RESOLUTION NO. 2-0915

TO THE HONORABLE IOWA COUNTY BOARD OF SUPERVISORS:

WHEREAS, the Iowa County Administrative Services Committee has evaluated the Wisconsin Public Employers Group (ETF) Health Insurance premium rate scheduled to be implemented January 1, 2016; 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 2016 premiums, Iowa County as employer will pay the equivalent of 85% of the average cost of the four qualifying ETF Low Deductible plans in the County toward the cost of the ETF family or single plan selected by the employee.

Respectfully submitted by the Iowa County Administration Services Committee:

Dated this 8th day of September, 2015.

	A	В	С	D	E	F G	Н		J
1	Projec	cted 2016 He	ealth Insura	ince Rates	projected a	s of 9/1/15 - L	ow Deductib	le Plan	
								and the property of the property of the contract of the contra	Activity of the
3	Proposed 2016 - Co	ounty contri	butes 85%	of the Aver	age Cost of	the 4 qualifie	d Plans for I	owa Count	v
								Ova Count	▲ National Actions
	2015 - 85% if the Avera	Terret area of the	*1 . 7	and the second second		County			
5	LOW DEDUCTIBLE	PLAN - \$500	o single plan	1					
7					a County				
8		Compare 201	6 (85% of Ave	erage) and 20	15 Adopted I	Monthly Health I	nsurance Rate	S	
10	Please Note: Medical Asso	ciates was the lo	west qualified p	lan for 2016					
12	Plan	2015 Single Plan Monthly Premium	2016 Single Plan Monthly Premium	Amount of Increase	% of Increase	2015 Family Plan Monthly Premium	2016 Family Plan Monthly Premium	Amount of Increase	% of Increase
-	Dean Health	628.30	687.00	58.70	9.3%	1,563.30	1,708.70	145.40	9.3%
	Medical Associates Physicians Plus	583.80 657.40	618.00 666.90	34.20 9.50	5.9% 1.4%	1,452.00 1,636.00	1,536.20 1,658.40	84.20 22.40	5.8% 1.4%
	Unity Community	619.80	633.00	13.20	2.1%	1,542.00	1,573.70	31.70	2.1%
17	Office Community	010.00	000.00	10.20	2.170	1,012.00	1,010.10	01.70	2.170
	Average Cost of the 4 Qualified Plans for								
18 19	Iowa County	622.33	651.23			1,548.33	1,619.25		
	Monthly County Contribution 85% based on average premiums of the qualified plans for 2015 & 85% on Average of plans 2016 projected Current # of Plans for the Se	528.98	553.54	24.56		1,316.08	1,376.36	60.28	
	Invoice:			23				130	
23									
24	Projected Increase County	y Cost per Month on Sheriff's Dept	for Employees	564.88				7,836.40	
25	Other trial	I Oneill a Dept		504.00				7,000.40	
	Projected Increase - Cou		al - Employees						
26 27	other that	n Sheriff's Dept		6,778.56				94,036.80	100,815.36
	Sheriff's Dept Employees:								
	Monthly County Contribution for 2015 - 12% of lowest qualified plan & 85% on Average of plans 2016 projected	571.82	553.54	(18.28)		1,422.96	1,376.36	(46.60)	
	Current # of Plans for the Se Invoice:	rrent # of Plans for the September 2015 Health Insurance						23	
31									
32	other tha	ase County Cost per Month for Employees other than Sheriff's Dept						(1,071.80)	
34 35		inty Cost - Annua n Sheriff's Dept	al - Employees	(1,535.52)				(12,861.60)	(14,397.12
36 37	Total Projected Increas	se Annual 2016 C	ounty Cost:						86,418.24
38	Uniform benefits memo -					premium cost of pla age premium cost of		ier with the lowes	st employee

		_	J	2	1						<u>.</u>
			lowa Cou	lowa County - 2016 Projected Health Insurance Rates	ojected Hea	ith Insurand	se Rates		lowa County - 2016 Projected Health Insurance Rates		for 204
70		רוטשנטור	- 10M	a county of		0000	a Colador		3501444111		101
4				All Rates	are Monthly Rates	Rates					
20	Please Note that Medical Associates is the lowest	ledical Ass	ociates is	the lowest	qualified plan for 2016	n for 2016					
7			Co	Covers all lowa County Full-Time Employees	ounty Full-Ti	me Employe	es				
∞ 0	LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1	E PLAN - \$!	500 Single	Plan and \$1	1,000 Family Plan	Plan					
10										Annual Co Pl	Annual Cost - Single Plan
				Fmnlovee	Fmolover	Employee Share	Employer	Employee %			
				Share Single	Share Single	Family Plan	Share Family	of Single	Employee %		
		Single Monthly	Family	Plan Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly	of Family Monthly	Employee Share -	Employer Share -
11	Plan	Premium	Premium	(Deduction)	(Benefit)	(Deduction)	(Benefit)	Rate	Premium Rate	S	Single Plan
12	12 Dean Health	687.00	1,708.70	133.46	553.54	332.34	1,376.36	19.43%	19.45%	1,601.52	6,642.48
13	13 Medical Associates	618.00	1,536.20	64.46	553.54	159.84	1,376.36	10.43%	10.40%	773.52	6,642.48
14	14 Physicians Plus	06.999	1,658.40	113.36	553.54	282.04	1,376.36	17.00%	17.01%	1,360.32	6,642.48
15	15 Unity - UW	579.30	1,439.40	25.76	553.54	63.04	1,376.36	4.45%	4.38%	309.12	6,642.48
16	16 Unity Community	633.00	1,573.70	79.46	553.54	197.34	1,376.36	12.55%	12.54%	953.52	6,642.48

Information for the September 15, 2015 lowa County Board Meeting

Total Iowa County Employer Share of Health Insurance

86,418.24	81,175.20	5,243.04	Increase Cost for 2016 Projected over 2015 Adopted
2,726,271.36	2,526,996.96	199,274.40	Projected 2016
t <u>Total</u> 2,639,853.12	Iowa County Employer Cost Family 1.36 2,445,821.76	Single 194,031.36	2015

22	20	19	16	1	1	13	<u> </u>	<u></u>	10	9	00	7	4 20	2	1		
7	1 0	0 0		15 Ur					0		<u></u>	7		_			
Plan			Unity Community	Unity - UW	Physicians Plus	Medical Associates	Dean Health			LOW DEDUCTIBLE PLAN - \$500 Single Plan and \$1,000 Family Plan		Covers all Employees except the Sheriff's Department Represented Employees & She	All Rates are Monthly Rates Please Note that Medical Associates is the lowest qualified plan for 2015	ADOPTED by County Board on September 16, 2014		Α	
Single Monthly Premium	Iowa C	Sheriff's	619.80	533.30	657.40	583.80	628.30	Single		E PLAN - \$	Iowa Cou	ployees exc	Medical Ass	inty Board o		В	×
Family Monthly Premium	ounty contr		1,542.00	1,325.80	1,636.00	1,452.00	1.563.30	Family Monthly		500 Single	inty contribu	ept the Sho	ociates is	on Septem	lowa	С	Re
Employee Share Single Plan Monthly Premium (Deduction)	lowa County contributes 88% of the lowest qualified plan - Traditional	Department Employees -	90.82	4.32	128.42	54.82	99.32	Employee Share Single Plan Monthly Premium		Plan and \$1	lowa County contributes 85% of the average premium cost of qualified	eriff's Departn	All Rates the lowest c	ber 16, 2014	lowa County - 2015 Health Insurance Rates	D	ferer
Employer Share Single Monthly Premium (Benefit)	the lowest qua	yees - Repre	528.98	528.98	528.98	528.98	528.98	Employer Share Single Monthly Premium		,000 Family	e average pre	nent Represe	All Rates are Monthly Rates lowest qualified plan for		15 Health Ins	Е	rce Co
Employee Share Family Plan Monthly Premium (Deduction)	alified plan -	sented and	225.92	9.72	319.92	135.92	247.22	Employee Share Family Plan Monthly Premium (Deduction)		<u>Plan</u>	mium cost	nted Emplo	Rates 1 for 2015		urance Ra	fc	ny
Employer Share Family Monthly Premium (Benefit)	Traditional Plan	Represented and Management	1,316.08	1,316.08	1,316.08	1,316.08	1,316.08	Employer Share Family Monthly Premium							tes	G	
Employee % of Single Monthly Premium Rate	ā	I .	14.65%	0.81%	19.53%	9.39%	15.81%	Employee % of Single Monthly Premium			plans	riff's Dept. Management				н	
Employee % of Family Monthly Premium Rate			14.65%	0.73%	19.56%	9.36%	15.81%	Employee % of Family Monthly Premium Rate				gement				-	
Employee Share - Single Plan	Annual Co		1,089.84	51.84	1,541.04	657.84		Employee Share -	Annual Co Pla							J	
Employer Share - Single Plan	Annual Cost - Single Plan		6,347.76	6,347.76	6,347.76	6,347.76	6,347.76	Employer Share -	Annual Cost - Single Plan							~	

27 Unity Community 28 26 Unity - UW 25 Physicians Plus 24 Medical Associates

> 660.10 567.00 721.00

1,642.80

88.28

571.82

219.84

1,422.96 1,410.00

13.37% 0.00%

13.38% 0.00%

1,059.36

6,861.84 6,804.00

1,795.00 1,410.00 1,617.00 1,729.30

> 149.18 77.98

571.82 567.00

372.04

20.69% 12.00% 17.69%

20.73% 12.00%

1,790.16

6,861.84 6,861.84

571.82 571.82

194.04

1,422.96 1,422.96

1,422.96

17.71%

1,474.56

6,861.84

935.76

22 Plan 23 Dean Health

(Deduction) 122.88

(Deduction) 306.34

649.80 694.70 Adopted this 15th day of September, 2015.

on M. Meyers

Iowa County Chairman

ATTEST:

Greg Klusendorf

Iowa County Clerk

CERTIFICATION OF ADOPTION

This is to certify that the attached resolution was duly adopted by the Iowa County Board of Supervisors on the <u>15th</u> day of <u>September</u>, 2015.

Greg Klusend of Greg Klusendorf

Iowa County Clerk