RESOLUTION NO. 3-0920

TO THE HONORABLE IOWA COUNTY BOARD OF SUPERVISORS:

WHEREAS, the Iowa County General Government Committee has evaluated the Wisconsin Public Employers Group (ETF) Health Insurance premium rate scheduled to be implemented January 1, 2021; and

WHEREAS, current law states that local governments such as Iowa County who subscribe to the ETF health insurance plan are prohibited from paying more than 88% of the average cost of their respective qualified ETF plans, which began with premiums from January 2012 coverage forward; and

WHEREAS, Iowa County must comply with the requirements of current law based upon an average cost assessment, while at the same time providing reasonably-priced health insurance coverage with multiple options to qualified employees; and

WHEREAS, with the recognition that the average cost of the two qualified Iowa County ETF plans presents a mandated solution that must consider equity in the contributions toward health care options across all plans.

NOW THEREFORE, BE IT RESOLVED, the Committee recommends for fiscal year 2021 premiums, Iowa County as employer will pay the equivalent of 82% of the average cost of the two qualifying ETF Local Deductible plans (without dental) in the County toward the cost of the ETF family or single plan selected by the employee.

BE IT FURTHER RESOLVED, that this resolution applies to all staff except for the Sheriff's Office employees covered under the Collective Bargaining Agreement and Sheriff's Office management staff.

Respectfully submitted by the Executive Committee:

Dated this 8th day of September, 2020.

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	Adopted - Iowa County - 2020 Health Insurance Rates												
- 2													
L	3 4												
	All Rates are Monthly Rates												
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F													
8	Covers all eligible lowa County Employees except Sheriff's Department Represented Employees & Sheriff Management												
9	Sheriff Management												
	0 lowa County contributes 84% of the average premium cost of qualified plans												
	These rates apply to all Full-Time Employees. Rates for Part-Time Employees are pre-												
12	This is an employees are pro-fated.												
13													
14											vee Share ay Period		
	1												
1		Employee											
i				Employee Share Single	Employer Share Single	Share Family Plan	Employer Share Family	Employee % of Single	Employee %				
ĺ		Single	Family	Plan Monthly	Monthly	Monthly	Monthly	Monthly	of Family	1/2 of	1/2 of		
15	Plan	Monthly Premium	Monthly Premium	Premium (Deduction)	Premium	Premium	Premium	Premium	Monthly	single	family		
	Dean Health	664.24	1,627.08	123.06	(Benefit) 541.18	(Deduction)	A STATE OF THE STATE OF T	Rate	Premium Rate		ded.		
	GHC of South Central WI	670.56	90	\$1000 CONT.				18.53%	3.50.50.60	61.53	151.14		
			1,642.88	129.38	541.18	318.08	1,324.80	19.29%	19.36%	64.69	159.04		
	Medical Associates	597.98	1,461.44	56.80	541.18	136.64	1,324.80	9.50%	9.35%	28.40	68.32		
	Quartz Community	793.70	1,950.74	252.52	541.18	625.94	1,324.80	31.82%	32.09%	126.26	312.97		
20	Quartz UW	615.36	1,504.88	74.18	541.18	180.08	1,324.80	12.05%	11.97%	37.09	90.04		
21										1	0/18/08/90/07		
22	AIF-I-0									l			
23 24 25	Annual Employer Cost	per Single & I	Family Plan:		6,494.16		15,897.60						
25				W.D-4									
	Please Note: Medical A	Associates is t	he lowest au	All Rates are A	Nonthly Rates	5							
28													
29	Co	overs all eligib	le Sheriff's D	epartment R	epresented a	and Manage	ement Emplo	yees					
30		Iowa County o	contributos 85	0/ of the ave									
32	These	lowa County of e rates apply to	all Full-Time	Employees	Rates for Par	m cost of q	lovees are pre	<u>s</u>					
33						t-Time Limp	loyees are pro	J-Taleu.					
34	LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan												
35	E												
					200	Employee							
1 1				Employee Share Single	Employer Share Single	Share Family Plan	Employer	Employee %	10 to 100				
		Single	Family	Plan Monthly	Monthly	Monthly	Share Family Monthly	of Single Monthly	Employee % of Family	1/2 of	1/0 -		
36	DI	Monthly	Monthly	Premium	Premium	Premium	Premium	Premium	Monthly	1/2 of single	1/2 of family		
36	Plan Dean Health	Premium 664.24	Premium 1,627.08	(Deduction) 116.62		(Deduction)	(Benefit)		Premium Rate	ded.	ded.		
-	GHC of South Central WI	670.56	1,642.88	122.94	547.62 547.62	286.52 302.32	1,340.56 1,340.56	17.56%	17.61%	58.31	143.26		
39	Medical Associates	597.98	1,461.44	50.36	547.62	120.88	1,340.56	18.33% 8.42%	18.40% 8.27%	61.47	151.16		
	Quartz Community	793.70	1,950.74	246.08	547.62	610.18	1,340.56	31.00%	31.28%	25.18 123.04	60.44 305.09		
41 (Quartz UW	615.36	1,504.88	67.74	547.62	164.32	1,340.56	11.01%	10.92%	33.87	82.16		
42										sammed T. A			
44	Annual Employer Cost p	oer Single & Fa	amily Plan:		6,571.44		16,086.72						

2020 Adopted Rates

A 1	В		D	E	F	G	Т	T	
	Pro	iected 2021	Health Inc	Liver D. (<u> </u>			Prepared 9/1	/20 RRH
3		1	Treatti ilis	urance Rat	es -	Low Deductible	Plan		
						1			1
.021 - 82% if the Averag	e Cost of the	Average	f the 2		10427	N= 10000			
5 2020 - 84% if the Average Cos	+ - f # .	Average 0	i tile z qua	lifted Plans	for	Iowa County			
- The in this riverage cos	st of the Averag	e of the 3 qua	lified Plans fo	r Iowa County	/				
TOW DEDUCTIBLE PLAN	l - \$500 singl	e plan & \$1,	000 family	olan				1	1
8				Ours Count				-	
9	Compare 2	2021 (82% of	Average) and	2020 Adopte	od M	onthly Health Insu			
11 Please Note: CHC South Co				Lozo Adopte	eu ivi	onthly Health Insu	rance Rates	3 1011	
Please Note: GHC South Central W	is the lowest qu	alified plan for	2021						
		2021					and State Con-	-	
	2020 Single	Projected			- 1		2021		
	Plan	Single Plan					Projected		
Plan	Monthly	Monthly	Amount of	% of		2020 Family Plan	Family Plan		
4 Dean Health	Premium	Premium	Increase	Increase	1	Monthly Premium	Monthly Premium	Amount of	100
5 GHC of South Central WI	664.24 670.56	731.22	66.98	10.1%		1,627.08	1,791.06	Increase	% of Increase
6 Medical Associates	597.98	705.68	35.12	5.2%		1,642.88	1,727.22	163.98 84.34	10.1
7	037.50	-				1,461.44		04.34	5.1
					+				
Average Cost of the Qualified									
Plans for Iowa County	644.26	718.45	74.19	11.5%		4.577			
				11.070		1,577.13	1,759.14	182.01	11.5
Monthly County Contribution 84%									
based on average premiums of the									
qualified plans for 2020 & 82% on Average of plans for 2021	20000000	1							
Average of plans for 2021	541.18	589.14	47.96	8.9%		1,324.80	1,442,50		
		at ya . W . L				1,004.00	1,442.50	117.70	8.99
current # of Plans for the September 20	20 Health Insuran	ce Invoice							
	7	1	38			e de la companya de l		110	
Desired A D					-				
Projected Decrease County Cost	per Month for Em	ployees	1,822.48						-
- 0.000								12,947.00	
Total Projected Increase in Annual 2	021 County Cost	- EE's other							
than Sher	21,869.76			į					
Total Projected Increase in Annual 202						155,364.00 \$	177,233.76		
Department	Durity Cost -	Siletili		1					
Total Projected Ingresses in A	-10006				+			\$	49,514.28
Total Projected Increase in Annu	iai 2021 Count	y Cost			1				
								\$	226,748.04

A		l c	l D	ĺΕ	l F	l G	T					
1	Prop	osed - low	/a County -	2021 Heal	th Insurar	nce Rates	<u> </u>	ali ja ja	.)* ₇	j K		
2 For the September 15	5, 2020 County Bo	oard Meeting				Section Washington						
3 4												
5			All Rates are	Monthly Rat	tac							
6 Please Note: GHC S	outh Central W	I is the lowe	st qualified p	lan for 2021	.00							
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	Covers all all all all all all all all all al											
8 Covers all eligible	Covers all eligible lowa County Employees except Sheriff's Department Represented Employees & Sheriff Management											
9												
	lowa County contributes 82% of the average premium cost of gualified plans											
These rates apply to all Full-Time Employees. Rates for Part-Time Employees are pro-rated.												
12 13 LOW DEDUCTIBLE F	PLAN - \$500 Sin	ale Plan and	1 \$1 000 Eam	ilu Dia								
		gie i iaii aiic	1 \$1,000 Fam	ily Plan								
14									Employee Share			
								53	Per Pay Period			
			Employee	Employer	Employee Share		_					
	6:		Share Single	Share Single	Family Pla	Employer n Share Family	Employee % of Single	Employee %				
	Single Monthly	Family Monthly	Plan Monthly Premium	Monthly Premium	Monthly Premium	Monthly	Monthly	of Family	1/2 of	1/2 of		
5 Plan	Premium	Premium	(Deduction)	(Benefit)	(Deduction	Premium) (Benefit)	Premium Rate	Monthly Premium Rate	single	family		
6 Dean Health	731.22	1,791.06	142.08	589.14	348.56	1,442.50	19.43%			ded.		
GHC of South Central WI	705.68	1,727.22	116.54	589.14	284.72	1,442.50	16.51%		7 2.0 1	174.28		
Medical Associates	675.06	1,650.66	85.92	589.14	208.16	1,442.50	12.73%	, 0, 10,70	42.96	142.36		
9 Quartz Community	878.00	2,158.02	288.86	589.14	715.52	FORESCO CARROLLES	32.90%		010000000000000000000000000000000000000	104.08		
Quartz UW	666.10	1,628.26	76.96	589.14	185.76	83	11.55%	001.070	144.43 38.48	357.76		
						(0.5.1 • (0.50), 1.550 (0.5.5 (0.50))		11.4170	30.48	92.88		
Annual Employer Cos	t per Single 9 E	omilu Di										
	t per Sirigle & F	anniy Pian:		7,069.68		17,310.00						
]		Д	II Rates are N	Annthly Pates								
Please Note: GHC Sou	uth Central WI is	s the lowest	qualified pla	n for 2021	i					لسر		
					1							
	overs all eligibl	e Sheriii S D	epartment Re	epresented a	ind Manage	ement Employ	/ees					
	Iowa County o	ontributes 85	% of the aver	age premiur	n cost of a	ualified plans						
Thes	e rates apply to	all Full-Time	Employees. I	Rates for Par	t-Time Emp	loyees are pro	- -rated.					
LOW DEDUCTIBLE PL								1		1		
				. 1011					Employee	0.		
	Employee											
			Employee	Employer	Share	Employer	Employee %					
	Single		Share Single : Plan Monthly	Share Single Monthly	Family Plan Monthly	Share Family	of Single	Employee %				
Plan	Monthly	Monthly	Premium	Premium	Premium	Monthly Premium	Monthly Premium	of Family Monthly	1/2 of single	1/2 of		
Dean Health	Premium 731.22	1,791.06	(Deduction) 120.54	(Benefit) (610.68	(Deduction)	(Benefit)	Rate F	Premium Rate	ded.	family ded.		
GHC of South Central WI	705.68	1,727.22	95.00	610.68	295.80 231.96	1,495.26 1,495.26	16.48%	16.52%	60.27	147.90		
Medical Associates	675.06	1,650.66	64.38	610.68	155.40	1,495.26	13.46% 9.54%	13.43% 9.41%	47.50	115.98		
Quartz Community Quartz UW	878.00	2,158.02	267.32	610.68	662.76	1,495.26	30.45%	30.71%	32.19 133.66	77.70 331.38		
Qualiz OVV	666.10	1,628.26	55.42	610.68	133.00	1,495.26	8.32%	8.17%	27.71	66.50		
Annual Employer Cost				water acceptance								
Annual Employer Cost	per Single & Fai	mily Plan:		7,328.16		17 943 12				1		

2021 Proposed Rates