



PCCLD Benefits Renewal for 2015

October 14, 2014

Affordable Care Act:

Mandates that employees who work an average of 30 hrs. /week are offered Affordable Health Benefits. Spouses/dependents must be allowed to enroll in the health benefit plan but do not need to meet the affordability criteria. (Based on a 12 month look back at average hours worked per month.)

PCCLD

61 eligible employees in 2014 50 enrolled in 1 or more benefit plans

ACA 2015: 12 newly eligible employees = 19.67% increase

Goals

- 1. To maintain a competitive benefits package for all eligible employees.
- 2. To off-set the expense hit from ACA in 2015.
- 3. To develop a sustainable benefit structure that meets ACA and controls PCCLD cost for use into the foreseeable future.

We developed a 2-Teir Benefits Structure effective January 1, 2015.

Tier 1	Employees who work 30 – 39 hours per week	PCCLD Pays 80% of the insurance premium for the employee	PCCLD does not pay for spouse or dependents, but they can enroll	Not eligible for Life Insurance.
Tier 2	Employees who work 40 hours per week	PCCLD Pays 80% of the insurance premium for the employee	PCCLD pays 75% of the insurance premium for spouse/dependents	PCCLD pays for Life Insurance Coverage.

		Mthly. Premium		Athly. Premium		
	# employees	+	PremiumTotals	Jan - Dec 2015		
Health Dual Option Plan		DHMO		Employer Paid	Employer Paid	- 81
1 Year						
#1 Kaiser (Prime Plan)		3.08% Increase				
Employee only	24	\$525.95	151,474	420.76	121,179	
Employee & spouse	14	\$1,015.08	170,533	866.50	145,572	
Employee & children	6	\$846.78	60,968	740.28	53,300	
Employee & family	7	\$1,356.95	113,984	1,122.90	94,324	
new members	7	\$529.00	44,436	423.20	35,549	
			541,395		449,923	
					110,020	
#2 Kaiser (High Ded Plan)		(- 10.13 Decrease)				_
Employee only		\$458.44	-	366.75		
Employee & spouse		\$884.78		755.27		-
Employee & children		\$738.08		645.25		-
Employee & family		\$1,182.77		978.77		
new members	5	\$458.44	27,506	366.75	22,005	
THEW INCHIDORS		Ψ+00.++	27,500			
Dontal la	dia Bi				22,005	_
Dental Insurance Dual Op	tion Plan					
2 Year						
Beta Health & Companion L		(-11.08% Decrease	·			
Employee only	24	\$24.24	6,981	19.39	5,585	
Employee & spouse	14	\$45.45	7,636	38.94	6,541	
Employee & children	6	\$54.65	3,935	45.84	3,300	
Employee & family	7	\$86.97	7,305	70.08	5,886	
new members	7	\$24.24	2,036	19.39	1,629	
			27,893		22,941	
Beta Health DMO		(-57% Decrease)				_
Employee only		\$10.58	-	8.46	_	_
Employee & spouse		\$19.58		16.80	-	
Employee & children		\$26.78	-	22.20	-	
Employee & family		\$32.18		26.25		
new members	5	\$10.58	635	8.46	508	
				0.40		
	737	\$89.12	635		508	
/ision Insurance						
? Year						
yeMed (new)		(-40.27% Decrease				
Employee only	24	\$4.48	1,290	3.58	1,032	
Employee & spouse	14	\$8.50	1,428	7.27	1,222	
Employee & children	6	\$8.95	644	7.61	548	-31
Employee & family	7	\$13.06	1,097	10.69	898	
new members	12	\$4.48	645	3.58	516	
			5,105		4,216	
			3,100	-	7,210	
ife & AD & D Insurance				+		_
Year			5,923		£ 20E	_
ife Renewal = 5.3%			5,523	1	6,285	- ;
10 Nellewal = 0.076						
EW Toloblooth			1000		Market and the second	
EW TeleHealth	1 -1 20 57		0_		0	
sumes: employer sponsored	pian \$6.95 per	participant /employ	er snare \$2.00.			
oker Administrative fees	= \$14,000 split	/pd @ qtr	14,000]6	11,200	10800
mployer pays 80%						
nployee share will be add	ed to medical					
		GRAND TOTAL	594,316			

Medical Analysis

2015



In-Network Deductible

Coinsurance

OOP Maximum (Inc. Ded.)
Office Visit
ER/UC

Lab/X-ray
High Tech Imaging (MRI/CT)
Inpatient Hospital
Outpatient Hospital

Non-Network Deductible

Coinsurance
OOP Maximum (Inc. Ded.)
Assumed Enrollment
Employee
Employee & Spouse
Employee & Child(ren)

Total Premiums

Family

Employee Employee & Spouse Employee & Child(ren) Family

\$510.25 \$984.77 \$821.50 \$1,316.44

> \$553.03 \$1,067.35 \$890.38

\$554.12 \$1,069.46 \$892.14

\$525.95 \$1,015.08 \$846.78

Monthly Premium Annual Premium Plan Increase

> \$42,416.86 \$509,002.32

\$45,973.44 \$551,681.28

\$1,429.64 \$46,064.22 \$552,770.64

\$1,356.95 \$43,722.17 \$524,666.04

\$38,110 \$457,319

-10.15%

\$738.08 \$1,182.77

\$458.44 \$884.78

3.08%

8.60%

8.38%

\$1,426.82

	J	
30 14 5 7	Current Grandfathered DHMO N620 \$500 80% \$500/\$1,500 80% \$2,500/\$5,500 (excludes copays) \$15/\$35 20% after Ded/\$35 No charge/ 20% after Ded 20% after MO No coverage	Kaiser Permanente
30 14 5 7 7	Renewal Grandfathered DHMO N620 \$500 80% \$500/\$1,500 80% \$2,500/\$5,500 (excludes copays) \$15/\$35 20% after Ded/\$35 No charge/ 20% after Ded 20% after Mo No coverage	
30 14 5 7	Option 1 Non-Grandfathered DHMO N620 \$500 80% \$500 \$1,500 80% \$2,500/\$1,500 80% \$2,500/\$5,500 (includes copays) \$15/\$35 20% after Ded/\$35 No charge/ 20% after Ded 20% after MO No coverage No coverage	Kaiser Pe
30 14 5 7	Option 2 Non-Grandfathered DHMO 620 \$750 80% \$750/\$2.250 80% \$3.000/\$6.000 (includes copays) \$15/\$35 20% after Ded/\$35 No Charge/ 20% after Ded 310\$30/\$50/20%; 2x for MO No coverage	Kaiser Permanente
30 14 5 7	Non-Grandfathered \$2000 70% \$2,000/\$4,000 \$4,000/\$12,000 (includes copays) \$25/\$50 30% after Ded/\$50 No charge / 30% after Ded	

Pueblo City-County Library District

Delta Dental of Colorado

Delta Dental of Calarado

PPO + Premier

Out of Network Max Plan Allow. \$50/\$150

> Fee Schedule Discount DMO

Negotiated Fee In Network

Out of Network

90th UCR

\$50/\$150

None N/A

Renewal

Current

Negotiated Fee \$50/\$150 in Neiwork

Annual Maximum	Major Services	Periodontics	Endodontics	Basic Services	Diagnostic & Preventive	Waived for Preventive	Deductible	kelmbursement Level

Dental Analysis

\$ Difference to Current % Difference to Current

Monthly Premium **Annual Premium**

	السنتين													
Employee & Spouse Employee & Child(ren) Family	Premiums	Family	Employee & Spouse	Assumed Enrollment Employee	Participation Requirement Rate Guarantee	Waiting Periods	Ahnuai Maximum	Major Services	Periodontics	Basic Services	Waived for Preventive	Reimbursement Level Deductible	Benefit Summary	
\$27.26 \$51.12 \$61.46	5.	7	15		None	50% to \$1,000 Lifetime Max None	\$1,500 per Member	50%	50%	80%	\$30/\$130 Yes	Negotiated Fee	In Network	
.26 .12 .46	7		51.4		A ne	Lifetime Max ne	\$1,500 per Member	50% 50%	50%	808	\$50/\$150 Yes	Max Plan Allow.	PPO + Premier	

\$1,500 per Member

Yes 100% 80% 50% 50% 50%

Yes 80% 80% 50% 50% 50%

Save up to 100%
Save up to 80%
Save up to 60%
Save up to 60%
Save up to 60%
None

Yes 100% 80% 80% 50%

Yes 80% 80% 80% 80% 50%

50% to \$1,000 Lifetime Max

None

None Z

Must be offered w/ Companion

50% on contributory plan
1 Year 2 Years Available

Save up to 23%

50% to \$1,000 Lifetime Max

None

\$1,500 per Member

15 29

Year Rate

6

\$31,329,24 'NA NA	\$2,610.77	\$27.26 \$51.12 \$61.46 \$97.81
\$2,858.85 \$34,306.20 \$5,976.96 \$2,976.96	distribution of the state of th	\$29.85 \$55.98 \$67.30 \$107.10
\$2.321.54 \$27.858.50 -11.08% (\$3,470.74)	"Rates include ACA fees, which are excluded from rate guarantee.	\$10.58 \$23.31 \$24.24 \$19.58 \$43.70 \$45.45 \$26.78 \$52.55 \$54.65 \$32.18 \$83.63 \$86.97

International

Benefit Summary Eye Exam

Contact Lenses Frame Allowance Single Vision Lenses Bifocal Lenses Trifocal Lenses Materials

Out of Network
Up to \$40

\$30 Alowance \$50 Alowance

\$91 Alowance \$70 Alowance

Additional Copays Apply \$90-\$135 Copay Additional Copays Apply

\$130 Allowance \$210 Allowance

Vision Service Plan Current

Family Child(ren)

Vision Analysis

S Difference to Current

Other Notes Rate Guarantee

2 years

% Difference to Current **Annual Premium Monthly Premium**

	Spouse	Employee	Premiums	Total	Family	Child(ren)	Spouse	Employee	Assumed Enrollment	Scratch Resistence	Progressive Lenses	Anti-Reflective Coating	Frequency	Elective	Necessary
_															

			EΓ				7		Γ									_			1							Γ	Γ
Z	\$7,761.84	S646 R7	\$21	\$13	\$13	\$8.		500	_	1 6	. :	-	2		30% di	\$50-\$160	30% discount		\$130 Allowance	Paid In Full	at the same a few management of the same o	\$130 Allowance	\$25 Copay	\$25 Copay	\$25 Copay		\$10 Copay	in Network	
	84	87	\$8.31 \$13.30 \$13.57 \$21.88		30		5 7 6		30		30				4	\$50-\$160 Copay 30% discount		2/24/24 discount		\$105 Allowance	*Olowanala Olo*	the state of the s	\$70 Alowana	\$50 Alowance \$75 Allowance \$100 Alowance		0	In to \$50	Out of Network	Current
5.01% \$389.04	\$679.24 \$8.150.8 8		\$22.98	\$1.070	\$13	\$8.73	•	'n	7	6	16	į.		30% discount	\$50-\$160 Copay	30% discount	7/7.1	1000	\$130 Allowance		≱I30 Allowance	\$25 Copdy	\$25 Copay	\$25 Copdy	COS Conne	\$10 Copay	MOMON	i	0
0.4	.24).88	AT 1. 100 (100 000000000000000000000000000	98	3 N	92	73	•	2			6	4	The state of the second	scount	Copay	SCOUNT	2/24/24	≱IUS AlloWance	\$210 Allowance		\$70 Alowance	\$100 Alowance	\$75 Allowance	\$50 Alowance		Up to \$50	Out of Network	Keriewoi	rice Id]
-39.81%	\$389 \$4 677	410.10	\$8.95	\$8.50	\$4.48		53					24		Additional Copays A	\$90-\$135 Copay	Additional Copays A	-	\$130 Allowance	Paid in Full	the new parameter and the same	\$130 Allowance	\$25 Copay	\$25 Copay	\$25 Copay	4 4 4	\$10 Copay	in Network	Option	
81%	39	. 10	7 %	50	40	5	w			. (•	4		opays A	Copa)	opays A	2/12/24	\$130	\$210	*	\$91	\$70	\$50	\$30			S	ion I	

4 Years	\$389 \$4,672 -39,81% (\$3,090)	\$4.48 \$8.50 \$8.95 \$13.16	24 116 6 7

Pueblo City-County Library District

CHANGE ORDER APPROVAL REQUEST-10/21/14

The Trustees have approved changes to PCCLD's contract with the new libraries' CM/GC (H. W. Houston) to date, as follows:

Lucero Library \$36,850.00

Giodone Library \$22,107.00

Greenhorn Valley Library \$32,308.00

The most recent changes were approved by the Trustees on July 24, 2014. The following changes have occurred since this date, and Trustee approval to change the contract with H. W. Houston is requested, as follows:

Lucero Library

-12,561.00	Deduct site work completed by the City of Pueblo
2,653.00	Add manager office window
946.00	Add transformer pad
2,446.00	Add signs
226.00	Add operable wall door lock
20,221.00	Add vacated alley site work
\$17,018.00	

Giodone Library

2,851.00	Add manager office window
424.47	Add site storm water drainage management
2,792.08	Add distressed metal patina
3,663.23	Add signs
28,866.95	Add native seeding on north property
226.06	Add operable door locks
\$38,823.79	

Greenhorn Valley Library

3,248.94	Add manager office window
3,269.56	Add signs
226.06	Add operable door locks
341.84	Add pedestal for door opener
\$7,086,40	

The total of this requested change order to PCCLD's contract with H. W. Houston is \$62,928.19.

NEW LIBRARIES BUDGET UPDATE - 10/21/2014

Uncommitted funds

\$167,849.45	Remaining contingency
75,000.00	IT savings
32,829.60	Shelving savings
24,000.00	Sign savings
51,945.00	Fundraising above budget
5,000.00	BOWW contribution
\$356,624.05	

Unbudgeted expenses

\$ 34,180.56	Lucero site demolition, Giodone procurement
15,000.00	Architect (Lucero roof, alley, Giodone water/road)
5,842.00	Professional services budget overspend
50,000.00	History walls
17,127.00	Security systems
5,000.00	Furniture budget overspend
54,229.00	Lucero Library construction changes (Houston)
60,936.03	Giodone Library construction changes (Houston)
39,399.57	Greenhorn Valley Library construction changes (Houston)
\$281,714.16	
\$ 74,909.89	Remaining, currently uncommitted