Memorandum



Human Resources Director

Date: 02/11/2016

To: City Council & Management

From: Lorrie Waters, Human Resources Director

Subject: 2016-2017 Proposals for Insurance Renewal

Blue Cross Blue Shield of Georgia

Option 1:

Accept the 9% renewal with Blue Cross Blue Shield and keep the current plan design. This represents an increase of \$99,674 in total annual premium with a portion of the increase bore by employees via a slight increase in payroll deductions as listed below:

<u>Current Payroll Deductions</u>		Revised Payroll Deductions		
EE:	\$25.00	EE:	\$30.00	
ES:	\$161.68	ES:	\$170.00	
EC:	\$137.94	EC:	\$140.00	
FAM:	\$224.28	FAM:	\$230.00	

NET Impact: ≈\$100,000 Increase (\$83,000 to the City & \$17,000 to the employees)

Option 2:

Modify plan design as listed under "Alternate 3" and keep payroll deductions the same. This plan design change will bring the renewal down from a 9% increase to 1.6% and represent a \$17,866 increase in total annual premium. At the City's discretion, an FSA(Flexible Spending Account) would be funded in the amount of \$200 for each employee. This FSA can be used for any qualified medical expenses incurred by the employee or dependents and will help offset some of the additional exposure as a result of the plan changes. With approximately 127 employees on the medical plan, implementing an FSA would increase the annual exposure by \$25,400. This would bring the total healthcare increase to \approx \$43,266. Please see plan design changes below:

- Increase Deductible for Employee from \$1,000 to \$1,500
- Increase Family Deductible from \$3,000 to \$4,500
- Decrease Employee Out of Pocket Maximum from \$4,750 to \$4,500
- Decrease Family Out of Pocket Maximum from \$9,500 to \$9,000
- Implement a \$200 Deductible for Non-Generic Prescription Drugs
- Tier 2 Preferred Brand Name Prescriptions Copay Increases from \$35 to \$45
- Tier 3 Non-Preferred Brand Name Prescriptions Copay Increases from \$60 to \$85
- All Employees Enrolled in Medical Plan Receive a \$200 City Funded FSA

City of Canton

Medical Renewal Analysis - BlueCross BlueShield Alternates April 1, 2016

		Blue Cross Blue Shield of Georgia					
		Current / Renewal		Alternate 3			
Dian Nama		OADE 41	/ 90 / 7K A	OARE	1 EV/20 V		
Plan Name		OAP5 1K 80 4.7K A		OAP5 1.5K/20 K Blue Open Access POS			
Provider Network		Blue Open Access POS		·			
Office Minite (DCD/Core distint)		In-Network	Out of Network	In-Network	Out of Networl		
Office Visits (PCP/Specialist)		\$25 / \$50	60%	\$25 / \$50	60%		
Preventive Care		100%	60%	100%	60%		
Policy or Calendar Year Deductible		Calendar Year		Calendar Year			
Deductible	Single	\$1,000	\$2,000	\$1,500	\$3,000		
•••	Family	\$3,000	\$6,000	\$4,500	\$9,000		
Coinsurance		80% 60%		80% 60% Includes Deductible			
Out-of-Pocket Maximum			Deductible				
	Single	\$4,750	\$9,500	\$4,500	\$13,500		
	Family	\$9,500	\$19,000	\$9,000	\$27,000		
Annual Maximum		Unli	mited	Uni	imited		
Inpatient Hospital Copay		N/A	N/A	N/A	N/A		
Inpatient Hospital Coinsurance		80%	60%	80%	60%		
Outpatient Hospital Copay		N/A	N/A	N/A	N/A		
Outpatient Hospital Coinsurance		•		•	•		
Urgent Care		80% \$60	60%	80%	60%		
Emergency Room		•	60% + coins	\$60 60% \$150 + coins			
Emergency Room		\$130	T COITIS	\$130	+ Collis		
Prescription Drugs							
Rx Deductible		None		\$200			
Tier 1 (Preferred Value/Generic)		\$15		\$15			
Tier 2 (Preferred Brand)		\$35		\$45			
Tier 3 (Non-preferred)		\$60		\$85			
Tier 4 (Preferred Specialty)		20% to \$300		20% to \$300			
Tier 5 (Nonpreferred Specialty)		NA		NA			
Mail Order		1x/2x/3x retail		1x/2x/3x retail			
Rates by Plan Lives		Current	Renewal	Alternate 3			
Employee 75		\$483.64	\$527.17	\$491.44			
Employee + Spouse	17	\$1,068.57	\$1,164.74	\$1,085.81			
Employee + Child(ren) 9		\$911.64	\$993.68	\$926.35			
Family 20		\$1,482.35	\$1,615.76	\$1,506.27			
Monthly Premium by Plan		\$92,290	\$100,597	\$93,779			
Annual Premium by Plan		\$1,107,485	\$1,207,160	\$1,125,352			
Annual Frennum by Flan			Change From Current Change From Curre				
		\$	%	\$	%		
Employee		\$43.53	9.0%	\$7.80	1.6%		
Employee + Spouse		\$96.17	9.0%	\$17.24	1.6%		
Employee + Child(ren)		\$82.04	9.0%	\$14.71	1.6%		
Family		\$133.41	9.0%	\$23.92	1.6%		
Total Cost Difference-Monthly		\$8,306	9.0%	\$1,489	1.6%		
		Current	Renewal		rnate 3		
Combined Annual Plan Totals		\$1,107,485	\$1,207,160	\$1,125,352			
Combined Annual Cost Difference (\$)		•	\$99,674	\$17,866			
Combined Annual Cost Difference (%			9.0%	1.6%			

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine Plans shown were chosen as the best fit for City of Canton. Other options are available. Please see complete BCBS list of alternate plans in Appendix.

Premium discount of 2% may apply towards medical renewal if combined with BCBS Dental.

