CITY OF PORT LAVACA

COUNCIL MEETING: JUNE 14, 2024

DATE:

06.19.2024

TO:

HONORABLE MAYOR AND CITY COUNCIL MEMBERS

FROM:

JODY WEAVER, INTERIM CITY MANAGER

BRITTNEY HOGAN, INTERIM FINANCE DIRECTOR

SUBJECT:

HEALTH INSURANCE PLAN RECOMMENDATIONS FOR FYE 2025

BACKGROUND

We have received and reviewed the medical, dental and vision insurance plan options available to the City for the fiscal year beginning October 1, 2024, as offered by BCBS through TX Health Benefits Pool. (see Attachment 1)

We have calculated that the 2024-25 Renewal rate for the exact same coverage and employee/city split currently offered would increase the City's cost by \$135,416 or 14%. Overall, the trend for the City's contribution for health insurance costs has risen over 40% from \$728,040 in fiscal year 2020 to a projected \$1,024,650 for fiscal year 2025 (or \$1,069,590 if the employee split remains the same). We will continue to monitor changes in plan designs to minimize rising costs to the City, and are working with TML to increase employee awareness of healthy life style choices and preventative medicine practices.

After reviewing the four options offered, we are recommending council select Option 1. The only difference in Option 1 and the current medical plan is that the maximum Out of Pocket (OOP) expense will increase from \$6,000/year to \$9,000/year. Only 12 members met the \$4,000 OOP last year and only 7 members have met the \$6,000 OOP this year. All other benefits remain the same including deductibles and co-pay amounts.

Selecting Option 1 and maintaining the same City/Employee payment split that has been in place since at least 2018/19, the increase cost to the City would be \$105,438. Note that the City has been absorbing all medical insurance premium increases over the past at least 6 years. (see Attachment 3)

After reviewing options with the Finance Committee, it was recommended that we adjust the percentages of the premium cost that the employees pay such that this \$105K increase is split with the employees. We are recommending that the percentage split is adjusted to be closer to what it was 5 and 6 years ago. Doing so will reduce the increased cost to the City to \$60,498 (a savings of \$44,940). (see Attachment 2).

RECOMMENDATIONS

TML Option No. 1: Only Change to plan coverage proposed is as follows:

• The Out-of-Pocket (OOP) Maximum will increase from \$6,000 to \$9,000.

Changes recommended to the Employee Contribution per month:

- Employee Only (15%) = +\$30.00 (\$360 annually) compare County rates: \$147/mo
- Employee + children (20%) = +\$45.00 (\$540 annually) compare County rates: \$766/mo
- Employe + Spouse (20%) = +\$55.00 (\$660 annually) compare County rates: \$988/mo
- Employee + Family (16%) = +\$70.00 (\$840 annually) compare County rates: \$1510/mo

Note: the percentage splits in 2018/19 and 2019/20 were 15%, 22% 22%, and 17% respectively.

There were no changes or price increases to the dental plan for fiscal year 2025. The vision coverage costs increased by \$32.04 with no plan changes recommended.

Staff recommends the approval of BCBSTX Option 1 as offered by TX Health Benefits Pool, with the employee contribution as presented, with continued coverage of the same plans for dental and vision.

Attachments:

- 1. TX Health Benefits Pool Medical Cost Project Member Options for FY 24-25
- 2. Health Insurance Cost Comparison of Maintaining same employee contribution vs adjust % for employee to share in cost increase
- 3. Health Insurance Rate/cost Comparison 2018/19 thru 2024/25



MEDICAL COST PROJECTION

Port Lavaca - PPORTLA1 06/02/24 MEMBER OPTION

	12%	Increase				
Current Plan	2023-2024	2024-2025				
	Current Rates	New Rates				
	Copay-2500-6K ER	Copay-2500-6K ER				
	80% / 50%	80% / 50%				
	PPO	PPO				
	\$2,500 In Ded	\$2,500 In Ded				*
	\$5,000 Out Ded	\$5,000 Out Ded				
	\$6,000 In OOP	\$6,000 In OOP				
	\$0 Tela Health Copay	\$0 Tela Health Copay				
	\$30 OV/\$60 SP/\$75 UC/\$500 ER Copay	\$30 OV/\$60 SP/\$75 UC/\$500 ER Copay				
	DAW1&2 Rx Plan	DAW1&2 Rx Plan	i.		1	
EE ·	\$666.34	\$746.30			lj.	
EE + Spouse	\$1,352.72	\$1,515.06	1		Ĭ	
EE + Child(ren)	\$1,172.82	\$1,313.56			₩	
EE + Family	\$1,965.74	\$2,201.64			3	
			- 4	0-41 7	Option 3	Option 4
New Plan Options			Option 1	Option 2		[2004 1923/25 (1951 74
2024-2025			9.34% Increase	10.39% Increase	9.11% increase	7.39% Increase
201 2013			Copay-2500-9K ER	Copay-3K-6K ER	Copay-3K-7K ER	Copay-3K-9K ER
			80% / 50%	80% / 50%	80% / 50%	80% / 50%
			PPO (copay)	PPO (copay)	PPO (copay)	PPO (copay) \$3,000 In Ded
			έ \$2,500 In Ded ÷	\$3,000 In Ded	\$3,000 In Ded .	\$5,000 In Ded \$6,000 Out Ded
			\$5,000 Out Ded	\$6,000 Out Ded	\$6,000 Out Ded - \$7,000 In OOP 1	\$9,000 Out Ded \$9,000 In OOP
			\$9,000 In OOP	\$6,000 In OOP	\$7,000 in OQP ·	\$0 Tela Health Copay
			\$0 Tela Health Copay	\$0 Tela Health Copay	\$30 OV/\$60 SP/\$75 UC/\$500 ER Copay	\$30 OV/\$60 SP/\$75 UC/\$500 ER Copay
			\$30 OV/\$60 SP/\$75 UC/\$500 ER Copay	\$30 OV/\$60 SP/\$75 UC/\$500 ER Copay DAW1&2 Rx Plan	DAW1&2 Rx Plan	DAW1&2 Rx Plan
			DAW1&2 Rx Plan	\$735.60	\$727.04	\$715.56
EE			\$728.60	\$1,493.34	\$1,475.96	\$1,452.66
EE + Spouse	940		\$1,479.12	\$1,495.54	\$1,279.66	\$1,259.46
EE + Child(ren)			\$1,282.40	\$2,170.06	\$2,144.82	\$2,110.94
EE + Family			\$2,149.42	\$2,270.00	V2/2 1 102	* **
			Ontino 1	Option 2	Option 3	Option 4
			Option 1	Ομίοι 2	Spilon 3	
Please sign & date option chose	en:	X	- In	Signature / Date	Signature / Date	Signature / Date
			Signature / Date	alkitatore / Date	Signotore / Date	

THIS DOES NOT COMPLETE THE RERATE PROCESS. YOU WILL NEED TO SIGN THE MEMBER OPTION AND RETURN TO YOUR MARKETING CONTACT BY 05/18/2024.

THEN A NEW RERATE NOTICE WILL BE GENERATED AND MAILED TO YOU. THE RERATE SHEET MUST BE SIGNED AND RECEIVED IN AUSTIN BY 07/01/2024 FOR THE NEW BENEFITS AND RATES TO BE EFFECTIVE FOR 10/01/2024.

The information contained in this option includes proprietary information that should not be shared with other competitors or used to circumvent the requirements of Texas Competitive Bidding laws.

CITY OF PORT LAVACA HEALTH INSURANCE COST COMPARISON: MAINTAINING SAME EMPLOYEE COST SPLIT VS. ADJUST % FOR EMPLOYEE TO SHARE COST

Samployee Only T28.60 110.00 \$5.00 110.00 \$5.00 15.00	Medical Insurance		Cost		Employ	ee C	Contribution	1	Paid	by City		Increase Pd by employee	Increase	Pd by City	Em	Annual mployee ease (each)	11	ncrease to City Annualized	# Employees		Annual cost to City	Annual cost to employees	
Employee + Children S 1,172.82 \$ 210.00 \$ 105.00 18% \$ 962.82 82% \$ 0.00 \$ 68.68 \$ - \$ 11,538.24 14 161,753.76 35,280 1 1 162,637.6 35,280 1 1 162,537.6 35,280 1 1 162,537.6 35,280 1 1 162,537.6 35,280 1 1 1 162,537.6 35,280 1 1 1 162,537.6 35,280 1 1 1 162,537.6 35,280 1 1 1 1 162,537.6 35,280 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Employee Only	\$	666.34	\$	80.00	\$	40.00	12%	\$ 58	.34	88%	\$0.00	\$	39.02	\$	-	\$	20,602.56		44	309,587.52	42,240	
Employee + children S	Employee + Spouse	\$	1,352.72	\$	240.00	\$	120.00	18%	\$ 1,11	.72	82%	\$0.00	\$	79.20	\$	-	\$	10,454.40		11	146,879.04	31.680	
Family \$ 1,965.74 \$ 270.00 \$ 135.00 14% \$ 1,695.74 86% \$ 0.00 \$ 115.10 \$ - \$ 23,480.40 17 345,930.96 55,080 164% above 1875 15% 15	Employee + children	\$	1,172.82	\$	210.00	\$	105.00	18%	\$ 96	.82	82%	\$0.00	\$	68.68	\$	_	s	11.538.24		14	161 753 76		
NEW RATES FOR 2024/25 FISCAL YEAR (Option 1 - Deductible \$2500; \$9K OOP) Semployee Semployee + Spouse \$ 1,479,12 \$ 240,00 \$ 120,00 \$ 105,00 16% \$ 1,072,40 84% \$ 50,00 \$ 109,00 \$ 109,00 \$ 1,479,12 \$ 270,00 \$ 135,00 13% \$ 1,879,42 87% \$ 50,00 \$ 183,68 \$ \$ \$ 50,00 \$ 183,68 \$ \$ \$ \$ \$ 66,075.60 \$ \$ \$ 66,075.60 \$ \$ \$ \$ 66,075.60 \$ \$ \$ \$ 66,075.60 \$ \$ \$ \$ \$ 66,075.60 \$ \$ \$ \$ \$ 66,075.60 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Employee + Family	\$	1,965.74	\$	270.00	\$	135.00	14%	\$ 1.69	74	86%	\$0.00	¢	115 10	ė		ė						
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NEW RATES FOR 2024/25 FISCAL YEAR (Option 1 - Deductible \$2500 ; SW COP)																		00,010.00					
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Employee + children \$ 1,282.40 \$ 210.00 \$ 105.00 16% \$ 1,072.40 84% \$ 0.00 \$ 109.58 \$ - \$ 18,409.44 14 180,163.20 35,280.00 Employee + Family \$ 2,149.42 \$ 270.00 \$ 135.00 13% \$ 1,879.42 87% \$ 0.00 \$ 183.68 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 55,080.00 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ - \$ 37,470.72 17 383,401.68 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.58 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54 \$ 109.54	Employee + Spouse	\$	1,479.12	\$	240.00	\$	120.00	16%	\$ 1,239	.12	34%	\$0.00	\$	126.40	\$	-	\$	16,684.80		11			1
Employee + Family \$ 2,149,42 \$ 270.00 \$ 135.00 \$ 138, \$ 1,879.42 \$ 87% \$ \$0.00 \$ 183.68 \$ - \$ 37,470.72 \$ 17 383,401.68 \$ 55,080.00 \$ 10.94% \$ 10.9		\$	1,282.40	\$	210.00	\$	105.00	16%	\$ 1,07	40	34%	\$0.00	\$	109.58	\$	-	\$	18,409.44		14			
Samployee Samp	Employee + Family	\$	2,149.42	\$	270.00	\$	135.00	13%	\$ 1,879	42	37%	\$0.00	\$	183.68	\$	-	\$	37,470.72		-			Increase to City's Budget
Standard																	\$	105,438.24			1,069,589.52	164,280.00	
Medical Insurance Cost Employee Contribution Paid by City Increase Pd by City by employee Annual Employee Increase (each) annualized for employees Increase Pd by City annualized for employees Annual cost to City amployees Annual cost to City employees Employee Only \$ 728.60 \$ 110.00 \$ 55.00 15% \$ 618.60 85% \$ 30.00 \$ 32.26 \$ 360.00 \$ 17,033.28 44 326,621 58.080																					87%	13%	
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mployee + children \$ 1,282.40 \$ 255.00 \$ 127.50 20% \$ 1,027.40 80% \$ 45.00 \$ 64.58 \$ 540.00 \$ 10,849.44 14 172,603 42,840 mployee + Family \$ 2,149.42 \$ 340.00 \$ 170.00 16% \$ 1,809.42 84% \$ 70.00 \$ 113.68 \$ 840.00 \$ 23,190.72 17 369,122 69.360 increase to City's Bure		-				-					-	1			-					_		42,840	
SAVINGS TO CITY over maintaining same employee contribution amounts = \$44.940 \$ 60.498.24 86 1 024 650 209 220 6 2784						SAV	INGS TO C	IIY OVE	r mainta	ning sa	me e	mnlovee col	ntributi	on amou	inte - 6	CAA QAO	ċ	60,498,24		86	1,024,650	209,220	6.27%

CITY OF PORT LAVACA HEALTH INSURANCE RATE/COST COMPARISONS 2018/19 - 2024/25

		2018	3/19 FISC/	N YEAR			
Medical Insurance	Cost			ee Contributio	n	Paid by	City
Employee Only	\$ 565.46	\$	80.00		15%	\$ 485.46	85%
Employee + Spouse	\$ 1,559.86	\$	240.00		22%	\$ 1,319.86	78%
Employee + children	\$ 1,071.86	\$	210.00		22%	\$ 861.86	78%
Employee + Family	\$ 1,843.62	\$	270.00		17%	\$ 1,573.62	83%

		2019	9/20 FISC/	AL YEAR			
Medical Insurance	Cost		Employ	ee Contributio	n	Paid by	City
Employee Only	\$ 542.84	\$	80.00		15%	\$ 462.84	85%
Employee + Spouse	\$ 1,101.98	\$	240.00		22%	\$ 861.98	78%
Employee + children	\$ 955.40	\$	210.00		22%	\$ 745.40	78%
Employee + Family	\$ 1,601.38	\$	270.00		17%	\$ 1,331.38	83%

		2020)/21 FISC/	AL YEAR			
Medical Insurance	Cost		Employ	ee Contributio	n	Paid by	City
Employee Only	\$ 569.98	\$	80.00		14%	\$ 489.98	86%
Employee + Spouse	\$ 1,157.08	\$	240.00		21%	\$ 917.08	79%
Employee + children	\$ 1,003.18	\$	210.00		21%	\$ 793.18	79%
Employee + Family	\$ 1,681.46	\$	270.00		16%	\$ 1,411.46	84%

	RATE	S FC	R 2021/2	2 FISCAL YEAR			
Medical Insurance	Cost		Employ	ee Contributio	n	Paid by	City
Employee Only	\$ 582.82	\$	80.00		14%	\$ 502.82	86%
Employee + Spouse	\$ 1,183.16	\$	240.00		20%	\$ 943.16	80%
Employee + children	\$ 1,025.80	\$	210.00		20%	\$ 815.80	80%
Employee + Family	\$ 1,719.36	\$	270.00		16%	\$ 1,449.36	84%

PRINCIPAL DE LA COMPANSA DE LA COMP					10-	حاجاتهم بالم				
RAT	ES F	OR 2022/2	3 FIS	CAL YEAR	(De	auctible -	750 - 4K	00	OP)	
Medical Insurance		Cost		Employ	yee (Contributio	n		Paid by	City
Employee Only	\$	627.32	\$	80.00			13%	\$	547.32	87%
Employee + Spouse	\$	1,273.52	\$	240.00			19%	\$	1,033.52	81%
Employee + children	\$	1,104.14	\$	210.00			19%	\$	894.14	81%
Employee + Family	\$	1,850.64	\$	270.00			15%	\$	1,580.64	85%
PATE	SEC	OR 2023/24	EISC	TAL VEAD	(Dec	luctible - 2	500 - 6k	′ О	OD)	
	<u> </u>		1130						•	A.
Medical Insurance		Cost	Per	rMo.	pee (Contributio	n ocl		Paid by	City
Employee Only	\$	666.34	\$	80.00	\$	40.00	12%	\$	586.34	88%
Employee + Spouse	\$	1,352.72	\$	240.00	\$	120.00	18%	\$	1,112.72	82%
Employee + children	\$	1,172.82	\$	210.00	\$	105.00	18%	\$	962.82	82%
						3,3,4,2,3,3,4,3,4,4,4,4,4,4,4,4,4,4,4,4,				000/
Employee + Family	\$	1,965.74	\$	270.00	\$	135.00	14%	\$	1,695.74	86%
Employee + Family	\$	1,965.74	\$	270.00	\$	135.00	14%	\$	1,695.74	86%
Employee + Family	\$	1,965.74	\$	270.00	\$	135.00	14%	\$	1,695.74	86%
Employee + Family NEW RATES										
		2024/25 F	ISCA	L YEAR (C	ptio	n 1 -Dedu	ctible - 2			
NEW RATES		2024/25 F Option A: N	ISCA	L YEAR (C)ptio	n 1 -Dedu CONTRIBU	ctible - 2		0-9K OOP)	
		2024/25 F	ISCA MAIN	L YEAR (C)ptio	n 1 -Dedu	ctible - 2			
NEW RATES		2024/25 F Option A: N	ISCA MAIN	L YEAR (C)ptio	n 1 -Dedu CONTRIBU	ctible - 2		0-9K OOP)	City
NEW RATES Medical Insurance	FOR	2024/25 F Option A: N Cost	MAIN"	L YEAR (C TAINING S. Employ	AME	n 1 -Dedu CONTRIBU Contributio	ctible - 2	250	0-9K OOP) Paid by	
NEW RATES Medical Insurance Employee Only	FOR	2024/25 F Option A: N Cost 728.60	AAIN' Per	L YEAR (C TAINING SA Employ Mg. 80.00	AME	CONTRIBUTE CONTRIBUTE POJ per 40.00	ctible - 2 TION n 1001 11%	\$	0-9K OOP) Paid by	City 89%
NEW RATES Medical Insurance Employee Only Employee + Spouse	FOR \$	2024/25 F Option A: N Cost 728.60 1,479.12	Per \$	L YEAR (C TAINING S. Employ Mø. 80.00 240.00	AME /ee (CONTRIBU Contribution crpol per 40.00 120.00	TION 11% 16%	\$ \$	0-9K OOP) Paid by 648.60 1,239.12	City 89% 84% 84%
NEW RATES Medical Insurance Employee Only Employee + Spouse Employee + children	FOR \$ \$	2024/25 F Option A: N Cost 728.60 1,479.12 1,282.40	MAIN S	Employ - Mg. 80.00 240.00 210.00	AME /ee C	CONTRIBUTE CONTRIBUTE POLICY P	tible - 2 TION 11% 16% 16%	\$ \$ \$	Paid by 648.60 1,239.12 1,072.40	City 89% 84%
NEW RATES Medical Insurance Employee Only Employee + Spouse Employee + children	FOR \$ \$ \$ \$ \$ \$ \$	2024/25 F Option A: N Cost 728.60 1,479.12 1,282.40 2,149.42	AAIN' Per \$ \$	Employ- Mg. 80.00 240.00 270.00	AME vee C points s s s	CONTRIBUTE CONTRIBUTE POLICY P	TION 11% 16% 16% 13%	\$ \$ \$	Paid by 648.60 1,239.12 1,072.40 1,879.42	City 89% 84% 84% 87%
NEW RATES Medical Insurance Employee Only Employee + Spouse Employee + children Employee + Family	FOR \$ \$ \$ \$ \$ \$ \$	2024/25 F Option A: N Cost 728.60 1,479.12 1,282.40 2,149.42	AAIN' PCP \$ \$ \$	L YEAR (CONTAINING S) Employ Mø. 80.00 240.00 270.00 ERCENTAG	AME AME S S S ESTO	CONTRIBUTE CONTRIBUTE 40.00 120.00 135.00 CONTRIBUTE CO	11% 16% 16% 13%	\$ \$ \$	Paid by 648.60 1,239.12 1,072.40 1,879.42	City 89% 84% 84% 87%
NEW RATES Medical Insurance Employee Only Employee + Spouse Employee + children Employee + Family PROPOSED OPT Medical Insurance	FOR \$ \$ \$	Option A: N Cost 728.60 1,479.12 1,282.40 2,149.42 B: BALANCIN Cost	MAIN' Per \$ \$ \$ \$	L YEAR (CONTAINING S) Employ Mø. 80.00 240.00 210.00 270.00 ERCENTAG	AME vee C per	CONTRIBUTION CONTRIBUTION CONTRIBUTION 40.00 120.00 105.00 135.00 WHAT THE Contribution Pay Period	11% 16% 16% 13%	\$ \$ \$ \$	Paid by 648.60 1,239.12 1,072.40 1,879.42 Paid by 6	City 89% 84% 84% 87% Co
NEW RATES Medical Insurance Employee Only Employee + Spouse Employee + children Employee + Family PROPOSED OPT	FOR \$ \$ \$ \$ \$ \$ \$	Option A: N Cost 728.60 1,479.12 1,282.40 2,149.42 B: BALANCIN	AAIN' PCP \$ \$ \$	Employ ERCENTAG Employ Mø. 80.00 240.00 270.00 ERCENTAG Employ	AME AME S S S ESTO	CONTRIBUTION CONTRIBUTION CONTRIBUTION 40.00 120.00 135.00 135.00 WHAT THE Contribution Pay Period 55.00	11% 16% 13% EY WERE	\$ \$ \$	Paid by 648.60 1,239.12 1,072.40 1,879.42 E YEARS AG Paid by 618.60	City 89% 84% 87% 60 City 85%
NEW RATES Medical Insurance Employee Only Employee + Spouse Employee + children Employee + Family PROPOSED OPT Medical Insurance Employee Only	\$ \$ \$ \$ \$ \$	Option A: N Cost 728.60 1,479.12 1,282.40 2,149.42 B: BALANCIN Cost 728.60	AAIN' \$ \$ \$ \$ \$ \$ \$	L YEAR (CONTAINING S) Employ Mø. 80.00 240.00 210.00 270.00 ERCENTAG	AME vee C per s ES TC per	CONTRIBUTION CONTRIBUTION CONTRIBUTION 40.00 120.00 105.00 135.00 WHAT THE Contribution Pay Period	11% 16% 16% 13%	\$ \$ \$ \$	Paid by 648.60 1,239.12 1,072.40 1,879.42 Paid by 6	89% 84% 84% 87%