

DEPARTMENTAL MATTERS

INDIAN RIVER COUNTY

MEMORANDUM

To: Jason Brown
County Administrator

From: Suzanne Boyll *svb*
Human Resources Director

Date: May 28, 2020

Subject: Medical and Pharmacy Benefit – Recommendations for Plan Year 2020/2021

Background

Indian River County provides employee and retiree group health insurance through a partially self-insured plan. Health insurance is available to full-time employees (budgeted at 30 hours per week or more) and eligible retirees of the Board of County Commissioners and the respective Constitutional Officers (Sheriff, Property Appraiser, Tax Collector, Clerk of Courts, and the Supervisor of Elections) to include their eligible dependents. Medical and pharmacy claims and plan administration expenses are funded from contributions made by employer and employee/retiree contributions. The County purchases stop loss insurance for extraordinary and aggregate claims experience to protect against high cost claims. The current stop loss individual deductible is \$300,000 with an aggregate deductible of \$100,000.

The health insurance plan is an essential part of the employee benefit package and important to recruitment and retention efforts. The County has engaged the services of a professional benefits consultant, Lockton Companies, to review plan experience and provide recommendations to maintain a benefits package that is:

- ✓ Affordable
- ✓ Competitive
- ✓ Sustainable

The current funding for the employee health insurance program is:

	Current Employee Monthly	Current Employer Monthly	Current Total Monthly Premium
Premier Silver Employee	\$15.00	\$660.00	\$675.00
Premier Silver Family	\$207.50	\$1,025.00	\$1,232.50

Premier Gold Employee	\$85.00	\$660.00	\$745.00
Premier Gold Family	\$350.00	\$1,025.00	\$1,375.00

Summary of Premier Silver and Premier Gold Plan Benefits

Beginning in FY19/20, The County implemented a second health plan and offers both a Premier Silver Plan and a buy-up Premier Gold Plan. Below is an overview of benefits:

Product	Blue Options	
In-Network (INN)	\$400/\$800	\$800/\$1,600
Out-of-Network	\$800/\$1,600	\$1,600/\$3,200
In-Network	20%	30%
Out-of-Network	30%	40%
In-Network	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-Network	\$4,000/\$8,000	\$8,000/\$16,000
Medical/Surgical Care by a Physician		
In-Network Family Physician	\$25 Copayment	\$35 Copayment
In-Network Specialist	\$45 Copayment	\$60 Copayment
Out-of-Network	DED + 30%	DED + 40%
In-Network Family Physician	\$5 Copayment	\$5 Copayment
In-Network Specialist	\$5 Copayment	\$5 Copayment
Out-of-Network	DED + 30%	DED + 40%
In-Network	\$25 Copayment	\$35 Copayment
Out-of-Network	DED + 30%	DED + 40%
In-Network	PAD \$200 + DED + 20%	PAD \$500 + DED + 30%
	PAD \$400 + DED + 30%	PAD \$1,000 + DED + 40%
In-Network	DED + 20%	DED + 30%
In-Network	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 30%
Preventive Services Adult Wellness Services		
Office Services		
In-Network Family Physician/Specialist	No Charge	No Charge

Out-of-Network	30%	40%
Non Hospital Services Freestanding Facility		
Clinical Lab (Blood Work): Quest**		
In-Network	No Charge	No Charge
Out-of-Network	DED + 30%	DED + 40%
X rays (Independent Diagnostic Center)		
In-Network	\$15 Copayment	\$25 Copayment
Out-of-Network	DED + 30%	DED + 40%
Outpatient Hospital Facility (per visit) (Surgical)		
In-Network	Option 1: DED + 20%	Option 1: DED + 30%
Out-of-Network	DED + 30%	DED + 40%
Emergency and Urgent Care		
In-Network	\$250 Copayment + DED + 20% (Copayment Waived if Admitted)	\$500 Copayment + DED + 30% (Copayment Waived if Admitted)
Out-of-Network	\$250 Copayment + INN DED + 20%	\$500 Copayment + INN DED + 30%
In-Network	\$25 Copayment	\$35 Copayment
Out-of-Network	\$25 Copayment	\$35 Copayment
Ambulance		
In-Network	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 30%
Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)		
In-Network Family Physician or Specialist	\$200 Copayment	30%
Out-of-Network	DED + 30%	DED + 40%
In-Network	\$200 Copayment	30%
Out-of-Network	DED + 30%	DED + 40%
In-Network	DED + 20%	DED + 30%
Out-of-Network	DED + 30%	DED + 40%
Mental Health/ Alcohol & Substance Abuse Services		
In-Network	PAD \$200 + DED + 20%	\$500 PAD + DED + 30%
Out-of-Network	PAD \$400 + DED + 30%	\$1,000 PAD + DED + 40%
In-Network	\$45 Copayment	\$60 Copayment
Out-of-Network	DED + 30%	DED + 40%
Prescription Drugs (RX Administered through RX Benefits)		
1X Calendar Year Deductible Per Person	N/A	\$100 (must be met before Copays apply)
Generic	\$10 Copayment	\$5 Copayment
Preferred Brand Name	\$35 Copayment	\$50 Copayment
Non-Preferred Brand Name	\$50 Copayment	\$70 Copayment
Mail Order Drug (90-Day Supply)	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment

Maintenance Medication	2x Copayment at Covered Pharmacies	2x Copayment at Covered Pharmacies
Plan References: *Out-of-Network Balance Billing: For Information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider, please refer to the Out-of-network Benefits section on the Summary of Coverage document. **Quest Diagnostics is the preferred lab for bloodwork through Florida Blue. When using a lab other than Quest, please be sure to confirm they are contracted with Florida Blue's BlueOptions Network prior to receiving services		

Recent Plan Changes

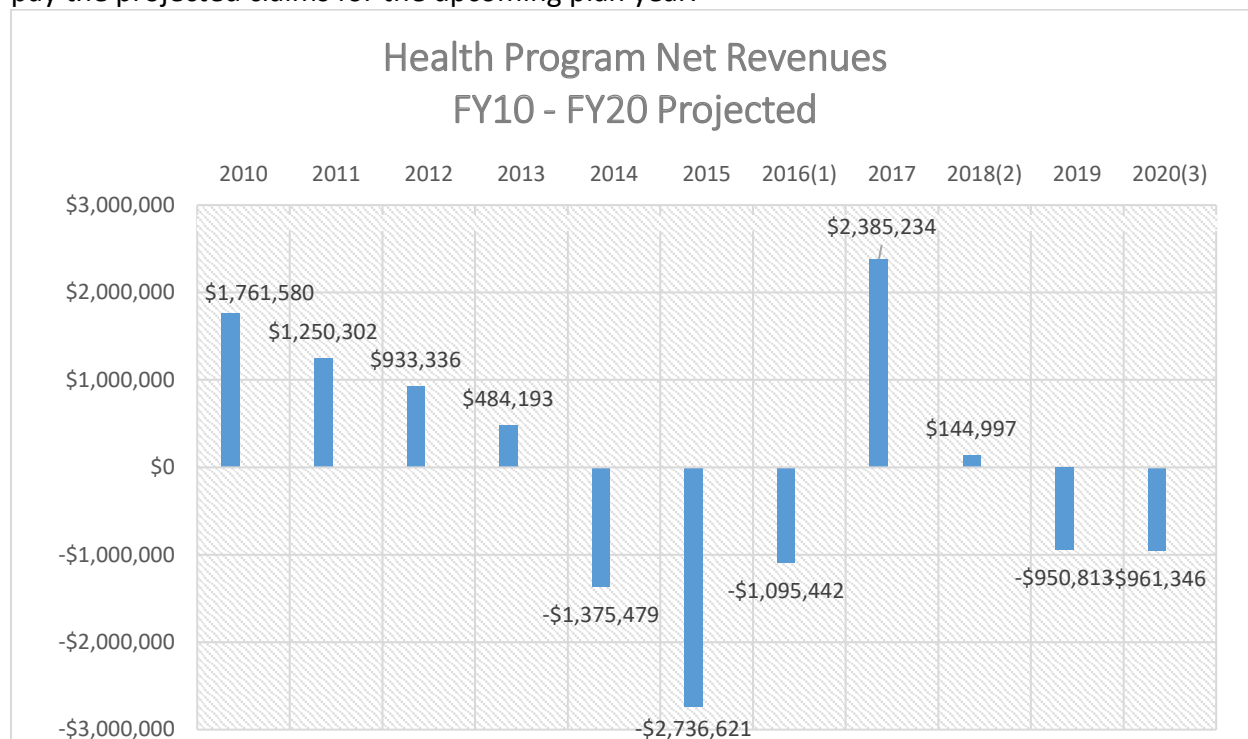
In addition to adding the Premier Silver Plan in FY19/20, the County implemented Clinical Advantage Programs under our Pharmacy Benefit. The programs offered the following:

- ✓ **Formulary Optimization** - A program that excludes low clinical value drugs from our formulary (gross projected savings of \$98,944)
- ✓ **RxB Utilization Management Review** - A high dollar claim review program for all pharmacy claims over \$1,000 to ensure that high costs medications are medically appropriate (gross projected savings of \$148,930 to \$208,502)
- ✓ **Manufacturer's Assistance Program for Specialty Medications** - Redeem manufacturer assistance coupons on behalf of the plan (gross projected savings of \$231,632)
- ✓ **Out of Pocket Protection** - A program to ensure that only actual out of pocket costs paid by members are applied to the plan's out-of-pocket maximums (credit coupons issued by manufacturers to reduce member costs would not apply towards out of pocket maximum).

It is projected that the savings/avoidance will meet or exceed the above projections for the plan year.

Plan Financial Performance

The plan's financial performance since FY2010 is reflected below. Based on actuarial projections, current funding is not sufficient and additional funding will be needed in the amount of \$3M to pay the projected claims for the upcoming plan year.



The Self-Insurance Fund balance through March 2020 indicates the fund balance is being depleted:

Fiscal Year End 18/19 Fund Balance			
September 30, 2018	September 30, 2019*	Inc./Dec.	% Inc./Dec.
\$13,148,724	\$12,197,911	-\$950,813	-7.23%

Fund Balance Change Through 2nd Quarter FY 19/20			
September 30, 2019	March 31, 2020	Inc./Dec.	% Inc./Dec.
\$12,197,911	\$11,450,869	-\$747,042	-6.12%

Plan experience through March 2020 indicates the following:

- Employee & Retiree enrollment averages 1,670
- Average of 3,664 individuals are insured under the group medical plan
- 18.4% of members are enrolled in the Premier Silver Plan and 81.6% are enrolled in the Premier Gold Plan
- Silver Plan performing well (modest surplus), Gold Plan running at a significant deficit
- 27 high cost claimants totaling \$3.3M in claims during the first 6 months of the plan year
- Stop Loss reimbursement of \$603K resulting in net claims of \$2.7M
- \$677K overall funding deficit for first 6 months of plan year
- Preferred brand and non-preferred brand medications account for 12.5% of the total number of prescriptions filled and equate to 83.7% of the total pharmacy spend

Plan Enrollment Breakdown as of March 2020:

	<u>Silver Plan</u>	<u>Gold Plan</u>
Single	178	547
Family	130	818
Total	308	1,365

The plan's actuarial analysis for the upcoming FY20/21 plan year reflects:

- Projected deficit for the FY19/20 plan year will be \$961K
- Additional \$3M in funding is required for the FY20/21 plan year to fund current benefit levels provided under both plans

Funding for the health plan is provided by employer, employee, and retiree contributions to the plan as well as OPEB funding. Additional funding and/or plan changes will be needed to continue to provide affordable, competitive, and sustainable benefits for covered members.

Affordable

Offering affordable and competitive benefits is an important part of our recruitment and retention strategy. Establishing the proper funding and maintaining affordable health coverage options is an ongoing consideration.

Last year, the BOCC supported establishing a Premier Silver Plan and a Premier Gold Plan and increased funding to an amount below the initial staff recommendation, electing a funding increase with a two-year phase in approach. The approved premiums were as follows:

Phase One – FY19/20	FY19/20 Monthly Premium	Prior Employee Premium	FY19/20 Employee Premium	Prior Employer Premium	FY19/20 Employer Premium
Premier Silver Employee	\$675.00	\$50.00	\$15.00	\$635.00	\$660.00
Premier Silver Family	\$1232.50	\$267.50	\$207.50	\$875.00	\$1025.00

Phase One – FY19/20	FY19/20 Monthly Premium	Prior Employee Premium	FY19/20 Employee Premium	Prior Employer Premium	FY19/20 Employer Premium
Premier Gold Employee	\$745.00	\$50.00	\$85.00	\$635.00	\$660.00
Premier Gold Family	\$1375.00	\$267.50	\$350.00	\$875.00	\$1025.00

Employees enrolling in the Premier Silver Plan experienced an employee premium reduction of \$35.00 per month and a reduction of \$60 per month for family coverage. Enrollment in the Premier Gold Plan resulted in an employee premium increase of \$35.00 per month for single coverage and an increase of \$82.50 for family coverage. The employer premium increased by \$25 per month for single coverage and \$150 per month for family coverage under both plans.

Additional Funding under Phase 2 – The monthly premiums for both the employee and employer portion would increase by \$25 for single and \$50 for family for both plans. Second Year phase in premiums would result in \$1,570,200 which is not sufficient to meet the actuarial funding recommendation of \$3,069,678. **This is a funding shortfall of \$1.5M.**

Phase Two – FY20/21	Phase 2 Monthly Premium	Current Employee Premium	Phase 2 Employee Premium	Current Employer Premium	Phase 2 Employer Premium
Premier Silver Employee	\$725.00	\$15.00	\$40.00	\$660.00	\$685.00
Premier Silver Family	\$1332.50	\$207.50	\$257.50	\$875.00	\$1075.00

Phase Two – FY 20/21	Phase 2 Monthly Premium	Current Employee Premium	Phase 2 Employee Premium	Current Employer Premium	Phase 2 Employer Premium
Premier Gold Employee	\$795.00	\$85.00	\$110.00	\$660.00	\$685.00
Premier Gold Family	\$1475.00	\$350.00	\$400.00	\$1025.00	\$1075.00

Because of the substantial funding shortfall, additional options were reviewed and are presented to the BOCC for consideration.

Funding and Plan Design Options

Option 1 – Because the Phase two funding is not sufficient to meet the projected needs, the County Administrator allocated additional employer funding in preparation for the FY20/21 Budget. The employee premium increases under both the Premier Silver and Premier Gold Plans under Phase 2.

- The employer contribution is budgeted to increase by \$40 for single and \$80 for family coverage under both plans increasing funding by an additional \$1,256,160.
- The employee contribution would increase by \$25/\$50 under both the Premier Silver and Premier Gold Plans.
- Option 1 provides additional funding of \$2,041,260
- **This still leaves a funding shortfall of over \$1M**

Option 1 – FY20/21	Option 1 Monthly Premium	Current Employee Premium	Option 1 Employee Premium	Current Employer Premium	Option 1 Employer Premium
Premier Silver Employee	\$740.00	\$15.00	\$40.00	\$660.00	\$700.00
Premier Silver Family	\$1362.50	\$207.50	\$257.50	\$1025.00	\$1105.00

Option 1 – FY 20/21	Option 1 Monthly Premium	Current Employee Premium	Option 1 Employee Premium	Current Employer Premium	Option 1 Employer Premium
Premier Gold Employee	\$810.00	\$85.00	\$110.00	\$660.00	\$700.00
Premier Gold Family	\$1505.00	\$350.00	\$400.00	\$1025.00	\$1105.00

Option 2A – While an increase to the Premier Gold Plan is supported by plan experience, an increase to the Silver Plan is not supported by plan experience. The Premier Silver Plan is performing well. The County evaluated funding that would be generated if there was no increase to the employee premium under the Premier Silver Plan and plan design changes were made that could generate between \$500K-\$600K in savings. The employee premium under the Premier Silver Plan would not increase.

- Premier Gold deductible increase to \$1,500/\$3,000 in-network and \$3,000/\$6,000 out-of-network
- Premier Silver deductible increases to \$2,500/\$5,000 in-network and \$5,000/\$10,000 out-of-network
- Copay increase for preferred brand medication by \$15 and non-preferred brand medication by \$25 (Gold \$50/\$65 & Silver \$65/\$85)
- Increase employee premium under the Premier Gold Plan by \$25 for single and \$50 for family and no Employee increase under the Premier Silver Plan
- Increase employer contribution for both the Premier Silver and the Premier Gold Plans by \$40 for single and \$80 for family
- Plan changes equate to \$550K in savings
- **This brings the funding shortfall to \$604,718.**

Option 2A– FY20/21	Option 2A Monthly Premium	Current Employee Premium	Option 2A Employee Premium	Current Employer Premium	Option 2A Employer Premium
Premier Silver Employee	\$715.00	\$15.00	\$15.00	\$660.00	\$700.00
Premier Silver Family	\$1312.50	\$207.50	\$207.50	\$1025.00	\$1105.00

Option 2A – FY 20/21	Option 2A Monthly Premium	Current Employee Premium	Option 2A Employee Premium	Current Employer Premium	Option 2A Employer Premium
Premier Gold Employee	\$810.00	\$85.00	\$110.00	\$660.00	\$700.00
Premier Gold Family	\$1505.00	\$350.00	\$400.00	\$1025.00	\$1105.00

In order to generate the required plan savings of \$500-\$600K it requires a significant increase to deductibles under each plan. Wellness benefits would continue to be covered at 100%. The deductible would apply to any services that fall under coinsurance, rather than a copay.

Option 2B – An additional option that includes moderated plan design changes that result in plan savings of \$213K. The employee premium levels under the Premier Silver Plan would not increase.

- Premier Gold deductible increase to \$600/\$1,200 in-network and \$1,200/\$2,400 out-of-network
- Premier Silver deductible increase to \$1,000/\$2,000 in-network and \$2,000/\$4,000 out-of-network
- Increases PCP, specialist, urgent care, and convenient care copays, increase by \$5 under both the Premier Gold and Premier Silver Plans.
- Copay increase for Preferred Brand medication by \$15 and Non-preferred Brand medication by \$25 (Gold \$50/\$65 & Silver \$65/\$85).
- Increase Employee premium under the Premier Gold Plan by \$25 for single and \$50 for family. No increase for Premier Silver Plan.
- Increase Employer contribution for both the Premier Silver and the Premier Gold Plans by \$40 for single and \$80 for family
- **This is a funding shortfall of \$941,718.**

Option 2B– FY20/21	Option 2B Monthly Premium	Current Employee Premium	Option 2B Employee Premium	Current Employer Premium	Option 2B Employer Premium
Premier Silver Employee	\$715.00	\$15.00	\$15.00	\$660.00	\$700.00
Premier Silver Family	\$1312.50	\$207.50	\$207.50	\$1025.00	\$1105.00

Option 2B – FY 20/21	Option 2B Monthly Premium	Current Employee Premium	Option 2B Employee Premium	Current Employer Premium	Option 2B Employer Premium
Premier Gold Employee	\$810.00	\$85.00	\$110.00	\$660.00	\$700.00
Premier Gold Family	\$1505.00	\$350.00	\$400.00	\$1025.00	\$1105.00

Option 3A – This option equalizes the funding increase for both the employer and employee under the Premier Gold Plan which is supported by the Premier Gold Plan’s claims experience. There is no change to the plan design under this option. The employee premium under the Premier Silver Plan would not increase.

- Increase employer contribution by \$40 for single coverage and \$80 for family coverage under both plans. This generates \$1,256,160 in additional funding.
- The employee premium under the Premier Gold Plan would also increase by \$40 for single coverage and \$80 for family coverage also generating \$1,054,080 in funding.
- There is no change to the employee premiums under the Premier Silver Plan.
- The additional premium increase for employees covered by the Premier Gold Plan is supported by plan experience.
- **This results in a funding shortfall of \$759,438**

Option 3A/3B– FY20/21	Option 3A/3B Monthly Premium	Current Employee Premium	Option 3A/3B Employee Premium	Current Employer Premium	Option 3A/3B Employer Premium
Premier Silver Employee	\$715.00	\$15.00	\$15.00	\$660.00	\$700.00
Premier Silver Family	\$1362.50	\$207.50	\$207.50	\$1025.00	\$1105.00

Option 3A/3B – FY 20/21	Option 3A/3B Monthly Premium	Current Employee Premium	Option 3A/3B Employee Premium	Current Employer Premium	Option 3A/3B Employer Premium
Premier Gold Employee	\$825.00	\$85.00	\$125.00	\$660.00	\$700.00
Premier Gold Family	\$1535.00	\$350.00	\$430.00	\$1025.00	\$1105.00

Option 3B – This option also equalizes the funding increase for both the employer and employee under the Premier Gold Plan and includes plan design changes identified under Option 2B totaling \$213K. The employee premium under the Premier Silver Plan would not increase.

- Increase employer contribution by \$40 for single coverage and \$80 for family coverage under both plans. This generates \$1,256,160 in additional funding.
- The employee premium under the Premier Gold Plan would also increase by \$40 for single coverage and \$80 for family coverage also generating \$1,054,080 in funding.
- There is no change to the employee premiums under the Silver Plan.
- Premier Gold deductible increase to \$600/\$1,200 in-network and \$1,200/\$2,400 out-of-network
- Premier Silver deductible increase to \$1,000/\$2,000 in-network and \$2,000/\$4,000 out-of-network
- Increases PCP, specialist, urgent care, and convenient care copays, increase by \$5 under both Premier Gold and Premier Silver Plans.

- Copay increase for Preferred Brand medication by \$15 and Non-preferred Brand medication by \$25 (Gold \$50/\$65 & Silver \$65/\$85).
- **This further reduced the funding shortfall to \$546,438**

Attached is an overview of the plan design changes discussed above totaling \$550K (Option 2A) and \$213K (Options 2B and 3B). Consistent with direction received from the Board last year, Human Resources conducted a Zoom meeting to review plan performance and proposed options with labor representatives, employee groups and with the Constitutional Officers.

Retiree Premiums

Under Florida Statute 112.0801 “retirees and their eligible dependents shall be offered the same health and hospitalization insurance coverage as is offered to active employees at a premium cost of no more than the premium cost applicable to active employees. For retired employees and their eligible dependents, the cost of continued participation may be paid by the employer or by the retirees...” The County subsidizes retiree coverage for eligible retirees who elect to continue coverage under our group plan. Subsidy amounts are based on the retiree’s hire date, years of service, and date of retirement date. There are 28 different retiree rates for each Plan. The subsidy is based on a reduced monthly premium for both the Silver and Gold Plans as reflected below.

Premier Silver - Current	Single	Family
Total Monthly Premium	\$675.00	\$1,232.50
Reduced Retiree Subsidy Premium	\$660.00	\$1,025.00

Premier Gold - Current	Single	Family
Total Monthly Premium	\$745.00	\$1,375.00
Reduced Retiree Subsidy Premium	\$730.00	\$1,167.50

The subsidized cost for retiree insurance under the Premier Silver Plan ranges from \$264.00 to \$528.00 per month for single coverage and from \$410.00 to \$820 per month for family coverage. The subsidized cost for retiree insurance under the Premier Gold Plan ranges from \$292.00 to \$584.00 per month for single coverage and from \$467.00 to \$934.00 per month for family coverage.

Individuals with a hire date on or after February 1, 2006 who retire from the County and who continue coverage and are not eligible for the County subsidy and their monthly premium is the Reduced Retiree Subsidy Premium for either single or family coverage.

Retirees also receive a health insurance subsidy from the Florida Retirement System (FRS) of \$5 for each year of service up to a maximum of \$150.00 per month. The County does not receive any subsidy payment from the FRS. The FRS subsidy is paid directly to the retiree in the monthly retirement payment. The County provides additional funding for the cost of providing retiree coverage through OPEB funding. The breakdown of retiree enrollment and claims experience is below:

IRC Retiree Population Breakout
10/1/2019 - 3/31/2020

Enrollment By Plan- March 2020	Gold Retirees	Silver Retirees	Employees/ Retirees Combined	Retiree %
Employee Only	118	13	725	18%
Employee + Family	180	15	948	21%
Total	298	28	1673	19%

Claims 10/1/2019 - 3/31/2020	Gold Retirees	Silver Retirees	Employees/ Retirees Combined	Retiree %
Medical	\$1,564,790	\$39,050	\$8,708,352	18%
Rx	\$928,376	\$46,953	\$2,897,464	34%
Total	\$2,493,166	\$86,003	\$11,605,816	22%

In addition to the Group Health Plan, Medicare eligible retirees are also provided the opportunity to enroll in the Florida Blue Medicare Advantage PPO Plan at a current monthly premium of \$295.11 per month. Eligible spouses may also enroll under this plan at the same monthly premium of \$295.11. This premium amount may change annually based on the renewal from Florida Blue.

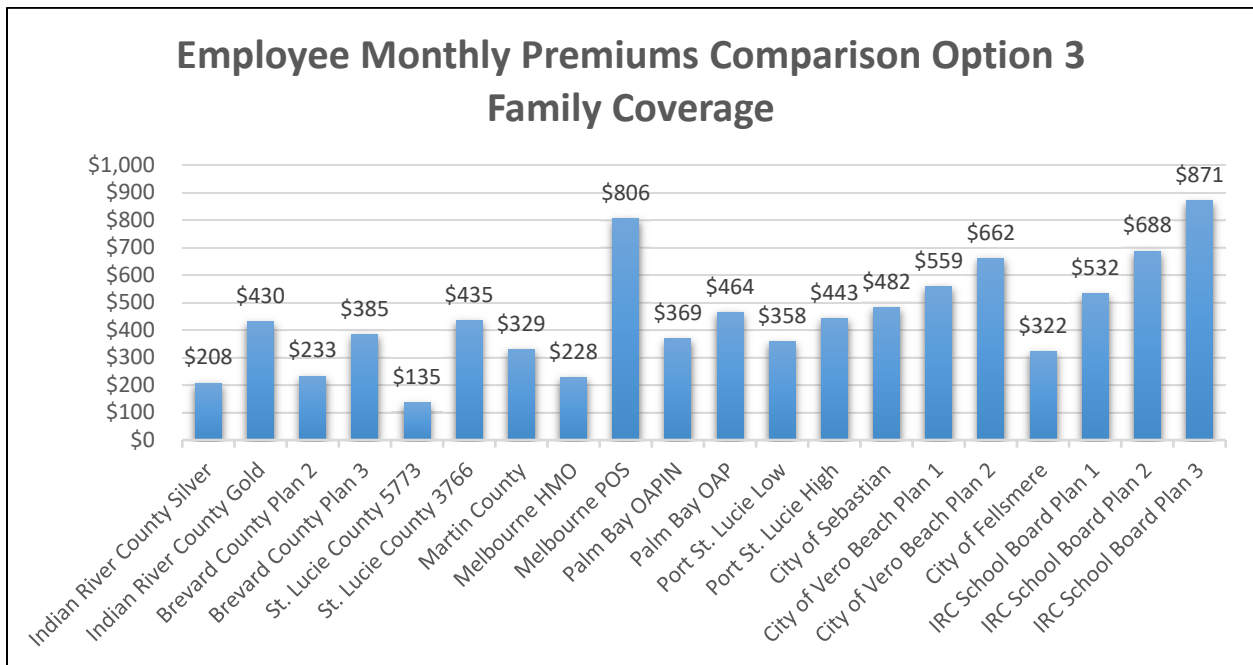
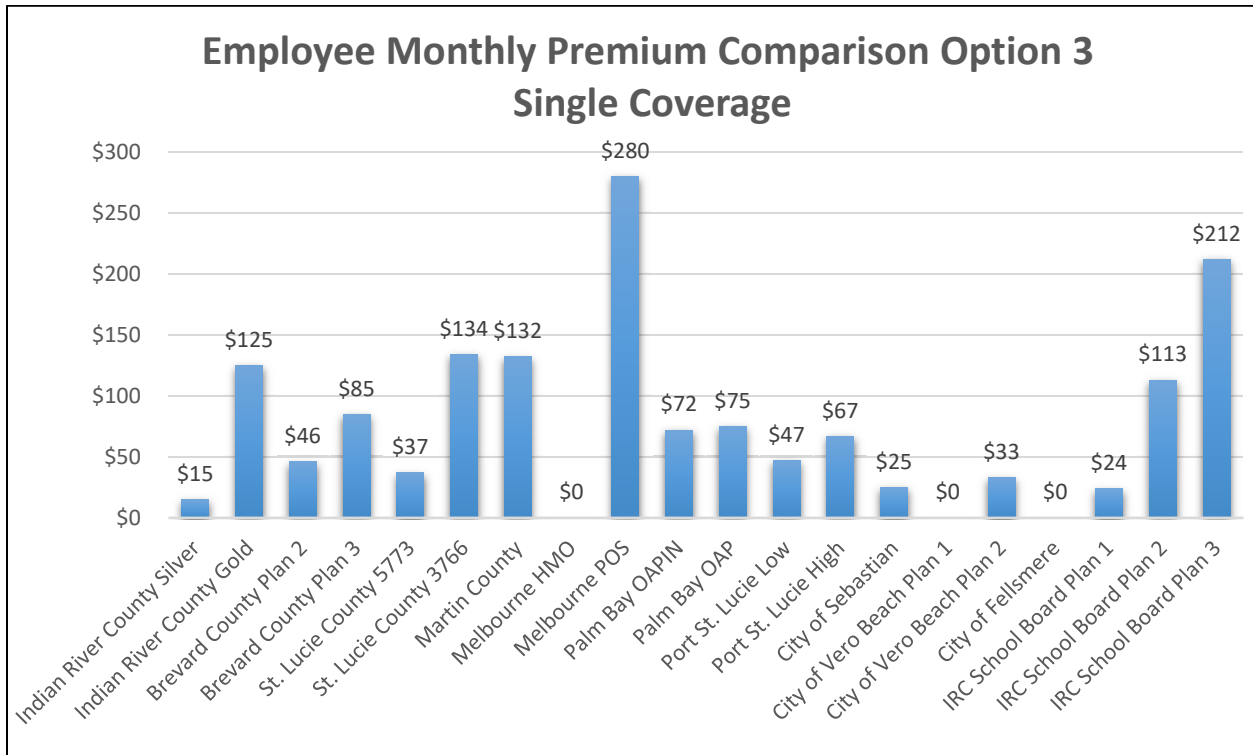
Retiree subsidy premiums for each of the options would be as follows:

Silver Plan	Single Retiree Subsidy Premium	Total Single Premium	Family Retiree Subsidy Premium	Total Family Premium
Current	\$660.00	\$675.00	\$1,025.00	\$1,232.50
Option 1	\$700.00	\$740.00	\$1,105.00	\$1,362.50
Option 2A or 2B	\$700.00	\$715.00	\$1,105.00	\$1,312.50
Option 3A or 3B	\$700.00	\$715.00	\$1,105.00	\$1,312.50
Gold Plan	Single Retiree Subsidy Premium	Total Single Premium	Family Retiree Subsidy Premium	Total Family Premium
Current	\$730.00	\$745.00	\$1,167.50	\$1,375.00
Option 1	\$770.00	\$810.00	\$1,247.50	\$1,505.00
Option 2A or 2B	\$795.00	\$810.00	\$1,297.50	\$1,505.00
Option 3A or 3B	\$810.00	\$825.00	\$1,327.50	\$1,535.00

Competitive Plans

Maintaining a group health plan that is affordable, competitive and sustainable is our ultimate goal. Employer plans differ greatly from one plan to another. The plan designs and premium options outlined above are in line with plan offerings of other employers. The increased Premier Gold Premiums in Option 3A and 3B provide the funding that more closely meets projected requirements and premiums remain very competitive providing a high level of coverage. The Premier Silver Plan remains highly affordable and is competitive as well. The below chart illustrates how the proposed Indian River County Premier Silver and Premier Gold employee

premiums under Option 3 would compare with other public employers. The proposed plans would remain competitive and affordable.



Upon the Board's approval, staff would discuss approved changes with labor representatives and the Constitutional Officers' human resources representatives. In advance of annual open enrollment, meetings with employees would be held to communicate the changes and answer questions. During open enrollment, employees and retirees would be eligible to enroll in either the Premier Silver Plan or the Premier Gold Plan. Medicare eligible retirees would also have the

option of enrolling in the Medicare Advantage Plan or choosing to enroll in a Medicare Supplement or Medicare Advantage Plan available through the market place.

Funding

Current funding for the health plan is provided by employer, employee and retiree contributions to the plan as well as OPEB funding. None of the options provide the full recommended funding; however, Option 3B provides the most funding with moderated plan design changes. Option 3B funding requirements with the associated plan design change totaling \$213K, as well as the Option 3 equalized funding from both the employer and the employee for the Premier Gold Plan (\$40/\$80 increase), increasing the employer contribution for the Premier Silver Plan (\$40/\$80), and providing no increase in the employee premiums for the Premier Silver Plan are highlighted below.

Current Funding	\$21,751,680
Required Funding w/o Plan Design Changes (\$3,069,678 needed)	\$24,821,358
Required Funding with Option A Plan Design Changes (\$2,519,678 needed)	\$24,271,358
Required Funding with Option B Plan Design Changes (\$2,856,678 needed)	\$24,608,358
Proposed Funding with Increased Contribution Option 1	\$23,792,940
Proposed Funding with Increased Contribution Option 2	\$23,666,640
Proposed funding with Increased Contribution Option 3	\$24,061,920
Employer Increased Cost (All options - \$40/\$80)	\$1,256,160
Employee Increased Premium Cost Option 1 (Gold & Silver - \$25/\$50)	\$785,100
Employee Increased Premium Cost Option 2 (Gold Only - \$25/\$50)	\$658,800
Employee Increased Premium Cost Option 3 (Gold Only - \$40/\$80)	\$1,054,080

Recommendation

Staff recommends and respectfully requests the Board of County Commissioners approve, effective with the plan year beginning October 1, 2020, Option 3B providing for an increase in the employer paid monthly premiums by \$40 for single coverage and \$80 for family coverage for both the Premier Silver and the Premier Gold Plans, increasing the monthly employee premium under the Premier Gold Plan by \$40 for single coverage and \$80 for family coverage, providing for no increase in the employee contribution under the Premier Silver Plan, and implementing the plan design changes totaling \$213K (Option B).

Attachment: Plan Design Comparison Options A and B