Self-Funded Renewal and Alternatives
SPECIFIC ONLY
Effective October 1, 2012

		HM Insurance Provider Network: Aetna Aggregating Spec Deductible: $110K Unlimited LTM CURRENT		ING Provider Network: Aetna Aggregating Spec Deductible: $110K Unlimited LTM (RECOMMENDED)		Tru Provider Network: Aetna Aggregating Spec Deductible: $110K Unlimited LTM		Aetna Provider Network: Aetna Aggregating Spec Deductible: $110K Unlimited LTM		IAT Provider Network: Aetna Aggregating Spec Deductible: $110K Unlimited LTM	
	#	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium
Specific		**$100,000 (36/12)**		**$100,000 (24/12)**		**$100,000 (24/12)**		**$100,000 (24/12)**		**$100,000 (24/12)**	
Single	167	$43.78	$7,311.26	$41.70	$6,963.90	$45.74	$7,638.58	$48.78	$8,146.26	$89.76	$14,989.92
Family	206	$102.92	$21,201.52	$106.03	$21,842.18	$111.38	$22,944.28	$127.48	$26,260.88	$171.15	$35,256.90
Monthly Fixed Costs			**$28,512.78**		**$28,806.08**		**$30,582.86**		**$34,407.14**		**$50,246.82**
Annual Fixed Costs			**$342,153.36**		**$345,672.96**		**$366,994.32**		**$412,885.68**		**$602,961.84**
% Increase					**1.03%**		**7.26%**		**20.67%**		**76.23%**
Lasers:		**Claimant #3 - $250,000**		**Claimant #3 - $300,000**		**Requested Add't Large Claimant Data - Declined to provide firm quote**		**Requested Add't Large Claimant Data - Declined to provide firm quote**		**Claimant #3 - $300,000/$350,000* Claimant #21 - $150,000/$200,000* Claimant #21B - $150,000 $200,000* Claimant #21A - Potential laser $1M * if Transplant**	
Specific Includes:		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card	

Last Updated: 8/23/2012 at 1:40 PM