

EMPLOYEE BENEFITS UPDATE

NASSAU COUNTY

AUGUST 19, 2020



NASSAU COUNTY BOCC INSURANCE COMMITTEE AGENDA

- I. Call to Order
- II. Renewals for 2021 Plan Year
 - I. Medical
 - I. Review Options
- III. Adjournment



PENDING RENEWALS

MEDICAL



Nassau County BOCC
Medical Renewal Analysis
1/1/2021 Plan Year

Nassau County Plan Year: 1/1/2021	Aetna							
	OAMC		HNONLY 500		HNONLY 2000		HDHP HSA	
	OA POS		OA HMO		OA HMO		HSA OA POS	
BENEFITS SUMMARY				Current				
IN NETWORK								
Deductible (CYD): (Ind / Fam)	\$1,000/ \$2,000		\$500 / \$1,000		\$2,000 / \$6,000		\$2,000/ \$4,000	
Coinsurance: Carrier / Member	80% / 20%		100% / 0%		100% / 0%		80% / 20%	
Physician Services: PCP / Specialist	\$25 / \$60		\$25 / \$45		\$35 / \$65		CYD + 20%	
Inpatient Hospital Services	CYD + 20%		\$300/day (5 day max), then CYD + 0%		CYD + 0%		CYD + 20%	
Provider Services in Hospital and ER	CYD + 20%		\$0		CYD + 0%		CYD + 20%	
Independent Diagnostic Lab/X-Ray/AIS	CYD + 0% /\$50/CYD+20%		CYD + 0%/ \$20 / \$50		CYD + 0%/ \$50 / \$300		CYD + 20%	
Outpatient Surgery and Services	CYD + 20%		CYD + \$325 Copay		\$500		CYD + 20%	
Emergency Room Services	\$300		\$100		\$300		CYD + 20%	
Urgent Care Services	\$65		\$45		\$70		CYD + 20%	
Prescription Drugs - Generic	\$10		\$10		\$10		Deductible then \$10	
Prescription Drugs - Brand	\$50		\$60		\$50		Deductible then \$50	
Prescription Drugs - Specialty	\$80		\$75		\$70		Deductible then \$80	
Prescription Drugs - 90 day Mail Order	\$25/\$125/\$200		\$25/\$150/\$175		\$25/\$125/\$175		Deductible then \$25/\$125/\$200	
Mental Health (Inpatient / Outpatient)	CYD + 0%		CYD + 0%		CYD + 0%		CYD + 20%	
Out of Pocket Maximum (Ind / Fam)	\$3,500 / \$7,000		\$3,500 / \$7,000		\$5,000 / \$10,000		\$5,800 / \$11,600	
OUT OF NETWORK								
Deductible (Individual / Family)	\$1,500 / \$3,750						\$5,000;\$10,000	
Coinsurance: Carrier / Member	50% / 50%						60% / 40%	
Inpatient Hospital Services	CYD + 50%		No Coverage		No Coverage		CYD + 40%	
Outpatient Surgery	CYD + 50%						CYD + 40%	
Out of Pocket Maximum (Ind / Fam)	\$6,000 / \$12,000						\$11,600/ \$23,200	
RATING ANALYSIS								
	EEs		EEs		EEs		EEs	
Employee Only	42	\$802.35	197	\$750.48	317	\$668.63	34	\$562.16
Employee + Spouse	11	\$1,661.70	18	\$1,553.44	18	\$1,384.06	4	\$1,163.62
Employee + Child(ren)	9	\$1,509.17	38	\$1,410.82	17	\$1,257.02	7	\$1,056.85
Full Family	2	\$2,548.76	10	\$2,382.65	12	\$2,122.90	6	\$1,784.83
Total Monthly Premium	64	\$649,489.37	263		364		51	
Gross Increase/Decrease from Current	0%							

The plans and rates in this exhibit are controlled by various insurance contracts.

Nassau County BOCC
Medical Renewal Analysis
1/1/2021 Plan Year

Nassau County Plan Year: 1/1/2021	Aetna							
	OAMC		HNONLY 500		HNONLY 2000		HDHP HSA	
	OA POS		OA HMO		OA HMO		HSA OA POS	
BENEFITS SUMMARY				Renewal				
IN NETWORK								
Deductible (CYD): (Ind / Fam)	\$1,000/ \$2,000		\$500 / \$1,000		\$2,000 / \$6,000		\$2,000/ \$4,000	
Coinsurance: Carrier / Member	80% / 20%		100% / 0%		100% / 0%		80% / 20%	
Physician Services: PCP / Specialist	\$25 / \$60		\$25 / \$45		\$35 / \$65		CYD + 20%	
Inpatient Hospital Services	CYD + 20%		\$300/day (5 day max), then CYD + 0%		CYD + 0%		CYD + 20%	
Provider Services in Hospital and ER	CYD + 20%		\$0		CYD + 0%		CYD + 20%	
Independent Diagnostic Lab/X-Ray/AIS	CYD + 0% / \$50/CYD+20%		CYD + 0%/ \$20 / \$50		CYD + 0%/ \$50 / \$300		CYD + 20%	
Outpatient Surgery and Services	CYD + 20%		CYD + \$325 Copay		\$500		CYD + 20%	
Emergency Room Services	\$300		\$100		\$300		CYD + 20%	
Urgent Care Services	\$65		\$45		\$70		CYD + 20%	
Prescription Drugs - Generic	\$10		\$10		\$10		Deductible then \$10	
Prescription Drugs - Brand	\$50		\$60		\$50		Deductible then \$50	
Prescription Drugs - Specialty	\$80		\$75		\$70		Deductible then \$80	
Prescription Drugs - 90 day Mail Order	\$25/\$125/\$200		\$25/\$150/\$175		\$25/\$125/\$175		Deductible then \$25/\$125/\$200	
Mental Health (Inpatient / Outpatient)	CYD + 0%		CYD + 0%		CYD + 0%		CYD + 20%	
Out of Pocket Maximum (Ind / Fam)	\$3,500 / \$7,000		\$3,500 / \$7,000		\$5,000 / \$10,000		\$5,800 / \$11,600	
OUT OF NETWORK								
Deductible (Individual / Family)	\$1,500 / \$3,750						\$5,000;\$10,000	
Coinsurance: Carrier / Member	50% / 50%						60% / 40%	
Inpatient Hospital Services	CYD + 50%		No Coverage		No Coverage		CYD + 40%	
Outpatient Surgery	CYD + 50%						CYD + 40%	
Out of Pocket Maximum (Ind / Fam)	\$6,000 / \$12,000						\$11,600/ \$23,200	
RATING ANALYSIS		EEs		EEs		EEs		EEs
Employee Only	42	\$922.22	197	\$862.60	317	\$768.52	34	\$646.15
Employee + Spouse	11	\$1,909.96	18	\$1,785.52	18	\$1,590.84	4	\$1,337.46
Employee + Child(ren)	9	\$1,734.64	38	\$1,621.60	17	\$1,444.82	7	\$1,214.74
Full Family	2	\$2,929.54	10	\$2,738.62	12	\$2,440.06	6	\$2,051.48
Total Monthly Premium	64	\$746,521.82	263		364		51	
Gross Increase/Decrease from Current	14.94%							

The plans and rates in this exhibit are controlled by various insurance contracts.

Nassau County BOCC
Medical Renewal Analysis
1/1/2021 Plan Year

Nassau County Plan Year: 1/1/2021	Aetna							
	OAMC		HNONLY 500		HNONLY 2000		HDHP HSA	
	OA POS		OA HMO		Baptist & St. Vincent ACO		HSA OA POS	
BENEFITS SUMMARY				Alternative Option 1				
IN NETWORK								
Deductible (CYD): (Ind / Fam)	\$1,000/ \$2,000		\$500 / \$1,000		\$2,000 / \$6,000		\$2,000/ \$4,000	
Coinsurance: Carrier / Member	80% / 20%		100% / 0%		100% / 0%		80% / 20%	
Physician Services: PCP / Specialist	\$25 / \$60		\$25 / \$45		\$35 / \$65		CYD + 20%	
Inpatient Hospital Services	CYD + 20%		\$300/day (5 day max), then CYD + 0%		CYD + 0%		CYD + 20%	
Provider Services in Hospital and ER	CYD + 20%		\$0		CYD + 0%		CYD + 20%	
Independent Diagnostic Lab/X-Ray/AIS	CYD + 0% /\$50/CYD+20%		CYD + 0%/ \$20 / \$50		CYD + 0%/ \$50 / \$300		CYD + 20%	
Outpatient Surgery and Services	CYD + 20%		CYD + \$325 Copay		\$500		CYD + 20%	
Emergency Room Services	\$300		\$100		\$300		CYD + 20%	
Urgent Care Services	\$65		\$45		\$70		CYD + 20%	
Prescription Drugs - Generic	\$10		\$10		\$10		Deductible then \$10	
Prescription Drugs - Brand	\$50		\$60		\$50		Deductible then \$50	
Prescription Drugs - Specialty	\$80		\$75		\$70		Deductible then \$80	
Prescription Drugs - 90 day Mail Order	\$25/\$125/\$200		\$25/\$150/\$175		\$25/\$125/\$175		Deductible then \$25/\$125/\$200	
Mental Health (Inpatient / Outpatient)	CYD + 0%		CYD + 0%		CYD + 0%		CYD + 20%	
Out of Pocket Maximum (Ind / Fam)	\$3,500 / \$7,000		\$3,500 / \$7,000		\$5,000 / \$10,000		\$5,800 / \$11,600	
OUT OF NETWORK								
Deductible (Individual / Family)	\$1,500 / \$3,750						\$5,000;\$10,000	
Coinsurance: Carrier / Member	50% / 50%						60% / 40%	
Inpatient Hospital Services	CYD + 50%		No Coverage		No Coverage		CYD + 40%	
Outpatient Surgery	CYD + 50%						CYD + 40%	
Out of Pocket Maximum (Ind / Fam)	\$6,000 / \$12,000						\$11,600/ \$23,200	
RATING ANALYSIS								
	EEs		EEs		EEs		EEs	
Employee Only	42	\$922.22	197	\$862.60	317	\$700.22	34	\$646.15
Employee + Spouse	11	\$1,909.96	18	\$1,785.52	18	\$1,449.46	4	\$1,337.46
Employee + Child(ren)	9	\$1,734.64	38	\$1,621.60	17	\$1,316.42	7	\$1,214.74
Full Family	2	\$2,929.54	10	\$2,738.62	12	\$2,223.21	6	\$2,051.48
Total Monthly Premium	64	\$717,540.88	263		364		51	
Gross Increase/Decrease from Current	10.48%							

The plans and rates in this exhibit are controlled by various insurance contracts.

Nassau County BOCC
Medical Renewal Analysis
1/1/2021 Plan Year

Nassau County Plan Year: 1/1/2021	Aetna									
	OAMC		HNONLY 500		HNONLY 2000		HNONLY 2000		HDHP HSA	
	OA POS		OA HMO		OA HMO		*Baptist & St. Vincent ACO		HSA OA POS	
BENEFITS SUMMARY			Alternative Option 2							
IN NETWORK										
Deductible (CYD): (Ind / Fam)	\$1,000/ \$2,000		\$500 / \$1,000		\$2,000 / \$6,000		\$2,000 / \$6,000		\$2,000/ \$4,000	
Coinsurance: Carrier / Member	80% / 20%		100% / 0%		100% / 0%		100% / 0%		80% / 20%	
Physician Services: PCP / Specialist	\$25 / \$60		\$25 / \$45		\$35 / \$65		\$35 / \$65		CYD + 20%	
			\$300/day (5 day max),							
Inpatient Hospital Services	CYD + 20%		then CYD + 0%		CYD + 0%		CYD + 0%		CYD + 20%	
Provider Services in Hospital and ER	CYD + 20%		\$0		CYD + 0%		CYD + 0%		CYD + 20%	
Independent Diagnostic Lab/X-Ray/AIS	CYD + 0% /\$50/CYD+20%		CYD + 0%/ \$20 / \$50		CYD + 0%/ \$50 / \$300		CYD + 0%/ \$50 / \$300		CYD + 20%	
Outpatient Surgery and Services	CYD + 20%		CYD + \$325 Copay		\$500		\$500		CYD + 20%	
Emergency Room Services	\$300		\$100		\$300		\$300		CYD + 20%	
Urgent Care Services	\$65		\$45		\$70		\$70		CYD + 20%	
Prescription Drugs - Generic	\$10		\$10		\$10		\$10		Deductible then \$10	
Prescription Drugs - Brand	\$50		\$60		\$50		\$50		Deductible then \$50	
Prescription Drugs - Specialty	\$80		\$75		\$70		\$70		Deductible then \$80	
Prescription Drugs - 90 day Mail Order	\$25/\$125/\$200		\$25/\$150/\$175		\$25/\$125/\$175		\$25/\$125/\$175		Deductible then \$25/\$125/\$200	
Mental Health (Inpatient / Outpatient)	CYD + 0%		CYD + 0%		CYD + 0%		CYD + 0%		CYD + 20%	
Out of Pocket Maximum (Ind / Fam)	\$3,500 / \$7,000		\$3,500 / \$7,000		\$5,000 / \$10,000		\$5,000 / \$10,000		\$5,800 / \$11,600	
OUT OF NETWORK										
Deductible (Individual / Family)	\$1,500 / \$3,750								\$5,000;\$10,000	
Coinsurance: Carrier / Member	50% / 50%								60% / 40%	
Inpatient Hospital Services	CYD + 50%		No Coverage		No Coverage		No Coverage		CYD + 40%	
Outpatient Surgery	CYD + 50%								CYD + 40%	
Out of Pocket Maximum (Ind / Fam)	\$6,000 / \$12,000								\$11,600/ \$23,200	
RATING ANALYSIS		EEs		EEs			EEs		EEs	
Employee Only	42	\$922.22	197	\$862.60	285	\$768.52	32	\$700.22	34	\$646.15
Employee + Spouse	11	\$1,909.96	18	\$1,785.52	16	\$1,590.84	2	\$1,449.46	4	\$1,337.46
Employee + Child(ren)	9	\$1,734.64	38	\$1,621.60	15	\$1,444.82	2	\$1,316.42	7	\$1,214.74
Full Family	2	\$2,929.54	10	\$2,738.62	11	\$2,440.06	1	\$2,223.21	6	\$2,051.48
Total Monthly Premium	64	\$743,623.73	263		328		36		51	
								*10% Migration from current HNONLY 2000		
Gross Increase/Decrease from Current	14.49%									

The plans and rates in this exhibit are controlled by various insurance contracts.

2021 RENEWAL SUMMARY

BENEFIT	CARRIER	RENEWAL
Medical	AETNA	14.94% As Is Increase / 10.48% Alternative Option Increase
Vision	EyeMed	0% (New – 2 year Rate Guarantee – 12/31/2022)
Dental	Humana	2% Increase
Life/AD&D/Disability	The Standard	0% (2 nd year of Rate Guarantee – 12/31/2021)

QUESTIONS & COMMENTS

