

Administration and County Services Committee

David Heeres

Ed Boettcher, Chairman

Laura Stanek

**Special Meeting Minutes
September 16, 2016**

Members: Ed Boettcher, Dave Heeres, Laura Stanek
Members absent: None
Others: Pete Garwood, Tina Schrader, Jim Rossiter, Deb Ho'on, Sandy Davids, Sheriff Dan Bean, John Bush, Jim Janisse, Ed Smith, Sherry Comben, Pat Dewey, Darci Fitch, Sheryl Guy, Scott Boni, Donna Rogers, Laura Evans

1. The meeting was called to order at 8:35 a.m. by Chair Ed Boettcher.

2. Public Comment

None.

3. Western Michigan Health Insurance Pool Presentation

Doug Derks with Arthur J. Gallagher & Co. distributed packets of information (see **attached pgs. 3-9**) regarding the Western Michigan Health Insurance Pool (WMHIP). He indicated that the WMHIP is not marketed and has grown simply by word of mouth. It began about 11 years ago with 8 school districts. About 5 years ago, the first municipality joined; and about 4 years ago, the first county joined.

Mr. Derks reviewed health plan options (see **attached pgs. 10-11**) for 2017 that are somewhat similar to the current Priority Health plans. Taxes and fees relevant to the Affordable Care Act are included in the premium amounts quoted. Typically groups the size of Antrim County will choose three plans; the WMHIP does not dictate which ones. Preferred Provider Organization (PPO) plans with Blue Cross Blue Shield (BCBS) were presented. These plans provide an in-network and out-network levels of benefits. BCBS partners with every hospital in the State of Michigan, facilities and physicians around the country including the Mayo and Cleveland Clinics. No referrals are required. About 95% of physicians in the State are in-network. Drug cards are open formularies.

Mr. Derks explained that the WMHIP operates under PA106. The Board of Commissioners would adopt a resolution to join and make a commitment for three years. No other fees are paid except the premiums. If the County leaves the WMHIP after 3 years, it doesn't owe WMHIP anything and doesn't take any revenue with it. Over the last 5 years, the average increase in premiums has been 4.9%. There are currently 68 organizations in the WMHIP, with close to 7,000 employees and 20,000 insured lives.

The WMHIP is governed by an executive committee of 7 members and a 68-member board. The 68 member board meets 6 times a year. Antrim County would have a member serving on the board. Usage data for the County and the 68 other members is shared monthly. The WMHIP has a reserve that has been established and beyond that has a bank of 20% of its annualized expenses. The WMHIP generally doesn't annually lose dollars. More often than not, the asset grows a little. Antrim County would be brought into the WMHIP based on its demographics and history at the same relative risk that the rest of the WMHIP experiences. Not every member has the same rates.

DRAFT

Antrim County is evaluated this one time as they join the pool and are subsequently evaluated with the other members and their experiences. Yearly premiums may also be based on a minor amount of “banding”, for example, if WMHIP’s average increase is 5%, there is a possibility a member’s premium could swing 2 percentage points either side of that based on their experience. This “banding” formula is established by pulling out all claims in excess of \$25,000 bringing everyone to \$0. In order to remain sustainable, the WHMIP seeks to educate members on wellness and help them to be better medical service consumers. Any changes made to the WMHIP are decisions of the board.

Mr. Derks indicated that employee questions and concerns would first go to customer service at BCBS. If further assistance is needed, the employee would work with the staff at Arthur J. Gallagher & Co. Typically, the person who would conduct open enrollment would serve as Antrim County’s contact person.

Mr. Derks left the meeting at 10:30 a.m.

There was concern expressed of any indemnification clauses that may be contained in the agreement. Mr. Derks indicated earlier, he was unaware of any. Mr. Garwood indicated his office would obtain the documents required to sign up with WMHIP.

It was the consensus of the Administration Committee members that the Administration Office obtain the contract documents required for signature from the WMHIP and have the County’s Civil Counsel or an attorney who specializes in this type of an agreement review the document. A special meeting of the Administration Committee was scheduled for September 19 at 1:00 p.m. to hear a presentation from Dewey Insurance Agency on their proposals beginning January 1, 2017.

Chairman Boettcher indicated that after the presentation with Dewey Insurance Agency on September 19, the County Administrator meet with the union representatives to discuss the presentations from C&M Insurance, Arthur J. Gallagher & Co. and Dewey Insurance Agency and that a recommendation be presented to the Administration Committee at their meeting on October 6. Additionally, County and employee contributions for the 2017 health insurance benefit will be addressed.

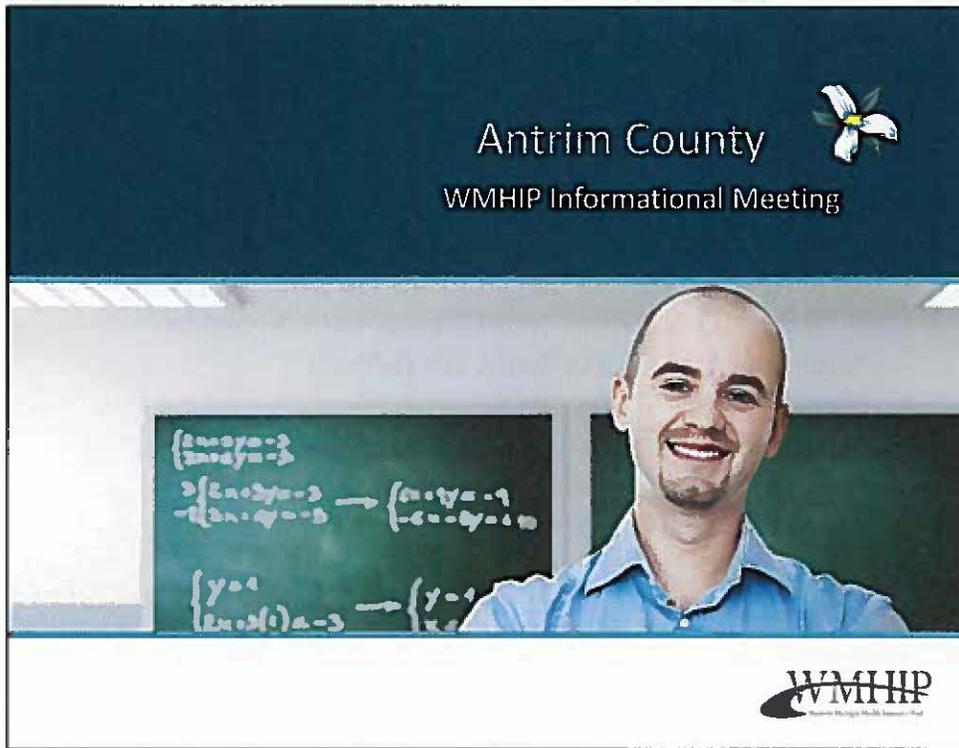
4. Various Matters as Appropriate

None.

5. Public Comment

None.

The meeting was adjourned at 10:50 a.m.



Western Michigan Health Insurance Pool Members

WMHIP has 68 members including:

- | | | |
|--|--|---|
| <p>Allegan Area RESA
 Allegan Public Schools
 Allendale Public Schools
 Battle Creek Public Schools
 Big Rapids Public Schools
 Burr Oak Community Schools
 Byron Center Public Schools
 Calhoun ISD
 Caledonia Public Schools
 Cedar Springs Public Schools
 Charter Township of Texas
 Chippewa Hills School District
 City of Zeeland
 City of Hudsonville
 City of Ferrysburg
 City of Cedar Springs
 Colon Community Schools
 Comstock Park Area Schools
 Comstock Public Schools
 Delton Kellogg Public Schools
 East Grand Rapids Public Schools
 Fennville Area Schools
 Emmet County</p> | <p>Forest Hills Public Schools
 Godfrey Lee Public Schools
 Godwin Heights Public Schools
 Galesburg-Augusta Community Schools
 Grand Haven Area Public Schools
 Grand Rapids Community College
 Grand Rapids Public Schools
 Clinton County RESA
 Grant Public Schools
 Greenville Public Schools
 Hopkins Public Schools
 Hudsonville Public Schools
 Inghem County ISD
 Ionia County ISD
 Kalamazoo RESA
 Kent Intermediate School District
 Lansing Community College
 Lowell Area Schools
 Montague Area Public Schools
 Montcalm Area ISD
 Muskegon Public Schools
 Muskegon Reeths Puffer Schools</p> | <p>Muskegon Area ISD
 Newaygo RESA
 NorthCare Network
 Northeast Michigan Council of Governments
 Northview Public Schools
 North Muskegon Public Schools
 Ottawa Area ISD
 Portland Public Schools
 Ravenna Public Schools
 Region 10 Community Mental Health
 Rockford Public Schools
 Schoolcraft Community Schools
 South Haven Area Schools
 Sparta Area Schools
 Spring Lake Public Schools
 Stevensville Lakeshore Public Schools
 Thomapple Kellogg Public Schools
 Vicksburg Community Schools
 Village of Spring Lake
 White Pigeon Community Schools
 West Ottawa Public Schools
 Wyoming Public Schools
 St. Joseph ISD</p> |
|--|--|---|

Bold indicates full group membership

How Would a Change to WMHIP Impact You?

What are some differences:

- WMHIP/BCBSM ID Card/Group Number
- BCBS PPO Network and Claims Administration
- Addition of an Out of Network Benefit
- Elimination of Referrals
- Open Formulary Drug Cards
- Organizationally Determine options that employees can choose from

BCBS Website Information

www.BCBSM.com

- Look up participating BCBS Network Providers – Community Blue Network
- Order additional ID cards
- View Claims and EOB's online – including deductible amounts satisfied
- Access Benefit Information

Plan Design Overview

	Option 1	Option 2	Option 3	Option 4
Plan Type	BCBS Select PPO	BCBS Simply Blue PPO	BCBS Select PPO	BCBS H.S.A., Simply Blue PPO
Co-Insurance	Covered 100% In Network 80% Out of Network	Covered 90% In Network 70% Out of Network	Covered 80% In Network 60% Out of Network	Covered 80% In Network 60% Out of Network
Deductible	In Network - \$250/\$500 Out of Network - \$500/\$1000	In Network - \$250/\$500 Out of Network - \$500/\$1,000	In Network - \$1,000/\$2,000 Out of Network - \$2,000/\$4,000	In Network - ^{1000/2000} \$1,300/\$2,600 Out of Network - \$2,600/\$5,200
Coinsurance Maximum	N/A	\$1,000/\$2,000 Coinsurance	\$1,000/\$2,000 Coinsurance	\$1,300/\$2,000 Coinsurance
Emergency Room	\$25	\$150	\$50	\$150
Office Visit	\$20 copay	\$20 copay	\$20 copay	0 \$20 copay
In-Network Physical, Speech, and Occupational Therapy	Covered 100%, after Deductible (limited to 60 visits)	Covered 90%, after Deductible (limited to 30 visits)	Covered 80% after Deductible (limited to 60 visits)	Covered 80%, after Deductible (limited to 30 visits)
Routine/Preventative Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Chiropractic	Covered 100% (limited to 24 visits)	Covered 90% after Deductible (limited to 12 visits)	Covered at 100% after \$20 copay (limited to 24 visits)	Covered 90% after Deductible (limited to 12 visits)
Drug Card	\$10/\$40	\$10/\$40/\$80	\$10/\$40	\$20/\$40/\$80 after Deductibles

How a High Deductible Health Plan (HDHP) Works

All covered medical and prescription services apply toward the deductible until it's met

- Exception: Preventive Care is covered at 100% with no deductible
- You can use the money in your HSA to pay for these services

Once the deductible is met you will have 100% coverage for most medical services

Prescriptions covered at \$10/\$40 after the deductible is met

How a Health Savings Account (HSA) Works

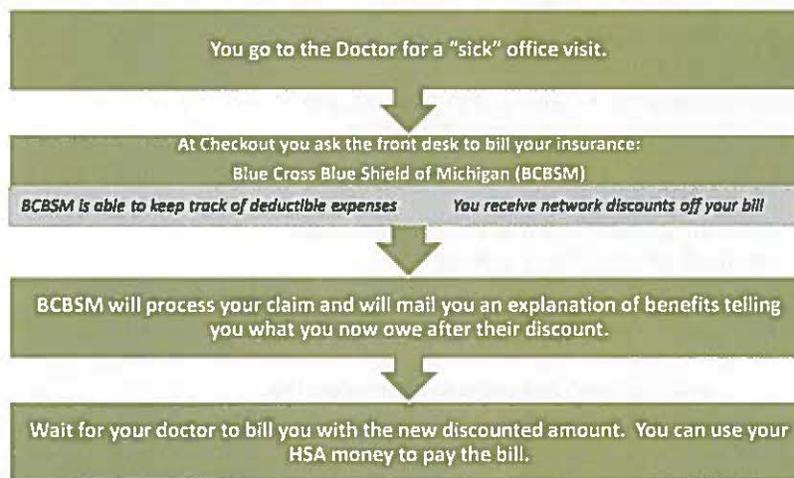
A Health Savings Account will be open with Health Equity in your name

Works just like a standard checking account – all funds are <u>owned and controlled</u> by you!	The account is yours so it stays with you when you retire or no longer work for Antrim County	The balance rolls over from year to year. The money is yours to use now or save for future medical costs	Tax Free Account – Pre-tax on the way in, grows tax free, no taxes paid when you use the money for medical expenses	At age 65 and over you can spend the HSA money on any expense (no penalty applies on non-medical expenses after 65)
---	---	--	---	---



How an HSA and HDHP Can Work Together

Claim Example



H.S.A IRS Annual Contribution Limits

The total annual 2016 HSA contribution allowed by the IRS is \$3350/single and \$6750/family

The total annual 2017 HSA contribution allowed by the IRS is \$3,400/single and \$6,750 family

If you are age 55 or older in 2017, you may contribute an additional \$1000

Who is NOT eligible for an HSA

Examples of "1st dollar" medical benefits that make someone ineligible for an H.S.A. per IRS guidelines:

- Medicare
- SSID (social security disability insurance)
- Tricare Coverage
- Full Medical Flexible Spending Arrangements (HRA)
- Adult Children – that do not qualify as a your tax dependent (IRS Publication 502)
- Covered by a spouses FSA or HRA plan (you cannot have an HSA if you are covered by your spouses plan that can pay for any of your medical expenses with an FSA or HRA before your HSA health plans deductible is met)

*If an eligible person isn't enrolled in Medicare, even though that individual has reached age 65, the person can contribute to an HSA until the month they enroll in Medicare. Also can contribute "catch up" contributions until enrolled in Medicare (you can continue to use your HSA care expenses, but you can no longer make contributions to your HSA savings account)

Virtual Physician Visits - Highlights

- BCBS Online Visits Available through Amwell
- Same cost as regular office visit copay
- Connect via Mobile Phone, Laptop or Tablet
- Save time and money
- Physicians able to write prescriptions
- Available when home or traveling

Services Amwell solution provides

Members can use online visits to address a range of issues, from acute needs to more general questions about their health.

Typical services that a member can use Amwell for include:

- Upper respiratory issues and infections such as the flu
- Complaints of abdominal pain, fever and diarrhea.
- Acute Bronchitis or Cough
- Acute Sinusitis or Pharyngitis
- Urinary Tract Infection or Painful Urination
- Acute Conjunctivitis (Pink Eye)
- Headache
- Strep Throat



Physicians also have the ability to e-prescribe medication when appropriate.

At this time, Amwell does not include coverage for online visits pertaining to Behavioral Health or Nutritional Services.

How an online visit works for a member



Step 1: Visit Website or mobile app

Member visits a website and login using their username and password.



Step 2: Find a Provider

The system helps the member search for a provider by criteria, or simply find the next available provider.



Step 3: See the Provider Online

Once an available provider is located, the system automatically connects the doctor to the patient.



Step 4: Resolve the Issue

The doctor recommends the right treatment for the member's medical issue. If a prescription is necessary, it is electronically sent to the member's pharmacy of choice.



Step 5: Continuity of Care

The doctor documents the results of the consultation. Information can be sent to the member's primary care physician for follow up upon the members request.



Step 6: Settle up

The member is charged at point of service for appropriate member liability amount. Claim(s) are submitted by Amwell to BCBSA/BCN, processed and Amwell is paid for consultations performed by the care group. Physicians are paid employees of Amwell.

Questions?

Thank you!

Medical Rate & Benefit Comparison- High Plan

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III	
	Priority Health		Priority Health		WMHIP		WMHIP		WMHIP	
CARRIER	Priority Health		Priority Health		WMHIP		WMHIP		WMHIP	
Effective Date	January 1-2016		January 1-2017		January 1-2017		January 1-2017		January 1-2017	
PLAN(S)	HMO		HMO		PPO		PPO		PPO Simply Blue	
NETWORK(S)	Priority Health		Priority Health		BCBS		BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$0	NA	\$0	NA	\$0	\$500	\$250	\$500	\$250	\$500
Family Deductible	\$0	NA	\$0	NA	\$250	\$1,000	\$500	\$1000	\$500	\$1000
Coinsurance Level	100%	NA	100%	NA	100%	80%	100%	80%	90%	70%
Coinsurance Max Ind	NA	NA	NA	NA	NA	\$2,000	NA	\$2,000	\$1,000	\$2,500
Coinsurance Max Fam	NA	NA	NA	NA	NA	\$4,000	NA	\$4,000	\$2,000	\$5,000
Other Plan Details										
Hospital Services	100% after Ded	NA	100% after Ded	NA	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded
Inpatient Care	100% after Ded	NA	100% after Ded	NA	100% after Ded	80% after Ded	100% after Ded	80% after Ded	90% after Ded	70% after Ded
Emergency Care (waived if admitted)		\$50		\$50		\$25		\$25		\$150
Office Visits	\$25	NA	\$25	NA	\$20	80% after Ded	\$20	70% after Ded	\$20	70% after Ded
Prescription Drugs										
Generic		\$10		\$10		\$10		\$10		\$10
Formulary Brand		\$40		\$40		\$40		\$40		\$40
Non-Formulary Brand		NA		NA		NA		NA		\$80
Mail Order Prescriptions (90 Days)		2x		2x		2x		2x		2x
Rates										
Single	\$675.13		\$772.83		\$694.48		\$675.27		\$577.67	
2 Person	\$1,518.30		\$1,738.71		\$1,562.53		\$1,519.30		\$1,299.72	
Family	\$1,823.38		\$2,086.41		\$1,944.50		\$1,890.70		\$1,617.45	
Monthly Employee Payment Under CAP										
<u>2015 PA 152 Caps</u>	<u>2016 PA 152 Caps</u>									
\$5,992.30	\$6,142.11 ^{511,84}	\$175.77	\$260.99	\$182.64	\$163.42	\$65.83				
\$12,531.75	\$12,845.04 ^{1070,42}	\$473.99	\$668.29	\$492.11	\$448.88	\$229.30				
\$16,342.66	\$16,751.23 ^{1395,94}	\$461.49	\$690.47	\$548.56	\$494.76	\$221.52				
Enrollment										
Single	10		10		10		10		10	
2 Person	8		8		8		8		8	
Family	10		10		10		10		10	
Summary										
Monthly Premium	\$37,131.50		\$42,502.08		\$38,889.98		\$37,814.03		\$32,349.05	
Annual Premium	\$445,578.00		\$510,024.96		\$466,679.78		\$453,768.41		\$388,188.63	
\$ Variance to Current	n/a		\$64,446.96		\$21,101.78		\$8,190.41		(\$57,389.37)	
% Variance to Current	n/a		14.46%		4.7%		1.8%		-12.9%	

Antrim County Medical Rate & Benefit Comparison- Low Plan

The information contained herein is subject to the disclosures and disclaimers on the final page of this illustration

PLAN STATUS	CURRENT		RENEWAL		OPTION I		OPTION II		OPTION III	
	CARRIER	Priority Health	Priority Health	Priority Health	WMHIP	WMHIP	WMHIP	WMHIP	WMHIP	WMHIP
Effective Date	January 1-2016		January 1-2017		January 1-2017		January 1-2017		January 1-2017	
PLAN(S)	HMO		HMO		PPO		H.S.A. Simply Blue		PPO Simply Blue	
NETWORK(S)	Priority Health		Priority Health		BCBS		BCBS		BCBS	
Plan Basics	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Individual Deductible	\$750	NA	\$750	NA	\$1,000	\$2,000	\$1,300	\$2,600	\$1,000	\$2,000
Family Deductible	\$1,500	NA	\$1,500	NA	\$2,000	\$4,000	\$2,600	\$5,200	\$2,000	\$4,000
Coinsurance Level	80%	NA	80%	NA	80%	60%	80%	60%	80%	60%
Coinsurance Max Ind	\$1,500	NA	\$1,500	NA	\$1,000	\$2,000	\$1,300	\$5,200	\$2,500	\$4,500
Coinsurance Max Fam	\$3,000	NA	\$3,000	NA	\$2,000	\$4,000	\$2,000	\$10,400	\$5,000	\$9,000
Other Plan Details										
Hospital Services	80% after Ded	NA	80% after Ded	NA	80% after Ded	60% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded
Inpatient Care	80% after Ded	NA	80% after Ded	NA	80% after Ded	60% after Ded	80% after Ded	60% after Ded	80% after Ded	60% after Ded
Emergency Care (waived if admitted)	\$150		\$150		\$50		80% after Ded		\$150	
Office Visits	\$30	NA	\$30	NA	\$20	60% after Ded	80% after Ded	60% after Ded	\$30	60% after Ded
Prescription Drugs										
Generic	\$10		\$10		\$10		\$20 after Ded		\$10	
Formulary Brand	\$50		\$50		\$40		\$40 after Ded		\$40	
Non-Formulary Brand	NA		NA		NA		\$80 after Ded		\$80	
Mail Order Prescriptions (90 Days)	2x		2x		2x		2x		2x	
Rates										
Single	\$518.24		\$599.43		\$553.62		\$535.87		\$525.94	
2 Person	\$1,165.33		\$1,348.60		\$1,245.60		\$1,205.66		\$1,183.32	
Family	\$1,427.01		\$1,647.06		\$1,550.09		\$1,500.40		\$1,472.59	
Monthly Employee Payment Under CAP										
2015 PA 152 Caps	2016 PA 152 Caps									
\$5,992.30	\$6,142.11		\$18.88		\$87.59		\$41.78		\$24.03	
\$12,531.75	\$12,845.04		\$121.02		\$278.18		\$175.18		\$135.24	
\$16,342.66	\$16,751.23		\$65.12		\$251.12		\$154.16		\$104.46	
\$76.65										
Enrollment										
Single	16		16		16		16		16	
2 Person	19		19		19		19		19	
Family	44		44		44		44		44	
Monthly Premium	\$93,221.55		\$107,684.92		\$100,728.32		\$97,499.00		\$95,691.91	
Annual Premium	\$1,118,658.60		\$1,292,219.04		\$1,208,739.87		\$1,169,988.05		\$1,148,302.87	
\$ Variance to Current	n/a		\$173,560.44		\$90,081.27		\$51,329.45		\$29,644.27	
% Variance to Current	n/a		15.52%		8.1%		4.6%		2.6%	