

DRAFT

Premium Equivalent Rate Comparision - Short vs. Long Plan Years

Final Renewal as of November 5, 2018

Enrollment as of September 2018			2018 "Short" Plan Yearly Rates (Sept - December) - Not Aligned							2019 "Long" Plan Yearly Rates (January - December) - Aligned										
	Rate Tier	Employees	Not Aligned Rates	Employee Responsibility	Board Responsibility	Total Cost to the Employee	Total Cost to the Board	Aligned Rates	Percent Change	Employee Responsibility	Plan to Plan Difference for EE	Realignment Credit (50/50)**	Realignment Credit Cost to the Board	Board Responsibility (Not Including Credit)	Total Cost to the Employee	Total Cost to the Board (Not Including Credit)				
Glenbrook PPO (6%)	Single	104	\$13,557.60	5%	\$677.88	95%	\$12,879.72	\$70,499.52	\$1,339,490.88	\$9,833.52	-37.87%	5%	\$491.68	-\$186.20	\$0.00	\$0.00	95%	\$9,341.84	\$51,134.30	\$971,551.78
	Family	179	\$27,143.04	12%	\$3,257.16	88%	\$23,885.88	\$583,032.50	\$4,275,571.66	\$27,533.64	1.42%	12%	\$3,304.04	\$46.87	\$0.00	\$0.00	88%	\$24,229.60	\$591,422.59	\$4,337,098.97
		283																		
High Deductible PPO (6%)*	Single	47	\$8,268.12	5%	\$413.41	95%	\$7,854.71	\$19,430.08	\$369,171.56	\$8,594.40	3.80%	5%	\$429.72	\$16.31	\$0.00	\$0.00	95%	\$8,164.68	\$20,196.84	\$383,739.96
	Family	99	\$16,592.04	12%	\$1,991.04	88%	\$14,601.00	\$197,113.44	\$1,445,498.52	\$24,064.44	31.05%	12%	\$2,887.73	\$896.69	\$395.87	\$39,191.13	88%	\$21,176.71	\$285,885.55	\$2,096,494.01
		146																		
New High Deductible PPO *	Single	0	Plan is new; Plan did not exist in a "not aligned" state.							\$7,130.28		5%	\$356.51	Plan is new			95%	\$6,773.77	\$0.00	\$0.00
	Single +1	0	Plan is new; Plan did not exist in a "not aligned" state.							\$14,260.44		12%	\$1,711.25	Plan is new			88%	\$12,549.19	\$0.00	\$0.00
	Family	0	Plan is new; Plan did not exist in a "not aligned" state.							\$21,390.72		12%	\$2,566.89	Plan is new			88%	\$18,823.83	\$0.00	\$0.00
		0																		
HMO Illinois (8.8%)	Single	59	\$7,623.00	5%	\$381.15	95%	\$7,241.85	\$22,487.85	\$427,269.15	\$7,007.04	-8.79%	5%	\$350.35	-\$30.80	\$0.00	\$0.00	95%	\$6,656.69	\$20,670.77	\$392,744.59
	Family	132	\$20,582.28	12%	\$2,469.87	88%	\$18,112.41	\$326,023.32	\$2,390,837.64	\$19,619.64	-4.91%	12%	\$2,354.36	-\$115.52	\$0.00	\$0.00	88%	\$17,265.28	\$310,775.10	\$2,279,017.38
		191																		
Blue Advantage HMO (8.8%)	Single	28	\$6,098.40	5%	\$304.92	95%	\$5,793.48	\$8,537.76	\$162,217.44	\$6,783.96	10.11%	5%	\$339.20	\$34.28	\$9.10	\$254.80	95%	\$6,444.76	\$9,497.54	\$180,453.34
	Single +1	13	\$11,815.68	12%	\$1,417.88	88%	\$10,397.80	\$18,432.46	\$135,171.38	\$13,567.80	12.91%	12%	\$1,628.14	\$210.25	\$67.76	\$880.88	88%	\$11,939.66	\$21,165.77	\$155,215.63
	Family	57	\$15,491.16	12%	\$1,858.94	88%	\$13,632.22	\$105,959.53	\$777,036.59	\$20,351.76	23.88%	12%	\$2,442.21	\$583.27	\$242.64	\$13,830.48	88%	\$17,909.55	\$139,206.04	\$1,020,844.28
		98					\$1,351,516.46	\$11,322,264.82							\$54,157.29			\$1,449,954.49	\$11,817,159.95	
		718					\$12,673,781.28											\$13,267,114.44		

7.28%	Y-o-Y Net Difference for Employee	\$98,438.04
4.85%	Y-o-Y Net Difference for Board	\$549,052.41
	<i>(Inclusive of 1st Year Realignment Credit)</i>	

* High Deductible PPO plans receive an additional District-funded HSA benefit of \$1,000 for Single and \$1,600 for Family, which is not factored into the premium equivalent rates.

** See "[Cost of Realignment Calculation](#)" document to view realignment credit calculations.

RETIREE PLANS
Premium Equivalent Rate Comparison - Short vs. Long Plan Years
Final Renewal as of November 5, 2018

Enrollment as of September 2018			2018 "Short" Plan Yearly Rates (Sept - December) - Not Aligned							2019 "Long" Plan Yearly Rates (January - December) - Aligned								
	Rate Tier	Employees	Not Aligned Rates	Employee Responsibility	Board Responsibility	Total Cost to the Employee	Total Cost to the Board	Aligned Rates	Percent Change	Employee Responsibility	Plan to Plan Difference for EE	Board Responsibility	Total Cost to the Employee	Total Cost to the Board				
Glenbrook PPO	Single	3	\$13,557.60	5%	\$677.88	95%	\$12,879.72	\$2,033.64	\$38,639.16	\$9,833.52	-37.87%	5%	\$491.68	-\$186.20	95%	\$9,341.84	\$1,475.03	\$28,025.53
	Family	1	\$27,143.04		\$14,263.32		\$12,879.72	\$14,263.32	\$12,879.72	\$27,533.64	1.42%		\$18,191.80	\$3,928.48		\$9,341.84	\$18,191.80	\$9,341.84
		4																
(Retiree) High Deductible PPO *	Single	31	\$8,268.12	5%	\$413.41	95%	\$7,854.71	\$12,815.59	\$243,496.13	\$8,538.84	3.17%	5%	\$426.94	\$13.54	95%	\$8,111.90	\$13,235.20	\$251,468.84
	Single + 1	35	\$16,592.04		\$8,737.33		\$7,854.71	\$305,806.41	\$274,914.99	\$17,077.80	2.84%		\$8,965.90	\$228.58		\$8,111.90	\$313,806.57	\$283,916.43
	Family	7	\$21,408.24		\$13,553.53		\$7,854.71	\$94,874.68	\$54,983.00	\$25,616.64	16.43%		\$17,504.74	\$3,951.22		\$8,111.90	\$122,533.19	\$56,783.29
		73																
(Retiree) PPO Supplement	Single	5	\$4,733.16	100%	\$4,733.16	0%	\$0.00	\$23,665.80	\$0.00	\$4,857.84	2.57%	100%	\$4,857.84	\$124.68	0%	\$0.00	\$24,289.20	\$0.00
	Family	0	\$9,187.92	100%	\$9,187.92	0%	\$0.00	\$0.00	\$0.00	\$13,602.00	32.45%	100%	\$13,602.00	\$4,414.08	0%	\$0.00	\$0.00	\$0.00
		5																
HMO Illinois***	Single	4	\$6,098.40	5%	\$304.92	95%	\$5,793.48	\$1,219.68	\$23,173.92	\$6,783.96	10.11%	5%	\$339.20	\$34.28	95%	\$6,444.76	\$1,356.79	\$25,779.05
	Single + 1	7	\$11,815.68		\$6,022.20		\$5,793.48	\$42,155.40	\$40,554.36	\$13,567.80	12.91%		\$7,123.04	\$1,100.84		\$6,444.76	\$49,861.27	\$45,113.33
	Family	1	\$15,491.16		\$9,697.68		\$5,793.48	\$9,697.68	\$5,793.48	\$20,351.76	23.88%		\$13,907.00	\$4,209.32		\$6,444.76	\$13,907.00	\$6,444.76
		12																
Blue Advantage HMO	Single	7	\$6,098.40	5%	\$304.92	95%	\$5,793.48	\$2,134.44	\$40,554.36	\$6,783.96	10.11%	5%	\$339.20	\$34.28	95%	\$6,444.76	\$2,374.39	\$45,113.33
	Single +1	7	\$11,815.68		\$6,022.20		\$5,793.48	\$42,155.40	\$40,554.36	\$13,567.80	12.91%		\$7,123.04	\$1,100.84		\$6,444.76	\$49,861.27	\$45,113.33
	Family	2	\$15,491.16		\$9,697.68		\$5,793.48	\$19,395.36	\$11,586.96	\$20,351.76	23.88%		\$13,907.00	\$4,209.32		\$6,444.76	\$27,814.00	\$12,889.52
		16																
		110						\$570,217.40	\$787,130.44								\$638,705.69	\$809,989.27
								\$1,357,347.84									\$1,448,694.96	

Y-o-Y Net Difference for Employee	\$68,488.30
Y-o-Y Net Difference for Board	\$22,858.82
<i>(Inclusive of 1st Year Realignment Credit)</i>	

* High Deductible PPO plans receive an additional District-funded HSA benefit of \$1,000 for Single and \$1,600 for Family, which is not factored into the premium equivalent rates.

** See ["Cost of Realignment Calculation" document to view realignment credit calculations.](#)

*** HMO Illinois premium equivalent rates reflect a 3-tier structure