

Rates by Tier	Ct.	FY 19-20 Current		NOT RECOMMENDED						RECOMMENDED		
		FY 19-20 Current -HMO10		Option 1- not recommended by Health benefits team			Option 2- not recommended by Health benefits team			Option 3- Recommended by Health Benefits Team (paired with BenExtend)		
		Kaiser HMO High \$10		20-21 Proposal- HMO10			20-21 Proposal- HMO15			20-21 Proposal- HMO20		
				Kaiser HMO High \$10 (9962)	Percent Increase	Kaiser HMO High \$15 (10012)	Percent Increase	Kaiser HMO High \$20 (10053)	Percent Increase			
Employee Only	55	\$472.73	\$26,000.15	\$488.95	\$26,892.25	3.43%	\$479.70	\$26,383.50	1.47%	\$467.64	\$25,720.20	-1.08%
Employee + Spouse	5	\$1,040.00	\$5,200.00	\$1,075.69	\$5,378.45	3.43%	\$1,055.34	\$5,276.70	1.47%	\$1,028.81	\$5,144.05	-1.08%
Employee + Child(ren)	14	\$945.45	\$13,236.30	\$977.91	\$13,690.74	3.43%	\$959.41	\$13,431.74	1.48%	\$935.29	\$13,094.06	-1.07%
Family	17	\$1,418.18	\$24,109.06	\$1,466.86	\$24,936.62	3.43%	\$1,439.11	\$24,464.87	1.48%	\$1,402.93	\$23,849.81	-1.08%
Total Monthly Premium					\$70,898.06		\$69,556.81		\$67,808.12			
Monthly Premium Difference					\$2,352.55		\$1,011.30		(\$737.39)			
Yearly Difference					\$28,230.60		\$12,135.60		-\$8,848.68			
% Difference					3.43%		1.48%		-1.08%			

	Benefits	Kaiser HMO High \$10 (9962)				Summary of Changes	Benefit
		Kaiser HMO High \$10 (9962)	Kaiser HMO High \$10 (9962)	Kaiser HMO High \$15 (10012)	Kaiser HMO High \$20 (10053)		
Outpatient Services	Annual Deductible	None	None	None	None		
		\$1500 Individual	\$1500 Individual	\$1500 Individual	\$1500 Individual		
	Annual Out of Pocket Max	\$3000 Family	\$3000 Family	\$3000 Family	\$3000 Family		
	Office Visits	\$10	\$10	\$15	\$20	-\$10.00	\$700+
	Urgent Care Visit	\$10	\$10	\$15	\$20	-\$10.00	\$500+
	Eligible Preventive Care	No Charge	No Charge	No Charge	No Charge		
	Lab and X-ray	No Charge	No Charge	No Charge	\$10	-\$10.00	\$1300+
	Complex Radiology	No Charge	No Charge	No Charge	\$50	-\$50.00	\$1300+
	Physical Therapy Visit	\$10	\$10	\$15	\$20	-\$10.00	\$900+
	Outpatient Services	\$10	\$10	\$15	\$100	-\$90.00	\$800+
Inpatient Services	Prenatal Services	No Charge	No Charge	No Charge	No Charge		
	Emergency Room Visit	\$100	\$100	\$100	\$100		\$300+
	Ambulance Services	\$50	\$50	\$50	\$100	-\$50.00	\$700+
Prescription/ Pharmacy	Hospital Inpatient	No Charge	No Charge	\$250	\$500	-\$500.00	\$800+
	Physician Fees	No Charge	No Charge	No Charge	No Charge		\$1200+
	Labor & Delivery	No Charge	No Charge	\$250	\$500	-\$500.00	\$200+
Prescription/ Pharmacy	RX Generic	\$10	\$10	\$10	\$15	-\$5.00	\$700+
	RX Brand	\$20	\$20	\$30	\$35	-\$15.00	\$700+
	RX Non-Formulary	\$20	\$20	\$30	\$35	-\$15.00	\$700+
	RX Specialty	20%, up to \$200	20%, up to \$200	20%, up to \$200	30%, up to \$200	-10%	

Additional Benefits				
Monthly Premium	Ct.	BenExtend High	BenExtend Mid	BenExtend Low
Ee Only	55	\$21.80	\$17.90	\$11.18
Family	36	\$32.57	\$26.67	\$17.52
Coverage Level		\$3,000	\$3,000	\$2,000
Total Monthly Premium		\$2,371.52	\$1,628.90	\$1,245.62
Total Annual Premium		\$28,458.24	\$19,546.80	\$14,947.44
Increase from 19-20 HB		3.46%	2.38%	1.82%

Totals	BenExtend High	BenExtend Mid	BenExtend Low
HMO \$10 plan	6.89%	5.81%	5.25%
HMO \$15 plan	4.94%	3.85%	3.29%
HMO \$20 plan	2.38%	1.30%	0.74%

Current FSA Costs
 \$250 per EE
\$20,750.00
***Paid out \$8400 this year**
 Savings to utilize: \$12,350