

SPONSOR: Neath/E. Brown

## ORDINANCE NO. 64-06

AN ORDINANCE FINDING THE LOWEST RESPONSIBLE AND RESPONSIVE BID, AWARDING THE CONTRACT FOR HEALTH INSURANCE COVERAGE, TO UNITED HEALTH CARE, THROUGH OAK HILL FINANCIAL INSURANCE AGENCY, ~~78 BROADWAY STREET~~, JACKSON, OHIO 45640, AND DECLARING AN EMERGENCY. *Suite 100, 135 E. Huron St.*

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF JACKSON, STATE OF OHIO, as follows:

**Section One.** Council hereby finds that United Health Care is the lowest responsible and responsive bidder for the contract for health insurance for City employees. This contract has been lawfully advertised and bid, and the lowest responsible and responsive bid is as follows:

### CHOICE PLUS PLAN OPTION #1:

Employee Only.....	\$ 343.41 per month
Employee & Spouse.....	\$ 754.82 per month
Employee & Children.....	\$ 579.68 per month
Family.....	\$ 1,060.12 per month

The policy shall be administered through Oak Hill Financial Insurance Agency, 78 Broadway Street, Jackson, Ohio 45640. The City shall utilize the Max 105 program in paying rates, and any funds in excess of the premiums shall be utilized to offset future rate increases. Under the Max 105 plan, the rates to be paid to Oak Hill Financial Insurance Agency shall be as follows:

Employee Only.....	\$ 454.49 per month
Family.....	\$ 1,249.87 per month

**Section Two.** The Mayor is hereby authorized to execute this Contract according to the terms of the lowest responsible and responsive bid.

**Section Three.** This Ordinance is hereby declared to be an emergency Ordinance necessary for the immediate preservation of the public peace, health, or safety of the City of Jackson, in that it is necessary to enter into this Contract as soon as possible. Therefore, this Ordinance shall go into effect upon passage and approval by the Mayor, as provided in Ohio Revised Code Section 731.30.

**Section Four.** In the event this Ordinance receives a majority vote for passage but fails to receive the required number of votes to pass as an emergency, then this Ordinance shall be deemed to have passed but with no emergency clause, and shall take effect at the earliest time permitted by law.

***Section Five.*** This Council finds and determines that all formal actions of this Council concerning and relating to the passage of this ordinance were taken in an open meeting of this Council and that all deliberations of this Council that resulted in those formal actions were in meetings open to the public, all in compliance with the law.

Date: 3/27/06

Jawn Hupha  
PRESIDENT OF COUNCIL

Alyce M. Smith  
CLERK OF COUNCIL

Approved:

Date: 3/27/06

[Signature]  
MAYOR

### INPUTS

<b>PLAN DESIGN</b>	Current Plan	Purchased Plan	Menu Plan
<b>Insurance Plan Benefits</b>			
# Deductibles / Family	2	2	2
Deductible	\$0	\$1,000	\$0
Coinsurance Rate to be Paid by Carrier	100%	100%	100%
Coinsurance Band Beyond Deductible	\$0	\$0	\$0
Calculated Out of Pocket (OOP)	\$0	\$1,000	\$0

<b>INSURANCE RATES</b>	Participants	Current Rates	Purchased Rates	Menu Rates
<b>Billed by Insurance Carrier</b>				
[E]mployee Only	14	\$454.49	\$343.41	\$ 463.58
Ee/[S]pouse	17	\$1,249.87	\$754.82	\$ 1,274.87
Ee/[C]hild(ren)	8	\$1,249.87	\$579.68	\$ 1,274.87
[F]amily	38	\$1,249.87	\$1,060.12	\$ 1,274.87
Monthly Premiums	77	\$ 85,104.67	\$ 62,561.68	\$ 86,806.76
Yearly Premiums		\$ 1,021,256.04	\$ 750,740.16	\$ 1,041,681.16
Market Renewal Increase		2.0%	*	
Budget Increase Factor		2.0%		

<b>PREMIUMS PAID BY:</b>					
% OR \$	Employer	Percentage	Percentage	Current	New
	%	Currently Paid	Of Menu	Amount Paid	Amount Paid
	[E]mployee Only	94.00%	94.00%	\$0.00	\$0.00
	Ee/[S]pouse	94.00%	94.00%	\$0.00	\$0.00
	Ee/[C]hild(ren)	94.00%	94.00%	\$0.00	\$0.00
	[F]amily	94.00%	94.00%	\$0.00	\$0.00

<b>ASSUMED CLAIMS</b>				
Groups	% of Units	Claims	# of Units	ER Exposure
High Risk	20%	\$1,000	28	\$28,000.00
Mod Risk	25%	\$500	35	\$17,500.00
Low Risk	35%	\$100	49	\$4,900.00
No Risk	20%	< \$	28	\$0.00
	<b>Total</b>		140	\$50,400.00

<b>COMPANY INFORMATION</b>				
Name	City of Jackson		Phone Number	
Address	Broadway St.		Fax Number	
Address	Jackson, OH 45640		Federal Tax ID	
Contact	Steve Benson		Renewal Date	
			Reserve	\$484,285.28
Old Carrier			Assumed Renewal Rate Increase	20.0%
			Assumed Annual Interest Rate	3.0%

<b>AGENCY INFORMATION</b>				
Agent	Sharon Gahm		Monthly Admin Fee/Employee	\$8.00
Company	MPA		Startup Fee	
Address	135 E. Huron St., Ste. 100		Annual Fee	\$300.00
Address	Jackson, OH 45640		Minimum Monthly Admin Fee	\$500.00

### City of Jackson Summary of Results

Calculation of Premium Savings		% of Prem
Market Premium	\$1,041,683	100%
Purchased Premium	<u>\$750,740</u>	72%
Premium Savings	\$290,943	28%
Calculation of Maximum Risk		% of Prem
Plan Exposure	\$1,000	
Employee Exposure	<u>\$0</u>	
Employer Exposure	\$1,000	
Number of Risk units	<u>140</u>	
Maximum Claims Risk	\$140,000	13%
Calculation of Maximum Cost		% of Prem
Maximum Claims Risk	-\$140,000	13%
Annual Admin Fees	-\$7,692	1%
Funded by Premium Reduction	\$290,943	28%
Funded by Prior Year's Savings	<u>\$484,285</u>	46%
Absolute Minimum Savings	\$627,536	60%
Calculation of Expected Cost		% of Prem
Premium Reduction	\$290,943	28%
Annual Admin Fees	<u>-\$7,692</u>	1%
Known Savings	\$283,251	27%
Funded by Prior Year's Savings	\$484,285	46%
Expected Claims Risk	<u>-\$50,400</u>	5%
Expected Savings	\$717,136	69%
<b>Efficiency Factor</b> (Known Savings/Max Claim Risk)		<b>202%</b>

#### Summary of Rates

**TOTAL RATES**

**Without Max105**

Tiers	Current	Market
[E]mployee Only	\$454.49	\$463.58
Ee/[S]pouse	\$1,249.87	\$1,274.87
Ee/[C]hild(ren)	\$1,249.87	\$1,274.87
[F]amily	\$1,249.87	\$1,274.87

**With Max105**

Purchased	Menu
\$343.41	\$463.58
\$754.82	\$1,274.87
\$579.68	\$1,274.87
\$1,060.12	\$1,274.87

**EMPLOYER RATES**

Tiers	Current	Market
[E]mployee Only	\$427.22	\$435.77
Ee/[S]pouse	\$1,174.88	\$1,198.38
Ee/[C]hild(ren)	\$1,174.88	\$1,198.38
[F]amily	\$1,174.88	\$1,198.38

Purchased	Menu
\$315.60	\$435.77
\$678.33	\$1,198.38
\$503.19	\$1,198.38
\$983.63	\$1,198.38

**EMPLOYEE RATES**

Tiers	Current	Market
[E]mployee Only	\$27.27	\$27.81
Ee/[S]pouse	\$74.99	\$76.49
Ee/[C]hild(ren)	\$74.99	\$76.49
[F]amily	\$74.99	\$76.49

Purchased	Menu
\$27.81	\$27.81
\$76.49	\$76.49
\$76.49	\$76.49
\$76.49	\$76.49

### INPUTS

<b>PLAN DESIGN</b>	Current Plan	Purchased Plan	Menu Plan
<b>Insurance Plan Benefits</b>			
# Deductibles / Family	2	2	2
Deductible	\$0	\$1,000	\$0
Coinsurance Rate to be Paid by Carrier	100%	100%	100%
Coinsurance Band Beyond Deductible	\$0	\$0	\$0
Calculated Out of Pocket (OOP)	\$0	\$1,000	\$0

<b>INSURANCE RATES</b>	Participants	Current Rates	Purchased Rates	Menu Rates
<b>Billed by Insurance Carrier</b>				
[E]mployee Only	14	\$454.49	\$343.41	\$ 499.94
Ee/[S]pouse	17	\$1,249.87	\$754.82	\$ 1,374.86
Ee/[C]hild(ren)	8	\$1,249.87	\$579.68	\$ 1,374.86
[F]amily	38	\$1,249.87	\$1,060.12	\$ 1,374.86
Monthly Premiums	77	\$ 85,104.67	\$ 62,561.68	\$ 93,615.14
Yearly Premiums		\$ 1,021,256.04	\$ 750,740.16	\$ 1,123,381.64
Market Renewal Increase		10.0%	*	
Budget Increase Factor		10.0%		

<b>PREMIUMS PAID BY:</b>					
% OR \$	EmployeeR	Percentage	Percentage	Current	New
	%	Currently Paid	Of Menu	Amount Paid	Amount Paid
	[E]mployee Only	94.00%	94.00%	\$0.00	\$0.00
	Ee/[S]pouse	94.00%	94.00%	\$0.00	\$0.00
	Ee/[C]hild(ren)	94.00%	94.00%	\$0.00	\$0.00
	[F]amily	94.00%	94.00%	\$0.00	\$0.00

<b>ASSUMED CLAIMS</b>				
Groups	% of Units	Claims	# of Units	ER Exposure
High Risk	20%	\$1,000	28	\$28,000.00
Mod Risk	25%	\$500	35	\$17,500.00
Low Risk	35%	\$100	49	\$4,900.00
No Risk	20%	< \$	28	\$0.00
<b>Total</b>			<b>140</b>	<b>\$50,400.00</b>

<b>COMPANY INFORMATION</b>				
Name	City of Jackson	Phone Number		
Address	Broadway St.	Fax Number		
Address	Jackson, OH 45640	Federal Tax ID		
Contact	Steve Benson	Renewal Date		
		Reserve	\$484,285.28	
Old Carrier		Assumed Renewal Rate Increase	20.0%	
		Assumed Annual Interest Rate	3.0%	

<b>AGENCY INFORMATION</b>				
Agent	Sharon Gahm	Monthly Admin Fee/Employee	\$8.00	
Company	MPA	Startup Fee		
Address	135 E. Huron St., Ste. 100	Annual Fee	\$300.00	
Address	Jackson, OH 45640	Minimum Monthly Admin Fee	\$500.00	

## City of Jackson Summary of Results

<b>Calculation of Premium Savings</b>		% of Prem
Market Premium	\$1,123,384	100%
Purchased Premium	<u>\$750,740</u>	67%
Premium Savings	\$372,644	33%

<b>Calculation of Maximum Risk</b>		
Plan Exposure	\$1,000	
Employee Exposure	<u>\$0</u>	
Employer Exposure	\$1,000	
Number of Risk units	<u>140</u>	
Maximum Claims Risk	\$140,000	12%

<b>Calculation of Maximum Cost</b>		
Maximum Claims Risk	-\$140,000	12%
Annual Admin Fees	-\$7,692	1%
Funded by Premium Reduction	\$372,644	33%
Funded by Prior Year's Savings	<u>\$484,285</u>	43%
Absolute Minimum Savings	\$709,237	63%

<b>Calculation of Expected Cost</b>		
Premium Reduction	\$372,644	33%
Annual Admin Fees	<u>-\$7,692</u>	1%
<b>Known Savings</b>	<b>\$364,952</b>	32%
Funded by Prior Year's Savings	\$484,285	43%
Expected Claims Risk	<u>-\$50,400</u>	4%
<b>Expected Savings</b>	<b>\$798,837</b>	71%

**Efficiency Factor** (Known Savings/Max Claim Risk) 261%

### Summary of Rates

TOTAL RATES	Without Max105	
	Current	Market
Tiers		
[E]mployee Only	\$454.49	\$499.94
Ee/[S]pouse	\$1,249.87	\$1,374.86
Ee/[C]hild(ren)	\$1,249.87	\$1,374.86
[F]amily	\$1,249.87	\$1,374.86

With Max105	
Purchased	Menu
\$343.41	\$499.94
\$754.82	\$1,374.86
\$579.68	\$1,374.86
\$1,060.12	\$1,374.86

EMPLOYER RATES		
	Current	Market
Tiers		
[E]mployee Only	\$427.22	\$469.94
Ee/[S]pouse	\$1,174.88	\$1,292.37
Ee/[C]hild(ren)	\$1,174.88	\$1,292.37
[F]amily	\$1,174.88	\$1,292.37

Purchased	Menu
\$313.41	\$469.94
\$672.33	\$1,292.37
\$497.19	\$1,292.37
\$977.63	\$1,292.37

EMPLOYEE RATES		
	Current	Market
Tiers		
[E]mployee Only	\$27.27	\$30.00
Ee/[S]pouse	\$74.99	\$82.49
Ee/[C]hild(ren)	\$74.99	\$82.49
[F]amily	\$74.99	\$82.49

Purchased	Menu
\$30.00	\$30.00
\$82.49	\$82.49
\$82.49	\$82.49
\$82.49	\$82.49

## INPUTS

<b>PLAN DESIGN</b>		<b>Current Plan</b>	<b>Purchased Plan</b>	<b>Menu Plan</b>
<b>Insurance Plan Benefits</b>				
# Deductibles / Family		2	2	2
Deductible		\$0	\$1,000	\$0
Coinsurance Rate to be Paid by Carrier		100%	100%	100%
Coinsurance Band Beyond Deductible		\$0	\$0	\$0
Calculated Out of Pocket (OOP)		\$0	\$1,000	\$0

<b>INSURANCE RATES</b>		<b>Current Rates</b>	<b>Purchased Rates</b>	<b>Menu Rates</b>
<b>Billed by Insurance Carrier</b>	<b>Participants</b>			
[E]mployee Only	14	\$454.49	\$343.41	\$ 548.11
Ee/[S]pouse	17	\$1,249.87	\$754.82	\$ 1,507.34
Ee/[C]hild(ren)	8	\$1,249.87	\$579.68	\$ 1,507.34
[F]amily	38	\$1,249.87	\$1,060.12	\$ 1,507.34
Monthly Premiums	77	\$ 85,104.67	\$ 62,561.68	\$ 102,636.23
Yearly Premiums		\$ 1,021,256.04	\$ 750,740.16	\$ 1,231,634.78
Market Renewal Increase		20.6%	*	
Budget Increase Factor		20.6%		

<b>PREMIUMS PAID BY:</b>					
% OR \$	<u>Employer</u>	Percentage	Percentage	Current	New
	%	Currently Paid	Of Menu	Amount Paid	Amount Paid
	[E]mployee Only	94.00%	94.00%	\$0.00	\$0.00
	Ee/[S]pouse	94.00%	94.00%	\$0.00	\$0.00
	Ee/[C]hild(ren)	94.00%	94.00%	\$0.00	\$0.00
	[F]amily	94.00%	94.00%	\$0.00	\$0.00

<b>ASSUMED CLAIMS</b>				
Groups	% of Units	Claims	# of Units	ER Exposure
High Risk	20%	\$1,000	28	\$28,000.00
Mod Risk	25%	\$500	35	\$17,500.00
Low Risk	35%	\$100	49	\$4,900.00
No Risk	20%	< \$	28	\$0.00
		Total	140	\$50,400.00

<b>COMPANY INFORMATION</b>			
Name	City of Jackson	Phone Number	
Address	Broadway St.	Fax Number	
Address	Jackson, OH 45640	Federal Tax ID	
Contact	Steve Benson	Renewal Date	
		Reserve	\$484,285.28
Old Carrier		Assumed Renewal Rate Increase	20.0%
		Assumed Annual Interest Rate	3.0%

<b>AGENCY INFORMATION</b>			
Agent	Sharon Gahm	Monthly Admin Fee/Employee	\$8.00
Company	MPA	Startup Fee	
Address	135 E. Huron St., Ste. 100	Annual Fee	\$300.00
Address	Jackson, OH 45640	Minimum Monthly Admin Fee	\$500.00

## City of Jackson Summary of Results

<b>Calculation of Premium Savings</b>		% of Prem
Market Premium	\$1,231,632	100%
Purchased Premium	<u>\$750,740</u>	61%
Premium Savings	\$480,891	39%

<b>Calculation of Maximum Risk</b>		
Plan Exposure	\$1,000	
Employee Exposure	<u>\$0</u>	
Employer Exposure	\$1,000	
Number of Risk units	140	
Maximum Claims Risk	<u>\$140,000</u>	11%

<b>Calculation of Maximum Cost</b>		
Maximum Claims Risk	-\$140,000	11%
Annual Admin Fees	-\$7,692	1%
Funded by Premium Reduction	\$480,891	39%
Funded by Prior Year's Savings	<u>\$484,285</u>	39%
Absolute Minimum Savings	\$817,485	66%

<b>Calculation of Expected Cost</b>		
Premium Reduction	\$480,891	39%
Annual Admin Fees	<u>-\$7,692</u>	1%
<b>Known Savings</b>	<b>\$473,199</b>	38%
Funded by Prior Year's Savings	\$484,285	39%
Expected Claims Risk	<u>-\$50,400</u>	4%
<b>Expected Savings</b>	<b>\$907,085</b>	74%

**Efficiency Factor** (Known Savings/Max Claim Risk) **338%**

### Summary of Rates

#### TOTAL RATES

#### Without Max105

Tiers	Current	Market
[E]mployee Only	\$454.49	\$548.11
Ee/[S]pouse	\$1,249.87	\$1,507.34
Ee/[C]hild(ren)	\$1,249.87	\$1,507.34
[F]amily	\$1,249.87	\$1,507.34

#### With Max105

Purchased	Menu
\$343.41	\$548.11
\$754.82	\$1,507.34
\$579.68	\$1,507.34
\$1,060.12	\$1,507.34

#### EMPLOYER RATES

Tiers	Current	Market
[E]mployee Only	\$427.22	\$515.22
Ee/[S]pouse	\$1,174.88	\$1,416.90
Ee/[C]hild(ren)	\$1,174.88	\$1,416.90
[F]amily	\$1,174.88	\$1,416.90

Purchased	Menu
\$310.52	\$515.23
\$664.38	\$1,416.90
\$489.24	\$1,416.90
\$969.68	\$1,416.90

#### EMPLOYEE RATES

Tiers	Current	Market
[E]mployee Only	\$27.27	\$32.89
Ee/[S]pouse	\$74.99	\$90.44
Ee/[C]hild(ren)	\$74.99	\$90.44
[F]amily	\$74.99	\$90.44

Purchased	Menu
\$32.89	\$32.89
\$90.44	\$90.44
\$90.44	\$90.44
\$90.44	\$90.44

## INPUTS

<b>PLAN DESIGN</b>		<b>Current Plan</b>	<b>Purchased Plan</b>	<b>Menu Plan</b>
<b>Insurance Plan Benefits</b>				
# Deductibles / Family		2	2	2
Deductible		\$0	\$2,000	\$0
Coinsurance Rate to be Paid by Carrier		100%	100%	100%
Coinsurance Band Beyond Deductible		\$0	\$0	\$0
Calculated Out of Pocket (OOP)		\$0	\$2,000	\$0

<b>INSURANCE RATES</b>		<b>Current Rates</b>	<b>Purchased Rates</b>	<b>Menu Rates</b>
<b>Billed by Insurance Carrier</b>	<b>Participants</b>			
[E]mployee Only	14	\$454.49	\$321.67	\$ 548.11
Ee/[S]pouse	17	\$1,249.87	\$707.02	\$ 1,507.34
Ee/[C]hild(ren)	8	\$1,249.87	\$542.97	\$ 1,507.34
[F]amily	38	\$1,249.87	\$992.99	\$ 1,507.34
Monthly Premiums	77	\$ 85,104.67	\$ 58,600.10	\$ 102,636.23
Yearly Premiums		\$ 1,021,256.04	\$ 703,201.20	\$ 1,231,634.78
Market Renewal Increase		20.6%		
Budget Increase Factor		20.6%		

<b>PREMIUMS PAID BY:</b>					
<b>% OR \$</b>	<b>EmployeeR</b>	<b>Percentage</b>	<b>Percentage</b>	<b>Current</b>	<b>New</b>
	<b>%</b>	<b>Currently Paid</b>	<b>Of Menu</b>	<b>Amount Paid</b>	<b>Amount Paid</b>
	[E]mployee Only	94.00%	94.00%	\$0.00	\$0.00
	Ee/[S]pouse	94.00%	94.00%	\$0.00	\$0.00
	Ee/[C]hild(ren)	94.00%	94.00%	\$0.00	\$0.00
	[F]amily	94.00%	94.00%	\$0.00	\$0.00

<b>ASSUMED CLAIMS</b>				
<b>Groups</b>	<b>% of Units</b>	<b>Claims</b>	<b># of Units</b>	<b>ER Exposure</b>
High Risk	20%	\$2,000	28	\$56,000.00
Mod Risk	25%	\$500	35	\$17,500.00
Low Risk	35%	\$100	49	\$4,900.00
No Risk	20%	< \$	28	\$0.00
		Total	140	\$78,400.00

<b>COMPANY INFORMATION</b>			
Name	City of Jackson	Phone Number	
Address	Broadway St.	Fax Number	
Address	Jackson, OH 45640	Federal Tax ID	
Contact	Steve Benson	Renewal Date	
		Reserve	\$484,285.28
Old Carrier		Assumed Renewal Rate Increase	20.0%
		Assumed Annual Interest Rate	3.0%

<b>AGENCY INFORMATION</b>			
Agent	Sharon Gahm	Monthly Admin Fee/Employee	\$8.00
Company	MPA	Startup Fee	
Address	135 E. Huron St., Ste. 100	Annual Fee	\$300.00
Address	Jackson, OH 45640	Minimum Monthly Admin Fee	\$500.00

## City of Jackson Summary of Results

### Calculation of Premium Savings

		% of Prem
Market Premium	\$1,231,632	100%
Purchased Premium	\$703,201	57%
Premium Savings	\$528,430	43%

### Calculation of Maximum Risk

Plan Exposure	\$2,000	
Employee Exposure	\$0	
Employer Exposure	\$2,000	
Number of Risk units	140	
Maximum Claims Risk	\$280,000	23%

### Calculation of Maximum Cost

Maximum Claims Risk	-\$280,000	23%
Annual Admin Fees	-\$7,692	1%
Funded by Premium Reduction	\$528,430	43%
Funded by Prior Year's Savings	\$484,285	39%
Absolute Minimum Savings	\$725,024	59%

### Calculation of Expected Cost

Premium Reduction	\$528,430	43%
Annual Admin Fees	-\$7,692	1%
<b>Known Savings</b>	<b>\$520,738</b>	42%
Funded by Prior Year's Savings	\$484,285	39%
Expected Claims Risk	-\$78,400	6%
<b>Expected Savings</b>	<b>\$926,624</b>	75%

**Efficiency Factor** (Known Savings/Max Claim Risk) **186%**

### Summary of Rates

#### TOTAL RATES

#### Without Max105

Tiers	Current	Market
[E]mployee Only	\$454.49	\$548.11
Ee/[S]pouse	\$1,249.87	\$1,507.34
Ee/[C]hild(ren)	\$1,249.87	\$1,507.34
[F]amily	\$1,249.87	\$1,507.34

#### With Max105

Purchased	Menu
\$321.67	\$548.11
\$707.02	\$1,507.34
\$542.97	\$1,507.34
\$992.99	\$1,507.34

#### EMPLOYER RATES

Tiers	Current	Market
[E]mployee Only	\$427.22	\$515.22
Ee/[S]pouse	\$1,174.88	\$1,416.90
Ee/[C]hild(ren)	\$1,174.88	\$1,416.90
[F]amily	\$1,174.88	\$1,416.90

Purchased	Menu
\$288.78	\$515.23
\$616.58	\$1,416.90
\$452.53	\$1,416.90
\$902.55	\$1,416.90

#### EMPLOYEE RATES

Tiers	Current	Market
[E]mployee Only	\$27.27	\$32.89
Ee/[S]pouse	\$74.99	\$90.44
Ee/[C]hild(ren)	\$74.99	\$90.44
[F]amily	\$74.99	\$90.44

Purchased	Menu
\$32.89	\$32.89
\$90.44	\$90.44
\$90.44	\$90.44
\$90.44	\$90.44

## City of Jackson Rate & Benefit Comparison

	Anthem Current Rates <u>5/1/2005</u>	Anthem Renewal Rates <u>5/1/2006</u>	United Healthcare <u>Opt. #1</u>	United Healthcare <u>Opt. #2</u>	United Healthcare <u>H S A 116</u>	United Healthcare <u>H S A 135</u>
Individual	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$1,100
Family	\$2,000	\$2,000	\$2,000	\$4,000	\$4,000	\$2,200
Office Visit Co-Pay	\$20	\$20	\$20	\$20	Ded. then 100%	Ded. then 100%
Prescription Drug						
Generic	\$10	\$10	\$10	\$10	Ded. then 100%	Ded. then 100%
Brand Name	\$20	\$20	\$20	\$20	Ded. then 100%	Ded. then 100%
Non-Preferred Brand Name	\$30	\$30	\$30	\$30	Ded. then 100%	Ded. then 100%
Generic Mail Order	\$20	\$20	\$20	\$20	Ded. then 100%	Ded. then 100%
Brand Name MO	\$40	\$40	\$40	\$40	Ded. then 100%	Ded. then 100%
NP Brand Name MO	\$60	\$60	\$60	\$60	Ded. then 100%	Ded. then 100%
<b>Out-of-Pocket Max (Inc. Ded.)</b>						
Individual	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$1,100
Family	\$2,000	\$2,000	\$2,000	\$4,000	\$4,000	\$2,200
Ambulance Ride	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%
Emergency Room	\$100	\$100	\$100	\$100	Ded. then 100%	Ded. then 100%
Urgent Care	\$50	\$50	\$50	\$50	Ded. then 100%	Ded. then 100%
Inpatient Hospital	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%
Outpatient Hospital	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%	Ded. then 100%
<u>Single</u>	<u>14</u> \$ 339.61	<u>14</u> \$ 409.60	<u>14</u> \$ 343.41	<u>14</u> \$ 321.67	<u>14</u> \$ 239.94	<u>14</u> \$ 285.23
<u>Emp/Sp</u>	<u>17</u> \$ 746.46	<u>17</u> \$ 900.31	<u>17</u> \$ 754.82	<u>17</u> \$ 707.02	<u>17</u> \$ 527.39	<u>17</u> \$ 626.93
<u>Emp/Ch</u>	<u>8</u> \$ 573.26	<u>8</u> \$ 691.41	<u>8</u> \$ 579.68	<u>8</u> \$ 542.97	<u>8</u> \$ 405.02	<u>8</u> \$ 481.47
<u>Family</u>	<u>38</u> \$ 1,048.38	<u>38</u> \$ 1,264.45	<u>38</u> \$ 1,060.12	<u>38</u> \$ 992.99	<u>38</u> \$ 740.71	<u>38</u> \$ 880.51
Monthly Premium	\$ 61,868.88	\$ 74,620.05	\$ 62,561.68	\$ 58,600.10	\$ 43,711.93	\$ 51,962.17
Annual Premium	\$ 742,426.56	\$ 895,440.60	\$ 750,740.16	\$ 703,201.20	\$ 524,543.16	\$ 623,546.04
Total Monthly Inc.		\$ 12,751.17	\$ 692.80	\$ (3,268.78)	\$ (18,156.95)	\$ (9,906.71)
Total Yearly Inc.		\$ 153,014.04	\$ 8,313.60	\$ (39,225.36)	\$ (217,883.40)	\$ (118,880.52)
Percentage of Inc.		20.6%	1.1%	-5.3%	-29.3%	-16.0%

