

**Wise County- Employee Benefits Review  
Health**

		Actna				
		Base Plan		Buy Up Plan		
<b>Type of Plan</b>		HMO		HMO		
<b>Lifetime Maximum</b>		Unlimited		Unlimited		
<b>Deductible per Calendar Year</b>		\$2500 / \$5000		\$1000 / \$2000		
<b>Coinsurance</b>		70%		70%		
<b>Copays</b>						
Office Visit - Primary Care		\$40		\$40		
Office Visit - Specialist		\$60		\$60		
Urgent Care		\$50		\$50		
Hospital Admission		Deductible + 30%		30% to Coinsurance		
Outpatient Surgery		Deductible + 30%		30% to Coinsurance		
Emergency Room (Waived if Admitted)		\$250		\$250		
<b>Prescription Drugs</b>						
<b>Rx Deductible</b>						
Generic Copay		\$20		\$20		
Name Brand Copay		\$40		\$40		
Non-Formulary Copay		\$60		\$60		
<b>Out of Pocket Maximum</b>						
Individual		\$5,000		\$2,500		
Family		\$10,000		\$5,000		
<b>OUT OF NETWORK BENEFITS</b>						
<b>Lifetime Maximum</b>						
<b>Deductible</b>						
<b>Coinsurance</b>						
<b>Copays</b>						
Physician's Services		No Coverage		No Coverage		
Hospital Per Admission Copay						
<b>Maximum Out of Pocket</b>						
Individual						
Family						
<b>MEDICAL COST</b>		<b>Base Plan</b>		<b>Buy Up Plan</b>		
	<b>Base Census</b>	<b>Buy Up Census</b>	<b>Current</b>	<b>Renewal</b>	<b>Current</b>	<b>Renewal</b>
Employee Only	156	34	\$ 751.76	\$ 941.47	\$ 829.76	\$ 1,039.15
Employee + Spouse	44	12	\$ 1,503.53	\$ 1,882.95	\$ 1,659.53	\$ 2,078.32
Employee + Children	42	16	\$ 1,353.18	\$ 1,694.65	\$ 1,493.58	\$ 1,870.49
Employee + Family	40	9	\$ 2,255.30	\$ 2,824.42	\$ 2,489.29	\$ 3,117.46
	<b>282</b>	<b>71</b>				
<b>TOTAL MONTHLY COST</b>			\$ 330,475.44	\$ 413,871.38	\$ 94,427.09	\$ 118,255.95
<b>TOTAL ANNUAL COST BY PLAN</b>			\$ 3,965,705.28	\$ 4,966,456.57	\$ 1,133,125.08	\$ 1,419,071.35
<b>TOTAL ANNUAL COST</b>			Current		Renewal	
			\$ 5,098,830.36		\$ 6,385,527.92	
<b>CHANGE FROM CURRENT</b>						25.2%
<b>TOTAL MONTHLY CHANGE FROM CURRENT</b>						\$ 107,224.80
<b>TOTAL ANNUAL CHANGE FROM CURRENT</b>						\$ 1,286,697.56
<b>MONTHLY EMPLOYER IMPACT</b>			#REF!		#REF!	
<b>ANNUAL EMPLOYER IMPACT</b>			#REF!		#REF!	

\*Census is estimated

NOTE: If there are any differences from the actual plan design, actual plan design governs

**TAC ALTERNATE 2**

**BCBSTX**

<b>Base Plan</b>	<b>Buy Up Plan</b>
PPO Unlimited \$2500/\$7500 (plan year) 80%	PPO Unlimited \$1000/\$3000 (plan year) 80%
\$40 \$50 \$50 Deductible + 20% Deductible + 20% \$150 + Deductible + 20%	\$30 \$40 \$40 Deductible + 20% Deductible + 20% \$150 + Deductible + 20%
\$250 \$10 \$30 \$50	\$10 \$30 \$50
\$4,350 \$6,200	\$3,000 \$9,000
Unlimited \$7500/\$22500 60% / 70%  Deductible + 30% Deductible + 40%  \$4,350 \$6,200	Unlimited \$3000/\$9000 60% / 70%  Deductible + 30% Deductible + 40%  \$3,000 \$9,000
<b>Base Plan</b>	<b>Buy Up Plan</b>
\$ 705.18 \$ 1,267.02 \$ 1,407.48 \$ 2,109.80  \$ 10,041,842.11 \$ 120,502,105.32	\$ 829.76 \$ 1,659.52 \$ 1,493.58 \$ 2,489.28  \$ - \$ -
\$	120,502,105.32
	<b>#DIV/0!</b>
\$	<b>10,041,842.11</b>
\$	<b>120,502,105.32</b>
#REF!	#REF!
#REF!	#REF!

# Wise County- Employee Benefits Review

## Health

		TAC ALTERNATE 2	
		BCBSTX	
		Base Plan	Buy Up Plan
Type of Plan		PPO	PPO
Lifetime Maximum		Unlimited	Unlimited
Deductible per Calendar Year		\$2500/\$7500 (plan year)	\$1000/\$3000 (plan year)
Coinsurance		80%	80%
<b>Copays</b>			
Office Visit - Primary Care		\$40	\$30
Office Visit - Specialist		\$50	\$40
Urgent Care		\$50	\$40
Hospital Admission		Deductible + 20%	Deductible + 20%
Outpatient Surgery		Deductible + 20%	Deductible + 20%
Emergency Room (Waived if Admitted)		\$150 + Deductible + 20%	\$150 + Deductible + 20%
<b>Prescription Drugs</b>			
<b>Rx Deductible</b>		\$250	
Generic Copay		\$10	\$10
Name Brand Copay		\$30	\$30
Non-Formulary Copay		\$50	\$50
<b>Out of Pocket Maximum</b>			
Individual		\$4,350	\$3,000
Family		\$6,200	\$9,000
<b>OUT OF NETWORK BENEFITS</b>			
Lifetime Maximum		Unlimited	Unlimited
Deductible		\$7500/\$22500	\$3000/\$9000
Coinsurance		60% / 70%	60% / 70%
<b>Copays</b>			
Physician's Services		Deductible + 30%	Deductible + 30%
Hospital Per Admission Copay		Deductible + 40%	Deductible + 40%
<b>Maximum Out of Pocket</b>			
Individual		\$4,350	\$3,000
Family		\$6,200	\$9,000
<b>MEDICAL COST</b>		<b>Base Plan</b>	<b>Buy Up Plan</b>
Employee Only	\$	705.18	\$ 829.76
Employee + Spouse	\$	1,267.02	\$ 1,659.52
Employee + Children	\$	1,407.48	\$ 1,493.58
Employee + Family	\$	2,109.80	\$ 2,489.28

13 **Wise County - Employee Benefits Review**  
**Dental**

		Aetna		BCBSTX (TAC)
Type of Plan		Passive PPO		PPO
Plan Design				
Individual Deductible Amount		\$50 (3X)		\$50 (3X)
Waived for Type I Dental Services		Yes		Yes
Annual Maximum Per Person Per Policy Year		\$1,000		\$1,500
<b>Class I - Preventive Services</b>				
Exams				
Cleanings				
X-rays (bitewing)		100%		100%
Flouride Treatments				
Sealants				
Palliative Treatment				
<b>Class II - Basic Services</b>				
Fillings				
Root Canal Therapy/Endontics				
Osseus Surgery		80%		80%
Periodontal Scaling/Root Planing				
Brush Biopsies				
Oral Surgery-Simple Extractions				
<b>Class III - Major Services</b>				
Inlays, Onlays, Crowns				
Surgical Periodontics				
Prosthetics		50%		50%
Repairs of Crowns, Inlays, Onlays, Bridges and Dentures				
<b>Type IV - Orthodontic Services</b>				
Orthodontics (19 Years and Younger)		\$1,000 Lifetime Max		\$1,500 Lifetime Max *up to age 26
Waiting Period Class III		None		None
<b>Participation Requirement</b>		50%		50%
<b>Rate Guarantee</b>		1 year		1 year
<b>PREMIUM MONTHLY RATES</b>				
	<b>Census*</b>	<b>Current</b>	<b>Renewal</b>	
Employee Only	127	\$ 24.20	\$ 24.20	\$ 24.20
Employee + Spouse	39	\$ 58.34	\$ 58.34	\$ 58.34
Employee + Child(ren)	46	\$ 54.70	\$ 54.70	\$ 54.70
Employee + Family	66	\$ 89.57	\$ 89.57	\$ 89.58
	<b>278</b>			
<b>CHANGE FROM CURRENT</b>				0.0%
<b>CHANGE FROM RENEWAL</b>				0.0%
<b>TOTAL MONTHLY COST</b>		13,776.48	13,776.48	13,775.82
<b>TOTAL ANNUAL COST</b>		165,317.76	165,317.76	165,309.84

\*Census is estimated

NOTE: If there are any differences from the actual plan design, actual plan design governs

# Wise County - Employee Benefits Review Vision

		VSP	
Frequency (Months)	Exam	12	
	Frames	24	
	Contact Lenses	12	
In-Network Copays	Lenses	12	
	Exam	\$10	
	Materials	\$25	
Premiums	Employee Only	2 years	8.38
	Employee + Spouse		13.41
	Employee + Children		13.69
	Employee + Family		22.07

Wise County - Employee Benefits Review  
Dental

Type of Plan	Aetna		BCBSTX (TAC)	
	Passive PPO	PPO	PPO	PPO
<b>Plan Design</b> Individual Deductible Amount: Waived for: Type I Dental Services Annual Maximum Per Person Per Policy Year	\$50 (3X) Yes \$1,000	\$50 (3X) Yes \$1,500		
<b>Class I - Preventive Services</b> Exams Cleanings X-rays (bitewing) Fluoride Treatments Sealants Palliative Treatment	100%	100%		
<b>Class II - Basic Services</b> Fillings Root Canal Therapy/Endodontics Osseus Surgery Periodontal Scaling/Root Planing Brush Biopsies Oral Surgery-Simple Extractions	80%	80%		
<b>Class III - Major Services</b> Inlays, Onlays, Crowns Surgical Periodontics Prosthetics Repairs of Crowns, Inlays, Onlays, Bridges and Dentures	50%	50%		
<b>Type IV - Orthodontic Services</b> Orthodontics (19 Years and Younger) Waiting Period Class III	\$1,000 Lifetime Max	\$1,500 Lifetime Max *up to age 26		
<b>Participation Requirement</b> None 50% 1 year				
<b>Rate Guarantee</b> 1 year				
<b>PREMIUM MONTHLY RATES</b> Employee Only Employee + Spouse Employee + Child(ren) Employee + Family	Censur* 127 39 46 66 278	<b>Current</b> \$ 24.20 \$ 58.34 \$ 54.70 \$ 89.57	<b>Renewal</b> \$ 24.20 \$ 58.34 \$ 54.70 \$ 89.57	24.20 58.34 54.70 89.56
<b>CHANGE FROM CURRENT</b> CHANGE FROM RENEWAL		0.0% 0.0%		0.0% 0.0%
<b>TOTAL MONTHLY COST</b> <b>TOTAL ANNUAL COST</b>	13,776.48 165,317.76	13,776.48 165,317.76	13,776.48 165,309.84	

\*Censur is estimated  
NOTE: If there are any differences from the actual plan design, actual plan design governs

# Wise County - Employee Benefits Review

## Vision

Frequency (Months)	VSP	
Exam	12	
Frames	24	
Contact Lenses	12	
Lenses	12	
<b>In-Network Copays</b>		
Exam	\$10	
Materials	\$25	
<b>Premiums</b>		
Employee Only	\$	2 years 8.38
Employee + Spouse	\$	13.41
Employee + Children	\$	13.69
Employee + Family	\$	22.07

# Wise County - Employee Benefits Review

## Employer Paid Life

	Aetna	
Benefit Level	\$25,000	
Number of Employees	345	
Volume	\$8,625,000	
Participation Required	100%	
Employer Contribution	100%	
	Current	Renewal
Rate per \$1,000 of Life Benefit	\$0.210	\$0.210
Rate per \$1,000 of AD&D Benefit	\$0.020	\$0.020
Total Rate per \$1,000	\$0.230	\$0.230
Monthly Premium	\$1,983.75	\$0.00

	Voya / TAC
Benefit Level	\$25,000
Number of Employees	345
Volume	\$8,625,000
Participation Required	100%
Employer Contribution	100%
Rate per \$1,000 of Life Benefit	\$0.195
Rate per \$1,000 of AD&D Benefit	\$0.020
Total Rate per \$1,000	\$0.215
Monthly Premium	\$1,854.38

Insurance

Current on paycheck	Base Plan	Paycheck Difference	BuyUP Plan	Paycheck Difference
Employee Only	\$0.00		\$36.00	
Employee/Spouse	\$181.63		\$253.63	
Employee/Children	\$128.39		\$193.19	
Employee/Family	\$348.60		\$456.60	
<b>TAC - BCBS</b>				
Employee Only	\$0.00	\$0.00	\$57.50	\$21.50
Employee/Spouse	\$135.75	-\$45.88	\$316.90	\$63.27
Employee/Children	\$149.91	\$21.52	\$190.98	-\$2.21
Employee/Family	\$325.76	-\$22.84	\$500.91	\$44.31
<b>Dental No Change</b>				
Employee Only	11.17			
Employee & Spouse	26.93			
Employee & Children	25.25			
Employee & Family	41.34			
<b>Vision New Option</b>				
Employee Only	3.87			
Employee/Spouse	6.19			
Employee/Children	6.32			
Employee/Family	10.19			
<b>Life changing from .23 to .215</b>				
	5.75 per month			
	25,000		5.38 per month	