OKHEEI Madical Blaz			DCDC Demousely	with No Changes			
Medical Plan			BCBS Renewal v				
Benefits & Cost Sumr					0 health assessment ount (rates X .995)		
Renewal January, 1, 2	2016	Curi	ront		Plan Changes		
		Curi	rent	Renewai - No	Plan Changes		
		High Current	Basic Current	High Renewal	Basic Renewal		
Benefits Outline		BlueChoice	BlueChoice	BlueChoice	BlueChoice		
Calendar Year Deductible	e (S/F)	\$1,000 / \$3,000	First Dollar - \$500 at 100% then \$500 / \$1,000	\$1,000 / \$3,000	First Dollar - \$500 at 100% then \$500 / \$1,000		
Coinsurance (unless otherw		80%	50%	80%	50%		
Out of Pocket Maximum	(S/F)	\$3,300 / \$9,900	\$5,500 / \$11,000	\$3,300 / \$9,900	\$5,500 / \$11,000		
Combined Medical & F	Rx	Yes	Yes	Yes	Yes		
Deductible Included in		Yes	Yes	Yes	Yes		
Medical Copays Includ		Yes	Yes	Yes	Yes		
Rx Copays Included in	n OOP?	Yes	Yes	Yes	Yes		
Preventive Care PCP Office Visit Copay /	O-i- auronee	Covered 100%	Covered 100%	Covered 100%	Covered 100%		
Specialist Office Visit Copay /		\$25 \$40	50% after Deductible 50% after Deductible	\$25 \$40	50% after Deductible 50% after Deductible		
Emergency Room Copay		\$40 80% after \$100 copay	50% after Deductible 50% after Deductible	80% after \$100 copay	50% after Deductible		
Elliorgonoy	<u>'</u>		3070 anti- Doddonbio		50 /0 diter 2 Gadonero		
Herent Core Conny		\$25/\$40 - in Office Ded/Coins for OP facility	500/ -fr - Dodustible	\$25/\$40 - in Office Ded/Coins for OP facility	500/ -fr - Daduglible		
Urgent Care Copay Hospital Admission	-	80% after Deductible	50% after Deductible 50% after Deductible	80% after Deductible	50% after Deductible 50% after Deductible		
Prescription Drugs		80% anei Deductible	50% alter Deductible	80% after Deductions	50% after Deductions		
F163011ption D1ago		Generic/Preferred less than		Generic/Preferred less that	an \$100 = lesser cost or \$25		
	Ī	Generic/Preferred greater t	than \$100 = 25% up to \$50	Generic/Preferred greater	r than \$100 = 25% up to \$50		
Prescription Drugs		Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100 Non-Preferred greater than \$100 = 50% up to \$100					
Retail & Mail - one copay	ı	102 day supply limit or 30			00 quantity limit per copay		
		50% coin	nsurance	50% co	insurance		
Specialty Drugs		\$50min - S			- \$100max		
Generic Incentive Mental Health/Substance	Ahuea	No incentive other	r than copay tiers	NO Incentive out	er than copay tiers		
Inpatient	Abuse	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible		
Outpatient		80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible		
Chiropractic/Spinal Manip	pulation	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible		
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited		
Out-of-Network Benefits							
Calendar Year Deductible		\$1,000 / \$3,000	\$500 / \$1,000	\$1,000 / \$3,000	\$500 / \$1,000		
Per Admission Deductible		\$300	\$300	\$300	\$300		
Coinsurance (unless other Out of Pocket Maximum	erwise stated)	50% \$3,300 / \$11,400	50% \$5,500 / \$11,000	50% \$3,300 / \$11,400	50% \$5,500 / \$11,000		
Lifetime Maximum	- 1	\$3,300 / \$11,400 Unlimited	\$5,500 / \$11,000 Unlimited	\$3,300 / \$11,400 Unlimited	\$5,500 / \$11,000 Unlimited		
Monthly Rates-includes	s EE High Basic	Current	Current	Negotiated Renewal	Negotiated Renewal		
Employee	3896 133	\$530.50	\$399.70	\$585.70	\$448.10		
Employee & Spouse	229 22	\$1,087.60	\$399.70 \$819.40	\$1,200.80	\$918.50		
Employee & Child	464 49	\$742.80	\$559.50	\$820.10	\$627.20		
Employee & Children	143 28	\$955.00	\$719.40	\$1,054.40	\$806.40		
Employee & Family	127 40	\$1,512.10	\$1,139.10	\$1,669.40	\$1,276.90		
\$250 Health Assessmen	nt credit included, unl	less noted otherwise. F	Rates do not include any	costs for ben admin s	ystem.		
	Rates Broken Out	Current High	Current Basic	Renewal High	Renewal Basic		
	Employee Only	\$530.50	\$399.70	\$585.70	\$448.10		
	Spouse Only	\$557.10	\$419.70	\$615.10	\$470.40		
	Child Only	\$212.30	\$159.80	\$234.40	\$179.10		
	Children Only	\$424.50	\$319.70	\$468.70	\$358.30		
	Spouse & Child(ren)	\$981.60	\$739.40	\$1,083.70	\$828.80		
				\$35 PCP/\$50 SPC	First Dollar=\$400		
			Employee	\$582.77	\$446.44		
			Employee & Spouse	\$1,194.80	\$915.10		
			Employee & Child	\$816.00	\$624.88		
			Employee & Children	\$1,049.13 \$1,661.05	\$803.42 \$1.272.19		
			Employee & Family	\$1,661.05	\$1,272.18 Prook Out		
			Employee Only	Break Out \$582.77	Break Out \$446.44		
			Spouse Only	\$612.02	\$468.66		
			Child Only	\$233.23	\$178.44		

Child Only

Children Only Spouse & Child(ren) \$233.23

\$466.36 \$1,078.28 \$178.44

\$356.97

\$825.73

BCBS Alternates, each plan stands alone

Impact to remove the \$250 health assessment credit = .5% discount (rates X .995)

Alternate 1 \$1,250 Deductible BlueChoice	Alternate 2 \$1,250 Deductible BlueOptions - Alt A	Alternate 3 \$1,500 Deductible BlueOptions - Alt B	Alternate 4 \$1,500 Deductible BlueOptions - Alt C	Alternate 5 \$2,500 Deductible BlueOptions	Alternate 6 \$6,000 HSA
\$1,250 / \$3,750	\$1,250/\$3,750	\$1,500 / \$4,500	\$1,500 / \$4,500	\$2,500 / \$7,500	\$6,000 / \$12,000
80%	80/70/60%	80/70/60%	80/70/60%	80/70/60%	100%
	Preferred - \$3,500 / \$10,500 Choice - \$4,000 / \$12,000 Traditional - \$4,500 / \$13,500	Preferred - \$4,000 / \$12,000 Choice - \$4,500 / \$13,500 Traditional - \$5,000 / \$15,000	Preferred - \$4,000 / \$12,000 Choice - \$5,000 / \$15,000 Traditional - \$6,000 / \$18,000	Preferred - \$5,000 / \$10,000 Choice - \$5,500 / \$11,000 Traditional - \$6,000 / \$12,000	
\$4,000 / \$12,000 Yes	Yes	Yes	Yes	Yes	\$6,000 / \$12,000 Yes
Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes Yes	Yes
Yes Yes	Yes Yes	Yes Yes	Yes	Yes Yes	Yes N/A
Yes	Yes	Yes	Yes	Yes	N/A
Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%, no ded
\$25	Preferred-\$25/Choice-\$35	Preferred-\$25/Choice-\$35	Preferred-\$35/Choice-\$35	Preferred-\$25/Choice-\$35	100% after Deductible
\$40	Preferred-\$40/Choice-\$50	Preferred-\$40/Choice-\$50	Preferred-\$50/Choice-\$50	Preferred-\$40/Choice-\$50	100% after Deductible
80% after \$100 copay	80% after \$150 copay	80% after \$150 copay	80% after \$150 copay	80% after \$150 copay	100% after Deductible
\$25/\$40 - in Office	\$25/35; \$40/50 - in Office	\$25/35; \$40/50 - in Office	\$35/35; \$50/50 - in Office	\$25/35; \$40/50 - in Office	
Ded/Coins for OP facility	Ded/Coins for OP facility	Ded/Coins for OP facility	Ded/Coins for OP facility	Ded/Coins for OP facility	100% after Deductible
80% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	100% after Deductible
RX same as current	RX same as current	RX same as current	RX same as current	RX same as current	100% after Ded N/A-100% after Deductible
80% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	N/A-100% after Deductible 100% after Deductible
80% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	100% after Deductible
80% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	80/70/60% after Deductible	100% after Deductible
Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
\$1,750 / \$5,250	\$1,250/ \$3,750	\$1,500 / \$4,500	\$1,500 / \$4,500	\$2,500 / \$7,500	\$7,000 /\$14,000
\$300	\$300	\$300	\$300	\$300	\$300
50%	50%	50%	50%	50%	70%
\$4,500 / \$13,500	\$6,500 / \$13,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$9,000 / \$18,000
Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
\$1,250 BlueChoice	\$1,250 BlueOptions A	\$1,500 BlueOptions B	\$1,500 BlueOptions C	\$2,500 BlueOptions	\$6,000 HSA
\$570.40 \$1,169.40 \$798.70 \$1,026.80	\$520.60 \$1,067.40 \$729.00 \$937.30	\$511.40 \$1,048.50 \$716.10 \$920.70	\$510.00 \$1,045.70 \$714.10 \$918.20	\$486.40 \$997.30 \$681.10 \$875.60	\$475.60 \$975.10 \$666.00 \$856.20
\$1,625.80	\$1,484.00	\$1,457.70	\$1,453.70	\$1,386.50	\$1,355.70
\$1,250 BlueChoice \$570.40 \$599.00 \$228.30 \$456.40 \$1,055.40	\$1,250 BlueOptions A \$520.60 \$546.80 \$208.40 \$416.70 \$963.40	\$1,500 BlueOptions B \$511.40 \$537.10 \$204.70 \$409.30 \$946.30	\$1,500 BlueOptions C \$510.00 \$535.70 \$204.10 \$408.20 \$943.70	\$2,500 BlueOptions \$486.40 \$510.90 \$194.70 \$389.20 \$900.10	\$6,000 HSA \$475.60 \$499.50 \$190.40 \$380.60 \$880.10

Alt Dual Option per request to keep rates at current; per BCBS's total premium underwriting objective.

(BCBS Package #7)

ernate 6 000 HSA		Alternate 7 High Blue Options \$1,500 Deductible	Alternate 8 Basic Blue Preferred \$750 Deductible
00 / \$12,000		\$1,500 / \$4,500	\$750 / \$1,500
100%		80/70/60%	60%
		Preferred - \$4,000/\$12,000 Choice - \$5,000/\$13,600	
00 / \$12,000		Traditional - \$6,000/\$13,600	\$5,500 / \$11,000
Yes		Yes	Yes
Yes		Yes	Yes
N/A		Yes	Yes
N/A		Yes	Yes Covered 100%
100%, no ded fter Deductible		0010100 10070	Covered 100% 60% after Deductible
fter Deductible		\$25 \$50	60% after Deductible
fter Deductible		80% after \$200 copay	60% after Deductible
fter Deductible		\$25/\$50 - in Office Ded/Coins for OP facility	60% after Deductible
fter Deductible		80/70/60% after Deductible	
		Calendar Year Deductible A	
% after Ded		Generic/Preferred less than \$ Generic/Preferred greater tha Non-Preferred less than \$10 Non-Preferred greater than \$ Quantity limits reduced per Cop 50% coinsu	n \$100 = 25% up to \$50 00 = lesser cost or \$50 \$100 = 50% up to \$100 pay, pending confirmation trance
after Deductible		\$50min - \$1	
after Deductible		Yes, Member pays difference	between Brand/Generic
fter Deductible		80/70/60% after Deductible	60% after Deductible
fter Deductible		80/70/60% after Deductible	60% after Deductible
fter Deductible		80/70/60% after Deductible	60% after Deductible
nlimited		Unlimited	Unlimited
00 /\$14,000		\$1,500 / \$4,500	\$750 / \$1,500
\$300		\$300	\$300
70%		50%	50% - Pending BCBS
00 / \$18,000		\$10,500 / \$28,500	Pending BCBS
nlimited		Unlimited	Unlimited
000 HSA		\$1,500 BlueOptions	\$750 BluePreferred
475.60		\$526.00	\$471.00
975.10		\$1,070.00	\$967.00
666.00		\$733.00	\$660.00
856.20		\$943.00	\$849.00
,355.70		ψ1,400.00	\$1,344.00
		Does not provide Health add'l changes to home	
		benefit max	
000 HSA		\$1,500 BlueOptions	\$750 BluePreferred
475.60		\$526.00	\$471.00
499.50		\$544.00	\$496.00
190.40			\$189.00
380.60		\$417.00	\$378.00
880.10		\$967.00	\$873.00
Emplo	VEE	Rx Same Plan \$558.00	as Current \$482.00
Employee & Spo		\$1,135.00	\$990.00
Employee & C		\$777.00	\$676.00
Employee & Child		£4,000,00	\$869.00
Employee & Fa		\$1,583.00	\$1,376.00
		Break Out	Break Out
Employee (\$558.00	\$482.00
Spouse 0		\$577.00	\$508.00
Child (\$194.00
Children (Spouse & Child(\$442.00	\$307.00
Spouse & Crilla((C(1)	\$1,025.00	\$894.00

USI Southwest 1 07/02/2015

OKHEEI - BCBS Triple Option (current two plans and adding a new plan) with Migration Scenario

High

Basic

2015 BCBS									
					Monthly	Monthly			
		M	onthly per	E	mployer	Employee			
Participation	Tiers	uni	it Premium	Contribution		Contribution			
3896	Employee Only	\$	530.50	\$	530.50	\$	-		
229	Employee and Spouse	\$	1,087.60	\$	530.50	\$	557.10		
464	Employee and Child	\$	742.80	\$	530.50	\$	212.30		
143	Employee and Child(ren)	\$	955.00	\$	530.50	\$	424.50		
127	Employee and Family	\$	1,512.10	\$	530.50	\$	981.60		
133	Employee Only	\$	399.70	\$	399.70	\$	-		
22	Employee and Spouse	\$	819.40	\$	399.70	\$	419.70		
49	Employee and Child	\$	559.50	\$	399.70	\$	159.80		
28	Employee and Child(ren)	\$	719.40	\$	399.70	\$	319.70		
40	Employee and Family	\$	1,139.10	\$	399.70	\$	739.40		
5131	·								

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ORTICETIA							
			N	Monthly	Monthly		
	Mo	nthly per	E	mployer	E	mployee	
Tiers	unit	Premium	Co	ntribution	Co	ntribution	Employer %
Employee Only	\$	530.50	\$	530.50	\$	-	100%
Spouse Only	\$	557.10	\$	-	\$	557.10	0%
Child	\$	212.30	\$	-	\$	212.30	0%
Chidren	\$	424.50	\$	-	\$	424.50	0%
Spouse + Child(ren)	\$	981.60	\$	-	\$	981.60	0%
Employee Only	\$	399.70	\$	399.70	\$	-	100%
Spouse Only	\$	419.70	\$	-	\$	419.70	0%
Child	\$	159.80	\$	-	\$	159.80	0%
Chidren	\$	319.70	\$	-	\$	319.70	0%
Spouse + Child(ren)	\$	739.40	\$	-	\$	739.40	0%

Total Monthly Cost Total Annual Cost \$ 3,153,459 \$ 2,686,418 \$ 467,041 \$ 37,841,507 \$ 32,237,015 \$ 5,604,492

OKUEELI (

High - BC No Chg

Alternate 2

Basic BC No Chg (Low Plan)

				2010 BCB3									
				Monthly		Monthly							
	M	onthly per	E	mployer	Employee								
Tiers	un	it Premium	C	ontribution	Contribution								
Employee Only	\$	585.70	\$	491.99	\$	93.71							
Employee and Spouse	\$	1,200.80	\$	491.99	\$	708.81							
Employee and Child	\$	820.10	\$	491.99	\$	328.11							
Employee and Child(ren)	\$	1,054.40	\$	491.99	\$	562.41							
Employee and Family	\$	1,669.40	\$	491.99	\$	1,177.41							
Employee Only	\$	520.60	\$	478.95	\$	41.65							
Employee and Spouse	\$	1,067.40	\$	478.95	\$	588.45							
Employee and Child	\$	729.00	\$	478.95	\$	250.05							
Employee and Child(ren)	\$	937.30	\$	478.95	\$	458.35							
Employee and Family	\$	1,484.00	\$	478.95	\$	1,005.05							
Employee Only	\$	448.10	\$	448.10	\$	-							
Employee and Spouse	\$	918.50	\$	448.10	\$	470.40							
Employee and Child	\$	627.20	\$	448.10	\$	179.10							
Employee and Child(ren)	\$	806.40	\$	448.10	\$	358.30							
Employee and Family	\$	1,276.90	\$	448.10	\$	828.80							
	Employee Only Employee and Spouse Employee and Child Employee and Child(ren) Employee and Family Employee Only Employee and Spouse Employee and Child Employee and Child (ren) Employee and Family Employee and Family Employee and Spouse Employee And Spouse Employee Only Employee And Spouse Employee and Child Employee and Child Employee and Child	Tiers un Employee Only \$ Employee and Spouse \$ Employee and Child \$ Employee and Child(ren) \$ Employee and Family \$ Employee Only \$ Employee and Spouse \$ Employee and Child \$ Employee and Child \$ Employee and Child \$ Employee and Family \$ Employee and Spouse \$ Employee and Spouse \$ Employee and Child \$ Employee and Spouse \$ Employee Only \$ Employee Only \$ Employee and Spouse \$ Employee and Child	Employee Only \$ 585.70 Employee and Spouse \$ 1,200.80 Employee and Child \$ 820.10 Employee and Child(ren) \$ 1,054.40 Employee and Family \$ 1,669.40 Employee Only \$ 520.60 Employee and Spouse \$ 1,067.40 Employee and Child \$ 729.00 Employee and Child(ren) \$ 937.30 Employee and Family \$ 1,484.00 Employee Only \$ 448.10 Employee and Spouse \$ 918.50 Employee and Child \$ 627.20 Employee and Child(ren) \$ 806.40	Tiers unit Premium Cc Employee Only \$ 585.70 \$ Employee and Spouse \$ 1,200.80 \$ Employee and Child \$ 820.10 \$ Employee and Child(ren) \$ 1,054.40 \$ Employee and Family \$ 520.60 \$ Employee and Spouse \$ 1,067.40 \$ Employee and Child \$ 729.00 \$ Employee and Child(ren) \$ 937.30 \$ Employee and Family \$ 1,484.00 \$ Employee and Spouse \$ 918.50 \$ Employee and Child \$ 627.20 \$ Employee and Child(ren) \$ 806.40 \$	Tiers unit Premium Contribution Employee Only \$ 585.70 \$ 491.99 Employee and Spouse \$ 1,200.80 \$ 491.99 Employee and Child \$ 820.10 \$ 491.99 Employee and Child(ren) \$ 1,054.40 \$ 491.99 Employee and Family \$ 1,669.40 \$ 491.99 Employee Only \$ 520.60 \$ 478.95 Employee and Spouse \$ 1,067.40 \$ 478.95 Employee and Child \$ 729.00 \$ 478.95 Employee and Family \$ 1,484.00 \$ 478.95 Employee Only \$ 448.10 \$ 448.10 Employee and Spouse \$ 918.50 \$ 448.10 Employee and Child \$ 627.20 \$ 448.10 Employee and Child (ren) \$ 806.40 \$ 448.10	Tiers unit Premium Contribution Co Employee Only \$ 585.70 \$ 491.99 \$ Employee and Spouse \$ 1,200.80 \$ 491.99 \$ Employee and Child \$ 820.10 \$ 491.99 \$ Employee and Child(ren) \$ 1,054.40 \$ 491.99 \$ Employee and Family \$ 1,669.40 \$ 491.99 \$ Employee Only \$ 520.60 \$ 478.95 \$ Employee and Spouse \$ 1,067.40 \$ 478.95 \$ Employee and Child \$ 729.00 \$ 478.95 \$ Employee and Child(ren) \$ 937.30 \$ 478.95 \$ Employee and Family \$ 1,484.00 \$ 478.95 \$ Employee and Spouse \$ 918.50 \$ 448.10 \$ Employee and Child \$ 627.20 \$ 448.10 \$ Employee and Child(ren) \$ 806.40 \$ 448.10 \$							

	Internal

				Monthly		Monthly			
	M	onthly per	E	mployer	E	mployee	Em	ployee \$	
Tiers	uni	t Premium	Со	ntribution	Co	ontribution	In	crease	Employer %
Employee Only	\$	585.70	\$	491.99	\$	93.71	\$	93.71	84%
Spouse Only	\$	615.10	\$	-	\$	615.10	\$	58.00	0%
Child	\$	234.40	\$	-	\$	234.40	\$	22.10	0%
Chidren	\$	468.70	\$	-	\$	468.70	\$	44.20	0%
Spouse + Child(ren)	\$	1,083.70	\$	-	\$	1,083.70	\$	102.10	0%
Employee Only	\$	520.60	\$	478.95	\$	41.65	na		92%
Spouse Only	\$	546.80	\$	-	\$	546.80	na		0%
Child	\$	208.40	\$	-	\$	208.40	na		0%
Chidren	\$	416.70	\$	-	\$	416.70	na		0%
Spouse + Child(ren)	\$	963.40	\$	-	\$	963.40	na		0%
Employee Only	\$	448.10	\$	448.10	\$	-	\$	-	100%
Spouse Only	\$	470.40	\$	-	\$	470.40	\$	50.70	0%
Child	\$	179.10	\$	-	\$	179.10	\$	19.30	0%
Chidren	\$	358.30	\$	-	\$	358.30	\$	38.60	0%
Spouse + Child(ren)	\$	828.80	\$	-	\$	828.80	\$	89.40	0%

Total Monthly Cost \$ 3,198,544 \$ 2,443,277 \$ 755,266 Total Annual Cost \$ 38,382,523 \$ 29,319,326 \$ 9,063,197 \$ 76% \$ 24%

Migration Assumptions

50% Migration from High Plan

25% Assumed High population migrates into basic

25% Assumed High population migrates into Alternate 2

OKHEEI Dental Plan Benefit Outline and (Renewal January 1, 2		nmary						
		вс	BS	BCBS - Plan II	BCBS - Plan III	BCBS - Plan IV	BCBS - Plan II (a)	BCBS - Plan III (a)
Typo		n p	PO	Low Option DPPO	Low Option DPPO	Low Option DPPO	Low Option DPPO	Low Option DPPO
Type Deductible (EE/Fam)			/\$75	\$50/\$100	\$75/\$150	\$100/\$200	\$50/\$100	\$75/\$150
Waived for Preventiv	re?	,	Out-Yes	In-Yes/Out-Yes	In-Yes/Out-Yes	In-Yes/Out-Yes	In-No/Out-No	In-No/Out-No
Preventive/Basic/Major			00/85/60%	Network -100/75/60% Non-Network - 100/70/50%	Network -100/ 75 /60% Non-Network - 100/70/50%	Network -100/ 75 /60% Non-Network - 100/70/50%	Network -100/ 75 /60% Non-Network - 100/70/50%	Network -100/ 75 /60% Non-Network - 100/70/50%
Child Age Limit		2	26	26	26	26	26	26
Annual Maximum		\$2,	000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Orthodontia								
Eligibility		to ag	ge 19	No Ortho				
Waiting Period		12 m	onths					
Coinsurance		50)%					
Lifetime Maximum		No Ma	ıximum					
Sealants		_	entive ge 16	Preventive to age 16				
X-rays		Full Mout	entive th 36 mos	Preventive Full Mouth 36 mos	Preventive Full Mouth 36 mos	Preventive Full Mouth 36 mos	Preventive Full Mouth 36 mos	Preventive Full Mouth 36 mos
Endodontics/Periodo	ntics	_	sic	Basic	Basic	Basic	Basic	Basic
Periodontal/Oral Sur	gery		sic	Basic	Basic	Basic	Basic	Basic
Implants			ajor	Major	Major	Major	Major	Major
U&C Percentile		90	Oth	90th	90th	90th	90th	90th
	Ees	Current	Negotiated Renewal	BCBS - Plan II Low Option	BCBS - Plan III Low Option	BCBS - Plan IV Low Option	BCBS - Plan II (a) Low Option	BCBS - Plan III (a) Low Option
Employee Only	3637	\$40.80	\$38.80	\$29.68	\$29.21	\$28.73	\$28.38	\$27.44
Employee & Spouse	807	\$83.70	\$79.50	\$60.82	\$59.85	\$58.88	\$58.15	\$56.23
Employee & Child	436	\$57.20	\$54.30	\$41.54	\$40.88	\$40.21	\$39.72	\$38.41
Employee & Children	132	\$73.60	\$69.90	\$53.48	\$52.63	\$51.77	\$51.13	\$49.45
Employee & Family	392	\$116.40	\$110.60	\$84.62	\$83.27	\$81.92	\$80.90	\$78.24
Total enrollment	5404							
Monthly Total		\$296,219	\$281,529					
Annual Total		\$3,554,624	\$3,378,347					
% Change from Current			-4.96%					
\$ Change from Current			-\$176,278					
Rate Guarantee			1 Year	1 Year	1 Year	1 Year	1 Year	1 Year
Renewal Rate Cap not to exceed, could b	e less		No rate cap offered	No rate cap offered	No rate cap offered	No rate cap offered	No rate cap offered	No rate cap offered
Geo Access			BCBS	BCBS	BCBS	BCBS	BCBS	BCBS
2 General Dentists in			89.4%	89.4%	89.4%	89.4%	89.4%	89.4%
1 Oral Surgeon in 20			76.2%	76.2%	76.2%	76.2%	76.2%	76.2%
1 Orthodontist in 25			86.8%	86.8%	86.8%	86.8%	86.8%	86.8%
1 Specialist in 20 mil			98.8%	98.8%	98.8%	98.8%	98.8%	98.8%
BCBS initial renewal wa	s 2.2%							
Emp Sp	oken Out loyee Only couse Only Child Only ildren Only	\$40.80 \$42.90 \$16.40	Renewal \$38.80 \$40.70 \$15.50 \$31.10	BCBS Low Option \$29.68 \$31.14 \$11.86 \$23.80	BCBS Low Option \$29.21 \$30.64 \$11.67 \$23.42	BCBS Low Option \$28.73 \$30.15 \$11.48 \$23.04	BCBS Low Option \$28.38 \$29.77 \$11.34 \$22.75	BCBS Low Option \$27.44 \$28.79 \$10.97 \$22.01
Spouse & Chile			\$71.80	\$54.94	\$54.06	\$53.19	\$52.52	\$50.80

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BCBS - Plan IV (a)	BCBS - Plan V	BCBS - Plan VI	BCBS - Plan VII	BCBS - Plan V (a)	BCBS VI (a)	BCBS - Plan VII (a)
Low Option						
DPPO						
\$100/\$200	\$50/\$100	\$75/\$150	\$100/\$200	\$50/\$100	\$75/\$150	\$100/\$200
In-No/Out-No	In-Yes/Out-Yes	In-Yes/Out-Yes	In-Yes/Out-Yes	In-No/Out-No	In-No/Out-No	In-No/Out-No
Network -100/ 75 /60% Non-Network - 100/70/50%						
26	26	26	26	26	26	26
\$1,000	\$75 0	\$75 0	\$75 0	\$750	\$75 0	\$750
¥ 1,7000	*****	****	****	*****	*****	****
No Ortho						
140 61416	No Ortilo	No Orano	No Ortilo	No Ortile	No Orano	No Ottilo
Preventive						
to age 16						
Preventive						
Full Mouth 36 mos						
Basic						
Basic						
Major						
90th						
BCBS - Plan IV (a)	BCBS - Plan V	BCBS - Plan VI	BCBS - Plan VII	BCBS - Plan V (a)	BCBS VI (a)	BCBS - Plan VII (a)
Low Option						
\$26.56	\$28.16	\$27.72	\$27.26	\$26.92	\$26.04	\$25.21
\$54.43	\$57.71	\$56.80	\$55.87	\$55.17	\$53.36	\$51.65
\$37.17	\$39.41	\$38.79	\$38.16	\$37.68	\$36.45	\$35.28
\$47.86	\$50.74	\$49.94	\$49.13	\$48.51	\$46.92	\$45.42
\$75.73	\$80.29	\$79.02	\$77.73	\$76.76	\$74.25	\$71.86
\$75.73	\$80.29	\$79.02	\$77.73	\$76.76	\$74.25	Φ/ 1.00
1 Year						
i real	i feai	i feal	i real	i feai	i feai	i feai
No rate cap offered						
BCBS						
89.4%	89.4%	89.4%	89.4%	89.4%	89.4%	89.4%
76.2%	76.2%	76.2%	76.2%	76.2%	76.2%	76.2%
86.8%	86.8%	86.8%	86.8%	86.8%	86.8%	86.8%
98.8%	98.8%	98.8%	98.8%	98.8%	98.8%	98.8%
•		ı				
BCBS Low Option						
\$26.56	\$28.16	\$27.72	\$27.26	\$26.92	\$26.04	\$25.21
\$27.87	\$29.55	\$29.08	\$28.61	\$28.25	\$27.32	\$26.44
\$10.61	\$11.25	\$11.07	\$10.90	\$10.76	\$10.41	\$10.07
\$21.30	\$22.58	\$22.22	\$21.87	\$21.59	\$20.88	\$20.21
\$49.17	\$52.13	\$51.30	\$50.47	\$49.84	\$48.21	\$46.65

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RFP Marketing Results - Life, Disability, Enrollment Technology Renewal January 1, 2016

Carrier	Status	Comments
Aetna	Quoted	Rates not competitive No technology included
American Fidelity	Quoted LTD only	LTD rate not competitive Partner carriers declined to quote Life Enrollment technology available with continuation of voluntary products
Cigna	Quoted	Rates not competitive No technology included
Dearborn	Quoted	Matching Current Rates Includes Empyrean Enrollment System
Liberty Mutual	Quoted	Rates not competitive \$10,000 technology fee included
MetLife	Quoted	4.8% Reduction to Current Employer Costs No technology included
Mutual of Omaha	Declined	Not competitive
Prudential	Quoted	Rates not competitive No technology included
The Standard	Quoted	6.9% Increase to Employer Costs (LTD) Includes InRoll Enrollment System and TASC FSA Administration
UNUM	Quoted	Rates not competitive No technology included
Voya	Declined	Not competitive

VSP has offered \$5,000 to assist with implementation costs for any enrollment vendor

Life & Disability Cost Summary Renewal January 1, 2016 Lincoln **Employer Paid Coverages** Dearborn MetLife **Standard** Current \$946,635 \$946,635 \$857,888 \$946,635 Basic Life/AD&D Included Included \$42,008 Included EAP \$343,014 \$359,238 \$359,238 \$449,627 Long Term Disability \$1,305,873 \$1,242,910 \$1,396,262 **Estimated Annual Premium** \$1,305,873 -4.82% 0.0% 6.9% % Change over Current \$0 \$90,389 -\$62,962 \$ Change over Current **Rate Guarantees** Life/AD&D In Rate 3 Years 3 Years 2 Years 3 Years 3 Years 2 Years Voluntary Life/AD&D Guarantee to 1/1/2018 3 Years 2 Years 3 Years LTD Technology Includes InRoll No technology Includes Empyrean No technology enrollment system and TASC FSA enrollment system included included administration

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OKHEEI Employer Paid Group Term Life and AD&D Renewal January 1, 2016

	Current - Lincoln	Dearborn	MetLife	Standard
Benefit Amount	Class 1 - 5	Class 1 - 5	Class 1 - 5	Class 1 - 5
Age Reductions	By 35% at age 65	By 35% at age 65	By 35% at age 65	By 35% at age 65
	By 50% at age 70	By 50% at age 70	By 50% at age 70	By 50% at age 70
	By 65% at age 75	By 65% at age 75	By 65% at age 75	By 65% at age 75
Portability	Included	Included	Included	Included
Conversion	Included	Included	Included	Included
Waiver of Premium	Included	Included	Included	Included
Estimated Annual Premium	Current - Lincoln	Dearborn	MetLife	Standard
Life Rate per \$1,000	\$0.145	\$0.145	\$0.131	\$0.145
AD&D Rate per \$1,000	\$0.015	\$0.015	\$0.014	\$0.015
Total Rate per \$1,000	\$0.160	\$0.160	\$0.145	\$0.160
Estimated Volume	\$493,038,840	\$493,038,840	\$493,038,840	\$493,038,840
Estimated Monthly Premium	\$78,886	\$78,886	\$71,491	\$78,886
Estimated Annual Premium	\$946,635	\$946,635	\$857,888	\$946,635
% Change from Current		0.0%	-9.4%	0.0%
\$ Change from Current		\$0	-\$88,747	\$0
				2 Years
Rate Guarantee	In guarantee to 1/1/2018	3 Years	3 Years	May be extended 2 years if
				loss ratio is 80% or less

Class Descriptions

- Class 1 Actives = 2 X earnings to \$250,000
- Class 2 Retirees from four year college who retire on or after 1/1/2013 = 2 times earnings to \$250,000
- Class 3 Retirees from a two year college who retire on or after 1/1/2013 = 2 times earning to \$125,000
- Class 4 Retirees from a four year college who retired prior to 1/1/2013 = 2 times earnings to \$250,000
- Class 5 Retirees from a two year college who retired prior to 1/1/2013 = 2 times earnings to \$125,000

Standard is offering a refunding agreement, if loss ratio is within target range OKHEEI would receive excess premium.

OKHEEI Voluntary Dependent Life Renewal January 1, 2016

	Units	Lincoln	Dearborn	MetLife	Standard
Option 1 - Life Only					
Sphort Line Orny	250	\$2.40	\$2.40	\$2.90	\$2.40
Oution O. Life Oute					
Option 2 - Life Only	050	# 4.00	#4.00	ФE 70	# 4.00
Spouse - \$20,000; Child - \$10,000	258	\$4.80	\$4.80	\$5.79	\$4.80
Option 3 - Life Only					
Spouse - \$50,000; Child -\$10,000	349	\$12.00	\$12.00	\$14.48	\$12.00
φου,σου, στιμα ψτο,σου	0.10	Ψ12.00	Ψ12.00	Ψ11.10	Ψ12.00
Option 4 - Life Option 1 & AD&D					
Spouse - \$10,000; Child - \$5,000	124	\$2.65	\$2.65	\$3.02	\$2.65
		·	·	·	·
Option 5 - Life Option 2 & AD&D					
Spouse - \$20,000; Child - \$10,000	275	\$5.30	\$5.30	\$6.03	\$5.30
Option 6 - Life Option 3 & AD&D					
Spouse - \$50,000; Child -\$10,000	317	\$13.00	\$13.00	\$14.96	\$13.00
Estimated Monthly Premium		\$11,934	\$11,934	\$14,047	\$11,934
Estimated Annual Premium		\$143,202	\$143,202	\$168,569	\$143,202
% Change from Current			0.0%	17.7%	0.0%
\$ Change from Current			\$0	\$25,367	\$0
Rate Guarantee		In guarantee to 1/1/2018	3 Years	3 Years	2 Years

No age reductions Child covered from live birth to age 26

OKHEEI Group Voluntary Term Life Renewal January 1, 2016

Voluntary Life/AD&D	Current - Lincoln	Dearborn	MetLife	The Standard
Employee Benefit	Active & Retirees	Active & Retirees	Active & Retirees	Active & Retirees
	\$10,000 increments to	\$10,000 increments to	\$10,000 increments to	\$10,000 increments to
		lesser of 5 X Basic Annual	lesser of 5 X Basic	lesser of 5 X Basic
	Earnings or \$500,000	Earnings or \$500,000	Annual Earnings or	Annual Earnings or
	Closed Retiree Class Included	Closed Retiree Class Included	\$500,000 Closed Retiree Class	\$500,000 Closed Retiree Class
			1 1 1	
Employee Guarantee Issue	\$300,000	\$300,000	\$300,000	\$300,000
	No GI age 70 or older	No GI age 70 or older	No GI age 70 or older	No GI age 70 or older
Age Reductions	By 35% at age 65	By 35% at age 65	By 35% at age 65	By 35% at age 65
	By 50% at age 70	By 50% at age 70	By 50% at age 70	By 50% at age 70
	By 75% at age 75	By 75% at age 75	By 75% at age 75	By 75% at age 75
Portability	Included	Included	Included	Included
Conversion	Included	Included	Included	Included
Waiver of Premium	Included	Included	Included	Included
Monthly Rates per \$1,000	Current - Lincoln	Dearborn	MetLife	The Standard
Monthly Rates per \$1,000	Employee	Employee	Employee	Employee
Under 25	\$0.060	\$0.060	\$0.070	\$0.060
25 - 29	\$0.060	\$0.060	\$0.070	\$0.060
30 - 34	\$0.080	\$0.080	\$0.100	\$0.080
35 - 39	\$0.090	\$0.090	\$0.110	\$0.090
40 -44	\$0.130	\$0.130	\$0.160	\$0.130
45 - 49	\$0.210	\$0.210	\$0.250	\$0.210
50 - 54	\$0.320	\$0.320	\$0.390	\$0.320
55 - 59	\$0.540	\$0.540	\$0.650	\$0.540
60 - 64	\$0.670	\$0.670	\$0.810	\$0.670
65 - 69	\$1.270	\$1.270	\$1.530	\$1.270
70+	\$2.060	\$2.060	\$2.480	\$2.060
75-79	\$2.060	\$2.060	\$2.060	\$2.060
80-84	\$2.060	\$2.060	\$2.060	\$2.060
85-89	\$2.060	\$2.060	\$2.060	\$2.060
90-100	\$2.060	\$2.060	\$2.060	\$2.060
AD&D - all ages	\$0.020	\$0.020	\$0.019	\$0.020
Rate Guarantee	In guarantee to 1/1/2018	3 Years	3 Years	2 Years

OKHEEI Long-Term Disability Renewal January 1, 2016

Benefit Outline	Lincoln	Dearborn	Standard	MetLife
Definition of Earnings	Basic Monthly Earnings only	Basic Monthly Earnings only	Basic Monthly Earnings only	Basic Monthly Earnings only
Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	\$8,000	\$8,000	\$8,000	\$8,000
Minimum Monthly Benefit	\$100 or 10%	\$100 or 10%	\$100 or 10%	\$100 or 10%
Definition of Disability	First 24 mos - Own Occ with loss of	First 24 mos - Own Occ with loss of	First 24 mos - Own Occ with loss of	First 24 mos - Own Occ with inability
	duties	duties	duties OR 20% loss of income	to earn
	Then - then any suitable occ	Then - then any suitable occ	Then - then any suitable occ	Then - then any suitable occ
Elimination Period	180 Days	180 days	180 Days	180 Days
Benefit Duration	Later of age 65 or Social Security	Later of age 65 or Social Security	Later of age 65 or Social Security	Later of age 65 or Social Security
	Normal Retirement Age	Normal Retirement Age	Normal Retirement Age	Normal Retirement Age
Social Security Integration	Primary & Family	Primary & Family	Primary & Family	Primary & Family
Mental/Nervous	24 Month Lifetime Limitation	24 Mos Lifetime	24 Month Lifetime Limitation	24 Month Lifetime Limitation
Alcohol, Drug, Substance Abuse	24 Month Lifetime Limitation	24 Mos Lifetime	24 Month Lifetime Limitation	24 Month Lifetime Limitation
Specified Illness	No Limit	No Limit	No Limit	No Limit
Pre-Existing Conditions	3 mos prior / 12 mos insured	3 mos prior / 12 mos insured	3 mos prior / 12 mos insured	3 mos prior / 12 mos insured
Waiver of Premium	Included	Included	Included	Included
Actively at Work	Applies	Applies	Applies	Applies
Estimated Employer Annual Premium	Current	Dearborn	Standard	MetLife
Employer Rate per \$100 of covered payroll	\$0.155	\$0.155	\$0.194	\$0.148
Estimated ER Volume	\$19,313,873	\$19,313,873	\$19,313,873	\$19,313,873
Estimated Monthly Premium	\$29,937	\$29,937	\$37,469	\$28,585
Estimated Annual Premium	\$359,238	\$359,238	\$449,627	\$343,014
% Change from Current		0.0%	25.2%	-4.5%
\$ Change from Current		\$0	\$90,389	-\$16,224
			2 Years	
Rate Guarantee	In guarantee to 1/1/2018	3 Years	May be extended 2 years if loss ratio is 70% or less	3 Years
			IS 70% OF IESS	
Buy Up - 90 Day Elimination Period	\$0.080	\$0.080	\$0.160	\$0.080
All other benefits the same	φυ.υου	φυ.υου	φυ. 100	ψ0.000
All other benefits the same				

OKHEEEI EAP

Renewal January 1, 2016

	Current - Lincoln	Dearborn	MetLife	Standard
EAP Administrator	CompPsych	Guidance Resources	MetLife	Bensiger DuPont
EAP Face to Face Visits	4	3	3	3
EAP Cost PEPM	Included	Included	\$0.700	Included
Estimated Employees			5001	
Estimated Annual EAP Cost	\$0	\$0	\$42,008	\$0

OKHEEI Post 65 Retirees Medical Renewal January 1, 2016

Rates Per Member	UHC Current	UHC Renewal Initial	UHC Renewal Negotiated	% Change	\$ Change
Senior Suplemental Rate	\$229.37	\$234.69	\$229.37	0.00%	\$0.00
PDL High Plan Rate	\$152.70	\$171.02	\$165.92	8.66%	\$13.22
PDL Low Plan Rate	\$64.89	\$69.43	\$64.33	-0.86%	-\$0.56
Combined - Med/High Rx	\$382.07	\$405.71	\$395.29	3.46%	\$13.22
Combined - Med/Low Rx	\$294.26	\$304.12	\$293.70	-0.19%	-\$0.56

	UHC	BCBS	Aetna
Medicare Advantage			
High Option - Med/Rx	\$357.14	N/A	\$352.61
% Change over Current \$ Change over Current	-6.52% -\$24.93		-7.71% -\$29.46
Low Option - Med/Rx	\$255.55	N/A	212.92
% Change over Current	-13.16%		-27.64%
\$ Change over Current	-\$38.71		-\$81.34

Medicare Plan F (100% plan, all deductibles & coinsurance covered by the plan)						
Single (Per Member) Family (UHC is per Member, BCBS is EE & Fam)	\$203.83 \$203.83	\$185.86 \$371.71	\$220.99 N/A Illustrative Aetna rates are age banded; average shown			
PDL High Plan Rate PDL Low Plan Rate	\$165.92 \$64.33	\$74.70 \$45.70	\$179.20 \$39.25			
Total Plan F Costs (Per Member)						
Combined - Med/High Rx	\$369.75	\$260.56	\$400.19			
% Change over Current	-3.22%	-31.80%	36.00%			
\$ Change over Current	-\$12.32	-\$121.51	\$18.12			
Combined - Med/Low Rx	\$268.16	\$231.56	\$260.24			
% Change over Current	-8.87%	-21.31%	-11.56%			
\$ Change over Current	-\$26.10	-\$62.70	-\$34.02			

Plan F mirrors the current custom plan and covers the Part B annual deductible (\$147)