

AGENDA ITEM COVER SHEET

Title: 2017 Employee Trust Funds Health/Dental Insurance

☒ Original

☐ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Employee Trust Funds have released the 2017 Health Insurance rates to include four program options:

- Traditional Plan
 - Local Deductible (\$500 single/\$1000 family)
 - Local Health Plan (Deductible, Co-pay and Co-insurance)
 - Local High Deductible Plan (\$1,500 single/\$3,000 family)
- All four plans have the option to include dental insurance or without dental.

A more descriptive overview of all four plan options including are listed on attached page 3 and 4.

It's Your Choice Open Enrollment period is from October 17 - November 11. It is crucial to have rates set before Open Enrollment so employees are aware and can make an informed decisions during IYC Open Enrollment.

Iowa County is currently on the Local Deductible plan option with Iowa County contributing 85% of the average of the four qualifying plans.

RECOMMENDATIONS (IF ANY):

To continue on the Low Deductible Plan without Dental, with Iowa County contributing 85% of the average of the four qualifying plans.

ANY ATTACHMENTS? (Only 1 copy is needed)

☒ Yes

☐ No

If yes, please list below:

Page 1: Resolution to adopt 85% of the average of the four qualifying plans on the Local (Low) Deductible plan without dental.
Page 2: 2016 Adopted Health Insurance Rates
Page 3 and 4: All four plan options available
Page 5: Comparing all four plan options to include monthly employer share and employee share (without dental)
Page 6: Comparing all four plan options to include monthly employer share and employee share (without dental) (includes Dental)
Page 7- 14: - Lists the cost incurred to Iowa County for each plan option (Traditional, Local Deductible, Local Health Plan and High Deductible) with and without dental insurance.

FISCAL IMPACT:

\$5,482.80 (Page 7 of the Health Insurance handouts)

LEGAL REVIEW PERFORMED:

☐ Yes

☒ No

PUBLICATION REQUIRED:

☐ Yes

☒ No

PRESENTATION?:

☒ Yes

☐ No

How much time is needed? 10 minutes

COMPLETED BY: Allison Leitzinger

DEPT: Employee Relations

2/3 VOTE REQUIRED:

☐ Yes

☒ No

TO BE COMPLETED BY COMMITTEE CHAIR

RESOLUTION NO. _____

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, 2017; 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 four 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 2017 premiums, Iowa County as employer will pay the equivalent of 85% of the average cost of the four qualifying ETF Local Deductible plans (without dental) in the County toward the cost of the ETF family or single plan selected by the employee.

Respectfully submitted by the Iowa County General Government Committee:

Dated this 8th day of September, 2016.

Iowa County - 2016 Adopted Health Insurance Rates

Adopted by County Board on 9/16/15 -Iowa County contributes 85% of the average premium cost of qualified plans for 2016

All Rates are Monthly Rates

Please Note that Medical Associates is the lowest qualified plan for 2016

Covers all Iowa County Full-Time Employees

LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employer % of Family Monthly Premium Rate
Dean Health Medical Associates	687.00	1,708.70	133.46	553.54	332.34	1,376.36	19.43%	19.45%
Physicians Plus	618.00	1,536.20	64.46	553.54	159.84	1,376.36	10.43%	10.40%
Unity - UW	666.90	1,658.40	113.36	553.54	282.04	1,376.36	17.00%	17.01%
Unity Community	579.30	1,439.40	25.76	553.54	63.04	1,376.36	4.45%	4.38%
	633.00	1,573.70	79.46	553.54	197.34	1,376.36	12.55%	12.54%

Unity Community/Unity UW (<https://unityhealth.com>) (<https://unityhealth.com/apps/FindADoctor/>)

Dean Health (www.deancare.com) (<http://www.deancare.com/find-a-doc/>)

Physicians Plus (www.HealthyChoicesBigRewards.com) (<http://directory.pplusic.com/>)

Medical Associates (<http://www.mahealthcare.com/insurance-services/etf-employees/>)

Navitus (Prescription Drug) www.navitus.com

*Please go to the web sites of the respective plans to identify which medical providers and hospitals are covered.

Wisconsin Public Employers (WPE) Group Health Insurance Program (Local Government) – Program Options

Program Option #2/#12 – It's Your Choice Local Traditional Plan

No deductible

Coinsurance on the following:

Hearing Aid - 80%/20% - Adult service only

Cochlear Implants - 80%/20% - Adult service only

Durable Medical Equipment – 80%/20% (OOPL \$500)

\$60 Emergency Room Copay

Program Option #4/#14 – It's Your Choice Local Deductible

\$500 Individual/\$1,000 Family deductible

Coinsurance on the following:

Hearing Aid - 20% - Adult service only

Cochlear Implants - 20% - Adult service only

Durable Medical Equipment – 20% (OOPL \$500)

\$60 Emergency Room Copay

Program Option #6/#16 – It's Your Choice Local Health Plan

\$250 Individual/\$500 Family deductible

10% coinsurance once deductible met

20% coinsurance – Hearing Aid, Cochlear Implants, Durable Medical Equipment

\$15 copay for primary care office visits

\$25 copay for specialty care office visits and urgent care

\$75 Emergency Room Copay, plus 10% coinsurance

Medical Out-of-Pocket limit: \$1,250 Single/\$2,500 Family

Program Option #7/#17 – It's Your Choice Local High Deductible Health Plan

\$1,500 Individual/\$3,000 Family deductible

~Employer contribution (HSA)

10% coinsurance once deductible met

Once deductible is met: \$15 copay for primary care office visits

\$25 copay for specialty care office visits and urgent care

\$75 Emergency Room Copay, plus 10% coinsurance

Medical Out-of-Pocket limit: \$2,500 Single/\$5,000 Family

*Maximum Federal Out-of-Pocket Limit: \$6,850 Single/\$13,700 Family – applies to all program options
Above information is subject to change from ETF

Prescription Drug

*Subject to change

Prescription Drug Level	2016 Member Costs	Annual Out-of-Pocket Limits
Level 1	\$5 per fill	\$600 single/\$1,200 family
Level 2	20% (\$50 maximum per fill)	\$600 single/\$1,200 family
Level 3	40% (150 maximum per fill)	Federal Max OOP \$6,850 single/\$13,700 family
Level 4: Preferred Specialty Drug <ul style="list-style-type: none"> Filled at a Preferred Specialty Pharmacy 	\$50 per fill	\$1,200 single/\$2,400 family
<ul style="list-style-type: none"> Filled at any other pharmacy 	40% (\$200 maximum per fill)	
Level 4: Non-Preferred Specialty Drug <ul style="list-style-type: none"> Filled at a Preferred Specialty Pharmacy 	\$50 per fill	Federal Max OOP \$6,850 single/\$13,700 family
<ul style="list-style-type: none"> Filled at any other pharmacy 	40% (\$200 maximum per fill)	Federal Max OOP \$6,850 single/\$13,700 family

Uniform Dental Coverage (optional)

*Applies to all Health Plans

Key Contract Provisions		Covered Services (Examples)
	In-Network Provider	
Deductible:	\$0	
Annual Benefit Max:	\$1,000 per participant	
Diagnostic / Preventive:	100%	Routine Evaluations X-rays Fluoride
Restorative:	100%	Fillings
Periodontic:	80%	Limited to Periodontal Maintenance
Adjunctive Services:	80%	Local Anesthesia
Orthodontia:	50% (children only)	
Ortho Lifetime Max:	\$1,500 per participant	

PROPOSED - Iowa County - 2017 Health Insurance Rates (Without Dental)

All Rates are Monthly Rates

Please Note that Medical Associates is the lowest qualified plan for 2017

Iowa County contributes 85% of the average premium cost of qualified plans

LOCAL (LOW) DEDUCTIBLE PAN - \$500 Single Plan and \$1,000 Family Plan

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
Dean Health	717.50	1,769.56	158.09	559.41	391.62	1,377.94	22.03%	22.13%	79.05	195.81
Medical Associates	588.70	1,447.56	29.29	559.41	69.62	1,377.94	4.98%	4.81%	14.65	34.81
Physicians Plus	691.50	1,704.56	132.09	559.41	326.62	1,377.94	19.10%	19.16%	66.05	163.31
Unity - UW	569.10	1,398.56	9.69	559.41	20.62	1,377.94	1.70%	1.47%	4.85	10.31
Unity Community	634.80	1,562.76	75.39	559.41	184.82	1,377.94	11.88%	11.83%	37.70	92.41

TRADITIONAL PLAN

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
Dean Health	769.30	1,769.56	170.26	599.04	292.61	1,476.95	22.13%	16.54%	85.13	146.31
Medical Associates	629.30	1,447.56	30.26	599.04		1,476.95	4.81%	0.00%	15.13	-
Physicians Plus	741.00	1,828.26	141.96	599.04	351.31	1,476.95	19.16%	19.22%	70.98	175.6
Unity - UW	607.90	1,495.56	8.86	599.04	18.61	1,476.95	1.46%	1.24%	4.43	9.30
Unity Community	679.40	1,674.26	80.36	599.04	197.31	1,476.95	11.83%	11.78%	40.18	98.66

CO-INSURANCE PLAN - \$250 single plan & \$500 family plan plus office visits and 10%/20% co-insurance

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
Dean Health	730.50	1,802.06	159.89	570.61	399.32	1,402.74	21.89%	22.16%	79.95	199.66
Medical Associates	598.80	1,472.76	28.19	570.61	70.02	1,402.74	4.71%	4.75%	14.10	35.01
Physicians Plus	709.90	1,735.56	139.29	570.61	332.82	1,402.74	19.62%	19.18%	69.65	166.41
Unity - UW	578.80	1,422.76	8.19	570.61	20.02	1,402.74	1.41%	1.41%	4.09	10.01
Unity Community	646.00	1,590.76	75.39	570.61	188.02	1,402.74	11.67%	11.82%	37.70	94.01

HIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 family plan

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
Dean Health	626.22	1,541.30	138.39	487.83	342.31	1,198.99	22.10%	22.21%	69.20	171.16
Medical Associates	512.72	1,257.60	24.89	487.83	58.61	1,198.99	4.85%	4.66%	12.45	29.30
Physicians Plus	603.32	1,484.10	115.49	487.83	285.11	1,198.99	19.14%	19.21%	57.75	142.56
Unity - UW	495.52	1,214.60	7.69	487.83	15.61	1,198.99	1.55%	1.29%	3.85	7.80
Unity Community	553.42	1,359.30	65.59	487.83	160.31	1,198.99	11.85%	11.79%	32.80	80.16

PROPOSED - Iowa County - 2017 Health Insurance Rates (with Dental)

All Rates are Monthly Rates

Please Note that Medical Associates is the lowest qualified plan for 2017

Iowa County contributes 85% of the average premium cost of qualified plans

LOCAL (LOW) DEDUCTIBLE PAN - \$500 Single Plan and \$1,000 Family Plan

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
Dean Health	745.34	1,839.18	162.27	583.07	402.06	1,437.12	21.77%	21.86%	81.14	201.03
Medical Associates	616.54	1,517.18	33.47	583.07	80.06	1,437.12	5.43%	5.28%	16.74	40.03
Physicians Plus	719.34	1,774.18	136.27	583.07	337.06	1,437.12	18.94%	19.00%	68.14	168.53
Unity - UW	596.94	1,468.18	13.87	583.07	31.06	1,437.12	2.32%	2.12%	6.94	15.53
Unity Community	662.64	1,632.38	79.57	583.07	195.26	1,437.12	12.01%	11.96%	39.79	97.63

TRADITIONAL PLAN

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
Dean Health	797.14	1,968.68	174.46	622.68	432.56	1,536.12	21.89%	21.97%	87.23	216.28
Medical Associates	657.04	1,618.38	34.36	622.68	82.26	1,536.12	5.23%	5.08%	17.18	41.13
Physicians Plus	768.84	1,897.88	146.16	622.68	361.76	1,536.12	19.01%	19.06%	73.08	180.88
Unity - UW	635.74	1,565.18	13.06	622.68	29.06	1,536.12	2.05%	1.86%	6.53	14.53
Unity Community	707.24	1,743.88	84.56	622.68	207.76	1,536.12	11.96%	11.91%	42.28	103.88

CO-INSURANCE PLAN - \$250 single plan & \$500 family plan plus office visits and 10%/20% co-insurance

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
Dean Health	758.34	1,871.68	165.35	592.99	409.76	1,461.92	21.80%	21.89%	82.68	204.88
Medical Associates	626.64	1,542.38	33.65	592.99	80.46	1,461.92	5.37%	5.22%	16.83	40.23
Physicians Plus	731.74	1,805.18	138.75	592.99	343.26	1,461.92	18.96%	19.02%	69.38	171.63
Unity - UW	606.64	1,492.38	13.65	592.99	30.46	1,461.92	2.25%	2.04%	6.82	15.23
Unity Community	673.84	1,660.38	80.85	592.99	198.46	1,461.92	12.00%	11.95%	40.43	99.23

HIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 family plan

Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
Dean Health	654.06	1,610.92	142.56	511.50	352.75	1,258.17	21.80%	21.90%	71.28	176.38
Medical Associates	540.56	1,327.22	29.06	511.50	69.05	1,258.17	5.38%	5.20%	14.53	34.53
Physicians Plus	631.16	1,553.72	119.66	511.50	295.55	1,258.17	18.96%	19.02%	59.83	147.78
Unity - UW	523.36	1,284.22	11.86	511.50	26.05	1,258.17	2.27%	2.03%	5.93	13.03
Unity Community	581.26	1,428.22	69.76	511.50	170.05	1,258.17	12.00%	11.91%	34.88	85.03

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	A	B	C	D	E	F	G	H	I	J
1	Proposed 2017 Health Insurance Rates - Low Deductible Plan									
2										
3										
4	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa County									
5	LOW DEDUCTIBLE PLAN - \$500 single plan & \$1,000 family plan									
6										
7	Iowa County									
8	Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Rates									
9										
10	Please Note: Medical Associates is the lowest qualified plan for 2017									
11										
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of Increase	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of Increase	
13	Dean Health	687.00	717.50	30.50	4.4%	1,708.70	1,769.56	60.86	3.6%	
14	Medical Associates	618.00	588.70	(29.30)	-4.7%	1,536.20	1,447.56	(88.64)	-5.8%	
15	Physicians Plus	666.90	691.50	24.60	3.7%	1,658.40	1,704.56	46.16	2.8%	
16	Unity Community	633.00	634.80	1.80	0.3%	1,573.70	1,562.76	(10.94)	-0.7%	
17										
18	Average Cost of the 4 Qualified Plans for Iowa County	651.23	658.13			1,619.25	1,621.11			
19										
20	Monthly County Contribution 85% based on average premiums of the qualified plans for 2016 & 85% on Average of plans Projected 2017	553.54	559.41	5.87		1,376.36	1,377.94	1.58		
21										
22	Current # of Plans for the September 2016 Health Insurance Invoice:			38				148		
23										
24	Projected Increase County Cost per Month for Employees			223.06				233.84		
25										
26	Total Projected Increase Annual 2017 County Cost:			2,676.72				2,806.08	5,482.80	
27										
28	Uniform benefits memo - - WI Public Employers contribute no more than 88% of the average premium cost of plans offered in any tier with the lowest employee premium cost. And contribute not less than 50% of the average premium cost of plans offered.									

	A	B	C	D	E	F	G	H	I	J
1	Proposed 2017 Health Insurance Rates - Low Deductible Plan - DENTAL									
2										
4	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa County									
5	LOW DEDUCTIBLE PLAN - \$500 single plan & \$1,000 family plan									
6										
7	Iowa County									
8	Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Rates									
9										
10	Please Note: Medical Associates is the lowest qualified plan for 2017									
11										
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of Increase	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of Increase	
13	Dean Health	687.00	745.34	58.34	8.5%	1,708.70	1,839.18	130.48	7.6%	
14	Medical Associates	618.00	616.54	(1.46)	-0.2%	1,536.20	1,517.18	(19.02)	-1.2%	
15	Physicians Plus	666.90	719.34	52.44	7.9%	1,658.40	1,774.18	115.78	7.0%	
16	Unity Community	633.00	662.64	29.64	4.7%	1,573.70	1,632.38	58.68	3.7%	
17										
18	Average Cost of the 4 Qualified Plans for Iowa County	651.23	685.97			1,619.25	1,690.73			
19										
20	Monthly County Contribution 85% based on average premiums of the qualified plans for 2016 & 85% on Average of plans Projected 2017	553.54	583.07	29.53		1,376.36	1,437.12	60.76		
21										
22	Current # of Plans for the September 2016 Health Insurance Invoice:			38				148		
23										
24	Projected Increase County Cost per Month for Employees			1,122.14				8,992.48		
25										
26	Total Projected Increase Annual 2017 County Cost:			13,465.68				107,909.76		121,375.44
27										
28	Uniform benefits memo - - WI Public Employers contribute no more than 88% of the average premium cost of plans offered in any tier with the lowest employee premium cost. And contribute not less than 50% of the average premium cost of plans offered.									

	A	B	C	D	E	F	G	H	I	J
1	Proposed 2017 Health Insurance Rates - Traditional Plan									
2										
3										
4	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa County									
5	TRADITIONAL PLAN									
6										
7	Iowa County									
8	Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Rates									
9										
10	Please Note: Medical Associates is the lowest qualified plan for 2017									
11										
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of Increase	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of Increase	
13	Dean Health	687.00	769.30	82.30	12.0%	1,708.70	1,899.06	190.36	11.1%	
14	Medical Associates	618.00	629.30	11.30	1.8%	1,536.20	1,548.76	12.56	0.8%	
15	Physicians Plus	666.90	741.00	74.10	11.1%	1,658.40	1,828.26	169.86	10.2%	
16	Unity Community	633.00	679.40	46.40	7.3%	1,573.70	1,674.26	100.56	6.4%	
17										
18	Average Cost of the 4 Qualified Plans for Iowa County	651.23	704.75			1,619.25	1,737.59			
19										
20	Monthly County Contribution 85% based on average premiums of the qualified plans for 2016 & 85% on Average of plans Projected 2017	553.54	599.04	45.50		1,376.36	1,476.95	100.59		
21										
22	Current # of Plans for the September 2016 Health Insurance Invoice:			38				148		
23										
24	Projected Increase County Cost per Month for Employees			1,729.00				14,887.32		
25										
26	Total Projected Increase Annual 2017 County Cost:			20,748.00				178,647.84	199,395.84	
27										
28	Uniform benefits memo - - WI Public Employers contribute no more than 88% of the average premium cost of plans offered in any tier with the lowest employee premium cost. And contribute not less than 50% of the average premium cost of plans offered.									

	A	B	C	D	E	F	G	H	I	J
1	Proposed 2017 Health Insurance Rates - Traditional Plan - DENTAL									
2										
3										
4	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa County									
5	Traditional PLAN									
6										
7	Iowa County									
8	Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Rates									
9										
10	Please Note: Medical Associates is the lowest qualified plan for 2017									
11										
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of Increase	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of Increase	
13	Dean Health	687.00	797.14	110.14	16.0%	1,708.70	1,968.68	259.98	15.2%	
14	Medical Associates	618.00	657.04	39.04	6.3%	1,536.20	1,618.38	82.18	5.3%	
15	Physicians Plus	666.90	768.84	101.94	15.3%	1,658.40	1,897.88	239.48	14.4%	
16	Unity Community	633.00	707.24	74.24	11.7%	1,573.70	1,743.88	170.18	10.8%	
17										
18	Average Cost of the 4 Qualified Plans for Iowa County	651.23	732.57			1,619.25	1,807.21			
19										
20	Monthly County Contribution 85% based on average premiums of the qualified plans for 2016 & 85% on Average of plans Projected 2017	553.54	622.68	69.14		1,376.36	1,536.12	159.76		
21										
22	Current # of Plans for the September 2016 Health Insurance Invoice:			38				148		
23										
24	Projected Increase County Cost per Month for Employees			2,627.32				23,644.48		
25										
26	Total Projected Increase Annual 2017 County Cost:			31,527.84				283,733.76		315,261.60
27										
28	Uniform benefits memo - - WI Public Employers contribute no more than 88% of the average premium cost of plans offered in any tier with the lowest employee premium cost. And contribute not less than 50% of the average premium cost of plans offered.									

Proposed 2017 Health Insurance Rates - Co-Insurance Plan

2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa County

CO-INSURANCE PLAN - \$250 single plan & \$500 family plan plus office visits and 10%/20% co-insurance

Iowa County

Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Rates

Please Note: Medical Associates is the lowest qualified plan for 2017

Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of Increase	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of Increase
Dean Health	687.00	730.50	43.50	6.3%	1,708.70	1,802.06	93.36	5.5%
Medical Associates	618.00	598.80	(19.20)	-3.1%	1,536.20	1,472.76	(63.44)	-4.1%
Physicians Plus	666.90	709.90	43.00	6.4%	1,658.40	1,735.56	77.16	4.7%
Unity Community	633.00	646.00	13.00	2.1%	1,573.70	1,590.76	17.06	1.1%
Average Cost of the 4 Qualified Plans for Iowa County	651.23	671.30			1,619.25	1,650.29		
Monthly County Contribution 85% based on average premiums of the qualified plans for 2016 & 85% on Average of plans Projected 2017	553.54	570.61	17.07		1,376.36	1,402.74	26.38	
Current # of Plans for the September 2016 Health Insurance Invoice:			38				148	
Projected Increase County Cost per Month for Employees			648.66				3,904.24	
Total Projected Increase Annual 2017 County Cost:			7,783.92				46,850.88	54,634.80

Uniform benefits memo - - WI Public Employers contribute no more than 88% of the average premium cost of plans offered in any tier with the lowest employee premium cost. And contribute not less than 50% of the average premium cost of plans offered.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Proposed 2017 Health Insurance Rates - Co-Insurance Plan - DENTAL												
2													
3													
4	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa County												
5	CO-INSURANCE PLAN - \$250 single plan & \$500 family plan plus office visits and 10%/20% co-insurance												
6													
7	Iowa County												
8	Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Rates												
9													
10	Please Note: Medical Associates is the lowest qualified plan for 2017												
11													
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of Increase	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of Increase				
13	Dean Health	687.00	758.34	71.34	10.4%	1,708.70	1,871.68	162.98	9.5%				
14	Medical Associates	618.00	626.64	8.64	1.4%	1,536.20	1,542.38	6.18	0.4%				
15	Physicians Plus	666.90	731.74	64.84	9.7%	1,658.40	1,805.18	146.78	8.9%				
16	Unity Community	633.00	673.84	40.84	6.5%	1,573.70	1,660.38	86.68	5.5%				
17													
18	Average Cost of the 4 Qualified Plans for Iowa County	651.23	697.64			1,619.25	1,719.91						
19													
20	Monthly County Contribution 85% based on average premiums of the qualified plans for 2016 & 85% on Average of plans Projected 2017	553.54	592.99	39.45		1,376.36	1,461.92	85.56					
21													
22	Current # of Plans for the September 2016 Health Insurance Invoice:			38				148					
23													
24	Projected Increase County Cost per Month for Employees			1,499.10				12,662.88					
25													
26	Total Projected Increase Annual 2017 County Cost:			17,989.20				151,954.56	169,943.76				
27													
28	Uniform benefits memo - WI Public Employers contribute no more than 88% of the average premium cost of plans offered in any tier with the lowest employee premium cost. And contribute not less than 50% of the average premium cost of plans offered.												

	A	B	C	D	E	F	G	H	I	J
1	Proposed 2017 Health Insurance Rates - High Deductible Plan									
2										
3										
4	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa County									
5	HIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 family plan									
6										
7	Iowa County									
8	Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Rates									
9										
10	Please Note: Medical Associates is the lowest qualified plan for 2017									
11										
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of Increase	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of Increase	
13	Dean Health	687.00	626.22	(60.78)	-8.8%	1,708.70	1,541.30	(167.40)	-9.8%	
14	Medical Associates	618.00	512.72	(105.28)	-17.0%	1,536.20	1,257.60	(278.60)	-18.1%	
15	Physicians Plus	666.90	603.32	(63.58)	-9.5%	1,658.40	1,484.10	(174.30)	-10.5%	
16	Unity Community	633.00	553.42	(79.58)	-12.6%	1,573.70	1,359.30	(214.40)	-13.6%	
17										
18	Average Cost of the 4 Qualified Plans for Iowa County	651.23	573.92			1,619.25	1,410.58			
19										
20	Monthly County Contribution 85% based on average premiums of the qualified plans for 2016 & 85% on Average of plans Projected 2017	553.54	487.83	(65.71)		1,376.36	1,198.99	(177.37)		
21										
22	Current # of Plans for the September 2016 Health Insurance Invoice:			38				148		
23										
24	Projected Increase County Cost per Month for Employees			(2,496.98)				(26,250.76)		
25										
26	Total Projected Increase Annual 2017 County Cost:			(29,963.76)				(315,009.12)		(344,972.88)
27										
28	Uniform benefits memo - - WI Public Employers contribute no more than 88% of the average premium cost of plans offered in any tier with the lowest employee premium cost. And contribute not less than 50% of the average premium cost of plans offered.									

	A	B	C	D	E	F	G	H	I	J
1	Proposed 2017 Health Insurance Rates - High Deductible Plan - DENTAL									
2										
3										
4	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa County									
5	HIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 family plan									
6										
7	Iowa County									
8	Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Rates									
9										
10	Please Note: Medical Associates is the lowest qualified plan for 2017									
11										
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of Increase	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of Increase	
13	Dean Health	687.00	654.06	(32.94)	-4.8%	1,708.70	1,610.92	(97.78)	-5.7%	
14	Medical Associates	618.00	540.56	(77.44)	-12.5%	1,536.20	1,327.22	(208.98)	-13.6%	
15	Physicians Plus	666.90	631.16	(35.74)	-5.4%	1,658.40	1,553.72	(104.68)	-6.3%	
16	Unity Community	633.00	581.26	(51.74)	-8.2%	1,573.70	1,428.92	(144.78)	-9.2%	
17										
18	Average Cost of the 4 Qualified Plans for Iowa County	651.23	601.76			1,619.25	1,480.20			
19										
20	Monthly County Contribution 85% based on average premiums of the qualified plans for 2016 & 85% on Average of plans Projected 2017	553.54	511.50	(42.04)		1,376.36	1,258.17	(118.19)		
21										
22	Current # of Plans for the September 2016 Health Insurance Invoice:			38				148		
23										
24	Projected Increase County Cost per Month for Employees			(1,597.52)				(17,492.12)		
25										
26	Total Projected Increase Annual 2017 County Cost:			(19,170.24)				(209,905.44)		(229,075.68)
27										
28	Uniform benefits memo - - WI Public Employers contribute no more than 88% of the average premium cost of plans offered in any tier with the lowest employee premium cost. And contribute not less than 50% of the average premium cost of plans offered.									

AGENDA ITEM COVER SHEET

Title:Health Insurance Opt-Out-Incentive

☒ Original

☐ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

This policy addresses a monetary incentive for employees who elect to waive health insurance coverage. A survey conducted in July indicated that 29% of active enrolled Health Insurance subscribers would consider the opt-out-incentive.

The attached policy indicates the eligibility requirements and payments for eligible employee if they choose to waive health insurance coverage. This includes employees who currently opt-out of health insurance and any employee going forward who chooses to opt-out of coverage.

Currently there is 39 employees who have declined/waived coverage in 2016 coverage.

RECOMMENDATIONS (IF ANY):

ANY ATTACHMENTS? (Only 1 copy is needed)

☒ Yes

☐ No

If yes, please list below:

The attached Health Insurance Opt-Out-Incentive Policy will be added to the Iowa County Handbook if adopted.

FISCAL IMPACT:

\$39,000 - this is the incentive Iowa County would pay to employees who currently have declined coverage.

Any active subscribers who choose to waive coverage would off set the above amount.

LEGAL REVIEW PERFORMED:

☒ Yes

☐ No

PUBLICATION REQUIRED:

☐ Yes

☒ No

PRESENTATION?:

☒ Yes

☐ No

How much time is needed? 5-10 minutes

COMPLETED BY: Allison Leitzinger

DEPT: Employee Relations

2/3 VOTE REQUIRED:

☐ Yes

☒ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE:

AGENDA ITEM #

COMMITTEE ACTION:

7.2 Health Insurance Opt-Out-Incentive

Iowa County offers a conditional health insurance opt-out arrangement for employees who are eligible to participate in the County's health insurance plan, but waive coverage.

Eligibility - To be eligible for the conditional opt-out arrangement, employees must meet all of the following criteria:

1. be employed in a full-time or part-time benefit eligible position;
2. waive coverage under the Iowa County health insurance plan for the entire benefit plan year; and
3. provide reasonable evidence, at the time of waiving coverage, that the employee and all of his/her tax dependents has or will have alternative coverage during the period of waiver.

The alternative coverage for the employee and his/her tax dependents must meet federal standards for minimum essential coverage under the Affordable Care Act and may not be obtained through the individual marketplace regardless whether it is obtained through a State or Federally run insurance exchange. Employees may provide reasonable evidence of minimum essential coverage for themselves and their tax dependents by attesting that they and their tax dependents have or will have minimum essential coverage during the period of waiver.

To be eligible for payment under the opt-out arrangement, an employee and tax dependents must not be covered by the Iowa County health insurance plan for the entire benefit plan year. Employees who experience a qualifying life event during the plan year that causes them to enroll in the health insurance plan mid-year shall not be eligible for a payment under the opt-out arrangement.

Employees must submit a Health Insurance Application/Change Form indicating they are opting out during annual IYC Open Enrollment period.

Payments - Employees who were enrolled in coverage under the Iowa County health insurance plan in the year prior to waiving coverage are eligible to receive an opt-out payment of \$2,000/family plan or \$1,000/single plan for each subsequent year that coverage is waived. Employees, who were not enrolled in coverage the year prior to waiving coverage, are eligible to receive an opt-out payment of \$1,000. Employees hired during a benefit plan year who decline/waive coverage are eligible for an opt-out payment of \$1,000 pro-rated based upon their date of hire. Benefit eligible part-time employees are may receive a pro-rated payment under the opt-out arrangement based on their scheduled hours of work. Employees whose classification changes during the year may be eligible for a pro-rated opt-out payment.

Payments under the opt-out arrangement are considered taxable income and will appear on employees' W-2 statement. However, the payments are not considered Wisconsin State Retirement System earnings. In addition, the payment amount is considered an eligible wage for FLSA overtime compensation purposes.

The annual payments under the opt-out arrangement will be made in the last pay period of October.

**RESOLUTION ESTABLISHING FEES FOR SERVICES PROVIDED BY
THE IOWA COUNTY LAND CONSERVATION DEPARTMENT**

WHEREAS, the Iowa County Land Conservation Department provides a number of services for the benefit of citizens of Iowa County, including but not limited to: tree planter rental, assistance in obtaining DNR-related permits, soil and siting assistance for manure storage facilities, assistance in the investigation and protective removal of endangered species, and processing of Conservation Reserve Enhancement Program ("CREP") contracts; and

WHEREAS, Wis. Stat. § 92.07(13) authorizes county land conservation committees to require payment of money in exchange for the provision of such services; and

WHEREAS, it is necessary to periodically establish or increase user fees to recoup all or a portion of the costs of providing such services; and

WHEREAS, establishing or increasing user-specific fees allocates service costs primarily to those receiving the benefit of the services, thereby limiting the impact of the cost of providing such services on the tax levy as a whole; and

WHEREAS, the Iowa County Land Conservation Committee wishes to establish or increase fees to amounts comparable to fees charged in other counties throughout the State for the provision of similar services;

NOW, THEREFORE, BE IT RESOLVED by the Iowa County Board of Supervisors that Iowa County adopts the following fees for services provided by the Iowa County Land Conservation Department:

1. The fee for rental use of Iowa County's tree planter shall be increased from \$3.00 per 1,000 trees planted to \$6.00 per 1,000 trees planted.
2. There shall be a new Landowner DNR Permitting Assistance Fee of \$100.00 per application.
3. There shall be a new Landowner Manure Storage Soils/Siting Assistance Fee of \$200.00 for facilities housing up to 100 cows plus an additional fee of \$1.00 for every cow in excess of 100.
4. There shall be a new Landowner Threatened and Endangered Species Investigation and Removal Fee of \$100.00 per day plus mileage at then-current Iowa County mileage reimbursement rates for Iowa County Land and Water Resource Management ("LWRM") projects. This fee shall be \$200.00 per day plus mileage at then-current Iowa County mileage reimbursement rates for United States Department of Agriculture ("USDA") projects and for projects outside of Iowa County.
5. There shall be a new Landowner Conservation Reserve Enhancement Program ("CREP") Contract Processing Fee of 10% of the CREP Incentive Payment up to a maximum of \$250.00 on 15-year CREP contracts and up to a maximum of \$500.00 on perpetual CREP easements.

BE IT FURTHER RESOLVED that the above fees shall take effect on January 1, 2017, and from that date forward shall be clearly posted on the Iowa County website and at the Iowa County Land Conservation Department.

Resolution drafted by Iowa County Corporation Counsel and respectfully submitted to the Executive Committee at the request of the Land Conservation Committee.

Adopted by the Iowa County Board of Supervisors this ____ day of September, 2016.

AGENDA ITEM COVER SHEET

Title: 2017 Proposed Budget

☒ Original

☐ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Attached are documents covering details of the proposed 2017 budget. (Budget Summary and Powerpoint)

At the Executive Committee, the County Administrator will be going over the PowerPoint and presenting the 2017 budget for the Committee's review and feedback. It is anticipated that any changes directed by the Committee will be implemented in preparation for the September 20th County Board Meeting.

RECOMMENDATIONS (IF ANY):

Staff recommends the Executive Committee review the attached documents and prepare any questions for the Executive Committee meeting. The Executive Committee should be prepared to vote on any budget changes at their meeting on September 13th.

ANY ATTACHMENTS? (Only 1 copy is needed)

☒ Yes

☐ No

If yes, please list below:

Attached is a budget summary spreadsheet and a copy of the PowerPoint presentation going over budget changes proposed.

FISCAL IMPACT:

The impact of approving the proposed budget would be a 0% increase in the County operating levy and an 82.87% increase to the County Debt Levy. County Operations would stay virtually the same from 2016. The proposed borrowing would cover the purchase of equipment for the Highway Department.

LEGAL REVIEW PERFORMED:

☐ Yes

☒ No

PUBLICATION REQUIRED:

☒ Yes

☐ No

PRESENTATION?:

☒ Yes

☐ No

How much time is needed? 20 Minutes

COMPLETED BY: Larry Bierke, County Administrator

DEPT: County Administration

2/3 VOTE REQUIRED:

☐ Yes

☒ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE:

AGENDA ITEM #

COMMITTEE ACTION:

17

	A	B	C	D	H	I	J	K	L
1	Iowa County								
2	Executive Summary of the:								
3	2017 County Administrator Proposed Budget - as of 9-7-2016								
4									
	Adopted 2016 Budget			Adopted 2017 Budget			Increase/ (Decrease) in \$ Between 2016 & 2017 Budgets		% of Increase/ (Decrease) between 2016 & 2017 Budgets
6	Department/ Program	Expenditures	Revenue	Tax Levy	Expenditures	Revenue	Tax Levy		
7	County Board	66,370.00	-	66,370.00	87,505.00	-	87,505.00	21,135.00	31.8%
8	Contingency	1,634.00	-	1,634.00	76,206.00	-	76,206.00	74,572.00	4563.8%
9	Fire Supression	2,000.00	-	2,000.00	2,000.00	-	2,000.00	-	
10	Restorative Justice-TAD				65,047.00	65,047.00	-	-	
11	Clerk of Courts	459,781.00	274,025.00	185,756.00	455,245.00	276,908.00	178,337.00	(7,419.00)	-4.0%
12	Employee Relations	122,038.00	-	122,038.00	122,136.00	-	122,136.00	98.00	0.1%
13	OWI Intensive Prog.	64,368.00	11,000.00	53,368.00	53,368.00	-	53,368.00	-	0.0%
14	Coroner	45,210.00	4,000.00	41,210.00	40,210.00	4,000.00	36,210.00	(5,000.00)	-12.1%
15	Finance Dept	212,133.00	200.00	211,933.00	221,730.00	200.00	221,530.00	9,597.00	4.5%
16	County Administration	163,534.00	-	163,534.00	136,284.00	-	136,284.00	(27,250.00)	-16.7%
17	Economic Development	75,060.00		75,060.00	75,060.00		75,060.00	-	
18	Information Technology	567,589.00	-	567,589.00	567,589.00	-	567,589.00	-	0.0%
19	County Treasurer	198,243.00	399,975.00	(201,732.00)	209,972.00	404,975.00	(195,003.00)	6,729.00	3.3%
20	State Shared Revenue-Treas.	-	294,767.00	(294,767.00)	-	294,767.00	(294,767.00)	-	0.0%
21	Exempt Computer Aids	-	93,638.00	(93,638.00)	-	93,638.00	(93,638.00)	-	0.0%
22	Transfer from Sales Tax Fund	-	1,675,000.00	(1,675,000.00)	-	1,825,000.00	(1,825,000.00)	(150,000.00)	9.0%
23	County Clerk	191,381.00	21,225.00	170,156.00	147,181.00	13,805.00	133,376.00	(36,780.00)	-21.6%
24	District Attorney	290,033.00	32,100.00	257,933.00	317,915.00	31,900.00	286,015.00	28,082.00	10.9%
25	Register of Deeds	178,937.00	140,000.00	38,937.00	183,242.00	160,000.00	23,242.00	(15,695.00)	-40.3%
26	GIS - Land Records	232,607.00	161,162.00	71,445.00	235,591.00	161,662.00	73,929.00	2,484.00	3.5%
27	Environmental Services Dept	378,320.00	18,500.00	359,820.00	352,263.00	11,900.00	340,363.00	(19,457.00)	-5.4%
28	County Farm	6,360.00	58,930.00	(52,570.00)	5,400.00	58,930.00	(53,530.00)	(960.00)	-1.8%
29	County Insurance - Liab & WC	113,506.00	72,443.00	41,063.00	241,103.00	206,711.00	34,392.00	(6,671.00)	-16.2%
30	Sheriff Department	3,482,924.00	130,485.00	3,352,439.00	3,686,437.00	140,725.00	3,545,712.00	193,273.00	5.8%
31	Health Department	349,859.00	109,574.00	240,285.00	328,322.00	83,645.00	244,677.00	4,392.00	1.8%
32	Veterans Service Dept.	96,276.00	-	96,276.00	97,894.00	10,500.00	87,394.00	(8,882.00)	-9.2%
33	Historical Society & Fair	31,932.00		31,932.00	31,932.00		31,932.00	-	0.0%
34	Snowmobile/ATV	27,850.00	27,850.00	-	27,850.00	27,850.00	-	-	
35	Planning & Development	193,473.00	170,510.00	22,963.00	187,263.00	165,200.00	22,063.00	(900.00)	-3.9%
36	Emergency Management	135,907.00	51,938.00	83,969.00	151,685.00	50,884.00	100,801.00	16,832.00	20.0%
37	U.W. Extension Department	247,997.00	15,680.00	232,317.00	258,038.00	14,600.00	243,438.00	11,121.00	4.8%
38	Land Conservation Dept.	334,654.00	211,970.00	122,684.00	352,178.00	223,855.00	128,323.00	5,639.00	4.6%
39	Transfers from General Fund to Other Funds				326,850.00	326,850.00	-	-	
40	Social Services	3,006,503.00	1,315,482.00	1,691,021.00	2,936,519.00	1,248,089.00	1,688,430.00	(2,591.00)	-0.2%
41	Child Support	157,037.00	147,652.00	9,385.00	159,443.00	152,800.00	6,643.00	(2,742.00)	-29.2%
42	ADRC	696,525.00	470,708.00	225,817.00	715,463.00	480,653.00	234,810.00	8,993.00	4.0%
43	Unified Services Fund	198,625.00	-	198,625.00	198,625.00	-	198,625.00	-	0.0%
44	Sales Tax Fund	1,675,000.00	1,675,000.00	-	1,825,000.00	1,825,000.00	-	-	0.0%
45	Tri County Airport	15,665.00	-	15,665.00	15,665.00	-	15,665.00	-	0.0%
46	Iowa County Airport	155,275.00	84,000.00	71,275.00	160,388.00	87,000.00	73,388.00	2,113.00	3.0%
47	Wisconsin River Rail Transit	28,000.00	-	28,000.00	28,000.00	-	28,000.00	-	0.0%
48	Capital Projects Fund	190,150.00	-	190,150.00	747,000.00	556,850.00	190,150.00	-	0.0%
49	Bloomfield Health Care	5,959,905.00	5,862,402.00	97,503.00	5,538,608.00	5,438,455.00	100,153.00	2,650.00	2.7%
50	Highway Department	6,930,678.00	4,224,292.00	2,706,386.00	7,635,078.00	4,911,992.00	2,723,086.00	16,700.00	0.6%
51									
52	Totals	27,283,339.00	17,754,508.00	9,528,831.00	29,003,285.00	19,354,391.00	9,648,894.00	120,063.00	1.3%
53									
54	Total Fund 100 Tax Levy			4,295,004.00			4,389,944.00	94,940.00	2.2%
55	Total Special Revenue Funds Tax Levy			2,239,788.00			2,245,561.00	5,773.00	0.3%
56	Total Capital Projects Tax Levy			190,150.00			190,150.00	-	0.0%
57	Total Bloomfield Tax Levy			97,503.00			100,153.00	2,650.00	2.7%
58	Total Highway Department Tax Levy			2,706,386.00			2,723,086.00	16,700.00	0.6%
59	Total Operating Tax Levy			9,528,831.00			9,648,894.00	120,063.00	1.26%
60	Operating Tax Levy Allowed			9,528,831.00			9,648,894.00	120,063.00	1.26%
61	Difference between Proposed & Allowed Operating Tax Levy			-			-	-	
62	Debt Levy			726,326.00			1,334,559.00	608,233.00	83.74%
63	Total Debt & Operating Tax Levy			10,255,157			10,983,453	728,296.00	7.10%

2017 Budget

1. Basics
2. Changes from 2016
3. Variances from CIP

2017 Basics

- Proposes the Operating Levy increases by \$120,000 for a net effect of a 0% Tax Rate Increase.
- County Borrowing \$600,000 will increase debt levy by \$601,227 or 82.87% or \$32.40 per \$100,000 equalized value.
- \$70,000+ remains available for 2017 raises and should be appropriated based on the market study completed in October.

What was proposed by
Departments in 2017 that was a
change from 2016,

AND

Accepted by the County
Administrator?

What was proposed by
Departments in 2017 that was a
change from 2016,

AND

Was Removed by the County
Administrator?

Budget Changes Excluded

- 3rd Position in Treasurer's Office
- Unified \$11,667 increase for staffing.
- OWI Intensive Programing (state funding decrease) request to replace grant \$11,000.
- Removed \$10,000 increase in Sheriff's Office Field Equipment Acct.

Budget Changes Excluded

- Removed \$2,000 increase in Training and Education, and \$1,000 increase in Convention/Seminars in Sheriff Office Budget.
- Reduced Sheriff's Office Tire Budget increase from \$2,500 to \$1,000.
- Reduced Sheriff's Office patrol overtime expense by \$5,000.

Capital Budget Changes

- ▶ Additions
 - Added \$5,000 for tree planting on County Property.
- ▶ Removed
 - Bloomfield floor and window replacements \$51,000
 - Bloomfield wiring, garage door, and spa tub replacement \$55,000
 - HHS Building security system and roof for generator (2016) \$15,000

Capital Changes Net Impact

- ▶ As a result of the changes made to the Capital Budget, the fiscal demand for capital items has decreased \$318,500 from the adopted Five Year Capital Improvement Plan.
- ▶ In 2017, the budget also reflects the proposed \$600,000 borrowing for highway equipment.

Planned 2017 Efforts

- ▶ Develop a comprehensive fee schedule that will be approved annually before the budget process starts to help provide staff with accurate fee revenue estimates.
- ▶ Complete the Policy Manual, providing County Supervisors with another management tool to direct County Operations.
