



FY 2015 HEALTH INSURANCE

GOALS:

- ▶ Provide IHLS employees with quality health insurance that places a priority on preventative care.
- ▶ Provide IHLS employees with an option to participate in a “richer” health plan.
- ▶ Consider the financial impact on IHLS and keep the cost of health insurance within approved budget, (12%).
- ▶ Consider the financial impact to employees and offer GAP insurance.
- ▶ Prepare IHLS employees for future mandatory contributions to premium increases.

AFFORDABLE CARE ACT

- ▶ The Affordable Care Act, ACA, allows for additional fees imposed to employers.
- ▶ The Affordable Care Act, ACA, allows for additional credits to out-of-pocket maximums for employees.

CLAIMS IMPACT PREMIUMS

- ▶ The number of IHLS employees participating in the health plan has decreased by 10%.
- ▶ IHLS health claims have increased 50%.
- ▶ During the current plan year, IHLS has been rated high because of its claim experience.

			Current Coventry PPO A2000-12		Renewal** Coventry PPO A2000-14		Option 1 UHC OXJ-\$2000 Ded, 100%	
			Plan No Longer Available for 2014		PPO Network includes BJC		PPO Network includes BJC	
Rates		Counts						
	Employee Only	47	\$689.59		\$873.30		\$666.49	
	Employee and Spouse	2	\$1,349.55		\$1,709.08		\$1,304.34	
	Employee and Child(ren)	0	\$1,274.32		\$1,613.81		\$1,231.63	
	Family	0	\$2,203.28		\$2,790.24		\$2,129.47	
Estimated Monthly Premium			\$35,109.83		\$44,463.26		\$33,933.71	
Estimated Annual Premium			\$421,317.96		\$533,559.12		\$407,204.52	
Percentage Change From Current			N/A		26.64%		-3.35%	
Annual Dollar Change From Current			N/A		\$112,241.16		\$407,204.52	
Benefits			In-Network	OON	In-Network	OON	In-Network	OON
Contract Year Deductible								
	Individual		\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$6,000
	Family		\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$12,000
Coinurance %			100%	60%	100%	60%	100%	70%
Out-of-Pocket Maximum			Includes Deductible		Includes Deductible		Includes Deductible	
	Individual		\$3,000*	\$8,000*	\$4,000*	\$8,000*	\$4,000*	\$8,000*
	Family		\$6,000*	\$12,000*	\$8,000*	\$12,000*	\$8,000*	\$16,000*
Lifetime Maximum			Unlimited Combined		Unlimited Combined		Unlimited Combined	
Hospital Services								
	Inpatient Hospital		100%	60%	100%	60%	100%	70%
	Outpatient Hospital/Surgery		100%	60%	100%	60%	100%	70%
	Emergency Room		\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$300 Copay	\$300 Copay
Urgent Care			\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$100 Copay	70%***
Diagnostic and X-Ray			100%	60%	100%	60%	100%	70%
Office Visit								
	Primary Care		\$25 Copay	60%	\$25 Copay	60%	\$25 Copay	70%
	Specialist		\$50 Copay	60%	\$50 Copay	60%	\$50 Copay	70%
	Preventive Care		\$0 Copay	60%	\$0 Copay	60%	\$0 Copay	70%
Prescription Drugs								
Retail-30 Day Supply								
	Value Based		N/A	N/C	N/A	N/C	N/A	N/C
	Tier 1		\$10 Copay	N/C	\$10 Copay	N/C	\$10 Copay	N/C
	Tier 2		\$25 Copay	N/C	\$25 Copay	N/C	\$25 Copay	N/C
	Tier 3		\$50 Copay	N/C	\$50 Copay	N/C	\$50 Copay	N/C
	Tier 4 & 5 Specialty/Injectable		\$50 Copay	N/C	\$50 Copay	N/C	\$50 Copay	N/C
Mail Order-90 Supply*								
	Value Based		N/A		N/A		N/A	
	Mail-Order-Tier 1		\$20 Copay	N/C	\$20 Copay	N/C	\$25 Copay	N/C
	Mail-Order-Tier 2		\$50 Copay	N/C	\$50 Copay	N/C	\$62.50 Copay	N/C
	Mail-Order-Tier 3		\$100 Copay	N/C	\$100 Copay	N/C	\$125 Copay	N/C
	Mail Order Tier 4 / 5 Specialty/Injectable		\$100 Copay	N/C	\$100 Copay	N/C	\$125 Copay	N/C

Benefit Enhancements vs. Benefit Changes

**Coventry's renewal rates include PPAC (Health Care Reform) Fee's

*Coventry & UHC Out-of-Pocket Maximum includes copay's for Physician office visits, ER, Urgent Care & Rx

UHC rates include PPAC (Health Care Reform) Fee's

***Out-of-Network benefits 70% after deductible has been met.

**Illinois Heartland Library System
Group Medical Plan Analysis**

July 1, 2014



Rates		Counts	Current Coventry		Renewal** Coventry		Coventry Dual Option 1			
			PPO A2000-12		PPO A2000-14		PPO AR 5000-14		PPO AR 3000-14	
			Plan No Longer Available for 2014		PPD Network includes BJC		Base Plan		Buy-Up Plan	
						PPO Network includes BJC		PPO Network includes BJC		
Employee Only	47	\$689.59	\$873.30	23	\$775.79	24	\$848.03			
Employee and Spouse	2	\$1,349.55	\$1,709.08	1	\$1,518.24	1	\$1,859.63			
Employee and Child(ren)	0	\$1,274.32	\$1,613.81	0	\$1,433.61	0	\$1,567.12			
Family	0	\$2,203.28	\$2,790.24	0	\$2,478.69	0	\$2,709.52			
Estimated Monthly Premium		\$35,109.83	\$44,463.26		\$18,618.96		\$21,200.75			
Estimated Annual Premium		\$421,317.96	\$533,559.12		\$742.45		\$811.60			
Percentage Change From Current		N/A	26.64%		\$19,361.41		\$22,012.35			
Annual Dollar Change From Current		N/A	\$112,241.16		\$232,336.92		\$264,148.20			
Benefits		In-Network	COIN	In-Network	COIN	In-Network	COIN	In-Network	COIN	
Contract Year Deductible										
Individual	\$2,000	\$4,000	\$2,000	\$4,000	\$5,000	\$7,000	\$3,000	\$6,000		
Family	\$4,000	\$8,000	\$4,000	\$8,000	\$10,000	\$14,000	\$6,000	\$12,000		
Coinsurance %		100%	60%	100%	60%	100%	60%	100%	60%	
Out-of-Pocket Maximum		Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible		
Individual	\$3,000*	\$6,000*	\$4,000*	\$6,000*	\$6,000*	\$12,000*	\$5,000*	\$8,000*		
Family	\$6,000*	\$12,000*	\$8,000*	\$12,000*	\$12,000*	\$24,000*	\$10,000*	\$16,000*		
Lifetime Maximum		Unlimited Combined		Unlimited Combined		Unlimited Combined		Unlimited Combined		
Hospital Services										
Inpatient Hospital	100%	60%	100%	60%	100%	60%	100%	60%		
Outpatient Hospital/Surgery	100%	60%	100%	60%	100%	60%	100%	60%		
Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay		
Urgent Care	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay		
Diagnostic and X-Ray	100%	60%	100%	60%	100%	60%	100%	60%		
Office Visit										
Primary Care	\$25 Copay	60%	\$25 Copay	60%	\$25 Copay	60%	\$25 Copay	60%		
Specialist	\$50 Copay	60%	\$50 Copay	60%	\$50 Copay	60%	\$50 Copay	60%		
Preventive Care	\$0 Copay	60%	\$0 Copay	60%	\$0 Copay	60%	\$0 Copay	60%		
Prescription Drugs										
Retail-30 Day Supply										
Value Based	N/A	N/C	N/A	N/C	N/A	N/C	N/A	N/C		
Tier 1	\$10 Copay	N/C	\$10 Copay	N/C	\$15 Copay	N/C	\$15 Copay	N/C		
Tier 2	\$25 Copay	N/C	\$25 Copay	N/C	\$40 Copay	N/C	\$40 Copay	N/C		
Tier 3	\$50 Copay	N/C	\$50 Copay	N/C	\$65 Copay	N/C	\$65 Copay	N/C		
Tier 4 & 5 Specialty/Injectable	\$50 Copay	N/C	\$50 Copay	N/C	\$65 Copay	N/C	\$65 Copay	N/C		
Mail Order-90 Supply*										
Value Based	N/A		N/A		N/A		N/A			
Mail-Order-Tier 1	\$20 Copay	N/C	\$20 Copay	N/C	\$30 Copay	N/C	\$30 Copay	N/C		
Mail-Order-Tier 2	\$50 Copay	N/C	\$50 Copay	N/C	\$80 Copay	N/C	\$80 Copay	N/C		
Mail-Order-Tier 3	\$100 Copay	N/C	\$100 Copay	N/C	\$130 Copay	N/C	\$130 Copay	N/C		
Mail Order Tier 4 / 5 Specialty/Injectable	\$100 Copay	N/C	\$100 Copay	N/C	\$130 Copay	N/C	\$130 Copay	N/C		

Benefit Enhancements vs. Benefit Changes

**Coventry's renewal rates include PPAC (Health Care Reform) Fee's

**Coventry Out-of-Pocket Maximum includes copay's for Physician office visits, ER, Urgent Care & Rx

Illinois Heartland Library System

Group Dental Plan Analysis

July 1, 2014



		Current Guardian PPO Plan VZ		Renewal Guardian PPO Plan VZ		Option 2 Humana PPO INSF03	
		In-Network	Out-of Network	In-Network	Out-of Network	In-Network	Out-of Network
Rates	Counts						
Single	38	\$22.13		\$25.45		\$28.76	
Employee + Spouse	10	\$35.63		\$40.97		\$65.58	
Employee + 1 Child	3	\$47.18		\$54.26		\$55.22	
Family	6	\$64.00		\$73.60		\$93.19	
Estimated Monthly Premium		\$1,722.78		\$1,981.18		\$2,473.48	
Estimated Annual Premium		\$20,673.36		\$23,774.16		\$29,681.76	
% Change from Current		N/A		15.00%		43.57%	
Dollar Change		N/A		\$258		\$751	
Deductible							
Individual		\$50	\$50	\$50	\$50	\$50	\$50
Family		3x	3x	3x	3x	3x	3x
Annual Maximum							
Individual / Family		\$1,750**	\$1,750**	\$1,750**	\$1,750**	\$1,500	\$1,500
Diagnostic & Preventative							
Exams		100%	100%	100%	100%	100%	100%
Cleanings		100%	100%	100%	100%	100%	100%
Fluoride		100%	100%	100%	100%	100%	100%
Space Maintainers		100%	100%	100%	100%	100%	100%
X-Rays		100%	100%	100%	100%	100%	100%
Sealants		100%	100%	100%	100%	100%	100%
Regular Restorative Services							
Emergency Treatment for Pain		80%	80%	80%	80%	80%	80%
Fillings, Stainless Crowns		80%	80%	80%	80%	80%	80%
Endodontics (Root Canal)		80%	80%	80%	80%	80%	80%
Non Surgical Periodontics (Gum Disease)		80%	80%	80%	80%	80%	80%
Simple Extractions		80%	80%	80%	80%	80%	80%
Major Services							
Crowns, Inlays, Outlays		50%	50%	50%	50%	50%	50%
Bridges and Dentures		50%	50%	50%	50%	50%	50%
Repairs and Adjustments		50%	50%	50%	50%	50%	50%
Orthodontics							
Appliances and Related Services		50%	50%	50%	50%	50%	50%
Lifetime Maximum		\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Age Limitation		26	26	26	26	19	19
Dependent Eligibility							
Dependents Eligible to Age		26	26	26	26	26	26
Full-time Students to age		26	26	26	26	26	26
UCR			MAF		MAF		Fee Schedule
Rate Guarantee			1 Year		1 Year		1 Year

**Guardian Annual Maximun subject to Maximun Rollover-

*Delta Dental of IL declined to quote-Rates Uncompetitive

*UHC uncompetitive declined to release quote

The above benefit summary is for illustrative purposes only. Final Rates are based on medical underwriting and actual enrollment. This is a brief outline and does not reflect the Plan's exclusions, limitations or restrictions. This is not considered a contract or guarantee of coverage under the plan. In the event of any difference between this summary and the Certificate Booklet, the Certificate Booklet will prevail.

Illinois Heartland Library System

Group Vision Plan Analysis

July 1, 2014



		Current Humana Vision	Renewal Humana Vision
Rates	Counts		
Employee Only	38	\$5.54	\$5.97
Employee and Spouse	9	\$11.07	\$11.94
Employee and Child(ren)	2	\$10.52	\$11.34
Family	4	\$16.53	\$17.83
Estimated Monthly Premium		\$397.31	\$428.32
Estimated Annual Premium		\$4,767.72	\$5,139.84
Dollar change from current		N/A	\$31.01
Percentage change from current		N/A	7.80%
Benefits		In-Network	In-Network
Exams/Office Visits			
	Benefit	\$10 Copay then 100%	\$10 Copay then 100%
	Benefit Frequency	One Every 12 Months	One Every 12 Months
Lenses			
	Benefit	\$15 Copay then 100%	\$15 Copay then 100%
	Benefit Frequency	One Every 12 Months	One Every 12 Months
Frames			
	Benefit	\$100-\$150 Allowance	\$100-\$150 Allowance
	Benefit Frequency	One Every 24 Months	One Every 24 Months
Contacts Lenses			
	Benefit	\$150 Allowance	\$150 Allowance
	Benefit Frequency	One Every 12 Months	One Every 12 Months
Out of Network		Reduced Benefits Included	Reduced Benefits Included
Other			
	Rate Guarantee	12 Months	12 Months

*Delta Dental of IL declined to quote-Rates Uncompetitive

*Guardian Uncompetitive Declined to release quote

*UHC Uncompetitive Declined to release quote

*Contact Lenses-Conventional \$0 Copay w/\$80 Allowance, 15% off balance over allowance;

Disposable \$0 Copay w/\$80 Allowance, plus balance over allowance;

Visually Required \$0 Copay, Paid-in-Full

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Illinois Heartland Library System Basic Life and AD&D Cost Analysis



July 1, 2014

	Current Humana Basic Life	Renewal Humana Basic Life
Rates		
Volume (monthly)	\$985,000	\$985,000
Coverage Amount	\$25,000	\$25,000
Life Rate (per \$1,000)	\$0.1900	\$0.2000
AD&D Rate (per \$1,000)	\$0.0100	\$0.0200
Estimated Annual Premium	\$2,364	\$2,600
Percentage Change	N/A	10.00%
Dollar Change	N/A	\$236
Rate Guarantee	1 Year	1 Year

***Guardian Uncompetitive Declined to release quote**

***UHC Uncompetitive Declined to release quote**

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Illinois Heartland Library System

PPACA Fee Cost Analysis

July 1, 2014



		Renewal	Coventry Dual Option 1	
		Coventry Single Option	PPO AR 5000-14	PPO AR 3000-14
		PPO A2000-14	Base Plan	Buy Up Plan
Rates				
	EE Only	\$28.09	\$25.75	\$26.52
	EE/SP	\$54.97	\$50.38	\$51.90
	EE/Ch	\$51.91	\$47.58	\$49.01
	Family	\$89.74	\$82.26	\$84.73

RECOMMENDATIONS

- ▶ **HEALTH INSURANCE-** : Offer **Coventry Dual Option** to employees which would result in a 12.5% increase compared to the FY 2013-2014 plan year. Employees will also experience increased costs through the increased deductibles, and the increased maximum out-of-pocket co-insurance but a decrease in the cost for some services plus the co-pays and prescription cost are now eligible for the maximum out-of-pocket co- insurance.
- ▶ **DENTAL INSURANCE-** : Offer employees **Guardian Dental Insurance** which would result in 15% increase. 47 employees will benefit \$50-\$250 from the roll over allowance. No other dental insurance offers this option.
- ▶ **VISION INSURANCE-** Offer employees **Humana** which would increase premium 7.80%. Employees like the covered services and convenient location of providers.
- ▶ **LIFE INSURANCE-** Renew insurance with **Humana** at a 10% increase to premium.
- ▶ **EMPLOYEE ASSISTANCE PROGRAM-** Renew the agreement with **H&H** for a cost of \$2.94 per month per employee which is not an increase from FY 2013-2014 contract year.