

Plan Comparisons Medical

Plan Features In Network	Guilford	Other Entities Average	2019 Options	6 Month Savings
Single/Family Deductible	\$200/\$400	\$1,164/\$2,853	Family to \$600	\$11,627
Single/Family Out of Pocket Max.	\$2,250/\$4,500	\$4,203/\$9,265	Single to \$2,500 Family to \$4,750	\$74,929 (Both Changes)
Primary Copay	\$20	\$27	Same	
Specialist Copay	\$35	\$44	\$40	\$41,340
Urgent Care Copay	\$35	\$48	Same	
Virtual Visits	\$20	N/A	\$0	
Diagnostic Tests	No Cost	Major tests subject to deductible and coinsurance	Major tests subject to deductible and coinsurance	\$23,169

Plan Options Medical Out of Network

Plan Feature Out of Network	Current	2019 Options	6 Month Savings
Single/Family Deductible	\$500/\$1,000	Individual to \$600 Family to \$1,200	\$2,584 (Combined)
Single/Family Out of Pocket Max.	\$3,000/\$6,000	Single to \$3,500 Family to \$7,000	\$3,876 (Combined)
Primary Copay	30% after deductible	40% after deductible	\$5,168
Specialist Copay	30% after deductible	40% after deductible	(Combined)
Urgent Care Copay	30% after deductible	40% after deductible	(Combined)
Inpatient or Outpatient Coinsurance	30% after deductible	40% after deductible	(Combined)

Projected Total Medical Savings for FY 2019

\$162,693

Pharmacy Options

Plan Feature	Current	2019 Recommendation	FY 19 Plan Savings
Tier One Copay	\$7	\$7	N/A
Tier Two Copay	\$35	\$45	\$33,618
Tier Three Copay	\$50	\$60	\$61,721
Tier Four Copay	\$65 (currently Nexium only)	\$75 (add specialty to Tier Four)	\$95,274
Separate Pharmacy Deductible <small>Does not include generics</small>	None	\$25	\$18,701

Projected Total Pharmacy Savings for FY 2019 **\$209,314**

In-Network	2018	2019	2020	2021	2022	2023
Deductible						
Individual	\$200	\$200	\$300	\$350	\$400	\$500
Family	\$400	\$600	\$600	\$700	\$800	\$1,000
Out of Pocket						
Individual	\$2,250	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900
Family	\$4,500	\$4,750	\$5,000	\$5,250	\$5,500	\$5,750
Co-Pay						
PCP	\$20	\$20	\$20	\$25	\$30	\$30
Specialist	\$35	\$40	\$40	\$50	\$60	\$60
Urgent Care	\$35	\$35	\$35	\$45	\$50	\$50
ER Visit	\$150	\$150	\$200	\$200	\$200	\$200
Inpatient	10%	10%	15%	15%	20%	20%
Physician Charges in Hospital	0%	5%	10%	15%	20%	20%
Diagnostic Tests Subject to Deductible?	No	Yes	Yes	Yes	Yes	Yes

Out of Network	2018	2019	2020	2021	2022	2023
Deductible						
Individual	\$500	\$600	\$1,000	\$1,500	\$1,500	\$1,500
Family	\$1,000	\$1,200	\$2,000	\$3,000	\$3,000	\$3,000
Out of Pocket						
Individual	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$5,500
Family	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000
Coinsurance						
PCP	30%	40%	40%	40%	40%	40%
Specialist	30%	40%	40%	40%	40%	40%
Urgent Care	30%	40%	40%	40%	40%	40%
ER Visit	\$150	\$150	\$175	\$175	\$200	\$200
Inpatient	30%	40%	40%	40%	40%	40%
Diagnostic Tests Subject to Deductible?	No	Yes	Yes	Yes	Yes	Yes

Prescription	2018	2019	2020	2021	2022	2023
Tier One Usually generics	\$7	\$7	\$7	\$7	\$7	\$7
Tier Two Preferred Brand	\$35	\$45	\$45	\$45	\$45	\$50
Tier Three Brand, Not Preferred	\$50	\$60	\$60	\$60	\$60	\$65
Tier Four Specialty drug	\$65	\$75	\$100	\$125	\$125	\$125
Overall rx Deductible (does not apply to generics)	None	\$25	\$25	\$25	\$50	\$50

Premium Adjustments

Option One – Flat Dollar Approach

Coverage Type (Enrollment)	Current	2019	FY 19 Revenue Increase
Employee/Retiree (1,220)	\$15.97	\$15.97	N/A
+Spouse (345)	\$97.71	\$112.71	\$67,275
+Child(ren) (615)	\$67.08	\$77.08	\$79,950
+Family (515)	\$149.44	\$169.44	\$133,900
Total Revenue increase			\$281,125*

Rates may change and are subject to revision. Based on current rates.

Option Two- Dependent Tier Contribution % Change to Ultimate 50% Subsidy

Coverage Type (Enrollment)	Current	2019	FY 2019 Revenue Increase
Employee/Retiree (1,220)	\$15.97	\$15.97	N/A
+Spouse (345)	\$97.71	\$112.38	\$65,794.95
+Child(ren) (615)	\$67.08	\$72.10	\$40,134.90
+Family (515)	\$149.44	\$168.39	\$126,870.25

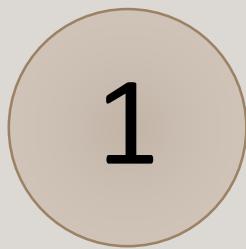
Total Revenue Increase \$232,800

***Rates may change and are subject to revision. Based on current rates.**

Comparison of Options One and Two

Coverage Type (Enrollment)	Current	Option One	Option Two
Employee/Retiree (1,220)	\$15.97	\$15.97	\$15.97
+Spouse (345)	\$97.71	\$112.71	\$112.38
+Child(ren) (615)	\$67.08	\$77.08	\$72.10
+Family (515)	\$149.44	\$169.44	\$168.39

*Rates may change and are subject to revision. Based on current rates.



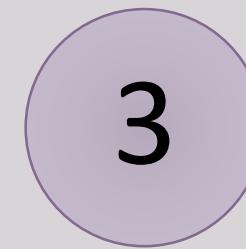
Option One:

- Increase deductible for Basic and Major services in both plans from \$50 to \$75



Option Two:

- Increase employee premiums at a flat trend rate



Option Three:

- Distribute necessary employee increase based on each plan and coverage type's experience

Dental Premium Adjustments

Coverage Type	Basic Biweekly Option Two		Basic Biweekly Option Three	
	Current (Enrollment)	Option Two	Current (Enrollment)	Option Three
Employee	\$1.73 (661)	\$2.67	\$1.73 (661)	\$2.13
+Spouse	\$14.39 (263)	\$16.35	\$14.39 (263)	\$15.58
+Child(ren)	\$16.34 (201)	\$18.45	\$16.34 (201)	\$17.66
+Family	\$31.36 (203)	\$34.66	\$31.36 (203)	\$37.07

Basic Dental Employee Premium Options

Coverage Type	Enhanced Biweekly Option Two		Enhanced Biweekly Option Three	
	Current	Proposed	Current	Proposed
Employee	\$12.31 (932)	\$14.10	\$12.31 (932)	\$12.57
+Spouse	\$34.55 (398)	\$34.77	\$34.55 (398)	\$34.55
+Child(ren)	\$35.60 (331)	\$38.12	\$35.60 (331)	\$37.01
+Family	\$59.97 (306)	\$65.57	\$59.97 (306)	\$67.80

Enhanced Dental Premium Options

Recommendations

Health Insurance Premium Strategy Option Two, with goal of 50% contribution for dependent coverage

Dental Strategy Option Three, which is based on actual plan choice and coverage level