



**PUBLIC NOTICE of Special Board Meeting
MEETING NOTICE and AGENDA**

Thursday, September 8th, 2016 at 1:30pm
Ketchum City Hall Council Chambers, 480 East Ave N, Ketchum, ID 83340

Board Members: Chair David Patrie (Blaine Co.), Vice-chair Jane Conard (Sun Valley), Secretary Joe Miczulski (Bellevue), Steve Wolper (at-large), Anne Corrock (Ketchum), Mark Gilbert (Sun Valley), Becki Keefer (Hailey), Kristin Derrig (Ketchum)

1. 1:30pm: Call meeting to order.
2. Action item: Approve new provider for Health and Dental Insurance for FY17
3. Adjournment.

NOTE: Public information on agenda items is available from the Mountain Rides office 800 1st Ave. North, or 208-788-7433. Any person needing special accommodation to attend the above noticed meeting should contact Mountain Rides three days prior to the meeting at 208-788-7433.

Mountain Rides Agenda Action Item Summary

Date:

From:

Action Item:

Committee Review: yes
 no

Committee
Purview:

Previously discussed at board level: yes no

Recommended Motion:

Fiscal Impact:

Related Policy or Procedural Impact:

Background: - Eliminate the medical coverage benefit entirely, and provide an in lieu "across the board" pay increase to assist employees in finding their own coverage.
-Look for other carriers in an effort to reduce premiums, while attempting to keep benefits close to the existing plan"/>

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Recommended Motion:

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Related Policy or Procedural Impact:

Background:

| Existing BC Plan (grandfathered) | | | | III-A Standard 80-B Plan | | | | Blue Shield Direct Silver plan | | | |
|--|---|----------------------|--------------|--|----------------------|----------------------|--------------|--|----------------------|----------------------|--------------|
| 2.0K deduct 70/30 or 50/50 depending on service OOPM=\$3000 office co-pay=\$30 presc coverage \$10/\$20 emerg rm co-pay=\$100 urgent care co-pay=\$30 | | | | \$2K deductible 80/20 OOPM=\$3500 office co-pay = \$20 presc coverage\$10/25/40 includes \$15K life insur | | | | 2.5K deduct 70/30 or 80/20 depending on service OOPM=\$6850 office co-pay=\$30 presc coverage \$10/25/50%/50%after deduct emerg rm co-pay=\$250 urgent care co-pay=\$45 | | | |
| MEDICAL | employee portion | employer portion | total cost | MEDICAL | employee portion | employer portion | total cost | MEDICAL | employee portion | employer portion | total cost |
| total monthly | \$ 4,032.85 | \$ 13,347.39 | \$ 17,380.24 | total monthly | \$ 2,966.60 | \$ 14,659.40 | \$ 17,626.00 | total monthly | \$ 3,020.38 | \$ 12,373.86 | \$ 15,394.24 |
| CURRENT PLAN | | | | | | | | | | | |
| ANNUAL COST | ESTIMATED 12% INCR | \$ 179,388.98 | | ANNUAL COST | | \$ 175,912.80 | | ANNUAL COST | | \$ 148,486.27 | |
| | emp rate | \$ 551.46 | | | emp rate | \$ 609.00 | | | emp rate | \$ 487.16 | |
| | ee+sp | \$ 1,180.52 | | | ee+sp | \$ 1,137.00 | | | ee+sp | \$ 974.32 | |
| | ee+child | \$ 775.03 | | | ee+child | \$ 788.00 | | | ee+child | \$ 925.60 | |
| | ee+children | \$ 1,086.84 | | | ee+children | \$ 1,054.00 | | | ee+children | \$ 925.60 | |
| | ee+family | \$ 1,638.07 | | | ee+family | \$ 1,556.00 | | | ee+family | \$ 1,412.76 | |
| DENTAL (EST) ANNUAL | | \$ 19,994.52 | | | | \$ 19,994.52 | | | | \$ 19,994.52 | |
| TOTAL MED + DENTAL | | \$ 199,383.50 | | | | \$ 195,907.32 | | | | \$ 168,480.79 | |
| HRA | | | | | | | | | | | |
| | ee | \$ 500.00 | | | \$ 500.00 | | | | \$ 750.00 | | |
| | ee+ spouse OR child | \$ 750.00 | | | \$ 750.00 | | | | \$ 1,125.00 | | |
| | ee + children | \$ 875.00 | | | \$ 875.00 | | | | \$ 1,312.50 | | |
| | ee+ family | \$ 1,000.00 | | | \$ 1,000.00 | | | | \$ 1,500.00 | | |
| | estimated annual cost based on historical use | \$5,000.00 | | | \$5,000.00 | | | | \$7,500.00 | | |
| TOTAL MEDICAL/DENTAL COSTS FY2017 | | \$ 204,383.50 | | | \$ 195,907.32 | | | | \$ 175,980.79 | | |