

City of West Allis

Monthly Premium Equivalents - Summary: Approved by Council 1/7/2020

ACTIVE EMPLOYEES

Active PPO		\$250/\$750 Ded. PPO									2020					
No. Enrolled	2015 Premium Rate	2016 Premium Rate	2017 Premium Rate	2018 Premium Rate	2019 Premium Rate	2020 Premium Rate	\$ Increase Premium	% Increase Premium	2019 Employee Cost (12%)	2020 Employee Cost (12%)*	Change	2020 Employee Cost (14%)*	Change	2020 Employee Cost (20%)*	Change	
Employee	106	\$774.00	\$591.00	\$646.00	\$678.00	\$712.00	\$762.00	\$50.00	7.0%	\$85.44	\$91.44	\$6.00	\$106.68	\$21.24	\$152.40	\$16.80
EE + 1	122	\$1,517.00	\$1,158.00	\$1,265.00	\$1,328.00	\$1,394.00	\$1,492.00	\$98.00	7.0%	\$167.28	\$179.04	\$11.76	\$208.88	\$41.60	\$298.40	\$32.80
Family	253	\$2,221.00	\$1,696.00	\$1,853.00	\$1,946.00	\$2,043.00	\$2,186.00	\$143.00	7.0%	\$245.16	\$262.32	\$17.16	\$306.04	\$60.88	\$437.20	\$48.00
Total PPO Employees	481		-23.6%	9.3%	5.0%	5.0%	7.0%									

Active HDHP		\$250/\$750 Ded. PPO									2020					
No. Enrolled	2015 Premium Rate	2016 Premium Rate	2017 Premium Rate	2018 Premium Rate	2019 Premium Rate	2020 Premium Rate	\$ Increase Premium	% Increase Premium	2019 Employee Cost (12%)	2020 Employee Cost (12%)*	Change	2020 Employee Cost (14%)*	Change	2020 Employee Cost (20%)*	Change	
Employee	5	\$774.00	\$761.00	\$825.00	\$866.00	\$909.00	\$973.00	\$43.00	7.0%	\$109.08	\$116.76	\$7.68	\$136.22	\$27.14	\$194.60	\$12.80
EE + 1	0	\$1,517.00	\$1,491.00	\$1,617.00	\$1,698.00	\$1,783.00	\$1,908.00	\$85.00	7.0%	\$213.96	\$228.96	\$15.00	\$267.12	\$53.16	\$381.60	\$25.00
Family	4	\$2,221.00	\$2,183.00	\$2,367.00	\$2,485.00	\$2,609.00	\$2,792.00	\$124.00	7.0%	\$313.08	\$335.04	\$21.96	\$390.88	\$77.80	\$558.40	\$36.60
Total HDHP Employees	9		-1.7%	8.4%	5.0%	5.0%	7.0%									

Total Active Employees 490

RETIREEES

Pre-65 (After 2013) PPO		\$250/\$750 Ded. PPO									2020		
No. Enrolled	2015 Premium Rate	2016 Premium Rate	2017 Premium Rate	2018 Premium Rate	2019 Premium Rate	2020 Premium Rate	\$ Increase Premium	% Increase Premium	2019 Median Retiree Cost**	2020 Median Retiree Cost**	Change		
Employee	38	\$819.00	\$625.00	\$683.00	\$751.00	\$807.00	\$863.00	\$56.00	7.00%	\$196.80	\$252.80	\$56.00	
EE + 1	47	\$1,606.00	\$1,226.00	\$1,339.00	\$1,473.00	\$1,583.00	\$1,694.00	\$111.00	7.00%	\$356.28	\$467.28	\$111.00	
Family	26	\$2,350.00	\$1,795.00	\$1,961.00	\$2,157.00	\$2,318.00	\$2,480.00	\$162.00	7.00%	\$566.60	\$728.60	\$162.00	
Total PPO Employees	111		-23.70%	9.30%	10.00%	7.45%	7.00%						

Pre-65 (After 2013) HDHP		\$250/\$750 Ded. PPO									2020		
No. Enrolled	2015 Premium Rate	2016 Premium Rate	2017 Premium Rate	2018 Premium Rate	2019 Premium Rate	2020 Premium Rate	\$ Increase Premium	% Increase Premium	2019 Median Retiree Cost**	2020 Median Retiree Cost**	Change		
Employee	0	\$819.00	\$805.00	\$873.00	\$960.00	\$1,032.00	\$1,104.00	\$72.00	7.00%	N/A	N/A	N/A	
EE + 1	0	\$1,606.00	\$1,578.00	\$1,711.00	\$1,882.00	\$2,022.00	\$2,164.00	\$142.00	7.00%	N/A	N/A	N/A	
Family	0	\$2,350.00	\$2,310.00	\$2,505.00	\$2,756.00	\$2,961.00	\$3,168.00	\$207.00	7.00%	N/A	N/A	N/A	
Total HDHP Employees	0		-1.70%	8.40%	10.00%	7.45%	7.00%						

Pre-65 (Before 2013) PPO		Status Quo									2020		
No. Enrolled	2015 Premium Rate	2016 Premium Rate	2017 Premium Rate	2018 Premium Rate	2019 Premium Rate	2020 Premium Rate	\$ Increase Premium	% Increase Premium	2019 Median Retiree Cost**	2020 Median Retiree Cost**	Change		
Single	40	\$819.00	\$768.00	\$833.00	\$916.00	\$984.00	\$1,092.00	\$108.00	11.00%	\$261.05	\$369.05	\$108.00	
EE + 1	44	\$1,606.00	\$1,506.00	\$1,633.00	\$1,796.00	\$1,930.00	\$2,142.00	\$212.00	11.00%	\$569.60	\$781.60	\$212.00	
Family	14	\$2,350.00	\$2,204.00	\$2,390.00	\$2,629.00	\$2,825.00	\$3,136.00	\$311.00	11.00%	\$833.80	\$1,144.80	\$311.00	
Total Pre-65 Retirees (Before 2013)	98						11.00%	***					

Pre-65 (Before 2013) HDHP		Status Quo									2020		
No. Enrolled	2015 Premium Rate	2016 Premium Rate	2017 Premium Rate	2018 Premium Rate	2019 Premium Rate	2020 Premium Rate	\$ Increase Premium	% Increase Premium	2019 Median Retiree Cost**	2020 Median Retiree Cost**	Change		
Employee	0	\$819.00	\$805.00	\$873.00	\$960.00	\$1,032.00	\$1,104.00	\$72.00	7.00%	N/A	N/A	N/A	
EE + 1	0	\$1,606.00	\$1,578.00	\$1,711.00	\$1,882.00	\$2,022.00	\$2,164.00	\$142.00	7.00%	N/A	N/A	N/A	
Family	0	\$2,350.00	\$2,310.00	\$2,505.00	\$2,756.00	\$2,961.00	\$3,168.00	\$207.00	7.00%	N/A	N/A	N/A	
Total HDHP Employees	0		-1.70%	8.40%	10.00%	7.45%	11.00%						

Medicare Plans		Status Quo									2020		
No. Enrolled	2015 Premium Rate	2016 Premium Rate	2017 Premium Rate	2018 Premium Rate	2019 Premium Rate	2020 Premium Rate	\$ Increase Premium	% Increase Premium	2019 Median Retiree Cost**	2020 Median Retiree Cost**	Change		
1 > 65	177	\$664.00	\$623.00	\$676.00	\$479.76	\$479.76	\$495.11	\$15.35	3.2%	\$239.88	\$247.56	\$7.68	
1 < 65 > 1	20	\$1,468.00	\$1,377.00	\$1,493.00	\$1,313.26	\$1,420.00	\$1,473.00	\$53.00	3.7%	\$710.00	\$736.50	\$26.50	
2 > 65	93	\$1,359.00	\$1,274.00	\$1,381.00	\$959.52	\$959.52	\$990.22	\$30.70	3.2%	\$479.76	\$495.11	\$15.35	
1 < 65 > 1 + Dependents	1	\$2,169.00	\$2,034.00	\$2,206.00	\$2,114.26	\$2,360.00	\$2,450.00	\$90.00	3.8%	\$1,180.00	\$1,225.00	\$45.00	
2 > 65 + Dependents	1	\$2,083.00	\$1,954.00	\$2,119.00	\$1,793.02	\$1,900.00	\$1,968.00	\$68.00	3.6%	\$950.00	\$984.00	\$34.00	
Post-65 PPO	292												
Total Retirees	501												

Notes: Change to Anthem from Humana 2016

* Premium share for all employees is 12% (except Represented Police who are at 14%) with wellness incentive and 20% without wellness incentive

** Pre 65 Retiree costs are based on the year of retirement and therefore vary widely from person to person. The median cost is listed above.

*** Pre-65 Retirees who retired 'before 2013' - Able to 'roll with the actives' for plan design and forgo Post-65 Insurance (& other minor changes) = 0% increase in 2020 / OR Keep the 11% increase noted above for 2020

DENTAL Premiums - Summary

Dental-Anthem	No. Enrolled	2018-2019 Premium Rate	2019-2020 Premium Rate	2020-2021 Premium Rate
Employee	56	\$35.00	\$35.00	\$37.00
Family	210	\$98.00	\$98.00	\$105.00
Monthly	266	\$22,540	\$22,540	\$24,122
Annual		\$270,480	\$270,480	\$289,464
% Change	266			7.00%
Care Plus				
Employee	60	\$35.96	\$35.96	\$35.96
Family	179	\$110.62	\$110.62	\$110.62
Monthly	239	\$21,959	\$21,959	\$21,959
Annual		\$263,503	\$263,503	\$263,503
% Change	239			0.00%
TOTAL DENTAL	505	\$533,983	\$533,983	\$552,967
				\$18,984

VISION Premiums - Summary

VISION-FULLY EMPLOYEE FUNDED	No. Enrolled	2018-2019 Premium Rate	2019-2023 Premium Rate
Employee	36	N/A	\$5.95
Family	46	N/A	\$16.21
Monthly	82	N/A	\$960
Annual		N/A	\$11,518
% Change			N/A

* No Change for 2020-2021