

Huron-Erie School Employee Insurance Association Huron City Compared to HESE "Ideal" Medical Plans

District Name	Huron City All Employees	"Ideal 1" <u>WITHOUT</u> Approved Working Spouse Language
Product	SM Classic	SM Plus
Dependent Eligibility	Age 25; removal upon birthday	To the end of the month in which the child attains age 19; or to the end of the month in which the child attains age 25 if the child is a full- time student
Lifetime Maximum	\$2,000,000	\$2,000,000
Coinsurance (Subject to Deductible unless otherwise noted)		
Network	90%	90%
Non-Network	80%	80%
Deductible		
Network	\$200/400	\$500/1,000
Non-Network	\$200/400	\$500/1,000
Coinsurance Maximum		
Network	\$800/1,600	\$500/1,000
Non-Network	\$800/1,600	\$1,000/2,000
Out-of-Pocket Maximum		
Network	\$1,000/2,000	\$1,000/2,000
Non-Network	\$1,000/2,000	\$1,500/3,000
Office Visit Copay		
Network	\$20	\$20
Non-Network	\$20	\$20
Coinsurance after NN Copay	n/a	80%
Urgent Care Copay		
Network	\$20	\$20
Non-Network	\$20	\$20
Coinsurance after NN Copay	n/a	80%
OVC applies to exam only?	Yes	Yes
Miscellaneous		
Supplemental Accident?	1st \$300 @ 100%	No
Diagnostic Services 100%?	1st \$500 @ 100%; 100% Surgical	No
Routine Exam		
Network	\$20	\$20
Non-Network	\$20	\$20
Coinsurance after NN Copay	n/a	80%

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Routine "Wellness" Services:		Routine "Wellness" Services are NOT Subject to Deductible
1st \$200 at 100%?	Yes	No
X-Ray, Tests, Lab	90%	90% / 80%
PSA	90%	90% / 80%
Colonoscopy	90%	Endoscopic =
Sigmoidoscopy	90%	90% / 80%
Well Child Care:		Non-Ntwk Exams OVC + 80%
Exam Copay	\$20	\$20
Birth to Age 1	\$500	\$500
Age 1 - 9	\$150	\$500
Physical Therapy		
Network	90%	90%
Non-Network	80%	80%
Visit Limit	None	40
Occupational Therapy		
Network	90%	90%
Non-Network	80%	80%
Visit Limit	None	Comb. w / PT
Chiropractic		
Network	50%	50%
Non-Network	50%	50%
Visit Limit	Max \$12.50/day; \$600 BP	12
Speech		
Network	90%	90%
Non-Network	80%	80%
Visit Limit	None	20
Emergency ER		
Copay		
Network	None	\$75
Non-Network	None	\$75
Coinsurance		
Network	90%	then 100%
Non-Network	90%	then 100%

District Name	Huron City All Employees	"Ideal 1" <u>WITHOUT</u> Approved Working Spouse Language
Non-Emergency ER		
Copay		
Network	None	\$75
Non-Network	None	\$75
Coinsurance		
Network	90%	then 90%
Non-Network	80%	then 80%
Mental Health & Substance Abuse		(Substance Abuse Limited to 3 Inpatient Treatments Per Lifetime)
Inpatient		
Network	90%	90%
Non-Network	80%	80%
Days per BP	60	31
Outpatient		
Copay	None	None
Network	50%	50%
Non-Network	50%	50%
Other Limits	None	None
#Visits per BP	50	50
Rx Copays Reimbursable?	Yes	No
HESE Approved Working Spouse Language Effective?	No	No
Rates	7/1/07 - 6/30/08 Rates	Rates for the period 7/1/07 through 6/30/08
29 Single Rate	\$372.34	\$325.55
117 Family Rate	930.84	813.87
Annual Premium	\$1,436,473.68	\$1,255,964.88
Annual \$ Savings		(180,508.80)
Annual % Savings		-12.6%