KPBSD Initial Offer - EE Only and EE + Family - Allow Opt out for Ees with other coverage not double covered within the SD
Current = 85/15 breakdown; HDHP = 90/10 breakdown

Assumptions
224 employees are double covered
1222 employees total (including double covered employees within KPBSD)
230 employees cover Employee Only
992 employees cover one or more family members
30% elect the HDHP
5% of the employees not double covered within the SD who have families elect Employee Only coverage (5% of 768 = 38 employees)*
For employees double covered withing the SD, one employee will elect family coverage, the other will elect EE Only coverage
Savings for the HDHP for employees double covered within the SD is reduced.

*Note, we believe it is more likely that employees with other coverage outside the SD opt out of family coverage than opt out altogether

Plan Cost breakdown with 2 options: Employee Only or EE + Family

	Traditional Plan	HDHP
Employee Only	$ 989.49	$ 895.98
EE + Family	$ 2,213.37	$ 2,004.21
KPBSD cont		
Employee Only	$ 841.07	$ 806.39
EE + Family	$ 1,881.37	$ 1,803.79
Empl Cont		
Employee Only	$ 148.42	$ 89.60
EE + Family	$ 332.01	$ 200.42

Employee Savings under HDHP:

Per mo.	Per year
$ 58.82	$ 705.90
$ 131.58	$ 1,579.02

Est. cost to SD with no plan changes (annual)	$	23,179,671	(Based on projected costs, 85/15 split)
Est. cost to SD under the above scenario (annual)	$	22,557,086	
Total savings to KPBSD (annual)	$	622,585	
Est EE cost PEPM with no plan changes	$	278.95	
Est cost to EEs with no plan changes (annual)	$	4,090,530	
Est cost to EEs under the above assumptions (annual)	$	3,551,292	
Total savings to Ees (annual)	$	539,238	

2015-2016 Rate Estimate For Traditional and High Deductible Plans

Traditional (85/15)		Total	Employer	Employee
Employee Only	Monthly	$ 989.49	$ 841.07	$ 148.42
	Yearly	$ 11,873.88	$ 10,092.80	$ 1,781.08
Employee + Family	Monthly	$ 2,213.37	$ 1,881.36	$ 332.01
	Yearly	$ 26,560.44	$ 22,576.37	$ 3,984.07

High Deductible (90/10)		Total	Employer	Employee
Employee Only	Monthly	$ 895.98	$ 806.38	$ 89.60
	Yearly	$ 10,751.76	$ 9,676.58	$ 1,075.18
Employee + Family	Monthly	$ 2,004.21	$ 1,803.79	$ 200.42
	Yearly	$ 24,050.52	$ 21,645.47	$ 2,405.05

Employee Contribution / Potential liability scenarios

	Single Plan - No changes	Dual Choice option with limited opt-out	
		Traditional Plan	HDHP
Employee Only			
Payroll deduction	$3,347.41	$1,781.08	$1,075.18
Deductible	$200.00	$200.00	$1,500.00
HRA	$0.00	$0.00	($750.00)
Total	$3,547.41	$1,981.08	$1,825.18
Max OOP	$1,000.00	$1,000.00	$2,000.00
Total including Max OOP	$4,547.41	$2,981.08	$3,825.18
Family			
Payroll deduction	$3,347.41	$3,984.07	$2,405.06
Deductible	$600.00	$600.00	$3,000.00
HRA	$0.00	$0.00	-$750.00
Total	$3,947.41	$4,584.07	$4,655.06
Max OOP	$3,000.00	$3,000.00	$4,000.00
Total including Max OOP	$6,947.41	$7,584.07	$8,655.06

Medical only; Does not include rx, dental, vision

2/6/15

Admin