

2017 Employee Benefit Strategy Proposal

Wells County Public Library



Affordable Care Act

Insurance Services

Integrated Wellness

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Three Option Comparison

Cost				
Item	Current UHC Plan	Renewal UHC Plan	Trustmark Plan 12/1	Trustmark Plan 1/1
Monthly Premium Based on 8 Employees	\$4,813.45	\$5,632.29	\$4,583.20	\$4,462.64

Plan Design				
Item	Current UHC Plan	Renewal UHC Plan	Trustmark Plan 12/1	Trustmark Plan 1/1
Deductible				
Individual	\$2,000	\$2,000	\$2,000	\$2,000
Family	\$4,000	\$4,000	\$4,000	\$4,000
Out of Pocket				
Individual	\$6,800	\$7,150	\$6,850	\$6,850
Family	\$13,600	\$14,300	\$13,700	\$13,700
Network	Choice	Choice	Aetna Signature	Aetna Signature
Website	www.myuhc.com	www.myuhc.com	ASALookup.aetnasignatureadministrators.com	ASALookup.aetnasignatureadministrators.com

Other Companies Quoted:

Anthem - \$5,613.44

PHP - \$5,040.50

National General - \$4,708.16

Healthcare Benefits

Current UHC Plan - Effective Date (12/01/2016 - 11/30/2017)

	NETWORK	NON-NETWORK PROVIDERS
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Embedded Deductible		
Employee Only	\$2,000	\$6,000
Family	\$4,000	\$12,000
Coinsurance by Plan (unless otherwise noted)		
Network Provider Choice	80%	50%
Maximum Out of Pocket		
Employee Only	\$6,800	\$18,750
Family	\$13,600	\$37,500
Office Visits		
Primary Care Physician Visit	\$35 Copay	50% Coinsurance after Ded
Specialist Physician Visit	\$70 Copay	50% Coinsurance after Ded
Prescription Drugs		
Generic	\$15 Copay	
Name Brand	\$45 Copay	
Non-Preferred Name Brand	\$85 Copay	
Total Monthly Premium	\$4,813.45	
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.		

* Consider employee contribution to a level that does not meet ACA Affordability guidelines.

* This will allow those employees who qualify for Federal premium subsidies to possibly move to the Healthcare Exchange, possibly with less premium obligation than staying on employer sponsored plan.

* If employees move off of the employer sponsored plan to obtain coverage in the Healthcare Marketplace, this would lower overall premium costs while still allowing employees to obtain comprehensive coverage at maximized savings in premium dollars.

Healthcare Benefits

Renewal UHC Plan - Effective Date (12/01/2017 - 11/30/2018)

	NETWORK	NON-NETWORK PROVIDERS
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Embedded Deductible		
Employee Only	\$2,000	\$6,000
Family	\$4,000	\$12,000
Coinsurance by Plan (unless otherwise noted)		
Network Provider Choice	80%	50%
Maximum Out of Pocket		
Employee Only	\$7,150	\$18,750
Family	\$14,300	\$37,500
Office Visits		
Primary Care Physician Visit	\$45 Copay	50% Coinsurance after Ded
Specialist Physician Visit	\$90 Copay	50% Coinsurance after Ded
Prescription Drugs		
Generic	\$15 Copay	
Name Brand	\$45 Copay	
Non-Preferred Name Brand	\$85 Copay	
Total Monthly Premium	\$5,632.29	
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.		

* Consider employee contribution to a level that does not meet ACA Affordability guidelines.

* This will allow those employees who qualify for Federal premium subsidies to possibly move to the Healthcare Exchange, possibly with less premium obligation than staying on employer sponsored plan.

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Healthcare Benefits

Trustmark Plan Option 1 - Effective Date (12/01/2017 - 11/30/2018)

	NETWORK	NON-NETWORK PROVIDERS
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Embedded Deductible		
Employee Only	\$2,000	\$5,000
Family	\$4,000	\$10,000
Coinsurance by Plan (unless otherwise noted)		
Network Provider	80%	50%
Cigna		
Maximum Out of Pocket		
Employee Only	\$6,850	\$17,500
Family	\$13,700	\$35,000
Office Visits		
Primary Care Physician Visit	\$45 Copay	50% Coinsurance after Ded
Specialist Physician Visit	\$45 Copay	50% Coinsurance after Ded
Prescription Drugs		
Generic	\$15 Copay	
Name Brand	\$50 Copay	
Non-Preferred Name Brand	\$80 Copay	
Specialty	\$200 Copay	
Total Premium	\$4,583.20	
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.		

Enrollment Type	Rate
Employee	\$572.90
Employee/Spouse	\$1,317.68
Employee/Child(ren)	\$1,088.52
Family	\$1,833.30

Healthcare Benefits

Trustmark Plan Option 2 - Effective Date (01/01/2018 - 12/31/2018)

	NETWORK	NON-NETWORK PROVIDERS
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Embedded Deductible		
Employee Only	\$2,000	\$5,000
Family	\$4,000	\$10,000
Coinsurance by Plan (unless otherwise noted)		
Network Provider Cigna	80%	50%
Maximum Out of Pocket		
Employee Only	\$6,850	\$17,500
Family	\$13,700	\$35,000
Office Visits		
Primary Care Physician Visit	\$45 Copay	50% Coinsurance after Ded
Specialist Physician Visit	\$45 Copay	50% Coinsurance after Ded
Prescription Drugs		
Generic	\$15 Copay	
Name Brand	\$50 Copay	
Non-Preferred Name Brand	\$80 Copay	
Specialty	\$200 Copay	
Total Premium	\$4,462.64	
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.		

Enrollment Type	Rate
Employee	\$577.83
Employee/Spouse	\$1,329.02
Employee/Child(ren)	\$1,097.89
Family	\$1,849.08

