RESOLUTION#

Resolution Establishing the 2023, 2024, 2025, and 2026 Health Insurance Program for Sauk County.

Resolution offered by the Finance and Personnel and Insurance Committees

Resolved by the Board of Supervisors of Sauk County, Wisconsin:

BACKGROUND:

The employee health insurance program currently consists of three plan design options which are offered to eligible employees. Pursuant to the Personnel Ordinance, financial responsibility shall be limited to 88 percent of the least expensive plan option for single or family coverage.

The County Administrator and Human Resources Director reviewed proposals submitted for 2023 and determined transitioning to Dean would be in the best interests of the county as they proposed the most cost-effective proposal for our service area and demographics while maintaining adequate coverage.

The proposal from Dean drops the plan design to two options, a tiered copay plan and a point of service plan. It also includes renewal guarantees into 2026 as follows: 2024 – not to exceed 6.5%, 2025 – not to exceed 7.9%, and 2026 – not to exceed 9.9%.

THEREFORE, BE IT RESOLVED, by the Sauk County Board of Supervisors, met in regular session, to establish the health insurance program for Sauk County, offering rates as follows:

2023 DEAN INSURANCE RATES (-1.6% decrease of \$143,772 from 2022)

<u>DEAN Tiered Copay</u>: In network maximum out of pocket \$1,750 (single) or \$3,500 (family); \$0 office visit copay for Tier 1 (Dean owned facility) \$20 office visit co-pay for Tier 2 (Dean covered but not owned facility); \$10/\$25/\$50/30% (generic/brand name) drug copay; \$50 urgent care copay for Tier 1 and \$100 urgent care copay for Tier 2; \$200 emergency room copay (Tier 1 or 2); deductibles of \$500 (single) and \$1,000 (family):

Single	\$	715.05
Family	\$1	,844.82

<u>DEAN Point of Service (POS)</u>: In network out of pocket maximum \$4,600 (single) or \$9,200 (family); out of network out of pocket maximum is \$10,000 (single) or \$20,000 (family); Plan Providers \$15 co-pay, \$10/\$25/\$50/\$50 (generic/brand name) drug copay, 20% coinsurance; deductibles of \$500 (single) or \$1,000 (family) for in network; deductibles of \$750 (single) or \$1,500 (family) for out of network;

Single	\$ 816.68
Family	\$2,107.04

Approved for presentation to the County Board by the Personnel and Insurance Committee, this 12th day of September 2022

Consent Agenda Item: [] YES [] N	NO
Fiscal Impact: [] None [] Budgete	ed Expenditure [] Not Budgeted
Vote Required: Majority =	2/3 Majority = 3/4 Majority =
	thority to adopt: Yes No as reviewe
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Offered and passage moved by:	
	Supervisor Carl Gruber
Supervisor Terry Spencer	
	Supervisor Peter Kinsman
Supervisor Robert Prosser	Supervisor Peter Kinsman

Fiscal Note:										
2023 Projected Health Insurance Costs										
	2022 Cost/mo	2023 Cost/mo	Difference	% change	202	2 Annual Total	2023	Annual Total Cost	Dif	ference
HMO No Copay	\$ 37,777.12	NA	NA		\$	453,325.44	NA		NA	L .
HMO Copay	\$708,346.18	\$730,806.66	\$(15,316.64)		\$	8,500,154.16	\$	8,769,679.92	\$	(183,799.68)
HMO POS	\$ 13,863.71	\$ 17,199.32	\$ 3,335.61		\$	166,364.52	\$	206,391.84	\$	40,027.32
				-1.6	\$	9,119,844.12	\$	8,976,071.76	\$	(143,772.36)
2024 Projected Health Insurance Costs										
		2024 Cost/mo	Difference	% change	202	3 Annual Total	2024	Annual Total Cost	Dif	ference
HMO Copay	\$730,806.66	\$778,309.09	\$ 47,502.43			8,769,679.92	\$	9,339,709.11	\$	570,029.19
HMO POS	\$ 17,199.32	\$ 18,317.28	\$ 1,117.96		\$	206,391.84	\$	219,807.31	\$	13,415.47
				6.50%	\$	8,976,071.76	\$	9,559,516.42	\$	583,444.66
2025 Projected Health Insurance Costs										
	2024 Cost/mo	2025 Cost/mo	Difference	% change				Annual Total Cost	Dif	ference
HMO Copay	\$778,309.09	\$839,795.51	\$ 61,486.42		\$	9,339,709.11	\$	10,077,546.13	\$	737,837.02
HMO POS	\$ 18,317.28	\$ 19,764.34	\$ 1,447.06		\$	219,807.31	\$	237,172.09	\$	17,364.78
				7.90%	\$	9,559,516.42	\$	10,314,718.22	\$	755,201.80
2026 Projected Health Insurance Costs										
		2026 Cost/mo	Difference	% change	202	5 Annual Total		Annual Total Cost	Dif	ference
HMO Copay	\$839,795.51	\$922,935.27	\$ 83,139.76		_	0,077,546.13	\$	11,075,223.20	\$	997,677.07
HMO POS	\$ 19,764.34	\$ 21,721.01	\$ 1,956.67		\$	237,172.09	\$	260,652.12	\$	23,480.04
				9.90%	\$ 1	0,314,718.22	\$	11,335,875.33	\$ ^	1,021,157.10

MIS Note: No impact.