

**SEMINOLE COUNTY GOVERNMENT  
AGENDA MEMORANDUM**

**SUBJECT:** Renewal of Group Health Insurance

**DEPARTMENT:** Administrative Services **DIVISION:** Risk Management

**AUTHORIZED BY:** Jamie Croteau **CONTACT:** Linda Eiland **EXT.** 5950

<b>Agenda Date</b> <u>3/22/05</u>	<b>Regular</b> <input checked="" type="checkbox"/>	<b>Consent</b> <input type="checkbox"/>	<b>Work Session</b> <input type="checkbox"/>	<b>Briefing</b> <input type="checkbox"/>
	<b>Public Hearing – 1:30</b> <input type="checkbox"/>		<b>Public Hearing – 7:00</b> <input type="checkbox"/>	

**MOTION/RECOMMENDATION:**

Authorization to renew the County's Group Health Insurance Program with United Healthcare effective January 01, 2006 through December 31, 2006 at a 5% rate increase with no benefit changes; and authorization for the Chairman to execute the agreement.

**BACKGROUND:**

In February, United Healthcare presented a renewal of 5% effective January 01, 2006 with no change in benefits. United Healthcare presented the renewal much earlier than normal to secure their membership for the coming year.

On March 1, 2005, staff presented United Healthcare's proposed health insurance renewal to the Risk Management Executive Committee. The committee voted 3-0 to recommend the renewal to the Board of County Commissioners. Exhibit A shows the monthly premiums effective January 1, 2006.

The estimated annual cost for FY 05/06, at the 5% rate of increase is \$20,033,198; the county's cost being \$15,093,516 with the balance being funded by employee contributions. Estimated annual costs are projected based on current enrollment and can vary depending on employee turnover, changes made during Open Enrollment, and lifestyle changes throughout the year.

Life insurance, long term disability and dental will be brought to the Board at a later date.

<b>Reviewed by:</b>
<b>Co Atty:</b> _____
<b>DFS:</b> _____
<b>Other:</b> _____
<b>DCM:</b> <u>[Signature]</u>
<b>CM:</b> <u>[Signature]</u>
<b>File No.</b> <u>RASR01</u>

Exhibit A

GROUP HEALTH INSURANCE PREMIUMS						
January 1, 2006 - December 31, 2006						
Type of Coverage	Total Premium		County Paid		Employee Pays	
	Monthly		Monthly		Monthly	Twice Monthly
<b>OPTION # 1: MANAGED HEALTH CARE (HMO)</b>						
Employee Only	361.95		361.95		0.00	0.00
Employee & Spouse	786.90		574.42		212.48	106.24
Employee & Child(ren)	754.50		558.22		196.28	98.14
Employee & Family	1192.20		777.08		415.12	207.56
<b>OPTION #2: POINT OF SERVICE (POS) &amp; OPTION #3: OUT OF AREA</b>						
Employee Only	537.37		449.67		87.70	43.85
Employee & Spouse	930.33		646.15		284.18	142.09
Employee & Child(ren)	863.68		612.82		250.86	125.43
Employee & Family	1415.00		888.48		526.52	263.26