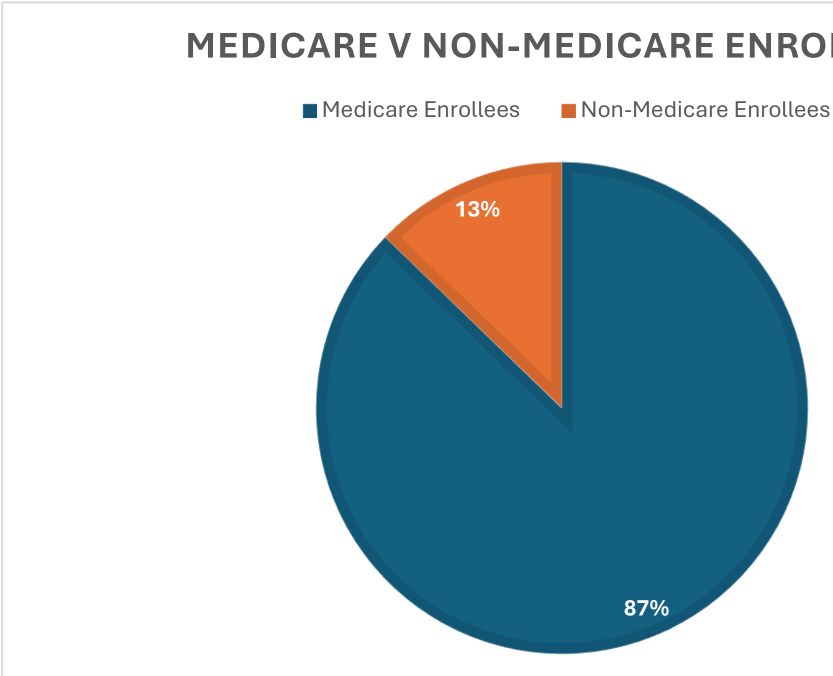
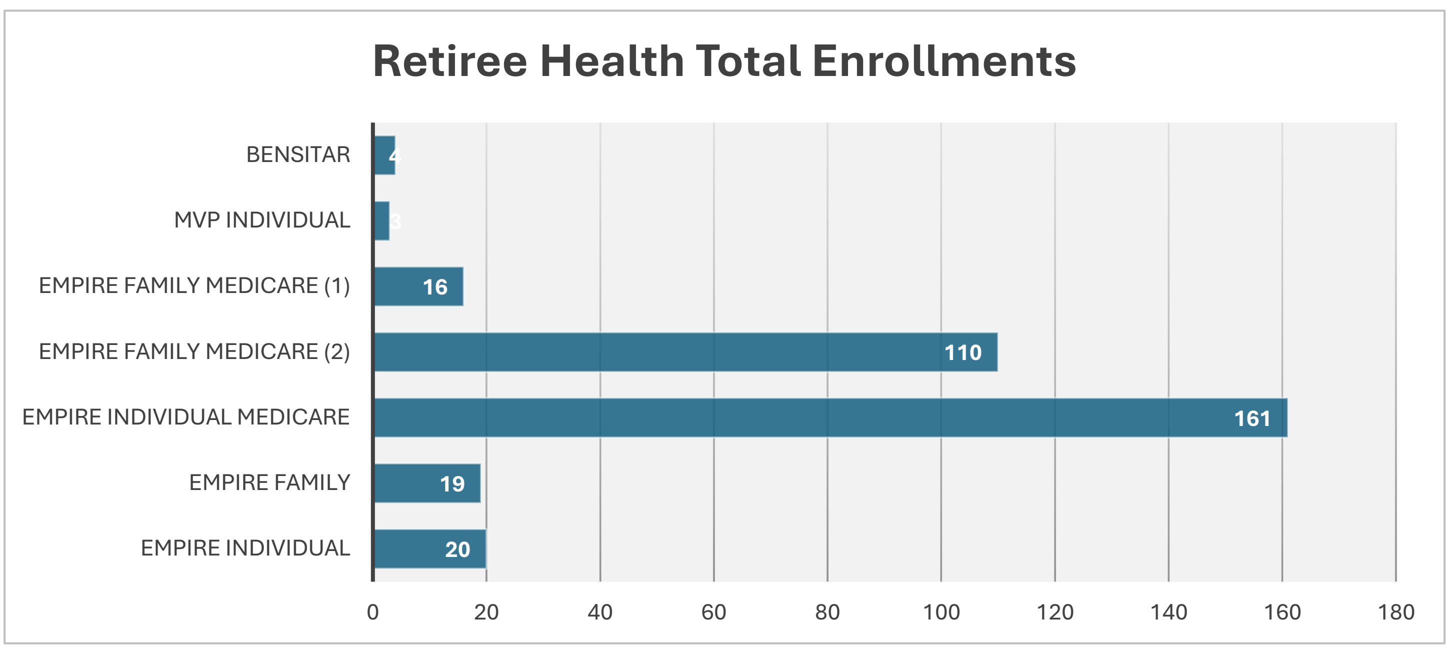
RETIREE HEALTH INSURANCE AT A GLANCE TO DATE



The majority of retirees receiving retiree health insurance are 65+ and are therefore Medicare Primary. These enrollees receive part B reimbursement and IRMA reimbursements where applicable



	EMP 1		EMP 2		EMP 3		EMP 4		EMP 5		EMP 6		EMP 7		EMP 8
Contribution rate	*17%*		*17%*		*17%*		*17%*		*10%*		*10%*		*20%*		*20%*
Pension Amount	$73,000		$73,000		$80,000		$47,000		$18,000		$18,000		$85,000		$85,000
Insurance coverage	Emp Family		Emp Fam Medi 2		Emp Family Medi 2		Emp Family Medi 2		Emp Ind		Emp Ind Medi		Emp Family		Emp Family Medi 2
Total Premium	$43,965.48		$19,599.96		$19,599.96		$19,599.96		$19,337.52		$7,156.56		43,965.48		$19,599.96
Total Cost to Employee	$7,474.13		$3,331.99		$3,331.99		$3,331.99		$1,933.75		$715.66		$8,793.10		$3,919.99
Cost of County for Ins Premium	$36,491.35		$16,267.97		$16,267.97		$16,267.97		$17,403.77		$6,440.90		$35,172.38		$15,679.97
Medicare	No		Yes w/IRMA		Yes		Yes		No		Yes		No		Yes
Emp Medi Reimbursement			4896.8		2434.8		2434.8				2434.8				2434.8
Emp Spouse Medi Reimbursement			4869.8		2434.8		2434.8								2434.8
Total Cost to County	$36,491.35		$26,034.57		$21,137.57		$21,137.57		$17,403.77		$8,875.70		$35,172.38		$20,549.57
Total Cost to Employee	$7,474.13		$3,331.99		$3,331.99		$3,331.99		$1,933.75		$715.66		$8,793.10		$3,919.99
Total Medicare Reimbursement to Employee			$9,766.60		$4,869.60		$4,869.60				$2,434.80				$4,869.60
Final Cost to Employee *	$7,474.13		($6,434.61)		($1,537.61)		($1,537.61)		$1,933.75		($1,719.14)		$8,793.10		($949.61)
*amounts in red reflect refund to retiree, based on their medicare reimbursement being greater that the cost of their premium															

2026 RETIREE COST OF COVERAGE

	Monthly Rate	Monthly cost to Retiree						
EMPIRE		8%	10%	13%	18%	21.5%	25%	30%
Non-Medicare:								
Individual	$1,611.46	$128.92	$161.15	$209.49	$290.06	$346.46	$402.87	$483.44
Family	$3,663.79	$293.10	$366.38	$476.29	$659.48	$787.71	$915.95	$1,099.14
Medicare:								
Mediprime Ind *	$596.38	$47.71	$59.64	$77.53	$107.35	$128.22	$149.10	$178.91
Mediprime 1 *	$2,261.97	$180.96	$226.20	$294.06	$407.15	$486.32	$565.49	$678.59
Mediprime 2 *	$1,633.33	$130.67	$163.33	$212.33	$294.00	$351.17	$408.33	$490.00
*Mediprime is for MEDICARE enrollees only. These retirees also get Part B reimbursement								
MVP		8%	10%	13%	18%	21.5%	25%	30%
Individual	$1,487.74	$119.02	$148.77	$193.41	$267.79	$319.86	$371.94	$446.32
Employee & Spouse	$3,421.81	$273.74	$342.18	$444.84	$615.93	$735.69	$855.45	$1,026.54
Employee & Child(ren)	$2,826.71	$226.14	$282.67	$367.47	$508.81	$607.74	$706.68	$848.01
family	$3,793.75	$303.50	$379.38	$493.19	$682.88	$815.66	$948.44	$1,138.13

Annual amount of Pension	
	Monthly Premium
0-$9,999	8%
$10,000-$19,999	10%
$20,000-$29,999	13%
$30,000-$39,999	18%
$40,000-$52,499	21.5%
$52,5000-$64,999	25%
$65,000 and higher	30%