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

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 Reso	urces Dept_			Work Sess	sion: 5/30/19
Prepared By:	Lisa Green	-			Voting Sess	sion: 5/30/19
Presenter:	Lisa Green &	ShawHankins F	Representative	_ Public H	earing: Yes X	No
Agenda Item	Title: Presentation	on of Dawson C	ounty Proposed	Health Care Pl	an 7/1/2019 thr	u 6/30/2020
Background Ir	nformation:					
1	Dawson County ernment with an	• • •	•	n for benefit pa	aid employees	of Dawson
Current Inform	nation:					
today, the conserveral high plan. The find contribution.	unty is currently ost of a self-insuction of a self-insuction over the return of the r	ured plan with repast years, it Option 1: Fully uld have the consured, with pla	no change to ou would be in the y insured, NO bunty absorb the an change (out	or employees we best interest to plan change, I be entire increase of pocket increase.	ould cost \$592, o convert to a to NO change to e of \$153,352. ase/Tier 4 preso	805. Due to fully insured employee's The second cription), NO
Budget Inform	ation: Applicat	ole: X Not Appli	cable: E	3udgeted: Yes	<u>X</u> No	
Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining
Recommenda	tion/Motion:					
Department H	ead Authorization	on: <u>LISA GREE</u> I	N/HR DIRECTO	<u>)R</u>	Date: 5/23	3/2019
Finance Dept.	Authorization: _	Vickie Neikir	<u>k</u>		Date: <u>5/28</u>	<u>3/19</u>
County Manag	ger Authorizatior	n: <u>DH</u>			Date: <u>5/28</u>	<u>3/19</u>
County Attorn	ey Authorization	1:			Date:	<u> </u>
Comments/Att	tachments:					

Dawson County, Inc.

D

Medical Renewal Summary (Minimum Premium) July 1, 2019

	0				Rates	Rates reflect maximum liability	oility
			Anthem			Anthem	
		HMO	POS	HSA	HMO	POS	HSA
Plan Name		NS OAH5 1.5K 20 A	NS OAP5 1.5K 20 A	NS OAP5 1.5K 20 A NS HSAOAP8 2.7K 0	NS OAHS 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	Minimum Premium Minimum Premium
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%	%08	100%	%08	80%	100%
Out of Pocket Maximum	Single	\$2,000	\$3,000	\$3,600	\$2,000	\$3,000	\$3,600
	Family	\$6,000	000'6\$	\$7,200	\$6,000	\$9,000	\$7,200
Hospital and Emergency							
Inpatient Hospital Copay		\$100 + ded/coins	NA	NA	\$100 + ded/coins	NA	NA V
Outpatient Hospital Copay		\$100 + ded/coins	NA	NA	\$100 + ded/coins	NA	Y N
Urgent Care		\$75	\$75	NA	\$75	\$75	A N
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	AN	NA

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 16.6% Combined Annual Cost Difference (\$)
Combined Annual Cost Difference (%)

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Rates above do not include \$4,95 PEPM HSA administrative fee for HSA participants,

representation of coverage terms and conditions.

BCBS offers an annual wellness fund of \$10,000.

\$5,200 / \$10,400 \$7,200 / \$14,400

\$6,000 / \$18,000 \$3,000 / \$9,000

No benefit No benefit No benefit

\$5,200 / \$10,400 \$7,200 / \$14,400

Tier 4 (Preferred Specialty)

Out of Network Benefits

Out of Pocket Maximum

Coinsurance Deductible

Rates by Plan

Employee

Renewal \$850.05 \$1,439.65

> \$1,588.75 \$1,497.70 \$2,165.40

\$1,615.10 \$1,522.17

\$1,235.18 \$1,166.88 \$1,667.71

\$1,361.83 \$1,284.49 \$1,851.66

\$1,305.25

\$1,384.18 \$1,884,13 \$244,870

1000

67 33 16 66

20 7 0 14

\$921,05

Renewal

Renewal

Current \$734.35

Current

Current \$805.31

\$794.66

%02

\$6,000 / \$18,000 \$3,000 / \$9,000

No benefit No benefit No benefit

809

\$933.60

%09

70%

\$1,948.86 \$1,359.25

\$10,201 \$850

\$59,858

\$2,203.67

\$718,294 \$4,156,252 \$592,805

\$3,427,757

\$8,812

\$616,191 \$3,563,447

\$2,938,443

Combined Annual Plan Totals

Monthly Premium by Plan

Employee + Child(ren) Employee + Spouse

Family

Annual Premium by Plan

\$51,349

\$285,646

Dawson County, Inc.

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

Name	HSA NS HSAOAP8 2.7K 0 Open Access POS Minimum Premium NA \$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA NA NA NA NA NA NA	SK 20 A HMO remium 1 0 0 0 //coins	Anthem Renewal POS NS OAPS 1.5K 20 A Blue OA POS Minimum Premium \$35 / \$45 \$1,500 \$4,500 80% \$3,000 \$9,000 NA NA NA S75 \$350	HSA NS HSAOAP8 2.7K 0 Open Access POS Minimum Premium NA \$2,600 \$5,200 100% \$3,600 \$3,600 \$7,200 NA NA NA NA
Current HMO POS ecialist) Single \$1,5K 20 A Blue OA POS Blue OA HMO Blue OA POS Blue OA POS Minimum Premium Single \$1,000 \$35,545 Family \$3,000 \$3,500 \$4,500 Bramily \$3,000 \$3,000 \$3,000 pay \$1,000 \$4,500 \$9,000 ncy \$1,000 \$4,500 \$3,000 pay \$1,000 \$4,500 \$3,000 pay \$1,000 \$3,000 \$3,000 pay \$1,000 \$3,000 \$3,000 pay \$1,000 \$4,500 \$3,000 Sand \$1,000 \$3,000 \$3,000 Sand \$1,000 \$3,000 \$3,000 Sand \$2,000 \$3,000 \$3,000 Sand \$2,000 \$3,000 \$3,000 Sand \$2,000 \$3,000 \$3,000 Sand \$2,000 \$3,000 <t< th=""><th>HSA NS HSAOAP8 2.7K 0 Open Access POS Minimum Premium NA \$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA NA NA NA NA NA NA</th><th></th><th>Renewal Pos Pos NS OAP5 1.5K 20 A Blue OA POS Minimum Premium \$35 / \$4500 \$4,500 80% \$3,000 \$9,000 \$9,000 \$75 \$75 \$75</th><th>HSA NS HSAOAPB 2.7K 0 Open Access POS Minimum Premium NA \$2,600 \$5,200 100% \$5,200 100% \$7,200 NA NA NA NA NA</th></t<>	HSA NS HSAOAP8 2.7K 0 Open Access POS Minimum Premium NA \$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA NA NA NA NA NA NA		Renewal Pos Pos NS OAP5 1.5K 20 A Blue OA POS Minimum Premium \$35 / \$4500 \$4,500 80% \$3,000 \$9,000 \$9,000 \$75 \$75 \$75	HSA NS HSAOAPB 2.7K 0 Open Access POS Minimum Premium NA \$2,600 \$5,200 100% \$5,200 100% \$7,200 NA NA NA NA NA
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ecialist) Single S	NS HSAOAP8 2.7K 0 Open Access POS Minimum Premium 82,600 \$5,200 100% \$3,600 \$7,200 NA NA NA NA NA NA NA NA NA		NS OAP5 1.5K 20 A Blue OA POS Minimum Premium \$35 / \$45 \$1,500 \$4,500 80% \$3,000 \$9,000 NA NA NA NA \$75 \$300	NS HSAOAPS 2.7K 0 Open Access POS Minimum Premium NA \$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA NA NA
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single \$1,000 \$1,500 num Single \$2,000 \$4,500 80% 80% 80% 80% 80% 80% 80% \$2,000 \$4,500 ncy \$1000 4ed/coins NA copay \$100 4ed/coins NA \$100 \$100 \$100 \$200 \$25 \$300 \$300 \$300 \$20 \$300 \$300 \$300 \$20 \$20 \$200 \$300 \$20 \$300 \$6,000 \$300 \$300 \$300 \$30 \$300 \$300 \$30 \$300 \$300 \$30 \$400 \$300 \$300 \$400 \$300 \$300 \$400 \$4,000 \$400 \$4,36,46 \$1,36,48 \$1,36,48 \$1,36,48 \$1,36,48 \$1,36,48 \$1,36,48 \$1,305,25 \$1,38,48 <th>\$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA NA NA NA NA NA NA NA NA NA NA</th> <th>\$30 / \$40 \$3,000 \$3,000 80% \$2,000 \$6,000 \$6,000 \$100 + ded/coins \$75 \$300</th> <th>\$35 / \$45 \$1,500 \$4,500 80% \$3,000 \$9,000 \$75 \$300</th> <th>NA \$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA</th>	\$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA NA NA NA NA NA NA NA NA NA NA	\$30 / \$40 \$3,000 \$3,000 80% \$2,000 \$6,000 \$6,000 \$100 + ded/coins \$75 \$300	\$35 / \$45 \$1,500 \$4,500 80% \$3,000 \$9,000 \$75 \$300	NA \$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA
Family	25,200 100% 53,500 57,200 57,200 NA NA NA NA NA NA NA NA NA NA NA NA	\$1,000 \$3,000 80% \$2,000 \$6,000 \$100 + ded/coins \$75 \$300 None	\$1,500 \$4,500 80% \$3,000 \$9,000 NA NA \$75 \$300	\$2,600 \$5,200 100% \$3,600 \$7,200 NA NA NA
Single \$2,000 \$9,500	35,200 100% \$3,600 \$7,200 NA NA NA NA NA NA NA NA NA NA NA	\$3,000 80% \$2,000 \$6,000 100 + ded/coins \$75 \$300 None	\$4,500 80% \$3,000 \$9,000 NA NA \$75 \$300	\$5,200 100% \$3,600 \$7,200 NA NA NA
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Second	\$3,600 \$7,200 NA NA NA NA NA NA NA NA	\$2,000 \$6,000 \$100 + ded/coins \$75 \$300 None	\$3,000 \$9,000 NA NA \$75 \$300	53,600 \$7,200 NA NA NA NA
Same	NA NA NA NA NA NA NA NA NA	\$6,000 100 + ded/coins \$75 \$300 None	59,000 NA NA \$75 \$300	57,200 NA NA NA NA
pay \$100 + ded/coins NA copay \$100 + ded/coins NA \$75 \$75 \$300 \$300 Sand \$300 Sand \$10 Sand \$10 Specialty \$30 Specialty NA No benefit \$5,000 skimum No benefit 67 20 1 2 33 7 67 20 16 0 51,284.18 \$1,284.18 \$1,284.49	NA NA NA NA NA Medical Deductible Ded + \$10 Ded + \$50 NA	.100 + ded/coins 100 + ded/coins \$75 \$300 None	NA NA \$75 \$300	N N N N N N N N N N N N N N N N N N N
Sandard Sand	NA NA NA NA NA NA	100 + ded/coins \$75 \$300 None	NA NA \$75 \$300	N N N N N N N N N N N N N N N N N N N
\$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75 \$75	NA NA NA NA NA NA	\$75 \$300 None	\$75 \$300	A A A
Value/Generic) \$300 \$300 None \$100 Brand) \$30 Tred) \$30 Specialty) NA NA NA NA Fits No benefit \$5,000 / \$18,000 No benefit \$6,000 / \$18,000 No benefit \$6,000 / \$18,000 No benefit \$6,000 / \$18,000 No benefit \$1,361.83 1		\$75 \$300 None	5/5 \$300	A A
Value/Generic) Brand) Brand) Specialty) Specialty) Afts No benefit (53,000 / 518,000) Swimum 1 2 3 Current 67 20 1 \$805.31 \$1,284.18 \$1,284.49 \$1,305.25 \$1,284.49		None	\$300	NA
Value/Generic) None None Brand) \$10 \$10 Brand) \$30 \$30 Specialty) NA NA fits No benefit \$5,000 / \$9,000 aximum No benefit \$6,000 / \$1,800 aximum No benefit \$6,000 / \$1,800 by No benefit \$5,000 / \$1,300 current 60% current Current 67 20 1 \$805.31 \$794.66 33 7 0 \$1,384.18 \$1,284.49 16 0 \$1,305.25 \$1,284.49		None		
Value/Generic) Substance None None Substance S		None		
State Stat	E-CAMPAAAA	(· · ·	None	Medical Deductible
Stand Stan	1200	\$10	\$10	Ded + \$10
Specialty \$50 \$50		\$30	\$30	Ded + \$35
fits NA NA fits No benefit \$3,000 / \$9,000 aximum No benefit \$6,000 / \$18,000 No benefit 60% No benefit 60% 1 2 3 Current Current 67 20 1 \$805.31 \$794.66 33 7 0 \$1,384.18 \$1,361.83 16 0 \$1,305.25 \$1,284.49		\$50	\$50	Ded + \$60
### No benefit \$3,000 / \$9,000		NA.	NA	MA
Askimum 1 2 3 Current 67 20 1 \$\$805.31 6 0 0 \$\$1,384.18 1				VA.
aximum No benefit \$6,000 / \$18,000 1 2 3 Current Current 67 20 1 \$805.31 \$794.66 33 7 0 \$1,384.18 \$1,361.83 16 0 \$1,305.25 \$1,284.49	3,000 / \$9,000 \$5,200 / \$10,400	No benefit	\$3,000 / \$9,000	\$5 200 / \$10 400
1 2 3 Current Current 67 20 1 \$805.31 \$794.66 33 7 0 \$1,384.18 \$1,361.83 16 0 0 \$1,305.25 \$1,284.49			\$6,000 / \$18,000	52,200 / 514 400
1 2 3 Current Current 67 20 1 \$805.31 \$794.66 33 7 0 \$1,384.18 \$1,361.83 16 0 0 \$1,305.25 \$1,284.49			60%	70,2007 \$14,400
67 20 1 \$805.31 \$794.66 33 7 0 \$1,384.18 \$1,361.83 16 0 0 \$1,305.25 \$1,284.49	0	Renewal	Renewal	Renewal
33 7 0 \$1,384.18 \$1,361.83 16 0 0 \$1,305.25 \$1,284.49	\$794.66 \$734.35	\$694.98	\$682.35	\$610.65
16 0 0 \$1,305.25 \$1,284.49	₹/3	\$1.459.46	\$1.437.94	\$1 282 37
	\$1,284.49 \$1,166.88	\$1.355.21	\$1 330 58	\$1 190 77
66 14 0 \$1,884.13 \$1,851.66		\$2,119.69	\$2,081.16	\$1,862.49
n \$244,870 \$51,349		\$256.309	\$52.814	¢£11
Annual Premium by Plan \$2,938,443 \$616,191 \$8		\$3,075,705	\$633.766	\$7.178
Current	Current		Renewal	THE RESIDENCE OF THE PARTY OF T
Combined Annual Plan Totals \$3,563,447	3,563,447		\$3,716,799	100000
Combined Annual Cost Difference (5)			\$153,352	
			4.3%	1

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.

CONFIDENTIAL AND PROPRIETARY

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

Plan Name Provider Network Funding In-Network Benefits Office Visits (PCP/Specialist) Sin Deductible			Current		Re	Renewal (negotiated)	
		HWO	POS	HSA	HMO	POS	HSA
		NS OAH5 1.5K 20 A	NS OAP5 1.5K 20 A	NS HSAOAP8 2.7K 0	NS OAH5 1.5K 20 A	NS OAPS 1.5K 20 A	NS HSAOAP8 2.7K 0
		Blue OA HMO	Blue OA POS	Open Access POS	Blue OA HMO	Blue OA POS	Open Access POS
		Minimum Premium	Minimum Premium	Minimum Premium	Minimum Premium	Minimum Premium	Minimum Premium
		\$30 / \$40	\$35 / \$45	NA	\$30 / \$40	\$35 / \$45	AN
Far	Single	\$1,000	\$1,500	\$2,600	\$1,000	\$1,500	\$2,600
3 -	Family	\$3,000	\$4,500	\$5,200	\$3,000	\$4,500	\$5.200
Coinsurance		%08	%08	100%	80%	80%	100%
Out of Pocket Maximum Sin	Single	\$2,000	\$3,000	\$3,600	\$2,500	\$3,500	\$3,600
Fan	Family	\$6,000	\$9,000	\$7,200	\$7,500	\$10,500	\$7,200
Hospital and Emergency							
Inpatient Hospital Copay		\$100 + ded/coins	NA	AN	\$100 + ded/coins	NA	AN
Outpatient Hospital Copay		\$100 + ded/coins	NA	NA	\$100 + ded/coins	N	N
Urgent Care		\$75	\$75	NA	\$75	\$75	NA
Emergency Room		\$300	\$300	AN	\$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	%09	20%	No benefit	%09	70%
Rates by Plan 1 2		3 Current	Current	Current	Renewal	Renewal	Renewal
29	20	1 \$805.31	\$794.66	\$734.35	\$675,65	\$660.02	\$610.65
Employee + Spouse 33 7		0 \$1,384.18	\$1,361.83	\$1,235.18	\$1,418.86	\$1,386.04	\$1,282.37
in) 16		0 \$1,305.25	\$1,284.49	\$1,166.88	\$1,317.51	\$1,287.03	\$1,190.77
Family 66 1	14 (0 \$1,884.13	\$1,851.66	\$1,667.71	\$2,060.72	\$2,013.04	\$1,862,49
Monthly Premium by Plan		\$244,870	\$51,349	\$734	\$249,178	\$51,085	\$611
Annual Premium by Plan		\$2,938,443	\$616,191	\$8,812	\$2,990,139	\$613,023	\$7,328
			Current			Renewal (negotiated)	
Combined Annual Plan Totals			\$3,563,447			\$3,610,489	
Combined Annual Cost Difference (\$)			1.0			\$47,043	
Combined Annual Cost Difference (%)						1.3%	

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 PEPM 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.

CONFIDENTIAL AND PROPRIETARY

2019 Benefit Renewal

DAWSON COUNTY BOARD OF COMMISSIONERS MAY 30, 2019

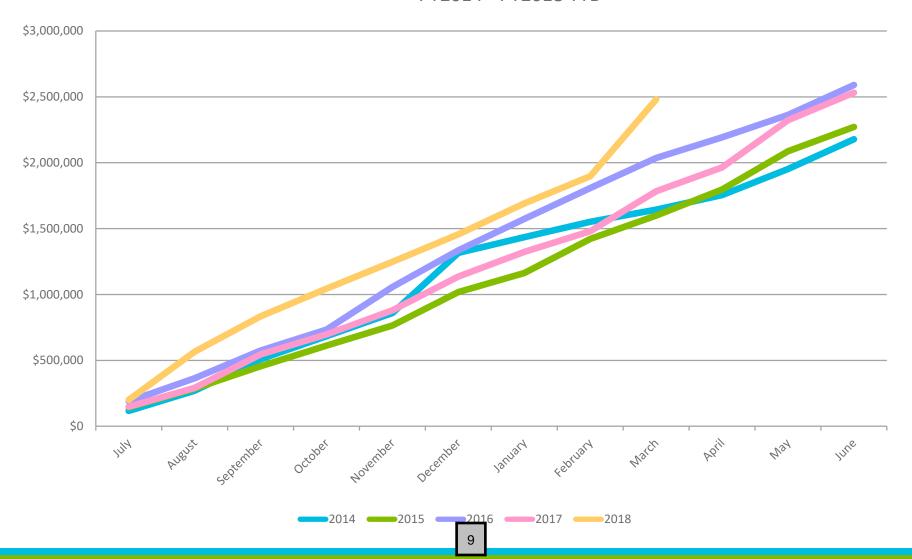


Health Plan Overview



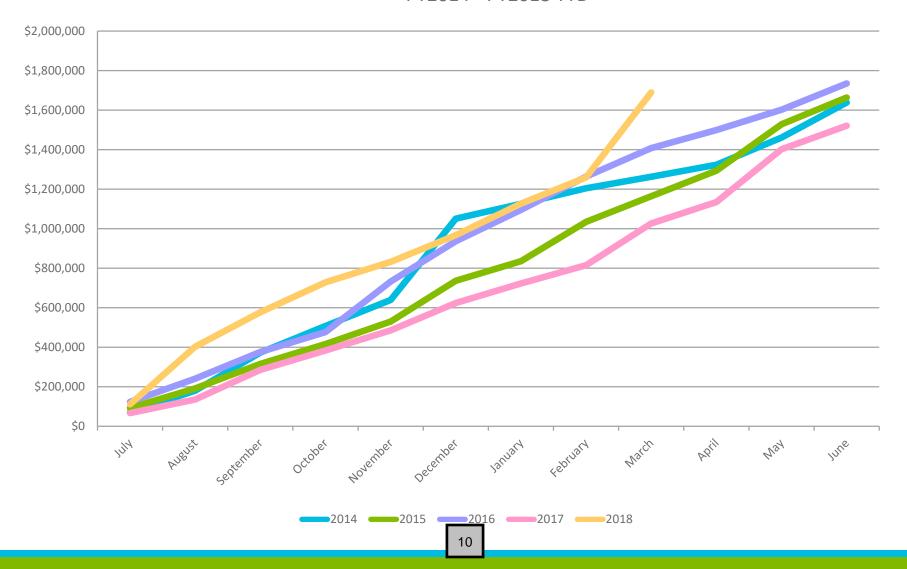


Dawson County Cumulative Medical/Rx Claims PY2014 - PY2018 YTD



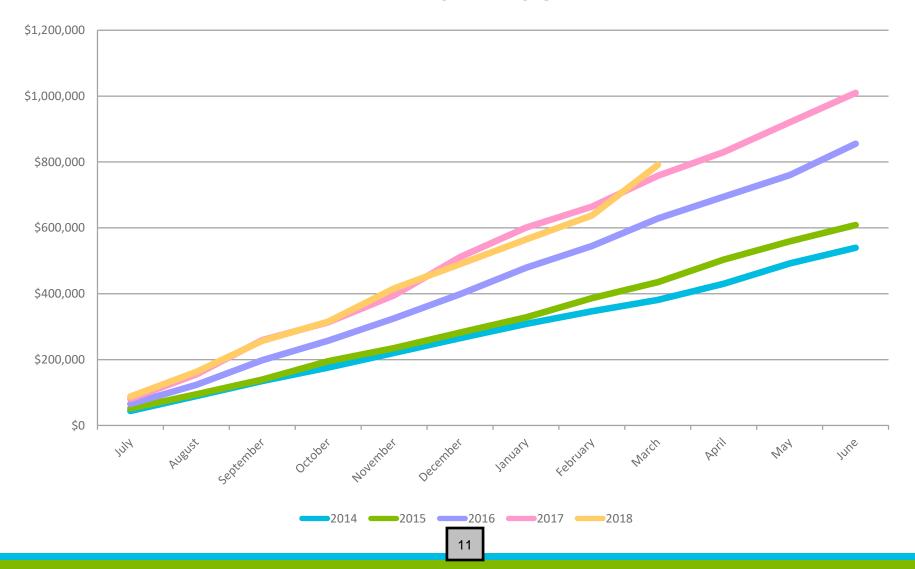


Dawson County Cumulative Medical Claims PY2014 - PY2018 YTD



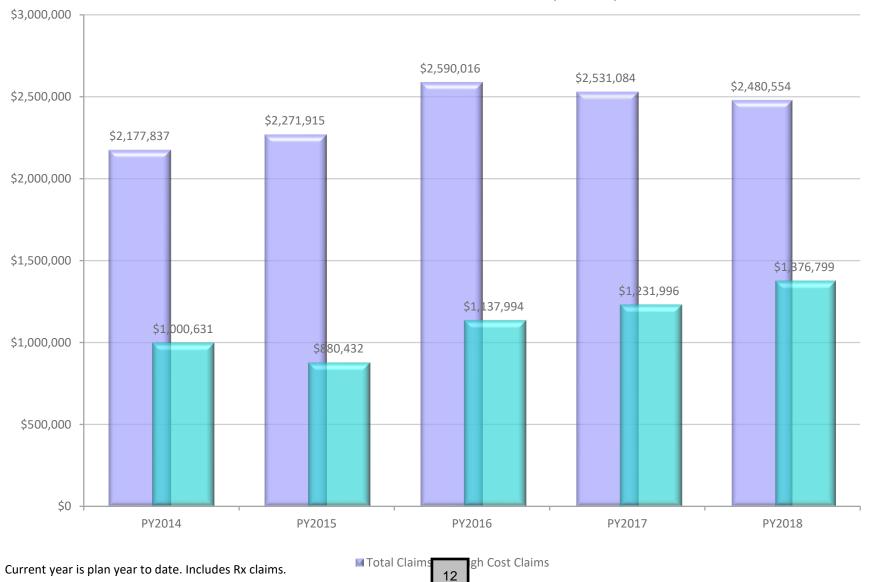


Dawson County Cumulative Rx Claims PY2014 - PY2018 YTD





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



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		Anthem			
			Current			Fully Insured		
		НМО	POS	HSA	НМО	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		\$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	<mark>\$2,655,929</mark>	\$2,960,971	\$3,535,060	\$ <mark>3,576,938</mark>
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	үто %	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





Dawson County 2019 Benefits Renewal | May 30, 2019 **ShawHankins** 27 Right Partner. Right Benefits.

U

2019 Benefit Lenewa

DAWSON COUNTY BOARD OF COMMISSIONERS

MAY 30, 2019



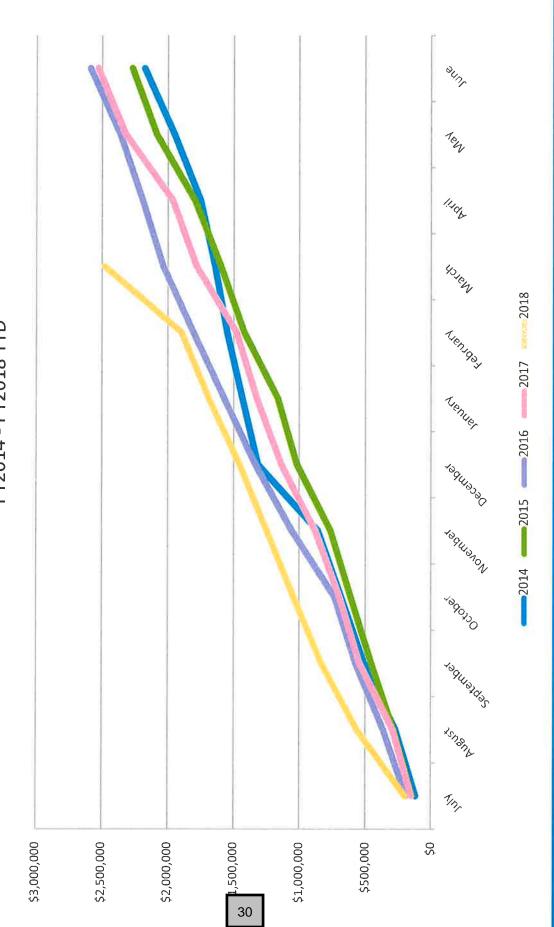
ShawHankins Right Partner. Right Benefits.

Health Plan Overview

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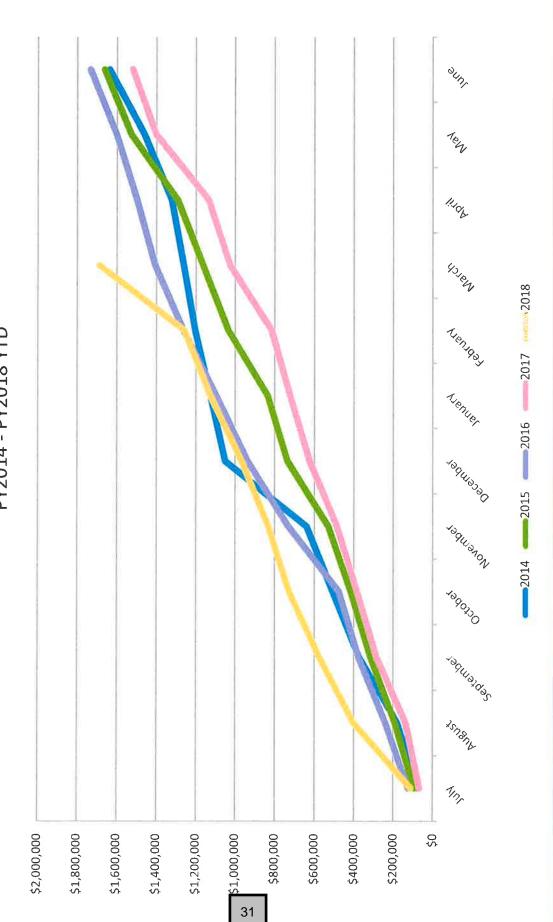


Dawson County Cumulative Medical/Rx Claims PY2014 - PY2018 YTD





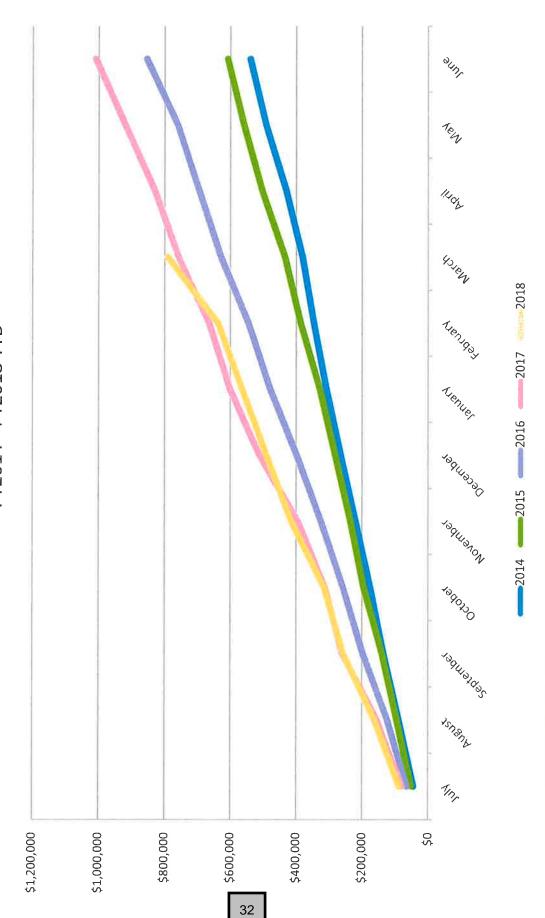
Dawson County Cumulative Medical Claims PY2014 - PY2018 YTD



1)



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 M High Cost Claims

ShawHankins Right Partner. Right Benefits.

Renewals and Results of Marketing

Anthem BCBS Medical Renewal-Minimum Premium Funding

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

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35

17.5% increase Stop Loss Premium

15.4% increase Max Claim Liability

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



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-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.

36

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



			Anthem			Anthem	
		НМО	Pos	HSA	НМО	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		%08	%08	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	AN	ΝΑ	\$100 + ded/coins	NA	NA
Outpatient Hospital Copay		\$100 + ded/coins	AN	NA	\$100 + ded/coins	NA	NA
Urgent Care		\$75	\$75	ΑN	\$75	\$75	NA
Emergency Room		\$300	\$300	ΑN	\$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
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Tier 4 (Preferred Specialty)		NA	NA	NA	20% to \$200	20% to \$200	NA
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Deductible		No benefit	\$3,000 / \$9,000 \$5,200 / \$10,400	\$5,200 / \$10,400	No benefit	\$3,000 / \$9,000	\$3,000 / \$9,000 \$5,200 / \$10,400
Out of Pocket Maximum		No benefit	\$6,000 / \$18,000 \$7,200 / \$14,400	\$7,200 / \$14,400	No benefit	\$7,000 / \$21,000 \$7,200 / \$14,400	\$7,200 / \$14,400
Coinsurance		No benefit	%09	%02	No benefit	%09	%02
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	
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Total Cost	\$2,655,929	\$2,853,467	\$3,046,611	\$3,576,938



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UHC- Self Funded, +21.3%

Humana- Fully Insured, +40.7%

39

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



ShawHankins Right Partner. Right Benefits.

Ancillary Renewals

Dental Renewal

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

		Current	Renewal	Negotiated Renewal
Employee	06	\$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	29	\$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
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Annual Change from Current (%)			17.0%	11.1%



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43

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No increase with Lincoln Financial:

Basic Life

Voluntary Term Life

Short Term Disability

Long Term Disability

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No change to rates or service with TASC

41 employees participating

Recommend renewing with TASC



TeleHealth

No change to rates or service with FlexCare

		23					
	Total Plan Savings	\$ 8,385	386	\$ 18,527	8,305	ŧ.	\$ 35,603
	Tof	\$	\$	\$	\$	\$	Ś
(6	Average Cost	129	193	191	\$ 1,661	: 1	1
185	A O	s	\$	\$	S	s	
Savir	утъ %	36%	1%	23%	3%	7%	1
irectior	YTD Consults	65	2	97	Ŋ	13	182
YTD Redirection Savings	Redirection Location	Primary Care Physician	Specialist	Urgent Care	Emergency Room	No Treatment	Total

YTD Top 5 Diagnoses

of Consults with Rx

84%

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

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

30 30 216

#Consults without Rx

Total # Rx

#Consults with Rx

Avg # Rx per Consult

Prescriptions





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

0

0

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
НМО	16%	12%	Yes
PPO/POS	95%	96%	Yes
HSA	18%	15%	Yes
Rx Copays	All Groups	Government	Dawson
Rx Copays Rx copay (generic)	All Groups \$15	Government \$15	
Rx copay (generic) Rx copay (preferred brand)	\$15 \$35		\$10
Rx copay (generic)	\$15	\$15	\$10 \$30
Rx copay (generic) Rx copay (preferred brand)	\$15 \$35	\$15 \$35	\$10 \$30 \$50
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand)	\$15 \$35 \$60	\$15 \$35 \$60	\$10 \$30 \$50 NA
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)*	\$15 \$35 \$60 \$125	\$15 \$35 \$60 NA	\$10 \$30 \$50 NA
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)**	\$15 \$35 \$60 \$125 25%	\$15 \$35 \$60 NA 20%	\$10 \$30 \$50 NA NA
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)**	\$15 \$35 \$60 \$125 25% 35%	\$15 \$35 \$60 NA 20% 35%	\$10 \$30 \$50 NA NA NA
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx)	\$15 \$35 \$60 \$125 25% 35% All Groups	\$15 \$35 \$60 NA 20% 35%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA)
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible?	\$15 \$35 \$60 \$125 25% 35% All Groups	\$15 \$35 \$60 NA 20% 35% Government 13%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA)
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible?	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 17%	\$15 \$35 \$60 NA 20% 35% Government 13% 23%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA) No
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible? 3-tier	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 17% 26%	\$15 \$35 \$60 NA 20% 35% Government 13% 23% 25%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA) No Yes
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible? 3-tier 4-tier 5-tier	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 17% 26% 48%	\$15 \$35 \$60 NA 20% 35% Government 13% 23% 25% 48%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA) No Yes No
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible? 3-tier 4-tier 5-tier Funding Type Prevalance	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 17% 26% 48% 19%	\$15 \$35 \$60 NA 20% 35% Government 13% 23% 25% 48% 21%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA) No Yes No No
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible? 3-tier 4-tier 5-tier Funding Type Prevalance Fully Insured	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 17% 26% 48% 19%	\$15 \$35 \$60 NA 20% 35% Government 13% 23% 25% 48% 21%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA) No Yes No No
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible? 3-tier 4-tier 5-tier Funding Type Prevalance Fully Insured Level Funded	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 17% 26% 48% 19% All Groups 74%	\$15 \$35 \$60 NA 20% 35% Government 13% 23% 25% 48% 21% Government 69%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA) No Yes No No
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible? 3-tier 4-tier 5-tier Funding Type Prevalance Fully Insured Level Funded Self-funded / MPA	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 17% 26% 48% 19% All Groups 74% 5%	\$15 \$35 \$60 NA 20% 35% Government 13% 23% 25% 48% 21% Government 69% 2%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA) No Yes No No
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible? 3-tier 4-tier 5-tier Funding Type Prevalance Fully Insured Level Funded Self-funded / MPA Funding Type Prevalance by Size - ASO	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 26% 48% 19% All Groups 74% 5% 21%	\$15 \$35 \$60 NA 20% 35% Government 13% 23% 25% 48% 21% Government 69% 2% 29%	\$10 \$30 \$50 NA NA NA Dawson No (except HSA) No Yes No No
Rx copay (generic) Rx copay (preferred brand) Rx copay (non-preferred brand) Rx copay (specialty)* Rx coinsurance (preferred specialty)** Rx coinsurance (non-preferred specialty)** Plan Type Prevalance (Rx) Subject to Medical Deductible? Separate Rx deductible? 3-tier 4-tier	\$15 \$35 \$60 \$125 25% 35% All Groups 17% 17% 26% 48% 19% All Groups 74% 5% 21%	\$15 \$35 \$60 NA 20% 35% Government 13% 23% 25% 48% 21% Government 69% 2% 29%	NA NA NA NA Dawson No (except HSA) No Yes No No No Dawson No O Dawson No

^{*}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

