



**REQUEST FOR PROPOSAL
HEALTH and DENTAL EMPLOYEE BENEFIT PLANS
CITY OF TORRINGTON/BOARD OF EDUCATION
RFP #EBP-007-012811**

Addendum 3

RFP Participants,

In Addendum 3 we will address questions raised to date (as of end of business 1/6/2011). In addition you we are also supplying historical Allocation Rates for July 2008 and July 2009:

- 08 Allocation Rates.pdf
- 09 Allocation Rates.pdf

1. **Please provide additional details on the large claims.** No additional information is available.
2. **Can we have 12-09-12/10 monthly claims and large claims, and 12/08-12/09 large claims?** We have requested, and will supply, calendar year 2009 and 2010 as soon as we get it. Please note: December 2010 is not yet available and often not received until the third week of the month, so we advise you continue your projections using the experience data provided in the initial RFP.
3. **Please provide the claims broken out by town and then by BOE. We will need this in order to provide a separate quote for each entity as requested in the RFP.** You have this information. The excel file "10 plan structure.xlsx" has the BOE and City subgroups broken out. You can then tie that to the claims and counts reports to do your break out. Please note: the claims and counts reports are very detailed and break out to the Health Benefit Plan (HBP). There are 5 subgroups that contain both HMO and PPO membership with separate HBPs. Those subgroups break as follows:
 - a. 219 subgroup HBP 4&6=PPO, HBP 5=HMO
 - b. 222 subgroup HBP 1=PPO, HBP 2=HMO
 - c. 224 subgroup HBP 5=PPO, HBP 4=HMO
 - d. 231 subgroup HBP 1=PPO, HBP 3=HMO
 - e. 233 subgroup HBP 6=PPO, HBP 5=HMO

4. **What is the current ASO fee? Are the prior years' ghost rates (rate history) available? Are the renewal ASO fee and rates available?** We will not supply in-force or renewal ASO fees (which are not established yet anyway). We have provided, along with this addendum, Allocation Rates for July 2008 and July 2009. Please note: Allocation rates are used by Torrington for COBRA purposes and determining employee contribution rates. Allocation rates differ from traditional Fully Insured Equivalent rates, as Allocation rates used self-funded expected cost (claims and aso fees) versus fully insured expected costs.
5. **Is the current booklet (SPD) available?** SPDs for all plans have been requested and we expect shortly.
6. **What level of commissions should be included in the proposed rates? ASO/Fully Insured?** As explained in Addendum 2, all proposals are to be submitted net of commissions.
7. **What portion of dental premium is paid by the employer? Employee? Dependent? Have there been any changes to the employer's contribution levels over the past three years? If so, please provide details.** Premium contribution rates vary by union. Most are a % of the allocation rate and the % is the same for medical and dental. Employees do not pay a higher % for covering dependents. Premium % varies between 3.5% and 17%. The normal increment of 1% increase per year is a safe assumption for changes in contributions over the past 3 cycles.
8. **How are the out-of-network claims reimbursed? Negotiated fee schedule or R&C? If R&C, which percentile?** Another item we are awaiting confirmation on from the incumbent.
9. **The last month of claim experience provided (11/2010) shows 1,043 medical contracts. The census file provided in the RFP for medical is showing 1323 (difference of 280) Why is there such a large difference and who does it represent?** The additional 280 (actual 281 on the census) are Medicare Supplement subscribers are not to be included in the RFP. Please disregard the membership in the census file, listed as "B65 High Option" in Column K "Product."

10. **The Lindberg Ripple cover memo advises us to assume that the subscribers showing up on the census in Hospital or Hospital RX are in sub group 222. Sub group 222 has City PPO and City HMO. Which Sub group 222 do these subscribers belong in? City PPO or City HMO? Please assume PPO.**
11. **A reminder that Lindberg Ripple will be conducting the bidder's conference call on Tuesday, January 11, 2011 at 11:00 AM.**

**Dial 1-877-336-1828
Enter Access Code:94678542**

Thank you.

**THE FOLLOWING PAGES ARE
'08 ALLOCATION RATES**

Report 8

Allocation Rates

Torrington: City And Board Of Education

Renewal Effective Date: July 1, 2008

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540200	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		HOSPITAL,RX,\$0.00/\$0.00	202	\$482.67	\$987.50	\$1,294.89	\$987.50	\$1,294.89
		CENTURY 90,\$10.00	598	<u>\$135.51</u>	<u>\$271.01</u>	<u>\$356.10</u>	<u>\$271.01</u>	<u>\$356.10</u>
		Total HBP		\$642.84	\$1,322.59	\$1,729.88	\$1,322.59	\$1,729.88
001540200	2	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
001540201	1	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		HOSPITAL,RX,\$.75/\$.75	157	\$509.96	\$1,042.05	\$1,373.38	\$1,042.05	\$1,373.38
		CENTURY 90,\$5.00	274	<u>\$137.78</u>	<u>\$276.26</u>	<u>\$356.88</u>	<u>\$276.26</u>	<u>\$356.88</u>
		Total HBP		\$687.76	\$1,416.97	\$1,861.47	\$1,416.97	\$1,861.47

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540201	2	FULL DENTAL,ABCD	130	<u>\$40.02</u>	<u>\$98.66</u>	<u>\$131.21</u>	<u>\$98.66</u>	<u>\$131.21</u>
		Total HBP		\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
001540202	1	CO-PAY DENTAL,A	135	\$24.66	\$64.08	\$81.64	\$64.08	\$81.64
		CENTURY 90	269	\$110.17	\$220.32	\$263.98	\$220.32	\$263.98
		HOSPITAL,RX,\$.75/\$.75	306	<u>\$391.63</u>	<u>\$805.39</u>	<u>\$1,069.07</u>	<u>\$805.39</u>	<u>\$1,069.07</u>
		Total HBP		\$526.46	\$1,089.79	\$1,414.69	\$1,089.79	\$1,414.69
001540203	1	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540204	1	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		HOSPITAL,RX,\$.75/\$.75	157	\$509.65	\$1,041.42	\$1,366.98	\$1,041.42	\$1,366.98
		CENTURY 90,\$5.00	588	<u>\$143.98</u>	<u>\$288.63</u>	<u>\$378.38</u>	<u>\$288.63</u>	<u>\$378.38</u>
		Total HBP		\$693.65	\$1,428.71	\$1,876.57	\$1,428.71	\$1,876.57
001540205	1	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		HOSPITAL,RX,\$.75/\$.75	157	\$509.65	\$1,041.42	\$1,366.98	\$1,041.42	\$1,366.98
		CENTURY 90,\$5.00	588	<u>\$143.98</u>	<u>\$288.63</u>	<u>\$378.38</u>	<u>\$288.63</u>	<u>\$378.38</u>
		Total HBP		\$693.65	\$1,428.71	\$1,876.57	\$1,428.71	\$1,876.57

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee and Children				
				Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540206	1	CENTURY 90	372	\$133.19	\$266.33	\$348.79	\$266.33	\$348.79
		HOSPITAL	721	\$497.45	\$1,017.02	\$1,333.75	\$1,017.02	\$1,333.75
		CO-PAY DENTAL,AC	753	<u>\$27.44</u>	<u>\$69.66</u>	<u>\$87.70</u>	<u>\$69.66</u>	<u>\$87.70</u>
		Total HBP		\$658.08	\$1,353.01	\$1,770.24	\$1,353.01	\$1,770.24
001540207	1	CENTURY 90,\$5.00	273	\$133.65	\$267.28	\$344.88	\$267.28	\$344.88
		HOSPITAL	721	\$485.51	\$993.15	\$1,291.50	\$993.15	\$1,291.50
		CO-PAY DENTAL,AC	753	<u>\$27.44</u>	<u>\$69.66</u>	<u>\$87.70</u>	<u>\$69.66</u>	<u>\$87.70</u>
		Total HBP		\$646.60	\$1,330.09	\$1,724.08	\$1,330.09	\$1,724.08
001540209	1	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540214	1	CENTURY 90,\$5.00	273	\$133.65	\$267.28	\$344.88	\$267.28	\$344.88
		HOSPITAL	721	\$485.51	\$993.15	\$1,291.50	\$993.15	\$1,291.50
		CO-PAY DENTAL,AC	753	<u>\$27.44</u>	<u>\$69.66</u>	<u>\$87.70</u>	<u>\$69.66</u>	<u>\$87.70</u>
		Total HBP		\$646.60	\$1,330.09	\$1,724.08	\$1,330.09	\$1,724.08
001540215	1	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		HOSPITAL,RX,\$.75/\$.75	611	\$508.52	\$1,039.14	\$1,365.58	\$1,039.14	\$1,365.58
		CENTURY 90,\$10.00	767	<u>\$133.03</u>	<u>\$267.60</u>	<u>\$345.99</u>	<u>\$267.60</u>	<u>\$345.99</u>
		Total HBP		\$681.57	\$1,405.40	\$1,842.78	\$1,405.40	\$1,842.78
001540215	2	FULL DENTAL,ABCD	130	<u>\$40.02</u>	<u>\$98.66</u>	<u>\$131.21</u>	<u>\$98.66</u>	<u>\$131.21</u>
		Total HBP		\$40.02	\$98.66	\$131.21	\$98.66	\$131.21

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540217	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		CENTURY 90,\$5.00	278	\$139.85	\$279.65	\$366.95	\$279.65	\$366.95
		HOSPITAL,RX,\$0.00/\$0.00	717	<u>\$506.41</u>	<u>\$1,035.07</u>	<u>\$1,354.27</u>	<u>\$1,035.07</u>	<u>\$1,354.27</u>
		Total HBP		\$670.92	\$1,378.80	\$1,800.11	\$1,378.80	\$1,800.11
001540218	1	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		PHARMACY,\$.75/\$.75	221	\$27.65	\$77.41	\$93.81	\$77.41	\$93.81
		CENTURY PREFERRED,\$5.00	261	<u>\$445.59</u>	<u>\$891.96</u>	<u>\$1,161.91</u>	<u>\$891.96</u>	<u>\$1,161.91</u>
		Total HBP		\$513.26	\$1,068.03	\$1,386.93	\$1,068.03	\$1,386.93
001540218	2	FULL DENTAL,ABCD	130	<u>\$40.02</u>	<u>\$98.66</u>	<u>\$131.21</u>	<u>\$98.66</u>	<u>\$131.21</u>
		Total HBP		\$40.02	\$98.66	\$131.21	\$98.66	\$131.21

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540219	2	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
001540219	4	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER MGDRX,\$5/\$10/\$15	8504	\$51.18	\$143.29	\$173.64	\$143.29	\$173.64
		CENTURY PREFERRED,\$15.00	8571	<u>\$426.38</u>	<u>\$852.72</u>	<u>\$1,111.08</u>	<u>\$852.72</u>	<u>\$1,111.08</u>
		Total HBP		\$502.22	\$1,060.09	\$1,363.61	\$1,060.09	\$1,363.61
001540219	5	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER RX,\$5/\$10/\$15	2287	\$85.21	\$238.57	\$289.11	\$238.57	\$289.11
		BLUECARE,\$15.00/\$25.00	7829	<u>\$399.69</u>	<u>\$800.08</u>	<u>\$1,042.23</u>	<u>\$800.08</u>	<u>\$1,042.23</u>
		Total HBP		\$509.56	\$1,102.73	\$1,410.23	\$1,102.73	\$1,410.23

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540219	6	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER MGDRX,\$5/\$10/\$15	8504	\$51.18	\$143.29	\$173.64	\$143.29	\$173.64
		CENTURY PREFERRED,\$15.00	8571	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.59</u>	<u>\$861.70</u>	<u>\$1,122.59</u>
		Total HBP		\$506.35	\$1,069.07	\$1,375.12	\$1,069.07	\$1,375.12
001540221	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		HOSPITAL,RX,\$0.00/\$0.00	202	\$482.67	\$987.50	\$1,294.89	\$987.50	\$1,294.89
		CENTURY 90,\$10.00	598	<u>\$135.51</u>	<u>\$271.01</u>	<u>\$356.10</u>	<u>\$271.01</u>	<u>\$356.10</u>
		Total HBP		\$642.84	\$1,322.59	\$1,729.88	\$1,322.59	\$1,729.88
001540221	2	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540222	1	CO-PAY DENTAL,AC	753	\$27.44	\$69.66	\$87.70	\$69.66	\$87.70
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		CENTURY PREFERRED,\$15.00	7830	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.51</u>	<u>\$861.70</u>	<u>\$1,122.51</u>
		Total HBP		\$507.47	\$1,070.00	\$1,378.22	\$1,070.00	\$1,378.22
001540222	2	CO-PAY DENTAL,AC	753	\$27.44	\$69.66	\$87.70	\$69.66	\$87.70
		3-TIER RX,\$10 /\$25 /\$40	1558	\$70.66	\$197.82	\$239.72	\$197.82	\$239.72
		BLUECARE,\$15.00/\$25.00	7829	<u>\$400.57</u>	<u>\$801.86</u>	<u>\$1,044.55</u>	<u>\$801.86</u>	<u>\$1,044.55</u>
		Total HBP		\$498.67	\$1,069.34	\$1,371.97	\$1,069.34	\$1,371.97

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540223	1	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		PHARMACY,\$.75/\$.75	221	\$27.65	\$77.41	\$93.81	\$77.41	\$93.81
		CENTURY PREFERRED,\$5.00	261	<u>\$445.59</u>	<u>\$891.96</u>	<u>\$1,161.91</u>	<u>\$891.96</u>	<u>\$1,161.91</u>
		Total HBP		\$513.26	\$1,068.03	\$1,386.93	\$1,068.03	\$1,386.93
001540224	4	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		3-TIER RX,\$5/\$15/\$25	3214	\$79.83	\$223.50	\$270.84	\$223.50	\$270.84
		BLUECARE,\$15.00/\$25.00	7829	<u>\$399.69</u>	<u>\$800.08</u>	<u>\$1,042.23</u>	<u>\$800.08</u>	<u>\$1,042.23</u>
		Total HBP		\$519.54	\$1,122.24	\$1,444.28	\$1,122.24	\$1,444.28

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee and Children				
				Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540224	5	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		3-TIER MGDRX,\$5/\$10/\$15	8504	\$51.18	\$143.29	\$173.64	\$143.29	\$173.64
		CENTURY PREFERRED,\$15.00	8571	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.59</u>	<u>\$861.70</u>	<u>\$1,122.59</u>
		Total HBP		\$521.71	\$1,103.65	\$1,427.44	\$1,103.65	\$1,427.44
001540225	2	CO-PAY DENTAL,AC	753	\$27.44	\$69.66	\$87.70	\$69.66	\$87.70
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		CENTURY PREFERRED,\$15.00	7830	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.51</u>	<u>\$861.70</u>	<u>\$1,122.51</u>
		Total HBP		\$507.47	\$1,070.00	\$1,378.22	\$1,070.00	\$1,378.22

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540225	3	CO-PAY DENTAL,AC	753	\$27.44	\$69.66	\$87.70	\$69.66	\$87.70
		3-TIER RX,\$10 /\$25 /\$40	1558	\$70.66	\$197.82	\$239.72	\$197.82	\$239.72
		BLUECARE,\$15.00/\$25.00	7829	<u>\$400.57</u>	<u>\$801.86</u>	<u>\$1,044.55</u>	<u>\$801.86</u>	<u>\$1,044.55</u>
		Total HBP		\$498.67	\$1,069.34	\$1,371.97	\$1,069.34	\$1,371.97
001540226	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER MGDRX,\$5/\$10/\$15	8504	\$51.18	\$143.29	\$173.64	\$143.29	\$173.64
		CENTURY PREFERRED,\$15.00	8571	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.59</u>	<u>\$861.70</u>	<u>\$1,122.59</u>
		Total HBP		\$506.35	\$1,069.07	\$1,375.12	\$1,069.07	\$1,375.12
001540226	2	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540231	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		CENTURY PREFERRED,\$15.00	6530	<u>\$426.38</u>	<u>\$852.72</u>	<u>\$1,111.08</u>	<u>\$852.72</u>	<u>\$1,111.08</u>
		Total HBP		\$500.56	\$1,055.44	\$1,357.98	\$1,055.44	\$1,357.98
001540231	2	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
001540231	3	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER RX,\$5 /\$15 /\$25	1235	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		BLUECARE,\$15.00/\$25.00	6484	<u>\$395.56</u>	<u>\$791.10</u>	<u>\$1,030.80</u>	<u>\$791.10</u>	<u>\$1,030.80</u>
		Total HBP		\$469.74	\$993.82	\$1,277.70	\$993.82	\$1,277.70

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Allocation Rates

Torrington: City And Board Of Education

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540232	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		CENTURY PREFERRED,\$15.00	6530	<u>\$426.38</u>	<u>\$852.72</u>	<u>\$1,111.08</u>	<u>\$852.72</u>	<u>\$1,111.08</u>
		Total HBP		\$500.56	\$1,055.44	\$1,357.98	\$1,055.44	\$1,357.98
001540232	3	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
001540233	2	FULL DENTAL,ABCD	130	<u>\$40.02</u>	<u>\$98.66</u>	<u>\$131.21</u>	<u>\$98.66</u>	<u>\$131.21</u>
		Total HBP		\$40.02	\$98.66	\$131.21	\$98.66	\$131.21

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Allocation Rates

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540233	5	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		3-TIER RX,\$5/\$10/\$15	2287	\$85.21	\$238.57	\$289.11	\$238.57	\$289.11
		BLUECARE,\$15.00/\$25.00	7829	<u>\$399.69</u>	<u>\$800.08</u>	<u>\$1,042.23</u>	<u>\$800.08</u>	<u>\$1,042.23</u>
		Total HBP		\$524.92	\$1,137.31	\$1,462.55	\$1,137.31	\$1,462.55
001540233	6	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		3-TIER MGDRX,\$5/\$10/\$15	8504	\$51.18	\$143.29	\$173.64	\$143.29	\$173.64
		CENTURY PREFERRED,\$15.00	8571	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.59</u>	<u>\$861.70</u>	<u>\$1,122.59</u>
		Total HBP		\$521.71	\$1,103.65	\$1,427.44	\$1,103.65	\$1,427.44

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540234	1	PHARMACY,\$.75/\$.75	221	\$27.65	\$77.41	\$93.81	\$77.41	\$93.81
		CENTURY PREFERRED,\$5.00	261	\$445.59	\$891.96	\$1,161.91	\$891.96	\$1,161.91
		CO-PAY DENTAL,AC	753	<u>\$27.44</u>	<u>\$69.66</u>	<u>\$87.70</u>	<u>\$69.66</u>	<u>\$87.70</u>
		Total HBP		\$500.68	\$1,039.03	\$1,343.42	\$1,039.03	\$1,343.42
001540235	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		CENTURY PREFERRED,\$15.00	6530	<u>\$426.38</u>	<u>\$852.72</u>	<u>\$1,111.08</u>	<u>\$852.72</u>	<u>\$1,111.08</u>
		Total HBP		\$500.56	\$1,055.44	\$1,357.98	\$1,055.44	\$1,357.98
001540235	2	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89

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Allocation Rates

Torrington: City And Board Of Education

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540236	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		CENTURY PREFERRED,\$15.00	6530	<u>\$426.38</u>	<u>\$852.72</u>	<u>\$1,111.08</u>	<u>\$852.72</u>	<u>\$1,111.08</u>
		Total HBP		\$500.56	\$1,055.44	\$1,357.98	\$1,055.44	\$1,357.98
001540236	2	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
001540237	1	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		3-TIER MGDRX,\$5/\$10/\$15	8504	\$51.18	\$143.29	\$173.64	\$143.29	\$173.64
		CENTURY PREFERRED,\$15.00	8571	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.59</u>	<u>\$861.70</u>	<u>\$1,122.59</u>
		Total HBP		\$521.71	\$1,103.65	\$1,427.44	\$1,103.65	\$1,427.44

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Torrington: City And Board Of Education

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540237	2	FULL DENTAL,ABCD	130	<u>\$40.02</u>	<u>\$98.66</u>	<u>\$131.21</u>	<u>\$98.66</u>	<u>\$131.21</u>
		Total HBP		\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
001540238	2	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		CENTURY PREFERRED,\$15.00	7830	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.51</u>	<u>\$861.70</u>	<u>\$1,122.51</u>
		Total HBP		\$520.05	\$1,099.00	\$1,421.73	\$1,099.00	\$1,421.73
001540239	2	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		3-TIER RX,\$10 /\$25 /\$40	1558	\$70.66	\$197.82	\$239.72	\$197.82	\$239.72
		BLUECARE,\$15.00/\$25.00	7829	<u>\$400.57</u>	<u>\$801.86</u>	<u>\$1,044.55</u>	<u>\$801.86</u>	<u>\$1,044.55</u>
		Total HBP		\$511.25	\$1,098.34	\$1,415.48	\$1,098.34	\$1,415.48

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540240	1	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
001540241	1	FULL DENTAL,ABCD	130	\$40.02	\$98.66	\$131.21	\$98.66	\$131.21
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$49.52	\$138.64	\$168.01	\$138.64	\$168.01
		CENTURY PREFERRED,\$15.00	7830	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.51</u>	<u>\$861.70</u>	<u>\$1,122.51</u>
		Total HBP		\$520.05	\$1,099.00	\$1,421.73	\$1,099.00	\$1,421.73
001540241	2	FULL DENTAL,ABCD	130	<u>\$40.02</u>	<u>\$98.66</u>	<u>\$131.21</u>	<u>\$98.66</u>	<u>\$131.21</u>
		Total HBP		\$40.02	\$98.66	\$131.21	\$98.66	\$131.21

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540242	1	CO-PAY DENTAL,A	137	\$24.66	\$64.08	\$78.89	\$64.08	\$78.89
		3-TIER MGDRX,\$5/\$10/\$15	8504	\$51.18	\$143.29	\$173.64	\$143.29	\$173.64
		CENTURY PREFERRED,\$15.00	8571	<u>\$430.51</u>	<u>\$861.70</u>	<u>\$1,122.59</u>	<u>\$861.70</u>	<u>\$1,122.59</u>
		Total HBP		\$506.35	\$1,069.07	\$1,375.12	\$1,069.07	\$1,375.12
001540242	2	CO-PAY DENTAL,A	137	<u>\$24.66</u>	<u>\$64.08</u>	<u>\$78.89</u>	<u>\$64.08</u>	<u>\$78.89</u>
		Total HBP		\$24.66	\$64.08	\$78.89	\$64.08	\$78.89

**THE FOLLOWING PAGES ARE
'09 ALLOCATION RATES**

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Allocation Rates

Torrington: City And Board Of Education

Renewal Effective Date: July 1, 2009

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540200	1	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		HOSPITAL,RX,\$0.00/\$0.00	202	\$541.89	\$1,101.75	\$1,447.27	\$1,101.75	\$1,447.27
		CENTURY 90,\$10.00	598	<u>\$154.70</u>	<u>\$309.40</u>	<u>\$406.56</u>	<u>\$309.40</u>	<u>\$406.56</u>
		Total HBP		\$721.84	\$1,476.77	\$1,934.61	\$1,476.77	\$1,934.61
001540200	2	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
		Total HBP		\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
001540201	1	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		HOSPITAL,RX,\$.75/\$.75	157	\$573.15	\$1,164.29	\$1,537.19	\$1,164.29	\$1,537.19
		CENTURY 90,\$5.00	274	<u>\$157.46</u>	<u>\$315.69</u>	<u>\$407.82</u>	<u>\$315.69</u>	<u>\$407.82</u>
		Total HBP		\$771.59	\$1,581.00	\$2,079.36	\$1,581.00	\$2,079.36

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540201	2	FULL DENTAL,ABCD	130	<u>\$40.98</u>	<u>\$101.02</u>	<u>\$134.35</u>	<u>\$101.02</u>	<u>\$134.35</u>
			Total HBP	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
001540202	1	CO-PAY DENTAL,A	135	\$25.25	\$65.62	\$83.60	\$65.62	\$83.60
		CENTURY 90	269	\$125.78	\$251.53	\$301.38	\$251.53	\$301.38
		HOSPITAL,RX,\$.75/\$.75	306	<u>\$438.05</u>	<u>\$894.10</u>	<u>\$1,189.77</u>	<u>\$894.10</u>	<u>\$1,189.77</u>
			Total HBP	\$589.08	\$1,211.25	\$1,574.75	\$1,211.25	\$1,574.75
001540203	1	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
			Total HBP	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540204	1	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		HOSPITAL,RX,\$.75/\$.75	157	\$572.79	\$1,163.57	\$1,529.88	\$1,163.57	\$1,529.88
		CENTURY 90,\$5.00	588	<u>\$164.52</u>	<u>\$329.81</u>	<u>\$432.37</u>	<u>\$329.81</u>	<u>\$432.37</u>
		Total HBP		\$778.29	\$1,594.40	\$2,096.60	\$1,594.40	\$2,096.60
001540205	1	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		HOSPITAL,RX,\$.75/\$.75	157	\$572.79	\$1,163.57	\$1,529.88	\$1,163.57	\$1,529.88
		CENTURY 90,\$5.00	588	<u>\$164.52</u>	<u>\$329.81</u>	<u>\$432.37</u>	<u>\$329.81</u>	<u>\$432.37</u>
		Total HBP		\$778.29	\$1,594.40	\$2,096.60	\$1,594.40	\$2,096.60

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540206	1	CENTURY 90	372	\$152.06	\$304.06	\$398.20	\$304.06	\$398.20
		HOSPITAL	721	\$558.86	\$1,135.70	\$1,491.95	\$1,135.70	\$1,491.95
		CO-PAY DENTAL,AC	753	<u>\$28.09</u>	<u>\$71.33</u>	<u>\$89.80</u>	<u>\$71.33</u>	<u>\$89.80</u>
		Total HBP		\$739.01	\$1,511.09	\$1,979.95	\$1,511.09	\$1,979.95
001540207	1	CENTURY 90,\$5.00	273	\$152.60	\$305.14	\$393.74	\$305.14	\$393.74
		HOSPITAL	721	\$545.23	\$1,108.47	\$1,443.73	\$1,108.47	\$1,443.73
		CO-PAY DENTAL,AC	753	<u>\$28.09</u>	<u>\$71.33</u>	<u>\$89.80</u>	<u>\$71.33</u>	<u>\$89.80</u>
		Total HBP		\$725.92	\$1,484.94	\$1,927.27	\$1,484.94	\$1,927.27
001540209	1	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
		Total HBP		\$25.25	\$65.62	\$80.78	\$65.62	\$80.78

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540214	1	CENTURY 90,\$5.00	273	\$152.60	\$305.14	\$393.74	\$305.14	\$393.74
		HOSPITAL	721	\$545.23	\$1,108.47	\$1,443.73	\$1,108.47	\$1,443.73
		CO-PAY DENTAL,AC	753	<u>\$28.09</u>	<u>\$71.33</u>	<u>\$89.80</u>	<u>\$71.33</u>	<u>\$89.80</u>
		Total HBP		\$725.92	\$1,484.94	\$1,927.27	\$1,484.94	\$1,927.27
001540215	1	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		HOSPITAL,RX,\$.75/\$.75	611	\$571.50	\$1,160.98	\$1,528.30	\$1,160.98	\$1,528.30
		CENTURY 90,\$10.00	767	<u>\$152.02</u>	<u>\$305.80</u>	<u>\$395.39</u>	<u>\$305.80</u>	<u>\$395.39</u>
		Total HBP		\$764.50	\$1,567.80	\$2,058.04	\$1,567.80	\$2,058.04
001540215	2	FULL DENTAL,ABCD	130	<u>\$40.98</u>	<u>\$101.02</u>	<u>\$134.35</u>	<u>\$101.02</u>	<u>\$134.35</u>
		Total HBP		\$40.98	\$101.02	\$134.35	\$101.02	\$134.35

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540217	1	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		CENTURY 90,\$5.00	278	\$159.66	\$319.26	\$418.94	\$319.26	\$418.94
		HOSPITAL,RX,\$0.00/\$0.00	717	<u>\$569.01</u>	<u>\$1,156.06</u>	<u>\$1,515.06</u>	<u>\$1,156.06</u>	<u>\$1,515.06</u>
		Total HBP		\$753.92	\$1,540.94	\$2,014.78	\$1,540.94	\$2,014.78
001540218	1	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		PHARMACY,\$.75/\$.75	221	\$22.50	\$62.98	\$76.33	\$62.98	\$76.33
		CENTURY PREFERRED,\$5.00	261	<u>\$512.12</u>	<u>\$1,025.09</u>	<u>\$1,335.35</u>	<u>\$1,025.09</u>	<u>\$1,335.35</u>
		Total HBP		\$575.60	\$1,189.09	\$1,546.03	\$1,189.09	\$1,546.03
001540218	2	FULL DENTAL,ABCD	130	<u>\$40.98</u>	<u>\$101.02</u>	<u>\$134.35</u>	<u>\$101.02</u>	<u>\$134.35</u>
		Total HBP		\$40.98	\$101.02	\$134.35	\$101.02	\$134.35

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Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540219	2	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
		Total HBP		\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
001540219	4	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		CENTURY PREFERRED,\$15.00	13104	\$491.96	\$984.75	\$1,282.79	\$984.75	\$1,282.79
		3-TIER MGDRX,\$5/\$15/\$25	13105	<u>\$44.87</u>	<u>\$125.63</u>	<u>\$152.24</u>	<u>\$125.63</u>	<u>\$152.24</u>
		Total HBP		\$562.08	\$1,176.00	\$1,515.81	\$1,176.00	\$1,515.81
001540219	5	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		BLUECARE,\$15.00/\$25.00	7829	\$451.04	\$902.91	\$1,176.17	\$902.91	\$1,176.17
		3-TIER RX,\$10/\$25/\$40	13106	<u>\$75.72</u>	<u>\$211.98</u>	<u>\$256.88</u>	<u>\$211.98</u>	<u>\$256.88</u>
		Total HBP		\$552.01	\$1,180.51	\$1,513.83	\$1,180.51	\$1,513.83

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Allocation Rates

Torrington: City And Board Of Education

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540219	6	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		CENTURY PREFERRED,\$15.00	13104	\$491.96	\$984.75	\$1,282.79	\$984.75	\$1,282.79
		3-TIER MGDRX,\$5/\$15/\$25	13105	<u>\$44.87</u>	<u>\$125.63</u>	<u>\$152.24</u>	<u>\$125.63</u>	<u>\$152.24</u>
		Total HBP		\$562.08	\$1,176.00	\$1,515.81	\$1,176.00	\$1,515.81
001540221	1	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		HOSPITAL,RX,\$0.00/\$0.00	202	\$541.89	\$1,101.75	\$1,447.27	\$1,101.75	\$1,447.27
		CENTURY 90,\$10.00	598	<u>\$154.70</u>	<u>\$309.40</u>	<u>\$406.56</u>	<u>\$309.40</u>	<u>\$406.56</u>
		Total HBP		\$721.84	\$1,476.77	\$1,934.61	\$1,476.77	\$1,934.61
001540221	2	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
		Total HBP		\$25.25	\$65.62	\$80.78	\$65.62	\$80.78

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540222	1	CO-PAY DENTAL,AC	753	\$28.09	\$71.33	\$89.80	\$71.33	\$89.80
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		CENTURY PREFERRED,\$15.00	7830	<u>\$491.96</u>	<u>\$984.75</u>	<u>\$1,282.79</u>	<u>\$984.75</u>	<u>\$1,282.79</u>
		Total HBP		\$564.92	\$1,181.71	\$1,524.83	\$1,181.71	\$1,524.83
001540222	2	CO-PAY DENTAL,AC	753	\$28.09	\$71.33	\$89.80	\$71.33	\$89.80
		3-TIER RX,\$10 /\$25 /\$40	1558	\$75.72	\$211.98	\$256.88	\$211.98	\$256.88
		BLUECARE,\$15.00/\$25.00	7829	<u>\$451.04</u>	<u>\$902.91</u>	<u>\$1,176.17</u>	<u>\$902.91</u>	<u>\$1,176.17</u>
		Total HBP		\$554.85	\$1,186.22	\$1,522.85	\$1,186.22	\$1,522.85

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540223	1	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		PHARMACY,\$.75/\$.75	221	\$22.50	\$62.98	\$76.33	\$62.98	\$76.33
		CENTURY PREFERRED,\$5.00	261	<u>\$512.12</u>	<u>\$1,025.09</u>	<u>\$1,335.35</u>	<u>\$1,025.09</u>	<u>\$1,335.35</u>
		Total HBP		\$575.60	\$1,189.09	\$1,546.03	\$1,189.09	\$1,546.03
001540224	4	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		BLUECARE,\$15.00/\$25.00	7829	\$451.04	\$902.91	\$1,176.17	\$902.91	\$1,176.17
		3-TIER RX,\$10/\$25/\$40	13106	<u>\$75.72</u>	<u>\$211.98</u>	<u>\$256.88</u>	<u>\$211.98</u>	<u>\$256.88</u>
		Total HBP		\$567.74	\$1,215.91	\$1,567.40	\$1,215.91	\$1,567.40

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Allocation Rates

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540224	5	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		CENTURY PREFERRED,\$15.00	13104	\$491.96	\$984.75	\$1,282.79	\$984.75	\$1,282.79
		3-TIER MGDRX,\$5/\$15/\$25	13105	<u>\$44.87</u>	<u>\$125.63</u>	<u>\$152.24</u>	<u>\$125.63</u>	<u>\$152.24</u>
		Total HBP		\$577.81	\$1,211.40	\$1,569.38	\$1,211.40	\$1,569.38
001540225	2	CO-PAY DENTAL,AC	753	\$28.09	\$71.33	\$89.80	\$71.33	\$89.80
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		CENTURY PREFERRED,\$15.00	7830	<u>\$491.96</u>	<u>\$984.75</u>	<u>\$1,282.79</u>	<u>\$984.75</u>	<u>\$1,282.79</u>
		Total HBP		\$564.92	\$1,181.71	\$1,524.83	\$1,181.71	\$1,524.83

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Allocation Rates

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540226	1	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
			Total HBP	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
001540226	2	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
			Total HBP	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
001540231	1	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		CENTURY PREFERRED,\$15.00	6530	\$487.10	\$974.20	\$1,269.36	\$974.20	\$1,269.36
			Total HBP	\$557.22	\$1,165.45	\$1,502.38	\$1,165.45	\$1,502.38

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Allocation Rates

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540231	2	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
		Total HBP		\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
001540231	3	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		3-TIER RX,\$5 /\$15 /\$25	1235	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		BLUECARE,\$15.00/\$25.00	6484	<u>\$446.18</u>	<u>\$892.36</u>	<u>\$1,162.74</u>	<u>\$892.36</u>	<u>\$1,162.74</u>
		Total HBP		\$516.30	\$1,083.61	\$1,395.76	\$1,083.61	\$1,395.76
001540232	1	CO-PAY DENTAL,A	137	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		CENTURY PREFERRED,\$15.00	6530	<u>\$487.10</u>	<u>\$974.20</u>	<u>\$1,269.36</u>	<u>\$974.20</u>	<u>\$1,269.36</u>
		Total HBP		\$557.22	\$1,165.45	\$1,502.38	\$1,165.45	\$1,502.38

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Renewal Effective Date: July 1, 2009

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540232	3	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
			Total HBP	\$25.25	\$65.62	\$80.78	\$65.62	\$80.78
001540233	2	FULL DENTAL,ABCD	130	<u>\$40.98</u>	<u>\$101.02</u>	<u>\$134.35</u>	<u>\$101.02</u>	<u>\$134.35</u>
			Total HBP	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
001540233	5	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		BLUECARE,\$15.00/\$25.00	7829	\$451.04	\$902.91	\$1,176.17	\$902.91	\$1,176.17
		3-TIER RX,\$10/\$25/\$40	13106	<u>\$75.72</u>	<u>\$211.98</u>	<u>\$256.88</u>	<u>\$211.98</u>	<u>\$256.88</u>
			Total HBP	\$567.74	\$1,215.91	\$1,567.40	\$1,215.91	\$1,567.40

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Renewal Effective Date: July 1, 2009

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number					
				Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540233	6	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		CENTURY PREFERRED,\$15.00	13104	\$491.96	\$984.75	\$1,282.79	\$984.75	\$1,282.79
		3-TIER MGDRX,\$5/\$15/\$25	13105	<u>\$44.87</u>	<u>\$125.63</u>	<u>\$152.24</u>	<u>\$125.63</u>	<u>\$152.24</u>
		Total HBP		\$577.81	\$1,211.40	\$1,569.38	\$1,211.40	\$1,569.38
001540234	1	PHARMACY,\$.75/\$.75	221	\$22.50	\$62.98	\$76.33	\$62.98	\$76.33
		CENTURY PREFERRED,\$5.00	261	\$512.12	\$1,025.09	\$1,335.35	\$1,025.09	\$1,335.35
		CO-PAY DENTAL,AC	753	<u>\$28.09</u>	<u>\$71.33</u>	<u>\$89.80</u>	<u>\$71.33</u>	<u>\$89.80</u>
		Total HBP		\$562.71	\$1,159.40	\$1,501.48	\$1,159.40	\$1,501.48

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540235	1	CO-PAY DENTAL,A	135	\$25.44	\$66.11	\$81.38	\$66.11	\$81.38
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		CENTURY PREFERRED,\$15.00	6530	<u>\$487.10</u>	<u>\$974.20</u>	<u>\$1,269.36</u>	<u>\$974.20</u>	<u>\$1,269.36</u>
		Total HBP		\$557.41	\$1,165.94	\$1,502.98	\$1,165.94	\$1,502.98
001540235	2	CO-PAY DENTAL,A	135	<u>\$25.44</u>	<u>\$66.11</u>	<u>\$81.38</u>	<u>\$66.11</u>	<u>\$81.38</u>
		Total HBP		\$25.44	\$66.11	\$81.38	\$66.11	\$81.38
001540236	1	CO-PAY DENTAL,A	135	\$25.44	\$66.11	\$81.38	\$66.11	\$81.38
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		CENTURY PREFERRED,\$15.00	6530	<u>\$487.10</u>	<u>\$974.20</u>	<u>\$1,269.36</u>	<u>\$974.20</u>	<u>\$1,269.36</u>
		Total HBP		\$557.41	\$1,165.94	\$1,502.98	\$1,165.94	\$1,502.98

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Renewal Effective Date: July 1, 2009

Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540236	2	CO-PAY DENTAL,A	135	<u>\$25.44</u>	<u>\$66.11</u>	<u>\$81.38</u>	<u>\$66.11</u>	<u>\$81.38</u>
			Total HBP	\$25.44	\$66.11	\$81.38	\$66.11	\$81.38
001540237	1	FULL DENTAL,ABCD	130	<u>\$40.98</u>	<u>\$101.02</u>	<u>\$134.35</u>	<u>\$101.02</u>	<u>\$134.35</u>
			Total HBP	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
001540237	2	FULL DENTAL,ABCD	130	<u>\$40.98</u>	<u>\$101.02</u>	<u>\$134.35</u>	<u>\$101.02</u>	<u>\$134.35</u>
			Total HBP	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee +				
				Employee	Spouse	Family	Employee and Child	Employee and Children
001540238	2	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		CENTURY PREFERRED,\$15.00	7830	<u>\$491.96</u>	<u>\$984.75</u>	<u>\$1,282.79</u>	<u>\$984.75</u>	<u>\$1,282.79</u>
		Total HBP		\$577.81	\$1,211.40	\$1,569.38	\$1,211.40	\$1,569.38
001540239	2	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		3-TIER RX,\$10 /\$25 /\$40	1558	\$75.72	\$211.98	\$256.88	\$211.98	\$256.88
		BLUECARE,\$15.00/\$25.00	7829	<u>\$451.04</u>	<u>\$902.91</u>	<u>\$1,176.17</u>	<u>\$902.91</u>	<u>\$1,176.17</u>
		Total HBP		\$567.74	\$1,215.91	\$1,567.40	\$1,215.91	\$1,567.40
001540240	1	CO-PAY DENTAL,A	137	<u>\$25.25</u>	<u>\$65.62</u>	<u>\$80.78</u>	<u>\$65.62</u>	<u>\$80.78</u>
		Total HBP		\$25.25	\$65.62	\$80.78	\$65.62	\$80.78

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Allocation Rates express the cost of an Alternate Funded plan and include: incurred claims and all retention components of the current Alternate Funded plan.

Firm Division Number	Health Benefit Plan	Product Variation Description	Product Variation Number	Employee Employee	Employee + Spouse	Family	Employee and Child	Employee and Children
001540241	1	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		3-TIER MGDRX,\$5/\$15/\$25	1483	\$44.87	\$125.63	\$152.24	\$125.63	\$152.24
		CENTURY PREFERRED,\$15.00	7830	<u>\$491.96</u>	<u>\$984.75</u>	<u>\$1,282.79</u>	<u>\$984.75</u>	<u>\$1,282.79</u>
		Total HBP		\$577.81	\$1,211.40	\$1,569.38	\$1,211.40	\$1,569.38
001540241	2	FULL DENTAL,ABCD	130	<u>\$40.98</u>	<u>\$101.02</u>	<u>\$134.35</u>	<u>\$101.02</u>	<u>\$134.35</u>
		Total HBP		\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
001540243	1	FULL DENTAL,ABCD	130	\$40.98	\$101.02	\$134.35	\$101.02	\$134.35
		3-TIER RX,\$10 /\$25 /\$40	1558	\$75.72	\$211.98	\$256.88	\$211.98	\$256.88
		BLUECARE,\$15.00/\$25.00	7829	<u>\$451.04</u>	<u>\$902.91</u>	<u>\$1,176.17</u>	<u>\$902.91</u>	<u>\$1,176.17</u>
		Total HBP		\$567.74	\$1,215.91	\$1,567.40	\$1,215.91	\$1,567.40