

**MONROE COUNTY PUBLIC LIBRARY  
BOARD OF TRUSTEES**

**WORK SESSION  
Wednesday, November 7, 2012  
5:45 p.m.  
Meeting Room 1B**

**AGENDA**

1. Call to Order – Kari Isaacson, President
2. 2013 Employee Insurance Benefits (page 1-20) – Kyle Wickemeyer-Hardy  
(Doug Johnson, JA Benefits, will also attend to answer questions, if necessary.)
3. Public Comment
4. Adjournment

November 2, 2012

To: Board of Trustees  
From: Sara Laughlin  
Re: 2013 Insurance Proposal

Over the last few years, changes to our approach in benefits and health care/wellness planning have increased our ability to approach health care coverage for our employees strategically rather than simply reacting.

Our insurance broker, JA Benefits, has brought us comparative data and their knowledge of the benefits industry. We then consider the choices that will have the best possible impact on our overall benefits for employees, while meeting the Library's goals and staying within budget.

We therefore are pleased to recommend the following for the 2013 benefits plan year:

- Continuation of the three Anthem Health Care group health insurance coverage options provided in 2011 and 2012, with no increase in premium expenditures for the Library or employees.
- Continuation of participation in the Monroe County Government/MCPL Clinic.
- Continuation of Guardian Dental, Vision, Life/Accidental Death and Dismemberment/ Long Term Disability (Life/ADD/LTD) insurance plans.
- Continuation of three employee-paid options:
  - Voluntary Life/ADD/LTD insurance for eligible employees (working 20 hours or more/week) and their dependants.
  - Flexible Spending Account (FSA) services (section 125/cafeteria plan).
  - Supplemental insurance options from Colonial Insurance including cancer and medical bridge coverage.

I have attached several pieces of information related to the proposed benefits for your review at the work session on November 7.

### ***2013 Employee Insurance Coverage***

Below is a brief overview of coverage that we recommend. The Library's costs fall within the amount budgeted:

**Health Insurance** ([Attachment A: Health Insurance Plan Analysis](#); [Attachment B: Medical Insurance Premiums](#))

Our excellent claims history for the last year, along with our involvement with the clinic and other wellness efforts, has had a very positive impact on our quote from Anthem for 2013. Our costs for individual coverage will not increase.<sup>1</sup>

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<sup>1</sup> Overall costs assume that the same number of employees participates and that employees choose to cover the same number of dependents as in 2012; we have built in a contingency amount in the budget to cover these eventualities.

At our request, JA Benefits investigated other carrier options. SIHO provided a quote, but we could not include our part-time employees as eligible members and the cost was approximately 12% more than Anthem's offer. United Health Care would not provide a quote due to our coverage of part-time employees.

We are happy to report that we will be able to continue offering the three health insurance plan choices (included here for reference) in 2013:

- \$500 deductible PPO plan. No change in coverage. (Attachment C)
  - The Out-of-pocket Maximum is \$3,000 for individual and \$6,000 for family. In-network deductible remains \$500/\$1,500. Office co-pays are \$25 per visit.
  - In-network Prescription Drug Options include 4 tiers: \$10/\$30/\$60/25% w/ 150 max *per prescription*.
  - Home Delivery Service (90 day supply) \$10/\$75/\$180/25% w/ \$150 max *per prescription*.
- \$3,000 deductible plan with Health Savings Account. No Change in coverage. (Attachment D)
  - In-network deductible remain \$3,000/\$6,000
  - The Out-of-pocket Maximum is \$4,000 for individuals and \$8,000 for family; once the medical deductible of \$3,000/\$6,000 has been met, employees are covered for medical expenses at 100%.
  - Prescriptions: After meeting the \$3000/\$6000 deductible for medical and prescriptions, the employee pays an additional \$1,000/\$2,000 for the *prescription deductible*.
  - Thereafter, employees are responsible for retail prescription co-pays of \$10/\$30/\$60/25% w/ \$200 max *per prescription*
  - Home Delivery Service (90 day supply) \$10/\$75/\$180/25% w/ \$200 max *per prescription*.
- \$5,000 deductible plan with Health Savings Account. No Change in coverage. (Attachment E)
  - In-network deductible remain \$5,000/\$10,000
  - The Out-of-pocket Maximum is \$5,950 for individuals and \$11,900 for family; once the medical deductible of \$5,000/\$10,000 has been met, employees are covered for medical expenses at 100%.
  - Prescriptions: After meeting the \$5,000/\$10,000 deductible for medical and prescriptions, the employee pays an additional deductible of \$950/\$1,900 for the *prescription deductible*.
  - Thereafter, employees are responsible for retail prescription co-pays of \$10/\$30/\$60/25% w/ \$200 max *per prescription*
  - Home Delivery Service (90 day supply) \$10/\$75/\$180/25% w/ \$200 max *per prescription*.

### **Monroe County Government/ MCPL Clinic**

The cost for the Clinic will not increase in 2013. Employees and retirees covered by the Library's health insurance will continue to have access to the Activate Clinics –now located in

Bloomington, Bedford, and Seymour, providing convenient access to wellness/preventive and primary care.

Clinic physicians are able to provide certain generic drugs at no/low cost to the employee. Other prescriptions may be written for both 30-day and 90-day (mail-in) supplies, a feature added during 2012. Confidential wellness coaching for employees serves to help decrease out-of-pocket payments for employees, as well as reducing overall claims costs for the Library.

Last month, the Clinic provided flu shots for our staff, both at the clinic and during an on-site visit to the library. The library was charged a minimal cost for this investment in the well being of our staff.

### **Dental Insurance** ([Attachment F: Dental Plan Premiums](#))

As with last year, the library pays 90% and the employees pay 10% of the premiums for this important wellness coverage. Usage of this benefit increased greatly during the past year resulting in a substantial increase in the renewal rate. However, JA Benefits worked closely with Guardian Dental to minimize the cost impact for 2013. By including this insurance with other Guardian products and adding a \$25 annual deductible to our dental plans, the overall cost increase for 2013 is 12%.

Guardian offers:

- The same benefits for in-network or out-of-network visits.
- A higher percentage of coverage for Major Services.
- A rollover benefit, so if participants don't use all of their \$1,000 benefit one year, they can use it in the following year.

### **Life/Accidental Death & Dismemberment (AD&D) Insurance**

The library pays 100% of the cost of this insurance, which will not increase in 2013. As you may recall, we switched coverage from Cigna to Guardian on July 1, 2012, due to unexpected service issues. We continue to be well served by Guardian. Coverage is the same – two times the employee's annual salary up to \$160,000. In addition to an opportunity to add additional coverage at the employee's expense, Guardian offers:

- Life Assistance Program with three face-to-face counseling sessions and unlimited telephonic counseling and referrals.
- Unlimited online support for a variety of topics (health, nutrition and fitness, stress, dependent care, educational planning, etc.)
- Legal information and planning tools, also including one free 30-minute office or telephone session with an attorney and a 25% discount if the attorney is retained for further assistance.
- Financial guidance through on-line assistance and a free 30-minute telephone consultation; seasoned financial professionals and CPA's are on hand to answer questions in regards to topics such as credit counseling, budgeting, tax planning and saving and investing. Referrals to local providers are available for more complex issues.

### **Long-term Disability Insurance**

The library pays 100% of the cost of this insurance, which will not increase in 2012. Again, we switched coverage from Cigna in Guardian on July 1, 2012, due to unexpected service issues; we recommend continuing service through Guardian.

There are no rate changes to Life/ADD/LTD services from Guardian for 2013.

### **Other Coverage Offered, at the Option of Employee and Paid by Employee**

There is no increase for the Vision insurance provided by Guardian for 2013 as per our contract from 2012.

- Our rates for Flexible Spending Account (employee sets aside pre-tax amount for medical expenses) and COBRA will increase by 2.4%. Our current quarterly flat fee (the minimum) is \$300, which will increase to \$307 in 2013.
- Voluntary Life/AD&D insurance for part-time employees are also available; employees pay the full amount for these

Employees now have the opportunity to purchase, via payroll deduction, supplemental insurance from Colonial. The three optional plans include:

- Accident Insurance
- Hospital Confinement Indemnity Insurance (AKA Medical Bridge)
- Cancer Insurance

### ***Costs – 2013 and in the Future***

Our good claims history and increasing wellness in 2012 have put the library in a favorable position.

For 2013, the library will be able to contribute the same percentage as in 2012 for Health Insurance coverage, regardless of the plan selected. For those covering a child, spouse, or family, the Library will make an additional contribution of 15% of the total Health Insurance plan cost. The library will also contribute the same percentage as in 2012 for Clinic, Dental, Life/AD&D, and Long Term Disability insurance.

In addition to basic coverage, we are finalizing a proposal to eliminate our outdated sick bank, while improving the continuum of care for employees and reducing the library's future liabilities. After receiving a final quote from our carrier, getting legal advice on policy language changes, and consulting with the Labor-Management Committee and managers, we plan to bring the proposal to the Board at the December work session.

### ***Next Steps***

Nov. 14: Board votes on 2013 insurance proposal at its meeting, 5:45 in 1B.

Nov. 15-16: 2012 Health Insurance packet distributed to employees.

- Nov. 19-20: Questions? Employees may sign up to meet with Julia Thomas, JA Benefits, in the Board Room, from 8:30 a.m. – 1:30 p.m. on Monday and again on Tuesday from 12 noon – 5 p.m.
- Nov. 27-28: Online enrollment. Each staff member must sign up with a Colonial Insurance representative for benefit enrollments and waivers, Board Room and Interview Room, 8 a.m. – 4 p.m.
- Nov-Dec: (dates not set) Meet with Labor-Management Committee to discuss proposal to transition from sick bank to short-term disability insurance
- Dec. 11: Proposal regarding transition from sick bank to short-term disability insurance to Board for discussion at work session, 5:45 in 1B
- Dec. 18: Board votes on proposal to transition from sick bank to short-term disability insurance, 5:45 in 1B
- Jan. 1: Receive 2013 insurance cards and information.

**Monroe County Public Library  
Medical Plan Analysis  
January 1, 2013 Renewal**

**Attachment A**



		2012 Anthem						2013 Anthem					
		PPO Traditional Plan		Health Savings Buy Up Plan		Health Savings Core Plan		PPO Traditional Plan		Health Savings Buy Up Plan		Health Savings Core Plan	
		\$500 Deductible		\$3000 Deductible		\$5000 Deductible		\$500 Deductible		\$3000 Deductible		\$5000 Deductible	
		Option 9 with RX Option G		Option E02 Rx Option 5		Option H07 Rx Option 5		Option 9 with RX Option G		Option E02 Rx Option 5		Option H07 Rx Option 5	
Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>													
Individual / Family		\$500/\$1,500	\$1,000/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000	\$500/\$1,500	\$1,000/\$3,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$10,000/\$20,000
<b>Out-of-Pocket Maximum</b>													
Individual / Family		\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$12,000/\$24,000	\$5,950/\$11,900	\$20,000/\$40,000	\$3,000/\$6,000	\$6,000/\$12,000	\$4,000/\$8,000	\$12,000/\$24,000	\$5,950/\$11,900	\$20,000/\$40,000
<b>Coinsurance</b>		80%	60%	100%	70%	100%	70%	80%	60%	100%	70%	100%	70%
<b>Office Visit / Specialist Copay</b>		\$25	60%	Deductible, then 100%	Deductible, then 70%	Deductible, then 100%	Deductible, then 70%	\$25	60%	Deductible, then 100%	Deductible, then 70%	Deductible, then 100%	Deductible, then 70%
<b>Preventive Care</b>		No cost	60%	100%	70%	100%	70%	No cost	60%	100%	70%	100%	70%
<b>Urgent Care</b>		\$75	60%	Deductible, then 100%	Deductible, then 70%	Deductible, then 100%	Deductible, then 70%	\$75	60%	Deductible, then 100%	Deductible, then 70%	Deductible, then 100%	Deductible, then 70%
<b>Emergency Room</b>		\$250	\$250	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	\$250	\$250	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%
<b>Prescription Drugs- Retail</b>													
Tier 1		\$10	50% (min \$60)	Ded., then 100%	30%	Ded., then 100%	30%	\$10	50% (min \$60)	\$10	50% (min \$60)	\$10	50% (min \$60)
Tier 2		\$30	50% (min \$60)	Ded., then 100%	30%	Ded., then 100%	30%	\$30	50% (min \$60)	\$30	50% (min \$60)	\$30	50% (min \$60)
Tier 3		\$60	50% (min \$60)	Ded., then 100%	30%	Ded., then 100%	30%	\$60	50% (min \$60)	\$60	50% (min \$60)	\$60	50% (min \$60)
Tier 4		NA	NA	NA	NA	NA	NA	\$25% /\$150 max	50% (min \$60)	\$25% /\$200 max	50% (min \$60)	\$25% /\$200 max	50% (min \$60)
<b>Prescription Drugs- Mail-Order</b>													
Tier 1		\$10	Not Covered	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered
Tier 2		\$75	Not Covered	\$75	Not Covered	\$75	Not Covered	\$75	Not Covered	\$75	Not Covered	\$75	Not Covered
Tier 3		\$180	Not Covered	\$180	Not Covered	\$180	Not Covered	\$180	Not Covered	\$180	Not Covered	\$180	Not Covered
Tier 4		NA	NA	NA	NA	NA	NA	\$25% /\$150 max	Not Covered	\$25% /\$200 max	Not Covered	\$25% /\$200 max	Not Covered
<b>Rates</b>	<b>Counts</b>												
Single	24	\$754.33	13	\$575.05	35	\$450.12		\$754.33		\$575.05		\$450.12	
Employee + Spouse	1	\$1,599.17	3	\$1,219.09	1	\$954.24		\$1,599.17		\$1,219.09		\$954.24	
Employee + Child(ren)	2	\$1,372.88	1	\$1,046.58	1	\$819.21		\$1,372.88		\$1,046.58		\$819.21	
Family	0	\$1,923.54	1	\$1,466.36	4	\$1,147.79		\$1,923.54		\$1,466.36		\$1,147.79	
<b>Combined Est. Monthly Premium</b>		<b>\$58,213.52</b>						<b>\$0.00</b>					
<b>Combined Est. Annual Premium</b>		<b>\$698,562.24</b>						<b>\$0.00</b>					
<b>Percentage Change From Current</b>		<b>0%</b>						<b>0%</b>					
<b>Annual Dollar Change From Current</b>		<b>\$0.00</b>						<b>\$0.00</b>					



## Attachment B: Health Insurance: \$500 Deductible PPO, H.S.A Core & Buy-up, + Clinic

### Monroe County Public Library

### Health Care Premium Contributions for Year 2013

Coverage Type and Employee Status	PPO \$500 deductible <i>(Option 9...)</i>				HSA Plan \$3,000 Ded "Buy-up" <i>(E02 Rx Option 5)</i>				HSA Plan \$5,000 ded - "Core" <i>(H07 Rx Option 5)</i>			
	CONTRIBUTIONS				CONTRIBUTIONS				CONTRIBUTIONS			
	Employee		Library		Employee		Library		Employee		Library	
	Annual	Biweekly	Annual	Bi-weekly	Annual	Biweekly	Annual	Bi-Weekly	Annual	Biweekly	Annual	Bi-weekly
<b>Employee Only</b>												
37.5 Hr/Week FT	\$1,881	\$72.34	\$7,651	\$294.27	-\$270	-\$10.40	\$7,651	\$294.27	-\$1,770	-\$68.06	\$7,651	\$294.27
30 Hr/Week/PT	\$3,411	\$131.20	\$6,121	\$235.42	\$1,260	\$48.45	\$6,121	\$235.42	-\$239	-\$9.21	\$6,121	\$235.42
25 Hr/Week/PT	\$4,431	\$170.43	\$5,101	\$196.18	\$2,280	\$87.69	\$5,101	\$196.18	\$781	\$30.03	\$5,101	\$196.18
20 Hr/Week/PT	\$5,451	\$209.67	\$4,081	\$156.94	\$3,300	\$126.93	\$4,081	\$156.94	\$1,801	\$69.27	\$4,081	\$156.94
<b>EE/Child(ren)</b>												
37.5 Hr/Week FT	\$8,118	\$312.24	\$9,316	\$358.32	\$4,203	\$161.64	\$9,316	\$358.32	\$1,474	\$56.70	\$9,316	\$358.32
30 Hr/Week/PT	\$9,981	\$383.90	\$7,453	\$286.66	\$6,066	\$233.30	\$7,453	\$286.66	\$3,337	\$128.36	\$7,453	\$286.66
25 Hr/Week/PT	\$11,224	\$431.68	\$6,211	\$238.88	\$7,308	\$281.08	\$6,211	\$238.88	\$4,580	\$176.14	\$6,211	\$238.88
20 Hr/Week/PT	\$12,466	\$479.45	\$4,969	\$191.11	\$8,550	\$328.85	\$4,969	\$191.11	\$5,822	\$223.91	\$4,969	\$191.11
<b>EE/Spouse</b>												
37.5 Hr/Week FT	\$10,426	\$401.01	\$9,724	\$373.99	\$5,865	\$225.59	\$9,724	\$373.99	\$2,687	\$103.35	\$9,724	\$373.99
30 Hr/Week/PT	\$12,371	\$475.81	\$7,779	\$299.19	\$7,810	\$300.39	\$7,779	\$299.19	\$4,632	\$178.15	\$7,779	\$299.19
25 Hr/Week/PT	\$13,668	\$525.68	\$6,482	\$249.33	\$9,107	\$350.25	\$6,482	\$249.33	\$5,928	\$228.02	\$6,482	\$249.33
20 Hr/Week/PT	\$14,964	\$575.54	\$5,186	\$199.46	\$10,403	\$400.12	\$5,186	\$199.46	\$7,225	\$277.88	\$5,186	\$199.46
<b>Family</b>												
37.5 Hr/Week FT	\$14,071	\$541.19	\$10,932	\$420.45	\$8,585	\$330.18	\$10,932	\$420.45	\$4,762	\$183.15	\$10,932	\$420.45
30 Hr/Week/PT	\$16,257	\$625.28	\$8,745	\$336.36	\$10,771	\$414.27	\$8,745	\$336.36	\$6,948	\$267.24	\$8,745	\$336.36
25 Hr/Week/PT	\$17,715	\$681.34	\$7,288	\$280.30	\$12,229	\$470.33	\$7,288	\$280.30	\$8,406	\$323.30	\$7,288	\$280.30
20 Hr/Week/PT	\$19,172	\$737.40	\$5,830	\$224.24	\$13,686	\$526.39	\$5,830	\$224.24	\$9,863	\$379.36	\$5,830	\$224.24

In this option, the Library contributes an equal amount to each full-time employee \$7,651  
 Part-time contributions are calculated based on the percentage of time worked (20 hrs. = 53%; 25hrs. = 66%; 30hrs. = 80%).

\*The Library contributes 15% of Family/Spouse/Children premiums for full-time employees.

\*Negative contributions represent funds **deposited** by the Library to the employee's HSA account. The employee may also contribute additional funds (pre-tax) up to the annual cap. The maximum in 2013 is \$3,250 for employee only and \$6,450 for those with dependant/family coverage.

\*Non-Embedded means the entire family deductible must be met by one, or combination of, family members before plan coverage takes effect at 100%.  
 The "Difference Premium" is the coverage-type premium minus the employee-only premium.

	2013		2013			2013		
	<u>Total Premium</u>	<u>Difference Premium</u>	<u>Total Premium</u>	<u>Difference Premium</u>	<u>anl hsa lib</u>	<u>Total Premium</u>	<u>Difference Premium</u>	<u>anl hsa lib</u>
Employee Only	9,532	-	7,381	-	270	5,881	-	\$1,770
EE/Child(ren)	17,435	7,903	13,519	6,138		10,791	4,909	\$239
EE/Spouse	20,150	10,618	15,589	8,208		12,411	6,529	
Family	25,002	15,471	19,516	12,136		15,693	9,812	



# Your Summary of Benefits

Monroe County Public Library  
 Blue Access® (PPO) Option 9 with Rx Option G  
 Effective 1/01/2012

Covered Benefits	Network	Non-Network
<b>Deductible (Single/Family)</b>	\$500/\$1,500	\$1,000/\$3,000
<b>Out-of-Pocket Limit (Single/Family)</b>	\$3,000/\$6,000	\$6,000/\$12,000
<b>Physician Home and Office Services (PCP/SCP)</b> Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> <li>• allergy injections (PCP and SCP)</li> <li>• allergy testing</li> <li>• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products</li> </ul>	\$25/\$25   \$5 20% 20%	40%   40% 40% 40%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations <sup>1</sup> , Annual diabetic eye exam, Vision and Hearing screenings <ul style="list-style-type: none"> <li>• Physician Home and Office Visits (PCP/SCP)</li> <li>• Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	NCS NCS	40% 40%
<b>Emergency and Urgent Care</b> <b>Emergency Room Services</b> <ul style="list-style-type: none"> <li>• facility/other covered services (copayment waived if admitted)</li> </ul> <b>Urgent Care Center Services</b> <ul style="list-style-type: none"> <li>• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products</li> <li>• Allergy injections</li> <li>• Allergy testing</li> </ul>	\$250/20%  \$75 20%  \$5 20%	\$250/20%  40% 40%  40% 40%
<b>Inpatient and Outpatient Professional Services</b> Include, but are not limited to: <ul style="list-style-type: none"> <li>• Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>	20%	40%
Blue 6.0		

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Inpatient Facility Services</b> (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> <li>60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>90 days for skilled nursing facility</li> </ul>	20%	40%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	20%	40%
<b>Other Outpatient Services</b> (including but not limited to): <ul style="list-style-type: none"> <li>Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.</li> <li>Home Care Services (Network/Non-Network combined) 100 visits (excludes IV Therapy)</li> <li>Durable Medical Equipment and Orthotics (Network/Non-network combined) (excluding Prosthetic Devices, Limbs and Medical Supplies)</li> <li>Prosthetic Devices</li> <li>Prosthetic Limbs</li> <li>Physical Medicine Therapy Day Rehabilitation programs</li> <li>Hospice Care</li> <li>Ambulance Services</li> </ul>	20%	40%
<b>Outpatient Therapy Services</b> (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Physical therapy: 20 visits</li> <li>Occupational therapy: 20 visits</li> <li>Manipulation therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> <li>Cardiac Rehabilitation: 36 visits</li> <li>Pulmonary Rehabilitation: 20 visits</li> </ul>	NCS 20%	NCS 20%
<b>Accidental Dental: \$3,000 limit</b> (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	40%

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Behavioral Health Services</b> <b>Mental Illness and Substance Abuse<sup>2</sup>:</b> <ul style="list-style-type: none"> <li>• Inpatient Facility Services</li> <li>• Inpatient Professional Services</li> <li>• Physician Home and Office Visits (PCP/SCP)</li> <li>• Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional</li> </ul>	20% 20% \$25/\$25 20%	40%
<b>Human Organ and Tissue Transplants<sup>3</sup></b> <ul style="list-style-type: none"> <li>• Acquisition and transplant procedures, harvest and storage</li> </ul>	NCS	50%
<b>Prescription Drug Options:</b> <b>Network Tier structure equals 1/2/3 (and 4, if applicable)</b> <ul style="list-style-type: none"> <li>• <b>Network Retail Pharmacies:</b> (30-day supply) Includes diabetic test strip</li> <li>• <b>Home Delivery Service:</b> (90-day supply) Includes diabetic test strip</li> </ul> Member may be responsible for additional cost when not selecting the available generic drug. <b>Medicare Rx - Wrap</b> <b>Specialty Medications</b> must be obtained via our Specialty Pharmacy network in order to receive network level benefits Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.	\$10/\$30/\$60/25% w \$150 max \$10/\$75/\$180/25% w \$150 max Out of Pocket Limit \$2,500 - 4th tier	50%, min \$60 <sup>5</sup> Not covered
<b>Lifetime Maximum</b> Medical Surgical Treatment of Morbid Obesity	Unlimited Not covered	Unlimited Not covered

## Notes:

- Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the out-of-pocket limit.
- All deductibles and coinsurance apply toward the out-of-pocket maximum. (Excludes Non-network Human Organ and Tissue Transplants).
- Prescription Drug deductibles/copayments/coinsurance are excluded from the out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment and coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
- Dependent age: to end of the month which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections.
- NCS (No Cost Share) means no deductible/copayment/coinsurance up to the maximum allowable amount.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.

# Your Summary of Benefits

- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- Benefit period = calendar year
- Prosthetic limbs are unlimited and do not apply to the Plan Lifetime Maximum.
- Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

1 These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.

2 We encourage you to review the Schedule of Benefits for limitations.

3 Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

4 **If applicable: all prescription drug expenses except tier 1, (Network/Non-network, Retail/Home Delivery Service combined) apply to the per individual deductible. Once the deductible is met, the appropriate copayment applies.**

5 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

#### Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

#### Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements and excludes Members under age 19):

**12 months after the member's enrollment date**

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

# Your Summary of Benefits

## Monroe County Public Library Blue Access® for Health Savings Accounts Option E02 Rx Option 5 Effective 1/01/2012

Covered Benefits	Network	Non-Network
<b>Embedded Deductible</b> The single deductible does apply to family coverage.	Single: \$3,000 Family: \$6,000	Single: \$6,000 Family: \$12,000
<b>Out-of-Pocket Limit</b>	Single: \$4,000 Family: \$8,000	Single: \$12,000 Family: \$24,000
<b>Physician Home and Office Services</b> <ul style="list-style-type: none"> <li>Including Office Surgeries, allergy serum, allergy injections and allergy testing</li> </ul>	0%	30%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams <ul style="list-style-type: none"> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	NCS	30%
<b>Emergency and Urgent Care</b> <ul style="list-style-type: none"> <li>Emergency Room Services (facility/other covered services) (copayment waived if admitted)</li> <li>Urgent Care Center Services</li> </ul>	0%	0%
<b>Inpatient and Outpatient Professional Services</b> Include but are not limited to: <ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>	0%	30%
<b>Inpatient Facility Services (Network/Non-Network combined)</b> Unlimited days except for: <ul style="list-style-type: none"> <li>60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>90 days for skilled nursing facility</li> </ul>	0%	30%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	0%	30%
Blue 6.0		

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Other Outpatient Services</b> (Network/Non-network combined) including but not limited to: <ul style="list-style-type: none"> <li>Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.</li> <li>Home Care Services 100 visits (excludes IV Therapy)</li> <li>Durable Medical Equipment and Orthotics (excluding Prosthetic Devices, Limbs and Medical Supplies)</li> <li>Prosthetic Devices</li> <li>Prosthetic Limbs</li> <li>Physical Medicine Therapy Day Rehabilitation programs</li> <li>Hospice Care</li> <li>Ambulance Services</li> </ul>	0%	30%
<b>Accidental Dental Services</b> \$3,000 limit (Network and Non-network combined)	0%	30%
<b>Outpatient Therapy Services</b> (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Physical therapy: 20 visits</li> <li>Occupational therapy: 20 visits</li> <li>Manipulation therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> <li>Cardiac Rehabilitation: 36 visits</li> <li>Pulmonary Rehabilitation: 20 visits</li> </ul>	0% 0%	30% 30%
<b>Behavioral Health Service</b> <b>Mental Illness and Substance Abuse<sup>1</sup>:</b> <ul style="list-style-type: none"> <li>Inpatient Facility Services</li> <li>Inpatient Professional Services</li> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional.</li> </ul>	0%	30%
<b>Human Organ and Tissue Transplants</b> <ul style="list-style-type: none"> <li>Acquisition and transplant procedures, harvest and storage.</li> </ul>	0%	30%

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>• <b>Network Retail Pharmacies:</b> (30-day supply) Includes diabetic test strip</li> <li>• <b>Home Delivery Service:</b> (90-day supply) Includes diabetic test strip</li> </ul> Specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail service.	Medical deductible applies before copayments. \$10/\$30/\$60/25% w \$200 maximum.	50% <sup>2</sup> min \$60
Medicare Rx - Wrap	\$10/\$75/\$180/25% w \$200 maximum.	Not covered
<b>Lifetime Maximum</b>	Unlimited	Unlimited

#### Notes:

- All deductibles and coinsurance apply toward the out-of-pocket maximum including prescription drugs. (Excludes Non-network Human Organ and Tissue Transplants).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance including 0%.
- Deductible applies to all prescription drug expenses. Once the deductible is met the appropriate copayment/coinsurance applies.
- Network and non-network deductibles, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to end of the month which the child attains age 26
- No cost share (NCS) means no deductible/copayment/coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Benefit period = calendar year
- Prosthetics Limbs are unlimited and do not apply to the Plan Lifetime Maximum.<sup>4</sup>
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

1 We encourage you to review the Schedule of Benefits for limitations.

2 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

4 Meets Indiana state mandate effective 7/1/08.

#### Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

#### Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements and excludes Members under age 19):

##### 12 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

# Your Summary of Benefits

## Monroe County Public Library Blue Access® for Health Savings Accounts Option H07 Rx Option 5 Effective 1/01/2012

Covered Benefits	Network	Non-Network
<b>Deductible</b> Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage.	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000
<b>Out-of-Pocket Limit</b>	Single: \$5,950 Family: \$11,900	Single: \$20,000 Family: \$40,000
<b>Physician Home and Office Services</b> <ul style="list-style-type: none"> <li>Including Office Surgeries, allergy serum, allergy injections and allergy testing</li> </ul>	0%	30%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams <ul style="list-style-type: none"> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	NCS	30%
<b>Emergency and Urgent Care</b> <ul style="list-style-type: none"> <li>Emergency Room Services (facility/other covered services) (copayment waived if admitted)</li> <li>Urgent Care Center Services</li> </ul>	0%	0%
<b>Inpatient and Outpatient Professional Services</b> Include but are not limited to: <ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>	0%	30%
<b>Inpatient Facility Services (Network/Non-Network combined)</b> Unlimited days except for: <ul style="list-style-type: none"> <li>60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>90 days for skilled nursing facility</li> </ul>	0%	30%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	0%	30%
Blue 6.0		



# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Other Outpatient Services</b> (Network/Non-network combined) including but not limited to: <ul style="list-style-type: none"> <li>Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.</li> <li>Home Care Services 100 visits (excludes IV Therapy)</li> <li>Durable Medical Equipment and Orthotics (excluding Prosthetic Devices, Limbs and Medical Supplies)</li> <li>Prosthetic Devices</li> <li>Prosthetic Limbs</li> <li>Physical Medicine Therapy Day Rehabilitation programs</li> <li>Hospice Care</li> <li>Ambulance Services</li> </ul>	0%	30%
<b>Accidental Dental Services</b> \$3,000 limit (Network and Non-network combined)	0%	30%
<b>Outpatient Therapy Services</b> (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Physical therapy: 20 visits</li> <li>Occupational therapy: 20 visits</li> <li>Manipulation therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> <li>Cardiac Rehabilitation: 36 visits</li> <li>Pulmonary Rehabilitation: 20 visits</li> </ul>	0% 0%	30% 30%
<b>Behavioral Health Service</b> <b>Mental Illness and Substance Abuse<sup>1</sup>:</b> <ul style="list-style-type: none"> <li>Inpatient Facility Services</li> <li>Inpatient Professional Services</li> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional.</li> </ul>	0%	30%
<b>Human Organ and Tissue Transplants</b> <ul style="list-style-type: none"> <li>Acquisition and transplant procedures, harvest and storage.</li> </ul>	0%	30%

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>• <b>Network Retail Pharmacies:</b> (30-day supply) Includes diabetic test strip</li> <li>• <b>Home Delivery Service:</b> (90-day supply) Includes diabetic test strip</li> </ul> Specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail service.  Medicare Rx - Wrap	Medical deductible applies before copayments. \$10/\$30/\$60/25% w \$200 maximum.  \$10/\$75/\$180/25% w \$200 maximum.	50% <sup>2</sup> min \$60 <sup>2</sup>  Not covered
<b>Lifetime Maximum</b>	Unlimited	Unlimited

#### Notes:

- All deductibles and coinsurance apply toward the out-of-pocket maximum including prescription drugs. (Excludes Non-network Human Organ and Tissue Transplants).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance including 0%.
- Deductible applies to all prescription drug expenses. Once the deductible is met the appropriate copayment/coinsurance applies.
- Network and non-network deductibles, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to end of the month which the child attains age 26
- No cost share (NCS) means no deductible/copayment/coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Benefit period = calendar year
- Prosthetics Limbs are unlimited and do not apply to the Plan Lifetime Maximum.<sup>4</sup>
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

1 We encourage you to review the Schedule of Benefits for limitations.

2 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

4 Meets Indiana state mandate effective 7/1/08.

#### Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

#### Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements and excludes Members under age 19):

##### 12 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.



## Attachment F: Guardian Dental Premiums

### Monroe County Public Library

#### Dental Care Premium Contributions for Year 2013

Coverage Type and Employee Status	Dental			
	CONTRIBUTIONS			
	Employee		Library	
Employee Only	Annual	Biweekly	Annual	Bi-weekly
37.5 Hr/Week FT	\$31.66	\$1.22	\$316.94	\$12.19
30 Hr/Week/PT	\$95.05	\$3.66	\$253.55	\$9.75
25 Hr/Week/PT	\$137.31	\$5.28	\$211.29	\$8.13
20 Hr/Week/PT	\$179.57	\$6.91	\$169.03	\$6.50
<b>EE/Child(ren)</b>				
37.5 Hr/Week FT	\$381.73	\$14.68	\$378.71	\$14.57
30 Hr/Week/PT	\$457.47	\$17.59	\$302.97	\$11.65
25 Hr/Week/PT	\$507.96	\$19.54	\$252.48	\$9.71
20 Hr/Week/PT	\$558.46	\$21.48	\$201.98	\$7.77
<b>EE/Spouse</b>				
37.5 Hr/Week FT	\$348.98	\$13.42	\$372.94	\$14.34
30 Hr/Week/PT	\$423.57	\$16.29	\$298.35	\$11.47
25 Hr/Week/PT	\$473.30	\$18.20	\$248.62	\$9.56
20 Hr/Week/PT	\$523.02	\$20.12	\$198.90	\$7.65
<b>Family</b>				
37.5 Hr/Week FT	\$733.83	\$28.22	\$440.85	\$16.96
30 Hr/Week/PT	\$822.00	\$31.62	\$352.68	\$13.56
25 Hr/Week/PT	\$880.78	\$33.88	\$293.90	\$11.30
20 Hr/Week/PT	\$939.56	\$36.14	\$235.12	\$9.04

In this option, the Library contributes an equal amount to each full-time employee  
 Part-time contributions are calculated based on the percentage of time worked  
 (20 hrs. = 53%; 25hrs. = 66%; 30hrs. = 80%).

*\*The Library contributes 15% of Family/Spouse/Children premiums for full-time employees.*

	2013	<u>Difference</u>
	<u>Total Premium</u>	<u>Premium</u>
Employee Only	348.60	-
EE/Child(ren)	760.44	411.84
EE/Spouse	721.92	373.32
Family	1,174.68	826.08



**Monroe County Public Library**

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**Anthem Vision Premiums for Year 2013 - Voluntary/Employee Paid**

	<b>Annual Rate</b>	<b>Monthly Rate</b>	<b>Bi-Weekly Rate</b>
Employee Only	\$111.12	\$9.26	\$4.27
Employee/Children	\$190.68	\$15.89	\$7.33
Employee/Spouse	\$187.08	\$15.59	\$7.20
Employee/Family	\$301.92	\$25.16	\$11.61

## Attachment J: Employee Insurance Benefit Cost, 2013 compared with 2012

<i>Group Plan Insurance</i>	<i>2013 Combined</i>	<i>2013 Oper. Fund</i>	<i>2013 CATS estimate</i>	<i>2013 Employee W/H estimate</i>	<i>2012 Combined</i>	<i>2012 Oper. Fund</i>	<i>2012 CATS</i>	<i>2012 Employee W/H</i>
<b><u>Health Ins. *</u></b>								
PPO - 500	263,049.72				263,049.72			
H.S.A. buy up (mid)	152,709.48				152,709.48			
H.S.A. core (low)	280,657.68				280,657.68			
	<u>696,416.88</u>				<u>696,416.88</u>			
H.S.A. Contributions	47,500.00				47,500.00			
Clinic 12,180 per qtr	48,720.00				48,720.00			
Total Anthem and Clinic	<u>792,636.88</u>	580,836.88	66,000.00	145,800.00	<u>792,636.88</u>	580,836.88	66,000.00	145,800.00
Percent Increase	0%	0%	0%	0%				
<b><u>Dental</u></b>								
Guardian	42,357.00	28,379.40		13,977.60	37,819.00	25,339.00		12,480.00
Percent Increase	12.0%	12.0%		12.0%				
Term Life Ins - Guardian	10,189.00	10,189.00			10,189.00	10,189.00		
Accidental D & D	1,568.00	1,568.00			1,568.00	1,568.00		
Long Term Disability	5,588.00	5,588.00			5,588.00	5,588.00		
<b><u>Life, ADD and LTD combined</u></b>	<u>17,345.00</u>	<u>17,345.00</u>			<u>17,345.00</u>	<u>17,345.00</u>		
<b>Total Estimated ER contribution</b>		626,561.28	66,000.00	159,777.60		623,520.88	66,000.00	158,280.00
Percent Increase		0.5%	0.0%	0.9%				
Budget**		725,756.00	70,000.00			608,875.00	66,000.00	

\* Based on same # employees participating in same plan options as 2012.

\*\* Based on May 2012 estimate of 10% increase and including \$30,000 contingency for additional employees enrolling in coverage.