

Town of Bowling Green
Town Council Meeting



Date: January 4, 2018
Agenda Item: VII-B Health Insurance
Renewal

TYPE OF AGENDA ITEM:

- CONSENT AGENDA
- PRESENTATION
- ACTION ITEM
- TOWN MANAGER & STAFF COMMENTS
- PUBLIC HEARING
- Duly Advertised

PURPOSE OF ITEM:

- INFORMATION ONLY
- DISCUSSION ONLY
- DISCUSSION AND/OR DECISION
 - Introduction Resolution
 - Ordinance Grant/MOU
 - By Motion Bylaws
 - Certificate

PRESENTER: Reese Peck

PRESENTER TITLE: Town Manager

AGENDA ITEM: VII-B Health Insurance Renewal

BACKGROUND / SUMMARY: Our current coverage expires on January 31, 2018. Attached are the proposed rates to continue our current health, dental and vision coverages for the period February 1, 2018 – January 31, 2019. Notable changes in the renewal offer include increases in the in-network out-of-pocket limits, and specialty prescription drugs which is somewhat offset by a decrease in the urgent care copay. The current package of benefits cost \$400.62 per employee per month and under the proposal this would increase to \$480.62 per employees per month an increase of 19.9%. The impact on the budget is an additional \$955.56 per month for a total of \$4,777.80 for the remainder of the fiscal year.

ATTACHMENTS:

Proposed Renewal Rates

REQUESTED ACTION:

Approve renewal and authorize Town Manager to sign all required documents and reprogram funds to cover the additional payments.

FOR MORE INFORMATION, CONTACT:

Phone #: 804-633-6212

Email: Townmanager@townofbowlinggreen.com

Name:

Reese Peck

FOR USE DURING MEETING

Y	N		Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Coleman	<input type="checkbox"/>	<input type="checkbox"/>	McDearmon
<input type="checkbox"/>	<input type="checkbox"/>	Davis	<input type="checkbox"/>	<input type="checkbox"/>	Wright
<input type="checkbox"/>	<input type="checkbox"/>	Gaines	<input type="checkbox"/>	<input type="checkbox"/>	Gibson
<input type="checkbox"/>	<input type="checkbox"/>	Hauser	<input type="checkbox"/>	<input type="checkbox"/>	Satterwhite

VOTE: PASS NOT PASSED

Town of Bowling Green

Medical Benefits and Financial Analysis
Proposed Effective Date: February 1, 2018

Carrier Name	UHC Current		UHC Renewal		UHC Alternate 1		UHC Alternate 2	
Name of Plan/Metallic Level	Choice Plus POS Gold 1500 ALCM w/ ZT		Choice Plus POS Gold 1500-1 ATVR w/ 579		Choice Plus HSA POS Silver 2600-1 ATWF w/577		Choice Plus Motion HSA POS Silver 3000 ATUB w/577	
Type of Plan / Policy Period	POS		POS		POS/HDHP		POS/HDHP	
Office Visits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Primary	\$30 Copay	Deductible then 30%	\$30 Copay	Deductible then 30%	Deductible then \$25 Copay	Deductible then 20%	Deductible then \$25 Copay	Deductible then 20%
Specialist	\$60 Copay	Deductible then 30%	\$60 Copay	Deductible then 30%	Deductible then \$50 Copay	Deductible then 20%	Deductible then \$50 Copay	Deductible then 20%
Pharmacy								
Deductible	\$250 (Waive Tier 1)	Covered at out of network benefit level. Please see plan design.	\$250	Covered at out of network benefit level. Please see plan design.	Integrated with Medical Deductible	Covered at out of network benefit level. Please see plan design.	Integrated with Medical Deductible	Covered at out of network benefit level. Please see plan design.
Retail Standard	\$10/\$40/\$75		\$10/\$40/\$75		\$10/\$40/\$75			
Retail Specialty	\$10/\$100/\$300		\$10/\$250/\$500		\$10/\$250/\$500			
Mail Order (90 days - Standard)	2.5x Copay		2.5x Copay		2.5x Copay			
Common Services								
In-Patient Facility	Deductible then 20%	Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then \$500 Copay per admission	Deductible then 20%	Deductible	Deductible then 20%
Out-Patient Facility	Deductible then 20%	Deductible then 30%	Deductible then 20%	Deductible then 30%	\$250 per Occurrence Deductible plus Deductible	Deductible then 20%	Deductible	Deductible then 20%
Urgent Care	\$100 Copay	Deductible then 30%	\$30 Copay	Deductible then 30%	Deductible then \$25 Copay	Deductible then 20%	Deductible then \$25 Copay	Deductible then 20%
Emergency Room	Deductible then 20%		Deductible then 20%		Deductible then \$150 Copay		Deductible then \$300 Copay	
Annual Deductible (Embedded/Non)								
Individual	\$1,500	\$2,000	\$1,500	\$2,000	\$2,600	\$4,000	\$3,000	\$6,000
Family	\$3,000	\$4,000	\$3,000	\$4,000	\$5,200	\$8,000	\$6,000	\$12,000
Coinsurance	20%	30%	20%	30%	0%	20%	0%	20%
Annual Out of Pocket	Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible	
Individual	\$3,000	\$6,000	\$4,000	\$6,000	\$6,500	\$8,000	\$6,650	\$10,000
Family	\$6,000	\$12,000	\$8,000	\$12,000	\$13,000	\$16,000	\$13,300	\$20,000
Maximum Benefits	Unlimited - LTM		Unlimited - LTM		Unlimited - LTM		Unlimited - LTM	
Premium	Current Rates		Renewal Rates		Rates		Rates	
Employee	3	\$343.59		\$421.59		\$384.66		\$400.88
Employee + Spouse	0	\$687.18		\$843.18		\$769.32		\$801.76
Employee + Child(ren)	0	\$670.00		\$822.10		\$750.09		\$781.72
Family	0	\$1,013.59		\$1,243.69		\$1,134.75		\$1,182.60
Monthly Premium		\$4,030.27		\$4,264.77		\$3,853.98		\$4,202.64
Annual Premium		\$12,369.24		\$15,142.24		\$13,447.76		\$14,311.68
Annual Cost Difference			\$2,808.00			\$1,478.52		\$2,082.44
Percentage Change			22.70%			11.95%		16.67%

Group Signature - Plan Election

All enrollment material must be at the carrier two weeks prior to the effective date. Effective dates later than illustrated may result in an increased premium. Final tier rates will be determined at final enrollment. This is for illustrative purposes only. This benefit comparison will not replace the benefit summary or rates filed and approved by the Office of the Commissioner of Insurance. Full Quote Available upon Request.

Town of Bowling Green

Dental Benefits and Financial Analysis
Proposed Effective Date: February 1, 2018

Carrier Name		Guardian	
		Current/Renewal	
Name of Plan		Choice Plan	
Type of Plan		PPO	
Contributory/Non-Contributory/Voluntary		Contributory	
Premium		Current Rates	Renewal Rates
Employee	3	\$46.65	\$48.28
Employee + Spouse	1	\$94.70	\$98.01
Employee + Child(ren)	0	\$108.52	\$112.32
Family	0	\$166.08	\$171.89
Monthly Premium		\$234.65	\$242.85
Annual Premium		\$2,815.80	\$2,914.20
Annual Cost Difference			\$98.40
Percentage Change			3.45%

Group Signature for Plan Election:

All enrollment material must be at the carrier two weeks prior to the effective date. Effective dates later than illustrated may result in an increased premium. Final tier rates will be determined at final enrollment. This is for illustrative purposes only. This benefit comparison will not replace the benefit summary or rates filed and approved by the Office of the Commissioner of Insurance. Full Quote Available upon Request.



Town of Bowling Green

Vision Benefits and Financial Analysis
 Proposed Effective Date: February 1, 2018

Carrier Name		Guardian	
Name of Plan		Current/Renewal	
Premium		VSP G36	
		Current Rates	Renewal Rates
Employee	3	\$10.38	\$10.38
Employee + Spouse	0	\$17.47	\$17.47
Employee + Child(ren)	0	\$17.82	\$17.82
Family	0	\$28.19	\$28.19
Monthly Premium		\$31.14	\$31.14
Annual Premium		\$373.68	\$373.68
Annual Cost Difference		\$0.00	
Percentage Change		0.00%	

Group Signature for Plan

Final rates are subject to change. Final rates will be determined at final enrollment. This is for illustrative purposes only. This benefit comparison will not replace the benefit summary or rates filed and approved by the Office of the Commissioner of Insurance. Full rates available upon request.

