AGENDA ITEM COVER SHEET

Title:2017 Employee Trust Funds Health/Dental Insu	rance
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Original

∪pdate

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.

lowa County is currently on the Local Deductible plan option with lowa 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 f	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 Page 2: 2016 Adopted Health Insurance Rates	ne four qual	ifying plans o	on the Local (Low) Deductible plan without dental.
Page 3 and 4: All four plan options available Page 5: Comparing all four plan options to include n Page 6: Comparing all four plan options to include n	nonthly emp	oloyer share a	and employee share (without dental)
Page 6: Comparing all four plan options to include in Dental) Page 7- 14: - Lists the cost incurred to lowa County for			

FISCAL IMPACT:

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

High Deductible) with and without dental insurance.

LEGAL REVIEW PERFORMED:		♠ No	PUBLICATION REQUIRED: Yes • No	
PRESENTATION?:	Yes	(No	How much time is needed? 10 minutes	
COMPLETED BY: Allison Leitzing	er		DEPT: Employee Relations	-

2/3 VOTE REQUIRED:

(Yes

♠ No

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 -lowa County contributes 85% of the average premiu 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	Employe % of Family Monthly Premiur Rate
Dean Health Medical	687.00	1,708.70	133.46	553.54	332.34	1,376.36	19.43%	19.45%
Associates	618.00	1,536.20	64.46	553.54	159.84	1,376.36	10.43%	10.40%
Sicians Plus	666.90	1,658.40	113.36	553.54	282.04	1,376.36	17.00%	17.01%
Unity - UW	579.30	1,439.40	25.76	553.54	63.04	1,376.36	4.45%	4.38%
Unity Community	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.HealthvChoicesBigRewards.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%	\$600 single/\$1,200 family
	(\$50 maximum per fill)	3 , , , , , , , , , , , , , , , , , , ,
Level 3	40%	Federal Max OOP
	(150 maximum per fill)	\$6,850 single/\$13,700 family
Level 4: Preferred Specialty Drug	\$50 per fill	\$1,200 single/\$2,400 family
 Filled at a Preferred Specialty 		, , , , , , , , , , , , , , , , , , , ,
Pharmacy		
 Filled at any other pharmacy 	40%	
	(\$200 maximum per fill)	
Level 4: Non-Preferred Specialty Drug	\$50 per fill	Federal Max OOP
 Filled at a Preferred Specialty 		\$6,850 single/\$13,700 family
Pharmacy		, , , , , , , , , , , , , , , , , , ,
 Filled at any other pharmacy 	40%	Federal Max OOP
	(\$200 maximum per fill)	\$6,850 single/\$13,700 family

Uniform Dental Coverage (optional) *Applies to all Health Plans

Key Contr	ract 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	



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Ž.	FRUPUSE	iowa Co - ט	ounty - 2017	Health Ins	surance Ra	ates (Witho	ut Dental)			
3				are Monthly		_ ,				
4 Please Note tha	at Medical As	sociatos is t	the lowest au	are wontniy	Rates					
5	lown Co	oodings is i	ine lowest qu	aiiileo pian i	for 2017					
_	Iowa Co	unty contribu	ites <u>85% of th</u>	e average pr	emium cost	of qualified	plans		1	
6									ŀ	
7 LOCAL (LOW) DEDUCTI	BLE PAN -	\$500 Single	e Plan and	\$1 000 Ea.	milu Dlan			ľ	
8			TOO GINGE	e i ian and	\$1,000 Fai	mily Plan				
			Employee	Employer	Employee Share	Employee			1	
			Share Single		e Family Plan	Employer	Employee %			
	Single	Family	Plan Monthly		Monthly	Monthly		Employee %		
0	Monthly	Monthly	Premium	Premium	Premium	Premium	Monthly Premium	of Family		1
Plan	Premium	Premium	(Deduction)	(Benefit)	(Deduction)		Rate	Monthly Premium Rat	1/2 of	f
0 Dean Health	717.50	1,769.56	158.09	559.41	391.62	1,377.94				
1 Medical Associates	588.70	1,447.56	29.29	559.41		1,377.94		:	, 5.05	
2 Physicians Plus	691.50	1,704.56	132.09							
3 Unity - UW	569.10	1,398.56		400.11		1,377.94		,	66.05	1
4 Unity Community	634.80	1,562.76				1,377.94	1.70%	1.479	6 4.85	
5		1,002.70	15.59	559.41	184.82	1,377.94	11.88%	11.839	6 37.70	
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1	Single	Family	Share Single	Share Single	Family Plan	Share Family	of Single	Employee %	1	
1	Monthly	Monthly	Plan Monthly	Monthly	Monthly	Monthly	Monthly	of Family	1	4
Plan	Premium	Premium	Premium (Deduction)	Premium	Premium	Premium	Premium	Monthly	1/2 of	1. fa
Dean Health	769.30	1,769.56		(Benefit)	(Deduction)	(Benefit)	Rate	Premium Rate	single ded.	(
Medical Associates	629.30		170.26	599.04	292.61	1,476.95	22.13%	16.54%	85.13	1
Physicians Plus		1,447.56	30.26	599.04		1,476.95	4.81%	0.00%		1.
-	741.00	1,828.26	141.96	599.04	351.31	1,476,95	19 16%		-5.25	
Unity - UW	607.90	1,828.26 1,495.56	141.96 8.86	599.04 599.04		1,476.95 1,476.95	19.16%	19.22%	70.98	1
Unity - UW Unity Community					18.61	1,476.95	1.46%	19.22% 1.24%	70.98 4.43	1
Unity - UW Unity Community	607.90 679.40	1,495.56 1,674.26	8.86 80.36	599.04 599.04	18.61 197.31	1,476.95 1,476.95	1.46% 11.83%	19.22% 1.24% 11.78%	70.98 4.43 40.18	
Unity - UW Unity Community CO-INSURANC	607.90 679.40	1,495.56 1,674.26	8.86 80.36	599.04 599.04	18.61 197.31	1,476.95 1,476.95	1.46% 11.83%	19.22% 1.24% 11.78%	70.98 4.43 40.18	
Unity - UW Unity Community CO-INSURANC	607.90 679.40	1,495.56 1,674.26	8.86 80.36	599.04 599.04	18.61 197.31 an plus offi	1,476.95 1,476.95	1.46% 11.83%	19.22% 1.24% 11.78%	70.98 4.43 40.18	
Unity - UW Unity Community CO-INSURANC	607.90 679.40	1,495.56 1,674.26	8.86 80.36 plan & \$500	599.04 599.04) family pla	18.61 197.31 an plus offi	1,476.95 1,476.95 ice visits a	1.46% 11.83% nd 10%/20%	19.22% 1.24% 11.78%	70.98 4.43 40.18	
Unity - UW Unity Community CO-INSURANC	607.90 679.40 E PLAN - \$:	1,495.56 1,674.26 250 single	8.86 80.36 plan & \$500 Employee Share Single	599.04 599.04) family pla	18.61 197.31 an plus offi	1,476.95 1,476.95 ice visits a	1.46% 11.83% nd 10%/20%	19.22% 1.24% 11.78%	70.98 4.43 40.18	
Unity - UW Unity Community CO-INSURANC	607.90 679.40 E PLAN - \$:	1,495.56 1,674.26 250 single	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly	599.04 599.04) family pla	18.61 197.31 an plus offi Employee Share Family Plan	1,476.95 1,476.95 ice visits a Employer Share Family	1.46% 11.83% nd 10%/20% Employee % of Single	19.22% 1.24% 11.78% % co-insur	70.98 4.43 40.18	Š
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Unity - UW Unity Community CO-INSURANC	607.90 679.40 E PLAN - \$: Single Monthly Premium	1,495.56 1,674.26 250 single Family Monthly Premium	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction)	599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit)	18.61 197.31 In plus offi Employee Share Family Plan Monthly	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium	19.22% 1.24% 11.78% % co-insura Employee % of Family Monthly	70.98 4.43 40.18	1/2 fan
Unity - UW Unity Community CO-INSURANC Plan Dean Health	607.90 679.40 E PLAN - \$: Single Monthly Premium 730.50	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium	599.04 599.04) family pla Employer Share Single Monthly Premium	18.61 197.31 In plus offi Employee Share Family Plan Monthly Premium	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit)	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate	19.22% 1.24% 11.78% **CO-insuration Employee % of Family Monthly Premium Rate	70.98 4.43 40.18 ance	1/2 fan de
Unity - UW Unity Community CO-INSURANC Plan Dean Health Medical Associates	607.90 679.40 E PLAN - \$: Single Monthly Premium 730.50 598.80	1,495.56 1,674.26 250 single Family Monthly Premium	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction)	599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61	18.61 197.31 In plus offi Employee Share Family Plan Monthly Premium (Deduction) 399.32	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate F 21.89%	19.22% 1.24% 11.78% CO-insura Employee % of Family Monthly Premium Rate 22.16%	70.98 4.43 40.18 ance 1/2 of single ded. 79.95	1/2 fan de
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Unity - UW Unity Community CO-INSURANC Plan Dean Health Medical Associates Physicians Plus Unity - UW Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61	an plus office Employee Share Family Plan Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate 121.89% 4.71% 19.62% 1.41%	19.22% 1.24% 11.78% % CO-insura % CO-insura % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/2 fan de 19 3.
Unity - UW Unity Community CO-INSURANC Plan Dean Health Medical Associates Physicians Plus Unity - UW Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61	an plus office Employee Share Family Plan Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate 121.89% 4.71% 19.62% 1.41%	19.22% 1.24% 11.78% % CO-insura % CO-insura % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/2 fan de 19 33 166 10
Plan Dean Health Medical Associates Physicians Plus Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61	an plus office Employee Share Family Plan Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate 121.89% 4.71% 19.62% 1.41%	19.22% 1.24% 11.78% % CO-insura % CO-insura % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/2 fan de 19 33 166 10
Plan Dean Health Medical Associates Physicians Plus Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61	an plus office Employee Share Family Plan Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate 121.89% 4.71% 19.62% 1.41%	19.22% 1.24% 11.78% % CO-insura % CO-insura % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/22 fann de 199 33 166
Plan Dean Health Medical Associates Physicians Plus Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61	an plus office Employee Share Family Plan Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate 121.89% 4.71% 19.62% 1.41%	19.22% 1.24% 11.78% % CO-insura % CO-insura % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/2 fam de 199 35 166
Unity - UW Unity Community CO-INSURANC Plan Dean Health Medical Associates Physicians Plus Unity - UW Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61	In plus offi Employee Share Family Plan Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02 ily plan	1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate 121.89% 4.71% 19.62% 1.41%	19.22% 1.24% 11.78% % CO-insura % CO-insura % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/22 fam de 199 33 166
Unity - UW Unity Community CO-INSURANC Plan Dean Health Medical Associates Physicians Plus Unity - UW Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$500	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 570.61	In plus offi Employee Share Family Plan Share Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02 ily plan Employee Share	1,476.95 1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% and 10%/20% Employee % of Single Monthly Premium Rate 121.89% 4.71% 19.62% 1.41%	19.22% 1.24% 11.78% % CO-insura % CO-insura % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/22 fam de 199 33 166
Plan Dean Health Medical Associates Physicians Plus Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$500 Employee Share Single S	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 570.61 570.61	18.61 197.31 In plus offi Employee Share Family Plan Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02 illy plan Employee Share Family Plan Si	Employer 1,476.95 1,4	1.46% 11.83% nd 10%/20% Employee % of Single Monthly Premium Rate F 21.89% 4.71% 19.62% 1.41% 11.67%	19.22% 1.24% 11.78% % CO-insura % CO-insura % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/2 fam de 199 35 166
Plan Dean Health Medical Associates Physicians Plus Unity Community	607.90 679.40 E PLAN - \$: Single Monthly Premium 730.50 598.80 709.90 578.80 646.00	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$500 Employee Share Single Stan Monthly	599.04 599.04 599.04 Comployer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 570.61 570.61 570.61 South Standard Single Monthly Employer hare Single Monthly	18.61 197.31 an plus offit Employee Share Family Plan Monthly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02 ily plan Employee Share Family Plan Monthly	1,476.95 1,476.95 1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% nd 10%/20% Employee % of Single Monthly Premium Rate 4.71% 4.71% 19.62% 1.41% 11.67%	19.22% 1.24% 11.78% 76 co-insura 66 family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41% 11.82%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09	1/2 fam de 199 35 166 10
Plan Dean Health Medical Associates Physicians Plus Unity Community	607.90 679.40 E PLAN - \$: Single Monthly Premium 730.50 598.80 709.90 578.80 646.00 BLE PLAN -	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$600 Employee Share Single Stan Monthly Premium	599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 \$3,000 fam Employer hare Single F Monthly Premium	In plus office share sha	1,476.95 1,476.95 1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% nd 10%/20% Employee % of Single Monthly Premium Rate 21.89% 4.71% 19.62% 1.41% 11.67%	19.22% 1.24% 11.78% **Co-insura Employee % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41% 11.82%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09 37.70	1/2 fam de 199 35 166 10 94
Plan Dean Health Medical Associates Physicians Plus Unity Community HIGH DEDUCTIE	607.90 679.40 E PLAN - \$: Single Monthly Premium 730.50 598.80 709.90 578.80 646.00 BLE PLAN -	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin Family Monthly Premium (8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$600 Employee Share Single Share Single Share Single Share Single Share Single Share Monthly Premium (Deduction)	599.04 599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 \$3,000 fam Employer hare Single F Monthly Premium (Benefit) (I	18.61 197.31 In plus offit Employee Share Family Plan Standly Premium (Deduction) 399.32 70.02 332.82 20.02 188.02 illy plan Employee Share	1,476.95 1,476.95 1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% nd 10%/20% Employee % of Single Monthly Premium Rate 21.89% 4.71% 19.62% 1.41% 11.67% Employee % of Single Monthly Premium Rate Rate Premium Rate Premium Rate Rate Premium Rate Rate Premium Rate Rate Premium Rate Rate Premium Rate Premium Rate Rate Rate Rate Premium Rate Rate Rate Rate Rate Rate Rate Rate	19.22% 1.24% 11.78% **Co-insura Employee % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41% 11.82%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09 37.70	1/2 famil
Plan Dean Health Medical Associates Physicians Plus Unity Community HIGH DEDUCTIE Plan Plan Dean Health	607.90 679.40 E PLAN - \$: Single Monthly Premium 730.50 598.80 709.90 578.80 646.00 SILE PLAN -	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin Family Monthly Premium (1,541.30	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$60 Employee Share Single Share Single Share Single Share Single Share Single Share Monthly Premium Deduction) 138.39	599.04 599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 \$3,000 fam Employer hare Single F Monthly Premium (Benefit) (Benefit) (Genefit) (487.83	In plus office share sha	1,476.95 1,476.95 1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% nd 10%/20% Employee % of Single Monthly Premium Rate 21.89% 4.71% 19.62% 1.41% 11.67%	19.22% 1.24% 11.78% % co-insura Employee % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41% 11.82%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09 37.70	1/2 famile ded.
Plan Dean Health Medical Associates Physicians Plus Unity Community HIGH DEDUCTIE Plan Dean Health Addical Associates	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00 SINGLE PLAN -	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin Family Monthly Premium (1,541.30 1,257.60	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$60 Employee Share Single Plan Monthly Premium Deduction) 138.39 24.89	599.04 599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 \$3,000 fam Employer hare Single F Monthly Premium (Benefit) (I	In plus office the plant of the plus office share family Plant of the	1,476.95 1,476.95 1,476.95 1,476.95 ice visits a Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% nd 10%/20% Employee % of Single Monthly Premium Rate 21.89% 4.71% 19.62% 1.41% 11.67% Employee % of Single Monthly Premium Rate Rate Premium Rate Rate Premium Rate Rate	19.22% 1.24% 11.78% 11.78% Co-insura Femployee % of Family Monthly 11.82% Employee % of Family Monthly 11.82%	70.98 4.43 40.18 1/2 of single ded. 79.95 14.10 69.65 4.09 37.70	1/2 faminded 171.
Plan Dean Health Medical Associates Physicians Plus Unity Community Plan Dean Health Medical Associates Physicians Plus Unity Community	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00 Single Monthly Premium 626.22 512.72 603.32	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin Family Monthly Premium (1,541.30 1,257.60 1,484.10	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$60 Employee Share Single Share Single Share Single Share Single Share Single Share Monthly Premium Deduction) 138.39	599.04 599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 \$3,000 fam Employer hare Single F Monthly Premium (Benefit) (Benefit) (Genefit) (487.83	In plus office share sha	Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% Ind 10%/20% Employee % of Single Monthly Premium Rate 21.89% 4.71% 19.62% 1.41% 11.67% Employee % of Single Monthly Premium Rate Pi 22.10% 4.85%	19.22% 1.24% 11.78% 11.78% Co-insura Femployee % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41% 11.82% Employee % of Family Monthly remium Rate 22.21% 4.66%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09 37.70	1/2 cfamin ded 171. 29.
Plan Dean Health Medical Associates Physicians Plus Unity Community HIGH DEDUCTIE Plan Dean Health Medical Associates Physicians Plus Unity - UW Unity Community	607.90 679.40 E PLAN - \$: Single Monthly Premium 730.50 598.80 709.90 578.80 646.00 SINGLE PLAN -	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin Family Monthly Premium (1,541.30 1,257.60	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$60 Employee Share Single Plan Monthly Premium Deduction) 138.39 24.89	599.04 599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 \$3,000 fam Employer hare Single F Monthly Premium (Benefit) (Benefit) (Benefit) (487.83 487.83 487.83	In plus office the plant of the plus of	Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.8 Employer hare Family Monthly Premium (Benefit) 1,198.99 1,198.99 1,198.99	1.46% 11.83% nd 10%/20% Employee % of Single Monthly Premium Rate 21.89% 4.71% 19.62% 1.41% 11.67% Employee % of Single Monthly Premium Rate Pi 22.10% 4.85% 19.14%	19.22% 1.24% 11.78% 11.78% Co-insura Finally Monthly Premium Rate 22.16% 4.75% 19.18% 1.41% 11.82% Employee % of Family Monthly remium Rate 22.21% 4.66% 19.21%	70.98 4.43 40.18 1/2 of single ded. 79.95 14.10 69.65 4.09 37.70 1/2 of ingle ded. 69.20 12.45 57.75	1/2 faminded 171. 29.
Plan Dean Health Medical Associates Physicians Plus Unity Community HIGH DEDUCTIE Plan Dean Health Addical Associates	607.90 679.40 Single Monthly Premium 730.50 598.80 709.90 578.80 646.00 Single Monthly Premium 626.22 512.72 603.32 495.52	1,495.56 1,674.26 250 single Family Monthly Premium 1,802.06 1,472.76 1,735.56 1,422.76 1,590.76 \$1,500 sin Family Monthly Premium (1,541.30 1,257.60 1,484.10	8.86 80.36 plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 159.89 28.19 139.29 8.19 75.39 gle plan & \$500 Employee Share Single Plan Monthly Premium Deduction) 138.39 24.89 115.49	599.04 599.04 599.04 599.04 D family pla Employer Share Single Monthly Premium (Benefit) 570.61 570.61 570.61 570.61 570.61 \$3,000 fam Employer hare Single F Monthly Premium (Benefit) (Benefit) (487.83 487.83	In plus office the plant of the plus office share family Plant of the plus office share family Premium (Deduction) and plus of the plus of	Employer Share Family Monthly Premium (Benefit) 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74 1,402.74	1.46% 11.83% Ind 10%/20% Employee % of Single Monthly Premium Rate 21.89% 4.71% 19.62% 1.41% 11.67% Employee % of Single Monthly Premium Rate Pi 22.10% 4.85%	19.22% 1.24% 11.78% 11.78% Co-insura Femployee % of Family Monthly Premium Rate 22.16% 4.75% 19.18% 1.41% 11.82% Employee % of Family Monthly remium Rate 22.21% 4.66%	70.98 4.43 40.18 3nce 1/2 of single ded. 79.95 14.10 69.65 4.09 37.70	1/2 fam ded 199 35 166 10 94 1/2 of famill ded. 171. 29 142 7.8

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		PPOPOSI	ED Jours (D 200	E	I F	G	Н	1	1	K
		PROPUSI	ED - IOWa (County - 201	i / Health Ir	isurance F	Rates (with	Dental)			
3				All Rates	are Monthly I	Patos					
4	Please Note that	t Medical Ass	sociates is t	he lowest au	alified plan for	2017					
5							_			Ÿ	
		Iowa Cot	unty contribut	es <u>85% of the</u>	average pre	emium cost	of qualified	<u>plans</u>		1	
6											
7	LOCAL (LOW)	DEDUCTIE	<u>BLE PAN -</u>	\$500 Single	Plan and	\$1,000 Far	nily Plan			1	
8										1	
						Employee				Î	
				Employee	Employer	Share	Employer	Employee %		1	
		Single	Eamilt.	Share Single	_	Family Plan	Share Family	of Single	Employee %		
1		Monthly	Family Monthly	Plan Monthly Premium		Monthly	Monthly	Monthly	of Family		1/2 01
9	Plan	Premium	Premium	(Deduction)	Premium (Benefit)	Premium (Doduction)	Premium	Premium	Monthly	1/2 of	family
10	Dean Health	745.34	1,839.18		583.07	(Deduction) 402.06		Rate	Premium Rate		ded.
11	Medical Associates	616.54	1,517.18				1,437.12	21.77%			201.0
-	Physicians Plus	719.34	1,774.18	136.27	583.07	80.06	1,437.12	5.43%		16.74	40.0
_	Unity - UW	596.94	1,468.18			337.06	1,437.12	18.94%			168.5
-	Unity Community	662.64	•	13.87	583.07	31.06	1,437.12	2.32%	2.12%	6.94	15.5
15	Office Confinitionally	002.04	1,632.38	79.57	583.07	195.26	1,437.12	12.01%	11.96%	39.79	97.6
16											
17											
$\overline{}$	TRADITIONAL	DIAN									
19	TOTOTIONAL	LAN									
- 1				Employee	Employer	Employee					
- 1				Share Single		Share Family Plan	Employer Share Family	Employee %	Employee 8/		
- 1		Single	Family	Plan Monthly	Monthly	Monthly	Monthly	of Single Monthly	Employee % of Family		
		Monthly	Monthly	Premium	Premium	Premium	Premium	Premium	Monthly	1/2 of	1/2 of
20	Plan	Premium	Premium	(Deduction)	(Benefit)	(Deduction)	(Benefit)	Rate	Premium Rate	single ded.	family ded.
\neg	Dean Health	797.14	1,968.68	174.46	622.68	432.56	1,536.12	21.89%	21.97%		216.2
$\overline{}$	Medical Associates	657.04	1,618.38	34.36	622.68	82.26	1,536.12	5.23%	5.08%	17.18	41.1
$\overline{}$	Physicians Plus	768.84	1,897.88	146.16	622.68	361.76	1,536.12	19.01%	19.06%	73.08	
24	Jnity - UW	635.74	1,565.18	13.06	622.60	20.00				/ 3.00	180.88
			.,	10.00	622.68	29.06	1.536.12	7 115%	1 86%	6 6 5	2465
	Jnity Community	707.24	1,743.88	84.56	622.68	29.06 207.76	1,536.12 1,536.12	2.05%	1.86%	6.53	
26	Jnity Community	707.24				29.06	1,536.12	11.96%	1.86%	6.53 42.28	14.53 103.88
26 27	Jnity Community	707.24							- 1		
26 27 28			1,743.88	84.56	622.68	207.76	1,536.12	11.96%	11.91%	42.28	
26 27 28 29			1,743.88	84.56	622.68	207.76	1,536.12	11.96%	11.91%	42.28	
26 27 28 29 30	Unity Community		1,743.88	84.56	622.68	207.76	1,536.12	11.96%	11.91%	42.28	
26 27 28 29 30			1,743.88	84.56	622.68	207.76	1,536.12	11.96%	11.91%	42.28	
26 27 28 29 30			1,743.88	84.56 plan & \$500	622.68 O family pla	207.76 In plus off Employee	1,536.12	11.96% nd 10%/20	11.91%	42.28	
26 27 28 29 30			1,743.88	84.56 plan & \$500 Employee	622.68 O family pla	207.76 In plus off Employee Share	1,536.12 ice visits a	11.96% nd 10%/209 Employee %	11.91% % co-insura	42.28	
26 27 28 29 30			1,743.88	plan & \$500 Employee Share Single	622.68 O family pla Employer Share Single	207.76 In plus off Employee Share Family Plan	1,536.12 ice visits a Employer Share Family	11.96% nd 10%/209 Employee % of Single	11.91% % co-insura	42.28	103.88
26 27 28 29 30 31	CO-INSURANC	E PLAN - \$	1,743.88 250 single	84.56 plan & \$500 Employee	622.68 O family pla	207.76 In plus off Employee Share Family Plan Monthly	1,536.12 ice visits a Employer Share Family Monthly	11.96% nd 10%/209 Employee % of Single Monthly	11.91% % CO-insura Employee % of Family	42.28 ance	103.88
26 27 28 29 30 31	CO-INSURANC	E PLAN - \$ Single Monthly Premium	1,743.88 250 single Family Monthly Premium	plan & \$500 Employee Share Single Plan Monthly	622.68 O family pla Employer Share Single Monthly	207.76 In plus off Employee Share Family Plan	1,536.12 ice visits a Employer Share Family	11.96% nd 10%/209 Employee % of Single Monthly Premium	11.91% CO-insura Employee % of Family Monthly	42.28 ance	1/2 of family
26 27 28 29 30 31	Plan ean Health	E PLAN - \$ Single Monthly Premium 758.34	1,743.88 250 single Family Monthly Premium 1,871.68	plan & \$500 Employee Share Single Plan Monthly Premium	622.68 O family pla Employer Share Single Monthly Premium	207.76 In plus off Employee Share Family Plan Monthly Premium	1,536.12 ice visits a Employer Share Family Monthly Premium	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate	11.91% CO-insura Employee % of Family Monthly Premium Rate	42.28 Ance 1/2 of single ded.	1/2 of family ded.
26 27 28 29 30 31 31 32 33 D 34 M	Plan ean Health ledical Associates	Single Monthly Premium 758.34 626.64	1,743.88 250 single Family Monthly Premium	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction)	622.68 O family pla Employer Share Single Monthly Premium (Benefit)	207.76 In plus off Employee Share Family Plan Monthly Premium (Deduction)	1,536.12 ice visits a Employer Share Family Monthly Premium (Benefit)	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80%	11.91% % CO-insura Employee % of Family Monthly Premium Rate 21.89%	42.28 Ance 1/2 of single ded. 82.68	1/2 of family ded. 204.88
26 27 28 29 30 31 31 32 33 D 34 M 35 P	Plan lean Health ledical Associates hysicians Plus	Single Monthly Premium 758.34 626.64 731.74	1,743.88 250 single Family Monthly Premium 1,871.68	Plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35	622.68 D family pla Employer Share Single Monthly Premium (Benefit) 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46	1,536.12 ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37%	Employee % of Family Monthly Premium Rate 21.89% 5.22%	42.28 Ance 1/2 of single ded. 82.68 16.83	1/2 of family ded. 204.88 40.23
26 27 28 29 30 31 31 32 33 D 34 M 35 P	Plan ean Health ledical Associates	Single Monthly Premium 758.34 626.64	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38	Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75	Employer Share Single Monthly Premium (Benefit) 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26	I,536.12 ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02%	42.28 Ance 1/2 of single ded. 82.68 16.83 69.38	1/2 of family ded. 204.88 40.23 171.63
27 28 29 30 31 32 33 34 4 35 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Plan lean Health ledical Associates hysicians Plus	Single Monthly Premium 758.34 626.64 731.74	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18	Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96% 2.25%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63 15.23
27 28 29 30 31 32 32 33 34 4 35 9 10 10 10 10 10 10 10 10 10 10 10 10 10	Plan Pean Health Redical Associates Physicians Plus Rither Committee Committ	Single Monthly Premium 758.34 626.64 731.74 606.64	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38	Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75	Employer Share Single Monthly Premium (Benefit) 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26	I,536.12 ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02%	42.28 Ance 1/2 of single ded. 82.68 16.83 69.38	1/2 of family ded. 204.88 40.23 171.63
227 228 229 (227 228 229 229 (227 228 229	Plan Pean Health Redical Associates Physicians Plus Rither Committee Committ	Single Monthly Premium 758.34 626.64 731.74 606.64	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38	Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96% 2.25%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63
26 27 28 29 30 31 31 33 4 M 35 P 14 33 34 M 35 P 36 37 40 40 40 40 40 40 40 4	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96% 2.25%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63
26 27 28 30 31 32 33 40 40 41 41 41 41 41 41	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96% 2.25%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63 15.23
26 27 28 29 6 29 30 31 31 32 33 A M M A M A M A M A M A M A M A M A	Plan Pean Health Redical Associates Physicians Plus Rither Committee Committ	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96% 2.25%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63 15.23
227 228 229 330 331 333 D 344 M 355 P 48 39 00 H 11 H	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96% 2.25%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63
22 2 3 3 3 D 3 4 M P P P P P P P P P P P P P P P P P P	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 592.99	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96% 2.25%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63
26 27 28 29 4 33 33 33 34 4 4 34 35 5 5 6 6 6 6 6 6 6	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 fam	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46	1,536.12 ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 5.37% 18.96% 2.25% 12.00%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63
227 28 29 330 331 332 333 34 40 337 40 349 40 40 41 41 41 41 41 41 41 41 41 41 41 41 41	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99	207.76 In plus off Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Itily plan Employee Share	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 2.25% 12.00%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04% 11.95%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63
227 28 29 330 331 332 333 34 40 337 40 349 40 40 41 41 41 41 41 41 41 41 41 41 41 41 41	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 farm	207.76 In plus off Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Itily plan Employee Share Family Plan	I,536.12 Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 2.25% 12.00% Employee % of Single	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04% 11.95%	1/2 of single ded. 82.68 16.83 69.38 6.82	1/2 of family ded. 204.88 40.23 171.63 99.23
26 27 28 29 30 31 32 33 34 40 35 40 41 41 41 41 41 41 41 41 41 41	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38	Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99	207.76 In plus off Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Illy plan Employee Share Family Plan Monthly	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 2.25% 12.00% Employee % of Single Monthly	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04% 11.95%	1/2 of single ded. 82.68 16.83 69.38 6.82 40.43	1/2 of family ded. 204.88 40.23 171.63 15.23 99.23
26 27 28 29 30 31 31 31 31 31 31 31	Plan Pean Health Redical Associates Physicians Plus Plan Plan Health Redical Associates Plus Plan Plan	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84 BLE PLAN	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38 - \$1,500 sin	Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 farm Employer Share Single Monthly Premium	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Itily plan Employee Share Family Plan Monthly Premium	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 Monthly Premium Monthly Premium	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 2.25% 12.00% Employee % of Single Monthly Premium	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04% 11.95%	1/2 of single ded. 82.68 16.83 69.38 6.82 40.43	1/2 of family ded. 204.88 40.23 171.63 15.23 99.23
227 228 29 30 31 31 32 33 34 43 35 90 41 41 42 43 44 44 44 44 44 44 44 44 44 44 44 44	Plan Plan Plan Plan Plan Plan Plan Plan	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38 - \$1,500 sin	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85 agle plan & Employee Share Single Plan Monthly Premium	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 farm Employer Share Single Monthly Premium	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Itily plan Employee Share Family Plan Monthly Premium Deduction)	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 Employer Share Family Monthly Premium (Benefit)	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 2.25% 12.00% Employee % of Single Monthly Premium Rate Monthly Premium Rate Face Face Premium Rate Pre	Employee % of Family Monthly Premium Rate 21.89% 2.04% 11.95%	1/2 of single ded. 82.68 16.83 69.38 6.82 40.43	1/2 of family ded. 204.88 40.23 171.63 15.23 99.23
26 27 28 29 30 31 31 32 33 34 M 35 P 41 31 31 31 31 31 31 31	Plan Pean Health Redical Associates Physicians Plus Plan Plan Health Redical Associates Plus Plan Plan	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84 BLE PLAN	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38 - \$1,500 sin	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85 Ingle plan & Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 farm Employer Share Single Monthly Premium (Benefit) (Benefit) 511.50	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Dilly plan Employee Share Family Plan Monthly Premium Deduction) 352.75	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 12.00% Employee % of Single Monthly Premium Rate F 21.80%	Employee % of Family Monthly Premium Rate 21.89% 2.04% 11.95% Employee % of Family Monthly Premium Rate 21.90%	1/2 of single ded. 82.68 16.83 69.38 6.82 40.43	1/2 of family ded. 204.88 40.23 171.63 15.23 99.23
227 28 29 30 31 31 32 33 34 40 37 40 41 41 41 41 41 41 41 41 41 41 41 41 41	Plan Plan Plan Plan Plan Plan Plan Plan	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84 Single Monthly Premium 654.06	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38 - \$1,500 sin	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85 Ingle plan & Employee Share Single Plan Monthly Premium (Deduction) 142.56 29.06	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 fam Employer Share Single Monthly Premium (Benefit) 611.50 511.50	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Inity plan Employee Share Family Plan Monthly Premium Deduction) 352.75 69.05	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,258.17 1,258.17	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 2.25% 12.00% Employee % of Single Monthly Premium Rate F 21.80% 5.38%	Employee % of Family Monthly Premium Rate 21.89% 19.02% 2.04% 11.95% Employee % of Family Monthly Premium Rate 21.90% 5.20%	1/2 of single ded. 82.68 16.83 69.38 6.82 40.43	1/2 of family ded. 204.88 40.23 171.63 15.23 99.23 1/2 of family ded. 176.38 34.53
22 29 30 31 32 33 D	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community Plan lean Health ledical Associates	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84 Single Monthly Premium 654.06 631.16	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38 - \$1,500 sin Family Monthly Premium 1,610.92 1,327.22 1,553.72	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85 Ingle plan & Employee Share Single Plan Monthly Premium (Deduction) 142.56 29.06 119.66	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 fam Employer Share Single Monthly Premium (Benefit) 611.50 511.50 511.50	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Dilly plan Employee Share Family Plan Monthly Premium Deduction) 352.75 69.05 295.55	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,258.17 1,258.17 1,258.17	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 12.00% Employee % of Single Monthly Premium Rate 5.38% 18.96% 18.96%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04% 11.95% Employee % of Family Monthly Premium Rate 21.90% 5.20% 19.02%	1/2 of single ded. 82.68 16.83 69.38 6.82 40.43	1/2 of family ded. 204.88 40.23 171.63 15.23 99.23 1/2 of family ded. 176.38 34.53 147.78
22 29 30 31 32 33 D	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community Plan lean Health ledical Associates hysicians Plus	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84 BLE PLAN Single Monthly Premium 654.06 540.56	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38 - \$1,500 sin Family Monthly Premium 1,610.92 1,327.22 1,553.72 1,284.22	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85 Ingle plan & Employee Share Single Plan Monthly Premium (Deduction) 142.56 29.06 119.66 11.86	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 fam Employer Share Single Monthly Premium (Benefit) 511.50 511.50 511.50	207.76 In plus off Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Inily plan Employee Share Family Plan Monthly Premium Deduction) 352.75 69.05 295.55 26.05	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,258.17 1,258.17 1,258.17	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 2.25% 12.00% Employee % of Single Monthly Premium Rate 5.38% 18.96% 2.27%	Employee % of Family Monthly Premium Rate 21.89% 19.02% 2.04% 11.95% Employee % of Family Monthly Premium Rate 21.90% 5.20% 19.02% 2.03%	1/2 of single ded. 82.68 16.83 69.38 6.82 40.43	1/2 of family ded. 204.88 40.23 171.63 15.23 99.23 176.38 34.53 147.78 13.03
227 28 29 30 31 31 32 33 33 44 44 44 44 45 46 47 47 48 48 49 49 40 40 41 41 44 44 44 44 44 44 44 44 44 44 44	Plan lean Health ledical Associates hysicians Plus nity - UW nity Community Plan lean Health ledical Associates hysicians Plus hysicians Plus hysicians Plus hysicians Plus hity - UW	Single Monthly Premium 758.34 626.64 731.74 606.64 673.84 BLE PLAN Single Monthly Premium 654.06 631.16 523.36	1,743.88 250 single Family Monthly Premium 1,871.68 1,542.38 1,805.18 1,492.38 1,660.38 - \$1,500 sin Family Monthly Premium 1,610.92 1,327.22 1,553.72	plan & \$500 Employee Share Single Plan Monthly Premium (Deduction) 165.35 33.65 138.75 13.65 80.85 Ingle plan & Employee Share Single Plan Monthly Premium (Deduction) 142.56 29.06 119.66	Employer Share Single Monthly Premium (Benefit) 592.99 592.99 592.99 592.99 \$3,000 fam Employer Share Single Monthly Premium (Benefit) 611.50 511.50 511.50	Employee Share Family Plan Monthly Premium (Deduction) 409.76 80.46 343.26 30.46 198.46 Dilly plan Employee Share Family Plan Monthly Premium Deduction) 352.75 69.05 295.55	ice visits a Employer Share Family Monthly Premium (Benefit) 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,461.92 1,258.17 1,258.17 1,258.17	11.96% nd 10%/209 Employee % of Single Monthly Premium Rate 21.80% 12.00% Employee % of Single Monthly Premium Rate 5.38% 18.96% 18.96%	Employee % of Family Monthly Premium Rate 21.89% 5.22% 19.02% 2.04% 11.95% Employee % of Family Monthly Premium Rate 21.90% 5.20% 19.02%	1/2 of single ded. 82.68 16.83 69.38 6.82 40.43	1/2 of family ded. 204.88 40.23 171.63 15.23 99.23 1/2 of family ded. 176.38 34.53 147.78

	Α	В	С	D		F G	Н	1	J
1		Propo	sed 2017 H	ealth Insur	ance Rates	Low Deduct	ible Plan		
3			17		1),			
	1						1		
4	2016 - 85% if the Avera					County			
5	LOW DEDUCTIBLE	PLAN - \$50	0 single pla	n & \$1,000 f	family plan				
7		·		low	a County	- !			
8		Compare 201	17 (85% of Av			lonthly Health I	nsurance Rate	s	
10	Please Note: Medical Asso								
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of Increase	% of
-	Dean Health	687.00	717.50	30.50	4.4%	1,708.70	1,769.56	60.86	Increase 3.6%
	Medical Associates	618.00	588.70	(29.30)	-4.7%	1,536.20	1,447.56	(88.64)	-5.8%
	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%
	Average Cost of the 4 Qualified Plans for								
18 19	Iowa County	651.23	658.13			1,619.25	1,621.11		
	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	4.50	
21		1.					1,577.54	1.58	
22	Current # of Plans for the Sep Invoice:	otember 2016 Hea	ith Insurance	38				148	
24	Projected Increase County	Cost per Month fo	or Employees	223.06				233.84	
26	Total Projected Increase	Annual 2017 Co	unty Cost:	2,676.72				2,806.08	5,482.80



_	Α	В	С	D	E	F G	Н	15	
1		Proposed 2	017 Health	Insurance	Rates - Low	Deductible I	Plan - DENTA		
Z						1		T	
	I.								
_	1							91	7
4	2016 - 85% if the Avera					County			
5	LOW DEDUCTIBLE	PLAN - \$50	0 single pla	n & \$1,000 f	amily plan				
7		0				-1			
8		Compare 201	7 /050/ 05 Av		a County				
3				-i	716 Adopted N	ionthly Health	Insurance Rate	S	
10	Please Note: Medical Asso	ciates is the low	est qualified pla	in for 2017					
			2017 Single			2016 Family			
		2016 Single	Plan			Plan	2017 Family		
		Plan Monthly	Monthly	Amount of	% of	Monthly	Plan Monthly	Amount of	% of
12		Premium	Premium	Increase	Increase	Premium	Premium	Increase	Increase
_	Dean Health	687.00	745.34	58.34	8.5%	1,708.70	1,839.18	130.48	7.6
-	Medical Associates	618.00	616.54	(1.46)	-0.2%	1,536.20	1,517.18	(19.02)	-1.2
	Physicians Plus	666.90	719.34	52.44	7.9%	1,658.40	1,774.18	115.78	7.0
16 17	Unity Community	633.00	662.64	29.64	4.7%	1,573.70	1,632.38	58.68	3.7
	Average Cost of the 4								
1.0	Qualified Plans for lowa County								
18 19	lowa County	651.23	685.97			1,619.25	1,690.73		
						-			
	Monthly County								
	Contribution 85% based on average premiums of								
	ne qualified plans for								
	2016 & 85% on Average of						-	9	
$\overline{}$	plans Projected 2017	553.54	583.07	29.53		1,376,36	1,437.12	60.76	
21									
, ,	Current # of Plans for the Sep	otember 2016 Hea	lth Insurance						
23	Invoice:			38				148	
-									
24	Projected Increase County	Cost per Month &	r Employees	4.400.4.	Ŋ.				
5	r rojected increase County	Cost per Worth to	r Employees	1,122,14				8,992.48	
								Г	
6	Total Projected Increase	Annual 2017 Co	unty Cost:	13,465.68				107,909.76	121,375,44
7									
- 1	Uniform benefits memo	WI Public Employ	ers contribute no	more than 88%	of the average o	en-classes and all also			

	A	В	С	D	E	F G	Н	1	J
1		Pro	posed 2017	Health Ins	urance Rate	es - Traditi	onal Plan		-
2	-					i		Ţ.	
3									
	2040 2007 :545 - 4						1		
4	2016 - 85% if the Avera		Average of the	e 4 qualified F	Plans for lowa (County			
5	TRADITIONAL PLAI	N							
7			L	low	a County				
8		Compare 201	7 (85% of Av			Ionthly Hea	th Insurance Rate		
10	Please Note: Medical Asso	1		1					
10	Flease Note: Medical Asso	ciates is the low	est qualified pia	in for 2017					
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of	% of	2016 Far Plan Monthl Premiu	2017 Family y Plan Monthly		% of
	Dean Health	687.00	769.30	82.30	12.0%	1,708		Increase 190.36	Increase 11.1%
14	Medical Associates	618.00	629.30	11.30	1.8%	1,536		12.56	0.8%
	Physicians Plus	666.90	741.00	74.10	11.1%	1,658.		169.86	10.2%
	Unity Community	633.00	679.40	46.40	7.3%	1,573.		100.56	6.4%
17									0.470
	Average Cost of the 4 Qualified Plans for								
18 19	Iowa County	651.23	704.75			1,619	.25 1,737.59	I	
	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	V
21						1,370	1,470.93	100.59	
- 1	Current # of Plans for the Sep	tember 2016 Hea	Ith Insurance						
22	Invoice:			38			1	148	
23									
_				ì		9			
24 25	Projected Increase County	Cost per Month fo	or Employees	1,729.00				14,887.32	
	1								
26	Total Projected Increase	Annual 2017 Co	ounty Cost:	20,748.00				470.047.0	
27				20,7 40.00				178,647.84	199,395.84
	Uniform benefits memo	WI Public Employ	ers contribute no	more than 88%	of the average of	remium cost of	plans offered in any tie	er with the lower	tomple
28		promium and	st. And contribute		average p	. C	piens onered in any the	FI WITH THE TOWES	t employee

	A	В	C	D	E	F G	Н	1	J
1		Proposed	d 2017 Heal	th Insuran	ce Rates - Tr	aditional Pla	n - DENTAL		
-	†								
-	[1
4	2016 - 85% if the Avera	ige Cost of the	Average of the	e 4 qualified F	Plans for Iowa C	County			
5	Traditional PLAN								
7		L		-					
8		Compare 201	7 /9E9/ of A	WOI	a County				
3		Compare 201	7 (05% OF AV	erage) and 2	716 Adopted M	lonthly Health I	nsurance Rate	S	
10	Please Note: Medical Asso	clates is the low	est qualified pla	n for 2017					
		2016 Single	2017 Single Plan			2016 Family Plan	2017 Family		
12	Plan	Plan Monthly Premium	Monthly Premium	Amount of Increase	% of	Monthly	Plan Monthly		% of
_	Dean Health	687.00	797.14	110.14	Increase 16.0%	Premium	Premium	Increase	Increase
	Medical Associates	618.00	657.04	39.04	6.3%	1,708.70	1,968.68	259.98	15.2
	Physicians Plus	666.90	768.84	101.94	15.3%	1,536.20	1,618.38	82.18	5.3
16		633.00	707.24	74.24	11.7%	1,658.40	1,897.88	239.48	14.4
17	Office Community	000.00	101.24	14.24	11.770	1,573.70	1,743.88	170.18	10.89
18	Average Cost of the 4 Qualified Plans for Iowa County	651.23	732.57			1,619.25	1,807.21		
19									
	Monthly County Contribution 85% based In average premiums of It e 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	
\neg									
	Current # of Plans for the Sep Invoice:	otember 2016 Hea	iith Insurance	38					
23				30				148	
\neg									
24	Projected Increase County	Cost per Month fo	or Employees	2,627.32		1 1		22 644 40	
25			,	2,021.02				23,644.48	
26	Total Projected Increase	Annual 2017 Co	ounty Cost:	31,527.84				283,733.76	315,261.60
27									0.10,201.00

		T -										
_	Α	В	C	D	E	F G	н	1	1	K	L	M
1		Prop	osed 2017 i	Health Insu	irance Rates	- Co-Insurai	nce Plan					-
_			1	1	III J		5			L		
3												í
4	2016 - 85% if the Avera	an Cost of the	Avorage of th	o 4 minutional	Diagram (c. 1)		i					· —
								L				and the same of
5	CO-INSURANCE PI	_AN - \$250 s	ingle plan &	\$500 famil	y plan plus of	fice visits and	10%/20% co	-insurance	i			
7				lov	va County							
8		Compare 201	7 (85% of Ave	erage) and 2	016 Adopted N	onthly Health	Insurance Rate	-				
ء 10	Please Note: Medical Asso											
17		1	cot quanted pie	101 2017								
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	op Baseline de la companya de la com	!	
_	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%	1		
	Physicians Plus	666.90	709.90	43.00	6.4%	1,658.40	1,735.56	77.16	4.7%			
16 17	Unity Community	633.00	646.00	13.00	2.1%	1,573.70	1,590.76	17.06	1.1%	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				
2	Current # of Plans for the Sep Invoice:	tember 2016 Hea	Ith Insurance	38			-	148				
+						1						
1	Projected Increase County	Cost per Month fo	r Employees	648.66				3,904.24				
7	Total Projected Increase	Annual 2017 Co	unty Cost:	7,783.92				46,850.88	54,634.80			
3	Uniform benefits memo	WI Public Employ premium cos	ers contribute no st. And contribute	more than 88% not less than 5	of the average pr 0% of the average	emium cost of plan	ns offered in any tie lans offered.	r with the lowest	employee	1		

1		Proposed	2017 Healt	h Insurance		Incurance D	lan - DENTAL	1	1	K		
Ž		Toposed	LUII HEAIL	insulance	Rates - Co	-insurance P	ian - DENTAL					
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	1040 050/ 1/11						1		1			
	2016 - 85% if the Avera							1	1			1
5	CO-INSURANCE PL	AN - \$250 s	ingle plan &	\$500 family	olan nlus of	fice visits and	10%/20% 00	incurance				-
_		·	3				10 70720 70 00	Insulative				<u> </u>
7					a County							
8		Compare 201	7 (85% of Av	erage) and 20	016 Adopted N	onthly Health	Insurance Rate	S				
_	Please Note: Medical Asso						L					
	i lease Note. Medical Asso	ciates is the low	est qualified pi	in for 2017								
- 1		, , , , , , , , , , , , , , , , , , ,		1								
- 1			2017 Single			2016 Family						
- 1		2016 Single	Plan	ř .		Plan	2017 Family			!		
		Plan Monthly	Monthly	Amount of	% of	Monthly	Plan Monthly	Amount of	% of	ļ		
12	Plan	Premium	Premium	Increase	Increase	Premium	Premium	Increase	Increase	1		
13	Dean Health	687.00	758.34	71.34	10.4%	1,708.70	1,871,68	162.98	1			
14	Medical Associates	618.00	626.64	8.64	1.4%	1,536.20	1,542.38	6.18	9.5%			
15 F	Physicians Plus	666.90	731.74	64.84	9.7%	1,658.40	1,805.18	146.78	0.4%			
16 l	Unity Community	633.00	673.84	40.84	6.5%	1,573.70	1,660.38		8.9%			
17				10.0	0.070	1,573.70	1,000.30	86.68	5.5%			
	Average Cost of the 4				1							
	Qualified Plans for								i	1		
	owa County	054.00	207.04							ł		
19	Owa County	651.23	697.64			1,619.25	1,719.91					
									L			
l N	Monthly County					Ī			ĺ			
	Contribution 85% based		19		1 2 2							
	on average premiums of	į.		1		ľ						
	he qualified plans for											
	2016 & 85% on Average of plans Projected 2017									1		
21	naits Projected 2017	553.54	592.99	39 45		1,376.36	1,461.92	85.56			i	
7												
,] [Current # of Plans for the Sep nvoice:	tember 2016 Hea	ith Insurance							1	ł	
2 11	ilvoice.			38				148		- 1		
				i								
T	Decinated Insuran Cont	0		1						1		
15	Projected Increase County	Cost per Month fo	or Employees	1,499.10				12,662.88			1	
7	1				=							
6	Total Drainated Income	Annual 2247 C			į			-	i	j	}	
7	Total Projected Increase	Annual 2017 Co	unty Cost:	17,989.20				151,954.56	169,943.76	{1		
4						1						
	Uniform benefits memo	WI Public Employ premium cos	ers contribute no	more than 88%	of the average n	remium cost of plan	ns offered in any tio	ruith the lawer				

Α	В	C	D	Ε	F G	Н		
	Prop	osed 2017 I	Health Insu	rance Rates		ctible Plan		<u></u>
	4	i	H		1	The state of the s		
2016 - 85% if the Avera	ige Cost of the	Average of th	o 4 auglified f	Diama for i		1	1	1
								!
HIGH DEDUCTIBLE	PLAN - \$1,	oud single pi	lan & \$3,000	0 family plan	1			ſ
			lo	wa County				
	Compare 20	017 (85% of A	verage) and	2016 Adopted	Monthly Health	Insurance Ra	tes	
Please Note: Medical Asso						i		+
Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of	Plan Monthly	2017 Family Plan Monthly		9/ 05
	687.00	626.22	(60.78)	-8.8%		·		% of Increase
	618.00	512.72	(105.28)	-17.0%				-9.8% -18.1%
		603.32	(63.58)	-9.5%				-10.19
Unity Community	633.00	553.42	(79.58)	-12.6%	1,573.70	1,359.30	(214.40)	-10.59
Qualified Plans for	651.23	573.92			1,619.25	1,410.58		
ontribution 85% based n average premiums of ne qualified plans for 016 & 85% on Average of	553.54	487.83	(65.71)		1,376.36	1,198.99	(177.37)	_
urrent # of Plans for the Sep voice:	tember 2016 Hea	Ith Insurance	38		-		148	
Projected Increase County	Cost per Month fo	r Employees	(2,496.98)				(26,250.76)	
Total Projected Increase	Annual 2017 Co	unty Cost:	(29,963.76)				(315,009.12)	(344,972.88)
	Plan Dean Health Medical Associates Physicians Plus Unity Community Average Cost of the 4 Qualified Plans for Down County	2016 - 85% if the Average Cost of the HIGH DEDUCTIBLE PLAN - \$1,5 Compare 20 Please Note: Medical Associates is the low 2016 Single Plan Monthly Premium Dean Health 687.00 Medical Associates 618.00 Physicians Plus 666.90 Unity Community 633.00 Average Cost of the 4 Qualified Plans for Day County 651.23 Ionthly County 651.24 In average premiums of the qualified plans for D16 & 85% on Average of lans Projected 2017 553.54 Interest # of Plans for the September 2016 Heal voice:	Compare 2017 (85% of A Compare 2017 (85% of A Compare 2017 (85% of A Please Note: Medical Associates is the lowest qualified plan Plan Plan Permium Dean Health Medical Associates Physicians Plus Physicians Plus Compare 2017 (85% of A Plan Monthly Premium Premium Premium Monthly Premium Premium Premium Monthly Premium Premium Monthly Premium Premium Posan Health 687.00 626.22 Physicians Plus 666.90 603.32 Physicians Plus 666.90 Compare 2017 651.23 573.92 Physicians Properties Premium Monthly Premium Monthly Premium Monthly Premium 651.27 656.22 Physicians Plus 666.90 633.00 553.42 Physicians Plus 666.90 633.00 633.00 651.23 653.42 Physicians Plans for Physicians Plus 651.23 653.42 Physicians Plus 666.90 651.23 653.42 Physicians Plus 654.22 Physicians Plus 655.22 Physicians Plus 656.90 657.22 Physicians Plus 657.00 657.22 Physicians Plus 657.00 657.22 Physicians Plus 657.00 65	2016 - 85% if the Average Cost of the Average of the 4 qualified PHIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 Compare 2017 (85% of Average) and Please Note: Medical Associates is the lowest qualified plan for 2017 2016 Single Plan Monthly Premium Premium Increase Plan Monthly Premium Premium Increase (60.78) Medical Associates 618.00 512.72 (105.28) Physicians Plus 666.90 603.32 (63.58) Unity Community 633.00 553.42 (79.58) Exerage Cost of the 4 Qualified Plans for Day County 651.23 573.92 County 651	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for Iowa HIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 family plan Iowa County Compare 2017 (85% of Average) and 2016 Adopted Plans Note: Medical Associates is the lowest qualified plan for 2017 2016 Single Plan Monthly Premium Monthly Premium Increase (60.78) -8.8% (60.78) -8.8% (60.78) -8.8% (60.78) -9.5% (10.52.8) -17.0% (63.30) 512.72 (10.52.8) -17.0% (63.30) 553.42 (79.58) -12.6% (79.5	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for lowa County HIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 family plan lowa County	Compare 2017 (85% of Average) and 2016 Adopted Monthly Health Insurance Ra	2016 - 85% if the Average Cost of the Average of the 4 qualified Plans for lowa County HIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 family plan

_	Α	В	C C	D	E	F G	Н	1	J J
1 Z		Proposed	2017 Healt	n Insurance	e Rates - Hig	h Deductible	Plan - DENT	AL	
4	2016 - 85% if the Avera								
7		1-2	J	i	wa County	1			
8		Compare 20	017 (85% of A	verage) and	2016 Adopted	Monthly Health	Insurance Ra	tes	
_	Please Note: Medical Asso			1					I
12	Plan	2016 Single Plan Monthly Premium	2017 Single Plan Monthly Premium	Amount of Increase	% of	2016 Family Plan Monthly Premium	2017 Family Plan Monthly Premium	Amount of	% of Increas
-	Dean Health	687.00	654.06	(32.94)	-4.8%	1,708.70	1,610.92	(97.78)	-5.7
	Medical Associates	618.00	540.56	(77.44)	-12.5%	1,536.20	1,327.22	(208.98)	-13.6
	Physicians Plus	666.90	631.16	(35.74)	-5.4%	1,658.40	1,553.72	(104.68)	-6.3
.7	Unity Community	633.00	581.26	(51.74)	-8.2%	1,573.70	1,428.92	(144.78)	-9.2
	Average Cost of the 4 Qualified Plans for Iowa County	651.23	601.76			1,619.25	1,480.20		
	Monthly County Contribution 85% based on average premiums of ne 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)	
2	Current # of Plans for the Sep Invoice:	otember 2016 Hea	ilth Insurance	38				148	
4 5	Projected Increase County	Cost per Month fo	or Employees	(1,597.52)				(17,492.12)	
6	Total Projected Increase	Annual 2017 Co	unty Cost:	(19,170.24)				(209,905.44)	(229,075.6

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 c	opy is needed	Yes	∩ No	If yes, please list be	low:
The attached Health Insurance (Opt-Out-Incenti	ve Policy will be	e added to the	Iowa County Handb	ook if adopted.
FISCAL IMPACT:					
\$39,000 - this is the incentive lov	wa County wou	ld pay to emplo	yees who curr	ently have declined	coverage.
Any active subscribers who choo	ose to waive co	verage would o	off set the above	e amount.	
LEGAL REVIEW PERFORMED:		⊂ No	PUBLICATIO	ON REQUIRED:	← Yes ← No
PRESENTATION?:	(• Yes	∩ No	How much tir	ne is needed? 5-10 n	ninutes
COMPLETED BY: Allison Leitzing	er		DEPT: E	mployee Relations	
2/3 VOTE REQUIRED: (Y	es © No				
TO BE COMPLETED BY COM	MITTEE CHA	NIR			
MEETING DATE:			AGENDA	ITEM#	
OMMITTEE ACTION:					•

7.2 Health Insurance Opt-Out-Incentive

lowa 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.

<u>Eligibility</u> - 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 lowa 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 lowa 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.

<u>Payments</u> - Employees who were enrolled in coverage under the lowa 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 No.	

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	
TO BE COMPLETED BY COUN	TY DEPAR	RTMENT HEAD	!		
DESCRIPTION OF AGENDA ITEM (F	Please prov	vide detailed inf	ormation, including d	leadline):	
Attached are documents covering of	details of th	e proposed 2017	budget. (Budget Sum	mary and Powerpoint)	
At the Executive Committee, the Co the Committee's review and feedba preparation for the September 20th	ick. It is ant	icipated that any			
RECOMMENDATIONS (IF ANY):					
Staff recommends the Executive Co Committee meeting. The Executive September 13th.					
ANY ATTACHMENTS? (Only 1 copy	y is needed	1) (Yes	€ No If yes, p	please list below:	
Attached is a budget summary spre	eadsheet an	d a copy of the P	owerPoint presentatio	n going over budget ch	anges proposed
FISCAL IMPACT:					
The impact of approving the propo the County Debt Levy. County Ope purchase of equipment for the High	rations wou	uld stay virtually t			
LEGAL REVIEW PERFORMED:	Yes	♠ No	PUBLICATION REQU	IRED: • Yes	∩ No
PRESENTATION?:	• Yes	€ No	How much time is need	ded? 20 Minutes	
COMPLETED BY: Larry Bierke, Count	ty Administ	rator	DEPT: County Ac	dministration	
2/3 VOTE REQUIRED: Yes	♠ No)			
TO BE COMPLETED BY COMM	IITTEE CH	<u>IAIR</u>			
MEETING DATE:			AGENDA ITEM #		

OMMITTEE ACTION:

(7)

R Н Iowa County **Executive Summary of the:** 2017 County Administrator Proposed Budget - as of 9-7-2016 Adopted 2016 Budget Adopted 2017 Budget % of Increase/ Increase/ (Decrease) (Decrease) in \$ between 2016 Between 2016 & & 2017 2017 Budgets artment/ Program Expenditures Expenditures Revenue Tax Levv **Budgets** Revenue Tax I evv County Board 66.370.00 66 370 00 87 505 00 87.505.00 21.135.00 31.8% 74.572.00 1,634.00 4563.8% 1 634 00 76.206.00 76.206.00 8 Contingency 2.000.00 2.000.00 2.000.00 2.000.00 9 ire Supression 65 047 00 65.047.00 10 Restorative Justice-TAD 459 781.00 274.025.00 185 756 00 455 245 00 276 908.00 178.337.00 (7.419.00)-4.0% Clerk of Courts 122.038.00 122,136.00 122.136.00 98.00 0.1% 122.038.00 12 Employee Relations 53,368.00 53.368.00 0.0% 64,368.00 11,000.00 53,368.00 13 OWI Intensive Prog -12.1% 45,210.00 4,000.00 41,210,00 40 210 00 4 000 00 36 210 00 (5,000,00) 14 Coroner 9,597.00 4.5% 212.133.00 200.00 211.933.00 221,730.00 200.00 221,530.00 15 Finance Dept 163,534.00 136,284.00 136,284.00 (27,250.00)-16.7% County Administration 163.534.00 16 75,060.00 75.060.00 75,060,00 75.060.00 17 Economic Development 567,589.00 0.0% 567.589.00 567.589.00 567,589.00 18 Information Technology (195,003.00 6,729.00 3.3% (201,732.00) 209.972.00 404,975.00 399,975.00 County Treasurer 198.243.00 19 0.0% (294,767.00) 294,767.00 (294.767.00 294,767.00 20 State Shared Revenue-Treas. 0.0% 21 Exempt Computer Aids 93,638.00 (93,638.00 93.638.00 (93.638.00 (150,000.00) (1,825,000.00) 9.0% (1.675.000.00) 1.825.000.00 Transfer from Sales Tax Fund 1 675 000 00 22 147.181.00 13.805.00 133,376.00 (36,780.00) -21.6% 170.156.00 21.225.00 ounty Clerk 191.381.00 10.9% 257,933.00 317.915.00 31.900.00 286 015 00 28 082.00 290,033.00 32,100.00 district Attorney (15,695.00) 40.3% 23.242.00 160.000.00 25 Register of Deeds 178,937.00 140.000.00 38 937 00 183,242,00 2.484.00 3.5% 71,445.00 235,591.00 161,662.00 73,929.00 GIS - Land Records 161,162.00 232,607.00 26 (19,457.00) 378,320.00 18,500.00 359,820.00 352,263.00 11,900.00 340,363.00 -5.4% 27 Environmental Services Dept -1.8% 58.930.00 (53.530.00) (960.00)6,360.00 58.930.00 (52.570.00) 5.400.00 28 County Farm 34,392.00 (6,671.00) -16.2% 206,711.00 41.063.00 241.103.00 County Insurance - Liab & WC 113,506.00 72 443 00 29 3,545,712.00 193,273.00 5.8% 3.686.437.00 140,725.00 3,352,439.00 3.482.924.00 130.485.00 30 Sheriff Department 1.8% 4.392.00 240.285.00 328.322.00 83 645 00 244.677.00 349.859.00 109,574.00 31 Health Department (8.882.00) -9.2% 87,394.00 96.276.00 96.276.00 97.894.00 10.500.00 Veterans Service Dept. 32 31,932.00 0.0% 31.932.00 31,932.00 31.932.00 33 Historical Society & Fair 27,850.00 27,850.00 27.850.00 27,850.00 owmobile/ATV 165.200.00 22.063.00 (900.00) -3.9% 22.963.00 187,263.00 170.510.00 nning & Development 193.473.00 20.0% 151,685.00 50,884.00 100 801.00 16.832.00 51.938.00 83,969.00 36 Emergency Management 135.907.00 4.8% 11,121.00 243,438.00 15,680.00 232,317.00 258 038 00 14.600.00 247.997.00 37 H.W. Extension Department 5,639.00 4.6% 223,855,00 128,323.00 334,654.00 211.970.00 122.684.00 352,178.00 and Conservation Dept 38 Transfers from General Fund to Other 326,850.00 326,850.00 39 Funds 1,248,089.00 1,688,430.00 (2,591.00)-0.2% 1,315,482.00 1,691,021.00 2,936,519.00 3.006.503.00 40 Social Services (2,742.00)-29.2% 6.643.00 147,652.00 9.385.00 159,443,00 152.800.00 157.037.00 41 Child Support 234,810.00 8,993.00 4.0% 715.463.00 696,525.00 470,708.00 225.817.00 480,653.00 42 ADRC 0.0% 198,625.00 198,625.00 198,625.00 198.625.00 ified Services Fund 0.0% 1,675,000.00 1,825,000.00 1,825,000.00 1.675.000.00 44 Sales Tax Fund 0.0% 15,665.00 15.665.00 15.665.00 15.665.00 45 Tri County Airport 160,388.00 87.000.00 73,388.00 2,113.00 3.0% 71.275.00 84.000.00 lowa County Airport 155 275 00 46 0.0% 28,000.00 28.000.00 28.000.00 28,000.00 47 Wisconsin River Rail Transit 0.0% 556.850.00 190.150.00 190,150.00 190.150.00 747 000 00 Capital Projects Fund 48 2.7% 100.153.00 2.650.00 5,538,608.00 5,438,455.00 5.959.905.00 5.862.402.00 97,503.00 Bloomfield Health Care 49 0.6% 2,706,386.00 7,635,078.00 4,911,992.00 2,723,086.00 16,700.00 4,224,292.00 6.930.678.00 50 Highway Department 51 9,648,894.00 120,063.00 1.3% 29,003,285.00 19,354,391.00 9,528,831.00 27,283,339.00 17.754.508.00 2.2% 4.389.944.00 94.940.00 4.295,004.00 Total Fund 100 Tax Levy 54 Total Special Revenue Funds Tax 2,245.561.00 5.773.00 0.3% 2.239.788.00 190.150.00 tal Capital Projects Tax Levy 190,150.00 2.650.00 2 7% 100,153.00 97,503.00 al Bloomfield Tax Levy 16,700.00 0.6% 2,723,086.00 58 | Total Highway Department Tax Levy 2,706,386.00 9,528,831.00 1.26% 9,648,894,00 120,063.00 Total Operating Tax Levy 9,648,894.00 120,063.00 1.26% Operating Tax Levy Allowed
Difference between Proposed & 9.528.831.00 Allowed Operating Tax Levy 1,334,559.00 608,233.00 83.74% 726,326.00 Debt Levy 728,296.00 10,983,453 10,255,157 Total Debt & Operating Tax Levy

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?

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	-	-
		
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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.

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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.