Agenda Summary Report (ASR)

Franklin County Board of Commissioners

| DATE SUBMITTED: 9/29/2021 | PREPARED BY: Eric Wyant, HR Generalist |
|---|--|
| Meeting Date Requested: 10/5/2021 | PRESENTED BY: Eric Wyant and Dave Guyll, Conover Insurance |
| ITEM: (Select One) ☐ Consent Agenda | X Brought Before the Board Time needed: 30 minutes |
| SUBJECT: 2022 Employee Benefits Presentation | n |
| FISCAL IMPACT: \$1,030 per eligible employee pe | r month, based on current County contribution |
| | |

BACKGROUND:

Conover Insurance has obtained renewal rates for 2022 employee benefits. Conover was able to negotiate renewal rates from carriers for our medical, dental, vision, and life and disability benefit plans. Favorable renewal rates were negotiated for vision, and a rate pass was negotiated for life and disability. Based on our claims experience for the year and overall market trends, a lot of work was done to obtain what we believe to be the best rates possible for Franklin County.

Throughout the year, the Benefits Committee was presented our claims experience data by Conover Insurance to assist them in their renewal recommendation process. Franklin County had a very challenging year of claims activity, with some of the statistics presented to the Committee being:

- Through August, loss ratio for medical was 153%, loss ratio for prescriptions was 219%, for a combined loss ratio of 163%, meaning Premera paid \$1.63 out in claims for every \$1.00 received from Franklin County in the form of premiums. Last year, our combined loss ratio was 100%.
- Through August, Franklin County had 23 large claims over \$25,000, totaling \$1.8 million, up from 11 claims and \$640,000 during the same period last year.
- Through August, our dental plan loss ratio was 92%, compared to 77% during the same period last year.

To begin the renewal process for 2022 medical and dental plans, Conover worked with Premera to solicit renewal rates, shopped the market with other carriers, which we did receive some rate quotes from, and explored insurance pooling programs to solicit renewal rates. Based on the information provided, the County would not be eligible for membership in the AWC pool as they do not compete with County pools, and WCIF would not accept an application from Franklin County based on our claims experience data. Applying for entry to the PEBB pool was explored, and could be an option for the County, however, based on the pool's premium rates, and the manner in which the plans are administered, it is likely that PEBB would not be a viable option for Franklin County at this time. Additionally, our group's claims experience data is reviewed as part of the application process, and likely we would be denied based on that alone.

The Benefits Committee reviewed in detail the rates provided for our current 2-tier rate structure based on status quo medical and prescription plan design. After a series of renewal meetings with the Benefits Committee, the Committee provided feedback to Conover to explore making medical and prescription plan design changes, including changes to the tiered rate structure as a way to obtain the best renewal rate possible. This allowed the Committee to review and consider with their groups, medical renewal rates that ranged from a 12.25 %(avg) to 39.67% increase, and dental renewal rates that ranged from a 14% decrease to a 22.67% increase.

Revised: October 2017

Staff is requesting Board consensus with regard to plan design and rates in order to move forward with preparation for 2022 Open Enrollment. Contracts for selected plans and benefits will be presented to the Board in the coming months as they are finalized with the carriers.

RECOMMENDATION:

The Benefits Committee recommends the Board give consensus on moving forward with one of the following options for the 2022 plan year, as there was split feedback within the Committee.

Medical:

Changing to United Health Care from Premera, and adopting the proposed plan design changes at either a 2-tier or 4-tier rate structure. Overall rate increase will vary based on the rate structure adopted.

Dental:

Changing to either MetLife or United Health Care from Premera with the rate structure matching that of the medical plans. With a change to MetLife resulting in a 14.04% rate reduction, and a change to United Health Care having varying rate impacts based on the rate structure adopted.

Vision:

Vision Service Plan coverage with either "Option 1" or "Option 2" plan design change with a 2 year rate guarantee, at either a 12.79% rate reduction, or 7.47% rate increase respectively.

The Benefits Committee also recommends the Board give consensus to renew coverages for:

- Willamette Dental coverage at a 1.89% rate increase
- Lincoln Financial- Life and Disability coverage at a rate pass, with a 2 year rate guarantee

In order to proceed with preparation for a timely open enrollment, HR needs the Board to provide direction in the form of consensus for each of the following:

- Medical Plan Carrier
- Medical Plan Design
- Medical Plan Rate Structure
- Dental Plan Carriers
 - o PPO Plan
 - o Willamette Dental
- Vision Plan Design
- Life and Disability Carrier

COORDINATION:

From January through July of 2021, monthly Benefits Committee meetings were held to review claims data, and discuss Committee feedback on plan performance. These meetings were, on average, attended by 41% of employee and business partner group representatives. Email recaps and the PowerPoint presentation were sent to all Benefits Committee representatives following each meeting and the presentations were posted on the public drive.

From 7/14 - 7/31/2021 a medical benefits values survey was available to Franklin County benefits eligible employees with notification sent out via email as well as made available on Employee Online. Through that survey period, 34% of eligible employees participated in the survey.

On 8/2/2021, HR sent out a call for Benefits Committee representatives to All-County and all union business representatives. In that communication we expressed our continued desire to have at least one representative from each office/department and employee group/union to help us make sure all employee groups are represented on the Committee and informed on benefits related topics, including 2022 renewal plan and rate options. In response to this call, 40% of County groups had representatives in attendance at the 8/17/2021

meeting open house Benefits Committee meeting. Results from the medical benefits values survey were shared with the Benefits Committee at this meeting.

Following the 8/17/2021 meeting, a recap was sent out to the 2021 Committee representatives, again calling for confirmation of who will represent their groups (for those who hadn't responded) for the 2022 Committee. Following that email recap, a few additional County groups responded, bringing the total represented groups to 93% (all but two departments, Planning and Building and HAPO Center). Planning and Building employees in a bargaining unit, have representation on the Benefits Committee through their Courthouse bargaining unit representative. The HAPO Center is comprised solely of non-bargaining employees.

The County is currently engaged in negotiations with the Corrections and Corrections Maintenance Technician units for their CBAs, including benefits. These units have also chosen not to engage with, participate in, or provide a recommendation to, the Benefits Committee as their stated position is that this established committee process for analyzing and recommending changes to County benefits programs is not consistent with the County's duty to bargain. We will continue to negotiate in good faith with these units and bargain any impacts of the benefits decisions, but have communicated to the units' representative that the County must make decisions and move forward with 2022 benefits plans for all employees as our current plans end 12/31/2021. Representatives for these groups have continued to receive the same Benefits Committee communications as the rest of the representatives.

On 8/31/2021 to help facilitate the renewal process, a pre-renewal meeting was held for the Benefits Committee to meet and review the renewal timeline, review updated claims experience, discuss plan design and anticipated medical and dental renewal rates based on that claims experience, and review renewal rates for carriers we did receive a renewal from which included VSP, Willamette Dental, and Lincoln Financial. There was overwhelming consensus from the Committee to recommend renewing coverage for Willamette Dental and Lincoln Financial. At this meeting, there was consensus from the committee to recommend change to the VSP plan design with 58% of groups recommending a change, 33% with no preference, and 8% wanting to keep the plan design the same. With that feedback, representatives would discuss with their respective groups and determine which VSP plan design change option they wanted to recommend.

On 9/7/2021, the 2021 Benefits Committee met to review the renewal rate presentation from Conover representatives and discuss overall plan design. Representatives from 59% of County groups attended the presentation and participated in discussions of plan options, or provided their feedback in advance of the meeting. A break was given from the typical weekly renewal meeting schedule to allow more time for representatives to review the information with their respective groups.

On 9/21/2021, the Committee held an additional meeting to discuss individual group feedback based on the prior presentation. Conover representatives presented updated renewal rates based on plan design feedback from the Benefits Committee at their 9/7/2021 meeting. Representatives from 59% of County groups attended the presentation and participated in discussions of plan options, or provided their feedback in advance of the meeting.

On 9/28/2021, the Committee conducted a final meeting to discuss group recommendations/consensus, with the goal of determining the Committee's recommendation to the Board for 2022 benefits plans. 59% of the County groups were present at this meeting or shared their groups' feedback prior to the meeting. Following that meeting, an additional group provided their feedback which brought total Committee participation to 63%.

Of those groups, their collective consensus/recommendation was as follows:

For medical:

- The Committee overwhelmingly recommended a change to United Health Care from Premera with 69% of groups making this recommendation, 13% recommending staying with Premera, and 18% not having a preference.
- The Committee overwhelmingly recommended a change from the current plan design structure, to the alternate plan design structure with 56% of groups making this recommendation, 25% of groups did not have a preference, 13% were split, and 6% recommended the current plan design structure.
- The Committee was split in their recommendation of the current 2-tier rate structure, or making a change to a 4-tier rate structure, with 4-tier being the slight favorite. 38% recommended a change to a 4-tier rate structure, 12% were split between the 4-tier rate structure and a composite rate structure, 31% recommended staying with the current 2-tier rate structure, and 19% did not have a preference.

For dental:

• For the Committee groups that had a recommendation, they were split on their carrier recommendation. 38% of groups did not have a preference, 25% recommended United Health Care, 19% recommended MetLife, and 12% recommended Premera.

For vision:

• The Committee was again split with 44% recommending Option 2, 37% recommending Option 1, and 19% with no preference.

Over the course of the renewal meetings, individual members of the Committee expressed general concern regarding rising health care and premium costs, and a stagnant County contribution, particularly for those covering families.

ATTACHMENTS: (Documents you are submitting to the Board)

1. Conover Benefits Renewal Presentation

HANDLING / ROUTING: (Once document is fully executed it will be imported into Document Manager. Please list <u>name(s)</u> of parties that will need a pdf)

n/a

I certify the above information is accurate and complete.

Carlee Nave, HR Director



FRANKLIN COUNTY

OCTOBER 5, 2021

COMMISSIONER PRESENTATION





2021 YEAR TO DATE (THROUGH AUGUST) LOSS RATIO BY COVERAGE

| | Premium | Claims | YTD Loss Ratio |
|----------|-------------|-------------|----------------|
| Medical | \$1,220,921 | \$1,717,677 | 153.2% |
| Rx | \$211,926 | \$395,334 | 218.6% |
| COMBINED | \$1,432,847 | \$2,113,011 | 162.9% |
| Dental | \$154,248 | \$123,051 | 91.5% |
| TOTAL | \$1,587,095 | \$2,236,062 | 156.0% |
| | | | |

I-I-2021 THRU 8-31-2021 MEDICAL & PRESCRIPTION CLAIMS SUMMARY

| | AETNA 2017 | Premera 2018 | Premera 2019 | Premera 2020 | Premera 2021 |
|--------------------------|-------------------|--------------|--------------|--------------|--------------|
| MEDICAL | \$1,363,202 | \$762,044 | \$773,961 | \$910,789 | \$1,871,426 |
| PRESCRIPTION (Rx) DRUGS | \$213,129 | \$256,203 | \$277,097 | \$461,076 | \$463,285 |
| TOTAL MEDICAL & RX DRUGS | \$1,576,331 | \$1,018,247 | \$1,051,057 | \$1,371,865 | \$2,334,711 |
| Ave Employee Count | 225 | 231 | 223 | 215 | 204 |
| PEPM Claims Cost | \$875.74 | \$551.00 | \$589.16 | \$797.60 | \$1,430.58 |
| RX as a % of Medical/RX | 14% | 25% | 26% | 34% | 20% |
| LARGE CLAIMS \$25,000 + | 2017 | 2018 | <u>2019</u> | <u>2020</u> | <u>2021</u> |
| Number | 7 | 8 | 7 | 11 | 23 |
| Dollar Amount | \$943,806 | \$429,328 | \$316,786 | \$640,886 | \$1,848,274 |
| % OF TOTAL CLAIMS | 59.9% | 42.2% | 30.1% | 46.7% | 79.2% |

BENEFITS COMMITTEE ACTIVITY

27 total employee and business partner groups

- 2 have declined to name a representative (Planning and Building, and HAPO Center.)
- Maintenance Technicians.) 2 have opted to exclusively utilize the bargaining process (Corrections and Corrections

5 total meetings held regarding renewal

- 8/17/21 All-County Open House Meeting
- 8/31/21 Pre-Renewal Meeting (Reviewed YTD figures and discussed overall renewal process)
- 0 9/7/21 Renewal Meeting #1 (Discussed group feedback on plan design and introduced renewal rates received by carriers)
- 0 9/21/21 Renewal Meeting #2 (Reviewed updated renewal rates from carriers based on Committee plan design feedback)
- 0 9/28/21 Final Renewal Meeting (Committee recommendation on plan design, and carriers)

FRANKLIN COUNTY - VSP RENEWAL AND PLAN DESIGN OPTIONS

| % of Change from Current | Monthly Rate - \$18.61 (current) | Enhancements | Contact Frequency | Contact Allowance | Frame Frequency | Frame Allowance | Lens Frequency | Hardware Copay | Exam Frequency | Exam Copay | 2 Year Rate Guarantee |
|--------------------------|----------------------------------|---|-------------------|-------------------|-----------------|-----------------|-----------------|----------------|-----------------|------------|-----------------------|
| -19.18% | \$15.04 | Scratch Resistant Coating Anti-Reflective Coating | Every 12 months | \$130 | Every 24 months | \$130 | Every 12 months | \$20 | Every 12 months | \$0 | Renewal |
| -12.79% | \$16.24 | Scratch Resistant Coating Anti-Reflective Coating | Every 12 months | \$130 | Every 24 months | \$200 | Every 12 months | \$20 | Every 12 months | \$0 | Option 1 |
| 7.47% | \$20.00 | Scratch Resistant Coating Anti-Reflective Coating Tints | Every 12 months | \$130 | Every 12 months | \$200 | Every 12 months | \$20 | Every 12 months | \$0 | Option 2 |

however the Committee's recommendation was split between Options 1 and 2. Benefit Committee Recommendation: Renew VSP coverage for 2022,

RENEWAL FRANKLIN COUNTY - LIFE & DISABILITY

Lincoln Financial – 2 Year Rate Guarantee

**No carriers could match

Base Life Insurance

No Rate Change

Lincoln Financial's rates and rate structures on the Base Long Term Disability and Base Life Insurance. **

Voluntary Life Insurance

- No Rate Change
- Base Long Term Disability
- No Rate Change
- Buy-Up Long Term Disability

Voluntary Short Term Disability

No Rate Change

No Rate Change

2022 and 2023 Benefit Committee Recommendation: Renew with Lincoln Financial for

FRANKLIN COUNTY DENTAL RENEWAL SUMMARY

| CARRIER | INCREASE / DECREASE | **Dental qu |
|----------------------|---------------------|--------------|
| WILLAMETTE - RENEWAL | + 1.89% | carriers tha |
| PREMERA - RENEWAL | +22.67% | competitive |
| METLIFE - OPTION | - 14.04% | - |
| UNITED HEALTHCARE - | -0.04%* | |

**Dental quotes were received from 10 other carriers that were not as competitive with the options listed **

*2% Medical rate discount if packaged with UHC medical. Equivalent to a 24.28% reduction on UHC dental.

OPTION*

for 2022, and the Committee's recommendation was split between United Health Care, and MetLife for the PPO plan option. Benefit Committee Recommendation: Renew Willamette Dental coverage

HIGH PLAN: \$50/\$ | 50 DED. / \$2000 ANNUAL MAX DENTAL RENEWAL & OPTIONS

| BENEFITS | PREMERA | METLIFE | UHC |
|------------------------|-------------------|---------------|------------|
| PREVENTIVE | 100% | 100% | 100% |
| BASIC | 90% / 80% | 90% / 80% | 90% / 80% |
| MAJOR | 60% / 50% | 60% / 50% | 60% / 50% |
| ORTHO | 100% | 80% | 50% |
| RENEWAL RATE CAPS | No | 5%/yr (2 yrs) | No |
| PACKAGE DISCOUNTS | No | No | 2% off Med |
| 2 – TIER MONTHLY RATES | CURRENT RENEWAL | OPTION | OPTION |
| Employee Only | \$47.02 \$57.68 | \$40.44 | \$47.00 |
| Employee & Dependents | \$131.64 \$161.48 | \$113.18 | \$131.58 |
| % Change from Current | 22.67% | -14.03 % | -0.04% |
| 4 - TIER MONTHLY RATES | | | |
| Employee Only | \$47.02 \$57.68 | \$40.44 | \$46.56 |
| Employee & Spouse | \$131.64 \$131.11 | \$78.18 | \$93.12 |
| Employee & Children | \$131.64 \$112.48 | \$92.86 | \$106.06 |
| Employee/SP/CH | \$131.64 \$185.91 | \$145.82 | \$160.54 |
| % Change from Current | 21.61% | -11.27% | 0.33% |

plan structure, as well as MetLife and United Health Care. Committee. Benefits Committee recommendation (highlighted in green): the Committee was split between 2-tier and 4-tier **Composite rates were obtained from the carriers, but were not one of the top recommendations from the Benefits

LOW PLAN: \$50/\$150 DED. /\$1000 ANNUAL MAX ENTAL RENEWAL & OPTIONS

| BENEFITS | PREMERA | Λ | METLIFE | UHC |
|------------------------|-------------|----------|---------------|------------|
| PREVENTIVE | 100% | | 100% | 100% |
| BASIC | 70% | | 70% | 70% |
| MAJOR | 50% | | 50% | 50% |
| ORTHO | 100% | | 80% | 50% |
| RENEWAL RATE CAPS | No | | 5%/yr (2 yrs) | No |
| PACKAGE DISCOUNTS | No | | No | 2% off Med |
| 2 – TIER MONTHLY RATES | CURRENT REP | RENEWAL | OPTION | OPTION |
| Employee Only | \$32.80 | \$40.24 | \$28.20 | \$32.80 |
| Employee & Dependents | \$91.82 | \$112.64 | \$78.94 | \$91.80 |
| % Change from Current | | 22.68% | -14.04% | -0.03% |
| 4 – TIER MONTHLY RATES | | | | |
| Employee Only | \$32.80 | \$40.24 | \$28.20 | \$30.34 |
| Employee & Spouse | \$91.82 | \$91.47 | \$47.68 | \$60.66 |
| Employee & Children | \$91.82 | \$78.47 | \$61.66 | \$70.40 |
| Employee/SP/CH | \$91.82 | \$129.70 | \$94.76 | \$106.06 |
| % Change from Current | | 24.47% | -14.06% | -2.83% |

^{**}Composite rates were obtained from the carriers, but were not one of the top recommendations from the Benefits plan structure, as well as MetLife and United Health Care Committee. Benefits Committee recommendation (highlighted in green): the Committee was split between 2-tier and 4-tier

MEDICAL INITIAL RENEWAL SUMMARY FRANKLIN COUNTY

| CARRIER | FUNDING | INCREASE |
|---|---|----------------|
| PREMERA | Fully Insured - Renewal | 39.67% |
| PREMERA | Self-Funded - Option | 52.07% |
| UNITED HEALTHCARE | Fully Insured 2% Packaged Discount w/ UHC Dental | 33.03% |
| HMA /VOYA | Self-Funded - Option | 80.53% |
| The following carriers declined to provide a quote: | clined to provide a quote: | |
| • AETNA | · CIGNA · PACIFIC | PACIFIC SOURCE |
| • ASURIS | KAISER WCIF | |
| • AWC | | |

option for Franklin County at this time: The following carrier was reviewed and determined to not be a viable

• PEBB

BENEFITS COMMITTEE MEDICAL PLAN DESIGN FEEDBACK

What plan design changes were Committee groups open to?

- Changing Insurance Companies Open to changing
- Changing Tier Structure Open to changing
- Increasing Medical Deductibles Open to changing
- Increasing Rx Deductibles Open to changing
- Increasing Office Visit Co-Pays Open to changing
- Increasing Rx Co-Pays Open to changing
- Higher Office Visit Co-Pays for Specialist Visits Split Committee
- Increasing Out-of-Pocket Maximums Split Committee
- Increasing Co-Insurance No
- Additional Authorizations for Prescription Drugs No

MEDICAL - \$750 DEDUCTIBLE

| Benefit Description | Premera | iera | Premera | United HC | United HC |
|--|--------------------|------------|--------------------|-----------------|-------------------|
| 日本の日本では、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日 | Current / Renewal | Renewal | Option | CL-8Y Mod | CL-8Y Mod. 3 |
| Medical Deductible (Ind / Fam) | \$750 / \$1500 | \$1500 | \$1000/\$3000 | \$750 / \$1500 | \$1000/\$3000 |
| Office Co-pay Primary / Specialist | \$20 / \$20 | \$20 | \$30 / \$50 | \$20 / \$20 | \$35 / \$55 |
| Emergency Room | \$150 Co-pay + 20% | ay + 20% | \$150 Co-pay + 20% | \$150 Co-pay | \$150 Co-pay |
| Prescription Deductible RX Co-pays | \$300 | 00 | \$500 | \$300 | \$500 |
| Tier 1 Retail (Mail Order) | \$30 (\$45) | \$45) | \$30 (\$45) | \$30 (\$75) | \$25 (\$62.50) |
| Tier 2 Retail (Mail Order) | \$100 (\$150) | \$150) | \$125 (\$187.50) | \$100 (\$250) | \$80 (\$200) |
| Tier 3 Retail (Mail Order) | \$200 (\$300) | \$300) | \$250 (\$375) | \$200 (\$500) | \$175 (\$437.50) |
| Tier 4 - Monthly via Mail order* | \$300* | 0* | \$350* | \$300 (\$750) | \$350 (\$875) |
| Out of Pocket Maximums | \$3000 / \$9000 | \$9000 | \$5000 / \$10,000 | \$3000 / \$9000 | \$5000 / \$10,000 |
| Monthly Rates - 2 Tier | | | | | |
| Employee Only | \$574.04 | \$801.76 | \$737.62 | \$748.40 | \$671.06 |
| Employee & Dependents | \$1,377.72 | \$1,924.26 | \$1,770.31 | \$1,796.16 | \$1,610.54 |
| % Change From Current | N/A | 39.67% | 28.50% | 30.37% | 16.90% |
| Monthly Rates - 4 Tier | | | | | (r) |
| Employee Only | \$574.04 | \$801.76 | \$737.62 | \$653.28 | \$603.50 |
| Employee & Spouse | \$1,377.72 | \$1,639.67 | \$1,508.49 | \$1,371.90 | \$1,267.36 |
| Employee & Child(ren) | \$1,377.72 | \$1,322.90 | \$1,217.08 | \$1,175.90 | \$1,086.30 |
| Employee, Spouse & Child(ren) | \$1,377.72 | \$2,160.81 | \$1,987.95 | \$1,959.84 | \$1,810.50 |
| % Change from Current | N A | 39.20% | 28.06% | 18 94% | 9.88% |

^{**}Composite rates were obtained from the carriers, but were not one of the top recommendations from the Benefits between 2-tier and 4-tier plan structure. Committee. Benefits Committee recommendation (highlighted in green) on carrier, and plan design. The Committee was split

MEDICAL - \$1500 DEDUCTIBLE

| Benefit Description | Premera | nera | Premera | United HC | United HC |
|------------------------------------|--|----------------|--------------------|-----------------|------------------|
| | Current / Renewal | Renewal | Option | CL-6Q Mod | CL-6Q Mod. 2 |
| Medical Deductible (Ind / Fam) | \$1500 / \$4500 | \$4500 | \$2000 / \$6000 | \$1500 / \$4500 | \$2000 / \$6000 |
| Office Co-pay Primary / Specialist | \$30 / \$30 | \$30 | \$40 / \$60 | \$30 / \$30 | \$40 / \$60 |
| Emergency Room | \$150 Co-pay + 20% | ay + 20% | \$150 Co-pay + 20% | \$150 Co-pay | \$150 Co-pay |
| Prescription Deductible | \$300 | 00 | \$500 | \$300 | \$500 |
| RX Co-pays | | | | | |
| Tier 1 Retail (Mail Order) | \$30 (\$45) | \$45) | \$30 (\$45) | \$30 (\$75) | \$25 (\$62.50) |
| Tier 2 Retail (Mail Order) | \$100 (\$150) | \$150) | \$125 (\$187.50) | \$100 (\$250) | \$80 (\$200) |
| Tier 3 Retail (Mail Order) | \$200 (\$300) | \$300) | \$250 (\$375) | \$200 (\$500) | \$175 (\$437.50) |
| Tier 4 *Monthly via Mail Order | \$300* | O _* | \$350* | \$300 (\$750) | \$350 (\$875) |
| Out of Pocket Maximums | \$4000 / \$12,000 | 12,000 | \$6000/\$12,000 | \$4000/\$12,000 | \$6000/\$12,000 |
| Monthly Rates - 2 Tier | | | | | |
| Employee Only | \$535.04 | \$747.29 | \$693.69 | \$698.52 | \$625.46 |
| Employee & Dependents | \$1,284.12 | \$1,793.53 | \$1,664.88 | \$1,676.44 | \$1,501.10 |
| % Change From Current | N/A | 39.67% | 29.65% | 30.55% | 16.90% |
| Monthly Rates - 4 Tier | | | | | |
| Employee Only | \$535.04 | \$747.29 | \$693.69 | \$600.74 | \$554.22 |
| Employee & Spouse | \$1,284.12 | \$1,528.27 | \$1,418.65 | \$1,261.56 | \$1,163.86 |
| Employee & Child(ren) | \$1,284.12 | \$1,233.03 | \$1,144.59 | \$1,081.34 | \$997.60 |
| Employee, Spouse & Child(ren) | \$1,284.12 | \$2,014.01 | \$1,869.55 | \$1,802.22 | \$1,662.66 |
| % Change from Current | % Change from Current NA 36.92% 27.10% | 36.92% | 27 10% | 16.45% | 7.43% |

^{**}Composite rates were obtained from the carriers, but were not one of the top recommendations from the Benefits between 2-tier and 4-tier plan structure. Committee. Benefits Committee recommendation (highlighted in green) on carrier, and plan design. The Committee was split

MEDICAL - \$3000 DEDUCTIBLE

| Benefit Description | Premera | 1era | Premera | United HC | United HC |
|--|--------------------|------------|--------------------|-----------------|------------------|
| のでは、 できない はない はない はいかい はない ないかい ないかい ないかい ないかい | Current/Renewal | Renewal | Option | CL-74 Mod | CL-74 Mod. 3 |
| Medical Deductible (Ind / Fam) | \$3000 / \$6000 | \$6000 | \$3500 / \$7000 | \$3000 / \$6000 | \$3500 / \$7000 |
| Office Co-pay Primary / Specialist | \$30 / \$30 | \$30 | \$45 / \$65 | \$30 / \$30 | \$45/\$65 |
| Emergency Room | \$150 Co-pay + 20% | ay + 20% | \$150 Co-pay + 20% | \$150 Co-pay | \$150 Co-pay |
| Prescription Deductible | \$300 | 00 | \$500 | \$300 | \$500 |
| RX Co-pays | | | | | March . The |
| Tier 1 Retail (Mail Order) | \$30 (\$45) | \$45) | \$30 (\$45) | \$30 (\$75) | \$25 (\$62.50) |
| Tier 2 Retail (Mail Order) | \$100 (\$150) | \$150) | \$125 (\$187.50) | \$100 (\$250) | \$80 (\$200) |
| Tier 3 Retail (Mail Order) | \$200 (\$300) | \$300) | \$250 (\$375) | \$200 (\$500) | \$175 (\$437.50) |
| Specialty - Monthly via Mail order* | \$300* | Ō* | \$350* | \$300 (\$750) | \$350 (\$875) |
| Out of Pocket Maximums | \$6000 / \$12,000 | \$12,000 | \$6500/\$13,000 | \$6000/\$12,000 | \$7000/\$14,000 |
| Monthly Rates - 2 Tier | | | | | |
| Employee Only | \$499.36 | \$697.45 | \$669.66 | \$652.96 | \$583.76 |
| Employee & Dependents | \$1,198.46 | \$1,673.89 | \$1,607.17 | \$1,567.10 | \$1,401.02 |
| % Change From Current | N/A | 39.67% | 34.10% | 30.76% | 16.90% |
| Monthly Rates - 4 Tier | | | | | |
| Employee Only | \$499.36 | \$697.45 | \$669.66 | \$537.36 | \$494.98 |
| Employee & Spouse | \$1,198.46 | \$1,426.34 | \$1,369.51 | \$1,128.46 | \$1,039.46 |
| Employee & Child(ren) | \$1,198.46 | \$1,150.79 | \$1,104.94 | \$967.26 | \$890.96 |
| Employee, Spouse & Child(ren) | \$1,198.46 | \$1,879.68 | \$1,869.55 | \$1,612.08 | \$1,484.94 |
| % Change from Current | N | 41.72% | 39.35% | 18.70% | 9.34% |

^{**}Composite rates were obtained from the carriers, but were not one of the top recommendations from the Benefits between 2-tier and 4-tier plan structure. Committee. Benefits Committee recommendation (highlighted in green) on carrier, and plan design. The Committee was split

MEDICAL - \$2500 HIGH DEDUCTIBLE PLAN

| Benefit Description | Premera | nera | Premera | United HC | United HC |
|------------------------------------|------------------------------------|-------------------|---------------------------|------------------------------|---------------------------------|
| Medical Deductible (Ind / Fam) | Current/Renewal \$2500 / \$5000 | Renewal \$5000 | Option \$3500 / \$7000 | CL-9G Mod \$2500 / \$5000 | CL-9G Mod. 2 \$3500 / \$7000 |
| Office Co-pay Primary / Specialist | 20% | % | 20% | 20% | 20% |
| Emergency Room | 20% | % | 20% | 20% | 20% |
| Prescription Deductible | Included w/ Med | w/ Med | Included w/ Med | Included w/ Med | Included w/ Med |
| Tier 1 Retail (Mail Order) | 20% | % | 20% | 20% | 20% |
| Tier 2 Retail (Mail Order) | 20% | % | 20% | 20% | 20% |
| Tier 3 Retail (Mail Order) | 20% | % | 20% | 20% | 20% |
| Tier 4 *Monthly via Mail Order | 20%* | % * | 20%* | 20% | 20% |
| Out of Pocket Maximums | \$5000 / \$10,000 | \$10,000 | \$5500 / \$11,000 | \$5000/\$10,000 | \$5500/\$11,000 |
| Monthly Rates - 2 Tier | | | | | |
| Employee Only | \$495.56 | \$692.15 | \$639.16 | \$656.20 | \$579.32 |
| Employee & Dependents | \$1,189.34 | \$1,661.15 | \$1,533.97 | \$1,574.88 | \$1,390.36 |
| % Change From Current | N/A | 39.67% | 28.98% | 32.42% | 16.90% |
| Monthly Rates - 4 Tier | | | | | The Paris of the Paris |
| Employee Only | \$495.56 | \$692.15 | \$639.16 | \$595.20 | \$541.40 |
| Employee & Spouse | \$1,189.34 | \$1,415.50 | \$1,307.13 | \$1,249.92 | \$1,136.94 |
| Employee & Child(ren) | \$1,189.34 | \$1,142.05 | \$1,054.61 | \$1,071.36 | \$974.52 |
| Employee, Spouse & Child(ren) | \$1,189.34 | \$1,865.40 | \$1,722.58 | \$1,785.60 | \$1,624.20 |
| % Change from Current | N | 47.91% | 36.59% | 34.52% | 22.36% |

^{**}Composite rates were obtained from the carriers, but were not one of the top recommendations from the Benefits between 2-tier and 4-tier plan structure. Committee. Benefits Committee recommendation (highlighted in green) on carrier, and plan design. The Committee was split

BREAKDOWN AND AVERAGE MONTHLY OUT-OF-POCKET COST/VEBA CONTRIBUTION ACROSS ALL PLANS CURRENT FRANKLIN COUNTY EMPLOYEE MEDICAL ENROLLMENT

| (\$945.00) | (\$945.00) | (\$945.00) | 53 | Waive Coverage |
|--|--|---|------------------------------|-----------------------|
| \$732.36 | \$530.76 | \$317.41 | 60 | Employee + Family |
| \$42.35 | \$530.76 | \$317.41 | 12 | Employee + Child(ren) |
| \$206.91 | \$530.76 | \$317.41 | 22 | Employee + Spouse |
| (\$396.48) | (\$345.35) | (\$419.00) | 112 | Employee Only |
| 2022 Benefits Committee Recommendation (4-tier) | 2022 Benefits Committee Recommendation (2-tier) | 2021 Monthly Out-of- Pocket/(VEBA Contribution) Average | Current Enrollment Counts | Plan Tiers |

\$1500 DEDUCTIBLE PLAN- EMPLOYEE MONTHLY OUT-OF-POCKET/VEBA CONTRIBUTION HISTORICAL MEDICAL RATE CHANGES SAMPLE

| \$717.66 | \$556.10 | \$857.22 | \$731.44 | \$924.55 | \$719.88 | \$848.53 | Employee + Family |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|---|
| \$52.60 | \$556.10 | \$136.34 | \$731.44 | \$199.59 | \$719.88 | \$848.53 | Employee + Child |
| \$218.86 | \$556.10 | \$316.56 | \$731.44 | \$473.65 | \$719.88 | \$848.53 | Employee + Spouse |
| (\$390.78) | (\$319.54) | (\$344.26) | (\$246.48) | (\$251.31) | (\$251.31) | (\$197.71) | Employee Only (VEBA Cont.) |
| 2022 United HC Option (4-tier) | 2022 United HC Option (2-tier) | 2022 Initial United HC (4-tier) | 2022 Initial United HC (2-tier) | 2022 Premera Option (4-tier) | 2022 Premera Option (2-tier) | 2022 Initial Premera (2-tier) | |
| \$339.12 | \$216.88 | \$177.17 | \$520.74 | \$536.04 | \$418.64 | \$408.35 | Employee + Family |
| \$339.19 | \$216.88 | \$177.17 | (\$89.98) | (\$81.07) | (\$149.55) | (\$155.55) | Employee + Child (VEBA Cont.) |
| \$339.12 | \$216.88 | \$177.17 | \$154.30 | \$165.88 | \$77.82 | \$70.01 | Employee + Spouse |
| (\$409.96) | (\$460.88) | (\$477.43) | (\$456.42) | (\$451.33) | (\$490.46) | (\$493.89) | Employee Only (VEBA Cont.) |
| \$945 | \$945 | \$945 | \$945 | \$945 | \$945 | \$945 | County Medical Contribution- Non Bargs |
| 2021 | 2020 | 2019 | 2018 | 2017 | 2016 | 2015 | |

Questions?

Thank you for using Conover Insurance.