

ROCK COUNTY, WISCONSIN



**HEALTH INSURANCE PLAN AD HOC ADVISORY COMMITTEE
WEDNESDAY, JUNE 12, 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 May 29, 2019
4. Citizen Participation, Communications, and Announcements
5. Discussion and Possible Action
 - A. Update on Financial Status
 - B. Health Insurance Plan Options and Recommendations
6. Committee Questions, Requests for Information and Next Steps
7. Adjournment

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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 – May 29, 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 29, 2019, in Conference Room N-1 / N-2, Fifth Floor, Courthouse-East.

Committee Members Present. Supervisors Podzilni and Zajac; Gloria Anderson, Finance Department; Daniel Banks, Mathew Christidis, and Ryan Ooms, Sheriff's Office; John Harris; Public Works Department; Christine Darr, and Sophia Davis, 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; Norman Tadt Jr., Land Conservation Department; and Mark Stevens, Human Services Department. Ex Officio Members: Annette Mikula, Human Resources and Al Jaeger, Associated Benefits Risk Consulting.

Committee Members Absent: Supervisor Hawes; and Henry Bunts, Public Works.

Staff Members Present. Josh Smith, County Administrator.

Others Present: Supervisor Schulz; Kathryn McLeod, The Alliance.

Approval of Agenda. Supervisor Zajac moved approval of the agenda, second by Ms. Anderson. ADOPTED.

Approval of Minutes from April 17, 2019 and May 8, 2019. Mr. Banks moved approval of the minutes from April 17, 2019 and May 8, 2019 as presented, second by Mr. Tadt. ADOPTED.

Citizen Participation, Communications and Announcements. Ms. Darr said the options presented at the meetings Human Services employees attended were well received.

Ms. Mikula reported there were 494 people attended the meetings.

Ms. Richmond said she works in a small office and it was difficult for the employees to attend a meeting during the times provided.

Discussion Regarding Employee Feedback.

Employee Meetings and **Employee Survey** Ms. Mikula said 890 surveys were completed, with 815 answering all questions. Ms. Mikula handed out copies of the survey results (attached) and went over them with the Committee.

Discussed: if offer option of two different plans the premium share and/or deductible could be higher; options for mental health; how the medical personnel code visits, tests, etc. and how this effects insurance coverage; wellness activities and incentives; making sure when you have an office visit to ask how they will be coding the visit; a grievance procedure on coding issues; TeleMed; co-pay is not

part of the employees deductible but is part of the out of pocket expense; and how to switch doctors, if need to, with a new plan.

Mr. Smith said the next agenda will have an update on the financial status.

Committee Questions, Request for Information and Next Steps. Chair Podzilni said the next meeting is on June 12th at 8 A.M. and asked the Committee to read the survey results.

Mr. Smith said the goal is to move toward a recommendation for the June 12th meeting or see if an additional meeting is needed. He said time will be needed for educational meetings for employees to help them make a decision in open enrollment. Mr. Smith said as more information is obtained it will be shared with them.

Suggestions were made for an action plan for what will need to be done for the implementation of the new plans; a chart on what is covered; revisit the extra insurances the employee can purchase; will wages go up to replace some of the lost health insurance benefit; slide showing comparison of counties and Rock County was only one not paying a premium share; and keeping any plan savings in health insurance bucket to keep increases down in the future.

Ms. Mikula said the survey results will be posted soon to the intranet for the employees to view.

Adjournment. Mr. Banks moved adjournment at 9:47 A.M., second by Ms. Quirk.
ADOPTED.

Respectfully submitted,

Marilyn Bondehagen
Office Coordinator

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.

Rock County Health Insurance 2020 Employee Survey

Wednesday, May 29, 2019



890

Total Responses

Date Created: Thursday, May 09, 2019

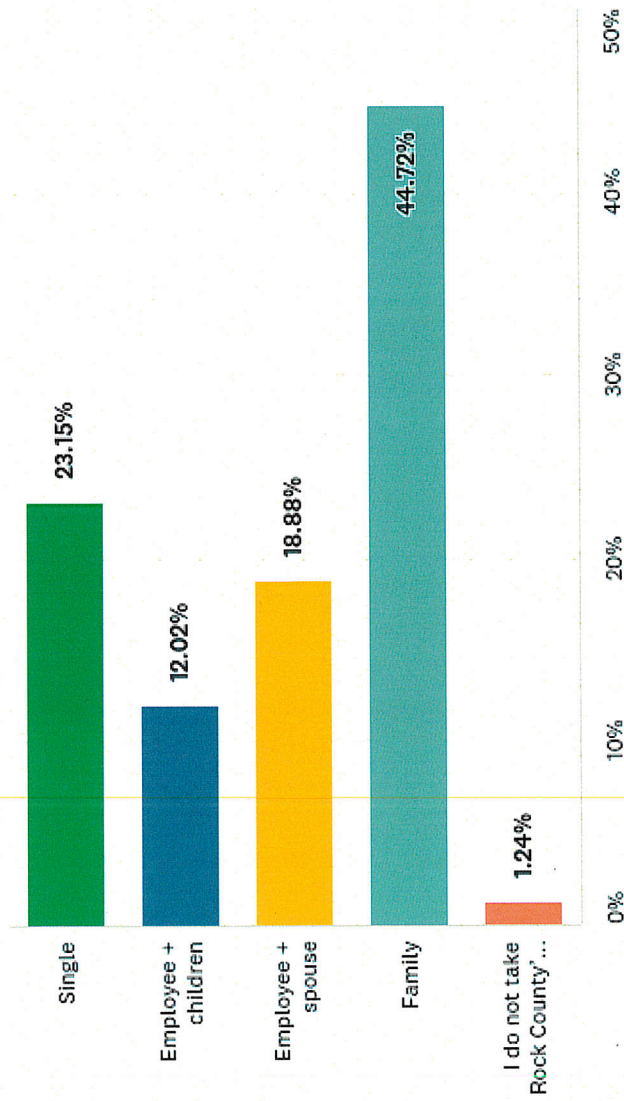
Complete Responses: 815



dreamstime.com

Q1: I currently have the following health insurance plan:

Answered: 890 Skipped: 0



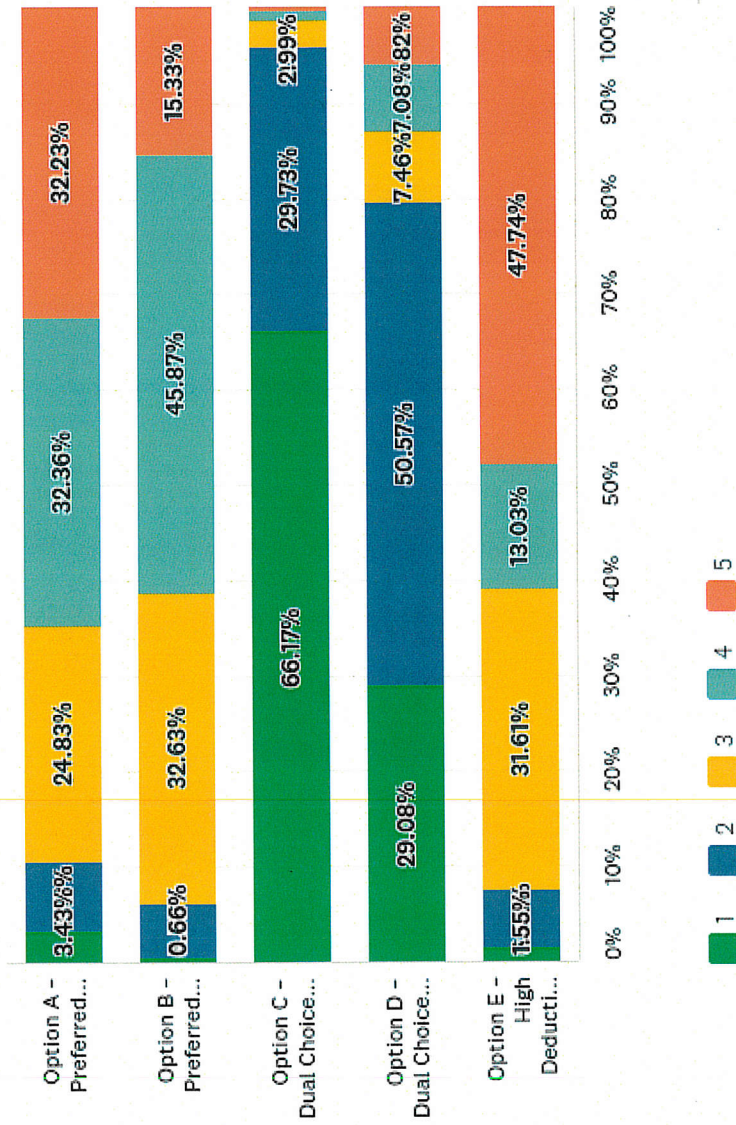
Q1: I currently have the following health insurance plan:

Answered: 890 Skipped: 0

ANSWER CHOICES	RESPONSES
Single	23.15% 206
Employee + children	12.02% 107
Employee + spouse	18.88% 168
Family	44.72% 398
I do not take Rock County's Health Insurance	1.24% 11
TOTAL	890

Q2: There are five (5) different options being considered and you will be asked to rank order these five options between 1 and 5. You can only use a number once. 1 would be your top choice, 2 second choice, etc. with 5 being last choice. Note: You may click and drag each item in order from top (favorite) to bottom (least favorite).

Answered: 812 Skipped: 78



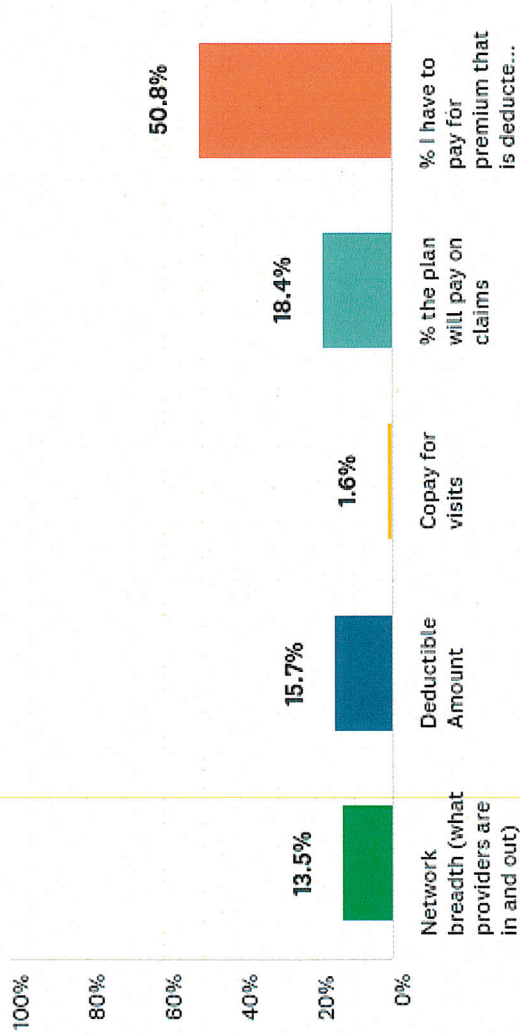
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Answered: 812 Skipped: 78

	1	2	3	4	5	TOTAL	SCORE
Option A - Preferred Provider Organization with Premium Share - Broad network through the Alliance/Premium share - 25% with wellness and 35% without Deductible - \$1500 Family Copay - \$15 Primary Care Office Visit, \$30 Specialty Care, \$300 ERCoinurance - Plan pays 75% in-network and 65% out-of-network	3.43% 26	7.13% 54	24.63% 186	32.36% 245	32.23% 244	757	2.17
Option B - Preferred Provider Share - Narrow Network for Certain Procedures* and a Near-site/On-site Clinic Premium share - 15% with wellness and 35% without Deductible - \$7500 Single, \$2250 Family Copay - \$25 Primary Care Office Visit, \$50 Specialty Care, \$300 ERCoinurance out-of-network - Narrow Network Procedures and Facilities - For these procedures to be covered at the In-network, the preferred facilities must be used for the type of procedure: MRI/CT - Summit Radiology, Colonoscopy - Rockford Health Services, Endoscopy - Associates/EGD/Tonsil and Adenoid Removal/Appendectomy - SSM Health Dean Medical Group/Knee Replacement - Rockford Health Services/Shoulder Surgery/Carpal Tunnel/Finger Tendon Incision - Rockford Orthopedic Surgery Center/ Rockford Health Services/Physicians/Hernia / Stress Test - Meriter Health Services/X-Ray - Beloit Health System/Non-Fatal Ultrasound - HealthCholesterolsextomy - Stoughton Hospital Association/Chiropractic Manipulation - The Joint/Laminotomy - St. Anthony Medical Center/Drain - St. Anthony Medical Center/Drain - Knee Joint - Sauk Prairie Healthcare/Stone Removal and/or Dean/St. Mary's Surgery and Care Center/Eye Exam - Northern Illinois Optical Co, Inc/Vasectomy - Rockford - Advanced Pain Management/Spinal Injection - Orthollinois (NOVO Health)/Speech Therapy - Family Health Services/Endodontics/Oral and Facial Surgery Center/Mons - Surgical Services of Illinois/Diagnostic Nasal Endoscopy - Rockford Health Services/Toe Repair - Rockford Ambulatory Surgery Center	0.66% 5	5.50% 42	32.65% 248	45.87% 350	15.33% 117	763	2.30
Option C - Dual Choice Point of Service (POS) with employees choosing either Dean or Agency for in-network care. Plan pays 100% with wellness and 10% without Deductible - \$500 Single, \$1,500 Family Copay - \$15 Primary Care Office Visit, \$15 Specialty Care, \$300 ERCoinurance - Plan pays 90% in-network Out-of-Network/Premium share - 0% with wellness and 10% without Deductible - \$750 Single, \$2,250 Family Copay. Deductible for Network. Primary Care Office Visit subject to deductible and co-insurance, \$30 Urgent Care, \$300 ERCoinurance - Plan pays 65% out-of-network	86.17% 532	29.73% 239	2.99% 24	1.00% 8	0.12% 1	804	4.61
Option D - Dual Choice Health Maintenance Organization (HMO) with employees choosing either Dean or Agency. Network for their entire family. In-Network/Premium share - 0% with wellness and 10% without Deductible - \$50 Single, \$150 Family Copay - \$15 Primary Care Office Visit, \$15 Specialty Care, \$30 Urgent Care, \$300 ERCoinurance - Plan pays 90% in-network and 0% out-of-network/Out-of-Network Typically No Coverage for out-of-network care	29.08% 230	30.57% 400	7.48% 59	7.08% 56	5.82% 46	791	3.90
Option E - High Deductible Health Plan (HDHP) with a PPO Network. Deductible must be paid before the plan will pay for any benefits including prescription costs. Employee can choose to pay for the deductible through Health Savings Account (HSA) to pay for eligible expenses that are going toward the deductible. Premium share - 10% with wellness and 20% without Deductible. \$3,000 Single, \$6,000 Family Copay. Plan pays 100% in-network once deductible met and 90% out-of-network	1.55% 12	6.06% 47	31.61% 245	13.03% 101	47.74% 370	775	2.01

Q3: The most important plan design factor to me is: (can only choose one option)

Answered: 790 Skipped: 100



Q3: The most important plan design factor to me is: (can only choose one option)

Answered: 790 Skipped: 100

ANSWER CHOICES	RESPONSES
Network breadth (what providers are in and out)	13.5% 107
Deductible Amount	15.7% 124
Copay for visits	1.6% 13
% the plan will pay on claims	18.4% 145
% I have to pay for premium that is deducted from my paychecks	50.8% 401
TOTAL	790