

## **AGENDA**

Marshall County Fiscal Court Benefits Renewal Review

## **Benefit Currently Offered**

- KEHP- overall increase of 10% for 2023
  - MCFC pays an average of 85% of total costs required by state
  - o Marketed to all available carriers- no better cost effective option for the county
  - 72% ratio in the last 12 months
- Health Reimbursement Account- Employer Sponsored
  - \$250 Employee/\$500 Employee Spouse and/or Children/\$750 Family
- Vision
  - Avesis- 0% Increase
- Dental
  - Delta Dental- See Attached Sheet
- Voluntary Benefits
  - Cincinnati- Individual Voluntary Life
  - Aflac
  - o MASA

## Peel & Holland Scope of Service

- Peel & Holland advisory services contract no change to contract terms or service. \$34,000 per year
  - Process new hires, changes, terms
  - Process COBRA
  - Resolve claims and grievance issues
  - o Handle renewal process with all ancillary products as we are the representative
  - o ACA guidance
  - Assist with Open Enrollment

## Recommendations 2023 Plan Year

- Change Dental Carriers
- Simplified Open Enrollment

YOUR TEAM

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	<b>Delta Dental</b>	<b>Paramount Dental</b>	% -/+
Rates			
Employee Only	\$28.95	\$22.75	-21.42%
Employee + Spouse	\$56.92	\$51.22	-10.01%
Employee + Dependents	\$65.51	\$59.14	-9.72%
Family	\$100.69	\$90.76	-9.86%
Rate Guarantee	12 Months	24 Months	
Preventative Services	100%	100%	
Basic Services	80%	80%	-
Major Services	50%	50%	
Orthodontic Services	50% - Children to 19 years	50% - Children to 19 years	
Deductible	\$25/\$75	\$0/\$0	
Plan Year Max	\$1,500	\$1,500	
Ortho Maximum	\$1,000	\$1,000	

	Delta Dental Core Plan	Paramount Dental  Core Plan	% -/+
Rates		The Part of the Control of the Contr	
Employee Only	\$22.80	\$19.84	-12.98%
Employee + Spouse	\$45.93	\$44.16	-3.85%
Employee + Dependents	\$51.61	\$49.63	-3.84%
Family	\$81.20	\$77.19	-4.94%
Rate Guarantee	12 Months	24 Months	
Preventative Services	100%	100%	
Basic Services	50%	50%	
Major Services	50%	50%	
Orthodontic Services	50% - Children to 19 years	50% - Children to 19 years	
Deductible	\$0	\$0	
Plan Year Max	\$750	\$750	
Ortho Maximum	\$1,000	\$1,000	