

Cook County BOC

Employee Benefit Proposal

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Cook County BOC Medical Coverage Market Survey


Carriers Quoted for Medical Insurance Coverage	
Insurer	Medical
	Current
	Declined to Quote
	Included
	Not Competitive
	Not Competitive
	Quote Not Received

Medical Benefit Comparison for Cook County BOC

Insurance Company	UnitedHealthcare[®] Plan AG-OC	BCBS Option (OAP5 5K/20 7.15K K)
Major Medical Maximum	Unlimited	Unlimited
Network	UHC Choice Plus	Blue Open Access POS
Calendar Year Deductible	\$5,000	\$5,000
Office Co-pay (in network) • Primary Care Physician • Specialist	\$30 \$60	\$25 \$50
Prescription Drug Card • Rx Deductible • Tier 1 • Tier 2 • Tier 3 • Specialty	N/A \$15 \$40 \$75 NA	\$200/\$400 \$15 \$45 \$85 20%/\$300 Max
Preventative Care (in-network provider)	100% not subject to deductible	100% not subject to deductible
Maternity (in network) (prenatal, delivery, postpartum)	\$30 co-pay (first visit) (20% after deductible)	\$25 co-pay (first visit) (20% after deductible)
Inpatient Services • Including Physician Services	20% after deductible	20% after deductible
Outpatient Services • Surgery in Amb Surg Ctr • Outpt Surg in Hospital • Diagnostic x-ray & lab services* • Imaging (CT, MRI, PET Scan)	20% after deductible *paid 100% at IN provider	\$150 then 20% deductible + 20% \$25 copay deductible + 20%
Co-Insurance • In Network • Out-of-Network	80% 60%	80% 50%
Emergency Use of Emergency Room	\$200 co-pay	\$150 then 20%
Outpatient Therapy Physical , Occupational & Speech	\$30 co-pay (20 visits)	\$50 co-pay (20 visits)
Durable Medical Equip.	20% after deductible	20% after deductible
Chiropractic Care	\$30 co-pay (20 visits)	\$50 co-pay (20 visits)
Out of Pocket Maximum (does include deductible) • In Network • Out-of-Network	\$6,600 \$13,200	\$7,150 \$14,300
Monthly Premium	\$669.62	\$574.54

Current	\$546.31
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Medical Cost for Cook County BOC

Coverage	Covered Lives	UnitedHealthcare®	UnitedHealthcare®	
		Current	Renewal	Option OAP5 5K/20 7.15K K
	Covered Lives	96	96	96
Monthly Employee Only	96	\$546.31	\$669.62	\$574.54
Total Monthly Premium		\$52,445.76	\$64,283.52	\$55,155.84
Total Annual Premium		\$629,349.12	\$771,402.24	\$661,870.08
Monthly Total with all enrolled		\$52,445.76	\$64,283.52	\$55,155.84
Total Annual Premium		\$629,349.12	\$771,402.24	\$661,870.08
Percentage Difference From CURRENT			22.57%	5.17%
Percentage Difference From RENEWAL				-14.20%
Life Insurance	120	\$5.75	\$5.75	\$5.35
Total Monthly Basic Life		\$690.00	\$690.00	\$642.00
Annual Cost of Basic Life		\$8,280.00	\$8,280.00	\$7,704.00
Total Monthly Cost Medical + Life		\$60,725.76	\$72,563.52	\$62,859.84

Dental

Insurance Company		Principal Current/Renewal	BCBS Option
Deductible (individual)		\$50	\$50
Calendar Year Maximum		\$1000	\$1000
1st Yr		\$1000 plus	\$1000 plus
2nd Yr		applicable rollover	applicable rollover
Roll Over Benefit:			
Threshold Range		\$1-\$500	\$1-\$500
Annual Roll Over Amount		\$250	\$250
Maximum Rollover Amount		\$1000	\$1000
Max Annual Benefit After 4 years		\$2000	\$2000
Preventive Services		100%	100%
Basic Dental Services		80%	80%
Major Dental Services		50%	50%
Orthodontic Coverage		\$1,000	\$1,000
Orthodontic Maximum		\$1,000	\$1,000
Employee	60	\$26.42	\$25.96
Employee + Spouse	14	\$62.18	\$61.11
Employee + Child(ren)	9	\$78.25	\$76.90
Employee + Family	5	\$110.00	\$108.10
Total Monthly Premium		\$3,709.97	\$3,645.74
Percentage Difference			-1.7%
Rate Guarantee		1 year	1 year

Vision

Insurance Company		Current & Renewal Principal Vision	BCBS Option
Frequencies			
	Exam	every 12 months	every 12 months
	Lenses	every 12 months	every 12 months
	Frames	every 24 months	every 24 months
Eye Exam		up to \$50	\$10 copay
Lenses			
	Single Vision	up to \$50	\$20 copay then covered in full
	Bifocal	up to \$75	\$20 copay then covered in full
	Trifocal	up to \$100	\$20 copay then covered in full
Contact Lenses		\$150 first year and every other year. \$50 every other year	\$130 Allowance
Frames		up to \$100	\$130 Allowance
Employee	33	\$6.78	\$6.78
Employee + Spouse	10	\$14.42	\$11.87
Employee + Child(ren)	3	\$13.51	\$12.88
Employee + Family	8	\$21.16	\$19.66
Total Monthly Premium		\$577.75	\$538.36
Percentage Difference			-6.82%
Rate Guarantee			1 year

Basic Life and AD&D

Insurance Company	Principal Current & Renewal	BCBS/GGL Option
Basic Life/AD&D	\$25,000	\$25,000
Monthly Rate (per \$1,000)	\$0.230	\$0.214
Volume	\$2,885,000	\$2,885,000
Monthly Premium	\$663.55	\$617.39
Rate Guarantee		2 years

Voluntary Term Life AD&D

Insurance Company	Principal Current & Renewal	BCBS/GGL Option
Employee Life	Increments of \$10,000 up to a maximum of \$500,000	Increments of \$10,000 up to a maximum of \$500,000
Guarantee Issue	\$130,000	\$130,000
Waiver of Premium	Included	Included
Age Reductions	35% at age 65; additional 15% at age 70	35% at age 65; additional 15% at age 70
Spouse Life	100% of ee's benefit up to \$100,000	100% of ee's benefit up to \$100,000
Guarantee Issue	\$30,000	\$30,000
Annual One-Ups	1 increment for both employee & spouse	NA
Dependent Life	14 days and under: \$1,000 14 days and older: \$5,000 or \$10,000	14 days and under: \$1,000 14 days and older: \$5,000 or \$10,000
Child Monthly Rate (per \$1,000)	\$0.200	\$0.200
Accelerated Death Benefit	Included	Included
AD&D Rate	\$0.031	\$0.031
Monthly Rate (per \$1,000)		
Age	Amounts below INCLUDE AD&D	
under 24	\$0.136	\$0.136
25-29	\$0.136	\$0.136
30-34	\$0.146	\$0.146
35-39	\$0.204	\$0.204
40-44	\$0.311	\$0.311
45-49	\$0.463	\$0.463
50-54	\$0.735	\$0.735
55-59	\$1.137	\$1.137
60-64	\$1.566	\$1.566
65-69	\$2.864	\$2.864
70-74	\$4.691	\$4.697
75 & over	\$4.691	\$4.697
Rate Guarantee	1 year	2 years

Long Term Disability

Insurance Company	Principal Current & Renewal
Benefit Percentage	60%
Maximum Benefit Amount	\$5,000
Elimination Period	90 days
Benefit Duration Period	Up to 5 Years
Own "Occ" Definition	2 years
Residual / Partial Benefit	Zero Day Residual
Mental Health Drug & Alcohol	24 month benefit limit
Pre-Existing Conditions	6 months prior / 12 months insured
Social Security Integration	Primary & Family
Rehabilitation Coverage	included
Survivor Benefit	3 months gross
Age	
under 24	\$0.260
25-29	\$0.320
30-34	\$0.360
35-39	\$0.460
40-44	\$0.740
45-49	\$1.020
50-54	\$1.200
55-59	\$1.550
60-64	\$2.690
65-69	\$1.910
70-74	\$1.180
75 & over	\$1.180
Rate Guarantee	1 year

Short Term Disability

Insurance Company	Principal Current & Renewal
Elimination Period	
Accident	15 days
Sickness	15 days
Benefit Percentage	60%
Weekly Maximum Benefit	\$1,000
Benefit Duration	11 weeks
Maternity	included
Pre-existing Conditions	3 months prior / 12 months insured
Monthly Rate	\$0.49
Volume	\$10,645
Total Monthly Premium	\$521.61
Rate Guarantee	1 year