

**ORDER: APPROVE BLUE CROSS BLUE SHIELD AND PREMIUM SAVER  
EMPLOYEE HEALTH INSURANCE PROPOSAL**

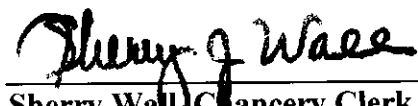
Motion was made by Mike Pickens, duly seconded by Robert Blackmon, to approve Blue Cross Blue Shield and Premium Saver employee health insurance proposal. The vote on the motion was as follows:

Supervisor Mike Pickens, voted yes  
Supervisor Jeff Busby, voted yes  
Supervisor Robert Blackmon, voted yes  
Supervisor Chad McLarty, voted yes  
Supervisor Mike Roberts, voted yes

After the vote, President Busby, declared the motion carried, this the 1st day of December, 2014.



Jeff Busby, President  
Board of Supervisors



Sherry Wall, Chancery Clerk

# *The Premium Saver Plan*

Group Supplemental Insurance

- Reduces cost of group health coverage
- Maintains benefits
- Wraps around low cost high deductible group major medical plans

## *Proposal to provide benefits for Lafayette County*

Effective Date: 01/01/15

Broker: Brad Camp  
Prepared by: Morgan White Group



*AmFirst* Insurance Company

## Premium Saver Plan Illustration for Lafayette County

**Current:** BCBS Deductible \$500 Coinsurance 80/20% to \$2,000

Dr. Co-pay \$15/25 Rx Co-pay \$10/25/\$0/100

	Current Major Medical		Number on Plan		Total Current Monthly Premium
Employee	\$473.12	X	130	=	\$61,505.60
E + Spouse	\$634.48	X	35	=	\$22,206.80
E + Child(ren)	\$729.39	X	15	=	\$10,940.85
Family	\$919.22	X	4	=	\$3,676.88

**Total current monthly premium ... \$98,330.13**

**Renewal:** BCBS Deductible \$500 Coinsurance 80/20% to \$2,000

Dr. Co-pay \$15/25 Rx Co-pay \$10/25/\$0/100

	Renewal Major Medical Rates		Number on Plan		Total Renewal Monthly Premium
Employee	\$615.06	X	130	=	\$79,957.80
E + Spouse	\$824.82	X	35	=	\$28,868.70
E + Child(ren)	\$948.21	X	15	=	\$14,223.15
Family	\$1,194.99	X	4	=	\$4,779.96

**Total renewal monthly premium ... \$127,829.61**

**Alternate Plan (lower cost high deductible major medical plan):**

Blue Cross Blue Shield Deductible \$5,000; Coinsurance 80/20% to \$1,450

Dr. Co-pay \$15/25 Rx Co-pay \$10/25/\$0/100 Rx Deduct \$50

**Premium Saver Plan Design:**

Premium Saver Deductible \$500 per person; Coinsurance 20% to \$2,000

Benefit \$3,950

*No changes*

	Alternate Plan Major Medical Rates		Premium Saver Rates		Total with Premium Saver		Number on Plan		Total New Monthly Premium
Employee	<u>\$464.99</u>	=	\$83.95	=	<u>\$548.94</u>	X	130	=	\$71,362.20
E + Spouse	\$623.57	=	\$183.64	=	\$807.21	X	35	=	\$28,252.35
E + Child(ren)	\$716.85	=	\$161.86	=	\$878.71	X	15	=	\$13,180.65
Family	\$903.42	=	\$259.89	=	\$1,163.31	X	4	=	\$4,653.24
Monthly Totals	\$96,640.08		\$20,808.36				184		\$117,448.44

**Total Monthly Savings ...**

**\$10,381.17**

**Total Annual Savings ...**

**\$124,574.04**

**1st month Premium Saver premium ... \$20,808.36**

Alternate major medical rates could be an estimate. Actual rates are based on the major medical carrier's actual quote.

*10,000 ↑  
Budget*

## Premium Saver Plan for Lafayette County

### How this Plan works:

- **Supplemental Plan Deductible and Coinsurance**

Each insured person has a \$500 annual deductible. After the deductible is met, the insured person pays 20% until they pay \$2,000 coinsurance. This plan wraps around your high deductible health plan and pays the amount applied to your major medical plan's Deductible and Coinsurance until our payments reach the Maximum Benefit Amount.

- **Coverage**

This plan covers all eligible expenses covered by your major medical plan except the professional fee of a physician in a doctor's office or medical clinic and outpatient prescription drugs.

- **Maximum Benefit Amount**

\$3,950 is the maximum benefit amount payable for benefits described on this page during a benefit year for each Insured Person.

#### Monthly Rates\* - 12 Month Rate Guarantee

Employee	\$83.95
E + Spouse	\$183.64
E + Child(ren)	\$161.86
Family	\$259.89

\*Monthly rates include a non-commissionable \$3.00 administration fee for billing.

**Participation requirements:** All persons covered by the group major medical or comprehensive health plan must be covered by the Premium Saver Plan except when the HSA is funded.

This is a brief description of coverage, see policy for complete details.

## Claims Payment

The Premium Saver Plan pays the benefits directly to the provider. Paying the provider directly saves the insured time and it is the quickest way for the provider to receive payment.

## Claims Submission

***Always give your Premium Saver insurance card to the provider.***

The Medical Provider will file the claim. This is the easiest and best method of claims submission.

- Electronic Claims Submission  
Claims can be filed electronically by the provider. This means no paperwork and quick payment of your claim to the provider. We are contracted with some of the largest claims clearinghouses in the country.
- Email, Mail or Fax Claims Submission  
Providers can email, mail or fax your claim information to us if they are not contracted with our clearinghouses. We will be glad to contact providers that want to contract with our clearinghouses.

If the insured files the claim, they need to submit the 2 forms described below:

### Major Medical EOB

The Explanation of Benefits is a form provided by your major medical carrier that describes the procedures covered, facility used, benefit paid and the amount applied to the insured's deductible or coinsurance.

### Hospital form UB04 or Doctor form CMS 1500

These forms describe the procedures codes, provides us with the address and the provider's federal identification number so we can pay the claim for you.

<u>Mail</u>	<u>Phone</u>	<u>Email</u>	<u>Fax</u>
Morgan White Administrators Attn: Claims Department P.O. Box 16708 Jackson, MS 39236	(888) 888-2519	claims@morganwhite.com	(601) 956-1147

Administered by:



Underwritten by:



*AmFirst Insurance Company*

Administrative Office: 5722 I-55 North Frontage Road  
Jackson, Mississippi 39211  
Telephone: 800-800-1397  
or 601-956-2028