

Request for Board of Commissioners' Action

From: Vicki Parrish, County Clerk **Date:** May 3, 2019

Subject: Employee Health Insurance Renewal **Item Number:** VIII-F

From the presentation from Partners Benefit Group the Chair will need a motion regarding the employee health insurance benefits for the group plan, dental, vision and life coverage.

Motion made by _____

Second made by _____

Any discussion: _____

Votes _____ yes _____ no

Motion carried/ failed

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		\$1-\$500	\$1-\$500	\$1-\$500	\$1-\$500
Annual Roll Over Amount		\$250	\$250	\$250	\$250
Maximum Rollover Amount		\$1000	\$1000	\$1000	\$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 _____

Cook County BOC

Employee Benefit Proposal

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April 30, 2018

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

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