

Peel & Holland

Insurance ■ Risk Consulting ■ Employee Benefits

MARSHALL COUNTY
FISCAL COURT

RENEWAL PRESENTATION

PREPARED FOR MARSHALL COUNTY FISCAL COURT

PRESENTED: SEPTEMBER 30, 2020



YOUR TEAM

ASSIGNED BENEFITS SERVICE STAFF



DJ Story, CSFS

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Kim Hiebert

Account Manager

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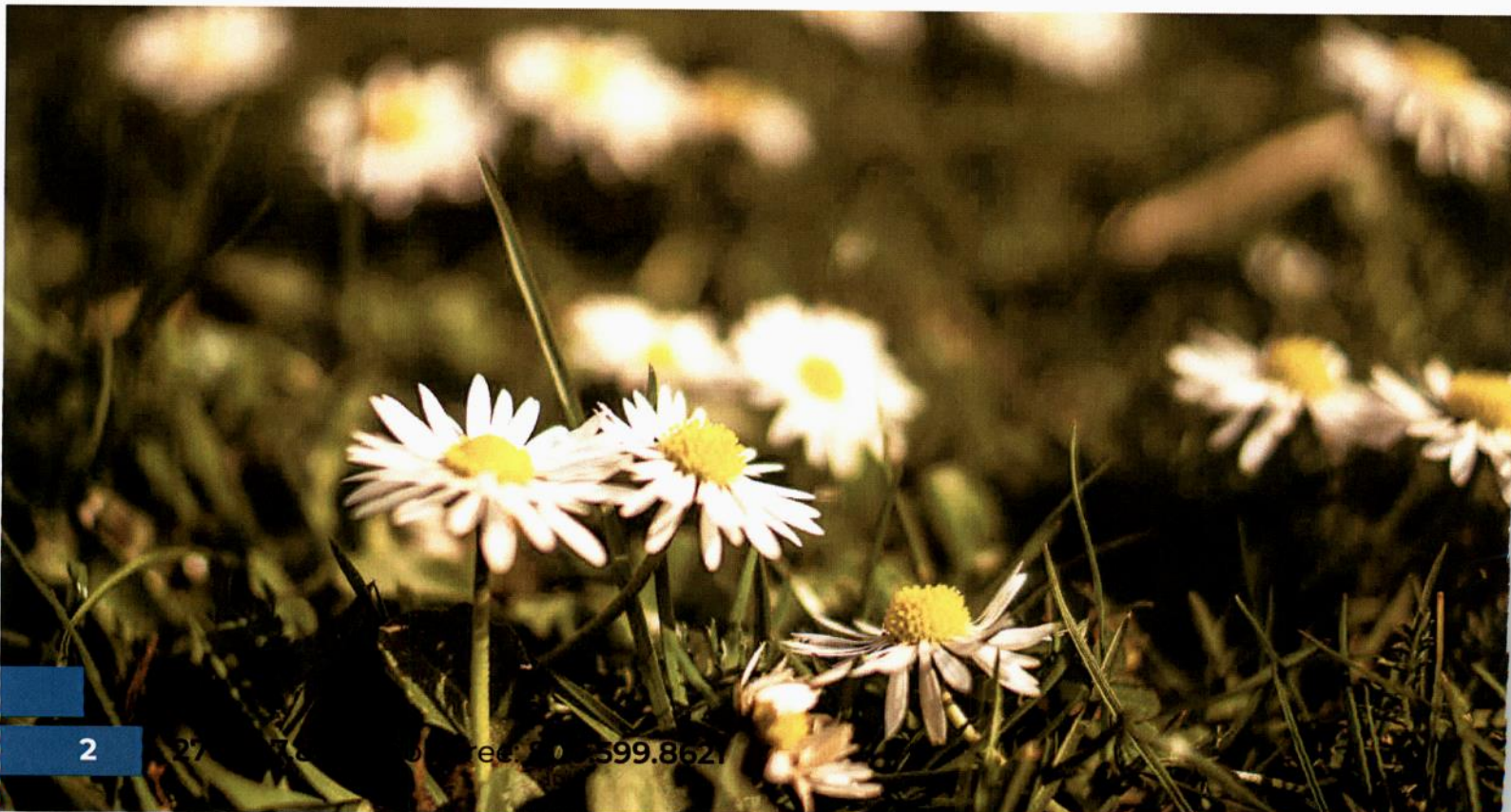
Sherry Orr

Account Administrator

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Note: Peel & Holland's entire benefits team is available and ready to serve Marshall County Fiscal Court.



AGENDA

JANUARY 2020 BENEFITS RENEWAL PLANNING

- Advisory Agreement – Peel & Holland
- Health – KEHP (Anthem)
- Dental – Current Delta Dental vs KEHP Anthem Offerings – **Discuss**
- Vision – Current Avesis vs DeltaVision vs Anthem KEHP Vision Offerings – **Discuss**
- Health Reimbursement Arrangement (HRA) – FEBCO – **Discuss**
- Waiver Health Reimbursement Arrangement (HRA) – FEBCO – **Discuss**
- Flexible Spending Account (FSA) – FEBCO
- Group Life & AD&D – MetLife (Rate Hold)
- Voluntary Life – Cincinnati Life
- Supplemental Benefits – Aflac
- MASA (Medical Transport Services) – Any interest in offering as a voluntary benefit?

BENEFITS RENEWAL TIMELINE

- September 30, 2020 – Renewal from KEHP/Anthem presented to MCFC
- October 6, 2020 – Approval from MCFC
- October 21-22, 2020 – Open Enrollment (Active, Mandatory)

STEWARDSHIP REPORT

● OCTOBER 2019

Knee-to-Knee Open Enrollment

JANUARY 2020

Marketed to Anthem for KACo Rates (Non-Competitive)

● AUGUST 2020

Humana Declined to Quote

SEPTEMBER 2020

Claims Review Benefits Renewal Presentation

SERVICE STATISTICS

ANNUAL PLAN YEAR

- Personalized knee-to-knee employee benefits meetings with all new hires (on average 15 per year)
- Process all new hire enrollment paperwork
- Coordinate cross-reference enrollments with other employers
- Process all qualifying event changes (frequently requires knee-to-knee meeting with affected employee)
- Process all employee terminations (on average 15 per year)
- Process COBRA notifications
- Process COBRA enrollments
- Assist with death claim filing process
- Carrier record maintenance and service:
 - KEHP
 - Delta Dental
 - Avesis
 - FEBCO HRA
 - FEBCO HSA
 - MetLife - Group Life
 - USAdmin COBRA
 - Cincinnati Life - Voluntary Life
- Maintain electronic copy of all documentation (approximately 2,500-3,000 pages annually)
- Provide copies of all personnel-related documents to Treasurer's office for HR maintenance
- Claims issues – assistance and resolution
- Grievance issues – assistance and resolution
- Maintain enrollment spreadsheet providing at-a-glance details of benefits elections on an employee-by-employee basis
- Renewal process, including personalized annual open enrollment meetings with all employees.
- NavMD ACA annual IRS reporting set-up
- ACA guidance and assistance
- Personalized Knee-To-Knee Open Enrollment meetings with all employees

HEALTH PLAN RENEWAL

2021 HEALTH PLAN RENEWAL

- Employer premium contributions have increased by 3%; employers continue to pay an average of 85% of the total monthly premium.
- Employee premium contributions have increased an average of \$6.02, with the highest increase at \$20.46
- First changes to the LivingWell PPO plan since 2014:
 - Specialist Office Visit Copay has increased by \$5 to \$50
 - Prescription Copay has increased by \$5 to \$15 for Tier 1 – Generic and \$40 for Tier 2 – Formulary for 30-Day Supply and to \$30 & \$80 respectively for 90-day supply (retail or mail-order)..
- New two-tier prescription Value Formulary for all plans (more Generic options, fewer name brand options).

Recommendation: Remain in the KEHP Health Plan.

HEALTH PLAN RENEWAL

Calculations below are based on enrollment as of 9/21/2020, assume employees will enroll the same for the 2021 plan year, and that all employees completed the 2020 LivingWell Promise. The Employee Share of premium will be an additional \$40 per month for any employee who failed to complete their 2020 LivingWell Promise.

MARSHALL COUNTY FISCAL COURT									
2021 PLAN YEAR MONTHLY RATES & ENROLLMENT ASSUMPTIONS									
TOTALS									
Total Number of Enrolled Employees (Tobacco/Non-Tobacco)	LivingWell CDHP	LivingWell PPO	LivingWell Basic CDHP	LivingWell Limited High Deductible Plan	\$175 <u>Monthly</u> Contribution - HRA Waivers	\$250 EE County Embedded HRA <u>Annual</u> Contribution	\$500 ES or EC County Embedded HRA <u>Annual</u> Contribution	\$750 ESC County Embedded HRA <u>Annual</u> Contribution	
Non-Tobacco	83	17	5	0	38	49	32	38	
Tobacco	10	5	2	0					
	Employee Share of Premium						Note: If members are married and both working for the County, as a couple they receive only one embedded HRA contribution.		
(Non Tobacco)	\$ 14,797.80	\$ 3,670.18	\$ 463.86	\$ -					
(Tobacco)	\$ 2,157.48	\$ 637.00	\$ 135.56	\$ -					
TOTAL MONTHLY EE PREMIUM/CONTRIB	\$ 16,955.28	\$ 4,307.18	\$ 599.42	\$ -					
TOTAL ANNUAL EE PREMIUM/CONTRIB	\$ 203,463.36	\$ 51,686.16	\$ 7,193.04	\$ -					
	Employer Share of Premium					\$ 6,650.00			
(Non Tobacco)	\$ 72,609.02	\$ 13,155.92	\$ 4,387.42	\$ -					
(Tobacco)	\$ 7,949.42	\$ 3,131.80	\$ 1,272.96	\$ -					
TOTAL MONTHLY ER PREMIUM/CONTRIB	\$ 80,558.44	\$ 16,287.72	\$ 5,660.38	\$ -					
TOTAL ANNUAL ER PREMIUM/CONTRIB	\$ 966,701.28	\$ 195,452.64	\$ 67,924.56	\$ -					
MONTHLY PREMIUM & HRA TOTALS						\$ 79,800.00	\$ 12,250.00	\$ 16,000.00	\$ 28,500.00
Total Employer Monthly Health Premium	\$ 102,506.54								
Total Employer Monthly Waiver HRA Contribution	\$ 6,650.00								
MONTHLY TOTAL	\$ 109,156.54								
ANNUAL PREMIUM & HRA TOTALS									
Total Employer Annual Health Premium	\$ 1,230,078.48								
Total Employer Annual Waiver HRA Contribution	\$ 79,800.00								
Total Employer Annual HRA Contribution	\$ 56,750.00								
ANNUAL TOTAL	\$ 1,366,628.48								

KEHP RATE HISTORY

NON-TOBACCO | EMPLOYER

NON-TOBACCO				NON-TOBACCO					
LivingWell CDHP Non-Tobacco	2019	2020	2021	2019		2020		2021	
	Total Premium	Total Premium	Total Premium	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise
Single	\$ 709.46	\$ 710.94	\$ 732.26	\$ 660.04	\$ 620.04	\$ 660.04	\$ 620.04	\$ 679.84	\$ 639.84
Parent Plus	\$ 978.50	\$ 982.30	\$ 1,011.78	\$ 851.84	\$ 811.84	\$ 851.84	\$ 811.84	\$ 877.40	\$ 837.40
Couple	\$ 1,333.64	\$ 1,342.78	\$ 1,383.08	\$ 1,029.02	\$ 989.02	\$ 1,029.02	\$ 989.02	\$ 1,059.90	\$ 1,019.90
Family	\$ 1,489.76	\$ 1,500.50	\$ 1,545.50	\$ 1,131.64	\$ 1,091.64	\$ 1,131.64	\$ 1,091.64	\$ 1,165.58	\$ 1,125.58
Family CR	\$ 818.96	\$ 821.36	\$ 846.00	\$ 738.64	\$ 698.64	\$ 738.64	\$ 698.64	\$ 760.80	\$ 720.80
LivingWell PPO Non-Tobacco	2019	2020	2021	2019		2020		2021	
	Total Premium	Total Premium	Total Premium	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise
Single	\$ 729.34	\$ 731.82	\$ 753.76	\$ 646.96	\$ 606.96	\$ 646.96	\$ 606.96	\$ 666.36	\$ 626.36
Parent Plus	\$ 1,037.08	\$ 1,044.12	\$ 1,075.44	\$ 802.26	\$ 762.26	\$ 802.26	\$ 762.26	\$ 826.32	\$ 786.32
Couple	\$ 1,589.10	\$ 1,604.96	\$ 1,653.10	\$ 1,060.74	\$ 1,020.74	\$ 1,060.74	\$ 1,020.74	\$ 1,092.56	\$ 1,052.56
Family	\$ 1,767.60	\$ 1,787.46	\$ 1,841.08	\$ 1,105.34	\$ 1,065.34	\$ 1,105.34	\$ 1,065.34	\$ 1,138.50	\$ 1,098.50
Family CR	\$ 876.68	\$ 881.40	\$ 907.84	\$ 719.12	\$ 679.12	\$ 719.12	\$ 679.12	\$ 740.70	\$ 700.70
Beginning 2019 LivingWell Basic CDHP (formerly Standard PPO) Non- Tobacco	2019	2020	2021	2019		2020		2021	
	Total Premium	Total Premium	Total Premium	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise
Single	\$ 682.80	\$ 683.58	\$ 704.08	\$ 656.60	\$ 616.60	\$ 656.60	\$ 616.60	\$ 676.30	\$ 636.30
Parent Plus	\$ 940.64	\$ 952.52	\$ 970.78	\$ 878.24	\$ 838.24	\$ 878.24	\$ 838.24	\$ 904.58	\$ 864.58
Couple	\$ 1,450.02	\$ 1,457.82	\$ 1,501.56	\$ 1,189.96	\$ 1,149.96	\$ 1,189.96	\$ 1,149.96	\$ 1,225.66	\$ 1,185.66
Family	\$ 1,615.30	\$ 1,624.66	\$ 1,673.40	\$ 1,303.24	\$ 1,263.24	\$ 1,303.24	\$ 1,263.24	\$ 1,342.34	\$ 1,302.34
Family CR	\$ 800.94	\$ 801.82	\$ 825.88	\$ 771.84	\$ 731.84	\$ 771.84	\$ 731.84	\$ 795.00	\$ 755.00
Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco)	2019	2020	2021	2019		2020		2021	
	Total Premium	Total Premium	Total Premium	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise
Single	607.54	\$ 608.24	\$ 626.48	\$ 583.96	\$ 543.96	\$ 583.96	\$ 543.96	\$ 601.48	\$ 561.48
Parent Plus	865.08	\$ 866.76	\$ 892.76	\$ 808.92	\$ 768.92	\$ 808.92	\$ 768.92	\$ 833.18	\$ 793.18
Couple	1327.16	\$ 1,334.18	\$ 1,374.22	\$ 1,093.10	\$ 1,053.10	\$ 1,093.10	\$ 1,053.10	\$ 1,125.90	\$ 1,085.90
Family	1477.04	\$ 1,485.46	\$ 1,530.02	\$ 1,196.18	\$ 1,156.18	\$ 1,196.18	\$ 1,156.18	\$ 1,232.06	\$ 1,192.06
Family CR	730.90	\$ 731.68	\$ 753.62	\$ 704.70	\$ 664.70	\$ 704.70	\$ 664.70	\$ 725.84	\$ 685.84

KEHP RATE HISTORY

NON-TOBACCO | EMPLOYEE

NON-TOBACCO						
LivingWell CDHP Non-Tobacco	2019		2020		2021	
	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise
Single	\$ 49.42	\$ 89.42	\$ 50.90	\$ 90.90	\$ 52.42	\$ 92.42
Parent Plus	\$ 126.66	\$ 166.66	\$ 130.46	\$ 170.46	\$ 134.38	\$ 174.38
Couple	\$ 304.62	\$ 344.62	\$ 313.76	\$ 353.76	\$ 323.18	\$ 363.18
Family	\$ 358.12	\$ 398.12	\$ 368.86	\$ 408.86	\$ 379.92	\$ 419.92
Family CR	\$ 80.32	\$ 120.32	\$ 82.72	\$ 122.72	\$ 85.20	\$ 125.20
LivingWell PPO Non- Tobacco	2019		2020		2021	
	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise
Single	\$ 82.38	\$ 122.38	\$ 84.86	\$ 124.86	\$ 87.40	\$ 127.40
Parent Plus	\$ 234.82	\$ 274.82	\$ 241.86	\$ 281.86	\$ 249.12	\$ 289.12
Couple	\$ 528.36	\$ 568.36	\$ 544.22	\$ 584.22	\$ 560.54	\$ 600.54
Family	\$ 662.26	\$ 702.26	\$ 682.12	\$ 722.12	\$ 702.58	\$ 742.58
Family CR	\$ 157.56	\$ 197.56	\$ 162.28	\$ 202.28	\$ 167.14	\$ 207.14
Beginning 2019 LivingWell Basic CDHP (formerly Standard PPO) Non- Tobacco	2019 (Begins New Plan)		2020		2021	
	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise
Single	\$ 26.20	\$ 66.20	\$ 26.98	\$ 66.98	\$ 27.78	\$ 67.78
Parent Plus	\$ 62.40	\$ 102.40	\$ 64.28	\$ 104.28	\$ 66.20	\$ 106.20
Couple	\$ 260.06	\$ 300.06	\$ 267.86	\$ 307.86	\$ 275.90	\$ 315.90
Family	\$ 312.06	\$ 352.06	\$ 321.42	\$ 361.42	\$ 331.06	\$ 371.06
Family CR	\$ 29.10	\$ 69.10	\$ 29.96	\$ 69.98	\$ 30.88	\$ 70.88
Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco)	2019 (Begins New Plan)		2020		2021	
	Employee Contribution	Employee Contribution <u>Incomplete</u> LW Promise	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise	Employee Contribution <u>Completed</u> LW Promise	Employee Contribution <u>Incomplete</u> LW Promise
Single	\$ 23.58	\$ 63.58	\$ 24.28	\$ 64.28	\$ 25.00	\$ 65.00
Parent Plus	\$ 56.16	\$ 96.16	\$ 57.84	\$ 97.84	\$ 59.58	\$ 99.58
Couple	\$ 234.06	\$ 274.06	\$ 241.08	\$ 281.08	\$ 248.32	\$ 288.32
Family	\$ 280.86	\$ 320.86	\$ 289.28	\$ 329.28	\$ 297.96	\$ 337.96
Family CR	\$ 26.20	\$ 66.20	\$ 26.98	\$ 66.98	\$ 27.78	\$ 67.78

KEHP RATE HISTORY

TOBACCO | EMPLOYER

TOBACCO				TOBACCO					
LivingWell CDHP Tobacco	2019	2020	2021	2019		2020		2021	
	Total Premium	Total Premium	Total Premium	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise
Single	\$ 709.46	\$ 710.94	\$ 732.26	\$ 620.04	\$ 580.04	\$ 620.04	\$ 580.04	\$ 639.84	\$ 599.84
Parent Plus	\$ 978.50	\$ 982.30	\$ 1,011.78	\$ 771.84	\$ 731.84	\$ 771.84	\$ 731.84	\$ 797.40	\$ 757.40
Couple	\$ 1,333.64	\$ 1,342.78	\$ 1,383.08	\$ 949.02	\$ 909.02	\$ 949.02	\$ 909.02	\$ 979.90	\$ 939.90
Family	\$ 1,489.76	\$ 1,500.50	\$ 1,545.50	\$ 1,051.64	\$ 1,011.64	\$ 1,051.64	\$ 1,011.64	\$ 1,085.58	\$ 1,045.58
Family CR	\$ 818.96	\$ 821.36	\$ 846.00	\$ 698.64	\$ 658.64	\$ 698.64	\$ 658.64	\$ 720.80	\$ 680.80
LivingWell PPO Tobacco	2019	2020	2021	2019		2020		2021	
	Total Premium	Total Premium	Total Premium	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise
Single	\$ 729.34	\$ 731.82	\$ 753.76	\$ 606.96	\$ 566.96	\$ 606.96	\$ 566.96	\$ 626.36	\$ 586.36
Parent Plus	\$ 1,037.08	\$ 1,044.12	\$ 1,075.44	\$ 722.26	\$ 682.26	\$ 722.26	\$ 682.26	\$ 746.32	\$ 706.32
Couple	\$ 1,589.10	\$ 1,604.96	\$ 1,653.10	\$ 980.74	\$ 940.74	\$ 980.74	\$ 940.74	\$ 1,012.56	\$ 972.56
Family	\$ 1,767.60	\$ 1,787.46	\$ 1,841.08	\$ 1,025.34	\$ 985.34	\$ 1,025.34	\$ 985.34	\$ 1,058.50	\$ 1,018.50
Family CR	\$ 876.68	\$ 881.40	\$ 907.84	\$ 679.12	\$ 639.12	\$ 679.12	\$ 639.12	\$ 700.70	\$ 660.70
Beginning 2019 LivingWell Basic CDHP (formerly Standard PPO) Tobacco	2019	2020	2021	2019		2020		2021	
	Total Premium	Total Premium	Total Premium	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise
Single	\$ 682.80	\$ 683.58	\$ 704.08	\$ 616.60	\$ 576.60	\$ 616.60	\$ 576.60	\$ 636.30	\$ 596.30
Parent Plus	\$ 940.64	\$ 942.52	\$ 970.78	\$ 798.24	\$ 758.24	\$ 798.24	\$ 758.24	\$ 824.58	\$ 784.58
Couple	\$ 1,450.02	\$ 1,457.82	\$ 1,501.56	\$ 1,109.96	\$ 1,069.96	\$ 1,108.96	\$ 1,069.96	\$ 1,145.66	\$ 1,105.66
Family	\$ 1,615.30	\$ 1,624.66	\$ 1,673.40	\$ 1,223.24	\$ 1,183.24	\$ 1,223.24	\$ 1,183.24	\$ 1,262.34	\$ 1,222.34
Family CR	\$ 800.94	\$ 801.82	\$ 825.88	\$ 731.84	\$ 691.84	\$ 731.84	\$ 691.84	\$ 755.00	\$ 715.00
Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Tobacco)	2019	2020	2021	2019		2020		2021	
	Total Premium	Total Premium	Total Premium	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise
Single	607.54	\$ 608.24	\$ 626.48	\$ 543.96	\$ 503.96	\$ 543.96	\$ 503.96	\$ 561.48	\$ 521.48
Parent Plus	865.08	\$ 866.76	\$ 892.76	\$ 728.92	\$ 688.92	\$ 728.92	\$ 688.92	\$ 753.18	\$ 713.18
Couple	1327.16	\$ 1,334.18	\$ 1,374.22	\$ 1,013.10	\$ 973.10	\$ 1,013.10	\$ 973.10	\$ 1,045.90	\$ 1,005.90
Family	1477.04	\$ 1,485.46	\$ 1,530.02	\$ 1,116.18	\$ 1,076.18	\$ 1,116.18	\$ 1,076.18	\$ 1,152.06	\$ 1,112.06
Family CR	730.90	\$ 731.68	\$ 753.62	\$ 731.84	\$ 624.70	\$ 664.70	\$ 624.70	\$ 685.84	\$ 645.84

KEHP RATE HISTORY

TOBACCO | EMPLOYEE

TOBACCO						
LivingWell CDHP Tobacco	2019		2020		2021	
	Employee Contribution Completed	Employee Contribution Incomplete	Employee Contribution Completed	Employee Contribution Incomplete	Employee Contribution Completed	Employee Contribution Incomplete
	LW Promise	LW Promise	LW Promise	LW Promise	LW Promise	LW Promise
Single	\$ 89.42	\$ 129.42	\$ 90.90	\$ 130.90	\$ 92.42	\$ 132.42
Parent Plus	\$ 206.66	\$ 246.66	\$ 210.46	\$ 250.46	\$ 214.38	\$ 254.38
Couple	\$ 384.62	\$ 424.62	\$ 393.76	\$ 433.76	\$ 403.18	\$ 443.18
Family	\$ 438.12	\$ 478.12	\$ 448.86	\$ 488.86	\$ 459.92	\$ 499.92
Family CR	\$ 120.32	\$ 160.32	\$ 122.72	\$ 162.72	\$ 125.20	\$ 165.20
LivingWell PPO Tobacco	2019		2020		2021	
	Employee Contribution Completed	Employee Contribution Incomplete	Employee Contribution Completed	Employee Contribution Incomplete	Employee Contribution Completed	Employee Contribution Incomplete
	LW Promise	LW Promise	LW Promise	LW Promise	LW Promise	LW Promise
Single	\$ 122.38	\$ 162.38	\$ 124.86	\$ 164.86	\$ 127.40	\$ 167.40
Parent Plus	\$ 314.82	\$ 354.82	\$ 321.86	\$ 361.86	\$ 329.12	\$ 369.12
Couple	\$ 608.36	\$ 648.36	\$ 624.22	\$ 664.22	\$ 640.54	\$ 680.54
Family	\$ 742.26	\$ 782.26	\$ 762.12	\$ 802.12	\$ 782.58	\$ 822.58
Family CR	\$ 197.56	\$ 237.56	\$ 202.28	\$ 242.28	\$ 207.14	\$ 247.14
Beginning 2019 LivingWell Basic CDHP (formerly Standard PPO) Tobacco	2019 (Begins New Plan)		2020		2021	
	Employee Contribution Completed	Employee Contribution Incomplete	Employee Contribution Completed	Employee Contribution Incomplete	Employee Contribution Completed	Employee Contribution Incomplete
	LW Promise	LW Promise	LW Promise	LW Promise	LW Promise	LW Promise
Single	\$ 66.20	\$ 106.20	\$ 66.98	\$ 106.98	\$ 67.78	\$ 107.78
Parent Plus	\$ 142.40	\$ 182.40	\$ 144.28	\$ 184.28	\$ 146.20	\$ 186.20
Couple	\$ 340.06	\$ 380.06	\$ 347.86	\$ 387.86	\$ 355.90	\$ 395.90
Family	\$ 392.06	\$ 432.06	\$ 401.42	\$ 441.42	\$ 411.06	\$ 451.06
Family CR	\$ 69.10	\$ 109.10	\$ 69.98	\$ 109.98	\$ 70.88	\$ 110.88
Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Tobacco)	2019 (Begins New Plan)		2020		2021	
	Employee Contribution Completed	Employee Contribution Incomplete	Employee Contribution Completed	Employee Contribution Incomplete	Employee Contribution Completed	Employee Contribution Incomplete
	LW Promise	LW Promise	LW Promise	LW Promise	LW Promise	LW Promise
Single	\$ 63.58	\$ 103.58	\$ 64.28	\$ 104.28	\$ 65.00	\$ 105.00
Parent Plus	\$ 136.16	\$ 176.16	\$ 137.84	\$ 177.84	\$ 139.58	\$ 179.58
Couple	\$ 314.06	\$ 354.06	\$ 321.08	\$ 361.08	\$ 328.32	\$ 368.32
Family	\$ 360.86	\$ 400.86	\$ 369.28	\$ 409.28	\$ 377.96	\$ 417.96
Family CR	\$ 66.20	\$ 106.20	\$ 66.98	\$ 106.98	\$ 67.78	\$ 107.78

DENTAL RENEWAL

DELTA DENTAL

Core Option

Delta Dental of Kentucky

Renewal Rates for MARSHALL COUNTY FISCAL COURT #692070

Effective January 1, 2021



Rates		
Rates per subscriber per month	Current Rate(s)	Renewal Rate(s)
	January 1, 2020 through December 31, 2020	January 1, 2021 through December 31, 2021
Subscriber only	\$22.35	\$22.35
Subscriber and spouse	\$45.03	\$45.03
Subscriber and child(ren)	\$50.60	\$50.60
Subscriber, spouse and child(ren)	\$79.61	\$79.61
Overall Percent Change	0.00%	

Buy Up Option

Delta Dental of Kentucky

Renewal Rates for MARSHALL COUNTY FISCAL COURT #692070

Effective January 1, 2021



Rates		
Rates per subscriber per month	Current Rate(s)	Renewal Rate(s)
	January 1, 2020 through December 31, 2020	January 1, 2021 through December 31, 2021
Subscriber only	\$28.38	\$28.38
Subscriber and spouse	\$55.80	\$55.80
Subscriber and child(ren)	\$64.23	\$64.23
Subscriber, spouse and child(ren)	\$98.72	\$98.72
Overall Percent Change	0.00%	

Recommendation: Remain with Delta Dental to avoid any service or provider disruptions.

DENTAL RENEWAL

DELTA DENTAL

Marshall County Fiscal Court	Core Current Plan Delta Dental PPO plus Premier	Buy-Up Plan Delta Dental PPO plus Premier	KEHP Anthem Bronze Plan	KEHP Anthem Silver Plan	KEHP Anthem Gold Plan
	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
Employee Only	\$22.35	\$26.45	\$13.28	\$20.18	\$26.78
Employee + Spouse	\$45.03	\$53.27	\$24.22	\$38.32	\$51.78
Employee + 1 Child	\$50.60	\$59.86	\$31.50	\$43.32	\$66.04
Employee + Children	\$50.60	\$59.86	\$31.50	\$43.32	\$66.04
Family	\$79.61	\$94.19	\$46.48	\$64.40	\$96.32
BENEFIT COMPARISON (Some limitations apply, see Benefit Summary/Certificate For Details) All Benefits Shown Are In-Network & Out-of- Network. Out-of-Network providers may balance bill after insurance pays. Payment percentages based on allowable amounts.					
Annual Maximum	\$750	\$1,500	\$750	\$1,000	\$1,500
Deductible	None	\$25 (\$75 Family Max.)	\$50/Per Person	\$50/Per Person	\$50 (\$150 Max.)
Exams & Cleanings (2x Year)	100%	100%	100%	100%	100%
Radiographs (X-Rays)	100% Bitewing 1x Yr. Full 1x 5 Yrs.	100% Bitewing 1x Yr. Full 1x 5 Yrs.	100% after deductible Bitewing 1x 12 Mos. Full 1x 60 Mos.	100% after deductible Bitewing 1x 12 Mos. Full 1x 60 Mos.	100% after deductible Bitewing 1x 12 Mos. Full 1x 60 Mos.
Fillings & Crown Repair	50% Composite Resin	80% after deductible Composite Resin	50% after deductible White/Silver	80% after deductible White/Silver	80% after deductible White/Silver
Endodontic Services	50%	80% after deductible	Not Specified	Not Specified	Not Specified
Root Canals	50%	80% after deductible	Not Specified	Not Specified	Not Specified
Periodontic (Gum Disease)	50%	80% after deductible	Not Covered	50% after deductible	50% after deductible
Oral Surgery (Extractions)	50%	80% after deductible	Not Covered	80% after deductible	80% after deductible
Oral Surgery (Dental Surgery)	50%	80% after deductible	Not Covered	50% after deductible	80% after deductible
Crowns	50%	80% after deductible	Not Covered	50% after deductible, 1 per tooth per 84 mos.	50% after deductible, 1 per tooth per 84 mos.
Relines & Repairs (Bridges, Implants, & Dentures)	50%	50% after deductible	Not Specified	Not Specified	Not Specified
Prosthodontic (Bridges)	50%	50% after deductible	Not Covered	50% after deductible, 1 per tooth per 84 mos.	50% after deductible, 1 per tooth per 84 mos.
Prosthodontic (Implants)	50%	50% after deductible	Not Covered	50% after deductible, 1 per tooth per 84 mos.	50% after deductible, 1 per tooth per 84 mos.
Prosthodontic (Dentures)	50%	50% after deductible	Not Covered	Not Covered	50% after deductible
Orthodontia (Braces -Dependent Children to age 19)	50%	50% after deductible	Not Covered	Not Covered	50% after deductible
Lifetime Limit					
Applies to orthodontics & some additional services	\$750	\$1,000	Not Covered	Not Covered	\$1,000
Additional Information					
Annual Max Carryover	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Allowed

VISION RENEWAL

AVESIS



September 3, 2020

RE: **Marshall County Fiscal Court**
Vision Plan Renewal

Thank you for choosing Avēsis as your vision care provider. We are privileged to have you as our client and are committed to ensuring that Marshall County Fiscal Court receives the best vision care experience available. We look forward to continuing our relationship with you and serving as your vision carrier of choice in the coming years.

We are pleased to offer a (2) year guarantee with the following premium rates:

Group Number: 30790-1516
Current Rates: \$7.96 / \$13.93 / \$20.71
Renewal Period: January 01, 2021 - December 31, 2022

Option 1 (Current Plan)

Renewal Plan:	924
Lens Option Package:	N/A
Copays:	\$10 / \$10
Wholesale Frame Allowance:	\$50
Contact Lens Allowance:	\$130
Renewal Rates:	\$7.96 / \$13.93 / \$20.71

We would like to offer your groups some additional benefits for (3) year guarantee to better suit their needs!

Option 2

Plan	050130CZ-L3
Lens Option Package:	L3
Copays:	\$10 / \$10
Wholesale Frame Allowance:	\$50
Contact Lens Allowance:	\$130
Renewal Rates:	\$9.70 / \$17.18 / \$25.67

Option 3

Plan	050130CZ-L5
Lens Option Package:	L5
Copays:	\$10 / \$10
Wholesale Frame Allowance:	\$50
Contact Lens Allowance:	\$130
Renewal Rates:	\$10.62 / \$18.90 / \$28.30

VISION RENEWAL

AVESIS

Lens Package Options

Avësis has several different lens packages with options that include:

	Lens Package 2	Lens Package 3	Lens Package 4	Lens Package 5	Lens Package 6	Lens Package 7
Adult Polycarbonate	✓	✓		✓		✓
Standard Scratch-Resistant Coating		✓		✓		✓
Ultra-Violet Screening		✓		✓		✓
Solid or Gradient Tint		✓		✓		✓
Standard Anti-Reflective Coating		✓		✓		✓
Level 1 Progressives			✓	✓	✓	✓
Level 2 Progressives					✓	✓

GROUP LIFE RENEWAL

METLIFE

Renewal Rates effective January 1, 2021

*Specific group coverages not listed below will be renewed at current rates.

Coverage	Current Rates	Renewal Rates	Volume/Lives	Renewal Annual Premium
Basic Life	\$0.178/\$1,000	\$0.178/\$1,000	\$6,702,000.00	\$14,315.47

Rates are guaranteed from January 1, 2021 - December 31, 2021 (12 months)

Coverage	Current Rates	Renewal Rates	Volume/Lives	Renewal Annual Premium
Basic AD&D	\$0.028/\$1,000	\$0.028/\$1,000	\$6,702,000.00	\$2,251.87

Rates are guaranteed from January 1, 2021 - December 31, 2021 (12 months)

VISION RENEWAL

COMPARISON

Marshall County Fiscal Court	Current Avesis Plan (2-Yr. Rate Hold)	Current Avesis Plan (3-Yr. Rate Hold) Enhanced Lens Option 2	Current Avesis Plan (3-Yr. Rate Hold) Enhanced Lens Option 3
	Monthly Premium	Monthly Premium	Monthly Premium
Employee Only	\$7.96	\$9.70	\$10.62
Employee + Spouse	\$14.93	\$17.18	\$18.90
Employee + 1 Child	\$14.93	\$17.18	\$18.90
Employee + 2 or More Children	\$20.71	\$25.67	\$28.30
Family	\$20.71	\$25.67	\$28.30
BENEFIT COMPARISON (Some limitations apply, see			
Eye Exam	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)
Contact Lense Exam	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)
Frame Allowance	\$150 (1x 24 Mos.)	\$150 (1x 24 Mos.)	\$150 (1x 24 Mos.)
Lenses (Single Vision)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)
Lenses (Bifocal)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)
Lenses (Trifocal)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)
Lenses (Lenticular)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)
Lenses (Contacts) (In lieu of spectacle frames & lenses)	\$130 Allowance-Elective Covered in Full if Medically Necessary (1x 12 Mos.)	\$130 Allowance-Elective Covered in Full if Medically Necessary (1x 12 Mos.)	\$130 Allowance-Elective Covered in Full if Medically Necessary (1x 12 Mos.)
Other Lense Option Upgrades	Discounted Up to 20%	Discounted Up to 20%	Discounted Up to 20%

*Ded. must be met before Copay's apply. Copay's apply to OOP max. Spreadsheet is for information purposes only. In the

Currently in year two fo a 2-Year rate gurantee with Avesis.

VISION RENEWAL

COMPARISON

Alternative 1 DeltaVision (VSP) 130	Alternative 2 DeltaVision (VSP) 150	KEHP Option Anthem Bronze Plan	KEHP Option Anthem Silver Plan	KEHP Option Anthem Gold Plan
Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
\$6.30	\$7.43	\$5.52	\$6.46	\$13.12
\$12.60	\$14.86	\$10.94	\$12.80	\$26.14
\$13.49	\$15.90	\$11.22	\$13.12	\$26.80
\$13.49	\$15.90	\$11.22	\$13.12	\$26.80
\$21.55	\$25.42	\$16.64	\$19.48	\$39.82
Benefit Summary/Certificate for details) All benefits shown are In-Network				
\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x Cal Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (1x Yr.)
Up to a \$60 Copay	Up to a \$60 Copay	\$10 Copay (1x Cal Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (1x Yr.)
\$130 (1x 24 Mos.)	\$150 (1x 24 Mos.)	\$125 (1x 2 Cal Yrs.)	\$150 (1x 2 Cal Yrs.)	\$150 (1x 1 Cal Yr.)
\$25 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$25 Copay (1x Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (Lined Lenses) (1x Yr.)
\$25 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$25 Copay (1x Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (Lined Lenses) (1x Yr.)
\$25 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$25 Copay (1x Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (Lined Lenses) (1x Yr.)
\$25 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	Not Specified	Not Specified	Not Specified
\$130 Allowance (1x 12 Mos.)	\$150 Allowance (1x 12 Mos.)	\$150 Allowance (1x Yr.)	\$150 Allowance (1x Yr.)	\$175 Allowance (1x Yr.)
Average Savings of 30%	Average Savings of 30%	Various Copays Depending on Upgrade	Various Copays Depending On Upgrade	Various Copays Depending on Upgrade

event of discrepancy between premiums &/or the benefits listed, carrier bill, benefit summary, & certificate will prevail.

Recommendation: Remain with Avesis or move to DeltaVision VSP. KEHP Anthem Option(s) not recommended due to Walmart not being in-network.

CLAIMS REVIEW

DATA FROM ANTHEM AS OF JUNE 30, 2020

Total	Employees	Members	Member Age Avg	Net Pay Med	Net Pay Rx	Net Pay Med and Rx
Time Period: Paid Month						
Jun 2020	112	247	32.8	\$46,674.42	\$47,164.47	\$93,838.89
May 2020	114	250	32.8	\$56,360.83	\$39,713.02	\$96,073.85
Apr 2020	113	246	32.9	\$120,660.57	\$33,231.63	\$153,892.20
Mar 2020	111	243	32.5	\$50,732.69	\$54,362.02	\$105,094.71
Feb 2020	114	250	32.3	\$80,539.26	\$34,820.45	\$115,359.71
Jan 2020	115	254	32.2	\$76,157.93	\$25,512.86	\$101,670.79
Dec 2019	115	255	32.5	\$200,199.75	\$34,042.71	\$234,242.46
Nov 2019	116	258	32.8	\$60,525.14	\$35,401.11	\$95,926.25
Oct 2019	114	259	32.5	\$61,711.67	\$45,007.99	\$106,719.66
Sep 2019	114	258	32.6	\$75,876.76	\$20,887.69	\$96,764.45
Aug 2019	112	254	32.6	\$86,823.10	\$54,323.80	\$141,146.90
Jul 2019	113	255	32.7	\$39,504.19	\$16,133.29	\$55,637.48
Jun 2019	111	252	32.5	\$130,209.56	\$47,767.56	\$177,977.12
May 2019	113	256	32.4	\$78,975.22	\$32,807.34	\$111,782.56
Apr 2019	112	255	32.4	\$52,117.88	\$44,719.65	\$96,837.53
Mar 2019	113	257	32.3	\$39,487.77	\$44,090.72	\$83,578.49
Feb 2019	109	245	32.6	\$62,005.51	\$42,869.98	\$104,875.49
Jan 2019	114	255	32.6	\$38,256.04	\$46,644.94	\$84,900.98
Dec 2018	119	263	33.6	\$86,590.32	\$40,321.80	\$126,912.12
Nov 2018	118	262	33.5	\$86,644.25	\$36,774.45	\$123,418.70
Oct 2018	120	262	33.7	\$136,276.46	\$48,788.46	\$185,064.92
Sep 2018	118	258	33.9	\$127,762.66	\$20,056.64	\$147,819.30
Aug 2018	120	253	34.3	\$243,929.92	\$45,913.29	\$289,843.21
Jul 2018	120	264	34.0	\$29,049.24	\$17,726.46	\$46,775.70

CLAIMS REVIEW

DATA FROM ANTHEM AS OF JUNE 30, 2020

Total	Employee Premium Amount	Employer Premium Amount	Prem Paid Eligibility Amount
Time Period: Paid Month			
Jun 2020	\$21,335.18	\$99,949.50	\$121,284.68
May 2020	\$21,739.84	\$101,598.56	\$123,338.40
Apr 2020	\$21,227.98	\$99,883.92	\$121,111.90
Mar 2020	\$20,863.32	\$98,194.86	\$119,058.18
Feb 2020	\$21,527.94	\$100,473.50	\$122,001.44
Jan 2020	\$22,041.26	\$101,574.32	\$123,615.58
Dec 2019	\$20,869.12	\$102,243.42	\$123,112.54
Nov 2019	\$21,415.70	\$103,961.46	\$125,377.16
Oct 2019	\$21,265.72	\$102,821.26	\$124,086.98
Sep 2019	\$21,285.18	\$102,665.56	\$123,950.74
Aug 2019	\$21,012.40	\$101,117.58	\$122,129.98
Jul 2019	\$21,134.78	\$101,724.54	\$122,859.32
Jun 2019	\$20,664.52	\$100,522.20	\$121,186.72
May 2019	\$20,908.76	\$102,024.50	\$122,933.26
Apr 2019	\$20,819.34	\$101,404.46	\$122,223.80
Mar 2019	\$21,089.98	\$101,808.04	\$122,898.02
Feb 2019	\$20,423.54	\$97,598.90	\$118,022.44
Jan 2019	\$21,070.02	\$102,072.24	\$123,142.26
Dec 2018	\$21,139.78	\$106,364.80	\$127,504.58
Nov 2018	\$21,050.36	\$105,744.76	\$126,795.12
Oct 2018	\$21,092.52	\$107,401.90	\$128,494.42
Sep 2018	\$20,876.44	\$105,930.02	\$126,806.46
Aug 2018	\$20,711.34	\$106,390.26	\$127,101.60
Jul 2018	\$21,551.10	\$107,953.92	\$129,505.02

MASA | MEDICAL TRANSPORT SOLUTIONS



EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.**

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

Benefit*	Platinum \$39/Month	Emergent Plus \$14/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada
Non-Emergent Air Transportation	Worldwide	U.S./Canada
Repatriation	Worldwide	U.S./Canada
Escort Transportation	Worldwide	
Mortal Remains Transportation	Worldwide	
Visitor Transportation	BCA**	
Minor Children/Grandchildren Return	BCA**	
Vehicle Return	BCA**	
Pet Return	BCA**	
Organ Retrieval	U.S./Canada	
Organ Recipient Transportation	U.S./Canada	

* Please refer to the MSA for a detailed explanation of benefits and eligibility.

** Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the **entire family**
- **NO** deductibles
- **NO** health questions
- **Easy** claims process

For more information, please contact



866-522-6236

EVERY FAMILY DESERVES A MASA MEMBERSHIP