



Effingham County Board of Commissioners
Market Review List
January 1, 2023 Renewal Date

Carrier	A.M. Best Rating	Coverage Requested	Status	USI Preferred	Notes
MetLife	A+	Dental, Vision	Incumbent	Yes	Current & Renewal benefits and rates illustrated.
Guardian	A++	Dental, Vision	Presented	Yes	Benefits and Rates illustrated.
Lincoln Financial	A+	Dental, Vision	Declined	Yes	Declined to quote; rates not competitive.
Mutual of Omaha	A+	Dental, Vision	Response pending	Yes	
Reliance Standard	A++	Dental, Vision	Received	Yes	Rates not competitive.
Sun Life Financial	A+	Dental, Vision	Presented	Yes	Benefits and Rates illustrated.
The Standard	A	Dental, Vision	Presented	Yes	Benefits and Rates illustrated.
Unum	A	Dental, Vision	Received	Yes	Rates not competitive.

Any carrier with an A.M. Best financial rating lower than A- does not meet the minimum financial requirements for USI's Errors & Omissions insurance. In the absence of a rating by A.M. Best, or in the case of an NR designation, a Standard & Poor Company rating lower than A will apply. A liability waiver must be signed by the client if insurance coverage is placed with a carrier that does not meet the required financial rating.



Effingham County Board of Commissioners
Cost Summary
January 1, 2023 Renewal Date

Carriers	Current	Renewal	Negotiated Renewal	Option 1	Option 2	Option 3
Dental PPO	MetLife	MetLife	MetLife	Standard	Sun Life	Guardian
Vision	MetLife	MetLife	MetLife	Standard	Sun Life	Guardian
Total Annual Cost						
Dental PPO	\$228,327	\$285,638	\$262,588	\$271,562	\$283,966	\$267,017
Vision	\$44,245	\$44,245	\$44,245	\$38,050	\$36,492	\$41,173
Annual Total	\$272,572	\$329,883	\$306,833	\$309,612	\$320,458	\$308,190
Change from Current		\$57,311	\$34,261	\$37,039	\$47,886	\$35,618
Percentage Change		21.0%	12.6%	13.6%	17.6%	13.1%

Notes

1. All rates assume package sale.



Effingham County Board of Commissioners
Dental Plan
Benefit Outline and Cost Summary
January 1, 2023 Renewal Date

Benefit Outline	Current	Renewal	Negotiated Renewal	Option 1	Option 2	Option 3
Carrier	MetLife	MetLife	MetLife	Standard	Sun Life	Guardian
Plan Type	Dental PPO	Dental PPO	Dental PPO	Dental PPO	Dental PPO	Dental PPO
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Waived For Preventive	Yes	Yes	Yes	Yes	Yes	Yes
Annual Maximum	\$1,750	\$1,750	\$1,750	\$1,750	\$1,750	\$1,750
Max Rollover	Not Included	Not Included	Not Included	Included	Not Included	Included
Preventive Services	100%	100%	100%	100%	100%	100%
Basic Services	100%	100%	100%	100%	100%	100%
Major Services	60%	60%	60%	60%	60%	60%
Endodontics / Periodontics	Basic	Basic	Basic	Basic	Basic	Basic
Implants	Major	Major	Major	Major	Major	Major
Orthodontia	50%	50%	50%	50%	50%	50%
Eligibility	Adult and Child	Adult and Child	Adult and Child	Adult and Child	Adult and Child	Adult and Child
Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Waiting Periods (Prev. / Basic / Major)	0 / 0 / 0	0 / 0 / 0	0 / 0 / 0	Late Entrant	Late Entrant	0 / 0 / 0⁽²⁾
Non-Network	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum	\$1,750	\$1,750	\$1,750	\$1,750	\$1,750	\$1,750
Prev. / Basic / Major	100% / 100% / 60%	100% / 100% / 60%	100% / 100% / 60%	100% / 100% / 60%	100% / 100% / 60%	100% / 100% / 60%
Participation (Req. / Actual)	Current	Current	Current	50%	87.7%	88%
Rate Guarantee	Until 1/1/2023	Until 1/1/2024	Until 1/1/2024	Until 1/1/2025	Until 1/1/2025	Until 1/1/2025

Rates & Total Cost

Employee	194	\$30.84	\$38.58	\$35.47	\$36.68	\$38.36	\$36.00
Employee + Spouse	44	\$62.23	\$77.85	\$71.56	\$74.04	\$77.39	\$72.85
Employee + Child(ren)	51	\$71.19	\$89.06	\$81.87	\$84.68	\$88.53	\$83.25
Employee + Spouse & Child(ren)	65	\$102.70	\$128.48	\$118.11	\$122.12	\$127.72	\$120.25
Total Employees	354						
Annual Total		\$228,327	\$285,638	\$262,588	\$271,562	\$283,966	\$267,017
Change From Current			\$57,311	\$34,261	\$43,235	\$55,639	\$38,690
Percentage Change			25.1%	15.0%	18.9%	24.4%	16.9%

Notes

1. Enrollment source: MetLife August 2022 invoice.
2. Assumes Section 125 where Late Entrants must enroll at next Annual Open Enrollment.
3. Standard and Sun Life include a \$1,000 Ben Admin subsidy. Guardian includes a 1.5% of dental/vision premium subsidy.



Effingham County Board of Commissioners
Vision Plan
Benefit Outline and Cost Summary
January 1, 2023 Renewal Date

Benefit Outline	Current	Renewal	Option 1	Option 2	Option 3
Carrier	MetLife	MetLife	Standard/VSP	Sun Life/VSP	Guardian/VSP
Exam Copay	\$10	\$10	\$10	\$10	\$10
Materials Copay	\$20	\$20	\$25	\$25	\$25
Exam	100%	100%	100%	100%	100%
Lenses					
Single	100%	100%	100%	100%	100%
Bifocal	100%	100%	100%	100%	100%
Trifocal	100%	100%	100%	100%	100%
Frames	100% to \$150; 20% Off Balance	100% to \$150; 20% Off Balance	100% to \$150; 20% Off Balance	100% to \$150; 20% Off Balance	100% to \$150; 20% Off Balance
Elective Contacts	100% to \$150	100% to \$150	100% to \$150	100% to \$150	100% to \$150
Lasik Surgery Discount	Discount available	Discount available	Discount available	Discount available	Discount available
Benefit Frequencies (E / L / F / C)	12 / 12 / 24 / 12	12 / 12 / 24 / 12	12 / 12 / 24 / 12	12 / 12 / 24 / 12	12 / 12 / 24 / 12
Non-Network Benefits	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled
Participation (Req. / Actual)	Current	Current	75%	77.7%	78%
Rate Guarantee	Until 1/1/2023	Until 1/1/2024	Until 1/1/2025	Until 1/1/2025	Until 1/1/2025

Rates & Total Cost

Employee	174	\$7.76	\$7.76	\$6.68	\$5.92	\$7.15
Employee + Spouse	48	\$13.57	\$13.57	\$11.68	\$11.84	\$13.00
Employee + Child(ren)	38	\$14.75	\$14.75	\$12.68	\$13.03	\$13.50
Employee + Spouse & Child(ren)	50	\$22.50	\$22.50	\$19.32	\$18.95	\$21.00
Total Employees	310					
Annual Total		\$44,245	\$44,245	\$38,050	\$36,492	\$41,173
Change From Current			\$0	(\$6,196)	(\$7,753)	(\$3,072)
Percentage Change			0.0%	-14.0%	-17.5%	-6.9%

Notes

1. Enrollment source: MetLife August 2022 invoice.



Effingham County Board of Commissioners
Life / AD&D Plan
Benefit Outline and Cost Summary
January 1, 2023 Renewal Date

Benefit Outline	Current
Carrier	Mutual of Omaha
Definition of Earnings	Base Salary Only
Contributory / Non-Contributory	Non-Contributory
Eligibility	FTE Working \geq 30 HPW
Benefit Amount	\$50,000
Benefit Maximum	\$50,000
Guarantee Issue	Full Benefit Amount
Benefit Reductions	Reduces To: 65% at Age 65; 40% at Age 70; 25% at Age 75; 20% at Age 80
Waiver of Premium	6 Mo. Elimination Period
Benefits Extend To	Age 65
If Disabled Prior To	Age 60
Accelerated Benefits	Included
Benefit Amount Accessible	75%
Portability	Not Included
Conversion	Included
Spouse Benefit	\$25,000
Child Benefit	14 Days to 6 Months: \$1,000, 6 Months+: \$10,000
Rate Guarantee	Until 1/1/2024

Volumes, Rates & Total Cost

Number of Employees	388
Benefit Volume	\$18,875,000
Number of Family Units	282
Life Rate Per \$1,000	\$0.070
AD&D Rate Per \$1,000	\$0.020
Rate Per Family Unit	\$5.870
Annual Total	\$40,249

Notes

1. Enrollment & volume source: MOO August 2022 Invoice.



Effingham County Board of Commissioners
Voluntary Life Plan
Benefit Outline and Cost Summary
January 1, 2023 Renewal Date

Benefit Outline	Current
Carrier	Mutual of Omaha
Definition of Earnings	Base Salary Only
Eligibility	FTE Working ≥ 30 HPW
Child Age Requirement	15 Days to Age 26
Benefit Increments	
Employee	\$10,000
Spouse	\$5,000
Children	\$1,000
Benefit Maximums	
Employee	Lesser of 5x Earnings or \$300,000
Spouse	100% of Ee Amt to \$150,000
Children	\$10,000
Guarantee Issue	
Employee	Lesser of 5x Earnings or \$100,000
Spouse	100% of Ee Amt to \$25,000
Children	Full Benefit Amount
Benefit Reductions	Reduces To: 65% at Age 65; 40% at Age 70; 25% at Age 75; 20% at Age 80
Waiver of Premium	6 Mo. Elimination Period
Benefits Extend to	Age 65
If Disabled Prior to	Age 60
Portability	Included
Conversion	Included
Rate Guarantee	Until 1/1/2024
Life Per \$1,000	Employee / Spouse
Under Age 25	\$0.078
25-29	\$0.068
30-34	\$0.078
35-39	\$0.116
40-44	\$0.184
45-49	\$0.272
50-54	\$0.437
55-59	\$0.698
60-64	\$1.001
65-69	\$1.707
70-74	\$3.861
75-99	\$8.536
Child Life	\$0.200



Effingham County Board of Commissioners
Short Term Disability Plan
Benefit Outline and Cost Summary
January 1, 2023 Renewal Date

Benefit Outline	Current
Carrier	Mutual of Omaha
Definition of Earnings	Base Salary Only
Contributory / Non-Contributory	Non-Contributory
Eligibility	FTE Working ≥ 30 HPW
Elimination Period	
Accident	14 Days
Sickness	14 Days
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Definition of Disability	Duties AND Earnings
Benefit Duration (after EP)	11 weeks
Pre-Existing Conditions Exclusion	Not Included
W-2 Preparation	Included
Partial Disability	Included
Rate Guarantee	Until 1/1/2024

Volumes, Rates & Total Cost

Number of Employees	388
Volume: Covered Benefit	\$191,755
STD Rate Per \$10	\$0.370
Annual Total	\$85,139

Notes

1. Enrollment & volume source: MOO August 2022 Invoice.



Effingham County Board of Commissioners
Long Term Disability Plan
Benefit Outline and Cost Summary
January 1, 2023 Renewal Date

Benefit Outline	Current
Carrier	Mutual of Omaha
Definition of Earnings	Base Salary Only
Contributory / Non-Contributory	Non-Contributory
Eligibility	FTE Working \geq 30 HPW
Benefit Percentage	60%
Maximum Monthly Benefit	\$8,000
Definition of Disability	Duties AND Earnings
Own Occ Period	24 Months
Earnings Loss (EP / Own / Any)	1% / 1% / 15%
Elimination Period	90 Days
Benefit Duration	RBD To SSNRA
Work Incentive Period	Benefit Duration
Social Security Integration	Full Family Amount
Survivor Benefit	3 Months
Alcohol and Drug Benefit Limit	24 Mos. Lifetime
Mental Nervous Benefit Limit	24 Mos. Lifetime
Self-Reported / Chronic Fatigue Limit	No Limit
Pre-Existing Conditions Exclusion	3/12
Rehabilitation	Mandatory
W-2 Reporting	Included
Rate Guarantee	Until 1/1/2024

Volumes, Rates & Total Cost

Number of Employees	388
Volume: Covered Payroll	\$1,399,340
LTD Rate Per \$100	\$0.440
Annual Total Premium	\$73,885

Notes

1. Enrollment & volume source: MOO August 2022 Invoice.