

COLUMBUS CENTER FOR HUMAN SERVICES, INC.

UnitedHealthcare

Medical Proposed Rates with Alternate Plan Designs

Customer Name: COLUMBUS CENTER FOR HUMAN SERVICES, INC.
Medical Policy: 00742084
Renewal Date: July 1, 2012

Original middle

Plan Name	Option 2 NEW O3U-P Mod (Base / Emb Ded) Rx Plan: 2V-mod / P063	Option 7 NEW 4ZA-P (Navigate Plus) Rx Plan: OI / P068	Option 11 NEW 4ZC-P (Navigate Plus) Rx Plan: OI / P068
Product	Choice Plus * Insurance	Choice Plus * Insurance	Choice Plus * Insurance
Option	Single Option Option(s) N/A No	Single Option Option(s) N/A No	Dual Option Option(s) 10 No
Plan Offering	Network Single/Family	Network Single/Family	Network Single/Family
Multiple Option with:			
HRA or HSA			
Benefits*			
Office Copay (PCP/SPC)	\$25 Per Visit	\$30/60/90 Per Visit	\$30/60/90 Per Visit
Other Copays (IP/ER/UC)	N/A/\$200/\$50	N/A/\$250/\$100	N/A/\$250/\$100
Other	N/A	N/A	N/A
Deductible	\$2000/\$4000	\$2500/\$7500	\$4000/\$12000
Coinurance	80%	80%	80%
Out-of-Pocket	\$5500/\$11000	\$5500/\$11000	\$8500/\$17000
Pharmacy	\$10/35/50	\$10/35/70	\$10/35/70
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	\$4000/8000	\$5500/\$16500	\$8000/\$24000
Coinurance	60%	60%	60%
Out of Pocket	\$11000/\$22000	\$11000/\$22000	\$20000/\$40000
Enrollment			
Employee	9	13	65
Employee + Spouse	2	3	16
Employee + Child(ren)	3	5	23
Employee + Family	2	3	14
Total	16	24	119
Rates			
Employee	Current Proposed	Current Proposed	Current Proposed
Employee + Spouse	\$540.70	\$484.57	\$449.18
Employee + Child(ren)	\$1,135.47	\$1,017.59	\$943.28
Employee + Family	\$1,027.33	\$920.67	\$853.44
Monthly Cost	\$1,622.09	\$1,453.69	\$1,347.54
Annual Cost	\$13,463	\$18,317	\$82,784
Change from Current	\$161,561	\$219,799	\$993,410
	35.8%	21.7%	12.8%

*High level benefit summary. Please see your plan summary for more detailed benefit description.

The numbers above are on an illustrative basis. Rates are subject to Underwriting approval.

For markets moving to service fees, current rates (applicable for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client. For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

original
"rich"
plan

effective 8/1/12

Updated 07/10/12

Insurance Rates for Employees Hired Prior to 4/1/10

Medical for Full-time Employees

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Monthly	\$196.54	\$332.40	\$471.53	\$663.06
Per pay	\$98.27	\$166.20	\$235.77	\$331.53

Medical for Part-Time Employees

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Monthly	\$216.21	\$377.90	\$510.53	\$723.73
Per pay	\$108.11	\$188.95	\$255.27	\$361.87

Dental Insurance (Employee Option)

	Single Coverage	Employee + 1 or more dependents
Monthly	\$40.00	\$60.00
Per pay	\$20.00	\$30.00

Vision Insurance (Employee Option)

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Vision Monthly	\$6.11	\$14.63	\$14.63	\$14.63
per Pay	\$3.05	\$7.32	\$7.32	\$7.32

		Month	#of Pays	Months Remaining
		January	24	12
		February	22	11
		March	20	10
		April	18	9
		May	16	8
		June	14	7
		July	12	6
		August	10	5
		September	8	4
		October	6	3
		November	4	2
		December	2	1

Rich Plan

*Middle
Option Plan*

effective 8/1/12

Updated 07/10/12

Insurance Rates for Employees Hired Prior to 4/1/10

Medical for Full-time Employees

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Monthly	\$140.40	\$225.74	\$353.65	\$494.66
Per pay	\$70.20	\$112.87	\$176.83	\$247.33

Medical for Part-Time Employees

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Monthly	\$160.07	\$271.24	\$392.65	\$555.33
Per pay	\$80.04	\$135.62	\$196.33	\$277.67

Dental Insurance (Employee Option)

	Single Coverage	Employee + 1 or more dependents
Monthly	\$40.00	\$60.00
Per pay	\$20.00	\$30.00

Vision Insurance (Employee Option)

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Vision Monthly	\$6.11	\$14.63	\$14.63	\$14.63
per Pay	\$3.05	\$7.32	\$7.32	\$7.32

		<i>Month</i>	<i>#of Pays</i>	<i>Months Remaining</i>
		January	24	12
		February	22	11
		March	20	10
		April	18	9
		May	16	8
		June	14	7
		July	12	6
		August	10	5
		September	8	4
		October	6	3
		November	4	2
		December	2	1

Middle Plan

Updated 07/10/12

effective 8/1/12 rates

Insurance Rates for Employees Hired Prior to 4/1/10

Medical for Full-time Employees

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Monthly	\$105.00	\$158.50	\$279.33	\$388.50
Per pay	\$52.50	\$79.25	\$136.67	\$194.25

Medical for Part-Time Employees

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Monthly	\$124.67	\$204.00	\$318.33	\$449.18
Per pay	\$62.34	\$102.00	\$159.17	\$224.59

Dental Insurance (Employee Option)

	Single Coverage	Employee + 1 or more dependents
Monthly	\$40.00	\$60.00
Per pay	\$20.00	\$30.00

Vision Insurance (Employee Option)

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Vision Monthly	\$6.12	\$14.64	\$14.64	\$14.64
per Pay	\$3.06	\$7.32	\$7.32	\$7.32

	Month	#of Pays	Months Remaining
	January	24	12
	February	22	11
	March	20	10
	April	18	9
	May	16	8
	June	14	7
	July	12	6
	August	10	5
	September	8	4
	October	6	3
	November	4	2
	December	2	1

Standard Plan

Insurance Rates for Employees Hired after 3/31/10

Medical for Full-time Employees

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Monthly	\$126.00	\$190.20	\$215.20	\$346.20
Per pay	\$63.00	\$95.10	\$107.60	\$173.31

Medical for Part-Time Employees

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Monthly	\$149.60	\$244.80	\$262.00	\$419.00
Per pay	\$74.80	\$122.40	\$131.00	\$209.50

Dental Insurance (Employee Option)

	Single Coverage	Employee + 1 or more dependents
Monthly	\$40.00	\$60.00
Per pay	\$20.00	\$30.00

Vision Insurance (Employee Option)

	Employee Only	Employee/Child	Employee/Spouse	Full Family
Vision Monthly	\$6.63	\$15.85	\$15.85	\$15.85
per Pay	\$3.32	\$7.93	\$7.93	\$7.93

	<i>Month</i>	<i>#of Pays</i>	<i>Months Remaining</i>
	January	24	12
	February	22	11
	March	20	10
	April	18	9
	May	16	8
	June	14	7
	July	12	6
	August	10	5
	September	8	4
	October	6	3
	November	4	2
	December	2	1

Revised
11/29/12

Columbus Center for Human Services, Inc.
 Medical Benefit for **Class I & II Employee's Only (Class III not eligible)**
 Effective Rates for 8/1/12 – 06/30/13

Benefits	Standard Option	Middle Option	Original plan with rx change
Deductible	\$4,000 individual/ \$12,000 family	\$2,500 individual/ \$7,500 family	\$2,000 individual/ \$4,000 family
Percent you pay after deductible w referral	80%	80%	80% (no referral needed on this plan)
Percent you pay after deductible WITHOUT referral	50%	50%	80% (no referral needed on this plan)
Out of Pocket Maximum	\$8,500 individual/ \$17,000 family	\$5,500 individual/ \$11,000 family	\$5,500 individual/ \$11,000 family
Office Visit Co-pay	\$30 co-pay	\$30 co-pay	\$30 co-pay
Specialist Visit Co-pay with referral	\$60 co-pay	\$60 co-pay	\$60 co-pay
Specialist Visit Co-pay WITHOUT referral	\$90 co-pay	\$90 co-pay	\$90 co-pay
Emergency Room	\$250 co-pay	\$250 co-pay	\$200 co-pay
Urgent Care	\$100 co-pay	\$100 co-pay	\$50 co-pay
Preventive Care Services	100% coverage	100% coverage	100% coverage
Prescription Drugs – Retail	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$50
Prescription Drugs – Mail order	\$25/\$87.50/\$175	\$25/\$87.50/\$175	\$25/\$87.50/\$125
Increase in Cost per Pay:	Standard Option	Middle Option	Original plan with rx change
Full Time Employees Class I and Class II Only			
Employee only	\$126.00 Monthly \$63.00 Bi-Weekly	\$161.40 Monthly \$80.70 B- Weekly	\$217.54 Monthly \$108.77 Bi-Weekly
Employee & spouse	\$315.20 Monthly \$157.60 Bi-Weekly	\$489.52 Monthly \$244.76 Bi-Weekly	\$607.40 Monthly \$303.70 Bi-Weekly
Employee & child(ren)	\$190.20 Monthly \$95.10 Bi-Weekly	\$257.44 Monthly \$128.72 Bi-Weekly	\$364.10 Monthly \$182.05 Bi-Weekly
Family	\$446.20 Monthly \$223.10 Bi-Weekly	\$652.36 Monthly \$326.18 Bi-Weekly	\$820.76 Monthly \$410.38 Bi-Weekly
Part Time Employees Class I and Class II Only			
Employee only	\$149.60 Monthly \$74.80 Bi-Weekly	\$185.00 Monthly \$92.50 Bi-Monthly	\$241.14 Monthly \$120.57 Bi-Weekly
Employee & spouse	\$362.00 Monthly \$181.00 Bi-Weekly	\$536.32 Monthly \$268.16 Bi-Monthly	\$654.20 Monthly \$327.10 Bi-Weekly
Employee & child(ren)	\$244.80 Monthly \$122.40 Bi-Weekly	\$312.04 Monthly \$156.02 Bi-Weekly	\$418.70 Monthly \$209.35 Bi-Weekly
Family	\$519.00 Monthly \$259.50 Bi-Weekly	\$725.16 Monthly \$362.58 Bi-Weekly	\$893.56 Monthly \$446.78 Bi-Weekly
Vision Coverage (FT & PT) Class I and Class II Only			
Employee Only \$6.11 Monthly \$3.06 Bi-Weekly	Employee + Child \$14.63 Monthly \$7.32 Bi-Weekly	Employee + Spouse \$14.63 Monthly \$7.32 Bi-Weekly	Family \$14.63 Monthly \$7.32 Bi-Weekly
Dental Coverage (FT & PT) Class I and Class II Only			
Employee Only \$40.00 Monthly \$20.00 Bi-Weekly	Employee + Child \$60.00 Monthly \$30.00 Bi-Weekly	Employee + Spouse \$60.00 Monthly \$30.00 Bi-Weekly	Family \$60.00 Monthly \$30.00 Bi-Weekly