

**SPLIT FUNDED HEALTH PLAN ESTIMATE**

ABC COMPANY

Emblem HDHP EPO

4/1/2010



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Split Funded Plan HDHP

Company Name	ABC COMPANY
Number of Employees	105
Number of Members	128.4
Average age	Unknown
% Female	Unknown
Effective Date	4/1/2010



Rates	Enrollment	Current		Proposed	
		EMBLEM PPO		Emblem HDHP EPO	
Single	88	\$	546.25	\$	320.92
EE/SP	3	\$	1,147.15	\$	673.95
EE/CH	10	\$	1,037.89	\$	609.76
Family	4	\$	1,638.79	\$	962.79
Total	105				

HDHP	In-Network	Out-Network
Single Deductible	\$ 2,500.00	\$ -
Single Coinsurance	100%	0%
Single Coinsurance Max	\$ 2,500.00	\$ -
Family Deductible	\$ 5,000.00	\$ -
Family Coinsurance	100%	0%
Family Coinsurance Max	\$ 5,000.00	\$ -
Employer Funding	80%	0%
Seneca Administrative	\$ 12.00	

Customer:	ABC COMPANY
Plan	Emblem HDHP EPO
Average Age	33.5
Employer Funding	80%

	Members	Annual Spend		80%
Non use	25%	32.1	\$ -	
Less than \$500	53%	68.1	\$ 34,026.00	\$ 27,220.80
\$1000 - \$2000	19%	24.4	\$ 36,594.00	\$ 29,275.20
Greater than \$5000	3%	3.9	\$ 19,260.00	\$ 15,408.00
	100%	128.4	\$ 89,880.00	\$ 71,904.00

Estimated Annual Self Funded Costs	\$ 56,496.00	*Max Liab 2.5K
Estimated Monthly Self Funded Costs	\$ 4,708.00	
Estimated PEPM	\$ 44.84	
Estimated PMPM	\$ 36.67	

Maximum Self Funded Liability (In-Network)					80%
	Enrollmen	Deductible & Coin	Total	Employer	
Single	88	\$ 2,500.00	\$ 220,000.00	\$	176,000.00
EE/SP	3	\$ 5,000.00	\$ 15,000.00	\$	12,000.00
EE/CH	10	\$ 5,000.00	\$ 50,000.00	\$	40,000.00
Family	4	\$ 5,000.00	\$ 20,000.00	\$	16,000.00
Total	105	\$ 17,500.00	\$ 305,000.00	\$	244,000.00

Maximum Self Funded Liability (Out-Network)					0%
	Enrollmen	Deductible & Coin	Total	Employer	
Single	88	\$ -	\$ -	\$	-
EE/SP	3	\$ -	\$ -	\$	-
EE/CH	10	\$ -	\$ -	\$	-
Family	4	\$ -	\$ -	\$	-
Total	105	\$ -	\$ -	\$	-

Total Self Funded Liability (In & Out Network)	\$ 305,000.00	\$ 244,000.00
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Customer

**ABC COMPANY**

Rates	Enrollment	EMBLEM PPO	Emblem HDHP EPO
Single	88	\$ 546.25	\$ 320.92
EE/SP	3	\$ 1,147.15	\$ 673.95
EE/CH	10	\$ 1,037.89	\$ 609.76
Family	4	\$ 1,638.79	\$ 962.79
<b>Total</b>	<b>105</b>	<b>\$ 68,445.51</b>	<b>\$ 40,211.57</b>

Administrative fees		\$ 1,260.00
Estimated self funded costs		\$ 4,708.00
		<b>\$ 5,968.00</b>

<b>Total</b>	<b>\$ 68,445.51</b>	<b>\$ 46,179.57</b>
<b>Composite Monthly Rate</b>	<b>\$ 651.86</b>	<b>\$ 439.81</b>

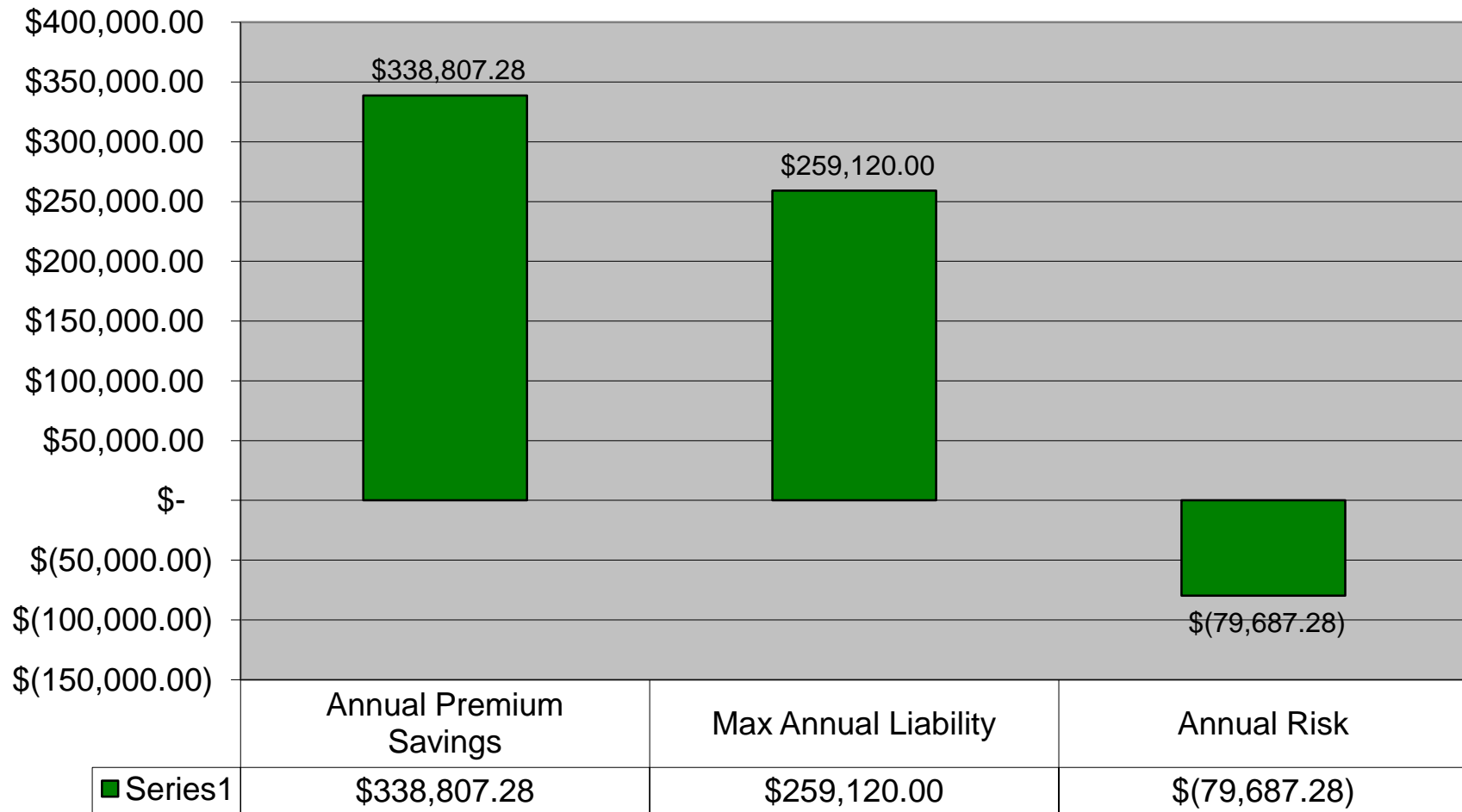
**SAVINGS ESTIMATION**

Total monthly Cost	\$ 68,445.51	\$ 46,179.57
Annual	\$ 821,346.12	\$ 554,154.84
Annual Savings		\$ 267,191.28
%		33%

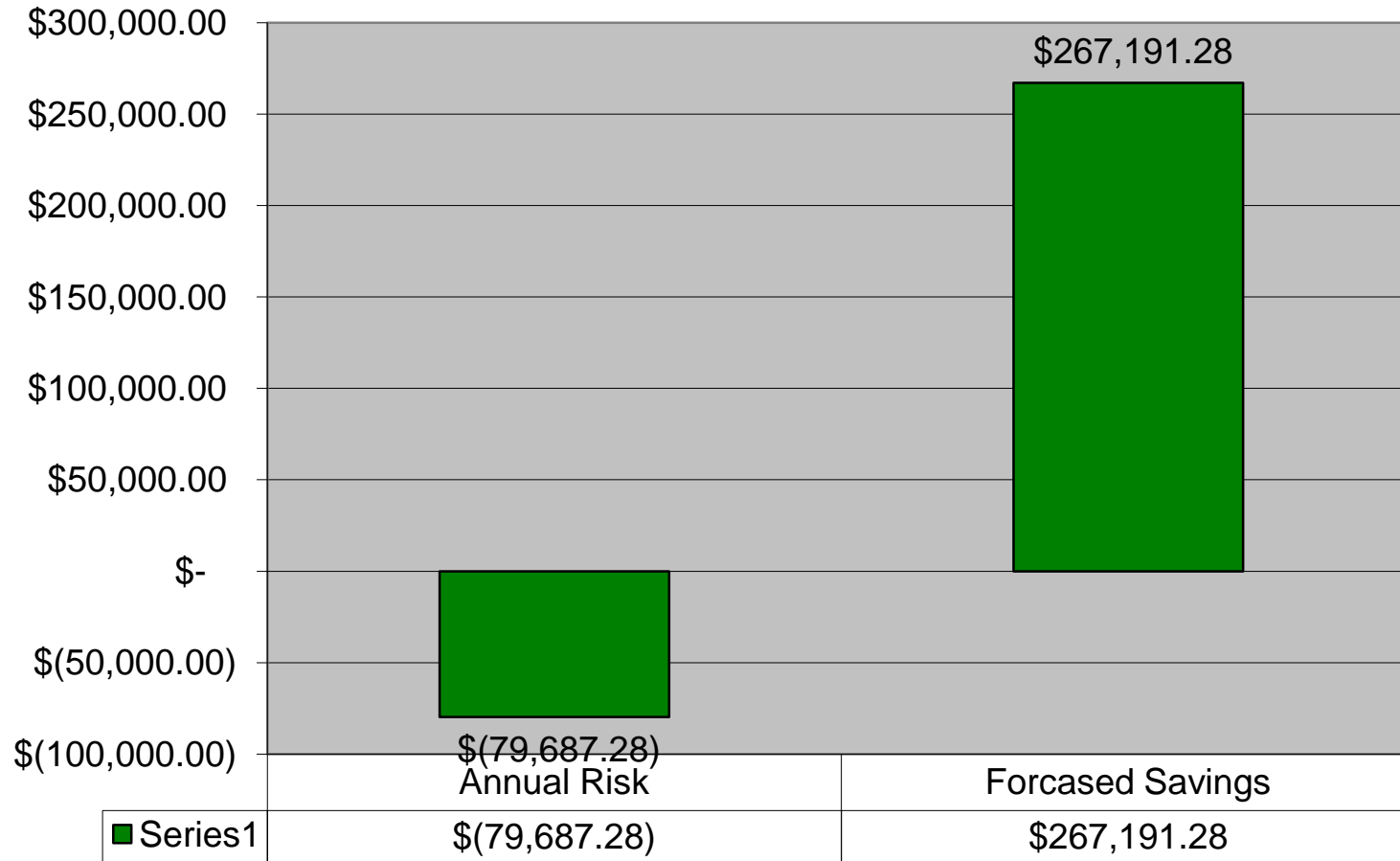
**MAX LIABILITY** *Including admin*

Annual Max Liability (In & Out-network)	\$ 259,120.00
Annual Premium Savings	\$ 338,807.28
Guaranteed Savings	\$ 79,687.28

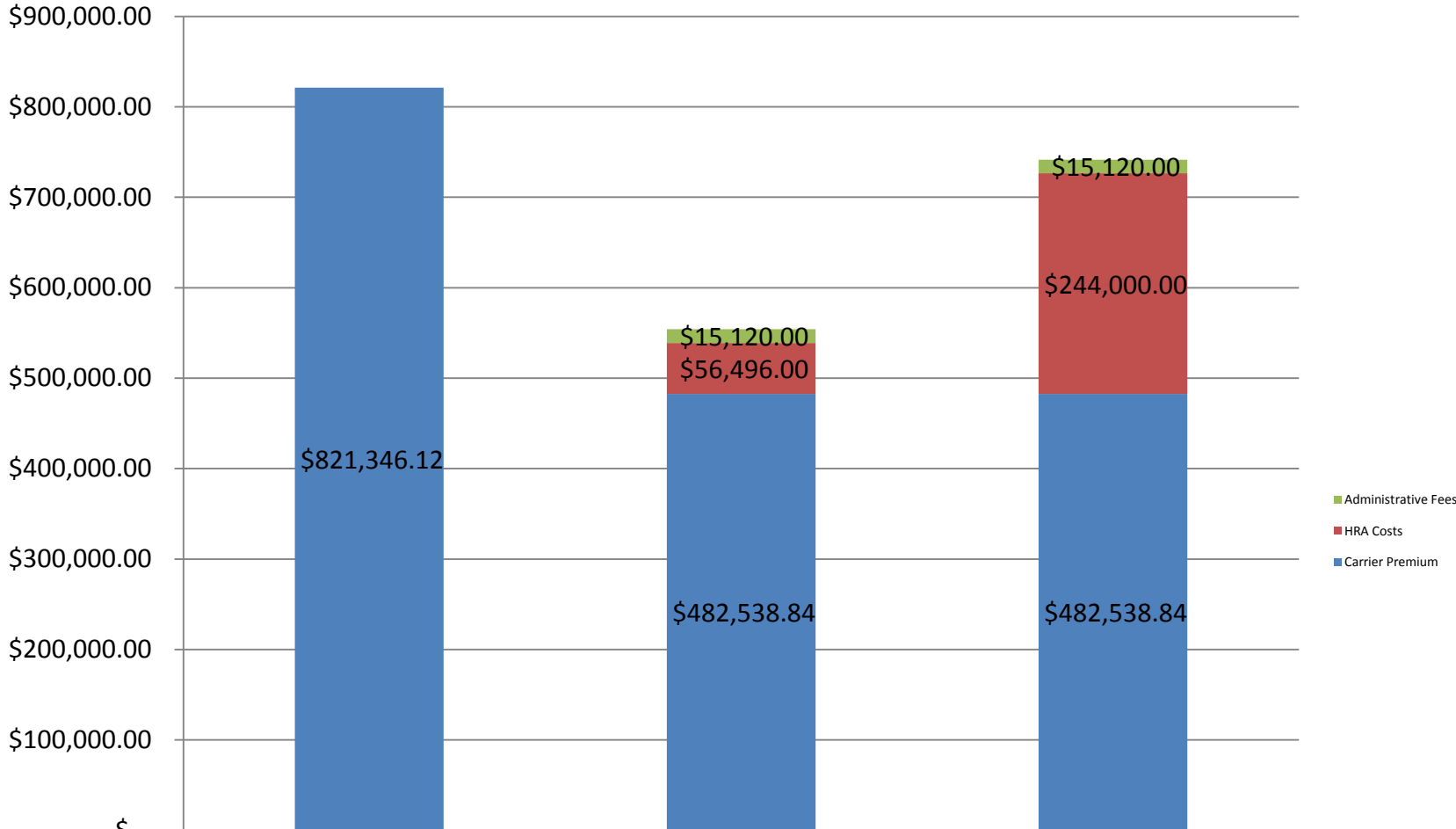
# True Annual Risk



## Risk -vs- Reward

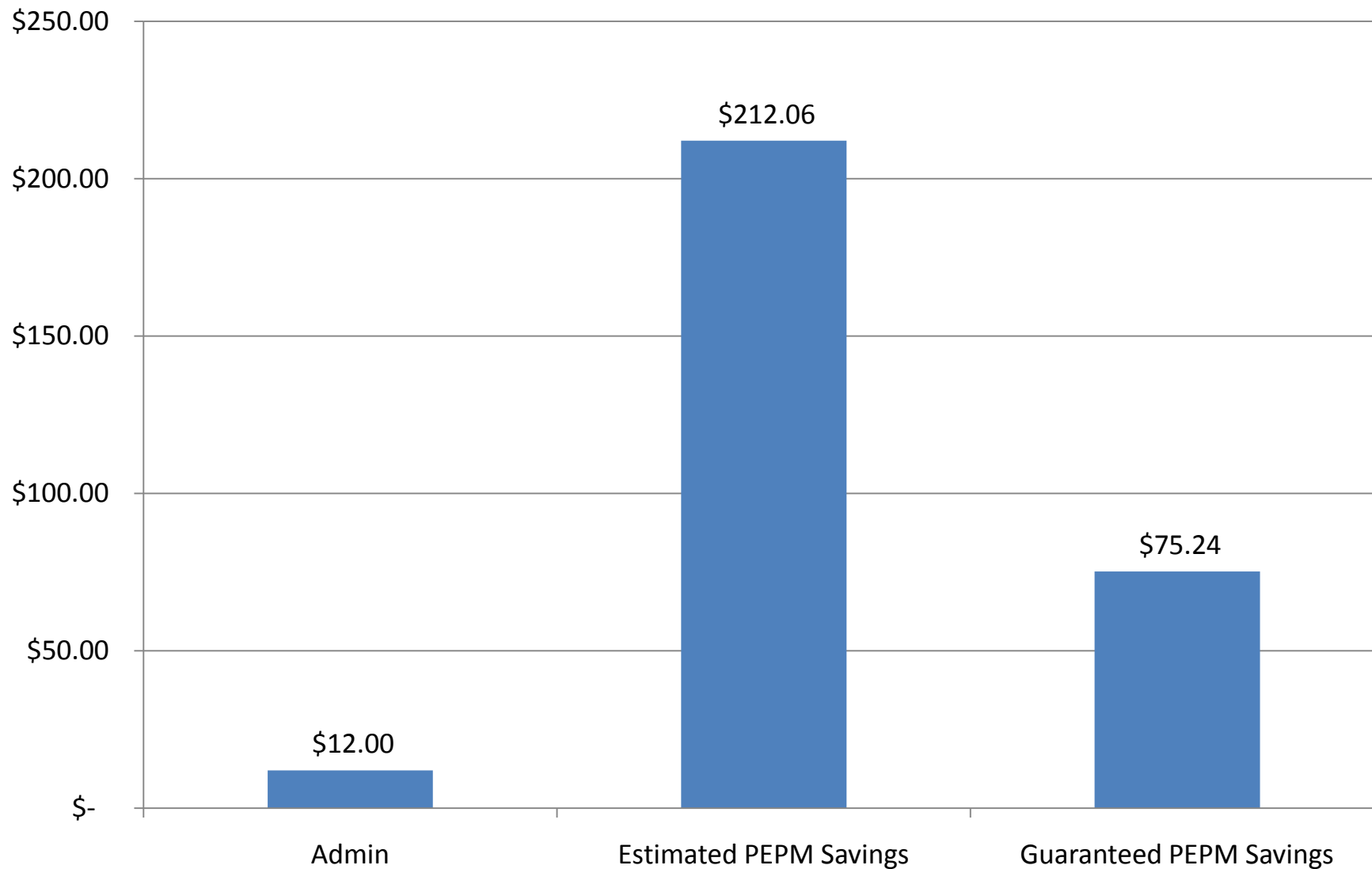


# Annual Costs Comparison



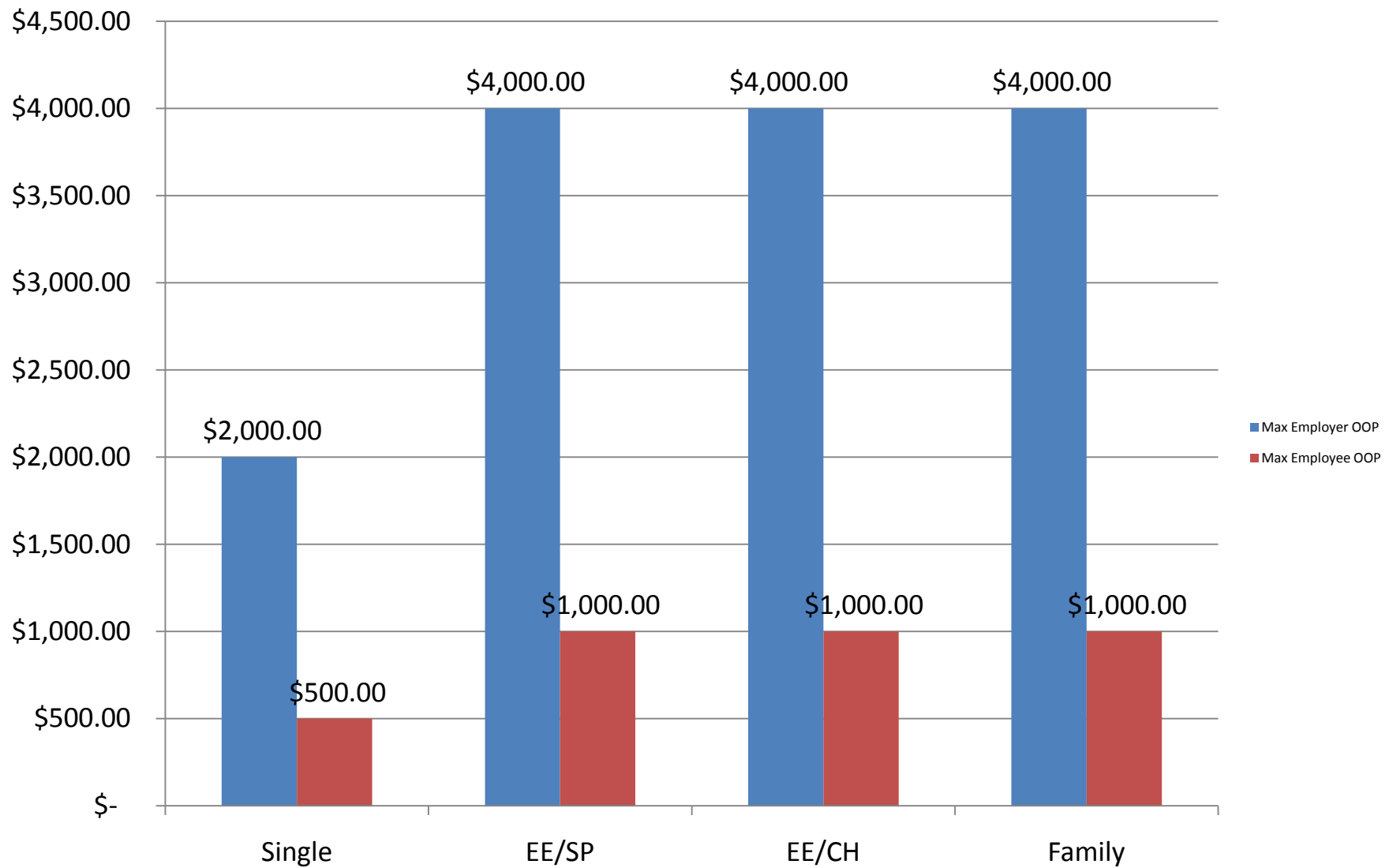
	EMBLEM PPO Current	Emblem HDHP EPO Estimated	Emblem HDHP EPO Max Liability
Administrative Fees	0	\$15,120.00	\$15,120.00
HRA Costs	0	\$56,496.00	\$244,000.00
Carrier Premium	\$821,346.12	\$482,538.84	\$482,538.84

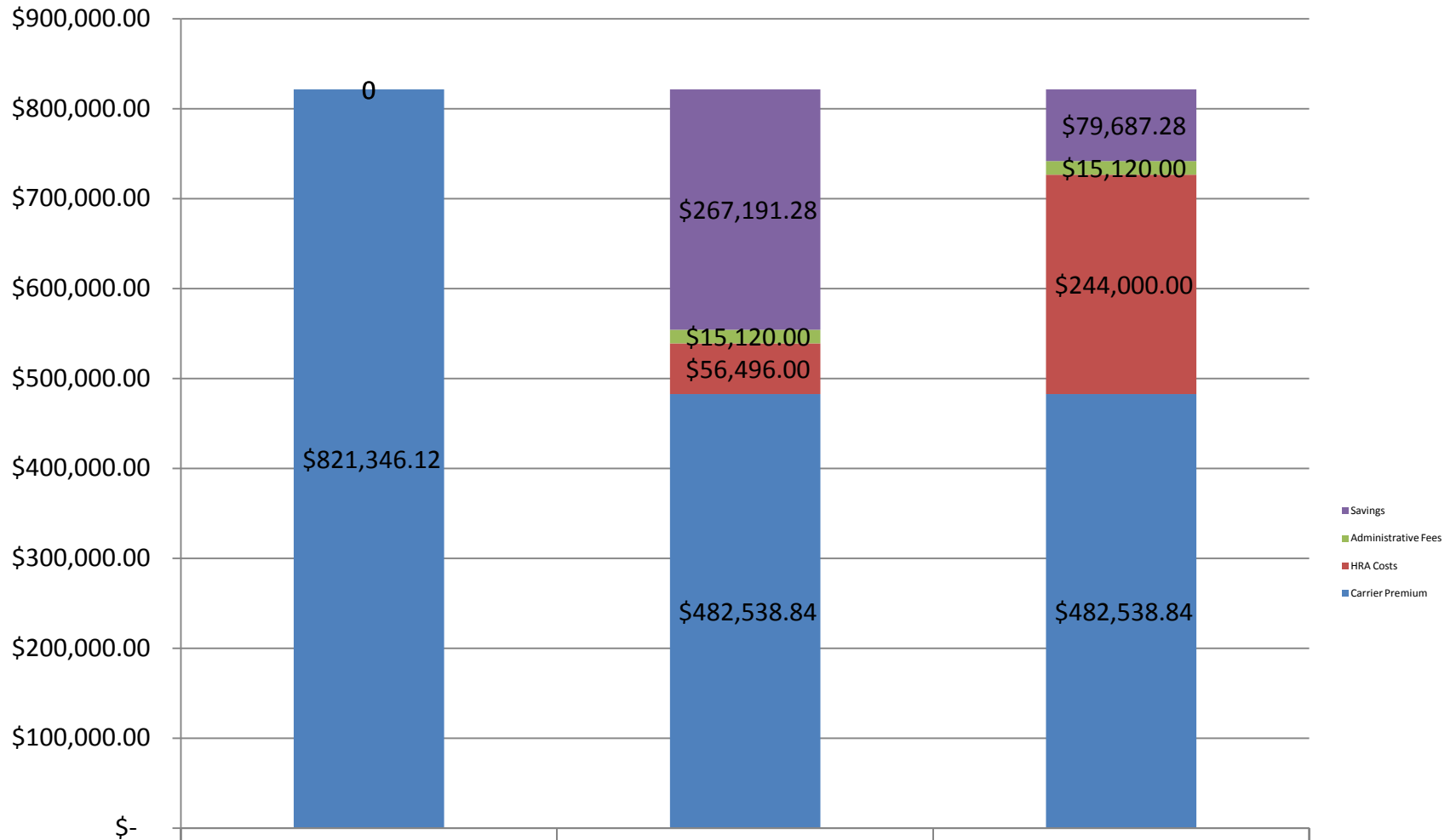
## Return of investment





## Annual Maximum Out Of Pocket





	EMBLEM PPO Current	Emblem HDHP EPO Estimated	Emblem HDHP EPO Max Liability
Savings		\$267,191.28	\$79,687.28
Administrative Fees	0	\$15,120.00	\$15,120.00
HRA Costs	0	\$56,496.00	\$244,000.00
Carrier Premium	\$821,346.12	\$482,538.84	\$482,538.84




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**Cost Proposal**  
**ABC COMPANY**

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Services	Fees
HRA Administration PEPM	\$ 12.00
HRA Plan Document	\$400.00
HRA Plan Set-up fee	\$175.00
Electronic Eligibility Load	\$0
Manual Eligibility Load	\$2.00 Per employee
Monthly Medi-card Debit card (Optional)	\$1.00 per participant
Medi Web on-line claims poratal	Included
Medi Web on-line open enrollment	Optional

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**\*\*Minimum of \$100 Monthly fee\*\***



**ABC COMPANY**

**MONTHLY COBRA EQUIVALENT RATE CALCULATION**

**Effective Date**                      4/1/2010  
**End Date**                                3/31/2011

<b>Four Tier</b>	<b>H.R.A</b>	<b>Emblem HDHP EPO</b>	<b>Sub total</b>	<b>2% Admin</b>	<b>COBRA BILL Rate</b>
Single	\$ 56.84	\$ 320.92	\$ 377.76	\$ 7.56	\$ 385.31
Husband & Wife	\$ 156.30	\$ 673.95	\$ 830.25	\$ 16.61	\$ 846.86
Parent & Child	\$ 156.30	\$ 609.76	\$ 766.06	\$ 15.32	\$ 781.39
Family	\$ 171.94	\$ 962.79	\$ 1,134.73	\$ 22.69	\$ 1,157.42

<b>ARRA Eligible</b>	<b>COBRA BILL Rate</b>	<b>Subsity 65%</b>	<b>ARRA Bill Rate</b>
Single	\$ 385.31	\$ 250.45	\$ 134.86
Husband & Wife	\$ 846.86	\$ 550.46	\$ 296.40
Parent & Child	\$ 781.39	\$ 507.90	\$ 273.49
Family	\$ 1,157.42	\$ 752.32	\$ 405.10



Customer

ABC COMPANY

### Integrated FSA Savings Estimate

**Employee FSA Savings**

	Max\	Annual OOP	28% Tax
Single	88 \$	500.00	\$ 140.00
EE/SP	3 \$	1,000.00	\$ 280.00
EE/CH	10 \$	1,000.00	\$ 280.00
Family	4 \$	1,000.00	\$ 280.00
Total	105		

**Employer FSA Savings**

	Max\	Annual OOP	15% FICA	Total Savings
Single	88 \$	500.00	\$ 75.00	\$ 6,600.00
EE/SP	3 \$	1,000.00	\$ 150.00	\$ 450.00
EE/CH	10 \$	1,000.00	\$ 150.00	\$ 1,500.00
Family	4 \$	1,000.00	\$ 150.00	\$ 600.00
Total				\$ 9,150.00



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FSA Cost Proposal  
ABC COMPANY

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Services	Fees
F.S.A Administration PEPM	\$7.50
F.S.A Plan Document	\$400
F.S.A Plan Set-up fee	\$175
Electronic Eligibility Load	\$0
Manual Eligibility Load	\$2.00 Per employee
Monthly Medi-card Debit card (Optional)	\$1.00 per participant
Medi Web on-line claims portal	Included

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