



White County Benefits Review 2018

May 1, 2018



Summary Enrollment & Claims

| Month | 387 | Medical Paid Amount | Pharmacy Paid Amount | Total Paid | Premiums |
|--------------|--------------|---------------------|----------------------|--------------------|--------------------|
| Dec-16 | 387 | \$83,481 | \$27,001 | \$110,482 | \$152,591 |
| Jan-17 | 386 | \$47,453 | \$34,850 | \$82,303 | \$149,513 |
| Feb-17 | 353 | \$47,179 | \$35,909 | \$83,088 | \$149,513 |
| Mar-17 | 392 | \$55,373 | \$33,997 | \$89,370 | \$149,513 |
| Apr-17 | 379 | \$77,991 | \$28,751 | \$106,742 | \$148,635 |
| May-17 | 384 | \$79,700 | \$30,893 | \$110,593 | \$146,810 |
| Jun-17 | 370 | \$135,641 | \$33,660 | \$169,301 | \$145,819 |
| Jul-17 | 366 | \$57,480 | \$28,337 | \$85,817 | \$169,504 |
| Aug-17 | 371 | \$67,855 | \$27,865 | \$95,720 | \$171,498 |
| Sep-17 | 368 | \$172,887 | \$32,104 | \$204,991 | \$172,441 |
| Oct-17 | 380 | \$103,174 | \$25,395 | \$128,569 | \$171,856 |
| Nov-17 | 369 | \$92,867 | \$27,693 | \$120,560 | \$175,985 |
| Total | 4,505 | \$1,021,081 | \$366,455 | \$1,387,536 | \$1,903,678 |

Paid Loss Ratio

72.89%

Per Member Per Month

\$308

Prior Plan Performance

| Period | Paid Premiums | Paid Claims | Per Member Per Month |
|---------------|----------------------|--------------------|---------------------------------|
| | | | |
| 2012 | \$1,668,265 | \$1,487,726 | \$360 |
| | | | |
| 2013 | \$1,834,449 | \$1,945,309 | \$462 |
| | | | |
| 2014 | \$1,843,525 | \$1,378,969 | \$331 |
| | | | |
| 2015 | \$1,871,643 | \$990,599 | \$235 |
| | | | |
| 2016 | \$1,886,276 | \$1,905,642 | \$423 |
| | | | |
| 2017 | \$1,903,678 | \$1,387,536 | \$308 |

Summary of Plan Cost

| | <u>Annual Premium</u> | <u>% Increase</u> | <u>Employee Cost</u> | <u>Net Annual Cost</u> | <u>Net % Increase</u> | <u>Annual Premium Difference</u> |
|--------------------|---------------------------|-----------------------|--------------------------|----------------------------|---------------------------|--|
| MEDICAL | | | | | | |
| Alliant | | | | | | |
| Current | \$2,083,401 | | \$348,453 | \$1,734,947 | | |
| Renewal | \$2,083,401 | 0.00% | \$348,453 | \$1,734,947 | 0.00% | \$0 |
| Renewal - One Plan | \$2,133,426 | 2.40% | \$270,200 | \$1,863,226 | 7.39% | \$128,279 |
| BCBSGA | | | | | | |
| Option | \$2,189,670 | 5.10% | \$343,977 | \$1,845,693 | 6.38% | \$110,746 |
| CIGNA | | | | | | |
| Option | \$2,155,877 | 3.48% | \$343,167 | \$1,812,710 | 4.48% | \$77,763 |
| Dental | | | | | | |
| BCBSGA | | | | | | |
| Current | \$123,903 | | \$110,799 | \$13,104 | | |
| Renewal | \$123,903 | 0.00% | \$110,799 | \$13,104 | 0.00% | \$0 |
| Aetna | | | | | | |
| Option | \$110,856 | -10.53% | \$97,752 | \$13,104 | 0.00% | \$0 |



Alliant Renewal Option –One Plan

| | | | CURRENT | | RENEWAL |
|---------------------------------------|------------|-----------|--|--|--|
| | | | Buy-Up | Base Plan | Buy-Up |
| Deductible | | | \$2,000 in-network | \$2,500 in-network | \$2,000 in-network |
| Coinsurance | | | 80% in-network | 70% in-network | 80% in-network |
| Out of Pocket (includes deductible) | | | \$5,000 | \$6,350 | \$5,000 |
| Out Patient Surgery | | | Deductible then 80% | Deductible then 70% | Deductible then 80% |
| Office Co-pay | | | \$25 | \$30 | \$25 |
| Specialist Co-pay | | | \$50 | \$60 | \$50 |
| MRI,Cat Scans | | | Deductible then 80% | Deductible then 70% | Deductible then 80% |
| Out Patient lab/X-Ray | | | Deductible then 80% | Deductible then 70% | Deductible then 80% |
| Emergency Room | | | \$250 Co-pay | \$250 Co-pay | \$250 Co-pay |
| Lifetime Maximum | | | Unlimited | Unlimited | Unlimited |
| Prescription co-pay | | | \$10 Generic \$35 Preferred \$60 Non-Preferred | \$10 Generic \$35 Preferred \$60 Non-Preferred | \$10 Generic \$35 Preferred \$60 Non-Preferred |
| | Buy-Up | Base | | | |
| Employee | 45 | 32 | \$535.17 | \$503.00 | \$535.17 |
| Employee + Spouse | 25 | 10 | \$1,123.87 | \$1,056.29 | \$1,123.87 |
| Employee + Child(ren) | 12 | 13 | \$1,016.83 | \$955.69 | \$1,016.83 |
| Employee + Family | 27 | 17 | \$1,632.30 | \$1,534.14 | \$1,632.30 |
| Billed Monthly Premium | 109 | 72 | \$108,453 | \$65,163 | \$108,453 |
| Annual Premium | | | \$2,083,401 | | \$2,133,426 |
| <i>21 Waives</i> | | | | | |
| EMPLOYEE DEDUCTIONS: Bi-Weekly | | | Wellness Deductions | Wellness Deductions | Wellness Deductions |
| Employee | 45 | 30 | \$22.36 | \$7.51 | \$7.51 |
| Employee + Spouse | 25 | 10 | \$121.26 | \$90.07 | \$90.07 |
| Employee + Child(ren) | 12 | 12 | \$102.19 | \$73.97 | \$73.97 |
| Employee + Family | 26 | 16 | \$146.83 | \$101.53 | \$101.53 |
| | | | \$236,121 | \$94,591 | \$159,045 |
| Total Monthly Deductions | | | | | |
| EMPLOYEE DEDUCTIONS: Bi-Weekly | | | Non-Wellness Deductions | Non-Wellness Deductions | Non-Wellness Deductions |
| Employee | 0 | 2 | \$91.36 | \$76.51 | \$76.51 |
| Employee + Spouse | 0 | 0 | \$190.26 | \$159.07 | \$159.07 |
| Employee + Child(ren) | 0 | 1 | \$171.19 | \$142.97 | \$142.97 |
| Employee + Family | 1 | 1 | \$215.83 | \$170.53 | \$170.53 |
| | | | \$5,612 | \$12,130 | \$4,434 |
| Annual Deductions | | | \$348,453 | | \$270,200 |
| Net Cost | | | \$1,734,947 | | \$1,863,226 |

BCBSGA Option

| | CURRENT | | | BCBSGA | | |
|-------------------------------------|--|------|--|--|-------------------------|--|
| | Buy-Up | | Base Plan | Buy-Up | | Base Plan |
| Deductible | \$2,000 in-network | | \$2,500 in-network | \$2,000 in-network | | \$2,500 in-network |
| Coinsurance | 80% in-network | | 70% in-network | 80% in-network | | 70% in-network |
| Out of Pocket (includes deductible) | \$5,000 | | \$6,350 | \$5,000 | | \$6,350 |
| Out Patient Surgery | Deductible then 80% | | Deductible then 70% | Deductible then 80% | | Deductible then 70% |
| Office Co-pay | \$25 | | \$30 | \$25 | | \$30 |
| Specialist Co-pay | \$50 | | \$60 | \$50 | | \$60 |
| MRI, Cat Scans | Deductible then 80% | | Deductible then 70% | Deductible then 80% | | Deductible then 70% |
| Out Patient lab/X-Ray | Deductible then 80% | | Deductible then 70% | Deductible then 80% | | Deductible then 70% |
| Emergency Room | \$250 Co-pay | | \$250 Co-pay | \$250 Co-pay | | \$250 Co-pay |
| Lifetime Maximum | Unlimited | | Unlimited | Unlimited | | Unlimited |
| Prescription co-pay | \$10 Generic \$35 Preferred \$60 Non-Preferred | | \$10 Generic \$35 Preferred \$60 Non-Preferred | \$10 Generic \$35 Preferred \$60 Non-Preferred | | \$10 Generic \$35 Preferred \$60 Non-Preferred |
| | Buy-Up | Base | | | | |
| Employee | 45 | 32 | \$535.17 | \$503.00 | \$561.11 | \$530.78 |
| Employee + Spouse | 25 | 10 | \$1,123.87 | \$1,056.29 | \$1,178.34 | \$1,114.63 |
| Employee + Child(ren) | 12 | 13 | \$1,016.83 | \$955.69 | \$1,066.12 | \$1,008.48 |
| Employee + Family | 27 | 17 | \$1,632.30 | \$1,534.14 | \$1,711.42 | \$1,618.87 |
| Billed Monthly Premium | 109 | 72 | \$108,453 | \$65,163 | \$113,710 | \$68,762 |
| Annual Premium | \$2,083,401 | | | \$2,189,670 | | |
| <i>21 Waives</i> | | | | | | |
| EMPLOYEE DEDUCTIONS: Bi-Weekly | | | | | | |
| | | | Wellness Deductions | Wellness Deductions | Wellness Deductions | Wellness Deductions |
| Employee | 45 | 30 | \$22.36 | \$7.51 | \$21.51 | \$7.51 |
| Employee + Spouse | 25 | 10 | \$121.26 | \$90.07 | \$119.47 | \$90.07 |
| Employee + Child(ren) | 12 | 12 | \$102.19 | \$73.97 | \$100.57 | \$73.97 |
| Employee + Family | 26 | 16 | \$146.83 | \$101.53 | \$144.25 | \$101.53 |
| Total Monthly Deductions | | | \$236,121 | \$94,591 | \$231,712 | \$94,591 |
| EMPLOYEE DEDUCTIONS: Bi-Weekly | | | | | | |
| | | | Non-Wellness Deductions | Non-Wellness Deductions | Non-Wellness Deductions | Non-Wellness Deductions |
| Employee | 0 | 2 | \$91.36 | \$76.51 | \$90.51 | \$76.51 |
| Employee + Spouse | 0 | 0 | \$190.26 | \$159.07 | \$188.47 | \$159.07 |
| Employee + Child(ren) | 0 | 1 | \$171.19 | \$142.97 | \$169.57 | \$142.97 |
| Employee + Family | 1 | 1 | \$215.83 | \$170.53 | \$213.25 | \$170.53 |
| Annual Deductions | | | \$5,612 | \$12,130 | \$5,544 | \$12,130 |
| Net Cost | \$348,453 | | | \$343,977 | | |
| | \$1,734,947 | | | \$1,845,693 | | |

25 Waives

CIGNA Option

| | | | CURRENT | | CIGNA | | |
|-------------------------------------|------------|-----------|--|--|--|--|--|
| | | | Buy-Up | Base Plan | Buy-Up | Base Plan | |
| Deductible | | | \$2,000 in-network | \$2,500 in-network | \$2,000 in-network | \$2,500 in-network | |
| Coinsurance | | | 80% in-network | 70% in-network | 80% in-network | 70% in-network | |
| Out of Pocket (includes deductible) | | | \$5,000 | \$6,350 | \$5,000 | \$6,350 | |
| Out Patient Surgery | | | Deductible then 80% | Deductible then 70% | Deductible then 80% | Deductible then 70% | |
| Office Co-pay | | | \$25 | \$30 | \$25 | \$30 | |
| Specialist Co-pay | | | \$50 | \$60 | \$50 | \$60 | |
| MRI,Cat Scans | | | Deductible then 80% | Deductible then 70% | Deductible then 80% | Deductible then 70% | |
| Out Patient lab/X-Ray | | | Deductible then 80% | Deductible then 70% | Deductible then 80% | Deductible then 70% | |
| Emergency Room | | | \$250 Co-pay | \$250 Co-pay | \$250 Co-pay | \$250 Co-pay | |
| Lifetime Maximum | | | Unlimited | Unlimited | Unlimited | Unlimited | |
| Prescription co-pay | | | \$10 Generic \$35 Preferred \$60 Non-Preferred | \$10 Generic \$35 Preferred \$60 Non-Preferred | \$10 Generic \$35 Preferred \$60 Non-Preferred | \$10 Generic \$35 Preferred \$60 Non-Preferred | |
| | | Buy-Up | Base | | | | |
| Employee | 45 | 32 | \$535.17 | \$503.00 | \$551.32 | \$521.32 | |
| Employee + Spouse | 25 | 10 | \$1,123.87 | \$1,056.29 | \$1,160.65 | \$1,097.63 | |
| Employee + Child(ren) | 12 | 13 | \$1,016.83 | \$955.69 | \$1,049.86 | \$992.85 | |
| Employee + Family | 27 | 17 | \$1,632.30 | \$1,534.14 | \$1,686.88 | \$1,595.36 | |
| Billed Monthly Premium | 109 | 72 | \$108,453 | \$65,163 | \$111,970 | \$67,687 | |
| Annual Premium | | | \$2,083,401 | | \$2,155,877 | | |
| 21 Waives | | | | | | | |
| EMPLOYEE DEDUCTIONS: Bi-Weekly | | | Wellness Deductions | Wellness Deductions | Wellness Deductions | Wellness Deductions | |
| Employee | 45 | 30 | \$22.36 | \$7.51 | \$21.36 | \$7.51 | |
| Employee + Spouse | 25 | 10 | \$121.26 | \$90.07 | \$119.16 | \$90.07 | |
| Employee + Child(ren) | 12 | 12 | \$102.19 | \$73.97 | \$100.28 | \$73.97 | |
| Employee + Family | 26 | 16 | \$146.83 | \$101.53 | \$143.77 | \$101.53 | |
| | | | \$236,121 | \$94,591 | \$230,915 | \$94,591 | |
| Total Monthly Deductions | | | | | | | |
| EMPLOYEE DEDUCTIONS: Bi-Weekly | | | Non-Wellness Deductions | Non-Wellness Deductions | Non-Wellness Deductions | Non-Wellness Deductions | |
| Employee | 0 | 2 | \$91.36 | \$76.51 | \$90.36 | \$76.51 | |
| Employee + Spouse | 0 | 0 | \$190.26 | \$159.07 | \$188.16 | \$159.07 | |
| Employee + Child(ren) | 0 | 1 | \$171.19 | \$142.97 | \$169.28 | \$142.97 | |
| Employee + Family | 1 | 1 | \$215.83 | \$170.53 | \$212.77 | \$170.53 | |
| | | | \$5,612 | \$12,130 | \$5,532 | \$12,130 | |
| Annual Deductions | | | \$348,453 | | \$343,167 | | |
| Net Cost | | | \$1,734,947 | | \$1,812,710 | | |

25 Waives

Dental

| | | BCBSGA | | Aetna |
|--|----|-----------------------------------|-----------------------------------|-----------------------------------|
| | | Current | Renewal | Proposal |
| Employee | 66 | 32.35 | 32.35 | 28.94 |
| Employee + Spouse | 36 | 63.52 | 63.52 | 56.83 |
| Employee + Child(ren) | 19 | 89.10 | 89.10 | 79.72 |
| Employee + Family | 35 | 120.30 | 120.30 | 107.64 |
| <i>51 Waives</i> | | | | |
| Annual Total | | \$123,903 | \$123,903 | \$110,856 |
| | | | 0.00% | -10.53% |
| Deductible | | \$50 Deductible (3 x Family) | \$50 Deductible (3 x Family) | \$50 Deductible (3 x Family) |
| Yearly Maximum | | \$1,000 | \$1,000 | \$1,000 |
| Preventive Coinsurance | | 100% | 100% | 100% |
| Basic Coinsurance | | 80% | 80% | 80% |
| Major Coinsurance | | 50% | 50% | 50% |
| Orthodontics: | | 50% , \$1,000 Lifetime Max | 50% , \$1,000 Lifetime Max | 50% , \$1,000 Lifetime Max |
| Endodontics: | | Covered as Basic (80%) | Covered as Basic (80%) | Covered as Basic (80%) |
| Periodontics: | | Covered as Basic (80%) | Covered as Basic (80%) | Covered as Basic (80%) |
| Roll Over Option | | Yes - Avg \$628 | Yes - Avg \$628 | No |
| Preventive applies to Annual Limit | | Yes | Yes | Yes |
| Fee Schedule | | 90th | 90th | 90th |
| DEDUCTIONS (26)- County contributes \$7 towards Employee cost | | | | |
| Employee | 66 | 11.70 | 11.70 | 10.13 |
| Employee + Spouse | 36 | 26.09 | 26.09 | 23.00 |
| Employee + Child(ren) | 19 | 37.89 | 37.89 | 33.56 |
| Employee + Family | 35 | 52.29 | 52.29 | 46.45 |
| Annual Deductions | | \$110,799 | \$110,799 | \$97,752 |
| Net Annual Cost | | \$13,104 | \$13,104 | \$13,104 |
| Increase to County | | | 0.00% | 0.00% |