

Request for Board of Commissioners' Action

From: Partner's Benefit Group Date: April 30, 2020

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

Cook County's renewal rates reflect that Cook County paid \$873,000 in premiums for the past plan year. Anthem shows our claim experience to have been 1.6 million paid for claims.

Our saving grace was being in the ACCG pool. Otherwise, we could have been impacted with a 50% increase in premiums versus the proposed 27.34% renewal rates increase.

With our claims experience being as they are this plan year – there are no other providers that would give us a quote. We have the option of continuing in the ACCG pool with Anthem as our carrier.

Attached you will see Anthem's proposals for the renewal. The current plan applied to renewal rates will cost \$271,157.04 over the plan year. And, due to that being such an exuberate increase to the county budget, the options below have been presented for your consideration. This will offer a basic plan and an upper level plan that the employees may choose from depending on their medical needs.

Option #1 is proposed as an "Upper level plan" that will provide similar coverage as the current years plan, but the employee will pay \$92.61 biweekly the entire amount of increase (employee contribution is currently \$30 biweekly).

Option #2 is proposed as the "Basic plan" with changes mostly reflected in the prescription drug plan. The increase in biweekly employee contributions would be raised \$5 per payroll, \$35.

Having employee contributions cover the entire amount of increase for the upper level plan of \$92.61; and, increase the employee contribution \$5.00 biweekly for the basic level, the projected annual increase in premiums would be \$46,839.78.

Ancillary policies:

Principal Life - Basic Life, Voluntary Life, Dental, and Disability rates will remain the same as current plan year.

Anthem – Vision coverage rates will remain the same as current plan year.




Motion made by _____

Second made by _____

Any discussion: _____

Votes _____ yes _____ no

Motion carried/ failed

	Anthem 		Anthem 	Anthem 	
Medical Plan Analysis	Current Renewal		OPTION 1	OPTION 2	
Plan Name	OAP5 5000 20% 7900 KE		OAP5 5000 30% 7900 N	OAP12 5000 30% 7900 C	
Carrier	Anthem (BCBSGA)		Anthem (BCBSGA)	Anthem (BCBSGA)	
Provider Network	Point of Service (POS)		POS	Essential Open Access	
Calendar Year Deductible					
Individual	\$5,000		\$5,000	\$5,000	
Family	\$10,000		\$10,000	\$10,000	
Out of Pocket Max (includes copay and deductible)					
Individual	\$7,900		\$7,900	\$7,900	
Family	\$15,800		\$15,800	\$15,800	
Co-Insurance					
	80%		70%	70%	
Office Co-pay					
Primary Care Physician	\$30 Copay		\$30 Copay	\$30 Copay	
Specialist	\$60 Copay		\$60 Copay	\$60 Copay	
Hospital Services Inpt					
	Deductible & Coins		Deductible & Coins	\$500 Copay per Admission then Deductible & Coinsurance	
Outpatient Services					
	Deductible & Coins		Deductible & Coins	Deductible & Coins	
Emergency/Urgent Treatment	deductible does not apply		deductible does not apply	deductible does not apply	
Urgent Care (in-network)	\$75 Copay		\$75 Copay	\$75 Copay	
Emergency Room	\$350 Copay + Coinsurance		\$350 Copay + Coinsurance	\$350 Copay + Coinsurance	
Preventative Care					
In Network Provider	100%		100%	100%	
Out of Network Provider	Deductible & Coins		Deductible & Coins	Deductible & Coins	
Global Maternity Fee					
	Deductible & Coins		Deductible & Coins	Deductible & Coins	
Other Services					
Chiropractic	\$60 Copay	(20 visits)	\$60 Copay (20 visits annually)	Not Covered	
Office Setting Therapy (ST,OT,PT)	\$60 Copay	(20)	\$60 Copay	Not Covered	
Durable Medical Equipment	Deductible & Coins		Deductible & Coins	Deductible & Coins	
Allergy Testing	\$30 Copay		\$30 Copay	Not Covered	
Prescription Drug Coverage					
RX Deductible	\$200		\$300	NA	
			Level 1 Level 2		
Tier 1: Generic	\$15		1a \$5/1b \$20 1a \$15/1b \$30	\$15	
Tier 2: Preferred	\$45		\$45 \$55	Not Covered	
Tier 3: Non-Preferred	\$85		\$90 \$100	Not Covered	
Tier 4: Speciality	25% to Max of \$350		25% to max of \$450 per RX 35% to max of \$550 per RX	Not Covered	
Monthly Premiums					
Rates (Counts)		CURRENT	RENEWAL	OPTION 1	OPTION 2
EE Only	102	\$686.07	\$873.67	\$856.89	\$732.08
EE + Spouse	6	\$1,440.74	\$1,834.70	\$1,799.46	\$1,537.36
EE + Children	3	\$1,337.82	\$1,703.64	\$1,670.92	\$1,427.54
Family	0	\$2,092.51	\$2,664.70	\$2,613.51	\$2,232.84
Total Monthly Premium		\$82,637.04	\$105,233.46	\$103,212.30	\$88,178.94
Total Annual Premium		\$991,644.48	\$1,262,801.52	\$1,238,547.60	\$1,058,147.28
Percent Change from Current		27.34%		24.90%	6.71%
Employer Contribution (of EE Only)	90%	\$822,460.72	\$1,047,355.60	\$1,027,239.73	\$877,617.50
Total Annual Dollar Change From Current			\$271,157.04	\$246,903.12	\$66,502.80
Employer Annual Dollar Change from Current			\$224,894.88	\$204,779.02	\$55,156.79

Cook County BOC

CURRENT 2019 Rates \$5000/20%

		Total Monthly	Total Bi-Weekly	EE Bi-WEEKLY	ER Bi-WEEKLY	EE%	ER%
EE	102	\$686.07	\$316.65	\$30.00	\$286.65	9.47%	90.53%
ES	6	\$1,440.74	\$664.96	\$378.31	\$286.65	56.89%	43.11%
EC	3	\$1,337.82	\$617.46	\$330.81	\$286.65	53.58%	46.42%
FM	0	\$2,092.51	\$965.77	\$679.12	\$286.65	70.32%	29.68%

Renewal 2020 Rates \$5000/20%

		Total Monthly	Total Bi-Weekly	EE Bi-WEEKLY	ER Bi-WEEKLY	EE%	ER%
EE	102	\$873.67	\$403.23	\$30.00	\$373.23	7.44%	92.56%
ES	6	\$1,834.70	\$846.78	\$473.55	\$373.23	55.92%	44.08%
EC	3	\$1,703.64	\$786.30	\$413.07	\$373.23	52.53%	47.47%
FM	0	\$2,664.70	\$1,229.86	\$856.63	\$373.23	69.65%	30.35%
Total		\$187,870.50	\$86,709.46	\$6,322.02	\$31,818.15	CURRENT	
				\$7,140.76	\$41,428.53	RENEWAL	
Total Annual		\$2,254,446.00	\$2,254,446.00	\$164,372.58	\$827,271.90	CURRENT	
				\$185,659.74	\$1,077,141.78	RENEWAL	
Employee %				7.29%	36.70%		

RENEWAL Options

Option 1(Upper) OAP 5000/30

		Total Monthly	Total Bi-Weekly	EE Bi-WEEKLY	ER Bi-WEEKLY	EE%	ER%
EE	51	\$856.89	\$395.49	\$92.61	\$302.88	23.42%	76.58%
ES	3	\$1,799.46	\$830.52	\$527.64	\$302.88	63.53%	36.47%
EC	2	\$1,670.92	\$771.19	\$468.31	\$302.88	60.73%	39.27%
FM	0	\$2,172.38	\$1,002.64	\$699.76	\$302.88	69.79%	30.21%

Option 2(Basic) OAP12 5000/30

		Total Monthly	Total Bi-Weekly	EE Bi-WEEKLY	ER Bi-WEEKLY	EE%	ER%
EE	51	\$732.08	\$337.88	\$35.00	\$302.88	10.36%	89.64%
ES	3	\$1,537.36	\$709.55	\$406.67	\$302.88	57.31%	42.69%
EC	1	\$1,427.54	\$658.86	\$355.98	\$302.88	54.03%	45.97%
FM	0	\$2,232.84	\$1,030.54	\$727.66	\$302.88	70.61%	29.39%
Total		\$95,817.31	\$44,223.37	\$10,603.69	\$33,619.68		
Total Annual		\$1,149,807.72	\$1,149,807.72	\$275,696.04	\$874,111.68		
					\$46,839.78	Total ER Annual Difference	
Employee %				23.98%	76.02%		