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HUMAN RESOURCE COMMITTEE RECOMMENDATION

09/05/2023

Summary:

Medical insurance – quotes received from United Health Care (UHC), Cigna, and Anthem.

- United Health Care was the most competitive quote:
 - Same deductibles/max out-of-pocket as 2023 – initial increase of 12.73%
 - After bundling dental and vision for an additional discount, total increase of 9.91%

Recommendation to keep the employee contributions the same as 2023 for medical premiums (attached).

Health Savings Account contributions remain the same excluding the bonus contributions that were given for reaching Silver Status in Go365 which is no longer our wellness option.

In addition to the OCF health savings account contribution, UHC includes \$1,000 wellness reward for employees and covered spouses – can be deposited into H S A, VISA card, or towards the purchase of an Apple Watch (or combination).

Health Reimbursement Arrangement design changes:

Employee only coverage – employee’s responsibility remains at \$2,000 of \$4,000 deductible/\$6,750 max out of pocket – HRA reimburses up to \$4750

Dependent/Family coverage – employee’s responsibility remains at \$4,000 of \$8,000 deductible/\$13,500 max out of pocket. Initial employee expense is \$3,200 (increase from \$3000 per IRS regulations) – HRA reimburses up to \$9500

HRA 213(d) – health reimbursement arrangement for those not eligible for health savings accounts remains the same as 2023 with maximum wellness credits being \$600 for employee only and \$1,000 for emp/dependent.

Dental premiums decreased 5.09% and Vision decreased 10.21%.

One America - Basic Life/AD&D \$50,000 benefit increased by \$660 for the year with a rate hold until 1/1/2026.

Please contact Tina with any questions on these items.

Motion to accept benefit renewal for 2024 as presented and to allow the Judge to sign all paperwork relating to renewal.

Oldham County Fiscal Court

100 W Jefferson Street, Suite 4, LaGrange, KY 40031

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Insurance Premiums - OCFC - January 1, 2024

		Total Monthly Rate	Monthly Employer Contribution	Monthly Employee Contribution	24 pay cycle per pay employee Contribution
Medical					
DF7Y MOD(HSA) Rx					
C24-HSA					
\$4000/8000					
Single		\$633.54	\$633.54	\$0.00	\$0.00
EE/Sp		\$1,267.07	\$1,044.65	\$222.42	\$111.21
EE/Ch		\$1,203.72	\$1,003.54	\$200.18	\$100.09
Family		\$2,027.32	\$1,537.60	\$489.72	\$244.86
Vision					
Single		\$7.11	\$0.00	\$7.11	\$3.56
EE/Sp		\$14.22	\$0.00	\$14.22	\$7.11
EE/Ch		\$13.51	\$0.00	\$13.51	\$6.76
Family		\$21.23	\$0.00	\$21.23	\$10.62
Dental PPO					
w/Ortho					
Single	CORE	\$22.21	\$10.00	\$12.21	\$6.11
EE/Sp		\$50.48	\$10.00	\$40.48	\$20.24
EE/Ch		\$49.08	\$10.00	\$39.08	\$19.54
Family		\$79.50	\$10.00	\$69.50	\$34.75
Dental Traditional					
w/Ortho					
Single	BUY UP	\$29.55	\$10.00	\$19.55	\$9.78
EE/Sp		\$66.50	\$10.00	\$56.50	\$28.25
EE/Ch		\$63.39	\$10.00	\$53.39	\$26.70
Family		\$102.68	\$10.00	\$92.68	\$46.34

Approved by OCFC CFO: _____

Approved by Fiscal Court: _____



Oldham County Fiscal Court Medical Benefit / Cost Analysis January 1, 2024

Carrier	HUMANA		UHC	CIGNA	ANTHEM
	Current		Alternate	Alternate	Alternate
	EHDHP 16 50/50		DF7Y MOD (HSA) Rx C24-HSA	HSA OAP - Q6P3 FI	HDHP \$4,000 Ded, 50%
Primary Care Office Visit Copayment	50% after ded.		50% after ded.	30% after ded.	50% after ded.
Specialist Office Visit Copayment	50% after ded.		50% after ded.	30% after ded.	50% after ded.
Prescription Drug Retail Copayment	50% after ded.		\$10 / \$40 / \$85 / \$250 after ded.	30% after ded.	50% after ded.
Annual Deductible-Calendar year					
Single	\$4,000		\$4,000	\$4,000	\$4,000
Family	\$8,000		\$8,000	\$8,000	\$8,000
Coinsurance (after deductible)	50%		50%	70%	50%
Maximum Out-of-Pocket					
Single	\$6,750		\$6,750	\$6,750	\$6,750
Family	\$13,500		\$13,500	\$13,500	\$13,500
Inpatient hospital services	50% after ded.		50% after ded.	30% after ded.	50% after ded.
Outpatient surgery services	50% after ded.		50% after ded.	30% after ded.	50% after ded.
Outpatient diagnostic services	50% after ded.		50% after ded.	30% after ded.	50% after ded.
Emergency room	50% after ded.		50% after ded.	30% after ded.	50% after ded.
Urgent care	50% after ded.		50% after ded.	30% after ded.	50% after ded.
Coverage type					
Employee	95	\$576.40	\$633.54	\$636.77	\$718.08
Employee + Spouse	18	\$1,152.80	\$1,267.07	\$1,341.45	\$1,436.16
Employee + Child(ren)	15	\$1,095.16	\$1,203.72	\$1,213.33	\$1,364.35
Family	18	\$1,844.48	\$2,027.32	\$1,918.00	\$2,297.85
Monthly Total		\$125,136.44	\$137,541.12	\$137,363.20	\$155,895.03
Current Annual Premium		\$1,501,637.28	\$1,501,637.28	\$1,501,637.28	\$1,501,637.28
Renewal Annual Premium			\$1,650,493.44	\$1,648,358.40	\$1,870,740.36
Annual Difference			\$148,856.16	\$146,721.12	\$369,103.08
% Difference			9.91%	9.77%	24.58%
*Enrollment numbers taken from Census dated 6.21.2023			Bundling Discount Included Dental 2%, Vision 0.5%		

This is only an outline. Actual contract provisions will be determined by specific carrier.

Declined to Quote: Aetna



**Oldham County Fiscal Court
Dental Benefit / Cost Analysis
January 1, 2024**

Carrier	HUMANA				DELTA DENTAL				UHC				ANTHEM						
	Core		Buy-Up		Core PPO		Buy-Up PPO + Premier		Core Incentive PPO		Buy-Up Passive PPO		Core		Buy-Up				
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network			
Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150			
Deductible Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
Preventive	100%	80%	100%	100%	100%	80%	100%	100%	100%	80%	100%	100%	100%	80%	100%	100%			
Basic	80%	60%	80%	80%	80%	60%	80%	80%	80%	60%	80%	80%	80%	60%	80%	80%			
Major	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%			
Endo/ Periodontics	Major		Major		Major		Major		Major		Major		Major		Major				
Annual Maximum	\$1,000		\$1,500		\$1,000		\$1,500		\$1,000		\$1,500		\$1,000		\$1,500				
Orthodontics	50% to LTM of \$1,000		50% to LTM of \$1,500		50% to LTM of \$1,000		50% to LTM of \$1,000		50% to LTM \$1,000		50% to LTM \$1,000		50% to LTM \$1,000		50% to LTM \$1,000				
Implants	n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a				
Rates	Current Core*		Current Buy Up*		Alternate Core		Alternate Buy Up		Alternate Core		Alternate Buy Up		Alternate Core		Alternate Buy Up				
Employee	64	\$23.40	20	\$31.14	\$22.12		\$30.29		\$22.21		\$29.55		\$23.40		\$31.14				
Employee + Spouse	20	\$53.18	5	\$70.08	\$50.24		\$68.19		\$50.48		\$66.50		\$53.18		\$70.08				
Employee + Child(ren)	13	\$51.71	1	\$66.80	\$48.80		\$64.94		\$49.08		\$63.39		\$51.71		\$66.80				
Family	19	\$83.76	2	\$108.20	\$79.06		\$105.18		\$79.50		\$102.68		\$83.76		\$108.20				
Monthly Premium	\$4,824.87		\$1,256.40		\$4,557.02		\$1,222.05		\$4,579.58		\$1,192.25		\$4,824.87		\$1,256.40				
Annual Premium	\$57,898.44		\$15,076.80		\$54,684.24		\$14,664.60		\$54,954.96		\$14,307.00		\$57,898.44		\$15,076.80				
Current Annual Premium	\$72,975.24				N A				N A				N A						
Renewal Annual Premium					\$69,348.84				\$69,261.96				\$72,975.24						
Difference in Annual Premium					-\$3,626.40				-\$3,713.28				\$0.00						
Percentage Increase / Decrease					-4.97%				-5.09%				0.00%						
*Enrollment numbers taken from census dated 6.21.23					24 Month Rate Guarantee					12 Month Rate Guarantee Bundling Discount Available Dental 2%, Vision 0.5%					15 Month Rate Guarantee				

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Oldham County Fiscal Court Vision Benefit / Cost Analysis January 1, 2024

Carrier	HUMANA		DELTA DENTAL		UHC	ANTHEM
	Current		Alternate \$130	Alternate \$150	Alternate	Alternate
Exam Copayment	\$10 Copay		\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Exam Frequency	12 Months		12 Months	12 Months	12 Months	12 Months
Materials Copayment	\$15 Copay		\$25 Copay	\$10 Copay	\$15 Copay	\$15 Copay
Lenses Frequency	12 Months		12 Months	12 Months	12 Months	12 Months
Frames Allowance	\$130		\$130 + 20% off balance	\$150 + 20% off balance	\$130	\$130
Frames Frequency	24 Months		24 Months	24 Months	24 Months	24 Months
Contact Lenses	\$130		\$130	\$150	\$130	\$130
Contact Frequency	12 Months		12 Months	12 Months	12 Months	12 Months
Network	HUMANA		VSP	VSP	UHC Vision	BlueView Vision
Rate Guarantee			10/01/2025	10/01/2025	10/01/2026	01/01/2027
	Current*		DELTA DENTAL		UHC	ANTHEM
Employee	76	\$7.92	\$6.30	\$7.43	\$7.11	\$6.24
Employee + Spouse	19	\$15.84	\$12.60	\$14.86	\$14.22	\$12.48
Employee + Children	11	\$15.04	\$13.48	\$15.90	\$13.51	\$11.85
Family	14	\$23.64	\$21.55	\$25.42	\$21.23	\$18.63
Total Monthly Premium		\$1,399.28	\$1,168.18	\$1,377.80	\$1,256.37	\$1,102.53
Total Annual Premium		\$16,791	\$14,018	\$16,534	\$15,076	\$13,230
% Increase / Decrease			-16.52%	-1.54%	-10.21%	-21.21%
*Enrollment numbers taken from census dated 6.21.23					36 Month Rate Guarantee Bundling Discount Available Dental 2%, Vision 0.5%	Non-Voluntary 39 Month Rate Guarantee

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