### **Wyandot Crawford Health Benefit Fund**

### **Health Insurance Rates**

\$200K Specific Deductible Amount
Proposed Medical & Rx effective 1-1-2021

	4.8%	8.0%	11.0%	5.45%	3.0%
	Prior	Prior	Prior	\$200,000 Specific Deductible	Proposed \$200,000 Specific Deductible
2 Tier Rates	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021
Common Plan A					
Single	\$566.50	\$611.82	\$679.12	\$716.13	\$737.61
Family	\$1,546.53	\$1,670.25	\$1,853.98	\$1,955.02	\$2,013.67
Common Plan B					
Single	\$502.25	\$542.43	\$602.10	\$634.91	\$653.96
Family	\$1,371.13	\$1,480.82	\$1,643.71	\$1,733.29	\$1,785.29
Common Plan C					
Single	\$472.64	\$510.45	\$566.59	\$597.47	\$615.40
Family	\$1,290.30	\$1,393.52	\$1,546.81	\$1,631.11	\$1,680.04
3 Tier Rates - GAL	10 NO17	MY SCHOOL	-5 Rate	25 —	7
Common Plan A	456650	4544.00	4670.40	4746.40	4777.54
Single	\$566.50	\$611.82	\$679.12	\$716.13	\$737.61 \$1,681.77
2 Party	\$1,291.63 \$1,804.88	\$1,394.96 \$1,949.27	\$1,548.40 \$2,163.69	\$1,632.79 \$2,281.61	\$2,350.05
Family	\$1,804.88	\$1,949.27	\$2,103.09	\$2,281.61	\$2,550.05
Common Plan B					
Single	\$502.25	\$542.43	\$602.10	\$634.91	\$653.96
2 Party	\$1,145.14	\$1,236.75	\$1,372.80	\$1,447.61	\$1,491.04
Family	\$1,600.18	\$1,728.20	\$1,918.30	\$2,022.85	\$2,083.53
Common Plan C					
Single	\$472.64	\$510.45	\$566.59	\$597.47	\$615.40
2 Party	\$1,077.62	\$1,163.83	\$1,291.85	\$1,362.26	\$1,403.12
Family	\$1,505.83	\$1,626.29	\$1,805.19	\$1,903.57	\$1,960.68

# Wyandot Crawford Consortium PROPOSED Rates - Dental

Experience Period: August 1, 2019 through July 31, 2020

Rating Period: January 1, 2021 through December 31, 2021

				Dent	al Ra	tes
	1/1	./2021	Average Census			
Current Premium Single	\$	46.95		104	\$	58,594
Family	\$	102.22		496	\$	608,413
Current Revenue				600	\$	667,007
					\$	92.64
Annualized Paid Claims					\$	563,682
Incurred Claims					\$	563,682
PEPM					\$	78.29
Trend	@ 7.0	%	16 mont	:hs		1.0933
Total Projected Claims					\$	616,292
Total Projected Fixed			\$	4.05	\$	29,160
Total Projected Cost					\$	645,452
Rate Increase Required						-3%

Current Rates Single Family				Proposed 3% Decrease Single Family						
	Siligie	railily			Jiligic	- uniny				
\$	46.96	\$	102.22	\$	45.55	\$	99.15			

Current Rates					Recommend No Change Due to COVID-19						
	Single Family			Single	Family						
Ś	46.96	Ś	102.22	Ś	46.96	Ś	102.22				

#### Wyandot Crawford Consortium

Rates - Vision

Experience Period: August 1, 2019 through July 31, 2020

Rating Period: January 1, 2021 through December 31, 2021

		Vision Rates									
	1/1,	/2021									
Current Premium  Three-Tier Rates	Pl	an B	Plan B	Plan C Plan C							
Single	\$	9.18	64	\$	14.54	2	32	\$	12,634		
EE+1	\$	18.41	100	\$	29.04		40	\$	36,031		
Family	\$	29.62	246	\$	46.79		113	\$	150,885		
Current Revenue						\$	595	\$	199,550		
								\$	27.95		
Paid Claims								\$	147,118		
Incurred Claims								\$	147,118		
PEPM								\$	20.60		
Trend	@7%						16		1.0933		
Total Projected Claims								\$	160,849		
Total Projected Fixed						\$	4.08	\$	29,131		
Total Projected Cost								\$	189,980		
Rate Increase Required									0.0%		

## GalionCSD

		Plan B 🧩					
Three-tier Rates							
Current	Single	\$	9.18	\$	14.54		
	EE + 1	\$	18.41	\$	29.04		
	Family	\$	29.62	\$	46.79		
Proposed	Single	\$	9.18	\$	14.54		
	EE + 1	\$	18.41	\$	29.04		
	Family	\$	29.62	\$	46.79		

\* Galian City Schools = Plan B