

2018 PCCLD Employee Benefits Renewal

10/26/2017

		Employee Cost Per Paycheck*							
		2017		2018 RENEWAL			2018 RECOMMENDED		
		Share		KAISER	Variance	%	CIGNA**	Variance	%
Enrollment		80-20	75-25						
Health Insurance									
Kaiser 1000 *									
Employee only	28		52.32	55.19	2.87	5.5%	48.84	-3.48	-6.7%
Employee & spouse	12		111.02	117.07	6.05	5.4%	102.53	-8.49	-7.6%
Employee & children	1		90.82	95.78	4.96	5.5%	84.05	-6.77	-7.5%
Employee & family	9		152.04	160.32	8.28	5.4%	140.05	-11.99	-7.9%
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Kaiser 2500 *									
Employee only	5		45.84	48.36	2.52	5.5%	42.85	-2.99	-6.5%
Employee & spouse	0		97.00	102.30	5.30	5.5%	89.56	-7.44	-7.7%
Employee & children	3		79.40	83.74	4.34	5.5%	73.49	-5.91	-7.4%
Employee & family	1		132.76	139.99	7.23	5.4%	122.21	-10.55	-7.9%
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* Insurance broker consulting fee is split 80% PCCLD - 20% Employees on medical plans.

** Cigna plan includes Healthiest You telehealth program.

AVERAGE WAGE CALCULATION

Average Gross Wage per Paycheck	\$	1,774
(the wages of 60 public service & support employees on the medical plan were averaged)		
2.5% Wage Increase per Paycheck	\$	44

		Employee Cost Per Paycheck				
		2017		2018 RECOMMENDED		
	Enrollment	80-20	75-25	COMPANION	Variance	%
DENTAL INSURANCE						
Companion Dental Plan						
Employee only	26	2.42		2.96	0.54	22.3%
Employee & spouse	12	5.07		6.19	1.12	22.1%
Employee & children	1	6.22		7.60	1.38	22.2%
Employee & family	11	10.26		12.54	2.28	22.2%
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Alpha Discount Plan						
Employee only	6	0.98		0.98	0.00	-
Employee & spouse	4	2.02		2.02	0.00	-
Employee & children	0	2.85		2.85	0.00	-
Employee & family	1	3.47		3.47	0.00	-
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VISION INSURANCE-Eyemed						
Employee only	31	0.41		0.43	0.02	-
Employee & spouse	13	0.88		0.91	0.03	-
Employee & children	3	0.93		0.96	0.03	-
Employee & family	10	1.42		1.46	0.04	-
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2018 Regular Part-Time Employee Benefits

NEW

Telehealth PART-TIME ONLY

Single Tier 57 est 1.77

* PCCLD pays 50% of the monthly cost

Alpha Discount Plan PART-TIME ONLY

Employee only	18	4.88
Employee & spouse	2	9.04
Employee & children	2	12.36
Employee & family	3	14.85
	<u>25 est</u>	

* Employee pays 100% of monthly cost

FULL COST OF 2018 EMPLOYEE BENEFITS: \$ 597,896 (PCCLD portion is approx 80% of total = \$474,001)

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Item VIII.B.1 - Health Benefit - Distributed at 09-28-2017 Regular Session

Carrier		Kaiser		Cigna	
Plan Name		DHMO 2500	DHMO 1000	OAP Base - 2500	OAP Choice - 1000
Plan Platform		HMO	HMO	Open Access EPO	Open Access EPO
Schedule of Benefits					
Office Visits		\$25 Copay \$50 Copay No No	\$15 Copay \$40 Copay No No	\$25 Copay \$50 Copay No No	\$15 Copay \$40 Copay No No
Diagnostic Services		Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
Basic Lab/X-ray		Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
MRI/CT/PET		Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
After Hours Services		Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
Emergency Room		Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
Urgent Care		\$50 Copay	\$40 Copay	\$50 Copay	\$40 Copay
Deductible					
Individual		\$2,500	\$1,000	\$2,500	\$1,000
Family		\$5,000	\$3,000	\$5,000	\$3,000
Out of Pocket		\$6,000	\$3,300	\$6,000	\$3,300
Individual		\$12,000	\$6,600	\$12,000	\$6,600
Family					
Coinsurance					
Inpatient Hospital		Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
Per Visit Copay Amount		None	None	None	None
Outpatient Services		Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%
Per Procedure Copay Amount		None	None	None	None
Pharmacy Services					
Tier 1		\$10	\$10	\$10	\$10
Tier 2		\$40	\$30	\$40	\$30
Tier 3		\$60	\$50	\$60	\$50
Tier 4		none	none	none	none
Tier 5		none	none	none	none
Drug Deductible		none	none	none	none
Important notes & plan guidelines.					
Employee Only	Base	Current	Current	Option	Option
Employee / Spouse	Buy up	\$476.77	\$546.98	\$435.32	\$500.26
Employee / Child(ren)		\$920.17	\$1,055.67	\$840.13	\$965.51
Employee / Family		\$767.60	\$880.64	\$700.86	\$805.42
Monthly Totals		\$1,230.07	\$1,411.21	\$1,123.11	\$1,290.69
Monthly Totals		\$5,916.72	\$39,059.84	\$5,402.29	\$35,723.82
Monthly Total Both Plans		\$44,976.56	\$47,417.18	\$41,126.11	
Compared to Current			5.43%	-8.60%	