

**DAWSON COUNTY BOARD OF COMMISSIONERS
SPECIAL CALLED MEETING AGENDA
THURSDAY, MAY 30, 2019
DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM
25 JUSTICE WAY, DAWSONVILLE, GEORGIA 30534
4:00 PM**

A. ROLL CALL

B. APPROVAL OF AGENDA

C. NEW BUSINESS

1. Board of Commissioners consideration and possible approval of the 2019/2020 Dawson County proposed healthcare package.

D. ADJOURNMENT

Those with disabilities who require certain accommodations in order to allow them to observe and/or participate in this meeting, or who have questions regarding the accessibility of the meeting, should contact the ADA Coordinator at 706-344-3666, extension 44514. The county will make reasonable accommodations for those persons.

Item Attachment Documents:

1. Board of Commissioners consideration and possible approval of the 2019/2020 Dawson County proposed healthcare package.



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Human Resources Dept

Work Session: 5/30/19

Prepared By: Lisa Green

Voting Session: 5/30/19

Presenter: Lisa Green & ShawHankins Representative

Public Hearing: Yes No

Agenda Item Title: Presentation of Dawson County Proposed Health Care Plan 7/1/2019 thru 6/30/2020

Background Information:

Each year Dawson County approves a health care plan for benefit paid employees of Dawson County Government with an effective date of July 1st.

Current Information:

Dawson County is currently a self-insured health care plan. If we renewed our current plan as of today, the cost of a self-insured plan with no change to our employees would cost \$592,805. Due to several high claims over the past years, it would be in the best interest to convert to a fully insured plan. The first proposal is Option 1: Fully insured, NO plan change, NO change to employee's contribution. This option would have the county absorb the entire increase of \$153,352. The second proposal is Option 2: Fully insured, with plan change (out of pocket increase/Tier 4 prescription), NO change to employee's contribution. This option would have the county absorb the entire cost of \$47,043.

Budget Information: Applicable: Not Applicable: Budgeted: Yes No

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: _____

Department Head Authorization: LISA GREEN/HR DIRECTOR

Date: 5/23/2019

Finance Dept. Authorization: Vickie Neikirk

Date: 5/28/19

County Manager Authorization: DH

Date: 5/28/19

County Attorney Authorization: _____

Date: _____

Comments/Attachments:

Dawson County, Inc.
 Medical Renewal Summary (Minimum Premium)
 July 1, 2019

Rates reflect maximum liability

	Anthem Current			Anthem Renewal		
	HMO	POS	HSA	HMO	POS	HSA
Plan Name	NS OAH5 1.5K 20 A	NS OAP5 1.5K 20 A	NS HSAOAP8 2.7K 0	NS OAH5 1.5K 20 A	NS OAP5 1.5K 20 A	NS HSAOAP8 2.7K 0
Provider Network	Blue OA HMO	Blue OA POS	Open Access POS	Blue OA HMO	Blue OA POS	Open Access POS
Funding	Minimum Premium	Minimum Premium	Minimum Premium	Minimum Premium	Minimum Premium	Minimum Premium
In-Network Benefits						
Office Visits (PCP/Specialist)						
Deductible	\$30 / \$40	\$35 / \$45	NA	\$30 / \$40	\$35 / \$45	NA
Coinsurance	\$1,000	\$1,500	\$2,600	\$1,000	\$1,500	\$2,600
Out of Pocket Maximum	\$3,000	\$4,500	\$5,200	\$3,000	\$4,500	\$5,200
	80%	80%	100%	80%	80%	100%
	\$2,000	\$3,000	\$3,600	\$2,000	\$3,000	\$3,600
	\$6,000	\$9,000	\$7,200	\$6,000	\$9,000	\$7,200
Hospital and Emergency						
Inpatient Hospital Copay	\$100 + ded/coins	NA	NA	\$100 + ded/coins	NA	NA
Outpatient Hospital Copay	\$100 + ded/coins	NA	NA	\$100 + ded/coins	NA	NA
Urgent Care	\$75	\$75	NA	\$75	\$75	NA
Emergency Room	\$300	\$300	NA	\$300	\$300	NA
Prescription Drugs						
Rx Deductible	None	None	Medical Deductible	None	None	Medical Deductible
Tier 1 (Preferred Value/Generic)	\$10	\$10	Ded + \$10	\$10	\$10	Ded + \$10
Tier 2 (Preferred Brand)	\$30	\$30	Ded + \$35	\$30	\$30	Ded + \$35
Tier 3 (Nonpreferred)	\$50	\$50	Ded + \$60	\$50	\$50	Ded + \$60
Tier 4 (Preferred Specialty)	NA	NA	NA	NA	NA	NA
Out of Network Benefits						
Deductible	No benefit	\$3,000 / \$9,000	\$5,200 / \$10,400	No benefit	\$3,000 / \$9,000	\$5,200 / \$10,400
Out of Pocket Maximum	No benefit	\$6,000 / \$18,000	\$7,200 / \$14,400	No benefit	\$6,000 / \$18,000	\$7,200 / \$14,400
Coinsurance	No benefit	60%	70%	No benefit	60%	70%
Rates by Plan	1	2	3	Renewal	Renewal	Renewal
Employee	67	20	1	\$794.66	\$921.05	\$850.05
Employee + Spouse	33	7	0	\$1,361.83	\$1,588.75	\$1,439.65
Employee + Child(ren)	16	0	0	\$1,284.49	\$1,497.70	\$1,359.25
Family	66	14	0	\$1,851.66	\$2,165.40	\$1,948.86
Monthly Premium by Plan	\$244,870	\$51,349	\$734	\$285,646	\$59,858	\$850
Annual Premium by Plan	\$2,938,443	\$616,191	\$8,812	\$3,427,757	\$718,294	\$10,201
Combined Annual Plan Totals	Current			Renewal		
Combined Annual Cost Difference (\$)	\$3,563,447			\$4,156,252		
Combined Annual Cost Difference (%)	-			16.6%		

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.
 Rates above do not include \$4.95 PEPHSA administrative fee for HSA participants.
 BCBS offers an annual wellness fund of \$10,000.

Dawson County, Inc.

Medical Renewal Summary (Minimum Premium) - Fully Insured renewal proposal
July 1, 2019

	Fully Insured			
	Anthem Current	HMO	POS	Renewal
Plan Name	NS OAH5 1.5K 20 A	NS OAH5 1.5K 20 A	NS OAP5 1.5K 20 A	NS HSAOAP8 2.7K 0
Provider Network	Blue OA HMO	Blue OA HMO	Blue OA POS	Open Access POS
Funding	Minimum Premium	Minimum Premium	Minimum Premium	Minimum Premium
In-Network Benefits				
Office Visits (PCP/Specialist)				
Deductible	\$30 / \$40	\$30 / \$40	\$35 / \$45	\$35 / \$45
	Single	Single	Family	Family
	Family	Family	Family	Family
Coinsurance	80%	80%	80%	80%
Out of Pocket Maximum	\$2,000	\$2,000	\$3,000	\$3,000
	Family	Family	Family	Family
Hospital and Emergency				
Inpatient Hospital Copay	\$100 + ded/coins	\$100 + ded/coins	NA	NA
Outpatient Hospital Copay	\$100 + ded/coins	\$100 + ded/coins	NA	NA
Urgent Care	\$75	\$75	\$75	\$75
Emergency Room	\$300	\$300	\$300	\$300
Prescription Drugs				
Rx Deductible	None	None	None	None
Tier 1 (Preferred Value/Generic)	\$10	\$10	\$10	\$10
Tier 2 (Preferred Brand)	\$30	\$30	\$30	\$30
Tier 3 (Nonpreferred)	\$50	\$50	\$50	\$50
Tier 4 (Preferred Specialty)	NA	NA	NA	NA
Out of Network Benefits				
Deductible	None	None	Medical Deductible	Medical Deductible
Out of Pocket Maximum	\$3,000 / \$9,000	\$5,200 / \$10,400	\$3,000 / \$9,000	\$5,200 / \$10,400
Coinsurance	60%	70%	60%	70%
Rates by Plan				
Employee	67	20	1	3
Employee + Spouse	33	7	0	0
Employee + Child(ren)	16	0	0	0
Family	66	14	0	0
Monthly Premium by Plan	\$244,870	\$1,884.13	\$1,851.66	\$1,667.71
Annual Premium by Plan	\$2,938,443	\$22,419.64	\$22,220.00	\$20,016.52
Combined Annual Plan Totals				
Combined Annual Cost Difference (\$)	\$3,563,447	\$3,716,799	\$3,563,447	\$3,716,799
Combined Annual Cost Difference (%)				4.3%

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.
Rates above do not include \$4.95 PEPM HSA administrative fee for HSA participants.
BCBS offers an annual wellness fund of \$10,000.

Dawson County, Inc.
 Medical Renewal Summary (Fully Insured) - Alternate 3
 July 1, 2019

	Anthem Current				Anthem Renewal (negotiated)			
	HMO	POS	HSA	HMO	POS	HSA	HSA	
Plan Name	NS OAH5 1.5K 20 A Blue OA HMO	NS OAP5 1.5K 20 A Blue OA POS	NS HSAOAP8 2.7K 0 Open Access POS	NS OAH5 1.5K 20 A Blue OA HMO	NS OAP5 1.5K 20 A Blue OA POS	NS HSAOAP8 2.7K 0 Open Access POS	NS HSAOAP8 2.7K 0 Open Access POS	Minimum Premium
In-Network Benefits								
Office Visits (PCP/Specialist)								
Deductible	Single Family	\$35 / \$45 \$1,500 \$4,500	NA \$2,600 \$5,200	\$30 / \$40 \$1,000 \$3,000	\$35 / \$45 \$1,500 \$4,500	NA \$2,600 \$5,200	NA \$2,600 \$5,200	NA \$2,600 \$5,200
Coinsurance		80%	100%	80%	80%	100%	100%	
Out of Pocket Maximum	Single Family	\$3,000 \$9,000	\$3,600 \$7,200	\$2,500 \$6,000	\$3,500 \$10,500	\$3,600 \$7,200	\$3,600 \$7,200	
Hospital and Emergency								
Inpatient Hospital Copay		NA	NA	\$100 + ded/coins	NA	NA	NA	
Outpatient Hospital Copay		NA	NA	\$100 + ded/coins	NA	NA	NA	
Urgent Care		\$75	NA	\$75	\$75	NA	NA	
Emergency Room		\$300	NA	\$300	\$300	NA	NA	
Prescription Drugs								
Rx Deductible		None	Medical Deductible	None	None	Medical Deductible	Medical Deductible	
Tier 1 (Preferred Value/Generic)		\$10	Ded + \$10	\$10	\$10	Ded + \$10	Ded + \$10	
Tier 2 (Preferred Brand)		\$30	Ded + \$35	\$30	\$30	Ded + \$35	Ded + \$35	
Tier 3 (Nonpreferred)		\$50	Ded + \$60	\$50	\$50	Ded + \$60	Ded + \$60	
Tier 4 (Preferred Specialty)		NA	NA	20% to \$200	20% to \$200	NA	NA	
Out of Network Benefits								
Deductible								
Out of Pocket Maximum		\$3,000 / \$9,000	\$5,200 / \$10,400	No benefit	\$3,000 / \$9,000	\$5,200 / \$10,400	\$5,200 / \$10,400	
Coinsurance		\$6,000 / \$18,000	\$7,200 / \$14,400	No benefit	\$7,000 / \$21,000	\$7,200 / \$14,400	\$7,200 / \$14,400	
Rates by Plan		60%	70%	No benefit	60%	70%	70%	
Employee	1	2	3	Current	Current	Current	Current	
Employee + Spouse	67	20	1	\$794.66	\$734.35	\$675.65	\$660.02	
Employee + Child(ren)	33	7	0	\$1,361.83	\$1,235.18	\$1,418.86	\$1,386.04	
Family	16	0	0	\$1,284.49	\$1,166.88	\$1,317.51	\$1,287.03	
Monthly Premium by Plan	66	14	0	\$1,851.66	\$1,667.71	\$2,060.72	\$2,013.04	
Annual Premium by Plan				\$51,349	\$734	\$249,178	\$51,085	
Combined Annual Plan Totals				\$616,191	\$8,812	\$2,990,139	\$613,023	
Combined Annual Cost Difference (\$)				Current	Renewal (negotiated)			
Combined Annual Cost Difference (%)				\$3,563,447	\$3,610,489			
					\$47,043			
					1.3%			

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.
 Rates above do not include \$4.95 PEPHM HSA administrative fee for HSA participants.
 BCBS offers an annual wellness fund of \$10,000.
 Rates are illustrative only and require underwriting approval before finalizing.



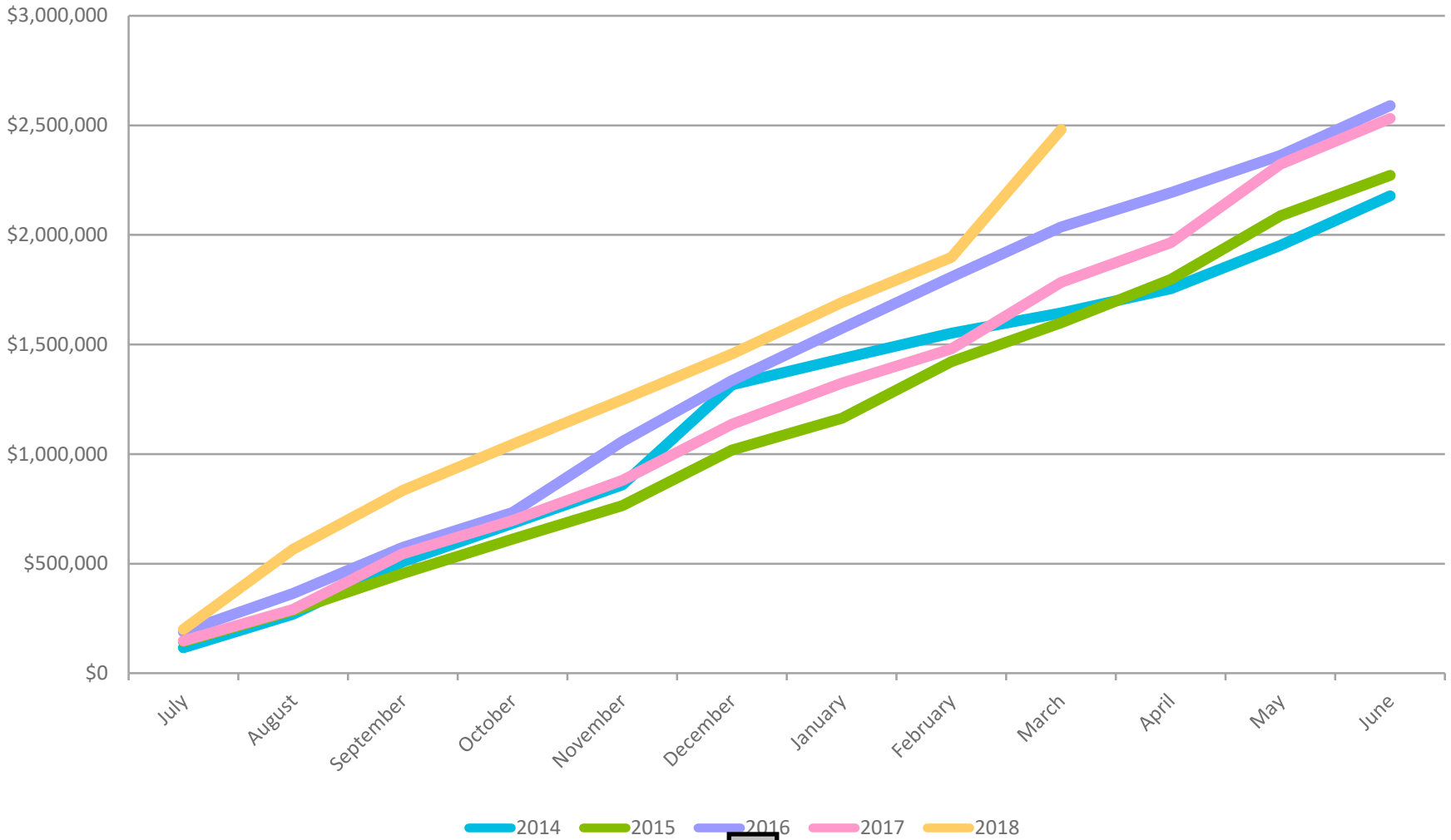
2019 Benefit Renewal

DAWSON COUNTY BOARD OF COMMISSIONERS

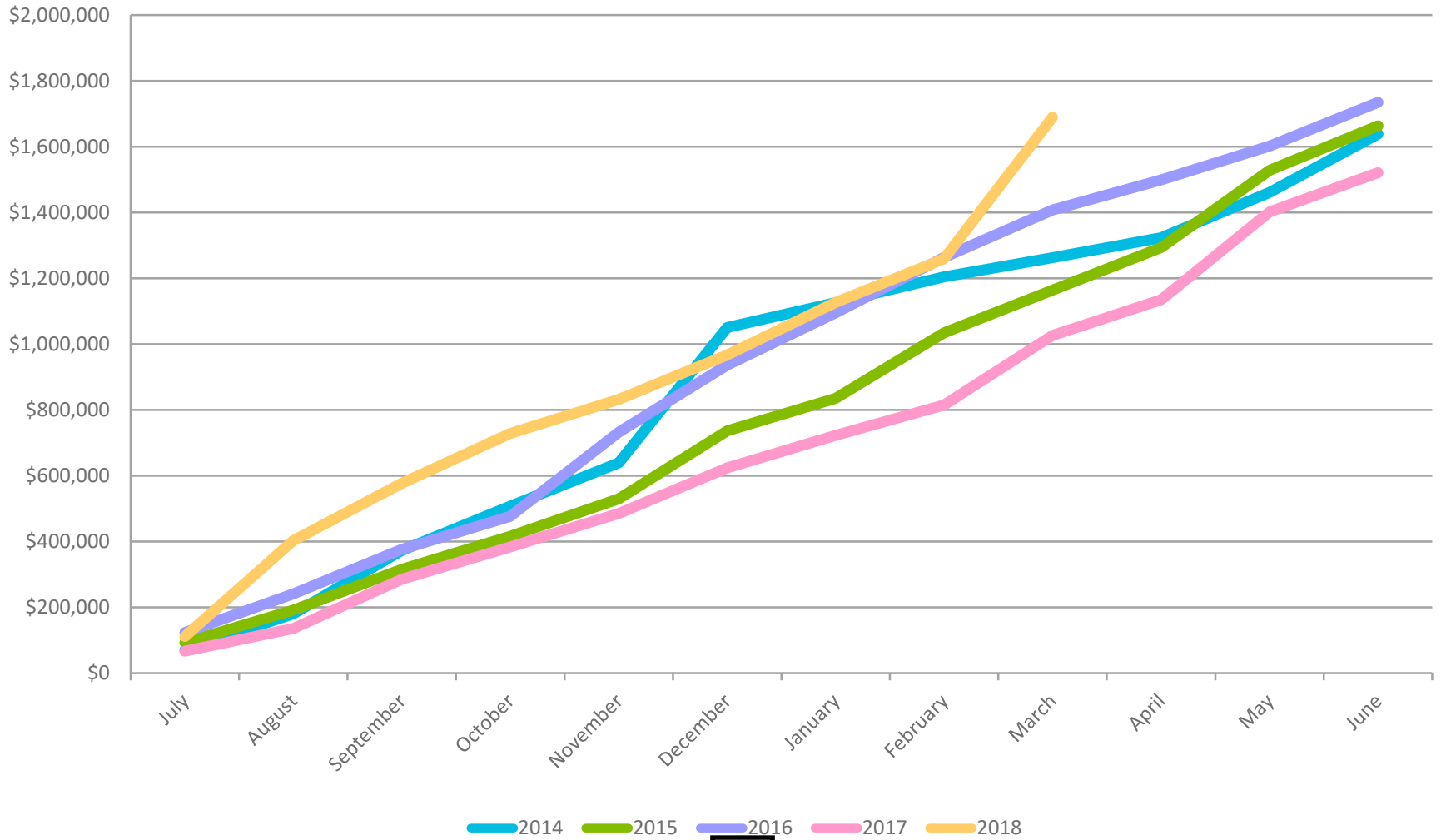
MAY 30, 2019

Health Plan Overview

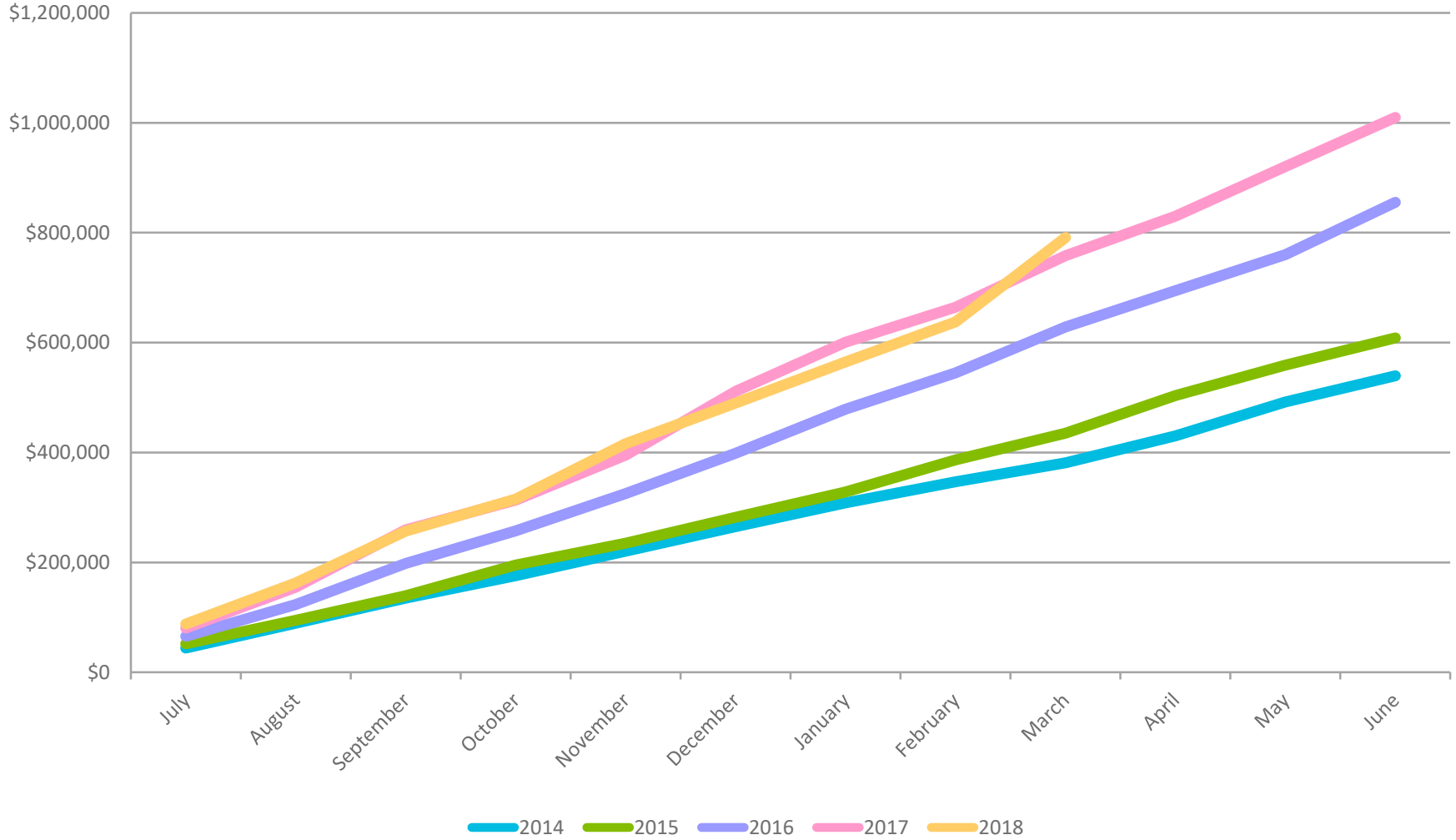
Dawson County
Cumulative Medical/Rx Claims
PY2014 - PY2018 YTD



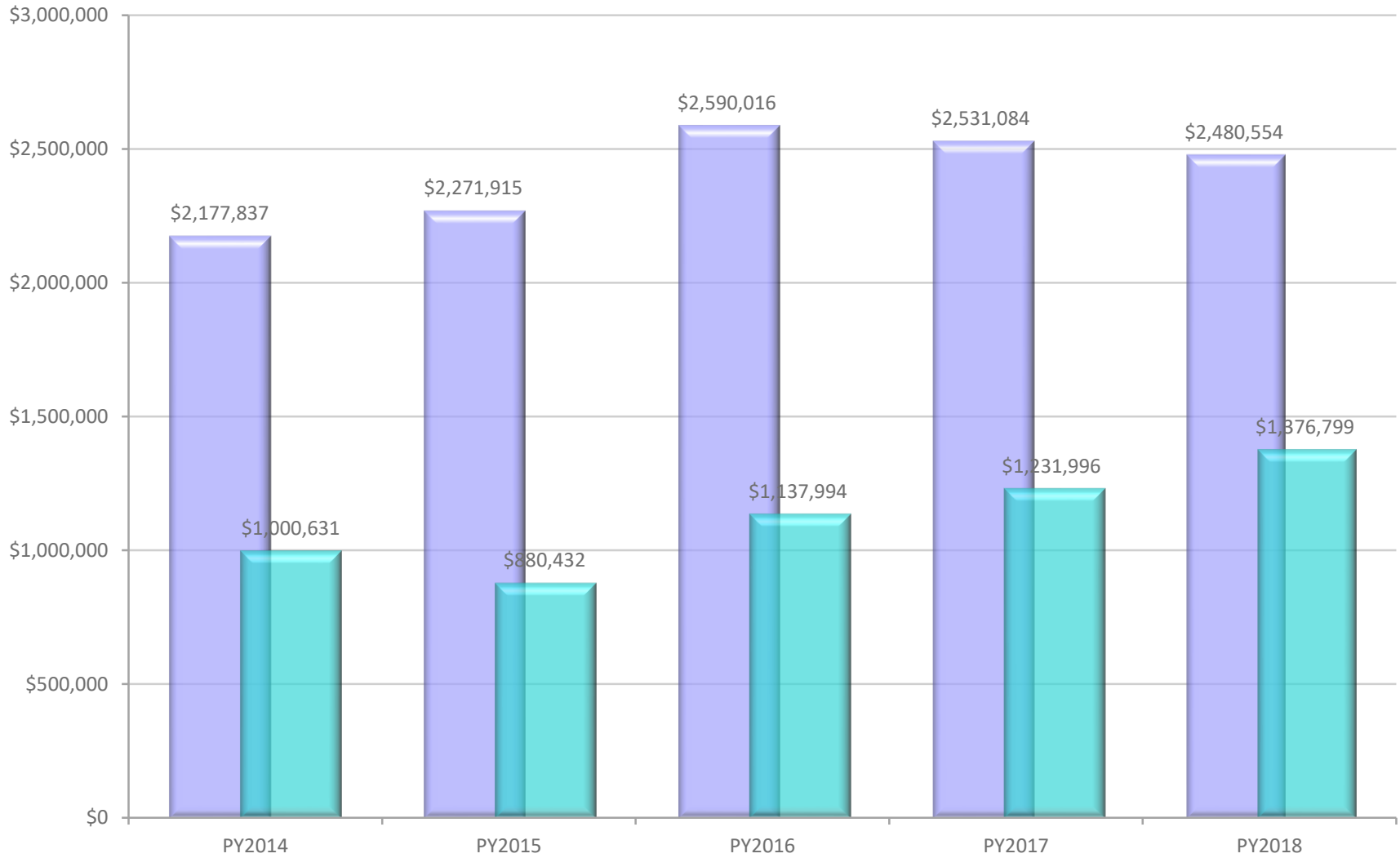
Dawson County Cumulative Medical Claims PY2014 - PY2018 YTD



Dawson County
Cumulative Rx Claims
PY2014 - PY2018 YTD



Dawson County Large Claims (over \$25,000) vs. Total Claims PY2014 - PY2018 YTD (March)



Current year is plan year to date. Includes Rx claims.

■ Total Claims ■ High Cost Claims

Renewals and Results of Marketing

Anthem BCBS Medical Renewal- Minimum Premium Funding

-Original renewal= +16.6% increase to max total liability and fixed costs

-Revised renewal= +14.6% increase to max total liability and fixed costs

- 0% increase Admin Fee
- 17.5% increase Stop Loss Premium
- 15.4% increase Max Claim Liability

Annual total increase to max liability and fixed cost= \$519,976

Anthem BCBS Medical Option- Fully Insured

-No Plan Changes= +4.3%, \$153,352

-Increase OOP Max, Add Tier 4 Rx= +1.3%, \$47,043

Fully insured option is underwritten with the ACCG pool. Allows for weighting of the pool's claims to smooth high loss ratio years for County.

Dawson County is currently underwritten based on 100% of actual group claims. No pooling is applied to renewals to offset high claim years.

		Anthem Current			Anthem Fully Insured		
		HMO	POS	HSA	HMO	POS	HSA
In-Network Benefits							
Office Visits (PCP/Specialist)		\$30 / \$40	\$35 / \$45	NA	\$30 / \$40	\$35 / \$45	NA
Deductible	Single	\$1,000	\$1,500	\$2,600	\$1,000	\$1,500	\$2,600
	Family	\$3,000	\$4,500	\$5,200	\$3,000	\$4,500	\$5,200
Coinsurance		80%	80%	100%	80%	80%	100%
Out of Pocket Maximum	Single	\$2,000	\$3,000	\$3,600	\$2,500	\$3,500	\$3,600
	Family	\$6,000	\$9,000	\$7,200	\$7,500	\$10,500	\$7,200
Hospital and Emergency							
Inpatient Hospital Copay		\$100 + ded/coins	NA	NA	\$100 + ded/coins	NA	NA
Outpatient Hospital Copay		\$100 + ded/coins	NA	NA	\$100 + ded/coins	NA	NA
Urgent Care		\$75	\$75	NA	\$75	\$75	NA
Emergency Room		\$300	\$300	NA	\$300	\$300	NA
Prescription Drugs							
Rx Deductible		None	None	Medical Deductible	None	None	Medical Deductible
Tier 1 (Preferred Value/Generic)		\$10	\$10	Ded + \$10	\$10	\$10	Ded + \$10
Tier 2 (Preferred Brand)		\$30	\$30	Ded + \$35	\$30	\$30	Ded + \$35
Tier 3 (Nonpreferred)		\$50	\$50	Ded + \$60	\$50	\$50	Ded + \$60
Tier 4 (Preferred Specialty)		NA	NA	NA	20% to \$200	20% to \$200	NA
Out of Network Benefits							
Deductible		No benefit	\$3,000 / \$9,000	\$5,200 / \$10,400	No benefit	\$3,000 / \$9,000	\$5,200 / \$10,400
Out of Pocket Maximum		No benefit	\$6,000 / \$18,000	\$7,200 / \$14,400	No benefit	\$7,000 / \$21,000	\$7,200 / \$14,400
Coinsurance		No benefit	60%	70%	No benefit	60%	70%
Annual Premium by Plan		\$2,938,443	\$616,191	\$8,812	\$2,990,139	\$613,023	\$7,328
		Current			Fully Insured		
Combined Annual Plan Totals		\$3,563,447			\$3,610,489		
Combined Annual Cost Difference (\$)		-			\$47,043		
Combined Annual Cost Difference (%)		-			1.3%		

Minimum Premium Cost History

Maximum Liability	PY2015	PY2016	PY2017	PY2018
Current Composite Rate (max liability + fixed costs) PEPM	\$1,029.43	\$1,121.58	\$1,357.55	\$1,348.77
Current Lives	215	220	217	221
Current Maximum Costs	\$2,655,929	\$2,960,971	\$3,535,060	\$3,576,938
Claims Costs				
B. Paid Claims PY2018 (through March 2019)*	\$2,271,915	\$2,590,016	\$2,531,084	\$2,480,554
C. Less Specific Stop Loss Reimbursements**	(\$60,777)	(\$314,092)	(\$130,322)	(\$426,219)
D. Expected Claims paid through June 2019	\$0	\$0	\$0	\$806,898
Total Expected Claims Costs (B-C+D)	\$2,211,138	\$2,275,924	\$2,400,762	\$2,861,233
Total Fixed Costs	\$495,606	\$577,543	\$645,849	\$740,052
Total Claims + Fixed Costs	\$2,706,744	\$2,853,467	\$3,046,611	\$3,601,285
Total Cost	\$2,655,929	\$2,853,467	\$3,046,611	\$3,576,938

Proposals From Market

Cigna- Fully Insured, 1.3%, \$473,583 savings

Aetna- Declined to Quote, uncompetitive

UHC- Self Funded, +21.3%

Humana- Fully Insured, +40.7%

Recommend moving to BCBS Fully Insured Option with plan changes.
No change to employee contributions.

Ancillary Renewals

Dental Renewal

MetLife dental renewal +17.0%, negotiated to +11.1%

		Current	Renewal	Negotiated Renewal
Employee	90	\$25.22	\$29.51	\$28.01
Employee + Spouse	37	\$51.25	\$59.96	\$56.91
Employee & Child(ren)	14	\$63.22	\$73.97	\$70.21
Family	67	\$89.14	\$104.29	\$98.99
Total Monthly Premium By Plan		\$11,024	\$12,897	\$12,242
Total Annual Premium By Plan		\$132,282	\$154,769	\$146,902
Annual Change from Current (\$)		-	\$22,487	\$14,620
Annual Change from Current (%)		-	17.0%	11.1%

Dental Proposals From Market

-BCBS, +19.5%, lower UCR reimbursement

-Cigna, +24.2%, lower UCR reimbursement

Recommend renewing dental coverage with MetLife

Vision Renewal and Proposals From Market

No increase to BCBS rates

NVA -10%, significant network disruption

Cigna +4%, significant network disruption

VSP +10%, significant network disruption

Recommend renewing Vision with BCBS

Life and Disability Coverage

No increase with Lincoln Financial:

Basic Life

Voluntary Term Life

Short Term Disability

Long Term Disability

Recommend to renew with Lincoln Financial

Flexible Spending Accounts

No change to rates or service with TASC

41 employees participating

Recommend renewing with TASC

TeleHealth

No change to rates or service with FlexCare

YTD Redirection Savings

Redirection Location	YTD Consults	YTD %	Average Cost	Total Plan Savings
Primary Care Physician	65	36%	\$ 129	\$ 8,385
Specialist	2	1%	\$ 193	\$ 386
Urgent Care	97	53%	\$ 191	\$ 18,527
Emergency Room	5	3%	\$ 1,661	\$ 8,305
No Treatment	13	7%	\$ -	\$ -
Total	182	---	---	\$ 35,603

YTD Top 5 Diagnoses

- Acute upper respiratory infection, unspecified
- Acute sinusitis, unspecified
- Acute nasopharyngitis [common cold]
- Acute pharyngitis, unspecified
- Acute maxillary sinusitis, unspecified

84%
of Consults with Rx

Prescriptions

# Consults with Rx	152
# Consults without Rx	30
Total # Rx	216
Avg # Rx per Consult	1.2

YTD Top 5 Prescriptions

- Azithromycin 3 Day Dose Pack 500 mg oral tablet
- Tessalon Perles 100 mg oral capsule
- Tamiflu 75 mg oral capsule
- PredniSONE 20 mg oral tablet
- Albuterol 90 mcg/inh inhalation aerosol

ShawHankins
Right Partner. Right Benefits.



Dawson County

2019 Benefits Renewal | May 30, 2019

2019 Benefit Renewal

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DAWSON COUNTY BOARD OF COMMISSIONERS

MAY 30, 2019

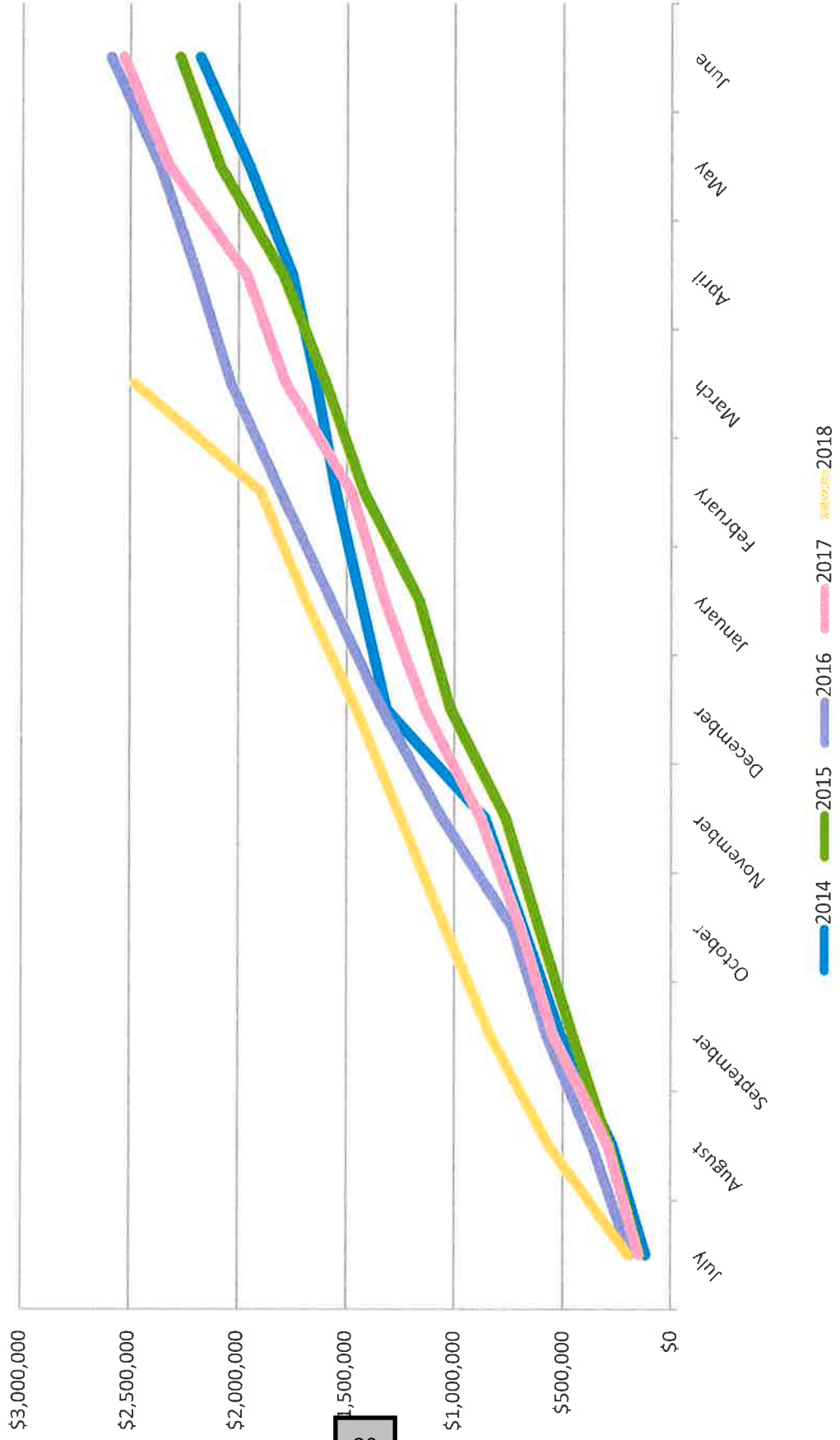


Health Plan Overview





Dawson County
Cumulative Medical/Rx Claims
PY2014 - PY2018 YTD





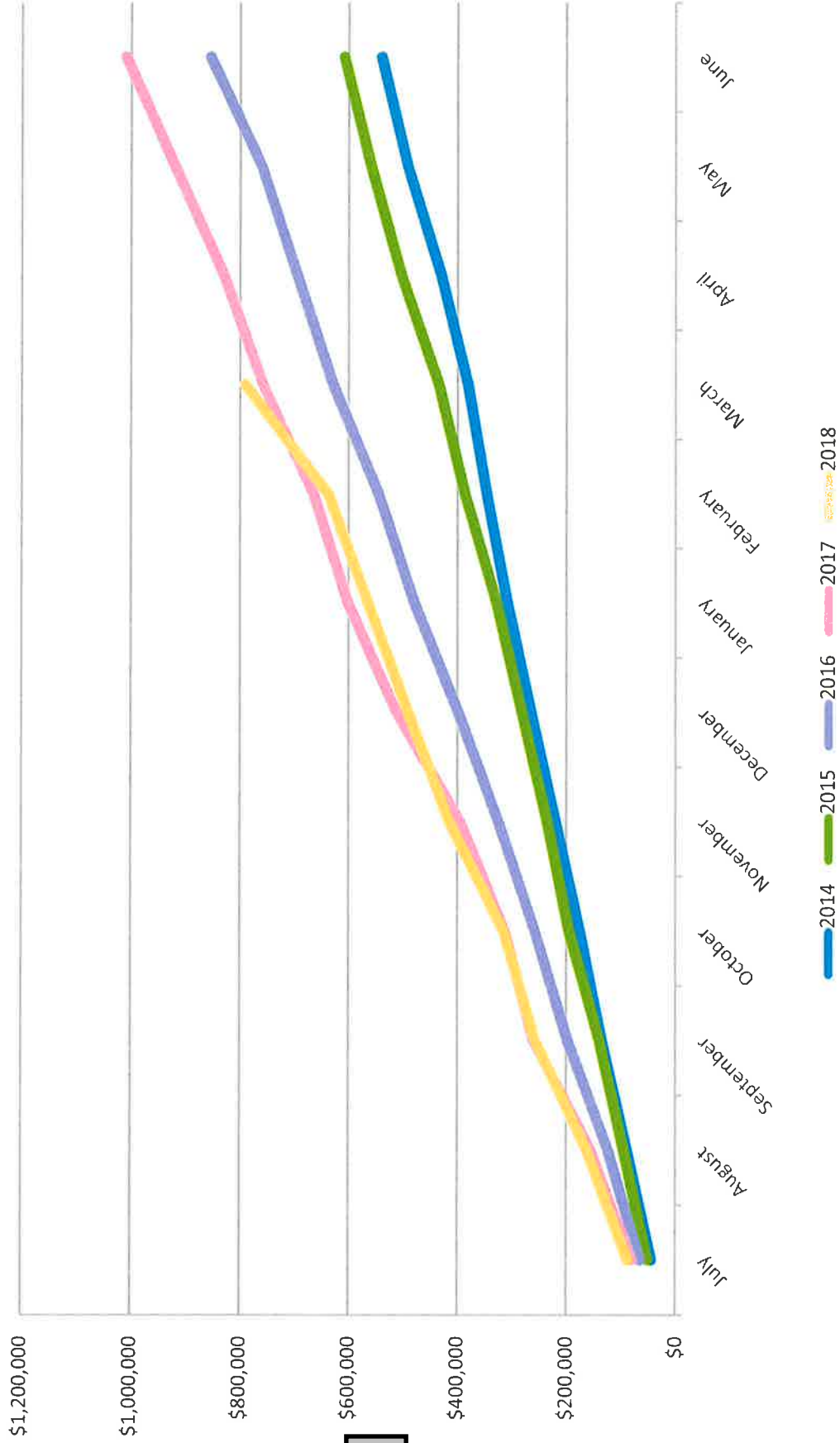
Dawson County Cumulative Medical Claims PY2014 - PY2018 YTD



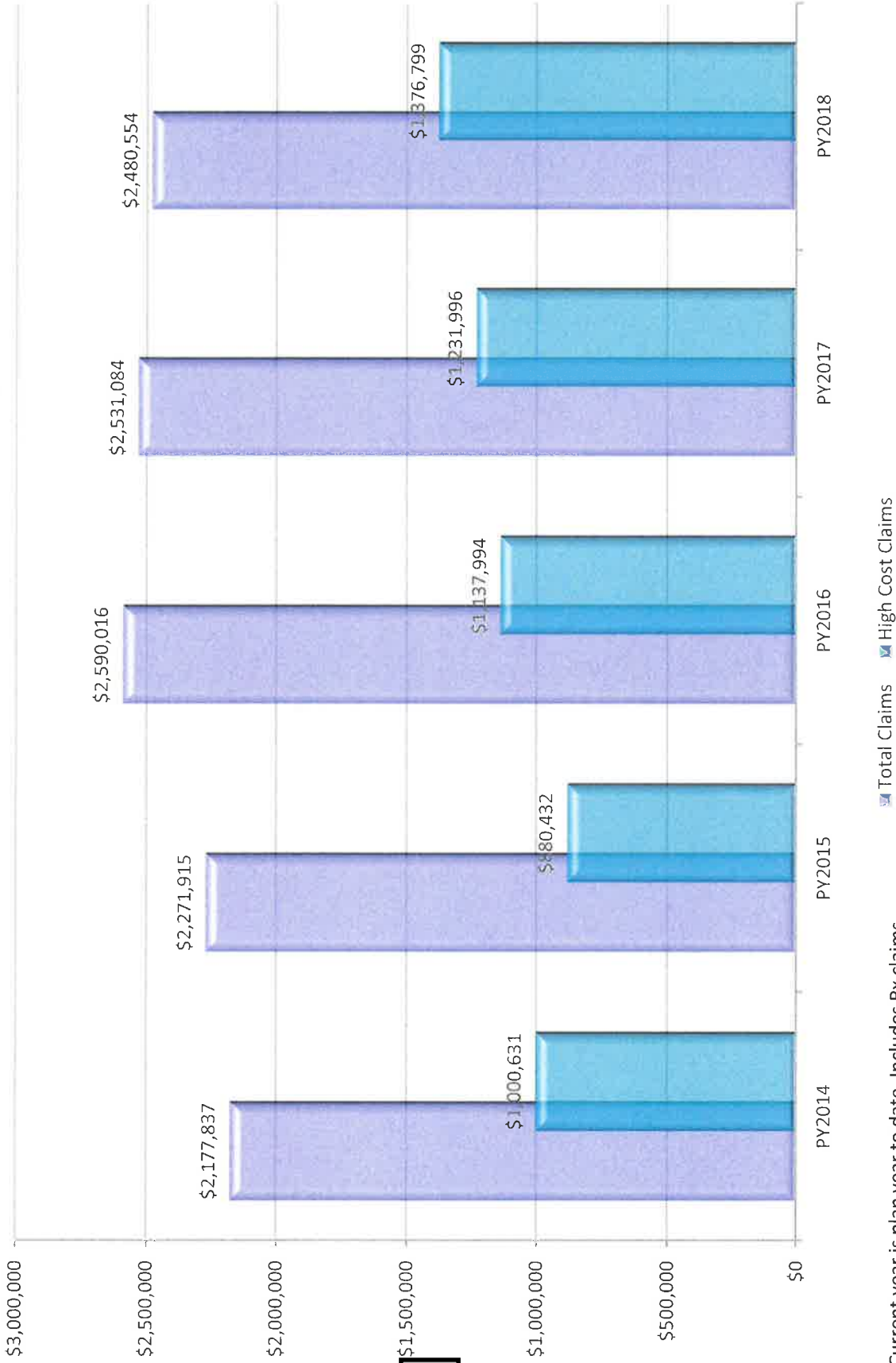


ShawHankins
Right Partner. Right Benefits.

Dawson County
Cumulative Rx Claims
PY2014 - PY2018 YTD



Dawson County
Large Claims (over \$25,000) vs. Total Claims
PY2014 - PY2018 YTD (March)



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- No Plan Changes= +4.3%, \$153,352
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In-Network Benefits						
Office Visits (PCP/Specialist)	\$30 / \$40	\$35 / \$45	NA	\$30 / \$40	\$35 / \$45	NA
Deductible	Single \$1,000 Family \$3,000	Single \$1,500 Family \$4,500	\$2,600 \$5,200 100%	\$1,000 \$3,000 80%	\$1,500 \$4,500 80%	\$2,600 \$5,200 100%
Coinsurance	80%	80%	100%	80%	80%	100%
Out of Pocket Maximum	Single \$2,000 Family \$6,000	Single \$3,000 Family \$9,000	\$3,600 \$7,200	\$2,500 \$7,500	\$3,500 \$10,500	\$3,600 \$7,200
Hospital and Emergency						
Inpatient Hospital Copay	\$100 + ded/coins	NA	NA	\$100 + ded/coins	NA	NA
Outpatient Hospital Copay	\$100 + ded/coins	NA	NA	\$100 + ded/coins	NA	NA
Urgent Care	\$75	\$75	NA	\$75	\$75	NA
Emergency Room	\$300	\$300	NA	\$300	\$300	NA
Prescription Drugs						
Rx Deductible	None	None	Medical Deductible	None	None	Medical Deductible
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Tier 3 (Nonpreferred)	\$50	\$50	Ded + \$60	\$50	\$50	Ded + \$60
Tier 4 (Preferred Specialty)	NA	NA	NA	20% to \$200	20% to \$200	NA
Out of Network Benefits						
Deductible	No benefit	\$3,000 / \$9,000	\$5,200 / \$10,400	No benefit	\$3,000 / \$9,000	\$5,200 / \$10,400
Out of Pocket Maximum	No benefit	\$6,000 / \$18,000	\$7,200 / \$14,400	No benefit	\$7,000 / \$21,000	\$7,200 / \$14,400
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Current Maximum Costs	\$2,655,929	\$2,960,971	\$3,535,060	\$3,576,938
Claims Costs				
B. Paid Claims PY2018 (through March 2019)*	\$2,271,915	\$2,590,016	\$2,531,084	\$2,480,554
C. Less Specific Stop Loss Reimbursements**	(\$60,777)	(\$314,092)	(\$130,322)	(\$426,219)
D. Expected Claims paid through June 2019	\$0	\$0	\$0	\$806,898
Total Expected Claims Costs (B-C+D)	\$2,211,138	\$2,275,924	\$2,400,762	\$2,861,233
Total Fixed Costs	\$495,606	\$577,543	\$645,849	\$740,052
Total Claims + Fixed Costs	\$2,706,744	\$2,853,467	\$3,046,611	\$3,601,285
Total Cost	\$2,655,929	\$2,853,467	\$3,046,611	\$3,576,938

Proposals From Market

Cigna- Fully Insured, 1.3%, \$473,583 savings

Aetna- Declined to Quote, uncompetitive

UHC- Self Funded, +21.3%

Humana- Fully Insured, +40.7%

Recommend moving to BCBS Fully Insured Option with plan changes.
No change to employee contributions.

Ancillary Renewals

Dental Renewal

MetLife dental renewal +17.0%, negotiated to +11.1%

		Current	Renewal	Negotiated Renewal
Employee	90	\$25.22	\$29.51	\$28.01
Employee + Spouse	37	\$51.25	\$59.96	\$56.91
Employee & Child(ren)	14	\$63.22	\$73.97	\$70.21
Family	67	\$89.14	\$104.29	\$98.99
Total Monthly Premium By Plan		\$11,024	\$12,897	\$12,242
Total Annual Premium By Plan		\$132,282	\$154,769	\$146,902
Annual Change from Current (\$)		-	\$22,487	\$14,620
Annual Change from Current (%)		-	17.0%	11.1%

Dental Proposals From Market

- BCBS, +19.5%, lower UCR reimbursement
- Cigna, +24.2%, lower UCR reimbursement

Recommend renewing dental coverage with MetLife

Vision Renewal and Proposals From Market

- No increase to BCBS rates
- NVA -10%, significant network disruption
- Cigna +4%, significant network disruption
- VSP +10%, significant network disruption

Recommend renewing Vision with BCBS

Life and Disability Coverage

No increase with Lincoln Financial:

Basic Life

Voluntary Term Life

Short Term Disability

Long Term Disability

Recommend to renew with Lincoln Financial

Flexible Spending Accounts

No change to rates or service with TASC
41 employees participating

45

Recommend renewing with TASC

TeleHealth

No change to rates or service with FlexCare

YTD Redirection Savings

Redirection Location	YTD Consults	YTD %	Average Cost	Total Plan Savings
Primary Care Physician	65	36%	\$ 129	\$ 8,385
Specialist	2	1%	\$ 193	\$ 386
Urgent Care	97	53%	\$ 191	\$ 18,527
Emergency Room	5	3%	\$ 1,661	\$ 8,305
No Treatment	13	7%	\$ -	\$ -
Total	182	---	---	\$ 35,603

YTD Top 5 Diagnoses

- Acute upper respiratory infection, unspecified
- Acute sinusitis, unspecified
- Acute nasopharyngitis [common cold]
- Acute pharyngitis, unspecified
- Acute maxillary sinusitis, unspecified

84%

of Consults with Rx

Prescriptions

# Consults with Rx	152
# Consults without Rx	30
Total # Rx	216
Avg # Rx per Consult	1.2

YTD Top 5 Prescriptions

- Azithromycin 3 Day Dose Pack 500 mg oral tablet
- Tessalon Perles 100 mg oral capsule
- Tamiflu 75 mg oral capsule
- PrednisONE 20 mg oral tablet
- Albuterol 90 mcg/inh inhalation aerosol

ShawHankins

Right Partner. Right Benefits.



ShawHankins 2018 Benchmarking Summary
Government Clients vs. Total Book of Business (clients > 50 lives)

Medical Costs (average)*	All Groups	Government	Dawson
Monthly Premium/Premium Equivalent (single)	\$598	\$650	\$800
Monthly Premium/Premium Equivalent (family)	\$1,707	\$1,840	\$1,868
Monthly Employee Contribution (single)	\$110	\$88	\$154
Monthly Employee Contribution (family)	\$663	\$541	\$371
Monthly Employer Contribution (single)	\$483	\$562	\$646
Monthly Employer Contribution (family)	\$1,036	\$1,298	\$1,497
Employer Contribution Percent (single)	80%	86%	81%
Employer Contribution Percent (family)	60%	71%	80%

Medical Cost Sharing (median)*	All Groups	Government	Dawson
In-network Deductible (single)	\$2,250	\$2,000	\$1,250
In-network Deductible (family)	\$5,200	\$4,850	\$3,750
In-network Out of Pocket Max (single)	\$6,500	\$6,500	\$2,500
In-network Out of Pocket Max (family)	\$13,000	\$13,150	\$7,500
PCP Copay	\$25	\$25	\$33
Specialist Copay	\$50	\$45	\$43

Plan Type Prevalance (medical)	All Groups	Government	Dawson
HMO	16%	12%	Yes
PPO/POS	95%	96%	Yes
HSA	18%	15%	Yes

Rx Copays	All Groups	Government	Dawson
Rx copay (generic)	\$15	\$15	\$10
Rx copay (preferred brand)	\$35	\$35	\$30
Rx copay (non-preferred brand)	\$60	\$60	\$50
Rx copay (specialty)*	\$125	NA	NA
Rx coinsurance (preferred specialty)**	25%	20%	NA
Rx coinsurance (non-preferred specialty)**	35%	35%	NA

Plan Type Prevalance (Rx)	All Groups	Government	Dawson
Subject to Medical Deductible?	17%	13%	No (except HSA)
Separate Rx deductible?	17%	23%	No
3-tier	26%	25%	Yes
4-tier	48%	48%	No
5-tier	19%	21%	No

Funding Type Prevalance	All Groups	Government	Dawson
Fully Insured	74%	69%	No
Level Funded	5%	2%	No
Self-funded / MPA	21%	29%	Yes

Funding Type Prevalance by Size - ASO	All Groups	Government	Dawson
<500 lives	7%	11%	Yes
500-999 lives	100%	100%	-
1000+ lives	100%	100%	-

*Dawson County numbers above are averages across both copay plans. HDHP plan is excluded (only 1 participant).

**Rx copays are based only on groups with copays. It excludes plans with coinsurance instead of copay.

**ShawHankins 2018 Benchmarking Summary
Government Clients OOP Comparison**

Medical Cost Sharing (median)	Dawson	Polk	Bryan	Jones	Lamar	Meriwether	Monroe
In-network Deductible (single)	\$1,250	\$5,000	\$2,000	\$5,000	\$3,000	\$5,000	\$1,500
In-network Deductible (family)	\$3,750	\$10,000	\$4,000	\$10,000	\$9,000	\$10,000	\$4,500
In-network Out of Pocket Max (single)	\$2,500	\$7,150	\$6,000	\$7,150	\$7,150	\$7,150	\$7,150
In-network Out of Pocket Max (family)	\$7,500	\$14,300	\$12,000	\$14,300	\$14,300	\$14,300	\$14,300
PCP Copay	\$33	\$35	\$28	\$28	\$28	\$25	\$20
Specialist Copay	\$43	\$40	\$55	\$55	\$55	\$50	\$20
Case Size	250-499	100-249	250-499	100-249	100-249	100-249	100-249

