

Advantage™

ADMINISTRATORS

Schedule of Benefits Collins Maxwell Community School District Option 1

BENEFIT	INDIVIDUAL LIMITS (Embedded Deductibles)	ADDITIONAL FAMILY LIMITS
DEDUCTIBLES	<p>The Plan will pay 80% of any additional In-Network deductibles and 70% of any Out-of-Network deductibles incurred by an individual once that individual has incurred a total of \$500 of In-Network deductibles and \$1500 Out-of-Network deductibles.</p>	<p>The plan will pay 80% of any additional In-Network deductibles and 70 % of any Out-of-Network Deductibles incurred by an Eligible Employee or any family member of that Eligible Employee once the Eligible Employee and family members of that Eligible Employee have collectively incurred a total of \$1000 of In-Network deductibles and \$3000 Out-of-Network deductibles.</p>
DEDUCTIBLES Point of Service (3)	<p>The Deductible is waived on Point of Service (3).</p> <p>The Plan will pay 80% of the In Network or 70% of the Out of Network amount by which an approved service is identified by Point of Service (POS) code "3" on the Wellmark weekly claims report.</p> <p>The member portion will be credited towards deductible</p>	
OUT OF POCKET MAXIMUM	<p>The Plan will pay 100% of all additional In-Network deductible and coinsurance charges and Out-of-Network deductible and coinsurance charges incurred by an individual after the individual has incurred a combined total of \$1,000 of In-Network deductible and coinsurance amounts and \$2,000 of Out-of-Network deductible and coinsurance amounts (net of reimbursements).</p>	<p>The Plan will pay 100% of all additional In-Network deductible and coinsurance charges and Out-of-Network deductible and coinsurance charges incurred by any Eligible Employee or any family member of an Eligible Employee after the Eligible Employee and family members of that Employee have collectively incurred a combined total of \$2,000 of In-Network deductible and coinsurance amounts and \$4,000 Out-of-Network deductible and coinsurance amounts (net of reimbursements).</p>

RX CO-PAYMENTS	<p>The Employee pays 100% of any Tier 1 \$8.00 RX co-payment. (The Plan pays \$0).</p> <p>The Employee pays the first \$25.00 of each Tier 2 Rx Co-payment. The Plan will pay the lesser of 100% or \$10.00 of any remaining Tier 2 Co-payment expense.</p> <p>The Employee pays the first \$40.00 of each Tier 3 Rx Co-payment. The Plan will pay the lesser of 100% or \$10.00 of any remaining Tier 3 Co-payment expense.</p> <p>The Employee pays the first \$40.00 of each Tier 4 Rx Co-payment. The Plan will pay the lesser of 100% or \$45.00 of any remaining Tier 4 co-payment expense.</p>	
RX DEDUCTIBLE	The plan will pay up to a \$100.00 in Rx deductible expenses for a single policy.	The plan will pay up to a \$200.00 in Rx deductible expenses for a family policy.

Please mark any necessary changes to the schedule above, if the benefit will remain the same please sign and return to Advantage Administrators:

Employer: _____ Date: _____

Advantage™

ADMINISTRATORS

Schedule of Benefits Collins Maxwell Community School District Option 2

BENEFIT	INDIVIDUAL LIMITS (Embedded Deductibles)	ADDITIONAL FAMILY LIMITS
DEDUCTIBLES	<p>The Plan will pay 80% of any additional In-Network deductibles and 70% of any Out-of-Network deductibles incurred by an individual once that individual has incurred a total of \$1000 of In-Network deductibles and \$2000 Out-of-Network deductibles.</p>	<p>The plan will pay 80% of any additional In-Network deductibles and 70 % of any Out-of-Network Deductibles incurred by an Eligible Employee or any family member of that Eligible Employee once the Eligible Employee and family members of that Eligible Employee have collectively incurred a total of \$2000 of In-Network deductibles and \$4000 Out-of-Network deductibles.</p>
DEDUCTIBLES Point of Service (3)	<p>The Deductible is waived on Point of Service (3).</p> <p>The Plan will pay 80% of the In Network or 70% of the Out of Network amount by which an approved service is identified by Point of Service (POS) code "3" on the Wellmark weekly claims report.</p> <p>The member portion will be credited towards deductible</p>	
OUT OF POCKET MAXIMUM	<p>The Plan will pay 100% of all additional In-Network deductible and coinsurance charges and Out-of-Network deductible and coinsurance charges incurred by an individual after the individual has incurred a combined total of \$2,000 of In-Network deductible and coinsurance amounts and \$3,000 of Out-of-Network deductible and coinsurance amounts (net of reimbursements).</p>	<p>The Plan will pay 100% of all additional In-Network deductible and coinsurance charges and Out-of-Network deductible and coinsurance charges incurred by any Eligible Employee or any family member of an Eligible Employee after the Eligible Employee and family members of that Employee have collectively incurred a combined total of \$4,000 of In-Network deductible and coinsurance amounts and \$6,000 Out-of-Network deductible and coinsurance amounts (net of reimbursements).</p>

RX CO-PAYMENTS	<p>The Employee pays 100% of any Tier 1 \$8.00 RX co-payment. (The Plan pays \$0).</p> <p>The Employee pays the first \$25.00 of each Tier 2 Rx Co-payment. The Plan will pay the lesser of 100% or \$10.00 of any remaining Tier 2 Co-payment expense.</p> <p>The Employee pays the first \$40.00 of each Tier 3 Rx Co-payment. The Plan will pay the lesser of 100% or \$10.00 of any remaining Tier 3 Co-payment expense.</p> <p>The Employee pays the first \$40.00 of each Tier 4 Rx Co-payment. The Plan will pay the lesser of 100% or \$45.00 of any remaining Tier 4 co-payment expense.</p>	
RX DEDUCTIBLE	The plan will pay up to a \$100.00 in Rx deductible expenses for a single policy.	The plan will pay up to a \$200.00 in Rx deductible expenses for a family policy.

Please mark any necessary changes to the schedule above, if the benefit will remain the, same please sign and return to Advantage Administrators:

Employer: _____ Date: _____

Collins-Maxwell HRA Funding for 2011-12 Plan Year

Current Wellmark Out-of-Pocket Maximum (OPM)	Per person risk	Current Enrollment	Maximum Liability by Plan
Single	\$5,000	45	\$225,000
Family	\$10,000	13	\$130,000

District Liability:

\$500 Deductible Plan - A			
Single	\$4,000	44	\$176,000
Family	\$8,000	7	\$56,000
\$1000 Deductible Plan - B			
Single	\$3,000	1	\$3,000
Family	\$6,000	6	\$36,000

Prescriptions - It is not possible to estimate the maximum liability for the prescription subsidy. A conservative amount would be \$7000 annually.

Liability for 2011-12 plan year based on current enrollment **\$278,000**

Notes:

There is additional liability for the school with each new employee that signs up on the group plan based on their coverage election.

There is additional liability to the school should employees elect to utilize non-network providers. Assuming that all employees and dependents enrolled in either plan A or B utilize non-network providers and meet their OPM then the school would have an additional \$271,000 of liability based on current enrollment. There is additional liability for each new employee that signs up based on their coverage election.