

Webb County Benefit Plan

Proposed (2) Tier Medical Plan Rates Effective Jan 1, 2017

Buy-up Shift

Current Medical

Active Employees

Employee Only
 Employee + Child
 Employee + Children
 Employee + Spouse
 Employee + Family
 Retiree Only
 Retiree + Spouse

Total Plan

Enrollees	County Contr.	-----Monthly Rate-----				Total
		Current Employee Cost				
		Monthly	26 week			
648	\$ 517.50	\$ 127.50	\$ 58.85	\$	645.00	
161	\$ 517.50	\$ 252.07	\$ 116.34	\$	769.57	
267	\$ 517.50	\$ 326.82	\$ 150.84	\$	844.32	
107	\$ 517.50	\$ 401.57	\$ 185.34	\$	919.07	
239	\$ 517.50	\$ 451.43	\$ 208.35	\$	968.93	
22	\$ 517.50	\$ 381.00	\$ 175.85	\$	898.50	
1	\$ 517.50	\$ 1,193.00	\$ 550.62	\$	1,710.50	
1,445	\$ 8,973,450	\$ 4,450,788	\$ 2,054,210	\$	13,424,238	

Medical (Buy-up Option)80/20

Active Employees

Employee Only
 Employee + Child
 Employee + Children
 Employee + Spouse
 Employee + Family

Total Plan

Enrollees	County Contr.	-----Monthly Rate-----				Total
		Proposed Employee Cost				
		Buy-up	26 wk Buy-up			
564	\$ 507.10	\$ 127.50	\$ 58.85	\$	634.60	
140	\$ 507.10	\$ 252.07	\$ 116.34	\$	759.17	
232	\$ 507.10	\$ 326.82	\$ 150.84	\$	833.92	
93	\$ 507.10	\$ 401.57	\$ 185.34	\$	908.67	
208	\$ 507.10	\$ 451.43	\$ 208.35	\$	958.53	
1,237	\$ 7,527,392	\$ 3,771,186	\$ 1,740,547	\$	11,298,578	

Employer Sponsored Plan

Medical (Base Plan) 60/40

Active Employees

Employee Only
 Employee + Child
 Employee + Children
 Employee + Spouse
 Employee + Family
 Retiree Only
 Retiree + Spouse

Total Plan

Enrollees	County Contr.	-----Monthly Rate-----				Total
		Proposed Employee Cost				
		Monthly	26 week			
84	\$ 507.10	\$ 58.65	\$ 27.07	\$	565.75	
21	\$ 507.10	\$ 178.97	\$ 82.60	\$	686.07	
35	\$ 507.10	\$ 232.04	\$ 107.10	\$	739.14	
14	\$ 507.10	\$ 285.11	\$ 131.59	\$	792.21	
31	\$ 507.10	\$ 320.52	\$ 147.93	\$	827.62	
22	\$ 517.50	\$ 381.00	\$ 175.85	\$	898.50	
1	\$ 517.50	\$ 1,193.00	\$ 550.62	\$	1,710.50	
208	\$ 1,268,592	\$ 483,708	\$ 170,219	\$	1,752,300	

Deductible \$2000 Ind / \$5,500 Fam
 Co-share Stop Loss Maximum \$7150 Ind / \$14,300 Fam
 Physician Office Visit/Consult \$35
 Specialty Care Co-pay \$45
 Inpatient Hospital 60%
 Outpatient Hospital 60%
 Emergency \$250

Total	1,445	\$ 8,795,984	\$ 4,254,894	\$ 13,050,879
Total Combined (med & dental)				\$ 13,563,553

Webb County Benefit Plan

Proposed (2) Tier Medical Plan Rates Effective Jan 1, 2017

-----Monthly Rate-----

Dental (Buy-up Plan)	Enrollees	County Contr.	Proposed Employee Cost		Total
			Active Employees		
			Monthly	26 week	
Employee Only	84	\$ 10.40	\$ 26.60	\$ 12.28	\$ 37.00
Employee + Child	21	\$ 10.40	\$ 45.80	\$ 21.14	\$ 56.20
Employee + Children	35	\$ 10.40	\$ 45.80	\$ 21.14	\$ 56.20
Employee + Spouse	14	\$ 10.40	\$ 45.80	\$ 21.14	\$ 56.20
Employee + Family	31	\$ 10.40	\$ 72.70	\$ 33.55	\$ 83.10
Total Plan	185	\$ 23,088	\$ 92,329	\$ 42,613	\$ 115,417

Plan Benefits

Type 1: routine exams, cleanings, bitewing x-rays, panoramic x-rays 100%

Type 2: Endodontics (non-surgical), Endodontics (surgical), simple extractions, Anesthesia 80%

Type 3: Onlays, crowns, crown repair, denture repair, implants, Prosthodontics (fixed bridge) 50%

Deductible \$50/\$150 Fam Calendar Year
Lifetime Max. \$1,000 per calendar year per person
Orthodontia 50% (child only)

Employer Sponsored Plan

-----Monthly Rate-----

Dental (Base Plan)	Enrollees	County Contr.	Proposed Employee Cost		Total
			Active Employees		
			Monthly	26 week	
Employee Only	564	\$ 10.40	\$ -	\$ -	\$ 10.40
Employee + Child	140	\$ 10.40	\$ 21.60	\$ 9.97	\$ 32.00
Employee + Children	232	\$ 10.40	\$ 21.60	\$ 9.97	\$ 32.00
Employee + Spouse	93	\$ 10.40	\$ 28.80	\$ 13.29	\$ 39.20
Employee + Family	208	\$ 10.40	\$ 45.80	\$ 21.14	\$ 56.20
Retiree Only	22	\$ -	\$ -	\$ -	\$ -
Retiree + Spouse	1	\$ -	\$ -	\$ -	\$ -
Total Plan	1,260	\$ 154,378	\$ 242,880	\$ 112,098	\$ 397,258

Plan Benefits

Type 1: routine exams, cleanings, bitewing x-rays, panoramic x-rays 100%

Type 2: Sealants, Restorative amalgams, Endodontics (non-surgical), Periodontics (non-surgical) 80%

Type 3: Onlays, crowns, crown repair, denture repair, implants, Prosthodontics (fixed bridge) 50%

Deductible \$75/\$150 Fam Calendar Year
Lifetime Max. \$750 per calendar year per person

Projected Annual Contribution \$ 512,675
Projected Annual Claims \$ 610,325
Projected Funding % 84%