

2008 TPA Tabulation and Cost Analysis

\$50,000 15/12 Renewal Contract

		RH Administrators, Inc. Current (15/10)		RH Administrators, Inc. 12 Month Comparison		RH Administrators, Inc. 14 Month Contract (17/14)		TML 14 Month Contract (17/14)	
Specific Premium		Monthly	Annual (12 month)	Monthly	Annual (12 month)	Monthly	Annual (14 month)	Monthly	Annual (14 month)
Employee Only	254	55.19	\$ 168,219	52.59	\$ 160,294	52.59	\$ 187,010	83.61	\$ 297,317
Family	140	148.55	\$ 249,564	131.26	\$ 220,517	131.26	\$ 257,270	198.90	\$ 389,844
Total Specific Premium	394	\$34,815.26	\$417,783.12	\$31,734.26	\$380,811.12	\$31,734.26	\$444,279.64	\$49,082.94	\$687,161.16
Aggregate Premium		\$7.37	\$34,845.36	\$3.23	\$15,271.44	\$3.23	\$17,816.68	\$6.00	\$33,096.00
Aggregate Maximum		1,000,000.00		1,000,000.00		1,000,000.00		1,000,000.00	
Aggregate Factors		Monthly	Annual (12 month)	Monthly	Annual (12 month)	Monthly	Annual (14 month)	Monthly	Annual (14 month)
Employee Only	254	384.14	\$ 1,170,859	444.74	\$ 1,355,568	444.74	\$ 1,581,495	446.33	\$ 1,587,149
Family	140	969.06	\$ 1,628,021	1,030.09	\$ 1,730,551	1,030.09	\$ 2,018,976	1,129.27	\$ 2,213,369
Total Aggregate Factors	394	\$233,239.96	\$2,798,879.52	\$257,176.56	\$3,086,118.72	\$257,176.56	\$3,600,471.84	\$271,465.62	\$3,800,518.68
Administration Fees									
Set-up Fee		n/a		n/a		n/a		\$50.00	
Claims Proc. Fee Medical	394	\$11.50		\$11.50		\$11.50		\$12.75	
Claims Proc. Fee Dental		\$1.50		\$1.50		\$1.50		\$1.15	
Provider Access Fee		\$1.00		\$1.00		\$1.00		Included	
COBRA Admin. Fee		\$1.50		\$1.50		\$1.50		\$0.50	
HIPPA Admin. Fee									
Pre-Cert & UR Fee		\$3.40		\$3.40		\$3.40		\$2.75	
Case Mgmt. Fee		Included		Included		Included		\$11.25	
Other Fee		In Network - 20% Savings		In Network - 20% Savings		In Network - 20% Savings		In Network - 20% Savings	
Wellness		\$1.50 per employee		\$1.50 per employee		\$1.50 per employee		\$1.50 per employee	
RX In Specific		Included		Included		Included		Included	
Mo. Aggregate Fee		Not Included (2.50 per mo)		Not Included (2.50 per mo)		Not Included (2.50 per mo)		Included	
Total Admin Fee		\$18.90		\$18.90		\$18.90		\$28.40	
Cafeteria Plan Fee		\$5.00 per participant		\$5.00 per participant		\$5.00 per participant		\$5.00 per participant	
Total Fixed Cost		\$541,987.68		\$485,441.76		\$566,348.72		\$876,911.56	
Max. Attachment Point		\$2,798,879.52		\$3,086,118.72		\$3,600,471.84		\$3,800,518.68	
Total Maximum Liability		3,340,867.20		3,571,560.48		4,166,820.56		4,677,430.24	
Agent Service Fee		0%		0%		0%		0%	
PPO Network		Alliance		Alliance		Alliance		United Healthcare	
Laser				Claimant 1 - \$150,000 Separate Deductible, Claimant 3 Separate \$200,000 Deductible		Claimant 1 - \$150,000 Separate Deductible, Claimant 3 Separate \$200,000 Deductible		Claimant 1 - \$275,000 Separate Deductible, Claimant 3 Separate \$225,000 Deductible	