

Buffalo County Resolution



Drafted By:
Sonya J. Hansen
Presented Month/Year:
October 2018
Involved Committees:
Human Resources

County Department:
Administration
Fiscal Impact: YES / NO
AC Approved: YES / NO

RESOLUTION # 18-10-02

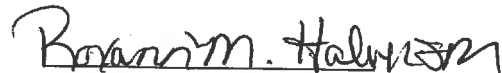
A RESOLUTION TO APPROVE HEALTH INSURANCE BENEFIT PLAN

WHEREAS, the Employee Handbook, Policy 301 states that the design and selection of health care plans is determined by the Buffalo County Board of Supervisors as recommended by the Buffalo County Human Resource Committee, and;

WHEREAS, the Buffalo County Human Resource Committee recommends to the County Board of Supervisors to accept the proposal from WEA Trust with Cottingham & Butler as the agent of record to be effective January 1, 2019, as referenced in the attached Exhibit A to be incorporated herein and made a part of this resolution.

NOW, THEREFORE BE IT RESOLVED, that the Buffalo County Board of Supervisors hereby approves the design and plan as recommended by the Buffalo County Human Resource Committee with WEA Trust with Cottingham & Butler as the agent of record as set forth in the attachment to this resolution to be effective January 1, 2019.

Adopted at a duly called and noticed meeting of the Buffalo County Board of Supervisors on the 22 day of October, 2018.


County Clerk

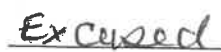
ATTEST:


County Board Chairperson

Respectfully Submitted:

Human Resources Committee


Larry Grisen


Bernard Brunkow


Michael Taylor


Donald Hillert


Nathan Nelson

Finance Committee

Larry Grisen
Larry Grisen

Excused
Mary Anne McMillan Urell

David Danzinger
David Danzinger

Donald Hillert
Donald Hillert

Nettie Rosenow
Nettie Rosenow

ANTICIPATED FINANCIAL IMPACT STATEMENT

2019 Fiscal Impact in Budget	
Premiums:	\$1,233,809.46
Health Reimbursement:	\$ 151,625.00
Insurance Incentive:	\$ 29,400.00
Total	\$1,414,834.46

Exhibit "A"

BUFFALO COUNTY RFP Health Plan Options January 1, 2019



Health Plan	Option 1			Mayo Narrow Network Opt 2		
	Essential Qualified			Essential Qualified		
Deductible (Single/Family)	Embedded			Embedded		
Network	\$3,000/\$6,000			\$3,000/\$6,000		
Non-Network	\$6,000/\$12,000			\$6,000/\$12,000		
Coinsurance						
Network	100%			100%		
Non-Network	80%			70%		
Maximum Out-of-Pocket (Single/Family)						
Network	\$3,000/\$6,000			\$3,000/\$6,000		
Non-Network	\$8,000/\$16,000			\$9,000/\$18,000		
Copayments	Primary	Specialty		Primary	Specialty	
Network Office Visit	\$0	\$0	ded/coins	\$0	\$0	ded/coins
Non-Network Office Visit	\$0	\$0	ded/coins	\$0	\$0	ded/coins
Urgent Care	\$0		ded/coins	\$0		ded/coins
Emergency Room	\$0		ded/coins	\$0		ded/coins
High Tech Imaging Copay	\$0		ded/coins	\$0		ded/coins
Pharmacy						
Drug Plan	ded/coins			ded/coins		
Includes Erectile Dysfunction Benefits	No			No		
Optional Benefits						
Vision Benefit	Enhanced Vision No Cost Sharing			Enhanced Vision No Cost Sharing		
Extraction/Replacement of Teeth	Extr/Repl Teeth (\$1500 Limit)			Extr/Repl Teeth (\$1500 Limit)		
Waiver of Premium	No			No		
Vitality	Activate - Employee Only			Activate - Employee Only		
Premium Rates						
Current Subscribers						
Single	25	\$791.78		\$736.36		
Family	52	\$1,802.04		\$1,875.00		
Single Medicare		\$711.44		\$661.64		
Family Medicare		\$1,422.88		\$1,323.28		
Single Medicare w/o Drug		\$234.78		\$218.35		
Family Medicare w/o Drug		\$469.56		\$436.70		
Special Medicare (1 over/1 under) both Rx		\$1,503.22		\$1,398.00		
Monthly Premium	77	\$113,500.58		\$105,509.00		

Check Box for plan you are selecting:

The rates include the following commission: **This calculation includes standard commission**

The rates in this chart are renewal options for illustrative purposes and are not an insurance contract. The pricing assumes a single plan design per employee segment with the Trust as the sole carrier. These rates are subject to change and contain no guarantee. The benefits quoted by WEA Trust may be similar to your current benefit plan design, however, WEA Trust does not match benefits of other carriers. Adjudication of claims may differ among carriers for the same benefit design due to differences in claim payment protocols. Moreover, this information is intended only for the use of the individual or entity to which it is addressed. It may contain information that is privileged, confidential, and prohibited from disclosure under law. If the reader of this message is not the intended recipient, you are notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Signature _____

Date _____