



SAMPLE COMPANY

Partial Self-Funding Cost Calculation Sheet

Four Tier Rate Structure

Current Benefit Features:

Deductible	Single	\$750	Family	\$1,500
Out of Pocket Maximum		\$1,500		\$3,000
Deductible	EE/Sp	\$1,500	EE/Ch	\$1,500
Out of Pocket Maximum		\$3,000		\$3,000

Proposed PSF Replacement Coverage:

Deductible	Single	\$1,500	Family	\$3,000
Out of Pocket Maximum		\$3,000		\$6,000
Deductible	EE/Sp	\$3,000	EE/Ch	\$3,000
Out of Pocket Maximum		\$6,000		\$6,000

Employee Participant Census:

Single	20
EE/Sp	2
EE/Ch	3
Family	10

Self-Fund Exposure Calculation:

Single	\$30,000	
EE/Sp	\$6,000	
EE/Ch	\$9,000	
Family	\$30,000	
Total		\$75,000

Projected Usage of Funding 20%

Funding to be built into premiums **\$15,000**

Number of OOP Units Divided into funding 50

Monthly Single Premium Funding Required **\$25.00**

Monthly Family Premium Funding Required **\$50.00**

Quoted Proposed Rates;

	<u>Single</u>	<u>EE/ Sp</u>	<u>EE / Ch</u>	<u>Family</u>
Insurance Company Premium	365.96	749.49	692.77	1123.14
Partial Self-Funding	25.00	50.00	50.00	50.00
Administration Fee	6.50	6.50	6.50	6.50
Monthly Premium	\$397.46	\$805.99	\$749.27	\$1,179.64
Current Premium	\$467.35	\$957.14	\$884.70	\$1,434.31

Total Annual Premium \$283,264.68

Current Renewal Premium \$339,101.76

Total Savings **\$55,837.08**