Town of Chilmark

Estimated Gross Savings for FY18 as the result of CCMHG approved plan design changes increasing the deductibles to $300 per year individual, $900 per family

	Employers Monthly Cost	Employees Monthly Cost	Total Gross Monthly Cost	Total Gross Annual Cost
Network Blue Estimated Savings				
Total Difference (Savings)	$ 162.98	$ 54.32	$ 217.30	$ 2,607.60
HPHC EPO Estimated Savings				
Total Difference (Savings)	$ -	$ -	$ -	$ -
BlueCareElect Pref. Est. Savings				
Total Difference (Savings)	$ 794.46	$ 264.82	$ 1,059.28	$ 12,711.36
HPHC PPO Estimated Savings				
Total Difference (Savings)	$ 105.03	$ 35.01	$ 140.04	$ 1,680.48
Master Health Plus Est. Savings				
Total Difference (Savings)	$ -	$ -	$ -	$ -
Total Savings	$ 1,062.47	$ 354.15	$ 1,416.62	**$ 16,999.44**
				Total Gross Savings

CAPE COD MUNICIPAL HEALTH GROUP

Town of Chilmark

Estimate *of Employer and Employee Savings resulting from Plan Design Changes for FY18*

January 30, 2017

Town of Chilmark

FY18 Estimated Savings - CCMHG Current Plan Design versus FY18 Approved Plan Design

		Enrollees 2/2017	Monthly Premium	*Employer Share*	Employer Cost	*Employee Share*	Employees Cost	Employer Monthly Cost	Employee Monthly Cost	Total Gross Monthly Cost	Total Gross Annual Cost
Network Blue Calculation											
FY18 Rate- Old Plan	Individual	0	$ 825.18	*75.0%*	$ 618.89	*25.0%*	$ 206.30	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Individual	0	$ 809.00	*75.0%*	$ 606.75	*25.0%*	$ 202.25	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 16.18**		**$ 12.14**		**$ 4.05**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Ind-Retired	0	$ 825.18	*50.0%*	$ 412.59	*50.0%*	$ 412.59	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Ind-Retired	0	$ 809.00	*50.0%*	$ 404.50	*50.0%*	$ 404.50	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 16.18**		**$ 8.09**		**$ 8.09**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	SP/SC	0	$ 1,665.66	*75.0%*	$ 1,249.25	*25.0%*	$ 416.42	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	SP/SC	0	$ 1,633.00	*75.0%*	$ 1,224.75	*25.0%*	$ 408.25	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 32.66**		**$ 24.50**		**$ 8.17**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Family	5	$ 2,216.46	*75.0%*	$ 1,662.35	*25.0%*	$ 554.12	$ 8,311.73	$ 2,770.58	$ 11,082	$ 132,988
FY18 Rate -New Plan	Family	5	$ 2,173.00	*75.0%*	$ 1,629.75	*25.0%*	$ 543.25	$ 8,148.75	$ 2,716.25	$ 10,865	$ 130,380
Difference (Savings)			**$ 43.46**		**$ 32.60**		**$ 10.87**	**$ 162.98**	**$ 54.32**	**$ 217**	**$ 2,608**
FY18 Rate- Old Plan	Family-Ret	0	$ 2,216.46	*50.0%*	$ 1,108.23	*50.0%*	$ 1,108.23	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Family-Ret	0	$ 2,173.00	*50.0%*	$ 1,086.50	*50.0%*	$ 1,086.50	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 43.46**		**$ 21.73**		**$ 21.73**	**$ -**	**$ -**	**$ -**	**$ -**

Total Network Blue Calculation

	Enrollees 2/2017	Employers Monthly Savings	Employees Monthly Savings	Total Gross Monthly Savings	Total Gross Annual Savings
Individual	0	**$ -**	**$ -**	**$ -**	**$ -**
SP/SC	0	**$ -**	**$ -**	**$ -**	**$ -**
Family	5	**$ 162.98**	**$ 54.32**	**$ 217.30**	**$ 2,607.60**
Total	**5**				
Total Savings		**$ 162.98**	**$ 54.32**	**$ 217.30**	**$ 2,607.60**

This worksheet assumes that the employer pays a different share to non-Medicare eligible retirees than it pays to active employees.

If your unit pays the same share, you can eliminate the retiree rows and combine the retiree enrollment with active employee enrollments.

Town of Chilmark
FY18 Estimated Savings - CCMHG Current Plan Design versus FY18 Approved Plan Design

		Enrollees 2/2017	Monthly Premium	*Employer Share*	Employer Cost	*Employee Share*	Employees Cost	Employer Monthly Cost	Employee Monthly Cost	Total Gross Monthly Cost	Total Gross Annual Cost
BlueCare Elect Pref. PPO											
FY18 Rate- Old Plan	Individual	10	$ 1,079.16	*75.0%*	$ 809.37	*25.0%*	$ 269.79	$ 8,093.70	$ 2,697.90	$ 10,792	$ 129,499
FY18 Rate -New Plan	Individual	10	$ 1,058.00	*75.0%*	$ 793.50	*25.0%*	$ 264.50	$ 7,935.00	$ 2,645.00	$ 10,580	$ 126,960
Difference (Savings)			**$ 21.16**		**$ 15.87**		**$ 5.29**	**$ 158.70**	**$ 52.90**	**$ 212**	**$ 2,539**
FY18 Rate- Old Plan	Ind-Retired	0	$ 1,079.16	*50.0%*	$ 539.58	*50.0%*	$ 539.58	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Ind-Retired	0	$ 1,058.00	*50.0%*	$ 529.00	*50.0%*	$ 529.00	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 21.16**		**$ 10.58**		**$ 10.58**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	SP/SC	0	$ 2,164.44	*75.0%*	$ 1,623.33	*25.0%*	$ 541.11	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	SP/SC	0	$ 2,122.00	*75.0%*	$ 1,591.50	*25.0%*	$ 530.50	$ -	$ -	$ -	$ -
Difference (Savings)								**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Family	16	$ 2,701.98	*75.0%*	$ 2,026.49	*25.0%*	$ 675.50	$ 32,423.76	$ 10,807.92	$ 43,232	$ 518,780
FY18 Rate -New Plan	Family	16	$ 2,649.00	*75.0%*	$ 1,986.75	*25.0%*	$ 662.25	$ 31,788.00	$ 10,596.00	$ 42,384	$ 508,608
Difference (Savings)			**$ 52.98**		**$ 39.74**		**$ 13.24**	**$ 635.76**	**$ 211.92**	**$ 848**	**$ 10,172**
FY18 Rate- Old Plan	Family-Ret	0	$ 2,701.98	*50.0%*	$ 1,350.99	*50.0%*	$ 1,350.99	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Family-Ret	0	$ 2,649.00	*50.0%*	$ 1,324.50	*50.0%*	$ 1,324.50	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 52.98**		**$ 26.49**		**$ 26.49**	**$ -**	**$ -**	**$ -**	**$ -**

Bcare Elect Pref. Total Calculation

	Enrollees 2/2017
Individual	10
SP/SC	0
Family	16
Total	**26**

	Employers Monthly Savings	Employees Monthly Savings	Total Gross Monthly Savings	Total Gross Annual Savings
	$ 158.70	**$ 52.90**	**$ 211.60**	**$ 2,539.20**
	$ -	**$ -**	**$ -**	**$ -**
	$ 635.76	**$ 211.92**	**$ 847.68**	**$ 10,172.16**
Total Savings	**$ 794.46**	**$ 264.82**	**$ 1,059.28**	**$ 12,711.36**

This worksheet assumes that the employer pays a different share to non-Medicare eligible retirees than it pays to active employees.
If your unit pays the same share, you can eliminate the retiree rows and combine the retiree enrollment with active employee enrollments.

Town of Chilmark
FY18 Estimated Savings - CCMHG Current Plan Design versus FY18 Approved Plan Design

		Enrollees 2/2017	Monthly Premium	*Employer Share*	Employer Cost	*Employee Share*	Employee Cost	Employer Monthly Cost	Employee Monthly Cost	Total Gross Monthly Cost	Total Gross Annual Cost
BCBS Master Health Plus											
FY18 Rate- Old Plan	Individual	0	$ 1,577.94	*75.0%*	$ 1,183.46	*25.0%*	$ 394.49	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Individual	0	$ 1,547.00	*75.0%*	$ 1,160.25	*25.0%*	$ 386.75	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 30.94**		**$ 23.20**		**$ 7.74**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Ind-Retired	0	$ 1,577.94	*50.0%*	$ 788.97	*50.0%*	$ 788.97	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Ind-Retired	0	$ 1,547.00	*50.0%*	$ 773.50	*50.0%*	$ 773.50	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 30.94**		**$ 15.47**		**$ 15.47**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	SP/SC	0	$ 3,160.98	*75.0%*	$ 2,370.74	*25.0%*	$ 790.25	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	SP/SC	0	$ 3,099.00	*75.0%*	$ 2,324.25	*25.0%*	$ 774.75	$ -	$ -	$ -	$ -
Difference (Savings)								**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Family	0	$ 3,944.34	*75.0%*	$ 2,958.26	*25.0%*	$ 986.09	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Family	0	$ 3,867.00	*75.0%*	$ 2,900.25	*25.0%*	$ 966.75	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 77.34**		**$ 58.01**		**$ 19.34**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Family-Ret	0	$ 3,944.34	*50.0%*	$ 1,972.17	*50.0%*	$ 1,972.17	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Family-Ret	0	$ 3,867.00	*50.0%*	$ 1,933.50	*50.0%*	$ 1,933.50	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 77.34**		**$ 38.67**		**$ 38.67**	**$ -**	**$ -**	**$ -**	**$ -**

MH Plus Total Calculation

	Enrollees 2/2017		Employers Monthly Savings	Employees Monthly Savings	Total Gross Monthly Savings	Total Gross Annual Savings
Individual	0		**$ -**	**$ -**	**$ -**	**$ -**
SP/SC	0		**$ -**	**$ -**	**$ -**	**$ -**
Family	0		**$ -**	**$ -**	**$ -**	**$ -**
Total	**0**	**Total Savings**	**$ -**	**$ -**	**$ -**	**$ -**

This worksheet assumes that the employer pays a different share to non-Medicare eligible retirees than it pays to active employees.
If your unit pays the same share, you can eliminate the retiree rows and combine the retiree enrollment with active employee enrollments.

Town of Chilmark

FY18 Estimated Savings - CCMHG Current Plan Design *versus* FY18 Approved Plan Design

		Enrollees 2/2017	Monthly Premium	*Employer Share*	Employer Cost	*Employee Share*	Employees Cost	Employer Monthly Cost	Employee Monthly Cost	Total Gross Monthly Cost	Total Gross Annual Cost
HPHC HMO Calculation											
FY18 Rate- Old Plan	Individual	0	$ 816.06	*75.0%*	$ 612.05	*25.0%*	$ 204.02	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Individual	0	$ 804.00	*75.0%*	$ 603.00	*25.0%*	$ 201.00	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 12.06**		**$ 9.04**		**$ 3.01**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Ind-Retired	0	$ 816.06	*50.0%*	$ 408.03	*50.0%*	$ 408.03	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Ind-Retired	0	$ 804.00	*50.0%*	$ 402.00	*50.0%*	$ 402.00	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 12.06**		**$ 6.03**		**$ 6.03**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	SP/SC	0	$ 1,632.12	*75.0%*	$ 1,224.09	*25.0%*	$ 408.03	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	SP/SC	0	$ 1,608.00	*75.0%*	$ 1,206.00	*25.0%*	$ 402.00	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 24.12**		**$ 18.09**		**$ 6.03**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Family	0	$ 2,182.25	*75.0%*	$ 1,636.69	*25.0%*	$ 545.56	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Family	0	$ 2,150.00	*75.0%*	$ 1,612.50	*25.0%*	$ 537.50	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 32.25**		**$ 24.19**		**$ 8.06**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Family-Ret	0	$ 2,182.25	*50.0%*	$ 1,091.13	*50.0%*	$ 1,091.13	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Family-Ret	0	$ 2,150.00	*50.0%*	$ 1,075.00	*50.0%*	$ 1,075.00	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 32.25**		**$ 16.13**		**$ 16.13**	**$ -**	**$ -**	**$ -**	**$ -**

Total HPHC HMO Calculation

	Enrollees 2/2017
Individual	0
SP/SC	0
Family	0
Total	**0**

	Employers Monthly Savings	Employees Monthly Savings	Total Gross Monthly Savings	Total Gross Annual Savings
	$ -	**$ -**	**$ -**	**$ -**
	$ -	**$ -**	**$ -**	**$ -**
	$ -	**$ -**	**$ -**	**$ -**
Total Savings	**$ -**	**$ -**	**$ -**	**$ -**

This worksheet assumes that the employer pays a different share to non-Medicare eligible retirees than it pays to active employees.
If your unit pays the same share, you can eliminate the retiree rows and combine the retiree enrollment with active employee enrollments.

Town of Chilmark

FY18 Estimated Savings - CCMHG Current Plan Design *versus* FY18 Approved Plan Design

		Enrollees 2/2017	Monthly Premium	*Employer Share*	Employer Cost	*Employee Share*	Employees Cost	Employer Monthly Cost	Employee Monthly Cost	Total Gross Monthly Cost	Total Gross Annual Cost
HPHC PPO											
FY18 Rate- Old Plan	Individual	0	$ 895.23	*75.0%*	$ 671.42	*25.0%*	$ 223.81	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Individual	0	$ 882.00	*75.0%*	$ 661.50	*25.0%*	$ 220.50	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 13.23**		**$ 9.92**		**$ 3.31**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Ind-Retired	0	$ 895.23	*50.0%*	$ 447.62	*50.0%*	$ 447.62	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Ind-Retired	0	$ 882.00	*50.0%*	$ 441.00	*50.0%*	$ 441.00	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 13.23**		**$ 6.61**		**$ 6.61**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	SP/SC	0	$ 1,790.46	*75.0%*	$ 1,342.85	*25.0%*	$ 447.62	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	SP/SC	0	$ 1,764.00	*75.0%*	$ 1,323.00	*25.0%*	$ 441.00	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 26.46**		**$ 19.84**		**$ 6.61**	**$ -**	**$ -**	**$ -**	**$ -**
FY18 Rate- Old Plan	Family	4	$ 2,369.01	*75.0%*	$ 1,776.76	*25.0%*	$ 592.25	$ 7,107.03	$ 2,369.01	$ 9,476.04	$ 113,712.48
FY18 Rate -New Plan	Family	4	$ 2,334.00	*75.0%*	$ 1,750.50	*25.0%*	$ 583.50	$ 7,002.00	$ 2,334.00	$ 9,336.00	$ 112,032.00
Difference (Savings)			**$ 35.01**		**$ 26.26**		**$ 8.75**	**$ 105.03**	**$ 35.01**	**$ 140.04**	**$ 1,680.48**
FY18 Rate- Old Plan	Family-Ret	0	$ 2,369.01	*50.0%*	$ 1,184.51	*50.0%*	$ 1,184.51	$ -	$ -	$ -	$ -
FY18 Rate -New Plan	Family-Ret	0	$ 2,334.00	*50.0%*	$ 1,167.00	*50.0%*	$ 1,167.00	$ -	$ -	$ -	$ -
Difference (Savings)			**$ 35.01**		**$ 17.50**		**$ 17.50**	**$ -**	**$ -**	**$ -**	**$ -**

Total HPHC PPO Calculation

	Enrollees 2/2018
Individual	0
SP/SC	0
Family	4
Total	4

	Employers Monthly Cost	Employees Monthly Cost	Total Gross Monthly Cost	Total Gross Annual Cost
	$ -	**$ -**	**$ -**	**$ -**
	$ -	**$ -**	**$ -**	**$ -**
	$ 105.03	**$ 35.01**	**$ 140.04**	**$ 1,680.48**
Total Savings	**$ 105.03**	**$ 35.01**	**$ 140.04**	**$ 1,680.48**

This worksheet assumes that the employer pays a different share to non-Medicare eligible retirees than it pays to active employees.
If your unit pays the same share, you can eliminate the retiree rows and combine the retiree enrollment with active employee enrollments.