

ROCK COUNTY, WISCONSIN



HEALTH INSURANCE PLAN AD HOC ADVISORY COMMITTEE WEDNESDAY, MAY 29, 2019 - 8:00 A.M. CONFERENCE ROOM N-1/N-2 – FIFTH FLOOR ROCK COUNTY COURTHOUSE-EAST

Agenda

1. Call to Order
2. Approval of the Agenda
3. Approval of Minutes from April 17, 2019 and May 8, 2019
4. Citizen Participation, Communications, and Announcements
5. Discussion Regarding Employee Feedback
 - A. Employee Meetings
 - B. Employee Survey
6. Committee Questions, Requests for Information and Next Steps
7. Adjournment

The County of Rock will provide reasonable accommodations to people with disabilities. Please contact us at 608-757-5510 or e-mail countyadmin@co.rock.wi.us at least 48 hours prior to a public meeting to discuss any accommodations that may be necessary.

Please contact Marilyn at (608)757-5510 if you are going to be late or if you will not be able to attend the meeting.



HEALTH INSURANCE PLAN AD HOC ADVISORY COMMITTEE
Minutes – April 17, 2019

Call to Order. Chair Podzilni called the meeting of the Health Insurance Plan Ad Hoc Advisory Committee to order at 8:00 A.M. on Wednesday, April 17, 2019, in Conference Room N-1 / N-2, Fifth Floor, Courthouse-East.

Committee Members Present. Supervisors Podzilni, Hawes and Zajac; Gloria Anderson, Finance Department; Daniel Banks and Ryan Ooms, Sheriff's Office; Henry Bunts and John Harris; Public Works Department; Christine Darr (8:06 A.M.), Sophia Davis and Mark Stevens, Human Services Department; Cynthia Hevel, Southern Wisconsin Regional Airport Department; Carla Quirk, Child Support Department; Shannon Richmond, Register of Deeds Office; Michael Southers, Information Technology Department; and Norman Tadt Jr., Land Conservation Department. Ex Officio Members: Annette Mikula, Human Resources and Al Jaeger, Associated Benefits Risk Consulting.

Committee Members Absent: Mathew Christidis, Sheriff's Office; and Jen Weadge, Public Health.

Staff Members Present. Josh Smith, County Administrator; Commander Strouse, Deputy DuCharme and Sergeant Coulter, Sheriff's Office.

Others Present: Supervisors Mawhinney and Schulz.

Approval of Agenda. Supervisor Zajac moved approval of the agenda, second by Mr. Southers. ADOPTED.

Introduction of Members. Chair Podzilni had each member introduce themselves and why they wished to be part of this committee.

Citizen Participation, Communications and Announcements. None.

Committee Selection Process. Chair Podzilni and Ms. Mikula said they had received 78 applications, input the information on these applicants into Google random number generator, which then was used to randomly pick the 15 members from the list to fill the different plan categories.

Committee Charge and Duration. Chair Podzilni handed out the ground rules: 1) the purpose of the committee is advisory only; 2) members of the committee have an equal voice; 3) respect the agenda – start and end on time; 4) turn off cell phones or set to silent, if you must take an urgent call, take your call outside the room; 5) listen actively to others; 6) no one-on-one side meetings or conversations; 7) do not interrupt other participants, talk one at a time and wait to be recognized by the chair; 8) be respectful of other's ideas when they talk; and 9) stay on topic.

Mr. Smith went over the slide show (attached) and answered questions.

Members shared things they do to help cut costs such as working with drug manufacturers on expensive medications to obtain discounts.

Next Steps.

Process for Gathering Information on Health Plan Options Mr. Jaeger said, with the \$19 million target, he should have information for the committee to go over at the May 8th meeting.

Requests for Additional Information / Future Agenda Items Nothing at this time.

Future Meeting Dates Chair Podzilni said the next meetings have been set for May 8, May 29 and June 12 at 8 A.M. to 10 A.M. in these same rooms (N-1 / N2). He added it is possible there may be a need for an additional meeting in June.

Mr. Banks asked when the survey would be going out to employees. Ms. Mikula said after they receive the numbers at the next meeting so they can be included – so between May 8 and 29.


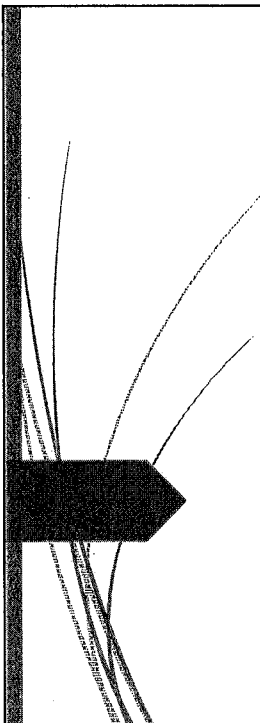
Mr. Harris said at their safety training they learned some doctors will not accept tests done by elsewhere such as MRIs.

Adjournment. Mr. Southers moved adjournment at 10:03 A.M., second by Mr. Tadt.
ADOPTED.

Respectfully submitted,


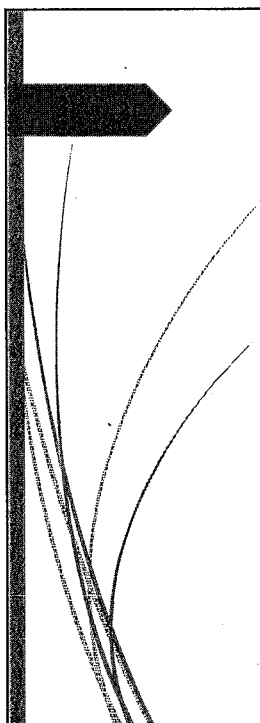
Marilyn Bondehagen
Office Coordinator

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.



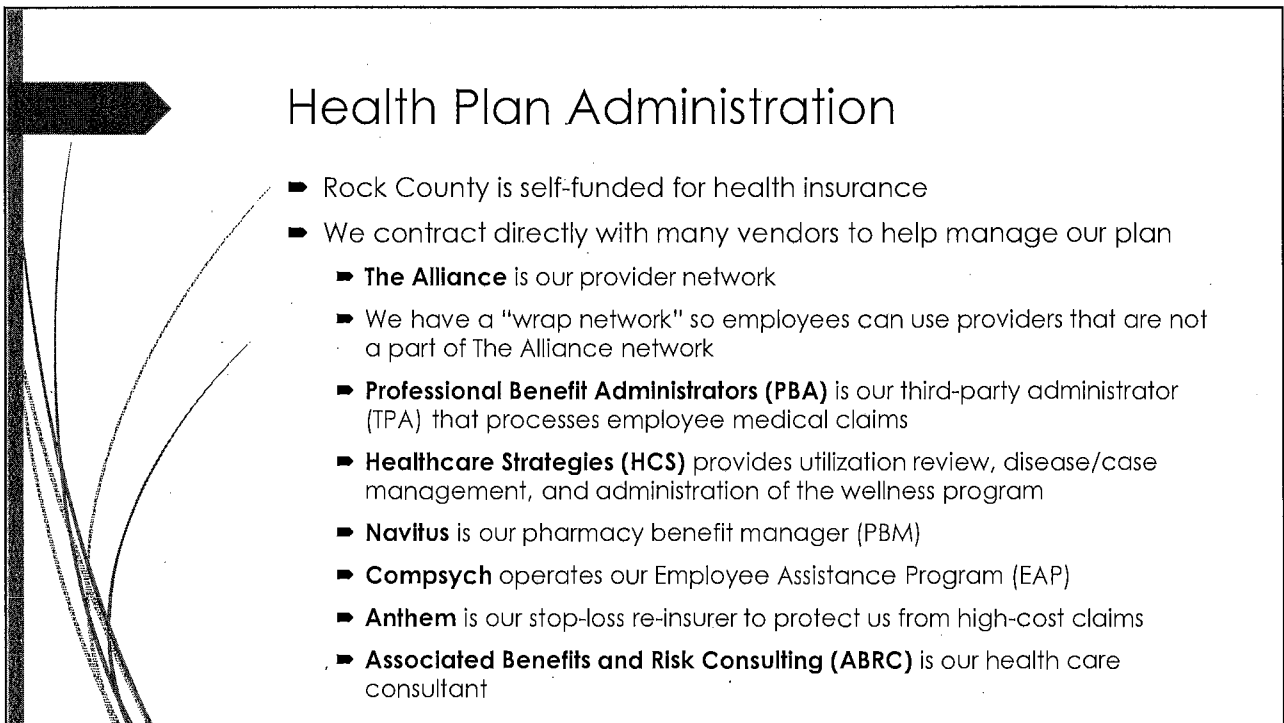
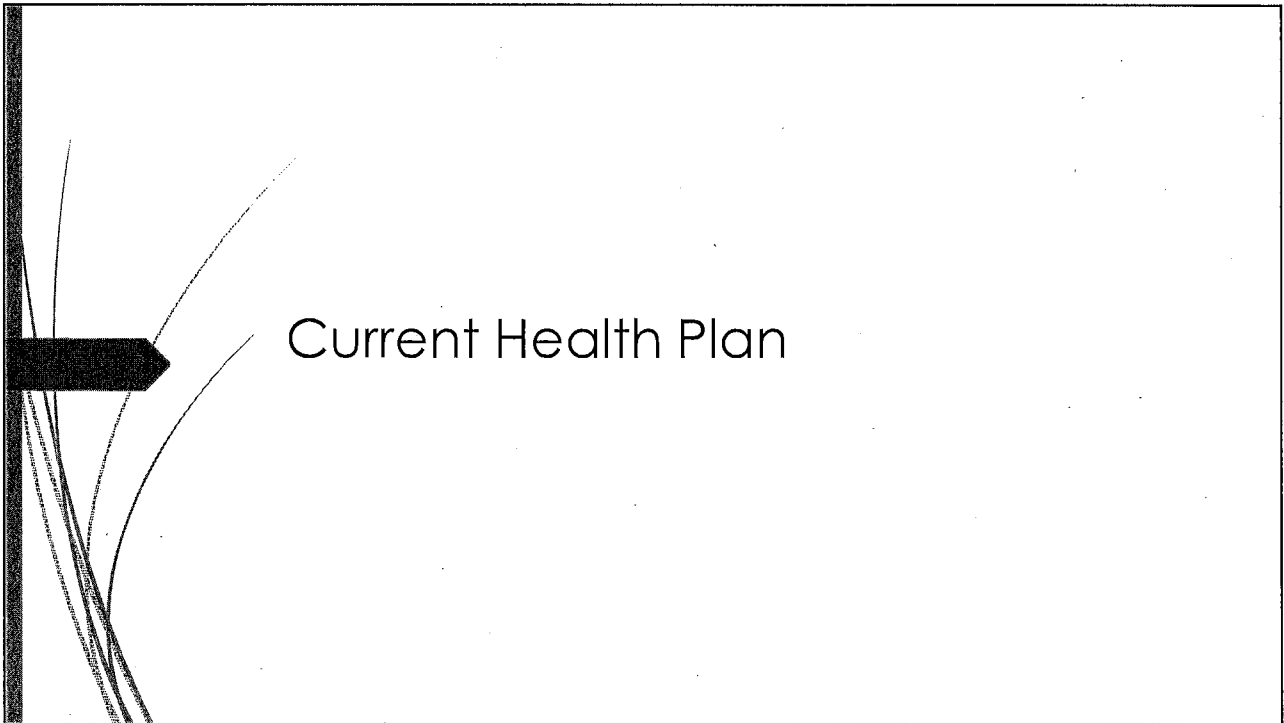
Rock County Health Insurance Plan

Ad Hoc Health Plan Advisory Committee
April 17, 2019



Presentation Outline

- Current Health Plan Overview
- Types of Health Insurance Plans
- Comparisons with Other Governmental Jurisdictions and Organizations
- Review of Financial Situation
- Health Insurance Plan Options
- Next Steps



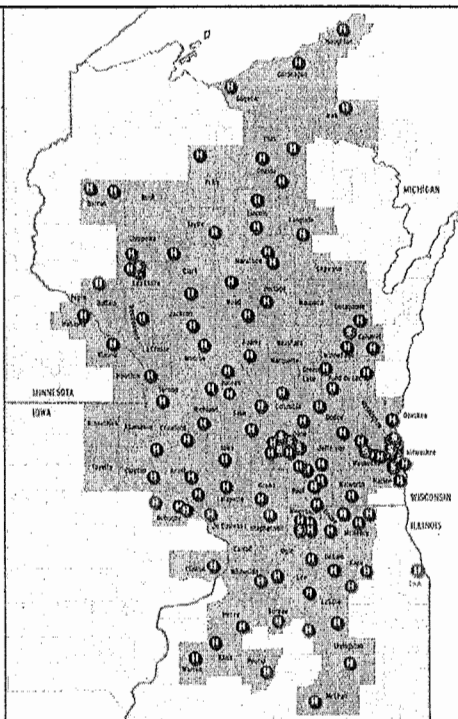
The Alliance Network

Purchasing Power/Discounted Rates

- Total covered lives = 80,000
- Rock County covered lives = 3,500

Broad Provider Choice

- Mercy, Dean/SSM, Beloit Health System, Edgerton, Fort, Monroe, Stoughton, UW Health, Aurora, Swedish American, Meriter, Rogers, GHC, and more .
- 120 hospitals
- 9,980 medical doctors
- 5,500 medical clinic sites



Premium vs. Employee Premium Share

- Premium
 - The amount paid for an employee's health insurance package
 - County funds plan through charges ("premium") to departmental budgets
 - These charges count against operational budget (i.e. levy limits)
 - 4 tiers of annual charges based on each employee's choice of coverage
 - Single = \$7,665
 - Employee + Spouse = \$13,154
 - Employee + Children = \$16,975
 - Family = \$26,951

Premium vs. Employee Premium Share

- ▶ Employee Premium Share
 - ▶ No premium share if employee (and spouse) complete wellness program
 - ▶ In 2018, there was an average of 1,187 employees on County health insurance
 - ▶ About 8% of employees did not comply with wellness program requirements
 - ▶ Similar to the percentage in several past years
 - ▶ These individuals do not earn the 10% premium incentive
 - ▶ Annual premium share levels (10% of premium)
 - ▶ Single = \$767
 - ▶ Employee + Spouse = \$1,315
 - ▶ Employee + Children = \$1,698
 - ▶ Family = \$2,695

Monthly Premium vs. Premium Share

Tiers	Monthly Premium Charged To Department	10% Premium Share Charged to Employee if Not Earning Wellness Incentive (Monthly)
Employee	\$ 639	\$ 64
Employee + Children	1,096	110
Employee + Spouse	1,415	141
Family	2,246	225



Healthy Employee Incentive Program (HEIP)

- County has had a wellness program since 2008
- Employees must meet requirements to earn 10% premium incentive and avoid paying premium share
- In 2018 and 2019, requirements include:
 - Annual physical with primary care physician (employee/spouse)
 - Biometric screening/blood draw (employee/spouse)
 - Must earn 5 points by participating in wellness activities (employee)
 - Participate in disease management, case management, health coaching, nutritionist/dietician services provided by Healthcare Strategies
 - Complete online self-paced learning modules
 - Non-smoker/participate in tobacco cessation program
 - Flu shot
 - Attend County health fair, lunch and learns, Rock N Wellness Committee programs



Deductible

- Deductible is the amount an employee must pay before the County plan begins to pay a portion of an office visit or other covered service
- 2019 Deductible:
 - Single = \$750
 - Family = \$2,250
- In 2019, change was made to require entire deductible to be met before County plan begins to pay any portion of the cost
 - Preventive care covered at 100% (deductible payment not required)
 - Prescriptions covered with co-pay (deductible payment not required)

History of Deductible Changes

	Deductible	
	Single	Family
2009	\$100	\$300
2010	\$100	\$300
2011	\$100	\$300
2012	\$375	\$1,125
2013	\$375	\$1,125
2014	\$450	\$1,350
2015	\$450	\$1,350
2016	\$450	\$1,350
2017	\$550	\$1,650
2018	\$650	\$1,950
2019	\$750	\$2,250

Other Employee Costs

- Copay
 - \$25 office visit primary care
 - \$50 office visit specialty care
- Co-insurance
 - 75% County/25% Employee (in network)
 - 65% County/35% Employee (out of network)
- Annual Out-of-Pocket Limit (includes deductible and coinsurance)
 - \$2,250 individual/\$4,300 family
- Medical Benefit Copay Limit
 - \$3,650 individual/\$7,300 family



Routine/Preventive Care—100% Covered

- Adult Office Visits (annual physical/wellness visit)
- Mammogram, Pap Smear, Pelvic Exam
- Prostate Exam
- Immunizations/Flu Shots
- Colonoscopy (if pre-certified)
- Children's Office Visits

- ACA requires certain services to be 100% covered by County



Other Covered Services

- Office Visits
 - Primary Care Physician (PCP)
 - Specialist
- Hospital Stays
- Emergency Room
- Mental Health
- Labs/Imaging
- Chiropractic
- Many other services

- See Schedule of Medical Benefits Handout for Complete List

Prescriptions

Tiers

- Generic - \$10
- Formulary Brand - \$25
- Non-formulary Brand - \$50
- Specialty - \$150

28,720 prescriptions were filled in 2018;
88.5% were generic

Other Policies

- Mail order or certain retail provide 3 months for price of 2 (maintenance meds)
- Pharmacy Maximum Out of Pocket
 - \$1,500 individual/\$3,000 family

Specialty Prescriptions

Year	Script Count	# Utilizing Members	Total Member Paid	Total County Paid	% County Paid	County Cost per Member	Member Cost per Member
2017	278	33	\$22,466	\$1,399,543	98.4%	\$42,410	\$681
2018	274	32	\$23,249	\$1,465,752	98.4%	\$45,805	\$727

TeleMed (My Ideal Doc)

- 100% Covered—No copay, deductible, or coinsurance
- 24/7 access to a doctor
- Intended use for common conditions (cold/flu, cough, infections, etc.)
- Prescriptions available, if deemed appropriate
- Cost to County in 2018 = \$32,160
- Savings to County in 2018 = \$39,820
 - Savings to County by saving 75% coinsurance cost of office visit
 - Savings to employee by no copay, deductible, coinsurance

County of Rock - Dashboard

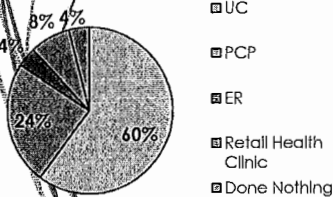


QUALITY OF CARE



ACCESS

WHERE MEMBER WOULD HAVE GONE?



MYIdealDOCTOR.com



UTILIZATION

40.2%
annualized

COST EFFECTIVENESS

Alternative to MID	% of visits	MID CF Savings	MID Total Savings
Urgent Care	60.00%	\$30,602.00	
Retail Clinic	8.00%	\$1,222.00	
PCP	24.00%	\$7,130.00	
Emergency Room	4.00%	\$16,002.00	
Done Nothing	4.00%	-\$988.00	
Total		\$53,968.00	\$39,820
ROI	19.24%		

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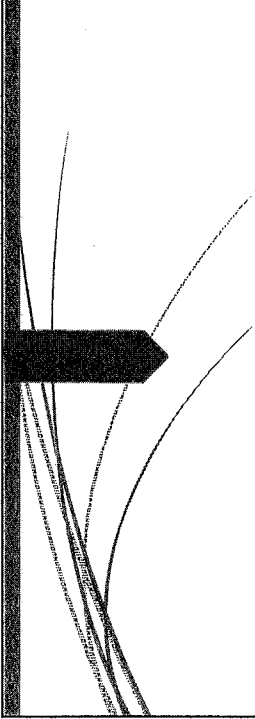
CONSULTS

474

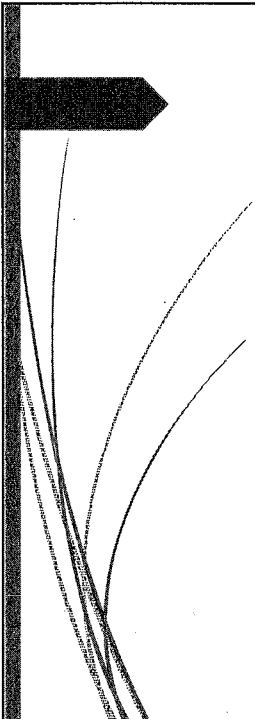
AVERAGE PHYSICIAN RESPONSE TIME



32 MINS

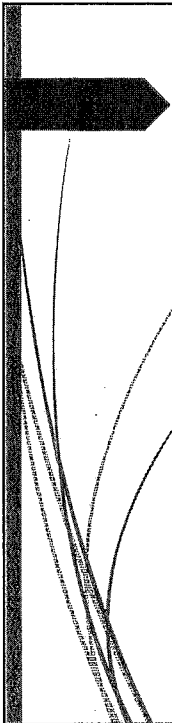


Types of Health Insurance Plans



Self-funded Plan—Control and Risk

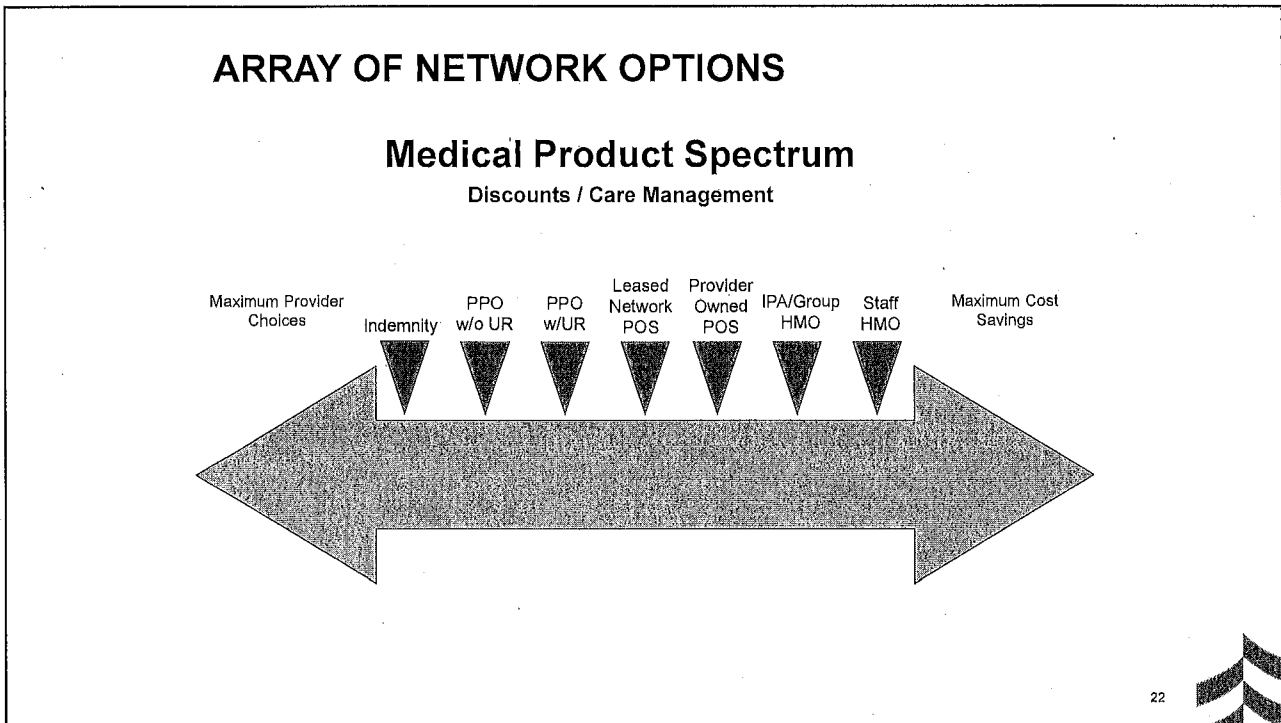
- Rock County essentially serves as its own insurance company, using County funds to pay claims and provide other health benefits.
- Rock County has control over plan design (employee costs/charges, certain covered services) and provider network.
- Rock County must contract with a number of vendors to provide services, including PBA as our third-party administrator to process and pay claims.
- To limit risk, Rock County contracts for stop-loss coverage, which limits the County's costs on aggregate individual cases exceeding \$175,000 annually.
- Rock County's self-funded plan is considered a Preferred Provider Organization (PPO)

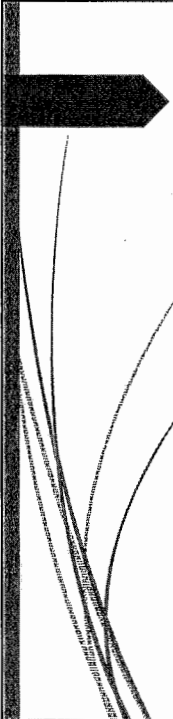


Types of Plans

- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO)
- Point-of-Service (POS) Plan
- High Deductible Health Plan (HDHP)

- Factors to Consider:
 - Employee choice of providers
 - Cost to employee and County
 - Level of control County retains over services provided and charges for services
 - Who takes on risk if level of claims/costs increase
 - Number and type of vendors needed to administer the plan





Preferred Provider Organization (PPO)

Pros

- Broad flexibility regarding where to receive in-network care
- Family members can choose providers in different systems and still be in-network
- Ability to see out-of-network providers, although at greater cost
- No referral needed to see a specialist
- County controls plan design (services and charges)

Cons

- Typically highest cost to County and employees
- Greatest risk in variability of costs
- Little incentive for consumer awareness to help control costs



Point-of-Service (POS) Plan

Pros

- Retain ability to access providers both in-network and out-of-network
- Family members can choose providers in different systems, although some will be out-of-network
- Some costs savings for County as compared to PPO plan

Cons

- Although family members can have providers in different systems, have to select one system to be in-network for entire family
- Costs to employees could be significantly more to access out-of-network providers
- Cost savings to County not as great as other fully-insured options



Health Maintenance Organization (HMO)

Pros

- Typically a lower cost on copays and deductible for employees
- Additional savings to County as compared to PPO and POS plans

Cons

- Required for all family members to receive services from single network of providers
- Typically no coverage for out-of-network providers
- Typically requires referral to access specialists.



High-Deductible Health Plan (HDHP)

Pros

- Health Savings Account (HSA):
 - allows money to be placed in tax-free account for eligible expenses
 - unspent funds roll over from year to year
 - Is owned by employee
- Increases consumer awareness of health costs and services
- Greatest amount of savings to County

Cons

- Plan does not pay until deductible is met (excluding ACA-required coverage)
- Prescription drugs included in annual deductible
- May cause employee to delay or forego care if deductible not met
- May more adversely affect employees with lower wages
- Depending on timing of County deposits into HSA, employees leaving County employment mid-year take County funds with them

* A HDHP can be paired with a PPO, POS, or HMO plan

Types of Reimbursement Accounts

	Flexible Spending (FSA)	Health Reimbursement (HRA)	Health Savings (HSA)*
Who "owns"	Employer	Employer	Employee
Who contributes	Employee	Employer	Both
When available	January 1	January 1	When deposited
Max amount	\$2,700	None	\$3,500 single \$7,000 family
Rolls over?	Yes (up to \$500)	Yes	Yes

*HSA is available only with a high-deductible health plan.

Comparisons with Other Governmental Jurisdictions and Organizations

Other Counties

County	Self-funded PPO	High-deductible	POS	HMO
Racine	X			
Outagamie	X	X		
Winnebago	X			
Kenosha	X			
Rock	X			
Washington		X		
Marathon	X			
La Crosse	X			
Sheboygan	X			
Walworth	X	X		
Jefferson		X		X

Other Counties

County*	Employee Premium Share (wellness/not)		Deductible In Network (EE/Fam)		Copay (in network PCP)	Employee Coinsurance (In/Out)	
Racine	15%	15%	\$400	\$800	\$0	20%	40%
Outagamie	15%	15%	\$1,000	\$2,000	\$35	10%	30%
Winnebago	12%	17%	\$750	\$1,500	\$0	20%	40%
Kenosha	4%	18%	\$0	\$0	\$35	0%	25%
Rock	0%	10%	\$750	\$2,250	\$25	25%	35%
Washington	12.5%	12.5%	\$1,500	\$4,000	\$0	0%	20%
Marathon	9.6%	12.6%	\$1,500	\$3,000	\$20	10%	30%
La Crosse	12%	12%	\$1,350	\$2,700	\$0	20%	40%
Sheboygan	15%	28%	\$500	\$1,000	\$0	20%	50%
Walworth	7%	12%	\$500	\$1,500	\$25	20%	40%
Jefferson (low deduct.)	8%		\$500	\$1,000	\$0	0%	0%
Jefferson (high-deduct.)	0%		\$1,500	\$3,000			

*Data is for PPO plan, except for Washington, which only offers a high-deductible health plan. Data for Jefferson is for both their low-deductible and high-deductible HMO plans.

Local School Districts

- ▶ 11 Smaller School Districts in Rock/Green County
 - ▶ 10 use an HMO
 - ▶ 8 offer a High-Deductible Health Plan
 - ▶ 1 offers a POS Plan
 - ▶ All have an employee premium share
- ▶ School District of Beloit
 - ▶ Offers only a High-Deductible Health Plan PPO
 - ▶ Deductible = \$2,500 individual/\$5,000 family
 - ▶ District contribution to HSA = \$1,500 individual/\$3,000 family
 - ▶ Maximum out-of-pocket = \$5,000 individual/\$10,000 family
 - ▶ Premium share = 2%

School District of Janesville

	Employee Premium Share		Deductible In Network (EE/Fam)		Copay (In network PCP)	Employee Coinsurance (In/Out)	
SDJ (POS)	12.7%		\$500	\$1,500	\$25	20%	40%
SDJ (HMO)	12.7%		<u>Employee</u> \$250	<u>Employee</u> \$500	\$0	0%	0%
			<u>Plan*</u> \$5,000	<u>Plan*</u> \$10,000			
Rock County	0%	10%	\$750	\$2,250	\$25	25%	35%

*District contracts with "Difference Card" for reinsurance (much like stop loss coverage) to cover difference between employee deductible cost of \$250/\$500 and plan deductible cost of \$5,000/\$10,000

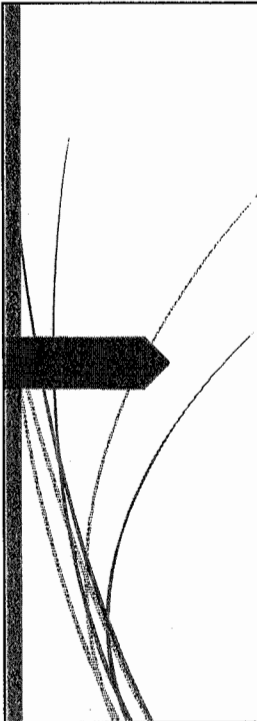
Cities of Beloit and Janesville

Jurisdiction	Employee Premium Share		Deductible In Network (EE/Fam)		Copay (in network PCP)	Employee Coinsurance (In/Out)	
City of Beloit	7.5%		\$700	\$2,100	\$30	10%	30%
City of Janesville (HMO)	11.5%-14%		\$1,600	\$1,900	\$20	5%	n/a
City of Janesville (PPO)			\$300*	\$600*	\$0	20%	40%
Rock County	0%	10%	\$750	\$2,250	\$25	25%	35%

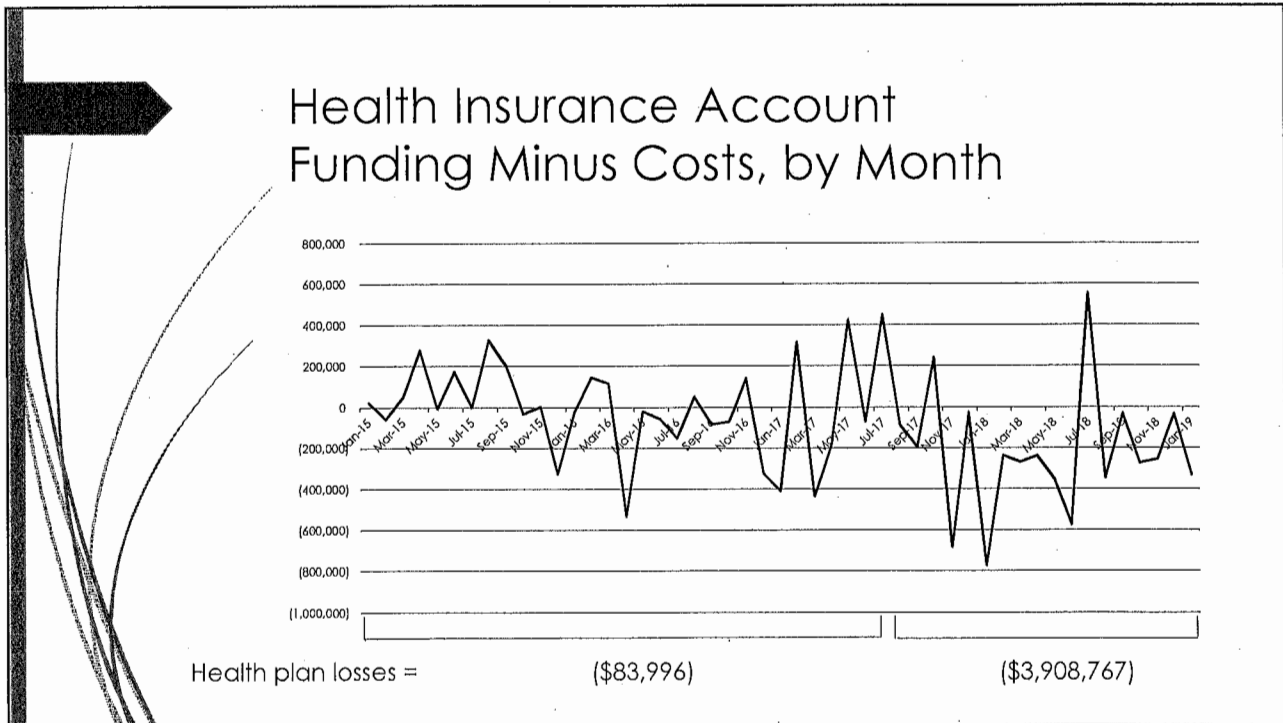
*Deductible reduced for participation in health assessment

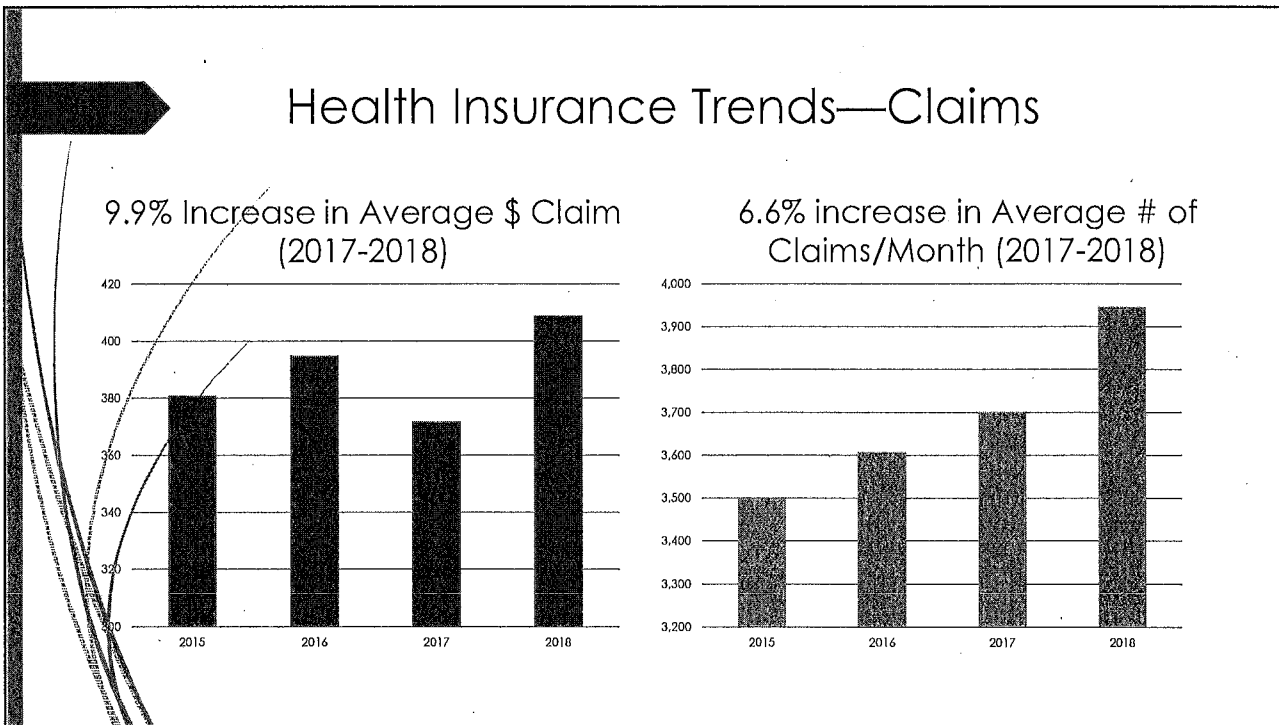
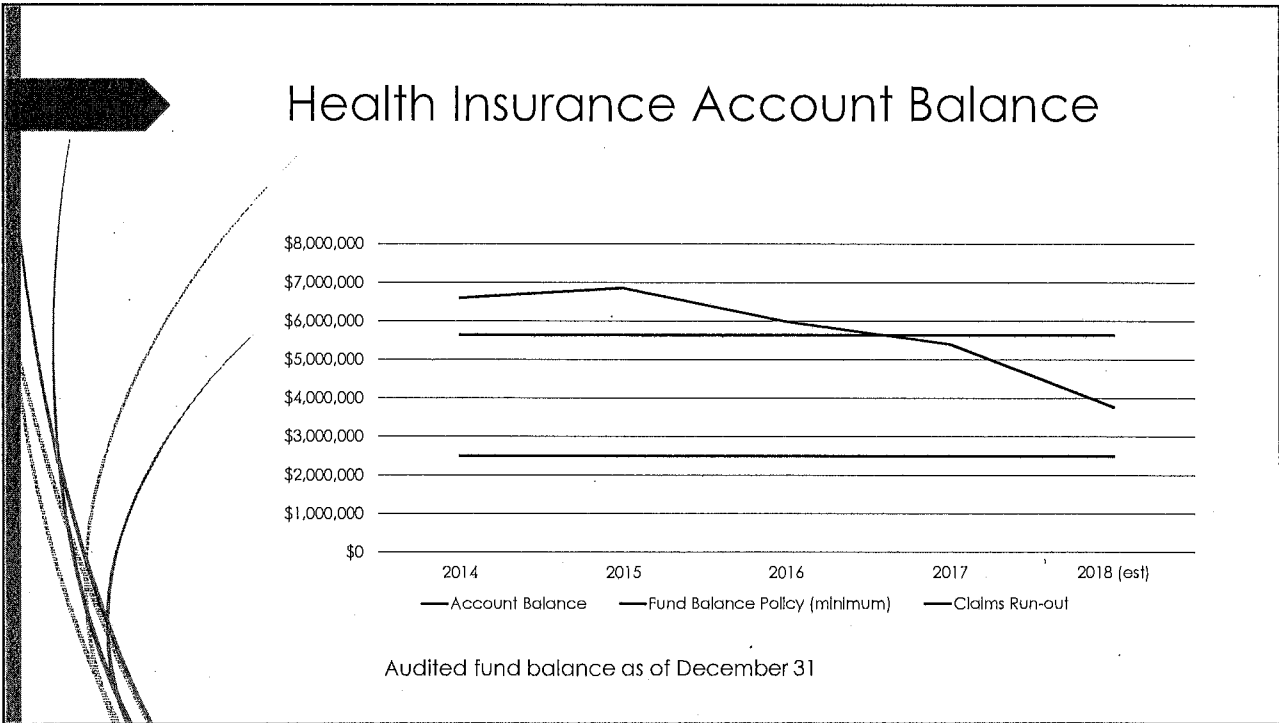
Local Private Sector Businesses

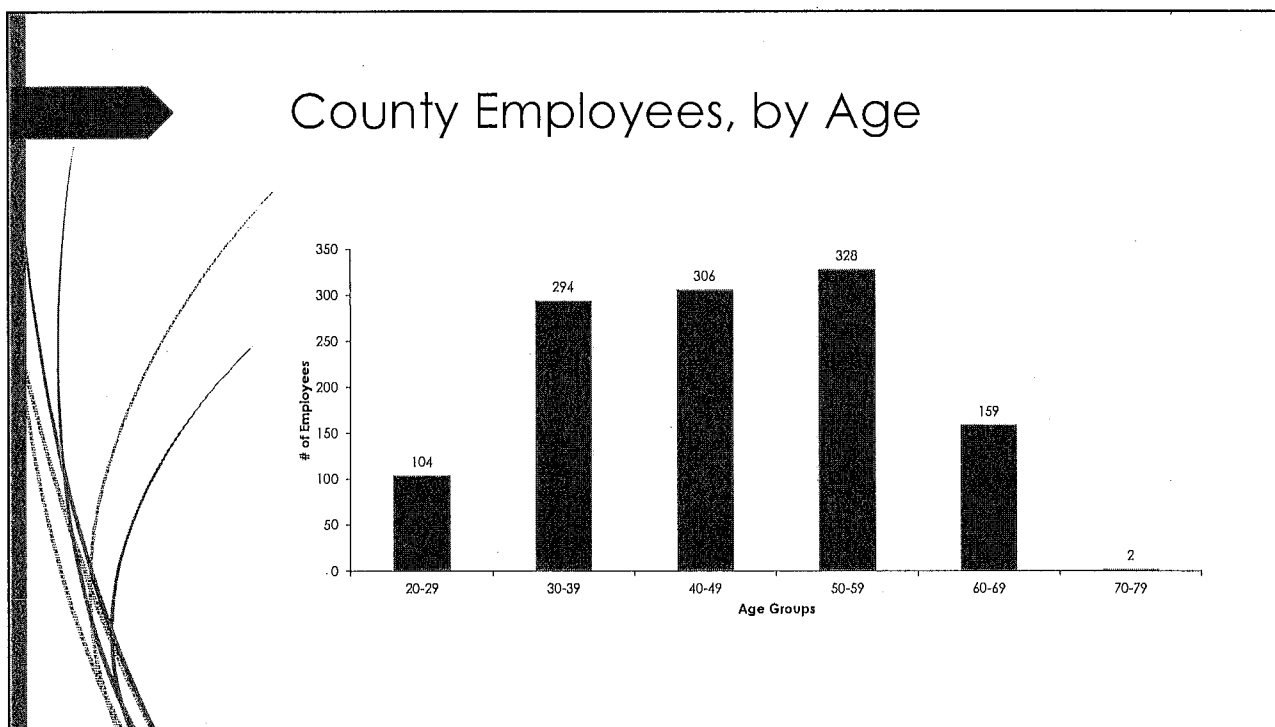
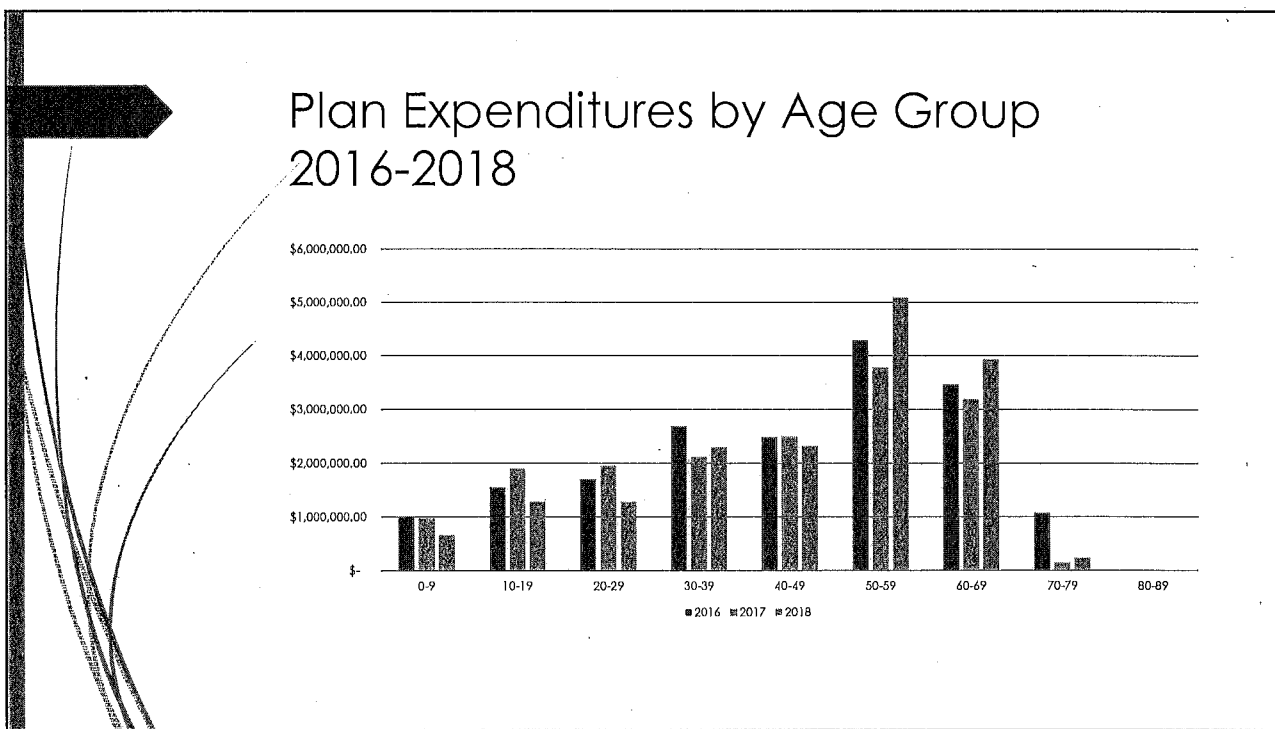
- ▶ Blackhawk Human Resource Association 2017 Greater Rock County Salary and Benefits Survey
 - ▶ 18 of 32 respondents provide a PPO
 - ▶ Average premium = 31.5% individual, 37.7% family
 - ▶ Average deductible = \$1,587 individual, \$3,437 family
 - ▶ 10 of 32 respondents provide an HMO
 - ▶ Average premium = 19.9% individual, 28.3% family
 - ▶ Average deductible = \$1,460 individual, \$2,720 family
 - ▶ 11 of 33 respondents provide a High-Deductible Health Plan
 - ▶ Average premium = 23.2% individual, 25.0% family
 - ▶ Average deductible = \$2,022 individual, \$4,044 family



Review of Financial Situation







High Cost Claims

Year	# Claimants over \$87,500*	Cost of Claims over \$87,500*	Total County Claims Costs	% of Total over \$87,500*
2015	18	\$2.7 million	\$18.0 million	15.2%
2016	24	\$3.4 million	\$19.4 million	17.4%
2017	22	\$3.0 million	\$19.5 million	15.6%
2018	22	\$3.1 million	\$21.9 million	14.1%

*\$87,500 represents 50% of the County's specific stop-loss level of \$175,000, after which the contracted stop-loss carrier pays 100% of claims costs.

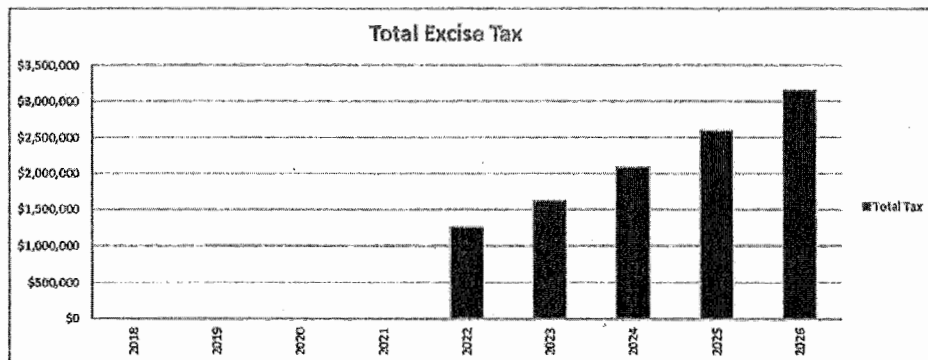
Non-claims Costs

Contracted Service	Cost (2018)
Stop Loss Reinsurance	\$1,135,831
Case Management/Utilization Review/Wellness (HCS)	\$250,079
Claims Processing (PBA)	\$264,429
Medical Network (Alliance)	\$220,035
Prescription Administration (Navitus)	\$116,597
County Staff Administration	\$70,270
Employee Assistance Program	\$42,686
Consultant/Broker	\$39,000
Total	\$2,138,927

Affordable Care Act Implications

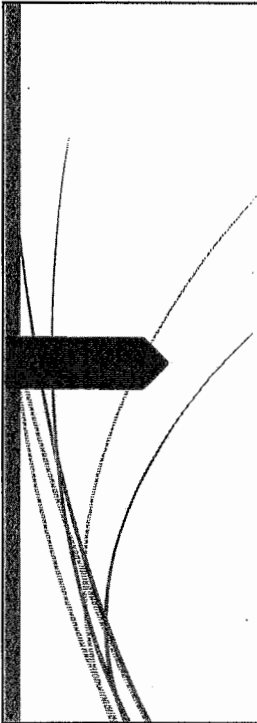
- Currently scheduled to take effect in 2022
- 40% excise tax levied on plans with values greater than:
 - \$10,200 for individual coverage
 - \$27,500 for family coverage
- Rock County's current plan value is:
 - \$7,665 for individual coverage
 - \$26,951 for family coverage
- Plan value includes premium—regardless of who pays
- Plan value does not include other charges to employee (deductible, etc.)

Rock County ACA Cadillac Tax Cost Estimator

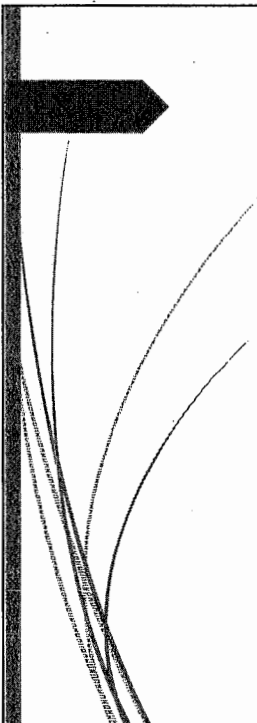


Source: ABRC

Note: The above chart is for guidance only. It is not intended to precisely project the excise tax payable. To accurately calculate the tax payable, data is needed for each individual employee's elections for each item that is included in the Cadillac cost. Medical Trend is applied to all cost that apply to the excise tax calculation.



Health Insurance Plan Options



Plan Options: Year-One Cost

Plan Type	2020 Cost	\$ Change (2019-2020)	% Change (2019-2020)
Current Plan (PPO)	\$25,376,778	\$4,155,187	19.6%
Point-of-Service (POS) Plan (Fully-Insured, Sole Provider)	\$18,032,647	(\$3,188,914)	(5.8%)
Health Maintenance Organization (HMO)	\$16,393,247	(\$4,828,344)	(22.8%)
High-Deductible Health Plan POS (Fully-Insured, Sole Provider)	\$13,436,486	(\$7,785,105)	(36.7%)

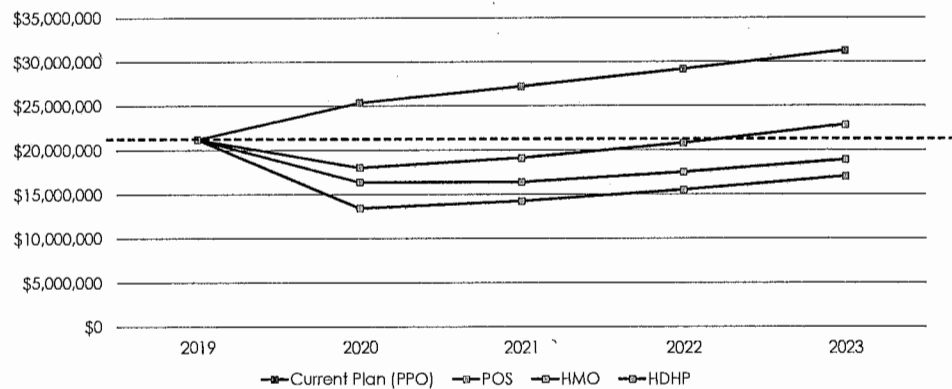
2019 Baseline Funding = \$21,221,591

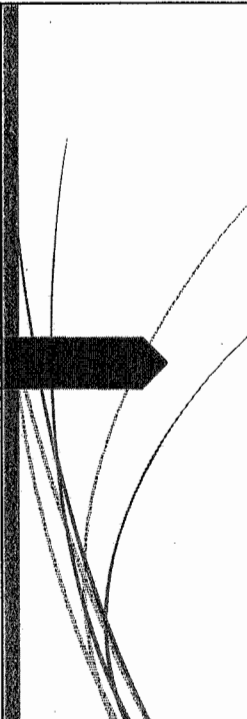
Plan Options: Four-Year Projections

Plan Type	2023 Cost	\$ Change (2019-2023)	% Change (2019-2023)
Current Plan (PPO)	\$31,262,294	\$10,040,703	47.3%
Point-of-Service (POS) Plan (Fully-Insured, Sole Provider)	\$22,854,989	\$1,633,398	7.7%
Health Maintenance Organization (HMO)	\$18,908,987	(\$2,312,784)	(10.9%)
High-Deductible Health Plan POS (Fully-Insured, Sole Provider)	\$17,029,789	(\$4,191,882)	(19.8%)

2019 Baseline Funding = \$21,221,591

Four-Year Projected Costs





Next Steps



Request for Information (RFI)

- Rock County's health insurance consultant (ABRC) will prepare a RFI to send to a variety of vendors/providers
- Responses will allow a comparison of choice and cost options
 - Self-insured options (PPO)
 - Plan design changes to current plan
 - Re-pricing through different network
 - Fully-insured options (HMO)
 - Point-of-service (POS) plan
 - High deductible plan with HSA/HRA
 - Other existing group insurance providers (State plan, etc.)

Employee Costs for \$19 Million Plan

Plan Type	Employee Prem. Share (wellness/not)	Deductible In Network (EE/Fam)	Copay (In network PCP)	Employee Coinsurance (In/Out)
Current Plan (PPO)				
PPO w/ Adjustments				
POS Plan (self vs. fully-insured) (sole vs. dual-choice)				
HMO				
HDHP (PPO, POS, or HMO)				

Employee Feedback

- Once we receive responses from vendors/providers
- Approach may depend on the number of viable options from RFI
- Group meeting sessions
- Inclusion of County Board members
- Employee survey?



HEALTH INSURANCE PLAN AD HOC ADVISORY COMMITTEE
Minutes – May 8, 2019

Call to Order. Chair Podzilni called the meeting of the Health Insurance Plan Ad Hoc Advisory Committee to order at 8:00 A.M. on Wednesday, May 8, 2019, in Conference Room N-1 / N-2, Fifth Floor, Courthouse-East.

Committee Members Present. Supervisors Podzilni, Hawes (at 8:22 A.M.) and Zajac; Gloria Anderson, Finance Department; Daniel Banks, Mathew Christidis, and Ryan Ooms, Sheriff's Office; Henry Bunts and John Harris; Public Works Department; Christine Darr, and Sophia Davis (8:09 A.M.), Human Services Department; Cynthia Hevel, Southern Wisconsin Regional Airport Department; Jen Weadge, Public Health; Carla Quirk, Child Support Department; Shannon Richmond, Register of Deeds Office; Michael Southers, Information Technology Department; and Norman Tadt Jr., Land Conservation Department. Ex Officio Members: Annette Mikula, Human Resources and Al Jaeger, Associated Benefits Risk Consulting.

Committee Members Absent: Mark Stevens, Human Services Department.

Staff Members Present. Josh Smith, County Administrator; Amy Spoden, Human Resources.

Others Present: Supervisor Mawhinney.

Approval of Agenda. Mr. Banks moved approval of the agenda, second by Mr. Southers. ADOPTED.

Citizen Participation, Communications and Announcements. Mr. Banks asked if the end of 2018 numbers are done yet. Mr. Smith said the final numbers are not quite in yet.

Ms. Davis arrived at 8:09 A.M.

Mr. Jaeger informed the Committee members that he had just heard that the Janesville School District got rid of Difference Card and are moving toward the High-Deductible Health Plan.

Chair Podzilni informed the Committee members about an article in the April 19, 2019 Kiplinger Letter regarding employers being in a bind over health care and insurance costs.

Timeline Review.

Committee Meetings Mr. Smith said the next meetings are scheduled for May 29, 2019 and June 12, 2019, both at 8:00 A.M. with the possibility of an additional one in June if needed.

Employee Education and Input Opportunities

Employee Meetings Mr. Smith said flyers went out on the employee health meetings, which begin next week and will be done before the May 29th meeting.

Survey Mr. Smith said the survey will be handed out at the employee health meetings and will also be on the intra-net website to fill out electronically. Mr. Smith added that the employee will be able to attend one meeting, which will be paid for, as long as there is coverage in the office. If the employee is not able to attend the meeting during their regular work hours they will be paid to attend a meeting held at a different time.

Mr. Banks asked for a reminder email before the meetings.

Network / Plan Design Options – Vendor Responses.

Preferred Provider Organization (PPO)(Current Plan)

Mr. Jaeger said with our current plan we have the most freedom of choice of who and when we want to go to the doctor.

Supervisor Hawes arrived at 8:22 A.M.

Mr. Smith said the plans are all based on \$19 million and what can be done with that amount. Discussion on the employee premium, deductible, co-pay, what the plan pays, cost of urgent care and cost of the ER for each of the plans. Mr. Smith said, in each of these categories, these are the best results.

Mr. Jaeger said if something cannot be handled in network, a referral to an out-of-network facility would be considered as being in network. Mr. Jaeger said Dean includes Beloit but Mercy does not include Beloit.

Ms. Mikula said 97% of Rock County employees use either Dean or Mercy.

A question was asked about college students and if they would be out of system. Mr. Jaeger said Dean has a rider for out of footprint access, but he was not sure if Mercy did as he has not yet heard back from them on this.

Discussion on concerns if employees would be able to go to UW Madison Clinic or Hospital; make sure at employee meetings it is shared that Beloit would be included with Dean; the High Deductible Health Plan (HDHP) would be self-funded, the other plans would not; ER is handled the same way nationwide; would employee be able to pay premiums with pre-tax dollars – Ms. Mikula said they would; if any thought to discount on retiree health care for long time employees; discussed the difficulties and issues of coordinating the narrow network for certain procedures; there are pros and cons to all plans; employees will need to see what is most important to them – cost versus freedom of choice on where and who to go to; flex funds are available at beginning of year while Health Savings Account (HSA) funds are only able to take out what is in them at that point in time; and if in an HMO can get a second opinion but would need to stay within the HMO network or pay more.

Ms. Mikula stressed to the Committee that they should encourage all employees to attend one of the upcoming employee health insurance meetings, that department heads have

been asked to accommodate the employee to the best of their ability so they are able to attend, and the employee is able to receive pay to attend a meeting.

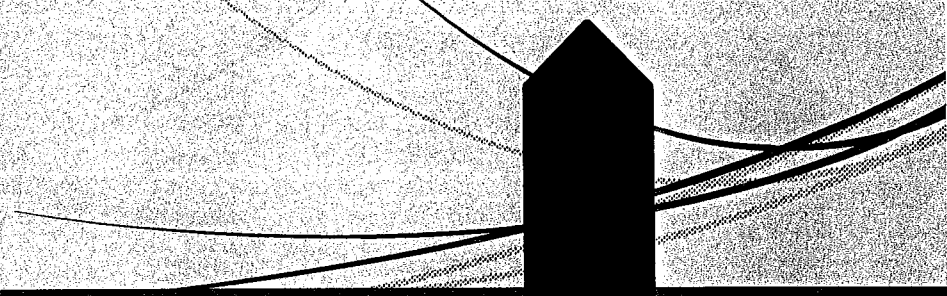
Committee Feedback. Chair Podzilni said the next meeting is on May 29th at 8 A.M.

Adjournment. Mr. Banks moved adjournment at 10:02 A.M., second by Mr. Tadt.
ADOPTED.

Respectfully submitted,

Marilyn Bondehagen
Office Coordinator

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.



Rock County Health Insurance Plan

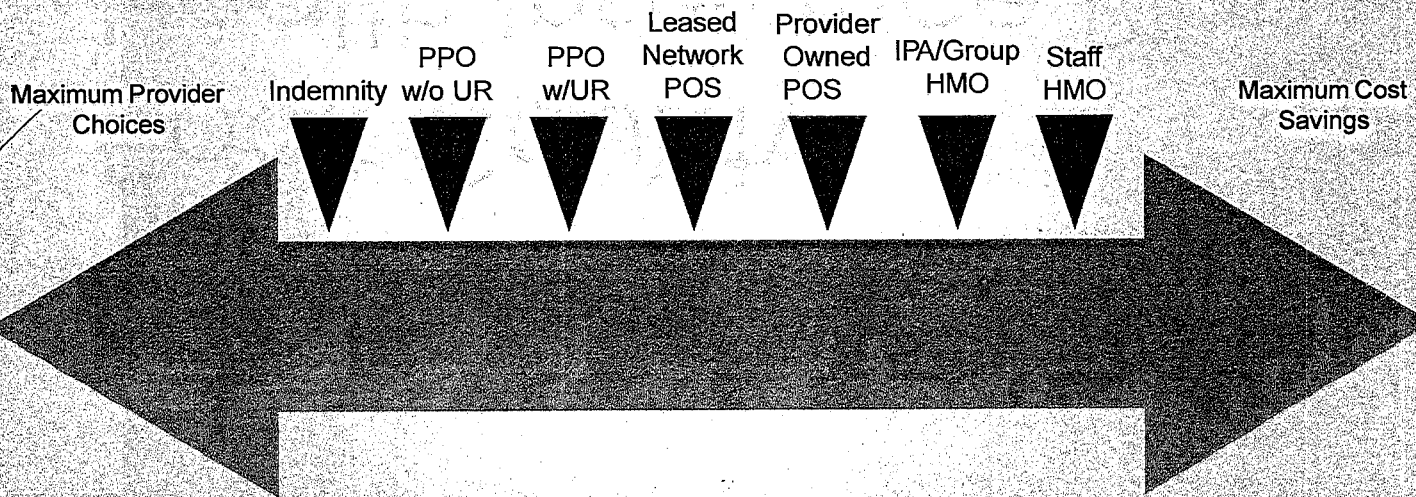
Ad Hoc Health Plan Advisory Committee

May 8, 2019

ARRAY OF NETWORK OPTIONS

Medical Product Spectrum

Discounts / Care Management



Employee Costs for \$19 Million Plan

Plan Type	Employee Prem. Share (wellness/not)		Deductible In Network (EE/Fam)		Copay (in network PCP)	Plan Pays (In/Out)		Urgent Care	ER
Current Plan (PPO)	25%	35%	\$750	\$2,250	Ded/\$25 Copay	75%	65%	Ded/75% co-insurance	\$300 Copay
PPO w/ Adjustments (narrow network for certain procedures / clinic model)	18%	28%	\$750	\$2,250	Ded/\$25 Copay	75%	65%	Ded/75% co-insurance	\$300 Copay
POS Plan (fully-insured)	Dean/Mercy- Dual Choice Option								
	0%	10%	\$500	\$1,500	\$15	90%	65%	\$30 Copay	\$300 Copay
HMO Plan	Dean/Mercy- Dual Choice Option								
	0%	10%	\$50	\$150	\$15	90%	N/A	\$30 Copay	\$300 Copay
HDHP (PPO)	10%	20%	\$3,000	\$6,000	Ded	100%	80%	Ded	Ded

Monthly Employee Premium Share

Plan Type	Single (wellness/not)		EE+Spouse (wellness/not)		EE+Child (wellness/not)		Family (wellness/not)	
Current Plan (PPO)	\$189	\$265	\$423	\$592	\$328	\$459	\$672	\$941
PPO w/ Adjustments (narrow network for certain procedures / clinic model)	\$123	\$191	\$274	\$426	\$212	\$330	\$436	\$678
POS Plan (fully-insured)	Dean/Mercy- Dual Choice Option							
	\$0	\$59	\$0	\$130	\$0	\$106	\$0	\$195
HMO	Dean/Mercy- Dual Choice Option							
	\$0	\$59	\$0	\$130	\$0	\$107	\$0	\$196
HDHP (PPO)	\$73	\$147	\$162	\$325	\$126	\$252	\$258	\$516

NOTE: Dollars have been rounded

Employee Costs for \$19 Million Plan

Plan Type	Employee Prem. Share (wellness/not)		Deductible In Network (EE/Fam)		Copay (in network PCP)	Plan Pays (In/Out)		Urgent Care	ER
Current Plan (PPO)	25%	35%	\$750	\$2,250	Ded/\$25 Copay	75%	65%	Ded/75% co- insurance	\$300 Copay

Employee Costs for \$19 Million Plan

Plan Type	Employee Prem. Share (wellness/not)		Deductible In Network (EE/Fam)		Copay (in network PCP)	Plan Pays (In/Out)		Urgent Care	ER
PPO w/adjustments (narrow network for certain procedures / clinic model)	18%	28%	\$750	\$2,250	Ded/\$25 Copay	75%	65%	Ded/75% co-insurance	\$300 Copay

Narrow Network for certain procedures:

- MRI/CT – Summit Radiology
- Colonoscopy – Rockford Gastroenterology Associates
- EGD/Tonsil and Adenoid Removal/Appendectomy – SSM Health Dean Medical Group
- Knee Replacement/Knee Arthroscopy/Shoulder Surgery/Carpal Tunnel/Finger Tendon Incision – Rockford Orthopedic Surgery Center
- Mammography/Bone Density Scan – Rockford Health Physicians
- Hernia / Stress Test – Meriter Health Services
- X-Ray – Beloit Health System
- Non-Fetal Ultrasound – Crusader Community Health
- Cholesysectomy – Stoughton Hospital Association
- Chiropractic Manipulation – The Joint Chiropractic
- Laminectomy/Laminotomy – St. Anthony Medical Center
- Drain Knee Joint – Sauk Prairie Healthcare
- Stone Removal and/or Destruction / Shoulder Repair – Dean/St. Mary's Surgery and Care Center
- Eye Exam – Northern Illinois Optical Co, Inc
- Vasectomy – Rockford Urological Associates
- Injection for CT – Advanced Pain Management
- Spinal Injection – Orthollionis (NOVO Health)
- Speech Therapy – Family Service
- Remove Impacted Tooth – Oral and Facial Surgery Center
- Mohs – Surgical Services of Illinois
- Diagnostic Nasal Endoscopy – Mercy Health System
- Cataract Surgery/Toe Repair – Rockford Ambulatory Surgery Center

Clinic Model: Nearsite or Onsite Clinic staff and their families could access, for Primary or Urgent Care Services, at little to no cost

Employee Costs for \$19 Million Plan

Plan Type	Employee Prem. Share (wellness/not)		Deductible In Network (EE/Fam)		Copay (in network PCP)	Plan Pays (In/Out)		Urgent Care	ER
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	0%	10%	\$500	\$1,500	\$15	90%	65%	\$30 Copay	\$300 Copay
HMO	Dean/Mercy- Dual Choice Option								
	0%	10%	\$50	\$150	\$15	90%	N/A	\$30 Copay	\$300 Copay

- Rate caps more aggressive with HMO
- No financial incentive to consolidate to one carrier

Employee Costs for \$19 Million Plan

Plan Type	Employee Prem. Share (wellness/not)	Deductible In Network (EE/Fam)	Copay (in network PCP)	Plan Pays (In/Out)	Urgent Care	ER
HDHP (PPO)	10% 20%	\$3,000 \$6,000	Ded	100% 80%	Ded	Ded