



PROTECT. MANAGE. GROW.

USI Renewal Recommendations

As your consultant team, we wanted to give you our thoughts going into Monday's special meeting. We know this is a big undertaking and a new experience for the group since this is the first time you have taken your benefits program out to market. With that said, there are a number of factors that you should consider as you make the best decision for your institution. Below is a list of those factors:

- 1) Medical, Dental & Vision plan cost
- 2) Medical network access
- 3) Pharmacy access
- 4) Disruption to employees & pre 65 retirees
- 5) Plan design
- 6) Contributions

Without knowing each institution's situation with local independent pharmacies, local physicians, etc. it would be hard for USI to tell you one carrier is the better choice than the other. What we can recommend and what we see in the marketplace/industry is that a multi plan approach is the direction employers are moving towards, along with structuring the employer/employee contributions to start the process of changing behavior of the consumer, your employees. What we mean by that is to start educating, with our help, members to be better consumers of their healthcare plan.

So in summary, USI's recommendation (Carrier Agnostic) are below:

1) Medical

Based on market trends, benchmarking, experience and other similar clients USI would recommend a three tier structure (High, Mid and Low) and we would propose a contribution strategy of paying 100% of the base plan and then select a migration strategy that best fits your institution. This strategy has proven to start the process of employees thinking more about the cost of healthcare and potentially making better, more informed decisions, ultimately lowering cost for both the employee and OKHEEI.

In our experience, selecting the carrier first is key to making the final decisions on plan design and contribution modeling.

2) Dental

Overall you have a number of very aggressive offers on the table from BCBS, Metlife & Aetna. Once you determine your medical provider, and the fact that your current program is a medical/dental combination, continuing this approach would offer OKHEEI consistency in network and administration, employee understanding, less disruption, etc.

3) Vision

This is an area to consider remaining with VSP for less disruption and the fact that VSP is known for their independent providers, which seems to be important for OKHEEI. EyeMed does afford some cost savings, but it will come with disruption. With that said, EyeMed has stated that Oklahoma is a growth state for them and they will be aggressive in growing their network. This coverage would be an opportunity for contribution strategy to offer on a voluntary basis (in our experience it is typically a voluntary coverage), which some institutions do presently.

In conclusion, USI will support whatever decision is best for all institutions including vendor management, implementation of a new carrier, employee communications, etc.

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Sent: Friday, May 15, 2015 4:20 PM

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Subject: Beth recommendation

On Tuesday a request was made in addition to the information provided by carriers that USI and I make a recommendation as to who we felt best meets the needs of the group. Please know I reviewed the information and asked questions. I apologize for getting this out late but I wanted to be sure items of importance were covered.

Medical and pharmacy

In the past 4 years I have spent time with both medical carriers visiting about benefit options and network coverage in the state of Oklahoma. We have also visited about coverage outside of Oklahoma to serve those active employees, Pre-65 retirees and Post 65 retirees. Both carriers have a variety of benefit plan designs they can offer. When looking at high option for renewal the price difference is only 4% right now so to me the real question comes down to coverage and flexibility.

- Aetna does offer an ACO which is relatively new in Oklahoma. I tend to shy away from programs where there does not appear to be results for longer than 3 years. I did see the premium and claims cost is less. Claim cost will be less because of the narrowed network driving members to a certain group of providers. If the discount is deeper in the network your claims cost will decrease.
- Aetna does offer a nice online tool. If we were to leave or there are changes in the group make up would we be responsible then for paying for the tool or have to choose a new tool? That is a challenge of selecting the carrier driven tool.
- I do feel there has been a big push towards Aetna I am just not sure they have the network to support the entire group at this time.
- BCBSOK does have better coverage both from a provider and pharmacy plan. Aetna promises to recruit pharmacies and additional providers but that does take time and contracting at a carrier can take a few months with no guarantee.
- Both carriers offer a performance guarantee
- Both will allow the plans presented to be mixed and matched as our group tries to meet our needs.

At this time I think both carriers are viable options. It depends on your institutions desired outcome – online enrollment, more benefit options, reducing premium cost by network or benefit design, minimum member disruption.

Dental

Aetna, BCBSOK and Met Life

- I like the low option for those who don't need orthodontia as a benefit. Would like to see this second option offered:
- Aetna's network seems to vary from our current network so not sure how much disruption the group would encounter. Concerned implementation costs are included with the medical – what if Aetna isn't selected for medical.
- Met Life appears to be a good option.

I would look at BCBSOK and Met Life as my options.

Vision

VSP, Eyemed and Met Life

- VSP seems to offer a larger network which meets more needs.
- Eyemed does offer online glasses and contacts.
- Eyemed does not have the network to support the group.
- Met Life offers the VSP network and has a higher renewal rate. Don't see them as a viable option.

I feel for vision VSP is still the better choice.

If you have any additional questions of me please let me know. I will be available by cell this weekend if needed.

Thank you.

Beth Lott

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05/18/2015

OKHEEI Medical Plan Benefits & Cost Summary Renewal January 1, 2015	BCBS Renewal with No Changes			Renewal - No Plan Changes		
	Current	High Current BlueChoice	Basic Current BlueChoice	High Renewal BlueChoice	Basic Renewal BlueChoice	Renewal Preferred BlueChoice
Calendar Year Deductible (SIF)	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000
Calendar Year Deductible (SIF) - unless otherwise stated	80%	80%	50%	80%	50%	60%
Out of Pocket Maximum (SIF)	\$3,000 / \$9,000	\$3,000 / \$9,000	\$5,500 / \$11,000	\$3,000 / \$9,000	\$5,500 / \$11,000	\$3,000 / \$9,000
Compared Medical & Rx Deductibles included in COP?	Yes	Yes	Yes	Yes	Yes	Yes
Medical Copays included in COP?	Yes	Yes	Yes	Yes	Yes	Yes
Rx Copays included in COP?	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Copays	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Specialist Office Visit Copay / Coinsurance	\$25	\$25	50% after Deductible	\$25	50% after Deductible	\$25
Urgent Care Office Visit Copay / Coinsurance	\$40	\$40	50% after Deductible	\$40	50% after Deductible	\$40
Emergency Room Copay	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Urgent Care Copay	20% after \$100 copay	20% after \$100 copay	50% after Deductible	20% after \$100 copay	50% after Deductible	20% after \$100 copay
Hospital Admission	\$25/40 - in Office	\$25/40 - in Office	50% after Deductible	\$25/40 - in Office	50% after Deductible	\$25/40 - in Office
Prescription Drugs	80% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible
Retail & Mail - one copay	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 25% up to \$100	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 25% up to \$100	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 25% up to \$100	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 25% up to \$100
Specialty Drugs	100 day supply limit or 300 quantity limit per copay	100 day supply limit or 300 quantity limit per copay	50% coinsurance	100 day supply limit or 300 quantity limit per copay	50% coinsurance	100 day supply limit or 300 quantity limit per copay
Generic Incentive	\$30max - \$100max	\$30max - \$100max	No incentive other than copay limit	\$30max - \$100max	No incentive other than copay limit	\$30max - \$100max
Mental Health/Substance Abuse	80% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible
Outpatient	80% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible
Chiropractor/Spinal Manipulation	80% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$1,000 / \$3,000	\$1,000 / \$3,000	\$500 / \$1,000	\$1,000 / \$3,000	\$500 / \$1,000	\$1,000 / \$3,000
Per Admission Deductible	\$300	\$300	\$300	\$300	\$300	\$300
Coinsurance (unless otherwise stated)	50%	50%	50%	50%	50%	50%
Out of Pocket Maximum	\$3,000 / \$9,000	\$3,000 / \$9,000	\$5,500 / \$11,000	\$3,000 / \$9,000	\$5,500 / \$11,000	\$3,000 / \$9,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Monthly Rates/Inclusions EE	Current	Current	Negotiated/Preferred	Current	Negotiated/Preferred	Current
Employee & Spouse	\$320.50	\$320.50	\$320.50	\$320.50	\$320.50	\$320.50
Employee & Child	\$1,087.50	\$1,087.50	\$1,087.50	\$1,087.50	\$1,087.50	\$1,087.50
Employee & Children	\$1,422.00	\$1,422.00	\$1,422.00	\$1,422.00	\$1,422.00	\$1,422.00
Employee & Family	\$1,512.00	\$1,512.00	\$1,512.00	\$1,512.00	\$1,512.00	\$1,512.00
\$250 Health Assessment credit included, unless noted otherwise. Rates do not include any costs for non-admin system.	4859	272	\$164,310	\$3,300,190	\$164,192	\$3,300,190
Monthly Subtotal	\$2,661,149	\$2,661,149	\$1,971,715	\$3,300,190	\$1,971,715	\$3,300,190
Annual Subtotal	\$35,669,132	\$35,669,132	\$37,841,507	\$36,602,278	\$37,841,507	\$36,602,278
Change from Current						
Percentage Change			-10.5%		-10.5%	
Rates Broken Out	Employee Only: \$350.50	Employee Only: \$350.50	Current Basic: \$395.70	Renewal High: \$585.70	Renewal Basic: \$448.10	Renewal Preferred: \$475.00
Spouse Only: \$729.00	Spouse Only: \$729.00	Spouse Only: \$729.00	Spouse Only: \$729.00	Spouse Only: \$729.00	Spouse Only: \$729.00	Spouse Only: \$729.00
Child Only: \$364.50	Child Only: \$364.50	Child Only: \$364.50	Child Only: \$364.50	Child Only: \$364.50	Child Only: \$364.50	Child Only: \$364.50
Children Only: \$425.40	Children Only: \$425.40	Children Only: \$425.40	Children Only: \$425.40	Children Only: \$425.40	Children Only: \$425.40	Children Only: \$425.40
Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50

Medical Plan Options Summary Pages, 1

USI Southwest

BCBS Alternates, each plan stands alone	\$2,000 Deductible BlueOptions		\$1,250 Deductible BlueChoice		\$4,000 HSA	
	Calendar Year Deductible (SIF)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,250 / \$1,250	\$1,250 / \$1,250	\$4,000 / \$4,000
Calendar Year Deductible (SIF) - unless otherwise stated	60/70/80%	60/70/80%	80%	80%	100%	100%
Out of Pocket Maximum (SIF)	Preferred - \$5,000 / \$10,000 Traditional - \$6,000 / \$12,000	Preferred - \$5,000 / \$10,000 Traditional - \$6,000 / \$12,000	\$4,000 / \$12,000	\$4,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Compared Medical & Rx Deductibles included in COP?	Yes	Yes	Yes	Yes	Yes	Yes
Medical Copays included in COP?	Yes	Yes	Yes	Yes	Yes	Yes
Rx Copays included in COP?	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Copays	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Specialist Office Visit Copay / Coinsurance	Preferred \$25/Choice-\$35	Preferred \$25/Choice-\$35	\$25	\$25	\$25	\$25
Urgent Care Office Visit Copay / Coinsurance	Not Included	Not Included	\$40	\$40	\$40	\$40
Emergency Room Copay	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Urgent Care Copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay
Hospital Admission	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office
Prescription Drugs	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
Retail & Mail - one copay	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 25% up to \$100	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 25% up to \$100	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max
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Generic Incentive	\$30max - \$100max	\$30max - \$100max	No incentive other than copay limit	No incentive other than copay limit	No incentive other than copay limit	No incentive other than copay limit
Mental Health/Substance Abuse	80% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	80% after Deductible
Outpatient	80% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	80% after Deductible
Chiropractor/Spinal Manipulation	80% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	80% after Deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,250 / \$1,250	\$1,250 / \$1,250	\$4,000 / \$4,000	\$4,000 / \$4,000
Per Admission Deductible	\$300	\$300	\$300	\$300	\$300	\$300
Coinsurance (unless otherwise stated)	50%	50%	50%	50%	50%	50%
Out of Pocket Maximum	\$3,000 / \$9,000	\$3,000 / \$9,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$3,000 / \$9,000	\$3,000 / \$9,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Monthly Rates/Inclusions EE	Current	Current	Negotiated/Preferred	Current	Negotiated/Preferred	Current
Employee & Spouse	\$320.50	\$320.50	\$320.50	\$320.50	\$320.50	\$320.50
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Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50	Spouse & Child(ren) Only: \$1,087.50

Alternate Dual Option per premium to keep rates at current; total premium would be a pass if enrollment stayed the same, per BCBS's total premium underwriting objective. (BCBS Package #7)	High Blue Options \$1,000 Deductible		Basic Blue Preferred \$750 Deductible		\$2,500 BlueOptions		\$1,250 BlueChoice		\$4,000 HSA	
	Calendar Year Deductible (SIF)	\$1,000 / \$1,000	\$1,000 / \$1,000	\$750 / \$750	\$750 / \$750	\$2,500 / \$5,000	\$2,500 / \$5,000	\$1,250 / \$1,250	\$1,250 / \$1,250	\$4,000 / \$4,000
Calendar Year Deductible (SIF) - unless otherwise stated	60%	60%	60%	60%	60/70/80%	60/70/80%	80%	80%	100%	100%
Out of Pocket Maximum (SIF)	Preferred - \$4,000 / \$8,000 Traditional - \$6,000 / \$12,000	Preferred - \$4,000 / \$8,000 Traditional - \$6,000 / \$12,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$4,000 / \$12,000	\$4,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Compared Medical & Rx Deductibles included in COP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical Copays included in COP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rx Copays included in COP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prescription Copays	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Specialist Office Visit Copay / Coinsurance	\$25	\$25	50% after Deductible	50% after Deductible	\$25	\$25	\$25	\$25	\$25	\$25
Urgent Care Office Visit Copay / Coinsurance	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Emergency Room Copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay	20% after \$100 copay
Hospital Admission	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office	\$25/40 - in Office
Prescription Drugs	80% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
Retail & Mail - one copay	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 25% up to \$100	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 25% up to \$100	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$30max - \$100max
Specialty Drugs	100 day supply limit or 300 quantity limit per copay	100 day supply limit or 300 quantity limit per copay	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance
Generic Incentive	\$30max - \$100max	\$30max - \$100max	No incentive other than copay limit	No incentive other than copay limit	No incentive other than copay limit	No incentive other than copay limit	No incentive other than copay limit	No incentive other than copay limit	No incentive other than copay limit	No incentive other than copay limit
Mental Health/Substance Abuse	80% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
Outpatient	80% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
Chiropractor/Spinal Manipulation	80% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$1,000 / \$1,000	\$1,000 / \$1,000	\$750 / \$750	\$750 / \$750	\$2,500 / \$5,000	\$2,500 / \$5,000	\$1,250 / \$1,250	\$1,250 / \$1,250	\$4,000 / \$4,000	\$4,000 / \$4,000
Per Admission Deductible	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Coinsurance (unless otherwise stated)	50%	50%								

Benefits Outline	RENEWAL - BCBS		ALTERNATE - Aetna Current Plans		ALTERNATE - Aetna to Maintain Current Rates		ALTERNATE - Aetna to keep rates at current		ALTERNATE - Aetna Shared Savings Plan		ALTERNATE - Aetna Shared Savings Plan		ALTERNATE - Aetna Shared Savings Plan		HSA
	High Renewal BlueChoice	Basic Renewal BlueChoice	High	Basic	High	Basic	High	Basic	80% Plan	80% Plan	80% Plan	80% Plan	80% Plan	80% Plan	
Calendar Year Deductible (SF)	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	
Coinsurance (unless otherwise stated)	80%	80%	80%	80%	75%	75%	75%	75%	70%	70%	70%	70%	70%	70%	
Out of Pocket Maximum (S/F)	\$3,000 / \$9,000	\$3,000 / \$11,000	\$3,000 / \$9,000	\$3,000 / \$11,000	\$2,000 / \$7,000	\$2,000 / \$7,000	\$2,000 / \$7,000	\$2,000 / \$7,000	\$2,000 / \$7,000	\$2,000 / \$7,000	\$2,000 / \$7,000	\$2,000 / \$7,000	\$2,000 / \$7,000	\$2,000 / \$7,000	
Deductible included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Medical Copays included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Rx Copays included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Primary Care Copay / Coinsurance	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Specialist Office Visit Copay / Coinsurance	\$25	\$25	\$25	\$25	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
Emergency Room Copay	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	
Urgent Care Copay	\$25	\$25	\$25	\$25	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
Hospital Admission	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Prescription Drugs	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
Quantity Limits	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max	Generic: \$25 copay Preferred: less than \$100 = lesser cost or \$25 Non-Preferred: greater than \$100 = 20% up to \$50 max Non-Preferred: greater than \$100 = 50% up to \$100 max
Specialty Drugs	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	100 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max
Mental Health/Substance Abuse	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	
Inpatient	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	
Chiropractic/Spinal Manipulation	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible	
Lifeline Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Calendar Year Deductible	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$1,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	
Per Admission Deductible	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	
Out of Pocket Maximum (unless otherwise stated)	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	\$3,000 / \$11,000	
Lifeline Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Monthly Rates	High	Basic	High	Basic	High	Basic	High	Basic	High	Basic	High	Basic	High	Basic	
Employee	3889	133	3889	133	3889	133	3889	133	3889	133	3889	133	3889	133	
Employee & Spouse	229	22	229	22	229	22	229	22	229	22	229	22	229	22	
Employee & Child	464	49	464	49	464	49	464	49	464	49	464	49	464	49	
Employee & Family	143	28	143	28	143	28	143	28	143	28	143	28	143	28	
Employee & Family	127	40	127	40	127	40	127	40	127	40	127	40	127	40	
Monthly Subtotal	4859	272	4859	272	4859	272	4859	272	4859	272	4859	272	4859	272	
Annual Subtotal	\$3,300,190	\$184,152	\$3,300,190	\$184,152	\$3,300,190	\$184,152	\$3,300,190	\$184,152	\$3,300,190	\$184,152	\$3,300,190	\$184,152	\$3,300,190	\$184,152	
Annual Total	\$3,484,282	\$2,139,982	\$3,484,282	\$2,139,982	\$3,484,282	\$2,139,982	\$3,484,282	\$2,139,982	\$3,484,282	\$2,139,982	\$3,484,282	\$2,139,982	\$3,484,282	\$2,139,982	
Change from Current	\$41,812,585	\$41,071,381	\$41,812,585	\$41,071,381	\$41,812,585	\$41,071,381	\$41,812,585	\$41,071,381	\$41,812,585	\$41,071,381	\$41,812,585	\$41,071,381	\$41,812,585	\$41,071,381	
Percentage Change	16.5%	8.5%	16.5%	8.5%	16.5%	8.5%	16.5%	8.5%	16.5%	8.5%	16.5%	8.5%	16.5%	8.5%	
Aetna plans include 2550 Health Assessment credit. Aetna rates include 2550 health assessment credit.															
Factors Broken Out															
Employee Only	\$585.70	\$448.10	\$585.70	\$448.10	\$585.70	\$448.10	\$585.70	\$448.10	\$585.70	\$448.10	\$585.70	\$448.10	\$585.70	\$448.10	\$585.70
Spouse Only	\$616.10	\$470.40	\$616.10	\$470.40	\$616.10	\$470.40	\$616.10	\$470.40	\$616.10	\$470.40	\$616.10	\$470.40	\$616.10	\$470.40	\$616.10
Child Only	\$234.40	\$178.10	\$234.40	\$178.10	\$234.40	\$178.10	\$234.40	\$178.10	\$234.40	\$178.10	\$234.40	\$178.10	\$234.40	\$178.10	\$234.40
Children Only	\$358.30	\$260.70	\$358.30	\$260.70	\$358.30	\$260.70	\$358.30	\$260.70	\$358.30	\$260.70	\$358.30	\$260.70	\$358.30	\$260.70	\$358.30
Spouse & Child(ren)	\$1,083.70	\$828.80	\$1,083.70	\$828.80	\$1,083.70	\$828.80	\$1,083.70	\$828.80	\$1,083.70	\$828.80	\$1,083.70	\$828.80	\$1,083.70	\$828.80	\$1,083.70

Medical Plan Options Summary Pages, 2

Shared Savings Counties - Canadiah, Cleveland, Gray (partial), Meclin, Oklahoma County, Patawatome (partial), Rogers, Tulsa County/Wagoner
ACO Counters - Canadiah, Cleveland, Oklahoma County

05/18/2015

Aetna Shared Savings Tiers

Market Name	Hospital Name	Address	City	County	State	Zip Code	APN 2014	Tier
Oklahoma City	Bone & Joint Hospital, Llc	1111 North Dewey Avenue	Oklahoma City	OKLAHOMA	OK	73103		1
Oklahoma City	Community Hospital	3100 Southwest 89th Street	Oklahoma City	CLEVELAND	OK	73159		1
Oklahoma City	Micbride Clinic Orthopedic Hospital, Llc	9600 North Broadway Extension	Oklahoma City	OKLAHOMA	OK	73114		1
Oklahoma City	Mercy Hospital El Reno	2115 Parkview Drive	El Reno	CANADIAN	OK	73036		1
Oklahoma City	Mercy Hospital Logan County	Hwy. 33 West at Academy Road	Guthrie	LOGAN	OK	73044		1
Oklahoma City	Midwest Regional Medical Center	2825 Parklawn Drive	Midwest City	OKLAHOMA	OK	73110		1
Oklahoma City	Moore Medical Center	700 South Telephone Road	Moore	CLEVELAND	OK	73160		1
Oklahoma City	Norman Regional Hospital	901 North Porter Avenue	Norman	CLEVELAND	OK	73071		1
Oklahoma City	Northwest Surgical Hospital	9204 North May Avenue	Oklahoma City	OKLAHOMA	OK	73120		1
Oklahoma City	Oklahoma Center For Ortho Multispecialt	8100 South Walker Avenue	Oklahoma City	OKLAHOMA	OK	73139		1
Oklahoma City	OU Medical Center - Edmond	One South Bryant Street	Edmond	OKLAHOMA	OK	73034		1
Oklahoma City	Purcell Municipal Hospital	1500 North Green Avenue	Purcell	MCCLAIN	OK	73080		1
Oklahoma City	Renaissance Women's Center	238 North Midwest Blvd.	Midwest City	OKLAHOMA	OK	73110		1
Oklahoma City	St. Anthony Hospital	1000 North Lee Street	Oklahoma City	OKLAHOMA	OK	73102		1
Oklahoma City	St. Anthony Shawnee Hospital	1102 West McArthur Street	Shawnee	POTTAWATOMIE	OK	74801		1
Oklahoma City	The Children's Center	6800 Northwest 39th Expressway	Bethany	OKLAHOMA	OK	73008		1
Oklahoma City	Deaconess Hospital	5501 North Portland Avenue	Oklahoma City	OKLAHOMA	OK	73112		2
Oklahoma City	Grady Memorial Hospital	2220 Iowa Avenue	Chickasha	GRADY	OK	73018		2
Oklahoma City	Integrus Baptist Medical Center, Inc	3300 Northwest Expressway	Oklahoma City	OKLAHOMA	OK	73112		2
Oklahoma City	Integrus Canadian Valley Hospital	1201 Health Center Pkwy.	Yukon	CANADIAN	OK	73099		2
Oklahoma City	INTEGRIS Health Edmond Inc.	4801 Integrus Pkwy	Edmond	OKLAHOMA	OK	73034		2
Oklahoma City	Integrus Southwest Medical Center	4401 South Western Avenue	Oklahoma City	OKLAHOMA	OK	73109		2
Oklahoma City	Lakeside Women's Hospital	11200 North Portland	Oklahoma City	OKLAHOMA	OK	73120		2
Oklahoma City	Mercy Hospital Oklahoma City, Inc.	4300 West Memorial Road	Oklahoma City	OKLAHOMA	OK	73120		2
Oklahoma City	Oklahoma City VAMC	921 Northeast 13th Street	Oklahoma City	OKLAHOMA	OK	73104		2
Oklahoma City	Oklahoma Heart Hospital	4050 West Memorial Road	Oklahoma City	OKLAHOMA	OK	73120		2
Oklahoma City	Oklahoma Heart South Hospital	5200 East I-240 Service Road	Oklahoma City	OKLAHOMA	OK	73135		2
Oklahoma City	Ou Medical Center-Hca Affiliate	1200 North Everett Street	Oklahoma City	OKLAHOMA	OK	73104		2

Market Name	Hospital Name	Address	City	County	State	Zip Code	APN 2014	Tier
Tulsa	Bailey Medical Center	10502 North 110th East Avenue	Owasso	TULSA	OK	74055		1
Tulsa	Hillcrest Hospital South	8801 South 101st East Avenue	Tulsa	TULSA	OK	74133		1
Tulsa	Hillcrest Medical Center	1120 South Utica	Tulsa	TULSA	OK	74104		1
Tulsa	Oklahoma Surgical Hospital, LLC	2408 East 81st Street	Tulsa	TULSA	OK	74137		1
Tulsa	Wagoner Community Hospital	1200 West Cherokee	Wagoner	WAGONER	OK	74467		1
Tulsa	Bristow Medical Center	700 West 7th Avenue	Bristow	CREEK	OK	74010		2
Tulsa	Hillcrest Hospital Claremore	1202 North Muskogee Place	Claremore	ROGERS	OK	74017		2
Tulsa	Integrus Mayes County Medical Center	111 North Bailey Street	Pryor	MAYES	OK	74361		2
Tulsa	Oklahoma State University Medical Center	744 West 9th Street	Tulsa	TULSA	OK	74127		2
Tulsa	Saint Francis Hospital	6161 South Yale Avenue	Tulsa	TULSA	OK	74136		2
Tulsa	Saint Francis Hospital South, Llc	10501 East 91st Street South	Tulsa	TULSA	OK	74133		2
Tulsa	St. John Broken Arrow	1000 West Boise Circle	Broken Arrow	TULSA	OK	74012		2
Tulsa	St. John Medical Center	1923 South Utica Avenue	Tulsa	TULSA	OK	74104		2
Tulsa	St. John Owasso	12451 East 100th Street North	Owasso	TULSA	OK	74055		2
Tulsa	St. John Sapulpa	1004 East Bryan Street	Sapulpa	CREEK	OK	74066		2
Tulsa	Tulsa Spine & Specialty Hospital, LLC	6901 South Olympia Avenue	Tulsa	TULSA	OK	74132		2

USI did not illustrate this option because both Basic plan options were higher than the renewal, although one option is with the BluePreferred network, which is a smaller network, but BCBS increased the rates over the renewal. The High plan rates were lowered, but the two Basic plan options rates were increased, to achieve BCBS's total premium objective. This underwriting method does not allow for desired contribution strategy to support OKHEEI's funding of the low cost option since rates were contingent on BCBS's total premium objective.

OKHEEI Group

**Prospective Premium Projection
for the period**

January 1, 2016 - December 31, 2016

Rate Comparison

High Plan (\$1000 Ded)	Current	Enrolled	Best and Final Renewal	Alternate Plan #3/Opt 1
EO	\$530.50	3,983	\$594.70	\$585.70
ES	\$1,087.60	234	\$1,219.20	\$1,200.80
E + 1 Child	\$742.80	360	\$832.70	\$820.10
E + Children	\$955.00	265	\$1,070.60	\$1,054.40
EF	\$1,512.10	118	\$1,695.10	\$1,669.40
				Lower than Renewal
Basic Plan (\$500 Ded) Blue Choice Network 50% coinsurance				
EO	\$399.70	130	\$448.10	\$568.50
ES	\$819.40	24	\$918.50	\$1,165.30
E + 1 Child	\$559.50	19	\$627.20	\$795.90
E + Children	\$719.40	62	\$806.40	\$1,023.20
EF	\$1,139.10	41	\$1,276.90	\$1,620.20
				Higher than Renewal
Basic Plan (\$500 Ded) Blue Preferred Network 50% coinsurance				
EO	\$399.70			\$487.50
ES	\$819.40			\$999.20
E + 1 Child	\$559.50			\$682.50
E + Children	\$719.40			\$877.40
EF	\$1,139.10			\$1,389.30
				Higher than Renewal
\$2,500 Blue Options				
EO				\$486.40
ES				\$997.30
E + 1 Child				\$681.10
E + Children				\$875.60
EF				\$1,386.50
				Illustrated on other Options
Annual Premium	\$38,879,444.40		\$43,584,590.40	\$43,587,988.80
% Change			12.10%	12.11%

USI did not illustrate this option because both Basic plan options were higher than the renewal, although one option is with the BluePreferred network, which is a smaller network, but BCBS increased the rates over the renewal. The High plan rates were lowered, but the two Basic plan options rates were increased, to achieve BCBS's total premium objective. This underwriting method does not allow for desired contribution strategy to support OKHEEI's funding of the low cost option since rates were contingent on BCBS's total premium objective.

OKHEEI Group

Prospective Premium Projection

for the period

January 1, 2016 - December 31, 2016

Rate Comparison

High Plan (\$1000 Ded)	Current	Enrolled	Best and Final Renewal	Alternate Plan #3/Opt 2
EO	\$530.50	3,983	\$594.70	\$585.70
ES	\$1,087.60	234	\$1,219.20	\$1,200.80
E + 1 Child	\$742.80	360	\$832.70	\$820.10
E + Children	\$955.00	265	\$1,070.60	\$1,054.40
EF	\$1,512.10	118	\$1,695.10	\$1,669.40
Lower than Renewal				
Basic Plan (\$500 Ded) Blue Choice Network 50% coinsurance				
EO	\$399.70	130	\$448.10	\$568.50
ES	\$819.40	24	\$918.50	\$1,165.30
E + 1 Child	\$559.50	19	\$627.20	\$795.90
E + Children	\$719.40	62	\$806.40	\$1,023.20
EF	\$1,139.10	41	\$1,276.90	\$1,620.20
Higher than Renewal				
Basic Plan (\$500 Ded) Blue Preferred Network 80% In-network coinsurance				
EO	\$399.70			\$517.80
ES	\$819.40			\$1,061.40
E + 1 Child	\$559.50			\$724.90
E + Children	\$719.40			\$931.90
EF	\$1,139.10			\$1,475.70
Higher than Renewal				
\$2,500 Blue Options				
EO				\$486.40
ES				\$997.30
E + 1 Child				\$681.10
E + Children				\$875.60
EF				\$1,386.50
Illustrated in other Options				
Annual Premium	\$38,879,444.40		\$43,584,590.40	\$43,587,988.80
% Change			12.10%	12.11%

This option was provided by BCBS upon request for plan design changes to the two current plans so that the rates could remain at the current rates.

USI did not illustrate this option because it did not reflect the plans requested. Additionally, the Basic plan rates were increased over renewal, although the option is with the BluePreferred network, which is a smaller network, but BCBS increased the rates.

BCBS recommended that OKHEEI remove the High plan as an option and offer the Basic plan as the core plan, with a smaller network at the higher rates than renewal. USI did not illustrate this option as it did not appear to mirror with OKHEEI's objectives.

OKHEEI Group
Prospective Premium Projection
for the period
January 1, 2016 - December 31, 2016

Rate Comparison

High Plan (\$1000 Ded)	Current	Enrolled	Alternate Plan #4
EO	\$530.50	3,983	\$585.70
ES	\$1,087.60	234	\$1,200.80
E + 1 Child	\$742.80	360	\$820.10
E + Children	\$955.00	265	\$1,054.40
EF	\$1,512.10	118	\$1,669.40
			Lower than Renewal
Basic Plan (\$500 Ded) Blue Preferred Network 80% In-network coinsurance			
EO	\$399.70	130	\$517.80
ES	\$819.40	24	\$1,061.40
E + 1 Child	\$559.50	19	\$724.90
E + Children	\$719.40	62	\$931.90
EF	\$1,139.10	41	\$1,475.70
			Higher than Renewal
\$2,500 Blue Options			
EO			\$486.40
ES			\$997.30
E + 1 Child			\$681.10
E + Children			\$875.60
EF			\$1,386.50
			Illustrated on other Options
Annual Premium	\$38,879,444.40		\$43,323,764.40
% Change			11.43%

From: Marvin_Bontrager@bcbsok.com [mailto:Marvin_Bontrager@bcbsok.com]
Sent: Friday, May 01, 2015 9:27 AM **To:** Kathryn Kwasniak; Justin Kaipus
Cc: Kerrie_Cook@hcsc.net; Shailesh Kella; Marvin_Bontrager@bcbsok.com
Subject: 2016 OKHEEI Renewal offer with Blue Preferred Alt #4

Good Morning,

Attached is the alternate plan exhibit that was discussed yesterday. The Basic would be at the BluePreferred network level with the High and BlueOptions plans offered along with it.

If OKHEEI removed the High Plan and just offered the Blue Preferred Basic plan (or set the contribution @ \$517.80), they would be at a "pass". They would have additional premium savings if employees moved to the Blue Options plan.

Please let us know if there are any additional questions and we will be glad to assist.

Basic Plan (\$500 Ded) Blue Preferred Network 80% In-network coinsurance	Current	Enrolled	Alternate Plan #4
EO	\$399.70	4,113	\$517.80
ES	\$819.40	258	\$1,061.40
E + 1 Child	\$559.50	379	\$724.90
E + Children	\$719.40	327	\$931.90
EF	\$1,139.10	159	\$1,475.70
\$2,500 Blue Options			
EO			\$486.40
ES			\$997.30
E + 1 Child			\$681.10
E + Children			\$875.60
EF			\$1,386.50
Annual Premium	\$38,879,444.40		\$38,611,887.60
% Change			-0.69%

USI did not illustrate this option because the Basic plan rates were higher than the renewal, although it is with the BluePreferred network, which is a smaller network, but BCBS increased the rates over renewal. The High plan rates were lowered, but the Basic plan rates were increased, to achieve BCBS's total premium objective. This underwriting method does not allow for desired contribution strategy to support OKHEEI's funding of the low cost option since rates were contingent on BCBS's total premium objective.

OKHEEI Group

Prospective Premium Projection for the period

January 1, 2016 - December 31, 2016

Rate Comparison

High Plan (\$1000 Ded)	Current	Enrolled	Alternate Plan #5
EO	\$530.50	3,983	\$585.70
ES	\$1,087.60	234	\$1,200.80
E + 1 Child	\$742.80	360	\$820.10
E + Children	\$955.00	265	\$1,054.40
EF	\$1,512.10	118	\$1,669.40
			Lower than Renewal
Basic Plan (\$500 Ded) Blue Preferred Network 80% In-network coinsurance			
EO		130	\$517.80
ES		24	\$1,061.40
E + 1 Child		19	\$724.90
E + Children		62	\$931.90
EF		41	\$1,475.70
			Higher than Renewal
Annual Premium	\$38,879,444.40		\$43,323,764.40
% Change			11.43%

CHIEF Financial Summary May 18, 2016

ATTENTION

ORHEI Medical Plan Benefits & Cost Summary		Renewal January 1, 2016	
Medical Plan Benefits & Cost Summary		Renewal January 1, 2016	
Out of Pocket Maximum (S/F)	\$3,300 / \$9,900	80%	\$3,300 / \$9,900
Combined Medical & Rx Deductible included in OOP?	Yes	Yes	Yes
Medical Copays included in OOP?	Yes	Yes	Yes
Rx Copays included in OOP?	Yes	Yes	Yes
Preventive Care	Covered 100%	Covered 100%	Covered 100%
PCP Office Visit Copay / Coinsurance	\$25	50% after Deductible	\$25
Specialist Office Visit Copay / Coinsurance	\$40	50% after Deductible	\$40
Telemedicine	Not included	Not included	Not included
Emergency Room Copay	80% after \$100 copay	80% after \$100 copay	80% after \$100 copay
Urgent Care Copay	\$25/\$40 - in Office Ded.Copay for outpatient facility	50% after Deductible	\$25/\$40 - in Office Ded.Copay for outpatient facility
Hospital Admission	80% after Deductible	50% after Deductible	80% after Deductible
Prescription Drugs	Generic/Preferred less than \$100 = lesser cost or \$25 Non-Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	80% after Deductible	50% after Deductible
Retail & Mail - one copay	Generic/Preferred less than \$100 = lesser cost or \$25 Non-Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	80% after Deductible	50% after Deductible
Specialty Drugs	102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max No incentive other than copay tiers	80% after Deductible	50% after Deductible
Generic Incentive	80% after Deductible	80% after Deductible	80% after Deductible
Mental Health/Substance Abuse	80% after Deductible	80% after Deductible	80% after Deductible
Chiropractic/Spinal Manipulation	80% after Deductible	80% after Deductible	80% after Deductible
Chiropractic Network Benefits	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$1,000 / \$3,000	\$500 / \$1,000	\$500 / \$1,000
Per Admission Deductible	\$300	\$300	\$300
Coinsurance (unless otherwise stated)	60%	50%	60%
Lifetime Maximum	\$3,300 / \$11,400	Unlimited	\$3,300 / \$11,400
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Monthly Rates-Includes EE	High Basic	Current	Current
Employee	3886	3886	3886
Employee & Spouse	229	229	229
Employee & Child	464	464	464
Employee & Children	143	143	143
Employee & Family	127	40	127
\$250 Health Assessment credit included, unless noted otherwise. Rates do not include any costs for ben admin system.	\$2,989,149	\$2,989,149	\$2,989,149
Monthly Subtotal	4859	272	4859
Annual Subtotal	\$37,841,507	\$1,971,715	\$39,602,278
Change from Current	\$3,971,078	10.5%	\$3,971,078
Rates Broken Out	Current High	Current Basic	Current High
Employee Only	\$330.50	\$339.70	\$330.50
Spouse Only	\$557.10	\$419.70	\$557.10
Child Only	\$212.30	\$169.80	\$212.30
Children Only	\$424.50	\$319.70	\$424.50
Spouse & Children	\$981.60	\$739.40	\$981.60
Renewal High	\$448.10	\$526.00	\$448.10
Renewal Basic	\$184,192	\$3,300,190	\$184,192
High Blue Options	\$1,500 / \$4,500	\$750 / \$1,500	\$1,500 / \$4,500
Basic Blue Preferred	\$1,500 / \$4,500	\$750 / \$1,500	\$1,500 / \$4,500
High Blue Deductible	80%/80%	60%	80%/80%
Preferred - \$4,000/\$12,000	Preferred - \$5,000/\$18,000 Choice - \$5,000/\$18,000 Traditional - \$8,000/\$18,000	60% after Deductible	Preferred - \$4,000/\$12,000 Choice - \$5,000/\$18,000 Traditional - \$8,000/\$18,000
Preferred - \$2,500/\$7,500	Preferred - \$5,000 / \$10,000 Choice - \$5,000 / \$12,000 Traditional - \$6,000 / \$12,000	80% after Deductible	Preferred - \$2,500/\$7,500 Choice - \$5,000 / \$10,000 Traditional - \$6,000 / \$12,000
Preferred - \$40/Choice-\$50	Preferred - \$40/Choice-\$50	80% after Deductible	Preferred - \$40/Choice-\$50
Not included	Not included	Not included	Not included
80% after \$200 copay	80% after \$200 copay	80% after Deductible	80% after \$200 copay
Ded.Copay for outpatient facility	Ded.Copay for outpatient facility	60% after Deductible	Ded.Copay for outpatient facility
80% after \$150 copay	80% after \$150 copay	80% after Deductible	80% after \$150 copay
Ded.Copay for outpatient facility	Ded.Copay for outpatient facility	80% after Deductible	Ded.Copay for outpatient facility
80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
80%/60% after Deductible	80%/60% after Deductible	80% after Deductible	80%/60% after Deductible
Quantity limits reduced per Copay, pending confirmation	Quantity limits reduced per Copay, pending confirmation 50% coinsurance \$50min - \$100max Yes, Member pays difference between Brand/Generics	80% after Deductible	Quantity limits reduced per Copay, pending confirmation 50% coinsurance \$50min - \$100max Yes, Member pays difference between Brand/Generics
Calendar Year Deductible Applies Before Copays	Calendar Year Deductible Applies Before Copays Generic/Preferred less than \$100 = lesser cost or \$25 Non-Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	80% after Deductible	Calendar Year Deductible Applies Before Copays Generic/Preferred less than \$100 = lesser cost or \$25 Non-Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100
80%/60% after Deductible	80%/60% after Deductible	80% after Deductible	80%/60% after Deductible
80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
Unlimited	Unlimited	Unlimited	Unlimited
\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
\$300	\$300	\$300	\$300
50%	50%	50%	50%
50% - Pending CBBS	50% - Pending CBBS	50%	50% - Pending CBBS
Unlimited	Unlimited	Unlimited	Unlimited
Negotiated Renewal	Negotiated Renewal	Negotiated Renewal	Negotiated Renewal
Employee	\$448.10	\$526.00	\$448.10
Employee & Spouse	\$918.50	\$1,070.00	\$918.50
Employee & Child	\$627.20	\$660.00	\$627.20
Employee & Children	\$1,054.40	\$943.00	\$1,054.40
Employee & Family	\$1,276.90	\$1,493.00	\$1,276.90
Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums
Monthly Subtotal	\$184,192	\$193,789	\$184,192
Annual Subtotal	\$2,210,308	\$2,325,468	\$2,210,308
Change from Current	\$37,841,507	\$37,832,244	\$37,841,507
Rates Broken Out	Current High	Current Basic	Current High
Employee Only	\$399.70	\$448.10	\$399.70
Spouse Only	\$557.10	\$419.70	\$557.10
Child Only	\$212.30	\$169.80	\$212.30
Children Only	\$424.50	\$319.70	\$424.50
Spouse & Children	\$981.60	\$739.40	\$981.60
Renewal High	\$448.10	\$526.00	\$448.10
Renewal Basic	\$184,192	\$3,300,190	\$184,192
High Blue Options	\$1,500 / \$4,500	\$750 / \$1,500	\$1,500 / \$4,500
Basic Blue Preferred	\$1,500 / \$4,500	\$750 / \$1,500	\$1,500 / \$4,500
High Blue Deductible	80%/80%	60%	80%/80%
Preferred - \$4,000/\$12,000	Preferred - \$5,000/\$18,000 Choice - \$5,000/\$18,000 Traditional - \$8,000/\$18,000	60% after Deductible	Preferred - \$4,000/\$12,000 Choice - \$5,000/\$18,000 Traditional - \$8,000/\$18,000
Preferred - \$2,500/\$7,500	Preferred - \$5,000 / \$10,000 Choice - \$5,000 / \$12,000 Traditional - \$6,000 / \$12,000	80% after Deductible	Preferred - \$2,500/\$7,500 Choice - \$5,000 / \$10,000 Traditional - \$6,000 / \$12,000
Preferred - \$40/Choice-\$50	Preferred - \$40/Choice-\$50	80% after Deductible	Preferred - \$40/Choice-\$50
Not included	Not included	Not included	Not included
80% after \$150 copay	80% after \$150 copay	80% after Deductible	80% after \$150 copay
Ded.Copay for outpatient facility	Ded.Copay for outpatient facility	60% after Deductible	Ded.Copay for outpatient facility
80% after \$100 copay	80% after \$100 copay	80% after Deductible	80% after \$100 copay
Ded.Copay for outpatient facility	Ded.Copay for outpatient facility	80% after Deductible	Ded.Copay for outpatient facility
80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
80%/60% after Deductible	80%/60% after Deductible	80% after Deductible	80%/60% after Deductible
Quantity limits reduced per Copay, pending confirmation	Quantity limits reduced per Copay, pending confirmation 50% coinsurance \$50min - \$100max Yes, Member pays difference between Brand/Generics	80% after Deductible	Quantity limits reduced per Copay, pending confirmation 50% coinsurance \$50min - \$100max Yes, Member pays difference between Brand/Generics
Calendar Year Deductible Applies Before Copays	Calendar Year Deductible Applies Before Copays Generic/Preferred less than \$100 = lesser cost or \$25 Non-Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	80% after Deductible	Calendar Year Deductible Applies Before Copays Generic/Preferred less than \$100 = lesser cost or \$25 Non-Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100
80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
Unlimited	Unlimited	Unlimited	Unlimited
\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
\$300	\$300	\$300	\$300
50%	50%	50%	50%
50% - Pending CBBS	50% - Pending CBBS	50%	50% - Pending CBBS
Unlimited	Unlimited	Unlimited	Unlimited
Negotiated Renewal	Negotiated Renewal	Negotiated Renewal	Negotiated Renewal
Employee	\$448.10	\$526.00	\$448.10
Employee & Spouse	\$918.50	\$1,070.00	\$918.50
Employee & Child	\$627.20	\$660.00	\$627.20
Employee & Children	\$1,054.40	\$943.00	\$1,054.40
Employee & Family	\$1,276.90	\$1,493.00	\$1,276.90
Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums
Monthly Subtotal	\$184,192	\$193,789	\$184,192
Annual Subtotal	\$2,210,308	\$2,325,468	\$2,210,308
Change from Current	\$37,841,507	\$37,832,244	\$37,841,507
Rates Broken Out	Current High	Current Basic	Current High
Employee Only	\$399.70	\$448.10	\$399.70
Spouse Only	\$557.10	\$419.70	\$557.10
Child Only	\$212.30	\$169.80	\$212.30
Children Only	\$424.50	\$319.70	\$424.50
Spouse & Children	\$981.60	\$739.40	\$981.60
Renewal High	\$448.10	\$526.00	\$448.10
Renewal Basic	\$184,192	\$3,300,190	\$184,192
High Blue Options	\$1,500 / \$4,500	\$750 / \$1,500	\$1,500 / \$4,500
Basic Blue Preferred	\$1,500 / \$4,500	\$750 / \$1,500	\$1,500 / \$4,500
High Blue Deductible	80%/80%	60%	80%/80%
Preferred - \$4,000/\$12,000	Preferred - \$5,000/\$18,000 Choice - \$5,000/\$18,000 Traditional - \$8,000/\$18,000	60% after Deductible	Preferred - \$4,000/\$12,000 Choice - \$5,000/\$18,000 Traditional - \$8,000/\$18,000
Preferred - \$2,500/\$7,500	Preferred - \$5,000 / \$10,000 Choice - \$5,000 / \$12,000 Traditional - \$6,000 / \$12,000	80% after Deductible	Preferred - \$2,500/\$7,500 Choice - \$5,000 / \$10,000 Traditional - \$6,000 / \$12,000
Preferred - \$40/Choice-\$50	Preferred - \$40/Choice-\$50	80% after Deductible	Preferred - \$40/Choice-\$50
Not included	Not included	Not included	Not included
80% after \$150 copay	80% after \$150 copay	80% after Deductible	80% after \$150 copay
Ded.Copay for outpatient facility	Ded.Copay for outpatient facility	60% after Deductible	Ded.Copay for outpatient facility
80% after \$100 copay	80% after \$100 copay	80% after Deductible	80% after \$100 copay
Ded.Copay for outpatient facility	Ded.Copay for outpatient facility	80% after Deductible	Ded.Copay for outpatient facility
80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
80%/60% after Deductible	80%/60% after Deductible	80% after Deductible	80%/60% after Deductible
Quantity limits reduced per Copay, pending confirmation	Quantity limits reduced per Copay, pending confirmation 50% coinsurance \$50min - \$100max Yes, Member pays difference between Brand/Generics	80% after Deductible	Quantity limits reduced per Copay, pending confirmation 50% coinsurance \$50min - \$100max Yes, Member pays difference between Brand/Generics
Calendar Year Deductible Applies Before Copays	Calendar Year Deductible Applies Before Copays Generic/Preferred less than \$100 = lesser cost or \$25 Non-Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	80% after Deductible	Calendar Year Deductible Applies Before Copays Generic/Preferred less than \$100 = lesser cost or \$25 Non-Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100
80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
80% after Deductible	80% after Deductible	80% after Deductible	80% after Deductible
Unlimited	Unlimited	Unlimited	Unlimited
\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
\$300	\$300	\$300	\$300
50%	50%	50%	50%
50% - Pending CBBS	50% - Pending CBBS	50%	50% - Pending CBBS
Unlimited	Unlimited	Unlimited	Unlimited
Negotiated Renewal	Negotiated Renewal	Negotiated Renewal	Negotiated Renewal
Employee	\$448.10	\$526.00	\$448.10
Employee & Spouse	\$918.50	\$1,070.00	\$918.50
Employee & Child	\$627.20	\$660.00	\$627.20
Employee & Children	\$1,054.40	\$943.00	\$1,054.40
Employee & Family	\$1,276.90	\$1,493.00	\$1,276.90
Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums	Does not provide Health Assessment Credit; add'l changes to home health & therapies benefit maximums
Monthly Subtotal	\$184,192	\$193,789	\$184,192
Annual Subtotal	\$2,210,308	\$2,325,468	\$2,210,308
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Rates Broken Out	Current High	Current Basic	Current High
Employee Only	\$399.70	\$448.10	\$399.70
Spouse Only	\$557.10	\$419.70	\$557.10
Child Only	\$212.30	\$169.80	\$212.30
Children Only	\$424.50	\$319.70	\$424.50
Spouse & Children	\$981.60	\$739.40	\$981.60
Renewal High	\$448.10	\$526.00	\$448.10
Renewal Basic	\$184,192	\$3,300,190	\$184,192
High Blue Options	\$1,500 / \$4,500	\$750 / \$1,500	\$1,500 / \$4,500
Basic Blue Preferred	\$1,500 / \$4,500	\$750 / \$1,500	\$1,500 / \$4,500
High Blue Deductible	80%/80%	60%	80%/80%
Preferred - \$4,000/\$12,000	Preferred - \$5,000/\$18,000 Choice - \$5,000/\$18,000 Traditional - \$8,000/\$18,000	60% after Deductible	Preferred - \$4,000/\$12,000 Choice - \$5,000/\$18,000 Traditional - \$8,000/\$18,000
Preferred - \$2,500/\$7,500	Preferred - \$5,000 / \$10,000 Choice - \$5,000 / \$12,000 Traditional - \$6,000 / \$12,000	80% after Deductible	Preferred - \$2,500/\$7,500 Choice - \$5,000 / \$10,000 Traditional - \$6,000 / \$12,000
Preferred - \$40/Choice-\$50	Preferred - \$40/Choice-\$50	80% after Deductible	Preferred - \$40/Choice-\$50
Not included	Not included	Not included	Not included
80% after \$150 copay	80% after \$150 copay	80% after Deductible	80% after \$150 copay
Ded.Copay for outpatient facility	Ded.Copay for outpatient facility	60% after Deductible	Ded.Copay for outpatient facility
80% after \$100 copay	80% after \$100 copay	80% after Deductible	80% after \$100 copay

**OKHEEI - BCBS Options
Total Costs Summary
Renewal January 1, 2016**

Total Costs include Active and Pre-65 Retirees

Current 2015	BCBS
\$ 37,841,507	
\$ 5,604,492	
\$ 32,237,015	

Option 2 2016	BCBS
\$ 42,007,097	
\$ 6,264,901	
\$ 35,742,196	
10.87%	
\$ 3,505,181	

Changing to preferred network on the basic plan
No changes to high plan
BCBS reset rates based on actuarial tables.
All rates are consistent independently
5/18/2015
This option no longer viable/necessary since basic renewal rates are now reduced. Preferred network rates have not been adjusted by BCBS, possible they may offer a discount to move to Preferred

Option 3 2016	BCBS
\$ 37,832,244	
\$ 5,624,892	
\$ 32,207,352	
-0.09%	
\$ (29,663)	

BCBS plan changes made to get close to current rates.
Preferred Network on the Basic Plan
Blue Options on High Plan
BCBS reset rates based on actuarial tables.
All rates are consistent independently
5/18/2015
No Changes

Option 4 2016	BCBS
\$ 37,802,287	
\$ 9,181,627	
\$ 28,620,660	
-11.22%	
\$ (3,616,355)	

No changes to basic plan - now low cost option
No changes to high plan
Added new \$2,500 plan for mid plan for triple option
BCBS reset rates based on actuarial tables.
All rates are consistent independently
Added contribution strategy. High and Basic members contribute towards coverage coming into basic and low plans
5/18/2015
Due to Basic rates being reduced to be consistent with all options, the Basic Plan now is the Low cost plan and the \$2,500 is shown as the mid plan

Option 5 2016	BCBS
\$ 37,888,424	
\$ 8,604,781	
\$ 29,283,643	
-9.16%	
\$ (2,953,372)	

Three new plans
Added defined contribution strategy
Assumed migration coming into lower plans
5/18/2015
No Changes

Medical Plan (5,131 ee)
Total Costs
Employee
OKHEEI
% Change for OKHEEI
\$ Change for OKHEEI

5/18/2015 Comments in yellow and red are comparative notes to the 5/4/2015 illustrations

OKHEEI - BCBS Renewal No Plan Change Option 1

Renewal rates updated 5/18/2015 to reflect lower, consistent High rates

2015 BCBS						
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %	
3896	Employee Only	\$ 530.50	\$ 530.50	\$ -	100%	
229	Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	0%	
464	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	0%	
143	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	0%	
127	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	0%	
133	Employee Only	\$ 399.70	\$ 399.70	\$ -	100%	
22	Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	0%	
49	Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	0%	
28	Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	0%	
40	Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	0%	

Total Monthly Cost	\$ 3,153,459	\$ 2,686,418	\$ 467,041
Total Annual Cost	\$ 37,841,507	\$ 32,237,015	\$ 5,604,492
%		85%	15%

OKHEEI Internal						
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %		
Employee Only	\$ 530.50	\$ 530.50	\$ -	100%		
Spouse Only	\$ 557.10	\$ -	\$ 557.10	0%		
Child	\$ 212.30	\$ -	\$ 212.30	0%		
Children	\$ 424.50	\$ -	\$ 424.50	0%		
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	0%		
Employee Only	\$ 399.70	\$ 399.70	\$ -	100%		
Spouse Only	\$ 419.70	\$ -	\$ 419.70	0%		
Child	\$ 159.80	\$ -	\$ 159.80	0%		
Children	\$ 319.70	\$ -	\$ 319.70	0%		
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	0%		

2016 BCBS						
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %	
3896	Employee Only	\$ 585.70	\$ 585.70	\$ -	100%	
229	Employee and Spouse	\$ 1,200.80	\$ 585.70	\$ 615.10	0%	
464	Employee and Child	\$ 820.10	\$ 585.70	\$ 234.40	0%	
143	Employee and Child(ren)	\$ 1,054.40	\$ 585.70	\$ 468.70	0%	
127	Employee and Family	\$ 1,669.40	\$ 585.70	\$ 1,083.70	0%	
133	Employee Only	\$ 448.10	\$ 448.10	\$ -	100%	
22	Employee and Spouse	\$ 918.50	\$ 448.10	\$ 470.40	0%	
49	Employee and Child	\$ 627.20	\$ 448.10	\$ 179.10	0%	
28	Employee and Child(ren)	\$ 806.40	\$ 448.10	\$ 358.30	0%	
40	Employee and Family	\$ 1,276.90	\$ 448.10	\$ 828.80	0%	

Total Monthly Cost	\$ 3,484,382	\$ 2,967,800	\$ 516,583
Total Annual Cost	\$ 41,812,585	\$ 35,613,594	\$ 6,198,991
%		85%	15%

OKHEEI Internal						
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %		
Employee Only	\$ 585.70	\$ 585.70	\$ -	100%		
Spouse Only	\$ 615.10	\$ -	\$ 615.10	0%		
Child	\$ 234.40	\$ -	\$ 234.40	0%		
Children	\$ 468.70	\$ -	\$ 468.70	0%		
Spouse + Child(ren)	\$ 1,083.70	\$ -	\$ 1,083.70	0%		
Employee Only	\$ 448.10	\$ 448.10	\$ -	100%		
Spouse Only	\$ 470.40	\$ -	\$ 470.40	0%		
Child	\$ 179.10	\$ -	\$ 179.10	0%		
Children	\$ 358.30	\$ -	\$ 358.30	0%		
Spouse + Child(ren)	\$ 828.80	\$ -	\$ 828.80	0%		

OKHEEI - BCBS Renewal (Change to Basic Plan Network to Preferred)

Option 2

Not a viable option at rates shown as revised Basic rates are now lower at renewal with BlueChoice network

2015 BCBS						
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %	Employer %
High	3896	Employee Only	\$ 530.50	\$ 530.50	\$ -	100%
	229	Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	0%
	464	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	0%
	143	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	0%
	127	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	0%
Basic	133	Employee Only	\$ 399.70	\$ 399.70	\$ -	100%
	22	Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	0%
	49	Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	0%
	28	Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	0%
	40	Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	0%
5131						

Total Monthly Cost	\$ 3,153,459	\$ 2,686,418	\$ 467,041
Total Annual Cost	\$ 37,841,507	\$ 32,237,015	\$ 5,604,492
%		85%	15%

OKHEEI Internal						
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %	Employer %	Employer %
Employee Only	\$ 530.50	\$ 530.50	\$ -	100%	100%	100%
Spouse Only	\$ 557.10	\$ -	\$ 557.10	0%	0%	0%
Child	\$ 212.30	\$ -	\$ 212.30	0%	0%	0%
Children	\$ 424.50	\$ -	\$ 424.50	0%	0%	0%
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	0%	0%	0%
Employee Only	\$ 399.70	\$ 399.70	\$ -	100%	100%	100%
Spouse Only	\$ 419.70	\$ -	\$ 419.70	0%	0%	0%
Child	\$ 159.80	\$ -	\$ 159.80	0%	0%	0%
Children	\$ 319.70	\$ -	\$ 319.70	0%	0%	0%
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	0%	0%	0%

2016 BCBS						
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %	Employer %
High	3896	Employee Only	\$ 585.70	\$ 585.70	\$ -	100%
	229	Employee and Spouse	\$ 1,200.80	\$ 585.70	\$ 615.10	0%
	464	Employee and Child	\$ 820.10	\$ 585.70	\$ 234.40	0%
	143	Employee and Child(ren)	\$ 1,054.40	\$ 585.70	\$ 468.70	0%
	127	Employee and Family	\$ 1,669.40	\$ 585.70	\$ 1,083.70	0%
Basic	133	Employee Only	\$ 487.50	\$ 487.50	\$ -	100%
	22	Employee and Spouse	\$ 999.20	\$ 487.50	\$ 511.70	0%
	49	Employee and Child	\$ 682.50	\$ 487.50	\$ 195.00	0%
	28	Employee and Child(ren)	\$ 877.40	\$ 487.50	\$ 389.90	0%
	40	Employee and Family	\$ 1,389.30	\$ 487.50	\$ 901.80	0%
5131						

Total Monthly Cost	\$ 3,500,591	\$ 2,978,516	\$ 522,075
Total Annual Cost	\$ 42,007,097	\$ 35,742,196	\$ 6,264,901
%		85%	15%

OKHEEI Internal						
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %	Employer %	Employer %
Employee Only	\$ 585.70	\$ 585.70	\$ -	100%	100%	100%
Spouse Only	\$ 615.10	\$ -	\$ 615.10	0%	0%	0%
Child	\$ 234.40	\$ -	\$ 234.40	0%	0%	0%
Children	\$ 468.70	\$ -	\$ 468.70	0%	0%	0%
Spouse + Child(ren)	\$ 1,083.70	\$ -	\$ 1,083.70	0%	0%	0%
Employee Only	\$ 487.50	\$ 487.50	\$ -	100%	100%	100%
Spouse Only	\$ 511.70	\$ -	\$ 511.70	0%	0%	0%
Child	\$ 195.00	\$ -	\$ 195.00	0%	0%	0%
Children	\$ 389.90	\$ -	\$ 389.90	0%	0%	0%
Spouse + Child(ren)	\$ 901.80	\$ -	\$ 901.80	0%	0%	0%

OKHEEI - BCBS Plan changes made to get as close to current rates as possible

Option 3

No changes from 5/4/2015 illustration

2015 BCBS						
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Premium	Employer %
High	3896 Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ 530.50	100%
	229 Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	\$ 557.10	0%
	464 Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	\$ 212.30	0%
	143 Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	\$ 424.50	0%
	127 Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	\$ 981.60	0%
Basic	133 Employee Only	\$ 399.70	\$ 399.70	\$ -	\$ 399.70	100%
	22 Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	\$ 419.70	0%
	49 Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	\$ 159.80	0%
	28 Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	\$ 319.70	0%
	40 Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	\$ 739.40	0%
5131						

Total Monthly Cost	\$ 3,153,459	\$ 2,686,418	\$ 467,041
Total Annual Cost	\$ 37,841,507	\$ 32,237,015	\$ 5,604,492
%		85%	15%

2016 BCBS						
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Premium	Employer %
High - BO	3896 Employee Only	\$ 526.00	\$ 526.00	\$ -	\$ 526.00	100%
	229 Employee and Spouse	\$ 1,070.00	\$ 526.00	\$ 544.00	\$ 544.00	0%
	464 Employee and Child	\$ 733.00	\$ 526.00	\$ 207.00	\$ 207.00	0%
	143 Employee and Child(ren)	\$ 943.00	\$ 526.00	\$ 417.00	\$ 417.00	0%
	127 Employee and Family	\$ 1,493.00	\$ 526.00	\$ 967.00	\$ 967.00	0%
Basic - BP	133 Employee Only	\$ 471.00	\$ 471.00	\$ -	\$ 471.00	100%
	22 Employee and Spouse	\$ 967.00	\$ 471.00	\$ 496.00	\$ 496.00	0%
	49 Employee and Child	\$ 660.00	\$ 471.00	\$ 189.00	\$ 189.00	0%
	28 Employee and Child(ren)	\$ 849.00	\$ 471.00	\$ 378.00	\$ 378.00	0%
	40 Employee and Family	\$ 1,344.00	\$ 471.00	\$ 873.00	\$ 873.00	0%
5131						

Total Monthly Cost	\$ 3,152,687	\$ 2,683,946	\$ 468,741
Total Annual Cost	\$ 37,832,244	\$ 32,207,352	\$ 5,624,892
%		85%	15%

OKHEEI Internal						
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Premium	Employer %	
Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ 530.50	100%	
Spouse Only	\$ 557.10	\$ -	\$ 557.10	\$ 557.10	0%	
Child	\$ 212.30	\$ -	\$ 212.30	\$ 212.30	0%	
Children	\$ 424.50	\$ -	\$ 424.50	\$ 424.50	0%	
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	\$ 981.60	0%	
Employee Only	\$ 399.70	\$ 399.70	\$ -	\$ 399.70	100%	
Spouse Only	\$ 419.70	\$ -	\$ 419.70	\$ 419.70	0%	
Child	\$ 159.80	\$ -	\$ 159.80	\$ 159.80	0%	
Children	\$ 319.70	\$ -	\$ 319.70	\$ 319.70	0%	
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	\$ 739.40	0%	

OKHEEI Internal						
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Premium	Employer %	
Employee Only	\$ 526.00	\$ 526.00	\$ -	\$ 526.00	100%	
Spouse Only	\$ 544.00	\$ -	\$ 544.00	\$ 544.00	0%	
Child	\$ 207.00	\$ -	\$ 207.00	\$ 207.00	0%	
Children	\$ 417.00	\$ -	\$ 417.00	\$ 417.00	0%	
Spouse + Child(ren)	\$ 967.00	\$ -	\$ 967.00	\$ 967.00	0%	
Employee Only	\$ 471.00	\$ 471.00	\$ -	\$ 471.00	100%	
Spouse Only	\$ 496.00	\$ -	\$ 496.00	\$ 496.00	0%	
Child	\$ 189.00	\$ -	\$ 189.00	\$ 189.00	0%	
Children	\$ 378.00	\$ -	\$ 378.00	\$ 378.00	0%	
Spouse + Child(ren)	\$ 873.00	\$ -	\$ 873.00	\$ 873.00	0%	

OKHEEI - BCBS Triple Option (current two plans and adding a new plan) with Migration Scenario

Updated with lower, consistent Basic rates; Basic plan now low cost plan

Option 4

		2015 BCBS			
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %
High	3996	\$ 530.50	\$ 530.50	\$ -	100%
	Employee and Spouse	\$ 1,087.80	\$ 530.50	\$ 557.10	0%
	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	0%
	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	0%
	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	0%
Basic	133	\$ 399.70	\$ 399.70	\$ -	100%
	Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	0%
	Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	0%
	Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	0%
	Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	0%

Total Monthly Cost	\$ 3,153,459	\$ 2,686,418	\$ 467,041
Total Annual Cost	\$ 37,841,507	\$ 32,237,015	\$ 5,604,492
%		85%	15%

		2016 BCBS			
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %
High - BC No Chg	1948	\$ 585.70	\$ 485.70	\$ 100.00	83%
	Employee and Spouse	\$ 1,200.80	\$ 485.70	\$ 715.10	0%
	Employee and Child	\$ 820.10	\$ 485.70	\$ 334.40	0%
	Employee and Child(ren)	\$ 1,054.40	\$ 485.70	\$ 568.70	0%
	Employee and Family	\$ 1,869.40	\$ 485.70	\$ 1,183.70	0%
\$2,500 ded BO	974	\$ 486.40	\$ 443.62	\$ 42.78	91%
80%/70%/60%	57	\$ 997.30	\$ 443.62	\$ 553.68	0%
\$25/\$35 PCP / \$40/\$5	116	\$ 681.10	\$ 443.62	\$ 237.48	0%
\$5K/\$5.5K/\$6K OOP	36	\$ 875.60	\$ 443.62	\$ 431.98	0%
Basic	32	\$ 1,386.50	\$ 443.62	\$ 942.88	0%
BC No Chg (Low Plan)	1107	\$ 448.10	\$ 448.10	\$ -	100%
	Employee and Spouse	\$ 918.50	\$ 448.10	\$ 470.40	0%
	Employee and Child	\$ 627.20	\$ 448.10	\$ 179.10	0%
	Employee and Child(ren)	\$ 806.40	\$ 448.10	\$ 358.30	0%
	Employee and Family	\$ 1,276.90	\$ 448.10	\$ 828.80	0%

Total Monthly Cost	\$ 3,150,191	\$ 2,385,055	\$ 765,136
Total Annual Cost	\$ 37,802,287	\$ 28,620,660	\$ 9,181,627
%		76%	24%

Migration Assumptions
 50% Migration from High Plan
 25% Assumed High population migrates into \$2,500
 25% Assumed High population migrates into basic

OKHEEI Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %	Employer %
Employee Only	\$ 530.50	\$ 530.50	\$ -	100%	100%
Spouse Only	\$ 557.10	\$ -	\$ 557.10	0%	0%
Child	\$ 212.30	\$ -	\$ 212.30	0%	0%
Children	\$ 424.50	\$ -	\$ 424.50	0%	0%
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	0%	0%
Employee Only	\$ 399.70	\$ 399.70	\$ -	100%	100%
Spouse Only	\$ 419.70	\$ -	\$ 419.70	0%	0%
Child	\$ 159.80	\$ -	\$ 159.80	0%	0%
Children	\$ 319.70	\$ -	\$ 319.70	0%	0%
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	0%	0%

OKHEEI Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer \$ Increase	Employer %
Employee Only	\$ 585.70	\$ 485.70	\$ 100.00	\$ 100.00	83%
Spouse Only	\$ 615.10	\$ -	\$ 615.10	\$ 58.00	0%
Child	\$ 234.40	\$ -	\$ 234.40	\$ 22.10	0%
Children	\$ 468.70	\$ -	\$ 468.70	\$ 44.20	0%
Spouse + Child(ren)	\$ 1,083.70	\$ -	\$ 1,083.70	\$ 102.10	0%
Employee Only	\$ 486.40	\$ 443.62	\$ 42.78	\$ 42.78	91%
Spouse Only	\$ 510.90	\$ -	\$ 510.90	\$ 91.20	0%
Child	\$ 194.70	\$ -	\$ 194.70	\$ 34.90	0%
Children	\$ 389.20	\$ -	\$ 389.20	\$ 69.50	0%
Spouse + Child(ren)	\$ 900.10	\$ -	\$ 900.10	\$ 160.70	0%
Employee Only	\$ 448.10	\$ 448.10	\$ -	na	100%
Spouse Only	\$ 470.40	\$ -	\$ 470.40	na	0%
Child	\$ 179.10	\$ -	\$ 179.10	na	0%
Children	\$ 358.30	\$ -	\$ 358.30	na	0%
Spouse + Child(ren)	\$ 828.80	\$ -	\$ 828.80	na	0%

OKHEEI - BCBS Triple Option with Three New Plans and with Migration Scenario

Option 5

Updated with consistent, lower rates for \$2,500 plan

2015 BCBS					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %
3896	Employee Only	\$ 530.50	\$ 530.50	\$ -	100%
229	Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	0%
464	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	0%
143	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	0%
127	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	0%
133	Employee Only	\$ 399.70	\$ 399.70	\$ -	100%
22	Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	0%
49	Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	0%
28	Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	0%
40	Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	0%

5131

Total Monthly Cost	\$ 3,153,459	\$ 2,686,418	\$ 467,041
Total Annual Cost	\$ 37,841,507	\$ 32,237,015	\$ 5,604,492
%		85%	15%

OKHEEI Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %	
Employee Only	\$ 530.50	\$ 530.50	\$ -	100%	
Spouse Only	\$ 557.10	\$ -	\$ 557.10	0%	
Child	\$ 212.30	\$ -	\$ 212.30	0%	
Children	\$ 424.50	\$ -	\$ 424.50	0%	
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	0%	
Employee Only	\$ 399.70	\$ 399.70	\$ -	100%	
Spouse Only	\$ 419.70	\$ -	\$ 419.70	0%	
Child	\$ 159.80	\$ -	\$ 159.80	0%	
Children	\$ 319.70	\$ -	\$ 319.70	0%	
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	0%	

2016 BCBS					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employer %
1948	Employee Only	\$ 570.40	\$ 475.60	\$ 94.80	83%
114	Employee and Spouse	\$ 1,169.40	\$ 475.60	\$ 693.80	0%
232	Employee and Child	\$ 798.70	\$ 475.60	\$ 323.10	0%
71	Employee and Child(ren)	\$ 1,026.80	\$ 475.60	\$ 551.20	0%
63	Employee and Family	\$ 1,625.80	\$ 475.60	\$ 1,150.20	0%
974	Employee Only	\$ 486.40	\$ 475.60	\$ 10.80	98%
57	Employee and Spouse	\$ 997.30	\$ 475.60	\$ 521.70	0%
116	Employee and Child	\$ 681.10	\$ 475.60	\$ 205.50	0%
36	Employee and Child(ren)	\$ 875.60	\$ 475.60	\$ 400.00	0%
32	Employee and Family	\$ 1,386.50	\$ 475.60	\$ 910.90	0%
1107	Employee Only	\$ 475.60	\$ 475.60	\$ -	100%
80	Employee and Spouse	\$ 975.10	\$ 475.60	\$ 499.50	0%
165	Employee and Child	\$ 666.00	\$ 475.60	\$ 190.40	0%
64	Employee and Child(ren)	\$ 856.20	\$ 475.60	\$ 380.60	0%
72	Employee and Family	\$ 1,355.70	\$ 475.60	\$ 880.10	0%

5131

Total Monthly Cost	\$ 3,157,369	\$ 2,440,304	\$ 717,065
Total Annual Cost	\$ 37,888,424	\$ 29,283,643	\$ 8,604,781
%		77%	23%

OKHEEI Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employee \$ Increase	Employer %
Employee Only	\$ 570.40	\$ 475.60	\$ 94.80	\$ 94.80	83%
Spouse Only	\$ 599.00	\$ -	\$ 599.00	\$ 41.90	0%
Child	\$ 228.30	\$ -	\$ 228.30	\$ 16.00	0%
Children	\$ 456.40	\$ -	\$ 456.40	\$ 31.90	0%
Spouse + Child(ren)	\$ 1,055.40	\$ -	\$ 1,055.40	\$ 73.80	0%
Employee Only	\$ 486.40	\$ 475.60	\$ 10.80	\$ 10.80	98%
Spouse Only	\$ 510.90	\$ -	\$ 510.90	\$ 91.20	0%
Child	\$ 194.70	\$ -	\$ 194.70	\$ 34.90	0%
Children	\$ 389.20	\$ -	\$ 389.20	\$ 69.50	0%
Spouse + Child(ren)	\$ 900.10	\$ -	\$ 900.10	\$ 160.70	0%
Employee Only	\$ 475.60	\$ 475.60	\$ -	na	100%
Spouse Only	\$ 499.50	\$ -	\$ 499.50	na	0%
Child	\$ 190.40	\$ -	\$ 190.40	na	0%
Children	\$ 380.60	\$ -	\$ 380.60	na	0%
Spouse + Child(ren)	\$ 880.10	\$ -	\$ 880.10	na	0%

Migration Assumptions
 50% Migration from \$1,250 Plan
 25% Assumed High population migrates into \$2,500
 25% Assumed High population migrates into H S A

**OKHEEI - Aetna Options
Total Costs Summary
Renewal January 1, 2016**
Total Costs include Active and Pre-65 Retirees

Current 2015	ECBS
\$ 37,841,507	
\$ 5,604,492	
\$ 32,237,015	

Medical Plan (5,131 ee)
Total Costs
Employee
OKHEEI
% Change for OKHEEI
\$ Change for OKHEEI

Option 1 2016	Aetna
\$ 41,071,381	
\$ 6,082,845	
\$ 34,988,536	
8.54%	
\$ 2,751,521	

Renewal - As is mirroring current plans

Option 2 2016	Aetna
\$ 37,935,421	
\$ 5,636,274	
\$ 32,299,147	
0.19%	
\$ 62,132	

Aetna plan changes made to get close to current rates.

Option 3 2016	Aetna
\$ 35,935,605	
\$ 8,491,223	
\$ 27,444,383	
-14.87%	
\$ (4,792,632)	

Added New Low plan for triple option
High and Basic plans mirroring current plans
Added contribution strategy. High and Basic members contribute towards coverage
Assumed migration coming into basic and low plans

Option 4 2016	Aetna
\$ 37,470,739	
\$ 9,227,468	
\$ 28,243,272	
-12.99%	
\$ (3,993,743)	

Added New Middle plan for triple option
High and Basic plans mirroring current plans
Added contribution strategy. High and Middle plan members contribute towards coverage
Assumed migration coming into middle and basic plans

OKHEEI -Aetna (Mirroring Current Plans)

Option 1

2015 BCBS					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	
3896	Employee Only	\$ 530.50	\$ 530.50	\$ -	
229	Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	
464	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	
143	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	
127	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	
133	Employee Only	\$ 399.70	\$ 399.70	\$ -	
22	Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	
49	Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	
28	Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	
40	Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	
5131					

Total Monthly Cost \$ 3,153,459 \$ 2,686,418 \$ 467,041
 Total Annual Cost \$ 37,841,507 \$ 32,237,015 \$ 5,604,492
 % 85% 15%

2016 Aetna					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	
3896	Employee Only	\$ 575.78	\$ 575.78	\$ -	
229	Employee and Spouse	\$ 1,180.43	\$ 575.78	\$ 604.65	
464	Employee and Child	\$ 806.20	\$ 575.78	\$ 230.42	
143	Employee and Child(ren)	\$ 1,036.51	\$ 575.78	\$ 460.73	
127	Employee and Family	\$ 1,641.16	\$ 575.78	\$ 1,065.38	
133	Employee Only	\$ 433.81	\$ 433.81	\$ -	
22	Employee and Spouse	\$ 889.34	\$ 433.81	\$ 455.53	
49	Employee and Child	\$ 607.25	\$ 433.81	\$ 173.44	
28	Employee and Child(ren)	\$ 780.80	\$ 433.81	\$ 346.99	
40	Employee and Family	\$ 1,236.32	\$ 433.81	\$ 802.51	
5131					

Total Monthly Cost \$ 3,422,615 \$ 2,915,711 \$ 506,904
 Total Annual Cost \$ 41,071,381 \$ 34,988,536 \$ 6,082,845
 % 85% 15%

OKHEEI Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employee \$ Increase	Employer %
Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ -	100%
Spouse Only	\$ 557.10	\$ -	\$ 557.10	\$ 47.55	0%
Child	\$ 212.30	\$ -	\$ 212.30	\$ 18.12	0%
Children	\$ 424.50	\$ -	\$ 424.50	\$ 36.23	0%
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	\$ 83.78	0%
Employee Only	\$ 399.70	\$ 399.70	\$ -	\$ -	100%
Spouse Only	\$ 419.70	\$ -	\$ 419.70	\$ 35.83	0%
Child	\$ 159.80	\$ -	\$ 159.80	\$ 13.64	0%
Children	\$ 319.70	\$ -	\$ 319.70	\$ 27.29	0%
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	\$ 63.11	0%

OKHEEI Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Employee \$ Increase	Employer %
Employee Only	\$ 575.78	\$ 575.78	\$ -	\$ -	100%
Spouse Only	\$ 604.65	\$ -	\$ 604.65	\$ 47.55	0%
Child	\$ 230.42	\$ -	\$ 230.42	\$ 18.12	0%
Children	\$ 460.73	\$ -	\$ 460.73	\$ 36.23	0%
Spouse + Child(ren)	\$ 1,065.38	\$ -	\$ 1,065.38	\$ 83.78	0%
Employee Only	\$ 433.81	\$ 433.81	\$ -	\$ -	100%
Spouse Only	\$ 455.53	\$ -	\$ 455.53	\$ 35.83	0%
Child	\$ 173.44	\$ -	\$ 173.44	\$ 13.64	0%
Children	\$ 346.99	\$ -	\$ 346.99	\$ 27.29	0%
Spouse + Child(ren)	\$ 802.51	\$ -	\$ 802.51	\$ 63.11	0%

OKHEEI - Aetna Plan changes made to get as close to current rates as possible
Option 2

2015 BCBS						
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Monthly Employee Contribution
3896	Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ 530.50	\$ -
229	Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	\$ 530.50	\$ 557.10
464	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	\$ 530.50	\$ 212.30
143	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	\$ 530.50	\$ 424.50
127	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	\$ 530.50	\$ 981.60
133	Employee Only	\$ 399.70	\$ 399.70	\$ -	\$ 399.70	\$ -
22	Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	\$ 399.70	\$ 419.70
49	Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	\$ 399.70	\$ 159.80
28	Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	\$ 399.70	\$ 319.70
40	Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	\$ 399.70	\$ 739.40
5131						

Total Monthly Cost \$ 3,153,459 \$ 2,686,418 \$ 467,041
Total Annual Cost \$ 37,841,507 \$ 32,237,015 \$ 5,604,492
 % 85% 15%

2016 Aetna						
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Monthly Employee Contribution
3896	Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ 530.50	\$ -
229	Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	\$ 530.50	\$ 557.10
464	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	\$ 530.50	\$ 212.30
143	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	\$ 530.50	\$ 424.50
127	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	\$ 530.50	\$ 981.60
133	Employee Only	\$ 418.74	\$ 418.74	\$ -	\$ 418.74	\$ -
22	Employee and Spouse	\$ 858.44	\$ 418.74	\$ 439.70	\$ 418.74	\$ 439.70
49	Employee and Child	\$ 586.15	\$ 418.74	\$ 167.41	\$ 418.74	\$ 167.41
28	Employee and Child(ren)	\$ 753.67	\$ 418.74	\$ 334.93	\$ 418.74	\$ 334.93
40	Employee and Family	\$ 1,193.36	\$ 418.74	\$ 774.62	\$ 418.74	\$ 774.62
5131						

Total Monthly Cost \$ 3,161,285 \$ 2,691,596 \$ 469,690
Total Annual Cost \$ 37,935,421 \$ 32,299,147 \$ 5,636,274
 % 85% 15%

OKHEEI Internal						
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Monthly Employee Contribution	Employer %
Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ 530.50	\$ -	100%
Spouse Only	\$ 557.10	\$ -	\$ 557.10	\$ -	\$ 557.10	0%
Child	\$ 212.30	\$ -	\$ 212.30	\$ -	\$ 212.30	0%
Children	\$ 424.50	\$ -	\$ 424.50	\$ -	\$ 424.50	0%
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	\$ -	\$ 981.60	0%
Employee Only	\$ 399.70	\$ 399.70	\$ -	\$ 399.70	\$ -	100%
Spouse Only	\$ 419.70	\$ -	\$ 419.70	\$ -	\$ 419.70	0%
Child	\$ 159.80	\$ -	\$ 159.80	\$ -	\$ 159.80	0%
Children	\$ 319.70	\$ -	\$ 319.70	\$ -	\$ 319.70	0%
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	\$ -	\$ 739.40	0%

OKHEEI Internal						
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employer Contribution	Monthly Employee Contribution	Employer %
Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ 530.50	\$ -	100%
Spouse Only	\$ 557.10	\$ -	\$ 557.10	\$ -	\$ 557.10	0%
Child	\$ 212.30	\$ -	\$ 212.30	\$ -	\$ 212.30	0%
Children	\$ 424.50	\$ -	\$ 424.50	\$ -	\$ 424.50	0%
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	\$ -	\$ 981.60	0%
Employee Only	\$ 418.74	\$ 418.74	\$ -	\$ 418.74	\$ -	100%
Spouse Only	\$ 439.70	\$ -	\$ 439.70	\$ -	\$ 439.70	0%
Child	\$ 167.41	\$ -	\$ 167.41	\$ -	\$ 167.41	0%
Children	\$ 334.93	\$ -	\$ 334.93	\$ -	\$ 334.93	0%
Spouse + Child(ren)	\$ 774.62	\$ -	\$ 774.62	\$ -	\$ 774.62	0%

OKHEE - Aetna Triple Option (current two plans and adding Low plan) with Migration Scenario
Option 3

2015 BCBS					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	
3896	Employee Only	\$ 530.50	\$ 530.50	\$ -	
229	Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	
464	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	
143	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	
127	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	
133	Employee Only	\$ 399.70	\$ 399.70	\$ -	
22	Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	
49	Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	
28	Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	
40	Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	
5131					
Total Monthly Cost		\$ 3,153,459	\$ 2,686,418	\$ 467,041	
Total Annual Cost		\$ 37,841,507	\$ 32,237,015	\$ 5,604,492	
			85%	15%	

OKHEE Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employee Increase	Employer %
Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ 100.00	83%
Spouse Only	\$ 557.10	\$ -	\$ 557.10	\$ 47.55	0%
Child	\$ 212.30	\$ -	\$ 212.30	\$ 18.12	0%
Children	\$ 424.50	\$ -	\$ 424.50	\$ 36.23	0%
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	\$ 83.78	0%
Employee Only	\$ 399.70	\$ 399.70	\$ -	\$ 15.07	97%
Spouse Only	\$ 419.70	\$ -	\$ 419.70	\$ 35.83	0%
Child	\$ 159.80	\$ -	\$ 159.80	\$ 13.64	0%
Children	\$ 319.70	\$ -	\$ 319.70	\$ 27.29	0%
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	\$ 63.11	0%

2016 Aetna					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	
1948	Employee Only	\$ 575.78	\$ 475.78	\$ 100.00	
114	Employee and Spouse	\$ 1,180.43	\$ 475.78	\$ 704.65	
232	Employee and Child	\$ 806.20	\$ 475.78	\$ 330.42	
71	Employee and Child(ren)	\$ 1,036.51	\$ 475.78	\$ 560.73	
63	Employee and Family	\$ 1,641.16	\$ 475.78	\$ 1,165.38	
974	Employee Only	\$ 433.81	\$ 418.74	\$ 15.07	
57	Employee and Spouse	\$ 889.34	\$ 418.74	\$ 470.60	
116	Employee and Child	\$ 607.25	\$ 418.74	\$ 188.51	
36	Employee and Child(ren)	\$ 780.80	\$ 418.74	\$ 362.06	
32	Employee and Family	\$ 1,236.32	\$ 418.74	\$ 817.58	
1107	Employee Only	\$ 418.74	\$ 418.74	\$ -	
80	Employee and Spouse	\$ 858.44	\$ 418.74	\$ 439.70	
165	Employee and Child	\$ 586.15	\$ 418.74	\$ 167.41	
64	Employee and Child(ren)	\$ 753.67	\$ 418.74	\$ 334.93	
72	Employee and Family	\$ 1,193.36	\$ 418.74	\$ 774.62	
5131					
Total Monthly Cost		\$ 2,994,634	\$ 2,287,032	\$ 707,602	
Total Annual Cost		\$ 35,935,605	\$ 27,444,383	\$ 8,491,223	
			76%	24%	

OKHEE Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employee Increase	Employer %
Employee Only	\$ 575.78	\$ 475.78	\$ 100.00	\$ 100.00	83%
Spouse Only	\$ 604.65	\$ -	\$ 604.65	\$ 47.55	0%
Child	\$ 230.42	\$ -	\$ 230.42	\$ 18.12	0%
Children	\$ 460.73	\$ -	\$ 460.73	\$ 36.23	0%
Spouse + Child(ren)	\$ 1,065.38	\$ -	\$ 1,065.38	\$ 83.78	0%
Employee Only	\$ 433.81	\$ 418.74	\$ 15.07	\$ 15.07	97%
Spouse Only	\$ 455.53	\$ -	\$ 455.53	\$ 35.83	0%
Child	\$ 173.44	\$ -	\$ 173.44	\$ 13.64	0%
Children	\$ 346.99	\$ -	\$ 346.99	\$ 27.29	0%
Spouse + Child(ren)	\$ 802.51	\$ -	\$ 802.51	\$ 63.11	0%
Employee Only	\$ 418.74	\$ 418.74	\$ -	na	100%
Spouse Only	\$ 439.70	\$ -	\$ 439.70	na	0%
Child	\$ 167.41	\$ -	\$ 167.41	na	0%
Children	\$ 334.93	\$ -	\$ 334.93	na	0%
Spouse + Child(ren)	\$ 774.62	\$ -	\$ 774.62	na	0%

Migration Assumptions					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	
50%	Employee Only	\$ 418.74	\$ 418.74	\$ -	
\$1,500 ded	Employee and Spouse	\$ 858.44	\$ 418.74	\$ 439.70	
\$20 PCP	Employee and Child	\$ 586.15	\$ 418.74	\$ 167.41	
\$25 SP	Employee and Child(ren)	\$ 753.67	\$ 418.74	\$ 334.93	
\$5,500 OOP	Employee and Family	\$ 1,193.36	\$ 418.74	\$ 774.62	
5131					
Total Monthly Cost		\$ 2,994,634	\$ 2,287,032	\$ 707,602	
Total Annual Cost		\$ 35,935,605	\$ 27,444,383	\$ 8,491,223	
			76%	24%	

Migration Assumptions
 50% Migration from High Plan
 25% Assumed High population migrates into basic
 25% Assumed High population migrates into low

OKHEEI - Aetna Triple Option (current two plans and adding Middle plan) with Migration Scenario
Option 4

2015 BCBS					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	
3896	Employee Only	\$ 530.50	\$ 530.50	\$ -	
229	Employee and Spouse	\$ 1,087.60	\$ 530.50	\$ 557.10	
484	Employee and Child	\$ 742.80	\$ 530.50	\$ 212.30	
143	Employee and Child(ren)	\$ 955.00	\$ 530.50	\$ 424.50	
127	Employee and Family	\$ 1,512.10	\$ 530.50	\$ 981.60	
133	Employee Only	\$ 399.70	\$ 399.70	\$ -	
22	Employee and Spouse	\$ 819.40	\$ 399.70	\$ 419.70	
49	Employee and Child	\$ 559.50	\$ 399.70	\$ 159.80	
28	Employee and Child(ren)	\$ 719.40	\$ 399.70	\$ 319.70	
40	Employee and Family	\$ 1,139.10	\$ 399.70	\$ 739.40	
5131					

Total Monthly Cost	\$ 3,153,459	\$ 2,686,418	\$ 467,041
Total Annual Cost	\$ 37,841,507	\$ 32,237,015	\$ 5,604,492
%	85%	15%	

2016 Aetna					
Participation	Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	
1948	Employee Only	\$ 575.78	\$ 475.78	\$ 100.00	
114	Employee and Spouse	\$ 1,180.43	\$ 475.78	\$ 704.65	
282	Employee and Child	\$ 806.20	\$ 475.78	\$ 330.42	
71	Employee and Child(ren)	\$ 1,036.51	\$ 475.78	\$ 560.73	
63	Employee and Family	\$ 1,641.16	\$ 475.78	\$ 1,165.38	
974	Employee Only	\$ 505.07	\$ 455.07	\$ 50.00	
57	Employee and Spouse	\$ 1,035.46	\$ 455.07	\$ 580.40	
116	Employee and Child	\$ 707.19	\$ 455.07	\$ 252.12	
36	Employee and Child(ren)	\$ 909.22	\$ 455.07	\$ 454.15	
32	Employee and Family	\$ 1,439.61	\$ 455.07	\$ 984.55	
1107	Employee Only	\$ 433.81	\$ 433.81	\$ -	
80	Employee and Spouse	\$ 889.34	\$ 433.81	\$ 455.53	
165	Employee and Child	\$ 607.25	\$ 433.81	\$ 173.44	
64	Employee and Child(ren)	\$ 780.80	\$ 433.81	\$ 346.99	
72	Employee and Family	\$ 1,236.32	\$ 433.81	\$ 802.51	
5131					

Total Monthly Cost	\$ 3,122,562	\$ 2,353,606	\$ 768,956
Total Annual Cost	\$ 37,470,739	\$ 28,243,272	\$ 9,227,468
%	75%	25%	

Migration Assumptions
 50% Migration from High Plan
 25% Assumed High population migrates into middle
 25% Assumed High population migrates into basic

OKHEEI Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employer Increase	Employer %
Employee Only	\$ 530.50	\$ 530.50	\$ -	\$ 100.00	83%
Spouse Only	\$ 557.10	\$ -	\$ 557.10	\$ 47.55	0%
Child	\$ 212.30	\$ -	\$ 212.30	\$ 18.12	0%
Children	\$ 424.50	\$ -	\$ 424.50	\$ 36.23	0%
Spouse + Child(ren)	\$ 981.60	\$ -	\$ 981.60	\$ 83.78	0%
Employee Only	\$ 399.70	\$ 399.70	\$ -	\$ 50.00	90%
Spouse Only	\$ 419.70	\$ -	\$ 419.70	\$ 530.39	0%
Child	\$ 159.80	\$ -	\$ 159.80	\$ 202.12	0%
Children	\$ 319.70	\$ -	\$ 319.70	\$ 404.15	0%
Spouse + Child(ren)	\$ 739.40	\$ -	\$ 739.40	\$ 934.54	0%

OKHEEI Internal					
Tiers	Monthly per unit Premium	Monthly Employer Contribution	Monthly Employee Contribution	Monthly Employer Increase	Employer %
Employee Only	\$ 575.78	\$ 475.78	\$ 100.00	\$ 100.00	83%
Spouse Only	\$ 604.65	\$ -	\$ 604.65	\$ 47.55	0%
Child	\$ 230.42	\$ -	\$ 230.42	\$ 18.12	0%
Children	\$ 460.73	\$ -	\$ 460.73	\$ 36.23	0%
Spouse + Child(ren)	\$ 1,065.38	\$ -	\$ 1,065.38	\$ 83.78	0%
Employee Only	\$ 505.07	\$ 455.07	\$ 50.00	\$ na	90%
Spouse Only	\$ 530.39	\$ -	\$ 530.39	\$ na	0%
Child	\$ 202.12	\$ -	\$ 202.12	\$ na	0%
Children	\$ 404.15	\$ -	\$ 404.15	\$ na	0%
Spouse + Child(ren)	\$ 934.54	\$ -	\$ 934.54	\$ na	0%
Employee Only	\$ 433.81	\$ 433.81	\$ -	\$ -	100%
Spouse Only	\$ 455.53	\$ -	\$ 455.53	\$ 35.83	0%
Child	\$ 173.44	\$ -	\$ 173.44	\$ 13.64	0%
Children	\$ 346.99	\$ -	\$ 346.99	\$ 27.29	0%
Spouse + Child(ren)	\$ 802.51	\$ -	\$ 802.51	\$ 63.11	0%

OKHEE Medical Plan Benefit Outline and Cost Summary Renewal January 1, 2016		CURRENT - BCBS			RENEWAL - BCBS			ALTERNATE - Aetna		
		High Blue Choice	Basic Blue Choice	High Blue Choice	Basic Blue Choice	High Blue Choice	Basic Blue Choice	High Blue Choice	Basic Blue Choice	
Calendar Year Deductible (S/F)	\$1,000 / \$3,000	80%	First Dollar - \$500 at 100% then \$500 / \$1,000	80%	First Dollar - \$500 at 100% then \$500 / \$1,000	80%	First Dollar - \$500 at 100% then \$500 / \$1,000	80%	First Dollar - \$500 at 100% then \$500 / \$1,000	
Coinsurance (unless otherwise stated)	80%	50%	50%	80%	50%	50%	80%	50%	50%	
Out of Pocket Maximum (S/F)	\$3,300 / \$9,900	Yes	\$5,500 / \$11,000	Yes	\$5,500 / \$11,000	Yes	\$5,500 / \$11,000	Yes	\$5,500 / \$11,000	
Combined Medical & Rx Deductible Included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Medical Copays Included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Rx Copays Included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
PCP Office Visit Copay / Coinsurance	\$25	50% after Deductible	50% after Deductible	\$25	50% after Deductible	50% after Deductible	\$25	50% after Deductible	50% after Deductible	
Specialist Office Visit Copay / Coinsurance	\$40	50% after Deductible	50% after Deductible	\$40	50% after Deductible	50% after Deductible	\$40	50% after Deductible	50% after Deductible	
Telemedicine	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	
Emergency Room Copay	80% after \$100 copay	80% after Deductible	80% after Deductible	80% after \$100 copay	80% after Deductible	80% after Deductible	80% after \$100 copay	80% after Deductible	80% after Deductible	
Urgent Care Copay	\$25/\$40 - in Office	80% after Deductible	80% after Deductible	\$25/\$40 - in Office	80% after Deductible	80% after Deductible	\$25/\$40 - in Office	80% after Deductible	80% after Deductible	
Hospital Admission	Dead/Coins for outpatient facility	50% after Deductible	50% after Deductible	Dead/Coins for outpatient facility	50% after Deductible	50% after Deductible	Dead/Coins for outpatient facility	50% after Deductible	50% after Deductible	
Prescription Drugs	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	50% after Deductible	
Quantity Limits	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max
Specialty Drugs	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	
Generic Incentive										
Mental Health/Substance Abuse										
Inpatient										
Outpatient										
Chiropractic/Spinal Manipulation										
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Out of Pocket Maximum	\$1,000 / \$3,000	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$3,000	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$3,000	\$500 / \$1,000	\$500 / \$1,000	
Per Admission Deductible	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	
Coinsurance (unless otherwise stated)	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Out of Pocket Maximum	\$3,300 / \$11,400	\$5,500 / \$11,000	\$5,500 / \$11,000	\$3,300 / \$11,400	\$5,500 / \$11,000	\$5,500 / \$11,000	\$3,300 / \$11,400	\$5,500 / \$11,000	\$5,500 / \$11,000	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Monthly Rates	High Basic	Current	Current	Negotiated Renewal	Negotiated Renewal	Negotiated Renewal	Aetna High	Aetna Basic	Aetna Basic	
Employee	3886	\$530.50	\$399.70	\$594.70	\$448.10	\$448.10	\$575.78	\$433.81	\$433.81	
Employee & Spouse	229	\$1,087.60	\$819.40	\$1,219.20	\$918.50	\$918.50	\$1,180.43	\$889.34	\$889.34	
Employee & Child	464	\$742.80	\$559.50	\$832.70	\$627.20	\$627.20	\$806.20	\$607.25	\$607.25	
Employee & Children	143	\$955.00	\$719.40	\$1,070.60	\$806.40	\$806.40	\$1,036.51	\$780.80	\$780.80	
Employee & Family	127	\$1,512.10	\$1,139.10	\$1,695.10	\$1,276.90	\$1,276.90	\$1,641.16	\$1,236.32	\$1,236.32	
Total Cost Summary										
Monthly Subtotal	4859	\$2,989,149	\$1,664,310	\$3,350,894	\$184,192	\$184,192	\$3,244,282	\$178,333	\$178,333	
Annual Subtotal		\$35,869,792	\$19,717,715	\$40,210,732	\$2,210,308	\$2,210,308	\$38,931,369	\$2,139,992	\$2,139,992	
Change from Current			\$37,841,507		\$42,421,039	\$42,421,039		\$41,071,381	\$41,071,381	
Percentage Change					12.1%	12.1%		8.5%	8.5%	

BCBS rates do not include any costs for ben admin

Aetna rates includes bSwift system & implementation costs

Rates Broken Out	Current High	Current Basic	Renewal High	Renewal Basic	Aetna High	Aetna Basic
Employee Only	\$530.50	\$399.70	\$594.70	\$448.10	\$575.78	\$433.81
Spouse Only	\$557.10	\$419.70	\$624.50	\$470.50	\$604.65	\$455.53
Child Only	\$212.30	\$159.80	\$238.00	\$179.10	\$230.42	\$179.44
Children Only	\$424.50	\$319.70	\$475.90	\$359.30	\$460.73	\$346.99
Spouse & Child(ren)	\$981.60	\$739.40	\$1,100.40	\$828.80	\$1,065.38	\$802.51

OKHEE Medical Plan Benefit Outline and Cost Summary Renewal January 1, 2016

Aetna Plan Changes to maintain current rates Aetna Option 2

	CURRENT - BCBS		ALTERNATE - Aetna	
	High Blue Choice	Basic Blue Choice	High Modified	Basic Modified
Calendar Year Deductible (S/F)	\$1,000 / \$3,000	First Dollar - \$500 at 100% then \$300 / \$1,000	\$2,000 / \$6,000	\$1,500 / \$3,000
Coinsurance (unless otherwise stated)	80%	50%	70%	
Out of Pocket Maximum (S/F)	\$3,300 / \$9,900	\$5,500 / \$11,000	\$4,300 / \$12,900	\$5,500 / \$11,000
Combined Medical & Rx Deductible Included in OOP?	Yes	Yes	Yes	Yes
Medical Copays Included in OOP?	Yes	Yes	Yes	Yes
Rx Copays Included in OOP?	Yes	Yes	Yes	Yes
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
PCP Office Visit Copay / Coinsurance	\$25	50% after Deductible	\$40	\$20
Specialist Office Visit Copay / Coinsurance	\$40	50% after Deductible	\$50	\$25
Telemedicine	Not Included	Not Included	Teleadoc - \$40 Consult Fee	
Emergency Room Copay	80% after \$100 copay	50% after Deductible	70% after \$100 copay	50% after \$150
Urgent Care Copay	\$25/\$40 - In Office	50% after Deductible	\$40/\$60 - In Office	
Hospital Admission	Ded/Coins for outpatient facility	50% after Deductible	Ded/Coins for outpatient facility	
Prescription Drugs	80% after Deductible	50% after Deductible	70% after Deductible	50% after Deductible
Quantity Limits	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	Generic: \$25 copay Formulary brand-name: \$25% up to \$50 max Non-Formulary brand-name: 50% up to \$100 max 90 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	
Specialty Drugs				
Generic Incentive	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	
Mental Health/Substance Abuse Inpatient	80% after Deductible	50% after Deductible	70% after Deductible	50% after Deductible
Outpatient	80% after Deductible	50% after Deductible	\$60 copay	50% after Deductible
Chiropractic/Spinal Manipulation	80% after Deductible	50% after Deductible	\$60 copay	50% after Deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$1,000 / \$3,000	\$500 / \$1,000	\$2,000 / \$6,000	\$500 / \$1,000
Per Admission Deductible	\$300	\$300	\$300	\$300
Coinsurance (unless otherwise stated)	50%	50%	50%	50%
Out of Pocket Maximum	\$3,300 / \$11,400	\$5,500 / \$11,000	\$4,900 / \$14,400	\$5,500 / \$11,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Monthly Rates	High	Basic	Current	Aetna Basic
Employee	3896	133	\$399.70	\$418.74
Employee & Spouse	229	22	\$819.40	\$658.44
Employee & Child	464	49	\$742.80	\$586.15
Employee & Children	143	28	\$955.00	\$753.67
Employee & Family	127	40	\$1,139.10	\$1,193.36
Total Cost Summary				
Monthly Subtotal	4859	272	\$164,310	\$172,137
Annual Subtotal			\$1,971,715	\$2,065,639
Annual Total			\$37,841,507	\$37,935,431
Change from Current				\$93,924
Percentage Change				0.2%

BCBS rates do not include any costs for ben admin system
 Rates Broken Out
 Employee Only
 Spouse Only
 Child Only
 Children Only
 Spouse & Child(ren)

Aetna rates includes bSwift system & implementation costs

Current Basic \$399.70
 Current High \$530.50
 Aetna Basic \$418.74
 Aetna High \$658.44

Employee Only \$530.50
 Spouse Only \$557.10
 Child Only \$212.30
 Children Only \$424.50
 Spouse & Child(ren) \$981.60

Aetna Basic \$418.74
 Aetna High \$658.44
 Aetna Basic \$418.74
 Aetna High \$658.44

OKHEE Medical Plan Benefit Outline and Cost Summary Renewal January, 1, 2016			
Aetna Current plans and adding third low cost option Aetna Option 3			
Benefits Outline	High	Basic	\$1,500 Option-Low
Calendar Year Deductible (SF)	\$1,000 / \$3,000	First Dollar - \$500 at 100% then \$500 / \$1,000	\$1,500 / \$3,000
Coinsurance (unless otherwise stated)	80%	50%	
Out of Pocket Maximum (S/F)	\$3,300 / \$9,900	\$5,500 / \$11,000	\$5,500 / \$11,000
Combined Medical & Rx Deductible Included in OOP?	Yes	Yes	Yes
Medical Copays Included in OOP?	Yes	Yes	Yes
Rx Copays Included in OOP?	Yes	Yes	Yes
Preventive Care	Covered 100%	Covered 100%	Covered 100%
PCP Office Visit Copay / Coinsurance	\$25	50% after Deductible	\$20
Specialist Office Visit Copay / Coinsurance	\$40	50% after Deductible	\$25
Telemedicine - Teladoc	\$40 Consult Fee	\$40 Consult Fee	\$40 Consult Fee
Emergency Room Copay	80% after \$100 copay \$25/\$40 - in Office Ded/Coins for outpatient facility	50% after Deductible	50% after \$150
Urgent Care Copay	80% after Deductible	50% after Deductible	50% after Deductible
Hospital Admission	80% after Deductible	50% after Deductible	50% after Deductible
Prescription Drugs			
Quantity Limits		Generic, \$25 copay	
Specialty Drugs		Formulary brand-name: \$25 up to \$50 max	
Generic Incentive		Non-Formulary brand-name: 50% up to \$100 max	
Mental Health/Substance Abuse		90 day supply limit or 300 quantity limit per copay	
Inpatient		50% coinsurance	
Outpatient		\$50/min - \$100max	
Chiropractic/Spinal Manipulation		No incentive other than copay tiers	
Lifetime Maximum			
Calendar Year Deductible	\$1,000 / \$3,000	\$500 / \$1,000	\$500 / \$1,000
Per Admission Deductible	\$300	\$300	\$300
Coinsurance (unless otherwise stated)	50%	50%	50%
Out of Pocket Maximum	\$3,300 / \$11,400	\$5,500 / \$11,000	\$5,500 / \$11,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Monthly Rates	Aetna High	Aetna Basic	Aetna Low
Employee	\$575.78	\$433.81	\$418.74
Employee & Spouse	\$1,180.43	\$889.34	\$858.44
Employee & Child	\$806.20	\$607.25	\$586.15
Employee & Children	\$1,036.51	\$780.80	\$753.67
Employee & Family	\$1,641.16	\$1,236.32	\$1,193.36
Aetna rates includes bSwift system & implementation costs			
Rates Broken Out	Aetna High	Aetna Basic	Aetna Low
Employee Only	\$575.78	\$433.81	\$418.74
Spouse Only	\$604.65	\$455.53	\$439.70
Child Only	\$230.42	\$173.44	\$167.41
Children Only	\$460.73	\$346.99	\$334.93
Spouse & Child(ren)	\$1,065.38	\$802.51	\$774.62

Aetna Current plans with Middle Plan option Aetna Option 4			
Benefits Outline	High	Middle - \$2,500	Basic
Calendar Year Deductible (S/F)	\$1,000 / \$3,000	\$2,500 / \$7,500	First Dollar - \$500 at 100% then \$500 / \$1,000
Coinsurance (unless otherwise stated)	80%	70%	50%
Out of Pocket Maximum (S/F)	\$3,300 / \$9,900	\$5,200 / \$15,600	\$5,500 / \$11,000
Combined Medical & Rx Deductible Included in OOP?	Yes	Yes	Yes
Medical Copays Included in OOP?	Yes	Yes	Yes
Rx Copays Included in OOP?	Yes	Yes	Yes
Preventive Care	Covered 100%	Covered 100%	Covered 100%
P/CP Office Visit Copay / Coinsurance	\$25	90% after \$50 copay	50% after Deductible
Specialist Office Visit Copay / Coinsurance	\$40	90% after \$60 copay	50% after Deductible
Telemedicine - Teladoc	\$40 Consult Fee	\$40 Consult Fee	\$40 Consult Fee
Emergency Room Copay	80% after \$100 copay	70% after \$150	50% after Deductible
Urgent Care Copay	\$25/\$40 - In Office		
Hospital Admission	Ded/Coins for outpatient facility	70% after Deductible	50% after Deductible
Prescription Drugs	80% after Deductible	70% after Ded & \$300 Copay	50% after Deductible
Quantity Limits	Generic: \$25 copay Formulary brand-name: \$25% up to \$50 max Non-Formulary brand-name: 50% up to \$100 max 90 day supply limit or 300 quantity limit per copay		
Specialty Drugs	50% coinsurance \$50min - \$100max		
Generic Incentive	No incentive other than copay tiers		
Mental Health/Substance Abuse			
Inpatient	80% after Deductible	70% after Ded & \$300 copay	50% after Deductible
Outpatient	\$40 copay	\$90% after \$60 copay	50% after Deductible
Chiropractic/Spinal Manipulation	\$40 copay	70% after Deductible	50% after Deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Monthly Rates	Aetna High	Aetna Middle	Aetna Basic
Employee	\$575.78	\$505.07	\$433.81
Employee & Spouse	\$1,180.43	\$1,035.46	\$889.34
Employee & Child	\$806.20	\$707.19	\$607.25
Employee & Children	\$1,036.51	\$909.22	\$780.80
Employee & Family	\$1,641.16	\$1,439.61	\$1,236.32
Calendar Year Deductible	\$1,000 / \$3,000	\$2,500 / \$7,500	\$500 / \$1,000
Per Admission Deductible	\$300	\$300	\$300
Coinsurance (unless otherwise stated)	50%	50%	50%
Out of Pocket Maximum	\$3,300 / \$11,400	\$5,500 / \$16,500	\$5,500 / \$11,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Rates Broken Out	Aetna High	Aetna Middle	Aetna Basic
Employee Only	\$575.78	\$505.07	\$433.81
Spouse Only	\$604.65	\$530.39	\$455.53
Child Only	\$230.42	\$202.12	\$173.44
Children Only	\$460.73	\$404.15	\$346.99
Spouse & Child(ren)	\$1,065.38	\$934.54	\$802.51

\$250 Health Assessment credit included
Aetna rates includes bSwift system & implementation costs