



**Yale Public Schools
Transportation, Principals, and Secretaries**

Valid Rate Period	Recommended Plans																			
	Current Plan	Blue Cross Blue Shield of Michigan								PHP		EHIM		MEBS						
	FB 2 HSA/HRA	High Deductible Health Plans								High Deductible Health Plan		Wrap and Rx Carve Out Plan		PET WRAP		Wrap and Rx Carve Out Plan				
	Transportation, Principals, and Secretaries	Flex Blue 2; 0% Rx HSA		Flex Blue 2; 0% Rx HRA		Flex Blue 3; 0% Rx HSA		Flex Blue 3; 0% Rx HRA		Basics Plan A		Basics Plan C		CB 15 wrapped to Choices II; \$10/20 Rx		Flex Blue 2 w/ SF \$10/30 Rx		CB 15 20% wrapped to CB 1 w/ SF \$10/20 Rx		
7/1/08-6/30/09	7/1/08-6/30/09		7/1/08-6/30/09		7/1/08-6/30/09		7/1/08-6/30/09		1/1/09-12/31/09		1/1/09-12/31/09		7/1/08-6/30/09		7/1/08-6/30/09		7/1/08-6/30/09			
Rates	Employees	Rates	Employees	Rates	Employees	Rates	Employees	Rates	Employees	Rates	Employees	Rates	Employees	Rates	Employees	Rates	Employees	Rates		
One Person (1P)	5	\$445.43	5	\$422.11	5	\$422.11	5	\$354.48	5	\$354.48	5	\$404.03	5	\$344.96	5	\$995.90	5	\$556.59	5	\$529.83
Two Person (2P)	14	\$1,002.21	14	\$949.75	14	\$949.75	14	\$797.58	14	\$797.58	14	\$909.07	14	\$776.16	14	\$995.90	14	\$1,205.37	14	\$1,137.22
Family (FF)	5	\$1,202.65	5	\$1,181.91	5	\$1,181.91	5	\$992.54	5	\$992.54	5	\$1,090.89	5	\$931.39	5	\$995.90	5	\$1,443.91	5	\$1,336.62
Family Continuation (FC)																				
Deductible Funding	Employees	Deductible	Employees	Deductible	Employees	Deductible	Employees	Deductible	Employees	Deductible	Employees	Deductible	Employees	Deductible	Employees	Deductible	Employees	Deductible	Employees	Deductible
1P Deductible	5	\$1,250	5	\$1,250	5	\$1,250	5	\$2,000	5	\$2,000	5	\$1,250	5	\$2,000	5	None	5	\$1,250	5	None
2P and FF Deductible	19	\$2,500	19	\$2,500	19	\$2,500	19	\$4,000	19	\$4,000	19	\$2,500	19	\$4,000	19	None	19	\$2,500	19	None
Total Deductible Exposure (HDHP only)		\$53,750.00		\$53,750.00		\$53,750.00		\$86,000.00		\$86,000.00		\$53,750.00		\$86,000.00						
Estimated Deductible Utilization		100%		100%		60%		100%		55%										
Coinsurance Funding	Employees	Coinsurance	Employees	Coinsurance	Employees	Coinsurance	Employees	Coinsurance	Employees	Coinsurance	Employees	Coinsurance	Employees	Coinsurance	Employees	Coinsurance	Employees	Coinsurance	Employees	Coinsurance
1P Coinsurance Limit	5	None	5	None	5	None	5	None	5	None	5	\$2,500	5	\$4,000	5	None	5	\$2,500	5	None
2P and FF Coinsurance Limit	19	None	19	None	19	None	19	None	19	None	19	\$5,000	19	\$8,000	19	None	19	\$5,000	19	None
Estimated Coinsurance Utilization																				
Total Costs																				
HRA/Wrap Administrative Fee						\$7.10		\$7.10												
Equivalent Monthly Composite Rate		\$1,115		\$1,075		\$1,007		\$1,044				\$842		\$719		\$996		\$1,120		\$1,052
Projected Increase (0%)																				
Total Projected Annual Cost		\$321,006		\$309,549		\$290,094		\$300,815		\$264,159		\$242,419		\$206,976		\$286,819		\$322,532		\$303,040
Total Savings																				
Estimated Plan Savings				\$11,457		\$30,912		\$20,191		\$56,847		\$78,587		\$114,030		\$34,187		-\$1,526		\$17,966
Plan Features	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Coinsurance	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	70%	100%	70%	100%	80%	100%	80%	100%	80%
Deductible Individual	\$1,250	\$2,500	\$1,250	\$2,500	\$1,250	\$2,500	\$2,000	\$4,000	\$2,000	\$4,000	\$1,250	\$2,500	\$2,000	\$4,000	None	\$250	\$1,250	\$2,500	None	\$250
Deductible Family	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$4,000	\$8,000	\$4,000	\$8,000	\$2,500	\$5,000	\$4,000	\$8,000	None	\$500	\$2,500	\$5,000	None	\$500
Coinsurance Limit Individual	None	\$1,000	None	\$1,000	None	\$1,000	None	\$1,000	None	\$1,000	\$2,500	\$5,000	\$4,000	\$8,000	None	\$2,000	\$2,500	\$5,000	None	\$2,000
Coinsurance Limit Family	None	\$2,000	None	\$2,000	None	\$2,000	None	\$2,000	None	\$2,000	\$5,000	\$10,000	\$8,000	\$16,000	None	\$4,000	\$5,000	\$1,000	None	\$4,000
Pre-Deductible Coverage																				
Preventative Services	\$500	None	\$500	None	\$500	None	\$500	None	\$500	None	100%, deductible waived	Not Covered	100%, deductible waived	Not Covered	Visit maximums apply	None	\$500	None	\$500	None
Post-Deductible Coverage																				
Office Visit Copay	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	70%	100%	70%	\$5	80%	100%	80%	\$10	Ded., 80%
Hospital Inpatient Ded.	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	70%	100%	70%	None	80%	100%	80%	None	Ded., 80%
Hospital Outpatient Ded.	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	70%	100%	70%	None	80%	100%	80%	None	Ded., 80%
Emergency Room	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	70%	100%	70%	\$25	\$25	100%	100%	\$50	\$50
Rx Drug Copay	\$0	80%	\$0	80%	\$0	80%	\$0	80%	\$0	80%	\$0	None	\$10/\$25/\$50	None	\$10/20	\$10/20	\$10/30	\$10/30	\$10/20	\$10/20
Mail Order Rx	\$0	80%	\$0	80%	\$0	80%	\$0	80%	\$0	80%	\$0	None	2x Retail	None	2x Retail	None	1x Retail	1x Retail	1x Retail	1x Retail
Lifetime Maximum	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	\$5 Million	Unlimited	Unlimited	\$5 Million	\$5 Million	\$5 Million	\$5 Million
Quote Expiration Date	6/30/2009		6/30/2009		6/30/2009		6/30/2009		6/30/2009		1/31/2009		1/31/2009		1/31/2009		1/31/2009		1/31/2009	

*MEBS estimates 40% of unused self-insured costs for Flexible Blue 2: Illustrative Annual Cost of \$301,032.57

