

INSURANCE COMMITTEE MINUTES

June 14, 2018

Members in Attendance: Jack Richie, Chairman
Rob Reed, Highlands County Sheriff
Karen Kensinger, Supervisor of Elections
Wendy Jacobs, Tax Collector
Jerome Kaszubowski, Clerk of Courts
Carol West, BCC Employee Rep
Omar DeJesus, Sun 'N Lake of Sebring Improvement District
Dusty Johnson, Public Citizen
Vicki Pontius, BCC Retirees
Peggy Chapman, Property Appraiser

Others in Attendance: Pamela Rogers, BCC Human Resources
Rebecca Cable, BCC Human Resources
Haydeliz High, Tax Collector Alternate
Estela Patrick, BCC Employee Rep Alternate
Belinda Decker, Clerk of Courts
Becky Bice, Clerk of Courts
Robin Riley, Brown & Brown/PRIA

The meeting was called to order at 10:00 A.M. by Commissioner Richie, Chairman.

The announcement sheet was read by Commissioner Richie.

Jerome Kaszubowski made a motion to approve the minutes of the February 15, 2018 Insurance Committee Meeting. Dusty Johnson seconded. All members voted "aye," the motion carried.

Dusty Johnson made a motion to approve the minutes of the May 31, 2018 Insurance Committee Special Meeting. Rob Reed seconded. All members voted "aye," the motion carried.

Old Business:

Robin Riley, Brown & Brown/PRIA - Insurance Options Second Presentation

Robin started the discussion by walking the Committee members through the "Best and Final Offer 2 Revised (BFO)" document that she prepared at the request of the Insurance Committee (attached as Exhibit A). Page 1 is the Stop Loss summary, reflecting a revised renewal with a 5% annual premium increase (formerly 6%). There are no changes to the previous motion for the Stop Loss carrier, made at the May 31, 2018 Committee Special Meeting. Page 2 presents the potential plans

and changes all on one page. Robin walked the Committee through the changes and associated increase(s) in cost for premiums. Committee members asked clarification questions as items were discussed. After explaining all five options, the Chairman opened the floor to the Committee Members for discussion.

Jerome Kaszubowski commented the Base Plan (05360) is funding the current Buy-Up Plan (03564) and has concerns that employees on the Base Plan may go elsewhere and it could hurt the plan more.

Rob Reed asked about Out-of-Network utilization. Robin Riley responded it is very minimal, we have about 98% In-Network Utilization, which is very high.

Omar DeJesus asked if we can swap options on the individual plans. Robin Riley responded yes.

Vicki Pontius asked if Staff's position would be to have the Board absorb any of the increase. Chris Benson, Business Services Director remarked that the Committee could make any recommendation they would like to the Board, however Staff's recommendation would be the increase get passed on to employees, as it is not in the County's best interest to use Insurance Reserve money.

Dusty Johnson indicated he was ready to make a motion. Vicki Pontius expressed concern about the dollar amount increases to the Buy Up plan and anyone that has more than just employee coverage. Dusty Johnson commented there is no instance in the private-sector that he has seen where the employer would contribute such a large amount to health premiums.

Rob Reed suggested a three-tier Health Plan. The current "Buy-Up Plan (03564) should remain unchanged, which leaves the choice up to the employee about paying those higher rates. Adding the 05771 as a "Mid" option allows employees to have a more robust plan (with benefits similar to the current premium plan) and the small changes to the Base Plan (05360) keep the employee cost low enough that it is still a value to the employee. Mr. Reed also suggested any discussion of how to fund the increase be held off until the actual health plan options are determined. He also requested our premiums be changed to whole dollars, or at least to even numbers for payroll/accounting purposes.

Vicki Pontius made a motion to recommend to the Board the "Option 4" Base Plan 05360 with changes at the listed rates, adding the 05771 "Option 4" as the Mid or Buy-Up Plan with those benefits and at the listed rates and keeping the current 03564 "Option 1" as our "Premium" Plan with the 11% increase, and rounding all of the rates up to the next even number (i.e., \$823.59 to \$823.60). Dusty Johnson seconded. All members voted "aye," the motion carried.

Chairman Richie then opened the floor to the Committee for discussion of funding options.

Jerome Kaszubowski asked for clarification regarding the "funding rate increase" reflected on Robin Riley's worksheets.

Rob Reed spoke on behalf of the Sheriff's office and stated the general opinion is it does not hurt to ask the employee to contribute to the insurance, as long as it is reasonable. His suggestion is there

be an established employee contribution (say \$40 or \$50) for the Base Plan (mainly the ones that currently do not pay anything, hired before 9/01/2017).

Jerome Kaszubowski related the Clerk's Office felt strongly the Base Plan should remain "free" to employees and maintain the "grandfathered" employee (based on hire date) structure approved by the Board last year.

Peggy Chapman stated the Property Appraiser's Office would also like to keep the free plan for all employees and have added it into the Agency budget.

Dusty Johnson made a motion to have the insurance rates applicable to all employees, and discontinue the "grandfathered" (based on hire date) employees paying a different amount. Rob Reed seconded. Seven members voted "aye" and three voted "nay," the motion carried.

Dusty Johnson made a motion to accept the premium structure and funding amounts as written in the proposal document for each option chosen, rounded up to the nearest even number for accounting purposes. Omar DeJesus seconded. Seven members voted "aye" and three voted "nay," the motion carried.

New Business:

NONE.

The next Insurance Committee Meeting will be held October 11, 2018, 10:00 AM.

Dusty Johnson made a motion to adjourn and Vicki Pontius seconded. There being no further business, Chairman Richie adjourned the meeting at 11:14AM.

HIGHLANDS COUNTY BOCC
 EXECUTIVE SUMMARY OF STOP LOSS & PLAN ADMIN COST
 OCTOBER 1, 2018 - SEPTEMBER 30, 2019

	Florida Blue - HM Life Insurance Current	Florida Blue - HM Life Insurance Renewal	Florida Blue - HM Life Insurance Revised Renewal	Florida Blue - HM Life Insurance Alternate Option	Florida Blue - HM Life Insurance Alternate Option
Plan Administration Cost	Florida Blue	Florida Blue	Florida Blue	Florida Blue	Florida Blue
Admin Fee PEPM:	\$62.27	\$62.27	\$62.27	\$62.27	\$62.27
Annual Plan Admin Cost:	\$597,792	\$597,792	\$597,792	\$597,792	\$597,792
Specific					
Specific Deductible:	200,000	\$200,000	\$200,000	\$225,000	\$250,000
Contract Basis:	24/12	24/12	24/12	24/12	24/12
Covered Benefits:	Med / Rx	Med / Rx	Med / Rx	Med / Rx	Med / Rx
Maximum Specific Benefit (Ann/LT):	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Single Premium Monthly:	\$34.81	\$39.95	\$38.97	\$32.47	\$29.11
Family Premium Monthly:	\$89.71	\$100.70	\$99.72	\$84.52	\$76.57
Annual Specific Stop Loss Premiums:	\$590,449	\$667,101	\$657,693	\$554,681	\$500,999
Aggregate					
Contract Basis:	24/12	24/12	24/12	24/12	24/12
Covered Benefits:	Med / Rx	Med / Rx	Med / Rx	Med / Rx	Med / Rx
Policy Year Maximum:	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Composite Rate PEPM:	\$3.50	\$3.42	\$3.37	\$3.48	\$3.58
Annual Aggregate Stop Loss Premiums:	\$33,600	\$32,832	\$32,352	\$33,408	\$34,368
Annual Stop Loss Premium (Spec + Agg):	\$624,049	\$699,933	\$690,045	\$588,089	\$535,367
Combined Total Annual Cost (Spec + Agg + Admin)	\$1,221,841	\$1,297,725	\$1,287,837	\$1,185,881	\$1,133,159
Annual Premium Increase/Decrease \$:		\$75,884	\$65,996	-\$35,960	-\$88,682
Annual Premium Increase/ Decrease %:		6%	5%	3%	7%
AGGREGATE FACTORS					
Claim Liability - Single/Composite:	\$544.24	\$623.84	\$610.84	\$615.73	\$619.40
Claim Liability - Family:	\$1,306.17	\$1,497.21	\$1,466.03	\$1,477.75	\$1,486.55
Maximum Claims:	\$8,781,393	\$10,065,755	\$9,856,091	\$9,934,917	\$9,994,096
Aggregate Corridor:	125%	125%	125%	125%	125%
Expected Claims:	\$7,025,115	\$8,052,604	\$7,884,873	\$7,947,934	\$7,995,277
Total Annual Plan Maximum Expense	\$10,003,234	\$11,363,480	\$11,143,928	\$11,120,799	\$11,127,255
Change in Maximum Liability \$:		\$1,027,490	\$859,758	\$922,819	\$970,162
Change in Maximum Liability %:		14.63%	12.24%	13.14%	13.81%

Enrollment:
 Single: 411
 Family: 389
 Total: 800

Assumptions:
 Quotes are tentative and subject to updated claims data through June 30,2018, including large claims and individuals with specific diagnoses (disclosure lists provided).

Quotes are tentative and subject to receipt of updated enrollment information.

Quotes are subject to receipt of claims incurred but unpaid.

Carrier reserves the right to re-underwrite for unknown large claims incurred prior to written acceptance that are discovered after.

Carrier reserves the right to re-underwrite for enrollment shifts 10% to 15% (proposed vs. actual).

Retirees are included in the stop loss coverage.

Assumes that all retirees over the age of 65 are Medicare Primary

Upon review of large claims data and diagnoses information disclosed, the carriers may "laser" certain individuals from coverage (excluding them from the stop loss coverage).

Aggregate and specific stop loss must be purchased together.

Minimum participation requirements of 75% and disclosure of individuals not actively-at-work.

	BLUEOPTIONS 03564 Network	BLUEOPTIONS 03569 Network	BLUEOPTIONS 03564 Network	BLUEOPTIONS 03569 Network	BLUEOPTIONS 03564 Network	BLUEOPTIONS 03569 Network	BLUEOPTIONS 03571 Network	BLUEOPTIONS 03569 Network	BLUEOPTIONS 03564 Network	BLUEOPTIONS 03569 Network	BLUEOPTIONS 03571 Network	BLUEOPTIONS 03569 Network	BLUEOPTIONS 03571 Network	BLUEOPTIONS 03569 Network
DEDUCTIBLE	\$1,000 (\$3,000 Family)	\$2,000 (\$4,000 Family)	\$1,000 (\$3,000 Family)	\$2,000 (\$4,000 Family)	\$1,000 (\$3,000 Family)	\$2,000 (\$4,000 Family)	\$1,000 (\$3,000 Family)	\$2,000 (\$4,000 Family)	\$1,000 (\$3,000 Family)	\$2,000 (\$4,000 Family)	\$1,000 (\$3,000 Family)	\$2,000 (\$4,000 Family)	\$1,000 (\$3,000 Family)	\$2,000 (\$4,000 Family)
EMBEDDED DEDUCTIBLE	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CALENDAR OR FOLIO YEAR	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar
COINSURANCE	20%	30%	20%	30%	20%	30%	20%	30%	20%	30%	20%	30%	20%	30%
MAXIMUM OUT-OF-POCKET (INCLUDES DEDUCTIBLE)	\$3,000 (\$9,000 Family)	\$4,000 (\$9,000 Family)	\$3,000 (\$9,000 Family)	\$4,000 (\$9,000 Family)	\$3,000 (\$9,000 Family)	\$4,000 (\$9,000 Family)	\$4,500 (\$10,000 Family)	\$4,000 (\$9,000 Family)	\$4,500 (\$10,000 Family)	\$4,000 (\$9,000 Family)	\$5,500 (\$11,000 Family)	\$4,500 (\$10,000 Family)	\$5,500 (\$11,000 Family)	\$5,500 (\$11,000 Family)
PHYSICIAN SERVICES	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
OFFICE VISIT COPY	\$35	\$45	\$35	\$45	\$35	\$45	\$30	\$45	\$35	\$45	\$30	\$45	\$35	\$45
SPECIALIST COPY	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65
CHIROPRATIC COPY	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65	\$50	\$65
HOSPITAL/EMERGENCY SERVICES	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
EMERGENCY ROOM COPY	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
URGENT CARE COPY	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
OUTPATIENT SURGICAL FACILITY COPY	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
AMBULATORY SURGERY CENTER	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
DIAGNOSTIC SERVICES	\$0 (Lab), \$50 (X-Ray)	\$0 (Lab), Ded + Coinsurance (X-Ray)	\$0 (Lab), \$50 (X-Ray)	\$0 (Lab), Ded + Coinsurance (X-Ray)	\$0 (Lab), \$50 (X-Ray)	\$0 (Lab), Ded + Coinsurance (X-Ray)	\$0 (Lab), 50(X-Ray)	\$0 (Lab), Ded + Coinsurance (X-Ray)	\$0 (Lab), 50(X-Ray)	\$0 (Lab), Ded + Coinsurance (X-Ray)	\$0 (Lab), 50(X-Ray)	\$0 (Lab), Ded + Coinsurance (X-Ray)	\$0 (Lab), 50(X-Ray)	\$0 (Lab), Ded + Coinsurance (X-Ray)
LAB, X-RAY & DIAGNOSTIC OUTPATIENT	\$125	\$125	\$125	\$125	\$125	\$125	\$250	\$125	\$250	\$125	\$250	\$125	\$250	\$125
PREVENTIVE ADULT WELLNESS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PRESCRIPTION	Deductible	N/A	Deductible	N/A	Deductible	N/A	Deductible	N/A	Deductible	N/A	Deductible	N/A	Deductible	N/A
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40	\$30	\$40
Tier 3	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60	\$50	\$60
Tier 4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MAIL ORDER PRESCRIPTION	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)	2x's Copy (90 day supply)
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
DEDUCTIBLE	Combined with In-Network	\$4,000 (\$8,000 Family)	Combined with In-Network	\$4,000 (\$8,000 Family)	Combined with In-Network	\$4,000 (\$8,000 Family)	\$4,500 (\$13,500 Family)	Combined with In-Network	\$4,000 (\$8,000 Family)	Combined with In-Network	\$4,500 (\$13,500 Family)	Combined with In-Network	\$4,000 (\$8,000 Family)	Combined with In-Network
COINSURANCE	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	
MAXIMUM OUT-OF-POCKET	\$6,000 (\$12,000 Family)	\$8,000 (\$16,000 Family)	\$6,000 (\$12,000 Family)	\$8,000 (\$16,000 Family)	\$6,000 (\$12,000 Family)	\$8,000 (\$16,000 Family)	\$9,000 (\$18,000 Family)	\$6,000 (\$12,000 Family)	\$8,000 (\$16,000 Family)	\$6,000 (\$12,000 Family)	\$9,000 (\$18,000 Family)	\$6,000 (\$12,000 Family)	\$8,000 (\$16,000 Family)	
PER OCCURRENCE DEDUCTIBLE (OUTPATIENT SURGERY)	N/A	N/A	N/A	N/A	N/A	N/A	\$500	N/A	N/A	N/A	\$500	N/A	N/A	
PER OCCURRENCE DEDUCTIBLE (CHIROPRATIC SURGERY)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
CURRENT FUNDING RATES	Current \$415,215	Renewal \$491,807	Current \$351,303	Renewal \$378,150	Current \$319,438	Renewal \$396,777	Current \$415,215	Renewal \$491,807	Current \$351,303	Renewal \$378,150	Current \$319,438	Renewal \$396,777	Current \$415,215	Renewal \$491,807
ESTIMATED MONTHLY PREMIUMS	\$387,935	\$469,401	\$379,275	\$314,073	\$291,036	\$119,394	\$387,935	\$469,401	\$246,543	\$322,732	\$379,275	\$291,036	\$119,394	\$387,935
ESTIMATED ANNUAL PREMIUMS	\$4,415,215	\$4,912,807	\$3,351,303	\$3,781,150	\$3,019,438	\$1,396,777	\$4,415,215	\$4,912,807	\$2,958,518	\$3,928,732	\$3,351,303	\$2,958,518	\$1,396,777	\$4,415,215
ESTIMATED TOTAL MONTHLY PREMIUMS	\$647,210	\$773,413	\$584,791	\$489,788	\$484,206	\$165,324	\$647,210	\$773,413	\$484,206	\$80,917	\$647,210	\$484,206	\$165,324	\$647,210
ESTIMATED TOTAL ANNUAL PREMIUMS	\$7,765,517	\$9,280,957	\$7,017,492	\$5,877,456	\$5,810,392	\$1,983,888	\$7,765,517	\$9,280,957	\$5,810,392	\$970,804	\$7,765,517	\$5,810,392	\$1,983,888	\$7,765,517
		Rate Increase 11%				Rate Increase 11%				Rate Increase 8%			Rate Increase 8%	

\$200,000 Stop Loss Deductible

ANNUALIZED PREMIUMS ARE BASED ON CURRENT CENSUS OF 4/18/18

Employee Only	160	Employee Only	251
Employee + Spouse	86	Employee + Spouse	46
Employee + Child(ren)	50	Employee + Child(ren)	53

EE	\$63.42	EE	\$77.64
EE+Sp	\$111.80	EE+Sp	\$104.00
EE+CH	\$106.15	EE+CH	\$98.78
EE+Family	\$124.91	EE+Family	\$116.23

EE	\$37.76	EE	\$77.64
EE+Sp	\$50.53	EE+Sp	\$104.00
EE+CH	\$47.57	EE+CH	\$98.78
EE+Family	\$56.45	EE+Family	\$116.23

EE	\$63.40	EE	\$60.58
EE+Sp	\$91.18	EE+Sp	\$91.18
EE+CH	\$86.68	EE+CH	\$73.47
EE+Family	\$94.94	EE+Family	\$94.76

EE	\$37.76	EE	\$46.96
EE+Sp	\$50.53	EE+Sp	\$50.53
EE+CH	\$47.57	EE+CH	\$47.57
EE+Family	\$56.45	EE+Family	\$56.45

EE	\$46.22	EE	\$46.22
EE+Sp	\$60.27	EE+Sp	\$60.27
EE+CH	\$57.31	EE+CH	\$57.31
EE+Family	\$72.18	EE+Family	\$72.18

HIGHLANDS COUNTY BOCC
EXECUTIVE SUMMARY OF GROUP LIFE & AD&D PLANS
OCTOBER 1, 2018 - SEPTEMBER 30, 2019

	Minnesota Life Current			Minnesota Life Renewal			Lincoln Proposed			Florida Combined Life Proposed			The Standard Proposed		
	UNITS/ VOLUME	RATE	PREMIUM	UNITS/ VOLUME	RATE	PREMIUM	UNITS/ VOLUME	RATE	PREMIUM	UNITS/ VOLUME	RATE	PREMIUM	UNITS/ VOLUME	RATE	PREMIUM
LIFE	12,495,000	0.140	1,749.30	12,495,000	0.140	1,749.30	12,495,000	0.155	1,936.73	12,495,000	0.140	1,749.30	12,495,000	0.140	1,749.30
AD&D	12,495,000	0.030	374.85	12,495,000	0.030	374.85	12,495,000	0.025	312.38	12,495,000	0.030	374.85	12,495,000	0.030	374.85
MONTHLY TOTAL			\$2,124			\$2,124			\$2,249			\$2,124			\$2,124
ANNUAL TOTAL			\$25,490			\$25,490			\$26,989			\$25,490			\$25,490
BENEFIT:	\$15,000			\$15,000			\$15,000			\$15,000			\$15,000		
MINIMUM BENEFIT:	\$15,000			\$15,000			\$15,000			\$15,000			\$15,000		
MAXIMUM BENEFIT:	\$15,000			\$15,000			\$15,000			\$15,000			\$15,000		
GUARANTEE ISSUE:	\$15,000			\$15,000			\$15,000			\$15,000			\$15,000		
EMPLOYER CONTRIBUTION:	100%			100%			100%			100%			100%		
PARTICIPATION REQUIREMENT:	100%			100%			100%			100%			100%		
RATE GUARANTEE:	Expiring 9/30/2018			5 Years until 9/30/2023			2 Years 09/30/2020			2 Years 09/30/2020			2 Years 09/30/2020		
REDUCTION SCHEDULE:	to 65% at age 65 to 40% at age 70			to 65% at age 65 to 40% at age 70			to 65% at age 65 to 40% at age 70			to 35% at age 65 to 60% at age 70			to 65% at age 65 to 50% at age 70 to 35% at age 75		
NOTES:				Must be sold with Voluntary			Common Carrier benefit is included			\$25,000 wellness grant if awarded life along with the medical.			Must be sold with Voluntary		
WAIVER OF PREMIUM:	Included			Included			Included			Included			Not included		
CONVERSION:	Included			Included			Included			Included			Included		
ACCELERATED DEATH BENEFIT:	Included			Included			Included			Included			Included		
SEATBELT/ SAFE DRIVER:	Included			Included			Included			Included			Included		

No Rate Increase 0%

Rate Increase 6%

No Rate Increase 0%

No Rate Increase 0%

** Please Note Current Volumes Reflect current employees enrolled on renewal**

Rates subject to final underwriting & actual enrollment

HIGHLANDS COUNTY BOCC
EXECUTIVE SUMMARY OF GROUP LIFE & AD&D PLANS
OCTOBER 1, 2018 - SEPTEMBER 30, 2019

	Retiree Life Minnesota Life Current			Retiree Life Minnesota Life Renewal			Retiree Life Lincoln Proposed			Retiree Life Florida Combined Life Proposed			Retiree Life The Standard Proposed		
	UNITS/ VOLUME	RATE	PREMIUM	UNITS/ VOLUME	RATE	PREMIUM	UNITS/ VOLUME	RATE	PREMIUM	UNITS/ VOLUME	RATE	PREMIUM	UNITS/ VOLUME	RATE	PREMIUM
LIFE	370,000	1.240	458.80	370,000	2.000	740.00	370,000	1.380	510.60	370,000	1.610	595.70	370,000	2.200	814.00
MONTHLY TOTAL			\$459			\$740			\$511			\$596			\$814
ANNUAL TOTAL			\$5,506			\$8,880			\$6,127			\$7,148			\$9,768
BENEFIT:	\$5,000			\$5,000			\$5,000			\$5,000			\$5,000		
MINIMUM BENEFIT:	\$5,000			\$5,000			\$5,000			\$5,000			\$5,000		
MAXIMUM BENEFIT:	\$5,000			\$5,000			\$5,000			\$5,000			\$5,000		
GUARANTEE ISSUE:	\$5,000			\$5,000			\$5,000			\$5,000			\$5,000		
EMPLOYER CONTRIBUTION:	0%			0%			0%			0%			0%		
PARTICIPATION REQUIREMENT:	0%			0%			0%			0%			10 lives		
RATE GUARANTEE:	Expiring 9/30/2018			5 Years until 9/30/2023			2 Years 09/30/2020			2 Years 09/30/2020			2 Years 09/30/2020		
REDUCTION SCHEDULE:	None			None			None			None			None		
NOTES:										\$25,000 wellness grant if awarded life along with the medical.					
CONVERSION:	Included			Included			Not included			Included			Included		
ACCELERATED DEATH BENEFIT:	Included			Included			Included			Included			Not included		

Rate Increase 61%

Rate Increase 11%

Rate Increase 30%

Rate Increase 77%

** Please Note Current Volumes Reflect current employees enrolled on renewal**

Rates subject to final underwriting & actual enrollment

HIGHLANDS COUNTY BOCC
EXECUTIVE SUMMARY OF GROUP VOLUNTARY LIFE PLAN QUOTES
OCTOBER 1, 2018 - SEPTEMBER 30, 2019

	Minnesota Life Current		Minnesota Life Renewal		Lincoln Proposed		Florida Combined Life Proposed		The Standard Proposed	
Life Rate	Employee Age Band	Per \$1,000	Employee Age Band	Per \$1,000	Employee Age Band	Per \$1,000	Employee Age Band	Per \$1,000	Employee Age Band	Per \$1,000
	Under 25	\$0.050	Under 25	\$0.050	Under 25	\$0.080	Under 25	\$0.050	Under 25	\$0.050
	Age 25 - 29	\$0.060	Age 25 - 29	\$0.060	Age 25 - 29	\$0.090	Age 25 - 29	\$0.060	Age 25 - 29	\$0.060
	Age 30 - 34	\$0.080	Age 30 - 34	\$0.080	Age 30 - 34	\$0.110	Age 30 - 34	\$0.080	Age 30 - 34	\$0.080
	Age 35 - 39	\$0.090	Age 35 - 39	\$0.090	Age 35 - 39	\$0.120	Age 35 - 39	\$0.090	Age 35 - 39	\$0.090
	Age 40 - 44	\$0.120	Age 40 - 44	\$0.120	Age 40 - 44	\$0.150	Age 40 - 44	\$0.120	Age 40 - 44	\$0.120
	Age 45 - 49	\$0.210	Age 45 - 49	\$0.210	Age 45 - 49	\$0.240	Age 45 - 49	\$0.210	Age 45 - 49	\$0.210
	Age 50 - 54	\$0.370	Age 50 - 54	\$0.370	Age 50 - 54	\$0.400	Age 50 - 54	\$0.370	Age 50 - 54	\$0.370
	Age 55 - 59	\$0.610	Age 55 - 59	\$0.610	Age 55 - 59	\$0.640	Age 55 - 59	\$0.610	Age 55 - 59	\$0.610
	Age 60 - 64	\$0.750	Age 60 - 64	\$0.750	Age 60 - 64	\$0.780	Age 60 - 64	\$0.750	Age 60 - 64	\$0.750
	Age 65 - 69	\$1.310	Age 65 - 69	\$1.310	Age 65 - 69	\$1.340	Age 65 - 69	\$1.310	Age 65 - 69	\$1.310
	Age 70 - 74	\$2.060	Age 70 - 74	\$2.060	Age 70 - 74	\$2.090	Age 70 - 74	\$2.060	Age 70 - 74	\$2.060
	Age 75 +	\$2.380	Age 75 +	\$2.380	Age 75 - 79	\$2.410	Age 75 +	\$2.380	Age 75 - 99	\$2.380
			Rates 75+ will be provided upon request		Age 80-99	\$7.070				
AD&D Rate:		\$0.030		\$0.030		\$0.030		\$0.030		\$0.030
Child Rate	\$10,000 Per Child	\$1.30	\$10,000 Per Child	\$1.30	\$10,000 Per Child	\$2 / month	\$5,000 Per Child \$10,000 Per Child	\$0.650 \$1.30	Per \$1,000	\$0.130
BENEFIT:	10,000		10,000		10,000		10,000		10,000	
MINIMUM BENEFIT:	10,000		10,000		10,000		10,000		10,000	
MAXIMUM BENEFIT:	300,000		300,000		300,000		300,000		300,000	
GUARANTEE ISSUE:	100,000		100,000		200,000		100,000		100,000	
EMPLOYER CONTRIBUTION:	0%		0%		0%		0%		0%	
PARTICIPATION REQUIREMENT:	None		None		25%		30%		20%	
RATE GUARANTEE:	Expiring 9/30/2018		5 Years until 9/30/2023		2 Years 09/30/2020		2 Years 09/30/2020		2 Years 09/30/2020	
REDUCTION SCHEDULE:	to 65% at age 65 to 40% at age 70		to 65% @ age 65 to 40% @ age 70		to 65% at age 65 to 40% at age 70		to 65% at age 65 to 40% at age 70 to 25% at age 75		to 65% at age 65 to 50% at age 70 to 35% at age 75	
NOTES:			Must be sold with Basic		Employees age 70+, maximum coverage is \$50,000		Employee coverage is 5 times annual salary with a \$300,000 maximum		Employee coverage may not exceed 6 times annual earnings	
WAIVER OF PREMIUM:	Included		Included		Included		Included		Included	
PORTABILITY:	Included		Included		Included		Included		Included	
ACCELERATED DEATH BENEFIT:	Included		Included		Included		Included		Included	
SEATBELT/ SAFE DRIVER:	Included		Included		Included		Included		Included	
SPOUSE BENEFIT:	\$5,000		\$5,000		\$5,000		\$5,000		\$5,000	
MAXIMUM BENEFIT:	\$150,000 (not to exceed 100% of employee's supplemental coverage)		\$150,000 (not to exceed 100% of employee's supplemental coverage)		\$150,000 (not to exceed 2.5 times employee's annual salary or 50% of employee's coverage amount)		\$150,000 (not to exceed 100% of employee's coverage amount)		\$150,000 (not to exceed 100% of employee's coverage amount)	
GUARANTEE ISSUE:	\$25,000		\$25,000		\$30,000		\$25,000		\$25,000	
CHILD BENEFIT:	\$10,000		\$10,000		\$10,000		\$5,000 or \$10,000		\$10,000	
BENEFIT:	Live birth to age 26		Live birth to age 26		Age 6 months to 19 years old (up to age 25 if unmarried, & a full-time student) \$250 benefit for age 14 days to 6 months		Age 6 months to 25 years \$500 benefit for age 14 days to 6 months		Live birth through age 25	

Rates subject to final underwriting & actual enrollment