Memorandum

DATE  April 4, 2014

TO       Members of the Budget, Finance & Audit Committee: Jerry R. Allen (Chair), Jennifer S. Gates (Vice Chair), Tennell Atkins, Sheffie Kadane, Philip T. Kingston

SUBJECT  Employee and Retiree Health Benefits Overview

The Monday, April 7th Budget, Finance and Audit Committee agenda will include a briefing on the Employee and Retiree Health Benefits Overview. The briefing will be presented by Molly McCall, Director of Human Resources.

Please let me know if you need additional information.

A.C. Gonzalez
City Manager

Attachment

c:  Honorable Mayor and Members of City Council
    Warren M.S. Ernst, City Attorney
    Craig D. Kinton, City Auditor
    Rosa A. Rios, City Secretary
    Daniel F. Solis, Administrative Judge
    Ryan S. Evans, Interim First Assistant City Manager
    Jill A. Jordan, P.E., Assistant City Manager
    Forest E. Turner, Assistant City Manager

    Joey Zapata, Assistant City Manager
    Charles M. Catlo, Interim Assistant City Manager
    Theresa O'Donnell, Interim Assistant City Manager
    Jeanne Chipperfield, Chief Financial Officer
    Shawn Williams, Interim Public Information Officer
    Molly McCall, Director, Human Resources
    Elsa Cantu, Assistant to the City Manager

"Dallas-Together, we do it better!"
Employee and Retiree Health Benefits Overview
City Benefits

• The City offers an array of benefits
  • Comprehensive Healthcare
  • Insurance Offerings
  • Workers’ Compensation
  • Deferred Compensation
  • Paid Leave
  • Pension
• This briefing is about the City’s healthcare program
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  - Peer City Review
Health Plan Overview
Cost, Administration, Plan Options and Participation
## Health Plan Cost

<table>
<thead>
<tr>
<th></th>
<th>City Contributions</th>
<th>Employee/Retiree Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Plans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HRA Plan</td>
<td>$66.6 million</td>
<td>$52.2 million</td>
</tr>
<tr>
<td>PPO – 70/30/3k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Benefits</strong></td>
<td>No City Contributions</td>
<td>$15.6 million</td>
</tr>
<tr>
<td>(Dental, Vision, FSA, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$25.7 million from Employees
$26.5 million from Retirees
Dallas Compared to Other Employers

- The City’s health plan is designed to provide basic health coverage for members
  - A comparison of other Texas cities health plan provisions are provided in the appendix on slide 38
- City engaged Milliman to conduct a Total Compensation study in 2012
- Study showed that the City’s health benefits plan is in the bottom quartile compared to other employers

Custom survey data is comprised of other local government and quasi governmental entities of similar size as Dallas.

Private sector survey data is from published survey data.
“Fully Insured” versus “Self Insured”

- Employers provide healthcare coverage for employees by either being “Fully Insured” or “Self Insured”

<table>
<thead>
<tr>
<th>Fully Insured</th>
<th>Self Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer purchases an insurance plan from an insurance company</td>
<td>Employer sets aside money to pay for healthcare claims</td>
</tr>
<tr>
<td>- Can compare prices of insurance companies and buy the product that best fits their needs</td>
<td>- When a person on the health plan receives health care (doctor visit, medical procedure, etc.), the <strong>claim is paid by the employer</strong></td>
</tr>
<tr>
<td>- When a person on the insurance plan receives health care (doctor visit, medical procedure, etc.), the <strong>claim is paid by the insurance company</strong></td>
<td>- Usually, the employer hires a “Plan Administrator” to manage the healthcare plan</td>
</tr>
</tbody>
</table>
“Fully Insured” versus “Self Insured”

• Large employers (1,000 or more covered lives) normally self-insure because:
  o It is less expensive
  o The employer can design the plan to best meet the needs of the employees
  o Pharmacy plans can be carved out to reduce costs

• The City of Dallas is self insured for active employee and pre-65 retiree healthcare
  o Revenues are collected from the City, the employees, and retirees via the payroll systems
  o Healthcare claims are paid from those revenues
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Covered</th>
<th>Vendor(s)</th>
<th>Funding</th>
<th>Option</th>
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</thead>
<tbody>
<tr>
<td>Self-Insured Medical &amp; Pharmacy</td>
<td>Active Employees &amp; Pre-65 Retirees</td>
<td>UnitedHealthcare</td>
<td>City &amp; Employees/Retirees</td>
<td>Three Plans:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CVS/Caremark</td>
<td></td>
<td>• 75/25 HRA (Health Reimbursement Account)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 70/30/$3,000 - High</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• 70/30/$3,000 - Low</td>
</tr>
<tr>
<td>Fully-Insured Medicare Supplemental Plans</td>
<td>Medicare Eligible Retirees</td>
<td>UnitedHealthcare</td>
<td>City &amp; Retirees</td>
<td>5 Medicare Supplement Plans, 2 Part D Plans and 2 Medicare Advantage Plans</td>
</tr>
<tr>
<td>Fully-Insured Dental</td>
<td>Active Employees, Pre-65 Retirees &amp; Medicare Eligible Retirees</td>
<td>UnitedHealthcare</td>
<td>100% Employees &amp; Retirees</td>
<td>Three Options:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Health Maintenance Organization</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Exclusive Provider Organization</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Preferred Provider Organization</td>
</tr>
<tr>
<td>Fully-Insured Vision</td>
<td>Active Employees, Pre-65 Retirees &amp; Medicare Eligible Retirees</td>
<td>UnitedHealthcare</td>
<td>100% Employees &amp; Retirees</td>
<td>Two Options:</td>
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<tr>
<td>Flexible Spending Medical FSA</td>
<td>Active Employees, Pre-65 Retirees &amp; Medicare Eligible Retirees</td>
<td>UnitedHealthcare</td>
<td>100% Employees</td>
<td>Standard Plan</td>
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<tr>
<td>Dependent Care FSA</td>
<td></td>
<td></td>
<td></td>
<td>Buy-Up Plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,500 Maximum</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>$5,000 Maximum</td>
</tr>
</tbody>
</table>
Health Plan Participation

- 20,649 Lives covered on the self-insured medical plan
- 1,987 Employees waive medical coverage
- 4,196 Retirees enrolled in fully-insured Medicare Plans

<table>
<thead>
<tr>
<th>Status</th>
<th>Plan</th>
<th>Lives Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>75/25 HRA</td>
<td>12,739</td>
</tr>
<tr>
<td>Active</td>
<td>70/30 EPO - High</td>
<td>4,197</td>
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<tr>
<td>Active</td>
<td>70/30 EPO - Low</td>
<td>1,767</td>
</tr>
<tr>
<td>Terminated</td>
<td>COBRA</td>
<td>15</td>
</tr>
<tr>
<td>Retiree (Pre-65)</td>
<td>75/25 HRA</td>
<td>855</td>
</tr>
<tr>
<td>Retiree (Pre-65)</td>
<td>70/30 EPO - High</td>
<td>967</td>
</tr>
<tr>
<td>Retiree (Pre-65)</td>
<td>70/30 EPO - Low</td>
<td>1</td>
</tr>
<tr>
<td>Retiree (Post-65)</td>
<td>70/30/ EPO</td>
<td>108</td>
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</tbody>
</table>
Benefits Administration

• Plan Administrator – UnitedHealthcare (UHC)
  - Services include:
    - Providing a network of health care providers
    - Processing medical claims
    - Coordinating pharmacy claims with the City’s Pharmacy Benefits Manager
    - Providing other services to support the self-insured medical plans, including: Employee Assistance Program, Management of Flexible Spending Accounts, Wellness program support, COBRA administration, Call Center, Nurseline, on-site administrative support, on-site nurse, interactive website, and case management for chronic conditions

• Pharmacy Benefits Manager – CVS/Caremark
  - Manage the pharmacy component of the self-insured health plans. Their services include:
    - Providing a network of pharmacies
    - Negotiating drug prices and rebates with pharmaceutical companies
    - Monitoring the pharmacy spending and suggest ways to make the plan more efficient
Other Healthcare Service Providers

- **Benefits Consultants – Currently Buck Consulting**
  - Healthcare actuarial services
  - Benefits consulting services
  - GASB liability calculations
  - External audits of vendors

- **Voluntary Products - Currently Colonial Life**
  - Provide a wide array of “voluntary” (aka 100% employee paid) insurance products including universal life insurance, cancer, short term disability, hospital, and long-term disability

- **Life Insurance – Currently Standard Insurance**
  - City paid $50,000 basic life insurance for full time employees
  - 100% employee paid benefits including accidental death and dismemberment, supplemental life, and dependent life
HEALTH COSTS DRIVERS
Plan Performance Metrics

- Health plan performance is measured by the following metrics:

1. “Network” utilization
   - Network providers charge approximately 54% of what out-of-network providers charge

2. Generic drug utilization
   - Normative generic utilization benchmark is 78%
   - Best-In-Class is 80%

3. Population Demographics
   - Dallas has an older population than its peer cities, resulting in higher claims
   - Average employee age is approximately 3 years older than peer cities
   - Each additional year on average increases cost by 2-4%
   - The City has less dependent children on the plan as compared to peer cities
   - Family size is 21% lower than peer cities
Medical Plan Performance - Network Utilization

- City of Dallas eliminated out of network services in 2011 except in emergencies
- Savings of approximately $1M per year

City of Dallas eliminated out of network services in 2011 except in emergencies. Savings of approximately $1M per year.
Pharmacy - Generic Drug Utilization

- City’s generic drug utilization was around 59% prior to plan design changes.
- Every 1% increase in generic drug utilization, decreases prescription drug costs by ½%.

- 2012: 78%
- 2013: 80%
- Industry Average: 78%
Pharmacy - Specialty Drug Cost

Per Member Per Year Cost (PMPY)

2012 Plan Year: $110
2013 Plan Year: $153
Industry Average: $256
Medical – Net Paid Per Member Per Month

<table>
<thead>
<tr>
<th>Year</th>
<th>2011 Civillian</th>
<th>2011 Retiree</th>
<th>2012 Civillian</th>
<th>2012 Retiree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 Plan</td>
<td>$262</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012 Plan</td>
<td>$279</td>
<td></td>
<td>$689</td>
<td>$716</td>
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</tbody>
</table>
Pharmacy – Net Paid Per Member Per Month

- 2011 Civillian: $82
- 2011 Retiree: $25
- 2012 Civillian: $121
- 2012 Retiree: $35

2011 Plan Year
2012 Plan Year
Performance Statistics

• **Obesity**
  • 81% of Dallas’ health plan members are overweight or obese
  • 35% of males and 41% of females taking the health assessment had a BMI 30 greater
  • **This is the highest incidence of overweight/obese members in UHC’s entire Book of Business**
  • Obesity leads to higher rates of diabetes, cardiovascular disease, hypertension, and high cholesterol; all of which are high cost drivers for health plans

• **Diabetes**
  • 30% of high cost claims (claims in excess of $50,000 per year) are attributable to diabetes
  • 28% of the plan expenditures
  • Diabetes without complications – 21% higher than peer cities (68.1% higher than expected)
  • Diabetes with complications – 11% higher than peer cities (26% higher than expected)

• **Hypertension**
  • 40% higher than peer cities
  • 51% higher than expected
Costs – Mitigating Trend

• Healthcare experts use the phrase “Mitigate the Trend” which means “have your healthcare costs increase at a slower rate than healthcare costs increase in general”

• Nationwide, inflation (or trend) for healthcare has been outpacing overall inflation for the past several decades

• Up until 2013, the inflation rate for healthcare was trending at around 9% to 12%, depending on the area of the country

• In Dallas, the inflation on healthcare was trending at around 10%
Costs – Mitigating Trend

• Why do we care about “Mitigating the Trend?”

Since 2005, the nationwide increase on health care costs has been trending between 9% and 12% per year.

By implementing changes to the health plans, the City has been able to mitigate much of the inflationary pressures on its healthcare costs.

If the City cost had increased by 9% per year (the lower end of the nationwide average), the cost FY12-13 would have been about $162M.
Ways to Mitigate the Trend

• **Make plans consumer driven to help members become more savvy healthcare consumers**
  • Buy generics when possible
  • Do not get multiple tests for the same condition
  • Use the right healthcare provider for the right situation – don’t go to the Emergency Room for non-emergent conditions
  • Shop for the best prices when possible

• **Shift costs to employees**
  • Higher deductibles
  • Lower co-insurance
  • Higher out-of-pocket maximums
  • Increased premiums
Ways to Mitigate the Trend

• **Increase in-network utilization** – Prices in network are less expensive than out-of-network services

• **Focus on essential health benefits** – Limit plan coverage for items that are not designated as essential health benefits

• **Direct contracting/Narrow networks**
  • Some large employers are directly contracting with healthcare provider groups
  • Pricing for direct contracts can be better than network prices

• **Accountable Care Organizations (ACOs)**
  • Providers use technology to collaborate across specialties
  • Accountable for 100% of expenditures and care of a defined population of patients
  • Financial incentives are tied to patient outcomes
Ways to Mitigate the Trend

• **Wellness** – Improve the overall health of the population

• **Disease Management** - Ensure members with chronic diseases stay compliant with medications so that they do not have critical, high-cost incidents
What Dallas Has Done to Mitigate Trend

- San Antonio has established a Mayor’s Task Force to address high costs in their uniform health plans
- San Antonio’s uniformed employees have their own health plan with costs projected at over $13,000 per uniformed employee per year
  - San Antonio’s projected civilian cost is $7,360 for 2014
- Below is a response to the Task Force from their consultants about Dallas’ plan

**ATTACHMENT I**

**Question 8; Has anyone from the City reached out to Dallas to determine what they are doing that results in our civilian costs being 2x theirs and our uniform costs being 5x their costs?**

The City of Dallas has lower healthcare costs as they only offer three types of Consumer Driven Health Plans (CDHP), to both civilian and uniform employees. Consumer Driven Health Plans help change behavior and reduce costs when compared to traditional medical plans. The City of Dallas was able to drive changes via increased member cost sharing, in addition to reducing overall utilization through improved member decisions resulting in sustainable lower costs. Effective January 1st, 2013, The City of San Antonio offers civilian employees a Consumer Driven Health Plan as an option. While 2013 had only 409 civilians and 11 retirees enrolled in the City’s CDHP plan, initial enrollments for 2014 reflect 1,821 civilian and 26 retirees.
What Dallas has done to mitigate trend

• **Reduced Emergency Room visits**
  • Contracted with Concentra so employees on the plan can visit any of their 17 clinics for a low co-pay
    • Did this to reduce ER visits which fell by about 6% from 2012
    • Dallas’ ER visits are 20% lower than UHC’s Book of Business
    • Still have work to do – projected that about half of the ER visits in 2013 could have been redirected to urgent care

• **Developed Robust Wellness Program**
  • Reducing body weight by 5% reduces diabetes risk by 58%
  • Engaged members cost 22% less than non-engaged members
    • Diabetes - engaged members with diabetes cost 16% less than non-engaged diabetics
    • Obesity - Engaged members with a diagnosis of obesity cost 22% less than non-engaged members with a diagnosis of obesity
  • Still have work to do given the current member demographic statistics and level of engagement

• **Tiered Premiums for Engagement**
  • Those who engage pay a lower premium and receive higher HRA allocations
Continuing Efforts

• Strengthen the Wellness program
• Offer “Benefits 101” videos to help employees be better healthcare consumers
• Explore direct contracting options
• Additional education around appropriate use of emergency rooms
• Enhance and promote disease management to help those with chronic diseases better manage their health
2013 WellAware Program
Wellness Program
Target Employee Populations

Not Engaged  Obesity  Diabetes

Not engaging in wellness resulted in 22% higher cost
City of Dallas WellPoints Program

- **58%** Participants completing health risk assessment
- **74%** Participants who had well exams
- **5%** Completed online programs
- **28%** Participants reaching maximum points
- **2,147** Employees who earned all 250 Wellpoints and received $300 additional HRA allocation and a premium discount
- **21,447** Individual activities tracked
- **414** Retirees < 65 who took the health assessment
- **21%** Met biometric targets
- **41%** Participated in educational offerings
Further Considerations
Affordable Care Act and Plan Changes
# Provisions of the Affordable Care Act

<table>
<thead>
<tr>
<th>Provision</th>
<th>COD Pre-PPACA Policy</th>
<th>COD Current Policy</th>
<th>Date of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative care covered at 100%</td>
<td>HRA Plan – 100% Coverage 70/30 Plan – 70% Coverage</td>
<td>100% Preventive Coverage</td>
<td>1/1/13</td>
</tr>
<tr>
<td>Cover adult children to age 26</td>
<td>Cover unmarried adult children to age 25</td>
<td>Cover married or unmarried adult children to age 26</td>
<td>1/1/11</td>
</tr>
<tr>
<td>No life-time maximum</td>
<td>No life-time maximum</td>
<td>No life-time maximum</td>
<td>N/A</td>
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<tr>
<td>Waiting period cannot exceed 90 days</td>
<td>No waiting period</td>
<td>No waiting period</td>
<td>N/A</td>
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<tr>
<td>Elimination of waiting periods for pre-existing conditions for children</td>
<td>12 month waiting period for pre-existing conditions</td>
<td>Elimination of waiting periods for pre-existing conditions for children</td>
<td>1/1/11</td>
</tr>
<tr>
<td>3rd party appeal process</td>
<td>External appeals performed at City’s discretion</td>
<td>External appeals required</td>
<td>1/1/13</td>
</tr>
<tr>
<td>Health Flexible Spending Account limited to $2,500</td>
<td>Health Flexible Spending Accounts limited to $5,000</td>
<td>Health Flexible Spending Account limited to $2,500</td>
<td>1/1/13</td>
</tr>
</tbody>
</table>
Affordable Care Act Fees

• **Transitional Reinsurance Fee**
  - Establishes three-year transitional reinsurance program that is established under health reform to help stabilize premiums in the individual health insurance market from 2014 to 2016

<table>
<thead>
<tr>
<th>City of Dallas Implication (All Payable in December)</th>
<th>Transitional Reinsurance (Can be paid by Plan)</th>
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<tbody>
<tr>
<td>Estimated 2014 Annual Fee (due Jan 2015)</td>
<td>$1,117,330</td>
</tr>
<tr>
<td>Estimated 2015 Annual Fee</td>
<td>$744,886</td>
</tr>
<tr>
<td>Estimated 2016 Annual Fee</td>
<td>$465,199</td>
</tr>
</tbody>
</table>

• **Patient Centered Outcomes Research Institute (PCORI)**
  - Examines the “relative health outcomes, clinical effectiveness, and appropriateness” of different medical treatments by evaluating existing studies and conducting its own
  - Fee - $2 per average number of lives covered on the plan (current rate $41,298)
2015 Plan Changes

• The 70/30 High Plan will not be offered in 2015
• The Affordable Care Act states the out-of-pocket maximums for health plans cannot exceed $6,350
• The current 70/30 High Plan has separate medical and pharmacy out-of-pocket maximums for a combined out-of-pocket maximum of $10,000
  • This is not compliant with the Affordable Care Act and will not be permissible in 2015
• Plan options are currently being priced to replace this plan
# Upcoming Agenda Items

<table>
<thead>
<tr>
<th>Service</th>
<th>Current Provider</th>
<th>Contract Terms</th>
<th>Contract Status</th>
<th>Action</th>
<th>Agenda Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Insurance</td>
<td>Standard</td>
<td>3 year contract with 2 one-year renewal options</td>
<td>3 year contract expires 12/31/14</td>
<td>Exercising one-year renewal</td>
<td>April 23, 2014</td>
</tr>
<tr>
<td>Plan Administrator</td>
<td>UHC</td>
<td>3 year contract with 2 one-year renewal options</td>
<td>3 year contract expires 12/31/14</td>
<td>Negotiating rates for one-year renewal</td>
<td>TBD</td>
</tr>
<tr>
<td>Pharmacy Benefits Manager</td>
<td>CVS/Caremark</td>
<td>3 year contract with 2 one-year renewal options</td>
<td>3 year contract expires 12/31/14</td>
<td>Negotiating rates for one-year renewal</td>
<td>TBD</td>
</tr>
<tr>
<td>Healthcare consultant</td>
<td>Buck</td>
<td>3 year contract with 2 one-year renewal options</td>
<td>First renewal expires on 9/30/2014</td>
<td>RFP will be issued for this service</td>
<td>August, 2014</td>
</tr>
<tr>
<td>Voluntary Products</td>
<td>Colonial</td>
<td>3 year contract with 2 one-year renewal options</td>
<td>First renewal expires on 6/30/2014</td>
<td>Evaluations underway</td>
<td>May, 2014</td>
</tr>
</tbody>
</table>
Appendix
City of Dallas and Peer Cities
## 2013 Plan Design (Averages)

<table>
<thead>
<tr>
<th></th>
<th>Dallas</th>
<th>Austin</th>
<th>Corpus Christi</th>
<th>El Paso</th>
<th>Ft. Worth</th>
<th>Houston</th>
<th>San Antonio Civilian</th>
<th>San Antonio Uniform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles In-Network</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Individual</td>
<td>$1,500</td>
<td>$500</td>
<td>$1,025</td>
<td>$1,433</td>
<td>$1,066</td>
<td>$700</td>
<td>$850</td>
<td>$250</td>
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<tr>
<td>Family</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$2,450</td>
<td>$3,083</td>
<td>$2,633</td>
<td>$1,433</td>
<td>$1,700</td>
<td>$500</td>
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<tr>
<td><strong>Out of Pocket Max</strong></td>
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</tr>
<tr>
<td>Individual</td>
<td>$6,350</td>
<td>$5,000</td>
<td>$1,833</td>
<td>$6,667</td>
<td>$3,250</td>
<td>$3,500</td>
<td>$2,650</td>
<td>$550</td>
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<tr>
<td>Family</td>
<td>$12,700</td>
<td>$10,000</td>
<td>$5,416</td>
<td>$6,000</td>
<td>$5,708</td>
<td>$7,000</td>
<td>$5,300</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Monthly Premiums</strong></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$53</td>
<td>$5</td>
<td>$76</td>
<td>$178</td>
<td>$77</td>
<td>$58</td>
<td>$63</td>
<td>$0</td>
</tr>
<tr>
<td>Family</td>
<td>$494</td>
<td>$486</td>
<td>$280</td>
<td>$496</td>
<td>$598</td>
<td>$345</td>
<td>$273</td>
<td>$0</td>
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</tbody>
</table>

* Averages used when multiple plans offered