	CITY OF COFFEYVILLE **BOARD OF COMMISSIONERS AGENDA ITEM**	
MEETING DATE	March 25, 2014	
RESOLUTION OR ORDINANCE NUMBER	R-14-19	
AGENDA TITLE	**A RESOLUTION TO AUTHORIZE THE EXECUTION OF AN AGREEMENT FOR SPECIFIC STOP-LOSS INSURANCE, AGGREGATE STOP-LOSS INSURANCE, BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE AND THIRD PARTY ADMINISTRATIVE SERVICES FOR THE CITY'S FY 2015 (4-1-2014 TO 3-31-2015) PARTIALLY SELF-FUNDED HEALTH INSURANCE COVERAGE.**	
REQUESTING DEPARTMENT	Finance Department	
PRESENTER	Stephanie A. Richardson, Finance Director	
FISCAL INFORMATION	Cost as recommended:	Maximum Exposure = $2,324,943.37
	Budget Line Item:	350-5-716-310 350-5-718-310
	Balance Available	
	New Appropriation Required:	[X] Yes [ ] No
PURPOSE	Approve agreements for Health and Life/Accidental Death & Dismemberment (AD&D) Insurance coverage for city and library employees.	

BACKGROUND	The City of Coffeyville health insurance plan is a self-funded plan which provides more potential cost savings, plan control and plan design flexibility. The plan is funded by deposits made into the city's Risk Management Fund (350) by the city in an amount negotiated with the city's bargaining units as well as monthly premiums paid by each participating employee. Since 2009, the negotiated city share has been $9,000 per budgeted employee. Self-funded plans differ from fully-funded insurance plans in that plan years where claim expenditures are less than the city and employees contributions the plan gets to retain the extra funds and carry that forward into the next plan year to help offset cost increases. With a fully funded plan, the insurance carrier collects all of the premiums and if the plan has a good year the insurance carrier benefits from those remaining dollars. Through 2010 the city benefitted from being self-funded and was able to carry forward a reserve balance to help offset any insurance cost increases. Starting in 2010, the city used those reserves to offset increases in employee premiums while maintaining its budgeted allocation at $9,000 per budgeted employee. Unfortunately the city is no longer able to continue this practice. Since the inception of the Affordable Care Act, the city has been able to maintain our grandfathered status allowing us to exempt ourselves from some of the requirements of this Act. Our group has been successful at maintaining the grandfathered status and has worked hard to keep this status moving forward. One trigger for losing this status is if employee premiums are increased greater than 5% since the inception of the Affordable Care Act. With current employee premiums at $40 per individual and $158 per family premiums could go no higher than $42 and $165.90, respectively for individuals and families. This would leave a projected unfunded balance of $421,481 if the current plan were renewed. Knowing that was not an acceptable option, the city's health insurance committee met and discussed the renewal quote along with the possibility of taking the plan out for bid with other carriers. The committee requested bids from two consulting firms to bid the health insurance premiums for the upcoming policy year and selected Charlesworth and Associates to take our policy to the market to determine what types of plans and pricing structures would be offered by other carriers. Charlesworth & Associates received quotes from Blue Cross Blue Shield, Aetna and Cigna. Upon review of each quotes details, it was determined that Blue Cross Blue Shield would still be the most cost efficient option for the city and its

	employees. Blue Cross Blue Shield provided several renewal options which are shown on the attached Exhibit 1. The renewal option selected by the health insurance committee is a non-grandfathered plan which increases the coinsurance amounts from $2,000/$4,000 to $3,000/$6,000. A summary of the plan designs offered and the benefit comparisons are included on the attached Exhibit 2. This plan design change will shift more costs to the employees but will remain a shared pay plan design. Our plan will now fall under the guidelines of the Affordable Care Act therefore eligible preventative services will now be covered at 100%.
SPECIAL NOTES	The City of Coffeyville health insurance policy covers city employees as well as employees of the Coffeyville Public Library. The library and their employees pay 100% of the premiums for those participating in the city's plan. By participating with the city, they become part of a larger group and can therefore obtain somewhat lower premiums for their employees.
ANALYSIS	In 2008 the City raised its contribution from $8500 to $9000 per budgeted employee. The City's budgeted expenses have not gone up since 2009. Because the employees' rate of contribution is increasing significantly, staff recommends the city also raise its rate of contribution, going from $9000 to $9500 per budgeted employee. Staff further recommends that where possible and appropriate, such funding be provided by the enterprise funds in which employees work. In order to provide funding for general fund employees, staff recommends that a portion of street maintenance costs currently funded by the general fund be reallocated, with such expenses instead being coded to the street sales tax. Such a change in coding is entirely appropriate and from a budgetary standpoint would provide a more accurate accounting of where the City's revenues are spent. Staff recognizes that the increases proposed will have a detrimental effect on employees' household incomes. In hindsight staff also recognizes that such plan changes should have occurred in 2010 or 2011 thus minimizing the impact the lack of changes would have had on reserve fund balances and spreading out the impact to employees over 3 to 4 years. Unfortunately such measures were not taken at that time. While the attached spreadsheet reflects a potential unfunded balance of approximately $161,000, the City's claims have traditionally been about $200,000 per year less than projected by Blue Cross Blue Shield. The Committee feels confident that the City will not reach the projected year-end claims totals. Staff will

	monitor claims on a monthly basis, provide educational materials regarding consumerism in health care, and make quarterly recommendations regarding premium adjustments if needed.
PUBLIC INFORMATION PROCESS	N/A
BOARD OR COMMISSION RECOMMENDATION	N/A
STAFF RECOMMENDATION	Staff recommends adoption of the resolution.
REFERENCE DOCUMENTS ATTACHED	Exhibit 1: Health Care Insurance Analysis Spreadsheet Exhibit 2: Employee Benefit Comparison

RESOLUTION NO. R-14-19

A RESOLUTION TO AUTHORIZE THE EXECUTION OF AN AGREEMENT FOR SPECIFIC STOP-LOSS INSURANCE, AGGREGATE STOP-LOSS INSURANCE, BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE AND THIRD PARTY ADMINISTRATIVE SERVICES FOR THE CITY'S FY 2015 (4-1-2014 TO 3-31-2015) PARTIALLY SELF-FUNDED HEALTH INSURANCE COVERAGE, AND THE EXECUTION OF ADDENDUMS TO MEMORANDUMS OF AGREEMENTS WITH COLLECTIVE BARGAINING UNITS.

BE IT RESOLVED, by the Board of Commissioners of the City of Coffeyville, Kansas, that the Mayor be and is hereby authorized and directed as follows:

1. To execute an agreement with Blue Cross Blue Shield of Kansas for specific stop-loss insurance, aggregate stop-loss insurance and third party administrative services for the City's FY 2015 (4-1-2014 to 3-31-2015) partially self-funded health insurance coverage.

   a. Specific/individual stop-loss (excess loss) insurance.

      - Benefits covered include medical, dental and prescription drugs.
      - $50,000 deductible for each person.
      - Pays 100% of covered expenses in excess of the deductible.
      - Coverage on an incurred in 12 months basis.
      - Based on an estimated enrollment of 49 single/115 family coverages.

   b. Aggregate stop-loss (excess loss) insurance.

      - Benefits covered include medical, dental and prescription drugs.
      - Blue Cross Blue Shield pays 100% of covered expenses in excess of the aggregate attachment point.
      - Coverage on an incurred in 12 months basis.
      - Based on an enrollment of 49 single/115 family coverages.
      - The estimated annual aggregate attachment point is $1,827,629.70.
        - The annual aggregate attachment point will be increased/decreased monthly for each additional single enrollee by $486.71.
        - The annual aggregate attachment point will be increased/decreased monthly for each additional family enrollee by $1,116.99.

Estimated cost of specific/individual & aggregate stop-loss (excess-loss) insurance.

	Number	*Monthly Rate*	*Yearly Total*
Individual enrollees	*49*	*$111.66*	*$65,656.08*
Family enrollees	*115*	*$258.85*	*357,213.00*
Subtotal			*$422,869.08*

c. Administrative Services

3.19% of Claims

Maximum Cost for Claims Administration

Aggregate Attachment Point	*$1,827,629.70*
Rate	*3.19%*
Maximum Claims Administration Fee	*$58,301.39*

c. Affordable Care Act Fees

Affordable Care Act – Reinsurance Assessment Fee	*$ 10,332.00*
Affordable Care Act – Research Trust Fund	*449.00*
Total Affordable Care Act Fees	*$10,781.00*

2. To execute an agreement with Advance Insurance Company for basic life and accidental death and dismemberment (AD&D) insurance at the rate of $2.70 per month for each $10,000 of coverage for the City's FY 2015 (4-1-2014 to 3-31-2015) basic life and AD&D insurance coverage.

FY 2015 estimated expense.	
Estimated amount of life insurance coverage.	*$1,655,000.00*
Estimated cost of life insurance coverage.	*5,362.20*

Summary recap of estimated FY 2015 self-funded health insurance coverage maximum cost.

Estimated Annual Cost	
Specific & Aggregate Stop-Loss	*$422,869.08*
Administrative Services	58,301.39
Affordable Care Act Fees	*10,781.00*
Aggregate Attachment Point	*1,827,629.70*
Subtotal	*$2,319,581.17*
Life and Accidental Death and Dismemberment	*5,362.20*
Total	*$2,324,943.37*

3. To execute addendums to Memorandums of Agreement with the city's collective bargaining units amending the city contribution from $9,000 to $9,500.

ADOPTED THIS 25TH DAY OF MARCH, 2014.

_____
David George, Mayor

ATTEST:

_____
Cindy Price, City Clerk

APPROVED AS TO FORM AND LEGALITY:

_____
Paul Kritz, City Attorney

EXHIBIT 1

	A B C D E	L	M	Q	R	S	T	U	V
1	***City of Coffeyville***								
2	**Self Funded Health Care Insurance Analysis**								
3	**Enrollment Adjusted For Comparative Purposes**								
4									
5		***CURRENT YEAR***							
6									
7				**$2000/$4000 Share Plan**		**$2000/$4000 Share Plan**		**$3000/$6000 Share Plan**	
8		**BCBS**		**BCBS**		**BCBS**		**BCBS**	
9		**GRANDFATHERED PLAN**		**GRANDFATHERED PLAN**		**NON-GRANDFATHERED PLAN - ONE PLAN**		**NON-GRANDFATHERED PLAN - ONE PLAN**	
10		***Dental - $1,500 Max***		***Dental - $1,500 Max***		***Dental - $1,500 Max***		***Dental - $1,500 Max***	
11		**12 Incurred Policy**		**12 Incurred Policy**		**12 Incurred Policy**		**12 Incurred Policy**	
12		**$50,000 Stop Loss - 125% ASL**		**$50,000 Stop Loss - 125% ASL**		**$50,000 Stop Loss - 125% ASL**		**$50,000 Stop Loss - 125% ASL**	
13		**4/1/2013 - 3/31/2014**		**4/1/2014 - 3/31/2015**		**4/1/2014 - 3/31/2015**		**4/1/2014 - 3/31/2015**	
14	**ADJUSTED ENROLLMENT**								
15	**(1) Single**								
16	City Employees - Plan 1	40		40		41		41	
17	City Employees - Plan 2	1		1		-		-	
18	Other Insureds - Plan 1	8		8		8		8	
19	Other Insureds - Plan 2	-		-		-		-	
20	COBRA - Plan 1	-		-		-		-	
21	COBRA - Plan 2	-		-		-		-	
22	Subtotal	49		49		49		49	
23									
24	**(2) Family**								
25	City Employees - Plan 1	110		110		112		112	
26	City Employees - Plan 2	2		2		-		-	
27	Other Insureds - Plan 1	3		3		3		3	
28	Other Insureds - Plan 2	-		-		-		-	
29	COBRA - Plan 1	-		-		-		-	
30	COBRA - Plan 2	-		-		-		-	
31	Subtotal	115		115		115		115	
32									
33	**City Enrollment**	153		153		153		153	
34	**Other Insureds**	11		11		11		11	
35	**Other Insureds - COBRA**	-		-		-		-	
36	**TOTAL ENROLLMENT**	**164**		**164**		**164**		**164**	
37									
38	**City Enrollment**	441		441		441		441	
39	**Other Insureds**	7		7		7		7	
40	**Other Insureds - COBRA**	1		1		1		1	
41	**TOTAL COVERED LIVES**	**449**		**449**		**449**		**449**	
42									
43									
44	**I. STOP LOSS & ADMINISTRATIVE COSTS**								
45	**A.** Specific Stop Loss	$ 50,000.00		$ 50,000.00		$ 50,000.00		$ 50,000.00	
46		Medical, Dental & RX		Medical, Dental & RX		Medical, Dental & RX		Medical, Dental & RX	
47	Employee Only								
48	Monthly Charge per Unit	110.22		111.66		111.66		111.66	
49	Annualized Cost	64,809.36		65,656.08		65,656.08		65,656.08	
50									
51	Family								
52	Monthly Charge per Unit	253.79		258.85		258.85		258.85	
53	Annualized Cost	350,230.20		357,213.00		357,213.00		357,213.00	
54									
55	**TOTAL SPECIFIC STOP LOSS**	**415,039.56**		**422,869.08**		**422,869.08**		**422,869.08**	
56									
57	**B.** Aggregate Stop Loss								
58	**Annualized Cost**	Included in Specific Stop Loss		Included in Specific Stop Loss		Included in Specific Stop Loss		Included in Specific Stop Loss	
59									
60	**C.** Monthly Aggregate Protection								
61	**Annualized Cost**	Included in Specific Stop Loss		Included in Specific Stop Loss		Included in Specific Stop Loss		Included in Specific Stop Loss	
62									
63	**TOTAL ANNUAL STOP LOSS COSTS**	**415,039.56**		**422,869.08**		**422,869.08**		**422,869.08**	
64									
65	**D.** Preferred Provider Network Fee	-		-		-		-	
66	**E.** Pre-Certification Fee	-		-		-		-	
67	**F.** COBRA/HIPAA/Reports	-		-		-		-	
68	**G.** Claims Administration	27.73		29.59		29.67		29.62	
69	**H.** Reinsurance Marketing/Broker Fee & Misc Fees	-		-		-		-	
70	Subtotal - Monthly Cost	27.73		29.59		29.67		29.62	
71									
72	**I.** Affordable Care Act - Reinsurance Assessment Fee - ($63/covered life)	10,332.00		10,332.00		10,332.00		10,332.00	
73	**J.** Affordable Care Act - Research Trust Fund ($1/covered life)	449.00		449.00		449.00		449.00	
74	Subtotal - Annual Cost	10,781.00		10,781.00		10,781.00		10,781.00	
75	**Total Annualized Cost**	**65,346.60**		**69,014.86**		**69,176.61**		**69,082.39**	
76		3.11% of Claims		3.11% of Claims		3.08% of Claims		3.19% of Claims	
84									
85	**TOTAL ANNUAL ADMINISTRATIVE COSTS**	**65,346.60**		**69,014.86**		**69,176.61**		**69,082.39**	
86									
87	**City Employees**	**456,816.62**		**467,747.96**		**467,898.86**		**467,810.96**	
88	**Other Insureds**	**23,569.54**		**24,135.98**		**24,146.83**		**24,140.51**	
89	**TOTAL STOP LOSS & ADMINISTRATIVE COSTS**	**$ 480,386.16**		**$ 491,883.94**		**$ 492,045.69**		**$ 491,951.47**	
90		**$ 480,386.16**		**$ 491,883.94**		**$ 492,045.69**		**$ 491,951.47**	
91	**Total Dollar Increase Over Current Plan Year**	***$ -***		***$ 11,497.78***		***$ 11,659.53***		***$ 11,565.31***	
92	**Percentage Increase Over Current Plan Year**	***0.0%***		***2.4%***		***2.4%***		***2.4%***	
93									
94	**II. MAX CLAIMS EXPOSURE/ AGGREGATE ATTACH PT.**								
95	**Aggregate Attachment Point Calculation**					**one plan**		**one plan**	
96	Single Rate Plan #1 (Monthly)	469.60		498.39		504.85		486.71	
97	Single Rate Plan #2 (Monthly)	483.00		511.06		504.85		486.71	
98	Family Rate Plan #1 (Monthly)	1,070.66		1,143.89		1,158.78		1,116.99	
99	Family Rate Plan #2 (Monthly)	1,100.70		1,173.16		1,158.78		1,116.99	
100	**Aggregate Attachment Point For Employees**	**1,670,895.30**		**1,783,446.15**		**1,805,779.80**		**1,740,693.75**	
101	**Aggregate Attachment Point For Others**	**83,625.45**		**89,025.15**		**90,181.50**		**86,935.95**	
102	**Total Aggregate Attachment Point**	**1,754,520.75**		**1,872,471.30**		**1,895,961.30**		**1,827,629.70**	
105									
106	**MAXIMUM HEALTH CARE COST EXPOSURE (I, & II)**								
107	**City Employees**	**2,127,711.92**		**2,251,194.11**		**2,273,678.66**		**2,208,504.71**	
108	**Per City Employee Cost**	**13,906.61**		**14,713.69**		**14,860.64**		**14,434.67**	
109	**Other Insureds**	**107,194.99**		**113,161.13**		**114,328.33**		**111,076.46**	
110	**Per Other Insureds**	**9,745.00**		**10,287.38**		**10,393.48**		**10,097.86**	
111	**Total**	**$ 2,234,906.91**		**$ 2,364,355.24**		**$ 2,388,006.99**		**$ 2,319,581.17**	
112	**Per Enrollee**	**$ 13,627.48**		**$ 14,416.80**		**$ 14,561.02**		**$ 14,143.79**	
113									
114	**Single Plan #1 Cost/Mo**	**607.55**		**639.64**		**646.18**		**628.00**	
115	**Single Plan #2 Cost/Mo**	**620.95**		**652.31**		**646.18**		**628.00**	
116	**Family Plan #1 Cost/Mo**	**1,352.18**		**1,432.33**		**1,447.30**		**1,405.46**	
117	**Family Plan #2 Cost/Mo**	**1,382.22**		**1,461.60**		**1,447.30**		**1,405.46**	
118									
119	**Total Dollar Increase Over Current Plan Year**	***$ -***		***$ 129,448.33***		***$ 153,100.08***		***$ 84,674.26***	
120	**Percentage Increase Over Current Plan Year**	***0.0%***		***5.8%***		***6.9%***		***3.8%***	
121									

	A B C D E	L	M	Q	R	S	T	U	V
1	***City of Coffeyville***								
2	**Self Funded Health Care Insurance Analysis**								
3	**Enrollment Adjusted For Comparative Purposes**								
4									
5		***CURRENT YEAR***							
6									
7				**$2000/$4000 Share Plan**		**$2000/$4000 Share Plan**		**$3000/$6000 Share Plan**	
8		**BCBS**		**BCBS**		**BCBS**		**BCBS**	
9		**GRANDFATHERED PLAN**		**GRANDFATHERED PLAN**		**NON-GRANDFATHERED PLAN - ONE PLAN**		**NON-GRANDFATHERED PLAN - ONE PLAN**	
10		***Dental - $1,500 Max***		***Dental - $1,500 Max***		***Dental - $1,500 Max***		***Dental - $1,500 Max***	
11		**12 Incurred Policy**		**12 Incurred Policy**		**12 Incurred Policy**		**12 Incurred Policy**	
12		**$50,000 Stop Loss - 125% ASL**		**$50,000 Stop Loss - 125% ASL**		**$50,000 Stop Loss - 125% ASL**		**$50,000 Stop Loss - 125% ASL**	
13		**4/1/2013 - 3/31/2014**		**4/1/2014 - 3/31/2015**		**4/1/2014 - 3/31/2015**		**4/1/2014 - 3/31/2015**	
122									
123	**MONTHLY PREMIUMS FOR MAXIMUM HEALTH**								
124	**CARE COST EXPOSURE**								
125	**City Contribution (Monthly)**								
126	Single	607.55		639.64		646.18		628.00	
127	Family	905.98		860.34		857.94		925.61	
128									
129	**Total City Contribution (Annualized)**	**1,516,549.96**		**1,470,998.79**		**1,470,993.18**		**1,552,994.46**	
130	**Per City Enrolled Employee**	**9,912.09**		**9,614.37**		**9,614.33**		**10,150.29**	
131									
132	**Employee Contribution (Monthly)**								
133	Single #1	40.00		42.00		40.00		65.00	
134	Single #2	90.00		94.50		-		-	
135	Family Plan #1	158.00		165.90		158.00		260.00	
136	Family Plan #2	233.00		244.65		-		-	
137	**Total Employee Contribution (Annualized)**	**234,432.00**		**246,153.60**		**232,032.00**		**381,420.00**	
138	**Per City Enrolled Employee**	**1,532.24**		**1,608.85**		**1,516.55**		**2,492.94**	
139									
140	**Other Insureds Contribution (Monthly)**								
141	Single #1	607.55		639.64		646.18		628.00	
142	Single #2	620.95		652.31		646.18		628.00	
143	Family Plan #1	1,352.18		1,432.33		1,447.30		1,405.46	
144	Family Plan #2	1,382.22		1,461.60		1,447.30		1,405.46	
145	Single #1 - COBRA	619.70		652.43		659.11		640.56	
146	Single #2 - COBRA	633.37		665.36		659.11		640.56	
147	Family Plan #1 - COBRA	1,379.22		1,460.97		1,476.24		1,433.57	
148	Family Plan #2 - COBRA	1,409.86		1,490.83		1,476.24		1,433.57	
149	**Total Other Insureds Contribution (Annualized)**	**107,002.90**		**112,969.04**		**114,136.24**		**110,884.37**	
150	**Per Other Insured Enrollees**	**9,727.54**		**10,269.91**		**10,376.02**		**10,080.40**	
151									
152	**ANNUALIZED HEALTH CARE PREMIUMS**	**1,857,984.86**		**1,830,121.43**		**1,817,161.42**		**2,045,298.83**	
153	**PER TOTAL ENROLLEES**	**11,329.18**		**11,159.28**		**11,080.25**		**12,471.33**	
154									
155	**BASIC LIFE & AD&D INSURANCE PREMIUM**								
156	**Amount per $1,000 (Monthly)**	0.240		0.270		0.270		0.270	
157	**City Employees $1,625,000 (Annualized) (Paid by City)**	4,449.60		5,005.80		5,005.80		5,005.80	
158	**Other Insureds $10,000 (Annualized) (Paid by Others)**	316.800		356.400		356.400		356.400	
159	**TOTAL BASIC LIFE & AD&D INSURANCE PREMIUMS**	**$ 4,766.40**		**$ 5,362.20**		**$ 5,362.20**		**$ 5,362.20**	
160									
161									
162	**TOTAL HEALTH CARE & LIFE INSURANCE PREMIUMS**								
163	**Total Paid by City for City Employees at Cost**	**1,520,999.56**		**1,476,004.59**		**1,475,998.98**		**1,558,000.26**	
164	**Per City Enrolled Employee at Cost**	**9,941.17**		**9,647.09**		**9,647.05**		**10,183.01**	
165	**Total Paid by City Employees**	**234,432.00**		**246,153.60**		**232,032.00**		**381,420.00**	
166	**Per City Enrolled Employee**	**1,532.24**		**1,608.85**		**1,516.55**		**2,492.94**	
167	**Total for Other Insureds**	**107,319.70**		**113,325.44**		**114,492.64**		**111,240.77**	
168	**Per Other Insureds Enrollees**	**9,756.34**		**10,302.31**		**10,408.42**		**10,112.80**	
169	**TOTAL HEALTH CARE & LIFE INSURANCE PREMIUMS**	**1,862,751.26**		**1,835,483.63**		**1,822,523.62**		**2,050,661.03**	
170	**City Contribution Percentage[1]**	**$ 0.8665**		**$ 0.8571**		**$ 0.8642**		**$ 0.8033**	
171	**Change in City Contribution Percentage[2]**	**-**		**(0.0094)**		**(0.0023)**		**(0.0631)**	
172	**MAXIMUM/ACTUAL HEALTH CARE CLAIMS**	**1,754,520.75**		**1,872,471.30**		**1,895,961.30**		**1,827,629.70**	
173									
174									
175	**SUMMARY**								
176									
177	**MAXIMUM HEALTH CARE COST EXPOSURE**	2,234,906.91		2,364,355.24		2,388,006.99		2,319,581.17	
178	**BASIC LIFE & AD&D INSURANCE COST**	4,766.40		5,362.20		5,362.20		5,362.20	
179	**TOTAL MAXIMUM COST**	**$ 2,239,673.31**		**$ 2,369,717.44**		**$ 2,393,369.19**		**$ 2,324,943.37**	
180									
181	**PREMIUM PAID BY CITY AND OTHERS**	1,862,751.26		1,835,483.63		1,822,523.62		2,050,661.03	
182	**CARRYOVER FROM PREVIOUS YEARS**	325,417.00		112,753.00		112,753.00		112,753.00	
183									
184	**UNFUNDED BALANCE**	**$ 51,505.05**		**$ 421,480.80**		**$ 458,092.57**		**$ 161,529.34**	
187									
188									
189									
190	[1] = Shown at $9,000 per employee as agreed in Memorandum of Agreement for $2,000/$4,000 Share Plans and at $9,500 per employee for $3,000/$6,000 Share Plan.								
191	[2] = Change in City's percentage compared to Current Year.								
192									

** Coffeyville City Employees Benefit Comparison

	Current Opt. 1 GF Comp. Major Medical 2013	Renewal GF Opt. 1 Comp. Major Medical 2014	Renewal **Non-GF** Opt. 1 Comp. Major Medical 2014	Proposed Non-GF Shared Pay Option 2014
Deductible	$0.00	$0.00	$0.00	$0.00
Coinsurance/Shared Pay	50% / 50%	50% / 50%	50% / 50%	50% / 50%
Coinsurance/Shared Pay Maximum	$2,000 / $4,000	$2,000 / $4,000	$2,000 / $4,000	$3,000 / $6,000
Combined Max. Out of Pocket including copay's	N/A - copays continue - do not apply toward any maximum out of pocket	N/A - copays continue - do not apply toward any maximum out of pocket	$6,350/$12,700 combined max. out of pocket includes copays. If max. met, copays end for rest of benefit period	$6,350/$12,700 combined max. out of pocket includes copays. If max. met, copays end for rest of benefit period
Accidental Injury Coverage	Subject to same 50% / 50% cost sharing as non-accidents	Subject to same 50% / 50% cost sharing as non-accidents	Subject to same 50% / 50% cost sharing as non-accidents	100% of allowed charge up to $1,000 max. per person per benefit period, then subject to regular member 50% / 50% cost share
Office Visits	$20 copay per office visit	$20 copay per office visit	$20 copay per office visit	50% / 50%
Chiropractic Services	50% / 50% with 16 visit max. (50% does not apply to Coinsurance max.)	50% / 50% with 16 visit max. (50% does not apply to Coinsurance max.)	50% / 50% with 16 visit max. (50% does not apply to Coinsurance max.)	50% / 50% (no max.)
Immunizations	100% of allowed charges	100% of allowed charges	ACA required immunizations - 100% of allowed charges	ACA required immunizations - 100% of allowed charges
Injections	100% of allowed charges	100% of allowed charges	100% of allowed charges	50% / 50%
Out patient Lab / Radiology	100% up to $300 / person combined benefit period maximum, then subject to 50% / 50%	100% up to $300 / person combined benefit period maximum, then subject to 50% / 50%	100% up to $300 / person combined benefit period maximum, then subject to 50% / 50%	50% / 50%
Home Health Care	100% of allowed charges	100% of allowed charges	50% / 50%	50% / 50%
Hospice	100% of allowed charges - $5k lifetime limit	100% of allowed charges - unlimited lifetime limit	50% / 50%- unlimited lifetime limit	50% / 50% - unlimited lifetime limit
Hospital Emergency Room	$50 copay, then 50% / 50%	$50 copay, then 50% / 50%	$50 copay, then 50% / 50%	$100 copay, then 50% / 50%

Preventive Services	Covered according to cost share of specific service provided: Ex. Routine / Well woman exam $20 office visit copay, pap, mammogram, cholesterol, glucose labs - 100% if $300 benefit remains, after that subject to 50%/50% cost share. Routine colonoscopy - subject to 50%/50% cost share, contraception-rx - subject to rx copays	Covered according to cost share of specific service provided: Ex. Routine / Well woman exam $20 office visit copay, pap, mammogram, cholesterol, glucose labs - 100% if $300 benefit remains, after that subject to 50%/50% cost share. Routine colonoscopy - subject to 50%/50% cost share, contraception-rx - subject to rx copays	Covered at 100% of allowed charge as defined by the Affordable Care Act (ACA) - (see attachment) - Example: Preventive services such as; well woman exam, physical, pap, mammogram, cholesterol, glucose labs, routine screening colonoscopy - age 50 & older once every 5 years, contraceptive methods, except for brand oral contraceptives, all covered 100% of allowed charges in network	Covered at 100% of allowed charge as defined by the Affordable Care Act (ACA) - (see attachment) - Example: Preventive services such as; well woman exam, physical, pap, mammogram, cholesterol, glucose labs, routine screening colonoscopy - age 50 & older once every 5 years, contraceptive methods, except for brand oral contraceptives, all covered 100% of allowed charges in network
Prescription Coverage Retail	$15/generic, $30/brand formulary, $45/brand non-formulary	$15/generic, $30/brand formulary, $45/brand non-formulary	$15/generic, $30/brand formulary, $45/brand non-formulary	$15/generic, $30/brand formulary, $45/brand non-formulary
Prescription Coverage Mail	$37.50/generic, $75/brand formulary, $112.50/brand non-formulary	$37.50/generic, $75/brand formulary, $112.50/brand non-formulary	$37.50/generic, $75/brand formulary, $112.50/brand non-formulary	$37.50/generic, $75/brand formulary, $112.50/brand non-formulary

** For illustration purposes only - see contract for actual benefits