

# Issue Analysis Form

**Date:** April 14, 2020  
**Item:** Health, Vision & Dental Insurance – FY2020-21  
**Lead Department(s):** Finance/Human Resources  
**Contact Person(s):** Betsy Drewry & Corrie Hurt



## Description and Current Status

### Dental Insurance:

The 2020-21 renewal from Delta Dental was ***proposed at the same rates as in FY2019-20 (no increase)*** for active employees and retirees. Staff and our benefit consultant recommend renewal with Delta Dental on a fully insured basis. Rate sheet is attached for board review – **See page 3 for active employee rates; page 5 for retiree rates.**

### Vision Insurance:

The 2020-21 renewal from Anthem Blue View Vision was ***proposed at the same rates as in FY2019-20 (no increase)*** for active employees or retirees. Staff recommends renewal with Anthem Blue View Vision. Rate sheet is attached for board review – **See page 3 for active employee rates; page 5 for retiree rates.**

### Health Insurance:

The 2020-21 renewal from Anthem was proposed with no increase in premiums for the County or employees / retirees. Staff recommends renewal with Anthem and to remain combined with the School system. Rate sheet is attached for board review – **See page 4 for active employees and page 6 for retiree rates (same rates as in 2019-20).** Retiree rates are shown on Page 6; retirees bear 100% of the cost of health insurance premiums, and there is no increase proposed for 2020-21.

The employer contributions to the Health Savings Account (H S A) will remain the same as in FY2019-20. \$1,000 Employee Only; \$1,250 Employee + 1; \$1,500 for Employee + Children / Family.

The health insurance renewal also continues two targeted wellness incentives for FY2020-21 that were started in 2019-20 (Waist Incentive and HealthMapRx).

### Requested Board Action:

Renew with Delta Dental with no increase  
Renew with Anthem - Blue View Vision with no increase; and  
Renew with Anthem for health insurance on a combined basis with schools with no premium or H S A contribution increase.

Proposed rate sheets and draft resolution for adoption are attached.

### Government Path

- |  |   |  |
|--|---|--|
| Does this require IDA action?                  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Does this require BZA action?                  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Does This require Planning Commission Action?  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| Does this require Board of Supervisors action? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| Does this require a public hearing?            | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| If so, before what date?                       | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            |

### Fiscal Impact Statement

There is no fiscal impact to the County for the 2020-21 renewals. There is no increase in premiums for health insurance. Employees and retirees pay 100% of the premium for dental insurance (Delta Dental) and for vision buy-up insurance (Anthem Blue View). There is no increase proposed for the voluntary dental insurance of vision buy-up insurance for 2020-21.

### County Impact

Approval of the renewals will allow Human Resources to move forward with open enrollment communications.

### Notes

**ACTIVE EMPLOYEES**

**Prince George County Dental Rates FY/21**

**FY20 TO FY21 CHANGE**

*Effective June 2020 for July 1, 2020 coverage (monthly rates)*

**ACTIVE EMPLOYEES - 0% Increase; RETIREES - 0% Increase**

**Delta Low Tier Dental Plan**

	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 28.98	\$ -	\$ 28.98
Employee/Child	\$ 62.32	\$ -	\$ 62.32
Employee/Children	\$ 62.32	\$ -	\$ 62.32
Employee/Spouse	\$ 59.04	\$ -	\$ 59.04
Employee/Family	\$ 68.74	\$ -	\$ 68.74

Premium Change	% Change
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%

**Delta High Tier Dental Plan**

	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 35.56	\$ -	\$ 35.56
Employee/Child	\$ 79.86	\$ -	\$ 79.86
Employee/Children	\$ 79.86	\$ -	\$ 79.86
Employee/Spouse	\$ 71.12	\$ -	\$ 71.12
Employee/Family	\$ 100.53	\$ -	\$ 100.53

Premium Change	% Change
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%

**Prince George County Vision Rates FY/21**

**NO INCREASE**

**Blue View Vision Buy-Up (Voluntary)**

	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 5.91	\$ -	\$ 5.91
Employee/Child	\$ 10.34	\$ -	\$ 10.34
Employee/Children	\$ 11.81	\$ -	\$ 11.81
Employee/Spouse	\$ 10.34	\$ -	\$ 10.34
Employee/Family	\$ 17.18	\$ -	\$ 17.18

Premium Change	% Change
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%

<b>PROPOSED FY20-21 HEALTH RATES NO INCREASE NO INCREASE PROPOSED</b>				<b>COMBINED WITH SCHOOLS</b>				
<b>Anthem PIN 30</b>					<b>CONTRIBUTION %</b>		<b>\$ INCREASE</b>	
	<b>Employee Contribution Amount</b>	<b>Employer Contribution Amount</b>	<b>Total Health Premium Cost</b>	<b>EE</b>	<b>ER</b>	<b>EE INCREASE</b>	<b>ER INCREASE</b>	
Employee Only	\$ 40.00	\$ 743.81	\$ 783.81	5.10%	94.90%	\$ -	\$ -	
Employee/Child	\$ 215.00	\$ 781.12	\$ 996.12	21.58%	78.42%	\$ -	\$ -	
Employee/Children	\$ 425.00	\$ 817.25	\$ 1,242.25	34.21%	65.79%	\$ -	\$ -	
Employee/Spouse	\$ 500.00	\$ 855.95	\$ 1,355.95	36.87%	63.13%	\$ -	\$ -	
Employee/Family	\$ 710.00	\$ 879.59	\$ 1,589.59	44.67%	55.33%	\$ -	\$ -	
				<b>28.49%</b>	<b>71.51%</b>			
<b>Anthem High Deductible Health Plan (with HSA)</b>								
	<b>Employee Contribution Amount</b>	<b>Employer Contribution Amount</b>	<b>Total Health Premium Cost</b>	<b>Annual Employer HSA Contribution</b>	<b>EE</b>	<b>ER</b>	<b>EE INCREASE</b>	<b>ER INCREASE</b>
Employee Only	\$ -	\$ 708.62	\$ 708.62	\$ 1,000.00	0.00%	100.00%	\$ -	\$ -
Employee/Child	\$ 108.00	\$ 833.91	\$ 941.91	\$ 1,250.00	11.47%	88.53%	\$ -	\$ -
Employee/Children	\$ 213.00	\$ 984.54	\$ 1,197.54	\$ 1,500.00	17.79%	82.21%	\$ -	\$ -
Employee/Spouse	\$ 250.00	\$ 1,060.50	\$ 1,310.50	\$ 1,250.00	19.08%	80.92%	\$ -	\$ -
Employee/Family	\$ 355.00	\$ 1,199.12	\$ 1,554.12	\$ 1,500.00	22.84%	77.16%	\$ -	\$ -
					<b>14.23%</b>	<b>85.77%</b>		
<b>NO CHANGE</b>								
<b>AVERAGE CONTRIBUTION %</b>					<b>EE</b>	<b>ER</b>		
2020-2021	<b>OVERALL AVG</b>				<b>21.36%</b>	<b>78.64%</b>		
2020-2021	<b>EE ONLY AVG</b>				<b>2.55%</b>	<b>97.45%</b>		

**RETIREES**

**Prince George County Dental Rates FY/21**

*Effective June 2020 for July 1, 2020 coverage (monthly rates)*

**RETIREES - 0% Increase**

**FY20 TO FY21 CHANGE**

<b>Delta Low Tier Dental Plan</b>			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 30.50	\$ -	\$ 30.50
Employee/Child	\$ 65.56	\$ -	\$ 65.56
Employee/Children	\$ 65.56	\$ -	\$ 65.56
Employee/Spouse	\$ 62.12	\$ -	\$ 62.12
Employee/Family	\$ 72.32	\$ -	\$ 72.32

Premium Change	% Change
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%

<b>Delta High Tier Dental Plan</b>			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 37.42	\$ -	\$ 37.42
Employee/Child	\$ 84.02	\$ -	\$ 84.02
Employee/Children	\$ 84.02	\$ -	\$ 84.02
Employee/Spouse	\$ 74.82	\$ -	\$ 74.82
Employee/Family	\$ 105.76	\$ -	\$ 105.76

Premium Change	% Change
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%

**Prince George County Vision Rates FY/21**

**NO CHANGE**

<b>Blue View Vision Buy-Up (Voluntary)</b>			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 5.91	\$ -	\$ 5.91
Employee/Child	\$ 10.34	\$ -	\$ 10.34
Employee/Children	\$ 11.81	\$ -	\$ 11.81
Employee/Spouse	\$ 10.34	\$ -	\$ 10.34
Employee/Family	\$ 17.18	\$ -	\$ 17.18

Premium Change	% Change
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%

PROPOSED FY20-21 RETIREE HEALTH RATES NO INCREASE			COMBINED WITH SCHOOLS		
NO INCREASE PROPOSED					
Anthem PIN 30					\$ INCREASE
	Retiree Contribution Amount	Total Health Premium Cost			RETIREE INCREASE
Employee Only	\$ 783.81	\$ 783.81			\$ -
Employee/Child	\$ 996.12	\$ 996.12			\$ -
Employee/Children	\$ 1,242.25	\$ 1,242.25			\$ -
Employee/Spouse	\$ 1,355.95	\$ 1,355.95			\$ -
Employee/Family	\$ 1,589.59	\$ 1,589.59			\$ -
Anthem High Deductible Health Plan (with HSA)					
	Retiree Contribution Amount	Total Health Premium Cost	Annual Employer HSA Contribution		RETIREE INCREASE
Employee Only	\$ 708.62	\$ 708.62	\$ -		\$ -
Employee/Child	\$ 941.91	\$ 941.91	\$ -		\$ -
Employee/Children	\$ 1,197.54	\$ 1,197.54	\$ -		\$ -
Employee/Spouse	\$ 1,310.50	\$ 1,310.50	\$ -		\$ -
Employee/Family	\$ 1,554.12	\$ 1,554.12	\$ -		\$ -
			<b>NO EMPLOYER H S A CONTRIBUTION FOR RETIREES</b>		

Board of Supervisors  
County of Prince George, Virginia

Resolution

At a regular meeting of the Board of Supervisors of the County of Prince George held in the Boardroom, Third Floor, County Administration Building, 6602 Courts Drive, Prince George, Virginia this 14<sup>th</sup> day of April, 2020:

Present:

Vote:

Donald R. Hunter, Chairman  
Alan R. Carmichael, Vice-Chairman  
Floyd M. Brown, Jr.  
Marlene J. Waymack  
T. J. Webb

A-1

On motion of \_\_\_\_\_, seconded by \_\_\_\_\_, which carried unanimously, the following Resolution was adopted:

**RESOLUTION; APPROVAL OF RECOMMENDED FY2021 HEALTH, DENTAL AND VISION INSURANCE RENEWALS WITH RECOMMENDED RATES AS ATTACHED.**

BE IT RESOLVED That the Board of Supervisors of the County of Prince George this 14<sup>th</sup> day of April, 2020, does hereby authorize renewing for FY2021

**Dental Insurance** with Delta Dental of Virginia with no increase to active employees or retirees;

**Vision Insurance** with Blue View Vision with no increase to active employees or retirees;

**Health Insurance** with Anthem with no increase in premiums for the County or for employees remaining combined for health insurance with the school division.

BE IT FURTHER RESOLVED That the Board of Supervisors of the County of Prince George this 14<sup>th</sup> day of April, 2020, does hereby approve recommended FY2021 rates as provided and attached.

A Copy Teste:

\_\_\_\_\_  
Percy C. Ashcraft  
County Administrator



**ACTIVE EMPLOYEES**

**Prince George County Dental Rates FY/21**

**FY20 TO FY21 CHANGE**

*Effective June 2020 for July 1, 2020 coverage (monthly rates)*

**ACTIVE EMPLOYEES - 0% Increase; RETIREES - 0% Increase**

<b>Delta Low Tier Dental Plan</b>			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
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Employee/Children	\$ 62.32	\$ -	\$ 62.32
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Employee/Family	\$ 68.74	\$ -	\$ 68.74

Premium Change	% Change
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\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%

<b>Delta High Tier Dental Plan</b>			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
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Employee/Children	\$ 79.86	\$ -	\$ 79.86
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Employee/Family	\$ 100.53	\$ -	\$ 100.53

Premium Change	% Change
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%

**Prince George County Vision Rates FY/21**

**NO INCREASE**

<b>Blue View Vision Buy-Up (Voluntary)</b>			
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost
Employee Only	\$ 5.91	\$ -	\$ 5.91
Employee/Child	\$ 10.34	\$ -	\$ 10.34
Employee/Children	\$ 11.81	\$ -	\$ 11.81
Employee/Spouse	\$ 10.34	\$ -	\$ 10.34
Employee/Family	\$ 17.18	\$ -	\$ 17.18

Premium Change	% Change
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%
\$ -	0.00%



PROPOSED FY20-21 HEALTH RATES NO INCREASE NO INCREASE PROPOSED				COMBINED WITH SCHOOLS				
Anthem PIN 30					CONTRIBUTION %		\$ INCREASE	
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost		EE	ER	EE INCREASE	ER INCREASE
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Employee/Child	\$ 215.00	\$ 781.12	\$ 996.12		21.58%	78.42%	\$ -	\$ -
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Anthem High Deductible Health Plan (with HSA)								
	Employee Contribution Amount	Employer Contribution Amount	Total Health Premium Cost	Annual Employer HSA Contribution	EE	ER	EE INCREASE	ER INCREASE
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Employee/Family	\$ 355.00	\$ 1,199.12	\$ 1,554.12	\$ 1,500.00	22.84%	77.16%	\$ -	\$ -
				<b>NO CHANGE</b>	<b>14.23%</b>	<b>85.77%</b>		
<b>AVERAGE CONTRIBUTION %</b>								
					EE	ER		
<b>2020-2021</b>	<b>OVERALL AVG</b>				<b>21.36%</b>	<b>78.64%</b>		
<b>2020-2021</b>	<b>EE ONLY AVG</b>				<b>2.55%</b>	<b>97.45%</b>		

**RETIREES**

**Prince George County Dental Rates FY/21**

*Effective June 2020 for July 1, 2020 coverage (monthly rates)*

**RETIREES - 0% Increase**

**FY20 TO FY21 CHANGE**

<b>Delta Low Tier Dental Plan</b>				<b>Premium Change</b>	<b>% Change</b>
	<b>Employee Contribution Amount</b>	<b>Employer Contribution Amount</b>	<b>Total Health Premium Cost</b>		
Employee Only	\$ 30.50	\$ -	\$ 30.50	\$ -	0.00%
Employee/Child	\$ 65.56	\$ -	\$ 65.56	\$ -	0.00%
Employee/Children	\$ 65.56	\$ -	\$ 65.56	\$ -	0.00%
Employee/Spouse	\$ 62.12	\$ -	\$ 62.12	\$ -	0.00%
Employee/Family	\$ 72.32	\$ -	\$ 72.32	\$ -	0.00%

<b>Delta High Tier Dental Plan</b>				<b>Premium Change</b>	<b>% Change</b>
	<b>Employee Contribution Amount</b>	<b>Employer Contribution Amount</b>	<b>Total Health Premium Cost</b>		
Employee Only	\$ 37.42	\$ -	\$ 37.42	\$ -	0.00%
Employee/Child	\$ 84.02	\$ -	\$ 84.02	\$ -	0.00%
Employee/Children	\$ 84.02	\$ -	\$ 84.02	\$ -	0.00%
Employee/Spouse	\$ 74.82	\$ -	\$ 74.82	\$ -	0.00%
Employee/Family	\$ 105.76	\$ -	\$ 105.76	\$ -	0.00%

**Prince George County Vision Rates FY/21**

**NO CHANGE**

<b>Blue View Vision Buy-Up (Voluntary)</b>				<b>Premium Change</b>	<b>% Change</b>
	<b>Employee Contribution Amount</b>	<b>Employer Contribution Amount</b>	<b>Total Health Premium Cost</b>		
Employee Only	\$ 5.91	\$ -	\$ 5.91	\$ -	0.00%
Employee/Child	\$ 10.34	\$ -	\$ 10.34	\$ -	0.00%
Employee/Children	\$ 11.81	\$ -	\$ 11.81	\$ -	0.00%
Employee/Spouse	\$ 10.34	\$ -	\$ 10.34	\$ -	0.00%
Employee/Family	\$ 17.18	\$ -	\$ 17.18	\$ -	0.00%

PROPOSED FY20-21 RETIREE HEALTH RATES NO INCREASE			COMBINED WITH SCHOOLS	
NO INCREASE PROPOSED				
<b>Anthem PIN 30</b>				\$ INCREASE
	<b>Retiree Contribution Amount</b>	<b>Total Health Premium Cost</b>		<b>RETIREE INCREASE</b>
Employee Only	\$ 783.81	\$ 783.81		\$ -
Employee/Child	\$ 996.12	\$ 996.12		\$ -
Employee/Children	\$ 1,242.25	\$ 1,242.25		\$ -
Employee/Spouse	\$ 1,355.95	\$ 1,355.95		\$ -
Employee/Family	\$ 1,589.59	\$ 1,589.59		\$ -
<b>Anthem High Deductible Health Plan (with HSA)</b>				
	<b>Retiree Contribution Amount</b>	<b>Total Health Premium Cost</b>	<b>Annual Employer HSA Contribution</b>	<b>RETIREE INCREASE</b>
Employee Only	\$ 708.62	\$ 708.62	\$ -	\$ -
Employee/Child	\$ 941.91	\$ 941.91	\$ -	\$ -
Employee/Children	\$ 1,197.54	\$ 1,197.54	\$ -	\$ -
Employee/Spouse	\$ 1,310.50	\$ 1,310.50	\$ -	\$ -
Employee/Family	\$ 1,554.12	\$ 1,554.12	\$ -	\$ -
			<b>NO EMPLOYER HSA CONTRIBUTION FOR RETIREES</b>	