Alternatives for Committee Review

	FY 14-15 EPO Monthly	FY 15-16 \$250 EPO Monthly	FY 15-16 \$500 EPO Monthly	FY 14-15 HSA Monthly	FY 15-16 HSA Monthly	FY 15-16 PPO Monthly
Fort Bragg	Premium	Premium	Premium	Premium	Premium	Premium
Employee	659.06	658.52	569.34	518.13	479.51	565.41
Employee + 1	1,384.10	1,382.90	1,195.60	1,088.10	1,006.97	1,187.36
Employee + Family	1,977.33	1,975.57	1,708.01	1,554.38	1,438.53	1,696.24
Employee + Family	1,577.55	1,575.57	1,700.01	1,334.30	1,430.33	1,030.24
Designate the \$250 EPO	as the City Plan	ı; no change in	enrollment.			
	FY 15-16				Employee Savings	
	\$250 EPO			FY 2014-15 EE		
	Monthly	Monthly City	Monthly EE	Monthly	the FY14-15	
\$250 EPO Costs	Premium	Share (80%)	Share (20%)	Costs	Costs)	
	650.53	F2C 82	121 70	121.01	(0.11)	
Employee	658.52 1,382.90	526.82 1,106.32	131.70 276.58	131.81 276.82	(0.11) (0.24)	
Employee + 1 Employee + Family	1,975.57	1,580.46	395.11	395.47	(0.35)	
Estimated City Annual C	osts Savings				721.41	
Offer the \$500 EPO as a	n alternate, wit	h the City cont	ribution equal	to the \$250 EP	0	
	FY 15-16	Monthly City			Employee	
	\$500	Share (Equal		\$250 EPO	Savings	
	Monthly	to the \$250	Monthly EE	Employee	(Compared to	
\$500 EPO Costs	Premium	EPO)	Share	Contribution	the \$250 EPO)	
Employee	500.24	526.02	42.52	131.70	(89.18)	
Employee Employee + 1	569.34 1,195.60	526.82 1,106.32	42.52 89.28	131.70 276.58	(187.30)	
Employee + 1 Employee + Family	1,708.01	1,580.46	127.55	395.11	(267.56)	
Offer the HSA as an alte	rnate, with the	City contributi	on equal to th	e \$250 EPO		
	FY 15-16	Monthly City				
	HSA	Share (Equal	City HSA	FY 14-15 City		
	Monthly	to the \$250	Monthly Contribution	Monthly HSA Contribution	Increased Contribution	
Employee	Premium 479.51	EPO) 526.82	47.31	9.12	38.19	
Employee + 1	1,006.97	1,106.32	99.35	19.18	80.17	
Employee + Family	1,438.53	1,580.46	141.93	27.48	114.44	
Alternative Option:						
Designate the \$500 EPO		n; Assumes No	Change in Par	ticipation	Caralanas	
	FY 15-16 \$500 EPO			FY 2014-15	Employee Savings	
	Monthly	Monthly City	Monthly EE	EE Monthly	(Compared to	
\$500 EPO Costs	Premium	Share (80%)	Share (20%)	Costs	the FY 14-15)	
Employee	ECO 24	AEC AT	112 07	121 01	(17.04)	
Employee Employee + 1	569.34 1,195.60	455.47 956.48	113.87 239.12	131.81 276.82	(17.94) (37.70)	
Employee + Family	1,708.01	1,366.41	341.60	395.47	(53.86)	
					OE 462 44	
Estimated City Annual C					95,462.44	
Allow Employees to "Bu	uy Up" to the \$2	50 EPO Plan; C	ity Contributio	on Equal to the	EPO Contribution	1
	FY 15-16	Monthly City			Employee Cost	
	\$250	Share - Equal	Monthly	\$500 EPO	Increase (Compared to	
	Monthly Premium	to the \$500 PPO	Monthly EE Share	Employee Contribution	(Compared to the \$500 EPO)	
Employee	658.52	455.47	203.05	113.87	89.18	
Employee + 1 Employee + Family	1,382.90 1,975.57	956.48 1,366.41	426.42 609.16	239.12 341.60	187.30 267.56	
Offer the HSA as an alte	ernate, with the	City contributi	on equal to th	e \$500 EPO Cor	ntribution	
	FY 15-16	Monthly City			Employee	
	HSA	Share - Equal		\$500 EPO	Savings	
	Monthly	to the \$500	Monthly EE	Employee	(Compared to	
	Premium	PPO	Share	Contribution	the \$500 EPO)	
Employee	479.51	455.47	24.04	113.87	(89.83)	
Employee + 1	1,006.97	956.48	50.49	239.12	(188.63)	

72.12

341.60

(269.48)

Employee + Family

1,438.53

1,366.41