



## Illinois Heartland Library System

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TO: IHLS Personnel Committee  
 FROM: Leslie Bednar  
 DATE: October 21, 2022  
 RE: IHLS Benefits Plan

### **Background**

IHLS partnered with OneDigital to use their professional services as our health benefits broker for the CY2023 benefit plan. IHLS requested benefit proposals using our current-year plan as minimum requirements for the proposal process. Below are results for health insurance proposals that OneDigital obtained on our behalf.

1. **Blue Cross Blue Shield (BCBS)** – \$746.05 for the \$5,000 deductible plan. BCBS will issue a \$15,000 credit upon renewal of current plans.
2. **Cigna**- Declined to bid (could not offer a competitive proposal)
3. **United Health Care** – Will not bid due to large active claim
4. **Aetna** -Will not bid because they do not offer coverage to non-ERISA groups. ERISA is the Employee Retirement Income Security Act of 1974; because we are a government entity, we do not fall under ERISA Guidelines.
5. **Humana** – 77% Premium Increase (could not offer a competitive proposal)

IHLS contacted the CMS Government Health Plan for a proposal. Their lowest cost would be \$1,079.00 for the Local Consumer-Driven Health Plan through Aetna. This cost includes health, dental, and vision benefits that must be elected as a package. This all-in-one package structure would eliminate part-time employee benefits for staff that are scheduled to work less than 20 hours per week.

IHLS will pay up to \$800 per month for health insurance for each qualified employee. This is slightly under our budgeted amount for the second half of FY2023.

Below, please find the results of the dental, vision, and life insurance proposals for both full- and part-time employees.

Dental Insurance Carrier	Proposal Amount
Guardian	\$32.40
Humana	\$34.64
BCBS	\$43.66

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<b>Vision Insurance Carrier</b>	<b>Proposal Amount</b>
Guardian	\$8.28
Humana	\$12.43
BCBS	No response to proposal

<b>Life Insurance Carrier</b>	<b>Proposal Amount</b>
Guardian	\$9.25
MetLife	Declined to submit proposal
Principal	Declined to submit proposal

The lowest proposal costs are within the budgeted amount for the second half of FY2023.

A new mental health and wellness benefit proposal was presented to IHLS for the CY2023. This benefit is uniquely offered through Guardian by spring health and will provide a variety of benefits and we propose to offer the 5-visit tier plan for both staff and dependents. This would cost IHLS approximately \$8,280. IHLS will utilize the health insurance budget savings to cover the cost of this plan for all staff.

A presentation of the overview of these plans and proposals can be found [here](#) on the board intranet.

**Recommendation for IHLS Benefit Plans**

IHLS staff recommends renewing our current benefit plans with Blue Cross Blue Shield of Illinois for health insurance and Guardian for dental, vision, and life, as they were the lowest responsible bidder and adding the Guardian spring health wellness benefit for the CY2023.

Thank you, and please let me know if you have any comments or questions.



Illinois Heartland Library System

# Board Presentation for 2023 Benefits Renewal and Recommendations

*Jill Trevino*

*Human Resources Director*

October 25, 2022

Imagining Tomorrow – Delivering Possibilities Today!

# IHLS Process for the 2023 Plan Year

We have requested Proposals from OneDigital and CMS Government Health Plan.  
*Minimum requirements for Proposals based on the same benefits options for Calendar Year 2022*

## Proposals received from OneDigital:

- Renewal Rates for all current plans
- Additional Proposals requested by OneDigital
  1. **Cigna**- Declined to bid (could not offer competitive proposal)
  2. **United Health Care** – Will not bid due to large active claim
  3. **Aetna** -Will not bid because they do not offer coverage to non-ERISA groups. The Employee Retirement Income Security Act of 1974 (ERISA), because we are a government entity, we do not fall under ERISA Guidelines.
  4. **Humana** – 77% Premium Increase (could not offer competitive proposal)
- Mental Health/Wellness Benefit



# Professional Services - OneDigital

## Benefit Consulting

- Well-seasoned, dedicated Benefit Consultant, responsible for strategy & managing your account
- Plan design consultation & implementation
- Comprehensive & proactive renewal planning, including soliciting competitive bids, product evaluation, identifying quality insurers/TPA/vendor partners, & insurer negotiations
- Benefit, cost, and contribution analysis
- Data Analytics including demographic & benchmarking analysis
- Plan funding analysis (fully-insured, level funded, self-funded, healthcare captive, RBP)
- Network disruption analysis
- \*Proprietary Rx Connection Rx Review; designed for employers with 100+ EEs who are self-insured or are evaluating moving to self-insurance (additional fees may apply)
- Complete open enrollment support, along with Education Team
- Renewal contracts completed and reviewed for accuracy
- Ensure implementation of policy changes with carrier(s)
- Plan review meetings with plan metrics (i.e. claims, demographics, plan utilization)
- ACA & benefit plan compliance audit and assistance
- Technology - selection & implementation of benefit administration technology
- \*International benefit support (access to global network of consultants, expatriot plans, etc) (additional fees may apply)



# Professional Services - OneDigital

## **Customer Advocacy**

- Dedicated Client Service Specialist - assists with claims & appeals, billing, and general questions
- Due to Premier Broker Status, has direct access to a dedicated client service team within insurers
- Access to dedicated membership transaction assistance team
- Access to Medicare & Individual Health Plan Specialist – protects the financial health of group plan
- Advises on current regulations and ever changing benefit laws
- Resource for Cobra, HIPAA, Section 125, and FMLA questions

## **Human Resources Support / Compliance**

- \*Human Resource Consulting Division (fees apply). HRC team can provide ongoing HR support or project based support
- Cobra administration services
- 5500 services
- \*SPD wrap documents (additional fees may apply)
- \*Employee Total Benefit Statements (additional fees may apply)
- Access to One Digital compliance & ERISA attorney team (Benefit related, compliance issues)



# Professional Services - OneDigital

## Education Services

- Dedicated Enrollment Specialist to provide onsite and/or web-based enrollment education
- Open enrollment and year round education support available
- Tri-lingual (English, Spanish, Polish) education available
- Education customized to deliver client's desired messaging
- Customized education tools include personalized employee benefit guides, flipsnack interactive benefit guide, and brainshark educational videos
- Access to OneDigital monthly client communications (benefits, compliance, and wellness) and also ongoing seminars & webinars.

# OneDigital Fee Structure

- Our fee structure is intended to be simple and fair, and our policy is to disclose all fees so that you can expect the appropriate level of support from us. All of the strategic consulting, planning tools and models, reports, communications, and service support outlined in this proposal will be supported by the health and ancillary insurance carriers' commissions.

- **BCBSIL Health = Sliding scale (approx 3.9%)**

- **Guardian Dental = Sliding scale (approx. 7.5%)**

- **Guardian Group & Voluntary Life = 10%**

- **Guardian Vision = 10%**

- **Guardian Worksite = 15%**

*Please note, at times insurers provide retention and/or new business overrides. These overrides will be accepted but do not affect the rates charged to your firm. We do not charge additional fees unless specifically noted or fully disclosed ahead of time.*



# Renewal Health Insurance Proposal with BCBS

					Current / Renewal BCBS Plans											
Plan Name					MIBPP2110		MIBPP2040		MIBPP2030		MIBPP1171					
Carrier Name					Blue Cross Blue Shield				Blue Cross Blue Shield							
Plan Type					BluePrint PPO		BluePrint PPO		BluePrint PPO		BluePrint PPO					
Network Name					Participating Provider Organization [PPO]		Participating Provider Organization [PPO]		Participating Provider Organization [PPO]		Participating Provider Organization [PPO]					
					In Network		Out of Network		In Network		Out of Network					
Individual Deductible					\$2,500	\$5,000	\$1,000	\$2,000	\$500	\$1,000	\$5,000	\$10,000				
Family Deductible					\$7,500	\$15,000	\$3,000	\$6,000	\$1,500	\$3,000	\$12,000	\$24,000				
Coinsurance					10%	30%	10%	30%	20%	40%	20%	40%				
Individual Out of Pocket Maximum					\$3,500	\$10,500	\$2,000	\$6,000	\$2,500	\$7,500	\$8,550	\$25,650				
Family Out of Pocket Maximum					\$10,500	\$31,500	\$6,000	\$18,000	\$7,500	\$22,500	\$17,100	\$51,300				
PCP Copay					\$20	30% after Ded.	\$20	30% after Ded.	\$20	40% after Ded.	\$40	40% after Ded.				
Specialist Copay					\$40	30% after Ded.	\$40	30% after Ded.	\$40	40% after Ded.	\$60	40% after Ded.				
Imaging					10% after Ded.	30% after Ded.	10% after Ded.	30% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.				
Lab and X-ray					\$20 PCP / \$40 SPC	30% after Ded.	\$20 PCP / \$40 SPC	30% after Ded.	\$20 PCP / \$40 SPC	40% after Ded.	PCP \$40 / SPC \$60	40% after Ded.				
Hospital Stay					10% after Ded.	\$300 + 30% after Ded.	10% after Ded.	\$300 + 30% after Ded.	20% after Ded.	\$300 + 40% after Ded.	20% after Ded.	\$300 + 40% after Ded.				
Outpatient Surgery					10% after Ded.	30% after Ded.	10% after Ded.	30% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.				
Prescription Drug Card Description					Preferred / Non-Preferred	Non-Network - All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copay/coinsurance	Preferred / Non-Preferred	Non-Network - All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copay/coinsurance	Preferred / Non-Preferred	Non-Network - All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copay/coinsurance	Preferred / Non-Preferred	Non-Network - All Out-of-Network prescriptions are subject to a 50% additional charge after the applicable copay/coinsurance				
-Preferred Generic					\$0 / \$10	\$10	\$0 / \$10	\$10	\$0 / \$10	\$10	\$0 / \$10	\$10				
-Non-Preferred Generic					\$10 / \$20	\$20	\$10 / \$20	\$20	\$10 / \$20	\$20	\$10 / \$20	\$20				
-Preferred Brand					\$50 / \$70	\$70	\$50 / \$70	\$70	\$50 / \$70	\$70	\$50 / \$70	\$70				
-Non-Preferred Brand					\$100 / \$120	\$120	\$100 / \$120	\$120	\$100 / \$120	\$120	\$100 / \$120	\$120				
-Preferred Specialty					\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150				
-Non-Preferred Specialty					\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250				
Mail Order Benefit					3x	N/A	3x	N/A	3x	N/A	3x	N/A				
Urgent Care Copay					10% after Ded.	30% after Ded.	10% after Ded.	30% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.				
Emergency Room Copay					\$150 copay / visit	\$150 copay / visit	\$150 copay / visit	\$150 copay / visit	\$150 copay / visit	\$150 copay / visit	\$250 copay / visit	\$250 copay / visit				
Telehealth					Virtual visits typically no charge. *Please see your plan policy for more details.	-	Virtual visits typically no charge. *Please see your plan policy for more details.	-	Virtual visits may be available. *Please see your plan policy for more details.	-	Virtual visits may be available. *Please see your plan policy for more details.	-				
					Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal				
Employee Only					10	17	4	4	\$783.47	\$840.27	\$825.78	\$894.38	\$820.97	\$887.93	\$701.13	\$746.05
Employee + Spouse					0	0	0	0	\$1,418.60	\$1,473.35	\$1,495.21	\$1,568.22	\$1,486.49	\$1,556.91	\$1,269.50	\$1,308.15
Employee + Child(ren)					0	1	0	1	\$1,298.27	\$1,465.01	\$1,368.38	\$1,559.35	\$1,360.40	\$1,548.08	\$1,161.81	\$1,300.74
Employee + Family					2	1	0	0	\$1,933.38	\$2,098.09	\$2,037.80	\$2,233.18	\$2,025.92	\$2,217.07	\$1,730.19	\$1,862.83
<b>Plan Monthly Premium</b>					<b>\$11,701.46</b>	<b>\$12,598.88</b>	<b>\$17,444.44</b>	<b>\$18,996.99</b>	<b>\$3,283.88</b>	<b>\$3,551.72</b>	<b>\$3,966.33</b>	<b>\$4,284.94</b>				
Difference from Current						7.67%		8.90%		8.16%		8.03%				
Current Monthly Premium									\$36,396.11							
Renewal Monthly Premium									\$39,432.53							
Difference from Current									8.34%							



# Renewal Factors with BCBS (Blue Cross & Blue Shield)

Health Renewal Premium Change Components	
a. Account/Benefit Program Adjustment (incl. Trend):	11.89%
b. Demographic Adjustment:	-1.66%
c. Change in Risk:	-1.56%
<b>Total*:</b>	<b>8.34%</b>

\* The total health renewal premium change percentage is calculated by multiplying each of the components in the above table. This change percentage is based upon total monthly premium. Each tier's rate change may vary from the total change percentage.

## Change Component Definitions

- a) Account/Benefit Program Adjustment (incl. Trend) includes group and benefit plan specific pricing changes due to factors such as medical cost trends, pool adjustments, plan, industry and geographical pricing, etc.
- b) Demographic Adjustment is the pricing change for age, gender, group size and dependent composition differences.
- c) Change in Risk is the pricing change resulting from BCBSIL's analysis of medical conditions and experience.

**Blue Cross and BlueShield will give us a \$15,000 as a renewal incentive credit**

*\* This is a one-time credit that is not factored into the 8.34% renewal percentage*



# Vision Proposals

Vision		Option #1/Renewal Guardian In-Network	Option #2 BCBS In-Network	Option #3 Humana In-Network
In-Network Benefits:				
Vision Exam		\$10 copay	\$10 copay	\$10 copay
Materials		\$25 copay	\$25 copay	\$25 copay
Frames		\$150 allowance 20% off balance	\$130 allowance 20% off balance	\$150 allowance 20% off balance
Contact Lenses				
Medically necessary		100%	100%	100%
Elective		\$150 allowance	\$130 allowance	\$150 allowance
Frequency				
Exam		12 months	12 months	12 months
Lenses		12 months	12 months	12 months
Frame		24 months	24 months	24 months
Network				
		VSP	EyeMed	VSP
Rate Guarantee				
		1 year	2 year	1 year
Monthly Rates		Option #1	Option#2	Option #3
Employee	43	<b>\$8.28</b>		<b>\$12.43</b>
Employee + Spouse	8	<b>\$15.67</b>		<b>\$24.87</b>
Employee + Child(ren)	1	<b>\$15.96</b>		<b>\$23.63</b>
Employee + Family	4	<b>\$25.26</b>		<b>\$37.13</b>
<b>Monthly Cost</b>		<b>\$598.40</b>	<b>No Response</b>	<b>\$905.60</b>
BCBS – NO response				



# Dental Plan Proposals

Dental		Option #1/Renewal Guardian PPO	Option #2 BCBS PPO DINHR33	Option #3 Humana PPO
Deductible		\$50 / \$50	\$50 / \$50	\$50 / \$50
Family		3 times	3 times	3 times
U&C (applies to out of network only)		95% Usual & Customary	90% Usual & Customary	90% Usual & Customary
Preventive (deductible waived in network)		100% / 100%	100% / 100%	100% / 100%
		X-Rays	X-Rays	X-Rays
		Oral Exams	Oral Exams	Oral Exams
		Routine cleanings	Routine cleanings	Routine cleanings
		Fluoride	Fluoride	Fluoride
Basic		80% / 80%	80% / 80%	80% / 80%
		Fillings	Fillings	Fillings
		Endodontics	Endodontics	Endodontics
		Periodontics	Periodontics	Periodontics
		Extractions	Extractions	Extractions
		Sealants	Sealants	Sealants
Major		50% / 50%	50% / 50%	50% / 50%
		Bridges	Bridges	Bridges
		Crowns	Crowns	Crowns
		Dentures	Dentures	Dentures
		Implants		
Orthodontics		50%	50%	50%
Ortho Max		\$1,000	\$1,500	\$1,000
Maximum per year		\$2,000	\$1,500	\$2,000
Max Rollover		Up to \$1,500	n/a	n/a
Rate Guarantee		1 year	1 year	
Monthly Rates		Option #1	Option #2	Option #3
Employee	42	\$32.40	\$43.66	\$34.64
Employee + Spouse	11	\$65.78	\$87.32	\$69.27
Employee + Child(ren)	1	\$74.32	\$106.21	\$88.32
Employee + Family	3	\$114.13	\$164.20	\$122.96
Monthly Cost		\$2,275.83	\$3,286.84	\$2,674.05



# Life Insurance & Supplemental Health Proposals

The following proposals for Life Insurance and Supplemental Health quoted by Guardian.

- **Life Insurance**

- Metlife refused to quote because we left their plan Calendar Year 2021
- Principal also declined to quote because we left their plan Calendar Year 2021

- **Supplemental Health (2 Plan options currently offered \$500 and \$1000)**

- This product is only offered by Guardian therefore other proposals were not feasible because we asked for Proposals to include the minimum requirements of our existing plans.



# Life Insurance AD&D - Guardian

Basic Life and AD&D

	Benefit
Benefit Amount	\$25,000
Reduction Schedule	35% benefit reduction at age 65, with an additional 15% reduction at age 70
Additional Benefits	<ul style="list-style-type: none"> <li>• Portability Allows you to take your coverage with you if you terminate employment</li> <li>• Conversion Allows you to continue your coverage after your group plan has terminated</li> <li>• Accelerated Life Benefit A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan</li> <li>• Waiver of Premiums Premium will not need to be paid if you are totally disabled</li> </ul>
Beneficiaries	Employees must have an up-to-date beneficiary designation on file.
Premium Paid By	Employer

Voluntary Life

	Employee Life Benefits	Spouse Life Benefits	Child Life Benefits
Benefit Amount	You may choose to purchase benefits in increments of \$10,000	You may choose to purchase benefits in increments of \$5,000	(age 14 days and older) You may choose to purchase benefits in increments of \$5,000
Minimum	\$10,000	\$10,000	\$5,000
		\$100,000	\$10,000
Maximum	\$300,000	Cannot exceed 100% of employee benefit	Cannot exceed 100% of employee benefit
Guarantee Issue	\$100,000 Under age 65 \$50,000 over age 65 to 70 \$10,000 age 70+	\$25,000 Under age 65 \$10,000 over age 65 to 70 \$0 age 70+	10,000
	For benefit amounts above the guaranteed issue, proof of good health is required		
Reduction Schedule	35% benefit reduction at age 65, with an additional 15% reduction at age 70		n/a
Additional Benefits	Portability Conversion Accelerated Life Waiver of Premiums		
Beneficiaries	Employees must have an up-to-date beneficiary designation on file.		
Premium Paid By	Employee		

\$0.37/\$1000 Monthly Premium \$789.19

17 Enrolled, Age Rated, Monthly Premium \$312.18



# Voluntary Supplemental Health Plan Guardian- Advantage

PLAN BENEFITS SUMMARY			
Benefit Amount	EMPLOYEE	SPOUSE	CHILD(REN)
	\$5,000	\$2,500	\$1,250
Covered Conditions	1 <sup>st</sup> Occurrence	2 <sup>nd</sup> Occurrence	
Arteriosclerosis	30%	0%	
Benign Brain Tumor	75%	0%	
Carcinoma In Situ	30%	0%	
Heart Failure	100%	50%	
Heart Attack	100%	50%	
Invasive Cancer	100%	50%	
Kidney Failure	100%	50%	
Organ Failure	100%	50%	
Skin Cancer	\$250	N/A	
Sudden Cardiac Arrest	0%	N/A	
Stroke	100%	50%	

Coverage includes benefits for Acute Respiratory Distress Syndrome, Addison's Disease, ALS, Alzheimer's Disease, Coma, Huntington's Disease, Multiple Sclerosis, Loss of Speech, Sight or Hearing, Parkinson's Disease, Permanent Paralysis, Severe Burns.  
See plan contract for benefit percentage and state variations.

Covered Childhood Illnesses:  
Cerebral Palsy, Cleft Lip/Palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes.  
See plan contract for benefit percentage and state variations.

Hospital Benefit	
Hospital Admission	\$1,000 benefit up to maximum of 1 day / person, per year
Dependent Age Limits	Child birth to 26 years
Pre-Existing Condition Limitation	3 month look back; 12 month exclusion period
Premium Paid By	Employee

Accident Plan Benefits		Hospital Admission	\$750	Concussion	\$50
Yearly Wellness Benefit	\$50	Hospital ICU Admission	\$1,500	Emergency Dental Work	Crown \$200 , Extraction \$50
Accident Emergency Room Treatment	\$150	Hospital Confinement	\$175 per day	Knee Cartilage	\$500
Air Ambulance	\$500	Fracture Upper Jaw	\$315	Joint Replacement (Hip)	\$1,500
Coma	\$7,500	Ambulance	\$100	Physical Therapy	\$25 per day
Dislocation of Elbow	\$270	Blood/Plasma/Platelets	\$300	Hernia Surgery	\$125
Eye Injury	\$200	Burn 2 <sup>nd</sup> Degree (depending on size)	\$1,000 to \$3000	Arthroscopic Surgery	\$150
Fracture Ankle	\$270	Broken Toe	\$180	X-Ray	\$20

EE \$39.20, ES \$70.30, EC \$55.00, EF \$86.10

5 employees enrolled



# Voluntary Supplemental Health Plan Guardian - Value Plan

PLAN BENEFITS SUMMARY			
	EMPLOYEE	SPOUSE	CHILD(REN)
Benefit Amount	\$2,500	\$1,250	\$1,250
<b>Covered Conditions</b>	<b>1<sup>st</sup> Occurrence</b>	<b>2<sup>nd</sup> Occurrence</b>	
Arteriosclerosis	30%	0%	
Benign Brain Tumor	75%	0%	
Carcinoma In Situ	30%	0%	
Heart Failure	100%	50%	
Heart Attack	100%	50%	
Invasive Cancer	100%	50%	
Kidney Failure	100%	50%	
Organ Failure	100%	50%	
Skin Cancer	\$250	N/A	
Sudden Cardiac Arrest	0%	N/A	
Stroke	100%	50%	

Coverage includes benefits for Acute Respiratory Distress Syndrome, Addison's Disease, ALS, Alzheimer's Disease, Coma, Huntington's Disease, Multiple Sclerosis, Loss of Speech, Sight or Hearing, Parkinson's Disease, Permanent Paralysis, Severe Burns.  
See plan contract for benefit percentage and state variations.

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See plan contract for benefit percentage and state variations.

Hospital Benefit	
Hospital Admission	\$500 benefit up to maximum of 1 day / person, per year
Dependent Age Limits	Child birth to 26 years
Pre-Existing Condition Limitation	3 month look back; 12 month exclusion period
Premium Paid By	Employee

Accident Plan Benefits		Hospital Admission	\$750	Concussion	\$50
Yearly Wellness Benefit	\$50	Hospital ICU Admission	\$1,500	Emergency Dental Work	Crown \$200 , Extraction \$50
Accident Emergency Room Treatment	\$150	Hospital Confinement	\$175 per day	Knee Cartilage	\$500
Air Ambulance	\$500	Fracture Upper Jaw	\$315	Joint Replacement (Hip)	\$1,500
Coma	\$7,500	Ambulance	\$100	Physical Therapy	\$25 per day
Dislocation of Elbow	\$270	Blood/Plasma/Platelets	\$300	Hernia Surgery	\$125
Eye Injury	\$200	Burn 2 <sup>nd</sup> Degree (depending on size)	\$1,000 to \$3000	Arthroscopic Surgery	\$150
Fracture Ankle	\$270	Broken Toe	\$180	X-Ray	\$20

EE \$26.70, ES \$47.55, EC \$39.00, EF \$59.86



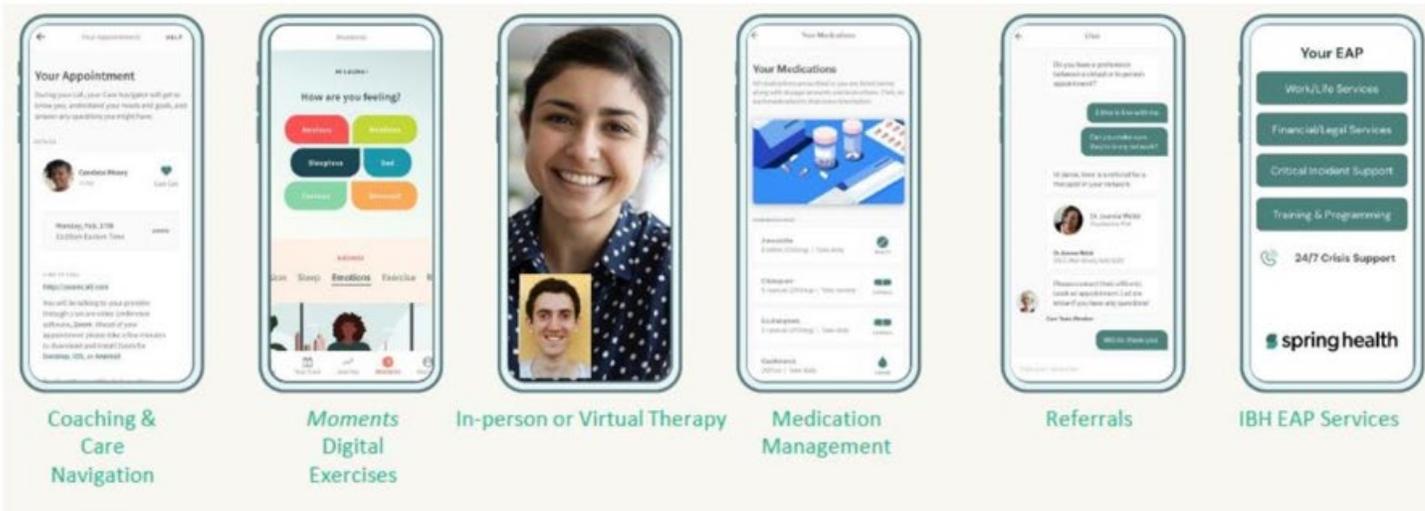
# Fringe Benefit – Guardian (Employee Assistance Program (EAP))

## Guardian offers an Employee Assistance Program at no cost.

- This benefit provides a savings of \$3,634 annually (*cost for using H&H Services in FY2021*)
- We can offer valuable webinars to our Library Members and Staff
- Below you will find the services that are provided through the Guardian EAP

<b>Legal Services</b> Unlimited telephonic support and free initial 30-minute consultation with an attorney, with a 25% discount on attorney services thereafter; online legal forms; extensive law library; identity theft.	<b>Online Legal Documents</b> Online self-service documents; free 30-minute consultation (part of Legal Consultation offering) can be used for estate planning / will preparation.	<b>Resources</b> Access newsletters, resource flyers, webinars, articles, training and more.	<b>COVID-19 Resources</b> Online support and resources for COVID-19 related challenges.
<b>Coaching</b> Online skill building for mental wellbeing and life issues. Members and household dependents (age 18+) can also schedule up to 3 coaching sessions per year.	<b>Short-Term Counseling</b> Members and household dependents can receive up to 3 in-person or virtual counseling sessions per issue.	<b>Work-Life Matters (EAP)</b> Resources to help balance work and life responsibilities with family and caregiving, health and wellness, emotional wellbeing, daily living, and employee discounts (Perks at Work).	<b>Financial Services</b> Unlimited telephonic support for financial problems or planning needs; 30 days of access with a personal money coach; extensive online financial library and calculators.

# New Mental Health & Wellness Benefit Proposed - Guardian



Coaching & Care Navigation

Moments Digital Exercises

In-person or Virtual Therapy

Medication Management

Referrals

IBH EAP Services

Employee Only 	Employee + Dependents 
3 provider visits (55 min. each)	3 provider visits (55 min. each)
5 provider visits (55 min. each)	5 provider visits (55 min. each)

## All Options Include:

- Unlimited mental and emotional wellness assessments with personalized care member pathways
- A licensed, Master's level Mental Health Clinician as your Care Navigator, unlimited and at no cost
- Online real-time provider scheduling
- Mobile app for iOS or Android
- Therapy sessions (virtual or in-person)
- Unlimited, on-demand self-help digital exercises (Ex. mindfulness, meditation, etc.)
- Unlimited 30-minute sessions with a life coach
- Book of business and company specific reporting on clinical outcomes



# Pricing options for New Mental Health & Wellness Benefit



*Investment in overall health.*

## Packaged services and fees (employer paid)

In-person/virtual therapy	Cost per eligible employee per month
3-visits, covering employees only	\$3.70
3-visits, covering employees and dependents age 6-26	\$4.95
5-visits, covering employees only	\$5.65
5-visits, covering employees and dependents age 6-26	\$6.90

Fees guaranteed for 2 years

Notes: Eligible employees are all full-time and part-time employees. The cost per eligible employee per month covers in-person therapy and all other services, including comprehensive assessment, care navigator support, life coaching, access to the app and desktop application, online library of cognitive behavioral therapy techniques, and reporting. In all situs states except NY, Spring Health will be sold to Guardian customers (i.e., planholders who have purchased Guardian products).



# CMS Government Health Plan Proposal

- The Local Care Health Plan (Aetna PPO) non-Medicare rate for a single employee is \$1,348.00 per month
- The Local Consumer-Driven Health Plan (Aetna high deductible plan/PPO) non-Medicare rate for a single employee is \$1,079.00 per month

# Proposal Comparison & Recommendation

<b>Renewal Proposal</b>	<b>\$795.98 (per employee)</b>
<b>CMS Government Plan</b> (Life Insurance not offered)	\$1,079.00 (per employee)

**The Recommendation is to stick with the current benefits plans as this proves to be the most cost effective. Additionally, we suggest moving forward with adding Springhealth wellness benefit 5 visits tier at \$6.90 per person (full & part time employees and dependents) as it fits into the budgeted amount for Fiscal year 2023.**

- **Renewal Proposal**
  - Health 5000 Deductible plan
  - Vision Insurance
  - Dental Insurance
  - Life Insurance
- **CMS Government Health Plan**
  - Health High Deductible Plan
  - Vision
  - Dental
  - Life Insurance not offered by CMS





# Thank you!

Jill Trevino, Human Resources Director

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