

Medical Mutual

Current Benefits: **Renewal 100% Plan**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$483.69	\$1,088.30	\$919.01	\$1,402.70
Drug	\$128.06	\$288.11	\$243.29	\$371.34
Dental	\$29.65	\$66.74	\$56.34	\$86.01
Vision	\$7.79	\$15.57	\$16.66	\$26.63
Total	\$649.19	\$1,458.72	\$1,235.30	\$1,886.68

Proposed Benefits: **100/200**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$445.28	\$1,001.89	\$846.04	\$1,291.33
Drug	\$99.80	\$224.52	\$189.60	\$289.39
Dental	\$29.65	\$66.74	\$56.34	\$86.01
Vision	\$7.79	\$15.57	\$16.66	\$26.63
Total	\$582.52	\$1,308.72	\$1,108.64	\$1,693.36

Proposed Benefits: **250/500**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$428.89	\$965.00	\$814.89	\$1,243.77
Drug	\$99.80	\$224.52	\$189.60	\$289.39
Dental	\$29.65	\$66.74	\$56.34	\$86.01
Vision	\$7.79	\$15.57	\$16.66	\$26.63
Total	\$566.13	\$1,271.83	\$1,077.49	\$1,645.80

Proposed Benefits: **500/1000**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$406.98	\$915.70	\$773.26	\$1,180.23
Drug	\$99.80	\$224.52	\$189.60	\$289.39
Dental	\$29.65	\$66.74	\$56.34	\$86.01
Vision	\$7.79	\$15.57	\$16.66	\$26.63
Total	\$544.22	\$1,222.53	\$1,035.86	\$1,582.26

Boardman Township (MMO) Med/Rx/Dental/Vision Benefits Comparison

Joseph Ignazio Insurance

Effective Date:
April 1, 2011

	Current Plan				Proposed Plans			
	Medical Mutual		Medical Mutual		Medical Mutual		Medical Mutual	
Deductible (Single/Family)	In Network \$0/\$0	Out Network \$100/\$200	In Network \$100/\$200	Out Network \$200/\$400	In Network \$250/\$500	Out Network \$1000/\$2000	In Network \$500/\$1000	Out Network \$1000/\$2000
Coinsurance	100%	90%	90%	80%	90%	80%	90%	80%
Out of Pocket Maximum (Excl Ded)	None	\$1000/\$2000	\$250/\$500	\$1000/\$2000	\$500/\$1000	\$1000/\$2000	\$750/\$1500	\$1000/\$2000
Office Visit (PCP/Spec)	\$15/\$15	Ded & Coins	\$15/\$25	Ded & Coins	\$15/\$25	Ded & Coins	\$15/\$25	Ded & Coins
Emergency Room Copay	None	None	100	100	100	100	100	100
Urgent Care Copay	None	None	\$50	\$50	\$50	\$50	\$50	\$50
Per Occurrence Deductible	None	None	None	None	None	None	None	None
Prescriptions	10/15/2020	10/15/2020	15/25/40	15/25/40	15/25/40	15/25/40	15/25/40	15/25/40
Mail Order Multiple	2X	2X	2X	2X	2X	2X	2X	2X
Dental / Vision Benefits: NO Change								
Monthly Rates:	Enrolled	Current	Renewal	Alternative 1	Alternative 2	Alternative 3		
Employee	12	\$539.57	\$649.19	\$582.52	\$566.13	\$544.22		
Employee/Spouse	34	\$1,212.46	\$1,458.72	\$1,308.72	\$1,271.83	\$1,222.53		
Employee/Child	0							
Employee /Children	8	\$1,026.71	\$1,235.30	\$1,108.64	\$1,077.49	\$1,035.86		
Employee/Spouse/Child	0							
Employee/Spouse/Children	75	\$1,568.07	\$1,886.68	\$1,693.36	\$1,645.80	\$1,582.26		
Total Enrolled	129							
Monthly Premium		\$173,517.41	\$208,770.16	\$187,357.84	\$182,090.70	\$175,053.04		
Total Monthly Premium		\$173,517.41	\$208,770.16	\$187,357.84	\$182,090.70	\$175,053.04		
Percent Increase (over current)		20.32%		7.98%	4.94%	0.89%		
Annual Cost (Savings) over renewal				(\$256,947.84)	(\$320,153.52)	(\$404,605.44)		
ANTHEM		\$193,312.87 11.41%	\$179,232.85 3.29%	\$178,941.14 3.13%	\$164,111.24 -5.42%	\$147,479.39 -15.01%		
UNITED HEALTHCARE		\$194,578.16 12.14%	\$178,941.14 3.13%	\$175,566.79 1.18%	\$156,841.75 -9.61%			

Anthem Quote

Current Benefits: **Renewal 100% Plan**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$564.77	\$1,270.73	\$1,076.77	\$1,637.83
Drug				
Dental	\$29.54	\$66.50	\$56.14	\$85.70
Vision	\$7.85	\$13.73	\$14.91	\$22.76
Total	\$602.16	\$1,350.96	\$1,147.82	\$1,746.29

Proposed Benefits: **100/200**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$520.94	\$1,172.11	\$993.21	\$1,510.73
Drug				
Dental	\$29.54	\$66.50	\$56.14	\$85.70
Vision	\$7.85	\$13.73	\$14.91	\$22.76
Total	\$558.33	\$1,252.34	\$1,064.26	\$1,619.19

Proposed Benefits: **250/500**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$473.87	\$1,066.21	\$903.47	\$1,374.22
Drug				
Dental	\$29.54	\$66.50	\$56.14	\$85.70
Vision	\$7.85	\$13.73	\$14.91	\$22.76
Total	\$511.26	\$1,146.44	\$974.52	\$1,482.68

Proposed Benefits: **500/1000**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$422.15	\$949.84	\$804.86	\$1,224.24
Drug				
Dental	\$29.54	\$66.50	\$56.14	\$85.70
Vision	\$7.85	\$13.73	\$14.91	\$22.76
Total	\$459.54	\$1,030.07	\$875.91	\$1,332.47

Joseph Ignazio Insurance

Boardman Township (Anthem)
Med/Rx/Dental/Vision Benefits Comparison

Effective Date:
April 1, 2011

	Current Plan		Proposed Plans			
	Medical Mutual Anthem		Anthem Anthem		Anthem Anthem	
	In Network	Out Network	In Network	Out Network	In Network	Out Network
Deductible (Single/Family)	\$0/\$0	\$100/\$200	\$100/\$200	\$200/\$400	\$250/\$500	\$1000/\$2000
Coinsurance	100%	90%	90%	80%	90%	80%
Out of Pocket Maximum (Excl Ded)	None	\$1000/\$2000	\$250/\$500	\$1000/\$2000	\$500/\$1000	\$1000/\$2000
Office Visit (PCP/Spec)	\$15/\$15	Ded & Coins	\$15/\$25	Ded & Coins	\$15/\$25	\$15/\$25
Emergency Room Copay	None	None	100	Ded & Coins	100	Ded & Coins
Urgent Care Copay	None	None	\$50	Ded & Coins	\$50	Ded & Coins
Per Occurrence Deductible	None	None	None	None	None	None
Prescriptions	10/15/2020	10/15/2020	15/25/40	15/25/40	15/25/40	15/25/40
Mail Order Multiple	2X	2X	2X	2X	2X	2X
Dental / Vision Benefits: NO Change						

Monthly Rates:	Enrolled	Current	Renew Curr	Alternative 1	Alternative 2	Alternative 3
Employee	12	\$539.57	\$602.16	\$558.33	\$511.26	\$459.54
Employee/Spouse	34	\$1,212.46	\$1,350.96	\$1,252.34	\$1,146.44	\$1,030.07
Employee/Child	0					
Employee /Children	8	\$1,026.71	\$1,147.82	\$1,064.26	\$974.52	\$875.91
Employee/Spouse/Child	0					
Employee/Spouse/Children	75	\$1,568.07	\$1,746.29	\$1,619.19	\$1,482.68	\$1,332.47
Total Enrolled	129					

Monthly Premium
Total Monthly Premium
Percent Increase (over current)
Annual Cost (Savings) over renewal

\$173,517.41	\$193,312.87	\$179,232.85	\$164,111.24	\$147,479.39
\$173,517.41	\$193,312.87	\$179,232.85	\$164,111.24	\$147,479.39
\$173,517.41	\$193,312.87	\$179,232.85	\$164,111.24	\$147,479.39
	11.41%	3.29%	-5.42%	-15.01%
		(\$168,960.24)	(\$350,419.56)	(\$550,001.76)

United Healthcare

Current Benefits: **Renewal 100% Plan**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$564.73	\$1,270.73	\$1,073.00	\$1,637.73
Drug				
Dental	\$31.62	\$63.23	\$66.74	\$103.04
Vision	\$9.00	\$14.29	\$14.97	\$22.41
Total	\$605.35	\$1,348.17	\$1,154.71	\$1,763.18

Proposed Benefits: **100/200**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$516.05	\$1,161.11	\$980.50	\$1,496.55
Drug				
Dental	\$31.62	\$63.23	\$66.74	\$103.04
Vision	\$9.00	\$14.29	\$14.97	\$22.41
Total	\$556.67	\$1,238.63	\$1,062.21	\$1,622.00

Proposed Benefits: **250/500**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$505.55	\$1,137.48	\$960.54	\$1,466.08
Drug				
Dental	\$31.62	\$63.23	\$66.74	\$103.04
Vision	\$9.00	\$14.29	\$14.97	\$22.41
Total	\$546.17	\$1,215.00	\$1,042.25	\$1,591.53

Proposed Benefits: **500/1000**

	Single	Emp/Spouse	Emp/Child(ren)	Family
Medical	\$447.25	\$1,006.31	\$849.77	\$1,297.02
Drug				
Dental	\$31.62	\$63.23	\$66.74	\$103.04
Vision	\$9.00	\$14.29	\$14.97	\$22.41
Total	\$487.87	\$1,083.83	\$931.48	\$1,422.47

Joseph Ignazio Insurance

Boardman Township (UHC)
Med/Rx/Dental/Vision Benefits Comparison

Effective Date:
April 1, 2011

	Current Plan		Proposed Plans					
	Medical Mutual		UHC		UHC		UHC	
	Uhc		100/200		250/500		500/1000	
	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network
Deductible (Single/Family)	\$0/\$0	\$100/\$200	\$100/\$200	\$200/\$400	\$250/\$500	\$1000/\$2000	\$500/\$1000	\$1000/\$2000
Coinsurance	100%	90%	90%	80%	90%	80%	90%	80%
Out of Pocket Maximum (Excl Ded)	None	\$1000/\$2000	\$250/\$500	\$1000/\$2000	\$500/\$1000	\$1000/\$2000	\$750/\$1500	\$1000/\$2000
Office Visit (PCP /Spec)	\$15/\$15	Ded & Coins	\$15/\$25	Ded & Coins	\$15/\$25	Ded & Coins	\$15/\$25	Ded & Coins
Emergency Room Copay	None	None	100	100	100	100	100	100
Urgent Care Copay	None	None	\$50	\$50	\$50	\$50	\$50	\$50
Per Occurrence Deductible	None	None	None	None	None	None	None	None
Prescriptions	10/15/2020		15/25/40	15/25/40	15/25/40	15/25/40	15/25/40	15/25/40
Mail Order Multiple	2X		2X	2X	2X	2X	2X	2X
Dental / Vision Benefits: NO Change								

Monthly Rates:	Enrolled	Current	Renew curr	Alternative 1			Alternative 2		Alternative 3	
				Current	Renew curr	Alternative 1	Alternative 2	Alternative 3	Alternative 3	Alternative 3
Employee	12	\$539.57	\$605.35	\$556.67	\$546.17	\$546.17	\$487.87	\$487.87	\$487.87	
Employee/Spouse	34	\$1,212.46	\$1,348.17	\$1,238.63	\$1,215.00	\$1,215.00	\$1,083.83	\$1,083.83	\$1,083.83	
Employee/Child	0									
Employee /Children	8	\$1,026.71	\$1,154.71	\$1,062.21	\$1,042.25	\$1,042.25	\$931.48	\$931.48	\$931.48	
Employee/Spouse/Child	0									
Employee/Spouse/Children	75	\$1,568.07	\$1,763.18	\$1,622.00	\$1,591.53	\$1,591.53	\$1,422.47	\$1,422.47	\$1,422.47	
Total Enrolled	129									

Monthly Premium	\$173,517.41	\$194,578.16	\$178,941.14	\$175,566.79	\$156,841.75
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Total Monthly Premium	\$173,517.41	\$194,578.16	\$178,941.14	\$175,566.79	\$156,841.75
Percent Increase (over current)		12.14%	3.13%	1.18%	-9.61%
Annual Cost (Savings) over renewal			(\$187,644.24)	(\$228,136.44)	(\$452,836.92)