



LOCAL GOVERNMENT HEALTH INSURANCE BOARD

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Michael Gillespie
Chairman

David C. Hilyer
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August 31, 2023

MEMORANDUM

TO: Local Government Units

FROM: Local Government Health Insurance Board

SUBJECT: 2024 Benefit Changes and Premiums

At the August 31, 2023 Board meeting, the Local Government Health Insurance Board (LGHIB) approved a 3.5% medical and dental premium increase for active employees and non-Medicare retirees that will take effect January 1, 2024.

Along with the premium changes, the Board also approved the following changes:

- The wellness period is changing to August 1 through July 31. Screenings conducted between August 1, 2023, through October 31, 2023, will count toward the current 2024 screening year and the 2025 screening year;
- Effective January 1, 2024, there will be an increase in benefits for Southland Vision (no additional rate increase for this benefit improvement)

Currently, our wellness screening period for the 2024 premium category assignments ends on October 31, 2023. Units have until November 15, 2023, to submit wellness screening forms. The LGHIB will send units official premium assignment letters the following week. You can check your unit's current wellness participation by logging into your unit's my.lghip.org account.

Please remember, to be classified in the preferred premium category for 2024, a unit must meet the following criteria:

- Must be enrolled in the plan for two full calendar years as of January 1, 2024;
- 80% of active employees must have been screened during the wellness screening period (11/1/2022 – 10/31/23);
- No more than 30 days late paying its premium from the due date two or more times in the last two years. If the unit fails to pay on time, the unit can enroll in ACH payments to be reconsidered for preferred eligibility.
- For units that cover retirees, 5% of total enrollment must be retirees, or the unit must certify to the LGHIB by November 15, 2023, that all eligible retirees were offered LGHIP retiree coverage.

We greatly appreciate your continued participation and support of the LGHIP. If you have questions regarding these changes, please contact the LGHIB staff at (334) 851-6802.

**Local Government Health Insurance Program
CY2024 Premiums**

Active Employee Premiums - Preferred			
	Single	Family	Total
Employee (dental)	\$608		\$608
Employee & dependent (dental)	\$608	\$875	\$1,483
Employee (no dental)	\$581		\$581
Employee & dependent (no dental)	\$581	\$835	\$1,416

Active Employee Premiums - Standard			
	Single	Family	Total
Employee (dental)	\$666		\$666
Employee & dependent (dental)	\$666	\$1,015	\$1,681
Employee (no dental)	\$639		\$639
Employee & dependent (no dental)	\$639	\$975	\$1,614

Retiree (not Medicare)			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$1,257		\$1,257
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$1,257	\$1,060	\$2,317
Retiree (not Medicare) & dependent (Medicare) (dental)	\$1,257	\$202	\$1,459
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	\$1,257	\$404	\$1,661
Retiree (not Medicare) (no dental)	\$1,230		\$1,230
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$1,230	\$1,020	\$2,250
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$1,230	\$175	\$1,405
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	\$1,230	\$350	\$1,580

Retiree (Medicare)			
	Single	Family	Total
Retiree (Medicare) (dental)	\$202		\$202
Retiree (Medicare) & dependent (not Medicare) (dental)	\$202	\$872	\$1,074
Retiree (Medicare) & dependent (Medicare) (dental)	\$202	\$202	\$404
Retiree (Medicare) & 2 dependents (Medicare) (dental)	\$202	\$404	\$606
Retiree (Medicare) (no dental)	\$175		\$175
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$175	\$832	\$1,007
Retiree (Medicare) & dependent (Medicare) (no dental)	\$175	\$175	\$350
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	\$175	\$350	\$525

COBRA - Preferred			
	Single	Family	Total
Employee (dental)	\$620		\$620
Medicare employee (dental)	\$206		\$206
Employee & dependent (not Medicare) (dental)	\$620	\$893	\$1,513
Medicare employee & dependent (not Medicare) (dental)	\$206	\$893	\$1,099
Medicare employee & dependent (Medicare) (dental)	\$206	\$206	\$412
Employee & dependent (Medicare) (dental)	\$620	\$206	\$826
Employee (no dental)	\$593		\$593
Medicare employee (no dental)	\$179		\$179
Employee & dependent (not Medicare) (no dental)	\$593	\$852	\$1,445
Medicare employee & dependent (not Medicare) (no dental)	\$179	\$852	\$1,031
Medicare employee & dependent (Medicare) (no dental)	\$179	\$179	\$358
Employee & dependent (Medicare) (no dental)	\$593	\$179	\$772

COBRA - Standard			
	Single	Family	Total
Employee (dental)	\$679		\$679
Medicare employee (dental)	\$206		\$206
Employee & dependent (not Medicare) (dental)	\$679	\$1,035	\$1,714
Medicare employee & dependent (not Medicare) (dental)	\$206	\$1,035	\$1,241
Medicare employee & dependent (Medicare) (dental)	\$206	\$206	\$412
Employee & dependent (Medicare) (dental)	\$679	\$206	\$885
Employee (no dental)	\$652		\$652
Medicare employee (no dental)	\$179		\$179
Employee & dependent (not Medicare) (no dental)	\$652	\$995	\$1,647
Medicare employee & dependent (not Medicare) (no dental)	\$179	\$995	\$1,174
Medicare employee & dependent (Medicare) (no dental)	\$179	\$179	\$358
Employee & dependent (Medicare) (no dental)	\$652	\$179	\$831

Retiree (not Medicare) COBRA			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$1,282		\$1,282
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$1,282	\$1,080	\$2,362
Retiree (not Medicare) & dependent (Medicare) (dental)	\$1,282	\$206	\$1,488
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	\$1,282	\$412	\$1,694
Retiree (not Medicare) (no dental)	\$1,255		\$1,255
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$1,255	\$1,040	\$2,295
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$1,255	\$179	\$1,434
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	\$1,255	\$357	\$1,612

Retiree (Medicare) COBRA			
	Single	Family	Total
Retiree (Medicare) (dental)	\$206		\$206
Retiree (Medicare) & dependent (not Medicare) (dental)	\$206	\$890	\$1,096
Retiree (Medicare) & dependent (Medicare) (dental)	\$206	\$206	\$412
Retiree (Medicare) & 2 dependents (Medicare) (dental)	\$206	\$412	\$618
Retiree (Medicare) (no dental)	\$179		\$179
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$179	\$849	\$1,028
Retiree (Medicare) & dependent (Medicare) (no dental)	\$179	\$179	\$358
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	\$179	\$357	\$536

COBRA Disabled - Preferred			
	Single	Family	Total
COBRA Disabled (dental)	\$912		\$912
COBRA Disabled Medicare (dental)	\$303		\$303
COBRA Disabled & dependent (dental)	\$912	\$893	\$1,805
COBRA Disabled Medicare & dependent (dental)	\$303	\$893	\$1,196
COBRA Disabled & dependent (Medicare) (dental)	\$912	\$206	\$1,118
COBRA Disabled Medicare & dependent (Medicare) (dental)	\$303	\$206	\$509
COBRA Disabled (no dental)	\$872		\$872
COBRA Disabled Medicare (no dental)	\$263		\$263
COBRA Disabled & dependent (no dental)	\$872	\$852	\$1,724
COBRA Disabled Medicare & dependent (no dental)	\$263	\$852	\$1,115
COBRA Disabled & dependent (Medicare) (no dental)	\$872	\$179	\$1,051
COBRA Disabled Medicare & dependent (Medicare) (no dental)	\$263	\$179	\$442

COBRA Disabled - Standard			
	Single	Family	Total
COBRA Disabled (dental)	\$999		\$999
COBRA Disabled Medicare (dental)	\$303		\$303
COBRA Disabled & dependent (dental)	\$999	\$1,035	\$2,034
COBRA Disabled Medicare & dependent (dental)	\$303	\$1,035	\$1,338
COBRA Disabled & dependent (Medicare) (dental)	\$999	\$206	\$1,205
COBRA Disabled Medicare & dependent (Medicare) (dental)	\$303	\$206	\$509
COBRA Disabled (no dental)	\$959		\$959
COBRA Disabled Medicare (no dental)	\$263		\$263
COBRA Disabled & dependent (no dental)	\$959	\$995	\$1,954
COBRA Disabled Medicare & dependent (no dental)	\$263	\$995	\$1,258
COBRA Disabled & dependent (Medicare) (no dental)	\$959	\$179	\$1,138
COBRA Disabled Medicare & dependent (Medicare) (no dental)	\$263	\$179	\$442

Southland			
	Single	Family	Total
Vision	\$12	\$20	\$20
Dental	\$44	\$44	\$44

Southland - COBRA			
	Single	Family	Total
Vision	\$12	\$20	\$20
Dental	\$46	\$46	\$46