

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

FINANCIAL SERVICES DEPARTMENT

M_E_M_O_R_A_N_D_U_M

TO: Mitsi Corcoran, Chief Financial Officer
FROM: Lynn Peterson, Risk Manager
DATE: September 07, 2016
SUBJECT: Employee Group Benefit Insurance Rates and Fees – 01/01/2017

2017 Group Medical Insurance Rates

The 2017 Employee Group Medical Insurance rates will increase due to claims experience. After the application of the Medical Loss Rebate, the net rate increase will be 3.96%. There will be no Plan design changes. Please see the attachment with the new rates.

2017 Group Dental Insurance Rates

The 2017 Group Dental Insurance rates will remain unchanged. The dental plan will be enhanced by increasing the lifetime maximum child orthodontic benefit from \$1,000 to \$1,500 and adding adult orthodontics to the Plan with a \$1,500 maximum lifetime benefit.

2017 Group Vision Rates

The 2017 Group vision insurance plan rates will increase 6% with no plan design changes. The District's cost will increase by \$0.25 per employee per month (PEPM) from \$4.19 to \$4.44 PEPM. The new rates will be guaranteed for 2 years. The Humana Vision Care Plan has not had a rate increase since 1992.

2017 Life, Long Term Disability and Flexible Spending Rates and Fees

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

School Board of Sarasota County
2017 Contribution Analysis - Post Rebate



ACTIVE ONLY

	Enrolled	2016 Premium Monthly Rates	2016 Employee Contribution	2016 SBSC Contribution		2017 Premium Monthly Rates	2017 Employee Contribution	2017 SBSC Contribution	EE Difference Per Month
HIGH HMO 55						HIGH HMO 55			
Single Only	2,229	\$620.29	\$0.00	\$620.29		\$649.55	\$0.00	\$644.86	\$0.00
Single + Spouse	67	\$1,290.09	\$667.11	\$622.98		\$1,350.95	\$696.32	\$644.86	\$29.21
Single + Children	111	\$1,173.20	\$550.69	\$622.51		\$1,228.55	\$574.80	\$644.86	\$24.11
Single + Family	26	\$1,798.05	\$1,173.02	\$625.03		\$1,882.87	\$1,224.40	\$644.86	\$51.38
HIGH PPO 702						HIGH PPO 702			
Single Only	1,550	\$770.55	\$0.00	\$770.55		\$806.90	\$0.00	\$801.08	\$0.00
Single + Spouse	21	\$1,601.51	\$827.62	\$773.89		\$1,677.06	\$863.86	\$801.08	\$36.24
Single + Children	23	\$1,455.92	\$682.62	\$773.30		\$1,524.61	\$712.52	\$801.08	\$29.90
Single + Family	5	\$2,232.11	\$1,455.68	\$776.43		\$2,337.41	\$1,519.44	\$801.08	\$63.76
LOW HMO 60						LOW HMO 60			
Single Only	38	\$574.47	\$0.00	\$574.47		\$601.57	\$0.00	\$597.22	\$0.00
Single + Spouse	48	\$1,194.87	\$572.27	\$622.60		\$1,251.24	\$597.34	\$644.86	\$25.07
Single + Children	108	\$1,086.53	\$464.36	\$622.17		\$1,137.78	\$484.70	\$644.86	\$20.34
Single + Family	29	\$1,665.28	\$1,040.79	\$624.49		\$1,743.84	\$1,086.38	\$644.86	\$45.59
LOW PPO 727						LOW PPO 727			
Single Only	27	\$431.73	\$0.00	\$431.73		\$452.10	\$0.00	\$448.84	\$0.00
Single + Spouse	108	\$897.24	\$275.83	\$621.41		\$939.57	\$287.92	\$644.86	\$12.09
Single + Children	246	\$815.71	\$194.63	\$621.08		\$854.19	\$203.16	\$644.86	\$8.53
Single + Family	120	\$1,250.56	\$627.73	\$622.83		\$1,309.56	\$655.22	\$644.86	\$27.49
		Total Premium	Employee	SBSC		Total Premium	Employee	SBSC	
Annual Totals	4,756	\$43,473,365	\$5,249,770	\$38,223,614		\$45,524,155	\$5,479,691	\$39,715,765	
						Less: 2015 ML Rebate	\$328,699		
						Net Total Premium	\$45,195,456		
						Change %	3.96%		
						Change \$	\$1,722,091		

**Based on Average 2016 Enrollment as of July 2016

2016 vs. 2017 Group Vision Monthly Funding Rates

Coverage Tier	<u>Current</u> 2016 Funding Rates	<u>Proposed</u> 2017 Funding Rates	2017 Employer Cost Per Month	2017 Employee Cost Per Month	Employee Increase Per Month
Employee Only	\$4.19	\$4.44	\$4.44	\$0	\$0
Employee + Two or More	\$13.63	\$14.44	\$4.44	\$10.00	\$0.56

2017 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
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