

# 2019 Employee Benefit Strategy Proposal

## Wells County Public Library



Insurance Services

Integrated Wellness

# Group Health Renewal

## January 1, 2019

As of 10/31/18, the balance of the unused claim account is \$1,969. Keep in mind we still have 2 months to go, November and December. The ending balance of this account can be a return of unused premium.

Current Monthly Premium is \$4,362.96.

Renewal Monthly Premium is \$5,785.95.

Optional Renewal Monthly Premium is \$5,396.37.

- This option raises your deductible from current of \$2,000 to \$4,000 per individual.
- The out of pocket limit of \$6,850 will remain the same as current for the calendar year.
- Office visit copays for physician and specialist visit remains the same as current year at \$45.
- Prescription drug copays remain the same as current. (Please see enclosed benefit comparison)

Enclosed also is the monthly premium breakdown by four tier categories as follows current, renewal and renewal option.

Other competing carriers quoted at renewal were Anthem, United Healthcare, National General and Allied. All premiums from these carriers were higher than the incumbent carrier (Trustmark) with similar benefits.

This years utilization shows, outside of two larger claims, most claims are physician and specialists visits and prescription drugs. These claims fall under plans copays. Very good utilization of generic medications was found in this past utilization report.

We felt increasing the deductible, keeping the over all out of pocket amount the same as well as current copays was the best option for premium savings.

Please let me know if you have any questions.

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# Healthcare Benefits

## Current Plan Benefit Design - Effective Date (01/01/2019 - 12/31/2019)

	Network	Non-network Providers
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Embedded Deductible		
Employee Only Family	\$2,000 \$4,000	\$5,000 \$10,000
Coinsurance by Plan (unless otherwise noted)		
Network Provider Cigna PPO	80%	50%
Maximum Out of Pocket		
Employee Only Family	\$6,850 \$13,700	\$17,500 \$35,000
Office Visits		
Primary Care Physician Visit Specialist Physician Visit	\$45 Copay \$45 Copay	50% Coinsurance 50% Coinsurance
Prescription Drugs		
Generic Brand Name Non-Preferred Brand Name Specialty Drugs	\$15 Copay \$50 Copay \$80 Copay \$200 Copay	
Current Monthly Premium	\$4,362.96	
Renewal Monthly Premium	\$5,787.95	
After your coinsurance equals the above stated amounts per calendar year, the plan will pay 100% of all charges eligible for the coinsurance limit for the balance of the calendar year to your out of pocket maximum limit. Eligible charges applied to the deductible for PPO and Non-PPO limits. Note: Non-compliance penalties, ineligible charges and charges in excess of usual and customary do not qualify under the coinsurance limit provision.		

# Healthcare Benefits

## Optional Renewal Plan Benefit Design - Effective Date (01/01/2019 - 12/31/2019)

	Network	Non-network Providers
<b>Lifetime Maximum</b>	<b>Unlimited</b>	<b>Unlimited</b>
<b>Calendar Year Embedded Deductible</b>		
<b>Employee Only</b>	<b>\$4,000</b>	<b>\$10,000</b>
<b>Family</b>	<b>\$8,000</b>	<b>\$20,000</b>
<b>Coinsurance by Plan (unless otherwise noted)</b>		
<b>Network Provider</b>	<b>80%</b>	<b>50%</b>
<b>Cigna PPO</b>		
<b>Maximum Out of Pocket</b>		
<b>Employee Only</b>	<b>\$6,850</b>	<b>\$17,500</b>
<b>Family</b>	<b>\$13,700</b>	<b>\$35,000</b>
<b>Office Visits</b>		
<b>Primary Care Physician Visit</b>	<b>\$45 Copay</b>	<b>50% Coinsurance</b>
<b>Specialist Physician Visit</b>	<b>\$45 Copay</b>	<b>50% Coinsurance</b>
<b>Prescription Drugs</b>		
<b>Generic</b>	<b>\$15 Copay</b>	
<b>Brand Name</b>	<b>\$50 Copay</b>	
<b>Non-Preferred Brand Name</b>	<b>\$80 Copay</b>	
<b>Specialty Drugs</b>	<b>\$200 Copay</b>	
<b>Total Monthly Premium</b>	<b>\$5,396.37</b>	
After your coinsurance equals the above stated amounts per calendar year, the plan will pay 100% of all charges eligible for the coinsurance limit for the balance of the calendar year to your out of pocket maximum limit. Eligible charges applied to the deductible for PPO and Non-PPO limits. Note: Non-compliance penalties, ineligible charges and charges in excess of usual and customary do not qualify under the coinsurance limit provision.		



# Premium Rate Breakdown

MONTHLY HEALTH PREMIUM BREAKDOWN			
Coverage Type	Current Trustmark Plan Monthly Premium	Renewal Trustmark Plan Monthly Premium	Trustmark Plan Option 1 Monthly Premium
Employee	\$623.28	\$826.85	\$770.91
Employee/Spouse	\$1,433.58	\$1,901.76	\$1,773.12
Employee/Child(ren)	\$1,184.26	\$1,571.00	\$1,464.74
Family	\$1,994.56	\$2,645.91	\$2,466.95
Total Monthly Premium	\$4,362.96	\$5,787.95	\$5,396.37

