



Madeira City Schools

A school community where learning is personalized and success is ensured.

HEALTH PLAN STUDY

HIGH DEDUCTIBLE HEALTH PLANS & HEALTH SAVINGS ACCOUNTS

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BENEFITS STUDY

HIGH DEDUCTIBLE AND HEALTH SAVINGS ACCOUNTS

REPORT OBJECTIVES

1. Provide a primer on High Deductible health plans (HDHP) and Health Savings Accounts (HSA) ;
2. Identify pros and cons of HDHP and HSA medical plans;
3. Survey local industry sectors and provide a summary of current practice of those providing HDHP and/or HSA plans;
4. Provide a summary of the current benefit platform offered by Madeira City Schools; and
5. Provide related market trends across industry sectors for potential foreshadowing and related impacts on local school districts.

PRIMER ON HIGH DEDUCTIBLE HEALTH PLANS/HEALTHSAVINGS ACCOUNTNS

Common Understanding

A high deductible health plan (HDHP) is characterized by a fixed dollar amount specified by the plan that insured individuals must pay out-of-pocket. Once the deductible has been reached, eligible healthcare expenses will be covered by the plan. In most cases, the deductible must be met each plan year, which is not necessarily the same as a “calendar” year.

Typically, individuals covered by a plan with a high deductible, in return for a lower premium, will be responsible for most healthcare costs until you meet your deductible.

Though HDHPs are usually a type of Preferred Provider Organization (PPO) plan, they also could be a Health Maintenance Organization (HMO) or a Point of Service (POS) plan.

Out-of-Pocket Responsibilities under a High Deductible Health Plan

An HDHP typically does not cover services and prescription drugs until the deductible has been met. However, many high deductible plans may cover preventive services and programs, such as prenatal care, cancer screenings, and smoking cessation programs. After meeting a deductible, the plan coverage provisions determine how much will be reimbursed.

Managing Expenses under a High Deductible Health Plan

To offset HDHPs’ higher deductibles, most individuals enrolled in HDHPs are eligible to set up a tax-advantaged health savings account (HSA). An HSA enables a participant to pay for eligible health expenses, including expenses before the deductible has been met, with tax-free dollars. Increasingly referred to as a consumer-driven health plan (CDHP), an HDHP coupled with an HSA can help you take control of your healthcare expenses and save for the future.

Individuals may contribute pre-tax earnings each year to their HSAs. Some employers help their employees contribute to their HSAs on a regular basis through payroll deductions, and some may also elect to make contributions to employee HSAs to help them pay for healthcare expenses before they meet their deductibles.

As an alternative to an HSA, some employers contribute to a health reimbursement arrangement (HRA), which employees can use to pay for healthcare expenses that are not reimbursed by the plan i.e. medical expenses, dependent care. Employees may or may not contribute to HRAs; any unused funds are forfeited at the end of the year. And under these arrangements, if you change jobs, you no longer have access to the HRA.

HDHPs coupled with an HSA and/or HRA are an effective way to manage healthcare costs. Participants can use tax-advantaged dollars to get the care needed, but any unused funds continue to grow tax-free until required. Then, once the plan's deductible is satisfied, participants will be reimbursed all or a portion of your healthcare costs based on the provisions of your plan. The HSA can also be used to pay for health care expenses which are not covered by the policy after the deductible has been met.

How Are Deductibles Administered?

While participants are responsible for paying for services before reaching the deductible (and the HSA or HRA may provide a debit card for this purpose) under an HDHP, participants or the provider will submit claims as usual and they will be tracked towards the deductible. When participants receive an explanation of benefits (EOB) from the plan, it will show that the expenses will not be reimbursed because participants have not yet met the deductible. Once participants have satisfied the deductible, the EOB will reflect reimbursement for covered expenses according to the terms of the plan.

Lifetime maximums for essential health benefits have been eliminated due to ACA, however, maximums (yearly or lifetime) may apply to non-essential benefits. Essential health benefits for example include outpatient care, emergency services, pre/post-natal care, mental/substance treatment, prescriptions, rehab and lab services, wellness and pediatric services.

In the prior five years, the prevalence of HDHP/HSA plans has increased from 5% to 20%.

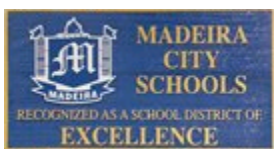
Prevention

Taking steps to prevent illness and disease is always a good idea and may also be helpful in managing — and possibly avoiding — higher costs of care. Providers recommend preventive screenings and annual checkups, and adopt health-promoting behaviors, such as consuming a healthy diet and exercising. Preventive measures, as recommended by providers, may help avoid the need for costlier treatments in the future. Some HDHPs cover preventive services and programs before meeting deductibles.

Managing Costs in High Deductible Health Plans

These following tips may be helpful to HDHP participants managing their healthcare costs:

- Read plan documents carefully. Contact the employer or plan provider with any questions related to coverage.
- If participants do not already have one, ask the employer about enrolling in a health savings account (HSA), or a health reimbursement account (HRA). If eligible, but the employer doesn't offer an HSA, individuals can open an account with a local bank (or online).



- If participants have funds remaining in the HSA after meeting the deductible, participants may continue to use the account for co-pays, co-insurance and other qualifying healthcare expenses. Generally, an HSA cannot be used to pay for insurance premiums (exceptions include long term care insurance, COBRA premiums, Medicare/health while receiving unemployment, etc). The IRS publishes a list of qualifying healthcare expenses under an HSA.
- Always keep a record and copy of healthcare receipts; this will help keep track of healthcare expenses, so that participants know when the deductible has been met.
- Know before you go: Find cost estimates for services and procedures which may be needed on the FH Medical Cost Lookup. Knowing how much participants may be responsible for paying can help plan healthcare expenses accordingly.
- Talk to providers. They may be willing to negotiate fees, accept payments in installments, or prescribe less expensive medication or treatment options.
- Go for clinically-recommended screenings and annual checkups, and talk to health providers about ways in which you could improve your overall health through preventive measures. Remember, some HDHPs cover preventive services and programs before the deductible is met, so ask plan representative about which of these may be covered.

And most importantly – remember that participants are the best advocate of their care. Speaking up and asking questions up front will help get the care needed and avoid confusion about out-of-pocket healthcare costs.

PROS/CONS OF HIGH DEDUCTIBLE/HSA PLANS

Advantages –

- Premiums are lower than traditional health insurance plans and thus a larger portion of the premium may be covered by the employer benefits program
- Health Savings Accounts with pre-tax funds from employee income and employer's contributions can be used to cover expenses that count toward meeting annual deductible.
- Unused funds in an HSA carry forward to the next year and beyond.
- HSA funds, including contributions from the employer, remain available in the employee account until the end or change of employment. These accounts belong to the participant so a change in employment arrangement does not affect the account.
- Funds in HSAs can be withdrawn for non-healthcare purposes but will then be taxed as income.
- Most preventative services are fully covered without a deductible
- Medical expense coverage, once the deductible is met, is either fully covered or has a smaller policy holder portion requirement than traditional plans without a significant initial deductible. Traditional health insurance plans tend to require a percentage payment from the policy holder for all medical expenses.
- Maximum annual health insurance and care costs per policy holder are easily predictable.
- Depending upon the portion of employer funds provided for an employee HSA, the total employer cost of health insurance will tend to be less than traditional plans.
- Healthy policy holders who use primarily preventative services tend to have lower total health insurance and care annual expenses than with traditional policies.
- RX expenses contribute to deductible.

Disadvantages –

- The annual deductible must be met each year before medical services beyond those classified as preventative are covered, even in the case of a continuing illness or injury

- The deductible is fairly large and in years without serious illness or injury may not be met. In a year when the deductible requirement is not met but it very close to the requirement, the total employee health insurance and care costs may be higher than through traditional health insurance plans.
- Employers are not required to contribute to an employee's HSA.
- Policy holders may need to keep detailed and accurate records of out-of-pocket medical expenses to be able to insure full coverage activates as soon as the annual deductible is met.

Summary

In general, the policy holder out-of pocket expenses for health care for lesser illnesses and injuries can be greater with an HDHP and HSA program than a traditional policy. This is because, prior to meeting the annual deductible, an HDHP has no coverage of routine doctor office visits outside of preventative screening. Total health insurance costs will be lower due to lower premiums. The degree of this difference will relate to the annual total cost of illness/injury and the portion of an HSA that is funded by the employer, coupled with the pre-tax contributions of the HSA by the policy holder.

Families and individuals with annual high healthcare costs will have consistent annual out-of-pocket expenses which are likely to be lower than with traditional insurance programs. As with any benefit plan design, the impact will vary based on the personal circumstances of the plan participants. Decisions will be made by comparing coverage, flexibility, and total employer and employee contributions to an HSA or HRA.

SUMMARY OF LOCAL INDUSTRY PRACTICE

List of Participating School Districts:

Forest Hills Local School District
 Indian Hill School District
 Mason City Schools District
 Milford Schools
 Northwest Local School District
 Sycamore Community School District

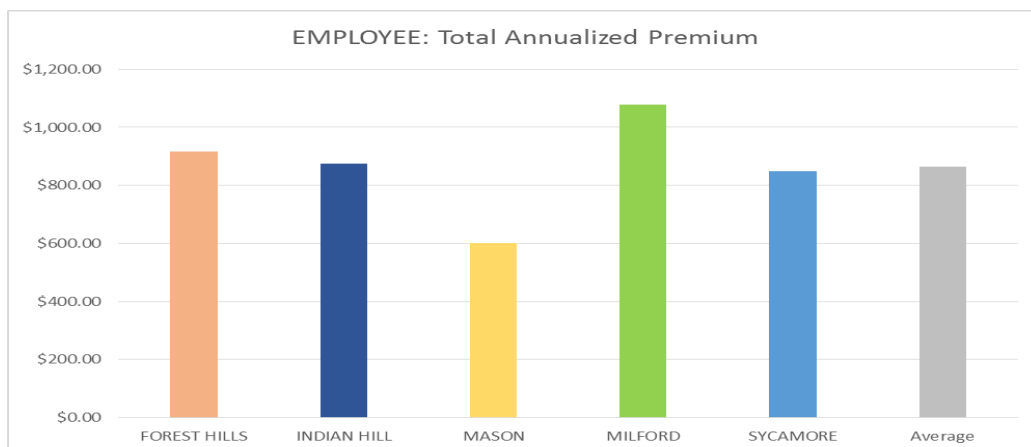
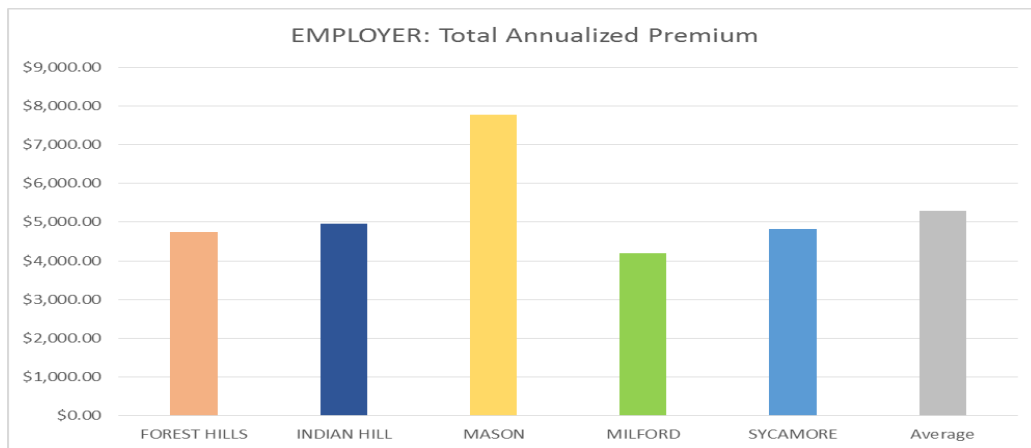
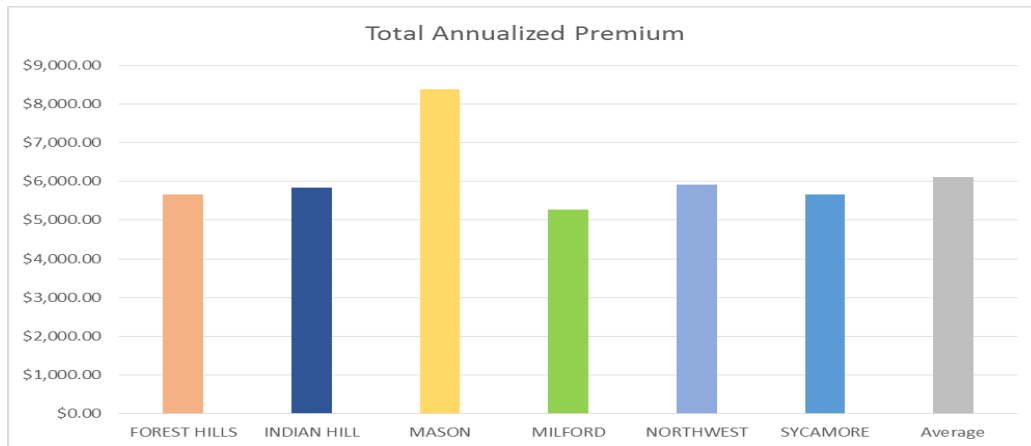
Key Findings:

- Total annualized single premiums range from \$5200-\$8400 with an average of \$5700. On average, districts are covering \$4800 annually or 84%.
- Employee premiums for single coverage range from \$600-\$920 annually or 16%.
- For single coverage, network deductibles range from \$2000-\$3000 and out-of-pocket network maximums range from \$2000-\$5,000.
- For family coverage, network deductibles range from \$4000-\$6000 and out-of-pocket network maximums range from \$4000-\$9,000.
- 4 of the 6 reporting districts provide 100% coverage post deductible (1 reporting 80% and 1 reporting 70%).

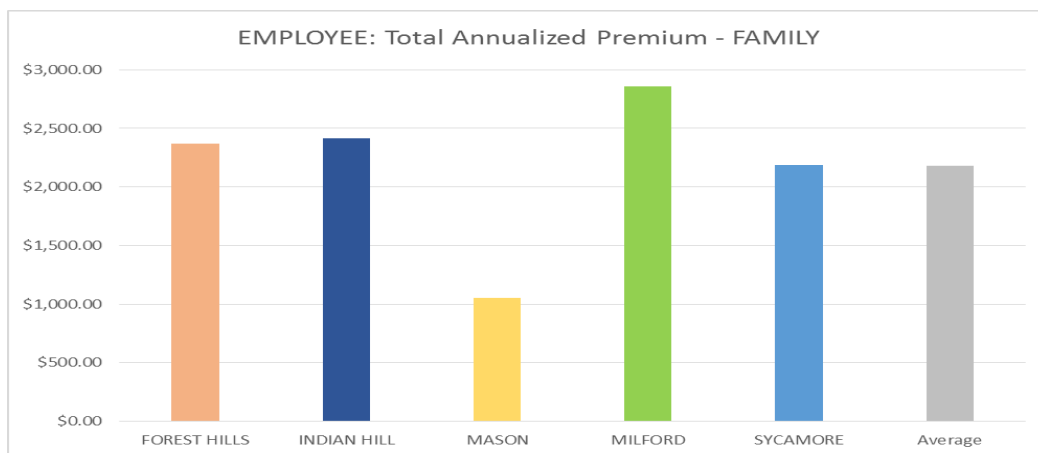
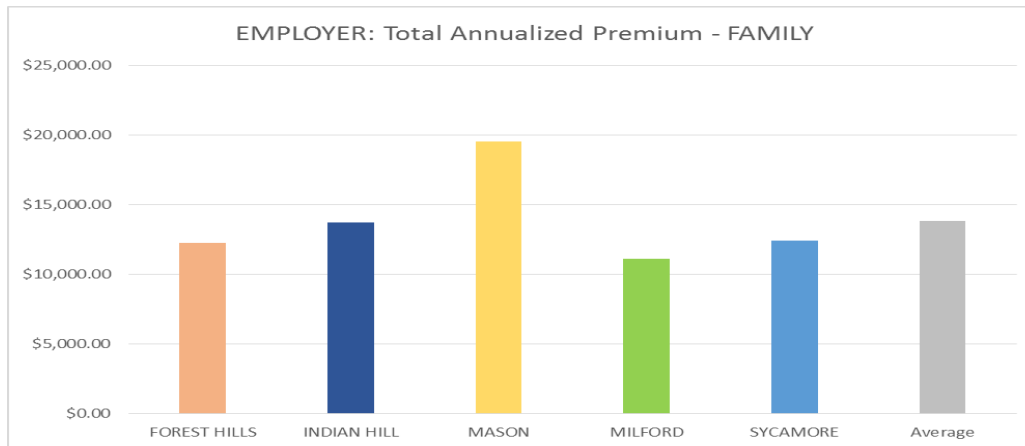
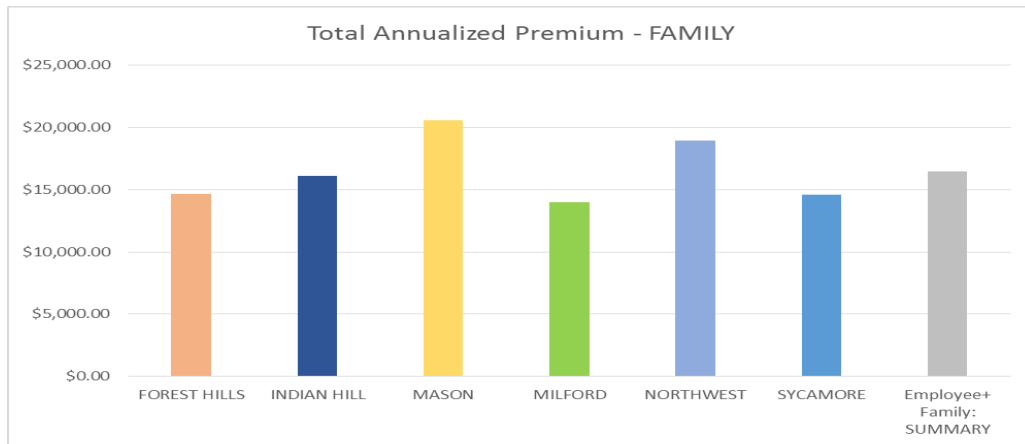
Seven (7) districts of twenty-five (25) in the local industry sector offer some type of HDHP and/or HSA plan.



HDHP: Single - Total Annualized Premium



HDHP: Family - Total Annualized Premium



SCHOOL DISTRICT		Network Deductible (\$):	Out of Network Deductible (\$)	Network Out of Pocket Maximum (\$)	Out of Network Out of Pocket Maximum (\$)
FOREST HILLS	EMPLOYEE	\$3,000.00	\$5,000.00	\$4,000.00	\$6,000.00
INDIAN HILL	EMPLOYEE	\$2,600.00	\$2,600.00	\$2,600.00	\$5,000.00
MASON	EMPLOYEE	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00
MILFORD	EMPLOYEE	\$2,000.00	\$4,000.00	\$2,000.00	\$4,000.00
NORTHWEST	EMPLOYEE	\$2,000.00	\$4,000.00	\$3,000.00	\$8,000.00
SYCAMORE	EMPLOYEE	\$2,600.00	\$5,000.00	\$5,000.00	\$10,000.00
Average		\$2,366.67	\$3,766.67	\$3,100.00	\$5,833.33
FOREST HILLS	FAMILY	\$6,000.00	\$10,000.00	\$8,000.00	\$12,000.00
INDIAN HILL	FAMILY	\$5,200.00	\$5,200.00	\$5,200.00	\$10,000.00
MASON	FAMILY	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00
MILFORD	FAMILY	\$4,000.00	\$8,000.00	\$4,000.00	\$8,000.00
NORTHWEST	FAMILY	\$4,000.00	\$8,000.00	\$6,000.00	\$16,000.00
SYCAMORE	FAMILY	\$5,000.00	\$10,000.00	\$9,000.00	\$18,000.00
Average		\$4,700.00	\$7,533.33	\$6,033.33	\$11,333.33

CoInsurance Post Deductible	FOREST HILLS	INDIAN HILL	MASON	MILFORD	NORTHWEST	SYCAMORE	Average
Primary Care Doctor Visit	100%	100%	100%	70%	100%	80%	92%
Specialist Visit	100%	100%	100%	70%	100%	80%	92%
Minute clinic, Little Clinic or Kiosk clinic visit	100%	100%	100%	70%	N/A	80%	90%
Urgent Care Visit	100%	100%	100%	70%	100%	80%	92%
Emergency Room Visit	100%	100%	100%	70%	100%	80%	92%
Outpatient Surgery Facility	100%	100%	100%	70%	100%	80%	92%
Outpatient Surgery Physician	100%	100%	100%	70%	100%	80%	92%
Outpatient Services Facility	100%	100%	100%	70%	100%	80%	92%
Outpatient Services Physician	100%	100%	100%	70%	100%	80%	92%
Inpatient Services Facility	100%	100%	100%	70%	100%	80%	92%
Inpatient Services Physician	100%	100%	100%	70%	100%	80%	92%
Chemotherapy/Radiation Therapy Network	100%	100%	100%	CASE BY CASE	100%	-	100%
Physical/Speech/Occupational Therapy Network	100%	100%	100%	70%	100%	80%	92%

MADERIA SCHOOLS BENEFIT PLAN

Health plan deductibles

In-network Providers - \$600 individual/\$1200 family

Out-of-network Providers - \$1200 individual/\$2400 family

Out-of-pocket maximums

In-network Providers - \$3200 individual/\$7400 family

Out-of-network Providers - \$6200 individual/\$12,400 family

Employees shared approximately 15% of the total plan expense.

Madeira City Schools leverages group pricing through the Cincinnati Consortium and currently does not offer an HDHP or HSA plan.

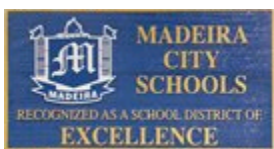
MARKET TRENDS CROSS INDUSTRIES

The Kaiser Family Foundation and the Health Research & Educational Trust conduct an annual survey of private and nonfederal public employers with three or more workers. This is the sixteenth Kaiser/HRET survey and reflects employer-sponsored health benefits in 2014 with over 2000 employer participants. Listed below are some key findings:

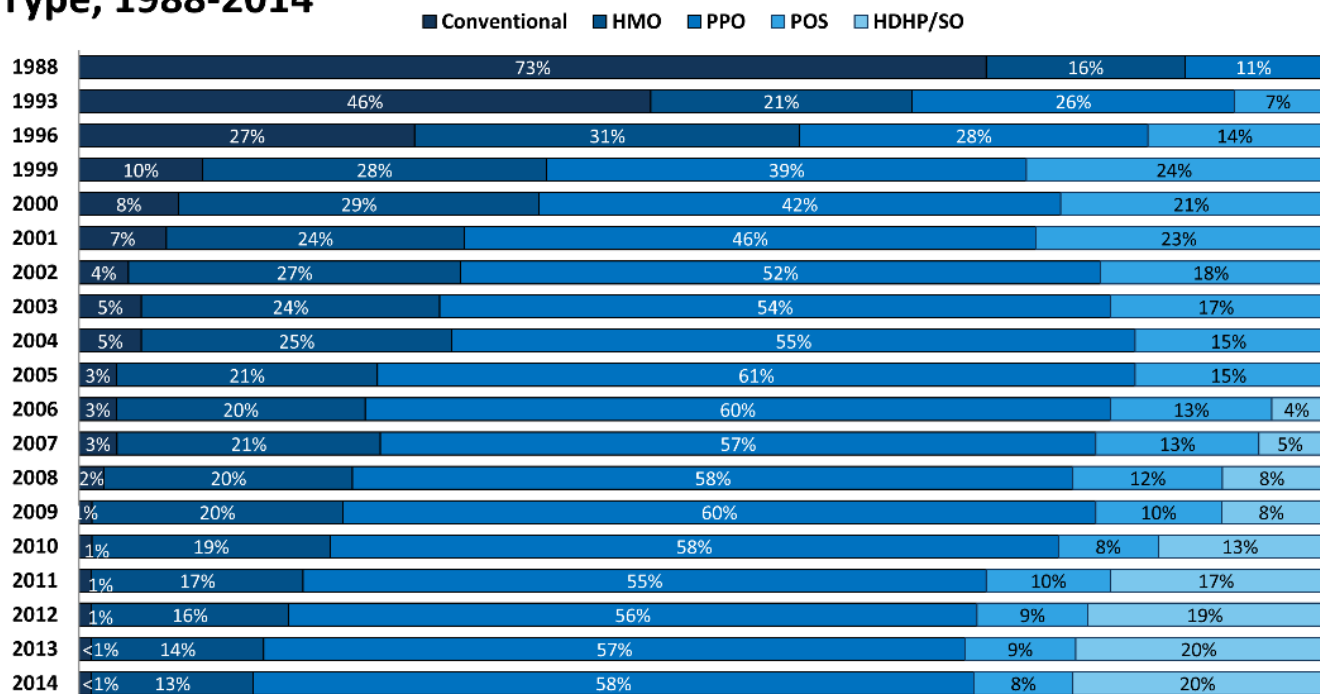
Plan Enrollment Prevalence

PPO plans remain the most common plan type, enrolling 58% of covered workers in 2014. Twenty percent of covered workers are enrolled in a high-deductible plan with a savings options (HDHP/SO), 13% in an HMO, 8% in a POS plan, and less than 1% in a conventional (also known as an indemnity plan) (Exhibit E). Enrollment in HDHP/SOs increased significantly between 2009 and 2011, from 8% to 17% of covered workers, but has plateaued since then. In 2014, twenty-seven percent of firms offering health benefits offer a high-deductible health plan with a health reimbursement arrangement (HDHP/HRA) or a health savings account (HSA) qualified HDHP.

Enrollment distribution varies by firm size; for example, PPOs are relatively more popular for covered workers at large firms (200 or more workers) than smaller firms (63% vs. 46%) and POS plans are relatively more popular among smaller firms than large firms (17% vs. 4%).



Distribution of Health Plan Enrollment for Covered Workers, by Plan Type, 1988-2014

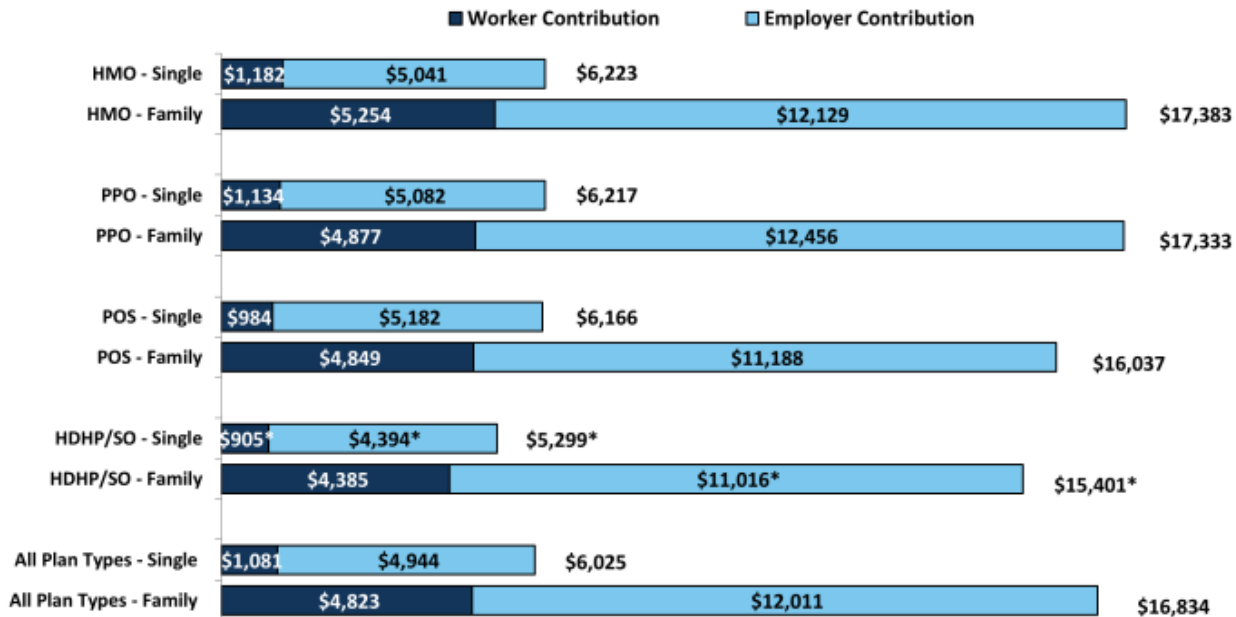


SOURCE: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2014; KPMG Survey of Employer-Sponsored Health Benefits, 1993, 1996; The Health Insurance Association of America (HIAA), 1988.

Health Insurance Premiums

Average premiums for high-deductible health plans with a savings option (HDHP/SOs) are lower than the overall average for all plan types for both single and family coverage at \$5,299 and \$15,401, respectively. There are important differences in premiums by firm size: the average premium for family coverage is lower for covered workers in small firms (3-199 workers) than for workers in larger firms (\$15,849 vs. \$17,265).

Average Annual Firm and Worker Premium Contributions and Total Premiums for Covered Workers for Single and Family Coverage, by Plan Type, 2014



Employee Sharing

Most covered workers face additional out-of-pocket costs when they use health care services. Eighty percent of covered workers have a general annual deductible for single coverage that must be met before most services are reimbursed by the plan. Even workers without a general annual deductible often face other types of cost sharing when they use services, such as copayments or coinsurance for office visits and hospitalizations.

Among covered workers with a general annual deductible, the average deductible amount for single coverage is \$1,217. The average annual deductible is unchanged from last year (\$1,135), but has increased from \$826 dollars in 2009. Deductibles differ by firm size: for workers in plans with a deductible, the average deductible for single coverage is \$1,797 in small firms (3-199 workers), compared to \$971 for workers in larger firms. Covered workers in small firms are significantly more likely to have high general annual deductibles compared to those in larger firms. Sixty-one percent of covered workers in small firms are in a plan with a deductible of at least \$1,000 for single coverage compared to 32% in larger firms; a similar pattern is seen for those in plans with a deductible of at least \$2,000 (34% for small firms vs. 11% for larger firms).

**Among Covered Workers the Prevalence and Average Value of General Annual Health Plan Deductible for Single Coverage,
2006-2014**

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Percent of Covered Workers with A General Annual Deductible for Single Coverage	55%	59%*	59%	63%	70%*	74%	72%	78%*	80%
Average General Annual Deductible for Single Coverage	\$584	\$616	\$735*	\$826*	\$917*	\$991	\$1,097*	\$1,135	\$1,217

*Estimates are significantly different from estimate for the previous year shown (p<.05).

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2006-2014.

SOURCES

1. IRS documentation on HSA plans <http://www.irs.gov/publications/p969/ar02.html>
<http://www.opm.gov/healthcare-insurance/healthcare/health-savings-accounts/hdhphsa-slide-presentation/> <http://www.opm.gov/healthcare-insurance/healthcare/health-savings-accounts/hdhphsa-slide-presentation/#29>
2. Understanding HD Plans
<http://fairhealthconsumer.org/reimbursementseries.php?id=27#sthash.cnlVNvk7.dpuf>
3. FAQ n HD Plans <http://www.opm.gov/healthcare-insurance/healthcare/health-savings-accounts/frequently-asked-questions/>
4. Kaiser Family Foundation (Kaiser) and the Health Research & Educational Trust (HRET) 2014 Employer Health Benefits Report - <http://kff.org/report-section/ehbs-2014-summary-of-findings/>

APPENDIX

1. Cincinnati Consortium Benefits Summary
2. Local HD/HSA Benefit Plan Survey Tool
3. Local HD/HSA Benefit Survey Detailed Results (attached)

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For in-network providers, \$600 individual / \$1,200 family For out-of-network providers, \$1,200 individual/ \$2,400 family Doesn't apply to in-network preventive care.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For in-network providers, \$3,600 individual / \$7,200 family For out-of-network providers, \$6,200 individual/ \$12,400 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, prescription drug claims, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. For a list of <u>network providers</u> , see www.anthem.com or call 1-800-552-9159	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without permission from this plan.



Madeira City Schools - Benefit Plan Survey		Employer Name:		
Medical High Deductible Plan	Employee Only	Employee+ Spouse/Partner	Employee+ Children	Employee+ Family
Included in Section 125/Cafeteria Plan?	Yes/No	Yes/No	Yes/No	Yes/No
Total ANNUALIZED Premium (\$):	\$	\$	\$	\$
Employer ANNUALIZED Share of Premium (\$):	\$	\$	\$	\$
Employee ANNUALIZED Share of Premium (\$):	\$	\$	\$	\$
Post Retirement?	Yes/No			
Self Insured?	Yes/No			
Are Deductibles Embedded or Aggregate?	Embedded/Aggregate			
Does the Deductible apply to the Out of Pocket Maximum?	Yes/No			
Do Deductibles and Out of Pocket Maximums across different network tiers cross reduced (ie. does a Out of Network Out of Pocket deductible cross reduce a Network deductible)?	Yes/No			
Do prescription drug costs apply to the Out of Pocket Maximum?	Yes/No			
Is there an age limit for covered treatment at Children's Hospital?	Yes/No	If yes, list Age Limit:		
Network Deductible (\$)	\$	\$	\$	\$
Out of Network Deductible (\$)	\$	\$	\$	\$
Network Out of Pocket Maximum (\$)	\$	\$	\$	\$
Out of Network Out of Pocket Maximum (\$)	\$	\$	\$	\$
High Deductible Plan Co-Pay and Co-insurance Amounts		Co-Pay (\$)	Coinsurance (%) Amount Plan Covers	
Primary Care Doctor Visit	\$	%		
Specialist Visit	\$	%		
Minute clinic, Little Clinic or Kiosk clinic visit	\$	%		
Urgent Care Visit	\$	%		
Emergency Room Visit	\$	%		
Outpatient Surgery Facility	\$	%		
Outpatient Surgery Physician	\$	%		
Outpatient Services Facility	\$	%		
Outpatient Services Physician	\$	%		
Inpatient Services Facility	\$	%		

Madeira City Schools - Benefit Plan Survey Consolidated Report: Forest Hills, Indian Hill, Mason, Milford, Northwest, Sycamore

KEY: RED=HIGHEST, GREEN = LOWEST

Medical High Deductible Plan	FOREST HILLS	INDIAN HILL	MASON	MILFORD	NORTHWEST	SYCAMORE	Employee Only:SUMMARY	Employee Only:SUMMARY	FOREST HILLS	INDIAN HILL	MASON
	EMPLOYEE ONLY	EMPLOYEE ONLY	EMPLOYEE ONLY	EMPLOYEE ONLY	EMPLOYEE ONLY	EMPLOYEE ONLY	\$ AVERAGE (WHERE APPLICABLE)	Y-YES, N-NO, NA-NOT ANSWERED	Employee+ Spouse/Partne	Employee+ Spouse/Partne	Employee+ Spouse/Partne
Included in Section 125/Cafeteria Plan?	YES	YES	YES	YES	YES	YES		Y-6	NO	YES	YES
Total ANNUALIZED Premium (\$): HI/LO/AVG	\$5,661.12	\$5,840.04	\$8,376.00	\$5,272.20	\$5,907.00	\$5,664.00	\$6,120.06			\$11,037.72	\$20,580.00
Employer ANNUALIZED Share of Premium (\$): HI/LO/AVG	\$4,743.60	\$4,964.03	\$7,776.00	\$4,194.12	VARIES	\$4,814.00	\$5,298.35			\$9,382.06	\$19,524.00
Employee ANNUALIZED Share of Premium (\$): HI/LO/AVG	\$917.52	\$876.01	\$600.00	\$1,078.08	VARIES	\$850.00	\$864.32			\$1,655.66	\$1,056.00
Post Retirement?	NO	NO	NO	NO	YES	NO		Y-1/N-5			
Self Insured?	YES	YES	YES	YES	YES	YES		Y-6			
Are Deductibles Embedded, Non-Embedded or Aggregate?	EMBEDDED	EMBEDDED	NON-EMBEDDED	AGGREGATE	AGGREGATE	EMBEDDED		E-3/NE-1/A-2			
Does the Deductible apply to the Out of Pocket Maximum?	YES	YES	YES	NO	YES	YES		Y-5/N-1			
Do Deductibles and Out of Pocket Maximums across different network tiers cross reduced (i.e. does a Out of Network Out of Pocket deductible cross reduce a Network deductible)?	NO	NO	YES	NO	NO	NO		Y-1/N-5			
Do prescription drug costs apply to the Out of Pocket Maximum	YES	YES	YES	YES	YES	YES		Y-6			
Is there an age limit for covered treatment at Children's Hospita	NO	-	NO	-	-	NO		N-3/NA3	If yes, list Age Limit:		
Network Deductible (\$): HI/LO/AVG	\$3,000.00	\$2,600.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,600.00	\$2,366.67		NO ANSWERS	\$5,200.00	\$4,000.00
Out of Network Deductible (\$) HI/LO/AVG	\$5,000.00	\$2,600.00	\$2,000.00	\$4,000.00	\$4,000.00	\$5,000.00	\$3,766.67			\$5,200.00	\$4,000.00
Network Out of Pocket Maximum (\$) HI/LO/AVG	\$4,000.00	\$2,600.00	\$2,000.00	\$2,000.00	\$3,000.00	\$5,000.00	\$3,100.00			\$5,200.00	\$4,000.00
Out of Network Out of Pocket Maximum (\$) HI/LO/AVG	\$6,000.00	\$5,000.00	\$2,000.00	\$4,000.00	\$8,000.00	\$10,000.00	\$5,833.33			\$10,000.00	\$4,000.00
High Deductible Plan Co-Pay and Co-insurance Amounts	Co-Pay (\$)	Co-Pay (\$)	Co-Pay (\$)	Co-Pay (\$)	Co-Pay (\$)	Co-Pay (\$)	AVERAGE Co-Pay (\$)		Coinsurance (%) Amount Plan Covers	Coinsurance (%) Amount Plan Covers	Coinsurance (%) Amount Plan Covers
Primary Care Doctor Visit	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$30	DEDUCTIBLE	N/A		100%	100%	100%
Specialist Visit	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	60	DEDUCTIBLE	N/A		100%	100%	100%
Minute clinic, Little Clinic or Kiosk clinic visit	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	N/A	DEDUCTIBLE	N/A		100%	100%	100%
Urgent Care Visit	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	100	DEDUCTIBLE	N/A		100%	100%	100%
Emergency Room Visit	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	250	DEDUCTIBLE	N/A		100%	100%	100%
Outpatient Surgery Facility	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	-	DEDUCTIBLE	N/A		100%	100%	100%
Outpatient Surgery Physician	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	-	DEDUCTIBLE	N/A		100%	100%	100%
Outpatient Services Facility	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$30/\$60	DEDUCTIBLE	N/A		100%	100%	100%
Outpatient Services Physician	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	\$30/\$60	DEDUCTIBLE	N/A		100%	100%	100%
Inpatient Services Facility	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	-	DEDUCTIBLE	N/A		100%	100%	100%
Inpatient Services Physician	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	-	DEDUCTIBLE	N/A		100%	100%	100%
Chemotherapy/Radiation Therapy Network	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	-	DEDUCTIBLE	N/A		100%	100%	100%
Physical/Speech/Occupational Therapy Network	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	DEDUCTIBLE	30	DEDUCTIBLE	N/A		100%	100%	100%
Health Savings Account or Health Reimbursement Account - HSA/HRA							AVERAGE	H.S.A. SUMMARY			
HSA or HRA?	H.S.A.	H.S.A.	H.S.A.	H.S.A.	H.S.A.	H.S.A.		HSA-6			
Of HDHP participants, % of those participating in an HSA or HRA	98%	83%	98%	100%	100%	100%	97%	AVG 97%			
Employer contribution?	YES	YES	YES	YES	YES	YES		Y-6			
If yes, Dollar Amount (\$):	-	SINGLE:\$400; ALL OTHERS:\$800 (ONCE)	SINGLE:\$1,000; FAMILY: \$2,000	SINGLE:\$1272; FAMILY:\$3600	SINGLE: \$1,000; OTHERS: \$2000	SINGLE: \$1,000; FAMILY: \$2,000		SINGLE AVG:\$934.40; FAMILY AVG:\$2,080			
If yes, is there a graduated schedule of Dollar Amount (\$):	YES		NO		YES	?		Y-4/N-1/NA-1			
Scheduled Dollar Amount (\$)	1ST YR(2014):\$750/\$1500, 2015:\$500/\$1,000, 2016:\$400/\$800, 2017: \$300/600				Note, used average of \$864.24 to estimate employee premium share						
Max Cash exposure out of pocket in network	\$4,167.52	\$3,076.01	\$1,600.00	\$1,806.08		\$4,850.00					

MILFORD	NORTHWEST	SYCAMORE	Spouse/Partner:SUMMARY	Spouse/Partner:SUMMARY	FOREST HILLS	INDIAN HILL	MASON	MILFORD	NORTHWEST	SYCAMORE	Children: SUMMARY	Employee+ Children: SUMMARY
Employee+ Spouse/Partn	Employee+ Spouse/Partne	Employee+ Spouse/Partne	\$ AVERAGE (WHERE APPLICABLE)	Y-YES, N-NO, NA-NOT ANSWERED	Employee+ Children	Employee+ Children	Employee+ Children	Employee+ Children	Employee+ Children	Employee+ Children	\$ AVERAGE (WHERE APPLICABLE)	Y-YES, N-NO, NA-NOT ANSWERED
NO	YES	NO		Y-3/N-1/NA-2	NO	YES	YES	NO	YES	NO		Yes-3/No-1/NA-2
	\$11,813.76		\$14,477.16			\$10,161.72	\$20,580.00		\$11,400.24		\$14,047.32	\$
	VARIES		\$14,453.03			\$8,637.46	\$19,524.00		VARIES		\$14,080.73	\$
	VARIES		\$1,355.83			\$1,524.26	\$1,056.00		VARIES		\$1,290.13	\$
	\$4,000.00		\$4,400.00			\$5,200.00	\$4,000.00		\$4,000.00		\$4,400.00	
	\$8,000.00		\$5,733.33			\$5,200.00	\$4,000.00		\$8,000.00		\$5,733.33	
	\$6,000.00		\$5,066.67			\$5,200.00	\$4,000.00		\$6,000.00		\$5,066.67	
	\$16,000.00		\$10,000.00			\$10,000.00	\$4,000.00		\$16,000.00		\$10,000.00	
Coinsurance (%) Amount Plan Covers	Coinsurance (%) Amount Plan Covers	Coinsurance (%) Amount Plan Covers	AVERAGE Coinsurance (%) Amount Plan Covers									
70%	100%	80%	92%									
70%	100%	80%	92%									
70%	N/A	80%	90%									
70%	100%	80%	92%									
70%	100%	80%	92%									
70%	100%	80%	92%									
70%	100%	80%	92%									
70%	100%	80%	92%									
70%	100%	80%	92%									
70%	100%	80%	92%									
70%	100%	80%	92%									
CASE BY CASE	100%	-	100%									
70%	100%	80%	92%									

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FOREST HILLS	INDIAN HILL	MASON	MILFORD	NORTHWEST	SYCAMORE	Family: SUMMARY	Family: SUMMARY
Employee+ Family	Employee+ Family	Employee+ Family	Employee+ Family	Employee+ Family	Employee+ Family	\$ AVERAGE (WHERE APPLICABLE)	Y-YES, N-NO, NA-NOT ANSWERED
YES	YES	YES	YES	YES	YES		Yes-3/No-1/NA-2
\$14,639.76	\$16,118.52	\$20,580.00	\$13,971.00	\$18,901.92	\$14,604.00	\$16,469.20	
\$12,267.12	\$13,700.74	\$19,524.00	\$11,114.28	VARIES	\$12,414.00	\$13,804.03	
\$2,372.64	\$2,417.78	\$1,056.00	\$2,856.72	VARIES	\$2,190.00	\$2,178.63	
\$6,000.00	\$5,200.00	\$4,000.00	\$4,000.00	\$4,000.00	\$5,000.00	\$4,700.00	
\$10,000.00	\$5,200.00	\$4,000.00	\$8,000.00	\$8,000.00	\$10,000.00	\$7,533.33	
\$8,000.00	\$5,200.00	\$4,000.00	\$4,000.00	\$6,000.00	\$9,000.00	\$6,033.33	
\$12,000.00	\$10,000.00	\$4,000.00	\$8,000.00	\$16,000.00	\$18,000.00	\$11,333.33	

\$8,872.64	\$6,817.78	\$3,056.00	\$3,256.72	\$9,190.00
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