2025 PROJECTED CENSUS FOR EMPLOYEES AND RETIREES PER VARIOUS SUBSCRIBER CONTRACT OPTIONS/PACKAGES (Excellus SimplyBlue Plus Bronze 4 [SB+B4] and AETNA Medicare [P01] ESA PPO Plan)

# of Con- tracts as of		[full employment] # projected	18.0% = Employee Share for year
11/01/2024	CATEGORY	for 2025	NOTES
	ACTIVE EMPLOYEE DIVISION		
7	Family - SimplyBlue Plus Bronze 4 (SB+B4)	8.00000	► (extrapolated to account for aggregate 2025 budgeted positions [as if fully-filled])
8	Employee + Spouse - SimplyBlue Plus Bronze 4 (SB+B4) (or Domestic Partner)	9.00000	► (extrapolated to account for aggregate 2025 budgeted positions [as if fully-filled])
1	Employee + Child[ren] - SimplyBlue Plus Bronze 4 (SB+B4)	2.00000	► (extrapolated to account for aggregate 2025 budgeted positions [as if fully-filled])
21	Individual - SimplyBlue Plus Bronze 4 (SB+B4)	24.00000	► (extrapolated to account for aggregate 2025 budgeted positions [as if fully-filled])
1	Individual (Spouse or Dependent) - AETNA Medicare [P01] ESA PPO Plan of Active Employee	1.00000	(<u>not</u> included in Subtotal, below, which is intended to reflect employee headcount only ([however, is included in "Covered Lives" ###, below]
0	[Widow/Widower] Individual - AETNA Medicare [P01] ESA PPO Plan of deceased Active Employee	0.00000	(not included in Subtotal, below, which is intended to reflect employee headcount only ([however, is included in "Covered Lives" ###, below]
1	Buyout - CSEA-represented	2.00000	(extrapolated to account for aggregate 2025 budgeted positions [as if fully-filled])
1	Buyout - Salaried/Management	1.00000	
39	SUBTOTAL (not including AETNA Medicare [P01] ESA PPO Plan)	46.00000	
14	# of employees enrolled in Flexible Spending Account (FSA) program	16	
67 est.	Covered Lives enrolled in SimplyBlue Plus Bronze 4 (SB+B4)	79.50000 est.	*** - fractional numbers, if any, represent level "average per month" during year
2.813	average Covered Lives per Active Employee household unit (including Employees in multiple person enrollments)	2.868	2.850 = "rating factor" to be used for Active Employee multiple person per capita allocations ^ - Excellus coefficient (Family = 3.85 with Employee)
	RETIREE DIVISION		
	Non-Medicare Eligible Retiree Subdivision		
0	Family (Retiree) - SimplyBlue Plus Bronze 4 (SB+B4)	0.00000	(*** - fractional numbers, if any, represent level "average per month" during year)
0	Retiree + Spouse - SimplyBlue Plus Bronze 4 (SB+B4)	0.00000	
0	Retiree + Child[ren] - SimplyBlue Plus Bronze 4 (SB+B4)	0.00000	
0	Individual (Retiree) - SimplyBlue Plus Bronze 4 (SB+B4)	0.00000	
0	[Widow] Individual - SimplyBlue Plus Bronze 4 (SB+B4)	0.00000	(Non-M/C Widows of Retirees only [M/C-eligible Spouses, and Spouses of M/C-eligible Retirees, appear below])
0	SUBTOTAL	0.00000	*** - fractional numbers, if any, represent level "average per month" during year
0	Covered Lives enrolled in SimplyBlue Plus Bronze 4 (SB+B4)	0.00000	(<== maximum number during the year)
0.000	average Covered Lives per pre-M/C Retiree household unit (including Retirees in multiple person enrollments)	0.000	= "rating factor" to be used for Retiree Family per capita allocations ^ - Excellus coefficient
	Medicare Eligible Retiree Subdivision		
	(includes non-Medicare Eligible Spouses & Dependents)		*** - fractional numbers, if any, represent level "average per month" during year
0	Retiree + Spouse - SimplyBlue Plus Bronze 4 (SB+B4)	0.00000	(i.e., changes, if any, due to change in Medicare status during the year)
26	[75%] Individual - AETNA Medicare [P01] ESA PPO Plan with \$9/\$25/\$40 M/C Subsidized Rx Plan	27.00000	
1	[50%] Individual - AETNA Medicare [P01] ESA PPO Plan with \$9/\$25/\$40 M/C Subsidized Rx Plan	1.00000	
N/A	[75%] Individual - Medicare Supplement F Copay Policy with \$9/\$25/\$40 M/C Subsidized Rx Plan	N/A	(** - not available as of 01/01/2017 (**AETNA Medicare [P01] ESA PPO Plan is available to these Retirees beginning 01/01/21])
3	Individual [Spouse of Retiree] - SimplyBlue Plus Bronze 4 (SB+B4	2.00000	(Non-M/C Spouses of Medicare-eligible Retirees only [M/C-eligible Spouses appear as "Individuals", above])
1	Individual [Widow/Widower or Child] - AETNA Medicare [P01] ESA PPO P	Pla 1.00000	
31	SUBTOTAL	31.00000	*** - fractional numbers, if any, represent level "average per month" during year
31	Covered Lives enrolled in SimplyBlue Plus Bronze 4 (SB+B4), Medicare [P01] ESA PPO Plan, and Medicare Subsidized \$10/\$25/\$40 Rx Plan	31.00000	(max. number during the year, net of "transfers-in" from Non-Medicare Eligible subdivision) *** - fractional numbers, if any, represent level "average per month" during year
1.000	average Covered Lives per M/C-eligible Retiree household unit (including Retirees in multiple person enrollments)	1.000	= "rating factor" to be used for Retiree Family per capita allocations ^ - Excellus coefficient
98	overall average number of Covered Lives per month enrolled in all options/tiers	110.50000	TAB D-1

Binghamton-Johnson City Joint Sewage Board

2025 DATA INPUT FOR HEALTH BENEFITS PROGRAM UNDERWRITING WORKBOOK

(NOTE: to manually increment years [current, +1, and -1], consider going to TAB A, Cell (A1) and doing a manual "Find & Replace" [recommend not doing global else unintended changes be made])

TAB A - [Notice Face Pages for Hourly/CSEA Employees] computed (may require rounding adjustments), no data input (requires manually incrementing the year on Tab and within Sheet)

TAB B - [Notice Face Pages for Salaried/Management Employees] computed (may require rounding adjustments), no data input (requires manually incrementing the year on Tab and within Sheet)

TAB C - [Notice Face Pages for Retirees] computed (may require rounding adjustments), no data input (requires manually incrementing the year on Tab and within Sheet)

TAB D - [Census Data and Rates] input data into the yellow-backgrounded cells, (requires manually incrementing the year on Tab and within Sheet and updating NOTES column)

TAB E - [Gross Rates] computed (may require rounding adjustments), no data input (requires manually incrementing the year on Tab and within Sheet); need to manually colorize Range (U91:U98)

TAB F - [Medical Insurance Buy-Out] input data into the yellow-backgrounded cells, below (TAB F requires manually incrementing the year on Tab and within Sheet and updating, if Buy-Out Amount Changes from \$5,000.00/year)

ACTIVE EMPLOYEES - HOURLY electing Buy-Out = # of NYS-ERS-**Tier 3 & 4** Employees electing Buy-Out = # of NYS-ERS-Tier 5 Employees electing Buy-Out = # of NYS-ERS-Tier 6 Employees electing Buy-Out ACTIVE EMPLOYEES – SALARIED electing Buy-Out 1 = # of NYS-ERS-**Tier 3 & 4** Employees electing Buy-Out 0 = # of NYS-ERS-**Tier 5** Employees electing Buy-Out = # of NYS-ERS-Tier 6 Employees electing Buy-Out

TAB G - [Health Insurance Costs] input data into the yellow-backgrounded cells, below (TAB G requires manually incrementing the year on Tab and within Sheet and updating label, if Admin. Cost Unit Amounts Change)

= Medical/Rx plan document initial set-up costs (\$-0- for 2025) = Medical/Rx plan initial SPD set-up costs (\$-0- for 2025) 2,750.00 = Medical/Rx plan document and SPD annual updating costs (\$2,750.00 for 2025 - allowance) 1,887.64 = per month for **FAMILY** Excellus Simply Blue Plus **Bronze 4** coverage = per month for **EMPLOYEE + SPOUSE** Excellus Simply Blue Plus **Bronze 4** coverage 1.324.66 = per month for EMPLOYEE + CHILD[REN] Excellus Simply Blue Plus Bronze 4 coverage 1,125.96 = per month for INDIVIDUAL Excellus Simply Blue Plus Bronze 4 coverage = per month for INDIVIDUAL Aetna MEDICARE [P01] ESA PPO Plan coverage n/a = per month for INDIVIDUAL Excellus Supplemental F + Supplemental Rx coverage (≠ available in 2025)

and !!!!! check for rounding adjustments, if needed, in allocation sums and check for throughput of AF105:AF107 value to Tab E, Cell (U91)

TAB H - [HRA Funding] input data into the yellow-backgrounded cells, below [TAB H requires manually incrementing the year within Sheet; updating text in Cell (C9), if HRA Amounts Change; and if AF113:AF114 ≠0, incorporating into Tab E, Cell (U98) checksum]

15,400.00 = employer's maximum contribution for year to HRA of eligible participant with a multi-person enrollment (based on proposed Plan Amendment [for integration with Bronze 4+]) 7,700.00 = employer's maximum contribution for year to HRA of eligible participant with a single-person enrollment (based on proposed Plan Amendment [for integration with Bronze 4+])

TAB I - [Dental-Vision Claims] input data into the yellow-backgrounded cells, below (TAB I requires manually incrementing the year within Sheet and updating labels, if Admin. Cost Unit Amounts Change)

35,878.08 = annual gross budget for 2025 Dental Benefits based upon estimated enrollments in Excellus Fully-Insured PPO Group Dental Insurance Policy = per month for FAMILY Excellus Fully Insured Full Feature PPO Dental Group Insurance Policy coverage 133.88 = per month for EMPLOYEE + SPOUSE Excellus Fully Insured Full Feature PPO Dental Group Insurance Policy coverage 83.40 = per month for EMPLOYEE + CHILD[REN] Excellus Fully Insured Full Feature PPO Dental Group Insurance Policy coverage = per month for INDIVIDUAL Excellus Fully Insured Full Feature PPO Dental Group Insurance Policy coverage = annual gross budget for 2025 Vision Benefits based upon estimated enrollments in Guardian Fully-Insured, Full Feature PPO Group Vision Insurance Policy = per month for **FAMILY** Guardian Fully Insured Full Feature PPO Vision Group Insurance Policy coverage 14.94 = per month for EMPLOYEE + SPOUSE Guardian Fully Insured Full Feature PPO Vision Group Insurance Policy coverage = per month for EMPLOYEE + CHILD[REN] Guardian Fully Insured Full Feature PPO Vision Group Insurance Policy coverage = per month for INDIVIDUAL Guardian Fully Insured Full Feature PPO Vision Group Insurance Policy coverage = [n/a] based on final 2021 Dental Benefits numbers (with allowance for run-out claims), either: (Claims Paid Favorable Experience Dividend) or Claims Paid Negative Experience Surcharge for 2022 = [n/a] based on final 2021 Vision Benefits numbers (with allowance for run-out claims), either: (Claims Paid Favorable Experience Dividend) or Claims Paid Negative Experience Surcharge for 2022

and !!!!! check for rounding adjustments, if needed, in allocation sums and check for throughput of AF111:AF112 value to Tab E, Cell (U92)

and check for throughput of AF111:AF112 value to Tab E, Cell (U93)

TAB J - [Health Benefits Consulting Fees] input data into the yellow-backgrounded cell, below (TAB J requires manually incrementing the year within Sheet)

13,500.00 = annual Not-To-Exceed fee for Health Benefit Consulting contract/extension (NFP) and !!!!! check for rounding adjustments, if needed, in allocation sums

TAB K - [Health Insurance Broker Fee] requires no data input (TAB K requires manually incrementing the year within Sheet)

TAB L - [Pre-Tax Premium Payment Administration Fee] requires no data input (TAB L requires manually incrementing the year within Sheet)

TAB M - [Flexible Benefit Plan Administration Fee] input data into the yellow-backgrounded cells, below (TAB M requires manually incrementing the year within Sheet) = one-time implementation fee (not charged in 2025) = annual compliance fees (plan amendments/restatements [included]) = annual compliance fees (discrimination testing [\$300.00 - allowance]) = annual compliance fees (required return filings [\$350.00 - allowance]) = three Member group meetings/presentations (\$125.00 each plus travel costs [each 160 miles @ \$0.67/mile - allowance]) = two consultations (\$150.00 each - allowance) 1,188.00 = administration costs (for 2025, \$99.00/month "minimum fee" or, if higher, \$3.25/each enrollee per month])

and !!!!! check for rounding adjustments, if needed, in allocation sums and check for throughput of AF113:AF115 value to Tab E, Cell (U94)

TAB N - [COBRA Administration Fee] requires no data input (TAB N requires manually incrementing the year within Sheet)

TAB O - [Health Reimbursement Account {HRA} Administration Fee] input data into the yellow-backgrounded cells, below (TAB O requires manually incrementing the year within Sheet)

one-time implementation fee (not charged in 2025) 1.755.00 = administration cost (for 2025, \$3.25/month per account) = annual compliance fees (plan amendments/restatements [included]) 350.00 = annual compliance fees (discrimination testing [\$350.00] - allowance) 350.00 = annual compliance fees (required return filings [\$350.00] - allowance)

and !!!!! check for rounding adjustments, if needed, in allocation sums and check for throughput of AF113:AF114 value to Tab E, Cell (U95)

TAB P - not used in 2025 [Dental & Vision Claim Administration Fee] input data into the yellow-backgrounded cells, below (TAB P requires manually incrementing the year within Sheet) = one-time implementation fee (not charged in 2025) = dental administration costs (\$300.00/month minimum fee for fewer than 63 Subscriber contracts [for 63 or more, add \$4.96/each per month]; not charged in 2025) = vision administration costs ("included" in dental [above] for 2025) = dental SPD and plan document upkeep/update costs ("included" in dental for 2025) = vision SPD and plan document upkeep/update costs ("included" in vision for 2025) and !!!!! check for rounding adjustments, if needed, in allocation sums and check for throughput of AF117:AF118 value to Tab E, Cell (U96)

TAB Q - [Administration of Employee Conversion of Sick Leave to Retiree Health Insurance Premium Credits] requires no data input (TAB Q requires manually incrementing the year within Sheet)

TAB R - [Education and Assistance Costs] requires no data input (TAB R requires manually incrementing the year within Sheet)

2025 HEALTH BENEFITS PROGRAM GROSS COST TO EMPLOYEES AND RETIREES PER VARIOUS SUBSCRIBER CONTRACT OPTIONS/PACKAGES

(some components may not appear to "add-up", multiply or divide evenly due to rounding)

5) ^ denotes that a rounding adjustment of -\$0.01 has been applied to the adjacent cell

Computed as follows:

SB+B4 / Aetna Medicare [P01] ESA PPO Plan with 10/25/40 Rx Plan (nationwide)

	SB+B4 / Aetna Medicare	e [P01] ESA PPO Plan with 10/25	040 KX Flair (flationwide)											
		EMPLOYEE - FAMILY (non-Medicare Eligible)	RETIREE - FAMILY (neither Retiree nor Spouse Medicare Eligible')	RETIREE - FAMILY (One Spouse is Medicare Eligible*; Other Spouse Is No	RETIREE - FAMILY (both Retiree and Spouse Medicare Eligible*)		DYEE plus CHILD[REN on-Medicare Eligible)		RETIREE / SURV. SP INDIVIDUAL (non-Medicare Eligible)		MEDICARE-COV. SPOU RETIREE / SURV. SP (Medicare Eligib	· INDIVIDUAL ble*)		
Classification / Item		per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY		per PA' . MONTHLY PERIO	D	ANNUAL MONTHLY		ANNUAL MONTHLY			
ACTIVE EMPLOYEES	:== : :			=======================================	=======================================			NON-MEDICARE-ELIGIBLE RE	ETIREE plus CHILDIREN	:]	MEDICARE-COVERED SPO			
# of Subscriber Contracts	s	8.00				I	2.00	25% share Retirees & C	-	Į	DEPENDENT OF ACTIVE EM	MPLOYEE	10.00	
GROSS TOTAL COST TO EMPLOYEE - 18.0% (per time period)	Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee -	4.498.87 \$374.90 \$173.04 4.091.28 \$340.94 \$157.36 \$301.81 \$25.15 \$11.61 \$67.08 \$5.59 \$2.58 \$21.01 \$1.75 \$0.81 \$17.69 \$1.47 \$0.68				total - \$2,683.61 Health / Rx Insurance - \$2,440.44 Dental/Vision Claim Benefits - \$180.03 NFP Consulting Fee - \$40.04 Flex Spending Admin Fee - \$12.56 HRA Administrative Fee - \$10.58	144 \$203.37 \$93. 103 \$15.00 \$6. 108 \$3.34 \$1. 105 \$0.	.86 Health / Rx Insurance5.92 Dental/Vision Claim Benefits54 NFP Consulting Fee0.48 Flex Spending Admin Fee -	\$0.00 \$0.00 b \$55.56 \$4.63	total- Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	\$685.67 \$57.14 \$548.88 \$45.74 \$105.90 \$8.83 \$23.52 \$1.96 \$7.37 \$0.61 \$0.00	\$21.11 \$4.07 \$0.90 \$0.28	Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee- Flex Spending Admin Fee - HRA Administrative Fee -	\$37,611.12 \$2,774.54 \$616.80 \$193.16 \$162.62
RETIREES														
# of Subscriber Contracts	s		0.00					25% share Retire	ees 0.00				0.00	
GROSS TOTAL COST TO RETIREE - 25%			total - <u>\$5,800.05</u> <u>\$483.34</u> Health / Rx Insurance - \$5,682.24 \$473.52					total - 4	\$2,035.18 \$169.60 \$1,993.80 \$166.15				Health / Rx Insurance -	\$0.00
(per time period)			Dental/Vision Claim Benefits - \$0.00 \$0.00 NFP Consulting Fee - \$93.24 \$7.77					Dental/Vision Claim Benefits - NFP Consulting Fee -	\$0.00 \$0.00 \$32.76 \$2.73				Dental/Vision Claim Benefits - NFP Consulting Fee -	\$0.00 \$0.00
			Flex Spending Admin Fee - \$0.00 \$0.00 HRA Administrative Fee - \$24.57 \$2.05					Flex Spending Admin Fee -	\$0.00 \$0.00 \$8.62 \$0.72				Flex Spending Admin Fee - HRA Administrative Fee -	\$0.00 \$0.00
			TITA Administrative 1 66 - \$\psi_2 \psi_1 \text{ST}\$ \$\psi_2 \text{ST}\$					TINA Administrative Fee	φο.σ2 φο.τ2				TINA Administrative Fee -	ψ0.00
SURVIVING SPOUSES	_							NON-MEDICARE-EL OF NON-MEDICARE EL	LIGIBLE RETIREE		F DECEASED EMPLOYEE			
# of Subscriber Contracts	s							100% share Widows	_	00% share Widows	0.00		0.00	
GROSS TOTAL COST TO SURV. SPOUSE - 1	100%							total - S	\$8,140.36 \$678.36 \$7,975.08 \$664.59	total - Health / Rx Insurance -	\$3,180.24 \$3,049.44 \$254.12		Health / Rx Insurance -	\$0.00
(per time period)								Dental/Vision Claim Benefits - NFP Consulting Fee -	\$0.00 \$0.00 c \$130.80 \$10.90	Dental/Vision Claim Benefits - NFP Consulting Fee -	\$0.00 \$0.00 \$130.80 \$10.90		Dental/Vision Claim Benefits - NFP Consulting Fee -	\$0.00 \$0.00
								Flex Spending Admin Fee - HRA Administrative Fee -	\$0.00 \$0.00 \$34.48 \$2.87	Flex Spending Admin Fee - HRA Administrative Fee -	\$0.00 \$0.00 \$0.00 \$0.00		Flex Spending Admin Fee - HRA Administrative Fee -	\$0.00 \$0.00
	SB+B4 / Aetna Medicare	e [P01] ESA PPO Plan with 10/25	5/40 Rx Plan (nationwide)											
		EMPLOYEE plus SPOUSE (non-Medicare Eligible)	RETIREE - FAMILY (neither Retiree nor Spouse Medicare Eligible')	RETIREE / SURV. SP INDIVIDUAL (non-Medicare Eligible)	RETIREE - FAMILY (both Retiree and Spouse Medicare Eligible*)		LOYEE - INDIVIDUAL on-Medicare Eligible)		RETIREE / SURV. SP INDIVIDUAL (non-Medicare Eligible)		RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)			
Classification / Item	A	(non-Medicare Eligible) per PAY ANNUAL MONTHLY PERIOD	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible*) ANNUAL MONTHLY	(no	on-Medicare Eligible) per PA . MONTHLY PERIOL	NY D	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY		SP INDIVIDUAL (Medicare Eligible*) ANNUAL MONTHLY			
Classification / Item	A	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*)	SP INDIVIDUAL (non-Medicare Eligible)	(both Retiree and Spouse Medicare Eligible*)	(no	on-Medicare Eligible) per PA'	NY D	SP INDIVIDUAL (non-Medicare Eligible)		SP INDIVIDUAL (Medicare Eligible*)			
=======================================	A	(non-Medicare Eligible) per PAY ANNUAL MONTHLY PERIOD	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY	(no	on-Medicare Eligible) per PA . MONTHLY PERIOL	NY D	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	50% share Reti	SP INDIVIDUAL (Medicare Eligible*) ANNUAL MONTHLY		34.00	
ACTIVE EMPLOYEES # of Subscriber Contracts GROSS TOTAL COST	.== =: S total - \$	(non-Medicare Eligible) per PAY PERIOD	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY		on-Medicare Eligible) MONTHLY	NY DD == ==	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	50% share Reti	## SP INDIVIDUAL (Medicare Eligible*) ## ANNUAL MONTHLY ## 1.00 ## 1.590.12 ## 1332.51			
ACTIVE EMPLOYEES # of Subscriber Contracts	S total - \$\frac{1}{2}\$ % Health / Rx Insurance - \$\frac{1}{2}\$	(non-Medicare Eligible) per PAY ANNUAL MONTHLY PERIOD 9.00	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY	ANNUAL =======	on-Medicare Eligible) MONTHLY	1.70 5.21	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	50% share Reti	SP INDIVIDUAL (Medicare Eligible*) ANNUAL MONTHLY rees 1.00		34.00 Health / Rx Insurance - Dental/Vision Claim Benefits -	\$61,817.16 \$4,447.71
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.0%	S total - \$\frac{5}{2}\$ Whealth / Rx Insurance - \$\frac{5}{2}\$ Dental/Vision Claim Benefits - \$\text{NFF Consulting Fee} - \$\text{VISION FEE} - \$VI	(non-Medicare Eligible) ANNUAL MONTHLY PERIOD 9.00 3.156.99 \$263.08 \$121.43 2,871.00 \$239.25 \$110.42	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY	total - \$1,578.55 Health / Rx Insurance - \$1,435.50 Dental/Vision Claim Benefits - \$105.90 NFP Consulting Fee - \$23.50	on-Medicare Eligible) MONTHLY PERIOL 24.00 56 \$131.55 \$60, \$119.63 \$55. 30 \$8.83 \$4. 52 \$1.96 \$0.	1.70 5.21 6.07	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	50% share Reti total- Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee	P INDIVIDUAL (Medicare Eligible*) ANNUAL MONTHLY rees 1.00 \$1.590.12 \$132.51 \$1,524.72 \$127.06		Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee -	
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.0%	S total - S Health / Rx Insurance - S Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee -	(non-Medicare Eligible) Per PAY	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY	total - \$1.578.55 Health / Rx Insurance - \$1,435.56 Dental/Vision Claim Benefits - \$105.90 NFP Consulting Fee - \$23.56	24.00 24.00 24.00 56 \$131.55 \$60.56 \$119.63 \$55.00 \$8.83 \$4.55 \$2 \$1.96 \$0.37 \$0.61 \$0.05 \$10.05 \$1	1.70 1.20 1.21 1.00 1.21 1.00 1.22 1.23	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	50% share Reti total - Health / Rx Insurance - Dental/Vision Claim Benefits -	P INDIVIDUAL (Medicar≠ Eligible*) ANNUAL MONTHLY rees 1.00 \$1,590.12 \$132.51 \$1,524.72 \$127.06 \$0.00 \$0.00 \$65.40 \$5.45		Health / Rx Insurance - Dental/Vision Claim Benefits -	\$4,447.71 \$1,053.24
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.09 (per time period)	S total - S Health / Rx Insurance - S Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee -	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY	ANNUAL	24.00 24.00 24.00 36 \$\frac{131.55}{3119.63}\$\$\frac{\$60}{352}\$\$\frac{\$8.83}{37}\$\$\frac{\$4.95}{30.61}\$\$\ \$0.52\$\$\$\ \$0.52\$\$\ \$0.	1.70 1.20 1.21 1.00 1.21 1.00 1.22 1.23	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	50% share Reti total - Health / Rx Insurance - Dental/Vision Claim Benefits - NPP Consulting Fee - Flex Spending Admin Fee -	SP INDIVIDUAL (Medicare Eligible*)		Health / Rx Insurance - DentalVision Claim Benefits - NFP Censuiting Fee - Flex Spending Admin Fee -	\$4,447.71 \$1,053.24 \$309.63
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.0%	S S Whealth / Rx Insurance - S Dental/Vision Claim Benefits - NFF Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible*) ANNUAL MONTHLY	ANNUAL	24.00 24.00 24.00 36 \$\frac{131.55}{3119.63}\$\$\frac{\$60}{352}\$\$\frac{\$8.83}{37}\$\$\frac{\$4.95}{30.61}\$\$\ \$0.52\$\$\$\ \$0.52\$\$\ \$0.	1.70 1.21 1.07 1.90 1.22 1.24	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY ERED RETIREE OR SPOUSE	50% share Reti total - Health / Rx Insurance - Dental/Vision Claim Benefits - NPP Consulting Fee - Flex Spending Admin Fee -	SP INDIVIDUAL (Medicare Eligible*)		Health / Rx Insurance - Dentat/Vision Claim Benefits - NFP Censuiting Fee - Flex Spending Admin Fee -	\$4,447.71 \$1,053.24 \$309.63
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.09 (per time period)	S S Whealth / Rx Insurance - S Dental/Vision Claim Benefits - NFF Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible*) ANNUAL MONTHLY MIC-COVERED WIDOW OF MIC-ELIGIBLE RETIREE MEDICARE-COVERED RETIREE AND SPOUSE	total - \$1,578.54 Health / Rx Insurance - \$1,435.54 Dental/Vision Claim Benefits - \$105.90 NPF Consulting Fee - \$23.55 Flex Spending Admin Fee - \$7.33 HRA Administrative Fee - \$6.22	On-Medicare Eligible)	0.70 0.21 0.07 0.90 0.28 0.24	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY ERED RETIREE OR SPOUSE	50% share Reti total- Health / Rx Insurance- Dentalt/Vision Claim Benefits- NFP Consulting Fee- Flex Spending Admin Fee- HRA Administrative Fee-	SP INDIVIDUAL (Medicare Eligible*)		Health / Rx Insurance - Dental/Vision Claim Benefits- NFP Consulting Fee - Flex Spending Admin Fee- HRA Administrative Fee -	\$4,447.71 \$1,053.24 \$309.63
# of Subscriber Contracts # of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.0% (per time period) RETIREES # of Subscriber Contracts	S S Whealth / Rx Insurance - S Dental/Vision Claim Benefits - NFF Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY MIC-COVERED WIDOW OF MIC-ELIGIBLE RETIREE MEDICARE-COVERED RETIREE AND SPOUSE 25% Share Retiree & Spouse 0.00 total \$4,053.00 \$337.75 Health / Rx Insurance \$3,987.60 \$332.30	total - \$1,578.56 Health / Rx Insurance - \$1,435.56 Dental/Vision Claim Benefits - \$105.90 NPF Consulting Fee - \$23.55 Flex Spending Admin Fee - \$7.3 HRA Administrative Fee - \$6.2 NON-MC-ELIGIBLE SPOUSE OF MC-ELIGI 25% share Retirees (Spouse) total - \$2,035.18	24.00 24.00 24.00 36 \$\frac{131.55}{3119.63} \frac{\$60}{352} \frac{\$119.63}{\$55.} \frac{\$50}{37} \frac{\$0.61}{\$0.52} \frac{\$50}{\$0.61} \frac{\$50}{\$0.52} \frac{\$50}{\$0.61}	0.70 0.21 0.21 0.27 0.28 0.28 0.24 OUT-OF-AREA MEDICARE-COVE 25% share Retirees	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY ERED RETIREE OR SPOUSE N/A 2 \$795.12 \$66.26 \$762.36 \$63.53	50% share Retiret total-Health / Rx Insurance-Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	P INDIVIDUAL (Medicare Eligible*) ANNUAL MONTHLY rees 1.00 \$1,590.12 \$132.51 \$1,524.72 \$127.06 \$0.00 \$0.00 \$65.40 \$5.45 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		Health / Rx Insurance - Dental/Vision Claim Benefits- NFP Consulting Fee - Flex Spending Admin Fee- HRA Administrative Fee -	\$4,447.71 \$1,053.24 \$309.63
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.0% (per time period) RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25%	S S Whealth / Rx Insurance - S Dental/Vision Claim Benefits - NFF Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	MC-COVERED WIDOW OF MC-ELIGIBLE RETIREE	total - \$1,578.56 Health / Rx Insurance - \$1,435.56 Dental/Vision Claim Benefits - \$105.96 NFP Consulting Fee - \$2.3.56 Flex Spending Admin Fee - \$7.33 HRA Administrative Fee - \$6.22 NON-MC-ELIGIBLE SPOUSE OF MC-ELIGI 25% share Retirees (Spouse) total - \$2,035.18 Health / Rx Insurance - \$1,993.80 Dental/Vision Claim Benefits - \$0.00 NFP Consulting Fee - \$32.76	Description	OUT-OF-AREA MEDICARE-COVE 25% Share Retirees total - Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee -	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY BERED RETIREE OR SPOUSE N/A 2 \$795.12 \$66.26 \$762.36 \$63.53 \$0.00	50% share Retire total - total	P INDIVIDUAL (Medicare Eligible*) ANNUAL MONTHLY rees 1.00 \$1,590.12 \$132.51 \$1,524.72 \$127.06 \$0.00 \$0.00 \$65.40 \$5.45 \$0.00		Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - 29.00 Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee -	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$24,571.32 \$0.00 \$950.04
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.0% (per time period) RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25%	S S Whealth / Rx Insurance - S Dental/Vision Claim Benefits - NFF Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY ANNUAL MONTHLY MC-COVERED WIDOW OF MC-ELIGIBLE RETIREE MEDICARE-COVERED RETIREE AND SPOUSE 25% share Retiree & Spouse 0.00 total \$4,053.00 \$337.75 Health / Rx Insurance \$3,987.60 \$332.30 Dental/Vision Claim Benefits \$0.00 \$0.00	ANNUAL S1.578.56	24.00 24.00 24.00 36 \$\frac{131.55}{3119.63}\$\$\$\frac{860}{352}\$\$\$\frac{1}{3}0.52\$\$\$\$\$0.00	OUT-OF-AREA MEDICARE-COVE 25% share Retirees total - Health / Rx Insurance - Dental/Vision Claim Benefits -	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY ERED RETIREE OR SPOUSE N/A 2 \$795.12 \$66.26 \$762.36 \$63.53 \$0.00 \$0.00 \$32.76 \$2.73	50% share Retires total- Health / Rx Insurance- Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - 25% share Retirees total- Health / Rx Insurance- Dental/Vision Claim Benefits -	P INDUVIDUAL (Medicare Eligible*) ANNUAL MONTHLY rees 1.00 \$1,590.12 \$132.51 \$1,524.72 \$127.06 \$0.00 \$0.00 \$65.40 \$5.45 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		Health / Rx Insurance- Dental/Vision Claim Benefits - NFP Consulting Fee- Flex Spending Admin Fee - HRA Administrative Fee - 29.00 Health / Rx Insurance - Dental/Vision Claim Benefits -	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$24,571.32 \$0.00
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.09 (per time period) RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25% (per time period)	S S Whealth / Rx Insurance - S Dental/Vision Claim Benefits - NFF Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*)	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible*)	ANNUAL S1.578.56	24.00 24.00 24.00 36 \$\frac{131.55}{3119.63}\$\$\$\frac{860}{352}\$\$\$\frac{1}{3}0.52\$\$\$\$\$0.00	OUT-OF-AREA MEDICARE-COVE 25% share Retirees total - Health / Rx Insurance - DentalVision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	SP INDIVIDUAL (non-Medicare Eligible)	50% share Retire total- Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - 25% share Retirees total - Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	No.		Health / Rx Insurance - Dental/Vision Claim Benefits- NFP Consulting Fee- Flex Spending Admin Fee- HRA Administrative Fee- 29.00 Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee- Flex Spending Admin Fee- HRA Administrative Fee-	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$24,571.32 \$0.00 \$950.04 \$0.00
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.0% (per time period) RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25%	S S Whealth / Rx Insurance - S Dental/Vision Claim Benefits - NFF Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee -	(non-Medicare Eligible)	(neither Retiree nor Spouse Medicare Eligible*)	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible*)	ANNUAL S1.578.56	24.00 24.00 24.00 36 \$\frac{131.55}{3119.63}\$\$\$\frac{860}{352}\$\$\$\frac{1}{3}0.52\$\$\$\$\$0.00	OUT-OF-AREA MEDICARE-COVE 25% share Retirees total - Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - HRA Administrative Fee - HRA Administrative Fee - \$ 1,224,150.54	SP INDIVIDUAL (non-Medicare Eligible)	50% share Retire total - total	No.		Health / Rx Insurance - Dental/Vision Claim Benefits- NFP Consulting Fee- Flex Spending Admin Fee- HRA Administrative Fee- 29.00 Health / Rx Insurance- Dental/Vision Claim Benefits- NFP Consulting Fee- Flex Spending Admin Fee-	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$24,571.32 \$0.00 \$950.04 \$0.00
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.09 (per time period) ### RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25% (per time period) NOTES - 1) figures in green are based	S Whealth / Rx Insurance S Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - S on November 1, 2024 roster/cens	Non-Medicare Eligible Per PAY PERIOD	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	MEDICARE-COVERED RETIREE AND SPOUSE	NON-MIC-ELIGIBLE SPOUSE OF MIC-ELIGIBLE SPO	24.00 24.00 24.00 24.00 24.00 25.0	OUT-OF-AREA MEDICARE-COVE 25% Share Retirees total - Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - \$1,224,150.54	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY ERED RETIREE OR SPOUSE N/A 2 \$795.12 \$66.26 \$63.53 \$0.00 \$0.	50% share Retire total - total	No.		Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee- Flex Spending Admin Fee - HRA Administrative Fee - HRA Administrative Fee - 29.00 Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - HRA Administrative Fee - TOTALS Health / Rx Insurance - Dental/Vision Claim Benefits -	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$260.73 \$24,571.32 \$0.00 \$950.04 \$0.00 \$17.24
ACTIVE EMPLOYEES # of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.09 (per time period) RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25% (per time period) NOTES - 1) figures in green are based figures in purple are assum	S S total - \$ Whealth / Rx insurance - \$ Dental/vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - S S d on November 1, 2024 roster/cens raptions; and	Non-Medicare Eligible Per PAY PERIOD	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	MEDICARE-COVERED RETIREE AND SPOUSE	NON-MIC-ELIGIBLE SPOUSE OF MIC-ELIGIBLE SPO	24.00 24.00 24.00 24.00 24.00 25.0	OUT-OF-AREA MEDICARE-COVE 25% Share Retirees total - Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - State Spending Admin Fee - HRA Administrative Fee - State Spending Admin Fee - HRA Administrative Fee - State Spending Admin Fee - HRA Administrative Fee - State Spending Admin Fee - HRA Administrative Fee - State Spending Admin Fee - HRA Administrative Fee - State Spending Admin Fee - HRA Administrative Fee - State Spending Admin Fee - HRA Administrative Fee - State Spending Administrative Fee - Spending Administrative	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY ERED RETIREE OR SPOUSE N/A 2 \$795.12 \$66.26 \$762.36 \$63.53 \$0.00 \$	50% share Retire total - total	No.		Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - 29.00 Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - HRA Administrative Fee - TOTALS Health / Rx Insurance - Dental/Vision Claim Benefits - PFP Consulting Fee - Flex Spending Admin Fee -	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$260.73 \$24,571.32 \$0.00 \$950.04 \$0.00 \$17.24 \$123,999.60 \$7,222.25 \$2,620.08 \$502.79
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.09 (per time period) RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25% (per time period) NOTES - 1) figures in green are based figures in purple are assum figures in blue are extrapole	S Whealth / Rx Insurance - S Dental/Vision Claim Benefits - NFP Consulting Fee - HRA Administrative Fee - HRA administr	9.00 3.156.99 \$263.08 \$121.43 2,871.00 \$239.25 \$110.42 \$47.04 \$3.92 \$1.81 \$14.75 \$1.23 \$0.57 \$12.41 \$1.03 \$0.48	(neither Retiree nor Spouse Medicare Eligible*)	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	MEDICARE-COVERED RETIREE AND SPOUSE	NON-MIC-ELIGIBLE SPOUSE OF MIC-ELIGIBLE SPO	24.00 24.00 24.00 24.00 24.00 25.0	0.70 0.21 0.70 0.21 0.70 0.22 0.28 0.28 0.24 OUT-OF-AREA MEDICARE-COVE 25% share Retirees total Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting fee - Flex Spending Admin Fee - HRA Administrative Fee - \$ 1,224,150.54 ALLOCATEI (for aggrega \$ (32.36) \$ 3.12 \$ (2.00)	### SP INDIVIDUAL (non-Medicare Eligible) #### ANNUAL MONTHLY #### SPORT IN	50% share Retire total- Health / Rx Insurance - Dentall/Ision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - 25% share Retirees total - Health / Rx Insurance - Dentall/Ision Claim Benefits - NFP Consulting Fee - HRA Administrative Fee - HRA Administrative Fee - M COST (@ FULL EI LLS EXCESS // ## = deficit S ITANCE 19Fee	No.		Health / Rx Insurance - Dental/Vision Claim Benefits- NPP Consulting Fee- Flex Spending Admin Fee- HRA Administrative Fee- 29.00 Health / Rx Insurance - Dental/Vision Claim Benefits- NFP Consulting Fee- Flex Spending Admin Fee- HRA Administrative Fee- TOTALS Health / Rx Insurance - Dental/Vision Claim Benefits- NFP Consulting Fee- Flex Spending Admin Fee- HRA Administrative Fee- Flex Spending Admin Fee- HRA Administrative Fee-	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$260.73 \$24,571.32 \$0.00 \$950.04 \$0.00 \$17.24 \$123,999.60 \$7,222.25 \$2,620.08 \$502.79 \$440.59
ACTIVE EMPLOYEES # of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.09 (per time period) RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25% (per time period) NOTES - 1) figures in green are based figures in purple are assum figures in blue are extrapole 2) a "Subscriber" is the person	S total - \$ Health / Rx Insurance - \$ Dental/Vision Claim Benefits - NFPF Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - S I on November 1, 2024 roster/cens mptions; and lated or computed amounts (and min through whom eligibility has been in through whom eligibility has been seemed to the seemed to	9.00 9.00	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY ANNUAL MONTHLY MIC-COVERED WIDOW OF MIC-ELIGIBLE RETIREE MEDICARE-COVERED RETIREE AND SPOUSE 25% share Retiree & Spouse total \$4,053.00 \$337.75 Health / Rx Insurance \$3,987.60 \$332.30 Dental/Vision Claim Benefits \$0.00 \$0.00 NFP Consulting Fee \$65.40 \$5.45 Fiex Spending Admin Fee \$0.00 \$0.00 HRA Administrative Fee \$0.00 \$0.00 out to fill vacant budgeted positions beginning 2025 (adjustice)	NON-MIC-ELIGIBLE SPOUSE OF MIC-ELIGIBLE SPO	24.00 24.00 24.00 24.00 24.00 25.0	OUT-OF-AREA MEDICARE-COVE 25% share Retirees total - Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - HRA Administrative Fee - HRA Administrative Fee - \$ 1,224,150.54 ALLOCATEI (for aggrega	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY BERED RETIREE OR SPOUSE N/A 2 \$795.12 \$66.26 \$762.36 \$63.53 \$0.00 \$0.00 \$0.00 \$32.76 \$2.73 \$0.00 \$0.00 TOTAL 2025 PROGRAI DE COST DIFFERENTIA ate checksum) // ## = e Health-Rx Ins Dent Vis Insu	50% share Retired total - tota	No.		Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - 29.00 Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - HRA Administrative Fee - TOTALS Health / Rx Insurance - Dental/Vision Claim Benefits - PFP Consulting Fee - Flex Spending Admin Fee -	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$24,571.32 \$0.00 \$950.04 \$0.00 \$17.24 \$123,999.60 \$7,222.25 \$2,620.08 \$502.79
# of Subscriber Contracts GROSS TOTAL COST TO EMPLOYEE - 18.09 (per time period) RETIREES # of Subscriber Contracts GROSS TOTAL COST TO RETIREE - 25% (per time period) NOTES - 1) figures in green are based figures in purple are assum figures in blue are extrapole 2) a "Subscriber" is the person enti	S S Wealth / Rx Insurance - S Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - HRA Administrative Fee - S S I on November 1, 2024 roster/cens riptions; and lated or computed amounts (and men through whom eligibility has been tittled to benefits under the various littled to benefits under the various series and series are series.	9.00 9.00	(neither Retiree nor Spouse Medicare Eligible*) ANNUAL MONTHLY	SP INDIVIDUAL (non-Medicare Eligible) ANNUAL MONTHLY NON-MC-COVERED WIDOW OF NON-MC-ELIGIBLE RETIREE Provided in the second secon	(both Retiree and Spouse Medicare Eligible') ANNUAL MONTHLY ANNUAL MONTHLY MIC-COVERED WIDOW OF MIC-ELIGIBLE RETIREE MEDICARE-COVERED RETIREE AND SPOUSE 25% share Retiree & Spouse total \$4,053.00 \$337.75 Health / Rx Insurance \$3,987.60 \$332.30 Dental/Vision Claim Benefits \$0.00 \$0.00 NFP Consulting Fee \$65.40 \$5.45 Fiex Spending Admin Fee \$0.00 \$0.00 HRA Administrative Fee \$0.00 \$0.00 out to fill vacant budgeted positions beginning 2025 (adjustice)	NON-MIC-ELIGIBLE SPOUSE OF MIC-ELIGIBLE SPO	24.00 24.00 24.00 24.00 24.00 25.0	0.70 0.21 0.70 0.21 0.70 0.224 OUT-OF-AREA MEDICARE-COVE 25% Share Retirees total Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee - HRA Administrative Fee - \$ 1,224,150.54 ALLOCATEI (for aggregation of the consulting fee of the co	SP INDIVIDUAL (non-Medicare Eligible)	50% share Retired total - tota	No.		Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee- Flex Spending Admin Fee- HRA Administrative Fee- 29.00 Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee- HRA Administrative Fee - TOTALS Health / Rx Insurance - Dental/Vision Claim Benefits - NFP Consulting Fee - Flex Spending Admin Fee- HRA Administrative Fee- HRA Administrative Fee- HRA Administrative Fee- GRAND TOTAL	\$4,447.71 \$1,053.24 \$309.63 \$260.73 \$260.73 \$24,571.32 \$0.00 \$950.04 \$0.00 \$17.24 \$123,999.60 \$7,222.25 \$2,620.08 \$502.79 \$440.59

6) M denotes that a rounding adjustment of +\$0.01 has been applied to the adjacent cell

2025 MEDICAL INSURANCE BUY-OUT GROSS COST

(some components may not appear to "add-up", multiply or divide evenly due to rounding)

By collective bargaining agreement and through its statement of Policies and Benefits for Salaried and Management Staff, the Board has agreed to provide a cash buy-out incentive to qualifying employees who waive medical and prescription drug insurance coverage:

- under the collective bargaining agreement in effect through December 31, 2025, for CSEA-represented employees, the buy-out is \$5,000 per year (\$192.31/pay period)

- under the statement of Policies and Benefits for Salaried and Management Staff, the buy-out is \$5,000 per year (\$192.31/pay period)

\$15,000.18 \$1,147.38

- TOTAL ANNUAL COST TO BE ALLOCATED

- annual total of "per pay period" Buy-Out cost based on "as of 11/01/23" census of Subscriber Contracts, adjusted for 01/01/24 proj.
- annual total of "per pay period" Employer Social Security/Medicare cost based on "as of 11/01/23" census of Subscriber Contracts, adjusted \"

Computed as follows:

		EMPLOYE REPRES (non-Medica	SENTED			Employer-Share Social Security	CROSS- TOTAL		[blended] CY 2025 NYS-ERS
Classification / Item	====	ANNUAL	per PAY PERIOD ======		Buy-Out Only	& Medicare Tax Only =======	(to extent informative)		Employer Cont. Rates =======
ACTIVE EMPLOYEE	S - HOURLY								
# of NYS-ERS-Tier 3 Employees electing			1				1		
ALLOCATED COST (per time period)	total - 5K Buy-Out to EE - ER-share SS/Medicare - ER's NYS-ERS Contrib	\$5,382.46 \$5,000.00 \$382.46 \$435.60	\$207.02 \$192.31 \$14.71 \$36.30	SUBTOTAL -	per PAY PERIOD ======== \$192.31	per PAY PERIOD	per PAY PERIOD ====================================	ANNUAL ====================================	18.875%
# of NYS-ERS-Tier 5 ployees electing Bu			0				0		
ALLOCATED COST (per time period)	total - 5K Buy-Out to EE - ER-share SS/Medicare - ER's NYS-ERS Contrib	\$5,382.46 \$5,000.00 \$382.46 \$369.84	\$207.02 \$192.31 \$14.71 \$30.82	SUBTOTAL -	per PAY PERIOD ====================================	per PAY PERIOD ====================================	per PAY PERIOD ======= \$0.00 R's NYS-ERS Cont.	ANNUAL ======== \$0.00	16.025%
# of NYS-ERS-Tier 6 ployees electing Bu			1				1		
ALLOCATED COST (per time period)	total - 5K Buy-Out to EE - ER-share SS/Medicare - ER's NYS-ERS Contrib	\$5,382.46 \$5,000.00 \$382.46 \$282.72	\$207.02 \$192.31 \$14.71 \$23.56	SUBTOTAL - ANNUAL CSEA -			per PAY PERIOD ======== \$207.02 R's NYS-ERS Cont.	ANNUAL ====== \$5,382.52	12.250%
Classification / Item		EMPLO SALARIEI (non-Medica ANNUAL	D/MGMT.				CROSS- TOTAL (to extent informative)		
ACTIVE EMPLOYEE	S - SALARIED								
# of NYS-ERS-Tier 3 Employees electing			1				1		
ALLOCATED COST (per time period)	total - 5K Buy-Out to EE - ER-share SS/Medicare - ER's NYS-ERS Contrib	\$5,382.46 \$5,000.00 \$382.46 \$435.60	\$207.02 \$192.31 \$14.71 \$36.30	SUBTOTAL -	per PAY PERIOD ======= \$192.31	per PAY PERIOD ====================================	per PAY PERIOD ======= \$207.02 R's NYS-ERS Cont.	ANNUAL ====================================	18.875%
# of NYS-ERS-Tier 5 ployees electing Bu			0				0		
ALLOCATED COST (per time period)	total - 5K Buy-Out to EE - ER-share SS/Medicare - ER's NYS-ERS Contrib	\$5,382.46 \$5,000.00 \$382.46 \$369.84	\$207.02 \$192.31 \$14.71 \$30.82	SUBTOTAL -	per PAY PERIOD ====== \$0.00	per PAY PERIOD ====== \$0.00	per PAY PERIOD ======= \$0.00 R's NYS-ERS Cont.	ANNUAL ====== \$0.00	16.025%
# of NYS-ERS-Tier 6 ployees electing Bu			0				0		
ALLOCATED COST (per time period)	total - 5K Buy-Out to EE - ER-share SS/Medicare - ER's NYS-ERS Contrib	\$5,382.46 \$5,000.00 \$382.46 \$282.72	\$207.02 \$192.31 \$14.71 \$23.56	SUBTOTAL -	per PAY PERIOD ====================================	per PAY PERIOD ====================================	per PAY PERIOD ====================================	ANNUAL ====================================	12.250%
				SUBTUTAL -		w/o Ef	R's NYS-ERS Cont.		
	GRAI	ND TOTAL ar	nnual cost =		\$576.93	\$44.13	\$621.06	\$16,147.56	

NOTES -

figures in green are based on November 1, 2024 roster/census, plus an estimated +1 [Tier 6 Hourly] effective as of 01/01/2025 (to approximate "full employment" under the 2025 JSB Budget); figures in purple are assumptions;

figures in blue are extrapolated or computed amounts (and may not add/multiply/divide evenly due to rounding); and

figures in red are listed as a contingency (former City Comptroler [Cox] treated buy-out as reportable compensation)

\$2,750.00

2025 EXCELLUS AND AETNA HEALTH AND PRESCRIPTION DRUG INSURANCE PROGRAM PREMIUM COST PER VARIOUS SUBSCRIBER CONTRACT OPTIONS/PACKAGES (some components may not appear to "add-up", multiply or divide evenly due to rounding)

By publication, Excellus has established the following monthly premiums for 2025 SimplyBlue Plus Bronze 4+ [SB+B4] Medical Insurance and Prescription Drug Insurance coverage, and Aetna has set premiums for Medicare [P01] ESA PPO Plan Supplemental Insurance:

\$656,291.96 \$653,541.96

- TOTAL ANNUAL COST TO BE ALLOCATED

- annual total of monthly cost projected based on "as of 11/01/24" census of Subscriber Contracts, plus 1 Employee+Spouse, plus 1 Employee+Chilr[ren], plus 3 Individual as of 4Q24 to account for filling of vacant positions
- Medical/Rx SPD and plan document costs (\$500 set-up [not charged for 2025]; \$1,100.00 initial SPD [not charged for 2025]; \$2,750.00 updating [as needed or annual])

Apportioned as follows:

Apportioned as follows:								_		
Excellus Sim	plyBlue Plus Bronze 4 [SB+B4]			<u> </u>						
	EMPLOYEE - FAMILY	RETIREE - FAMILY	RETIREE - FAMILY	RETIREE - FAMILY	EMPLOYEE plus CHILD[REN]	RETIREE / SURV.	MEDICARE-COV. SPOUSE/DEP. or		00000	
	(non-Medicare Eligible)	(neither Retiree nor Spouse nor child[ren] Medicare Eligible*)	(One Spouse is Medicare Eligible*; Other Spouse Is No	(both Retiree and Spouse t) Medicare Eligible*)	(non-Medicare Eligible)	SP INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)		CROSS- TOTAL	
	per PAY	<u> </u>	<u> </u>		per PAY	<u></u>	per PAY		(to extent	
Classification / Item	ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY PERIOD		informative)	
ACTIVE EMPLOYEES						NON-MEDICARE-ELIGIBLE RETIREE plus CHILD[REN]	MEDICARE-COVERED SPOUSE OR DEPENDENT			
# of Subscriber Contracts	8.00					25% share Retirees & Child[ren] 0.00	1.00		11	
# Of Subscriber Contracts	0.00				2.00	2376 Share Nethees & Children 0.00	1.00			
"rating factor" for # covered	2.85				1.70	1.70	1.00		27.200	
"Members" (individuals) per Subscriber Contract	SB+B4:Fam.				SB+B4:E+C	SB+B4:E+C	M/C Adv.		per PAY	
insured premium	- \$1,887.64				insured premium - \$1,125.96	insured premium - \$1,125.96 insured prem	ium - \$251.86		PERIOD	ANNUAL
	- <u>\$22,729.08</u> <u>\$1,894.09</u> <u>\$874.20</u> - \$4,091.28 \$340.94 \$157.36				total - \$13,557.72 \$1,129.81 \$521.45 18.0% (employee) - \$2,440.44 \$203.37 \$93.86		total - \$3,049.44		¢0 452 70	\$211,000 E4
(per time period) 18.0% (employee) 82.0% (Board)	- \$4,091.28 \$340.94 \$157.36 - \$18,637.80 \$1,553.15 \$716.84				18.0% (employee) - \$2,440.44 \$203.37 \$93.86 82.0% (Board) - \$11,117.28 \$926.44 \$427.59	25% (Retiree) - \$3,389.40 \$282.45 18.0% (emplo 75% (Board) - ######## \$847.36 82.0% (B	oyee)- \$548.88 \$45.74 \$21.11 pard)- \$2,500.56 \$208.38 \$96.18	SUBTOTAL - 18.0% (employee) -	\$8,153.79 \$1,467.71	\$211,998.54 \$38,160.46
								82.0% (Board) -	\$6,686.08	\$173,838.08
	are [P01] ESA PPO Plan									
# of Subscriber Contracts		25% share Retirees 0.00	25% share Retirees 0.00			25% share Retirees (≠MC) 0.000			0.000	
"rating factor" for # covered		2.85	2.00	underwritten as		1.00			0.000	
"Members" (individuals)			,	two Individual						******
per Subscriber Contract		SB+B4:Fam. \$1,887.64	(combo) insured premium - \$870,71	Medicare Advantage		SB+B4:Indiv. insured premium - \$662.33			MONTHLY	ANNUAL
ALLOCATED COST		total - \$22,729.08 \$1,894.09	total - ######## \$875.24	Subscriber		total - \$7,975.08 \$664.59		SUBTOTAL -	\$0.00	\$0.00
(per time period)		25% (Retiree) - \$5,682.24 \$473.52 75% (Board) - \$17.046.84 \$1,420.57	25% (Retiree) - \$2,625.72 \$218.81 75% (Board) - \$7.877.16 \$656.43	Contracts		25% (Retiree) - \$1,993.80 \$166.15 75% (Board) - \$5.981.28 \$498.44		25% (Retiree) -	\$0.00 \$0.00	\$0.00 \$0.00
CUDVIVING CDOUCES		75% (Board) - \$17,046.84 \$1,420.57	75% (Board) - \$7,877.16 \$030.43			75% (Board) - \$5,981.28 \$498.44		75% (Board) -	\$0.00	\$0.00
# of Subposibor Contracts						Sundiding Spaces (AMS) 0.00 Sundiding	Species (MC) 0.00		0	
# of Subscriber Contracts							1 Spouse (MC) 0.00 d Active Employee)		U	
"rating factor" for # covered						1.00	1.00		0.000	
"Members" (individuals) per Subscriber Contract						SB+B4:Indiv.	M/C Adv.		MONTHLY	ANNUAL
per oubscriber outriact						insured premium - \$662.33 insured prem			=======	=======
ALLOCATED COST							total - \$3,049.44 \$254.12	SUBTOTAL -	\$0.00	\$0.00
(per time period)						100% (Surv. Spouse) - \$7,975.08 \$664.59 100% (Surv. Spo 0% (Board) - \$0.00 \$0.00 0% (Board)		100%(Surv. Spouse) - 0% (Board) -	\$0.00 \$0.00	\$0.00 \$0.00
						, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	213 (222.2)	¥	*****
				_	<u> </u>					
	EMPLOYEE plus SPOUSE (non-Medicare Eligible)	(neither Retiree nor Spouse	RETIREE / SURV. SP INDIVIDUAL	RETIREE plus SPOUSE (both Retiree and Spouse	EMPLOYEE - INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL	RETIREE / SURV. SP INDIVIDUAL		CROSS-	
	(Horrwedicare Eligible)	Medicare Eligible*)	(non-Medicare Eligible)	Medicare Eligible*)	(Horrwedicare Eligible)	(M/C Eligible* Outside Area)	(Medicare Eligible* In Area)		TOTAL	
0. 15 .: (1)	per PAY				per PAY				(to extent	
Classification / Item	ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY		informative)	
ACTIVE EMPLOYEES Excellus Sim			NON-M/C-COVERED WIDOW OF NON-M/C-ELIGIBLE RETIREE	M/C-COVERED WIDOW OF M/C-ELIGIBLE RETIREE						
# of Subscriber Contracts	9.00			Surviving Spouse (MC) 1.00	24.00	50% ch	are Retirees 1.00		35	
# 01 Subscriber Contracts	9.00			Surviving Spouse (MC)	24.00	30 /0 SII	are Retirees 1.00		33	
"rating factor" for # covered	2.00			1.00	1.00		1.00		44.000	
"Members" (individuals) per Subscriber Contract	SB+B4:E+Sp			SB+B4:Indiv.	SB+B4:Indiv.		M/C Adv.	50% share Retirees	per PAY	
insured premium	- \$1,324.66				insured premium - \$662.33	insured prem		÷	PERIOD	ANNUAL
	<u>\$15,950.28</u> <u>\$1,329.19</u> <u>\$613.47</u>			total - \$7,975.08 \$664.59	total \$7,975.08 \$664.59 \$306.73		total - \$3,049.44 \$254.12		040,000,75	***************************************
(per time period) 18.0% (employee)	- \$2,871.00 \$239.25 \$110.42 - \$13,079.28 \$1,089.94 \$503.05			100%(Surv. Spouse) - \$7,975.08 \$664.59 0% (Board) - \$0.00 \$0.00		50% (Re	tiree) - \$1,524.72 \$127.06 pard) - \$1,524.72 \$127.06		\$12,882.75 \$2,318.82	\$334,951.50 \$60,289.32
							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$10,563.93	\$274,662.18
· · · · · · · · · · · · · · · · · · ·	are [P01] ESA PPO Plan			MEDICARE-COVERED RETIREE AND SPOUSE	NON-MEDICARE-ELIGIBLE SPOUSE OF RETIREE	OUT-OF-AREA MC RETIREE OR SPOUSE				
# of Subscriber Contracts		25% share Retiree & Spouse 0.00		25% share Retiree & Spouse 0.00	25% share Retirees 2.00	25% share Retirees N/A 25% share	are Retirees 27.00		29	
"rating factor" for # covered		2.00		2.00	1.00	1.00	1.00		30.000	
"Members" (individuals)										
per Subscriber Contract		SB+B4:E+Sp s1,324.66		SB+B4:E+Sp nsured premium - \$1,324,66	SB+B4:Indiv.	Supp. F/SRx insured premium - \$251.86 insured prem	M/C Adv. ium - \$251.86		MONTHLY	ANNUAL
ALLOCATED COST		total - \$15,950.28 \$1,329.19		total - \$15,950.28 \$1,329.19	total - \$7,975.08 \$664.59		total - \$3,049.44 \$254.12	SUBTOTAL -	\$9,109.13	\$109,309.56
(per time period)		25% (Retiree) - \$3,987.60 \$332.30		25% (Retiree) - \$3,987.60 \$332.30	25% (Retiree) - \$1,993.80 \$166.15	25% (Retiree) - \$762.36 \$63.53 25% (Re	tiree) - \$762.36 \$63.53	25% (Retiree) -	\$2,712.20	\$32,546.40
		75% (Board) - \$11,962.68 \$996.89		75% (Board) - \$11,962.68 \$996.89	75% (Board) - \$5,981.28 \$498.44	75% (Board) - \$2,287.08 \$190.59 75% (Bit - using M/C Adv. Rate	oard)- \$2,287.08 \$190.59	75% (Board) - 50% (Retiree) -	\$6,142.81 \$127.06	\$73,713.72 \$1,524.72
						(Supp. F/Rx ≠ available		50% (Retiree) - 50% (Board) -	\$127.06	\$1,524.72
NOTES -								1		
						GRAND TOTAL # OF "PATING FACTOR" II		• _		\$656 250 60

- GRAND TOTAL # OF "RATING FACTOR" UNITS and annual "ALLOCATED COST" = 1) figures in black are those costs/rates as proposed/published to be charged by Excellus and Aetna, as applicable; figures in green are based on November 1, 2024 roster/census, +1.0 [Active] Family, +1.0 [Active] Employee+Spouse, +1.0 [Active] Imployee+Child[ren], +3.0 [Active] Individual, and +1.0 [Active] Separate Buyout to fill vacant budgeted positions beginning 2025 (adjusted forward for "Medicare eligible" status per note 4, b
- figures in purple are assumptions; and figures in blue are extrapolated or computed amounts (and may not add/multiply/divide evenly due to round
- 2) a "Subscriber" is the person through whom eligibility has been accrued (this is typically the Employee or Retiree of the Joint Sewage Boa
- 3) a "Member" is a person entitled to benefits under the various policies and programs (this includes "Subscribers", spouses, unemancipated children and, in some cases, surviving spouses, Alternate Payees and/or Alternate Recipients)
- 4) * "Medicare eligible" status, for purposes of this chart and its computations, is based upon attainment of age 65 on or before January 1, 20/
- 5) ^ denotes that a rounding adjustment of -\$0.01 has been applied to the adjacent cell 6) $^{\mbox{\scriptsize M}}$ denotes that a rounding adjustment of +\$0.01 has been applied to the adjacent cell

- - (note: annual "ALLOCATED COST" may exceed "TOTAL ANNUAL COST TO BE ALLOCATED" due to rounding [this is OK for "solvency purposes"])
 - te: annual "ALLOCATED COST" may be less than "TOTAL ANNUAL COST TO BE ALLOCATED" due to rounding [if "balanced" by other tabs, this is OK for "solvency purposes"])

2025 LIFETIME BENEFIT SOLUTIONS HEALTH REIMBURSEMENT ACCOUNT PROGRAM COST AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

nents may not appear to "add-up", multiply or divide evenly due to rounding

The Joint Sewage Board has established the following annual budget for 2025 Health Reimbursement Account coverage:

\$492,798.22 \$492,798.22

- TOTAL ANNUAL COST TO BE ALLOCATED
- annual budget [at maximum utilization] for 2025 Health Reimbursement Account based upon maximum \$7,700.00/year in Health Reimbursements per covered "Member" (not to exceed \$15,400.00/year per multi-person "Subscriber Unit")

Apportioned as follows:

<u>c</u>	Coordinated with SimplyBlue Plus Bronze 4+ [SB+	-B4]						1
	EMPLOYEE - FAMILY (non-Medicare Eligible)	RETIREE - FAMILY (neither Retiree nor Spouse Medicare Eligible')	RETIREE - FAMILY (One Spouse is Medicare Eligible*; Other Spouse Is Not)	RETIREE - FAMILY (both Retiree and Spouse Medicare Eligible')	EMPLOYEE plus CHILD[REN] INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (non-Medicare Eligible)	MEDICARE-COV. SPOUSE/DEP. or RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)	CROSS- TOTAL
Classification / Item	per PAY ANNUAL MONTHLY PERIOD = ===================================	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY	per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	per PAY ANNUAL MONTHLY PERIOD	(to extent informative)
ACTIVE EMPLOYEES								
# of Subscriber Contracts	8.00				2.00			10
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	2.85				1.70			26.20 per PAY PERIOD ANNUAL
ALLOCATED COST (per time period)	total - 0.0% (employee) - 100.0% (Board) - 100.0% (0.0% (employee) -	\$15,400.00 \$1,283.33 \$592.31 \$0.00 \$0.00 \$0.00 \$15,400.00 \$1,283.33 \$592.31			SUBTOTAL \$5,923.10 \$154,000.00 0.0% (employee) \$0.00 \$0.00 \$100.0% (Board) \$5,923.10 \$154,000.00
RETIREES								100.0 % (Board) - \$\phi_0,020.10 \$\phi_104,000.00\$
# of Subscriber Contracts		0.00	n/a		<u>25</u>	% share Retirees & Child[ren] 0.00		0
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	1	0	0			1		0.00 MONTHLY ANNUAL
ALLOCATED COST (per time period)		total - \$0.00 \$0.00 % (Retiree) - \$0.00 \$0.00 0% (Re 00% (Board) - \$0.00 \$0.00 100% (B				total - \$0.00 \$0.00 0% (Retiree) - \$0.00 \$0.00 100% (Board) - \$0.00 \$0.00		SUBTOTAL - \$0.00 \$0.00 0% (Retiree) - \$0.00 \$0.00 100% (Board) - \$0.00 \$0.00
SURVIVING SPOUSES								
# of Subscriber Contracts				Surviving Sp (of Deceased R				0
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	1				1			0.00 MONTHLY ANNUAL
ALLOCATED COST (per time period)				total - 0% (Surv. Spouse) - 100.0% (Board) -	\$7,700.00 \$641.67 \$0.00 \$0.00 \$7,700.00 \$641.67			SUBTOTAL - 0% (Surv. Spouse) - 100.0% (Board) - \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
<u>c</u>	Coordinated with SimplyBlue Plus Bronze 4+ [SB+	-B4]						
	EMPLOYEE plus SPOUSE (non-Medicare Eligible)	RETIREE - FAMILY (neither Retiree nor Spouse Medicare Eligible*)	RETIREE - FAMILY (One Spouse is Medicare Eligible*; Other Spouse Is Not)	RETIREE - FAMILY (both Retiree and Spouse Medicare Eligible*)	EMPLOYEE - INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)	CROSS- TOTAL
Classification / Item	per PAY ANNUAL MONTHLY PERIOD ====================================	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY	per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	(to extent informative)
ACTIVE EMPLOYEES								
# of Subscriber Contracts	9.00				24.00			33
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	d 2.00				1.00			42.00 per PAY
ALLOCATED COST (per time period)	total - \$15,400.00 \$1,283.33 \$592.31 0.0% (employee) - \$0.00 \$0.00 \$0.00 100.0% (Board) - \$15,400.00 \$1,283.33 \$592.31			total - 0.0% (employee) - 100.0% (Board) -	\$7,700.00 \$641.67 \$296.15 \$0.00 \$0.00 \$0.00 \$7,700.00 \$641.67 \$296.15			PERIOD ANNUAL SUBTOTAL \$12,438.39 \$323,398.14 0.0% (employee) \$0.00 \$0.00
RETIREES							NON-MEDICARE-ELIGIBLE SPOUSE OF RETIREE	100.0% (Board) - \$12,438.39 \$323,398.14
# of Subscriber Contracts		0.00	n/a	n/a	2	5% share Retirees (≠MC) 0.00	25% share Retirees 2.00	2
"rating factor" for # covered "Members" (individuals)	1	0	0	0		1	1	2.00
per Subscriber Contract ALLOCATED COST		ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY		ANNUAL MONTHLY ====================================	ANNUAL MONTHLY ====================================	MONTHLY ANNUAL ====================================
(per time period)		total - \$15,400.00 \$1,283.33 0% (Retiree) - \$0.00 \$0.00 0% (Re 00% (Board) - \$15,400.00 \$1,283.33 100% (B		total - \$0.00 \$0.00 Retiree) - \$0.00 \$0.00 (Board) - \$0.00 \$0.00		0% (Retiree) - \$0.00 \$0.00	total - \$7,700.00 \$641.67 0.0% (spouse) - \$0.00 \$0.00 00.0% (Board) - \$7,700.00 \$641.67	SUBTOTAL - 0% (Retiree) - 100% (Board) - 10
(continues at right)								
NOTES -						# of Subscriber Contracts	50% share Retirees n/a	0
figures in green are based or figures in purple are assumpt		Active] Employee+Spouse, +1.0 [Active] Employee+Child	[ren], +3.0 [Active] Individual, and +1.0 [Active C	CSEA-represented] Buyout to fill vacant budgeted positions	beginning 2025 (adjusted forward for *Medicare eliq	gible" status per note 4, "rating factor" for # covered "Members" (individuals)	1 1	0.00
	ed or computed amounts (and may not add/multiply/divide even					per Subscriber Contract		MONTHLY ANNUAL ====================================
	through whom eligibility has been accrued (this is typically the E		nd in come caree cumining accuracy.	Downer and/or Alternate Posinients		ALLOCATED COST (per time period)	total - <u>\$0.00</u> <u>\$0.00</u> 0% (Retiree) - \$0.00 \$0.00	SUBTOTAL - \$0.00 \$0.00 0% (Retiree) - \$0.00 \$0.00 100% (Board) - \$0.00 \$0.00
4) * - "Medicare eligible" status,	ed to benefits under the various policies and programs (this incl for purposes of this chart and its computations, is based upon a flustment of -\$0.01 has been applied to the adjacent cell		na, ın some cases, surviving spouses, Alternate	rayees and/or Alternate Recipients)			100% (Board) - \$0.00 \$0.00	100% (Board) - \$0.00 \$0.00

5) ^ denotes that a rounding adjustment of -\$0.01 has been applied to the adjacent cell

6) M denotes that a rounding adjustment of +\$0.01 has been applied to the adjacent cell

GRAND TOTAL # OF "RATING FACTOR" UNITS and annual "ALLOCATED COST" = 70.20 \$492,798.22 (@ 100% utilization: typically 35 45% utilization)

2025 EXCELLUS DENTAL AND GUARDIAN VISION INSURED BENEFITS PROGRAMS with DENTAL/VISION BENEFIT COSTS AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

(some components may not appear to "add-up", multiply or divide evenly due to rounding)

Excellus has established the following annual premium costs for 2025 Dental Insurance Benefits and Guardian has established the following annual premium costs for 2025 Vision Insurance Benefits coverage:

\$40,123.20 \$35,878.08	- TOTAL ANNUAL [NET] COST TO BE ALLOCATED - annual gross budget for 2025 Dental Insurance Benefits based upon Excellus rates and projected enrollments
\$4,245.12 \$0.00 estimated \$0.00 estimated	 - annual budget for 2025 Vision Insurance Benefits based upon based upon Guardian rates and projected enrollments - based on final 2020 Dental Benefits numbers, either: (Claims Paid Favorable Experience Dividend) or Claims Paid Negative Experience Surcharge - used insured product beginning 01/01/2021 - based on final 2020 Vision Benefits numbers, either: (Claims Paid Favorable Experience Dividend) or Claims Paid Negative Experience Surcharge - used insured product beginning 01/01/2021

Apportioned as follows:

Apportioned as follows:																							
with: SimplyBlue I	Plus Bronze 4+ [SB+B4]				_									ı									
	EMPLOYEE - FAMILY (non-Medicare Eligible)		RETIREE - (neither Retiree Medicare E	nor Spouse	(0	RETIREE - FAM One Spouse is Med ble*; Other Spous	licare	(both Retire	E - FAMILY ee and Spouse re Eligible*)			EE plus CHII -Medicare Elig			SPOUSE -	E / SURV. INDIVIDUAL care Eligible)		RETIREE / S	COV. SPOUSE URV. SP IND licare Eligible*	DIVIDUAL		ROSS- OTAL	
Classification / Item	per PAY ANNUAL MONTHLY PERIOD		ANNUAL M			NUAL MONTH			MONTHLY			MONTHLY				MONTHLY		ANNUAL		per PAY PERIOD	ir	(to extent nformative)	
ACTIVE EMPLOYEES		_															[RED SPOUSE OR D				
# of Subscriber Contracts	8.00											2					1		0			10	
"rating factor" for # covered	2.85											1.70							1.00			26.200	
"Members" (individuals) per Subscriber Contract																						per PAY PERIOD	ANNUAL
ALLOCATED COST total (per time period) 18.0% (employee 82.0% (Board	******									total 18.0% (employee) 82.0% (Board)	- \$180.03	\$15.00	\$38.47 \$6.92 \$31.55				total - 18.0% (employee) - 82.0% (Board) -	\$588.32 \$105.90 \$482.42	\$49.03 \$8.83 \$40.20	\$22.63 \$4.07 \$18.56	SUBTOTAL - 18.0% (employee) -	\$592.86 \$106.72 \$486.14	\$15,414.36 \$2,774.72 \$12,639.64
RETIREES <u>≠ Aetna</u>	Medicare PPO											741	,,,,							700	82.0% (Board) -	\$486.14	\$12,039.04
# of Subscriber Contracts		25% share Re	etirees	n/a	25% share Retire	ees n/a							2	25% share Retir	ees	n/a						0	
"rating factor" for # covered "Members" (individuals)				2.00		2.00										1.00						0.000	
per Subscriber Contract																						MONTHLY	ANNUAL
ALLOCATED COST (per time period)		total -	\$1,176.63 \$294.16	\$98.05 \$24.51 \$73.54	25% (Retiree) -	. <u>176.63</u> \$98 5294.16 \$24 5882.47 \$73	.51							total - 25% (Retiree) -	\$588.32 \$147.08 \$441.24	\$12.26					SUBTOTAL - 25% (Retiree) -	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00
SURVIVING SPOUSES	Medicare PPO	75% (Board) -	\$882.47	\$73.54	75% (Board) -	0882.47 \$73	5.54							75% (Board) -	\$441.24	\$ \$30.77					75% (Board) -	\$0.00	\$0.00
# of Subscriber Contracts																n/a			n/a			0	
"rating factor" for # covered																1.00			1.00			0.000	
"Members" (individuals) per Subscriber Contract																						MONTHLY	ANNUAL
ALLOCATED COST (per time period)														total -	<u>\$588.32</u> \$588.32			\$588.32 \$588.32	\$49.03 \$49.03		SUBTOTAL -	\$0.00 \$0.00	\$0.00 \$0.00
(per time period)														100% (Surv. Spouse) - 0% (Board) -	\$0.00			\$0.00	\$0.00		100% (Surv. Spouse) - 0% (Board) -	\$0.00	\$0.00
with: SimplyBlue F	Plus Bronze 4+ [SB+B4]																						
	EMPLOYEE plus SPOUSE (non-Medicare Eligible)		RETIREE - (neither Retiree Medicare E	nor Spouse	(0	RETIREE - FAM One Spouse is Med ble*; Other Spous	licare	(both Retire	E - FAMILY ee and Spouse re Eligible*)		1	MPLOYEE - INDIVIDUAL -Medicare Elig			SP INI	E / SURV. DIVIDUAL care Eligible)		RETIREE / SP INDI\ (Medicare E	/IDUAL			ROSS- OTAL	
Classification / Item	per PAY ANNUAL MONTHLY PERIOD		ANNUAL M			NUAL MONTH			MONTHLY				per PAY PERIOD	'	ANNUAL	MONTHLY		ANNUAL				(to extent nformative)	
=======================================	=======================================	=	===========			=========			========			======				=======	:	============				======	
ACTIVE EMPLOYEES	0				_		_					24					FOO/ about Detina		-/-			22	
# of Subscriber Contracts	9											24					50% share Retire	<u>ees</u>	n/a			33	
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	2.00											1.00							1.00			42.000 per PAY	
ALLOCATED COST tota	ı- <u>\$1,176.63</u> <u>\$98.05</u> <u>\$45.26</u>									total	- \$588.32	\$49.03	<u>\$22.63</u>				total -	\$588.32	\$49.03		==	PERIOD	ANNUAL
(per time period) 18.0% (employee 82.0% (Board)- \$211.79 \$17.65 \$8.15									18.0% (employee) 82.0% (Board)	2	\$8.83	\$4.07 \$18.56				50% (Retiree) - 50% (Board) -	\$294.16 \$294.16	\$24.51 \$24.52		SUBTOTAL - 18.0% (employee) -	\$950.46 \$171.03 \$779.43	\$24,711.96 \$4,446.78 \$20,265.18
RETIREES	care PPO																				82.0% (Board) -	ψ σ. τσ	ψ <u>ε</u> 0,ε00.10
# of Subscriber Contracts		25% share Re	<u>etirees</u>	n/a	25% share Retire	ees n/a	25% shar	re Retirees	n/a				i	25% share Retir	ees_	n/a	25% share Retire	<u>ees</u>	n/a			0	
"rating factor" for # covered "Members" (individuals) per Subscriber Contract				2		2.00			2.00							1.00			1.00		50% share Retirees	0.000	ANNUAL
ALLOCATED COST			\$1,176.63	\$98.05	total - \$1	,176.63 \$98	105	otal - \$1,176.6	3 \$98.05						\$588.32	. \$49.03		\$588.32	\$49.03		=	\$0.00	\$0.00
(per time period)		total - 25% (Retiree) - 75% (Board) -	\$294.16 \$882.47	\$24.51 \$73.54	25% (Retiree) -	396 3294.16 \$24 3882.47 \$73	.51 25% (Retir	ree) - \$294.1	6 \$24.51					total - 25% (Retiree) - 75% (Board) -	\$147.08 \$441.24	\$12.26	25% (Retiree) -	\$147.08 \$441.24	\$12.26 \$36.77		SUBTOTAL - 25% (Retiree) - 75% (Board) -	\$0.00 \$0.00	\$0.00 \$0.00
																						0	
NOTES -																						0.000	
 figures in black are those costs/rates as bud figures in green are based on November 1, 		, +1.0 [Active] Em	nployee+Spouse,	+1.0 [Active] I	Employee+Child[ren], +	3.0 [Active] Individu	al, and +1.0 [Active (CSEA-represente	ed] Buyout to fill v	acant budgeted p	ositions begin	ning 2025 (adju	isted forward	for "Medicare eligib	le" status per no	ote 4, below);						MONTHLY	ANNUAL
figures in purple are assumptions; and figures in blue are extrapolated or computed					. V refrecilit			.,		J P	9""	3 (=3)0			P W							\$0.00	\$0.00
	ligibility has been accrued (this is typical			laint Causaa I	Poord\																508101AL - 50% (Retiree) -	\$0.00	\$0.00

²⁾ a "Subscriber" is the person through whom eligibility has been accrued (this is typically the Employee or Retiree of the Joint Sewage Board)

\$0.00

GRAND TOTAL # OF "RATING FACTOR" UNITS and annual "ALLOCATED COST" =

³⁾ a "Member" is a person entitled to benefits under the various policies and programs (this includes "Subscribers", spouses, unemancipated children and, in some cases, surviving spouses, Alternate Payees and/or Alternate Recipients)

^{4) &}quot;Medicare eligible" status, for purposes of this chart and its computations, is based upon attainment of age 65 on or before January 1, 2025; although Retirees can be permitted to participate, historically, the Sewage Board has not made this coverage available to Retirees

^{5) ^} denotes that a rounding adjustment of -\$0.01 has been applied to the adjacent cell

⁶⁾ $\,^{\wedge}$ denotes that a rounding adjustment of +\$0.01 has been applied to the adjacent cell

2025 HEALTH BENEFITS CONSULTING COST AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

(some components may not appear to "add-up", multiply or divide evenly due to rounding)

By contract, the not-to-exceed annual consulting fee for NFP Corporate Services (NY), LLC. with respect to the health benefits program is:

\$13,500.00 \$13,500.00 - TOTAL ANNUAL COST TO BE ALLOCATED

- annual Not-To-Exceed fee per 2025 contract extension

Apportioned as follows:

	EMPLOYEE - FAMILY (non-Medicare Eligible)	RETIREE - FAMIL (neither Retiree nor Spr Medicare Eligible*)	use (One Spouse is Medicare	•		EMPLOYEE plus C (non-Medicare I	Eligible)	RETIREE / SU SPOUSE - INDIV (non-Medicare E	IDUAL	MEDICARE-COV. SPOUSE RETIREE / SURV. SP INC (Medicare Eligible	DIVIDUAL CROSS- *) TOTAL
Classification / Item	per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHL		ANNUAL MONTHLY	_	ANNUAL MONTHL		ANNUAL MO			per PAY (to extent PERIOD informative)
ACTIVE EMPLOYEES	SimplyBlue Plus Bronze 4 [SB+B4		=======================================	=======================================	=:			NON-MEDICARE-ELIGIBLE RETIREE plus CHI		MEDICARE-COVERED SPOUSE OR	
# of Subscriber Contracts	8.00					2.00		25% share Retirees & Child[ren]	.00	1.00	11
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	2.85					1.70			.70	1.00	27.200 per PAY
ALLOCATED COST total (per time period) 18.0% (employee 82.0% (Board	- \$67.08 \$5.59 \$2.58				total - 18.0% (employee) - 82.0% (Board) -	\$222.36 \$40.08 \$182.28 \$15.3	34 \$1.5	4 25% (Retiree) - \$55.56	\$18.53 tot \$4.63 18.0% (employer \$13.90 82.0% (Board	\$23.52 \$1.96	\$5.03 \$0.90 \$4.13 \$\text{SUBTOTAL} - \text{\$136.85} \\ \$24.62\$
RETIREES	Aetna Medicare [P01] ESA PPO Pl	l <u>an</u>									82.0% (Board) - \$112.23
# of Subscriber Contracts		25% share Retirees (≠MC) 0.00	25% share Retirees (≠MC) 0.00					25% share Retirees (≠MC)	0.00		0
"rating factor" for # covered "Members" (individuals) per Subscriber Contract		2.85	2.00						.00		0.000
ALLOCATED COST (per time period)		total - <u>\$372.84</u> <u>\$31.0</u> 25% (Retiree) - \$93.24 \$7.7 75% (Board) - \$279.60 \$23.3	7 25% (Retiree) - \$65.40 \$5.45					25% (Retiree) - \$32.76	\$10.90 \$2.73 \$8.17		SUBTOTAL - \$0.00 25% (Retiree) - \$0.00 75% (Board) - \$0.00
SURVIVING SPOUSES	Aetna Medicare [P01] ESA PPO PI		0 75% (Board) - \$196.20 \$16.35					75% (Board) - \$98.04	^		75% (Board) - \$0.00
# of Subscriber Contracts	Aetha Medicare [F01] ESA FFO Fi							Surviving Spouse (≠MC)	.00 Surviving S	Spouse (MC) 0.00	0
"rating factor" for # covered								(of Deceased Retiree [≠MC])	(of Deceased A	ctive Employee)	0.000
"Members" (individuals) per Subscriber Contract											MONTHLY
ALLOCATED COST								total - \$130.80	\$10.90 tot	al - \$130.80 \$10.90	======== = = = = = = = = = = = = = = =
(per time period)								100% (Surv. Spouse) - \$130.80	\$10.90 100% (Surv. Spous	e) - \$130.80 \$10.90	100% (Surv. Spouse) - \$0.00
								0% (Board) - \$0.00	\$0.00 0% (Board	a) - \$0.00 \$0.00	0% (Board) - \$0.00
	EMPLOYEE plus SPOUSE (non-Medicare Eligible)	RETIREE - FAMIL (neither Retiree nor Sp Medicare Eligible*	use (One Spouse is Medicare			EMPLOYE INDIVIDU (non-Medicare I	AL	RETIREE / SU SP INDIVID (non-Medicare E	UAL	RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)	CROSS- TOTAL
Classification / Item	per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	<u></u>	ANNUAL MONTHLY		ANNUAL MONTHL	per PAY		NTHLY	ANNUAL MONTHLY	(to extent informative)
	====== ======	=======================================	= =====================================		:			=======================================			=======
# of Subscriber Contracts	SimplyBlue Plus Bronze 4 [SB+B4 9.00	<u> </u>	NOMMIC-ELIGIBLE SPOUSE OF MIC-ELIGIBLE RETIREE Spouse (#MC eligible) 2.00	M/C-COVERED WIDOW OF M/C-ELIGIBLE RETIREE		24.00			50% share	e Retirees 1.00	36.00
									50% Silare		
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	2.00		1.00			1.00				1.00	45.000 per PAY PERIOD
ALLOCATED COST total (per time period) 18.0% (employee	- <u>\$261.60</u> <u>\$21.80</u> <u>\$10.06</u> - \$47.04 \$3.92 \$1.81		total - \$130.80 \$10.90 25% (Retiree) - \$32.76 \$2.73		total -	\$130.80 \$23.52 \$1.9			tot	al - \$130.80 \$10.90 e) - \$65.40 \$5.45	======== = SUBTOTAL - \$226.35
(per time period) 18.0% (employee 82.0% (Board			75% (Board) - \$98.04 \$8.17		18.0% (employee) - 82.0% (Board) -	\$107.28 \$8.9			50% (Retired	00E 40 0E 4E	18.0% (employee) - \$42.93
RETIREES	Aetna Medicare [P01] ESA PPO PI	lan_	٨	MEDICARE-COVERED RETIREE AND SPOUSE	NON-MEDICARE-ELIC	GIBLE SPOUSE OF RETIREE		OUT-OF-AREA MC RETIREE OR SPOU	E		82.0% (Board) - \$183.42
# of Subscriber Contracts		25% share Retiree & Spouse 0.00		25% share Retiree & Spouse n/a	25% share Re	etirees 1.00		25% share Retirees	N/A <u>25% share</u>	e Retirees 27.00	28
"rating factor" for # covered		2.00		2.00		1.00			.00	1.00	30.000
"Members" (individuals) per Subscriber Contract											MONTHLY
ALLOCATED COST (per time period)		total - \$261.60 \$21.6 25% (Retiree) - \$65.40 \$5.4 75% (Board) - \$196.20 \$16.3	5	total - \$261.60 \$21.80 25% (Retiree) - \$65.40 \$5.45 75% (Board) - \$196.20 \$16.35	total - 25% (Retiree) - 75% (Board) -	\$130.80 \$32.76 \$98.04 \$\$8.23	73 17	total - \$130.80 25% (Retiree) - \$32.76 75% (Board) - \$98.04	\$10.90 tot \$2.73 25% (Retired \$8.17 75% (Board	e) - \$32.76 \$2.73	SUBTOTAL - \$327.00 25% (Retiree) - \$81.90 75% (Board) - \$245.10
NOTES							۸		٨	^	
NOTES - 1) figures in black are those costs/rates as cha	roed by NEP Corporate Services (NY) LLC ·										1.00 1.000
		[Active] Employee+Spouse, +1.0 [Active]	imployee+Child[ren], +3.0 [Active] Individual, and +1	1.0 [Active CSEA-represented] Buyout to fill va	cant budgeted positi	ions beginning 2025 (adju	usted forward fo	r "Medicare eligible" status per note 4, belo	w);		MONTHLY

- figures in purple are assumptions; and
- figures in blue are extrapolated or computed amounts (and may not add/multiply/divide evenly due to rounding)
- 2) a "Subscriber" is the person through whom eligibility has been accrued (this is typically the Employee or Retiree of the Joint Sewage Board)
- 3) a "Member" is a person entitled to benefits under the various policies and programs (this includes "Subscribers", spouses, unemancipated children and, in some cases, surviving spouses, Alternate Payees and/or Alternate Recipients)
- 4) "Medicare eligible" status, for purposes of this chart and its computations, is based upon attainment of age 65 on or before January 1, 2025.
- 5) ^ denotes that a rounding adjustment of -\$0.01 has been applied to the adjacent cell
- 6) M denotes that a rounding adjustment of +\$0.01 has been applied to the adjacent cell

GRAND TOTAL # OF "RATING FACTOR" UNITS and annual "ALLOCATED COST" =

N/A \$ (2.00)

103.200 \$13,498.00

\$5.45

\$5.45

<u>SUBTOTAL - \$10.90</u>

ΔΝΝΙΔΙ

\$3,558.10 \$640.12

\$2,917.98

ANNUAL

ANNUAL

\$0.00 \$0.00

\$0.00

\$5,885.10 \$1,116.18

\$4,768.92

ANNUAL

\$3,924.00

\$2,941.20

ANNUAL

\$130.80

\$65.40

\$0.00 \$0.00

\$0.00

2025 HEALTH AND PRESCRIPTION DRUG INSURANCE BROKER COST AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

Haylor, Freyer & Coon, Inc. has agreed to accept, as full compensation for its services as broker/agent (including the direct processing and administration of employee and retiree enrollment and status changes as well as collection and transmission of payments), the commissions paid it by Excellus and Guardian (which are built-into the monthly rates shown on Tab G "Health and Prescription Drug Insurance" and Tab I "Excellus Dental and Guardian Vision")

Binghamton-Johnson City Joint Sewage Board

2025 PRE-TAX PREMIUM PAYMENT COST AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

Lifetime Benefit Solutions, Inc. has agreed to accept, as full compensation for its services as administrator (including the direct processing and administration of employee enrollment and status changes), the fees paid it for administration of the pre-tax Flexible Spending Health Reimbursement and Child Care Expense Reimbursement Plans/programs (the costs/rates for which are shown/apportioned on Tab M "Flexible Spending Plan Administration Fees")

2025 FLEXIBLE SPENDING PLAN ADMINISTRATIVE COST AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

(some components may not appear to "add-up", multiply or divide evenly due to rounding)

Lifetime Benefit Solutions, Inc. has agreed to accept, as full compensation for its services as administrator, the following fees:

\$2,834.60		- TOTAL ANNUAL COST TO BE ALLOCATED
\$0.00	- not charged for 2025	- one-time implementation fee
\$650.00		- annual compliance fees (plan amendments/restatements [included], discrimination testing [\$300.00], and required return filings [\$350.00])
\$696.60		- three Member group meetings/presentations (\$125.00 each plus travel costs [each 160 miles @ \$0.67/mile])
\$300.00		- two consultations (\$150.00 each)
\$1,188.00		- administration costs (for 2025, \$99.00/month "minimum fee" or, if higher, \$3.25/each per month])

\$1,188.00	- administration	costs (for 2025, \$99.00/month "minimum	fee" or, if higher, \$3.25/each per month])					
Apportioned as follows:								
<u>s</u>	EMPLOYEE - FAMILY (non-Medicare Eligible)	RETIREE - FAMILY (neither Retiree nor Spouse Medicare Eligible*)	RETIREE - FAMILY (One Spouse is Medicare Eligible*; Other Spouse Is Not)	RETIREE - FAMILY (both Retiree and Spouse Medicare Eligible*)	EMPLOYEE plus CHILD[REN] (non-Medicare Eligible)	RETIREE / SURV. SPOUSE - INDIVIDUAL (non-Medicare Eligible)	MEDICARE-COV. SPOUSE/DEP. or RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)	CROSS- TOTAL
Classification / Item	per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY	per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	per PAY ANNUAL MONTHLY PERIOD	(to extent informative) =======
ACTIVE EMPLOYEES							MEDICARE-COVERED SPOUSE OR DEPENDENT	
# of Subscriber Contracts	8.00				2.00		1.00	11.00
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	2.85				1.70		1.00	27.200 per PAY
ALLOCATED COST (per time period)	total - \$116.74 \$9.73 \$4.49 18.0% (employee) \$21.01 \$1.75 \$0.81 82.0% (Board) \$95.73 \$7.98 \$3.68				total - \$69.64 \$5.80 \$2.68 18.0% (employee) - \$12.54 \$1.05 \$0.48 82.0% (Board) - \$57.10 \$4.75 \$2.20	tot 18.0% (employe 82.0% (Boar	e) - \$7.37 \$0.61 \$0.28	PERIOD ANNUAL
<u>s</u>	SimplyBlue Plus Bronze 4 [SB+B4]							
	EMPLOYEE plus SPOUSE (non-Medicare Eligible)	RETIREE - FAMILY (neither Retiree nor Spouse Medicare Eligible*)	RETIREE - FAMILY (One Spouse is Medicare Eligible*; Other Spouse Is Not)	RETIREE - FAMILY (both Retiree and Spouse Medicare Eligible*)	EMPLOYEE - INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)	CROSS- TOTAL
Classification / Item	per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY	per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	(to extent informative) =======
ACTIVE EMPLOYEES								
# of Subscriber Contracts	9.00				24.00			33.00
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	2				1			42.000 per PAY
ALLOCATED COST (per time period)	total - \$81.92				total - \$40.96			PERIOD ANNUAL
						GRAND TOTAL # OF "RATIN	NG FACTOR" UNITS and annual "ALLOO	CATED COST" = 69.20 \$2,863.12

NOTES -

- 1) figures in black are those costs/rates as charged by Lifetime Benefit Solutions, Inc;
- figures in green are based on November 1, 2024 roster/census, +1.0 [Active] Family, +1.0 [Active] Employee+Spouse, +1.0 [Active] Employee+Child[ren], +3.0 [Active] Individual, and +1.0 [Active] Employee+Child[ren], +3.0 [Activ figures in purple are assumptions; and
- res in blue are extrapolated or computed amounts (and may not add/multiply/divide evenly due to rounding)
- 2) a "Subscriber" is the person through whom eligibility has been accrued (this is typically the Employee or Retiree of the Joint Sewage Board)
- 3) a "Member" is a person entitled to benefits under the various policies and programs (this includes "Subscribers", spouses, unemancipated children and, in some cases, surviving spouses, Alternate Payees and/or Alternate Recipients)
- 4) "Medicare eligible" status, for purposes of this chart and its computations, is based upon attainment of age 65 on or before January 1, 2025; although Retirees can be permitted to participate, historically, the Sewage Board has not made this coverage available to Retirees
- 5) ^ denotes that a rounding adjustment of -\$0.01 has been applied to the adjacent cell

TAB M

Binghamton-Johnson City Joint Sewage Board

2025 COBRA ADMINISTRATION FEES AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

Haylor, Freyer & Coon, Inc. has agreed to accept, as full compensation for its services as administrator (including the direct processing and administration of employee and retiree enrollment and status changes, the giving of notices, as well as collection and transmission of COBRA payments), the built-in administrative fee (not to exceed 2% of the premium cost) paid it by former employees/retirees/beneficiaries electing and maintaining COBRA coverage

\$700.00

2025 HEALTH REIMBURSEMENT ACCOUNT ADMINISTRATIVE COST AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

(some components may not appear to "add-up", multiply or divide evenly due to rounding)

Lifetime Benefit Solutions, Inc. is expected to agree to accept, as full compensation for its services as administrator, the following fees:

\$2,455.00 \$0.00 - not charged for 2025 \$1,755.00

- TOTAL ANNUAL COST TO BE ALLOCATED

- one-time implementation fee administration cost (\$3.25/month per enrollee fee)

3) a "Member" is a person entitled to benefits under the various policies and programs (this includes "Subscribers", spouses, unemancipated children and, in some cases, surviving spouses, Alternate Payees and/or Alternate Recipients

4) "Medicare eligible" status, for purposes of this chart and its computations, is based upon attainment of age 65 on or before January 1, 2025; although Retirees can be permitted to participate, historically, the Sewage Board has not made this coverage available to Medicare-eligible Retirees

- annual compliance costs (\$[included] for updating documents; \$350.00 for discrimination testing; and \$350.00/year fee for return preparation/filing)

Apportioned as follows:

SimplyBlue Plus Bronze 4 [SB+B4]

SimplyBlue F	lus Bronze 4 [SB+B4]									
	EMPLOYEE - FAMIL (non-Medicare Eligible))	RETIREE - FAMILY (neither Retiree nor Spouse no child[ren] Medicare Eligible*)		RETIREE - FAMILY (both Retiree and Spouse Medicare Eligible*)		EMPLOYEE plus CHILD[REI (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (non-Medicare Eligible)	MEDICARE-COV. SPOUSE/DEP. or RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)	CROSS- TOTAL
Classification / Item	ANNUAL MONTHLY P		ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY		per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	per PAY ANNUAL MONTHLY PERIOD ====================================	(to extent informative) =======
ACTIVE EMPLOYEES								NON-MEDICARE-ELIGIBLE RETIREE plus CHILD[REN]	MEDICARE-COVERED SPOUSE OR DEPENDENT	
# of Subscriber Contracts	8.00						2.00	25% share Retirees & Child[ren] 0.00	0.00 <== N/A	10.00
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	2.85						1.70	1.70	1.00	26.200 per PAY
ALLOCATED COST total (per time period) 18.0% (employee) 82.0% (Board)		\$3.78 \$0.68 \$3.10				total 18.0% (employee) 82.0% (Board)		1 25% (Retiree) - \$14.66 \$1.22	total - \$0.00 \$0.00 \$0.00 18.0% (employee) - \$0.00 \$0.00 \$0.00 82.0% (Board) - \$0.00 \$0.00 \$0.00	PERIOD ANNUAL
RETIREES										\$20.00 (250.05) \$\pi_20.10\$
# of Subscriber Contracts			0.00					25% share Retirees (≠MC) 0.00		0
"rating factor" for # covered "Members" (individuals) per Subscriber Contract			2.85					1.00		0.000 MONTHLY ANNUAL
ALLOCATED COST		total						total - \$34.48 \$2.87		<u>subtotal -</u> \$0.00 \$0.00
(per time period)		25% (Retiree) 75% (Board)						25% (Retiree) - \$8.62 \$0.72 75% (Board) - \$25.86 \$2.15		25% (Retiree) - \$0.00 \$0.00 75% (Board) - \$0.00 \$0.00
SURVIVING SPOUSES								^		
# of Subscriber Contracts								Surviving Spouse (≠MC) 0.00		0.00
								(of Deceased Retiree [≠MC])		
"rating factor" for # covered "Members" (individuals) per Subscriber Contract								1.00		0.000 MONTHLY ANNUAL
ALLOCATED COST (per time period)								total - \$34.48 \$2.87 100% (Surv. Spouse) - \$34.48 \$2.87 0% (Board) - \$0.00 \$0.00		SUBTOTAL - \$0.00 \$0.00 100%(Surv. Spouse) - \$0.00 \$0.00 0% (Board) - \$0.00 \$0.00
SimplyBlue P	lus Bronze 4 [SB+B4]									
	EMPLOYEE plus SPOI		RETIREE - FAMILY (neither Retiree nor Spous Medicare Eligible*)	RETIREE - FAMILY (One Spouse is Medicare Eligible*; Other Spouse Is Not	RETIREE - FAMILY (both Retiree and Spouse Medicare Eligible*)		EMPLOYEE - INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (non-Medicare Eligible)	RETIREE / SURV. SP INDIVIDUAL (Medicare Eligible*)	CROSS- TOTAL
Classification / Item	ANNUAL MONTHLY P	er PAY ERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	ANNUAL MONTHLY		per PAY ANNUAL MONTHLY PERIOD	ANNUAL MONTHLY	ANNUAL MONTHLY	(to extent informative)
ACTIVE EMPLOYEES					MC-COVERED WIDOW OF MC-ELIGIBLE RETIREE					
# of Subscriber Contracts	9.00						24.00		50% share Retirees 1.00 <== N/A	33.00
"rating factor" for # covered "Members" (individuals) per Subscriber Contract	2.00						1.00		1.00	42.00 per PAY
										PERIOD ANNUAL
ALLOCATED COST total (per time period) 18.0% (employee)		\$2.65 \$0.48 \$2.17				total		4	total - \$0.00 \$0.00 50% (Retiree) - \$0.00 \$0.00 50% (Board) - \$0.00	<u>SUBTOTAL -</u> \$55.77 \$1,450.02 18.0% (employee) \$10.08 \$262.08
82.0% (Board)	- \$30.33 \$4.72 AA	Λ			MEDICARE-COVERED RETIREE AND SPOUSE N	82.0% (Board)	^	OUT-OF-AREA MC RETIREE OR SPOUSE	50% (Board) - \$0.00 \$0.00	18.0% (employee) - \$10.08 \$262.08 82.0% (Board) - \$45.69 \$1,187.94
# of Subscriber Contracts		25% share Re	etiree & Spouse 0.00	25% share Retirees 1.00	25% share Retiree & Spouse 0.00 2	5% share Retire	es' Spouses 2.00	25% share Retirees N/A	<u>25% share Retirees</u> 27.00 <== N/A	3.00
"rating factor" for # covered "Members" (individuals) per Subscriber Contract			2.00	1.00	2.00		1.00	1.00	1.00 (no HRAs)	3.000 MONTHLY ANNUAL
ALLOCATED COST			ı- \$68.96 \$5.75	total - \$34.48 \$2.87	total - \$0.00 \$0.00		\$34.48 \$2.87	total - \$0.00 \$0.00	total - \$0.00 \$0.00	======================================
(per time period)		total 25% (Retiree) 75% (Board)	ş17.24 \$1.44	25% (Retiree) \$8.62 \$0.72 75% (Board) \$25.86 \$2.15	25% (Retiree) - \$0.00 \$0.00 75% (Board) - \$0.00 \$0.00	25% (Retiree) 75% (Board)	\$8.62 \$0.72	25% (Retiree) - \$0.00 \$0.00 75% (Board) - \$0.00 \$0.00	total <u>\$0.00</u> <u>\$0.00</u> 25% (Retiree) <u>\$0.00</u> \$0.00 75% (Board) <u>\$0.00</u>	25% (Retiree) - \$2.16 \$25.92 75% (Board) - \$6.45 \$77.40
NOTES -								_		0.00
1) figures in black are those costs/rates as cha										0.000
figures in purple are assumptions; and				nployee+Child[ren], +3.0 [Active] Individual, and +	1.0 [Active CSEA-represented] Buyout to fill vac	ant budgeted po	sitions beginning 2025 (adjusted forw	ard for "Medicare eligible" status per note 4, below)		MONTHLY ANNUAL
figures in blue are extrapolated or computed										**************************************
a "Subscriber" is the person through whom e	ligibility has been accrued (this is ty	pically the Employee or	Retiree of the Joint Sewage Bo	arı						<u>SUBTOTAL -</u> \$0.00 \$0.00

5) ^ denotes that a rounding adjustment of -\$0.01 has been applied to the adjacent cell

6) M denotes that a rounding adjustment of +\$0.01 has been applied to the adjacent cell

GRAND TOTAL # OF "RATING FACTOR" UNITS and annual "ALLOCATED COST" =

2025 ADMINISTRATION OF EMPLOYEE OPTION*, UPON RETIREMENT, TO APPLY A PORTION OF ACCRUED, UNUSED SICK TIME TO FUTURE RETIREE-SHARE HEALTH PREMIUMS

Haylor, Freyer & Coon, Inc. has agreed to accept, as full compensation for its services as provider/administrator of the employee option*, upon retirement, to apply a portion of accrued, unused sick time to future retiree-share health care premiums, the commissions paid it by Excellus (which are built-into the monthly rates shown on Tab G "Health and Prescription Drug Insurance" and Tab I "Dental and Vision Insured Benefits").

NOTE: There is no TAB P for 2024.

^{* -} effective after December 31, 2024, the option is no longer available to Salaried and/or Management employees in accordance with an amendment to the Board's *Policies and Benefits for Salaried and Management Staff*. [Although remaining through December 31, 2025 under Section 12.2.6 of the presently-effective Collective Bargaining Agreement (CBA) with CSEA, the CBA's wording makes no representations about the income tax treatment or tax reporting and payment obligations associated with exercise of the option].

2025 EDUCATION AND ASSISTANCE PROGRAM COST AND APPORTIONMENT TO SUBSCRIBER CONTRACT PACKAGES/OPTIONS

Haylor, Freyer & Coon, Inc. has agreed to accept, as full compensation for its services as provider/coordinator/facilitator of the edcuation, claims assistance/ombudsman, "ClientConnect" website-based communication solution, and reference notebook maintenance services, the commissions paid it by Excellus (which are built-into the monthly rates shown on Tab G "Health and Prescription Drug Insurance" and Tab I "Dental and Vision Insured Benefits").