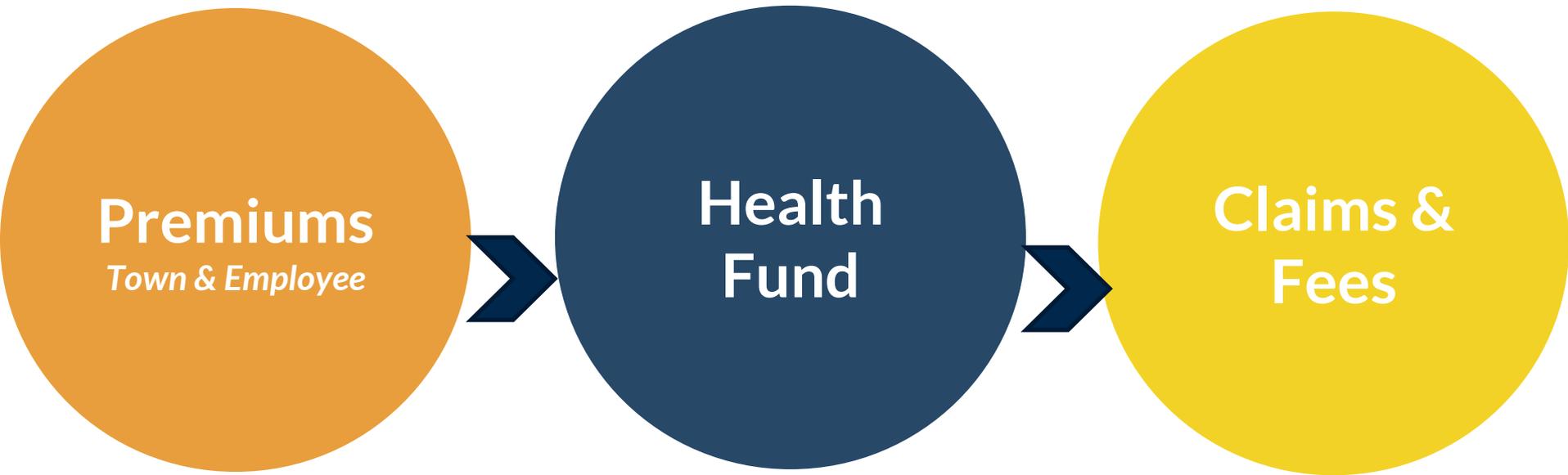


Self-Insured Health Trust Fund & FY17 Plan Options

Employee Information Sessions
April 18 - 19, 2016



Self-Insured Fund



+10%

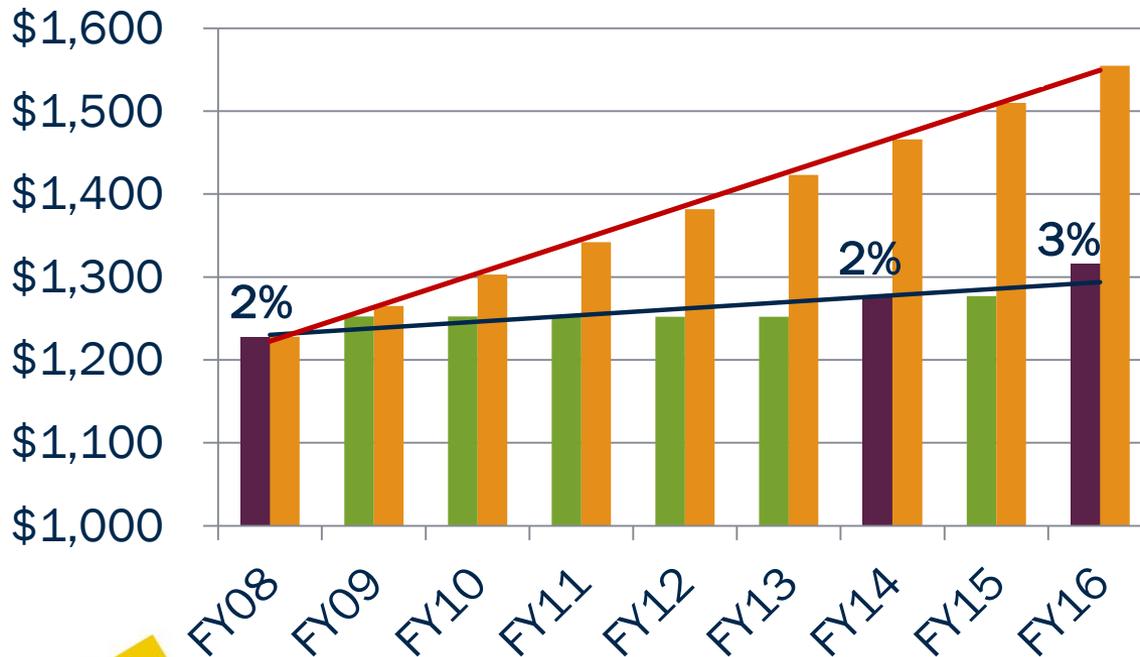
members since FY 2011

Premium Holiday

FY 2011

FY 2012

Historical Family Premium Monthly Costs

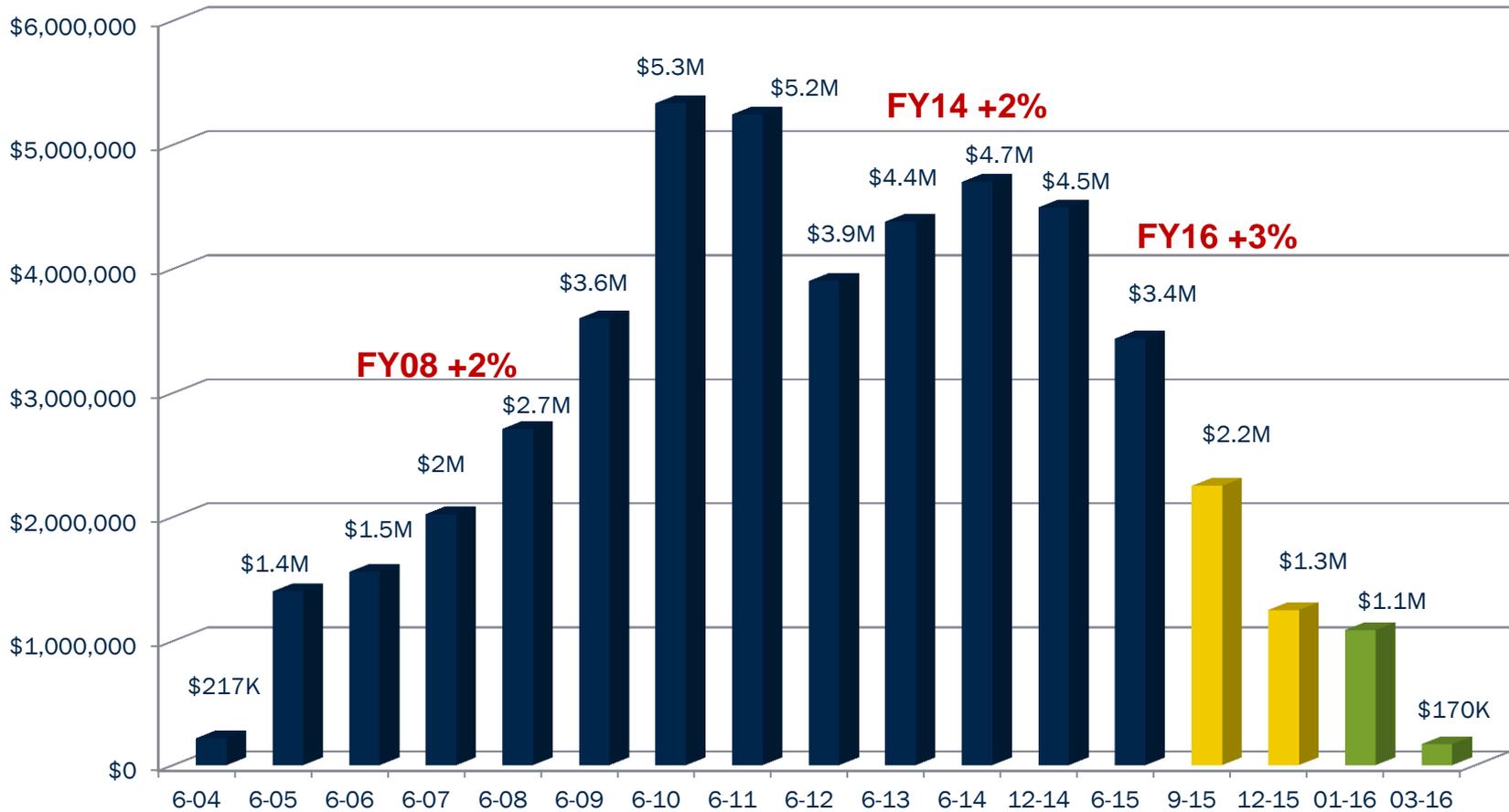


**Emp. Cost –
Family**

FY08 \$250

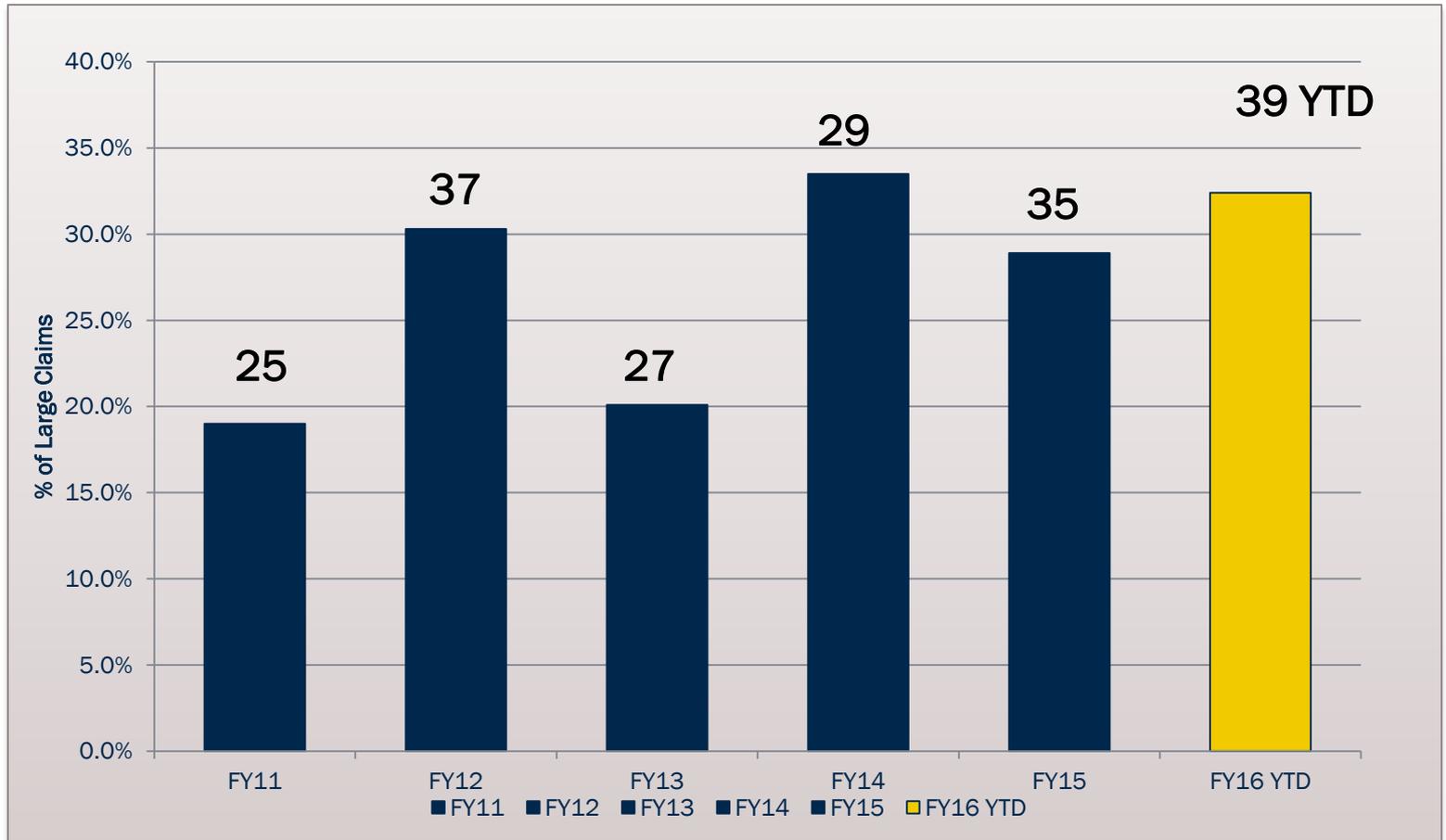
FY16 \$263

Health Trust Reserve \$



*6/14 Reserve includes stop loss recoveries of \$2,014,765 received and posted in FY15 for

Percent of Large Claims Costs (over >\$50,000)



Stop Loss Insurance

12/24

Policy plan year

\$250k

Specific deductible per individual member

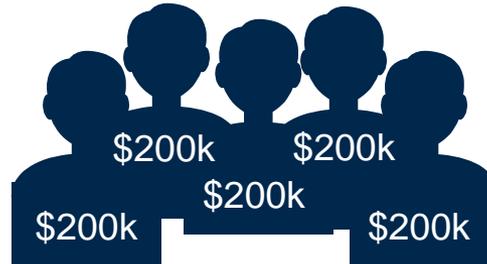
\$125k

Aggregate Plan risk retention



✓ \$250k
✓ \$125k

 \$625k
Recoveries



✗ \$250k
✗ \$125k

 \$0
Recoveries



✓ \$250k
⚠ \$125k

 \$50k
Est. recovery at end FY16

Board Action



- ▷ Limited time
- ▷ Inform Council
- ▷ Internal updates (Exec, 2IC, Spvsrs)
- ▷ Bi-weekly Board meetings
- ▷ Work closely with budget staff
- ▷ Actuarial review
- ▷ Look at comparisons

Comparisons



BC/BS Red Plan(PPO)			BC/BS Blue Plan(PPO)			BC/BS White(HDHP)		
Ded \$250/\$500; 90%/10%, Copays \$25/\$40			Ded \$500/\$1000, 85%/15%, Copays RX Only			Ded \$1500/3000, 90%/10%/NoCopays		
Full Rate Monthly Premium	City Contribution 80%	Employee Contribution 20%	Full Rate Monthly Premium	City Contribution 80%	Employee Contribution 20%	Full Rate Monthly Premium	City Contribution 80%	Employee Contribution 20%
\$ 765.74	\$ 612.58	\$ 153.16	\$ 643.54	\$ 514.84	\$ 128.70	\$ 514.84	\$ 514.84	\$ 0.00
\$ 1,278.70	\$ 1,022.96	\$ 255.74	\$ 1,074.66	\$ 859.72	\$ 214.94	\$ 859.74	\$ 859.74	\$ 0.00
\$ 1,133.18	\$ 906.54	\$ 226.64	\$ 952.34	\$ 761.88	\$ 190.46	\$ 761.90	\$ 761.90	\$ 0.00
\$ 1,860.58	\$ 1,488.46	\$ 372.12	\$ 1,563.70	\$ 1,250.96	\$ 312.74	\$ 1,250.98	\$ 1,250.98	\$ 0.00

Basic Choice Plan PPO BCBSAZ/AmeriBen			Choice PPO Plan BCBSAZ/AmeriBen			Coplay Choice Plan BCBSAZ/AmeriBen		
Ded \$550/\$1650; 50% - 50%			Ded \$300/\$900; 80%-20%			No Ded/Copays \$20		
Total Premium	City Contribution	Employee Contribution	Total Premium	City Contribution	Employee Contribution	Total Premium	City Contribution	Employee Contribution
\$ 404.00	\$ 404.00	\$ 0.00	\$ 510.00	\$ 404.00	\$ 106.00	\$563.00	\$404.00	\$ 159.00
\$ 903.00	\$ 903.00	\$ 0.00	\$ 1,138.00	\$ 903.00	\$ 235.00	\$1,381.00	\$903.00	\$ 478.00

Cigna OAP In-Network			Cigna OAP			Cigna OAP & HAS		
No Ded, Copay \$25/\$40			\$750\$1500/Copays \$25/\$40			Ded \$1250/\$2500; 90%/10%		
Total Premium	City Contribution	Employee Contribution	Total Premium	City Contribution	Employee Contribution	Total Premium	City Contribution	Employee Contribution
\$ 509.00	\$ 408.00	\$101.00	\$ 445.00	\$ 378.00	\$67.00	\$ 425.00	\$ 383.00	\$42.00
\$ 923.00	\$ 718.00	\$205.00	\$ 806.00	\$ 649.00	\$157.00	\$ 769.00	\$ 640.00	\$129.00
\$ 1,101.00	\$ 852.00	\$249.00	\$ 963.00	\$ 766.00	\$197.00	\$ 918.00	\$ 752.00	\$166.00
\$ 1,581.00	\$ 1,211.00	\$370.00	\$ 1,381.00	\$ 1,081.00	\$300.00	\$ 1,317.00	\$ 1,051.00	\$266.00

Medical Plan Premium Strategy

	Current FY16 Plan	Legacy Plan*	Preferred Plan*
Coinsurance	100%	100%	80%/20%
Deductible	\$0	\$0	\$500/\$1000
Max OOP	\$0	\$2,000/\$4,000	\$2,000/\$4,000
Doctor Visit Co-Pay	\$20 Primary/ \$35 Specialty/ \$10 Child Primary	\$20 Primary/ \$35 Specialty/ \$10 Child Primary	\$20 Primary/ \$35 Specialty/ \$10 Child Primary
IP Admission	\$300	\$300	20% Co-ins, subject to deductible
OP Surgery	\$150	\$150	20% Co-ins, subject to deductible
Imaging (CT/MRI/PET scan)	\$100	\$100	20% Co-ins, subject to deductible
Urgent Care	\$35	\$50	\$50
ER	\$150	\$150	\$200
Prescriptions	\$10/\$30/\$60	\$10/\$20/\$50/\$75/\$100	\$10/\$20/\$50/\$75/\$100

**Preventive services paid 100% by plan*

Medical Plan Premiums

		Legacy Plan Option		Preferred Plan Option	
	FY 16 Monthly Premium	Monthly Premium	Monthly Increase	Monthly Premium	Monthly Increase
Single					
Employee Cont.	\$92.68	\$190.00	\$97.32	\$111.22	\$18.54
Town Cont.	\$370.76	\$444.91	\$74.15	\$444.91	\$74.15
Total Premium	\$463.44	\$634.91	\$171.47	\$556.13	\$92.69
Family					
Employee Cont.	\$263.16	\$539.48	\$276.32	\$315.79	\$52.63
Town Cont.	\$1,052.64	\$1,263.17	\$210.53	\$1,263.17	\$210.53
Total Premium	\$1,315.80	\$1,802.65	\$486.85	\$1,578.96	\$263.16
National Network					
Single Rate	\$139.02	\$253.49	\$114.47	\$166.83	\$27.81
Family Rate	\$394.74	\$719.74	\$325.00	\$473.69	\$78.95
Retiree					
Single Rate	\$484.29	\$685.27	\$200.98	\$602.94	\$118.65
Family Rate	\$1,375.02	\$1,945.65	\$570.63	\$1,711.90	\$336.88

Thanks!

Any questions?

For more information contact:

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