

Subject: HRD - Health Care Costs

**FY 2018 Proposed Budget
Budget Work Session Follow-up**

4/12/2017

The following information is provided in response to a request made by Jay Fiset at the work session on 4/7/2017, regarding health care contribution rates for employees.

The table on the following page outlines the proposed health plans and the costs to employees and the County depending on the tier (individual/family election) chosen. The rates provided are based on full-time employment (30-40 hours per week). Part-time costs for employees are adjusted based on their level of hours worked. These rates are based on whether the employee works 10-19 hours or 20-29 hours.

FY 2018 Active Employee Health Plans and Rates
Effective July 1, 2017 to June 30, 2018
Detail of Premium Sharing and Increase

Cigna OAP IN Copay Plan

	New Monthly Premium	Employee Biweekly Share	County Biweekly Share	Employee Increase Per Pay
Employee only	\$713.90	\$65.90	\$263.59	\$4.60
Employee + Spouse	\$1,463.50	\$168.87	\$506.60	\$11.79
Employee + Child/ren	\$1,249.30	\$144.15	\$432.45	\$10.06
Family	\$2,141.70	\$247.12	\$741.36	\$17.24

Cigna OAP IN 10% Coinsurance Plan

	New Monthly Premium	Employee Biweekly Share	County Biweekly Share	Employee Increase Per Pay
Employee only	\$649.00	\$59.91	\$239.63	\$4.18
Employee + Spouse	\$1,330.50	\$153.52	\$460.56	\$10.72
Employee + Child/ren	\$1,135.80	\$131.06	\$393.16	\$9.15
Family	\$1,947.00	\$224.66	\$673.96	\$15.68

Cigna OAP Plan (In & Out-of-Network Options; Coinsurance)

	New Monthly Premium	Employee Biweekly Share	County Biweekly Share	Employee Increase Per Pay
Employee only	\$942.30	\$195.28	\$239.63	\$13.63
Employee + Spouse	\$1,931.80	\$431.04	\$460.56	\$30.08
Employee + Child/ren	\$1,696.10	\$389.66	\$393.16	\$27.16
Family	\$2,826.90	\$630.76	\$673.96	\$44.02

KAISER Signature HMO Plan

	New Monthly Premium	Employee Biweekly Share	County Biweekly Share	Employee Increase Per Pay
Employee only	\$522.70	\$48.25	\$193.00	\$2.30
Employee + Spouse	\$1,100.70	\$127.01	\$381.02	\$7.01
Employee + Child/ren	\$969.70	\$111.89	\$335.66	\$6.19
Family	\$1,595.30	\$184.07	\$552.22	\$10.17

DELTA DENTAL of VA (coinsurance)

	New Monthly Premium	Employee Biweekly Share	County Biweekly Share	Employee Increase Per Pay
Employee only	\$36.20	\$3.34	\$13.37	\$0.16
Employee + Spouse	\$72.20	\$8.33	\$24.99	\$0.40
Employee + Child/ren	\$78.20	\$9.02	\$27.07	\$0.43
Family	\$110.10	\$12.71	\$38.12	\$0.61

Beginning July 1, 2017 - Dental coverage includes "Prevention First" -- preventive & diagnostic services (x-rays, exams, cleanings) are excluded from the annual plan maximum of \$1500 of coverage.

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