

WORKSHOP

2013 Plan Year CHP/BCBS Health Insurance Renewal and Consideration of Health Insurance Alternatives

Tuesday, June 26, 2012

9:00 – 11:00 a.m.

**Leon County Board of County Commissioners' Chambers
Leon County Courthouse, 5th Floor**

Leon County Board of County Commissioners

Cover Sheet for Workshop

June 26, 2012

To: Honorable Chairman and Members of the Board

From: Vincent S. Long, County Administrator

Title: 2013 Plan Year CHP/BCBS Health Insurance Renewal and Consideration of Health Insurance Alternatives

County Administrator Review and Approval:	Vincent S. Long, County Administrator
Department/ Division Review:	Lillian Bennett, Director of Human Resources
Lead Staff/ Project Team:	Ernest Poirier, Human Resources Specialist Mary Barley, Health and Wellness Coordinator

Fiscal Impact:

This agenda item has a fiscal impact. For the 2013 Plan year, CHP/BCBS have proposed a 0.42% blended renewal rate increase for health insurance services with no change in the Current Plan Design (Attachment #1). CHP/BCBS have also provided Alternative Plan Designs and Renewal Rates for Board consideration for CHP and Blue Cross Blue Shield (Attachment #2). As a part of the renewal rate increase, CHP is requesting that Leon County partner with CHP in the implementation of the County's Wellness Program rather than contract with a third party vendor. For the 2013 Plan Year, the total cost of health insurance is estimated at \$17.6 million, of which \$15.9 million is Leon County's employer share. This represents a \$67,000 increase in employer costs above 2012.

Staff Recommendation:

Provide preliminary guidance on the following issues in preparation of the July 9th Budget Workshop:

1. Plan Design for the 2013 Plan Year:
 - a. Maintain Plan A – Leon County’s Current Plan Design
 - b. Select Plan B – CHP 5 Plan (City of Tallahassee)
 - c. Select Plan C – Capital Select Plan (Leon County Schools)
2. Contribution Strategy from the following list from (a) Standard Contribution Strategy or from (b) Multiple Tier Contribution Strategy for 2013 Plan Year:

- a. Standard Contribution Strategy (Table #5)

Strategy #1	Maintain 90/10
Strategy #2	87.5/12.5
Strategy #3	85/15
Strategy #4	82.5/17.5
Strategy #5	80/20

- b. Multiple Tier Contribution Strategy (Table #7)

	Single	Emp +1	Family
Strategy #1	90/10	87.5/12.5	87.5/12.5
Strategy #2	90/10	87.5/12.5	85/15
Strategy #3	90/10	85/15	85/15
Strategy #4	87.5/12.5	85/15	85/15

3. Value Based Benefit Design Program for the 2013 Plan, including partnering with CHP.

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Report and Discussion

Background:

Leon County currently contracts with Capital Health Plan (CHP) and Blue Cross Blue Shield (BCBS) for employee health insurance services. The current agreement with CHP/BCBS provides for continuing health insurance services on a year to year basis, unless terminated by Leon County or CHP/BSBS. The health insurance program covers Board and Constitutional Office employees, dependents, COBRA participants, as well as Retirees. There are approximately 1,400 employees enrolled in the County's Health Insurance Program. Total enrollees' including dependents represent approximately 3,700 members. Retirees pay the full cost of health insurance coverage with no employer contribution. The total cost of health insurance for the current 2012 Plan Year is estimated at estimated at \$17.5 million, of which \$15.8 million is Leon County's employer share. Attachment #3 provides a summary of 2012 and 2013 Plan estimated health insurance costs and monthly payments.

At the May 22, 2012 Budget Workshop, the Board discussed the Health Insurance Program and the concept of transitioning to a Value Based Benefit Design (VBD) program, which integrates Wellness and Health Insurance (Attachment #4).

The Board approved Options #1, #2, and #3 as follows:

- 1) Approved the concept of transitioning the Wellness Works! Program from activity based to a High Impact, Results-Oriented, Value Based Benefit Design (VBBD) Program which is integrated into the Health Insurance Program including contracting with a third party vendor to conduct Health Risk Assessments.
- 2) Directed staff to bring back Health Insurance Contribution Strategies under the new VBBD Program at the July 2012 Budget Workshop which include the following alternatives:
 1. 2.5% Discount on Employee Contribution options
 2. Alternative Plan Designs
 3. Multiple Tier Contribution Levels (Employee, Employee +1 and Family)
 4. Alternative employer/employee cost ratios
- 3) Renew Health Insurance Services with Capital Health Plan/Blue Cross Blue Shield for the 2013 Plan Year.

In addition, the Board requested that staff schedule a Workshop for June 26, 2012 with a focus on Health Insurance and bring back the following information:

- Contribution Strategies with a Phased-In Approach.
- 2013 CHP/BCBS Renewal Rate with 90/10, 85/15 and 80/20 contribution strategies.
- Local Market Comparison of Plan Designs and Current Contribution Percentages for Leon County, City of Tallahassee, Leon County Schools and the State of Florida.
- Alternative Plan Design with no increased costs for the employer or the employee.
- Analysis of other Counties that have implemented Value Based Benefit Programs.
- Survey of Board and Constitutional Office employees on the interest in implementing a Value Based Benefit Program.

Analysis:

On June 5, 2012, Human Resources staff met with CHP representatives to discuss alternative plan designs and renewal rates for the 2013 Plan Year. CHP/BCBS have proposed a blended rate increase of 0.42% (less than one half of 1%) for the 2013 Plan Year. There is no change in the Current Plan Design (Attachment #1). As a part of this renewal, CHP is requesting that Leon County partner with CHP in the implementation of the County's Wellness Program. This partnership would include allowing CHP to perform employee Health Risk Assessments (HRA's) and Screenings rather than contracting with a Third Party Vendor to perform these services. CHP has agreed to provide the HRA's in the Fall 2012 at no cost to Leon County or its employees. CHP/BCBS have also provided Alternative Plan Designs similar to that of the City of Tallahassee and the Leon County Schools for Board consideration (Attachment #2).

As a result of the 0.42% blended increase in renewal rates proposed by CHP/BCBS for the 2013 Plan Year, the total cost of health insurance is estimated at \$17.6 million. Leon County's employer share is estimated at \$15.9 million at the current 90/10 employer/employee contribution level. This represents an annual employer increase of approximately \$67,000 over 2012 costs.

Table #1 reflects estimated 2013 Plan Year costs at the 90/10 contribution level and the estimated increase in costs over the 2012 Plan Year:

**Table #1
Estimated 2013 Plan Year Annual Costs
0.42% Renewal Rate Increase
90/10 Contribution Level**

Plan Year	Estimated Total Cost	Employer Annual Cost @90%	Employee Annual Cost @10%
2013	\$17,621,000	\$15,859,000	\$1,762,000
2012	\$17,547,000	15,792,000	\$1,755,000
Inc/(Dec) Costs over 2012	\$74,000	\$67,000	\$7,000

The 0.42% renewal rate is significantly below national market trends of 5.5 – 6% as outlined in the attached article titled "Slower Health Care Cost Growth Expected in 2013" by the Society for Human Resource Management (SHRM) (Attachment #5). The SHRM article also indicates that in 2013 employers are expanding health promotion programs such as Wellness and increasing employees' share of costs as primary strategies in controlling medical costs.

Annually, staff provides the Board with strategies to consider in reducing the employer share of health insurance costs. Those strategies have included the following options:

- 1) Decreasing Leon County's employer contribution
- 2) Changing to a less costly Plan Design, or
- 3) Adoption of a combination of both options 1 and 2.

Decreasing Leon County's employer contribution may result in a cost shift to employees with a higher premium contribution level required. A change to a less costly plan design may result in employees paying higher co-pays for prescriptions and medical services. Those employees and retirees that utilize medical services the most may experience the greatest cost impact under this option. However, all employees, including retirees may benefit from a lower increase in premiums or even reduced premiums as a result of changing to a less costly plan design.

To assist the Board in making this determination, the following information and analysis is presented in this discussion item:

- I. Plan Designs and Renewal Rates
 - A. Local Market Plan Designs
 - B. 2013 Current and Alternate Plan Designs
- II. Contribution Strategies
 - A. Local Market Contribution Strategies
 - B. 2013 Current and Alternative Plan Designs
 - 1. Standard Contribution Strategies
 - 2. Four-Year Phase In Contribution Strategies
 - 3. Multiple Tier Contribution Strategies
- III. Value Based Benefit Design (VBD) Program
 - A. Value Based Benefit Design (VBD) Contribution Options
 - B. Analysis of Other Counties with VBD Programs
 - C. Survey Results of Employee Interests in VBD Program

I. Plan Design and Renewal Rates

- A. Comparison of Current Local Market Plan Designs
 - Attachment #6 provides a detailed summary of current Local Market Plan Designs for Leon County, City of Tallahassee, Leon County Schools, and the State of Florida. Table #2 highlights a few of the major differences in the Plan Design for co-pays for prescriptions and medical services for each of these entities:

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Table #2
Current Local Market Plan Design Highlights

Medical Service	Highlights of Major Differences in Co-Pays			
	Leon County	City of Tallahassee	Leon County Schools	State of Florida
Primary Care	\$10	\$10	\$15	\$20
Specialist	\$25	\$40	\$40	\$40
Urgent Care	\$20	\$25	\$25	\$25
Physician -Out Patient	\$25	\$40	\$40	\$0
Mental Health	\$25	\$40	\$40	\$20
Hospital Out-Patient	\$100	\$250	\$250	\$250
Emergency Room	\$100	\$250	\$250	\$100
Ambulance	\$0	\$100	\$100	\$0
Ambulatory Surgical	\$100	\$100	\$100	\$0
MRI/PET/CT	\$25	\$100	\$100	\$0
Rehab Therapies	\$25	\$40	\$40	\$40
Routine Vision	\$15	\$10	\$15	\$40
RX-Prescriptions	\$7/\$30/\$50	\$7/\$30/\$50	\$15/\$30/\$50	\$7/\$30/\$50

As reflected in Table #2, Leon County’s Current Plan has richer benefits for some medical services by providing lower co-pays than that of the City of Tallahassee and Leon County Schools. The City of Tallahassee and Leon County Schools plans differ from each other only in amounts paid in co-pays for primary care and prescription services. The State of Florida Plan also has a rich benefit plan with \$0 co-pays in four medical service areas. Attachment #7 provides a side by side comparison of the Current and Alternate Plan Designs for Blue Cross Blue Shield. The Alternate BCBS Plan #3559 pairs with the City of Tallahassee and Leon County Schools Alternate Plans.

B. Proposed Renewal Rates for Current and Alternate Plan Designs

On May 22, 2012, staff sent a letter to CHP requesting renewal rates for the Current Plan Design and several Alternative Plan Designs similar to those of the City of Tallahassee and the Leon County School Board for review and consideration (Attachment #8). Staff has compared Leon County’s Current Plan design with the Alternative Plan Designs requested from CHP/BCBS.

Each Plan Design is represented as follows:

- Plan A – Leon County’s Current Plan Design
- Plan B – Alternate CHP 5 Plan (City of Tallahassee)
- Plan C - Alternate Capital Select Plan (Leon County Schools)

Table #3 provides a comparison of the proposed renewal rates for each of these plan designs and the associated employer costs.

Table #3
Comparison of 2013 Proposed Renewal Rates
and Employer Costs – Maintain 90/10 Contribution

	Plan A Leon County Current Plan Design	Plan B Alternate CHP 5 Plan Design (Similar to City of Tallahassee)	Plan C Alternate Capital Selection Plan Design (Similar to Leon County Schools)
2013 Renewal Rate	0.42% Increase	(2.25%) Decrease	(4.30%) Decrease
2013 Employer Costs	\$15,859,000	\$15,437,000	\$15,113,000
2012 Costs	\$15,792,000		
Inc/(Dec) over 2012 costs	\$67,000	(\$355,000)	(\$679,000)

II. Contribution Strategies

- A. Comparison of Current Local Market Contribution Strategies
 Attachment #9 provides a detailed review of Local Market Contribution strategies for Leon County, City of Tallahassee, Leon County Schools and the State of Florida.

Table #4 provides highlights of these contribution strategies:

Table #4
Comparison of Local Market Contribution Strategies

Tier	Leon County	City of Tallahassee¹	Leon County Schools	State of Florida
	Employer/Employee Contribution Percentage			
Single	90/10	100/0	80/20	90/10
Employee +1	90/10	92/8	60/40	85/15
Family	90/10	72/28	60/40	85/15

¹ City of Tallahassee provides employees \$164 per month in Flexbucks to be applied towards benefits.

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B. 2013 Current and Alternate Contribution Strategies

1. **Standard Contribution Strategies - Current and Alternate Plan Designs**

Table #5 reflects five contribution strategies and the related employer costs over 2012 costs for the current and alternate plan designs:

Table #5
Fiscal Impact of Current and Alternative Plans
Standard Contribution Strategies

2013 Board Established Contribution Strategy	2013 Fiscal Impact - Inc/(Dec) over 2012 Costs		
	Plan A - Leon County Current Plan Design	Plan B - CHP 5 (City of Tallahassee)	Plan C - Capital Select (Leon County Schools)
Renewal Rate	0.42% Inc.	(2.25%) Dec.	(4.30%) Dec.
Strategy #1 Maintain 90/10	\$67,000	(\$355,000)	(\$679,000)
Strategy #2 87.5/12.5	(\$374,000)	(\$784,000)	(1,099,000)
Strategy #3 85/15	(\$814,000)	(\$1,213,000)	(1,518,000)
Strategy #4 82.5/17.5	(\$1,255,000)	(\$1,641,000)	(1,938,000)
Strategy #5 80/20	(\$1,695,000)	(\$2,070,000)	(2,358,000)

As shown in Table #5, reducing the employer contribution will result in a lower employer cost for Leon County. However, County employees will pick up the shift in costs through higher insurance premiums. Attachment #10 provides estimated total annual costs and monthly premiums associated with each of the contribution strategies for Current and Alternate Plan Designs.

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2. Four-Year Phase In - Current and Alternate Plan Designs

Table #6 reflects a four-year phase in of the contribution strategy, starting with an 87.5/12.5 contribution strategy in the 2013 Plan Year. Each year thereafter the employer contribution is decreased and the employee contribution is increased by an additional 2.5%. The employer cost assumes a 5% increase in the renewal rate for future years.

Table #6
Four Year Phase In
Contribution Strategies and Costs
Assumes 5% Renewal Rate Increase (2014-2016)

Fiscal Impact - Inc/(Dec) over Prior Years Costs			
Contribution Strategies	Plan A - Leon County Current Plan Design	Plan B - CHP 5 (City of Tallahassee)	Plan C - Capital Select (Leon County Schools)
	0.42% Inc.	(2.25%) Dec.	(4.30%) Dec.
Maintain 90/10	\$67,000	(\$355,000)	(\$679,000)
Four-Year Phase In			
2013 - (87.5/12.5)	(\$374,000)	(\$784,000)	(\$1,099,000)
2014 - (85/15)	\$308,000	\$300,000)	(\$294,000)
2015 - (82.5/17.5)	\$301,000	\$293,000	(\$287,000)
2016 - (80/20)	\$291,000	\$283,000	(\$277,000)

Attachment #11 provides estimated annual costs and monthly premiums associated with the four-year phase in approach.

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3. Multiple Tier Contribution Level - Current and Alternate Plan Designs

Table #7 provides multiple tier contribution levels for single, employee +1 and family coverage. This contribution strategy charges a higher contribution level for dependent coverage.

**Table #7
 Multiple Tier Contribution Levels**

	Employer Multi-tier Contribution			Fiscal Impact – Inc/(Dec) over 2012 Costs		
				Plan A - Leon County Current Plan Design	Plan B - CHP 5 (City of Tallahassee)	Plan C - Capital Select (Leon County Schools)
	Single	Emp+1	Family	0.42% Inc.	(2.25%) Dec.	(4.30%) Decrease
Maint. 90/10	90/10	90/10	90/10	\$67,000	(\$355,000)	(\$679,000)
Strategy #1	90/10	87.5/12.5	87.5/12.5	(\$309,000)	(\$720,000)	(\$1,036,000)
Strategy #2	90/10	87.5/12.5	85/15	(\$574,000)	(\$978,000)	(\$1,289,000)
Strategy #3	90/10	85/15	85/15	(\$683,000)	(\$1,084,000)	(\$1,393,000)
Strategy #4	87.5/12.5	85/15	85/15	(\$748,000)	(\$1,149,000)	(\$1,456,000)

Additional detail of costs related to the multi-tier contribution strategies and associated fiscal impact are shown in Attachment #12.

III. Value Based Benefit Design (VBD)

At the May 22, 2012, Budget Workshop, the Board approved the concept of transitioning to a Value Based Benefit Design (VBD) Program. The primary objective of the program is to help slow down the acceleration of employer costs while improving employee health. This is accomplished by encouraging participation in Wellness programs and offering discounts and incentives such as premium discounts which are directly tied to the Health Insurance Program.

Staff is proposing a 2.5% strategy reduction on the contribution strategy established by the Board each year as an incentive for employee participation. This incentive equates to an approximate 20% reduction in employee premium costs. The National Coalition on Health estimates that 95% of employees will participate in a VBD Wellness Program and take advantage of the 2.5% contribution strategy reduction. Employees not participating will continue to pay the employer/employee contribution strategy established by the Board each year. The program structure of the VBD is outlined in Attachment #13. The Wellsteps ROI Calculator which demonstrates how accelerating health care costs can be slowed down in future years by implementing Wellness Initiatives is shown in Attachment #14.

1. **VBD Contribution Strategies**

Table #8 provides contribution strategies under the VBD Program. Under this program, the Board will continue to establish the contribution strategy each year, and those employees voluntarily participating in Wellness Program activities will receive a 2.5% incentive reduction off of the established contribution strategy. Staff is estimating that 95% of Leon County employees participate in the VBD program based on surveys by the National Coalition on Health.

Table #8
Value Based Benefit Design (VBD)
Estimated Fiscal Impact over 2012 Costs

2013 Board Established Contribution Strategy	VBD - 2.5% Incentive Reduction in Contribution Strategy	Fiscal Impact – Inc/(Dec) over 2012 Costs		
		Plan A - Leon County Current Plan Design	Plan B - CHP 5 (City of Tallahassee)	Plan C - Capital Select (Leon County Schools)
Maintain 90/10	N/A	\$67,000	(\$355,000)	(\$679,000)
Strategy #1 87.5/12.5	90/10	\$44,000	(\$377,000)	(\$700,000)
Strategy #2 85/15	87.5/12.5	(\$396,000)	(\$806,000)	(\$1,120,000)
Strategy #3 82.5/17.5	85/15	(\$837,000)	(\$1,235,000)	(\$1,540,000)
Strategy #4 80/20	82.5/17.5	(\$1,277,000)	(\$1,663,000)	(\$1,960,000)

Attachment #15 provides monthly premiums and employee savings for each strategy reflected in Table #8 and also for the four-year phase in and with multiple-tier contribution level strategies under a VBD Program.

The employee premium savings from participating in wellness program activities is estimated at 20% as shown in Table #9:

Table #9
VBD Employee Premium Savings
0.42% Renewal Rate Increase

	Board Established Contribution Strategy 87.5/12.5	VBD 2.5% Reduction in Contribution Strategy 90/10	Monthly Savings	Annual Savings
Single	\$65.98	\$52.78	\$13.20	\$158.40
Emp +1	\$136.73	\$109.39	\$27.34	\$328.44
Family	\$174.95	\$139.96	\$34.99	\$419.99

2. Summary of County Comparisons

As requested by the Board at the May 22, 2012, Budget Workshop, Attachment #16 provides a summary of comparable counties and whether or not they have adopted VBD programs that provide health insurance incentives for those employees participating in Wellness Programs. Table #10 reflects two other Florida counties that provide Wellness premium incentives and the employee annual premium savings:

**Table #10
 Value Based Benefit Design¹
 Annual Employee Premium Savings**

	Incentive	Single	Emp +1	Family
Leon County (Proposed)	2.5% Reduction in Contribution Strategy	\$158	\$328	\$420
Alachua County	\$10 premium reduction per pay period	\$240	\$240	\$240
Escambia County	\$10 premium reduction per pay period	\$240	\$240	\$240

¹Assumes 87.5/12.5 Established Contribution and 90/10 Incentive

Several other Florida counties have Value Based Benefit Programs; however, they are self insured and provide employee discounts on the health plan design. This includes reduced co-pays for prescription and medical services and lower deductibles. These counties may also offer Three Level Health Plan Designs (Good, Better and Best) based on employee Wellness participation. These employers include:

- Brevard County
- Collier County
- Manatee County
- Sarasota County

3. Employee Survey of VBD Program Participation

An employee survey was conducted on employee interest in participating in a VBD Program. Approximately 612 employees from Board and Constitutional Offices participated in the survey. This represents a 44% participation rate. The VBD survey results and individual comments are included in Attachment #17. Staff has prepared a brief summary of the survey results.

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VBD survey results revealed that:

1. 82.4% of the employees would be willing to voluntarily participate in designated wellness activities and receive a discount on their employee premium contribution. 17.6% would not.
2. 63.3% of employees felt this was a tool to increase participation, improve employee health and slow down rising health care costs. 16.6% saw it as rewarding employees and 20.1% saw it as punishing employees.
3. 78.2% of employees would be willing to take an online Health Risk Appraisal (HRA) to receive the premium contribution discount, while 21.8% would not.
4. 70.6% of the employees would prefer that the HRA was administered through their health plan; 29.4% would prefer a Third Party Wellness vendor administer it.
5. 77.1% of the employees would participate in Biometric Screenings to get the discounted premium contribution and 22.9% would not.

Overall, the majority of employees participating in the survey indicated that they would be willing to participate in Wellness Programs, such as HRA's and Biometric Screenings in order to receive a premium discount. Additionally, a majority of employees participating in the survey view the VBD program as rewarding employees, as a tool to increase wellness participation and improve employee health while slowing down rising health care costs.

In summary, the following actions are necessary by the Board regarding 2012 Plan Year Health Insurance. These actions include accepting the renewal rates from CHP, selection of a Plan Design, selection of a Contribution Strategy and a determination as to whether or not the selected contribution strategy will be applied to the Value Based Benefit Design program. Whichever Plan Design or Contribution Strategy the Board chooses, there is a VBD program strategy that will correlate with that selection, and provide a 2.5% incentive reduction in the contribution strategy for those employees voluntarily participating in Wellness Programs.

Staff is recommending Alternate Plan B – CHP 5 Plan Design (City of Tallahassee) and a change in Contribution Strategy from 90/10 to 87.5/12.5 for the 2013 Plan Year. This option results in an employer savings of approximately \$784,000 and an employee premium increase of \$31 a month over 2012 costs for family coverage. Additionally, staff seeks Board direction on whether or not to pursue the VBD Program for the 2013 Plan Year.

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Options:

Provide preliminary guidance, on Options #1, #2, and #3, in preparation of the July 9th Budget Workshop:

1. Plan Design for the 2013 Plan Year:
 - a. Maintain Plan A – Leon County’s Current Plan Design
 - b. Select Plan B – CHP 5 Plan (City of Tallahassee)
 - c. Select Plan C – Capital Select Plan (Leon County Schools)
2. Contribution Strategy from the following list from (a) Standard Contribution Strategy or from (b) Multiple Tier Contribution Strategy for 2013 Plan Year:

- a. Standard Contribution Strategy (Table #5)

Strategy #1	Maintain 90/10
Strategy #2	87.5/12.5
Strategy #3	85/15
Strategy #4	82.5/17.5
Strategy #5	80/20

- b. Multiple Tier Contribution Strategy (Table #7)

	Single	Emp +1	Family
Strategy #1	90/10	87.5/12.5	87.5/12.5
Strategy #2	90/10	87.5/12.5	85/15
Strategy #3	90/10	85/15	85/15
Strategy #4	87.5/12.5	85/15	85/15

3. Value Based Benefit Design Program for the 2013 Plan Year, including partnering with CHP.
4. Do not pursue the Value Based Benefit Design program for the 2013 Plan Year.
5. Board Direction

Recommendation:

Provide preliminary guidance on the following issues in preparation of the July 9th Budget Workshop:

1. Plan design
2. Contribution strategy
3. Implementation of the Value Based Benefit Design, including partnering with CHP.

Attachments:

1. CHP/BCBS Proposed 2013 Plan Year Renewal Rates Current Plan Design
2. CHP/BCBS Alternative Plan Designs and Renewal Rates
3. Current 2012 Health Insurance Costs and Monthly Payments
4. May 22, 2012 Budget Workshop Item #4, titled “ Approval to Transition to a Value Based Benefit Design Health Insurance and Wellness Program and Review Contribution Strategies”
5. Article titled “Slower Health Care Cost Growth Expected in 2013” by SHRM
6. Comparison of Current Local Market Plan Designs
7. Comparison of Blue Cross Blue Shield Current and Alternate Plan Designs
8. May 22, 2012, letter to CHP requesting renewal rates for Current and Alternative Plan Designs
9. Comparison of Current Local Market Contribution Strategies
10. Annual Costs and Monthly premiums associated with Standard Contribution Strategies
11. Four Year Phase In Contribution Strategies
12. Multi-Tier Contribution Strategies
13. Proposed Value Based Benefit Design (VBD) Program Summary
14. WellSteps ROI Calculator
15. VBD Annual Costs and Monthly Premium for Standard Strategy Options, Four Year Phase In and Multi-Tier Options
16. Summary of Comparable Counties and whether or not they have adopted VBD programs
17. Employee Survey of VBD Program Participation



June 18, 2012

Lillian W. Bennett
Director of Human Resources
Leon County
315 South Calhoun Street - Suite #502
Tallahassee, FL 32301

Re: Capital Health Plan and Florida Blue Blended 1/1/2013 Renewal Rates

Dear Lillian:

We are pleased to submit the 2013 Blended Dual Option renewal rates and alternates. These rates are effective January 1, 2013 and are guaranteed for one year. The renewal rates do not include:

- 1) Changes from the associated plan designs previously provided
- 2) Changes mandated or made available by State and Federal Regulations
- 3) Changes in eligibility
- 4) Changes in the Anniversary Date
- 5) Significant changes in Demographics (15% or more)

The following are the renewal rates and alternates that you requested. These rates continue to reflect costs well below national trends.

Capital Health Plan	Florida Blue Plan	Employee	Employee + Spouse	Family	Blended Rate Increase
Current Capital Health Plan Selection \$7/\$30/\$50 Rx	Florida Blue 1551 \$15/\$30/\$50 Rx	\$528.18	\$1,093.87	\$1,399.34	0.42%
Alternate Capital Selection \$15/30/50 Rx	Florida Blue Alternate 3559	\$503.49	\$1,042.42	\$1,333.25	-4.30%
Alternate CHP 5 \$7/30/50 Rx	Florida Blue Alternate 3559	\$513.96	\$1,064.72	\$1,362.32	-2.25%

Leon County has partnered with Capital Health Plan to meet the health care needs of its employees and their families for 29 years. We appreciate this partnership and look forward to continuing this relationship.

Sincerely,

Polly A. White
Sr. VP Marketing and Administrative Services

Cc: Dave Sana, Laura Fortino



Capital Health
P L A N



An Independent Licensee of the
Blue Cross and Blue Shield Association

Leon County Selection \$7/ \$30/ \$50 Rx Schedule of Copayments

Benefits	Unit	Your Cost (Copayment)
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours	Per Visit	\$10
Specialty Care: Office visit for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$25
Urgent Care: Office visit for services provided by your primary care physician, or other Capital Health Plan personnel or participating providers including after regular office hours	Per Visit	\$20
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act.	Covered in full	
Chiropractic Care	Per Visit	\$25
Dermatology Care	Per Visit	\$25
Mental health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention	Per Visit	\$25
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	\$25
Podiatry Care	Per Visit	\$25
Routine eye exams	Per Visit	\$15
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	\$25
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	\$250 (\$750 Max. per calendar year)
Outpatient procedures performed in a hospital	Per Visit	\$100
Mental health inpatient hospital care	Per Admission	\$250 (\$750 Max. per calendar year)
Prescriptions		
Outpatient Prescription drugs <i>(Capital Health Plan reserves the right to add, remove or reclassify any prescription drug between tiers at any time. Covered prescription drugs must be medically necessary, prescribed by a medical professional acting within the scope of his/her license, and dispensed by a pharmacist.)</i>	Tier 1 Tier 2 Tier 3	\$7 \$30 \$50



Capital Health

P L A N



An Independent Licensee of the
Blue Cross and Blue Shield Association

Benefits	Unit	Your Cost (Copayment)
Emergency Services		
Emergency room visit	Per Visit	\$100 (waived if admitted)
Medically necessary ambulance service	Per Transport	\$0
Other Health Services		
Home health services	Per Occurrence	\$0
Hospice care	Per Occurrence	\$0
Skilled nursing facility for up to 60 days per admission with subsequent admission available following 180 days from discharge date of the previous admission	Per Confinement	\$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$100
Durable medical equipment	Per Device	\$0
Orthotic and Prosthetic medical appliances	Per Appliance	\$0
Diagnostic Imaging including MRI, PET, and CT Scan	Per Scan	\$25
Outpatient prescription drugs	Covered by endorsement only	
Value Added Features		
CHP Health Coaching, a 24/7 health information and decision support line	Included	
Health Crossroads web modules offering decision support, treatment options and prevention tips about back pain, depression, diabetes, smoking cessation, weight loss, and much more	Included	
Diabetes prevention and weight management program	Included	
CHPConnect: Online resource to help you manage your care	Included	
Fitness Reimbursement - Up to \$150 per year per household for membership at qualified health and fitness centers	Included	
Local fitness center discounts	Included	
Exclusions		
<ul style="list-style-type: none"> • Services not specifically listed in the Covered Services section of Member Handbook • Service, which in our opinion was, or is, not Medically Necessary • Hearing aids and devices • Nonprescription drugs and vitamins • Cosmetic surgery • Custodial care 		
<ul style="list-style-type: none"> • You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Schedule of Copayments. • The maximum amount of copayment required in any calendar year is limited to \$2,000 per member and \$4,500 per family, excluding copayments for prescription drugs. • It is the member's responsibility to retain receipts and to notify and document to the satisfaction of Capital Health Plan that the copayment limit has been reached. After notification, services will be provided with no copayment charge for the remainder of the calendar year. 		

BlueOptions

For Large Groups
Health Benefit Summary Plan 1551



Benefits for Covered Services

Amount Member Pays

Office Services	
Physician Office Services In-Network Family Physician In-Network Specialist Out-of-Network Office Visit In-Network e-Office Visit Out-of-Network e-Office Visit	\$15 Copayment \$30 Copayment DED ¹ + 40% Coinsurance \$10 Copayment DED + 40% Coinsurance
Maternity Initial Visit In-Network Specialist Out-of-Network	\$30 Copayment DED + 40% Coinsurance
Allergy Injections (rendered by an In-Network Physician)	\$10 Copayment
Preventive Care	
Routine Adult Physical Exam and Immunizations In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$30 Copayment 40% Coinsurance
Well Woman Exam (e.g. Annual GYN) In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$30 Copayment 40% Coinsurance
Mammograms (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0
Well Child In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$30 Copayment 40% Coinsurance
Emergency Medical Care	
Urgent Care Centers In-Network / Out-of-Network	\$30 Copayment / DED + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$100 Copayment + 10% Coinsurance \$100 Copayment + 40% Coinsurance
Ambulance Services (Ground, air and water travel, combined per day maximum) In-Network and Out-of-Network	\$5,000 DED + 10% Coinsurance
Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network / Out-of-Network	\$75 Copayment / DED + 40% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network / Out-of-Network	\$0 / DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	\$100 Copayment / \$200 Copayment \$300 Copayment
Other Provider Services	
Provider Services at Hospital and ER In-Network and Out-of-Network	In-Network DED + 10% Coinsurance

1 DED = Deductible

Note: Out-of-Network services may be subject to balance billing

BlueOptions

For Large Groups
Health Benefit Summary Plan 1551

Benefits for Covered Services

Amount Member Pays

Other Provider Services (Continued)	
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP² Max) In-Network Locations other than Hospital and Physician's Office Out-of-Network Locations other than Hospital Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	35 Visits DED + 10% Coinsurance DED + 40% Coinsurance \$100 Copayment / \$200 Copayment \$300 Copayment
Durable Medical Equipment In-Network Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance
Home Health Care (PBP Max) In-Network Out-of-Network	20 Visits DED + 10% Coinsurance DED + 40% Coinsurance
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 days DED + 10% Coinsurance DED + 40% Coinsurance
Hospice In-Network Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network / Out-of-Network	\$75 Copayment / DED + 40% Coinsurance
Inpatient Hospital Facility and Rehabilitation Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days (PBP) \$400 Copayment / \$800 Copayment DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	\$100 Copayment / \$200 Copayment \$300 Copayment
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$100 Copayment + 10% Coinsurance \$100 Copayment + 40% Coinsurance
Mental Health/Substance Dependency	
Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 40% Coinsurance
Outpatient Hospitalization Facility Service (per visit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 \$300 Copayment
Emergency Room Facility Services (per visit) In-Network and Out-of-Network	\$0

2 PBP = Per Benefit Period

BlueOptions

For Large Groups

Health Benefit Summary Plan 1551

Benefits for Covered Services

Amount Member Pays

Mental Health/Substance Dependency (Continued)	
Provider Services at Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 \$0
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 40% Coinsurance
Outpatient Office Visit In-Network Family Physician / Specialist Out-of-Network	\$0 40% Coinsurance
Financial Features	
Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before BCBSF pays)	\$500 / \$1,500 Combined w/ In-Network
Coinsurance In-Network / Out-of-Network (Coinsurance is the percentage the member pays for services)	10% / 40%
Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance and Copayments; Excludes Prescription Drugs)	\$2,500 / \$7,500 Combined w/ In-Network
Total Lifetime Maximum Benefit	No Maximum

Additional Benefits and Features

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Blue Cross and Blue Shield of Florida, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

An Array of Value-Added Programs and Services*

- **Access to valuable health information and resources**, including care decision support, our online provider directory at www.bcbsfl.com and other interactive web-based support tools.
- **Expert advice on call.** We encourage you to call our care consultants team at 1-888-476-2227 to find out how much they can help you SAVE. Whether comparing the cost of your medications between local pharmacies or researching the quality and cost of treatment options before you make a decision, we can help you shop for the best value for you and your family.
- **MyBlueService** is your online gateway to everything about your health benefit plan as well as all of our self-service tools, now including an enhanced **WebMD** website especially for our members only.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.**
- BlueOptions members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

BlueOptions

For Large Groups

Health Benefit Summary Plan 1551

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard[®]** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, BCBSF does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at www.bcbsfl.com.

* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their Physician since neither BCBSF nor its vendors provide medical care or advice.

** As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has an arrangement with a vendor to provide secure online communication between its members and participating physicians as a value-added feature. The written terms of your policy, certificate or benefit booklet determine what is covered.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.



For BlueOptions Plans

BlueScript Pharmacy Benefits

Your Prescription Drug Benefit Plan - \$15/\$30/\$50

(Mail Order Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain Prescription Drugs at a location convenient to you.

You may also be able to receive more savings on Prescription Drugs by purchasing your Drugs through the mail order program.

See below for your specific plan details.

Pharmacy Deductible	
In/Out-of-Network	\$0
Preferred Generic Prescription Drugs	
In-Network	\$15
Mail Order (90 days).....	\$40
Out-of-Network	50% Coinsurance
Preferred Brand Name Prescription Drugs	
In-Network	\$30
Mail Order (90 days).....	\$75
Out-of-Network	50% Coinsurance
Non-Preferred Prescription Drugs	
In-Network	\$50
Mail Order (90 days).....	\$125
Out-of-Network	50% Coinsurance

Advantages of our Pharmacy Program:

With our BlueScript Pharmacy Program, you'll receive coverage for Preferred Generic, Preferred Brand Name, and Non-Preferred Prescription Drugs, as well as Self-administered Injectables and specialty medications. You have easy access to Participating Pharmacies throughout Florida and to National Network Pharmacies with over 60,000 locations.

Save when purchasing your Prescription Drugs:

You can reduce your out-of-pocket costs by purchasing Covered Prescription Drugs listed on our Preferred Medication List. These Prescription Drugs should cost you less than Prescription Drugs not on the list.

Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs that appear on the Preferred Medication List. If you request a Brand Name Prescription Drug when a Generic is available, you will be responsible for:

1. The copayment applicable to Brand Name Prescription Drugs; and
2. The difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueOptions Pharmacy Program Schedule of Benefits.

More convenient than ever:

Take your prescriptions to a participating pharmacy to have it filled. Or, if you are taking a prescription medication on an ongoing basis, you have a couple of convenient options:

1. Your doctor can prescribe a 3-month supply and you can have it filled at select participating retail pharmacies. A 3-month out-of-pocket cost (copay, coinsurance and/or deductible) applies.
2. For additional savings, fill prescriptions via our mail-order program. This program allows covered members taking Prescription Drugs to receive up to a 3-month supply for one Mail Order Copayment, after Pharmacy Deductible, if applicable. Prescription Drugs ordered through this program are provided by Prime Therapeutics® mail order facility, PrimeMail®.

Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from a participating pharmacy.

Medication Guide

The Preferred Medication List, which is part of the Medication Guide, is available online at www.bcbsfl.com. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your identification card. For the hearing impaired, call Florida TTY Relay Service 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a Prescription Drug from the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

Pharmacy Options Affect Your Out of Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered 'in-network' for that particular medication.

- **Retail Pharmacy Network**

Non-specialty 'Generic' medications and 'Brand Name' medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.

- **Specialty Pharmacy Network**

We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications

- **Non-Participating Pharmacy**

Choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim to be reimbursed. Our payment will be based on our Non-Participating Pharmacy Allowance minus your deductible and/or coinsurance. You will be responsible for the deductible and/or coinsurance and the difference between our Allowance and the cost of the medication.

- **The National Pharmacy Network**

The National Pharmacy Network includes more than 50,000 chain and independent Pharmacies across the United States. These National Network Pharmacies are available to our members traveling or residing outside of Florida. Simply present your member ID card at time of purchase.

Utilization Management / Responsible Rx Programs

Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the Drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide and are designated with a "PA" following the product name, BCBSF reserves the right to change the Drugs that require PA at any time and for any reason.

Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved Drug labeling and nationally recognized therapeutic clinical guidelines. The list of Drugs that have quantity limits are designated in the Formulary List with "QL" following the product name. BCBSF reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at www.bcbsfl.com.

Responsible Steps

Drugs included in this program require that you try another designated or prerequisite Drug first before a Drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite Drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with "RS" following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. BCBSF reserves the right to change the Drugs subject to the Responsible Steps program at any time and for any reason.

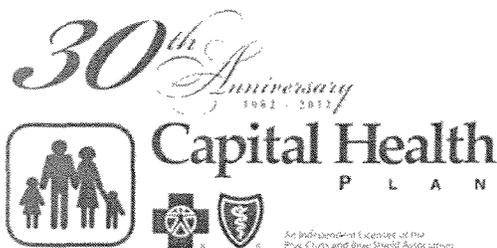
Drugs That Are Not Covered

Your Pharmacy benefit may not cover select medications. The Medication Guide contains of a list of non-covered drugs. Some reasons a medication may not be covered are:

- The Drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The Drug has a preferred formulary alternative.

Prescription Discounts

With the BlueSaver® prescription savings card program, you will receive special discounted pricing on non-covered prescription medications when you show your BlueSaver ID card at select participating pharmacies. This card provides savings for you or any of your covered family members on medications that are not covered under your BlueScript pharmacy benefit. The BlueSaver savings program is not an insurance product or part of your health benefit plan.



Lillian W. Bennett
Director of Human Resources
Leon County
315 South Calhoun Street - Suite #502
Tallahassee, FL 32301

June 18, 2012

Re: Capital Health Plan and Florida Blue Blended 1/1/2013 Renewal Rates

Dear Lillian:

We are pleased to submit the 2013 Blended Dual Option renewal rates and alternates. These rates are effective January 1, 2013 and are guaranteed for one year. The renewal rates do not include:

- 1) Changes from the associated plan designs previously provided
- 2) Changes mandated or made available by State and Federal Regulations
- 3) Changes in eligibility
- 4) Changes in the Anniversary Date
- 5) Significant changes in Demographics (15% or more)

The following are the renewal rates and alternates that you requested. These rates continue to reflect costs well below national trends.

Capital Health Plan	Florida Blue Plan	Employee	Employee + Spouse	Family	Blended Rate Increase
Current Capital Health Plan Selection \$7/\$30/\$50 Rx	Florida Blue 1551 \$15/\$30/\$50 Rx	\$528.18	\$1,093.87	\$1,399.34	0.42%
Alternate Capital Selection \$15/30/50 Rx	Florida Blue Alternate 3559	\$503.49	\$1,042.42	\$1,333.25	-4.30%
Alternate CHP 5 \$7/30/50 Rx	Florida Blue Alternate 3559	\$513.96	\$1,064.72	\$1,362.32	-2.25%

Leon County has partnered with Capital Health Plan to meet the health care needs of its employees and their families for 29 years. We appreciate this partnership and look forward to continuing this relationship.

Sincerely,

Polly A. White
Sr. VP Marketing and Administrative Services

Cc: Dave Sana, Laura Fortino



CHP 5 Plan \$7/ \$30/ \$50 Rx Schedule of Copayments

Benefits	Unit	Your Cost (Copayment)
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours	Per Visit	\$10
Specialty Care: Office visit for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$40
Urgent Care: Office visit for services provided by your primary care physician, or other CHP personnel or participating providers including after regular office hours	Per Visit	\$25
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act.	Covered in full	
Chiropractic Care	Per Visit	\$40
Dermatology Care	Per Visit	\$40
Mental health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention	Per Visit	\$40
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	\$40
Podiatry Care	Per Visit	\$40
Routine eye exams	Per Visit	\$10
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	\$40
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	\$250
Outpatient procedures performed in a hospital	Per Visit	\$250
Mental health inpatient hospital care	Per Admission	\$250
Prescriptions		
Outpatient Prescription drugs <i>(Capital Health Plan reserves the right to add, remove or reclassify any prescription drug between tiers at any time. Covered prescription drugs must be medically necessary, prescribed by a medical professional acting within the scope of his/her license, and dispensed by a pharmacist.)</i>	Tier 1 Tier 2 Tier 3	\$7 \$30 \$50



Capital Health P L A N



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Blue Cross and Blue Shield Association

Benefits	Unit	Your Cost (Copayment)
Emergency Services		
Emergency room visit	Per Visit	\$250
Medically necessary ambulance service	Per Transport	\$100
Other Health Services		
Home health services	Per Occurrence	\$0
Hospice care	Per Occurrence	\$0
Skilled nursing facility for up to 60 days per admission with subsequent admission available following 180 days from discharge date of the previous admission	Per Confinement	\$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$100
Durable medical equipment	Per Device	\$0
Orthotic and Prosthetic medical appliances	Per Appliance	\$0
Diagnostic Imaging including MRI, PET, and CT Scan	Per Scan	\$100
Outpatient prescription drugs	Covered by endorsement only	
Value Added Features		
CHP Health Coaching, a 24/7 health information and decision support line	Included	
Health Crossroads web modules offering decision support, treatment options and prevention tips about back pain, depression, diabetes, smoking cessation, weight loss, and much more	Included	
Diabetes prevention and weight management program	Included	
CHPConnect: Online resource to help you manage your care	Included	
Fitness Reimbursement - Up to \$150 per year per household for membership at qualified health and fitness centers	Included	
Local fitness center discounts	Included	
Exclusions		
<ul style="list-style-type: none"> • Services not specifically listed in the Covered Services section of Member Handbook • Service, which in our opinion was, or is, not Medically Necessary • Hearing aids and devices • Nonprescription drugs and vitamins • Cosmetic surgery • Custodial care 		
<ul style="list-style-type: none"> • You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Schedule of Copayments. • The maximum amount of copayment required in any calendar year is limited to \$2,000 per member and \$4,500 per family, excluding copayments for prescription drugs. • It is the member's responsibility to retain receipts and to notify and document to the satisfaction of Capital Health Plan that the copayment limit has been reached. After notification, services will be provided with no copayment charge for the remainder of the calendar year. 		



Capital Selection \$15/ \$30/ \$50 Rx Schedule of Copayments

Benefits	Unit	Your Cost (Copayment)
Office Visits (including maternity care)		
Primary Care: Office visit for services provided by your primary care physician during regular office hours	Per Visit	\$15
Specialty Care: Office visit for services provided by a participating provider when authorized by your primary care physician	Per Visit	\$40
Urgent Care: Office visit for services provided by your primary care physician, or other Capital Health Plan personnel or participating providers including after regular office hours	Per Visit	\$25
Preventive Services: Tests, immunizations and services as defined in "Section 2713 - Coverage for Preventive Health Services" of the Patient Protection and Affordable Care Act.	Covered in full	
Chiropractic Care	Per Visit	\$40
Dermatology Care	Per Visit	\$40
Mental health and Substance Use Disorder outpatient care when medically necessary and authorized by the primary care physician for short-term evaluative or crisis intervention	Per Visit	\$40
Outpatient procedures, surgical services, and other medical care provided by the primary care physician or by a participating provider when authorized by primary care physician	Per Visit	\$40
Podiatry Care	Per Visit	\$40
Routine eye exams	Per Visit	\$15
Visits for short-term physical/speech or other rehabilitation therapies	Per Visit	\$40
Hospital Services (including maternity care)		
Room and board in a semiprivate room, or private when medically necessary, and all services covered under this agreement	Per Admission	\$250
Outpatient procedures performed in a hospital	Per Visit	\$250
Mental health inpatient hospital care	Per Admission	\$250
Prescriptions		
Outpatient Prescription drugs <i>(Capital Health Plan reserves the right to add, remove or reclassify any prescription drug between tiers at any time. Covered prescription drugs must be medically necessary, prescribed by a medical professional acting within the scope of his/her license, and dispensed by a pharmacist.)</i>	Tier 1 Tier 2 Tier 3	\$15 \$30 \$50



Capital Health

P L A N



An Independent Licensee of the
Blue Cross and Blue Shield Association

Benefits	Unit	Your Cost (Copayment)
Emergency Services		
Emergency room visit	Per Visit	\$250
Medically necessary ambulance service	Per Transport	\$100
Other Health Services		
Home health services	Per Occurrence	\$0
Hospice care	Per Occurrence	\$0
Skilled nursing facility for up to 60 days per admission with subsequent admission available following 180 days from discharge date of the previous admission	Per Confinement	\$0
Outpatient procedures performed in an ambulatory surgical center	Per Visit	\$100
Durable medical equipment	Per Device	\$0
Orthotic and Prosthetic medical appliances	Per Appliance	\$0
Diagnostic Imaging including MRI, PET, and CT Scan	Per Scan	\$100
Outpatient prescription drugs	Covered by endorsement only	
Value Added Features		
CHP Health Coaching, a 24/7 health information and decision support line	Included	
Health Crossroads web modules offering decision support, treatment options and prevention tips about back pain, depression, diabetes, smoking cessation, weight loss, and much more	Included	
Diabetes prevention and weight management program	Included	
CHPConnect: Online resource to help you manage your care	Included	
Fitness Reimbursement - Up to \$150 per year per household for membership at qualified health and fitness centers	Included	
Local fitness center discounts	Included	
Exclusions		
<ul style="list-style-type: none"> • Services not specifically listed in the Covered Services section of Member Handbook • Service, which in our opinion was, or is, not Medically Necessary • Hearing aids and devices • Nonprescription drugs and vitamins • Cosmetic surgery • Custodial care 		
<ul style="list-style-type: none"> • You are responsible for the payment of charges for Health Care Services that are not covered and for the payment of charges in excess of any maximum benefit limitation set forth in the Schedule of Copayments. • The maximum amount of copayment required from any member in any contract year is limited to an amount equal to twice the annual Prepayment Fee applicable to each member or contract. • The maximum amount of copayment required in any calendar year is limited to \$2,000 per member and \$4,500 per family, excluding copayments for prescription drugs. • It is the member's responsibility to retain receipts and to notify and document to the satisfaction of Capital Health Plan that the copayment limit has been reached. After notification, services will be provided with no copayment charge for the remainder of the calendar year. 		

BlueOptions

For Large Groups
Health Benefit Summary Plan 03559



Benefits for Covered Services

Amount Member Pays

Office Services	
Physician Office Services	
In-Network Family Physician	\$20 Copayment
In-Network Specialist	\$40 Copayment
Out-of-Network Office Visit	DED ¹ + 40% Coinsurance
In-Network e-Office Visit	\$10 Copayment
Out-of-Network e-Office Visit	DED + 40% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	
In-Network	\$150 Copayment
Out-of-Network	DED + 40% Coinsurance
Maternity Initial Visit	
In-Network Specialist	\$40 Copayment
Out-of-Network	DED + 40% Coinsurance
Allergy Injections (per visit)	
In-Network Family Physician	\$10 Copayment
In-Network Specialist	\$10 Copayment
Out-of-Network	DED + 40% Coinsurance
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)	
In-Network Monthly Out-of-Pocket (OOP) Maximum ²	\$200
In-Network Provider	20% Coinsurance
Out-of-Network	DED + 50% Coinsurance
<p>Physician-Administered Medications -- These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under your <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.</p>	
Preventive Care	
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	
In-Network	\$0
Out-of-Network	40% Coinsurance
Mammograms	
In-Network and Out-of-Network	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	
In-Network and Out-of-Network	\$0
Emergency Medical Care	
Urgent Care Centers	
In-Network	\$45 Copayment
Out-of-Network	DED + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted)	
In-Network and Out-of-Network	\$100 Copayment
Ambulance Services (Ground, air and water travel, combined per day maximum)	
In-Network and Out-of-Network	\$5,000 In-Network DED + 20% Coinsurance

¹ DED = Deductible

² In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

BlueOptions

For Large Groups

Health Benefit Summary Plan 03559

Benefits for Covered Services

Amount Member Pays

Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Diagnostic Services (except AIS) In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) Out-of-Network	\$50 Copayment \$150 Copayment DED + 40% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network	\$0 DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	\$200 Copayment / \$300 Copayment DED + 40% Coinsurance
Other Provider Services	
Provider Services at Hospital and ER In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	DED + 20% Coinsurance DED + 20% Coinsurance DED + 40% Coinsurance
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP³ Max) Locations other than Hospital and Physician's Office In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	35 Visits DED + 20% Coinsurance DED + 40% Coinsurance \$45 Copayment / \$60 Copayment DED + 40% Coinsurance
Durable Medical Equipment, Prosthetics and Orthotics In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
Home Health Care (PBP Max) In-Network Out-of-Network	20 Visits DED + 20% Coinsurance DED + 40% Coinsurance
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 days DED + 20% Coinsurance DED + 40% Coinsurance
Hospice In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	\$100 Copayment DED + 40% Coinsurance

³ PBP = Per Benefit Period

BlueOptions

For Large Groups

Health Benefit Summary Plan 03559

Benefits for Covered Services

Amount Member Pays

Hospital/Surgical (Continued)	
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days \$600 Copayment / \$1,000 Copayment DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network	\$45 Copayment / \$60 Copayment \$200 Copayment / \$300 Copayment DED + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$100 Copayment
Mental Health/Substance Dependency	
Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 40% Coinsurance
Outpatient Hospitalization Facility Service (per visit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 40% Coinsurance
Emergency Room Facility Services (per visit) In-Network and Out-of-Network	\$0
Provider Services at Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 \$0
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 40% Coinsurance
Outpatient Office Visit In-Network Family Physician / Specialist Out-of-Network	\$0 40% Coinsurance
Financial Features	
Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before BCBSF pays)	\$500 / \$1,500 \$750 / \$2,250
Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	20% 40%
Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance and Copayments; Excludes Prescription Drugs)	\$2,500 / \$5,000 \$5,000 / \$10,000
Total Lifetime Maximum Benefit	No Maximum

BlueOptions

For Large Groups

Health Benefit Summary Plan 03559

Additional Benefits and Features

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Blue Cross and Blue Shield of Florida, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

An Array of Value-Added Programs and Services*

- **Access to valuable health information and resources**, including care decision support, our online provider directory at www.bcbsfl.com and other interactive web-based support tools.
- **Expert advice on call.** We encourage you to call our care consultants team at 1-888-476-2227 to find out how much they can help you SAVE. Whether comparing the cost of your medications between local pharmacies or researching the quality and cost of treatment options before you make a decision, we can help you shop for the best value for you and your family.
- **MyBlueService** is your online gateway to everything about your health benefit plan as well as all of our self-service tools, now including an enhanced **WebMD** website especially for our members only.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.**
- BlueOptions members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard[®]** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, BCBSF does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at www.bcbsfl.com.

* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their Physician since neither BCBSF nor its vendors provide medical care or advice.

** As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has an arrangement with a vendor to provide secure online communication between its members and participating physicians as a value-added feature. The written terms of your policy, certificate or benefit booklet determine what is covered.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

Estimated 2013 Plan Year Annual Costs and Monthly Payments

Table #1 reflects the estimated annual employer/employee costs for the 2013 Plan year at the 90/10 contribution level.

Table #1
Estimated 2013 Plan Year Annual Costs
0.42% Renewal Rate Increase
90/10 Contribution Level

Coverage Tier	# of Employees	Total Annual Cost	Employer Annual Cost @90%	Employee Annual Cost @10%
Single	416	\$2,635,000	\$2,371,000	\$263,000
Emp+1	333	\$4,371,000	\$3,933,000	\$437,000
Family	632	\$10,615,000	\$9,553,000	\$1,062,000
Total	1381	\$17,621,000	\$15,859,000	\$1,762,000

Table #2 reflects the estimated employer/employee monthly premium for the 2013 Plan Year.

Table #2
Estimated 2013 Plan Year Monthly Payments
0.42% Renewal Rate Increase
90/10 Contribution Level

Coverage Tier	# of Employees	Total Monthly Premium	Employer Monthly Premium @90%	Employee Monthly Premium @10%	Inc/(Dec) in Premium over 2012
Single	416	\$527.83	\$475.04	\$52.78	\$0.22
Emp+1	333	\$1,093.85	\$984.47	\$109.39	\$0.45
Family	632	\$1,399.61	\$1,259.65	\$139.96	\$0.58
Total	1381				

2012 Plan Year Estimated Health Insurance Costs

The current employer/employee contribution strategy is 90/10. Table #1 reflects the estimated annual employer/employee premium cost for the 2012 Plan Year:

**Table #1
2012 Annual Employer/Employee Premiums
90/10 Contribution Percentage**

Coverage Tier	# of Employees	Total Annual Cost	Employer Annual Cost @90%	Employee Annual Cost @10%
Single	416	\$2,623,895	\$2,361,505	\$262,390
Emp+1	333	\$4,352,763	\$3,917,487	\$435,276
Family	632	\$10,570,276	\$9,513,248	\$1,057,028
Total	1381	\$17,546,934	\$15,792,240	\$1,754,694

Table #2 reflects the employer/employee monthly premium for the 2012 Plan Year:

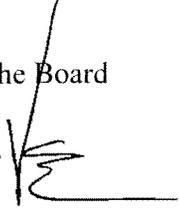
**Table #2
2012 Monthly Employer/Employee Premiums
90/10 Contribution Percentage**

Coverage Tier	# of Employees	Total Monthly Premium	Employer Monthly Premium @90%	Employee Monthly Premium @10%
Single	416	\$525.62	\$473.06	\$52.56
Emp+1	333	\$1,089.28	\$980.34	\$108.94
Family	632	\$1,393.76	\$1,254.38	\$139.36
Total	1381			

Leon County
Board of County Commissioners
Cover Sheet for Budget Workshop Item #4

May 22, 2012

To: Honorable Chairman and Members of the Board

From: Vincent S. Long, County Administrator 

Title: Approval to Transition to a Value Based Benefit Design Health Insurance and Wellness Program and Review Contribution Strategies

County Administrator Review and Approval:	Vincent S. Long, County Administrator
Department/ Division Review:	Lillian Bennett, Director of Human Resources
Lead Staff/ Project Team:	Ernest Poirier, Human Resources Specialist Mary Barley, Health and Wellness Coordinator

Fiscal Impact:

This agenda item has a fiscal impact. Staff proposes transitioning to a Value Based Benefit Design Program (VBBD) which over time should reduce the rate at which the County's health insurance premium increases annually. There are certain program costs, such as conducting Health Risk Assessments (HRA's) and Biometric Screenings, which will be funded through the existing wellness budget and/or included as part of future budget requests. Employee participation in the VBBD Program is voluntary.

Staff Recommendation:

1. Approve the concept of transitioning the Wellness Works! Program from activity based to a Value Based Benefit Design (VBBD) Program which is integrated into the Health Insurance Program including contracting through the use of existing resources with a third party vendor to conduct Health Risk Assessments (Attachment #1).
2. Direct staff to develop a budget discussion item for Health Insurance Contribution Strategies under the new VBBD Program at the July 2012 Budget Workshop which include the following alternatives:
 - a. 2.5% Discounted Employee Contribution for participation in the VBBD program

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program
and Establish Contribution Strategies

May 22, 2012

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- b. Alternative plan design options that include higher co-pays for prescriptions and medical services and lower renewal rates
 - c. Multiple Tier Contribution Levels (Employee, Employee +1 and Family); this would entail higher premium contribution rates for employees with dependent coverages.
 - d. Alternative employee/employer cost ratios.
3. Authorize staff to renew health insurance services with Capital Health Plan/Blue Cross Blue Shield for the 2013 Plan Year. (Note the current agreement has automatic annual renewals unless terminated by the County).

Report and Discussion

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program
and Establish Contribution Strategies

May 22, 2012

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Background:

Leon County currently contracts with Capital Health Plan (CHP) and Blue Cross Blue Shield (BCBS) for employee health insurance services. The current agreement with CHP/BCBS provides for continuing health insurance services on a year to year basis, unless terminated by Leon County or CHP/BSBS. The health insurance program covers Board and Constitutional Office employees, dependents, COBRA participants, as well as Retirees. There are approximately 1,400 employees enrolled in the County's Health Insurance Program. Total enrollees' including dependents represent approximately 3,700 members.

The current employer/employee contribution strategy is 90/10. Table #1 reflects the estimated annual employer/employee premium cost for the 2012 Plan Year:

Table #1
2012 Annual Employer/Employee Premiums
90/10 Contribution Percentage

Coverage Tier	# of Employees	Total Annual Cost	Employer Annual Cost @90%	Employee Annual Cost @10%
Single	416	\$2,623,895	\$2,361,505	\$262,390
Emp+1	333	\$4,352,763	\$3,917,487	\$435,276
Family	632	\$10,570,276	\$9,513,248	\$1,057,028
Total	1381	\$17,546,934	\$15,792,240	\$1,754,694

Table #2 reflects the employer/employee monthly premium for the 2012 Plan Year:

Table #2
2012 Monthly Employer/Employee Premiums
90/10 Contribution Percentage

Coverage Tier	# of Employees	Total Monthly Premium	Employer Monthly Premium @90%	Employee Monthly Premium @10%
Single	416	\$525.62	\$473.06	\$52.56
Emp+1	333	\$1,089.28	\$980.34	\$108.94
Family	632	\$1,393.76	\$1,254.38	\$139.36
Total	1381			

Analysis:

The Leon County Wellness Works! Program is proposing a transition of the current wellness program from an "activity" based program to a "high impact, results-oriented" wellness program. In order to realize this transition, the Wellness Works! Program proposes collecting aggregate employee data on a voluntary basis that can be used to measure and evaluate the effectiveness of the program. This goal can best be accomplished by transitioning the program into a Value Based Benefit Design (VBBD).

A VBBD is an employer-driven benefit design strategy. The basic definition of VBBD is the use of plan incentives to encourage employee education and adoption of healthy lifestyles and

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program
and Establish Contribution Strategies

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increased physical activity. A VBBD program assists in achieving the dual objectives of controlling employer costs while improving employee health. Health Insurance incentives can be used to include rewards, reduced premium share, and adjustments to deductibles and co-pay levels. The National Business Coalition on Health has produced an extensive guide for employers on implementing VBBD Programs (Attachment #2).

More employers are beginning to use a “carrot and stick” approach to get their employees to engage in their wellness programs in order to make them more successful. A more positive way to look at this approach is that the employee now has some “skin in the game” and more clearly sees the financial cost associated with their unhealthy lifestyles and how improving those lifestyles can make them healthier and help reduce the employer’s healthcare costs. Attachment #3 highlights 2012 Healthcare Trends.

Attachment #4 is an example of projected Leon County health care cost from 2011 – 2017 at an 8% annual renewal rate. In this example, County health care cost is estimated to increase from \$17.5 million to \$27.8 million during this period. Staff proposes transitioning to a high impact, results-oriented wellness program (VBBD) which is integrated into the health insurance program to slow down the growth in healthcare costs and encourage a healthy workforce.

Value Based Benefit Design (VBBD) Program

The Wellness Works! Team is requesting Board approval to begin a “high-impact, results-oriented” VBBD wellness program for the 2013 Plan Year. Organizations that begin to use this approach start conservatively to introduce the program and then implement a multi-year approach to allow employees to get familiar with the program and to realize the benefit of healthier living. Additionally, employees begin to understand their role in assisting Leon County in controlling health care costs.

The basic premise of Leon County’s VBBD program is that employees participating in approved wellness programs throughout the year receive 2.5% discounted premium contributions. Employees not participating in approved wellness programs will pay the regular premium contribution established by the Board each year. For example, if the Board established the employer/employee contribution percentage at 87.5/12.5, those employees participating in approved wellness programs will receive a 2.5% discounted premium contribution of 90/10. The proposed structure of the VBBD program is outlined in Attachment #1. Highlights of the proposed VBBD program include the following:

Objective:

The primary objective of the program is to help slow down the acceleration of employer costs while improving employee health. This is accomplished by encouraging participation in Wellness programs and offering discounts and incentives such as premium discounts which are directly tied to the Health Insurance Program.

Eligibility:

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program
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The VBBD will be offered to Board and Constitutional Office employees with the following eligibility criteria:

- a. The VBBD is a voluntary program for all employees
- b. All employees will be able to participate in the Wellness Program.
- c. Benefits eligible employees who are enrolled in CHP or BCBS may be offered a 2.5% premium discount Health Insurance premiums if they participate in Wellness Program activities and screenings (ex. Health Risk Assessment, Biometric Screening, and other programs and activities sponsored by the Wellness Program).

Health Risk Assessments are self-reported online or paper surveys that ask questions about an individual's lifestyle behavior (diet, exercise, smoking, stress, etc) that helps identify risks for future health issues such as cancer, heart disease, diabetes, etc. Biometric Screenings are screenings done by qualified health care professionals that measure Blood Pressure, Cholesterol, Glucose and Body Mass Index (BMI).

VBBD Program Structure:

1. Obtain Board approval to implement a VBBD program over the next two years, in order to give the staff time to evaluate it, and slowly roll out the VBBD concept to employees.
2. Develop a Communications Strategy to help employees understand how the VBBD program will work and why having healthy employees and reigning in health care costs, benefits the employer as well as the employees.
3. The VBBD Program is designed to review only aggregate data and reports regarding the general health of employee population as a whole and will not include any personal health information on any individual employee.
4. The Board will continue to establish the health insurance contribution strategy each fiscal year.
5. Offer a 2.5% discounted premium incentive to those employees voluntarily participating in the HRA's, Biometric Screenings and other Wellness Program activities
6. Develop approved VBBD Wellness Programs, screenings and other services that will be eligible for an employee 2.5% premium incentive discount on health insurance (ex. Health Risk Assessments, Biometric Screenings and other Wellness Program services).
7. In FY 12/13, contract with a Third Party Wellness Vendor to conduct employee Health Risk Assessments. The cost of HRA's will be paid from the existing Wellness Works! Budget.
8. In FY 13/14 budget process, request funding to contract with the same third party vendor to conduct Biometric Screenings at an estimated cost of \$70,000.
9. During 2014 Plan Year, the Wellness Team will conduct an analysis and evaluation of the effectiveness of the VBBD program.

Third Party Wellness Vendor

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program
and Establish Contribution Strategies

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Many employers are now approaching their benefits designs and wellness programs through a VBBD program. However, for employers enrolled in a Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO), such as Leon County, the best approach for collecting aggregate data is through the use of a third party wellness vendor to collect wellness data from Health Risk Assessments and Biometric Measurements (Blood Pressure, Cholesterol, Glucose, etc.). Using a third party wellness vendor is beneficial for many reasons including the following:

- The data collection can be continued without interruption over time and stays with the third party vendor regardless of whether the organization changes their health care insurer.
- The employer has access to aggregate reports and data only provided by the third party vendor and no access to individual personal health information. Individual reports go to the employee only
- Employees are much more likely to participate if their information is being collected by someone other than their employer and will remain private and confidential. The programs are also HIPPA and GINA compliant for employee privacy.
- This aggregate data is then used by the Wellness Program to identify opportunities for improvement and to develop future programming.
- Aggregate Biometric Measurement data provided can be used to show estimates of healthcare savings based on employees improving lifestyle behaviors that impact healthcare costs.

Staff is requesting the use of a third party wellness vendor to begin the implementation of the VBBD program. The third party vendor will conduct Health Risk Assessments (HRA). A funding request will be made in the FY 13/14 budget to contract with the same third party vendor to conduct Biometric Screenings. The estimated cost for the Biometric Screenings is \$70,000. An example of potential Health Care Costs and Productivity Savings associated with Biometric screenings is shown in Attachment #5.

Example of VBBD Program Contribution Strategies

For the 2012 Plan Year, the CHP/BCBS renewal rate was 3.79% for County Employee Health Insurance. The total cost of insurance for 2012 is estimated at \$17.6 million, of which Leon County's employer contribution at 90% is estimated at \$15.8 million.

CHP/BCBS will not have the renewal rates for the 2013 Plan year available until June 2012. However, they have provided a tentative renewal rate range of 5%-8%, although not guaranteed. As such, throughout this agenda item, staff has assumed an 8% renewal rate for the 2013 Plan year for determining estimated costs and contribution strategies.

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program and Establish Contribution Strategies

May 22, 2012

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Table #3 below is an example of 2013 Plan Year estimated costs if the Board maintains the current 90/10 contribution strategy at an 8% renewal rate:

Table #3
2013 Annual Employer Health Insurance
Cost Summary @ 90/10 Contribution Strategy
Assumes 8% Renewal Rate Increase

	Current 2012 Estimated Cost @ 90/10 Contribution	Option A 2013 Maintain 90/10 Contribution @ 8% Renewal Rate	2013 Annual Cost Increase/(Decrease)
Total Costs	\$17,547,000	\$18,951,000	\$1,404,000
Employer Cost	\$15,792,000	\$17,056,000	\$1,264,000
Employee Costs	\$1,755,000	\$1,895,000	\$140,000

Under the VBBD Program, Leon County is encouraging employees to participate in the Wellness Program by offering a premium discount as an incentive. Staff is proposing a 2.5% premium discount on the contribution strategy set by the Board each year as an incentive for employee participation. The National Coalition on Health estimates that 95% of employees will participate in a VBBD Wellness Program and take advantage of the 2.5% premium discount incentive. Employees not participating will continue to pay the employer/employee contribution strategy established by the Board each year.

Table #4 below provides an example of estimated employer costs if 95% of Leon County employees participate in the VBBD program. It assumes that the Board establishes the contribution strategy @ 87.5/12.5 for the 2103 Plan Year and offers a 2.5% premium discount contribution of 90/10 for VBBD participation:

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program and Establish Contribution Strategies
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Table #4 (Example)
Proposed Value Based Benefit Design (VBBD)
Integrating Wellness into Health Insurance Program
95% Employee Participation and Employer Cost Summary
Assumes 8% Renewal Rate Increase

	2013 Contribution Percentage	2013 Total Employees	Option B 2013 Proposed Employer Costs under VBBD
Regular Premium 5% Employees Not Participating in VBBD	87.5/12.5	70	\$841,000
Discounted Premium 95% Employees Participating in VBBD	90/10	1311	\$16,191,000
Total		1381	\$17,032,000

As reflected in Tables #3 and Table #4 above, the total estimated employer cost is approximately the same, \$17,056,000, for Option A (90/10) and \$17,032,00 for Option B (VBBD Program), a difference of \$24,000. Option B, however begins implementation of the VBBD program and integrates the Wellness Program with the Health Insurance Program with the primary objective of slowing down escalating health care costs and improving employee health (Attachment #6).

Table #5 reflects estimated employee monthly and annual savings as a result of the 2.5% premium discount incentive provided for participation in the VBBD Program:

Table #5
2013 VBBD Program
Employee Savings @ 2.5% Premium Discount Incentive
Assumes 8% Renewal Increase

Coverage Tier	Employee Monthly Savings Incentive	Employee Annual Savings Incentive
Single	\$14.19	\$170.28
Emp+1	\$29.41	\$352.92
Family	\$37.63	\$451.56

Attachment #7 provides additional employer/employee contribution strategy options ranging from 90/10 to 80/20 @ a 5% and 8% renewal rate as well as monthly premiums for each option for Board review and consideration. Attachment #8 reflects employee monthly and annual savings as a result of participating in the VBBD program. Staff has also provided comparative information on contribution strategies and plan design for City of Tallahassee, Leon County School Board and the State of Florida (Attachment #9).

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program
and Establish Contribution Strategies

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At the July 2012 Budget Workshop, staff will bring back contribution strategies that include the following:

- VBBD Program contribution strategy options that include the 2.5% premium discount incentive.
- Alternative plan design options that include higher co-pays for prescriptions and medical services and lower renewal rates.
- Multiple Tier Contribution Level Options for Employee, Employee +1 and Family Coverage (Dependent Coverage's normally pay higher contribution levels). The City of Tallahassee, Leon County School Board and the State of Florida currently require higher contributions levels for dependent coverage (Attachment #9).

The current agreement with CHP/BCBS provides for continuing health insurance services on a year to year basis, unless terminated by Leon County or CHP/BCBS. Accordingly, at the February 8, 2011 meeting, the Board approved renewal of health insurances services with CHP/BCBS for the 2012 Plan Year on a year to year basis, as provided in the current agreement. The Board may choose to renew services with CHP for the 2013 Plan Year or direct staff to issue a Request for Proposal. Since CHP/BCBS renewal rates have consistently remained below market trends, staff recommends renewing health insurance services with CHP/BCBS for the 2013 Plan Year.

In conclusion, by implementing the change in the Wellness Works! Program to a High Impact, Results-Oriented Value Based Benefit Design Program, the County should realize in a few years:

- A healthier work force
- Lower premium increases and a slow down in escalating costs
- Savings in contributions for the County
- Savings in contributions for employees
- Return on investment for the program (ROI)

Wellness Works! is requesting Board approval to begin a "results-oriented" VBBD Wellness Program for the 2013 Plan Year. Leon County will use the recommended approach of starting conservatively to introduce the program and then implement a multi-year approach to allow employees to get familiar with the program and to realize the benefit of healthier living.

Approval to Transition to a Value Base Benefit Design Health Insurance and Wellness Program
and Establish Contribution Strategies

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Options:

1. Approve the concept of transitioning the Wellness Works! Program from activity based to a Value Based Benefit Design (VBBD) Program which is integrated into the Health Insurance Program including contracting through the use of existing resources with a third party vendor to conduct Health Risk Assessments (Attachment #1).
2. Direct staff to develop a budget discussion item for Health Insurance Contribution Strategies under the new VBBD Program at the July 2012 Budget Workshop which include the following alternatives:
 - a. 2.5% Discounted Employee Contribution for participation in the VBBD program
 - b. Alternative plan design options that include higher co-pays for prescriptions and medical services and lower renewal rates
 - c. Multiple Tier Contribution Levels (Employee, Employee +1 and Family); this would entail higher premium contribution rates for employees with dependent coverages.
 - d. Alternative employee/employer cost ratios.
3. Authorize staff to renew health insurance services with Capital Health Plan/Blue Cross Blue Shield for the 2013 Plan Year. (Note the current agreement has automatic annual renewals unless terminated by the County).
4. Direct staff to issue a Request for Proposal for health insurance services for the 2013 plan year.
5. Board Direction

Recommendation:

Options #1, #2, and #3

Attachments:

1. Proposed Value Based Benefit Design (VBBD) Program Summary
 2. National Business Coalition on Health VBBD Purchaser Guide
 3. Highlights of the Health Care Trends for 2012 from Idea Crossing
 4. ROI Calculator by Wellsteps: Projected Health Care Trend
 5. Health Care Costs and Productivity Savings from Biometric Screenings
 6. Employer Contributions for Option A (90/10) and Option B (VBBD Program)
 7. Contribution Strategies and Annual Employer Costs @ 5% and 8% Renewal Rates
 8. Employee Monthly and Annual VBBD participation incentive savings
 9. Local Market Healthcare Comparisons – LCSB, City of Tallahassee and State of Florida
- VSL/LWB/EAP/MB

Slower Health Care Cost Growth Expected in 2013

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Slower Health Care Cost Growth Expected in 2013

Plan design features seek to control costs further

6/4/2012

By Stephen Miller, CEBS

The cost of health care in the U.S. is expected to grow at a historically low rate of 7.5 percent in 2013, according to the latest *Behind the Numbers* report on the medical cost trend by consultancy PricewaterhouseCoopers (PwC).

The projection continues a pattern of slower medical growth reflecting the sluggish economy, lower use of services by cost-conscious patients and efforts by employers to hold down expenses.

Medical inflation has been lower than expected for the past three years, and recalibration of previous estimates shows a low range of 7 percent to 7.5 percent from 2010 through 2013, according to PwC. Historically, health care spending bounces back up as the economy recovers. But the report identifies structural changes that might temper that pattern. A fourth year of relatively low growth suggests that the gap between health care spending and overall inflation might be narrowing to a more sustainable level.

Medical cost trend projections help insurers and self-funded employers set premium rates for the following year. For U.S. employers, the net impact of the 2013 increase could be as low as 5.5 percent after accounting for changes in benefit design by purchasers, PwC estimated.

Cost-Control Strategies

Employers are focused on two primary strategies to control medical costs in 2013: expanding health promotion programs and increasing employees' share of costs, according to a report on PwC's 2012 *Health and Well-Being Touchstone Survey* of 1,400 U.S. employers of all sizes, across a broad range of industries.

Wellness programs are offered by nearly three-quarters of employers (72 percent) in 2012, and half of those said they are considering expanding their programs in 2013. Among them the most common offerings include:

- Employee assistance programs (provided by 84 percent of employers that offer wellness programs).
- Health risk assessments (80 percent).
- Biometric screenings (71 percent).
- Tobacco cessation (67 percent).
- Weight management (56 percent).

In addition, 58 percent of employers offer disease management programs in 2012; the most common are related to:

- Diabetes (63 percent).
- Cardiac disease (56 percent).
- Asthma (54 percent).
- Cancer (39 percent).

Plan design features with the most significant changes in 2012 include a considerable increase in in-network deductibles, emergency room co-pays and prescription drug co-pays, the survey revealed. Among the findings:

- Nearly six in 10 employers (57 percent) are considering increasing employee contributions to health plans.
- Half of employers are considering increasing cost sharing through plan design, such as higher deductibles. The average emergency room co-pay, for example, is \$125 or more.

- More than half of employers are considering raising employee prescription drug plan costs.

- 40 percent of survey participants are offering high-deductible plans with a health savings account (HSA), up from 38 percent in 2011, while 17 percent offer a high-deductible plan with a health reimbursement arrangement (HRA), down from 19 percent in 2011. An additional 4 percent offer an HRA linked to a traditional health plan.

HSAs must be coupled with a high-deductible plan; HRAs typically are linked to a high-deductible plan but there is no statutory requirement to do so. (To learn more, see the *SHRM Online* article "Consumer-Driven Decision: Weighing HSAs vs. HRAs").

Cost-Controlling Solutions			
	Already implemented	Under consideration	Not under consideration
Increase employee contributions.	31%	57%	12%
Increase prescription drug plan cost-sharing through plan design changes.	21%	52%	27%
Expand and improve wellness inside the U.S.	38%	50%	12%
Increase medical plan cost-sharing through plan design changes.	34%	50%	16%
Implement a value-based design.	6%	45%	49%
Implement a high-deductible plan as a full replacement for medical benefits.	13%	42%	45%
Implement a performance-based network.	4%	41%	55%
Offer a health savings account.	33%	40%	27%
Implement a high-deductible plan as an additional option among medical benefits.	32%	40%	28%
Consolidate vendors.	15%	36%	49%
Expand/offer flexible work arrangement.	26%	32%	42%
Offer a health reimbursement arrangement.	21%	32%	47%

Source: PricewaterhouseCoopers, *Health and Well-Being Touchstone Survey Results*, May 2012.

"Slower growth in health care costs could be the 'new normal,'" said Michael Thompson, principal, human resource services, at PwC. "We're seeing long-term trends that could keep cost increases in check. As employers shift expenses to their employees, for example, these workers are pursuing lower-cost alternatives. Even as the economy strengthens, changes in behavior by employers and consumers may help limit medical growth."

Conflicting Cost Pressures

Factors expected to inflate health care costs in 2013 include:

- An uptick in the consumption of health care as newly hired workers obtain coverage and as patients who postponed elective procedures feel more confident about spending.
- Medical and technological advances that provide more specialized, sophisticated and expensive treatment are expected to push up overall health care spending.

Factors expected to deflate costs include:

- Market pressure to reduce medical supply and equipment costs.
- Increased availability of comparative cost information.
- Accelerated savings as pharmaceutical patents for popular drugs expire and generics become available.

Source: PricewaterhouseCoopers, *Behind the Numbers* report, May 2012.

Stephen Miller, CEBS, is an online editor/manager for SHRM.

Related Articles:

- Typical Health Costs for American Family Now Exceed \$20,000, *SHRM Online Benefits Discipline*, May 2012
 - Rand Study: CDHPs Could Save Billions in Spending, *SHRM Online Benefits Discipline*, May 2012
 - Unnecessary ER Visits Linked to Low Co-Pays, *SHRM Online Benefits Discipline*, May 2012
 - Survey: Employers Controlling Costs with Wellness Programs, *SHRM Online Benefits Discipline*, May 2012
 - Half of Employer Health Plans Have No In-Network Deductible, *SHRM Online Benefits Discipline*, April 2012
 - Screenings and Early Intervention Can Reduce Medical Costs, *SHRM Online Benefits Discipline*, April 2012
 - Costs Vary Widely for 'Shoppable' Procedures, *SHRM Online Benefits Discipline*, March 2012
 - Applying Effective In-Network Incentives at CalPERS, *SHRM Online Benefits Discipline*, March 2012
 - Behavioral Economics Improve Health Decisions, *SHRM Online Benefits Discipline*, January 2012
- Stephen Miller, CEBS, is an online editor/manager for SHRM.*

Quick Links:

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Local Market Health Plan Design Comparisons

Covered Service	Leon County HMO		City of Tallahassee HMO		Leon County School Board HMO		State of Florida HMO	
PHYSICIAN OFFICE SERVICES								
PCP	Per visit	\$10	Per visit	\$10	Per visit	\$15	Per visit	\$20
Specialist	Per visit	\$25	Per visit	\$40	Per visit	\$40	Per visit	\$40
Urgent Care	Per visit	\$20	Per visit	\$25	Per visit	\$25	Per visit	\$25
Out Patient Procedure	Per visit	\$25	Per visit	\$40	Per visit	\$40	Per service	\$0
Mental Health/Substance Abuse	Per visit	\$25	Per visit	\$40	Per visit	\$40	Per visit	\$20
Preventive Services	As defined by Section 2713 of PPACA	\$0	As defined by Section 2713 of PPACA	\$0	As defined by Section 2713 of PPACA	\$0	As defined by Section 2713 of PPACA	\$0
HOSPITAL SERVICES								
In Patient HOSPITAL	Per admit - \$750 max per cal. Yr	\$250	Per admit	\$250	Per admit	\$250	Per admit	\$250
Out Patient Procudure	Per visit	\$100	Per visit	\$250	Per visit	\$250	Per procedure	\$0
Mental Health/Substance Abuse	Per admit - \$750 max per cal. Yr	\$250	Per admit	\$250	Per admit	\$250	Per admit	\$250
EMERGENCY SERVICES								
Emergency Room	Per visit (waived if admitted)	\$100	Per visit	\$250	Per visit	\$250	Per visit (waived if admitted)	\$100
Ambulance	Per Transport	\$0	Per Transport	\$100	Per Transport	\$100	Per Transport	\$0

Local Market Health Plan Design Comparisons

Covered Service	Leon County HMO		City of Tallahassee HMO		Leon County School Board HMO		State of Florida HMO	
OTHER BENEFITS								
Home Health Services	Per occurrence	\$0	Per occurrence	\$0	Per occurrence	\$0	Per occurrence	\$0
Hospice	Per occurrence	\$0	Per occurrence	\$0	Per occurrence	\$0	Per occurrence	\$0
Skilled Nursing Facility Admit	Per confinement 60 days / cal. Yer	\$0	Per confinement 60 days / cal. Yer	\$0	Per confinement 60 days / cal. Yer	\$0	Per confinement 60 days / cal. Yer	\$0
Ambulatory Surgical Center	Per visit	\$100	Per visit	\$100	Per visit	\$100	Per procedure	\$0
Durable Medical Equipment	Per device	\$0	Per device	\$0	Per device	\$0	Per device	\$0
Orthotic Prosthetic	Per appliance	\$0	Per appliance	\$0	Per appliance	\$0	Per appliance	\$0
MRI/PET/CT	Per scan	\$25	Per scan	\$100	Per scan	\$100	Per scan	\$0
Rehabilitation Therapies	Per visit 62 days / condition	\$25	Per visit 62 days / condition	\$40	Per visit 62 days / condition	\$40	Per visit 60 days / 60 visits max per injury	\$40
Routine Vision	Per visit	\$15	Per visit	\$10	Per visit	\$15	Per visit	\$40
RX - PRESCRIPTIONS	\$7/\$30/\$50		\$7/\$30/\$50		\$15/\$30/\$50		\$7/\$30/\$50	
Out of Pocket Maximum	\$2,000/\$4,500 excludes Rx		\$2,000/\$4,500 excludes Rx		\$2,000/\$4,500 excludes Rx		\$1,500/\$3,000 excludes Rx	
All Plans: \$150/Household Fitness Reimbursement / All Plans: No Lifetime Max.								

COMPARISON OF BLUE CROSS BLUE SHIELD OPTIONS

COVERED SERVICES	CURRENT PLAN BLUE OPTIONS 1551	ALTERNATIVE PLAN BLUE OPTIONS 3559
OFFICE SERVICES	AMT MEMBER PAYS	AMT MEMBER PAYS
Physician Office Services		
In Network Family Physician	\$15 Copayment	\$20 Copayment
In Network Specialist	\$30 Copayment	\$40 Copayment
Out of Network Office Visit	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance
In Network e-Office Visit	\$10 Copayment	\$10 Copayment
Out of Network e-Office Visit	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance
Maternity Initial Visit		
In Network Specialist	\$30 Copayment	\$40 Copayment
Out of Network	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance
Allergy Injections		
Rendered by In Network Physician	\$10 Copayment	\$10 Copayment (Family Physician)
		\$10 Copayment (In Network Specialist)
Out of Network	NA	Deductible + 40% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med)	NA	
In Network		\$150 Copayment
Out of Network		Deductible + 40% Coinsurance
Medical Pharmacy-Physician Administered Medications (applies to Office Setting & Specialty Pharmacy Vendors	NA	
In Network Mthly Out of Pocket Maximum		\$200
In Network Provider		20% Coinsurance
Out of Network		Deductible + 50% Coinsurance
PREVENTIVE CARE		
Routine Adult Physical Exam & Immunizations		Routine Adult & Child Preventive Services, Wellness Services & Immunizations
In Network Family Physician	\$15 Copayment	\$0
In Network Specialist	\$30 Copayment	
Out of Network	40% Coinsurance	40% Coinsurance

COVERED SERVICES	CURRENT PLAN BLUE OPTIONS 1551	ALTERNATIVE PLAN BLUE OPTIONS 3559
Well Woman Exam (e.g. Annual GYN)		NA
In Network Family Physician	\$15 Copayment	
In Network Specialist	\$30 Copayment	
Out of Network	\$40 Coinsurance	
Mammograms (Covered at 100% of Allowed Amount)		
In and Out of Network	\$0	\$0
Well Child		
In Network Family Physician	\$15 Copayment	NA
In Network Specialist	\$30 Copayment	
Out of Network	40% Coinsurance	
Colonoscopy (Routine for age 50+ then frequency schedule applies)		
In Network & Out of Network	NA	\$0
EMERGENCY MEDICAL CARE		
Urgent Care Centers		
In Network/Out of Network	\$30 Copayment/Deductible + 40% Coinsurance	\$45 Copayment/Deductible + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted)		
In Network	\$100 Copayment + 10% Coinsurance	\$100 Copayment
Out of Network	\$100 Copayment + 40% Coinsurance	\$100 Copayment
Ambulance Services (ground, air & water travel, combined per day maximum)	\$5,000	\$5,000
In Network and Out of Network	Deductible + 10% Coinsurance	In Network Deductible + 20% Coinsurance
OUTPATIENT DIAGNOSTIC SERVICES		
Independent Diagnostic Testing Facility Services (per visit) (e.g. x-rays) (Includes Provider Services)		
In Network	\$75 Copayment	\$50 Copayment (except AIS)
In Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med)		\$150 Copayment
Out of Network	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance

COVERED SERVICES	CURRENT PLAN BLUE OPTIONS 1551	ALTERNATIVE PLAN BLUE OPTIONS 3559
Independent Clinical Lab (e.g. Blood Work)		
In Network/Out of Network	\$0/Deductible + 40% Coinsurance	\$0/Deductible + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work & X-Rays)		
In Network (Option 1/Option 2)	\$100 Copayment/\$200 Copayment	\$200 Copayment/\$300 Copayment
Out of Network	\$300 Copayment	Deductible + 40% Coinsurance
OTHER PROVIDER SERVICES		
Provider Services at Hospital & ER		
In Network and Out of Network	In Network Deductible + 10% Coinsurance	In Network Deductible + 20% Coinsurance
Provider Services at Locations other than Office, Hospital and ER		
In Network Family Physician	Deductible + 10% Coinsurance	Deductible + 20% Coinsurance
In Network Specialist	Deductible + 10% Coinsurance	Deductible + 20% Coinsurance
Out of Network	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance
Radiology, Pathology & Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)		
In Network and Out of Network	NA	In Network Deductible & 20% Coinsurance
OTHER SPECIAL SERVICES		
Combined Outpatient Cardiac Rehab & Occ., Physical, Speech & Massage Therapy & Spinal Manipulation (PBP Max)		
	35 Visits	35 Visits
In Network Locations other than Hospital & Physician's Office	Deductible + 10 % Coinsurance	Deductible + 20% Coinsurance
Out of Network Locations other than Hospital	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance

COVERED SERVICES	CURRENT PLAN BLUE OPTIONS 1551	ALTERNATIVE PLAN BLUE OPTIONS 3559
Outpatient Hospital Facility Services (per visit)		
In Network (Option 1/Option 2)	\$100 Copayment/\$200 Copayment	\$45 Copayment/\$60 Copayment
Out of Network	\$300 Copayment	Deductible + 40% Coinsurance
Durable Medical Equipment		
In Network	Deductible + 10% Coinsurance	Deductible + 20% Coinsurance
Out of Network	Deductible+ 40% Coinsurance	Deductible + 40% Coinsurance
Home Health Care (PBP Max)	20 Visits	20 Visits
In Network	Deductible + 10% Coinsurance	Deductible + 20% Coinsurance
Out of Network	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance
Skilled Nursing Facility (PBP Max)	60 days	60 days
In Network	Deductible + 10% Coinsurance	Deductible + 20% Coinsurance
Out of Network	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance
Hospice		
In Network	Deductible + 10% Coinsurance	Deductible + 20% Coinsurance
Out of Network	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance
HOSPITAL/SURGICAL		
Ambulatory Surgical Center Facility (ASC)		
In Network/Out of Network	\$75 Copayment/Deductible + 40% Coinsurance	\$100 Copayment/Deductible + 40% Coinsurance
Inpatient Hospital Facility & Rehab Services (per admit)	Rehab Services limit – 21 days (PBP)	Rehab Services limit – 21 days (PBP)
In Network (Option 1/Option2)	\$400 Copayment/\$800 Copayment	\$600 Copayment/\$1,000 Copayment
Out of Network	Deductible + 40% Coinsurance	Deductible + 40% Coinsurance
Outpatient Hospital Facility Services (per visit)		
In Network-Therapy (Option 1/Option 2)	NA	\$45 Copayment/\$60 Copayment
In Network (Option 1/Option 2)	\$100 Copayment/\$200 Copayment	\$200 Copayment/\$300 Copayment (all other services)
Out of Network	\$300 Copayment	Deductible + 40% Coins.

COVERED SERVICES	CURRENT PLAN BLUE OPTIONS 1551	ALTERNATIVE PLAN BLUE OPTIONS 3559
Emergency Room Facility Services (per visit) (copayment waived if admitted)		
In Network	\$100 Copayment + 10% Coinsurance	\$100 Copayment
Out of Network	\$100 Copayment + 40% Coinsurance	\$100 Copayment
MENTAL HEALTH/SUBSTANCE DEPENDENCY		
Inpatient Hospital Facility Services (per admit)		
In Network (Option 1/Option 2)	\$0	\$0
Out of Network	40% Coinsurance	40% Coinsurance
Outpatient Hospitalization Facility Service (per Visit)		
In Network (Option 1/Option 2)	\$0	\$0
Out of Network	\$300 Copayment	40% Coinsurance
Emergency Room Facility Services (per visit)		
In Network & Out of Network	\$0	\$0
Provider Services at Hospital & ER		
In Network Family Physician/Specialist	\$0	\$0
Out of Network	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
In Network Family Physician/Specialist	\$0	\$0
Out of Network	40% Coinsurance	40% Coinsurance
Outpatient Office Visit		
In Network Family Physician/Specialist	\$0	\$0
Out of Network	40% Coinsurance	40% Coinsurance
PHARMACY	\$15/\$30/\$50	\$15/\$30/\$50

COVERED SERVICES	CURRENT PLAN BLUE OPTIONS 1551	ALTERNATIVE PLAN BLUE OPTIONS 3559
FINANCIAL FEATURES		
Deductible (PBP) (Per Person/Family Aggregate)		
In Network	\$500/\$1,500	\$500/\$1,500
Out of Network	Combined with In Network	\$750/\$2,250
(Deductible is the amount the member is responsible for before BCBS pays)		
Coinsurance		
In Network/Out of Network	10%/40%	20%/40%
(Coinsurance is the percentage the member pays for services)		
Out of Pocket Maximum (PBP) (Per Person/Family Aggregate)		
In Network	\$2,500/\$7,500	\$2,500/\$5,000
Out of Network	Combined with In Network	\$5,000/\$10,000
(Out of Pocket Maximum includes deductible, coinsurance and copayments; Excludes Prescription Drugs)		
Total Lifetime Maximum Benefit	No Maximum	No Maximum



Leon County

Board of County Commissioners

301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

Commissioners

May 22, 2012

BILL PROCTOR
District 1

Mr. John Hogan
President and CEO

JANE G. SAULS
District 2

Capital Health Plan
2140 Centerville Place

JOHN DAILEY
District 3

Tallahassee, FL 32308

BRYAN DESLOGE
District 4

Dear John:

KRISTIN DOZIER
District 5

Thank you for meeting with me and my staff last week to discuss Leon County's Health Insurance Program. As we discussed at that meeting, the Budget Workshop with the Leon County Commission was held today. The Board approved renewing health insurance services with CHP/BCBS for the 2013 Plan Year. Additionally, the Board reviewed the health insurance program and the proposed Value Based Benefit Design Program (VBBD).

AKIN AKINYEMI
At-Large

NICK MADDOX
At-Large

One of the major issues raised as a concern by the Board was not receiving the actual 2013 health insurance renewal rates from CHP/BCBS in order to make an informed fiscal decision regarding the 2013 Budget. As a result, the Board directed staff to schedule another workshop on Tuesday, June 26, 2012, specifically dedicated to Health Insurance which includes the final CHP/BCBS renewal rates for the 2013 Plan Year. The Board also requested a review of alternative plan designs and contribution strategies.

VINCENT S. LONG
County Administrator

HERBERT W.A. THIELE
County Attorney

In accordance with Board direction, please submit the following information by June 5, 2012 in order for staff to prepare, analyze and distribute materials for Departmental Review in preparation for the Board's June 26, 2012 workshop:

- Renewal Rate for the Current Leon County Plan Design
- Alternative Plan Design with **No Increase** in renewal rates.
- Renewal Rate for transition to the City of Tallahassee's current plan design
- Renewal Rate for transition to the Leon County School Board's current plan design

Please assist us in meeting this important deadline. It is imperative that Human Resources receive this information as soon as possible and no later than June 5, 2012 in order to meet the Board's directive. Your immediate attention and cooperation in this matter is greatly appreciated. Please contact me at 850-606-2411, should you have any questions.

Letter to Mr. John Hogan
President and CEO Capital Health Plan
May 22, 2012

Sincerely,

A handwritten signature in black ink that reads "Lillian W. Bennett". The signature is written in a cursive style with a large, sweeping initial "L".

Lillian W. Bennett
Director, Human Resources

cc: Vincent S. Long, County Administrator

**SUMMARY COMPARISON OF
Local Government Entities
Monthly Premiums
Employer/Employee Contributions**

Leon County 1/2012 3.79% Rate Increase	Monthly Premium	Employer Contribution %	Employee Contribution %
Employee	\$525.61	90%	10%
Employee + 1	\$1089.27	90%	10%
Family	\$1393.76	90%	10%

State of Florida 8/2011-2012	Monthly Premium	Employer Contribution %	Employee Contribution %
Employee	\$549.80	90%	10%
Spouse Program	\$1,243.34	97%	3%
Family	\$1,243.34	85%	15%

City of Tallahassee 1/2012¹	Monthly Premium	Employer Contribution ²	Employee Contribution ²	Employer Contribution (w/Flexbucks) ²	Employee Contribution (w/Flexbucks) ²
Employee	\$463.24	81%	19%	100%	0%
Employee + 1	\$933.28	76%	24%	92%	8%
Family	\$1,276.02	64%	36%	77%	23%

Leon County School Board FY 2011/12³	Monthly Premium	Employer Contribution %	Employee Contribution %
Employee	\$510.43	80%	20%
Employee + 1	\$1,031.96	60%	40%
Family	\$1,447.62	60%	40%

¹ City of Tallahassee was offered a 4% rate with a new plan design. The 2013 Employer/Employee Contribution Strategy has not been finalized. City is proposing increasing employee contribution by 5% over a two year period. Chart above reflects 2012 contribution strategy.

² City Contribution does not include \$164 Flexbucks added to each employee's pay as a supplement to assist employees with costs of benefits. If assumption is made that Flexbucks are used to offset the cost of employee health insurance, the employer contribution will increase. For example: Flexbuck pay used to offset cost of Family coverage will change employer/employee contribution from 64/36 to 77/23.

³ Leon County School Board rates reflected for 2011- 2012. The effective date of these rates is October 1, 2011. Fiscal Year 2013 Renewal rates are not available.

Plan A
Standard Contribution Strategies
Current Plan Design
0.42% Renewal Rate
Estimated 2013 Employer Costs

Established Contribution Strategy	Total Costs	Employer Costs	Employee Costs	Inc/(Dec) over 2012 Costs
2012 Costs \$17,547,000	\$17,547,000	\$15,792,000	1,755,000.00	
Strategy #1 Maintain 90/10	\$17,621,000	\$15,859,000	1,762,000.00	\$67,000
Strategy #2 87.5/12.5	\$17,621,000	\$15,418,000	2,203,000.00	(\$374,000)
Strategy #3 85/15	\$17,621,000	\$14,978,000	2,643,000.00	(\$814,000)
Strategy #4 82.5/17.5	\$17,621,000	\$14,537,000	3,084,000.00	(\$1,255,000)
Strategy #5 80/20	\$17,621,000	\$14,097,000	3,524,000.00	(\$1,695,000)

Plan A
 Current Plan Design Standard Contribution Strategies
 0.42% Renewal Rate
 Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield 2012 Current	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over 2012 costs
Single	\$525.62	\$473.06	\$52.56	N/A
Emp+1	\$1,089.28	\$980.35	\$108.94	N/A
Family	\$1,393.76	\$1,254.38	\$139.38	N/A

CHP and Blue Cross and Blue Shield 2013-0.42% Renewal Increase Maintain 90/10	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over 2012 costs
Single	\$527.83	\$475.04	\$52.78	\$0.22
Emp+1	\$1,093.85	\$984.47	\$109.39	\$0.45
Family	\$1,399.61	\$1,259.65	\$139.96	\$0.58

CHP and Blue Cross and Blue Shield 2013 87.5/12.5	Total Monthly Cost	Emplr Share Monthly Cost @ 87.5%	Employee Share Monthly Cost 12.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$527.83	\$461.85	\$65.98	\$13.42
Emp+1	\$1,093.85	\$957.12	\$136.73	\$27.79
Family	\$1,399.61	\$1,224.66	\$174.95	\$35.57

CHP and Blue Cross and Blue Shield 2013	Total Monthly Cost	Emplr Share Monthly Cost @ 85%	Employee Share Monthly Cost 15%	Employee Monthly Premium Increase over 2012 costs
Single	\$527.83	\$448.65	\$79.17	\$26.61
Emp+1	\$1,093.85	\$929.78	\$164.08	\$55.14
Family	\$1,399.61	\$1,189.67	\$209.94	\$70.56

Plan A
 Current Plan Design Standard Contribution Strategies
 0.42% Renewal Rate
 Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield 2013 82.5/17.5	Total Monthly Cost	Emplr Share Monthly Cost @ 82.5%	Employee Share Monthly Cost 17.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$527.83	\$435.46	\$92.37	\$39.81
Emp+1	\$1,093.85	\$902.43	\$191.42	\$82.48
Family	\$1,399.61	\$1,154.68	\$244.93	\$105.55

CHP and Blue Cross and Blue Shield 2013 80/20	Total Monthly Cost	Emplr Share Monthly Cost @ 80%	Employee Share Monthly Cost 20%	Employee Monthly Premium Increase over 2012 costs
Single	\$527.83	\$422.26	\$105.57	\$53.00
Emp+1	\$1,093.85	\$875.08	\$218.77	\$109.83
Family	\$1,399.61	\$1,119.69	\$279.92	\$140.54

CHP and Blue Cross and Blue Shield 2013 77.5/22.5	Total Monthly Cost	Emplr Share Monthly Cost @ 77.5%	Employee Share Monthly Cost 22.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$527.83	\$409.07	\$118.76	\$66.20
Emp+1	\$1,093.85	\$847.74	\$246.12	\$137.18
Family	\$1,399.61	\$1,084.70	\$314.91	\$175.53

Plan B
Standard Contribution Strategies
Alternative CHP 5 Plan Design (City of Tallahassee)
(2.25%) Reduction
Estimated 2013 Employer Costs

2013 Contribution Level Options	Total Costs	Employer Costs	Employee Costs	Fiscal Impact Inc/(Dec) over 2012 costs
2012 Costs	\$17,547,000	\$15,792,000	\$1,755,000	
Strategy #1 Maintain 90/10	\$17,152,000	\$15,437,000	\$1,715,000	(\$355,000)
Strategy #2 87.5/12.5	\$17,152,000	\$15,008,000	\$2,144,000	(\$784,000)
Strategy #3 85/15	\$17,152,000	\$14,579,000	\$2,573,000	(\$1,213,000)
Strategy #4 82.5/17.5	\$17,152,000	\$14,151,000	\$3,001,000	(\$1,641,000)
Strategy #5 80/20	\$17,152,000	\$13,722,000	\$3,430,000	(\$2,070,000)

Plan B
 Standard Contribution Strategies
 Alternate CHP 5 Plan (City of Tallahassee)
 (2.25%) Reduction Renewal Rate
 Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield 2012 Current 90/10	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over 2012 costs
Single	\$525.62	\$473.06	\$52.56	N/A
Emp+1	\$1,089.28	\$980.35	\$108.94	N/A
Family	\$1,393.76	\$1,254.38	\$139.38	N/A

CHP and Blue Cross and Blue Shield 2013 2.25% Renewal Decrease Maintain 90/10	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Decrease over 2012 costs
Single	\$513.79	\$462.41	\$51.38	(\$1.18)
Emp+1	\$1,064.77	\$958.29	\$106.48	(\$2.46)
Family	\$1,362.40	\$1,226.16	\$136.24	(\$3.14)

CHP and Blue Cross and Blue Shield 2013 87.5/12.5	Total Monthly Cost	Emplr Share Monthly Cost @ 87.5%	Employee Share Monthly Cost 12.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$513.79	\$449.57	\$64.22	\$11.66
Emp+1	\$1,064.77	\$931.67	\$133.10	\$24.16
Family	\$1,362.40	\$1,192.10	\$170.30	\$30.92

Plan B
 Standard Contribution Strategies
 Alternate CHP 5 Plan (City of Tallahassee)
 (2.25%) Reduction Renewal Rate
 Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield 2013 85/15	Total Monthly Cost	Emplr Share Monthly Cost @ 85%	Employee Share Monthly Cost 15%	Employee Monthly Premium Increase over 2012 costs
Single	\$513.79	\$436.72	\$77.07	\$24.51
Emp+1	\$1,064.77	\$905.05	\$159.72	\$50.78
Family	\$1,362.40	\$1,158.04	\$204.36	\$64.98

CHP and Blue Cross and Blue Shield 2013 82.5/17.5	Total Monthly Cost	Emplr Share Monthly Cost @ 82.5%	Employee Share Monthly Cost 17.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$513.79	\$423.88	\$89.91	\$37.35
Emp+1	\$1,064.77	\$878.44	\$186.33	\$77.39
Family	\$1,362.40	\$1,123.98	\$238.42	\$99.04

CHP and Blue Cross and Blue Shield 2013 80/20	Total Monthly Cost	Emplr Share Monthly Cost @ 80%	Employee Share Monthly Cost 20%	Employee Monthly Premium Increase over 2012 costs
Single	\$513.79	\$411.03	\$102.76	\$50.20
Emp+1	\$1,064.77	\$851.82	\$212.95	\$104.01
Family	\$1,362.40	\$1,089.92	\$272.48	\$133.10

Plan B
Standard Contribution Strategies
Alternate CHP 5 Plan (City of Tallahassee)
(2.25%) Reduction Renewal Rate
Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield 2013 77.5/12.5	Total Monthly Cost	Emplr Share Monthly Cost @ 77.5%	Employee Share Monthly Cost 22.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$513.79	\$398.19	\$115.60	\$63.04
Emp+1	\$1,064.77	\$825.20	\$239.57	\$130.63
Family	\$1,362.40	\$1,055.86	\$306.54	\$167.16

Plan C
Standard Contribution Strategies
Capital Select (Leon County Schools)
(4.30%) Reduction Renewal Rate
Estimated 2013 Employer Costs

2013 Board Established Contribution Strategy	Total Costs	Employer Costs	Employee Costs	Inc/(Dec) over 2012 Costs
2012 Costs	\$17,547,000	\$15,792,000	1,755,000	
Strategy #1 Maintain 90/10	\$16,792,000	\$15,113,000	\$1,679,000	(\$679,000)
Strategy #1 87.5/12.5	\$16,792,000	\$14,693,000	\$2,099,000	(\$1,099,000)
Strategy #2 85/15	\$16,792,000	\$14,274,000	\$2,518,000	(\$1,518,000)
Strategy #3 82.5/17.5	\$16,792,000	\$13,854,000	\$2,938,000	(\$1,938,000)
Strategy #4 80/20	\$16,792,000	\$13,434,000	3,358,000	(\$2,358,000)

Plan C
 Standard Contribution Strategies
 Alternate Capital Select (Leon County Schools)
 Monthly Premiums

CHP and Blue Cross and Blue Shield 2012 Current	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over 2012 costs
Single	\$525.62	\$473.06	\$52.56	N/A
Emp+1	\$1,089.28	\$980.35	\$108.94	N/A
Family	\$1,393.76	\$1,254.38	\$139.38	N/A

CHP and Blue Cross and Blue Shield 2013- 4.30% Renewal Decrease	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over 2012 costs
Single	\$503.02	\$452.72	\$50.30	(\$2.26)
Emp+1	\$1,042.44	\$938.20	\$104.24	(\$4.70)
Family	\$1,333.83	\$1,200.45	\$133.38	(\$6.00)

CHP and Blue Cross and Blue Shield 2013	Total Monthly Cost	Emplr Share Monthly Cost @ 87.5%	Employee Share Monthly Cost 12.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$503.02	\$440.14	\$62.88	\$10.32
Emp+1	\$1,042.44	\$912.14	\$130.31	\$21.37
Family	\$1,333.83	\$1,167.10	\$166.73	\$27.35

CHP and Blue Cross and Blue Shield 2013	Total Monthly Cost	Emplr Share Monthly Cost @ 85%	Employee Share Monthly Cost 15%	Employee Monthly Premium Increase over 2012 costs
Single	\$503.02	\$427.57	\$75.45	\$22.89
Emp+1	\$1,042.44	\$886.07	\$156.37	\$47.43
Family	\$1,333.83	\$1,133.76	\$200.07	\$60.69

CHP and Blue Cross and Blue Shield 2013	Total Monthly Cost	Emplr Share Monthly Cost @ 82.5%	Employee Share Monthly Cost 17.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$503.02	\$414.99	\$88.03	\$35.47
Emp+1	\$1,042.44	\$860.01	\$182.43	\$73.49
Family	\$1,333.83	\$1,100.41	\$233.42	\$94.04

Plan C
 Standard Contribution Strategies
 Alternate Capital Select (Leon County Schools)
 Monthly Premiums

CHP and Blue Cross and Blue Shield 2013	Total Monthly Cost	Empir Share Monthly Cost @ 80%	Employee Share Monthly Cost 20%	Employee Monthly Premium Increase over 2012 costs
Single	\$503.02	\$402.42	\$100.60	\$48.04
Emp+1	\$1,042.44	\$833.95	\$208.49	\$99.55
Family	\$1,333.83	\$1,067.06	\$266.77	\$127.39

CHP and Blue Cross and Blue Shield 2013	Total Monthly Cost	Empir Share Monthly Cost @ 77.5%	Employee Share Monthly Cost 22.5%	Employee Monthly Premium Increase over 2012 costs
Single	\$503.02	\$389.84	\$113.18	\$60.62
Emp+1	\$1,042.44	\$807.89	\$234.55	\$125.61
Family	\$1,333.83	\$1,033.72	\$300.11	\$160.73

**Plan A
Four Year Phase In
Leon County Current Plan Design
0.42% - 2013 Renewal Rate Increase
Assumes 5% Renewal Rate Increase (2014-2016)**

Contribution Strategies	Total Costs	Employer Cost	Employee Cost	Inc/(Dec) over Prior Years Costs
2012 Costs	\$17,547,000	\$15,792,000	1,755,000	N/A
Maintain 90/10	\$17,621,000	\$15,859,000	1,762,000	\$67,000
2013 - (87.5/12.5)	\$17,621,000	\$15,418,000	2,203,000	(\$374,000)
2014 - (85/15)	\$18,502,000	\$15,726,000	2,776,000	\$308,000
2015 – (82.5/17.5)	\$19,427,000	\$16,027,000	3,400,000	\$301,000
2016 – (80/20)	\$20,398,000	\$16,318,000	4,080,000	\$291,000

Plan A
4 Year Phase In
Current Plan Design
0.42% Renewal Rate

Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield 2012 Current	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over Prior Year
Single	\$525.62	\$473.06	\$52.56	N/A
Emp+1	\$1,089.28	\$980.35	\$108.94	N/A
Family	\$1,393.76	\$1,254.38	\$139.38	N/A

2013 CHP and Blue Cross and Blue Shield - 0.42% Renewal Increase Maintain 90/10	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over Prior Year
Single	\$527.83	\$475.04	\$52.78	\$0.22
Emp+1	\$1,093.85	\$984.47	\$109.39	\$0.45
Family	\$1,399.61	\$1,259.65	\$139.96	\$0.58

2014 CHP and Blue Cross and Blue Shield 87.5/12.5 0.42% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 87.5%	Employee Share Monthly Cost 12.5%	Employee Monthly Premium Increase over Prior Year
Single	\$527.83	\$461.85	\$65.98	\$13.20
Emp+1	\$1,093.85	\$957.12	\$136.73	\$27.35
Family	\$1,399.61	\$1,224.66	\$174.95	\$34.99

2015 CHP and Blue Cross and Blue Shield 85/15- 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 85%	Employee Share Monthly Cost 15%	Employee Monthly Premium Increase over Prior Year
Single	\$554.22	\$471.09	\$83.13	\$17.15
Emp+1	\$1,148.55	\$976.27	\$172.28	\$35.55
Family	\$1,469.59	\$1,249.16	\$220.44	\$45.49

Plan A
 4 Year Phase In
 Current Plan Design
 0.42% Renewal Rate

Monthly Payments by Contribution Level

2016 HP and Blue Cross and Blue Shield 82.5/17.5	Total Monthly Cost	Emplr Share Monthly Cost @ 82.5%	Employee Share Monthly Cost 17.5%	Employee Monthly Premium Increase over Prior Year
Single	\$581.93	\$480.09	\$101.84	\$18.70
Emp+1	\$1,205.98	\$994.93	\$211.05	\$38.76
Family	\$1,543.07	\$1,273.04	\$270.04	\$49.60

2017 CHP and Blue Cross and Blue Shield 80/20 - 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 80%	Employee Share Monthly Cost 20%	Employee Monthly Premium Increase over Prior Year
Single	\$611.03	\$488.82	\$122.21	\$20.37
Emp+1	\$1,266.27	\$1,013.02	\$253.25	\$42.21
Family	\$1,620.23	\$1,296.18	\$324.05	\$54.01

CHP and Blue Cross and Blue Shield 2013 77.5/22.5 - 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 77.5%	Employee Share Monthly Cost 22.5%	Employee Monthly Premium Increase over Prior Year
Single	\$641.58	\$497.22	\$144.35	\$22.15
Emp+1	\$1,329.59	\$1,030.43	\$299.16	\$45.90
Family	\$1,701.24	\$1,318.46	\$382.78	\$58.73

Plan B
Four Year Phase In
CHP 5 Plan (City of Tallahassee)
2.25% Reduction - 2013 Renewal Rate Decrease
Assumes 5% Renewal Rate Increase (2014-2016)

Contribution Strategies	Total Costs	Employer Cost	Employee Cost	Inc/(Dec) over Prior Years Costs
2012 Costs	\$17,547,000	\$15,792,000	1,755,000	N/A
Maintain 90/10	\$17,521,000	\$15,437,000	2,084,000	(\$355,000)
Four Year Phase In				
2013 - (87.5/12.5)	\$17,152,000	\$15,008,000	2,144,000	(\$784,000)
2014 - (85/15)	\$18,009,000	\$15,308,000	2,701,000	\$300,000
2015 - (82.5/17.5)	\$18,910,000	\$15,601,000	3,309,000	\$293,000
2016 - (80/20)	\$19,856,000	\$15,884,000	3,972,000	\$283,000

Plan B
4 Year Phase In
CHP 5 (City of Tallahassee)
0.42% Renewal Rate

Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield 2012 Current	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over Prior Year
Single	\$525.62	\$473.06	\$52.56	N/A
Emp+1	\$1,089.28	\$980.35	\$108.94	N/A
Family	\$1,393.76	\$1,254.38	\$139.38	N/A

2013 CHP and Blue Cross and Blue Shield - 2.25% Renewal Decrease Maintain 90/10	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over Prior Year
Single	\$513.79	\$462.41	\$51.38	(\$1.18)
Emp+1	\$1,064.77	\$958.29	\$106.48	(\$2.46)
Family	\$1,362.40	\$1,226.16	\$136.24	(\$3.14)

2014 CHP and Blue Cross and Blue Shield 87.5/12.5 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 87.5%	Employee Share Monthly Cost 12.5%	Employee Monthly Premium Increase over Prior Year
Single	\$539.48	\$472.05	\$67.44	\$16.06
Emp+1	\$1,118.01	\$978.26	\$139.75	\$33.27
Family	\$1,430.52	\$1,251.71	\$178.82	\$42.58

2015 CHP and Blue Cross and Blue Shield 85/15- 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 85%	Employee Share Monthly Cost 15%	Employee Monthly Premium Increase over Prior Year
Single	\$566.46	\$481.49	\$84.97	\$17.53
Emp+1	\$1,173.91	\$997.82	\$176.09	\$36.34
Family	\$1,502.05	\$1,276.74	\$225.31	\$46.49

Plan B
4 Year Phase In
CHP 5 (City of Tallahassee)
0.42% Renewal Rate

Monthly Payments by Contribution Level

2016 HP and Blue Cross and Blue Shield 82.5/17.5	Total Monthly Cost	Emplr Share Monthly Cost @ 82.5%	Employee Share Monthly Cost 17.5%	Employee Monthly Premium Increase over Prior Year
Single	\$594.78	\$490.69	\$104.09	\$19.12
Emp+1	\$1,232.61	\$1,016.90	\$215.71	\$39.62
Family	\$1,577.15	\$1,301.15	\$276.00	\$50.69

2017 CHP and Blue Cross and Blue Shield 80/20 - 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 80%	Employee Share Monthly Cost 20%	Employee Monthly Premium Increase over Prior Year
Single	\$624.52	\$499.62	\$124.90	\$20.82
Emp+1	\$1,294.24	\$1,035.39	\$258.85	\$43.14
Family	\$1,656.01	\$1,324.80	\$331.20	\$55.20

CHP and Blue Cross and Blue Shield 2013 77.5/22.5 - 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 77.5%	Employee Share Monthly Cost 22.5%	Employee Monthly Premium Increase over Prior Year
Single	\$655.75	\$508.20	\$147.54	\$22.64
Emp+1	\$1,358.95	\$1,053.18	\$305.76	\$46.92
Family	\$1,738.81	\$1,347.58	\$391.23	\$60.03

Plan C
Four Year Phase In
CHP Capital Select (Leon County School)
4.30% Decrease - 2013 Renewal Rate Decrease
Assumes 5% Renewal Rate Increase (2014-2016)

Contribution Strategies	Total Costs	Employer Cost	Employee Cost	Inc/(Dec) over Prior Years Costs
2012 Costs	\$17,547,000	\$15,792,000	1,755,000	N/A
Maintain 90/10	\$16,792,000	\$15,113,000	1,679,000	(\$679,000)
Four Year Phase In				
2013 - (87.5/12.5)	\$16,792,000	\$14,693,000	2,099,000	(\$1,099,000)
2014 - (85/15)	\$17,632,000	\$14,987,000	2,645,000	\$294,000
2015 - (82.5/17.5)	\$18,514,000	\$15,274,000	3,240,000	\$287,000
2016 - (80/20)	\$19,439,000	\$15,551,000	3,888,000	\$277,000

Plan C
 4 Year Phase In
 Capital Select Plan (Leon County School)
 4.30% Reduction - 2013 Renewal Rate
 Assumes 5% Renewal Rate Increase (2014-2016)

CHP and Blue Cross and Blue Shield 2012 Current	Total Monthly Cost	Empir Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over Prior Year
Single	\$525.62	\$473.06	\$52.56	N/A
Emp+1	\$1,089.28	\$980.35	\$108.94	N/A
Family	\$1,393.76	\$1,254.38	\$139.38	N/A

2013 CHP and Blue Cross and Blue Shield -4.30% Renewal Decrease Maintain	Total Monthly Cost	Empir Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Employee Monthly Premium Increase over Prior Year
Single	\$503.02	\$452.72	\$50.30	(\$2.26)
Emp+1	\$1,042.44	\$938.20	\$104.24	(\$4.70)
Family	\$1,333.83	\$1,200.45	\$133.38	(\$6.00)

2014 CHP and Blue Cross and Blue Shield 87.5/12.5 4.30% Renewal Decrease	Total Monthly Cost	Empir Share Monthly Cost @ 87.5%	Employee Share Monthly Cost 12.5%	Employee Monthly Premium Increase over Prior Year
Single	\$503.02	\$440.14	\$62.88	\$10.32
Emp+1	\$1,042.44	\$912.14	\$130.31	\$21.37
Family	\$1,333.83	\$1,167.10	\$166.73	\$27.35

2015 CHP and Blue Cross and Blue Shield 85/15- 5% Renewal	Total Monthly Cost	Empir Share Monthly Cost @ 85%	Employee Share Monthly Cost 15%	Employee Monthly Premium Increase over Prior Year
Single	\$528.17	\$448.94	\$79.23	\$16.35
Emp+1	\$1,094.56	\$930.38	\$164.18	\$33.88
Family	\$1,400.52	\$1,190.44	\$210.08	\$43.35

Plan C
 4 Year Phase In
 Capital Select Plan (Leon County School)
 4.30% Reduction - 2013 Renewal Rate
 Assumes 5% Renewal Rate Increase (2014-2016)

2016 HP and Blue Cross and Blue Shield 82.5/17.5	Total Monthly Cost	Emplr Share Monthly Cost @ 82.5%	Employee Share Monthly Cost 17.5%	Employee Monthly Premium Increase over Prior Year
Single	\$554.58	\$457.53	\$97.05	\$17.83
Emp+1	\$1,149.29	\$948.17	\$201.13	\$36.94
Family	\$1,470.55	\$1,213.20	\$257.35	\$47.27

2017 CHP and Blue Cross and Blue Shield 80/20 - 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 80%	Employee Share Monthly Cost 20%	Employee Monthly Premium Increase over Prior Year
Single	\$582.31	\$465.85	\$116.46	\$19.41
Emp+1	\$1,206.76	\$965.40	\$241.35	\$40.23
Family	\$1,544.07	\$1,235.26	\$308.81	\$51.47

CHP and Blue Cross and Blue Shield 2013 77.5/22.5 - 5% Renewal	Total Monthly Cost	Emplr Share Monthly Cost @ 77.5%	Employee Share Monthly Cost 22.5%	Employee Monthly Premium Increase over Prior Year
Single	\$611.42	\$473.85	\$137.57	\$21.11
Emp+1	\$1,267.09	\$982.00	\$285.10	\$43.74
Family	\$1,621.28	\$1,256.49	\$364.79	\$55.97

Plan A
Multiple Tier Contribution Strategy
Leon County Current Plan Design
0.42% Renewal Rate Increase
Employer Annual Costs

		Board Established Multi-Tier Contribution Strategies	Total Costs	Employer Cost	Fiscal Impact Inc/(Dec) over 2012
2012 Costs		\$17,547,000	\$17,547,000	\$15,792,000	N/A
2013 Costs to Maintain 90/10		\$17,621,000	\$17,621,000	\$15,859,000	\$67,000
Strategy #1	Single Emp +1 Family	90/10 87.5/12.5 87.5/12.5	17,621,000	\$15,483,000	(\$309,000)
Strategy #2	Single Emp +1 Family	90/10 87.5/12.5 85/15	17,621,000	\$15,218,000	(\$574,000)
Strategy #3	Single Emp +1 Family	90/10 85/15 85/15	17,621,000	\$15,109,000	(\$683,000)
Strategy #4	Single Emp +1 Family	87.5/12.5 85/15 85/15	17,621,000	\$15,044,000	(\$748,000)

Plan A
 Multiple Tier Contribution Strategies
 Leon County Current Plan Design
 0.42% Renewal Rate Increase
 Monthly Payment by Contribution Level

CHP and Blue Cross and Blue Shield Current	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%
Single	\$525.62	\$473.06	\$52.56
Emp+1	\$1,089.28	\$980.35	\$108.93
Family	\$1,393.76	\$1,254.38	\$139.38

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost
Single @ 90/10	\$527.83	\$475.04	\$52.78
Emp+1 @ 90/10	\$1,093.85	\$984.47	\$109.39
Family @90/10	\$1,399.61	\$1,259.65	\$139.96

0.42%

Table #1

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost
Single @ 90/10	\$527.83	\$475.04	\$52.78
Emp+1 @ 87.5/12.5	\$1,093.85	\$957.12	\$136.73
Family @85/15	\$1,399.61	\$1,189.67	\$209.94

0.42%

Table #2

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost
Single @ 90/10	\$527.83	\$475.04	\$52.78
Emp+1 @ 87.5/12.5	\$1,093.85	\$957.12	\$136.73
Family @87.5/12.5	\$1,399.61	\$1,224.66	\$174.95

Plan A
Multiple Tier Contribution Strategies
Leon County Current Plan Design
0.42% Renewal Rate Increase
Monthly Payment by Contribution Level

Table #3

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost
Single @ 90/10	\$527.83	\$475.04	\$52.78
Emp+1 @ 85/15	\$1,093.85	\$929.78	\$164.08
Family @85/15	\$1,399.61	\$1,189.67	\$209.94

Table #4

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost
Single @ 87.5/12.5	\$527.83	\$461.85	\$65.98
Emp+1 @ 85/15	\$1,093.85	\$929.78	\$164.08
Family @85/15	\$1,399.61	\$1,189.67	\$209.94

Table #5

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost
Single @ 87.5/12.5	\$527.83	\$461.85	\$65.98
Emp+1 @ 82.5/17.5	\$1,093.85	\$902.43	\$191.42
Family @82.5/17.5	\$1,399.61	\$1,154.68	\$244.93

Plan B
Multiple Tier Contribution Strategy
CHP 5 Plan (City of Tallahassee)
(2.25%) Reduction Renewal Rate
Employer Annual Costs

	Coverage Tier	Board Established Multi- Tier Contribution Strategies	Total Costs	Employer Cost	Employee Cost	Fiscal Impact Inc/(Dec) over 2012
2012 Costs		\$17,547,000	\$17,547,000	\$15,792,000	\$1,755,000	N/A
Maintain 90/10	90/10	\$16,792,000	\$17,152,000	\$15,437,000	\$1,715,000	(\$355,000)
Strategy #1	Single Emp +1 Family	90/10 87.5/12.5 87.5/12.5	17,152,000	\$15,072,000	\$2,080,000	(\$720,000)
Strategy #2	Single Emp +1 Family	90/10 87.5/12.5 85/15	17,152,000	\$14,814,000	\$2,338,000	(\$978,000)
Strategy #3	Single Emp +1 Family	90/10 85/15 85/15	17,152,000	\$14,708,000	\$2,444,000	(\$1,084,000)
Strategy #4	Single Emp +1 Family	87.5/12.5 85/15 85/15	17,152,000	\$14,643,000	\$2,509,000	(\$1,149,000)

Plan B
 Multi-Tier- Contribution Strategies
 CHP 5 (City of Tallahassee)
 (2.25%) Reduction Renewal Rate
 Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield Current	Total Monthly Cost	Emplr Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Inc/(Dec in Employee Premiums over 2012
Single	\$525.62	\$473.06	\$52.56	N/A
Emp+1	\$1,089.28	\$980.35	\$108.93	N/A
Family	\$1,393.76	\$1,254.38	\$139.38	N/A

CHP and Blue Cross and Blue Shield -4.30% Decrease	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012
Single @ 90/10	\$513.79	\$462.41	\$51.38	(\$1.18)
Emp+1 @ 90/10	\$1,064.77	\$958.29	\$106.48	(\$2.45)
Family @90/10	\$1,362.40	\$1,226.16	\$136.24	(\$3.14)

-2.25%

Table #1

CHP and Blue Cross and Blue Shield -4.30% Decrease	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012
Single @ 90/10	\$513.79	\$462.41	\$51.38	(\$1.18)
Emp+1 @ 87.5/12.5	\$1,064.77	\$931.67	\$133.10	\$24.17
Family @85/15	\$1,362.40	\$1,158.04	\$204.36	\$64.98

-2.25%

Plan B
 Multi-Tier- Contribution Strategies
 CHP 5 (City of Tallahassee)
 (2.25%) Reduction Renewal Rate
 Monthly Payments by Contribution Level

Table #2

CHP and Blue Cross and Blue Shield -4.30% Decrease	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012
Single @ 90/10	\$513.79	\$462.41	\$51.38	(\$1.18)
Emp+1 @ 87.5/12.5	\$1,064.77	\$931.67	\$133.10	\$24.17
Family @87.5/12.5	\$1,362.40	\$1,192.10	\$170.30	\$30.92

-2.25%

Table #3

CHP and Blue Cross and Blue Shield -4.30% Decrease	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012
Single @ 90/10	\$513.79	\$462.41	\$51.38	(\$1.18)
Emp+1 @ 85/15	\$1,064.77	\$905.06	\$159.72	\$50.79
Family @85/15	\$1,362.40	\$1,158.04	\$204.36	\$64.98

-2.25%

Plan B
 Multi-Tier- Contribution Strategies
 CHP 5 (City of Tallahassee)
 (2.25%) Reduction Renewal Rate
 Monthly Payments by Contribution Level

Table #4

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Incl/(Dec in Employee Premiums over 2012
Single @ 87.5/12.5	\$513.79	\$449.57	\$64.22	\$11.66
Emp+1 @ 85/15	\$1,064.77	\$905.06	\$159.72	\$50.79
Family @85/15	\$1,362.40	\$1,158.04	\$204.36	\$64.98

-2.25%

Table #5

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Incl/(Dec in Employee Premiums over 2012
Single @ 87.5/12.5	\$513.79	\$449.57	\$64.22	\$11.66
Emp+1 @ 82.5/17.5	\$1,064.77	\$878.44	\$186.33	\$77.41
Family @82.5/17.5	\$1,362.40	\$1,123.98	\$238.42	\$99.04

-2.25%

Plan C
Multiple Tier Contribution Strategy
Capital Select Plan (Leon County Schools)
(4.30%) Reduction Renewal Rate
Employer Annual Costs

	Coverage Tier	Board Established Multi- Tier Contribution Strategies	Total Costs	Employer Cost	Employee Cost	Fiscal Impact Inc/(Dec) over 2012
2012 Costs			\$17,547,000	\$15,792,000	\$1,755,000	N/A
2013 Costs to Maintain 90/10			\$16,792,000	\$15,113,000	\$1,679,000	(\$679,000)
Strategy #1	Single Emp +1 Family	90/10 87.5/12.5 87.5/12.5	16,792,000	\$14,756,000	\$2,036,000	(\$1,036,000)
Strategy #2	Single Emp +1 Family	90/10 87.5/12.5 85/15	16,792,000	\$14,503,000	\$2,289,000	(\$1,289,000)
Strategy #3	Single Emp +1 Family	90/10 85/15 85/15	16,792,000	\$14,399,000	\$2,393,000	(\$1,393,000)
Strategy #4	Single Emp +1 Family	87.5/12.5 85/15 85/15	16,792,000	\$14,336,000	\$2,456,000	(\$1,456,000)

Plan C
 Multi-Tier Contribution Strategies
 CHP Selection (Leon County School)
 (4.30%) Reduction Renewal Rate
 Monthly Payments by Contribution Level

CHP and Blue Cross and Blue Shield Current	Total Monthly Cost	Empir Share Monthly Cost @ 90%	Employee Share Monthly Cost @10%	Inc/(Dec in Employee Premiums over 2012
Single	\$525.62	\$473.06	\$52.56	N/A
Emp+1	\$1,089.28	\$980.35	\$108.93	N/A
Family	\$1,393.76	\$1,254.38	\$139.38	N/A

CHP and Blue Cross and Blue Shield -4.30% Decrease	Total Monthly Cost	Empir Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012
Single @ 90/10	\$503.02	\$452.72	\$50.30	(\$2.26)
Emp+1 @ 90/10	\$1,042.44	\$938.20	\$104.24	(\$4.68)
Family @90/10	\$1,333.83	\$1,200.45	\$133.38	(\$5.99)

-4.30%

Table #1

CHP and Blue Cross and Blue Shield -4.30% Decrease	Total Monthly Cost	Empir Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012
Single @ 90/10	\$503.02	\$452.72	\$50.30	(\$2.26)
Emp+1 @ 87.5/12.5	\$1,042.44	\$912.14	\$130.31	\$21.38
Family @85/15	\$1,333.83	\$1,133.75	\$200.07	\$60.70

-4.30%

Plan C
 Multi-Tier Contribution Strategies
 CHP Selection (Leon County School)
 (4.30%) Reduction Renewal Rate
 Monthly Payments by Contribution Level

Table #2

CHP and Blue Cross and Blue Shield -4.30% Decrease	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012)
Single @ 90/10	\$503.02	\$452.72	\$50.30	(\$2.26)
Emp+1 @ 87.5/12.5	\$1,042.44	\$912.14	\$130.31	\$21.38
Family @87.5/12.5	\$1,333.83	\$1,167.10	\$166.73	\$27.35

-4.30%

Table #3

CHP and Blue Cross and Blue Shield -4.30% Decrease	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012)
Single @ 90/10	\$503.02	\$452.72	\$50.30	(\$2.26)
Emp+1 @ 85/15	\$1,042.44	\$886.07	\$156.37	\$47.44
Family @85/15	\$1,333.83	\$1,133.75	\$200.07	\$60.70

-4.30%

Table #4

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Emplr Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012)
Single @ 87.5/12.5	\$503.02	\$440.14	\$62.88	\$10.32
Emp+1 @ 85/15	\$1,042.44	\$886.07	\$156.37	\$47.44
Family @85/15	\$1,333.83	\$1,133.75	\$200.07	\$60.70

-4.30%

Plan C
 Multi-Tier Contribution Strategies
 CHP Selection (Leon County School)
 (4.30%) Reduction Renewal Rate
 Monthly Payments by Contribution Level

Table #5

CHP and Blue Cross and Blue Shield 0.42% Increase	Total Monthly Cost	Empir Share Monthly Cost	Employee Share Monthly Cost	Inc/(Dec in Employee Premiums over 2012
Single @ 87.5/12.5	\$503.02	\$440.14	\$62.88	\$10.32
Emp+1 @ 82.5/17.5	\$1,042.44	\$860.01	\$182.43	\$73.50
Family @82.5/17.5	\$1,333.83	\$1,100.41	\$233.42	\$94.04

-4.30%

Leon County Value Based Benefit Design Program (VBD)

Definition:

Value Based Benefit Design (VBD) is an employer-driven benefit strategy that builds employee incentives into the benefit design and premium contributions structure to encourage employees to use specific high value services or providers or to adopt healthy behaviors. For Leon County, the proposed VBD Program would gradually integrate the Wellness Program into the Health Insurance Program by offering discounted premium contributions for employee participation.

Today, more and more companies are using the “carrot and stick” approach to get their employees to engage in their wellness programs in order to make them more successful. A more positive way to look at this approach is that the employee’s now have some “skin in the game” and more clearly sees the financial cost associated with unhealthy lifestyles and how improving those lifestyles can make them healthier and help reduce the employer’s healthcare costs.

The way employers are doing this is through an approach called “Value Based Benefit Design” or VBD as it will be referred to in this document. VBD uses incentives in the way of financial rewards and/or penalties to direct employees to health behaviors that influence uptake of preventative and treatment interventions.

Objective:

The primary objective of the program is to slow down the acceleration of employer costs while improving employee health.. This is accomplished by encouraging participation in Wellness programs and offering discounts and incentives that are directly tied to the Health Insurance Program.

The most commonly used approaches to providing positive incentives for a VBD program and encouraging employees to make lifestyle changes are as follows:

- a. Reducing premium contributions for completing a Health Risk Assessment (HRA), participation in Biometric Screenings and other preventative programs.
- b. Reducing premium contributions for smoking cessation.
- c. Reducing premium contributions for participating in either a disease management or wellness program.

Eligibility

The VBD will be offered to Board and Constitutional Office employees with the following eligibility criteria:

- a. The VBD is a voluntary program for all employees
- b. All employees will be able to participate in the Wellness Program.
- c. Benefits eligible employees who are enrolled in CHP or BCBS may be offered a lower employee contribution rate on Health Insurance premiums if they participate in Wellness

Program activities and screenings (ex. Health risk assessment, Biometric screening, and other programs and activities sponsored by the Wellness Program).

VBD Program Structure:

1. Obtain Executive level buy-in to implement a VBD program over the next two years, in order to give the staff time to evaluate it, and slowly roll out the VBD concept to employees.
2. Communicate with employees to help them understand how the VBD program will work and why having healthy employees and reigning in health care costs, benefits the employer as well as the employees.
3. Offer discounted or reduced health insurance premium contribution rates to those employees voluntarily participating in Wellness Programs (ex. Health Risk Assessments, Biometric Screenings and other Wellness Program services).
4. Develop approved VBD Program wellness programs, screenings and other services that will be eligible for employee discounted contributions on health insurance.
5. Meet with health plan providers to determine the capabilities of CHP/BCBS health to offer programs that support VBD plans.
6. Collect as much aggregate data as possible regarding Leon County's population to create a benchmarking baseline. The following aggregate (not individual) data can be used to measure the effectiveness of Leon County's VBD program:
 - a. Demographics:
 - i. age, gender, education, race, income, recruitment/retention levels
 - b. Standard health plan or third party administrator reports, including:
 - i. Major cost drivers, how employees access services, drug adherence rates, etc.
 - c. Dental utilization and costs
 - d. Short Term Disability utilization and costs
 - e. Employee Assistance Plan utilization and costs
 - f. Long Term Disability utilization and costs
 - g. Health Risk Assessments and biometric data
 - h. Biometric Screenings (blood pressure, cholesterol, glucose, etc)
 - i. Workers Compensations claims and FMA Leave request
 - j. Employee satisfaction survey results
 - k. Participation rates in employer incentive programs
 - l. Absenteeism data
 - m. Wellness Vendor experience

Proposed Timelines for initial VBD initiative:

2012 – Current Plan Year

- a. Communicate to employees that Leon County is implementing a Value Based Benefit Design Program which integrates Wellness and Health Insurance for the 2013 Plan Year.
- b. The Board establishes the 2013 Plan year employer/employee contribution percentage for Health Insurance at the July 2012 Budget Workshop.
- c. Use CHP or contract with a third party wellness vendor to conduct a Health Risk Assessment. The cost of HRA's will be paid from the existing Wellness Works! Budget.
- d. Offer a 2.5% discounted premium contribution to those employees voluntarily participating in the VBD Program.

2013 Plan Year

- e. The Board establishes the 2014 Plan year employer/employee contribution percentage for Health Insurance..
- f. Develop Wellness Programming and Rewards Based Program where employees voluntarily participate in selected wellness activities or programs and receive discounted premiums.
- g. Offer a 2.5% discounted premium contribution to those employees voluntarily participating in Health Assessments and other Wellness Program activities to be effective January 2014.

2014 Plan Year

- h. During 2014 Plan Year, the Wellness Team will conduct an analysis and evaluation of the effectiveness of the VBD program for the 2015 Plan Year.

Communications Strategy

An effective communications strategy is critical to successfully implementing a VBD Program. Accordingly, Leon County proposes to following best practices and features of a well-structured communications strategy:

- a. Develop an employee communications plan for the next 6-12 months.
- b. Emphasize that the VBBD initiative is driving participation only, to collect data.
- c. Emphasize that the program is voluntary and that the goal is to improve employee health while controlling health care costs.
- d. Stress that the confidentiality of the health care information will be honored.

- e. Conduct focus groups to understand employee key concerns about the initiative and their health.
- f. Continue communication efforts to get employee buy-in throughout the organization.
- g. Reinforce the key messages of the VBBD program through benefits vendors and at open enrollment.
- h. Brand the VBD program.
- i. Conduct a consumer satisfaction survey after the first two years of operation to gauge program acceptance and identify possible improvement areas.

HEALTH CARE COSTS
ROI CALCULATOR

HEALTH CARE COSTS



Press Calculate

Annual Health Care Costs

\$16,800,000

Annual % Cost Increase Number of Employees

6% 1,400

% Employees That Are Obese:

33%

% Employees That Are Smokers:

20%

Enter Target Data

-Obese Employees-

Enter Target Percent: 10%

-Employees Who Smoke-

Enter Target Percent: 10%

CALCULATE

THE SCIENCE

PROJECTED COSTS **IMPACT OF REDUCING OBESITY**

IMPACT OF REDUCING SMOKING **IMPACT OF WELLNESS PROGRAMS**

Click on the icons to the left to view full-size graphs and corresponding data below. Each graph is based on your data. You can modify your inputs to see how costs would change. You can save the graphs as a PDF or print them all. You can also email a colleague about this tool.

Project the impact of effect of a high impact wellness program on health care costs. Compare these projections with the cost of doing nothing.

Impact of Wellness Programs

Health Care Cost Trend



Projected After Cost Health Care Savings

Year	Do Nothing	High Impact Wellness	Savings
Last Year	\$16,800,000	\$16,800,000	\$0
2012	\$17,808,000	\$17,703,000	\$105,000
2013	\$18,876,480	\$18,542,580	\$333,900
2014	\$20,009,069	\$19,284,135	\$724,934
2015	\$21,209,613	\$20,070,183	\$1,139,430
2016	\$22,482,190	\$20,829,194	\$1,652,996
2017	\$23,831,121	\$21,522,445	\$2,308,676

DOWNLOAD RESULTS IN A PDF

EMAIL A COLLEAGUE

PRINT ALL RESULTS

Healthy Behaviors. Healthy People. Healthy Companies.

Impact of Wellness Programs

Projected After Cost Health Care Savings

Year	Do Nothing	High Impact Wellness	Savings
Last Year	\$16,800,000	\$16,800,000	0
2012	\$17,808,000	\$17,703,000	\$105,000
2013	\$18,876,480	\$18,542,580	\$333,900
2014	\$20,009,069	\$19,284,135	\$724,934
2015	\$21,209,613	\$20,070,183	\$1,139,430
2016	\$22,482,190	\$20,829,194	\$1,652,996
2017	\$23,831,121	\$21,522,445	\$2,308,676

An ongoing Mercer survey shows that health benefits costs will rise an average of 5.4 percent in 2012, the smallest increase since 1997. The recent slowdown in the growth rate to a 15-year low reflects widespread cost-cutting efforts implemented by employers, including moving employees to less expensive benefit plans, raising deductibles and increasing worker paycheck contributions. A 6% increase was used for the projected cost increase due to the ROI Calculator accepting only whole numbers.

A wellness program that is based on participation only may not produce the savings indicated above.

**VBD Employee Monthly Premiums and Premium Savings
2013 Plan Year**

**Plan A
Current Plan Design
0.42% Renewal Rate Increase**

	Board Established Contribution Strategy 87.5/12.5	VBD 2.5% Reduction in Contribution Strategy 90/10	Monthly Savings	Annual Savings
Single	\$65.98	\$52.78	\$13.20	\$158.40
Emp +1	\$136.73	\$109.39	\$27.34	\$328.44
Family	\$174.95	\$139.96	\$34.99	\$419.99

**Plan B
CHP 5 Plan (City of Tallahassee)
(2.25%) Renewal Rate Decrease**

	Board Established Contribution Strategy 87.5/12.5	VBD 2.5% Reduction in Contribution Strategy 90/10	Monthly Savings	Annual Savings
Single	\$64.22	\$51.38	\$12.84	\$154.13
Emp +1	\$133.10	\$106.48	\$26.62	\$319.43
Family	\$170.30	\$136.24	\$34.06	\$408.72

**Plan C
Capital Select (Leon County Schools)
(4.30%) Renewal Rate Decrease**

	Board Established Contribution Strategy 87.5/12.5	VBD 2.5% Reduction in Contribution Strategy 90/10	Monthly Savings	Annual Savings
Single	\$62.88	\$50.30	\$12.58	\$150.91
Emp +1	\$130.31	\$104.24	\$26.06	\$312.73
Family	\$166.73	\$133.38	\$33.35	\$400.15

Plan A
Value Based Benefit Design (VBD)
Leon County Current Plan Design
0.42% Renewal Rate Increase
Estimated 2013 Employer Costs

2013 Board Established Contribution Strategy	VBD Participation- 2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Costs	Employee Costs	Inc/(Dec) over 2012 Costs
2012 Costs	\$17,547,000	\$17,547,000	\$15,792,000	1,755,000.00	
2013 Costs to Maintain 90/10	\$17,621,000	\$17,621,000	\$15,859,000	1,762,000.00	\$67,000
Strategy #1 87.5/12.5	90/10	\$17,621,000	\$15,836,000	1,785,000.00	\$44,000
Strategy #2 85/15	87.5/12.5	\$17,621,000	\$15,396,000	2,225,000.00	(\$396,000)
Strategy #3 82.5/17.5	85/15	\$17,621,000	\$14,955,000	2,666,000.00	(\$837,000)
Strategy #4 80/20	82.5/17.5	\$17,621,000	\$14,515,000	3,106,000.00	(\$1,277,000)
Strategy #5 77.5/22.5	80/20	\$17,621,000	\$14,074,000	3,547,000.00	(\$1,718,000)

Plan B
Value Based Benefit Design (VBD)
CHP 5 Plan Design (City of Tallahassee)
(2.25%) Reduction Renewal Rate
Estimated 2013 Employer Costs

2013 Board Established Contribution Strategy	VBD - 2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Costs	Employee Costs	Fiscal Impact Inc/(Dec) over 2012 Costs
2012 Costs		\$17,547,000	\$15,792,000	\$1,755,000	
2013 Costs to Maintain 90/10		\$17,152,000	\$15,437,000	\$1,715,000	(\$355,000)
Strategy #1 87.5/12.5	90/10	\$17,152,000	\$15,415,000	\$1,737,000	(\$377,000)
Strategy #2 85/15	87.5/12.5	\$17,152,000	\$14,986,000	\$2,166,000	(\$806,000)
Strategy #3 82.5/17.5	85/15	\$17,152,000	\$14,557,000	\$2,595,000	(\$1,235,000)
Strategy #4 80/20	82.5/17.5	\$17,152,000	\$14,129,000	\$3,023,000	(\$1,663,000)
Strategy #5 77.5/22.5	80/20	\$17,152,000	\$13,700,000	\$3,452,000	(\$2,092,000)

Plan C
Value Based Benefit Design
Capital Select (Leon County Schools)
(4.30%) Reduction Renewal Rate
Estimated 2013 Employer Costs

2013 Board Established Contribution Strategy	VBD Participation- 2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Costs	Employee Costs	Inc/(Dec) over 2012 Costs
2012 Costs		\$17,547,000	\$15,792,000	1,755,000.00	
2013 Costs to Maintain 90/10		\$16,792,000	\$15,113,000	1,679,000	(\$679,000)
Strategy #1 87.5/12.5	90/10	\$16,792,000	\$15,092,000	1,700,000	(\$700,000)
Strategy #2 85/15	87.5/12.5	\$16,792,000	\$14,672,000	2,120,000	(\$1,120,000)
Strategy #3 82.5/17.5	85/15	\$16,792,000	\$14,252,000	2,540,000	(\$1,540,000)
Strategy #4 80/20	82.5/17.5	\$16,792,000	\$13,832,000	2,960,000	(\$1,960,000)
Strategy #5 77.5/22.5	80/20	\$16,792,000	\$13,413,000	3,379,000	(\$2,379,000)

Plan A
Value Based Benefit Design (VBD)
4 Year Phase In
Leon Current Plan Design
0.42% - 2013 Renewal Rate
Assumes 5% Renewal Rate Increase (2014-2016)

Contribution Strategies	VBD Participation- 2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Cost	Employee Cost	Inc/(Dec) over Prior Years Costs
2012 Costs		\$17,547,000	\$15,792,000	1,755,000	N/A
2013 Costs to Maintain 90/10		\$17,621,000	\$15,859,000	1,762,000	\$67,000
Four Year Phase In					
2013 - 87.5/12.5	90/10	\$17,621,000	\$15,836,000	1,785,000	\$44,000
2014 - (85/15)	87.5/12.5	\$18,424,000	\$16,098,000	2,326,000	\$262,000
2015 - (82.5/17.5)	85/15	\$19,345,000	\$16,419,000	2,926,000	\$321,000
2016 - (80/20)	82.5/17.5	\$19,427,000	\$16,732,000	2,695,000	\$313,000

Plan B
Value Based Benefit Design (VBD)
Four Year Phase In
CHP 5 Plan (City of Tallahassee)
2.25% Decrease - 2013 Renewal Rate
Assumes 5% Renewal Rate Increase (2014-2016)

Contribution Strategies	VBD Participation- 2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Cost	Employee Cost	Inc/(Dec) over Prior Years Costs
2012 Costs		\$17,547,000	\$15,792,000	1,755,000	N/A
2013 Costs to Maintain 90/10		\$17,152,000	\$15,437,000	1,715,000	(\$355,000)
2013 - 87.5/12.5	90/10	\$17,824,000	\$16,019,000	1,805,000	\$582,000
2014 - 85/15	87.5/12.5	\$18,715,000	\$16,352,000	2,363,000	\$333,000
2015 - 82.5/17.5	85/15	\$19,651,000	\$16,678,000	2,973,000	\$326,000
2016 - 80/20	82.5/17.5	\$20,633,000	\$16,996,000	3,637,000	\$318,000

Plan C
Value Based Benefit Design (VBD)
4 Year Phase In
CHP Capital Select (Leon County Schools)
4.30% Decrease - 2013 Renewal Rate
Assumes 5% Renewal Rate Increase (2014-2016)

Contribution Strategies	VBD Participation- 2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Cost	Employee Cost	Inc/(Dec) over Prior Years Costs
2012 Costs		\$17,547,000	\$15,792,000	1,755,000	N/A
2013 Costs to Maintain 90/10		\$16,792,000	\$15,113,000	1,679,000	(\$679,000)
Four-Year Phase In					
2013 - 87.5/12.5	90/10	\$16,792,000	\$15,092,000	1,700,000	(\$700,000)
2014 - 85/15	87.5/12.5	\$17,632,000	\$15,406,000	2,226,000	\$314,000
2015 -82.5/17.5	85/15	\$18,514,000	\$15,713,000	2,801,000	\$307,000
2016 – 80/20	82.5/12.5	\$19,439,000	\$16,013,000	3,426,000	\$300,000

Plan A Value Based Benefit Design (VBD) Multiple Tier Contribution Strategy Leon County Current Plan Design 0.42% Renewal Rate Increase						
		Board Established Multi-Tier Contribution Strategies	VBD Participation- 2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Cost	Fiscal Impact Inc/(Dec) over 2012
2012 Costs		90/10	N/A	\$17,547,000	\$15,792,000	N/A
2013 Costs to Maintain 90/10		90/10	N/A	\$17,621,000	\$15,859,000	\$67,000
Strategy #1	Single	87.5/12.5	90/10	17,621,000	\$15,462,000	(\$330,000)
	Emp +1	85/15	87.5/12.5			
	Family	85/15	87.5/12.5			
Strategy #2	Single	87.5/12.5	90/10	17,621,000	\$15,196,000	(\$596,000)
	Emp +1	85/15	87.5/12.5			
	Family	82.5/17.5	85/15			
Strategy #3	Single	87.5/12.5	90/10	17,621,000	\$15,087,000	(\$705,000)
	Emp +1	82.5/17.5	85/15			
	Family	82.5/17.5	85/15			
Strategy #4	Single	85/15	87.5/12.5	17,621,000	\$15,021,000	(\$771,000)
	Emp +1	82.5/17.5	85/15			
	Family	82.5/17.5	85/15			

Plan B
Value Based Benefit Design
Multiple Tier Contribution Strategy
Alternate Plan (City of Tallahassee)
(2.25%) Reduction Renewal Rate

	Coverage Tier	Board Established Multi-Tier Contribution Strategies	VBD Participation-2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Cost	Fiscal Impact Inc/(Dec) over 2012
2012 Costs		90/10	N/A	\$17,547,000	\$15,792,000	N/A
2013 Costs to Maintain 90/10		90/10	N/A	\$17,152,000	\$15,437,000	(\$355,000)
Strategy #1	Single Emp +1 Family	87.5/12.5 85/15 85/15	90/10 87.5/12.5 87.5/12.5	17,152,000	\$15,050,000	(\$742,000)
Strategy #2	Single Emp +1 Family	87.5/12.5 85/15 82.5/17.5	90/10 87.5/12.5 85/15	17,152,000	\$14,792,000	(\$1,000,000)
Strategy #3	Single Emp +1 Family	87.5/12.5 82.5/17.5 82.5/17.5	90/10 85/15 85/15	17,152,000	\$14,686,000	(\$1,106,000)
Strategy #4	Single Emp +1 Family	85/15 82.5/17.5 82.5/17.5	87.5/12.5 85/15 85/15	17,152,000	\$14,622,000	(\$1,170,000)

Plan C
Value Based Benefit Design
Multiple Tier Contribution Strategy
Capital Select (Leon County Schools)
(4.30%) Reduction Renewal Rate

	Coverage Tier	Board Established Multi-Tier Contribution Strategies	VBD Participation-2.5% Incentive Reduction in Contribution Strategy	Total Costs	Employer Cost	Fiscal Impact Inc/(Dec) over 2012
2012 Costs		90/10	N/A	\$17,547,000	\$15,792,000	N/A
2013 Costs to Maintain 90/10		90/10	N/A	\$16,792,000	\$15,113,000	(\$679,000)
Strategy #1	Single Emp +1 Family	87.5/12.5 85/15 85/15	90/10 87.5/12.5 87.5/12.5	16,792,000	\$14,735,000	(\$1,057,000)
Strategy #2	Single Emp +1 Family	87.5/12.5 85/15 82.5/17.5	90/10 87.5/12.5 85/15	16,792,000	\$14,482,000	(\$1,310,000)
Strategy #3	Single Emp +1 Family	87.5/12.5 82.5/17.5 82.5/17.5	90/10 85/15 85/15	16,792,000	\$14,378,000	(\$1,414,000)
Strategy #4	Single Emp +1 Family	85/15 82.5/17.5 82.5/17.5	87.5/12.5 85/15 85/15	16,792,000	\$14,315,000	(\$1,477,000)

2012 Survey of Comparable County Governments in Florida with a Value Based Benefit Design Wellness Program

Survey Findings

Leon County is proposing a Value Based Benefit Design Wellness Program that provides a wellness incentive to employees who voluntarily participate in the County's Wellness Program. By completing a Health Risk Assessment, an employee can earn a 2.5% reduction in the cost of health insurance premium.

A survey was conducted to identify which comparable employers have a Value Based Benefit Design Wellness Program (VBBDWP). *See Attachment 1: 2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program.* This type of wellness program typically offers financial incentives to employees who participate in wellness program initiatives. These financial incentives may be in the form of **reduced health insurance premiums, co-pays, out of pocket expenses, and/or cash payments.** In addition, to receive any financial incentives these programs often require employees to complete a Health Risk Assessment and/or to meet other program requirements. Also, program design varies from one employer to the next. In addition, the wellness program of some employers meet the definition of Value Based Benefit Design, but the employer does not refer to their program as a VBBDWP.

A Brief Overview of Survey Results:

- Eighteen employers (18) participated in this study (two of which were the City of Tallahassee, which had no VBBDWP; and a local hospital, which gave employees up to \$500 for completing a Personal Health Assessment).
- Sixteen counties participated in this study, nine (9) of which have been identified as comparable counties (Alachua, Collier, Escambia, Lake, Manatee, Marion, Osceola, Saint Lucie, and Sarasota).
- All comparable counties have, or, are in the process of approving, financial incentive driven Value Based Benefit Design Wellness Programs or provide employee health clinics.
- A few of these comparable counties even had employee health clinics that offer free or low cost health care services to lower health insurance costs for both the employer and the employee.

Specific Survey Results:

The following employers have a Value Based Benefit Design Wellness Program that is board approved:

- Alachua County
- Collier County
- Escambia County
- Manatee County
- Sarasota County

The following employers have proposed Value Based Benefit Design Wellness Program for Fiscal Year 2013, pending board approval:

- Lake County
- Polk County

Specifically, the following employers have incentives built into their existing or proposed Health Plan Design for Wellness Participation (lower co-pays, lower prescription drugs, and/or discount off health insurance premium) or these employers simply offer these discounts based on wellness participation:

- Alachua County --\$10.00 off Health Insurance Premium per pay period if employee has earned 500 points in the Wellness Program.
- Collier County-- Three Tier Health Plan from high to low co-pays and deductible, depending on wellness participation level.

- Escambia County—Provides a \$20.00 per month discount on health insurance premium to non-tobacco users who sign an authorization that they are tobacco free; those not signing pay full premium.
- Lake County--Proposes (1) \$20.00 per month off Health Insurance Premium and (2) discounts off co-pays and drugs for employees in the Diabetes Management Pilot Program.
- Manatee County-- lower out of pocket health care expenses (co-pays and deductibles).
- Polk County --Proposes providing reduced health insurance premiums to non-smokers and higher premiums to smokers.
- Sarasota County--Employees earn \$100.00 worth of Medical Reward Credits that they can use toward their health insurance deductible each year.

The following employers require an HRA in order for an employee to receive a financial incentive or discount off health insurance premium, co-pays, et cetera:

- Alachua County
- Collier County
- Lake County
- Manatee County
- Marion County (cash incentive only)
- Polk County
- Sarasota County
- Volusia County (cash incentive only)

The following employers have out-side providers that conduct their HRAs:

- Alachua County
- Collier County
- Lake County
- Polk County
- Sarasota County

The following employers conduct HRAs in-house:

- Manatee County
- Marion County
- Volusia County (Employee may earn up to \$300 for completing one)

The following employers have employee health clinics/family practice as a way of saving dollars on both employee and employer health care costs:

- Bay County
- Martin County
- Osceola County
- St. Lucie County

The following employer offers **reimbursement** of co-payments for prescriptions and drug testing related to smoking cessation:

- Brevard County

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Wellness Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
Leon County BCC	-	Yes	No	Yes	Yes	Yes. 2.5% Discount off Health Insurance Premium if employee completes a HRA.	Yes	Conducts HRAs	Wellness Fairs, Educational Programs, Lunch and Learn
Alachua County BCC	Yes	-	No	No	Yes	Yes. \$10.00 Off Health Insurance Premium Per Pay Period if employee has earned 500 Points in the Wellness Program	Yes	Handles the HRAs through a third party Vendor. Provides Aggregate Data to the Employer on the results of the HRAs. Provides the Employer with a list of Employees who are eligible for Health Insurance Premium Discount.	Various Wellness Activities that Employees could Earn Points. Sends Provider Points earned by each Employee.
Bay County BCC	No (Employee Health Clinic)	No	-	-	-	-	-	-	Has an Employee Health Clinic that Saves Dollars.

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
Brevard County BCC	No	No	However, Brevard County does offer reimbursement of co-payments for prescriptions and drug testing related to smoking cessation program.	-	-	-	-	-	-
Collier County BCC	Yes	-	Yes. Three levels (Basic, Select, & Premium): <u>Basic</u> (Non participant in wellness), <u>Select</u> (if employee does labs, HRA, Health Advocate), and <u>Premium</u> (if employee does everything and voluntarily participate in education/program that benefits them (smoking, diabetes). Employees have reduced deductibles and less co-pays depending on level they are in.	No. But, Wellness Manager is License Dietitian whose license can be taken away if she does not follow HIPAA Guidelines.	Yes	No. Employees pay same premium.	Yes.	Biometrics, Lab draws, HRA's, Health Advocate	Pre diabetes educ. Cardiac risks, smoking cessation program.

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Wellness Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
Escambia County BCC	Yes. (Non-Smoker Discount Only)	-	No	-	No. Their goal is to extend premium discount by 2014 to employees who take the HRA.	Provides a discount on health insurance premium to non-tobacco user, if employee signs authorization s/he is tobacco free. Random urinalysis test for detection of tobacco performed on those who sign authorization. Employee earns a \$20.00 discount per month on health insurance premium. Employees who opt out pay full amount. Note: agency does not hire tobacco users.	Lab to conduct urinalysis test. Health Clinic for Employees	Conduct tobacco urinalysis test and free medical service.	-
Lake County BCC	-	Yes	Yes (Diabetes Management Pilot Program)	No	Yes. Personal Health Assessment (PHA) and Screenings	Yes. \$20.00 Per Month Off Health Insurance Premium; discounts off on co-pays and medication (Diabetes Management Pilot Program).	Yes	Gives Employees their HRAs. Administers the Diabetes Management Pilot Program	Wellness Fairs, Educational Programs

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
Manatee County BCC	Yes.	-	Yes. Four (4) plan levels that have same premiums: the employee discounts occur when they go to doctor and get low co-pays, deductibles.	No	Yes. Eligible for higher Plan.	No. Employee Discounts/Benefit is lower out of pocket fees	No	No	They have their own Provider network, PPO. Similar to Blue Cross Blue Shield with own network of Physicians and Specialist. All services provided in-house. Wellness Initiatives.
Marion County BCC	No.	No This is a Program Goal	No	No. Employees are required to sign a consent for physical challenges.	Yes	No. Program Offers Financial Incentives. MARION COUNTY'S GOAL: REDUCED EMPLOYEE PREMIUMS	Yes. Blue Cross Funds the Wellness Program	Local Hospital provide Wellness Van.	HRA's Done in House. Offers Financial incentives for participating in Wellness Initiatives as shown below:
-	-	-	-	-	-	-	-	-	Level one physical Exam, PHA, and Blood Work \$50.00
-	-	-	-	-	-	-	-	-	Level 2: 3 educ. classes or 6 weeks smoking cessation and Diabetes \$25.00

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Wellness Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
-	-	-	-	-	-	-	-	-	1 physical challenge (12 week weight lost challenge \$500.00
Martin County BCC	No (Employee Health Clinic)	No	-	-	-	-	-	-	Has an employee Health Clinic to Save Dollars. Offers health screenings, diagnostic testing and a host of wellness oriented programs. No co-pays or deductibles to use the clinic.

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
Osceola County BCC	No (Chappel Family Practice)	-	Note: County partnered with Chappel Family Practice, a local health care facility, to provide employees & covered dependents these services: 1). Complete annual wellness physical exam at 100%. 2). Laptops at Chappel to complete Cigna HRA. 3) Lifestyle Recommendations - employee/spouse will be provided a medical & fitness plan that is coordinated with Fitness Center staff (fitness assessment, weight loss, addition education--smoking, alcohol, etc. 4) Free Gym Membership.	-	No. Employee gets a \$25.00 Gift Card if s/he completes the Cigna HRA.	No. Employees have 100% Coverage Medical Travel Benefit. Starting 10/01/12, Employees & covered dependents will have access to a full-service, high-quality medical travel benefit program through Satori World Medical. Under the program, specialized surgical procedures can be performed at one of Satori's International Centers of Excellence, if it cost less there than in the US.	Chappel Family Practice, Gym, Insurance Provider	Health Care, Gym	(1)Health Fairs: Earn \$25 gift card if complete the Cigna HRA; Door prizes and giveaways for attending. (2) \$100 gift ward for Logo Contest for annual employee Benefits Summary Booklet; (3) Free Lunch and learn and \$15.00 gift card for those who complete Wellness Survey. (3) Zumba for Lunch. (4) Strive for Five Gift Cards.
Pasco County BCC	No	No	-	-	-	-	-	-	Educational Programs and Health Fairs. Note: Will include in proposal for 2013 that Health Insurance Carrier services include a minimum of \$30,000 for Wellness Initiatives.

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Wellness Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
POLK COUNTY BCC	-	Yes	No Coming next year.	No. Proposal will include that employees sign Affidavits that they smoke or do not smoke. Non smokers will get a reduced health insurance premium. Smokers will pay more.	Yes. Employee will get \$100 for taking a HRA administered by Preventure	Yes. Propose reduced premiums for non-smokers	Yes.	Preventure Conducts Voluntary HRAs.	Preventive & routine care, counseling for nutrition & weight mgmt, & smoking cessation programs provided by health care professionals at county-owned Wellness Center for County employees.
	-	-	-	-	-	-	-	Based on HRA Results, Preventure proactively seeks out employees to assist them with health issues. Some employees complain about this process.	The Wellness Center does not take the place of employee's health care provider. Also, employee & spouse may each earn up to \$300 in Wellness Incentive rewards.
	-	-	-	-	-	-	-	Insurance Provider, Aetna, also does non-mandatory HRAs.	-

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Wellness Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
<i>Saint Lucie County BCC</i>	No (Employee Health Clinic)	No	-	-	-	-	-	-	Has an employee Health Clinic to Save Dollars.
<i>Sarasota County BCC</i>	Yes	-	Yes	No	Yes. If employee completes one, s/he earns \$100 of Medical Reward Credits that go towards their deductible.	No	Yes.	Outside vendors do different parts of the wellness program: Nutritionist, Personal Trainer, Exercise Classes, HRA's, Medical rewards incentive tracking (through medical carrier).	Certified Personal Trainer; On-site exercise classes; health education & stress reduction classes; administration of the overall wellness program; on-site flu shots, on-site biometric screening (annually at health
<i>Seminole County BCC</i>	No	No	-	-	-	-	-	-	Has a new 6 months pilot program being handled by their HR manager. Employee earns points and name goes in a drawing for paid time off, gift cards, etc.

2012 Survey of Comparable Counties in Florida with a Value Based Benefit Design Wellness Program

Employer	Board Approved Form of Value Based Benefit Design Wellness Program	Proposed Value Based Benefit Design Wellness Program For Fiscal Year 2013	Board Approved or Proposed Program Has Incentives built into Health Plan Design For Wellness Participation (Lower Co-Pays, Lower Prescription Drugs?)	Program Legal Concerns	Program Requires Health Risk Assessments (HRAs)	Program Offers Discounts on Employee Premiums	Out-Side Provider	Out Side Provider Offers the Following Services	Examples of Services Offered Internally
Volusia County BCC	No	No	-	-	Yes	-	-	-	Conducts in-house HRAs. Also, employee may complete Employee Wellness Form and based on the information employee provides, s/he may earn up to \$300.

Note:

(1) *The City of Tallahassee Wellness Program does not have a value based benefit designed component.*

(2) *A local hospital does not have a Value Based Benefit Designed Wellness Program, but does provide Personal Health Risk Assessments (PHA) that an employee can take and earn up to \$500.00, depending on PHA results.*

Value Based Benefit Design (VBD) Survey (Integrating Wellness and Health Insurance)

Survey Due Date: Friday, June 8, 2012

As all County employees may know, we are facing another year of budget shortfalls; however, healthcare costs continue to rise. The total cost of health insurance is estimated at more than \$18 million for the 2013 Plan Year. As a result, there may be a need to increase employee cost through a) higher co-pays for prescriptions and medical services and/or; b) increases in employee premium contributions.

Research has shown that at least 50% of healthcare costs are modifiable and can be decreased when individuals improve their lifestyle behaviors through increased participation in an employer Wellness Program.

One of the ways that Leon County can increase participation by employees in its wellness program is through an employer-driven benefit strategy called Value Based Benefit Design or (VBD). The primary objective of VBD is to slow down the acceleration of healthcare costs by tying the wellness program into the health insurance plan. One of the simplest ways this is done is by offering employee's a 2.5 point discount or 25% savings on their health insurance premium contribution. In return, the employee participates in certain wellness activities (Health Risk Assessments, Lunch and Learns, Biometric Screenings (Cholesterol, Glucose, and BMI), Weight Loss Programs, Nutrition classes, Gym memberships, etc.). The VBD Program is open to all employees and is totally voluntary and no individual personal health data will be collected, reviewed or retained by Leon County.

Premium Contribution Discount Example:

Employee X currently contributes 12.5% towards the total healthcare premium. Employee X decides to voluntarily participate in designated wellness activities. In return for that participation, Employee X receives a 2.5 point discount on healthcare premium contribution. Employee X now pays 10% of the total healthcare premium instead of 12.5%. For family coverage, this equates to a 25% estimated employee annual premium savings or \$451 per year. **Please note:** The employee premium contribution percentage is established each year by the Board and may change accordingly. Whatever contribution percentage the Board sets, those employees participating in designated wellness activities would be eligible to receive a premium discount.

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Value Based Benefit Design (VBD) Survey

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Response Summary

Total Started Survey: 612
Total Completed Survey: 612 (100%)

PAGE: (INTEGRATING WELLNESS AND HEALTH INSURANCE)

1. Would you be willing to voluntarily participate in designated wellness activities and receive a discount on your employee premium contribution?

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	Response Percent	Response Count
Yes	82.4%	500
No	17.6%	107

answered question 607

skipped question 5

2. Do you see this new VBD approach as:

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	Response Percent	Response Count
Rewarding employee participation	16.6%	100
Penalizing employee non-participation	20.1%	121
A tool to increase wellness participation, improve employee health and slow down rising health care costs	63.3%	382
answered question		603
skipped question		9

3. Would you be willing to take a 20 minute online or paper survey called a Health Risk Assessment (HRA) that asks questions about your daily routines or practices in order to receive a discount on your premium contribution? Some examples of the questions may include; "How many fruits and vegetables do you eat daily?, Do you exercise regularly?, or Do you use tobacco"?, etc

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	Response Percent	Response Count
Yes	78.2%	473
No	21.8%	132

answered question 605

skipped question 7

4. How would you prefer the HRA be administered?

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	Response Percent	Response Count
Through your health plan insurer (CHP or BCBS)	70.6%	409
Through a certified Third Party Wellness Vendor	29.4%	170

answered question 579

skipped question 33

5. Would you be willing to participate in Biometric Screenings?

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	Response Percent	Response Count
Yes, in order to receive the discounted premium contribution.	77.1%	460
No, with or without the discounted premium	22.9%	137

contribution.

answered question 597

skipped question 15

6. Please check any of the items below that you would be interested in participating in:

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	Response Percent	Response Count
Belonging to a gym or any kind of fitness program, class, etc.	66.3%	379
Participating in some type of Weight Loss Program—internally or externally	49.7%	284
Participating in Community events centered around Physical Activity like "Walk through Florida", Turkey Trot, Corporate Cup Challenge, the Heartwalk, Relay for Life, Biking Competitions, Triathlons, etc	32.0%	183
Tracking your aerobic activity (in any form) online	25.0%	143
Annual physical or wellness screening	66.1%	378
Completing a Health Risk Assessment	57.2%	327
Completing a Biometric Screening	53.5%	306

Attending Lunch n Learns	40.7%	233
Participating in In-House Challenges like a "Get Healthy or Biggest Loser" type challenge	22.6%	129
Daily fruit and veggie intake	52.3%	299
Workplace garden club	22.6%	129
Participating in a 95210 communitywide program	9.4%	54
Annual Vacations	58.7%	336
Angioscreen check	39.7%	227
Medicheck screening to find out your basic metabolic rate	44.6%	255
Physical activity like running, biking, swimming, triathlons, ball room dancing, line dancing	50.5%	289
Participating in an organized sport like softball, bowling, flag football, soccer, rowing, etc	32.2%	184
Massage and Relaxation techniques	56.6%	324
Reading materials on health and nutrition	43.0%	246
Others (Please comment)	4.4%	25
Other (please specify) Show Responses		33

answered question 572

skipped question 40

7. Please note any additional comments or recommendations you may have regarding integrating the Wellness program into the Health Insurance Plan and slowing down the accelerating costs of healthcare [Download](#)

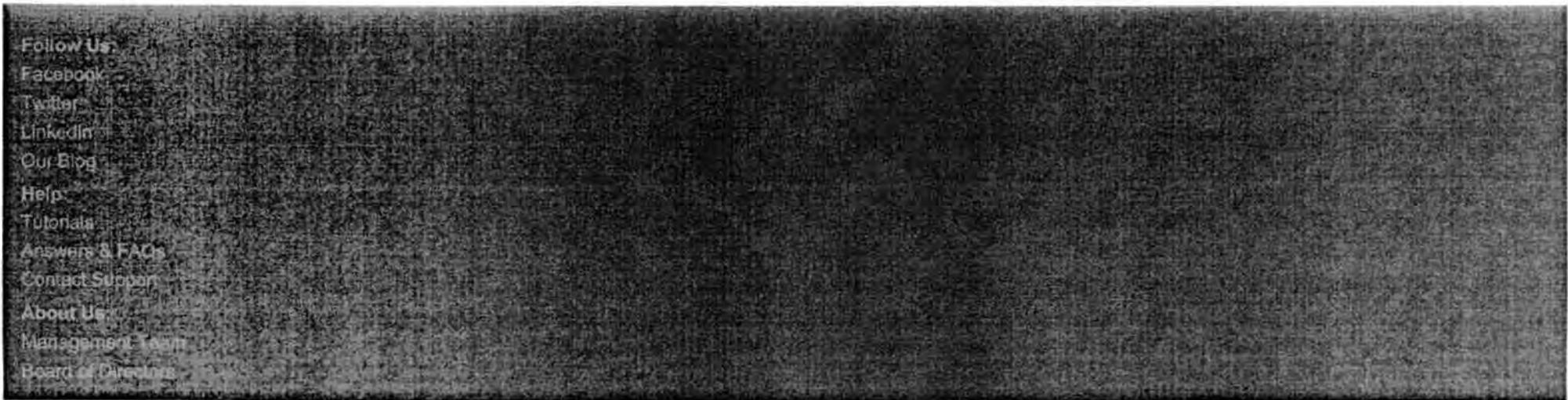
Response

Count

Show Responses 124

answered question 124

skipped question 488



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VBD Employee Survey Individual Comments

Please note any additional comments or recommendations you may have regarding integrating the Wellness program into the Health Insurance Plan and slowing down the accelerating costs of healthcare

Open-Ended Response

My first thought is why are these questions being asked when smoking is not even listed. My husband just stopped smoking with Chantix - not a temporary patch but actual medication, but guess what our insurance does not cover prescription quit smoking drugs so why bother with all the other stuff. I would love to be in a smoke free office. I sit next to a very obese woman who does not offend me nearly as much as the skinny smoker, so lets get down to the real things that need to be checked. Hmmm stop smoking or a vacation. Let's look further into this. Skinny people also drink often yet they are considered "social" not "unhealthy".

Why are those of us who accept responsibility for our health being forced to discuss our private lives in order to have affordable insurance. It is not my fault people in my office sit and eat all day. I believe ones wellness are personal decisions and I am appalled to be asked to "prove" I am a healthy individual who takes pride in my body.

I WOULD ONLY BE WILLING TO PARTICIPATE IF IT IS DURING NORMAL BUSINESS HOURS, NOT IF I HAVE TO USE PTO OR PARTICIPATE BEFORE/AFTER WORK

help employees to stop smoking. Help with local animal shelters or become a foster parent. so you are working both aspects of the County.

Don't like personal intrusions into my health status. Try stopping the XXXX smokers if you want to lower health costs.

I am a part time employee therefore, do not have health insurance with you, but I believe Wellness programs work in slowing down costs if administered on a timely basis without a lot of lost time.

Although I would like to attend, the lunch n learns have not worked out for me in the past. Hourly lunches hours start at 11:00 and run until end at 2:00. The lunch n learns are typically 12 - 1:30. Travel time to the location is also a problem. It would be helpful if they were here (Leon County Courthouse).

Would really like a Stop smoking program. I feel this would be a great way for lots of people to stop smoking.

I already exercise 4-5 days a week, do my best to eat fairly healthy and drink enough water and lead an active not sedentary lifestyle. I go to the doctor only when necessary. I want to be as healthy as I can but I do not want to be a nut about it. I feel if you are already taking these steps on your own you shouldn't be penalized for not wanting to participate in further wellness activities at work. If the County chooses to implement this program they should offer a discount to individuals who already do these things on their own accord without being told they need to.

Keep the plans separate. This is a matter of personal privacy. There is no need for the employer to be gathering wellness data on its employees. If the health insurer wants to do that, that's fine, but the data should not be passing through employer hands.

On site clinics.

I can appreciate that healthcare costs are increasing - everything is increasing. I am NOT willing to divulge my health information to a third party. I will possibly agree if you have CHP provide this information. Here is the \$50,000 question: how are you going to control this or insure that folks are doing what they say they are going to do? Folks are going to tell you whatever they need to in order to receive the discount. How are you going to know that they ARE positively taking steps to improve their health? More to the point what public or private organization has employed this and what is their success rate? Lets see some data and results from other places but places still in the South so we are comparing like with like. The South has historically poor eating habits - alot of fried food and smoked food and what vegetables are used are normally cooked to death.

VBD Employee Survey Individual Comments

I want credit for all the good things I am already doing. I know all of my health statistics and don't want more testing. My primary care physician has me completing biometric testing every 4 months now. My health insurance provider already has access to all of my health info.

I would not want the county or a third party to have access to my medical information. As for the 3rd party I would not want them to have access to my personal contact information either. As for aggregate data could this not impact individuals which are in good health and have few and far between visits to the dr if the aggregate data shows an unhealthy trend for the majority of the county employees? Would this not impact plan rates if the potential insurance provider has access to this aggregate data? .

none

Increasing one's health is benefit enough. Without good health, you have nothing. No amount of money or possessions are better than good health because you need good health to thoroughly enjoy either!

I am willing to do more to cut costs and increase physical health with means less trips to healthcare facilities.

Not unless and until start you charging alcohol users, illegal drug users, and sexually promiscuous people higher premiums would I EVER consider any of these measures! Can you say nanny state!

Affordable spine rehabilitation and non surgical prevention. HMOs do not routinely screen for this and just treat symptoms until there is a chronic problem. Chiropractic rehabilitation is often not affordable (costing \$3,000 - \$4,000), and there would be no coordination with the HMO doctors regarding other related health issues. Insurance doesn't cover this type of "wellness", just sickness. This issue largely affects those over the age of 40 and women--long before eligibility for retirement.

What if an employee is scared of needles or has religious beliefs that don't allow for needle pricks, would they still be required to participate in the blood test parts of the biometric screening in order to receive the discount?

Yoga. The County could hold hour long exercise programs at local community centers specifically for county employees. These could be starting at 4pm and ending at 5pm, on the weekends or weeknights. Doing this twice a week per department would increase productivity and provide a routine wellness and fitness activity for many people who "cant find the time".

Mail out Monthly saving coupons and or discounts. Everyone enjoy saving money.

If every individual tried to improve his/her physical and mental wellbeing, health care costs would be reduced for all!

I enjoyed the speaker at our last Senior Management Meeting and I agree with the possible name change of the Wellness Program to Well Being program, which seems to be more in line with what the intent of the program.

I think it is a wonderful idea to encourage employees to live healthier lives. While the office environment has many inherent benefits, good physical health is not one of them.

Smokers should have to pay a surcharge on their insurance costs, though I'm not sure how this could be regulated. Also, obese should be required to participate in weight reduction programs.

Providing some sort of child care for the single parent who wants to participate in these activities and be able to do so.

There should be a runner/bikers option in leu of the gym membership. I don't belong to a gym but I run approx 6-10 miles a week and participate in the local 5K, 10K and half- marathons. Maybe membership with Gulf Winds Track Club and participation in 5 local races a year could take the place of a gym membership and allow runners/bikers to get the same benefit as those belonging to a gym. Overall I think this is a wonderful idea!!!

This sounds frightening. 1984 coming true.

VBD Employee Survey Individual Comments

Suggestions - - Add opportunities for stress reduction. With a declining workforce, increased workloads, and stagnant salaries, people are STRESSED and unhappy. - Regularly send massage therapists around to ALL county offices/locations for chair massages (like at wellness fair)...some people are not free to leave their worksites so events need to be go to them as well. - Rotate lunch n learn locations around the county, perhaps using different library meeting rooms from time to time so that a bigger variety of people can attend.

Lunch n learn is a wonderful idea. Make it available to library branches.

I do not think it is the County's right to make catagories for people's health issues as that is an invasion of privacy, HIPPA, discrimination on health issues and age, and I believe against Federal laws. This is the worst plan Leon County has tried to pass off on employees to date.

Adding other financial incentives to the wellness program: A local middle school gives employees a \$25.00 gift card for conducting health screenings. A local hospital gives employees up to \$500 for doing a HRA. The healthy you are, the more money you get. Lots of other counties give employees financial incentives for participating in wellness initiatives. Often times, these incentivies are attached to an employee's level of participation in the wellness program. For example, values are attached to each activity. The higher the score, the more money an employee earns. THIS SURVEY WAS WELL WRITTEN. IT WAS SHORT AND SWEET. GOOD JOB!

It is not quite clear to what extent employees would need to participate in "voluntary" programs in order to get a discount on insurance premiums. I would like to recommend that the county adopt a program similar to the one offered by the SAO; whereby the employees walk every day for at least 15 minutes (while at work) and then get extra time off each month. Offering "extra" time off would provide ample motivation for employees to participate.

I THINK THAT THIS SHOULD BE A CHOICE THING, WITHOUT THE COST OF THE HEALTH INSURANCE RISING.

stop hospitals from charging 20 dollars for 1 tylenol and for thing on the bills that they did not do or supply this is a huge problem with health care cost, nobody really monitors the billing departments.

The county can not continue to raise insurance rates. Due to the increases in my helath insurance at the LCSO I bring home less pay today than I did three years ago. No raises, no COLA and increased health insurance and increased co-pays are making it difficult to make ends meet. I don't mind being part of the solution but at some point the county has to stick up for county employees and make a case to the public that we need a COLA.

It would be nice to receive a discount for living a healthy lifestyle. Annual physicals/checkups could be a good way to measure this.

While I would be interested in participating in a wellness program, I would be against having to meet set standards (such as body weight, BMI, etc.) in order to qualify for the discount. While lifestyle certainly influences a persons' total fitness, genetics play a role as well. The ugly truth is that some people have a distinct genetic advantage over others when it comes to fitness. I do not believe that those who are at a genetic disadvantage should be penalized by paying a higher premium. However, a wellness program which promotes healthy lifesyle choices can be beneficial to all who participate.

IT IS A GOOD PROGRAM IT SHOULD BENEFIT FOR ALL EMPLOYES.

The government already takes up too much space in my life. Stay out of my health and add to my wealth.

I would like to know how the scoring process is done to determine what your premium would be and would it depend on weight, body mass, high blood pressure, etc.

VBD Employee Survey Individual Comments

<p>Why will the plan change if ObamaCare is overturned? Increase fees in yearly enrollment fees would be the only fair approach.. Certain jobs dont allow for time to be involved in alternate programs and thats seems unfair and bias</p>
<p>Yearly Physicals, everyone isn't taking them. They only see a doctor when they start feeling bad.</p>
<p>I exercise, don't smoke, eat lots of fruits and veggies and watch my weight. I do all of this on my own time and never recieve credit or money for it. I stay busy enough taking care of a home and family and with my music. I don't need to take away from that to participate in some form of employer based invasion of privacy.</p>
<p>make P.T. manditory for all employees. Have semi-annual Physical abilities tests for all employees.</p>
<p>CHP is great!</p>
<p>N/A</p>
<p>saving 2.5% is a joke because there is no stopping the continual increase of health care cost, so your mitigating what exactly?</p>
<p>If we know healthcare is rising and our budgets are filled and everything else around us is going up, why would we even think of rising the employees premiums or co-pays? Lets attack something else not our health. i'm sure there is other things in the budget we could do without or less of. We should already have a wellness program in place to help us with healthcare costs. I'm all for wellness, not for rising costs.</p>
<p>have evening classes on cooking healthy for staff,spouses, or mates. manyly get the person doing the cooking in the class. Its hard cooking for a family when someone in the family is diabetic or obese./// Lunch n Learns are hard to attend when work needs to be done.</p>
<p>I'm concerned that the information collected may be private now or even a year from now, but eventually there will be no employee health privacy which is a great concern to me. Note that I already participate in most of the checked items. I prefer to participate in exercise on my own as I'm not really interested in group activities. I've enjoyed "Lunch 'n Learns", but there isn't enough time during lunch to participate in other functions.</p>
<p>We are punished because health care is given to people who do not pay insurance and do not pay their hospital bills. Insurance frauds, etc. I use my insurance to go to the doctor for emergencies only. I do not use medications and I am always active. I still pay as much as everyone else who goes the doctor for petty stuff likes headaches or sore muscles. I have used the doctor three times in three years.</p>
<p>n/a</p>
<p>I find the idea of surveys and a Wellness Program dictating my personal health choices invasive. I run 3 miles a day, eat healthy, and discuss my issues with my doctor ONLY. That is all there is to know. Offering a discount based on personal information disclosure is wrong. The employees of Leon County cannot afford another hike in premiums of ANY kind considering our salaries. Keep on raising premiums, co-pays and prescription costs and you will make it so employees are no longer able to AFFORD WORKING. Either there must be another way or provide other insurance companies as VIABLE options instead of CHP, who keep hiking prices because they have the corner market. We should not be penalized because they need a higher profit margin for their new fiscal year.</p>
<p>Please don't increase the premiums....I can't afford any increases.</p>
<p>Annual fitness for duty for lawenforcement to be initiated on all new hires. Annual incetive to join for current members who are otherwise grandfathered.</p>

VBD Employee Survey Individual Comments

<p>Would be willing to participate in Wellness programs. But as someone who is disabled I would hope that this would not be used as a means to penalize disabled employees with increased costs and/or a reduction of coverage.</p>
<p>IT IS A GOOD PROGRAM, BUT MY SUPRVISOR DOESN'T LIKE THIS PROGRAM. SHE WON'T LET US GO OUT ANY OF THESE ACTIVITIES. PLEASE LET ALL BOOS PEOPLE NEED TO LET EMPLOYEES TO GO. EVERYONE PAYING FOR INSURANCES WHY CAN'T WE GO?</p>
<p>LOWER RATES FOR PEOPLE WHO STAY HEALTHY, INCREASE RATES TO THOSE WHO CONTINUE TO ASK STAY HEALTH.</p>
<p>YAHA</p>
<p>OPEN</p>
<p>I AM ALREADY TAKING CARE OF MY SELF BY LISTING TO MY DOC. (OTHERSCAN AS WELL & WON'T)</p>
<p>I would strongly encourage Leon County to not be tempted to offer employees' private medical information as a bargaining chip in premium negotiations. Once this door is opened then it will inevitably lead to further acts to give more and more control of our personal lives over to the insurance companies in the cause to save money. Yes, there will be some who may volunteer for this program but this is an opportunity for Leon County to have the foresight needed and display leadership in protecting ALL employees and their right to privacy.</p>
<p>NOT EVERYONE HERE HAS ACESS TO E-MAILS SO A LOT OF THE PROGRAMS ARE FOUND OUT ABOUT UNTIL AFTER. IN A LOT OF CASES THEY ARE NOT PASSED DOWN BY HIGHER UP. MAY BE YOU SHOULD HAVE SOME NICE FLYERS PRINTED UP IF YOU WANT ME IN PRATIPASTION. I AM OPTICAL OUT HOW DOES IT AFFECT ME?</p>
<p>with the weight loss issue; we need to start weight watchers here in the courthouse. if you offer it...they will come! :)</p>
<p>I AM WILLING TO HELP KEEP UP THE GREADY WORK</p>
<p>PUT A WORKOUT PLACE IN THE WORK PLACE.</p>
<p>Am very impressed that the County is providing a way that employees may not have to take on additional health care costs. The employees should bear some responsibility for being healthier in return for the excellent coverage the County provides them to help keep them healthy as well as cover catastophic events when needed. Keep up the excellent work!</p>
<p>Many of the health checks mentioned are already being done by my primary and specialist physicians under the current plan. Are they going to accept the results of the proposed checks or will there be duplication? What about privacy issues? Overweight is a common condition, but it is one that not everyone struggles with. Is there another option for privacy and participation in a personal weight loss program. There are financial incentives for joining a gym, can these be given to the weight loss programs?</p>
<p>I have stopped smoking for over a year do I receive anything for that? I go in yearly for check ups and do what my doctor says. Why should I listen to some one else. Dose the County wants to take reasonability for some one doing what he should not.</p>
<p>I think this is a good idea and wouldn't see what wrong with a program like this. I would particpate to lower the cost of medical coverage. I woud like to see the gym plan be offered to any gym instead of just in Tallahassee. I live an hour from Tallahassee so a gym membrship for jst Tallahassee wouldn't benifit me like if we had a choie of a gym in area were we live (for employees that not Tallahassee residence)</p>
<p>I feel like this is a way to single people out.</p>
<p>Great idea. Those who work hard to stay healthy should be rewarded.</p>

VBD Employee Survey Individual Comments

<p>It would be nice if membership to the gym of one's choice were subsidized or partially subsidized. Different gyms appeal to different people so the ability to choose where to be a member would be helpful.</p>
<p>Great idea...I know the city has been doing this for years for their Firefighters...even giving them monetary bonuses for meeting certain physical criteria. As a paramedic I think physical fitness is paramount and this program will not only give employees a break on their insurance premiums but hopefully get them into better health.</p>
<p>Under the family plan, is there a 2.5 point decrease and who checks on the family members. Chronic diseases, like diabetes, are encouraged by the drink and snack machines. Diabetics use them more frequently than I do, and eat other "bad" stuff all the time. Some of us are busy in our jobs. It's a "chore" to participate in activities at lunch or at other times. Eating, drinking, smoking and lack of exercise are the main problems with health. I really don't think that you can change someone's habits very easily.</p>
<p>Build a gym with steam rooms & showers close to the job or allow 1 to 2 hour lunch breaks if going to the gym during your lunch hour</p>
<p>many of the programs you've offered are difficult to participate in, due to work constraints. My previous position required me to schedule lunch around other times than noon, etc. My current position requires coverage throughout the day...essentially 9-6 or 10-8, Tuesdays - Saturdays. Either way, I have to go home and cook for my family, clean the kitchen, etc. I really don't have time or energy for competitions, workouts, team activities, etc. Biggest loser type activities leave me cold. I already know I'm fat. I've already tried numerous weight watchers types of endeavors, with no real results. I just get pissed off. My vacations are usually spent taking care of kids, cleaning, and I wind up coming back to work exhausted, with a mountain of backlog to address. ...not a real fan of that either. It is infinitely easier and much less stressful to take a day or two at a time...</p>
<p>I think it is a good thing to do,for everyone,to get healthy, saving money, and living longer,thanks!!!!!!!</p>
<p>People should not be penalized for bad habits but be transitioned into correcting them, IE do not smoke ect. but maybe have trouble backing away from the table. Should be promoted by senior staff</p>
<p>I personally wish we could get Massage Therapy included in our benefits package. Also, some type of nutritional counseling and personal training would be advantageous.</p>
<p>I feel this program is invasive and coercive.</p>
<p>I participated in the "2012 Walking Through Florida" recently and I know that I need someone / something to hold me accountable for ensuring that I exercise on a daily basis. I also enjoyed the nutritionist that spoke at the library - especially what we eat makes a huge difference on our health.</p>
<p>I would prefer the County forgo raises again this year and leave employee health insurance premium contributions as is.</p>
<p>A stress management class would be good.</p>
<p>This is a general question--how will the roll-out over the next several years of the Affordable Health Care Act affect this program and our health insurance benefits?</p>

VBD Employee Survey Individual Comments

While I can appreciate the proposed health benefit cost reduction, I do not think that the County should internalize wellness program over other externally available offerings (through local providers, gyms, etc.), as such would likely carry additional bureaucracy (i.e., increased staffing and operating costs) that may distract from the available savings that could be realized. Couldn't we maybe reduce the current HR staff that we have now, or at least consolidate them with other functions (to reduce their total numbers), and then apply the savings to reduce health plan costs? How many people does it really take to manage and administer personnel and benefits programs for an organization this size? I just think that private enterprise gets by with a considerably smaller staff, over the numbers I'm seeing that are managing these same programs here at the County, and we could do more with less too!

I already participate throughout the year in wellness activities and programs and have for quite a few years. There will be no reward for a VBD program, this just spreads the cost, insurance is always misused by a few resulting in penalties to all enrolled in the programs.

People should be urged to do preventive care, which includes living a healthy lifestyle and have periodic screening by a health care provider. It needs to be convenient and inexpensive. Living a healthy lifestyle Maybe the county could send health information in emails to employees, either ones they have compiled or from another source.

Having a fitness station where employees could work out along with the showers would help those that routinely work 10 hour work days.

If there were an on-site gym I would use it. I currently jog 3 days a week and cycle 2 days a week, but I have no extra time to attend a gym. 30 minutes of resistance training after work or before would be great, and we already have showers in the courthouse if needed.

For lunch n Learn type programs (or others) offer it on 2 days rather than 1. Sometimes work schedules are conflicting and can't be changed. I am a Medical Care Opt-Out, so this would not apply to me.

Wow this is crazy! The gathering of private health information that can be then used to adjust rates (usually upward) is highly suspect. If the BOCC wants more money out of our pockets, just tell us they are taking it from us and do it. Don't play political games with my private information. If you trust CHP or any health insurance company then you get what you deserve.

I think it's a good idea to do surveys to see who's really out there and willing to do their part in to live a better life for them and for our community.

I would add smoking cessation, nutrition and stress relief classes.

I feel I already do these things on my own (watch my weight, eat healthy, exercise, etc.). I have a number of resources to get this information including the UF extension office family and consumer sciences section. I am not interested in joining a gym or other activities as this would only distract me from what I am already doing. I have no problem with some examination(s) to establish a baseline and show results. My only worry is that if you get sick or injured through no fault of your own you would probably be monetarily penalized by this system.

Would folks who "opt out" (because they are on their spouse's insurance at a NGO) be able to participate? Move the Lunch and Learns around the county so more folks can participate. Places with easy parking are great.

I can wait for the county to screw the employee's again. Maybe free KY jelly so the screwing doesn't hurt as much?

I currently opt-out on health insurance.

Smoking (a habit of choice) should be penalized.

VBD Employee Survey Individual Comments

It would be great if we could do some exercise on county time...maybe up to 30 minutes 3 times a week. I think it would improve employee health over all..so would be worth the county investment in their employees.

This works! By participating in some of these programs, I have lost 60 lbs. and have more energy than I have had in a long time. Also, I have only been able to exercise and rest more by being able to utilize some of my annual leave. Too much work stress can be very unhealthy. Don't get me wrong, I am a very hard worker. However, my not using annual leave over the years took a toll on my overall health.

None Thank you for survey.

How many events in a year would an employee have to participate in to receive the discounted rate? One event, two, three or more etc.?? The main question would be one of balancing the needs of work with the needs of the health care cost reduction program. Not everyone can attend every wellness event throughout the year. But, I would imagine that every employee could attend at least one or two events per year.

I receive all screenings from my doctor and I am aware of my numbers. I wish to keep it that way.

Information sessions on buying organic or chemical free produce from local farmers or networks

Yearly physicals for those with 2 or more health issues to track changes (good or bad) and awareness.

Seems like a good idea, but people that improve their health should receive a bigger discount

Programs like this are a small component of "slowing down" healthcare costs. But until a hardcore revamp of the system is conducted to find out why medicine and basic care costs so much in the first place (don't get me started on insurance companies), tracking how many vegetables I eat during the day isn't going to help much in mitigating healthcare costs.

I'm 68 and in excellent health. I've been a lifelong runner. I've been a reader of books on exercise and nutrition since 1980. I eat a healthy diet and take nutritional suppliments. I think I should currently be getting a health insurance discount.

This is, without doubt, the most biased survey I have ever taken. How dare you begin the survey by subjecting people to your slanted statements on the website regarding health insurance and health care by scaring employees into compliance by threatening increased copays and/or increased employee contribution. This survey has accomplished nothing but creating the outcome you desired going into it. Am I opposed to a VBD program? Not necessarily, however, I am fundamentally opposed if your intention is to have your program pass through these techniques that I consider both coercion and prejudicial. If your claim is that "no individual personal health data will be collected, reviewed, or retained by Leon County" then there is absolutely no point in completing the HRA or biometric screening. If you truly believe this program is beneficial and will be successful as a tool for our employees, then let it stand on its merits and do not bias the process before it begins.

Providing information and reminders regarding: give your eyes a break from the computer or any monitor every hour; get up from your desk and move every 20 minutes. Maybe the Snack Bar in the Courthouse could offer more "healthy" choices; establish "lunch partners."

I would question the value that such a program would provide to me or the County, aside from increasing the employee contribution for health insurance. I question the relevance of the wellness program to our insurance premiums and am very skeptical about the use of the data, even in the aggregate. I am unlikely to sign up for a program that I deem to be too invasive or onerous, or which provides negligible benefit to me.

The program is a great asset to the County. I would recommend taking the wellness program "on the road" and host activities/events at different County sites. Conduct some program promotions in person.