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The San Francisco Chronicle Effective Date: November 1, 2012 Benefit Highlights	Cigna (AM Best Rating: A-) Shared Returns Contract Option 3		Cigna (AM Best Rating: A-) Shared Returns Contract Option 4		Cigna (AM Best Rating: A-) 50% Shared Returns Contract Option 5		Cigna (AM Best Rating: A-) 50% Shared Returns Contract Option 6	
	HSA		Open Access Plus		HSA		Open Access Plus	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Referrals Needed	No	N/A	No	N/A	No	N/A	No	N/A
Network	OAP	N/A	OAP	N/A	OAP	N/A	OAP	N/A
P. & C Level % (Percentile)	N/A	N/A	N/A	80th	N/A	N/A	N/A	80th
Deductible (Single/Family Maximum)	\$3,000/\$6,000	N/A	\$3,000/\$6,000	\$4,000/\$8,000	\$3,000/\$6,000	N/A	\$3,000/\$6,000	\$4,000/\$8,000
Deductible Accumulation Period	Calendar Year	N/A	Plan Year	Plan Year	Calendar Year	N/A	Plan Year	Plan Year
Coinsurance	30%	N/A	20%	40%	30%	N/A	20%	40%
Out of Pocket Maximum (Includes Deductible)	\$6,000/\$12,000	N/A	\$5,000/\$10,000	\$8,000/\$16,000	\$6,000/\$12,000	N/A	\$5,000/\$10,000	\$8,000/\$16,000
Office Visit Copay	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit Copay	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance
Lab	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance
Radiology / X-Ray	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance
Hospitalization and Related Services	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drug Deductible	Plan Deductible	N/A	\$100	Not covered	Plan Deductible	N/A	\$100	Not covered
Tier 1 / Tier 2 / Tier 3 Copays	Deductible & Coinsurance	N/A	\$15/\$30/\$50	Not covered	Deductible & Coinsurance	N/A	\$15/\$30/\$50	Not covered
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Monthly Cost Analysis:	Headcount	Option 3	Headcount	Option 4	Headcount	Option 5	Headcount	Option 6
Employee Only	192	\$465.84	192	\$546.57	192	\$475.16	192	\$557.50
Employee + 1	68	\$931.68	68	\$1,093.14	68	\$950.31	68	\$1,115.00
Family	60	\$1,318.32	60	\$1,546.80	60	\$1,344.62	60	\$1,577.24
Monthly Total	320	\$231,895	320	\$272,083	320	\$236,533	320	\$277,525
Annual Total		\$2,782,737		\$3,264,996		\$2,838,391		\$3,330,295
Difference to Current by Plan		-24.8%		-11.7%		-23.3%		-10.0%
Avg Cost Per Employee Per Month		\$724.67		\$850.26		\$730.16		\$867.26
Combined Annual Total	Current	Option 3	Current	Option 4	Current	Option 5	Current	Option 6
	\$3,699,641	\$2,782,737	\$3,699,641	\$3,264,996	\$3,699,641	\$2,838,391	\$3,699,641	\$3,330,295
Differential to Current		-\$916,904		-\$434,645		-\$861,249		-\$369,345
% Differential to Current		-24.8%		-11.7%		-23.3%		-10.0%
Differential to Renewal		-\$967,211		-\$484,953		-\$911,557		-\$419,653
% Differential to Current		-25.79%		-12.93%		-24.31%		-11.19%