

LOUDON COUNTY COMMISSION
Loudon County, Tennessee
Tuesday May 20, 2019
County Office Building
6:00 P.M.

SPECIAL CALLED MEETING

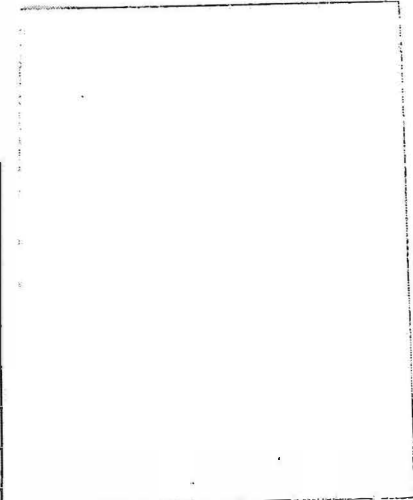
Agenda

1. Opening of Meeting / Roll Call
2. General Public Comments
3. Consideration of Recommendation for Employee's Insurance
4. Adjournment

Loudon County 2019-2020

Benefits			<i>Selected Plan</i>		
2018-2019		2019-2020	2019-2020	2019-2020	2019-2020
UHC -Current		UHC- Renewal	CIGNA	CIGNA	BCBS
PPO -RV	PPO -RV	PPO -RV	Local Plus	OAP	Network S
		No tennova	No Tennova	Tennova	Tennova
OC-Co Pay	\$35/SPC \$50	\$35/SPC \$50	\$35/SPC \$50	\$35/SPC \$50	\$35/\$50 Spec
UC/ER	\$100/\$250	\$100/\$250	\$100/\$250	\$100/\$250	\$100/\$250
Deductible	\$750/\$1500	\$750/\$1500	\$750/\$1500	\$750/\$1500	\$750.00/\$1500
Co Insurance	90%	90%	90%	90%	90%
Out Of Pocket	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000
RX	\$15/\$40/\$70	\$15/\$40/\$70	\$15/\$40/\$70	\$15/\$40/\$70	\$15/\$40/\$70
Out of Network					
Deductible	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000	\$1500/\$3000
Enrollment					
Employee	65	66	66	66	66
Employee +1	57	56	56	56	56
Employee+ Family	77	79	79	79	79
Total	199	201	201	201	201
Rates					
Employee	\$583.12	\$705.69	\$551.15	\$583.87	\$576.57
Employee +1	\$1,166.98	\$1,412.38	\$1,102.30	\$1,167.75	\$1,153.79
Employee + Fam	\$1,663.14	\$2,012.73	\$1,570.77	\$1,664.05	\$1,646.42
Monthly Cost	\$236,008.00	\$284,669	\$219,605.00	\$235,379.00	\$232,733.00
Annual Cost	\$2,832,096	\$3,416,027	\$2,635,261.00	\$2,824,624.00	\$2,792,796.00
		21%	-7%	1%	-1.00%
			↑		

*



	A	B	C	D
1		UHC	Cigna	BCBS
2	Diagnostic Service	100%	100%	100%
3	Periodic Oral Evaluation	100%	100%	100%
4	Radiographs	100%	100%	100%
5	Lab and Other Diagnostic Tests	100%	100%	100%
6				
7	Preventive Services			
8	Dental Prophylaxis (Cleaning)	100%	100%	100%
9	Fluoride Treatment	100%	100%	100%
10	Sealants	100%	100%	100%
11	Space Maintainers	100%	100%	100%
12				
13	Basic Services	80%	80%	80%
14	Restorations (Amalgams or Composite)*	80%	80%	80%
15	Emergency Treatment/General Services	80%	80%	80%
16	Simple Extractions	80%	80%	80%
17	Oral Surgery (incl. surgical extractions)	80%	80%	80%
18	Periodontics	80%	80%	80%
19	Endodontics	80%	80%	80%
20				
21	Major Services			
22	Inlays/Onlays/Crowns	50%	50%	50%
23	Dentures and Removable Prosthetics	50%	50%	50%
24	Fixed Partial Dentures (Bridges)	50%	50%	50%
25	Implants	50%	50%	50%
26				
27	Orthodontic Services			
28	Orthodontia	50%	50%	50%
29	Orthodontia Eligibility	Up To 19	Up to 26	Up To 26
30				
31	Deductible	\$50/\$150	\$50/\$150	\$50/\$150
32	Deductible applies to Prev. & Diag.	No		
33	Annual Max	\$1,000.00	\$1,500.00	\$1,000.00
34	Lifetime Ortho Max	\$1,000.00	\$1,500.00	\$1,000.00
35	Waiting Period	None		
36	Out of Network Basis	UCR 80th	UCR 80th	UCR 80th
37	PPO Network	PPO 30	DPPO	PPO
38	CMM—Annual Roll-Over	NO		
39				
40	Assumed Enrollment Rates			
41	Employee (74)-\$27.75	\$28.55	\$26.96	\$27.20
42	Employee + Family (158)-\$81.48	\$83.83	\$79.17	\$79.85
43	Monthly Premium	\$15,357.54	\$14,503.90	\$14,629.10
44	Annual Premium	\$184,294.08	\$174,046.80	\$175,549.00
45	Increase	2.90%	-5%	-4.80%

Vision Services	UHC	Cigna	BCBS
Plan Options			
Contribution	Employee core		
Product Type	Exan and Material	Calender year	
Network Type	Flex		
Exan Co pay	\$15	\$15	\$20
Material Co pay	\$30.00	\$30	\$25
Service Frequency			
Exams/Lenses/ frames/contacts	12/12/24/12	12/12/24/12	12/12/24/12
Eye Exam	100%	100%	\$20.00
Lenses			
Single/lined/lined tri/Lent	100%	100%	\$15.00
Frames			
Retail allowance	Up to \$100	Up to \$100.00	Up To \$100.00
Discount frame coverage	30%		
Elective contact lenses			
Covered Selection Contacts	Up To 4 Boxes	\$100.00	\$100.00
Non Selection	Up To \$105.00		\$100.00
Necessary Contact Lenses	100%	100%	100%
Employee (68)	\$4.16	\$5.47	\$4.80
Employee + 1 (71)	\$7.77	\$10.22	\$9.60
Employee + family (60)	\$11.77	\$15.48	\$15.36
Monthly	\$1,540.75	\$2,023.38	\$1,929.60
Annual	\$18,489.00	\$24,316.56	\$23,155.20