

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

FINANCIAL SERVICES DEPARTMENT

M_E_M_O_R_A_N_D_U_M

TO: Roy Sprinkle, Executive Director of Human Resources
FROM: Lynn Peterson, Supervisor of Risk Management
DATE: September 06, 2017
SUBJECT: Employee Group Benefit Insurance Rates and Fees – 01/01/2018

2018 Group Medical Insurance Rates

The 2018 Employee Group Medical Insurance rates will increase due to claims experience. The rate increase will be 1.9%. There will be no Plan design changes. Please see the attachment with the new rates.

2018 Group Dental Insurance Rates and Group Administrator Renewal

The 2018 Group Dental Insurance rates will remain unchanged.

The third party administrator for the dental program is Delta Dental. Their contract is set to expire on December 31, 2017. The current rate is \$2.70 per employee per month (PEPM). Delta has proposed a new rate of \$2.80 PEPM. This rate is guaranteed for three (3) years [January 1, 2018 – December 31, 2020] and is 3.7% increase over the expiring rate.

2018 Group Vision, Life, Long Term Disability and Flexible Spending Rates and Fees

The 2018 Group Vision Insurance Plan, Life, Long Term Disability and Flexible Spending rates and fees will remain at their current rate guarantees.

Recommendation

It is recommended Sarasota County School Board accepts all plans as presented.

Attachments

The School Board of Sarasota County
2018 Premium and Contribution Summary



ACTIVE ONLY

	Enrolled	2017 Premium Monthly Rates	2017 Employee Contribution*	2017 SBSC Contribution	2018 Premium Monthly Rates	2018 Employee Contribution	2018 SBSC Contribution	EE Difference Per Month
<u>HIGH HMO 55</u>					<u>HIGH HMO 55</u>			
Single Only	2,369	\$649.55	\$0.00	\$649.55	\$661.90	\$0.00	\$661.90	\$0.00
Single + Spouse	67	\$1,350.95	\$701.40	\$649.55	\$1,376.64	\$714.74	\$661.90	\$13.34
Single + Children	123	\$1,228.55	\$579.00	\$649.55	\$1,251.90	\$590.00	\$661.90	\$11.00
Single + Family	22	\$1,882.87	\$1,233.32	\$649.55	\$1,918.66	\$1,256.76	\$661.90	\$23.44
<u>HIGH PPO 702</u>					<u>HIGH PPO 702</u>			
Single Only	1,752	\$806.90	\$0.00	\$806.90	\$822.24	\$0.00	\$822.24	\$0.00
Single + Spouse	22	\$1,677.06	\$870.16	\$806.90	\$1,708.94	\$886.70	\$822.24	\$16.54
Single + Children	22	\$1,524.62	\$717.72	\$806.90	\$1,553.60	\$731.36	\$822.24	\$13.64
Single + Family	7	\$2,337.42	\$1,530.52	\$806.90	\$2,381.84	\$1,559.60	\$822.24	\$29.08
<u>LOW HMO 60</u>					<u>LOW HMO 60</u>			
Single Only	63	\$601.57	\$0.00	\$601.57	\$613.00	\$0.00	\$613.00	\$0.00
Single + Spouse	47	\$1,251.25	\$601.70	\$649.55	\$1,275.04	\$613.14	\$661.90	\$11.44
Single + Children	121	\$1,137.79	\$488.24	\$649.55	\$1,159.42	\$497.52	\$661.90	\$9.28
Single + Family	34	\$1,743.85	\$1,094.30	\$649.55	\$1,777.00	\$1,115.10	\$661.90	\$20.80
<u>LOW PPO 727</u>					<u>LOW PPO 727</u>			
Single Only	330	\$452.10	\$0.00	\$452.10	\$460.70	\$0.00	\$460.70	\$0.00
Single + Spouse	155	\$939.57	\$290.02	\$649.55	\$957.44	\$295.54	\$661.90	\$5.52
Single + Children	267	\$854.19	\$204.64	\$649.55	\$870.44	\$208.54	\$661.90	\$3.90
Single + Family	134	\$1,309.57	\$660.02	\$649.55	\$1,334.46	\$672.56	\$661.90	\$12.54
		Total Premium	Employee	SBSC	Total Premium	Employee	SBSC	
Annual Totals	5,535	\$51,772,544	\$6,043,290	\$45,729,255	\$52,756,876	\$6,158,190	\$46,598,686	
				Change %	1.9%			
				Change \$	\$984,331			

Based on 2017 Average Enrollment plus Additional 190 Employees for 2018

*Pre-Rebate Amount, rounded to even amounts for payroll purposes

2018 Employee Benefits			
Employee Benefit	Company	Rate/Fee/Benefit	Change
Dental	Delta Dental	\$21.51 per month Employee Only \$44.47 per month Employee +1 \$73.99 per month Employee + 2 or more	No Change
Vision	Humana	\$4.44 per month Employee Only / \$14.44 per month Employee +1 or more	No Change
Life	Minesota Life	\$0.07 per \$1,000	No Change
Long Term Disability	Cigna	\$0.2280 per \$100 of Monthly Payroll	No Change
Flexible Spending	Discovery Benefits	\$3.90 Per Employee Per Month	No Change