Human Resources and Risk Management

LakeCounty

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2017 Health, Life and Dental Recommendation:

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 %
Plan	**Tier**	**Monthly**	**Share**	**Share**	**Premium**
PPO	Single	780.84	685.19	95.65	**12.25%**
PPO	Single + 1	1460.25	1252.16	208.09	**14.25%**
PPO	Family	2069.34	1733.07	336.27	**16.25%**
CDHP PPO	Single	780.84	700.80	80.04	**10.25%**
CDHP PPO	Single + 1	1460.25	1281.37	178.88	**12.25%**
CDHP PPO	Family	2069.34	1774.46	294.88	**14.25%**
HMO	Single	676.72	620.89	55.83	**8.25%**
HMO	Single + 1	1184.25	1062.86	121.39	**10.25%**
HMO	Family	1793.32	1573.64	219.68	**12.25%**
HMO Blue	Single	583.34	543.96	39.38	**6.75%**
HMO Blue	Single + 1	1020.85	931.53	89.32	**8.75%**
HMO Blue	Family	1545.85	1379.67	166.18	**10.75%**

2017		Total	County	County $	EE	EE $	EE%
Plan	**Tier**	**Monthly**	**Share**	**Change**	**Share**	**Change**	**Premium**
PPO	Single	795.52	682.16	-3.03	113.36	17.71	**14.25%**
PPO	Single + 1	1487.70	1245.95	-6.21	241.75	33.66	**16.25%**
PPO	Family	2108.22	1723.47	-9.60	384.75	48.48	**18.25%**
CDHP PPO	Single	795.52	713.98	13.18	81.54	1.50	**10.25%**
CDHP PPO	Single + 1	1487.70	1305.46	24.09	182.24	3.36	**12.25%**
CDHP PPO	Family	2108.22	1807.80	33.34	300.42	5.54	**14.25%**
HMO	Single	692.54	635.41	14.52	57.13	1.30	**8.25%**
HMO	Single + 1	1211.94	1087.72	24.86	124.22	2.83	**10.25%**
HMO	Family	1835.24	1610.43	36.79	224.82	5.14	**12.25%**
HMO Blue	Single	596.97	556.68	12.72	40.30	0.92	**6.75%**
HMO Blue	Single + 1	1044.70	953.29	21.76	91.41	2.09	**8.75%**
HMO 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 %
Coverage	**Monthly**	**Monthly**	**Monthly**	**Premium**
Single	35.53	26.65	8.88	**25%**
Single + 1	76.05	49.43	26.62	**35%**
Family	99.39	49.69	49.69	**50%**

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