





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-Tier 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	2015 Annual	Mthly. Premium	2015 Annual
	# employees	Jan - Dec 2015	PremiumTotals	Jan - Dec 2015	PremiumTotals
Health Dual Option Plan		DHMO		Employer Paid	Employer Paid
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
#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
					22,005
Dental Insurance Dual Option Plan					
2 Year					
Beta Health & Companion Life		(-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
		\$89.12	635		508
Vision Insurance					
2 Year					
EyeMed (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
Employee & family	7	\$13.06	1,097	10.69	898
new members	12	\$4.48	645	3.58	516
			5,105		4,216
Life & AD & D Insurance					
2 Year			5,923		6,285
Life Renewal = 5.3%					
NEW TeleHealth			0		0
Assumes: employer sponsored plan \$6.95 per participant /employer share \$2.00.					
Broker Administrative fees = \$14,000 split/pd @ qtr			14,000		11,200
Employer pays 80%					
Employee share will be added to medical					
		GRAND TOTAL	594,316		517,078

2015

Medical Analysis

Pueblo City-County Library District

Kaiser Permanente		Kaiser Permanente			
	Current	Renewal	Option 1	Option 2	Option 3
In-Network	Grandfathered DHMO N620 \$500 80%	Grandfathered DHMO N620 \$500 80%	Non-Grandfathered DHMO N620 \$500 80%	Non-Grandfathered DHMO 620 \$750 80%	Non-Grandfathered \$2000 70%
Deductible	\$500/\$1,500 80%	\$500/\$1,500 80%	\$500/\$1,500 80%	\$750/\$2,250 80%	\$2,000/\$4,000 70%
Coinsurance	\$2,500/\$5,500 (excludes copays)	\$2,500/\$5,500 (excludes copays)	\$2,500/\$5,500 (includes copays)	\$3,000/\$6,000 (includes copays)	\$6,000/\$12,000 (includes copays)
OOP Maximum (Inc. Ded.)	\$15/\$35	\$15/\$35	\$15/\$35	\$15/\$35	\$25/\$50
Office Visit	20% after Ded/\$35	20% after Ded/\$35	20% after Ded/\$35	20% after Ded/\$35	30% after Ded/\$50
ER/UC	No charge/ 20% after Ded	No charge/ 20% after Ded	No charge/ 20% after Ded	No Charge/ 20% after Ded	No charge / 30% after Ded
Lab/X-ray	20% after Ded	20% after Ded	20% after Ded	20% after Ded	30% after Ded
High Tech Imaging (MRI/CT)	20% after Ded	20% after Ded	20% after Ded	20% after Ded	30% after Ded
Inpatient Hospital	20% after Ded	20% after Ded	20% after Ded	20% after Ded	30% after Ded
Outpatient Hospital	20% after Ded	20% after Ded	20% after Ded	20% after Ded	30% after Ded
	\$10/\$30/\$50/20%; 2x for MO	\$10/\$30/\$50/20%; 2x for MO	\$10/\$30/\$50/20%; 2x for MO	\$10/\$30/\$50/20%; 2x for MO	\$10/\$40/\$60/20%; 2x for MO
Pharmacy					
Non-Network	No coverage	No coverage	No coverage	No coverage	No coverage
Deductible					
Coinsurance					
OOP Maximum (Inc. Ded.)					
Assumed Enrollment					
Employee	30	30	30	30	30
Employee & Spouse	14	14	14	14	14
Employee & Child(ren)	5	5	5	5	5
Family	7	7	7	7	7
Total	56	56	56	56	56
Premiums					
Employee	\$510.25	\$553.03	\$554.12	\$525.95	\$458.44
Employee & Spouse	\$984.77	\$1,067.35	\$1,069.46	\$1,015.08	\$884.78
Employee & Child(ren)	\$821.50	\$890.38	\$892.14	\$846.78	\$738.08
Family	\$1,316.44	\$1,426.82	\$1,429.64	\$1,356.95	\$1,182.77
Monthly Premium	\$42,416.86	\$45,973.44	\$46,064.22	\$43,722.17	\$38,110
Annual Premium	\$509,002.32	\$551,681.28	\$552,770.64	\$524,666.04	\$457,319
Plan Increase	NA	8.38%	8.60%	3.08%	-10.15%

Dental Analysis

[illegible]

Pueblo City-County Library District



2014

Vision Analysis

- Benefit Summary**
 Eye Exam
 Materials
 Single Vision Lenses
 Bifocal Lenses
 Trifocal Lenses
Frame Allowance
 Contact Lenses
 Necessary
 Elective
Frequency
 Anti-Reflective Coating
 Progressive Lenses
 Scratch Resistance
Assumed Enrollment
 Employee
 Spouse
 Child(ren)
 Family
Total
Premiums
 Employee
 Spouse
 Child(ren)
 Family
Monthly Premium
 Annual Premium
 % Difference to Current
 \$ Difference to Current
 Rate Guarantee
 Other Notes

Vision Service Plan		Vision Service Plan		Option 1	
Current		Renewal		Option 1	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
\$10 Copay	Up to \$50	\$10 Copay	Up to \$50	\$10 Copay	Up to \$40
\$25 Copay	\$50 Allowance	\$25 Copay	\$50 Allowance	\$25 Copay	\$30 Allowance
\$25 Copay	\$75 Allowance	\$25 Copay	\$75 Allowance	\$25 Copay	\$50 Allowance
\$25 Copay	\$100 Allowance	\$25 Copay	\$100 Allowance	\$25 Copay	\$70 Allowance
\$130 Allowance	\$70 Allowance	\$130 Allowance	\$70 Allowance	\$130 Allowance	\$91 Allowance
Paid In Full	\$210 Allowance	Paid In Full	\$210 Allowance	Paid In Full	\$210 Allowance
\$130 Allowance	\$105 Allowance	\$130 Allowance	\$105 Allowance	\$130 Allowance	\$130 Allowance
12/24/24	12/24/24	12/24/24	12/12/24	12/12/24	
30% discount	30% discount	30% discount	30% discount	Additional Copays Apply	
\$50-\$160 Copay	\$50-\$160 Copay	\$50-\$160 Copay	\$50-\$135 Copay		
30% discount	30% discount	30% discount	Additional Copays Apply		
24	24	24	24	24	
16	16	16	16	16	
6	6	6	6	6	
7	7	7	7	7	
\$3	\$3	\$3	\$3	\$3	
\$8.31	\$8.73	\$8.31	\$8.73	\$4.48	
\$13.30	\$13.96	\$13.30	\$13.96	\$8.50	
\$13.57	\$14.25	\$13.57	\$14.25	\$8.95	
\$21.88	\$22.98	\$21.88	\$22.98	\$13.16	
\$646.82	\$679.24	\$646.82	\$679.24	\$389	
\$7,761.84	\$8,150.88	\$7,761.84	\$8,150.88	\$4,672	
NA	5.01%	NA	5.01%	-39.81%	
NA	\$389.04	NA	\$389.04	(\$3,090)	
	2 Years		2 Years		4 Years

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
<u>20,221.00</u>	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
<u>226.06</u>	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
<u>341.84</u>	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
<u>5,000.00</u>	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)
<u>39,399.57</u>	Greenhorn Valley Library construction changes (Houston)
\$281,714.16	
\$ 74,909.89	Remaining, currently uncommitted