

CONTRIBUTION WORKSHEET for 2016

11-4-16 USED DECISION of triple option -- here showing what differences would be if changed the %age that CITY pays also updated DENTAL to reflect lowest Assurant with 3% for "diag does not count toward annual max" benefit

THIS TAB --- KEEP current %ages -- based on lowest -price option, which is H.S.A plan for this year THEN, apply those hard \$ amt City contrib to the other two plans.

ADD H.S.A + \$2000 BASE + \$500 BUY UP

CITY OF BELLA VISTA

Rates & Contributions

January 1, 2016 through December 31, 2016

2016 rates

NEW H.S.A --- MEDICAL -Cigna

How Enrolled	Total Monthly Rate	CITY Pays Each Month	EMPLOYEE Pays Each Month	EMPLOYEE Pays Each PAYCHECK (24)	2015 contrib %ages
EE-only	\$366.03	\$303.80	\$62.23	\$31.11	ER/EE (83/17)
EE + SP	\$768.65	\$561.11	\$207.54	\$103.77	(73/27)
EE + CH	\$695.46	\$507.69	\$187.77	\$93.89	(73/27)
FAM	\$1,098.08	\$801.60	\$296.48	\$148.24	(73/27)

BASE (2000 ded)

How Enrolled	Total Monthly Rate	CITY Pays Each Month	EMPLOYEE Pays Each Month	EMPLOYEE Pays Each PAYCHECK (24)
EE-only	\$374.87	\$303.80	\$71.07	\$35.53
EE + SP	\$787.23	\$561.11	\$226.12	\$113.06
EE + CH	\$712.26	\$507.69	\$204.57	\$102.29
FAM	\$1,124.62	\$801.60	\$323.02	\$161.51

City pays same dollar amt as calculated for the H.S.A Plan.

BUY UP (\$500 ded)

How Enrolled	Total Monthly Rate	CITY Pays Each Month	EMPLOYEE Pays Each Month	EMPLOYEE Pays Each PAYCHECK
EE-only	\$418.47	\$303.80	\$114.67	\$57.33
EE + SP	\$878.80	\$561.11	\$317.69	\$158.84
EE + CH	\$795.09	\$507.69	\$287.40	\$143.70
FAM	\$1,255.40	\$801.60	\$453.80	\$226.90

City pays same dollar amt as calculated for the H.S.A Plan.

2016

DENTAL - ASSURANT Sue math added 3% for Diag Waiver benefit (lowest Assurant rate - NOT rate cap or 2yr rate)

How Enrolled	Total Monthly Rate	CITY Pays Each Month	EMPLOYEE Pays Each Month	EMPLOYEE Pays Each PAYCHECK (24)	2015 rates total monthly difference
EE-only	\$21.38	\$17.53	\$3.85	\$1.92	ER/EE (82/ 18)
EE + SP	\$42.59	\$31.09	\$11.50	\$5.75	(73/27)
EE + CH	\$54.22	\$39.58	\$14.64	\$7.32	(73/27)
FAM	\$76.48	\$55.83	\$20.65	\$10.32	(73/27)

\$27.21	\$5.83
\$54.42	\$11.83
\$62.60	\$8.38
\$94.53	\$18.05

2016

STAYS THE SAME for 2016

12-9-14 these are the self-funded rates

VISION - Cigna

How Enrolled	Total Monthly Rate	CITY Pays Each Month	EMPLOYEE Pays Each Month	EMPLOYEE Pays Each PAYCHECK (24)	No City contribution to Vision
EE-only	\$6.01	\$0.00	\$6.01	\$3.01	
EE + SP	\$12.01	\$0.00	\$12.01	\$6.01	
EE + CH	\$12.14	\$0.00	\$12.14	\$6.07	
FAM	\$19.37	\$0.00	\$19.37	\$9.69	

These are "standard" or initial contribution rates. Wellness rewards have not yet been determined; they will be applied to these rates/contributions.

RESOLUTION NO. _____

CITY OF BELLA VISTA, ARKANSAS

**APPROVING AN EMPLOYEE INSURANCE BENEFITS PACKAGE FOR
2016**

**BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA,
ARKANSAS:**

Section 1: The City employee insurance benefits packages for calendar year 2016, attached to this Resolution as Exhibit "A", and the corresponding premium and contribution levels, are hereby approved.

ADOPTED THIS _____ DAY OF _____, 2015.

APPROVED:

PETER CHRISTIE
MAYOR

ATTEST:

WAYNE JERTSON
CITY CLERK

APPROVED AS TO FORM:

JASON KELLEY
STAFF ATTORNEY

Requested by: Mayor
Prepared by: Jason Kelley, Staff Attorney