

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024

Called Meeting

Agenda

Wednesday, May 6, 2020 ♦ 9:00 AM

Putnam County Administration Building – Room 203

Opening

1. Welcome - Call to Order
2. Pledge of Allegiance (staff)

Called Meeting

3. Approval of Employee Insurance Benefits (BW)

Closing

4. 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.



Putnam County Board of Commissioners

Recommendation - Scenario 1 (Anthem/ACCG)

July 1, 2020

Medical - Anthem

Dental - Anthem

Vision - Anthem (Secures another 1% discount on medical premiums or \$18,776)

Life and Disability - One America



Putnam County Board of Commissioners
 Medical Renewal Analysis
 July 1, 2020

		Anthem BCBS Current				Anthem BCBS Alternate #1 - Add Rx Deductible to High Plan			
		Low Plan		High Plan		Low Plan		High Plan	
Plan Name		OAP12 2.5K/30 7.9K C		OAP5 3.5K/0 5.75K AE		OAP12 2500/30%/7900C		OAP5 3500/0%/7900 AE	
Provider Network		Open Access POS		Open Access POS		Open Access POS		Open Access POS	
In-Network Benefits									
Office Visits (PCP/Specialist)		\$30 / \$60		\$30 / \$60		\$30 / \$60		\$30 / \$60	
Deductible	Single	\$2,500		\$3,500		\$2,500		\$3,500	
	Family	\$7,500		\$10,500		\$7,500		\$10,500	
Coinsurance (Plan/Member)		70% / 30%		100% / 0%		70% / 30%		100% / 0%	
Hospital and Emergency									
Inpatient Hospital		\$500 then Ded & Coinsurance		Deductible		\$500 then Ded & Coinsurance		Deductible	
Outpatient Hospital		Freestanding: \$150 + Coinsurance; Hospital: Deductible & Coinsurance		Hospital: Deductible; Freestanding: \$150		Hospital: Deductible & Coinsurance; Freestanding: \$150 + Coinsurance		Hospital: Deductible; Freestanding: \$150	
Urgent Care		\$75		\$75		\$75		\$75	
Emergency Room		\$350 then 30% Coinsurance		\$350		\$350 then 30% Coinsurance		\$350	
Prescription Drugs									
Rx Deductible		None		None		None		\$200 / \$400 (Waived Tier 1)	
Tier 1 (Preferred Value/Generic)		\$15		\$15		\$15		\$15	
Tier 2 (Preferred Brand)		100% Coinsurance		\$35		100% Coinsurance		\$45 after Rx Deductible	
Tier 3 (Nonpreferred)		100% Coinsurance		\$60		100% Coinsurance		\$85 after Rx Deductible	
Tier 4 (Preferred Specialty)		100% Coinsurance		25% up to \$350 per Rx		100% Coinsurance		25% up to \$350 after Rx Ded	
Rates by Plan	Low	High	Current	Rev Renewal*	Current	Rev Renewal*	Alternate*	Alternate*	
Employee	31	57	\$516.26	\$577.69	\$643.11	\$719.64	\$577.69	\$686.84	
Employee + Spouse	4	11	\$1,084.16	\$1,213.18	\$1,350.56	\$1,511.28	\$1,213.18	\$1,442.40	
Employee + Child(ren)	4	8	\$1,006.71	\$1,126.51	\$1,254.09	\$1,403.33	\$1,126.51	\$1,339.37	
Family	17	16	\$1,574.60	\$1,761.98	\$1,961.53	\$2,194.95	\$1,761.98	\$2,094.91	
Monthly Premium by Plan			\$51,136	\$57,221	\$92,931	\$103,989	\$57,221	\$99,250	
Annual Premium by Plan			\$613,629	\$686,651	\$1,115,168	\$1,247,872	\$686,650	\$1,190,999	
			Current	Renewal	Revised Renewal	Anthem BCBS			
Combined Annual Plan Totals			\$1,728,796	\$2,112,288	\$1,934,523	\$1,877,649			
Combined Annual Cost Difference (\$)			-	\$383,491	\$205,727	\$148,852			
Combined Annual Cost Difference (%)			-	22.2%	11.9%	8.6%			

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.

Chiropractic, Allergy Testing, and Rehabilitation Services are not covered on Anthem Low Plan OAP12 2.5K/30 7.9K C and Alternate Plan OAP12 5000/30%/7900C.

***Revised renewal and alternate plan rates are calculated by NFP based on +11.9% increase communicated by Anthem and may vary**

Putnam County Board of Commissioners
 Medical Renewal Analysis
 July 1, 2020

		Anthem BCBS Current			Anthem BCBS Alternate #2 - Increase Deductible to 5,000				
		Low Plan		High Plan	Low Plan		High Plan		
Plan Name		OAP12 2.5K/30 7.9K C		OAP5 3.5K/0 5.75K AE	OAP12 5000/30%/7900C		OAP5 5000/0%/7900 AE		
Provider Network		Open Access POS		Open Access POS	Open Access POS		Open Access POS		
In-Network Benefits									
Office Visits (PCP/Specialist)		\$30 / \$60		\$30 / \$60	\$30 / \$60		\$30 / \$60		
Deductible	Single	\$2,500		\$3,500	\$5,000		\$5,000		
	Family	\$7,500		\$10,500	\$10,000		\$10,000		
Coinsurance (Plan/Member)		70% / 30%		100% / 0%	70% / 30%		100% / 0%		
Hospital and Emergency									
Inpatient Hospital		\$500 then Ded & Coinsurance		Deductible	\$500 then Ded & Coinsurance		Deductible		
Outpatient Hospital		Freestanding: \$150 + Coinsurance; Hospital: Deductible & Coinsurance		Hospital: Deductible; Freestanding: \$150	Hospital: Deductible & Coinsurance; Freestanding: \$150 + Coinsurance		Hospital: Deductible; Freestanding: \$150		
Urgent Care		\$75		\$75	\$75		\$75		
Emergency Room		\$350 then 30% Coinsurance		\$350	\$350 then 30% Coinsurance		\$350		
Prescription Drugs									
Rx Deductible		None		None	None		None		
Tier 1 (Preferred Value/Generic)		\$15		\$15	\$15		\$15		
Tier 2 (Preferred Brand)		100% Coinsurance		\$35	100% Coinsurance		\$35		
Tier 3 (Nonpreferred)		100% Coinsurance		\$60	100% Coinsurance		\$60		
Tier 4 (Preferred Specialty)		100% Coinsurance		25% up to \$350 per Rx	100% Coinsurance		25% up to \$350 per Rx		
Rates by Plan	Low High	Current	Renewal	Rev Renewal*	Current	Renewal	Rev Renewal*	Alternate*	Alternate*
Employee	31 57	\$516.26	\$628.84	\$577.69	\$643.11	\$787.09	\$719.64	\$528.13	\$677.84
Employee + Spouse	4 11	\$1,084.16	\$1,320.60	\$1,213.18	\$1,350.56	\$1,652.93	\$1,511.28	\$1,109.10	\$1,423.49
Employee + Child(ren)	4 8	\$1,006.71	\$1,226.27	\$1,126.51	\$1,254.09	\$1,534.86	\$1,403.33	\$1,029.86	\$1,321.81
Family	17 16	\$1,574.60	\$1,918.01	\$1,761.98	\$1,961.53	\$2,400.69	\$2,194.95	\$1,610.82	\$2,067.45
Monthly Premium by Plan		\$51,136	\$62,288	\$57,221	\$92,931	\$113,736	\$103,989	\$52,312	\$97,949
Annual Premium by Plan		\$613,629	\$747,452	\$686,651	\$1,115,168	\$1,364,835	\$1,247,872	\$627,742	\$1,175,387
		Current	Renewal	Revised Renewal	Anthem BCBS				
Combined Annual Plan Totals		\$1,728,796	\$2,112,288	\$1,934,523	\$1,803,129				
Combined Annual Cost Difference (\$)		-	\$383,491	\$205,727	\$74,333				
Combined Annual Cost Difference (%)		-	22.2%	11.9%	4.3%				

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Chiropractic, Allergy Testing, and Rehabilitation Services are not covered on Anthem Low Plan OAP12 2.5K/30 7.9K C and Alternate Plan OAP12 5000/30%/7900C.

***Revised renewal and alternate plan rates are calculated by NFP based on +11.9% increase communicated by Anthem and may vary slightly.**

Putnam County Board of Commissioners
 Voluntary Dental Renewal and Marketing Analysis
 July 1, 2020

		Recommendation	
		Anthem BCBS	
		Current/Renewal	
Deductible			
Individual			\$50
Family			\$150
Coinsurance			
Type A: Preventive Services			100%
Type B: Basic Services			80%
Type C: Major Services			50%
Type D: Orthodontia			0%
Maximums			
Annual Per Member			\$1,000
Lifetime Orthodontia			N/A
Annual Roll-Over Amount			N/A
Maximum Roll-Over			N/A
Procedures			
Oral Exams			Type A
Bitewing X-rays			Type A
Bitewing X-rays Frequency		1 in 12 Months	
Full Mouth/Panoramic X-rays			Type A
Full Mouth/Panoramic X-rays Frequency		1 in 3 Years	
Fluoride			Type A
Fluoride Age Limit			To Age 19
Sealants			Type A
Sealants Age Limit			To Age 16
Space Maintainers			Type B
Simple Extractions			Type B
Complex Extractions			Type B
Simple Periodontics			Type C
Periodontal Surgery			Type C
Simple Endodontics			Type C
Complex Endodontics			Type C
Crowns			Type C
Crown Frequency		1 in 7 Years	
Implants			Type C
Orthodontics (Child and/or Adult)			No Coverage
UCR Percentage			90th
Waiting Periods			
Current			None
Late Entrants			None
Employer Contribution			100%
Participation Requirement			100%
Rate Guarantee			1 Year
Estimated Enrollment			
	Census	Current	Renewal
Employee	102	\$32.80	\$32.80
Family	69	\$88.76	\$88.76
Total Monthly Premium By Plan		\$9,470	\$9,470
Total Annual Premium By Plan		\$113,640	\$113,640
Annual Difference from Current (\$)		-	\$0
Annual Difference from Current (%)		-	0.0%

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.

Putnam County Board of Commissioners

Voluntary Vision Renewal Analysis

July 1, 2020

Recommendation - 1% discount on Medical Renewal (\$18,000)

	EyeMed Current / Renewal		Anthem BCBS Proposed	
Network	EyeMed Insight		EyeMed Access	
In-Network Benefit				
Copays (Exams/Materials)	\$20 / \$25		\$20 / \$25	
Exam	\$20 Copay		\$20 Copay	
Eyeglass Lenses (Single/Bifocal/Trifocal)	\$25 Copay		\$25 Copay	
Frame Allowance	\$130		\$130	
Frequency				
Exams	Every 12 Months		Every Calendar Year	
Lenses or Contact Lenses	Every 12 Months		Every Calendar Year	
Frames	Every 24 Months		Every Two Calendar Years	
Contact Lenses				
Contact Lens Fit & Follow Up	Standard up to \$55; Premium 10% off Retail		Standard up to \$55; Premium 10% off Retail	
Contact Lenses - Elective	\$130 Allowance		\$130 Allowance	
Contact Lenses - Medically Necessary	\$0 Copay; Covered in Full		\$0 Copay; Covered in Full	
Out-of-Network Reimbursement				
Exam	Up to \$40		Up to \$42	
Lenses (Single/Bifocal/Trifocal)	Up to \$30/\$50/\$70		Up to \$40/\$60/\$80	
Frames	Up to \$91		Up to \$45	
Elective Contact Lenses	Up to \$130		Up to \$105	
Necessary Contact Lenses	Up to \$210		Up to \$210	
Employer Contribution	0%		0%	
Participation Requirement	10 Enrolled		10 Enrolled	
Rate Guarantee	4 Years		3 Years	
Rates				
	Census	Current	Renewal	
Single	69	\$5.52	\$5.62	\$5.52
Employee + Spouse	25	\$10.47	\$10.67	\$10.47
Employee + Child(ren)	11	\$12.28	\$12.51	\$12.28
Family	18	\$17.26	\$17.59	\$17.26
Monthly Premium		\$1,088	\$1,109	\$1,088
Annual Premium		\$13,061	\$13,305	\$13,061
Annual Cost Difference (\$)		--	\$244	\$0
Annual Cost Difference (%)		--	1.9%	0.0%

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Putnam County Board of Commissioners

Basic Life Renewal and Marketing Analysis - with Age Reduction

July 1, 2020

**Includes EAP for All
Employees**

	Anthem BCBS Current / Renewal		OneAmerica Proposed	
Eligibility	Working 30 Hours per Week		Working 30 Hours per Week	
Life and AD&D Amounts				
Employee	\$30,000		\$30,000	
Guaranteed Issue	\$30,000		\$30,000	
Reduction Schedule				
Benefits Reduced to	Percentage	Age	Percentage	Age
	65%	65	65%	65
	50%	70	50%	70
Plan Provisions				
Waiver of Premium	Included		Included	
Living Benefit Rider	Included		Included	
Conversion	Included		Included	
Participation Requirement	100%		100%	
Rate Guarantee	1 Year		3 Years	
Rate per \$1,000	Current	Renewal	OneAmerica	
Basic Employee Life	\$0.225	\$0.225	\$0.200	
Basic Employee AD&D	\$0.020	\$0.020	\$0.020	
Volume	\$5,121,000	\$5,121,000	\$5,121,000	
Total Monthly Premium	\$1,255	\$1,255	\$1,127	
Total Annual Premium	\$15,056	\$15,056	\$13,519	
Annual Difference from Current (\$)	-	\$0	(\$1,536)	
Annual Difference from Current (%)	-	0.0%	-10.2%	

Putnam County Board of Commissioners
 Voluntary Term Life and AD&D Renewal and Marketing Analysis
 July 1, 2020

	Anthem BCBS Current / Renewal	OneAmerica Proposed		
Eligibility	Working 30 Hours per Week	Working 30 Hours per Week		
Definition of Earnings	Base Salary	Base Salary		
Benefit Amount				
Employee	\$10,000 Increments up to Lesser of \$500,000 or 5x Salary	\$1,000 Increments up to \$500,000, Not Exceeding 5x Salary		
Spouse	\$5,000 Increments up to \$250,000, Not Exceeding 50% of Employee Amount	\$500 Increments up to \$250,000, Not Exceeding 50% of Employee Amount		
Children (Birth to 14 Days)	\$0	\$1,000		
Children (15 Days to 6 Months)	\$5,000 or \$10,000	\$1,000		
Children (6 Months to Age 26)	\$5,000 or \$10,000	\$5,000 or \$10,000		
Guarantee Issue				
Employee	\$100,000	\$150,000		
Spouse	\$30,000	\$30,000		
Children	\$10,000	\$10,000		
Reduction Schedule				
	Percentage	Age	Percentage	Age
Benefits Reduced To	65%	65	50%	70
	50%	70		
Coverage Termination				
Employee	Retirement	Retirement		
Spouse	Employee's Retirement	Age 70		
Contract Features				
Waiver of Premium	Included	Included		
Accelerated Benefit	Included	Included		
Portability	Included	Included		
Conversion	Included	Included		
True Open Enrollment Year 1?	N/A	Included		
Annual Increase Available without EOI	Not Included	Included		
Electronic EOI / SSO with bswift?	No	Yes		
Rate Based on Spouse Age	No	No		
Eligible Child Age	To age 26	To age 19 or to Age 25 if Full Time Student		
Value Adds	Resource Advisor, Travel Assistance, Beneficiary Support	EAP for All Employees; Travel Assistance		

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.

Putnam County Board of Commissioners
 Voluntary Short Term Disability Renewal and Marketing Analysis
 July 1, 2020

OneAmerica Current/Renewal		
Non-occupational Coverage	Non-Occupational	
Benefit Percentage	60%	
Maximum Weekly Benefit	\$1,000	
Elimination Period		
Accident	14 Days	
Sickness	14 Days	
Duration of Benefits	24 Weeks	
Definition of Disability	Loss of Duties and Earnings	
Pre-Existing Condition Limits	3/12	
W-2 Issuance	Included	
FICA Match	N/A	
Zero Day Residual	Included	
Benefit is offset by sick leave	Yes	
Portability	Included	
Annual Open Enrollment	Included	
Enroll via bswift?	Yes	
SSO with bswift?	Yes	
Employer Contribution	0%	
Participation Requirement	Greater of 10 Employees or 20%	
Rate Guarantee	3 Years	
Rate per \$10 of Weekly Benefit	Current	Renewal
Age		
0-19	\$0.490	\$0.490
20-24	\$0.490	\$0.490
25-29	\$0.520	\$0.520
30-34	\$0.540	\$0.540
35-39	\$0.490	\$0.490
40-44	\$0.540	\$0.540
45-49	\$0.680	\$0.680
50-54	\$0.830	\$0.830
55-59	\$1.050	\$1.050
60-64	\$1.210	\$1.210
65-69	\$1.320	\$1.320
70-74	\$1.400	\$1.400
75+	\$1.400	\$1.400

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.

Putnam County Board of Commissioners
 Voluntary Long Term Disability Renewal and Marketing Analysis
 July 1, 2020

OneAmerica Current/Renewal		
Eligibility	Working 30 Hours per Week	
Earnings Definition	Base Salary	
Benefit Outline		
Benefit Percentage	60.00%	
Maximum Benefit	\$5,000	
Elimination Period	180 Days	
Own Occupation Period	24 Months	
Benefit Duration	SSFRA	
Benefit Offset by Sick Leave?	No	
Contract Features		
Definition of Disability	Loss of Duties and Earnings	
Pre-Existing Condition Limit	3/12	
Mental & Nervous	24 Months	
Alcohol & Drug	24 Months	
Self-Reported Limitation	No Limitation	
Specific Conditions Limitation	24 Months	
Recurrent Disability	Included	
Residual Disability	Included	
Return to Work	Included	
Survivor Benefit	3 Months	
Waiver of Premium	Included	
Portability	Included	
24 Hour Coverage	Included	
Annual Open Enrollment	Included	
W-2 Issuance	Included	
FICA Match	N/A	
Enroll via bswift?	Yes	
SSO with bswift?	Yes	
Employer Contribution	0%	
Participation Requirement	Greater of 10 Employees or 25%	
Rate Guarantee	3 Years	
Rate per \$100 of Covered Payroll	Current	Renewal
Age		
0-19	\$0.090	\$0.090
20-24	\$0.150	\$0.150
25-29	\$0.160	\$0.160
30-34	\$0.290	\$0.290
35-39	\$0.410	\$0.410
40-44	\$0.630	\$0.630
45-49	\$0.900	\$0.900
50-54	\$1.250	\$1.250
55-59	\$1.560	\$1.560
60-64	\$1.370	\$1.370
65-69	\$0.690	\$0.690
70-74	\$0.480	\$0.480
75+	\$0.480	\$0.480

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



Putnam County Board of Commissioners

Recommendation Scenario 2 - United HealthCare

July 1, 2020

Medical - United HealthCare Single Option Plan 1 (Estimated Year 1 savings in excess of 100K after dental discount)

Dental - United HealthCare

Vision - Eyemed Direct

Life and Disability - One America



Putnam County Board of Commissioners
 Medical Renewal and Marketing Analysis
 July 1, 2020

Recommendation - Single Option Plan 1
Total Savings at 80K + 2% discount for adding dental

		Anthem BCBS Current				United Healthcare Proposed			
		Low Plan		High Plan		Plan 1	Plan 2		
In-Network Benefits						Offer as Single Option	Do not offer		
Office Visits (PCP/Specialist)		\$30 / \$60		\$30 / \$60		\$0 / \$75 after Deductible	\$0 / \$75 after Deductible		
Deductible	Single	\$2,500		\$3,500		\$3,500	\$4,500		
	Family	\$7,500		\$10,500		\$10,500	\$13,500		
Coinsurance (Plan/Member)		70% / 30%		100% / 0%		100% / 0%	100% / 0%		
Hospital and Emergency									
Inpatient Hospital		\$500 then Ded & Coinsurance		Deductible		\$500 after Deductible	\$500 after Deductible		
Outpatient Hospital		Freestanding: \$150 + Coinsurance; Hospital: Deductible & Coinsurance		Freestanding: \$150; Hospital: Deductible		\$250 after Deductible	\$250 after Deductible		
Urgent Care		\$75		\$75		\$50	\$50		
Emergency Room		\$350 then 30% Coinsurance		\$350		\$500 after Deductible	\$500 after Deductible		
Prescription Drugs									
Rx Deductible		None		None		None	None		
Tier 1 (Preferred Value/Generic)		\$15		\$15		\$0	\$0		
Tier 2 (Preferred Brand)		100% Coinsurance		\$35		\$50	\$50		
Tier 3 (Nonpreferred)		100% Coinsurance		\$60		\$150	\$150		
Tier 4 (Preferred Specialty)		100% Coinsurance		25% up to \$350 per Rx		\$300	\$300		
Rates by Plan		Low	High	Current	Rev Renewal*	Current	Rev Renewal*	United Healthcare	United Healthcare
Employee		31	57	\$516.26	\$577.69	\$643.11	\$719.64	\$562.96	\$581.71
Employee + Spouse		4	11	\$1,084.16	\$1,213.18	\$1,350.56	\$1,511.28	\$1,182.24	\$1,221.61
Employee + Child(ren)		4	8	\$1,006.71	\$1,126.51	\$1,254.09	\$1,403.33	\$1,097.78	\$1,134.34
Family		17	16	\$1,574.60	\$1,761.98	\$1,961.53	\$2,194.95	\$1,717.05	\$1,774.23
Monthly Premium by Plan				\$51,136	\$57,221	\$92,931	\$103,989	\$55,762	\$84,058
Annual Premium by Plan				\$613,629	\$686,651	\$1,115,168	\$1,247,872	\$669,140	\$1,008,691
				Current	Renewal	Revised Renewal	United Healthcare		
Combined Annual Plan Totals				\$1,728,796	\$2,112,288	\$1,934,523	\$1,677,831		
Combined Annual Cost Difference (\$)				-	\$383,491	\$205,727	(\$50,965)		
Combined Annual Cost Difference (%)				-	22.2%	11.9%	-2.9%		

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.

Chiropractic, Allergy Testing, and Rehabilitation Services are not covered on Anthem Low Plan OAP12 2.5K/30 7.9K C.

Note: UHC defaults employees to mail order program for maintenance medications. Employees must actively opt out of the program to receive those medications at retail.

3% bundling discount available off UHC medical premium if dental, life, and disability are added (2% for dental, .5% for life, and .5% for STD & LTD).

***Revised renewal and alternate plan rates are calculated by NFP based on +11.9% increase communicated by Anthem and may vary**

Putnam County Board of Commissioners
 Medical Facility Providers Disruption Detail
 July 1, 2020

Provider Name	City	State	Paid Amount In-Network	Anthem In network?	United Healthcare In network?	Aetna In network?
Inpatient Facility In-Network						
Augusta University Medical Center	Augusta	GA	\$345,848	Yes	Yes	Yes
Piedmont Athens Regional Medical Center	Athens	GA	\$165,221	Yes	Yes	Yes
Medical Center of Central GA	Macon	GA	\$60,373	Yes	Yes	Yes
Good Samaritan Hospital	Greensboro	GA	\$26,436	Yes	Yes	Yes
St. Mary's Health Care System	Athens	GA	\$22,918	Yes	Yes	Yes
Coliseum Medical Center	Macon	GA	\$5,947	Yes	Yes	Yes
Vest Monroe LLC (Ridgeview)	Monroe	GA	\$1,871	Yes	Yes	Yes
Outpatient Facility In-Network						
Shepherd Center	Atlanta	GA	\$46,718	Yes	Yes	Yes
Shepherd Center	Atlanta	GA	\$44,194	Yes	Yes	Yes
Piedmont Athens Regional Medical Center	Athens	GA	\$37,794	Yes	Yes	Yes
Good Samaritan Hospital	Greensboro	GA	\$27,653	Yes	Yes	Yes
Athens Orthopedic Clinic Ambul	Athens	GA	\$21,700	Yes	Yes	Yes
Putnam General Hospital	Eatonton	GA	\$19,994	Yes	Yes	Yes
Navicent Health Oconee	Milledgeville	GA	\$19,992	Yes	Yes	Yes
Fairview Park Hospital	Dublin	GA	\$15,069	Yes	Yes	Yes
St. Mary's Health Care System	Athens	GA	\$12,710	Yes	Yes	Yes
Medical Center of Central GA	Macon	GA	\$12,611	Yes	Yes	Yes
Augusta University Medical Center	Augusta	GA	\$9,861	Yes	Yes	Yes
Piedmont Rockdale Hospital	Conyers	GA	\$6,029	Yes	Yes	Yes
Emory Orthopaedic Surgery Center	Atlanta	GA	\$5,399	Yes	Yes	Yes
Coliseum Medical Centers	Macon	GA	\$3,241	Yes	Yes	Yes
McDuffie Regional Medical Center	Thomson	GA	\$2,759	Yes	Yes	Yes
Surgery Center of Athens	Athens	GA	\$2,555	Yes	Yes	Yes
Piedmont Eye Center	Atlanta	GA	\$1,856	Yes	Yes	Yes
Meadows Regional Medical Center	Vidalia	GA	\$1,787	Yes	Yes	Yes
Endoscopy Center of Middle Georgia	Macon	GA	\$1,784	Yes	Yes	Yes
Dayton Childrens Hospital	Dayton	OH	\$1,562	Yes	Yes	Yes
Augusta University Hospital	Augusta	GA	\$1,550	Yes	Yes	Yes
Wellstar Kennestone Hospital	Marietta	GA	\$1,526	Yes	Yes	Yes
American Eye Surgery Center	Athens	GA	\$1,344	Yes	No	Yes
Jasper Memorial Hospital	Monticello	GA	\$1,311	Yes	Yes	Yes
Three Rivers Home Health Svc	Eastman	GA	\$1,200	Yes	Yes	No

This comparison is intended to illustrate the carrier's proposed networks and should not be relied upon to fully determine network accessibility. Refer to carrier's renewal/proposal for a full representation of coverage terms and conditions.

Summary	Total Charges	Anthem	United Healthcare	Aetna
Total \$ in Network	\$930,813	\$930,813	\$929,469	\$929,613
Total % in Network		100.0%	99.9%	99.9%

Putnam County Board of Commissioners
 Voluntary Dental Renewal and Marketing Analysis
 July 1, 2020

Recommendation - 2% discount on Medical

	Anthem BCBS Current/Renewal		United Healthcare Proposed	
Deductible				
Individual	\$50	\$50	\$50	
Family	\$150	\$150	\$150	
Coinsurance				
Type A: Preventive Services	100%	100%	100%	
Type B: Basic Services	80%	80%	80%	
Type C: Major Services	50%	50%	50%	
Type D: Orthodontia	0%	0%	0%	
Maximums				
Annual Per Member	\$1,000	\$1,000	\$1,000	
Lifetime Orthodontia	N/A	N/A	N/A	
Annual Roll-Over Amount	N/A	N/A	N/A	
Maximum Roll-Over	N/A	N/A	N/A	
Procedures				
Oral Exams	Type A	Type A	Type A	
Biteewing X-rays	Type A	Type A	Type A	
Biteewing X-rays Frequency	1 in 12 Months	2 per Calendar Year	2 per Calendar Year	
Full Mouth/Panoramic X-rays	Type A	Type A	Type A	
Full Mouth/Panoramic X-rays Frequency	1 in 3 Years	1 in 3 Years	1 in 3 Years	
Fluoride	Type A	Type A	Type A	
Fluoride Age Limit	To Age 19	To Age 19	To Age 19	
Sealants	Type A	Type A	Type A	
Sealants Age Limit	To Age 16	To Age 14	To Age 14	
Space Maintainers	Type B	Type A	Type A	
Simple Extractions	Type B	Type B	Type B	
Complex Extractions	Type B	Type B	Type B	
Simple Periodontics	Type C	Type C	Type C	
Periodontal Surgery	Type C	Type C	Type C	
Simple Endodontics	Type C	Type C	Type C	
Complex Endodontics	Type C	Type C	Type C	
Crowns	Type C	Type C	Type C	
Crown Frequency	1 in 7 Years	1 in 5 Years	1 in 5 Years	
Implants	Type C	Type C	Type C	
Orthodontics (Child and/or Adult)	No Coverage	No Coverage	No Coverage	
UCR Percentage	90th	90th	90th	
Waiting Periods				
Current	None	None	None	
Late Entrants	None	Yes - TBD	Yes - TBD	
Employer Contribution	100%	Contributory	Contributory	
Participation Requirement	100%	75%	75%	
Rate Guarantee	1 Year	1 Year	1 Year	
Estimated Enrollment				
	Census	Current	Renewal	United Healthcare
Employee	102	\$32.80	\$32.80	\$30.31
Family	69	\$88.76	\$88.76	\$82.02
Total Monthly Premium By Plan		\$9,470	\$9,470	\$8,751
Total Annual Premium By Plan		\$113,640	\$113,640	\$105,012
Annual Difference from Current (\$)		-	\$0	-\$8,628
Annual Difference from Current (%)		-	0.0%	-7.6%

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.

Putnam County Board of Commissioners
 Voluntary Vision Renewal Analysis
 July 1, 2020

EyeMed			
Current / Renewal			
Network	EyeMed Insight		
In-Network Benefit			
Copays (Exams/Materials)	\$20 / \$25		
Exam	\$20 Copay		
Eyeglass Lenses (Single/Bifocal/Trifocal)	\$25 Copay		
Frame Allowance	\$130		
Frequency			
Exams	Every 12 Months		
Lenses or Contact Lenses	Every 12 Months		
Frames	Every 24 Months		
Contact Lenses			
Contact Lens Fit & Follow Up	Standard up to \$55; Premium 10% off Retail		
Contact Lenses - Elective	\$130 Allowance		
Contact Lenses - Medically Necessary	\$0 Copay; Covered in Full		
Out-of-Network Reimbursement			
Exam	Up to \$40		
Lenses (Single/Bifocal/Trifocal)	Up to \$30/\$50/\$70		
Frames	Up to \$91		
Elective Contact Lenses	Up to \$130		
Necessary Contact Lenses	Up to \$210		
Employer Contribution	0%		
Participation Requirement	10 Enrolled		
Rate Guarantee	4 Years		
Rates			
	Census	Current	Renewal
Single	69	\$5.52	\$5.62
Employee + Spouse	25	\$10.47	\$10.67
Employee + Child(ren)	11	\$12.28	\$12.51
Family	18	\$17.26	\$17.59
Monthly Premium		\$1,088	\$1,109
Annual Premium		\$13,061	\$13,305
Annual Cost Difference (\$)		--	\$244
Annual Cost Difference (%)		--	1.9%

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.

Putnam County Board of Commissioners

Basic Life Renewal and Marketing Analysis - with Age Reduction

July 1, 2020

**Includes EAP for All
Employees**

	Anthem BCBS Current / Renewal		OneAmerica Proposed	
Eligibility	Working 30 Hours per Week		Working 30 Hours per Week	
Life and AD&D Amounts				
Employee	\$30,000		\$30,000	
Guaranteed Issue	\$30,000		\$30,000	
Reduction Schedule				
Benefits Reduced to	Percentage	Age	Percentage	Age
	65%	65	65%	65
	50%	70	50%	70
Plan Provisions				
Waiver of Premium	Included		Included	
Living Benefit Rider	Included		Included	
Conversion	Included		Included	
Participation Requirement	100%		100%	
Rate Guarantee	1 Year		3 Years	
Rate per \$1,000	Current	Renewal	OneAmerica	
Basic Employee Life	\$0.225	\$0.225	\$0.200	
Basic Employee AD&D	\$0.020	\$0.020	\$0.020	
Volume	\$5,121,000	\$5,121,000	\$5,121,000	
Total Monthly Premium	\$1,255	\$1,255	\$1,127	
Total Annual Premium	\$15,056	\$15,056	\$13,519	
Annual Difference from Current (\$)	-	\$0	(\$1,536)	
Annual Difference from Current (%)	-	0.0%	-10.2%	

Putnam County Board of Commissioners
 Voluntary Term Life and AD&D Renewal and Marketing Analysis
 July 1, 2020

	Anthem BCBS Current / Renewal	OneAmerica Proposed		
Eligibility	Working 30 Hours per Week	Working 30 Hours per Week		
Definition of Earnings	Base Salary	Base Salary		
Benefit Amount				
Employee	\$10,000 Increments up to Lesser of \$500,000 or 5x Salary	\$1,000 Increments up to \$500,000, Not Exceeding 5x Salary		
Spouse	\$5,000 Increments up to \$250,000, Not Exceeding 50% of Employee Amount	\$500 Increments up to \$250,000, Not Exceeding 50% of Employee Amount		
Children (Birth to 14 Days)	\$0	\$1,000		
Children (15 Days to 6 Months)	\$5,000 or \$10,000	\$1,000		
Children (6 Months to Age 26)	\$5,000 or \$10,000	\$5,000 or \$10,000		
Guarantee Issue				
Employee	\$100,000	\$150,000		
Spouse	\$30,000	\$30,000		
Children	\$10,000	\$10,000		
Reduction Schedule				
	Percentage	Age	Percentage	Age
Benefits Reduced To	65%	65	50%	70
	50%	70		
Coverage Termination				
Employee	Retirement	Retirement		
Spouse	Employee's Retirement	Age 70		
Contract Features				
Waiver of Premium	Included	Included		
Accelerated Benefit	Included	Included		
Portability	Included	Included		
Conversion	Included	Included		
True Open Enrollment Year 1?	N/A	Included		
Annual Increase Available without EOI	Not Included	Included		
Electronic EOI / SSO with bswift?	No	Yes		
Rate Based on Spouse Age	No	No		
Eligible Child Age	To age 26	To age 19 or to Age 25 if Full Time Student		
Value Adds	Resource Advisor, Travel Assistance, Beneficiary Support	EAP for All Employees; Travel Assistance		

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.

Putnam County Board of Commissioners
 Voluntary Short Term Disability Renewal and Marketing Analysis
 July 1, 2020

OneAmerica Current/Renewal		
Non-occupational Coverage	Non-Occupational	
Benefit Percentage	60%	
Maximum Weekly Benefit	\$1,000	
Elimination Period		
Accident	14 Days	
Sickness	14 Days	
Duration of Benefits	24 Weeks	
Definition of Disability	Loss of Duties and Earnings	
Pre-Existing Condition Limits	3/12	
W-2 Issuance	Included	
FICA Match	N/A	
Zero Day Residual	Included	
Benefit is offset by sick leave	Yes	
Portability	Included	
Annual Open Enrollment	Included	
Enroll via bswift?	Yes	
SSO with bswift?	Yes	
Employer Contribution	0%	
Participation Requirement	Greater of 10 Employees or 20%	
Rate Guarantee	3 Years	
Rate per \$10 of Weekly Benefit	Current	Renewal
Age		
0-19	\$0.490	\$0.490
20-24	\$0.490	\$0.490
25-29	\$0.520	\$0.520
30-34	\$0.540	\$0.540
35-39	\$0.490	\$0.490
40-44	\$0.540	\$0.540
45-49	\$0.680	\$0.680
50-54	\$0.830	\$0.830
55-59	\$1.050	\$1.050
60-64	\$1.210	\$1.210
65-69	\$1.320	\$1.320
70-74	\$1.400	\$1.400
75+	\$1.400	\$1.400

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.

Putnam County Board of Commissioners
 Voluntary Long Term Disability Renewal and Marketing Analysis
 July 1, 2020

OneAmerica Current/Renewal		
Eligibility	Working 30 Hours per Week	
Earnings Definition	Base Salary	
Benefit Outline		
Benefit Percentage	60.00%	
Maximum Benefit	\$5,000	
Elimination Period	180 Days	
Own Occupation Period	24 Months	
Benefit Duration	SSFRA	
Benefit Offset by Sick Leave?	No	
Contract Features		
Definition of Disability	Loss of Duties and Earnings	
Pre-Existing Condition Limit	3/12	
Mental & Nervous	24 Months	
Alcohol & Drug	24 Months	
Self-Reported Limitation	No Limitation	
Specific Conditions Limitation	24 Months	
Recurrent Disability	Included	
Residual Disability	Included	
Return to Work	Included	
Survivor Benefit	3 Months	
Waiver of Premium	Included	
Portability	Included	
24 Hour Coverage	Included	
Annual Open Enrollment	Included	
W-2 Issuance	Included	
FICA Match	N/A	
Enroll via bswift?	Yes	
SSO with bswift?	Yes	
Employer Contribution	0%	
Participation Requirement	Greater of 10 Employees or 25%	
Rate Guarantee	3 Years	
Rate per \$100 of Covered Payroll	Current	Renewal
Age		
0-19	\$0.090	\$0.090
20-24	\$0.150	\$0.150
25-29	\$0.160	\$0.160
30-34	\$0.290	\$0.290
35-39	\$0.410	\$0.410
40-44	\$0.630	\$0.630
45-49	\$0.900	\$0.900
50-54	\$1.250	\$1.250
55-59	\$1.560	\$1.560
60-64	\$1.370	\$1.370
65-69	\$0.690	\$0.690
70-74	\$0.480	\$0.480
75+	\$0.480	\$0.480

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