### **AGENDA ITEM COVER SHEET**

Title: 2021 Employee Trust Funds Health Insurance

Original

If yes, please list below:

#### TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

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

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

- -Traditional Plan
- -Local Deductible (\$500 single/\$1000 family) \*\*CURRENT PROGRAM

in move forward with the Low Deductible Plan without Dental.

ANY ATTACHMENTS? (Only 1 copy is needed)

- -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.

Yes

( No

#### **RECOMMENDATIONS (IF ANY):**

Page H1: Resolution to adopt 82 Page H2: 2020 Adopted Health I Page H3/H4 - 2021 Proposed He	nsurance Rate	es	ualifying plans on the Local (Low)	Deductible plan v	without dental.
FISCAL IMPACT:					
\$226,748.04(Page H3 of the Hea	lth Insurance	handouts)			
LEGAL REVIEW PERFORMED:	← Yes	( No	PUBLICATION REQUIRED:	( Yes (•	No
PRESENTATION?:	← Yes	♠ No	How much time is needed? 10 m	inutes	-
COMPLETED BY: Allison Leitzing	er		<b>DEPT:</b> Employee Relations	<u>;                                    </u>	

#### TO BE COMPLETED BY COMMITTEE CHAIR

( Yes

No

**MEETING DATE:** 

2/3 VOTE REQUIRED:

**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 3<sup>rd</sup> day of September, 2020.

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3	1	oro ocumy bo	ara meeting									
-4	=											
5				All Rates are	Monthly Rate	<u>es</u>						
6	Please Note: Medical	Associates is	the lowest of	jualified plan	for 2020							
										7		
8	Covers all eligible lowa County Employees except Sheriff's Department Represented Employees & Sheriff Management											
9												
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11												
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_	LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan											
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14										Employ		
	1									Per Pa	y Perio	
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				Employee Share Single	Employer Share Single	Share Family Plan	Employer Share Family	Employee % of Single				
		Single	Family	Plan Monthly	Monthly	Monthly	Monthly	Monthly	Employee % of Family	1/2 of	1/2 c	
15	Plan	Monthly Premium	Monthly Premium	Premium	Premium	Premium	Premium	Premium	Monthly	single	fami	
	Dean Health	664.24		(Deduction)	(Benefit)	(Deduction)	• •	Rate	Premium Rate	ded.	ded	
			1,627.08	123.06	541.18	302.28	1,324.80	18.53%	18.58%	61.53	151.	
	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.	
18	Medical Associates	597.98	1,461.44	56.80	541.18	136,64	1,324.80	9.50%	9.35%	28.40	68.	
19	Quartz Community	793.70	1,950.74	252.52	541,18	625.94	1,324.80	31.82%		126.26		
20	Quartz UW	615.36	1,504.88	74.18	541.18	180.08	1,324.80	12.05%			312.	
			,			100,00	1,524.00	12.05%	11.97%	37.09	90.0	
21				-								
23	Annual Employer Cost	per Single & I	amily Plan:		6,494.16		15.897.60					
24 25							10,007.00					
26			-	All Rates are I	Monthly Rate:	:						
27	Please Note: Medical A	ssociates is tl	ne lowest qu	alified plan f	or 2020	•						
28									19			
30	Cov	vers all eligibl	e Sheriff's D	epartment R	epresented a	and Manage	ement Emplo	yees				
31		Iowa County o	ontributes 85	% of the ave	rana promiu	m cost of a	unlified alone					
32	These	rates apply to	all Full-Time	Employees.	Rates for Par	t-Time Emp	lovees are or	o-rated	1			
33						o <u>_</u> p	loyees are pro	raica.	1			
34	LOW DEDUCTIBLE PLA	<u>N - \$500 Sing</u>	le Plan and	\$1,000 Family	/ Plan				1			
2										Employe	e Share	
						Employee						
				Employee Share Single	Employer	Share	Employer	Employee %				
		Single	Family	Share Single Plan Monthly	Share Single Monthly	Monthly	Share Family Monthly	of Single Monthly	Employee %	4/0 *	4.6-	
		Monthly	Monthly	Premium	Premium	Premium	Premium	Premium	of Family Monthly	1/2 of single	1/2 of family	
5	Plan Dean Health	Premium	Premium	(Deduction)	(Benefit)	(Deduction)	(Benefit)	Rate	Premium Rate	ded.	ded.	
_	GHC of South Central WI	664.24 670.56	1,627.08	116.62	547.62	286.52	1,340.56	17.56%	17.61%	58.31	143.2	
_	Medical Associates	597.98	1,642.88 1,461.44	122.94 50.36	547.62 547.62	302.32	1,340.56	18.33%	18.40%	61.47	151.1	
_	Quartz Community	793.70	1,950.74	246.08	547.62 547.62	120.88 610.18	1,340.56 1,340.56	8.42% 31.00%	8.27%	25.18	60.44	
1 0	Quartz UW	615.36	1,504.88	67.74	547.62	164.32	1,340.56	11.01%	31.28% 10.92%	123.04 33.87	305.09	
2							.,0.00		10.3270	/٥.دد	82.16	
3 4 A	nnual Employer Cost p	or Cineta o F	milië Diam									
• 14	umuai Employer Cost p	er omgle & Fa	mmy Pian:		6,571.44		16,086.72					

## 2020 Adopted Rates

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2	Proi	ected 2021	Hoalth Inc.	rones Dete			Prepared 9/1/2	20 RRH
3	110	ected 2021	nealth ms	irance Rate	s - Low Deductible	Plan		
				e		1		
004 000/ :64								
021 - 82% if the	Average Cost of the	Average of	the 2 qual	ified Plans t	or Iowa County			
5 2020 - 84% if the Av	verage Cost of the Averag	e of the 3 qual	ified Plans fo	Louis County				
6 LOW DEDUCTIB	EDIAN SECO.	0 @4	nned rians lo	lowa County				
	LE PLAN - \$500 singl	e pian & \$1,	000 family p	lan				
8			1	owa County				
9	Compare 2	021 (82% of	Average) and	2020 Adopte	d Monthly Health Insu	ronno Botos		
				_coro Adopte	a Monday Health Insu	rance Rates		
Please Note: GHC Sou	th Central WI is the lowest qu	alified plan for 2	2021					
		2021					-	
	2020 Single	Projected	İ			2021		
	Plan	Single Plan				Projected		
	Monthly	Monthly	Amount of	9/ -5		Family Plan		
Plan	Premium	Premium	Amount of Increase	% of	2020 Family Plan	Monthly	Amount of	
14 Dean Health	664.24	731.22	66.98	Increase	Monthly Premium	Premium	Increase	% of Increase
5 GHC of South Centra	al WI 670.56	705.68	35,12	10.1% 5.2%	1,627.08	1,791.06	163.98	10.1
16 Medical Associates	597.98	700.00	33.12	5.2%	1,642.88	1,727.22	84.34	5.1
17					1,461.44			
Average Cost of the	Qualified							
18 Plans for Iowa Coun	ty 644.26	718.45	74.19	44.50				
19		710.43	14.19	11.5%	1,577.13	1,759.14	182.01	11.5
		1	1	-				
Monthly County Contrib	ution 84%		1					
based on average prem	iums of the							
qualified plans for 2020					i i			
Average of plans for 202	21 541.18	589 14	47.96	8.9%	1,324.80	1,442,50	117.70	
<del>-</del>	terror and an extension of	Marine College				7,772,00	117.70	8.99
Current # of Plans for the	Contamba apparts will					THE REAL PROPERTY.	ADD 274 BT	
Them wor rians for the	September 2020 Health Insura	nce Invoice:	38			The second second	110	
~		-						
Projected Decrease	e County Cost per Month for Er	40.00						
Projected Decrease	County Cost per Month for Er	nployees	1,822.48				12,947.00	
	*							
Total Projected Increas	e in Annual 2021 County Cos than Sheriff	t - EE's other	1					
6	21,869.76				155 254 00			
Total Projected Inner	in Annual 2004 Co						155,364.00	\$ 177,233.76
7 Department	in Annual 2021 County Cost	- Sheriff		l l	1			
8								\$ 49,514.28
Total Projected Incre	ase in Annual 2021 Cour	nty Cost						- 73,014.20
					T .			\$ 226,748.04

	A	В	С	D	Е	F	G	В	1	l J	K	
1		Propo	sed - low	a County - 2	021 Health	Insuranc	e Rates	101 111 11				
2	For the September 15, 20											
3	1	•	J									
**												
5				All Rates are		<u>s</u>						
6	Please Note: GHC Sout	th Central Wi	is the lowes	t qualified pla	an for 2021							
										1		
8	Covers all eligible Iowa County Employees except Sheriff's Department Represented Employees & Sheriff Management											
9	Service an english form country Employees except offering a Department Represented Employees & Sheriff Management											
10	lows County contributes 939/ of the gyerran and of surfitted the											
11	THESE	e rates apply to	ali ruli-i m	e Employees.	Rates for Pa	π-1 ime Emį	pioyees are pi	ro-rated.				
12	LOW DEDUCTION E DI											
13	LOW DEDUCTIBLE PLA	AN - \$500 Sing	gle Plan and	\$1,000 Famil	<u>y Plan</u>							
										Employe	ee Shar	
14											y Period	
						Employee						
				Employee	Employer	Share	Employer	Employee %				
				Share Single			Share Family	of Single	Employee %			
		Single Monthly	Family Monthly	Plan Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly	of Family	1/2 of	1/2 0	
15	Plan	Premium	Premium	(Deduction)	(Benefit)	(Deduction)	(Benefit)	Premium Rate	Monthly Premium Rate	single ded.	family ded.	
16	Dean Health	731.22	1,791.06	142.08	589.14	348.56	1,442.50	19.43%		71.04	174.2	
17	GHC of South Central WI	705.68	1,727.22	116,54	589.14	284.72	1,442.50	16.51%				
$\neg$			•							58.27	142.	
$\neg$	Medical Associates	675.06	1,650.66	85.92	589.14	208.16	1,442.50	12.73%		42.96	104.0	
19	Quartz Community	878.00	2,158.02	288.86	589.14	715.52	1,442.50	32.90%	33.16%	144.43	357.7	
<u>5Ū</u>	Quartz UW	666.10	1,628.26	76.96	589,14	185.76	1,442.50	11.55%	11.41%	38.48	92.8	
21												
22												
23	Annual Employer Cost p	oer Single & F	Family Plan:		7,069.68		17,310.00					
Z4 25												
26			,	A <i>ll Rates are N</i>	nonthly Rates							
	Please Note: GHC South	n Central WI i										
28												
29	Cov	ers all eligibl	le Sheriff's D	epartment R	epresented a	nd Manage	ment Emplo	yees				
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33	inese	races apply to	an i un-tutte	Employees.	ולם וטו בשומי	- inie Emp	oyees are pro	J-: aleu.	1			
	LOW DEDUCTIBLE PLA	N - \$500 Sing	le Plan and	\$1,000 Family	Plan				1			
35										Employe	e Share	
						Employee						
				Employee	Employer	Share	Employer	Employee %				
				Share Single	Share Single	Family Plan	Share Family	of Single	Employee %			
		Single	Family	Plan Monthly	Monthly	Monthly	Monthly	Monthly	of Family	1/2 of	1/2 of	
6	Plan	Monthly Premium	Monthly Premium	Premium (Deduction)	Premium (Benefit)	Premium (Doduction)	Premium (Ropofit)	Premium	Monthly	single	family	
_	Dean Health	731.22	1,791.06	120.54	610.68	(Deduction) 295.80	(Benefit) 1,495.26	Rate 16.48%	Premium Rate 16.52%	ded.	ded.	
_	GHC of South Central WI	705.68	1,727.22	95.00	610.68	231.96	1,495.26	13.46%	13.43%	60.27 47.50	147.90	
-	Medical Associates	675.06	1,650.66	64.38	610.68	155.40	1,495.26	9.54%	9.41%	32.19	115.98 77.70	
_	Quartz Community	878.00	2,158.02	267.32	610.68	662.76	1,495.26	30.45%	30.71%	133.66	331.38	
11	Quartz UW	666.10	1,628.26	55.42	610.68	133.00	1,495.26	8.32%	8.17%	27.71	66.50	
2											55,50	
3	Annual Employer Cost p	or Single P E	amilu Plan		7 220 46		47.040.40					
4 F	umuar Employer Cost p	er Single & F	amily Plan:		7,328.16		17,943.12					

# 2021 Proposed Rates