

# 2016

## Medical Analysis

### Pueblo City-County Library District

	Kaiser		Kaiser	
	Current		Renewal	
	DHMO 2000	DHMO 750	DHMO 2000	DHMO 750
<b>In-Network</b>				
Deductible	\$2,000/\$4,000	\$750/\$2,250	\$2,000/\$4,000	\$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
<b>Pharmacy</b>				
<b>Non-Network</b>				
Deductible	\$10/\$40/\$60/20%	\$10/\$30/\$50/20%	\$10/\$40/\$60/20%	\$10/\$30/\$50/20%
Coinsurance	Not Covered	Not Covered	Not Covered	Not Covered
OOP Maximum (Inc. Ded.)	Not Covered	Not Covered	Not Covered	Not Covered
<b>Assumed Enrollment</b>				
Employee	4	22	4	22
Employee & Spouse	1	13	1	13
Employee & Child(ren)	3	2	3	2
Family	0	10	0	10
<b>Total</b>	<b>8</b>	<b>47</b>	<b>8</b>	<b>47</b>
<b>Premiums</b>				
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
<b>Monthly Premium</b>	<b>\$4,933</b>	<b>\$41,200</b>	<b>\$5,366</b>	<b>\$44,821</b>
<b>Annual Premium</b>	<b>\$59,193</b>	<b>\$494,400</b>	<b>\$64,396</b>	<b>\$537,857</b>
<b>Plan Increase</b>	<b>NA</b>	<b>NA</b>	<b>8.8%</b>	<b>8.8%</b>
<b>Monthly Premium</b>	<b>\$46,133</b>			<b>\$50,188</b>
<b>Annual Premium</b>	<b>\$553,593</b>			<b>\$602,253</b>
<b>% Difference to Current</b>	<b>NA</b>			<b>8.8%</b>
<b>\$ Difference to Current</b>	<b>NA</b>			<b>\$48,660</b>
<b>PEPM</b>	<b>\$838.78</b>			<b>\$912.50</b>

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

2016

# Medical Analysis

## Pueblo City-County Library District

	Kaiser		Kaiser	
	Renewal w/ First Fill Rx Option		Rate Pass Alternate w/ First Fill Rx	
In-Network	DHMO 2000	DHMO 750	DHMO 2500	DHMO 1500
Deductible	\$2,000/\$4,000	\$750/\$2,250	<b>\$2,500/\$5,000</b>	<b>\$1,000/\$3,000</b>
Coinsurance	70%	80%	70%	80%
OOP Maximum (Inc. Ded.)	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	<b>\$3,300/\$6,600</b>
Office Visit	\$25/\$50	\$15/\$35	\$25/\$50	<b>\$15/\$40</b>
ER/UC	30% after Ded/\$50	20% after Ded/\$35	30% after Ded/\$50	20% after Ded/ <b>\$40</b>
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	\$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	\$5,179	\$43,260	\$4,933	\$41,200
Annual Premium	\$62,153	\$519,120	\$59,193	\$494,400
Plan Increase	5.0%	5.0%	0.0%	0.0%
Monthly Premium				
Annual Premium	\$48,439	\$581,273	\$46,133	\$553,593
% Difference to Current Actual	5.0%	5.0%	0.0%	0.0%
\$ Difference to Current	\$27,680	\$27,680	\$0	\$0
PEPM	\$880.72	\$880.72	\$838.78	\$838.78