



Rodney S. Marion
Director

18 North County Street – 7th Floor
Waukegan, Illinois 60085-4355
Phone 847 377-2700
HR Fax 847 625-7045
Risk Fax 847 377-2182

TO: Lake County Employees
FROM: Rodney S. Marion, Human Resources Director
DATE: August 10, 2017
RE: The 2017 Lake County Health, Life and Dental Insurance Plan

The Lake County Board approved the 2017 Health, Life and Dental Insurance Plan at its meeting on August 09, 2016. The plan will go into effect on January 1, 2017.

Please note that the employees' share of the Traditional PPO premium will increase by 2% while all other employee premium cost share percentages will not increase. The Traditional PPO plan was responsible for the 2.6% projected cost increase for 2017. As a result, a larger portion of the cost increase must be shifted to those in the Traditional PPO plan in the form of higher premiums, deductibles and out-of-pocket maximums.

The 2017 health insurance plan changes are as follows:

- Reduce the CDHP PPO Seed Money funding by \$100 for Single +1 and Family coverage and \$50 for Single coverage
- The recommended premiums for 2017:

2016		Total	County	EE	EE %	2017		Total	County	County \$	EE	EE \$	EE%
Plan	Tier	Monthly	Share	Share	Premium	Plan	Tier	Monthly	Share	Change	Share	Change	Premium
PPO	Single	780.84	685.19	95.65	12.25%	PPO	Single	795.52	682.16	-3.03	113.36	17.71	14.25%
PPO	Single + 1	1460.25	1252.16	208.09	14.25%	PPO	Single + 1	1487.70	1245.95	-6.21	241.75	33.66	16.25%
PPO	Family	2069.34	1733.07	336.27	16.25%	PPO	Family	2108.22	1723.47	-9.60	384.75	48.48	18.25%
CDHP						CDHP							
PPO	Single	780.84	700.80	80.04	10.25%	PPO	Single	795.52	713.98	13.18	81.54	1.50	10.25%
CDHP						CDHP							
PPO	Single + 1	1460.25	1281.37	178.88	12.25%	PPO	Single + 1	1487.70	1305.46	24.09	182.24	3.36	12.25%
CDHP						CDHP							
PPO	Family	2069.34	1774.46	294.88	14.25%	PPO	Family	2108.22	1807.80	33.34	300.42	5.54	14.25%
HMO	Single	676.72	620.89	55.83	8.25%	HMO	Single	692.54	635.41	14.52	57.13	1.30	8.25%
HMO	Single + 1	1184.25	1062.86	121.39	10.25%	HMO	Single + 1	1211.94	1087.72	24.86	124.22	2.83	10.25%
HMO	Family	1793.32	1573.64	219.68	12.25%	HMO	Family	1835.24	1610.43	36.79	224.82	5.14	12.25%
HMO						HMO							
Blue	Single	583.34	543.96	39.38	6.75%	Blue	Single	596.97	556.68	12.72	40.30	0.92	6.75%
HMO						HMO							
Blue	Single + 1	1020.85	931.53	89.32	8.75%	Blue	Single + 1	1044.70	953.29	21.76	91.41	2.09	8.75%
HMO						HMO							
Blue	Family	1545.85	1379.67	166.18	10.75%	Blue	Family	1582.00	1411.93	32.26	170.06	3.88	10.75%

There are no recommended plan or premium changes for the dental insurance for 2017.

- The recommended premiums for 2017:

2016	Total	County \$	EE \$	EE %	2017	Total	County \$	County	EE \$	EE	EE %
Coverage	Monthly	Monthly	Monthly	Premium	Coverage	Monthly	Monthly	Change	Monthly	Change	Premium
Single	35.53	26.65	8.88	25%	Single	35.53	26.65	0.00	8.88	0.00	25%
Single + 1	76.05	49.43	26.62	35%	Single + 1	76.05	49.43	0.00	26.62	0.00	35%
Family	99.39	49.69	49.69	50%	Family	99.39	49.69	0.00	49.69	0.00	50%

Please contact me or anyone in Human Resources, Benefits at 847.377.2415 or benefits@lakecountyil.gov if you have questions about these changes or your Lake County Benefit Plan.