

City of Stephenville
 Medical Insurance Comparison for Health Insurance Plan Year 2024-2025

Current Base Plan - UHC HSA-AGYB Single Option - Choice EPO							
	# Covered	Per Month			Annual Cost	Annual HSA Contribution \$1,300	Employee Cost
		City		Total			
Employee	119	\$ 415.87		\$ 49,488.53	\$ 593,862.36	\$ 154,700.00	\$ -
Employee + Spouse	5	415.87		\$ 2,079.35	\$ 24,952.20	\$ 6,500.00	\$ 607.77
Employee + Children	14	415.87		\$ 5,822.18	\$ 69,866.16	\$ 18,200.00	\$ 317.53
Employee + Family	4	415.87		\$ 1,663.48	\$ 19,961.76	\$ 5,200.00	\$ 925.04
Total	142			\$ 59,053.54	\$ 708,642.48	\$ 184,600.00	

Proposed Plan 1 - BCBS HSA-MTBCP014H - Blue Choice PPO										
	# Covered	Per Month			Annual Cost	Annual HSA Contribution \$1,500	Per Month			
		City	Dep Subsidy	Cost			Employee Cost	City Subsidy	Net Employee Cost	Increase
Employee	119	\$ 424.37	\$ -	\$ 50,500.03	\$ 606,000.36	178,500.00	\$ -	\$ -	\$ -	\$ -
Employee + Spouse	5	\$ 424.37	\$ -	\$ 2,121.85	\$ 25,462.20	7,500.00	\$ 551.16	\$ -	\$ 551.16	\$ (56.61)
Employee + Children	14	\$ 424.37	\$ 183.29	\$ 5,941.18	\$ 71,294.16	21,000.00	\$ 500.82	\$ (183.29)	\$ 317.53	\$ -
Employee + Family	4	\$ 424.37	\$ 126.94	\$ 1,697.48	\$ 20,369.76	6,000.00	\$ 1,051.98	\$ (126.94)	\$ 925.04	\$ -
Total	142			\$ 60,260.54	\$ 723,126.48	\$ 213,000.00				

Proposed Plan 2 - BCBS COPAY- MTBCP031 - Blue Choice PPO										
	# Covered	Per Month			Annual Cost	Annual HSA Contribution \$0	Per Month			
		City	Dep Subsidy	Cost			Employee Cost	City Subsidy	Net Employee Cost	Increase
Employee	119	\$ 487.66	\$ -	\$ 58,031.54	\$ 696,378.48		\$ -	\$ -	\$ -	\$ -
Employee + Spouse	5	\$ 549.37	\$ -	\$ 2,746.85	\$ 32,962.20		\$ 571.64	\$ -	\$ 571.64	\$ (36.13)
Employee + Children	14	\$ 549.37	\$ 183.29	\$ 7,691.18	\$ 92,294.16		\$ 513.79	\$ (183.29)	\$ 330.50	\$ 12.97
Employee + Family	4	\$ 549.37	\$ 126.94	\$ 2,197.48	\$ 26,369.76		\$ 1,147.15	\$ (126.94)	\$ 1,020.21	\$ 95.17
Total	142			\$ 70,667.05	\$ 848,004.60	\$ -				

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Employees Opting Out - Current					
	# Covered	Per Month			Annual
		City		Cost	Cost
Employee - on Medicare plan	3	\$ 415.87		\$ 1,247.61	\$ 14,971.32
Employee- on non-Medicare plan	30	\$ 207.94		\$ 6,238.05	\$ 74,856.60
Total	33			\$ 7,485.66	\$ 89,827.92

Employees Opting Out - Proposed					
	# Covered	Per Month			Annual
		City		Cost	Cost
Employee - on Medicare plan	3	\$ 424.37		\$ 1,273.11	\$ 15,277.32
Employee- on non-Medicare plan	30	\$ 212.19		\$ 6,365.55	\$ 76,386.60
Total	33			\$ 7,638.66	\$ 91,663.92

Current Dental - Guardian						
	# Covered	Per Month			Annual	Employee Cost
		City		Cost	Cost	
Employee	116	\$ 19.15		\$ 2,221.40	\$ 26,656.80	\$ -
Employee + Spouse	11	\$ 19.15		\$ 210.65	\$ 2,527.80	\$ 9.87
Employee + Children	10	\$ 19.15		\$ 191.50	\$ 2,298.00	\$ 17.80
Employee + Family	26	\$ 19.15		\$ 497.90	\$ 5,974.80	\$ 30.40
Total	163			\$ 3,121.45	\$ 37,457.40	

Proposed Dental - BCBS - DTNHR33							
	# Covered	Per Month			Annual	Employee Cost	Increase
		City		Cost	Cost		
Employee	116	\$ 22.07		\$ 2,560.12	\$ 30,721.44	\$ -	\$ -
Employee + Spouse	11	\$ 22.07		\$ 242.77	\$ 2,913.24	\$ 22.06	\$ 12.19
Employee + Children	10	\$ 22.07		\$ 220.70	\$ 2,648.40	\$ 39.76	\$ 21.96
Employee + Family	26	\$ 22.07		\$ 573.82	\$ 6,885.84	\$ 70.74	\$ 40.34
Total	163			\$ 3,597.41	\$ 43,168.92		

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Current Vision - Mutual of Omaha (EyeMed Insight)

	# Covered	Per Month		Annual Cost		Employee Cost	
		City	Cost				
Employee	81	\$ -	\$ -	\$ -		\$	5.70
Employee + Spouse	8	\$ -	\$ -	\$ -		\$	10.83
Employee + Children	7	\$ -	\$ -	\$ -		\$	11.40
Employee + Family	19	\$ -	\$ -	\$ -		\$	16.76
Total	115		<u>\$ -</u>	<u>\$ -</u>			

Proposed Vision - BCBS (EyeMed)

	# Covered	Per Month		Annual Cost		Employee Cost		Increase
		City	Cost					
Employee	81	\$ -	\$ -	\$ -		\$	7.60	\$ 1.90
Employee + Spouse	8	\$ -	\$ -	\$ -		\$	14.44	\$ 3.61
Employee + Children	7	\$ -	\$ -	\$ -		\$	15.20	\$ 3.80
Employee + Family	19	\$ -	\$ -	\$ -		\$	22.35	\$ 5.59
Total	115		<u>\$ -</u>	<u>\$ -</u>				

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	Current	Proposed
Per Employee Per Month Benefit		
Health Insurance HSA	\$ 415.87	\$ 424.37
HSA Contribution	108.33	125.00
Dental	19.15	22.07
Vision	-	-
First Stop Health-VPC, VUC, VMH	14.00	14.00
Basic Life/AD&D	2.95	2.95
COBRA Administration	0.70	0.70
HSA Administration	-	-
Budgeted in Salaries in each department	<u>\$ 561.00</u>	<u>\$ 589.09</u>
Careflight Air Evacuation \$15.00 per year	1.25	1.25
Air Med Air Evacuation \$60.00 per year	5.00	5.00
Budgeted Full-time Positions 191		
Wellsprings Insurance Benefits Consultant/month \$2,500	<u>13.09</u>	<u>13.09</u>
Budgeted in Contractual in HR	<u>19.34</u>	<u>19.34</u>
Total Per Employee Per Month	<u>\$ 580.34</u>	<u>\$ 608.43</u>
Total Budgeted Full-time positions	191	191
Monthly Total Before Adjustments	\$ 110,844.94	\$ 116,210.13
Annual Total Before Adjustments	\$ 1,330,139.28	\$ 1,394,521.56
Less HSA for employees opting out 33 \$1,300/\$1,500	(42,900.00)	(49,500.00)
Less 1/2 insurance premium for voluntary opt outs	(74,856.60)	(76,386.60)
Dependent Care Subsidy - Children 14 \$ 183.29 per month		30,792.72
Dependent Care Subsidy - Family 4 \$ 126.94 per month		6,093.12
Total Annual Cost	<u>\$ 1,212,382.68</u>	<u>\$ 1,305,520.80</u>
Total Annual Increase		\$ 93,138.12
One-time BCBS credit		\$ (25,000.00)
Annual Increase for 1st year		<u>\$ 68,138.12</u>