

HUMAN RESOURCES DEPARTMENT
600 W. 4TH Street
Davenport, IA 52801

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www.scottcountyiowa.gov



Date: October 17, 2022

To: Mahesh Sharma, County Administrator

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

Subject: Insurance Recommendations

Health/Pharmaceutical

We are in year 2 of a two-year agreement for our third-party administrative services with United Health Care, so there is no action necessary this year.

Stop Loss Coverage

Once again Holmes Murphy has engaged their strategic partner, Stealth, to procure proposals for stop loss coverage. They are recommending we remain with Berkshire Hathaway. The Berkshire Hathaway renewal proposal results in a 3.68% increase. We are recommending we maintain our specific stop loss coverage to \$175,000.

Dental

We are in year 3 of a three-year agreement for our third-party administrative services with Delta Dental of Iowa, so there is no action necessary this year.

Vision

Our consultant, Holmes Murphy reached out to our provider Avesis to discuss rates. Avesis was willing to extend current rates for two years. Additionally, they submitted plan enhancements. We are recommending we offer the enhanced lens package, L3, to staff. We've been with Avesis for 12 years with no plan enhancements. The enhancement will cost the County approximately \$18,000 dollars annually, after the employee cost share. Since insurance remains a subject of bargaining with the Deputy Sheriff Association, we met with the union to discuss options. They are in agreement to accept the change starting January 1, 2023. The rates are guaranteed for four years. This is a fully funded plan.

Health Care Rates

The County has reviewed our health care rates with our actuary, Silverstone Group. Silverstone recommends a 5.4% decrease in our funding levels. We've had a good year for claims and have been able to build back up our fund balance from previous years. Through August, we had 0 large claims which exceed the specific stop loss. This results in a \$13.94 reduction in the monthly family plan and a \$2.02 reduction in the monthly single plan costs for health insurance. Dental cost typically are predictable and last year we made some adjustments to the "buy up" dental plan, encouraging staff to choose the right plan for their specific needs. Silverstone has recommended no increase to the dental plans. As noted earlier we're recommending enhancements to the vision plan which results in small increases to employees. The family plan will increase by \$0.53 and the single plan by \$0.08 monthly for vision insurance. These overall changes result in an employee single premium decrease of \$1.94 a month and a family premium decrease of \$13.42 a month for the combined premium. The 129 employees/spouses that participated in the wellness plan will actually see an additional decrease in monthly premiums.

Flex Savings Plan

In December, 2020 we changed flex savings providers to iSolved. They provided a rate guarantee through December 31, 2023, so no action is required at this time.

The supporting documentation is attached.

Cc: David Farmer, Director of Budget and Administrative Services
Anna Evans, Holmes Murphy
Zach Metzger, Human Resources Generalist

Michael Monnich
 Stealth Partner Group
 18940 N Pima Road, Suite 210
 Scottsdale, AZ 85255
 (248) 259-4580
 michael.monnich@amwins.com



GROUP: **Scott County**
 EFFECTIVE DATE: **January 1, 2023**

SPECIFIC STOP LOSS	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
CARRIER:	Berkshire Hathaway	Berkshire Hathaway	Optum	HCC	Voya	iiSi	Symetra	QBE
Carrier Rating:	A++	A++	A	A++	A	A+	A	A
TPA:	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus
PPO Network:	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)
UR Vendor:	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC
PBM:								
Specific Benefits Included:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Plan Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000
Specific Contract:	24/12	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Aggregating Specific:	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
162 EE Only	\$ 34.80	\$ 36.68	\$ 47.14	\$ 40.53	\$ 45.06	\$ 49.10	\$ 48.08	\$ 51.82
324 Family	\$ 118.65	\$ 121.20	\$ 112.82	\$ 132.15	\$ 119.48	\$ 137.20	\$ 142.42	\$ 177.34
486 Composite	\$ 90.70	\$ 93.03	\$ 90.93	\$ 101.61	\$ 94.67	\$ 107.83	\$ 110.97	\$ 135.50
Monthly Specific Premium	\$ 44,080.20	\$ 45,210.96	\$ 44,190.36	\$ 49,382.46	\$ 46,011.24	\$ 52,407.00	\$ 53,933.04	\$ 65,853.00
Annual Specific Premium	\$ 528,962.40	\$ 542,531.52	\$ 530,284.32	\$ 592,589.52	\$ 552,134.88	\$ 628,884.00	\$ 647,196.48	\$ 790,236.00
% Difference		2.57%	0.25%	12.03%	4.38%	18.89%	22.35%	49.39%
Annual Premium - Awins Gene Therapy Program:	\$ -	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832
Disclosure Status		Firm Through 10/18/22	Firm Through 10/18/22	Pending Large Claim Review	Firm Through 10/20/22	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review
No New Lasers at Renewal	Not Included	Included + 55% Rate Cap	Included + 55% Rate Cap	Included + 50% Rate Cap	Included + 50% Rate Cap	Not Included	Included + 50% Rate Cap	Included + 50% Rate Cap
Amwins Gene Therapy Program - Covering Zolgensma, Luxturna & Spinraza First Dollar		A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program	A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program	A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program	A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program	A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program	A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program	A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program
AGGREGATE STOP LOSS								
Aggregate Contract:	24/12	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Aggregate Benefits Included:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Aggregate Corridor:	125%	125%	125%	125%	125%	125%	125%	125%
Annual Max Reimbursement:	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
486 Composite	\$ 3.84	\$ 3.99	\$ 6.73	\$ 5.30	\$ 7.51	\$ 4.18	\$ 8.17	\$ 7.23
Monthly Aggregate Premium	\$ 1,866.24	\$ 1,939.14	\$ 3,270.78	\$ 2,575.80	\$ 3,649.86	\$ 2,031.48	\$ 3,970.62	\$ 3,513.78
Annual Aggregate Premium	\$ 22,394.88	\$ 23,269.68	\$ 39,249.36	\$ 30,909.60	\$ 43,798.32	\$ 24,377.76	\$ 47,647.44	\$ 42,165.36
Aggregate Attachment								
162 EE Only	\$ 862.59	\$ 848.44	\$ 862.59	\$ 875.55	\$ 792.19	\$ 844.02	\$ 962.54	\$ 908.85
324 Family	\$ 2,370.40	\$ 2,378.25	\$ 2,370.40	\$ 1,951.33	\$ 2,287.91	\$ 2,378.55	\$ 2,254.62	\$ 2,645.98
486 Composite	\$ 1,867.80	\$ 1,868.31	\$ 1,867.80	\$ 1,592.74	\$ 1,789.34	\$ 1,867.04	\$ 1,823.93	\$ 2,066.94
Monthly Claims Liability	\$ 907,749.18	\$ 908,000.28	\$ 907,749.18	\$ 774,070.02	\$ 869,617.62	\$ 907,381.44	\$ 886,428.36	\$ 1,004,531.22
Annual Claims Liability	\$ 10,892,990.16	\$ 10,896,003.36	\$ 10,892,990.16	\$ 9,288,840.24	\$ 10,435,411.44	\$ 10,888,577.28	\$ 10,637,140.32	\$ 12,054,374.64
Aggregate Run-In Limit			\$ 1,089,299.02	\$ 1,393,326.04	\$ -	\$ 1,959,943.91	\$ -	\$ 2,169,787.44
TOTAL REINSURANCE EXPENSE								
Annual Fixed Premium	\$ 551,357.28	\$ 571,633.20	\$ 575,365.68	\$ 629,331.12	\$ 601,765.20	\$ 659,093.76	\$ 700,675.92	\$ 838,233.36
% Difference		3.68%	4.35%	14.14%	9.14%	19.54%	27.08%	52.03%
Maximum Cost Liability	\$ 11,444,347.44	\$ 11,467,636.56	\$ 11,468,355.84	\$ 9,918,171.36	\$ 11,037,176.64	\$ 11,547,671.04	\$ 11,337,816.24	\$ 12,892,608.00
% Difference		0.20%	0.21%	-13.34%	-3.56%	0.90%	-0.93%	12.65%

Commissions: Net

Michael Monnich
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GROUP: **Scott County**
EFFECTIVE DATE: **January 1, 2023**

SPECIFIC STOP LOSS	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5
CARRIER:	Berkshire Hathaway	Berkshire Hathaway	HCC	Voya	iiSi	Symetra	QBE
Carrier Rating:	A++	A++	A++	A	A+	A	A
TPA:	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus
PPO Network:	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)
UR Vendor:	UHC	UHC	UHC	UHC	UHC	UHC	UHC
PBM:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Specific Benefits Included:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Plan Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:	\$ 175,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000
Specific Contract:	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Aggregating Specific:	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
162 EE Only	\$ 34.80	\$ 30.35	\$ 33.50	\$ 36.43	\$ 41.44	\$ 41.99	\$ 43.94
324 Family	\$ 118.65	\$ 102.31	\$ 112.86	\$ 96.00	\$ 118.56	\$ 126.34	\$ 153.44
486 Composite	\$ 90.70	\$ 78.32	\$ 86.41	\$ 76.14	\$ 92.85	\$ 98.22	\$ 116.94
Monthly Specific Premium	\$ 44,080.20	\$ 38,065.14	\$ 41,993.64	\$ 37,005.66	\$ 45,126.72	\$ 47,736.54	\$ 56,832.84
Annual Specific Premium	\$ 528,962.40	\$ 456,781.68	\$ 503,923.68	\$ 444,067.92	\$ 541,520.64	\$ 572,838.48	\$ 681,994.08
% Difference		-13.65%	-4.73%	-16.05%	2.37%	8.29%	28.93%
Annual Premium - Awins Gene Therapy Program:	\$ -	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832
Disclosure Status		<i>Firm Through 10/18/22</i>	<i>Pending Large Claim Review</i>	<i>Firm Through 10/20/22</i>	<i>Pending Large Claim Review</i>	<i>Pending Large Claim Review</i>	<i>Pending Large Claim Review</i>
No New Lasers at Renewal	Not Included	Included + 55% Rate Cap	Included + 50% Rate Cap	Included + 50% Rate Cap	Not Included	Included + 50% Rate Cap	Included + 50% Rate Cap
Amwins Gene Therapy Program - Covering Zolgensma, Luxturna & Spinraza First Dollar		<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>
AGGREGATE STOP LOSS							
Aggregate Contract:	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Aggregate Benefits Included:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Aggregate Corridor:	125%	125%	125%	125%	125%	125%	125%
Annual Max Reimbursement:	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
486 Composite	\$ 3.84	\$ 4.44	\$ 5.34	\$ 8.20	\$ 4.65	\$ 8.29	\$ 7.92
Monthly Aggregate Premium	\$ 1,866.24	\$ 2,157.84	\$ 2,595.24	\$ 3,985.20	\$ 2,259.90	\$ 4,028.94	\$ 3,849.12
Annual Aggregate Premium	\$ 22,394.88	\$ 25,894.08	\$ 31,142.88	\$ 47,822.40	\$ 27,118.80	\$ 48,347.28	\$ 46,189.44
Aggregate Attachment							
162 EE Only	\$ 862.59	\$ 867.92	\$ 886.63	\$ 795.81	\$ 854.86	\$ 976.88	\$ 915.06
324 Family	\$ 2,370.40	\$ 2,432.83	\$ 1,981.06	\$ 2,298.37	\$ 2,409.11	\$ 2,288.22	\$ 2,664.02
486 Composite	\$ 1,867.80	\$ 1,911.19	\$ 1,616.25	\$ 1,797.52	\$ 1,891.03	\$ 1,851.11	\$ 2,081.03
Monthly Claims Liability	\$ 907,749.18	\$ 928,839.96	\$ 785,497.50	\$ 873,593.10	\$ 919,038.96	\$ 899,637.84	\$ 1,011,382.20
Annual Claims Liability	\$ 10,892,990.16	\$ 11,146,079.52	\$ 9,425,970.00	\$ 10,483,117.20	\$ 11,028,467.52	\$ 10,795,654.08	\$ 12,136,586.40
Aggregate Run-In Limit			\$ 1,413,895.50		\$ 1,985,124.15		\$ 2,184,585.55
TOTAL REINSURANCE EXPENSE							
Annual Fixed Premium	\$ 551,357.28	\$ 488,507.76	\$ 540,898.56	\$ 497,722.32	\$ 574,471.44	\$ 627,017.76	\$ 734,015.52
% Difference		-11.40%	-1.90%	-9.73%	4.19%	13.72%	33.13%
Maximum Cost Liability	\$ 11,444,347.44	\$ 11,634,587.28	\$ 9,966,868.56	\$ 10,980,839.52	\$ 11,602,938.96	\$ 11,422,671.84	\$ 12,870,601.92
% Difference		1.66%	-12.91%	-4.05%	1.39%	-0.19%	12.46%

Commissions: Net

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GROUP: Scott County
EFFECTIVE DATE: January 1, 2023

SPECIFIC STOP LOSS	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5
CARRIER:	Berkshire Hathaway	Berkshire Hathaway	HCC	Voya	iiSi	Symetra	QBE
Carrier Rating:	A++	A++	A++	A	A+	A	A
TPA:	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus	United Healthcare (UHC) UHC Choice Plus
PPO Network:	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)	United Healthcare (UHC)
UR Vendor:	UHC	UHC	UHC	UHC	UHC	UHC	UHC
PBM:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Specific Benefits Included:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Plan Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:	\$ 175,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000	\$ 225,000
Specific Contract:	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Aggregating Specific:	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
162 EE Only	\$ 34.80	\$ 25.55	\$ 27.01	\$ 30.91	\$ 35.84	\$ 36.81	\$ 37.93
324 Family	\$ 118.65	\$ 87.82	\$ 94.75	\$ 81.00	\$ 102.53	\$ 112.49	\$ 135.09
486 Composite	\$ 90.70	\$ 67.06	\$ 72.17	\$ 64.30	\$ 80.30	\$ 87.26	\$ 102.70
Monthly Specific Premium	\$ 44,080.20	\$ 32,592.78	\$ 35,074.62	\$ 31,251.42	\$ 39,025.80	\$ 42,409.98	\$ 49,913.82
Annual Specific Premium	\$ 528,962.40	\$ 391,113.36	\$ 420,895.44	\$ 375,017.04	\$ 468,309.60	\$ 508,919.76	\$ 598,965.84
% Difference		-26.06%	-20.43%	-29.10%	-11.47%	-3.79%	13.23%
Annual Premium - Awins Gene Therapy Program:	\$ -	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832	\$ 5,832
Disclosure Status		<i>Firm Through 10/18/22</i>	<i>Pending Large Claim Review</i>	<i>Firm Through 10/20/22</i>	<i>Pending Large Claim Review</i>	<i>Pending Large Claim Review</i>	<i>Pending Large Claim Review</i>
No New Lasers at Renewal	Not Included	Included + 55% Rate Cap	Included + 50% Rate Cap	Included + 50% Rate Cap	Not Included	Included + 50% Rate Cap	Included + 50% Rate Cap
Amwins Gene Therapy Program - Covering Zolgensma, Luxturna & Spinraza First Dollar		<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>	<i>A Discount of \$1 PEPM is included in the above rates for the Amwins Gene Therapy Program</i>
AGGREGATE STOP LOSS							
Aggregate Contract:	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Aggregate Benefits Included:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Aggregate Corridor:	125%	125%	125%	125%	125%	125%	125%
Annual Max Reimbursement:	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
486 Composite	\$ 3.84	\$ 4.83	\$ 5.39	\$ 8.79	\$ 5.27	\$ 8.70	\$ 8.53
Monthly Aggregate Premium	\$ 1,866.24	\$ 2,347.38	\$ 2,619.54	\$ 4,271.94	\$ 2,561.22	\$ 4,228.20	\$ 4,145.58
Annual Aggregate Premium	\$ 22,394.88	\$ 28,168.56	\$ 31,434.48	\$ 51,263.28	\$ 30,734.64	\$ 50,738.40	\$ 49,746.96
Aggregate Attachment							
162 EE Only	\$ 862.59	\$ 881.71	\$ 895.82	\$ 798.92	\$ 859.61	\$ 988.97	\$ 920.49
324 Family	\$ 2,370.40	\$ 2,471.50	\$ 2,005.52	\$ 2,307.37	\$ 2,422.49	\$ 2,316.53	\$ 2,679.84
486 Composite	\$ 1,867.80	\$ 1,941.57	\$ 1,635.62	\$ 1,804.55	\$ 1,901.53	\$ 1,874.01	\$ 2,093.39
Monthly Claims Liability	\$ 907,749.18	\$ 943,603.02	\$ 794,911.32	\$ 877,012.92	\$ 924,143.58	\$ 910,768.86	\$ 1,017,387.54
Annual Claims Liability	\$ 10,892,990.16	\$ 11,323,236.24	\$ 9,538,935.84	\$ 10,524,155.04	\$ 11,089,722.96	\$ 10,929,226.32	\$ 12,208,650.48
Aggregate Run-In Limit			\$ 1,430,840.38		\$ 1,996,150.13		\$ 2,197,557.09
TOTAL REINSURANCE EXPENSE							
Annual Fixed Premium	\$ 551,357.28	\$ 425,113.92	\$ 458,161.92	\$ 432,112.32	\$ 504,876.24	\$ 565,490.16	\$ 654,544.80
% Difference		-22.90%	-16.90%	-21.63%	-8.43%	2.56%	18.72%
Maximum Cost Liability	\$ 11,444,347.44	\$ 11,748,350.16	\$ 9,997,097.76	\$ 10,956,267.36	\$ 11,594,599.20	\$ 11,494,716.48	\$ 12,863,195.28
% Difference		2.66%	-12.65%	-4.26%	1.31%	0.44%	12.40%

Commissions: Net

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 27, 2022

APPROVAL OF ONE YEAR AGREEMENT FOR STOP LOSS COVERAGE

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

Section 1. That the proposal from Berkshire Hathaway for one year agreement for specific and aggregate stop loss coverage is hereby accepted and approved.

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

Section 3. This resolution shall take effect immediately.

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 27, 2022

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.

August 1, 2022

RE: **Scott County IA**
Vision Plan Renewal

Thank you for choosing Avēsis as your vision care provider. We are privileged to have you as our client and are committed to ensuring that Scott County IA receives 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 coming years.

We are pleased to offer a (2) year guarantee with the following premium rates:

Group Number: 60790-774
Current Rates: \$7.57 / \$17.43
Renewal Period: January 01, 2023 - December 31, 2024

Option 1 (Current Plan)

Renewal Plan: 972
Lens Option Package: N/A
Copays: \$10 / \$20
Wholesale Frame Allowance: \$50
Contact Lens Allowance: \$130
Renewal Rates: \$7.57 / \$17.43

We would like to offer your groups some additional benefits for (4) year guarantee to better suit their needs!

Option 2

Plan 050130DZ-L3
Lens Option Package: L3
Copays: \$10 / \$20
Wholesale Frame Allowance: \$50
Contact Lens Allowance: \$130
Renewal Rates: \$9.31 / \$21.79

Option 3

Plan 050130DZ-L7
Lens Option Package: L7
Copays: \$10 / \$20
Wholesale Frame Allowance: \$50
Contact Lens Allowance: \$130
Renewal Rates: \$10.43 / \$24.61

Your vision benefits will renew automatically on the date shown above, unless otherwise indicated by you in advance of the scheduled renewal date. As an acknowledgment receipt, please sign and return the renewal. It may be emailed to renewals@avesis.com or faxed to (855) 643-6630 within 30 days of the renewal date. If you have any questions, please contact me at acarfrae@avesis.com or by phone at (410) 413-9302.

Selection:

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

Signature	_____
Date	_____
Printed Name	_____

Sincerely,
Amie Carfrae

Lens Options Packages - Value & Savings

Scott County IA

What would be covered?

Covered Option	Count of Options Claims	Amount Submitted	Lens Package		
			L2	L3	L7
Polycarbonate for All	119	\$ 5,854	✓	✓	✓
Standard Scratch-Resistant	8	\$ 146		✓	✓
Solid or Gradient Tint	32	\$ 2,819		✓	✓
Standard Anti-Reflective	123	\$ 12,315		✓	✓
Ultra-Violet Screening	25	\$ 549		✓	✓
Level 1 Progressive Lenses	25	\$ 2,801			✓
Level 2 Progressive Lenses	72	\$ 23,483			✓

SUMMARY

Providers submitted 404 claims.

Retail value of lens upgrades = \$47,967 .

With lens packages new, lower member out of pocket

Avēsis has several different lens packages with options that include:					
Lens Options	Average Retail Price	L2	L3	L7	
Polycarbonate for All	\$65	\$0	\$0	\$0	
Standard Scratch-Resistant	\$38	\$17	\$0	\$0	
Solid or Gradient Tint	\$35	\$17	\$0	\$0	
Standard Anti-Reflective	\$106	\$45	\$0	\$0	
Ultra-Violet Screening	\$24	\$15	\$0	\$0	
Level 1 Progressives or Level 2 Progressives	\$150-\$230	\$75-\$110	\$75-\$110	\$0	
MEMBER'S OUT-OF-POCKET COST	\$418-\$498				

A Member saves up to **\$65** with **L2 package**.

A Member saves up to **\$268** with **L3 package**.

A Member saves up to **\$498** with **L7 package**.

Options that are not included in your lens package above can be purchased for Avēsis preferred pricing below:

Transitions® (Single Focus/Multi-Focal)	\$70/\$80
Polarized	\$75
PGX/PBX	\$40

- All options can include Transitions® lenses with a \$40 copay.
- All packages include youth polycarbonate lenses, covered in full up to age 19.

Scott County IA

Group ID:	60790-774
Effective Date:	01/01/2023
Plan ID:	972

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$20 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$20 copay	Up to \$25
Bifocal	Covered in full after \$20 copay	Up to \$40
Trifocal	Covered in full after \$20 copay	Up to \$50
Lenticular	Covered in full after \$20 copay	Up to \$80
Standard Progressives	Covered up to \$50, plus 20% off retail	Up to \$40
Other Lens Options[§]	Lens Options are discounted up to 20% off retail	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance
PLAN DETAILS		
Contribution	Employer Paid	
Frequency		Rates
Eye Exam	Once every 12 months	Please see your H.R. Department for Rates
Lenses	Once every 12 months	
Frame	Once every 24 months	
Contact Lenses	Once every 12 months	

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

How can we help you?

Avēsis Website:
www.avesis.com

833-282-2441
7:00 a.m. to 8:00 p.m. EST

LASIK Provider:
877-712-2010

[§]Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

†Prior Authorization is required for medically necessary contacts.

Scott County IA

Group ID: 60790-774
Effective Date: 01/01/2023
Plan ID: 050130DZ-L3

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$20 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$20 copay	Up to \$25
Bifocal	Covered in full after \$20 copay	Up to \$40
Trifocal	Covered in full after \$20 copay	Up to \$50
Lenticular	Covered in full after \$20 copay	Up to \$80
Preferred Pricing Options		
Level 3 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + up to 20% discount	Up to \$40
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

PLAN DETAILS

Contribution	Employer Paid	
Frequency		Rates
Eye Exam	Once every 12 month	Please see your H.R. Department for Rates
Lenses	Once every 12 month	
Frame	Once every 24 month	
Contact Lenses	Once every 12 month	

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

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7:00 a.m. to 8:00 p.m. EST

LASIK Provider:

877-712-2010

Scott County IA

Group ID: 60790-774
Effective Date: 01/01/2023
Plan ID: 050130DZ-L7

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$20 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$20 copay	Up to \$25
Bifocal	Covered in full after \$20 copay	Up to \$40
Trifocal	Covered in full after \$20 copay	Up to \$50
Lenticular	Covered in full after \$20 copay	Up to \$80
Preferred Pricing Options		
Level 7 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	Covered in Full	Up to \$40
Level 2 Progressives	Covered in Full	Up to \$48
All Other Progressives	\$140 allowance + up to 20% discount	Up to \$48
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

PLAN DETAILS

Contribution	Employer Paid	
Frequency		Rates
Eye Exam	Once every 12 month	Please see your H.R. Department for Rates
Lenses	Once every 12 month	
Frame	Once every 24 month	
Contact Lenses	Once every 12 month	

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

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Customer Service:

833-282-2441

7:00 a.m. to 8:00 p.m. EST

LASIK Provider:

877-712-2010

HERE'S HOW IT WORKS

When you need to see an eye care professional, simply visit www.avesis.com or contact Avësis' Customer Service Monday through Friday, 7:00 a.m. to 8:00 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



USING OUT-OF-NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avësis provider. Out-of-network claim forms can be obtained by contacting Avësis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pairs of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments: not specifically covered under this Rider;
 - a. provided free of charge in the absence of insurance
 - b. payable under any Workers' Compensation law or similar statutory authority
 - c. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

TERMINATION PROVISIONS

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

NOTES AND DISCLAIMERS

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Insured benefits are administered by Avësis Third Party Administrators, Inc., Phoenix, AZ

HUMAN RESOURCES DEPARTMENT
 600 West Fourth Street
 Davenport, Iowa 52801-1030

Ph: (563) 326-8767 Fax: (563) 328-3285
 www.scottcountyiowa.com



Date: October 17, 2022
 To: Mahesh Sharma, County Administrator
 From: Mary J. Thee, Human Resources Director/Asst. County Administrator
 Subject: Approval of Health Insurance Premium Rates for CY23

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

United Healthcare Plan (TPA) (Self-Funded as of 1-1-10)	CY22 Rates	CY23 Rates	Employee Rate
	\$752.59 Single \$2,050.55 Family	\$712.19 Single \$1,940.48 Family	\$ 35.60 Single \$ 245.66 Family

Delta Dental (TPA) (Self-funded as of 7-1-10)	CY22 Rates	CY23 Rates	Employee Rate
	\$31.46 Single \$94.36 Family	\$31.46 Single \$94.36 Family	\$ 1.56 Single ¹ \$ 12.58 Family ¹

¹ Employee's opting to take the Dental supplemental plan shall pay an additional \$10.00/month for single or \$21.60/month for family coverage.

Avesis Vision (Contracted since 7-1-10)	CY22 Rates	CY23 Rates	Employee Rate
	\$7.57 Single \$17.43 Family	\$9.31 Single \$21.79 Family	\$ 0.46 Single \$ 2.50 Family

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 27, 2022

APPROVAL OF HEALTH CARE PREMIUM RATES FOR SCOTT COUNTY EMPLOYEES IN CALENDAR YEAR 2023

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 2023 is hereby approved:

Health/Pharmaceutical	\$ 35.60 / mo
Dental	\$ 1.56 / mo
Avesis Vision	\$ 0.46 / mo

Section 2. The following schedule of family health care premium rates for Scott County employees in calendar year 2023 is hereby approved:

Health/Pharmaceutical	\$ 245.66 / mo
Dental	\$ 12.58 / mo
Avesis Vision	\$ 2.50 / mo

Section 3. Employee's opting to take the Dental supplemental plan shall pay an additional \$10.00/month for single or \$21.60/month for family coverage.

Section 4. This resolution shall take effect on January 1, 2023.