## G 2018 PCCLD Employee Benefits Renewal 10/26/2017 3 4 Employee Cost Per Paycheck\* 2017 2018 RENEWAL 2018 RECOMMENDED Share KAISER % CIGNA\*\* Variance Variance % Enrollment 80-20 75-25 8 Health Insurance 9 Kaiser 1000 \* 10 Employee only 52.32 55.19 2.87 5.5% -3.48 -6.7% 28 48.84 -8.49 -7.6% -6.77 -7.5% 5.4% 11 117.07 Employee & spouse 111.02 6.05 102.53 12 12 Employee & children 90.82 95.78 4 96 84.05 1 152.04 Employee & family 160.32 8.28 5.4% 140.05 -11.99 -7.9% 9 14 50 15 16 Kaiser 2500 \* 17 Employee only 5 45.84 48.36 2.52 5.5% 42.85 -2.99 -6.5% 18 Employee & spouse 0 97.00 102.30 5.30 5.5% 89.56 -7.44 -7.7% Employee & children 79.40 83.74 4.34 5.5% 73.49 -5.91 -7.4% 19 3 20 -10.55 -7.9% Employee & family 132.76 139.99 5.4% 122.21 21 22 23 24 25 26 27 28 29 \* Insurance broker consulting fee is split 80% PCCLD - 20% Employees on medical plans. \* Cigna plan includes Healthiest You telehealth program. **AVERAGE WAGE CALCULATION** 32 Average Gross Wage per Paycheck 1,774 (the wages of 60 public service & support employees on the medical plan were averaged) 33 34 35 2.5% Wage Increase per Paycheck 44 36 37 38 39 40 **Employee Cost Per Paycheck** 2018 Regular Part-Time MEM 2017 2018 RECOMMENDED **Employee Benefits** 42 Enrollment 80-20 75-25 COMPANION 43 DENTAL INSURANCE Variance 44 Companion Dental Plan Telehealth PART-TIME ONLY 45 Employee only 26 2.42 2.96 0.54 22.3% 57 est 1.77 1.12 22.1% 1.38 22.2% 46 Employee & spouse 5.07 6.19 12 47 Employee & children 6.22 7.60 \* PCCLD pays 50% of the monthly cost 1 10.26 2.28 22.2% 12.54 Employee & family 11 49 50 51 52 53 Alpha Discount Plan Alpha Discount Plan PART-TIME ONLY 0.98 Employee only 6 0.98 0.00 Employee only 4.88 Employee & spouse 4 2.02 2.02 0.00 Employee & spouse 9.04 54 Employee & children 0 2.85 2.85 0.00 Employee & children 12.36 55 Employee & family 3.47 Employee & family 3.47 0.00 14.85 56 58 VISION INSURANCE-Eyemed \* Employee pays 100% of monthly cost 59 0.41 Employee only 31 0.43 0.02 60 0.88 Employee & spouse 13 0.91 0.03 0.93 61 Employee & children 3 0.96 0.03 62 63 Employee & family 10 1.42 1.46 0.04 57 64 65 66 FULL COST OF 2018 EMPLOYEE BENEFITS: \$ 597,896 67 (PCCLD portion is approx 80% of total = \$474,001) 68 69 70

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	A	В	C	D CI	E	F	G	H	I	J	K	L	$\dashv$
2	2018 P	CCLD E	nployee	Benefits I	Renewal								
3					Empl	oyee Cost F	Per Pay	check*					
4				2017		2018			2018		1		
5	1			Share	KAISER	Variance	%	CIGNA**	Variance	%	1		
6	1		Enrollment			Vallando	,,	Olonor	variance	,,,			
7 8	Health Insu Kaiser 1000												
9		ee only	28	52.32	55.19	2.87	5.5%	48.84	-3.48	-6.7%			
10		ee & spouse	12	111.02	117.07		5.4%	102.53	15-20-50-50	-7.6%			
11		vee & children vee & family	1 9	90.82 152.04	95.78 160.32	and the second s	5.5%	84.05 140.05		-7.5% -7.9%			
13			50					, ,0.00	11.00	1.5%			
14	Kaiser 2500	1 *											
16	Employ		5	45.84	48.36	2.52	5.5%	42.85	-2.99	-6.5%			
17		ee & spouse	0	97.00	102.30	5.30	5 5%	89.56	-7.44	-7.7%			- 1
18		ree & children ree & family	3 1	79.40 132.76	83.74 139.99		5.5%	73.49		-7.4%			- 1
20	Employ	ee & lanliy	9	132.76	139.99	1.23	3.4%	122.21	-10.55	-7.9%			
21													- 1
22				80% PCCLD - 2 telehealth prog	0% Employees o	n medical pla	ans.						
24	Cigita pia	an includes m	raitinest 10u	telenealth prog	ram.								
25 26													-
27	AVERAG	E WAGE CA	ALCULATI	ON									
29		ross Wage p			\$ 1,774								
30	(the wag	es of 60 pub	lic service &	support emplo	yees on the me	dical plan v	vere a	/eraged)					- 1
31	2.5% wage	e Increase p	er Payoneci	(	\$ 44								
33 34													
35			1		EI								
-						Wan Cact D	or Dave	hook		- 1			
			İ		Empli	yee Cost P	er Payo	heck					
36				2017		oyee Cost P	er Payo	heck	2018				
37	DENTAL INS	SURANCE	Enrollment		20	018				%			
37 38 39	Companion	Dental Plan		80-20 75-25	COMPANION	Variance	%	METLIFE	2018 Variance	%			
37 38 39 40	Companion Employe	Dental Plan e only	26	80-20 75-25 2.42	COMPANION 2.86	Variance	% 18 2%	METLIFE 3.10	Variance	28.1%			
37 38 39	Companion Employe Employe	Dental Plan		80-20 75-25	COMPANION	0.44 0.91	%	METLIFE	Variance 0.68 1.92	28.1% 37.9%			
37 38 39 40 41 42 43	Companion Employe Employe Employe	Dental Plan ee only ee & spouse	26 12 1 11	80-20 75-25 2.42 5.07	2.86 5.98	0.44 0.91 1.12	% 18 2% 17 9%	METLIFE 3.10 6.99	Variance 0.68 1.92 2.49	28.1%			
37 38 39 40 41 42	Companion Employe Employe Employe	n Dental Plan ee only ee & spouse ee & children	26 12 1	80-20 75-25 2.42 5.07 6.22	2.86 5.98 7.34	0.44 0.91 1.12	% 18 2% 17 9% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 25 46	Companion Employe Employe Employe Employe	n Dental Plan ee only ee & spouse ee & children ee & family ount Plan	26 12 1 11 50	80-20 75-25 2.42 5.07 6.22 10.26	2.86 5.98 7.34 12.11	0.44 0.91 1.12 1.85	% 18 2% 17 9% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 45 46 47	Companion Employe Employe Employe Employe Alpha Disco Employe	n Dental Plan ee only ee & spouse ee & children ee & family  ount Plan ee only	26 12 1 11 50	80-20 75-25 2.42 5.07 6.22 10.26	2.86 5.98 7.34 12.11	0.44 0.91 1.12 1.85	% 18 2% 17 9% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 46 47 48 49	Companion Employe Employe Employe Employe Employe Alpha Disco Employe Employe Employe	n Dental Plan ee only ee & spouse ee & children ee & family  bunt Plan ee only ee & spouse ee & children ee & conly ee & spouse ee & children	26 12 1 11 50	80-20 75-25 2.42 5.07 6.22 10.26 0.98 2.02 2.85	2.86 5.98 7.34 12.11	0.44 0.91 1.12 1.85	% 18 2% 17 9% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 46 47 48 49	Companion Employe Employe Employe Employe Employe Alpha Disco Employe Employe Employe	n Dental Plan ee only ee & spouse ee & children ee & family  ount Plan ee only ee & spouse	26 12 1 11 50 6 4 0	80-20 75-25 2.42 5.07 6.22 10.26	2.86 5.98 7.34 12.11	0.44 0.91 1.12 1.85	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 46 47 48 49	Companion Employe Employe Employe Employe Employe Alpha Disco Employe Employe Employe	n Dental Plan ee only ee & spouse ee & children ee & family  bunt Plan ee only ee & spouse ee & children ee & conly ee & spouse ee & children	26 12 1 11 50	80-20 75-25 2.42 5.07 6.22 10.26 0.98 2.02 2.85	2.86 5.98 7.34 12.11	0.44 0.91 1.12 1.85	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  uunt Plan ee only ee & spouse ee & children ee & family	26 12 1 11 50 6 4 0 1	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47	2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47	0.44 0.91 1.12 1.85	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  uunt Plan ee only ee & spouse ee & children ee & family  JRANCE-Eyen ee only	26 12 1 11 50 6 4 0 1 11	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47	2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47	0.44 0.91 1.12 1.85 0.00 0.00 0.00	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 48 49 50 51 52 53 54	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  nunt Plan ee only ee & spouse ee & children ee & family  JRANCE-Eyen ee only ee & spouse ee & children	26 12 1 11 50 6 4 0 1 11 ned 31 13 3	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47	2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47	0.44 0.91 1.12 1.85	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 46 47 48 49 50 51 52 53 54 55 56 57	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  sunt Plan ee only ee & spouse ee & children ee & family  JRANCE-Eyen ee only ee & spouse	26 12 1 11 50 6 4 0 1 11 ned 31 13 3 10	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47	2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47	0.44 0.91 1.12 1.85 0.00 0.00 0.00 0.00	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 50 51 52 53 54 55 55 55	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  nunt Plan ee only ee & spouse ee & children ee & family  JRANCE-Eyen ee only ee & spouse ee & children	26 12 1 11 50 6 4 0 1 11 ned 31 13 3	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47	0.98 2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47	0.44 0.91 1.12 1.85 0.00 0.00 0.00 0.00 0.00 0.00	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 46 47 48 49 50 51 52 53 54 55 56 57	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  nunt Plan ee only ee & spouse ee & children ee & family  JRANCE-Eyen ee only ee & spouse ee & children	26 12 1 11 50 6 4 0 1 11 ned 31 13 3 10	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47	0.98 2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47	0.44 0.91 1.12 1.85 0.00 0.00 0.00 0.00 0.00 0.00	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 46 47 48 50 51 52 53 55 55 55 55 57 58 59 60 61	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  bunt Plan ee only ee & spouse ee & children ee & family  JRANCE-Eyen ee only ee & spouse ee & children ee & family	26 12 1 11 50 6 4 0 1 11 ned 31 13 3 10 57	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47 0.41 0.88 0.93 1.42	0.98 2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47	0.44 0.91 1.12 1.85 0.00 0.00 0.00 0.00 0.00 0.00	% 18 2% 17 9% 18.0% 18.0%	METLIFE 3.10 6.99 8.71	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0%			
37 38 39 40 41 42 43 44 47 48 49 50 51 52 53 55 55 55 57 58 59 60 61 62	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  nunt Plan ee only ee & spouse ee & children ee & family  JRANCE-Eyen ee only ee & spouse ee & children	26 12 1 11 50 6 4 0 1 11 ned 31 13 3 10 57	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47 0.41 0.88 0.93 1.42	0.98 2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47	0.44 0.91 1.12 1.85 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	% 18 2% 17 9% 18.0% 18.0%	3.10 6.99 8.71 13.22	Variance 0.68 1.92 2.49	28.1% 37.9% 40.0% 28.8%	tal = 9	\$470,174)	
37 38 39 40 41 42 43 44 47 46 47 48 50 51 52 53 55 55 55 55 57 58 59 60 61	Companion Employe	n Dental Plan ee only ee & spouse ee & children ee & family  bunt Plan ee only ee & spouse ee & children ee & family  JRANCE-Eyen ee only ee & spouse ee & children ee & family	26 12 1 11 50 6 4 0 1 11 ned 31 13 3 10 57	2.42 5.07 6.22 10.26 0.98 2.02 2.85 3.47 0.41 0.88 0.93 1.42	2.86 5.98 7.34 12.11 0.98 2.02 2.85 3.47 0.41 0.88 0.93 1.42	0.44 0.91 1.12 1.85 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	% 18 2% 17 9% 18.0% 18.0%	3.10 6.99 8.71 13.22	Variance  0.68 1.92 2.49 2.96	28.1% 37.9% 40.0% 28.8%	tal = {	\$470,174)	

David Vecchio and Holly Hanson Benefits Broker

## Medical Benefit Summary Effective 01/01/18

	241.126.11						The second name of the second na
	the age of			\$47,417,18	\$44,976.56		Monthly Total Both Plans
\$35,723.82	\$5,402.29	\$41,179,42	\$39,059.84	\$6,237.76	7/'016'c¢	-	H
\$1,290.69	\$1,123.11	61.104,16	74,444.64	בסיסטבונה ה	\$5.016.73	0 47	
\$805.42	200:80	\$1,027,72	\$1 411 71	\$1.296.81	\$1,230.07	<u>ب</u> ھ	Employee / Family
100.00	520005	\$000 40	\$880 64	\$809.25	\$767.60	3	Employee / Child(ren)
\$200.20	\$840 13	\$1,112,96	\$1.055.67	\$970.10	\$920.17		ě
\$FOO DE	¢135 32	\$576.66	\$546.98	\$502.64	\$476.77	5 26	Employee Only
Option	Option	Renewal	Current	Kenewali	Content	Ba Buy	
						_	
					,		Important notes & plan guidelines
none	liolle					_	
ioile		none	0	none	no		Drug Deductible
	DODE	ne	none	ne	none		Tier 5
none	none	ne	none	none	no		Tier 4
\$50	\$60	0	\$50	ŏ	\$60		Tier 3
\$30	\$40	ŏ	\$30	Ö	\$40		Tier 2
\$10	\$10	0	\$10	0	\$10		Tier 1
							Pharmacy Services
None	None	ne	None	ine	None		Per Procedure Copay Amount
Deductible then 20%	Deductible then 30%	then 20%	Deductible then 20%	then 30%	Deductible then 30%		Outpatient Services
None	None	None	No.	ine	None		Per Visit Copay Amount
Deductible then 20%	Deductible then 30%	Deductible then 20%	Deductible	Deductible then 30%	Deductible		Inpatient Hospital
40,000			10 20				Coinsurance
\$6,600	\$12,000	500	\$6,600	000	\$12,000		Family
\$3.300	\$6,000	300	\$3,300	000	\$6,000		Individual
42,000	1-1-1-1						Out of Pocket
\$3,000	\$5,000	D00	\$3,000	000	\$5,000		Family
\$1,000	\$2.500	900	\$1,000	500	\$2,500		Individual
4.00							Deductible
\$40 Conav	\$50 Copav	\$40 Copay	\$400	\$50 Copay	\$50 0		Urgent Care
Deductible then 20%	Deductible then 30%	Deductible then 20%	Deductible	Deductible then 30%	Deductible		Emergency Room
מרמסרוומור ווורוו 20%						-	After Hours Services
Deductible then 70%	Deductible then 30%	Deductible then 20%	Deductible	Deductible then 30%	Deductible		MRI/CT/PET
Deductible then 20%	Deductible then 30%	Deductible then 20%	Deductible	Deductible then 30%	Deductible		Basic Lab/X-ray
							Diagnostic Services
No	N <sub>o</sub>	No	7	No	7		Referral Necessary
No .	No	No	7	No	7		PCP Necessary
\$40 Copay	\$50 Copay	\$40 Copay	\$400	\$50 Copay	\$500		Specialty
\$15 Copay	\$25 Copay	\$15 Copay	\$15 (	\$25 Copay	\$25 (		Primary
							Office Visits
							Schedule of Benefits
Open Access EPO	Open Access EPO	HMO	=	HMO	1	L	Plan Platform
OAP Choice - 1000	OAP Base - 2500	DHMO 1000	DHM	DHMO 2500	CHINA		
migin.					7		Plan Name

719-545-4840 719-545-4849 (Fax)