

Ben Hill County BOC

Employee Benefit Proposal

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Partners Benefit Group
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**Ben Hill County BOC
Medical Coverage Market Survey**

Carriers Quoted for Medical Insurance Coverage

Insurer	Medical
	<p align="center">Declined to Quote</p>
	<p align="center">Not Competitive</p>
	<p align="center">Included</p>
	<p align="center">Declined to Quote</p>
<p>UnitedHealthcare</p>	<p align="center">Current</p>



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Plan Group Comparison - 7/1/19 - 6/30/20
This is a draft, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of covered provisions. Refer to the certified certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

* = Additional details available

Medical Plan Group

Current
UHC Dual Option
\$ 556,26114

Proposed
UHC Renewal - ACA Compliant Rate
\$ 608,81943

Medical Plan Design

	United Health Care \$5000/80%		United Health Care \$3500/90%		United Health Care \$5000/80% ACA Compliance		United Health Care \$3500/90% Buy-Up	
	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	\$ 5,000	\$ 10,000	\$ 3,500	\$ 7,000	\$ 4,000	\$ 8,000	\$ 3,500	\$ 7,000
Employee Coinsurance	20 %	20 %	10 %	10 %	20 %	20 %	10 %	10 %
Out-of-Pocket Max	\$ 7,350	\$ 14,700	\$ 7,150	\$ 14,300	\$ 7,500	\$ 15,000	\$ 7,150	\$ 14,300
Employer Funding	\$ -	\$ 0	\$ -	\$ 0	\$ -	\$ 0	\$ -	\$ 0
Net Out-of-Pocket Max	\$ 7,350	\$ 14,700	\$ 7,150	\$ 14,300	\$ 7,500	\$ 15,000	\$ 7,150	\$ 14,300
Employee Annual Prem	\$ + 1,436	\$ + 24,076	\$ + 2,754	\$ + 28,691	\$ + 1,504	\$ + 26,113	\$ + 3,591	\$ + 33,412
Employee Max Ann. Cost	\$ 8,786	\$ 38,776	\$ 9,904	\$ 42,991	\$ 9,004	\$ 41,113	\$ 10,741	\$ 47,712

	Enrollment		Enrollment		Enrollment		Enrollment	
	69	67	69	67	69	67	69	67
Medical Copays	Copay	Copay	Copay	Copay	Copay	Copay	Copay	Copay
Primary Care	\$ 0	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25
Specialty Care	\$ -- Deductible/Coinsurance	\$ 50	\$ -- Deductible/Coinsurance	\$ 50	\$ -- Deductible/Coinsurance	\$ 50	\$ -- Deductible/Coinsurance	\$ 50
Urgent Care	\$ 50	\$ 60	\$ 60	\$ 60	\$ 50	\$ 60	\$ 60	\$ 60
Emergency	\$ -- \$350 + Deductible/Coinsura...	\$ 250	\$ -- \$350 + Deductible/Coinsura...	\$ 250	\$ -- \$350 + Deductible/Coinsura...	\$ 250	\$ -- \$350 + Deductible/Coinsura...	\$ 250
Out-Patient Hospital	\$ -- \$350 + Deductible/Coinsura...	\$ 500	\$ -- \$350 + Deductible/Coinsura...	\$ 500	\$ -- \$350 + Deductible/Coinsura...	\$ 500	\$ -- \$350 + Deductible/Coinsura...	\$ 500
In-Patient Hospital	\$ -- \$350 + Deductible/Coinsura...	\$ 500	\$ -- \$350 + Deductible/Coinsura...	\$ 500	\$ -- \$350 + Deductible/Coinsura...	\$ 500	\$ -- \$350 + Deductible/Coinsura...	\$ 500
Rx	Deductible \$250	No Deductible	Deductible \$250	No Deductible	Deductible \$250	No Deductible	Deductible \$250	No Deductible
Tiers	\$15, \$45, \$85, \$125	\$15, \$45, \$85, \$125	\$15, \$45, \$85, \$125	\$15, \$45, \$85, \$125	\$15, \$45, \$85, \$125	\$15, \$45, \$85, \$125	\$15, \$45, \$85, \$125	\$15, \$45, \$85, \$125
Ann. Insurance Premium	\$653,837 ⁴⁰	\$41,497 ^{9e}	\$710,716 ^{5e}	\$47,724 ^{4e}	\$710,716 ^{5e}	\$47,724 ^{4e}	\$710,716 ^{5e}	\$47,724 ^{4e}
Employee + Spouse	\$ 1,622 ^{5e}	\$ 987 ^{5e}	\$ 1,858 ^{7e}	\$ 1,223 ^{7e}	\$ 1,763 ⁶⁷	\$ 1,068 ⁶⁷	\$ 2,137 ^{6e}	\$ 1,442 ^{6e}
ER	39 %	34 %	34 %	39 %	39 %	39 %	33 %	33 %
EE	\$ 987 ^{5e}	\$ 1,223 ^{7e}	\$ 1,223 ^{7e}	\$ 1,068 ⁶⁷	\$ 1,068 ⁶⁷	\$ 1,068 ⁶⁷	\$ 1,442 ^{6e}	\$ 1,442 ^{6e}
Employee + Children	\$ 1,282 ^{9e}	\$ 647 ^{9e}	\$ 1,469 ^{7e}	\$ 834 ^{7e}	\$ 1,394 ^{8e}	\$ 699 ^{8e}	\$ 1,690 ²⁴	\$ 995 ²⁴
ER	49 %	43 %	43 %	50 %	50 %	50 %	41 %	41 %
EE	\$ 647 ^{9e}	\$ 834 ^{7e}	\$ 834 ^{7e}	\$ 699 ^{8e}	\$ 699 ^{8e}	\$ 699 ^{8e}	\$ 995 ²⁴	\$ 995 ²⁴
Family	\$ 2,641 ³¹	\$ 2,006 ³¹	\$ 3,025 ^{9e}	\$ 2,390 ^{9e}	\$ 2,871 ⁰⁹	\$ 2,176 ⁰⁹	\$ 3,479 ³⁷	\$ 2,784 ³⁷
ER	24 %	21 %	21 %	24 %	24 %	24 %	20 %	20 %
EE	\$ 2,006 ³¹	\$ 2,390 ^{9e}	\$ 2,390 ^{9e}	\$ 2,176 ⁰⁹	\$ 2,176 ⁰⁹	\$ 2,176 ⁰⁹	\$ 2,784 ³⁷	\$ 2,784 ³⁷
Employer Prem Contribution	\$ 525,780 ^{9e}	\$ 30,480 ^{2e}	\$ 575,459 ⁵⁴	\$ 33,359 ⁸⁹	\$ 575,459 ⁵⁴	\$ 33,359 ⁸⁹	\$ 575,459 ⁵⁴	\$ 33,359 ⁸⁹
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 0 ⁰⁰	\$ + 0 ⁰⁰ + 0 ⁰⁰	\$ + 0 ⁰⁰ + 0 ⁰⁰	\$ + 0 ⁰⁰ + 0 ⁰⁰	\$ + 0 ⁰⁰ + 0 ⁰⁰	\$ + 0 ⁰⁰ + 0 ⁰⁰	\$ + 0 ⁰⁰ + 0 ⁰⁰	\$ + 0 ⁰⁰ + 0 ⁰⁰
Employer Ann. Cost	\$ 525,780 ^{9e}	\$ 30,480 ^{2e}	\$ 575,459 ⁵⁴	\$ 33,359 ⁸⁹	\$ 575,459 ⁵⁴	\$ 33,359 ⁸⁹	\$ 575,459 ⁵⁴	\$ 33,359 ⁸⁹

*Employer Contribution = \$635

*Employer Contribution = \$695



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Plan Group Detail - 7/1/19 - 6/30/20
This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract certificate for exact benefit details. While every effort has been made to ensure the accuracy of this data, final rates are subject to change and are based on final enrollment and underwriting approval.
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Proposed
Covenant Self-Funded
\$ 557,276³⁷

Covenant TPA
Covenant \$3500.90%

Medical Plan Design

	Single	Family
Deductible	\$ 3,500	\$ 7,000
Employee Coinsurance	10 %	10 %
Out-of-Pocket Max	\$ 7,150	\$ 14,300
Employer Funding	\$ -	\$ -
Net Out-of-Pocket Max	\$ 7,150	\$ 14,300
Employee Annual Prem	\$ + 1,463	\$ + 17,111
Employee Max Ann. Cost	\$ 8,613	\$ 31,411

- Medical Copays**
- Copay \$ 25
 - Primary Care \$ 50
 - Specialty Care \$ 60
 - Urgent Care \$ 250
 - Emergency \$ 500
 - Out-Patient Hospital \$ 500
 - In-Patient Hospital \$ 500
 - Rx No Deductible
 - Tiers \$15, \$45, \$85, \$150

Enrollment	72	Prem	ER	EE
Employee Only	68	\$ 766 ⁹³	84 %	\$ 121 ⁹³
Employee + Spouse	2	\$ 1,416 ⁰²	46 %	\$ 771 ⁰²
Employee + Children	1	\$ 1,266 ¹⁹	51 %	\$ 621 ¹⁹
Family	1	\$ 2,070 ⁹⁴	31 %	\$ 1,425 ⁹⁴

Ann. Insurance Premium	\$ 699,344 ⁸²
Employer Prem Contribution	\$ 557,276 ³⁷
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 0 ⁰⁰
Employer Ann. Cost	\$ 557,276³⁷

*Employer Contribution = \$645



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Self-Funded Contract Comparison

	Current		Proposed		Proposed	
	UHC Dual Option Fully Insured		UHC Renewal - ACA Compliant Rate Fully Insured		Covenant Self-Funded Self Insured	
	73	73	73	73	72	72
Enrollment Count						
Administrator	--	--	--	--	Covenant TPA	
Carrier	--	--	--	--	Hilig	
Network	--	--	--	--	CIGNA	
Coverage	Specific	Aggregate	Specific	Aggregate	Specific	Aggregate
Deductible	--	--	--	--	\$60,000.00	125% Corridor
Contract Basis	--	--	--	--	12 / 18	12 / 18
Benefit Coverages	--	--	--	--	med, rx	med, rx
Fixed Costs						
Admin Fees	--	--	--	--	\$85,536.00	
Annual Specific Premiums	--	--	--	--	\$93,827.04	
Annual Aggregate Premiums	--	--	--	--	\$11,759.04	
Annual Fixed Costs						
	\$695,335.32	\$695,335.32	\$758,441.04	\$758,441.04	\$191,122.08	
Expected Claims Liability						
Carrier Exp Claims Liability	--	--	--	--	\$406,972.51	
Custom Exp Claims Liability	--	--	--	--	\$0.00	
Plus Annual Fixed Costs	\$695,335.32	\$695,335.32	\$758,441.04	\$758,441.04	\$191,122.08	
Annual Expected Costs						
	\$695,335.32	\$695,335.32	\$758,441.04	\$758,441.04	\$598,094.59	
Maximum Claims Liability						
Aggr Max Claims Liability	--	--	--	--	\$508,715.64	
Additional Laser Exposure	--	--	--	--	\$65,000.00	
Aggregating Specific Fund	--	--	--	--	\$0.00	
Plus Annual Fixed Costs	--	--	--	--	\$191,122.08	
Annual Maximum Costs						
	\$695,335.32	\$695,335.32	\$758,441.04	\$758,441.04	\$764,837.72	

Annual maximum plan cost including laser liability equals 10% over current