

City of Suffolk
Rate & Contribution History

Monthly Expected Liability Rates

Medical		2014					2015				
		Total Rate	ER Contribution	EE Contribution	Wellness Credit	Cost after wellness credit	Total Rate	ER Contribution	EE Contribution	Wellness Credit	Cost after wellness credit
HealthKeepers 20/20 POS											
EE		\$433.07	\$348.11	\$64.96	\$20.00	\$64.96	\$433.07	\$348.11	\$84.96	\$20.00	\$64.96
EE/Child		\$606.31	\$452.92	\$133.39	\$20.00	\$133.39	\$606.31	\$452.92	\$153.39	\$20.00	\$133.39
EE/Spouse		\$866.13	\$655.58	\$19.55	\$20.00	\$19.55	\$866.13	\$655.58	\$210.55	\$20.00	\$190.55
EE/Family		\$1,429.11	\$1,094.71	\$314.40	\$20.00	\$314.40	\$1,429.11	\$1,094.71	\$334.40	\$20.00	\$314.40
KeyCare 300											
EE		\$498.34	\$348.11	\$130.23	\$20.00	\$130.23	\$498.34	\$348.11	\$150.23	\$20.00	\$130.23
EE/Child		\$697.53	\$452.92	\$224.61	\$20.00	\$224.61	\$697.53	\$452.92	\$244.61	\$20.00	\$224.61
EE/Spouse		\$996.48	\$655.58	\$320.90	\$20.00	\$320.90	\$996.48	\$655.58	\$340.90	\$20.00	\$320.90
EE/Family		\$1,644.18	\$1,094.71	\$529.47	\$20.00	\$529.47	\$1,644.18	\$1,094.71	\$549.47	\$20.00	\$529.47
Lumenos HSA \$3,000/100%											HSA contribution
EE		\$316.47	\$348.11	\$0.00	\$20.00	\$0.00	\$316.47	\$348.11	\$0.00	\$20.00	\$31.64
EE/Child		\$443.06	\$452.92	\$0.00	\$20.00	\$0.00	\$443.06	\$452.92	\$0.00	\$20.00	\$21.05
EE/Spouse		\$632.95	\$655.58	\$0.00	\$20.00	\$0.00	\$632.95	\$655.58	\$0.00	\$20.00	\$21.05
EE/Family		\$1,044.37	\$1,094.71	\$0.00	\$20.00	\$0.00	\$1,044.37	\$1,094.71	\$0.00	\$20.00	\$50.34
Admin Fee (pcpm)		2014				2015					
PPO		\$26.78				\$25.66					
HMO		\$24.64				\$25.66					
HDHP		\$31.53				\$30.44					
Reinsurance Fee (pcpm)		2014				2015					
Specific Stop Loss		\$58.53	\$150,000			\$43.43				\$200,000	
Aggregate Stop Loss		\$4.05				\$4.25					
Fully Insured Vision (pcpm)		2014				2015					
(included in medical plans)		\$1.97				\$2.05					
Dental Voluntary		2014				2015					
EE		\$21.55				\$21.55					
EE/Child(ren)		\$52.80				\$52.80					
EE/Spouse		\$44.16				\$44.16					
EE/Family		\$75.21				\$75.21					
Enhanced											
EE		\$27.43				\$27.43					
EE/Child(ren)		\$67.22				\$67.22					
EE/Spouse		\$56.25				\$56.25					
EE/Family		\$95.74				\$95.74					
Vision Voluntary		2014				2015					
EE		\$6.23				\$6.42					
EE + 1		\$11.18				\$11.52					
EE + Family		\$15.27				\$15.73					
Long Term Disability Voluntary		2014				2015					
per \$100 monthly payroll											
16-24		\$0.24				\$0.24					
25-29		\$0.25				\$0.25					
30-34		\$0.32				\$0.32					
35-39		\$0.41				\$0.41					
40-44		\$0.54				\$0.54					
45-49		\$0.78				\$0.78					
50-54		\$0.98				\$0.98					
55-59		\$1.15				\$1.15					
60-64		\$1.34				\$1.34					
65-69		\$1.46				\$1.46					
70+		\$1.60				\$1.60					
Medicare Part D		2014				2015					
Plan											
Custom 10/20/20% to \$100		\$229.82				\$264.90					