



June 26, 2007

Dr. George Copeland
Assistant Superintendent of Business Affairs
The School District of Clay County
900 Walnut Street
Green Cove Springs, FL 32043

Re: Aetna Medical Plan Renewal
Plan Year 2007 – 2008

Dear Dr. Copeland,

On April 26th, Aon presented the Insurance Committee with the medical plan renewal for the District's 4,600 eligible employees. Aon and Aetna worked together to provide the Board with a reasonable renewal, utilizing agreed upon methodology, trend factors and negotiated adjustments. The renewal and options presented were the result of our negotiated efforts. During the Committee meeting, we reviewed the renewal methodology within the scope of this letter and reviewed potential plan design changes to achieve a comprehensive medical program with minimal financial impact to the employees and the Board.

Basic and Premium HMO plans

During the experience period for the renewal, the Basic HMO enrollment comprised 52.16% of the total medical enrollment, with the Premium HMO at 34.08%. If the HMO enrollment is reviewed as a whole, 60% of the membership is in the Basic plan and 40% is enrolled in the Premium plan. It is important to note the Basic HMO Single enrollment accounts for 45.2% of the **total** HMO plan enrollment, as the coverage is paid 100% by the District.

For the current plan year (October 2006 – February 2007), the enrollment split is exactly the same, even with an overall growth in HMO enrollment of 5.4%. The experience on the Premium HMO is above target (116.06%) and the Basic HMO is below (63.58%). While the loss ratio on the Premium plan is a concern, the experience is showing signs of improvement over the past few months.



At the end of January 2007, the HMO plans combined had 22 claimants with paid claims over \$50,000. Eight of these claimants were over \$100,000 in paid claims, with one over \$600,000. The most common general diagnosis is cancer (7 claimants), with heart conditions (5 claimants) second. With one claimant over the pooling point (of \$200,000) and several expected to exceed at some point in the current plan year, these claimants impacted the renewal of the HMO plans considerably.

The target loss ratio utilized by Aetna for the HMO renewal development was 88.4%, as compared to last year's 87.9%. Aon projected a loss ratio of 85.5% for a case of this size and demographic.

The initial renewal for the HMO plans produced a renewal of 14.8%. However, Aetna made a business decision to lower the renewal to 13.0%. Aon's actuarial calculations produced a renewal of 8.8%. Based on our results, Aetna was asked to consider the following:

- Lower Medical Trend Factor from 12.4% to 11.4% (Aon's National HMO trend rate)
 - Prior renewal trend factor was 13.5%
- Lower Pharmacy Trend Factor from 12.4% to 10.6% (Aon's National HMO Rx trend rate)
 - Prior renewal trend factor was 13.5%
- Change Pooling Point from \$200,000 to \$300,000
- Remove Large (over pooling point) Claim Experience until the trend, incurrals and adjustment factors are added

Aetna reviewed our observations and agreed to the following:

- Change Pooling Point to \$225,000
- Calculate claims over Pooling Point after all factors

Aetna did not agree to Aon's national trend factors, as Florida trends tend to be higher than the national average. However, the 12.4% used to calculate the renewal this year is a full point lower than the current year (13.5%).

With the new methodology in place, the revised renewal calculated to an increase of 12.8% for the HMO plans with no plan changes. The plan design and 20 pay-period rates are in the Medical section of this binder. (Note: the rates shown are blended with the HRA renewal.)

HRA plan

At last year's renewal, the HRA plan experience was limited (2 months). Aetna gave the plan 37.08% credibility and based the remaining percentage on their manual (non-experience rated business) rates. Unfortunately, the enrollment decreased by 40% once annual enrollment was complete for the October 1, 2006 effective date. This severe drop in overall enrollment (the HRA enrollment was 16% of the total enrollment in 2005; currently it is 10.04%) has affected the current year experience. The resulting paid loss ratio of 133.4% is a direct consequence of run-out claims from the prior year paid during the new plan year, without the premium to support the experience.

The Target Cost ratio utilized for the renewal was 90.52%, as compared with last year's 89.99%. This compares favorably with Aon's projection of 89.00% for HRA plans.

Currently, the HRA has no claimants over \$100,000. However, there are nine claimants over \$50,000. Four are cancer related, and the remainder are heart disease or orthopedic in nature.

The initial renewal from Aetna calculated to an increase of 62.56%. Aetna made a business decision to lower the renewal on the HRA to 59.06%. However, Aon's renewal development calculated to an increase of 35.9%. Based on our results, Aetna was asked to consider the following:

- Lower Medical Trend Factor from 10.54% to 10.3% (Aon's National HRA trend rate)
- Lower Pharmacy Trend Factor from 12.48% to 10.6% (Aon's National HRA Rx trend rate)
 - Last year's renewal utilized a trend factor of 11.5% for both medical and pharmacy
- Evaluate the run-out claims and credit back for new plan year
 - This is the main factor in the discrepancy between Aetna and Aon's renewal

Aetna did not agree to lower trend factors or adjust for the run-out claims in the HRA renewal calculation. However, it is important to note the enrollment in the HRA plan is low; the large renewal increase to the HRA plan minimally affects the over costs when the rates are blended with the HMOs. The 20-pay period rates are listed in the Medical section (represented as a blended renewal rate).

Result of Blended Rates

Aetna's initial blended renewal for the HMO plans and the HRA plan was 19%. Aetna made a business decision to lower the blended renewal by 3.5% to 15.5%. After Aon's negotiations, the blended rate was lowered to 15.1%. These rates are reflected in the second section of the Medical section in this binder.

Options to Plan Design

Changing the HRA to a POS plan

With an overall projected increase of 15.1%, Aetna was asked to provide alternative plan designs to mitigate some of the increase. One plan option requested by the Insurance Department was to change the HRA to a Point of Service (POS) plan. A POS plan combines HMO and PPO components. Most in-network services are co-payments, while the out-of-network services have a deductible and co-insurance.

If the POS plan is selected, the blended increase lowers to 13.6%. The most significant issue in moving from an HRA plan to a POS plan is the loss of the HealthFund. There are members that have saved their fund dollars over the past two years to eliminate future deductible costs. This group would be upset to find the fund dollars they have saved will no longer be available for any deductible costs in the new plan year. Of additional concern is the elimination of a Consumer-Directed plan. The employees have been on the plan for two years and have grown accustomed to monitoring costs (to keep their out-of-pocket costs as low as possible) and having preventive care at no cost when in-network providers are utilized.

It is Aon's belief the POS change would lower the increase this year; however, the real issue lies with the cost of the plan to the employees. If the employee premium cost increases by the total renewal percentage, the enrollment will continue to deteriorate and the plan experience will not support the premium yield due to the change in enrollment. Next year's renewal will produce the same results and a plan of this type may be cost-prohibitive to offer in the coming year if there is no change in the contribution strategy.

Plan Design Changes for the HRA

Aetna was also asked to price plan changes to the HRA in order to lower costs. The changes are to the HealthFund (increased), Deductible (increased) and Out-of-Pocket maximum (increased). Should the new HRA design be selected, members with dollars in the current HRA would carry over to the new plan.



Add Gastric Bypass Rider

Several employees have asked the Insurance Department to add Gastric Bypass surgery to the plan. As discussed in prior years, clinical studies have shown this type of treatment for severe obesity has a higher risk for complications than success. Due to these factors, all of the major medical carriers (including Blue Cross/Blue Shield) have eliminated this coverage from the standard plan designs. However, Aetna is able to offer the following plan riders (with associated cost increases) to the Premium HMO:

Rider	Increase
\$10,000 Lifetime Maximum	1%
Unlimited Lifetime	1.4%

The plan design does include lap band surgery, as well as any follow-up or complications post-surgery. Members would still have to go through extensive testing to determine if the surgery is medically necessary.

With the annual premium cost for the Premium HMO valued at \$7,649,373, it would minimally cost the plan \$76,494 to include this as part of the current plan design. Aon would not recommend the addition of this type of a rider, as it increases the cost of coverage for all members while impacting very few.

Contribution Strategy

In the Medical Contribution section, Aon has developed contribution strategies for the current plan designs as well as the options offered. The first section reviews the current rates by plan and tier at renewal last year. Quickly reviewing the final percentage increases last year, it is easy to identify the reason for the large decrease in enrollment on the HRA plan. Employees (families in particular) were unable to afford the large cost increase. It is important to stabilize the enrollment on the HRA plan to enable the experience to improve. Should the enrollment decrease notably again, the HRA pricing at renewal next year may not be financially viable.

For each group of plan designs (Current, HRA to POS and HRA options), there were six contribution models to review:

- Board increases flat contribution to all coverage tiers and plan types equal to Basic HMO single tier
 - \$233.00 per 20 pay periods (based on 15.1% increase)
- Board maintains same contribution as current
 - \$202.43 per 20 pay periods (based on 15.1% increase)
- Board and Employee split cost of increase with a flat contribution based on the Basic HMO single tier
 - \$217.72 per 20 pay periods (based on 15.1% increase)

- Board contributes 90% to all single tiers and 50% to all other tiers
- Board contributes a percentage to all tiers and keeps total annual Board contribution even with first contribution model
- Board contributes a percentage to all tiers but funds a higher percentage to the HRA to stabilize the enrollment
 - Other plans have a higher premium increase to subsidize HRA

Each contribution model showed the historical data on the Board's contribution as a percentage of premiums paid. The contribution model for the plan designs were reviewed during our meeting with the Insurance Committee.

As the contribution strategy was reviewed, it became clear how the Basic HMO Single cost has impacted the total Board cost of the plan. Even though the Board offers an opt-out program for employees that do not want medical coverage (Plan B), some employees may have elected the medical coverage unnecessarily. For example, the spouse may have coverage through his/her employer. But, the Board employee may only elect the Basic HMO for the cost, not because it is a better plan than the spouse's. If there is an employee contribution for the Basic HMO single coverage, these employees may review both of their offerings and decide the best plan for their family and lifestyle may not be through the Board. As an example: If 5% of the Basic HMO singles left the plan, the Board will save \$302,900 annually in premium contribution cost.

Conversely, if 5% stayed in the plan, the Board would also save, as the employee is now contributing towards the coverage. Or if the 5% added a spouse and/or other dependents, this would increase the number of enrollees in the plan. Families are usually a good investment, as children tend to have more frequent visits, but the cost of these visits are generally less expensive (the reason behind a lower rate on the Plus Child tier than the Plus Spouse tier).

Committee Recommendation

After several hours of review and discussion on plan design and contribution strategy, the Committee was unable to agree upon the medical benefits for the 2007-2008 plan year. The Committee decided adjourn and reconvene on May 7th, as some members wanted more time to review and consider the impact of any proposed changes.

The Committee reconvened on May 7th and reviewed all of the options for the upcoming plan year. After several hours, the Committee voted to recommend the following:

- Make no changes to the medical plan designs
- Accept the renewal increase of 15.1%



- Change the contribution strategy
 - Ensure the viability of the HRA plan with limited increases for all tiers
 - Begin to charge a small premium for the Basic HMO single coverage

The Committee further voted not to include the Gastric Bypass Rider, as an increase of 1% to all members for a benefit that has limited successful outcomes (according to the American Medical Association), is not good financial stewardship for the overall plan costs.

Summary

Thank you again for the opportunity to serve the School District and their families. We look forward to another school year and the upcoming annual enrollment period in August.

Sincerely,

Gina Ciccio
Consultant

CC: Sheila Gann, School District of Clay County
Insurance Committee Members
John M. Cooney, Aon Consulting
Debbie Seatz, Aon Consulting

The School District of Clay County
 Medical Plan Experience
 2005 -2006 and 2006 - 2007 Plan Years



	Covered Employees	Medical Claims	Pharmacy Claims	Capitation	Total Claims	PEPM Claim Cost	Total Premium	Loss Ratio
October-06	3,157	\$1,013,485	\$221,410	\$5,595	\$1,240,490	\$392.93	\$1,541,194	80.49%
November-06	3,157	\$1,041,415	\$231,045	\$5,904	\$1,278,364	\$404.93	\$1,380,994	92.57%
December-06	3,168	\$1,136,035	\$219,399	\$5,982	\$1,361,416	\$429.74	\$1,462,641	93.08%
January-07	3,164	\$933,154	\$228,062	\$5,858	\$1,167,074	\$368.86	\$1,456,414	80.13%
February-07	3,162	\$1,054,688	\$209,060	\$5,892	\$1,269,640	\$401.53	\$1,456,245	87.19%
March-07								
<i>Plan Year Loss Ratio</i>								86.56%

Renewal Comparison All Plans Combined

	Covered Employees	Medical Claims	Pharmacy Claims	Capitation	Total Claims	PEPM Claim Cost	Total Premium	Loss Ratio
<u>Current Renewal</u>								
Experience Period								
3/06 - 2/07	36,652	\$12,441,583 82.02%	\$2,655,031 17.50%	\$71,614 0.47%	\$15,168,228	\$413.84	\$16,342,698	92.81%
<i>Ratios to total cost Premium PEPM</i>							\$445.89	
<u>Prior Renewal</u>								
Experience Period								
02/05 - 01/06	34,360	\$10,203,737 79.43%	\$2,476,183 19.27%	\$166,758 1.30%	\$12,846,678	\$373.88	\$13,244,893	96.99%
<i>Ratios to total cost Premium PEPM</i>							\$385.47	
Experience Differential								
Renewal to Renewal	6.67%	21.93%	7.22%	-57.06%	18.07%		23.39%	-4.31%
PEPM Differential						10.69%		
Renewal to Renewal							15.67%	

The School District of Clay County
 Medical Plan Experience
 2005 -2006 and 2006 - 2007 Plan Years



Renewal Comparison by Plan Type

	Covered Employees	Medical Claims	Pharmacy Claims	Capitation	Total Claims	PEPM Claim Cost	Total Premium	Loss Ratio
<u>Current Renewal</u>								
01/06 - 12/06	36,652	\$12,441,583	\$2,655,031	\$71,614	\$15,168,228	\$413.84	\$16,342,698	92.81%
Basic HMO	51.85%	35.45%	27.25%	68.50%	34.17%	\$272.73	49.88%	63.58%
Premium HMO	33.88%	43.53%	40.23%	31.86%	42.90%	\$523.92	34.30%	116.06%
HRA	13.11%	18.04%	30.16%	0.00%	20.08%	\$633.88	13.97%	133.40%
<u>Prior Renewal</u>								
02/05 - 01/06	34,360	\$10,203,737	\$2,476,183	\$166,758	\$12,846,678	\$373.88	\$13,244,893	96.99%
Basic HMO	67.45%	65.08%	52.16%	95.69%	62.99%	\$349.16	59.64%	102.44%
Premium HMO *	8.77%	7.39%	9.30%	8.71%	7.77%	\$331.53	9.92%	75.97%
HRA	23.35%	27.52%	38.99%	0.00%	29.37%	\$470.32	22.47%	126.80%

* Premium HMO combined with Basic HMO data until October 2005



School District of Clay County Current Plan Designs 2006 - 2007

Benefits	Basic HMO		Premium HMO Open Access		HRA	
					In-Network	Out of Network
Employee Fund:						
Single	None	None	None	\$250		
Family	None	None	None	\$500		
Deductible:						
Single	\$500	None	None	\$1,250		
Family	\$1,000	None	None	\$2,500		
Coinsurance						
Out of Pocket:						
Single	Hospital Services		None		80%	60%
Family			\$2,000			
			\$4,000			
			\$2,000,000			
Lifetime Maximum					Unlimited	Unlimited
Physician Services						
PCP Office Visits	\$35	\$25	\$25		80%	60%
Specialist Visits	\$50	\$40	\$40		80%	60%
Specialist Referral Required	Yes	No	No		No	No
Office Surgery	\$50	\$40	\$40		80%	60%
Allergy Testing	\$0	\$0	\$0		80%	60%
Allergy Injections (not by physician)	\$0	\$0	\$0		80%	60%
Preventive Care						
Routine Physical Exam	\$35	\$25	\$25		100%	60%
Well Woman/GYN Exam	\$35	\$25	\$25		100%	60%
Mammograms	\$0	\$0	\$0		100%	60%
Well Child Care	\$35	\$25	\$25		100%	60%
Pediatric Immunizations	\$35	\$25	\$25		100%	60%
Maternity						
Pre-natal Exams	\$50	\$40	\$40		80%	60%
(Initial visit only)						
Hospital Delivery	20%	\$150 per day/5 days	\$150 per day/5 days		80%	60%
Hospital Services						
Inpatient	20%	\$150 per day/5 days	\$150 per day/5 days		80%	60%
Outpatient	20%	\$150	\$150		80%	60%
Emergency Services						
Emergency Room	\$100	\$100	\$100		80%	60%
Urgent Care Center	\$50	\$50	\$50		80%	60%
Ambulance	\$0	\$0	\$0		80%	60%



School District of Clay County Current Plan Designs 2006 - 2007

Benefits	Basic HMO		Premium HMO Open Access		HRA	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Diagnostic X-ray/Lab	\$0 with PCP referral		\$0 with PCP referral		80%	60%
Physician's Office, Hospital, or Facility						
Prescription Drugs						
Retail (30-day supply)	n/a		n/a		combined with medical plan	
Deductible	\$20		\$15		\$15 then 60%	
Generic	\$40		\$25		\$20 then 60%	
Brand	\$70		\$40		\$35 then 60%	
Non-Formulary						
Mail Order (90-day supply)	\$40		\$30		n/a	
Generic	\$80		\$50		n/a	
Brand	\$140		\$80		n/a	
Non-Formulary	covered		covered		n/a	
Oral Contraceptives					covered	
Mental/Nervous						
Inpatient	20%		\$150 per day/5 days		80%	60%
Annual Maximum	30 Days		30 Days		30 Days	30 Days
Outpatient	\$50		\$40		80%	60%
Annual Maximum	20 Visits		20 Visits		30 Visits	30 Visits
Combined with Substance Abuse	no		no		combine max in/out	
Substance Abuse						
Inpatient	20%		\$150 per day/5 days		80%	60%
Annual Maximum	30 Days		30 Days		30 Days	30 Days
Outpatient	\$50		\$40		80%	60%
Annual Maximum	30 Visits		30 Visits		30 Visits	30 Visits
Combined with Mental/Nervous.	no		no		combine max in/out	
Routine Hearing Benefit						
Screening	\$35 at PCP		\$25 at PCP		not covered	not covered
Exam	no		no		not covered	not covered
Vision Benefit						
Screening	Included in preventative care exam		Included in preventative care exam		Discount plan	Discount plan
Exam	\$50		\$40		Discount plan	Discount plan
Rates Per Pay Period (20)						
Single	\$202.43		\$242.26		\$261.14	
Plus Spouse	\$391.14		\$468.04		\$504.52	
Plus Child(ren)	\$373.13		\$446.47		\$481.28	
Family	\$512.56		\$613.39		\$661.21	



**School District of Clay County
Plan Year 2007 - 2008**

NO PLAN DESIGN CHANGES

Benefits	Basic HMO		Premium HMO Open Access		HRA	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Employee Fund:						
Single	None		None		\$250	
Family	None		None		\$500	
Deductible:						
Single	\$500		None		\$1,250	
Family	\$1,000		None		\$2,500	
Coinsurance						
Out of Pocket:	Hospital Services		None			40%
Single	\$3,000		\$2,000			
Family	\$6,000		\$4,000			
Lifetime Maximum	\$2,000,000		\$2,000,000			
Physician Services						
PCP Office Visits	\$35		\$25		20%	40%
Specialist Visits	\$50		\$40		20%	40%
Specialist Referral Required	Yes		No		No	No
Office Surgery	\$50		\$40		20%	40%
Allergy Testing	\$0		\$0		20%	40%
Allergy Injections (not by physician)	\$0		\$0		20%	40%
Preventive Care						
Routine Physical Exam	\$35		\$25		100%	40%
Well Woman/GYN Exam	\$35		\$25		100%	40%
Mammograms	\$0		\$0		100%	40%
Well Child Care	\$35		\$25		100%	40%
Pediatric Immunizations	\$35		\$25		100%	60%
Maternity						
Pre-natal Exams (Initial visit only)	\$50		\$40		20%	40%
Hospital Delivery	20%		\$150 per day/5 days		20%	40%
Hospital Services						
Inpatient	20%		\$150 per day/5 days		20%	40%
Outpatient	20%		\$150		20%	40%
Emergency Services						
Emergency Room	\$100		\$100		20%	40%
Urgent Care Center	\$50		\$50		20%	40%
Ambulance	\$0		\$0		20%	40%

School District of Clay County Plan Year 2007 - 2008

NO PLAN DESIGN CHANGES

Benefits	Basic HMO		Premium HMO Open Access		HRA	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Diagnostic X-ray/Lab. Physician's Office, Hospital, or Facility	\$0 with PCP referral	\$0 with PCP referral	\$0 with PCP referral	\$0 with PCP referral	20%	40%
Prescription Drugs						
Retail (30-day supply)						
Deductible	n/a	n/a	n/a	n/a		
Generic	\$20	\$20	\$15	\$15 then 60%		
Brand	\$40	\$40	\$25	\$20 then 60%		
Non-Formulary	\$70	\$70	\$40	\$35 then 60%		
Mall Order (90-day supply)						
Generic	\$40	\$40	\$30	n/a		
Brand	\$80	\$80	\$50	n/a		
Non-Formulary	\$140	\$140	\$80	n/a		
Oral Contraceptives	covered	covered	covered	n/a		
Mental/Nervous						
Inpatient	20%	20%	\$150 per day/5 days	40%		
Annual Maximum	30 Days	30 Days	30 Days	30 Days		
Outpatient	\$50	\$50	\$40	20%		
Annual Maximum	20 Visits	20 Visits	20 Visits	30 Visits		
Combined with Substance Abuse	no	no	no	combine max in/out		
Substance Abuse						
Inpatient	20%	20%	\$150 per day/5 days	40%		
Annual Maximum	30 Days	30 Days	30 Days	30 Days		
Outpatient	\$50	\$50	\$40	20%		
Annual Maximum	30 Visits	30 Visits	30 Visits	30 Visits		
Combined with Mental/Nervous	no	no	no	combine max in/out		
Routine/Hearing Benefit						
Screening	\$35 at PCP	\$25 at PCP	\$25 at PCP	not covered		
Exam	no	no	no	not covered		
Vision Benefit						
Screening	Included in preventative care exam	Included in preventative care exam	Included in preventative care exam	Discount plan		
Exam	\$50	\$40	\$40	Discount plan		
Rates Per Pay Period (20)						
Single	\$231.18	\$276.65	\$276.65	\$298.22		
Plus Spouse	\$446.68	\$534.50	\$534.50	\$576.16		
Plus Child(ren)	\$426.12	\$509.87	\$509.87	\$549.62		
Family	\$585.35	\$700.49	\$700.49	\$755.12		



**School District of Clay County
Basic HMO, Premium HMO (Option I Rx change), and HRA Plans
06 -07 Plan Year Renewal Contribution Model**

	10/01/2005 - 09/30/2006 Per Pay Period				10/01/2006 - 09/30/2007 Per Pay Period				Employee Dollar Increase	Employee Percentage Increase	
	Employer	Employee	Actual Enrollment	ER Annual Cost	Annual Cost	Employer	Employee	ER Annual Cost			Annual Cost
Basic HMO											
Employee	\$188.84	\$0.00	1041	\$3,931,648.80	\$3,931,607.00	\$202.43	\$0.00	\$4,214,592.60	\$4,214,675.88	\$0.00	0%
EE & SP	\$188.84	\$176.03	124	\$468,323.20	\$904,883.00	\$202.43	\$188.71	\$502,026.40	\$970,027.20	\$12.68	7%
EE & Ch(s)	\$188.84	\$159.23	149	\$562,743.20	\$1,037,255.00	\$202.43	\$170.70	\$603,241.40	\$1,111,939.32	\$11.47	7%
Family	\$188.84	\$289.29	198	\$747,806.40	\$1,893,411.00	\$202.43	\$310.13	\$801,622.80	\$2,029,745.52	\$20.84	7%
			1512								
Premium HMO											
Employee	\$188.84	\$33.23	842	\$3,180,065.60	\$3,799,591.00	\$202.43	\$39.89	\$3,408,921.20	\$4,079,591.04	\$6.60	20%
EE & SP	\$188.84	\$240.19	70	\$264,376.00	\$600,642.00	\$202.43	\$265.61	\$283,402.00	\$655,250.40	\$25.42	11%
EE & Ch(s)	\$188.84	\$220.43	27	\$101,973.60	\$221,004.00	\$202.43	\$244.04	\$109,312.20	\$241,094.88	\$23.62	11%
Family	\$188.84	\$373.43	60	\$226,608.00	\$674,726.00	\$202.43	\$410.96	\$242,916.00	\$736,070.40	\$37.53	10%
			999								
Healthfund HRA											
Employee	\$188.84	\$39.91	342	\$1,291,665.60	\$1,564,650.00	\$202.43	\$58.71	\$1,384,621.20	\$1,786,224.96	\$18.80	47%
EE & SP	\$188.84	\$253.10	67	\$253,045.60	\$592,202.00	\$202.43	\$302.09	\$271,256.20	\$676,059.48	\$48.99	19%
EE & Ch(s)	\$188.84	\$232.74	20	\$75,536.00	\$168,634.00	\$202.43	\$278.85	\$80,972.00	\$192,511.20	\$46.10	20%
Family	\$188.84	\$390.35	21	\$79,312.80	\$243,261.00	\$202.43	\$458.78	\$85,020.60	\$277,706.52	\$58.42	18%
			450								
Total Expected Premium			2961	\$11,183,104.80	\$15,571,866			\$11,987,904.60	\$16,970,896.80		
05 - 06 Funded By Clay County District Schools				71.82%		Total Increase		9.0%			
06 - 07 Funded By Clay County District Schools				70.64%							
Increase from Prior Plan Year Contributions				\$804,799.80							

