

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024

Called Meeting

Minutes

Friday, April 25, 2025 ♦ 1:00 PM

Marriott Savannah Riverfront, Mercer Room,
100 General McIntosh Blvd., Savannah, GA 31401

The Putnam County Board of Commissioners met on Friday, April 25, 2025 at approximately 1:00 PM in the Marriott Savannah Riverfront, Mercer Room, 100 General McIntosh Blvd., Savannah, Georgia.

PRESENT

Chairman Bill Sharp
Commissioner Tom McElhenney
Commissioner Richard Garrett

STAFF PRESENT

County Manager Paul Van Haute
County Clerk Lynn Butterworth
Human Resources Director Cynthia Miller

ABSENT

Commissioner Steve Hersey
Commissioner Jeff Wooten

STAFF ABSENT

County Attorney Adam Nelson
Deputy County Clerk Mercy Fluker

OTHERS PRESENT

Johnathan Shaw, Managing Director, NFP
Public Sector Solutions
Cindy Drury, Account Executive, NFP

Opening

1. Call to Order

Chairman Sharp called the meeting to order at approximately 1:05 p.m.

(Copy of agenda made a part of the minutes on minute book page _____.)

Called Meeting

2. Approval of Employee Insurance Benefits (staff-CM & HR)

- a. Medical
- b. Dental
- c. Vision
- d. Basic Life
- e. Voluntary Term Life and AD&D
- f. Voluntary Short Term Disability
- g. Employer-Paid Long Term Disability

Called Meeting Minutes	Page 1 of 2	Approved
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- h. HRA Administrator
- i. AFLAC
 - 1. Voluntary Group Accident
 - 2. Voluntary Critical Illness
 - 3. Voluntary Group Hospital Indemnity
- j. Voluntary Universal Life
- k. Voluntary Ansel

Johnathan Shaw with NFP thanked the board for the opportunity to work with them on employee insurance benefits. He advised that Putnam County has experienced two challenging years in a row and distributed an Employee Benefits Renewal booklet. He reviewed the booklet, including Claim History, Claims Performance, Loss Ratio, Claims Utilization, Cost Drivers, Renewal History, Renewal Offers, HRA Options, Other County Paid Benefits (Dental, Life, Long-Term Disability), and Voluntary Employee Paid Benefits. Mr. Shaw's recommendation was to move back to Anthem with an HRA Strategy and Wellness Plan.

Motion to elect/renew employee insurance benefits with the following: Anthem (OAP12 2500/30%/7900C Low Plan and OAP5 5000/0%/7900AE High Plan) with HRA Strategy (Admin America) and Wellness Plan; United Healthcare Dental Low Plan and High Plan; Anthem (The Standard) Life and AD&D, Anthem (The Standard) Long-Term Disability; Voluntary Vision Insurance with Anthem/Eyemed; Voluntary employee term life insurance through Anthem/The Standard; Voluntary employee short term disability coverage through Anthem/The Standard; Voluntary Supplemental accident, critical illness, hospital indemnity coverage through AFLAC; Voluntary supplemental coverage through Ansel; Voluntary Permanent Life Insurance through Texas Life; and Voluntary Home warranty protection through Armadillo.

Motion made by Commissioner Garrett, Seconded by Commissioner McElhenney.

Voting Yea: Chairman Sharp, Commissioner McElhenney, Commissioner Garrett
(Copy of handout made a part of the minutes on minute book pages _____ to _____.)

Closing

3. Adjournment

Motion to adjourn the meeting.

Motion made by Commissioner McElhenney, Seconded by Commissioner Garrett.

Voting Yea: Chairman Sharp, Commissioner McElhenney, Commissioner Garrett

Meeting adjourned at approximately 2:49 p.m.

ATTEST:

Lynn Butterworth
County Clerk

B. W. "Bill" Sharp
Chairman

Called Meeting Minutes	Page 2 of 2	Approved
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Agenda

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Closing

3. Adjournment

The Board of Commissioners reserves the right to continue the meeting to another time and place in the event the number of people in attendance at the meeting, including the Board of Commissioners, staff, and members of the public exceeds the legal limits. The meeting cannot be closed to the public except by a majority vote of a quorum present for the meeting. The board can vote to go into an executive session on a legally exempt matter during a public meeting even if not advertised or listed on the agenda. Individuals 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 or the facilities are required to contact the ADA Compliance Officer, at least three business days in advance of the meeting at 706-485-2776 to allow the County to make reasonable accommodations for those persons.

April 24, 2025

Confidential

Putnam County Board of Commissioners
Employee Benefits Renewal

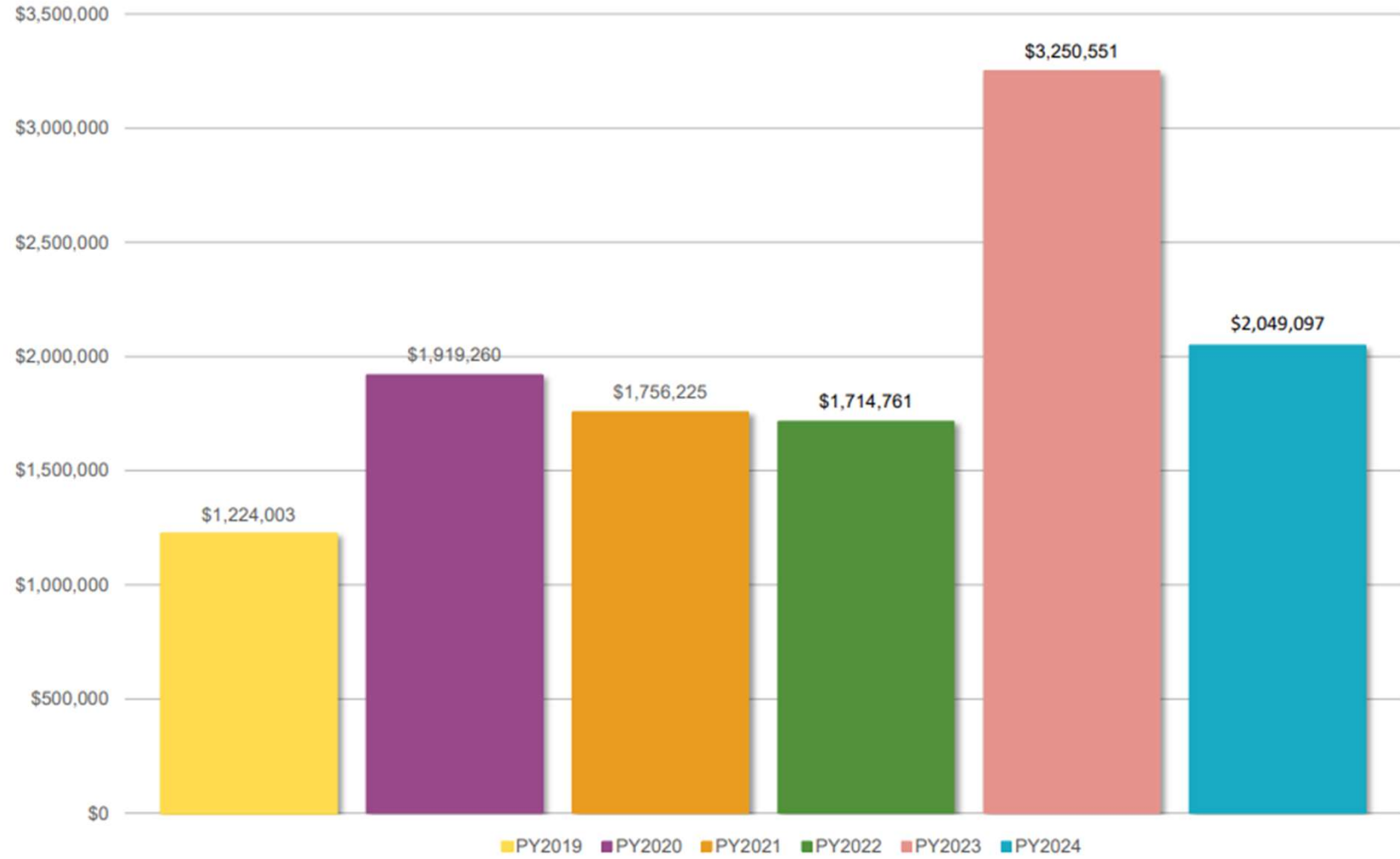


Claims History

Claims Performance – Cumulative Medical and Rx Claims through January 2025



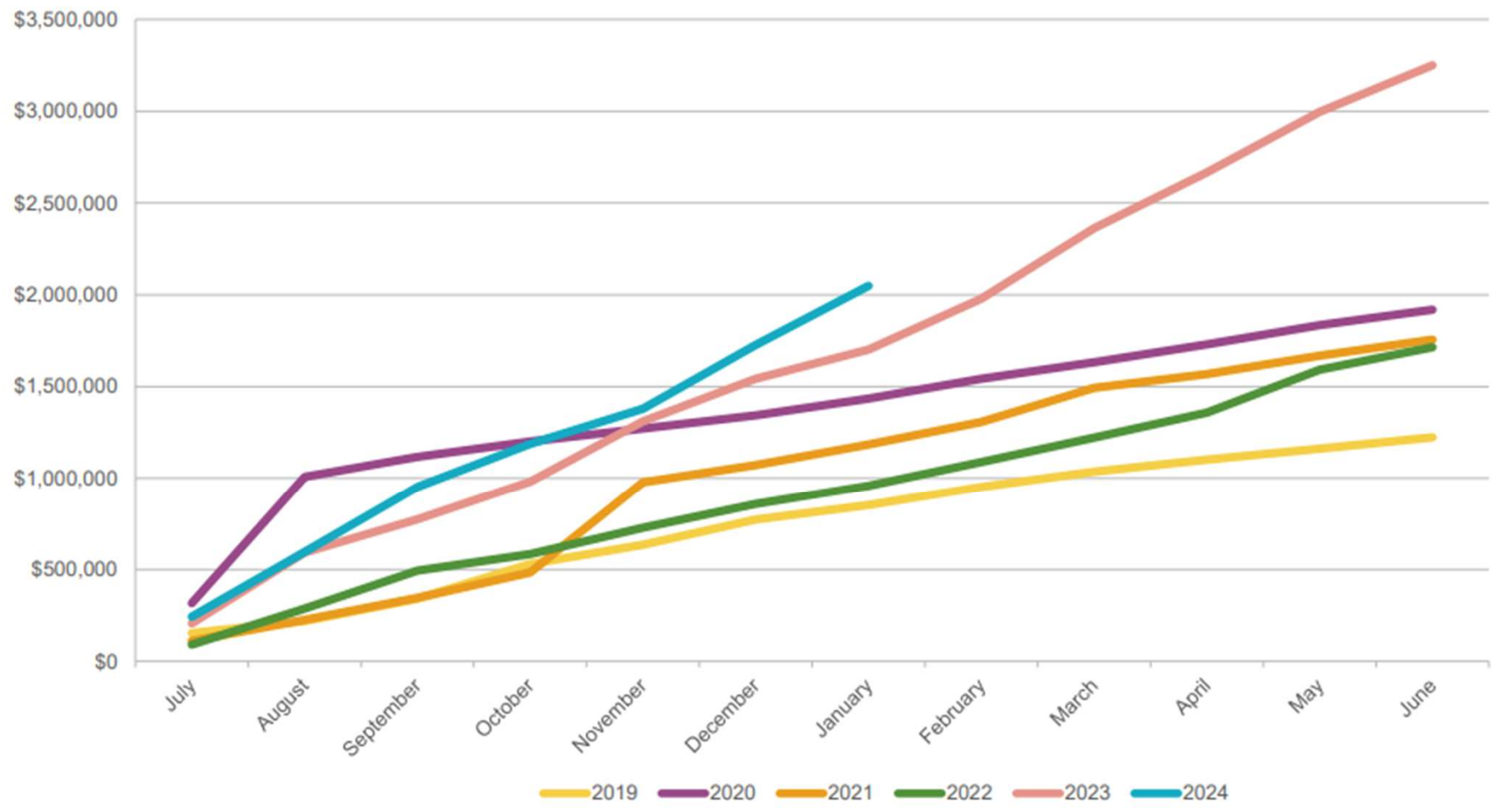
Putnam County Board of Commissioners
Annual Medical/Rx Claims PY2019 - PY2024 YTD



Claims Performance – Cumulative Medical and Rx Claims through January 2025



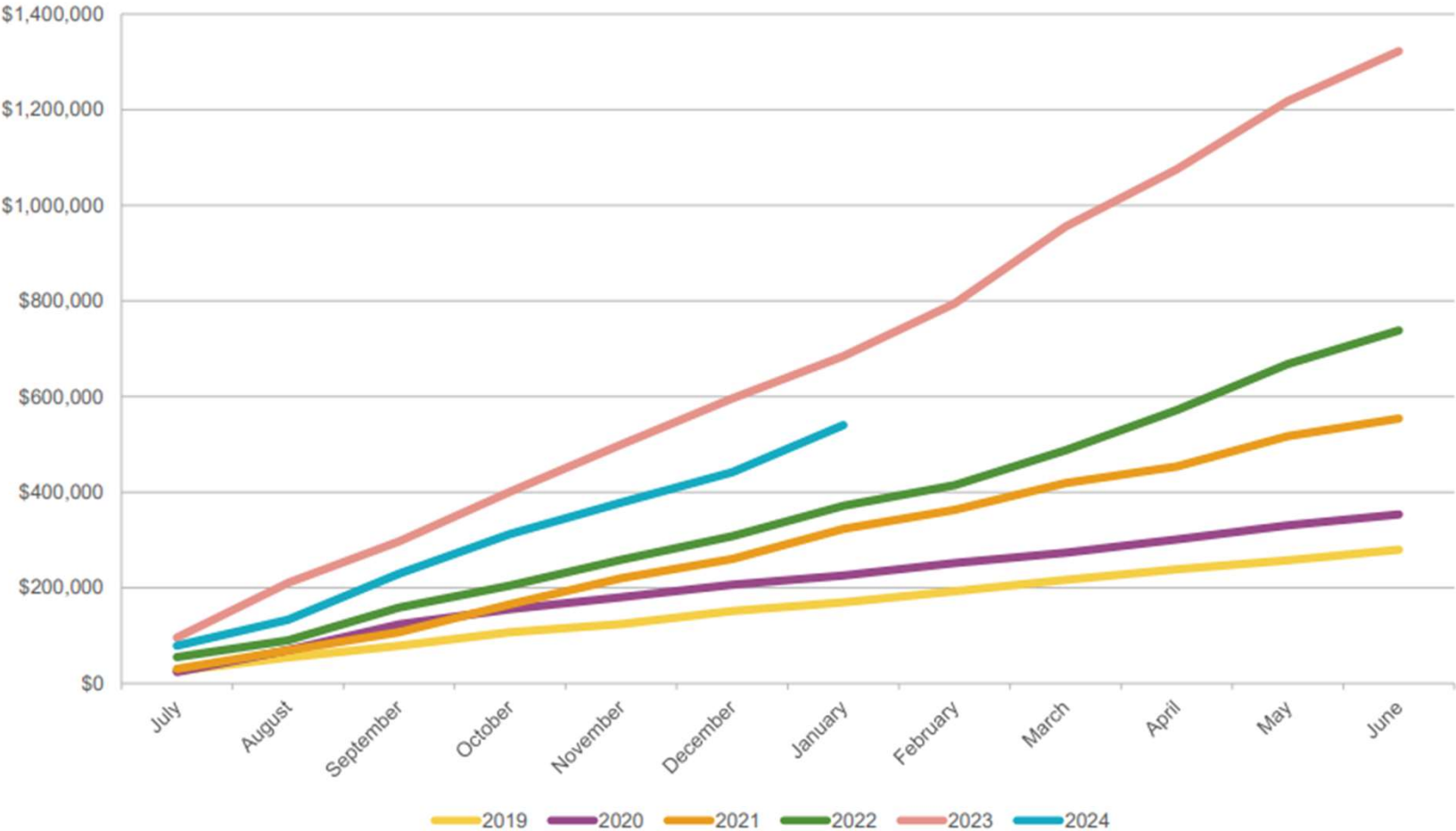
Putnam County BOC
Cumulative Medical/Rx Claims
PY2019 - PY2024 YTD



Claims Performance – Prescription Claims



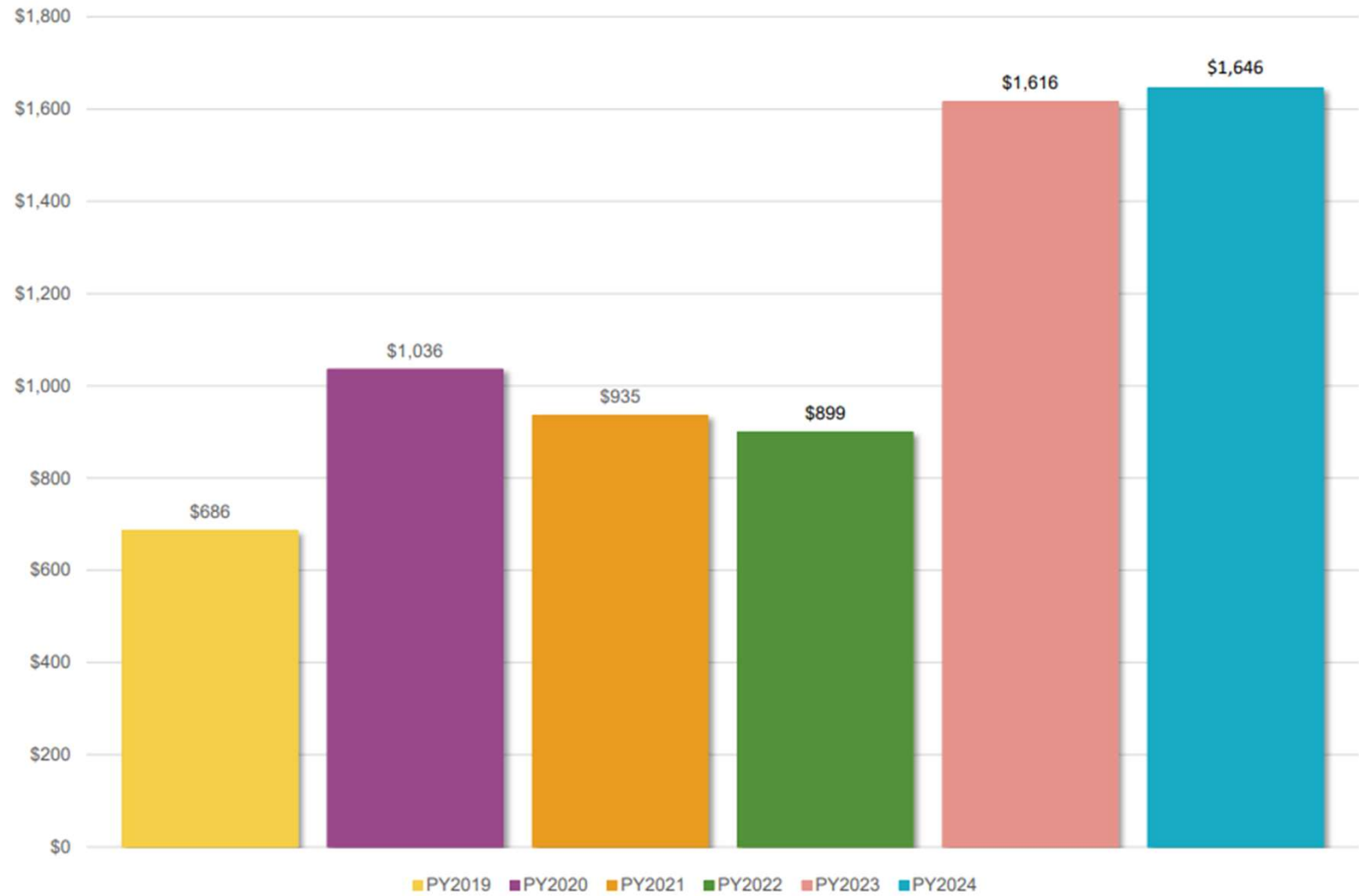
Putnam County BOC
Cumulative Rx Claims
PY2019 - PY2024 YTD



Claims Performance – Average Claims per employee per month of coverage



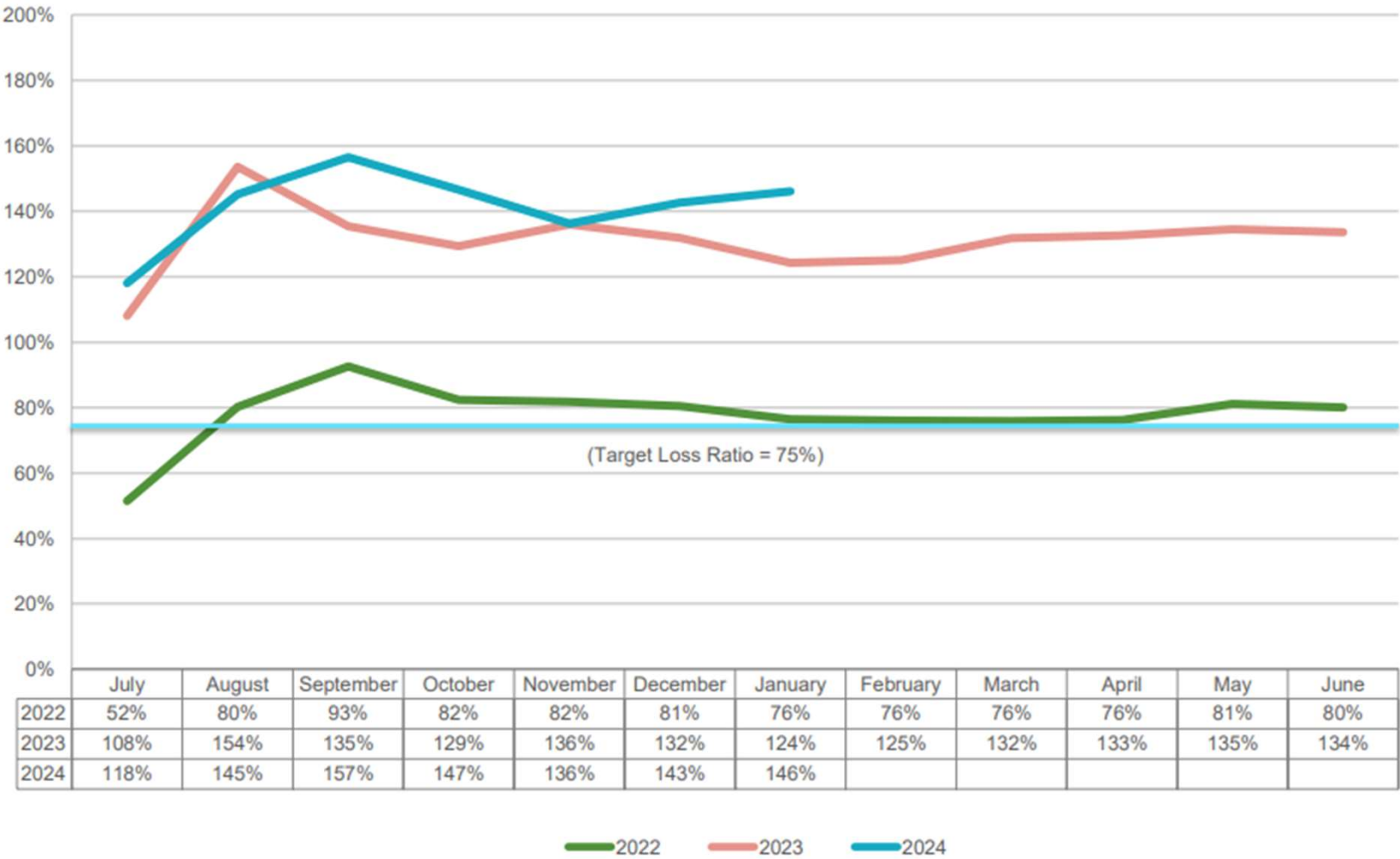
Putnam County Board of Commissioners
Medical/Rx Claims PEPM PY2019 - PY2024 YTD



Loss Ratio – Premiums paid in vs claims paid out



Putnam County Board of Commissioners
Cumulative Loss Ratio PY2022- PY2024

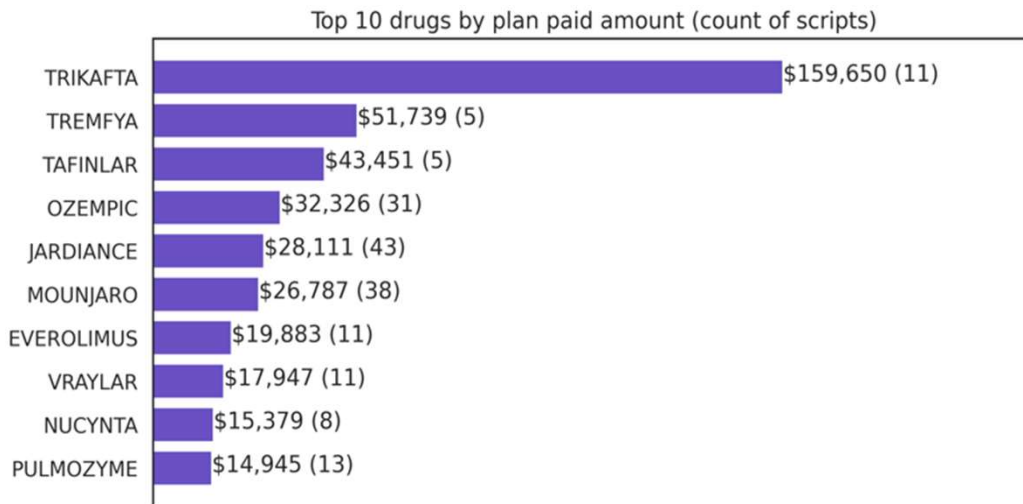


Claims Utilization by Range

Payment Category	Claimants	Payments	% Payments	% Claimants
<\$.01	8	\$ -	0.0%	3.0%
\$.01-\$49	15	\$ 404	0.0%	5.6%
\$50 - \$99	8	\$ 593	0.0%	3.0%
\$100 - \$249	34	\$ 6,091	0.3%	12.8%
\$250 - \$499	40	\$ 14,172	0.7%	15.0%
\$500 - \$999	34	\$ 25,290	1.3%	12.8%
\$1,000 - \$2,499	51	\$ 80,150	4.2%	19.2%
\$2,500 - \$4,999	19	\$ 70,800	3.7%	7.1%
\$5,000 - \$9,999	19	\$ 129,576	6.8%	7.1%
\$10,000 - \$14,999	14	\$ 177,849	9.3%	5.3%
\$15,000 - \$19,999	8	\$ 139,927	7.3%	3.0%
\$20,000 - \$24,999	4	\$ 88,453	4.6%	1.5%
\$25,000 - \$29,999	1	\$ 27,968	1.5%	0.4%
\$30,000 - \$39,999	2	\$ 68,695	3.6%	0.8%
\$40,000 - \$49,999	1	\$ 45,193	2.4%	0.4%
\$50,000 - \$74,999	3	\$ 157,045	8.2%	1.1%
\$75,000 - \$99,999	1	\$ 84,040	4.4%	0.4%
\$125,000 - \$149,999	1	\$ 138,040	7.2%	0.4%
\$175,000 - \$199,999	1	\$ 181,727	9.5%	0.4%
\$200,000 - \$249,999	2	\$ 475,819	24.9%	0.8%
Total	266	\$ 1,911,833		

Cost Drivers – July 1, 2024 through January 31, 2025

Claimants over \$25k						
Medical and pharmacy claims included						
#	Relation to Subscriber	Primary Diagnosis	Med Plan Paid, YTD	Rx Plan Paid, YTD	Med + Rx, YTD	Coverage status
1	CHILD	Cystic fibrosis with pulmonary manifestati	\$ 60,789	\$ 187,973	\$ 248,763	Active
2	SELF	Malignant neoplasm of thyroid gland	\$ 157,544	\$ 69,512	\$ 227,057	Active
3	SELF	Malignant neoplasm of brain, unspecified	\$ 181,684	\$ 44	\$ 181,727	Active
4	SPOUSE	Malignant neoplasm of unspecified site of	\$ 137,960	\$ 80	\$ 138,040	Active
5	SELF	Radiculopathy, lumbar region	\$ 83,723	\$ 317	\$ 84,040	Active
6	SPOUSE	Other abnormal and inconclusive findings	\$ 2,819	\$ 51,812	\$ 54,632	Active
7	SPOUSE	Multiple sclerosis	\$ 50,881	\$ 519	\$ 51,400	Active
8	SELF	Acute appendicitis with perforation, localiz	\$ 51,010	\$ 3	\$ 51,013	Active
9	SPOUSE	Calculus of kidney	\$ 31,693	\$ 13,500	\$ 45,193	Active
#	SELF	Unspecified injury at C1 level of cervical sp	\$ 36,464	\$ 36	\$ 36,500	Active
#	SELF	Sepsis, unspecified organism	\$ 32,138	\$ 57	\$ 32,195	Active
#	SPOUSE	Chronic atrial fibrillation, unspecified	\$ 16,450	\$ 11,518	\$ 27,968	Active
			\$ 843,156	\$ 335,373	\$ 1,178,529	



Renewal History

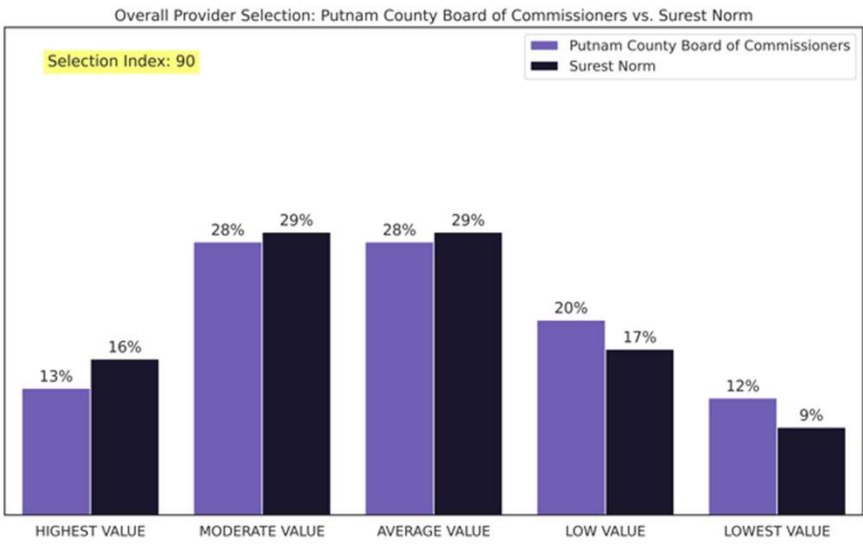
Last Year's Renewal Offer From Anthem (Proposed for July 1, 2024)

In-Network Benefits			Anthem Current / Renewal				
			Low Plan		High Plan		
Office Visits (PCP/Specialist)			\$30 / \$60		\$30 / \$60		
Deductible	Single		\$5,000		\$5,000		
	Family		\$10,000		\$10,000		
Coinsurance (Plan/Member)			70% / 30%		100% / 0%		
Out of Pocket Maximum	Single		\$7,900		\$7,900		
	Family		\$15,800		\$15,800		
Hospital and Emergency							
Inpatient Hospital			\$500 then Deductible & Coins		Deductible & Coinsurance		
Outpatient Hospital			Hospital: Ded & Coins; Freestanding: \$200 + Coins		Hospital: Ded & Coins; Freestanding: \$200 + Coins		
Urgent Care			\$75		\$75		
Emergency Room			\$350 + 30% Coinsurance		\$350 + 0% Coinsurance		
Prescription Drugs							
Rx Deductible			None		None		
Tier 1 (Preferred Value/Generic)			\$15		\$15		
Tier 2 (Preferred Brand)			100% of Discounted Rate		\$35		
Tier 3 (Nonpreferred)			100% of Discounted Rate		\$60		
Tier 4 (Preferred Specialty)			100% of Discounted Rate		25% up to \$350		
Rates by Plan		Low	High	2023	2024	2023	2024
Employee		65	29	\$666.77	\$929.31	\$757.63	\$1,164.83
Employee + Spouse		15	11	\$1,400.25	\$1,951.60	\$1,591.06	\$2,446.20
Employee + Child(ren)		10	8	\$1,300.23	\$1,812.19	\$1,477.41	\$2,271.47
Family		23	12	\$2,033.70	\$2,834.47	\$2,310.83	\$3,552.82
Monthly Premium by Plan				\$124,121	\$172,994	\$79,022	\$121,494
Annual Premium by Plan				\$1,489,454	\$2,075,926	\$948,266	\$1,457,926
				Current		Renewal	
Combined Annual Plan Totals				\$2,437,720		\$3,533,853	
Combined Annual Cost Difference (\$)				-		\$1,096,132	
Combined Annual Cost Difference (%)				-		45.0%	

Decision for July 1, 2024 – UHC/Surest (Remove HRA) Rates include 2% discount

			Anthem				Sold - Single Plan Option UHC - Surest E7000
			Low Plan		High Plan		
Office Visits (PCP/Specialist)			\$30 / \$60		\$30 / \$60		\$35 to \$140
Deductible	Single		\$5,000		\$5,000		None
	Family		\$10,000		\$10,000		None
Coinsurance (Plan/Member)			70% / 30%		100% / 0%		100% / 0%
Out of Pocket Maximum	Single		\$7,900		\$7,900		\$7,000
	Family		\$15,800		\$15,800		\$14,000
Hospital and Emergency							
Inpatient Hospital			\$500 then Deductible & Coins		Deductible & Coinsurance		\$600 to \$4,500
Outpatient Hospital			Hospital: Ded & Coins; Freestanding: \$200 + Coins		Hospital: Ded & Coins; Freestanding: \$200 + Coins		\$70 to \$4,500
Urgent Care			\$75		\$75		\$90
Emergency Room			\$350 + 30% Coinsurance		\$350 + 0% Coinsurance		\$850
Prescription Drugs							Retail / Specialty Retail
Rx Deductible			None		None		None
Tier 1 (Preferred Value/Generic)			\$15		\$15		\$20 / \$20
Tier 2 (Preferred Brand)			100% of Discounted Rate		\$35		\$90 / \$200
Tier 3 (Nonpreferred)			100% of Discounted Rate		\$60		\$150 / \$500
Tier 4 (Preferred Specialty)			100% of Discounted Rate		25% up to \$350		N/A
Rates by Plan			Low	High	Current	Renewal	Sold - Single Plan Option
Employee	95	N/A	\$666.77	\$929.31	\$757.63	\$1,164.83	\$702.01
Employee + Spouse	26	N/A	\$1,400.25	\$1,951.60	\$1,591.06	\$2,446.20	\$1,474.26
Employee + Child(ren)	18	N/A	\$1,300.23	\$1,812.19	\$1,477.41	\$2,271.47	\$1,368.95
Family	35	N/A	\$2,033.70	\$2,834.47	\$2,310.83	\$3,552.82	\$2,141.19
Monthly Premium by Plan			\$194,333	\$270,852	\$0	\$0	\$204,604
Annual Premium by Plan			\$2,331,999	\$3,250,223	\$0	\$0	\$2,455,254
			Current		Renewal		Sold - Single Plan Option
Combined Annual Plan Totals			\$2,437,720		\$3,533,853		\$2,455,254
Combined Annual Cost Difference (\$)			-		\$1,096,132		\$17,534
Combined Annual Cost Difference (%)			-		45.0%		0.7%

Surest Utilization



July 1, 2025 Renewal offer – UHC/Surest

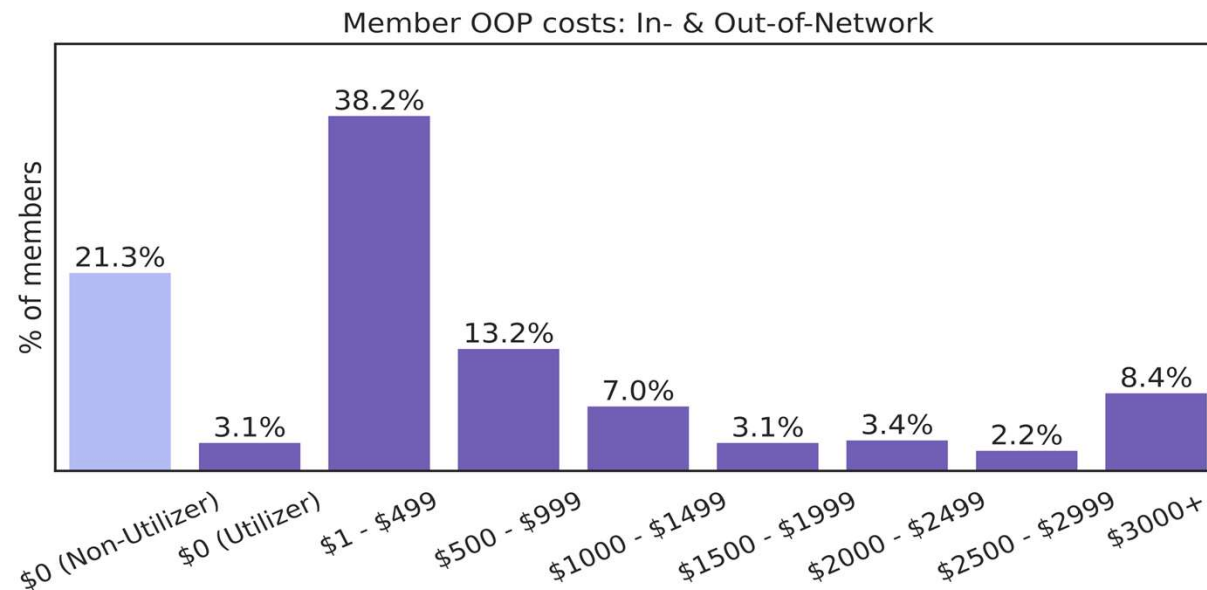
		United Healthcare Current UHC Surest	United Healthcare Renewal UHC Surest
Plan Name		Surest E7000- 2024	Surest E7000- 2025
Provider Network		Choice Plus	Choice Plus
In-Network Benefits			
Office Visits (PCP/Specialist)		\$35 to \$140	\$40 to \$150
Deductible		None	None
		None	None
Coinsurance (Plan/Member)		100% / 0%	100% / 0%
Out of Pocket Maximum		\$7,000	\$7,000
		\$14,000	\$14,000
Hospital and Emergency			
Inpatient Hospital		\$600 to \$4,500	\$700 to \$4,500
Outpatient Hospital		\$70 to \$4,500	\$70 to \$4,500
Urgent Care		\$90	\$90
Emergency Room		\$850	\$1,000
Prescription Drugs			
Rx Deductible		None	None
Tier 1 (Preferred Value/Generic)		\$20/\$20	\$20/\$20
Tier 2 (Preferred Brand)		\$90 / \$200	\$90 / \$200
Tier 3 (Nonpreferred)		\$150 / \$500	\$150 / \$500
Rates by Plan			
	Enrollment		
Employee	101	\$702.01	\$981.73
Employee + Spouse	23	\$1,474.26	\$2,061.69
Employee + Child(ren)	23	\$1,368.95	\$1,914.42
Family	31	\$2,141.19	\$2,994.36
Monthly Premium by Plan		\$202,674	\$283,430
Annual Premium by Plan		\$2,432,085	\$3,401,165
Combined Annual Cost Difference (\$)			\$969,080
Combined Annual Cost Difference (%)			39.80%

2025 Renewal Recommendation – Move back to Anthem with HRA Strategy

			United Healthcare Current UHC Surest	United Healthcare Renewal UHC Surest	Anthem Recommendation - Dual Option	
Plan Name			Surest E7000- 2024	Surest E7000- 2025	Low Plan OAP12 2500/30%/7900C	High Plan OAP5 5000/0%/7900 AE
Wellness Funds			20,000	0	\$50,000	
In-Network Benefits						
Office Visits (PCP/Specialist)			\$35 to \$140	\$40 to \$150	\$30 / \$60	\$30 / \$60
Deductible	Single		None	None	\$5,000	\$5,000
	Family		None	None	\$10,000	\$10,000
Coinsurance (Plan/Member)			100% / 0%	100% / 0%	70% / 30%	100% / 0%
Out of Pocket Maximum	Single		\$7,000	\$7,000	\$7,900	\$7,900
	Family		\$14,000	\$14,000	\$15,800	\$15,800
Hospital and Emergency						
Inpatient Hospital			\$600 to \$4,500	\$700 to \$4,500	\$500 then Deductible & Coins	Deductible & Coins
Outpatient Hospital			\$70 to \$4,500	\$70 to \$4,500	\$500 then Deductible & Coins	Deductible & Coins
Urgent Care			\$90	\$90	\$75	\$75
Emergency Room			\$850	\$1,000	\$350 + 30% Coinsurance	\$350
Prescription Drugs						
Rx Deductible			None	None	None	None
Tier 1 (Preferred Value/Generic)			\$20/\$20	\$20/\$20	\$15	\$15
Tier 2 (Preferred Brand)			\$90 / \$200	\$90 / \$200	100% of Discounted Rate	\$35
Tier 3 (Nonpreferred)			\$150 / \$500	\$150 / \$500	100% of Discounted Rate	\$60
Tier 4 (Preferred Specialty)			N/A	N/A	100% of Discounted Rate	25% up to \$350
Tier 5 (Nonpreferred Specialty)			N/A	N/A	N/A	N/A
Rates by Plan	Low	Enrollment			Low Plan	High Plan
Employee	101	101	\$702.01	\$981.73	\$889.65	\$1,072.60
Employee + Spouse	23	23	\$1,474.26	\$2,061.69	\$1,868.31	\$2,252.51
Employee + Child(ren)	23	23	\$1,368.95	\$1,914.42	\$1,734.85	\$2,091.61
Family	31	31	\$2,141.19	\$2,994.36	\$2,713.50	\$3,271.51
Monthly Premium by Plan			\$202,674	\$283,430	\$170,059	\$111,874
Annual Premium by Plan			N/A	N/A	\$2,040,710	\$1,342,488
Total Premium			\$2,432,085	\$3,401,165	\$3,383,198	
Combined Annual Cost Difference (\$)				\$969,080	\$951,113	
Combined Annual Cost Difference (%)				39.80%	39.1%	
Premium Credit					\$100,000	
Net Annual Premium					\$3,303,326	
Net Annual Increase					35.8%	
Broker Compensation			\$59.81 PEPM		41.45 PEPM	

HRA Options - Traditional

	Admin America Current / Renewal
Set Up and Annual Fees	Renewal
Initial Enrollment Fee	\$0
Annual Renewal Fee	\$0
Administration Fee	
Admin Fee	\$4.00
Debit Card	Included
Minimum Monthly Charge	\$65
Monthly Compliance Fee	N/A
Number of Participating Employees	174
Total Monthly Cost	\$696
Total Annual Cost	\$8,352



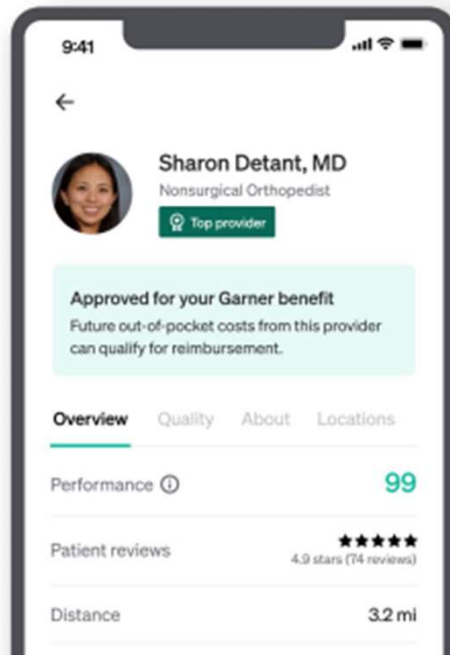
Garner offers attractive plan pricing while providing richer employee benefits

Base + \$5,000 HRA Garner Pays First					Buy Up + \$5,000 HRA Garner Pays First				
	Base Plan		With Garner			Base Plan		With Garner	
Office Copay (PCP/SPC)	\$30 / \$60		\$0 / \$0			\$30 / \$60		\$0 / \$0	
Deductible	\$5,000 / \$10,000		\$0 / \$0			\$5,000 / \$10,000		\$0 / \$0	
Coinsurance	30%		30%			0%		0%	
Out-of-Pocket	\$7,900 / \$15,800		\$2,900 / \$5,800			\$7,900 / \$15,800		\$2,900 / \$5,800	
Enrollment & Rates	EE	Rates	Garner Fees	Total	EE	Rates	Garner Fees	Total	
Employee	67	\$1,058	\$81	\$1,139	34	\$1,103	\$81	\$1,184	
Employee + Spouse	15	\$2,222	\$183	\$2,405	8	\$2,316	\$183	\$2,498	
Employee + Children	15	\$2,063	\$183	\$2,246	8	\$2,150	\$183	\$2,333	
Employee + Family	20	\$3,227	\$238	\$3,465	11	\$3,363	\$238	\$3,601	
Garner Max Cost					\$288,196				

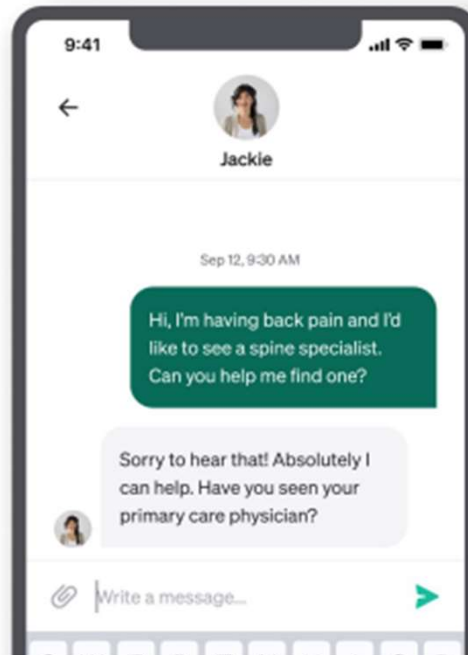
In addition to the quoted savings, if utilization is lower than expected, Garner will refund 80% of its monthly expense*

How Garner works

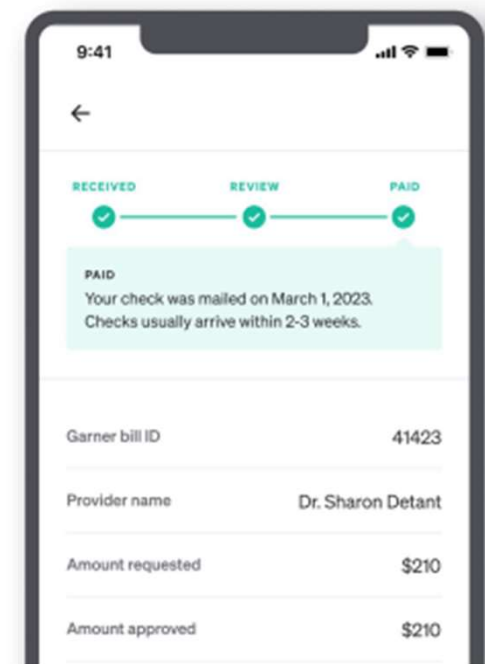
We use **more data and new analytics** to identify top-performing doctors.



Our **Concierge team** makes it easier to find the best doctors.



Our innovative incentives **reinforce engagement.**



Garner administers a unique engagement-based HRA, enriching the plan for members who use it to find high-quality care

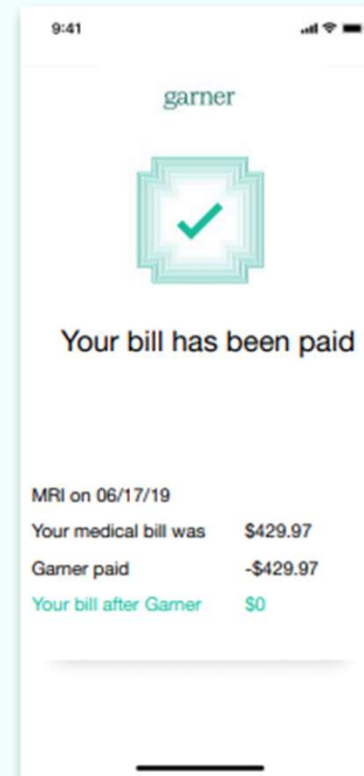
Use Garner's
search tools

+

See the
recommended
Top Doctor

=

Unlock funds to pay
out-of-pocket



Other County Paid Benefits

County Paid Dental

			United Healthcare Renewal	
Deductible			Low Plan	High Plan
Individual			\$50	\$50
Family			\$150	\$150
Coinsurance				
Type A: Preventive Services			100%	100%
Type B: Basic Services			80%	80%
Type C: Major Services			50%	50%
Type D: Orthodontia			0%	50%
Maximums				
Annual Per Member			\$1,000	\$2,000
Lifetime Orthodontia			N/A	\$1,500
Annual Roll-Over Amount			N/A	N/A
Maximum Roll-Over			N/A	N/A
Waiting Periods				
Current			None	None
Late Entrants			None	None
Employer Contribution			Contributory	
Participation Requirement			75%	
Rate Guarantee			1 Year Remaining	
Estimated Enrollment			United Healthcare	
			Low Plan	High Plan
Employee	90	24	\$34.61	\$46.16
Family	51	34	\$93.66	\$124.93
Total Monthly Premium By Plan			\$7,892	\$5,355
Total Annual Premium By Plan			\$94,699	\$64,266
Total Annual Premium Combined			\$158,964	
Difference from Current (\$)			\$0	
Difference from Current (%)			0.0%	

Board Paid Life and Long-Term Disability – Rate Pass

	Anthem (The Standard) Current/Renewal	
Eligibility	Working 30 Hours per Week	
Benefit		
Life and AD&D Amount	\$30,000	
Guaranteed Issue	\$30,000	
Reduction Schedule		
Benefits Reduced to	Percentage	Age
	65%	65
	50%	70
Rate per \$1,000	Current	
Basic Employee Life	\$0.185	
Basic Employee AD&D	\$0.021	
Volume	\$6,562,500	
Estimated Lives	228	
Total Monthly Premium	\$1,352	
Total Annual Premium	\$16,223	

	Anthem (The Standard) Current / Renewal	
Eligibility	Working 30 Hours per Week	
Definition of Earnings	Base Salary	
Benefit Outline		
Benefit Percentage	60.00%	
Maximum Benefit	\$5,000	
Minimum Benefit	Greater of 10% or \$100	
Elimination Period	180 Days	
Own Occupation Period	24 Months	
Benefit Duration	SSNRA	
	No	
Rates	Current	Renewal
Number of Lives	217	
Covered Payroll	\$922,031	
Per \$100 of Covered Payroll	\$0.350	
Monthly Premium	\$3,227	
Annual Premium	\$38,725	

Voluntary “employee paid” benefits

- Voluntary Vision Insurance with Anthem/Eyemed: Rate Guarantee through 2026
- Voluntary employee term life insurance through Anthem/the Standard: Rate Pass
- Voluntary employee short term disability coverage through Anthem/the Standard: Rate Pass
- Supplemental accident, critical illness, hospital indemnity coverage through AFLAC: Rate Pass
- Supplemental coverage through Ansel (formerly Brella): No change
- Permanent Life insurance through Texas Life: Issue age products
- Home warranty protection through Armadillo: Rate guarantee through 2027

Questions