

EMPLOYEE BENEFITS UPDATE

NASSAU COUNTY

AUGUST 7, 2020



NASSAU COUNTY BOCC INSURANCE COMMITTEE AGENDA

- I. Call to Order
- II. Medical Cost Analysis
- III. Renewals for 2021 Plan Year
 - I. Medical
 - 1. Review Options
 - 2. Overview of ACO Network
 - 2. Dental
 - 3. HSA
- IV. Open Enrollment Calendar
- V. Adjournment



Nassau County Board of County Commissioners

Medical Plan Cost Analysis

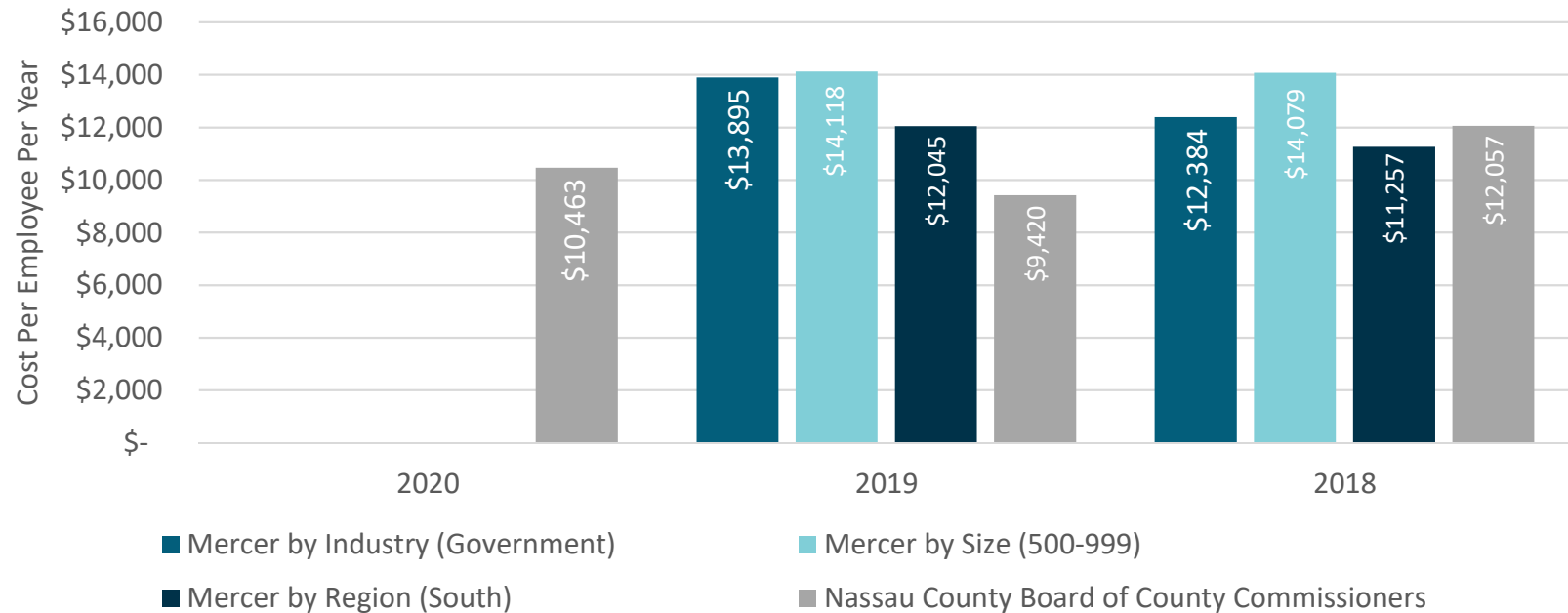
For Plan Year January 1, 2020 - December 31, 2020

Data Through April 30, 2020



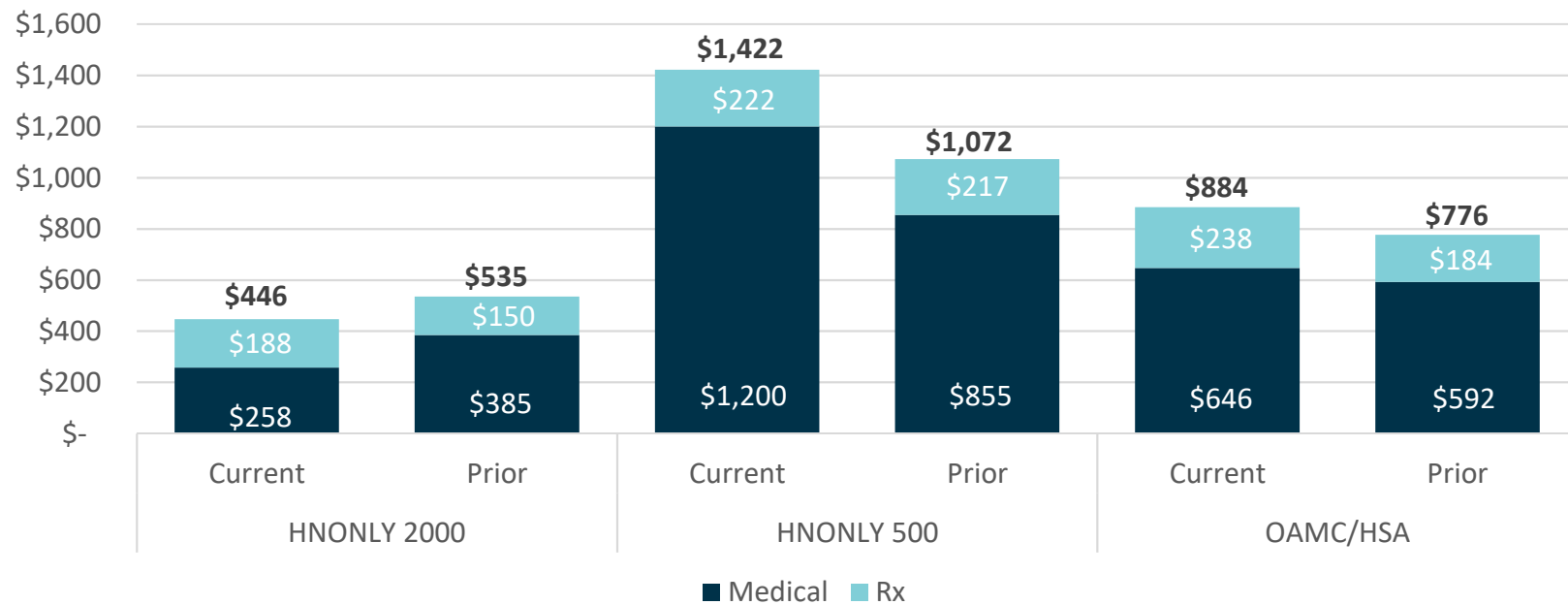
Comparison to National Average

The following analysis combines national average costs compiled from Mercer Benchmarking Reports compared to your fully-insured premium on a per employee per year (PEPY) basis.



Cumulative Average Claims Per Employee Per Month

This chart compares the claims experience for medical and prescription as compared to the prior calendar year.



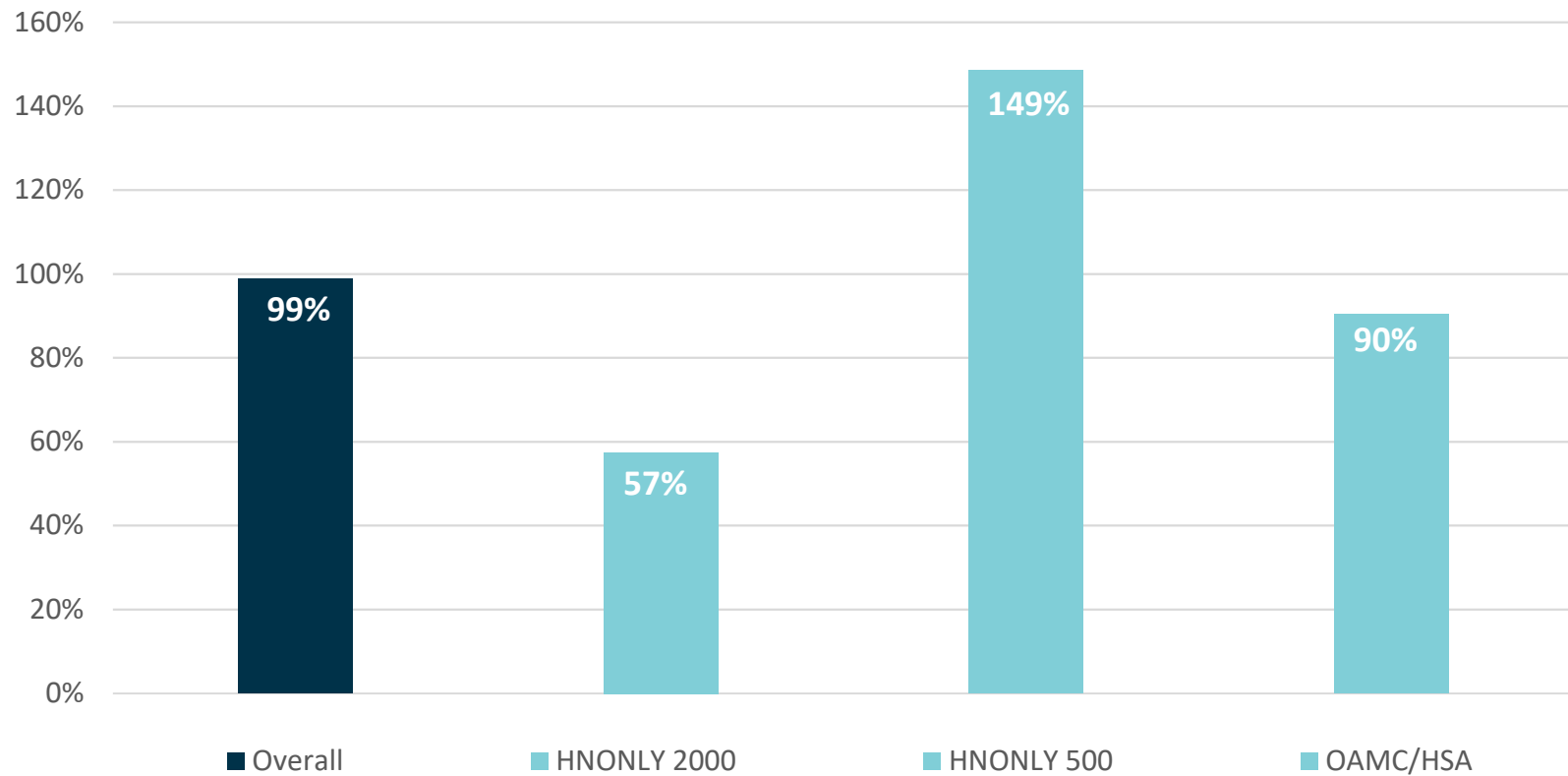
Medical and Rx Loss Ratio

The loss ratio is a calculation of the premiums paid between January 1, 2020 and April 30, 2020 compared to the claims paid by the plan.



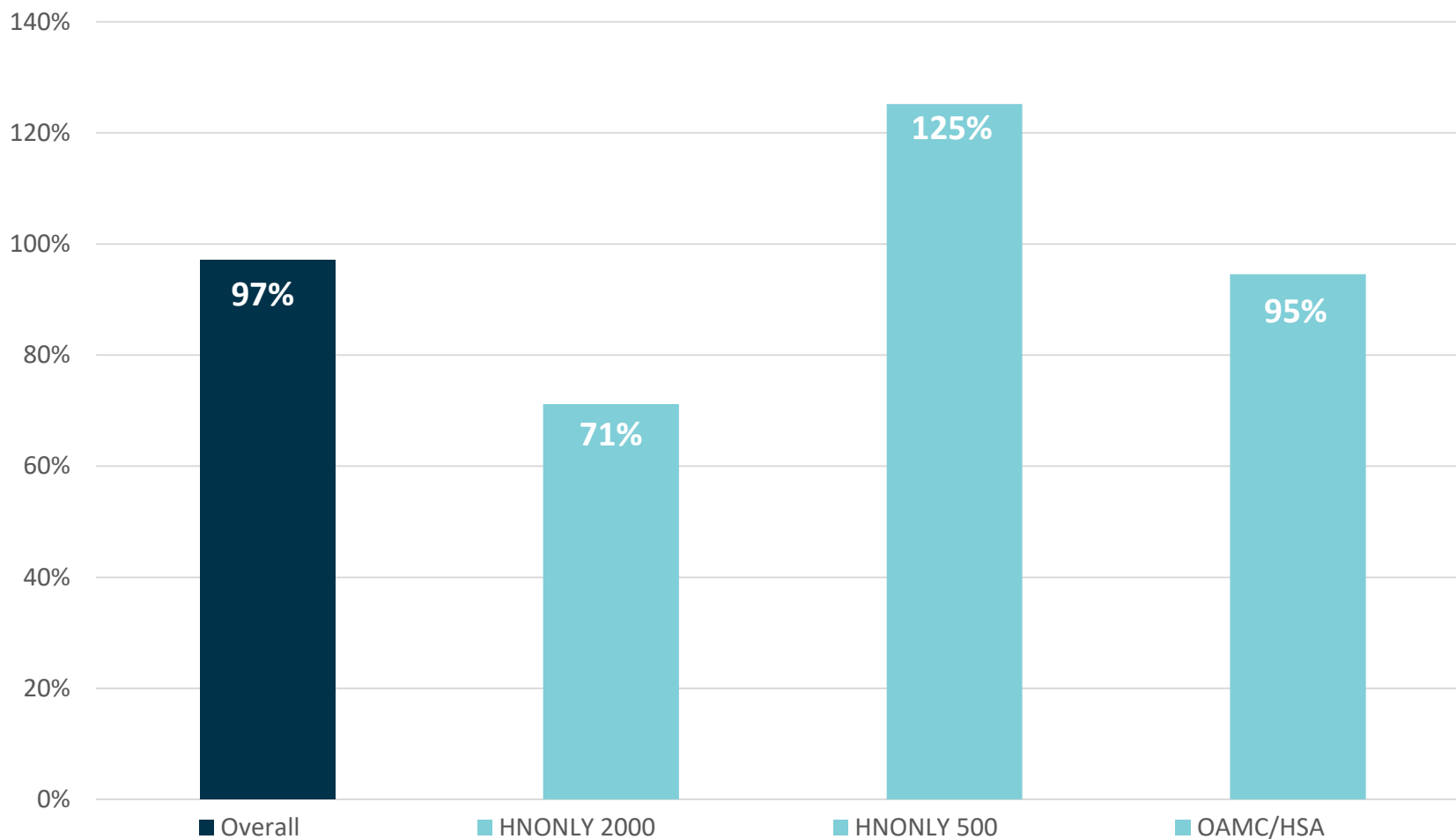
Plan YTD Loss Ratio Comparison

The loss ratio comparison compares the fully-insured premiums paid to the medical and prescription claims paid.



12 Month Rolling Loss Ratio Comparison

The 12 Month loss ratio comparison compares the fully-insured premiums paid to the medical and prescription claims paid using a rolling 12 month calendar.



High Cost Claims Activity

There was 2 claimant with over \$50,000 in claims for the period January 1, 2020 through April 30, 2020. In consideration of privacy, details have been omitted.

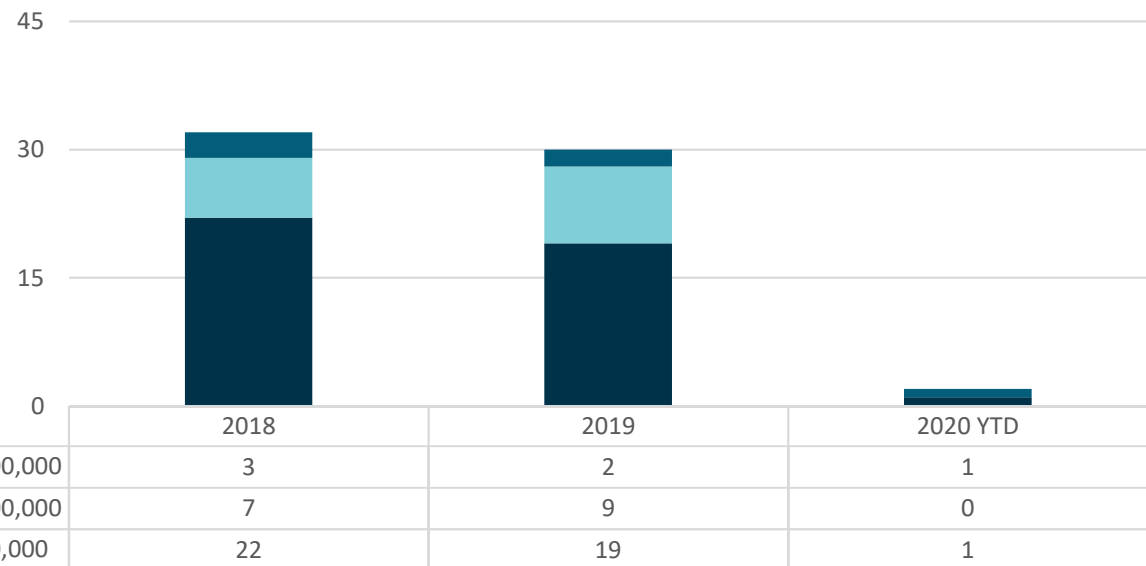
Claimant	Total Paid	Diagnosis
1	\$ 500,541	Influenza Due to Other Identified Influenza Virus with Unspecified Type of Pneumonia
2	\$ 62,343	Type 2 Diabetes Mellitus With Diabetic Neuropathic Arthropathy
	\$562,884	
Claims Above Pooling Point (\$200,000):	\$300,541	
Net HCC Paid:	\$262,343	

High Cost Claimant Analysis

Number of Members with Claims at Various Thresholds

Between 2018 and 2020 YTD

- There was a 20% increase in claimants over \$50,000.
- There was a 57% increase in claimants over \$100,000.
- There was a 140% increase in claimants over \$200,000.



■ Number of members with claims over \$200,000	3	2	1
■ Number of members with claims over \$100,000	7	9	0
■ Number of members with claims over \$50,000	22	19	1

Cumulative Gross Paid Claims Summary

Current Period: January 1, 2020 - December 31, 2020

[illegible][illegible]

Prior Period: January 1, 2019-December 31, 2019

Gross Claims													
Month	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	TOTAL
Medical	\$303,737	\$497,430	\$541,179	\$616,980	\$322,971	\$358,973	\$426,820	\$374,952	\$444,838	\$491,080	\$488,173	\$332,584	\$5,199,717
HNONLY 2000	\$54,193	\$64,231	\$87,697	\$249,960	\$101,814	\$141,977	\$78,281	\$147,653	\$262,667	\$121,388	\$88,006	\$102,096	
HNONLY 500	\$207,127	\$366,564	\$391,832	\$281,166	\$172,961	\$155,940	\$241,459	\$160,254	\$138,950	\$175,124	\$362,282	\$166,313	
OAMC/HSA	\$42,417	\$66,635	\$61,650	\$85,854	\$48,196	\$61,056	\$107,080	\$67,045	\$43,221	\$194,568	\$37,885	\$64,175	
Rx	\$59,129	\$123,450	\$121,301	\$123,200	\$137,950	\$131,769	\$139,982	\$133,777	\$138,785	\$157,464	\$157,306	\$152,778	\$1,576,891
HNONLY 2000	\$24,105	\$50,055	\$44,399	\$38,676	\$41,553	\$52,045	\$42,679	\$54,346	\$53,230	\$63,549	\$55,504	\$66,040	
HNONLY 500	\$30,132	\$49,355	\$55,843	\$59,949	\$66,203	\$61,486	\$74,446	\$56,367	\$68,938	\$63,074	\$68,547	\$62,420	
OAMC/HSA	\$4,892	\$24,040	\$21,059	\$24,575	\$30,194	\$18,238	\$22,857	\$23,064	\$16,617	\$30,841	\$33,255	\$24,318	
Total	\$362,866	\$620,880	\$662,480	\$740,180	\$460,921	\$490,742	\$566,802	\$508,729	\$583,623	\$648,544	\$645,479	\$485,362	\$6,776,608

[illegible]

Enrollment Summary

Current Period: January 1, 2020 - December 31, 2020

Enrollment													
Month	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	TOTAL
Enrollment	735	747	740	741	0	0	0	0	0	0	0	0	2963
HNONLY 2000	356	367	364	364	0	0	0	0	0	0	0	0	
HNONLY 500	266	268	264	263	0	0	0	0	0	0	0	0	
OAMC/HSA	113	112	112	114	0	0	0	0	0	0	0	0	
PEPM Medical	\$ 795	\$ 833	\$ 493	\$ 497									\$ 654
PEPM Rx	\$ 166	\$ 190	\$ 265	\$ 210									\$ 208
PEPM Total	\$ 960	\$ 1,023	\$ 758	\$ 707									\$ 862
PYTD PEPM													\$ 862

Prior Period: January 1, 2019-December 31, 2019

[illegible]



PENDING RENEWALS

MEDICAL | DENTAL | HSA



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%	
			\$300/day (5 day max),					
Inpatient Hospital Services	CYD + 20%		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	
							Deductible then	
Prescription Drugs - 90 day Mail Order	\$25/\$125/\$200		\$25/\$150/\$175		\$25/\$125/\$175		\$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%	
			\$300/day (5 day max),					
Inpatient Hospital Services	CYD + 20%		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	
							Deductible then	
Prescription Drugs - 90 day Mail Order	\$25/\$125/\$200		\$25/\$150/\$175		\$25/\$125/\$175		\$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	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								
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%		
				\$300/day (5 day max),						
Inpatient Hospital Services		CYD + 20%		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.

Baptist Health & St. Vincent's HealthCare network overview

Our network includes:



**300+ primary
care doctors**

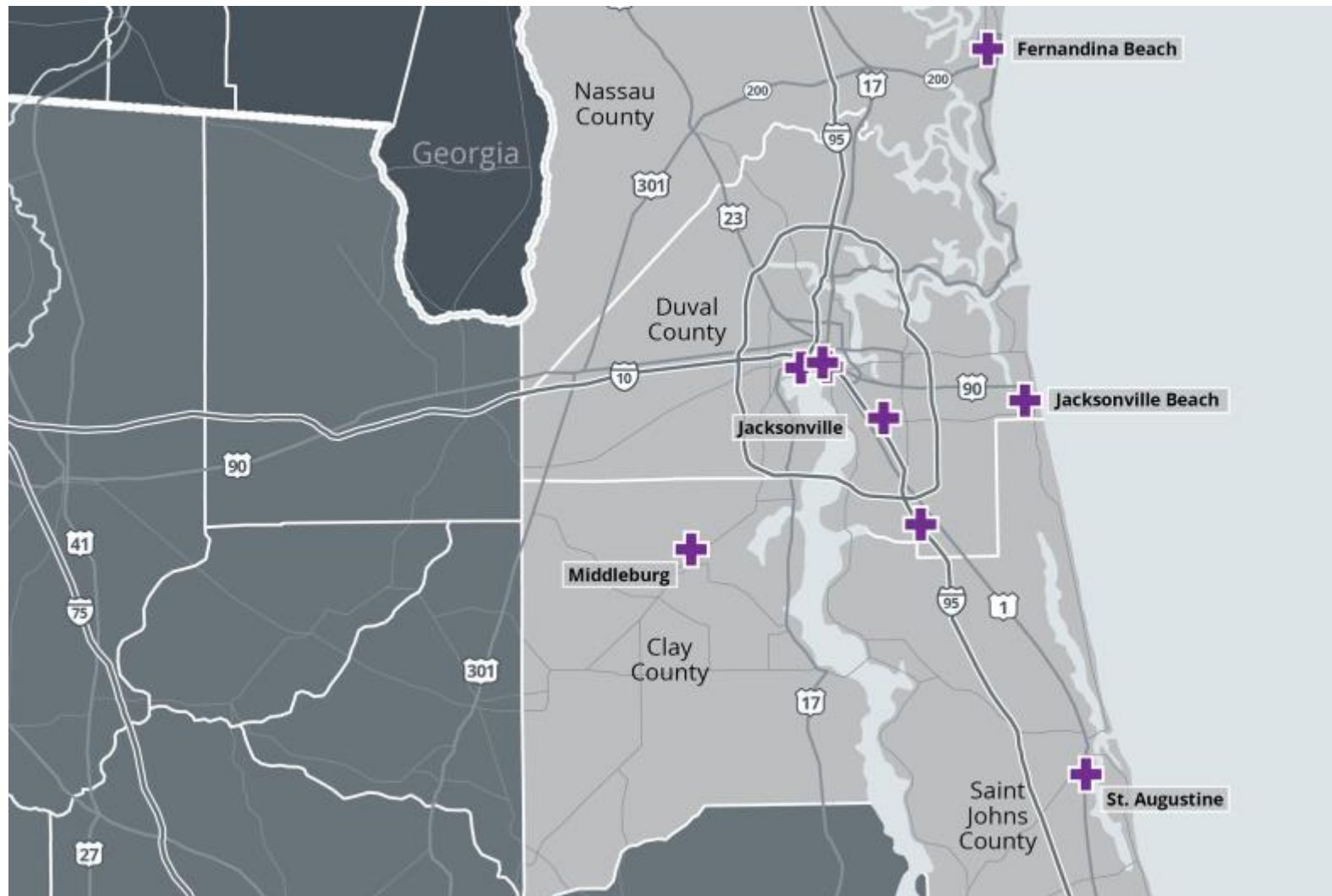


1,750+ specialists



9 hospitals

Baptist Health & St. Vincent's HealthCare network coverage area



Baptist Health & St. Vincent's HealthCare network hospitals



Hospital	ZIP	City	Address
Baptist Medical Center Nassau	32034	Fernandina Beach	1250 South 18 th Street
Ascension St. Vincent's Riverside	32204	Jacksonville	1 Shircliff Way
Ascension St. Vincent's Southside	32216	Jacksonville	4201 Belfort Road
Baptist Medical Center Jacksonville	32207	Jacksonville	800 Prudential Drive
Wolfson Children's Hospital	32207	Jacksonville	800 Prudential Drive
Baptist Medical Center South	32258	Jacksonville	14550 Old St. Augustine Road
Baptist Medical Center Beaches	32250	Jacksonville Beach	1350 13 th Ave. South
Ascension St. Vincent's Clay County	32068	Middleburg	1670 St. Vincent's Way
Flagler Hospital	32086	St. Augustine	400 Health Park Boulevard

Nassau Co. BOCC
Dental Analysis

				Humana		Humana	
				DHMO	Traditional Preferred	DHMO	Traditional Preferred
Contribution Strategy							
BENEFITS SUMMARY				CURRENT		RENEWAL	
Deductible				\$50 / \$150		\$50 / \$150	
Annual Maximum				\$1,000		\$1,000	
In-Network							
Preventive Services				100%		100%	
Basic Services				See Payment	80%	See Payment	80%
Major Services				Schedule	50%	Schedule	50%
Orthodontia				\$1,000		\$1,000	
RATING ANALYSIS							
Employee Only	174	166	\$11.81	\$24.00	\$12.54	\$24.00	
Employee + Spouse	54	51	\$23.62	\$48.26	\$25.06	\$48.26	
Employee + Child(ren)	33	31	\$26.58	\$43.97	\$28.20	\$43.96	
Full Family	63	30	\$42.76	\$81.30	\$45.36	\$81.30	
Total Monthly Premium				\$17,148.77		\$17,570.50	
Gross Increase/Decrease						2%	
Employee's Share							
Employee Only	174	166	\$11.81	\$24.00	\$12.54	\$24.00	
Employee + Spouse	54	51	\$23.62	\$48.26	\$25.06	\$48.26	
Employee + Child(ren)	33	31	\$26.58	\$43.97	\$28.20	\$43.96	
Full Family	63	30	\$42.76	\$81.30	\$45.36	\$81.30	

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)

HSA CONTRIBUTION MAXIMUM

AS UPDATED BY THE IRS

- The IRS has announced the maximum allowable HSA Contribution for 2021
- Eligible individuals with self-only *HDHP coverage will be able to contribute a maximum of **\$3,600** to their HSAs for 2021, up from \$3,550 for 2020.
- Eligible individuals with family *HDHP coverage will be able to contribute a maximum of **\$7,200** to their HSAs for 2021, up from \$7,100 for 2020.
- Individuals who are age 55 or older are permitted to make an additional \$1,000 “catch-up” contribution to their HSAs.
- Does the insurance committee want to increase the allowed HSA contribution amount to the maximum for 2021 to align with the IRS maximum?

*The minimum deductible amount for HDHPs remains the same for 2021 plan years (\$1,400 for self-only coverage and \$2,800 for family coverage). However the HDHP maximum out-of-pocket expense limit increases to \$7,000 for self-only coverage and \$14,000 for family coverage.

OPEN ENROLLMENT SCHEDULE

October 2020

Wk	Sun	Mon	Tue	Wed	Thu	Fri	Sat
40					1	2	3
41	4	5	6	7	8	9	10
42	11	12 <small>Columbus Day</small>	13	14	15	16	17
43	18	19	20	21	22	23	24
44	25	26	27	28	29	30	31 <small>Halloween</small>

QUESTIONS & COMMENTS

