

**City of League City
2017-2018 Contributions and Enrollment**

Enrollment		Unit Costs - Monthly				Total Costs - Monthly		
Buy Up Plan	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (%)
Employee	89	\$702.76	\$625.28	89.0%	\$77.48	\$77.48	\$17.80	29.8%
+ Spouse	12	\$878.46	\$579.70	66.0%	\$298.76	\$376.24	\$34.88	10.2%
+ Child(ren)	16	\$688.71	\$454.48	66.0%	\$234.23	\$311.71	\$31.19	11.1%
+ Family	18	\$1,475.80	\$973.89	66.0%	\$501.91	\$579.39	\$46.49	8.7%
Total Contributions	89	\$1,326,497	\$1,047,874	79.0%	\$278,623			

Mid Plan	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (%)
Employee	389	\$635.28	\$625.28	98.4%	\$10.00	\$10.00	\$10.00	0.0%
+ Spouse	28	\$794.11	\$579.70	73.0%	\$214.41	\$224.41	\$17.33	8.4%
+ Child(ren)	73	\$622.58	\$454.48	73.0%	\$168.10	\$178.10	\$15.74	9.7%
+ Family	68	\$1,334.10	\$973.89	73.0%	\$360.21	\$370.21	\$22.31	6.4%
Total Contributions	389	\$4,864,187	\$4,304,861	88.5%	\$559,326			

Core HSA Plan	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (%)
Employee	26	\$552.70	\$552.70	100.0%	\$0.00	\$0.00	N/A	N/A
+ Spouse	3	\$690.87	\$579.70	83.9%	\$111.17	\$111.17	N/A	N/A
+ Child(ren)	3	\$541.65	\$454.48	83.9%	\$87.16	\$87.16	N/A	N/A
+ Family	5	\$1,160.66	\$973.89	83.9%	\$186.77	\$186.77	N/A	N/A
Total Contributions	26	\$278,919	\$261,785	93.9%	\$17,134			
HSA Contributions	26	\$22,620	\$22,620					
Total Contributions Inc. HSA	26	\$301,539	\$284,405		\$17,134			

ER HSA Contribution (EE only) \$870

All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions - All Plans	504	\$6,492,223	\$5,637,139	86.8%	\$855,084

CITY OF LEAGUE CITY
PARTIAL SELF FUNDING PROPOSAL ANALYSIS - 125K ISL

	CURRENT	RENEWAL
	2017-2018	2018-2019
TPA:	Cigna	Cigna
STOP LOSS CARRIER:	Cigna	Cigna
PBM	Cigna	Cigna
PPO:	OAP	OAP
SPECIFIC STOP LOSS DEDUCTIBLE:	\$125,000	\$125,000
SPECIFIC STOP LOSS LIFETIME MAXIMUM:	Unlimited	Unlimited
SPECIFIC STOP LOSS ANNUAL MAXIMUM	Unlimited	Unlimited
SPECIFIC CONTRACT :	24/12 (M, Rx)	24/12 (M, Rx)
AGGREGATE CONTRACT CORRIDOR:	125%	125%
AGGREGATE CONTRACT MAXIMUM:	Unlimited	Unlimited
AGGREGATE CONTRACT:	24/12 (M, Rx)	24/12 (M, Rx)
SPECIFIC PREMIUM: Employee	\$111.76	\$140.46
Dependents	\$111.76	\$140.46
MONTHLY TOTAL	\$56,327	\$70,792
ANNUAL TOTAL	\$675,924	\$849,502
AGGREGATE PREMIUM (Per Employee):	\$4.78	\$4.78
MONTHLY TOTAL	\$2,409	\$2,409
ANNUAL TOTAL	\$28,909	\$28,909
AGGREGATE STOP LOSS FACTOR:		
Mid-Plan	\$1,117.31	\$1,117.31
Buy-Up	\$1,214.98	\$1,214.98
HSA	\$855.80	\$855.80
Monthly Aggregate Accumulation	\$565,018	\$565,018
Annual Aggregate Accumulation	\$6,780,211	\$6,780,211
Projected Claims - Carrier	\$5,424,169	\$5,424,169
Medical Administration	\$27.00	\$27.81
Rx Administration	Included	Included
Rx Rebate Credit / Estimated Rebates	Included	Included
Medical Network Access Fee	Included	Included
Utilization Review	Included	Included
Large Case Management	Included	Included
Disease Management	Included	Included
Maternity Management	Included	Included
Start Up Fees	\$0.00	\$0.00
MONTHLY TOTAL	\$13,608	\$14,016
ANNUAL TOTAL	\$163,296	\$168,195
PERCENTAGE Δ FROM CURRENT	N/A	3.0%
DOLLAR CHANGE FROM CURRENT	\$6,156	\$4,899
FIXED MONTHLY TOTAL	\$72,344	\$87,217
FIXED ANNUAL TOTAL	\$868,130	\$1,046,606
PERCENTAGE Δ FROM CURRENT	N/A	20.6%
DOLLAR CHANGE FROM CURRENT	N/A	\$178,476
HEALTH REFORM FEES (PCORI / Reinsurance)	\$2,331	\$2,331
ESTIMATED RESERVE FUNDING	\$0	\$0
PROJECTED COST OF LASERS	\$175,000	\$375,000
MAXIMUM MONTHLY FUNDING	\$652,139.37	\$683,679.08
MAXIMUM ANNUAL FUNDING	\$7,825,672	\$8,204,149
PERCENTAGE Δ FROM CURRENT	N/A	4.8%
DOLLAR CHANGE FROM CURRENT	N/A	\$378,476
EXPECTED MONTHLY MONTHLY FUNDING	\$539,135.85	\$570,675.55
EXPECTED ANNUAL FUNDING	\$6,469,630	\$6,848,107
PERCENTAGE Δ FROM CURRENT	N/A	5.9%
DOLLAR CHANGE FROM CURRENT	N/A	\$378,476

Based on average enrollment of 504 participating employees

**City of League City
2018-2019 Renewal Cost & Contributions**

Enrollment		Unit Costs - Monthly				Total Costs - Monthly		
Buy Up Plan	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (%)
Employee	89	\$751.95	\$669.75	89.1%	\$82.20	\$82.20	\$4.73	6.1%
+ Spouse	12	\$939.95	\$620.28	66.0%	\$319.67	\$401.88	\$25.64	6.8%
+ Child(ren)	16	\$736.92	\$486.30	66.0%	\$250.62	\$332.83	\$21.12	6.8%
+ Family	18	\$1,579.11	\$1,042.07	66.0%	\$537.04	\$619.24	\$39.86	6.9%
Total Contributions	89	\$1,419,352	\$1,121,971	79.0%	\$297,381			

Mid Plan	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (%)
Employee	389	\$679.75	\$669.75	98.5%	\$10.00	\$10.00	\$10.00	0.0%
+ Spouse	28	\$849.70	\$620.28	73.0%	\$229.42	\$239.42	\$15.01	6.7%
+ Child(ren)	73	\$666.16	\$486.30	73.0%	\$179.86	\$189.86	\$11.77	6.6%
+ Family	68	\$1,427.49	\$1,042.07	73.0%	\$385.42	\$395.42	\$25.22	6.8%
Total Contributions	389	\$5,204,672	\$4,609,460	88.6%	\$595,212			

Core HSA Plan	Full Time Employees	Medical Rate	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (\$)	Total Employee Contribution (%)
Employee	26	\$591.38	\$591.38	100.0%	\$0.00	\$0.00	\$0.00	0.0%
+ Spouse	3	\$739.23	\$620.28	83.9%	\$118.95	\$118.95	\$7.78	7.0%
+ Child(ren)	3	\$579.55	\$486.30	83.9%	\$93.26	\$93.26	\$6.10	7.0%
+ Family	5	\$1,241.91	\$1,042.07	83.9%	\$199.84	\$199.84	\$13.07	7.0%
Total Contributions	26	\$298,441	\$280,108	93.9%	\$18,333			
HSA Contributions	26	\$31,143	\$31,143					
Total Contributions Incl HSA	26	\$329,584	\$311,251		\$18,333			

ER HSA Contribution (EE only)
ER HSA Contribution (EE + DEP)

\$1,000
\$1,500

All Plans	Full Time Employees	Total Medical Cost	City Contribution (\$)	City Contribution (%)	Employee Contribution (\$)
Total Contributions - All Plans	504	\$6,953,607	\$6,042,681	86.9%	\$910,926
Change from current (\$)		\$461,384	\$405,542		\$55,842
Change from current (%)		7.1%	7.2%		6.5%

Assumes the following plan changes effective 10/1/2018:

- **Mid Plan Standard Network Deductible \$1,500 Individual / \$3,000 Family
- **Buy Up Plan Standard Network Deductible \$750 Individual / \$1,500 Family
- **Increased HSA contribution to \$1,000 Individual / \$1,500 Employee + Dependents
- **Reduce Telehealth/Virtual office visit copay from \$25 to \$5
- **Increase Generic Copay to \$4 for 30 day fill and \$8 for 90 day fill Retail or Mail

CITY OF LEAGUE CITY
2018 - 2019 PROPOSED CIGNA PLAN DESIGN

MEDICAL BENEFITS	HDHP / HSA Cigna	Mid Plan Cigna	Buy Up Cigna
Deductible UTMB Preferred Network In-Network Non-Network	\$2,600 Ind./ \$5,200 Fam. \$2,600 Ind./ \$5,200 Fam. \$5,200 Ind. /\$10,600 Fam.	\$500 Ind./ \$1,000 Fam. \$1,500 Ind./ \$3,000 Fam. \$5,000 Ind. / \$10,000 Fam.	\$250 Ind./ \$500 Fam. \$750 Ind./ \$1,500 Fam. \$2,000 Ind./ \$4,000 Fam.
Out Of Pocket Max In-Network Non-Network	Includes Ded. / Coins. / Copays \$5,000 Ind./ \$10,000 Fam. \$10,000 Ind. / \$20,000 Fam.	Includes Ded. / Coins. / Copays \$3,500 Ind./ \$6,000 Fam. \$15,000 Ind./ \$30,000 Fam.	Includes Ded. / Coins. / Copays \$2,000 Ind./ \$4,000 Fam. \$10,000 Ind./ \$20,000 Fam.
Coinsurance UTMB Preferred Network In-Network Non-Network	10% 20% 40%	10% 20% 40%	10% 20% 40%
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventive Care In-Network Non-Network	\$0 - No Cost Sharing Ded./ 40%	\$0 - No Cost Sharing Ded./ 40%	\$0 - No Cost Sharing Ded./ 40%
TeleHealth / Virtual Visit	<\$45 -applies to Ded./ 10%	\$5 copay	\$5 copay
Physician Office Visit UTMB Preferred Network Age 0-19 UTMB Preferred Network >19 In-Network Dep. Child Age 0-19 In-Network >19 Non-Network	Ded./ 10% Ded./ 10% Ded./ 20% Ded./ 20% Ded./ 40%	\$0 Copay \$10 Copay \$0 Copay \$25 Copay Ded./ 40%	\$0 Copay \$10 Copay \$0 Copay \$25 Copay Ded./ 40%
Specialist Office Visit UTMB Preferred Network Age 0-19 UTMB Preferred Network >19 In-Network Dep. Child Age 0-19 In-Network >19 Non-Network	Ded./ 10% Ded./ 10% Ded./ 20% Ded./ 20% Ded./ 40%	\$0 Copay \$10 Copay \$0 Copay \$50 Copay Ded./ 40%	\$0 Copay \$10 Copay \$0 Copay \$40 Copay Ded./ 40%
Basic Lab & Radiology UTMB Preferred Network In-Network Non-Network	Ded./ 10% Ded./ 20% Ded./ 40%	10%* 20%* Ded./ 40%	10%* 20%* Ded./ 40%
Emergency Room In-Network Non-Network	Ded./ 20% Ded./ 40%	\$150 Copay, then Ded/Coins \$150 Copay, then Ded/Coins	\$150 Copay, then Ded/Coins \$150 Copay, then Ded/Coins
Urgent Care UTMB Preferred Network In-Network Non-Network	Ded./ 10% Ded./ 20% Ded./ 40%	\$10 Copay \$50 Copay Ded./ 40%	\$10 Copay \$40 Copay Ded./ 40%
Major Lab & Radiology (MRI / CT / PET) UTMB Preferred Network In-Network Non-Network	Prior Auth Required Ded./ 10% Ded./ 20% Ded./ 40%	Prior Auth Required Ded./ 10% Ded./ 20% Ded./ 40%	Prior Auth Required Ded./ 10% Ded./ 20% Ded./ 40%
In-Patient Hospital UTMB Preferred Network In-Network Non-Network	Ded./ 10% Ded./ 20% Ded./ 40%	Ded./ 10% Ded./ 20% Ded./ 40%	Ded./ 10% Ded./ 20% Ded./ 40%
Out-patient Surgery UTMB Preferred Network In Network Non-Network	Ded./ 10% Ded./ 20% Ded./ 40%	Ded./ 10% Ded./ 20% Ded./ 40%	Ded./ 10% Ded./ 20% Ded./ 40%
Rehabilitative Therapy PT / OT / ST UTMB Preferred Network In-Network Non-Network	Ded./ 10% Ded./ 20% Ded./ 40%	\$10 Copay \$25 Copay Ded./ 40%	\$10 Copay \$25 Copay Ded./ 40%
Prescriptions Network Retail Pharmacy Network Mail Order / 90 Retail Now Preventive Generics CDHP Preventive Drug List Step Therapy /Mandatory Generic	Deductible then: \$4 Generic/\$35/\$60/15% \$8 Generic/\$70/\$120/15% \$0 Copay Deductible Waived; \$0 Cost Step Therapy/Mandatory Generic	\$4 Generic/\$35/\$60/15% \$8 Generic/\$70/\$120/15% \$0 Copay N/A Step Therapy /Mandatory Generic	\$4 Generic/\$25/\$50/15% \$8 Generic/\$50/\$100/15% \$0 Copay N/A Step Therapy/ Mandatory Generic
Note: This is a brief summary and not intended to be a contract.		*Covered under Office Visit Copay when service occurs in office visit setting; Covered under coinsurance when procedure occurs in outpatient or independent lab.	*Covered under Office Visit Copay when service occurs in office visit setting; Covered under coinsurance when procedure occurs in outpatient or independent lab.