



*2016 Renewal Presentation*

*Presented by Susan Posada*



**City of San Luis**

**Changes to Plan Costs**

Plan Year 7/1/2016 to 6/30/2017

**Budget Increases**

		<b>Budget Increase</b>		<b>Percentage Increase</b>
	All Benefits	City Portion	Employee Portion	
Increase all benefits	\$148,124.40	\$122,471.70	\$25,652.70	6.56%

See details in the Contribution Comparison Sheet for 2016 to 2017

**City of San Luis**

**Changes to Plan Costs**

Plan Year 7/1/2016 to 6/30/2017

**Plan Changes**

Service Changes	Rates	Rates	Rates
	2015	2016	% change
	PEPM	PEPM	
<b>Stop Loss</b>	<b>\$432,036.36</b>	<b>\$429,267.12</b>	<b>-0.64</b>
(The initial Stop Loss increase came in at 12.53%. After negotiations, the <b>Stop Loss decreased to -0.64%, a Savings of \$56,891.28</b> )			
<b>Mayo Fees</b>			
Medical	\$18.00	\$18.50	2.77%
Dental	\$2.90	\$2.90	0%
Claims Utilization	\$3.00	\$3.25	8.33%
<b>SSA Mexico Network</b>	\$4.41	Termed	Termed
<b>Siarmed</b>			
Medical	\$3.00	\$3.00	-3.63%
Dental	\$1.25	\$1.25	
<b>Broker Fees</b>	\$32.00	\$33.50	4.69%
(Broker increase would be 3.1% of premium not 5% agreed upon)			
<b>BCBS Network Fees</b>	\$15	\$15.50	3.33%
(The contract is in the second year of a 2 year contract)			
<b>ACA Fees</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Reinsurance Fees	\$5.25 per enrollee/mo.	\$2.25 per enrollee/mo.	\$2.25 per enrollee/mo.
PCCORI Fees	\$2.08 Avg. # of lives	\$2.17 Avg. # of lives	\$2.17 Avg # of lives

- Mexico network was changed to Siamed effective 4/1/2016
- Stop Loss fees are subject to change pending the 3/31/2016 claims reports
- Stop Loss Carrier Rates are not firm until 3/31/2016

## City of San Luis

### Medical and Dental Enrollment Changes

	Medical Enrollment			Dental Enrollment		
	July 1, 2015	March 1, 2016	Percentage Change	July 1, 2015	March 1, 2016	Percentage Change
Employees Only	98	109	11.22%	94	109	15.96%
Employee & Spouse	11	11	0.00%	12	11	-8.33%
Employee and Children	52	53	1.92%	40	53	32.50%
Family	55	45	-18.18%	69	45	-34.78%
<b>Total</b>	<b>216</b>	<b>221</b>	<b>2.31%</b>	<b>215</b>	<b>221</b>	<b>2.79%</b>
Members	519	501	-3.47%	552	501	-9.24%
Employees Count	216	218	0.93%	215	218	1.40%

CITY OF SAN LUIS

STOP LOSS AND ADMINISTRATION RENEWAL EFFECTIVE JULY 1, 2016

DESCRIPTION	Recommended 2015 - 2016 Renewal Initial Symetra	Recommended Final 2015-2016 Final Symetra	Recommended Renewal 2016 -2017 Quote Symetra	Recommended Renewal 2016 -2017 Quote Symetra 3/29/2016	Recommended Renewal 2016 -2017 Quote Symetra	Recommended Renewal 2016 -2017 Quote Symetra	Recommended Renewal 2016 -2017 Quote HCC	Renewal 2016 -2017 Quote RMTS
	\$50,000 Stop Loss	\$50,000 Stop Loss	\$50,000 Stop Loss	\$50,000 Stop Loss	60000 Stop Loss	75000 Stop Loss	\$50,000 Stop Loss	\$50,000 Stop Loss
<b>STOP LOSS POLICY TERMS</b>								
Specific Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Annual Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Deductible	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 60,000	\$ 75,000	\$ 50,000	\$ 50,000
Specific Contract Basis	Paid	Paid	Paid	Paid	Paid	Paid	24/12	24/12
Specific Coverage	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical
Specific Run-In Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lasered Individuals	None	None	None	None	None	None	None	None
Aggregate Maximum	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Aggregate Coverage	Medical & RX Card	Medical & RX Card	Medical & RX Card	Medical & RX Card	Medical & RX Card	Medical & RX Card	Medical & RX Card	Medical & RX Card
Aggregate Contract Basis	Paid	Paid	Paid	Paid	Paid	Paid	Paid	Paid
Aggregate Run-In Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Corridor	25%	25%	25%	25%	25%	25%	25%	25%
<b>STOP LOSS PREMIUM</b>								
<b>Specific Premium</b>								
Employee Rate	89 \$ 91.16	\$ 91.16	109 \$ 102.79	\$ 91.16	\$ 91.79	\$ 77.71	\$ 92.35	\$ 79.90
Employee + Spouse Rate								
Employee + Child(ren) Rate								
Employee + Spouse + Children Rate	120 \$ 224.56	\$ 224.56	112 \$ 253.46	\$ 224.56	\$ 226.13	\$ 191.13	\$ 249.16	\$ 223.09
<b>Projected Total Monthly Specific Premium</b>	209 \$ 35,060.44	\$ 35,060.44	221 \$ 39,591.63	\$ 35,087.16	\$ 35,331.67	\$ 29,876.95	\$ 37,972.07	\$ 33,695.18
<b>Aggregate Premium (includes Medical Coverage in MX)</b>	209 \$ 4.48	\$ 4.51	221 \$ 4.17	\$ 3.10	\$ 4.23	\$ 4.24	\$ 5.20	\$ 4.10
<b>Projected Monthly Aggregate Premium</b>	\$ 936.32	\$ 942.59	\$ 921.57	\$ 685.10	\$ 934.83	\$ 937.04	\$ 1,149.20	\$ 906.10
<b>TOTAL PROJECTED PREMIUM</b>								
Monthly	\$ 35,996.76	\$ 36,003.03	\$ 40,513.20	\$ 35,772.26	\$ 36,266.50	\$ 30,813.99	\$ 39,121.27	\$ 34,601.28
Annual	\$ 431,961.12	\$ 432,036.36	\$ 486,158.40	\$ 429,267.12	\$ 435,198.00	\$ 369,767.88	\$ 469,455.24	\$ 415,215.36
<b>Percentage of increase over current</b>		<b>0.02%</b>	<b>12.53%</b>	<b>-0.64%</b>	<b>0.73%</b>	<b>-14.41%</b>	<b>8.66%</b>	<b>-3.89%</b>
<b>MAXIMUM CLAIM FUNDING FACTORS</b>								
Employee	89 \$ 436.73	\$ 429.45	109 \$ 406.94	\$ 406.94	\$ 421.20	\$ 437.78	\$ 430.74	\$ 398.81
Employee + Spouse								
Employee + Children								
Employee + Spouse + Child(ren)	120 \$ 1,085.26	\$ 1,067.18	112 \$ 1,011.25	\$ 1,011.25	\$ 1,046.67	\$ 1,087.89	\$ 1,115.55	\$ 1,113.52
<b>TOTAL PROJECTED MAXIMUM FUNDING</b>								
Monthly	\$ 169,100.17	\$ 166,282.65	\$ 157,616.46	\$ 157,616.46	\$ 163,137.84	\$ 169,561.70	\$ 171,892.26	\$ 168,184.53
Annual	\$ 2,029,202.04	\$ 1,995,391.80	\$ 1,891,397.52	\$ 1,891,397.52	\$ 1,957,654.08	\$ 2,034,740.40	\$ 2,062,707.12	\$ 2,018,214.36
<b>Percentage of increase over current</b>		<b>-1.67%</b>	<b>-5.21%</b>	<b>-5.21%</b>	<b>-1.89%</b>	<b>1.97%</b>	<b>3.37%</b>	<b>1.14%</b>
<b>PROJECTED ADMINISTRATION COSTS</b>								
TPA Claims Administration Fee - Mayo Health	209 \$ 18.00	\$ 18.00	221 \$ 18.50	\$ 18.50	\$ 18.50	\$ 18.50	\$ 18.50	\$ 18.50
Dental Claims Administration US Mayo Health	209 \$ 2.90	\$ 2.90	221 \$ 2.90	\$ 2.90	\$ 2.90	\$ 2.90	\$ 2.90	\$ 2.90
Claims Utilization - Mayo Health	209 \$ 3.00	\$ 3.00	221 \$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25
PPO Medical Access Fee - BCBS	168 \$ 15.00	\$ 15.00	180 \$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50	\$ 15.50
Mexico Siermed/SSA Medical and Dental Claims Admin.	209 \$ 4.41	\$ 4.41	209 \$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25
Cobra Services Admin. Fee and Initial Notices - Optum	209 \$ 0.79	\$ 0.79	209 \$ 0.79	\$ 0.79	\$ 0.79	\$ 0.79	\$ 0.79	\$ 0.79
<b>Total Monthly Administration</b>	\$ 8,601.90	\$ 8,601.90	\$ 9,291.01	\$ 9,291.01	\$ 9,291.01	\$ 9,291.01	\$ 9,291.01	\$ 9,291.01
<b>Total Annual Administration</b>	\$ 103,222.80	\$ 103,222.80	\$ 111,492.12	\$ 111,492.12	\$ 111,492.12	\$ 111,492.12	\$ 111,492.12	\$ 111,492.12
<b>Patient Centered Research Inst. (Est.)</b>	519 \$1,979.52	\$1,117.55	515 \$1,117.55	\$1,117.55	\$1,117.55	\$1,117.55	\$1,117.55	\$1,117.55
<b>Reinsurance Assessment fee (Est.)</b>	519 \$ 18,434.88	\$ 18,434.88	515 \$ 13,905.00	\$ 13,905.00	\$ 13,905.00	\$ 13,905.00	\$ 13,905.00	\$ 13,905.00
<b>Total Annual ACA fees</b>	\$ 20,414.40	\$ 19,552.43	515 \$ 15,022.55	\$ 15,022.55	\$ 15,022.55	\$ 15,022.55	\$ 15,022.55	\$ 15,022.55
<b>Month Administration &amp; ACA Fees</b>	\$ 10,303.10	\$ 10,231.27	\$ 10,542.89	\$ 10,542.89	\$ 10,542.89	\$ 10,542.89	\$ 10,542.89	\$ 10,542.89
<b>Total Annual Administration Fees With Reinsurance &amp; PPCORI</b>	\$ 123,637.20	\$ 122,775.23	\$ 126,514.67	\$ 126,514.67	\$ 126,514.67	\$ 126,514.67	\$ 126,514.67	\$ 126,514.67
<b>Percentage of Increase Over Current</b>		<b>-0.7%</b>	<b>3.05%</b>	<b>3.05%</b>	<b>3.05%</b>	<b>3.05%</b>	<b>3.05%</b>	<b>3.05%</b>
<b>TOTAL PROJECTED PREMIUM, CLAIMS FUNDING &amp; ADMINISTRATION COSTS</b>								
Monthly	\$ 215,400.03	\$ 212,516.95	\$ 324,644.33	\$ 319,903.39	\$ 325,919.01	\$ 326,890.36	\$ 337,528.20	\$ 329,300.48
Annual	\$ 2,584,800.36	\$ 2,586,206.42	\$ 2,504,070.59	\$ 2,447,179.31	\$ 2,519,366.75	\$ 2,531,022.95	\$ 2,658,677.03	\$ 2,559,944.39
<b>Percentage of Increase Over Current</b>		<b>0.05%</b>	<b>-3.18%</b>	<b>-5.38%</b>	<b>-2.58%</b>	<b>-2.13%</b>	<b>2.80%</b>	<b>-1.02%</b>

- Rates for the Stop Loss and Aggregate are not final until 3/31/2015 BCBS Rate under 2 yr agreement - in 2nd year increase if \$15.50

- Change in Mexico network 4/1/2016 - Medical charge \$3.00 and \$1.25 per employee

- Employee Count is as of 2/1/2016. Renewal Includes 4 Cobra Participants.

\*Reinsurance Fees 2014 \$63, 2015 \$44, 2016 \$27; PPCOR fees for 2014 and 2015 \$2.08, for 2016 \$2.17

Rates and benefits are illustrative only and represent only a brief summary of the plan highlights. Final rates will be determined from effective date, actual enrollment and/or health conditions. For actual benefits refer to the carrier proposal.

Medical	BCBS/Mayo US/Mexico Plan <b>Present Plan</b>		BCBS/Mayo US/Mexico Plan <b>Renewal Plan</b>	
	In Network	Out of Network	In Network	Out of Network
<b>Out of Pocket Maximums</b>				
Individual (In/Out)	\$4,500	\$18,000	\$4,500	\$18,000
Family (In/Out)	\$9,000	\$36,000	\$9,000	\$36,000
<b>Deductible</b>				
Individual (In/Out)	\$750	\$1,500	\$750	\$1,500
Family (In/Out)	\$1,500	\$3,000	\$1,500	\$3,000
<b>Coinsurance</b>	80%	60%	80%	60%
<b>Office Visit/Specialist</b>	\$15 Copay	60%	\$15 Copay	60%
<b>Diagnostic Labs</b>				
Contracted Facilities	\$15 Copay	60%	\$15 Copay	60%
<b>Radiology (MRI, MRA, CT, PET)</b>	80%	60%	80%	60%
<b>Preventative - Lab &amp; Radiology</b>	100%	80%	100%	80%
<b>Prescriptions</b>	\$5/\$35/\$55	Not Covered	\$5/\$35/\$55	Not Covered
<b>Mail Order Pharmacy (90 Days)</b>	\$15/\$75/\$135	Not Covered	\$15/\$75/\$135	Not Covered
<b>Emergency Room</b>	80%	80%	80%	80%
<b>Urgent Care</b>	\$30 Copay	60%	\$30 Copay	60%
<b>Hospital</b>	80%	60%	80%	60%
<b>Out Patient Surgery</b>	80%	60%	80%	60%
<b>Ambulance</b>	80%	80%	80%	80%
<b>Behavioral/Mental Health Services</b>				
Inpatient	80%	60%	80%	60%
Outpatient	\$15 Copay	60%	\$15 Copay	60%
<b>Rate Guarantee Period</b>	12 Months		12 Months	
<b>Annual Maximums</b>	Unlimited		Unlimited	
<b>Network</b>	BCBS		BCBS	
<b>Rates:</b>	<b>Four Tier</b>		<b>Four Tier</b>	
Employee	108	\$541.73	\$577.48	
Employee + Spouse	10	\$1,124.18	\$1,198.38	
Employee+ Child	43	\$1,124.18	\$1,198.38	
Family	17	\$1,719.69	\$1,833.19	
<b>Monthly Premium</b>	<b>178</b>	<b>\$147,323.11</b>	<b>\$157,046.21</b>	
<b>Annual Premium</b>		<b>\$1,767,877.32</b>	<b>\$1,884,554.52</b>	
<b>Percentage Change</b>			<b>6.60%</b>	

- Failure to obtain recertification for inpatient hospital, outpatient surgery, non-emergency hospital admissions, and skilled nursing facilities shall result in a reduction of the plan's coinsurance to 50% for such covered expenses.
- Insured is responsible for balance bill on out-of-network services

Rates and benefits are illustrative only and represent only a brief summary of the plan highlights. Final rates will be determined from effective date, actual enrollment and/or health conditions.

# Mexico Medical Plan

Renewal July 1, 2016

Medical	BCBS/Mayo Mexico Only Plan Present Plan		BCBS/Mayo Mexico Only Plan Renewal Plan	
	In Network	Out of Network US Only	In Network	Out of Network US Only
<b>Out of Pocket Maximums</b>				
Individual (In/Out)	\$6,260	\$18,000	\$6,260	\$18,000
Family (In/Out)	\$12,500	\$36,000	\$12,500	\$36,000
<b>Deductible</b>				
Individual (In/Out)	\$0	\$0	\$0	\$0
Family (In/Out)	\$0	\$0	\$0	\$0
<b>Coinsurance</b>	100%	50%	100%	50%
<b>Office Visit/Specialist</b>	\$10 Copay	50%	\$10 Copay	50%
<b>Diagnostic Labs</b>				
Contracted Facilities	\$10 Copay	50%	\$10 Copay	50%
<b>Radiology (MRI, MRA, CT, PET)</b>	\$35 Copay	50%	\$35 Copay	50%
<b>Preventative - Lab &amp; Radiology</b>	100%	50%	100%	50%
<b>Prescriptions</b>	\$5/\$10 Copay	50%	\$5/\$10 Copay	50%
<b>Mail Order Pharmacy (90 Days)</b>	N/A	N/A	N/A	N/A
<b>Emergency Room</b>	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
<b>Urgent Care</b>	\$35 Copay	50%	\$35 Copay	50%
<b>Hospital</b>	\$250 Copay	50%	\$250 Copay	50%
<b>Out Patient Surgery</b>	\$50 Copay	50%	\$50 Copay	50%
<b>Ambulance</b>	N/A	50%	N/A	50%
<b>Behavioral/Mental Health Services</b>				
Inpatient	Not available	50%	Not available	50%
Outpatient	\$10 Copay	50%	\$10 Copay	50%
<b>Rate Guarantee Period</b>	12 Months		12 Months	
<b>Annual Maximums</b>	Unlimited		Unlimited	
<b>Network</b>	Siarmed		Siarmed	
<b>Rates:</b>	<b>Four Tier</b>		<b>Four Tier</b>	
Employee	2	\$197.40	\$210.43	
Employee + Spouse	1	\$409.61	\$436.64	
Employee+ Child	10	\$409.61	\$436.64	
Family	30	\$598.12	\$637.60	
<b>Monthly Premium</b>	<b>43</b>	<b>\$22,844.11</b>	<b>\$24,351.90</b>	
<b>Annual Premium</b>		<b>\$274,129.32</b>	<b>\$292,222.80</b>	
<b>Percentage Change</b>			<b>6.60%</b>	

- Insured is responsible for balance bill on out-of-network services
- Out of Network in Mexico available with Stop Loss carrier approval
- **Out of Network will be available in Mexico with approval from the Stop Loss Carrier for Emergency Only**

Rates and benefits are illustrative only and represent only a brief summary of the plan highlights. Final rates will be determined from effective date, actual enrollment and/or health conditions.

# US Mexico and Mexico only Plans

Renewal July 1, 2016

Dental Benefits	US/MX Coverage				Siarmed Mexico	Siarmed Mexico
	Present	Renewal			Current	Renewal
					No out of Network	No out of Network
					Benefits	Benefits
<b>DEDUCTIBLE</b>						
Individual	\$25.00	\$25.00			\$0	\$0
Family	\$50	\$50			\$0	\$0
<b>MAXIMUM ANNUAL BENEFIT</b>						
Orthodontics - Lifetime Max	\$2,000	\$2,000			\$1,000	\$1,000
Orthodontics - Children 19 and under per person	50%	50%			50%	50%
<b>COINSURANCE</b>						
Preventive Service	100%	100%			\$10 Copay	\$10 Copay
Basic Services	80%	80%			\$35 Copay	\$35 Copay
Major Services	50%	50%			\$50 Copay	\$50 Copay
Orthodontics	50%	50%			50%	50%
<b>Rate Guarantee</b>						
	12 Months	12 Months			12 Months	12 Months
<b>RATES:</b>						
		<b>Four Tier</b>			<b>Four Tier</b>	<b>Four Tier</b>
Employee	100	\$32.61	\$34.76	2	\$14.55	\$15.51
Employee&Spouse	6	\$65.22	\$69.52	4	\$29.10	\$31.02
Employee & Children	22	\$65.22	\$69.52	15	\$29.10	\$31.02
Family	27	\$81.81	\$86.78	43	\$38.80	\$41.36
<b>Total Monthly Premium</b>	<b>155</b>	<b>\$7,296.03</b>	<b>\$7,765.62</b>	<b>64</b>	<b>\$2,250.40</b>	<b>\$2,398.88</b>
<b>Annual Premium</b>		<b>\$87,552.36</b>	<b>\$93,187.44</b>		<b>\$27,004.80</b>	<b>\$28,786.56</b>
<b>Annual Difference</b>			<b>6.44%</b>			<b>6.19%</b>

- Lifetime Maximum - Dependents must be covered under plan for 12 consecutive months before orthodontia is available
- US Dental Coverage allows for coverage in Mexico
- **There is no Out of Network coverage on the Mexico Only Plan**
- Deductible applies for Basic, Major and Ortho services in the US

**City of San Luis**

**Transwestern—Voluntary Benefit**

Renewal July 1, 2016

<b>Transwestern Mexico Medical &amp; Life</b>			
<b>Product Description</b>		<b>Current</b>	<b>Renewal</b>
Life & AD&D		\$4.70	\$4.70
Dependent Life		\$0.60	\$0.60
Admin Fee		\$17.80	\$20.00
Broker Fee		\$5.00	\$5.00
Mexico Panel		\$1.00	\$1.00
Hospital Santa Margarita		\$53.00	\$70.00
Total Fixed Costs	3	\$82.10	\$101.30
Total Monthly Premium	3	\$246.30	\$303.90
Annual Premium		\$738.90	\$911.70
Annual Difference			\$172.80
Percentage Increase			18.95%
Cobra Rates		\$226.95	\$228.80