Council Meeting of April 22, 2015

Agenda Item No. 9a

REQUEST FOR COUNCIL ACTION

SUBJECT: Approve the health, dental, vision, life insurance, long-term disability (LTD) and accidental death and dismemberment (AD&D) plan renewals for the upcoming fiscal year.

SUMMARY: The renewal rate for the City health plans came in at a blended increase of 13.43%. After conducting an extensive bid process, we are recommending a change to PEHP as our medical provider while retaining our current plan designs of a traditional and high deductible plan with a choice between networks. It is being proposed that the HSA funding remain as it currently stands for the high-deductible insurance plans. This proposal includes two options for the premium split between the City and employees. Option #1 is to keep the employee amount of the premium as it currently stands, with the City taking on the premium increase. Option #2 is to keep the percentage of premiums the same as they are currently, which is 100% City-paid for high deductible single coverage, approximately a 90/10 City/employee split for high deductible 2-party and family coverage as well as single traditional and an approximate 80/20 split for traditional 2-party and family.

There was no increase in the premium rates or plan designs for our dental insurance, vision insurance, life insurance, LTD insurance, and AD&D insurance, so there would be no change in these benefits.

FISCAL IMPACT: There would be an increase of approximately $473,326 to $557,586 for the health plan (dependent upon which health plan employees choose as well as the premium option chosen) and no additional fiscal impact for the dental, vision, life insurance, LTD insurance, and AD&D insurance.

MOTION RECOMMENDED:

"I move to approve Resolution 15-84, authorizing the Mayor to approve contracts regarding the health insurance and other benefit plan renewals as outlined above using PEHP for medical, EMI for dental, Opticare for vision and The Hartford for life, LTD and AD&D; and approve the health plan renewals as outlined in Option _____ for the premium split."

Prepared by:

Michelle Thompson
Human Resource Technician

Recommended by:

Bryce Haderlie
Acting City Manager

Reviewed by:

Jonathan Gardner
Human Resource Manager

BACKGROUND DISCUSSION:

This year the Benefit Committee requested that GBS solicit bids for our health insurance renewal. They came back with a wide variety of plans from the various providers who service this market. The goal was to try and keep our basic benefits and network availability so as to not cause disruptions in service for our employees, while also ensuring that our assigned premiums are appropriate. At the end of the process, PEHP came in at the lowest increase with a blended rate of 13.43%. Note that PEHP has recently rolled out a new plan that has a very limited network with the IASIS hospitals and the U of U only. The Capital plan has the potential to reduce that blended rate depending on how many employees opt for the plan.

The committee decided to offer two options for the premium split. Option #1 would keep the employee premium the same as it currently stands with the City picking up the increase – meaning that the City would pay for the premium increase. Option #2 would keep the percentage the City and employee pays the same – meaning that both the City and the employees would pay part of the premium increase.

The City has been offering a high-deductible plan with a Health Savings Account (HSA) for the past four years. These plans have been well-received by employees and a majority currently participate on the high-deductible plans. We are not proposing any changes in the upcoming fiscal year regarding the City up-front contribution and per-paycheck match to the HSA. We would also continue to offer a flexible spending account (FSA) option for employees who opt for the traditional insurance plan.

Our dental insurance, which has been a self-funded plan since 2013, is doing well and does not require any premium adjustment for the upcoming fiscal year. Our vision insurance was also bid out this year, however, Opticare remains the most competitive and offered us a hold on the premium if we stay with them for the new fiscal year. The Hartford Group has also continued with their current rates for our Life, LTD and AD&D plans, so there is no impact on those benefits for the new fiscal year.

This insurance proposal will help us to continue to offer a competitive benefit to our employees; which helps the City as we strive to attract and retain the very best talent possible.

THE CITY OF WEST JORDAN, UTAH

A Municipal Corporation

RESOLUTION NO. 15-84

A RESOLUTION AUTHORIZING THE EXECUTION
BY THE MAYOR OF AN AGREEMENT
BETWEEN THE CITY OF WEST JORDAN AND
VARIOUS INSURANCE PROVIDERS

WHEREAS, the City of West Jordan has retained GBS Benefits, Inc. as our insurance broker and instructed them to go out to bid for our medical insurance plans and;

WHEREAS, after multiple meetings with GBS and Benefit Committee Members, it was decided upon that the following benefit providers are the best option for the City of West Jordan to use to provide for their various insurance needs and;

WHEREAS, the City Council of the City of West Jordan desires to enter into an agreement between the City of West Jordan and PEHP for medical insurance benefits, EMI for dental insurance benefits, Opticare for vision insurance benefits and The Hartford for Life, LTD and AD&D benefits for Fiscal Year 2015-2016; and

WHEREAS, the Mayor is authorized to execute this agreement,

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF WEST JORDAN, UTAH, THAT:

Section 1. The Mayor is authorized and directed to execute agreements as follows:

Contracts for insurance benefits for the above listed providers, for Fiscal Year 2015-2016

Section 2. This Resolution shall take effect immediately.

Adopted by the City Council of West Jordan, Utah, this 22nd day of April 2015

KIM V. ROLFE
Mayor

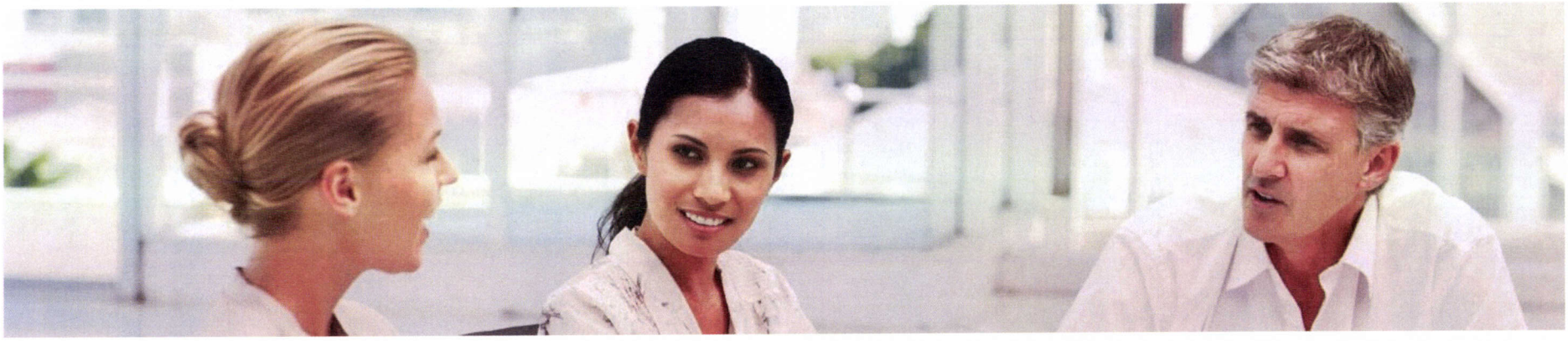
ATTEST:

MELANIE S. BRIGGS, MMC
City Clerk

Voting by the City Council	"AYE"	"NAY"
Council Member Jeff Haaga	_____	_____
Council Member Judy Hansen	_____	_____
Council Member Chris McConnehey	_____	_____
Council Member Chad Nichols	_____	_____
Council Member Ben Southworth	_____	_____

Res. 15-84

Council Member Sophie Rice	_____	_____
Mayor Kim V. Rolfe	_____	_____



JL

WEST JORDAN CITY

July 2015 Renewal

Comparison of Benefits

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Employee Benefits Consultant
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rick.stewart@gbsbenefits.com

GBS BENEFITS, INC.
Benefit from our Experience
www.gbsbenefits.com

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Account Manager
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FULLY INSURED MEDICAL COVERAGE

Comparison of Benefits

GBS BENEFITS, INC.

GBS BENEFITS, INC.

West Jordan City

Medical Summary

Carrier	Network	Plan	Monthly Premium	Annual Premium	Annual Increase	Percent of Increase
CURRENT	IASIS / HCA	Altius	$98,782.42	$1,185,389.04	—	—
	IHC	SelectHealth	$247,115.30	$2,965,383.60	—	—
		TOTAL	$345,897.72	$4,150,772.64	—	—
PEHP - Recommended	IASIS / HCA	Summit	$113,532.46	$1,362,389.52	$177,000.48	14.93%
	IHC	Advantage	$278,804.92	$3,345,659.04	$380,275.44	12.82%
		TOTAL	$392,337.38	$4,708,048.56	$557,275.92	13.43%
	IASIS / U of U Hosp.	Limited Network - Capital*	$376,648.42	$4,519,781.04	$369,008.40	8.89%*

**13.43% is the increase applicable to the City. With the addition of the Capital Network, further savings could be realized depending on the number of participants and City premium share of that plan.*

GBS BENEFITS, INC.

West Jordan City

Medical Comparison - CURRENT

		Altius Peak Plus $500		Altius Peak Plus QHDHP		SelectHealth Select:med+ $500		SelectHealth Select:med+ HealthSave	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	$500/$1,000	$1,000/$2,000	$1,250/$2,500	$2,500/$5,000	$500/$1,000	$1,000/$2,000	$1,250/$2,500	$1,500/$3,000
	Out of Pocket Maximum	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000	$4,000/$8,000	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000	$3,500/$7,000
	Deductible Included in OOP Maximum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Ded / OOP Embedded	Yes	Yes	No	No	Yes	Yes	No	No
Professional Services									
Office Visits	Primary Care Physicians	$25	40% AD	$15 AD	40% AD	$25	40% AD	$15 AD	40% AD
Office Visits	Specialists	$35	40% AD	$25 AD	40% AD	$35	40% AD	$25 AD	40% AD
Office Visits	Mental Health & Chemical Dependency	$35	40% AD	20% AD	40% AD	$25	40% AD	$15 AD	40% AD
Office Visits	Urgent Care	$35	$70	$35 AD	$70 AD	$35	40% AD	$35 AD	40% AD
	Emergency Room	$150 AD	$150 AD	$75 AD	$75 AD	$150 AD	$150 AD	$75 AD	$75 AD
	Minor Lab / X-Ray	0%	40% AD	20% AD	40% AD	0%	40% AD	0% AD	40% AD
	Major Lab / X-Ray	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
	Hospital Outpatient Surgery	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
	Preventive Care	0%	40% AD	0%	40% AD	0%	Not Covered	0%	40% AD
Inpatient Services									
	Hospital / Physicians	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
	Mental Health & Chemical Dependency	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Additional Benefits									
	Chiropractic	$35	None	$25 AD	None	$15	None		
	Routine Eye Exam	$25	40% AD	$15 AD	40% AD	$35	40% AD	$25 AD	40% AD
Prescription Drugs									
Retail	Deductible	None	None	Medical Deductible Applies	None	None		Medical Deductible Applies	
Retail	Tier 1	$15	None	$7 AD	None	$15		$7 AD	
Retail	Tier 2	$30	None	$21 AD	None	$30		$21 AD	
Retail	Tier 3	$50	None	$42 AD	None	$50		$42 AD	
Retail	Tier 4				None	$100		$100 AD	
Retail	Mail Order	$30/$60/$100	None	$14 AD/$42 AD/$84 AD	None	$15/$60/$150		$7 AD/$42 AD/$126 AD	

Monthly Rates		CURRENT							
68	Employee	10	$393.49	12	$340.10	18	$423.70	28	$347.10
70	Employee + Spouse	7	$870.40	13	$726.03	19	$937.50	31	$767.80
3	Employee + Child	0	$870.40	3	$726.03	0	$937.50	0	$767.80
5	Employee + Children	1	$1,284.67	4	$1,152.82	0	$1,383.60	0	$1,133.00
214	Family	11	$1,284.67	46	$1,152.82	41	$1,383.60	116	$1,133.00
360	**TOTAL BY PLAN**	29	$25,443.74	78	$73,338.68	78	$82,166.70	175	$164,948.60
TOTAL ALL EMPLOYEES		$345,897.72							
Percent of Increase									

GBS BENEFITS, INC.

West Jordan City

Medical Comparison

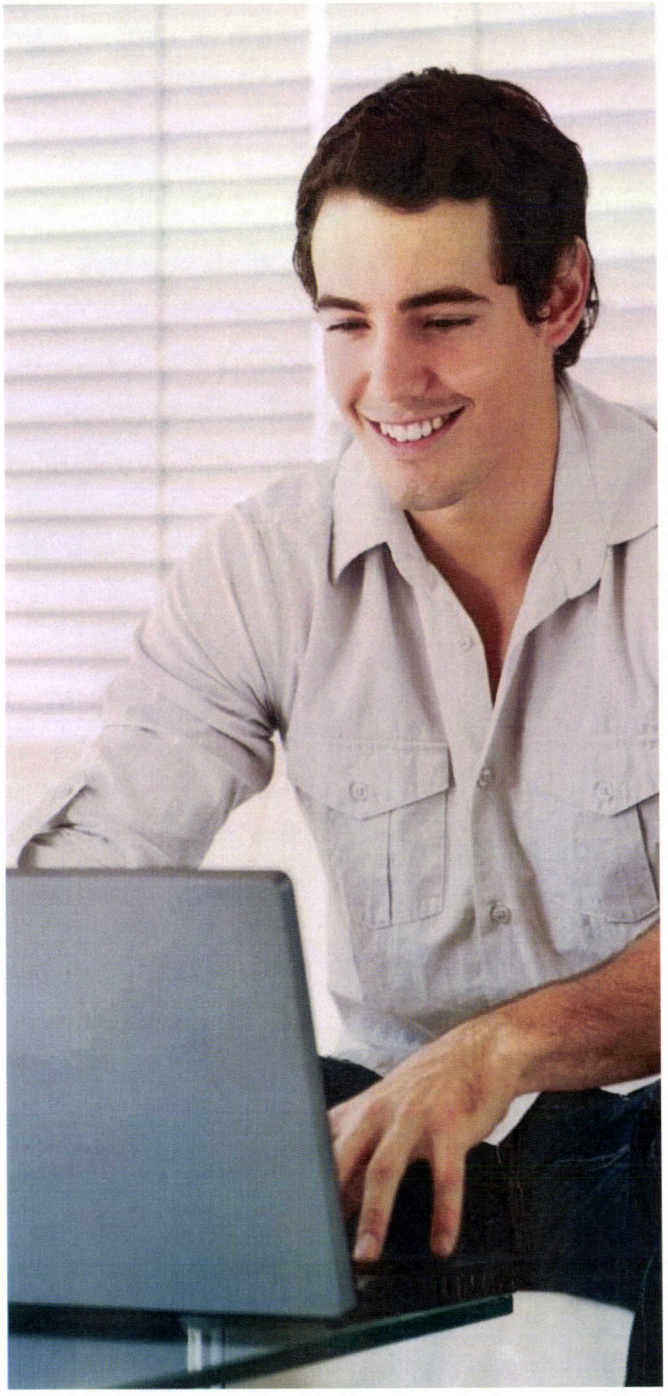
		PEHP - Recommended							
		Summit Traditional $500		Summit QHDHP		Advantage Traditional $500		Advantage QHDHP	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	$500/$1,000	$1,000/$2,000	$1,300/$2,600	$1,600/$3,200	$500/$1,000	$1,000/$2,000	$1,300/$2,600	$1,600/$3,200
	Out of Pocket Maximum	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000	$3,500/$7,000	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000	$3,500/$7,000
	Deductible Included in OOP Maximum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Ded / OOP Embedded	Yes	Yes	No	No	Yes	Yes	No	No
Professional Services									
Office Visits	Primary Care Physicians	$25	40% AD	$15 AD	40% AD	$25	40% AD	$15 AD	40% AD
Office Visits	Specialists	$35	40% AD	$25 AD	40% AD	$35	40% AD	$25 AD	40% AD
Office Visits	Mental Health & Chemical Dependency	$25	40% AD	$15 AD	40% AD	$25	40% AD	$15 AD	40% AD
Office Visits	Urgent Care	$35	40% AD	$35 AD	40% AD	$35	40% AD	$35 AD	40% AD
	Emergency Room	$150 AD	$150 AD	$75 AD	$75 AD	$150 AD	$150 AD	$75 AD	$75 AD
	Minor Lab / X-Ray	0%	40% AD	0% AD	40% AD	0%	40% AD	0% AD	40% AD
	Major Lab / X-Ray	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
	Hospital Outpatient Surgery	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
	Preventive Care	0%	Not Covered	0%	Not Covered	0%	Not Covered	0%	Not Covered
Inpatient Services									
	Hospital / Physicians	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
	Mental Health & Chemical Dependency	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Additional Benefits									
	Chiropractic/Manipulations	$15	Not Covered			$15	Not Covered		
	Routine Eye Exam								
Prescription Drugs									
Retail	Deductible	None		Medical Deductible Applies		None		Medical Deductible Applies	
Retail	Tier 1	$10		$10 AD		$10		$10 AD	
Retail	Tier 2	$25		$25 AD		$25		$25 AD	
Retail	Tier 3	$50		$50 AD		$50		$50 AD	
Retail	Tier 4								
Retail	Mail Order	$20/$50/$100		$20 AD/$50 AD/$100 AD		$20/$50/$100		$20 AD/$50 AD/$100 AD	
Monthly Rates									
68	Employee	10	$472.24	12	$394.70	18	$472.24	28	$394.70
70	Employee + Spouse	7	$1,043.66	13	$872.30	19	$1,043.66	31	$872.30
3	Employee + Child	0	$1,043.66	3	$872.30	0	$1,043.66	0	$872.30
5	Employee + Children	1	$1,539.52	4	$1,286.74	0	$1,539.52	0	$1,286.74
214	Family	11	$1,539.52	46	$1,286.74	41	$1,539.52	116	$1,286.74
360	**TOTAL BY PLAN**	29	$30,502.26	78	$83,030.20	78	$91,450.18	175	$187,354.74
TOTAL ALL EMPLOYEES		$392,337.38							
Percent of Increase		13.43%							

GBS BENEFITS, INC.

West Jordan City

Medical Comparison

		PEHP - Recommended			
		Capital Traditional $500		Capital QHDHP	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible		$500/$1,000	$1,000/$2,000	$1,300/$2,600	$1,600/$3,200
Out of Pocket Maximum		$1,000/$2,000	$2,000/$4,000	$2,000/$4,000	$3,500/$7,000
Deductible Included in OOP Maximum		Yes	Yes	Yes	Yes
Ded / OOP Embedded		Yes	Yes	No	No
Professional Services					
Office Visits	Primary Care Physicians	$25	40% AD	$15 AD	40% AD
Office Visits	Specialists	$35	40% AD	$25 AD	40% AD
Office Visits	Mental Health & Chemical Dependency	$25	40% AD	$15 AD	40% AD
Office Visits	Urgent Care	$35	40% AD	$35 AD	40% AD
	Emergency Room	$150 AD	$150 AD	$75 AD	$75 AD
	Minor Lab / X-Ray	0%	40% AD	0% AD	40% AD
	Major Lab / X-Ray	20% AD	40% AD	20% AD	40% AD
	Hospital Outpatient Surgery	20% AD	40% AD	20% AD	40% AD
	Preventive Care	0%	Not Covered	0%	Not Covered
Inpatient Services					
	Hospital / Physicians	20% AD	40% AD	20% AD	40% AD
	Mental Health & Chemical Dependency	20% AD	40% AD	20% AD	40% AD
Additional Benefits					
	Chiropractic/Manipulations	$15	Not Covered		
	Routine Eye Exam				
Prescription Drugs					
Retail	Deductible	None		Medical Deductible Applies	
Retail	Tier 1	$10		$10 AD	
Retail	Tier 2	$25		$25 AD	
Retail	Tier 3	$50		$50 AD	
Retail	Tier 4				
Retail	Mail Order	$20/$50/$100		$20 AD/$50 AD/$100 AD	
Monthly Rates					
68	Employee	28	$453.36	40	$378.92
70	Employee + Spouse	26	$1,001.94	44	$837.42
3	Employee + Child	0	$1,001.94	3	$837.42
5	Employee + Children	1	$1,477.96	4	$1,235.28
214	Family	52	$1,477.96	162	$1,235.28
360	**TOTAL BY PLAN**	107	$117,076.40	253	$259,572.02
TOTAL ALL EMPLOYEES		$376,648.42			
Percent of Increase		8.89%			



DENTAL COVERAGE

Comparison of Benefits

GBS
BENEFITS, INC.

GBS BENEFITS, INC.

West Jordan City

Dental Comparison

	EMI Health - Choice		
	Choice Indemnity		
	Advantage In-Network	Premier In-Network	Out-of-Network
Deductible	None	$50/$150	$50/$150
Annual Maximum	$2,000	$1,000	
Preventive / Diagnostic	100%	100%	100%
Basic	90%	80%	80%
Major	60%	50%	50%
Oral Surgery	90%	80%	80%
Periodontics	90%	80%	80%
Endodontics	90%	80%	80%
Orthodontics			
Deductible	None		
Lifetime Maximum	$750 per year / $1,500 Lifetime		
Child (under 19)	50%	50%	50%
Adult	25% Discount	25% Discount	None
Waiting Periods			
Preventive	None		
Basic			
Major			
Orthodontics			
UCR Percentile	80%		
Number of Utah Providers	1,550+ / 2,150+		
Number of National Providers	80,500		
Provider Directory Website	www.educatorsmutual.com		
Administrative Fees	$8.25 ASO		
Voluntary / Employer Paid	Employer Paid		
Rate Guarantee	1 year		

Monthly Rates		**CURRENT**	**RENEWAL - Suggested Funding**
78	Employee	$37.40	$37.40
83	Employee + Spouse	$82.50	$82.50
230	Family	$121.80	$121.80
391	**TOTAL**	$37,778.70	$37,778.70
Percent of Increase			0.00%

LIFE, AD&D AND DEPENDENT LIFE

Comparison of Benefits

GBS BENEFITS, INC.

GBS BENEFITS, INC.

West Jordan City

Basic Life, AD&D and Dependent Life Comparison

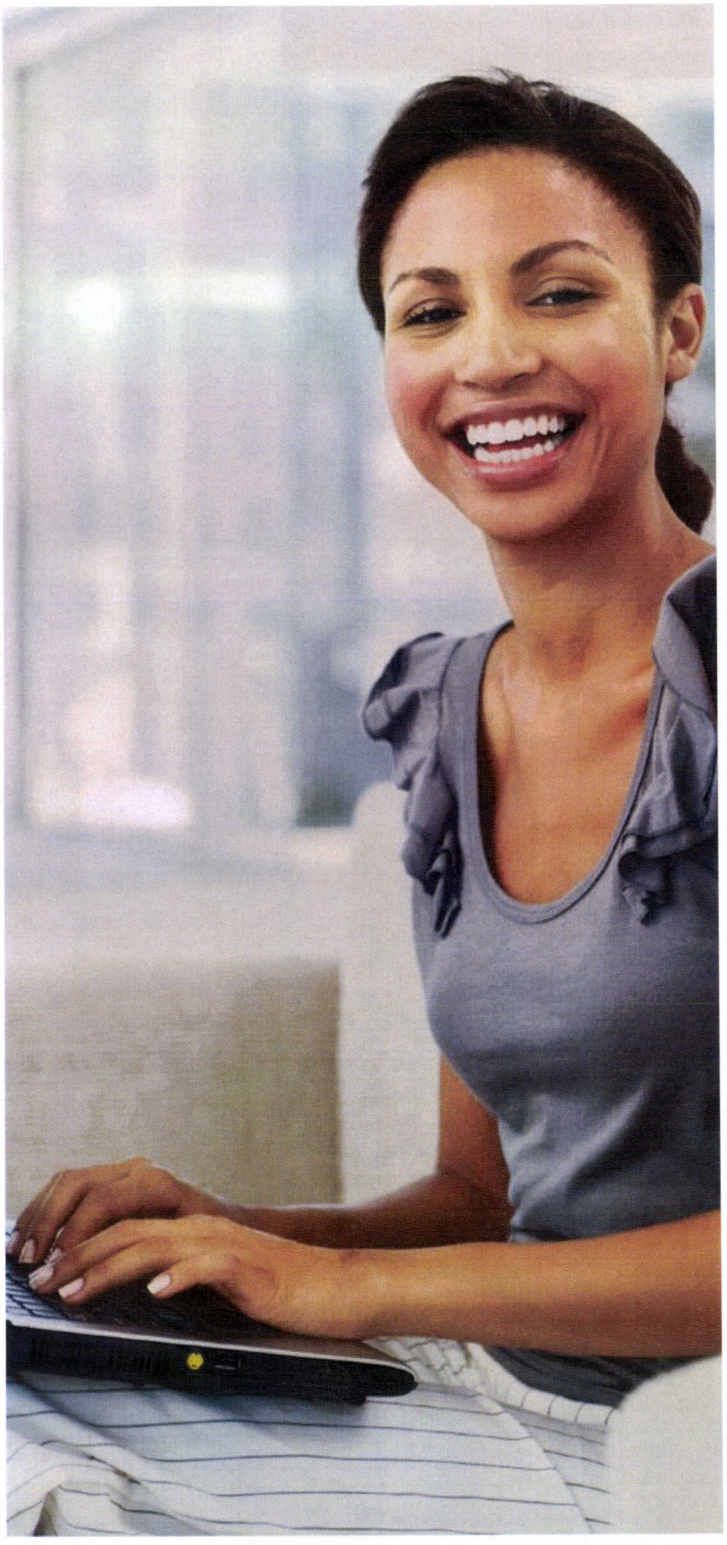
		Hartford
		CURRENT / RENEWAL
Eligibility	All Full-Time	X
	All Full-Time Who Elect	
	Management	
Rate Guarantee		until 7/1/17
Benefit		
	Life Insurance	3x salary up to $250,000
	AD&D Insurance	3x salary up to $250,000
	Conversion	Included
	Portability	None
Dependent Life		
	Spouse	$5,000
	Child (birth - 14 days)	$5,000
	Child (14 days - 6 months)	$5,000
	Child (6 months - 19 years)	$5,000
Monthly Rates		CURRENT / RENEWAL
	Basic Life (per $1,000)	$0.106
	AD&D (per $1,000)	$0.015
	Dependent Life	$0.500

GBS BENEFITS, INC.

West Jordan City

Supplemental Life

	Hartford		
	CURRENT / RENEWAL		
Employee Benefit			
Increments	$10,000		
Minimum Benefit	$10,000		
Maximum Benefit	$500,000		
Spouse Benefit			
Increments	$10,000		
Minimum Benefit	$10,000		
Maximum Benefit	100% of employee benefit up to $250,000		
Child Benefit			
Increments	$10,000		
Minimum Benefit	$10,000		
Maximum Benefit	$10,000		
Guarantee Issue			
Employee	$450,000		
Spouse	$30,000		
Additional Benefits			
Waiver of Premium	Included		
Conversion	Included		
Portability	Included		
Rate Guarantee	until 7/1/17		
Rates Per $1,000	CURRENT / RENEWAL		
	Non-Tobacco	Tobacco	Spouse
<25	$0.050	$0.090	$0.050
25-29	$0.050	$0.090	$0.050
30-34	$0.050	$0.120	$0.050
35-39	$0.070	$0.160	$0.070
40-44	$0.120	$0.250	$0.120
45-49	$0.200	$0.450	$0.200
50-54	$0.330	$0.740	$0.330
55-59	$0.530	$1.130	$0.530
60-64	$0.630	$1.220	$0.630
65-69	$1.260	$2.240	$1.260
70-74	$2.640	$4.000	$2.640
75+	$4.830	$6.770	$4.830
Dependent Rates	$1.20 / $10,000		



DISABILITY

Comparison of Benefits

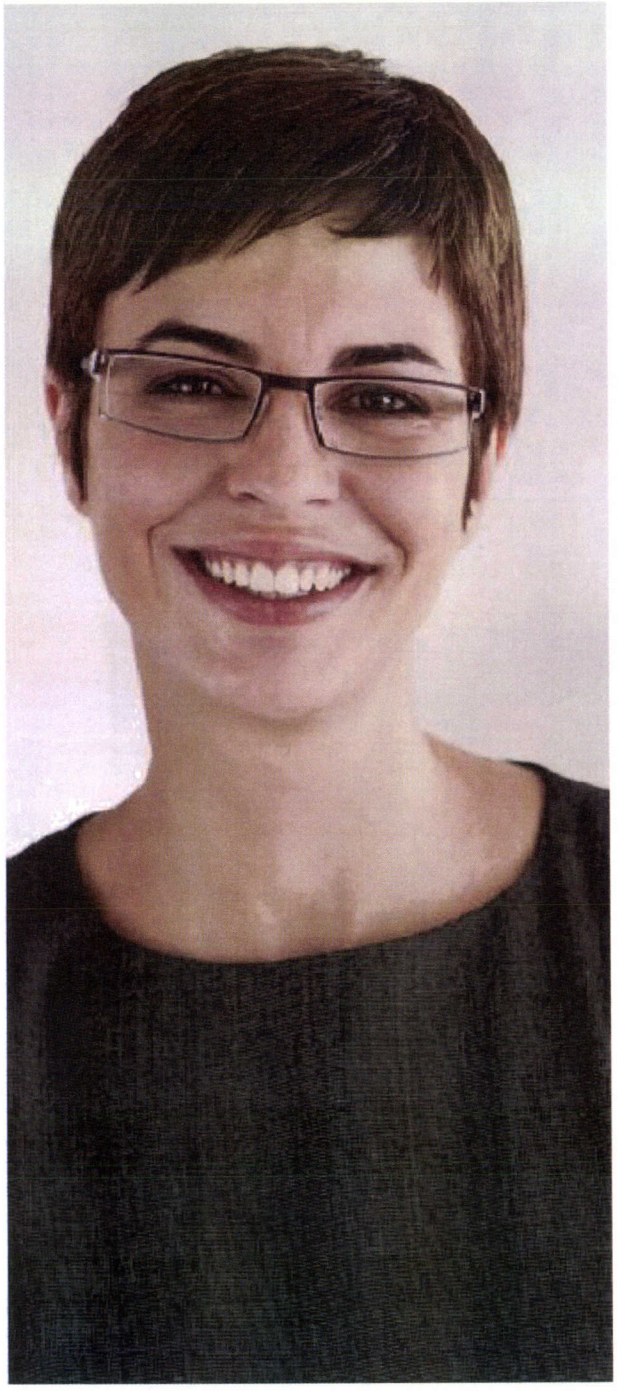
GBS
BENEFITS, INC.

GBS BENEFITS, INC.

West Jordan City

Long Term Disability

		Hartford
		CURRENT/RENEWAL
Eligibility	All Full-Time	X
	All Full-Time Who Elect	
	Management	
Benefit		
Elimination Period		90 days
Benefit Percentage		66.67%
Maximum Monthly Benefit		
	Class 1: All Other	$7,000
	Class 2: Police & Fire	$10,500
Duration of Benefit		SSNRA
Definition of Disability		24 month own occ
Rate Guarantee		until 7/1/17
Rates		CURRENT/RENEWAL
	Per $100 of Covered Payroll	$0.375



VISION COVERAGE

Comparison of Benefits

GBS BENEFITS, INC.

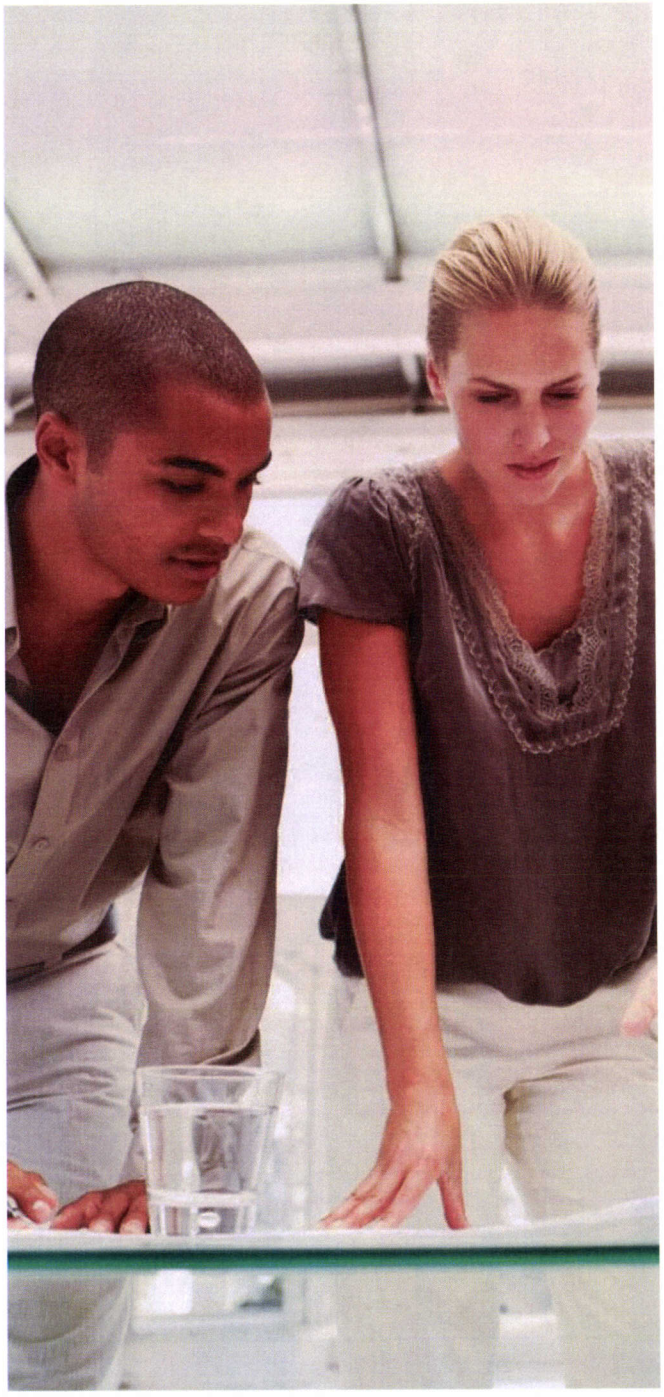
GBS BENEFITS, INC.

West Jordan City

Vision Comparison

	Opticare 10-120B	
	In-Network	Out-of-Network
Eye Examination	None	None
Standard Plastic Lenses		
Single Vision	$10 Copay	up to $85
Bifocal	$10 Copay	up to $85
Trifocal	$10 Copay	up to $85
Frames*	up to $120	up to $80
Contact Lenses*		
Conventional	up to $120	up to $80
Disposable	up to $120	up to $80
***Either Frames -or- Contact Lenses**		
Frequency		
Exams	None	
Lenses	12 months	
Frames	12 months	
Contacts	12 months	
Rate Guarantee	until 7/1/16	

Monthly Rates		**CURRENT**	**RENEWAL**	**REVISED RENEWAL**
71	Employee	$3.47	$3.61	$3.47
77	Employee + 1	$5.75	$6.10	$5.75
218	Family	$7.49	$8.38	$7.49
366	**TOTAL**	$2,321.94	$2,552.85	$2,321.94
Percent of Increase			9.94%	0.00%



FLEXIBLE SPENDING

Comparison of Benefits

GBS
BENEFITS, INC.

GBS BENEFITS, INC.

West Jordan City

Flexible Spending Account Comparison

	National Benefit Service	
	CURRENT	RENEWAL
Monthly Participant Fee	$2.50	$2.50
Card Option	$1.50	$1.50
First Year Plan Set-up Charge	Waived	Waived
New Plan Document	Included $150 for amendment if required	Included $150 for amendment if required
Monthly Billing Charge	None	None
Annual Renewal Fee	Waived	Waived

City of West Jordan FY2015/16

INSURANCE OPTION #1
PEHP W/ SAME EMPLOYEE COST

MEDICAL INSURANCE TWICE-MONTHLY PREMIUMS (EFFECTIVE 7/01/15)

TRADITIONAL MEDICAL PLANS

Provider	Coverage	City Pays	Employee Pays	Total Premiums
PEHP Summit	Single	$216.50	$21.36	$237.86
PEHP Summit	Two-Party	$439.82	$84.89	$524.71
PEHP Summit	Family	$648.31	$125.20	$773.51
PEHP Advantage	Single	$216.50	$21.36	$237.86
PEHP Advantage	Two-Party	$439.82	$84.89	$524.71
PEHP Advantage	Family	$648.31	$125.20	$773.51
PEHP Capital	Single	$207.86	$20.56	$228.42
PEHP Capital	Two-Party	$422.23	$81.62	$503.85
PEHP Capital	Family	$622.41	$120.32	$742.73

HIGH-DEDUCTIBLE MEDICAL PLANS

Provider	Coverage	City Pays	Employee Pays	Total Premiums
PEHP Summit	Single	$200.56	$0.00	$200.56
PEHP Summit	Two-Party	$401.68	$38.82	$440.50
PEHP Summit	Family	$590.43	$58.16	$648.59
PEHP Advantage	Single	$200.56	$0.00	$200.56
PEHP Advantage	Two-Party	$401.68	$38.82	$440.50
PEHP Advantage	Family	$590.43	$58.16	$648.59
PEHP Capital	Single	$192.67	$0.00	$192.67
PEHP Capital	Two-Party	$384.98	$38.08	$423.06
PEHP Capital	Family	$566.80	$56.06	$622.86

City of West Jordan FY2015/16

INSURANCE OPTION #2
PEHP W/ SAME CITY/EMPLOYEE COST

MEDICAL INSURANCE TWICE-MONTHLY PREMIUMS (EFFECTIVE 7/01/15)

TRADITIONAL MEDICAL PLANS

Provider	Coverage	City Pays	Employee Pays	Total Premiums
PEHP Summit	Single	$214.07	$23.79	$237.86
PEHP Summit	Two-Party	$419.77	$104.94	$524.71
PEHP Summit	Family	$618.81	$154.70	$773.51
PEHP Advantage	Single	$214.07	$23.79	$237.86
PEHP Advantage	Two-Party	$419.77	$104.94	$524.71
PEHP Advantage	Family	$618.81	$154.70	$773.51
PEHP Capital	Single	$205.58	$22.84	$228.42
PEHP Capital	Two-Party	$403.08	$100.77	$503.85
PEHP Capital	Family	$594.18	$148.55	$742.73

HIGH-DEDUCTIBLE MEDICAL PLANS

Provider	Coverage	City Pays	Employee Pays	Total Premiums
PEHP Summit	Single	$200.56	$0.00	$200.56
PEHP Summit	Two-Party	$396.45	$44.05	$440.50
PEHP Summit	Family	$583.73	$64.86	$648.59
PEHP Advantage	Single	$200.56	$0.00	$200.56
PEHP Advantage	Two-Party	$396.45	$44.05	$440.50
PEHP Advantage	Family	$583.73	$64.86	$648.59
PEHP Capital	Single	$192.67	$0.00	$192.67
PEHP Capital	Two-Party	$380.75	$42.31	$423.06
PEHP Capital	Family	$560.57	$62.29	$622.86