

Triple Option - Option 3 (Funding POS and HMO at Renewal Rates)

Volusia County School Board Contribution Analysis

Active Enrollment only as of 10/2014

BEST AND FINAL Renewal Plans 2015-2016 Plan Year

Florida Health Care Plans and Florida Blue

ILLUSTRATIVE MODEL OF DEFINED CONTRIBUTION BASED ON TRIPLE OPTION - DOES NOT REPRESENT MIGRATION;

			2014 - 2015 Renewal Monthly Rates				2015 - 2016 Renewal Monthly Rates				
		as of	Total Premium	Employee	Board	Per Pay	Total	Employee	Board	Per Pay	Difference Per
BCBSFL PPO	Single	1,019	\$830.48	\$20.00	\$810.48	\$12.00	\$859.55	\$235.95	\$623.60	\$141.57	\$129.57
	EE + Sp	37	\$1,577.94	\$767.46	\$810.48	\$460.48	\$1,633.17	\$1,009.57	\$623.60	\$605.74	\$145.27
	EE + Ch	26	\$1,411.82	\$601.34	\$810.48	\$360.80	\$1,461.23	\$837.63	\$623.60	\$502.58	\$141.77
	Family	17	\$2,076.22	\$1,265.74	\$810.48	\$759.44	\$2,148.89	\$1,525.29	\$623.60	\$915.17	\$155.73
Monthly Total		1,135	\$1,051,390	\$102,318	\$949,072		\$1,088,192	\$357,956	\$730,236		
BCBSFL HRA*	Single	255	\$830.02	\$20.00	\$810.02	\$12.00	\$857.32	\$233.72	\$623.60	\$140.23	\$128.23
	EE + Sp	18	\$1,532.00	\$721.98	\$810.02	\$433.19	\$1,583.87	\$960.27	\$623.60	\$576.16	\$142.97
	EE + Ch	15	\$1,376.00	\$565.98	\$810.02	\$339.59	\$1,422.41	\$798.81	\$623.60	\$479.29	\$139.70
	Family	11	\$2,000.04	\$1,190.02	\$810.02	\$714.01	\$2,068.29	\$1,444.69	\$623.60	\$866.81	\$152.80
Monthly Total		331	\$347,473	\$53,436	\$294,037		\$358,999	\$132,632	\$226,367		
Triple Option	Single	3,076	\$643.60	\$20.00	\$623.60	\$12.00	\$643.60	\$20.00	\$623.60	\$12.00	\$0.00
	EE + Sp	116	\$1,222.84	\$599.24	\$623.60	\$359.54	\$1,222.84	\$599.24	\$623.60	\$359.54	\$0.00
	EE + Ch	190	\$1,094.12	\$470.52	\$623.60	\$282.31	\$1,094.12	\$470.52	\$623.60	\$282.31	\$0.00
	Family	57	\$1,609.01	\$985.41	\$623.60	\$591.25	\$1,609.01	\$985.41	\$623.60	\$591.25	\$0.00
Monthly Total		3,651	\$2,762,270	\$353,303	\$2,408,967		\$2,762,270	\$353,303	\$2,408,967		
HMO	Single	1,012	\$572.64	\$20.00	\$552.64	\$12.00	\$572.64	\$20.00	\$552.64	\$12.00	\$0.00
	EE + Sp	147	\$1,088.01	\$535.37	\$552.64	\$321.22	\$1,088.01	\$535.37	\$552.64	\$321.22	\$0.00
	EE + Ch	197	\$973.48	\$420.84	\$552.64	\$252.50	\$973.48	\$420.84	\$552.64	\$252.50	\$0.00
	Family	122	\$1,431.59	\$878.95	\$552.64	\$527.37	\$1,431.59	\$878.95	\$552.64	\$527.37	\$0.00
Monthly Total		1,606	\$1,289,122	\$330,844	\$958,278		\$1,289,122	\$330,844	\$958,278		
POS Plan	Single	3	\$454.81	\$20.00	\$434.81	\$12.00	\$454.81	\$20.00	\$434.81	\$12.00	\$0.00
	EE + Sp	9	\$864.14	\$429.33	\$434.81	\$257.60	\$864.14	\$429.33	\$434.81	\$257.60	\$0.00
	EE + Ch	10	\$773.18	\$338.37	\$434.81	\$203.02	\$773.18	\$338.37	\$434.81	\$203.02	\$0.00
	Family	8	\$1,137.02	\$702.21	\$434.81	\$421.33	\$1,137.02	\$702.21	\$434.81	\$421.33	\$0.00
Monthly Total		32	\$28,244	\$13,460	\$14,784		\$28,244	\$13,460	\$14,784		

*HRA rates include Fund

	Enrolled	Premium	Contribution	Contribution	Premium	Contribution	Contribution
TOTAL ANNUAL COST	6755	\$65,741,978	\$10,240,328	\$55,501,649	\$66,321,914	\$14,258,348	\$52,063,566
Increase over current (\$\$)					\$579,937	\$4,018,020	-\$3,438,083
Increase over current (%)					0.88%	39.24%	-6.19%