

5C 2016 Health & Dental Insurance Options

1) Determination of Employee contribution rate. In 2015 at 10 %.

2) Health Insurance Plan Options:

A) Determine if HOV wishes to continue dental coverage.

B) Selection of Plan Option.

With Dental

P2 - is the present health plan of the District.	Cost increase of 2.25 %
P4 - \$500./\$1000. Deductible plan.	Cost decrease of 4.53%
P6- 10 % co-insurance up to deductible level.	Cost decrease of 2.79%
P8 - High deductible plan.	Cost decrease of 16.41%

Without Dental

P12 – Present health plan without dental.	Cost decrease of 1.40%
P14 - \$500./\$1000. Deductible plan.	Cost decrease of 8.11%
P16 - 10 % co-insurance up to deductible level.	Cost decrease of 6.44%
P17 - High deductible plan.	Cost decrease of 20.06%

3) Opt out incentive option for employees. Option to offer employees who elect not to participate in the HOV health insurance program a financial incentive.

- Amount?
- Payment date? (Suggest end of year, to ensure full year non-participation) (Anthem Blue 2016 premium at 90% reduces district payments by, single - \$7,995.24, family - \$19,892.52)

2016 Health Insurance Rates

Commission direction needed on the following:

1. Will the employee contribution rate of 10% remain the same?
 2. Will there be a change to the plan option (PO)? If so, a resolution needs to be adopted. HOV employees are currently in P02.
 3. A Letter of Intent is required if the dental benefit is chosen. If a Letter of Intent is not filed, then the plan option will default without dental.
 4. Employers are now allowed to offer incentives to employees who elect not to participate in the health insurance program. Does the Commission want to offer any type of incentive? Employee Trust Funds is currently offering \$2,000 to State employees. For Local employees, its up to each individual employer.
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Annual Cost to District (with dental)

P02: (full pay, no deductible, no co-insurance)	\$175,130.64
P04: (\$500 single deductible; \$1,000 family deductible)	\$163,630.80
P06: (10% co-insurance up to \$500/\$1000; no deductible)	\$166,501.44
P07: (high deductible plan)	\$143,169.12

Annual Cost to District (without dental)

P12: (full pay, no deductible, no co-insurance)	\$168,886.08
P14: (\$500 single deductible; \$1,000 family deductible)	\$157,386.24
P16: (10% co-insurance up to \$500/\$1000; no deductible)	\$160,256.88
P17: (high deductible plan)	\$136,924.56

**EXISTING EMPLOYER
OPTION SELECTION RESOLUTION
WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM**

RESOLVED, by the _____ of the _____
 (Governing Body) (Employer Legal Name)

that pursuant to the provisions of Wis. Stat. § 40.51 (7) hereby determines to offer the Wisconsin Public Employers (WPE) Group Health Insurance program to eligible personnel through the program of the State of Wisconsin Group Insurance Board (Board), and agrees to abide by the terms of the program as set forth in the contract between the Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance program will need to be enrolled in a program option. An employer may elect participation in program options listed below, **with each program option to be offered to different employee classifications (pursuant to collective bargaining). Individual employees cannot choose between program options.**

We choose to participate in the: (check applicable options)

- Traditional HMO-Standard PPO W/Dental, P02
- Deductible HMO-Standard PPO W/ Dental, P04
- Coinsurance HMO-Standard PPO W/ Dental, P06
- High Deductible Health Plan HMO-Standard HDHP PPO W/ Dental, P07
- Traditional HMO-Standard PPO W/O Dental, P12
- Deductible HMO-Standard PPO W/O Dental, P14
- Coinsurance HMO-Standard PPO W/O Dental, P16
- High Deductible Health Plan HMO-Standard HDHP PPO, P17

The resolution must be received by the Department of Employee Trust Funds (ETF) no later than October 1 for coverage to be effective the following January 1.

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the Board to provide such Group Health Insurance.

Certification

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the ____ day of _____, year _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this ____ day of _____, year _____.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

 Federal Tax Identification Number (FEIN/TIN) itle
69-036-

 ETF Employer Identification Number
 Number of eligible employees _____

 Employer Representative Title

 Mailing Address

 Employer County

 Email Address

LETTER OF INTENT TO ELECT UNIFORM DENTAL BENEFITS EFFECTIVE 1/1/2016

WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

Effective January 1, 2016, the Uniform Dental Benefits will no longer be offered through the health plans. Delta Dental will administer the Uniform Dental Benefits for 2016. If a local employer, who participates in the Wisconsin Public Employers' (WPE) Group Health Insurance Program, would like to offer the Uniform Dental Benefits in 2016, the employer must submit this letter of intent signed by the WRS Agent or other authorized personnel. This letter of intent must be received by the Department of Employee Trust Funds (ETF) **no later than September 25, 2015**. There is no obligation for local employers to participate.

In addition to this letter of intent, employers must submit a new resolution form no later than January 1, 2016, through the traditional resolution process affirming that the employer will offer the Uniform Dental Benefit for plan year 2016. The change will be effective January 1, 2016.

For plan years 2017 or later, employers will follow the current resolution process and switch to a program option which offers the Uniform Dental Benefit.

CERTIFICATION

As a participating employer in the WPE Group Health Insurance program, this letter confirms our intent to elect uniform dental benefits effective January 1, 2016. Additionally, a new resolution form will be submitted to ETF by no later than January 1, 2016.

Dated this ____ day of _____, year _____.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Federal Tax Identification Number (FEIN/TIN)

Authorized Employer Representative Name Title

69-036-

ETF Employer Identification Number

Authorized Employer Representative Signature

Phone Number

Mailing Address

Email Address

