

**DRAFT**

**Cost of Realignment Calculation**

Final Renewal as of November 5, 2018

Enrollment as of September 2018			2019 Plan Yearly Rates - Not Aligned with Rate Adjustment							2019 Plan Yearly Rates - Aligned with Rate Adjustment									
	Rate Tier	Employees	Not Aligned Rates - Per Employee	Annual Employee Responsibility - Per Employee	Annual Board Responsibility - Per Employee	Total Annual Cost - Employee Portion	Total Annual Cost - Board Portion	Aligned Rates - Per Employee	Annual Employee Responsibility - Per Employee	Alignment Difference	One-Time Realignment Credit (50/50)	One-Time Realignment Credit Cost to the Board	Annual Board Responsibility (Not Including Credit) - Per Employee	Total Annual Cost - Employee Portion	Total Annual Cost - Board Portion (Not Including Credit)				
Glenbrook PPO	Single	104	\$14,272.32	5%	\$713.62	95%	\$13,558.70	\$74,216.06	\$1,410,105.22	\$9,833.52	5%	\$491.68	-\$221.94	\$0.00	\$0.00	95%	\$9,341.84	\$51,134.30	\$971,551.78
	Family	179	\$28,573.80	12%	\$3,428.86	88%	\$25,144.94	\$613,765.22	\$4,500,944.98	\$27,533.64	12%	\$3,304.04	-\$124.82	\$0.00	\$0.00	88%	\$24,229.60	\$591,422.59	\$4,337,098.97
		<b>283</b>																	
High Deductible PPO *	Single	47	\$8,703.96	5%	\$435.20	95%	\$8,268.76	\$20,454.31	\$388,631.81	\$8,594.40	5%	\$429.72	-\$5.48	\$0.00	\$0.00	95%	\$8,164.68	\$20,196.84	\$383,739.96
	Family	99	\$17,466.60	12%	\$2,095.99	88%	\$15,370.61	\$207,503.21	\$1,521,690.19	\$24,064.44	12%	\$2,887.73	\$791.74	\$395.87	\$39,191.17	88%	\$21,176.71	\$285,885.55	\$2,096,494.01
		<b>146</b>																	
New High Deductible PPO *	Single	0	Plan is new; Plan did not exist in a "not aligned" state.							\$7,130.28	5%	\$356.51	Plan is new			95%	\$6,773.77	\$0.00	\$0.00
	Single +1	0	Plan is new; Plan did not exist in a "not aligned" state.							\$14,260.44	12%	\$1,711.25	Plan is new			88%	\$12,549.19	\$0.00	\$0.00
	Family	0	Plan is new; Plan did not exist in a "not aligned" state.							\$21,390.72	12%	\$2,566.89	Plan is new			88%	\$18,823.83	\$0.00	\$0.00
		<b>0</b>																	
HMO Illinois	Single	59	\$8,024.88	5%	\$401.24	95%	\$7,623.64	\$23,673.40	\$449,794.52	\$7,007.04	5%	\$350.35	-\$50.89	\$0.00	\$0.00	95%	\$6,656.69	\$20,670.77	\$392,744.59
	Family	132	\$21,667.20	12%	\$2,600.06	88%	\$19,067.14	\$343,208.45	\$2,516,861.95	\$19,619.64	12%	\$2,354.36	-\$245.71	\$0.00	\$0.00	88%	\$17,265.28	\$310,775.10	\$2,279,017.38
		<b>191</b>																	
Blue Advantage HMO	Single	28	\$6,419.88	5%	\$320.99	95%	\$6,098.89	\$8,987.83	\$170,768.81	\$6,783.96	5%	\$339.20	\$18.20	\$9.10	\$254.86	95%	\$6,444.76	\$9,497.54	\$180,453.34
	Single +1	13	\$12,438.48	12%	\$1,492.62	88%	\$10,945.86	\$19,404.03	\$142,296.21	\$13,567.80	12%	\$1,628.14	\$135.52	\$67.76	\$880.87	88%	\$11,939.66	\$21,165.77	\$155,215.63
	Family	57	\$16,307.76	12%	\$1,956.93	88%	\$14,350.83	\$111,545.08	\$817,997.24	\$20,351.76	12%	\$2,442.21	\$485.28	\$242.64	\$13,830.48	88%	\$17,909.55	\$139,206.04	\$1,020,844.28
		<b>98</b>					<b>\$1,422,757.59</b>	<b>\$11,919,090.93</b>					<b>\$54,157.38</b>			<b>\$1,449,954.49</b>	<b>\$11,817,159.95</b>		
		<b>718</b>					<b>\$13,341,848.52</b>									<b>\$13,267,114.44</b>			

\* High Deductible PPO plans receive an additional District-funded HSA benefit of \$1,000 for Single and \$1,600 for Family, which is not factored into the premium equivalent rates.