

**Webb County
Employee Self Funded Medical Plan
Recommended Rates and Revenues**

	Estimated Enrollment	Monthly Rate-----		New Employee Cost		New Employer Cost		
		County	Current Cost Employee	Total	Recommended Increase	Recommended Employee Cost	Recommended Increase	Recommended Cost
Medical								
<u>Active Employees</u>					15.00%			
Employee Only	679	\$ 487.50	\$ 110.84	\$ 598.34	\$ 16.63	\$ 127.47	\$ 30.00	
Employee & Child	141	\$ 487.50	\$ 219.18	\$ 706.68	\$ 32.87	\$ 252.05	\$ 30.00	
Employee & 2 + Children	285	\$ 487.50	\$ 284.18	\$ 771.68	\$ 42.62	\$ 326.80	\$ 30.00	
Employee & Spouse	116	\$ 487.50	\$ 349.18	\$ 836.68	\$ 52.37	\$ 401.55	\$ 30.00	
Employee & Family	236	\$ 487.50	\$ 392.52	\$ 880.02	\$ 58.87	\$ 451.39	\$ 30.00	
Total Low Plan	1,457	\$ 8,523,450	\$ 3,843,548	\$ 12,366,998	\$ 576,497	\$ 4,420,044	\$ 9,047,970	
<u>Retirees</u>					***			
Employee Only	16	\$ 100.00	\$ 350.00	\$ 450.00	\$ 31.00	\$ 381.00	\$ 417.50	
Employee & Child(ren)	-	\$ 100.00	\$ 350.00	\$ 450.00	\$ 31.00	\$ 381.00	\$ 417.50	
Employee & Spouse		\$ 100.00	\$ 350.00	\$ 450.00	\$ 31.00	\$ 381.00	\$ 417.50	
Employee & Family	1	\$ 100.00	\$ 1,162.00	\$ 1,262.00	\$ 31.00	\$ 1,193.00	\$ 417.50	
Total High Plan	17	\$ 20,400	\$ 81,144	\$ 101,544	\$ 6,324	\$ 87,468	\$ 105,570	
TOTAL MEDICAL PLAN	1,474	\$ 8,543,850	\$ 3,924,692	\$ 12,468,542	\$ 582,821	\$ 4,507,512	\$ 9,153,540	
							\$ 13,661,052	

*** based on Commissioner Canales 12/13 Motion County's contribution of 53% and Retiree 47% of expected

* Actual contribution



Webb County Renewal 1/1/2016

Medical Plan	700-NG Current Plan	1100-NGS
Deductible In/Out Network	\$500/750	\$750/1000
Co-Insurance % In/Out	90/70	80/60
Co-Insurance Maximum	\$2000/4000	\$3000/6000
Office Visit – Primary Care	\$25	\$25
Office Visit - Specialist	\$0	\$35
Emergency Room Hospital	\$100	\$150
Prescription Card Co-Pay	\$7/25/40	\$10/30/50
Deductible	\$0	\$0
Total Expected Paid Claims	\$14,414,226	\$13,020,977