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Altoona WI 54720

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group-health.com

Jim Jones  
Stanley Boyd School District  
507 East 1<sup>st</sup> Street  
Stanley, WI 54768

Re: January 2015 Renewal

Dear Jim,

On behalf of Group Health Cooperative of Eau Claire, thank you for the opportunity to serve your employees during the past year. We appreciate the confidence you have placed in us and we remain dedicated to providing you and your employees with quality, cost-effective coverage.

We have completed the annual review of Stanley Boyd School District's health plan. The enclosed medical renewal to be effective January 2014 reflects an increase of 6 percent. The following factors are considered when developing renewal rates:

- Trend
- Change in Demographics
- Health Care Reform
- Loss Ratio and High Cost Cases
- Projected Ongoing Claims
- State and Federal Mandates

The renewal is less than our 9 percent for trend, Affordable Care Act fees and taxes. The increase initially calculated at 15.54 percent.

As a local nonprofit cooperative, the actions of our organization are not driven by the pressures of outside stakeholders. This unique organizational structure is what has enabled us to provide superior, personalized service to our members while ensuring our administrative costs remain significantly beneath that of any other health plan in the state for over 35 years.

In addition to being part of a local plan focused on addressing with local issues, below are some other reasons you should consider maintaining your coverage with us at renewal.

- **Real Service From Real People.** We think you deserve high-quality service with a personal touch, which is why our friendly staff will answer the phone every time you call.
- **Focus on Health Promotion.** Our local team of Health Promotion professionals is available to work with your organization in developing a wellness program to address the unique health issues your employees face.
- **Journey Discount Program.** Our Journey program gives you access to local and national health and wellness discounts.
- **Disease Management.** Our disease management programs helps support and educate members who are living with chronic illnesses such as asthma or diabetes.

If you have any questions or are interested in additional benefit alternatives, please feel free to contact us at (715) 552-4300 or (888) 203-7770.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Hanko".

Tom Hanko  
Sales Assistant Manager

GHC12157



Stanley Boyd Schools - 2015 Renewal  
Effective on: January 1, 2015

		RENEWAL OPTION
BENEFIT DESCRIPTION		Option: 1 - HSA
Lifetime Maximum		Unlimited
Deductible		\$3250/\$6500 (non-embedded)
Deductible Reimbursement		\$2500/\$5000
Coinsurance		85%
Coinsurance Out-of-Pocket Limit		\$1000/\$2000
Emergency Room		85% after deductible
Ambulance		85% after deductible
Surgical Services		85% after deductible
Office Visits: Primary Care, PT/ST/OT, Chiropractic, Maternity		85% after deductible
Preventive Care Office Visits		100%
Specialist Care Office Visits		85% after deductible
Urgent Care Office Visits		85% after deductible
Immunizations		100%
Lab & X-Ray in Clinic Setting		85% after deductible
Diagnostic Services		85% after deductible
Home Health Care		85% after deductible
Hospice Care		85% after deductible
Oral Surgery		85% after deductible
Organ Transplant Service		85% after deductible
Kidney Disease Treatment		85% after deductible
Hospital Inpatient Services		85% after deductible
Hospital Outpatient - Surgery or Surgi-Center		85% after deductible
Skilled Nursing Facilities/Services (30 day limit)		85% after deductible
Mental Health/AODA Inpatient		85% after deductible
Mental Health/AODA Outpatient		85% after deductible
Prescription Drugs		\$10/\$30/\$50 after deductible & coinsurance
Durable Medical Equipment		85% after deductible
TMJ Services (non-surgical max \$1,250)		
Office Visits		85% after deductible
Appliances & Therapy		85% after deductible
Dependency Criteria		To age 26
GROUP SUMMARY		RENEWAL RATES
Total Monthly Premium		\$101,582.75
Employee		\$633.35
Employee/Child(ren)		\$1,437.70
Employee/Spouse		\$1,437.70
Full Family		\$1,437.70
Medicare Single		\$506.68
Medicare 2 Person		\$1,013.36
1 Medicare, 1 Non-Medicare		\$1,140.03
1 Medicare, 1 Non-Medicare with Deps		\$1,336.80
Medicare 2 Person with Deps		\$1,190.40

1-1-2015  
\$597.47  
\$1,356.26

Health EOS: GHC network primary, HealthEOS as a wrap to the GHC Service Area; Multiplan as a wrap to HealthEOS network for out of state providers. Available for all employees. Provider Network Note: Mayo Clinic, St. Mary's and Methodist Hospital in Rochester, Minnesota are available to GHC members only after receiving a prior event/network authorization by the health plan. This provision does not apply to Mayo Clinic affiliated providers in Wisconsin.



Stanley Boyd Schools - 2015 Renewal  
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Employee Census Distribution

Age	Single		Employee & Child(ren)		Employee & Spouse		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
<= 24	0	1	0	0	0	1	0	0
25 - 29	0	7	0	0	0	0	1	1
30 - 34	3	1	0	0	0	0	2	4
35 - 39	1	0	0	0	0	0	1	5
40 - 44	0	1	0	0	0	0	3	5
45 - 49	1	0	0	0	0	1	2	6
50 - 54	0	2	0	1	1	1	1	7
55 - 59	2	4	0	1	1	2	1	2
60 - 64	1	6	0	0	1	5	0	0
65+ (Primary)	0	1	0	0	0	1	0	0
65+ (Secondary)	0	0	0	0	0	0	0	0
Column Totals	8	23	0	2	3	11	11	30

Total Contracts

88



Stanley Boyd Schools - 2015 Renewal  
Effective on: January 1, 2015

GROUP SUMMARY	<input type="checkbox"/> OPTION 1
Employee	\$633.35
Employee/Child(ren)	\$1,437.70
Employee/Spouse	\$1,437.70
Full Family	\$1,437.70
Total Monthly Premium	\$101,582.75

<b>Complete the below section regarding employer funding.</b> <b>If yes, select type of funding and enter amount funded for above option(s) selected.</b>		
EMPLOYER FUNDING:	NONE <input type="checkbox"/>	
	YES <input type="checkbox"/> Deductible <input type="checkbox"/> Coinsurance <input type="checkbox"/> HRA/HSA Account	\$

**Rating Assumptions:**

\*The rates quoted are based upon the employer's acknowledgement that there is no employer partial or full funding of the employee deductible or coinsurance. The employer (or its agent) has the responsibility to advise Group Health Cooperative of Eau Claire (GHC) of any changes in this assumption.

\*This is a 12-month contract. Rates will renew 12 months from the effective date.

\*Coverage must be offered to all eligible employees. Only owners, employees and their dependents are eligible for coverage. Any other class of covered individuals must be reviewed and approved by GHC.

\*The employer (or its agent) must notify GHC if adding other locations or subsidiaries to this plan throughout the contract period.

\*The benefit outline included in this quote is only intended to highlight and give a general description of some of the benefits for each option. It is not a legal document. For a comprehensive listing of the benefits, limitations and exclusions of this plan, please refer to the Policy and Summary of Benefits and Coverage.

The above selected option has been chosen for employees and eligible dependents subject to the terms and conditions of the group's contract with Group Health Cooperative of Eau Claire.

Group Acceptance Signature: \_\_\_\_\_  
 Name (please print) \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

10-08-2014 4:54 PM

Thank you for giving us the opportunity to prepare a quote for your company.