HEALTH BENEFITS COMMITTEE

A G E N D A

November 29, 2011 - 2:00 P.M. - City Hall Conference Room - City Hall - City of Dover

Public comments are welcomed on any item and will be permitted at appropriate times. When possible, please notify the City Clerk (736-7008 or e-mail at cityclerk@dover.de.us) should you wish to be recognized.

AGENDA ADDITIONS/DELETIONS

1. Review and Discussion of Health Care Alternatives

2. Adjournment by 3:00 p.m.

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THE AGENDA ITEMS AS LISTED MAY NOT BE CONSIDERED IN SEQUENCE. THIS AGENDA IS SUBJECT TO CHANGE TO INCLUDE THE ADDITION OR THE DELETION OF ITEMS, INCLUDING EXECUTIVE SESSIONS.

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MEMORANDUM

To: Health Benefits Committee

From: Donna Mitchell, Controller/Treasurer

Copy: Scott Koenig, Kim Hawkins, & Traci McDowell

Date: October 11, 2011

Subject: Analysis of Alternative Cost Sharing Ideas

Attached for your review are the actuaries comments on thirteen of the suggestions discussed with the Health Benefits Committee Meeting on January 19, 2011. Also included are a series of schedules quantifying as many of these suggestions that we could do in-house. Following is a brief summary of each set of schedules in the order in which they are included. We look forward to discussing these in detail during our next Health Benefits Committee Meeting.

Current – (Schedule page 1)
The first schedule reflects a summary of the July 2011 monthly invoice paid for Health Care premiums. Please note, that the total line indicates the plan participants currently contribute 7.61% of the total premium. Any efforts to reduce the liability and annual budget will require the plan participants to contribute a higher overall percentage while maintaining the same health care plan. Therefore, each of these schedules was prepared with that comparison in mind.

Suggestions for Options 1 through 3 – (Schedule pages 2 – 9)
Page 2 explains and provides an example of how the employee contributions are calculated. Page 3 compares the current employee contribution to the Options 1 through 3. Note Option 3 has three columns since the calculation is based on years of service with different percentages of contribution. You will need to compare the column that would apply to your years of service to determine the amount of change in your current contribution. Please note, that the overall employee contribution percentage is not calculated for Option 3 because of the amount of work involved. Option 4 would only affect the future cost (unfunded liability) and therefore would have to be calculated by the actuary.

Alternatives 1 through 4 (ideas not included in the thirteen suggestions) – (Schedule pages 10 -14)
Page 10 compares the alternatives (pages 11 – 14) to the current employee contribution. These schedules include an Alternative (#1) that replicates HB#81 for the State of Delaware employees to take effect July 1, 2012, alternatives with flat percentages of total premiums to simplify the calculations (#2 - #3), and one calculation based on income level (#4). The income level alternative is the most extreme in this section. The other alternatives in this section are, for the most part, less costly to the employees than Options 1 through 3 as discussed in the above paragraph.

Health Benefit Committee Meeting
Prioritizing Suggestions Presented at January 19, 2011

Need to determine proper type of account, HRA or HSA.

For some suggestions, the longevity of the employees needs to be considered. For example, if retirement health insurance is no longer made available however a contribution to an HRA/HSA is being made, an employee with only a few years until retirement will not have sufficient funding in their HRA/HSA.

More than one recommendation may be implemented. As a result, some recommendations may need to be modified depending on its relationship with other recommendations.

HSA can only be established with high deductible health plan, which would only be available if the State offered that option or the City offered the option separately.

HRAs are employer bookkeeping accounts. Employee contributions are not eligible.

1. City contribution rates are based upon Blue Cross Blue Shield (BCBS) HMO. The BCBS PPO plan is the only plan available to Medicare eligible retirees. As a result, this suggestion would not apply to them. Another alternative would need to be considered for this group.

Fairly easy option to price out. Will force members to HMO plan.

Example:

Coverage Level	Total Monthly Cost	City Contribution	Total Employee's Responsibility	FY12 Cost to Employees for PPO	Add't Cost to Employee/Savings to City
	BCBS – PPO	BCBC - HMO			
Employee	619.53	567.24	$52.29	$0.00	$52.29
Employee and Child (ren)	953.35	791.65	$161.70	$83.46	$78.24
Employee and Spouse	1,282.69	1,038.61	$244.08	$165.80	$78.28
Family	1,602.88	1,260.20	$342.68	$245.84	$96.84

My Docs/Health Benefit Committee/HMO vs. PPO

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2. Employee/retiree responsible for a percentage of "employee only" premium. The value of the percentage paid could be deposited into a HRA/HSA. Thus, the total benefit to the employee is not being reduced it is just being provided in a modified form. Please realize that the "employee only" premium is the key factor in determining premiums for all levels of coverage.

Examples to consider: 10% and 15%

The example below represents a contribution of 10% of the monthly premium for employee only coverage. The employee premium effects the employee/city distribution of the dependent premium. The additional monthly expense the employee would incur would be deposited into a HRA/HSA account each month.

Not sure I understand this option. First, not sure why the increase in the employee contribution is different for those who have dependent coverage than employee coverage (please provide numerical example) and second, if the 10% is being contributed to a side account to use by the employee how this would reduce the City's cost.

Health Insurance Rates for Fiscal Year 11/12

			Current Premium Breakdown			0.10			
			Employee Pays	City Pays	Total Monthly Cost	Employee Pays	City Pays	Total Monthly Cost	Increase to Employee
First State Basic	Employee		$0.00	$542.99	$542.99	$54.30	$488.69	$542.99	$54.30
	Employee & Children		$70.26	$753.75	$824.01	$138.13	$685.88	$824.01	$67.87
	Employee & Spouse		$144.40	$976.19	$1,120.59	$212.27	$908.32	$1,120.59	$67.87
	Family		$214.28	$1,185.82	$1,400.10	$282.15	$1,117.95	$1,400.10	$67.87
Comprehensive PPO	Employee		$0.00	$619.53	$619.53	$61.95	$557.58	$619.53	$61.95
	Employee & Children		$83.46	$869.89	$953.35	$160.90	$792.45	$953.35	$77.44
	Employee & Spouse		$165.80	$1,116.89	$1,282.69	$243.23	$1,039.46	$1,282.69	$77.43
	Family		$245.84	$1,357.04	$1,602.88	$323.28	$1,279.60	$1,602.88	$77.44
	Special Medicfill		$0.00	$437.67	$437.67	$43.77	$393.90	$437.67	$43.77
	Special Medicfill without Prescription		$0.00	$204.05	$204.05	$20.41	$183.65	$204.05	$20.41
Blue Care HMO	Employee		$0.00	$567.24	$567.24	$56.72	$510.52	$567.24	$56.72
	Employee & Children		$74.80	$791.65	$866.45	$145.71	$720.74	$866.45	$70.91
	Employee & Spouse		$157.12	$1,038.61	$1,195.73	$228.03	$981.89	$1,195.73	$70.91
	Family		$231.00	$1,260.20	$1,491.20	$301.90	$1,203.48	$1,491.20	$70.90
Aetna	Employee		$0.00	$566.78	$566.78	$56.68	$510.10	$566.78	$56.68
	Employee & Children		$74.70	$790.89	$865.59	$145.55	$734.21	$865.59	$70.85
	Employee & Spouse		$156.30	$1,035.67	$1,191.97	$227.15	$978.99	$1,191.97	$70.85
	Family		$229.98	$1,256.69	$1,486.67	$300.82	$1,200.01	$1,486.67	$70.84

Please continue to Page 3 for a 15% example.

The example below represents a contribution of 15% of the monthly premium for employee only coverage. The employee premium effects the employee/city distribution of the dependent premium. The additional monthly expense the employee would incur would be deposited into a HRA/HSA account each month.

Health Insurance Rates for Fiscal Year 11/12

		Current Premium Breakdown			0.15			
		Employee Pays	City Pays	Total Monthly Cost	Employee Pays	City Pays	Total Monthly Cost	Increase to Employee
First State Basic	Employee	$0.00	$542.99	$542.99	$81.45	$461.54	$542.99	$81.45
	Employee & Children	$70.26	$753.75	$824.01	$172.07	$651.94	$824.01	$101.81
	Employee & Spouse	$144.40	$976.19	$1,120.59	$246.21	$874.38	$1,120.59	$101.81
	Family	$214.28	$1,185.82	$1,400.10	$316.09	$1,084.01	$1,400.10	$101.81
Comprehensive PPO	Employee	$0.00	$619.53	$619.53	$92.93	$526.60	$619.53	$92.93
	Employee & Children	$83.46	$869.89	$953.35	$199.62	$753.73	$953.35	$116.16
	Employee & Spouse	$165.80	$1,116.89	$1,282.69	$281.95	$1,000.74	$1,282.69	$116.15
	Family	$245.84	$1,357.04	$1,602.88	$362.00	$1,240.88	$1,602.88	$116.16
	Special Medicfill	$0.00	$437.67	$437.67	$65.65	$372.02	$437.67	$65.65
	Special Medicfill without Prescription	$0.00	$204.05	$204.05	$30.61	$173.44	$204.05	$30.61
Blue Care HMO	Employee	$0.00	$567.24	$567.24	$85.09	$482.15	$567.24	$85.09
	Employee & Children	$74.80	$791.65	$866.45	$181.16	$685.29	$866.45	$106.36
	Employee & Spouse	$157.12	$1,038.61	$1,195.73	$263.48	$953.52	$1,195.73	$106.36
	Family	$231.00	$1,260.20	$1,491.20	$337.35	$1,175.11	$1,491.20	$106.35
Aetna	Employee	$0.00	$566.78	$566.78	$85.02	$481.76	$566.78	$85.02
	Employee & Children	$74.70	$790.89	$865.59	$180.97	$705.87	$865.59	$106.27
	Employee & Spouse	$156.30	$1,035.67	$1,191.97	$262.57	$950.65	$1,191.97	$106.27
	Family	$229.98	$1,256.69	$1,486.67	$336.24	$1,171.67	$1,486.67	$106.26

3. Create a vesting schedule. In the example below, the city share would be determined by years of service to the City. For example, an employee with 25 years of service would be responsible for 15% of the employee premium. The chart in #2, page 3 represents the costs.

   Not difficult to program. Little more work would be involved in breaking the liability down to each service criteria to provide you a model to allow you to adjust the percentages on the fly.

Example to consider:

Years of Service with the City of Dover	Percentage of City Share
Less than 20 years	45%
20 years less than 25 years	60%
25 years less than 30	85%
30 years or more	100%

4. City contribution based upon years of service. Employees would receive a percentage for each year of service. For example, 3%. Therefore, an employee with 25 years of service would receive a 75% benefit in retirement. This suggestion is similar to #3 however provides a different method for calculating the benefit.

   Same comment as 3.

5. Lock in City contributions based upon premiums at retirement.
   This could become cost-prohibitive to the retiree if rates continue to increase 8-10% per year. Establish HRA/HSA.

   Common mechanism used to curb costs for retirees. Cap could increase at flat % or trend less a percentage to mitigate the effect somewhat on the out years for retirees. For example, cap increases by CPI or Cap increases at trend less 4%, but no less than 0%. Therefore the City covers the increase up to 4%. Effectively, city sets increase in costs to 4%. Issues arise long-term when unintended plan changes occur and cap becomes disconnected with premium. Need to establish separate rates for pre and post 65. These can be somewhat complicated to establish, review and communicate.

6. No supplemental coverage at Medicare eligible.
   It should be noted that this option would eliminate prescription drug coverage as Medicare Part A and B only provides medical expenses. Option could be supplemented with a Health Retirement Account or Health Savings Account. Provide a monthly contribution during active employment. Contribution amount needs to be determined. Implement a vesting requirement of 10 years of service to the City. A minimum of 10 years of service is required to be eligible for retirement health care. This is related to vesting in the pension plans. The police are not subject to this requirement.

   If provide HRA at 65, then member will have that money to purchase plan from State or their own Medicare supplemental plan. Again, HRA is a fictitious account set up by the employer. The amount provided by the employer can be based on years of service.

   Another option is to set up a deferred 457 plan with City contributions. But there are limits that we would have to review. Do not believe a stand-alone plan exists where employer and employee can contribute to retiree health costs only without high-deductible health plan.

7. Eliminate all retirement health care coverage. Option could be supplemented with a Health Retirement Account or Health Savings Account. Provide a monthly contribution during active employment. Contribution amount needs to be determined.

   HRA system can be established to provide employees with an annual amount to spend or a one-time amount to be used for lifetime. Additional amounts can be provided for spouses. We could set up a model that will allow the user to modify the amounts on the fly.

8. Eliminate dependent health care coverage.
   At retirement??? Should employees be permitted to purchase at group rates?

   I think dependent contribution would just increase from 25% to 100%. Easy to estimate.

9. Please a cap on City contribution toward health care.
   Cap amount needs to be determined. This could become cost-prohibitive to the retiree if rates continue to increase 8-10% per year. Establish HRA/HSA.

   See question 5. Could also be used for active employees.

10. Incentive for declining health care coverage (active employee and retiree).
    Either a cash payment or a deposit into the HRA/HSA account. Perhaps the full value of single coverage. In speaking with Donna, we need to make guidelines because of the employee's potential to re-enter the plan. This will cause a liability that was not financially planned.

    See question 6 for HRA options.

11. Change retirement eligibility for new employees.

    The eligibility for retirement for police officers is not at the City's discretion. For others, the pension ordinance would need to be changed. This is going off in another direction and could muddy the task at hand. However, the guidelines to be eligible for retirement health care can be changed. The vesting scheduled mentioned in #3 could be utilized. There are implications to encouraging employees to work longer. For example, risk of injury for physical jobs, a larger payroll budget and perhaps a less productive workforce.

    I think for all groups, you could establish separate criteria for retiree health benefits or establish a contribution structure like option 3 above.

12. Offer a cafeteria plan, thus the employees with single insurance coverage could potentially take advantage of the health insurance dependent benefit value.

    The cafeteria plan value would need to be determined. The value of the dollars would be eroded it as the premiums increase for all benefits. As a result, the value would probably need to be adjusted based upon such possible factors as inflation or increase in premiums.

    Can the unused dollars be placed in an HRA/HSA? If so, the balance accumulated over the years could be utilized for retirement health care. An active employee with dependent coverage would have a smaller balance then the employee who only had single coverage as the employee with dependent coverage used their benefit during active employment while the other employee will use it in retirement.

    Not sure I fully understand this option. Please explain in more detail.

13. Create new health guidelines for new hire benefits.
    This option does not reduce the current liability. Keep in sight for contract negotiations however not for health benefit committee as new hires do not affect the current OPEB actuarial liability.

City of Dover
Health Insurance Premiums for July 2011

CURRENT

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays	Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware (includes perscription drug coverage at the same level as all other plans)										
Employee	$514.56	$25.73	$2.70	$542.99	$542.99	$0.00	0.00%	0	$0.00	$0.00
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$976.19	$144.40	12.89%	0	$0.00	$0.00
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$753.75	$70.26	8.53%	0	$0.00	$0.00
Family	$1,330.86	$66.54	$2.70	$1,400.10	$1,185.82	$214.28	15.30%	0	$0.00	$0.00
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$566.78	$0.00	0.00%	4	$0.00	$2,267.12
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$1,035.67	$156.30	13.11%	1	$156.30	$1,035.67
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$790.89	$74.70	8.63%	0	$0.00	$0.00
Family	$1,413.30	$70.67	$2.70	$1,486.67	$1,256.69	$229.98	15.47%	0	$0.00	$0.00
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$567.24	$0.00	0.00%	64	$0.00	$36,303.36
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$1,038.61	$157.12	13.14%	9	$1,414.08	$9,347.49
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$791.65	$74.80	8.63%	10	$748.00	$7,916.50
Family	$1,417.62	$70.88	$2.70	$1,491.20	$1,260.20	$231.00	15.49%	17	$3,927.00	$21,423.40
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$619.53	$0.00	0.00%	227	$0.00	$140,633.31
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$1,116.89	$165.80	12.93%	47	$7,792.60	$52,493.83
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$869.89	$83.46	8.75%	61	$5,091.06	$53,063.29
Family	$1,523.98	$76.20	$2.70	$1,602.88	$1,357.04	$245.84	15.34%	57	$14,012.88	$77,351.28
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$153.04	$51.01	25.00%	3	$153.03	$459.12
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$437.67	$0.00	0.00%	89	$0.00	$38,952.63
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$328.25	$109.42	25.00%	37	$4,048.54	$12,145.25
Total Monthly Payment							7.61%	626	$37,343.49	$453,392.25

Health Benefits Committee
Employee Contribution Comparisons
Suggestion Options 1 through 3

Formula Used for Options 2 & 3

Individual Premium is the only rate that the cost sharing percentage/dollar change applies to; After calculating the City's and employee's contribution to the individual premium then the 25%/75% split will be calculated for the dependent coverage. The 25%/75% split will then be calculated for the dependent coverage, however will change since the amount reduced for the individual premium adjustment will be a different amount when different percentages are being used.

Examples are as follows:

	Current	Option 2 B	Option 3
Comp PPO Family	1,602.88	1,602.88	1,602.88
Comp PPO Individual (A)	619.53	619.53	619.53
			< 20 years
Percentage of PPO Individual	0.0%	15.0%	55.0%
Employee Contribution (B)	-	92.93	340.74
Comp PPO premium	1,602.88	1,602.88	1,602.88
Less {Comp PPO (A) minus Emp Cont. (B)}	(619.53)	(526.60)	(278.79)
Balance of dependent care	983.35	1,076.28	1,324.09
City Contribution %	25.0%	25.0%	25.0%
Employee Dependent Contribution {C}	245.84	269.07	331.02
Total Employee Contribution {B} plus {C}	245.84	362.00	671.76
Percent of Pay	15.3%	22.6%	41.9%

Health Benefits Committee
Employee Contribution Comparisons
Suggestion Options 1 through 3

Same as 2B

	Current Contributions	Option 1 PPO $ = BCBS HMO $	Option 2A 10% of Ind. Prem.	Option 2B 15% of Ind. Prem.	Option 3 < 20 Yrs of Service	Option 3 > 20 < 25 Yrs of Service	Option 3 > 25 < 30 Yrs of Service
First State Basic Plan - BCBS					55%	40%	15%
Employee	$0.00	$0.00	$54.30	$81.45	$298.64	$217.20	$81.45
Employee & Spouse	$144.40	$144.40	$212.28	$246.21	$517.70	$415.90	$246.21
Employee & Child(ren)	$70.26	$70.26	$138.13	$172.07	$443.56	$341.76	$172.07
Family	$214.28	$214.28	$282.15	$316.09	$587.58	$485.78	$316.09
Aetna HMO							
Employee	$0.00	$0.00	$56.68	$85.02	$311.73	$226.71	$85.02
Employee & Spouse	$156.30	$156.30	$227.15	$262.57	$545.96	$439.69	$262.57
Employee & Child(ren)	$74.70	$74.70	$145.55	$180.98	$464.37	$358.09	$180.98
Family	$229.98	$229.98	$300.82	$336.25	$619.64	$513.36	$336.25
BlueCARE HMO - BCBS							
Employee	$0.00	$0.00	$56.72	$85.09	$311.98	$226.90	$85.09
Employee & Spouse	$157.12	$157.12	$228.02	$263.49	$547.10	$440.75	$263.49
Employee & Child(ren)	$74.80	$74.80	$145.70	$181.17	$464.78	$358.43	$181.17
Family	$231.00	$231.00	$301.89	$337.35	$620.97	$514.62	$337.35
Comprehensive PPO Plan - BCBS							
Employee	$0.00	$52.29	$61.95	$92.93	$340.74	$247.81	$92.93
Employee & Spouse	$165.80	$244.08	$243.23	$281.95	$591.72	$475.55	$281.95
Employee & Child(ren)	$83.46	$161.70	$160.89	$199.62	$509.38	$393.22	$199.62
Family	$245.84	$342.68	$323.28	$362.00	$671.76	$555.60	$362.00
Medicfill w/o Perscription	$51.01	$51.01	$20.41	$30.61	$30.61	$30.61	$30.61
Medicfill - Retiree	$0.00	$0.00	$43.77	$65.65	$65.65	$65.65	$65.65
Medicfill - Retiree Spouse	$109.42	$109.42	$43.77	$65.65	$65.65	$65.65	$65.65
					Over 65 = 15%	Over 65 = 15%	Over 65 = 15%

City of Dover
Health Insurance Premiums for July 2011

OPTION 1

City Contribution for PPO will equal the amount City contributes for BCBS HMO

PPO$ = BCBS HMO$

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays	Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$542.99	$0.00	0.00%	0	$0.00	$0.00
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$1,038.61	$81.98	7.32%	0	$0.00	$0.00
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$791.65	$32.36	3.93%	0	$0.00	$0.00
Family	$1,330.86	$66.54	$2.70	$1,400.10	$1,260.20	$139.90	9.99%	0	$0.00	$0.00
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$566.78	$0.00	0.00%	4	$0.00	$2,267.12
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$1,038.61	$153.36	12.87%	1	$153.36	$1,038.61
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$791.65	$73.94	8.54%	0	$0.00	$0.00
Family	$1,413.30	$70.67	$2.70	$1,486.67	$1,260.20	$226.47	15.23%	0	$0.00	$0.00
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$567.24	$0.00	0.00%	64	$0.00	$36,303.36
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$1,038.61	$157.12	13.14%	9	$1,414.08	$9,347.49
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$791.65	$74.80	8.63%	10	$748.00	$7,916.50
Family	$1,417.62	$70.88	$2.70	$1,491.20	$1,260.20	$231.00	15.49%	17	$3,927.00	$21,423.40
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$567.24	$52.29	8.44%	227	$11,869.83	$128,763.48
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$1,038.61	$244.08	19.03%	47	$11,471.76	$48,814.67
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$791.65	$161.70	16.96%	61	$9,863.70	$48,290.65
Family	$1,523.98	$76.20	$2.70	$1,602.88	$1,260.20	$342.68	21.38%	57	$19,532.76	$71,831.40
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$153.04	$51.01	25.00%	3	$153.03	$459.12
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$437.67	$0.00	0.00%	89	$0.00	$38,952.63
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$328.25	$109.42	25.00%	37	$4,048.54	$12,145.25
Total Monthly Payment							12.87%	626	$63,182.06	$427,553.68
Current July 2011							7.61%		$ 37,343.49	$ 453,392.25

City of Dover

Health Insurance Premiums for July 2011

Option 2A

City of Dover with 10% Employee Contribution for Individual Coverage in addition to current contribution

Employee 10%

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays	Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$488.69	$54.30	10.00%	0	$0.00	$0.00
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$908.32	$212.28	18.94%	0	$0.00	$0.00
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$685.88	$138.13	16.76%	0	$0.00	$0.00
Family	$1,330.86	$66.54	$2.70	$1,400.10	$1,117.95	$282.15	20.15%	0	$0.00	$0.00
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$510.10	$56.68	10.00%	4	$226.71	$2,040.41
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$964.82	$227.15	19.06%	1	$227.15	$964.82
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$720.04	$145.55	16.82%	0	$0.00	$0.00
Family	$1,413.30	$70.67	$2.70	$1,486.67	$1,185.84	$300.82	20.23%	0	$0.00	$0.00
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$510.52	$56.72	10.00%	64	$3,630.34	$32,673.02
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$967.71	$228.02	19.07%	9	$2,052.20	$8,709.37
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$720.75	$145.70	16.82%	10	$1,457.03	$7,207.48
Family	$1,417.62	$70.88	$2.70	$1,491.20	$1,189.31	$301.89	20.24%	17	$5,132.13	$20,218.27
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$557.58	$61.95	10.00%	227	$14,063.33	$126,569.98
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$1,039.46	$243.23	18.96%	47	$11,431.69	$48,854.74
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$792.46	$160.89	16.88%	61	$9,814.44	$48,339.91
Family	$1,523.98	$76.20	$2.70	$1,602.88	$1,279.61	$323.28	20.17%	57	$18,426.68	$72,937.49
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$183.65	$20.41	10.00%	3	$61.22	$550.94
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$393.90	$43.77	10.00%	89	$3,895.26	$35,057.37
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$393.90	$43.77	10.00%	37	$1,619.38	$14,574.41
Total Monthly Payment							14.68%	626	$72,037.55	$418,698.19
Current July 2011							7.61%		$ 37,343.49	$ 453,392.25

City of Dover
Health Insurance Premiums for July 2011

Option 2B

City of Dover with 15% Employee Contribution for Individual Coverage in addition to current contribution ratio

Employee 15%

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays	Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$461.54	$81.45	15.00%	0	$0.00	$0.00
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$874.38	$246.21	21.97%	0	$0.00	$0.00
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$651.94	$172.07	20.88%	0	$0.00	$0.00
Family	$1,330.86	$66.54	$2.70	$1,400.10	$1,084.01	$316.09	22.58%	0	$0.00	$0.00
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$481.76	$85.02	15.00%	4	$340.07	$1,927.05
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$929.40	$262.57	22.03%	1	$262.57	$929.40
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$684.61	$180.98	20.91%	0	$0.00	$0.00
Family	$1,413.30	$70.67	$2.70	$1,486.67	$1,150.42	$336.25	22.62%	0	$0.00	$0.00
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$482.15	$85.09	15.00%	64	$5,445.50	$30,857.86
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$932.25	$263.49	22.04%	9	$2,371.37	$8,390.21
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$685.29	$181.17	20.91%	10	$1,811.65	$6,852.85
Family	$1,417.62	$70.88	$2.70	$1,491.20	$1,153.85	$337.35	22.62%	17	$5,734.99	$19,615.41
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$526.60	$92.93	15.00%	227	$21,095.00	$119,538.31
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$1,000.74	$281.95	21.98%	47	$13,251.77	$47,034.66
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$753.73	$199.62	20.94%	61	$12,176.67	$45,977.68
Family	$1,523.98	$76.20	$2.70	$1,602.88	$1,240.88	$362.00	22.58%	57	$20,634.00	$70,730.16
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$173.44	$30.61	15.00%	3	$91.82	$520.33
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$372.02	$65.65	15.00%	89	$5,842.89	$33,109.74
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$372.02	$65.65	15.00%	37	$2,429.07	$13,764.72
Total Monthly Payment							18.64%	626	$91,487.37	$399,248.37
Current July 2011							7.61%		$ 37,343.49	$ 453,392.25

City of Dover
Health Insurance Premiums for July 2011

Option 3 (55%)

City of Dover with 55% Employee Contribution for Individual Coverage in addition to current contribution ratio

45.0% 55.0% < 20 Years

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays	Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$244.34	$298.64	55.00%			
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$602.89	$517.70	46.20%			
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$380.45	$443.56	53.83%			
Family	$1,330.86	$66.54	$2.70	$1,400.10	$812.52	$587.58	41.97%			
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$255.05	$311.73	55.00%			
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$646.01	$545.96	45.80%			
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$401.23	$464.37	53.65%			
Family	$1,413.30	$70.67	$2.70	$1,486.67	$867.03	$619.64	41.68%			
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$255.26	$311.98	55.00%			
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$648.63	$547.10	45.75%			
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$401.67	$464.78	53.64%			
Family	$1,417.62	$70.88	$2.70	$1,491.20	$870.24	$620.97	41.64%			
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$278.79	$340.74	55.00%			
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$690.98	$591.72	46.13%			
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$443.97	$509.38	53.43%			
Family	$1,523.98	$76.20	$2.70	$1,602.88	$931.12	$671.76	41.91%			
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$173.44	$30.61	15.00%			
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$372.02	$65.65	15.00%			
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$372.02	$65.65	15.00%			
Total Monthly Payment										

City of Dover
Health Insurance Premiums for July 2011

Option 3 (40%)

City of Dover with 40% Employee Contribution for Individual Coverage in addition to current contribution ratio

> 20 - < 25 Years

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays 60.0%	Participant Contributions 40.0%	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$325.79	$217.20	40.00%			
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$704.69	$415.90	37.11%			
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$482.26	$341.76	41.47%			
Family	$1,330.86	$66.54	$2.70	$1,400.10	$914.33	$485.78	34.70%			
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$340.07	$226.71	40.00%			
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$752.29	$439.69	36.89%			
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$507.50	$358.09	41.37%			
Family	$1,413.30	$70.67	$2.70	$1,486.67	$973.31	$513.36	34.53%			
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$340.34	$226.90	40.00%			
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$754.98	$440.75	36.86%			
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$508.02	$358.43	41.37%			
Family	$1,417.62	$70.88	$2.70	$1,491.20	$976.59	$514.62	34.51%			
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$371.72	$247.81	40.00%			
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$807.14	$475.55	37.07%			
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$560.13	$393.22	41.25%			
Family	$1,523.98	$76.20	$2.70	$1,602.88	$1,047.28	$555.60	34.66%			
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$173.44	$30.61	15.00%			
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$372.02	$65.65	15.00%			
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$372.02	$65.65	15.00%			
Total Monthly Payment										

City of Dover

Health Insurance Premiums for July 2011

Option 3 (55%)

City of Dover with 55% Employee Contribution for Individual Coverage in addition to current contribution ratio

< 20 Years

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	45.0% City Pays	55.0% Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$244.34	$298.64	55.00%			
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$602.89	$517.70	46.20%			
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$380.45	$443.56	53.83%			
Family	$1,330.86	$66.54	$2.70	$1,400.10	$812.52	$587.58	41.97%			
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$255.05	$311.73	55.00%			
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$646.01	$545.96	45.80%			
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$401.23	$464.37	53.65%			
Family	$1,413.30	$70.67	$2.70	$1,486.67	$867.03	$619.64	41.68%			
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$255.26	$311.98	55.00%			
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$648.63	$547.10	45.75%			
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$401.67	$464.78	53.64%			
Family	$1,417.62	$70.88	$2.70	$1,491.20	$870.24	$620.97	41.64%			
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$278.79	$340.74	55.00%			
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$690.98	$591.72	46.13%			
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$443.97	$509.38	53.43%			
Family	$1,523.98	$76.20	$2.70	$1,602.88	$931.12	$671.76	41.91%			
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$173.44	$30.61	15.00%			
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$372.02	$65.65	15.00%			
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$372.02	$65.65	15.00%			
Total Monthly Payment										

Health Benefits Committee
Employee Contribution Comparisons
Alternative Suggestions 1 through 4

	Current Contributions	Alternative 1 Mirror State 7/1/2012	Alternative 2 Fixed 15% & 10% of Total	Alternative 3 Fixed 10% of Total Premium
First State Basic Plan - BCBS				
Employee	$0.00	$21.72	$81.45	$54.30
Employee & Spouse	$144.40	$44.82	$168.09	$112.06
Employee & Child(ren)	$70.26	$32.96	$123.60	$82.40
Family	$214.28	$56.00	$210.02	$140.01
Aetna HMO				
Employee	$0.00	$36.84	$85.02	$56.68
Employee & Spouse	$156.30	$77.48	$178.80	$119.20
Employee & Child(ren)	$74.70	$56.26	$129.84	$86.56
Family	$229.98	$96.63	$223.00	$148.67
BlueCARE HMO - BCBS				
Employee	$0.00	$36.87	$85.09	$56.72
Employee & Spouse	$157.12	$77.72	$179.36	$119.57
Employee & Child(ren)	$74.80	$56.32	$129.97	$86.65
Family	$231.00	$96.93	$223.68	$149.12
Comprehensive PPO Plan - BCBS				
Employee	$0.00	$82.09	$92.93	$61.95
Employee & Spouse	$165.80	$169.96	$192.40	$128.27
Employee & Child(ren)	$83.46	$126.32	$143.00	$95.34
Family	$245.84	$212.38	$240.43	$160.29
Medicfill w/o Perscription	$51.01	$27.04	$20.41	$20.41
Medicfill - Retiree	$0.00	$57.99	$43.77	$43.77
Medicfill - Retiree Spouse	$109.42	$57.99	$43.77	$43.77

See separate schedule for Alternative 4 - Page 14

City of Dover

Health Insurance Premiums for July 2011

Alternative 1

State Plan w/ Changes to Mirror State of Delaware - House Bill 81 Effective July 1, 2012

State 7/1/12

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays	Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$521.27	$21.72	4.00%	0	$0.00	$0.00
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$1,075.77	$44.82	4.00%	0	$0.00	$0.00
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$791.05	$32.96	4.00%	0	$0.00	$0.00
Family	$1,330.86	$66.54	$2.70	$1,400.10	$1,344.10	$56.00	4.00%	0	$0.00	$0.00
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$529.94	$36.84	6.50%	4	$147.36	$2,119.76
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$1,114.49	$77.48	6.50%	1	$77.48	$1,114.49
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$809.33	$56.26	6.50%	0	$0.00	$0.00
Family	$1,413.30	$70.67	$2.70	$1,486.67	$1,390.03	$96.63	6.50%	0	$0.00	$0.00
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$530.37	$36.87	6.50%	64	$2,359.72	$33,943.64
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$1,118.01	$77.72	6.50%	9	$699.50	$10,062.07
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$810.13	$56.32	6.50%	10	$563.19	$8,101.31
Family	$1,417.62	$70.88	$2.70	$1,491.20	$1,394.27	$96.93	6.50%	17	$1,647.78	$23,702.62
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$537.44	$82.09	13.25%	227	$18,633.91	$121,999.40
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$1,112.73	$169.96	13.25%	47	$7,987.95	$52,298.48
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$827.03	$126.32	13.25%	61	$7,705.45	$50,448.90
Family	$1,523.98	$76.20	$2.70	$1,602.88	$1,390.50	$212.38	13.25%	57	$12,105.75	$79,258.41
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$177.01	$27.04	13.25%	3	$81.11	$531.04
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$379.68	$57.99	13.25%	89	$5,161.22	$33,791.41
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$379.68	$57.99	13.25%	37	$2,145.68	$14,048.11
Total Monthly Payment							12.09%	626	$59,316.11	$431,419.63
Current July 2011							7.61%		$ 37,343.49	$ 453,392.25

City of Dover
Health Insurance Premiums for July 2011

Alternative 2

City of Dover with Flat Percentage @ 15% for Under 65 and 10% for Over 65 of Total Premium

FIXED 15% & 10%

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays	Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$461.54	$81.45	15.00%	0	$0.00	$0.00
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$952.50	$168.09	15.00%	0	$0.00	$0.00
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$700.41	$123.60	15.00%	0	$0.00	$0.00
Family	$1,330.86	$66.54	$2.70	$1,400.10	$1,190.09	$210.02	15.00%	0	$0.00	$0.00
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$481.76	$85.02	15.00%	4	$340.07	$1,927.05
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$1,013.17	$178.80	15.00%	1	$178.80	$1,013.17
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$735.75	$129.84	15.00%	0	$0.00	$0.00
Family	$1,413.30	$70.67	$2.70	$1,486.67	$1,263.67	$223.00	15.00%	0	$0.00	$0.00
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$482.15	$85.09	15.00%	64	$5,445.50	$30,857.86
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$1,016.37	$179.36	15.00%	9	$1,614.24	$9,147.33
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$736.48	$129.97	15.00%	10	$1,299.68	$7,364.83
Family	$1,417.62	$70.88	$2.70	$1,491.20	$1,267.52	$223.68	15.00%	17	$3,802.56	$21,547.84
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$526.60	$92.93	15.00%	227	$21,095.00	$119,538.31
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$1,090.29	$192.40	15.00%	47	$9,042.96	$51,243.47
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$810.35	$143.00	15.00%	61	$8,723.15	$49,431.20
Family	$1,523.98	$76.20	$2.70	$1,602.88	$1,362.45	$240.43	15.00%	57	$13,704.62	$77,659.54
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$183.65	$20.41	10.00%	3	$61.22	$550.94
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$393.90	$43.77	10.00%	89	$3,895.26	$35,057.37
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$393.90	$43.77	10.00%	37	$1,619.38	$14,574.41
Total Monthly Payment							14.43%	626	$70,822.43	$419,913.31
Current July 2011							7.61%		$ 37,343.49	$ 453,392.25

City of Dover

Health Insurance Premiums for July 2011

Alternative 3

City of Dover with Flat Percentage @ 10% for Under 65 and 10% for Over 65 of Total Premium

FIXED 10%

	Carrier Monthly Premium	State Risk Fee	State Admin Fee	Total Monthly Rate	City Pays	Participant Contributions	Participant Percentages	Number of Contracts	Total Participant Paid	Total City Paid
First State Basic Plan - Blue Cross Blue Shield of Delaware										
Employee	$514.56	$25.73	$2.70	$542.99	$488.69	$54.30	10.00%	0	$0.00	$0.00
Employee & Spouse	$1,064.66	$53.23	$2.70	$1,120.59	$1,008.53	$112.06	10.00%	0	$0.00	$0.00
Employee & Child(ren)	$782.20	$39.11	$2.70	$824.01	$741.61	$82.40	10.00%	0	$0.00	$0.00
Family	$1,330.86	$66.54	$2.70	$1,400.10	$1,260.09	$140.01	10.00%	0	$0.00	$0.00
Aetna HMO										
Employee	$537.22	$26.86	$2.70	$566.78	$510.10	$56.68	10.00%	4	$226.71	$2,040.41
Employee & Spouse	$1,132.64	$56.63	$2.70	$1,191.97	$1,072.77	$119.20	10.00%	1	$119.20	$1,072.77
Employee & Child(ren)	$821.80	$41.09	$2.70	$865.59	$779.03	$86.56	10.00%	0	$0.00	$0.00
Family	$1,413.30	$70.67	$2.70	$1,486.67	$1,338.00	$148.67	10.00%	0	$0.00	$0.00
BlueCARE HMO - Blue Cross Blue Shield of Delaware										
Employee	$537.66	$26.88	$2.70	$567.24	$510.52	$56.72	10.00%	64	$3,630.34	$32,673.02
Employee & Spouse	$1,136.22	$56.81	$2.70	$1,195.73	$1,076.16	$119.57	10.00%	9	$1,076.16	$9,685.41
Employee & Child(ren)	$822.62	$41.13	$2.70	$866.45	$779.81	$86.65	10.00%	10	$866.45	$7,798.05
Family	$1,417.62	$70.88	$2.70	$1,491.20	$1,342.08	$149.12	10.00%	17	$2,535.04	$22,815.36
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware										
Employee	$587.46	$29.37	$2.70	$619.53	$557.58	$61.95	10.00%	227	$14,063.33	$126,569.98
Employee & Spouse	$1,219.04	$60.95	$2.70	$1,282.69	$1,154.42	$128.27	10.00%	47	$6,028.64	$54,257.79
Employee & Child(ren)	$905.38	$45.27	$2.70	$953.35	$858.02	$95.34	10.00%	61	$5,815.44	$52,338.92
Family	$1,523.98	$76.20	$2.70	$1,602.88	$1,442.59	$160.29	10.00%	57	$9,136.42	$82,227.74
Medicfill w/o Perscription	$191.76	$9.59	$2.70	$204.05	$183.65	$20.41	10.00%	3	$61.22	$550.94
Medicfill - Retiree	$414.26	$20.71	$2.70	$437.67	$393.90	$43.77	10.00%	89	$3,895.26	$35,057.37
Medicfill - Retiree Spouse	$414.26	$20.71	$2.70	$437.67	$393.90	$43.77	10.00%	37	$1,619.38	$14,574.41
Total Monthly Payment							10.00%	626	$49,073.57	$441,662.17
Current July 2011							7.61%		$ 37,343.49	$ 453,392.25

City of Dover

Health Insurance Premiums for July

Alternative 4

Contribution as Percentage of Income - Higher Income = Higher Contribution - Active Employees

Contributons based on the following income		
$ 100,001.00	$ 130,000.00	25.00%
$ 95,001.00	$ 100,000.00	23.00%
$ 90,001.00	$ 95,000.00	21.00%
$ 85,001.00	$ 90,000.00	20.00%
$ 80,001.00	$ 85,000.00	19.00%
$ 75,001.00	$ 80,000.00	18.00%
$ 70,001.00	$ 75,000.00	17.00%
$ 65,001.00	$ 70,000.00	16.00%
$ 60,001.00	$ 65,000.00	15.00%
$ 55,001.00	$ 60,000.00	13.00%
$ 50,001.00	$ 55,000.00	11.00%
$ 45,001.00	$ 50,000.00	10.50%
$ 40,001.00	$ 45,000.00	10.00%
$ 35,001.00	$ 40,000.00	9.50%
$ 30,001.00	$ 35,000.00	8.50%
$ 25,001.00	$ 30,000.00	7.50%
$ -	$ 25,000.00	5.00%

		Current Allocation			Percentage of Income Allocation		
	Monthly Rate	Total Participant Pays	Total City Pays	Total Premium	Total Participant Pays	Total City Pays	Total Premium
First State Basic Plan - Blue Cross Blue Shield of Delaware							
Employee	$542.99	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee & Spouse	$1,120.59	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Employee & Child(ren)	$824.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family	$1,400.10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Aetna HMO							
Employee	$566.78	$0.00	$1,133.56	$1,133.56	$107.69	$1,025.87	$1,133.56
Employee & Spouse	$1,191.97	$674.14	$517.83	$1,191.97	$89.40	$1,102.57	$1,191.97
Employee & Child(ren)	$865.59	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Family	$1,486.67	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
BlueCARE HMO - Blue Cross Blue Shield of Delaware							
Employee	$567.24	$0.00	$20,420.64	$20,420.64	$2,424.95	$17,995.69	$20,420.64
Employee & Spouse	$1,195.73	$314.24	$2,077.22	$2,391.46	$292.95	$2,098.51	$2,391.46
Employee & Child(ren)	$866.45	$598.40	$6,333.20	$6,931.60	$688.83	$6,242.77	$6,931.60
Family	$1,491.20	$3,465.00	$18,903.00	$22,368.00	$3,079.33	$19,288.67	$22,368.00
Comprehensive PPO Plan - Blue Cross Blue Shield of Delaware							
Employee	$619.53	$309.76	$100,673.63	$100,983.39	$11,972.41	$89,010.98	$100,983.39
Employee & Spouse	$1,282.69	$4,310.80	$29,039.14	$33,349.94	$3,931.44	$29,418.50	$33,349.94
Employee & Child(ren)	$953.35	$4,339.92	$45,234.28	$49,574.20	$6,282.58	$43,291.62	$49,574.20
Family	$1,602.88	$13,029.52	$71,923.12	$84,952.64	$11,404.49	$73,548.15	$84,952.64
Medicfill w/o Perscription	$204.05	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Medicfill - Retiree	$437.67	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Medicfill - Retiree Spouse	$437.67	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Monthly Payment		$27,041.78	$296,255.62	$323,297.40	$40,274.07	$283,023.33	$323,297.40
		8.4%	91.6%	100.0%	12.5%	87.5%	100.0%

Contribution Rates:		Current	Using %	Highest Decr.	Highest Incr.
Aetna HMO					
Employee		$0.00	$48.18 - $59.51	$0.00	$59.51
Employee & Spouse	* PP Emp.	n/a	n/a	$674.14	$674.14
BlueCARE HMO					
Employee		$0.00	$42.54 - $107.78	$0.00	$107.78
Employee & Spouse		$157.12	$113.59 - $179.36	-$43.53	$22.24
Employee & Child(ren)		$74.80	$73.65 - $112.64	-$1.15	$37.84
Family		$231.00	$111.84 - $283.33	-$119.16	$52.33
Comprehensive PPO					
Employee		$0.00	$46.46 - $154.88	$0.00	$154.88
Employee & Spouse		$165.80	$109.03 - $320.67	-$56.77	$154.87
Employee & Child(ren)		$83.46	$71.50 - $200.20	-$11.96	$116.74
Family		$245.84	$176.32 - $320.58	-$69.52	$74.74

Calculations for % of Bases Wages - Sorted by Lowest to Highest Paid Employee

	Current Allocation			Percentage of Wages Allocation			
TYPE COVERAGE	Employee	City	Total	Base	Employee	City	$ Difference
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	25,792.00	$ 46.46	$ 573.07	$ 46.46
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	25,958.40	$ 120.22	$ 1,482.66	$ (125.62)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	26,166.40	$ 46.46	$ 573.07	$ 46.46
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	26,312.00	$ 46.46	$ 573.07	$ 46.46
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	27,081.60	$ 42.54	$ 524.70	$ 42.54
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	27,081.60	$ 46.46	$ 573.07	$ 46.46
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	28,017.60	$ 71.50	$ 881.85	$ (11.96)
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	28,017.60	$ 111.84	$ 1,379.36	$ (119.16)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	28,017.60	$ 46.46	$ 573.07	$ 46.46
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	28,329.60	$ 46.46	$ 573.07	$ 46.46
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	28,412.80	$ 46.46	$ 573.07	$ 46.46
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	28,412.80	$ 42.54	$ 524.70	$ 42.54
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	29,182.40	$ 46.46	$ 573.07	$ 46.46
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	29,390.40	$ 71.50	$ 881.85	$ (11.96)
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	29,390.40	$ 42.54	$ 524.70	$ 42.54
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	29,390.40	$ 71.50	$ 881.85	$ (11.96)
BLUE CARE EMPLOYEE & CHILD	$ 74.80	$ 791.65	$ 866.45	30,056.00	$ 73.65	$ 792.80	$ (1.15)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	30,430.40	$ 81.03	$ 872.32	$ (2.43)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	30,430.40	$ 81.03	$ 872.32	$ (2.43)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	30,545.20	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	30,680.00	$ 81.03	$ 872.32	$ (2.43)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	30,680.00	$ 81.03	$ 872.32	$ (2.43)
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	30,680.00	$ 136.24	$ 1,466.64	$ (109.60)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	30,680.00	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	31,202.89	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	31,366.40	$ 52.66	$ 566.87	$ 52.66
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	31,387.20	$ 48.22	$ 519.02	$ 48.22
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	31,387.20	$ 48.22	$ 519.02	$ 48.22
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	31,443.08	$ 136.24	$ 1,466.64	$ (109.60)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	31,553.60	$ 52.66	$ 566.87	$ 52.66
AETNA EMPLOYEE	$ -	$ 566.78	$ 566.78	31,740.80	$ 48.18	$ 518.60	$ 48.18
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	31,844.80	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	31,844.80	$ 52.66	$ 566.87	$ 52.66
BLUE CARE EMPLOYEE & CHILD	$ 74.80	$ 791.65	$ 866.45	32,032.00	$ 73.65	$ 792.80	$ (1.15)
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	32,032.00	$ 109.03	$ 1,173.66	$ (56.77)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	32,038.18	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	32,212.52	$ 52.66	$ 566.87	$ 52.66
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	33,155.20	$ 136.24	$ 1,466.64	$ (109.60)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	33,155.20	$ 52.66	$ 566.87	$ 52.66
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	33,155.20	$ 136.24	$ 1,466.64	$ (109.60)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	33,259.20	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	33,446.40	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	34,000.73	$ 52.66	$ 566.87	$ 52.66
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	34,049.60	$ 136.24	$ 1,466.64	$ (109.60)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	34,049.60	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	34,153.60	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	34,153.60	$ 109.03	$ 1,173.66	$ (56.77)
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	34,153.60	$ 126.75	$ 1,364.45	$ (104.25)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	34,673.60	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	34,860.80	$ 52.66	$ 566.87	$ 52.66
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	34,860.80	$ 81.03	$ 872.32	$ (2.43)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	35,089.60	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	35,193.60	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	35,256.00	$ 90.57	$ 862.78	$ 7.11

Calculations for % of Bases Wages - Sorted by Lowest to Highest Paid Employee

	Current Allocation			Percentage of Wages Allocation			
TYPE COVERAGE	Employee	City	Total	Base	Employee	City	$ Difference
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	35,526.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	35,526.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	35,526.40	$ 121.86	$ 1,160.83	$ (43.94)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	35,526.40	$ 90.57	$ 862.78	$ 7.11
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	35,526.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	35,859.20	$ 121.86	$ 1,160.83	$ (43.94)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	36,088.00	$ 58.86	$ 560.67	$ 58.86
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	36,088.00	$ 53.89	$ 513.35	$ 53.89
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	36,337.60	$ 58.86	$ 560.67	$ 58.86
BLUE CARE EMPLOYEE & CHILD	$ 74.80	$ 791.65	$ 866.45	36,420.80	$ 82.31	$ 784.14	$ 7.51
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	36,961.60	$ 152.27	$ 1,450.61	$ (93.57)
BLUE CARE EMPLOYEE & CHILD	$ 74.80	$ 791.65	$ 866.45	36,961.60	$ 82.31	$ 784.14	$ 7.51
BLUE CARE EMPLOYEE & SPOUSE	$ 157.12	$ 1,038.61	$ 1,195.73	36,961.60	$ 113.59	$ 1,082.14	$ (43.53)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	36,961.60	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	36,961.60	$ 90.57	$ 862.78	$ 7.11
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	36,961.60	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	36,961.60	$ 121.86	$ 1,160.83	$ (43.94)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	36,961.60	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	37,169.60	$ 121.86	$ 1,160.83	$ (43.94)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	37,500.00	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,147.20	$ 58.86	$ 560.67	$ 58.86
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	38,147.20	$ 152.27	$ 1,450.61	$ (93.57)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,190.95	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,292.80	$ 58.86	$ 560.67	$ 58.86
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	38,542.40	$ 152.27	$ 1,450.61	$ (93.57)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,542.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,542.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,542.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	38,542.40	$ 90.57	$ 862.78	$ 7.11
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,542.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,542.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	38,542.40	$ 90.57	$ 862.78	$ 7.11
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,542.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,542.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,542.40	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,833.60	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	38,916.80	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	39,487.35	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	39,582.40	$ 90.57	$ 862.78	$ 7.11
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	39,582.40	$ 121.86	$ 1,160.83	$ (43.94)
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	39,582.40	$ 141.66	$ 1,349.54	$ (89.34)
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	39,582.40	$ 152.27	$ 1,450.61	$ (93.57)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	39,650.19	$ 90.57	$ 862.78	$ 7.11
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	39,813.67	$ 121.86	$ 1,160.83	$ (43.94)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,000.00	$ 58.86	$ 560.67	$ 58.86
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,060.80	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,152.33	$ 61.95	$ 557.58	$ 61.95
BLUE CARE EMPLOYEE & CHILD	$ 74.80	$ 791.65	$ 866.45	40,153.96	$ 86.65	$ 779.81	$ 11.85
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,195.98	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,227.20	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,227.20	$ 61.95	$ 557.58	$ 61.95
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	40,227.20	$ 149.12	$ 1,342.08	$ (81.88)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	40,227.20	$ 95.34	$ 858.02	$ 11.88

Calculations for % of Bases Wages - Sorted by Lowest to Highest Paid Employee

	Current Allocation			Percentage of Wages Allocation			
TYPE COVERAGE	Employee	City	Total	Base	Employee	City	$ Difference
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,227.20	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,227.20	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,227.20	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,227.20	$ 61.95	$ 557.58	$ 61.95
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	40,452.00	$ 56.72	$ 510.52	$ 56.72
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,471.58	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,788.80	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	40,788.80	$ 95.34	$ 858.02	$ 11.88
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	40,788.80	$ 56.72	$ 510.52	$ 56.72
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,833.17	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	40,963.52	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	41,400.11	$ 61.95	$ 557.58	$ 61.95
BLUE CARE EMPLOYEE & CHILD	$ 74.80	$ 791.65	$ 866.45	41,607.29	$ 86.65	$ 779.81	$ 11.85
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	41,828.80	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	42,016.00	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	42,016.00	$ 128.27	$ 1,154.42	$ (37.53)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	42,016.00	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	42,016.00	$ 128.27	$ 1,154.42	$ (37.53)
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	42,016.00	$ 149.12	$ 1,342.08	$ (81.88)
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	42,016.00	$ 56.72	$ 510.52	$ 56.72
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	42,016.00	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	42,016.00	$ 128.27	$ 1,154.42	$ (37.53)
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	42,016.00	$ 128.27	$ 1,154.42	$ (37.53)
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	42,016.00	$ 56.72	$ 510.52	$ 56.72
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	42,016.00	$ 95.34	$ 858.02	$ 11.88
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	42,016.00	$ 61.95	$ 557.58	$ 61.95
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	42,016.00	$ 56.72	$ 510.52	$ 56.72
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	42,251.83	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	42,462.04	$ 95.34	$ 858.02	$ 11.88
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	42,883.77	$ 95.34	$ 858.02	$ 11.88
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	43,076.80	$ 56.72	$ 510.52	$ 56.72
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	43,378.49	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	43,500.00	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	43,505.40	$ 61.95	$ 557.58	$ 61.95
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	43,825.60	$ 56.72	$ 510.52	$ 56.72
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	43,825.60	$ 128.27	$ 1,154.42	$ (37.53)
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	43,916.16	$ 149.12	$ 1,342.08	$ (81.88)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	44,009.90	$ 95.34	$ 858.02	$ 11.88
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	44,053.88	$ 61.95	$ 557.58	$ 61.95
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	44,187.10	$ 56.72	$ 510.52	$ 56.72
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	44,242.58	$ 61.95	$ 557.58	$ 61.95
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	45,000.00	$ 61.95	$ 557.58	$ 61.95
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	45,094.40	$ 168.30	$ 1,434.58	$ (77.54)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	45,094.40	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	619.53	$ 619.53	45,094.40	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	45,094.40	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	45,094.40	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	45,697.60	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	45,697.60	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	45,697.60	$ 65.05	$ 554.48	$ 65.05
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	45,697.60	$ 59.56	$ 507.68	$ 59.56
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	45,801.60	$ 134.68	$ 1,148.01	$ (31.12)
BLUE CARE EMPLOYEE & CHILD	$ 74.80	$ 791.65	$ 866.45	45,801.60	$ 90.98	$ 775.47	$ 16.18

Calculations for % of Bases Wages - Sorted by Lowest to Highest Paid Employee

	Current Allocation			Percentage of Wages Allocation			
TYPE COVERAGE	Employee	City	Total	Base	Employee	City	$ Difference
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	45,801.60	$ 100.10	$ 853.25	$ 16.64
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	45,801.60	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	45,998.80	$ 100.10	$ 853.25	$ 16.64
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	46,194.51	$ 168.30	$ 1,434.58	$ (77.54)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	46,222.66	$ 100.10	$ 853.25	$ 16.64
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	46,227.19	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	46,683.68	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	47,000.00	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	47,590.40	$ 65.05	$ 554.48	$ 65.05
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	47,756.80	$ 59.56	$ 507.68	$ 59.56
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	47,756.80	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	47,756.80	$ 65.05	$ 554.48	$ 65.05
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	47,756.80	$ 59.56	$ 507.68	$ 59.56
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	47,756.80	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	47,756.80	$ 65.05	$ 554.48	$ 65.05
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	47,756.80	$ 59.56	$ 507.68	$ 59.56
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	48,068.80	$ 65.05	$ 554.48	$ 65.05
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	48,068.80	$ 59.56	$ 507.68	$ 59.56
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	48,068.80	$ 168.30	$ 1,434.58	$ (77.54)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	48,181.74	$ 65.05	$ 554.48	$ 65.05
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	48,292.46	$ 65.05	$ 554.48	$ 65.05
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	48,526.40	$ 168.30	$ 1,434.58	$ (77.54)
AETNA EMPLOYEE	$ -	$ 566.78	$ 566.78	48,526.40	$ 59.51	$ 507.27	$ 59.51
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	48,526.40	$ 65.05	$ 554.48	$ 65.05
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	48,871.80	$ 168.30	$ 1,434.58	$ (77.54)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	50,044.80	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	50,044.80	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	50,044.80	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	50,044.80	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	50,044.80	$ 141.10	$ 1,141.59	$ (24.70)
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	50,503.99	$ 176.32	$ 1,426.56	$ (69.52)
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	51,049.65	$ 62.40	$ 504.84	$ 62.40
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	51,112.31	$ 62.40	$ 504.84	$ 62.40
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	51,292.80	$ 68.15	$ 551.38	$ 68.15
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	51,551.83	$ 176.32	$ 1,426.56	$ (69.52)
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	51,563.20	$ 141.10	$ 1,141.59	$ (24.70)
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	51,563.20	$ 176.32	$ 1,426.56	$ (69.52)
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	51,563.20	$ 141.10	$ 1,141.59	$ (24.70)
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	51,563.20	$ 176.32	$ 1,426.56	$ (69.52)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	51,563.20	$ 104.87	$ 848.48	$ 21.41
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	51,947.08	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	51,979.20	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	51,979.20	$ 141.10	$ 1,141.59	$ (24.70)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	51,979.20	$ 68.15	$ 551.38	$ 68.15
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	51,979.20	$ 62.40	$ 504.84	$ 62.40
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	52,520.00	$ 62.40	$ 504.84	$ 62.40
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	52,520.00	$ 176.32	$ 1,426.56	$ (69.52)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	52,520.00	$ 104.87	$ 848.48	$ 21.41
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	52,520.00	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	53,550.75	$ 68.15	$ 551.38	$ 68.15
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	53,622.83	$ 62.40	$ 504.84	$ 62.40
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	53,660.17	$ 62.40	$ 504.84	$ 62.40
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	53,830.40	$ 68.15	$ 551.38	$ 68.15

Calculations for % of Bases Wages - Sorted by Lowest to Highest Paid Employee

	Current Allocation			Percentage of Wages Allocation			
TYPE COVERAGE	Employee	City	Total	Base	Employee	City	$ Difference
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	53,830.40	$ 68.15	$ 551.38	$ 68.15
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	53,830.40	$ 176.32	$ 1,426.56	$ (69.52)
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	53,830.40	$ 62.40	$ 504.84	$ 62.40
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	53,830.40	$ 176.32	$ 1,426.56	$ (69.52)
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	54,000.00	$ 141.10	$ 1,141.59	$ (24.70)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	54,350.40	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	54,350.40	$ 68.15	$ 551.38	$ 68.15
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	54,350.40	$ 176.32	$ 1,426.56	$ (69.52)
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	54,350.40	$ 176.32	$ 1,426.56	$ (69.52)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	54,350.40	$ 104.87	$ 848.48	$ 21.41
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	54,350.40	$ 68.15	$ 551.38	$ 68.15
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	54,350.40	$ 176.32	$ 1,426.56	$ (69.52)
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	54,576.14	$ 141.10	$ 1,141.59	$ (24.70)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	54,657.26	$ 68.15	$ 551.38	$ 68.15
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	55,073.67	$ 80.54	$ 538.99	$ 80.54
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	55,442.21	$ 80.54	$ 538.99	$ 80.54
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	55,452.80	$ 73.74	$ 493.50	$ 73.74
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	55,993.60	$ 208.37	$ 1,394.51	$ (37.47)
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	55,993.60	$ 208.37	$ 1,394.51	$ (37.47)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	55,993.60	$ 80.54	$ 538.99	$ 80.54
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	55,993.60	$ 166.75	$ 1,115.94	$ 0.95
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	56,867.20	$ 123.94	$ 829.41	$ 40.48
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	56,867.20	$ 193.86	$ 1,297.34	$ (37.14)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	57,410.27	$ 123.94	$ 829.41	$ 40.48
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	57,783.17	$ 166.75	$ 1,115.94	$ 0.95
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	58,115.20	$ 208.37	$ 1,394.51	$ (37.47)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	58,115.20	$ 123.94	$ 829.41	$ 40.48
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	58,468.80	$ 208.37	$ 1,394.51	$ (37.47)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	58,468.80	$ 80.54	$ 538.99	$ 80.54
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	58,468.80	$ 80.54	$ 538.99	$ 80.54
BLUE CARE EMPLOYEE & CHILD	$ 74.80	$ 791.65	$ 866.45	58,468.80	$ 112.64	$ 753.81	$ 37.84
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	58,468.80	$ 73.74	$ 493.50	$ 73.74
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	58,856.57	$ 80.54	$ 538.99	$ 80.54
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	59,675.20	$ 123.94	$ 829.41	$ 40.48
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	60,153.60	$ 240.43	$ 1,362.45	$ (5.41)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	60,553.19	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	61,287.52	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	61,396.25	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	61,533.24	$ 143.00	$ 810.35	$ 59.54
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	61,547.20	$ 240.43	$ 1,362.45	$ (5.41)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	61,547.20	$ 143.00	$ 810.35	$ 59.54
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	61,547.20	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	61,547.20	$ 92.93	$ 526.60	$ 92.93
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	61,547.20	$ 240.43	$ 1,362.45	$ (5.41)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	61,547.20	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	61,547.20	$ 143.00	$ 810.35	$ 59.54
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	61,547.20	$ 240.43	$ 1,362.45	$ (5.41)
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	61,547.20	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	61,547.20	$ 92.93	$ 526.60	$ 92.93
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	61,547.20	$ 240.43	$ 1,362.45	$ (5.41)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	61,547.20	$ 143.00	$ 810.35	$ 59.54
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	62,566.40	$ 143.00	$ 810.35	$ 59.54
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	62,566.40	$ 92.93	$ 526.60	$ 92.93

Calculations for % of Bases Wages - Sorted by Lowest to Highest Paid Employee

	Current Allocation			Percentage of Wages Allocation			
TYPE COVERAGE	Employee	City	Total	Base	Employee	City	$ Difference
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	62,566.40	$ 85.09	$ 482.15	$ 85.09
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	62,729.83	$ 192.40	$ 1,090.29	$ 26.60
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	62,840.06	$ 92.93	$ 526.60	$ 92.93
BLUE CARE EMPLOYEE & SPOUSE	$ 157.12	$ 1,038.61	$ 1,195.73	63,730.93	$ 179.36	$ 1,016.37	$ 22.24
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	64,022.40	$ 92.93	$ 526.60	$ 92.93
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	64,022.40	$ 223.68	$ 1,267.52	$ (7.32)
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	64,022.40	$ 143.00	$ 810.35	$ 59.54
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	64,022.40	$ 85.09	$ 482.15	$ 85.09
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	64,022.40	$ 143.00	$ 810.35	$ 59.54
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	64,259.13	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	64,314.78	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	64,861.20	$ 92.93	$ 526.60	$ 92.93
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	65,457.60	$ 99.12	$ 520.41	$ 99.12
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	65,457.60	$ 152.54	$ 800.81	$ 69.08
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	65,457.60	$ 152.54	$ 800.81	$ 69.08
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	65,457.60	$ 256.46	$ 1,346.42	$ 10.62
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	65,457.60	$ 256.46	$ 1,346.42	$ 10.62
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	65,457.60	$ 99.12	$ 520.41	$ 99.12
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	66,459.92	$ 152.54	$ 800.81	$ 69.08
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	66,518.40	$ 256.46	$ 1,346.42	$ 10.62
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	66,726.40	$ 99.12	$ 520.41	$ 99.12
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	67,059.20	$ 152.54	$ 800.81	$ 69.08
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	67,059.20	$ 152.54	$ 800.81	$ 69.08
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	67,059.20	$ 99.12	$ 520.41	$ 99.12
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	67,059.20	$ 99.12	$ 520.41	$ 99.12
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	67,059.20	$ 256.46	$ 1,346.42	$ 10.62
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	67,059.20	$ 99.12	$ 520.41	$ 99.12
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	67,059.20	$ 99.12	$ 520.41	$ 99.12
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	68,390.40	$ 238.59	$ 1,252.61	$ 7.59
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	68,390.40	$ 99.12	$ 520.41	$ 99.12
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	68,390.40	$ 256.46	$ 1,346.42	$ 10.62
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	68,390.40	$ 99.12	$ 520.41	$ 99.12
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	68,390.40	$ 152.54	$ 800.81	$ 69.08
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	68,390.40	$ 99.12	$ 520.41	$ 99.12
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	68,686.70	$ 90.76	$ 476.48	$ 90.76
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	68,835.24	$ 256.46	$ 1,346.42	$ 10.62
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	69,659.64	$ 152.54	$ 800.81	$ 69.08
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	70,054.40	$ 272.49	$ 1,330.39	$ 26.65
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	70,054.40	$ 253.50	$ 1,237.70	$ 22.50
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	70,054.40	$ 272.49	$ 1,330.39	$ 26.65
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	72,007.04	$ 105.32	$ 514.21	$ 105.32
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	72,746.10	$ 218.06	$ 1,064.63	$ 52.26
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	73,673.60	$ 272.49	$ 1,330.39	$ 26.65
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	73,673.60	$ 105.32	$ 514.21	$ 105.32
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	73,673.60	$ 253.50	$ 1,237.70	$ 22.50
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	73,673.60	$ 96.43	$ 470.81	$ 96.43
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	73,673.60	$ 105.32	$ 514.21	$ 105.32
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	73,673.60	$ 105.32	$ 514.21	$ 105.32
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	73,673.60	$ 105.32	$ 514.21	$ 105.32
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	74,900.00	$ 162.07	$ 791.28	$ 78.61
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	75,150.40	$ 288.52	$ 1,314.36	$ 42.68
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	75,150.40	$ 288.52	$ 1,314.36	$ 42.68
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	75,150.40	$ 111.52	$ 508.01	$ 111.52

Calculations for % of Bases Wages - Sorted by Lowest to Highest Paid Employee

	Current Allocation			Percentage of Wages Allocation			
TYPE COVERAGE	Employee	City	Total	Base	Employee	City	$ Difference
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	75,150.40	$ 288.52	$ 1,314.36	$ 42.68
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	75,150.40	$ 171.60	$ 781.75	$ 88.14
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	75,150.40	$ 102.10	$ 465.14	$ 102.10
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	75,150.40	$ 288.52	$ 1,314.36	$ 42.68
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	75,150.40	$ 268.42	$ 1,222.78	$ 37.42
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	75,150.40	$ 268.42	$ 1,222.78	$ 37.42
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	75,150.40	$ 268.42	$ 1,222.78	$ 37.42
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	75,150.40	$ 288.52	$ 1,314.36	$ 42.68
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	76,314.00	$ 102.10	$ 465.14	$ 102.10
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	79,938.51	$ 111.52	$ 508.01	$ 111.52
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	80,828.80	$ 304.55	$ 1,298.33	$ 58.71
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	80,828.80	$ 117.71	$ 501.82	$ 117.71
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	80,828.80	$ 107.78	$ 459.46	$ 107.78
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	80,828.80	$ 117.71	$ 501.82	$ 117.71
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	80,828.80	$ 117.71	$ 501.82	$ 117.71
BLUE CARE FAMILY	$ 231.00	$ 1,260.20	$ 1,491.20	80,828.80	$ 283.33	$ 1,207.87	$ 52.33
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	80,828.80	$ 117.71	$ 501.82	$ 117.71
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	80,828.80	$ 304.55	$ 1,298.33	$ 58.71
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	80,828.80	$ 181.14	$ 772.21	$ 97.68
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	81,338.98	$ 117.71	$ 501.82	$ 117.71
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	82,982.71	$ 304.55	$ 1,298.33	$ 58.71
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	84,845.46	$ 181.14	$ 772.21	$ 97.68
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	88,067.20	$ 320.58	$ 1,282.30	$ 74.74
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	88,067.20	$ 123.91	$ 495.62	$ 123.91
PPO FAMILY	$ 245.84	$ 1,357.04	$ 1,602.88	88,067.20	$ 320.58	$ 1,282.30	$ 74.74
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	88,067.20	$ 190.67	$ 762.68	$ 107.21
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	88,078.18	$ 190.67	$ 762.68	$ 107.21
PPO EMPLOYEE & CHILD	$ 83.46	$ 869.89	$ 953.35	91,775.00	$ 200.20	$ 753.15	$ 116.74
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	96,220.97	$ 295.02	$ 987.67	$ 129.22
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	97,760.00	$ 142.49	$ 477.04	$ 142.49
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	97,760.00	$ 142.49	$ 477.04	$ 142.49
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	106,769.35	$ 154.88	$ 464.65	$ 154.88
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	110,810.56	$ 154.88	$ 464.65	$ 154.88
PPO EMPLOYEE & SPOUSE	$ 165.80	$ 1,116.89	$ 1,282.69	116,124.15	$ 320.67	$ 962.02	$ 154.87
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	116,609.41	$ 154.88	$ 464.65	$ 154.88
PPO EMPLOYEE	$ -	$ 619.53	$ 619.53	117,165.54	$ 154.88	$ 464.65	$ 154.88
BLUE CARE EMPLOYEE	$ -	$ 567.24	$ 567.24	125,520.01	$ 141.81	$ 425.43	$ 141.81
	$ 27,041.78	**$ 296,255.62**	**$ 323,297.40**		**$ 40,274.08**	**$ 283,023.32**	**$ 13,232.30**
	8.4%	**91.6%**			**12.5%**	**87.5%**	

FAQs - HOUSE BILL 81

1. **Who can I call if I have questions about HB 81?**

   The Pension Office can answer questions about HB 81 and can be reached at 739-4208 or 800-722-7300.

Health FAQs

2. **I am a current state employee. Will HB 81 affect how much I pay for my health care coverage?**

   Yes, but not until July 1, 2012. Under HB 81, changes to the State share for each health insurance plan would apply to all current employees, as well as new employees and retirees as of July 1, 2012. A chart showing the difference between what the employee currently pays and what the employee is expected to pay effective July 1, 2012 based on current rates is attached.

3. **What will the State pay for health insurance for state employees after July 1, 2012?**

   Under current law, the State pays the full price for the First State Basic plan, and the employee pays the difference between the cost of the First State Basic plan and the plan they select.

   Pursuant to HB 81, effective July 1, 2012, there will be a fixed cost share established for each of the plans offered by the State, including the First State Basic Plan. As a result, effective July 1, 2012, the State will now pay 96% of the total cost of the First State Basic plan, 95% of the total cost for a new Consumer-Directed Health plan, 93.5% of the total cost of the HMO plans, and 86.75% of the total cost of the PPO plan. Again, a rate sheet is attached for your benefit.

4. **I am a retiree and currently receive a State of Delaware pension but am not yet eligible for Medicare. Does HB 81 affect how much I will pay for my health insurance?**

   Under current law, State of Delaware pensioners not yet eligible for Medicare pay the difference between the cost of the First State Basic plan and the plan the pensioner elects. Effective July 1, 2012, the same cost shares referenced in number 3 would apply to pensioners not eligible for Medicare. Again, the attached chart shows the expected difference between what the pensioner currently pays and what the pensioner would pay based on current rates.

   Once the pensioner who retired on or before July 1, 2012 becomes Medicare eligible and is enrolled in a Medicare Supplement Plan, the pensioner is eligible for up to 100% State share based on their date of hire and years of service.

5. **I am a retiree and currently receive a State of Delaware pension and am also currently receiving Medicare. Does HB 81 affect how much I will pay for my health insurance?**

   No. HB 81 only affects employees who retire after July 1, 2012. As a result, if an employee's last day of employment is June 30, 2012 or earlier and therefore retires on or before July 1, 2012; the retiree is eligible for 100% State share based on their date of hire and years of service. As a retiree already Medicare eligible and on a Medicare Supplement Plan, the State will continue to pay 100% of the cost of the Medicare supplement plan.

6. **Will HB 81 affect the number of years of service it takes to be eligible for retiree health care and the State share of retiree health?**

   Employees who were hired prior to January 1, 2007 will be eligible for the State share as it currently exists.

   For employees hired after January 1, 2007, HB 81 would slightly increase the number of service years it takes to vest for specific percentages of the State share, but just like under current law, employees with less than 5 years of service as of January 1, 2012 can vest for 100% of the State share of retiree health at 20 years of service.

7. **Is Double State Share being eliminated for <u>new</u> employees as of January 1, 2012?**

   Yes. Double State Share would be eliminated for new employees hired after January 1, 2012, as well as employees/pensioners if they become benefit eligible or marry another benefit eligible state employee/pensioner after January 1, 2012.

8. **Will Double State Share change for those who are currently enrolled?**

   Yes. Effective July 1, 2012, employees/pensioners who are Double State Share eligible will have to pay a $25 charge per month for the health plan they select. If the employees enroll in Employee and Spouse or Family plans, a single $25 per month charge would apply. If the employees enroll in separate plans, (for example - two Employee Only plans or one Employee Only plan and one Employee and Children plan,) a $25 per month charge would apply to each plan. In the event, the Employee Only plan premium is less than $25 per month, the Employee Only premium would be charged.

<u>Pension FAQs</u>

9. **I am a current state employee. Do the pension changes in HB 81 affect me?**

   No. The changes to the State's pension plan in HB 81 only affects new state employees hired on or after January 1, 2012.

10. **I am a current retiree. Do the pension changes in HB 81 affect me?**

    No. The changes to the State's pension plan in HB 81 only affects new state employees hired on or after January 1, 2012.

11. **If I have a break in service with the State and come back to work on or after January 1, 2012, am I considered a new employee for pension eligibility rules?**

    If you worked for the State of Delaware in a position that participated in the State Employees' Pension Plan prior to January 1, 2012, you will not be considered a new employee.

12. **I am a current state employee. Will the overtime I earned be included in the calculation of my pension?**

Yes. Overtime will be included in pension creditable compensation if you were hired by the State before January 1, 2012.

13. Will employees hired after January 1, 2012 have overtime included in their pension calculation?

No. Pursuant to HB 81, employees hired on or after January 1, 2012 will not have overtime included in their pension calculation. Employees hired on or after January 1, 2012 will not have to make contributions to the pension fund on their overtime wages.

14. I am a teacher. Will my Extra Pay for Extra Responsibility (EPER) still be included in my pension creditable compensation?

The use of EPER payments in calculating your pension would not change under HB 81.

15. I am a current State employee considering retirement on or around June 30, 2012. Under HB 81, does my actual date of retirement impact how much I will pay for my health insurance as a Pensioner?

Effective July 1, 2012, the same cost shares referenced in #3 would apply to pensioners not eligible for Medicare regardless of their date of retirement. Again, the attached chart shows the expected difference between what the pensioner currently pays and what the pensioner would pay based on current rates.

For employees who remain actively employed on July 1, 2012 and therefore retire after July 1, 2012 and are or become Medicare eligible, HB 81 would reduce the State share of the employee's Medicare supplement coverage by 5%. For example, if an employee retires on August 1, 2012 and is eligible for the full State share based on their date of hire and years of service, the State would pay 95% of the cost of the Medicare Supplement plan, and the employee would pay 5% of the cost. Based on FY 2011 rates, that equates to approximately $20 per month.

If an employee's last day of employment is June 30, 2012 or earlier, and therefore, retires on or before July 1, 2012; the retiree is eligible for 100% State share based on their date of hire and years of service. As a retiree already Medicare eligible and on a Medicare Supplement Plan, the State will continue to pay 100% of the cost of the Medicare supplement plan.

16. What health plans can I expect to have available to me after July 1, 2012 and what can I expect my monthly employee or pensioner contributions for the available health plans to be?

All health plans and employee or pensioner contributions for the available health plans are subject to change each year. Even with the passage of HB 81, the Fiscal Year 2013 (effective July 1, 2012) health plans and rates could be different than what was passed in the legislation. Under Title 29 Chapters 52 and 96 of the Delaware Code, the State Employee Benefits Committee has authority and control over existing and future employee health benefits coverage.

ATTACHMENT

State of Delaware Group Health Insurance Program

New Rates Effective July 1, 2011

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions	Employee/ Pensioner Percentages
First State Basic Plan *(includes prescription drug coverage at the same level as all other plans)* *Administered by Blue Cross Blue Shield of Delaware*				
Employee	$514.56	$514.56	$0.00	0.0%
Employee & Spouse	$1,064.66	$1,064.66	$0.00	0.0%
Employee & Child(ren)	$782.20	$782.20	$0.00	0.0%
Family	$1,330.86	$1,330.86	$0.00	0.0%
Aetna CDH Gold *Administered by Aetna*				
Employee	$532.56	$514.56	$18.00	3.4%
Employee & Spouse	$1,104.26	$1,064.66	$39.60	3.6%
Employee & Child(ren)	$813.70	$782.20	$31.50	3.9%
Family	$1,402.86	$1,330.86	$72.00	5.1%
BlueCARE® CDH Gold *Administered by Blue Cross Blue Shield of Delaware*				
Employee	$532.56	$514.56	$18.00	3.4%
Employee & Spouse	$1,104.26	$1,064.66	$39.60	3.6%
Employee & Child(ren)	$813.70	$782.20	$31.50	3.9%
Family	$1,402.86	$1,330.86	$72.00	5.1%
Aetna HMO *Administered by Aetna*				
Employee	$537.22	$514.56	$22.66	4.2%
Employee & Spouse	$1,132.64	$1,064.66	$67.98	6.0%
Employee & Child(ren)	$821.80	$782.20	$39.60	4.8%
Family	$1,413.30	$1,330.86	$82.44	5.8%
BlueCARE® HMO *Administered by Blue Cross Blue Shield of Delaware*				
Employee	$537.66	$514.56	$23.10	4.3%
Employee & Spouse	$1,136.22	$1,064.66	$71.56	6.3%
Employee & Child(ren)	$822.62	$782.20	$40.42	4.9%
Family	$1,417.62	$1,330.86	$86.76	6.1%
Comprehensive PPO Plan *Administered by Blue Cross Blue Shield of Delaware*				
Employee	$587.46	$514.56	$72.90	12.4%
Employee & Spouse	$1,219.04	$1,064.66	$154.38	12.7%
Employee & Child(ren)	$905.38	$782.20	$123.18	13.6%
Family	$1,523.98	$1,330.86	$193.12	12.7%

State of Delaware Group Health Insurance Program

New Rates Effective July 1, 2012

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions	Employee/ Pensioner Percentages	Employee/ Pensioner Contribution Change
First State Basic Plan *(includes prescription drug coverage at the same level as all other plans)* *Administered by Blue Cross Blue Shield of Delaware*					
Employee	$514.56	$493.98	$20.58	4.0%	$20.58
Employee & Spouse	$1,064.66	$1,022.07	$42.59	4.0%	$42.59
Employee & Child(ren)	$782.20	$750.91	$31.29	4.0%	$31.29
Family	$1,330.86	$1,277.63	$53.23	4.0%	$53.23
Aetna CDH Gold *Administered by Aetna*					
Employee	$532.56	$505.93	$26.63	5.0%	$8.63
Employee & Spouse	$1,104.26	$1,049.05	$55.21	5.0%	$15.61
Employee & Child(ren)	$813.70	$773.02	$40.69	5.0%	$9.19
Family	$1,402.86	$1,332.72	$70.14	5.0%	($1.86)
BlueCARE® CDH Gold *Administered by Blue Cross Blue Shield of Delaware*					
Employee	$532.56	$505.93	$26.63	5.0%	$8.63
Employee & Spouse	$1,104.26	$1,049.05	$55.21	5.0%	$15.61
Employee & Child(ren)	$813.70	$773.02	$40.69	5.0%	$9.19
Family	$1,402.86	$1,332.72	$70.14	5.0%	($1.86)
Aetna HMO *Administered by Aetna*					
Employee	$537.22	$502.30	$34.92	6.5%	$12.26
Employee & Spouse	$1,132.64	$1,059.02	$73.62	6.5%	$5.64
Employee & Child(ren)	$821.80	$768.38	$53.42	6.5%	$13.82
Family	$1,413.30	$1,321.44	$91.86	6.5%	$9.42
BlueCARE® HMO *Administered by Blue Cross Blue Shield of Delaware*					
Employee	$537.66	$502.71	$34.95	6.5%	$11.85
Employee & Spouse	$1,136.22	$1,062.37	$73.85	6.5%	$2.29
Employee & Child(ren)	$822.62	$769.15	$53.47	6.5%	$13.05
Family	$1,417.62	$1,325.47	$92.15	6.5%	$5.39
Comprehensive PPO Plan *Administered by Blue Cross Blue Shield of Delaware*					
Employee	$587.46	$509.62	$77.84	13.25%	$4.94
Employee & Spouse	$1,219.04	$1,057.52	$161.52	13.25%	$7.14
Employee & Child(ren)	$905.38	$785.42	$119.96	13.25%	($3.22)
Family	$1,523.98	$1,322.05	$201.93	13.25%	$8.81

Suggestions Presented at January 19, 2011
Health Benefit Committee Meeting

Establish Health Retirement Accounts for any option. These accounts allow employees to save money for health care expenses upon retirement.

1. Do nothing.

2. City contribution rates are based upon Blue Cross Blue Shield (BCBS) HMO.

Example:

Coverage Level	Total Monthly Cost	City Contribution	Total Employee's Responsibility	FY11 Cost to Employees for PPO	Add't Cost to Employee/Savings to City
	BCBS – PPO	BCBC - HMO			
Employee	619.53	567.24	$52.29	$0.00	$52.29
Employee and Child (ren)	953.35	791.65	$161.70	$83.46	$78.24
Employee and Spouse	1,282.69	1,038.61	$244.08	$165.80	$78.28
Family	1,602.88	1,260.20	$342.68	$245.84	$96.84

My Docs/Health Benefit Committee/HMO vs. PPO

3. Employee/retiree responsible for a percentage of "employee only" premium.

15% and 10%

4. Employee/retiree responsible for a percentage of "employee only" premium.

15% and 10%.
The value of the percentage paid could be deposited into a HRA. Thus the total benefit to the employee is not reduced just providing it in a modified form.

5. Create a vesting schedule.

Example for illustrative purposes:

Years of service	Percentage of City Share
Less than 20 years	45%
20 years less than 25 years	60%
25 years less than 30	85%
30 years or more	100%

6. City contribution based upon years of service. Employees would receive a percentage for each year of service. For example, 3%.

7. Lock in City contributions based upon premiums at retirement.

8. Retirement health care replaced or supplemented with a Health Retirement Account:
   - Employee and City contribution with a vesting schedule for City contributions.

9. No supplemental coverage at Medicare eligible. Option could be supplemented with a Health Retirement Account.

10. Eliminate retirement health care coverage.

11. Eliminate dependent health care coverage.

12. Increase taxes/revenue to fund OPEB.

13. Create new guidelines for new hire benefits.

14. Provide monetary incentive for retirement eligible employees to remain active employees.

This would prevent two employees from receiving the health benefit for a limited time.

15. Offer a cafeteria plan, thus the employees with single insurance coverage could potentially take advantage of the health insurance dependent benefit value.

16. Incentive for declining health care coverage (active employee and retiree).

17. Change retirement eligibility for new employees.

18. Establish HSA accounts with annual cash contributions in conjunction with benefit reductions.

19. Enhance and promote a health and wellness program.

20. FOP : If you could add to my suggestion I would appreciate it. I specifically suggested that the city of Dover install a few more red light cameras in the major intersections throughout Dover. What ever revenue is generated all of this money go directly to fund OPEB. I specifically stated if City Government raised taxes moderately over the last 10 years we may not be in this position. Thank you for adding to my suggestion.

21. Mr. Leary. Place a cap on City contributions towards health care.