

HUMAN RESOURCES DEPARTMENT  
600 W. 4<sup>TH</sup> Street  
Davenport, IA 52801

Office: (563) 326-8767  
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www.scottcountyiowa.com



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**Date:** October 10, 2018

**To:** Mahesh Sharma, County Administrator

**From:** Mary J. Thee, Human Resources Director/Asst. County Administrator

**Subject:** Insurance Recommendations

Health/Pharmaceutical

We are in year 3 of a three year agreement for our third party administrative services with United Health Care.

Stop Loss Coverage

We do not have a final price on our Specific Stop Loss and Aggregate Stop Loss coverage. We will present this at a future Board meeting.

Dental

We are in year 2 of a three year agreement for our third party administrative services with Delta Dental of Iowa.

Vision

Our consultant Holmes Murphy reviewed our current plan with those available from other providers. We took actual bids two years ago. In reviewing the options we considered the plan disruption by moving to other low cost providers. The recommendation is to remain with Avesis who has been our provider since 2010. There is a 3% rate increase. Holmes Murphy was able to secure a 4 year rate guarantee.

Health Care Rates

The County has reviewed our health care rates with our actuarial, Silverstone Group. Our claims remain up this year although the number of large claims is significantly reduced. Their recommendation is for a 10.09% increase for health. They do not recommend an increase for dental for the base plan. Instead the

recommendation is to increase the premiums of the supplemental plan due to usage of the option over the past few years. The recommended increase is \$3.00 a month for single coverage. Additionally there is a recommendation to differentiate between the single and family supplement by increasing the family supplement by \$11.00 a month. As the vision plan is fully funded there is a 3% increase as noted above. These changes result in an employee single increase of \$2.90 a month and a family premium increase of \$20.80 a month.

#### Flex Savings Plan

We recommend the automatic renewal of our flex savings plan with Wage Works. The flex savings plan allows employees to pay pre-tax dollars for medical and dependent care expenses. The County pays \$5.25 PPPM (per participant per month). The cost averages around \$1,200 monthly or \$14,400 annually and is based on participation of employees.

The supporting documentation is attached.

Cc: David Farmer, Director of Budget and Administrative Services  
Anna Evans, Holmes Murphy  
Hiliary McKay, Benefits Coordinator

**HUMAN RESOURCES DEPARTMENT**

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Davenport, Iowa 52801-1030

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Date: October 10, 2018

To: Mahesh Sharma, County Administrator

From: Mary J. Thee, Human Resources Director/Asst. County Administrator

Subject: Approval of Health Insurance Premium Rates for CY19

The final rates for the Medical, Dental and Vision benefits are as follows:

United Healthcare Plan (TPA) (Self Funded as of 1-1-10)	CY18 Rates	CY19 Rates	Employee Rate
	\$ 586.77 Single \$1,595.01 Family	\$ 644.73 Single \$1,756.69 Family	\$ 32.24 Single <sup>1</sup> \$ 222.38 Family

<sup>1</sup> Single premium rate for Teamsters is not effective until 7-1-19

Delta Dental (TPA) (Self funded as of 7-1-10)	CY18 Rates	CY19 Rates	Employee Rate
	\$30.36 Single \$90.96 Family	\$ 30.36 Single \$ 90.96 Family	\$ 1.52 Single <sup>1 2</sup> \$ 12.12 Family <sup>2</sup>

<sup>2</sup> Employee's opting to take the Dental supplemental plan shall pay an additional \$8.00/month for single or \$16/month for family coverage.

Avesis Vision (Contracted since 7-1-10)	CY18 Rates	CY19 Rates	Employee Rate
	\$7.35 Single \$16.92 Family	\$7.57 Single \$17.43 Family	\$0.38 Single <sup>1</sup> \$1.96 Family



RE: **Scott County IA**

Avesis is privileged to have Scott County IA as our client.

We are committed to maintaining our high customer satisfaction rating by ensuring that our clients receive the best vision care experience available. We look forward to continuing our relationship with you and serving as your vision carrier of choice in the upcoming years.

Currently we are pleased to offer a (4) year guarantee with the following premium rates:

**Option 1**

<b>Group Number:</b>	60790-774
<b>Renewal Period:</b>	January 01, 2019 - December 31, 2022
<b>Current Rates:</b>	\$7.35/ \$16.92
<b>Renewal Rates:</b>	\$7.57/ \$17.43
<b>Current Wholesale Frame Allowance:</b>	\$50
<b>Current Contact Lens Allowance:</b>	\$130
<b>Current Lens Option Package:</b>	N/A

**We would like to offer your group some additional benefits to better suit their needs!**

**Option 2**

<b>Plan</b>	050130DZ-L3
<b>Lens Option Package:</b>	L3
<b>Wholesale Frame Allowance:</b>	\$50
<b>Contact Lens Allowance:</b>	\$130
<b>Renewal Rates:</b>	\$9.31 / \$21.79

**Option 3**

<b>Plan</b>	050130DZ-L5
<b>Lens Option Package:</b>	L5
<b>Wholesale Frame Allowance:</b>	\$50
<b>Contact Lens Allowance:</b>	\$130
<b>Renewal Rates:</b>	\$10.23 / \$24.09

Your vision benefits will renew automatically on the date shown above, unless otherwise indicated by you in advance of the scheduled renewal date. If you have any questions please contact me at acarfrae@avesis.com or by phone at 4104139302.

**Selection:**

Option 1	<input checked="" type="checkbox"/>
Option 2	<input type="checkbox"/>
Option 3	<input type="checkbox"/>

Signature

Date

Printed Name

Sincerely,

**Amie Carfrae**





**Scott County  
Vision Renewal Analysis  
Effective January 1, 2019**

Carrier	CURRENT Avesis		RENEWAL Avesis ORIGINAL		RENEWAL Avesis REVISED	
BENEFIT COPAYMENTS	Network Benefits	Non-Network Amount Covered	Network Benefits	Non-Network Amount Covered	Network Benefits	Non-Network Amount Covered
EXAMS - (Once every 12 Months)	\$10	Up to \$35	\$10	Up to \$35	\$10	Up to \$35
MATERIALS	\$20	See Below	\$20	See Below	\$20	See Below
ONE TIME LASIK BENEFIT	\$150 Allowance		\$150 Allowance		\$150 Allowance	
FREQUENCY GUIDELINES						
EXAMINATION	12 months	12 months	12 months	12 months	12 months	12 months
LENSES	12 months	12 months	12 months	12 months	12 months	12 months
FRAMES	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
MAXIMUM ALLOWANCES						
FRAMES - (Once every 24 Months)*	\$50 Wholesale Allowance*	Up to \$45	\$50 Wholesale Allowance*	Up to \$45	\$50 Wholesale Allowance*	Up to \$45
LENSES - (Once every 12 Months)						
Elective Contacts	Up to \$130	Up to \$130	Up to \$130	Up to \$130	Up to \$130	Up to \$130
Medical Necessary Contacts	In Full	Up to \$250	In Full	Up to \$250	In Full	Up to \$250
Lens Package	N/A	N/A	N/A	N/A	N/A	N/A
Single Vision	In Full	Up to \$25	In Full	Up to \$25	In Full	Up to \$25
Bifocals	In Full	Up to \$40	In Full	Up to \$40	In Full	Up to \$40
Trifocals	In Full	Up to \$50	In Full	Up to \$50	In Full	Up to \$50
Lenticular	In Full	Up to \$80	In Full	Up to \$80	In Full	Up to \$80
PROVISIONS						
Rate Guarantee	Two Year Rate Guarantee		Two Year Rate Guarantee		Four Year Rate Guarantee	
CENSUS						
150 Single	\$7.35		\$7.57		\$7.57	
333 Family	\$16.92		\$17.43		\$17.43	
MONTHLY PREMIUM	\$6,736.86		\$6,939.69		\$6,939.69	
ANNUAL PREMIUM	\$80,842.32		\$83,276.28		\$83,276.28	
Estimated Savings/Increase \$			\$2,433.96		\$2,433.96	

Note: This is only a summary of the benefits/premium rates associated with the Group Insurance Program. Please refer to the plan carrier's illustration for full disclosure.

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES  
THAT THIS RESOLUTION HAS BEEN FORMALLY  
APPROVED BY THE BOARD OF SUPERVISORS ON

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCOTT COUNTY AUDITOR

## R E S O L U T I O N

### SCOTT COUNTY BOARD OF SUPERVISORS

October 18, 2018

#### APPROVAL OF FAMILY HEALTH CARE PREMIUM RATES FOR SCOTT COUNTY EMPLOYEES IN CALENDAR YEAR 2019

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. The following schedule of single health care premium rates for Scott County employees in calendar year 2019 is hereby approved:

Health/Pharmaceutical	\$ 32.24 / mo
Dental	\$ 1.52 / mo
Avesis Vision	\$ 0.38 / mo

Section 2. The following schedule of family health care premium rates for Scott County employees in calendar year 2019 is hereby approved:

Health/Pharmaceutical	\$ 222.38 / mo
Dental	\$ 12.12 / mo
Avesis Vision	\$ 1.96 / mo

Section 3. Employee's opting to take the Dental supplemental plan shall pay an additional \$8.00/month for single or \$16/month for family coverage.

Section 4. This resolution shall take effect on January 1, 2019.

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES  
THAT THIS RESOLUTION HAS BEEN FORMALLY  
APPROVED BY THE BOARD OF SUPERVISORS ON

\_\_\_\_\_  
DATE

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SCOTT COUNTY AUDITOR

## R E S O L U T I O N

### SCOTT COUNTY BOARD OF SUPERVISORS

October 18, 2018

#### APPROVAL OF FOUR YEAR AGREEMENT WITH AVESIS FOR VISION COVERAGE

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That the proposal from Avesis for four years for a fully funded vision plan is hereby accepted and approved.

Section 2. That the Human Resources Director hereby authorized to sign the vision insurance contracts for services on behalf of the Board.

Section 3. This resolution shall take effect immediately.



THE COUNTY AUDITOR'S SIGNATURE CERTIFIES  
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\_\_\_\_\_  
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SCOTT COUNTY AUDITOR

## R E S O L U T I O N

### SCOTT COUNTY BOARD OF SUPERVISORS

October 18, 2018

#### APPROVAL OF ONE YEAR RENEWAL FOR FLEX SAVINGS PLAN ADMINISTRATION

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That the annual renewal with WageWorks for administration of the County's flex savings program is hereby approved.

Section 2. That the Human Resources Director hereby authorized to sign any necessary contracts for services on behalf of the Board.

Section 3. This resolution shall take effect immediately.