

Request for Board of Commissioners' Action

From: Faye Hughes, County Administrator Date: May 4, 2018

Subject: Employee Health Insurance Renewal Item Number: VIII - B

In order to meet a deadline for renewal, the board decided to move forward with the employee health insurance proposal from Blue Cross Blue Shield. The annual rate of increase was 2.1% for the coverage period of 2018-2019.

Attached is the proposal from Blue Cross Blue Shield, the highlighted column shows the new rates that reflect the 2.1% increase. Annually, the 2.1% premium increase equals \$14,016.00.

The county paid \$25,000 life insurance will be provided by Bcbsga at no increase, \$5.35 monthly.

Blue Cross Blue Shield will continue to provide vision and dental coverage as last plan year. Vision coverage premiums will remain the same, dental coverage was elevated 6%, which equals \$1.24 per month for employee coverage. Both ancillary policies are employee paid.

The Chair will need a motion to ratify the decision to renew the employee health insurance coverage with Blue Cross Blue Shield GA for plan year 2018-19.

Motion made by _____

Second made by _____

Any discussion: _____


Votes _____ yes _____ no

Motion carried/ failed

Medical Benefit Comparison for Cook County BOC

Insurance Company	BCBS CURRENT (OAP5 5K/20 7.15K K)	BCBS RENEWAL (OAP5 5K/20 7.15K KE)	BCBS Option 1 (OAP5 5K/20 7.15K N)	
Major Medical Maximum	Unlimited	Unlimited	Unlimited	
Network	Blue Open Access POS	Blue Open Access POS	Blue Open Access POS	
Calendar Year Deductible	\$5,000	\$5,000	\$5,000	
Office Co-pay (in network)	\$25	\$25	\$25	
• Primary Care Physician	\$50	\$50	\$50	
• Specialist				
Prescription Drug Card		ESSENTIAL DRUG LIST	Level 1	Level 2
• Rx Deductible	\$200/\$400	\$200/\$400	\$300/\$600	\$300/\$600
• Tier 1	\$15	\$15	\$5/\$20	\$15/\$30
• Tier 2	\$45	\$45	\$45	\$55
• Tier 3	\$85	\$85	\$80	\$90
• Specialty	20%/\$300 Max	20%/\$300 Max	25%/\$400 Max	35%/\$500 Max
Preventative Care (in-network provider)	100% not subject to deductible	100% not subject to deductible	100% not subject to deductible	
Maternity (in network) (prenatal, delivery, postpartum)	\$25 co-pay (first visit) (20% after deductible)	\$25 co-pay (first visit) (20% after deductible)	\$25 co-pay (first visit) (20% after deductible)	
Inpatient Services	20% after deductible	20% after deductible	20% after deductible	
• Including Physician Services				
Outpatient Services				
• Surgery in Amb Surg Ctr	\$150 then 20% deductible + 20%	\$150 then 20% deductible + 20%	\$150 then 20% deductible + 20%	
• Outpt Surg in Hospital				
• Outpt Surg Ctr/Hospital				
• Diagnostic x-ray & lab services*	20% / 20% after ded	20% / 20% after ded	20% / 20% after ded	
• Physician Services	20% / 20% after ded	20% / 20% after ded	20% / 20% after ded	
Co-Insurance				
• In Network	80%	80%	80%	
• Out-of-Network	50%	50%	50%	
Emergency Use of Emergency Room	\$150 then 20%	\$150 then 20%	\$150 then 20%	
Outpatient Therapy Physical, Occupational & Speech	\$50 co-pay (20 visits)	\$50 co-pay (20 visits)	\$50 co-pay (20 visits)	
Durable Medical Equip.	20% after deductible	20% after deductible	20% after deductible	
Chiropractic Care	\$50 co-pay (20 visits)	\$50 co-pay (20 visits)	\$50 co-pay (20 visits)	
Out of Pocket Maximum (does include deductible)				
• In Network	\$7,150	\$7,150	\$7,150	
• Out-of-Network	\$14,300	\$14,300	\$14,300	
Monthly Premium	\$574.53	\$586.82	\$578.13	
Current	\$574.53			

Medical Cost for Cook County BOC

Coverage	Covered Lives			
		Current OAP5 5K/20 7.15K K	Renewal OAP5 5K/20 7.15K K	Option 1 OAP5 5K/20 7.15K N
	Covered Lives	95	95	95
Monthly Employee Only	95	\$574.53	\$586.82	\$578.13
Total Monthly Premium		\$54,580.35	\$55,747.90	\$54,922.35
Total Annual Premium		\$654,964.20	\$668,974.80	\$659,068.20
Monthly Total with all enrolled		\$54,580.35	\$55,747.90	\$54,922.35
Total Annual Premium		\$654,964.20	\$668,974.80	\$659,068.20
Percentage Difference From CURRENT			2.14%	0.63%
Percentage Difference From RENEWAL				-1.48%
Life Insurance	119	\$5.35	\$5.35	\$5.35
Total Monthly Basic Life		\$636.65	\$636.65	\$636.65
Annual Cost of Basic Life		\$7,639.80	\$7,639.80	\$7,639.80
Total Monthly Cost Medical + Life		\$62,220.15	\$63,387.70	\$62,562.15
Total Annual Cost Medical + Life		\$746,641.80	\$760,652.40	\$750,745.80

Dental

Insurance Company		BCBS Current	BCBS Renewal
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	63	\$25.96	\$27.52
Employee + Spouse	14	\$61.11	\$64.78
Employee + Child(ren)	7	\$76.90	\$81.51
Employee + Family	7	\$108.10	\$114.59
Total Monthly Premium		\$3,786.02	\$4,013.38
Percentage Difference			6.0%
Rate Guarantee			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		\$10 copay	\$10 copay
Lenses			
	Single Vision	\$20 copay then covered in full	\$20 copay then covered in full
	Bifocal	\$20 copay then covered in full	\$20 copay then covered in full
	Trifocal	\$20 copay then covered in full	\$20 copay then covered in full
Contact Lenses		\$130 Allowance	\$130 Allowance
Frames		\$130 Allowance	\$130 Allowance
Employee	49	\$6.78	\$6.78
Employee + Spouse	10	\$11.87	\$11.87
Employee + Child(ren)	5	\$12.88	\$12.88
Employee + Family	8	\$19.66	\$19.66
Total Monthly Premium		\$672.60	\$672.60
Percentage Difference			0.00%
Rate Guarantee			2 Year

Basic Life and AD&D

Insurance Company	BCBS/GGL Current	BCBS/GGL Renewal
Basic Life/AD&D	\$25,000	\$25,000
Monthly Rate (per \$1,000)	\$0.214	\$0.214
Volume	\$2,975,000	\$2,975,000
Monthly Premium	\$636.65	\$636.65
Rate Guarantee		1 Year

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

Voluntary Term Life AD&D

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