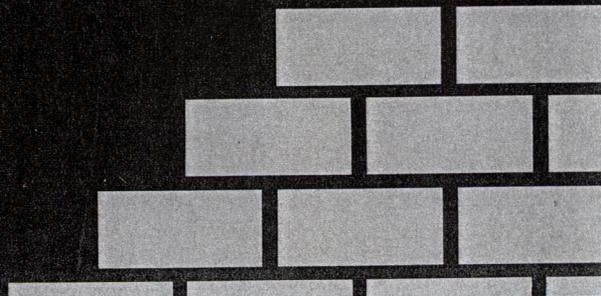


Peel & Holland

Insurance ■ Risk Consulting ■ Employee Benefits

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Marshall County Fiscal Court



Peel & Holland

Insurance ■ Risk Consulting ■ Employee Benefits

Renewal Presentation 2018 Employee Benefits

Marshall County Fiscal Court

Your Service Team



270.527.6141 direct
gcarlton@peelholland.com
Greg Carlton, CLU, ChFC, RHU, ChHC
Senior VP, Employee Benefits & Wellness



270.527.6132 direct
dstory@peelholland.com
DJ Story
Benefits Account Executive



270.527.6127 direct
khiebert@peelholland.com
Kim Hiebert
Account Manager



270.527.6166 direct
smartin@peelholland.com
Sheila Martin
Data Analyst

Prepared for
Marshall County Fiscal Court
presented on September 19, 2017 by

Greg Carlton, CLU, ChFC, RHU, ChHC
Senior Vice President – Employee Benefits & Wellness
gcarlton@peelholland.com | 270.527.6141



Agenda

Celebrations for 2017

2017 Open Enrollment Process (Occurred in October 2016)

- Overall Experience

Compliance/ Health Care Reform

- Employee Navigator

January 2018 Benefits Renewal Planning

- Wellness – Well-Score
- Advisory Agreement – Peel & Holland
- Health – KEHP (Anthem)
- Dental – Delta Dental
- Vision – Avesis
- Health Reimbursement Arrangement (HRA) – FEBCO
- Flexible Spending Account (FSA) – FEBCO
- Group Life & AD&D
- Voluntary Life – Cincinnati Life
- Supplemental Benefits – Aflac

2018 Benefits Renewal Timeline

- Mid-September 2017 – Renewal from KEHP/Anthem presented to MCFC
- Mid-September 2017 – Approval from MCFC
- Mid-October 2017 – Open Enrollment (*Active, Mandatory*)

Stewardship Report

Wellness Review

Claims Review

Stewardship Report

Ongoing & Core Benefit Solutions

HIGH-PERFORMANCE SERVICE TEAM

We are available for all your service and claim needs.

CUSTOMER SERVICE REPRESENTATIVE 24/7

Customer service via phone or internet 24 hours a day, seven days a week.

DISASTER PREPAREDNESS

We stand ready to respond to our clients, with mobile offices, satellite phones & internet, and more, in the event of a disaster.

CONTRACT REVIEWS

We provide assistance on reviewing contracts and fulfilling insurance needs required by those contracts.

TOP OF STACK SUBMISSION

As part of the insurance placement process, all submissions will be complete and meet our goal of making your organization look as attractive as possible to the insurance marketplace.

INFORM ON REFORM

You will receive up-to-date information on Health Care Reform.

COBRA ADMINISTRATION

We provide initial notices and all other required notices to your participants.

HR360

Your online resource for all your human resource needs.

APRIL

Wellness Consultant review of labwork
Wellness Education Session

MAY

Monthly Wellness Campaign

JUNE

Relationship Continuation/Stewardship/Planning Session Benefits Claims Review
Wellness Education Session

JULY

Monthly Wellness Campaign

AUGUST

Wellness Health Risk Assessments Wellness Education Session Wellness Planning Meeting

SEPTEMBER

Finalize Employee Benefits Benefits Claims Review
Monthly Wellness Campaign

OCTOBER

Wellness Flu Shots

Service Statistics

Annual Plan Year

- Personalized knee-to-knee employee benefits meetings with all new hires (on average 15 per year)
- Process all new hire enrollment paperwork
- Coordinate cross-reference enrollments with other employers
- Process all qualifying event changes (frequently requires knee-to-knee meeting with affected employee)
- Process all employee terminations (on average 15 per year)
- Process COBRA notifications
- Process COBRA enrollments
- Assist with death claim filing process
- Carrier record maintenance and service:
 - KEHP
 - Delta Dental
 - Avesis
 - FEBCO HRA
 - FEBCO HSA
 - MetLife - Group Life
 - USAdmin COBRA
 - Cincinnati Life - Voluntary Life
 - Aflac - Voluntary Plans
- Maintain electronic copy of all documentation (approximately 2,500-3,000 pages annually)
- Provide copies of all personnel-related documents to Treasurer's office for HR maintenance
- Claims issues - assistance and resolution
- Grievance issues - assistance and resolution
- Maintain enrollment spreadsheet providing at-a-glance details of benefits elections on an employee-by-employee basis
- Renewal process, including annual open enrollment meetings with all employees
- Claims data analytics
- NavMD ACA annual IRS reporting set-up
- ACA guidance and assistance

Wellness Program

Biometric Summary

Average Biometrics – Overall Population

	2014	2015	2016	2017	Medically Recommended Range	Trending*	Within Range
BMI	29.73	29.63	29.36	30.73	18-25.9	Negative	No
BP	128.5/76	121.7/77.2	120.05/71.57	121.34/77.080	< 120/80	Negative	No
Glucose	92.4	106.7	91.34	88.74	< 100 mg/dL	Positive	Yes
Triglycerides	118.9	117.5	134.58	126.44	< 150 mg/dL	Positive	Yes
HDL	54.7	56.16	54.67	52.19	> 40 mg/dL	Positive	Yes
LDL	107.1	91.78	95.51	102.47	< 100 mg/dL	Negative	No
Total Cholesterol	183.9	171.96	175.23	179.45	< 200 mg/dL	Negative	Yes
# Participants	98	90	78	86			

*Trending comparison of last two years; latest year for medically recommended range

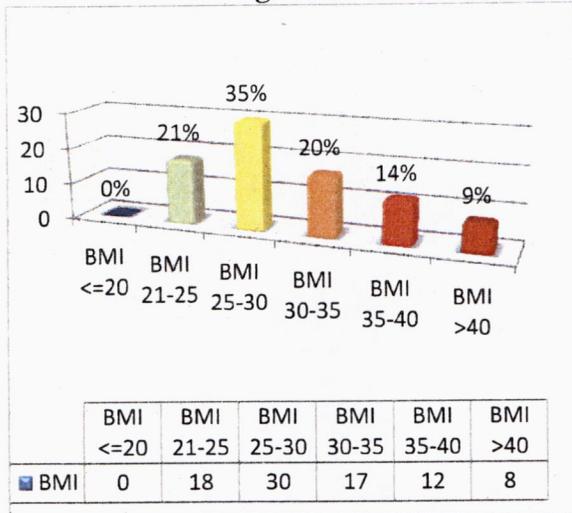
Average Biometrics - Cohort[†] (n=50)

	2014	2015	2016	2017	Trending*	Within Range
BMI	28.37	28.74	29.8	29.7	Neutral	No
BP	126.52/74.44	119.73/75.98	120.62/72.44	122.29/77.55	Negative	No
Glucose	91.66	100.81	89.24	87.86	Positive	Yes
Triglycerides	120.26	115.26	135.94	117.04	Positive	Yes
HDL (Men)	45	49.08	47.77	46.38	Negative	Yes
HDL (Women)	60.92	64	63.17	61.54	Negative	Yes
LDL	106.58	88.78	94.73	105.9	Negative	No
Total Cholesterol	183.64	168.18	178.58	182.84	Negative	Yes

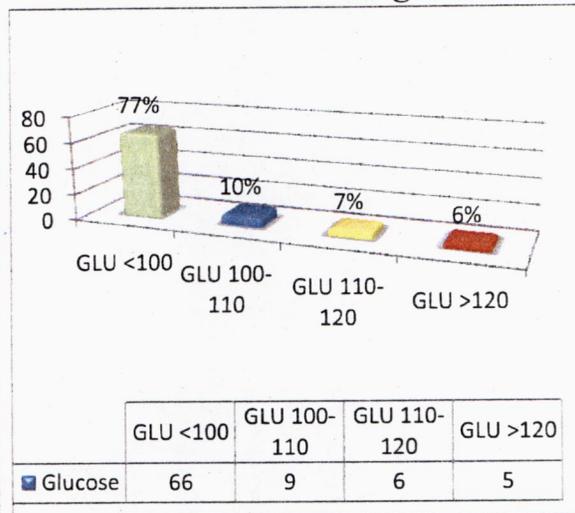
[†]Data taken from those who completed the biometrics in 2014, 2015, 2016, and 2017.

Wellness Program, continued

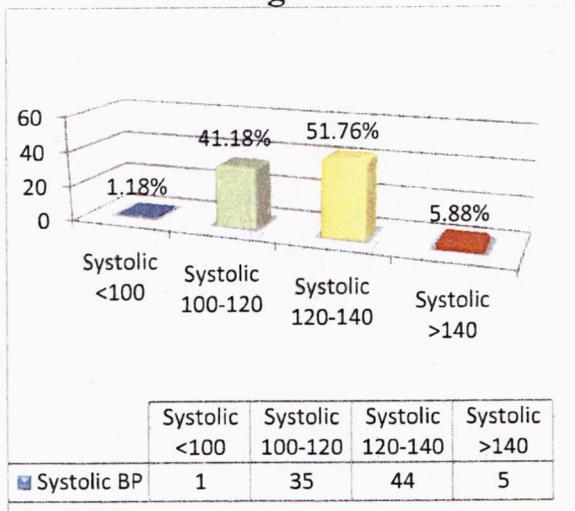
BMI
Average 30.73



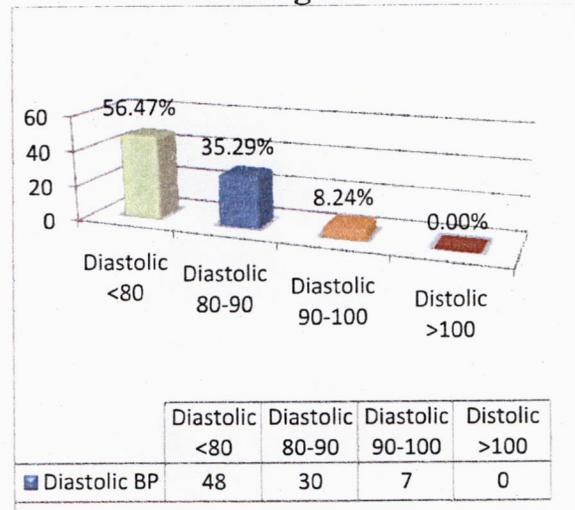
GLUCOSE
Average 88.74



SYSTOLIC BLOOD PRESSURE
Average 121.34



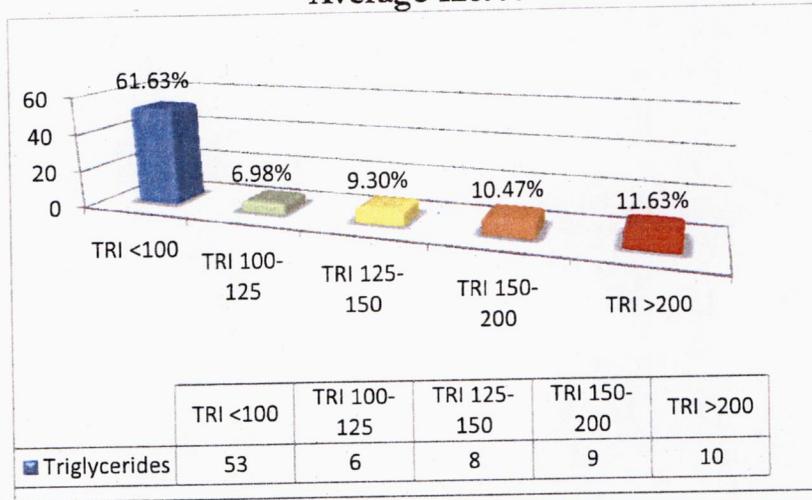
DIASTOLIC BLOOD PRESSURE
Average 77.08



Wellness Program, continued

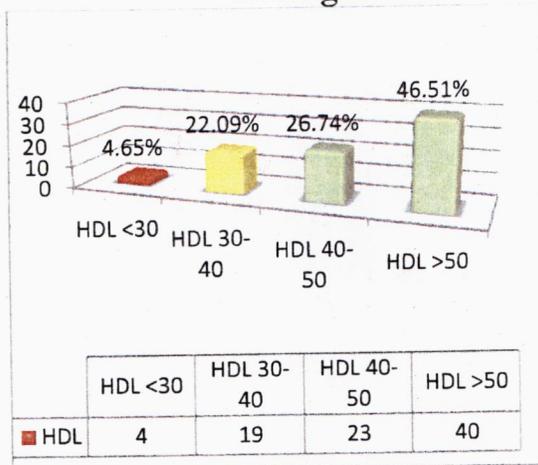
TRIGLYCERIDES

Average 126.44



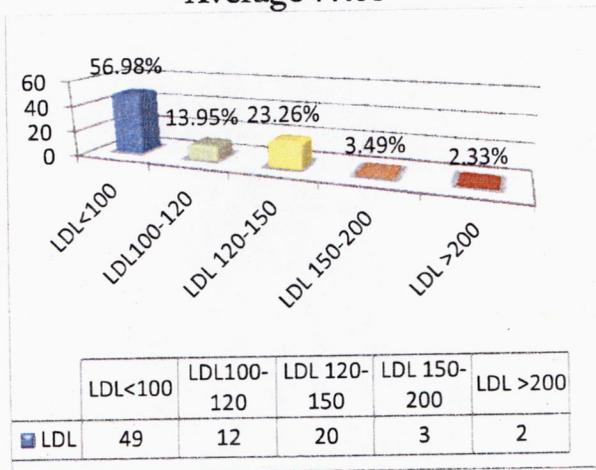
HDL

Average 121.34



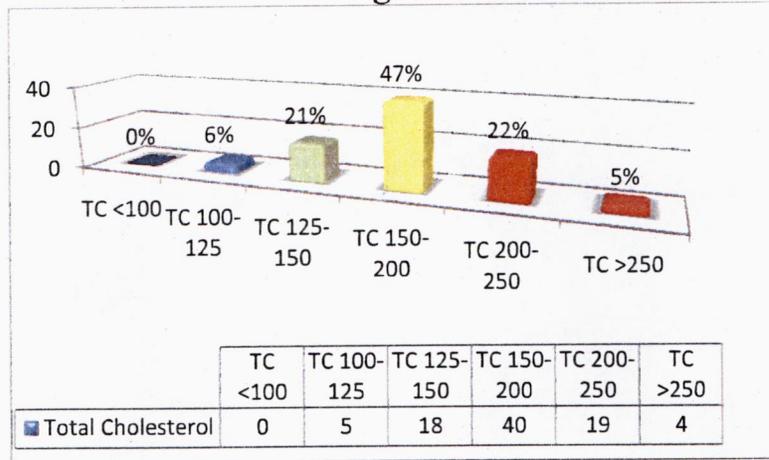
LDL

Average 77.08

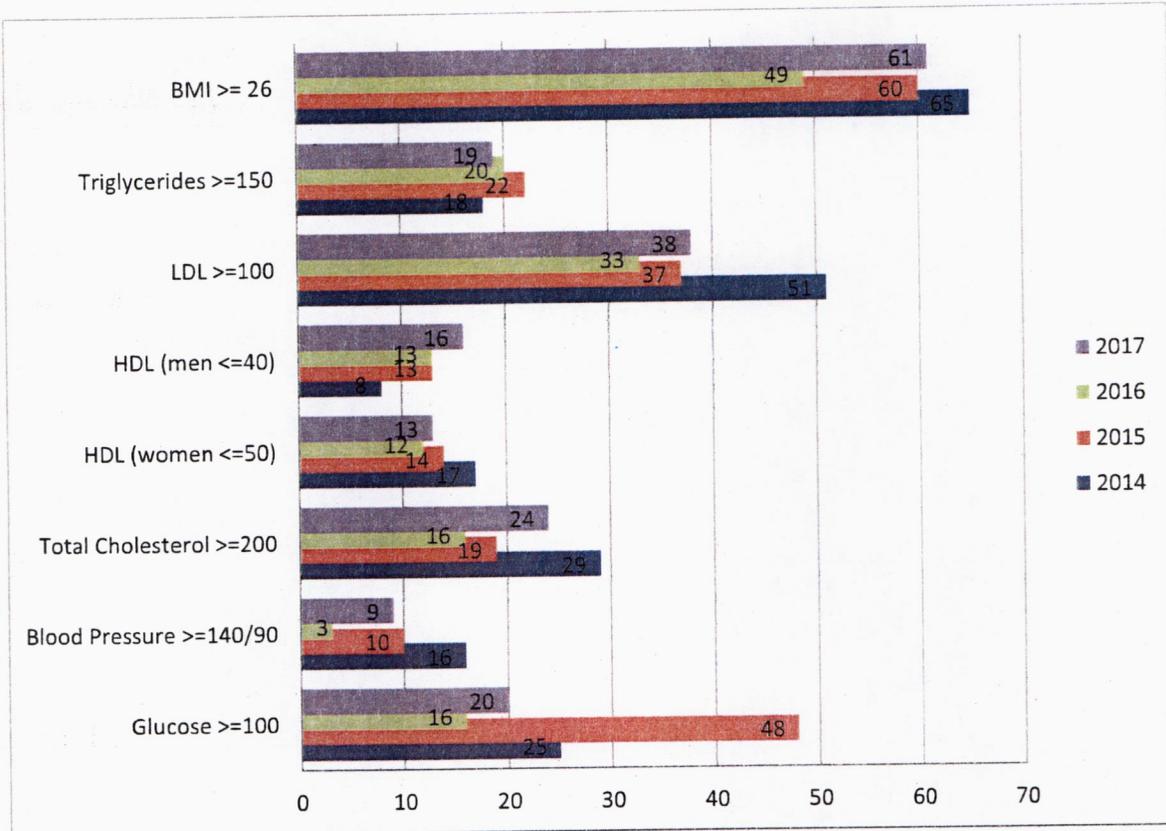


Wellness Program, continued

TOTAL CHOLESTEROL
Average 179.45



Biometric Summary – Ranges



Current 2017 Plan Year Enrollment Premium Share – County & Refuse Combined

PREMIUM TOTALS (County & Refuse Combined)										
Total Number of Enrolled Employees (Tobacco/Non-Tobacco)	LivingWell CDHP	LivingWell PPO	Standard CDHP	Standard PPO	\$175 Monthly Contribution - HRA Waivers	\$250 EE County Embedded HRA Annual Contribution	\$500 ES or EC County Embedded HRA Annual Contribution	\$750 ESC County Embedded HRA Annual Contribution		
Non-Tobacco	91	22	8	0	20	67	37	44		
Tobacco	15	5	5	3						
Employee Share of Premium										
(Tobacco)	\$ 2,859.70	\$ 1,290.32	\$ 656.86	\$ 559.42						
(Non Tobacco)	\$ 14,915.58	\$ 4,695.22	\$ 282.00	\$ -						
TOTAL MONTHLY EE PREMIUM/CONTRIB	\$ 17,775.28	\$ 5,985.54	\$ 938.86	\$ 559.42						
TOTAL ANNUAL EE PREMIUM/CONTRIB	\$ 213,303.36	\$ 71,826.48	\$ 11,266.32	\$ 6,713.04						
Employer Share of Premium										
(Tobacco)	\$ 11,126.72	\$ 3,523.88	\$ 3,689.64	\$ 2,308.52						
(Non Tobacco)	\$ 77,409.36	\$ 16,793.16	\$ 5,696.08	\$ -						
TOTAL MONTHLY ER PREMIUM/CONTRIB	\$ 88,536.08	\$ 20,317.04	\$ 9,385.72	\$ 2,308.52	\$ 3,500.00					
TOTAL ANNUAL ER PREMIUM/CONTRIB	\$ 1,062,432.96	\$ 243,804.48	\$ 112,628.64	\$ 27,702.24	\$ 42,000.00	\$ 16,750.00	\$ 18,500.00	\$ 33,000.00		
MONTHLY PREMIUM & HRA TOTALS (County & Refuse)										
Total Employer Monthly Health Premium	\$ 120,547.36									
Total Employer Monthly Waiver HRA Contrib	\$ 3,500.00									
MONTHLY TOTAL	\$ 124,047.36									
ANNUAL PREMIUM & HRA TOTALS (County & Refuse)										
Total Employer Annual Health Premium	\$ 1,446,568.32									
Total Employer Annual Waiver HRA Contrib	\$ 42,000.00									
Total Embedded Annual Waiver HRA Contrib	\$ 68,250.00									
ANNUAL TOTAL	\$ 1,556,818.32									

Current 2017 Plan Year Enrollment Premium Share – County Only

PREMIUM TOTALS (County Only)										
Total Number of Enrolled Employees (Tobacco/Non-Tobacco)	LivingWell CDHP	LivingWell PPO	Standard CDHP	Standard PPO	\$175 Monthly Contribution - HRA Waivers	\$250 EE County Embedded HRA Annual Contribution	\$500 ES or EC County Embedded HRA Annual Contribution	\$750 ESC County Embedded HRA Annual Contribution		
Non-Tobacco	85	21	8	0	19	62	34	40		
Tobacco	11	3	4	3						
Employee Share of Premium										
(Tobacco)	\$ 2,214.82	\$ 367.14	\$ 590.66	\$ 559.42						
(Non Tobacco)	\$ 14,258.56	\$ 4,032.96	\$ 282.00	\$ -						
TOTAL MONTHLY EE PREMIUM/CONTRIB	\$ 16,473.38	\$ 4,400.10	\$ 872.66	\$ 559.42						
TOTAL ANNUAL EE PREMIUM/CONTRIB	\$ 197,680.56	\$ 52,801.20	\$ 10,471.92	\$ 6,713.04						
Employer Share of Premium										
(Tobacco)	\$ 8,317.58	\$ 1,820.88	\$ 3,073.04	\$ 2,308.52						
(Non Tobacco)	\$ 72,820.32	\$ 15,687.82	\$ 5,696.08	\$ -						
TOTAL MONTHLY ER PREMIUM/CONTRIB	\$ 81,137.90	\$ 17,508.70	\$ 8,769.12	\$ 2,308.52	\$ 3,325.00					
TOTAL ANNUAL ER PREMIUM/CONTRIB	\$ 973,654.80	\$ 210,104.40	\$ 105,229.44	\$ 27,702.24	\$ 39,900.00	\$ 15,500.00	\$ 17,000.00	\$ 30,000.00		
MONTHLY PREMIUM & HRA TOTALS (County Only)										
Total Employer Monthly Health Premium	\$ 109,724.24									
Total Employer Monthly Waiver HRA Contrib	\$ 3,325.00									
MONTHLY TOTAL	\$ 113,049.24									
ANNUAL PREMIUM & HRA TOTALS (County Only)										
Total Employer Annual Health Premium	\$ 1,316,690.88									
Total Employer Annual Waiver HRA Contrib	\$ 39,900.00									
Total Embedded Annual Waiver HRA Contrib	\$ 62,500.00									
ANNUAL TOTAL	\$ 1,419,090.88									

Current 2017 Plan Year Enrollment Premium Share - Refuse Only

PREMIUM TOTALS (Refuse Only)								
Total Number of Enrolled Employees (Tobacco/Non-Tobacco)	LivingWell CDHP	LivingWell PPO	Standard CDHP	Standard PPO	\$175 Monthly Contribution - HRA Waivers	\$250 EE County Embedded HRA Annual Contribution	\$500 ES or EC County Embedded HRA Annual Contribution	\$750 ESC County Embedded HRA Annual Contribution
Non-Tobacco	6	1	0	0	1	5	3	4
Tobacco	4	2	1	0				
Employee Share of Premium								
(Tobacco)	\$ 644.89	\$ 923.18	\$ 66.20	\$ -				
(Non Tobacco)	\$ 657.02	\$ 662.26	\$ -	\$ -				
TOTAL MONTHLY EE PREMIUM/CONTRIB	\$ 1,301.90	\$ 1,585.44	\$ 66.20	\$ -				
TOTAL ANNUAL EE PREMIUM/CONTRIB	\$ 15,622.80	\$ 19,025.28	\$ 794.40	\$ -				
Employer Share of Premium								
(Tobacco)	\$ 2,809.14	\$ 1,703.00	\$ 616.60	\$ -				
(Non Tobacco)	\$ 4,589.04	\$ 1,105.34	\$ -	\$ -				
TOTAL MONTHLY ER PREMIUM/CONTRIB	\$ 7,398.18	\$ 2,808.34	\$ 616.60	\$ -	\$ 175.00			
TOTAL ANNUAL ER PREMIUM/CONTRIB	\$ 88,778.16	\$ 33,700.08	\$ 7,399.20	\$ -	\$ 2,100.00	\$ 1,250.00	\$ 1,500.00	\$ 3,000.00
MONTHLY PREMIUM & HRA TOTALS Refuse Only								
Total Employer Monthly Health Premium	\$ 10,823.12							
Total Employer Monthly Waiver HRA Contrib	\$ 175.00							
MONTHLY TOTAL	\$ 10,998.12							
ANNUAL PREMIUM & HRA TOTALS Refuse Only								
Total Employer Annual Health Premium	\$ 129,877.44							
Total Employer Annual Waiver HRA Contrib	\$ 2,100.00							
Total Embedded Annual Waiver HRA Contrib	\$ 5,750.00							
ANNUAL TOTAL	\$ 137,727.44							

Note: If members are married and both working for the County, as a couple they receive only one HRA contribution.

KEHP RATE HISTORY
Non-Tobacco

NON-TOBACCO													
LivingWell CDHP Non-Tobacco	2016	2017	2018	2016	2017		2018		2016	2017		2018	
	Total Premium	Total Premium	Total Premium	Employer Contribution	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employee Contribution	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise
Single	\$ 702.10	\$ 702.10	\$ 709.48	\$ 854.12	\$ 854.12	\$ 814.12	\$ 880.04	\$ 870.04	\$ 47.98	\$ 47.98	\$ 67.98	\$ 49.42	\$ 88.42
Parent Plus	\$ 967.18	\$ 967.18	\$ 978.90	\$ 844.20	\$ 844.20	\$ 804.20	\$ 851.34	\$ 811.34	\$ 122.98	\$ 122.98	\$ 162.98	\$ 123.96	\$ 166.66
Couple	\$ 1,302.74	\$ 1,302.74	\$ 1,325.84	\$ 1,014.76	\$ 1,014.76	\$ 974.76	\$ 1,029.02	\$ 999.02	\$ 287.98	\$ 287.98	\$ 327.60	\$ 266.62	\$ 336.62
Family	\$ 1,453.94	\$ 1,453.94	\$ 1,479.76	\$ 1,115.96	\$ 1,115.96	\$ 1,075.96	\$ 1,131.94	\$ 1,091.64	\$ 337.98	\$ 337.98	\$ 377.98	\$ 340.12	\$ 388.12
Family CR	\$ 810.00	\$ 810.00	\$ 818.36	\$ 732.02	\$ 732.02	\$ 692.02	\$ 738.64	\$ 698.64	\$ 77.98	\$ 77.98	\$ 117.98	\$ 87.32	\$ 120.32
LivingWell PPO Non-Tobacco	2016	2017	2018	2016	2017		2018		2016	2017		2018	
	Total Premium	Total Premium	Total Premium	Employer Contribution	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employee Contribution	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise
Single	\$ 721.14	\$ 721.14	\$ 729.94	\$ 641.16	\$ 641.16	\$ 601.16	\$ 646.98	\$ 606.98	\$ 79.98	\$ 79.98	\$ 119.98	\$ 82.38	\$ 122.38
Parent Plus	\$ 1,023.04	\$ 1,023.04	\$ 1,037.06	\$ 795.06	\$ 795.06	\$ 755.06	\$ 802.26	\$ 762.26	\$ 227.98	\$ 227.98	\$ 307.98	\$ 234.92	\$ 274.62
Couple	\$ 1,564.20	\$ 1,564.20	\$ 1,596.10	\$ 1,051.22	\$ 1,051.22	\$ 1,011.22	\$ 1,060.74	\$ 1,020.74	\$ 512.98	\$ 512.98	\$ 562.98	\$ 529.36	\$ 568.36
Family	\$ 1,738.40	\$ 1,738.40	\$ 1,787.80	\$ 1,095.42	\$ 1,095.42	\$ 1,055.42	\$ 1,105.34	\$ 1,065.34	\$ 642.98	\$ 642.98	\$ 722.98	\$ 662.26	\$ 702.26
Family CR	\$ 865.64	\$ 865.64	\$ 876.96	\$ 712.66	\$ 712.66	\$ 672.66	\$ 719.10	\$ 679.10	\$ 152.98	\$ 152.98	\$ 192.98	\$ 167.56	\$ 197.56
Standard PPO Non-Tobacco	2016	2017	2018	2016	2017	2018	2016	2017	2018				
	Total Premium	Total Premium	Total Premium	Employer Contribution	Employer Contribution	Employer Contribution	Employee Contribution	Employee Contribution	Employee Contribution				
Single	\$ 677.74	\$ 678.22	\$ 685.38	\$ 629.70	\$ 629.78	\$ 635.46	\$ 47.98	\$ 48.46	\$ 49.92				
Parent Plus	\$ 963.36	\$ 964.58	\$ 975.90	\$ 840.38	\$ 840.38	\$ 847.98	\$ 122.98	\$ 124.20	\$ 127.92				
Couple	\$ 1,474.84	\$ 1,477.72	\$ 1,487.18	\$ 1,186.86	\$ 1,186.86	\$ 1,197.60	\$ 287.98	\$ 290.86	\$ 296.50				
Family	\$ 1,640.84	\$ 1,644.22	\$ 1,658.26	\$ 1,302.86	\$ 1,302.86	\$ 1,314.86	\$ 337.98	\$ 341.36	\$ 351.60				
Family CR	\$ 814.72	\$ 815.50	\$ 824.54	\$ 738.74	\$ 738.74	\$ 743.42	\$ 77.98	\$ 78.76	\$ 81.42				
Standard CDHP Non-Tobacco	2016	2017	2018	2016	2017	2018	2016	2017	2018				
	Total Premium	Total Premium	Total Premium	Employer Contribution	Employer Contribution	Employer Contribution	Employee Contribution	Employee Contribution	Employee Contribution				
Single	\$ 853.68	\$ 853.80	\$ 862.90	\$ 850.70	\$ 850.70	\$ 856.50	\$ 12.98	\$ 13.10	\$ 26.20				
Parent Plus	\$ 930.34	\$ 930.94	\$ 940.64	\$ 870.36	\$ 870.36	\$ 876.24	\$ 59.98	\$ 60.58	\$ 62.40				
Couple	\$ 1,429.26	\$ 1,431.76	\$ 1,450.02	\$ 1,179.28	\$ 1,179.28	\$ 1,189.96	\$ 249.98	\$ 252.48	\$ 260.06				
Family	\$ 1,591.52	\$ 1,594.52	\$ 1,615.90	\$ 1,291.54	\$ 1,291.54	\$ 1,303.24	\$ 299.98	\$ 302.86	\$ 312.06				
Family CR	\$ 792.90	\$ 793.18	\$ 800.64	\$ 764.92	\$ 764.92	\$ 771.34	\$ 27.98	\$ 28.26	\$ 29.10				

KEHP RATE HISTORY Tobacco

TOBACCO																	
LivingWell CDHP Tobacco	2016			2017			2018			2016			2017			2018	
	Total Premium	Total Premium	Total Premium	Employer Contribution	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employee Contribution	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise
Single	\$ 702.10	\$ 702.10	\$ 709.46	\$ 614.12	\$ 654.12	\$ 674.12	\$ 620.34	\$ 520.54	\$ 620.34	\$ 520.54	\$ 87.98	\$ 87.98	\$ 127.98	\$ 87.98	\$ 127.98	\$ 87.98	\$ 127.98
Parent Plus	\$ 967.18	\$ 967.18	\$ 978.59	\$ 764.20	\$ 784.20	\$ 724.20	\$ 771.34	\$ 731.34	\$ 771.34	\$ 731.34	\$ 202.98	\$ 202.98	\$ 242.98	\$ 202.98	\$ 242.98	\$ 202.98	\$ 242.98
Couple	\$ 1,302.74	\$ 1,302.74	\$ 1,325.64	\$ 934.76	\$ 934.76	\$ 864.76	\$ 940.02	\$ 909.02	\$ 940.02	\$ 909.02	\$ 367.98	\$ 367.98	\$ 407.98	\$ 367.98	\$ 407.98	\$ 367.98	\$ 407.98
Family	\$ 1,463.94	\$ 1,463.94	\$ 1,479.78	\$ 1,036.96	\$ 1,036.96	\$ 995.96	\$ 1,051.84	\$ 1,011.84	\$ 1,051.84	\$ 1,011.84	\$ 417.98	\$ 417.98	\$ 457.98	\$ 417.98	\$ 457.98	\$ 417.98	\$ 457.98
Family CR	\$ 810.00	\$ 810.00	\$ 818.38	\$ 692.02	\$ 692.02	\$ 652.02	\$ 680.64	\$ 668.64	\$ 680.64	\$ 668.64	\$ 117.98	\$ 117.98	\$ 157.98	\$ 117.98	\$ 157.98	\$ 117.98	\$ 157.98

LivingWell PPO Tobacco	2016			2017			2018			2016			2017			2018	
	Total Premium	Total Premium	Total Premium	Employer Contribution	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employer Contribution Completed LW Promise	Employer Contribution Incomplete LW Promise	Employee Contribution	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise	Employee Contribution Completed LW Promise	Employee Contribution Incomplete LW Promise
Single	\$ 721.14	\$ 721.14	\$ 729.34	\$ 601.16	\$ 601.16	\$ 561.16	\$ 606.96	\$ 566.96	\$ 606.96	\$ 566.96	\$ 119.98	\$ 119.98	\$ 159.98	\$ 119.98	\$ 159.98	\$ 119.98	\$ 159.98
Parent Plus	\$ 1,023.04	\$ 1,023.04	\$ 1,037.08	\$ 716.06	\$ 716.06	\$ 676.06	\$ 722.26	\$ 682.26	\$ 722.26	\$ 682.26	\$ 207.98	\$ 207.98	\$ 247.98	\$ 207.98	\$ 247.98	\$ 207.98	\$ 247.98
Couple	\$ 1,564.20	\$ 1,564.20	\$ 1,589.19	\$ 971.22	\$ 971.22	\$ 931.22	\$ 980.74	\$ 940.74	\$ 980.74	\$ 940.74	\$ 692.98	\$ 692.98	\$ 732.98	\$ 692.98	\$ 732.98	\$ 692.98	\$ 732.98
Family	\$ 1,739.40	\$ 1,739.40	\$ 1,757.99	\$ 1,015.42	\$ 1,015.42	\$ 975.42	\$ 1,025.34	\$ 985.34	\$ 1,025.34	\$ 985.34	\$ 722.98	\$ 722.98	\$ 762.98	\$ 722.98	\$ 762.98	\$ 722.98	\$ 762.98
Family CR	\$ 865.64	\$ 865.64	\$ 875.22	\$ 672.86	\$ 672.86	\$ 632.86	\$ 679.10	\$ 639.12	\$ 679.10	\$ 639.12	\$ 192.98	\$ 192.98	\$ 232.98	\$ 192.98	\$ 232.98	\$ 192.98	\$ 232.98

Standard PPO Tobacco	2016			2017		2018	2016		2017		2018
	Total Premium	Total Premium	Total Premium	Employer Contribution	Employer Contribution	Employer Contribution	Employee Contribution	Employee Contribution	Employee Contribution	Employee Contribution	
Single	\$ 677.74	\$ 678.22	\$ 685.36	\$ 589.76	\$ 589.76	\$ 589.46	\$ 47.98	\$ 88.46	\$ 47.98	\$ 88.46	
Parent Plus	\$ 963.36	\$ 964.58	\$ 975.90	\$ 760.38	\$ 760.38	\$ 767.98	\$ 122.98	\$ 204.20	\$ 122.98	\$ 204.20	
Couple	\$ 1,474.84	\$ 1,477.72	\$ 1,497.18	\$ 1,106.86	\$ 1,106.86	\$ 1,117.60	\$ 287.98	\$ 370.88	\$ 287.98	\$ 370.88	
Family	\$ 1,840.84	\$ 1,844.22	\$ 1,866.26	\$ 1,222.86	\$ 1,222.86	\$ 1,234.66	\$ 337.98	\$ 421.36	\$ 337.98	\$ 421.36	
Family CR	\$ 814.72	\$ 816.50	\$ 824.54	\$ 696.74	\$ 696.74	\$ 703.42	\$ 77.98	\$ 118.76	\$ 77.98	\$ 118.76	

Standard CDHP Tobacco	2016			2017		2018	2016		2017		2018
	Total Premium	Total Premium	Total Premium	Employer Contribution	Employer Contribution	Employer Contribution	Employee Contribution	Employee Contribution	Employee Contribution	Employee Contribution	
Single	\$ 853.88	\$ 853.80	\$ 862.90	\$ 610.70	\$ 610.70	\$ 616.50	\$ 52.98	\$ 53.10	\$ 52.98	\$ 53.10	
Parent Plus	\$ 930.34	\$ 930.94	\$ 940.94	\$ 790.36	\$ 790.36	\$ 798.24	\$ 139.98	\$ 140.58	\$ 139.98	\$ 140.58	
Couple	\$ 1,429.26	\$ 1,431.76	\$ 1,450.02	\$ 1,099.28	\$ 1,099.28	\$ 1,109.24	\$ 329.98	\$ 332.48	\$ 329.98	\$ 332.48	
Family	\$ 1,591.52	\$ 1,594.52	\$ 1,619.20	\$ 1,211.54	\$ 1,211.54	\$ 1,223.24	\$ 379.98	\$ 382.98	\$ 379.98	\$ 382.98	
Family CR	\$ 792.90	\$ 793.18	\$ 800.94	\$ 724.92	\$ 724.92	\$ 731.94	\$ 67.98	\$ 68.26	\$ 67.98	\$ 68.26	

Health Plan Renewal:

All KEHP plans are increasing 3%. LivingWell plans have not increased since 2014. Standard plans have increased only 1% since 2014. The Standard CDHP plan has increased to \$26.20 per month for singled coverage.

No changed were made to deductibles, coinsurance, or co-payments.

Health Marketing Results:

- Humana: 20% over current
- United Healthcare: Declined to quote
- Anthem: Rates were not received in time to be included in this presentation

Recommendation: Remain in the KEHP Health Plan.

Delta Dental Renewal:

3% Rate Increase. Recommendation: Accept the renewal as presented

Delta Dental of Kentucky
Renewal Rates for MARSHALL COUNTY FISCAL COURT #692070
Effective January 1, 2018

Rates		
Rates per subscriber per month	Current Rate(s)	Renewal Rate(s)
	January 1, 2017 through December 31, 2017	January 1, 2018 through December 31, 2018
Subscriber only	\$21.70	\$22.35
Subscriber with one dependent	\$45.58	\$46.95
Subscriber with two or more dependents	\$78.12	\$80.46
Overall Percent Change	3.00%	

Avesis Vision Renewal: 2018 will be year 2 of a 2-year rate guarantee

Current Rates:

Employee Only:	\$7.96
Employee+Spouse	\$13.93
Employee+ 1 Child:	\$13.93
Employee + 2 or More	\$20.71

MetLife Group Life/ AD&D Renewal: Rate hold for 2018

Current Rates:

Basic Life:	\$0.178/\$1,000
Basic AD&D:	\$0.028/\$1,000

Claims Review - Data from Anthem as of June 30, 2016

Premiums and Claims

Total	Employees	Members	Member Age Avg	Net Pay Med	Net Pay Rx	Net Pay Med and Rx	Employee Premium Amount	Employer Premium Amount	Total Premium Paid
Time Period: Paid Month									
Projected 2017	142	319	31.4	\$599,027.40	\$520,566.48	\$1,119,593.88	\$289,752.52	\$1,539,774.08	\$1,829,526.60
Jan - June 2017	142	319	31.4	\$299,513.70	\$260,283.24	\$559,796.94	\$144,876.26	\$769,887.04	\$914,763.30
2016	146	323	33.0	\$991,519.97	\$451,224.83	\$1,442,744.80	\$306,669.38	\$1,564,020.06	\$1,870,689.44
2015	150	330	33.4	\$809,982.67	\$628,956.06	\$1,438,938.73	\$330,688.56	\$1,578,410.00	\$1,909,098.56
2014	153	333	32.9	\$1,327,424.48	\$590,004.80	\$1,917,429.28	\$336,248.70	\$1,552,883.72	\$1,889,132.42
2013	158	322	34.0	\$1,942,203.94	\$502,805.83	\$2,445,009.77	\$358,874.34	\$1,488,964.32	\$1,847,838.66
2012	159	326	35.3	\$1,526,664.32	\$512,194.80	\$2,038,859.12	\$363,448.04	\$1,516,117.06	\$1,879,565.10
2011	159	331	34.6	\$1,166,780.61	\$439,736.57	\$1,606,517.18	\$417,543.40	\$1,503,462.02	\$1,921,005.42
2010	159	322	35.0	\$1,288,242.84	\$393,379.96	\$1,681,622.80	\$346,933.96	\$1,490,122.68	\$1,837,056.64
2009	155	312	34.8	\$1,072,151.90	\$377,903.21	\$1,450,055.11	\$332,517.40	\$1,307,794.82	\$1,640,312.22

Fiscal Court	Employees	Members	Member Age Avg	Net Pay Med	Net Pay Rx	Net Pay Med and Rx	Employee Premium Amount	Employer Premium Amount	Total Premium Paid
Time Period: Paid Month									
Projected 2017	130	289	34.0	\$449,958.66	\$471,429.74	\$921,388.40	\$265,142.40	\$1,414,216.00	\$1,679,358.40
Jan - June 2017	130	289	34.0	\$224,979.33	\$235,714.87	\$460,694.20	\$132,571.20	\$707,108.00	\$839,679.20
2016	134	296	35.0	\$830,288.10	\$405,355.22	\$1,235,643.32	\$277,391.52	\$1,443,587.92	\$1,720,979.44
2015	138	302	35.5	\$717,744.91	\$595,069.90	\$1,312,814.81	\$297,915.74	\$1,454,063.86	\$1,751,979.60
2014	141	305	34.9	\$1,168,386.34	\$557,353.23	\$1,725,739.57	\$304,050.82	\$1,434,689.12	\$1,738,739.94
2013	146	296	34.5	\$1,630,975.28	\$455,275.25	\$2,086,250.53	\$325,120.98	\$1,363,868.80	\$1,688,989.78
2012	144	298	34.5	\$1,376,877.80	\$476,196.65	\$1,853,074.45	\$332,538.88	\$1,379,154.90	\$1,711,693.78
2011	145	301	34.7	\$975,216.02	\$408,975.37	\$1,384,191.39	\$375,940.78	\$1,371,019.58	\$1,746,960.36
2010	144	292	35.3	\$1,125,860.40	\$352,346.74	\$1,478,207.14	\$307,792.00	\$1,347,699.32	\$1,655,491.32
2009	139	280	35.4	\$1,003,837.63	\$337,835.17	\$1,341,672.80	\$293,085.88	\$1,170,375.38	\$1,463,461.26

Refuse Dept	Employees	Members	Member Age Avg	Net Pay Med	Net Pay Rx	Net Pay Med and Rx	Employee Premium Amount	Employer Premium Amount	Total Premium Paid
Time Period: Paid Month									
Projected 2017	12	30	28.7	\$149,068.74	\$49,136.74	\$198,205.48	\$24,610.12	\$125,558.08	\$150,168.20
Jan - June 2017	12	30	28.7	\$74,534.37	\$24,568.37	\$99,102.74	\$12,305.06	\$62,779.04	\$75,084.10
2016	12	27	30.9	\$161,231.87	\$45,869.61	\$207,101.48	\$29,277.86	\$120,432.14	\$149,710.00
2015	12	29	31.3	\$92,237.76	\$33,886.16	\$126,123.92	\$32,772.82	\$124,346.14	\$157,118.96
2014	12	28	30.8	\$159,038.14	\$32,651.57	\$191,689.71	\$32,197.88	\$118,194.60	\$150,392.48
2013	12	26	33.5	\$311,228.66	\$47,530.58	\$358,759.24	\$33,753.36	\$125,095.52	\$158,848.88
2012	15	28	36	\$149,786.52	\$35,998.15	\$185,784.67	\$30,909.16	\$136,962.16	\$167,871.32
2011	14	29	34.5	\$191,564.59	\$30,761.20	\$222,325.79	\$41,602.62	\$132,442.44	\$174,045.06
2010	15	30	34.6	\$162,382.44	\$41,033.22	\$203,415.66	\$39,141.96	\$142,423.36	\$181,565.32
2009	16	32	34.2	\$68,314.27	\$40,068.04	\$108,382.31	\$39,431.52	\$137,419.44	\$176,850.96

Executive Summary

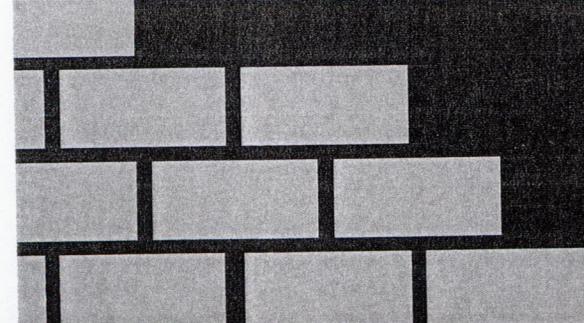
Premium Share						
	<u>CY 2013</u>	<u>CY 2014</u>	<u>CY 2015</u>	<u>CY 2016</u>	<u>CY 2017</u>	<u>CY 2017</u>
					<u>June</u>	<u>Proj.</u>
Employer Medical Premiums	\$1,488,964	\$1,552,884	\$1,578,410	\$1,564,020	\$769,887	\$1,539,774
Employee Medical Premiums	\$358,874	\$336,249	\$330,689	\$306,669	\$144,876	\$289,753
Net Employer Costs	\$1,130,090	\$1,216,635	\$1,247,721	\$1,257,351	\$625,011	\$1,250,022
(Net of employee premiums)						
Employees	158	153	150	146	142	142
Members	322	333	330	323	319	319
Net PEPM	\$596	\$663	\$693	\$718	\$734	\$734
Net PMPM	\$292	\$304	\$315	\$324	\$327	\$327
Premiums vs Claims						
	<u>CY 2013</u>	<u>CY 2014</u>	<u>CY 2015</u>	<u>CY 2016</u>	<u>CY 2017</u>	<u>CY 2017</u>
					<u>June</u>	<u>Proj.</u>
Total Premiums	\$1,847,839	\$1,889,132	\$1,909,099	\$1,870,689	\$914,763	\$1,829,527
Total Medical and Rx Claims	\$2,445,010	\$1,917,429	\$1,438,939	\$1,442,745	\$559,797	\$1,119,594
Difference in Claims vs Premium	(\$597,171)	(\$28,297)	\$470,160	\$427,945	\$354,966	\$709,933
Premium Loss Ratio	132.32%	101.50%	75.37%	77.12%	61.20%	61.20%

Multi-year Claims Analysis

Premiums Paid						
	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017 thru June</u>
MCFC Employer Expense	\$1,379,155	\$1,363,869	\$1,434,689	\$1,454,064	\$1,443,588	\$707,108
MCFC Employee Expense	\$332,539	\$325,121	\$304,051	\$297,916	\$277,392	\$132,571
MCFC Total Premium Paid	<u>\$1,711,694</u>	<u>\$1,688,990</u>	<u>\$1,738,740</u>	<u>\$1,751,980</u>	<u>\$1,720,979</u>	<u>\$839,679</u>
MCRD Employer Expense	\$136,962	\$125,096	\$118,195	\$124,346	\$120,432	\$62,779
MCRD Employee Expense	\$30,909	\$33,753	\$32,198	\$32,773	\$29,278	\$12,305
MCRD Total Premium Paid	<u>\$167,871</u>	<u>\$158,849</u>	<u>\$150,392</u>	<u>\$157,119</u>	<u>\$149,710</u>	<u>\$75,084</u>
Total Premium Paid	<u>\$1,879,565</u>	<u>\$1,847,839</u>	<u>\$1,889,132</u>	<u>\$1,909,099</u>	<u>\$1,870,689</u>	<u>\$914,763</u>
Employees	159	158	153	147	146	142
Members	326	322	333	319	323	319
PEPM	\$985	\$975	\$1,029	\$1,082	\$1,068	\$1,074
PMPM	\$480	\$478	\$473	\$499	\$483	\$478
Claims Expense						
	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017 thru June</u>
MCFC Medical Paid Claims	\$1,376,878	\$1,630,975	\$1,168,386	\$717,745	\$830,288	\$224,979
MCFC Rx Paid Claims	\$476,197	\$455,275	\$557,353	\$595,070	\$405,355	\$235,715
MCFC Refunds from KEHP	\$134,535	\$114,150	\$103,295	\$100,100	\$91,989	\$46,550
MCFC Total Paid Claims	<u>\$1,718,539</u>	<u>\$1,972,101</u>	<u>\$1,622,445</u>	<u>\$1,212,715</u>	<u>\$1,143,655</u>	<u>\$507,245</u>
MCRD Medical Paid Claims	\$149,787	\$311,229	\$159,038	\$92,238	\$161,232	\$74,534
MCRD Rx Paid Claims	\$35,998	\$47,531	\$32,652	\$33,886	\$45,870	\$24,568
MCRD Refunds from KEHP	\$11,702	\$9,929	\$8,984	\$8,707	\$8,001	\$4,049
MCRD Total Paid Claims	<u>\$174,083</u>	<u>\$348,831</u>	<u>\$182,705</u>	<u>\$117,417</u>	<u>\$199,100</u>	<u>\$103,152</u>
Total Claims Paid	<u>\$1,892,622</u>	<u>\$2,320,931</u>	<u>\$1,805,150</u>	<u>\$1,330,132</u>	<u>\$1,342,755</u>	<u>\$610,396</u>
Difference in Claims vs. Premium	\$13,057	\$473,093	\$83,982	\$578,966	\$527,934	\$304,367
PEMP	\$991.94	\$1,224.12	\$983.20	\$754.04	\$766.41	\$716.43
PMPM	\$483.80	\$600.66	\$451.74	\$347.47	\$346.43	\$318.91

** 2017 KEHP refunds include the first payments only. The 2nd payments have not been received. **

NOTES



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BENTON

1120 Main Street
Benton, KY 42025
270.527.8621
Toll Free: 800.599.8621
Fax: 270.527.3847

PADUCAH

5120 Village Square Dr.,
Suite 104
Paducah, KY 42001
270.443.2550
Toll Free: 800.599.8621
Fax: 270.575.5400

MAYFIELD

111 West Broadway
Mayfield, KY 42066
270.247.4852
Toll Free: 800.599.8621
Fax: 270.247.4566

MURRAY

1712 Highway 121 North,
Suite C
Murray, KY 42071
270.753.4451
Toll Free: 800.599.8621
Fax: 270.753.4453

FRANKLIN

308 N. Main Street
Franklin, KY 42134
270.253.3294
Toll Free: 800.599.8621
Fax: 815.846.5879