		CURRENT PLAN 2015											
				EE		TOTAL GROSS	TOTAL NET	ANNUAL	TOTAL	TOTAL			TOTAL
		PREMIUM	PREMIUM	CONTRIBUTION	TOTAL ANNUAL EE	ANNUAL	ANNUAL	DEDUCTIBLE	ANNUAL	ANNUAL			ANNUAL
	EE	per MO.	per MO.	per MO.	CONTRIBUTION	PREMIUM	PREMIUM	AMOUNT	DEDUCTIBLE	COST		CLAIM	COST
COVERAGE	(COUNT)	(RATE)	(COUNT*RATE)	(RATE *.15)	(COUNT*RATE*.15*12)	(COUNT*RATE*12)	(GROSS*.85)	(DED)	(COUNT*DED)	(PREM+DED)		RATE	(PREM+DED)
EE	3	\$424.17	\$1,272.51	\$63.63	\$2,290.52	\$15,270.12	\$12,979.60	\$2,500	\$7,500				
EESP	6	\$846.35	\$5,078.10	\$126.95	\$9,140.58	\$60,937.20	\$51,796.62	\$5,000	\$30,000				
EE1	1	\$560.02	\$560.02	\$84.00	\$1,008.04	\$6,720.24	\$5,712.20	\$5,000	\$5,000				
EE2	1	\$695.86	\$695.86	\$104.38	\$1,252.55	\$8,350.32	\$7,097.77	\$5,000	\$5,000				
EE3	0	\$886.02	\$0.00	\$132.90	\$0.00	\$0.00	\$0.00	\$5,000	\$0				
FAM1	7	\$984.51	\$6,891.57	\$147.68	\$12,404.83	\$82,698.84	\$70,294.01	\$5,000	\$35,000				
FAM2	4	\$1,122.66	\$4,490.64	\$168.40	\$8,083.15	\$53,887.68	\$45,804.53	\$5,000	\$20,000				
FAM3+	3	\$1,313.91	\$3,941.73	\$197.09	\$7,095.11	\$47,300.76	\$40,205.65	\$5,000	\$15,000				
	25		\$22,930.43		\$41,274.77	\$275,165.16	\$233,890.39		\$117,500	\$351,390		1	\$351,390
		·	CURRENT PLAN 2016										
				EE		TOTAL GROSS	TOTAL NET	ANNUAL	TOTAL	TOTAL			TOTAL
		PREMIUM	PREMIUM	CONTRIBUTION	TOTAL ANNUAL EE	ANNUAL	ANNUAL	DEDUCTIBLE	ANNUAL	ANNUAL			ANNUAL
	EE	per MO.	per MO.	per MO.	CONTRIBUTION	PREMIUM	PREMIUM	AMOUNT	DEDUCTIBLE	COST		CLAIM	COST
COVERAGE	(COUNT)	(RATE)	(COUNT*RATE)	(RATE *.15)	(COUNT*RATE*.15*12)	(COUNT*RATE*12)	(GROSS*.85)	(DED)	(COUNT*DED)	(PREM+DED)		RATE	(PREM+DED)
EE	3	\$530.21	\$1,590.63	\$79.53	\$2,863.13	\$19,087.56	\$16,224.43	\$2 <i>,</i> 500	\$7,500				
EESP	6	\$1,057.94	\$6,347.64	\$158.69	\$11,425.75	\$76,171.68	\$64,745.93	\$5,000	\$30,000				
EE1	1	\$700.03	\$700.03	\$105.00	\$1,260.05	\$8,400.36	\$7,140.31	\$5,000	\$5,000				
EE2	1	\$869.83	\$869.83	\$130.47	\$1,565.69	\$10,437.96	\$8,872.27	\$5,000	\$5,000				
EE3	0	\$1,107.53	\$0.00	\$166.13	\$0.00	\$0.00	\$0.00	\$5,000	\$0				
FAM1	7	\$1,230.64	\$8,614.48	\$184.60	\$15,506.06	\$103,373.76	\$87,867.70	\$5,000	\$35,000				
FAM2	4	\$1,403.33	\$5,613.32	\$210.50	\$10,103.98	\$67,359.84	\$57,255.86	\$5,000	\$20,000				
FAM3+	3	\$1,642.39	\$4,927.17	\$246.36	\$8,868.91	\$59,126.04	\$50,257.13	\$5,000	\$15,000				
	25		\$28,663.10		\$51,593.58	\$343,957.20	\$292,363.62		\$117,500	\$409,864		1	\$409,864

RUSSELL TOWNSHIP OPEC HEALTHCARE ANALYSIS - 2016

		OPTION 1											
			1	EE		TOTAL GROSS	TOTAL NET	ANNUAL	TOTAL	TOTAL			TOTAL
		PREMIUM	PREMIUM	CONTRIBUTION	TOTAL ANNUAL EE	ANNUAL	ANNUAL	DEDUCTIBLE	ANNUAL	ANNUAL			ANNUAL
	EE	per MO.	per MO.	per MO.	CONTRIBUTION	PREMIUM	PREMIUM	AMOUNT	DEDUCTIBLE	COST		CLAIM	COST
COVERAGE		(RATE)	(COUNT*RATE)	(RATE *.15)	(COUNT*RATE*.15*12)		(GROSS*.85)	(DED)	(COUNT*DED)	(PREM+DED)		RATE	(PREM+DED)
EE	3	\$519.61	\$1,558.83	\$77.94	\$2,805.89	\$18,705.96	\$15,900.07	\$3,000	\$9,000		-		
EESP	6	\$1,036.78		\$155.52	\$11,197.22	\$74,648.16	\$63,450.94	\$6,000	\$36,000				
EE1	1	\$686.02	\$686.02	\$102.90	\$1,234.84	\$8,232.24	\$6,997.40	\$6,000	\$6,000				
EE2	1	\$852.43	\$852.43	\$127.86	\$1,534.37	\$10,229.16	\$8,694.79	\$6,000	\$6,000				
EE3	0	\$1,085.37	\$0.00		\$0.00	\$0.00	\$0.00	\$6,000	\$0				
FAM1	7	\$1,206.02		\$180.90	\$15,195.85	\$101,305.68	\$86,109.83	\$6,000	\$42,000				
FAM2	4	\$1,375.26		\$206.29	\$9,901.87	\$66,012.48	\$56,110.61	\$6,000	\$24,000				
FAM3+	3	\$1,609.54	\$4,828.62	\$241.43	\$8,691.52	\$57,943.44	\$49,251.92	\$6,000	\$18,000				
	25		\$28,089.76		\$50,561.57	\$337,077.12	\$286,515.55	\$141,000		\$427,516		0.875	\$409,891
	20		<i>\(_\)</i>		<i>\$00,001,07</i>	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	+====;=====		<i> </i>	<i>+</i> · <i>_ · , • _ •</i>		0.070	<i>\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
			OPTION 2										
			1	EE		TOTAL GROSS	TOTAL NET	ANNUAL TOTAL		TOTAL			TOTAL
		PREMIUM	PREMIUM	CONTRIBUTION	TOTAL ANNUAL EE	ANNUAL	ANNUAL	DEDUCTIBLE	ANNUAL	ANNUAL			ANNUAL
	EE	per MO.	per MO.	per MO.	CONTRIBUTION	PREMIUM	PREMIUM	AMOUNT	DEDUCTIBLE	соят		CLAIM	COST
COVERAGE		(RATE)	(COUNT*RATE)	(RATE *.15)	(COUNT*RATE*.15*12)	-	(GROSS*.85)	(DED)	(COUNT*DED)	(PREM+DED)		RATE	(PREM+DED)
EE	3	\$509.00	\$1,527.00	\$76.35	\$2.748.60	\$18,324.00	\$15,575.40	\$3,500	\$10.500				
EESP	6	\$1,015.62	1 7 =		\$10,968.70	1 - 7	\$62,155.94	\$7,000	\$42,000				
EE1	1	\$672.02	\$672.02		\$1,209.64	\$8,064.24	\$6,854.60	\$7,000	\$7,000				
EE2	1	\$835.03	\$835.03		\$1,503.05	\$10,020.36	\$8,517.31	\$7,000	\$7,000				
EE3	0	\$1,063.22	\$0.00		\$0.00	\$0.00	\$0.00	\$7,000	\$0				
FAM1	7	\$1,181.41	\$8,269.87	\$177.21	\$14,885.77	\$99,238.44	\$84,352.67	\$7,000	\$49,000				
FAM2	4	\$1,347.19	\$5,388.76	\$202.08	\$9,699.77	\$64,665.12	\$54,965.35	\$7,000	\$28,000				
FAM3+	3	\$1,576.69	\$4,730.07	\$236.50	\$8,514.13	\$56,760.84	\$48,246.71	\$7,000	\$21,000				
	25		\$27,516.47		\$49,529.65	\$330,197.64	\$280,667.99		\$164,500	\$445,168		0.785	\$409,800
				EE		TOTAL GROSS	TOTAL NET	ANNUAL	TOTAL	TOTAL			TOTAL
		PREMIUM	PREMIUM	CONTRIBUTION	TOTAL ANNUAL EE	ANNUAL	ANNUAL	DEDUCTIBLE	ANNUAL	ANNUAL			ANNUAL
	EE	per MO.	per MO.	per MO.	CONTRIBUTION	PREMIUM	PREMIUM	AMOUNT	DEDUCTIBLE	COST		CLAIM	COST
COVERAGE	(COUNT)	(RATE)	(COUNT*RATE)	(RATE *.15)	(COUNT*RATE*.15*12)	(COUNT*RATE*12)	(GROSS*.85)	(DED)	(COUNT*DED)	(PREM+DED)		RATE	(PREM+DED)
EE	3	\$498.40	\$1,495.20	\$74.76	\$2,691.36	\$17,942.40	\$15,251.04	\$4,000	\$12,000				
EESP	6	\$994.46	\$5,966.76	\$149.17	\$10,740.17	\$71,601.12	\$60,860.95	\$8,000	\$48,000				
EE1	1	\$658.02	\$658.02	\$98.70	\$1,184.44	\$7,896.24	\$6,711.80	\$8,000	\$8,000				
EE2	1	\$817.64		\$122.65	\$1,471.75	\$9,811.68	\$8,339.93	\$8,000	\$8,000				
EE3	0	\$1,041.07	\$0.00		\$0.00		\$0.00	\$8,000	\$0				
FAM1	7	\$1,156.80			\$14,575.68	\$97,171.20	\$82,595.52	\$8,000	\$56,000				
FAM2	4	\$1,319.13			\$9,497.74	\$63,318.24	\$53,820.50	\$8,000	\$32,000				
FAM3+	3	\$1,543.84			\$8,336.74	\$55,578.24	\$47,241.50	\$8,000	\$24,000				
	25	1	\$26,943.26		\$48,497.87	\$323,319.12	\$274,821.25		\$188,000	\$462,821		0.718	\$409,805