

Medical Analysis

Pueblo City-County Library District

	Kaiser		Kaiser	
	Current	Renewal	Current	Renewal
In-Network				
Deductible	DHMO 2000 \$2,000/\$4,000	DHMO 750 \$750/\$2,250	DHMO 2000 \$2,000/\$4,000	DHMO 750 \$750/\$2,250
Coinsurance	70%	80%	70%	80%
OOP Maximum (Inc. Ded.)	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000
Office Visit	\$25/\$50	\$15/\$35	\$25/\$50	\$15/\$35
ER/UC	30% after Ded/\$50	20% after Ded/\$35	30% after Ded/\$50	20% after Ded/\$35
Inpatient Hospital	30% after Deductible	20% after Deductible	30% after Deductible	20% after Deductible
Outpatient Hospital	30% after Deductible	20% after Deductible	30% after Deductible	20% after Deductible
Pharmacy	\$10/\$40/\$60/20%	\$10/\$30/\$50/20%	\$10/\$40/\$60/20%	\$10/\$30/\$50/20%
Non-Network	Not Covered	Not Covered	Not Covered	Not Covered
Deductible				
Coinsurance				
OOP Maximum (Inc. Ded.)				
Assumed Enrollment				
Employee	4	22	4	22
Employee & Spouse	1	13	1	13
Employee & Child(ren)	3	2	3	2
Family	0	10	0	10
Total	8	47	8	47
Premiums				
Employee	\$458.44	\$525.95	\$498.73	\$572.18
Employee & Spouse	\$884.78	\$1,105.08	\$962.56	\$1,202.21
Employee & Child(ren)	\$738.08	\$846.78	\$802.96	\$921.21
Family	\$1,182.77	\$1,356.95	\$1,286.73	\$1,476.23
Monthly Premium	\$4,933	\$41,200	\$5,366	\$44,821
Annual Premium	\$59,193	\$494,400	\$64,396	\$537,857
Plan Increase	NA	NA	8.8%	8.8%
Monthly Premium	\$46,133	\$50,188	\$553,593	\$602,253
Annual Premium	NA	NA	NA	8.8%
% Difference to Current	NA	NA	8.8%	8.8%
\$ Difference to Current	\$938.78	\$912.50	\$938.78	\$912.50
PEPM				

*THESE RATES DO NOT INCLUDE THE 2016 CO EXCHANGE FEE OF \$1.80 PEPM

2016

Medical Analysis

Pueblo City-County Library District

	Kaiser		Kaiser	
	Renewal w/ First Fill Rx Option	DHMO 750	Rate Pass Alternate w/ First Fill Rx	DHMO 1500
In-Network Deductible	DHMO 2000 \$2,000/\$4,000 70%	\$750/\$2,250 80%	DHMO 2500 \$2,500/\$5,000 70%	DHMO 1500 \$1,000/\$3,000 80%
Coinsurance				
Office Visit	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,300/\$6,600
RV/UC	\$25/\$50	\$15/\$35	\$25/\$50	\$15/\$40
Inpatient Hospital	30% after Ded/ \$50	20% after Ded/ \$35	30% after Ded/ \$50	20% after Ded/ \$40
Outpatient Hospital	30% after Deductible	20% after Deductible	30% after Deductible	20% after Deductible
Pharmacy				
Non-Network Deductible	\$10/\$40/\$60/20%	\$10/\$30/\$50/20%	\$10/\$40/\$60/20%	\$10/\$30/\$50/20%
Coinsurance				
Assumed Enrollment				
Employee	4	22	4	22
Employee & Spouse	1	13	1	13
Employee & Child(ren)	3	2	3	2
Family	0	10	0	10
Total	8	47	8	47
Premiums				
Employee	\$481.36	\$552.25	\$458.44	\$525.95
Employee & Spouse	\$929.02	\$1,160.33	\$884.78	\$1,105.08
Employee & Child(ren)	\$774.98	\$889.12	\$738.08	\$846.78
Family	\$1,241.91	\$1,424.80	\$1,182.77	\$1,356.95
Monthly Premium Plan Increase	\$5,179 \$62,153 5.0%	\$43,260 \$519,120 5.0%	\$4,933 \$59,193 0.0%	\$41,200 \$494,400 0.0%
Monthly Premium Annual Premium	\$48,439 \$581,273	\$48,439 \$581,273	\$46,133 \$553,593	\$46,133 \$553,593
% Difference to Current Actual	5.0%	5.0%	0.0%	0.0%
\$ Difference to Current PEPM	\$27,680 \$880,72	\$27,680 \$880,72	\$0 \$838,78	\$0 \$838,78