

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

	Current 2018-2019	Recommended Renewal 2019-2020
US Medical Plan Recommended Changes		
X-Ray and Lab's		
At Primary Care/Specialist	\$15/\$25 Copay	\$15/\$25 Copay
At Contracted Provider i.e. Sonora Quest and Lab Corp	20% + deductible	\$15 Copay
Complex Imaging - Mri, CT Pet Scan etc.		
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
Hospitalization		
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
No Changes		
Deductible		
In-Network Member	\$750	\$750
In-Network Family	\$1,500	\$1,500
No Changes		
Annual Out of Pocket Maximum		
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 Plan Changes - Incentive Plan for plan year 2019-2020

Incentive Plan	Recommended Change	
	Current 2018-2019	Renewal 2019-2020
US Medical Plan	Incentive Program	
Reimbursement for Incentive Program		
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
Hospitalization for Incentive Program		
Hospitalization and Out-patient	20% + deductible	0% + deductible
	Member pays	Member pays
X-Ray and Lab's		
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
At Contracted Provider i.e. Sonora Quest and Lab Corp	20% + deductible	\$15 Copay
At an hospital -	20% + deductible	20% + deductible
Complex Imaging - Mri, CT Pet Scan etc.		
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	20% + deductible
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

Mexico Dental Plan	Current	Recommended
	2018-2019	2019-2020
Mexico Dental Plan (As requested by Siarmed)		
Major Restorative Services Charges to the Trust		
D7472 Removal of Torum Palatinus	\$150	\$250
Maximum Out of Pocket (In Network)	\$150	\$250
D7485 Surgical Reduction of Osseous Tuberosity	\$150	\$250
Orthodontic		
D0340 Cephalometric Film	\$28	\$44
D3050 Panoramic Film	N/A	\$44
D0470 Diagnostic Cast	N/A	\$28
D8030 Limited Orthodontic Teatment of Adolescent Denition	N/A	\$500
D8670 Periodic Orhtodontic Treatment Visit Cast Part of Contra	N/a	\$500
Other Internal Changes		
Rx Copay - Charges to Employee		
RX Copay	N/A	\$3/\$6 Copay
Mexico Medical Plan Change		
Emergency Room - In and out of Network	\$250	\$50

City of San Luis Recommended

US Dental Plan Changes for 2019-2020

	Current	Recommended
	2018-2019	2019-2020

US Plan Changes

Plan document changes requested by EBSO

Major Restorative Services

Maximum Out of Pocket (In Network)	Plan current does not list	Add as listed
Routine Oral Exams - 2 times per Calendar Year		Add as listed
Office visits, during regular hours - problem focus exams 2 times per Calendar Year		Add as listed
Cleanings - 2 times per Calendar Year		Add as listed
Flouride treatments - limited to children under age 16 and 1 treatment per Calendar Year.		Add as listed
Sealants - limited to unrestored permanent molars of plan members age 16 years of age and to one treatment per tooth in any 36 Consecutive months.		Add as listed
Dental Xrays - full mouth or panoramic - limited to once in any 36 consecutive month period.		Add as listed
Bitewings films, maximum of 4 films per visit - limited to 2 sets of Xrays per Calendar year.		Add as listed
Vertical bitewing Xrays - limited to 1 set every 3 years		
Surgical Periodontics add language to the plan to match the copay sheet	Plan says non-surgical	Add language to plan to allow
Onlays	Not listed as covered	Add language to plan to allow
Root Canal Therapy	Listed under Basic services	Change to major services
Surgical Procedures	Listed as not covered	Update to match fee schedule
Reline/Rebase	Listed under Basic services	Change to major services
Dentures - add language to the plan document for Complete		
Dentures - add language to the plan document for limits		
D5110 - complete denture upper	Listed under major	add limitation once every 5 yrs
D5120 - complete denture lower	Listed under major	add limitation once every 5 yrs
D5130 - immediate upper denture	Listed under major	add limitation lifetime benefit
D5140 - immediate lower denture	Listed under major	add limitation lifetime benefit

Any other updates needed to match the Mexico plan

as plan document states if not listed as a covered expense, then it is not covered.

EBSO can provide sample language to better define covered expenses as listed in the plan.

The more information that is listed in the plan document eliminates confusion and errors.

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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						

The present contract runs to 7/1/2021

Rates are for 7/1/2019

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