

	Current January 1, 2024 Rates and Contributions						Proposed July 1, 2024 Rates and Contributions					
HCH Medical - \$400 PPO - Wellness	EE Count	Monthly Premium Amount	Employee Monthly Contr.	Company Contr.	%	HCH Medical - \$400 PPO - Wellness	EE Count	Monthly Premium Amount	Employee Monthly Contr.	EE Monthly vs. Current	Company Contr.	%
Employee	92	\$751.68	\$46.67	\$705.01	94%	Employee	92	\$841.88	\$52.27	\$5.60	\$789.61	94%
EFOP	3	\$751.68	\$25.00	\$726.68	97%		3	\$841.88	\$21.26	(\$3.74)	\$820.62	97%
Employee + Spouse	71	\$1,654.28	\$293.85	\$1,360.43	82%	Employee + Spouse	71	\$1,852.79	\$320.53	\$26.68	\$1,532.26	83%
Employee + Child(ren)	30	\$1,503.90	\$267.14	\$1,236.76	82%	Employee + Child(ren)	30	\$1,684.37	\$291.40	\$24.26	\$1,392.97	83%
Employee + Family	149	\$1,879.87	\$333.91	\$1,545.96	82%	Employee + Family	149	\$2,105.45	\$364.24	\$30.33	\$1,741.21	83%
Monthly	345	\$514,081	\$82,999	\$431,082	84%	Monthly	345	\$575,771	\$90,645		\$485,126	84%
HCH Medical - \$400 PPO - Non-Wellness	EE Count	Monthly Premium Amount	Employee Monthly Contr.	Company Contr.	%	HCH Medical - \$400 PPO - Non-Wellness	EE Count	Monthly Premium Amount	Employee Monthly Contr.	EE Monthly vs. Current	Company Contr.	%
Employee	119	\$916.48	\$56.90	\$859.58	94%	Employee	119	\$1,026.46	\$63.73	\$6.83	\$962.73	94%
EFOP	50	\$916.48	\$25.00	\$891.48	97%		50	\$1,026.46	\$21.26	(\$3.74)	\$1,005.20	98%
Employee + Spouse	22	\$2,016.95	\$358.27	\$1,658.68	82%	Employee + Spouse	22	\$2,258.98	\$390.80	\$32.53	\$1,868.18	83%
Employee + Child(ren)	21	\$1,833.60	\$325.69	\$1,507.91	82%	Employee + Child(ren)	21	\$2,053.63	\$355.28	\$29.59	\$1,698.35	83%
Employee + Family	35	\$2,291.99	\$407.16	\$1,884.83	82%	Employee + Family	35	\$2,567.03	\$444.10	\$36.94	\$2,122.93	83%
Monthly	247	\$317,983	\$36,993	\$280,990	88%	Monthly	247	\$356,141	\$40,249		\$315,893	89%
Annual Medical Total	592	\$9,984,773	\$1,439,903	\$8,544,870		Annual Medical Total	592	\$11,182,945	\$1,570,719		\$9,612,227	
Ameritas - Low Plan	EE Count	Monthly Premium Amount	Employee Monthly Contr.	Company Contr.	%	Ameritas - Low Plan	EE Count	Monthly Premium Amount	Employee Monthly Contr.	EE Monthly vs. Current	Company Contr.	%
Employee	50	\$42.07	\$0.00	\$42.07	100%	Employee	50	\$42.07	\$0.00	\$0.00	\$42.07	100%
EFOP	14	\$42.07	\$0.00	\$42.07	100%	EFOP	14	\$42.07	\$0.00	\$0.00	\$42.07	100%
Employee + Spouse	25	\$81.51	\$8.15	\$73.36	90%	Employee + Spouse	25	\$81.51	\$8.15	\$0.00	\$73.36	90%
Employee + Child(ren)	13	\$83.58	\$8.36	\$75.22	90%	Employee + Child(ren)	13	\$83.58	\$8.36	\$0.00	\$75.22	90%
Employee + Family	48	\$103.20	\$10.32	\$92.88	90%	Employee + Family	48	\$103.20	\$10.32	\$0.00	\$92.88	90%
Monthly	150	\$10,770	\$808	\$9,962	92%	Monthly	150	\$10,770	\$808		\$9,962	92%
Ameritas - High Plan	EE Count	Monthly Premium Amount	Employee Monthly Contr.	Company Contr.	%	Ameritas - High Plan	EE Count	Monthly Premium Amount	Employee Monthly Contr.	EE Monthly vs. Current	Company Contr.	%
Employee	151	\$55.53	\$4.26	\$51.27	92%	Employee	151	\$55.53	\$4.26	\$0.00	\$51.27	92%
EFOP	42	\$55.53	\$3.74	\$51.79	93%	EFOP	42	\$55.53	\$3.74	\$0.00	\$51.79	93%
Employee + Spouse	75	\$107.41	\$20.17	\$87.24	81%	Employee + Spouse	75	\$107.41	\$18.58	(\$1.58)	\$88.82	83%
Employee + Child(ren)	38	\$118.14	\$22.12	\$96.02	81%	Employee + Child(ren)	38	\$118.14	\$20.44	(\$1.68)	\$97.70	83%
Employee + Family	144	\$143.15	\$26.85	\$116.30	81%	Employee + Family	144	\$143.15	\$24.76	(\$2.08)	\$118.38	83%
Monthly	450	\$43,875	\$7,019	\$36,856	84%	Monthly	450	\$43,875	\$6,536		\$37,339	85%
Annual Dental Total	600	\$655,737	\$93,918	\$561,819		Annual Dental Total	600	\$655,737	\$88,125		\$567,613	