



OPG • BENEFITS

Climax-Scotts Community Schools  
All Employees

Plan	Monthly Rates	Total Monthly	Total Annual	% Change	Savings
Current: MESSA Choices (I) OV/UC/ER: \$20/25/50 Deductible: \$500/1000 Rx Copay: Saver Rx, 2x MOPD (I) Coinsurance: 0% (\$0 Total Max)	Single \$ 569.60 Double \$ 1,279.72 Family \$ 1,592.17 FC N/A Comp N/A	\$ 35,033.77	\$ 420,405.24		
Option 1: BCBS Simply Blue PPO (I) OV/UC/ER: \$20/20/150 Deductible: \$500/1000 Rx Copay: \$20/60/50%/20%/25%, 2x MOPD (I) Coinsurance: 20%* (\$6350/12700 Total Max)	Single \$ 600.68 Double \$ 1,441.63 Family \$ 1,802.04 FC N/A Comp N/A	\$ 39,404.60	\$ 472,855.20	12.5%	\$ (52,449.96)
Option 2: BCBS Simply Blue PPO (I) OV/UC/ER: \$30/30/150 Deductible: \$1000/2000 Rx Copay: \$20/60/50%/20%/25%, 2x MOPD (I) Coinsurance: 20%* (\$6350/12700 Total Max)	Single \$ 551.45 Double \$ 1,323.48 Family \$ 1,654.36 FC N/A Comp N/A	\$ 36,175.29	\$ 434,103.48	3.3%	\$ (13,698.24)
Option 3: BCBS Simply Blue PPO (I) OV/UC/ER: \$30/30/150 Deductible: \$1500/3000 Rx Copay: \$20/60/50%/20%/25%, 2x MOPD (I) Coinsurance: 20%* (\$6350/12700 Total Max)	Single \$ 521.74 Double \$ 1,252.17 Family \$ 1,565.21 FC N/A Comp N/A	\$ 34,225.95	\$ 410,711.40	-2.3%	\$ 9,693.84
Option 4: BCN HMO (I) OV/UC/ER: \$20/35/150 Deductible: \$500/1000 Rx Copay: \$6/40/60/80/20%/20%, 3x MOPD (I) Coinsurance: 0% (\$1000/2000 Total Max)	Single \$ 662.02 Double \$ 1,522.64 Family \$ 1,820.54 FC N/A Comp N/A	\$ 40,349.84	\$ 484,198.08	15.2%	\$ (63,792.84)
Option 5: BCN HMO (I) OV/UC/ER: \$20/35/150 Deductible: \$500/1000 Rx Copay: \$6/40/60/80/20%/20%, 3x MOPD (I) Coinsurance: 10% (\$2500/5000 Total Max)	Single \$ 618.98 Double \$ 1,423.66 Family \$ 1,702.20 FC N/A Comp N/A	\$ 37,726.94	\$ 452,723.28	7.7%	\$ (32,318.04)
Option 6: BCN HMO (I) OV/UC/ER: \$20/50/150 Deductible: \$1000/2000 Rx Copay: \$6/40/60/80/20%/20%, 3x MOPD (I) Coinsurance: 20% (\$3500/7000 Total Max)	Single \$ 546.10 Double \$ 1,256.04 Family \$ 1,501.78 FC N/A Comp N/A	\$ 33,284.92	\$ 399,419.04	-5.0%	\$ 20,986.20
Option 7: UHC PPO YHK (I) OV/UC/ER: \$20/75/250 Deductible: \$500/1000 Rx Copay: \$10/25/40/100, 2x MOPD (I) Coinsurance: 0% (\$3000/6000 Total Max)	Single \$ 689.53 Double \$ 1,748.91 Family \$ 1,887.47 FC N/A Comp N/A	\$ 42,530.28	\$ 510,363.36	21.4%	\$ (89,958.12)
Option 8: UHC PPO YH5 (I) OV/UC/ER: \$30/75/250 Deductible: \$500/1000 Rx Copay: \$10/35/60/100, 2x MOPD (I) Coinsurance: 20% (\$4500/9000 Total Max)	Single \$ 555.63 Double \$ 1,409.30 Family \$ 1,520.96 FC N/A Comp N/A	\$ 34,271.67	\$ 411,260.04	-2.2%	\$ 9,145.20

Current Rates: July 2014 - June 2015  
Option Rates: 3Q2014  
Effective Date: 7/1/2014

Census: Single 5  
Double 4  
Family 17  
FC 0  
Comp 0

\*Coinsurance has separate maximum and is included in total max.

\*Please note: Total max includes deductible, coinsurance and copays.

\*Please note: Rates vary by employee, composite rate illustrated.

\* Rates quoted are based on the latest information provided by the District; all vendors reserve the right to re-rate based on actual enrollment. Proposed rates do not include funding for PA 142 (HICA)



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	Double	\$ 1,279.72				
	Family	\$ 1,592.17	\$ 35,033.77	\$ 420,405.24		
	FC	N/A				
	Comp	N/A				
Option 9: UHC PPO YHZ (I) OV/UC/ER: \$35/100/300 Deductible: \$1000/2000 Rx Copay: \$10/35/60/100, 2x MOPD (I) Coinsurance: 0% (\$5000/1000 Total Max)	Single	\$ 590.07				
	Double	\$ 1,496.64				
	Family	\$ 1,615.22	\$ 36,395.65	\$ 436,747.80	3.9%	\$ (16,342.56)
	FC	N/A				
	Comp	N/A				
Option 10: Liberty Union Life PPO (I) OV/UC/ER: \$10/10/0% after ded. Deductible: \$500/1000 Rx Copay: \$15/30/50/25%, 2x MOPD (I) Coinsurance: 0% (\$6350/12700 Total Max)	Single	\$ 685.26				
	Double	\$ 1,507.56				
	Family	\$ 1,926.49	\$ 42,206.87	\$ 506,482.44	20.5%	\$ (86,077.20)
	FC	N/A				
	Comp	N/A				
Option 11: Liberty Union Life PPO (I) OV/UC/ER: \$10/10/10% after ded. Deductible: \$500/1000 Rx Copay: \$15/30/50/25%, 2x MOPD (I) Coinsurance: 10% (\$6350/12700 Total Max)	Single	\$ 602.61				
	Double	\$ 1,325.10				
	Family	\$ 1,695.41	\$ 37,135.42	\$ 445,625.04	6.0%	\$ (25,219.80)
	FC	N/A				
	Comp	N/A				
Option 12: US Health and Life Platinum PPO (I) OV/UC/ER: \$15/Ded-Coin/150 Deductible: \$250/500 Rx Copay: \$15/5% after ded., 2x MOPD (I) Coinsurance: 5% (\$6350/12700 Total Max)	Single	\$ 733.80				
	Double	\$ 1,861.23				
	Family	\$ 2,008.69	\$ 45,261.65	\$ 543,139.80	29.2%	\$ (122,734.56)
	FC	N/A				
	Comp	N/A				
Option 13: US Health and Life Gold PPO HDHP (I) OV/UC/ER: 10% after ded. Deductible: \$1250/2500 Rx Copay: 10% after ded., 2x MOPD (I) Coinsurance: 10% (\$6350/12700 Total Max)	Single	\$ 605.45				
	Double	\$ 1,535.65				
	Family	\$ 1,657.32	\$ 37,344.29	\$ 448,131.48	6.6%	\$ (27,726.24)
	FC	N/A				
	Comp	N/A				

Current Rates:	July 2014 - June 2015	Census:	Single	5
Option Rates:	3Q2014		Double	4
Effective Date:	7/1/2014		Family	17
			FC	0
			Comp	0
*Coinsurance has separate maximum and is included in total max.				
*Please note: Total max includes deductible, coinsurance and copays.				
*Please note: Rates vary by employee, composite rate illustrated.				
* Rates quoted are based on the latest information provided by the District; all vendors reserve the right to re-rate based on actual enrollment. Proposed rates do not include funding for PA 142 (HICA)				