

RESOLUTION NO. ____-14

RESOLUTION ESTABLISHING THE 2015, 2016, AND 2017 HEALTH INSURANCE PROGRAM FOR SAUK COUNTY

WHEREAS, the present Sauk County Health Insurance Program currently consists of three plan design options which are offered to eligible individuals of each group; and

WHEREAS, pursuant to current collective bargaining agreements and the Personnel Ordinance, effective January 1, 2015, January 1, 2016, and January 1, 2017 respectively, Sauk County's contribution toward health insurance will be fixed at 88% for "Category 1" employees, 67.5% for "Category 2" employees and 50% for "Category 3" employees of the plan that offers comparable coverage as defined in said agreement, which is the HMO plan; and

WHEREAS, under the health care provider contractual language, regulated by the Insurance Commissioner, the employer contributions currently cannot be less than 50% for single and 40% for family coverage for each employee; and

WHEREAS, the Personnel Committee has reviewed the proposals submitted for the 2015, 2016, and 2017 coverage and has selected Group Health Cooperative (GHC) to be the health insurance provider, consisting of an HMO, a \$15 co-pay HMO and a Point of Enrollment, offering rates as follows:

2015 GROUP HEALTH COOPERATIVE INSURANCE RATES:

GHC HMO: (8% decrease) with \$10/\$30/\$50 (generic/brand name) drug copay; \$125 ER copay:

Single.....	\$ 525.15	2 Over 65.....	\$892.75
Family.....	\$1,354.87	1 Over/1 Under 65.....	\$971.52
1 over 65.....	\$ 446.37		

GHC CO-PAY: \$10/\$30/\$50 (generic/brand name) drug copay; \$15 office visit co-pay; \$125 ER copay:

Single.....	\$ 498.71	2 Over 65.....	\$847.82
Family.....	\$1,286.68	1 Over/1 Under 65.....	\$922.62
1 Over 65	\$ 423.91		

GHC POINT OF ENROLLMENT: (\$200/\$600 ded.) Plan Providers \$15 co-pay, \$10/\$30/\$50 (generic/brand name), non plan providers 80% after deductible, \$125 ER copay:

Single.....	\$ 628.88	2 Over 65.....	\$1,069.10
Family.....	\$1,622.52	1 Over/1 Under 65.....	\$1,163.43
1 Over 65	\$ 534.55		

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2016 GROUP HEALTH COOPERATIVE INSURANCE RATES:

GHC HMO: (Not to exceed 5% increase) with \$10/\$30/\$50 (generic/brand name) drug copay;
\$125 ER copay:

Single.....	\$ 551.41	2 Over 65.....	\$ 937.39
Family.....	\$1,422.61	1 Over/1 Under 65.....	\$1,020.10
1 over 65.....	\$ 468.68		

GHC CO-PAY: \$10/\$30/\$50 (generic/brand name) drug copay; \$15 office visit co-pay; \$125 ER copay:

Single.....	\$ 523.65	2 Over 65.....	\$890.21
Family.....	\$1,351.01	1 Over/1 Under 65.....	\$968.75
1 Over 65	\$ 445.11		

GHC POINT OF ENROLLMENT: (\$200/\$600 ded.) Plan Providers \$15 co-pay, \$10/\$30/\$50
(generic/brand name), non plan providers 80% after deductible, \$125 ER copay:

Single.....	\$ 660.32	2 Over 65.....	\$1,122.56
Family.....	\$1,703.65	1 Over/1 Under 65.....	\$1,221.60
1 Over 65	\$ 561.28		

2017 GROUP HEALTH COOPERATIVE INSURANCE RATES:

GHC HMO: (Not to exceed 5% increase) with \$10/\$30/\$50 (generic/brand name) drug copay;
\$125 ER copay:

Single.....	\$ 578.98	2 Over 65.....	\$ 984.26
Family.....	\$1,493.74	1 Over/1 Under 65.....	\$1,071.10
1 over 65.....	\$ 492.12		

GHC CO-PAY: \$10/\$30/\$50 (generic/brand name) drug copay; \$15 office visit co-pay; \$125 ER copay:

Single.....	\$ 549.83	2 Over 65.....	\$ 934.72
Family.....	\$1,418.56	1 Over/1 Under 65.....	\$1,017.19
1 Over 65	\$ 467.36		

GHC POINT OF ENROLLMENT: (\$200/\$600 ded.) Plan Providers \$15 co-pay, \$10/\$30/\$50
(generic/brand name), non plan providers 80% after deductible, \$125 ER copay:

Single.....	\$ 693.34	2 Over 65.....	\$1,178.68
Family.....	\$1,788.83	1 Over/1 Under 65.....	\$1,282.68
1 Over 65	\$ 589.34		

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WHEREAS, under the existing Personnel Ordinance and current collective bargaining agreements, Sauk County's monthly contributions toward health insurance for employees would be as follows:

2015	88%	67.5%	50%
SINGLE	\$462.13	\$354.48	\$262.58
FAMILY	\$1,192.29	\$914.54	\$677.44

2016	88%	67.5%	50%
SINGLE	\$485.24	\$372.20	\$275.71
FAMILY	\$1,251.90	\$960.26	\$711.31

2017	88%	67.5%	50%
SINGLE	\$509.50	\$390.81	\$289.49
FAMILY	\$1,314.49	\$1,008.27	\$746.87

NOW, THEREFORE BE IT RESOLVED, by the Sauk County Board of Supervisors, met in regular session, that the Sauk County Health Insurance Program for 2015, 2016, and 2017 be adopted and shall consist of the above mentioned plans.

For consideration by the Sauk County Board of Supervisors on September 16, 2014.

Respectfully submitted,

SAUK COUNTY PERSONNEL COMMITTEE:

TIM MEISTER - CHAIR

CAROL HELD

ANDREA LOMBARD - VICE-CHAIR

MI CHELLE DENT

HENRY NETZINGER, SECRETARY

RESOLUTION NO. ____-14**FISCAL NOTE:****GHC****2015 PROJECTED HEALTH INSURANCE COSTS**

	2014 Cost/mo	2015 Cost/mo	Difference	% increase	# emp	Annual 2014 Cost	Annual 2015 Cost	Difference
50% Fam	\$736.35	\$677.44	-\$58.91	-8.00%	3	\$26,508.60	\$24,387.84	-\$2,120.76
50% Sngl	\$285.41	\$262.58	-\$22.83	-8.00%	0	\$0.00	\$0.00	\$0.00
67.5% Fam	\$994.07	\$914.54	-\$79.53	-8.00%	6	\$71,573.04	\$65,846.88	-\$5,726.16
67.5% Sngl	\$385.30	\$354.48	-\$30.82	-8.00%	7	\$32,365.20	\$29,776.32	-\$2,588.88
88% Fam	\$1,295.97	\$1,192.29	-\$103.68	-8.00%	399	\$6,205,104.36	\$5,708,684.52	-\$496,419.84
88%Sngl	\$502.31	\$462.13	-\$40.18	-8.00%	101	\$608,799.72	\$560,101.56	-\$48,698.16
				-8.00%	516	\$6,944,350.92	\$6,388,797.12	-\$555,553.80

GHC**2016 PROJECTED HEALTH INSURANCE COSTS (Not to exceed 5%)**

	2015 Cost/mo	2016 Cost/mo	Difference	Not to exceed 5% increase	# emp	Annual 2015 Cost	Annual 2016 Cost	Difference
50% Fam	\$677.44	\$711.31	\$33.87	5.00%	3	\$24,387.84	\$25,607.16	\$1,219.32
50% Sngl	\$262.58	\$275.71	\$13.13	5.00%	0	\$0.00	\$0.00	\$0.00
67.5% Fam	\$914.54	\$960.26	\$45.72	5.00%	6	\$65,846.88	\$69,138.72	\$3,291.84
67.5% Sngl	\$354.48	\$372.20	\$17.72	5.00%	7	\$29,776.32	\$31,264.80	\$1,488.48
88% Fam	\$1,192.29	\$1,251.90	\$59.61	5.00%	399	\$5,708,684.52	\$5,994,097.20	\$285,412.68
88%Sngl	\$462.13	\$485.24	\$23.11	5.00%	101	\$560,101.56	\$588,110.88	\$28,009.32
				5.00%	516	\$6,388,797.12	\$6,708,218.76	\$319,421.64

GHC**2017 PROJECTED HEALTH INSURANCE COSTS (Not to exceed 5%)**

	2016 Cost/mo	2017 Cost/mo	Difference	Not to exceed 5% increase	# emp	Annual 2016 Cost	Annual 2017 Cost	Difference
50% Fam	\$711.31	\$746.87	\$35.56	5.00%	3	\$25,607.16	\$26,887.32	\$1,280.16
50% Sngl	\$275.71	\$289.49	\$13.78	5.00%	0	\$0.00	\$0.00	\$0.00
67.5% Fam	\$960.26	\$1,008.27	\$48.01	5.00%	6	\$69,138.72	\$72,595.44	\$3,456.72
67.5% Sngl	\$372.20	\$390.81	\$18.61	5.00%	7	\$31,264.80	\$32,828.04	\$1,563.24
88% Fam	\$1,251.90	\$1,314.49	\$62.59	5.00%	399	\$5,994,097.20	\$6,293,778.12	\$299,680.92
88%Sngl	\$485.24	\$509.50	\$24.26	5.00%	101	\$588,110.88	\$617,514.00	\$29,403.12
				5.00%	516	\$6,708,218.76	\$7,043,602.92	\$335,384.16