					Health Insi	urance Comp	oarison							
	2016-17	2015-16	2014-15	2013-14	2012-13	2011-12	2010-11	2009-10	2008-09	2007-08	2006-07	2005-06	2004-05	2003-04
Single Coverage	389	392	403	408	419	415	394	386	361	348	346	341	328	344
Family Coverage	249	237	226	221	213	200	219	213	213	188	185	185	194	207
Total Covered	638	629	629	629	632	615	613	599	574	536	531	526	522	551
Specific Deductible	\$95,000.00	\$95,000.00	\$95,000.00	\$90,000.00	\$90,000.00	\$85,000.00	\$85,000.00	\$85,000.00	\$85,000.00	\$85,000.00	\$85,000.00	\$75,000.00	\$75,000.00	\$60,000.0
Single Specific Premium	\$66.75	\$63.62	\$60.49	\$60.39	\$60.39	\$57.33	\$37.23	\$32.19	\$27.50	\$27.05	\$24.78	\$25.45	\$21.05	\$27.2
Family Specific Premium	\$150.00	\$142.75	\$136.21	\$136.21	\$136.21	\$129.38	\$101.55	\$88.47	\$73.41	\$74.18	\$67.68	\$69.00	\$53.49	\$69.0
Aggregate Premium	\$6.38	\$6.38	\$6.38	\$4.00	\$4.00	\$4.50	\$3.38	\$3.38	\$2.82	\$2.80	\$2.70	\$3.25	\$2.78	\$2.9
Precertification Fee	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$2.00	\$1.75	\$1.75	\$1.7
Single Administration Fee	\$13.50	\$13.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$11.00	\$11.00	\$10.0
Family Administration Fee	\$13.50	\$13.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$12.50	\$11.00	\$11.00	\$10.0
COBRA/HIPAA Administration	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$0.75	\$0.75	\$0.7
PPO Access Fee	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$8.00	\$8.00	\$8.00	\$7.75	\$4.90	\$3.10	\$3.10	\$3.1
Broker Fee	\$1.00/\$1.00	\$1.00/\$1.00	\$1.00/\$1.00	\$1.00/\$1.00	\$1.00/\$1.00	\$1.00/\$1.00	\$1.00	\$1.00	\$1.00	\$2.00	\$2.00	\$3.00	\$3.00	\$4.0
Expected Monthly Premium	\$83,017.19	\$78,194.31	\$73,955.45	\$72,039.03	\$71,696.14	\$66,757.13	\$53,998.51	\$42,969.57	\$41,245.51	\$38,394.04	\$34,422.78	\$33,462.55	\$28,963.82	\$34,111.9
				-	-									
Total Revenues	\$2,175,488.02	\$5,103,674.22	\$4,990,180.78	\$5,335,659.85	\$5,304,474.38	\$4,610,591.09	\$4,708,072.76	\$4,723,366.06	\$4,329,725.36	\$3,727,807.79	\$3,543,867.14	\$3,514,365.90	\$3,755,002.47	\$3,484,840.4
Total Expenditures	\$2,625,066.19	\$5,706,693.14	\$4,586,572.30	\$5,427,626.99	\$6,032,899.37	\$3,884,467.24	\$4,305,027.56	\$5,148,379.59	\$4,894,723.81	\$3,877,202.41	\$3,794,391.78	\$2,829,109.95	\$3,095,775.41	\$2,705,374.5
Difference	(\$449,578.17)	(\$603,018.92)	\$403,608.48	(\$91,967.14)	(\$728,424.99)	\$726,123.85	\$403,045.20	(\$425,013.53)	(\$564,998.45)	(\$149,394.62)	(\$250,524.64)	\$685,255.95	\$659,227.06	\$779,465.9
nterest Earned	\$146.61	\$151.92	\$163.77	\$191.47	\$963.57	\$952.34	\$1,081.45	\$953.89	\$16,944.36	\$73,156.12	\$148,964.10	\$92,267.51	\$35,961.73	\$498.
Rx Costs	\$549,447.60	\$1,019,723.00	\$892,510.97	\$763,382.14	\$611,630.01	\$646,612.28	\$682,249.55	\$603,829.35	\$505,895.12	\$579,145.60	\$492,705.36	\$449,425.49	\$401,980.89	\$381,651.0
Medical Costs	\$1,586,065.80	\$3,561,338.74	\$2,728,474.90	\$3,790,668.45	\$4,554,153.62	\$2,424,103.15	\$2,924,448.57	\$3,155,573.65	\$3,880,590.99	\$2,807,036.86	\$1,861,856.22	\$1,961,474.39	\$2,327,496.65	\$1,824,413.1
Total Stop Loss Reimb.	\$207,451.05	\$198,820.61	\$153,264.22	\$830,561.63	\$761,212.08	\$152,975.45	\$414,548.68	\$525,724.25	\$537,497.44	\$92,884.19	\$53,728.52	\$94,585.90	\$402,568.17	\$195,081.1
Total Claims minus Stop Loss	\$1,928,062.35	\$4,382,241.13	\$3,467,721.65	\$3,723,488.96	\$4,404,571.55	\$2,917,739.98	\$3,192,149.44	\$3,233,678.75	\$3,848,988.67	\$3,293,298.27	\$2,300,833.06	\$2,316,313.98	\$2,326,909.37	\$2,010,983.0
nd of Year Balance	\$1,118,327.30	\$1,567,905.47	\$2,170,924.39	\$1,767,315.91	\$1,859,283.05	\$2,587,708.04	\$1,861,584.09	\$1,458,538.89	\$1,883,552.42	\$2,448,550.87	\$2,597,945.49	\$2,848,470.13	\$2,163,214.87	\$1,503,987.8
	(As of 12/31/16)													
Imployee (Paid by School	\$450.00	\$450.00	\$450.00	\$450.00	\$450.00	\$450.00	\$440.00	\$410.00	\$390.00	\$390.00	\$390.00	\$390.00	\$390.00	\$375.0
Spouse	\$500.00	\$500.00	\$500.00	\$420.00	\$420.00	\$420.00	\$410.00	\$380.00	\$350.00	\$320.00	\$320.00	\$320.00	\$320.00	\$300.0
Child	\$185.00	\$185.00	\$185.00	\$185.00	\$185.00	\$185.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	\$175.00	·	\$200.0
Children (2 or more)	\$300.00	\$300.00	\$300.00	\$255.00	\$255.00	\$255.00	\$245.00	\$215.00	\$215.00	\$215.00	\$215.00	\$215.00	\$215.00	\$200.0
Total Retirees	- I	70	59	59	· ·	·		63	59	47	40	· ·	35	
Total Retirees	75	/0 <u> </u>	59	59	65	73	64	03	59	47	40	40	35	31
Deductible	\$1,500.00	\$1,500.00	\$1,500.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$750.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.0
Co-insurance	\$4,850.00	\$4,850.00	\$4,850.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.0
Office Co-pay General	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$50.00	\$25.00	\$25.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.0
Office Co-pay Specialist	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00		-	-	-				
Telemedicine Co-pay	\$15.00	·	·											
Routine Co-pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.0
	2015-16	2015-16	2014-15	2013-14	2012-13	2011-12	2010-11	2009-10	2008-09	2007-08	2006-07	2005-06	2004-05	2003-04
Prescriptions - 30 days supply					-0.2.70									2000 04
Annual Deductible per person	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00							
Generics	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Preferred (+20% of balance)	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00
Non-Preferred (+20% of balance)	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
Specialty Drugs (up to\$1500 per yr)	10% copay	10% copay	10% copay	10% copay	10% copay	10% copay	10% copay	10% copay	10% copay	None	None	None	None	None
specially brugs (up to 1500 per yr)	10% copay	10 /0 CUpay	10 /o Copay	10 /o Cupay	10% copay	10% copay	10% copay	10 % copay	10 /o copay	NOTE	None	inone	NOTE	INOTIE
					Mail Order - F	rom July 2003 to Jur	ne 2008			<u> </u>		<u> </u>		
				Re	etail MedTrak 90 Mair	•								
Maintenance Drugs - 90 supply											·			
								l						
Generics	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$20.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00

Preferred

Non-Preferred

\$60.00

\$100.00

\$60.00

\$100.00

\$60.00

\$100.00

\$60.00

\$100.00

\$60.00

\$100.00

\$60.00

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