

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 |
| UnitedHealthcare® | 'Not Comparable Plans' |
|  | Quote Not Received (Medical Questionnaires Required) |
|  | Declined to Quote |

Medical Benefit Comparison for Cook County BOC

| | BCBS CURRENT (OAP5 5K/20 7.15K KE) | BCBS RENEWAL (OAP5 5K/20 7.9K KE) |
|--|---|---|
| Major Medical Maximum | Unlimited | Unlimited |
| Network | POS | POS |
| Calendar Yr. Deductible • Individual • Family | \$5,000 \$10,000 | \$5,000 \$10,000 |
| Office Copay (in network) • Primary Care • Specialist | \$25 \$50 | \$30 \$60 |
| Prescription Drug Card • Rx Deductible • Tier 1 • Tier 2 • Tier 3 • Specialty | \$200/\$400 \$15 \$45 \$85 20%/\$300 Max | \$200/\$400 \$15 \$45 \$85 25%/\$350 Max |
| Preventative Care (in-network provider) | 100% deductible waived | 100% deductible waived |
| Maternity (in network) (prenatal, delivery, postpartum) | 20% after deductible | 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 Outpt Surg Ctr/Hospital • Diagnostic x-ray & lab services • Imaging (CT/PET/MRI) | \$150 then 20% 20% after deductible 20% / 20% after ded 20% / 20% after ded | \$150 then 20% 20% after deductible 20% / 20% after ded 20% / 20% after ded |
| Co-Insurance • In Network • Out-of-Network | 80% 50% | 80% 50% |
| Emergency Use of Emergency Room | \$150 then 20% | \$350 then 20% |
| Outpatient Therapy Physical, Occupational & Speech | \$50 co-pay (20 visits) | \$60 co-pay (20 visits) |
| Durable Medical Equip. | 20% after deductible | 20% after deductible |
| Chiropractic (20 visits) • Free Standing Office • Outpt. Hospital | \$50 co-pay 20% after deductible | \$60 co-pay 20% after deductible |
| Out of Pocket Max (includes deductible) • In Network • Out-of-Network | \$7,150 \$14,300 | \$7,900 \$15,800 |
| Monthly EE Only Premium | \$586.82 | \$686.07 |

Medical Cost for Cook County BOC

| Carrier | |  |  |
|---------------------------------------|------------------|---|---|
| Plan | | Current OAP5 5K/20 7.15K K | Renewal OAP5 5K/20 7.9K K |
| | Covered Lives | 96 | 96 |
| Monthly Employee Only | 96 | \$586.82 | \$686.07 |
| Total Monthly Premium | | \$56,334.72 | \$65,862.72 |
| Total Annual Premium | | \$676,016.64 | \$790,352.64 |
| Monthly Total with all enrolled | | \$56,334.72 | \$65,862.72 |
| Total Annual Premium | | \$676,016.64 | \$790,352.64 |
| Percentage Difference From CURRENT | | | 16.91% |
| Percentage Difference From RENEWAL | | | |
| Life Insurance | 124 | \$5.35 | \$5.35 |
| Total Monthly Basic Life | | \$663.40 | \$663.40 |
| Annual Cost of Basic Life | | \$7,960.80 | \$7,960.80 |
| Total Monthly Cost Medical + Life | | \$64,295.52 | \$73,823.52 |
| Total Annual Cost Medical + Life | | \$771,546.24 | \$885,882.24 |

Dental

| Insurance Company | | BCBS Current | BCBS Renewal | Principal Option 1 | Principal Option 2 |
|---|----|--|--|--|--|
| Deductible (individual) | | \$50 | \$50 | \$50 | \$50 |
| Calendar Year Max 1st Year 2nd Year | | \$1000 \$1000 plus applicable rollover | \$1000 \$1000 plus applicable rollover | \$1000 \$1000 plus applicable rollover | \$1000 \$1000 plus applicable rollover |
| Roll Over Benefit: Threshold Range Annual Roll Over Amount Maximum Rollover Amount | | \$1-\$500 \$250 \$1000 | \$1-\$500 \$250 \$1000 | \$1-\$500 \$250 \$1000 | \$1-\$500 \$250 \$1000 |
| Preventive Services | | 100% | 100% | 100% | 100% |
| Basic Dental Services: (Fillings, Periodontal, Endodontics, Oral Surgery) | | 80% | 80% | 80% | 80% |
| Major Dental Services (Inlays, Onlays, Crowns, Bridges Dentures) | | 50% | 50% | 50% (Endo is in Major on this plan) | 50% |
| Orthodontic Maximum (Child) | | \$1,000 | \$1,000 | \$1,000 | \$1,000 |
| Employee | 69 | \$27.52 | \$30.76 | \$26.36 | \$27.25 |
| Employee + Spouse | 14 | \$64.78 | \$72.40 | \$51.18 | \$52.97 |
| Employee + Child(ren) | 6 | \$81.51 | \$91.10 | \$70.96 | \$72.28 |
| Employee + Family | 7 | \$114.59 | \$128.07 | \$101.13 | \$103.39 |
| Total Monthly Premium | | \$4,096.99 | \$4,579.13 | \$3,668.83 | \$3,779.52 |
| Percentage Difference | | | 11.8% | -10.5% | -7.7% |
| Rate Guarantee | | | 1 year | 2 Year | 2 Year |

Vision

| Insurance Company | | Current & Renewal BCBS Vision | Principal Option 1 | Principal Option 2 |
|------------------------------|----------------------|----------------------------------|--|--|
| Frequencies | | | | |
| | Exam | every 12 months | every 12 months | every 12 months |
| | Lenses | every 12 months | every 12 months | every 12 months |
| | Frames | every 24 months | every 24 months | every 24 months |
| Eye Exam | | \$10 copay | \$10 copay | \$10 copay |
| Lenses | | | | |
| | Single Vision | \$20 copay | \$25 copay | \$25 copay |
| | Bifocal | \$20 copay | \$25 copay | \$25 copay |
| | Trifocal | \$20 copay | \$25 copay | \$25 copay |
| Contact Lenses | | \$130 Allowance | \$60 copay and then \$130 Allowance | \$60 copay and then \$150 Allowance |
| Frames | | \$130 Allowance | \$130 Allowance | \$150 Allowance |
| | | | | |
| Employee | 57 | \$6.78 | \$6.42 | \$6.74 |
| Employee + Spouse | 13 | \$11.87 | \$11.24 | \$11.80 |
| Employee + Child(ren) | 5 | \$12.88 | \$12.19 | \$12.81 |
| Employee + Family | 6 | \$19.66 | \$18.61 | \$19.55 |
| Total Monthly Premium | | \$723.13 | \$684.67 | \$718.93 |
| Percentage Difference | | 0.00% | -5.01% | -0.58% |
| Rate Guarantee | | <u>2 Year</u> | 2 Year | 2 Year |

care made visible

Care

We're connected

- Integrated claims and clinical data from medical, vision, dental, life, disability and pharmacy claims create more complete member health profiles
- Information flows between medical and vision care providers
- Diagnoses can trigger health alerts and engagement in condition management programs

Convenience

Streamlined efficiencies

- Combined administration for employers
- One website, One ID card, One mobile app for employees
- 7 day a week customer service
- Resources for members traveling abroad

Choice

Access and Savings

- National network of independent doctors, most popular optical retail and online options

INDEPENDENT
PROVIDER
NETWORK


LENSCRAFTERS

PEARLE
VISION

 OPTICAL

sears
OPTICAL

JCPenney | optical

GLASSES[®].com

contactsdirect

1800 contacts^{*}

- Provider discounts help reduce member out-of-pocket costs ¹

40%
off

Complete
pairs of
eyeglasses

20%
off

Most other items like
non-prescription
sunglasses

15%
off

Conventional
contact
lenses

- 63% average savings over retail ²
- Discounts on LASIK and more through our SpecialOffers program ³

¹ Except where discounting is prohibited by state law.

² Based on the Blue View Vision plan with \$10 lens co-pay and \$130 frame allowance for glasses or \$130 contact lens allowance.

³ Vendors and offers are subject to change without prior notice. Value added services and products are not covered under the health plan benefit.

BCBSGa Whole Health Connection SM



7/1/2019 Renewal Information

For Cook County BOC

Current Rates

| | | | |
|---------------|-------------------|-----------------------|-------------------|
| Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| \$6.78 | \$11.87 | \$12.88 | \$19.66 |

Renewal Base Rate

| | | | |
|---------------|-------------------|-----------------------|-------------------|
| Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| \$6.78 | \$11.87 | \$12.88 | \$19.66 |

TWO YEAR RATE GUARANTEE

Accepted by _____ Date _____

Basic Life and AD&D

| Insurance Company | BCBS/GGL Current & Renewal | Principal Option |
|--------------------------------------|-------------------------------|------------------|
| 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 | 2 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 |