



CITY OF  
*San Luis Arizona*  
*Gateway to the Sea of Cortez*

*Trust Meeting*  
*2019 Renewal Presentation*

*For July 1, 2018 to June 30, 2019*

*Presented by Susan Posada*



SUSAN POSADA  
AGENCY

## **Trust Expenses Covered by Trust**

1. Stop Loss
2. Third Party Administrative Fees
  - a. Network Fees
    - i. Blue Cross Blue Shield of AZ – US network
    - ii. Siarmed – Mexico network both medical and dental
  - b. Broker Fees
  - c. Flu Shots for Mexico members
  - d. ACA Reporting Fees
  - e. Claims Utilization
  - f. Cobra Fees
  - g. HealthiestYou (Teledoc)
  - h. EAP – All Employees
  - i. ACA fees
3. Overall – Medical and Dental design, and cost
4. Trust Fund Balance

## **Not included in Trust**

1. Vision plan
2. Basic and Voluntary life
3. Short- and Long-term disability
4. Transwestern voluntary medical plan
5. EAP for Public Safety
6. FMLA

**City of San Luis**  
**Changes to Plan Costs**  
 Plan Year 7/1/2019 to 6/30/2020

<b>Budget Increase</b>						<b>Percentage Increase</b>
	<b>Total All Benefit</b>	<b>Employer Portion</b>	<b>Employee Portion</b>			
<b>City - Increase</b>	\$890.28	\$414.16	\$476.12			0.03%
<b>City - Increase with STD Option 2</b>	\$29,249.87	\$29,249.87	\$0.00			1.03%
<b>Trust - Increase with EAP only</b>	\$6,402.24	\$6,402.24	\$0.00			

Total Trust Budget based on recommendations \$2,650,082.04  
 See details in the Contribution Comparison Sheet for 2019 to 2020

<b>Plan Changes</b>						
<b>Service Changes</b>	<b>Annual Premium 2015</b>	<b>Annual Premium 2016</b>	<b>Annual Premium 2017</b>	<b>2018</b>	<b>2019</b>	<b>Rates % change</b>
	<b>Stop Loss</b>	\$432,036.36	\$429,267.12	\$434,847.36	\$483,023.64	\$437,532.72
<b>Mayo/EBSO Fees</b>						
Medical	\$18.00	\$18.50	\$18.60	\$24.50	\$24.50	0.00%
Dental	\$2.90	\$2.90	\$2.95	\$3.00	\$3.00	0.00%
Claims Utilization/ACA FEE	\$3.00	\$3.25	\$3.50	\$3.00	\$3.00	0.00%
Cobra Optum	\$0.79	\$0.74	\$0.74	Incl	Incl	Incl
<b>Siarmed</b>						
Medical	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	0.00%
Dental	\$1.25	\$1.25	\$1.25	\$1.25	\$1.25	0.00%
<b>Broker Fees</b>	\$32.00	\$33.50	\$33.50	\$35.00	\$35.00	0.00%
<b>BCBS Network Fees</b>						
	\$15	\$15.50	\$15.75	\$16.00	\$17.50	9.38%

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

- Stop Loss fees are subject to change pending the 4/31/2019/2019 claims reports

\*\* BCBC negotiated the rate for 2 years \$17.50 PEPM

\*\*\*Siarmed had agreed to a 3 year agreement (to 6/30/2020) with no price changes in the admin fees and provider fees

**City of San Luis**

**Medical and Dental Enrollment Changes**

	Medical Enrollment			Dental Enrollment		
			Percentage			Percentage
	February 1, 2018	February 1, 2019	Change	February 1, 2018	February 1, 2019	Change
<b>US/Mexico</b>						
Employees Only	123	123	0.00%	124	127	2.42%
Employee & Spouse	7	5	-28.57%	7	5	-28.57%
Employee and Children	42	42	0.00%	42	28	-33.33%
Family	20	22	10.00%	20	23	15.00%
<b>Mexico Only</b>						
Employees Only	1	1	0.00%	4	0	-100.00%
Employee & Spouse	4	5	25.00%	4	9	125.00%
Employee and Children	10	10	0.00%	10	16	60.00%
Family	24	24	0.00%	24	29	20.83%
<b>Total</b>	<b>222</b>	<b>232</b>	<b>4.50%</b>	<b>223</b>	<b>223</b>	<b>0.00%</b>
Average Members	569	518	-8.96%	538	535	-0.56%

*2012-2013 EE's 154 total dep. 570*

**CITY OF SAN LUIS**  
**STOP LOSS AND ADMINISTRATION RENEWAL EFFECTIVE JULY 1, 2019**

DESCRIPTION	2018-20199		2019-2020		2018-2019 Initial Quote		2018-2019 Initial Quote		2018-2019 Initial Quote		2018-2019 Initial Quote		2018-2019 Initial Quote		
	Current Symetra		Renewal Symetra		Option 1 Symetra	Option 2 Symetra	Option 3 Int'l/Sirius America	Option 4 Int'l/Sirius America	Option 5 Int'l/Sirius America	Option 3 Int'l/Sirius America	Option 4 Int'l/Sirius America	Option 5 Int'l/Sirius America	Option 3 Int'l/Sirius America	Option 4 Int'l/Sirius America	Option 5 Int'l/Sirius America
STOP LOSS POLICY TERMS	\$50,000 Stop Loss		\$50,000 Stop Loss		\$75,000 Stop Loss		\$100,000 Stop Loss		\$50,000 Stop Loss		\$75,000 Stop Loss		\$100,000 Stop Loss		
Specific Lifetime Maximum		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Specific Annual Reimbursement		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Specific Deductible	\$	50,000	\$	50,000	\$	75,000	\$	100,000	\$	50,000	\$	75,000	\$	100,000	
Specific Contract Basis		Paid		Paid		Paid		Paid		Paid		Paid		Paid	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	\$
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		24/112		24/12		24/12	24/12
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	124	\$ 88.26	\$ 88.26	\$ 88.26	\$ 68.32	\$ 53.84	124	\$ 91.82	\$ 69.27	\$ 53.46					
Employee + Spouse Rate	10	\$ 266.18	\$ 266.18	\$ 266.18	\$ 210.17	\$ 169.53	10	\$ 201.07	\$ 151.70	\$ 117.07					
Employee + Child(ren) Rate	52	\$ 266.18	\$ 266.18	\$ 266.18	\$ 210.17	\$ 169.53	52	\$ 174.44	\$ 131.61	\$ 101.57					
Employee + Spouse + Children Rate	46	\$ 266.18	\$ 266.18	\$ 266.18	\$ 210.17	\$ 169.53	46	\$ 286.46	\$ 216.12	\$ 166.79					
<b>Projected Total Monthly Specific Premium</b>	<b>232</b>	<b>\$ 39,691.68</b>	<b>\$ 39,691.68</b>	<b>\$ 39,691.68</b>	<b>\$ 31,170.04</b>	<b>\$ 24,985.40</b>	<b>232</b>	<b>\$ 35,644.42</b>	<b>\$ 26,891.72</b>	<b>\$ 20,753.72</b>					
<b>Aggregate Rate PEPM</b>	<b>232</b>	<b>\$ 3.62</b>	<b>\$ 3.62</b>	<b>\$ 3.62</b>	<b>\$ 3.59</b>	<b>\$ 3.65</b>	<b>232</b>	<b>\$ 3.52</b>	<b>\$ 3.75</b>	<b>\$ 3.89</b>					
<b>Projected Monthly Aggregate Premium</b>		<b>\$ 861.84</b>	<b>\$ 839.84</b>	<b>\$ 832.88</b>	<b>\$ 846.80</b>	<b>\$ 816.64</b>		<b>\$ 870.00</b>	<b>\$ 902.48</b>	<b>\$ 902.48</b>					
<b>TOTAL PROJECTED PREMIUM</b>															
Monthly		\$ 40,553.52	\$ 40,531.52	\$ 32,002.92	\$ 25,832.20	\$ 36,461.06		\$ 27,761.72	\$ 21,656.20	\$ 21,656.20					
Annual		\$ 486,642.24	\$ 486,378.24	\$ 384,035.04	\$ 309,986.40	\$ 437,532.72		\$ 333,140.64	\$ 259,874.40	\$ 259,874.40					
<b>Percentage of increase over current</b>				<b>-0.05%</b>	<b>-21.08%</b>	<b>-36.30%</b>		<b>-10.09%</b>	<b>-31.54%</b>	<b>-46.60%</b>					
<b>MAXIMUM CLAIM FUNDING FACTORS</b>															
Employee	124	\$ 328.71	\$ 318.84	\$ 343.07	\$ 358.69	124	\$ 382.26	\$ 405.94	\$ 422.48						
Employee + Spouse	10	\$ 816.84	\$ 792.31	\$ 852.52	\$ 891.35	10	\$ 827.15	\$ 889.00	\$ 925.21						
Employee + Children	52	\$ 816.84	\$ 794.31	\$ 852.52	\$ 892.35	52	\$ 726.29	\$ 771.28	\$ 802.70						
Employee + Spouse + Child(ren)	46	\$ 816.84	\$ 794.31	\$ 816.84	\$ 816.84	46	\$ 1,192.65	\$ 1,266.52	\$ 887.62						
<b>TOTAL PROJECTED MAXIMUM FUNDING</b>	<b>232</b>					<b>232</b>									
Monthly		\$ 128,978.76	\$ 125,301.64	\$ 132,971.56	\$ 137,367.90	\$ 148,300.72		\$ 157,593.04	\$ 142,214.60	\$ 142,214.60					
Annual		\$ 1,547,745.12	\$ 1,503,619.68	\$ 1,595,658.72	\$ 1,648,414.80	\$ 1,779,608.64		\$ 1,891,116.48	\$ 1,706,575.20	\$ 1,706,575.20					
<b>Percentage of increase over current</b>				<b>-2.85%</b>	<b>3.10%</b>	<b>6.50%</b>		<b>14.98%</b>	<b>22.19%</b>	<b>10.26%</b>					
<b>PROJECTED ADMINISTRATION COSTS</b>															
TPA Claims Administration Fee - Mayo Health	232	\$ 24.50	\$ 24.50	\$ 24.50	\$ 24.50	232	\$ 24.50	\$ 24.50	\$ 24.50						
Dental Claims Administration US Mayo Health	238	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	238	\$ 3.00	\$ 3.00	\$ 3.00						
ACA 1095/1094 Reporting	268	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.00	268	\$ 3.00	\$ 3.00	\$ 3.00						
PPO Medical Access Fee - BCBS	198	\$ 16.00	\$ 17.50	\$ 17.50	\$ 17.50	198	\$ 17.50	\$ 17.50	\$ 17.50						
Mexico Siamed/SSA Medical and Dental Claims Admin.	238	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25	238	\$ 4.25	\$ 4.25	\$ 4.25						
<b>Total Monthly Administration</b>		<b>\$ 11,381.50</b>	<b>\$ 11,678.50</b>	<b>\$ 11,678.50</b>	<b>\$ 11,678.50</b>	<b>\$ 11,660.50</b>		<b>\$ 11,660.50</b>	<b>\$ 11,660.50</b>	<b>\$ 11,660.50</b>					
<b>Total Annual Administration</b>		<b>\$ 136,578.00</b>	<b>\$ 140,142.00</b>	<b>\$ 140,142.00</b>	<b>\$ 140,142.00</b>	<b>\$ 139,926.00</b>		<b>\$ 139,926.00</b>	<b>\$ 139,926.00</b>	<b>\$ 139,926.00</b>					
<b>Patient Centered Research Inst. (Est.)</b>	<b>535</b>	<b>\$ 1,278.65</b>	<b>\$ 131.00</b>	<b>\$ 1,310.75</b>	<b>\$ 1,310.75</b>	<b>\$ 1,310.75</b>	<b>535</b>	<b>\$ 1,310.75</b>	<b>\$ 1,310.75</b>	<b>\$ 1,310.75</b>					
<b>Total Annual ACA fees</b>	<b>535</b>	<b>\$ 1,278.65</b>	<b>\$ 131.00</b>	<b>\$ 1,310.75</b>	<b>\$ 1,310.75</b>	<b>\$ 1,310.75</b>	<b>535</b>	<b>\$ 1,310.75</b>	<b>\$ 1,310.75</b>	<b>\$ 1,310.75</b>					
<b>Total Annual Administration Fees With Reinsurance &amp; PPCORI</b>		<b>\$ 137,856.65</b>	<b>\$ 140,273.00</b>	<b>\$ 141,452.75</b>	<b>\$ 141,452.75</b>	<b>\$ 141,236.75</b>		<b>\$ 141,236.75</b>	<b>\$ 141,236.75</b>	<b>\$ 141,236.75</b>					
<b>Percentage of Increase/Decrease Over Current</b>			<b>1.8%</b>	<b>2.6%</b>	<b>2.6%</b>	<b>2.5%</b>		<b>2.5%</b>	<b>2.5%</b>	<b>2.5%</b>					
<b>TOTAL PROJECTED PREMIUM, CLAIMS FUNDING &amp; ADMINISTRATION COSTS</b>															
Monthly		\$ 178,410.17	\$ 180,804.52	\$ 173,455.67	\$ 167,284.95	\$ 177,697.81		\$ 168,998.47	\$ 162,892.95	\$ 162,892.95					
Annual		\$ 2,140,922.04	\$ 2,130,270.92	\$ 2,121,146.51	\$ 2,099,853.95	\$ 2,132,373.72		\$ 2,027,981.64	\$ 1,954,715.40	\$ 1,954,715.40					
<b>Percentage of Increase Over Current</b>			<b>-0.50%</b>	<b>-0.92%</b>	<b>-1.92%</b>	<b>-0.40%</b>		<b>-5.28%</b>	<b>-8.70%</b>	<b>-8.70%</b>					

- Rates for the Stop Loss and Aggregate are not final until 4/30/2019 BCBS Network fee originally increase to \$17.50 for 1 year - negotiated 2 years for \$17.50

PPCOR fees for 2017 \$2.30 and 2018 \$2.45 for Average number of lives insured

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.

Rates and Benefits represent only a summary of benefits and rates. Refer to plan document, SBCs and Summaries for details.

## Stop Loss Change - Risk and Exposure

	2017-2018	2018-2019*	2018-2019*
<b>Large Claims</b>	<b>\$50,000.00</b>	<b>\$50,000.00</b>	<b>\$75,000.00</b>
Number	5	11	11
Total Potential Exposure	\$250,000	\$550,000	\$825,000
Premium	\$486,642	\$437,533	\$333,140
Difference	\$236,642	(\$112,467)	(\$491,860)

\* claims are for 8 months

<b>Estimated Fund Balance</b>	
<b>As of 2/28/2019</b>	
Trust Checking	\$1,547,623.26
Trust Savings as of 12/31/2019	\$1,389,093.29
	<b>\$2,936,716.55</b>
Claims Lag	(\$489,030.00)
Incurred but not reported (IBNR)	(\$261,794.46)
<b>Estimated Total</b>	<b>\$2,185,892.09</b>
<b>Expected Liability Percentage</b>	<b>\$2,795,256.48 78.20%</b>

<b>2019-2020\$ Fund Requirements</b>	
<b>As of 2/28/2019</b>	
Required Funding for 2019 to 2020	\$2,789,098.56
No Increase - Funding level Funding (same as prior year)	<b>\$2,650,02.04</b>
Under Funding	<b>\$139,016.52</b>

## EAP and Healthiest You

EAP Preferred						
EAP Visits	EE Total	Visits	Cost PEPM	Monthly Total	Yearly Total	Guarantee
Non-Public Safety Employee	154	3	\$2.17	\$334.18	\$4,010.16	6/30/2022
Non-Public Safety Employee	154	6	\$3.05	\$469.70	\$5,636.40	6/30/2022
All Employees	234	6	\$2.28	\$533.52	\$6,402.24	6/30/2022
All Employees	234	12	\$4.45	\$1,041.30	\$12,495.60	6/30/2022
Public Safety	80	12	\$6.30	\$504.00	\$6,048.00	6/30/2021
* Public Safety 2 and 1/2 years is due to initial contract ending 12/31 and changed to coincide with plan year of 7/1						

Rates are for 7/1/2019

The present contract runs to 7/1/2021

**Recommend 6 Visits for all employees with the EAPP Traumatic Agreement wit EAP for all Public Safety**

- 24-Hour Access
- Referrals and Follow-up
- Legal and Financial Services
- Orientation and Training
- Communication Materials
- Utilization Reporting

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

Healthiest You TeleDoc				
	Employees	Fixed Cost	Monthly Total	Annual Total
PEPM	234	\$8	\$1,872	\$22,464

PEPM: Premium per Employee per Month  
This plan has already been approved by the Trust

## ACA Reporting

ACA Reporting		EBSO	Basic
	<b>EE Total</b>		
ACA Reporting Fee	238	\$3.00	\$9.25
Set-up Fee			\$250.00
<b>Total Rate Monthly</b>		<b>\$714.00</b>	<b>\$2,201.50</b>
Total Annual Rates		\$8,568.00	\$26,418.00

## City of San Luis Recommended Plan Changes for plan year 2019-2020

	Current 2018-2019	Recommended Renewal 2019-2020
<b>US Medical Plan Recommended Changes</b>		
<b>X-Ray and Lab's</b>		
At Primary Care/Specialist	\$15/\$25 Copay	\$15/\$25 Copay
At Contracted Provider i.e. Sonora Quest and Lab Corp	20% + deductible	\$15 Copay
At a hospital	20% + deductible	20% + deductible
<b>Complex Imaging - Mri, CT Pet Scan etc.</b>		
At Contracted Provider i.e. Sonora Quest and Lab Corp	20% + deductible	\$25 Copay
At a hospital - Complex, MRI, CT and Pet Scan		20% + deductible
<b>Hospitalization</b>		
Pre-Certification	Required	Remove Pre-Cert Requirement
CT Scans, PetScans & MRI's	Required	Remove Pre-Cert Requirement
Special Services such as acupuncture, podiatry & TMJ		Remove Pre-Cert Requirement
<b>No Changes</b>		
<b>Deductible</b>		
In-Network Member	\$750	\$750
In-Network Family	\$1,500	\$1,500
<b>No Changes</b>		
<b>Annual Out of Pocket Maximum</b>		
In-Network Member	\$5,500	\$5,500
In-Network Family	\$11,000	\$11,000
Out of Network - Member	\$20,000	\$20,000
Out-of-Network Family	\$40,000	\$40,000

## City of San Luis Recommended Mexico Plan Changes for 2019-2020

<b>Mexico Dental Plan</b>	<b>Current</b>	<b>Recommended</b>
	<b>2018-2019</b>	<b>2019-2020</b>
<b>Mexico Dental Plan (As requested by Siarmed)</b>		
<b>Major Restorative Services Charges to the Trust</b>		
D7472 Removal of Torum Palatinus	\$150	\$250
Maximum Out of Pocket (In Network)	\$150	\$250
D7485 Surgical Reduction of Osseous Tuberosity	\$150	\$250
<b>Orthodontic</b>		
D0340 Cephalometric Film	\$28	\$44
D3050 Panoramic Film	N/A	\$44
D0470 Diagnostic Cast	N/A	\$28
D8030 Limited Orthodontic Treatment of Adolescent Denition	N/A	\$500
D8670 Periodic Orhtodontic Treatment Visit Cast Part of Contract	N/a	\$500
<b>Other Internal Changes</b>		
<b>Rx Copay - Charges to Employee</b>		
RX Copay	N/A	\$3/\$6 Copay
<b>Mexico Medical Plan Change</b>		
Emergency Room - In and out of Network	\$250	\$150

## City of San Luis Recommended Plan Changes - Incentive Plan for plan year 2019-2020

Incentive Plan	Recommended Change	
	Current 2018-2019	Renewal 2019-2020
<b>US Medical Plan</b>		
<b>Incentive Program</b>		
<b>Reimbursement for Incentive Program</b>		
Coinsurance Trust pays 80% member 20%	20%	20%
Maximum Out of Pocket (In Network)	\$5,500.00	\$5,500.00
In-Patient - Lodging Reimbursement	None	Up to \$125 per night up to 4 nights
Out-Patient - Lodging Reimbursement	None	Up to \$125 per night up to 4 nights
Maximum Out of Pocket (In Network)	\$5,500.00	\$5,500 Plus lodging reimbursements
<b>Hospitalization for Incentive Program</b>		
Hospitalization and Out-patient	20% + deductible	0% + deductible
	<b>Member pays</b>	<b>Member pays</b>
<b>X-Ray and Lab's</b>		
At Primary Care Provider - Diagnostic, X-ray and Lab	\$15 Copay	\$15 Copay
At Secondary Care Provider - Diagnostic, X-ray and Lab	\$25 Copay	\$25 Copay
<b>At Contracted Provider</b> i.e. Sonora Quest and Lab Corp	20% + deductible	\$15 Copay
<b>At an hospital</b> -	20% + deductible	20% + deductible
<b>Complex Imaging - Mri, CT Pet Scan etc.</b>		
<b>At Contracted Provider</b> i.e. Sonora Quest and Lab Corp	20% + deductible	\$25 Copay
<b>At a hospital</b> - Complex, MRI, CT and Pet Scan	20% + deductible	20% + deductible
Out of Network - Member	\$20,000	\$20,000
Out-of-Network Family	\$40,000	\$40,000

## City of San Luis Incentive Program Savings Examples

The City of San Luis has created an Incentive Program for employees to help save money on expensive outpatient procedures and imaging. By taking advantage of the facilities listed in the Incentive Program, members can experience significant savings when compared to going to Yuma Regional Hospital and other local outpatient facilities.

Here are some examples of the savings you could experience by using the Incentive Program Facilities.

Example #1:

### Procedure needing to be complete: Knee Replacement

Cost To An Employee For Going To Yuma Regional Hospital	Cost To An Employee For Going To Recommended Facility
Deductible: \$750.00	Deductible: \$750.00
Coinsurance Percentage Employee Is Responsible For: 20%	Coinsurance Percentage Employee Is Responsible For: 0%
Coinsurance Estimated Dollar Amount Employee Is Responsible For Before The Out of Pocket Max Is Met: \$4,750.00	Employee Does Not Pay Any Coinsurance For The Knee Replacement
<b>Total Cost To Employee: \$5,500.00</b>	<b>Total Cost To Employee: \$750.00</b>

Example #2:

### Procedure needing to be complete: X-Ray of Ankle

Cost To An Employee For Going To Yuma Regional Hospital	Cost To An Employee For Going To Sonora Quest or Lab Corp
Deductible: \$750.00	Deductible: \$750.00
Coinsurance Percentage Employee Is Responsible For: 20%	Copay Dollar Amount Employee Is Responsible For: \$15.00
Coinsurance Estimated Dollar Amount Employee Is Responsible For Before The Out of Pocket Max Is Met: \$0.00 because deductible has not been met yet	Employee Does Not Pay Any Coinsurance For an X-Ray when going to Sonora Quest or Lab Corp
<b>Total Cost To Employee: \$150.00</b>	<b>Total Cost To Employee: \$15.00</b>

**It pays to take advantage of the Incentive Program! Next time you are considering having any outpatient procedure or imaging done, be sure to check the list of approved providers to help you save!**

***INCENTIVE PROGRAM FOR PREFERRED PROVIDER SELECTED HOSPITAL AKA Incentive Program***

The *Plan* receives greater discounts through the *preferred provider* Selected *Hospital* and *Outpatient Facility* listing:

As an incentive to use one of the exclusive provider *hospitals* and *outpatient facilities*, when a *covered person* utilizes one of the exclusive provider *hospitals* or *outpatient facilities*, the *Plan* will issue a check to the *employee* the amount of the *coinsurance* applied to that *covered expense*.

This benefit is subject to the procedure or *confinement* being a *covered expense* under this *Plan*. This incentive program applies to the *employee* and enrolled *dependents*. The incentive payment shall be issued in the name of the *employee*.

The incentive payment will be issued upon the *claims administrator's* receipt of the claim for the *covered expense*.

The section entitled, *Schedule of Benefits, Preferred Provider Select Hospitals*, shall include the following *providers*:

**Desert Ridge Outpatient Surgery Center**  
20940 N Tatum Blvd #370  
PHX 85050  
480-502-4010

**Metro Surgery Center**  
6790 W. Thunderbird Rd  
Peoria, AZ 85381  
623-979-1717

**Oasis Hospital**  
750 N 40<sup>th</sup> St.  
PHX 85008

**Canyon Surgery Center**  
6036 N 19TH Ave #100  
PHX 85015

**AZ Outpatient Surgery Center**  
6245 N 16TH St  
PHX 85016

**The Surgical Hospital of PHX**  
6501 N 19TH Ave  
PHX 85015

**Banner Estrella Surgery Center**  
9301W Thomas Rd  
Phoenix, AZ 85037  
(623) 388-5700

**Phoenix Orthopedic Ambulatory**  
690 N Cofco Center Ct Ste 150  
Phoenix, AZ 85008  
(602) 288-4476

**Outpatient Surgical Care**  
1530 W Glendale Ave Ste105  
Phoenix, AZ 85021  
(602) 995-3395

**Peoria Surgery Center**  
13260 North 94th Drive Suite 200  
Peoria, Arizona 85381  
**Phone: (623) 933-2900**

**Northwest Tucson Surgery Center AKA Northwest Hospital**  
(520) 877-6700  
6320 N. La Challa Blvd., Suite 100  
Tucson, AZ 85741

**Oro Valley Hospital**  
(520) 901-3500  
1551E. Tangerine Road  
Oro Valley, AZ 85755

**Carondelet Foothills Surgery Center**  
(520) 877-5660  
2220 W. Orange Grove Road  
Tucson, AZ 85741

US Plan Medical	US Plan BCBS Present Plan		US Plan BCBS Renewal Plan	
	In Network	Out of Network	In Network	Out of Network
<b>Out of Pocket Maximums</b>				
Individual (In/Out)	\$5,500	\$20,000	\$5,500	\$20,000
Family (In/Out)	\$11,000	\$40,000	\$11,000	\$40,000
<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% + deductible	60% + deductible	80% + deductible	60% + deductible
<b>Office Visit/Specialist</b>	\$15 Copay	60% + deductible	\$15 Copay	60% + deductible
<b>X-Ray and Lab's</b>				
<b>Routine Labs - Primary/Specialist</b>	\$15/\$25 Copay	60% + deductible	\$15/\$25 Copay	60% + deductible
<b>Contracted Provider</b>	80% + deductible	60% + deductible	\$15 Copay	60% + deductible
<b>Hospital and non-Contracted Provider</b>	80% + deductible	60% + deductible	80% + deductible	60% + deductible
<b>Complex Imaging MRI, CT, Pet Scan's etc</b>				
<b>Contracted Provider</b>	80% + deductible	60% + deductible	\$25	60% + deductible
<b>Hospital and non-Contracted Provider</b>	80% + deductible	60% + deductible	80% + deductible	60% + deductible
<b>Rahabilitation 60 Visits</b>	80% + deductible	60% + deductible	\$30 Copay	60% + deductible
combined Physical, Speech, Occupational, Pulmonary, Cardiac, Chiropractic				
<b>Incentive Plan</b>				
<b>Reimbursement Logging - Select Providers</b>	N/A	N/A	Up to \$125 per night up to 4 nights	Not Covered
<b>Hospital and Outpatient - Select Providers</b>	N/A	N/A	100% + deductible	Not Covered
<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% + deductible	80% + deductible	80% + deductible	80% + deductible
<b>Urgent Care</b>	\$30 Copay	60% + deductible	\$30 Copay	60% + deductible
<b>Hospital</b>	80% + deductible	60% + deductible	80% + deductible	60% + deductible
<b>Out Patient Surgery</b>	80% + deductible	60% + deductible	80% + deductible	60% + deductible
<b>Ambulance</b>	80% + deductible	80% + deductible	80% + deductible	80% + deductible
<b>Behavioral/Mental Health Services</b>				
Inpatient	80% + deductible	60% + deductible	80% + deductible	60% + deductible
Outpatient	\$15 Copay	60% + deductible	\$15 Copay	60% + deductible
<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	123	\$636.67		\$636.67
Employee + Spouse	5	\$1,321.22		\$1,321.22
Employee+ Child	42	\$1,321.22		\$1,321.22
Family	22	\$2,021.09		\$2,021.09
<b>Monthly Premium</b>	<b>192</b>	<b>\$184,871.73</b>		<b>\$184,871.73</b>
<b>Annual Premium</b>		<b>\$2,218,460.76</b>		<b>\$2,218,460.76</b>
<b>Percentage Change</b>				<b>0.00%</b>

\*Failure to obtain precertification for inpatient hospital, outpatient surgery, non-emergency hospital admissions, and skilled nursing facilities

Incentive Plan reimbursement does not accumulate toward out of pocket or deductible

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

Mexico Medical Plan Medical		Mexico Plan Siarmed Present Plan		Mexico Plan Siarmed Renewal Plan	
		In Network	Out of Network	In Network	Out of Network
<b>Out of Pocket Maximums</b>					
Individual (In/Out)		\$6,250	\$20,000	\$6,250	\$20,000
Family (In/Out)		\$12,500	\$40,000	\$12,500	\$40,000
<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>		\$5 Copay	50%	\$5 Copay	50%
<b>Diagnostic Labs</b>					
Contracted Facilities		\$10 Copay	50%	\$10 Copay	50%
<b>Radiology (MRI, MRA, CT, PET)</b>		\$25 Copay	50%	\$25 Copay	50%
<b>Preventative - Lab &amp; Radiology</b>		\$5 Copay	50%	\$5 Copay	50%
<b>Prescriptions</b>		\$3/\$6 Copay	50%	\$3/\$6 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	\$50 Copay	\$50 Copay
<b>Urgent Care</b>		\$20 Copay	50%	\$20 Copay	50%
<b>Hospital</b>		\$50 Copay	50%	\$50 Copay	50%
<b>Out Patient Surgery</b>		\$25 Copay	50%	\$25 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		\$5 Copay	50%	\$5 Copay	50%
<b>Rate Guarantee Period</b>		12 Months		12 Months	
<b>Annual Maximums</b>		Unlimited Siarmed		Unlimited Siarmed	
<b>Network</b>		<b>Four Tier</b>		<b>Four Tier</b>	
Employee	1	\$232.00		\$232.00	
Employee + Spouse	5	\$481.39		\$481.39	
Employee+ Child	10	\$481.39		\$481.39	
Family	24	\$702.95		\$702.95	
<b>Monthly Premium</b>	<b>40</b>	<b>\$24,323.65</b>		<b>\$24,323.65</b>	
<b>Annual Premium</b>		<b>\$291,883.80</b>		<b>\$291,883.80</b>	
<b>Percentage Change</b>				<b>0.0%</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

Vision Renewal Rates	Vision Service Plan		Vision Service Plan	
	Current		Renewa;	
	In Network	Out of Network	In Network	Out of Network
<b>Exam Copay</b>	\$10	Up to \$50	\$10	Up to \$50
<b>Frames</b>	\$25	Up to \$70	\$25	Up to \$70
<b>Contact Exam</b>	Up to \$60	N/A	Up to \$60	N/A
<b>Standard Lenses (pair)</b>				
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	Coverage Up to \$130	Up to \$105	Coverage Up to \$130	Up to \$105
Necessary Contact lenses	100%	Up to \$105	100%	Up to \$105
Contact Allowance in lieu of glasses	\$130	Up to \$60	\$130	Up to \$60
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	
<b>Frequency</b>				
Exam	12 Months		12 Months	
Lenses	12 Months		12 Months	
Frames	12 Months		12 Months	
Contacts	12 Months		12 Months	
<b>Network</b>	VSP		VSP	
<b>Rate Guarantee</b>			6/30/2023	
<b>RATES:</b>	<b>Two Tier</b>		<b>Two Tier</b>	
Employee Only	143	\$10.70		\$10.91
Family	96	\$23.00		\$23.46
<b>Total Monthly Premium</b>	<b>239</b>	<b>\$3,738.10</b>		<b>\$3,812.29</b>
<b>Annual Premium</b>		<b>\$44,857.20</b>		<b>\$45,747.48</b>
<b>Percentage Change</b>				<b>1.98%</b>

\*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  
Contracted was negotiated for 4 years

## US Mexico and Mexico Dental only Plans

Dental Benefits	US/MX Coverage		US/MX Coverage		Siarmed Mexico Coverage Current	Siarmed Mexico Coverage Renewal
	Present	Renewal	Present	Renewal	No Out of Network Benefits	No Out of Network Benefits
<b>DEDUCTIBLE</b>						
Individual	\$25	\$25			\$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%			\$20 Copay	\$20 Copay
Major Services	50%	50%			\$50 Copay	\$50 Copay
Orthodontics	50%	50%			50%	50%
\$1,000 Lifetime Maximum						
<b>RX</b>						
Rate Guarantee	N/A	N/A			N/A	\$3/\$6
<b>RATES:</b>						
Employee	127	12 Months	Four Tier	Four Tier	12 Months	12 Months
Employee & Spouse	5				Four Tier	Four Tier
Employee & Children	28					
Family	24					
<b>Total Monthly Premium</b>	<b>184</b>	<b>\$9,508.87</b>	<b>\$9,508.42</b>	<b>54</b>	<b>\$2,135.92</b>	<b>\$2,135.92</b>
<b>Annual Premium</b>		<b>\$114,106.44</b>	<b>\$114,101.04</b>		<b>\$25,631.04</b>	<b>\$25,631.04</b>
<b>Annual Difference</b>			<b>0.00%</b>			<b>0.00%</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

Rx was added to the Mexico plan which is the same as the medical plan

**City of San Luis Current / Renewal Basic Life and AD&D - No Change**

Benefits	Current and Renewal		
Eligibility	All Employees		
Life Insurance Benefit	1 X Salary to \$50,000		
Basic AD&D	1 X Salary to \$50,000		
Rate Guarantee	6/30/2017		
	Volume	Rates per \$1,000	Monthly Premium
Life Amount		\$0.15	\$1,403.60
AD&D Amount	\$9,357,336	\$0.04	\$374.29
<b>Estimated Annual Premium</b>		<b>\$21,334.73</b>	
Total Change from Current (%)		\$0	
Total Change from Current (\$)		\$0	
Guarantee		2 Year	

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

*Guarantee is from 7/1/2019 to 6/30/2021*

**City of San Luis Current / Renewal Long Term Disability - No Change**

Benefits	The Standard - CURRENT and Renewal		
Class/ Eligibility	Public Safety Only		
Weekly Benefit	60% of 1st \$16,667		
Maximum Monthly Benefit	10,000		
Accident Benefit Begin On Day	181		
Sickness Benefit Begin on Day	181		
Maximum Benefit Period	To age 65		
Employee Assistance Program	Included		
Rate Guarantee			
	Volume	Rates per \$100	Monthly Premium
	\$214,320	\$0.25	\$535.80
<b>Estimated Annual Premium</b>			<b>\$6,430</b>
<b>Salary</b>			
Total Change from Current (%)			No Change
Total Change from Current (\$)			
Guarantee			2 year Guarantee

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

*Guarantee is from 7/1/2019 to 6/30/2021*

### City of San Luis Current / Renewal Short Term Disability

Benefits	Current and Renewal		Option 1		Option 2	
Eligibility	All Employees		All Employees		All Employees	
Maximum Weekly Benefit	\$2,000		\$2,000		\$2,000	
Accident Benefit Begins on Day	15		15		15	
Sickness Benefit Begins on Day	15		15		15	
Maximum Benefit Duration	180 days		180 days		180 days	
Benefit Percentage	66.67%		66.67%		66.67%	
Off-set Definition	See Below		See Below		See Below	
Rate Guarantee	6/30/2019		6/30/2019		6/30/2019	
<b>Volume</b>	<b>Rates per \$10</b>	<b>Monthly Premium</b>	<b>Rates per \$10</b>	<b>Monthly Premium</b>	<b>Rates per \$10</b>	<b>Monthly Premium</b>
<b>\$116,544</b>	\$0.423	\$4,929.81	\$0.480	\$5,594.11	\$0.580	\$6,759.55
	<b>Annual Premium</b>		<b>Annual Premium</b>		<b>Annual Premium</b>	
	<b>\$59,157.73</b>		<b>\$67,129.34</b>		<b>\$81,114.62</b>	
Total Change from Current (%)	No Change		\$7,971.61		\$21,956.89	
Total Change from Current (\$)			13.48%		37.12%	
Guarantee	2 years		2 years		2 years	

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

**Current plan** - No Choice - income offset - all income including sick leave, donated time, other disability, retirement income except vacation

**Option plan 1** - Member Choice - can choose either STD Benefits or Sick Leave as benefit, Off-set is other income except vacation

**Option plan 2** - Backdoor Integration - member can take Sick Leave plus STD Benefits up to 100% of income but not more - exception vacation

<b>Transwestern Mexico Voluntary Medical</b>			
<b>Product Description</b>		<b>Current</b>	<b>Renewal</b>
Admin Fee		\$20.25	\$20.50
Broker Fee		\$5.00	\$5.00
Mexico Panel		\$1.00	\$1.00
Hospital Santa Margarita		\$70.00	\$70.00
Total Fixed Costs		\$96.25	\$96.50
Total Monthly Premium	2	\$192.50	\$193.00
Annual Premium		\$385.00	\$386.00
Annual Premium		\$4,620.00	\$4,632.00
Percentage Increase			0.26%
Cobra Rates		\$228.48	\$228.74

**City of San Luis**  
**2019-2020 Rates and Contributions**

<b>Benefit Type</b>	<b>Coverage</b>	<b>Premium</b>	<b>Employer Cost</b>	<b>Employee Cost</b>	
<b>Which Benefit</b>	<b>Who's Covered</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Per Pay Check (24)</b>
<b><u>Medical</u>– US &amp; Mexico (Mayo/ BCBS)</b>	Employee Only	\$636.67	\$636.67	\$0.00	\$0.00
	Employee & Spouse	\$1,321.22	\$1,021.57	\$299.65	\$149.83
	Employee & Child(ren)	\$1,321.22	\$1,021.57	\$299.65	\$149.83
	Family	\$2,021.09	\$1,562.71	\$458.38	\$229.19
<b><u>Medical</u>– Mexico Only</b>	Employee Only	\$232.00	\$232.00	\$0.00	\$0.00
	Employee & Spouse	\$481.39	\$372.21	\$109.18	\$54.59
	Employee & Child(ren)	\$481.39	\$372.21	\$109.18	\$54.59
	Family	\$702.95	\$543.52	\$159.43	\$79.71
<b><u>Dental</u>– US &amp; Mexico</b>	Employee Only	\$37.60	\$37.60	\$0.00	\$0.00
	Employee & Spouse	\$75.19	\$32.87	\$42.32	\$21.16
	Employee & Child(ren)	\$75.19	\$32.87	\$42.32	\$21.16
	Family	\$93.85	\$41.03	\$52.82	\$26.41
<b><u>Dental</u> – Mexico Only (Siarmed)</b>	Employee Only	\$16.78	\$16.78	\$0.00	\$0.00
	Employee & Spouse	\$33.55	\$14.67	\$18.88	\$9.44
	Employee & Child(ren)	\$33.55	\$14.67	\$18.88	\$9.44
	Family	\$44.73	\$19.55	\$25.18	\$12.59
<b>VSP-Vision Service Plan</b>	Employee Only	\$10.91	\$10.91	\$0.00	\$0.00
	Family	\$23.46	\$10.91	\$12.55	\$6.28
<b>Healthiest You</b>	Employee	\$8.00	\$8.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00
<b>Standard Basic Life &amp; AD&amp;D Insurance</b>	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
<b>Standard Short-term Disability</b>	All Employees	\$ 0.423 per \$10 of annual salary	\$ 0.423 per \$10 of annual salary	\$0.00	\$0.00
<b>Standard Long-term Disability</b>	Public Safety Employees	\$0.25 per \$100 of monthly salary	\$0.25 per \$100 of monthly salary	\$0.00	\$0.00
<b>Transwestern Voluntary MX Medical Insurance</b>	Family	\$96.00	\$0.00	\$96.00	\$48.00
<b>Employee Assistance Program</b>	Public Safety Employees	Included with Standard Benefits	\$0.00	\$0.00	\$0.00
<b>EAP Preferred</b>	All Employees	\$2.28	\$2.28	\$0.00	\$0.00

**Employer & Employee Contribution Calculations - Renewal Plan Medical, dental and vision**  
**Proposed rates for 7/1/2019 - 6/30/2020**

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	\$ 636.67	\$ 78,310.41	\$ 78,310.41	\$ -	\$ 37.60	\$ 4,775.20	\$ 4,775.20	\$ -	\$ 10.91	\$ 1,560.13	\$ 1,560.13	\$ -
Medical, Dental & Vision	US & Mexico-Spouse Cost	\$ 1,321.22	\$ 6,606.10	\$ 5,101.89	\$ 1,504.21	\$ 75.19	\$375.95	\$ 164.37	\$ 211.58				
Medical, Dental & Vision	US & Mexico-Child(ren) Cost	\$ 1,321.22	\$ 55,491.24	\$ 42,905.83	\$ 12,585.41	\$ 75.19	\$ 2,105.32	\$ 920.45	\$ 1,184.87				
Medical, Dental & Vision	Us & Mexico-Spouse & Child(ren) Cost	\$ 2,021.09	\$ 44,463.98	\$ 34,379.55	\$ 10,084.43	\$ 93.85	\$ 2,252.40	\$ 984.52	\$ 1,267.88	\$ 23.46	\$ 2,252.16	\$ 1,047.70	\$ 1,204.46
Medical, Dental & Vision	Mexico-Employee	\$ 232.00	\$ 232.00	\$ 232.00	\$ -	\$ 16.78	\$ -	\$ -	\$ -				
Medical, Dental & Vision	Mexico-Employee & Spouse	\$ 481.39	\$ 2,406.95	\$ 1,861.05	\$ 545.90	\$ 33.55	\$ 301.95	\$ 132.04	\$ 169.91				
Medical, Dental & Vision	Mexico-Employee & Children	\$ 481.39	\$ 4,813.90	\$ 3,722.11	\$ 1,091.79	\$ 33.55	\$ 536.80	\$ 234.74	\$ 302.06				
Medical, Dental & Vision	Mexico-Emp, Spouse & Child(ren) Cost	\$ 702.95	\$ 16,870.80	\$ 13,044.50	\$ 3,826.30	\$ 44.73	\$ 1,297.17	\$ 567.25	\$ 729.92				
	<b>Monthly Premium Totals</b>		<b>\$ 209,195.38</b>	<b>\$ 179,557.34</b>	<b>\$ 29,638.04</b>		<b>\$ 11,644.79</b>	<b>\$ 7,778.57</b>	<b>\$ 3,866.22</b>		<b>\$ 3,812.29</b>	<b>\$ 1,773.48</b>	<b>\$ 2,038.81</b>
	<b>Annual Premium Totals</b>		<b>\$ 2,510,344.56</b>	<b>\$ 2,154,688.09</b>	<b>\$ 355,656.47</b>		<b>\$ 139,737.48</b>	<b>\$ 93,342.88</b>	<b>\$ 46,394.60</b>		<b>\$ 45,747.48</b>	<b>\$ 21,281.73</b>	<b>\$ 24,465.75</b>
<b>Combined Monthly Total</b>			<b>\$224,652.46</b>										
<b>Employer Contribution Monthly</b>			<b>\$189,109.39</b>										
<b>Other Expenses</b>			<b>\$138,321.59</b>										
<b>Annual Total</b>			<b>\$2,834,151.11</b>										
	Changes from Current:												
	Dollar Change	\$	29,249.87										
	Percent Change		1.03%										

2019-2020 Contribution Assumptions				
MEDICAL	EE Only	EE/Spouse	EE/Children	Family
<b>US &amp; Mexico</b>				
Employer %	100.00%	77.23%	77.32%	77.32%
Employee %	0.00%	22.77%	22.68%	22.68%
<b>Mexico</b>				
Employer %	100.00%	77.32%	77.32%	77.32%
Employee %	0.00%	22.68%	22.68%	22.68%
<b>DENTAL</b>				
<b>US &amp; Mexico</b>				
Employer %	100.00%	43.72%	43.72%	43.71%
Employee %	0.00%	56.28%	56.28%	56.29%
<b>Mexico</b>				
Employer %	100.00%	43.73%	43.73%	43.73%
Employee %	0.00%	56.27%	56.27%	56.27%
<b>VISION</b>				
Employer %	100.00%	N/A	N/A	46.52%
Employee %	0.00%	N/A	N/A	53.48%

Enrollment Counts	Medical	Dental	Vision
US-Single	123	127	143
US-Employee + Spouse	5	5	
US-Employee + Child(ren)	42	28	
US-Family	22	24	96
MX-Single	1	0	
MX-Employee + Spouse	5	9	
MX-Employee + Child(ren)	10	16	
MX-Family	24	29	
	<b>232</b>	<b>238</b>	<b>239</b>

  

EAP Preferred Trust Expense	\$6,402.24		
Healthies You Trust Expense	\$23,040		
Short Term Disability w/Option 2	\$81,114.62		
Long Term Disability	\$6,430.00		
Basic Life Insurance	\$21,334.73		
<b>Total</b>	<b>\$138,321.59</b>		

### Current Premium Rates 07-01-2018 to 6-30-2019

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	\$ 636.67	\$ 78,310.41	\$ 78,310.41	\$ -	\$ 37.60	\$ 4,775.20	\$ 4,775.20	\$ -	\$ 10.70	\$ 1,530.10	\$ 1,530.10	\$ -
Medical, Dental & Vision	US & Mexico-Spouse Cost	\$ 1,321.22	\$ 6,606.10	\$ 5,107.84	\$ 1,498.26	\$ 75.19	\$ 375.95	\$ 164.37	\$ 211.58				
Medical, Dental & Vision	US & Mexico-Child(ren) Cost	\$ 1,321.22	\$ 55,491.24	\$ 42,905.83	\$ 12,585.41	\$ 75.19	\$ 2,105.32	\$ 920.45	\$ 1,184.87				
Medical, Dental & Vision	US & Mexico-Spouse & Child(ren) Cost	\$ 2,021.09	\$ 44,463.98	\$ 34,379.55	\$ 10,084.43	\$ 93.85	\$ 2,252.40	\$ 984.52	\$ 1,267.88	\$ 23.00	\$ 2,208.00	\$ 1,027.16	\$ 1,180.84
Medical, Dental & Vision	Mexico-Employee	\$ 232.00	\$ 232.00	\$ 232.00	\$ -	\$ 16.78	\$ -	\$ -	\$ -				
Medical, Dental & Vision	Mexico-Employee & Spouse	\$ 481.39	\$ 2,406.95	\$ 1,861.05	\$ 545.90	\$ 33.55	\$ 301.95	\$ 132.04	\$ 169.91				
Medical, Dental & Vision	Mexico-Employee & Children	\$ 481.39	\$ 4,813.90	\$ 3,722.11	\$ 1,091.79	\$ 33.55	\$ 536.80	\$ 234.74	\$ 302.06				
Medical, Dental & Vision	Mexico-Emp, Spouse & Child(ren) Cost	\$ 702.95	\$ 16,870.80	\$ 13,044.50	\$ 3,826.30	\$ 44.73	\$ 1,297.17	\$ 567.25	\$ 729.92				
	<b>Monthly Premium Totals</b>		<b>\$ 209,195.38</b>	<b>\$ 179,563.29</b>	<b>\$ 29,632.09</b>		<b>\$ 11,644.79</b>	<b>\$ 7,778.57</b>	<b>\$ 3,866.22</b>		<b>\$ 3,738.10</b>	<b>\$ 1,738.96</b>	<b>\$ 1,999.14</b>
	<b>Annual Premium Totals</b>		<b>\$ 2,510,344.56</b>	<b>\$ 2,154,759.44</b>	<b>\$ 355,585.12</b>		<b>\$ 139,737.48</b>	<b>\$ 93,342.88</b>	<b>\$ 46,394.60</b>		<b>\$ 44,857.20</b>	<b>\$ 20,867.57</b>	<b>\$ 23,989.63</b>
<b>Combined Monthly Total</b>		<b>\$ 224,578.27</b>											
<b>Employer Contribution Monthly</b>		<b>\$ 189,080.82</b>											
<b>Other</b>		<b>\$ 109,962.00</b>											
<b>Annual Total</b>		<b>\$ 2,804,901.24</b>											

Changes from Current:	
Dollar Change	
Percent Change	

Enrollment Counts	Medical	Dental	Healthiest You	Vision
US-Single	123	127	234	143
US-Employee + Spouse	5	5		
US-Employee + Child(ren)	42	28		
US-Family	22	24		96
MX-Single	1	0		
MX-Employee + Spouse	5	9		
MX-Employee + Child(ren)	10	16		
MX-Family	24	29		
	<b>232</b>	<b>238</b>		<b>239</b>

Healthiest You \$8.00 PEPM (240E)	\$23,040
Short Term Disability	\$59,157.73
Long Term Disability	\$6,430.00
Basic Life Insurance	\$21,334.73
<b>Total</b>	<b>\$109,962</b>

2018-2019 Contribution Assumptions				
MEDICAL	EE Only	EE/Spouse	EE/Children	Family
<b>US &amp; Mexico</b>				
Employer %	100.00%	77.32%	77.32%	77.32%
Employee %	0.00%	22.68%	22.68%	22.68%
<b>Mexico</b>				
Employer %	100.00%	77.32%	77.32%	77.32%
Employee %	0.00%	22.68%	22.68%	22.68%
<b>DENTAL</b>				
<b>US &amp; Mexico</b>				
Employer %	100.00%	43.72%	43.72%	43.71%
Employee %	0.00%	56.28%	56.28%	56.29%
<b>Mexico</b>				
Employer %	100.00%	43.73%	43.73%	43.73%
Employee %	0.00%	56.27%	56.27%	56.27%
<b>VISION</b>				
<b>US &amp; Mexico</b>				
Employer %	100.00%	N/A	N/A	46.52%
Employee %	0.00%	N/A	N/A	53.48%

**Contribution Comparison 2018-2019 - 2019 - 2020**

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

	Current Plan			Renewal Option			ER Difference Contribution	% Change
	2018-2019 Total Premium	2018-2019 ER Contribution	2018-2019 EE Contribution	2019-2020 Total Premium	2019-2020 ER Contribution	2019-2020 EE Contribution		
Medical (US & Mex)	\$ 2,510,344.56	\$ 2,154,759.44	\$ 355,585.12	\$ 2,510,344.56	\$ 2,154,688.09	\$ 355,656.47	\$ (71.35)	0.00%
Dental (US & Mex)	\$ 139,737.48	\$ 93,342.88	\$ 46,394.60	\$ 139,737.48	\$ 93,342.88	\$ 46,394.60	\$ -	0.00%
Vision	\$ 44,857.20	\$ 20,867.57	\$ 23,989.63	\$ 45,747.48	\$ 21,281.73	\$ 24,465.75	\$ 414.16	1.98%
Short Term Disability	\$59,157.73	\$ 59,157.73	\$ -	\$81,114.62	\$ 81,114.62	\$ -	\$ 21,956.89	37.12%
Long Term Disability	\$6,430.00	\$ 6,430.00	\$ -	\$6,430.00	\$ 6,430.00	\$ -	\$ -	0.00%
Basic Life	\$21,334.73	\$ 21,334.73	\$ -	\$21,334.73	\$ 21,334.73	\$ -	\$ -	0.00%
Transwestern (Not Included in Budget)	\$ 2,310.00	\$ -		\$2,316	\$ -			0.00%
<b>Total Budget Requirements</b>	<b>\$ 2,784,171.70</b>	<b>\$ 2,355,892.34</b>	<b>\$ 425,969.36</b>	<b>\$ 2,807,024.87</b>	<b>\$ 2,378,192.05</b>	<b>\$ 426,516.82</b>	<b>\$ 22,299.70</b>	<b>0.94%</b>

Premium Increases	\$	%
Medical Premium (US & Mexico)	\$0.00	0.00%
Dental Premium	\$0.00	0.00%
Life, STD, LTD Premium	\$21,956.89	25.26%

**Summary**

Medical	Increase in Total Premium	\$0.00
	Employer Portion	-\$71.35
	Employee Portion	\$71.35
Dental	Increase in Total Premium	\$0.00
	Employer Portion	\$0.00
	Employee Portion	\$0.00
Total Changes:	All Benefits	<b>\$22,853.17</b>
	ER	<b>\$22,299.70</b>
	EE	<b>\$547.47</b>