
UPDATE: Health Care Insurance Possibility for AWSNA Member Schools

Thu, Jul 20, 2017 at 3:06 PM

From: **Laura Posusta** <lposusta@awsna.org>
Date: Thu, Jul 20, 2017 at 3:06 PM
Subject: UPDATE: Health Care Insurance Possibility for AWSNA Member Schools
To: Laura Posusta <lposusta@awsna.org>, Stephanie Rynas <srynas@awsna.org>

Dear US School Administrators and Business Managers,

Here is the latest on our work to use our collective purchasing power and gain some control over the constantly increasing cost of health benefits for our member schools.

We have isolated a unique Benefit Trust exclusively for private schools through United HealthCare called "edVantage" this program has the potential to be a sustainable solution.

This option may be especially valuable as carriers react to all the uncertainty around the future of the Affordable Care Act and the impact of possible legislative action.

A few key points of the plan and our activities:

- We have modified the portfolio of plan options, adding a high deductible lower premium "Bronze" level plan that will more closely match plans that some schools offer.
- The rates for the originally quoted plans are unchanged as all the additional analysis confirmed that our community's average age is 48 and we are predominately female.
- The Trust offers 4-Tier composite rates regardless of the age of the employee or the size of the school, very different than the member-level age rated small group plans that most schools are faced with.
- Rates for the 2018 plan year will be released in August, we anticipate any increases will be lower for the "edVantage" Trust than most other plans due to the younger and healthier anchor population of this pool (cosmetology schools). We fully expect this trend of lower than average annual increases to continue and benefit our schools into the future. So if this is not a good fit for your school right now, it may be in the future.

** Attached is the updated quote. Please note the tabs at the bottom as plans and rates differ for some locations.

We are ready to roll out a pilot program for Q-4;

As the comparisons that we received are now a little dated, in order to receive a current apples and apples comparison we ask that interested schools with renewal dates between 10/1 and 12/1 send their current census data and upcoming renewals to Matt Heath at matt@heathbp.com He will provide a direct comparison and competitive analysis to the quotes received from your current broker.

Please contact me if you have any questions or concerns.

Sincerely,

Stephanie Rynas - Executive Director, Finance & Operations
Association of Waldorf Schools of North America
515 Kimbark #106, Longmont, CO 80501
t: (612) 870-8310, x104 | direct: (612) 424-8536
Canada: (226) 455-0136 | Mexico: +52 (55) 36877269
srynas@awsna.org | WaldorfEducation.org



UNITED HEALTHCARE
Southern CA



PRODUCT	HMO	HMO	HMO	PPO		PPO		HMO W/HSA	PPO W/HSA		EPO W/HSA
PLAN #	PLAN 1	PLAN 2	PLAN 3	PLAN 4		PLAN 5		PLAN 6	PLAN 7		PLAN 8
NAME	SIGNATURE VALUE (CA ONLY FULL)	SIGNATURE VALUE ALLIANCE (CA ONLY NARROW)	SIGNATURE VALUE ALLIANCE (CA ONLY NARROW)	SELECT PLUS (NATIONAL)		SELECT PLUS (NATIONAL)		SIGNATURE VALUE ALLIANCE (CA ONLY NARROW)	SELECT PLUS (NATIONAL)		SELECT (CA ONLY NARROW)
PLAN CODE	JF7, 4NJ	J8H, 4NK	N93, 4NL	Mod PS6, Mod 4F		Mod1 PS6, Mod 4F		Mod N96, 4NM	ULU, Mod 4F		ULF, 4NM
NET REIMB	IN ONLY	IN ONLY	IN ONLY	IN	OON	IN	OON	IN ONLY	IN	OON	IN ONLY
PCP	\$20	\$30	\$30	\$20	D&C	\$30	D&C	D&C	D&C	D&C	D&C
SPECIALIST	\$40	\$40	\$40	\$20	D&C	\$30	D&C	D&C	D&C	D&C	D&C
I/P HOSP	\$250PA	\$750PDX3	D&C	N/A	N/A	N/A	N/A	D&C	D&C	D&C	D&C
O/P SURG	\$125	\$350	D&C	N/A	N/A	N/A	N/A	D&C	D&C	D&C	D&C
EMERGENCY	\$100	\$200	\$250	\$100	\$100	\$150	\$150	D&C	D&C	D&C	D&C
URGENT	\$50	\$100	\$100	\$50	D&C	\$75	D&C	D&C	D&C	D&C	D&C
DEDUCT IND	\$0	\$0	\$2,000	\$1,000	\$2,000	\$2,000	\$4,000	\$2,600	\$3,000	\$6,000	\$6,250
DEDUCT FAM	\$0	\$0	\$4,000	\$2,000	\$4,000	\$4,000	\$8,000	\$5,200	\$6,000	\$12,000	\$12,500
COINSURANCE	0%	0%	20%	20%	40%	20%	40%	20%	20%	40%	40%
OOP IND	\$2,000	\$3,500	\$5,000	\$3,000	\$10,000	\$4,000	\$10,000	\$4,000	\$5,000	\$10,000	\$6,350
OOP FAM	\$4,000	\$7,000	\$10,000	\$6,000	\$20,000	\$8,000	\$20,000	\$7,150	\$10,000	\$20,000	\$12,700
MH/SA	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
Prescriptions Mail Order	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X		\$15/\$30/\$50/\$100 2 X		\$10/\$30/\$50/\$100 2 X	\$10/\$30/\$50/\$100 2 X		\$10/\$30/\$50/\$100 2 X
Academic/Educational Schools (1/1/2017 - 12/31/2017)											
	<u>SO CAL HMO</u>	<u>SO CAL HMO</u>	<u>SO CAL HMO</u>	<u>ALL - NATIONAL</u>		<u>ALL - NATIONAL</u>		<u>SO CAL HMO</u>	<u>ALL - NATIONAL</u>	<u>ALL - NATIONAL</u>	<u>ALL - NATIONAL</u>
EE	\$635.40	\$556.30	\$400.90	\$662.32		\$623.62		\$317.29	\$569.21	\$475.81	\$475.81
EE + SP	\$1,391.50	\$1,218.28	\$877.93	\$1,450.46		\$1,365.71		\$694.85	\$1,246.56	\$1042.02	\$1042.02
EE + CH	\$1,207.24	\$1,056.96	\$761.69	\$1,258.39		\$1,184.86		\$602.83	\$1,081.50	\$904.04	\$904.04
FAM	\$1,931.59	\$1,691.15	\$1,218.70	\$2,013.42		\$1,895.78		\$964.55	\$1,730.40	\$1446.47	\$1446.47



UNITED HEALTHCARE
Northern CA



PRODUCT	HMO	HMO	HMO	PPO		PPO		HMO W/HSA		PPO W/HSA		EPO W/HSA
PLAN #	PLAN 1	PLAN 2	PLAN 3	PLAN 4		PLAN 5		PLAN 6		PLAN 7		PLAN 8
NAME	SIGNATURE VALUE (CA ONLY FULL)	SIGNATURE VALUE ALLIANCE (CA ONLY NARROW)	SIGNATURE VALUE ALLIANCE (CA ONLY NARROW)	SELECT PLUS (NATIONAL)		SELECT PLUS (NATIONAL)		SIGNATURE VALUE ALLIANCE (CA ONLY NARROW)		SELECT PLUS (NATIONAL)		SELECT (CA ONLY NARROW)
PLAN CODE	JF7, 4NJ	J8H, 4NK	N93, 4NL	Mod PS6, Mod 4F		Mod1 PS6, Mod 4F		Mod N96, 4NM		ULU, Mod 4F		ULF, 4NM
NET REIMB	IN ONLY	IN ONLY	IN ONLY	IN	OON	IN	OON	IN ONLY	IN	OON	IN ONLY	
PCP	\$20	\$30	\$30	\$20	D&C	\$30	D&C	D&C	D&C	D&C	D&C	
SPECIALIST	\$40	\$40	\$40	\$20	D&C	\$30	D&C	D&C	D&C	D&C	D&C	
I/P HOSP	\$250PA	\$750PDX3	D&C	N/A	N/A	N/A	N/A	D&C	D&C	D&C	D&C	
O/P SURG	\$125	\$350	D&C	N/A	N/A	N/A	N/A	D&C	D&C	D&C	D&C	
EMERGENCY	\$100	\$200	\$250	\$100	\$100	\$150	\$150	D&C	D&C	D&C	D&C	
URGENT	\$50	\$100	\$100	\$50	D&C	\$75	D&C	D&C	D&C	D&C	D&C	
DEDUCT IND	\$0	\$0	\$2,000	\$1,000	\$2,000	\$2,000	\$4,000	\$2,600	\$3,000	\$6,000	\$6,250	
DEDUCT FAM	\$0	\$0	\$4,000	\$2,000	\$4,000	\$4,000	\$8,000	\$5,200	\$6,000	\$12,000	\$12,500	
COINSURANCE	0%	0%	20%	20%	40%	20%	40%	20%	20%	40%	40%	
OOP IND	\$2,000	\$3,500	\$5,000	\$3,000	\$10,000	\$4,000	\$10,000	\$4,000	\$5,000	\$10,000	\$6,350	
OOP FAM	\$4,000	\$7,000	\$10,000	\$6,000	\$20,000	\$8,000	\$20,000	\$7,150	\$10,000	\$20,000	\$12,700	
MH/SA	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	
Prescriptions Mail Order	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X		\$15/\$30/\$50/\$100 2 X		\$10/\$30/\$50/\$100 2 X	\$10/\$30/\$50/\$100 2 X		\$10/\$30/\$50/\$100 2 X	
Academic/Educational Schools (1/1/2017 - 12/31/2017)												
	<u>NO CAL HMO</u>	<u>NO CAL HMO</u>	<u>NO CAL HMO</u>	<u>ALL - NATIONAL</u>		<u>ALL - NATIONAL</u>		<u>NO CAL HMO</u>	<u>ALL - NATIONAL</u>		<u>ALL - NATIONAL</u>	
EE	\$725.32	\$643.56	\$452.57	\$662.32		\$623.62		\$362.24	\$569.21		\$475.81	
EE + SP	\$1,588.46	\$1,409.41	\$991.13	\$1,450.46		\$1,365.71		\$793.34	\$1,246.56		\$1042.02	
EE + CH	\$1,378.10	\$1,222.78	\$859.88	\$1,258.39		\$1,184.86		\$688.30	\$1,081.50		\$904.04	
FAM	\$2,204.99	\$1,956.46	\$1,375.82	\$2,013.42		\$1,895.78		\$1,101.29	\$1,730.40		\$1446.47	



UNITED HEALTHCARE
Non-California

PRODUCT	EPO	EPO	EPO	PPO		PPO		EPO W/HSA		PPO W/HSA		EPO W/HSA
PLAN #	PLAN 1	PLAN 2	PLAN 3	PLAN 4		PLAN 5		PLAN 6		PLAN 7		PLAN 8
NAME	CHOICE	CHOICE	CHOICE	CHOICE PLUS (NATIONAL)		CHOICE PLUS (NATIONAL)		CHOICE		CHOICE PLUS (NATIONAL)		SELECT (CA ONLY NARROW)
PLAN CODE	Mod 071, Mod 4F	Mod1 071, Mod 4F	Mod 090, Mod 4F	Mod 525, Mod 4F		Mod1 525, Mod 4F		Mod1 496, Mod 4F		Mod 563, Mod 4F		ULF, 4NM
NET REIMB	IN ONLY	IN ONLY	IN ONLY	IN	OON	IN	OON	IN ONLY		IN	OON	IN ONLY
PCP	\$20	\$30	\$30	\$20	D&C	\$30	D&C	D&C		D&C	D&C	D&C
SPECIALIST	\$40	\$40	\$40	\$20	D&C	\$30	D&C	D&C		D&C	D&C	D&C
I/P HOSP	\$250PA	\$750PDX3	D&C	N/A	N/A	N/A	N/A	D&C		D&C	D&C	D&C
O/P SURG	\$125	\$350	D&C	N/A	N/A	N/A	N/A	D&C		D&C	D&C	D&C
EMERGENCY	\$100	\$200	\$250	\$100	\$100	\$150	\$150	D&C		D&C	D&C	D&C
URGENT	\$50	\$100	\$100	\$50	D&C	\$75	D&C	D&C		D&C	D&C	D&C
DEDUCT IND	\$0	\$0	\$2,000	\$1,000	\$2,000	\$2,000	\$4,000	\$2,600		\$3,000	\$6,000	\$6,250
DEDUCT FAM	\$0	\$0	\$4,000	\$2,000	\$4,000	\$4,000	\$8,000	\$5,200		\$6,000	\$12,000	\$12,500
COINSURANCE	0%	0%	20%	20%	40%	20%	40%	20%		20%	40%	40%
OOP IND	\$2,000	\$3,500	\$5,000	\$3,000	\$10,000	\$4,000	\$10,000	\$4,000		\$5,000	\$10,000	\$6,350
OOP FAM	\$4,000	\$7,000	\$10,000	\$6,000	\$20,000	\$8,000	\$20,000	\$7,150		\$10,000	\$20,000	\$12,700
MH/SA	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED		INCLUDED	INCLUDED	INCLUDED
Prescriptions Mail Order	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X	\$15/\$30/\$50/\$100 2 X		\$15/\$30/\$50/\$100 2 X		\$10/\$30/\$50/\$100 2 X		\$10/\$30/\$50/\$100 2 X		\$10/\$30/\$50/\$100 2 X
Academic/Educational Schools (1/1/2017 - 12/31/2017)												
	<u>Nat'l EPO w/o CA</u>	<u>Nat'l EPO w/o CA</u>	<u>Nat'l EPO w/o CA</u>	<u>ALL - NATIONAL</u>		<u>ALL - NATIONAL</u>		<u>Nat'l EPO w/o CA</u>	<u>ALL - NATIONAL</u>		<u>ALL - NATIONAL</u>	
EE	\$743.21	\$684.58	\$578.64	\$662.32		\$623.62		\$506.83	\$569.21		\$475.81	
EE + SP	\$1,627.62	\$1,499.22	\$1,267.22	\$1,450.46		\$1,365.71		\$1,109.95	\$1,246.56		\$1042.02	
EE + CH	\$1,412.10	\$1,300.68	\$1,099.42	\$1,258.39		\$1,184.86		\$962.98	\$1,081.50		\$904.04	
FAM	\$2,259.35	\$2,081.11	\$1,759.07	\$2,013.42		\$1,895.78		\$1,540.75	\$1,730.40		\$1446.47	



UNITED HEALTHCARE
Hawaii



PRODUCT	PPO	
PLAN #	Plan 8	
NAME	OPTIONS	
PLAN CODE	ARGO, H9	
NET REIMB	IN	OON
PCP	D&C	D&C
SPECIALIST	D&C	D&C
I/P HOSP	D&C	D&C
O/P SURG	D&C	D&C
EMERGENCY	D&C	D&C
URGENT	D&C	D&C
DEDUCT IND	\$100	\$100
DEDUCT FAM	\$300	\$300
COINSURANCE	10%	30%
OOP IND	\$2,500	\$2,500
OOP FAM	\$7,500	\$7,500
MH/SA	INCLUDED	INCLUDED
Prescriptions	\$10/\$30/\$50	
Mail Order	2.5 X	
Academic/Educational Schools (1/1/2017 - 12/31/2017)		
HAWAII ONLY		
EE	\$709.99	
EE + SP	\$1,554.88	
EE + CH	\$1,348.98	
FAM	\$2,158.37	

UNITED HEALTHCARE

PRODUCT	DMO		DMO		PPO	
PLAN #	PLAN 1		PLAN 2		PLAN 3	
NAME	Dental Benefit Providers of California Primary Plan		Dental Benefot Providers, Inc. Primary Plan		Incentive PPO	
Plan Code	D175H		D0076		P8892, CS2	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Diagnostic Service						
Periodic Oral Evaluation					100%	100%
Radiographs	See Copay Schedule	See Copay Schedule	See Copay Schedule	See Copay Schedule	100%	100%
Lab and Other Diagnostic Tests					100%	100%
Preventive Services						
Dental Prophylaxis (Cleaning)					100%	100%
Fluoride Treatment	See Copay Schedule	See Copay Schedule	See Copay Schedule	See Copay Schedule	100%	100%
Sealants					100%	100%
Space Maintainers					100%	100%
Basic Services						
Restorations (Amalgams or composite)					90%	80%
Emergency Treatment/ General Services					90%	80%
Simple Extractions	See Copay Schedule	See Copay Schedule	See Copay Schedule	See Copay Schedule	90%	80%
Oral Surgery (include. Surgical Extractions)					N/A	N/A
Periodontics					90%	80%
Endodontics					90%	80%
Major Services						
Oral Surgery (include. Surgical Extractions)	N/A	N/A	N/A	N/A	60%	50%
Inlays/Onlays/Crowns					60%	50%
Dentures and Removable Prosthetics	See Copay Schedule	See Copay Schedule	See Copay Schedule	See Copay Schedule	60%	50%
Fixed Partial Dentures (Bridges)					60%	50%
Orthodontic Services						
Orthodontia	See Copay Schedule	See Copay Schedule	See Copay Schedule	See Copay Schedule	50%	50%
Orthodontia Eligibility					Child Only (up to Age 19)	
Deductible						
Deductible					\$50/\$150	\$50/\$150
Deductible applies to Prev. & Diag.					No	No
Waiting Period Applies	See Copay Schedule	See Copay Schedule	See Copay Schedule	See Copay Schedule	No	No
Out Of Network Basis					MAC	
Annual Max					\$1,500	\$1,500
Lifetime Orth Max					\$1,500	\$1,500
PPO Network					Options PPO20	
CMM-Annual Roll-Over					No	
Academic/Educational Schools (1/1/2017 - 12/31/2017)						
EE	\$11.75		\$13.69		\$34.45	
EE + SP	\$22.91		\$23.95		\$68.90	
EE + CH	\$24.79		\$29.65		\$78.08	
FAM	\$35.83		\$37.64		\$118.35	



UNITED HEALTHCARE

PRODUCT	Vision	
PLAN #	PLAN 1	
NAME	V1357	
	In Network	Out of Network
Plan Options		
Contribution	100% Employer Paid	
Product Type	Exam with Materials	
Network Type	Full Network	
Exam Co-pay	\$20	N/A
Material Co-pay (Frames/Spectacle Lenses or Contact Lenses)	\$20	N/A
Service Frequency		
Exams/Lenses/Frames/Conacts	12/12/24/12	
Eye Examination		
Exam	100%	Up to \$40
Lenses		
Single Vision	100%	Up to \$40
Lined Bifocal	100%	Up to \$40
Lined Trifocal	100%	Up to \$40
Lenticular	100%	Up to \$40
Frames		
Retail Frame Allowance	Up to \$130	Up to \$45
Discount on Frame Overage at participating providers	\$0	N/A
Elective Contact Lenses		
Covered Selection Contacts	Up to 4 boxes	Up to \$105
Non-Selection Contacts	Up to \$105	Up to \$105
Necessary Contact Lenses	100%	Up to \$210
Lens Options		
Covered-in-full Lens Options	Standard Scratch-Resistant Coating	N/A
Non-covered Lens Options	Price Protection available for non-covered lens options ranging from 20-60% off	
Value Services		
Laser Vision Discount	<p>UHC is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through Laser Vision Network of America (LVNA). Members receive a discount of 15% off standard prices or 5% off promotional prices with any in-network surgeon.</p>	
Academic/Educational Schools (1/1/2017 - 12/31/2017)		
EE	\$4.54	
EE + SP	\$8.61	
EE + CH	\$10.10	
FAM	\$14.20	



Unimerica Life Insurance Company

PRODUCT	Basic Life
PLAN #	PLAN 1
NAME	Class 1
Eligibility	All Active Full Time Employees working in a minimum of 30 hours per week.
Basic Annual Earnings (BAE) Definition	N/A
Benefits Payable	
Benefits Payable	\$25,000
Benefit Maximum	\$25,000
New Hire Guarantee Issue Limit	\$25,000
Limitations and Exclusions	
Evidence of Insurability Requirements	Required for late entrants and amounts over Guarantee Issue amount. Also required for all coverage if minimum participation level is not met.
Benefit Reduction	65%@65, 59%@70
Coverage Termination	At Employee's Retirement
Suicide Limitation	Excluded
Additional Features	
Accelerated Death Benefit	Included
Percentage Available	50%
Maximum	\$250,000
Life Expectancy	12 months
Wavier of Premium	Included
Elimination Period	9 months
Disabled Prior to Age	Prior to age 60
Benefits Payable to Age	to Age 65
Portability	Excluded
Conversion	Included: Must apply within 30 days of coverage
Academic/Educational Schools (1/1/2017 - 12/31/2017)	
Monthly Rate	\$0.07

Trendsetters College
Effective Date August 1, 2017

Voluntary Life / AD&D		Option 1
		Unimerica
Provider		NPEAA EdVantage
Employee		
Maximum Benefit		\$500,000 not to exceed BAE
Benefit Increment		\$10,000
Guarantee Issue Amount		\$100,000
Spouse		
Maximum Benefit		\$250,000 not to exceed 50% of EE Amt.
Benefit Increment		\$5,000
Guarantee Issue Amount		\$20,000
Child		
Maximum Benefit		\$10,000 not to exceed 50% of EE Amt.
Age Reduction		
1st Reduction		35% at 65
2nd Reduction		50% at 70
AD&D		
Rates (per \$1,000)		
Vol. Life Rates		
AD&D Rate		0.020
Under Age 20		\$0.040
Age 20-24		\$0.040
Age 25-29		\$0.050
Age 30-34		\$0.060
Age 35-39		\$0.090
Age 40-44		\$0.140
Age 45-49		\$0.220
Age 50-54		\$0.350
Age 55-59		\$0.520
Age 60-64		\$0.710
Age 65-69		\$1.120
Age 70-74		\$1.900
Age 75-79		\$5.660
80+		\$5.660
Child Rate		<u>\$0.150</u>