

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	Primary	\$25 Copay	\$15 Copay	\$25 Copay	\$15 Copay
	Specialty	\$50 Copay	\$40 Copay	\$50 Copay	\$40 Copay
	PCP Necessary	No	No	No	No
	Referral Necessary	No	No	No	No
Diagnostic Services	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	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	Individual	\$6,000	\$3,300	\$6,000	\$3,300
	Family	\$12,000	\$6,600	\$12,000	\$6,600
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	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.					
	Base	Current	Renewal	Current	Renewal
	Buy up				
	Employee Only	\$476.77	\$502.64	\$546.98	\$576.66
	Employee / Spouse	\$920.17	\$970.10	\$1,055.67	\$1,112.96
	Employee / Child(ren)	\$767.60	\$809.25	\$880.64	\$928.42
Monthly Totals	Employee / Family	\$1,230.07	\$1,296.81	\$1,411.21	\$1,487.79
	Monthly Totals	\$5,916.72	\$6,237.76	\$39,059.84	\$41,179.42
Monthly Total Both Plans		\$44,976.56	\$47,417.18	\$41,126.11	
Compared to Current		5.43%		-8.60%	

	A	B	C	D	E	F	G	H	I	J	K	L																																							
1	2018 PCCLD Employee Benefits Renewal																																																		
2																																																			
3	<table><thead><tr><th colspan="9">Employee Cost Per Paycheck*</th></tr><tr><th colspan="2"></th><th colspan="2">2017</th><th colspan="3">2018</th><th colspan="3">2018</th></tr><tr><th colspan="2"></th><th>Share</th><th></th><th>KAISER</th><th>Variance</th><th>%</th><th>CIGNA**</th><th>Variance</th><th>%</th></tr><tr><th>Enrollment</th><th></th><th>80-20</th><th>75-25</th><th></th><th></th><th></th><th></th><th></th><th></th></tr></thead></table>												Employee Cost Per Paycheck*											2017		2018			2018					Share		KAISER	Variance	%	CIGNA**	Variance	%	Enrollment		80-20	75-25						
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4																																																			
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6																																																			
7	Health Insurance																																																		
8	Kaiser 1000 *																																																		
9	Employee only	28	52.32	55.19	2.87	5.5%	48.84	-3.48	-6.7%																																										
10	Employee & spouse	12	111.02	117.07	6.05	5.4%	102.53	-8.49	-7.6%																																										
11	Employee & children	1	90.82	95.78	4.96	5.5%	84.05	-6.77	-7.5%																																										
12	Employee & family	9	152.04	160.32	8.28	5.4%	140.05	-11.99	-7.9%																																										
13		50																																																	
14																																																			
15	Kaiser 2500 *																																																		
16	Employee only	5	45.84	48.36	2.52	5.5%	42.85	-2.99	-6.5%																																										
17	Employee & spouse	0	97.00	102.30	5.30	5.5%	89.56	-7.44	-7.7%																																										
18	Employee & children	3	79.40	83.74	4.34	5.5%	73.49	-5.91	-7.4%																																										
19	Employee & family	1	132.76	139.99	7.23	5.4%	122.21	-10.55	-7.9%																																										
20		9																																																	
21																																																			
22	* Insurance broker consulting fee is split 80% PCCLD - 20% Employees on medical plans.																																																		
23	** Cigna plan includes Healthiest You telehealth program.																																																		
24																																																			
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26																																																			
27	AVERAGE WAGE CALCULATION																																																		
28																																																			
29	Average Gross Wage per Paycheck \$ 1,774																																																		
30	(the wages of 60 public service & support employees on the medical plan were averaged)																																																		
31	2.5% Wage Increase per Paycheck \$ 44																																																		
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36																																																			
37																																																			
38	DENTAL INSURANCE																																																		
39	Companion Dental Plan																																																		
40	Employee only	26	2.42	2.86	0.44	18.2%	3.10	0.68	28.1%																																										
41	Employee & spouse	12	5.07	5.98	0.91	17.9%	6.99	1.92	37.9%																																										
42	Employee & children	1	6.22	7.34	1.12	18.0%	8.71	2.49	40.0%																																										
43	Employee & family	11	10.26	12.11	1.85	18.0%	13.22	2.96	28.8%																																										
44		50																																																	
45																																																			
46	Alpha Discount Plan																																																		
47	Employee only	6	0.98	0.98	0.00	-																																													
48	Employee & spouse	4	2.02	2.02	0.00	-																																													
49	Employee & children	0	2.85	2.85	0.00	-																																													
50	Employee & family	1	3.47	3.47	0.00	-																																													
51		11																																																	
52																																																			
53	VISION INSURANCE-Eyemed																																																		
54	Employee only	31	0.41	0.41	0.00	-																																													
55	Employee & spouse	13	0.88	0.88	0.00	-																																													
56	Employee & children	3	0.93	0.93	0.00	-																																													
57	Employee & family	10	1.42	1.42	0.00	-																																													
58		57																																																	
59																																																			
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61																																																			
62	FULL COST OF 2018 EMPLOYEE BENEFITS: \$ 579,998 (PCCLD portion is approx 80% of total = \$470,174)																																																		
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