CITY OF LEXINGTON EMPLOYEE HEALTH BENEFIT PLAN COST EVALUATION--FY 2009

	Actual Program Costs Forecast										
	<u>2004-2005</u>	<u>2005-2006</u>	<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>						
	5,024.91	10,258.00	10,126.06	9,663.54	9,663.54						
Reinsurnace Premium	140,362.25	171,215.05	158,911.52	145,921.43	185,281.68						
(less \$35 family premium)		(15,092.25)	(18,212.20)	(18,212.20)	(23,416.00)						
Administrative Fee	30,853.48	38,228.15	38,946.40	41,221.00	45,308.16						
UR/PPO Fees	5,514.25	5,397.80	6,686.40	6,764.00	6,764.00						
Total Charges	1,109,875.39	1,103,513.42	675,129.40	1,248,408.44	1,034,231.66						
Adjustments	442,824.67	349,290.84	195,048.49	267,509.87	313,668.47						
Deductibles/Coinsurance	82,558.57	104,281.26	83,988.35	97,933.74	127,844.52						
Medical Claims Paid	584,492.15	649,941.32	396,092.56	882,964.83	592,718.68						
(less spedicfic excess)	(150,886.98)	(83,453.32)	(59,571.85)	(305,975.74)	(162,000.00)						
(less aggregate excess)		-		-							
Net Medical Claims Paid	433,605.17	566,488.00	336,520.71	576,989.09	430,718.68						
Total Life Cost	5,024.91	10,258.00	10,126.06	9,663.54	9,663.54						
Total Medical Cost	610,335.15	766,236.75	522,852.83	752,683.32	644,656.52						
Monthly Medical Cost											
Single	333.23	449.87	329.11	489.64	409.33						
Family	866.39	1,134.65	820.70	1,238.07	1,064.55						
Annual Medical Cost											
Single	3,998.76	5,398.44	3,949.32	5,875.68	4,911.96						
Family	10,396.68	13,615.80	9,848.40	14,856.84	12,774.59						
Deductibles/Coinsurance Breakdown	0.004.04	00 450 50	00 117 00	00.070.00							
Deductible	2,694.91	22,150.53	22,417.09	22,672.26	45,344.52						
Coinsurance Co-pay	67,617.86 12,245.80	82,130.73 -	61,571.26 -	75,261.48 -	82,500.00 -						
		404 004 00		07 000 74	407.044.50						
	82,558.57	104,281.26	83,988.35	97,933.74	127,844.52						

	2004-2005	% of		% dist	2005-2006	% of		% dist	2006-2007	% of		% dist	2007-2008	% of		% dist
	Amount	Amount	# of	of	Amount	Amount	# of	of	Amount	Amount	# of	of	Amount	Amount	# of	of
Claim Distribution	Paid	Paid	<u>Clmnts</u>	<u>Clmnts</u>												
\$0	-	0.0%	8	5.0%	-	0.0%	14	8.6%	-	0.0%	24	14.3%	-	0.0%	20	13.2%
\$0 to \$100	1,047.57	0.2%	19	11.9%	1,265.27	0.2%	27	16.6%	1,630.47	0.4%	28	16.7%	1,494.50	0.2%	27	17.8%
\$101 to \$250	4,770.12	0.8%	30	18.8%	3,474.68	0.5%	21	12.9%	3,732.28	0.9%	23	13.7%	2,311.73	0.3%	14	9.2%
\$251 to \$500	8,762.20	1.4%	24	15.0%	7,320.22	1.1%	21	12.9%	7,943.81	2.0%	21	12.5%	7,419.51	0.8%	21	13.8%
\$501 to \$1,000	18,996.92	3.1%	26	16.3%	16,988.95	2.6%	23	14.1%	14,066.17	3.5%	20	11.9%	13,894.35	1.6%	18	11.8%
\$1,001 to \$2,500	31,219.83	5.1%	21	13.1%	27,844.93	4.2%	19	11.7%	33,844.10	8.5%	20	11.9%	23,473.36	2.7%	17	11.2%
\$2,501 to \$5,000	39,013.17	6.4%	12	7.5%	50,463.61	7.7%	14	8.6%	50,734.68	12.7%	15	8.9%	55,970.97	6.3%	16	10.5%
\$5,001 to \$10,000	49,857.42	8.2%	7	4.4%	55,880.64	8.5%	7	4.3%	55,039.56	13.8%	8	4.8%	32,713.08	3.7%	4	2.6%
\$10,001 to \$25,000	99,204.52	16.3%	7	4.4%	95,338.07	14.6%	8	4.9%	101,377.13	25.5%	7	4.2%	47,364.19	5.4%	4	2.6%
\$25,001 to \$50,000	120,213.81	19.7%	4	2.5%	219,233.69	33.5%	6	3.7%	-	0.0%	0	0.0%	266,219.91	30.1%	7	4.6%
\$50,001 to \$75,000	50,220.99	8.2%	1	0.6%	177,431.93	27.1%	3	1.8%	50,983.05	12.8%	1	0.6%	56,439.92	6.4%	1	0.7%
\$75,001 to \$100,000	-	0.0%	0	0.0%	-	0.0%	0	0.0%	78,588.80	19.7%	1	0.6%	88,280.29	10.0%	1	0.7%
>\$100,001	186,085.45	30.5%	1	0.6%	-	0.0%	0	0.0%	-	0.0%	0	0.0%	287,874.01	32.6%	2	1.3%
Total	609,392.00	100%	160	100%	655,241.99	100%	163	100%	397,940.05	100%	168	100%	883,455.82	100%	152	100%
up to \$10,000	153,667.23	25.2%	147	91.9%	163,238.30	24.9%	146	89.6%	166,991.07	42.0%	159	94.6%	137,277.50	15.5%	137	90.1%
\$10,001 to \$50,000	219,418.33	36.0%	11	6.9%	314,571.76	48.0%	14	8.6%	101,377.13	25.5%	7	4.2%	313,584.10	35.5%	11	7.2%
> \$50,001	236,306.44	38.8%	2	1.3%	177,431.93	27.1%	3	1.8%	129,571.85	32.6%	2	1.2%	432,594.22	49.0%	4	2.6%
Total	609,392.00	100%	160	100%	655,241.99	100%	163	100%	397,940.05	100%	168	100%	883,455.82	100%	152	100%