

RI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

FINAL REPORT

HEALTHCARE

IN

RHODE ISLAND SCHOOL DISTRICTS



February 4, 2008

Summary Report – Health Care Survey - FY08 Data

On October 1, 2007, the RI Department of Elementary and Secondary Education (RIDE) contacted all RI school districts concerning the completion of a survey instrument to collect FY08 health care information provided by the district for all employees, both active and retired. A copy of the survey instrument can be found in the appendix. This report will provide readers with an overview of the information collected. RIDE achieved a 100% return rate from districts on this survey and has collected a significant amount of key information upon which to base future decisions concerning health care.

The data represented is reflected at the time of compilation. Contract settlements subsequent to the survey are not reflected in this report.

Outlined below you will find highlights of the information collected.

Number of Employees Covered by Health Insurance Statewide

Active Employees	17,128	
Retired Employees	5,787	
Sub-Total:		22,915
Employees Receiving Payments in Lieu of Coverage (Buy-Backs)	2,994	
Total Possible Contracts:		25,909

Breakdown of Health Insurance by School District

	Number of Employees			Total
	Actives	Retirees	Medical Waivers	
Barrington	306	48	121	475
Burrillville	236	51	71	358
Central Falls	396	36	129	561
Coventry	563	180	129	872
Cranston	1,472	420	113	2,005
Cumberland	452	85	109	646
East Greenwich	264	7	111	382
East Providence	674	186	115	975
Foster	35	5	9	49
Glocester	79	14	17	110
Jamestown	72	24	14	110
Johnston	431	238	60	729
Lincoln	366	92	142	600
Little Compton	34	5	9	48
Middletown	273	62	114	449

Breakdown of Health Insurance by School District (Cont'd)

	Actives	Retirees	Medical Waivers	Total
Narragansett	206	64	65	335
Newport	264	188	88	540
New Shoreham	37	0	0	37
North Kingstown	528	72	115	715
North Providence	386	37	85	508
North Smithfield	173	32	80	285
Pawtucket	979	306	78	1,363
Portsmouth	283	108	41	432
Providence	3,288	1,879	62	5,229
Scituate	181	29	0	210
Smithfield	211	76	101	388
South Kingstown	511	45	99	655
Tiverton	220	0	36	256
Warwick	1,062	627	207	1,896
Westerly	478	28	92	598
West Warwick	395	219	120	734
Woonsocket	682	224	104	1,010
Metropolitan C&TC	140	0	3	143
CVS Highlander	42	0	5	47
Paul Cuffee Charter	61	0	22	83
Kingston Hill Academy	13	0	0	13
International Charter Sch	38	0	6	44
Blackstone Academy	16	0	6	22
The Compass School	13	0	7	20
Beacon Charter School	13	0	4	17
The Learning Community	34	0	3	37
Bristol-Warren	419	272	71	762
Exeter-W. Greenwich	259	24	48	331
Chariho	398	55	118	571
Foster-Glocester	145	49	65	259
TOTAL	17,128	5,787	2,994	25,909

Plan Types

A review of the total number of current member contracts reveals that 61.1% provide family coverage with the remaining 38.9% providing individual coverage. Adjusting this for the potential contracts currently being waived shows an increase in family coverage to 63.5% and a decrease in individual coverage to 36.5%. The plans are distributed as follows:

Plan Type	Active	Retired	Medical Waivers
2 Person Family	185	34	6
Employee & Children	19	0	0
Employee & Spouse	14	0	0
Family	12,562	1,177	2,468
Individual	4,348	4,576	520
TOTAL	17,128	5,787	2,994

Insurance Providers and Plan Distribution

The analysis shows a predominance of coverage through Blue Cross/Blue Shield of RI with 97.9% of the total member contracts. United Health provides only 1.8% of the total member contracts. Excluded from this calculation are 983 contracts under Plan 65 and the 2,991 medical waivers. Of the 2,991 medical waivers, only 4 are in communities with United Health coverage which would increase the market share of Blue Cross/Blue Shield of RI coverage to 98.2%.

Although there are some modifications in plan design from district to district, the survey revealed that the Healthmate Coast-to-Coast product is the most widely accepted product with 81.5% of the total member contracts. This was followed by the traditional Classic Blue product with 10.8% of the member contracts. United Healthcare, Blue Chip and Plan 65 represented the balance of coverage with small market shares.

Provider/Coverage	Active	Retired	Medical Waiver
United Healthcare	405	50	4
BC – Healthmate C2C	15,033	3,647	2,225
BC – Classic Blue	1,422	1,064	765
BC – Blue Chip	268	43	0
Plan 65	0	983	0
TOTAL	17,128	5,787	2,994

The following school districts offer United Healthcare in addition to their Blue Cross/Blue Shield of RI offerings: Cranston, East Greenwich, Lincoln, Pawtucket, and Providence. Beacon Charter School offers United Healthcare as its exclusive product.

Plan 65 is offered in the following school districts: Coventry, Jamestown, Johnston and Providence.

Healthcare Expenditures

The total expenditures by RI school districts for health benefits, excluding employee contributions, in 2007-2008 is expected to be \$225,638,190. A breakdown of this expenditure by community is as follows:

District	FY08 Est Expenditure
01-Barrington	\$3,529,382
03-Burrillville	\$2,989,120
04-Central Falls	\$4,534,704
06-Coventry	\$5,969,675
07-Cranston	\$21,705,417
08-Cumberland	\$6,300,000
09-East Greenwich	\$2,465,629
10-East Providence	\$10,000,000
12-Foster	\$555,476
13-Glocester	\$1,134,355
15-Jamestown	\$1,057,314
16-Johnston	\$7,500,000
17-Lincoln	\$4,808,665
18-Little Compton	\$537,111
19-Middletown	\$2,807,915
20-Narragansett	\$2,667,120
21-Newport	\$4,945,262
22-New Shoreham	\$413,115
23-North Kingstown	\$5,675,000
24-North Providence	\$3,500,000
25-No. Smithfield	\$1,997,755
26-Pawtucket	\$16,504,934
27-Portsmouth	\$3,036,703
28-Providence	\$36,674,837
30-Scituate	\$1,737,708
31-Smithfield	\$3,200,000
32-South Kingstown	\$6,067,300
33-Tiverton	\$3,362,099
35-Warwick	\$17,335,490
36-Westerly	\$5,830,749
38-West Warwick	\$6,645,900
39-Woonsocket	\$8,829,222
42-Metropolitan	\$1,052,568
48-CVS Highlander	\$370,576
51-Paul Cuffee	\$420,000
52-Kingston Hill	\$73,438
53-International	\$330,438
54-Blackstone	\$106,213
55-Compass	\$138,103
58-Beacon	\$60,060
59-Learning Community	\$250,000
96-Bristol Warren	\$7,633,452
97-Exeter W Greenwich	\$2,891,933
98-Chariho	\$5,699,240
99-Foster Glocester	\$2,075,982

Note: Foster & Glocester are elementary districts. Foster-Glocester is a secondary, regional district.

Medical Waivers

A payment in lieu of taking employer-sponsored health coverage is offered as an option in all but 3 districts in Rhode Island. The exceptions are New Shoreham, Scituate, and Kingston Hill Academy. A total of 2,994 employees opt for the medical waiver provision. While this option is offered in all other districts, it is not offered to all bargaining unit contracts or employee groups in each district. The amount provided by each district for medical waivers also varies widely. Listed below you will find a summary of the amounts provided and total estimated expenditure by district for medical waivers.

In FY08, RI school districts estimate that they will expend \$9,647,116 on medical waivers based on employee health coverage utilization statistics at the time of this survey.

District	Number of Waivers	Value of Medical Waiver	Total Expenditure for Medical Waivers
01-Barrington	121	\$3,500 - \$3,750	\$ 420,312
03-Burrillville	71	\$1,000 - \$4,595	\$ 284,042
04-Central Falls	129	\$2,002 - \$5,738	\$ 624,958
06-Coventry	129	\$3,000	\$ 387,000
07-Cranston	113	\$1,918 - \$5,533	\$ 511,316
08-Cumberland	109	\$2,277 - \$2,578	\$ 255,000
09-East Greenwich	111	\$2,597 - \$5,500	\$ 519,100
10-East Providence	115	\$969 - \$5,122	\$ 575,000
12-Foster	9	\$6,572 - \$6,699	\$ 49,897
13-Glocester	17	\$1,500 - \$7,115	\$ 76,472
15-Jamestown	14	\$1,000 - \$2,000	\$ 18,600
16-Johnston	60	\$1,000 - \$2,000	\$ 60,000
17-Lincoln	142	\$3,200 - \$4,011	\$ 483,602
18-Little Compton	9	\$500 - \$2,000	\$ 12,205
19-Middletown	114	\$2,055 - \$5,213	\$ 418,815
20-Narragansett	65	\$932 - \$2,784	\$ 138,625
21-Newport	88	\$2,889 - \$6,000	\$ 510,400
23-North Kingstown	115	\$1,210 - \$3,103	\$ 275,000
24-North Providence	85	\$1,200 - \$3,000	\$ 399,600
25-No. Smithfield	80	\$1,500 - \$4,236	\$ 258,388
26-Pawtucket	78	\$3,000	\$ 234,000
27-Portsmouth	41	\$1,000	\$ 41,000
28-Providence	62	\$750 - \$1,500	\$ 107,500
31-Smithfield	101	\$1,600 - \$4,500	\$ 454,500
32-South Kingstown	99	\$2,593	\$ 230,000
35-Tiverton	36	\$1,250	\$ 42,000
35-Warwick	207	\$750 - \$1,500	\$ 234,264
36-Westerly	89	\$2,820 - \$3,782	\$ 208,236
38-West Warwick	120	\$2,100 - \$5,000	\$ 433,000
39-Woonsocket	104	\$1,500	\$ 143,062
42-Metropolitan	3	\$3,922	\$ 11,765
48-CVS Highlander	5	\$2,200	\$ 11,000
51-Paul Cuffee	22	\$2,200	\$ 41,000
53-International	6	\$1,000	\$ 6,000
54-Blackstone	6	\$2,000	\$ 12,000
55-Compass	7	\$1,421 - \$3,799	\$ 21,602
58-Beacon Charter	4	\$1,050	\$ 4,450
59-Learning Community	3	\$1,000	\$ 3,000
96-Bristol Warren	71	\$2,200 - \$4,200	\$ 248,999
97-Exeter W Greenwich	48	\$1,695	\$ 81,000
98-Chariho	118	\$2,000 - \$6,938	\$ 548,143
99-Foster Glocester	65	\$4,500 - \$6,953	\$ 252,263

Employee Contribution

There is a wide variance in the amount contributed by employees toward payment of their health plans. In all but one school district in the state there is an employee contribution in place. The exception to this is the East Providence School Department. Bargaining unit contracts in this community expire in October of 2008.

Although all other districts have employee contributions in place, not all bargaining units, groups, or employees within each district have a contribution. In many cases we see evidence that employees hired at earlier points in time either do not have a contribution or have a very low contribution as compared to more recent hires. Additionally in some districts we see that non-certified or support staff do not currently have employee contributions in place.

Contribution methods are as widely varied as the rates themselves. Methods include contributions based on a % of premium, % of salary, flat rates, caps on contributions, % of premium based on salary range, and % of salary based on salary ranges. Some also include a differential for selecting a plan other than Classic Blue.

Employees are expected to contribute \$21,164,501 toward the cost of their health coverage in FY08. This employee contribution represents 9.3% of the overall cost of health coverage. A breakdown of the range of employee contributions in each districted is listed below.

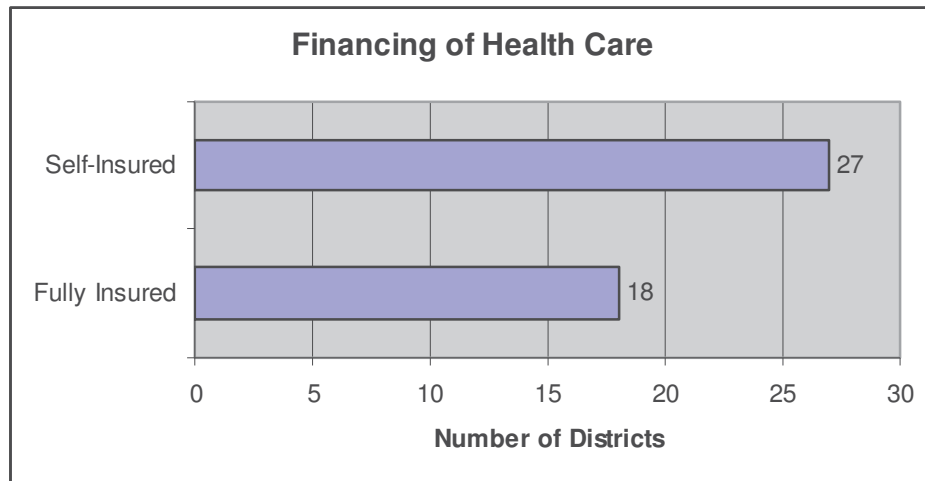
District	Contribution Method(s) in Use Depending on Group	FY08 Range of Employee Contributions	Total Expected Employee Contribution
01-Barrington	15% of Working Rate Some groups capped at \$1,750	\$808 - \$2,079	\$ 441,773
03-Burrillville	Flat Fees of \$175 or \$350 or 5% of Premium	\$175 - \$741	\$ 127,480
04-Central Falls	3.5 – 7.5% of Premium	\$331 - \$853	\$ 302,617
06-Coventry	10 – 15% of Premium	\$560 - \$2,165	\$ 932,678
07-Cranston	3 - 50% - Some also add difference between HM & Classic	\$167 - \$7,400	\$ 1,300,000
08-Cumberland	5 – 10% of Working Rate	\$511 - \$1,638	\$ 700,000
09-East Greenwich	2 – 10% of Premium	\$274 - \$2,724	\$ 285,000
10-East Providence	None	N/A	\$ 0
12-Foster	0.75 – 2.5% of Salary	\$295 - \$1,412	Not Provided
13-Glocester	\$75 – 150 Flat Fee or 1.5% of Salary	\$75 - \$752	\$ 50,407
15-Jamestown	5 – 10% of Premium	\$156 - \$1,491	\$ 92,959
16-Johnston	No Contribution or Flat Fee of \$780 or 10% of Premium or Premium less \$495 x 10%	\$0 - \$1,470	\$ 300,000

District	Contribution Method(s) in Use Depending on Group	FY08 Range of Employee Contributions	Total Expected Employee Contribution
17-Lincoln	10.5% of Premium or SD pays 5% of Base Step 10 Salary toward Premium	\$0 - \$3,443	\$ 465,419
18-Little Compton	1 – 2% of Salary	\$324 - \$1,253	\$ 62,859
19-Middletown	3 – 20% of Premium	\$203 - \$1,500	\$ 240,000
20-Narragansett	1% of Salary, or 5 - 50% of Premium for less than full time	\$648 - \$1,818	\$ 209,144
21-Newport	No Contribution some groups, 5 – 15% of Premium in others	\$0 - \$2,118	\$ 469,183
23-North Kingstown	No Contribution some groups, 10% of Premium for others	\$0 - \$1,241	\$ 300,000
24-North Providence	5 – 10% of the Working Rate or the amt paid the previous year plus \$100 for some, others have 30% of the \$ amount tchrs contribute or max of \$400 whichever is less, In addition the Tchr Asst Union contributes 70% of the teachers contribute less the additional cost of prescription.	\$88 - \$749	\$ 300,000
25-No. Smithfield	10 – 15% of Premium for with caps between \$367 and \$1,400	\$265 - \$2,203	\$ 200,806
26-Pawtucket	Flat Rate of \$226 or \$593 for some, others are 5% of Premium	\$226 - \$756	\$ 848,481
27-Portsmouth	10% of Premium	\$480 - \$1,257	\$ 420,000
28-Providence	% of Salary depending on step and position for some groups, flat rate for teachers hired prior to 8/30/04, and % of Premium for other groups	\$404 - \$1148	\$ 3,499,808
30-Scituate	6.5 – 10.5% of Premium	\$353 - \$1,181	\$ 506,191
31-Smithfield	4 – 5% of Premium plus difference between HM & Classic for those with Classic	\$256 - \$1,717	\$ 447,000
32-South Kingstown	1 - 6% of Premium based on Step or Salary	\$104 - \$668	\$ 286,000
35-Tiverton	Flat Fee of \$650 - \$1,100 depending on group	\$650 - \$1,100	\$ 199,850

District	Contribution Method(s) in Use Depending on Group	FY08 Range of Average Employee Contributions	Total Expected Employee Contribution
35-Warwick	No Contribution for some, others Flat Fee of \$572	\$0 - \$572	\$ 770,000
36-Westerly	7 – 15% of Working Rate	\$411 - \$2,181	\$ 595,000
38-West Warwick	Flat Fee of \$250 - \$500 for some group, others 5% of Premium	\$250 - \$808	\$ 280,000
39-Woonsocket	5 – 15% of Premium	\$281 - \$2,075	\$ 684,135
42-Metropolitan	10% of Premium	\$353 - \$936	\$ 125,599
48-CVS Highlander	10 – 20% of Premium based on Earnings	\$446 - \$2,400	\$ 45,000
51-Paul Cuffee	20 – 40% of Premium	\$977 - \$5,157	\$ 117,500
52-Kingston Hill	No Contribution for some, others Flat Rate ranging from \$39.75 bi-wkly to \$358.90 bi-wkly	\$0 - \$9,331	\$ 11,995
53-International	4 – 10% of Premium based on salary range	\$163 - \$1101	\$ 26,626
54-Blackstone	20% of Premium	\$788 - \$2,089	\$ 21,243
55-Compass	25% of Premium	\$569 - \$1,519	\$ 39,202
58-Beacon Charter	25% of Premium	\$881 - \$3,787	\$ 18,806
59-Learning Community	5% of Premium	\$184 - \$494	\$ 12,500
96-Bristol Warren	6 – 10% of Premium plus some pay difference between HM & Classic if opting for Classic	\$432 - \$1,406	\$ 753,328
97-Exeter W Greenwich	The lesser of 5 – 6% of Premium or \$600	\$287 - \$600	\$ 279,437
98-Chariho	\$0 – 20% of Premium depending on date hired	\$0 - \$2,923	\$ 408,294
99-Foster Gloucester	Flat Rate of \$75 - \$150 depending on group, others have 0.5% of Salary	\$75 - \$285	\$ 32,770

Financing of Health Insurance

The survey reveals that 40% of the districts (18 districts) are operating on a fully insured premium basis with their carrier. The remaining 60% (27 districts) are utilizing a variety of self-insurance models ranging from individually self-insured to participating in self-insurance groups. There are two self-insurance groups in operation, WB Community Health representing 10 districts and the Governmental Health Group of RI (GHGRI) representing 8 districts. The remaining nine (9) districts are self-insured, either on their own or with their city/town. Participation with the city/town was not part of the scope of this survey. The distribution is as follows:



The three schools which are charters of public school districts (Textron, Times 2 Academy, and NE Laborer’s Career & Construction Academy) are included with their districts. Both Davies & Deaf are excluded since they are part of the state health plan.

Looking further into this information provides a look at which districts fall in to each of the categories. Of the total 25,906 member contracts, 4,303 are represented by fully insured premium plans. The remaining 21,603 are covered by self-insured groups. They are as follows:

Fully Insured Premium Based

03-Burrillville	25-North Smithfield	52-Kingston Hill
15-Jamestown	31-Smithfield	53-International
16-Johnston	32-South Kingstown	54-Blackstone
17-Lincoln	42-Metropolitan	55-Compass
22-New Shoreham	48-CVS Highlander	58-Beacon
23-North Kingstown	51-Paul Cuffee	59-Learning Community

Self-Insured Basis

Governmental Health Group	WB Community Health	Individually Self-Insured
04-Central Falls	98-Chariho	01-Barrington
96-Bristol Warren	06-Coventry	07-Cranston
18-Little Compton	09-East Greenwich	08-Cumberland
19-Middletown	97-Exeter-W Greenwich	10-East Providence
21-Newport	12-Foster	24-North Providence
27-Portsmouth	13-Glocester	28-Providence
33-Tiverton	99-Foster Glocester	
39-Woonsocket	20-Narragansett	
	30-Scituate	
	35-Warwick	

Retention Charge – Self Insured Groups

Used interchangeably with the term “Administrative Rate/Fee”, the Retention Charge for self-insurance groups is the amount charged by the carrier for administrative services, fees, claims processing, and claims management. This is generally a fixed fee expressed as a cost per contract, per month. Outlined below you will find the current Retention Charge for each of the self-insured districts.

Entity	Retention Charge
<i>Governmental Health Group of RI</i>	\$54.80 per month/contract - New contract with Blue Cross will drop this to \$38.50 per month/contract effective 7/1/08.
<i>WB Community Health</i>	\$55.00 per month/contract – New contract with Blue Cross will drop this to \$38.50 per month/contract effective 7/1/08.
<i>Other Self-Insured</i>	
01-Barrington	7.3% of Claims - Approx. \$65.00 per month/contract
07-Cranston	\$47.88 per month/contract
08-Cumberland	\$65.24 per month/contract
10-East Providence	\$60.00 per month/contract

Entity	Retention Charge
24-North Providence	\$65.00 per month/contract
26-Pawtucket	6.75% of Claims - Approx. \$67.75 per month/contract for Blue Cross. Note: Drops to 6.25% in FY09 and 6.00% in FY10. United Health is \$55.00 per month/contract
28-Providence	\$40.16 per month/contract for Blue Cross and \$37.17 per month/contract for United Health
36-Westerly	\$64.20 per month/contract
38-West Warwick	\$88.25 per month/contract for Family Plans and \$35.05 per month/contract for Individual Plans

Stop Loss Insurance

Self-funded groups provide a level of protection for their group against large claims and/or significant claims volume by purchasing stop loss insurance to provide an additional layer of coverage. The survey revealed a variance on the level of reinsurance purchased and the price for that coverage. Reserve levels, risk tolerance and claims history often are key factors in determining the appropriate level of stop loss insurance. Listed below you will find the information provided by the self-funded groups.

Stop Loss		
	Level of Coverage	Cost
<i>Governmental Health Group of RI</i>		
04-Central Falls	GHGRI carries \$300,000	\$750,000 for GHGRI as a group
96-Bristol Warren		
18-Little Compton		
19-Middletown		
21-Newport		
27-Portsmouth		
33-Tiverton		
39-Woonsocket		
<i>WB Community Health</i>		
98-Chariho	\$175,000	\$70,688
06-Coventry	\$175,000	\$92,000
09-East Greenwich	\$125,000	\$67,000
97-Exeter W Greenwich	\$175,000	\$25,418
99-Foster Gloucester	\$175,000	\$60,000
20-Narragansett	\$175,000	\$25,304
35-Warwick	\$175,000	\$284,984
12-Foster	\$175,000	\$6,240
30-Scituate	\$125,000	\$52,265
13-Glocester	\$175,000	\$15,000
<i>Other Self-Insured</i>		
01-Barrington	\$200,000	\$103,000
07-Cranston	\$225,000	\$488,105
08-Cumberland	\$100,000	\$336,000
10-East Providence	\$175,000	\$348,472
24-North Providence	\$150,000	\$194,000
26-Pawtucket	\$250,000	\$411,000
28-Providence	\$224,000	\$498,303
36-Westerly	\$125,000	\$279,191
38-West Warwick	\$120,000	\$245,000

Administrative Fees – Fully Insured Groups

A component of the premium paid by fully insured groups includes a % of premium for administrative expenses/costs. These costs also include a contribution toward reserves. This rate varies among fully insured groups as a result of a number of factors including the size of the group with smaller groups paying a higher fee. Claims volume is another component of this fee. While this information was not provided by all districts, we have listed the information available.

Entity	% of Premium for Retention/Administrative Costs
03-Burrillville	12.4%
15-Jamestown	9.50%
16-Johnston	8.70%
17-Lincoln	10.50%
22-New Shoreham	No Info Available
23-North Kingstown	9.6% (2006 Rate – New Info Not Available)
25-No. Smithfield	No Info Available
31-Smithfield	8.8%
32-South Kingstown	10.2%
42-Metropolitan C & T	Group is too small – Approx. 15.0-20.%
48-CVS Highlander Charter	No Info Available
51-Paul Cuffee Charter	10.0%
52-Kingston Hill Academy	12.0%
53-International Charter	No Info Available
54-Blackstone Academy	No Info Available
55-Compass Charter	No Info Available
58-Beacon Charter	12.0%
59-Learning Community Charter	12.0%

Cost of Health Care Plans

Wide variance was found in the responses to the cost of health care plans. This variance results from many factors, some of which include whether the entity is fully insured or self-insured and reporting a working rate; claims volume and amounts; and plan design. Below you will find range information for reported costs.

Plan	Type	Cost
Blue Chip	Family	\$10,772 - \$15,866
	Individual	\$4,163 - \$6,195
Classic Blue	Family	\$13,349 - \$23,226
	Individual	\$5,167 - \$6,195
Healthmate Coast-to-Coast	2 person Family	\$5,650 - \$11,556
	Employee & Children	\$7,123 - \$8,217
	Employee & Spouse	\$8,842 - \$11,436
	Family	\$9,357 - \$21,323
United Health	Individual	\$3,531 - \$8,217
	Family	\$9,688 - \$16,604
Plan 65	Individual	\$3,523 - \$6,937
	Individual	\$1,677 - \$4,676

Contractual Agreements

This survey did not address language in bargaining unit contracts pertaining to health care, however, we looked at the expiration dates for existing contracts to provide a framework for the possible movement of groups. Within districts there are some employees receiving medical insurance without contracts, and others in groups with different contract expiration dates. The detail found in the appendix will provide the specific information for each group. The chart below will show the number of member contracts by expiration date. Where a group has been reported in a combined manner by the districts and has separate expiration dates, we have classified it with the latest expiration date.

Contract Expiration	Number of Member Contracts
Currently Expired or No Contractual Obligation	7,187
3/1/08	16
6/30/08	1,608
8/31/08	3,310
10/1/08	13
10/31/08	674
6/30/09	1,341
8/31/09	3,834
6/30/10	994
8/31/10	2081

The summarized information by expiration date can be found in the appendix of this report.

Plan Design

Section C of the survey collected information concerning the specific plans and plan designs in each district. In reviewing the plan designs we looked at the information provided by the districts for their groups in comparison to the current United Healthcare product offered for state employees at the Department of Education. Reported variations from that state plan design will be highlighted. Since many districts have varied plan designs based on the specific employee group, the variations are shown based on the number of groups reporting the variation rather than on a by district basis. For each plan type we have listed the total number of groups providing the plan and the number of groups where there is a variance from that provided under the state plan. Variances listed with no specific numbers of groups beside them are limited to the one group reporting the variance. In the first item below, the annual deductible for Healthmate Coast-to-Coast, you will see that of the 81 school district groups statewide, there were a total of six variances reported. The balance of the 75 groups has the same \$0 deductible as the state plan.

Healthmate Coast-to-Coast – 81 groups

From the earlier analysis of district responses to the survey we saw that Healthmate Coast-to-Coast was the predominant plan. Although this product started out as a “one size fits all” type of product, variations to the product have occurred over time as districts negotiated their bargaining unit contracts.

Within Network Employee Costs

Annual Deductible: The state’s United Health plan has a \$0 deductible.

District plans overall had the same \$0 deductible with 6 exceptions found. The exceptions include the following deductibles:

- \$50 individual, \$100 family
- \$250 individual, \$500 family (2 groups)
- \$250 total deductible
- \$250 deductible for hospital and ancillary services
- \$1,500 individual, \$3,000 family

Out of Pocket Maximum (The maximum amount an employee will pay per person/per calendar year for covered medical services): The state’s United Health plan has no out-of-pocket maximum.

Districts reported \$0 out-of-pocket maximum with the following 8 exceptions:

- \$75 total out-of-pocket max
- \$100 total out-of-pocket max
- \$1,500 individual, \$3,000 family
- \$3,000 (2 districts reporting)
- \$3,000 per person, 3 per family (2 groups)
- \$3,000 individual, \$6,000 family

Maximum Plan Benefit: The state's United Health plan has no maximum.

There were no maximum plan benefits reported by districts. **Emergency Health Services:** The state's United Health plan has a \$25 per visit co-payment. That is waived if admitted to the hospital within 24 hours.

Three variations were found on this fee as follows:

- \$50 co-payment per visit (13 groups)
- \$75 co-payment per visit (2 groups)
- \$100 co-payment per visit (19 groups)

Hospital In-Patient Stay: The terms of the state plan are that the employee is responsible for 0% of the eligible expenses. Network and Non-network benefits are combined. Unlimited stays at a general hospital: 45 days/calendar year at specialty hospital or general hospital for specialty services.

Seven variations were found on this component as follows:

- \$200 deductible per person
- \$0 after the first 265 days, 20% for 366+ days
- \$0 after deductible (5 groups)

Doctor's Hospital Services: Under the state plan the employee is responsible for 0% of eligible expenses, one visit per day per specialty.

One variation to this was reported:

- 0% after deductible (reported by 3 groups)

Surgery Services – Inpatient: Under the state plan the employee is responsible for 0% of eligible expenses.

One variation to this was reported:

- 0% after deductible (reported by 3 groups)

Physician's Office Services,

Non-Routine: Under the state plan the employee is responsible for a \$10 co-payment per visit. No co-payment applies when a physician charge is not assessed. This category includes allergist, dermatologist and podiatrist.

Three variations to this were reported as follows:

- \$ 5 co-payment (3 groups)
- \$15 co-payment (25 groups)
- \$25 co-payment (4 groups)

Adult Immunizations: Under the state plan the employee is responsible for 0% of eligible expenses when a physician charge is not assessed.

Three variations to this were reported as follows:

- \$ 5 co-payment (3 groups)
- \$10 co-payment (20 groups)
- \$15 co-payment (15 groups)

Routine Annual Physicals and Routine Annual Gynecological Visits: Under the state plan the employee is responsible for 0% of eligible expenses.

Four variations to this were reported as follows:

- \$ 5 co-payment (3 groups)
- \$10 co-payment (40 groups)
- \$15 co-payment (24 groups)
- \$25 co-payment (2 groups)

Pediatric Preventative Visits: Under the state plan the employee is responsible for 0% of eligible expenses.

Three variations to this were reported as follows:

- \$ 5 co-payment (3 groups)
- \$10 co-payment (38 groups)
- \$15 co-payment (22 groups)

Urgent Care Center Services: Under the state plan the employee is responsible for a \$10 co-payment per visit.

Five variations to this were reported as follows:

- \$ 5 co-payment (3 groups)
- \$15 co-payment (11 groups)
- \$20 co-payment (1 group)
- \$25 co-payment (3 groups)
- \$50 co-payment (7 groups)

Mental Health and Substance Abuse Services – Outpatient: Under the state plan the employee is responsible for a \$10 co-payment per individual or group visit. Network and Non-network benefits are combined.

Mental Health – The state plan has a maximum of 45 visits per calendar year.

Eight variations from the state plan were reported as follows:

\$ 5 co-payment, 30 visits/year (3 groups)
\$10 co-payment, 30 visits/year (1 group)
\$15 co-payment individual or \$20 group, 30 visits/year (1 group)
\$15 co-payment individual or \$10 group, 30 visits/year (36 groups)
\$15 co-payment, 30 visits/year (15 groups)
\$20 co-payment, 30 visits/year (1 group)
\$25 co-payment, 30 visits/year (11 groups)
\$25 co-payment individual or \$10 group (1 group)

Substance Abuse – The state plan has a maximum of 30 hours per calendar year.

Six variations from the state plan were reported. Note that while the co-payment varied, the number of hours for all were fixed at 30 hours per year:

\$ 5 co-payment (3 groups)
\$15 co-payment individual, \$10 group (35 groups)
\$15 co-payment (15 groups)
\$15 co-payment individual, \$20 group (1 group)
\$20 co-payment (1 group)
\$25 co-payment (8 groups)

Mental Health and Substance Abuse Services – Inpatient and Intermediate: Under the state plan the employee is responsible for 0% of eligible expenses. Network and Non-network benefits are combined.

Mental Health – There are unlimited days under the state plan.

Two variations from the state plan were reported as follows:

365 days per admission (3 groups)
30 days (2 groups)

Substance Abuse Rehabilitation – The state plan has a limit of 30 days per calendar year.

Two variations from the state plan were reported as follows:

\$200 deductible (1 group)
\$15 co-payment, 30 hours/year (1 group)

Substance Abuse Detoxification – The state plan has a limit of 5 admissions or 30 days per calendar year.

One variation was reported:

\$200 deductible (1 group)

Pharmacy Coverage: The state plan provides coverage as follows: Tier 1 \$5 co-payment, Tier 2 \$12 co-payment, and Tier 3 \$30 co-payment. The quantity is limited per co-payment. Up to a

34 day supply of non-maintenance drugs; or up to a 60 day supply or 100 units, whichever is greater, of maintenance drugs.

Thirteen variations from the state plan were reported as follows:

- \$5/10/30, 34 day supply (1 group)
- \$5/15/30, 30 day supply (20 groups)
- \$5/15/30, 34 day supply (13 groups)
- \$5/12/30, 30 day supply (4 groups)
- \$5 generic, \$10 all others, 34 day supply (1 group)
- \$5/20/40, 30 day supply (3 groups)
- \$5 generic, 30 all others, 30 day supply (7 groups)
- \$5 generic, 30 all others, 31 day supply (2 groups)
- \$5 generic, \$20 all others (1 group)
- \$7/25/40 (3 groups)
- \$7/30/50, 30 day supply (4 groups)
- \$30 (2 groups)
- 20%, 34 day supply (11 groups)

Mail Order: The state plan provides coverage as follows: \$5 Tier 1, \$36 Tier 2, and \$90 Tier 3. Quantity limit per co-payment. Up to 102-day supply of non-maintenance drugs or up to 180-day supply of maintenance drugs.

Sixteen variations to this were reported as follows:

- \$5 generic, \$10 all others, 102 day supply (3 groups)
- \$5/10/30, 90 day supply (2 groups)
- \$5/15/30, 90 day supply (8 groups)
- \$5/20/40, 90 day supply (1 group)
- \$5/30/90, 90 day supply (1 group)
- \$7/25/40 (1 group)
- \$7/30/50, 90 day supply (1 group)
- \$10/30/60, 90 day supply (12 groups)
- \$10/30/60, 102 day supply (1 group)
- \$10 generic, \$30 all others, 90 day supply (9 groups)
- \$10/40/80, 90 day supply (2 groups)
- \$14/50/80, 90 day supply (3 groups)
- \$14/60/100 (2 groups)
- \$15/45/90, 90 day supply (5 groups)
- 20% co-payment, 102 day supply (7 groups)
- 60% cost for 90 day supply (2 groups)

Dependent Age: The state plan provides coverage for dependents until the end of the calendar year after their 19th birthday.

Two variations to this were reported as follows:

Age 23 (1 group)

Age 25 (1 group)

Student Status: The state plan provides coverage for students until the end of the calendar year after their 25th birthday. If full time student status ends, coverage will end at the end of the calendar year of the student status change.

Three variations to this were reported as follows:

Full time students until age 23 (9 groups)

Full time students until age 26 (11 groups)

Full time and part time students until age 26 (1 group)

Ambulance Services – Emergency and Transportation between Facilities: The state plan provides coverage for ground transportation at 0% of eligible expenses. In addition, Air/Water Transportation are provided at 0% of eligible expenses up to \$3,000 per occurrence.

Two variations were reported by districts as follows:

20% co-payment (65 groups)

20% co-payment – Emergency Transportation Only (2 groups)

Durable Medical Equipment/Medical Supplies/Prosthetic Devices : Under the state plan the employee pays 0% of eligible expenses in patient and 20% of eligible expenses as an outpatient.

No variations were reported by districts.

Outside of Network Employee Costs

(With a plan that has a defined network of physicians, pharmacies and laboratories, if you choose to utilize services outside of the network, there are often coverage limits or specific reimbursement levels.)

Annual Deductible: The state's United Health plan has a \$0 deductible.

Eleven variations on the deductible were reported as follows:

\$50 Individual/\$100 Family (1 group)

\$100 total deductible (2 groups)

\$100 per person (1 group)

\$100 Individual/\$300 Family (1 group)

\$200 per person (21 groups)

\$200 Individual/2 per Family (1 group)

\$200 Individual/3 per Family (29 groups)

\$200 and 20% up to \$2,000 (1 group)
\$250 per person (2 groups)
\$250 Individual/\$500 Family (1 group)
\$3,000 Individual/\$6,000 Family

Out of Pocket Maximum: The state's United Health has a \$3,000 per covered person per calendar year, not to exceed \$9,000 for all covered persons in a family.

Ten variations to the out of pocket maximum were reported as follows:

\$200 Individual/\$600 Family
\$1,000 per person
\$1,000 per person/3 per Family (4 groups)
\$2,000 per person (2 groups)
\$3,000 per person (18 groups)
\$3,000 per person/2 per Family
\$3,200 Individual/\$9,600 per Family
\$4,000 per person
\$4,000 per person/\$8,000 per Family
\$4,200 per person/\$8,500 per Family

Maximum Plan Benefit: The state's United Health plan has no maximum.

Two variations on this were reported:

No limit but 20% of cost paid by member (1 group)
\$1,000,000 limit (1 group)

Emergency Health Services: The state plan requires employees to pay a fee of \$25 per visit. This co-payment is waived if admitted to the hospital within 24 hours.

Eight variations on this were reported as follows:

\$0
\$50 (10 groups)
\$50 plus deductible
\$50 plus 20%
\$75 (2 groups)
\$100 (14 groups)
20% of cost (8 groups)
40% after deductible

Hospital In-Patient Stay: The terms of the state plan are that the employee is responsible for 20% of the eligible expenses. Network and Non-network benefits are combined. Unlimited

stays at a general hospital: 45 days/calendar year at specialty hospital or general hospital for specialty services.

Four variations were found on this component as follows:

- \$0 first 365 days, 20% after 365 days
- \$200 plus 20% (2 groups)
- \$200 plus 20% up to \$2,000 (2 groups)
- 40% after deductible

Doctor's Hospital Services: Under the state plan the employee is responsible for 20% of eligible expenses, one visit per day per specialty.

Four variations were found on this component as follows:

- \$0 first 365 days, 20% after 365 days
- \$200 plus 20% (2 groups)
- \$200 plus 20% up to \$2,000 (2 groups)
- 40% after deductible

Surgery Services – Inpatient: Under the state plan the employee is responsible for 20% of eligible expenses.

Four variations were found on this component as follows:

- \$0 first 365 days, 20% after 365 days
- \$200 plus 20% (2 groups)
- \$200 plus 20% up to \$2,000 (2 groups)
- 40% after deductible

Physician's Office Services,

Non-Routine: Under the state plan the employee is responsible for 20% of eligible expenses. This includes allergist, dermatologist and podiatrist.

Five variations to this were reported as follows:

- \$ 5 plus 20% (3 groups)
- \$10 plus 20% (33 groups)
- \$15 plus 20% (20 groups)
- \$25 plus 20% (4 groups)
- 40% co-payment

Adult Immunizations: Under the state plan the employee is responsible for 20% of eligible expenses.

Three variations to this were reported as follows:

- \$ 5 co-payment (3 groups)
- \$10 co-payment (20 groups)
- \$15 co-payment (15 groups)

Routine Annual Physicals and Routine Annual Gynecological Visits: Under the state plan the employee is responsible for 20% of eligible expenses.

Seven variations to this were reported as follows:

- \$ 5 co-payment plus 20% (3 groups)
- \$10 co-payment plus 20% (33 groups)
- \$15 co-payment plus 20% (18 groups)
- \$15 co-payment plus 20% after deductible (3 groups)
- \$25 co-payment plus 20%
- 80% less \$10
- 40%, deductible doesn't apply

Pediatric Preventative Visits: Under the state plan the employee is responsible for 20% of eligible expenses.

Seven variations to this were reported as follows:

- \$ 5 co-payment plus 20% (3 groups)
- \$10 co-payment (4 groups)
- \$10 co-payment plus 20% (22 groups)
- \$10 co-payment plus 20% after deductible (8 groups)
- \$15 co-payment plus 20% after deductible (20 groups)
- \$15 co-payment
- 40%, deductible doesn't apply

Urgent Care Center Services: Under the state plan the employee is responsible for 20% of eligible expenses.

Nine variations to this were reported as follows:

- \$ 5 co-payment plus 20% (3 groups)
- \$10 co-payment plus 20% after deductible (25 groups)
- \$10 co-payment plus 20% (4 groups)
- \$10 co-payment (3 groups)
- \$15 co-payment plus 20% after deductible (11 groups)
- \$20 co-payment plus 20% after deductible (1 group)
- 20% minus \$15 co-pay
- \$25 co-payment plus 20% after deductible
- \$50 co-payment plus 20% after deductible (4 groups)

Mental Health and Substance Abuse Services – Outpatient: Under the state plan the employee is responsible for 20% of eligible expenses. Network and Non-network benefits are combined.

Mental Health – The state plan has a maximum of 45 visits per calendar year.

Seven variations from the state plan were reported as follows:

- \$5 co-payment plus 20% (3 groups)
- \$10 co-payment plus 20%
- \$15 co-payment plus 20% (15 groups)
- \$15 individual, 10% group co-payment plus 20% (30 groups)
- \$20 co-payment plus 20%
- \$25 co-payment plus 20% (7 groups)
- 40% after deductible

Substance Abuse – The state plan has a maximum of 30 hours per calendar year.

Seven variations from the state plan were reported. Note that while the co-payment varied, the number of hours for all were fixed at 30 hours per year:

- \$5 co-payment plus 20% (3 groups)
- \$10 co-payment plus 20%
- \$15 co-payment plus 20% (15 groups)
- \$15 individual, 10% group co-payment plus 20% (30 groups)
- \$20 co-payment plus 20%
- \$25 co-payment plus 20% (7 groups)
- 40% after deductible

Mental Health and Substance Abuse Services – Inpatient and Intermediate: Under the state plan the employee is responsible for 20% of eligible expenses. Network and Non-network benefits are combined.

Mental Health – There are unlimited days under the state plan.

Two variations from the state plan were reported as follows:

- 20% of eligible expenses – unlimited days (44 groups)
- 40% after deductible (1 group)

Substance Abuse Rehabilitation – The state plan has a limit of 30 days per calendar year.

Two variations from the state plan were reported as follows:

- \$200 plus 20%
- 40% after deductible

Substance Abuse Detoxification – The state plan has a limit of 5 admissions or 30 days per calendar year.

Two variations were reported:

\$200 co-payment plus 20% (1 group)
40% co-payment after deductible (1 group)

Pharmacy Coverage: The state plan provides coverage as follows: Tier 1 \$5 co-payment, Tier 2 \$12 co-payment, and Tier 3 \$30 co-payment. The quantity is limited per co-payment. Up to a 34 day supply of non-maintenance drugs; or up to a 60 day supply or 100 units, whichever is greater, of maintenance drugs.

Thirteen variations from the state plan were reported as follows:

\$5/15/30 plus 20%
\$7/25/40 plus 20%
\$7/30/50
20% co-payment (4 groups)
50% co-payment (5 groups)
\$50 co-payment plus 20% (2 groups)
Full cost with reimbursement @ allowance minus co-payment (7 groups)
No coverage provided
\$30 co-payment plus 20%, deductible does not apply
 30 day supply (7 groups)
 34 day supply (16 groups)
20% less \$40 co-payment (2 groups)
\$40 co-payment plus 20%

Mail Order: The state plan does not provide mail order coverage out of network.

Three variations were reported as follows:

20% coverage
\$30 co-payment plus 20%, 90 day supply
\$50 co-payment plus 20%

Additionally, 5 districts reported the provision for a 90 day supply by mail order but did not report associated costs. One district reported a 102 day supply but did not provide the associated cost.

Dependent Age: The state plan provides coverage for dependents until the end of the calendar year after their 19th birthday.

Two variations to this were reported as follows:

Age 23 (1 group)

Age 25 (1 group)

Student Status: The state plan provides coverage for students until the end of the calendar year after their 25th birthday. If full time student status ends, coverage will end at the end of the calendar year of the student status change.

Three variations to this were reported as follows:

Full time students until age 23 (9 groups)

Full time students until age 26 (11 groups)

Full time and part time students until age 26 (1 group)

Ambulance Services – Emergency and Transportation between Facilities: The state plan provides coverage for ground transportation at 0% of eligible expenses. In addition, Air/Water Transportation are provided at 0% of eligible expenses up to \$3,000 per occurrence.

Two variations were reported by districts as follows:

20% co-payment (56 groups)

40% co-payment, deductible does not apply (1 group)

Durable Medical Equipment/Medical Supplies/Prosthetic Devices : Under the state plan the employee pays 20% of eligible expenses in patient and 20% of eligible expenses as an outpatient.

Two variations were reported by districts as follows:

100% coverage

40% co-payment. Equipment/Supplies must be purchased from a BCBS Vendor.

The balance of this report will look at the other plans that exist, both on a in-network comparison to the State United Healthcare Plan and then on an Out-Of-Network basis.

Within Network Employee Costs

Blue Cross Classic

Statewide there are a total of 36 Classic groups. Below you will see a comparison of components of the State United Healthcare plan to the Classic Blue Cross plan components reported by districts.

Component	State Plan	Classic Blue
Annual Deductible	\$0	\$0 (1 group) \$50/member (4 groups) \$50pp/\$100/fam (1 group) \$100/member (12 groups) \$100/\$200fam (7 groups) \$200/member (2 groups) \$300 member (2 groups) No Info Provided (7 groups)
Out-of-Pocket Maximum	\$0	\$500 Ind/\$1000 Fam (2 groups) \$500 per person (2 groups) No Info Provided (32 groups)
Maximum Plan Benefit	No Maximum	\$1,000,000 (22 groups) \$250,000 (2 groups) No Info Provided (12 groups)
Emergency Health Services	\$25 per visit. Waived if admitted in 24 hrs.	\$0 (21 groups) \$25 (8 groups) \$50 (3 groups) \$100 (1 group) No Info Provided (3 groups)
Hospital Inpatient Stay	0% of eligible expenses. Network and non-network benefits combined. Unlimited stays at general hospital; 46 days/calendar year at specialty hospital or general hospital for specialty services.	\$0 (all groups)
Doctor's Hospital Services	0% of eligible expenses. 1 visit per day per specialty.	\$0 (all groups)
Surgery Services – Inpatient	0% of eligible expenses	\$0 (all groups)

Component	State Plan	Classic Blue
Physician's Office Services, Non-Routine	\$10 per visit. No co-payment applies when a physician charge is not assessed. Includes allergist, dermatologist, podiatrist.	20% after major medical deductible
Adult Immunizations	0% when a physician charge is not assessed	\$0 (16 groups) 20% (7 groups) \$25 (1 groups) No Info Provided (12 groups)
Routine Annual Physicals and Routine Annual Gynecological visits	0% of eligible expenses	20% (28 groups) No Info Provided (8 groups)
Pediatric Preventative:	0% of eligible expenses	\$0 (2 groups) \$5 (2 groups) \$10 (23 groups) 20% after MM deductible (4 groups) No Info Provided (5 groups)
Urgent Care Services Ctr	\$10 per visit	20% after MM deductible (28 groups) No Info Provided (8 groups)
Mental Health and Substance Abuse Services – Outpatient	\$10 per individual or group visit. Network and non-network benefits are combined.	
Mental Health	Max. of 45 visits per calendar year.	\$0 (3 groups) 20%, unlimited visits (15 groups) 20% after deductible (15 groups) No Info Provided (3 groups)
Substance Abuse	30 hours per calendar year.	20% (31 groups) No Info Provided (5 groups)
Mental Health and Substance Abuse Services – Inpatient and Intermediate	0% of eligible expenses. Network and non-network benefits are combined.	
Mental Health	Unlimited days	\$0/45 days (2 groups) \$0/365 days (24 groups) \$0/730 days (1 group) \$0/unlimited (4 groups) No Info Provided (5 groups)
Substance Abuse Rehabilitation	30 days per calendar year	\$0/30 days (31 groups) No Info Provided (5 groups)
Substance Abuse Detoxification	5 admissions or 30 days per calendar year	\$0/5 adm or 30 d per cal/year (31 groups) No Info Provided (5 groups)

Component	State Plan	Classic Blue
Pharmacy Coverage	\$5 Tier 1 \$12 Tier 2 \$30 Tier 3. Quantity limited per co-payment. Up to a 34-day supply of non-maintenance drugs; or up to 60-day supply or 100 units, whichever is greater, of maintenance drugs.	\$2/34 d. (9 groups) \$5/34 d. (2 groups) \$5 generic/\$10 brand, 34d. (1 group) \$7/25/40, 30 d. (1 group) 20%, 30 d. (4 groups) 20%, 34 d. (8 groups) 20% mandatory generics (3 groups) 50% mandatory generics (1 group) No Info Provided (7 groups)
Mail Order	\$5 Tier 1 \$36 Tier 2 \$90 Tier 3. Quantity limit per co-payment. Up to a 102-day supply of non-maintenance drugs or up to 180-day supply of maintenance drugs.	20%, 90 d. (7 groups) 20%, 102 d. (3 groups) \$6, 102 d. (6 groups) \$10 generic/\$20 brand, 102 d. (1 group) 2 co-pays, 90 days (1 group) \$15 (90 days for 3 co-pays) (1 group) \$10, 102 d. (1 group) Co-pay for each 102 d. or 300 units, whichever is greater (1 group) No Info Provided (15 groups)
Dependent Age:	Until the end of the calendar year after their 19th birthday	Age 19 (33 groups) Age 23 (3 groups)
Student Status:	Until the end of the calendar year after their 25th birthday. If full-time student status ends, coverage will end at the end of the calendar year of the student status change.	Age 23 (6 groups) Age 25 (23 groups) Age 26 (3 groups) No Info Provided (4 groups)
Ambulance Services – Emergency and Transportation Between Facilities	Ground Transportation: 0% of eligible expenses Air/Water Transportation: 0% of eligible expenses up to \$3,000 per occurrence.	20% (34 groups) No Info Provided (2 groups)
Durable Medical Equipment/Medical Supplies/Prosthetic Devices		
Inpatient	0% of eligible expenses	\$0 (16 groups) 20% (1 group) No Info Provided (19 groups)
Outpatient	20% of eligible expenses	20% (16 groups) No Info Provided 20 groups)

Blue CHiP

Statewide there are a total of 9 Blue CHiP groups. Below you will see a comparison of components of the State United Healthcare plan to the Blue CHiP plan components reported by districts.

Component	State Plan	Blue CHiP
Annual Deductible	\$0	\$0 (5 groups) \$250 I/\$500 F(4 groups)
Out-of-Pocket Maximum	\$0	\$0 (2 groups) \$3,000 I/\$6000 F (4 groups) No Info Reported (3 groups)
Maximum Plan Benefit	No Maximum	Unlimited (7 groups) No Info Reported (2 groups)
Emergency Health Services	\$25 per visit. Waived if admitted in 24 hrs.	\$25 (5 groups) \$50 (2 groups) \$100 (2 groups)
Hospital Inpatient Stay	0% of eligible expenses. Network and non-network benefits combined. Unlimited stays at general hospital; 46 days/calendar year at specialty hospital or general hospital for specialty services.	0% (all groups)
Doctor's Hospital Services	0% of eligible expenses. 1 visit per day per specialty.	0% (all groups)
Surgery Services – Inpatient	0% of eligible expenses	0% (all groups)
Physician's Office Services, Non-Routine	\$10 per visit. No co-payment applies when a physician charge is not assessed. Includes allergist, dermatologist, podiatrist.	\$5 (2 groups) \$10 (4 groups) \$10 general/\$20 specialist (1 group) \$15 (2 groups)
Adult Immunizations	0% when a physician charge is not assessed	0% (2 groups) \$10 (2 groups) No Info Provided (5 groups)
Routine Annual Physicals and Routine Annual Gynecological visits	0% of eligible expenses	\$5 (2 groups) \$10 (4 groups) \$15 (2 groups) No Info Provided (1 group)
Pediatric Preventative:	0% of eligible expenses	\$5 (2 groups) \$10 (4 groups) \$15 (2 groups) No Info Provided (1 group)

Component	State Plan	Blue CHiP
Urgent Care Services Ctr	\$10 per visit	\$15 (2 groups) \$20 (4 groups) \$25 (2 groups) No Info Provided (1 group)
Mental Health and Substance Abuse Services – Outpatient	\$10 per individual or group visit. Network and non-network benefits are combined.	\$5 (2 groups) \$10 (3 groups) \$15 (2 groups) \$20 (1 group) No Info Provided (1 group)
Mental Health	Max. of 45 visits per calendar year.	30 visits/year (9 groups) and Unlimited medication visits (1 group)
Substance Abuse	30 hours per calendar year.	30 hrs/year (9 groups)
Mental Health and Substance Abuse Services – Inpatient and Intermediate	0% of eligible expenses. Network and non-network benefits are combined.	0% (all groups)
Mental Health	Unlimited days	Unlimited Days (all groups)
Substance Abuse Rehabilitation	30 days per calendar year	30 days/year (all groups)
Substance Abuse Detoxification	5 admissions or 30 days per calendar year	5 admissions or 30 days/year (all groups)
Pharmacy Coverage	\$5 Tier 1 \$12 Tier 2 \$30 Tier 3. Quantity limited per co-payment. Up to a 34-day supply of non-maintenance drugs; or up to 60-day supply or 100 units, whichever is greater, of maintenance drugs.	\$5/15/30, 30 d. (3 groups) \$5/15/30, 34 d. (2 groups) \$7/30/50, 30 d. (1 group) No Info Provided (3 groups)
Mail Order	\$5 Tier 1 \$36 Tier 2 \$90 Tier 3. Quantity limit per co-payment. Up to a 102-day supply of non-maintenance drugs or up to 180-day supply of maintenance drugs.	\$10/30/60, 90 d. (3 groups) \$15/45/90, 90 d. (2 groups) No Info Provided (4 groups)
Dependent Age:	Until the end of the calendar year after their 19th birthday	Age 18 (1 group) Age 19 (6 groups) Age 25 (1 group) No Info Provided (1 group)

Component	State Plan	Blue CHiP
Student Status:	Until the end of the calendar year after their 25th birthday. If full-time student status ends, coverage will end at the end of the calendar year of the student status change.	Age 25 (1 group) Age 26 (6 groups) No Info Provided (2 groups)
Ambulance Services – Emergency and Transportation Between Facilities	Ground Transportation: 0% of eligible expenses Air/Water Transportation: 0% of eligible expenses up to \$3,000 per occurrence.	0% (2 groups) 0%-Emergency Only (2 groups) 20% (3 groups) No Info Provided (2 groups)
Durable Medical Equipment/Medical Supplies/Prosthetic Devices		\$20/item (2 groups) \$20 co-payment (3 groups) No Info Provided (4 groups)
Inpatient	0% of eligible expenses	0% (2 groups) 20% (1 group) No Info Provided (6 groups)
Outpatient	20% of eligible expenses	0% (1 group) 20% (2 groups) No Info Provided (6 groups)

United Health

Statewide there are a total of 13 United Healthcare groups. Below you will see a comparison of components of the State within network United Healthcare plan to the district United Healthcare plan components.

Component	State Plan	District United Healthcare Plans
Annual Deductible	\$0	\$0 (10 groups) \$300 I/\$600 F (1 group) \$500 I/\$1000 F (1 group) \$750 I/\$1500 F (1 group)
Out-of-Pocket Maximum	\$0	\$0 (10 groups) \$1,000 I/\$2,000 F (1 group) \$1,000 per person (1 group) \$2,000 I/\$4,000 F (1 group)
Maximum Plan Benefit	No Maximum	Unlimited (12 groups) \$1,000,000 (1 group)
Emergency Health Services	\$25 per visit. Waived if admitted in 24 hrs.	\$25 (1groups) \$50 (10 groups) \$100 (2 group)

Component	State Plan	District United Healthcare Plans
Hospital Inpatient Stay	0% of eligible expenses. Network and non-network benefits combined. Unlimited stays at general hospital; 46 days/calendar year at specialty hospital or general hospital for specialty services.	0% (11 groups) 0% after deductible (2 groups)
Doctor's Hospital Services	0% of eligible expenses. 1 visit per day per specialty.	0% (11 groups) 0% after deductible (2 groups)
Surgery Services – Inpatient	0% of eligible expenses	0% (11 groups) 0% after deductible (2 groups)
Physician's Office Services, Non-Routine	\$10 per visit. No co-payment applies when a physician charge is not assessed. Includes allergist, dermatologist, podiatrist.	\$10 (3 groups) \$15 (8 groups) \$20 (1 group) \$30 (1 group)
Adult Immunizations	0% when a physician charge is not assessed	\$10 (3 groups) \$15 (8 groups) \$20 (1 group) No Info Provided (1 group)
Routine Annual Physicals and Routine Annual Gynecological visits	0% of eligible expenses	\$10 (3 groups) \$15 (8 groups) \$20 (1 group) No Info Provided (1 group)
Pediatric Preventative:	0% of eligible expenses	\$10 (3 groups) \$15 (8 groups) \$20 (1 group) No Info Provided (1 group)
Urgent Care Services Ctr	\$10 per visit	\$10 (1 group) \$15 (8 groups) \$25 (1 group) \$35 (1 group) \$50 (1 group) No Info Provided (1 group)
Mental Health and Substance Abuse Services – Outpatient	\$10 per individual or group visit. Network and non-network benefits are combined.	\$10 Individ, \$5 group (2 groups) \$10 Individ, \$15 group (1 groups) \$15 (9 groups) \$20 Individ, \$15 group (1 group)
Mental Health	Max. of 45 visits per calendar year.	30 visits per year (all groups)
Substance Abuse	30 hours per calendar year.	30 hrs/year (all groups)

Component	State Plan	District United Healthcare Plans
Mental Health and Substance Abuse Services – Inpatient and Intermediate	0% of eligible expenses. Network and non-network benefits are combined.	0% (11 groups) 0% after deductible (2 groups)
Mental Health	Unlimited days	Unlimited Days (all groups)
Substance Abuse Rehabilitation	30 days per calendar year	30 days/year (all groups)
Substance Abuse Detoxification	5 admissions or 30 days per calendar year	5 admissions or 30 days/year (all groups)
Pharmacy Coverage	\$5 Tier 1 \$12 Tier 2 \$30 Tier 3. Quantity limited per co-payment. Up to a 34-day supply of non-maintenance drugs; or up to 60-day supply or 100 units, whichever is greater, of maintenance drugs.	\$5/15/30, 30 d. (3 groups) \$5/15/30, 31 d. (5 groups) \$5/10/25 (1 group) \$7/15/30, 31 d. (1 group) \$10/30/50 (1 group) No Info Provided (2 groups)
Mail Order	\$5 Tier 1 \$36 Tier 2 \$90 Tier 3. Quantity limit per co-payment. Up to a 102-day supply of non-maintenance drugs or up to 180-day supply of maintenance drugs.	\$10/30/, 90 d. (7 groups) \$12/25/62 (1 group) \$14/30/60, 90 d. (1 group) \$25/75/125 (1 group) No Info Provided (3 groups)
Dependent Age:	Until the end of the calendar year after their 19th birthday	Age 19 (10 groups) Age 23 (1 group) Age 25 (1 group) No Info Provided (1 group)
Student Status:	Until the end of the calendar year after their 25th birthday. If full-time student status ends, coverage will end at the end of the calendar year of the student status change.	Age 25 (10 groups) No Info Provided (3 groups)

Component	State Plan	District United Healthcare Plans
Ambulance Services – Emergency and Transportation Between Facilities	Ground Transportation: 0% of eligible expenses Air/Water Transportation: 0% of eligible expenses up to \$3,000 per occurrence.	0% (2 groups) 0% after deductible – Transportation between facilities not covered (1 group) 20% (9 groups) No Info Provided (1 group)
Durable Medical Equipment/Medical Supplies/Prosthetic Devices		
Inpatient	0% of eligible expenses	0% (2 groups) 0% after deductible (1 group) 0%, \$2500 max. (1 group) 20%, \$2500 max. (5 groups) 20% (1 group) No Info Provided (1 group)
Outpatient	20% of eligible expenses	0% (2 groups) 0% after deductible (1 group) 0%, \$2500 max. (1 group) 20%, \$2500 max. (9 groups)

Outside of Network Employee Costs

Blue Cross Classic – 36 groups

Component	State Plan	Classic Blue
Annual Deductible	\$0	\$0 (1 group) \$50/member (4 groups) \$50pp/\$100/fam (1 group) \$100/member (7 groups) \$100/\$200fam (5 groups) \$200/member (2 groups) No Info Provided (16 groups)
Out-of-Pocket Maximum	\$3,000 per covered person per calendar year, not to exceed \$9,000 for all Covered Persons in a family	No Maximum (4 groups) \$500 I/\$1000 F (2 groups) \$500 per person (2 groups) \$3,000 (1 group) No Info Provided (27 groups)
Maximum Plan Benefit	No Maximum	\$1,000,000 (22 groups) \$1,000,000 per member (1 group) \$250,000 (3 groups) No Info Provided (10 groups)

Component	State Plan	Classic Blue
Emergency Health Services	\$25 per visit. Waived if admitted in 24 hrs.	\$0 (23 groups) \$25 (6 groups) \$100 (1 group) \$100 plus 20% (1 group) Coverage up to plan allowance (2 groups) No Info Provided (3 groups)
Hospital Inpatient Stay	*20% of eligible expenses. Network and non-network benefits combined. Unlimited stays at a general hospital; 45 days/calendar year at specialty hospital or in a general hospital for specialty services.	\$0 (27 groups) Up to Blue Cross allowance (1 group) 20% after deductible (1 group) No Info Provided (7 groups)
Doctor's Hospital Services	20% of eligible expenses, 1 visit per day per specialty	\$0 (27 groups) Up to Blue Cross allowance (1 group) 20% after deductible (1 group) No Info Provided (7 groups)
Surgery Services – Inpatient	20% of eligible expenses	\$0 (35 groups) Up to Blue Cross allowance (1 group)
Physician's Office Services, Non-Routine	20% of eligible expenses. Includes allergist, dermatologist and podiatrist.	20% (16 groups) 20% after deductible (11 groups) \$25 plus 20% (1 group) \$10 (1 group) No Info Provided (7 groups)
Adult Immunizations	20% of eligible expenses	\$0 (18 groups) 20% (9 groups) \$15 plus 20% (1 group) No Info Provided (7 groups)
Routine Annual Physicals and Routine Annual Gynecological visits	20% of eligible expenses	20% (19 groups) 20% after deductible (9 groups) \$10 (1 group) \$15 plus 20% after deductible (1 group) No Info Provided (6 groups)
Pediatric Preventative:	20% of eligible expenses	\$0 (2 groups) \$5 (2 groups) \$10 (20 groups) \$15 plus 20% after deductible (1 group) 20% after deductible (2 groups) No Info Provided (9 groups)
Urgent Care Services Ctr	20% of eligible expenses	20% (20 groups) 20% after deductible (5 groups) \$50 plus 20% after deductible (1 group) No Info Provided (10 groups)

Component	State Plan	Classic Blue
Mental Health and Substance Abuse Services – Outpatient	20% of eligible expenses. Network and non-network benefits are combined.	
Mental Health	Mental Health: Max. of 45 visits per calendar year.	20% (4 groups) 20% after deductible (2 groups) 20% unlimited visits (13 groups) 20% unlimited visits – subject to annual deductible and lifetime max (7 groups) 20%, 30 visits (1 group) 20%, 45 visits (1 group) No Info Provided (8 groups)
Substance Abuse	30 hours per calendar year.	20%, 30 hrs/yr (13 groups) 20% after deductible, 30 hrs/yr (10 groups) 20% after deductible & subject to lifetime max, 30 hrs/yr (3 groups) \$25 plus 20% after deductible (1 group) No Info Provided (9 groups)
Mental Health and Substance Abuse Services – Inpatient and Intermediate	*20% of eligible expenses. Network and non-network benefits combined.	
Mental Health	Unlimited days	\$0/45 days (2 groups) \$0/365 days (20 groups) \$0/unlimited (6 groups) 20% after deductible (1 group) No Info Provided (7 groups)
Substance Abuse Rehabilitation	30 days per calendar year	\$0/30 days (27 groups) 20% after deductible (1 group) No Info Provided (8 groups)
Substance Abuse Detoxification	5 admissions or 30 days per calendar year	\$0/5 adm or 30 d per cal/year (27 groups) 20% after deductible (1 group) No Info Provided 8 groups)
Pharmacy Coverage	**\$5 Tier 1 **\$12 Tier 2 **\$30 Tier 3. Quantity limited per co-payment. Up to a 34-day supply of non-maintenance drugs; or up to a 60-day supply or 100 units, whichever is greater, of maintenance drugs.	\$2/34 d. (9 groups) \$5/34 d. (2 groups) \$5 generic/\$10 brand, 34d. (1 group) 20%, 34 d. (8 groups) 20% plus \$40, 30 d. (1 group) 50% (3 groups) No Info Provided (12 groups)
Mail Order	Not Covered	20%, 90 d. (1 groups) 20% after deductible (1 group) 20% plus \$40, 90 d. (1 group) Not Covered (14 groups) 3 months for 3 co-pays (1 group) No Info Provided (18 groups)

Component	State Plan	Classic Blue
Dependent Age:	Until the end of the calendar year after their 19th birthday	Age 19 (26 groups) Age 23 (3 groups) No Info Provided (7 groups)
Student Status:	Until the end of the calendar year after their 25th birthday. If full-time student status ends, coverage will end at the end of the calendar year of the student status change.	Age 23 (6 groups) Age 25 (15groups) Age 26 (5 groups) No Info Provided (10 groups)
Ambulance Services – Emergency and Transportation Between Facilities	Ground Transportation: 0% of eligible expenses Air/Water Transportation: 0% of eligible expenses up to \$3,000 per occurrence.	20% (26 groups) No Info Provided (10 groups)
Durable Medical Equipment/Medical Supplies/Prosthetic Devices		
Inpatient	20% of eligible expenses	\$0 (15 groups) 20% (7 groups) No Info Provided (14 groups)
Outpatient	20% of eligible expenses	20% (16 groups) No Info Provided (20 groups)

Blue CHiP – 9 groups

Component	State Plan	Blue CHiP
Annual Deductible	\$0	\$100 I/\$300 F (1 group) \$250 I/\$500 F (5 groups) \$250 I/\$750 F (1 group) No Info Provided (2 groups)
Out-of-Pocket Maximum	\$3,000 per covered person per calendar year, not to exceed \$9,000 for all Covered Persons in a family	\$1000 I/\$3000 F (1 group) \$3000 I/\$6000 F (6 groups) No Info Provided (2 groups)
Maximum Plan Benefit	No Maximum	No Maximum (all groups)

Component	State Plan	Blue CHiP
Emergency Health Services	\$25 per visit. Waived if admitted in 24 hrs.	\$25 (2 groups) \$50 (2 groups) \$100 (1 group) 20% (3 groups) No Info Provided (1 group)
Hospital Inpatient Stay	*20% of eligible expenses. Network and non-network benefits combined. Unlimited stays at a general hospital; 45 days/calendar year at specialty hospital or in a general hospital for specialty services.	20% (2 groups) 20% after deductible (2 groups) 20% up to maximum (1 group) No Info Provided (4 groups)
Doctor's Hospital Services	20% of eligible expenses, 1 visit per day per specialty	20% (2 groups) 20% after deductible (2 groups) 20% up to maximum (1 group) No Info Provided (4 groups)
Surgery Services – Inpatient	20% of eligible expenses	20% (2 groups) 20% after deductible (2 groups) 20% up to maximum (1 group) No Info Provided (4 groups)
Physician's Office Services, Non-Routine	20% of eligible expenses. Includes allergist, dermatologist and podiatrist.	20% (5 groups) No Info Provided (4 groups)
Adult Immunizations	20% of eligible expenses	\$0 (2 groups) 20% (1 group) No Info Provided (6 groups)
Routine Annual Physicals and Routine Annual Gynecological visits	20% of eligible expenses	20% (4 groups) No Info Provided (5 groups)
Pediatric Preventative:	20% of eligible expenses	20% (4 groups) No Info Provided (5 groups)
Urgent Care Services Ctr	20% of eligible expenses	20% (4 groups) No Info Provided (5 groups)
Mental Health and Substance Abuse Services – Outpatient	20% of eligible expenses. Network and non-network benefits are combined.	
Mental Health	Mental Health: Max. of 45 visits per calendar year.	20%, 30 visits (2 groups) \$0 (1 group) Not Covered (2 groups) No Info Provided (4 groups)

Component	State Plan	Blue CHiP
Substance Abuse	30 hours per calendar year.	20%, 30 visits (2 groups) \$0 (1 group) Not Covered (2 groups) No Info Provided (4 groups)
Mental Health and Substance Abuse Services – Inpatient and Intermediate	*20% of eligible expenses. Network and non-network benefits combined.	
Mental Health	Unlimited days	20% unlimited (2 groups) Pays all costs (1 group) Not Covered (2 groups) No Info Provided (4 groups)
Substance Abuse Rehabilitation	30 days per calendar year	20% (2 groups) Pays all costs (1 group) Not Covered (2 groups) No Info Provided (4 groups)
Substance Abuse Detoxification	5 admissions or 30 days per calendar year	20% (2 groups) Pays all costs (1 group) Not Covered (2 groups) No Info Provided (4 groups)
Pharmacy Coverage	**\$5 Tier 1 **\$12 Tier 2 **\$30 Tier 3. Quantity limited per co-payment. Up to a 34-day supply of non-maintenance drugs; or up to a 60-day supply or 100 units, whichever is greater, of maintenance drugs.	20% (2 groups) No Info Provided (7 groups)
Mail Order	Not Covered	Not Covered (2 groups) No Info Provided (7 groups)
Dependent Age:	Until the end of the calendar year after their 19th birthday	Age 19 (4 groups) Age 25 (1 group) No Info Provided (4 groups)
Student Status:	Until the end of the calendar year after their 25th birthday. If full-time student status ends, coverage will end at the end of the calendar year of the student status change.	Age 23 (1 group) Age 25 (1group) Age 26 (2 groups) No Info Provided (5 groups)

Component	State Plan	Blue CHiP
Ambulance Services – Emergency and Transportation Between Facilities	Ground Transportation: 0% of eligible expenses Air/Water Transportation: 0% of eligible expenses up to \$3,000 per occurrence.	20% (4 groups) No Info Provided (5 groups)
Durable Medical Equipment/Medical Supplies/Prosthetic Devices		
Inpatient	20% of eligible expenses	20% (2 groups) No Info Provided (7 groups)
Outpatient	20% of eligible expenses	20% (2 groups) No Info Provided (7 groups)

United Health – 13 groups

Component	State Plan	District United Healthcare
Annual Deductible	\$0	\$0 (1 group) \$200 I/\$400 F (8 groups) \$300 I/\$600 F (1 group) \$350 per person (1 group) \$750 I/\$1500 F (1 group) \$1000 I/\$2000 F (1 group)
Out-of-Pocket Maximum	\$3,000 per covered person per calendar year, not to exceed \$9,000 for all Covered Persons in a family	\$2500 (1 group) \$2500 I/\$5000 F (1 group) \$3000 (5 groups) \$3000/3 mbrs per family (3 groups) \$4000 I/\$8000 F (1 group) \$5000 I/\$10,000 F (1 group) No Info Provided (1 group)
Maximum Plan Benefit	No Maximum	\$1,000,000 (11 groups) Unlimited (1 group) No Info Provided (1 group)
Emergency Health Services	\$25 per visit. Waived if admitted in 24 hrs.	\$25 (1 group) \$50 (10 groups) \$100 (2 groups)

Component	State Plan	District United Healthcare
Hospital Inpatient Stay	*20% of eligible expenses. Network and non-network benefits combined. Unlimited stays at a general hospital; 45 days/calendar year at specialty hospital or in a general hospital for specialty services.	20% (1 group) 20% of eligible expenses (2 groups) 20% after deductible (2 groups) 20% with advance approval (8 group)
Doctor's Hospital Services	20% of eligible expenses, 1 visit per day per specialty	20% (1 group) 20% of eligible expenses (2 groups) 20% after deductible (2 groups) 20% with advance approval (8 group)
Surgery Services – Inpatient	20% of eligible expenses	20% (1 group) 20% of eligible expenses (2 groups) 20% after deductible (2 groups) 20% with advance approval (8 group)
Physician's Office Services, Non-Routine	20% of eligible expenses. Includes allergist, dermatologist and podiatrist.	20% (1 group) 20% of eligible expenses (10 groups) 20% after deductible (1 group) \$30 plus 20% (1 group)
Adult Immunizations	20% of eligible expenses	20% (1 group) 20% after deductible (1 group) 20% of eligible expenses (10 groups)
Routine Annual Physicals and Routine Annual Gynecological visits	20% of eligible expenses	Not Covered (8 groups) 20% (1 group) 20% after deductible (1 group) 20% of eligible expenses (2 groups) No Info Provided (1 group)
Pediatric Preventative:	20% of eligible expenses	20% of eligible expenses (9 groups) 20% after deductible (1 group) 20% (1 group) No Info Provided (2 groups)
Urgent Care Services Ctr	20% of eligible expenses	20% of eligible expenses (10 groups) 20% after deductible (1 group) 20% (1 group) No Info Provided (1 group)
Mental Health and Substance Abuse Services – Outpatient	20% of eligible expenses. Network and non-network benefits are combined.	20% of eligible expenses (2 groups) 40% of eligible expenses with advance approval (8 groups) No coverage (1 group) \$15 plus 20% (1 group) 20% after deductible (1 group)
Mental Health	Mental Health: Max. of 45 visits per calendar year.	30 visits per year (12 groups) No coverage (1 group)
Substance Abuse	30 hours per calendar year.	30 hrs per cal year (11 groups) No Info provided (2 groups)

Component	State Plan	District United Healthcare
Mental Health and Substance Abuse Services – Inpatient and Intermediate	*20% of eligible expenses. Network and non-network benefits combined.	20% (1 group) 20% after deductible (2 groups) \$0 (1 group) No coverage (1 group) 40% of eligible expenses with advanced approval (8 groups)
Mental Health	Unlimited days	30 days/calendar year (9 groups) No coverage (1 group) Unlimited days (1 group) No Info Provided (2 groups)
Substance Abuse Rehabilitation	30 days per calendar year	30 days/cal year (11 groups) No coverage (1 group) No Info Provided (1 group)
Substance Abuse Detoxification	5 admissions or 30 days per calendar year	5 admissions or 30 days/cal year (11 groups) No Info Provided (2 groups)
Pharmacy Coverage	**\$5 Tier 1 **\$12 Tier 2 **\$30 Tier 3. Quantity limited per co-payment. Up to a 34-day supply of non-maintenance drugs; or up to a 60-day supply or 100 units, whichever is greater, of maintenance drugs.	\$5/10/25 (1 group) \$7/15/30 (1 group) \$10/30/50 (1 group) No Info Provided (10 groups)
Mail Order	Not Covered	Not Covered (1 group) No Info Provided (12 groups)
Dependent Age:	Until the end of the calendar year after their 19th birthday	Age 19 (9 groups) Age 23 (1 group) Age 25 (1 group) No Info Provided (2 groups)
Student Status:	Until the end of the calendar year after their 25th birthday. If full-time student status ends, coverage will end at the end of the calendar year of the student status change.	Age 25 (9 groups) No Info Provided (4groups)
Ambulance Services – Emergency and Transportation Between Facilities	Ground Transportation: 0% of eligible expenses Air/Water Transportation: 0% of eligible expenses up to \$3,000 per occurrence.	20% (9 groups) \$0 (2 groups) \$0 after deductible – Transportation between facilities not covered (1 group) No Info Provided (1 group)

Component	State Plan	District United Healthcare
Durable Medical Equipment/Medical Supplies/Prosthetic Devices		
Inpatient	20% of eligible expenses	20% (1 group) 20% after deductible (1 group) 20% of eligible expenses (1 group) 20% of eligible expenses – prior notification when cost exceeds \$1000 (1 group) 20%, \$2500 max (8 groups) No Info Provided (1 group)
Outpatient	20% of eligible expenses	20% (1 group) 20% after deductible (1 group) 20% of eligible expenses (1 group) 20% of eligible expenses – prior notification when cost exceeds \$1000 (1 group) 20%, \$2500 max (8 groups) No Info Provided (1 group)

SUMMARY

The R.I. Department of Elementary and Secondary Education would like to extend its sincere thanks to the School Business Administrators and their staff in all of the districts for the outstanding work on this survey. Having current, accurate information for all of the districts will help inform future decisions.

APPENDIX

RI DEPARTMENT OF EDUCATION

SURVEY OF DISTRICT HEALTH/MEDICAL PLANS & COST

The Department of Education is collecting information from school districts on **2007-08** health care benefits as we explore opportunities to move toward a single health benefit plan. Therefore, we are asking that you complete the following information to assist us with our analysis. In addition to completing the charts below, we are also asking that you provide plan summaries, if available, for each of your groups and plans to supplement the requested information.

Since many of you have different benefits for different groups within your plans, please complete the charts in Section A and C for **each** of your groups. Please be sure to include information about any retiree groups you may have and the benefits to which they are entitled. Please feel free to make additional copies of the chart in the document in order to accomplish this.

Section A

Group # _____ Type: (e.g. Certified Staff) _____	Individual	Family	2-person Family
# of active employees in this group by plan type			
# of retired employees in this group by plan type			
Annual Premium Cost for Plan or Working Rate			
Employee Contribution Method (Please indicate method and complete value for X where applicable) <ul style="list-style-type: none"> ▪ % of Salary=X% ▪ Flat Fee=\$X ▪ % of Premium=X% ▪ None=No Contribution 			
Average Annual Contribution by Employee			
# of Employees Choosing Buy-Back (In Lieu of Coverage Option – If not offered, please indicate N/A)			
Value of Employee Buy-Back			
Labor Contract Expiration Date for this Group:			

Section B

Please provide your best estimate based on 2007-08 data for the following:

1. Total District expenditure for Health benefits: _____
2. Total District expenditure for Buy-Backs: _____
3. Total Employee Contribution (not included in #1 above): _____

What is the current Retention Rate/Charge from your Carrier? _____ (e.g. X% of Claims or Fixed Fee at \$X cost per contract) Please delineate method and complete the value for X.

Are you self-insured, self-funded, or part of self-insurance pool? Yes ___ No ___

What is the current Administration Rate? _____

Do you carry Stop Loss or Reinsurance Coverage? Yes ___ No ___ If so, at what level(s)? _____

What is the annual cost for this Stop Loss or Reinsurance Coverage? _____

Is your coverage on a fully insured premium basis? Yes ___ No ___

Section C

Group # _____ Plan Name: (e.g. Healthmate Coast-Coast) _____		
Type of Coverage:	Within Network employee pays:	Out of Network employee pays:
Annual Deductible	\$ _____	\$ _____
Out-of-Pocket Maximum		
Maximum Plan Benefit:		
Emergency Health Services		
Hospital-In Patient Stay Doctor's Hospital Services Surgery Services –Inpatient		

Group # _____ Plan Name: (e.g. Healthmate Coast-Coast) _____	Within Network employee pays:	Out of Network employee pays:
Physician's Office Services <i>Non-Routine</i> <i>Adult Immunizations</i> <i>Routine Annual Physicals and Routine Annual Gynecological visits</i> <i>Pediatric Preventative:</i>		
Urgent Care Center Services		
Mental Health and Substance Abuse Services – Outpatient Mental Health: Max. of __ visits per calendar year. Substance Abuse: __ hours per calendar year.		

Group # _____ Plan Name: (e.g. Healthmate Coast-Coast) _____	Within Network employee pays:	Out of Network employee pays:
Mental Health and Substance Abuse Services – Inpatient and Intermediate Mental Health: ___ days Substance Abuse Rehabilitation: ___ days per calendar year Substance Abuse Detoxification: ___ admissions or ___ days per calendar year		
Pharmacy Coverage Quantity Limit per co-payment: ▪		
Mail Order Quantity Limit per co-payment: ▪		
Dependent Age:		
Student Status:		
Ambulance Services – Emergency and Transportation Between Facilities		
Durable Medical Equipment/Medical Supplies/Prosthetic Devices Inpatient Outpatient		

Is there any other information we should have in reviewing your plans, coverage, or contract issues?

PLEASE ATTACH PLAN SUMMARIES FOR EACH GROUP. Thank you for your assistance with this.

District: _____
Name/Title of Person Completing Form: _____

CONTRACT EXPIRATION ANALYSIS

NUMBER OF MEMBER CONTRACTS NOT COVERED BY BARGAINING UNIT CONTRACTS OR WITH EXPIRED CONTRACTS

					# Active Emp. In Group	# Retired Emp in Group	Labor Contract Exp Date
District	Group #	Plan Type	Type	Empl.			
04-Central Falls	271	Classic	Family	Substitutes	0	0	N/A
04-Central Falls	271	Classic	Family	COBRA	0	0	N/A
04-Central Falls	271	Classic	Individual	Substitutes	0	0	N/A
04-Central Falls	271	Classic	Individual	COBRA	1	0	N/A
06-Coventry	2047R	HM	Individual	Retirees	0	1	N/A
06-Coventry	2047R	Plan 65	Individual	Retirees	0	52	N/A
07-Cranston	1B	HM	Family	Retirees	0	8	N/A
07-Cranston	1B	HM	Individual	Retirees	0	333	N/A
07-Cranston	1D	United H	Family	Retirees	0	0	N/A
07-Cranston	1D	United H	Individual	Retirees	0	29	N/A
07-Cranston	1F	Classic	Family	Retirees	0	0	N/A
07-Cranston	1F	Classic	Individual	Retirees	0	4	N/A
07-Cranston	2B	HM	Family	Retirees	0	0	N/A
07-Cranston	2B	HM	Individual	Retirees	0	38	N/A
10-East Providence	102419, 3A01, 100501, 100592	HM	Family	Retirees	0	65	N/A
10-East Providence	102419, 3A01, 100501, 100592	HM	Individual	Retirees	0	121	N/A
15-Jamestown	8U87414	HM	Family	Retirees	0	14	N/A
15-Jamestown	8U87414	HM	Individual	Retirees	0	5	N/A
15-Jamestown	8U87422	Plan 65	Individual	Retirees	0	1	N/A
15-Jamestown	Ind Plans	Plan 65	Individual	Retirees	0	2	N/A
17-Lincoln	1063	Classic	Family	Retirees	0	0	N/A
17-Lincoln	1063	Classic	Individual	Retirees	0	12	N/A
17-Lincoln	100423	HM	Family	Retirees	0	2	N/A
17-Lincoln	100423	HM	Individual	Retirees	0	6	N/A
17-Lincoln	4H68	Classic	Family	Retirees	0	0	N/A
17-Lincoln	4H68	Classic	Individual	Retirees	0	6	N/A
17-Lincoln	4H68	HM	Family	Retirees	0	0	N/A
17-Lincoln	4H68	HM	Individual	Retirees	0	2	N/A
21-Newport	#not provided	Classic	Family	Admin	1	1	N/A
21-Newport	#not provided	Classic	Individual	Admin	0	0	N/A
21-Newport	#not provided	HM	2-P Family	Admin	0	1	N/A

21-Newport	#not provided	HM	2-P Family	Support	0	5	N/A
21-Newport	#not provided	HM	Family	Admin	16	6	N/A
21-Newport	#not provided	HM	Family	Support	37	12	N/A
21-Newport	#not provided	HM	Individual	Admin	3	3	N/A
21-Newport	#not provided	HM	Individual	Support	16	9	N/A
22-Johnston	250-25	Plan 65	Individual	Retirees	0	15	N/A
22-Johnston	65-61	Plan 65	Individual	Retirees	0	96	N/A
26-Pawtucket	3H64	Classic	Family	Certified-Early Ret.	0	4	N/A
26-Pawtucket	3H64	Classic	Individual	Certified-Early Ret.	0	1	N/A
36-Westerly	3834-1	HM	2p Fam	Support	3	0	N/A
36-Westerly	3834-1	HM	Family	Support	13	0	N/A
36-Westerly	3834-1	HM	Individual	Support	2	0	N/A
36-Westerly	6329-1	HM	2p Fam	Transp.	18	0	N/A
36-Westerly	6329-1	HM	Family	Transp.	9	0	N/A
36-Westerly	6329-1	HM	Individual	Transp.	14	0	N/A
36-Westerly	7682-1	HM	2p Fam	Admin.	8	0	N/A
36-Westerly	7682-1	HM	Family	Admin.	8	0	N/A
36-Westerly	7682-1	HM	Individual	Admin.	3	0	N/A
36-Westerly	8U890-1	HM	2p Fam	Retirees	0	17	N/A
36-Westerly	8U890-1	HM	Family	Retirees	0	5	N/A
36-Westerly	8U890-1	HM	Individual	Retirees	0	6	N/A
39-Woonsocket	4H64	Classic	Family	Retirees	0	19	N/A
39-Woonsocket	4H64	Classic	individual	Retirees	0	205	N/A
42-Metropolitan	5U0013	HM	2p Fam	Full Time	8	0	N/A
42-Metropolitan	5U0013	HM	2p Fam	Full Time	8	0	N/A
42-Metropolitan	5U0013	HM	2p Fam	Full Time	23	0	N/A
42-Metropolitan	5U0013	HM	Fam	Full Time	34	0	N/A
42-Metropolitan	5U0013	HM	Ind	Full Time	67	0	N/A
48-CVS Highlander	7NO8	HM	Emp&Chldrn	All Staff	4	0	N/A
48-CVS Highlander	7NO8	HM	Emp&Spouse	All Staff	3	0	N/A
48-CVS Highlander	7NO8	HM	Family	All Staff	19	0	N/A
48-CVS Highlander	7NO8	HM	Individual	All Staff	16	0	N/A
51-Paul Cuffee	8R4012	HM	Emp&Chldrn	All Staff	11	0	N/A
51-Paul Cuffee	8R4012	HM	Emp&Spouse	All Staff	5	0	N/A
51-Paul Cuffee	8R4012	HM	Family	All Staff	7	0	N/A
51-Paul Cuffee	8R4012	HM	Individual	All Staff	38	0	N/A
52-Kingston Hill	1	Classic	Family	31-40 Hrs/wk (1-5 yrs of srv)	0	0	N/A
52-Kingston Hill	1	Classic	Individual	31-40 Hrs/wk (1-5 yrs of srv)	9	0	N/A

52-Kingston Hill	2	Classic	Family	31-40 Hrs/Wk (6-10 yrs of svc)	1	0	N/A
52-Kingston Hill	2	Classic	Individual	31-40 Hrs/Wk (6-10 yrs of svc)	2	0	N/A
52-Kingston Hill	3	Classic	Family	31-40 Hrs/Wk (11+ yrs of svc)	1	0	N/A
52-Kingston Hill	3	Classic	Individual	31-40 Hrs/Wk (11+ yrs of svc)	0	0	N/A
53-International	8T904	HM	2-P Family	All Staff	12	0	N/A
53-International	8T904	HM	Family	All Staff	17	0	N/A
53-International	8T904	HM	Individual	All Staff	9	0	N/A
58-Beacon Charter	332704	United H	2-P Family	All Staff	2	0	N/A
58-Beacon Charter	332704	United H	Family	All Staff	1	0	N/A
58-Beacon Charter	332704	United H	individual	All Staff	10	0	N/A
59-Learning Community	8v590	HM	Fam	All Staff	9	0	N/A
59-Learning Community	8v590	HM	Ind	All Staff	15	0	N/A
59-Learning Community	8v590	HM	Self & Chldrn	All Staff	4	0	N/A
59-Learning Community	8v590	HM	Self & Spouse	All Staff	6	0	N/A
96-Bristol Warren	4H47	Blue Chip	Family	Retirees	0	0	N/A
96-Bristol Warren	4H47	Blue Chip	Individual	Retirees	0	0	N/A
96-Bristol Warren	4H47	Classic	Family	Retirees	0	14	N/A
96-Bristol Warren	4H47	Classic	Individual	Retirees	0	13	N/A
96-Bristol Warren	4H47	HM	Family	Retirees	0	27	N/A
96-Bristol Warren	4H47	HM	Individual	Retirees	0	16	N/A
96-Bristol Warren	4H48&51	Blue Chip	Family	Retirees	0	0	N/A
96-Bristol Warren	4H48&51	Blue Chip	Individual	Retirees	0	0	N/A
96-Bristol Warren	4H48&51	Classic	Family	Retirees	0	52	N/A
96-Bristol Warren	4H48&51	Classic	Individual	Retirees	0	49	N/A
96-Bristol Warren	4H48&51	HM	Family	Retirees	0	46	N/A
96-Bristol Warren	4H48&51	HM	Individual	Retirees	0	55	N/A
31-Smithfield	102436	HM	Family	Retirees	0	13	NA
31-Smithfield	102436	HM	individual	Retirees	0	3	NA
31-Smithfield	102437	HM	Family	Support	0	1	NA
31-Smithfield	102437	HM	individual	Support	0	1	NA
31-Smithfield	5C18	Classic	Family	Retirees	0	2	NA
31-Smithfield	5C18	Classic	Individual	Retirees	0	11	NA
31-Smithfield	5C18	HM	family	Retirees	0	19	NA
31-Smithfield	5C18	HM	individual	Retirees	0	21	NA
31-Smithfield	5C19	HM	family	Retirees	0	1	NA

31-Smithfield	5C19	HM	individual	Retirees	0	4	NA
38-West Warwick	10051311	Classic	Family	Retirees	0	8	NA
38-West Warwick	10051311	Classic	Individual	Retirees	0	78	NA
38-West Warwick	10051311	HM	Family	Retirees	0	11	NA
38-West Warwick	10051311	HM	Individual	Retirees	0	105	NA
38-West Warwick	100514 14	HM	Family	Retirees	0	0	NA
38-West Warwick	100514 14	HM	Individual	Support	0	17	NA
04-Central Falls	271	HM	Family	Substitutes	0	0	N/A
04-Central Falls	271	HM	Family	COBRA	1	0	N/A
04-Central Falls	271	HM	Individual	Substitutes	1	0	N/A
04-Central Falls	271	HM	Individual	COBRA	6	0	N/A
35-Warwick	78716	HM	Family	Retiree- Classified	315	0	8/31/2006
35-Warwick	78716	HM	Individual	Retiree- Classified	72	0	8/31/2006
35-Warwick	5C5318	HM	Family	Retiree- Classified	0	1	8/31/2006
35-Warwick	5C5318	HM	Individual	Retiree- Classified	0	1	8/31/2006
35-Warwick	M05C5313	Classic	Individual	Retiree- Classified	0	1	8/31/2006
35-Warwick	M78716	Classic	Family	Classified	28	0	8/31/2006
35-Warwick	M78716	Classic	Individual	Classified	13	0	8/31/2006
08-Cumberland	3H63/4C49	Classic	Family	Support	4	0	6/30/2007
08-Cumberland	3H63/4C49	Classic	Individual	Support	2	2	6/30/2007
08-Cumberland	3H63/4C49	HM	Family	Support	102	0	6/30/2007
08-Cumberland	3H63/4C49	HM	Individual	Support	10	2	6/30/2007
13-Glocester	6386	HM&Cls	Family	Non-Cert	23	0	6/30/2007
13-Glocester	6386	HM&Cls	Individual	Non-Cert	7	2	6/30/2007
17-Lincoln	367	Classic	Family	Support	1	0	6/30/2007
17-Lincoln	367	Classic	Individual	Support	0	0	6/30/2007
17-Lincoln	367	HM	Family	Support	61	0	6/30/2007
17-Lincoln	367	HM	Individual	Support	16	1	6/30/2007
18-Little Compton	1968	HM	Family	Non-Cert	2	0	6/30/2007
18-Little Compton	1968	HM	Individual	Non-Cert	3	0	6/30/2007
18-Little Compton	8W769	HM	Family	Certified	24	2	6/30/2007
18-Little Compton	8W769	HM	Individual	Certified	5	3	6/30/2007
24-North Providence	4B18 & 8819	HM	Family	Support	71	4	6/30/2007
24-North Providence	4B18 & 8819	HM	Individual	Support	2	1	6/30/2007
28-Providence	PT10	Blue Chip	Family	Local 1033 hired >7/1/05	154	0	6/30/2007
28-Providence	PT10	Blue Chip	Individual	Local 1033 hired >7/1/05	60	0	6/30/2007
28-Providence	PT3 & PT5	HM	Family	Local 1033	513	0	6/30/2007
28-Providence	PT3 & PT5	HM	Individual	Local 1033	199	0	6/30/2007
28-Providence	PT4	HM	Family	Clerical	178	0	6/30/2007
28-Providence	PT4	HM	Individual	Clerical	50	0	6/30/2007

98-Chariho	2291	Classic	Family	Support	11	0	6/30/2007
98-Chariho	2291	Classic	Individual	Support	2	2	6/30/2007
98-Chariho	2291	HM	Family	Support	84	2	6/30/2007
98-Chariho	2291	HM	Individual	Support	20	2	6/30/2007
99-Foster Gloucester	6387	Classic	Family	Non-Certif	13	0	6/30/2007
99-Foster Gloucester	6387	Classic	Individual	Non-Certif	4	2	6/30/2007
99-Foster Gloucester	6387	HM	Family	Non-Certif	13	0	6/30/2007
99-Foster Gloucester	6387	HM	Individual	Non-Certif	4	2	6/30/2007
21-Newport	#not provided	Classic	Family	Certified	7	14	8/30/2007
21-Newport	#not provided	Classic	Individual	Certified	1	12	8/30/2007
21-Newport	#not provided	HM	2-P Family	Certified	0	11	8/30/2007
21-Newport	#not provided	HM	Family	Certified	130	85	8/30/2007
21-Newport	#not provided	HM	Individual	Certified	53	29	8/30/2007
03-Burrillville	4901	HM	Family	Certified	127	1	8/31/2007
03-Burrillville	4901	HM	Individual	Certified	42	46	8/31/2007
07-Cranston	6C	BlueChip	Family	Tchr Assts	3	0	8/31/2007
07-Cranston	6C	BlueChip	Individual	Tchr Assts	0	0	8/31/2007
28-Providence	5DO5	HM	Family	Admin & Non-Union	84	0	8/31/2007
28-Providence	5DO5	HM	Individual	Admin & Non-Union	33	0	8/31/2007
28-Providence	MP2	HM	Family	Teachers	5	0	8/31/2007
28-Providence	MP2	HM	Individual	Teachers	12	0	8/31/2007
28-Providence	Plan 200	United H	Individual	Non-Union	4	0	8/31/2007
28-Providence	Plan 750	United H	Family	Teachers	30	0	8/31/2007
28-Providence	Plan 750	United H	Individual	Teachers	19	0	8/31/2007
28-Providence	PT2	HM	Family	Teachers	1358	0	8/31/2007
28-Providence	PT2	HM	Individual	Teachers	589	0	8/31/2007
97-Exeter W Greenwich	1804	Classic	Family	Certified	4.5	0	8/31/2007
97-Exeter W Greenwich	1804	Classic	Individual	Certified	1	0	8/31/2007
97-Exeter W Greenwich	1804	HM	Family	Certified	137	0	8/31/2007
97-Exeter W Greenwich	1804	HM	Individual	Certified	55	24	8/31/2007
TOTAL:					5261.5	1925	7,187
NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 3/31/08							
54-Blackstone	8W19215	HM	2p Fam	All Staff	2	0	3/1/2008
54-Blackstone	8W19215	HM	Family	All Staff	5	0	3/1/2008
54-Blackstone	8W19215	HM	Individual	All Staff	9	0	3/1/2008
TOTAL:					16	0	16

NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 6/30/08

01-Barrington	336	HM	Family	Support	51	1	6/30/2008
01-Barrington	336	HM	Individual	Support	10	1	6/30/2008
07-Cranston	2A	HM	Family	Admin	43	0	6/30/2008
07-Cranston	2A	HM	Individual	Admin	13	0	6/30/2008
07-Cranston	2C	United H	Family	Admin	2	0	6/30/2008
07-Cranston	2C	United H	Individual	Admin	1	0	6/30/2008
07-Cranston	3A	HM	Family	Clerical	59	0	6/30/2008
07-Cranston	3A	HM	Individual	Clerical	15	1	6/30/2008
07-Cranston	3B	United H	Family	Clerical	10	0	6/30/2008
07-Cranston	3B	United H	Individual	Clerical	1	0	6/30/2008
07-Cranston	4A	HM	Family	Custodial	35	0	6/30/2008
07-Cranston	4A	HM	Individual	Custodial	21	0	6/30/2008
07-Cranston	4B	United H	Family	Custodial	39	0	6/30/2008
07-Cranston	4B	United H	Individual	Custodial	7	0	6/30/2008
07-Cranston	5A	HM	Family	Bus Drvs	51	0	6/30/2008
07-Cranston	5A	HM	Individual	Bus Drvs	16	0	6/30/2008
07-Cranston	5B	United H	Family	Bus Drvs	21	0	6/30/2008
07-Cranston	5B	United H	Individual	Bus Drvs	1	0	6/30/2008
07-Cranston	5C	BlueChip	Family	Bus Drvs	0	0	6/30/2008
07-Cranston	5C	BlueChip	Individual	Bus Drvs	1	0	6/30/2008
07-Cranston	7A	HM	Family	Food Srvc	7	0	6/30/2008
07-Cranston	7A	HM	Individual	Food Srvc	5	0	6/30/2008
07-Cranston	7B	United H	Family	Food Srvc	4	0	6/30/2008
07-Cranston	7B	United H	Individual	Food Srvc	1	0	6/30/2008
12-Foster	1823	HM	Family	Certified	17	0	6/30/2008
12-Foster	1823	HM	Individual	Certified	4	5	6/30/2008
13-Glocester	1429	HM&CIs	Family	Certified	42	0	6/30/2008
13-Glocester	1429	HM&CIs	Individual	Certified	7	12	6/30/2008
20-Narragansett	2613	HM	Fam	Support	46	1	6/30/2008
20-Narragansett	2613	HM	Ind	Support	18	6	6/30/2008
22-New Shoreham	-	HM	Family	Non-Certif	5	0	6/30/2008
22-New Shoreham	-	HM	Individual	Non-Certif	6	0	6/30/2008
32-South Kingstown	4C40	Classic	Family	Non-Cert	6	0	6/30/2008
32-South Kingstown	4C40	Classic	Individual	Non-Cert	1	0	6/30/2008
32-South Kingstown	4C40	HM	Family	Non-Cert	87	0	6/30/2008
32-South Kingstown	4C40	HM	Individual	Non-Cert	20	0	6/30/2008
32-South Kingstown	5A69	HM	Family	Custodial	27	0	6/30/2008
32-South Kingstown	5A69	HM	Individual	Custodial	16	0	6/30/2008
36-Westerly	4106-1	HM	2p Fam	Clerical	36	0	6/30/2008
36-Westerly	4106-1	HM	Family	Clerical	44	0	6/30/2008
36-Westerly	4106-1	HM	Individual	Clerical	24	0	6/30/2008
96-Bristol Warren	4A96	Blue Chip	Family	Certified	0	0	6/30/2008
96-Bristol Warren	4A96	Blue Chip	Individual	Certified	0	0	6/30/2008
96-Bristol Warren	4A96	Classic	Family	Certified	9	0	6/30/2008
96-Bristol Warren	4A96	Classic	Individual	Certified	2	0	6/30/2008
96-Bristol Warren	4A96	HM	Family	Certified	200	0	6/30/2008
96-Bristol Warren	4A96	HM	Individual	Certified	59	0	6/30/2008

09-East Greenwich	764	Classic	Family	Tchrs & Paraprofs	12	2	9/1/07 Tchrs & 6/30/08 Paras
09-East Greenwich	764	Classic	Individual	Tchrs & Paraprofs	15	0	9/1/07 Tchrs & 6/30/08 Paras
09-East Greenwich	764	HM	Family	Tchrs & Paraprofs	151	4	9/1/07 Tchrs & 6/30/08 Paras
09-East Greenwich	764	HM	Individual	Tchrs & Paraprofs	62	1	9/1/07 Tchrs & 6/30/08 Paras
09-East Greenwich	191285	United H	Family	Tchrs & Paraprofs & Custodian	20	0	9/1/07 Tchrs & 6/30/08 Paras
09-East Greenwich	191285	United H	Individual	Tchrs & Paraprofs & Custodian	4	0	9/1/07 Tchrs & 6/30/08 Paras
35-Tiverton	289-1	Blue Chip	Family	Certified & Support	2	0	Certified is Expired Support 6/30/08
35-Tiverton	289-1	Blue Chip	Individual	Certified & Support	1	0	Certified is Expired Support 6/30/08
35-Tiverton	289-1	Classic	Family	Certified & Support	6	0	Certified is Expired Support 6/30/08
35-Tiverton	289-1	Classic	Ind	Certified & Support	4	0	Certified is Expired Support 6/30/08
35-Tiverton	289-1	HM	Family	Certified & Support	150	0	Certified is Expired Support 6/30/08
35-Tiverton	289-1	HM	Individual	Certified & Support	57	0	Certified is Expired Support 6/30/08
TOTAL					1574	34	1,608

NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 8/31/08

04-Central Falls	271	Classic	Family	Certified	18	0	8/31/2008
04-Central Falls	271	Classic	Family	Retirees-C	0	3	8/31/2008
04-Central Falls	271	Classic	Family	Admin	0	1	8/31/2008
04-Central Falls	271	Classic	Individual	Admin	0	0	8/31/2008
04-Central Falls	271	Classic	Individual	Certified	10	0	8/31/2008
04-Central Falls	271	Classic	Individual	Retirees-C	0	7	8/31/2008
04-Central Falls	271	HM	Family	Admin	22	1	8/31/2008
04-Central Falls	271	HM	Family	Certified	162	0	8/31/2008
04-Central Falls	271	HM	Family	Retirees-C	0	1	8/31/2008
04-Central Falls	271	HM	Individual	Admin	4	0	8/31/2008
04-Central Falls	271	HM	Individual	Certified	63	0	8/31/2008
04-Central Falls	271	HM	Individual	Retirees-C	0	10	8/31/2008

07-Cranston	1A	HM	Family	Certified	607	0	8/31/2008
07-Cranston	1A	HM	Individual	Certified	223	0	8/31/2008
07-Cranston	1C	United H	Family	Certified	97	0	8/31/2008
07-Cranston	1C	United H	Individual	Certified	34	0	8/31/2008
07-Cranston	1E	Classic	Family	Certified	0	0	8/31/2008
07-Cranston	1E	Classic	Individual	Certified	3	0	8/31/2008
07-Cranston	6A	HM	Family	Tchr Assts	91	0	8/31/2008
07-Cranston	6A	HM	Individual	Tchr Assts	19	1	8/31/2008
07-Cranston	6B	United H	Family	Tchr Assts	36	0	8/31/2008
07-Cranston	6B	United H	Individual	Tchr Assts	6	6	8/31/2008
17-Lincoln	288	Classic	Family	Certified	15	1	8/31/2008
17-Lincoln	288	Classic	Individual	Certified	4	16	8/31/2008
17-Lincoln	288	HM	Family	Certified	179	1	8/31/2008
17-Lincoln	288	HM	Individual	Certified	81	44	8/31/2008
17-Lincoln	706021	United H	Fam	Certified	9	1	8/31/2008
22-Johnston	250-17	Classic	Family	Certified	14	0	8/31/2008
22-Johnston	250-17	Classic	Individual	Certified	5	0	8/31/2008
22-Johnston	250-17	HM	Family	Certified	221	0	8/31/2008
22-Johnston	250-17	HM	Individual	Certified	63	0	8/31/2008
22-Johnston	250R-16	Classic	Family	Retirees	0	15	8/31/2008
22-Johnston	250R-16	Classic	Individual	Retirees	0	34	8/31/2008
22-Johnston	250R-16	HM	Family	Retirees	0	17	8/31/2008
22-Johnston	250R-16	HM	Individual	Retirees	0	55	8/31/2008
27-Portsmouth	699	Blue Chip	Family	Certified	2	0	8/31/2008
27-Portsmouth	699	Blue Chip	Individual	Certified	0	0	8/31/2008
27-Portsmouth	699	HM	Family	Certified	171	6	8/31/2008
27-Portsmouth	699	HM	Individual	Certified	41	89	8/31/2008
30-Scituate	2124	Classic	Family	Certified	14	2	8/31/2008
30-Scituate	2124	Classic	Individual	Certified	7	4	8/31/2008
30-Scituate	2124	HM	Family	Certified	102	5	8/31/2008
30-Scituate	2124	HM	Individual	Certified	24	13	8/31/2008
31-Smithfield	1159	classic	family	Certified	2	0	8/31/2008
31-Smithfield	1159	Classic	individual	Certified	1	0	8/31/2008
31-Smithfield	1159	HM	family	Certified	67	0	8/31/2008
31-Smithfield	1159	HM	individual	Certified	34	0	8/31/2008
31-Smithfield	102429	HM	family	Certified	50	0	8/31/2008
31-Smithfield	102429	HM	individual	Certified	16	0	8/31/2008
32-South Kingstown	161	Classic	Family	Certified	50	20	8/31/2008
32-South Kingstown	161	Classic	Individual	Certified	11	10	8/31/2008
32-South Kingstown	161	HM	Family	Certified	240	12	8/31/2008
32-South Kingstown	161	HM	Individual	Certified	53	3	8/31/2008
97-Exeter W Greenwich	1A16	Classic	Family	Non-Certif	3	0	8/31/2008
97-Exeter W Greenwich	1A16	Classic	Individual	Non-Certif	0	0	8/31/2008
97-Exeter W Greenwich	1A16	HM	Family	Non-Certif	42	0	8/31/2008
97-Exeter W Greenwich	1A16	HM	Individual	Non-Certif	16	0	8/31/2008
TOTAL:					2932	378	3,310

NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 10/1/08

55-Compass	G01798	HM	2p Fam	Full Time	0	0	10/1/2008
55-Compass	G01798	HM	Family	Full Time	7	0	10/1/2008
55-Compass	G01798	HM	Individual	Full Time	6	0	10/1/2008
TOTAL:					13	0	13

NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 10/31/08

10-East Providence	101	HM	Family	Custodians	43	0	10/31/2008
10-East Providence	101	HM	Individual	Custodians	7	0	10/31/2008
10-East Providence	124	HM	Family	Teachers	381	0	10/31/2008
10-East Providence	124	HM	Individual	Teachers	108	0	10/31/2008
10-East Providence	164	HM	Family	Support	33	0	10/31/2008
10-East Providence	164	HM	Individual	Support	2	0	10/31/2008
10-East Providence	7048	HM	Family	Tchr Assts	86	0	10/31/2008
10-East Providence	7048	HM	Individual	Tchr Assts	14	0	10/31/2008
TOTAL:					674	0	674

NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 6/30/09

03-Burrillville	4900	HM	Family	Support	51	0	6/30/2009
03-Burrillville	4900	HM	Individual	Support	16	4	6/30/2009
12-Foster	2890	HM	Family	Support	14	0	6/30/2009
12-Foster	2890	HM	Individual	Support	0	0	6/30/2009
15-Jamestown	1C02212	HM	Family	Admin & Support	22	0	6/30/2009
15-Jamestown	1C02212	HM	Individual	Admin & Support	4	0	6/30/2009
19-Middletown	7768	HM	Family	Tchr Assts	8	0	6/30/2009
19-Middletown	7768	HM	Individual	Tchr Assts	8	0	6/30/2009
23-North Kingstown	NKESP	HM	Family	Support	145	0	6/30/2009
23-North Kingstown	NKESP	HM	Individual	Support	39	15	6/30/2009
26-Pawtucket	150	HM	Family	Admin.	22	3	6/30/2009
26-Pawtucket	150	HM	Individual	Admin.	4	0	6/30/2009
26-Pawtucket	101225	Classic	Family	Admin.	5	9	6/30/2009
26-Pawtucket	101225	Classic	Individual	Admin.	0	1	6/30/2009
26-Pawtucket	706089	United H	Family	Admin.	3	9	6/30/2009
26-Pawtucket	706089	United H	Individual	Admin.	0	0	6/30/2009
26-Pawtucket	M150	Blue Chip	Family	Admin.	0	1	6/30/2009
26-Pawtucket	M150	Blue Chip	Individual	Admin.	0	0	6/30/2009
38-West Warwick	5099 11	HM	Family	Support	73	0	6/30/2009
38-West Warwick	5099 11	HM	Individual	Support	15	0	6/30/2009
39-Woonsocket	265	Classic	Family	Certified	365	0	6/30/2009
39-Woonsocket	265	Classic	individual	Certified	131	0	6/30/2009
39-Woonsocket	431	Classic	Family	Support	76	0	6/30/2009
39-Woonsocket	431	Classic	individual	Support	16	0	6/30/2009
39-Woonsocket	480	Classic	Family	ParaPros	85	0	6/30/2009
39-Woonsocket	480	Classic	individual	ParaPros	9	0	6/30/2009
96-Bristol Warren	4A95	Blue Chip	Family	Classified	34	0	6/30/2009

96-Bristol Warren	4A95	Blue Chip	Individual	Classified	3	0	6/30/2009
96-Bristol Warren	4A95	Classic	Family	Classified	1	0	6/30/2009
96-Bristol Warren	4A95	Classic	Individual	Classified	0	0	6/30/2009
96-Bristol Warren	4A95	HM	Family	Classified	90	0	6/30/2009
96-Bristol Warren	4A95	HM	Individual	Classified	21	0	6/30/2009
30-Scituate	4899	Classic	Family	Non-Certif	3	0	Cust exp 6/07, Sec/Para/Supt Staff 6/30/09
30-Scituate	4899	Classic	Individual	Non-Certif	1	0	Cust exp 6/07, Sec/Para/Supt Staff 6/30/09
30-Scituate	4899	HM	Family	Non-Certif	22	4	Cust exp 6/07, Sec/Para/Supt Staff 6/30/09
30-Scituate	4899	HM	Individual	Non-Certif	8	1	Cust exp 6/07, Sec/Para/Supt Staff 6/30/09
TOTAL:					1294	47	1,341

NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 8/31/09

01-Barrington	336	HM	Family	Certified	159	21	8/31/2009
01-Barrington	336	HM	Individual	Certified	63	21	8/31/2009
08-Cumberland	4C50/765	Classic	Family	Certified	34	2	8/31/2009
08-Cumberland	4C50/765	Classic	Individual	Certified	7	24	8/31/2009
08-Cumberland	4C50/765	HM	Family	Certified	210	14	8/31/2009
08-Cumberland	4C50/765	HM	Individual	Certified	83	41	8/31/2009
19-Middletown	60	Classic	Family	Certified	36	1	8/31/2009
19-Middletown	60	Classic	Individual	Certified	6	39	8/31/2009
19-Middletown	60	HM	Family	Certified	129	0	8/31/2009
19-Middletown	60	HM	Individual	Certified	30	18	8/31/2009
20-Narragansett	3996	HM	Fam	Certified	125	7	8/31/2009
20-Narragansett	3996	HM	Ind	Certified	17	50	8/31/2009
24-North Providence	4B18 & 8819	HM	Family	Custodians	19	1	8/31/2009
24-North Providence	4B18 & 8819	HM	Individual	Custodians	10	0	8/31/2009
24-North Providence	590 & 10073	Classic	Family	Cert & Adm	19	2	8/31/2009
24-North Providence	590 & 10073	Classic	Individual	Cert & Adm	10	7	8/31/2009
24-North Providence	590 & 10073	HM	Family	Cert & Adm	184	8	8/31/2009
24-North Providence	590 & 10073	HM	Individual	Cert & Adm	71	14	8/31/2009
25-No. Smithfield	538	HM	Fam	Teachers	89	N/A	8/31/2009
25-No. Smithfield	538	HM	Ind	Teachers	40	32	8/31/2009
35-Warwick	70018	HM	Family	Prof.	710	0	8/31/2009
35-Warwick	70018	HM	Individual	Prof.	202	0	8/31/2009
35-Warwick	5C4910	HM	Individual	Retiree- Prof	0	232	8/31/2009

35-Warwick	M05C4910	Classic	Individual	Retiree-Prof	0	5	8/31/2009
35-Warwick	M70018	Classic	Family	Prof.	71	0	8/31/2009
35-Warwick	M70018	Classic	Individual	Prof.	38	0	8/31/2009
36-Westerly	122-1	HM	2p Fam	Certified	65	0	8/31/2009
36-Westerly	122-1	HM	Family	Certified	156	0	8/31/2009
36-Westerly	122-1	HM	Individual	Certified	75	0	8/31/2009
38-West Warwick	3445 17	HM	Family	Certified	211	0	8/31/2009
38-West Warwick	3445 17	HM	individual	Certified	96	0	8/31/2009
98-Chariho	2291	Classic	Family	Certified	18	2	8/31/2009
98-Chariho	2291	Classic	Individual	Certified	2	6	8/31/2009
98-Chariho	2291	HM	Family	Certified	202	10	8/31/2009
98-Chariho	2291	HM	Individual	Certified	59	31	8/31/2009
TOTAL:					3246	588	3,834

NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 6/30/10

01-Barrington	336	HM	Family	Cust/Maint	18	2	6/30/2010
01-Barrington	336	HM	Individual	Cust/Maint	5	2	6/30/2010
04-Central Falls	271	Classic	Family	Support	1	0	6/30/2010
04-Central Falls	271	Classic	Family	Retirees-S	0	0	6/30/2010
04-Central Falls	271	Classic	Individual	Support	0	0	6/30/2010
04-Central Falls	271	Classic	Individual	Retirees-S	0	0	6/30/2010
04-Central Falls	271	HM	Family	Support	91	0	6/30/2010
04-Central Falls	271	HM	Family	Retirees-S	0	4	6/30/2010
04-Central Falls	271	HM	Individual	Retirees-S	0	2	6/30/2010
04-Central Falls	271	HM	Individual	Support	24	0	6/30/2010
15-Jamestown	107816	HM	Family	Certified	30	1	6/30/2010
15-Jamestown	107816	HM	Individual	Certified	16	1	6/30/2010
19-Middletown	6691	HM	Family	Custodial	19	0	6/30/2010
19-Middletown	6691	HM	Individual	Custodial	9	1	6/30/2010
19-Middletown	7616	HM	Individual	Admin.	2	1	6/30/2010
19-Middletown	8616	HM	Family	Admin.	6	1	6/30/2010
19-Middletown	7617 & 8569	HM	Family	Clerical	13	1	6/30/2010
19-Middletown	7617 & 8569	HM	Individual	Clerical	7	0	6/30/2010
22-Johnston	613-14	HM	Family	Support	106	0	6/30/2010
22-Johnston	613-14	HM	Individual	Support	22	0	6/30/2010
22-Johnston	613R-11	Classic	Family	Retirees	0	2	6/30/2010
22-Johnston	613R-11	HM	Family	Retirees	0	3	6/30/2010
22-Johnston	613R-11	HM	Individual	Retirees	0	1	6/30/2010
25-No. Smithfield	1A840	HM	Fam	Admin	5	0	6/30/2010
25-No. Smithfield	1A840	HM	Ind	Admin	2	0	6/30/2010
25-No. Smithfield	1A841	HM	Fam	Support	26	0	6/30/2010
25-No. Smithfield	1A841	HM	Ind	Support	11	0	6/30/2010
26-Pawtucket	3096	HM	Family	Support	182	9	6/30/2010
26-Pawtucket	3096	HM	Individual	Support	31	1	6/30/2010
26-Pawtucket	706089	United H	Family	Support	3	0	6/30/2010
26-Pawtucket	706089	United H	Individual	Support	1	0	6/30/2010

26-Pawtucket	M3096	Classic	Family	Support	15	6	6/30/2010
26-Pawtucket	M3096	Classic	Individual	Support	10	1	6/30/2010
27-Portsmouth	4L69	HM	Family	Support	57	0	6/30/2010
27-Portsmouth	4L69	HM	Individual	Support	12	13	6/30/2010
99-Foster Gloucester	1217	Classic	Family	Certified	14	1	6/30/2010
99-Foster Gloucester	1217	Classic	Individual	Certified	0	43	6/30/2010
99-Foster Gloucester	1217	HM	Family	Certified	62	0	6/30/2010
99-Foster Gloucester	1217	HM	Individual	Certified	35	1	6/30/2010
31-Smithfield	1605	HM	family	Support	35	0	sec and para 6/30/2009 ;custodial 6/30/2010
31-Smithfield	1605	HM	individual	Support	3	0	sec and para 6/30/2009 ;custodial 6/30/2010
31-Smithfield	102435	HM	individual	Support	3	0	sec and para 6/30/2009 ;custodial 6/30/2010
31-Smithfield	102435	HM	Family	Support	21	0	sec and para 6/30/2009 ;custodial 6/30/2010
TOTAL:					897	97	994
NUMBER OF MEMBER CONTRACTS COVERED BY BARGAINING UNIT CONTRACTS EXPIRING 8/31/10							
06-Coventry	2047	Classic	Family	Certified	26	0	8/31/2010
06-Coventry	2047	Classic	Individual	Certified	5	44	8/31/2010
06-Coventry	2847	Classic	Family	Classified	10	0	8/31/2010
06-Coventry	2847	Classic	Individual	Classified	1	0	8/31/2010
06-Coventry	2847	HM	Family	Classified	116	0	8/31/2010
06-Coventry	2847	HM	Family	Certified	269	8	8/31/2010
06-Coventry	2847	HM	Individual	Classified	40	4	8/31/2010
06-Coventry	2847	HM	Individual	Certified	96	71	8/31/2010
22-New Shoreham	-	HM	Family	Certified	21	0	8/31/2010
22-New Shoreham	-	HM	Individual	Certified	5	0	8/31/2010
23-North Kingstown	10056N	HM	2p Fam	Cert/Admin	0	0	8/31/2010
23-North Kingstown	10056N	HM	Family	Cert/Admin	264	11	8/31/2010
23-North Kingstown	10056N	HM	Individual	Cert/Admin	80	46	8/31/2010
26-Pawtucket	150	HM	Family	Certified	447	95	8/31/2010
26-Pawtucket	150	HM	Individual	Certified	139	30	8/31/2010
26-Pawtucket	706089	United H	Family	Certified	28	0	8/31/2010
26-Pawtucket	706089	United H	Individual	Certified	11	5	8/31/2010
26-Pawtucket	M150	Blue Chip	Family	Certified	6	1	8/31/2010
26-Pawtucket	M150	Blue Chip	Individual	Certified	2	0	8/31/2010
26-Pawtucket	M150	Classic	Family	Certified	45	89	8/31/2010
26-Pawtucket	M150	Classic	Individual	Certified	25	41	8/31/2010
TOTAL:					1636	445	2,081

