County of Contra Costa
Office of the County Administrator
MEMORANDUM

DATE: January 31, 2008

TO: All County Employees

FROM: John Cullen
County Administrator

SUBJECT: OTHER POST EMPLOYMENT BENEFITS (OPEB) TASK FORCE FINDINGS

The attached slides are being used in informational meetings with our County Health Care Coalition, individual unions, and retiree organizations regarding the initial findings of the County's OPEB Task Force.

Like many other public organizations, we have not set aside money or pre-funded our future health care costs; rather we 'pay-as-we-go' for active and retiree health care. This has created a 2.6 billion dollar projected OPEB liability. In addition, the County's cost for our health care plans is consuming an ever greater percentage of our total County budget. Our current health care premiums require 10.7% of our overall budget, will grow to require over 41% within 30 years, and will keep growing according to our outside actuaries. Health care cost growth is literally gobbling up our ability to deliver County services and fueling growth in our projected OPEB liability. The attached materials show that maintaining the status quo is not an option, if our goals are to insure that we reduce our projected OPEB liability, fund competitive health benefits, and, maintain a reasonable ability to provide public services into the future.

These slides, developed by a team of in-county experts and outside consultants, summarize our problem, progress to date and possible future options. Options primarily conclude with the need to fix a budget for health care costs. Also envisioned is a management-labor-health care consultant-team that would work together to identify changes to our current health care plan options, that can be offered to us as actives and retirees, that would best meet our individual health care needs within a set budget. This is a critical aspect of any future change in order to minimize the impact of health care cost growth on actives and retirees. Additionally, to significantly reduce future health care costs and control growth in OPEB, we will need to create an alternative retiree health care benefit plan for future new employees.

You will surely have questions regarding these materials, and our efforts to address our OPEB liability, control health care costs, preserve competitive health care for all of us, and safe guard our ability to deliver public services into the future. Please feel free to e-mail your questions to OPEB@cao.cccounty.us. We will also be developing all staff memos sharing frequently asked questions, and providing general information on health care cost control efforts.

Other Post Employment Benefits

Task Force Findings

January 29, 2008

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OPEB is short for Other Post Employment Benefits

- It includes:
  - Retiree Health Care
  - Retiree Dental Care, and
  - any other post employment health benefit such as life insurance, prescriptions, vision, hearing, long-term disability, etc.
- It does not include retiree pension or deferred compensation plans

How did OPEB become such an issue?

- Concern over OPEB was triggered by the collapse of several major <u>private</u> sector retirement pension and health plans
- Governmental Accounting Standards Board (GASB), which governs the County's accounting reporting, requires the County to report its long-term liabilities such as retiree medical costs
- GASB intended that shining the light on these long term liabilities would force the public sector to address, and hopefully avoid, the collapses in benefit plans that occurred in the private sector

OPEB within the Context of Contra Costa County

- As of 1-1-06* we have 8,438 active employees, 4,856 retirees and 360 surviving spouses, and their dependents who are eligible for OPEB benefits

- The liability/cost for our entire pool of existing employees and retirees over the course of our lifetimes, is approximately $2.57 billion

- We are currently only budgeting for the annual health care premium for current retirees called PAYGO ($36 million in 07-08), and putting aside zero for our current employees

- We spent $113 million for our active and retiree health program in FY 06/07 and have budgeted $130 million for FY 07/08

  - Health programs are now 12% of total salary & benefit costs

  - Retirement is 20% of total salary & benefit costs

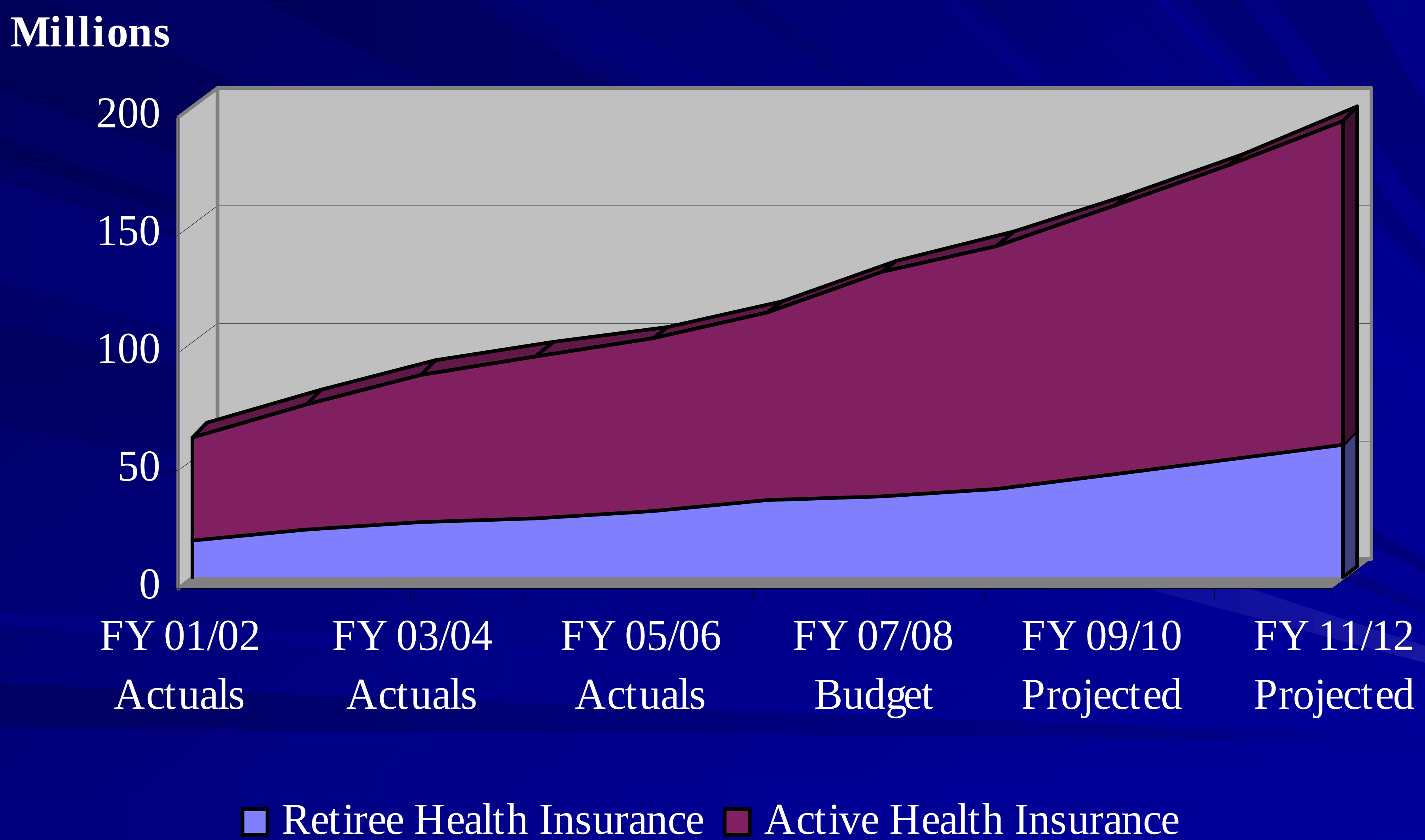
  - Permanent Salaries are only 52% of total salary & benefit costs

* New 1-1-08 valuation, which will be completed in March 2008 will be larger

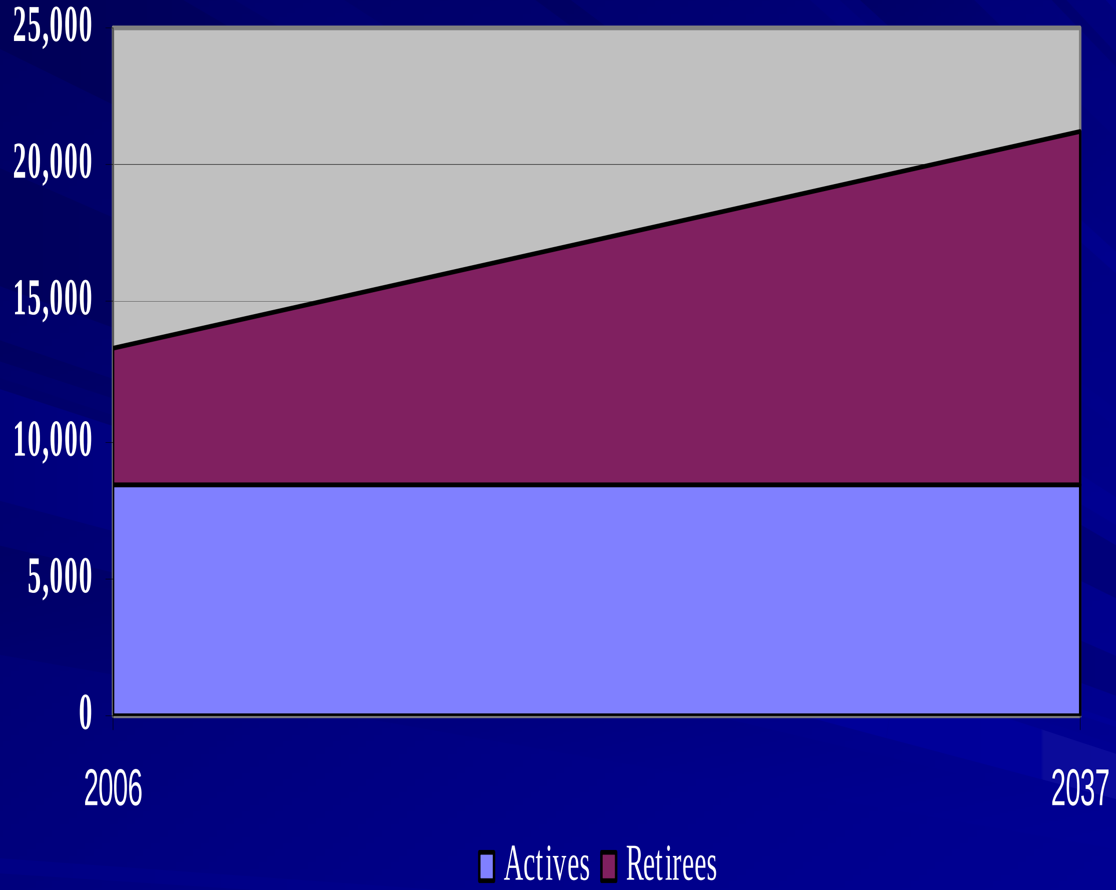
What's our health care cost challenge?

- Actuarial studies tell us that in addition to the 8,438 active employees we will have over 12,773 retirees consuming retiree health care services during the next 30 years; retirees will live longer; and, health care costs will continue to increase
- Even with a fixed active population, as more people retire our annual total health care premium costs will increase
  - $130 million and 10.7% of our budget now ($36 million/2.9% retirees)
  - $374 million and 22.8% in 10 years ($106 million/6.5% retirees)
  - $684 million and 31.0% in 20 years ($237 million/10.7% retirees)
  - $1,191million and 40.2% in 30 years ($462 million/15.6% retirees)
  - and continue to increase until approximately 2085
- The ever growing health care expense demand on the general fund, will eventually consume our ability to provide public services

The immediate problem is the cost of health care



One future problem is the expected increase in the number of retirees over the next 30 years



Even with no growth in County positions –
the number of retirees will grow by 163%

History

- Specific Goals and Objectives ☑

  The Board of Supervisors has set four specific goals: 1) to fully comply with GASB Statement 45; 2) to adopt and follow an OPEB financing plan, which balances our requirement to provide public services with our desire to provide competitive health care benefits for our employees both now and when they retire; 3) to minimize collateral detrimental impact to the provision of indigent health care in our County; and 4) pursue and support Federal and State legislation.

- Economic Census Assumptions and Rationales ☑

  Prior to ordering the first formal OPEB liability valuation, the OPEB task force met with actuaries from Buck Consultants and developed economic census assumptions and rationales for the actuarial valuation.

- Funding Strategy ☑

  While the County has paid for health care costs on a Pay-As-You-Go ("Pay-Go") basis for over forty years, the Board has publicly acknowledged the need to begin to partially pre-fund the benefit. Due to the size of the liability it is almost impossible for the County to fully pre-fund the liability; rather partial pre-funding will be phased in over thirty years. It is the Board's intent to fully pre-fund OPEB benefits over time.

History (continued)

- Funding Levels ☑

  The Board established an initial pre-funding target for the County of 100% of its retirees, which currently translates to 40% of the total liability. This means that during the next 30 years, we will need to incorporate updated demographics and cost information into our financing plan in order to fully fund our OPEB benefits. Before recommending this target level, the Task Force researched recommendations for specific funding guidelines for financial long-term obligations and considered the Government-wide balance sheet impact of various funding levels, the liability impact of various funding levels, volatility of the assumptions/risk of funding, and ability to fund/affordability (for more information see the June 26, 2007 report to the Board).

- Pre-funding resources ☑

  As an initial step towards funding the County's OPEB liability, the Board of Supervisors adopted the allocation of resources (and the future investment income earned) totaling $588 million (plus interest) reserved by the end of fiscal year 2022/23, and $100 million added annually thereafter.

- Employee Communication Forums and Information Sessions ☑

  The County Administrator scheduled OPEB informational sessions throughout the County for our employees. The purpose of the presentations was to provide information regarding OPEB, to answer employees questions, and to seek employees input and suggestions on solutions.

History (continued)

- Establishment of a Trust Fund ☑

  The Board approved an irrevocable trust (Internal Revenue Code Section 115) for OPEB funding for Contra Costa County (1/15/08). The purpose of establishing the Trust is to comply with GASB; to establish a mechanism for 1) saving OPEB funds, 2) earning interest, and 3) discounting our liability.

- Selection of a Benefit Design Consultant ☑

  County selected and contracted with a Benefit Design consultant – Buck Consultants to help in identifying cost control options.

- On-going/Future Milestones☐

  - Board adopts FY 2008/09 budget including OPEB cost reduction strategy.
  - County continues to work with consultants to analyze County demographics, our and other jurisdictions' health benefit programs, cost containment strategies, and alternative plan structures.
  - Buck Consultants to provide County with updated OPEB liability in March 2008.
  - Board adopts FY 2008/09 budget including $10 million in OPEB pre-funding resources redirected from Workers Compensation.
  - Task Force will evaluate and offer recommendations on the use of OPEB bonds as part of any OPEB cost redirection plan.
  - Appoint stakeholder task force to recommend cost containment strategies and recommendations for health care design/programs within specific parameters.

The Cost of Health Care

- The County's health care expenditure and OPEB liability is determined by the cost of health care for active employees (current & future), and for retirees (current & future)
- The cost of the County's health care and the size of the County's OPEB liability are due to two factors
  - The *number of individuals* receiving health care, and
  - The *cost* of health care premiums
- The only way to reduce the County's health care costs and OPEB liability is to affect one or both of these factors

Board of Supervisors Commitment

- Most significantly:
  - 40% OPEB Pre-Funding Target,
  - established a 115 Irrevocable Trust as a 'lock-box' for pre-payment of OPEB, and
  - dedication of the following specific pre-funding resources

Redirect Workers Compensation	2008/09	$10
Redirect UAAL Rate Adjustment	2009/10	$10
Redirect POB Bond payments	2014/15	$33
Redirect POB Bond payments	2022/23	$47

[$588 million end of FY 2022/23 & $100 million thereafter]

The Facts

- OPEB liability $2.6 billion (as of 1/1/06)
- Funding target 40% of liability
- Funding period of 30 years
- Identified partially pre-funding resources
- Remaining pre-funding *Shortfall* is $139 million

Options

- Given the County's existing commitments, the Board has three options:
  - Preserve Programs Approach - preserve programs and take all cuts from benefits
  - Preserve Benefits Approach – fund benefits at their current level and take all cuts from programs
  - Balanced Approach - reduce both future benefits and programs

Preserve Programs Approach

If the County were to implement this approach, it would mean at a minimum freezing current health subsidy levels.

- Pros
  - No cuts to programs would be necessary
  - Within a short period of time the County would move from partially pre-funding to pre-funding the entire Annually Required Contribution (ARC), which means the OPEB liability would not grow
  - Not reliant on Health Care Legislation
- Cons
  - This would require the Board to freeze current benefits
  - All future medical inflation costs would be borne by the employees and retirees

Preserve Benefits Approach

If the County were to implement this approach, it would minimally mean $139 million in permanent cuts in the FY 2008/09 budget.

- Pros
  - No immediate cuts to benefits would be necessary
  - Health Care Legislation may solve the problem
- Cons
  - Because the cause of the gap would not be corrected, the Board would be required to make additional program cuts every two years as new OPEB valuations were calculated AND eventually obligate all new revenue towards health benefits as well
  - The County's OPEB liability would continue to increase
  - The County's health care costs would continue to increase
  - The County's bond rating would be negatively impacted
  - Service levels would decrease and workloads would increase

Balanced Approach

The County can partially pre-fund the OPEB liability and reduce costs by reducing both benefits and programs

- Pros
  - Fewer cuts to programs would be necessary if cuts were also made to benefits
  - If a new tier were established, long-term the County could pre-fund the entire health care liability
  - Future medical inflation costs would be shared by employees, retirees, and the County depending upon cost containment parameters
  - Not reliant on Health Care Legislation
- Cons
  - Depending upon the cost containment parameters identified, there would be a cost increase to most active employees and retirees

What Does $139 Million Shortfall Represent?

- 39% of total General Purpose Revenues ($360 million)
- 6% of total County expenditures ($2.4 billion)
- 11% of total General Fund expenditures ($1.3 billion)
- 14% of the County’s full-time equivalent positions (1,190 of 8,813)

Solving the County’s Health Care Cost Problem

- Given the size of the liability, the slowing economy, the size of the program cuts over the last few years, and pending State budget cuts:
  - The County cannot responsibly eliminate enough programs to solve the County’s health care cost problem
- The County must contain the growth of the County’s cost of health care

All Suggestions Were Considered

- Other options considered:
  1. Provide employee only coverage – employee pays dependent cost
  2. County limits contribution to 50% of the premium cost
  3. Hard dollar cap on premium paid by County
     1. Roll-back rates (2006)
     2. Current rates (2008)
     3. Future cap rate (2009)
  4. Cap on annual growth of County's share of the premium
  5. Employees contribute to a DC plan to prefund their share of the premium
  6. Amount of premium paid by County varies with plan experience – drive participants into best performing plan
  7. Offer a retiree cafeteria plan – no pretax option for retirees
  8. Part time work program for retirees who earn just enough to pay premiums and allow them to pay on a pre-tax basis
  9. No retiree health benefits for new hires or those eligible after a certain date

Options Considered (continued)

10. Terminate the DB retiree health plan and mandate and DC only plan
11. Provide incentives for all current employees to move to a DC plan and cap the DB plan
12. Move all employees into PEMHCA
13. Pull out of PEMHCA
14. Implement various plan design cost share reductions (Rx copays, eliminate dual coverage)
15. Increase pay or other benefit and reduce health care contribution
16. Add health care bonus waiver program
17. Create health care spending account to incentivize savings to be used for health care spending as retirees
18. Introduce employee contribution based on a formula based (in part) on salary level
19. Tier benefits based on various groups and when they will retire.

Number of Possible Solutions

- There are a huge number of possible benefit designs under consideration that can be used to deliver benefits to the County's employees and retirees
- The issue is not *design*, but total *cost*
- The following basic approaches would have a material impact on health care cost and therefore our OPEB liability. Except for CalPERS/PEMHCA, each could be used with a tiered approach for new hires to further reduce future benefits:
  - CalPERS/PEMHCA
  - Modified Cafeteria Option
  - Account Balance Option
  - Fixed Subsidy Option
  - Freeze +1% COLA Option
  - Variable to Fixed Rate Option

CalPERS/PEMHCA Option

Under this option, all employees would be transferred into CalPERS/PEMHCA provided health plans. Minimum annual legal employer contribution for 2008 is $1,164/per employee. Contra Costa is currently annually paying between $4,914 (single) to $12,776 (family*)/per Safety employee enrolled in CalPERS

- Pros
  - Portability at retirement
  - Actives & retirees in the same bargaining unit must be treated the same
  - County's negotiated contribution amount can vary from union to union, and from plan to plan, as long as the minimum statutory contribution is made
  - Retiree and survivor benefits guaranteed
- Cons
  - Immediate increase in OPEB liability and paygo costs
  - Lose current 15 year vesting limitation
  - Lose ability to make vesting period based on <u>County</u> service
  - County required to pay portion of survivor benefit cost
  - Lose future ability to control benefits and costs (difficult to withdraw)

***The employee +1 rate is $9,828**

CalPERS/PEMHCA Option

- Impact on liability based on current rates for Safety and general

	CalPERS/PEMHCA	Current	Impact +/(-)
Total Liability	$2,953,904,000	$2,571,650,000	$382,254,000
ARC	$235,189,000	$216,325,000	$18,864,000

- 15% increase in total liability
- 9% increase in ARC
- Increases County cost by $2.6 million in the first year for active employees
- Increases $139 million shortfall to $162 million – to eliminate this shortfall rates could be fixed at the 2006 level or fixed at 28.7% of the annual CalPERS premium rate* (rate reduction of 71.3%)
- This option eliminates the current CCHP preferred price differential, resulting in a decline in CCHP membership. A membership decline of twenty percent will result in an annual revenue loss of $8.6 million.

*** Kaiser Bay Area HMO premium rate**

Modified Cafeteria Option

Under this option, the County contributes $12,000 (or some other amount) per year for active and retired employees to purchase medical coverage (current plan or new options). Any unused amounts can be carried over into future years to help purchase coverage.

- Pros
  - Immediately, significantly reduces the OPEB liability and ARC
  - Portability at retirement
  - Money can be used for survivor benefits
  - Pre-Tax dollars for health care
- Cons
  - Negative cost impact on some higher cost plan enrollees, based on amount set
  - New concept

Modified Cafeteria Option

- Impact on liability based on $12,000

	Modified Cafeteria	Current	Impact +/(-)
Total Liability	$1,878,068,825	$2,571,650,000	($693,581,175)
ARC	$126,358,000	$216,325,000	($89,967,000)

- 27% decrease in total liability
- 42% decrease in ARC
- Increases County cost by $775 thousand for active employees
- Reduces $139 million shortfall to $41 million
- This option eliminates the current CCHP preferred price differential, resulting in a decline in CCHP membership. A membership decline of twenty percent will result in an annual revenue loss of $8.6 million.

Account Balance Option

Under this option, retirees and current active employees are provided with an account (like a cafeteria plan) that is used to purchase County provided health plans (or other plans if the County wishes to make that option available). Unlike a cafeteria plan, this option would be only for retiree health care. The initial balance is based on the value of the liability to date. For active employees, an additional allocation is made for each future year.

- For this example, we set up the account to equal a percentage of the current liability.
  - Retirees – 95% of the liability
  - Actives eligible to retire – 90% of the liability
  - Actives within 10 years of retirement eligibility – 75% of the liability
  - Actives with > 10 years until retirement eligible – 50% of the liability
- Current active employees would earn an additional $5,000 per year for each future year of service

Account Balance Option

- Pros
  - Lessens impact on retirees and older employees with more years of service
  - Significantly reduces ARC
- Cons
  - Difficult to explain
  - Increased cost impact on newer employees with less years of service
  - Limited impact on OPEB liability

Account Balance Option

- Impact on liability

	Account Balance	Current	Impact +/(-)
Total Liability	$2,368,088,938	$2,571,650,000	($203,561,062)
ARC	$109,042,000	$216,325,000	($107,283,000)

- 8% decrease in total liability
- 50% decrease in ARC
- Decreases County cost by $58 million in the first year for active employees
- Reduces $139 million shortfall to $27 million
- This option eliminates the current CCHP preferred price differential, resulting in a decline in CCHP membership. A membership decline of twenty percent will result in an annual revenue loss of $8.6 million.

Fixed Subsidy Option

Under this option, County fixes subsidy to health benefits at their 2008 levels

- Pros
  - Immediately this action significantly reduces the OPEB liability
  - Immediately this action eliminates health care cost growth
- Cons
  - All future medical inflation growth will be borne by employees & retirees

Fixed Subsidy Option*

	Fixed Subsidy	Current	Impact +/(-)
Total Liability	$1,514,112,000	$2,571,650,000	($1,057,538,000)
ARC	$109,116,000	$216,325,000	($107,209,000)

- 41% decrease in total liability
- 50% decrease in ARC
- Decreases County cost by $11 million in the first year for active employees
- Reduces $139 million shortfall to $21 million
- No impact on CCHP. This option maintains the CCHP premium pricing advantage. No membership loss is anticipated.

* Updated to 2008 rates

Freeze + 1% COLA Option

Under this option, County freezes growth in County subvention to benefits costs at 1% per year after 2008

- Pros
  - Reduces the OPEB liability
  - Reduces health care cost growth
  - Limits medical inflation growth to 1% per year
- Cons
  - All future medical inflation growth except 1% per year will be borne by employees & retirees

Freeze + 1% COLA Option*

	Freeze +1% COLA	Current	Impact +/(-)
Total Liability	$1,709,932,480	$2,571,650,000	($861,717,520)
ARC	$125,662,000	$216,325,000	($90,663,000)

- 34% decrease in total liability
- 42% decrease in ARC
- Decreases County cost by $10 million in the first year for active employees
- Reduces $139 million shortfall to $39 million
- No impact on CCHP. This option maintains the CCHP premium pricing advantage. No membership loss is anticipated.

* Updated to 2008 rates

Variable to Fixed Rate Option

Under this option, County benefit plan options continue as is with employer amount capped at an amount not expected to be reached before 2010. There are two caps, one for single employees ($6,320) and one for families ($15,500).

- Pros
  - Easy to implement (no change necessary)
  - Immediately, significantly reduces the OPEB liability
  - Has no immediate impact on employees
  - Has no immediate impact on retirees*
- Cons
  - Unless changes are made to health benefit plans before the cap is reached, cost growth due to medical inflation rates will be shifted to both employees & retirees

*** Except Kaiser Cost, which is slated for termination 2009 anyway.**

Variable to Fixed Rate Option

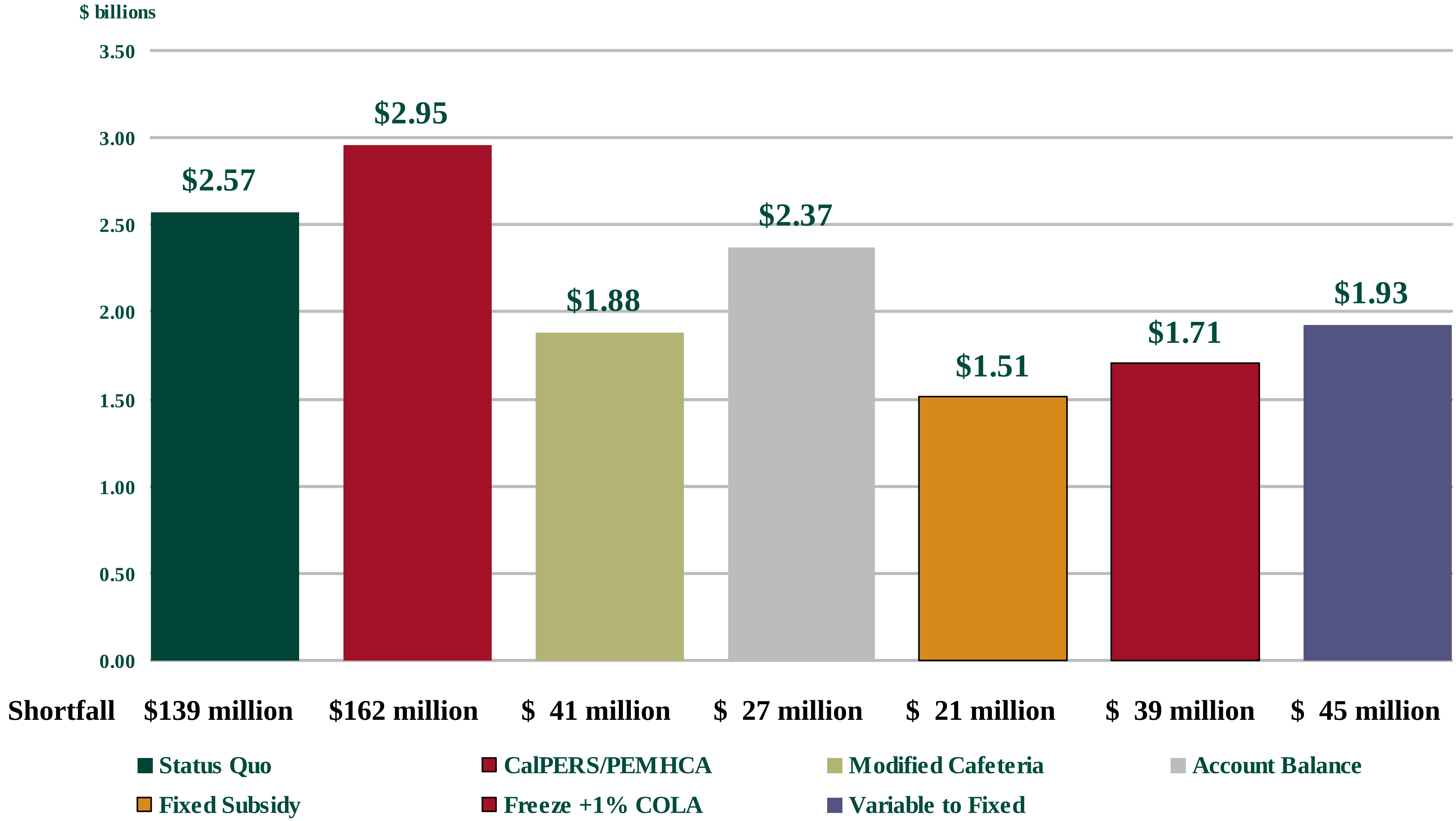
- Impact on liability based on Health Net HMO caps to January 2010

	Variable to Fixed	Current	Impact +/(-)
Total Liability	$1,929,226,378	$2,571,650,000	($642,423,622)
ARC	$129,826,000	$216,325,000	($86,499,000)

- 25% decrease in total liability
- 40% decrease in ARC
- No change in County cost for the first year for active employees
- Reduces $139 million shortfall to $45 million
- This option eliminates the current CCHP preferred price differential, resulting in a decline in CCHP membership. A membership decline of twenty percent will result in an annual revenue loss of $8.6 million.

Benefit Option Impact Summary*

County's OPEB UAAL Under Different Options



*For all options except PEMHCA, Safety calculated at Frozen Rate.

New Tier for New Hires

- Effective for new hires:
  - County contribution not to exceed $5,000 for single employee, $10,000 for employee +1, and $12,300 for family
  - Eligibility for benefit coverage begins at the end of the 3rd month of employment
  - Full access to benefits while employed
  - Coverage available as **either** the primary or as a dependent if both spouse/partner are County employees
  - Separate rate pool (unblended rate with no implied subsidy to retirees/active employees do not subsidize retirees' rates)
  - Upon retirement access to medical benefits until age 65

Benefit Design Task Force

- Establish Benefit Design Task Force charged with design recommendations for a new Health Benefit Program for the County
- Members of the Task Force to include a finite group:
  - Designated members of employee associations (not to exceed 3)
  - County subject matter experts (not to exceed 4)
  - Benefit design, actuary, and tax consultants (not to exceed 3)
- Set specific achievement goals/parameters
  - Design with targets for limiting maximum expenditures, while maximizing benefit choices/options
- Set specific target for completion of any plan redesign recommendations

Goals and Next Steps

- Goals
  - Fully comply with GASB Statement 45
  - Adopt and follow an OPEB financing plan, which balances our requirements to provide public services with competitive health care benefits for our employees (now and when they retire)
  - Minimize collateral detrimental impact to the provision of indigent health care in our County
  - Pursue and support Federal and State legislation
- Next Steps
  - Continue employee education
  - Begin labor organization information sessions
  - Begin FY 08/09 budget process that incorporates health plan changes and budget reductions
  - Begin meeting & conferring as labor contracts expire
  - Continue community education and outreach on our efforts to achieve our goals

Questions?

Contra Costa County 2008 Rates and Contributions

		Current contributions	2008 Monthly Rate	Annual County Subsidy	Annual Retiree Share
Early Retirees (under 65)					
Kaiser	EE	80%	$499.70	$4,797.12	$1,199.28
	EF	80%	$1,164.29	$11,177.18	$2,794.30
Health Net HMO	EE	80%	$598.09	$5,741.66	$1,435.42
	EF	80%	$1,467.14	$14,084.54	$3,521.14
Health Net PPO	EE	59%	$832.24	$5,846.32	$4,140.56
	EF	59%	$1,977.04	$13,888.31	$9,836.17
CCHP - A	EE	98%	$516.42	$6,073.10	$123.94
	EF	98%	$1,230.38	$14,469.27	$295.29
CCHP - B	EE	90%	$569.72	$6,152.98	$683.66
	EF	90%	$1,353.74	$14,620.39	$1,624.49

Contra Costa County 2008 Rates and Contributions

		Current contributions	2008 Monthly Rate	Annual County Subsidy	Annual Retiree Share
Retirees (over 65)					
Kaiser Cost	EE	80% + $96.40	$551.88	6,455	168
Retiree	EF	80% + $192.80	$1,268.65	14,493	731
Kaiser Senior	EE	80% + $96.40	$226.97	2,724	0.12
Advantage	EF	80% + $192.80	$618.83	7,426	0.12
Health Net Cost	EE	80% + $96.40	$404.42	4,853	0.12
Retiree	EF	80% + $192.80	$808.86	9,706	0.12
Health Net	EE	80% + $96.40	$296.40	3,557	0.12
Seniority Plus	EF	80% + $192.80	$592.80	7,113	0.12
Health Net Flex	EE	59%+96.40	$642.48	5,670	2,039.67
Net PPO	EF	59%+192.8	$1,284.97	11,340	4,079.38
CCHP - A	EE	98% + $96.40	$420.02	5,040	0.12
Retiree	EF	98% + $192.80	$1,037.58	12,451	0.12
CCHP - B	EE	90% + $96.40	$473.32	5,680	0.12
Retiree	EF	90% + $192.80	$1,160.93	13,931	0.12

Retiree rates for EF calculated with 2 people on Medicare

2008 Safety Rates and Contributions

	Total Annual Premium	County Annual Premium	Employee Annual Premium
Blue Shield HMO			
Employee Only	$6,395.16	$4,913.76	$1,481.40
Employee + 1 dep	$12,790.32	$9,827.64	$2,962.68
Employee + 2 dep	$16,627.44	$12,775.80	$3,851.64
Blue Shield NetValue			
Employee Only	$5,738.64	$4,913.76	$824.88
Employee + 1 dep	$11,477.28	$9,827.64	$1,649.64
Employee + 2 dep	$14,920.44	$12,775.80	$2,144.64
CCHP Plan A			
Employee Only	$7,319.04	$4,913.76	$2,405.28
Employee + 1 dep	$12,958.56	$9,827.64	$3,130.92
Employee + 2 dep	$16,930.32	$12,775.80	$4,154.52
Kaiser			
Employee Only	$5,648.04	$4,913.76	$734.28
Employee + 1 dep	$11,296.08	$9,827.64	$1,468.44
Employee + 2 dep	$14,684.88	$12,775.80	$1,909.08
PERS Choice			
Employee Only	$5,789.76	$4,913.76	$876.00
Employee + 1 dep	$11,579.52	$9,827.64	$1,751.88
Employee + 2 dep	$15,053.40	$12,775.80	$2,277.60
PERS Select			
Employee Only	$5,606.16	$4,913.76	$692.40
Employee + 1 dep	$11,212.32	$9,827.64	$1,384.68
Employee + 2 dep	$14,576.04	$12,775.80	$1,800.24
PERS Care			
Employee Only	$8,997.96	$4,913.76	$4,084.20
Employee + 1 dep	$17,995.92	$9,827.64	$8,168.28
Employee + 2 dep	$23,394.72	$12,775.80	$10,618.92
PORAC			
Employee Only	$5,424.00	$4,913.76	$510.24
Employee + 1 dep	$10,164.00	$9,827.64	$336.36
Employee + 2 dep	$12,912.00	$12,775.80	$136.20