



We're for you.

## Johnson County

April 1, 2014





- Discuss Vision Plan Options
- Court Directive on Vision Benefits
- Next Steps

# Market Response



- Excellent response from the market
- 9 vendors
- Rated AM Best A- or higher
- Reputable companies, good market share

# **Key Decision Points**



- Network
- Provider access
- Benefits
- Good market value / valuable to employees
- Cost
- Out of pocket cost for employees
- County costs for funded plan
- Rate Guarantee

# Network Provider Access



### UnitedHealthcare

26 providers in Cleburne/Burleson (Includes Retail locations: WalMart, VisionWorks, Cleburne Eye Clinic and Texas State Optical)

#### Block Vision

22 providers in Cleburne/Burleson (Includes Retail locations: WalMart, Vision Works and Texas State Optical)

#### MetLife

22 providers in Cleburne/Burleson (no retail locations)

## Ameritas/Principal

No network. Benefits paid off of a set schedule

#### Humana

6 providers in Cleburne/Burleson

# Aetna/Dental Select/VSP

– 5 providers in Cleburne/Burleson

#### Benefits



- vendors that responded 17 different plan design options between the
- Focused on in-network benefit
- Benefit in line with market norm / similar entities
- \$10 exam copay
- \$25 material copay
- Frames allowance between \$125 and \$150
- Exams every 12 months
- Lenses every 12 months
- Contact lens allowance every 12 months
- Frames every 24 months

# County Options



- County fully funds an Exam Only Plan for Employee Only coverage
- Employee can buy up to cover materials and dependents
- County fully funds a Full Vision Plan (includes exam and materials)
- Employee can buy up to cover dependents.
- 3. Voluntary Full Vision Plan (includes exam and materials)
- Employee pays full cost

# Employee Funded — Full Vision Plan 疑惑



	Aetna	Ameritas E	Ameritas Block Vision	Dental Select	Humana	MetLife	MetLife Principal UHC	OHC.	VSP
	Option 1 Option 2	Option 2	Option 1	Option 3	Materials	Option 1	Option 1 Option 1 Materials Voluntar	Materials	Voluntary Low
Employee Only	\$7.20	\$7.20 \$10.80	\$5.75	\$6.92	\$7.45	\$6.43	\$6.43 \$10.16 \$5.21 \$7.10	\$5.21	\$7.10
Employee + Spouse	\$13.67 \$21.12	\$21.12	\$9.95	\$13.16	\$14.90	\$12.89	\$12.89 \$21.05 \$10.11 \$11.37	\$10.11	\$11.37
Employee + Child(ren)	\$14.39 \$18.62	\$18.62	\$10.55	\$13.85	\$14.16	\$10.91	\$10.91 \$18.99 \$11.85 \$11.60	\$11.85	\$11.60
Employee + Family	\$21.15 \$28.94	\$28.94	\$15.80	\$20.78	\$22.25 \$17.99 \$32.10 \$16.02 \$18.71	\$17.99	\$32.10	\$16.02	\$18.71
Rate Guarantee	4 years	2 years	4 years	4 years	2 years	2 years	2 years 1 year 2 years 1 year	2 years	1 year

# Recommendation – Voluntary Plan



#### **Block Vision**

- several retail locations) Large network (includes

Exam and Materials plan

- Actively working to contract with Cleburne Eye Clinic
- Lowest overall cost
- 4 year rate guarantee

## UnitedHealthcare

- **Exam and Materials Plan**
- Largest network (4 additional private practice providers)
- Lowest employee cost
- 2 year rate guarantee

### **Next Steps**



- Court Directive/Approval
- Communication to employees about Vision Benefit decision
- Vision Open Enrollment in April
- May effective date for the plan
- In future years, would be the same as the Medical renewal (3/1)

#### Appendix



# County Fully Funded – Exam Only



	Humana	UHC	VSÞ
	Exam Only Plan	Exam Only Plan	Exam Only Plan
Employee Only	\$2.18	\$1.30	\$1.07
Employee + Spouse	\$4.36	\$2.60	\$1.71
Employee + Child(ren)	\$4.14	\$3.05	\$1.75
Employee + Family	\$6.51	\$3.97	\$2.82
Estimated Monthly Premiums	\$1,088	\$649	\$534
Estimated Annual Premiums	\$13,054	\$7,784	\$6,407
Rate Guarantee	2 years	2 years	4 years

UHC - \$5 credit PEPM on the UHC medical plan if County elects a funded plan (Approximately \$27,000 – year 1 only)

### County Fully Funded – Full Vision Plan



	Aetna	Ameritas	Block Vision	Dental Select	Medife	ledifie Paindipal
	Option 1	Option 1	Option 1	Option 3	Option 1	Option 1
Employee Only	\$4.46	\$4.80	\$4.85	\$6.92	\$6.25	\$8.69
Employee + Spouse	\$8.47	\$10.56	\$9.10	\$13.16	\$12.54	\$17.99
Employee + Child(ren)	\$8.92	\$9.16	\$9.70	\$13.85	\$10.61	\$16.24
Employee + Family	\$13.12	\$14.92	\$15.15	\$20.78	\$17.50	\$27.43
Estimated Monthly Premiums	\$2,225	\$2,395	\$2,420	\$3,453	\$3,119	\$4,336
Estimated Annual Premiums	\$26,701	\$28,742	\$29,042	\$41,437	\$37,425	\$52,036
Rate Guarantee	4 years	2 years	3 years Cap years 4/5	4 years	2 years	1 year