Estimated Costs
Health Plan with 8.6% increase
2013-2014

Department	Family	Double	Single	Waived	Total per Month	Total per Year
General Fund	143	60	90	15		
	$ 1,054.61	$ 753.74	$ 378.84			
	$ 150,809.23	$ 45,224.40	$ 34,095.60	$21,000.00	**$ 230,129.23**	**$2,761,550.76**
CDBG	2	1	1	0		
	$ 1,054.61	$ 753.74	$ 378.84			
	$ 2,109.22	$ 753.74	$ 378.84	$ 0.00	**$ 3,241.80**	**$ 38,901.60**
Water	18	18	16	4		
	$ 1,054.61	$ 753.74	$ 378.84			
	$ 18,982.98	$ 13,567.32	$ 6,061.44	$ 5,600.00	**$ 38,611.74**	**$ 463,340.88**
WPCD	11	15	8	.2		
	$ 1,054.61	$ 753.74	$ 378.84			
	$ 11,600.71	$ 11,306.10	$ 3,030.72	$ 2,800.00	**$ 25,937.53**	**$ 311,250.36**
Totals					404	
	$ 183,502.14	$ 70,851.56	$ 43,566.60		**$ 297,920.30**	**$3,575,043.60**
				$29,400		

* 80% of premium