

# RICHLAND COUNTY COUNCIL

## SOUTH CAROLINA

### HEALTH INSURANCE AD HOC COMMITTEE

June 7, 2016  
4:00 PM  
Chairman's Office

1. **Call to Order**
2. **FY 17 Health Insurance Recommendations**
3. **Adjourn**



#### Committee Members

Greg Pearce  
District Five

Torrey Rush  
District Seven

Paul Livingston  
District Four

# Standard Plan Highlights

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The following are changes that an employee will experience by electing the Standard Plan:

1. Higher out-of-pocket medical costs

	<u>Buy Up (Current)</u>	<u>Standard (New)</u>
A. Increased deductible	\$500	\$1,000
B. Increased copays	\$20/\$35	\$35/\$45
C. Increased out-of-pocket maximum	\$2,000/\$4,000	\$4,000/\$5,500
D. Lower coinsurance	80%	70%

2. Higher out-of-pocket prescription drug costs

	<u>Buy Up (Current)</u>	<u>Standard (New)</u>
A. Increased copays	Tier I - \$10 Tier II - \$35 Tier III - \$55	Tier I - \$20 Tier II - \$50 Tier III - \$75 Tier IV – 30% coinsurance (\$75 min/\$150 max)
B. Added 4 <sup>th</sup> Tier for specialty drugs (originally was part of Tier III)		
C. Includes Step Therapy – a prior authorization program which requires you to try the most cost-effective and appropriate medications before more expensive brand name medications are approved for coverage.		
D. Value Drug Plan – excludes two drug classes that have over-the-counter alternatives. <ul style="list-style-type: none"> <li>i. Allergy (i.e. Zyrtec, Allegra, Claritin, etc)</li> <li>ii. Heartburn/Ulcer (i.e. Nexium, Prilosec, Zantac, etc)</li> </ul>		
E. Excludes lifestyle drugs (i.e. smoking cessation, erectile dysfunction)		

Employee Contributions  
Dual Option Plan (Option 1)

**Premiums with Wellness Incentive**

Coverage Tier	Buy Up Plan		Standard Plan	
	Per Month	Per Pay Period	Per Month	Per Pay Period
Employee Only	\$78.08	\$39.04	\$0	\$0
Employee + Spouse	\$627.68	\$313.84	\$518.69	\$259.35
Employee + Child(ren)	\$330.37	\$165.19	\$252.58	\$126.29
Employee + Family	\$845.81	\$422.91	\$713.98	\$356.99

**Premiums without Wellness Incentive**

Coverage Tier	Buy Up Plan		Standard Plan	
	Per Month	Per Pay Period	Per Month	Per Pay Period
Employee Only	\$128.08	\$64.04	\$50.00	\$25.00
Employee + Spouse	\$677.68	\$338.84	\$568.69	\$284.35
Employee + Child(ren)	\$380.37	\$190.18	\$302.58	\$151.29
Employee + Family	\$895.81	\$447.91	\$763.98	\$381.99