## FISCAL NOTE

Prepared	in	regard	to:
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repared in legara to:
Senate Bill No. 2410
(List bill or resolution and number, if available, or subject)
Amendment to: (List bill or resolution and number)
Requested by:Date of receipt:19
In the following space note the fiscal effect in dollars of the legis- lative proposal. If additional space is needed, attach a supplementar sheet. (Please type)
CROSS PLUE SHIFT PREMIUMS

## PROJECTED BLUE CROSS-BLUE SHIELD PREMIUMS January 1, 1977 to December 31, 1977

	. Combracts	туре	Total	Current Cost - State	Paid
NO.	4,110 468 4,872 141 9,591	Single Single Medicare Family Family Medicare		\$107,000.00 8,392.00 124,236.00 3,500.00 \$243,128.00	(A)
	Add:	Employee Paid Regular Family Premium		256,315.00	(B)
		Family Medicare		1,400.00 \$500,843.00	(B)

Total Yearly Premium \$500,843.00 X 12 = \$6,010,116.00

Currently the State pays 49% of total health premium cost:

- (A)  $243,128.00 \times 12 = $2,917.536.00 (49%)$
- (B)  $257,715.00 \times 12 = 3,092,580.00$  (51%) \$6,010.116.00
- \* The biennium cost is then estimated at \$12,020,232.00. Additional cost to the state will be approximately \$6,200,000.00.

Date of preparation: 1-26-77

Signed

Typed Name Alan Person, Assistant Director Department ND Public Employees Retirement System