



Agenda Briefing

To: Chair Overture Walker and Honorable Members of the Council
Prepared by: Abhijit "Abhi" Deshpande, Director
Department: Office of Budget and Grants Management
Subject: May 26, 2022, Second Reading of FY22-23 Budget

1. Councilman Malinowski: What is the projected use of the Hospitality Tax fund in FY22-23? What is the balance of the Hospitality Tax fund?

Answer: Director of Budget & Grants Management, Abhi Deshpande:

Based on the Council's actions in the second reading of the budget, the projected use of the Hospitality Tax fund in FY22-23 now is: **\$1,701,423**

The balance of the Hospitality Tax fund is: **\$13,314,942** (as of 6/30/2021)

2. Councilwoman Mackey: What is the current projected use of the General Fund balance.

Answer: Director of Budget & Grants Management, Abhi Deshpande:

Based on the Council's actions in the second reading of the budget, the projected use of the General Fund now is: **\$4,603,503**

3. Councilwoman Newton: What is the financial impact of item # 86 (Proposed Increase in the FY23 Solid Waste Rate Schedule).

Answer: Director of Budget & Grants Management, Abhi Deshpande:

- **Curbside customers:**
 - From \$26.98 to \$29.21 per customer per month. Annual impact per customer is approximately \$26.76.
- **Backyard customers:**
 - From \$52.60 to \$52.59 per customer per month.
- **Landfill Millage:**
 - From 3.40 to 3.59 mills
 - Annual impact per homeowner is approximately \$0.76 annually.

4. Councilwoman Newton:

A. What were the results of the employees' and retirees' survey on health insurance options?

Please refer to attachment # 1 (Health Insurance Survey Responses)

B. How were the health insurance plans compared to each other?

Please refer to attachment # 2 (Comparison of Health Insurance Plans)



HUMAN RESOURCE SERVICES

I.M.P.A.C.T.

Involving Members by Promoting Advantageous Conversations & Trust

Employees and Retirees Survey

Survey Available: 12/13/21 – 12/20/21

Total Responses	450
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Employee/Retiree Information: (If you wish to remain anonymous, you are not required to complete this section. Names will be used to select winners for a drawing.)

Name: _____ Employee #: _____

Department: _____ Years with RCG: _____

Years with RCG	Number of Employees/Retirees
0 – 5 Years	112
6 – 10 Years	60
11 – 15 Years	41
16 – 20 Years	48
21 – 25 Years	35
26 – 30 Years	26
31 + Years	20
No Response	108

Circle One: a.) Employee b.) Retiree

Employee	Retiree	No Response
396	39	15

Instructions: Please circle one answer per question.

1. Are you currently enrolled in Richland County Government’s (RCG) health insurance benefits?

a.) Yes b.) No

Yes	No	No Response
432	15	3

2. If currently enrolled, which health plan are you enrolled in:
- a.) Choice Health Plan (active employees only)
 - b.) Standard Health Plan
 - c.) Buy-Up Health Plan
 - d.) Humana Medicare Advantage Plan (retirees only)
 - e.) Waived County health coverage

Choice	Standard	Buy-Up	Humana	Waived	No Response
71	166	180	16	10	7

3. If currently enrolled, which tier of coverage do you have?
- a.) Employee or Retiree Only
 - b.) Employee or Retiree / Spouse
 - c.) Employee or Retiree / Children
 - d.) Employee or Retiree / Family

EE/RT Only	EE/RT / Spouse	EE/RT / Children	EE/RT / Family	No Response
284	30	86	32	18

4. I have a clear understanding of the health insurance benefit package RCG offers?
- a.) Yes
 - b.) No

Yes	No	No Response
395	53	2

5. I have a clear understanding of how my specific health insurance plan works?
- a.) Yes
 - b.) No

Yes	No	No Response
381	64	5

6. I am satisfied with RCG's health insurance offerings?
- a.) Strongly Agree
 - b.) Agree
 - c.) Disagree
 - d.) Strongly Disagree

Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
105	239	76	26	4

7. I believe the health insurance benefits RCG offers compete with those offered by other organizations:
- a.) Strongly Agree
 - b.) Agree
 - c.) Disagree
 - d.) Strongly Disagree

Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
96	209	104	29	12

8. RCG's health insurance costs are:
- a.) Not expensive for health insurance
 - b.) Reasonable for health insurance coverage
 - c.) Too expensive for health insurance coverage

Not Expensive	Reasonable	Too Expensive	No Response
55	292	100	3

9. **ACTIVE EMPLOYEES ONLY:** Do you think the County should contribute the same amount for each plan option (Choice Plan, Standard Plan, and Buy-Up Plan) and tier (Employee Only, Employee/Child(ren), Employee/Spouse, Employee/Family)?
- a.) Yes
 - b.) No

Yes	No	No Response
286	121	43

10. Do you think employees/retirees should pay more if they have two or more children on health insurance? (Pay per child covered.)
- a.) Yes
 - b.) No

Yes	No	No Response
184	248	18

11. Do you think RCG should pay more to cover spouses than employees/retirees on average?
- a.) Yes
 - b.) No

Yes	No	No Response
131	295	24

12. Do you think smokers should pay more for health insurance than non-smokers?

- a.) Yes b.) No

Yes	No	No Response
316	115	19

13. Which statement best describes your thoughts? (*Please choose one.*)

- a.) I think RCG should reduce health insurance benefits offered to reduce the cost of health insurance?
b.) I would prefer a possible increase in salary and a reduction in health insurance benefits?

Statement A	Statement B	No Response
59	275	116

14. How important is retiree health insurance to you?

- a.) Very Important b.) Somewhat Important c.) Not Important

Very Important	Somewhat Important	Not Important	No Response
315	87	33	15

15. Rank the following from Most Important (1) to Least Important (4):

- ____ Current Health Benefits ____ Staff resources for Training
____ More Staff ____ Potential Pay Increase

Listed As #1			
Current Health Benefits	More Staff	Staff Resources for Training	Potential Pay Increase
132	24	25	242

Listed As #2			
Current Health Benefits	More Staff	Staff Resources for Training	Potential Pay Increase
193	60	37	123

Listed As #3			
Current Health Benefits	More Staff	Staff Resources for Training	Potential Pay Increase
56	187	142	28

Listed As #4			
Current Health Benefits	More Staff	Staff Resources for Training	Potential Pay Increase
27	141	215	29

No Response	20
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16. **RETIREES ONLY:** What is your opinion of RCG’s current retiree health insurance plan?

- a.) Very Favorable
- b.) Favorable
- c.) Not Favorable
- d.) Don’t Know

Very Favorable	Favorable	Not Favorable	Don’t Know	No Response
17	41	18	45	329

17. I participate in RCG’s Wellness Incentive Program through Cigna? (*Medicare retirees are not eligible.*)

- a.) Yes
- b.) No

Yes	No	No Response
313	70	67

18. **MEDICARE RETIREES ONLY:** I participate in Humana’s wellness program(s)?

- a.) Yes
- b.) No

Yes	No	No Response
13	29	408

19. RCG’s Wellness Incentive Program or Humana’s wellness program has had an impact on my/my family’s overall health?

- a.) Strongly Agree
- b.) Agree
- c.) Disagree
- d.) Strongly Disagree

Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
64	161	109	45	71

20. I have an opportunity to elect health insurance coverage under someone else, but choose RCG’s plan:

- a.) Yes
- b.) No

Yes	No	No Response
59	340	51

21. If "Yes" to Question 20, why?

At this time the Cigna offered with the wellness incentives is a much better choice for my family.
bc the county pays for mine
Because the County pays for my health insurance.
because the price is the same with one kid verses more per additional child
Because with RCG's plan I get more coverage and have the option to add my souse and children.
Better and cheaper insurance via RCG
Better coverage
Better coverage. Low cost for employee only coverage.
better plan
Better rates than my spouses.
Better value
Cheaper to have my insurance through RC than through my spouse.
Cost is less
Cost to add me to spouses is very high.
Cost.
County Cigna Plan offers better coverage, less deductible, than Medicare.
Currently I pay no premium for my health insurance based on years of service with RC
Currently, it is more affordable to be on an employee only plan with RCG than my other option.
Employee only coverage with wellness credit is no cost to me, benefits are better.
Enrollment periods don't coincide and to switch will leave me without insurance for a period of time.
For the most part the insurance plan is somewhat reasonable
I am very satisfied with the coverage and cost.
I can see more medical professional without having to wait weeks for an appointment. I also have access to more medical professional.
I could switch to coverage under my wife's plan (currently employed), but because the future of her employment and health insurance access are uncertain, I am staying with RCG's plan (roughly equivalent to hers) to be safe, at least for now.
I did not because if I opt out of the plan the county has and if they should get us a better plan than I would not be able to get back with county insurance
I do have health insurance under someone else and do not carry RCG's plan. As the plan I Tricare which is cheaper and covers more.
I have no other options
I have secondary insurance; which requires referrals and limits my location as to where I can be seen.
I'm considering utilizing the Healthcare System as many insurance companies under that offers bariatric surgery and not using my company insurance plan
It costs less to our family for me to remain on RCG's health plan than to be covered under my wife's.

It costs nothing out of pocket to me.
It doesn't cost me anything.
It is a great plan
It is better financially, as well as a better plan, for me to go with RC
It is less expensive
It is less expensive
It is more convenient to have it through my work place.
It provides me the better coverage
IT WAS CHEAPER FOR ONE BUT NOT FAMILY
Less cost.
Less Costly
Mine is better than my Wife's (for now)
More affordable
My coverage is "free" with the wellness credit.
My plan is free if I fulfill the requirements of the wellness plan.
n/a
N/A
NA
Premiums are much less for employee only benefits, then what it would be on spouse's plan.
RCG has better Insurance
RCG insurance plan is better less cost less deductibles
RCG's though Cigna is too expensive for Family coverage. I believe more employees have children or family than single. Lower family cost plus "cost of living" raise would be a huge boost to county employees.
Reasonable cost, current co-pay, current out of pocket expenses, etc.
Same price with about the same coverage
Save costs from wife's plan
Saves us money
The cost is less to have my own insurance.
The cost to have me added to wife's plan is very expensive.
The county's insurance has better offerings/benefits than my spouse's employer.
The monthly payment is more with the Army even though the benefits are WAAAYYYY better.
To avoid my spouse having to pay more for family
Using RCG's plan gives me access to more doctors in network.

22. What health insurance options would you suggest RCG consider?

I haven't used Cigna very much, though I've heard it's not adequate...however, PEBA is great as far as coverage.
A different provider
A reduction in health insurance
Adding spousal and smoking surcharges to current plans
Aetna
Aetna Blue Cross/Blue Shield
all other health insurance providers. Blue Cross Blue Shield has a local office and contributes to the Richland County taxes. We should bid the health insurance for the best price and benefits.
An affordable one, we don't get paid enough as is. I make 9xx every two weeks after taxes and paying health insurance. My pay compared to the cost of living is abysmal. Over worked and extremely under paid. If it wasn't for other revenues I would not be able to provide a life for my family.
Any option that would include bariatric surgery... I have done a lot of research along with extensive consultation from my HCPs concerning bariatric surgery for myself. Most of my medical issues are the result of my obesity. While employed by RC, I was accepted into the Healthy in 12 program twice with good results but nothing sustainable. All of my clinicians have strongly suggested bariatric surgery as a way to reduce and/or alleviate most if not all of my medical issues. If most chronic medical issues are exacerbated by obesity and if health care cost are driven by the health of the employees/retirees, would it not make sense to include bariatric surgery as a covered procedure. Please do the math to compare the cost of the surgery vs. a lifetime of hypertension, diabetes, high cholesterol, sleep apnea, and musculoskeletal issues to see what the impact on premiums would be over a certain time frame.
Any other option that would benefit towards out of pocket costs and better dental (ortho) coverage
Any submitted plans from other providers to include the State Health plan.
Anything cheaper for the whole family but still an effective coverage
ANYTHING that gives us more coverage without taking more out of our paychecks.

As to over 65 qualified to receive Medicare, I don't know why RC would or should offer any health insurance options to those eligible for Medicare. There are a number of Advantage Plans that have zero or very low premiums that are easy to access for those who are 65+. Why would anyone pay the ridiculously high premium for the Humana Advantage Plan offered by RC when Humana, as well as other insurers, have excellent Advantage plans that you pay a zero or small premium for. The expensive RC Humana premium is in addition to cost of Medicare, which is increasing to \$180.00 next year, and those 65+ have no option not to pay it. There is no need to offer retirees an Advantage Plan they can obtain on their own and eliminate the high RC premium. For under age 65 retirees, taking into consideration that RC was paying 100% of the premium for 26 years of service, I became disabled when I had only 22 years of service and found the percentage of the premium I had to pay was absurdly high when I had to retire on SC State and SS disability prior to age 65, but before I was approved for Medicare. I still paid 75% of the premium. My premiums were over \$400/month, and that did not include dental insurance, for which I paid an additional premium. This puts an unfair financial burden on those disabled retirees under 65 whose SC State and SS Disability benefits are quite a bit less than their salary was, making the RC plan totally unaffordable. Additionally, I had to pay the Medicare premium. Premiums for disabled retirees under 65 should be calculated at a different rate so as to not make them unaffordable, knowing they are now on a much lower fixed income. There are many insurance plans available now that are very accessible to the general public that have excellent benefits for low or no premiums that anyone under 65 retirees can purchase on their own. And no there's no surcharges for preexisting conditions. I actually think RC should not offer any health insurance benefits. It seems group plans come along with a huge premium. I suggest RC consider providing employees with a set amount allotment for health insurance that would allow the employee or under 65 retiree to select their own insurance coverage that is now less costly than in the past, and RC could directly pay the employee's/retiree's insurance provider or put the allotment in a Health Savings Account so the employee/retiree can pay for their own insurance or medical care expenses. An HSA would ensure the money is being used only for insurance or medical costs. If an employee has dependents, the employee should be responsible for covering the entire cost of insurance for those dependents. I realize that generally people consider health insurance a huge benefit, but insurance is now more accessible at a more reasonable cost for individuals than what it seems a group plan costs. There are no longer added costs for preexisting conditions.

At work day care or some option that decreases daycare cost, particularly when both employees are with the department so that the parents have more money to invest in health insurance.

Bariatric Surgery or Weight Loss options ex. Jenny Craig, Watch Watchers, Physicians Assisted Weight Loss, etc.

Bariatric weight loss

BCBS

BCBS

BCBS State Health Plan

Better co-pays and better coverage all around. The benefits don't seem to provide adequate value. Especially, dental and vision

Better eye care plan

BETTER EYE PLAN AND CHEAPER FOR FAMILY

Better insurance all across and not having to pay more money out of pocket to get the better insurance

Better pay coverage for family. More medication coverage. Better deductible coverage.

Blue Cross

Blue Cross

Blue Cross

Blue Cross
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Blue Cross
Blue Cross Blue Shield
Blue cross Blue Shield
Blue cross blue shield
Blue Cross Blue Shield
Blue Cross Blue Shield
Blue Cross Blue Shield
Blue Cross Blue Shield
Blue Cross Blue Shield
Blue cross blue shield
Blue Cross Blue Shield Aetna
Blue Cross Blue Shield or someone that can provide decent benefits that are not so expensive that we can't afford it. The cost of insurance should not take a large portion of our checks.
Blue Cross Blue Shield State Plan
Blue Cross Blue Shield State Plan
Blue Cross/ Blue Shield of SC
bluecross
BlueCross and blueshield
BlueCross BlueShield of South Carolina
Cigna (Standard)
Cigna Buy-up Plan
Cigna is doing a great job as our provider
Cigna works for me
Cigna. BCBS.
Cigna's dental plan is abysmal. Any why Cigna wont cover certain things is ridiculous
Continue as is
Continue with the current Buy-Up Plan or go with only one plan selection.
Cost
Covering health insurance that for those that have been at the county for at least 15 years before they retire, or offering it at a rate with a paid premium.
covering more for pregnancy, and better dental coverage
current
Don't Know
Don't know.
Drop the buy-up plan completely or reduce amount given by RCG for Wellness Incentive.
eliminating the requirement of meeting a deductible for wigs for breast cancer patients. I could not get reimbursed for my wig because I had not met the deductible.
Find the best company with the best rates.
Free Health Care - but this should be across the board in our Nation.
Get on contract with the State Blue Cross Blue Shield

Get rid of the red tape when it comes down to approval for certain health options.
Give retirees/employees a dollar amount for their health coverage per month and let us find our insurance coverage
Guardian
Having the Standard Plan with a pay increase for employees. Continue to offer the Health Savings acct and the Medicare Plan with Supplemental insurance (Medigap)
Health insurance cost are rising for everyone. Its not the employees fault the county has failed to properly plan funding for the problem. Asking the employees to accept a lesser plan is unacceptable.
Health insurance is extremely important, especially in today's time. Now isn't a time where we should reduce coverage, so I think RCG needs to look into options that do not warrant loss of coverage for anyone.
Health saving accounts
Hearing aid coverage
Hearing.
Higher copays to offset costs.
How much does the life insurance policy cost? Maybe that could get cut or be done as an optional upgrade to the standard plan for an additional cost.
Humana
I am happy with the current plan
I am pleased with the options offered by the current RCG program.
I am satisfied with Cigna
I am satisfied with Signa
I believe RCG should keep the current health insurance options.
I have no suggestion. RCG is doing a good job.
I really like the buy up options to the insurance and if there were additional options to this portion would be beneficial.
I really like the fact RCG pays for a good portion if not all of the health insurance. I would suggest maybe making them a little more personalized per person/family. I really like the choice plan because I know once I hit my deductible that I do not have to pay anymore out of pocket. But I also realize I have to pay for everything up front until then. But it helps that RCG/Cigna contribute \$75 towards my HSA if I keep up with my wellness.
I suggest that RCG give monetary incentive for completing wellness items.
I think that we should stay with Cigna, or something very similar.
I took early retirement and therefore I pay more for insurance. Otherwise RCG plan is very good.
I would ask that you consider avoiding PEBA. It is horrible.
I would hope Richland County Government would do the best they possibly could to hold onto the employees they have. I understand the rising increase in health care costs nation wide is a hot topic, however we need to take care of Richland County & it is often viewed as a punishment for people who choose to progress through life and become a family. I personally have considered leaving Richland County due to the influx of rising insurance premiums.
I would like RCG to switch to Blue Cross Blue Shield State health plans. Coming from an state agency I lot of vision & health care is not covered under RCG health insurance.
I would like to see something is a little easier to follow. I generally do not have any health issues and rarely have to use any of our coverages, so on the rare occasion I do have to use our insurance it is a bit confusing.

I would like to see them leave the insurance that we have no alone.
I would not consider the PEBA plan for our health insurance. May United Health or Blue Cross.
I would not mind having to pay more for coverage. I also think that employees who have spouse/family coverage should pay more as well. I am blessed to be in good health, but also try to be healthy with diet and exercise. It would be nice to have some sort of workout facility that employees could use at lunch or before or after work. It would improve not only their physical wellbeing but their mental wellbeing as well.
Ideally a plan that has great coverage at little cost to employees.
If it would reduce costs, consider additional health services being offered at 2020 Hampton Street.
If the County could participate in the SC State Healthcare System and reduce healthcare costs I think this would be a good move.
If we can keep the same plan with less payment that would be great.
I'm fairly happy with options.
Improve retirement health benefits package
In house doctor
In my current life stage, I like the choice plan, so an option of a HDHP is great. An insurance company that takes family medical history into account for screenings would be fantastic since currently, Cigna is more concerned with the employee being of a certain age before they can get certain screenings covered instead of considering the employee's family medical history in order to get certain screenings covered.
Infertility insurance, and changing to blue cross blue shield.
Infertility treatment as well as bariatric treatment and surgery (only if deemed medically needed by a doctor) are two options that should be included in our insurance package.
Join SC PEBA
Keep Cigna, Drop Buy-Up, each employee pay \$25 to premiums and LEAVE RETIREES BENEFITS ALONE. Say No to PEBA
Keep the same insurance options. Give Employees a raise of salary to match current states pay wages per positions. Bring employees up to mid range and max those at mid range. Give monthly hazard pay increase to essential workers.
Keep what we have with out increasing any cost to retirees.
Keeping it the same; unless we are guaranteed a pay reasonable increase soon.
Look at a plan G for retirees. The advantage plan from Humana is not accepted by may doctors and it was a lot more money. I found a plan G from United Health Care that has better coverage at a much lower price.
Lower bi-weekly premiums, co-pays with more coverage options. More affordable insurance plans (employee/family etc).
lower cost
Lower cost, very happy with coverage
Lower/\$0 cost for employee only benefits
Medigap or pay the retiree the premium and let them choose their own insurance. If the latter is chosen, it should be concurrent with the average current rate.
More benefits for employees who are pregnant or have children, more providers in-network, lower copays for specialist visits
More chiropractor, massage therapy, etc.

More doctor options Keep drug cost low
More Doctor options. Free Gym membership
More information needs to be provided to answer Question 13. Does the pay increase offset what I assume is an increase in health care cost past along to the employee?
More money on the benefits.
More money towards basic dental plan, 1000 dollars does nothing especially if cleanings and x-rays are deducted from it
More ways of weight loss/allow surgery
Move all employees to a healthcare savings account. I used it for 2 years and loved it. However, I got breast cancer and returned to the buy-up plan this year.
My spouse is a retiree under state health and has experienced numerous medical issues in the past two years and has had no out of pocket expenses
N/A
N/A
N/A
n/a, should've suggest some companies for the employees to look into
none
NONE
None, i do like what i have. I wish deductibles were lower and better options for adding our children. I'll need to get a better understanding of other plans to see what will better fit me.
None. I love Cigna.
Not sure
not sure
Offer me the option to take cash instead of insurance. Perhaps 80% of what the county would pay on my behalf in insurance as direct salary instead.
On site clinic for doctor's, prescriptions, etc.
one that covers more surgeries and alone with exams and xrays
One that has low pharmacy premiums, also one where we can obtain a supplement insurance.
One that is affordable & offer great benefits to the employee and RCG
Onsite gym
PEBA
PEBA
Peba
PEBA - reasonable premiums and good coverage. Saves funds that can be offered as other employee incentives.
PEBA seems to be more cost-efficient.
perhaps employees pay per child
Personally I like the insurance coverage that I have and have not had a problem with it.
Preferred blue
Provide more proactive health options and incentives to get covered individuals to get and stay as healthy as possible
RCG should keep their current coverage but either opt out of the wellness program (unnecessary exams, test), and/or raise premium prices.

Remove unnecessary or unused options.
Retain Cigna
SC State Plan through Blue Cross and Blue Shield. Employee only premium is higher but affordable. A cost of living increase could offset this rise in premium. Consider continuing \$25 premium discount for wellness completion.
Something similar to what we have now.
something without a wellness incentive plan that steals money from employees
State Health
State Health Care Options
State Health Insurance Plan with Blue Cross/Blue Shield coverage
State Health Plan
State Health plan has a much wider net of providers, however, from my experience, out of pocket costs seem to have been lower with Cigna. I have been on both of these health plans.
State health plan with good prescription coverage.
STATE INSURANCE PLAN
State of South Carolina - Blue Cross Blue Shield
State Plan
State plan with Blue Cross Blue Shield
Staying with the current provider and benefit packages.
Stick with humana. The coverage has been good
Stipends or the expansion of wellness programs that can reduce health insurance costs.
Take care of employees and retirees
the 600 points are getting harder and harder to obtain during work hours
The best plan for the employees.
The best plan I ever had was with United Healthcare but that was in Colorado, not sure if it's available here
the Choice plan has served us well the last couple of years
The Cigna Buy-Up Plan is the best choice for me. Any others might be cost preventive for my budget.
The county should consider creating a health clinic for employees and their families. It may (should) help with reducing out of pocket expenses for routine office visits.
the current plans that is offer are beneficial and cost effective
The health insurance plan should have a bronze, Silver and gold plan
The prescription cost.
The SC State Employees plan
The state plan
Things such as hormonal imbalances, labor and delivery, and infertility for women should be more affordable in general.
To drop the consecutive years of service requirements to be covered for health insurance. If a person has done 25 years with an employer regardless if there was a break in employment they should be covered by health insurance Especially if it was done with county council and city council approval. (Example the merger that took place in 1999 with the 911 center).
To remain with Cigna at this time unless another insurance entity has been able to provide Richland County Government the necessary data which shows their insurance coverage meets our exceeds the coverage Richland County employees currently have with Cigna

UHC
unsure
We should stay with what we have. Cigna has been a really good insurance company.
What about getting a consultant and setting up a self-insured trust for all county-employees, similar to the state's PEBA retirement system (self-funded, non-federal governmental plan, under ACA)?
When I first started Blue Cross Blue Shield was the insurance coverage, seemed reasonable and covered satisfactory. It's in our state, seemed fairly easy to understand, etc. The amount of hoops we have to jump with the wellness programs on top of what is at least required within our Department is a bit much. Our Department requires us to be in shape, get a physical, do a mental wellness check which I agree with 100% we more than meet the above standard and should not get financially penalized for not conducting the "yearly" wellness check only to get docked if not completed. There are people here which live check to check.

23. Please provide any suggestions or comments regarding RCG's health insurance.

<p>I would like to know if I am participating in RCG's Wellness Incentive Program through Cigna. I honestly don't know if I am or not.</p>
<p>if the cost goes up along with everything else we as employees will not be able to afford health care or have funds to get health care from anywhere due to our increase deduction from our payroll for health care. employees will be making the choice of what is affordable to them.. food, housing, utilities, medicine, etc. None of the employees are rich and have the option of choosing from a variety of health care plans and most are living to sustain from paycheck to paycheck. Payroll will need to increase but it won't be helpful because the increase will go toward the increase for the healthcare.</p>
<p>We need a company that is interested in making sure the employee has coverage for MRIs and does not deny them for invalid reasons.</p>
<p>A different insurance company. When first hired, we had BCBS and I feel like the benefits and network coverage was much better than with cigna</p>
<p>A pay increase would be more beneficial than better health care options. I personally do not use my health care coverage because of my health. I'd rather make enough financially to put back every month for "out of pocket" pay rather than pay each month for a plan I will use minimally.</p>
<p>A provider who offers great benefits with lower deductibles</p>
<p>A STATE HEALTH INSURANCE PLAN ENROLLEMENT OPTION WOULD BENEFIT COUNTY EMPLOYEES THAT HAVE CONCERNS FOR FAMILY COVERAGE. WE ARE COUNTY EMPLOYEES CONTRIBUTING TO OUR STATE RETIREMENT PLAN SEEMS WE SHE BE OFFERED TO BE MEMBERS OF A LARGER NETWORK FOR HEALTHCARE OPTIONS.</p>
<p>Add bariatric coverage</p>
<p>Appreciate your hard work</p>
<p>As a retiree of DPS Highway Patrol I still have BC/BS Family. The RCG Insurance program was to costly to consider when I crossed over from the Richland County Coroner's Office to RCSD in Jan of 2021. I have obtained the Dental Plus and Vision Program and feel pleased with that insurance.</p>
<p>As I know that health insurance is expensive, it would be nice not to work just to pay it. Some starting salaries make it hard to see the longevity when the cost of health coverage, and taxes that are already taken out leave little to no remaining funds.</p>
<p>As you stated, one of the main reasons people choose a government job is because of the better benefits. It's not necessarily because of the pay. If you want a higher pay check, private sector may be the gamble you make. If you want steady pay with good benefits, government is the way to go. Eroding the strength of this commonly held belief is probably not the best of ideas so keeping our insurance benefits strong would be wise.</p>

At the time I worked for RC, 1990-2012, the entire insurance premium for employees was paid by RC. I understand that is no longer the case, but am unaware of the current particulars. The providers changed several times during those years. If you had a spouse, children, or spouse and children, the employee paid only a very small percentage of the additional cost for insuring those dependents. And the insurance premiums were outrageously expensive, no matter how many were insured. I was always thought it very unfair that people with dependents, in reality, received a much larger financial benefit than single employees or those who did not insure their dependents, since RC paid such a large percentage of that additional premium. Benefits should be equitable, and it certainly was not; therefore those employees with dependent coverage received considerably more compensation. It was very fortunate I was provided with Medicare when my SS Disability was approved, since I could no longer afford the RC health insurance premium, which was over \$400 a month for my portion. However, even when I did turn 65, I was never contacted, nor offered, any kind of Supplement/Advantage plan. In fact, these recent communications are the first time I have ever been contacted since I was no longer insured on the RC health insurance plan, which I believe was about five years ago. As I said, I do not pay any premium other than Medicare and have an excellent Humana Advantage Plan that has a zero premium, but that is not the point. And I'm free to chose the plan that best serves my needs. I was essentially abandoned by RC with regard to any insurance needs I might have had since I turned 65. Do not tell me "my voice matters." That is a very shabby way to treat an employee who gave so many years' service to RC. Now I don't need you. Unless you'd like to pay part of my Medicare premium. That might make me feel vindicated for the additional benefits afforded to employees who paid a very small share of the additional cost to insure their dependents, while I and others in my situation, did not receive any additional benefits.

Basically almost similar to what the city of Columbia was offering their retirees.

Because most of us are overworked employees dedicated to Richland County, we should be treated as valuable employees deserving better pay and comparable health benefits even as retirees.

Being forced to answer either "A" or "B" to question number 13 is silly. Either choice means a reduction in health insurance benefits. Choice B is meant to imply that a "possible pay increase" might go towards offsetting the increased cost of health insurance or missing services. Question 15 is simply another way to ask question 13 again. But if history serves at all as any sort of teacher, Richland County Council is very good at promising to elevate pay for public safety to competitive levels with a multi-point "strategy", but takes any convenient opportunity to not fully see it through. I have seen this process play-out at least three times in my career and I've never seen one go to completion. This past time, it was "because of COVID". However, agencies in other parts of the state managed to implement definitive pay ladders (Greenville County, Lancaster County, Aiken County), despite COVID. This is why Richland County public safety entities are hemorrhaging personnel with few qualified people willing to apply. Some other counties have found ways to vastly increase pay and maintain (or better) current benefits for employees in an effort to reduce resignations. Reducing health insurance benefits is a surefire way to exacerbate an already dire personnel shortage. It's sad to see this happen to the Richland County Sheriff's Department, especially in light of what it was once known to be not too long ago. But warm and fuzzy feelings don't pay the bills in a deputy's home when inflation is at a 39-year high with no end in sight. Paying more for insurance or paying the same for less coverage is only going to drive more employees away and further reduce the county's hiring pool.

Better benefits for retiree's, to include cover cost of dental and eye and reduce cost for spouse.

BETTER EYE PLAN BETTER FAMILY PLAN

Can improve with reduce costs, increased benifits and reduced cost to Richland County.

Cigna is a more expensive health ins, and they aren't necessarily the easiest to deal with - for customers or medical providers, as I've been told by my dr. In fact, a doctor I currently see does not take Cigna, and my dentist just dropped them. It seems that Blue Cross Blue Shield State was easier to deal with. Maybe check them out. But, as far as cost...maybe do away with the incentive points and just have everyone pay for benefits. Also worth noting, trying to get the incentive points adds to medical claims at times. I end up making several trips to my dr when all is said and done.
Cigna is not as widely accepted as some other insurance companies.
Consider offering a direct debit option for monthly premium payments.
Continue retiree coverage
Cost down
County pay rates are bad, and the mandatory pension plan is terrible. The insurance is the only thing offered by the County that is reasonably competitive.
Coverage for dependents is much too expensive.
Coverage has been very good. I was a bit concerned that my out of pocket for the ER docs at Providence wasn't covered any more than it was. The hospital coverage was excellent; the doctors group not so much. Good care, just cost too much.
Coverage is great, lower cost or increase in pay to help pay. With the buyup plan I feel there should be a higher incentive due to higher cost instead of \$25 across the board.
Currently satisfied with plan I selected.
cutting benefits will cause employees to seek work some where else.
Decent price
Decrease the amount people have to pay for emergency services. I would rather tough it out then pay thousands of dollars, unless I had no choice.
Do not ask questions that include staffing, salaries, training as opposed to Health Insurance!! We need a full staff, compensated with the best salaries, best benifits to best serve the taxpayers of Richland County. Reduction of costs through hiring freezes, primitive HR policies of hiring at the Low Point of the pay scale and not giving merit raises is archaic. We are competing with staffing for qualified employees with the City of Columbia, Lexington County, State Government, the University of South Carolina and the Federal Government. We have to lead.
Dump Cigna, pick up a better local/national insurance carrier (Blue cross/ Blue Shield) etc. or the plan State Government is currently on.
Employees of RC should not have to chose between health insurance benefits and salary. We need County Council to get it together and provide both.
Filling out the elections form is confusing. Make it more user friendly.
For the amount that is being paid for our insurance. There should be more coverage on Choice & Standard health plan for employees/children & family. If RCG wish to keep there health insurance there should be an increase in employees salaries to be able to afford health plans due to the increase of prices increasing or all necessities needed to survive in this economy due to inflations.
Get rid of the point system (600 pts) with the CIGNA wellness program. Just something else to keep up with, waste of time!
Get some insurance that cover more and pay less! What we have now you pay alots but Barry to cover anything!
Health care cost with RCG are very low and the incentive program further reduces cost. This is a huge benefit to many working at the County.
Health Insurance should not be expensive nor a struggle to pay because everyone needs & deserves affordable health care!

Health Insurance with government jobs has always been the benefit that keeps people applying for positions, trading lower pay for better benefits. If that benefit is reduced, there would not be a way to significantly increase salaries to cover the reduction, and employee quality and quantity would suffer.
How is it that departments at the county are running skeleton crews and departments are constantly getting their budget cut. Why not use the money for that is not being paid for employee hires, and give raises, bonuses or use it for better healthcare insurance and benefits all together. Also question #13 is horrible. Both answers are bad. Health insurance should NOT be reduced at any cost.
I am covered under my spouse's insurance due to preexisting condition. I would be interested in RCG Insurance if I was confident that my condition would be covered.
I am extremely grateful for the health insurance that we currently have
I am for keeping our current benefits plan. If we need to reduce costs, I would suggest having the employee pay more to have their spouse on their plan unless your spouse is not offered insurance through their job or does not work.
I am happy with it but I have also been on the state health insurance plans (both standard plan and savings plan) and was very happy with both of those options
I am happy with our current healthcare provider. (Cigna)
I am in favor of the Cigna Buy Up plan. I do not want and will not change doctors due to changing to a "cheaper" insurance plan for Richland County nor do I want another plan to mess with my medication. Insurance is considered one of the benefits in the "benefit package" when you come to work with Richland County. Richland County needs to quit looking for ways to take the cheaper way out. The County Council can not fund one of the "tennis courts" or parks that they fund every year and fund their employee's insurance or at least keep it as is!!!!
I am satisfied with Cigna
I am satisfied with current plans
I am satisfied with RCG's health insurance.
I appreciate the efforts put in by HR and Administration. I am the insurance carrier for our family, so affordable coverage is very important to me
I believe its great but less cost for medicine prices and coverage for diabetic supplies
I believe that Richland County has an obligation to the current employees and retirees to pay 100% for their health benefits. I , as well as all other retirees and long term employees have worked extremely hard as an employee and have stayed loyal to the county. Richland County needs to honor their promises and show their employees and retirees that they recognize the dedication given that the employees and retirees have given to them. If Richland County doesn't, then shame on them. The whole problem with this world is that no one is loyal to anything any more and promises are just as easily broken as if they were never made. Benefits should be grandfathered for current employees and retirees and changed for new hires only at a given cutoff date of hire. promise. Richland County needs to find another cost to reduce and leave the benefits alone. It should be guaranteed for current. I suggest they cut the funds somewhere else or raise property taxes.
I currently like the insurance with the options of participating in the Wellness Incentive Program. Additional the option to do buy ups are important especially the vision portion of the plans.
I did not answer question 13 because neither option is what I would select. I just feel like anytime the county needs to buy a building, or land we magically find money for that. Also from reading through the documents a potential 1% raise with not cover the cost that I will incur in out of pocket expenses. Also this seems to be a way for the county to reallocate funds from one area to another, so it seems the county isn't saving any money just moving it around. My benefits are a big perk for me working here. We the employee's are what make this organization beneficial to the citizens of Richland County. In my opinion the more our benefits packages are cut it will be harder to keep our current employee's as well as attracting future great employee's to Richland County.

I didn't answer #13 because I don't agree with either statement. I think our health insurance is one thing that distinguishes RC from other State agencies when competing for workers.
I disagree with both answers to question 13. They both give the impression of decreasing insurance. The RCG employees deserve good insurance plans even at the cost of slight increase to employees for their plans. I obviously had to pick an answer so I CHOSE the first one, but I do not think insurance should be decreased in any form.
i DO NOT like having to obtain "points" in order to save \$25 on my health insurance, it takes a lot of time to do that and that time is better spent working
I do not like the idea of paying \$14 plus co-insurance when I have a doctor visit. I like the simply copay option we currently have. With PEBA's plan, you have no way of know what your copay is. That could cause a financial hardship.
I do not think question #13 should be an either or, so I didn't answer that. Health insurance for retirees may not have been guaranteed like a contract but the inference was that it was in 2009. It should not go away for people who put a whole career of years in. 34 for me!. Also I am both a current employee and a retiree, so I didn't answer that one either. You couldn't choose both options on tis format.
I don't agree with either of the answer options for question 13.
I don't like either answer to question 13. Both only offer an option to decrease benefits.
I don't think the 600 point wellness system is applicable to all employees because some don't like the doctor and sometimes employees aren't aware of the points until its too late. I think making it mandatory to receive the credit may be unfair to all employees.
I feel the cost for health insurance should be lower.
I feel those close to retirement should be grand father in and receive 100% medical benefits as stated.
I had BC/BS with previous employer. Several of my doctors were not in the CIGNA network. I find that BC/BS is the choice for many preferred healthcare providers.
I have been pleased with the coverage especially in light of recent events in our family.
I haven't been with RCG long, but the available plans seem to be very comparable to other utilities I've been with in the past.
I like Cigna
I like have the choice in a regular plan or a buy up plan. With the regular plan I pay 1,200.00 a month for medication for my child with the Buy Up Plan I pay 35.00 a month.
I like the HSA.
I love RCH health insurance. We have the best insurance anywhere.
I really appreciate the wellness program and the incentive that covers the employee only option, hopefully this will not go away. Please do not get PEBA. My experience is regular preventative visits will not be fully covered.
I retired with over 20yrs but less than 25yrs. I loved my health insurance while I was employed by RC but when I retired, I would not afford the health insurance even though I was responsible for only 25% of the premium. It wasn't until I went to a retirement seminar that I realized the cost of insurance was based on the total premium which was very disappointing. As a result, I have been added to my wife's insurance which is under the state health plan. I have been extremely dissatisfied with this particular insurance. Although the premiums are less expensive, I pay much more in co-insurance. I went from never seeing a bill to receiving bills weekly now. I have strongly contemplated returning to RC's health insurance plan and pay the additional premium because it would be cheaper for me on the back-end. It appears now that it would really matter now.
I strongly believe that some employees stay working at the county because they believe that they will get retiree health insurance. This is positive for the county and for employees.
I suggest that RCG give monetary incentive for completing wellness items.

I sure hope we switch the state plan.
I think our benefits are very comparative to other organizations
I think RC pays too much for the coverage we have. I have been very unhappy with Humana.
I think RCG has already decided to cut employees health coverage and raise premiums on folks while trying to justify it with a raise so small that it wouldn't cover the cost of the premium increase. Rising health care and employee costs are a part of doing business and employees are going to suffer because of RCG decision to place the burden on the employees and not the consumer they serve.
I think Richland County government should look at the health insurance benefits plan they select as it directly financially impacts upon employees with the county. Unfortunately, I'm sure there are multiple employees, like me that might have to consider employment elsewhere simply due to the expensive employee & Child(ren)/ family health care cost, inflation, increase household expenses. Simply put: I love it here; however, everything keeps going up, except my paycheck. This puts me & families like mine in a situation where sooner or later, we as providers for our family must make a choice to say with RCG while my family standatd of living regresses OR seek employment elsewhere to maintain our current "barely"standard of living.
I THINK THAT THE PRICES FOR THE INSURANCE ARE AFFORDABLE . I HAVE HAD NO PROBLEMS SINCE BEING EMPLOYED.
I think the employee should receive free health care then adding family and dependents should cost the employee something.
I think using PEBA would be easier, considering our retirement package is already through them. It would make insurance less confusing because nearly everything is through one agency. Also, from my understanding, state employees are already enrolled through PEBA, so it makes more sense for us to follow suit. This would not only save the county money, but it would also streamline benefits for employees. I do like how employees can at least self-insure for free under Cigna (because the county pays). I'm not sure if that's possible with PEBA, but would be a great benefit to have.
I understand RCG's intent to provide the best coverage for its employees while keeping on a budge. Unfortunately that means higher costs or less coverage. You guys are doing a great job, I hope that other employees understand the challenges of the constantly increasing cost of insurance.
I understand the purpose of the wellness program, but honestly it is more of a pain in the butt than anything and not worth the hassle. It seemed like every year the points system was changing, and the last time I looked thought about using it I was not able to use results from my yearly physical to count towards certain parts. I would like to see some kind of benefit for someone like me that does not have many claims at all. There are some years I have no medical claims, only dental claims for cleanings. I also think some of these questions a rather leading and we are not able to give an accurate opinion based on available options.
I was always covered under my husband's plan at International Paper...they had a self insured plan. Because he had passed away, when I turned 65, I was no longer eligible to remain on that plan. That is when I signed up for the county's plan. IP had an excellent plan but it also may have changed in the past 2 years.
I was here for 17 years before we had Cigna and never paid a monthly premium for health insurance. That is no longer the case and it now costs me \$45 every time I go to the doctor's office. I have paid more out of pocket costs for scans and diagnostic tests than ever before and health care in general is too expensive.
I would appreciate keeping my current health insurance plan with Cigna because I like working with them and I understand the plan and I like what the county has to given us in insurance needs.

I would hope we could maintain just as good, if not better insurance with minimal increases. This would benefit the employee as I think county government wide has been a struggle maintaining staff. I would hope we wouldn't be pricing our current employees to the point they would seek employment elsewhere because they can get comparable health insurance at a lower price. We as a county government need to take care of our employees.

I would like to see longevity rewarded. "Cumulative" years of service should be considered like is described in the PEBA plan. A lot of folks with 20+ years, some 30+ that aren't consecutive would end up having to pay a portion of the benefits. If we go with PEBA or any other I would like to see 20+ rewarded with cumulative years of service counting toward retiree insurance benefits.

I would like to see RCG include "Life Partners" in insurance coverage in addition to spouses/dependents.

I would like to see RCG keep Signa

I would suggest that instead of offering retirees a health care plan you offer a dollar amount to help offset the cost and let us choose a plan. I have friends that have that option and the amounts range from \$1,800 - \$2,400 a year depending on the company that worked for. While that won't cover everything it would certainly help. It's quite a culture shock to go from paying little to nothing for insurance to having to pay for Medicare parts A and B as well as part D prescription plan then there are the plans available to fill some of the gaps plus dental and vision plans. Seems to me that offering the money option would be easier to budget and more cost effective for the county. Keep in mind that people don't come to work for government agencies for the money, especially EMS, they come and stay because of the benefits and those have been sorely lacking over the last 10+ years. I saw many food employees leave because they couldn't afford the healthcare insurance for their families. If the County would really take an interest in their people up front and do in person exit interviews when the leave you could avoid a lot of problems

I would suggest you DO NOT remove any retiree benefits. One of the best reasons for being employed here is the knowledge that I will not have to worry about health insurance after giving my entire working life to Richland County. Even considering something like this gives the appearance that Richland County does NOT value its workers who have put in the time to retire.

I've never worked at an organization that gave health insurance to anyone other than fire fighters

If helps reduce health cost, consider different levels of Wellness incentive programs. I use Silver Sneakers but have no need for in-home check ups. I see my physician regularly and have no need for in home services. The same for in home meals following hospital stay. I have family capable of assisting me. Understand someone else may need this but if it helps balance out costs, provide options.

If my health insurance is suspended or cancelled it would devastate my family.

If the goal is to cut health care costs by reducing benefits, another survey should go out requesting input from employees on which services they wouldn't mind giving up. To answer question 13 (blindly) would be foolish.

If the health insurance is changed to where the employee pays for his/her insurance the county will struggle to find employees to work for Roads & Drainage on the current wages that the county is offering at this time.

If you work for 25 consecutive years at Richland County, you should be eligible to receive GREAT health insurance benefits for the rest of your life. If you want Richland County to be an employer of CHOICE you have to create incentives to stay here LONG TERM. I've been here for 19 years. One of the reasons I've chosen to stay is that I was under the impression that if I stayed for 25 years, I would receive health insurance benefits. It is very disappointing to have discovered recently that I was misled.

If there's nothing out there better than RCG that I presently have now, please don't mess up things for us RCG employees. I can't afford to pay a penny more than I'm already paying. I don't make much money and I must have insurance. Thanks

I'm not sure where else to add this, but for question 13, these are not the only options available. I think RCG should realize there are other available options. Without a doubt, RCG should research other available health insurance options in order to reduce the cost to the County while also being able to offer the same (or better) health insurance benefits to current employees. Additionally, I find it incredibly disheartening to think RCG would even consider reducing health insurance benefits in order to suggest a "possible" increase in salary (when we all know that would be very unlikely to happen). For question 13, a third response should be "I would prefer my health insurance benefits stay the same while RCG diligently searches for a new insurance carrier to reduce the cost to the county." It's unfair to even suggest the possibility of a salary increase when a salary increase is very unlikely to happen and to use our health insurance benefits as a bargaining tool for an empty promise is disappointing. What kind of guarantee would there be to the employees for a salary increase if our benefits are reduced? Unfortunately, I think what will ultimately happen is that we will lose some of our benefits and never get a pay increase to make up the difference. I sincerely hope to be proven wrong on this thought.

I'm satisfied with the health plan. I like that my co-pay is \$20. My meds are at a reasonable price.

I'm willing to pay more out of pocket per month in order to pay less out of pocket when I do have doctor visits etc. Coming from a private sector that's what I'm used to. My medication, doctor visits, etc. were always cheaper however under our current plan I pay less per pay period (which I'm thankful for) however more out of pocket for medications, doctor visits, etc. No insurance policy is perfect but overall I would say any procedure or visit that is deemed medically needed by a doctor should be covered under our plan.

In past some companies have had lousy coverage. Since RC has been w/humana it's been worth it

Increase contributions to HSA accounts

Increase premiums for employees who have more than 3 dependents on their policy. Many people work for the county for the "benefits". Retirement, and health insurance are the main benefit. If you further reduce health insurance benefits for retirees, why would current employees want to stay? If an employee is valuable to the county with experience, work ethic, etc.. and said person could retire but continues employment for health insurance and health insurance benefit with the county after 25years. Why stay? My fear is reduction in health care benefit or increase in cost will cost the county valuable employees. We are quick to forget the heartache we experienced last time we tried increasing employee health insurance premiums.

Insurance not covering a better medicine with less side effects and requiring you "fail" on a cheaper medicine first with more side effects is absolutely absurd. Paying for the vision buy-up plan only for it to cover \$70 towards contact lenses when the average annual cost for contacts cost \$250 ON SALE is absolutely mind blowing. Having to pay \$1,000 for a bone scan after insurance wouldn't cover it (AND DIDN'T TELL YOU THEY WOULDN'T COVER IT UNTIL AFTERWARDS) and getting denied financial assistance through the hospital because the COVID check is in your savings account should be enough for RCG to consider other options if they want to retain their current employees and attract new ones.

is sad that you have to get a buy up plan to get better coverage .

it needs to cover more, with lessor co pay, because our pay doesnt match the the ability to pay for the health insurance

Join the BCBS State Plan

just cover the workers and rcg retirees

Keep retiree benefits in play because if that goes away a lot of long term employees will jump ship. If we do away with the years of service retiree benefits employees will move onto higher paying jobs with in the Peba system.

Keep the same insurance options. Reduce high deductibles and lower insurance costs.

Leave it the way it the way it is. If the county changes to where the employee has to pay for there insurance roads and drainage will never be able to hire CDL Drivers with the current wages the county is paying. We can not get CDL Drivers to apply now the way private sector is now paying.
Lexington County successfully had in house medical facility that staff and family could use doing working hours. This saved staff time, money and sick leave.
Lower prescription copays
lowering deductibles. not charge so much for adding children/spouses. usually that is done when we don't have any other choice. Its like we have to pay a lot because it is known we have no other options. Right now, i can not afford to add my own child even though i need to. Which is why i will be carefully going over the plans again and hopefully i can this enrollment period.
Maybe take a look at state health plan ?
More Doctor options. More time to complete your health insurance plan.
More incentive than just the \$600 deducted. some type of tangible incentive for completing task as other companies have
My answer for number 9 is no because I feel it should be based on the number of people covered by the insurance. Right now it costs the same whether you have one child or 5.
N/A
N/A
na
none
None
NONE WORKS GREAT FOR ME
None.
Not enough coverage for out-patient procedures. Too much out of pocket expenses and penalties for going out of network, including higher deductible.
One of my concerns is the out of pocket cap is unlimited. Our current plan has a limit which is my deductible so I know what to expect. I take advantaged of the choice plan I also do the wellness so I get a total of \$75 going towards my HSA which benefits me greatly and helps quite a bit. The choice plan is my favorite because after I hit my deductible I do not pay anything out of pocket.
One of the reasons I was able to retire when I did is because with my years of service, my health insurance benefits (premiums) were paid. I appreciate this very much.
Our insurance is very important to our quality of life. A great benefit. There should be other programs that could be reduced. Programs that don't effect employees daily life the way insurance does.
Pay increase is the bigger concern. One of Low paying departments in the state with the largest department in the state of SC is disappointing.
PEBA insurance is substandard. Women can only get annual exams (paid for) every 3 years. Doctor exams run about \$100. You have to pay out of pocket for every bit of care you receive. Dental insurance did not cover cleanings when I had it. I was unable to afford my asthma medication on PEBA insurance when I worked with the State of SC. This insurance will disenfranchise lower paid employees (all making under \$100,000) and women from not seeking care. People will choose between taking their kids to the doctor and if they can afford to do so. People are already drastically effected by inflation. This insurance will just add to it. It is appalling to think PEBA is being considered by RCG for coverage. Please continue to invest in employees and not consider their coverage a waste and targeted for budget cuts. Spread sheets can show you all kids of numbers and made to look like there is not much difference. I have lived with both insurance and have real life examples and experience of how badly PEBA effects peoples health.

Perhaps there could be a way to base the employee portion of a plan on salary, with tiered levels. That would make the County plan more affordable for those folks at the lower salary levels. Given my personal situation - being able to choose an employee only plan - the health plan is very good for me. However, with retirement around the corner, I will be looking at adding my spouse to the coverage, as well. I am hoping that will be an affordable choice in the retirement plans.
Please continue to have insurance choices rather than the (PEBA) State Insurance - Reduce costs without changing.
Please do not go to the state plan. My sister works for the state and she must chose between her annual ob/gyn appointment or her internal medicine annual. She cannot see both doctors unless she pays for one of them. I do not want my internist conducting a gyn exam on me. I prefer to see the specialist.
Please don't cut retirees out of insurance, we dedicated our lives to the County for 25/28 years, we earned our insurance.
Please keep the 600 points option to assist with paying health insurance.
Please protect the insurance for retirees. I have no other options.
Please, let us keep what we have now.
Provide more resources to use and understand RCG health care
Question #12 ask about smokers but I don't see you singling out diabetics, over weight persons or other potential health issues and no, I am not a smoker.
Question 13 is blatantly biased. Employees shouldn't have to choose between their salaries and health insurance
Question 13 is quite alarming. It seems as though the only option being considered currently is a reduction in benefits. Instead of that approach I would like to see better premiums
Question 13 is selected because the survey makes me choose one. I do not agree with either, and the first statement is unclear. Is it saying reduce options offered? Or is it saying reduce contributions the County makes and therefore value of benefits?
Question 13 is very confusing.
Question 13 was not a good question as there were only 2 possible options. What is not being stated is the elimination of the Buy-Up Plan is being considered which I'm against.
QUISTION #13 MAKES NO SENCE!!!
RC should consider bariatric surgery as an product because medical studies have shown the benefits of it i.e. reduction in medication, reduction/reverse in illness such as diabetes, high cholesterol, high blood pressure, etc.
RCG health insurance is not affordable for families. Most employee's are unable to provide insurance coverage to their child due to price.
RCG offers its retirees good insurance coverage. I know it may be expensive but if we had to go out into the market it would shock you what someone pays for this type of coverage. In most cases, retirees wouldn't be able to afford the insurance. These are tough times for both the County, retirees and employees. Less coverage could have an impact on individuals right now.
RCG should retain Cigna. And, Employees with additional needs ie.: per child, spouse, smokers, pre existing conditions etc. should pay more than individual healthy employees. Also Wellness programs with health coaches should continue.
RCG's health insurance is keeping me healthy.
RC's current health insurance offerings are good and I would prefer NOT to have health benefits reduced. RC should do everything it can to avoid increasing the cost OR decreasing the benefits of retirees.

Re: question 13--provide an option that doesn't involve a reduction in benefits. We're in the middle of a pandemic.
Reducing benefits isn't the way to go. Reducing benefits to retirees would be the same as breaking your word to them when they retired. The benefits for current employees are already on the lower end of what I would expect for a company this size. I believe the correct question to be asking is why can't Richland County raise enough money to cover their expenses? Nearly every department has been hit with budget cuts for several years in a row. Some of the departments that I would consider absolutely essential are now working with budgets that don't even cover a skeleton crew and minimal operations and it is starting to show with essential services starting to fail. Even with all the openings we currently have from people fleeing the sinking ship you're saying we still need to cut expenditures? Maybe, rather than cutting benefits to try and support a failing system, just maybe it's time to look at ways of raising revenue. Maybe it's time for that most dreaded of phrases, "tax increase".
Reducing benefits should not be a consideration. Something needs to be done to at least keep what is currently offered. The option to increase pay and reduce benefits is a terrible idea as it will leave people exposed.
Regarding questions 10 and 11 I just want to pass along that I believe subsidizing the cost of insurance for employees with dependents at a higher level than an employee only plan is an important tool to ensure the county can attract candidates for employment from the broadest range of the population possible.
removing the 600 points and the penalty of not meeting the points.
Retiree Spouses - They should have to commit to the Wellness Incentive Plan as well as the employee. #13 feels like a trick question.
retirees need better coverage
Retirees should not have to enroll in the health insurance plan every year unless they want to change their health coverage plan if not the coverage should roll over automatically granted we all have life changing situations
Same as above
See if the County/Employees could reduce the amount they pay in to Health Insurance by switching to PEBA.
Stop increasing what we have to pay out of pocket. Get more medication covered. I should not have to pay out of pocket for medication.
Suggest smokers pay more Pay more for 3 or more dependents Onsite Clinic Family Gym Membership discount or onsite gym On Site exercise activities during lunch or after work
The 600 points should have more incentives.
The 600 points that are required to continue get harder and harder each year to reach Maybe consider lowering at least to 500
The cost to cover your family is too expensive and makes it hard to carry your family if you really needed to.
The County has rarely given even basic cost of living increases and pay for performance increases, making it harder for employees to potentially pay for rising costs of healthcare and now other basic necessities due to inflation. I would also hate to see employees who have waited years to get a cost of living increase only to have it taken to cover health costs. I recall one of the rare times employees received an increase it went immediately to the increase in mandatory state retirement funding. I would support changes in the medical coverage if it meant at least regular COL increases for employees.
The county's pay in not competitive. One of the best perks to draw in staff is the excellent health benefits.
The drug benefits for the standard plan and the 70/30 cost share are not the norms.

The employee with a family should not be paying hundreds of dollars more per check compared to an employee with just children. The costs to add a spouse/children compared to just children is huge. The benefits are the main reason people remain at RCG. The private sector pays much more than RCG. The benefits should be the main focus of RCG. It is hard to raise a family and cover them under insurance these days. The security RCG gives to many is because of the fact that we have these benefits and do not have to worry about them going away and we should not have to worry about them rising to a point where our salary is dropped because our insurance goes up. RCG must remember that we do not pay what the private sector can. RCG's advantage to that is a good benefit package and a guaranteed retirement that includes health coverage. If we lose our benefits we lose what small advantage we have.

The employees who are driving up the cost of overall RC coverage should contribute more and be required to participate in a healthy eating program. I believe there are many people who know nothing about nutrition and unhealthy eating habits.

The health insurance package is a benefit to working at RCG. Employees are not given COL raises or bonus structures, so having strong insurance is a positive. I did not participate due to confusion during initial onboarding and disconnect of enrollment periods, but my opinion is that RCG offers a good package. The negatives to moving to PEBA far outweigh the positives. If the health insurance is cut/changed it will be important to clearly communicate that the cost savings is needed for continued funding and not just for reallocation or other uses.

The max out of pocket is \$4,000 with RCG via Cigna. SC State plan is max out of pocket \$2,800. I've had numerous surgeries and have experienced this. Medical Bills is one of the top reasons people enter bankruptcy. Again, Cigna family plan is too expensive.

The question regarding pay increase for less insurance is confusing. I personally would like to have a pay increase and good insurance.

The wellness incentive is very beneficial. It is a great effort of trying to motivate employees to take care of their bodies to keep down costs and overall improvement. The only con of the insurance program is the dental and vision coverages. I am overall satisfied.

There seems to have been more out of pocket costs with the State Plan when I was on it, where I haven't had to pay anything but co-pays on Cigna. I have never even approached my deductible, which I don't quite understand why.

There should've been " N/A or unaware" responses

This survey doesn't allow you to voice your thoughts, but pigeon holes you into a worse or more worse option as if you are agreeing with the one you choose (i.e. #13). I thought some of the questions were problematic. It appeared from the research I saw that the individual employee/retiree was not the issue but the family claims (spouse/children). That to me is the area that needs to be looked into in regards to saving money. I qualify for retirement in less than two years and this benefit is one that has influenced me to stay around and with one agency my entire career. Thank you in advance for reaching out for our opinions.

Too expensive....keeps going up every year.

Totally do away with the 600 point wellness program

unsure

What we have now works well for me.

wish we didn't have to do the Cigna Health Assessment every year.

Would like the deductible to be lower

You could bring the co-pay down from \$35 and \$45 to \$25 and \$35



Attachment 2



I.M.P.A.C.T. Committee Meeting: PEBA Analysis

David Costa

November 16th, 2021



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Agenda

- Section I - Background Info & Eligibility
- Section II – CIGNA (current) vs PEBA – Active Employees & Pre 65 Retirees
- Section III - Humana (current) vs PEBA – Post 65 Retirees
- Section IV – PEBA Pros & Cons
- Section V - Appendix



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Section I - Background Information & Eligibility



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Background & Executive Summary

- Gallagher is one of the world's leading risk management & consulting firms and acts as a broker for many employers in helping them evaluate and purchase their insurance.
- Gallagher marketed RCG's Medical plans to CIGNA (incumbent), Aetna, Blue Cross South Carolina, BlueChoice and United Healthcare for an effective date of October 1, 2021. Choice was made to remain with CIGNA
- Currently RCG has a fully insured plan and historically the RCG HR team has done an outstanding job managing plans/costs. Loss Ratios / Large Claimant activity has spiked in the past 12 months to over 100% (claims are higher than premiums paid). Costs for Pre 65 retirees are significantly higher than premiums being paid
- Gallagher has also helped RCG analyze PEBA (SC State Health Plan) to understand the Pro's and Con's of joining the program specific to
 - Active Employees
 - Pre 65 Retirees
 - Post 65 Retirees
- **The presentation today will highlight Gallagher's findings and comparisons of the current benefits offered at RCG vs PEBA**





PEBA Retiree Eligibility – Optional Employers

Eligibility for retiree group insurance is not the same as eligibility for retirement. Determining retiree insurance eligibility is complicated, and only PEBA can make that determination. It is very important to contact PEBA before making final arrangements for retirement.

Employees hired into an insurance-eligible position

Retirement status	Earned service credit with an employer participating in the State Health Plan	Responsibility for paying for premiums
Left employment after reaching service or disability retirement eligibility <i>Learn more about retirement eligibility at peba.sc.gov.</i>	At least five years	Your portion of the premium, up to the full amount of the employee and employer share, is at your employer's discretion.
Left employment before reaching retirement eligibility	Less than 20 years	You are not eligible for retiree insurance coverage.
	20 or more years	Your portion of the premium, up to the full amount of the employee and employer share, is at your employer's discretion.

As long as the employee is eligible to retire under SCRS rules and the last five years have been consecutive, full-time, permanent with an insurance covered employer, the employee would be eligible for insurance.



PEBA & Grandfathered Status

- PEBA believes the State Health Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act).
- As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted in 2010.
- Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing or have a cap on out of pocket costs.



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Section II – Active Employees & Pre 65 Retirees

Current Benefits & Est. Actuarial Value



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Benefit Summary	Buy Up		CIGNA Current (Fully Insured) Standard		HDHP	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Deductible						
Individual	\$500	\$1,000	\$1,000	\$2,000	\$3,000	\$6,000
Family	\$1,000	\$2,000	\$2,000	\$4,000	\$6,000	\$12,000
Coinsurance Maximum						
Individual	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum						
Individual	\$4,000	\$8,000	\$5,500	\$11,000	\$6,000	\$12,000
Family	\$8,000	\$16,000	\$11,000	\$22,000	\$12,000	\$24,000
Routine Doctor Office Visits						
Primary Care	\$20 copay	70% after deductible	\$35 copay	70% after deductible	100% after deductible	70% after deductible
Specialist	\$35 copay	70% after deductible	\$45 copay	70% after deductible	100% after deductible	70% after deductible
Preventive Care	100% - No deductible	70% after deductible	100% - No deductible	70% after deductible	100% - No deductible	70% after deductible
Inpatient Hospital Services						
Per Admission Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Facility Care	80% after deductible	70% after deductible	70% after deductible	60% after deductible	100% after deductible	70% after deductible
Doctor Visits & Surgery	80% after deductible	70% after deductible	70% after deductible	60% after deductible	100% after deductible	70% after deductible
Outpatient Hospital Services						
Surgery	80% after deductible	70% after deductible	70% after deductible	60% after deductible	100% after deductible	70% after deductible
Diagnostic Lab & X-Rays	80% after deductible	70% after deductible	70% after deductible	60% after deductible	100% after deductible	70% after deductible
Emergency Room						
Emergency Care	80% after deductible	80% after deductible	70% after deductible	70% after deductible	100% after deductible	100% after deductible
Urgent Care Centers	\$35 copay	\$35 copay	\$45 copay	\$45 copay	100% after deductible	100% after deductible
Prescription Drugs - Retail						
Generic	\$10		\$20		70% after Deductible	
Preferred Brand Name	\$35		\$50		60% after Deductible	
Non-Preferred Brand Name	\$55		\$75		50% after Deductible	
Specialty	\$55		70% (Min \$75 / Max \$150)		50% after Deductible	

Plan Actuarial Values:

Buy Up - ~87%

Standard - ~80%

HDHP* - ~77%

The actuarial value of a plan tells you what percentage of healthcare costs that health insurance plan is expected to pay for its beneficiaries. A plan with an actuarial value of **80%** is expected to pay approximately 80% of the healthcare costs of its beneficiaries

Current Rx Benefits



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Pharmacy Benefits			
	Buy Up Plan	Standard Plan	Choice Plan (In-Network / Out-of-Network)
IN-NETWORK COVERAGE ONLY - Dispense as Written**			
Retail (31-day supply)	\$10 copay - Tier I (Generic) \$35 copay - Tier II (Preferred Brand) \$55 copay - Tier III (Non-Preferred Brand and Specialty*)	\$20 copay - Tier I (Generic) \$50 copay - Tier II (Preferred Brand) \$75 copay - Tier III (Non-Preferred Brand) 30% coinsurance (\$75 min/ \$150 max) - Tier IV (Specialty*)	In-Network: 30% Tier I 40% Tier II 50% Tiers III & IV Out-of-Network: 50%
Mail Order - Cigna Home Delivery (93-day supply)	\$20 copay - Tier I (Generic) \$70 copay - Tier II (Preferred Brand) \$125 copay - Tier III (Non-Preferred Brand and Specialty*)	\$40 copay - Tier I (Generic) \$100 copay - Tier II (Preferred Brand) \$150 copay - Tier III (Non-Preferred Brand) 30% coinsurance (\$150 min/ \$300 max) - Tier IV (Specialty*)	In-Network: 30% Tier I 40% Tier II 50% Tiers III & IV Out-of-Network: Not Covered
Pharmacy Drug Formulary	Cigna Standard Prescription Drug List	Cigna Value Prescription Drug List	Cigna Value Prescription Drug List
Includes Step Therapy?	No	Yes	Yes

Standard Plan and Choice Plan both have more restrictive “Value” Prescription Drug List and also require Step Therapy compared to Buy Up Plan



*Specialty Rx must be purchased through Cigna Home Delivery (31-day supply)

**When patient requests brand drug, patient pays the generic copay plus the cost difference between the brand and generic drugs up to the cost of the brand drug.

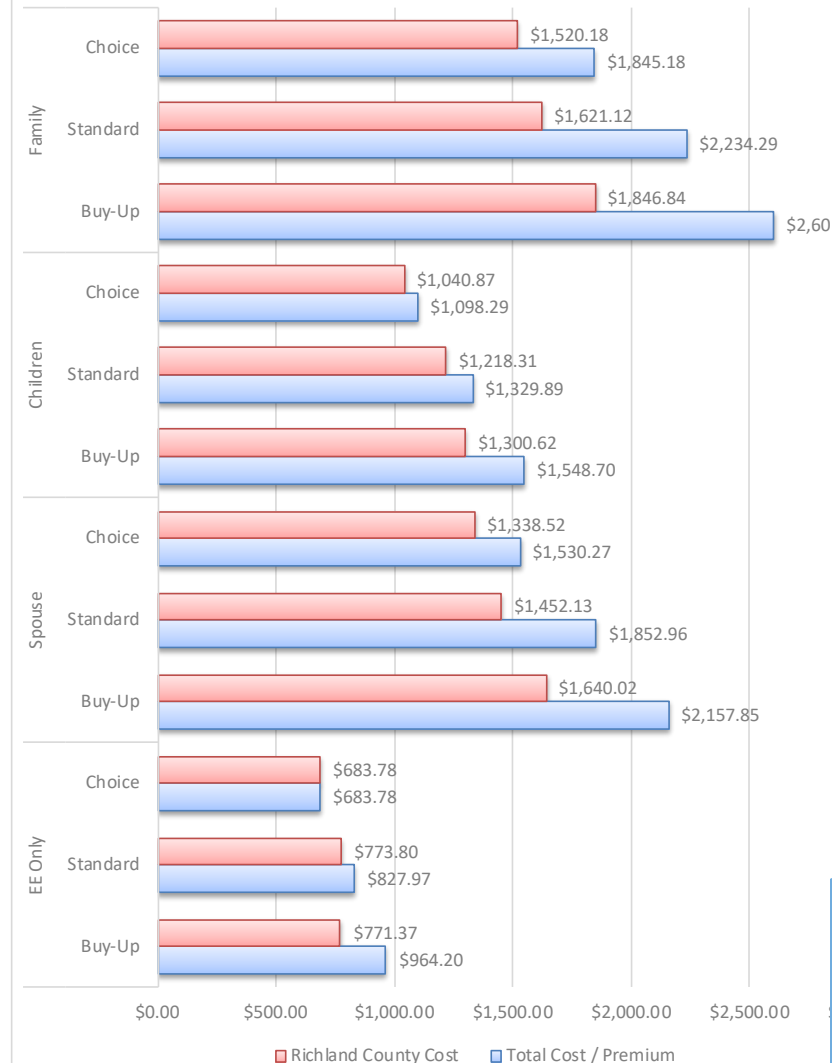
Current Premiums & Employee Contributions



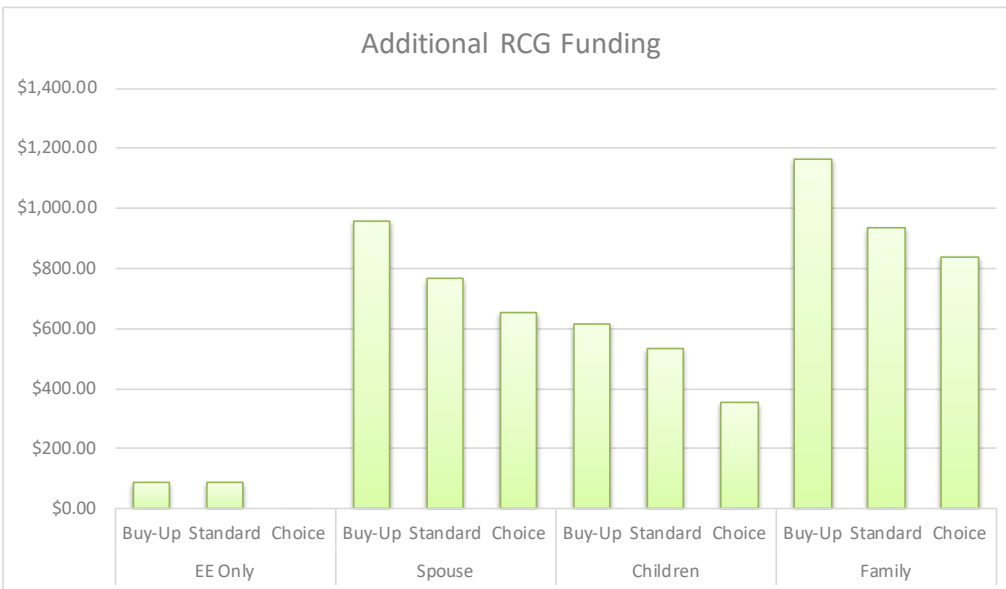
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	Buy-Up	Total Cost / Premium	Richland County Cost	EE Contribution	Additional RCG Funding
EE Only	Buy-Up	\$964.20	\$771.37	\$192.83	\$87.59
	Standard	\$827.97	\$773.80	\$54.17	\$90.02
	Choice	\$683.78	\$683.78	\$0.00	\$0.00
Spouse	Buy-Up	\$2,157.85	\$1,640.02	\$517.83	\$956.24
	Standard	\$1,852.96	\$1,452.13	\$400.83	\$768.35
	Choice	\$1,530.27	\$1,338.52	\$191.75	\$654.74
Children	Buy-Up	\$1,548.70	\$1,300.62	\$248.08	\$616.84
	Standard	\$1,329.89	\$1,218.31	\$111.58	\$534.53
	Choice	\$1,098.29	\$1,040.87	\$57.42	\$357.09
Family	Buy-Up	\$2,601.92	\$1,846.84	\$755.08	\$1,163.06
	Standard	\$2,234.29	\$1,621.12	\$613.17	\$937.34
	Choice	\$1,845.18	\$1,520.18	\$325.00	\$836.40

Employer Contribution vs Total Cost



Additional RCG Funding



Current Benefits vs PEBA



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Benefit Summary	Buy Up		CIGNA Current (Fully Insured) Standard		HDHP		PEBA Standard Plan		PEBA Savings Plan	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Deductible										
Individual	\$500	\$1,000	\$1,000	\$2,000	\$3,000	\$6,000	\$490	\$490	\$3,600	\$3,600
Family	\$1,000	\$2,000	\$2,000	\$4,000	\$6,000	\$12,000	\$980	\$980	\$7,200	\$7,200
									Non Embedded Ded	
Coinsurance Maximum										
Individual	N/A	N/A	N/A	N/A	N/A	N/A	\$2,800	\$5,600	\$2,400	\$4,800
Family	N/A	N/A	N/A	N/A	N/A	N/A	\$5,600	\$11,200	\$4,800	\$9,600
Out-of-Pocket Maximum										
Individual	\$4,000	\$8,000	\$5,500	\$11,000	\$6,000	\$12,000	Unlimited	Unlimited	\$6,000	\$8,400
Family	\$8,000	\$16,000	\$11,000	\$22,000	\$12,000	\$24,000	Unlimited	Unlimited	\$12,000	\$16,800
Routine Doctor Office Visits										
Primary Care	\$20 copay	70% after deductible	\$35 copay	70% after deductible	100% after deductible	70% after deductible	\$14 + remaining ded & coin		80% after deductible	60% after deductible
Specialist	\$35 copay	70% after deductible	\$45 copay	70% after deductible	100% after deductible	70% after deductible	\$14 + remaining ded & coin		80% after deductible	60% after deductible
Preventive Care	100% - No deductible	70% after deductible	100% - No deductible	70% after deductible	100% - No deductible	70% after deductible	Wellness Schedule (Age Banding / Covered Years & Non Covered Years)		100% - No deductible	60% after deductible
Inpatient Hospital Services							Patient Centered Medical Home Discount - No Copay / Lower Coinsurance			
Per Admission Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Facility Care	80% after deductible	70% after deductible	70% after deductible	60% after deductible	100% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Doctor Visits & Surgery	80% after deductible	70% after deductible	70% after deductible	60% after deductible	100% after deductible	70% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Hospital Services										
Surgery	80% after deductible	70% after deductible	70% after deductible	60% after deductible	100% after deductible	70% after deductible	\$105 + remaining ded & coin		80% after deductible	60% after deductible
Diagnostic Lab & X-Rays	80% after deductible	70% after deductible	70% after deductible	60% after deductible	100% after deductible	70% after deductible	\$105 + remaining ded & coin		80% after deductible	60% after deductible
Emergency Room										
Emergency Care	80% after deductible	80% after deductible	70% after deductible	70% after deductible	100% after deductible	100% after deductible	\$175 + remaining ded & coin		80% after deductible	60% after deductible
Urgent Care Centers	\$35 copay	\$35 copay	\$45 copay	\$45 copay	100% after deductible	100% after deductible	\$14 + remaining ded & coin		80% after deductible	60% after deductible
Prescription Drugs - Retail							\$3000 Rx Copay Max			
Generic	\$10		\$20		70% after Deductible		\$9		80% after Deductible	
Preferred Brand Name	\$35		\$50		60% after Deductible		\$42		80% after Deductible	
Non-Preferred Brand Name	\$55		\$75		50% after Deductible		\$70		80% after Deductible	
Specialty	\$55		70% (Min \$75 / Max \$150)		50% after Deductible		\$70		80% after Deductible	



PEBA Plan Design Losses

- As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing or include a true out of pocket maximum
- Standard Plan deductible looks low but office visits and other routine procedures will be subject to meeting deductible before any plan benefits paid.
- Standard Plan has no true out of pocket max. \$14 copays and other outpatient copays continue after deductible & coinsurance max. Rx copay max of \$3000 is unreachable.
- Standard Plan wellness visits limited to covered years based on the following schedule:
 - Ages 19-39, one visit every three years, Ages 40-49, one visit every two years, Ages 50 and up, one visit per year.
 - Eligible female members may use their well visit at their gynecologist or their primary care physician, but not both, in a covered year.
- Savings Plan requires coinsurance after deductible met (current plan is 100% except prescription drugs).
- Savings Plan does not come with employer seed money to a Health Savings Account (HSA)
- PEBA offers no cross accumulation of deductibles and coinsurance of In-Network & Out-of-Network benefits



CIGNA / PEBA Covered Services

Column1	CIGNA	SPD Page (Standard Plan)	PEBA	Plan of Benefits Page/Section
Ambulance	Yes	29	Yes	47-G
Ambulatory Surgical Centers	Yes	29	Yes	53-E
Anesthesia	Yes	29	Yes	56-C
Autism Spectrum Disorders	Not Covered	30	Yes	66
Behavioral Health Disorders - Inpatient	Yes	32	Yes	48-M
Behavioral Health Disorders - Outpatient / Professional	Yes	32	Yes	48-L
Blood Transfusions	Yes	29	Yes	46 - B
Chiropractic Services	Yes	35	Yes	45
Contraceptives	Yes	29	Yes	67
Cranial Band	Not Covered	34/46	Yes	66
Dental Care - Surgery	Yes	46	Yes	49-O
Diagnostic Services - Outpatient (X ray, labs)	Yes	29	Yes	58-A/B
DME - Therapeutic	Yes	33	Yes	46-E
Genetic Testing	Yes	30	Not Listed	Not Listed
Home Health Care	Yes	31	Yes	61
Hospice Care	Yes	31	Yes	59
Hospital Care - Inpatient	Yes	29	Yes	53-A/B
Hospital Care - Outpatient	Yes	29	Yes	53-C/D
Hospital Care - Physician	Yes	29	Yes	56-D
Hospital Care - Room, Board, Other	Yes	29	Yes	54G
Hospital Care - Surgery	Yes	29	Yes	55-A
Hospital Care - Surgical Assistant	Yes	29	Yes	56-B
Infertility Treatment	Not Covered	46	Yes	64
Medical Supplies	Yes	29	Yes	46-F
Nursing Care - Home	Yes	31	Yes	46 - D
Nursing Care - Hospital	Yes	29	Yes	46 - C
Obstetrical Care	Yes	21	Yes	57-G
Occupational Therapy /Physical Therapy	Yes	35	Yes	47-K
Organ Transplant	Yes	36	Yes	49-P / 58-A/B/C
Orthopedic braces/crutches	Yes	34	Yes	48-J
Physician Administered Specialty Drugs	Yes	37	Yes	67
Prescription Drugs	Yes	39	Yes	67
Preventive Care - Men (PSA)	Yes	29	Not Listed	Not Listed
Preventive Care - Woman (Mamograms, Cervical Cancer)	Yes	30	Yes	62
Preventive Screenings	Yes	29	Yes	66
Prosthetic Appliances	Yes	31	Yes	48-H
Chemo/Radiation Therapy (Cancer)	Yes	29	Yes	57-I
Rehabilitation Facility & Care	Yes	29	Yes	63
Skilled Nursing Facility	Yes	29	Yes	59
Speech Therapy - Rehabilitation	Yes	35	Yes	48-N
Telehealth/Telemedicine	Yes	30	Yes	52-Q/R
Tobacco Cessation Pharmaceuticals	Yes	45	Yes	69
Well Care (Child/Adult)	Yes	29	Yes	64/65

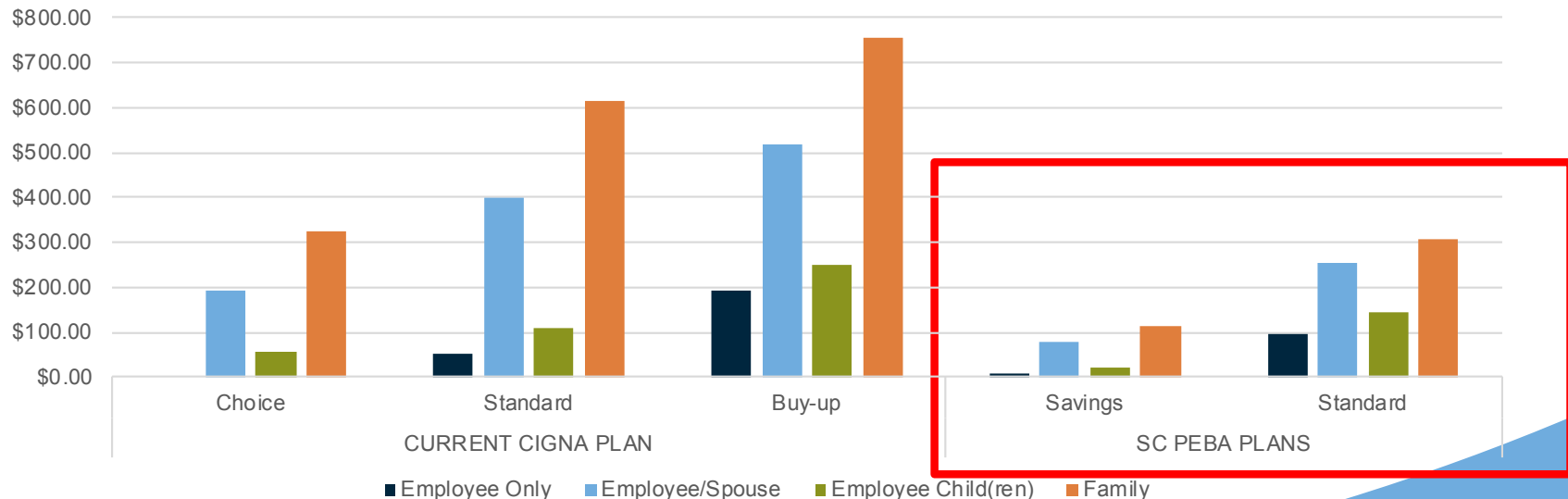
PEBA looks to have coverage/high coverage for Autism/ABA, Cranial Banding and Infertility Treatment.

PSA exams for men is not listed under PEBA but safe to say it is covered due to following USPSTF guidelines.



Current Employee Contribution vs PEBA

Health Insurance Coverage Costs Per Month Based on Coverage	CURRENT CIGNA PLAN			SC PEBA PLANS	
	Choice H S A	Standard 70/30	Buy-up 80/20	Savings H S A	Standard 80/20
Employee Only	\$0.00	\$54.17	\$192.83	\$9.70	\$97.68
Employee/Spouse	\$191.75	\$400.83	\$517.83	\$77.40	\$253.36
Employee Child(ren)	\$57.42	\$111.58	\$248.08	\$20.48	\$143.86
Family	\$325.00	\$613.17	\$755.08	\$113.00	\$306.56





State Health Plan versus national trends

Claims expenditure growth



	Public and private sector insurance plans ¹	State Health Plan ²
2016	6.9%	0.2%
2017	6.5%	2.4%
2018	7.1%	3.2%
2019	6.7%	2.3%
2020	6.6%	3.6% ³
5-year average (2016-2020)	6.8%	2.3%

- Target is to maintain net expenditure growth at least two points below benchmark.



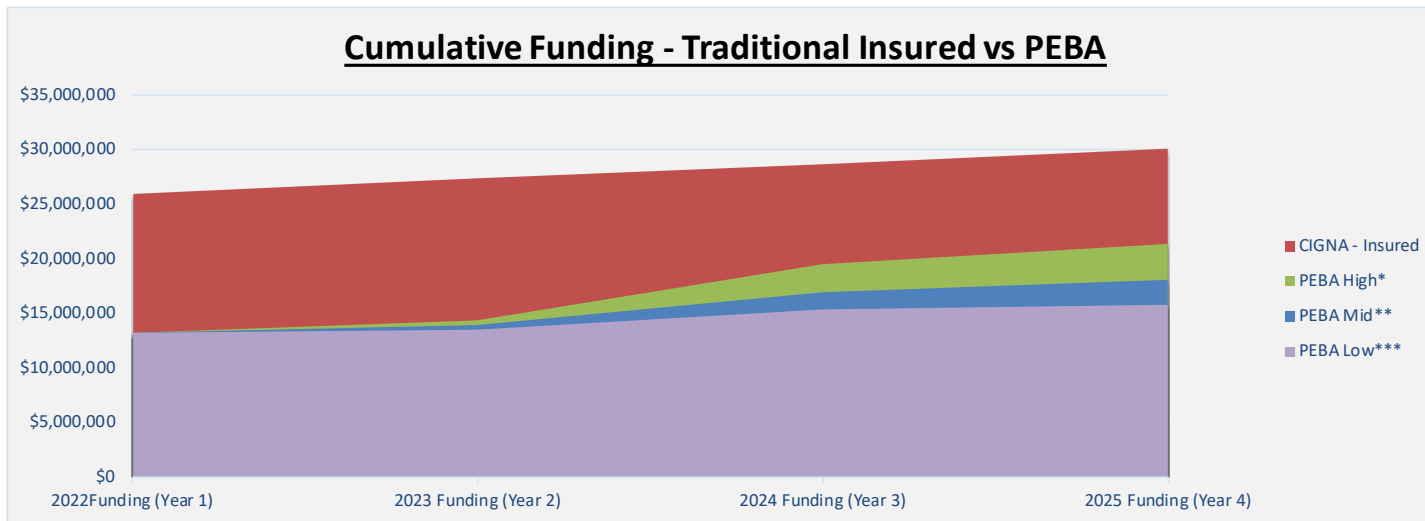
PEBA vs Fully Insured Total Cost Estimate – Low/Mid/High

	CIGNA - Insured	PEBA High*	PEBA Mid**	PEBA Low***
5 Year Trend	5.0%	9.0%	6.0%	3.0%
2022 Funding (Year 1)	\$26,000,000	\$13,159,730	\$13,159,730	\$13,159,730
2023 Funding (Year 2)	\$27,300,000	\$14,344,106	\$13,949,314	\$13,554,522
2024 Funding (Year 3)	\$28,665,000	\$19,543,844	\$17,004,214	\$15,357,273
2025 Funding (Year 4)	\$30,098,250	\$21,302,790	\$18,024,466	\$15,817,992
Total 4 Year Estimated Cost	\$112,063,250	\$68,350,470	\$62,137,724	\$57,889,517
4 Year Estimated Savings vs CIGNA	N/A	\$43,712,780	\$49,925,526	\$54,173,733

*9% Annual Increase with 25% Load Factor in 2024 & 2025

**6% Annual Increase with 15% Load Factor in 2024 & 2025

***3% Annual Increase with 10% Load Factor in 2024 & 2025



The High, Mid and Low scenarios assume different average annual increases and PEBA applied load factors after year two of program. Max load after year 2 is 50%



PEBA Cost Containment Highlights

- Provider reimbursement pricing policy with provider networks (inpatient and outpatient hospital settings, professional fee schedules and pharmacy pricing)
- Utilization review and management (precertification of inpatient cases and certain outpatient procedures, disease management of specified conditions, complex care management and chronic kidney disease management)
- Tobacco surcharge of \$40/contract/month for members with single coverage who use tobacco and \$60/contract/month for members with dependent coverage who use tobacco or cover a family member that does
- Prior authorization/step therapy requirements for specified medications, including “preferred step therapy” program to steer business to “front-line” generics
- Closed formulary — non-coverage of non-formulary products
- “Pay-the-difference” policy for brand drugs with generic equivalents
- Voluntary Data Sharing Agreement with Medicare (maintain current Medicare eligibility on all subscribers yielding significant cost savings)
- Pharmaceutical manufacturer rebates (for all health plans); the Plan received approximately \$293.10 million in rebates during the current fiscal year
- Narrow pharmacy networks for specialty drugs and for retail maintenance



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Section III – Post 65 Retirees



Education – Parts of Medicare

Medicare Part A – Hospital Insurance

Covers medically necessary inpatient care in a hospital or skilled nursing facility. It also helps cover some home healthcare and hospice care. This coverage is free to citizens who have paid into Medicare for more than 10 years. The Part A deductible for 2021 = \$1,484

Medicare Part B – Medical Insurance

Covers medically necessary providers' services, outpatient care and other medical services and supplies. Part B also helps cover some preventive services. The cost of Part B coverage varies by location but is around \$150 per month and the deductible for 2021 = \$203

Medicare Part C – Medicare Advantage Plans

Humana.

Available through private insurance companies, such as Humana. Part C helps cover everything medically necessary that Part A and Part B cover. You still have Medicare if you elect Medicare Part C coverage. You must be entitled to Medicare Part A and enrolled in Part B to be eligible for a Medicare Part C plan.

Medicare Supplement (Medigap) –

Designed to cover the “gaps” Medicare Part A & B do not cover such as deductibles, copayments and coinsurance. There are typically a range of options available and if someone signs up in initial enrollment period then coverage cannot be denied regardless of health status. Policies are standardized so that policies identified by the letter A-N offer the same benefits

Medicare Part D – Prescription Drug Coverage

Only available through private companies, such as Humana. Many Part C Medicare Advantage plans include Medicare Part D prescription drug coverage. Coverage costs vary based on a multiple of factors. In addition to the monthly premium, there may be an annual deductible as well as copayments or coinsurance each time a prescription is filled.

Medical Premiums & Employee Contributions

*from current RCG Medicare Retiree OE Guide




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Humana.

Type	Tier	Total Premium	RCG Portion	Retiree Portion	
Medicare retirees who retired before January 1, 2010 OR who retired after January 1, 2010 and who have at least 25 years of service	25+ Years - 100%	Retiree Only	\$149.63	\$149.63	\$0.00
		Retiree & Spouse (65 & older)	\$299.26	\$209.73	\$89.53
Medicare retirees who retired after January 1, 2010 and who have less than 25 years of service	20-24 Years - 75%	Retiree Only	\$149.63	\$112.22	\$37.41
		Retiree & Spouse (65 & older)	\$299.26	\$158.60	\$140.66
	15-19 Years - 50%	Retiree Only	\$149.63	\$74.82	\$74.81
		Retiree & Spouse (65 & older)	\$299.26	\$107.47	\$191.79
	10-14 Years - 25%	Retiree Only	\$149.63	\$37.41	\$112.22
		Retiree & Spouse (65 & older)	\$299.26	\$56.34	\$242.92
	1-9 Years - 0%	Retiree Only	\$149.63	\$0.00	\$149.63
		Retiree & Spouse (65 & older)	\$299.26	\$0.00	\$299.26

Humana vs PEBA Benefit Design

	Humana	 PEBA SC Retirement Systems and State Health Plan	
Plan Name	Richland County - 2021 Plan Year	Medicare Supplement Plan	Carve Out Plan (PEBA Standard Plan)
Plan Type	Medicare Advantage	Medicare Supplement Plan	Medicare Advantage / Carve-out
Annual Deductible	\$350 per individual per plan year	N/A - pays Medicare Part A (\$ 1,484) & B (\$203) Deductible	\$490 Single / \$980 Family
Annual Out of Pocket Max	\$2,000	N/A - pays Part A & B Deductible and Part B coinsurance of 20%	Unlimited (Copays continue after coinsurance maximum of \$2800 is met)
Outpatient Care and Services			
Ambulance	80% covered	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Ambulatory Surgical Center Services	80% after combined annual deductible	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Durable Medical Equipment & Prosthetics	100% covered or 80% covered	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Emergency Care	100% after \$75 copayment; waived if admitted within 24 hours	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$175 copayment plus the remaining deductible. Then, you pay the copayment plus your coinsurance
Podiatry Services (Medicare covered)	80% after annual deductible	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Hearing Exam (Medicare Covered)	100% after \$35 copayment	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	?
Hearing Exam (routine)	Not Covered	Not Covered	Not Covered
Hearing Aids	Not Covered	Not Covered	Not Covered
Hospital Inpatient	80% covered after annual deductible	N/A - pays Part A hospital deductible, coinsurance for days 61 through 150 and 100% covered beyond 150	\$490 Deductible then Coinsurance
Outpatient Rehabilitation (Medicare-covered therapies, Cardiac and pulmonary rehab)	100% covered after \$35 copay (\$30 copay for pulmonary therapy)	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Outpatient Hospital	80% after combined annual deductible or 100% after \$20 copayment	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$105 copayment plus the remaining deductible. Then, you pay the copayment plus your coinsurance
Renal Dialysis	100% after \$20 to \$30 copayment (100% for Renal Dialysis Training)	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Urgent Care	100% covered after \$20 - \$35 copayment	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	
Vision Services (Medicare Covered Exam)	100% covered after \$35 copayment		
Vision Services (Medicare- covered eyeglasses or contact lenses after cataract surgery)	100% covered after \$35 copayment		


Humana vs PEBA Benefit Design

	Humana.	 PEBA SC Retirement Systems and State Health Plan	Insurance Risk Management Consulting
Plan Name	Richland County - 2021 Plan Year	Medicare Supplement Plan	Carve Out Plan (PEBA Standard Plan)
Plan Type	Medicare Advantage	Medicare Supplement Plan	Medicare Advantage / Carve-out
Diagnostic Tests, Lab and Radiology Services, and X-Rays			
Diagnostic Radiology services (MRIs, CT Scans)	80% covered after annual deductible	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Diagnostic tests and procedures	100% covered after \$0 - \$35 copayment	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Lab services	80% covered after combined annual deductible	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Outpatient x-rays	100% covered after \$20 - \$35 copay	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Therapeutic radiology services	80% covered after combined annual deductible	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance
Skilled Nursing Facility			
Days 1-20	100% covered after annual deductible	100% - pays coinsurance for days 21 through 100 and 100% of approved days beyond 100 if medically necessary. Limit of 60 days beyond 100 days per year	\$490 Deductible then Coinsurance up to 60 days
Days 21-100	80% covered per day		
Days 101+	Not Covered		
Home Health	80% covered after annual deductible	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$490 Deductible then Coinsurance up to 100 visits
Hospice	Covered under Original Medicare	Covered under Original Medicare	Covered under Original Medicare
Physician Visits & Preventive			
Primary Care Physician	\$20 copayment	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	\$14 copayment plus the remaining allowed until deductible met. Then \$14 copayment plus 20% coinsurance
Physician Specialist	\$35 copayment		
Immunizations & Screenings - Medicare covered	100% covered	100% covered	100% covered
Mental Health Care			
Mental Health (Inpatient - days 1-90 per benefit period)	80% covered after combined annual deductible per day	Inpatient: Plan pays Medicare deductible; \$371/day coinsurance for days 61-90; and \$742/day coinsurance for days 91-150. After 150 days approval required	\$490 Deductible then Coinsurance
Mental Health (Inpatient - days 91+ per benefit period)	Not Covered		
Mental Health / Substance Abuse (outpatient - individual)	100% covered after \$20 to \$35 copayment		
Mental Health / Substance Abuse (outpatient - group)	100% covered after \$10 to \$35 copayment	100% - pays Medicare Part A & Part B Deductible and Part B Coinsurance	

Humana vs PEBA Benefit Design



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	Humana	 PEBA SC Retirement Systems and State Health Plan	
Plan Name	Richland County - 2021 Plan Year	Medicare Supplement Plan	Carve Out Plan (PEBA Standard Plan)
Plan Type	Medicare Advantage	Medicare Supplement Plan	Medicare Advantage / Carve-out
Prescription Drugs			
Retail	30 Days / 90 Days	30 Days / 90 Days	30 Days / 90 Days
Tier 1 - Generic or Preferred Generic	\$10 / \$30	\$9 / \$22	\$9 / \$22
Tier 2 - Preferred Brand	\$35 / \$105	\$42 / \$105	\$42 / \$105
Tier 3 - Non-Preferred Brand	\$55 / \$165	\$70 / \$175	\$70 / \$175
Tier 4 - Specialty	\$75 / NA	?	?
Mail-Order	30 Days / 90 Days	30 Days / 90 Days	30 Days / 90 Days
Tier 1 - Generic or Preferred Generic	\$10 / \$20	\$9 / \$22	\$9 / \$22
Tier 2 - Preferred Brand	\$35 / \$80	\$42 / \$105	\$42 / \$105
Tier 3 - Non-Preferred Brand	\$55 / \$140	\$70 / \$175	\$70 / \$175
Tier 4 - Specialty	\$75 / NA	?	?
Other Notes			
Part D Gap Coverage	Not applicable	ESI Medicare Part D Plan - Up to \$3000 in prescription drug copayments	ESI Medicare Part D Plan - Up to \$3000 in prescription drug copayments
Coverage Overseas	Emergency Only - Out-of-Network: \$100 deductible, 80% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, which is reached first. Limited to emergency Medicare-covered	No	Yes - BCBS Global Core program

PEBA Retiree Items to Consider:

- Items to Consider
 - If RCG participates in PEBA/State Health plan, it is for a minimum of 4 years and you cannot offer any benefit package that conflicts with the package already offered through PEBA (ie-cannot offer Humana Medicare Advantage)
 - PEBA requires the employer/RCG to pay the full amount of the premium and then collect and cost share amount from the retiree directly
 - **The PEBA retiree options are significantly more expensive vs the current Medicare Advantage plans and the cost to RCG will increase unless retirees are charged more of the cost. Cost of total premium for retirees is the same/comparable to active employees**
 - RCG can choose to fully fund, partially fund or not fund the retiree portion of coverage
 - Retirees can choose not to take the PEBA coverage and secure coverage on their own on the individual market at a cheaper rate (many retirees choose this option)
 - PEBA has more complex rules/rates based on the following:
 - Retiree eligible for Medicare, spouse eligible for Medicare
 - Retiree eligible for Medicare, spouse **not** eligible for Medicare
 - Retiree **not** eligible for Medicare, spouse eligible for Medicare
 - Retiree **not** eligible for Medicare, spouse **not** eligible for Medicare
 - Retiree **not** eligible for Medicare, spouse **not** eligible for Medicare, one or more children eligible for Medicare

Humana vs PEBA Cost



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Current - RCG Humana Medicare Advantage

Type		Tier	Total Premium	RCG Portion	Retiree Portion
Medicare retirees who retired before January 1, 2010 OR who retired after January 1, 2010 and who have at least 25 years of service	25+ Years - 100%	Retiree Only	\$149.63	\$149.63	\$0.00
		Retiree & Spouse (65 & older)	\$299.26	\$209.73	\$89.53
Medicare retirees who retired after January 1, 2010 and who have less than 25 years of service	20-24 Years - 75%	Retiree Only	\$149.63	\$112.22	\$37.41
		Retiree & Spouse (65 & older)	\$299.26	\$158.60	\$140.66
	15-19 Years - 50%	Retiree Only	\$149.63	\$74.82	\$74.81
		Retiree & Spouse (65 & older)	\$299.26	\$107.47	\$191.79
	10-14 Years - 25%	Retiree Only	\$149.63	\$37.41	\$112.22
		Retiree & Spouse (65 & older)	\$299.26	\$56.34	\$242.92
	1-9 Years - 0%	Retiree Only	\$149.63	\$0.00	\$149.63
		Retiree & Spouse (65 & older)	\$299.26	\$0.00	\$299.26

The PEBA retiree options are significantly more expensive vs the current Medicare Advantage plans and the cost to RCG will increase unless retirees are charged more of the cost. Cost of total premium for retirees is the same/comparable to active employees

PEBA Medicare Supplemental & Carve Out Plan

Type		Tier	Total Premium	RCG Portion	Retiree Portion	RCG Impact (25+ years)	Retiree Impact (25+ ye)
Medicare Supplemental	Non Funded	Retiree Only	\$500.38	\$0.00	\$500.38		
		Retiree & Spouse	\$1,051.04	\$0.00	\$1,051.04		
		Retiree & Children	\$761.92	\$0.00	\$761.92		
		Retiree & Family	\$1,305.28	\$0.00	\$1,305.28		
Medicare Supplemental	Funded	Retiree Only	\$500.38	\$402.70	\$97.68	\$253.07	\$97.68
		Retiree & Spouse	\$1,051.04	\$797.68	\$253.36	\$587.95	\$163.83
		Retiree & Children	\$761.92	\$618.06	\$143.86		
		Retiree & Family	\$1,305.28	\$998.72	\$306.56		
Carve Out Plan	Non Funded	Retiree Only	\$482.38	\$0.00	\$482.38		
		Retiree & Spouse	\$1,015.04	\$0.00	\$1,015.04		
		Retiree & Children	\$743.92	\$0.00	\$743.92		
		Retiree & Family	\$1,269.28	\$0.00	\$1,269.28		
Carve Out Plan	Funded	Retiree Only	\$482.38	\$402.70	\$79.68	\$253.07	\$79.68
		Retiree & Spouse	\$1,015.04	\$797.68	\$217.36	\$587.95	\$127.83
		Retiree & Children	\$743.92	\$618.06	\$125.86		
		Retiree & Family	\$1,269.28	\$998.72	\$270.56		



Optional Employers – Retiree Eligibility

Eligibility for retiree group insurance is not the same as eligibility for retirement. Determining retiree insurance eligibility is complicated, and only PEBA can make that determination. It is very important to contact PEBA before making final arrangements for retirement.

When reviewing the chart on the next page, keep these in mind:

- The retiree's last five years of employment must have been served consecutively in a full-time, insurance-eligible permanent position with an employer that participates in the State Health Plan.
- Changing jobs could affect retiree eligibility for funding.
- Earned service credit is time earned and established in one of the defined benefit pension plans PEBA administers. Earned service credit does not include any purchased service credit not considered earned service in the retirement plans (e.g., non-qualified service).
- If your employer does not participate in a PEBA-administered retirement plan, your eligibility is determined as if you were a member of the South Carolina Retirement System. This means one year of employment is equated to one year of earned service credit.



Optional Employers – Retiree Eligibility (cont.)

Eligibility for retiree group insurance is not the same as eligibility for retirement. Determining retiree insurance eligibility is complicated, and only PEBA can make that determination. It is very important to contact PEBA before making final arrangements for retirement.

Employees hired into an insurance-eligible position

Retirement status	Earned service credit with an employer participating in the State Health Plan	Responsibility for paying for premiums
Left employment after reaching service or disability retirement eligibility <i>Learn more about retirement eligibility at peba.sc.gov.</i>	At least five years	Your portion of the premium, up to the full amount of the employee and employer share, is at your employer’s discretion.
Left employment before reaching retirement eligibility	Less than 20 years	You are not eligible for retiree insurance coverage.
	20 or more years	Your portion of the premium, up to the full amount of the employee and employer share, is at your employer’s discretion.



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Section IV – PEBA Pros & Cons



Pros – PEBA vs CIGNA / Commercial

#1 – Active & Pre 65 Retiree Cost of Coverage

- See PEBA Cost Summary slides
- Before PEBA experience rate loads applied after year 2, total plan costs are ~40% to ~50% below current CIGNA plan pricing.
- After PEBA experience rate loads / worst case scenario, the savings are still significant compared to current.

#2 – Financial Stability

- See PEBA vs National Trends slide.
- Pooling/risk sharing spreads catastrophic claim risk over a larger population of employers/employees vs stand alone traditional plan.
- Referenced based reimbursement model leads to lower long term medical trends.

#3 - Economies of Scale / Efficient Processes & Administration

- Same common process for all PEBA members in terms of administering eligibility, benefits, etc.
- Funding/budget rates are known almost 10 months in advance vs 3-5 months for traditional fully insured or self-funded.
 - Optional employers are notified of rate loads in March of the year before they go into effect.

#4 - Common Design / Benefit Parity w other SC Government Entities

- Parity in financial burden and benefits offered with other local government / public sector competing employers.
 - Richland County would not be at a financial position where expenses per employee are much higher than other similar type employers.



PEBA Cons - Detail

#1 - Lower Medical benefits

- See Current Benefits vs PEBA slide.
- PEBA assumes grandfathered health plan status for the Standard Plan and not subject to PPACA mandates around wellness and other benefits.
- Copays w Deductibles & Coinsurance.
 - *Non-traditional wellness and cost share.*
 - *IN/OUT cross accumulation.*
 - *No true OOPM for Standard Plan.*
 - *No 100% coverage after deductible for savings plan.*

#2 - Network & Formulary Disruption

- Minor network disruption.
 - See Disruption Analysis slides in appendix.
- PEBA could not / would not provide a full drug list from Express Scripts to compare. There will always be formulary changes from carrier to carrier.
- *Retirees will be impacted the most due to longer term provider relationship and more drug needs.*

#3 - Loss of Plan Control

- Eligibility.
- Loss of Authority.
- Loss of Flexibility.
- Benefit Offerings.
 - *Medical, Dental, Life and DI are worse offerings vs today and RCG would be prohibited to add buy up offerings .*
- Plan Design.
- Plan Provisions.
- Carriers/Vendors.
- Employer / Employee Cost Share.
- Tobacco Surcharge not in place today with RCG.
- No employer funding of Health Savings Account

#4 - Lower Service & Support

- Call center vs dedicated employer contact.
- Relationship with service teams.
- Employee education, employee communication & enrollment support is 100% responsibility of RCG.
- Hard copy change forms and limited open enrollment
- No ability/flexibility for higher level buy up/advocacy services.



#5 - No Transparency or Reporting

- No claims data available to analyze and review.
- *Actual Costs vs Premium Costs*
- *Cost Drivers*
- *Utilization and Demographics*
- *Gaps in Care*
- *Saving & Steerage Opportunities*
- *ROI for clinic or wellness programs*

#6 - Long Term Commitment

- By law, on optional employer must participate in the program at least 4 years.
- *Must wait 4 years from termination date to re-enter PEBA.*
- Changes to existing dental coverage can only be made during open enrollment in odd numbered years.

#7 - Experience Rating / Load Factors

- Experience rating on health insurance premiums after 2 years.
- Load factors are capped at 50%.
- *Chances of 50% load are almost impossible based on law of large numbers/size of RCG-*



#8 – Cost Increase for Post 65 Retirees

- Humana Medicare Advantage Plan must be terminated and replaced with PEBA Medicare Supplement & Carve Out Plan
- Medicare Advantage plans are traditionally cheaper due to limited provider networks and other factors

# Ees	10%	15%	20%	25%	30%	35%	50%
25	28.5%	22.0%	16.7%	12.3%	8.8%	6.2%	1.9%
50	28.2%	20.9%	14.9%	10.3%	6.9%	4.4%	1.0%
100	26.9%	19.0%	12.8%	8.2%	5.1%	3.0%	0.5%
250	22.5%	13.4%	7.3%	3.7%	1.7%	0.8%	0.0%
500	18.6%	9.2%	4.1%	1.6%	0.6%	0.2%	0.0%
1,000	13.2%	4.7%	1.3%	0.3%	0.1%	0.0%	0.0%
2,000	6.3%	1.0%	0.1%	0.0%	0.0%	0.0%	0.0%
5,000	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

PEBA Cons - Detail



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#9 - Advanced Deposit

- \$100K due to PEBA 120 days before effective date – will be applied to first month billing.
- PEBA also requires optional employers to remit a deposit of one months advance billing by July 15th each year.

#10 - Internal Learning Curve - Finance & Human Services

- New PEBA requirements compared to current procedures.
 - Rigid/ “take it or leave it”.
- Limited help from PEBA field services.
- Collecting premiums from retirees can be difficult depending of methods/systems in place today.
- Higher level of employee engagement with technology (system login / changes / updates).

#11 - Difficulty Entering & Leaving PEBA

- Will require a 3 month medical policy to get lined up with the January 1st plan year.
- If RCG decides to leave PEBA in the future, no information will be available for carriers to quote proposals
- Treated as a “virgin” group with higher rate loads when experience not available to underwrite.

#12 – Cost Shift to Healthier Employees

- Healthy employees will pay more of the burden in PEBA vs traditional non-grandfathered plans because of the need to meet the deductible for routine visits to see a PCP or Specialist.
- Rx copays with separate maximum.



#13 – Benefit Administration Technology Requirements

- Benefit Express will have issues connecting and working with PEBA.
- Possible options with Colonial and Ward Services, likely requiring new voluntary benefit offers to pay for services.
- Colonial and Ward can help communicate open enrollment and onboarding and communicate with PEBA. These 2 companies are the only “soft links” approved by PEBA at this time.
- If PEBA is chosen, suggest interviewing both entities.

#14 – No Outside Consultants / Brokers

- Must work with PEBA directly and cannot use the assistance of an outside broker / consultant to help in the management and servicing of the benefits plan.

#15 – No Wellness Dollars through PEBA

- To assist in RCG’s wellness needs, CIGNA currently offers a wellness fund in the amount of \$245,000
- Fund used today to defray the cost of Cigna designated and arranged health and wellness programs for employees (e.g., biometric screenings, flu shots, etc.) and to reward participation in wellness programs.
- Onsite Health Coach is large part of RCG Wellness Team
 - *Facilitates Training*
 - *Wellness Strategy*
 - *Create and Track Wellness Initiatives*
 - *Counseling & Coaching*



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Section V - Appendix



Patient Centered Medical Homes - PEBA

- The patient-centered medical home (PCMH) it is a way of providing health care that is becoming increasingly popular in South Carolina and across the nation. In a PCMH, a patient has a health care team that is typically led by a doctor and it may include nurses, a nutritionist, health educators, pharmacists and behavioral health specialists. The team makes referrals to other providers as needed.
- PCMH focus on coordinating care and preventing illnesses rather than waiting until an illness occurs and then treating it. The team helps the patient improve his health by working with him to set goals and to make a plan to meet them. This approach may be particularly beneficial to members with chronic illnesses, such as diabetes and high blood pressure.
- Typically, a PCMH offers same-day appointments whether the patient is sick or needs routine care. It may have extended hours, and team members may communicate online with patients.



Patient Centered Medical Homes - PEBA

- To encourage members to receive care at a BlueCross BlueShield of South Carolina-affiliated PCMH, the State Health Plan does not charge Standard Plan members the \$14 copayment for a physician office visit. After Savings Plan and Standard Plan subscribers meet their deductible, they will pay 10 percent coinsurance rather than 20 percent for care at a PCMH.

Current PCMH Utilization*



A full listing of PCMHs in Richland County is available on next page.

*data provided from CIGNA claims disruption file and isolates claims incurred with BCBS affiliated PCMHs for the last 12 months in both Richland & Lexington counties.



Richland & Lexington Counties – Patient Centered Medical Homes (PEBA/BCBS)

Richland

Albert Humphrey, M.D.
4100 N. Main St., Ste. 101
Columbia, SC 29203
803-754-0006

Atrium Ridge Internal Medicine
11 Atrium Ridge Court
Columbia, SC 29223
803-699-9992

Associates In Internal Medicine
2001 Laurel St., Ste. 300
Columbia, SC 29204
803-254-2786

Ballentine Family Medicine
1079 Dutch Fork Road
Irmo, SC 29063
803-749-8900

Blythewood Medical Associates
428 McNulty St., #2
Blythewood, SC 29016
803-754-8941

Carolina Pediatrics – Downtown
2113 Adams Grove Road, Ste. 101
Columbia, SC 29203
803-256-0531

Carolina Pediatrics – Irmo
690 Columbiana Drive, Ste. B
Columbia, SC 29212
803-376-2838

Colonia Family Practice & Ambulatory Care
4700 Forest Drive, Ste. 101
Columbia, SC 29206
803-256-1511

Eau Claire Internal Medicine
4605 Monticello Road, Bldg. A, #3
Columbia, SC 29203
803-754-0151

Five Points Pediatrics
1228 Harden St.
Columbia, SC 29204
803-748-7002

Gottlieb Internal Medicine
2601 Laurel St., Ste. 120
Columbia, SC 29204
803-254-7889

Hopkins Pediatrics & Family Medicine
9023 Garners Ferry Road
Hopkins, SC 29061
803-978-1848

Midlands Internal Medicine
115 Blarney Drive, Ste. 108
Columbia, SC 29223
803-462-9200

Northeast Family Practice
115 Blarney Drive, Ste. 209
Columbia, SC 29223
803-736-6262

Palmetto Health USC Family Medicine – Colonial
3209 Colonial Drive
Columbia, SC 29203
803-434-6113

Palmetto Health USC Family Medicine – Forest Acres
3600 Forest Drive, Ste. 300
Columbia, SC 29204
803-749-5101

Palmetto Health USC Geriatrics – Farrow
3010 Farrow Road, Ste. 300
Columbia, SC 29203
803-434-1210

Palmetto Health USC Medical Group Carolina Family Practice
1410 Blanding St., Ste. 102
Columbia, SC 29201
803-256-2500

Palmetto Health USC Medical Group Internal Medicine – Medical Park
2 Medical Park Road, Ste. 501
Columbia, SC 29203
803-545-5444

Palmetto Health USC Medical Group Primary Care
1301 Taylor St., Ste. 8A
Columbia, SC 29201
803-929-2955

Palmetto Primary Care Physicians
710 Rabon Road, Ste. 202
Columbia, SC 29203
803-636-2121

Palmetto Primary Care Physicians
3930 Devine St.
Columbia, SC 29205
803-227-5330

Palmetto Primary Care Physicians
710 Rabon Road, Ste. 203
Columbia, SC 29203
803-365-8670

Palmetto Primary Care Physicians
3700 Forest Drive, Ste. 200
Columbia, SC 29204
803-799-1922

Palmetto Primary Care Physicians
7430 College St.
Irmo, SC 29063
803-732-4001

Providence Columbia Medical Associates
2750 Laurel St., Ste. 303
Columbia, SC 29204
803-252-1953

Providence Family Medicine – Clemson Road
105 Professional Park Road
Columbia, SC 29229
803-227-8828

Providence Internal Medicine – Downtown
2601 Laurel St., Ste. 230
Columbia, SC 29204
803-227-5320

Providence Northeast Family Care
114 Gateway Corp. Blvd., Ste. 350
Columbia, SC 29203
803-365-8670

SC Pediatric Alliance
1749 Marshall St.
Columbia, SC 29203
803-252-1801

SC Pediatric Alliance
140 Park Central Drive
Columbia, SC 29203
803-779-4001

SC Pediatric Alliance
110 Summit Centre Drive
Columbia, SC 29229
803-744-9000

SC Pediatric Alliance
601 Clemson Road
Columbia, SC 29229
803-788-4886

SC Pediatric Alliance
300 Rice Meadow Way
Columbia, SC 29229
803-788-6360

SC Pediatric Alliance
7941 Broad River Road
Irmo, SC 29063
803-407-0704

SC Pediatric Alliance
7448 Broad River Road
Irmo, SC 29063
803-732-0140

SC Pediatric Alliance
206 Medical Circle
West Columbia, SC 29169
803-796-9200

Springwood Lake Primary Care
1721 Horseshoe Drive
Columbia, SC 29223
803-626-0600

South Hampton Family Practice
5900 Garners Ferry Road
Columbia, SC 29209
803-695-5450

USC Family Medicine
2 Medical Park Road, Ste. 203
Columbia, SC 29203
803-545-6200

USC Internal Medicine
1801 Sunset Drive
Columbia, SC 29203
803-434-4100

Waverly Family Practice
1228 Harden St., Ste. C
Columbia, SC 29204
803-748-1811

Waverly Women's Healthcare
1228 Harden St., Ste. B
Columbia, SC 29204
803-744-0540

Wellspring Family Medicine
110 Atrium Way
Columbia, SC 29223
803-865-9655

Lexington

Brookland-Cayce Medical Practice
1115 State St.
Cayce, SC 29033
803-939-0174

Cayce West Columbia Primary Care
407 N. Brown St.
West Columbia, SC 29169
803-995-8936

Lakeview Family Medicine
1316 N. Lake Drive
Lexington, SC 29072
803-358-1191

Markowitz & Associates
103 Saluda Ridge Court
W. Columbia, SC 29169
803-794-3320

Palmetto Pediatric & Adolescent Clinic – Lexington
1970 Augusta Highway
Lexington, SC 29072
803-358-2370

Palmetto Primary Care Physicians
7611 St. Andrews Road
Irmo, SC 29063
803-714-3300

Palmetto Primary Care Physicians
3220 Sunset Blvd., Ste. 101
West Columbia, SC 29169
803-791-5680

Parkridge Medical Associates
100 Palmetto Health Parkway, Ste. 220
Columbia, SC 29212
803-749-0693

Pelion Family Practice
8063 Edmund Highway
Pelion, SC 29123
803-894-3736

Providence Family Medicine – Lexington
2351 Augusta Hwy.
Lexington, SC 29072
803-359-2486

SC Pediatric Alliance
4568 Sunset Blvd.
Lexington, SC 29072
803-520-5144

SC Internal Medicine Associates & Rehabilitation
1 Wellness Blvd., Ste. 200
Irmo, SC 29063
803-749-1111

Senior Primary Care
100 Palmetto Health Parkway,
Ste. G-100
Columbia, SC 29212
803-907-7800

Waverly Women's Healthcare
338 E. Columbia Ave., Ste. B
Batesburg-Leesville, SC 29070
803-532-1580



Disruption Analysis - All

Aetna

	# Services	% of Services	Eligible Charges	% of Charges
Not Considered		0%		0%
In-Network	94,598	99%	\$31,803,088	98%
Out-of-Network	932	1%	\$632,919	2%
Total	95,530	100%	\$32,436,008	100%

BCBSSC / Blue Choice

	# Services	% of Services	Eligible Charges	% of Charges
Not Considered	0	0%	\$0	0%
In-Network	94,601	99%	\$32,222,875	99%
Out-of-Network	929	1%	\$213,132	1%
Total	95,530	100%	\$32,436,008	100%

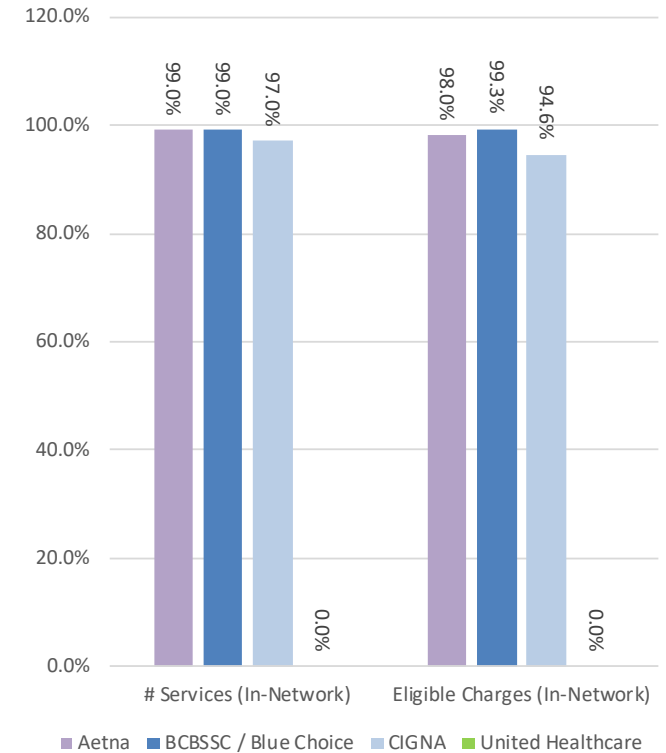
CIGNA

	# Services	% of Services	Eligible Charges	% of Charges
Not Considered	0	0%		0%
In-Network	92,682	97%	\$30,689,222	95%
Out-of-Network	2,848	3%	\$1,746,785	5%
Total	95,530	100%	\$32,436,008	100%

United Healthcare

	# Services	% of Services	Eligible Charges	% of Charges
Not Considered	N/A (DTQ)	#VALUE!	N/A (DTQ)	#VALUE!
In-Network	N/A (DTQ)	#VALUE!	N/A (DTQ)	#VALUE!
Out-of-Network	N/A (DTQ)	#VALUE!	N/A (DTQ)	#VALUE!
Total	0	#VALUE!	\$0	#VALUE!

Providers / Claims (In Network)



99% of services and claims are flowing through the BCBS and Aetna network currently and could mean additional claim savings with the network change.



Disruption Analysis – Retiree Only

Aetna

	# Services	% of Services	Eligible Charges	% of Charges
Not Considered	0	0%	\$0	0%
In-Network	7,494	100%	\$3,802,557	99%
Out-of-Network	33	0%	\$25,036	1%
Total	7,527	100%	\$3,827,593	100%



BCBSSC / Blue Choice

	# Services	% of Services	Eligible Charges	% of Charges
Not Considered	0	0%	\$0	0%
In-Network	7,438	99%	\$3,816,311	100%
Out-of-Network	89	1%	\$11,282	0%
Total	7,527	100%	\$3,827,593	100%



CIGNA

	# Services	% of Services	Eligible Charges	% of Charges
Not Considered	0	0%	\$0	0%
In-Network	7,332	97%	\$3,770,626	99%
Out-of-Network	195	3%	\$56,967	1%
Total	7,527	100%	\$3,827,593	100%

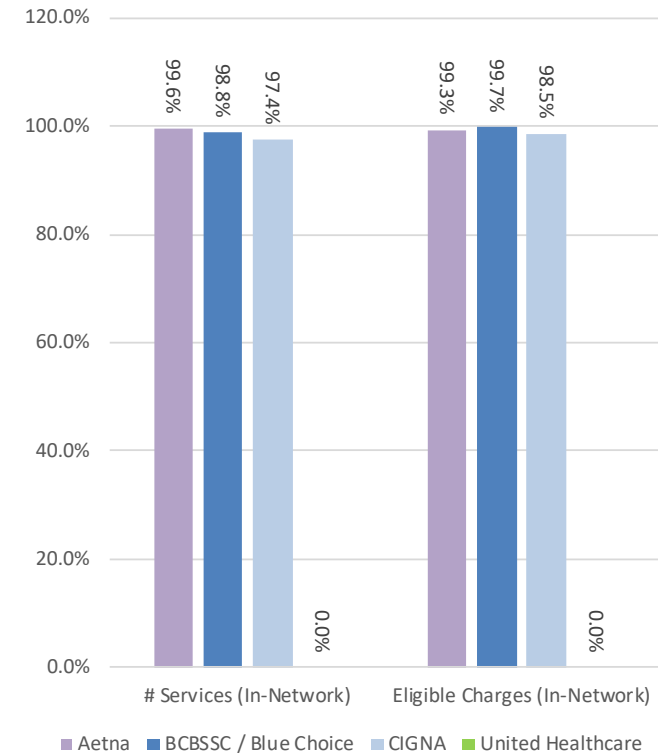


United Healthcare

	# Services	% of Services	Eligible Charges	% of Charges
Not Considered	N/A (DTQ)	#VALUE!	N/A (DTQ)	#VALUE!
In-Network	N/A (DTQ)	#VALUE!	N/A (DTQ)	#VALUE!
Out-of-Network	N/A (DTQ)	#VALUE!	N/A (DTQ)	#VALUE!
Total	0	#VALUE!	\$0	#VALUE!






Providers / Claims (In Network)

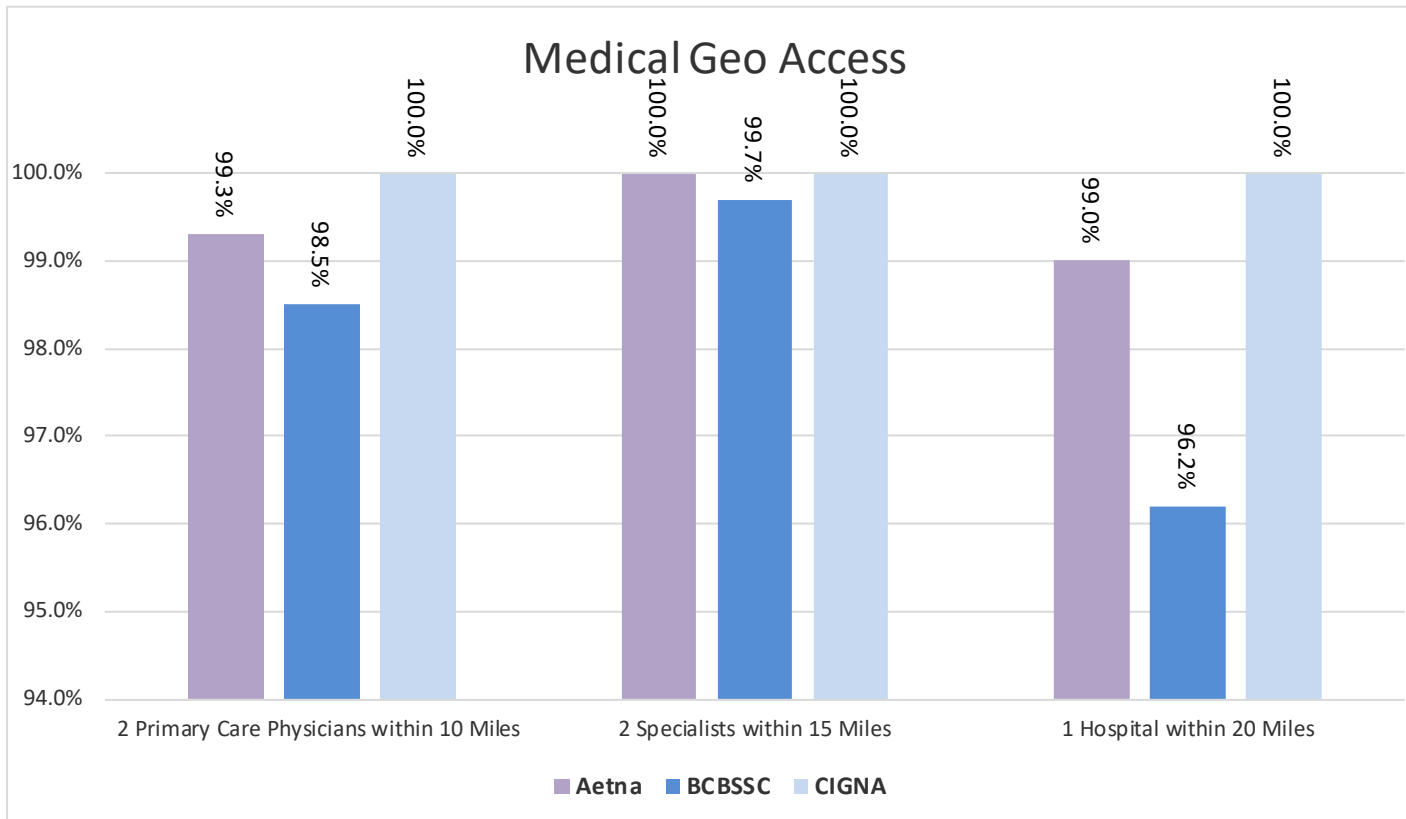


99-100% of services and claims are flowing through the BCBS and Aetna network currently and could mean additional claim savings with the network change.



Geo Access Analysis

Description	 Aetna	 BCBSSC	 CIGNA
2 Primary Care Physicians within 10 Miles	99.3%	98.5%	100.0%
2 Specialists within 15 Miles	100.0%	99.7%	100.0%
1 Hospital within 20 Miles	99.0%	96.2%	100.0%





Medical Plan Funding Continuum

Fully Insured Pooled

Fully Insured Self-Fund Ded.

Min. Premium or Refund

Self-Funded Bundled with Ins. Co.

Self-Funded Using TPA





Fully-Insured

Advantages & Considerations

Advantages

- **Predictable** to budget expense (set premium)
- **Transfer** all the risk to carrier
- Ease of administration (billing and HCR fees)
- Smaller groups with **poor risk and demographics** get to blend into the insurance company's "**manual rates**"

Considerations

- Less Flexibility in Plan Design
- Health Insurance Tax included
- Premium tax Included
- Limited Claims Data
- **Don't always get rewarded in good claim years**
- Smaller groups with good experience **don't want to be blended** with carriers



Self-Funding

Advantages & Considerations

Advantages

- Improved Cash Flow
- Control of Reserves
- Avoid Over Projection of Claims from carrier
- Control and Flexibility in Plan Design
- Lower Admin Fees
- Claims Transparency
- Benefit Immediately from Wellness Initiatives
- Lower Premium Taxes and ACA Fees

Considerations

- Less Predictable (Claims Fluctuation)
- Lasering of Large Claims
- Timing of Lock in Rates
- Plan Termination
- Budgeting for Claims Costs
- Administration is More Complex
- HIPAA Compliance
- Claims Litigation Fiduciary Responsibility



General Disclaimers

Coverage Disclaimer

This proposal is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.

Renewal / Financial Disclaimer

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Legal

The intent of this analysis is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.