$47,802 *		
Section 125 Claims Administration	\$22,577	\$21,357	\$21,840			
EAP Fees	\$47,171	\$129,698 **	\$55,722 ***	\$55,722 ***		
Projected Medical Claims	\$8,900,000	\$8,900,000	\$8,900,000			
PPO Discount Increases / Savings	\$0	\$0	\$1,335,000			
Total Projected First Year Cost	\$9,791,032	\$9,961,254	\$11,144,744	Incomplete		

* Assumes WHI as PBM

** Assumes IBH as EAP Provider per RFP

*** Assumes Dear Oaks as EAP Provider

**DENTON ISD
MEDICAL CLAIMS ADMINISTRATION**

	United Healthcare (1) (2)	Cigna (2)	Blue Cross Blue Shield (2)	Humana Option 1	Humana Option 2	CoreSource	Aetna (2) (3)
FEES 1st Year Medical (2441 ee's)	\$29.37	\$18.82	\$31.93	\$11.42	\$15.57	\$12.50	\$25.80
1st year Annual	\$860,306	\$551,275	\$935,294	\$334,515	\$456,076	\$366,150	\$755,734
FEES 2nd year Medical (2441 ee's)	\$30.84	\$18.82	\$34.51	\$11.99	\$16.35	\$12.50	\$27.09
2nd year Annual	\$903,365	\$551,275	\$1,010,867	\$351,211	\$478,924	\$366,150	\$793,520
Implementation Fees	Included	Included	Included	Included	Included	\$10,000	Included
UR	Included	Included	Included	\$202,994	\$202,994	\$200,650	Included
PPO Fees (2441 ee's)	Included	\$10.50	Included	\$3.68	\$3.68	\$9.75	Included
1st year		\$307,566		\$107,795	\$107,795	\$285,597	Included
PPO Fees (2441 ee's)	Included	\$10.50	Included	\$3.68	\$3.68	\$9.75	Included
2nd Year		\$307,566		\$107,795	\$107,795	\$285,597	Included
1st year Total	\$865,506	\$858,841	\$935,294	\$645,303	\$766,865	\$862,397	\$755,734
2nd year Total	\$908,565	\$858,841	\$1,010,867	\$662,000	\$789,713	\$852,397	\$793,520
Grand Total	\$1,774,071	\$1,717,683	\$1,946,160	\$1,307,303	\$1,556,578	\$1,714,794	\$1,549,254

1) Fee includes \$5,200 for Custom Data Extracts

2) Medical Admin Fees include a credit for Administrator returning Rx rebates

3) Fee includes \$27,000 for Custom Data Extracts

**DENTON ISD
MEDICAL CLAIMS ADMINISTRATION**

	Principal	Group Resources	Adminstrative Enterprises Inc.				
FEES 1st Year Medical (2441 ee's)	\$13.04	\$13.50	\$12.00				
1st year Annual	\$381,968	\$395,442	\$351,504				
FEES 2nd year Medical (2441 ee's)	\$13.04	\$13.50	\$12.00				
2nd year Annual	\$381,968	\$395,442	\$351,504				
Implementation Fees	Included	\$16,000	Did Not Quote				
UR	Included	\$214,761	Did Not Quote				
PPO Fees (2441 ee's)	\$11.25	\$5.40	Did Not Quote				
1st year	\$329,535	\$158,177					
PPO Fees (2441 ee's)	\$11.25	\$5.40	Did Not Quote				
2nd Year	\$329,535	\$158,177					
1st year Total	\$711,503	\$784,380	\$351,504				
2nd year Total	\$711,503	\$768,380	\$351,504				
Grand Total	\$1,423,005	\$1,552,760	\$703,008				

DENTON ISD PRESCRIPTION DRUGS - RETAIL

Brand = 13,147 Generic = 23,624 Total = 36,771	RESTAT	Walgreens Health Initiatives	Walgreens Health Initiatives	Cigna	CareMark (CoreSource)
	Option 1	Option 1	Option 2		
Admin Fee					
Electronic	\$1.85	\$0.43	\$0.00	\$0.00	\$0.00
Paper (Pharm)					
Paper (Member)	\$2.50	\$2.00	\$2.00		\$0.90
Dispensing Fee					
Preferred Ntwk					
Open Ntwk					
Brand	\$1.45	\$1.30	\$1.30	\$2.08	\$1.50
Generic	\$1.45	\$1.30	\$1.30	\$1.98	\$1.50
Discount					
Brand	AWP - 16.5%	AWP - 18.25%	AWP - 18.25%	AWP - 16.5%	AWP - 20.6%
Preferred Ntwk					
Generic	AWP - 74%	AWP - 67%	AWP - 67%	AWP - 69.1%	MAC or AWP - 17%
Preferred Ntwk					
Rebate	95% to District	\$7.90 per Brand Rx \$103,961	\$4.97 per Brand Rx \$65,341		
Start-Up Fees	0	0	0	0	0
Rate Guarantee	2 yr	3 yr	3 yr		
Retail Costs	\$121,344	\$63,614	\$47,802	\$74,122	\$55,157

DENTON ISD PRESCRIPTION DRUGS - RETAIL

Brand = 13,147 Generic = 23,624 Total = 36,771	Aetna	Welldyne Rx (CoreSource)	United Healthcare Option 1*	United Healthcare Option 2	
Admin Fee					
Electronic	\$0.00	\$1.85	\$0.64	\$0.64	
Paper (Pharm)					
Paper (Member)			\$0.00	\$0.00	
Dispensing Fee					
Preferred Ntwk					
Open Ntwk					
Brand	\$1.91	\$2.00	\$1.35	\$1.35	
Generic	\$1.65	\$2.00	\$1.35	\$1.35	
Discount					
Brand	AWP - 16%	AWP - 16%	AWP - 16.3%	AWP - 16.3%	
Preferred Ntwk					
Generic	AWP - 65.8%	AWP - 23%	AWP - 64.5%	AWP - 64.5%	
Preferred Ntwk					
Rebate	\$0	\$0	\$4.68	\$4.68	
Start-Up Fees	0	0	0	0	
Rate Guarantee	2 yr	2 yr			
Retail Costs	\$64,091	\$141,568	\$73,174	\$73,174	

**DENTON ISD
PRESCRIPTION DRUGS - RETAIL**

Brand = 13,147 Generic = 23,624 Total = 36,771	Humana	Humana	Blue Cross Blue Shield	Principal	
	Traditional	Pass Through			
Admin Fee					
Electronic	\$0.00	\$3.00	\$0.00	\$0.30	
Paper (Pharm)					
Paper (Member)				\$0.30	
Dispensing Fee					
Brand	\$1.51	\$1.41	\$1.70	\$1.50	
Generic	\$1.65	\$1.59	\$2.00	\$1.50	
Discount					
Brand	AWP - 16.7%	AWP - 17.6%	AWP - 16%	AWP - 16.5%	
Preferred Ntwk					
Generic	AWP - 70%	AWP - 76.97%	MAC or AWP - 22%	AWP - 58%	
Rebate	\$3.50 / claim \$128,669	\$3.50 / claim \$128,699	\$0	95%	
Start-Up Fees	0	Included	0	0	
Rate Guarantee	1 yr	1 yr	1 yr	3 yr	
Retail Costs	\$59,777	\$166,412	\$69,598	\$66,188	

DENTON ISD
PRESCRIPTION DRUGS - MAIL ORDER

Brand = 1,354 Generic = 1,564 Total = 2,918	RESTAT	Walgreens Health Initiatives	Walgreens Health Initiatives	Cigna	CareMark (CoreSource)
	Option 1	Option 1	Option 2		
<u>Admin Fee</u>					
Electronic	\$1.85	\$0.43	\$0.00	\$0.00	\$0.00
Paper (pharm)					
Paper (member)	\$2.50	\$2.00	\$2.00	\$0.00	\$0.90
<u>Dispensing Fee</u>					
Brand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Generic	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<u>Discount</u>					
Brand	AWP - 26.5%	AWP - 27%	AWP - 27%	AWP - 23%	AWP - 30.1%
Generic	AWP - 69%	AWP - 72%	AWP - 72%	AWP - 70.1%	MAC or AWP - 24.5%
<u>Rebates</u>	95% to District	\$26.93 per Brand Rx \$36,463	\$16.93 per Brand Rx \$22,923	\$0	\$0
<u>Start-Up Fees</u>	\$0	\$0	\$0	\$0	\$0
<u>Rate Guarantee</u>	2 yrs				2 yrs
<u>Admin Dispensing Costs</u>	\$5,398	\$1,255	\$0	\$0	\$0
<u>Total Mail & Retail Costs</u>	\$126,742	\$64,869	\$47,802	\$74,122	\$55,157

DENTON ISD
PRESCRIPTION DRUGS - MAIL ORDER

Brand = 1,354 Generic = 1,564 Total = 2,918	Aetna	Welldyne Rx (CoreSource)	United Healthcare	United Healthcare	
<u>Admin Fee</u>					
Electronic	\$0.00	\$1.85	\$0.64	\$0.64	
Paper (pharm)					
Paper (member)			\$0.00	\$0.00	
<u>Dispensing Fee</u>					
Brand	\$0.50	\$0.00	\$0.00	\$0.00	
Generic	\$0.50	\$0.00	\$0.00	\$0.00	
<u>Discount</u>					
Brand	AWP - 20%	AWP - 23%	AWP - 24%	AWP - 24%	
Generic	AWP - 64%	AWP - 55%	AWP - 63%	AWP - 63%	
Rebates	\$0	\$0	0	\$0	
Start-Up Fees	\$0	\$0	\$0	\$0	
Rate Guarantee	2 yrs	2 yrs			
Admin Dispensing Costs	\$1,459	\$5,398	\$1,868	\$1,868	
Net Rebates					
Total Mail & Retail Costs	\$65,550	\$146,966	\$75,042	\$75,042	

DENTON ISD
PRESCRIPTION DRUGS - MAIL ORDER

Brand = 1,354 Generic = 1,564 Total = 2,918	Humana	Humana	Blue Cross Blue Shield	Principal	
	Traditional	Pass Through			
<u>Admin Fee</u>					
Electronic	\$0.00	\$3.00	\$0.00	\$0.30	
Paper (pharm)					
Paper (member)					
<u>Dispensing Fee</u>					
Brand	\$0.00	\$0.00	\$0.00	\$0.00	
Generic	\$0.00	\$0.00	\$0.00	\$0.00	
<u>Discount</u>					
Brand	AWP - 23%	AWP - 22.73%	AWP - 22.5%	AWP - 24%	
Generic	AWP - 60%	AWP - 76.97%	MAC or AWP - 22.5%	AWP - 60%	
Rebates	\$12.50 per claim	\$12.50 / claim	\$0	95%	
Start-Up Fees			\$0	\$0	
Rate Guarantee			1 yr	3 yr	
Admin Dispensing Costs		\$8,754	\$0	\$875	
Total Mail & Retail Costs	\$59,777	\$175,166	\$69,598	\$67,034	

DENTON ISD
EAP / MENTAL NERVOUS

		COST	REPORT FEES	START-UP	MGMNT. TRAINING	ANNUAL COST (2441 / 3071)	NOTES
Principal EAP Only							
	3 Visit	\$1.39	Included	Included	Included	\$51,224	
	6 Visit	\$1.85				\$68,176	
Principal EAP & MMH							
	3 Visit	\$3.82				\$122,404	
	6 Visit	\$4.28				\$139,356	
United Healthcare EAP Only							
	3 Visit	\$2.16	Included	Included	Included	\$16,330	Non-Medical Plan Participants Medical Plan Participants are included in the Administration Fee
	6 Visit	N/A					
Cigna EAP Only							
	3 Visit	\$1.42				\$52,330	Managed Mental in included in the Administration Fee
	6 Visit	\$1.96				\$72,230	
Hmana EAP Only							
	3 Visit	\$1.74				\$64,122	Managed Mental in included in the Administration Fee
	6 Visit	\$2.32				\$85,497	
Aetna							
	3 Visit	\$1.28			On-site	\$47,171	Managed Mental in included in the Administration Fee 3 yr rate guarantee
	6 Visit	\$1.64			\$175 / hr	\$60,437	

DENTON ISD
EAP / MENTAL NERVOUS

		COST	REPORT FEES	START-UP	MGMNT. TRAINING	ANNUAL COST (2441 / 3071)	NOTES
Deer Oaks EAP Only	3 Visit	\$1.21		0	\$150 / hr	\$44,591	
	6 Visit	\$2.33				\$85,865	
Deer Oaks EAP & MMH	Level 1	3 Visit	\$1.59	0	\$150 / hr	\$55,722	
		6 Visit	\$2.71			\$96,996	
Deer Oaks EAP & MMH	Level 2	3 Visit	\$1.95	0	\$150 / hr	\$69,140	
		6 Visit	\$3.07			\$110,414	
IBH - CoreSource EAP Only	3 Visit	\$1.27	Included			\$46,802	
	6 Visit	\$4.10				\$151,093	
IBH - CoreSource EAP & MMH	3 Visit	\$4.10	Included			\$129,698	
	6 Visit	\$4.50				\$162,810	
Blue Cross Blue Shield	3 Visit	\$1.59				\$58,595	
	5 Visit	\$1.99				\$73,335	

DENTON ISD
SECTION 125 / CAFETERIA PLAN COVERAGE

	Medical Reimbursement (ee's 313)	Dependent Care (ee's 26)	Premium Only pepm	Set Up Fees	Annual Renewal Fee	Plan Doc Summ	TOTAL	COMMENTS
United Healthcare Debit Card	\$4.82 ppm \$5.08 ppm	\$4.82 ppm \$5.08 ppm	\$0.00	\$2,563	Included	Included	\$22,171 \$23,228	
Cigna with & with out Debit Card	\$5.62 ppm	\$5.62 ppm	\$0.00	Included	Included	Included	\$22,862	
Humana	\$7.00 ppm	\$7.00 ppm	\$0.00	\$1,000	Included	Included	\$29,476	
Blue Cross Blue Shield Debit Card	\$4.50 ppm \$6.00 ppm	\$4.50 ppm \$6.00 ppm	\$0.00	\$750.00	\$750	Included	\$19,056 \$25,158	\$2,500 Take over fee from previous plan year
AFLAC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	No charge for services since the District already has existing Aflac Policies

DENTON ISD
SECTION 125 / CAFETERIA PLAN COVERAGE

	Medical Reimbursement (ee's 313)	Dependent Care (ee's 26)	Premium Only pepm	Set Up Fees	Annual Renewal Fee	Plan Doc Summ	TOTAL	COMMENTS
CoreSource								
Debit Card	\$3.75 ppm \$5.25 ppm	\$3.75 ppm \$5.25 ppm	\$0	\$0	\$0	Included	\$15,255 \$21,357	
Aetna *								
Debit Card	\$4.55 ppm \$5.55 ppm	\$4.55 ppm \$5.55 ppm	\$0.00	\$0.00	\$0	Included	\$18,509 \$22,577	
Principal								
Debit Card	\$4.62 ppm \$5.37 ppm	\$4.62 ppm \$5.37 ppm	\$0.00	\$0.00	\$0.00	Included	\$18,794 \$21,845	
Group Resources Flexible Benefit Grp								
Debit Card	\$3.50 ppm \$5.00 ppm	\$3.50 ppm \$5.00 ppm	\$0	\$1,000	\$500	Included	\$15,738 \$21,840	Initial Set Up Fee for Debit Card is \$15 / card
Administrative Enterprises, Inc.								
			Did Not Quote					

* Assumes Aetna is awarded Medical Claims Administration

DENTON ISD
LIFE - AD&D - VOLUNTARY LIFE

	Reliance Standard *	ING	UNUM	Minnesota Life
LIFE \$55,930,000				
Rate per \$1000				
w/Waiver	0.06	0.04	0.06	0.055
w/o Waiver				0.05
AD&D	0.01	0.01	0.02	0.015
Annual w/Waiver	\$46,981	\$33,558	\$53,693	\$46,981
Annual w/o Waiver				
Dependent Life	\$0.90 - \$5,000 \$1.80 - \$10,000	\$0.90 - \$5,000 \$1.80 - \$10,000	\$0.75 - \$5,000 \$1.50 - \$10,000	\$0.35 - \$5,000 \$0.70 - \$10,000
Rate Guarantee	2 yr	3 yr	3 yr	3 yr
Optional Life				
Rate / \$1,000				
Under 30	0.03	0.03	0.025	0.030
30-34	0.04	0.04	0.035	0.030
35-39	0.05	0.05	0.045	0.040
40-44	0.090	0.09	0.075	0.080
45-49	0.13	0.13	0.110	0.110
50-54	0.22	0.22	0.185	0.190
55-59	0.35	0.35	0.300	0.310
60-64	0.56	0.56	0.475	0.490
65-69	1.12	1.12	0.955	1.000
Notes	GI = EE - \$300,000 SP - \$50,000 Child - \$10,000	GI = EE - \$200,000 SP - \$100,000 Child - \$10,000 EE Max - 7 x's salary up to \$500K Sp Max - up to \$100K	GI = EE - \$200,000 SP - \$25,000 Child - \$10,000 EE Max - 5 x's salary up to \$500K Sp Max - 50% of EE up to \$100K	GI = EE - \$200,000 SP - \$50,000 Child - \$10,000 EE Max - 7 x's salary up to \$500K Sp Max - 50% of EE up to \$50K
Rating	A	A +	A -	A +

* Rates include commissions paid to Tom Atkins Insurance Agent

DENTON ISD
LIFE - AD&D - VOLUNTARY LIFE

	Ft Dearborn	MetLife	Cigna *	AllState
LIFE \$55,930,000				Non Compliant
Rate per \$1000				
w/Waiver	0.065	0.092	0.075	
w/o Waiver			0.064	
AD&D	0.01	0.015	0.015	
Annual w/Waiver	\$50,337	\$71,814	\$60,404	
Annual w/o Waiver			\$53,022	
Dependent Life	\$0.90 - \$5,000 \$1.80 - \$10,000	\$0.90 - \$5,000 \$1.80 - \$10,000	\$0.90 - \$5,000 \$1.80 - \$10,000	
Rate Guarantee	3 yr	3 yr	3 yr	
Optional Life				
Rate / \$1,000				
Under 30	0.03	0.030	0.030	
30-34	0.04	0.040	0.040	
35-39	0.05	0.050	0.050	
40-44	0.09	0.090	0.090	
45-49	0.13	0.130	0.130	
50-54	0.22	0.220	0.220	
55-59	0.35	0.350	0.350	
60-64	0.56	0.560	0.560	
65-69	1.12	1.120	1.120	
Notes	GI = EE - \$200,000 SP - \$25,000 Child - \$10,000 EE Max - 5 x's salary up to \$500K Sp Max - 50% of EE up to \$100K	GI = EE - \$200,000 SP - \$50,000 Child - \$10,000 EE Max - 5 x's salary up to \$500K Sp Max - 50% of EE up to \$200K	GI = EE - \$200,000 SP - \$25,000 Child - \$10,000 EE Max - 7 x's salary up to \$500K Sp Max - \$100K	
Rating	A +	A +	A	

* Must be sold with STD & LTD

DENTON ISD
LIFE - AD&D - VOLUNTARY LIFE

	Standard	Hartford		
LIFE \$55,930,000				
Rate per \$1000				
w/Waiver	0.06	0.07		
w/o Waiver	0.055	0.07		
AD&D	0.015	0.02		
Annual w/Waiver	\$50,337	\$60,404		
Annual w/o Waiver	\$46,981	\$60,404		
Dependent Life	\$0.90 - \$5,000 \$1.80 - \$10,000	\$0.90 - \$5,000 \$1.80 - \$10,000		
Rate Guarantee	3 yr	3 yr		
Optional Life				
Rate / \$1,000				
Under 30	0.03	0.03		
30-34	0.04	0.04		
35-39	0.05	0.05		
40-44	0.09	0.090		
45-49	0.13	0.13		
50-54	0.22	0.22		
55-59	0.35	0.35		
60-64	0.56	0.56		
65-69	1.12	1.12		
Notes	GI = EE - \$200,000 SP - \$50,000 Child - \$10,000 EE Max - 7 x's salary up to \$500K Sp Max - 50% of EE up to \$50K	GI = EE - \$200,000 SP - \$50,000 Child - \$10,000 EE Max - 7 x's salary up to \$500K Sp Max - 50% of EE up to \$50K		
Rating	A	A		

* Rates include 10% commission to Tom Atkins

DENTON ISD DENTAL - INSURED/PPO OPTIONS

	Ft Dearborn	Metlife	United Healthcare Option 1	United Healthcare Option 1	United Healthcare Option 2	United Healthcare Option 2
Benefits:						
Preventive	100%	100%	100%	100%	100%	100%
Basic*	80%	80%	80%	80%	80%	80%
Major*	50%	50%	50%	50%	50%	50%
Orthodontia*	50%	50%	50%	50%	N/A	N/A
Calendar Yr. Max.	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Lifetime Ortho.	\$1,500	\$1,500	\$1,500	\$1,500	N/A	N/A
Deductible						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$100	\$150	\$100	\$100	\$100	\$100
Provider Network	Yes	Yes	Yes	Yes	Yes	Yes
Rates:						
Employee	\$34.61	\$34.68	\$33.54	\$36.36	\$31.60	\$34.26
Employee + Spouse	\$73.95	\$74.10	\$71.76	\$77.81	\$67.62	\$73.32
Employee + Child	\$67.20	\$67.35	\$65.06	\$70.53	\$61.29	\$66.46
Family	\$124.89	\$125.16	\$121.06	\$131.75	\$114.07	\$123.67
Rate Guarantee	1 yr	1 yr	1 yr	2 yr	1 yr	2 yr
Notes	OON 90% UCR	OON 90% UCR	OON 90% UCR No waiting period	OON 90% UCR No waiting period	OON 90% UCR No waiting period	OON 90% UCR No waiting period

*Deductible applies

DENTON ISD DENTAL - INSURED/PPO OPTIONS

	United Healthcare Option 3	United Healthcare Option 3	United Healthcare Option 4	United Healthcare Option 4	Cigna Option 1	Cigna Option 1
Benefits:						
Preventive	80%	80%	80%	80%	100%	100%
Basic*	80%	80%	80%	80%	80%	80%
Major*	50%	50%	50%	50%	50%	50%
Orthodontia*	50%	50%	N/A	N/A	N/A	N/A
Calendar Yr. Max.	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Lifetime Ortho.	\$1,500	\$1,500	N/A	N/A	N/A	N/A
Deductible						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100	\$100	\$100
Provider Network	Yes	Yes	Yes	Yes	Yes	Yes
Rates:						
Employee	\$30.56	\$33.14	\$28.61	\$31.02	\$31.65	\$32.49
Employee + Spouse	\$65.40	\$70.91	\$61.23	\$66.38	\$66.99	\$68.78
Employee + Child	\$59.28	\$64.27	\$55.51	\$60.18	\$60.79	\$62.41
Family	\$110.31	\$119.60	\$103.28	\$111.98	\$112.56	\$115.58
Rate Guarantee	1 yr	2 yr	1 yr	2 yr	1 yr	2 yr
Notes	OON 90% UCR No waiting period	OON 90% UCR No waiting period	OON 90% UCR No waiting period	OON 90% UCR No waiting period	OON 90% UCR	OON 90% UCR

*Deductible applies

DENTON ISD DENTAL - INSURED/PPO OPTIONS

	Cigna Option 2	Cigna Option 2	Cigna Option 3	Cigna Option 3	Cigna Option 4	Cigna Option 4
Benefits:						
Preventive	100%	100%	80%	80%	80%	80%
Basic*	80%	80%	80%	80%	80%	80%
Major*	50%	50%	50%	50%	50%	50%
Orthodontia*	50%	50%	50%	50%	N/A	N/A
Calendar Yr. Max.	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Lifetime Ortho.	\$1,500	\$1,500	\$1,500	\$1,500	N/A	N/A
Deductible						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100	\$100	\$100
Provider Network	Yes	Yes	Yes	Yes	Yes	Yes
Rates:						
Employee	\$37.52	\$38.78	\$32.61	\$33.71	\$30.80	\$31.87
Employee + Spouse	\$73.66	\$76.15	\$63.92	\$66.10	\$60.84	\$62.47
Employee + Child	\$80.66	\$83.40	\$69.99	\$72.38	\$66.07	\$68.40
Family	\$123.43	\$127.63	\$107.06	\$110.73	\$101.05	\$104.61
Rate Guarantee	1 yr	2 yr	1 yr	2 yr	1 yr	2 yr
Notes	OON 90% UCR	OON 90% UCR	OON 90% UCR	OON 90% UCR	OON 90% UCR	OON 90% UCR

*Deductible applies

DENTON ISD DENTAL - INSURED/PPO OPTIONS

	Aetna **	Aetna **	AllState	Delta Dental	Delta Dental	Delta Dental
Benefits:			1st yr / 2nd yr / 3rd yr +			
Preventive	100%	80%	100% after \$15 Copay	100%	100%	80%
Basic*	80%	80%	50% / 60% / 80%	80%	80%	80%
Major*	50%	50%	25% / 35% / 50%	50%	50%	50%
Orthodontia*	50%	50%	25% / 35% / 50%	N/A	50%	N/A
Calendar Yr. Max.	\$1,500	\$1,500	\$500 / \$750 / \$1,000	\$1,500	\$1,500	\$1,500
Lifetime Ortho.	\$1,500	\$1,500	1 yr \$500 / 2nd yr \$1,000	N/A	\$1,500	N/A
Deductible						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$150	\$150	\$150	\$100	\$100	\$100
Provider Network	Yes	Yes	Yes	Yes	Yes	Yes
Rates:						
Employee	\$36.72	\$35.81	\$27.59	\$31.04	\$32.67	\$27.96
Employee + Spouse	\$73.44	\$71.62	\$52.97	\$66.32	\$69.81	\$59.74
Employee + Child	\$82.62	\$80.57		\$60.27	\$63.45	\$54.30
Family	\$119.34	\$116.38	\$92.70	\$112.02	\$117.91	\$100.91
Rate Guarantee	1 yr	1 yr		2 yr	2 yr	2 yr
Notes	OON 80% UCR	OON 80% UCR	6 month waiting period for Basic, Major & Ortho	DDPD = MAC OON = 90% UCR	DDPD = MAC OON = 90% UCR	DDPD = MAC OON = 90% UCR

*Deductible applies

** Aetna fees are contingent upon selecting Aetna as the Medical Claims Administrator

DENTON ISD DENTAL - INSURED/PPO OPTIONS

	Delta Dental	QCD White Plan	Humana	Humana	Humana	Humana
Benefits:						
Preventive	80%	100%	100%	100%	80%	80%
Basic*	80%	100%	80%	80%	80%	80%
Major*	50%	100%	50%	50%	50%	50%
Orthodontia*	50%	50%	50%	N/A	50%	N/A
Calendar Yr. Max.	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Lifetime Ortho.	\$1,500	\$500 / yr \$1,000	\$1,500	N/A	\$1,500	N/A
Deductible						
Individual	\$50	\$50	\$50	\$50	\$50	\$50
Family	\$100	\$150	\$100	\$100	\$100	\$100
Provider Network	Yes	Yes	Yes	Yes	Yes	Yes
Rates:						
Employee	\$29.52	\$24.95	\$34.09	\$34.09	\$31.79	\$31.79
Employee + Spouse	\$63.09	\$54.95	\$77.17	\$77.17	\$71.97	\$71.97
Employee + Child	\$57.34	\$59.95	\$72.30	\$62.30	\$67.43	\$57.43
Family	\$106.56	\$79.95	\$116.66	\$106.66	\$108.80	\$98.80
Rate Guarantee	2 yr		2 yr	2 yr	2 yr	2 yr
Notes	OON 90% UCR	OON 90% UCR	OON = MAC	OON = MAC	OON = MAC	OON = MAC

*Deductible applies

**DENTON ISD
DENTAL - DMO/PPO**

PROCEDURE NUMBER	PROCEDURE NAME	Delta Denta 13 B	Delta Dental 15 B	QCD Red Plan	QCD Red Plus Plan
120	PERIODIC ORAL EXAM	\$0.00	\$0.00	\$9.00	\$9.00
210	INTRAORAL FMS & BITEWINGS	\$0.00	\$0.00	\$28.00	\$28.00
1110	PROPHYLAXIS ADULTS	\$0.00	\$5.00	\$24.00	\$24.00
1120	PROPHYLAXIS CHILDREN	\$0.00	\$5.00	\$24.00	\$24.00
1203	CHILD FLUORIDE	\$0.00	\$0.00	\$5.00	\$5.00
1351	SEALANT - PER TOOTH	\$10.00	\$15.00	\$14.00	\$14.00
2140	AMALGAM ONE SURFACE PERM.	\$0.00	\$8.00	\$28.00	\$28.00
2150	AMALGAM TWO SURFACES PERM.	\$0.00	\$12.00	\$36.00	\$36.00
2160	AMALGAM 3 SURFACES PERM.	\$0.00	\$18.00	\$46.00	\$46.00
2750	CROWNS PROCELAIN WITH GOLD	\$355.00	\$395.00	\$350.00	\$350.00
2751	PROCELAIN W NONPRECIOUS MET.	\$255.00	\$295.00	\$320.00	\$320.00
2752	PROCELAIN W SEMIPRECIOUS MET	\$295.00	\$335.00	\$335.00	\$335.00
2950	CROWN BUILDUP-INCLUDING PINS	\$50.00	\$80.00	\$55.00	\$55.00
3330	ROOT CANAL - 3	\$355.00	\$365.00	\$259.00	\$259.00
4341	PERIO SCAL & RT PLAN <12 TEETH	\$50.00	\$60.00	\$75.00	\$75.00
220	INTRAORAL SINGLE FIRST FILM	\$0	\$0	\$12	\$12
272	BITEWINGS TWO FILMS	\$0	\$0	\$21	\$21
274	BITEWINGS FOUR FILMS	\$0	\$0	\$29	\$29
2790	GOLD FULL CAST CROWN	\$355.00	\$395.00	\$335.00	\$335.00
8090	CLASS II MALOCCLUSION - ADULT	\$2,100.00	\$2,100.00	\$2,400.00	\$2,400.00
8080	CLASS I MALOCCLUSION - CHILD	\$1,900.00	\$1,900.00	\$2,200.00	\$2,200.00
RATES	EMPLOYEE	\$16.20	\$14.44	\$0.00	\$8.95
	EE/SPOUSE	\$27.80	\$24.79	\$8.00	\$17.95
	EE/CHILD	\$27.99	\$24.96	\$8.00	\$19.95
	FAMILY	\$40.34	\$35.97	\$12.00	\$24.95
NOTES		2 yr rate guarantee	2 yr rate guarantee		Preventive Reimbursed 100%

**DENTON ISD
DENTAL - DMO/PPO**

PROCEDURE NUMBER	PROCEDURE NAME	Safe Guard Metlife SG 185	Safe Guard Metlife SG 225	Safe Guard Metlife SG 290	Cigna
120	PERIODIC ORAL EXAM	\$0.00	\$0.00	\$0.00	\$0.00
210	INTRAORAL FMS & BITEWINGS	\$0.00	\$0.00	\$0.00	\$0.00
1110	PROPHYLAXIS ADULTS	\$0.00	\$0.00	\$5.00	\$0.00
1120	PROPHYLAXIS CHILDREN	\$0.00	\$0.00	\$5.00	\$0.00
1203	CHILD FLUORIDE	\$0.00	\$0.00	\$0.00	\$0.00
1351	SEALANT - PER TOOTH	\$5.00	\$0.00	\$0.00	\$15.00
2140	AMALGAM ONE SURFACE PERM.	\$10.00	\$0.00	\$12.00	\$5.00
2150	AMALGAM TWO SURFACES PERM.	\$20.00	\$10.00	\$24.00	\$5.00
2160	AMALGAM 3 SURFACES PERM.	\$30.00	\$20.00	\$36.00	\$11.00
2750	CROWNS PROCELAIN WITH GOLD	\$185.00	\$225.00	\$290.00	\$410.00
2751	PROCELAIN W NONPRECIOUS MET.	\$185.00	\$225.00	\$290.00	\$360.00
2752	PROCELAIN W SEMIPRECIOUS MET	\$185.00	\$225.00	\$290.00	\$390.00
2950	CROWN BUILDUP-INCLUDING PINS	\$10.00	\$10.00	\$10.00	\$93.00
3330	ROOT CANAL - 3	\$265.00	\$210.00	\$265.00	\$415.00
4341	PERIO SCAL & RT PLAN <12 TEETH	\$50.00	\$40.00	\$50.00	\$100.00
220	INTRAORAL SINGLE FIRST FILM	\$0.00	\$0.00	\$0.00	\$0.00
272	BITEWINGS TWO FILMS	\$0.00	\$0.00	\$0.00	\$0.00
274	BITEWINGS FOUR FILMS	\$0.00	\$0.00	\$0.00	\$0.00
2790	GOLD FULL CAST CROWN	\$185.00	\$225.00	\$290.00	\$410.00
8090	CLASS II MALOCCLUSION - ADULT	\$1,695.00	\$1,695.00	\$2,095.00	\$470.00
8080	CLASS I MALOCCLUSION - CHILD	\$1,695.00	\$1,695.00	\$2,095.00	\$470.00
RATES	EMPLOYEE	\$8.61	\$9.86	\$7.45	\$15.39
	EE/SPOUSE	\$16.37	\$18.73	\$14.15	\$27.22
	EE/CHILD	\$17.23	\$19.72	\$14.90	\$29.15
	FAMILY	\$26.71	\$30.57	\$23.09	\$44.71
NOTES					2 yr rate

**DENTON ISD
DENTAL - DMO/PPO**

PROCEDURE NUMBER	PROCEDURE NAME	Humana	UHC	AETNA	
				\$5 Co-pay	
120	PERIODIC ORAL EXAM	\$0.00	\$0.00	\$0.00	
210	INTRAORAL FMS & BITEWINGS	\$0.00	\$0.00	\$0.00	
1110	PROPHYLAXIS ADULTS	\$0.00	\$0.00	\$0.00	
1120	PROPHYLAXIS CHILDREN	\$0.00	\$0.00	\$0.00	
1203	CHILD FLUORIDE	\$0.00	\$0.00	\$0.00	
1351	SEALANT - PER TOOTH	\$8.00	\$4.00	\$10.00	
2140	AMALGAM ONE SURFACE PERM.	\$10.00	\$8.00	\$0.00	
2150	AMALGAM TWO SURFACES PERM.	\$15.00	\$10.00	\$0.00	
2160	AMALGAM 3 SURFACES PERM.	\$20.00	\$12.00	\$0.00	
2750	CROWNS PROCELAIN WITH GOLD	\$230.00	\$210.00	\$315.00	
2751	PROCELAIN W NONPRECIOUS MET.	\$230.00	\$210.00	\$315.00	
2752	PROCELAIN W SEMIPRECIOUS MET	\$230.00	\$210.00	\$315.00	
2950	CROWN BUILDUP-INCLUDING PINS	\$50.00	\$20.00	\$80.00	
3330	ROOT CANAL - 3	\$175.00	\$162.00	\$300.00	
4341	PERIO SCAL & RT PLAN <12 TEETH	\$40.00	\$20.00	\$60.00	
220	INTRAORAL SINGLE FIRST FILM	\$0.00	\$0.00	\$0.00	
272	BITEWINGS TWO FILMS	\$0.00	\$0.00	\$0.00	
274	BITEWINGS FOUR FILMS	\$0.00	\$0.00	\$0.00	
2790	GOLD FULL CAST CROWN	\$230.00	\$210.00	\$315.00	
8090	CLASS II MALOCCLUSION - ADULT	\$2,100.00	\$2,000.00	N/C	
8080	CLASS I MALOCCLUSION - CHILD	\$1,800.00	\$1,800.00	\$1,945.00	
RATES	EMPLOYEE	\$11.68	\$13.67	\$10.14	
	EE/SPOUSE	\$20.18	\$25.57	\$20.29	
	EE/CHILD	\$21.11	\$23.25	\$22.82	
	FAMILY	\$28.35	\$33.36	\$32.97	
NOTES				Child Ortho \$2,400.00 Co-pay	

DENTON ISD
VOLUNTARY DISABILITY

	AFLAC	AFLAC	AFLAC	AFLAC	AFLAC	
AM Best Rating	A +	A +	A +	A +	A +	
Guarantee Issue	100%	100%	100%	100%	100%	
Replacement Level	66.67%	66.67%	66.67%	66.67%	66.67%	
Eligibility	30 hours per week	30 hours per week	30 hours per week	30 hours per week	30 hours per week	
Maximum Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	
Minimum Benefit	\$500	\$500	\$500	\$500	\$500	
Pre-Existing	12 / 12	12 / 12	12 / 12	12 / 12	12 / 12	
Elimination Period 0 day accident 7 day sickness	Age Banded 18 - 49 50 - 64 \$100 units	Age Banded 18 - 49 50 - 64 \$100 units	Age Banded 18 - 49 50 - 64 \$100 units	Age Banded 18 - 49 50 - 64 \$100 units	Age Banded 18 - 49 50 - 64 \$100 units	
	14	\$2.99 \$3.12	\$3.77 \$4.03	\$4.81 \$5.59	\$6.24 \$3.12	\$6.89 \$8.32
	30	\$1.69 \$1.82	\$2.08 \$2.47	\$2.99 \$3.64	\$4.55 \$5.98	\$5.07 \$6.63
	60	N/A	\$1.30 \$1.82	\$1.69 \$2.60	\$2.34 \$3.77	\$2.60 \$4.16
	90					
	180					
Maximum Benefit Duration	3 Months	6 Months	12 Months	18 Months	24 Months	
Waiver of Premium	90 days	90 days	90 days	90 days	90 days	
Participation Requirement						
Rate Guarantee	3 yr	3 yr	3 yr	3 yr	3 yr	

DENTON ISD
VOLUNTARY DISABILITY

	Standard	Standard		
AM Best Rating	A	A		
Guarantee Issue	100%	100%		
Replacement Level	66.67%	66.67%		
Eligibility	30 hours per week	30 hours per week		
Maximum Benefit	\$8,000	\$8,000		
Minimum Benefit	\$200	\$200		
Pre-Existing	3 / 12	3 / 12		
Elimination Period	Rate per \$1,000 Monthly Benefit	Rate per \$1,000 Monthly Benefit		
0 day accident				
3 day sickness *	\$44.90	\$39.90		
14*	\$35.00	\$30.80		
30*	\$29.60	\$26.60		
60	\$19.20	\$17.20		
90	\$16.60	\$14.70		
180	\$12.40	\$11.20		
Maximum Benefit Duration	Age 65	Age 65 Accident 5 years Sickness		
Waiver of Premium				
Participation Requirement	25%	25%		
Rate Guarantee	2 yr	2 yr		

* Elimination Period waived on 1st day of Hospital Confinement

DENTON ISD
VOLUNTARY LONG TERM DISABILITY

	Standard	Reliance Standard	Hartford	Ft Dearborn
AM Best Rating	A	A	A	A +
Guarantee Issue	100%	100%	100%	100%
Replacement Level	60%	60%	60%	60%
Eligibility	30 hours per week	30 hours per week	30 hours per week	30 hours per week
Maximum Benefit	\$5,000	\$5,000	\$5,000	\$5,000
Minimum Benefit	\$100	\$50	\$50	\$50
Pre-Existing	3 / 12	3 / 12	12 / 12 / 12	3 / 12
Elimination Period	90 days	90 days	90 days	90 days
Rate per \$1,000 Monthly Benefit				
<24	\$2.50	\$1.00	\$2.17	\$1.00
25 - 29	\$3.17	\$1.67	\$3.33	\$1.83
30 - 34	\$3.67	\$3.00	\$4.33	\$3.34
35 - 39	\$6.00	\$4.67	\$5.83	\$4.00
40 - 44	\$8.50	\$8.17	\$8.17	\$6.17
45 - 49	\$13.00	\$10.67	\$12.34	\$7.50
50 - 54	\$17.17	\$15.00	\$17.17	\$10.17
55 - 59	\$21.68	\$19.50	\$18.84	\$12.17
60 +	\$22.34	\$15.00	\$12.84	\$8.67
Maximum Benefit Duration	SSNRA	ADEA	SSNRA	SSNRA
Waiver of Premium			yes	
Participation Requirement	25%	35%	26%	26%
Rate Guarantee	2 yr		2 yr	3 yr

DENTON ISD
VOLUNTARY LONG TERM DISABILITY

	Unum	MetLife	Cigna *	Guardian
AM Best Rating	A -	A +	A	A
Guarantee Issue	100%	100%	100%	100%
Replacement Level	60.00%	60.00%	60.00%	60.00%
Eligibility	30 hours per week	30 hours per week	30 hours per week	30 hours per week
Maximum Benefit	\$5,000	\$5,000	\$5,000	\$5,000
Minimum Benefit	\$50	\$50	\$100	\$100
Pre-Existing	12 / 12	12 / 12	12 / 12	12 / 12
Elimination Period	90 days	90 days	90 days	90 days
Rate per \$1,000 Monthly Benefit				
<24	\$1.98	\$1.67	\$2.00	\$2.33
25 - 29	\$3.05	\$3.07	\$2.00	\$4.33
30 - 34	\$3.98	\$5.03	\$3.17	\$5.67
35 - 39	\$5.38	\$7.47	\$4.00	\$7.67
40 - 44	\$7.62	\$10.35	\$7.83	\$10.84
45 - 49	\$11.47	\$13.40	\$11.84	\$16.34
50 - 54	\$15.80	\$16.12	\$16.17	\$22.50
55 - 59	\$17.45	\$18.12	\$17.84	\$24.84
60 +	\$11.84	\$15.95	\$12.17	\$16.84
Maximum Benefit Duration	SSNRA	SSNRA	SSNRA	SSNRA
Waiver of Premium	Yes	Yes	Yes	Yes
Participation Requirement	26%	26%	25%	25%
Rate Guarantee	3 yr	2 yr	3 yr	2 yrs

* Must be sold with Life Insurance Product

DENTON ISD
VOLUNTARY SHORT TERM DISABILITY

	Standard	Standard	Reliance Stanard	Reliance Standard
	Plan 1	Plan 2	Plan 1	Plan 2
AM Best Rating	A	A	A	A
Guarantee Issue				
Replacement Level	66.67%	66.67%	60.00%	60.00%
Eligibility	30 hours per week	30 hours per week	30 hours per week	30 hours per week
Maximum Weekly Benefit	\$750	\$750	\$750	\$750
Minimum Weekly Benefit	\$15	\$15	\$15	\$15
Pre-Existing	3 / 12	3 / 12	3 / 12	3 / 12
Elimination Period				
Rate per \$10 Monthly Benefit	1 / 7	1 / 7	1 / 7	1 / 7
Age < 24	\$0.45	\$0.53	\$0.50	\$0.59
25-19	\$0.45	\$0.53	\$0.50	\$0.59
30-34	\$0.45	\$0.53	\$0.50	\$0.59
35-39	\$0.45	\$0.53	\$0.50	\$0.59
40-44	0.45	\$0.53	\$0.50	\$0.59
Maximum Benefit Duration	13 weeks	26 weeks	13 weeks	26 weeks
Waiver of Premium				
Participation Requirement	16%	16%	35%	35%
Rate Guarantee	2 yr	2 yr	2 yr	2 yr

DENTON ISD
VOLUNTARY SHORT TERM DISABILITY

	Hartford	Hartford	Hartford	Hartford
	Plan 1	Plan 2	Plan 3	Plan 4
AM Best Rating	A	A	A	A
Guarantee Issue				
Replacement Level	66.67%	66.67%	66.67%	66.67%
Eligibility	30 hours per week	30 hours per week	30 hours per week	30 hours per week
Maximum Weekly Benefit	\$750	\$750	\$750	\$750
Minimum Weekly Benefit	\$50	\$50	\$50	\$50
Pre-Existing	3 / 12	3 / 12	3 / 12	3 / 12
Elimination Period				
Rate per \$10 Monthly Benefit	1 / 7	1 / 7	1 / 1	1 / 1
Age < 24	\$0.64	\$0.75	\$0.83	\$0.98
25-19	\$0.64	\$0.75	\$0.83	\$0.98
30-34	\$0.64	\$0.75	\$0.83	\$0.98
35-39	\$0.64	\$0.75	\$0.83	\$0.98
40-44	0.64	\$0.75	\$0.83	\$0.98
Maximum Benefit Duration	13 weeks	26 weeks	13 weeks	26 weeks
Waiver of Premium	no	no	no	no
Participation Requirement	16%	16%	16%	16%
Rate Guarantee	2 yr	2 yr	2 yr	2 yr

DENTON ISD
VOLUNTARY SHORT TERM DISABILITY

	Unum Option 1	Unum Optioin 2	Unum Option 3	Unum Option 4
AM Best Rating	A -	A -	A -	A -
Guarantee Issue	100%	100%	100%	100%
Replacement Level	66.67%	66.67%	66.67%	66.67%
Eligibility	30 hours per week	30 hours per week	30 hours per week	30 hours per week
Maximum Weekly Benefit	\$750	\$750	\$750	\$750
Minimum Weekly Benefit	\$20	\$20	\$20	\$20
Pre-Existing				
Elimination Period				
Rate per \$10 Monthly Benefit	1 / 7	14 / 14	30 / 30	7 / 7
Age < 24	\$0.48	\$0.36	\$0.22	\$0.43
25-19	\$0.48	\$0.36	\$0.22	\$0.43
30-34	\$0.48	\$0.36	\$0.22	\$0.43
35-39	\$0.48	\$0.36	\$0.22	\$0.43
40-44	0.48	\$0.36	\$0.22	\$0.43
Maximum Benefit Duration	13 weeks	11 weeks	9 weeks	12 weeks
Waiver of Premium				
Participation Requirement	25%	25%	25%	25%
Rate Guarantee	2 yr	2 yr	2 yr	2 yr

DENTON ISD
VOLUNTARY SHORT TERM DISABILITY

	Guardian	Guardian	Ft Dearborn	Ft Dearborn	AllState
	Plan 1	Plan 2	Plan 1	Plan 2	
AM Best Rating	A +	A -	A +	A -	
Guarantee Issue	\$750	\$750	\$750	\$750	
Replacement Level	66.67%	66.67%	66.67%	66.67%	
Eligibility	30 hours per week	30 hours per week	30 hours per week	30 hours per week	
Maximum Weekly Benefit	\$750	\$750	\$750	\$750	
Minimum Weekly Benefit		\$20		\$20	
Pre-Existing	12 / 12	12 / 12	12 / 12	12 / 12	
Elimination Period					
Rate per \$10 Monthly Benefit	0 / 7	0 / 7	0 / 7	0 / 7	0 / 7
Age < 24	\$0.50	\$0.59	\$0.50	\$0.59	18 - 49 / \$0.384
25-19	\$0.50	\$0.59	\$0.50	\$0.59	50 - 59 / \$0.430
30-34	\$0.50	\$0.59	\$0.50	\$0.59	60 - 64 / \$0.642
35-39	\$0.50	\$0.59	\$0.50	\$0.59	
40-44	\$0.50	\$0.59	\$0.50	\$0.59	
Maximum Benefit Duration	13 weeks	26 weeks	13 weeks	26 weeks	
Waiver of Premium					
Participation Requirement	15%	15%	15%	15%	
Rate Guarantee	2 yr	2 yr	3 yr	2 yr	

DENTON ISD
VOLUNTARY SHORT TERM DISABILITY

	MetLife	MetLife	Cigna	Cigna
AM Best Rating	A +	A +	A	A
Guarantee Issue	100%	\$100	\$100	100%
Replacement Level	66.67%	66.67%	60.00%	60.00%
Eligibility	30 hours per week	30 hours per week	30 hours per week	30 hours per week
Maximum Weekly Benefit	\$750	\$750	\$750	\$750
Minimum Weekly Benefit	\$50	\$50	\$50	\$50
Pre-Existing	3 / 12	3 / 12	3 / 12	3 / 12
Elimination Period				
Rate per \$10 Monthly Benefit	0 / 7	0 / 7	0 / 7	0 / 7
Age < 24	\$0.535	\$0.631	\$0.56	\$0.65
25-29	\$0.535	\$0.631	\$0.56	\$0.65
30-34	\$0.535	\$0.631	\$0.56	\$0.65
35-39	\$0.535	\$0.631	\$0.56	\$0.65
40-44	\$0.535	\$0.631	\$0.56	\$0.65
Maximum Benefit Duration	13 weeks	26 weeks	13 weeks	26 weeks
Waiver of Premium				
Participation Requirement			25%	25%
Rate Guarantee	1 yr	1 yr	1 yr	1 yr

DENTON ISD VISION

	VSP Option 1	VSP Option 2	Superior Vision Gold Premium	Superior Vision Gold Premium	Superior Vision Gold Plus	Superior Vision Gold Plus
Benefits:	Choice	Signature				
Eye Exam	12 months	12 months	12 months	12 months	12 months	12 months
Lenses	12 months	12 months	12 months	12 months	12 months	12 months
Frames	12 months	12 months	12 months	12 months	12 months	12 months
Contacts	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months
Allowance						
Frames	\$100	\$100	\$100	\$100	\$130	\$130
Contacts Elective	\$120	\$120	\$120	\$120	\$120	\$120
Medically Necessary Contacts	\$0	\$0	\$0	\$0	\$0	\$0
Co-Pay						
Exam	\$15	\$15	\$10	\$15	\$10	\$15
Materials	\$25	\$25	\$15	\$25	\$15	\$25
Provider Network	Choice Network Yes	Larger Network Yes	Yes	Yes	Yes	Yes
Rates:						
Employee	\$6.38	\$8.38	\$7.68	\$7.40	\$8.58	\$7.72
Employee + Spouse	\$12.78	\$16.78	\$16.50	\$15.92	\$18.42	\$16.60
Employee + Child	\$13.66	\$17.94	\$12.44	\$11.98	\$13.88	\$12.50
Family	\$21.84	\$28.68	\$22.64	\$21.84	\$25.28	\$22.78
Rate Guarantee	2 yr	2 yr	3 yr	3 yr	3 yr	3 yr

DENTON ISD VISION

	EyeMed	EyeMed	Block Vision	Block Vision	Block Vision	Block Vision
	Option 1	Option 2	100 Plan	125 Plan	125 Plan	150 Plan
<u>Benefits:</u>						
Eye Exam	12 months	12 months	12 months	12 months	12 months	12 months
Lenses	12 months	12 months	12 months	12 months	12 months	12 months
Frames	12 months	12 months	12 months	12 months	12 months	12 months
Contacts	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months
<u>Allowance</u>						
Frames	\$100	\$140	\$100	\$125	\$125	\$150
Contact Lenses	\$100	\$140	\$125	\$150	\$150	\$150
Medically Necessary Contacts	\$0	\$0	\$0	\$0	\$0	\$0
<u>Co-Pay</u>						
Exam	\$15	\$10	\$15	\$15	\$10	\$15
Materials	\$25	\$10	\$25	\$25	\$20	\$25
Provider Network	Yes	Yes	Yes	Yes	Yes	Yes
<u>Rates:</u>						
Employee	\$4.88	\$6.92	\$5.90	\$6.85	\$7.60	\$7.60
Employee + Spouse	\$9.28	\$13.16	\$10.00	\$11.75	\$12.90	\$12.90
Employee + Child	\$9.76	\$13.85	\$10.60	\$12.40	\$13.65	\$13.65
Family	\$14.35	\$20.36	\$15.90	\$18.60	\$20.40	\$20.40
Rate Guarantee	4 yr	4 yr	3 yr	3 yr	3 yr	3 yr

DENTON ISD VISION

	Avesis QCD	UHC Option 1	UHC Option 2	Safe Guard* MetLife Employer Paid	Safe Guard* MetLife Voluntary
<u>Benefits:</u>					
Eye Exam	12 months	12 months	12 months	12 months	12 months
Lenses	12 months	12 months	12 months	12 months	12 months
Frames	24 months	12 months	12 months	12 months	12 months
Contacts	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months
<u>Allowance</u>					
Frames	\$50	\$130	\$130	\$100	\$100
Contacts Elective	\$110	\$125	\$125	\$135	\$135
Medically Necessary Contacts	\$0	\$0	\$0	\$250	\$250
<u>Co-Pay</u>					
Exam	\$10	\$15	\$10	\$10	\$10
Materials	\$10	\$25	\$20	\$25	\$25
Provider Network	Yes	Yes	Yes	Yes	Yes
<u>Rates:</u>					
Employee	\$7.83	\$6.62	\$7.33	\$5.28	\$6.08
Employee + Spouse	\$13.71	\$13.41	\$14.87	\$10.57	\$12.16
Employee + Child		\$14.05	\$15.57	\$10.88	\$12.52
Family	\$20.37	\$17.79	\$20.02	\$15.07	\$17.33
Rate Guarantee		3 yr	3 yr	2 yr	2 yr

* Greater than 75% participation employer paid rates apply. Less than 75% participation voluntary rates apply.

DENTON ISD VISION

	Safe Guard* MetLife Employer Paid	Safe Guard* MetLife Voluntary	Safe Guard* MetLife Employer Paid	Safe Guard* MetLife Voluntary	Humana
<u>Benefits:</u>					
Eye Exam	12 months	12 months	12 months	12 months	12 months
Lenses	12 months	12 months	12 months	12 months	12 months
Frames	12 months	12 months	12 months	12 months	24 months
Contacts	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months
<u>Allowance</u>					
Frames	\$100	\$100	\$125	\$125	\$80 - \$120
Contacts Elective	\$135	\$135	\$160	\$160	\$100
Medically Necessary Contacts	\$250	\$250	\$250	\$250	\$0
<u>Co-Pay</u>					
Exam	\$10	\$10	\$10	\$10	\$15
Materials	\$15	\$15	\$10	\$10	\$25
Provider Network	Yes	Yes	Yes	Yes	Yes
<u>Rates:</u>					
Employee	\$5.73	\$6.59	\$6.56	\$7.54	\$6.48
Employee + Spouse	\$11.47	\$13.19	\$13.13	\$15.10	\$13.94
Employee + Child	\$11.81	\$13.58	\$13.52	\$15.54	\$10.50
Family	\$16.35	\$18.80	\$18.71	\$21.52	\$19.10
Rate Guarantee	2 yr	2 yr	2 yr	2 yr	3 yr

* Greater than 75% participation use employer paid rates apply. Less than 75% participation voluntary rates apply.

DENTON ISD VISION

	Cigna * Plan 1	Cigna * Plan 2	EyeMed AllState		
<u>Benefits:</u>					
Eye Exam	12 months	12 months	12 months		
Lenses	12 months	12 months	12 months		
Frames	24 months	12 months	24 months		
Contacts	In lieu of Frames 12 months	In lieu of Frames 12 months	In lieu of Frames 12 months		
<u>Allowance</u>					
Frames	\$130	\$110	\$130		
Contact Lenses	\$130	\$120	\$130		
Medically Necessary Contacts	\$0	\$0	0%		
<u>Co-Pay</u>					
Exam	\$10	\$15	\$10		
Materials	\$20	\$20	\$25		
Provider Network	Yes	Yes	Yes		
<u>Rates:</u>					
Employee	\$6.77	\$8.02	\$7.94		
Employee + Spouse	\$13.54	\$17.26	\$15.08		
Employee + Child	\$13.68	\$13.00	\$15.87		
Family	\$21.54	\$23.66	\$23.33		
Rate Guarantee	2 yr	2 yr	2 yr		

* Rates are contingent upon selecting Cigna Dental and/or Medical Claims Administration

DENTON ISD
DISCOUNT VISION PLANS

	QCD Avesis				
Benefits:					
Routine Eye Exam	\$45				
Contact Lens Exam	Discount				
Lenses					
Bifocal	\$50				
Trifocal	\$65				
Standard Progressive	\$80				
Frames					
Priced from \$69.99					
Priced from \$70 - \$99					
Priced from \$100 - \$119.99					
Contacts					
Non-disposable	10 - 20%				
Disposable					
Co-Pay	\$0				
Provider Network	yes				
Rates:	Included with QCD Dental Plan				
Employee					
Employee + One					
Employee + Child(ren)					
Family					
Rate Guarantee					
Comments					

DENTON ISD
CANCER INSURANCE

	United Teachers Association Jerry Mallouf Agency			
	Silver	Gold	Platinum	
Hospital	\$0	\$200	\$400	
Rad/Chemo	\$400 per treatment not to exceed \$25,000 / year			
Preventive Benefit	\$100			
Surgery	up to \$5,000			
Waiver of Premium	yes			
1st Occurrence Benefit	\$10,000			
RATES				
Employee	\$28.75	\$33.25	\$52.50	
Single Parent	\$41.75	\$48.25	\$75.75	
Employee + Family	\$62.75	\$83.25	\$114.50	

	Humana / Bay Bridge Administrators Jerry Mallouf Agency			
	Silver	Gold	Platinum	
Hospital	\$100 / day	\$200 / day	\$200 / day	
Rad/Chemo	up to \$10,000 / month			
Preventive Benefit	\$50			
Surgery	up to \$1,500	up to \$3,000	up to \$6,000	
Waiver of Premium	60 days			
1st Occurrence Benefit	\$2,500	\$5,000	\$10,000	
RATES				
Employee	\$29.69	\$37.53	\$48.28	
Employee + Spouse	\$61.69	\$78.35	\$101.09	
Employee + Child(ren)	\$37.28	\$46.62	\$59.42	
Employee + Family	\$69.28	\$87.44	\$112.24	

CANCER INSURANCE

		Aflac			
		Maximum Difference Cancer Plan			
Hospital	1 - 30 days \$300 / day				
	31 + days \$600 / day				
Rad/Chemo	\$3,000 Initial Treatment: Radiation \$500 / week; Chemo \$900 / week				
Preventive Benefit	\$50	\$75	\$100	\$125	
Surgery	up to \$5,000 / day				
Waiver of Premium	90 days				
1st Occurrence Benefit	\$2,500	\$5,000	\$7,500	\$10,000	
RATES	Base Rate + Initial Diagnosis + Preventive Benefit				
	Single Parent / Family	Single Parent / Family	Single Parent / Family	Single Parent / Family	
18 - 35	\$26.65 / \$51.74	\$29.64 / \$57.33	\$32.63 / \$62.92	\$35.62 / \$68.51	
36 - 45	\$38.48 / \$71.37	\$42.77 / \$78.91	\$47.30 / \$86.45	\$51.35 / \$75.66	
45 - 55	\$51.74 / \$98.15	\$57.59 / \$108.68	\$63.44 / \$119.21	\$69.29 / \$129.74	
56 - 70	\$63.83 / \$124.41	\$71.24 / \$137.93	\$78.65 / \$151.45	\$86.06 / \$164.97	

		MetLife		
Rate per \$1,000 Age Banded	Flat \$10,000 Benefit for each - Cancer; Heart Attack; Kidney Failure			
	Employee	Spouse	Child(ren)	
< 25	\$0.13	\$0.13	\$0.76	
25 - 29	\$0.15	\$0.14		
30 - 34	\$0.25	\$0.24		
35 - 39	\$0.43	\$0.43		
40 - 44	\$0.76	\$0.75		
45 - 49	\$1.32	\$1.35		
50 - 54	\$2.05	\$2.25		
55 - 59	\$3.10	\$3.62		
60 - 64	\$4.57	\$5.64		
65 - 69	\$6.79	\$8.72		

CANCER INSURANCE

Humana Cancer Plus Plan	
	Optional Rider
Hospital	\$200 / day
Rad/Chemo	100% of U & C charges
Preventive Benefit	up to \$150 / yr
Surgery	100% of U & C charges
Waiver of Premium	
1st Occurrence Benefit	Optional Rider = 1 time benefit equal to 1/2 policy's base benefit
RATES	Age Banded Rates
Rates shown include Optional Riders	Employee EE + Sp EE + Child(ren) EE + Family
\$10,000	18-50 / 51-59 / 60-69 18-50 / 51-59 / 60-69 18-50 / 51-59 / 60-69 18-50 / 51-59 / 60-69
\$15,000	\$17.78 / \$30.23 / \$38.26 \$29.43 / \$49.68 / \$62.75 \$21.86 / \$34.42 / \$42.44 \$33.52 / \$53.87 / \$66.92
\$25,000	\$24.76 / \$42.79 / \$54.38 \$40.80 / \$70.14 / \$88.99 \$29.78 / \$47.98 / \$59.55 \$45.84 / \$75.32 / \$94.15
\$35,000	\$38.72 / \$67.91 / \$86.62 \$63.54 / \$111.06 / \$141.47 \$45.62 / \$75.10 / \$93.77 \$70.48 / \$118.22 / \$148.61
\$45,000	\$52.68 / \$93.03 / \$118.86 \$86.28 / \$151.98 / \$193.95 \$61.46 / \$102.22 / \$127.99 \$95.12 / \$161.12 / \$203.07
\$45,000	\$66.64 / \$118.15 / \$151.10 \$109.02 / \$192.90 / \$246.43 \$77.30 / \$129.34 / \$162.21 \$119.76 / \$204.02 / \$257.53

AllState				
	Base Plan	Base Plus Plan	Low Option	High Option
Hospital	\$100 / day	\$100 / day	\$200 / day	\$300 / day
Rad/Chemo	up to \$5,000 / year	up to \$5,000 / year	up to \$5,000 / year	up to \$10,000
Preventive Benefit	N/A	\$25	\$100	\$100
Surgery	up to \$1,500	up to \$1,500	up to \$3,000	up to \$4,500
Waiver of Premium	90 days			
1st Occurrence Benefit	N/A	\$1,000	\$2,000	\$2,000
RATES				
Employee Only	\$8.36	\$11.00	\$16.94	\$25.02
Family	\$13.80	\$18.78	\$28.92	\$42.46