2023 Employee Insurance		Per Pay Period (24 Pay Periods)
Pueblo City-County Library District		
	2023	2022
	Tier One *Employees who work 40 hours per week*	**Tier One** *Employees who work 40 hours per week*
	PUBLIC SECTOR HEALTH CARE GROUP	PUBLIC SECTOR HEALTH CARE GROUP
Health Insurance		
	PPO Plan A - 1000	**PPO Plan A - 1000**
Employee only	146.62	135.68
Employee & spouse	330.25	306.11
Employee & children	268.64	248.93
Employee & family	467.02	433.06
	PPO Plan B - 3000	**PPO Plan B - 3000**
Employee only	111.96	102.03
Employee & spouse	254.00	232.05
Employee & children	206.24	188.35
Employee & family	359.57	328.74
	PPO Plan C - 3000	**PPO Plan C - 3000**
Employee only	65.66	57.27
Employee & spouse	137.52	134.34
Employee & children	111.15	107.75
Employee & family	195.70	189.84
	PPO Plan D 2500-HSA Eligible	**PPO Plan D 2500-HSA Eligible**
Employee only	94.60	85.18
Employee & spouse	215.74	194.94
Employee & children	174.98	158.17
Employee & family	305.72	276.46
	PPO Plan E 3500-HSA Eligible	**PPO Plan E 3500-HSA Eligible**
Employee only	59.15	50.76
Employee & spouse	137.56	119.02
Employee & children	111.15	96.03
Employee & family	195.72	169.66
	New Select Plan- CS1	
Employee only	101.44	
Employee & spouse	230.73	
Employee & children	187.45	
Employee & family	294.43	
Dental	**2023**	**2022**
	MET LIFE	**MET LIFE**
Employee only	3.36	3.36
Employee & spouse	7.58	7.58
Employee & children	8.27	8.27
Employee & family	14.08	14.08
	Alpha Discount Plan	**Alpha Discount Plan**
Employee only	1.06	1.06
Employee & spouse	2.18	2.18
Employee & children	3.08	3.08
Employee & family	3.76	3.76
Vision	**Eye-Med**	**Eye-Med**
Employee only	0.45	0.45
Employee & spouse	0.95	0.95
Employee & children	1.01	1.01
Employee & family	1.53	1.53

MEDICAL	United Healthcare Plan A PPO	United Healthcare Plan B PPO	United Healthcare Plan B HMO	United Healthcare Plan C PPO	United Healthcare HSA Qualified Plan D PPO	United Healthcare HSA Qualified Plan E PPO	United Healthcare New Select Plan CS1	United Healthcare New Select Plan CS2
KEY POINTS SUMMARY	Choice Plus PPO		HMO Navigate Referral Required	Choice Plus PPO			Tier 1 Colorado Select Tier 2 Choice EPO	
Dr. Office Copay	$25 copay	$30 copay	$30 copay	No copay	Plan pays 100% after deductible	Plan pays 90% after deductible	Tier 1 $0 Copay -- Tier 2 Ded then 50%	Tier 1 $0 Copay -- Tier 2 Ded then 50%
Specialist Copay	$50 copay	$50 copay	$50 copay	$50 copay	Plan pays 100% after deductible	Plan pays 90% after deductible	Tier 1 $50 Copay -- Tier 2 Ded then 50%	Tier 1 $75 Copay -- Tier 2 Ded then 50%
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Associated Lab Work	Plan pays 100% after copay	Plan pays 100% after copay	Plan pays 100% after copay	Plan pays 100% after copay	Plan pays 100% after deductible	Plan pays 90% after deductible	Tier 1 $25 Copay -- Tier 2 Ded then 50%	Tier 1 $25 Copay -- Tier 2 Ded then 50%
Prescription Drug Copays	$10 / $30 / $60 / 25% max $500	$15 / $40 / $70 / 25% max $500	$15 / $40 / $70 / 25% max $500	$5 / $40 / $60 / 25% max $500	Deductible then $15/$40/$70/25% max $500	Deductible then $15/$40/$70/25% max $500	$5 / $35 / $70 / 25% max $500	$10 / $35 / $75 / 25% max $500
	tier 1 / tier 2 / tier 3 / specialty	tier 1 / tier 2 / tier 3 / specialty	tier 1 / tier 2 / tier 3 / specialty	tier 1 / tier 2 / tier 3 / specialty			tier 1 / tier 2 / tier 3 / specialty	tier 1 / tier 2 / tier 3 / specialty
Individual Deductible	$1,000 in-network	$3,000 in-network	$3,000 in-network	$3,000 in-network	$2,500 per employee only in-network	$3,500 per INDIVIDUAL in-network	Tier 1 - $750 --- Tier 2 $2500	Tier 1 - $2000 --- Tier 2 $3500
Family Deductible	Max 3 per family	Max 3 per family	Max 3 per family	Max 2 per family	$5,000 per family COMBINED	$7,000 per family EMBEDDED	Tier 1 $1500 --- Tier 2 $5000	Tier 1 $4000 --- Tier 2 $7000
Co-Insurance Percentage	Plan pays 80% in-network	Plan pays 100% in-network	Plan pays 100% in-network	Plan pays 80% in-network/50% out	Plan pays 100% in-network/70% out	Plan pays 90% in-network/70% out	Plan Pays 80% Tier 1 and 50% Tier 2	Plan Pays 80% Tier 1 and 50% Tier 2
(applied after deductible)			(no benefits outside HMO)					
Individual Out of Pocket Max	$4,500 per individual	$6,000 per individual	$6,000 per individual	$6,500 per individual	$3,500 per employee only	$4,500 per INDIVIDUAL	Tier 1 $4500 --- Tier 2 $6500	Tier 1 $6000 --- Tier 2 $7500
Family Out of Pocket Max	$12,700 per family	$12,700 per family	$12,700 per family	$13,000 per family	$7,000 per family COMBINED	$9,000 per family EMBEDDED	Tier 1 $9000 --- Tier 2 $13,500	Tier 1 $12000 --- Tier 2 $15,000
(after which plan pays 100%)	(INCLUDES DEDUCTIBLE AND COPAYS)	(INCLUDES DEDUCTIBLE AND COPAYS)	(INCLUDES DEDUCTIBLE AND COPAYS)	(INCLUDES DEDUCTIBLE AND COPAYS)	(INCLUDES DEDUCTIBLE & RX COPAYS)	(INCLUDES DEDUCTIBLE & RX COPAYS)	(INCLUDES DEDUCTIBLE AND COPAYS)	(INCLUDES DEDUCTIBLE AND COPAYS)
Inpatient Hospital	Plan pays 80% after deductible	$500 copay, 100% after deductible	$500 copay, 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 90% after deductible	Ded then Plan Pays 80% Tier 1 -- 50% Tier 2	Ded then Plan Pays 80% Tier 1 -- 50% Tier 2
Outpatient Surgery	Plan pays 80% after deductible	$500 copay, 100% after deductible	$500 copay, 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 90% after deductible	Ded then Plan Pays 80% Tier 1 -- 50% Tier 2	Ded then Plan Pays 80% Tier 1 -- 50% Tier 2
Emergency Room	$400 copay, **$25 urgent care**	$400 copay, **$30 urgent care**	$400 copay, **$30 urgent care**	ER 80% Ded, Urgent Care $0 copay	Plan pays 100% after deductible	Plan pays 90% after deductible	Plan Pays 80% after ded -- UC $0	Plan Pays 80% after ded -- UC $0
MRI, CT, PET Scans	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	$750 copay	Plan pays 100% after deductible	Plan pays 90% after deductible	Tier 1 $500 Copay -- Tier 2 Ded then 50%	Tier 1 $500 Copay -- Tier 2 Ded then 50%