

Financial Projections
Final Budget Model, Aetna
January 1, 2017 - December 31, 2017

Estimated Income

	1/1/2016 - 12/31/2016 Projection				1/1/2017 - 12/31/2017 Projection				1/1/2018 - 12/31/2018 Projection	
	PEPM or Mo. Sum	No. of Benefit FTEs	No. of Months	Estimated Total	PEPM or Mo. Sum	No. of Benefit FTEs	Number of Months	Estimated Total	Assumed % Change	Estimated Total
Employer Contributions (Jan through June)	\$780.00	2,037 ⁽¹⁾	6	\$9,534,307	\$780.00 ⁽²⁾	2,037 ⁽¹⁾	6	\$9,534,307	0%	\$9,534,307
Employer Contributions (July through Dec)	\$780.00	2,037 ⁽¹⁾	6	\$9,534,307	\$780.00 ⁽²⁾	2,037 ⁽¹⁾	6	\$9,534,307	0%	\$9,534,307
Additional Supplemental District Contribution				\$0				\$0	0%	\$0
Employee Contributions	n/a	n/a		\$5,768,353				\$6,460,891	10%	\$7,106,980
Investment Income ⁽³⁾				\$50,000				\$50,000	0%	\$50,000
Total Estimated Revenues				\$24,886,967				\$25,579,505		\$26,225,594

Estimated Expenses

	1/1/2016 - 12/31/2016 Projection				1/1/2017 - 12/31/2017 Projection				1/1/2018 - 12/31/2018 Projection	
	YTD Actual 1/1/16-6/30/16	PEPM or Mo. Sum	No. of Employees ⁽¹⁾	Estimated Total	PEPM or Mo. Sum	No. of Employees ⁽¹⁾	Number of Months	Estimated Total	Assumed % Change	Estimated Total
MetLife Life / AD&D Premiums	\$63,856	\$5.90	1,821	\$128,319	\$5.90	1,821	12	\$128,927	3%	\$132,795
MetLife Voluntary Term Life Premiums	\$93,948	\$15,611 ⁽⁴⁾	n/a	\$187,611	\$15,611	n/a	12	\$187,326	3%	\$192,946
MetLife Voluntary STD Premiums	\$48,942	\$8,157 ⁽⁴⁾	n/a	\$97,883	\$8,157	n/a	12	\$97,883	3%	\$100,819
MetLife LTD Premiums	\$188,876	\$16.26 ⁽⁴⁾	1,956	\$379,704	\$20.72	1,956	12	\$486,340	10%	\$534,974
Delta Dental Premiums	\$753,594	\$84.55 ⁽⁴⁾	1,489	\$1,505,241	\$83.30 ⁽⁵⁾	1,489	12	\$1,505,512	5%	\$1,580,788
Willamette Dental Premiums	\$297,763	\$78.40 ⁽⁴⁾	638	\$597,878	\$78.40 ⁽⁵⁾	638	12	\$605,232	5%	\$635,494
UHC/Aetna Medical Premiums	\$7,440,263	n/a	1,131	\$14,868,820	n/a	1,131	12	\$15,923,452	12%	\$17,834,266
MetLife Vision	\$200,560	\$15.92 ⁽⁴⁾	2,108	\$401,916	\$15.92	2,108	12	\$407,405	0%	\$407,405
Group Health Medical Premiums ⁽⁶⁾	\$3,928,089	n/a	521	\$7,871,861	n/a	521	12	\$8,331,636	10%	\$9,164,800
UNUM Voluntary LTC Premiums	\$3,964	\$660.60	n/a	\$7,927	\$826	n/a	12	\$9,909	25%	\$12,386
Wellness Program Internal Support	n/a	n/a	n/a	\$ 16,920	n/a	n/a	n/a	\$26,250	0%	\$26,250
Magellan EAP	\$18,988	\$1.65	1,918	\$37,976	\$1.65	1,918	12	\$37,976	5%	\$39,875
Quit for Life Tobacco Cessation	n/a	n/a	n/a	\$2,250	n/a	n/a	n/a	\$2,250	0%	\$2,250
Mind & Body	n/a	n/a	n/a	\$0	n/a	n/a	n/a	\$0	0%	\$0
Weight Watchers	n/a	n/a	n/a	\$ 2,448				\$4,000	0%	\$4,000
Mercer Consulting Fee	n/a	n/a	n/a	\$45,000	n/a	n/a	n/a	\$45,000	0%	\$45,000
ESEBT Administration ⁽⁷⁾	n/a	n/a	n/a	<u>\$225,795</u>	n/a	n/a	n/a	<u>\$232,569</u>	3%	<u>\$239,546</u>
Total Estimated Expenses				\$26,377,549				\$28,031,667		\$30,953,594
Estimated Surplus / (Deficit) (based on estimated/current enrollment)				(\$1,197,179)				(\$2,152,718)		(\$4,398,611)
Unallocated reserve at December 31 ⁽⁸⁾				\$6,744,039				\$4,591,321		\$192,710
Months of expenses				3.1				2.0		0.1

Notes:

- ⁽¹⁾ Enrollment based on June 2016 summary of Payments to Carriers from ESEBT.
- ⁽²⁾ Assumes a 0.0% increase effective September 1, 2017.
- ⁽³⁾ Based on investment earnings through April 2016 with assumed interest for May from ESEBT Statement of Operations and Fund Balance
- ⁽⁴⁾ Based on current rates and June 2016 enrollment.
- ⁽⁵⁾ Projected 2017/2018 is estimated at a 5% increase effective November 1, 2017 for dental.
- ⁽⁶⁾ Based on Group Health renewal effective January 1, 2017 (5.6% increase).
- ⁽⁷⁾ Based on administrative expenses from January through April 2016 annualized from ESEBT Statement of Operations and Fund Balance. Assumes an increase of 3% for 2017.
- ⁽⁸⁾ Based on a year end fund balance at 12/31/2015 of \$7,960,797

Everett School Employee Benefit Trust
Monthly Employee Contributions (PRE-TAX) for Medical Coverage of Self, Spouse,
and Domestic Partner and/or Children
January 1, 2017 - December 31, 2017

Aetna Traditional

Benefit FTE	Employee Only	Employee + Spouse/DP ¹	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) ¹	Coverage
1.0000	\$282.51	\$579.54	\$402.39	\$709.79	Medical, Vision, Dental, LTD, Life
.900 - .999	\$318.60	\$615.64	\$438.48	\$745.89	
.825 - .899	\$375.24	\$672.28	\$495.13	\$802.53	Medical, Vision, Dental, LTD
.750 - .824	\$428.85	\$725.89	\$548.73	\$856.13	
.676 - .749	\$461.38	\$758.41	\$581.26	\$888.66	Medical, Vision, Dental
.583 - .675	\$521.06	\$818.10	\$640.94	\$948.34	
.500 - .582	\$583.96	\$880.99	\$703.84	\$1,011.24	
.417 - .499	\$643.28	\$940.32	\$763.16	\$1,070.57	
.330 - .416	\$704.03	\$1,001.07	\$823.92	\$1,131.32	

Aetna Standard

Benefit FTE	Employee Only	Employee + Spouse/DP ¹	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) ¹	Coverage
1.0000	\$184.21	\$399.65	\$271.16	\$494.12	Medical, Vision, Dental, LTD, Life
.900 - .999	\$220.30	\$435.74	\$307.25	\$530.22	
.825 - .899	\$276.94	\$492.38	\$363.89	\$586.86	Medical, Vision, Dental, LTD
.750 - .824	\$330.55	\$545.99	\$417.50	\$640.47	
.676 - .749	\$363.08	\$578.52	\$450.03	\$673.00	Medical, Vision, Dental
.583 - .675	\$422.76	\$638.20	\$509.71	\$732.68	
.500 - .582	\$485.66	\$701.10	\$572.61	\$795.57	
.417 - .499	\$544.98	\$760.42	\$631.93	\$854.90	
.330 - .416	\$605.73	\$821.18	\$692.68	\$915.65	

Aetna Core

Benefit FTE	Employee Only	Employee + Spouse/DP ¹	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) ¹	Coverage
1.0000	\$130.75	\$283.67	\$192.47	\$350.72	Medical, Vision, Dental, LTD, Life
.900 - .999	\$166.84	\$319.76	\$228.56	\$386.82	
.825 - .899	\$223.48	\$376.41	\$285.20	\$443.46	Medical, Vision, Dental, LTD
.750 - .824	\$277.09	\$430.01	\$338.81	\$497.06	
.676 - .749	\$309.62	\$462.54	\$371.34	\$529.59	Medical, Vision, Dental
.583 - .675	\$369.30	\$522.22	\$431.02	\$589.27	
.500 - .582	\$432.20	\$585.12	\$493.92	\$652.17	
.417 - .499	\$491.52	\$644.44	\$553.24	\$711.50	
.330 - .416	\$552.27	\$705.20	\$614.00	\$772.25	

Aetna Classic

Benefit FTE	Employee Only	Employee + Spouse/DP ¹	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) ¹	Coverage
1.0000	\$496.61	\$974.70	\$689.57	\$1,184.36	Medical, Vision, Dental, LTD, Life
.900 - .999	\$532.70	\$1,010.79	\$725.66	\$1,220.45	
.825 - .899	\$589.34	\$1,067.43	\$782.30	\$1,277.09	Medical, Vision, Dental, LTD
.750 - .824	\$642.95	\$1,121.04	\$835.91	\$1,330.70	
.676 - .749	\$675.48	\$1,153.57	\$868.44	\$1,363.23	Medical, Vision, Dental
.583 - .675	\$735.16	\$1,213.25	\$928.12	\$1,422.91	
.500 - .582	\$798.06	\$1,276.15	\$991.02	\$1,485.81	
.417 - .499	\$857.38	\$1,335.47	\$1,050.34	\$1,545.13	
.330 - .416	\$918.13	\$1,396.23	\$1,111.09	\$1,605.89	

Aetna UHC + HSA

Benefit FTE	Employee Only	Employee + Spouse/DP ¹	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) ¹	Coverage
1.0000	\$94.94	\$205.98	\$139.75	\$254.68	Medical, Vision, Dental, LTD, Life
.900 - .999	\$131.03	\$242.08	\$175.85	\$290.77	
.825 - .899	\$187.67	\$298.72	\$232.49	\$347.41	Medical, Vision, Dental, LTD
.750 - .824	\$241.28	\$352.33	\$286.09	\$401.02	
.676 - .749	\$273.81	\$384.85	\$318.62	\$433.55	Medical, Vision, Dental
.583 - .675	\$333.49	\$444.54	\$378.30	\$493.23	
.500 - .582	\$396.39	\$507.43	\$441.20	\$556.13	
.417 - .499	\$455.71	\$566.76	\$500.53	\$615.45	
.330 - .416	\$516.47	\$627.51	\$561.28	\$676.20	

Group Health Cooperative

Benefit FTE	Employee Only	Employee + Spouse/DP ¹	Employee + Child(ren)	Employee + Spouse/DP and Child(ren) ¹	Coverage
1.0000	\$163.83	\$373.97	\$254.06	\$461.82	Medical, Vision, Dental, LTD, Life
.900 - .999	\$199.93	\$410.06	\$290.16	\$497.92	
.825 - .899	\$256.57	\$466.70	\$346.80	\$554.56	Medical, Vision, Dental, LTD
.750 - .824	\$310.18	\$520.31	\$400.40	\$608.16	
.676 - .749	\$342.70	\$552.84	\$432.93	\$640.69	Medical, Vision, Dental
.583 - .675	\$402.39	\$612.52	\$492.61	\$700.37	
.500 - .582	\$465.28	\$675.42	\$555.51	\$763.27	
.417 - .499	\$524.61	\$734.74	\$614.84	\$822.60	
.330 - .416	\$585.36	\$795.50	\$675.59	\$883.35	

Benefit FTE = Hours per day x compensated days per year divided by 1440.

¹ Note: If Spouse/DP is eligible for other employer-sponsored coverage and declines to enroll, then add \$100 to above rates.

Everett School Employee Benefit Trust
Monthly Imputed Income for Coverage of Domestic Partners
and/or Child(ren) of Domestic Partners
January 1, 2017 - December 31, 2017

Medical, LTD, and Life Coverages

All Benefit FTE Levels	DP Total Cost =	Child(ren) Total Cost =	DP and Child(ren) Total Cost =
Aetna Traditional	\$782.32	\$315.75	\$1,125.38
Aetna Standard	\$700.14	\$282.58	\$1,007.16
Aetna Core	\$496.95	\$200.56	\$714.86
Aetna Classic	\$940.25	\$379.50	\$1,352.56
Aetna Saver + HSA	\$388.61	\$156.84	\$559.02
Group Health	\$769.72	\$328.64	\$1,089.71

Medical, Vision, Delta Dental, LTD, and Life Coverages

All Benefit FTE Levels	DP Total Cost =	Child(ren) Total Cost =	DP and Child(ren) Total Cost =
Aetna Traditional	\$838.00	\$338.22	\$1,205.48
Aetna Standard	\$755.82	\$305.05	\$1,087.26
Aetna Core	\$552.63	\$223.03	\$794.96
Aetna Classic	\$995.93	\$401.97	\$1,432.66
Aetna Saver + HSA	\$444.29	\$179.31	\$639.12
Group Health	\$825.40	\$351.11	\$1,169.81

Medical, Vision, Willamette Dental, LTD, and Life Coverages

All Benefit FTE Levels	DP Total Cost =	Child(ren) Total Cost =	DP and Child(ren) Total Cost =
Aetna Traditional	\$835.24	\$337.11	\$1,201.51
Aetna Standard	\$753.06	\$303.94	\$1,083.29
Aetna Core	\$549.87	\$221.92	\$790.99
Aetna Classic	\$993.17	\$400.86	\$1,428.69
Aetna Saver + HSA	\$441.53	\$178.20	\$635.15
Group Health	\$822.64	\$350.00	\$1,165.84

Dental

All Benefit FTE Levels	DP Total Cost =	Child(ren) Total Cost =	DP and Child(ren) Total Cost =
Delta Dental (WEA)	\$55.68	\$22.47	\$80.10
Willamette (WEA)	\$52.92	\$21.36	\$76.13

Benefit FTE = Hours per day x compensated days per year divided by 1440.

Note: If domestic partner and/or child(ren) are Section 152 dependents, there is no imputed income; employer contribution is not taxable. If domestic partner and/or child(ren) are not Section 152 dependents, there is imputed income on the amounts shown above. Imputed income equals value of coverage by tier minus employee's after-tax contribution toward coverage on affected dependents. (No imputed income on value of employee's coverage).

Everett School Employee Benefit Trust
Monthly Premium Rates
January 1, 2017 - December 31, 2017

Aetna Saver + HSA

Tier	Renewal Rates	COBRA Rates
Employee Only	\$468.18	\$477.54
EE + Spouse	\$856.79	\$873.93
EE + Child(ren)	\$625.02	\$637.52
EE + Family	\$1,027.20	\$1,047.74

Aetna Traditional

Tier	Renewal Rates	COBRA Rates
Employee Only	\$942.51	\$961.36
EE + Spouse	\$1,724.83	\$1,759.33
EE + Child(ren)	\$1,258.26	\$1,283.43
EE + Family	\$2,067.89	\$2,109.25

Aetna Standard

Tier	Renewal Rates	COBRA Rates
Employee Only	\$843.48	\$860.35
EE + Spouse	\$1,543.62	\$1,574.49
EE + Child(ren)	\$1,126.06	\$1,148.58
EE + Family	\$1,850.64	\$1,887.65

Aetna Core

Tier	Renewal Rates	COBRA Rates
Employee Only	\$598.69	\$610.66
EE + Spouse	\$1,095.64	\$1,117.55
EE + Child(ren)	\$799.25	\$815.24
EE + Family	\$1,313.55	\$1,339.82

Aetna Classic

Tier	Renewal Rates	COBRA Rates
Employee Only	\$1,132.76	\$1,155.42
EE + Spouse	\$2,073.01	\$2,114.47
EE + Child(ren)	\$1,512.26	\$1,542.51
EE + Family	\$2,485.32	\$2,535.03

Group Health Cooperative

Tier	Renewal Rates	COBRA Rates
Employee Only	\$864.85	\$882.15
EE + Spouse	\$1,634.57	\$1,667.26
EE + Child(ren)	\$1,193.49	\$1,217.36
EE + Family	\$1,954.56	\$1,993.65

Vision and Dental

Plan	Renewal Rates	COBRA Rates
MetLife Vision	\$ 15.92	\$16.24
Willamette Dental	\$ 78.40	\$79.97
Delta Dental	\$ 83.30	\$84.97

Long Term Disability (MetLife)

Tier	Renewal Rates
Composite	\$ 16.26

Life/AD&D (MetLife)

Tier	Renewal Rates
Composite	\$ 5.90

2016 Employee Contributions (1.0 FTE)

Tier	Aetna					Group Health Cooperative
	Aetna Traditional	Aetna Standard	Aetna Core	Aetna Classic	Aetna Saver + HSA	
Employee Only	\$282.51	\$184.21	\$130.75	\$496.61	\$94.94	\$163.83
EE + Spouse	\$579.54	\$399.65	\$283.67	\$974.70	\$205.98	\$373.97
EE + Child(ren)	\$402.39	\$271.16	\$192.47	\$689.57	\$139.75	\$254.06
EE + Family	\$709.79	\$494.12	\$350.72	\$1,184.36	\$254.68	\$461.82

This spreadsheet and its formulas are appropriate only for documenting the results as delivered. Mercer is not responsible and has no liability for any other use or the consequences arising from any changes made to either the data or the formulas in this spreadsheet.

Everett School Employee Benefit Trust
Monthly COBRA Rates
January 1, 2017 - December 31, 2017

Plan	Renewal Rate¹	COBRA Rate²
Aetna Traditional- Medical Only		
Employee Only	\$942.51	\$961.36
Employee & Spouse	\$1,724.83	\$1,759.33
Employee, Spouse, and Child(ren)	\$2,067.89	\$2,109.25
Employee & Child(ren)	\$1,258.26	\$1,283.43
Spouse Only	\$942.51	\$961.36
Spouse & Child(ren)	\$1,258.26	\$1,283.43
Child	\$942.51	\$961.36
Child & Spouse & Child	\$1,258.26	\$1,283.43
Aetna Standard - Medical Only		
Employee Only	\$843.48	\$860.35
Employee & Spouse	\$1,543.62	\$1,574.49
Employee, Spouse, and Child(ren)	\$1,850.64	\$1,887.65
Employee & Child(ren)	\$1,126.06	\$1,148.58
Spouse Only	\$843.48	\$860.35
Spouse & Child(ren)	\$1,126.06	\$1,148.58
Child	\$843.48	\$860.35
Child & Spouse & Child	\$1,126.06	\$1,148.58
Aetna Core - Medical Only		
Employee Only	\$598.69	\$610.66
Employee & Spouse	\$1,095.64	\$1,117.55
Employee, Spouse, and Child(ren)	\$1,313.55	\$1,339.82
Employee & Child(ren)	\$799.25	\$815.24
Spouse Only	\$598.69	\$610.66
Spouse & Child(ren)	\$799.25	\$815.24
Child	\$598.69	\$610.66
Child & Spouse & Child	\$799.25	\$815.24

Everett School Employee Benefit Trust
Monthly COBRA Rates
January 1, 2017 - December 31, 2017

Plan	Renewal Rate¹	COBRA Rate²
Aetna Classic - Medical Only		
Employee Only	\$1,132.76	\$1,155.42
Employee & Spouse	\$2,073.01	\$2,114.47
Employee, Spouse, and Child(ren)	\$2,485.32	\$2,535.03
Employee & Child(ren)	\$1,512.26	\$1,542.51
Spouse Only	\$1,132.76	\$1,155.42
Spouse & Child(ren)	\$1,512.26	\$1,542.51
Child	\$1,132.76	\$1,155.42
Child & Spouse & Child	\$1,512.26	\$1,542.51
Aetna Saver + HSA - Medical Only		
Employee Only	\$468.18	\$477.54
Employee & Spouse	\$856.79	\$873.93
Employee, Spouse, and Child(ren)	\$1,027.20	\$1,047.74
Employee & Child(ren)	\$625.02	\$637.52
Spouse Only	\$468.18	\$477.54
Spouse & Child(ren)	\$625.02	\$637.52
Child	\$468.18	\$477.54
Child & Spouse & Child	\$625.02	\$637.52
Group Health		
Employee Only	\$864.85	\$882.15
Spouse Only	\$864.85	\$882.15
Child(ren) Only	\$864.85	\$882.15
Each Child 23 & Over	\$864.85	\$882.15
Employee & Spouse	\$1,634.57	\$1,667.26
Employee & Child(ren)	\$1,193.49	\$1,217.36
Employee, Spouse, and Child(ren)	\$1,954.56	\$1,993.65
WEA Vision	\$15.92	\$16.24
WEA Delta Dental	\$83.30	\$84.97
WEA Willamette Dental	\$78.40	\$79.97

¹ UHC and GHC renewal rates apply to the period January 1, 2017 to December 31, 2017

² COBRA Rates apply to the period January through December 2017 and must be maintained for 12 months.

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