

# CITY EMPLOYEES: BENEFITS AND HEALTH CARE COSTS

## **Comparison of Existing and Proposed Plans**

	Current Plan FY 2020	Proposed 8.99% Plan	Proposed 15.9% Plan	
Coverage	AETNA Health Network Option (HRA Plan)	Aetna HRA OA Elect Choice	Aetna HRA OA Elect Choice	
Network	In-Network / Out-of-Network	In-Network	In-Network	
Monthly Cost to City per employee	\$950.25	\$1,035.64	\$1,101.07	
Deductible	\$1500/\$3000	\$2,000/\$4,000	\$1500/\$3000	
Out of Pocket Max	t of Pocket Max \$3,000/\$6,000		\$3,000/\$6,000	

- Both proposed plans eliminate Out-of-Network benefits.
- Proposed changes are in Red; all other benefits will remain the same as current plan.
- Both proposed plans use the same provider network as provided in the current plan.

### **Benefits of Renewing 8.99%**

## Recommendation for FY 20-21 is 8.9% with minimal plan changes

#### **Factors for recommendations:**

- Lower cost to City (\$534,000 increase)
   8.99% saves \$534,000 vs 15.99% cost of \$943k
- Lower cost to Employees with Family

Employee Plus + One Dep will save \$13.08 /\$313.92 Employee + Family will save \$18.98/\$455.52

#### **Additional Factors:**

- Aetna Fund \$500 for Single Coverage and \$1,000 for Family Coverage in a Health Reimbursement Account (HRA)
  to offset deductible
- Staff recommend Employees elect Flexible Spending Accounts (FSA) to coverage additional healthcare expenditures

## **Employee Cost Share: Option 8.99%**

AETNA - HRA PLAN WITH PLAN CHANGES AT +8.99%				
Tier of Coverage	COST PER MONTH COST PER MONTH		SEMI-MONTHLY PAYROLL DEDUCTION (24-DEDUCTIONS)	INCREASE PER PAY / YEAR
Employee Only	\$0	\$0	\$0	\$0
Employee + One	\$380.13	\$414.29	\$207.15	\$17.08 / \$409.92
Employee + Family	\$551.15	\$600.67	\$300.34	\$24.76 / \$594.24

AETNA - COPAYMENT BUY-UP PLAN WITH PLAN CHANGES AT +8.99%				
TIER OF COVERAGE	CURRENT EMPLOYEE COST PER MONTH	PROPOSED EMPLOYEE COST PER MONTH	SEMI-MONTHLY PAYROLL DEDUCTION (24-DEDUCTIONS)	INCREASE PER PAY / YEAR
<b>Employee Only</b>	\$91.79	\$126.31	\$63.16	\$17.26 / \$414.24
Employee + One	\$508.62	\$591.11	\$295.56	\$41.55 / \$977.20
Employee + Family	\$696.17	\$800.24	\$400.12	\$52.03 / \$1,248.72

<sup>\*\*</sup>Source of data provided by Gehring Group

## **Employee Cost Share: Option 15.9%**

AETNA - HRA PLAN 15.9%				
Tier of Coverage	PAVROLI DEDITION		INCREASE PER PAY / YEAR	
<b>Employee Only</b>	\$0	\$0	\$0	\$0
Employee + One	\$380.13	\$440.46	\$220.23	\$30.16 / \$723.84
Employee + Family	\$551.15	\$638.62	\$319.31	\$43.74 / \$1,049.76

AETNA - COPAYMENT BUY-UP PLAN 15.9%				
TIER OF COVERAGE	CURRENT EMPLOYEE COST PER MONTH	PROPOSED EMPLOYEE COST PER MONTH	SEMI-MONTHLY PAYROLL DEDUCTION (24-DEDUCTIONS)	INCREASE PER PAY / YEAR
<b>Employee Only</b>	\$91.79	\$106.36	\$53.18	\$7.28 / \$174.72
Employee + One	\$508.62	\$589.34	\$294.67	\$40.36 / \$968.64
Employee + Family	\$696.17	\$806.66	\$403.33	\$55.24 / \$1,325.76

<sup>\*\*</sup>Source of data provided by Gehring Group