



**TO:** PLYMOUTH DISTRICT LIBRARY BOARD  
**FROM:** PERSONNEL COMMITTEE  
**SUBJECT:** EMPLOYEE HEALTH INSURANCE RENEWAL  
**DATE:** 6/12/2020

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We are recommending renewing our current employee health insurance plan, BCN Healthy Blue Living, for the plan year July 1, 2020 to June 30, 2021. The premium cost for this plan will be an increase of 6.68%. This is a total annual cost increase of \$10,431.12. This will be an increase in cost-sharing, **to the employees/retirees** of \$4.00 to \$15.00/per month, depending on type of coverage (single, two-person, family). The Library's cost sharing portion is an additional annual cost of: \$9,388.00. We budgeted for an increase of 12%, which would have been approximately an additional annual cost of \$26,196.00.

We continue to use the State Cap in calculating what dollar portion the Library can contribute to the employee's health care plan. This year, as well as the last several years, we remain under the State Cap limits. Another cost-saving option would be to increase the employee cost-sharing portion to 20%. Currently, employees pay 10% toward health-care policy costs. Employee cost-sharing per month would increase to an additional \$10.00 to \$30.00/per month, depending on type of coverage (single, two-person, family). The Library's cost-sharing portion would then decrease from \$9,388.00 to \$8,450.00.

Other options to consider are:

Option#2, through BCN, HMO, Platinum 500. Increased cost of 14.67%.

Option #3, through HAP, HMO Platinum 500. Increased cost of 12.12%.

We recommend that the Plymouth District Library Board adopt the proposed Blue Care Network Healthy Blue Living plan as the Library's employee health plan for July 1, 2020 to June 30, 2021.

RESOLVED BY \_\_\_\_\_, SECONDED BY \_\_\_\_\_, TO APPROVE THE RENEWAL OF THE CURRENT EMPLOYEE HEALTH INSURANCE BCN HEALTHY BLUE LIVING PLAN, FOR THE PLAN YEAR 07/01/20 TO 06/30/21.

## BCN HMO Medical Renewal with Options - Plymouth District Library

Renewal Period: 07/01/2020 - 06/30/2021

	Deductible	Co-Insurance	Embedded Co-Insurance Maximum	Out of Pocket Maximum <sup>1</sup>	OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup> Benefit Riders	Prescription Drug Plan	Monthly Premium	Annual Premium	% Increase Over Current Plan Design	
Current eff. 07/2019	<b>Healthy Blue Living HMO Platinum 500</b> Enhanced	\$500/1000 Cal. Yr.	100%	None	\$1500/3000	\$20/\$30/\$35/\$150/\$150 ER <sup>5</sup> AI <sup>6</sup> ; subject to deductible \$30 Chiropractic; 30 visits max. when referred Includes Pediatric Vision	\$4 Value Gen./ \$15 Gen./ \$40 Pref. Brand/ \$80 Nonpref. Brand/ 20% Spec. max \$200/ 20% Nonpref. Spec. max \$300/ Mail Order 3x less \$10			
	Standard	\$1250/2500 Cal. Yr.	80/20%	\$2500/5000	\$6600/13,200	\$30/\$40/\$50/\$150/\$150 ER <sup>5</sup> AI <sup>6</sup> ; subject to deductible \$40 Chiropractic; 30 visits max. when referred Includes Pediatric Vision	\$6 Value Gen./ \$25 Gen./ \$50 Pref. Brand/ \$80 Nonpref. Brand/ 20% Spec. max \$200/ 20% Nonpref. Spec. max \$300/ Mail Order 3x less \$10	\$13,018.10	\$156,217.20	
Renewal eff. 07/2020	<b>Healthy Blue Living HMO Platinum 500</b> Enhanced	\$500/1000 Cal. Yr.	100%	None	\$1500/3000	\$20/\$30/\$35/\$150/\$150 ER <sup>5</sup> AI <sup>6</sup> ; subject to deductible \$30 Chiropractic; 30 visits max. when referred Includes Pediatric Vision	\$4 Value Gen./ \$15 Gen./ \$40 Pref. Brand/ \$80 Nonpref. Brand/ 20% Spec. max \$200/ 20% Nonpref. Spec. max \$300/ Mail Order 3x less \$10			
	Standard	\$1250/2500 Cal. Yr.	80/20%	\$2500/5000	\$6600/13,200	\$30/\$40/\$50/\$150/\$150 ER <sup>5</sup> AI <sup>6</sup> ; subject to deductible \$40 Chiropractic; 30 visits max. when referred Includes Pediatric Vision	\$6 Value Gen./ \$25 Gen./ \$50 Pref. Brand/ \$80 Nonpref. Brand/ 20% Spec. max \$200/ 20% Nonpref. Spec. max \$300/ Mail Order 3x less \$10	\$13,887.36	\$166,648.32	6.68%
Option 2	<b>BCN HMO Platinum 500</b> In Network	\$500/1000 Cal. Yr.	<b>80/20%</b>	<b>\$5000/10,000</b>	<b>\$8150/16,300</b>	<b>\$30/\$50/\$35/\$250/\$150</b> ER <sup>5</sup> AI <sup>6</sup> ; subject to deductible <b>\$50</b> Chiropractic; 30 visits max. when referred Includes Pediatric Vision	<b>\$10</b> Value Gen./ <b>\$30</b> Gen./ <b>\$60</b> Pref. Brand/ \$80 Nonpref. Brand/ 20% Spec. max \$200/ 20% Nonpref. Spec. max \$300/ Mail Order 3x less \$10	\$14,927.82	\$179,133.84	14.67%
Option 3	<b>HAP HMO Platinum 500</b> In Network	\$500/1000 Cal. Yr.	100%	<b>None</b>	<b>\$2000/4000</b>	<b>\$20/\$40/\$65/\$200/\$0</b> ER <sup>5</sup> AI <sup>6</sup> ; subject to deductible <b>\$50</b> Chiropractic; 30 visits max. when referred Includes Pediatric Vision	<b>\$5</b> Pref. Gen./ \$15 Nonpref. Gen./ <b>\$30</b> Pref. Brand/ <b>\$60</b> Nonpref. Brand/ 20% Spec. max \$200/ <b>50%</b> Nonpref. Spec. max <b>\$500</b> / Mail Order 2x	\$14,596.49	\$175,157.88	12.12%

		90%	80%
	Was	Will be	Could be
Single =	58.00	62.06	68.27
2 Person =	113.00	120.91	133.00
Family =	169.00	180.83	198.91

A.M. Best Ratings A- (Excellent)

<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

<sup>2</sup>HMO/POS: OV = Primary Care Physician (PCP)3HMO/POS: Specialist, When referred; <sup>4</sup>UC = Urgent Care; <sup>5</sup>ER= Emergency Room; <sup>6</sup>AI= Advanced Imaging

Rates include mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

<sup>3</sup>Rx excludes drugs for the treatment of sexual dysfunction, weight loss, cough & cold.