



A Leavitt Group Company

January 2023 Renewal  
**Grand County**  
Comparison of Benefits



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## Grand County

### Annual Renewal Summary

	Carrier(s)	Plan Year	Monthly Premium	Annual Premium	Percent Increase
<b>Medical</b>	Cigna	Current	\$232,015	\$2,784,183	8.00%
		Proposed Renewal	\$250,577	\$3,006,928	
<b>Dental</b>	CIGNA	Current	\$12,368	\$148,410	0.00%
		Proposed Renewal	\$12,368	\$148,410	
<b>Totals</b>			<b>\$245,941</b>	<b>\$2,951,295</b>	<b>6.91%</b>
			<b>\$262,945</b>	<b>\$3,155,339</b>	
<b>Change fom Current</b>			<b>\$17,004</b>	<b>\$204,043</b>	

Comparison of Benefits  
Medical



## Grand County Medical Summary

Carrier	Option	Funding Type	Monthly Premium	Annual Premium	Annual Increase	Percent Increase
Cigna	CURRENT	Level Funded	\$232,015	\$2,784,183	--	--
	RENEWAL	Level Funded	\$270,938	\$3,251,252	\$467,070	16.78%
	REVISED RENEWAL	Level Funded	\$250,577	\$3,006,928	\$222,746	8.00%

\*Reminder: Fees will apply for HSA bank account vendors.

## 2022 Utah Carrier Network Comparison

System	Hospital	Cigna		
		LocalPlus (Utah)	OAP	PPO
Steward	Davis Hospital and Medical Center	X	X	X
	Jordan Valley Medical Center-West Jordan	X	X	X
	Mountain Point Medical Center	X	X	X
	Jordan Valley Medical Center-West Valley	X	X	X
	Salt Lake Regional Medical Center	X	X	X
Intermountain Healthcare	Alta View Hospital			X
	American Fork Hospital			X
	Bear River Valley Hospital		X	X
	Delta Community Medical Center		X	X
	Dixie Regional Medical Center		X	X
	Fillmore Hospital		X	X
	Garfield Memorial Hospital		X	X
	Heber Valley Medical Center		X	X
	Intermountain Medical Center			X
	LDS Hospital			X
	Layton Hospital			
	Logan Regional Hospital		X	X
	McKay-Dee Hospital			X
	Orem Community Hospital			X
	The Orthopedic Specialty Hospital (TOSH)			X
	Park City Medical Center		X	X
	Primary Children's Medical Center	X	X	X
	Riverton Hospital			X
	Primary Children's Services at Riverton Hospital		X	X
	Sanpete Valley Hospital		X	X
Sevier Valley Medical Center		X	X	
Spanish Fork Hospital			X	
Utah Valley Regional Medical Center			X	
Cedar City Hospital		X	X	
Mountain Star	Brigham City Hospital	X	X	X
	Cache Valley Specialty Hospital	X	X	X
	Lakeview Hospital	X	X	X
	Mountain View Hospital	X	X	X
	Lone Peak Hospital	X	X	X
	Ogden Regional Medical Center	X	X	X
	St. Mark's Hospital	X	X	X
	Timpanogos Regional Hospital	X	X	X
U of U	Huntsman Cancer Hospital		X	X
	University Medical Center		X	X
	University Neuropsychiatric Institute		X	X
	University of Utah Orthopedic Center		X	X
Independent Community	Ashley Regional Medical Center		X	X
	Beaver Valley Hospital		X	X
	Blue Mountain Hospital		X	X
	Castleview Hospital		X	X
	Central Valley Medical Center		X	
	Gunnison Valley Hospital		X	X
	Kane County Hospital		X	X
	Milford Valley Hospital		X	X
	Moab Regional Hospital (Allen Memorial)		X	X
	Mountain West Medical Center		X	X
	San Juan County Hospital		X	X
	Shriner's Children's Hospital (Salt Lake City)		X	X
	Uintah Basin Medical Center		X	X
	Utah Valley Specialty Hospital			
Idaho	Cassia Regional Medical Center			
	Caribou Memorial Hospital			
	Franklin County Medical Center			
	Neil J Redford Memorial Hospital			
	Portneuf Medical Center			
Power County Memorial Hospital				

\*Aetna Peak Preference Network - HCA/Mountain Star & Steward Health Care = Maximum Savings  
The Select Care Network is no longer available.

\*\*UHC AllSavers uses the Choice Plus Network, but does NOT include Huntsman Cancer Hospital.

Total Hospitals	14	43	52
Physicians (Estimated)			

**Grand County**  
Medical Comparison

		Cigna		Cigna		Cigna		Cigna	
		OAP 80% \$1,000		OAP 80% \$2,000 HDHP		OAP 80% \$1,000		OAP 80% \$2,000 HDHP	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Medical Benefits</b>									
Deductible		\$1,000/\$2,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000	\$1,000/\$2,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000
Out of Pocket Maximum		\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$6,550	\$8,000/\$13,100	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$6,550	\$8,000/\$13,100
Deductible Included in OOP Maximum Ded / OOP Embedded		Yes	Yes	Yes	No	Yes	Yes	Yes	No
<b>Professional Services</b>									
Office Visits	Primary Care Physicians	\$25	50% AD	20% AD	50% AD	\$25	50% AD	20% AD	50% AD
	Specialists	\$35	50% AD	20% AD	50% AD	\$35	50% AD	20% AD	50% AD
	Mental Health & Chemical Dependency	\$35	50% AD	20% AD	50% AD	\$35	50% AD	20% AD	50% AD
	Urgent Care	\$45	50% AD	20% AD	50% AD	\$45	50% AD	20% AD	50% AD
	Emergency Room	\$150	\$150	20% AD	20% AD	\$150	\$150	20% AD	20% AD
	Minor Lab / X-Ray	0%	50% AD	20% AD	50% AD	0%	50% AD	20% AD	50% AD
	Major Lab / X-Ray	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
	Hospital Outpatient Surgery	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
	Preventive Care	0%	Not Covered	0%	Not Covered	0%	Not Covered	0%	Not Covered
<b>Inpatient Services</b>									
	Inp Hospital / Physicians	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
	Inp Maternity	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD
<b>Additional Benefits</b>									
	Chiropractic/Manipulations	\$35	50% AD	20% AD	50% AD	\$35	50% AD	20% AD	50% AD
	Adult Routine Eye Exam	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drugs (In-Network)</b>									
Retail	Rx Deductible	None		Medical Deductible Applies		None		Medical Deductible Applies	
	Tier 1	\$5		\$10 AD		\$5		\$10 AD	
	Tier 2	\$25		\$40 AD		\$25		\$40 AD	
	Tier 3	\$50		\$70 AD		\$50		\$70 AD	
	Tier 4	20% up to \$150		N/A		20% up to \$150		N/A	
	Mail Order	3x retail		3x retail		3x retail		3x retail	
Employee Navigator Compatibility		Yes		Yes		Yes		Yes	
		<b>CURRENT</b>		<b>CURRENT</b>		<b>RENEWAL</b>		<b>RENEWAL</b>	
<b>Monthly Rates</b>		Level Funded		Level Funded		Level Funded		Level Funded	
<u>Subs</u>	<u>Enrollment Tier</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>
51	Employee	19	\$833.21	32	\$696.23	19	\$1,011.86	32	\$794.42
39	Employee + 1	18	\$1,583.19	21	\$1,323.10	18	\$1,922.31	21	\$1,509.84
66	Family	17	\$2,374.74	49	\$1,984.73	17	\$2,883.63	49	\$2,264.51
156	<b>TOTAL BY PLAN</b>	54	\$84,699	102	\$147,316	54	\$102,849	102	\$168,089
	<b>COMBINED TOTAL</b>	156	\$232,015	--	--	156	\$270,938	--	--
<b>Percent of Increase</b>						16.78%			

## Grand County Medical Comparison

		Cigna		Cigna	
		OAP 80% \$1,000		OAP 80% \$2,000 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	\$1,000/\$2,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000
	Out of Pocket Maximum	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$6,550	\$8,000/\$13,100
	Deductible Included in OOP Maximum Ded / OOP Embedded	Yes	Yes	Yes	No
Professional Services					
Office Visits	Primary Care Physicians	\$25	50% AD	20% AD	50% AD
	Specialists	\$35	50% AD	20% AD	50% AD
	Mental Health & Chemical Dependency	\$35	50% AD	20% AD	50% AD
	Urgent Care	\$45	50% AD	20% AD	50% AD
	Emergency Room	\$150	\$150	20% AD	20% AD
	Minor Lab / X-Ray	0%	50% AD	20% AD	50% AD
	Major Lab / X-Ray	20% AD	50% AD	20% AD	50% AD
	Hospital Outpatient Surgery	20% AD	50% AD	20% AD	50% AD
	Preventive Care	0%	Not Covered	0%	Not Covered
Inpatient Services					
	Inp Hospital / Physicians	20% AD	50% AD	20% AD	50% AD
	Inp Maternity	20% AD	50% AD	20% AD	50% AD
Additional Benefits					
	Chiropractic/Manipulations	\$35	50% AD	20% AD	50% AD
	Adult Routine Eye Exam	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs (In-Network)					
Retail	Rx Deductible	None		Medical Deductible Applies	
	Tier 1	\$5		\$10 AD	
	Tier 2	\$25		\$40 AD	
	Tier 3	\$50		\$70 AD	
	Tier 4	20% up to \$150		N/A	
	Mail Order	3x retail		3x retail	
	Employee Navigator Compatibility	Yes		Yes	
		REVISED RENEWAL		REVISED RENEWAL	
Monthly Rates		Level Funded		Level Funded	
Subs	Enrollment Tier	Subscribers	Premium Rate	Subscribers	Premium Rate
51	Employee	19	\$935.05	32	\$735.10
39	Employee + 1	18	\$1,776.37	21	\$1,397.09
66	Family	17	\$2,664.71	49	\$2,095.40
156	<b>TOTAL BY PLAN</b>	54	\$95,041	102	\$155,537
	<b>COMBINED TOTAL</b>	156	\$250,577	--	--
	<b>Percent of Increase</b>		8.00%		

Comparison of Benefits  
**Dental**



## Grand County Dental Summary

Carrier	Option	Funding Type	Monthly Premium	Annual Premium	Annual Increase	Percent Increase
CIGNA	CURRENT	Fully Insured	\$12,368	\$148,410	--	--
	RENEWAL	Fully Insured	\$12,368	\$148,410	\$0	0.00%

**Grand County**  
Dental Comparison

	CIGNA		CIGNA	
	CIGNA - DPPO		CIGNA - DPPO	
Dental Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	None	None	None
Annual Maximum	\$1,500		\$1,500	
Preventive / Diagnostic	100%	100%	100%	100%
Basic	80%	80%	80%	80%
Major	50%	50%	50%	50%
Oral Surgery	80%	80%	80%	80%
Periodontics	80%	80%	80%	80%
Endodontics	80%	80%	80%	80%
Implants	Not Covered	Not Covered	Not Covered	Not Covered
<b>Orthodontics</b>				
Deductible	None	None	None	None
Lifetime Maximum	\$1,500		\$1,500	
Child (under 19)	50%	50%	50%	50%
Adult	Not Covered	Not Covered	Not Covered	Not Covered
<b>Waiting Periods</b>				
Preventive	None	None	None	None
Basic	None	None	None	None
Major	None	None	None	None
Orthodontics	None	None	None	None
<b>UCR Percentile</b>	90%		90%	
<b>Number of Utah Providers</b>	2,043		2,043	
<b>Number of National Providers</b>	141,229		141,229	
<b>Provider Directory Website</b>	<a href="http://cigna.benefitnation.net">cigna.benefitnation.net</a>		<a href="http://cigna.benefitnation.net">cigna.benefitnation.net</a>	
<b>Administrative Fees</b>	None		None	
<b>Voluntary / Employer Paid</b>	Employer Paid		Employer Paid	
<b>Participation Requirements</b>	75%		75%	
<b>Rate Guarantee</b>	12/31/2022		1 Year	
Employee Navigator Compatibility	Yes		Yes	
	<b>CURRENT</b>		<b>RENEWAL</b>	
Monthly Rates	Fully Insured		Fully Insured	
Plan Type	DPPO Plan		DPPO Plan	
<u>Subs</u> <u>Enrollment Tier</u>	<u>Subscribers</u>	<u>Premium Rate</u>	<u>Subscribers</u>	<u>Premium Rate</u>
49 Employee	49	\$33.47	49	\$33.47
42 Employee + Spouse	42	\$60.13	42	\$60.13
69 Family	69	\$118.87	69	\$118.87
160 <b>TOTAL BY PLAN</b>	160	\$12,368	160	\$12,368
<b>COMBINED TOTAL</b>	160	\$12,368	160	\$12,368
<b>Percent of Increase</b>				0.00%

Comparison of Benefits  
Vision



## Grand County Vision Comparison

Vision Benefits	Cigna	
	In-Network	Out-of-Network
<b>Eye Examination</b>	\$10 Copay	up to \$45
<b>Standard Plastic Lenses</b>		
Single Vision	\$20 copay	up to \$32
Bifocal	\$20 copay	up to \$55
Trifocal	\$20 copay	up to \$65
<b>Frames*</b>	up to \$130	up to \$71
<b>Contact Lenses*</b>		
Conventional	up to \$130	up to \$105
Disposable	up to \$130	up to \$105
*Either Frames -or- Contact Lenses		
<b>Frequency</b>		
Exams	12 Months	
Lenses	12 Months	
Frames	12 Months	
Contacts	12 Months	
<b>Voluntary / Employer Paid Participation Requirements</b>	Employer Paid	
<b>Rate Guarantee</b>	75%	
Employee Navigator Compatibility	Until 1/1/2024	
	Yes	
	<b>CURRENT</b>	
Monthly Rates	Fully Insured	
Plan Type	C1 - Standard PPO Plan	
<u>Subs</u> <u>Enrollment Tier</u>	<u>Subscribers</u>	<u>Premium Rate</u>
39 Employee	39	\$5.31
42 Employee + 1	42	\$8.16
62 Family	62	\$16.27
143 <b>TOTAL BY PLAN</b>	143	\$1,559
<b>COMBINED TOTAL</b>	143	\$1,559

Comparison of Benefits

# Flexible Spending Account



## Grand County

### Flexible Spending Account Comparison

	NBS	
	CURRENT	RENEWAL
Monthly Participant Fee	\$3.15 PEPM (\$50 Minimum)	\$3.15 PEPM (\$50 Minimum)
Card Option	\$18/Yr/Participant	\$18/Yr/Participant
New Plan Document	Included (Form 5500, \$200, if required)	Included (Form 5500, \$200, if required)
Monthly Billing Charge	Waived	Waived
Annual Renewal Fee	Waived	Waived

Comparison of Benefits

# Health Savings Account



## Grand County

### Health Savings Account Comparison

	NBS	
	CURRENT	RENEWAL
Monthly Participant Fee	\$2.50 PEPM	\$2.50 PEPM
Card Option	\$18/Yr/Participant	\$18/Yr/Participant
New Plan Document	Included (Form 5500, \$200, if required)	Included (Form 5500, \$200, if required)
Monthly Billing Charge	Waived	Waived
Annual Renewal Fee	Waived	Waived



A Leavitt Group Company

# Grand County

Comparison of Benefits

## Life and Disability

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Comparison of Benefits  
Life, AD&D, and Dependent Life



## Grand County

### Basic Life, AD&D and Dependent Life Comparison

		Lincoln
		CURRENT
Eligibility	All Full-Time	X
	All Full-Time Who Elect	
	Management	
Number of Eligible Employees		161
Eligible Employees with Family Status		110
Covered Payroll		\$8,050,000
Rate Guarantee		Until 1/1/2024
Benefit		
Life Insurance		\$50,000
AD&D Insurance		\$50,000
Conversion		Included
Portability		Not Included
Dependent Life		To Age 26
Spouse		\$5,000
Child (live birth - 14 days)		\$0
Child (14 days - 6 months)		\$500
Child (6 months - 19 years)		\$2,500
Monthly Rates		CURRENT
Basic Life (per \$1,000)		\$0.230
AD&D (per \$1,000)		\$0.035
Dependent Life		\$1.280
<b>MONTHLY TOTAL</b>		<b>\$2,274.05</b>
<b>ANNUAL TOTAL</b>		<b>\$27,288.60</b>

**Grand County**  
Supplemental Life

		Lincoln	
		CURRENT	
Employee Benefit		5X Salary	
Increments		\$10,000	
Minimum Benefit		\$10,000	
Maximum Benefit		\$300,000	
Spouse Benefit		50% of EE	
Increments		\$5,000	
Minimum Benefit		\$5,000	
Maximum Benefit		\$150,000	
Child Benefit		To Age 26	
Increments		\$2,500	
Maximum (live birth - 14 days)		\$0	
Maximum (14 days - 6 months)		\$250	
Maximum (6 months - 19 years)		\$10,000	
Guarantee Issue			
Employee		\$150,000	
Spouse		\$30,000	
Additional Benefits			
Waiver of Premium		Included, 6 Mo	
Conversion		Included	
Portability		Included	
Open Enrollment		Employees, spouses, and children can increase coverage by up to 2x increments w/o EOI to plan max.	
Participation Required		CURRENT - 79 Lives	
Rate Guarantee		Until 1/1/2024	
Rates Per \$1,000		CURRENT	
		EE	Spouse
<25		\$0.040	\$0.040
25-29		\$0.040	\$0.040
30-34		\$0.050	\$0.050
35-39		\$0.060	\$0.060
40-44		\$0.100	\$0.100
45-49		\$0.160	\$0.160
50-54		\$0.250	\$0.250
55-59		\$0.360	\$0.360
60-64		\$0.620	\$0.620
65-69		\$1.520	\$1.520
70-74		\$2.610	n/a
75-79		\$8.590	n/a
Dependent Rates		\$2.00 per \$10,000 (FAM)	
AD&D Rates Per \$1,000			
Employee		\$0.040	
Spouse		\$0.040	
Child		Not Included	

Red Font indicates where rates straddle Table I (IRC Section 79 -- Imputed Income)

Comparison of Benefits  
**Disability**



## Grand County Long Term Disability

		Lincoln
		CURRENT
Eligibility	All Full-Time	X
	All Full-Time Who Elect Management	
Number of Eligible Employees		149
Monthly Covered Payroll		\$593,031
Benefit		
Elimination Period		90 Days
Benefit Percentage		66.67%
Maximum Monthly Benefit		\$6,000
Tax Free Benefit		No
COLA Benefit		2% Max
Line of Duty		Yes
Duration of Benefit		SSNRA
Definition of Disability		24 Mo Own Occ
Employer Contribution		100%
Participation Required		100%
Rate Guarantee		Until 1/1/2024
Rates		CURRENT
Per \$100 of Covered Payroll		\$0.453
<b>MONTHLY TOTAL</b>		<b>\$2,686.43</b>
<b>ANNUAL TOTAL</b>		<b>\$32,237.17</b>



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Voluntary Benefits  
**Grand County**  
Comparison of Benefits



Comparison of Benefits

# Supplemental Benefits



**Grand County**  
**Voluntary Accident Plan Renewal**

Carrier	Allstate
Current Enrollment	80
Reimbursement Method	Indemnity benefits that pay according to a schedule of benefits
Coverage Type	Off-Job
Emergency Medical Expenses	\$200 ER /\$100 other
X-Ray	\$200
Ambulance	\$200 ground \$600 air
Organized Sports Benefit	N/A
Hospital Confinement	\$200/day up to 365 days \$400/day for ICU \$1,000 initial confinement
Dislocations	Up to \$4,000
Fractures	Up to \$4,000
AD&D	\$40,000
Wellness Benefit	\$50 twice per person no waiting period (4 total/yr) - payable for any preventative visits (well-child/vision/annual exams)
Portability	Yes
Monthly Premiums	Current/Renewal
Employee	\$11.65
Employee + Spouse	\$20.16
Employee + Children	\$35.93
Family	\$48.18

**Grand County  
Voluntary Critical Illness Plan Renewal**

Carrier	Allstate Benefits	
<b>Current Enrollment</b>	64	
<b>How Do Benefits Pay:</b>	Lump sum paid upon diagnosis of covered illness	
<b>Increments</b>	\$10,000 & \$20,000	
<b>Guaranteed Issue</b>	Yes	
<b>Premiums</b>	Premiums based on Attained Age	
<b>Covered Conditions</b>	Heart Attack 100% Stroke 100% Invasive Cancer 100% Major Organ Transplant 100% End Stage Renal Failure 100% Carcinoma in Situ 25% Coronary Artery By-Pass Surgery 25% Skin Cancer \$250 Advanced Alzheimer's 100% Advanced Parkinson's 100% Benign Brain Tumor 100% Coma 100% Complete Loss of Hearing, Sight or Speech 100% Paralysis 100%	
<b>Re-occurrence Benefit</b>	100% eligible benefit available for different condition available with no waiting period; or same condition after 6 months	
<b>Spouse Coverage</b>	50% of Employee's elected amount	
<b>Dependent Coverage</b>	50% of Employees elected amount; no additional charge	
<b>Wellness Benefit</b>	\$50/yr. per covered person/must complete health screening exam	
<b>Pre-existing Conditions</b>	None	
<b>Benefit Reduction/Termination</b>	None	
<b>Portable</b>	Yes	
<b>Current/Renewal</b>		
<b>Monthly Premium Uni-tobacco</b>	<b>Employee/EE + CH \$10,000</b>	<b>EE + Spouse/Family</b>
<b>&lt;25</b>	\$2.76	\$4.80
<b>25-29</b>	\$3.48	\$5.88
<b>30-34</b>	\$4.73	\$7.81
<b>35-39</b>	\$6.93	\$11.15
<b>40-44</b>	\$9.59	\$15.22
<b>45-49</b>	\$13.48	\$21.18
<b>50-54</b>	\$18.77	\$29.22
<b>55-59</b>	\$24.95	\$38.64
<b>60-64</b>	\$35.54	\$54.75
<b>65-69</b>	\$49.79	\$76.44
<b>70-74</b>	\$67.84	\$103.87
<b>75-79</b>	\$85.76	\$130.93
<b>80+</b>	\$120.38	\$182.93
<b>Dependent Coverage</b>	<b>Included in Employees Rate</b>	

## Grand County Voluntary Hospital Indemnity Plan Renewal

Carrier	The Standard
Current Enrollment	48
Hospital Admission (per admission)	\$1,000 Limit 1 admission per year per person
Hospital Confinement (per day)	\$100/day up to 15 days per year
Intensive Care (per day)	\$100/day up to 15 days per year
Maternity Wait	None
Pre-existing Conditions	None
Portability	Yes - coverage terminates at age 80
Monthly Rates	Current/Renewal
Employee	\$10.00
Employee + Spouse	\$21.32
Employee + Children	\$19.14
Family	\$32.54