

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024

Agenda

Friday, May 4, 2018 ♦ 9:00 AM

Putnam County Administration Building – Room 203

Opening

1. Welcome - Call to Order
2. Invocation
3. Pledge of Allegiance
4. Special Presentation - Safe Boating Proclamation (TA)

Regular Business Meeting

5. Public Comments
6. Approval of Agenda
7. Consent Agenda
 - a. Approval of Minutes - April 6, 2018 Regular Meeting (staff-CC)
 - b. Approval of Minutes - April 6, 2018 Executive Session (staff-CC)
 - c. Approval of Minutes - April 27, 2018 Work Session (staff-CC)
8. Approval of 2018 Budget Amendment #2 (staff-Fin)
9. Authorization for Chairman to sign Technical Assistance letter to MGRC regarding electronic forms, signatures, and payments (TA)
10. Approval of change to the May 15, 2018 BOC meeting location or date (staff-CC)
11. Approval of 2018-2019 Employee Insurance Benefits (staff-CM)
 - a. Medical (low and high plans)
 - b. Dental
 - c. Vision
 - d. Basic Life
 - e. Voluntary Term Life and AD&D
 - f. Voluntary Short Term and Long Term Disability
 - g. Voluntary AFLAC
 - h. Health Reimbursement Account (HRA)
 - i. ShawHankins Advantage Benefits Package
12. Review of the Regional TSPLOST projects (SH)

Reports/Announcements

13. County Manager Report
14. County Attorney Report
15. Commissioner Announcements

Closing

16. Adjournment

The Board of Commissioners reserves the right to continue the meeting to another time and place in the event the number of people in attendance at the meeting, including the Board of Commissioners, staff, and members of the public exceeds the legal limits. The meeting cannot be closed to the public except by a majority vote of a quorum present for the meeting. The board can vote to go into an executive session on a legally exempt matter during a public meeting even if not advertised or listed on the agenda.

Backup material for agenda item:

7. Consent Agenda
 - a. Approval of Minutes - April 6, 2018 Regular Meeting (staff-CC)
 - b. Approval of Minutes - April 6, 2018 Executive Session (staff-CC)
 - c. Approval of Minutes - April 27, 2018 Work Session (staff-CC)

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024

Minutes

Friday, April 6, 2018 ♦ 9:00 AM

Putnam County Administration Building – Room 203

The Putnam County Board of Commissioners met on Friday, April 6, 2018 at approximately 9:00 AM in the Putnam County Administration Building, 117 Putnam Drive, Room 203, Eatonton, Georgia

PRESENT

- Chairman Stephen Hersey
- Commissioner Kelvin Irvin
- Commissioner Daniel Brown
- Commissioner Alan Foster
- Commissioner Trevor Addison

STAFF PRESENT

- County Attorney Barry Fleming
- County Manager Paul Van Haute
- Assistant County Manager Lisa Jackson
- County Clerk Lynn Butterworth

Opening

1. Welcome - Call to Order

Chairman Hersey called the meeting to order at approximately 9:02 a.m. (Copy of agenda made a part of the minutes on minute book page _____.)

2. Invocation

The invocation was given by Rev. Garland Hart, Eatonton Presbyterian Church.

3. Pledge of Allegiance

The Pledge of Allegiance was led by Chairman Hersey.

4. Special Presentation - Retirement Proclamation

Ms. Cheryl Fincher Merritt retired from the Sheriff’s Office after 16 years, but was unable to attend the meeting to receive her watch and proclamation. (Copy of proclamation made a part of the minutes on minute book page _____.)

5. Special Presentation - Child Abuse Prevention Month Proclamation

A proclamation was presented to Mr. Jesse Little to proclaim April as child abuse prevention month. Mr. Little reminded all of the pinwheel ceremony to be held on the courthouse lawn on April 10, 2018. (Copy of proclamation made a part of the minutes on minute book page _____.)

Regular Business Meeting

6. Public Comments

Mr. Don Cottrell commented on building permits.

7. Approval of Agenda

Chairman Hersey advised that an Executive Session needed to be added to the agenda.

Motion made by Commissioner Addison, seconded by Commissioner Irvin, to approve the agenda with the addition of an Executive Session. Motion carried with Commissioners Irvin, Brown, Foster, and Addison and Chairman Hersey voting yes.

8. Consent Agenda

- a. Approval of Minutes - March 20, 2018 Public Hearing and Regular Meeting (staff-CC)
- b. Approval of Minutes - March 20, 2018 Executive Session (staff-CC)
- c. Authorization for Chairman to sign Putnam County Transit Procurement Manual (staff-Transit)

Motion made by Commissioner Addison, seconded by Commissioner Irvin, to approve the Consent Agenda. Motion carried with Commissioners Irvin, Brown, Foster, and Addison and Chairman Hersey voting yes. (Copy of procurement manual made a part of the minutes on minute book pages _____ to _____.)

9. Update from Sheriff Sills (PCSO)

Sheriff Howard Sills asked the board to consider prohibiting parking on Edwards Reeves Road, Old Milledgeville Road, Parks Road, and the North Bypass tie-in due to races at the Headhunters Racetrack. He explained that emergency personnel cannot get in due to the number of cars parked in the right-of-way. Ms. Patrice Terrell spoke regarding right-of-way vs. private property for no parking on Edwards Reeves Road.

Motion made by Commissioner Foster, seconded by Commissioner Addison, to authorize the Chairman to sign a no parking resolution. Motion carried with Commissioners Irvin, Brown, Foster, and Addison and Chairman Hersey voting yes. (Copy of resolution made a part of the minutes on minute book page _____.)

Meeting recessed at approximately 9:18 a.m. to see the new Fire/Rescue Pumper truck.

Meeting reconvened at approximately 9:32 a.m.

10. Approval of Local TSPLOST Project Implementation Revision (staff-CM)

Mr. Larry Kaiser explained the revised project sheet – no real changes made, just combined LMIG projects and Off-System Safety projects with TSPLOST projects and removed duplicates. The following additional changes were discussed:

- removed LMIG Match as an expenditure; **ADD** to the Available Local TSPLOST, \$150,000 x 5 years = \$750,000. BOC stated that other future county funding sources will be utilized to fund LMIG Match requirement
- corrected Local TSPLOST allocation on the spreadsheet for ROW Mowing from \$100,000 for 1 year **TO** \$100,000 for 5 years; **DEDUCT** \$500,000
- Temporary removal of the Scott Road @ Harmony intersection re-alignment project from the Local TSPLOST program pending the 5/22/2018 Regional sales tax vote. No changes to the "Available LOCAL TSPLOST" funding until which time the vote occurs.
- Commissioner Addison asked for the following changes to his project list:
 - Remove the west end of Blue Gill Road from the resurfacing list and stripe with PAINT
 - Resurface east Blue Gill but no widening; restripe with THERMOPLASTIC
 - Mill/Resurface and stripe with THERMOPLASTIC South Shore Road from Twin Bridges Road to Blue Gill Road
 - Remove PAINT Striping and asphalt patching of South Shore Road

Motion made by Commissioner Foster, seconded by Commissioner Irvin, to approve the Local TSPLOST project implementation revised list with additional discussed changes. Motion carried with Commissioners Irvin, Brown, Foster, and Addison and Chairman Hersey voting yes. (Copy of project list made a part of the minutes on minute book pages _____ to _____.)

11. Approval of a work session concerning the MOU between Putnam County and Piedmont Water Company, following the May 4th BOC meeting (AF)

Commissioner Foster requested a work session to discuss the Putnam County and Piedmont Water Company MOU. Chairman Hersey called a work session for May 4, 2018 following the regular meeting.

12. Discussion and possible action regarding the fee for collection of school taxes (SH)

Chairman Hersey reminded all of the March 20, 2018 meeting when County Manager Van Haute advised that we need to charge 2.5% for collecting school taxes. He went over the history of this issue since 2006. He would like to submit local legislation to set the fee at a reasonable rate. County Attorney Fleming advised that the resolution passed in 2009 to collect .45% is not legally sufficient to override the law requiring the 2.5% collection.

Motion made by Commissioner Addison, seconded by Commissioner Foster, to direct staff (County Manager and County Attorney) to come up with a solution regarding the fee for collection of school taxes for the future, passing local legislation in the next legislative session, and to also investigate what our options are for the current situation and perhaps any arrearages, should it matter. Motion carried with Commissioners Irvin, Brown, Foster, and Addison and Chairman Hersey voting yes.

Executive Session

12.1 Motion to enter Executive Session as allowed by O.C.G.A. 50-14-4, if necessary, for Personnel, Litigation, or Real Estate

Motion made by Commissioner Addison, seconded by Commissioner Brown, to enter Executive Session for litigation purposes. Motion carried with Commissioners Irvin, Brown, Foster, and Addison and Chairman Hersey voting yes.

Meeting closed at approximately 10:57 a.m.

12.2 Motion to reopen meeting and Execute Affidavit concerning the subject matter of the closed portion of the meeting

Motion made by Commissioner Addison, seconded by Commissioner Irvin, to reopen the meeting and execute an affidavit concerning the subject matter of the closed portion of the meeting. Motion carried with Commissioners Irvin, Brown, Foster, and Addison and Chairman Hersey voting yes. (Copy of affidavit made a part of the minutes on minute book page _____.)

Meeting reopened at approximately 11:37 a.m.

12.3 Action, if any, resulting from the Executive Session

County Attorney Fleming reported that one legal matter was discussed with no final action.

Reports/Announcements

13. County Manager Report

County Manager Van Haute reported the following:

- Public Works Shop Foreman Anthony Frazier briefed the board on the vacuum truck demo – he was impressed with it – it has a lot of potential
- thanked the board for support with the new fire truck
- staff has stepped up with Magistrate Judge Ellen Pierce’s passing – Jesse Copelan was appointed Chief Magistrate for the remainder of the year
- courthouse is being pressure washed now
- the Martin Mill bridge replacement project is on hold for now, GDOT is working on right-of-way costs – original estimate was \$138,000 for 1.19 acres
- Villanova is NCAA National Champs!!

14. County Attorney Report

No report

15. Commissioner Announcements

Commissioner Irvin: none

Commissioner Brown: none

Commissioner Foster: the Georgia Heart program for rural hospitals now allows you to donate to Putnam General and receive a 100% state income tax credit. He advised to make contributions as early as possible so we don't exceed the state cap of \$60 million.

Commissioner Addison: expressed sympathy to Ellen Pierce's family

Chairman Hersey: advised that the Senate did not pass HR158; expressed sympathy to County Attorney Fleming in the recent loss of his mother; and advised we would not be at the next regular meeting.

Closing

16. Adjournment

Motion made by Commissioner Addison, seconded by Commissioner Foster, to adjourn the meeting. Motion carried with Commissioners Irvin, Brown, Foster, and Addison and Chairman Hersey voting yes.

Meeting adjourned at approximately 11:52 a.m.

ATTEST:

Lynn Butterworth
County Clerk

Stephen J. Hersey
Chairman

PUTNAM COUNTY BOARD OF COMMISSIONERS



Office of the County Clerk
117 Putnam Drive, Suite A ♦ Eatonton, GA 31024
706-485-5826 (main office) ♦ 706-485-1877 (direct line) ♦ 706-923-2345 (fax)
lbutterworth@putnamcountyga.us ♦ www.putnamcountyga.us

The draft minutes of the April 6, 2018 Executive Session are available for Commissioner review in the Clerk's office.

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024

Work Session
Minutes
Friday, April 27, 2018 ♦ 11:30 AM
Savannah Marriott Riverfront
Mercer Room
100 General McIntosh Boulevard
Savannah, GA 31401

The Putnam County Board of Commissioners met on April 27, 2018 at approximately 11:30 AM in the Mercer Room of the Savannah Marriott Riverfront, 100 General McIntosh Boulevard, Savannah, Georgia

PRESENT

Chairman Stephen Hersey
Commissioner Daniel Brown
Commissioner Alan Foster

ABSENT

Commissioner Kelvin Irvin
Commissioner Trevor Addison

STAFF PRESENT

County Manager Paul Van Haute
Assistant County Manager Lisa Jackson
County Clerk Lynn Butterworth

SHAWHANKINS

James Clark
K.D. Gazoway
Jonathan Shaw

Opening

1. Welcome - Call to Order

Chairman Hersey called to work session to order at approximately 12:13 p.m. (Copy of agenda made a part of the minutes on minute book page _____.)

Called Work Session

2. Employee Insurance Discussions

Mr. Jonathan Shaw announced that Putnam County had a positive year from a claims perspective and that the wellness program was having a positive effect. He advised that there would be a 1.54% increase if no changes were made to the plans. He further advised that there is one mandatory change from the ACCG pool: that effective July 1, 2018 we will be under the Essential Drug Formulary which will negatively affect about 10% of the employees. He also explained the Renewal and Marketing Analysis and answered questions. No action was taken.

Closing

3. Adjournment

Chairman Hersey adjourned the work session at approximately 1:02 p.m.

ATTEST:

Lynn Butterworth
County Clerk

Stephen J. Hersey
Chairman

Backup material for agenda item:

8. Approval of 2018 Budget Amendment #2 (staff-Fin)

2018 BUDGET AMENDMENT #2

	Increase (Decrease) to Current Budget	Total
General Fund Revenues:		
Taxes		80,000
Licenses and Permits		40,000
Intergovernmental Revenue:		
Scrap Tire Grant	27,273	
Off System Safety Grant	80,000	
Forest Land Protection Reimbursement	67,636	
Total Intergovernmental Revenue		174,909
Interest & Miscellaneous:		
Reimb - Damaged Property	5,578	
Miscellaneous Revenue	10,000	
Revenue - Sale of Assets	11,615	
Total Interest & Miscellaneous		27,193
Appropriation from Fund Balance		(224,137)
Total General Fund Revenue Adjustment		97,965
General Fund Expenditures:		
Tax Assessor	39,636	
Magistrate Court	9,116	
Emergency Management	18,000	
Uncle Remus Golf Course	31,213	
Total General Fund Expenditure Adjustment		97,965

Backup material for agenda item:

9. Authorization for Chairman to sign Technical Assistance letter to MGRC regarding electronic forms, signatures, and payments (TA)

April 17, 2018

Ms. Laura Mathis
Executive Director
Middle Georgia Regional Commission
175 Emery Highway, Suite C
Macon, GA 31217

Dear Ms. Mathis:

Putnam County requests technical assistance in some work on our county website:

1. converting website forms and applications to be uniform in appearance and to be electronically filled out and submitted;
2. setting up electronic signature capability on all forms and applications; and
3. accepting electronic payments.

Please contact Lynn Butterworth, County Clerk regarding this application.

Thank you for your assistance in this matter.

Sincerely,

Stephen J. Hersey, Chairman
Putnam County Board of Commissioners

Backup material for agenda item:

10. Approval of change to the May 15, 2018 BOC meeting location or date (staff-CC)

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024
706-485-5826 ♦ 706-923-2345 fax ♦ www.putnamcountyga.us

2018 BOC MEETING SCHEDULE

DATE	DAY	TIME
January 5, 2018	Friday	9:00 am
January 16, 2018	Tuesday	6:30 pm
February 2, 2018	Friday	9:00 am
February 20, 2018	Tuesday	6:30 pm
March 2, 2018	Friday	9:00 am
March 20, 2018	Tuesday	6:30 pm
April 6, 2018	Friday	9:00 am
April 17, 2018	Tuesday	6:30 pm
May 4, 2018	Friday	9:00 am
May 15, 2018	Tuesday	6:30 pm
June 1, 2018	Friday	9:00 am
June 19, 2018	Tuesday	6:30 pm
July 6, 2018	Friday	9:00 am
July 17, 2018	Tuesday	6:30 pm
August 3, 2018	Friday	9:00 am
August 21, 2018	Tuesday	6:30 pm
September 7, 2018	Friday	9:00 am
September 18, 2018	Tuesday	6:30 pm
October 5, 2018	Friday	9:00 am
October 16, 2018	Tuesday	6:30 pm
November 2, 2018	Friday	9:00 am
November 20, 2018	Tuesday	6:30 pm
December 7, 2018	Friday	9:00 am
December 18, 2018	Tuesday	6:30 pm

***Advance Voting will be in Room 203 May 14-18, 2018**

Regular Meetings are scheduled to be held in Room 203

Approved by BOC 12/19/2017

Backup material for agenda item:

11. Approval of 2018-2019 Employee Insurance Benefits (staff-CM)
 - a. Medical (low and high plans)
 - b. Dental
 - c. Vision
 - d. Basic Life
 - e. Voluntary Term Life and AD&D
 - f. Voluntary Short Term and Long Term Disability
 - g. Voluntary AFLAC
 - h. Health Reimbursement Account (HRA)
 - i. ShawHankins Advantage Benefits Package

Putnam County Board of Commissioners

2018 Benefits Renewal Meeting | April 27, 2018

Putnam County Board of Commissioners

Renewal and Marketing Analysis

July 1, 2018



Putnam County Board of Commissioners

Renewal and Marketing Analysis

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Blue Cross Blue Shield Renewal	
Greater Georgia Life Renewal	
OneAmerica Renewal	

Putnam County Board of Commissioners

July 1, 2018

Carrier Marketing Survey	
Medical Carriers	Status
Aetna	Declined to Quote - Uncompetitive Rates
Blue Cross Blue Shield of Georgia	Current Carrier
Cigna	Declined to Quote - Uncompetitive Rates
Humana	Declined to Quote - Network
United Healthcare	Quoted
Dental Carriers	Status
Blue Cross Blue Shield of Georgia	Current Carrier
Guardian	Quoted but Uncompetitive
Lincoln Financial	Quoted but Uncompetitive
MetLife	Quoted
Principal	Quoted but Uncompetitive
United Concordia	Quoted
Vision Carriers	Status
EyeMed	Current Carrier (Renews 2020)
Life and Disability Carriers	Status
Greater Georgia Life	Current Life Carrier; Declined to Quote Disability - Uncompetitive
Guardian	Declined to Quote - Nature of Business
Hartford	Declined to Quote - Uncompetitive Rates
MetLife	Quoted Life Only; Declined Disability
Lincoln Financial	Quoted but Uncompetitive
OneAmerica	Current Disability Carrier; Quoted Life
Principal	Declined to Quote - Uncompetitive Rates
Unum	Declined to Quote - Uncompetitive Rates
Worksite	Status
AFLAC	Quoted Accident, Critical Illness, and Hospital Indemnity
Texas Life	Quoted

Putnam County Board of Commissioners

Medical Renewal Analysis

July 1, 2018

Plans will move to Essential Drug Formulary 7/1/2018

		Blue Cross Blue Shield of Georgia			
		Current/Renewal		Alternate	
		Low Plan	High Plan	Low Plan (Current Plan)	High Plan
		NS Blue Essential OAP12 2.5K/30 OAPOS	NS Blue Open Access OAP5 3.5K/30 OAPOS	NS Blue Essential OAP12 2.5K/30 OAPOS	Blue Open Access OAP5 3.5K/30 KE OAPOS
Plan Name					
Provider Network					
In Network Benefits					
Office Visits (PCP/Specialist)		\$30 /\$60	\$25 / \$50	\$30 /\$60	\$25 / \$50
Deductible					
	Single	\$2,500	\$3,500	\$2,500	\$3,500
	Family	\$7,500	\$10,500	\$7,500	\$10,500
Coinsurance (Plan/Member)		70% / 30%	70% / 30%	70% / 30%	70% / 30%
Out-of-Pocket Maximum					
	Single	\$7,150	\$7,150	\$7,150	\$7,150
	Family	\$14,300	\$14,300	\$14,300	\$14,300
Hospital and Emergency					
Inpatient Hospital Copay		\$500 per Admit	None	\$500 per Admit	None
Outpatient Hospital Copay		\$150 Freestanding	\$150 Freestanding	\$150 Freestanding	\$150 Freestanding
Urgent Care		\$60	\$60	\$60	\$60
Emergency Room		\$150 then Coinsurance	\$150 then Coinsurance	\$150 then Coinsurance	\$150 then Coinsurance
Prescription Drugs					
Rx Deductible		None	None	None	\$200 Individual / \$400 Family
Tier 1 (Preferred Value/Generic)		\$15	\$15	\$15	\$15 (Deductible Waived)
Tier 2 (Preferred Brand)		Not Covered	\$35	Not Covered	\$45
Tier 3 (Nonpreferred)		Not Covered	\$60	Not Covered	\$85
Tier 4 (Preferred Specialty)		Not Covered	30% up to \$300 per Rx	Not Covered	20% up to \$300 per Rx
Tier 5 (Nonpreferred Specialty)		Not Covered	N/A	Not Covered	N/A
Out of Network Benefits					
Deductible (Single/Family)		\$7,500 / \$22,500	\$10,500 / \$31,500	\$7,500 / \$22,500	\$10,500 / \$31,500
Out of Pocket Maximum (Single/Family)		\$21,450 / \$42,900	\$21,450 / \$42,900	\$21,450 / \$42,900	\$21,450 / \$42,900
Coinsurance (Plan/Member)		50% / 50%	50% / 50%	50% / 50%	50% / 50%
Rates by Plan		Low High	Current Renewal	Current Renewal	Low Plan (Current Plan) High Plan
Employee		31 58	\$512.41 \$527.23	\$628.20 \$631.38	\$527.23 \$584.69
Employee + Spouse		9 10	\$1,076.06 \$1,107.20	\$1,319.24 \$1,325.92	\$1,107.20 \$1,227.87
Employee + Child(ren)		9 5	\$999.20 \$1,028.11	\$1,225.01 \$1,231.21	\$1,028.11 \$1,140.17
Family		17 12	\$1,562.85 \$1,608.08	\$1,916.04 \$1,925.74	\$1,608.08 \$1,783.34
Monthly Premium by Plan			\$61,131 \$62,899	\$78,746 \$79,144	\$62,899 \$73,292
Annual Premium by Plan			\$733,566 \$754,791	\$944,946 \$949,730	\$754,791 \$879,500
			Current Renewal	Alternate	
Combined Annual Plan Totals			\$1,678,512	\$1,704,521	\$1,634,291
Combined Annual Cost Difference (\$)			-	\$26,009	(\$44,221)
Combined Annual Cost Difference (%)			-	1.5%	-2.6%

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners

Medical Marketing Analysis

July 1, 2018

Preliminary Rates; Employer App Required for Firm Rates

		Blue Cross Blue Shield of Georgia Current/Renewal				United Healthcare Proposed			
		Low Plan		High Plan		Low Plan		High Plan	
Plan Name		NS Blue Essential OAP12 2.5K/30		NS Blue Open Access OAP5 3.5K/30		Choice Plus BB-YQ Rx 793		Choice Plus BB-YA Rx 3B	
Provider Network		OAPOS		OAPOS		Choice Plus		Choice Plus	
In Network Benefits									
Office Visits (PCP/Specialist)		\$30 / \$60		\$25 / \$50		\$30 / \$60		\$30 / \$60	
Deductible									
Single		\$2,500		\$3,500		\$2,500		\$3,000	
Family		\$7,500		\$10,500		\$5,000		\$6,000	
Coinsurance (Plan/Member)		70% / 30%		70% / 30%		70% / 30%		70% / 30%	
Out-of-Pocket Maximum									
Single		\$7,150		\$7,150		\$6,000		\$6,000	
Family		\$14,300		\$14,300		\$12,000		\$12,000	
Hospital and Emergency									
Inpatient Hospital Copay		\$500 per Admit		None		\$500 per Admit		\$500 per Admit	
Outpatient Hospital Copay		\$150 Freestanding		\$150 Freestanding		\$500 Hospital		\$500 Hospital	
Urgent Care		\$60		\$60		\$50		\$50	
Emergency Room		\$150 then Coinsurance		\$150 then Coinsurance		\$350		\$350	
Prescription Drugs									
Rx Deductible		None		None		None		None	
Tier 1 (Preferred Value/Generic)		\$15		\$15		\$15		\$15	
Tier 2 (Preferred Brand)		Not Covered		\$35		30% up to \$125		\$35	
Tier 3 (Nonpreferred)		Not Covered		\$60		30% up to \$250		\$60	
Tier 4 (Preferred Specialty)		Not Covered		30% up to \$300 per Rx		N/A		N/A	
Tier 5 (Nonpreferred Specialty)		Not Covered		N/A		N/A		N/A	
Out of Network Benefits									
Deductible (Single/Family)		\$7,500 / \$22,500		\$10,500 / \$31,500		\$5,000 / \$10,000		\$6,000 / \$12,000	
Out of Pocket Maximum (Single/Family)		\$21,450 / \$42,900		\$21,450 / \$42,900		\$12,000 / \$24,000		\$12,000 / \$24,000	
Coinsurance (Plan/Member)		50% / 50%		50% / 50%		60% / 40%		60% / 40%	
Rates by Plan		Low	High	Current	Renewal	Current	Renewal	Low Plan	High Plan
Employee		31	58	\$512.41	\$527.23	\$628.20	\$631.38	\$561.51	\$569.29
Employee + Spouse		9	10	\$1,076.06	\$1,107.20	\$1,319.24	\$1,325.92	\$1,179.17	\$1,195.51
Employee + Child(ren)		9	5	\$999.20	\$1,028.11	\$1,225.01	\$1,231.21	\$1,094.94	\$1,110.12
Family		17	12	\$1,562.85	\$1,608.08	\$1,916.04	\$1,925.74	\$1,712.61	\$1,736.33
Monthly Premium by Plan				\$61,131	\$62,899	\$78,746	\$79,144	\$66,988	\$71,360
Annual Premium by Plan				\$733,566	\$754,791	\$944,946	\$949,730	\$803,858	\$856,326
				Current	Renewal			Proposed	
Combined Annual Plan Totals				\$1,678,512	\$1,704,521			\$1,660,184	
Combined Annual Cost Difference (\$)				-	\$26,009			(\$18,329)	
Combined Annual Cost Difference (%)				-	1.5%			-1.1%	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners
Dental Renewal & Marketing Analysis
July 1, 2018

	BCBS GA Current/Renewal			United Concordia Proposed	MetLife Proposed	
Deductible						
Individual	\$50			\$50	\$50	
Family	\$150			\$150	\$150	
Coinsurance						
Type A: Preventive Services	100%			100%	100%	
Type B: Basic Services	80%			80%	80%	
Type C: Major Services	50%			50%	50%	
Type D: Orthodontia	0%			0%	0%	
Maximums						
Annual Per Member	\$1,000			\$1,000	\$1,000	
Lifetime Orthodontia	N/A			N/A	N/A	
Annual Roll-Over Amount	N/A			N/A	N/A	
Maximum Roll-Over	N/A			N/A	N/A	
Procedures						
Oral Exams	Type A			Type A	Type A	
Bitewing X-rays	Type A			Type A	Type A	
Bitewing X-rays Frequency	1 in 12 Months			1 in 12 Months	1 in 12 Months	
Full Mouth/Panoramic X-rays	Type A			Type A	Type A	
Full Mouth/Panoramic X-rays Frequency	1 in 36 Months			1 in 5 Years	1 in 36 Months	
Fluoride	Type A			Type A	Type A	
Fluoride Age Limit	To Age 19			To Age 14	To Age 19	
Sealants	Type A			Type A	Type A	
Sealants Age Limit	To Age 16			To Age 16	To Age 16	
Space Maintainers	Type B			Type B	Type B	
Simple Extractions	Type B			Type B	Type B	
Complex Extractions	Type B			Type B	Type B	
Simple Periodontics	Type C			Type C	Type C	
Periodontal Surgery	Type C			Type C	Type C	
Simple Endodontics	Type C			Type C	Type C	
Complex Endodontics	Type C			Type C	Type C	
Crowns	Type C			Type C	Type C	
Crown Frequency	1 in 7 Years			1 in 5 Years	1 in 60 Months	
Implants	Type C			Type C	Type C	
Orthodontics (Child and/or Adult)	Not Covered			Not Covered	Not Covered	
UCR Percentage	90th			90th	90th	
Employer Contribution	100%			Contributory	99%	
Participation Requirement	100%			98%	98% and at Least 10 lives	
Waiting Periods						
Current	None			None	None	
Late Entrants	None			None	None	
Rate Guarantee						
		1 Year			1 Year	1 Year
	Census	Current	Renewal	Revised Renewal	United Concordia	MetLife
Employee	106	\$28.03	\$34.26	\$32.85	\$29.89	\$30.78
Family	66	\$75.86	\$92.72	\$88.91	\$80.89	\$83.32
Total Monthly Premium By Plan		\$7,978	\$9,751	\$9,350	\$8,507	\$8,762
Total Annual Premium By Plan		\$95,735	\$117,013	\$112,202	\$102,085	\$105,142
		Current	Renewal	Revised Renewal	United Concordia	MetLife
Annual Difference from Current (\$)		-	\$21,278	\$16,466	\$6,350	\$9,406
Annual Difference from Current (%)		-	22.2%	17.2%	6.6%	9.8%

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits of rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Note: Revised BCBS renewal rates were calculated by ShawHankins based on 5% concession.

Putnam County Board of Commissioners

Dental GeoAccess Analysis

Geographic Accessibility			
Total Number of Employees Used in GeoAccess Analysis	Pending	176	176
Confirm that the geographic access analysis provide complies with the following:	BCBS GA	United Concordia	MetLife
2 general dentists within 10 miles		Confirmed	Confirmed
2 orthodontists within 15 miles		Confirmed	Confirmed
2 endodontists within 15 miles		Confirmed	Confirmed
2 periodontists within 15 miles		Confirmed	Confirmed
Percentage of Employees within Driving Distance of Network Providers	BCBS GA	United Concordia	MetLife
General dentist		81%	69%
Orthodontist		9%	7%
Endodontist		1%	3%
Periodontist		2%	2%
Average Distance to 2 Providers (in miles)	BCBS GA	United Concordia	MetLife
General dentist		6.2	8.2
Orthodontist		23.1	23
Endodontist		41	39.4
Periodontist		37.8	37.1

Putnam County Board of Commissioners

Vision Current Benefits

July 1, 2018

EyeMed Current / Renewal		
Network	Insight Network	
In Network		
Copays (Exams/Materials)	\$20 / \$25	
Exam	\$20 Copay	
Frequency		
Exam	Every 12 Months	
Lenses	Every 12 Months	
Frames	Every 24 Months	
Frame Allowance	\$130	
Eyeglass Lenses (Single/Bifocal/Trifocal)	\$25 Copay	
Contact Lenses		
Contact Lens Fit and Follow-up	Standard up to \$55; Premium 10% off Retail	
Elective Contact Lenses	\$130 Allowance	
Necessary Contact Lenses	\$0 Copay; Covered in Full	
Out of Network Reimbursement		
Exam	Up to \$40	
Eyeglass Lenses (Single/Bifocal/Trifocal)	Up to \$30/\$50/\$70	
Frames	Up to \$91	
Elective Contact Lenses	Up to \$130	
Necessary Contact Lenses	Up to \$210	
ER Contribution Requirement	0%	
Participation Requirement	10 Enrolled	
Rate Guarantee	Renews 7/1/2020	
Rates	Current	
Single	67	\$5.52
EE + Spouse	26	\$10.47
EE + Child(ren)	13	\$12.28
Family	19	\$17.26
Monthly Premium		\$1,130
Annual Premium		\$13,556
Annual Cost Difference (\$)		--
Annual Cost Difference (%)		--

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners

Basic Life Renewal and Marketing Analysis

July 1, 2018

	GGL		OneAmerica		MetLife	
	Current / Renewal		Proposed		Proposed	
Eligibility	Working 30 Hours per Week		Working 30 Hours per Week		Working 30 Hours per Week	
Life and AD&D Amounts						
Employee	\$30,000		\$30,000		\$30,000	
Guaranteed Issue	\$30,000		\$30,000		\$30,000	
Reduction Schedule						
Benefits Reduced to	Percentage	Age	Percentage	Age	Percentage	Age
	65%	65	65%	65	65%	65
	50%	70	50%	70	50%	70
Plan Provisions						
Waiver of Premium	Included		Included		Included	
Living Benefit Rider	Included		Included		Included	
Conversion	Included		Included		Included	
Participation Requirement	100%		100%		100%	
Rate Guarantee	1 Year		2 Years		2 Years	
Rate per \$1,000						
Basic Employee Life	\$0.225	\$0.225	\$0.210		\$0.212	
Basic Employee AD&D	\$0.020	\$0.020	\$0.020		\$0.028	
Volume	\$5,056,500	\$5,056,500	\$5,056,500		\$5,056,500	
Total Monthly Premium	\$1,239	\$1,239	\$1,163		\$1,214	
Total Annual Premium	\$14,866	\$14,866	\$13,956		\$14,563	
	Current	Renewal	OneAmerica		MetLife	
Annual Difference from Current (\$)	-	\$0	(\$910)		(\$303)	
Annual Difference from Current (%)	-	0.0%	-6.1%		-2.0%	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

OneAmerica Class 2: Commissioners working 20 hours per year

Putnam County Board of Commissioners

Voluntary Term Life and AD&D Renewal and Marketing Analysis

July 1, 2018

	GGL Current / Renewal		OneAmerica Proposed		MetLife Proposed	
Eligibility	Working 30 Hours per Week		Working 30 Hours per Week		Working 30 Hours per Week	
Definition of Earnings	Base Salary		Base Salary		Base Salary	
Benefit Amount						
Employee	\$10,000 Increments up to \$500,000 or 5x Earnings		\$1,000 Increments up to \$500,000 or 5x Earnings		\$10,000 Increments up to \$500,000 or 5x Earnings	
Spouse	\$5,000 Increments up to \$250,000, Not Exceeding 50% of Employee Amount		\$500 Increments up to \$250,000, Not Exceeding 50% of Employee Amount		\$5,000 Increments up to \$115,000, Not Exceeding 50% of Employee Amount	
Children	\$5,000 or \$10,000		\$2,500 Increments up to \$10,000		\$1,000, \$2,000, \$4,000, \$5,000, or \$10,000	
Guarantee Issue						
Employee	\$100,000		\$100,000		\$100,000	
Spouse	\$30,000		\$30,000		\$30,000	
Children	\$10,000		\$10,000		\$10,000	
Reduction Schedule						
	Percentage	Age	Percentage	Age	Percentage	Age
Benefits Reduced To	65%	65	50%	70	None	
	50%	70				
Coverage Termination						
Employee	At Retirement		At Retirement		At Retirement	
Spouse	At Employee's Retirement		At Age 70		At Employee's Retirement	
Contract Features						
Waiver of Premium	Included		Included		Included	
Accelerated Benefit	Included		Included		Included	
Portability	Included		Included		Included	
Conversion	Included		Included		Included	
True Open Enrollment Year 1?	N/A		Yes		No	
Annual Increase Available without EOI	Not Included		10% or \$10,000 up to Max Available (Can be Above GI)		1 Increment up to GI	
Enroll via bswift?	Yes		Yes		Yes	
SSO with bswift?	No		No		Yes	
Rate Based on Spouse Age	No		No		No	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete

NOTE: EE Only Monthly Premium is an illustration based on current elections and volume is subject to change.

Putnam County Board of Commissioners

Voluntary Term Life and AD&D Renewal and Marketing Analysis

July 1, 2018

	GGL Current / Renewal				OneAmerica Proposed		MetLife Proposed	
Volume	\$5,970,000				\$5,970,000		\$5,970,000	
# of Employees	79				79		79	
Employee Life Rates per \$1,000	Current Employee		Renewal Spouse		Proposed Employee		Proposed Spouse	
<25	\$0.057	\$0.057	\$0.057	\$0.057	\$0.057	\$0.057	\$0.060	\$0.060
25-29	\$0.064	\$0.064	\$0.064	\$0.064	\$0.064	\$0.064	\$0.060	\$0.060
30-34	\$0.071	\$0.071	\$0.071	\$0.071	\$0.071	\$0.071	\$0.080	\$0.080
35-39	\$0.097	\$0.097	\$0.097	\$0.097	\$0.097	\$0.097	\$0.090	\$0.090
40-44	\$0.146	\$0.146	\$0.146	\$0.146	\$0.146	\$0.146	\$0.124	\$0.124
45-49	\$0.229	\$0.229	\$0.229	\$0.229	\$0.229	\$0.229	\$0.195	\$0.195
50-54	\$0.365	\$0.365	\$0.365	\$0.365	\$0.365	\$0.365	\$0.310	\$0.310
55-59	\$0.564	\$0.564	\$0.564	\$0.564	\$0.564	\$0.564	\$0.479	\$0.479
60-64	\$0.768	\$0.768	\$0.768	\$0.768	\$0.768	\$0.768	\$0.660	\$0.660
65-69	\$1.235	\$1.235	\$1.235	\$1.235	\$1.235	\$1.235	\$1.270	\$1.270
70-74	\$2.078	\$2.078	\$2.078	\$2.078	\$2.078	N/A	\$2.060	\$2.060
75+	\$6.153	\$6.153	\$6.153	\$6.153	\$6.153	N/A	\$2.060	\$2.060
AD&D Rate per \$1,000	N/A		N/A		N/A		\$0.029	\$0.029
EE Only Monthly Premium	\$1,708.51		\$1,708.51		\$1,708.51		\$1,437.74	
Child Life Coverage	Life		AD&D		Life		AD&D	
Child Rates	\$0.170		N/A		\$0.170		\$0.240	
Participation Requirement	Greater of 20% or 10 Enrolled				Greater of 25% or 10 Enrolled		46% and at Least 10 Lives	
Rate Guarantee	1 Year				2 Years		2 Years	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's

NOTE: EE Only Monthly Premium is an illustration based on current elections and volume is subject to change.

Putnam County Board of Commissioners
Voluntary Short Term Disability Renewal Analysis
July 1, 2018

OneAmerica Current/Renewal		
Coverage Type	Non-Occupational	
Benefit Percentage	60%	
Maximum Weekly Benefit	\$1,000	
Elimination Period		
Accident	14 Days	
Sickness	14 Days	
Plan Provisions		
Duration of Benefits	24 Weeks	
Definition of Disability	Loss of Duties and Earnings	
Pre-Existing Condition Limits	3/12	
Benefit is offset by sick leave	Yes	
W-2 Issuance	Included	
FICA Match	Included	
Enroll via bswift?	Yes	
SSO with bswift?	No	
Employer Contribution	0%	
Participation Requirement	Greater of 10 Employees or 20%	
Rate Guarantee	Renews 7/1/2020	
Rate per \$10 of Weekly Benefit		
Age	Current	Renewal
0-19	\$0.490	\$0.490
20-24	\$0.490	\$0.490
25-29	\$0.520	\$0.520
30-34	\$0.540	\$0.540
35-39	\$0.490	\$0.490
40-44	\$0.540	\$0.540
45-49	\$0.680	\$0.680
50-54	\$0.830	\$0.830
55-59	\$1.050	\$1.050
60-64	\$1.210	\$1.210
65-69	\$1.320	\$1.320
70+	\$1.400	\$1.400

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners
Voluntary Long Term Disability Renewal Analysis
July 1, 2018

OneAmerica Current		
Eligibility	Working 30 Hours/Week	
Earnings Definition	Base Salary	
Benefit Outline		
Benefit Percentage	60.00%	
Maximum Benefit	\$5,000	
Elimination Period	180 Days	
Own Occupation Period	2 Years	
Benefit Duration	SSFRA	
Benefit Offset by Sick Leave?	No	
Contract Features		
Definition of Disability	Loss of Duties and Earnings	
Pre-Existing Condition Limit	3/12	
Mental & Nervous	24 Months	
Alcohol & Drug	24 Months	
Self-Reported Limitation	No Limitation	
Specific Conditions Limitation	24 Months	
Recurrent Disability	Included	
Residual Disability	Included	
Return to Work	Included	
Survivor Benefit	3 Months	
Waiver of Premium	Included	
24 Hour Coverage	Included	
W-2 Issuance	Included	
FICA Match	Included	
Enroll via bswift?	Yes	
SSO with bswift?	No	
Contribution	0%	
Participation Requirement	Greater of 10 Employees or 25%	
Rate Guarantee	Renews 7/1/2020	
Rate per \$100 of Covered Payroll		
Age	Current	Renewal
0-19	\$0.090	\$0.090
20-24	\$0.150	\$0.150
25-29	\$0.160	\$0.160
30-34	\$0.290	\$0.290
35-39	\$0.410	\$0.410
40-44	\$0.630	\$0.630
45-49	\$0.900	\$0.900
50-54	\$1.250	\$1.250
55-59	\$1.560	\$1.560
60-64	\$1.370	\$1.370
65-69	\$0.690	\$0.690
70+	\$0.480	\$0.480

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners

Disability Premium Comparison Examples

July 1, 2018

Short Term Disability (per \$10 of weekly benefit)	Salary	Weekly Benefit	OneAmerica	
			Current	Renewal
Age 27, \$25,000	\$25,000	\$288	\$15.00	\$15.00
Age 30, \$40,000	\$40,000	\$462	\$24.92	\$24.92
Age 40, \$55,000	\$55,000	\$635	\$34.27	\$34.27
Age 45, \$35,000	\$35,000	\$404	\$27.46	\$27.46
Age 55, \$45,000	\$45,000	\$519	\$54.52	\$54.52

Long Term Disability (per \$100 of covered payroll)	Salary	Monthly Payroll	OneAmerica	
			Current	Renewal
Age 27, \$25,000	\$25,000	\$2,083	\$3.33	\$3.33
Age 30, \$40,000	\$40,000	\$3,333	\$9.67	\$9.67
Age 40, \$55,000	\$55,000	\$4,583	\$28.88	\$28.88
Age 45, \$35,000	\$35,000	\$2,917	\$26.25	\$26.25
Age 55, \$45,000	\$45,000	\$3,750	\$58.50	\$58.50

Combined Premium (STD/LTD)	Salary	Monthly Payroll	OneAmerica	
			Current	Renewal
Age 27, \$25,000	\$25,000	\$2,083	\$18.33	\$18.33
Age 30, \$40,000	\$40,000	\$3,333	\$34.59	\$34.59
Age 40, \$55,000	\$55,000	\$4,583	\$63.14	\$63.14
Age 45, \$35,000	\$35,000	\$2,917	\$53.71	\$53.71
Age 55, \$45,000	\$45,000	\$3,750	\$113.02	\$113.02

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners

HRA Renewal Analysis

July 1, 2018

Admin America		
	Current	Renewal
Set Up and Annual Fees		
Initial Enrollment Fee	N/A	N/A
Annual Renewal Fee	N/A	N/A
Administration Fee		
Admin Fee	\$3.00	\$3.00
Debit Card	Included	Included
Minimum Monthly Charge	\$100	\$100
Monthly Compliance Fee	N/A	N/A
Number of Participating Employees	176	176
Total Monthly Cost	\$528	\$528
Total Annual Cost	\$6,336	\$6,336
Difference from Current (\$)	-	\$0
Difference from Current (%)	-	0.0%

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners
Group Accident Marketing Analysis
July 1, 2018

Summary of Benefits	AFLAC Group Accident Insurance
Accidental Death	
Employee	\$50,000
Spouse	\$20,000
Children	\$10,000
Burns	
2nd Degree (35+ square inches)	\$1,000
3rd Degree	\$1,000 - \$20,000
Skin Grafts for 2nd and 3rd Degree Burn	Included in Surgery Benefit
Catastrophic Accident Dismemberment (loss of sight, hearing, speech, arms, or legs)	
Employees < 65 years	Up to \$15,000
Spouse < 65 years	Up to \$7,500
Children	Up to \$7,500
Age 65-69	Up to \$15,000
Age 70+	Up to \$15,000
Emergency and Initial Care	
Doctor's Office Initial Visit	\$50
Emergency Room Treatment	\$150
Major Diagnostic Testing	\$100
Follow Up Doctor Visits	\$50
Hospitalization	
Hospital Admission	\$750
Hospital Stay	\$200 per Day
Hospital (Intensive Care)	\$200 per Day
Maximum Benefit Period	365 Days Hospital; 30 Days ICU
Appliances	\$100
Eye Injury (Requiring surgery or removal of foreign object)	Not Included
Fractures (Open/Closed/Chip)	Up to \$7,500
Dislocations	Up to \$6,000
Knee Cartilage (torn)	Included in Surgery Benefit
Laceration	Up to \$600
Paralysis	Up to \$30,000
Surgery	Up to \$750
Tendon/Ligament/Rotator Cuff	Included in Surgery Benefit
Dental Work (Emergency Only)	
Extraction	\$100
Crown	\$300
Ambulance	
Ambulance Ground	\$400
Ambulance Air	\$1,500
Travel	
Personal Medical Travel	Not Included
Lodging (up to 30 days per accident)	\$150 per Day
Wellness	Not Included
Enroll via bswift?	Yes
SSO with bswift?	SSO to Enrollment Platform
Participation Requirements	25 Enrolled for Group Billing
Rate Guarantee	3 Years
Monthly Rate	AFLAC
Employee	\$12.89
Employee + Spouse	\$21.05
Employee + Child(ren)	\$25.71
Family	\$33.87

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage

Putnam County Board of Commissioners

Critical Illness Marketing Analysis

July 1, 2018

AFLAC Critical Illness with Cancer

Issue Age or Attained Age	Issue Age
Covered Conditions (lump sum and first occurrence)	Heart Attack (Myocardial Infarction), Sudden Cardiac Arrest, Coronary Artery Bypass Surgery (25%), Major Organ Transplant, Bone Marrow Transplant (Stem Cell Transplant), Kidney Failure (End-Stage Renal Failure), Stroke (Ischemic or Hemorrhagic), Cancer (Internal or Invasive), Non-Invasive Cancer (25%), Skin Cancer (\$250 per Calendar Year), Coma, Severe Burns, Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing
Optional Benefits Rider	Advanced Alzheimer's Disease (25%), Advanced Parkinson's Disease (25%), Benign Brain Tumor
Benefit Amount	
Employee	Up to \$50,000
Spouse	Up to 50% of Employee Amount
Child(ren)	Up to 50% of Employee Amount
Separation Period for Additional Diagnosis	6 Consecutive Months
Recurrence Benefit	6 Consecutive Months
Guaranteed Issue	\$30,000 Employee; \$15,000 Spouse
Benefit Reduction	At Age 70
Pre-Existing Condition	None
Wellness Benefit (optional)	
Employee & Spouse	\$50 per Calendar Year
Children	Not Included
Waiver of Premium	None
Enroll via bswift?	Yes
SSO with bswift?	SSO to Enrollment Platform
Minimum Enrollment	25 Enrolled to Establish Group Billing
Rate Guarantee	2 Years

Monthly Rates		Rates per \$10,000	
Age	Non-Tobacco	Tobacco	
18-29	\$5.39	\$7.03	
30-39	\$7.94	\$11.64	
40-49	\$14.24	\$21.61	
50-59	\$25.11	\$39.68	
60-69	\$40.65	\$62.64	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners
Voluntary Group Hospital Marketing Analysis
July 1, 2018

AFLAC Group Hospital Indemity	
Hospital Admission	\$500
Hospital Confinement	\$100 per Day (31 Days per Incident)
Major Diagnostic Exam	\$250
Inpatient Surgery (per Day)	\$500
Calendar Year Max	No Maximum
Outpatient Surgery	\$50
Wellness Benefit	Not Included
Anesthesia Benefit	Included in Surgical Benefit
Well Baby Care	Not Included
Emergency Room Treatment	\$75
Ambulance Transport	Not Included
Air Ambulance Transport	Not Included
Portability	Class I/II
Family Coverage Options	Employee, Spouse, Child
Guarantee Issue	Included
Evidence of Insurability (Health Questions)	None
Pre-existing Condition Period	None
Waiting Period	None
Enrollment Frequency	Once Every 12 Months
Minimum Hours for Eligibility	16 Hours per Week
Enroll via bswift?	Yes
SSO with bswift?	SSO to Enrollment Platform
Required Participation	25 Enrolled for Group Billing
Rate Guarantee	3 Years
Monthly Rates	
Employee	\$24.52
Employee + Spouse	\$46.82
Employee + Child(ren)	\$33.90
Family	\$56.20

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Putnam County Board of Commissioners

Texas Life Universal Life Proposal

July 1, 2018

Texas Life Proposed								
Benefit Minimum	Ages 17-34 \$25,000; Ages 35-39 \$15,000; Ages 40-70 \$10,000							
Benefit Maximum	Ages 17-49 \$100,000; Ages 50-65 \$50,000; Ages 66-70 \$10,000							
Employee	Ages 17-49 \$50,000; Ages 50-60 \$25,000							
Spouse	\$25,000							
Child	Ages 17 to 70							
Employee Issue Age	Up to \$100,000							
Express Issue*	Ages 17 to 60							
Spouse Issue Age	Up to \$50,000							
Express Issue	15 Days to Age 26; Grandchildren 15 Days to Age 18							
Child Issue Age	\$25,000							
Express Issue	Accelerated Death Benefit							
Included Riders	Accidental Death Rider; Waiver of Premium Rider. Children's Term Life (Employee Elected)							
Optional Additional Riders	No							
Enroll via bswift?	Greater of 5 Lives or 10% for Express Issue							
Participation Requirement	Employee Monthly Premium with Waiver							
Sample	Employee Monthly Premium with Waiver							
		Non-Tobacco			Tobacco			Guaranteed Age
Issue Age	\$25,000	\$50,000	\$100,000	\$25,000	\$50,000	\$100,000		
25	\$8.54	\$15.51	\$29.51	\$13.52	\$25.52	\$49.53	63	
35	\$11.79	\$22.01	\$42.51	\$18.76	\$36.01	\$70.50	64	
45	\$24.01	\$46.54	\$91.52	\$37.53	\$73.54	\$145.51	74	
55	\$53.52	\$105.52	\$209.52	\$74.53	\$147.51	\$293.54	86	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

*Express issue (Contingent Guaranteed Issue) determines insurability based on the answers to three work- and heal-related questions).

Advantage Packages

BENEFITS YOUR EMPLOYEES CAN DEPEND ON

This discount benefits program offers significant savings from thousands of providers across the country. All of the benefits are available to the employee and his/her immediate family.

The membership is simple to use. Employee can search for providers on MyMemberPortal.com

PACKAGES

ShawHankins Advantage	ShawHankins Advantage Plus	ShawHankins Premier
<ul style="list-style-type: none"> • Teladoc (\$0 consult fee) • Doctors Online • Health Advocacy • NurseLine™ • Medical Bill Saver™ • Pharmacy 	<p>ShawHankins Advantage +</p> <ul style="list-style-type: none"> • Vision • Dental • Hearing aids • Lab testing • MRI & CT scans • Pet Care 	<p>ShawHankins Advantage Plus +</p> <ul style="list-style-type: none"> • ID Sanctuary Enhanced Family • Roadside Assistance • Legal Services

	EMPLOYER PAID PER EMPLOYEE PER MONTH
ShawHankins Advantage	\$6.30
ShawHankins Advantage Plus	\$9.30
ShawHankins Premier	\$15.80

Membership includes employee, spouse and legal dependents.

About Benefits Partners

We do more than help companies get by. We elevate them through the power of collaboration and innovation. A division of NFP, Benefits Partners is a national corporate benefits organization of more than 180 offices across the country — bringing together leading-edge thinking, preferred carrier relationships, best-of-breed products, advanced benchmarking and analysis tools, and comprehensive decision and implementation support services that help keep companies ahead of the curve.

More than a leading national corporate benefits producer group, Benefits Partners is a movement that strives to bring all companies — regardless of their size — the greatest, most comprehensive and cutting-edge benefit offerings and resources in the market.

We work to give our member firms a powerful competitive advantage when providing corporate benefits for their customers. We empower collaboration and innovation on every level — from the knowledge we share, to the products we offer, to the tools we create. And we push the development of new platforms, technologies and signature solutions you won't find anywhere else.

Disclosures:

This plan is not insurance. The plan is not insurance coverage and doesn't meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This plan provides discounts at certain health care providers for medical services. This plan doesn't make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers that have contracted with the discount plan organization.

This discount card program contains a 30-day cancellation period. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309, Dallas, TX 75367-1309, 800-800-7616. Not available to UT, KS, WA and VT residents.

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Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Consults are not available outside of the U.S. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone consultations are available 24 hours, seven days a week, while video consultations are available 7:00 a.m. – 9:00 p.m., seven days a week.

Discount Lab Work Benefit is not available to HI, MA, MD, ND, NJ, NY, RI or SD residents.

Global Travel Assistance is not available to OR and FL residents.

Advantage Packages

BENEFITS YOUR EMPLOYEES CAN DEPEND ON

This discount benefits program offers significant savings from thousands of providers across the country. All of the benefits are available to the employee and his/her immediate family.

The membership is simple to use. Employee can search for providers on MyMemberPortal.com

PACKAGES

ShawHankins Advantage	ShawHankins Advantage Plus	ShawHankins Premier
<ul style="list-style-type: none"> • Teladoc (\$0 consult fee) • Doctors Online • Health Advocacy • NurseLine™ • Medical Bill Saver™ • Pharmacy 	<p>ShawHankins Advantage +</p> <ul style="list-style-type: none"> • Vision • Dental • Hearing aids • Lab testing • MRI & CT scans • Pet Care 	<p>ShawHankins Advantage Plus +</p> <ul style="list-style-type: none"> • ID Sanctuary Enhanced Family • Roadside Assistance • Legal Services

	EMPLOYEE PAID PER EMPLOYEE PER MONTH
ShawHankins Advantage	\$8.30
ShawHankins Advantage Plus	\$11.30
ShawHankins Premier	\$17.30

Membership includes employee, spouse and legal dependents.

About Benefits Partners

We do more than help companies get by. We elevate them through the power of collaboration and innovation. A division of NFP, Benefits Partners is a national corporate benefits organization of more than 180 offices across the country — bringing together leading-edge thinking, preferred carrier relationships, best-of-breed products, advanced benchmarking and analysis tools, and comprehensive decision and implementation support services that help keep companies ahead of the curve.

More than a leading national corporate benefits producer group, Benefits Partners is a movement that strives to bring all companies — regardless of their size — the greatest, most comprehensive and cutting-edge benefit offerings and resources in the market.

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ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA

Putnam County

Renewal Effective : 7/1/2018
 Group Number: GA9050

EXPERIENCE PERIOD: February 1, 2017 through January 31, 2018



EARNED PREMIUMS:	\$1,696,516
PAID CLAIMS:	\$1,121,225
IBNR	\$10,814
CAPITATION	\$4,995
ADJUSTED CLAIMS W/O POOLING	\$1,137,034
POOLED CLAIMS > \$100,000:	\$39,847
ADJUSTED INCURRED CLAIMS WITH POOLING:	\$1,097,187
ACCG POOL INCURRED LOSS RATIO (ILR):	87.0%
GROUP ADJUSTED ILR WITH CREDIBILITY:	77.3%
CURRENT PRODUCT IN EFFECT:	
ACCG ANNUAL TREND:	12.30%
CURRENT NUMBER OF CONTRACTS:	154
RATE ADJUSTMENT WITHOUT ACA TAXES**	0.13%
RATE ADJUSTMENT WITH ACA TAXES**	1.54%

Renewal Premium Sheet

Putnam County

Premium Effective: 7/1/18 through 6/30/19



Current Plans with Current Premiums (Fully Insured)

Standard/Non-Standard Plan	Non-Standard	Non-Standard	Total Enrollment
	OAP5 3.5K/30A	OAP12 2.5K/30 C	
CURRENT ENROLLMENT			
Ending as of December 31, 2015			
Employee Only	57	33	90
Employee and Spouse	10	9	19
Employee and Children	6	9	15
Employee and Family	13	17	30
Total	86	68	154

CURRENT PREMIUMS			
			Estimated Monthly Premium
Employee Only	\$628.20	\$512.41	\$143,414
Employee and Spouse	\$1,319.24	\$1,076.06	
Employee and Children	\$1,225.01	\$999.20	
Employee and Family	\$1,916.04	\$1,562.85	

Current Plans with Renewal Premiums (Fully Insured)

Standard/Non-Standard Product Plan	Standard	Standard	Estimated Monthly Premium
	POS	POS	
	OAP5 3.5K/30 AE	OAP12 2.5K/30 C	
RENEWAL PREMIUMS			
Employee Only	\$631.38	\$527.23	Estimated Monthly Premium \$145,623 1.5% increase over current
Employee and Spouse	\$1,325.92	\$1,107.20	
Employee and Children	\$1,231.21	\$1,028.11	
Employee and Family	\$1,925.74	\$1,608.08	
By Plan Increase vs Current Rates	0.5%	2.9%	

Note: Increases by plan may differ due to BCBS GA standard benefit relativities. These differences are based on actuarial values, not on the actual claims experience of individual plans.

Dental & Vision Options

Product	Dental	
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Renewal Premium Sheet

Putnam County

Premium Effective: 7/1/18 through 6/30/19

Plan **Dental Complete**

DENTAL & VISION PREMIUMS

Employee Only	\$28.03
Employee and Spouse	\$75.86
Employee and Children	\$75.86
Employee and Family	\$75.86

ESTIMATED ENROLLMENT

Employee Only	104
Employee and Spouse	22
Employee and Children	12
Employee and Family	35
Total	173

DENTAL & VISION PREMIUMS

Employee Only	\$34.26
Employee and Spouse	\$92.72
Employee and Children	\$92.72
Employee and Family	\$92.72

By Plan Increase vs Current Rates **22.2%**

Note: Monthly Premiums are illustrative based on the enrollment listed by plan. Actual monthly bills will be based on the actual enrollment and rates by plan.

Renewal Premium Sheet

Putnam County

Premium Effective: 7/1/18 through 6/30/19



Medical Rate Confirmation

Plan 1

Plan 2

1) Select plan(s) - 1 selection per column

	OAP5 3.5K/30 AE	OAP12 2.5K/30 C
Accept renewal without changes (select X)		
Benefit change from current plan?		
Cancel Plan (select X)		
New Fully Insured plan quoted above (use pulldown)		
New Level Funded plan (use pulldown)		
New Standard Plan not quoted above (use pulldown)	Product Plan	

2) Rates will populate below

Plan Name		
Employee Only		
Employee and Spouse		
Employee and Children		
Employee and Family		

Dental & Vision Rate Confirmation

Plan 1

Plan 2

1) Select plan(s) - 1 selection per column

	Dental Complete	
Accept renewal without changes (select X)		
Cancel Plan (select X)		

2) Rates will populate below

Plan Name		
Employee Only		
Employee and Spouse		
Employee and Children		
Employee and Family		

I acknowledge that I have discussed the rates set forth above with Blue Cross and Blue Shield of Georgia and understand that such rates are based on the product (

Renewal Premium Sheet

Putnam County

Premium Effective: 7/1/18 through 6/30/19



Special Instructions or Comments

BlueCross BlueShield of Georgia reserves the right to revise the renewal rates if the enrollment changes by 10% or more. Please note that the following tracks cannot be Non-standard: OAP2, OAP 12, OAP14, OAP15. Signature implies I have reviewed 2018 plan changes with my Account Manager/Broker.

Signature of Employer:

Title:

Putnam County



Underwriting Assumptions and Conditions

Quote assumes BCBSGA is sole administrator of the health plan.

See Benefit Summary for benefit details.

This group's rate includes changes to the standard medical plan to ensure compliance with the requirements of the recently enacted federal health care reform legislation. Some of the changes in the standard medical plan include no lifetime maximums, elimination of certain annual limits, and the expansion of the definition of dependents.

The rates provided assume there is no member reimbursement which reduces the out-of-pocket cost of the benefit plan. Rates may be adjusted if out-of-pocket costs are subsidized by the employer.

The oral chemotherapy coverage mandate was taken into account when reviewing what amendments were needed to the policies.

Level Funding is not available for BCBSGA PPO, Gatekeeper, Track 8 HRA, or Track 14 and 15 benefit plans.

For further questions, please contact your BCBSGA Account Executive or Account Manager.

ATTENTION: the Affordable Care Act (ACA or health care reform law)

Starting January 1, 2014, the Affordable Care Act (ACA or health care reform law) says that health insurers must pay a new yearly fee to fund premium subsidies and Medicaid expansion. It is based on their market share of net premiums written, or the sum of premiums earned from all policies, from the prior year. The total amount to be gathered across all insurers is \$8 billion in 2014, \$11.3 billion in 2015 and 2016, \$13.9 billion in 2017 and \$14.38 billion in 2018. After 2018, it goes up yearly based on premium growth. The fee is forecasted to raise \$101.7 billion and is not tax deductible.

Section 1341 of the ACA calls for a transitional reinsurance program to be set up in each State. The program will help stabilize premiums for coverage in the individual market from 2014 to 2016. All insurers, and third-party administrators (TPAs) for self-insured group health plans, will make payments to issuers that cover high-cost people in non-grandfathered individual market plans.

This quote contains amounts for the ACA Insurer Fee and ACA Reinsurance Fee. Since the fees change each year in January for all business no matter the renewal date, we have calculated the amounts on a prorated basis across your full coverage period.

This content is provided solely for informational purposes. It is not intended as and does not constitute legal advice. The information contained herein should not be relied upon or used as a substitute for consultation with legal, accounting, tax and/or other professional advisers.

ATTENTION: New Regulations Released for Federal Mental Health Parity That May Impact Your Quote

Mental Health Benefits Changes

Federal law requires group health plans to cover services for mental health care or substance abuse at the same levels as your medical services. Generally speaking, this means visit limits and the amounts you pay (such as copayments and deductibles) must be the same for covered services that treat body or mind. This is called "mental health parity."

For renewals on or after July 1, 2014, we reviewed your plan benefits to make sure they comply with the mental health parity laws. Residential Treatment Centers are now covered. No other changes are required.

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



2017 Medical Plan Changes for Large Group

We are pleased to present our large group plan changes for 2017, designed to provide value while controlling costs for you and your employees. This document summarizes several important changes that apply to your benefits. As always, please contact your broker or your BCBSGa account team with any questions.

Product portfolio changes

We've expanded our portfolio of standard plan options. For 2017, we're offering 153 standard plan options.

Live Health Online

- In addition to convenient medical visits, LiveHealth Online is also now available for visits with behavioral health professionals. The copay for behavioral health services matches the Mental Health office visit copay.
- The LiveHealth Online medical visit copay is increasing to \$25 for OAP5, OAH5, GKH5, GKP5, PPO5 and OAP9 plan options.
- For Healthy Support plans with visit limits, LiveHealth Online medical visits will no longer count toward the limit. Behavioral Health visits to LiveHealth Online will apply to the visit limit.

Physical therapy / speech therapy / occupational therapy / chiropractic services

Members will now pay specialist copay (formerly PCP copay)

Changes in out-of-pocket maximum rules

All plans have a family out-of-pocket maximum that is either

- Three times the single out-of-pocket maximum OR
- The 2017 out-of-pocket maximum cap (\$7,150 single / \$14,300 family), per HHS guidelines.

Out-of-network cost shares

- The out of network coinsurance on POS plans is now 50%.
- The out-of-pocket maximum for out-of-network services is now three times the single out-of-pocket maximum for in-network services.

Increase in family deductible

For most plans with a single deductible of \$3,500 or less: the family deductible is now three times the single deductible.

Ambulatory surgical center

Members will pay lower cost shares when using an ambulatory surgical center (ASC) for outpatient surgery.

Hospice care / home health care / specialty drugs administered in an office setting

Members will now pay deductible/coinsurance.

Retail pharmacy 90-day refills

All pharmacy options now include 90-day refills at retail pharmacies.

2017 Mandates

- **Nutritional counseling for treatment of morbid obesity**
2017 Essential Health Benefit: Added four visits per year.
- **Skilled nursing facility**

2017 Essential Health Benefit: Increased to 60 days per year.

- **Health and Wellness incentives**

In recognition of Genetic Information Nondiscrimination Act, wellness incentives on all plans are now limited to the covered employee and spouse

- **Nondiscrimination in Health Programs and Activities Rule (ACA Section 1557)**

In recognition of regulations issued under PPACA section 1557, the exclusion for Gender Identity Disorders and Sex Change Surgery will be removed from our plans (both Fully Insured and ASO.) BCBSGa's Medical Policy will apply to the administration of benefits – which is currently the case for your medical plans.

OAP 9 Plans

In addition to the benefit changes outlined above, the following specifically apply to OAP 9 plans:

- Members pay a copayment for a combination of the first 5 visits to Primary Care Physicians, Prenatal, and Counseling services other than Mental Health. The member pays deductible and coinsurance for all visits after the 5th visit.
- Office mental health and substance abuse services (physician fee), member pays deductible and coinsurance

Healthy Support Plans OAP2F, OAP2H, OAP2L, OAP14, OAP15

In addition to the benefit changes outlined above, the following specifically apply to Healthy Support plans:

- **Healthy Support benefits cannot be customized. Please see the 2017 plan summaries for coverage details as described in this document**
- **Healthy Support Plans, Health and Wellness Incentives**

Members can earn a \$100 incentive for receiving both a wellness exam AND a flu shot.

Wellness incentives beyond the gym reimbursement program are limited to covered employee and spouse

- **Healthy Support Plans Pharmacy drug list**

[The Healthy Support plans formulary \(preferred drug list\) will change from Generic Premium to Essential Formulary](#)

[The Essential Formulary Drug List is available at https://www.bcbsga.com/pharmacyinformation/](https://www.bcbsga.com/pharmacyinformation/)

- **Healthy Support Plans with embedded Vision**

[Upon renewal, we will no longer offer embedded Vision with these plans. Please select from one of our many standalone vision plan options. Please discuss the options with your broker or account manager to avoid disruption to your vision benefits.](#)

Blue Essentials Plans OAP12 cannot be customized. Please see the 2017 plan summaries for coverage details as described in this document

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HMO Rate Exhibit
Blue Cross Blue Shield of Georgia
HMO Options for Putnam County

Plan	In-Network Benefits					Rx	Rates			
	Ded	Coin	Coin Limit	ER Copay	OV		Single	Couple	Child	Family
GKH5 500/0 AE	\$500	0%	\$750	\$150+0%	\$25/\$50	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 838.25	\$ 1,760.35	\$ 1,634.61	\$ 2,556.70
GKH5 1.5K/20 AE	\$1,500	20%	\$7,150	\$150+20%	\$25/\$50	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 668.73	\$ 1,404.36	\$ 1,304.05	\$ 2,039.67
GKH5 2.5K/20 AE	\$2,500	20%	\$7,150	\$150+20%	\$25/\$50	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 649.34	\$ 1,363.63	\$ 1,266.23	\$ 1,980.51
GKH5 3.5K/20 N	\$3,500	20%	\$7,150	\$150+20%	\$25/\$50	\$300 Rx Ded (\$5/\$20)/\$45/\$80/(25%/max \$400 per Rx)	\$ 581.10	\$ 1,220.33	\$ 1,133.16	\$ 1,772.38
GKH5 5K/20 N	\$5,000	20%	\$7,150	\$150+20%	\$25/\$50	\$300 Rx Ded (\$5/\$20)/\$45/\$80/(25%/max \$400 per Rx)	\$ 571.04	\$ 1,199.21	\$ 1,113.55	\$ 1,741.71
OAH5 500/0 AE	\$500	0%	\$750	\$150+0%	\$25/\$50	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 845.43	\$ 1,775.44	\$ 1,648.62	\$ 2,578.61
OAH5 500/10 AE	\$500	10%	\$2,000	\$150+10%	\$25/\$50	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 779.35	\$ 1,636.66	\$ 1,519.76	\$ 2,377.05
OAH5 1.5K/20 AE	\$1,500	20%	\$7,150	\$150+20%	\$25/\$50	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 673.04	\$ 1,413.41	\$ 1,312.45	\$ 2,052.81
OAH5 2.5K/20 AE	\$2,500	20%	\$7,150	\$150+20%	\$25/\$50	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 652.21	\$ 1,369.66	\$ 1,271.83	\$ 1,989.28

POS Rate Exhibit
Blue Cross Blue Shield of Georgia
POS Options for Putnam County

Plan	In-Network Benefits					Out-of-Network Benefits			Rx	Rates			
	Ded	Coin	Coin Limit	ER Copay	OV	Ded	Coin	Coin Limit		Single	Couple	Child	Family
OAP2F 5.9K/0 7.15K	\$5,900	0%	\$7,150	0%	\$35**	\$17,700	50%	\$21,450	\$500 Rx Ded \$15/\$35/\$35/(30%/max \$500 per Rx)	\$ 560.99	\$1,178.09	\$1,093.94	\$1,711.04
OAP2H 5K/30 7.15K	\$5,000	30%	\$7,150	\$250+30%	\$35**	\$15,000	50%	\$21,450	\$750 Rx Ded \$15/\$50/\$50/(30%/max \$500 per Rx)	\$ 526.51	\$1,105.69	\$1,026.71	\$1,605.88
OAP2L 6K/0 7.15K	\$6,000	0%	\$7,150	\$250+0%	\$35/\$60	\$18,000	50%	\$21,450	\$400 Rx Ded \$15/\$50/\$50/(30%/max \$500 per Rx)	\$ 581.82	\$1,221.84	\$1,134.56	\$1,774.57
OAP14 1 5K/20	\$1,500	20%	\$7,150	\$250+20%	\$35*	\$4,500	50%	\$21,450	\$250 Rx Ded \$15/\$40/\$40/(20%/max \$350 per Rx)	\$ 640.72	\$1,345.53	\$1,249.42	\$1,954.22
OAP14 3K/20	\$3,000	20%	\$7,150	\$250+20%	\$35*	\$9,000	50%	\$21,450	\$250 Rx Ded \$15/\$40/\$40/(20%/max \$350 per Rx)	\$ 610.55	\$1,282.18	\$1,190.59	\$1,862.21
OAP14 5K/0	\$5,000	0%	\$7,150	\$250+0%	\$35*	\$10,000	50%	\$21,450	\$250 Rx Ded \$15/\$40/\$40/(20%/max \$350 per Rx)	\$ 610.55	\$1,282.18	\$1,190.59	\$1,862.21
OAP14 5K/20	\$5,000	20%	\$7,150	\$250+20%	\$35*	\$15,000	50%	\$21,450	\$250 Rx Ded \$15/\$40/\$40/(20%/max \$350 per Rx)	\$ 592.59	\$1,244.46	\$1,155.58	\$1,807.44
OAP15 1K/30	\$1,000	30%	\$3,000	\$250+30%	\$45*	\$3,000	50%	\$9,000	\$1,000 Rx Ded \$15/\$50/\$50/(20%/max \$350 per Rx)	\$ 626.35	\$1,315.36	\$1,221.41	\$1,910.41
OAP15 1K/30 7.15K	\$1,000	30%	\$7,150	\$250+30%	\$45*	\$3,000	50%	\$21,450	\$1,000 Rx Ded \$15/\$50/\$50/(20%/max \$350 per Rx)	\$ 558.83	\$1,173.57	\$1,089.74	\$1,704.47
OAP15 2K/30	\$2,000	30%	\$7,150	\$250+30%	\$45*	\$6,000	50%	\$21,450	\$1,000 Rx Ded \$15/\$50/\$50/(20%/max \$350 per Rx)	\$ 538.72	\$1,131.33	\$1,050.52	\$1,643.12
HSAOAP8 2.7K/0 AE	\$2,700	0%	\$3,600	0%	0%	\$8,100	50%	\$10,800	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 643.59	\$1,351.56	\$1,255.02	\$1,962.99
HSAOAP8 2.7K/20	\$2,700	20%	\$5,000	20%	20%	\$8,100	50%	\$15,000	20%/20%/20%	\$ 588.28	\$1,235.41	\$1,147.17	\$1,794.29
HSAOAP8 3.5K/0 AE	\$3,500	0%	\$4,500	0%	0%	\$10,500	50%	\$13,500	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 593.31	\$1,245.97	\$1,156.98	\$1,809.63
HSAOAP8 4.5K/20	\$4,500	20%	\$5,000	20%	20%	\$13,500	50%	\$15,000	20%/20%/20%	\$ 530.10	\$1,113.23	\$1,033.71	\$1,616.83
HSAOAP8 5K/0 AE	\$5,000	0%	\$6,550	0%	0%	\$10,000	50%	\$19,650	\$15/\$35/\$60/(20%/max \$300 per Rx)	\$ 520.05	\$1,092.11	\$1,014.10	\$1,586.16
HSAOAP8 5K/20	\$5,000	20%	\$6,550	20%	20%	\$15,000	50%	\$19,650	20%/20%/20%	\$ 489.88	\$1,028.76	\$ 955.28	\$1,494.15
HSAOAP3 3.5K/30 6.55K	\$3,500	30%	\$6,550	30%	30%	\$10,500	50%	\$19,650	30%/30%/30%	\$ 521.48	\$1,095.13	\$1,016.91	\$1,590.54
HSAOAP3 5.5K/0 5.5K	\$5,500	0%	\$5,500	0%	0%	\$16,500	50%	\$19,650	0%/0%/0%	\$ 512.86	\$1,077.03	\$1,000.10	\$1,564.25



Essential Drug List Frequently Asked Questions

- ❖ View and search the Essential Drug List at bcbsga.com/pharmacyinformation.

Q: What is the Essential Drug List?

A: The Essential Drug List is a list of brand-name and generic prescription medications that have been selected and are periodically reviewed through Anthem's Pharmacy & Therapeutics process for proven effectiveness, high quality, and affordability. The Essential Drug List includes all of the essentials, but is a focused list that offers pharmacy cost savings while ensuring there are no gaps in care.

Q: Why is Anthem offering the Essential Drug List?

A: Drug lists (also called formularies) are a critical component of Anthem's pharmacy benefit strategy. They can drive lower net costs, unlock rebate revenue, and help drive better health outcomes. Most health plans and PBMs include focused drug lists as part of their standard offering to address rising prescription drug costs. Aligning with the marketplace, Anthem offers 'focused' drug lists (as well as narrowed pharmacy networks) to give employers additional solutions to control pharmacy benefit costs.

- A 2015 study shows more than 50% of employer groups enrolled in a closed formulary.
Source: 2015 PwC

Q: What are the features of the Essential Drug List?

- Closed formulary with a formulary exception process (see below).
- Drives premium savings by excluding drugs that have over-the-counter and/or formulary alternatives at lower cost.
- Includes 60-65% of all prescription medications.
- Generics are in multiple tiers (primarily tiers 1 and 2). Higher-cost generic drugs are in Tier 2.
- Limited specialty drug coverage; some specialty medications are excluded.
- Just 15 drugs account for approximately 53% of prescriptions disrupted (members redirected to other medications), and *all* have a formulary or over-the-counter (OTC) alternative.
- Only about 8.6% of members with maintenance scripts would be redirected to other alternatives.

Q: What are Anthem's Drug List (formulary) offerings?

A: Our current drug list portfolio includes the National Drug List and the Essential Drug List. The Essential Drug List is designed to lower overall net cost and is ideal for fully-insured business, as well as ASO clients focused on lowering their net cost.

Q: What cost savings are available by moving from the National Drug List to the Essential Drug List?

A: Moving from the National Drug List to the Essential Drug List is estimated to reduce spend by up to 3% of total (medical and pharmacy) costs – or approximately \$10 PMPM.

Q: How does the Essential Drug List compare to our National Drug List?

A: The Essential Drug List is a closed formulary with a formulary exception process. The Pharmacy & Therapeutics process reviews all clinical requirements, including the fact that formulary alternatives are first considered. Prescription drugs that have over-the-counter (OTC) alternatives are not covered. There is limited specialty coverage. There is potential for member redirection to other medication alternatives.

Q: For the most utilized drugs, how does the Essential Drug List compare to our National Drug List?

Top 25 Drugs Comparison – 4T Benefit

Ranking*	Top 25 Drugs	National 4-Tier	Essential 4-tier	Formulary Alternatives
1	HUMIRA PEN	Tier 4	Tier 4	
2	HARVONI	Tier 4	Tier 4	
3	ENBREL	Tier 4	Tier 4	
4	CRESTOR	Tier 2	Not Covered	Generic rosuvastatin is Tier 2
5	TECFIDERA	Tier 4	Not Covered	Avonex, Betaseron, Copaxone 40 mg & Glatopa 20 mg
6	LANTUS SOLOSTAR	Tier 2	Tier 2	
7	COPAXONE 40 mg/ML	Tier 4	Tier 4	20 mg/ML is NF
8	VYVANSE	Tier 2	Tier 2	
9	ARIPIRAZOLE (generic Abilify)	Tier 1	Tier 2	
10	STELARA	Tier 4	Tier 4	
11	ADVAIR DISKUS	Tier 2	Tier 2	
12	TRUVADA	Tier 2	Tier 4	
13	DULOXETINE HCL (generic Cymbalta)	Tier 1	Tier 2	
14	JANUVIA	Tier 2	Tier 2	
15	SOVALDI	Tier 4	Tier 4	
16	VICTOZA 3-PAK	Tier 2	Tier 2	
17	REVLIMID	Tier 2	Tier 4	
18	HUMALOG	Tier 2	Tier 2	
19	ATRIPLA	Tier 2	Tier 4	
20	GILENYA	Tier 4	Not Covered	Avonex, Betaseron, Copaxone 40 mg & Glatopa 20 mg
21	HUMIRA	Tier 4	Tier 4	
22	METFORMIN HCL ER (generic Glucophage XR and Fortamet ER)	Tier 1	Tier 1	
23	ADDERALL XR	Tier 1	Not Covered	Generic amphetamine ER is Tier 1
24	METHYLPHENIDATE ER	Tier 1	Tier 1	
25	XYREM	Tier 3	Not Covered	

* Ranking by commercial book of business cost of care (1/2016-8/2016)

This comparison is an example. Please note that formularies aren't static, and are subject to change. Check with your Anthem representative for a group-specific comparison.

Q: How can I search the Essential Drug List?

A: At bcbsga.com/pharmacyinformation, select the Essential Drug List. You can search for medications, and see which drugs are covered and at what tier level. You can enter the name of the drug or you can browse through the categories shown on the screen. Once you are on the drug details page, you'll see the tier level listed. If you see "NF" that means the drug is non-formulary and not covered. A more detailed definition of the symbols is listed at the bottom of

the Search Results page.

Q: If a member's medication is not included on the Essential Drug List, what are their options?

A: There may be a brand alternative, a generic equivalent or OTC options. When you search the Essential Drug List, you will see the generic equivalent if available; however, OTC options will not be displayed. If an alternative isn't listed, members should talk with their doctor or pharmacist about whether another medication that is included on the Essential Drug List or an OTC may be right for them.

Q: For groups moving from the National Drug List to the Essential Drug List, is there any Prior Authorization or Step Therapy impact?

A: Impact is minimal. Current authorizations on file will be continued for prior authorization edits. Non-formulary drugs will reject as such and subject to the formulary exception process depending on state requirements. Continuation of therapy is granted only where required.

Q: For new clients, will we honor the prior carrier's Prior Authorization or Step Therapy authorization?

A: A formulary exception request would be needed; if a member has tried two formulary alternatives in the past they would be approved.

Q: What is the member communication when a current group changes to the Essential Drug List?

A: When the change is mandated/required by the plan, impacted members (whose medication(s) will not be covered or will have to pay a higher share of the cost) will receive a letter in advance of the change.

An email template is available on request from your Anthem representative, for employers to communicate with their employees. Information will be in SBCs and EOC/SOBs (evidence of coverage/summary of benefits).

Q: What can a member do if their medication isn't on the Essential Drug List?

A: Non-formulary medications can be requested through the formulary exception process. If a medication a member takes isn't covered on the Essential Drug List, the member or doctor can ask us to keep covering it by asking for a formulary exception. The process is the same as any Prior Authorization request. The member or doctor can call Member Services at the number on the ID card. Members can also go online to find the preapproval fax form to ask for a formulary exception. When using the searchable drug list tool to search for a medication, you may see a "PA" icon. Choose the fax form icon to access the form. Prescribers can also use the electronic Prior Authorization functionality.

In most cases, the prescribing doctor is first asked whether the member has tried two formulary alternatives. If not appropriate or available, we review the clinical requirements and concerns presented by the doctor. For some classes and most specialty medications, drug-specific prior authorization criteria may be used. This is done to ensure specific alternatives are tried or the medication is used for the correct indication.

Q: Is grandfathering available?

A: For clients new to Anthem, we can provide grandfathering at a new client's request if the prior PBM data can be obtained. Grandfathering for existing clients moving to the Essential Drug List applies only in states where mandated (CA).

Essential Drug List

Medication alternatives



BlueCross BlueShield
of Georgia

The Essential Drug List is a list of prescription medications approved by the U.S. Food and Drug Administration (FDA). We've reviewed these drugs through our Pharmacy and Therapeutics (P&T) Process, which considers a drug's:

- Effectiveness
- Safety
- Similarity to other drugs within a therapeutic class
- Affordability

The Essential Drug List is a closed formulary, which means that only the prescription drugs on the list will be covered by the plan. Drugs that aren't covered have cost-effective, high-quality alternatives available. There may be a brand alternative, a generic equivalent or an over-the-counter (OTC) option. Brand-name drugs with a generic equivalent available aren't covered on the Essential Drug List.

Some common drugs that aren't on the Essential Drug List are shown below. Other preferred alternatives may also be available. Your coverage has limitations and exclusions. For details about what's covered and what's not, it's best to check your *Certificate/Evidence of Coverage or Summary Plan Description (SPD)*.

To view and search the complete Essential Drug List, visit bcbsga.com/pharmacyinformation. Information on dosage/strength options and any restrictions such as quantity limits, prior approval or step therapy requirements is available. Members can also call Member Services at the number on their member ID card.

What if a medication isn't on the Essential Drug List?

There may be times when a member's drug isn't on the Essential Drug List and the doctor thinks that another option isn't right for the member. The doctor can submit a request for an exception. This process, called prior authorization, requires the doctor to call the Member Services number on the member's ID card or go to bcbsga.com/pharmacyinformation to download and submit the prior authorization form.

For the most up-to-date information, please visit bcbsga.com/pharmacyinformation.

Drug class	Medications not on the Essential Drug List	Preferred alternatives
Acne – antibiotic	Acticlate, Doryx, Oracea, Solodyn, Vibramycin	Generic minocycline and doxycycline products
Allergic Reaction Treatment	Adrenaclick (brand and generic), Auvi-Q, EpiPen, EpiPen JR	Epinephrine auto-injector (Authorized generic EpiPen from Mylan)
Attention deficit hyperactivity disorder (ADHD)	Focalin XR, Dextroamphetamine-amphet ER (generic Adderall XR)	Adderall XR, dexamethylphenidate ER
Allergies – antihistamines	Karbilan ER, Levocetirizine	desloratadine, Zyrtec solution OTC*, cetirizine*, fexofenadine*, loratadine*
Blood modifiers	Epogen, Mircera	Procrit, Aranesp
Cholesterol	Altoprev, Crestor, Liptruzet, Livalo, Vytorin, Zetia	simvastatin, atorvastatin, pravastatin, lovastatin
Diabetes – insulin	Afrezza, Apidra, Novolin, Novolog	Humulin, Humalog, Lantus, Levemir, Toujeo
Diabetes – biguanides	Fortamet, Glumetza, Riomet	Metformin, metformin ER (generic Glucophage XR)
Diabetes – DPP4 combo	Kazano, Kombiglyze XR	Janumet, Janumet XR, Jentadueto
Diabetes – DPP4s	Nesina, Onglyza	Tradjenta, Januvia
Diabetes – GLP1s	Tanzeum	Bydureon, Byetta, Trulicity & Victoza
Diabetes – SGLT2/combos	Glyxambi, Xigduo XR, Farxiga, Invokana/Invokamet	Jardiance, Synjardy
Diabetes – test strips	All except OneTouch & Accu-chek	OneTouch & Accu-chek
Erectile dysfunction	Levitra, Staxyn, Stendra	Cialis, Viagra
Gastrointestinal – PPIs	Dexilant, lansoprazole, pantoprazole	Nexium*, omeprazole
Growth hormone	Genotropin, Norditropin, Omnitrope, Saizen, Tev-Tropin, Zomacton	Humatrope, Nutropin AQ
Hepatitis C – genotype 1	Viekira Pak/XR, Olysio	Harvoni, Sovaldi, Epclusa
Immunologicals	Actemra, Cimzia, Cosentyx, Orencia, Otezla, Xeljanz	Enbrel, Humira, Simponi

Drug class	Medications not on the Essential Drug List	Preferred alternatives
Migraines	Frova, Relpax	Frovatriptan, rizatriptan, sumatriptan, zolmitriptan
Multiple sclerosis	Aubagio, Copaxone 20mg/ml, Extavia, Gilenya, Rebif, Tecfidera, Tysabri	Avonex, Betaseron, Copaxone 40mg/ml, Glatopa, Plegridy
Nasal steroids & combos	All Nasal Steroids including budesonide, Rhinocort Aqua Nasal Spray	Dymista, mometasone nasal spray, Nasal steroids OTC such as Rhinocort Allergy
Respiratory – anti-cholinergics	Incruse Ellipta, Tudorza Pressair	Spiriva
Respiratory – anti-inflammatory	Aerospan, Alvesco, Asmanex & Pulmicort	Arnuity Ellipta, Flovent, Qvar
Respiratory – SABAs	Proventil HFA, Ventolin HFA, Xopenex HFA	ProAir HFA, ProAir Respiclick
Sedative/hypnotics	Intermezzo, Rozerem, zolpidem ER	Eszopiclone, zolpidem
Testosterone – topical	AndroGel 1%, Axiron, Fortesta, Natesto, Testim, Testosterone Gel 1%, Vogelxo	AndroGel 1.62%
Thyroid	Synthroid, Tirosint	levothyroxine

*OTC – Available over the counter without a prescription required

Common medications not on the Essential Drug List (in alphabetical order)

Actemra	Dexilant	Karbinal ER	Orencia	Tirosint
Acticlate	Diabetic test strips – all except OneTouch & Accu-check	Kazano	pantoprazole	Tudorza Pressair
Adrenaclick	Doryx	Kombiglyze XR	Proventil HFA	Tysabri
Aerospan	EpiPen	Levitra	Pulmicort	Ventolin HFA
Afrezza	Epogen	Levocetirizine	Rebif	Vibramycin
Altoprev	Extavia	Liptruzet	Relpax	Viekira Pak/XR
Alvesco	Farxiga	Livalo	Rhinocort Nasal Spray	Vogelxo
AndroGel 1%	Focalin XR	Mircera	Riomet	Vytorin
Apidra	Fortamet (brand and generic)	Nasal Steroids - all	Rozerem	Xeljanz
Asmanex	Fortesta	Natesto	Saizen	Xigduo XR
Aubagio	Frova	Nesina	Solodyn	Xopenex HFA
Auvi-Q	Genotropin	Norditropin	Staxyn	Zetia
Axiron	Gilenya	Novolin	Stendra	zolpidem ER
budesonide	Glumetza (brand and generic)	Novolog	Synthroid	Zomacton
Cimzia	Glyxambi	Olysio	Tanzeum	
Copaxone 20mg/ml	Incruse Ellipta	Omnitrope	Tecfidera	
Cosentyx	Intermezzo	Onglyza	Testim	
Crestor	Invokana/Invokamet	Oracea	Tev-Tropin	

Earn rewards for having better health. Let us show you how.

Want to get healthier and be rewarded for it? When it comes to tackling a health issue or reaching a goal, there's no reason to go it alone.

Our health and wellness programs surround you with tools, resources and different ways to help you and your family live healthier. And best of all, they don't cost you anything extra because they're all part of your health plan!

Plus, when you enroll in certain programs or reach your goals, you'll earn rewards for taking part in programs and using online tools.

Better health is your greatest reward. Of course, extra incentives help, too.

You may be able to earn rewards when you take part in any of these programs:

- Future Moms maternity management program — \$200
- Online Wellness Toolkit — \$150

To learn more about these programs and incentives, go to bcbsga.com.

Check out the WebMD Online Wellness Toolkit

You have the power to change your lifestyle — whether it's eating healthier, getting into an exercise routine, learning to manage your stress or stop smoking. When you use the Online Wellness Toolkit at bcbsga.com, you'll take a private Health Assessment, which will give you a snapshot of your overall health. Based on the results, you'll be able to spot areas to focus on that will help you get the most out of the interactive toolkit.

You can earn points for each activity you complete within the Online Wellness Toolkit. Once you reach the 100-, 200- and 300-point levels, you'll get \$50 at each of those levels. So you can earn up to \$150. After you redeem a reward, your points will start again from zero. You'll earn 75 points just by completing the health assessment. Now how can you pass that up?

Consider the toolkit a one-stop shop for your health:

- Use the Health Assistant to meet your health goals by creating a personalized plan based on your lifestyle, interests and schedule.
- Use our trackers to stay on top of your blood pressure, diet, exercise, tobacco use, even your mood.
- Have fun learning how to stay healthy with our interactive quizzes, health information, videos and more.



BlueCross BlueShield
of Georgia

Call 24/7 NurseLine 800-377-4770

Your health concerns don't keep normal business hours. That's why 24/7 NurseLine is here for you any time of the day or night. Call the toll-free number on your member ID card to speak with a nurse when you have a general health question or any urgent health concerns. Depending on your reason for calling, you may even get a follow-up call to make sure you've taken steps to get the right care.

**Join Future Moms maternity management program
Call us toll free at 866-664-5404.**

Are you a mom-to-be? If so, you're just a phone call away from a nurse who can help answer your pregnancy questions. The Future Moms program also offers prenatal goodies, including a book about pregnancy and a week-by-week pregnancy tracking tool.

**Take control of a health condition with
ConditionCare 800-638-4754**

If you have one of the five conditions below, this might be the perfect program for you because you can speak one-on-one with a nurse to get support managing your condition. You can also speak with a personal health coach who'll give you tips, help keep you on track and supply encouragement to make a positive change in your health.

The ConditionCare program focuses on these specific conditions:

- 1. Asthma
- 2. Chronic Obstructive Pulmonary Disease (COPD)
- 3. Coronary artery disease (CAD)
- 4. Diabetes
- 5. Heart failure



**Here's how to sign up for a program or
get more information:**



Call Member Services at the phone number on your member ID card



Visit bcbsga.com



Need extra help reaching your health goals?

You got it. The Online Wellness Toolkit makes it easy.



Get rewarded for healthy activities!

Earn up to \$150 toward gift cards to popular national retailers when you use the Online Wellness Toolkit at cbcsnga.com.



Help where you need it when you need it

Whether you want to lose weight, eat healthier, exercise more or just feel better, the Online Wellness Toolkit offers the tools, resources and support you need to:

- Set personal goals.
- Keep track of your progress.
- Earn points toward rewards.

You'll find a Health Assessment to get a snapshot of your health and where you can make improvements. You can tap into the Digital Health Assistant to help you achieve your goals.

How to earn rewards points

Each adult family member can earn up to \$150 each year. You can earn a \$50 gift card at the 100-, 200- and 300-point milestones. You can quickly hit the first milestone of 300 points by completing the Health Assessment and filling in your biometric data like blood pressure, glucose and cholesterol. You can also earn points for activities like participating in a challenge, viewing videos and more. Just take a look at the chart to see all the simple ways you can earn points.

Earning points is easy with the Online Wellness Toolkit

Get rewards points when you:	Points you can earn for every step you take
Log in to the Online Wellness Toolkit	10 yearly
Complete a Health Assessment	75 yearly
Self-report biometric data	25 yearly
Pick any goal with the Digital Health Assistant	10 five times a year
Complete weekly Digital Health Assistant plan	10 a quarter
Achieve a Digital Health Assistant goal	100 a quarter
View a video or reading	25 yearly
Do monthly activity	15 once a month
Sign up for a challenge	15 twice a year
Take part in a challenge	25 twice a year
Complete a challenge	25 twice a year
Register a device	15 once a year

Once members reach each of the 100-, 200- and 300-point levels, they earn a reward from Anthem Health Rewards. Rewards are redeemed on the Anthem Health Rewards site. Once each milestone is complete, balance sets back to zero.

How you receive your gift cards

The gift cards are processed through Hallmark® and you'll get something in the mail on how to redeem your reward.* This process can take a few weeks after the milestone is reached. Once Hallmark processes the activity, a Premier Choice Award (PCA) letter is mailed to you. This can take 7 to 10 business days. The letter gives you instructions on how to redeem online or by mail.

Think of the toolkit as a one-stop shop for your health

- Turn to the Health Assistant to meet your health goals by creating a personalized plan based on your lifestyle, interests and schedule.
- Use our trackers to stay on top of your blood pressure, diet, exercise, tobacco use, even your mood.
- Have fun learning how to stay healthy with our interactive quizzes, health information, videos and more.

Ready to start earning rewards?

Learn more and take the Health Assessment:

- Visit the website listed on your Member ID card.
- Sign up or log in by choosing the person icon in the upper right-hand corner of the home page.
- Go to the *Health & Wellness* page.
- Choose the **Wellness Toolkit**.



*List of Hallmark participating national retailers is subject to change.

Anthem Life Insurance Company
P.O. Box 4445
Atlanta GA 30302 GAG 008-0012
Tel 866-676-9645
Fax 404-467-2955
Email AnthemLife&DisUW_Renewals@anthem.com

**Greater Georgia Life
Insurance Company**

PUTNAM COUNTY BOC
117 PUTNAM DRIVE

EATONTON GA, 31024

January 19, 2018

Dear Benefits Administrator:

Thank you for the opportunity you've given us to provide coverage to your employees. We appreciate the confidence you have placed in us, and we remain dedicated to providing you and your employees with quality, cost effective coverage.

We have completed our evaluation of your group coverage with us. Our analysis takes into consideration a variety of elements that include overall industry trends in claims incidence, shifts in employee composition as well as other financial or premium related issues that have a bearing on our cost structure. After careful consideration of the above factors, we have established the pricing for your upcoming policy period.

The resulting renewal rates are shown on the attached page. It is our expressed intent to provide the best possible relationship of benefit costs to the products we provide to your group. Please be assured that our analysis has been completed with this in mind.

We offer a variety of products including optional/supplemental life, short and long term disability, dental and vision coverage, and an Employee Assistance Program (EAP). If you have any questions regarding our renewal assessment or would like information regarding our products, please do not hesitate to contact your insurance broker or your Sales representative.

We appreciate the opportunity to provide your employee benefits and look forward to continuing our relationship.

Sincerely,

Julie Maddox
Group Underwriter

3350 Peachtree Road • Atlanta • GA • 30326

Life and Disability products underwritten by Greater Georgia Life Insurance Company.

PUTNAM COUNTY BOC

GA2932

Premium Summary

Effective: 07/01/2018

Next Anniversary: 07/01/2019

Line of Business	Lives	Volume	Current Rates	Renewal Rates
Basic Life per \$1,000	180	\$5,203,500	\$0.225	\$0.225
Basic AD&D per \$1,000	180	\$5,203,500	\$0.020	\$0.020
Optional Life per \$1,000 (employee)				
	Under 25		\$0.057	\$0.057
	25-29		\$0.064	\$0.064
	30-34		\$0.071	\$0.071
	35-39		\$0.097	\$0.097
	40-44		\$0.146	\$0.146
	45-49		\$0.229	\$0.229
	50-54		\$0.365	\$0.365
	55-59		\$0.564	\$0.564
	60-64		\$0.768	\$0.768
	65-69		\$1.235	\$1.235
	70-74		\$2.078	\$2.078
	Over 74		\$6.153	\$6.153
Optional Life per \$1,000 (spouse)				
	Under 25		\$0.057	\$0.057
	25-29		\$0.064	\$0.064
	30-34		\$0.071	\$0.071
	35-39		\$0.097	\$0.097
	40-44		\$0.146	\$0.146
	45-49		\$0.229	\$0.229
	50-54		\$0.365	\$0.365
	55-59		\$0.564	\$0.564
	60-64		\$0.768	\$0.768
	65-69		\$1.235	\$1.235
	70-74		\$2.078	\$2.078
	Over 74		\$6.153	\$6.153
Optional Life per \$1,000 (child)			\$0.17	\$0.17

These renewal rates are based on your current benefits. Please refer to your certificate for more detailed information.

TOTAL	Current	Renewal
Monthly Premium	\$1,274.86	\$1,274.86
Annual Premium	\$15,298.29	\$15,298.29
Premium Change %		0%

**Your current and renewal premium for Voluntary or Optional Supplemental Life and/or Voluntary LTD and Voluntary STD is not included in your total premium listed above. Your bill will reflect the premium totals for those individual's in their age bands.*

These renewal rates are based on your current benefits. Please refer to your certificate for more detailed information.



**AMERICAN UNITED LIFE
INSURANCE COMPANY®**

a ONEAMERICA® company

One American Square, P.O. Box 368
Indianapolis, IN 46206-0368

April 24, 2018

Putnam County BOC
Attn: Linda Cook
117 Putnam Drive Suite A
Eatonton, GA 31024

RE: Group Policy G 00614931-0000-000

Dear Linda Cook:

American United Life Insurance Company® (AUL), a OneAmerica® company, periodically reviews group insurance coverages to determine if premium levels are adequate to cover estimated future losses. Based upon information submitted to AUL, a premium rate adjustment does not appear to be necessary at this time. Therefore, AUL is willing to offer the following premium rates:

Group Insurance	Present Premium Rate thru June 30, 2018	Premium Rates beginning July 1, 2018	Next Scheduled Premium Rate Adjustment Review
Voluntary Short Term Disability	Currently rated by age per \$10 of weekly benefit	Holding current rates by age per \$10 of weekly benefit	July 1, 2020
Voluntary Long Term Disability	Currently rated by age per \$100 of monthly covered payroll	Holding current rates by age per \$100 of monthly covered payroll	July 1, 2020

AUL appreciates being able to serve as your group insurance carrier and looks forward to a productive, long lasting relationship. If you have any questions regarding your coverages or the above rates, feel free to contact either your Group Sales Representative at 800-272-8444, our Group Customer Contact Center at 1-800-553-5318 or your appointed producer of record.

If you need to access AUL forms or instructions for the administration of your group insurance contract(s), you can obtain these resources from our web site at www.employeebenefits.aul.com. The information on this site should be consulted for proper and efficient submission of claims, administration, and underwriting requests.

Sincerely,
Jessica Nicholls
Jessica Nicholls,
Associate Underwriter Team Leader

cc: Shawhankins Inc, Agent
Atlanta Regional Group Office
File