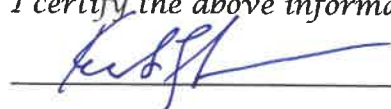


Agenda Summary Report (ASR)

Franklin County Board of Commissioners

DATE SUBMITTED: 9/21/2022	PREPARED BY: Shirley Jones
Meeting Date Requested: 10/04/2022	PRESENTED BY: Keith Johnson
ITEM: (Select One) <input type="checkbox"/> Consent Agenda <input checked="" type="checkbox"/> Brought Before the Board Time needed: 10 minutes	
SUBJECT: Benefits Contribution for Non-Bargaining Employees and Elected Officials	
FISCAL IMPACT: \$310.50/month per employee beginning for January 2023 benefits premiums. Approximately \$358,000 total impact for 2023 for 85 non-bargaining employees and 11 elected officials.	
BACKGROUND: As insurance costs continue to rise, we are proposing that the County increase its contribution to employee benefits by approximately \$311/month in order to assist with the increase in the employee out of pocket insurance costs.	
RECOMMENDATION: County administration and HR recommend approval of the resolution as presented.	
COORDINATION: Margot Wilder and Shirley Jones, Co-Chairs for the Benefits Committee Keith Johnson, County Administrator	
ATTACHMENTS: (Documents you are submitting to the Board) Resolution	
HANDLING / ROUTING: (Once document is fully executed it will be imported into Document Manager. Please list <u>name(s)</u> of parties that will need a pdf) Human Resources Administration Auditing	

I certify the above information is accurate and complete.



Keith Johnson, County Administrator

FRANKLIN COUNTY RESOLUTION _____

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON**

***APPROVAL OF COUNTY BENEFITS CONTRIBUTION RATES FOR NON-BARGAINING EMPLOYEES
and ELECTED OFFICIALS***

WHEREAS, the Board of Franklin County Commissioners acknowledges the importance of County employees in delivering services to the Citizens of Franklin County; and

WHEREAS, the Board of Franklin County Commissioners endeavors to balance meeting the County's financial obligations and the desire to provide adequate total compensation to our valued employees; and

WHEREAS, the Board of Franklin County Commissioners desires to implement an increase in the County contribution to benefits for non-bargaining employees and elected officials; and

WHEREAS, the Board of Franklin County Commissioners constitutes the legislative authority of Franklin County and deems this to be in the best interest of Franklin County.

NOW, THEREFORE IT IS HEREBY RESOLVED the Franklin County Board of Commissioners hereby approves the following contributions toward benefits premiums for benefits-eligible non-bargaining employees and elected officials, effective January 1, 2023:

Medical Insurance.....	\$ 1,568.25 monthly
Dental Insurance.....	\$ 92.25 monthly
Vision Insurance.....	\$ 20.00 monthly
Life Insurance.....	\$ 4.56 monthly
Long Term Disability/EAP.....	\$ <u>5.00 monthly</u>
TOTAL.....	\$1,690.06 monthly

DATED this _____ day of _____, 2022.

**BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON**

Chair

Chair Pro Tem

ATTEST:

Member

Clerk of the Board

	2022	25%	24%	23%	22%	21%	20%	19%	18%	17%	16%	15%
Medical Insurance	\$ 1,275.00	\$ 1,593.75	\$ 1,581.00	\$ 1,568.25	\$ 1,555.50	\$ 1,542.75	\$ 1,530.00	\$ 1,517.25	\$ 1,504.50	\$ 1,491.75	\$ 1,479.00	\$ 1,466.25
Dental Insurance	\$ 75.00	\$ 93.75	\$ 93.00	\$ 92.25	\$ 91.50	\$ 90.75	\$ 90.00	\$ 89.25	\$ 88.50	\$ 87.75	\$ 87.00	\$ 86.25
Vision Insurance	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
Life Insurance	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56	\$ 4.56
Long Term Disability/EAP	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.00
Monthly Totals	\$ 1,379.56	\$ 1,717.06	\$ 1,703.56	\$ 1,690.06	\$ 1,676.56	\$ 1,663.06	\$ 1,649.56	\$ 1,636.06	\$ 1,622.56	\$ 1,609.06	\$ 1,595.56	\$ 1,582.06
Cost Increase per percent		\$ 337.50	\$ 324.00	\$ 310.50	\$ 297.00	\$ 283.50	\$ 270.00	\$ 256.50	\$ 243.00	\$ 229.50	\$ 216.00	\$ 202.50

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Medical Renewal & Options- \$1000 Deductible Plan

Benefit Description	UHC Current	UHC Renewal	UHC Option A
Plan Name / Network	CL-8Y Choice Plus Traditional	CL-8Y Choice Plus Traditional	CO-5S Choice Plus Direct
Medical Deductible (Individual / Family)	*\$1,000 / \$3,000	*\$1,000 / \$3,000	*\$1,000 / \$3,000
Co-Insurance	20%*	20%*	20%*
Office Copay Primary / Specialist	\$35 / \$55	\$35 / \$55	\$35 / \$55
Minor Lab	\$25 Copay	\$25 Copay	\$25 Copay Freestanding Centers / \$50 Copay Hospital Facility
X-Ray / Diagnostic Testing	\$75 Copay	\$75 Copay	\$75 Copay Freestanding Centers / \$150 Copay Hospital Facility
Major Diagnostic & Imaging	20%*	20%*	20%* Freestanding Centers / 40%* Hospital Facility
Emergency Room	\$150 Copay	\$150 Copay	20%*
Hospital Inpatient Stays	20%*	20%*	20%*
Surgery & Scope Procedures (Outpatient Hospital)	20%*	20%*	\$350 Copay + 20%*
Surgery & Scope Procedures (Ambulatory/Physician Office)	20%*	20%*	20%*
Prescription Deductible	\$500, Waived Tier 1	\$500, Waived Tier 1	\$500, Waived Tier 1
Formulary	Access PDL	Access PDL	Access PDL
RX Copays			
Generic Retail (Mail Order)	\$25 (\$62.50)	\$25 (\$62.50)	\$25 (\$62.50)
Preferred Brand Retail (Mail Order)	\$80 (\$200)	\$80 (\$200)	\$80 (\$200)
Non-Preferred Brand Retail (Mail Order)	\$175 (\$437.50)	\$175 (\$437.50)	\$175 (\$437.50)
Specialty - Monthly via Mail Order	\$350 (\$875)	\$350 (\$875)	\$350 (\$875)
Out of Pocket Maximums (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Monthly Rates			
Employee Only - 65	\$591.44	\$764.68	\$722.16
Employee & Spouse - 14	\$1,242.02	\$1,605.82	\$1,516.53
Employee & Child(ren) - 11	\$1,064.58	\$1,376.41	\$1,299.87
Employee, Spouse, & Children - 9	\$1,774.30	\$2,294.01	\$2,166.46
% Change from Current	N/A	29.29%	22.10%

Medical Renewal & Options- \$2000 Deductible Plan

Benefit Description	UHC Current	UHC Renewal	UHC Option A
Plan Name / Network	CL-6Q Choice Plus Traditional	CL-6Q Choice Plus Traditional	CO-5U Choice Plus Direct
Medical Deductible (Individual / Family)	*\$2,000 / \$6,000	*\$2,000 / \$6,000	*\$2,000 / \$6,000
Co-Insurance	20%	20%	20%
Office Copay Primary / Specialist	\$40 / \$60	\$40 / \$60	\$40 / \$60
Minor Lab	\$25 Copay	\$25 Copay	\$25 Copay Freestanding Centers / \$50 Copay Hospital Facility
X-Ray / Diagnostic Testing	\$75 Copay	\$75 Copay	\$75 Copay Freestanding Centers / \$150 Copay Hospital Facility
Major Diagnostic & Imaging	20%*	20%*	20%* Freestanding Centers / 40%* Hospital Facility
Emergency Room	\$150 Copay	\$150 Copay	20%*
Hospital Inpatient Stays	20%*	20%*	20%*
Surgery & Scopic Procedures (Outpatient Hospital)	20%*	20%*	\$350 Copay + 20%*
Surgery & Scopic Procedures (Ambulatory/Physician Office)	20%*	20%*	20%*
Prescription Deductible	\$500, Waived Tier 1	\$500, Waived Tier 1	\$500, Waived Tier 1
Formulary	Access PDL	Access PDL	Access PDL
RX Copays			
Generic Retail (Mail Order)	\$25 (\$62.50)	\$25 (\$62.50)	\$25 (\$62.50)
Preferred Brand Retail (Mail Order)	\$80 (\$200)	\$80 (\$200)	\$80 (\$200)
Non-Preferred Brand Retail (Mail Order)	\$175 (\$437.50)	\$175 (\$437.50)	\$175 (\$437.50)
Specialty - Monthly via Mail Order	\$350 (\$875)	\$350 (\$875)	\$350 (\$875)
Out of Pocket Maximums (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Monthly Rates			
Employee Only - 19	\$543.14	\$702.23	\$645.41
Employee & Spouse - 7	\$1,140.58	\$1,474.66	\$1,355.34
Employee & Child(ren) - 8	\$977.66	\$1,264.02	\$1,161.75
Employee, Spouse, & Children - 7	\$1,629.42	\$2,106.69	\$1,936.23
% Change from Current	N/A	29.29%	18.83%

Medical Renewal & Options- \$3500 Deductible Plan



Benefit Description	UHC Current	UHC Renewal	UHC Option A	UHC Option B
Plan Name / Network	CL-74 Choice Plus Traditional	CL-74 Choice Plus Traditional	CO-5W Choice Plus Direct	CO-5W Choice Plus Direct
Medical Deductible (Individual / Family)	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Co-Insurance	20%	20%	20%	20%
Office Copay Primary / Specialist	\$45 / \$65	\$45 / \$65	\$45 / \$65	\$45 / \$65
Minor Lab	\$25 Copay	\$25 Copay	\$25 Copay Freestanding Centers / \$50 Copay Hospital Facility	\$25 Copay Freestanding Centers / \$50 Copay Hospital Facility
X-Ray / Diagnostic Testing	\$75 Copay	\$75 Copay	\$75 Copay Freestanding Centers / \$150 Copay Hospital Facility	\$75 Copay Freestanding Centers / \$150 Copay Hospital Facility
Major Diagnostic & Imaging	20%*	20%*	20%* Freestanding Centers / 40%* Hospital Facility	20%* Freestanding Centers / 40%* Hospital Facility
Emergency Room	\$150 Copay	\$150 Copay	20%*	20%*
Hospital Inpatient Stays	20%*	20%*	20%*	20%*
Surgery & Scopic Procedures (Outpatient Hospital)	20%*	20%*	\$350 Copay + 20%*	\$350 Copay + 20%*
Surgery & Scopic Procedures (Ambulatory/Physician Office)	20%*	20%*	20%*	20%*
Prescription Deductible	\$500, Waived Tier 1	\$500, Waived Tier 1	\$500, Waived Tier 1	\$500, Waived Tier 1
Formulary	Access PDL	Access PDL	Advantage PDL	Access PDL
RX Copays				
Generic Retail (Mail Order)	\$25 (\$62.50)	\$25 (\$62.50)	\$25 (\$62.50)	\$25 (\$62.50)
Preferred Brand Retail (Mail Order)	\$80 (\$200)	\$80 (\$200)	\$80 (\$200)	\$80 (\$200)
Non-Preferred Brand Retail (Mail Order)	\$175 (\$437.50)	\$175 (\$437.50)	\$175 (\$437.50)	\$175 (\$437.50)
Specialty - Monthly via Mail Order	\$350 (\$875)	\$350 (\$875)	\$350 (\$875)	\$350 (\$875)
Out of Pocket Maximums (Individual / Family)	\$7,000/14,000	\$7,000/14,000	\$7,000/14,000	\$7,000/14,000
Monthly Rates				
Employee Only - 33	\$485.08	\$627.17	\$537.53	\$547.32
Employee & Spouse - 3	\$1,018.68	\$1,317.07	\$1,128.83	\$1,149.39
Employee & Child(ren) - 5	\$873.14	\$1,128.90	\$967.55	\$985.17
Employee, Spouse, & Children - 18	\$1,455.24	\$1,881.51	\$1,612.59	\$1,641.96
% Change from Current	N/A	29.29%	11.30%	12.83%

Medical Renewal & Options- \$3500 H.S.A. Plan



Benefit Description	UHC Current	UHC Renewal	UHC Option A
Plan Name / Network	CL-9G Choice Plus Traditional	CL-9G Choice Plus Traditional	CM-B6 Choice Plus Direct
Medical Deductible (Individual / Family)	\$3,500 / \$7,000 Agg	\$3,500 / \$7,000 Agg	\$5,000 / \$10,000 Emb
Co-Insurance	20%*	20%*	20%*
Office Copay Primary / Specialist	20%*	20%*	20%*
Minor Lab	20%*	20%*	20%* / (50%*)
X-Ray / Diagnostic Testing	20%*	20%*	20%* / (50%*)
Major Diagnostic & Imaging	20%*	20%*	20%* / (50%*)
Emergency Room	20%*	20%*	20%*
Hospital Inpatient	20%*	20%*	20%*
Surgery & Scopic Procedures Outpatient Hospital	20%*	20%*	20%* (50%*)
Surgery & Scopic Procedures (Ambulatory/Physician Office)	20%*	20%*	20%*
Prescription Deductible	Shared w/ Med Access PDL	Shared w/ Med Access PDL	Shared w/ Med Advantage PDL
Formulary			
RX Copays			
Generic Retail (Mail Order)	20%*	20%*	20%*
Preferred Brand Retail (Mail Order)	20%*	20%*	20%*
Non-Preferred Brand Retail (Mail Order)	20%*	20%*	20%*
Specialty - Monthly via Mail Order*	20%*	20%*	20%*
Out of Pocket Maximums (Individual / Family)	\$5,500 / \$8,700	\$5,500 / \$8,700	\$6,000 / \$12,000
Monthly Rates			
Employee Only - 2	\$530.58	\$685.99	\$652.81
Employee & Spouse - 1	\$1,114.20	\$1,440.56	\$1,370.88
Employee & Child(ren) - 1	\$955.04	\$1,234.78	\$1,175.05
Employee, Spouse, & Children - 1	\$1,591.72	\$2,057.94	\$1,958.41
% Change from Current	N/A	29.29%	23.04%