CITY OF LEE'S SUMMIT, MO GROUP HEALTH RATES 2017

2017 ESTIMATED R	RATES - NO PI	LAN CHANGES	S - With Res	erves - Bl	ENDE) & C	ROUNDED	- RECOMN	/IENDED				
HDPH w/H.S.A.	Health, EAP, Cobra	Employee Cost - MONTHLY	City Cost Same As Preferred Care	Current Enroll 2/2016	City Coot		EE Cost	BobC Expected	EAP (PAID BY CITY)	COBRA Fee	Reserve Refund	EE Diff/MTH	COBRA
					City Cost	_			- /				
Employee Only	\$ 596.00	-\$49.00	\$ 645.00	10	\$ 6	3,450	\$ (490)	\$573.56	\$ -	\$ 1.50	\$ 20.98	-\$3.14	\$ 607.92
Employee Plus Spouse or Child(ren)	\$ 1,280.00	\$169.60	\$ 1,110.40	1	\$ 1.	.110	\$ 170	\$1,232,02	\$ -	\$ 1.50	\$ 46.17	\$10.61	\$ 1,305.60
Employee & Family	\$ 1,481.00	\$196.20		·		,	\$ 1,373	\$1,426.18		\$ 1.50		\$12.54	\$ 1,510.62
Linployee & Fairing	٦,461.00	\$130.20	3 1,204.80	'	Ψ),334	ψ 1,373	ψ1,420.10		Ψ 1.50	\$ 631	Ψ12.04	Ψ 1,510.02
	1			1	1	—				ı	\$ 031		
	Health, EAP,	Employee Cost -	City Cost 100% /	Current				BobC	EAP (PAID	COBRA	Reserve	EE	
Preferred Care	Cobra	MONTHLY	80%	Enroll	City Co		EE Cost	Expected	BY CITY)	Fee	Refund	Diff/MTH	COBRA
Employee Only	\$ 645.00	\$0.00	\$ 645.00	160	\$ 103	3,200	\$ -	\$620.08	\$ -	\$ 1.50	\$ 23.20	\$0.00	\$ 657.90
Employee Plus Spouse or Child(ren)	\$ 1,388.00	\$277.60	\$ 1,110.40	49	\$ 54	1,410	\$ 13,602	\$1,334.91	\$ -	\$ 1.50	\$ 51.07	\$17.22	\$ 1,415.76
Employee & Family	\$ 1,606.00	\$321.20	\$ 1,284.80	69	\$ 88	3,651	\$ 22,163	\$1,545.61	\$ -	\$ 1.50	\$ 59.28	\$19.84	\$ 1,638.12
, ,				Į.	1			<u> </u>	!	!	\$ 10,305	·	<u> </u>
			City Cost Same										
	Health, EAP,	Employee Cost -	As Preferred	Current		ļ		BobC	EAP (PAID	COBRA	Reserve	EE	
Preferred Choice	Cobra	MONTHLY	Care	Enroll	City Co	ost	EE Cost	Expected	BY CITY)	Fee	Refund	Diff/MTH	COBRA
Employee Only	\$ 719.00	\$74.00	\$ 645.00	133	\$ 85	5,785	\$ 9,842	\$690.81	\$ -	\$ 1.50	\$ 26.57	\$4.30	\$ 733.38
Employee Plus Spouse or													
Child(ren)	\$ 1,540.00	\$429.60	\$ 1,110.40	64	\$ 71	1,066	\$ 27,494	\$1,480.95	\$ -	\$ 1.50	\$ 58.02	\$25.29	\$ 1,570.80
Employee & Family	\$ 1,784.00	\$499.20	\$ 1,284.80	154	\$ 197	7,859	\$ 76,877	\$1,715.08	\$ -	\$ 1.50	\$ 67.35	\$30.83	\$ 1,819.68
Employee Only		10%	90%	Monthly:	\$ 617	7,525	\$ 151,031				\$ 17,619	<u> </u>	,
Employee Plus Spouse or Child(ren)	1	28%	729/	Annual:	¢ 7./10) 20E	\$ 1,812,377		Reserves:	Total/Mth	\$ 28,555		
Employee & Family		28%				6.5%			Reserves.	Annual:	\$ 342,654		
Linkingee & Lailing	_	2070	1270	047	Ċ	0.570	9,222,672	6.50%		Ailliuai.	φ 342,034		
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			Difference to 201	6:	\$ 452	2,310	\$ 110,616	overall%					