

Buffalo County Resolution



Drafted By:
Sonya J. Hansen
Presented Month/Year:
October 2019
Involved Committees:
Human Resources
Finance Committee

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

RESOLUTION # 19-10-04

A RESOLUTION TO APPROVE HEALTH INSURANCE BENEFIT PLAN


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 proposal from WEA Trust with Cottingham & Butler as the agent of record to be effective January 1, 2020, 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 only offer the Essential Qualified – Mayo plan for new employees to be effective January 1, 2020.

NOW, THEREFORE BE IT RESOLVED, that the Buffalo County Board of Supervisors hereby approves the design and plan as recommended by the Buffalo County Human Resource Committee with WEA Trust with Cottingham & Butler as the agent of record as set forth in the attachment to this resolution to be effective January 1, 2020 for current employees and the Essential Qualified – Mayo plan for new employees.

Adopted at a duly called and noticed meeting of the Buffalo County Board of Supervisors on the 25th day of October, 2019.



County Clerk

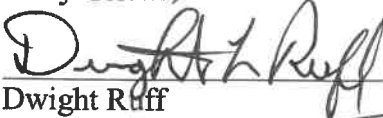
ATTEST:


County Board Chairperson

Respectfully Submitted:


Human Resources Committee


Larry Grisen


Dwight Ruff


Michael Taylor


Donald Hillert


Nathan Nelson

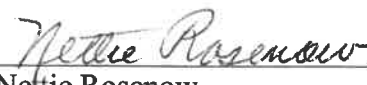
Finance Committee


Larry Grisen


MaryAnne McMillan Urell


David Danzinger


Donald Hillert


Nettie Rosenow

ANTICIPATED FINANCIAL IMPACT STATEMENT

2020	Total Premiums	\$1,598,283.00
	Employee Contribution	\$ 316,108.19
	Employer Contribution	\$1,282,174.81
	Health Reimbursement:	\$ 85,000.00
	Insurance Incentive:	<u>\$ 31,200.00</u>
	Total Budget Impact	\$1,398,374.81

**Buffalo County
Renewal Health Plan Options
January 1, 2020**



September 6, 2019

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	18		\$791.78			\$845.62
Family	41		\$1,802.04			\$1,924.58
Single Medicare	-		\$711.44			\$759.82
Family Medicare	-		\$1,422.88			\$1,519.64
Single Medicare w/o Drug	-		\$234.78			\$250.74
Family Medicare w/o Drug	-		\$469.56			\$501.48
Special Medicare (1 over/1 under) both Rx	-		\$1,503.22			\$1,605.46
Monthly Premium	59		\$88,135.68			\$94,128.94

6.8%

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, 2020**



September 6, 2019

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
	Non-Network Office Visit	\$0	\$0	then ded/coins	\$0	\$0
	Network Convenient Care/Telehealth Office Visit	\$0		then ded/coins	\$0	
	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	\$736.36	\$786.44		
	Family	17	\$1,675.00	\$1,788.90		
	Single Medicare	-	\$661.64	\$706.64		
	Family Medicare	-	\$1,323.28	\$1,413.28		
	Single Medicare w/o Drug	-	\$218.35	\$233.20		
	Family Medicare w/o Drug	-	\$436.70	\$466.40		
	Special Medicare (1 over/1 under) both Rx	-	\$1,398.00	\$1,493.08		
Monthly Contribution		28	\$36,574.96	\$39,062.14		

6.8%

Check Box for plan you are selecting:

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

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Signature _____

Date _____