

RESOLUTION NO. 10-0916

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.

	A	B	C	D	E	F	G	H	I	J	K
1	PROPOSED - Iowa County - 2017 Health Insurance Rates (Without Dental)										
2	<i>All Rates are Monthly Rates</i>										
3	Please Note that Medical Associates is the lowest qualified plan for 2017										
4	Iowa County contributes <u>85% of the average premium cost of qualified plans</u>										
5	LOCAL (LOW) DEDUCTIBLE PAN - \$500 Single Plan and \$1,000 Family Plan										
6											
7											
8											
9	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
10	Dean Health	717.50	1,769.56	158.08	559.42	391.62	1,377.94	22.03%	22.13%	79.04	195.81
11	Medical Associates	588.70	1,447.56	29.28	559.42	69.62	1,377.94	4.97%	4.81%	14.64	34.81
12	Physicians Plus	691.50	1,704.56	132.08	559.42	326.62	1,377.94	19.10%	19.16%	66.04	163.31
13	Unity - UW	569.10	1,398.56	9.68	559.42	20.62	1,377.94	1.70%	1.47%	4.84	10.31
14	Unity Community	634.80	1,562.76	75.38	559.42	184.82	1,377.94	11.87%	11.83%	37.69	92.41
15											
16											
17											
18	TRADITIONAL PLAN										
19											
20	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
21	Dean Health	769.30	1,769.56	170.26	599.04	292.61	1,476.95	22.13%	16.54%	85.13	146.31
22	Medical Associates	629.30	1,447.56	30.26	599.04		1,476.95	4.81%	0.00%	15.13	-
23	Physicians Plus	741.00	1,828.26	141.96	599.04	351.31	1,476.95	19.16%	19.22%	70.98	175.66
24	Unity - UW	607.90	1,495.56	8.86	599.04	18.61	1,476.95	1.46%	1.24%	4.43	9.30
25	Unity Community	679.40	1,674.26	80.36	599.04	197.31	1,476.95	11.83%	11.78%	40.18	98.66
26											
27											
28											
29	CO-INSURANCE PLAN - \$250 single plan & \$500 family plan plus office visits and 10%/20% co-insurance										
30											
31											
32	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
33	Dean Health	730.50	1,802.06	159.89	570.61	399.32	1,402.74	21.89%	22.16%	79.95	199.66
34	Medical Associates	598.80	1,472.76	28.19	570.61	70.02	1,402.74	4.71%	4.75%	14.10	35.01
35	Physicians Plus	709.90	1,735.56	139.29	570.61	332.82	1,402.74	19.62%	19.18%	69.65	166.41
36	Unity - UW	578.80	1,422.76	8.19	570.61	20.02	1,402.74	1.41%	1.41%	4.09	10.01
37	Unity Community	646.00	1,590.76	75.39	570.61	188.02	1,402.74	11.67%	11.82%	37.70	94.01
38											
39											
40											
41	HIGH DEDUCTIBLE PLAN - \$1,500 single plan & \$3,000 family plan										
42											
43											
44											
45	Plan	Single Monthly Premium	Family Monthly Premium	Employee Share Single Plan Monthly Premium (Deduction)	Employer Share Single Monthly Premium (Benefit)	Employee Share Family Plan Monthly Premium (Deduction)	Employer Share Family Monthly Premium (Benefit)	Employee % of Single Monthly Premium Rate	Employee % of Family Monthly Premium Rate	1/2 of single ded.	1/2 of family ded.
46	Dean Health	626.22	1,541.30	138.39	487.83	342.31	1,198.99	22.10%	22.21%	69.20	171.16
47	Medical Associates	512.72	1,257.60	24.89	487.83	58.61	1,198.99	4.85%	4.66%	12.45	29.30
48	Physicians Plus	603.32	1,484.10	115.49	487.83	285.11	1,198.99	19.14%	19.21%	57.75	142.56
49	Unity - UW	495.52	1,214.60	7.69	487.83	15.61	1,198.99	1.55%	1.29%	3.85	7.80
50	Unity Community	553.42	1,359.30	65.59	487.83	160.31	1,198.99	11.85%	11.79%	32.80	80.16
51											
52											