

HUMAN RESOURCES DEPARTMENT
600 W. 4TH Street
Davenport, IA 52801

Office: (563) 326-8767
Fax: (563) 328-3285
www.scottcountyiowa.com



Date: October 22, 2019

To: Mahesh Sharma, County Administrator

From: Mary J. Thee, Human Resources Director/Asst. County Administrator

Subject: Insurance Recommendations

Health/Pharmaceutical

We received a one year agreement for our third party administrative services with United Health Care. Due to the legislative volatility, UHC has only presented a one year agreement. After discussions with our broker, Holmes Murphy we concur with accepting the agreement, as it has a slight decrease in costs due to the pharmaceutical rebate credits. There have been staffing changes at UHC and this will allow us to determine if the customer service meets our needs and consider testing the market in the future. The anticipated savings is \$18,000.

Stop Loss Coverage

Once again Holmes Murphy has engaged their strategic partner, Stealth, to procure proposals for stop loss coverage. Our claims in CY19 have seen an improvement over the past 3 years. Holmes Murphy staff are recommending we not renew with HIIG due to their experience with other clients on large claims. They are recommending we go with Highmark Insurance Group's (HM's) proposal (Option 2). This results in an 11.69% increase, but trend is currently at 15%. We are recommending we maintain our specific stop loss coverage to \$175,000.

Dental

We are in year 3 of a three year agreement for our third party administrative services with Delta Dental of Iowa.

Vision

We are in year 2 of a four year agreement with Avesis, who has been our provider since 2010.

Health Care Rates

The County has reviewed our health care rates with our actuarial, Silverstone Group. Our claims have improved somewhat this year, however there has been a steady increase over the last 6 months. Their recommendation is for a 4.89% increase for health. They do not recommend an increase for dental for the base plan or supplemental plan. As the vision plan is fully funded there is no increase needed this year. These changes result in an employee single increase of \$1.57 a month and a family premium increase of \$10.88 a month. This is our lowest rate increase since CY15, with an overall increase of 4.6%.

Wellness Program

We will eliminate most aspects of the Healthy Lifestyles program effective January 1. In CY20 we will not collect surcharges for those not participating or provide discounts for spousal participation. We will delay the 2019 biometric screenings until the new program is finalized. When the program first began we did not have single premiums so we were unable to create an employee incentive for participation. The intent is to flip the program in the coming months, thereby providing discounts instead of surcharges for participation. We believe this presents a fresh and more positive view of our continued wellness efforts. During the transition, we will continue to provide employee incentives for utilizing the Y@work program.

Flex Savings Plan

We recommend the automatic renewal of our flex savings plan with Wage Works. The flex savings plan allows employees to pay pre-tax dollars for medical and dependent care expenses. The County pays \$5.25 PPPM (per participant per month). The cost averages around \$1,450 monthly or \$17,400 annually and is based on participation of employees.

The supporting documentation is attached.

Cc: David Farmer, Director of Budget and Administrative Services
Anna Evans, Holmes Murphy
Andrea Ahmann, Benefits Specialist

UnitedHealthcare

Medical Plan Design and Fee Detail

Customer Name: Scott County Iowa
Effective Date: 1/1/2020

Ch+ Current Plan	Ch+ Current Plan
Dual Option	Dual Option
1,2	1,2
Ch+	Ch+
Choice +	Choice +
No	No
Network	Network
PCP \$20, SPC \$20	PCP \$25, SPC \$25
IP 100, UC \$20, ER \$75	IP 115, UC \$25, ER \$90
\$0/\$0	\$0/\$0
100%	100%
\$1,000/\$2,500	\$1,000/\$2,500
\$5/15/30; 2.5x M.O.; Sep OOP \$5600/10700 3X MO	\$5/15/30; 2.5x M.O.; Sep OOP \$5600/10700 3X MO
Out of Network	Out of Network
\$200/\$400	\$200/\$400
80%	80%
\$1,500/\$3,000	\$1,500/\$3,000
Other	Other
Unlimited Behavioral Health Solutions	Unlimited Behavioral Health Solutions

Plan Offering
Multiple Option with:
Plan Name
Product
HRA or HSA
Benefits*
Office Copay (PCP/SPC)
Other Copays (IP/UC/ER)
Deductible
Coinsurance
Out-of-Pocket
Pharmacy Plan (Deductible, Copays, Mail Order)

Deductible
Coinsurance
Out of Pocket
Lifetime Maximum
UBH Option

ADMINISTRATION FEE DETAIL

Fee Prior to Rebates
Rx Rebate Credit
Total Net Quoted Fee

\$54.20	\$54.20
-\$38.08	-\$38.08
\$16.12	\$16.12

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

October 31, 2019

APPROVAL OF ONE YEAR AGREEMENT FOR ADMINISTRATIVE SERVICES WITH UNITED HEALTH CARE

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That the proposal from United Health Care for one year for CY20 for third party administration services.

Section 2. That the Human Resources Director hereby authorized to sign the health insurance contracts for services on behalf of the Board.

Section 3. This resolution shall take effect immediately.

Michael Monnich
 Stealth Partner Group
 18940 N Fina Road, Suite 210
 Scottsdale, AZ 85260
 (480) 239-4580
 mmonnich@stealthpartnergroup.com



GROUP: Scott County
 EFFECTIVE DATE: January 1, 2020

SPECIAL STOP LOSS CHARACTER:	Current	Renewal	Option							
			Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	
Carrier Rating:	HIG	HIG	A+	A	HM	HM	A+	A++	A	A
Plan:	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus
UPL/Underwrite:	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC
PRM:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Specific Benefits Included:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Plan Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000	175,000
Aggregate Contract:	2412	2412	2412	2412	2412	2412	2412	2412	2412	2412
Specific Contract:	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00
Aggregating Specifics:	EE Only \$ 2,324	EE Only \$ 2,324	EE Only \$ 2,324	EE Only \$ 2,324	EE Only \$ 2,324	EE Only \$ 2,324	EE Only \$ 2,324	EE Only \$ 2,324	EE Only \$ 2,324	EE Only \$ 2,324
Family \$ 2,324	Family \$ 2,324	Family \$ 2,324	Family \$ 2,324	Family \$ 2,324	Family \$ 2,324	Family \$ 2,324	Family \$ 2,324	Family \$ 2,324	Family \$ 2,324	Family \$ 2,324
Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006	Composite \$ 6,006
Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41	Monthly Specific Premium \$ 28,609.41
Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92	Annual Specific Premium \$ 355,312.92
% Difference	-100.00%	-100.00%	-12.55%	11.69%	18.95%	13.65%	25.45%	30.87%	45.65%	45.65%
Disclosure Status			Will Not Be Offering A Renewal							
Lasers			No Lasers	No Lasers	No Lasers	No Lasers	No Lasers	No Lasers	No Lasers	No Lasers
No New Lasers at Renewal										
AGGREGATE STOP LOSS										
Aggregate Contract:	2412	2412	2412	2412	2412	2412	2412	2412	2412	2412
Aggregate Benefit Included:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Aggregate Contract:	125%	125%	125%	125%	125%	125%	125%	125%	125%	125%
Annual Max Reimbursement:	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80	Monthly Aggregate Premium \$ 2,116.80
Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80	Annual Aggregate Premium \$ 25,403.80
Aggregate Attachment										
1) \$ 737.61	1) \$ 737.61	1) \$ 737.61	1) \$ 737.61	1) \$ 737.61	1) \$ 737.61	1) \$ 737.61	1) \$ 737.61	1) \$ 737.61	1) \$ 737.61	1) \$ 737.61
2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21	2) \$ 2,068.21
3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28	3) \$ 1,586.28
Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53	Monthly Claims Liability \$ 786,965.53
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Aggregate Runch Limit										
TOTAL REINSURANCE EXPENSE	\$ 380,741.72	\$ -100.00%	\$ 425,342.04	\$ 424,526.04	\$ 450,319.80	\$ 442,094.52	\$ 481,986.72	\$ 514,814.40	\$ 557,550.26	\$ 557,550.26
Annual Fixed Premium	\$ 380,741.72	\$ -100.00%	\$ 425,342.04	\$ 424,526.04	\$ 450,319.80	\$ 442,094.52	\$ 481,986.72	\$ 514,814.40	\$ 557,550.26	\$ 557,550.26
% Difference	9.824,318.08	\$ -100.00%	11.66%	11.50%	18.27%	16.11%	26.59%	35.21%	46.43%	46.43%
Maximum Cost Liability	\$ -	\$ -	\$ 10,970,100.00	\$ 10,113,302.04	\$ 10,130,095.80	\$ 9,342,439.08	\$ 9,935,212.08	\$ 10,926,240.00	\$ 11,222,000.00	\$ 9,980,532.88
% Difference			11.66%	2.94%	3.20%	-4.91%	1.13%	11.22%	1.59%	1.59%
Commissions:	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

October 31, 2019

APPROVAL OF ONE YEAR AGREEMENT FOR STOP LOSS COVERAGE

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That the proposal from Highmark Insurance Group (HM) for one year agreement for specific and aggregate stop loss coverage is hereby accepted and approved.

Section 2. That the Human Resources Director hereby authorized to sign the health insurance contracts for services on behalf of the Board.

Section 3. This resolution shall take effect immediately.

HUMAN RESOURCES DEPARTMENT
 600 West Fourth Street
 Davenport, Iowa 52801-1030

Ph: (563) 326-8767 Fax: (563) 328-3285
 www.scottcountyiowa.com



Date: October 22, 2019
 To: Mahesh Sharma, County Administrator
 From: Mary J. Thee, Human Resources Director/Asst. County Administrator
 Subject: Approval of Health Insurance Premium Rates for CY20

The final rates for the Medical, Dental and Vision benefits are as follows:

United Healthcare Plan (TPA) (Self Funded as of 1-1-10)	CY19 Rates	CY20 Rates	Employee Rate
	\$ 644.73 Single \$1,756.69 Family	\$ 676.26 Single \$1,842.58 Family	\$ 33.80 Single \$ 233.26 Family

Delta Dental (TPA) (Self funded as of 7-1-10)	CY19 Rates	CY20 Rates	Employee Rate
	\$30.36 Single \$90.96 Family	\$ 30.36 Single \$ 90.96 Family	\$ 1.52 Single ¹ \$ 12.12 Family ¹

¹ Employee's opting to take the Dental supplemental plan shall pay an additional \$8.00/month for single or \$16/month for family coverage.

Avesis Vision (Contracted since 7-1-10)	CY19 Rates	CY20 Rates	Employee Rate
	\$7.35 Single \$16.92 Family	\$7.57 Single \$17.43 Family	\$0.38 Single \$1.96 Family

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
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____ DATE ____

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

October 31, 2019

APPROVAL OF HEALTH CARE PREMIUM RATES FOR SCOTT COUNTY EMPLOYEES
IN CALENDAR YEAR 2020

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. The following schedule of single health care premium rates for Scott County employees in calendar year 2020 is hereby approved:

Health/Pharmaceutical	\$ 33.80 / mo
Dental	\$ 1.52 / mo
Avesis Vision	\$ 0.38 / mo

Section 2. The following schedule of family health care premium rates for Scott County employees in calendar year 2020 is hereby approved:

Health/Pharmaceutical	\$ 233.26 / mo
Dental	\$ 12.12 / mo
Avesis Vision	\$ 1.96 / mo

Section 3. Employee's opting to take the Dental supplemental plan shall pay an additional \$8.00/month for single or \$16/month for family coverage.

Section 4. This resolution shall take effect on January 1, 2020.

P. INSURANCE AND DEFERRED COMPENSATION

GENERAL POLICY

It is the policy of Scott County to offer medical, prescription drug, dental, vision, life insurance coverage and deferred compensation options to its benefit-eligible employees.

SCOPE

This policy is applicable to the following:

All employees responsible to the Scott County Board of Supervisors;

All employees responsible to a County elected office holder with the exception of the elected office holder themselves and Deputies;

All elected office holders and/or Deputies provided the appropriate elected office holder and the Board of Supervisors have certified its applicability;

All employees not directly responsible to either the Board of Supervisors or an elected office holder and whose governing body and the Board of Supervisors have certified its applicability.

Whenever the provisions of this policy are in conflict with the Code of Iowa, or with a collectively-bargained agreement between the County and a certified bargaining unit, the provisions of the collectively-bargained agreement and/or the Code of Iowa will prevail.

HEALTH BENEFIT ELIGIBILITY

To be eligible for group health and/or life insurance benefits, an employee must occupy a regular full-time position or a regular part-time position scheduled to work at least one thousand, five hundred and sixty (1,560) hours per year. Coverage for employees expected to work full-time is normally effective the first day of the month following appointment to a benefit-eligible position.

The County will use the safe harbor measurements permitted under the Affordable Care Act for variable hour part-time (not anticipated to work thirty (30) or more hours a week) and seasonal employees to determine employee eligibility for group health coverage. The standard measuring period and stability periods are established at twelve (12) months. The County will review at the conclusion of the initial measuring period if the employee worked one thousand, five hundred and sixty (1,560) hour or more to determine eligibility, and if so consider the employee full-time and eligible for group health coverage through the stability period (regardless of hours worked). The administrative period for enrollment following the initial measuring period is thirty (30) days. If the employee worked less than one thousand, five hundred and sixty (1,560) hours during the initial measuring period

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then the employee will not be treated as eligible for group health benefits during the stability period. When calculating hours for non-exempt employees under FLSA, the County will include hours worked plus hours where payment was made for vacation/PTO, holiday, sick/medical leave, jury duty, military leave or other paid leave of absence.

GROUP HEALTH BENEFITS

Coverage available under the County's group health plan include: hospital and medical benefits; prescription drug benefits. Additionally the County provides group coverage for dental benefits and vision benefits. A detailed description of benefits, including deductible, premiums and coinsurance requirements, is available through the Human Resources Department.

The specific amount to be contributed by the County for single and family coverage will be established each year by the Board of Supervisors and become effective January 1st. Where there are two married employees covered by the County's plan, they may take either one family plan or two single plans and pay premiums accordingly.

Any errors made relative to insurance premiums or flexible spending account deductions will be adjusted accordingly either in the employee's favor (refunding premiums) or in the County's favor (deducting missed premiums). Repayment arrangements will be made between the affected employee and the Auditor's Office Payroll staff on a case-by-case basis.

GROUP LIFE BENEFITS

Department Heads, Elected Officials, and Deputy Office Holders are eligible to receive term life and AD & D insurance coverage equal to two hundred percent of their annual salary as of September 1st of each year. Benefit-eligible employees in positions classified as exempt under FLSA and in a salary range of 27 or above are eligible to receive term life and AD & D insurance coverage equal to one hundred percent of their annual salary as of September 1st of each year. Employees previously provided this benefit of equal to 100%, who no longer qualify will be grandfathered into the existing coverage. All other benefit-eligible employees in positions are eligible to receive term life and AD & D insurance coverage equal to \$20,000.

The County will pay the monthly premium for the term life and AD & D coverage described above.

TERMINATION OF GROUP COVERAGE

Life insurance coverage under the County's group plan will end on the employee's date of employment termination.

Health, dental and vision coverage under the County's group plan will normally terminate at the end of the month in which the employee terminates employment with the County. However, an employee may be eligible to extend coverage under the group plan as required by state or federal law. An employee shall be considered a retiree for purposes of continued insurance coverage until age 65 if one of the following occurs: 1) the employee qualifies for full retirement benefits through IPERS with service from the County, another employer, or purchased service quarters; 2) the employee is age 55 or more and has at least 20 years of service with the County; or 3) the employee is a Sheriff's deputy, is age 50 or more and has 22 or more years of service. Premiums for extended coverage after employment shall be paid by the employee at 102% of the actual cost. Information on the extension of group coverage and/or conversion to an individual medical insurance policy is available through the Human Resources Department

LONG TERM DISABILITY

Benefit eligible employees (excluding deputy sheriff, sergeant, lieutenant, captain, major and sheriff) are provided with a long term disability insurance policy with the premium paid entirely by the County. The amount of coverage is sixty-six and two thirds percent (66 2/3%) of the employee's annual salary, following a determination of eligibility and a 90 day waiting period. Specific details are found in the insurance plan document.

DEFERRED COMPENSATION PLAN

Employees shall have the option of deferring a portion of their compensation for the purpose of building retirement security in a tax-sheltered investment plan in accordance with state and federal law. Payroll deductions can only be made for Deferred Compensation Plan Providers who have completed Deferred Compensation Plan Administrator Agreement and have a minimum of 10 employees requesting enrollment in the plan. All Deferred Compensation Plan Providers must satisfy the requirements of Section 457 of the Internal Revenue Code and the Administrator Agreement to maintain eligibility as a provider.

The County will match an employee's contribution at \$.50 for each dollar the employee contributes during that calendar year, up to a maximum of \$1,000.00. The matching contribution will be paid no later than the second paycheck in January of the following calendar year or upon termination of employment, whichever occurs first. The employee is responsible for monitoring and not exceeding the maximum allowable annual contribution in accordance with Section 457 of the Internal Revenue Code.

Information regarding payroll deduction for deferred compensation and selection of Providers, distribution, change or designation of beneficiaries is available through the Human Resources Department. The County does not solicit, nor endorse any Deferred Compensation Plan Provider.

FLEXIBLE BENEFITS PLAN (SECTION 125)

Pursuant to Section 125 of the Internal Revenue Code, the County offers employees the option of using a portion of their before tax compensation for one or more of the following flexible benefit plans:

1. Premium Only Plan - Provides for the reduction of compensation by the employee contribution for health and life insurance premiums before taxes.
2. Dependent Care Reimbursement Account - Employees fund the flexible spending account by regular payroll deductions prior to tax pursuant to federal law. Dependent care expenses are then reimbursed up to the amount of the annual election.

Unused annual elected amounts are forfeited.

3. Health Care Reimbursement Account - Employees determine an annual election amount permitted by federal law, to be put into a flexible spending account for non-covered health-related expenses. The elected amount is deducted from compensation prior to tax and expenses are then reimbursed up to the amount of the employee's annual election.

An employee may roll over up to \$500.00 into the next calendar year pursuant to the IRS regulations and plan design.

Employees electing to participate in one or more of the plans may have expenses for group health premiums, dependent care, or out-of-pocket health care costs deducted from compensation prior to taxes. Detailed information and enrollment forms regarding these flexible benefit plans are available through the Human Resources Department.

HEALTH INSURANCE BILL AUDIT PROGRAM

A participant can receive cash payments by auditing his/her own hospital, medical and/or dental bills. The participant should check each bill for unrecognizable charges such as laboratory tests and procedures that were not received or therapy charges that do not reflect the treatment received. Scott County will share the savings with the participant. The procedures outlined below should be followed.

Before the participant leaves the hospital, physician's or dentist's office, or upon receipt of the itemized bill, the participant should carefully review the charges, looking for errors such as the following:

- an incorrect number of days was billed for a period of hospital confinement;
- an incorrect number of days in an intensive care unit was billed;
- the participant was billed for tests not performed;
- an incorrect number of hours of physical therapy was billed;

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- the participant was inaccurately billed for drugs; and/or
- on the day the participant left the hospital, he/she was charged for take-home drugs that were not received.

If the participant questions any charges and believes they are incorrect, he/she should contact the dentist, physician or hospital's billing office. The participant should ask for an explanation of any charges he/she does not understand.

Hospital, medical and dental bills eligible for this program are those for the employee and his/her covered dependents incurred after January 1, 2011 and covered by the County's Plan. This Plan must pay before coordinating benefits with other group health insurance plans also providing benefits.

As an incentive to carefully review healthcare bills, Scott County will pay the participant 25% of the saving of \$100.00 or more to this Plan for overcharges or for charges he/she has eliminated from any hospital, medical or dental bill for treatment, services or supplies not received to a maximum incentive payment of \$250.00 per confinement, illness or injury. Obvious errors (e.g., \$1,000 for an office visit) will not be eligible for this program.

It will be the participant's responsibility, within 90 days of discharge or treatment to contact the hospital's or provider's billing department to report the error and obtain a corrected billing and to forward the original and corrected billing with corrected items circled to the Human Resources Department.

Upon review of the corrected billing, Scott County will notify the participant of the amount of payment for which he/she is eligible.

Employees should note that reimbursements of this nature are considered income for tax purposes.

HEALTHY LIFESTYLES PROGRAM

~~Employees and spouses on the health plan will be provided the opportunity biennially to submit to a blood test at the Employers cost to determine any risk factors for metabolic syndrome. Employees with 3 or more risk factors will be offered the opportunity to participate in the Healthy Lifestyles Program at no cost to the employee. The Healthy Lifestyles program includes the employee choosing to participate in Naturally Slim classes; Weight Watchers or a diet/exercise program preapproved by their physician and HR. The cost of the program cannot exceed the Naturally Slim class. An employee will be permitted to opt out of the blood test and program, if the employee presents to the Human Resources Director proof from a physician that a blood test has been performed within the preceding 12 months and the physician is consulting with the individual about any risk factors related to metabolic syndrome. The waiver is due on the last day of scheduled onsite testing. Employees will be permitted to view Naturally Slim videos during work hours. Employees are not compensated for anytime spent outside of normal work hours on personnel health. Those employees with 2 risk factors are encouraged to participate in the Naturally Slim classes, in which the Employer shall pay 25% of the class costs plus blood tests. Other employees may voluntarily participate in the Naturally Slim classes at their own expense. Genesis Occupational Health will confidentially report to~~

~~the Human Resources Director those employees eligible to attend at which cost level. The employer will make reasonable accommodations for employees so as to not violate the employee's civil rights.~~

~~Employees identified by Genesis Occupational Health with 3 or more risk factors that decline to participate in the Healthy Lifestyles program or employees who decline to submit to a blood test shall pay a revised co-payment for any physician medical service as follows:~~

<u>Current co-pay</u>	<u>Revised co-pay</u>
\$0	\$0
\$20	\$25
\$50	\$55
\$75	\$90
\$100	\$115

~~Additionally these employees will pay \$25 per month Healthy Lifestyles Premium. Employees who fail to reduce one (1) risk factor when retested shall be moved to the above increased co-pays and Healthy Lifestyles premium in July. The Human Resources Director will report any premium changes to Payroll and the effective date.~~

~~If the spouse participates the monthly cost of the family plan premium shall be reduced by ten dollars (\$10.00). If an employee's spouse fails to participate in the program, including the same requirements of an employee the family premium and co-pays shall be affected in the same manner as if the employee failed to participate in the program. If a spouse has three or more risk factors they will be required to complete the above Healthy Lifestyles program as is required by the employee. An employee's spouse will be permitted to opt out of the blood test and program, if the employee's spouse presents to the Human Resources Director proof from a physician that a blood test has been performed within the preceding 12 months and the physician is consulting with the individual about any risk factors related to metabolic syndrome.~~

~~Employees or spouses may request the opportunity to retest the following fall if they believe they have reduced a risk factor. If a risk factor has been reduced the increased premiums would cease in January the following year.~~

Employees (whose insurance is not covered by a collective bargaining agreement) are eligible to participate in the Y@Work program through the Quad Cities YMCA. The County will pay twenty dollars (\$20.00) a month as a taxable benefit to the Quad Cities YMCA toward a membership for the employee, two adults or family. The employee must attend at least twenty four (24) times a quarter in order for the County to continue its monthly contribution. The employee is responsible for any additional financial obligations to the Quad Cities YMCA.

ADMINISTRATIVE PROCEDURES

Draft for discussion purposes only

1. The Human Resources Department is responsible for administering the County's group health, dental, vision, life, deferred compensation and Section 125 flexible benefit plans.
2. The County retains full authority to change the plan of benefits described in this policy, to self-insure all or any portion of said benefits, and to select the insurance carrier or claims administrator.

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

October 31, 2019

APPROVING CHANGES TO GENERAL POLICY P "INSURANCE AND DEFERRED COMPENSATION"

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. General Policy P "Insurance and Deferred Compensation" revises the policy to address suspension of aspects of the healthy lifestyles programming.

Section 2. This resolution shall take effect immediately.

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

October 31, 2019

APPROVAL OF ONE YEAR RENEWAL FOR FLEX SAVINGS PLAN ADMINISTRATION

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That the annual renewal with WageWorks for administration of the County's flex savings program is hereby approved.

Section 2. That the Human Resources Director hereby authorized to sign any necessary contracts for services on behalf of the Board.

Section 3. This resolution shall take effect immediately.