



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

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

| Plan Changes | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|--------------|--------------|-----------------------|
| Service Changes | Annual Premium 2015 | Annual Premium 2016 | Annual Premium 2017 | 2018 | 2019 | Rates % change |
| Stop Loss | \$432,036.36 | \$429,267.12 | \$434,847.36 | \$483,023.64 | \$437,532.72 | -10.46% |
| Mayo/EBSO Fees | | | | | | |
| 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 |
| Siarmed | | | | | | |
| 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% |
| Broker Fees | \$32.00 | \$33.50 | \$33.50 | \$35.00 | \$35.00 | 0.00% |
| BCBS Network Fees | \$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 | | |
|-----------------------|--------------------|------------------|-------------------|-------------------|------------------|-------------------|
| | February 1, 2018 | February 1, 2019 | Percentage Change | February 1, 2018 | February 1, 2019 | Percentage Change |
| US/Mexico | | | | | | |
| 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% |
| Mexico Only | | | | | | |
| 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% |
| Total | 222 | 232 | 4.50% | 223 | 223 | 0.00% |
| 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 6 Int'l/Sirius America | Option 7 Int'l/Sirius America | Option 8 Int'l/Sirius America | Option 9 Int'l/Sirius America | Option 10 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 | | 24/12 |
| Specific Coverage | | 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 |
| Lasered Individuals | | 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 |
| Aggregate Contract Basis | | Paid | | Paid | | Paid | | Paid | | 24/112 | | 24/112 | | 24/112 |
| Aggregate Run-In Limits | | N/A | | N/A | | N/A | | N/A | | N/A | | N/A | | N/A |
| Corridor | | 25% | | 25% | | 25% | | 25% | | 25% | | 25% | | 25% |
| STOP LOSS PREMIUM | | | | | | | | | | | | | | |
| Specific Premium | | | | | | | | | | | | | | |
| 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 | | | | |
| Projected Total Monthly Specific Premium | 232 | \$ 39,691.68 | \$ 39,691.68 | \$ 39,691.68 | \$ 31,170.04 | \$ 24,985.40 | 232 | \$ 35,644.42 | \$ 26,891.72 | \$ 20,753.72 | | | | |
| Aggregate Rate PEPM | 232 | \$ 3.62 | \$ 3.62 | \$ 3.62 | \$ 3.59 | \$ 3.65 | 232 | \$ 3.52 | \$ 3.75 | \$ 3.89 | | | | |
| Projected Monthly Aggregate Premium | | \$ 861.84 | \$ 839.84 | \$ 832.88 | \$ 846.80 | \$ 816.64 | | \$ 870.00 | \$ 902.48 | | | | | |
| TOTAL PROJECTED PREMIUM | | | | | | | | | | | | | | |
| Monthly | | \$ 40,553.52 | \$ 40,531.52 | \$ 32,002.92 | \$ 25,832.20 | \$ 36,461.06 | | \$ 27,761.72 | \$ 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 | | | | | |
| Percentage of increase over current | | | | -0.05% | -21.08% | -36.30% | | | -31.54% | -46.60% | | | | |
| MAXIMUM CLAIM FUNDING FACTORS | | | | | | | | | | | | | | |
| Employee | 124 | \$ 328.71 | \$ 318.84 | \$ 343.07 | \$ 358.69 | \$ 382.26 | 124 | \$ 405.94 | \$ 422.48 | | | | | |
| Employee + Spouse | 10 | \$ 816.84 | \$ 792.31 | \$ 852.52 | \$ 891.35 | \$ 827.15 | 10 | \$ 889.00 | \$ 925.21 | | | | | |
| Employee + Children | 52 | \$ 816.84 | \$ 794.31 | \$ 852.52 | \$ 892.35 | \$ 726.29 | 52 | \$ 771.28 | \$ 802.70 | | | | | |
| Employee + Spouse + Child(ren) | 46 | \$ 816.84 | \$ 794.31 | \$ 816.84 | \$ 816.84 | \$ 1,192.65 | 46 | \$ 1,266.52 | \$ 887.62 | | | | | |
| TOTAL PROJECTED MAXIMUM FUNDING | 232 | | | | | | 232 | | | | | | | |
| Monthly | | \$ 128,978.76 | \$ 125,301.64 | \$ 132,971.56 | \$ 137,367.90 | \$ 148,300.72 | | \$ 157,593.04 | \$ 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 | | | | | |
| Percentage of increase over current | | | | -2.85% | 3.10% | 6.50% | | 14.98% | 22.19% | 10.26% | | | | |
| PROJECTED ADMINISTRATION COSTS | | | | | | | | | | | | | | |
| TPA Claims Administration Fee - Mayo Health | 232 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | 232 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 | \$ 24.50 |
| Dental Claims Administration US Mayo Health | 238 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | 232 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 |
| ACA 1095/1094 Reporting | 268 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | 268 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 | \$ 3.00 |
| PPO Medical Access Fee - BCBS | 198 | \$ 16.00 | \$ 17.50 | \$ 17.50 | \$ 17.50 | \$ 17.50 | 198 | \$ 17.50 | \$ 17.50 | \$ 17.50 | \$ 17.50 | \$ 17.50 | \$ 17.50 | \$ 17.50 |
| Mexico Sijarmed/SSA Medical and Dental Claims Admin. | 238 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | 238 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 | \$ 4.25 |
| Total Monthly Administration | | \$ 11,381.50 | \$ 11,678.50 | \$ 11,678.50 | \$ 11,678.50 | \$ 11,678.50 | | \$ 11,660.50 | \$ 11,660.50 | \$ 11,660.50 | \$ 11,660.50 | \$ 11,660.50 | \$ 11,660.50 | \$ 11,660.50 |
| Total Annual Administration | | \$ 136,578.00 | \$ 140,142.00 | \$ 140,142.00 | \$ 140,142.00 | \$ 140,142.00 | | \$ 139,926.00 | \$ 139,926.00 | \$ 139,926.00 | \$ 139,926.00 | \$ 139,926.00 | \$ 139,926.00 | \$ 139,926.00 |
| Patient Centered Research Inst. (Est.) | 535 | \$ 1,278.65 | \$ 1,310.00 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | 535 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 |
| Total Annual ACA fees | 535 | \$ 1,278.65 | \$ 1,310.00 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | 535 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 | \$ 1,310.75 |
| Total Annual Administration Fees With Reinsurance & PPCORI | | \$ 137,856.65 | \$ 140,273.00 | \$ 141,452.75 | \$ 141,452.75 | \$ 141,236.75 | | \$ 141,236.75 | \$ 141,236.75 | \$ 141,236.75 | \$ 141,236.75 | \$ 141,236.75 | \$ 141,236.75 | \$ 141,236.75 |
| Percentage of Increase/Decrease Over Current | | | 1.8% | 2.6% | 2.6% | 2.5% | | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% |
| TOTAL PROJECTED PREMIUM, CLAIMS FUNDING & ADMINISTRATION COSTS | | | | | | | | | | | | | | |
| Monthly | | \$ 178,410.17 | \$ 180,804.52 | \$ 173,455.67 | \$ 167,284.95 | \$ 177,697.81 | | \$ 168,998.47 | \$ 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 | | | | | |
| Percentage of Increase Over Current | | | -0.50% | -0.92% | -1.92% | -0.40% | | -5.28% | -8.70% | | | | | |

- 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* |
|--------------------------|--------------------|--------------------|--------------------|
| Large Claims | \$50,000.00 | \$50,000.00 | \$75,000.00 |
| 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

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

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

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 |
|---------------------------|-----------------|-------------------|--------------------|
| | EE Total | | |
| ACA Reporting Fee | 238 | \$3.00 | \$9.25 |
| Set-up Fee | | | \$250.00 |
| Total Rate Monthly | | \$714.00 | \$2,201.50 |
| Total Annual Rates | | \$8,568.00 | \$26,418.00 |

US Mexico and Mexico Dental only Plans

| Dental Benefits | US/MX Coverage | | | Siarmed Mexico Coverage Current | Siarmed Mexico Coverage Renewal | |
|---|------------------|---------------------|---------------------|---------------------------------|---------------------------------|--------------------|
| | Present | Renewal | | No Out of Network Benefits | No Out of Network 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% | | \$20 Copay | \$20 Copay | |
| Major Services | 50% | 50% | | \$50 Copay | \$50 Copay | |
| Orthodontics | 50% | 50% | | 50% | 50% | |
| \$1,000 Lifetime Maximum | | | | | | |
| RX | <i>N/A</i> | <i>N/A</i> | | N/A | \$3/\$6 | |
| Rate Guarantee | 12 Months | 12 Months | | 12 Months | 12 Months | |
| RATES: | Four Tier | Four Tier | | Four Tier | Four Tier | |
| Employee | 127 | \$37.60 | \$37.60 | 0 | \$16.78 | \$16.78 |
| Employee&Spouse | 5 | \$75.19 | \$75.10 | 9 | \$33.55 | \$33.55 |
| Employee & Children | 28 | \$75.19 | \$75.19 | 16 | \$33.55 | \$33.55 |
| Family | 24 | \$93.85 | \$93.85 | 29 | \$44.73 | \$44.73 |
| Total Monthly Premium | 184 | \$9,508.87 | \$9,508.42 | 54 | \$2,135.92 | \$2,135.92 |
| Annual Premium | | \$114,106.44 | \$114,101.04 | | \$25,631.04 | \$25,631.04 |
| Annual Difference | | | 0.00% | | | 0.00% |

*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

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

| US Plan Medical | US Plan BCBS Present Plan | | US Plan BCBS Renewal Plan | |
|---|---------------------------|-----------------------|--------------------------------------|-----------------------|
| | In Network | Out of Network | In Network | Out of Network |
| Out of Pocket Maximums | | | | |
| Individual (In/Out) | \$5,500 | \$20,000 | \$5,500 | \$20,000 |
| Family (In/Out) | \$11,000 | \$40,000 | \$11,000 | \$40,000 |
| Deductible | | | | |
| Individual (In/Out) | \$750 | \$1,500 | \$750 | \$1,500 |
| Family (In/Out) | \$1,500 | \$3,000 | \$1,500 | \$3,000 |
| Coinsurance | 80% + deductible | 60% + deductible | 80% + deductible | 60% + deductible |
| Office Visit/Specialist | \$15 Copay | 60% + deductible | \$15 Copay | 60% + deductible |
| X-Ray and Lab's | | | | |
| Routine Labs - Primary/Specialist | \$15/\$25 Copay | 60% + deductible | \$15/\$25 Copay | 60% + deductible |
| Contracted Provider | 80% + deductible | 60% + deductible | \$15 Copay | 60% + deductible |
| Hospital and non-Contracted Provider | 80% + deductible | 60% + deductible | 80% + deductible | 60% + deductible |
| Complex Imaging MRI, CT, Pet Scan's etc | | | | |
| Contracted Provider | 80% + deductible | 60% + deductible | \$25 | 60% + deductible |
| Hospital and non-Contracted Provider | 80% + deductible | 60% + deductible | 80% + deductible | 60% + deductible |
| Rahabilitation 60 Visits | 80% + deductible | 60% + deductible | \$30 Copay | 60% + deductible |
| combined Physical, Speech, Occupational, Pulmonary, Cardiac, Chiropractic | | | | |
| Incentive Plan | | | | |
| Reimbursement Logging - Select Providers | N/A | N/A | Up to \$125 per night up to 4 nights | Not Covered |
| Hospital and Outpatient - Select Providers | N/A | N/A | 100% + deductible | Not Covered |
| 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% + deductible | 80% + deductible | 80% + deductible | 80% + deductible |
| Urgent Care | \$30 Copay | 60% + deductible | \$30 Copay | 60% + deductible |
| Hospital | 80% + deductible | 60% + deductible | 80% + deductible | 60% + deductible |
| Out Patient Surgery | 80% + deductible | 60% + deductible | 80% + deductible | 60% + deductible |
| Ambulance | 80% + deductible | 80% + deductible | 80% + deductible | 80% + deductible |
| Behavioral/Mental Health Services | | | | |
| Inpatient | 80% + deductible | 60% + deductible | 80% + deductible | 60% + deductible |
| Outpatient | \$15 Copay | 60% + deductible | \$15 Copay | 60% + deductible |
| Rate Guarantee Period | | 12 Months | | 12 Months |
| Annual Maximums | | Unlimited | | Unlimited |
| Network | | BCBS | | BCBS |
| Rates: | | Four Tier | | Four Tier |
| 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 |
| Monthly Premium | 192 | \$184,871.73 | | \$184,871.73 |
| Annual Premium | | \$2,218,460.76 | | \$2,218,460.76 |
| Percentage Change | | | | 0.00% |

*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 |
| Out of Pocket Maximums | | | | | |
| Individual (In/Out) | | \$6,250 | \$20,000 | \$6,250 | \$20,000 |
| Family (In/Out) | | \$12,500 | \$40,000 | \$12,500 | \$40,000 |
| Deductible | | | | | |
| Individual (In/Out) | | \$0 | \$0 | \$0 | \$0 |
| Family (In/Out) | | \$0 | \$0 | \$0 | \$0 |
| Coinsurance | | | | | |
| Office Visit/Specialist | | 100% | 50% | 100% | 50% |
| Diagnostic Labs | | \$5 Copay | 50% | \$5 Copay | 50% |
| Contracted Facilities | | \$10 Copay | 50% | \$10 Copay | 50% |
| Radiology (MRI, MRA, CT, PET) | | \$25 Copay | 50% | \$25 Copay | 50% |
| Preventative - Lab & Radiology | | \$5 Copay | 50% | \$5 Copay | 50% |
| Prescriptions | | | | | |
| Mail Order Pharmacy (90 Days) | | \$3/\$6 Copay | 50% | \$3/\$6 Copay | 50% |
| Emergency Room | | N/A | N/A | N/A | N/A |
| Urgent Care | | \$250 Copay | \$250 Copay | \$50 Copay | \$50 Copay |
| Hospital | | \$20 Copay | 50% | \$20 Copay | 50% |
| Out Patient Surgery | | \$50 Copay | 50% | \$50 Copay | 50% |
| Ambulance | | \$25 Copay | 50% | \$25 Copay | 50% |
| Behavioral/Mental Health Services | | N/A | 50% | N/A | 50% |
| Inpatient | | Not available | 50% | Not available | 50% |
| Outpatient | | \$5 Copay | 50% | \$5 Copay | 50% |
| Rate Guarantee Period | | 12 Months | | 12 Months | |
| Annual Maximums | | Unlimited Siarmed | | Unlimited Siarmed | |
| Network | | Four Tier | | Four Tier | |
| 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 | |
| Monthly Premium | 40 | \$24,323.65 | | \$24,323.65 | |
| Annual Premium | | \$291,883.80 | | \$291,883.80 | |
| Percentage Change | | | | 0.0% | |

*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 |
| Exam Copay | | \$10 | Up to \$50 | \$10 | Up to \$50 |
| Frames | | \$25 | Up to \$70 | \$25 | Up to \$70 |
| Contact Exam | | Up to \$60 | N/A | Up to \$60 | N/A |
| 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 | | 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 | |
| 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 | | | | 6/30/2023 | |
| RATES: | | Two Tier | | Two Tier | |
| Employee Only | 143 | \$10.70 | | \$10.91 | |
| Family | 96 | \$23.00 | | \$23.46 | |
| Total Monthly Premium | 239 | \$3,738.10 | | \$3,812.29 | |
| Annual Premium | | \$44,857.20 | | \$45,747.48 | |
| Percentage Change | | | | 1.98% | |

*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

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 |
| Estimated Annual Premium | | \$21,334.73 | |
| 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 |
| Estimated Annual Premium | | | \$6,430 |
| Salary | | | |
| 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 | |
| Volume | Rates per \$10 | Monthly Premium | Rates per \$10 | Monthly Premium | Rates per \$10 | Monthly Premium |
| \$116,544 | \$0.423 | \$4,929.81 | \$0.480 | \$5,594.11 | \$0.580 | \$6,759.55 |
| | Annual Premium | | Annual Premium | | Annual Premium | |
| | \$59,157.73 | | \$67,129.34 | | \$81,114.62 | |
| 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

Transwestern Mexico Voluntary Medical

| Product Description | | Current | Renewal |
|--------------------------|---|------------|------------|
| 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

| Benefit Type | Coverage | Premium | Employer Cost | Employee Cost | |
|---|--------------------------|--------------------------------------|--------------------------------------|----------------------|---------------------------|
| Which Benefit | Who's Covered | Monthly | Monthly | Monthly | Per Pay Check (24) |
| <u>Medical</u>– US & Mexico (Mayo/ BCBS) | 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 |
| <u>Medical</u>– Mexico Only | 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 |
| <u>Dental</u>– US & Mexico | 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 |
| <u>Dental</u> – Mexico Only (Siarmed) | 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 |
| VSP-Vision Service Plan | Employee Only | \$10.91 | \$10.91 | \$0.00 | \$0.00 |
| | Family | \$23.46 | \$10.91 | \$12.55 | \$6.28 |
| Healthiest You | Employee | \$8.00 | \$8.00 | \$0.00 | \$0.00 |
| | Family | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 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 | All Employees | \$2.28 | \$2.28 | \$0.00 | \$0.00 |