

**School District of Clay County
2016-2017 Renewal Contribution Exhibit**

Enrollment as of 11/15/16

**2016-2017 EMPLOYEE
CONTRIBUTIONS ARE SUBJECT
TO CHANGE.

2016 -2017 Medical Plan Rates

**10/01/2016 - 09/30/2017 Per Pay
Period**

				12 month	10 month	Total Yearly Rate	COBRA	COBRA Yearly Rate	Total Per Pay Period	District	Employee
Choice Plus	Active	Retiree + COBRA	TOTAL ENROLLED								
Employee	403	43	446	\$570.25	\$684.30	\$6,843.00	\$581.66	\$6,979.86	\$342.15	\$258.49	\$83.66
EE & SP	19	9	28	\$1,101.85	\$1,322.22	\$13,222.20	\$1,123.89	\$13,486.64	\$661.11	\$258.49	\$402.62
EE & Ch(s)	19	1	20	\$1,051.11	\$1,261.33	\$12,613.32	\$1,072.13	\$12,865.59	\$630.67	\$258.49	\$372.18
Family	13	0	13	\$1,443.89	\$1,732.67	\$17,326.68	\$1,472.77	\$17,673.21	\$866.33	\$258.49	\$607.85
Dual Spouse	6	0	6	\$1,101.85	\$1,322.22	\$13,222.20	\$1,123.89	\$13,486.64	\$661.11	\$516.98	\$144.13
Dual Family	9	0	9	\$1,443.89	\$1,732.67	\$17,326.68	\$1,472.77	\$17,673.21	\$866.33	\$516.98	\$349.36
Choice HMO											
Employee	1674	73	1747	\$512.06	\$614.47	\$6,144.72	\$522.30	\$6,267.61	\$307.24	\$258.49	\$48.75
EE & SP	107	15	122	\$989.42	\$1,187.30	\$11,873.04	\$1,009.21	\$12,110.50	\$593.65	\$258.49	\$335.16
EE & Ch(s)	88	2	90	\$943.89	\$1,132.67	\$11,326.68	\$962.77	\$11,553.21	\$566.33	\$258.49	\$307.85
Family	64	2	66	\$1,296.61	\$1,555.93	\$15,559.32	\$1,322.54	\$15,870.51	\$777.97	\$258.49	\$519.48
Dual Spouse	66	0	66	\$989.42	\$1,187.30	\$11,873.04	\$1,009.21	\$12,110.50	\$593.65	\$516.98	\$76.67
Dual Family	79	0	79	\$1,296.61	\$1,555.93	\$15,559.32	\$1,322.54	\$15,870.51	\$777.97	\$516.98	\$260.99
Choice H S A											
Employee	227	5	232	\$466.85	\$560.22	\$5,602.20	\$476.19	\$5,714.24	\$280.11	\$258.49	\$21.62
EE & SP	25	0	25	\$848.12	\$1,017.74	\$10,177.44	\$865.08	\$10,380.99	\$508.87	\$258.49	\$250.38
EE & Ch(s)	17	0	17	\$809.20	\$971.04	\$9,710.40	\$825.38	\$9,904.61	\$485.52	\$258.49	\$227.03
Family	22	0	22	\$1,111.62	\$1,333.94	\$13,339.44	\$1,133.85	\$13,606.23	\$666.97	\$258.49	\$408.48
Dual Spouse	14	0	14	\$848.12	\$1,017.74	\$10,177.44	\$865.08	\$10,380.99	\$508.87	\$508.87	\$0.00
Dual Family	17	0	17	\$1,111.62	\$1,333.94	\$13,339.44	\$1,133.85	\$13,606.23	\$666.97	\$516.98	\$149.99

	<u>Active</u>	<u>COBRA and Retiree</u>	<u>TOTAL</u>
Choice Plus Monthly	\$ 309,094	\$ 35,489	\$ 344,582
HMO Monthly	\$ 1,296,836	\$ 56,703	\$ 1,353,538
HSA Monthly	\$ 196,161	\$ 2,334	\$ 198,495
Total Monthly	\$ 1,802,091	\$ 94,525	\$ 1,896,616

Total Annual \$ 21,625,086 \$ 1,134,305 \$ 22,759,392

Per Pay Contribution		
	District	Employee
Choice Plus	\$ 125,109	\$ 60,347
Choice HMO	\$ 574,623	\$ 203,479
Choice HSA	\$ 91,133	\$ 26,563
Per Pay	\$ 790,866	\$ 290,390
Per 10thly Month	\$ 1,581,732	\$ 580,779

Premium Holiday 1/12 \$ 1,896,616

Premium Month (Estimated for January)

	<u>Active</u>	<u>COBRA and Retirees</u>
District Pays	\$ 1,581,732	\$ -
Participant Pays (active by 10, Retiree/COBRA by 12)	\$ 580,779	\$ 94,525
Total Premium	\$ 2,162,511	\$ 94,525
Grand Total (Active and Retirees)	\$ 2,257,036	
Holiday Calculated	\$ 1,896,616	
Difference from 1/10th to 1/12th	\$ 360,420	<- lower than Total Annual Difference because SBCC bills 12thly premiums for Retirees and COBRA

Premium Due to UHC for Holiday Month \$ 360,420
Actual Premium Holiday to the District \$ 1,221,311 (Estimated District 10thly Contribution less Actual Premium Due)
 Apply Medical Loss Ratio Rebate \$ 276,104
 Premium Due, offset by MLR Rebate \$ 84,316