

NOTICE OF MEETING
HUMAN RESOURCES COMMITTEE

October 20, 2015 - 5:15 PM

Administration Building
508 New York Avenue
Sheboygan, WI 53081
Conference Room 302

Agenda

Call to Order

Certification of Compliance with Open Meeting Law

Correspondence and Other Issues

Consideration of 2015 Annual Report on Health Insurance

Approval of Attendance at Other Meetings or Functions

Adjourn

Prepared by:

Penny Elsner, Ext. 6481

Recording Secretary

Fran Damp

Committee Chairperson

NOTE: The Committee welcomes all visitors to listen and observe, but only Committee members and those invited to speak will be permitted to speak.

A majority of the members of the County Board of Supervisors or of any of its committees may be present at this meeting to listen, observe and participate. If a majority of any such body is present, their presence constitutes a "meeting" under the Open Meeting Law as interpreted in *State ex rel. Badke v. Greendale Village Board*, 173 Wis. 2d 553 (1993), even though the visiting body will take no action at this meeting.

Wis. Stat. § 19.84 requires that each meeting of a governmental body be preceded by a public notice setting forth the time, date, place, and subject matter of the meeting. This Notice and Agenda is made in fulfillment of this obligation. Electronic versions of this Notice and Agenda may hyperlink to documents being circulated to members in anticipation of the meeting and are accessible to the public for viewing. Additions, subtractions, or modifications of the hyperlinked materials do not constitute an amendment to the meeting agenda unless expressly set forth in an Amended Notice and Agenda. Members of the public are encouraged to check from time to time before the meeting to see whether the hyperlinked content has been changed from what was originally posted.

Persons with disabilities needing assistance to attend or participate are asked to notify Penny Elsner , 920-459-6481 prior to the meeting so that accommodations may be arranged.

ANNUAL REPORT ON HEALTH INSURANCE

Pursuant to the provisions of Section 2.12(g) of the Sheboygan County Code of Ordinances, the Human Resources Committee hereby submits this annual report of the actual cost of health insurance for claims paid during the period September 1, 2014 through August 31, 2015 and recommended premium rates for health insurance for calendar year 2016.

The recommended monthly premium rates for health and dental coverage are attached as Addendum A to this report. Addendum B states the actual claims incurred and paid during the period September 1, 2014 through August 31, 2015 for various category groups.

Respectfully submitted this 20th day of October, 2015.

SHEBOYGAN COUNTY HUMAN RESOURCES COMMITTEE

Fran Damp, Chairperson

Keith Abler, Vice-Chairperson

Ed Procek, Secretary

Brian Hilbelink, Member

Greg Weggeman, Member

ADDENDUM A

Recommended monthly premium rates for calendar year 2016 are as follows:

Medical and Dental Monthly Premium Rates

		<u>2015</u>	<u>2016</u>	<u>Dollar</u> <u>Increase/Month</u>	<u>%</u> <u>Increase</u>
Employee Health	Family	\$1,546.57	\$1,612.30	\$65.73	4.25%
	Single	\$623.19	\$649.68	\$26.49	4.25%
Employee Dental	Family	\$111.02	\$111.02	\$0.00	0.00%
	Single	\$44.33	\$44.33	\$0.00	0.00%
COBRA Health	Family	\$1,577.50	\$1,644.55	\$67.05	4.25%
	Single	\$635.65	\$662.67	\$27.02	4.25%
COBRA/Retiree Dental	Family	\$113.24	\$113.24	\$0.00	0.00%
	Single	\$45.22	\$45.22	\$0.00	0.00%

ADDENDUM B

Actual cost of health insurance by selected categories and age group for the period September 1, 2014 thru August 31, 2015 were as follows:

YEAR 2015									
ACTUAL COST OF HEALTH INSURANCE BY SELECTED CATEGORIES AND AGE GROUP FOR PERIOD SEP. 1, 2014 THRU AUG. 31, 2015									
COBRA	PAID		AVG MONTHLY		Total Est.			MONTHLY	
	INCURRED	% PD OF	CONTRACT COUNT		INCURRED	ADMIN/Clinic/	CLAIMS +	CONTRACT COST	
	09/01-08/31	TOTAL	FMLY	SNGL	Med CLAIMS	RX CLAIMS	Admin & Clinic	FAMILY	SINGLE
COBRA TOTAL	317,389	100%	4.3	15.7	379,553	106,507	486,060	3,828.45	1,531.38
RETIREES	PAID		AVG MONTHLY		Total Est.			MONTHLY	
	INCURRED	% PD OF	CONTRACT COUNT		INCURRED	ADMIN/Clinic/	CLAIMS +	CONTRACT COST	
	09/01-08/31	TOTAL	FMLY	SNGL	Med CLAIMS	RX CLAIMS	Admin & Clinic	FAMILY	SINGLE
RETIRED TOTA	12,768	100.00%	0.2	0.3	15,269	2,663	17,931	4,669.58	1,867.83
ACTIVE EMPLOYEES	PAID		AVG MONTHLY		Total Est.			MONTHLY	
	INCURRED	% PD OF	CONTRACT COUNT		INCURRED	ADMIN/Clinic/	CLAIMS +	CONTRACT COST	
	09/01-08/31	TOTAL	FMLY	SNGL	Med CLAIMS	RX CLAIMS	Admin & Clinic	FAMILY	SINGLE
PART TIME	679,722	9.28%	29.1	23.0	812,854	277,450	1,090,304	2,372.29	948.92
FULL TIME	6,646,602	90.72%	448.7	170.2	7,948,418	3,295,855	11,244,274	1,813.19	725.28
TOTAL	7,326,323	100.00%	477.8	193.2	8,761,272	3,573,306	12,334,578	1,851.77	740.71
TOTAL INCURR	7,656,480		482.3	209.2	9,156,093.6	3,682,475.4	12,838,569.0	1,890.32	756.13

Attachment: 2015 Annual Report on Health Insurance (3200 : 2015 Annual Report on Health Insurance)