

Association County Commissioners of Georgia

2007
Health Plan Survey

Please return this questionnaire by DATE: September 21, 2007		If you have questions or need assistance, contact Ben Pittarelli at the ACCG at 800-858-2224.	Please Return by Fax or Mail to: Fax: 404-522-1897 Mail: ACCG Health Plan Survey Attn: Penny Henderson 50 Hurt Plaza, Suite 1000 Atlanta, GA 30303 Email: phenderson@accg.org
COUNTY NAME			
NAME OF PERSON COMPLETING SURVEY		TITLE	
PHONE #	E-MAIL ADDRESS		

1. How many employees does your county have? Full-time _____ Part-time _____
2. Does the county offer a Group Health Insurance Plan for employees? YES NO

HEALTH PLAN ENROLLMENT

3. How many full-time employees are enrolled in your health plan? _____
- a. How many of these employees carry family or dependent coverage? _____
4. How many early retirees (Under age 65) are enrolled in your health plan? _____
5. How many Medicare retirees (Age 65 and over) are enrolled in your health plan? _____
6. Do any of your employees get health coverage for dependents through Medicaid or Peach Care?
 YES NO DON'T KNOW

FINANCING ARRANGEMENTS

7. Is your plan:
 SELF-INSURED
Name of your TPA (third party administrator) _____
How many years have you been with this administrator? _____
- FULLY-INSURED
Name of your insurance company _____
How many years have you been with this company? _____
8. Name of Agency/Broker _____
9. Plan types offered: INDEMNITY PPO HMO POS
10. Total Annual Cost of Health Plan (all employer costs + all employee costs) for last full year: \$ _____

NOTE: Self-Insured Plans should include all fixed costs for administration, network fees, reinsurance premiums, fees for other services and total paid claims.

11. Current monthly premiums per employee or family (2007 plan year):

	INDEMNITY	PPO	HMO	POS
Single	\$ _____	\$ _____	\$ _____	\$ _____
Family	\$ _____	\$ _____	\$ _____	\$ _____
Other (2-P, etc)	\$ _____	\$ _____	\$ _____	\$ _____

12. Premium split: % of premium or \$ amount of premium paid by employee and employer:
For each option you offer employees, such as PPO or HMO, please list the plan name.

PLAN 1 NAME:	EMPLOYEE PAYS	EMPLOYER PAYS	TOTAL
Single	+	=	100%
Family	+	=	100%
Other	+	=	100%

PLAN 2 NAME:	EMPLOYEE PAYS	EMPLOYER PAYS	TOTAL
Single	+	=	100%
Family	+	=	100%
Other	+	=	100%

PLAN 3 NAME:	EMPLOYEE PAYS	EMPLOYER PAYS	TOTAL
Single	+	=	100%
Family	+	=	100%
Other	+	=	100%

If you offer more than 3 plans, please include on separate sheet. Thanks

SPECIAL RETIREE HEALTH INSURANCE SECTION

A. Has the County considered offering some type of retiree health plan to its retirees?

YES NO ALREADY OFFER

B. Might you be interested in a Medicare retiree health plan that does not have any GASB 45 liability? YES NO

C. Current per Retiree monthly premiums:

Retiree	INDEMNITY	PPO	HMO	POS
Under 65	\$ _____	\$ _____	\$ _____	\$ _____
Over Age 65	\$ _____	\$ _____	\$ _____	\$ _____
Other (2-P, etc)	\$ _____	\$ _____	\$ _____	\$ _____

D. Premium split: % of premium or \$ amount of premium paid by retiree and employer:
For each option you offer retirees, such as PPO or HMO, please list the plan name.

PLAN 1 NAME:	RETIREE PAYS	EMPLOYER PAYS	TOTAL
Retiree Under 65	+	=	
Retiree Over Age 65	+	=	
Other	+	=	

PLAN 2 NAME:	RETIREE PAYS	EMPLOYER PAYS	TOTAL
Retiree Under 65	+	=	
Retiree Over Age 65	+	=	
Other	+	=	

If you offer more than 2 retiree plans, please include on a separate sheet. Thanks.

GASB 45 COMPLIANCE

All local governments must calculate and account for their liability for non-pension retiree benefits (health, dental, life insurance, long-term disability and long-term care) according to the following schedule. Generally, this will require an actuarial determination.

ANNUAL REVENUES	MUST COMPLY FOR FISCAL YEARS AFTER
Over \$100 Million	12/15/2006
Between \$10 to \$100 Million	12/15/2007
Under \$10 Million	12/15/2008

GASB 45 QUESTIONS

- A. Has your county had an actuarial evaluation prepared? YES NO
- B. Has the county considered reducing any GASB 45 expense by pre-funding part or all of the liability? YES NO
- a. If Yes, what are you considering/doing:
- FUNDING ENTIRE ANNUAL REQUIRED CONTRIBUTION (ARC)
 - FUNDING SOMETHING LESS THAN THE ARC
 - ESTABLISHING AN IRREVOCABLE TRUST TO HOLD GASB FUNDING
- C. If the ACCG were to establish a separate account Trust for counties that provided professional investment management and accounting services, thus reducing the county's GASB 45 liability, might your county be interested in participating? YES NO
- D. If the ACCG were to offer a health plan for Medicare retirees that had no GASB 45 liability for the county, might you be interested in offering this to retirees? YES NO
- E. Would you like more information on GASB 45 compliance requirements? YES NO

COMMENTS & SUGGESTIONS:

If you have any questions or concerns regarding the survey, please feel free to contact Ben Pittarelli at 800-858-2224.