Estimated Costs
Health Plan
2014-2015

Department	Family	Double	Single	Waived	Total per Month	Total per Year
General Fund	128	62	87	12		
	$ 1,060.45	$ 771.24	$ 385.61			
	$ 135,737.60	$ 47,816.88	$ 33,548.07	$16,800.00	**$ 217,102.55**	**$2,605,230.60**
CDBG	1	1	2	0		
	$ 1,060.45	$ 771.24	$ 385.61			
	$ 1,060.45	$ 771.24	$ 771.22	$ 0.00	**$ 2,602.91**	**$ 31,234.92**
Water	16	17	17	5		
	$ 1,060.45	$ 771.24	$ 385.61			
	$ 16,967.20	$ 13,111.08	$ 6,555.37	$ 7,000.00	**$ 36,633.65**	**$ 439,603.80**
WPCD	11	16	9	2		
	$ 1,060.45	$ 771.24	$ 385.61			
	$ 11,664.95	$ 12,339.84	$ 3,470.49	$ 2,800.00	**$ 27,475.28**	**$ 329,703.36**
Totals						
	$ 165,430.20	$ 74,039.04	$ 44,345.15		**$ 283,814.39**	**$3,405,772.68**
				$26,660		

* 80% of premium

Current Costs
Health Plan
2013-2014

Department	Family	Double	Single	Waived	Total per Month	Total per Year
General Fund	128	62	87	12		
	$ 1,041.85	$ 757.71	$ 378.85			
	$ 133,356.80	$ 46,978.02	$ 32,959.95	$16,800.00	**$ 213,294.77**	**$2,559,537.24**
CDBG	1	1	2	0		
	$ 1,041.85	$ 757.71	$ 378.85			
	$ 1,041.85	$ 757.71	$ 757.70	$ 0.00	**$ 2,557.26**	**$ 30,687.12**
Water	16	17	17	5		
	$ 1,041.85	$ 757.71	$ 378.85			
	$ 16,669.60	$ 12,881.07	$ 6,440.45	$ 7,000.00	**$ 35,991.12**	**$ 431,893.44**
WPCD	11	16	9	2		
	$ 1,041.85	$ 757.71	$ 378.85			
	$ 11,460.35	$ 12,123.36	$ 3,409.65	$ 2,800.00	**$ 26,993.36**	**$ 323,920.32**
Totals						
					$ 278,836.51	**$3,346,038.12**
				$26,660		

* 80% of premium

Employee Estimated Costs
Health Plan
2014-2015

Department	Family	Double	Single	Waived	Total per Month	Total per Year
General Fund	128	62	87			
	$ 265.10	$ 192.80	$ 96.40			
	$ 33,932.80	$ 11,953.60	$ 8,386.80		**$ 54,273.20**	**$ 651,278.40**
CDBG	1	1	2			
	$ 265.10	$ 192.80	$ 96.40			
	$ 265.10	$ 192.80	$ 192.80		**$ 650.70**	**$ 7,808.40**
Water	16	17	17			
	$ 2,650.10	$ 192.80	$ 96.40			
	$ 4,241.60	$ 3,277.60	$ 1,638.80		**$ 9,158.00**	**$ 109,896.00**
WPCD	11	16	9			
	$ 265.10	$ 192.80	$ 96.40			
	$ 2,916.10	$ 3,084.80	$ 867.60		**$ 6,868.50**	**$ 82,422.00**
Totals						
	$ 41,355.60	$ 18,508.80	$ 11,086.00		**$ 70,950.40**	**$ 851,404.80**

Employee Current Costs
Health Plan
2013-2014

Department	Family	Double	Single	Waived	Total per Month	Total per Year
General Fund	128	62	87			
	$ 260.46	$ 189.42	$ 94.72			
	$ 33,338.88	$ 11,744.04	$ 8,240.64		**$ 53,323.56**	**$ 639,882.72**
CDBG	1	1	2			
	$ 260.46	$ 189.42	$ 94.72			
	$ 260.46	$ 189.42	$ 189.44		**$ 639.32**	**$ 7,671.84**
Water	16	17	17			
	$ 260.46	$ 189.42	$ 94.72			
	$ 4,167.36	$ 3,220.14	$ 1,610.24		**$ 8,997.74**	**$ 107,972.88**
WPCD	11	16	9			
	$ 260.46	$ 189.42	$ 94.72			
	$ 2,865.06	$ 3,030.72	$ 852.48		**$ 6,748.26**	**$ 80,979.12**
Totals						
	$ 40,631.76	$ 18,184.32	$ 10,892.80		**$ 69,708.88**	**$ 836,506.56**