



LOCAL GOVERNMENT HEALTH INSURANCE BOARD

PO Box 304900 • Montgomery, AL 36130-4900
201 South Union Street, Suite 200 • Montgomery, AL 36104
Phone: 334-263-8326 or 1-866-836-9137
www.lghip.org

Michael Gillispie
Chairman

David C. Hilyer
CEO

September 15, 2022

MEMORANDUM

TO: Local Government Units

FROM: Local Government Health Insurance Board

SUBJECT: Calendar Year 2023 Premiums

At the September 13, 2022 Board meeting, the Local Government Health Insurance Board (LGHIB) approved a 6.4% medical and dental premium increase for active employees and non-Medicare retirees that will take effect January 1, 2023.

The Board also approved a new savings program through HealthSmartRx and Blue Cross and Blue Shield of Alabama for certain provider administered drugs. The program is designed to ensure our members are paying the lowest possible out-of-pocket costs while also reducing overall costs to the Plan.

As a reminder, our wellness screening period for the 2023 premium category assignments ends on October 31, 2022. Units have until November 15, 2022, 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 2023, a unit must meet the following criteria:

- Must be enrolled in the plan for two full calendar years as of January 1, 2023;
- 80% of active employees must have been screened during the wellness screening period (11/1/2021 – 10/31/22);
- No more than 30 days late paying its premium from the due date two or more times in the last two years;
- For units that cover retirees, 5% of total enrollment must be retirees, or the unit must certify to the LGHIB by November 15, 2022 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) 263-8326.

**Local Government Health Insurance Program
CY2023 Premiums**

Active Employee Premiums - Preferred			
	Single	Family	Total
Employee (dental)	\$587		\$587
Employee & dependent (dental)	\$587	\$846	\$1,433
Employee (no dental)	\$561		\$561
Employee & dependent (no dental)	\$561	\$807	\$1,368

Active Employee Premiums - Standard			
	Single	Family	Total
Employee (dental)	\$643		\$643
Employee & dependent (dental)	\$643	\$981	\$1,624
Employee (no dental)	\$617		\$617
Employee & dependent (no dental)	\$617	\$942	\$1,559

Retiree (not Medicare)			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$1,214		\$1,214
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$1,214	\$1,025	\$2,239
Retiree (not Medicare) & dependent (Medicare) (dental)	\$1,214	\$201	\$1,415
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	\$1,214	\$402	\$1,616
Retiree (not Medicare) (no dental)	\$1,188		\$1,188
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$1,188	\$986	\$2,174
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$1,188	\$175	\$1,363
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	\$1,188	\$350	\$1,538

Retiree (Medicare)			
	Single	Family	Total
Retiree (Medicare) (dental)	\$201		\$201
Retiree (Medicare) & dependent (not Medicare) (dental)	\$201	\$843	\$1,044
Retiree (Medicare) & dependent (Medicare) (dental)	\$201	\$201	\$402
Retiree (Medicare) & 2 dependents (Medicare) (dental)	\$201	\$402	\$603
Retiree (Medicare) (no dental)	\$175		\$175
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$175	\$804	\$979
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)	\$599		\$599
Medicare employee (dental)	\$205		\$205
Employee & dependent (not Medicare) (dental)	\$599	\$863	\$1,462
Medicare employee & dependent (not Medicare) (dental)	\$205	\$863	\$1,068
Medicare employee & dependent (Medicare) (dental)	\$205	\$205	\$410
Employee & dependent (Medicare) (dental)	\$599	\$205	\$804
Employee (no dental)	\$572		\$572
Medicare employee (no dental)	\$179		\$179
Employee & dependent (not Medicare) (no dental)	\$572	\$823	\$1,395
Medicare employee & dependent (not Medicare) (no dental)	\$179	\$823	\$1,002
Medicare employee & dependent (Medicare) (no dental)	\$179	\$179	\$358
Employee & dependent (Medicare) (no dental)	\$572	\$179	\$751

COBRA - Standard			
	Single	Family	Total
Employee (dental)	\$656		\$656
Medicare employee (dental)	\$205		\$205
Employee & dependent (not Medicare) (dental)	\$656	\$1,001	\$1,657
Medicare employee & dependent (not Medicare) (dental)	\$205	\$1,001	\$1,206
Medicare employee & dependent (Medicare) (dental)	\$205	\$205	\$410
Employee & dependent (Medicare) (dental)	\$656	\$205	\$861
Employee (no dental)	\$629		\$629
Medicare employee (no dental)	\$179		\$179
Employee & dependent (not Medicare) (no dental)	\$629	\$961	\$1,590
Medicare employee & dependent (not Medicare) (no dental)	\$179	\$961	\$1,140
Medicare employee & dependent (Medicare) (no dental)	\$179	\$179	\$358
Employee & dependent (Medicare) (no dental)	\$629	\$179	\$808

Retiree (not Medicare) COBRA			
	Single	Family	Total
Retiree (not Medicare) (dental)	\$1,238		\$1,238
Retiree (not Medicare) & dependent (not Medicare) (dental)	\$1,238	\$1,045	\$2,283
Retiree (not Medicare) & dependent (Medicare) (dental)	\$1,238	\$205	\$1,443
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	\$1,238	\$410	\$1,648
Retiree (not Medicare) (no dental)	\$1,212		\$1,212
Retiree (not Medicare) & dependent (not Medicare) (no dental)	\$1,212	\$1,006	\$2,218
Retiree (not Medicare) & dependent (Medicare) (no dental)	\$1,212	\$179	\$1,391
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	\$1,212	\$357	\$1,569

Retiree (Medicare) COBRA			
	Single	Family	Total
Retiree (Medicare) (dental)	\$205		\$205
Retiree (Medicare) & dependent (not Medicare) (dental)	\$205	\$860	\$1,065
Retiree (Medicare) & dependent (Medicare) (dental)	\$205	\$205	\$410
Retiree (Medicare) & 2 dependents (Medicare) (dental)	\$205	\$410	\$615
Retiree (Medicare) (no dental)	\$179		\$179
Retiree (Medicare) & dependent (not Medicare) (no dental)	\$179	\$820	\$999
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)	\$881		\$881
COBRA Disabled Medicare (dental)	\$302		\$302
COBRA Disabled & dependent (dental)	\$881	\$863	\$1,744
COBRA Disabled Medicare & dependent (dental)	\$302	\$863	\$1,165
COBRA Disabled & dependent (Medicare) (dental)	\$881	\$205	\$1,086
COBRA Disabled Medicare & dependent (Medicare) (dental)	\$302	\$205	\$507
COBRA Disabled (no dental)	\$842		\$842
COBRA Disabled Medicare (no dental)	\$263		\$263
COBRA Disabled & dependent (no dental)	\$842	\$823	\$1,665
COBRA Disabled Medicare & dependent (no dental)	\$263	\$823	\$1,086
COBRA Disabled & dependent (Medicare) (no dental)	\$842	\$179	\$1,021
COBRA Disabled Medicare & dependent (Medicare) (no dental)	\$263	\$179	\$442

COBRA Disabled - Standard			
	Single	Family	Total
COBRA Disabled (dental)	\$965		\$965
COBRA Disabled Medicare (dental)	\$302		\$302
COBRA Disabled & dependent (dental)	\$965	\$1,001	\$1,966
COBRA Disabled Medicare & dependent (dental)	\$302	\$1,001	\$1,303
COBRA Disabled & dependent (Medicare) (dental)	\$965	\$205	\$1,170
COBRA Disabled Medicare & dependent (Medicare) (dental)	\$302	\$205	\$507
COBRA Disabled (no dental)	\$926		\$926
COBRA Disabled Medicare (no dental)	\$263		\$263
COBRA Disabled & dependent (no dental)	\$926	\$961	\$1,887
COBRA Disabled Medicare & dependent (no dental)	\$263	\$961	\$1,224
COBRA Disabled & dependent (Medicare) (no dental)	\$926	\$179	\$1,105
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