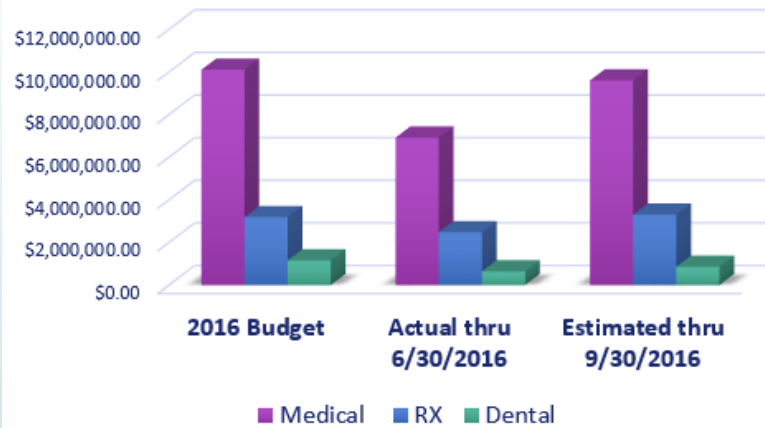




FY17 Benefits Overview

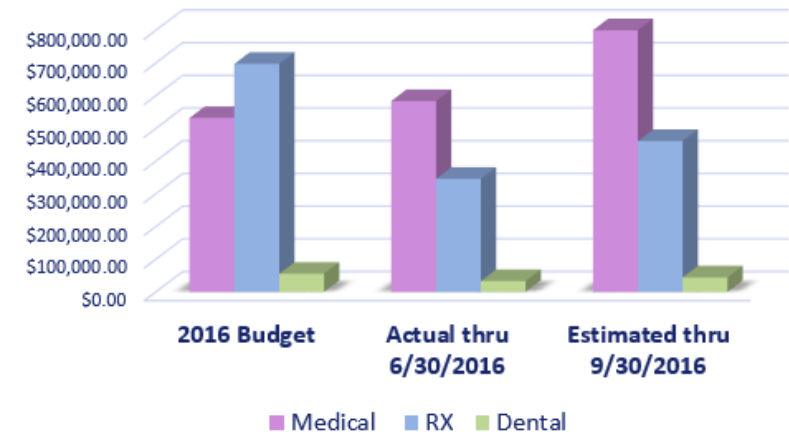
FY16 Plan Performance

Employee Claims



Employee	2016 Budget	Actual thru 6/30/2016	Estimated thru 9/30/2016
Medical	\$10,105,274.00	\$6,919,918.97	\$9,604,656.47
RX	\$3,185,145.00	\$2,479,563.10	\$3,306,084.13
Dental	\$1,158,896.04	\$643,094.59	\$857,459.45

Retiree/Cobra Claims

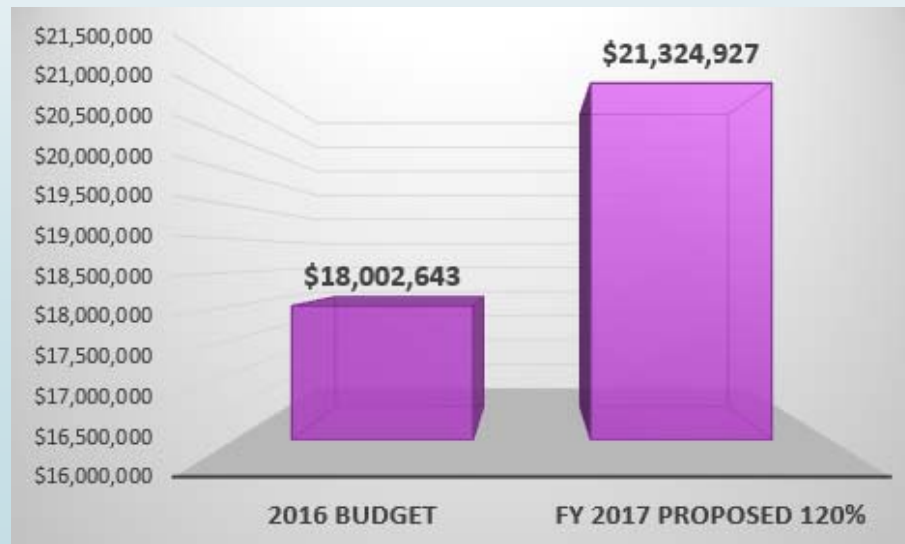


Retiree/Cobra	2016 Budget	Actual thru 6/30/2016	Estimated thru 9/30/2016
Medical	\$531,505.04	\$583,475.68	\$800,070.17
RX	\$697,134.96	\$345,971.15	\$461,294.87
Dental	\$55,421.01	\$33,168.00	\$44,224.00

FY17 Budget vs FY16

Employee	2016 Budget	2017 Budget	Budget Increase/Decrease
Medical	\$10,105,274.00	\$12,093,266.00	\$1,987,992.00
RX	\$3,185,145.00	\$4,336,104.00	\$1,150,959.00
Dental	\$1,158,896.04	\$999,907.00	-\$158,989.04

Retiree/Cobra	2016 Budget	2017 Budget	Budget Increase/Decrease
Medical	\$531,505.04	\$889,074.00	\$357,568.96
RX	\$697,134.96	\$598,939.00	-\$98,195.96
Dental	\$55,421.01	\$49,115.00	-\$6,306.01



FY17 Funding

- Total increase \$3,322,284
- Reserve fund \$2,600,000
- Employee contribution increase \$320,760
- Retiree contributions increase \$300,261
- Employer contribution increase \$432,960



Employer Contribution Increase

- Current contribution = \$700 PEPM
- Last increase October 2011 = \$586.10
- FY17 Proposed Contribution = \$710 (annual increase \$432,960)



Employee Contribution Rate Schedule

Coverage Tier	Lives	Current	Proposed
		EE Monthly Contribution	EE Monthly Contribution
Seton ACO-Discounted Employee Rates			
Employee Only:	507	\$20.00	\$30.00
Employee + Spouse:	126	\$75.00	\$95.00
Employee + Children:	202	\$65.00	\$85.00
Employee + Family:	279	\$150.00	\$180.00
Choice POS-Discounted Employee Rates			
Employee Only:	96	\$208.52	\$218.52
Employee + Spouse:	65	\$294.65	\$314.65
Employee + Children:	54	\$243.17	\$263.17
Employee + Family:	113	\$352.76	\$382.76

Note: Discounted Rates shown above are with full Incentives applied

Retiree Contribution Rate Schedule

Coverage Tier	Current			Proposed		
	Prior to 2/1/2013	8-15 Years Wilco Svc	16+ Years Wilco Svc	Prior to 2/1/2013	8-15 Years Wilco Svc	16+ Years Wilco Svc
Employee Only:	\$20.00	\$352.05	\$186.03	\$30.00	\$362.05	\$196.03
Employee + Spouse:	\$75.00	\$671.14	\$373.07	\$95.00	\$691.14	\$393.07
Employee + Children:	\$65.00	\$543.48	\$304.24	\$85.00	\$563.48	\$324.24
Employee + Family:	<u>\$150.00</u>	<u>\$822.40</u>	<u>\$486.20</u>	<u>\$180.00</u>	<u>\$852.40</u>	<u>\$516.20</u>
Employee Only:	\$208.52	\$497.62	\$353.07	\$218.52	\$507.62	\$363.07
Employee + Spouse:	\$294.65	\$876.01	\$585.33	\$314.65	\$896.01	\$605.33
Employee + Children:	\$243.17	\$709.21	\$476.19	\$263.17	\$729.21	\$496.19
Employee + Family:	<u>\$352.76</u>	<u>\$1,035.89</u>	<u>\$694.32</u>	<u>\$382.76</u>	<u>\$1,065.89</u>	<u>\$724.32</u>

Note: Discounted Rates shown below are with full Incentives applied

Wellness Program Incentives

- Employees must have completed a wellness exam between November 1, 2015 through November 30, 2016
- Employees must complete the Aetna HRA by November 30, 2016
- \$100 Total Incentive Value is the same for each plan
- Rates reflect all incentives applied
- Amounts listed below will be added to premiums if initiative is not completed

<u>Monthly Wellness Credit</u>	
Nicotine Free	\$50
HRA	\$25
Wellness Exam	\$25

Dental Rates

No rate changes

	Dental Low Monthly	Dental High Monthly
Employee Only:	\$34.68	\$47.94
Employee + Spouse:	\$64.26	\$88.74
Employee + Children:	\$71.40	\$96.90
Employee + Family:	\$78.54	\$108.12



Plan Design Highlights

TelaDoc

- Adding TelaDoc – cost neutral with no co pay for member
- Reduced time missed from work
- Easy access to healthcare
- Reduced claims cost
- Reduced visits to ER or Urgent Care



Mental Health & Substance Abuse Services

- Updating coverage to be consistent with local and national standards to include 90 days inpatient care vs 30 days

Benefits Comparison

	Austin (PPO)	Bastrop (PPO)	Burnet (PPO)	Cedar Park (Base)	Georgetown (PPO)	Round Rock (POS)	Travis (Consumer Choice)	Wilco (Seton)
Single Rate	\$10	\$0	\$0	\$0	\$75	\$105	\$0	\$18
Family Rate	\$564	\$1,035	\$807	\$674	\$549	\$410	\$410	\$138
Single Deductible	\$500	\$2,500	\$750	\$2,500	\$3,000	\$750	\$500	\$1,750
Family Deductible	\$1,500	\$7,500	\$2,250	\$5,000	\$6,000	\$2,250	\$1,250	\$3,500
Co Pay - Physician	\$15	\$40	\$25	\$30	\$30	\$25	Ded & Coinsurance	\$30
Co Insurance	20%	20%	20%	20%	0%	20%	20%	20%
Single Out of Pocket Max	\$3,500	\$4,100	\$3,000	\$4,500	\$4,000	\$3,000	\$3,500	\$5,500
Family Out of Pocket Max	\$12,700	\$5,700	\$9,000	\$9,000	\$8,000	\$9,000	\$7,000	\$11,000

*All rates are per month

Questions

