



2017

Medical Analysis

Pueblo City-County Library District

	Kaiser		Kaiser	
	Current		Negotiated Renewal Opt. 1	
In-Network	DHMO 1000	DHMO 2500	DHMO 1000	DHMO 2500
Deductible	\$1,000/\$3,000	\$2,500/\$5,000	\$1,000/\$3,000	\$2,500/\$5,000
Coinsurance	20%	70%	20%	70%
OOP Maximum (Inc. Ded.)	\$3,300/\$6,600	\$6,000/\$12,000	\$3,300/\$6,600	\$6,000/\$12,000
Office Visit	\$15/\$40	\$25/\$50	\$15/\$40	\$25/\$50
ER/UC	20% after Ded./\$40	30% after Ded./\$50	20% after Ded./\$40	30% after Ded./\$50
Inpatient Hospital	20% after Ded.	30% after Ded.	20% after Ded.	30% after Ded.
Outpatient Hospital	20% after Ded.	30% after Ded.	20% after Ded.	30% after Ded.
Pharmacy	\$10/\$30/\$50	\$10/\$40/\$60	\$10/\$30/\$50	\$10/\$40/\$60
Non-Network				
Deductible				
Coinsurance				
OOP Maximum (Inc. Ded.)				
Assumed Enrollment				
Employee	26	5	26	5
Employee & Spouse	13	0	13	0
Employee & Child(ren)	2	2	2	2
Family	6	3	6	3
Total	47	10	47	10
Premiums				
Employee	\$525.95	\$458.44	\$546.98	\$476.77
Employee & Spouse	\$1,015.08	\$884.78	\$1,055.67	\$920.17
Employee & Child(ren)	\$846.78	\$738.08	\$880.64	\$767.60
Family	\$1,356.95	\$1,182.77	\$1,411.21	\$1,230.07
Monthly Premium	\$36,706	\$7,317	\$38,174	\$7,609
Annual Premium	\$440,472	\$87,800	\$458,085	\$91,311
Plan Increase	NA	NA	4.00%	4.00%
Monthly Premium	\$44,023		\$45,783	
Annual Premium	\$528,272		\$549,396	
CO Exchange Fee (\$1.80 PEPM)	\$1,231		\$1,231	
Total Calculated Plan Cost	\$529,503		\$550,627	
% Difference to Current Actual	NA		3.99%	
\$ Difference to Current PEPM	NA		\$21,124	
	\$772.33		\$803.21	

2017 PCCLD Employee Benefits Renewal

		2016	2017
		Employee Cost	Share
Enrollment		PER PAYCHECK	80-20
Health Insurance			70-30
Kaiser 1000			
Employee only	26	50.41	52.32
Employee & spouse	12	106.81	122.75
Employee & children	1	87.42	98.29
Employee & family	10	146.29	172.14
	49		
Kaiser 2500			
Employee only	4	44.17	45.84
Employee & spouse	1	93.37	107.06
Employee & children	3	76.44	86.29
Employee & family	0	127.75	149.98
	8		same plan
Dental Insurance			
Companion Dental *			
Employee only		2.24	2.42
Employee & spouse		4.68	5.60
Employee & children		5.13	6.98
Employee & family		8.75	11.83
Alpha Dental			
Employee only		0.98	0.98
Employee & spouse		2.02	2.02
Employee & children		2.59	2.59
Employee & family		3.07	3.07
Eye Med			
Employee only		0.41	0.41
Employee & spouse		0.88	0.88
Employee & children		0.81	0.81
Employee & family		1.30	1.30

* Insurance broker consulting fee is split 80% PCCLD - 20% Employees on medical plans.

* based on 12% renewal - waiting on quotes from Delta, Guardian, Metlife and Sunlife