



Board of County Commissioners Agenda Request

5C

Agenda Item #

Requested Meeting Date: 12/11/2018

Title of Item: 2019 PEIP Health Insurance Rates

<input checked="" type="checkbox"/> REGULAR AGENDA <input type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <small>*provide copy of hearing notice that was published</small>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
Submitted by: Bobbie Danielson		Department: HR
Presenter (Name and Title): Bobbie Danielson, HR Director		Estimated Time Needed: 2 minutes
Summary of Issue: Please find PEIP rates attached outlining the employer's monthly premium contributions, HSA contributions, and waiver rate for 2019.		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Motion to authorize the employer's PEIP contribution rates as shown on the attached chart, effective 1/1/2019.		
Financial Impact: <i>Is there a cost associated with this request?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i> These employer contributions are included in the budget.		

Aitkin County 2019 - Rates

PEIP Plan	Total Premium per Month	Employer Pays per Month	Employee Pays per Month	Employer Annual HSA Contribution	Employee 2019 HSA "Additional" Contribution Max	IRS 2019 Maximum HSA Contribution (Add \$1,000 Catch-up if 55 or older)
Advantage Option						
Single	\$ 772.88	\$ 528.02	\$ 244.86	\$ -	Plan not HSA-compatible	N/A
S+1	\$ 1,777.84	\$ 1,043.96	\$ 733.88	\$ -	Plan not HSA-compatible	N/A
Family	\$ 2,215.10	\$ 1,195.80	\$ 1,019.30	\$ -	Plan not HSA-compatible	N/A
Value Option						
Single	\$ 694.04	\$ 528.02	\$ 166.02	\$ -	Plan not HSA-compatible	N/A
S+1	\$ 1,595.68	\$ 1,043.96	\$ 551.72	\$ -	Plan not HSA-compatible	N/A
Family	\$ 1,992.52	\$ 1,195.80	\$ 796.72	\$ -	Plan not HSA-compatible	N/A
HSA Compatible						
Single	\$ 528.02	\$ 528.02	\$ -	\$ 2,260.00	\$ 1,240.00	\$ 3,500.00
S+1	\$ 1,213.96	\$ 1,043.96	\$ 170.00	\$ 3,260.00	\$ 3,740.00	\$ 7,000.00
Family	\$ 1,515.80	\$ 1,195.80	\$ 320.00	\$ 3,260.00	\$ 3,740.00	\$ 7,000.00

WAIVER OPTION: \$2750/YEAR - ASK HR FOR DETAILS

Add \$1k if 55 or older