



# 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
<b>Total</b>	<b>4,505</b>	<b>\$1,021,081</b>	<b>\$366,455</b>	<b>\$1,387,536</b>	<b>\$1,903,678</b>

**Paid Loss Ratio**

**72.89%**

**Per Member Per Month**

**\$308**

# Prior Plan Performance

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

# 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>
<b>MEDICAL</b>						
<b>Alliant</b>						
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
<b>BCBSGA</b>						
Option	\$2,189,670	5.10%	\$343,977	\$1,845,693	6.38%	\$110,746
<b>CIGNA</b>						
Option	\$2,155,877	3.48%	\$343,167	\$1,812,710	4.48%	\$77,763
<b>Dental</b>						
<b>BCBSGA</b>						
Current	\$123,903		<b>\$110,799</b>	\$13,104		
Renewal	\$123,903	0.00%	<b>\$110,799</b>	\$13,104	0.00%	\$0
<b>Aetna</b>						
Option	\$110,856	-10.53%	<b>\$97,752</b>	\$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
<b>Billed Monthly Premium</b>	<b>109</b>	<b>72</b>	<b>\$108,453</b>	<b>\$65,163</b>	<b>\$108,453</b>
<b>Annual Premium</b>			<b>\$2,083,401</b>		<b>\$2,133,426</b>
<i>21 Waives</i>					
<b>EMPLOYEE DEDUCTIONS: Bi-Weekly</b>			<b>Wellness Deductions</b>	<b>Wellness Deductions</b>	<b>Wellness Deductions</b>
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
			<b>\$236,121</b>	<b>\$94,591</b>	<b>\$159,045</b>
<b>Total Monthly Deductions</b>					
<b>EMPLOYEE DEDUCTIONS: Bi-Weekly</b>			<b>Non-Wellness Deductions</b>	<b>Non-Wellness Deductions</b>	<b>Non-Wellness Deductions</b>
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
			<b>\$5,612</b>	<b>\$12,130</b>	<b>\$4,434</b>
<b>Annual Deductions</b>			<b>\$348,453</b>		<b>\$270,200</b>
<b>Net Cost</b>			<b>\$1,734,947</b>		<b>\$1,863,226</b>

# 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	<b>\$108,453</b>	<b>\$65,163</b>	<b>\$113,710</b>	<b>\$68,762</b>
Annual Premium			<b>\$2,083,401</b>		<b>\$2,189,670</b>	
21 Waives						
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			<b>\$236,121</b>	<b>\$94,591</b>	<b>\$231,712</b>	<b>\$94,591</b>
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			<b>\$5,612</b>	<b>\$12,130</b>	<b>\$5,544</b>	<b>\$12,130</b>
Net Cost			<b>\$348,453</b>		<b>\$343,977</b>	
			<b>\$1,734,947</b>		<b>\$1,845,693</b>	

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	<b>\$108,453</b>	<b>\$65,163</b>	<b>\$111,970</b>	<b>\$67,687</b>
Annual Premium			<b>\$2,083,401</b>		<b>\$2,155,877</b>	
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
Total Monthly Deductions			<b>\$236,121</b>	<b>\$94,591</b>	<b>\$230,915</b>	<b>\$94,591</b>
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
Annual Deductions			<b>\$5,612</b>	<b>\$12,130</b>	<b>\$5,532</b>	<b>\$12,130</b>
Net Cost			<b>\$1,734,947</b>		<b>\$1,812,710</b>	

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>				
<b>Annual Total</b>		<b>\$123,903</b>	<b>\$123,903</b>	<b>\$110,856</b>
			<b>0.00%</b>	<b>-10.53%</b>
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:		<b>Covered as Basic (80%)</b>	<b>Covered as Basic (80%)</b>	<b>Covered as Basic (80%)</b>
Periodontics:		<b>Covered as Basic (80%)</b>	<b>Covered as Basic (80%)</b>	<b>Covered as Basic (80%)</b>
Roll Over Option		Yes - Avg \$628	Yes - Avg \$628	No
Preventive applies to Annual Limit		Yes	Yes	Yes
Fee Schedule		90th	90th	90th
<b>DEDUCTIONS (26)- County contributes \$7 towards Employee cost</b>				
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
<b>Annual Deductions</b>		<b>\$110,799</b>	<b>\$110,799</b>	<b>\$97,752</b>
<b>Net Annual Cost</b>		<b>\$13,104</b>	<b>\$13,104</b>	<b>\$13,104</b>
<b>Increase to County</b>			<b>0.00%</b>	<b>0.00%</b>