

Board of County Commissioners Agenda Request

3B
Agenda Item #

Requested Meeting Date: 9/26/2017

Title of Item: Accept Supplemental Insurance Bids effective 1/1/2018

REGULAR AGENDA	Action Requested:	Direction Requested		
CONSENT AGENDA	✓ Approve/Deny Motion	Discussion Item		
INFORMATION ONLY	Adopt Resolution (attach drawprovide	aft) Hold Public Hearing* e copy of hearing notice that was published		
Submitted by: Bobbie Danielson		Department: Administration/HR		
Presenter (Name and Title): Bobbie Danielson, HR Director		Estimated Time Needed: 5-10 minutes		
Summary of Issue: We are required by statute to go out for insurance bids every 60 months. (Excludes PEIP, a state plan.) Requesting Board approval to accept bids from the following carriers: Life Insurance: Minnesota Life (same as current carrier). Employer rate will decrease from \$2.10/month to \$1.875/month				
	l/2018. Dependent life (employer paid) remains the same at \$3.10/month. No		
Short-term Disability: Dearborn Nationa	al (same as current carrier). No chang	e to current rates. 2 year rate guarantee.		
Long-term Disability: Madison National (same as current carrier). County reimbursed premium decreases from \$.25 per \$100 of covered payroll to \$.225. Voluntary plan premium decreases by \$0.02 to \$0.10 per \$100 of benefit, depending on Age bracket.				
New! Add voluntary Vision Plan with EyeMed. No Copay plan. Covers materials as described, not exams.				
Alternatives, Options, Effects on Others/Comments:				
Recommended Action/Motion: Motion to accept the bid of Minnesota Life (life ins), Dearborn National (short-term disability), Madison National (LTD), and EyeMed (vision plan), effective 1/1/2018, with the expectation that Minnesota Life extends the new guarantee issue from \$100k to \$200k for all employees, not just new hires.				
Financial Impact: Is there a cost associated with this What is the total cost, with tax and Is this budgeted? Yes	1000	No		

Company	Dearborn National - CURRENT	Dearborn National	Madison National
Funding	100% employee paid	Match Current	Match Current
Scheduled Weekly Benefit	60% of weekly earnings to a maximum of \$1,000 weekly benefit. Elections are made in \$50 increments.	Match Current	Match Current
Maximum Weekly Benefit	\$1,000	Match Current	Match Current
Maximum Benefit Period	11 weeks or until LTD becomes payable	Match Current	Match Current
Elimination Period (Injury/Sickness)	15 th day accident/15 th day sickness	Match Current	Match Current
Pre-Existing Conditions	3/12	Match Current	Match Current
Annual Enrollment	Full open each annual enrollment period for all employees. Pre-ex applies to all increases.	Match Current	Not Included
Definition of disability	Perform Material and Substantial duties of regular occupation AND your disability earnings are less than 20% of PDE. Partial disability included.	Match Current	Match Current
Minimum Weekly Benefit	\$25	Match Current	Match Current
ntegrate with Sick Leave	Sick leave plus STD benefit cannot exceed 100% of pre- disability earnings. Does not have to exhaust sick/vacation.	Match Current	Match Current
Additional Features	Survivor's Benefit Work Incentive Benefit Worksite Modification Benefit	Match Current	Match Current and Include Employee Assistance Program (EAP) and Identity Theft
/alue Add Ons	NA	Match Current	Match Current
Inhancements	NA	Match Current	Match Current
Other Deviations	NA	Match Current	Match Current
repares W2s	YES	Match Current	Match Current
Pays ER Portion of FICA	YES	Match Current	Match Current

Aitkin County - Long	- Criti Bisability		
Company	Madison National - Current	Madison National	
Insurance Carrier:	Madison National	Match Current	
A.M. Best Company Rating	A-	Match Current	
mployer Paid	Class 5 Only	Match Current	
Scheduled Monthly Benefit	Class 1,2,5 - 60% to \$5,000	Match Current	
	Class 3 - \$100 increments, 60% to \$5,000	Match Current	
Maximum Benefit Period	SSNRA	Match Current	
limination Period	90 consecutive days	Match Current	
our Occupation Definition	Class 2: 60 months, Class 1, 3, 5: 36 months	Match Current	
OR / AND Definition	OR	Match Current	
Minimum Monthly Benefit	\$100	Match Current	
ONE (1) Material Duty/or Duties	One	Match Current	
re-Existing Conditions	3/3/12	Match Current	
ntegrate/Sick Leave	Pays in addition to sick pay	Match Current	
ntegration	Class 3: 70% All Source	Match Current	
artial Disability/Loss	Yes	Match Current	
Definition of disability	Zero day	Match Current	
ehabilitation	Included	Match Current	
lcoholism/Drugs	24 months lifetime unless hospital confined, with recovery	Match Current	
/lental/Nervous	24 months lifetime unless hospital confined, with recovery	Match Current	
2 Month Work Incentive	First 12 months of disability	Match Current	
onversion	Included	Match Current	
Vaiver of Premium	Included	Match Current	
urvivors Benefit	Included	Match Current	
amily Care Expense	Included	Match Current	
Annual Enrollment	Class 3: Employees currently enrolled in the LTD can increase coverage during each 30 day annual enrollment period with no health questions (increases subject to pre-ex). Employees enrolling for the first time are subject to underwriting approval.	Match Current	
alue Add Ons	None	Employee Assistance Disc. (CAD) 141 st. Ti. d	
nhancements	NA	Employee Assistance Plan (EAP) and Identity The	
eviations	NA NA	None Listed	
repares W2s	Yes	None Listed	
ays ER Portion of FICA	Yes	Match Current	
	ies	Match Current	
ate Guarantee			
	NA NA	3 years	
ounty Pd Premium			
ate per \$100 of covered payroll	\$0.25	\$0.225	
mployee Pd Buy-Up			
Age	Rate per \$100 of Benefit	Bas and dean to	
0-24	\$0.20	Rate per \$100 of Benefit	
25-29		\$0.18	
30-34	\$0.27 \$0.32	\$0.24	
35-39		\$0.29	
40-44	\$0.48	\$0.43	
45-49	\$0.59	\$0.53	
	\$0.73	\$0.66	
50-54	\$0.83	\$0.75	
55-59	\$0.97	\$0.87	
60+	\$1.00	\$0.90	

		L CORRENT P	LAN - MN Life	M	N Life
					V LIIC
Rating AM Best		A+		A+	
	Volume	Rate per \$1,000	Monthly Premium	Rate per \$1,000	Monthly Premium
Active Basic Life	3,255,000	\$0,120	\$390,60	\$0,105	\$341.78
Active Basic AD&D	3,255,000	\$0,020	\$65_10	\$0.020	\$65,10
Total Active Basic Life and AD&D		\$0.140	\$455.70	\$0.125	\$406.88
Percentage Active Basic Life Savings					10.71%
Monthly Active Basic Life Savings					\$48.82
plemental Life & AD&D Employee/Retiree and	Spouse				
Age	Volume	Rate per \$1,000 Life	Monthly Premium	Rate per \$1,000 Life	Monthly Premium
Under 25	\$50,000	\$0.050	\$2.50	\$0.050	\$2.50
25 - 29	\$625,000	\$0.060	\$37.50	\$0.060	\$37,50
30 - 34	\$260,000	\$0.080	\$20.80	\$0.080	\$20.80
35 - 39	\$1,860,000	\$0.090	\$167.40	\$0.090	\$167.40
40 - 44	\$885,000	\$0.120	\$106.20	\$0.120	\$106.20
45 - 49	\$870,000	\$0.210	\$182.70	\$0.210	\$182.70
50 - 54	\$1,090,000	\$0.370	\$403.30	\$0.370	\$403,30
55 - 59	\$355,000	\$0.610	\$216.55	\$0.610	\$216.55
60 - 64	\$660,000	\$0.750	\$495.00	\$0.750	\$495.00
65 - 69	\$195,000	\$1.310	\$255.45	\$1.310	\$255.45
70 - 74	\$10,000	\$2.060	\$20.60	\$2.060	\$20.60
75	\$0	\$2.380	\$0.00	\$2.380	\$0.00
Monthly Supplemental Life Premium			\$1,908.00	75.55	\$1,908.00
Monthly Supp AD&D Premium	\$6,860,000	\$0.03	\$205.80	\$0.03	\$205.80
Dependent Life Package	165	\$3.10	\$511.50	\$3.10	\$511.50
Total Supplemental Life Premium			\$2,625.30	33.20	\$2,625,30
Optional New Hire GI		\$100,000 Employee, \$25,	000 Spouse, Dep Life Pkg	\$200,000 Employee, \$25.	000 Spouse, \$15,000 Child
Rate Guarantee		N	A	3 years	
Accelerated Death Benefit		100% to \$1,000,000 (bo	oth basic plus supp life)	Match	
Portability		Yes, on basic and		Match	
Child Age		14 days to age 26		Live birth to age 26 (no reduc	
Online Capabilities		Personalized Benefit Statements, LifeBenefitsExtra (LBE) website, and access to claims and UW approval		Match	
Value Add Ons		Life Suite: Bene Counceling, Will Prep, Travel Assist, Legacy Planning		Match	
Age Reductions		None		Match	
Deviations Listed in RFP		NA		N.	4
Other Enhancements		NA		Adding a Child Life only option of First newborn Annual open enrollment for new child	child benefit

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In-Network Benefits	Avesis - Option 1 No	EyeMed - Option 1	
	Copay	No Copay	
MONTHLY RATES			
Employee Only	\$5.51	\$5.97	
Employee + Spouse	\$10.42	\$11.35	
Employee + Children	\$11.35	\$11.95	
Employee + Family	\$14.61	\$17.56	
CO-PAY			
Exam	Not included	Not Included	
Materials	No copay on frames, contacts, and standard lenses.	No copay on frames, contacts or standard lenses. Co on premium lenses only	
FREQUENCY			
Exam	NA	NA NA	
Lenses	Every 12 months	Every 12 months	
Frames	Every 24 months	Every 24 months	
Contacts	Every 12 months (in lieu of frame and spectacle lenses)	Every 12 months (can use contact and frame allowance in same year	
MATERIALS			
WATERIAL			
Elective Contact Lenses	Up to \$130 allowance (no copay)	Up to \$130 allowance (no copay)	
Frames	\$50 whole sale allowance, equals aprox \$100 - \$150 retall (no copay)	\$130 retail allowance (no copay)	
Lenses	Covered in full. Premium lens covered up to \$50 (plus 20% off retail)	Standard lens covered in full, premium lens copay is between \$65-\$120	
PROVIDERS			
Providers within 40 miles of 56431	6	6	
REIMBURSEMENT			
How Discount is applied	Discount taken at time of purchase for in Network providers	Discount taken at time of purchase for in Network providers	
PARTICIPATION			
	10 employees	10 employees	
RATE GUARANTEE			
MALE QUANTATEE	3 years	4 years	