



2017 Renewal Presentation

Presented by Susan Posada



US/Mexico Medical Plan

Medical		BCBS/Mayo US/Mexico Plan Present Plan		BCBS/Mayo US/Mexico Plan Renewal Plan	
		In Network	Out of Network	In Network	Out of Network
Out of Pocket Maximums					
Individual (In/Out)		\$4,500	\$18,000	\$4,500	\$18,000
Family (In/Out)		\$9,000	\$36,000	\$9,000	\$36,000
Deductible					
Individual (In/Out)		\$750	\$1,500	\$750	\$1,500
Family (In/Out)		\$1,500	\$3,000	\$1,500	\$3,000
Coinsurance		80%	60%	80%	60%
Office Visit/Specialist		\$15 Copay	60%	\$15 Copay	60%
Diagnostic Labs					
Contracted Facilities		\$15 Copay	60%	\$15 Copay	60%
Radiology (MRI, MRA, CT, PET)		80%	60%	80%	60%
Preventative - Lab & Radiology		100%	80%	100%	80%
Prescriptions		\$5/\$35/\$55	Not Covered	\$5/\$35/\$55	Not Covered
Mail Order Pharmacy (90 Days)		\$15/\$75/\$135	Not Covered	\$15/\$75/\$135	Not Covered
Emergency Room		80%	80%	80%	80%
Urgent Care		\$30 Copay	60%	\$30 Copay	60%
Hospital		80%	60%	80%	60%
Out Patient Surgery		80%	60%	80%	60%
Ambulance		80%	80%	80%	80%
Behavioral/Mental Health Services					
Inpatient		80%	60%	80%	60%
Outpatient		\$15 Copay	60%	\$15 Copay	60%
Rate Guarantee Period		12 Months		12 Months	
Annual Maximums		Unlimited		Unlimited	
Network		BCBS		BCBS	
Rates:		Four Tier		Four Tier	
Employee	107	\$577.48		\$606.35	
Employee + Spouse	10	\$1,198.38		\$1,258.30	
Employee+ Child	45	\$1,198.38		\$1,258.30	
Family	22	\$1,833.19		\$1,924.85	
Monthly Premium	184	\$168,031.44		\$176,432.65	
Annual Premium		\$2,016,377.28		\$2,117,191.80	
Percentage Change				5.00%	

*Failure to obtain precertification 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

Medical	BCBS/Mayo Mexico Only Plan Present Plan		BCBS/Mayo Mexico Only Plan Renewal Plan	
	In Network	Out of Network	In Network	Out of Network
Out of Pocket Maximums				
Individual (In/Out)	\$6,260	\$18,000	\$6,260	\$18,000
Family (In/Out)	\$12,500	\$36,000	\$12,500	\$36,000
Deductible				
Individual (In/Out)	\$0	\$0	\$0	\$0
Family (In/Out)	\$0	\$0	\$0	\$0
Coinsurance	100%	50%	100%	50%
Office Visit/Specialist	\$10 Copay	50%	\$5 Copay	50%
Diagnostic Labs				
Contracted Facilities	\$10 Copay	50%	\$10 Copay	50%
Radiology (MRI, MRA, CT, PET)	\$35 Copay	50%	\$25 Copay	50%
Preventative - Lab & Radiology	100%	50%	\$5 Copay	50%
Prescriptions	\$5/\$10 Copay	50%	\$3/\$6 Copay	50%
Mail Order Pharmacy (90 Days)	N/A	N/A	N/A	N/A
Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Urgent Care	\$35 Copay	50%	\$20 Copay	50%
Hospital	\$250 Copay	50%	\$50 Copay	50%
Out Patient Surgery	\$50 Copay	50%	\$25 Copay	50%
Ambulance	N/A	50%	N/A	50%
Behavioral/Mental Health Services				
Inpatient	Not available	50%	Not available	50%
Outpatient	\$10 Copay	50%	\$5 Copay	50%
Rate Guarantee Period	12 Months		12 Months	
Annual Maximums	Unlimited		Unlimited	
Network	Siarmed		Siarmed	
Rates:	Four Tier		Four Tier	
Employee	1	\$210.43	\$220.95	
Employee + Spouse	2	\$436.64	\$458.47	
Employee+ Child	7	\$436.64	\$458.47	
Family	28	\$637.60	\$669.48	
Monthly Premium	38	\$21,992.99	\$23,092.62	
Annual Premium		\$263,915.88	\$277,111.44	
Percentage Change			5.00%	

*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**

US Mexico and Mexico only Plans

		US/MX Coverage				Siarmed Mexico Coverage Current	Siarmed Mexico Coverage Renewal
		Present	Renewal			No Out of Network Benefits	No Out of Network Benefits
Dental Benefits							
DEDUCTIBLE							
	Individual	\$25	\$25			\$0	\$0
	Family	\$50	\$50			\$0	\$0
MAXIMUM ANNUAL BENEFIT							
	Orthodontics - Lifetime Max	\$2,000	\$2,000			\$1,000	\$1,000
	Orthodontics - Children 19 and under per person	50%	50%			50%	50%
COINSURANCE							
	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%
Rate Guarantee							
		12 Months	12 Months			12 Months	12 Months
RATES:							
		Four Tier	Four Tier			Four Tier	Four Tier
	Employee	108	\$34.76	\$36.50	0	\$15.51	\$16.29
	Employee&Spouse	6	\$69.52	\$73.00	7	\$31.02	\$32.57
	Employee & Children	24	\$69.52	\$73.00	15	\$31.02	\$32.57
	Family	28	\$86.78	\$91.12	34	\$41.36	\$43.43
Total Monthly Premium		166	\$8,269.52	\$8,683.36	56	\$2,088.68	\$2,193.16
Annual Premium			\$99,234.24	\$104,200.32		\$25,064.16	\$26,317.92
Annual Difference				5.00%			5.00%

*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

Vision		Vision Service Plan			
		Present Plan		Renewal Plan	
		In Network	Out of Network	In Network	Out of Network
Exam Copay		\$10	Up to \$50	\$10	Up to \$50
Frames		\$25	Up to \$70	\$25	Up to \$70
Standard Lenses (pair)					
Single		100%	Up to \$50	100%	Up to \$50
Bifocal		100%	Up to \$75	100%	Up to \$75
Trifocal		100%	Up to \$100	100%	Up to \$100
Lenticular		N/A	N/A	N/A	N/A
Progressive (standard)		100%	Up to \$75	100%	Up to \$75
Elective Contact Lenses		Up to \$130	Up to \$105	Up to \$130	Up to \$105
Necessary Contact lenses		100%	Up to \$105	100%	Up to \$105
LASIK Benefit		Up to 15% Discount	N/A	Up to 15% Discount	N/A
Coverage for Dependents		Up to 26 requires Student Status		Up to 26 requires Student Status	
Frequency					
Exam		12 Months		12 Months	
Lenses		12 Months		12 Months	
Frames		12 Months		12 Months	
Contacts		12 Months		12 Months	
Network		VSP		VSP	
Rate Guarantee		6/30/2019		6/30/2019	
RATES:		Two Tier		Two Tier	
Employee Only	116	\$10.18		\$10.70	
Family	109	\$21.89		\$23.00	
Total Monthly Premium	225	\$3,566.89		\$3,748.20	
Annual Premium		\$42,802.68		\$44,978.40	

*Only one co-pay applies either the materials or the frames, if both services are being received only one co-pay applies.

*Contact lenses are in lieu of glasses

EAP Preferred	Public Safety	All Employees	Difference
	Current	Proposed	
Number of Employees	68	224	156
Rate	\$6.30	\$5.82	(\$0.48)
Monthly	\$428.40	\$1,303.68	\$875.28
Annual	\$5,140.80	\$15,644.16	\$10,503.36

***Based on 12 Sessions**

Program Components

- Face to face Counseling
- 24-Hour Access
- Referrals and Follow-up
- Legal and Financial Services
- Work Life
- Orientation and Training
- Communication Materials
- Utilization Reporting

On-site Service Rates	EAP Preferred
CISD (Critical Incident Services)	\$275/\$175
Training, SPV Training	\$275/\$175

Billing is a monthly feed paid in advance of service

Contract renews 1/1/2019

Healthiest You TeleDoc				
	Employees	Fixed Cost	Monthly Total	Annual Total
PEPM	224	\$8	\$1,792	\$21,504

PEPM: Premium per Employee per Month

This plan has already been approved by the Trust

City of San Luis Current / Renewal Basic Life and AD&D

Benefits	The Standard - CURRENT			The Standard - RENEWAL		
Eligibility	All Employees			All Employees		
Life Insurance Benefit	1 X Salary to \$50,000			1 X Salary to \$50,000		
Basic AD&D	1 X Salary to \$50,000			1 X Salary to \$50,000		
Rate Guarantee	6/30/2017			6/30/2018		
	Volume	Rates per \$1,000	Monthly Premium	Volume	Rates per \$1,000	Monthly Premium
Life Amount	\$8,470,000	\$0.15	\$1,270.50	\$8,470,000	\$0.15	\$1,270.50
AD&D Amount		\$0.04	\$338.80		\$0.04	\$338.80
Estimated Annual Premium	\$19,311.60			\$19,311.60		
Total Change from Current (%)				0%		
Total Change from Current (\$)				\$0.00		

Coverage decreases by 35% at age 70 and 50% at age 75

City of San Luis Current / Renewal Voluntary Life - No Change

The Standard Voluntary Life Additional Life for Employee and Dependents	
Employee Coverage	Available in \$10,000 increments Max \$300,000 but not more than 5x salary Guarantee Issue at time of hire \$100,000
Spouse Coverage	Available in \$5,000 increments Max 100% of Employee's Coverage Max \$300,000 Guaranteed Issue \$10,000
Dependent Coverage	Min. \$1,000 Maximum benefit \$10,000

Rates are based on a schedule by age (No rate change)

Life and AD&D coverage reduces by 35% at age 70 and 50% at age 75

Additional Benefits

Loss of Life	100%
One hand or one foot	50%
Sight in one eye	50%
Two or more of the losses listed above	100%

City of San Luis Current / Renewal Short Term Disability

Benefits	The Standard- CURRENT		The Standard- RENEWAL	
Eligibility	All Employees		All Employees	
Maximum Weekly Benefit	\$2,000		\$2,000	
Accident Benefit Begins on Day	15		15	
Sickness Benefit Begins on Day	15		15	
Maximum Benefit Duration	180 days		180 days	
Benefit Percentage	66.67%		66.67%	
Rate Guarantee	6/30/2019		6/30/2019	
Volume	Rates per \$10	Monthly Premium	Rates per \$10	Monthly Premium
\$115,000	\$0.390	\$4,485.00	\$0.423	\$4,864.50
	Annual Premium		Annual Premium	
	\$53,820.00		\$58,374.00	
Total Change from Current (%)			7.80%	
Total Change from Current (\$)			\$4,554.00	

*The STD rate increased from \$0.39 to \$0.423 effective 1/1/2017 to add FICA services to the account

City of San Luis Current / Renewal Long Term Disability

Benefits	The Standard - CURRENT		The Standard -RENEWAL	
Class/ Eligibility	Public Safety Only		Public Safety Only	
Weekly Benefit	60% of 1st \$16,667		60% of 1st \$16,667	
Maximum Monthly Benefit	\$10,000		\$10,000	
Accident Benefit Begin On Day	181		181	
Sickness Benefit Begin on Day	181		181	
Maximum Benefit Period	To age 65		To age 65	
Employee Assistance Program	Included		Included	
Rate Guarantee			6/30/2019	
Volume	Rates per \$100	Monthly Premium	Rates per \$100	Monthly Premium
\$214,320	\$0.25	\$535.80	\$0.25	\$535.80
Estimated Annual Premium	\$6,430		\$6,430	
Salary				
Total Change from Current (%)			0.00%	
Total Change from Current (\$)			\$0.00	

*Benefit decrease after age 62 or continues to age 65/Social Security age

Transwestern Mexico Voluntary Medical			
Product Description		Current	Renewal
*Life & AD&D		\$5.00	\$0.00
*Dependent Life		\$0.63	\$0.00
Admin Fee		\$20.00	\$20.00
Broker Fee		\$5.00	\$5.00
Mexico Panel		\$1.00	\$1.00
Hospital Santa Margarita		\$70.00	\$70.00
Total Fixed Costs	3	\$101.63	\$96.00
Total Monthly Premium	3	\$304.89	\$288.00
Annual Premium		\$914.67	\$864.00
Annual Difference			(\$50.67)
Percentage Increase			-5.86%
Cobra Rates		\$228.48	\$228.48

Unfortunately the life insurance carrier Mutual of Omaha will not be offering a renewal this year due to, below minimum participation requirement.

Transwestern's renewal offering is also based on a minimum of 10 life participation.

If the City of San Luis is unable to obtain the 10 life minimum the plan will terminate July 1, 2017.

Plan Changes

Service Changes	Annual Premium 2015	Annual Premium 2016	Annual Premium 2017	Rates % change
Stop Loss	\$432,036.36	\$429,267.12	\$451,792.32	0.49%
Mayo Fees				
Medical	\$18.00	\$18.50	\$18.60	0.54%
Dental	\$2.90	\$2.90	\$2.95	1.72%
Claims Utilization	\$3.00	\$3.25	\$3.50	7.69%
Cobra Optum	\$0.79	\$0.74	\$0.74	
Siarmed				
Medical	\$3.00	\$3.00	\$3.00	0.00%
Dental	\$1.25	\$1.25	\$1.25	
Broker Fees	\$32.00	\$33.50	\$33.50	0.00%
(Broker fees are 2.9%)				
BCBS Network Fees				
	\$15	\$15.50	\$15.75	1.61%
This is a two year contract - fees for 2018 will be \$16.00				
ACA Fees				
Reinsurance Fees	\$5.25 per enrollee/mo.	\$2.25 per enrollee/mo.	\$2.26 per enrollee/mo.	
PCCORI Fees	\$2.08 Avg. # of lives	\$2.17 Avg. # of lives	N/A	

- Mexico network changed to Siarmed effective 4/1/2016

- Stop Loss fees are subject to change pending the 3/31/2017 claims reports

- Stop Loss Carrier Rates are not firm until 3/31/2017

** BCBC negotiated the rate down from from \$16 PEPM to \$15.75 and \$16.00 the Second year

***Siarmed had agreed to a 3 year agreement with no price changes in the admin fees and provider fees

City of San Luis

Medical and Dental Enrollment Changes

	Medical Enrollment			Dental Enrollment		
	February 1, 2016	February 1, 2017	Percentage Change	February 1, 2016	February 1, 2017	Percentage Change
US/Mexico						
Employees Only	107	107	0.00%	94	107	13.83%
Employee & Spouse	10	9	-10.00%	9	9	0.00%
Employee and Children	43	45	4.65%	32	45	40.63%
Family	17	23	35.29%	40	23	-42.50%
Mexico Only						
Employees Only	2	1	-50.00%	8	2	-75.00%
Employee & Spouse	1	2	100.00%	1	2	100.00%
Employee and Children	10	7	-30.00%	5	7	40.00%
Family	30	28	-6.67%	30	28	-6.67%
Total	220	222	0.91%	219	223	1.83%
Average Members	516	517	0.19%	558	545	-2.33%
Employees Count	220	222	0.91%	219	223	1.83%

**CITY OF SAN LUIS
STOP LOSS AND ADMINISTRATION RENEWAL EFFECTIVE JULY 1, 2017**

DESCRIPTION	Recommended 2016 - 2017 Renewal Initial Symetra	Recommended 2017-2018 Initial Quote Initial Symetra	2016-2017 Initial Quote Quote Symetra Option 1	2016-2017 Initial Quote Quote Symetra Option2	2016-2017 Initial Quote Quote RMTS	2016-2017 Initial Quote Quote East Coast	2016-2017 Initial Quote Quote 3 East Coast	2016-2017 Initial Quote Quote 4
	\$50,000 Stop Loss	\$50,000 Stop Loss	\$60,000 Stop Loss	\$75,000 Stop Loss	\$50,000 Stop Loss	\$50,000 Stop Loss	\$60,000 Stop Loss	\$75,000 Stop Loss
STOP LOSS POLICY TERMS								
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	\$ 60,000	\$ 75,000	\$ 50,000	\$ 50,000	\$ 60,000	\$ 75,000
Specific Contract Basis	Paid	Paid	Paid	Paid	24/12	24/12	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%
STOP LOSS PREMIUM								
Specific Premium								
Employee Rate	98 \$ 91.16	\$ 91.16	98 \$ 83.45	\$ 71.40	\$ 78.53	\$ 109.09	\$ 98.88	\$ 84.41
Employee + Spouse Rate								
Employee + Child(ren) Rate								
Employee + Spouse + Children Rate	124 \$ 224.56	\$ 224.56	124 \$ 202.12	\$ 172.17	\$ 218.39	\$ 308.69	\$ 281.66	\$ 243.18
Projected Total Monthly Specific Premium	222 \$ 36,779.12	\$ 36,779.12	222 \$ 33,240.98	\$ 28,346.28	\$ 34,776.30	\$ 48,968.38	\$ 44,616.08	\$ 38,426.50
Aggregate Rate PEPM	222 \$ 3.10	\$ 3.92	222 \$ 3.97	\$ 4.04	\$ 3.32	\$ 5.60	\$ 6.58	\$ 7.97
Projected Monthly Aggregate Premium	\$ 688.20	\$ 870.24	\$ 881.34	\$ 896.88	\$ 737.04	\$ 1,243.20	\$ 1,460.76	\$ 1,769.34
TOTAL PROJECTED PREMIUM								
Monthly	\$ 37,467.32	\$ 37,649.36	\$ 34,122.32	\$ 29,243.16	\$ 35,513.34	\$ 50,211.58	\$ 46,076.84	\$ 40,195.84
Annual	\$ 449,607.84	\$ 451,792.32	\$ 409,467.84	\$ 350,917.92	\$ 426,160.08	\$ 602,538.96	\$ 552,922.08	\$ 482,350.08
Percentage of increase over current		0.49%	-8.93%	-21.95%	-5.22%	34.01%	22.98%	7.28%
MAXIMUM CLAIM FUNDING FACTORS								
Employee	98 \$ 401.23	\$ 357.86	98 \$ 368.64	\$ 384.81	\$ 358.53	\$ 340.31	\$ 347.00	\$ 356.00
Employee + Spouse								
Employee + Children								
Employee + Spouse + Child(ren)	124 \$ 997.05	\$ 889.27	124 \$ 916.06	\$ 956.26	\$ 996.98	\$ 1,004.78	\$ 1,025.79	\$ 1,051.10
TOTAL PROJECTED MAXIMUM FUNDING								
Monthly	\$ 162,954.74	\$ 145,339.76	\$ 149,718.16	\$ 156,287.62	\$ 158,761.46	\$ 157,943.10	\$ 161,203.96	\$ 165,224.40
Annual	\$ 1,955,456.88	\$ 1,744,077.12	\$ 1,796,617.92	\$ 1,875,451.44	\$ 1,905,137.52	\$ 1,895,317.20	\$ 1,934,447.52	\$ 1,982,692.80
Percentage of increase over current		-10.81%	-8.12%	-4.09%	-2.57%	-3.08%	-1.07%	1.39%
PROJECTED ADMINISTRATION COSTS								
TPA Claims Administration Fee - Mayo Health	222 \$ 18.50	\$ 18.60	222 \$ 18.60	\$ 18.60	\$ 18.60	\$ 18.60	\$ 18.60	\$ 18.60
Dental Claims Administration US Mayo Health	222 \$ 2.90	\$ 2.95	222 \$ 2.95	\$ 2.95	\$ 2.95	\$ 2.95	\$ 2.95	\$ 2.95
Claims Utilization - Mayo Health	222 \$ 3.25	\$ 3.50	222 \$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50	\$ 3.50
PPO Medical Access Fee - BCBS	184 \$ 15.50	\$ 15.75	184 \$ 15.75	\$ 15.75	\$ 15.75	\$ 15.75	\$ 15.75	\$ 15.75
Mexico Siamed/SSA Medical and Dental Claims Admin.	222 \$ 4.25	\$ 4.25	222 \$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25
Cobra Services Admin. Fee and Initial Notices - Optum	222 \$ 0.74	\$ 0.74	222 \$ 0.74	\$ 0.74	\$ 0.74	\$ 0.74	\$ 0.74	\$ 0.74
Total Monthly Administration	\$ 9,432.08	\$ 9,566.88	\$ 9,566.88	\$ 9,566.88	\$ 9,566.88	\$ 9,566.88	\$ 9,566.88	\$ 9,566.88
Total Annual Administration	\$ 113,184.96	\$ 114,802.56	\$ 114,802.56	\$ 114,802.56	\$ 114,802.56	\$ 114,802.56	\$ 114,802.56	\$ 114,802.56
Patient Centered Research Inst. (Est.)	520 \$ 1,979.52	\$ 1,151.80	520 \$ 1,151.80	\$ 1,151.80	\$ 1,151.80	\$ 1,151.80	\$ 1,151.80	\$ 1,151.80
Reinsurance Assessment fee (Est.)	520 \$ 18,470.40		520 \$					
Total Annual ACA fees	\$ 20,449.92	\$ 1,151.80	520 \$ 1,151.80	\$ 1,151.80	\$ 1,151.80	\$ 1,151.80	\$ 1,151.80	\$ 1,151.80
Month Administration & ACA Fees	\$ 11,136.24	\$ 9,662.86	\$ 9,662.86	\$ 9,662.86	\$ 9,662.86	\$ 9,662.86	\$ 9,662.86	\$ 9,662.86
Total Annual Administration Fees With Reinsurance & PPCORI	\$ 133,634.88	\$ 115,954.36	\$ 115,954.36	\$ 115,954.36	\$ 115,954.36	\$ 115,954.36	\$ 115,954.36	\$ 115,954.36
Percentage of Increase/Decrease Over Current		-13.2%	-13.2%	-13.2%	-13.2%	-13.2%	-13.2%	-13.2%
TOTAL PROJECTED PREMIUM, CLAIMS FUNDING & ADMINISTRATION COSTS								
Monthly	\$ 211,558.30	\$ 192,651.98	\$ 299,794.84	\$ 301,485.14	\$ 310,229.16	\$ 324,109.04	\$ 323,235.16	\$ 321,374.60
Annual	\$ 2,538,699.60	\$ 2,349,473.16	\$ 2,322,040.12	\$ 2,342,323.72	\$ 2,447,251.96	\$ 2,613,810.52	\$ 2,603,323.96	\$ 2,580,997.24
Percentage of Increase Over Current		-7.45%	-8.53%	-7.74%	-3.60%	2.96%	2.55%	1.67%

- Rates for the Stop Loss and Aggregate are not final until 3/31/2017 BCBS Rate under 2 yr agreement - 2017 \$15.75 PEPM and 2018 16.00 PEPM
PCORI fees for 2016 \$2.17 and 2017 \$2.25

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.

Employer & Employee Contribution Calculations - Renewal Plan

Medical 5% Dental 5% - Same EE Contribution \$

2017-2018

Coverage	Enrollment Tier	Medical Rate	Medical Premium	Employer Contribution	Employee Contribution	Dental Rate	Dental Premium	Employer Contribution	Employee Contribution	Vision Rate	Vision Premium	Employer Contribution	Employee Contribution
				Medical	Medical			Dental	Dental			Vision	Vision
Medical, Dental & Vision	US & Mexico-Employee Cost	\$ 606.35	\$ 64,879.45	\$ 64,879.45	\$ -	\$ 36.50	\$ 3,942.00	\$ 3,942.00	\$ -	\$ 10.70	\$ 1,241.20	\$ 1,241.20	\$ -
Medical, Dental & Vision	US & Mexico-Spouse Cost	\$ 1,258.30	\$ 12,583.00	\$ 9,587.00	\$ 2,996.00	\$ 73.00	\$ 438.00	\$ 184.08	\$ 253.92				
Medical, Dental & Vision	US & Mexico-Child(ren) Cost	\$ 1,258.30	\$ 56,623.50	\$ 43,141.50	\$ 13,482.00	\$ 73.00	\$ 1,752.00	\$ 736.32	\$ 1,015.68				
Medical, Dental & Vision	US & Mexico-Spouse & Child(ren) Cost	\$ 1,924.85	\$ 42,346.70	\$ 32,264.12	\$ 10,082.58	\$ 91.12	\$ 2,551.36	\$ 1,072.12	\$ 1,479.24	\$ 23.00	\$ 2,507.00	\$ 1,167.08	\$ 1,339.92
Medical, Dental & Vision	Mexico-Employee	\$ 220.95	\$ 220.95	\$ 220.95	\$ -	\$ 16.29	\$ -	\$ -	\$ -				
Medical, Dental & Vision	Mexico-Employee & Spouse	\$ 458.47	\$ 916.94	\$ 698.62	\$ 218.32	\$ 32.57	\$ 227.99	\$ 95.83	\$ 132.16				
Medical, Dental & Vision	Mexico-Employee & Children	\$ 458.47	\$ 3,209.29	\$ 2,445.17	\$ 764.12	\$ 32.57	\$ 488.55	\$ 205.35	\$ 283.20				
Medical, Dental & Vision	Mexico-Emp, Spouse & Child(ren) Cost	\$ 669.48	\$ 18,745.44	\$ 14,282.24	\$ 4,463.20	\$ 43.43	\$ 1,476.62	\$ 620.50	\$ 856.12				
	Monthly Premium Totals		\$ 199,525.27	\$ 167,519.06	\$ 32,006.21		\$ 10,876.52	\$ 6,856.20	\$ 4,020.32		\$ 3,748.20	\$ 1,744.90	\$ 2,003.30
	Annual Premium Totals		\$ 2,394,303.24	\$ 2,010,228.69	\$ 384,074.55		\$ 130,518.24	\$ 82,274.39	\$ 48,243.85		\$ 44,978.40	\$ 20,938.79	\$ 24,039.61

Combined Monthly Total	\$214,149.99
Employer Contribution Monthly	\$176,120.16
Annual Total	\$2,569,799.88
Changes from Current:	
Dollar Change	\$123,138.60
Percent Change	5%

Enrollment Counts	Medical	Dental	Vision
US-Single	107	108	116
US-Employee + Spouse	10	6	
US-Employee + Child(ren)	45	24	
US-Family	22	28	109
MX-Single	1	0	
MX-Employee + Spouse	2	7	
MX-Employee + Child(ren)	7	15	
MX-Family	28	34	
	222	222	225

Short Term Disability	\$58,374.00
Long Term Disability	\$6,429.60
Basic Life Insurance	\$19,311.60

2017-2018 Contribution Assumptions				
MEDICAL	EE Only	EE/Spouse	EE/Children	Family
US & Mexico				
Employer %	100.00%	76.19%	76.19%	76.19%
Employee %	0.00%	23.81%	23.81%	23.81%
Mexico				
Employer %	100.00%	76.19%	76.19%	76.19%
Employee %	0.00%	23.81%	23.81%	23.81%
DENTAL				
US & Mexico				
Employer %	100.00%	42.03%	42.03%	42.02%
Employee %	0.00%	57.97%	57.97%	57.98%
Mexico				
Employer %	100.00%	42.03%	42.03%	42.02%
Employee %	0.00%	57.97%	57.97%	57.98%
VISION				
Employer %	100.00%	N/A	N/A	46.55%
Employee %	0.00%	N/A	N/A	53.45%

**Contribution Comparison 2016-2017 & 2017-2018
Medical 5% Dental 5% - Same EE Contribution \$**

Contribution Changes Employee Benefits - Employer (ER), Employee (EE)

	Current Plan			Renewal Option			ER Difference Contribution	% Change
	2016-2017 Total Premium	2016-2017 ER Contribution	2016-2017 EE Contribution	2017-2018 Total Premium	2017-2018 ER Contribution	2017-2018 EE Contribution		
Medical (US & Mex)	\$ 2,280,293.16	\$ 1,896,222.24	\$ 384,070.92	\$ 2,394,303.24	\$ 2,010,228.69	\$ 384,074.55	\$ 114,006.45	6.01%
Dental (US & Mex)	\$ 124,298.40	\$ 76,052.42	\$ 48,245.98	\$ 130,518.24	\$ 82,274.39	\$ 48,243.85	\$ 6,221.96	8.18%
Vision	\$ 42,069.72	\$ 19,584.72	\$ 22,485.00	\$ 44,978.40	\$ 20,938.79	\$ 24,039.61	\$ 1,354.08	6.91%
Short Term Disability	\$58,379.44	\$ 58,379.44	\$ -	\$58,374.00	\$ 58,374.00	\$ -	\$ (5.44)	-0.01%
Long Term Disability	\$6,429.60	\$ 6,429.60	\$ -	\$6,429.60	\$ 6,429.60	\$ -	\$ -	0.00%
Basic Life	\$18,242.28	\$ 18,242.28	\$ -	\$19,311.60	\$ 19,311.60	\$ -	\$ 1,069.32	5.86%
Transwestern (Not Included in Budget)	\$ 2,955.60	\$ -		\$ 3,646.80	\$ -			0.00%
Total Budget Requirements	\$ 2,532,668.20	\$ 2,074,910.70	\$ 454,801.90	\$ 2,657,561.88	\$ 2,197,557.07	\$ 456,358.01	\$ 122,646.37	5.58%

Premium Increases	\$	%
Medical Premium (US & Mexico)	\$114,010.08	5.00%
Dental Premium	\$6,219.84	5.00%
Life, STD, LTD Premium	\$1,063.88	1.28%

Summary

Medical	Increase in Total Premium	\$114,010.08
	Employer Portion	\$114,006.45
	Employee Portion	\$3.63
Dental	Increase in Total Premium	\$6,219.84
	Employer Portion	\$6,221.96
	Employee Portion	-\$2.12
Total Changes:	All Benefits	\$124,893.68
	ER	\$122,646.37
	EE	\$1,556.11

Current Premium Rates 07-01-2016 to 6-30-2017

Coverage	Enrollment Tier	Medical Rate	Medical Premium	Employer Contribution Medical	Employee Contribution Medical	Dental Rate	Dental Premium	Employer Contribution Dental	Employee Contribution Dental	Vision Rate	Vision Premium	Employer Contribution Vision	Employee Contribution Vision
Medical, Dental & Vision	US & Mexico-Employee Cost	\$ 577.48	\$ 61,790.36	\$ 61,790.36	\$ -	\$ 34.76	\$ 3,754.08	\$ 3,754.08	\$ -	\$ 10.18	\$ 1,119.80	\$ 1,119.80	\$ -
Medical, Dental & Vision	US & Mexico-Spouse Cost	\$ 1,198.38	\$ 11,983.80	\$ 8,987.85	\$ 2,995.95	\$ 69.52	\$ 417.12	\$ 163.19	\$ 253.93				
Medical, Dental & Vision	US & Mexico-Child(ren) Cost	\$ 1,198.38	\$ 53,927.10	\$ 40,445.33	\$ 13,481.78	\$ 69.52	\$ 1,668.48	\$ 652.74	\$ 1,015.74				
Medical, Dental & Vision	Us & Mexico-Spouse & Child(ren) Cost	\$ 1,833.19	\$ 40,330.18	\$ 30,247.64	\$ 10,082.55	\$ 86.78	\$ 2,429.84	\$ 950.60	\$ 1,479.24	\$ 21.89	\$ 2,386.01	\$ 1,110.76	\$ 1,275.25
Medical, Dental & Vision	Mexico-Employee	\$ 210.43	\$ 210.43	\$ 210.43	\$ -	\$ 15.51	\$ -	\$ -	\$ -				
Medical, Dental & Vision	Mexico-Employee & Spouse	\$ 436.64	\$ 873.28	\$ 654.96	\$ 218.32	\$ 31.02	\$ 217.14	\$ 84.95	\$ 132.19				
Medical, Dental & Vision	Mexico-Employee & Children	\$ 436.64	\$ 3,056.48	\$ 2,292.36	\$ 764.12	\$ 31.02	\$ 465.30	\$ 182.03	\$ 283.27				
Medical, Dental & Vision	Mexico-Emp, Spouse & Child(ren) Cost	\$ 637.60	\$ 17,852.80	\$ 13,389.60	\$ 4,463.20	\$ 41.36	\$ 1,406.24	\$ 550.12	\$ 856.12				
	Monthly Premium Totals		\$ 190,024.43	\$ 158,018.52	\$ 32,005.91		\$ 10,358.20	\$ 6,337.70	\$ 4,020.50		\$ 3,505.81	\$ 1,632.06	\$ 1,873.75
	Annual Premium Totals		\$ 2,280,293.16	\$ 1,896,222.24	\$ 384,070.92		\$ 124,298.40	\$ 76,052.42	\$ 48,245.98		\$ 42,069.72	\$ 19,584.72	\$ 22,485.00
Combined Monthly Total		\$203,888.44											
Employer Contribution Monthly													
Annual Total													
	Changes from Current:												
	Dollar Change												
	Percent Change												

Enrollment Counts	Medical	Dental	Vision
US-Single	107	108	110
US-Employee + Spouse	10	6	
US-Employee + Child(ren)	45	24	
US-Family	22	28	109
MX-Single	1	0	
MX-Employee + Spouse	2	7	
MX-Employee + Child(ren)	7	15	
MX-Family	28	34	
	222	222	219

Short Term Disability	\$58,379.44
Long Term Disability	\$6,429.60
Basic Life Insurance	\$18,242.28

2016-2017 Contribution Assumptions				
MEDICAL	EE Only	EE/Spouse	EE/Children	Family
US & Mexico				
Employer %	100.00%	75.00%	75.00%	75.00%
Employee %	0.00%	25.00%	25.00%	25.00%
Mexico				
Employer %	100.00%	75.00%	75.00%	75.00%
Employee %	0.00%	25.00%	25.00%	25.00%
DENTAL				
	EE Only	EE/Spouse	EE/Children	Family
US & Mexico				
Employer %	100.00%	39.12%	39.12%	39.12%
Employee %	0.00%	60.88%	60.88%	60.88%
Mexico				
Employer %	100.00%	39.12%	39.12%	39.12%
Employee %	0.00%	60.88%	60.88%	60.88%
VISION				
	EE Only	EE/Spouse	EE/Children	Family
Employer %	100.00%	N/A	N/A	46.55%
Employee %	0.00%	N/A	N/A	53.45%

2017 to 2018 Rates and Employee Contribution 5% with EE Contribution \$ Same					
Benefit Type	Coverage	Premium	Employer Cost	Employee Cost	
Which Benefit	Who's Covered	Monthly	Monthly	Monthly	Per Pay Check (24)
Medical– US & Mexico (Mayo/ BCBS)	Employee Only	\$606.35	\$606.35	\$0.00	\$0.00
	Employee & Spouse	\$1,258.30	\$958.70	\$299.60	\$149.80
	Employee & Child(ren)	\$1,258.30	\$958.70	\$299.60	\$149.80
	Family	\$1,924.85	\$1,466.55	\$458.30	\$229.15
Medical– Mexico Only	Employee Only	\$220.95	\$220.95	\$0.00	\$0.00
	Employee & Spouse	\$458.47	\$349.31	\$109.16	\$54.58
	Employee & Child(ren)	\$458.47	\$349.31	\$109.16	\$54.58
	Family	\$669.48	\$510.08	\$159.40	\$79.70
Dental– US & Mexico	Employee Only	\$36.50	\$36.50	\$0.00	\$0.00
	Employee & Spouse	\$73.00	\$30.68	\$42.32	\$21.16
	Employee & Child(ren)	\$73.00	\$30.68	\$42.32	\$21.16
	Family	\$91.12	\$38.29	\$52.83	\$26.42
Dental – Mexico Only (Siarmed)	Employee Only	\$16.29	\$16.29	\$0.00	\$0.00
	Employee & Spouse	\$32.57	\$13.69	\$18.88	\$9.44
	Employee & Child(ren)	\$32.57	\$13.69	\$18.88	\$9.44
	Family	\$43.43	\$18.25	\$25.18	\$12.59
VSP-Vision Service Plan	Employee Only	\$10.70	\$10.70	\$0.00	\$0.00
	Family	\$23.00	\$10.70	\$12.30	\$6.15
Standard Basic Life & AD&D Insurance	1x Salary up to \$50,000	\$ 0.19 per \$1,000 of annual salary	\$ 0.19 per \$1,000 of annual salary	\$0.00	\$0.00
Standard Short-term Disability	All Employees	\$ 0.423 per \$10 of annual salary	\$ 0.423 per \$10 of annual salary	\$0.00	\$0.00
Standard Long-term Disability	Public Safety Employees	\$0.25 per \$100 of monthly salary	\$0.25 per \$100 of monthly salary	\$0.00	\$0.00
Transwestern Voluntary MX Medical Insurance	Family	\$96.00	\$0.00	\$96.00	\$48.00
Employee Assistance Program	Public Safety Employees	Included with Standard Benefits	\$0.00	\$0.00	\$0.00
EAP Preferred	Public Safety Employees	\$396.90	\$396.90	\$0.00	\$0.00