



Management Meeting

Renewal Presentation

For July 1, 2020 to June 30, 2021

Presented by Susan Posada



City of San Luis Recommended Plan Changes for plan year 2020-2021

Recommended		
Changes require Trust approval for Medical, Dental and Healthiest You Plan Changes	Current Plan	Renewal Plan
	2019-2020	2020-2021
US Medical Plan Recommended Changes - from Win-Win to Esurgeries		
	Win-Win Present Plan	Esurgeries
Change - Replace Win-Win with Esurgeries		
X-ray's and Lab's		
At Primary Care Provider	\$15 Copay	\$0 Copay
At Secondary Care Provider	\$25 Copay	\$0 Copay
At Stand-alone Provider	\$15 Copay	\$0 Copay
At Hospital - X-ray and Lab's	20% + deductible	20% + deductible
Complex Imaging - MRI, CT Pet Scan etc.		
At Contracted Provider i.e. Sonora Quest and Lab Corp	\$25 Copay	\$0 Copay
At a hospital - Complex, MRI, CT and Pet Scan	20% + deductible	20% + deductible
Hospital and Out-patient Surgery With Esurgeries		
Hospitalization	20% + deductible	\$0 deductible Waived
		\$0 Coinsurance
Out-Patient Surgery	20% + deductible	\$0 deductible Waived
		\$0 Coinsurance
Precertification		
CT Scans, PetScans & MRI's	None	Required
Special Services such as acupuncture, podiatry & TMJ	Required	Required
Out-patient surgeries	Required	Required
Reimbursements for travel for Lodging		
In-Patient - Lodging Reimbursement	Up to \$125 per night up to 4 nights	None
Out-Patient - Lodging Reimbursement	Up to \$125 per night up to 4 nights	None
Maximum Out-of-Pocket (In Network)	\$5,500 plus lodging reimbursement	None
Hospital and Outpatient Surgery	0% + deductible	None
US Medical Plan Recommended Changes		
Out of Network Out of Pocket		
Out-pocket for Out of Network Only (Individual/Family)	\$5,500/\$11,000	\$4,500/\$9,000
Out-pocket for Out of Network Only	40%	50% Coinsurance
The change is to mirror the Mexico Plan which is 50%		
Specialty Medications		
Allow for Out of Country Specialty Medications	N/A	Allow

	Current Plan 2019-2020	Renewal Plan 2020-2021
US Dental		
Dental Carry-over - In-Network Only		
Calendar Year Benefits	\$2,000 per calendar year	\$2,000 +\$250 per calendar year
Does not apply to Orttto Max of \$2,000		
The carry over is allowed if the member does not exceed 75% of the benefit in the calendar year		
Does not apply to Orttto Max of \$2,000		
Mexico Medical Plan		
Mexico In Network Out of Pocket		
Out of Pocket In Network Only (Individual/Family)	\$6,250/\$12,500	\$4,500/\$9,000
Mexico Out of Network		
	Covered	Change to Emergency Services Only
Out of Network - Emergency Services	\$150 Copay	\$150 Copay
Out of Network - Allow other services	50%	None
Pharmacy - RX copay's	\$3/\$6	\$2/\$5
Mexico Dental		
Mexico Dental Plan		
	5	\$1,000 per calendar year
Preventative Copay	\$10 Copay	\$0 Copay
Basic Services Copay	\$20 Copay	\$5 Copay
Major Services Copay	\$20 Copay	\$10 Copay
The carry over is allowed if the member does not exceed 75% of the benefit in the calendar year		
Does not apply to Orttto Max of \$1000		
Siarmed Agreemnt renewal for 7/1/2020 to 7/1/2023		
	N/A	No Change
Wellness and Biometrics		
Wellness and Biometrics add to Budget	N/A	No Change
Welnness \$10,000 and Biometrics	N/A	\$18,000
Vision Plan - Frame Only	\$130 Allowance	\$150 Allowance

Vision Renewal Rates	Vision Service Plan		Vision Service Plan	
	Current		Renewal	
	In Network	Out of Network	In Network	Out of Network
Exam Copay	\$10	N/A	\$10	N/A
Frame Copay	\$25	N/A	\$25	N/A
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
Frame Allowance	\$130	Up to \$70	\$150	Up to \$70
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 \$105	\$130	Up to \$130
LASIK Benefit	Up to 15% Discount	N/A	Up to 15% Discount	N/A
Coverage for Dependents		Up to 26		Up to 26
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		7/1/2023		7/1/2023
RATES:		Two Tier		Two Tier
Employee Only	149	\$10.91		\$11.29
Family	103	\$23.46		\$24.26
Total Monthly Premium	252	\$4,041.97		\$4,180.99
Annual Premium		\$48,503.64		\$50,171.88
Percentage Change				3.44%
				Savings \$1,667..36

*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

Renews 7/1/2023

Contribution Comparison 2019-2020 - 2020 - 2021

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

	Current Plan			Renewal Option			ER Difference Contribution	% Change
	2019-2020 Total Premium	2019-2020 ER Contribution	2019-2020 EE Contribution	2020-2021 Total Premium	2020-2021 ER Contribution	2020-2021 EE Contribution		
Medical (US & Mex)	\$ 2,715,633.72	\$ 2,344,840.19	\$ 370,793.53	\$ 2,579,858.88	\$ 2,227,604.80	\$ 352,254.08	\$(117,235.38)	-5.00%
Dental (US & Mex)	\$ 148,723.68	\$ 100,432.22	\$ 48,291.46	\$ 144,255.12	\$ 97,414.40	\$ 46,840.72	\$ (3,017.82)	-3.00%
Vision	\$ 47,559.60	\$ 22,124.73	\$ 25,434.87	\$ 50,171.88	\$ 23,339.96	\$ 26,831.92	\$ 1,215.23	5.49%
Short Term Disability	\$ 81,114.62	\$ 81,114.62	\$ -	\$ 81,114.62	\$ 81,114.62	\$ -	\$ -	0.00%
Long Term Disability	\$ 6,430.00	\$ 6,430.00	\$ -	\$ 6,430.00	\$ 6,430.00	\$ -	\$ -	0.00%
Basic Life	\$ 19,004.76	\$ 19,004.76	\$ -	\$ 19,004.76	\$ 19,004.76	\$ -	\$ -	0.00%
Healthiestyou	\$ 24,576.00	\$ 24,576.00		\$ 24,576.00	\$ -			0.00%
EAP Preferred	\$ 7,004.16	\$ 7,004.16		\$ 7,004.16				
Total Budget Requirements	\$ 3,050,046.54	\$ 2,605,526.67	\$ 444,519.87	\$ 2,905,411.26	\$ 2,454,908.54	\$ 425,926.72	\$(119,037.97)	-6.14%

Premium Increases	\$	%
Medical Premium (US & Mexico)	-\$135,774.84	-5.00%
Dental Premium	-\$4,468.56	-3.00%
Life, STD, LTD Premium	\$0.00	0.00%

Summary

Medical	Increase in Total Premium	-\$135,774.84
	Employer Portion	-\$117,235.38
	Employee Portion	-\$18,539.46
Dental	Increase in Total Premium	-\$4,468.56
	Employer Portion	-\$3,017.82
	Employee Portion	-\$1,450.74
Total Changes:	All Benefits	-\$144,635.28
	ER	-\$150,618.13
	EE	-\$18,593.15

Employer & Employee Contribution Calculations - Renewal Plan Medical, dental and vision

Proposed rates for 7/1/2020 - 6/30/2021

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	\$ 604.84	\$ 84,677.60	\$ 84,677.60	\$ -	\$ 36.47	\$ 5,069.33	\$ 5,069.33	\$ -	\$ 11.29	\$ 1,682.21	\$ 1,682.21	\$ -
Medical, Dental & Vision	US & Mexico-Spouse Cost	\$ 1,255.16	\$ 8,786.12	\$ 6,793.43	\$ 1,992.69	\$ 72.93	\$ 218.79	\$ 95.65	\$ 123.14				
Medical, Dental & Vision	US & Mexico-Child(ren) Cost	\$ 1,255.16	\$ 52,716.72	\$ 40,760.57	\$ 11,956.15	\$ 72.93	\$ 2,260.83	\$ 988.43	\$ 1,272.40				
Medical, Dental & Vision	US & Mexico-Spouse & Child(ren) Cost	\$ 1,920.04	\$ 44,160.92	\$ 34,145.22	\$ 10,015.70	\$ 91.03	\$ 2,275.75	\$ 994.73	\$ 1,281.02	\$ 24.26	\$ 2,498.78	\$ 1,162.43	\$ 1,336.35
Medical, Dental & Vision	Mexico-Employee	\$ 220.40	\$ 881.60	\$ 881.60	\$ -	\$ 16.28	\$ 16.28	\$ 16.28	\$ -				
Medical, Dental & Vision	Mexico-Employee & Spouse	\$ 457.32	\$ 2,743.92	\$ 2,121.60	\$ 622.32	\$ 32.54	\$ 390.48	\$ 170.76	\$ 219.72				
Medical, Dental & Vision	Mexico-Employee & Children	\$ 457.32	\$ 3,658.56	\$ 2,828.80	\$ 829.76	\$ 32.54	\$ 488.10	\$ 213.45	\$ 274.65				
Medical, Dental & Vision	Mexico-Emp, Spouse & Child(ren) Cost	\$ 667.80	\$ 17,362.80	\$ 13,424.92	\$ 3,937.88	\$ 43.39	\$ 1,301.70	\$ 569.23	\$ 732.47				
	Monthly Premium Totals		\$ 214,988.24	\$ 185,633.73	\$ 29,354.51		\$ 12,021.26	\$ 8,117.87	\$ 3,903.39		\$ 4,180.99	\$ 1,945.00	\$ 2,235.99
	Annual Premium Totals		\$ 2,579,858.88	\$ 2,227,604.80	\$ 352,254.08		\$ 144,255.12	\$ 97,414.40	\$ 46,840.72		\$ 50,171.88	\$ 23,339.96	\$ 26,831.92
Combined Monthly Total		\$ 231,190.49											
Employer Contribution Monthly				\$ 195,696.60									
Other Expenses					\$ 138,129.54								
Annual Total					\$ 2,912,415.42								
	Changes from Current:												
	Dollar Change				(\$185,190.72)								
	Percent Change				-5.98%								

2020-2021 Contribution Assumptions					
	MEDICAL	EE Only	EE/Spouse	EE/Children	Family
US & Mexico					
Employer %	100.00%	77.32%	77.32%	77.32%	77.32%
Employee %	0.00%	22.68%	22.68%	22.68%	22.68%
Mexico					
Employer %	100.00%	77.32%	77.32%	77.32%	77.32%
Employee %	0.00%	22.68%	22.68%	22.68%	22.68%
DENTAL					
US & Mexico					
Employer %	100.00%	43.72%	43.72%	43.72%	43.71%
Employee %	0.00%	56.28%	56.28%	56.28%	56.29%
Mexico					
Employer %	100.00%	43.73%	43.73%	43.73%	43.73%
Employee %	0.00%	56.27%	56.27%	56.27%	56.27%
VISION					
Employer %	100.00%	N/A	N/A	N/A	46.52%
Employee %	0.00%	N/A	N/A	N/A	53.48%

	Enrollment Counts	Medical	Dental	Healthiest You	Vision
	US-Single	140	139	256	149
	US-Employee + Spouse	7	3		
	US-Employee + Child(ren)	42	31		
	US-Family	23	25		103
	MX-Single	4	1		
	MX-Employee + Spouse	6	12		
	MX-Employee + Child(ren)	8	15		
	MX-Family	26	30		
		256	256	256	252
EAP		\$ 7,004.16			
Healthiest You \$8.00 PEPM (256EE'S)		\$ 24,576.00			
Short Term Disability		\$ 81,114.62			
Long Term Disability		\$ 6,430.00			
Basic Life Insurance		\$ 19,004.76			
	Total		\$138,129.54		

Current Premium Rates 07-01-2019 to 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	\$ 89,133.80	\$ 89,133.80	\$ -	\$ 37.60	\$ 5,226.40	\$ 5,226.40	\$ -	\$ 10.70	\$ 1,594.30	\$ 1,594.30	\$ -
Medical, Dental & Vision	US & Mexico-Spouse Cost	\$ 1,321.22	\$ 9,248.54	\$ 7,150.97	\$ 2,097.57	\$ 75.19	\$ 225.57	\$ 98.62	\$ 126.95				
Medical, Dental & Vision	US & Mexico-Child(ren) Cost	\$ 1,321.22	\$ 55,491.24	\$ 42,905.83	\$ 12,585.41	\$ 75.19	\$ 2,330.89	\$ 1,019.07	\$ 1,311.82				
Medical, Dental & Vision	US & Mexico-Spouse & Child(ren) Cost	\$ 2,021.09	\$ 46,485.07	\$ 35,942.26	\$ 10,542.81	\$ 93.85	\$ 2,346.25	\$ 1,025.55	\$ 1,320.70	\$ 23.00	\$ 2,369.00	\$ 1,102.06	\$ 1,266.94
Medical, Dental & Vision	Mexico-Employee	\$ 232.00	\$ 928.00	\$ 928.00	\$ -	\$ 16.78	\$ 16.78	\$ 16.78	\$ -				
Medical, Dental & Vision	Mexico-Employee & Spouse	\$ 481.39	\$ 2,888.34	\$ 2,233.26	\$ 655.08	\$ 33.55	\$ 402.60	\$ 176.06	\$ 226.54				
Medical, Dental & Vision	Mexico-Employee & Children	\$ 481.39	\$ 3,851.12	\$ 2,977.69	\$ 873.43	\$ 33.55	\$ 503.25	\$ 220.07	\$ 283.18				
Medical, Dental & Vision	Mexico-Emp, Spouse & Child(ren) Cost	\$ 702.95	\$ 18,276.70	\$ 14,131.54	\$ 4,145.16	\$ 44.73	\$ 1,341.90	\$ 586.81	\$ 755.09				
	Monthly Premium Totals		\$ 226,302.81	\$ 195,403.35	\$ 30,899.46		\$ 12,393.64	\$ 8,369.35	\$ 4,024.29		\$ 3,963.30	\$ 1,843.73	\$ 2,119.57
	Annual Premium Totals		\$ 2,715,633.72	\$ 2,344,840.19	\$ 370,793.53		\$ 148,723.68	\$100,432.22	\$ 48,291.46		\$ 47,559.60	\$ 22,124.73	\$ 25,434.87
Combined Monthly Total			\$ 242,659.75										
Employer Contribution Monthly			\$ 205,616.43										
Other (see below)			\$ 138,129.54										
Annual Total			\$ 3,097,606.14										

Changes from Current:	
Dollar Change	
Percent Change	

Enrollment Counts	Medical	Dental	Healthiest You	Vision
US-Single	140	139	256	149
US-Employee + Spouse	7	3		
US-Employee + Child(ren)	42	31		
US-Family	23	25		103
MX-Single	4	1		
MX-Employee + Spouse	6	12		
MX-Employee + Child(ren)	8	15		
MX-Family	26	30		
	256	256	256	252

EAP	\$ 7,004.16	
Healthiest You \$8.00 PEPM (256EE's)	\$ 24,576.00	
Short Term Disability	\$ 81,114.62	
Long Term Disability	\$ 6,430.00	
Basic Life Insurance	\$ 19,004.76	
Total	\$ 138,129.54	

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

Contributions for 2020 - 2021

Benefit Type	Coverage	Premium	Employer Cost	Employee Cost	
Which Benefit	Who's Covered	Monthly	Monthly	Monthly	Per Pay Check (24)
Medical– US & Mexico (EBSO/ BCBS)	Employee Only	\$604.84	\$604.84	\$0.00	\$0.00
	Employee & Spouse	\$1,255.16	\$970.49	\$284.67	\$142.34
	Employee & Child(ren)	\$1,255.16	\$970.49	\$284.67	\$142.34
	Family	\$1,920.04	\$1,484.57	\$435.47	\$217.73
Medical– Mexico Only	Employee Only	\$220.40	\$220.40	\$0.00	\$0.00
	Employee & Spouse	\$457.32	\$353.60	\$103.72	\$51.86
	Employee & Child(ren)	\$457.32	\$353.60	\$103.72	\$51.86
	Family	\$667.80	\$516.34	\$151.46	\$75.73
Dental– US & Mexico	Employee Only	\$36.47	\$36.47	\$0.00	\$0.00
	Employee & Spouse	\$72.93	\$31.88	\$41.05	\$20.52
	Employee & Child(ren)	\$72.93	\$31.88	\$41.05	\$20.52
	Family	\$91.03	\$39.80	\$51.23	\$25.62
Dental– Mexico Only (Siarmed)	Employee Only	\$16.28	\$16.28	\$0.00	\$0.00
	Employee & Spouse	\$32.54	\$14.23	\$18.31	\$9.16
	Employee & Child(ren)	\$32.54	\$14.23	\$18.31	\$9.16
	Family	\$43.39	\$18.97	\$24.42	\$12.21
VSP-Vision Service Plan	Employee Only	\$11.29	\$11.29	\$0.00	\$0.00
	Family	\$24.26	\$11.29	\$12.97	\$6.49
Healthiest You	Employee	\$8.00	\$8.00	\$0.00	\$0.00
	Family	\$0.00	\$0.00	\$0.00	\$0.00
Standard Short-term Disability	All Employees	\$ 0.58 per \$10 of annual salary	\$ 0.58 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	Family	\$96.75	\$0.00	\$96.75	\$48.38
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

Contributions for 2019 - 2020

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	\$636.67	\$636.67	\$0.00	\$0.00
	Employee & Spouse	\$1,321.22	\$1,021.62	\$299.60	\$149.80
	Employee & Child(ren)	\$1,321.22	\$1,021.62	\$299.60	\$149.80
	Family	\$2,021.09	\$1,562.79	\$458.30	\$229.15
Medical– Mexico Only	Employee Only	\$232.00	\$232.00	\$0.00	\$0.00
	Employee & Spouse	\$481.39	\$372.23	\$109.16	\$54.58
	Employee & Child(ren)	\$481.39	\$372.23	\$109.16	\$54.58
	Family	\$702.95	\$543.55	\$159.40	\$79.70
Dental– 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	\$41.02	\$52.83	\$26.42
Dental – 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	\$ 0.58 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	Family	\$96.50	\$0.00	\$96.50	\$48.25
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