**CITY OF HENDERSON**
**SELF-FUNDED INSURANCE COMMITTEE**

**MINUTES**
**September 10, 2014**

## I. Call to order

Vice Chairman Dan Pentkowski called the City of Henderson Insurance Committee meeting to order at 10:03 a.m., in the Westgate Conference Room, 1st Floor, City Hall, 240 Water Street, Henderson, Nevada.

## II. Confirmation of Posting and Roll Call

Alysa Neilson, Employee Benefits Coordinator, confirmed the meeting had been posted in accordance with the Open Meeting Law by posting the agenda three working days prior to the meeting at City Hall, Multigenerational Center, Whitney Ranch Recreational Center, and Fire Station No. 86.

PRESENT: Vice Chairman Dan Pentkowski
Jennifer Fennema
Priscilla Howell
Connie Kershaw
Tim O'Neill
Darrell Wade

ABSENT: Chairman Fred Horvath
Kenneth Kerby

STAFF: Kristina Gilmore, Assistant City Attorney II
Robert Osip, Risk Manager
Alysa Neilson, Employee Benefits Coordinator
April Parra, Council and Commission Services Reporter

ALSO PRESENT: Shawn Adkins, Gallagher Benefit Services
Bill Bixler, Loomis
Tom Chiello, HPSA
Amber Hubber, HPN
Pam Levy, Sierra Healthcare Options

## III. Acceptance of Agenda

(Motion) Ms. Howell introduced a motion to accept the agenda as submitted. The vote favoring approval was unanimous. Vice Chairman Pentkowski declared the motion carried.

## IV. Public Comment

There were no comments presented by the public.

## V. New Business

### A. Approval of Minutes for the meeting of July 9, 2014

(Motion) Mr. Wade introduced a motion to approve the July 9, 2014, minutes as submitted. The vote favoring approval was unanimous. Vice Chairman Pentkowski declared the motion carried.

### B. Self-Funded Health Plan's Monthly Financial Report

Connie Kershaw, Finance, reviewed the Financial Status Report and stated that the plan is doing better now than this time last year. She noted there is approximately $1 million more in the account due to increased premiums. She also noted that expenses are down approximately $24,000 due to a decrease in medical expenses and fewer large claims year to date.

### C. Loomis Monthly Claims Report

Bill Bixler, Loomis, reviewed the Monthly Claims Report and noted that the total medical spent for the month is $998,000.

### D. Sierra Healthcare Options Monthly Report – Hospital Length of Stay and Provider Network Update

Pam Levy, Sierra Healthcare Options, reviewed the Length of Stay report and said the average stay for the year is 3.6 days.

### E. Health Plan of Nevada Status Report

Items E and H were heard simultaneously.

Amber Hubber, Health Plan of Nevada, reviewed the renewal proposal and noted that it includes an 8.09 percent increase.

A discussion ensued regarding coverage for anorexia, bulimia and other eating disorders next year.

Responding to a question regarding gender reassignment coverage, Ms. Hubber said that will not be a covered benefit.

A discussion ensued regarding increases to prescription drug rates and the direction the trends are heading.

At the request of the Committee, Ms. Hubber said she will check to see if she could get a flat 8 percent increase.

It was the consensus of the Committee that this item will be continued to the October meeting.

**F. Gallagher Benefit Services Status Report**

Items F and K were heard simultaneously.

Shawn Adkins, Gallagher Benefit Services (GBS), gave an update on issues involving PPACA and noted that the 2014 GBS Funding rate will be $63 per member per year. He noted that this rate will decrease the following year.

Mr. Adkins informed the Committee that in January of 2016 all City of Henderson employees will receive a communication that informs them that the City filed certain information with the Internal Revenue Service on their behalf.

Mr. Adkins reviewed the renewal report. Areas of discussion included: Estimated Plan Status, Large Claim History, Development of Projected Paid Claims, Fixed Cost Analysis, Summary of Recommended IBNR Reserves, Development of Needed Annual Funding, Summary of GBS Medical and Rx Funding Rates, Development of Projected Paid Claims, Summary of Dental & Vision GBS Funding Rates, Global Budget, City/Employee Contribution Analysis, and Reserve Impact Analysis.

Mr. Adkins noted the plan is running well and reviewed the prescription drug report.

At the request of the Committee, Mr. Adkins said he would bring back a self-funded option for Delta Dental.

**G. Presentation on Private Exchanges**

This item was continued to the next meeting.

**H. Health Plan of Nevada (HPN) renewal for plan year 2015**

See discussion held under Item E.

**I. Employee Assistance Program renewal for plan year 2015**

Bob Osip, Risk Manager, reviewed The Life Connection Program Agreement Addendum #1 and noted that typical industry utilization is approximately five percent and City of Henderson utilization rate is 13.9 percent.

Mr. Osip reviewed the rate increase options for the Committee. Mr. O'Neill said the cost versus the benefit of the service is well worth the expense.

A lengthy discussion ensued regarding the cost versus the benefits of the plan.

(Motion) Mr. O'Neill introduced a motion to accept the three-year rate increase as presented in The Life Connection Program Agreement Addendum #1. The vote favoring approval was unanimous. Vice Chairman Pentkowski declared the motion carried.

**J. Insurance renewals for plan year 2015**

This item was continued to the October meeting.

**K. Funding rates for plan year 2015**

See discussion held under Item F.

**VII. Public Comment**

Darrell Wade thanked the Committee for their consideration on the Employee Assistance Program. He said this is an important issue and a huge benefit.

**VIII. Chairman/Committee Member/Committee Staff Comment**

Mr. Osip commented on the following items:

- Gave an update on an out-of-network dialysis claim from 2012.
- Tim O'Neill is the only person signed up for the Boston Conference.

A discussion ensued regarding PEBP post-65, non-Medicare-eligible retirees going back to their former employer's plans.

**IX. Set Next Meeting Date**

The next meeting was scheduled for October 8, 2014, at 10:00 a.m.

## X. Adjournment

There being no further business to come before the Committee, Chairman Horvath adjourned the meeting at 11:54 a.m.

Respectfully submitted,

_____

April Parra,
Council and Commission
Services Reporter

# 2014 Plan Year - Paid Claims Analysis
## City of Henderson
### Claims Paid thru 9/30/2014

| MONTH | YEAR | EES* | Med/Dent/Rx TOTAL AMOUNT PAID | Stop Loss Reimb. |
|---|---|---|---|---|
| Jan | 2014 | 1,128 | $853,216 | -$69,396 |
| Feb | 2014 | 1,127 | $704,300 | $0 |
| Mar | 2014 | 1,137 | $967,874 | $0 |
| Apr | 2014 | 1,157 | $834,537 | $0 |
| May | 2014 | 1,161 | $796,047 | $0 |
| June | 2014 | 1,163 | $914,984 | $0 |
| July | 2014 | 1,163 | $1,018,780 | $0 |
| Aug | 2014 | 1,171 | $1,301,702 | $0 |
| Sept | 2014 | 1,059 | $1,215,412 | |

EES* number represents medical lives

| | |
|---|---|
| GRAND TOTAL - 2014 YTD - | $8,606,852 |
| 2014 STOP LOSS REIMBURSEMENTS | -$69,396 |
| TOTAL NET - 2014 YTD | $8,537,456 |
| GRAND TOTAL YEAR 2013 | $12,285,174 |
| 2013 STOP LOSS REIMBURSEMENTS | -$199,248 |
| TOTAL NET - 2013 | $12,085,926 |

## Paid Summary

**7/1/14 -9/30/14**

| MONTH | YEAR | CATEGORY | TOTAL AMOUNT PAID | Stop Loss Reimb. |
|---|---|---|---|---|
| JULY | 2014 | DENTAL | $57,550 | |
| JULY | 2014 | MEDICAL | $728,389 | |
| JULY | 2014 | PRESCRIPTION | $232,841 | |
| **JULY** | **2014** | | **$1,018,780** | **$0** |
| AUGUST | 2014 | DENTAL | $47,279 | |
| AUGUST | 2014 | MEDICAL | $998,652 | |
| AUGUST | 2014 | PRESCRIPTION | $255,770 | |
| **AUGUST** | **2014** | | **$1,301,701** | **-$97,681** |
| SEPTEMBER | 2014 | DENTAL | $71,970 | |
| SEPTEMBER | 2014 | MEDICAL | $894,221 | |
| SEPTEMBER | 2014 | PRESCRIPTION | $249,220 | |
| **SEPTEMBER** | **2014** | | **$1,215,411** | **-$820** |
| **ROLLING THREE MONTHS** | | | **$3,535,892** | **-$98,501** |

## Paid Summary

**7/1/13 - 9/30/13**

| MONTH | YEAR | CATEGORY | PAID | Reimb. |
|---|---|---|---|---|
| JULY | 2013 | DENTAL | $59,353 | |
| JULY | 2013 | MEDICAL | $643,591 | |
| JULY | 2013 | PRESCRIPTION | $222,422 | |
| **JULY** | **2013** | | **$925,366** | **-$32,120** |
| AUGUST | 2013 | DENTAL | $49,487 | |
| AUGUST | 2013 | MEDICAL | $874,679 | |
| AUGUST | 2013 | PRESCRIPTION | $164,101 | |
| **AUGUST** | **2013** | | **$1,088,267** | **-$2,176** |
| SEPTEMBER | 2013 | DENTAL | $49,138 | |
| SEPTEMBER | 2013 | MEDICAL | $580,297 | |
| SEPTEMBER | 2013 | PRESCRIPTION | $302,594 | |
| **SEPTEMBER** | **2013** | | **$932,029** | **-$19,925** |
| **ROLLING THREE MONTHS** | | | **$2,945,662** | **-$54,221** |

## 1/1/14 - 12/31/14
## 2014 Plan Year - Paid Claim Basis

| Month | Year | Med Ees | Dent Ees | Medical | Dental | Rx | Totals | Stop Loss Reimb. | Adjusted Total | Avg Cost Med/Rx PEPM | Avg Cost Dent PEPM |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan | 2014 | 1,128 | 969 | 624,654 | 49,100 | 179,462 | 853,216 | -$69,396 | 783,820 | $651 | $51 |
| Feb | 2014 | 1,127 | 969 | 440,526 | 52,065 | 211,709 | 704,300 | $0 | 704,300 | $579 | $54 |
| Mar | 2014 | 1,137 | 973 | 577,116 | 78,877 | 311,881 | 967,874 | $0 | 967,874 | $782 | $81 |
| Apr | 2014 | 1,157 | 983 | 661,189 | 50,940 | 122,408 | 834,537 | $0 | 834,537 | $677 | $52 |
| May | 2014 | 1,161 | 985 | 508,281 | 39,864 | 247,902 | 796,047 | $0 | 796,047 | $651 | $40 |
| June | 2014 | 1,163 | 983 | 526,580 | 51,547 | 336,857 | 914,984 | $0 | 914,984 | $742 | $52 |
| July | 2014 | 1,163 | 983 | 728,389 | 57,550 | 232,841 | 1,018,780 | $0 | 1,018,780 | $827 | $59 |
| Aug | 2014 | 1,171 | 1,015 | 998,652 | 47,279 | 255,770 | 1,301,702 | -$97,681 | 1,204,020 | $988 | $47 |
| Sept | 2014 | 1,159 | 1,026 | 894,221 | 71,971 | 249,220 | 1,215,412 | -$820 | 1,214,592 | $986 | $70 |
| Oct | 2014 | | | | | | | | | | |
| Nov | 2014 | | | | | | | | | | |
| Dec | 2014 | | | | | | | | | | |
| Grand Totals 2014 | | 10,366 | 8,886 | 5,959,608 | 499,193 | 2,148,051 | 8,606,852 | -$167,897 | 8,438,955 | $766 | $56 |

## City Of Henderson Claims Analysis
## 1/1/13 - 12/31/13
### 2013 Plan Year - Paid Claim Basis

| Month | Year | Med Ees | Dent Ees | Medical | Dental | Rx | Totals | Stop Loss Reimb. | Adjusted Total | Avg Cost Med/Rx PEPM | Avg Cost Dent PEPM |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan | 2013 | 1,177 | 1,008 | 503,226 | 24,665 | 198,407 | 726,298 | -$78,782 | 647,516 | $529 | $24 |
| Feb | 2013 | 1,174 | 1,007 | 710,929 | 42,897 | 162,975 | 916,801 | $0 | 916,801 | $744 | $43 |
| Mar | 2013 | 1,171 | 1,003 | 718,222 | 75,144 | 192,283 | 985,649 | $0 | 985,649 | $778 | $75 |
| Apr | 2013 | 1,173 | 1,004 | 894,106 | 67,603 | 308,523 | 1,270,232 | $0 | 1,270,232 | $1,025 | $67 |
| May | 2013 | 1,152 | 984 | 813,441 | 56,563 | 203,088 | 1,073,092 | $0 | 1,073,092 | $882 | $57 |
| June | 2013 | 1,150 | 979 | 725,561 | 46,449 | 204,179 | 976,189 | $0 | 976,189 | $808 | $47 |
| July | 2013 | 1,148 | 970 | 643,591 | 59,353 | 222,422 | 925,366 | -$32,120 | 893,246 | $726 | $61 |
| Aug | 2013 | 1,152 | 977 | 661,090 | 49,487 | 164,101 | 874,679 | -$2,176 | 872,503 | $714 | $51 |
| Sept | 2013 | 1,142 | 968 | 580,297 | 49,138 | 302,594 | 932,028 | -$19,925 | 912,104 | $756 | $51 |
| Oct | 2013 | 1,137 | 967 | 564,139 | 56,551 | 213,820 | 834,511 | -$43,409 | 791,102 | $646 | $58 |
| Nov | 2013 | 1,141 | 969 | 1,095,884 | 53,142 | 231,516 | 1,380,542 | -$21,279 | 1,359,263 | $1,145 | $55 |
| Dec | 2013 | 1,140 | 970 | 1,026,145 | 61,118 | 302,524 | 1,389,787 | -$1,558 | 1,388,229 | $1,164 | $63 |
| Grand Totals 2013 | | 13,857 | 11,806 | 8,936,631 | 642,110 | 2,706,433 | 12,285,174 | -$199,248 | 12,085,927 | $826 | $54 |

City Of Henderson Claims Analysis

## City of Henderson
## Large Claim Summary - Claims over $40,000 - Medical Only
## Paid: 1/1/2014 thru 9/30/2014

| 2014 TOTALS | Total Members | Total Paid | PMPY TOTAL |
|---|---|---|---|
| # of claimants > $40,000 - < $100,000 | 15 | $897,209 | $59,814 |
| # of claimants > $100,000 | 4 | $846,880 | $211,720 |
| GRAND TOTAL | 19 | $1,744,089 | $91,794 |

| 2013 TOTALS | Total Members | Total Paid | PMPY TOTAL |
|---|---|---|---|
| # of claimants > $40,000 - < $100,000 | 25 | $1,473,506 | $58,940 |
| # of claimants > $100,000 | 11 | $1,678,147 | $152,559 |
| GRAND TOTAL | 36 | $3,151,653 | $87,546 |

| 2012 TOTALS | Total Members | Total Paid | PMPY TOTAL |
|---|---|---|---|
| # of claimants > $40,000 - < $100,000 | 19 | $1,042,512 | $54,869 |
| # of claimants > $100,000 | 7 | $1,206,384 | $172,341 |
| GRAND TOTAL | 26 | $2,248,897 | $86,496 |

SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

September 12, 2014

Renewal Proposal exclusively prepared for:

# CITY OF HENDERSON

# REVISED RENEWAL

# THIS PROPOSAL CONTAINS 0% BROKER COMMISSION

Provided by:
**AMBER HUBBER**
Commercial Sales Representative
Phone Number: (702)304-6969

Provided by:
**GALLAGHER BENEFIT SERVICES, INC**
Phone Number: (303)889-2662

SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

# Medical Renewal Rates:

| | | | |
|---|---|---|---|
| **Customer Name:** | CITY OF HENDERSON | | |
| **Group #:** | 10001466 | **Rating Group:** | A0010001 - HMO |
| **Quote Number:** | 1-HWOP29-1 | **Contract Period:** | 12 months |
| **Effective Date:** | 01/01/2015 | **Proposal Date:** | 09/12/2014 |
| **SIC:** | 9301 | | |
| **Commission:** | 0% | | |

| | Current Plan | Renewal |
|---|---|---|
| Plan Type | HMO | HMO |
| Medical Plan Offering | HPN Solutions HMO 10 V3 LG | HPN Solutions HMO 10 V3 LG |
| RX Offering | $5/25/45/2.5x | $5/25/45/2.5x |

| | | | | |
|---|---|---|---|---|
| ***Rates*** | *Employee* | $361.12 | *Employee* | $390.02 |
| | *Employee + Spouse* | $740.30 | *Employee + Spouse* | $799.54 |
| | *Employee + Child* | $650.03 | *Employee + Child* | $702.05 |
| | *Employee + Children* | $650.03 | *Employee + Children* | $702.05 |
| | *Employee + Family* | $1,029.21 | *Employee + Family* | $1,111.58 |
| **Estimated Monthly Premium** | | | | $64,217.63 |
| **Estimated Annual Premium** | | | | $770,611.56 |
| **Change from Current** | | | | 8.00% |

SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

# Medical Options:

| | | | |
|---|---|---|---|
| **Customer Name:** | CITY OF HENDERSON | | |
| **Group #:** | 10001466 | **Rating Group:** | A0010001 - **HMO** |
| **Quote Number:** | 1-HWOP29-1 | **Contract Period:** | 12 months |
| **Effective Date:** | 01/01/2015 | **Proposal Date:** | 09/12/2014 |
| **SIC:** | 9301 | | |
| **Commission:** | 0% | | |

**Enrollment Count**

| | |
|---|---|
| Employee Only | 34 |
| Employee + Spouse | 12 |
| Employee + Child | 6 |
| Employee + Children | 7 |
| Employee + Family | 29 |
| **Total** | **88** |

| SELECT | Plan Design | Plan Type | Pharmacy | PCP OV | Spec OV | U/C | Lab/ X-Ray | ER | In-Network Deductible | In-Network Coins | Employee | Employee + Spouse | Employee + Child | Employee + Children | Employee + Family | Estimated Monthly Premium |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | * HPN Solutions HMO 10 V3 LG | HMO | $5/25/45/2.5x | $10 | $15 | $20 | $10/$20 | $150 | N/A | N/A | $390.02 | $799.54 | $702.05 | $702.05 | $1,111.58 | $54,217.63 |
| | HPN Solutions HMO 10 V3 LG | HMO | $25/50/75 | $10 | $15 | $20 | $10/$20 | $150 | N/A | N/A | $369.33 | $757.13 | $664.80 | $664.80 | $1,052.61 | $50,810.87 |
| | HPN Solutions HMO 15 LG | HMO | $5/25/45/2.5x | $15 | $30 | $20 | $10/$25 | $200 | N/A | N/A | $365.75 | $749.79 | $658.37 | $658.37 | $1,042.41 | $50,22[illegible].68 |
| | HPN Solutions HMO 20 LG | HMO | $5/25/45/2.5x | $20 | $40 | $25 | $10/$25 | $200 | N/A | N/A | $358.40 | $734.72 | $645.14 | $645.14 | $1,021.46 | $59,01[illegible].40 |
| | HPN Solutions HMO 25 LG | HMO | $5/25/45/2.5x | $25 | $50 | $30 | $15/$25 | $250 | N/A | N/A | $341.26 | $699.59 | $614.29 | $614.29 | $972.61 | $56,185.38 |
| | HPN Solutions HMO 15 LG | HMO | $25/50/75 | $15 | $30 | $20 | $10/$25 | $200 | N/A | N/A | $345.06 | $707.38 | $621.12 | $621.12 | $983.44 | $56,814.92 |
| | HPN Solutions HMO 20 LG | HMO | $25/50/75 | $20 | $40 | $25 | $10/$25 | $200 | N/A | N/A | $337.71 | $692.31 | $607.89 | $607.89 | $962.49 | $55,604.64 |
| | HPN Solutions HMO 25 LG | HMO | $25/50/75 | $25 | $50 | $30 | $15/$25 | $250 | N/A | N/A | $320.57 | $657.18 | $577.04 | $577.04 | $913.64 | $52,782.62 |

***'*' - denotes this is your current or mapped plan. All other rows without asterisk ('*') represent alternate plan options.***

*Please see last page for disclaimers and refer to your plan summary for a more detailed benefit description.*

We accept the benefits and rates checked above. We understand these benefits will commence on the effective date of the group plan. My signature also constitutes acceptance of the attached Underwriting and Proposal Qualifications.

Signature of Authorized Representative of Employer

Printed Name

Date

SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

# Renewal: Proposal and Underwriting Qualifications

**Group Name:** CITY OF HENDERSON

If the following renewal proposal and underwriting qualifications cannot be satisfied or verified, or should additional information become available, HPN/SHL reserves the right to rescind this proposal and/or recalculate the proposed premium rates

1. Any offer of group coverage is contingent upon satisfaction of HPN/SHL's underwriting requirements in effect at the time of sale and through the open enrollment period.
2. HPN/SHL requires the employer to contribute a minimum of 50% of the employee only monthly premium of the least rich benefit plan offered by the Employer.
3. These rates do not include Disabled or Extended COBRA rates. Disabled and/or Extended COBRA participants will be billed the appropriate surcharged rate upon enrollment.
4. HPN/SHL may be notified at various times during the year of federal and/or state regulatory and legislative changes affecting HPN/SHL health care coverage and associated administrative costs. Once the text of the legislation is analyzed and the expected cost associated with the change(s) is determined HPN/SHL may modify the benefits or premiums in connection with those changes enacted during the course of the employer's agreement/policy. We will provide notification of the effective date of the change and amount of any premium rate change in advance of any such changes.
5. The employer must have a minimum of 51 eligible employees during the preceding calendar year in order to maintain large group status. An eligible employee is generally defined as all permanent, active employees working 30.0 or more hours per week. HPN/SHL reserves the right to request a Quarterly Wage and Contribution report to substantiate this.
6. Coverage for retirees of the employer is not included unless otherwise noted in this proposal.
7. HPN/SHL's standard schedule of benefits, ID cards, disclosure materials and administrative processes will be used unless otherwise noted in this proposal.
8. Premium rates assume HPN/SHL's standard premium payment provision whereby premium is due no later than the first day of the month for which coverage is to be provided.
9. This proposal assumes that HPN/SHL is the exclusive carrier of coverage unless otherwise noted in this proposal. At least 75% of all eligible employees must participate in the employer sponsored HPN/SHL plan, excluding those who have valid waivers. Valid waivers are spousal group plan, spousal COBRA, Medicare, TRICARE, at no cost government sponsored plans, and individual coverage. For large groups only, in addition to the above, at least 50% of all eligible employees must participate in the employer sponsored HPN/SHL plan, including those who have valid waivers.
10. Plan change requests will become effective on the renewal date, provided the plan change request is received no later than the last business day prior to the renewal date. To ensure timely processing of the request, it is recommended that plan change materials be submitted at least 10 days prior to the renewal date.
11. HPN medical plans must be sold with an HPN pharmacy plan. SHL PPO and HRA medical plans must be sold with an SHL pharmacy plan. SHL HSA pharmacy benefits are included within the HSA medical plan.
12. For SHL medical plans designated as HRA eligible, the employer may contribute up to 50% of the employee deductible and may not contribute towards co-insurance.

We have examined the prescription drug coverage provided to your employees and your plan is determined to be **"creditable coverage"** as described in the Medicare Modernization Act (CFR &423.56(a)). Under these provision, Employers must disclose whether the Employer's coverage is creditable prescription drug coverage. Model notice language is available on the CMS web site at URL:
http://www.cms.hhs.gov/CreditableCoverage/02_CCafterMay15.asp#TopOfPage

Thank you for considering HPN/SHL to be your partner in ensuring the good health of your employees. We look forward to earning your business.

# Disclaimers:

**Medical Options:**
This premium includes state and federal taxes and fees, including the Insurer Fee (about 3% of premium) and the Reinsurance Fee (about $4.00 per member per month) under the Affordable Care Act. These estimates will vary based on renewal date and state reinsurance fees. This renewal proposal has been based on current benefits and enrollment. The final rates and premiums will vary based on the final selected plan of benefits. Please see the Proposal and Underwriting Qualifications section for additional information.

# City of Henderson
## Table of Contents for Renewal Report Package
## For Plan Year January 1, 2015 through December 31, 2015


1. Estimated Plan Status (YTD 8/31/2014)
2. Large Claim History (greater than $50,000)
3. Development of Projected Paid Claims - Medical & Rx
4. Fixed Cost Analysis
5. Summary of Recommended IBNR Reserves
6. Development of Needed Annual Funding
7. Summary of GBS Medical & Rx Funding Rates - Current Tiers & Actuarial Equivalents
8. Development of Projected Paid Claims - Dental & Vision
9. Summary of Dental & Vision GBS Funding Rates - Current Tiers Ratios
10. Global Budget - Total GBS Needed Funding Rate Analysis for Loomis
11. City/Employee Contribution Analysis
12. Reserve Impact Analysis


| 2014 GBS Funding Rates | Self Funded Medical & Rx | | | Self Funded Dental | Self Funded Vision |
|---|---|---|---|---|---|
| | Active | Early Retiree | MCR Retiree | | |
| Employee (EE) | $441.17 | $441.17 | N/A | $28.88 | $6.62 |
| Employee + Spouse | $904.39 | $904.39 | N/A | $59.20 | $13.58 |
| Employee + Child(ren) | $794.10 | $794.10 | N/A | $51.98 | $11.92 |
| Employee + Family | $1,257.33 | $1,257.33 | N/A | $82.31 | $18.88 |

This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

# City of Henderson
## Estimated Plan Status
## January 1, 2014 through August 31, 2014

| | Medical & Rx | Dental | Vision | Grand Totals |
|---|---|---|---|---|
| **Average Enrollees** | **1,151** | **982** | **1,302** | |
| ***Total Projected Revenues*** [1] | **$8,612,122** | **$482,223** | **$144,908** | **$9,239,253** |
| ***Plan Costs*** | | | | |
| **Claims Information** [2] | | | | |
| Paid Claims [3] | $5,145,450 | $422,462 | $120,161 | $5,688,074 |
| Rx Claims | $1,943,575 | | | $1,943,575 |
| Less Rx Rebates & Recoveries | ($160,648) | | | ($160,648) |
| Less Claims Over $175K Stop Loss Level | ($1,986) | | | ($1,986) |
| **Total Net Claims** | **$6,926,391** | **$422,462** | **$120,161** | **$7,469,015** |
| **Fixed Expenses** | | | | |
| Administration Fees - Medical | $135,551 | $16,887 | $17,366 | $169,803 |
| PPO Network Access Fee | $99,169 | | | $99,169 |
| Utilization Management | $44,010 | | | $44,010 |
| Specific Stop Loss Premium | $496,114 | | | $496,114 |
| Consulting | $60,257 | | | $60,257 |
| **Total Fixed Expenses** | **$835,101** | **$16,887** | **$17,366** | **$869,353** |
| ***Total Costs:*** | **$7,761,492** | **$439,349** | **$137,527** | **$8,338,368** |
| ***Plan Status (Revenues minus Total Costs):*** | **$850,630** | **$42,874** | **$7,381** | **$900,885** |

***Other Plan Statistics:***

| | | | | |
|---|---|---|---|---|
| Total Cost Ratio: | 90.1% | 91.1% | 94.9% | 90.2% |
| Total Cost/Ee/Month: | $842.91 | $55.93 | $13.20 | |

(1) Based on monthly enrollments from The Loomis Company and projected funding rates provided by the City.

(2) Medical and Dental claims were provided by The Loomis Company, Rx claims were provided by Express Scripts, and Vision claims were provided by VSP.

(3) Medical paid claims include Large Case Management.

# City of Henderson
## Large Claim History (greater than $50,000)
## PY 2011 through YTD PY 2014

| 1/1/11 thru 12/31/11 | | 1/1/12 thru 12/31/12 | | 1/1/13 thru 12/31/13 | | 1/1/14 thru 8/31/14 | | |
|---|---|---|---|---|---|---|---|---|
| 1) | $343,246 | 1) | $339,133 | 1) | $273,845 | 1) | $176,986 | Oral Cancer |
| 2) | $133,048 | 2) | $170,175 | 2) | $186,423 | 2) | $165,455 | Septicemia |
| 3) | $132,662 | 3) | $161,891 | 3) | $164,146 | 3) | $143,632 | Kidney Disease |
| 4) | $131,623 | 4) | $152,584 | 4) | $156,553 | 4) | $105,826 | Lung Cancer |
| 5) | $130,774 | 5) | $152,193 | 5) | $156,438 | 5) | $87,114 | Ovarian Cancer |
| 6) | $116,717 | 6) | $123,723 | 6) | $156,428 | 6) | $79,457 | Respiratory Distress Syndrome |
| 7) | $113,870 | 7) | $106,685 | 7) | $124,673 | 7) | $77,732 | Necrosis of Bone |
| 8) | $109,274 | 8) | $78,501 | 8) | $122,012 | 8) | $72,282 | Diaphragmatic Hernia |
| 9) | $101,766 | 9) | $77,023 | 9) | $120,310 | 9) | $71,466 | Respiratory Distress Syndrome |
| 10) | $100,305 | 10) | $71,695 | 10) | $113,879 | 10) | $68,722 | Breast Cancer |
| 11) | $69,115 | 11) | $66,353 | 11) | $103,440 | 11) | $68,107 | 3rd Degree Burn |
| 12) | $66,823 | 12) | $66,314 | 12) | $94,971 | 12) | $60,143 | Multiple Sclerosis |
| 13) | $61,636 | 13) | $62,182 | 13) | $94,923 | 13) | $58,845 | Chemical Dependency |
| 14) | $56,347 | 14) | $59,923 | 14) | $90,761 | | | |
| 15) | $54,943 | 15) | $55,459 | 15) | $80,717 | | | |
| 16) | $54,915 | 16) | $50,919 | 16) | $76,430 | | | |
| 17) | $54,668 | 17) | $50,057 | 17) | $70,070 | | | |
| | | | | 18) | $64,863 | | | |
| | | | | 19) | $63,914 | | | |
| | | | | 20) | $61,808 | | | |
| | | | | 21) | $58,596 | | | |
| | | | | 22) | $58,596 | | | |
| | | | | 23) | $55,695 | | | |
| | | | | 24) | $52,752 | | | |
| | | | | 25) | $51,607 | | | |
| | | | | 26) | $51,236 | | | |

| | 1/1/11 thru 12/31/11 | 1/1/12 thru 12/31/12 | 1/1/13 thru 12/31/13 | 1/1/14 thru 8/31/14 |
|---|---|---|---|---|
| **Plan Year Total Large Claims** | **$1,831,732** | **$1,844,810** | **$2,705,086** | **$1,235,767** |
| **Plan Year Total Net Claims** | **$8,810,611** | **$7,196,920** | **$11,092,854** | **$7,089,026** |
| **Net Large Claims as a % of Total Net Claims** | **16.1%** | **18.6%** | **19.2%** | **17.4%** |
| **# of claimants > $50,000** | **17** | **17** | **26** | **13** |
| **# of claimants > $75,000** | **10** | **9** | **16** | **7** |
| **# of claimants > $100,000** | **10** | **7** | **11** | **4** |
| **# of claimants > $175,000** | **1** | **1** | **2** | **1** |
| **Normative # of claimants > $100,000** | **4 to 5** | **5 to 6** | **6 to 7** | **7 to 8** |
| **Normative # of claimants > $175,000** | **2 to 3** | **2 to 3** | **2 to 3** | **3 to 4** |

# City of Henderson
## Development of Projected Paid Claims - Medical & Rx
## For Plan Year January 1, 2015 through December 31, 2015

| | Best Estimate | | | Optimistic Est. |
|---|---|---|---|---|
| | **Medical** | **Rx** | **Medical & Rx** | **Medical & Rx** |
| Paid Claims (9/01/13 thru 8/31/14) | $8,399,895 | $2,859,357 | $11,259,252 | $11,259,252 |
| Less Claims in Excess of $175,000 | ($112,254) | $0 | ($112,254) | ($112,254) |
| Net Claims Paid | $8,287,641 | $2,859,357 | $11,146,998 | $11,146,998 |
| Benefit Adjustment | 0.987 | 1.000 | 0.990 | 0.987 |
| Net Benefit Adjusted Claims Paid | $8,179,901 | $2,859,357 | $11,039,258 | $11,039,258 |
| Average No. of EE's Covered (8/01/13 thru 7/31/14) | 1,146 | 1,146 | 1,146 | 1,146 |
| Claim Cost / EE / Month | $594.99 | $207.98 | $802.97 | $802.97 |
| Trend Factor [1] | 9.3% | 9.3% | 9.3% | 5.3% |
| Trended Claim Cost / EE / Month | $650.52 | $227.40 | $877.92 | $845.80 |
| Projected No. of EE's | 1,151 | 1,151 | 1,151 | 1,151 |
| **Total Projected Paid Claims for (1/01/15 thru 12/31/15)** | **$8,984,992** | **$3,140,784** | **$12,125,776** | **$11,682,150** |

| | | | | |
|---|---|---|---|---|
| [1] Annual Trend Factors | **7.0%** | **7.0%** | **7.0%** | **4.0%** |
| Months of Trend | 16.0 | 16.0 | 16.0 | 16.0 |

# City of Henderson
## Fixed Cost Analysis
## For Plan Year January 1, 2015 through December 31, 2015

| | Vendor | Covered Units | Current 2014 | Renewal 2015 | | Percent Change |
|---|---|---|---|---|---|---|
| **Medical Fixed Costs** | | | | | | |
| **Specific Stop-Loss at $175,000** | Sun Life | | | | | |
| Single | | 319 | $22.33 | $29.03 | Est | 30% |
| Family | | 832 | $61.52 | $79.98 | Est | 30% |
| Monthly Premium | | | $58,308 | $75,800 | | |
| **Annual Premium** | | | **$699,695** | **$909,603** | | |
| **Other Administration Fees** | | | | | | |
| Transitional Research Fee (1) | U.S. Gov't. | 1,151 | $15.80 | $10.54 | Est | -33% |
| Administration Fee - Medical | Loomis | 1,151 | $13.86 | $13.86 | Act | 0% |
| Administration Fee - Rx | Express Scripts | 1,151 | $0.00 | $0.00 | Act | 0% |
| Network Access Fee - Medical | Sierra Health | 1,151 | $10.14 | $10.45 | Act | 3% |
| Utilization Management | Sierra Health | 1,151 | $4.50 | $4.64 | Act | 3% |
| Total Monthly Fees | | | $50,992 | $45,447 | | |
| Total Annual Fees | | | **$611,906** | **$545,367** | | |
| Total Monthly Self-Funded Medical & Rx Fixed Costs | | | **$109,300** | **$121,248** | | |
| **Total Annual Self-Funded Medical & Rx Fixed Costs** | | | **$1,311,601** | **$1,454,970** | | |
| **Other Fixed Costs & Offsetting Revenue** | | | | | | |
| **Interest Income & Rx Rebates** | | Est | $175,000 | $175,000 | | |
| **Administrative Costs:** | | | | | | |
| Salaries, wages & benefits | | Est | $115,000 | $120,000 | | 3% |
| Consulting | | Act | $90,385 | $93,100 | | 3% |
| Miscellaneous Costs | | Est | $20,000 | $20,000 | | 0% |
| Administrative Fee-GF | | Est | $25,000 | $25,000 | | 0% |
| **Total Administrative Costs** | | | **$250,385** | **$258,100** | | |
| **Total of Other Fixed Costs & Offsetting Revenue** | | | **($75,385)** | **($83,100)** | | |

(1) Transitional research fee (part of PPACA) = $63 PMPY for 2014, $42 PMPY for 2015. 3.01 members per employee assumed. We did not include the $2 PMPY PCORI fee in the above, since that PPACA fee is not to be paid from "plan assets".

# City of Henderson
## Summary of Recommended IBNR Reserves

**IBNR - Incurred But Not Reported Claims** - represents the estimated claim liability to the Plan Sponsor in the event the Plan ceases operation for claims incurred prior to the termination date of the plan, but paid after that date. Insurance industry standards generally equate this liability to 1.5 to 2.0 months of mature, expected claims. For our purposes, we have used a mid-range figure of 1.75 months or 14.6% of claims for Medical, .5 months or 4.2% of claims for Rx, 1 month or 8.3% of claims for Dental, and .5 months or 4.2% of claims for Vision

**Suggested Medical & Rx Reserves as of 12/31/14**

| | Medical | Rx | Dental | Vision | Total |
|---|---|---|---|---|---|
| 1. Projected Net Paid Claims for 1/14 - 12/14 | $8,397,189 | $2,935,312 | $682,709 | $185,492 | $12,200,702 |
| 2. Claim Lag Factor | 14.6% | 4.2% | 8.3% | 4.2% | 11.6% |
| 3. IBNR Liability | **$1,224,590** | **$122,305** | **$56,892** | **$7,729** | **$1,411,516** |
| 4. Claim Fluctuation Reserve of 5.0% | $481,089 | $152,881 | $36,980 | $9,661 | $680,611 |
| 5. Claims Administration of Runout (2 months) | $69,683 | $0 | $4,222 | $4,341 | $78,246 |
| 6. Total Suggested IBNR Reserves (# 3 + # 4 + # 5) | **$1,775,362** | **$275,185** | **$98,094** | **$21,731** | **$2,170,373** |

**Suggested Medical & Rx Reserves as of 12/31/15**

| | Medical | Rx | Dental | Vision | Total |
|---|---|---|---|---|---|
| 1. Projected Net Paid Claims for 1/15 - 12/15 | $8,984,992 | $3,140,784 | $710,018 | $192,912 | $13,028,705 |
| 2. Claim Lag Factor (immature factors) | 14.6% | 4.2% | 8.3% | 4.2% | 11.6% |
| 3. IBNR Liability | **$1,310,311** | **$130,866** | **$59,168** | **$8,038** | **$1,508,383** |
| 4. Claim Fluctuation Reserve of 5.0% | $514,765 | $163,582 | $38,459 | $10,047 | $726,854 |
| 5. Claims Administration of Runout (2 months) | $69,683 | $0 | $4,222 | $4,341 | $78,246 |
| 6. Total Suggested IBNR Reserves (# 3 + # 4 + # 5) | **$1,894,759** | **$294,448** | **$101,849** | **$22,427** | **$2,313,484** |

# City of Henderson
## Development of Needed Annual Funding
## For Plan Year January 1, 2015 through December 31, 2015

| *EXPECTED COSTS* | Best Estimate Medical & Rx | Optimistic Est. Medical & Rx |
|---|---|---|
| Projected Paid Claims | $12,125,776 | $11,682,150 |
| Projected Fixed Costs | $1,454,970 | $1,454,970 |
| **Total Projected Costs** | **$13,580,746** | **$13,137,120** |
| Projected Funding at Current Rates | $12,884,580 | $12,884,580 |
| **% Change to Meet Projected Total Costs** | **5.4%** | **2.0%** |
| **Suggested Change to Meet Projected Total Costs** | **5.4%** | **2.0%** |

| **Active** | **# Covered** | **Current Rates** |
|---|---|---|
| Employee | 281 | $441.17 |
| Employee + Spouse | 138 | $904.39 |
| Employee + Child(ren) | 117 | $794.10 |
| Employee + Family | 528 | $1,257.33 |
| Total Monthly | 1,064 | $1,005,555 |
| **Annual Funding** | | **$12,066,654** |

| **Pre 65 Retirees** | **# Covered** | **Current Rates** |
|---|---|---|
| Employee | 38 | $441.17 |
| Employee + Spouse | 25 | $904.39 |
| Employee + Child(ren) | 3 | $794.10 |
| Employee + Family | 21 | $1,257.33 |
| Total Monthly | 87 | $68,160 |
| **Annual Funding** | | **$817,925** |

# City of Henderson
## Summary of GBS Medical & Rx Funding Rates - Current Tiers & Actuarial Equivalents
## For Plan Year January 1, 2015 through December 31, 2015

***Plan Costs at $175,000 Specific Stop Loss***

**GBS Expected Cash Costs** **$13,580,746** (From Development of Needed Annual Funding Exhibit)

**Active**

| | Estimated Enrollment | Current Ratio | PY 2014 Current Rates | PY 2015 Rates | COBRA Rates |
|---|---|---|---|---|---|
| Employee | 281 | 1.00 | $441.17 | $465.01 | $474.31 |
| Employee + Spouse | 138 | 2.05 | $904.39 | $953.26 | $972.33 |
| Employee + Child(ren) | 117 | 1.80 | $794.10 | $837.01 | $853.75 |
| Employee + Family | 528 | 2.85 | $1,257.33 | $1,325.26 | $1,351.77 |
| Total Monthly | **1,064** | | $1,005,555 | $1,059,885 | |
| | | | **$12,066,654** | **$12,718,622** | |

**Pre 65 Retirees**

| | Estimated Enrollment | Current Ratio | PY 2014 Current Rates | PY 2015 Rates | COBRA Rates |
|---|---|---|---|---|---|
| Employee | 38 | 1.00 | $441.17 | $465.01 | N/A |
| Employee + Spouse | 25 | 2.05 | $904.39 | $953.26 | N/A |
| Employee + Child(ren) | 3 | 1.80 | $794.10 | $837.01 | N/A |
| Employee + Family | 21 | 2.85 | $1,257.33 | $1,325.26 | N/A |
| Total Monthly | **87** | | $68,160 | $71,843 | |
| **Annual Funding** | | | **$817,925** | **$862,120** | |

| | | |
|---|---|---|
| **Total Annual Funding** | **$12,884,580** | **$13,580,742** |
| **Percent Change** | | **5.4%** |

# City of Henderson
## Development of Projected Paid Claims - Dental & Vision
## For Plan Year January 1, 2015 through December 31, 2015

| | | Loomis Dental | Delta Dental | Vision |
|---|---|---|---|---|
| Paid Claims (Dental 12 mo ending 8/31 - Vision 12 mo ending 6/30) | | $647,171 | $280,433 | $174,421 |
| Benefit Adjustment | | 1.000 | 1.000 | 1.000 |
| Net Claims Paid | | $647,171 | $280,433 | $174,421 |
| Average No. of EE's Covered | (1) | 975 | 273 | 1,256 |
| Claim Cost / EE / Month | | $55.34 | $85.60 | $11.58 |
| Trend Factor | (2) | 5.3% | 6.7% | 6.0% |
| Trended Claim Cost / EE / Month | | $58.29 | $91.31 | $12.27 |
| Fixed Cost / EE / Month | | $2.14 | $7.21 | $1.67 |
| Trended Claim Cost / EE / Month | | $60.43 | $98.52 | $13.94 |
| Projected No. of EE's | | 1,015 | 294 | 1,310 |
| **Total Projected Plan Expense (1/01/15 thru 12/31/15)** | | **$736,083** | **$347,575** | **$219,164** |
| **Current Funding** | | **$755,397** | **$299,910** | **$221,397** |
| **Needed Change** | | (2.6%) | **15.9%** | (1.0%) |
| Suggested Change | | 0.0% | 0.0% | 0.0% |

(1) Enrollment as reported by LOOMISCO.

| | | | |
|---|---|---|---|
| (2) Annual Trend Factors | **4.0%** | **5.0%** | **4.0%** |
| Months of Trend | 16.0 | 16.0 | 18.0 |

# City of Henderson
## Summary of Dental & Vision GBS Funding Rates - Current Tiers Ratios
## For Plan Year January 1, 2015 through December 31, 2015

### Dental - Loomis

| | Estimated Enrollment | Current Tier Ratio | PY 2014 Rates | PY 2015 Rates | PY 2015 COBRA Rate |
|---|---|---|---|---|---|
| Employee | 264 | 1.00 | $28.88 | $28.88 | $29.46 |
| Employee + Spouse | 122 | 2.05 | $59.20 | $59.20 | $60.38 |
| Employee + Child(ren) | 121 | 1.80 | $51.98 | $51.98 | $53.02 |
| Employee + Family | 508 | 2.85 | $82.31 | $82.31 | $83.96 |
| Total Monthly | **1,015** | | $62,950 | $62,950 | N/A |
| **Annual Funding** | | | **$755,397** | **$755,397** | N/A |
| Suggested Change | | | | 0.0% | N/A |

### Dental - Delta Dental

| | Estimated Enrollment | Current Tier Ratio | PY 2014 Rates | PY 2015 Rates | PY 2015 COBRA Rate |
|---|---|---|---|---|---|
| Employee | 72 | 1.00 | $39.71 | $46.02 | $46.94 |
| Employee + Spouse | 51 | 2.05 | $81.43 | $94.37 | $96.26 |
| Employee + Child(ren) | 33 | 1.80 | $71.48 | $82.84 | $84.50 |
| Employee + Family | 138 | 2.85 | $113.20 | $131.19 | $133.81 |
| Total Monthly | **294** | | $24,992 | $28,964 | N/A |
| **Annual Funding** | | | **$299,910** | **$347,571** | N/A |
| Suggested Change | | | | 15.9% | N/A |
| Implied rate subsidization | | | $81,838 | $129.499 | |

### Vision

| | Estimated Enrollment | Tier Ratio | PY 2014 Rates | PY 2015 Rates | PY 2015 COBRA Rate |
|---|---|---|---|---|---|
| Employee | 357 | 1.00 | $6.62 | $6.62 | $6.75 |
| Employee + Spouse | 164 | 2.05 | $13.58 | $13.58 | $13.85 |
| Employee + Child(ren) | 149 | 1.80 | $11.92 | $11.92 | $12.16 |
| Employee + Family | 640 | 2.85 | $18.88 | $18.88 | $19.26 |
| Total Monthly | **1,310** | | $18,450 | $18,450 | N/A |
| **Annual Funding** | | | **$221,397** | **$221,397** | N/A |
| **Suggested Change** | | | | **0.0%** | **N/A** |

# City of Henderson
## Summary of Delta Dental Options
## For Plan Year January 1, 2015 through December 31, 2015

### PY2015 Delta Dental - Current Plan Design

| | Estimated Enrollment | Fully Insured Rates | Self Funded Rates |
|---|---|---|---|
| Employee | 72 | $49.27 | $46.02 |
| Employee + Spouse | 51 | $101.03 | $94.37 |
| Employee + Child(ren) | 33 | $88.69 | $82.84 |
| Employee + Family | 138 | $140.45 | $131.19 |
| Total Monthly | **294** | $31,009 | $28,964 |
| **Annual Funding** | | **$372,106** | **$347,571** |
| Increase over current | | 24.1% | 15.9% |
| Implied rate subsidization | | $154,034 | $129,499 |

| Plan Design | |
|---|---|
| Deductible | $50 (x 3 family) |
| Preventive | 100% |
| Basic | 80% |
| Major | 60% |
| Ortho | 60% |
| Max OOP | $2,500 per person |
| Ortho Lifetime Max | $2,500 per person |

### PY2015 Delta Dental - Option 1

| | Estimated Enrollment | Fully Insured Rates | Self Funded Rates |
|---|---|---|---|
| Employee | 72 | $44.13 | $40.64 |
| Employee + Spouse | 51 | $90.49 | $83.33 |
| Employee + Child(ren) | 33 | $79.43 | $73.15 |
| Employee + Family | 138 | $125.79 | $115.84 |
| Total Monthly | **294** | $27,773 | $25,576 |
| **Annual Funding** | | **$333,271** | **$306,909** |
| Increase over current | | 11.1% | 2.3% |
| Implied rate subsidization | | $115,199 | $88,837 |

| Plan Design | |
|---|---|
| Deductible | $50 (x 3 family) |
| Preventive | 100% |
| Basic | 80% |
| Major | 50% |
| Ortho | 50% |
| Max OOP | $2,000 per person |
| Ortho Lifetime Max | $2,000 per person |

### PY2015 Delta Dental - Option 2

| | Estimated Enrollment | Fully Insured Rates | Self Funded Rates |
|---|---|---|---|
| Employee | 72 | $42.99 | $39.59 |
| Employee + Spouse | 51 | $88.16 | $81.19 |
| Employee + Child(ren) | 33 | $77.38 | $71.27 |
| Employee + Family | 138 | $122.55 | $112.86 |
| Total Monthly | **294** | $27,057 | $24,918 |
| **Annual Funding** | | **$324,683** | **$299,013** |
| Increase over current | | 8.3% | (0.3%) |
| Implied rate subsidization | | $106,610 | $80,941 |

| Plan Design | |
|---|---|
| Deductible | $50 (x 3 family) |
| Preventive | 100% |
| Basic | 80% |
| Major | 50% |
| Ortho | 50% |
| Max OOP | $1,500 per person |
| Ortho Lifetime Max | $1,500 per person |

# City of Henderson
## Global Budget - Total GBS Needed Funding Rate Analysis for Loomis
## For Plan Years 2014 through 2016

| Total Actuarial Rates - PY 2014 | Counts | Medical/Rx [1] | Dental [2] | Vision | LTD | Life/AD&D | EAP | Total |
|---|---|---|---|---|---|---|---|---|
| Employee Only | 281 | $441.17 | $28.88 | $6.62 | $14.00 | $9.00 | $2.50 | $502.17 |
| Employee + Spouse | 138 | $904.39 | $59.20 | $13.58 | $14.00 | $9.00 | $2.50 | $1,002.67 |
| Employee + Child(ren) | 117 | $794.10 | $51.98 | $11.92 | $14.00 | $9.00 | $2.50 | $883.50 |
| Employee + Family | 528 | $1,257.33 | $82.31 | $18.88 | $14.00 | $9.00 | $2.50 | $1,384.02 |
| **Total Annual Benefit Cost** | **1,064** | **$12,066,654** | **$789,915** | **$181,170** | **$178,752** | **$114,912** | **$31,920** | **$13,363,323** |

| Total Actuarial Rate - PY 2015 | Counts | Medical/Rx [1] | .Dental [2] | Vision | LTD | Life/AD&D | EAP | Total |
|---|---|---|---|---|---|---|---|---|
| Employee Only | 281 | $465.01 | $28.88 | $6.62 | $14.50 | $9.00 | $4.30 | $528.31 |
| Employee + Spouse | 138 | $953.26 | $59.20 | $13.58 | $14.50 | $9.00 | $4.30 | $1,053.84 |
| Employee + Child(ren) | 117 | $837.01 | $51.98 | $11.92 | $14.50 | $9.00 | $4.30 | $928.71 |
| Employee + Family | 528 | $1,325.26 | $82.31 | $18.88 | $14.50 | $9.00 | $4.30 | $1,454.25 |
| **Total Annual Benefit Cost** | **1,064** | **$12,718,622** | **$789,915** | **$181,170** | **$185,136** | **$114,912** | **$54,902** | **$14,044,657** |

| Total Actuarial Rate - PY 2016 | Counts | Medical/Rx [1] | Dental [2] | Vision [2] | LTD | Life/AD&D | EAP | Total |
|---|---|---|---|---|---|---|---|---|
| Employee Only | 281 | $502.21 | $30.04 | $6.88 | $15.00 | $9.50 | $4.30 | $567.93 |
| Employee + Spouse | 138 | $1,029.52 | $61.57 | $14.12 | $15.00 | $9.50 | $4.30 | $1,134.01 |
| Employee + Child(ren) | 117 | $903.97 | $54.06 | $12.40 | $15.00 | $9.50 | $4.30 | $999.23 |
| Employee + Family | 528 | $1,431.28 | $85.60 | $19.64 | $15.00 | $9.50 | $4.30 | $1,565.32 |
| **Total Annual Benefit Cost** | **1,064** | **$13,736,101** | **$821,517** | **$188,431** | **$191,520** | **$121,296** | **$54,902** | **$15,113,767** |

[1] This represents the GBS estimated rate for the self-funded plan (using an 8% trend for plan year 2016).

[2] This represents the GBS estimated rate for the self-funded plan (using a 4% trend for plan year 2016).

# City of Henderson
## Global Budget - Total GBS Needed Funding Rate Analysis for HPN
## For Plan Years 2014 through 2016

| Total Actuarial Rates - PY 2014 | Counts | Medical/Rx [1] | Dental [2] | Vision | LTD | Life/AD&D | EAP | Total |
|---|---|---|---|---|---|---|---|---|
| Employee Only | 34 | $361.12 | $28.88 | $6.62 | $14.00 | $9.00 | $2.50 | $422.12 |
| Employee + Spouse | 12 | $740.30 | $59.20 | $13.58 | $14.00 | $9.00 | $2.50 | $838.58 |
| Employee + Child(ren) | 13 | $650.03 | $51.98 | $11.92 | $14.00 | $9.00 | $2.50 | $739.43 |
| Employee + Family | 29 | $1,029.21 | $82.31 | $18.88 | $14.00 | $9.00 | $2.50 | $1,155.90 |
| **Total Annual Benefit Cost** | **88** | **$713,510** | **$57,061** | **$13,086** | **$14,784** | **$9,504** | **$2,640** | **$810,585** |

| Total Actuarial Rate - PY 2015 | Counts | Medical/Rx [1] | Dental [2] | Vision | LTD | Life/AD&D | EAP | Total |
|---|---|---|---|---|---|---|---|---|
| Employee Only | 34 | $390.02 | $28.88 | $6.62 | $14.50 | $9.00 | $4.30 | $453.32 |
| Employee + Spouse | 12 | $799.54 | $59.20 | $13.58 | $14.50 | $9.00 | $4.30 | $900.12 |
| Employee + Child(ren) | 13 | $702.05 | $51.98 | $11.92 | $14.50 | $9.00 | $4.30 | $793.75 |
| Employee + Family | 29 | $1,111.58 | $82.31 | $18.88 | $14.50 | $9.00 | $4.30 | $1,240.57 |
| **Total Annual Benefit Cost** | **88** | **$770,612** | **$57,061** | **$13,086** | **$15,312** | **$9,504** | **$4,541** | **$870,115** |

| Total Actuarial Rate - PY 2016 | Counts | Medical/Rx [1] | Dental [2] | Vision [2] | LTD | Life/AD&D | EAP | Total |
|---|---|---|---|---|---|---|---|---|
| Employee Only | 34 | $421.22 | $30.04 | $6.88 | $15.00 | $9.50 | $4.30 | $486.94 |
| Employee + Spouse | 12 | $863.50 | $61.57 | $14.12 | $15.00 | $9.50 | $4.30 | $967.99 |
| Employee + Child(ren) | 13 | $758.21 | $54.06 | $12.40 | $15.00 | $9.50 | $4.30 | $853.47 |
| Employee + Family | 29 | $1,200.51 | $85.60 | $19.64 | $15.00 | $9.50 | $4.30 | $1,334.55 |
| **Total Annual Benefit Cost** | **88** | **$832,260** | **$59,345** | **$13,609** | **$15,840** | **$10,032** | **$4,541** | **$935,627** |

[1] This represents the GBS estimated rate for HPN (using an 8% trend for plan year 2016).

[2] This represents the GBS estimated rate for the self-funded plan (using a 4% trend for plan year 2016).

# City of Henderson
## City/Employee Contribution Analysis
## For Plan Years 2014 through 2016

Self Funded Plan - Loomis Co / Fully Insured - HPN

| Total Funding Rate - PY 2014 | Counts | Total Rate | City | Employee | Subsidization | Counts | Total Rate | City | Employee | Subsidization |
|---|---|---|---|---|---|---|---|---|---|---|
| Employee Only | 281 | $502.17 | $875.00 | $52.53 | $1,434,314 | 34 | $422.12 | $875.00 | $47.28 | $204,065 |
| Employee + Spouse | 138 | $1,002.67 | $875.00 | $104.70 | ($38,038) | 12 | $838.58 | $875.00 | $94.23 | $18,814 |
| Employee + Child(ren) | 117 | $883.50 | $875.00 | $99.91 | $128,340 | 13 | $739.43 | $875.00 | $89.92 | $35,176 |
| Employee + Family | 528 | $1,384.02 | $875.00 | $156.08 | ($2,236,228) | 29 | $1,155.90 | $875.00 | $140.47 | ($48,370) |
| **Total Annual Funding** | **1,064** | **$13,363,323** | **$11,172,000** | **$1,479,711** | **($711,613)** | **88** | **$810,585** | **$924,000** | **$95,770** | **$209,186** |

Self Funded Plan - Loomis Co / Fully Insured - HPN

| Total Funding Rate - PY 2015 | Counts | Total Rate | City | Employee | Subsidization | Counts | Total Rate | City | Employee | Subsidization |
|---|---|---|---|---|---|---|---|---|---|---|
| Employee Only | 281 | $528.31 | $900.00 | $63.78 | $1,468,405 | 34 | $453.32 | $900.00 | $57.40 | $205,665 |
| Employee + Spouse | 138 | $1,053.84 | $900.00 | $127.12 | ($44,248) | 12 | $900.12 | $900.00 | $114.41 | $16,458 |
| Employee + Child(ren) | 117 | $928.71 | $900.00 | $121.30 | $129,996 | 13 | $793.75 | $900.00 | $109.17 | $33,606 |
| Employee + Family | 528 | $1,454.25 | $900.00 | $189.50 | ($2,311,056) | 29 | $1,240.57 | $900.00 | $170.55 | ($59,167) |
| **Total Annual Funding** | **1,064** | **$14,044,657** | **$11,491,200** | **$1,796,554** | **($756,903)** | **88** | **$870,115** | **$950,400** | **$116,276** | **$196,561** |

Self Funded Plan - Loomis Co / Fully Insured - HPN

| Total Funding Rate - PY 2016 | Counts | Total Rate | City | Employee | Subsidization | Counts | Total Rate | City | Employee | Subsidization |
|---|---|---|---|---|---|---|---|---|---|---|
| Employee Only | 281 | $567.93 | $900.00 | $63.78 | $1,334,806 | 34 | $486.94 | $900.00 | $57.40 | $191,948 |
| Employee + Spouse | 138 | $1,134.01 | $900.00 | $127.12 | ($177,010) | 12 | $967.99 | $900.00 | $114.41 | $6,684 |
| Employee + Child(ren) | 117 | $999.23 | $900.00 | $121.30 | $30,986 | 13 | $853.47 | $900.00 | $109.17 | $24,289 |
| Employee + Family | 528 | $1,565.32 | $900.00 | $189.50 | ($3,014,796) | 29 | $1,334.55 | $900.00 | $170.55 | ($91,872) |
| **Total Per Unit Cost** | **1,064** | **$15,113,767** | **$11,491,200** | **$1,796,554** | **($1,826,013)** | **88** | **$935,627** | **$950,400** | **$116,276** | **$131,049** |

UNKNOWN/TBD

# City of Henderson
## Reserve Impact Analysis [1]
## For Plan Years 2014 through 2016

| Impact Analysis | PY 2014 | PEPY PY 2014 | PEPM PY 2014 |
|---|---|---|---|
| Total Needed Funding w/ Est Surplus YTD | ($13,273,023) | ($11,521.72) | ($960.14) |
| City Funding - Self Funded Plan | $11,172,000 | $10,500.00 | $875.00 |
| City Funding - Health Plan of Nevada | $924,000 | $10,500.00 | $875.00 |
| Employee - Self Funded Plan | $1,479,711 | $1,390.71 | $115.89 |
| Employee - Health Plan of Nevada | $95,770 | $1,088.30 | $90.69 |
| Estimated Delta Dental Surplus / (Deficit) | ($81,838) | ($71.04) | ($5.92) |
| **Reserve Impact - PY 2014** | $316,620 | $274.84 | $22.90 |

| Impact Analysis | PY 2015 | PEPY PY 2015 | PEPM PY 2015 |
|---|---|---|---|
| Total Needed Funding | ($14,914,772) | ($12,946.85) | ($1,078.90) |
| City Funding - Self Funded Plan | $11,491,200 | $10,800.00 | $900.00 |
| City Funding - Health Plan of Nevada | $950,400 | $10,800.00 | $900.00 |
| Employee - Self Funded Plan | $1,796,554 | $1,688.49 | $140.71 |
| Employee - Health Plan of Nevada | $116,276 | $1,321.32 | $110.11 |
| Estimated Delta Dental Surplus / (Deficit) | ($129,499) | ($112.41) | ($9.37) |
| **Reserve Impact - PY 2015** | ($689,841) | ($598.82) | ($49.90) |

| Impact Analysis | PY 2016 | PEPY PY 2016 | PEPM PY 2016 |
|---|---|---|---|
| Total Needed Funding | ($16,049,394) | ($13,931.77) | ($1,160.98) |
| City Funding - Self Funded Plan | $11,491,200 | $10,800.00 | $900.00 |
| City Funding - Health Plan of Nevada | $950,400 | $10,800.00 | $900.00 |
| Employee - Self Funded Plan | $1,796,554 | $1,688.49 | $140.71 |
| Employee - Health Plan of Nevada | $116,276 | $1,321.32 | $110.11 |
| Estimated Delta Dental Surplus / (Deficit) | ($129,499) | ($112.41) | ($9.37) |
| **Reserve Impact - PY 2016** | ($1,824,462) | ($1,583.73) | ($131.98) |

| Unencumbered Reserve Analysis | Ending 2016 | PEPY Ending 2016 | PEPM Ending 2016 |
|---|---|---|---|
| 12/31/2013 Reserve Balance (Cash) | $5,848,987 | $5,077.25 | $423.10 |
| 2014 Surplus/(Deficit) | $316,620 | $274.84 | $22.90 |
| 2015 Surplus/(Deficit) | ($689,841) | ($598.82) | ($49.90) |
| 2016 Surplus/(Deficit) | ($1,824,462) | ($1,583.73) | ($131.98) |
| **Estimated 12/31/2016 Reserve Balance** | $3,651,304 | $3,169.53 | $264.13 |

[1] Note the above analysis is based on the active employee population, which currently subsidizes the retiree population (the active population is budgeted to post a budget surplus of approximately $325,000 while the retiree population posts a budgeted deficit of approximately $325,000 - this equates to approximately 2.75% load in the active rates).

DELTA DENTAL

Delta Dental Insurance Company

September 4, 2014

City of Henderson
240 Water Street
Henderson, NV 89015

**RE: Contract renewal for City of Henderson**
**Delta Dental PPO[SM] Group # 29-15810**

We appreciate your business and thank you for choosing Delta Dental Insurance Company (Delta Dental). Your employees are among the millions nationwide who trust their smiles to Delta Dental.

We are pleased to present you with your dental plan contract renewal information. We are committed to providing you with quality plan designs combined with excellent customer service.

When reviewing your dental plan, we considered cost factors related to your group's dental service utilization and claims experience. Because of increases in one or both of these factors, we have determined that an increase in your current rate is necessary. We have made every attempt to keep this increase as low as possible.

We have calculated your rates for your Delta Dental PPO plan based on the employer/employee contribution levels in your contract remaining the same. If the contribution levels and/or enrollment guidelines have changed or will change, you will need to notify us immediately, as such a change may affect your renewal rate.

**In compliance with Section 680B.027 of the Nevada Insurance Statutes, this paragraph serves as notification that the premium payments made under this contract include general premium tax.**

The rates for the renewal contract period are:

| | | |
|---|---|---|
| ***Effective Date*** | ***January 1, 2015*** | |
| ***Contract term*** | ***One Year*** | |
| | ***January 1, 2015 – December 31, 2015*** | |
| ***% of Increase*** | ***24.07%*** | |
| | ***Current Rates*** | ***Renewal Rates*** |
| ***Employee*** | ***$ 39.71*** | ***$ 49.27*** |
| ***Employee & Spouse*** | ***$ 81.43*** | ***$101.03*** |
| ***Employee & Child(ren)*** | ***$ 71.48*** | ***$ 88.69*** |
| ***Employee & Family*** | ***$113.20*** | ***$140.45*** |

**Please keep this renewal letter with your contract documents. It serves as an amendment to your Delta Dental contracts for the rates and contract term.**

5920 S. Rainbow Blvd.
Ste. 10
Las Vegas, NV 89118

Toll-Free: 800-791-5653
Telephone: 702-870-6860
Facsimile: 702-870-0644

If you choose not to renew your contract, please notify Tricia Conley at 702-870-6860 and advise us in writing on or before December 1, 2014.

To renew your dental plan contract, please follow these steps:

1) Review this letter for changes to your dental plan for 2015.
2) Begin paying the rates outlined in this letter with your new contract term.
3) Inform your account manager of your intent to renew your plan contract.

We have prepared this renewal carefully, with consideration of all factors affecting the terms and services included in our quote. We welcome the opportunity to review this with you and to answer any questions you may have. Please contact your account manager if you would like to arrange a meeting.

We appreciate your continued confidence in Delta Dental. We are proud of our association with you and look forward to a long and mutually successful relationship.

Sincerely,

**DELTA DENTAL INSURANCE COMPANY**

Belinda Martinez
Senior Vice President
Sales/Marketing

Kevin Jackson
Group Vice President
Underwriting & Actuarial

Tricia Conley
Account Manager, Account Services
702-870-6860
tconley@delta.org

*Delta Dental PPO℠ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California, PA, MD – Delta Dental of Pennsylvania, NY – Delta Dental of New York, Inc., DE – Delta Dental of Delaware, Inc., WV – Delta Dental of West Virginia. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.*

*DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; NH and VT — Dentegra Insurance Company of New England; AK, CT, DE, FL, GA, KS, LA, MS, MT, TN, WV and Washington, D.C. — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.*

VSP Vision care for life

# City of Henderson
## VSP Renewal
## Effective January 1, 2015

| Plan Alternatives | CURRENT PLAN | 2015 RENEWAL |
|---|---|---|
| Benefit - Exam/Lenses/Frame | Signature Plan B – 12*/12/24 | Signature Plan B – 12*/12/24 |
| Copayments | $10 Exam<br>$25 Materials | $10 Exam<br>$25 Materials |
| Diabetic Eyecare Plus Plan | DEP Plus $5 Copay<br>*The Diabetic Eyecare Plus Program provides coverage for additional eyecare services for members with Type 1 or Type 2 diabetes.* | DEP Plus $5 Copay<br>*The Diabetic Eyecare Plus Program provides coverage for additional eyecare services for members with Type 1 or Type 2 diabetes.* |
| **Coverage With VSP Providers** | | |
| Exam | Covered after copay | Covered after copay |
| Single & Lined Bifocal/Trifocal/Lenticular Lenses | Covered after copay<br>*35-40% average discount on lens enhancements* | Covered after copay<br>*35-40% average discount on lens enhancements* |
| Frame Allowance | $130 ($70 at Costco)<br>*20% off amount over frame allowance* | $130 ($70 at Costco)<br>$150 on featured frame brands**<br>*20% off amount over frame allowance* |
| Elective Contact Lens (in lieu of lenses and/or frame) | $120 | $120 |
| Contact Lens Exam Allowance (fitting & evaluation) | 15% discount and up to $60 copay | 15% discount and up to $60 copay |
| **Coverage With Other Providers** | | |
| Exam | Up to $46 | Up to $46 |
| Single & Lined Bifocal/Trifocal/Lenticular Lenses | Up to $55/75/95/125 | Up to $55/75/95/125 |
| Frame | Up to $45 | Up to $45 |
| Elective Contact Lens (in lieu of lenses and/or frame) | Up to $105 | Up to $105 |
| **Self-Insured Monthly Rates** | | |
| Administrative Fee<br>Estimated Claim Costs | $1.67<br>$11.58 | $1.67<br>$12.21 |

*Exam frequency is every 6 months for child and handicap dependents
**Frame bonus promotion is a value added enhancement versus a contractual benefit
Revised 9/3/14

1050 17th Street, Suite 1430 | P 303.892.7663 800.225.3665 Option 2 | F 303.892.7768 | vsp.com

**Self-Funded Health Insurance Committee**
**October 8, 2014**
**New Business Item J – Review employee eligibility provisions**

**Employee Eligibility**

If you are an Elected Official of the City of Henderson or employed in a full-time regular position in the Executive, Management, Fire, Police, Professional or Technical wage schedules, or their successor wage schedules, you are eligible for coverage under the terms of the City of Henderson Employee Health Insurance Plan. The effective date of coverage is the first day of the month following 30 days of continuous employment. *Employees in a temporary full-time position in the Executive, Management, Fire, Police, Professional or Technical wage schedules and are subsequently employed in an eligible full-time position in the same classification, will have their time spent in the ineligible position applied toward the 30 day waiting period. This service time credit is conditioned on no break in service between the ineligible and eligible positions.*

Employee eligibility will continue while the employee is on paid or unpaid status including but not limited to PTO Leave, Sick Leave, Vacation Leave, Family and Medical Leave (FMLA), Donated Leave, Extended Leave, Administrative Leave, or any form of approved leave of absence.

Employees on Military Leave will be terminated from the Plan, however, their spouse/domestic partner and children may continue on the Plan while the employee is on military leave. When the employee returns from military leave, the 30 day waiting period is waived.

You may obtain coverage for yourself and your eligible dependents by completing the enrollment form and contributing any required amounts as defined by the City of Henderson. Regular full-time employees will be required to have a minimum of employee only coverage. If employee does not enroll in a health plan, the employee will be automatically enrolled in the self-funded health plan with employee only coverage. If a husband and wife or domestic partner are also eligible employees, they may be covered as individuals. However, any eligible dependents may be covered as dependents of one parent but not both.

## MILITARY LEAVE OF ABSENCE

In the event an employee, who is a member of the United States Armed Forces Reserves (USAFR), is called to active duty he may elect to continue Plan coverage for up to 24 months, beginning on the date the employee's absence starts. These rights apply only to employees and their dependents covered under the Plan before leaving for military service.

If continuation is elected, the employee may be required to pay up to 102% of the full premium cost for continuation coverage for himself/herself only, except a person on active duty for 31 days or less will not be required to pay more than the employee's share, if any, for the coverage.

Spouse and children covered under the Plan prior to the employee leaving for military service will be permitted to remain on the Plan while the employee is on a military leave of absence and are subject to the same contribution and Plan provisions as required of all active Plan participant dependents.

If you have any questions regarding military leave of absence, continuation of coverage, the cost of continued coverage or the maximum period of such coverage, please contact the Human Resources Department.

If your participation in this Plan is terminated by reason of service in the uniformed services, your coverage will be reinstated upon re-employment without any exclusions or waiting periods that would not have applied if coverage had not been terminated. However, applicable exclusions may be imposed with respect to coverage of any illness or injury determined by the Secretary of Veterans Affairs to have been incurred or aggravated during service in the military.

**Self-Funded Health Insurance Committee**
**October 8, 2014**

**New Business Item K – Coverage for mental health care and family counseling (For Possible Action)**

**Covered Medical Expenses Section**

**Mental Health Care** – For Plan purposes, a mental health condition will include schizophrenic disorders, paranoid disorders, affective disorders (depression, mania, and manic depressive illness), anxiety disorders, somatoform disorders, personality disorders, and disorders of infancy, childhood and adolescence, except for those conditions that are expressly excluded in the list of Medical Limitations and Exclusions section. ADD and ADHD "Attention Deficit Disorder" will be treated as an illness and not as a learning disorder or mental health condition. Psychiatrists (M.D.), psychologists (Ph.D.) and other licensed mental health practitioners may bill the Plan directly.

**Medical Exclusions and Limitations Section**

**Counseling** – Expenses for religious, marital, family or relationship counseling.

6-Oct-2014

## 2015 Premiums Approved by Committee

**2015 Committee Approved**

| City Self-Funded Plan - Actives | City Funded | Employee Funded | Total Funding |
|---|---|---|---|
| Employee Only | $ 900.00 | $ 63.78 | $ 963.78 |
| Employee plus Spouse | $ 900.00 | $ 127.12 | $ 1,027.12 |
| Employee plus 1 or more children | $ 900.00 | $ 121.30 | $ 1,021.30 |
| Employee, Spouse and Child(ren) | $ 900.00 | $ 189.50 | $ 1,089.50 |

**2015 Committee Approved**

| Health Plan of Nevada - Actives | City Funded | Employee Funded | Total Funding |
|---|---|---|---|
| Employee Only | $ 900.00 | $ 57.40 | $ 957.40 |
| Employee plus Spouse | $ 900.00 | $ 114.41 | $ 1,014.41 |
| Employee plus 1 or more children | $ 900.00 | $ 109.17 | $ 1,009.17 |
| Employee, Spouse and Child(ren) | $ 900.00 | $ 170.55 | $ 1,070.55 |

***2014 Actual***

| *City Self-Funded Plan - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 875.00* | *$ 52.53* | *$ 927.53* |
| *Employee plus Spouse* | *$ 875.00* | *$ 104.70* | *$ 979.70* |
| *Employee plus 1 or more children* | *$ 875.00* | *$ 99.91* | *$ 974.91* |
| *Employee, Spouse and Child(ren)* | *$ 875.00* | *$ 156.08* | *$ 1,031.08* |

| *Health Plan of Nevada - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 875.00* | *$ 47.28* | *$ 922.28* |
| *Employee plus Spouse* | *$ 875.00* | *$ 94.23* | *$ 969.23* |
| *Employee plus 1 or more children* | *$ 875.00* | *$ 89.92* | *$ 964.92* |
| *Employee, Spouse and Child(ren)* | *$ 875.00* | *$ 140.47* | *$ 1,015.47* |

***2013 Actual***

| *City Self-Funded Plan - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 630.00* | *$ 41.28* | *$ 671.28* |
| *Employee plus Spouse* | *$ 847.04* | *$ 82.28* | *$ 929.32* |
| *Employee plus 1 or more children* | *$ 847.04* | *$ 78.52* | *$ 925.56* |
| *Employee, Spouse and Child(ren)* | *$ 847.04* | *$ 122.66* | *$ 969.70* |

***2013 Actual***

| *Health Plan of Nevada - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 439.40* | *$ 30.96* | *$ 470.36* |
| *Employee plus Spouse* | *$ 757.30* | *$ 61.72* | *$ 819.02* |
| *Employee plus 1 or more children* | *$ 749.30* | *$ 58.90* | *$ 808.20* |
| *Employee, Spouse and Child(ren)* | *$ 847.04* | *$ 92.00* | *$ 939.04* |

***NOTE: 4th Tier added in 2013***

***2012 Actual***

| *City Self-Funded Plan - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 555.24* | *$ -* | *$ 555.24* |
| *Employee plus 1 dependent* | *$ 770.26* | *$ 38.50* | *$ 808.76* |
| *Employee plus 2 or more dependents* | *$ 847.04* | *$ 81.38* | *$ 928.42* |

***2012***

| *Health Plan of Nevada - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 465.70* | *$ -* | *$ 465.70* |
| *Employee plus 1 dependent* | *$ 770.26* | *$ 38.50* | *$ 808.76* |
| *Employee plus 2 or more dependents* | *$ 847.04* | *$ 81.38* | *$ 928.42* |

*NOTE: 2012 contributions levels reflect the actual charges assessed through PeopleSoft, which requires an even number to accommodate two equal premiums per month.*

***2011 Actual***

| *City Self-Funded Plan - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 555.23* | *$ -* | *$ 555.23* |
| *Employee plus 1 dependent* | *$ 770.24* | *$ 38.51* | *$ 808.75* |
| *Employee plus 2 or more dependents* | *$ 847.03* | *$ 81.39* | *$ 928.42* |

***2011 Actual***

| Health Plan of Nevada - Actives | City Funded | Employee Funded | Total Funding |
|---|---|---|---|
| Employee Only | $ 465.70 | $ - | $ 465.70 |
| Employee plus 1 dependent | $ 770.24 | $ 38.51 | $ 808.75 |
| Employee plus 2 or more dependents | $ 847.03 | $ 81.39 | $ 928.42 |

*NOTE: In 2011 the 2 Party employee premium was established at $38.51 but adjusted to $38.50 to accommodate two equal premium payments per month.*
*The 3 Party employee premium was established at $81.39 but adjusted to $81.38 to accommodate two equal premium payments per month.*
*The City contributions were then adjusted upward to make up the difference.*

***2010 Actual***

| *City Self-Funded Plan - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 555.23* | *$ -* | *$ 555.23* |
| *Employee plus 1 dependent* | *$ 770.24* | *$ -* | *$ 770.24* |
| *Employee plus 2 or more dependents* | *$ 847.03* | *$ 58.79* | *$ 905.82* |

***2010 Actual***

| *Health Plan of Nevada - Actives* | *City Funded* | *Employee Funded* | *Total Funding* |
|---|---|---|---|
| *Employee Only* | *$ 435.84* | *$ -* | *$ 435.84* |
| *Employee plus 1 dependent* | *$ 749.41* | *$ -* | *$ 749.41* |
| *Employee plus 2 or more dependents* | *$ 847.03* | *$ 55.02* | *$ 902.05* |