

Buffalo County Resolution



Drafted By:
Sonya J. Hansen
Presented Month/Year:
October 2020
Involved Committees:
Human Resources
Finance Committee

County Department:
Administration
Fiscal Impact: YES / NO
AC Approved: YES / NO

RESOLUTION # 20-10-02

A RESOLUTION TO APPROVE HEALTH INSURANCE BENEFIT PLAN FOR 2021

WHEREAS, the Employee Handbook, Policy 301 states that the design and selection of health care plans is determined by the Buffalo County Board of Supervisors as recommended by the Buffalo County Human Resource Committee, and;

WHEREAS, the Buffalo County Human Resource Committee recommends to the County Board of Supervisors to accept the Essential Qualified Plan renewal and the Essential Qualified – Mayo Plan renewal proposal from WEA Trust with Cottingham & Butler as the agent of record to be effective January 1, 2021, as referenced in the attached Exhibit A to be incorporated herein and made a part of this resolution for current employees; and,

WHEREAS, the Buffalo County Human Resource Committee recommends to the County Board of Supervisors to continue to offer the Essential Qualified Plan or the Essential Qualified – Mayo plan for employees hired prior to December 31, 2018.

WHEREAS, the Buffalo County Human Resource Committee recommends to the County Board of Supervisors to continue to offer only the Essential Qualified – Mayo plan for employees hired on January 1, 2019 and after.

NOW, THEREFORE BE IT RESOLVED, that the Buffalo County Board of Supervisors hereby approves the renewal plans as referenced in the attached Exhibit A with WEA Trust and Cottingham & Butler as the agent of record to be effective January 1, 2021.

NOW, THEREFORE BE IT FURTHER RESOLVED, that employees hired prior to December 31, 2018 are eligible for either the Essential Qualified Plan or the Essential Qualified – Mayo plan and employees hired on January 1, 2019 or after are eligible for the Essential Qualified – Mayo plan only.

Adopted at a duly called and noticed meeting of the Buffalo County Board of Supervisors on the 26th day of October, 2020.


County Clerk


ATTEST:


County Board Chairperson

Respectfully Submitted:

Human Resources Committee


Larry Grisen



Donald Hillert


Mary Anne McMillan Urell

Excused
Nathan Nelson


Michael Taylor

Finance Committee


Dennis Bork


Donald Hillert

Absent
Max Weiss


Brad Schramdtknecht


David Danzinger

ANTICIPATED FINANCIAL IMPACT STATEMENT

2021	Total Premiums	\$1,568,049.00
	Employee Contribution	\$ 344,971.00
	Employer Contribution	\$1,223,078.00
	Health Reimbursement:	\$ 85,000.00
	Insurance Incentive:	<u>\$ 34,800.00</u>
	Total Budget Impact	\$1,342,878.00

Buffalo County
Renewal Health Plan Options
January 1, 2021

September 15, 2020

EXHIBIT A
(PAGE 1 OF 2)



Health Plan	Current Rates / Current Benefits			Renewal Rates / Current Benefits		
	Essential Qualified - Mayo			Essential Qualified - Mayo		
Deductible (Single/Family)						
Network		\$3,000/\$6,000			\$3,000/\$6,000	
Non-Network		\$6,000/\$12,000			\$6,000/\$12,000	
Coinsurance						
Network		100%			100%	
Non-Network		70%			70%	
Maximum Out-of-Pocket (Single/Family)						
Network		\$3,000/\$6,000			\$3,000/\$6,000	
Non-Network		\$9,000/\$18,000			\$9,000/\$18,000	
Copayments						
	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$0	\$0	then ded/coins	\$0	\$0	then ded/coins
Non-Network Office Visit	\$0	\$0	then ded/coins	\$0	\$0	then ded/coins
Network Convenient Care/Telehealth Office Visit		\$0	then ded/coins		\$0	then ded/coins
Urgent Care		\$0	then ded/coins		\$0	then ded/coins
Emergency Room		\$0	then ded/coins		\$0	then ded/coins
Advanced Imaging Copay		\$0/\$0	then ded/coins		\$0/\$0	then ded/coins
Pharmacy						
Drug Plan			ded/coins			ded/coins
Includes Erectile Dysfunction Benefits			No			No
Optional Benefits						
Vision Benefit			Enhanced Vision No Cost Sharing			Enhanced Vision No Cost Sharing
Extraction/Replacement of Teeth			Extr/Repl Teeth (\$1500 Limit)			Extr/Repl Teeth (\$1500 Limit)
Waiver of Premium			No			No
Vitality			Activate - Employee Only			Activate - Employee Only
Plan Contribution Rates						
		Current Subscribers				
Single	11		\$786.44			\$798.22
Family	20		\$1,788.90			\$1,815.74
Single Medicare	-		\$706.64			\$717.24
Family Medicare	-		\$1,413.28			\$1,434.48
Single Medicare w/o Drug	-		\$233.20			\$236.70
Family Medicare w/o Drug	-		\$466.40			\$473.40
Special Medicare (1 over/1 under) one Rx	-		\$1,019.64			\$1,034.92
Monthly Contribution	31		\$44,428.84			\$45,095.22

1.5%

Check Box for plan you are Selecting:



The rates include the following commission: This calculation includes standard commission

The rates in this chart are renewal options for illustrative purposes and are not a contract for coverage. The pricing assumes a single plan design per employee segment with the Trust as the sole carrier. These rates are subject to change and contain no guarantee. Moreover, this information is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and prohibited from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Signature

Date

Buffalo County
Renewal Health Plan Options
January 1, 2021

September 15, 2020

EXHIBIT A
(PAGE 2 OF 2)



Health Plan	Current Rates / Current Benefits			Renewal Rates / Current Benefits		
	Essential Qualified			Essential Qualified		
Deductible (Single/Family)						
Network	\$3,000/\$6,000			\$3,000/\$6,000		
Non-Network	\$6,000/\$12,000			\$6,000/\$12,000		
Coinsurance						
Network	100%			100%		
Non-Network	80%			80%		
Maximum Out-of-Pocket (Single/Family)						
Network	\$3,000/\$6,000			\$3,000/\$6,000		
Non-Network	\$8,000/\$16,000			\$8,000/\$16,000		
Copayments	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$0	\$0	ded/coins	\$0	\$0	ded/coins
Non-Network Office Visit	\$0	\$0	ded/coins	\$0	\$0	ded/coins
Network Convenient Care/Telehealth Office Visit	\$0		ded/coins	\$0		ded/coins
Urgent Care	\$0		ded/coins	\$0		ded/coins
Emergency Room	\$0		ded/coins	\$0		ded/coins
Advanced Imaging Copay	\$0/\$0		ded/coins	\$0/\$0		ded/coins
Pharmacy						
Drug Plan	ded/coins			ded/coins		
Includes Erectile Dysfunction Benefits	No			No		
Optional Benefits						
Vision Benefit	Enhanced Vision No Cost Sharing			Enhanced Vision No Cost Sharing		
Extraction/Replacement of Teeth	Extr/Repl Teeth (\$1500 Limit)			Extr/Repl Teeth (\$1500 Limit)		
Waiver of Premium	No			No		
Vitality	Activate - Employee Only			Activate - Employee Only		
Premium Rates	Current Subscribers					
Single	16	\$845.62		\$858.30		
Family	35	\$1,924.58		\$1,953.44		
Single Medicare	-	\$759.82		\$771.22		
Family Medicare	-	\$1,519.64		\$1,542.44		
Single Medicare w/o Drug	-	\$250.74		\$254.50		
Family Medicare w/o Drug	-	\$501.48		\$509.00		
Special Medicare (1 over/1 under) one Rx	-	\$1,096.36		\$1,112.80		
Monthly Premium	51	\$80,890.22		\$82,103.20		

1.5%

Check Box for plan you are Selecting:



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