



Volusia County School Board

Employee Health Insurance Presentation

Tuesday, April 14, 2015



Agenda

- **Information Requests from Board Workshop**
 - Comparisons (Local Government)
 - Self-Funding vs. Fully Insured Considerations
 - Profit - Medical Loss Ratio (MLR)
 - Wellness Program - Gym Utilization
- **Current Plans & Rates 2014-2015**
- **“Buy Up” Analyses**
- **Insurance Committee Members / Meetings**
 - Recommendation for 2015-2016
- **Other Employee Benefits**
- **Conclusion**





Comparisons (Local Government)

City of Daytona Beach Compared to Volusia County Schools

BENEFIT FEATURE	VCSB Triple Option	FHC HMO LD1	FHC TRIPLE OPTION LD3	FHC HIGH DEDUCTIBLE LD9
Annual Deductible	\$0	\$250/\$500	\$250/\$500	\$1,250/\$2,500
Coinsurance	0%	0% AD	10%	20%
Out of Pocket Maximum	\$2,000/\$4,000	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000
Office Visit Copay - PCP	\$20	\$10	\$20	Ded +20%
Office Visit Copay - Specialist	\$35	\$20	\$35	Ded + 20%
Inpatient	\$250 Per Day (Days 1-5)	Deductible Only	Ded + Coinsurance	Ded + 20%
Outpatient	\$200	Deductible Only	Ded + Coinsurance	Ded + 20%
Emergency Room	\$200	\$75	\$100	Ded + 20%
Prescription	\$3/\$12/\$35	\$0/\$10/\$55	\$0/\$30/\$55	Ded + \$0/\$30/\$55
Employee Cost Per Month	\$20	\$43.33	\$59.71	\$0.00
Employer Cost Per Month	\$623.60	\$531.42	\$532.94	\$516.60

City of DeLand Compared to Volusia County Schools

BENEFIT FEATURE	VCSB Triple Option	FHC VP1	FHC HMO
Annual Deductible	\$0	\$0	\$500/\$1,500
Coinsurance	0%	0%	10%
Out of Pocket Maximum	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Office Visit Copay - PCP	\$20	\$20	\$20
Office Visit Copay - Specialist	\$35	\$35	\$35
Inpatient	\$250 Per Day (Days 1-5)	\$250 Per Day (Days 1-5)	Ded + Coinsurance
Outpatient	\$200	\$35	Ded + Coinsurance
Emergency Room	\$200	\$100	Ded + Coinsurance
Prescription	\$3/\$12/\$35	\$0/\$30/\$55	\$0/\$30/\$55
Employee Cost Per Month	\$20	\$235.51	\$146.31
Employer Cost Per Month	\$623.60	\$404.23	\$404.23

City of Ormond Beach Compared to Volusia County Schools

BENEFIT FEATURE	VCSB Triple Option	FHC HMO G66	FHC POS G29
Annual Deductible	\$0	\$250/\$750	\$0
Coinsurance	0%	0%	20%
Out of Pocket Maximum	\$2,000/\$4,000	\$2,000/\$4,000	\$1,500/\$3,000
Office Visit Copay - PCP	\$20	\$20	\$20
Office Visit Copay - Specialist	\$35	\$35	\$35
Inpatient	\$250 Per Day (Days 1-5)	Ded + Coinsurance	\$200 per admission
Outpatient	\$200	Ded + Coinsurance	\$0
Emergency Room	\$200	\$100	\$100
Prescription	\$3/\$12/\$35	\$3/\$30/\$55	\$3/\$30/\$55
Employee Cost Per Month	\$20	\$0.00	\$146.90
Employer Cost Per Month	\$623.60	\$538.01	\$538.01

County of Volusia Compared to Volusia County Schools

BENEFIT FEATURE	VCSB Triple Option	HEALTH PARTNERSHIP
Annual Deductible	\$0	\$250/\$750 (CR&MRI Only)
Coinsurance	0%	20% (CT & MRI Only)
Out of Pocket Maximum	\$2,000/\$4,000	\$5,000/\$10,000
Office Visit Copay - PCP	\$20	\$25
Office Visit Copay - Specialist	\$35	\$40
Inpatient	\$250 Per Day (Days 1-5)	250 Per Day (3 Day Max)
Outpatient	\$200	250 Per Day (3 Day Max)
Emergency Room	\$200	\$65
Prescription	\$3/\$12/\$35	\$20/\$35/\$55
Employee Cost Per Month	\$20	\$15.00
Employer Cost Per Month	\$623.60	UNDETERMINED for 2014



Self-Insured vs. Fully Insured Considerations

Self Insured vs. Fully Insured Considerations

- Self – Insured
 - Unknown financial risk
 - State filings, guidelines and requirements
 - High start up cost
 - Districts are responsible for administration requirements (may require more internal staff)
 - Required reserve for claims and costs
 - Save on some fees and taxes associated with the Affordable Care Act
 - Modeling study to explore the feasibility for Volusia County Schools for FY 2017 would cost approximately \$10,000

- Fully Insured
 - All financial risks are known and captured in the premiums for that year
 - Insurance carrier is responsible for all State filings and majority of the administration of the plan
 - District can operate on current insurance department staff



Profit - Medical Loss Ratio (MLR)

Profit - Medical Loss Ratio (MLR)

■ Question -

- How much profit (Medical Loss Ratio - MLR) is allowed under Health Care Reform?

■ Answer -

- 20% - However.....
 - That 20% is across all lines and all books of business for that carrier
 - The Federal Register contains approximately 350 pages explaining MLR
 - Profit includes:
 - ♦ Administration of the plan
 - ♦ Network access
 - ♦ Claims administration
 - ♦ Overhead



Wellness Program - Gym Utilization

Wellness Program - Gym Utilization

Wellness Program - Gym Utilization

- In the 2013 – 2014 Plan Year
 - An average of 902 employees accessed the gyms each month
 - The average age of those accessing the gyms was 48-49
 - There were a total of 50,103 gym visits in 2014
 - Approximately 229 of these employees accessed the gyms greater than 8 times per month
 - The most popular gyms are the YMCA's in Port Orange, Four Townes and DeLand



Current Plans & Rates (2014-2015)



Volusia County School Board 2014-2015 Medical Plan Design Summary - Committee Recommendation

	Florida Health Care Plans					BCBSFL Plans			
	HMO <i>Classic VP-1, L-43</i>	Triple Option <i>Classic L03</i>			POS Plan <i>Balance LQ10 - MOD 3</i>	PPO <i>Plan 117</i>		HRA <i>Plan 317</i>	
	In Network only	In Ntwk Opt 1	Opt 2	Opt 3	In HMO Network In BC PPO Network & OOA	In Network	Out of Network	In Network	Out of Network
Deductible HRA Single Family								\$600 \$600	
Annual Deductible Single Family	\$0 \$0	\$0 \$0	\$250 \$500	\$500 \$1,000	\$1,500 Per Person \$4,500 Per Person	\$600 \$1,200		\$1,650 (\$1,050 Gap) \$2,400 (\$1,800 Gap)	
Coinurance (<i>Plan Pays</i>)	0%	0%	30%	50%	10%	50%	15% 30%	15% 30%	
Out of Pocket Max Single Family	\$2,000 \$4,000	\$2,000 \$4,000	\$3,000 \$6,000	\$6,000 \$12,000	\$5,000 \$10,000	\$10,000 \$20,000	\$3,250 AD \$6,500 AD	\$3,250 (Incl. Gap and HRA) \$6,500 (Incl. Gap and HRA)	
Physician Services									
PCP Copay	\$20	\$20	\$30	50% AD	\$35	50% AD	15% AD 30% AD	15% AD 30% AD	
Specialist Copay	\$35	\$35	30% AD	50% AD	\$50	50% AD	15% AD 30% AD	15% AD 30% AD	
Preventive Care									
Routine Physical Exam, Well Child, Immunization	\$0	\$0	\$0	50% AD	\$0	50% AD	\$0 30%, Ded Waived	\$0 30%, Ded Waived	
Hospital Services									
Inpatient	\$250/Day (Days 1-5)	\$250/Day (Days 1-5)	N/A	50% AD	10% AD	50% AD	15% AD \$300 + 30% AD	15% AD \$300 + 30% AD	
Outpatient	\$200	\$200	N/A	50% AD	10% AD	50% AD	15% AD 30% AD	15% AD 30% AD	
Emergency Services									
Emergency Visit	\$200	\$200	\$200	\$200	10% AD	10% AD	15% AD 15% AD	15% AD 15% AD	
Urgent Care	\$75	\$75	\$75	\$75	10% AD	10% AD	15% AD 30% AD	15% AD 30% AD	
Lab, Xray, & Diagnostics									
Lab and Radiology	\$0	\$0	N/A	50% AD	\$0 lab, \$50 X-ray	50% AD	15% AD 30% AD	15% AD 30% AD	
Advanced Imaging	\$25	\$25	N/A	50% AD	10% AD	50% AD	15% AD 30% AD	15% AD 30% AD	
Prescription Drugs									
Retail (31 Day Supply)	FHCP pharmacies; Select Walgreens / Select Hours	FHCP pharmacies, Walgreens (nationwide), and Publix (Volusia and Flagler Co. only)			FHCP pharmacies, Walgreens (nationwide), and Publix (Volusia and Flagler Co. only)		Retail 30-day supply		Retail 30-day supply
Preferred Generic	\$3	\$3 (FHCP pharmacies only)			\$3 (FHCP pharmacies only)		NA		NA
Non-Pref Generic	\$12 / \$20	\$12 FHCP Pharmacy \$20 Walgreens or Publix Pharmacy			\$12 FHCP Pharmacy \$20 Walgreens or Publix Pharmacy		\$15 50%	\$15 50%	
Preferred Brand	\$35 / \$40	\$35 FHCP Pharmacy \$40 Walgreens or Publix Pharmacy			\$35 FHCP Pharmacy \$40 Walgreens or Publix Pharmacy		\$30 50%	\$30 50%	
Non-preferred Brand	\$60 / \$65	\$60 FHCP Pharmacy \$65 Walgreens or Publix Pharmacy			\$60 FHCP Pharmacy \$65 Walgreens or Publix Pharmacy		\$50 50%	\$50 50%	
Pre approved specialty drug formulary	\$100 FHCP Pharmacy	\$100 FHCP Pharmacy			\$100 FHCP Pharmacy		\$100		\$100
Mail Order (up to 93 days supply)		Available at FHCP Pharmacies ONLY			Available at FHCP Pharmacies ONLY		NA		NA
Preferred Generic	\$9	\$9			\$9		NA		NA
Non-Pref Generic	\$33	\$33			\$33		\$30 50%	\$30 50%	
Preferred Brand	\$102	\$102			\$102		\$60 50%	\$60 50%	
Non-preferred Brand	\$177	\$177			\$177		\$100 50%	\$100 50%	

AD = After Deductible

**Volusia County School Board
Contribution Analysis**

Active Enrollment only as of 11/2013

Renewal 2014-2015 - Committee Recommendation
Florida Health Care Plans and Florida Blue

Current Contribution Model

			2013-2014 Renewal Monthly Rates				2014-2015 Renewal Monthly Rates				
		Enrolled 11/2013	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Difference Per Pay Period
BCBSFL PPO	Single	1,079	\$771.33	\$20.00	\$751.33	\$12.00	\$830.48	\$20.00	\$810.48	\$12.00	\$0.00
	EE + Sp	43	\$1,465.53	\$714.20	\$751.33	\$428.52	\$1,577.94	\$767.46	\$810.48	\$460.48	\$31.96
	EE + Ch	39	\$1,311.26	\$559.93	\$751.33	\$335.96	\$1,411.82	\$601.34	\$810.48	\$360.80	\$24.85
	Split Family	38	\$1,928.32	\$425.66	\$1,502.66	\$255.40	\$2,076.22	\$455.26	\$1,620.96	\$273.16	\$17.76
	Family	16	\$1,928.32	\$1,176.99	\$751.33	\$706.19	\$2,076.22	\$1,265.74	\$810.48	\$759.44	\$53.25
BCBSFL HRA*	Single	264	\$774.46	\$20.00	\$754.46	\$12.00	\$830.02	\$20.00	\$810.02	\$12.00	\$0.00
	EE + Sp	21	\$1,426.44	\$671.98	\$754.46	\$403.19	\$1,532.00	\$721.98	\$810.02	\$433.19	\$30.00
	EE + Ch	18	\$1,281.55	\$527.09	\$754.46	\$316.25	\$1,376.00	\$565.98	\$810.02	\$339.59	\$23.33
	Split Family	40	\$1,911.13	\$402.21	\$1,508.92	\$241.33	\$2,050.04	\$430.00	\$1,620.04	\$258.00	\$16.67
	Family	12	\$1,861.13	\$1,106.67	\$754.46	\$664.00	\$2,000.04	\$1,190.02	\$810.02	\$714.01	\$50.01
Triple Option	Single	2,988	\$605.49	\$20.00	\$585.49	\$12.00	\$643.60	\$20.00	\$623.60	\$12.00	\$0.00
	EE + Sp	119	\$1,150.44	\$564.95	\$585.49	\$338.97	\$1,222.84	\$599.24	\$623.60	\$359.54	\$20.57
	EE + Ch	200	\$1,029.34	\$443.85	\$585.49	\$266.31	\$1,094.12	\$470.52	\$623.60	\$282.31	\$16.00
	Split Family	212	\$1,513.74	\$342.76	\$1,170.98	\$205.66	\$1,609.01	\$361.81	\$1,247.20	\$217.09	\$11.43
	Family	62	\$1,513.74	\$928.25	\$585.49	\$556.95	\$1,609.01	\$985.41	\$623.60	\$591.25	\$34.30
HMO	Single	918	\$549.50	\$20.00	\$529.50	\$12.00	\$572.64	\$20.00	\$552.64	\$12.00	\$0.00
	EE + Sp	153	\$1,044.05	\$514.55	\$529.50	\$308.73	\$1,088.01	\$535.37	\$552.64	\$321.22	\$12.49
	EE + Ch	219	\$934.15	\$404.65	\$529.50	\$242.79	\$973.48	\$420.84	\$552.64	\$252.50	\$9.71
	Split Family	134	\$1,373.76	\$314.76	\$1,059.00	\$188.86	\$1,431.59	\$326.31	\$1,105.28	\$195.79	\$6.93
	Family	130	\$1,373.76	\$844.26	\$529.50	\$506.56	\$1,431.59	\$878.95	\$552.64	\$527.37	\$20.81
POS Plan	Single	1	\$426.61	\$20.00	\$406.61	\$12.00	\$454.81	\$20.00	\$434.81	\$12.00	\$0.00
	EE + Sp	7	\$810.56	\$403.95	\$406.61	\$242.37	\$864.14	\$429.33	\$434.81	\$257.60	\$15.23
	EE + Ch	13	\$725.24	\$318.63	\$406.61	\$191.18	\$773.18	\$338.37	\$434.81	\$203.02	\$11.84
	Split Family	0	\$1,066.53	\$253.31	\$813.22	\$151.99	\$1,137.02	\$267.40	\$869.62	\$160.44	\$8.45
	Family	13	\$1,066.53	\$659.92	\$406.61	\$395.95	\$1,137.02	\$702.21	\$434.81	\$421.33	\$25.37

*HRA rates include Fund

	Enrolled	Total Premium	Employee Contribution	Board Contribution	Total Premium	Employee Contribution	Board Contribution
TOTAL ANNUAL COST	6739	\$62,812,506	\$10,398,756	\$52,413,750	\$66,673,061	\$10,891,733	\$55,781,328



“Buy Up” Analyses

Point of Service (POS) (Catastrophic) – Option 1

Volusia County School Board Contribution Analysis

BEST AND FINAL Renewal Plans 2015-2016 Plan Year Florida Health Care Plans and Florida Blue

Active Enrollment only as of 10/2014

ILLUSTRATIVE MODEL OF DEFINED CONTRIBUTION **BASED ON POS** - DOES NOT REPRESENT MIGRATION;
INSURANCE CARRIER RESERVES THE RIGHT TO RE-RATE THE MEDICAL PLANS IF TOTAL ENROLLMENT CHANGES BY +/- 10%

			2014 - 2015 Renewal Monthly Rates				2015 - 2016 Renewal Monthly Rates				
		as of 10/2014	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Difference Per Pay Period
BCBSFL PPO	Single	1,019	\$830.48	\$20.00	\$810.48	\$12.00	\$859.55	\$424.74	\$434.81	\$254.84	\$242.84
	EE + Sp	37	\$1,577.94	\$767.46	\$810.48	\$460.48	\$1,633.17	\$1,198.36	\$434.81	\$719.02	\$258.54
	EE + Ch	26	\$1,411.82	\$601.34	\$810.48	\$360.80	\$1,461.23	\$1,026.42	\$434.81	\$615.85	\$255.05
	Split Family	36	\$2,076.22	\$455.26	\$1,620.96	\$273.16	\$2,148.89	\$1,279.27	\$869.62	\$767.56	\$494.41
	Family	17	\$2,076.22	\$1,265.74	\$810.48	\$759.44	\$2,148.89	\$1,714.08	\$434.81	\$1,028.45	\$269.00
BCBSFL HRA*	Single	255	\$830.02	\$20.00	\$810.02	\$12.00	\$857.32	\$422.51	\$434.81	\$253.51	\$241.51
	EE + Sp	18	\$1,532.00	\$721.98	\$810.02	\$433.19	\$1,583.87	\$1,149.06	\$434.81	\$689.44	\$256.25
	EE + Ch	15	\$1,376.00	\$565.98	\$810.02	\$339.59	\$1,422.41	\$987.60	\$434.81	\$592.56	\$252.97
	Split Family	32	\$2,050.04	\$430.00	\$1,620.04	\$258.00	\$2,118.29	\$1,248.67	\$869.62	\$749.20	\$491.20
	Family	11	\$2,000.04	\$1,190.02	\$810.02	\$714.01	\$2,068.29	\$1,633.48	\$434.81	\$980.09	\$266.08
Triple Option	Single	3,076	\$643.60	\$20.00	\$623.60	\$12.00	\$643.60	\$208.79	\$434.81	\$125.27	\$113.27
	EE + Sp	116	\$1,222.84	\$599.24	\$623.60	\$359.54	\$1,222.84	\$788.03	\$434.81	\$472.82	\$113.27
	EE + Ch	190	\$1,094.12	\$470.52	\$623.60	\$282.31	\$1,094.12	\$659.31	\$434.81	\$395.59	\$113.27
	Split Family	212	\$1,609.01	\$361.81	\$1,247.20	\$217.09	\$1,609.01	\$739.39	\$869.62	\$443.63	\$226.55
	Family	57	\$1,609.01	\$985.41	\$623.60	\$591.25	\$1,609.01	\$1,174.20	\$434.81	\$704.52	\$113.27
HMO	Single	1,012	\$572.64	\$20.00	\$552.64	\$12.00	\$572.64	\$137.83	\$434.81	\$82.70	\$70.70
	EE + Sp	147	\$1,088.01	\$535.37	\$552.64	\$321.22	\$1,088.01	\$653.20	\$434.81	\$391.92	\$70.70
	EE + Ch	197	\$973.48	\$420.84	\$552.64	\$252.50	\$973.48	\$538.67	\$434.81	\$323.20	\$70.70
	Split Family	128	\$1,431.59	\$326.31	\$1,105.28	\$195.79	\$1,431.59	\$561.97	\$869.62	\$337.18	\$141.40
	Family	122	\$1,431.59	\$878.95	\$552.64	\$527.37	\$1,431.59	\$996.78	\$434.81	\$598.07	\$70.70
POS Plan	Single	3	\$454.81	\$20.00	\$434.81	\$12.00	\$454.81	\$20.00	\$434.81	\$12.00	\$0.00
	EE + Sp	9	\$864.14	\$429.33	\$434.81	\$257.60	\$864.14	\$429.33	\$434.81	\$257.60	\$0.00
	EE + Ch	10	\$773.18	\$338.37	\$434.81	\$203.02	\$773.18	\$338.37	\$434.81	\$203.02	\$0.00
	Split Family	2	\$1,137.02	\$267.40	\$869.62	\$160.44	\$1,137.02	\$267.40	\$869.62	\$160.44	\$0.00
	Family	8	\$1,137.02	\$702.21	\$434.81	\$421.33	\$1,137.02	\$702.21	\$434.81	\$421.33	\$0.00

*HRA rates include Fund

	Enrolled	Total Premium	Employee Contribution	Board Contribution	Total Premium	Employee Contribution	Board Contribution
TOTAL ANNUAL COST	6755	\$65,741,978	\$10,240,328	\$55,501,649	\$66,321,914	\$28,936,951	\$37,384,964
					\$579,937	\$18,696,622	-\$18,116,685
					0.88%	182.58%	-32.64%

HMO – Option 2

Volusia County School Board Contribution Analysis

BEST AND FINAL Renewal Plans 2015-2016 Plan Year Florida Health Care Plans and Florida Blue

Active Enrollment only as of 10/2014

ILLUSTRATIVE MODEL OF DEFINED CONTRIBUTION **BASED ON HMO** - DOES NOT REPRESENT MIGRATION;
INSURANCE CARRIER RESERVES THE RIGHT TO RE-RATE THE MEDICAL PLANS IF TOTAL ENROLLMENT CHANGES BY +/- 10%

			2014 - 2015 Renewal Monthly Rates				2015 - 2016 Renewal Monthly Rates				
		as of 10/2014	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Difference Per Pay Period
BCBSFL PPO	Single	1,019	\$830.48	\$20.00	\$810.48	\$12.00	\$859.55	\$306.91	\$552.64	\$184.15	\$172.15
	EE + Sp	37	\$1,577.94	\$767.46	\$810.48	\$460.48	\$1,633.17	\$1,080.53	\$552.64	\$648.32	\$187.84
	EE + Ch	26	\$1,411.82	\$601.34	\$810.48	\$360.80	\$1,461.23	\$908.59	\$552.64	\$545.15	\$184.35
	Split Family	36	\$2,076.22	\$455.26	\$1,620.96	\$273.16	\$2,148.89	\$1,043.61	\$1,105.28	\$626.17	\$353.01
	Family	17	\$2,076.22	\$1,265.74	\$810.48	\$759.44	\$2,148.89	\$1,596.25	\$552.64	\$957.75	\$198.31
BCBSFL HRA*	Single	255	\$830.02	\$20.00	\$810.02	\$12.00	\$857.32	\$304.68	\$552.64	\$182.81	\$170.81
	EE + Sp	18	\$1,532.00	\$721.98	\$810.02	\$433.19	\$1,583.87	\$1,031.23	\$552.64	\$618.74	\$185.55
	EE + Ch	15	\$1,376.00	\$565.98	\$810.02	\$339.59	\$1,422.41	\$869.77	\$552.64	\$521.86	\$182.27
	Split Family	32	\$2,050.04	\$430.00	\$1,620.04	\$258.00	\$2,118.29	\$1,013.01	\$1,105.28	\$607.81	\$349.81
	Family	11	\$2,000.04	\$1,190.02	\$810.02	\$714.01	\$2,068.29	\$1,515.65	\$552.64	\$909.39	\$195.38
Triple Option	Single	3,076	\$643.60	\$20.00	\$623.60	\$12.00	\$643.60	\$90.96	\$552.64	\$54.58	\$42.58
	EE + Sp	116	\$1,222.84	\$599.24	\$623.60	\$359.54	\$1,222.84	\$670.20	\$552.64	\$402.12	\$42.58
	EE + Ch	190	\$1,094.12	\$470.52	\$623.60	\$282.31	\$1,094.12	\$541.48	\$552.64	\$324.89	\$42.58
	Split Family	212	\$1,609.01	\$361.81	\$1,247.20	\$217.09	\$1,609.01	\$503.73	\$1,105.28	\$302.24	\$85.15
	Family	57	\$1,609.01	\$985.41	\$623.60	\$591.25	\$1,609.01	\$1,056.37	\$552.64	\$633.82	\$42.58
HMO	Single	1,012	\$572.64	\$20.00	\$552.64	\$12.00	\$572.64	\$20.00	\$552.64	\$12.00	\$0.00
	EE + Sp	147	\$1,088.01	\$535.37	\$552.64	\$321.22	\$1,088.01	\$535.37	\$552.64	\$321.22	\$0.00
	EE + Ch	197	\$973.48	\$420.84	\$552.64	\$252.50	\$973.48	\$420.84	\$552.64	\$252.50	\$0.00
	Split Family	128	\$1,431.59	\$326.31	\$1,105.28	\$195.79	\$1,431.59	\$326.31	\$1,105.28	\$195.79	\$0.00
	Family	122	\$1,431.59	\$878.95	\$552.64	\$527.37	\$1,431.59	\$878.95	\$552.64	\$527.37	\$0.00
POS Plan	Single	3	\$454.81	\$20.00	\$434.81	\$12.00	\$454.81	\$0.00	\$454.81	\$0.00	-\$12.00
	EE + Sp	9	\$864.14	\$429.33	\$434.81	\$257.60	\$864.14	\$409.33	\$552.64	\$245.60	-\$12.00
	EE + Ch	10	\$773.18	\$338.37	\$434.81	\$203.02	\$773.18	\$318.37	\$552.64	\$191.02	-\$12.00
	Split Family	2	\$1,137.02	\$267.40	\$869.62	\$160.44	\$1,137.02	\$227.40	\$1,105.28	\$136.44	-\$24.00
	Family	8	\$1,137.02	\$702.21	\$434.81	\$421.33	\$1,137.02	\$682.21	\$552.64	\$409.33	-\$12.00

*HRA rates include Fund

	Enrolled	Total Premium	Employee Contribution	Board Contribution	Total Premium	Employee Contribution	Board Contribution
TOTAL ANNUAL COST	6755	\$65,741,978	\$10,240,328	\$55,501,649	\$66,321,914	\$18,845,842	\$47,512,465
					Increase over current (\$)	\$8,605,514	-\$7,989,184
					Increase over current (%)	0.88%	-14.39%

Triple Option – Option 3

Volusia County School Board
Contribution Analysis

BEST AND FINAL Renewal Plans 2015-2016 Plan Year
Florida Health Care Plans and Florida Blue

Active Enrollment only as of 10/2014

ILLUSTRATIVE MODEL OF DEFINED CONTRIBUTION **BASED ON TRIPLE OPTION** - DOES NOT REPRESENT MIGRATION;
INSURANCE CARRIER RESERVES THE RIGHT TO RE-RATE THE MEDICAL PLANS IF TOTAL ENROLLMENT CHANGES BY +/- 10%

			2014 - 2015 Renewal Monthly Rates				2015 - 2016 Renewal Monthly Rates				
		as of 10/2014	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Difference Per Pay Period
BCBSFL PPO	Single	1,019	\$830.48	\$20.00	\$810.48	\$12.00	\$859.55	\$235.95	\$623.60	\$141.57	\$129.57
	EE + Sp	37	\$1,577.94	\$767.46	\$810.48	\$460.48	\$1,633.17	\$1,009.57	\$623.60	\$605.74	\$145.27
	EE + Ch	26	\$1,411.82	\$601.34	\$810.48	\$360.80	\$1,461.23	\$837.63	\$623.60	\$502.58	\$141.77
	Split Family	36	\$2,076.22	\$455.26	\$1,620.96	\$273.16	\$2,148.89	\$901.69	\$1,247.20	\$541.01	\$267.86
	Family	17	\$2,076.22	\$1,265.74	\$810.48	\$759.44	\$2,148.89	\$1,525.29	\$623.60	\$915.17	\$155.73
BCBSFL HRA*	Single	255	\$830.02	\$20.00	\$810.02	\$12.00	\$857.32	\$233.72	\$623.60	\$140.23	\$128.23
	EE + Sp	18	\$1,532.00	\$721.98	\$810.02	\$433.19	\$1,583.87	\$960.27	\$623.60	\$576.16	\$142.97
	EE + Ch	15	\$1,376.00	\$565.98	\$810.02	\$339.59	\$1,422.41	\$798.81	\$623.60	\$479.29	\$139.70
	Split Family	32	\$2,050.04	\$430.00	\$1,620.04	\$258.00	\$2,118.29	\$871.09	\$1,247.20	\$522.65	\$264.65
	Family	11	\$2,000.04	\$1,190.02	\$810.02	\$714.01	\$2,068.29	\$1,444.69	\$623.60	\$866.81	\$152.80
Triple Option	Single	3,076	\$643.60	\$20.00	\$623.60	\$12.00	\$643.60	\$20.00	\$623.60	\$12.00	\$0.00
	EE + Sp	116	\$1,222.84	\$599.24	\$623.60	\$359.54	\$1,222.84	\$599.24	\$623.60	\$359.54	\$0.00
	EE + Ch	190	\$1,094.12	\$470.52	\$623.60	\$282.31	\$1,094.12	\$470.52	\$623.60	\$282.31	\$0.00
	Split Family	212	\$1,609.01	\$361.81	\$1,247.20	\$217.09	\$1,609.01	\$361.81	\$1,247.20	\$217.09	\$0.00
	Family	57	\$1,609.01	\$985.41	\$623.60	\$591.25	\$1,609.01	\$985.41	\$623.60	\$591.25	\$0.00
HMO	Single	1,012	\$572.64	\$20.00	\$552.64	\$12.00	\$572.64	\$0.00	\$572.64	\$0.00	-\$12.00
	EE + Sp	147	\$1,088.01	\$535.37	\$552.64	\$321.22	\$1,088.01	\$464.41	\$623.60	\$278.65	-\$42.58
	EE + Ch	197	\$973.48	\$420.84	\$552.64	\$252.50	\$973.48	\$349.88	\$623.60	\$209.93	-\$42.58
	Split Family	128	\$1,431.59	\$326.31	\$1,105.28	\$195.79	\$1,431.59	\$184.39	\$1,247.20	\$110.63	-\$85.15
	Family	122	\$1,431.59	\$878.95	\$552.64	\$527.37	\$1,431.59	\$807.99	\$623.60	\$484.79	-\$42.58
POS Plan	Single	3	\$454.81	\$20.00	\$434.81	\$12.00	\$454.81	\$0.00	\$454.81	\$0.00	-\$12.00
	EE + Sp	9	\$864.14	\$429.33	\$434.81	\$257.60	\$864.14	\$409.33	\$623.60	\$245.60	-\$12.00
	EE + Ch	10	\$773.18	\$338.37	\$434.81	\$203.02	\$773.18	\$318.37	\$623.60	\$191.02	-\$12.00
	Split Family	2	\$1,137.02	\$267.40	\$869.62	\$160.44	\$1,137.02	\$227.40	\$1,247.20	\$136.44	-\$24.00
	Family	8	\$1,137.02	\$702.21	\$434.81	\$421.33	\$1,137.02	\$682.21	\$623.60	\$409.33	-\$12.00

*HRA rates include Fund

	Enrolled	Total Premium	Employee Contribution	Board Contribution	Total Premium	Employee Contribution	Board Contribution
TOTAL ANNUAL COST	6755	\$65,741,978	\$10,240,328	\$55,501,649	\$66,321,914	\$13,392,511	\$52,992,193
					\$579,937	\$3,152,183	-\$2,509,456
					0.88%	30.78%	-4.52%



Insurance Committee Members / Meetings

Insurance Committee Meeting / Members

Union representation and voting members as required by contracts

• Rita Ware (AFSCME)	• Carol Sawyer (AFSCME)
• Laura Cloer (VESA)	• John Darby (VTO)
• Diane Vaissiere (VESA)	• Jacqueline Sadler (VTO)
• Vacant (Non-Barg)	• Denise Dietrich (Non-Barg)
• Russ Tysinger (Non-Barg)	

Insurance Committee meetings for 2014-2015

• September 4, 2014	• January 8, 2015
• October 2, 2014*	• February 5, 2015
• November 6, 2014	• March 5, 2015*
• December 4, 2014*	• April 2, 2015
	• May 7, 2015*

*indicates Wellness Action Team Meeting

Insurance Committee Recommendation for Plan Year 2015-2016

Volusia County School Board Contribution Analysis

Active Enrollment only as of 10/2014

BEST AND FINAL Renewal Plans 2015-2016 Plan Year

Florida Health Care Plans and Florida Blue

Current Contribution Model

			2014 - 2015 Renewal Monthly Rates				2015 - 2016 Renewal Monthly Rates				
			as of 10/2014	Employee Contribution	Board Contribution	Per Pay Period	Total Premium	Employee Contribution	Board Contribution	Per Pay Period	Difference Per Pay Period
BCBSFL PPO	Single	1,019		\$830.48	\$20.00	\$810.48	\$12.00	\$859.55	\$20.00	\$839.55	\$0.00
	EE + Sp	37		\$1,577.94	\$767.46	\$810.48	\$460.48	\$1,633.17	\$793.62	\$839.55	\$15.70
	EE + Ch	26		\$1,411.82	\$601.34	\$810.48	\$360.80	\$1,461.23	\$621.68	\$839.55	\$12.20
	Split Family	36		\$2,076.22	\$455.26	\$1,620.96	\$273.16	\$2,148.89	\$469.79	\$1,679.10	\$8.72
	Family	17		\$2,076.22	\$1,265.74	\$810.48	\$759.44	\$2,148.89	\$1,309.34	\$839.55	\$26.16
BCBSFL HRA*	Single	255		\$830.02	\$20.00	\$810.02	\$12.00	\$857.32	\$20.00	\$837.32	\$0.00
	EE + Sp	18		\$1,532.00	\$721.98	\$810.02	\$433.19	\$1,583.87	\$746.55	\$837.32	\$14.74
	EE + Ch	15		\$1,376.00	\$565.98	\$810.02	\$339.59	\$1,422.41	\$585.09	\$837.32	\$11.47
	Split Family	32		\$2,050.04	\$430.00	\$1,620.04	\$258.00	\$2,118.29	\$443.65	\$1,674.64	\$8.19
	Family	11		\$2,000.04	\$1,190.02	\$810.02	\$714.01	\$2,068.29	\$1,230.97	\$837.32	\$24.57
Triple Option	Single	3,076		\$643.60	\$20.00	\$623.60	\$12.00	\$643.60	\$20.00	\$623.60	\$0.00
	EE + Sp	116		\$1,222.84	\$599.24	\$623.60	\$359.54	\$1,222.84	\$599.24	\$623.60	\$0.00
	EE + Ch	190		\$1,094.12	\$470.52	\$623.60	\$282.31	\$1,094.12	\$470.52	\$623.60	\$0.00
	Split Family	212		\$1,609.01	\$361.81	\$1,247.20	\$217.09	\$1,609.01	\$361.81	\$1,247.20	\$0.00
	Family	57		\$1,609.01	\$985.41	\$623.60	\$591.25	\$1,609.01	\$985.41	\$623.60	\$0.00
HMO	Single	1,012		\$572.64	\$20.00	\$552.64	\$12.00	\$572.64	\$20.00	\$552.64	\$0.00
	EE + Sp	147		\$1,088.01	\$535.37	\$552.64	\$321.22	\$1,088.01	\$535.37	\$552.64	\$0.00
	EE + Ch	197		\$973.48	\$420.84	\$552.64	\$252.50	\$973.48	\$420.84	\$552.64	\$0.00
	Split Family	128		\$1,431.59	\$326.31	\$1,105.28	\$195.79	\$1,431.59	\$326.31	\$1,105.28	\$0.00
	Family	122		\$1,431.59	\$878.95	\$552.64	\$527.37	\$1,431.59	\$878.95	\$552.64	\$0.00
POS Plan	Single	3		\$454.81	\$20.00	\$434.81	\$12.00	\$454.81	\$20.00	\$434.81	\$0.00
	EE + Sp	9		\$864.14	\$429.33	\$434.81	\$257.60	\$864.14	\$429.33	\$434.81	\$0.00
	EE + Ch	10		\$773.18	\$338.37	\$434.81	\$203.02	\$773.18	\$338.37	\$434.81	\$0.00
	Split Family	2		\$1,137.02	\$267.40	\$869.62	\$160.44	\$1,137.02	\$267.40	\$869.62	\$0.00
	Family	8		\$1,137.02	\$702.21	\$434.81	\$421.33	\$1,137.02	\$702.21	\$434.81	\$0.00

*HRA rates include Fund

		Total Premium	Employee Contribution	Board Contribution	Total Premium	Employee Contribution	Board Contribution
TOTAL ANNUAL COST		6755	\$65,741,978	\$10,240,328	\$55,501,649	\$66,321,914	\$10,292,855
						\$52,029,060	
					Increase over current (\$\$)	\$579,937	\$52,526
					Increase over current (%)	0.88%	0.51%
							0.95%



Other Employee Benefits

Other Employee Benefits

- Delta Dental & Delta Care – no rate change from **CARRIER** or plan design changes
 - Second year of a (2) year contract ending 9/30/2016
- Hartford Personal Accident Insurance – no plan changes
 - 0% increase for one (1) year ending 9/30/2016
- Humana Vision Insurance – no plan changes
 - 0% increase for one (1) year contract ending 9/30/2016
- UNUM Disability Insurance – no plan changes
 - 0% increase for one (1) year ending 9/30/2016
- UNUM Life Insurance – no plan changes
 - 0% increase for one (1) year ending 9/30/2016

Other Employee Benefits

Annual Enrollment
Is Tentatively Scheduled For
Wednesday, August 12th
through
Wednesday, August 26th at 5:00 p.m.

Conclusion



QUESTIONS?