

# Current and Draft FY15 Medical Comparison

## Monthly Amounts

### **CURRENT RATES**

| Bridger Plan  | Employee | Employer | Excess Contrib. |
|---------------|----------|----------|-----------------|
| Employee Only | 0.00     | 673.00   |                 |
| Spouse        | 673.00   |          |                 |
| Children      | 225.00   |          |                 |
| Family        | 898.00   |          |                 |

| Madison Plan  | Employee | Employer | Excess Contrib. |
|---------------|----------|----------|-----------------|
| Employee Only | 0.00     | 643.00   | 30.00           |
| Spouse        | 643.00   |          |                 |
| Children      | 215.00   |          |                 |
| Family        | 858.00   |          |                 |

| Mission Plan  | Employee | Employer | Excess Contrib. |
|---------------|----------|----------|-----------------|
| Employee Only | 0.00     | 592.00   | 81.00           |
| Spouse        | 592.00   |          |                 |
| Children      | 198.00   |          |                 |
| Family        | 790.00   |          |                 |

| High Deductible | Employee | Employer | Excess Contrib. |
|-----------------|----------|----------|-----------------|
| Employee Only   | 0.00     | 433.00   | 240.00          |
| Spouse          | 433.00   |          |                 |
| Children        | 145.00   |          |                 |
| Family          | 578.00   |          |                 |

### **FY15 DRAFT RATES**

| Bridger Plan  | Employee | Employer | Excess Contrib. |
|---------------|----------|----------|-----------------|
| Employee Only | 34.00    | 719.00   |                 |
| Spouse        | 377.00   |          |                 |
| Children      | 151.00   |          |                 |
| Family        | 527.00   |          |                 |

| Madison Plan  | Employee | Employer | Excess Contrib. |
|---------------|----------|----------|-----------------|
| Employee Only | 0.00     | 719.00   |                 |
| Spouse        | 360.00   |          |                 |
| Children      | 144.00   |          |                 |
| Family        | 503.00   |          |                 |

| Mission Plan  | Employee | Employer | Excess Contrib. |
|---------------|----------|----------|-----------------|
| Employee Only | 0.00     | 663.00   | 56.00           |
| Spouse        | 332.00   |          |                 |
| Children      | 133.00   |          |                 |
| Family        | 464.00   |          |                 |

| High Deductible | Employee | Employer | Excess Contrib. |
|-----------------|----------|----------|-----------------|
| Employee Only   | 0.00     | 484.00   | 235.00          |
| Spouse          | 242.00   |          |                 |
| Children        | 97.00    |          |                 |
| Family          | 339.00   |          |                 |