



## 2011 Rate Summary Episcopal Diocese of Pennsylvania

Category	Personal Choice Flex C3-F4-01	Keystone HMO Flex C3-F4	Keystone HMO 105
<b>All Rates include Medical, Prescription, Vision, Dental, CoPay Rider and Mental Health Rider</b>			
Single Subscriber	\$ 1,032.70	\$ 727.79	\$ 793.02
Subscriber and Child	\$ 1,613.11	\$ 1,247.67	\$ 1,372.34
Subscriber and Children	\$ 2,257.83	\$ 1,462.65	\$ 1,605.62
Subscriber and Spouse	\$ 2,343.69	\$ 1,535.30	\$ 1,686.79
Family	\$ 2,975.66	\$ 2,007.44	\$ 2,221.90
PERSONAL CHOICE FLEX C3-F4-01 -- COPAYS: \$20 Primary Care Doctor/\$40 Specialist; \$100 ER; \$40 Routine XRAY; \$80 MRI; PT \$40/Session; \$250 day up to 5 max Hosp - PRESCRIPTION: \$250ded/\$20/\$40/\$60 @ Pharmacy; Mandatory Mail Order			
KEYSTONE HMO FLEX C3-F4 -- COPAYS: \$20 Primary Care Doctor/\$40 Specialist; \$100 ER; \$40 Routine XRAY; \$80 MRI; PT \$40/Session; \$250 day up to 5 max Hosp - PRESCRIPTION: \$250ded/\$20/\$40/\$60 @ Pharmacy; Mandatory Mail Order			
KEYSTONE HMO 105 -- COPAYS: \$5 Primary Care Doctor/\$25 Specialist; \$50 ER; N/C Routine XRAY; N/C MRI; PT \$25/Session; \$100 per Hosp Admission - PRESCRIPTION: \$250ded/\$20/\$40/\$60 @ Pharmacy; Mandatory Mail Order			

### A COMMENT ON THE RATE INCREASES for 2011

In 2010, the utilization of all health plans exceeded on average the premium dollars collected by 31%. With trending for eighteen months into the future at 17.88%, our initial renewal from Independence Blue Cross averaged 29.34% for medical and 42.19% for prescriptions. By the full implemental of programs in 2011 including mandatory mail order for prescriptions and other adjustments in the copay rider plan, we have been able to contain the final rate increases for 2011 to an average of 19% for Keystone HMO Flex C3-F4, 11% for Keystone HMO 105, and 10% for Personal Choice Flex C3-F4-01.

### PLAN HIGHLIGHTS AND CHANGES IN 2011

1. There are no changes in the Medical Plans for 2011.
2. The Prescription Benefit plans remains: There is now (a) a \$250 deductible before the plan pays anything, (b) copays at \$20/\$40/\$60 for 30 day pharmacy purchases and \$40/\$80/\$120 for 90 day mail order purchases. Mail order is mandatory after 30 days for maintenance prescriptions.
3. Generic Drugs purchased OUT OF THE PLAN at Target, Walmart, Sam's Club, COSTCO, etc. under their \$4 for 30 days or \$10 (up to \$15 in certain published cases) for 90 days supply programs will be reimbursed at 200% of the amount paid.
4. Dental Benefits remain at \$2,500 per year maximum per person, with an allowance of 4 free cleanings per year.
5. The copay rider will remain at the 90% benefit level for all participants, with a \$500 per person or \$1,000 per family deductible on all plans.
6. The deductible on the copay rider plan will be waived for new enrollments to the Keystone HMO C3-F4 plan.
7. The mental health rider plan remains at \$3,000 max per person with per visit allowance of \$100 for MD/PhD and \$80 for LSW/MS.
8. In order to protect plan integrity and in accordance with General Convention 2009 resolutions concerning benefit parity, the Trust does not offer its health insurance program on a component basis.

### GROUP LIFE INSURANCE FOR 2011

This life insurance from Church Insurance Company is based on a 1x salary formula, with age banded reductions:

Active employees – to age 65	100% (1X) salary with a maximum of \$100,000 includes AD&D
Active employees – age 65-70	Reduces to 65% of Salary with a maximum of \$65,000, includes AD&D
Active employees – age 70+	Reduces to 50% of Salary with a maximum of \$50,000, includes AD&D

**Composite Rate for Group Life including ADD \$0.40 per \$1,000**

Supplemental Group Life Insurance up to \$500,000 is also available

### SHORT and LONG TERM DISABILITY FOR LAY EMPLOYEES FOR 2011

This coverage is offered through the Church Insurance Company and offers seamless Short-Term Disability and Long-Term Disability coverage after the 30th day. This coverage is administered by UNUM.

Short-term Disability (Day 30 to Day 360)	0.63%	of gross monthly salary
Long-Term Disability (Beginning after day 360)	0.67%	of gross monthly salary
<i>Total</i>	1.30%	of gross monthly salary