

AGENDA ITEM COVER SHEET

Title: 2021 Employee Trust Funds Health Insurance

☒ Original

☐ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Iowa County has received the 2021 Health Insurance rates to include four program options:

- Traditional Plan
 - Local Deductible (\$500 single/\$1000 family) **CURRENT PROGRAM
 - Local Health Plan (\$250 single/\$500 family Deductible, Co-pay and Co-insurance)
 - Local High Deductible Plan (\$1,500 single/\$3,000 family Deductible, Co-pays and Co-insurance)
- All four plans have the option to include dental insurance or without dental.

It's Your Choice Open Enrollment period is from September 28 - October 23. It is crucial to have rates set before Open Enrollment so employees are aware and can make an informed decisions during IYC Open Enrollment.

The County will contribute 85% of the average of the two qualifying plans to the Sheriff's Office represented staff and management.

RECOMMENDATIONS (IF ANY):

☒ Move forward with the Low Deductible Plan without Dental.

ANY ATTACHMENTS? (Only 1 copy is needed)

☒ Yes

☐ No

If yes, please list below:

Page H1: Resolution to adopt 82% of the average of the two qualifying plans on the Local (Low) Deductible plan without dental.

Page H2: 2020 Adopted Health Insurance Rates

Page H3/H4 - 2021 Proposed Health Insurance, includes employer and employee costs.

FISCAL IMPACT:

\$226,748.04(Page H3 of the Health Insurance handouts)

LEGAL REVIEW PERFORMED:

☐ Yes

☐ No

PUBLICATION REQUIRED:

☐ Yes

☒ No

PRESENTATION?:

☐ Yes

☒ No

How much time is needed? 10 minutes

COMPLETED BY: Allison Leitzinger

DEPT: Employee Relations

2/3 VOTE REQUIRED:

☐ Yes

☒ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE:

AGENDA ITEM #

RESOLUTION NO.

TO THE HONORABLE IOWA COUNTY BOARD OF SUPERVISORS:

WHEREAS, the Iowa County General Government Committee has evaluated the Wisconsin Public Employers Group (ETF) Health Insurance premium rate scheduled to be implemented January 1, 2021; and

WHEREAS, current law states that local governments such as Iowa County who subscribe to the ETF health insurance plan are prohibited from paying more than 88% of the average cost of their respective qualified ETF plans, which began with premiums from January 2012 coverage forward; and

WHEREAS, Iowa County must comply with the requirements of current law based upon an average cost assessment, while at the same time providing reasonably-priced health insurance coverage with multiple options to qualified employees; and

WHEREAS, with the recognition that the average cost of the two qualified Iowa County ETF plans presents a mandated solution that must consider equity in the contributions toward health care options across all plans.

NOW THEREFORE, BE IT RESOLVED, the Committee recommends for fiscal year 2021 premiums, Iowa County as employer will pay the equivalent of 82% of the average cost of the two qualifying ETF Local Deductible plans (without dental) in the County toward the cost of the ETF family or single plan selected by the employee.

BE IT FURTHER RESOLVED, that this resolution applies to all staff except for the Sheriff's Office employees covered under the Collective Bargaining Agreement and Sheriff's Office management staff.

Respectfully submitted by the Iowa County General Government Committee:

Dated this 3rd day of September, 2020.

	A	B	C	D	E	F	G	H	I	J	K	
1	Adopted - Iowa County - 2020 Health Insurance Rates											
2	For the September 17, 2019 County Board Meeting											
3												
4												
5	All Rates are Monthly Rates											
6	Please Note: Medical Associates is the lowest qualified plan for 2020											
7												
8	Covers all eligible Iowa County Employees except Sheriff's Department Represented Employees & Sheriff Management											
9												
10	Iowa County contributes 84% of the average premium cost of qualified plans											
11	These rates apply to all Full-Time Employees. Rates for Part-Time Employees are pro-rated.											
12												
13	LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan											
14												
										Employee Share Per Pay Period		
15	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.	
16	Dean Health	664.24	1,627.08	123.06	541.18	302.28	1,324.80	18.53%	18.58%	61.53	151.14	
17	GHC of South Central WI	670.56	1,642.88	129.38	541.18	318.08	1,324.80	19.29%	19.36%	64.69	159.04	
18	Medical Associates	597.98	1,461.44	56.80	541.18	136.64	1,324.80	9.50%	9.35%	28.40	68.32	
19	Quartz Community	793.70	1,950.74	252.52	541.18	625.94	1,324.80	31.82%	32.09%	126.26	312.97	
20	Quartz UW	615.36	1,504.88	74.18	541.18	180.08	1,324.80	12.05%	11.97%	37.09	90.04	
21												
22												
23	Annual Employer Cost per Single & Family Plan:											
24					6,494.16					15,897.60		
25												
26	All Rates are Monthly Rates											
27	Please Note: Medical Associates is the lowest qualified plan for 2020											
28												
29	Covers all eligible Sheriff's Department Represented and Management Employees											
30												
31	Iowa County contributes 85% of the average premium cost of qualified plans											
32	These rates apply to all Full-Time Employees. Rates for Part-Time Employees are pro-rated.											
33												
34	LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan											
35												
										Employee Share		
36	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.	
37	Dean Health	664.24	1,627.08	116.62	547.62	286.52	1,340.56	17.56%	17.61%	58.31	143.26	
38	GHC of South Central WI	670.56	1,642.88	122.94	547.62	302.32	1,340.56	18.33%	18.40%	61.47	151.16	
39	Medical Associates	597.98	1,461.44	50.36	547.62	120.88	1,340.56	8.42%	8.27%	25.18	60.44	
40	Quartz Community	793.70	1,950.74	246.08	547.62	610.18	1,340.56	31.00%	31.28%	123.04	305.09	
41	Quartz UW	615.36	1,504.88	67.74	547.62	164.32	1,340.56	11.01%	10.92%	33.87	82.16	
42												
43												
44	Annual Employer Cost per Single & Family Plan:											
					6,571.44					16,086.72		

2020 Adopted Rates

H2

Projected 2021 Health Insurance Rates - Low Deductible Plan

Prepared 9/1/20 RRH

2021 - 82% if the Average Cost of the Average of the 2 qualified Plans for Iowa County

2020 - 84% if the Average Cost of the Average of the 3 qualified Plans for Iowa County

LOW DEDUCTIBLE PLAN - \$500 single plan & \$1,000 family plan

Iowa County

Compare 2021 (82% of Average) and 2020 Adopted Monthly Health Insurance Rates

Please Note: GHC South Central WI is the lowest qualified plan for 2021

Plan	2020 Single Plan Monthly Premium	2021 Projected Single Plan Monthly Premium	Amount of Increase	% of Increase	2020 Family Plan Monthly Premium	2021 Projected Family Plan Monthly Premium	Amount of Increase	% of Increase
Dean Health	664.24	731.22	66.98	10.1%	1,627.08	1,791.06	163.98	10.1%
GHC of South Central WI	670.56	705.68	35.12	5.2%	1,642.88	1,727.22	84.34	5.1%
Medical Associates	597.98				1,461.44			
Average Cost of the Qualified Plans for Iowa County	644.26	718.45	74.19	11.5%	1,577.13	1,759.14	182.01	11.5%
Monthly County Contribution 84% based on average premiums of the qualified plans for 2020 & 82% on Average of plans for 2021	541.18	589.14	47.96	8.9%	1,324.80	1,442.50	117.70	8.9%
Current # of Plans for the September 2020 Health Insurance Invoice:			38				110	
Projected Decrease County Cost per Month for Employees			1,822.48				12,947.00	
Total Projected Increase in Annual 2021 County Cost - EE's other than Sheriff			21,869.76				155,364.00	\$ 177,233.76
Total Projected Increase in Annual 2021 County Cost - Sheriff Department								\$ 49,514.28
Total Projected Increase in Annual 2021 County Cost								\$ 226,748.04

H3

	A	B	C	D	E	F	G	H	I	J	K
1	Proposed - Iowa County - 2021 Health Insurance Rates										
2	For the September 15, 2020 County Board Meeting										
3											
4											
5	All Rates are Monthly Rates										
6	Please Note: GHC South Central WI is the lowest qualified plan for 2021										
7											
8	Covers all eligible Iowa County Employees except Sheriff's Department Represented Employees & Sheriff Management										
9											
10	Iowa County contributes 82% of the average premium cost of qualified plans										
11	These rates apply to all Full-Time Employees. Rates for Part-Time Employees are pro-rated.										
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				Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
15	Plan	Single Monthly Premium	Family Monthly Premium								
16	Dean Health	731.22	1,791.06	142.08	589.14	348.56	1,442.50	19.43%	19.46%	71.04	174.28
17	GHC of South Central WI	705.68	1,727.22	116.54	589.14	284.72	1,442.50	16.51%	16.48%	58.27	142.36
18	Medical Associates	675.06	1,650.66	85.92	589.14	208.16	1,442.50	12.73%	12.61%	42.96	104.08
19	Quartz Community	878.00	2,158.02	288.86	589.14	715.52	1,442.50	32.90%	33.16%	144.43	357.76
20	Quartz UW	666.10	1,628.26	76.96	589.14	185.76	1,442.50	11.55%	11.41%	38.48	92.88
21											
22											
23	Annual Employer Cost per Single & Family Plan:				7,069.68	17,310.00					
24											
25											
26	All Rates are Monthly Rates										
27	Please Note: GHC South Central WI is the lowest qualified plan for 2021										
28											
29	Covers all eligible Sheriff's Department Represented and Management Employees										
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				Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
36	Plan	Single Monthly Premium	Family Monthly Premium								
37	Dean Health	731.22	1,791.06	120.54	610.68	295.80	1,495.26	16.48%	16.52%	60.27	147.90
38	GHC of South Central WI	705.68	1,727.22	95.00	610.68	231.96	1,495.26	13.46%	13.43%	47.50	115.98
39	Medical Associates	675.06	1,650.66	64.38	610.68	155.40	1,495.26	9.54%	9.41%	32.19	77.70
40	Quartz Community	878.00	2,158.02	267.32	610.68	662.76	1,495.26	30.45%	30.71%	133.66	331.38
41	Quartz UW	666.10	1,628.26	55.42	610.68	133.00	1,495.26	8.32%	8.17%	27.71	66.50
42											
43											
44	Annual Employer Cost per Single & Family Plan:				7,328.16	17,943.12					

2021 Proposed Rates