



BOARD OF COMMISSIONERS WORK SESSION MEETING
In-Person and Electronic Meeting
October 18, 2022 at 9:00 AM

AGENDA

The public will be able to view the meeting on San Juan County's Facebook live and Youtube channel

Join Zoom Meeting <https://us02web.zoom.us/j/82171709527> Meeting ID: 821 7170 9527 One tap mobile +16699006833,,82171709527# US (San Jose)

CALL TO ORDER

ROLL CALL

AGENDA ITEMS

1. Insurance Renewal Options Presentation and Discussion, Joe DeLisis with GBS
2. Discussion regarding use of Opioid Settlement Funds for San Juan County

ADJOURNMENT

The Board of San Juan County Commissioners can call a closed meeting at any time during the Regular Session if necessary, for reasons permitted under UCA 52-4-205

All agenda items shall be considered as having potential Commission action components and may be completed by an electronic method **In compliance with the Americans with Disabilities Act, persons needing auxiliary communicative aids and services for this meeting should contact the San Juan County Clerk's Office: 117 South Main, Monticello or telephone 435-587-3223, giving reasonable notice**



A Leavitt Group Company

January 2023 Effective
San Juan County
Self-Funded Medical Coverage



Joe DeLisis

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Marcie Gentry

Senior Account Manager
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San Juan County

Plan Designs and Rates

1/1/2022

	Current Plan(s)		
	HSA	OAP Base (Traditional)	OAP Choice (Dual)
Medical			
Annual Deductible	\$1,400 / \$2,800	\$500 / \$1,000	\$250 / \$500
Out-of-Pocket Maximum	\$3,000 / \$6,000	\$1,500 / \$3,000	\$250 / \$500
Coinsurance %	80% / 20%	80% / 20%	100% / 0%
Primary Care Office Visits	20% AD	\$25	Covered In Full
Pharmacy			
Tier1 / Tier2 / Tier3 / Tier4	20% AD	\$5 / \$30 / \$70	0% coinsurance
Tier and Rates			
Employee Only	\$742.67	\$912.72	\$1,027.82
Two-Party	\$1,411.08	\$1,734.18	\$1,952.83
Family	\$2,116.61	\$2,601.24	\$2,929.26

San Juan County - Med/Rx Rating Calculation

Self-Funded Calculation			
Experience Period: 9/2020 - 8/2022 (24 month paid)	Aug 2022 subscribers:	129	
Effective Period of Renewal: 1/2023 - 12/2023	Aug 2022 members:	444	

Data has been supplied by third-party sources and may differ from actuals.

			<u>9/2021 - 8/2022</u>	<u>9/2020 - 8/2021</u>
1 Gross Paid Claims			\$2,263,069	\$2,665,879
2 Specific SL Level & Credit		\$100,000	(\$218,343)	(\$444,938)
3 Net Paid Claims			\$2,044,726	\$2,220,941
4 Plan change adjustment for 4 months			1.000	1.000
5 Adjusted Net Paid Claims			\$2,044,726	\$2,220,941
		<u>Annual Est (129 subs)</u>	<u>PEPM</u>	<u>PEPM</u>
6 Total Subscriber Months	1,599 & 1,541	\$1,980,000	\$1,278.75	\$1,441.23
7 Combined Medical/Rx Trend			9.5%	9.5%
8 Claim trend factor for 16 & 28 months			12.9%	23.6%
9 Trended Claims		\$2,234,000	\$1,443.24	\$1,781.15
10 Margin for Claims Fluctuation	1.0%	\$22,000	\$14.43	\$17.81
11 Projected Claims		<u>\$2,256,000</u>	<u>\$1,457.67</u>	<u>\$1,798.96</u>
				<u>% of Funding</u>
12 Blended Claims at 70% / 30% Split		\$2,415,000	\$1,560.06	Claims: 83%
13 Administration Fee		\$73,000	\$46.97	3%
14 Specific Reins. Premium		\$391,000	\$252.31	13%
15 Aggregate Reins. Premium		\$19,000	\$12.50	1%
16 PCORI Fee Estimate		<u>\$1,200</u>	<u>\$0.79</u>	<u>0%</u>
17 Total Fixed Costs		\$484,200	\$312.57	Fixed Costs: 17%
18 Current Funding		\$3,048,000	<u>\$1,968.68</u>	<u>Rate Change</u>
19 Required Funding (assuming trend @ 9.50%)		\$2,899,000	\$1,872.63	(4.9%)
20 Required Funding (assuming trend @ 3.0%)		\$2,666,000	\$1,722.37	(12.5%)
21 Projected Increase from Current Funding				(12.5%) - (4.9%)

San Juan County

Self-Funded Summary

Option	Stop Loss Carrier / Claims Administrator / Network	Stop Loss			Expected Costs			Maximum Costs		
		Individual Contract	Individual Coverage Level	Aggregate Contract	Annual Costs (Mature)	Annual Increase (Mature)	Percent Increase	Annual Costs (Mature)	Annual Increase (Mature)	Percent Increase
Current	Commencement Bay / Regence / Regence (Non-IHC)	12/15	\$100,000	12/15	\$3,212,888			\$3,671,770	--	
Renewal	Commencement Bay / Regence / Regence (Non-IHC)	12/15	\$100,000	12/15	\$3,023,778	-\$189,110	-5.9%	\$3,527,823	-\$143,947	-3.9%
Option 1	PEHP / PEHP / Summit/Advantage/Preferred	12/15	\$100,000	12/15	\$3,086,395	-\$126,493	-3.9%	\$3,657,053	-\$14,717	-0.4%
Option 2 *	HCC / PEHP / Summit/Advantage/Preferred	12/15	\$100,000	12/15	\$2,823,464	-\$389,424	-12.1%	\$3,450,858	-\$220,912	-6.0%
Option 3	HCC / Meritain / Aetna (Non-IHC)	12/15	\$100,000	12/15	\$2,836,197	-\$376,691	-11.7%	\$3,418,251	-\$253,519	-6.9%
Option 4 *	HCC / Meritain / Aetna (Non-IHC)	12/15	\$100,000	12/15	\$2,604,165	-\$608,723	-18.9%	\$3,428,532	-\$243,238	-6.6%
Option 5 *	HCC / SelectHealth / SelectHealth (IHC)	12/15	\$100,000	12/15	\$2,623,882	-\$589,006	-18.3%	\$3,450,401	-\$221,369	-6.0%
Option 6	SelectHealth / SelectHealth / SelectHealth (IHC)	12/18	\$100,000	12/18	\$2,991,767	-\$221,121	-6.9%	\$3,670,672	-\$1,098	0.0%
Option 7	PEHP LGRP (FI)				\$3,001,726	-\$211,162	-6.6%	\$3,001,726	-\$670,044	-18.2%

* Denotes Specialty Carve Out

San Juan County Self-Funded Options

Subscribers: 136

Stop Loss Carrier

ISL Contract Type

ISL Level

ASL Contract Type

Claims Administrator - Network

Self Funded
Current

Self Funded
Renewal

Option 1

Option 2

Option 3

Option 4

	Commencement Bay			Commencement Bay			PEHP			* HCC			HCC			* HCC		
	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	12/15	
	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	
	Regence / Regence (Non-IHC)			Regence / Regence (Non-IHC)			PEHP / Summit/Advantage/Preferred			PEHP / Summit/Advantage/Preferred			Meritain / Aetna (Non-IHC)			Meritain / Aetna (Non-IHC)		
	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc

Fixed Costs	Administration	\$46.73	\$76,262	2.2%	\$47.76	\$77,938	2.2%	\$55.97	\$91,337	19.8%	\$55.97	\$91,337	19.8%	\$35.99	\$58,730	(23.0%)	\$42.29	\$69,011	(9.5%)
	Individual Stop Loss (ISL)	\$224.95	\$367,118	12.2%	\$252.31	\$411,770	12.2%	\$259.15	\$422,933	15.2%	\$217.34	\$354,699	(3.4%)	\$217.34	\$354,699	(3.4%)	\$217.34	\$354,699	(3.4%)
	Aggregate Stop Loss (ASL)	\$12.50	\$20,400	0.0%	\$12.50	\$20,400	0.0%	\$23.80	\$38,842	90.4%	\$12.19	\$19,894	(2.5%)	\$12.19	\$19,894	(2.5%)	\$12.19	\$19,894	(2.5%)
	Total Fixed Costs (Admin + Stop Loss)	\$284.18	\$463,780		\$312.57	\$510,108		\$338.92	\$553,111		\$285.50	\$465,930		\$265.52	\$433,323		\$271.82	\$443,604	
	Increase/(Decrease)			10.0%	\$28.39	\$46,328	10.0%	\$54.74	\$89,331	19.3%	\$1.32	\$2,150	0.5%	-\$18.66	(\$30,458)	(6.6%)	-\$12.36	(\$20,176)	(4.4%)

	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc
	Total Fixed Costs (Admin + Stop Loss)	\$284.18	\$463,780	10.0%	\$312.57	\$510,108	10.0%	\$338.92	\$553,111	19.3%	\$285.50	\$465,930	0.5%	\$265.52	\$433,323	(6.6%)	\$271.82	\$443,604
Expected Claims (GBS Mature)	\$1,684.50	\$2,749,108	(8.6%)	\$1,540.24	\$2,513,670	(8.6%)	\$1,552.26	\$2,533,284	(7.9%)	\$1,444.57	\$2,357,534	(14.2%)	\$1,472.35	\$2,402,875	(12.6%)	\$1,323.87	\$2,160,561	(21.4%)
Total Expected Costs (Fixed Costs + Mature Expected Claims)	\$1,968.68	\$3,212,888		\$1,852.81	\$3,023,778		\$1,891.17	\$3,086,395		\$1,730.06	\$2,823,464		\$1,737.87	\$2,836,197		\$1,595.69	\$2,604,165	
Increase/(Decrease)			(5.9%)	-\$115.88	(\$189,110)	(5.9%)	-\$77.51	(\$126,493)	(3.9%)	-\$238.62	(\$389,424)	(12.1%)	-\$230.82	(\$376,691)	(11.7%)	-\$372.99	(\$608,723)	(18.9%)

	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc
	Total Fixed Costs (Admin + Stop Loss)	\$284.18	\$463,780	10.0%	\$312.57	\$510,108	10.0%	\$338.92	\$553,111	19.3%	\$285.50	\$465,930	0.5%	\$265.52	\$433,323	(6.6%)	\$271.82	\$443,604
Aggregate Attachment (Maximum Claims)	\$1,965.68	\$3,207,990	(5.9%)	\$1,849.09	\$3,017,715	(5.9%)	\$1,901.93	\$3,103,942	(3.2%)	\$1,829.00	\$2,984,928	(7.0%)	\$1,829.00	\$2,984,928	(7.0%)	\$1,829.00	\$2,984,928	(7.0%)
Total Maximum Costs (Fixed Costs + Maximum Claims)	\$2,249.86	\$3,671,770		\$2,161.66	\$3,527,823		\$2,240.84	\$3,657,053		\$2,114.50	\$3,450,858		\$2,094.52	\$3,418,251		\$2,100.82	\$3,428,532	
Increase/(Decrease)			(3.9%)	-\$88.20	(\$143,947)	(3.9%)	-\$9.02	(\$14,717)	(0.4%)	-\$135.36	(\$220,912)	(6.0%)	-\$155.34	(\$253,519)	(6.9%)	-\$149.04	(\$243,238)	(6.6%)

Commissions %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%						
Aggregating Spec	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000						
Stop Loss Features Included	\$250K Laser on J. D.	\$250K Laser on J.D.	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD						
Notes	*Asterisk denotes Specialty Carve Out			Pending Updated Large Claims Review Through 9/30/22			Pending Updated Large Claims Review Through 9/30/22			Pending Updated Large Claims Review Through 9/30/22			Pending Updated Large Claims Review Through 9/30/22			*GBS Specialty Rx rebates included in expected claims			*Using CVS Rx in expected			*Using SmithRx with PAP for expected		
	Awaiting on HCC network Evaluation																							

San Juan County Self-Funded Options

Subscribers: 136

Stop Loss Carrier

ISL Contract Type

ISL Level

ASL Contract Type

Claims Administrator -

Network

Self Funded
Current

Self Funded
Renewal

Option 5

Option 6

Option 7

		Commencement Bay			* HCC			SelectHealth			PEHP LRGP					
		12/15			12/15			12/18			0					
		\$100,000			\$100,000			\$100,000			\$0					
		12/15			12/15			12/18			0					
		Regence / Regence (Non-IHC)			Regence / Regence (Non-IHC)			SelectHealth / SelectHealth (IHC)			PEHP LRGP / Summit/Advantage/Preferred					
		PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc			
Fixed Costs	Administration	\$46.73	\$76,262	2.2%	\$47.76	\$77,938	2.2%	\$55.69	\$90,880	19.2%	\$55.69	\$90,880	19.2%			
	Individual Stop Loss (ISL)	\$224.95	\$367,118	12.2%	\$252.31	\$411,770	12.2%	\$217.34	\$354,699	(3.4%)	\$291.30	\$475,402	29.5%			
	Aggregate Stop Loss (ASL)	<u>\$12.50</u>	<u>\$20,400</u>	0.0%	<u>\$12.50</u>	<u>\$20,400</u>	0.0%	<u>\$12.19</u>	<u>\$19,894</u>	(2.5%)	<u>\$13.80</u>	<u>\$22,522</u>	10.4%			
	Total Fixed Costs (Admin + Stop Loss)	\$284.18	\$463,780		\$312.57	\$510,108		\$285.22	\$465,473		\$360.79	\$588,803				
	Increase/(Decrease)				\$28.39	\$46,328	10.0%	\$1.04	\$1,693	0.4%	\$76.61	\$125,023	27.0%	\$0.00	\$0	(100.0%)
		PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc
Expected Costs	Total Fixed Costs (Admin + Stop Loss)	\$284.18	\$463,780	10.0%	\$312.57	\$510,108	10.0%	\$285.22	\$465,473	0.4%	\$360.79	\$588,803	27.0%			
	Expected Claims (GBS Mature)	<u>\$1,684.50</u>	<u>\$2,749,108</u>	(8.6%)	<u>\$1,540.24</u>	<u>\$2,513,670</u>	(8.6%)	<u>\$1,322.55</u>	<u>\$2,158,409</u>	(21.5%)	<u>\$1,472.40</u>	<u>\$2,402,964</u>	(12.6%)			
	Total Expected Costs (Fixed Costs + Mature Expected Claims)	\$1,968.68	\$3,212,888		\$1,852.81	\$3,023,778		\$1,607.77	\$2,623,882		\$1,833.19	\$2,991,767		\$1,839.29	\$3,001,726	
	Increase/(Decrease)				-\$115.88	(\$189,110)	(5.9%)	-\$360.91	(\$589,006)	(18.3%)	-\$135.49	(\$221,121)	(6.9%)	-\$129.39	(\$211,162)	(6.6%)
		PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc	PEPM	Annual	% Inc
Maximum Costs	Total Fixed Costs (Admin + Stop Loss)	\$284.18	\$463,780	10.0%	\$312.57	\$510,108	10.0%	\$285.22	\$465,473	0.4%	\$360.79	\$588,803	27.0%			
	Aggregate Attachment (Maximum Claims)	<u>\$1,965.68</u>	<u>\$3,207,990</u>	(5.9%)	<u>\$1,849.09</u>	<u>\$3,017,715</u>	(5.9%)	<u>\$1,829.00</u>	<u>\$2,984,928</u>	(7.0%)	<u>\$1,888.40</u>	<u>\$3,081,869</u>	(3.9%)			
	Total Maximum Costs (Fixed Costs + Maximum Claims)	\$2,249.86	\$3,671,770		\$2,161.66	\$3,527,823		\$2,114.22	\$3,450,401		\$2,249.19	\$3,670,672		\$1,839.29	\$3,001,726	
	Increase/(Decrease)				-\$88.20	(\$143,947)	(3.9%)	-\$135.64	(\$221,369)	(6.0%)	-\$0.67	(\$1,098)	(0.0%)	-\$410.57	(\$670,044)	(18.2%)
Commissions %		0%		0%		0%		0%		0%						
Aggregating Spec		\$50,000		\$50,000		\$50,000		\$50,000		\$50,000						
Stop Loss Features Included								Pending Updated Large Claims Review Through 9/30/22		Pending Updated Large Claims Review Through 9/30/22						
		\$250K Laser on J. D.		\$250K Laser on J.D.				TBD		TBD				Transition Credit Available		
Notes		* Denotes Specialty Carve Out						Using Scripius with GBS Specialty for expected		Using Scripius for expected				*Fully Insured		
								Awaiting on HCC network Evaluation								

San Juan County
Self-Funded Administrative Services

Services Network	Self Funded		PEHP Summit/Advantage/Preferred	UMR UHC (IHC)	Meritain Aetna (Non-IHC)	Cigna Cigna (Non-IHC)	Bind Basic UHC (IHC)	EMI EMI (IHC)	HealthEZ (I) EMI (IHC)	Tall Tree Wise (Non-IHC)	UofU UofU (Non-IHC)	UHC UHC (IHC)	SelectHealth SelectHealth (IHC)	PEHP LGRP Lit/Advantage/Pre
	Regence Regence (Non-IHC)	Regence Renewal (Non-IHC)												
Medical Administration	\$52.97	\$54.97	\$55.18	\$47.56	\$35.20	\$170.92	\$49.00	\$38.95	\$58.00	\$20.00	\$48.65	\$40.00	\$54.90	\$0.00
PPO Networks	Included	Included	Included	Included	Included	Included	Included	\$7.00	Included	\$7.88	Included	Included	Included	Included
Broker Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PCORI Fee	\$2.79 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY	\$2.89 PMPY
Stop-Loss, PPO and PBM Placement	-\$4.00	-\$4.00	Included	Included	Included	Included	\$8.00	Included	Included	Included	Included	\$5.00	Included	Included
Claims Run-In	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
Claims Run-Out	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
Pharmacy														
Rx Carve Out Fee	-\$4.00	-\$4.00	-\$1.57	\$3.00	\$6.30	N/A	Included	Included	Included	Included	Included	Included	Included	Included
Incentivized Pharmacy Credit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medical and Pharmacy Integration	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
Vision														
	*\$1.95	*\$1.95												
Care Management														
Utilization Management	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	N/A
Large Case Management	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included	N/A
Disease Management	Included	Included	Included	\$5.00	Included	Included	Included	Included	Included	Included	Included	Included	Included	N/A
All Level Appeals	\$1.00	Included	Included	Included	Included	Included	\$1.50	Included	Included	Included	Included	Included	Included	N/A
PCORI Fee (PEPM)	\$0.76	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.79	\$0.00
Administration (PEPM)	\$45.97	\$46.97	\$53.61	\$55.56	\$41.50	\$170.92	\$58.50	\$45.95	\$58.00	\$27.88	\$48.65	\$45.00	\$54.90	\$0.00
Total Admin and Fees (PEPM)	\$46.73	\$47.76	\$54.40	\$56.35	\$42.29	\$171.71	\$59.29	\$46.74	\$58.79	\$28.67	\$49.44	\$45.79	\$55.69	\$0.00
Total Admin and Fees (Annual)	\$76,262	\$77,938	\$88,775	\$91,957	\$69,011	\$280,230	\$96,755	\$76,274	\$95,939	\$46,783	\$80,680	\$74,723	\$90,880	\$0
Bundled Rx Credit	-\$4.00	-\$4.00	-\$40.00	-\$27.00		-\$68.51						-\$40.00	-\$35.00	

Reserve Deposit of \$10K required

Assumes Wise Network

San Juan County PBM Reprice Comparison 2023
Carve-Out Pharmacy Benefit Pricing Proposals

Vendor	Current - Regence	Regence Renewal	EMI - Express Scripts	Meritain - CVS	PEHP	ProCareRx	SelectHealth - Scripus	SmithRx	UMR - OptumRx
PBM Model	Traditional	Traditional	Pass-Through	Traditional	Traditional	Pass-Through	Pass-Through	Pass-Through	Traditional
Network Access	65,000	65,000	70,000	66,000	65,000	Restricted (Excludes CVS, Walgreens, Rite Aid, & Walmart)	65,000	66,000	67,000
Formulary	Standard Formulary	Standard Formulary	National Preferred	Standard Control	NPF	Performance Formulary	RxSelect	Essential Formulary	Premium PDL
Pharmacy Administration Fee	\$0	\$0	\$0.74 per Claim	\$0	\$0	\$3.35 per Claim	\$2.27 per Claim	\$6.00 per Claim	\$0.00
Retail Pricing:									
Brand Discounts	AWP - 17.20%	AWP - 18.10%	AWP - 19.25%	AWP - 19.35%	AWP - 19.20%	AWP - 18%	AWP - 20%	AWP - 19.07%	AWP - 19.50%
Brand Dispensing Fee	\$0.95	\$0.60	\$0.40	\$0.60	\$0.50	\$0.65	\$0.95	\$0.75	\$0.50
Generic Discounts	AWP - 77.90%	AWP - 81.20%	AWP - 85.90%	AWP - 84.50%	AWP - 83%	AWP - 86%	AWP - 85%	AWP - 85.95%	AWP - 85.50%
Generic Dispensing Fee	\$0.95	\$0.60	\$0.40	\$0.60	\$0.50	\$0.65	\$0.95	\$0.75	\$0.50
Estimated Rebate/Claim	\$108 per Brand Claim	\$119 per Brand Claim	Greater of 100% or \$165 per Brand Claim	\$235.56 per Brand Claim	\$250 per Brand Claim	\$265.55 per Brand Claim	\$70.30 PEPM w/o PAP \$22.14 PEPM w/ PAP	\$275.21 per Brand Claim	\$295 per Brand Claim
Retail 90 Day Pricing:									
Brand Discounts	AWP - 20.60%	AWP - 21.70%	AWP - 22.50%	AWP - 25%	AWP - 22.60%	AWP - 20.25%	AWP - 22.50%	AWP - 22.75%	AWP - 23%
Brand Dispensing Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00
Generic Discounts	AWP - 81.20%	AWP - 84.50%	AWP - 85.90%	AWP - 88%	AWP - 85%	AWP - 87%	AWP - 88%	AWP - 90.97%	AWP - 86.50%
Generic Dispensing Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.10	\$0.00	\$0.95	\$0.00	\$0.00
Estimated Rebate/Claim	\$260 per Brand Claim	\$297 per Brand Claim	Greater of 100% or \$815 per Brand Claim	\$731.14 per Brand Claim	\$505 per Brand Claim	\$411.12 per Brand Claim	\$70.30 PEPM w/o PAP \$22.14 PEPM w/ PAP	\$929.61 per Brand Claim	\$875 per Brand Claim
Mail Pricing:									
Brand Discounts	AWP - 20.60%	AWP - 21.70%	AWP - 23.75%	AWP - 25%	AWP - 23.50%	AWP - 21%	AWP - 23%	AWP - 24.76%	AWP - 25.50%
Brand Dispensing Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Generic Discounts	AWP - 81.20%	AWP - 84.50%	AWP - 88.50%	AWP - 88%	AWP - 88%	AWP - 87%	AWP - 89%	AWP - 92.77%	AWP - 88%
Generic Dispensing Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated Rebate Brand Claim	\$364 per Brand Claim	\$425 per Brand Claim	Greater of 100% or \$660 per Brand Claim	\$731.14 per Brand Claim	\$525 per Brand Claim	\$2,308.70 per Brand Claim	\$70.30 PEPM w/o PAP \$22.14 PEPM w/ PAP	\$929.61 per Brand Claim	\$900 per Brand Claim
Specialty Pricing:									
Brand Discounts	AWP - 19%	AWP - 21%	AWP - 22.50%	AWP - 21%	AWP - 23%	AWP - 16%	AWP - 18%	AWP - 20.61%	AWP - 20%
Brand Dispensing Fee	\$0.00	\$0.00	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Retail - \$0.50 Mail - \$0.00
Generic Discounts	AWP - 19%	AWP - 21%	AWP - 22.50%	AWP - 21%	AWP - 23%	AWP - 35%	AWP - 34%	AWP - 82.50%	AWP - 20%
Generic Dispensing Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Retail - \$0.50 Mail - \$0.00
Estimated Rebate Brand Claim	\$1,290 per Brand Claim	\$1,411 per Brand Claim	Greater of 100% or \$2,900 per Brand Claim	\$2,512.82 per Brand Claim	\$2,025 per Brand Claim	\$2,308.70 per Brand Claim	\$70.30 PEPM w/o PAP \$22.14 PEPM w/ PAP	\$3,527.70 per Brand Claim	\$2,760 per Brand Claim
Plan Cost/Savings Estimates (6 Months)									
Total Plan Ingredient Cost (+ dispensing fees)	\$341,197	\$329,239	\$322,575	\$316,212	\$332,208	\$328,953	\$299,594	\$312,064	\$326,437
ANNUALIZED	\$682,395	\$658,479	\$645,150	\$632,424	\$664,416	\$657,906	\$599,187	\$624,128	\$652,874
Total Administration Fees (claims fees)	\$0	\$0	\$1,106	\$0	\$0	\$5,008	\$3,394	\$8,970	\$0
ANNUALIZED	\$0	\$0	\$2,213	\$0	\$0	\$10,017	\$6,787	\$17,940	\$0
Carve Out Costs (Regence carve out cost - \$4.00 PEPM)	\$0	\$0	\$3,264	\$3,264	\$0	\$3,264	\$3,264	\$3,264	\$3,264
ANNUALIZED	\$0	\$0	\$6,528	\$6,528	\$0	\$6,528	\$6,528	\$6,528	\$6,528
Rebates (Estimated Rebate or Admin Credit)	\$35,132	\$39,348	\$35,460	\$84,982	\$32,510	\$50,338	\$71,713	\$118,291	\$96,030
ANNUALIZED	\$70,264	\$78,696	\$70,920	\$169,964	\$65,020	\$100,676	\$143,426	\$236,582	\$192,060
TOTAL NET Rx COSTS	\$612,131	\$579,783	\$582,970	\$468,988	\$599,396	\$573,775	\$469,076	\$412,014	\$467,342
Est Total Savings (increase)	\$0	\$32,348	\$29,160	\$143,143	\$12,734	\$38,356	\$143,054	\$200,117	\$144,789
Percent Savings (neg = % increase in cost)	0%	5%	5%	23%	2%	6%	23%	33%	24%
Clinical Prior Authorizations	\$55	\$55	Included	Included	Included	Included	Included	\$35	Included
Total Employees	136	136	136	136	136	136	136	136	136
Total Members	466	466	466	466	466	466	466	466	466
Number of Claims Included in File	1,495	1,495	1,495	1,495	1,495	1,495	1,495	1,495	1,495
Estimated Cost/claim	\$204.73	\$193.91	\$194.97	\$156.85	\$200.47	\$191.90	\$156.88	\$137.80	\$156.30
Alternative Funding Prog Savings Ests (Annualized)									
Copay Assistance/Max Program			\$50,000	\$55,616	\$34,000			\$33,508	
Percent Savings				9%					
Patient Assistance Programs					\$255,000		\$346,420	\$248,818	
Percent Savings							57%	41%	
Clinical/Reroute Programs									
Percent Savings									
PAP Fees			\$12,500	\$13,904	\$38,250		\$3,600	\$20,006	
Estimated Rebate Reduction					\$75,000		\$98,265	\$76,980	
Total Estimated Savings (\$)			\$66,660	\$184,855	\$188,484		\$387,609	\$385,457	
Total Estimated Percentage			11%	30%	31%		63%	63%	

San Juan County
Self-Funded Annual Estimates
Based on 136 subscribers

Subscribers: 136

	Administration				Individual Stop Loss			Aggregate Stop Loss			Total Stop Loss		Total Fixed Costs (Admin + Stop Loss)		Expected Claims		Total Expected Costs (Fixed Costs + Expected Claims)		Total Maximum Costs (Fixed Costs + Agg Attach)		
	Carrier	TPA / Network	Premium and Fees	% Inc	Contract Type	Level	Premium	Contract Type	Attachment (Max Claims)	Premium	Premium	% Inc	Premium and Fees	% Inc	Expected Claims	% Inc	Expected Costs	% Inc	Maximum Costs	% Inc	
Current	Commencement Bay	Regence / Regence (Non-IHC)	\$ 76,262		12/15	\$ 100,000	\$ 367,118		\$ 3,207,990	\$ 20,400		\$ 387,518		\$ 463,780		\$ 2,749,108		\$ 3,212,888		\$ 3,671,770	
Renewal	Commencement Bay	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 100,000	\$ 411,770	12/15	\$ 3,017,715	\$ 20,400	12%	\$ 432,170	12%	\$ 510,108	10%	\$ 2,513,670	-9%	\$ 3,023,778	-6%	\$ 3,527,823	-4%
	HCC	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 100,000	\$ 354,699	12/15	\$ 2,984,928	\$ 19,894	-3%	\$ 374,593	-3%	\$ 452,531	-2%	\$ 2,546,018	-7%	\$ 2,998,549	-7%	\$ 3,437,459	-6%
	Sun Life	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 100,000	\$ 373,956	12/15	\$ 3,127,679	\$ 30,176	4%	\$ 404,132	4%	\$ 482,070	4%	\$ 2,546,018	-7%	\$ 3,028,088	-6%	\$ 3,609,749	-2%
	Symetra	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 100,000	\$ 458,021	12/15	\$ 3,180,180	\$ 34,109	27%	\$ 492,130	27%	\$ 570,068	23%	\$ 2,546,018	-7%	\$ 3,116,086	-3%	\$ 3,750,248	2%
	Berkley	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 100,000	\$ 512,676	12/15	\$ 3,163,126	\$ 32,738	41%	\$ 545,414	41%	\$ 623,353	34%	\$ 2,546,018	-7%	\$ 3,169,371	-1%	\$ 3,786,479	3%
	QBE	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 100,000	\$ 524,606	12/15	\$ 3,308,554	\$ 38,270	45%	\$ 562,877	45%	\$ 640,815	38%	\$ 2,546,018	-7%	\$ 3,186,833	-1%	\$ 3,949,369	8%
	HCC	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 125,000	\$ 270,129	12/15	\$ 3,274,282	\$ 20,710	-25%	\$ 290,839	-25%	\$ 368,777	-20%	\$ 2,653,164	-3%	\$ 3,021,941	-6%	\$ 3,643,059	-1%
	Sun Life	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 125,000	\$ 304,515	12/15	\$ 3,253,457	\$ 39,870	-11%	\$ 344,385	-11%	\$ 422,323	-9%	\$ 2,653,164	-3%	\$ 3,075,487	-4%	\$ 3,675,780	0%
	Symetra	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 125,000	\$ 351,565	12/15	\$ 3,425,193	\$ 37,552	0%	\$ 389,118	0%	\$ 467,056	1%	\$ 2,653,164	-3%	\$ 3,120,220	-3%	\$ 3,892,249	6%
	Berkley	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 125,000	\$ 404,818	12/15	\$ 3,305,698	\$ 39,560	15%	\$ 444,377	15%	\$ 522,315	13%	\$ 2,653,164	-3%	\$ 3,175,479	-1%	\$ 3,828,013	4%
	QBE	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 125,000	\$ 424,075	12/15	\$ 3,452,447	\$ 46,202	21%	\$ 470,277	21%	\$ 548,215	18%	\$ 2,653,164	-3%	\$ 3,201,379	0%	\$ 4,000,662	9%
	HCC	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 150,000	\$ 203,168	12/15	\$ 3,315,033	\$ 20,792	-42%	\$ 223,959	-42%	\$ 301,898	-35%	\$ 2,742,854	0%	\$ 3,044,751	-5%	\$ 3,616,930	-1%
	Sun Life	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 150,000	\$ 257,954	12/15	\$ 3,339,300	\$ 44,162	-22%	\$ 302,116	-22%	\$ 380,054	-18%	\$ 2,742,854	0%	\$ 3,122,908	-3%	\$ 3,719,355	1%
	Symetra	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 150,000	\$ 284,001	12/15	\$ 3,540,347	\$ 39,658	-16%	\$ 323,658	-16%	\$ 401,596	-13%	\$ 2,742,854	0%	\$ 3,144,450	-2%	\$ 3,941,943	7%
	Berkley	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 150,000	\$ 331,165	12/15	\$ 3,359,423	\$ 44,978	-3%	\$ 376,143	-3%	\$ 454,082	-2%	\$ 2,742,854	0%	\$ 3,196,935	0%	\$ 3,813,505	4%
	QBE	Regence / Regence (Non-IHC)	\$ 77,938	2%	12/15	\$ 150,000	\$ 348,497	12/15	\$ 3,501,603	\$ 52,404	3%	\$ 400,901	3%	\$ 478,839	3%	\$ 2,742,854	0%	\$ 3,221,693	0%	\$ 3,980,442	8%
	HCC	PEHP / Summit/Advantage/Preferred	\$ 88,775	16%	12/15	\$ 100,000	\$ 354,699	12/15	\$ 2,984,928	\$ 19,894	-3%	\$ 374,593	-3%	\$ 463,368	0%	\$ 2,357,534	-14%	\$ 2,820,902	-12%	\$ 3,448,296	-6%
	HCC	Meritain / Aetna (Non-IHC)	\$ 69,011	-10%	12/15	\$ 100,000	\$ 354,699	12/15	\$ 2,984,928	\$ 19,894	-3%	\$ 374,593	-3%	\$ 443,604	-4%	\$ 2,402,875	-13%	\$ 2,846,479	-11%	\$ 3,428,532	-7%
	HCC	Meritain / Aetna (Non-IHC)	\$ 69,011	-10%	12/15	\$ 100,000	\$ 354,699	12/15	\$ 2,984,928	\$ 19,894	-3%	\$ 374,593	-3%	\$ 443,604	-4%	\$ 2,160,561	-21%	\$ 2,604,165	-19%	\$ 3,428,532	-7%
	HCC	SelectHealth / SelectHealth (IHC)	\$ 90,880	19%	12/15	\$ 100,000	\$ 354,699	12/15	\$ 2,984,928	\$ 19,894	-3%	\$ 374,593	-3%	\$ 465,473	0%	\$ 2,158,409	-21%	\$ 2,623,882	-18%	\$ 3,450,401	-6%
	SelectHealth	SelectHealth / SelectHealth (IHC)	\$ 90,880	19%	12/18	\$ 100,000	\$ 475,402	12/18	\$ 3,081,869	\$ 22,522	28%	\$ 497,923	28%	\$ 588,803	27%	\$ 2,402,964	-13%	\$ 2,991,767	-7%	\$ 3,670,672	0%
	PEHP LRGP	PEHP LRGP / Summit/Advantage/Preferred	\$ -	-100%	0	\$ -	\$ -	0	\$ -	\$ -	-100%	\$ -	-100%	\$ -	-100%			\$ 3,001,726	-7%	\$ 3,001,726	-18%
	PEHP	PEHP / Summit/Advantage/Preferred	\$ 88,775	16%	12/15	\$ 100,000	\$ 422,933	12/15	\$ 3,103,942	\$ 38,842	19%	\$ 461,774	19%	\$ 550,549	19%	\$ 2,533,284	-8%	\$ 3,083,833	-4%	\$ 3,654,491	0%
	PEHP	PEHP / Summit/Advantage/Preferred	\$ 88,775	16%	12/15	\$ 125,000	\$ 321,422	12/15	\$ 3,160,694	\$ 39,576	-7%	\$ 360,998	-7%	\$ 449,773	-3%	\$ 2,653,164	-3%	\$ 3,102,937	-3%	\$ 3,610,467	-2%
	PEHP	PEHP / Summit/Advantage/Preferred	\$ 88,775	16%	12/15	\$ 150,000	\$ 248,700	12/15	\$ 3,201,127	\$ 40,115	-25%	\$ 288,815	-25%	\$ 377,590	-19%	\$ 2,742,854	0%	\$ 3,120,444	-3%	\$ 3,578,717	-3%
	Cigna	Cigna / Cigna (Non-IHC)	\$ 280,230	267%	12/15	\$ 100,000	\$ 407,382	12/15	\$ 3,063,583	\$ 20,241	10%	\$ 427,623	10%	\$ 707,853	53%	\$ 2,546,018	-7%	\$ 3,253,871	1%	\$ 3,771,436	3%
	BP	Bind Basic / UHC (IHC)	\$ 96,755	27%	12/15	\$ 100,000	\$ 393,981	12/15	\$ 2,795,404	\$ 22,587	7%	\$ 416,568	7%	\$ 513,323	11%	\$ 2,291,416	-17%	\$ 2,804,739	-13%	\$ 3,308,727	-10%
	BP	Bind Basic / UHC (IHC)	\$ 96,755	27%	12/15	\$ 125,000	\$ 344,042	12/15	\$ 2,908,763	\$ 23,501	-5%	\$ 367,543	-5%	\$ 464,298	0%	\$ 2,387,848	-13%	\$ 2,852,145	-11%	\$ 3,373,060	-8%
	BP	Bind Basic / UHC (IHC)	\$ 96,755	27%	12/15	\$ 150,000	\$ 282,238	12/15	\$ 2,939,183	\$ 35,512	-18%	\$ 317,750	-18%	\$ 414,506	-11%	\$ 2,468,568	-10%	\$ 2,883,074	-10%	\$ 3,353,689	-9%
	Vault Strategies (TT)	Tall Tree / Wise (Non-IHC)	\$ 46,783	-39%	12/15	\$ 100,000	\$ 572,000	12/15	\$ 2,890,941	\$ 21,134	53%	\$ 593,134	53%	\$ 639,917	38%	\$ 2,546,018	-7%	\$ 3,185,935	-1%	\$ 3,530,859	-4%
	SummitRe (UJHP)	UoFu / UoFu (Non-IHC)	\$ 80,680	6%	12/15	\$ 100,000	\$ 371,427	12/15	\$ 3,110,510	\$ 28,658	3%	\$ 400,085	3%	\$ 480,765	4%	\$ 2,546,018	-7%	\$ 3,026,783	-6%	\$ 3,591,275	-2%
	SelectHealth	SelectHealth / SelectHealth (IHC)	\$ 90,880	19%	12/18	\$ 100,000	\$ 475,402	12/18	\$ 3,081,869	\$ 22,522	28%	\$ 497,923	28%	\$ 588,803	27%	\$ 2,546,018	-7%	\$ 3,134,821	-2%	\$ 3,670,672	0%
	SelectHealth	SelectHealth / SelectHealth (IHC)	\$ 90,880	19%	12/18	\$ 125,000	\$ 369,322	12/18	\$ 3,164,611	\$ 22,522	1%	\$ 391,843	1%	\$ 482,723	4%	\$ 2,653,164	-3%	\$ 3,135,887	-2%	\$ 3,647,334	-1%
	SelectHealth	SelectHealth / SelectHealth (IHC)	\$ 90,880	19%	12/18	\$ 150,000	\$ 290,496	12/18	\$ 3,221,405	\$ 22,522	-19%	\$ 313,018	-19%	\$ 403,898	-13%	\$ 2,742,854	0%	\$ 3,146,751	-2%	\$ 3,625,302	-1%

San Juan County

Self-Funded Terms

Terms	Explanations
Individual/Specific Stop Loss (ISL)	
Individual/Specific Stop Loss (ISL)	Reinsurer will provide reimbursement when claims for an individual member exceed the chosen deductible. The lower the deductible chosen, the higher the ISL premium. Generally, smaller groups choose smaller ISL deductibles, and larger groups choose larger ISL deductibles.
Contract Type (12/15)	Defines the period of claims included in the coverage (Incurred/Paid). For example, for a contract beginning Jan 2021, a 12/15 contract would include claims incurred between Jan 2021 - Dec 2021 AND paid Jan 2021 - Mar 2022. Any claims that do not meet both of these parameters would not be included in coverage. It is recommended to choose an ISL contract that provides adequate claims runout protection (usually +3 months)
Laser	A feature added by the reinsurance carrier that places a higher ISL deductible on a particular individual (or even excludes them entirely from coverage). This is most common when there is substantial expectation of high claims for a given member.
No New Lasers (NNL)	Optional feature that restricts the reinsurance carrier from adding any new lasers upon renewal
Rate Cap	Optional feature that limits the premium increase at renewal
Experience Refund	Optional feature where the employer is eligible to receive a premium refund (as a %) when there is low claims experience during the year. The group usually needs to renew the policy to receive the refund from the reinsurance carrier.
Aggregating Specific	Optional feature that essentially adds a deductible to any ISL reimbursements. This feature adds additional liability to the employer (up to the chosen deductible) but also lowers the premium.
Aggregate Stop Loss (ASL)	
Aggregate Stop Loss (ASL)	Reinsurer will provide reimbursement when overall claims exceed the aggregate attachment. This is typically reflected as a percentage above expected claims (normally 110%-125%). Claims above ISL do not count towards this.
Contract Type (12/12)	For example, for a contract beginning Jan 2021, a 12/12 contract would include claims incurred between Jan 2021 - Dec 2021 AND paid Jan 2021 - Dec 2021. Any claims that do not meet both of these parameters would not be included in coverage. This type of contract would more commonly be selected for ASL instead of ISL, because there is not as much financial risk with ASL coverage
Terminal Liability Option (TLO)	Optional Feature that extends aggregate stop loss contracts a certain number of months in the year of termination. Essentially this would convert a 12/12 contract to a 12/15 contract if the TLO was purchased for 3 months. This provides runout protection and would be a consideration if a group decided to transition back to a fully insured funding arrangement
Claims	
Mature Claims	This refers to a complete year (12 months) of claims incurred and paid
Immature Claims	This refers to a partial year (typically 10-11 months) of claims incurred and paid. When an employer transitions from a fully insured funding arrangement to self-funding, there is an initial lag in paid claims for the employer in the first year of self-funding. This occurs because the employer is only responsible for paying claims incurred during the new contract, and the fully insured carrier covers any runout claims from the prior contract.



A Leavitt Group Company

January 2023 Renewal
San Juan County
Comparison of Benefits



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Comparison of Benefits
Dental



San Juan County Dental Summary

Carrier	Option	Funding Type	Monthly Premium	Annual Premium	Annual Increase	Percent Increase
MetLife	CURRENT	Fully Insured	\$10,129	\$121,552	--	--
	RENEWAL	Fully Insured	\$10,129	\$121,552	\$0	0.00%
EMI Health	QUOTE-1	Fully Insured	\$9,214	\$110,573	(\$10,979)	-9.03%
Beam	QUOTE-2	Fully Insured	\$11,171	\$134,054	\$12,503	10.29%
Ameritas	QUOTE-3	Fully Insured	\$10,047	\$120,565	(\$987)	-0.81%
Life Map	QUOTE-4	Fully Insured	\$9,439	\$113,267	(\$8,285)	-6.82%
Dental Select	QUOTE-5	Fully Insured	\$9,087	\$109,039	(\$12,513)	-10.29%
Delta Dental	QUOTE-6	Fully Insured	\$9,792	\$117,507	(\$4,045)	-3.33%
Level	QUOTE-7	Fully Insured	\$11,709	\$140,502	\$18,950	15.59%
The Standard	QUOTE-8	Fully Insured	\$9,648	\$115,776	(\$5,776)	-4.75%
Principal	QUOTE-9	Fully Insured	\$10,064	\$120,764	(\$788)	-0.65%
PEHP	QUOTE-10	Fully Insured	\$10,672	\$128,061	\$6,509	5.35%

*Lincoln - DTQ
 *Mutual of Omaha - DTQ
 *Humana - DTQ

San Juan County
Dental Comparison

Dental Benefits	MetLife		MetLife		EMI Health			Beam	
	In-Network	Out-of-Network	In-Network	Out-of-Network	Advantage Plus	Premier	Out-of-Network	In-Network	Out-of-Network
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$0/\$0	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$2,000	\$1,000	\$1,000	\$1,000	\$1,000
Preventive / Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	80%	80%	80%	80%	80%	80%	80%	80%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%	50%
Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics	80%	80%	80%	80%	50%	50%	50%	80%	80%
Endodontics	80%	80%	80%	80%	50%	50%	50%	80%	80%
Implants	50%	50%	50%	50%	Not Covered	Not Covered	Not Covered	50%	50%
Orthodontics									
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lifetime Maximum	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Child (under 19)	Not Covered	Not Covered	Not Covered	Not Covered	Discounts May Apply	Discounts May Apply	Not Covered	Not Covered	Not Covered
Adult	Not Covered	Not Covered	Not Covered	Not Covered	Discounts May Apply	Discounts May Apply	Not Covered	Not Covered	Not Covered
Waiting Periods									
Preventive	None	None	None	None	None	None	None	None	None
Basic	None	None	None	None	None	None	None	None	None
Major	None	None	None	None	None	None	None	None	None
Orthodontics	None	None	None	None	None	None	None	None	None
UCR Percentile	90%	90%	90%	90%	90%	90%	90%	90%	90%
Number of Utah Providers	7,120	7,120	7,120	7,120	2,500+	2,500+	2,500+	3,324	3,324
Number of National Providers	498,157	498,157	498,157	498,157	275,000+	275,000+	275,000+	425,000	425,000
Provider Directory Website	www.metdental.com	www.metdental.com	www.metdental.com	www.metdental.com	www.emihealth.com	www.emihealth.com	www.emihealth.com	www.dentists.beam.dental	www.dentists.beam.dental
Administrative Fees	None	None	None	None	None	None	None	None	None
Voluntary / Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid
Participation Requirements	75%	75%	75%	75%	75%	75%	75%	100%	100%
Rate Guarantee	12/31/2022	12/31/2022	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year
Employee Navigator Compatibility	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monthly Rates									
CURRENT									
RENEWAL									
QUOTE-1									
QUOTE-2									
Fully Insured									
Subs	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Premium Rate
30 Employee	30	\$27.91	30	\$27.91	30	\$25.70	30	\$25.60	\$25.60
25 Employee + 1	25	\$55.74	25	\$55.74	25	\$51.80	25	\$53.08	\$53.08
84 Family	84	\$94.03	84	\$94.03	84	\$85.10	84	\$108.05	\$108.05
139 TOTAL BY PLAN	139	\$10,129	139	\$10,129	139	\$9,214	139	\$11,171	\$11,171
COMBINED TOTAL	139	\$10,129	139	\$10,129	139	\$9,214	139	\$11,171	\$11,171
Percent of Increase				0.00%		-9.03%		10.29%	10.29%

Benefits illustrated are for comparison purposes only. Please refer to carrier plan documents for further details. In case of discrepancy, carrier plan documents and rates will prevail.

San Juan County
Dental Comparison

Dental Benefits	Ameritas		Life Map		Dental Select		Delta Dental		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	PPO	Premier	Out-of-Network
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum	\$1,000		\$1,000		\$1,000		\$1,000	\$1,000	\$1,000
Preventive / Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic	80%	80%	80%	80%	80%	80%	80%	80%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%	50%
Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics	80%	80%	80%	80%	80%	80%	50%	50%	50%
Endodontics	80%	80%	80%	80%	80%	80%	50%	50%	50%
Implants	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontics									
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lifetime Maximum	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Child (under 19)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Discounts May Apply	Discounts May Apply	Not Covered
Adult	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Discounts May Apply	Discounts May Apply	Not Covered
Waiting Periods									
Preventive	None	None	None	None	None	None	None	None	None
Basic	None	None	None	None	None	None	None	None	None
Major	None	None	None	None	None	None	None	None	None
Orthodontics	None	None	None	None	None	None	None	None	None
UCR Percentile	90%	90%	90%	90%	90%	90%	90%	90%	90%
Number of Utah Providers	4,789	4,789	3,638	3,638	3,817	3,817	3,615	3,615	3,615
Number of National Providers	460,558	460,558	191,000+	191,000+	200,000	200,000	386,547	386,547	386,547
Provider Directory Website	www.ameritasgroup.com	www.ameritasgroup.com	https://lifemapco.com/individual/my-account/find-provider	https://lifemapco.com/individual/my-account/find-provider	www.dentalselect.com	www.dentalselect.com	www.deltadentalins.com	www.deltadentalins.com	www.deltadentalins.com
Administrative Fees	None	None	None	None	None	None	None	None	None
Voluntary / Employer Paid	Voluntary	Voluntary	Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid	Employer Paid
Participation Requirements	All Eligible	All Eligible	100%	100%	75%	75%	Minimum of 112	Minimum of 112	Minimum of 112
Rate Guarantee	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year	2 Years	2 Years	2 Years
Employee Navigator Compatibility	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Monthly Rates	QUOTE-3		QUOTE-4		QUOTE-5		QUOTE-6		
Plan Type	Fully Insured Plan 1		Fully Insured Option 1		Fully Insured R&C Classic		Fully Insured Program A		
Subs Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Premium Rate
30 Employee	30	\$25.76	30	\$26.01	30	\$25.04	30	\$26.98	\$26.98
25 Employee + 1	25	\$52.04	25	\$51.94	25	\$50.00	25	\$53.89	\$53.89
84 Family	84	\$94.92	84	\$87.62	84	\$84.35	84	\$90.90	\$90.90
139 TOTAL BY PLAN	139	\$10,047	139	\$9,439	139	\$9,087	139	\$9,792	\$9,792
COMBINED TOTAL	139	\$10,047	139	\$9,439	139	\$9,087	139	\$9,792	\$9,792
Percent of Increase		-0.81%		-6.82%		-10.29%		-3.33%	

San Juan County
Dental Comparison

	Level		The Standard		Principal		PEHP		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Dental Benefits									
Deductible	\$0/\$0	\$0/\$0	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$25/\$75	\$25/\$75	
Annual Maximum	\$1,000		\$1,000		\$1,000		\$1,000		
Preventive / Diagnostic	100%	100%	100%	100%	100%	100%	100%	80%	
Basic	100%	100%	80%	80%	80%	80%	70%	50%	
Major	100%	100%	50%	50%	50%	50%	50%	30%	
Oral Surgery	100%	100%	80%	80%	80%	80%	70%	50%	
Periodontics	100%	100%	80%	80%	80%	80%	70%	50%	
Endodontics	100%	100%	80%	80%	80%	80%	70%	50%	
Implants	100%	100%	50%	50%	50%	50%	50%	30%	
Orthodontics									
Deductible	N/A		N/A		N/A		None		
Lifetime Maximum	N/A		N/A		N/A		\$1,500		
Child (under 19)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%	
Adult	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	
Waiting Periods									
Preventive	None		None		None		None		
Basic	None		None		None		None		
Major	None		None		None		None		
Orthodontics	None		None		None		None		
UCR Percentile	Fee Schedule		90%		90%		90%		
Number of Utah Providers	4,395		4,789		5,658		2,532		
Number of National Providers	303,000		460,567		500,000+		None		
Provider Directory Website	www.level.com		www.standard.com		www.principal.com/dentist		https://www1.pehp.org/Pages/FindProvider.aspx		
Administrative Fees	None		None		None		\$5.00 PEPM		
Voluntary / Employer Paid	Employer Paid		Voluntary		Employer Paid		Employer Paid		
Participation Requirements	-		All Eligible		50%		80%		
Rate Guarantee	1 Year		2 Years		1 Year		1 Year		
Employee Navigator Compatibility	No		No		Yes		Yes		
	QUOTE-7		QUOTE-8		QUOTE-9		QUOTE-10		
Monthly Rates	Fully Insured		Fully Insured		Fully Insured		Fully Insured		
Plan Type	Level Basic		Plan 1		Fully Insured		Essential Dental Care		
Subs	Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate
30	Employee	30	\$32.26	30	\$24.64	30	\$27.42	30	\$44.84
25	Employee + Spouse	25	\$64.43	25	\$50.66	25	\$52.66	25	\$61.32
84	Family	84	\$108.69	84	\$90.98	84	\$94.34	84	\$92.78
139	TOTAL BY PLAN	139	\$11,709	139	\$9,648	139	\$10,064	139	\$10,672
	COMBINED TOTAL	139	\$11,709	139	\$9,648	139	\$10,064	139	\$10,672
Percent of Increase		15.59%		-4.75%		-0.65%		5.35%	

Benefits illustrated are for comparison purposes only. Please refer to carrier plan documents for further details. In case of discrepancy, carrier plan documents and rates will prevail.

Comparison of Benefits
Vision



San Juan County Vision Summary

Carrier	Option	Funding Type	Monthly Premium	Annual Premium
EMI Health	QUOTE-1	Fully Insured	\$2,217	\$26,609
Ameritas	QUOTE-2	Fully Insured	\$2,135	\$25,619
Dental Select	QUOTE-3	Fully Insured	\$2,044	\$24,529
Opticare	QUOTE-4	Fully Insured	\$1,662	\$19,946
Beam	QUOTE-5	Fully Insured	\$2,738	\$32,854
LifeMap	QUOTE-6	Fully Insured	\$2,358	\$28,296
VSP	QUOTE-7	Fully Insured	\$2,758	\$33,093
Level	QUOTE-8	Fully Insured	\$2,398	\$28,777
The Standard	QUOTE-9	Fully Insured	\$1,843	\$22,119
EyeMed	QUOTE-10	Fully Insured	\$2,185	\$26,225
Principal	QUOTE-11	Fully Insured	\$2,543	\$30,517
MetLife	QUOTE-12	Fully Insured	\$2,392	\$28,710
PEHP	QUOTE-13	Fully Insured	\$1,804	\$21,649

Benefits illustrated are for comparison purposes only. Please refer to carrier plan documents for further details. In case of discrepancy, carrier plan documents and rates will prevail.

San Juan County
Vision Comparison

	EMI Health		Ameritas		Dental Select		Opticare		
	EMI Health - VSP		Ameritas - EyeMed		Dental Select		Opticare		
Vision Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Select Network	Broad Network	Out-of-Network
Eye Examination	\$10 Copay	up to \$65	\$10 Copay	up to \$35	\$10 Copay	up to \$45	\$0 Copay	\$10 Copay	up to \$45
Standard Plastic Lenses									
Single Vision	\$10 Copay	up to \$30	\$10 Copay	up to \$25	\$10 Copay	up to \$40	\$0 Copay	\$10 Copay	up to \$85
Bifocal	\$10 Copay	up to \$50	\$10 Copay	up to \$40	\$10 Copay	up to \$60	\$0 Copay	\$10 Copay	up to \$85
Trifocal	\$10 Copay	up to \$65	\$10 Copay	up to \$55	\$10 Copay	up to \$80	\$0 Copay	\$10 Copay	up to \$85
Frames*	up to \$130	up to \$80	up to \$180	up to \$90	up to \$130 then 20% off	up to \$45	up to \$170	up to \$160	up to \$150
Contact Lenses*									
Conventional	up to \$130	up to \$115	up to \$180	up to \$144	up to \$150 then 15% off	up to \$150	up to \$170	up to \$160	up to \$125
Disposable	up to \$130	up to \$115	up to \$180	up to \$144	up to \$150	up to \$150	up to \$170	up to \$160	up to \$125
<small>*Either Frames -or- Contact Lenses</small>									
Frequency									
Exams	12 months		12 months		12 months		12 months		
Lenses	12 months		12 months		12 months		12 months		
Frames	12 months		12 months		12 months		12 months		
Contacts	12 months		12 months		12 months		12 months		
Voluntary / Employer Paid	Employer Paid		Voluntary		Voluntary		Employer Paid		
Participation Requirements	Greater of 5 or 75%		146 Employees		Minimum of 2		-		
Rate Guarantee	1 Year		2 Years		1 Year		2 Years		
Employee Navigator Compatibility	Yes		Yes		Yes		Yes		
	QUOTE-1		QUOTE-2		QUOTE-3		QUOTE-4		
Monthly Rates	Fully Insured		Fully Insured		Fully Insured		Fully Insured		
Plan Type	VSP Plus 10-130		ViewPointe Plan 1		Vision Plan 21		0-10-170C+		
Subs	Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate
0	Employee	29	\$6.70	29	\$6.44	29	\$6.79	29	\$5.47
0	Employee + 1	23	\$13.30	23	\$13.28	23	\$12.20	23	\$10.29
0	Family	81	\$21.20	81	\$20.28	81	\$19.34	81	\$15.64
0	TOTAL BY PLAN	133	\$2,217	133	\$2,135	133	\$2,044	133	\$1,662

Benefits illustrated are for comparison purposes only. Please refer to carrier plan documents for further details. In case of discrepancy, carrier plan documents and rates will prevail.

San Juan County
Vision Comparison

Vision Benefits	Beam		LifeMap		VSP		Level		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network		
Eye Examination	\$10 Copay	up to \$45	\$10 Copay	up to \$45	\$10 Copay	up to \$45	up to \$300 maximum benefit		
Standard Plastic Lenses									
Single Vision	\$10 Copay	up to \$30	\$25 Copay	up to \$30	\$25 Copay	up to \$30	up to \$300 maximum benefit		
Bifocal	\$10 Copay	up to \$50	\$25 Copay	up to \$50	\$25 Copay	up to \$50			
Trifocal	\$10 Copay	up to \$65	\$25 Copay	up to \$65	\$25 Copay	up to \$65			
Frames*	up to \$150 then 20% off	up to \$70	up to \$130	up to \$70	up to \$130	up to \$70	up to \$300 maximum benefit		
Contact Lenses*									
Conventional	up to \$150	up to \$105	up to \$130	up to \$105	up to \$130	up to \$105	up to \$300 maximum benefit		
Disposable	up to \$150	up to \$105	up to \$130	up to \$105	up to \$130	up to \$105			
<small>*Either Frames -or- Contact Lenses</small>									
Frequency									
Exams	12 months		12 months		12 months		12 months		
Lenses	12 months		12 months		12 months		12 months		
Frames	12 months		12 months		12 months		12 months		
Contacts	12 months		12 months		12 months		12 months		
Voluntary / Employer Paid Participation Requirements	Employer Paid		Employer Paid		Employer Paid		Employer Paid		
Rate Guarantee	-		75%		75%		-		
Employee Navigator Compatibility	2 Years		1 Year		2 Years		1 Year		
	Yes		--		Yes		--		
	QUOTE-5		QUOTE-6		QUOTE-7		QUOTE-8		
Monthly Rates	Fully Insured		Fully Insured		Fully Insured		Fully Insured		
Plan Type	VSP Choice Plan #2		VSP Choice		Option 2		Level Basic		
Subs	Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate
0	Employee	29	\$7.78	29	\$6.70	29	\$9.88	29	\$7.84
0	Employee + Spouse	23	\$15.55	23	\$13.39	23	\$15.81	23	\$15.67
0	Employee + Children	0	\$16.64	0	\$14.34	0	\$16.14	0	\$14.40
0	Family	81	\$26.60	81	\$22.91	81	\$26.02	81	\$22.35
0	TOTAL BY PLAN	133	\$2,738	133	\$2,358	133	\$2,758	133	\$2,398

Benefits illustrated are for comparison purposes only. Please refer to carrier plan documents for further details. In case of discrepancy, carrier plan documents and rates will prevail.

San Juan County
Vision Comparison

Vision Benefits	The Standard		EyeMed		Principal		MetLife		PEHP		
	The Standard - VSP		EyeMed		Principal		MetLife		PEHP		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Eye Examination	\$10 Copay	up to \$45	\$10 Copay	up to \$40	\$10 Copay	up to \$45	\$10 Copay	up to \$45	\$10 Copay	up to \$30	
Standard Plastic Lenses											
Single Vision	\$25 Copay	up to \$30	\$10 Copay	up to \$30	\$25 Copay	up to \$30	\$0 Copay	up to \$30	\$0 Copay	up to \$25	
Bifocal	\$25 Copay	up to \$50	\$10 Copay	up to \$50	\$25 Copay	up to \$50	\$0 Copay	up to \$50	\$0 Copay	up to \$40	
Trifocal	\$25 Copay	up to \$65	\$10 Copay	up to \$70	\$25 Copay	up to \$65	\$0 Copay	up to \$65	\$0 Copay	up to \$55	
Frames*	up to \$180	up to \$70	up to \$130 then 20% off	up to \$91	up to \$150 then 20% off	up to \$70	up to \$160	up to \$70	up to \$100 then 20% off	up to \$50	
Contact Lenses*											
Conventional	up to \$180	up to \$105	up to \$130 then 15% off	up to \$91	up to \$150	up to \$105	up to \$160	up to \$105	up to \$120 then 15% off	up to \$96	
Disposable	up to \$180	up to \$105	up to \$130	up to \$91	up to \$150	up to \$105	up to \$160	up to \$105	up to \$120	up to \$96	
<small>*Either Frames -or- Contact Lenses</small>											
Frequency											
Exams	12 months		12 months		12 months		24 months		12 months		
Lenses	12 months		12 months		12 months		24 months		12 months		
Frames	24 months		12 months		12 months		24 months		12 months		
Contacts	12 months		12 months		12 months		24 months		12 months		
Voluntary / Employer Paid Participation Requirements	Employer Paid		Employer Paid		Employer Paid		Employer Paid		Voluntary		
Rate Guarantee	Greater of 10 or 60%		-		50%		88%		-		
Employee Navigator Compatibility	2 Years		4 Years		1 Year		4 Years		1 Year		
	No		Yes		Yes		Yes		Yes		
	QUOTE-9		QUOTE-10		QUOTE-11		QUOTE-12		QUOTE-13		
Monthly Rates	Fully Insured		Fully Insured		Fully Insured		Fully Insured		Fully Insured		
Plan Type	Balanced Care		Option 0/0		0-10-170C+		Superior Vision Option 2		EM Plan H		
Subs	Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate	Subscribers	Premium Rate
0	Employee	29	\$6.40	29	\$7.03	29	\$7.04	29	\$6.58	29	\$7.24
0	Employee + Spouse	23	\$12.45	23	\$13.36	23	\$14.74	23	\$13.14	23	\$11.80
0	Employee + Children	0	\$10.88	0	\$14.06	0	\$15.32	0	\$15.25	0	\$16.33
0	Family	81	\$16.93	81	\$20.67	81	\$24.69	81	\$23.45	81	\$16.33
0	TOTAL BY PLAN	133	\$1,843	133	\$2,185	133	\$2,543	133	\$2,392	133	\$1,804



A Leavitt Group Company

San Juan County

Comparison of Benefits

Life and Disability



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San Juan County Carriers that Declined to Quote



San Juan County Comparison of Rates -- Life and LTD

Plan	Lincoln	Equitable		Guardian		MetLife		Renaissance		Unum		Voya	
	Premium	Premium	% of Increase	Premium	% of Increase	Premium	% of Increase	Premium	% of Increase	Premium	% of Increase	Premium	% of Increase
Life	CURRENT												
Monthly	\$2,262.62	\$1,832.61	-19.00%	\$2,262.62	0.00%	\$1,878.53	-16.98%	\$2,106.97	-6.88%	\$2,528.15	11.74%	\$2,262.62	0.00%
Annual	\$27,151.44	\$21,991.34		\$27,151.44		\$22,542.41		\$25,283.64		\$30,337.75		\$27,151.44	
LTD													
Monthly	\$2,738.45	\$2,396.14	-12.50%	\$4,735.23	72.92%	\$3,919.40	43.13%	\$2,966.65	8.33%	\$6,560.87	139.58%	\$3,314.66	21.04%
Annual	\$32,861.38	\$28,753.70		\$56,822.80		\$47,032.84		\$35,599.82		\$78,730.38		\$39,775.96	
Annual Total	\$60,012.82	\$50,745.05	-15.44%	\$83,974.24	39.93%	\$69,575.25	15.93%	\$60,883.46	1.45%	\$109,068.13	81.74%	\$66,927.40	11.52%
Increase from Current		-\$9,267.77		\$23,961.42		\$9,562.44		\$870.65		\$49,055.32		\$6,914.58	

GBS Benefits, Inc.
This spreadsheet was designed for illustration and comparison purposes only, please refer to original plan documents for specific plan details. All rates are subject to insurance carrier approval.




San Juan County

Comparison of Rates -- Life and LTD (with the 60% Gross Up)

Plan	Lincoln		Equitable		Renaissance		
	Premium	Premium	% of Increase	Premium	% of Increase	Premium	% of Increase
Life	CURRENT	Updated					
Monthly	\$2,262.62	\$2,262.62	0.00%	\$1,832.61	-19.00%	\$2,106.97	-6.88%
Annual	\$27,151.44	\$27,151.44		\$21,991.34		\$25,283.64	
LTD		60% Gross Up LTD					
Monthly	\$2,738.45	\$2,230.95	-18.53%	\$1,864.84	-31.90%	\$3,289.22	20.11%
Annual	\$32,861.38	\$26,771.38		\$22,378.13		\$39,470.62	
Annual Total	\$60,012.82	\$53,922.82	-10.15%	\$44,369.47	-26.07%	\$64,754.26	7.90%
Increase from Current		-\$6,090.00		-\$15,643.35		\$4,741.45	

GBS Benefits, Inc.

This spreadsheet was designed for illustration and comparison purposes only, please refer to original plan documents for specific plan details. All rates are subject to insurance carrier approval.

<h2 style="text-align: center;">San Juan County</h2> <h3 style="text-align: center;">Pros and Cons -- Executive Summary</h3>			
			
Pricing Savings from Current (Employer-Paid)	\$0	-\$9,268	\$871
Rate Guarantee	1 Year	2 Years	2 Years
Contract Scale of 1-5 with 5 being Best	4.5	3	3
Line of Duty LTD Benefit	Included	Not Available	Not Available
Vol Life Open Enrollment (one time)	2X Increments to the plan max	Included	Not Available
Vol Life Guaranteed Issue Amount	\$150,000	\$150,000	\$150,000
Vol STD Annual Open Enrollment	Included	Not Included	Not Included
Vol STD Pre-Existing Condition Limitation	3/12	6/12	3/12
Service Scale of 1-5 with 5 being Best	4.0	3.25	2.0 (new)
GBS-Dedicated Account Management Teams	Included	Not Included	Not Included
Online File Exchange with Employee Navigator	GBS-Approved	GBS-Approved	Must Self-Bill
Disruption	No	Yes	Yes

Comparison of Benefits
Life, AD&D, and Dependent Life



San Juan County

Basic Life, AD&D and Dependent Life Comparison

		Lincoln	Equitable	Guardian	MetLife	Renaissance	Unum	Voya
		CURRENT						
Eligibility	All Full-Time	X	X	X	X	X	X	X
	All Full-Time Who Elect Management							
	Number of Eligible Employees	146	146	146	146	146	146	146
	Eligible Employees with Family Status	114	114	114	114	114	114	114
	Covered Payroll	\$7,300,000	\$7,300,000	\$7,300,000	\$7,300,000	\$7,300,000	\$7,300,000	\$7,300,000
	Rate Guarantee	Until 1/1/2024	2 Years	2 Years	2 Years	2 Years	3 Years	3 Years
Benefit								
	Life Insurance	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
	AD&D Insurance	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
	Conversion	Included	Included	Included	Included	Included	Included	Included
	Portability	Not Included	Not Included	Included, w/ EOI	Included	Included	Included	Included
Dependent Life		To Age 23 (FTS)	To Age 26	To Age 26	To Age 26 (FTS)	To Age 26	To Age 26 (FTS)	To Age 26
	Spouse	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Child (live birth - 14 days)	\$0	\$5,000	\$1,000	\$0	\$500	\$1,000	\$5,000
	Child (14 days - 6 months)	\$5,000	\$5,000	\$5,000	\$100	\$500	\$1,000	\$5,000
	Child (6 months - 19 years)	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Monthly Rates		CURRENT						
	Basic Life (per \$1,000)	\$0.237	\$0.180	\$0.237	\$0.190	\$0.227	\$0.247	\$0.237
	AD&D (per \$1,000)	\$0.035	\$0.035	\$0.035	\$0.020	\$0.035	\$0.030	\$0.035
	Dependent Life	\$2.430	\$2.308	\$2.430	\$3.031	\$1.705	\$4.439	\$2.430
MONTHLY TOTAL		\$2,262.62	\$1,832.61	\$2,262.62	\$1,878.53	\$2,106.97	\$2,528.15	\$2,262.62
ANNUAL TOTAL		\$27,151.44	\$21,991.34	\$27,151.44	\$22,542.41	\$25,283.64	\$30,337.75	\$27,151.44
Percent of Increase			-19.0%	0.0%	-17.0%	-6.9%	11.7%	0.0%

Benefits illustrated in summary for comparison purposes only. Please refer to the carrier plan document for further plan details.

San Juan County
Supplemental Life

	Lincoln	Lincoln	Equitable	Guardian	MetLife	Renaissance	Unum	Voya
	CURRENT	w/ AD&D						
Employee Benefit	5X Salary	5X Salary	5X Salary		5X Salary	5X Salary	5X Salary	5X Salary
Increments	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Minimum Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Maximum Benefit	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
Spouse Benefit	50% of EE	50% of EE	50% of EE	50% of EE	50% of EE	50% of EE	100% of EE	50% of EE
Increments	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Minimum Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Maximum Benefit	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$500,000	\$250,000
Child Benefit	To Age 25 (FTS)	To Age 25 (FTS)	To Age 26	To Age 26	To Age 26 (FTS)	To Age 26	To Age 26 (FTS)	To Age 26
Increments	\$10,000	\$10,000	\$1,000	\$10,000	Varies	\$10,000	\$2,000	\$10,000
Maximum (live birth - 14 days)	\$0	\$0	\$10,000	\$250	\$0	\$500	\$1,000	\$10,000
Maximum (14 days - 6 months)	\$250	\$250	\$10,000	\$10,000	\$1,000	\$500	\$1,000	\$10,000
Maximum (6 months - 19 years)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Guaranteed Issue				Age < 65				
Employee	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000
Spouse	\$30,000	\$30,000	\$30,000	\$50,000	\$30,000	\$30,000	\$25,000	\$30,000
Additional Benefits								
Waiver of Premium	Included, 6 Mo	Included, 6 Mo	Included, 9 Mo	Included, 9 Mo	Included, 9 Mo	Included, 6 Mo	Included, 9 Mo	Included, 6 Mo
Conversion	Included	Included	Included	Included	Included	Included	Included	Included
Portability	Included	Included	Included	Included	Included	Included	Included	Included
Open Enrollment	Employees and spouses can enroll in, or increase, coverage by up to 2x increments w/o EOI up to the plan max.	Employees and spouses can enroll in, or increase, coverage by up to 2x increments w/o EOI up to the plan max.	Initial Open Enrollment is available. Enrolled employees can increase coverage by up to 2x increments w/o EOI, not to exceed the GI.	Initial Open Enrollment is available.	Initial Open Enrollment is not available. Enrolled employees can increase coverage by up to 1x increment w/o EOI, not to exceed the GI.	Initial Open Enrollment is not available.	Initial Open Enrollment is available.	Initial Open Enrollment up to the GI is available.
Participation Required	CURRENT - 52 EEs	CURRENT - 52 EEs	36%	36%	37%	20%	20%	20%
Rate Guarantee	Until 1/1/2024	Until 1/1/2024	2 Years	2 Years	2 Years	2 Years	3 Years	3 Years
Rates Per \$1,000	CURRENT		CURRENT		CURRENT		CURRENT	
	EE	Spouse	EE	Spouse	EE	Spouse	EE	Spouse
<25	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070
25-29	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070
30-34	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070
35-39	\$0.100	\$0.100	\$0.100	\$0.100	\$0.100	\$0.100	\$0.100	\$0.100
40-44	\$0.160	\$0.160	\$0.160	\$0.160	\$0.160	\$0.160	\$0.160	\$0.160
45-49	\$0.260	\$0.260	\$0.260	\$0.260	\$0.260	\$0.260	\$0.260	\$0.260
50-54	\$0.490	\$0.490	\$0.490	\$0.490	\$0.490	\$0.490	\$0.490	\$0.490
55-59	\$0.770	\$0.770	\$0.770	\$0.770	\$0.770	\$0.770	\$0.770	\$0.770
60-64	\$0.880	\$0.880	\$0.880	\$0.880	\$0.880	\$0.880	\$0.880	\$0.880
65-69	\$1.600	\$1.600	\$1.600	\$1.600	\$1.600	\$1.600	\$1.600	\$1.600
70-74	\$3.160	n/a	\$3.160	n/a	\$3.160	\$3.160	\$3.160	n/a
75-79	\$8.700	n/a	\$8.700	n/a	\$8.700	\$8.700	\$8.700	n/a
Dependent Rates	\$0.20 per \$1,000 (FAM)		\$0.20 per \$1,000 (FAM)		\$0.20 per \$1,000 (FAM)		\$0.20 per \$1,000 (FAM)	
AD&D Rates Per \$1,000								
Employee	Available	\$0.049	\$0.035	\$0.030	\$0.021	\$0.030	\$0.030	Available
Spouse	Available	\$0.049	\$0.035	\$0.030	\$0.021	\$0.030	\$0.030	Available
Child	Available	\$0.049	\$0.035	\$0.030	\$0.021	Available	\$0.080	Available

Red Font indicates where rates straddle Table I (IRC Section 79 -- Imputed Income)

Comparison of Benefits
Disability



San Juan County
Long Term Disability -- Current Plan Match

		Lincoln	Equitable	Guardian	MetLife	Renaissance	Unum	Voya
		CURRENT						
Eligibility	All Full-Time Excluding Safety Employees	Class 1	Class 1	Class 1	Class 1	Class 1	Class 1	Class 1
	All Full-Time Safety Employees	Class 2	Class 2	Class 2	Class 2	Class 2	Class 2	Class 2
	Management							
Number of Eligible Employees		146	146	146	146	146	146	146
Monthly Covered Payroll		\$570,510	\$570,510	\$570,510	\$570,510	\$570,510	\$570,510	\$570,510
Benefit								
Elimination Period		90 Days	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days
Benefit Percentage		66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
Maximum Monthly Benefit		\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
Tax Free Benefit		No	No	No	No	No	No	No
COLA Benefit		Lesser of 2%, or 1/2 of CPI	2%, Unlimited Adjustments	1/2 CPI, or 6%, 48 Mo Delay	1%, or 1/2 of CPI	2%	3%, after 1 Year	2%
Line of Duty		Class 2 -- Yes	No	No	No	No	No	No
Duration of Benefit		SSNRA	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Definition of Disability		24 Mo Own Occ	24 Mo Own Occ	24 Mo Own Occ	Class 1 -- 24 Mo Own Occ Class 2 -- Any Occ	24 Mo Reg Occ	24 Mo Own Occ	24 Mo Own Occ
Employer Contribution		100%	100%	100%	100%	100%	100%	100%
Participation Required		100%	100%	100%	100%	100%	100%	100%
Rate Guarantee		Until 1/1/2024	2 Years	2 Years	2 Years	2 Years	2 Years	3 Years
Rates		CURRENT						
Per \$100 of Covered Payroll		\$0.48	\$0.42	\$0.830	\$0.687	\$0.52	\$1.15	\$0.581
MONTHLY TOTAL		\$2,738.45	\$2,396.14	\$4,735.23	\$3,919.40	\$2,966.65	\$6,560.87	\$3,314.66
ANNUAL TOTAL		\$32,861.38	\$28,753.70	\$56,822.80	\$47,032.84	\$35,599.82	\$78,730.38	\$39,775.96
Percent of Increase			-12.5%	72.9%	43.1%	8.3%	139.6%	21.0%

Benefits illustrated in summary for comparison purposes only. Please refer to the carrier plan document for further plan details.

San Juan County
Long Term Disability -- \$8,000 Max Benefit Amount

		Lincoln	Lincoln	Equitable	Guardian	Renaissance	Unum
		CURRENT	Higher Max Monthly				
Eligibility	All Full-Time Excluding Safety Employees	Class 1	Class 1	Class 1	Class 1	Class 1	Class 1
	All Full-Time Safety Employees	Class 2	Class 2	Class 2	Class 2	Class 2	Class 2
	Management						
Number of Eligible Employees		146	146	146	146	146	146
Monthly Covered Payroll		\$570,510	\$572,038	\$572,038	\$572,038	\$572,038	\$572,038
Benefit							
Elimination Period		90 Days	90 Days	90 Days	90 Days	90 Days	90 Days
Benefit Percentage		66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
Maximum Monthly Benefit		\$6,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Tax Free Benefit		No	No	No	No	No	No
COLA Benefit		Lesser of 2%, or 1/2 of CPI	Lesser of 2%, or 1/2 of CPI	2%, Unlimited Adjustments	1/2 CPI, or 6%, 48 Mo Delay	2%, Unlimited Adjustments	3%, after 1 Year
Line of Duty		Class 2 -- Yes	Class 2 -- Yes	No	No	No	No
Duration of Benefit		SSNRA	SSNRA	SSNRA	SSNRA	SSNRA	SSNRA
Definition of Disability		24 Mo Own Occ	24 Mo Own Occ	24 Mo Own Occ	24 Mo Own Occ	24 Mo Reg Occ	24 Mo Own Occ
Employer Contribution		100%	100%	100%	100%	100%	100%
Participation Required		100%	100%	100%	100%	100%	100%
Rate Guarantee		Until 1/1/2024	Until 1/1/2024	2 Years	2 Years	2 Years	2 Years
Rates		CURRENT					
Per \$100 of Covered Payroll		\$0.48	\$0.50	\$0.42	\$0.820	\$0.542	\$1.15
MONTHLY TOTAL		\$2,738.45	\$2,860.19	\$2,402.56	\$4,690.71	\$3,100.45	\$6,578.44
ANNUAL TOTAL		\$32,861.38	\$34,322.28	\$28,830.72	\$56,288.54	\$37,205.35	\$78,941.24
Percent of Increase			4.4%	-12.3%	71.3%	13.2%	140.2%

San Juan County

Long Term Disability -- 60%, \$7,000 Max Benefit Amount, Gross-Up

		Lincoln	Lincoln	Equitable	Renaissance
		CURRENT	RENEWAL		
Eligibility	All Full-Time Excluding Safety Employees	Class 1	Class 1	Class 1	Class 1
	All Full-Time Safety Employees	Class 2	Class 2	Class 2	Class 2
	Management				
Number of Eligible Employees		146	146	146	146
Monthly Covered Payroll		\$570,510	\$572,038	\$572,038	\$572,038
Benefit					
Elimination Period		90 Days	90 Days	90 Days	90 Days
Benefit Percentage		66.67%	60%	60%	60%
Maximum Monthly Benefit		\$6,000	\$7,000	\$7,000	\$7,000
Tax Free Benefit		No	Yes	Yes	Yes
COLA Benefit		Lesser of 2%, or 1/2 of CPI	Lesser of 2%, or 1/2 of CPI	2%, Unlimited Adjustments	2%, Unlimited Adjustments
Line of Duty		Class 2 -- Yes	Class 2 -- Yes	No	No
Duration of Benefit		SSNRA	SSNRA	SSNRA	SSNRA
Definition of Disability		24 Mo Own Occ	24 Mo Own Occ	24 Mo Own Occ	24 Mo Reg Occ
Employer Contribution		100%	100%	100%	100%
Participation Required		100%	100%	100%	100%
Rate Guarantee		Until 1/1/2024	Until 1/1/2024	2 Years	2 Years
Rates		CURRENT			
Per \$100 of Covered Payroll		\$0.48	\$0.39	\$0.326	\$0.575
MONTHLY TOTAL		\$2,738.45	\$2,230.95	\$1,864.84	\$3,289.22
ANNUAL TOTAL		\$32,861.38	\$26,771.38	\$22,378.13	\$39,470.62
Percent of Increase			-18.5%	-31.9%	20.1%

San Juan County

66.67% Taxable Plan v. 60% Tax Free Plan

Annual Salary	66.67% to \$6,000 Max Monthly Benefit	20% Tax Bracket	Final 66.67% Monthly Benefit (after taxes)	60% to \$7,000 Max Monthly Benefit Tax Free
\$140,000	\$6,000	\$1,200	\$4,800	\$7,000
\$130,000	\$6,000	\$1,200	\$4,800	\$6,500
\$120,000	\$6,000	\$1,200	\$4,800	\$6,000
\$110,000	\$6,000	\$1,200	\$4,800	\$5,500
\$100,000	\$5,556	\$1,111	\$4,444	\$5,000
\$90,000	\$5,000	\$1,000	\$4,000	\$4,500
\$80,000	\$4,444	\$889	\$3,556	\$4,000
\$70,000	\$3,889	\$778	\$3,111	\$3,500
\$60,000	\$3,333	\$667	\$2,667	\$3,000
\$50,000	\$2,778	\$556	\$2,222	\$2,500
\$40,000	\$2,222	\$444	\$1,778	\$2,000
\$30,000	\$1,667	\$333	\$1,333	\$1,500
\$20,000	\$1,111	\$222	\$889	\$1,000
\$10,000	\$556	\$111	\$444	\$500

*Estimate Only, please consult your tax professional for all tax issues.

San Juan County Voluntary Short Term Disability

		Lincoln	Equitable	Guardian	Renaissance	Unum
Eligibility	All Full-Time					
	All Full-Time Who Elect Management	X	X	X	X	X
	Number of Eligible Employees	146	146	146	146	146
Benefit						
Elimination Period						
	Injury	14 Days	14 Days	14 Days	14 Days	14 Days
	Illness	14 Days	14 Days	14 Days	14 Days	14 Days
	Benefit Percentage	60%	60%	60%	60%	60%
Weekly Benefit						
	Minimum					
	Maximum	\$2,000	\$2,000	\$1,500	\$2,000	\$2,000
	Tax Free Benefit	Yes	Yes	Yes	Yes	Yes
	Duration of Benefits	11 Weeks	11 Weeks	11 Weeks	11 Weeks	11 Weeks
	Definition of Disability	Own Job	Own Job	Own Job	Own Job	Own Job
	Pre-Existing Condition	3/12	6/12	3/12	3/12	3/12
	Annual Open Enrollment	Yes	No	No	No	No
	Employer Contribution	0%	0%	0%	0%	0%
	Participation Required	15%	20%	25%	25%	20%
	Rate Guarantee	2 Years	2 Years	2 Years	2 Years	2 Years
Voluntary Short Term Disability Rates (per \$10 of weekly Benefit)						
	<25	\$0.496	\$0.241	\$0.290	\$0.376	\$0.295
	25-29	\$0.496	\$0.255	\$0.360	\$0.421	\$0.551
	30-34	\$0.496	\$0.287	\$0.480	\$0.429	\$0.726
	35-39	\$0.496	\$0.258	\$0.410	\$0.365	\$0.594
	40-44	\$0.517	\$0.254	\$0.290	\$0.364	\$0.497
	45-49	\$0.532	\$0.294	\$0.330	\$0.434	\$0.561
	50-54	\$0.541	\$0.374	\$0.430	\$0.589	\$0.709
	55-59	\$0.554	\$0.482	\$0.530	\$0.696	\$0.995
	60-64	\$0.600	\$0.584	\$0.740	\$0.774	\$1.260
	65-69	\$0.621	\$0.636	\$0.740	\$0.962	\$1.527
	70-74	\$0.647	\$0.636	\$0.740	\$1.263	\$1.527
	75+	\$0.647	\$0.636	\$0.740	\$1.263	\$1.527

San Juan County
Short Term Disability

		Lincoln	Equitable	Guardian	MetLife	Renaissance	Unum
Eligibility	All Full-Time	X	X	X	X	X	X
	All Full-Time Who Elect Management						
	Number of Eligible Employees	146	146	146	146	146	146
Covered Weekly Benefit		\$77,966	\$77,966	\$77,167	\$77,966	\$77,966	\$77,966
Benefit							
Elimination Period							
	Injury	14 Days	14 Days	14 Days	14 Days	14 Days	14 Days
	Illness	14 Days	14 Days	14 Days	14 Days	14 Days	14 Days
Benefit Percentage		60%	60%	60%	60%	60%	60%
Weekly Benefit							
	Minimum						
	Maximum	\$2,000	\$2,000	\$1,500	\$2,000	\$2,000	\$2,000
Tax Free Benefit		No	No	No	No	No	No
Duration of Benefits		11 Weeks	11 Weeks	11 Weeks	11 Weeks	11 Weeks	11 Weeks
Definition of Disability		Own Job	Own Job	Own Job	Own Job	Own Job	Own Job
Employer Contribution		100%	100%	100%	100%	100%	100%
Participation Required		100%	100%	100%	100%	100%	100%
Rate Guarantee		2 Years	2 Years	2 Years	1 Year	2 Years	2 Years
Rates							
per \$10 of Weekly Benefit		\$0.304	\$0.209	\$0.27	\$0.303	\$0.291	\$0.345
MONTHLY TOTAL		\$2,370.17	\$1,629.49	\$2,083.51	\$2,362.37	\$2,268.81	\$2,689.83
ANNUAL TOTAL		\$28,442.00	\$19,553.87	\$25,002.11	\$28,348.44	\$27,225.73	\$32,277.92

Comparison of Benefits
Flexible Spending Account



San Juan County Flexible Spending Account Comparison

	NBS	
	CURRENT	RENEWAL
Monthly Participant Fee	\$3.05 PEPM (\$50 Minimum)	\$3.20 PEPM (\$50 Minimum)
Card Option	\$18/Yr/Participant	Included
First Year Plan Set-up Charge	Included	Included
New Plan Document	Waived (Form 5500; \$200 if required)	Waived (Form 5500; \$200 if required)
Monthly Billing Charge	Included	Included
Annual Renewal Fee	Waived	Waived



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San Juan County

Comparison of Benefits



Comparison of Benefits
Supplemental Benefits



San Juan County Accident Plan Renewal

Item 1.

Carrier	Allstate Benefits	
	LOW Plan	HIGH Plan
Current Enrollment	73	
Reimbursement Method	Indemnity benefits that pay according to a schedule of benefits	
Coverage Type	Off-Job	
Emergency Medical Expenses	\$200 ER /\$100 other	\$300 ER /\$150 other
Ambulance	\$200 Ground/ \$600 Air	\$300 Ground / \$900 Air
Hospital Confinement	\$1,000 initial confinement \$200/day up to 365 days \$400/day ICU up to 180 Days	\$1,500 initial confinement \$300/day up to 365 days \$600/day ICU up to 180 Days
Dislocations	Up to \$4,000	Up to \$6,000
Fractures		
AD&D	Up to \$40,000	Up to \$60,000
Wellness Benefit <i>(Outpatient Physician's Benefit Rider)</i>	\$50 twice per person, 4 total per family per calendar year. Payable for any preventive visits or seeing a doctor due to an accident or illness.	\$75 twice per person, 4 total per family per calendar year. Payable for any preventive visits or seeing a doctor due to an accident or illness.
Portability	Portable for life regardless of length of coverage	
Monthly	Current/Renewal	
Employee	\$7.60	\$11.40
Employee + Spouse	\$17.36	\$26.03
Employee + Children	\$26.94	\$40.39
Family	\$36.82	\$55.19

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**San Juan County
Critical Illness Plan Renewal**

Item 1.

Carrier	Allstate Benefits	
Current Enrollment	28	
How Do Benefits Pay:	Benefits available once per covered condition	
Increments	\$10,000 or \$20,000	
Guaranteed Issue	Yes	
Premiums	Premiums based on Issue Age	
Covered Conditions	<p align="center">Covered 100% Heart Attack Stroke Invasive Cancer Major Organ Transplant End Stage Renal Failure</p> <p align="center">Covered 25% Carcinoma in Situ Coronary Artery By-Pass Surgery</p>	
Re-occurrence Benefit	100% eligible benefit available for different condition available after 90 days; or same condition after 12 months	
Spouse Coverage	50% of Employee's elected amount	
Dependent Coverage	50% of Employee's elected amount; no additional charge	
Wellness Benefit	\$50/yr. for each covered person; no waiting period	
Waiting Period	No waiting period for any plan benefits	
Pre-existing Conditions	6/6	
Portability	Portable to age 70 regardless of length of coverage and master contract	
Monthly <i>non-tobacco</i>	Employee \$10,000	Family Rate Spouse-\$5,000
Current/Renewal		
<25	\$7.95	\$12.05
25-29	\$7.95	\$12.05
30-35	\$7.95	\$12.05
36-40	\$18.15	\$27.35
41-45	\$18.15	\$27.35
46-50	\$18.15	\$27.35
51-55	\$37.85	\$56.90
56-60	\$37.85	\$56.90
61-63	\$59.05	\$88.70
64+	\$87.65	\$131.60
Dependent Coverage	Included in Employee's Rate	

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San Juan County Hospital Indemnity Plan Renewal

Item 1.

Carrier	Allstate Benefits	
	LOW Plan	HIGH Plan
Current Enrollment	27	
Hospital Admission (per admission)	\$700	\$1,200
Hospital Confinement (per day)	\$100/day up to 10 days per confinement	\$200/day up to 10 days per confinement
Intensive Care (per day)	\$100/day up to 10 days per confinement	\$200/day up to 10 days per confinement
Maternity	Covered same as any other sickness after 10-month waiting period	
Pre-existing Conditions	12/12	
Underwriting	Guaranteed issue	
Portability	Yes - regardless of status of group contract for up to 36 months	
Benefit Reduction	N/A	
Monthly	Current/Renewal	
Employee	\$15.99	\$28.60
Employee + Spouse	\$43.16	\$76.18
Employee + Children	\$27.69	\$49.53
Family	\$46.67	\$82.55

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This spreadsheet was designed for illustration and comparison purposes only, please refer to original plan documents for specific plan details. All rates are subject to insurance carrier approval.

Comparison of Benefits
Voluntary Benefits



**San Juan County
Identity Theft Protection Proposal**

	Allstate ID Protection	LifeLock
	Pro Plus	Essentials
Participation Requirements	N/A	N/A
Identity Monitoring		
Proactive Identity Monitoring	Included	Included
Public Records	Included	Included
Pay Day Loans/ Credit Applications	Included	Included
High Risk Transaction Alerts	Included	Included
Mortgage/Auto Loans/ Bank Accounts	Included	Included
Credit Disputes	Included Employees can dispute matters in online portal	Included
Social Media Monitoring: Facebook/ Twitter/ Instagram LinkedIn / YouTube	Included Reports on inappropriate content/ Cyber Bullying/ References to Drugs	Parental Control and online account monitoring.
Credit Monitoring		
Tri-Bureau Credit Monitoring	Included	Single Bureau (Equifax)
Multibureau Credit Lock	Included	N/A. LifeLock allows freeze on credit and accounts.
Online Annual Credit Reports	Included with unlimited monthly credit scores	N/A
Fraud Alerts or Freeze on Credit	Available	Available
Restoration Services		
Lost Wallet Protection	Included	Included. Will also replace what was taken (i.e. purse, cash etc.)
Online Identity Restoration	Included	Included
Accepts Pre-Existing	Yes - up to 7 years prior history	Yes
Tax Fraud Refund Advance	Included	N/A
401(k)/H.S.A. Reimbursement	Included *payable only if accounts were being monitored	Included *payable even if accounts weren't being monitored
Differentiators		
Carrier Differentiators	<p>Allstate ID Protection immediately begins monitoring employee's basic information upon receiving enrollment information (proactively monitors 3 years back)</p> <p>Unique definition of dependent coverage "Under Roof or under wallet" allows employees to cover anyone they are financially supporting whether they live with employee or not.</p> <p>\$1,000,000 aggregate limit per family per 12 months</p>	<p>Proprietary alert capabilities through our wholly owned subsidiary; ID Analytics. LifeLock and Norton are part of Symantec Corporation, the world's largest cybersecurity company.</p> <p>LifeLock with Norton Benefit Plans are the only cyber safety plans that encompass; Identity Theft Protection, Norton Device Security and Online Personal Privacy. Brand Recognition. LifeLock is still the #1 most recognized brand in identity theft protection. Lifelock member service team is comprised of over 2,400 service and support agents.</p> <p>\$1 Million Dollar Protection Package (per person per year): Three buckets of \$1M each for: Stolen Funds Reimbursement, Personal Expense Compensation and Lawyers/Experts</p> <p>Only identity theft protection company providing Home Title Alerts and Authentication Alerts.</p>
Definition of Dependents (No limit on number of covered dependents covered under employee)	<p>Dependent children- no restrictions based on age, living or school status</p> <p>Anyone living with or being financially supported by policyholder</p>	<p>Unlimited number of dependents. Definition is listed as anyone financially dependent on the primary member regardless of age.</p>
Monthly Rates		
Individual	\$9.95	\$7.99
Family	\$17.95	\$15.98



COMMISSION STAFF REPORT

MEETING DATE: October 18, 2022

ITEM TITLE, PRESENTER: Discussion regarding use of Opioid Settlement Funds for San Juan County

RECOMMENDATION: N/A

SUMMARY

San Juan County is poised to receive \$16,260.84 in the first payment of \$339,153.92 that spans until 2038 in payments. As the Sheriff, County Attorney and San Juan Counseling discussed possible expenditures for these funds, it was prioritized to spend this year's allocation on the following three efforts:

1. Medication Assisted Treatment in jails
2. Narcan (naloxone) for law enforcement agencies
3. Aftercare/contingency management services for drug court.

An Overview of Counties' Opioid Litigation Settlement Funds

What can funds be used on?

Priorities for the funds as determined in the MOU that all participating counties signed are:

- Naloxone or other FDA-approved drug to reverse opioid overdoses
- Medication-Assisted Treatment (MAT) distribution and other opioid-related treatment
- Expanding opioid-related treatment for pregnant & post-partum women
- Expanding treatment for Neonatal Abstinence Syndrome (NAS)
- Expansion of warm hand-off programs and recovery services
- Treatment for incarcerated population
- Prevention programs
- Expanding syringe service programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

Details and examples can be found within Schedule A and Schedule B of the MOU.

What are the reporting requirements?

Counties must:

- File a plan on how they will use the money for the upcoming year with the administrator before June 1 of each year.
- File a report on how they used the money for the previous year with the administrator before July 1 of each year.
- Maintain at least five years of records on the expenditures of settlement funds.
- Publish a report on their website detailing how money was spent at least yearly.

When do we get the money?

- Payments started going out to state and local governments across the country in May of 2022.
- Once payment information is established, the administrator will send them to you by July 1 of each year.
- If you have not received your payments, contact the administrator at DirectingAdministrator@NationalOpioidOfficialSettlement.com or (888) 441-2010.

FAQs

- **Who is the administrator?**
BrownGreer PLC was selected by the Enforcement Committee and other parties to administer the settlement money and track the usage.
- **Does the State have access to any of the county money?**
No. Money is sent directly to counties and counties get to decide what to do with it.
- **Does the State have any oversight over the county money?**
Only in that if they suspect a county of misusing funds, they can request documents and report the county to the administrator. Counties can also do this to the State or other counties.
- **Can funds be carried over in the next year?**
There is no requirement that all funds have to be used each year, but reports still have to be filed.

More resources can be found on the UAC Website at www.uacnet.org/opioidsettlementresources.

Utah Janssen & Distributors Opioid Settlement Payments by County



	Payment 1 July 2022	Payment 2 July 2022	Payment 3 July 2023	Payment 4 July 2024	Payment 5 July 2025	Payment 6 July 2026	Payment 7 July 2027	Payment 8 July 2028	Payment 9 July 2029	Payment 10 July 2030	Payment 11 July 2031	Payment 12 July 2032	Payment 13 July 2033	Payment 14 July 2034	Payment 15 July 2035	Payment 16 July 2036	Payment 17 July 2037	Payment 18 July 2038	TOTAL
Distributors Total for Utah & Subdivisions	\$ 9,423,720.73	\$ 9,903,871.07	\$ 9,864,192.25	\$ 12,356,418.77	\$ 12,356,418.77	\$ 12,356,418.77	\$ 12,356,418.77	\$ 14,579,304.28	\$ 14,579,304.28	\$ 14,579,304.28	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 220,398,384.85
Janssen Total for Utah & Subdivisions	\$ 3,608,986.35	\$ 7,864,149.92	\$ 6,711,112.58	\$ 10,051,689.55	\$ 10,712,225.60	\$ 1,911,867.39	\$ 1,911,867.39	\$ 1,911,867.39	\$ 2,434,141.60	\$ 2,434,141.60	\$ 2,434,141.60								\$ 51,986,190.93
Combined Totals	\$ 13,032,707.07	\$ 17,768,020.99	\$ 16,575,304.83	\$ 22,408,108.32	\$ 23,068,644.37	\$ 14,268,286.16	\$ 14,268,286.16	\$ 16,491,171.64	\$ 17,013,445.88	\$ 17,013,445.88	\$ 14,689,518.21	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 12,255,376.61	\$ 272,384,575.78

State & County Shares (50-50 split)	\$ 6,516,353.54	\$ 8,884,010.50	\$ 8,287,652.42	\$ 11,204,054.16	\$ 11,534,322.19	\$ 7,134,143.08	\$ 7,134,143.08	\$ 8,245,585.82	\$ 8,506,722.94	\$ 8,506,722.94	\$ 7,344,759.10	\$ 6,127,688.31	\$ 6,127,688.31	\$ 6,127,688.31	\$ 6,127,688.31	\$ 6,127,688.31	\$ 6,127,688.31	\$ 6,127,688.31	\$ 136,192,287.89
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County Payments	Allocation % Payment 1	Allocation % Payments 2-18																			
Beaver	0.2289%	0.2289%	\$ 14,899.45	\$ 20,255.54	\$ 18,895.85	\$ 25,545.24	\$ 26,298.25	\$ 16,265.85	\$ 16,265.85	\$ 18,799.94	\$ 19,395.33	\$ 19,395.33	\$ 16,746.05	\$ 13,971.43	\$ 13,971.43	\$ 13,971.43	\$ 13,971.43	\$ 13,971.43	\$ 13,971.43	\$ 310,550.58	
Box Elder	1.4672%	1.4640%	\$ 95,605.92	\$ 130,061.91	\$ 121,331.23	\$ 164,027.35	\$ 168,862.48	\$ 104,443.85	\$ 104,443.85	\$ 120,715.38	\$ 124,538.42	\$ 124,538.42	\$ 107,527.27	\$ 89,709.36	\$ 89,709.36	\$ 89,709.36	\$ 89,709.36	\$ 89,709.36	\$ 89,709.36	\$ 1,994,061.60	
Cache	2.6547%	2.6490%	\$ 172,991.87	\$ 235,337.44	\$ 219,539.91	\$ 296,795.39	\$ 305,544.19	\$ 188,983.45	\$ 188,983.45	\$ 218,425.57	\$ 225,343.09	\$ 225,343.09	\$ 194,562.67	\$ 162,322.46	\$ 162,322.46	\$ 162,322.46	\$ 162,322.46	\$ 162,322.46	\$ 162,322.46	\$ 3,608,107.37	
Carbon	2.7239%	2.7180%	\$ 177,497.88	\$ 241,467.41	\$ 225,258.39	\$ 304,526.19	\$ 313,520.88	\$ 193,906.01	\$ 193,906.01	\$ 224,115.02	\$ 231,212.73	\$ 231,212.73	\$ 199,630.55	\$ 166,550.57	\$ 166,550.57	\$ 166,550.57	\$ 166,550.57	\$ 166,550.57	\$ 166,550.57	\$ 3,702,089.78	
Daggett	0.0281%	0.0280%	\$ 1,828.53	\$ 2,487.52	\$ 2,320.54	\$ 3,137.14	\$ 3,229.61	\$ 1,997.56	\$ 1,997.56	\$ 2,308.76	\$ 2,381.88	\$ 2,381.88	\$ 2,056.53	\$ 1,715.75	\$ 1,715.75	\$ 1,715.75	\$ 1,715.75	\$ 1,715.75	\$ 1,715.75	\$ 1,715.75	\$ 38,137.79
Davis	8.7138%	8.6950%	\$ 567,823.44	\$ 772,464.71	\$ 720,611.38	\$ 974,192.51	\$ 1,002,909.31	\$ 620,313.74	\$ 620,313.74	\$ 716,953.69	\$ 739,659.56	\$ 739,659.56	\$ 638,626.80	\$ 532,802.50	\$ 532,802.50	\$ 532,802.50	\$ 532,802.50	\$ 532,802.50	\$ 532,802.50	\$ 11,843,145.93	
Duchesne	0.6424%	0.6410%	\$ 41,860.24	\$ 56,946.51	\$ 53,123.85	\$ 71,817.99	\$ 73,935.01	\$ 45,729.86	\$ 45,729.86	\$ 52,854.21	\$ 54,528.09	\$ 54,528.09	\$ 47,079.91	\$ 39,278.48	\$ 39,278.48	\$ 39,278.48	\$ 39,278.48	\$ 39,278.48	\$ 39,278.48	\$ 873,082.98	
Emery	0.9400%	0.9380%	\$ 61,255.71	\$ 83,332.02	\$ 77,738.18	\$ 105,094.03	\$ 108,191.94	\$ 66,918.26	\$ 66,918.26	\$ 77,343.59	\$ 79,793.06	\$ 79,793.06	\$ 68,894.84	\$ 57,477.72	\$ 57,477.72	\$ 57,477.72	\$ 57,477.72	\$ 57,477.72	\$ 57,477.72	\$ 1,277,615.97	
Garfield	0.1473%	0.1470%	\$ 9,599.78	\$ 13,059.50	\$ 12,182.85	\$ 16,469.96	\$ 16,955.45	\$ 10,487.19	\$ 10,487.19	\$ 12,121.01	\$ 12,504.88	\$ 12,504.88	\$ 10,796.80	\$ 9,007.70	\$ 9,007.70	\$ 9,007.70	\$ 9,007.70	\$ 9,007.70	\$ 9,007.70	\$ 200,223.40	
Grand	0.3047%	0.3040%	\$ 19,852.60	\$ 27,007.39	\$ 25,194.46	\$ 34,060.32	\$ 35,064.34	\$ 21,687.79	\$ 21,687.79	\$ 25,066.58	\$ 25,860.44	\$ 25,860.44	\$ 22,328.07	\$ 18,628.17	\$ 18,628.17	\$ 18,628.17	\$ 18,628.17	\$ 18,628.17	\$ 18,628.17	\$ 414,067.44	
Iron	1.6255%	1.6220%	\$ 105,924.05	\$ 144,098.65	\$ 134,425.72	\$ 181,729.76	\$ 187,086.71	\$ 115,715.80	\$ 115,715.80	\$ 133,743.40	\$ 137,979.05	\$ 137,979.05	\$ 119,131.99	\$ 99,391.10	\$ 99,391.10	\$ 99,391.10	\$ 99,391.10	\$ 99,391.10	\$ 99,391.10	\$ 2,209,267.71	
Juab	0.3528%	0.3520%	\$ 22,987.22	\$ 31,271.72	\$ 29,172.54	\$ 39,438.27	\$ 40,600.81	\$ 25,112.18	\$ 25,112.18	\$ 29,024.46	\$ 29,943.66	\$ 29,943.66	\$ 25,853.55	\$ 21,569.46	\$ 21,569.46	\$ 21,569.46	\$ 21,569.46	\$ 21,569.46	\$ 21,569.46	\$ 479,446.51	
Kane	0.4400%	0.4390%	\$ 28,668.72	\$ 39,000.81	\$ 36,382.79	\$ 49,185.80	\$ 50,635.67	\$ 31,318.89	\$ 31,318.89	\$ 36,198.12	\$ 37,344.51	\$ 37,344.51	\$ 32,243.49	\$ 26,900.55	\$ 26,900.55	\$ 26,900.55	\$ 26,900.55	\$ 26,900.55	\$ 26,900.55	\$ 597,946.07	
Millard	0.3558%	0.3550%	\$ 23,183.13	\$ 31,538.24	\$ 29,421.17	\$ 39,774.39	\$ 40,946.84	\$ 25,326.21	\$ 25,326.21	\$ 29,271.83	\$ 30,198.87	\$ 30,198.87	\$ 26,073.89	\$ 21,753.29	\$ 21,753.29	\$ 21,753.29	\$ 21,753.29	\$ 21,753.29	\$ 21,753.29	\$ 483,532.70	
Morgan	0.0000%	0.2160%	\$ -	\$ 19,189.46	\$ 17,901.33	\$ 24,200.76	\$ 24,914.14	\$ 15,409.75	\$ 15,409.75	\$ 17,810.47	\$ 18,374.52	\$ 18,374.52	\$ 15,864.68	\$ 13,235.81	\$ 13,235.81	\$ 13,235.81	\$ 13,235.81	\$ 13,235.81	\$ 13,235.81	\$ 280,100.02	
Piute	0.0220%	0.0220%	\$ 1,436.70	\$ 1,954.48	\$ 1,823.28	\$ 2,464.89	\$ 2,537.55	\$ 1,569.51	\$ 1,569.51	\$ 1,814.03	\$ 1,871.48	\$ 1,871.48	\$ 1,615.85	\$ 1,348.09	\$ 1,348.09	\$ 1,348.09	\$ 1,348.09	\$ 1,348.09	\$ 1,348.09	\$ 29,965.41	
Rich	0.0611%	0.0610%	\$ 3,983.58	\$ 5,419.25	\$ 5,055.47	\$ 6,834.47	\$ 7,035.94	\$ 4,351.83	\$ 4,351.83	\$ 5,029.81	\$ 5,189.10	\$ 5,189.10	\$ 4,480.30	\$ 3,737.89	\$ 3,737.89	\$ 3,737.89	\$ 3,737.89	\$ 3,737.89	\$ 3,737.89	\$ 83,085.90	
Salt Lake	42.3625%	42.2710%	\$ 2,760,490.46	\$ 3,755,360.08	\$ 3,503,273.55	\$ 4,736,065.73	\$ 4,875,673.33	\$ 3,015,673.62	\$ 3,015,673.62	\$ 3,485,491.58	\$ 3,595,876.85	\$ 3,595,876.85	\$ 3,104,703.12	\$ 2,590,235.12	\$ 2,590,235.12	\$ 2,590,235.12	\$ 2,590,235.12	\$ 2,590,235.12	\$ 2,590,235.12	\$ 57,575,804.67	
San Juan	0.2495%	0.2490%	\$ 16,260.84	\$ 22,121.19	\$ 20,636.25	\$ 27,898.09	\$ 28,720.46	\$ 17,764.02	\$ 17,764.02	\$ 20,531.51	\$ 21,181.74	\$ 21,181.74	\$ 18,288.45	\$ 15,257.94	\$ 15,257.94	\$ 15,257.94	\$ 15,257.94	\$ 15,257.94	\$ 15,257.94	\$ 339,153.92	
Sanpete	1.0152%	1.0130%	\$ 66,153.55	\$ 89,995.03	\$ 83,953.92	\$ 113,497.07	\$ 116,842.68	\$ 72,268.87	\$ 72,268.87	\$ 83,527.78	\$ 86,173.10	\$ 86,173.10	\$ 74,402.41	\$ 62,073.48	\$ 62,073.48	\$ 62,073.48	\$ 62,073.48	\$ 62,073.48	\$ 62,073.48	\$ 1,379,770.77	
Sevier	0.6624%	0.6610%	\$ 43,166.34	\$ 58,723.31	\$ 54,781.38	\$ 74,058.80	\$ 76,241.87	\$ 47,156.69	\$ 47,156.69	\$ 54,503.32	\$ 56,229.44	\$ 56,229.44	\$ 48,548.86	\$ 40,504.02	\$ 40,504.02	\$ 40,504.02	\$ 40,504.02	\$ 40,504.02	\$ 40,504.02	\$ 900,324.26	
Summit	0.9460%	0.9460%	\$ 61,647.54	\$ 83,805.06	\$ 78,235.44	\$ 105,766.27	\$ 108,884.00	\$ 67,346.31	\$ 67,346.31	\$ 77,838.33	\$ 80,303.46	\$ 80,303.46	\$ 69,334.53	\$ 57,845.38	\$ 57,845.38	\$ 57,845.38	\$ 57,845.38	\$ 57,845.38	\$ 57,845.38	\$ 1,285,788.36	
Tooele	2.2378%	2.2330%	\$ 145,825.16	\$ 198,379.95	\$ 185,063.28	\$ 250,186.53	\$ 257,561.41	\$ 159,305.41	\$ 159,305.41	\$ 184,123.93	\$ 189,955.12	\$ 189,955.12	\$ 164,008.47	\$ 136,831.28	\$ 136,831.28	\$ 136,831.28	\$ 136,831.28	\$ 136,831.28	\$ 136,831.28	\$ 3,041,488.77	
Uintah	0.8679%	0.8660%	\$ 56,553.78	\$ 76,935.53	\$ 71,771.07	\$ 97,027.11	\$ 99,887.23	\$ 61,781.68	\$ 61,781.68	\$ 71,406.77	\$ 73,668.22	\$ 73,668.22	\$ 63,605.61	\$ 53,065.78	\$ 53,065.78	\$ 53,065.78	\$ 53,065.78	\$ 53,065.78	\$ 53,065.78	\$ 1,179,547.37	
Utah	15.4594%	15.4260%	\$ 1,007,388.66	\$ 1,370,447.46	\$ 1,278,453.26	\$ 1,728,337.39	\$ 1,779,284.54	\$ 1,100,512.91	\$ 1,100,512.91	\$ 1,271,964.07	\$ 1,312,247.08	\$ 1,312,247.08	\$ 1,133,002.54	\$ 945,257.20	\$ 945,257.20	\$ 945,257.20	\$ 945,257.20	\$ 945,257.20	\$ 945,257.20	\$ 21,011,198.29	
Wasatch	0.6023%	0.6010%	\$ 39,248.06	\$ 53,392.46	\$ 49,808.79	\$ 67,336.37	\$ 69,321.27	\$ 42,876.20	\$ 42,876.20	\$ 49,555.97	\$ 51,125.40	\$ 51,125.40	\$ 44,142.00	\$ 36,827.41	\$ 36,827.41	\$ 36,827.41	\$ 36,827.41	\$ 36,827.41	\$ 36,827.41	\$ 818,600.43	
Washington	4.8755%	4.8650%	\$ 317,706.85	\$ 432,207.11	\$ 403,194.29	\$ 545,077.23	\$ 561,144.77	\$ 347,076.06	\$ 347,076.06	\$ 401,147.75	\$ 413,852.07	\$ 413,852.07	\$ 357,323.53	\$ 298,112.04	\$ 298,112.04	\$ 298,112.04	\$ 298,112.04	\$ 298,112.04	\$ 298,112.04	\$ 6,626,441.05	
Wayne	0.1092%	0.1090%	\$ 7,118.20	\$ 9,683.57	\$ 9,033.54	\$ 12,212.42	\$ 12,572.41	\$ 7,776.22	\$ 7,776.22	\$ 8,987.69	\$ 9,272.33	\$ 9,272.33	\$ 8,005.79	\$ 6,679.18	\$ 6,679.18	\$ 6,679.18	\$ 6,679.18	\$ 6,679.18	\$ 6,679.18	\$ 148,464.97	
Weber	9.9044%	9.8830%	\$ 645,405.30	\$ 878,006.76	\$ 819,068.69	\$ 1,107,296.67	\$ 1,139,937.06	\$ 705,067.36	\$ 705,067.36	\$ 814,911.25	\$ 840,719.43	\$ 840,719.43	\$ 725,882.54	\$ 605,599.44	\$ 605,599.44	\$ 605,599.44	\$ 605,599.44	\$ 605,599.44	\$ 605,599.44	\$ 13,461,277.89	