

2010-2011 Group Health Benchmarks NOTE: Premiums are rounded to the nearest \$1.	Sumter County 2010-2011	Citrus County 2010-2011	Hernando County 2010-2011	Marion County 2010-2011	Sumter County School Board 2010-2011	Mid Florida Community Services 2010-2011	SECO 2010-2011	Villages CCD 2010-2011
Board Pays For or Pays a Percentage of:	Health/Dental Life/AD & D STD & LTD	Health/Dental Life & LTD	HSA with multiple plan options	Health, Life AD&D / LTD	Health, AD & D, Life (Dental and Vision covered separately)	Health/Dental Life/LTD	Health, Life, AD & D/STD & LTD	Health Dental
Single Coverage								
Portion of single coverage paid by employer	\$741	\$414	Up To \$670	\$276 or \$303	\$346	\$394 to \$416	\$377	\$501 to \$507
Portion of Single coverage paid by employee	\$20	\$0 or \$33	\$0	\$14 or \$31	\$26 or \$154	\$0	\$42	\$0
Total for Single coverage	\$761	\$414 or \$448	\$670	\$290 or \$334	\$371 or \$500	\$394 to \$416	\$419	\$501 to \$507
Child/ren								
Portion of child/ren coverage paid by employer	\$0	See Family Coverage	Employee/Children Up To \$760	See Family Coverage	\$346	\$0	\$571 to \$1,033	\$0
Portion of Child/ren coverage paid by employee	\$140	See Family Coverage	See Benefits Form	See Family Coverage	\$230 to \$429	\$347 to \$366	\$90 to \$206	\$411 to \$416
Total for Child/ren	\$140	NA	\$629 to \$1,102	N/A	\$576 to \$774	\$347 to \$366	\$661 to \$1,238	\$411 to \$416
Spouse								
Portion of Spouse coverage paid by employer	\$0	See Family Coverage	Employee/Spouse Up To \$760	See Family Coverage	\$346	\$0	\$571	\$0
Portion of Spouse coverage paid by employee	\$235	See Family Coverage	See Benefits Form	See Family Coverage	\$263 to \$482	\$422 to \$445	\$90	\$611 to \$619
Total for Spouse	\$235	NA	\$684 to \$1,123	N/A	\$605 to \$828	\$422 to \$445	\$661	\$611 to \$619
Family Coverage								
Portion of Family coverage paid by employer	\$0	\$0	NA	N/A	\$346	\$0	\$0	\$0
Portion of Employee/Family 1-3 plus dependents paid by employer	NA	\$414	Up To \$830	\$637or \$735	\$346	\$0	\$1,033	\$501 or 507
Portion of Family coverage paid by employee	\$294	\$414 or \$448	NA	N/A	\$365 to \$616	\$1,252 to \$1,322	\$0	\$1,030 to 1037
Portion of Employee/Family 1-3 plus dependents paid by employee	NA	\$414 or \$448	See Benefits Form	\$161 or \$184	\$365 to \$616	\$1252 to \$1322	\$206	\$1,030 to 1037
Total Paid for Family Coverage	\$294	\$414	\$1,004 to \$1,272	\$798 or \$919	\$711 to \$961	\$1,252 to \$1,322	\$1,238	\$1,538 to \$1,557
Number of Benefit Eligible Employees (Participating)	644	796	860	2430	329	332	384	195
Annual contribution by Employer Per Employee	\$8,892	\$4,972	Employee & Dep Combined Below	Employee & Dep Combined Below	\$4,148	\$4,728 to \$ 4,995	\$4,526	\$6,013 to \$6,086
Annual contribution by Employer Per Employee for Dependents	\$0	\$0	See Benefits Form	\$6,060	\$0	\$0	\$3,589	\$0
Max Annual Employer Contribution per Employee	\$8,058	\$4,972	\$9,960	\$6,060	\$4,148	\$4728 to \$4995	\$8,115	\$6,013 to \$6,086
Self Insured for Health	Yes	Yes	No	No	No	No	Yes	No
Co-payment for Dr. visits (In-Network)	\$20/\$40	\$20	\$15/\$10 HMO	CYD/20 %Co-ins or \$25/CYD	\$30 Blue Choice \$25 Blue Options	\$25	\$25/\$25	\$20/\$25
Deductible (In-Network)	\$500/\$1,500	\$500/\$1,500	\$500/\$1,500/\$0 HMO	\$1,000/\$3,000 or \$500/\$1,500	\$750/\$1500 or \$1000/\$3000	\$1,250/\$3,750	\$400 / \$800	\$250/\$1,250
Prescription Co-payments	\$5/\$25/\$50	\$15/\$30/\$50	\$10/\$25/\$40 HMO / \$15/\$30/\$50	\$100 Ded then 30% or \$10/\$30/\$50	\$20/\$40/\$60	\$100 Ded then 50% Co-ins	\$10/\$20/\$40/\$250	\$10/\$25/\$40
Prescription Mail Order Co-payments (90 days)	\$10/\$50/\$100	\$30/\$60/\$100	\$20/\$50/\$80 HMO	\$20/\$60/\$100	\$20/\$100/\$150	\$100 Ded then \$20/\$50/\$80	2x Retail	\$20/\$50/\$80
Administer Health Plan for:								
Clerk	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A
Property Appraiser	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A
Tax Collector	Yes	No	Yes	Yes	N/A	N/A	N/A	N/A
SOE	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A
Sheriff	Yes	No	No	Yes	N/A	N/A	N/A	N/A
Administer Work Comp for:								
Clerk	Yes	No	Yes	Yes	N/A	N/A	N/A	N/A
Property Appraiser	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A
Tax Collector	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A
SOE	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A
Sheriff	No	No	No	No	N/A	N/A	N/A	N/A
Self insured for Work Comp	No	Yes	Yes	Yes	Yes	N/A	N/A	N/A
Self-insured Retention	N/A	N/A	\$500,000	N/A	N/A	N/A	N/A	N/A
Retiree Subsidy	Yes	No	No	No	N/A	N/A	N/A	N/A

RETIREE RATES 2010-2011 NOTE: Premiums will round to the nearest \$1 when entered.	Sumter County 2010-2011	Citrus County 2010-2011	Hernando County 2010-2011	Marion County 2010-2011	Sumter County School Board 2010-2011	Mid Florida Community Services 2010-2011	SECO 2010-2011	Villages CCD 2010-2011
Retiree Medicare Ineligible (6-9 years of service)	Dental/Health/Life	Health		Health		NO BENEFITS		NO BENEFITS
Portion paid by employer	\$190	\$0	\$0	\$0	N/A	N/A	COBRA ONLY if retired	N/A
Portion paid by retiree	\$570	\$414 or \$448	\$216 to \$311	\$290 or \$334	\$371 to \$500	N/A	prior to age 65.	N/A
Total for Retiree Medicare Ineligible	\$760	\$414 or \$448	\$216 to \$311	\$290 or \$334	\$371 to \$500	N/A		N/A
Retiree Medicare Ineligible (10 plus years of service)								
Portion paid by employer	\$380	No difference for	No difference for	No difference for	No difference for	N/A	N/A	N/A
Portion paid by retiree	\$380	years of service,	years of service,	years of service,	years of service,	N/A	N/A	N/A
Total for Retiree Medicare Ineligible	\$760	age, etc.	age, etc.	age, etc.	age, etc.	N/A	N/A	N/A
Retiree Age 65 and up (Enrolled in Medicare A & B)								
Portion paid by employer	\$72	N/A	See Attached	N/A	N/A	N/A	\$0	N/A
Portion paid by employee	\$217	N/A	See Attached	\$290 or \$334	N/A	N/A	\$250	N/A
Total for Retiree Ages 65-69	\$289	N/A	See Attached	\$290 or \$334	N/A	N/A		N/A
Retiree Age 65 and up (Not Enrolled in Medicare A & B)								
Portion paid by employer	\$190	N/A	See Attached	N/A	N/A	N/A	\$0	N/A
Portion paid by employee	\$570	N/A	See Attached	\$290 or \$334	N/A	N/A	\$250	N/A
Total for Retiree Ages 65-69	\$760	N/A	See Attached	\$290 or \$334	N/A	N/A		N/A
Retiree Spouse 65 and up (Enrolled in Medicare A & B)	Dental/Health No Life	Health	See Attached	Health	Health, Dental			
Portion paid by employer	\$0	\$0	See Attached	N/A	N/A	N/A	\$0	N/A
Portion Spouse paid by retiree	\$120	\$828 to \$896	See Attached	N/A	\$608 TO \$827	N/A	\$305	N/A
Portion Retiree/Spouse paid by retiree	\$0	N/A	See Attached	\$798 or \$919	N/A	N/A	\$305	N/A
Total for Retiree Spouse	\$120	\$828 to \$896	See Attached	\$798 or \$919	\$608 TO \$827	N/A	\$305	N/A
Retiree Spouse (Not Enrolled in Medicare A & B) with Family Coverage								
Portion paid by employer	\$0	\$0	See Attached	\$0	N/A	N/A	\$0	N/A
Portion paid for Spouse/Family by retiree	\$294	\$828 to \$896	See Attached	\$0	\$711 To \$1,123	N/A	\$305	N/A
Portion paid for Retiree/Spouse/Family by retiree	\$0		See Attached	\$798 or \$919	N/A	N/A	\$305	N/A
Total for Retiree Spouse & Family	\$294	\$828 to \$896	See Attached	\$798 or \$919	\$711 To \$1,123	N/A	\$305	N/A
Self Insured for Retiree Health	Yes	Yes	No	No	No	N/A	Yes	N/A
Co-payment for Dr. visits	\$20/\$40	\$20	See Attached	CYD/20% Co-ins or \$25/CYD & Co-ins	\$30 Blue Choice \$25 Blue Options	N/A	Suplmental to Medicare Part A	N/A
Deductible	\$500/\$1500	\$500/\$1,500	See Attached	\$1,00/\$3,000 or \$500/\$1,500	\$750/\$1,500 or \$1,000/\$3,000	N/A	\$ 100/ \$ 200	N/A
Prescription Co-payments	\$5/\$25/\$50	\$15/\$30/\$50	See Attached	\$100 ded then 30% or \$10/\$30/\$50	\$20 / \$40 / \$60	N/A	No RX	N/A
Prescription Co-payments (Mail order 90 day supply)	\$10/\$50/\$100	\$30/\$60/\$100	N/A	\$20/\$60/\$100	N/A	N/A	N/A	N/A

Additional Comments:

Citrus County offers two plans (Blue Choice and Blue Options). After being employed one year PT (any hours) employees become eligible for benefits. Regular employees working 20 hours per week or more are benefit eligible.

Hernando County offers multiple plans and contributes approximately \$670 to \$830 to Employee HSA's (Health Savings Account) each month. Employees are required to select LTD and Life and pay from their HSA dollars.

Lake County - After several contacts were made to Lake County, their staff advised that they were too involved with the administration of the LS EMS plan/employees and did not have time to provide the information that was requested for our survey.

Marion County offers two plans. Regular employees working 40 hours per week are benefit eligible.

Mid Florida Community Services - STD and A D & D are voluntary benefits paid by employee.

SECO offers two plans (Blue Choice PPO's). Only Health is included in premium amount shown paid by employer.

Sumter County BOCC's Family Coverage Premium shows dependent premium only. An FSA Credit of \$250 to \$500 is available to any employee who declines Health Plan. Sumter County subsidizes a portion of the dependent premium in the employee premium rate.

Sumter County School Board offers multiple plans and has an HSA. Only one Blue Choice and one Blue Option plan are represented in this spreadsheet. They also have an FSA arrangement whereby if they decline Health Plan they receive \$500 in FSA Funds and free Dental and Vision Plan. Dental and Vision Benefits are available at an additional employee cost (\$37 to \$69 per month). The School Board indicated that they may actually contribute more from the employer side and they are working on coming up with a more accurate figure, but for now this is still the information they are using and providing the employees. Life and all voluntary benefits paid by employee. Retirees are also offered a Medicare Advantage Option. Out of 850 Benefit Eligible Employees, there are approximately 481 participants in the Health Plans only and 650 total participants including those participating in Dental and Vision only plans.

BLUE CROSS BLUE SHIELD HEALTH INSURANCE RATES RATES EFFECTIVE 1/1/11-12/31/11

(Sumter County School Board)

Below are the 2011 insurance rates. Open enrollment is November 1 – 19, 2010. All changes are effective 1/1/2011. Please contact Leslie Paxton if you have any questions. Call 793-2315 ext: 229 or email leslie.paxton@sumter.k12.fl.us

“A-C-D-E” Annual Board Benefit - \$4,148.00
Monthly Board Benefit - \$345.67
 Includes \$36,000 Life Insurance with AD&D for All Employees

BlueChoice 727(Medical Only) Plan C

Coverage Selected	Monthly Board Benefit	Monthly Employee Premium	Per Check Deduction (20 Pay)	Per Check Deduction (24 Pay)
C Employee	\$345.67	\$154.09	\$92.46	\$77.05
C2 EE/Spouse	\$345.67	\$482.19	\$289.32	\$241.10
C3 EE/Child(ren)	\$345.67	\$428.65	\$257.19	\$214.33
C4 EE/Family	\$345.67	\$615.65	\$369.39	\$307.83

BlueOptions 3359(Medical Only) Plan D

Coverage Selected	Monthly Board Benefit	Monthly Employee Premium	Per Check Deduction (20 Pay)	Per Check Deduction (24 Pay)
D Employee	\$345.67	\$25.61	\$15.37	\$12.81
D2 EE/Spouse	\$345.67	\$263.10	\$157.86	\$131.55
D3 EE/Child(ren)	\$345.67	\$230.40	\$138.24	\$115.20
D4 EE/Family	\$345.67	\$365.50	\$219.30	\$182.75

(Sumter County School Board continued)

2011 Alternative Plans

BlueOptions 3160 & 3161(Medical Only) W/HSA Plan E

Coverage Selected	Monthly Board Benefit	Monthly Employee Premium	Per Check Deduction (20 Pay)	Per Check Deduction (24 Pay)
E Employee	\$345.67	\$31.42	\$18.85	\$15.71
E2 EE/Spouse	\$345.67	\$369.14	\$221.48	\$184.57
E3 EE/Child(ren)	\$345.67	\$303.54	\$182.12	\$151.77
E4 EE/Family	\$345.67	\$750.73	\$450.44	\$375.36

**Plan A (No Medical Benefits)
Dental, Vision & Flexible Spending**

Coverage Selected	Monthly Board Benefit	Monthly Employee Premium	Per Check Deduction (20 Pay)	Per Check Deduction (24 Pay)
A Employee	\$345.67	\$0.00	\$0.00	\$0.00
A2 EE(A)/Spouse	\$345.67	\$26.70	\$16.02	\$13.35
A3 EE(A)/Children	\$345.67	\$23.70	\$14.22	\$11.85
A4 EE(A)/Family	\$345.67	\$31.70	\$19.02	\$15.85

To Add Dental & Vision to Medical Plans

Coverage Selected	Monthly Premium	Employee Pays Mo.	Per Check Deduction(20)	Per Check Deduction (24)
1 Employee	\$37.42	\$37.42	\$22.45	\$18.71
5 EE/Spouse	\$64.12	\$64.12	\$38.47	\$32.06
6 EE/Child(ren)	\$61.12	\$61.12	\$36.67	\$30.56
7 EE/Family	\$69.12	\$69.12	\$41.47	\$34.56

Hernando

2010-11 BENEFIT SELECTION WORKSHEET

Employee Name:

Employee #:

BenTek User Name:

Coverage Effective:

SSN:

BenTek Password:

October 1, 2010

Benefit Dollars and all premiums are per pay period (excluding 3rd pays/month)

I. BENEFIT CHOICE DOLLARS:	\$50 Opt-Out Option	\$335 Emp. Only	\$380 Emp. + Spouse	\$380 Emp. + Child(ren)	\$415 Emp. Family
II. REQUIRED INSURANCE SELECTIONS					
MEDICAL		Employee Only (\$335)	Employee + Spouse (\$380)	Employee + Children (\$380)	Employee + Family (\$415)
BC/BS Blue Options 1767 Plan \$0 Deductible In-Network/\$500 Single-\$1500 Fam. Ded. Out		\$302.50	\$544.50	\$535.00	\$618.00
BC/BS Blue Options 1559 Plan \$500 Deductible with Co-payments In/Out of Network		\$273.50	\$493.50	\$484.00	\$558.00
BC/BS HMO (Blue Care Plan 13)		\$311.50	\$561.50	\$551.00	\$636.00
BC/BS High Deductible Plan/HSA Includes \$1000 In Account		\$215.67	\$342.17	\$314.67	\$502.17
DISABILITY / LIFE INSURANCE					
Long Term Disability TC/SOE .004 -BCC/CCC .004333 of pay Post tax (Salary maximum \$100,000)	Adjustments to salary will alter premium (maximum per year - \$400 year / \$16.67 per pay period)				
Basic Life Insurance (AD&D, \$10,000)	Age 65+ \$1.14	Age 70+ \$.88		\$1.76	
	\$6,500	\$5,000		\$10,000	
III. OPTIONAL INSURANCE SELECTIONS					
DENTAL		Employee Only	Employee + 1	Employee + 2 or more	
Guardian Indemnity Plan (\$75 deductible - 100/70/50)		\$16.63	\$27.42	\$41.55	
Guardian DPO Plan		\$11.70	\$19.28	\$29.23	
Humana American Dental Plan - DMO		\$6.18	\$11.75	\$16.02	
MISCELLANEOUS					
Short Term Disability (max per year - \$270 yr/ \$11.25 per pay period. Any adjustment to your base salary will alter the premium) Annual Salary Maximum is \$58,900.	Post Tax			BCC/CCC .003846 of pay TC/SOE .004617 of pay	
Life (Pre Tax) - Additional/Supplemental Coverage (2.08 per \$10,000, up to \$40,000) :					
_____ @ \$2.08 per \$10,000	_____ @ \$1.35 per \$6,500 (Age 65 plus)	_____ @ \$1.04 per \$5,000 (Age 70 plus)			
Life (Post Tax) Additional/Supplemental Coverage (\$2.08 per 10,000 over 40,000 up to \$190,000 or six times your salary, whichever is less. (Additional tax applies over age 54) :					
_____ @ \$2.08 per \$10,000	_____ @ \$1.35 per \$6,500 (Age 65 plus)	_____ @ \$1.04 per \$5,000 (Age 70 plus)			
Dependent Life Coverage (Post tax) (Amount cannot be greater than half of emp. life)	\$0.39 \$2,500 in coverage	\$0.78 \$5,000 in coverage		\$1.54 \$10,000 coverage	
AFLAC - Attach AFLAC enrollment form and write in pay period premium amount		Pre-Tax		Post-Tax	
COLONIAL - Attach enrollment form and write in pay period premium amount		Pre-Tax		Post-Tax	
EyeMed Vision Plan	\$2.76 single plan			\$7.04 family plan	
VSP Vision Plan	\$3.37 single plan			\$7.23 family plan	
Prepaid Legal Services		Level 1 - \$7.48		Level 2 - \$11.98	
Flex Spending - Medical/Vision (minimum \$5.00/maximum \$75.00 per pay period)					
Flex Spending - Dependent Care - Pay period minimum \$5.00/maximum \$200					
HSA / Additional Employee Contribution to Health Savings Account (only with BCBS Plans 1160/61)					

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**Hernando County
Board of County Commissioners**

October 1, 2009 through
September 30, 2010

BCBS

SCHEDULE OF BENEFITS SUMMARY	BlueCare Plan 13		BlueOptions 1767		BlueOptions 1559		BlueOption 1160/61		
	BlueCare Plan 13	BlueOptions 1767	BlueOptions 1559	BlueOption 1160/61	BlueOptions 1767	BlueOptions 1559	BlueOption 1160/61	BlueOption 1160/61	
	BlueCare Plan 13	BlueOptions 1767	BlueOptions 1559	BlueOption 1160/61	BlueOptions 1767	BlueOptions 1559	BlueOption 1160/61	BlueOption 1160/61	
		NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Deductible/Family/Maximum	n/a	n/a	\$500 / \$1,500	\$500 / \$1,500	\$500 / \$1,500	\$500 / \$1,500	\$2,500 / \$5,000	\$1,250 / \$2,500	\$2,500 / \$5,000
Out-of-Pocket Maximum	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Office Services	n/a	n/a	Includes	Includes	Includes	Includes	Includes	Includes	Includes
PGP	\$10	\$15	\$30* or Ded + 40%	\$15	\$30	Ded. + 40%	Ded. + 20%	Ded. + 20%	Ded. + 40%
Specialist	\$25	\$30	\$45* or Ded. + 40%	\$30	\$30	Ded. + 40%	20%	20%	40%
Preventive	\$10 or \$25	\$15 or \$30	\$30*/\$45* or 40%	\$15 or \$30	\$15 or \$30	40%	20%	20%	40%
annual/physical		\$15 or \$30; \$250 cy max	\$30*/\$40* or 40%; \$250/cy max	\$15 or \$30; \$150 cy max	\$15 or \$30; \$150 cy max	40%; \$150/cy max	20%; \$250/cy max	20%; \$250/cy max	40%; \$250/cy max
Hospital:									
In-Patient	Opt 1	\$600	\$1,200	\$600	\$600	Ded. + 20%	Ded. + 20%	Ded. + 20%	Ded. + 40%
Opt 2	Opt 2	\$900	\$900	\$900	\$900	Ded. + 25%	Ded. + 25%	Ded. + 25%	Ded. + 40%
Out-Patient	Opt 1	\$200	\$400	\$150	\$150	Ded. + 20%	Ded. + 20%	Ded. + 20%	Ded. + 40%
Opt 2	Opt 2	\$300	\$300	\$250	\$250	Ded. + 25%	Ded. + 25%	Ded. + 25%	Ded. + 40%
Lab	preventative	\$0	Ded. + 40%	\$0	\$0	Ded. + 40%	Ded. + 20%	Ded. + 20%	Ded. + 40%
diagnostic	diagnostic	\$0	Ded. + 40%	\$0	\$0	Ded. + 40%	Ded. + 20%	Ded. + 20%	Ded. + 40%
standard	standard	\$100	Ded. + 40%	\$0	\$0	Ded. + 40%	Ded. + 20%	Ded. + 20%	Ded. + 40%
ADVANCED	ADVANCED	\$30	\$45*	\$30	\$30	Ded. + 40%	Ded. + 20%	Ded. + 20%	Ded. + 40%
Urgent Care		\$30	\$45*	\$30	\$30	Ded. + 40%	Ded. + 20%	Ded. + 20%	Ded. + 40%
Emergency Room:		\$100	\$200	\$100	\$100	Ded. + 40%	Ded. + 20%	Ded. + 20%	Ded. + 40%
Rx Benefit		\$10 / \$25 / \$40	\$15 / \$30 / \$50	\$15 / \$30 / \$50	\$15 / \$30 / \$50	Ded. Then \$15 / \$30 / \$50	Ded. Then \$15 / \$30 / \$50	Ded. Then \$15 / \$30 / \$50	Ded. Then \$15 / \$30 / \$50
Notations			*If using Traditional BCBS Providers						