

EMPLOYEE BENEFITS

Board of County Commissioners

Workshop

January 21, 2020

Cost of Living Allowance

For FY 20/21, the proposed Cost of Living Adjustment (COLA) is 1.60% per policy. No additional increases beyond this COLA are recommended at this time.

The proposal has an impact to the BOCC FY 20/21 budget of \$295,999 and an additional \$626,468 for the constitutional officers' FY 19/20 budgets.

Fiscal Year	CPI-W	COLA	BOCC Adjustment Beyond COLA
2020-2021	1.60%	1.60%	0.00%
2019-2020	2.80%	2.80%	0.00%
2018-2019	2.00%	2.00%	0.00%
2017-2018	0.03%	0.03%	2.97%

Group Health Plan Benefits

Benefits include:

Core Plan

- ✦ Health Plan – Florida Blue - BlueOptions Network
- ✦ Dental Benefits – Delta Dental
- ✦ \$25K Basic Life and AD&D policy per employee – The Hartford
- ✦ Short-Term Disability – The Hartford
- ✦ Employee Assistance Program - ComPsych through The Hartford
- ✦ PrimeMail – Mail order pharmacy
- ✦ CanaRX – Mail order pharmacy
- ✦ Teladoc – E-Office Visit Services

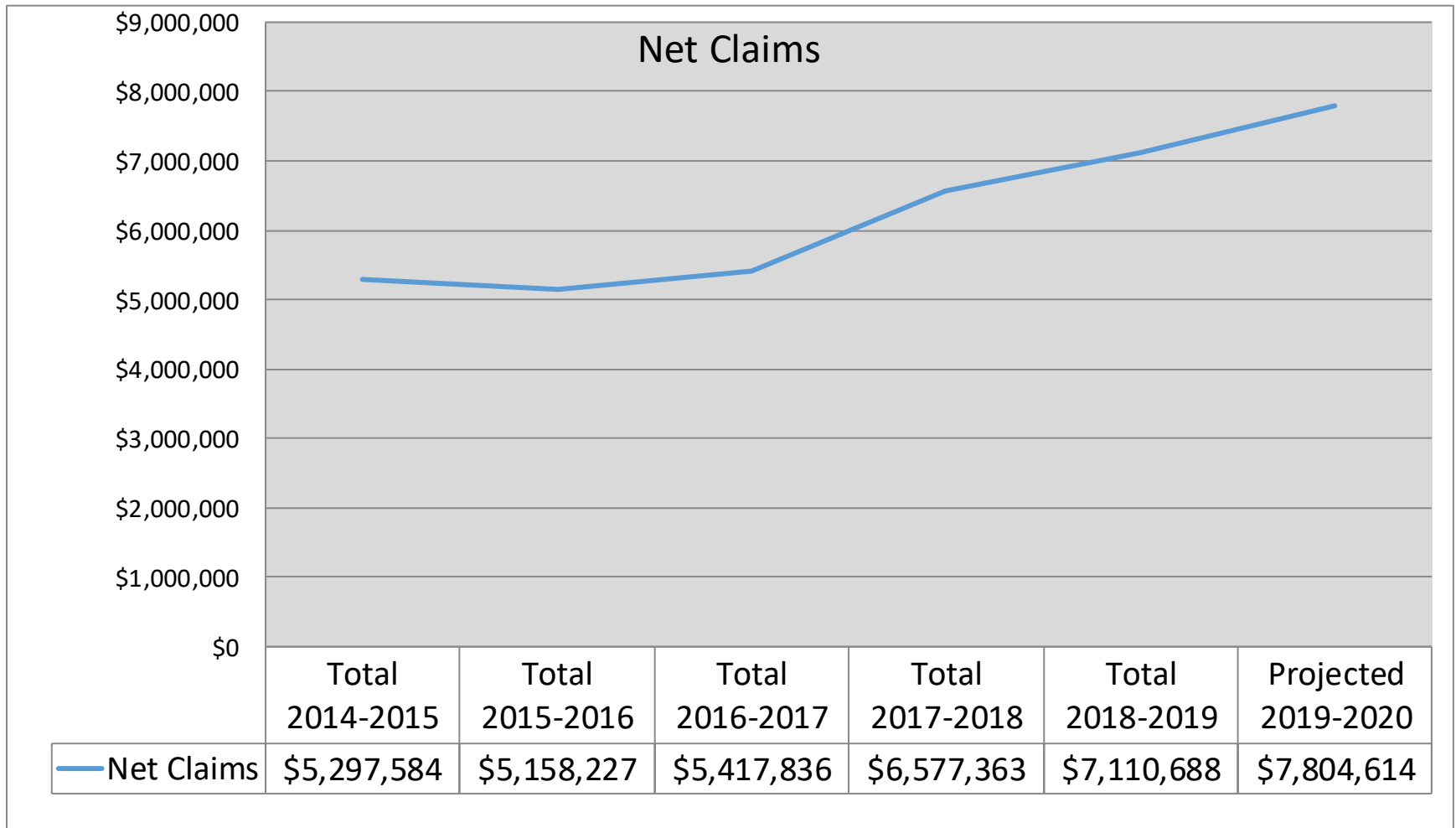
Employee Optional

- ✦ Employee Voluntary Life – The Hartford
- ✦ Dependent Voluntary Life – The Hartford
- ✦ Long-Term Disability – The Hartford
- ✦ Vision – Humana
- ✦ Flexible Savings Account – Employee Benefits Corporation
- ✦ Group Accident Insurance - The Hartford
- ✦ Group Critical Illness Insurance – The Hartford
- ✦ Group Indemnity Medical Insurance – The Hartford

BOCC Group Health and Dental Program

- ✦ Self-insured Health and Dental plans
- ✦ Claims are administered by Florida Blue (health) and Delta Dental (dental)
- ✦ Participants from all six Sumter County participating employers include: 598 employees; 88 retirees; and 927 dependents (as of January 1, 2020; excludes employees who waive coverage)

Group Health Net Claim Cost History



Group Health Plan Premium Cost Comparison For Employees

Health, Dental, Life and AD&D

❑ Recommended 20/21 Employee Premiums: (No Change)

Tier	Total Premium	Employer Contribution	Employee Contribution
EE Only	\$611.39	\$541.39 (88.6%)	\$70.00 (11.4%)
EE + Child	\$1,165.90	\$936.90 (80.4%)	\$229.00 (19.6%)
EE + Spouse	\$1,274.28	\$928.28 (72.8%)	\$346.00 (27.2%)
EE + Family	\$1,938.26	\$1,520.26 (78.4%)	\$418.00 (21.6%)

Group Health Plan Premium Cost Comparison For Retirees

Health, Dental, and Life (No AD&D)

□ Recommended 20/21 Retiree Premiums (No Change)

Tier	Total Premium	Employer Contribution	Retiree Contribution
1	\$611.14	\$0 (0%)	\$611.14 (100%)
2	\$611.14	\$152.79 (25%)	\$458.35 (75%)
3	\$611.14	\$305.57 (50%)	\$305.57 (50%)
4	\$511.14	\$0 (0%)	\$511.14 (100%)
5	\$511.14	\$127.79 (25%)	\$383.35 (75%)

Tiers

1. Retiree without Medicare A&B, hired after 10/1/09 with less than 6 years of service (no subsidy)
2. Retiree without Medicare A&B, hired prior to 10/1/09 with 6+ years of service (25% subsidy)
3. Retiree without Medicare A&B, hired prior to 10/1/09 with 10+ years of service (50% subsidy)
4. Retiree with Medicare A&B, hired after 10/1/09 with less than 6 years of service (no subsidy)
5. Retiree with Medicare A&B, hired prior to 10/1/09 with 6+ years of services (25% subsidy)

Group Health Plan Premium Cost Comparison For Retirees

Health and Dental (No Life or AD&D)

These premiums are paid in full by the retiree, in addition to the retiree premium.

□ Recommended 20/21 Retiree Dependent Premiums: (No Change)

<u>Tier</u>	<u>Total Premium</u>	<u>Employer Contribution</u>	<u>Retiree Contribution</u>
Child(ren)	\$554.51	0%	100%
Spouse	\$662.89	0%	100%
Family	\$1,326.87	0%	100%

Proposed Changes for FY 2020/2021

- 1.6% Cost-of-living adjustment (COLA)
- Increase Deductible
 - Single Coverage - In network from \$500 to \$1,000, Out of Network from \$750 to \$1,500
 - Family Coverage – In network from \$1,500 to \$3,000, Out of Network from \$2,250 to \$4,500
- Increase Out-of-Pocket Limit
 - Single Coverage - In network from \$2,500 to \$3,000, Out of Network from \$5,000 to \$6,000
 - Family Coverage – In network from \$5,000 to \$6,000, Out of Network from \$10,000 to \$12,000
- See attached handout for comparison data

Group Health Plan Summary

Sumter County Board of County Commissioners		
Proposed 2020 - 2021 Medical (Increase deductible and Out-of-Pocket Limit)		
Benefits Highlights	In Network	Out of Network
Deductible		
Single	\$1,000	\$1,500
Family	\$3,000	\$4,500
Coinsurance	20%	40%
Out-of-Pocket Limit		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Out-of-Pocket Includes	DED, Coins, Copays: Excludes RX	
Lifetime Maximum	Unlimited	
Physician Services (including Diagnostic X-ray/Lab Services)		
PCP Office Visits	\$20	40% after deductible
Specialist Visits	\$40	40% after deductible
Preventive Care		
Well Child Care	\$0	40%
Routine Adult Physical Exam	\$0	40%
Well Woman/GYN Exam	\$0	40%
Mammograms	\$0	0%
Hospital Facility Services		
Inpatient	\$600	40% after deductible
Outpatient	\$200	40% after deductible
Emergency Facility Services		
Emergency Room	\$300	\$300
Urgent Care Center	\$45	40% after deductible