

**PROCEEDINGS OF THE BROWN COUNTY**  
**BENEFITS ADVISORY COMMITTEE**

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the **Brown County Benefits Advisory Committee** was held on Friday September 17, 2021 at 1:00pm in Room 650 of the Northern Building, 305 E. Walnut Street, Green Bay, WI 54305.

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**PRESENT:** Jill Bomkamp, Janelle Walton, Jan Stage, Erik Pritzl, Jeff Flynt, John Vanderleest, Megan Borchardt, Jason Petrella.

**EXCUSED:** Matt Heyroth

**Others Present:** Chad Weininger, Director of Administration; Lana Hitner; Adam Terrell, National Cooperative RX; Jeff Peterson; Dominique Nguyen, Prudent RX

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1. **Call meeting to order.**

The meeting was called to order by Janelle Walton at 1:03pm.

2. **Roll Call.**

Roll call was taken.

3. **Approve or modify agenda.**

Jeff Flynt made a motion to approve the agenda, seconded by Megan Borchardt. **All in favor, motion carried unanimously.**

4. **Review and approve or modify minutes from July 14, 2021.**

John Vanderleest made a motion to approve the minutes, seconded by Megan Borchardt. **All in favor, motion carried unanimously.**

5. **Discussion and possible action regarding USI's recommendations to the 2022 Health Plan Insurance.**

Updated provided by Jan Stage – Jan handed out a folder with documents (attached) and reviewed how the plan is doing. July 2021 was the first reimbursement from National Cooperative, according to Jill Bomkamp. Bomkamp adds that it is going in the direction we thought it would. Erik Pritzl says he's been hearing people talk about the Prevea clinic positively. John Vanderleest believes that now is a good time to remind employees that the Prevea clinic is here.

**A) Prudence RX Specialty Drug Plan.**

Jan Stage talks about specialty drugs and that National Cooperative is suggesting going with a specialty drug add-on called Prudence RX. Dominique Nguyen from Prudence RX gives a virtual presentation about what his company does, how it would benefit Brown County, and answers some questions from the committee. Discussion then ensued among committee members.

A resolution was introduced approving changes to the Brown County Employee Benefits Plan. Some discussion took place, with a couple slight adjustments made to the format. John Vanderleest made a motion to recommend the resolution as amended to the Brown County Board of Supervisors Committee of the Whole, seconded by Megan Borchardt. **All in favor, motion carried unanimously.**

**B) Stoploss Carrier to lowest cost available.**

Jeff Flynt made a motion to receive and place on file, seconded by Erik Pritzl. **All in favor, motion carried unanimously.**

6. **Schedule next meeting.**

A discussion ensued regarding the next meeting. It will take place TBD.

7. **Adjourn.**

Motion made by Megan Borchardt to Adjourn meeting at 2:03pm seconded by John Vanderleest. **All in favor, motion carried unanimously.**

Respectfully submitted,

Jeff Flynt  
Secretary

# Brown County - Medical Funding Analysis Report

Plan Name: USI Insurance Services  
Medical Plan: 0816221  
01/01/21 - 12/31/21

Medical & Rx Carriers:  
UIMR & CVS Caremark

Total Monthly Funding	
Single	\$1,378.42
Family	\$1,378.42

HCR Fees	
PCORI	\$2.66 Per Member Per Year

Total Monthly Fixed Costs	
Single	\$18.56
Family	\$48.78
Administration Fee	\$2.15
Specific Stop Loss (HCC Lite - \$400,000)	\$1.62
UM Fee	\$18.87
Care Fee (CHAM/ANL)	\$2.10
PPO Access Fee	\$1.27
Plan Advisor Fee	\$0.10
TeleDoc Fee	\$0.50
PBM External Billing Fee	\$0.50
PBM Clearance Fee	\$0.50
NCR- Membership Fee	\$0.50
Sum of Total Monthly Fixed Costs	\$55.71

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	502	500	503	500	487	501	505	500	500	500	500	500	4,008
Family	821	813	808	808	802	799	785	787	787	787	787	787	6,431
Total	1,323	1,313	1,311	1,308	1,289	1,300	1,300	1,287	1,287	1,287	1,287	1,287	10,439
Monthly Membership	3,322	3,294	3,285	3,277	3,271	3,265	3,245	3,224	3,224	3,224	3,224	3,224	26,173

Total Funding	297,148.66	295,965.00	287,740.79	295,865.00	284,189.21	296,566.93	298,974.85	295,965.00	295,965.00	295,965.00	295,965.00	295,965.00	\$2,372,455.44
Single	1,295,802.62	1,283,255.46	1,275,363.36	1,272,206.52	1,265,892.84	1,281,157.58	1,254,843.80	1,242,216.54	1,242,216.54	1,242,216.54	1,242,216.54	1,242,216.54	\$10,150,819.02
Family	\$1,593,031.66	\$1,578,270.48	\$1,573,104.15	\$1,568,171.52	\$1,560,082.05	\$1,557,714.51	\$1,553,768.55	\$1,550,181.54	\$1,550,181.54	\$1,550,181.54	\$1,550,181.54	\$1,550,181.54	\$12,923,279.48

Fixed Costs	27,968.42	27,855.00	28,022.13	27,855.00	27,697.87	27,910.71	28,133.55	27,655.00	27,655.00	27,655.00	27,655.00	27,655.00	\$223,285.58
Single	75,901.45	75,181.85	74,699.60	74,514.70	74,144.90	73,867.55	73,487.75	72,756.15	72,756.15	72,756.15	72,756.15	72,756.15	\$594,548.85
Family	\$103,067.87	\$103,016.65	\$102,721.73	\$102,369.70	\$101,833.77	\$101,778.26	\$101,631.30	\$100,613.15	\$100,613.15	\$100,613.15	\$100,613.15	\$100,613.15	\$817,851.63

Claims Costs	1,218,705.17	1,013,943.06	1,287,833.12	1,232,039.96	1,045,428.01	1,330,658.86	1,478,063.15	1,200,157.32	1,200,157.32	1,200,157.32	1,200,157.32	1,200,157.32	\$9,785,068.69
Medical Claims	218,568.23	233,407.66	244,373.07	320,881.73	282,528.96	327,486.07	310,132.67	352,813.45	352,813.45	352,813.45	352,813.45	352,813.45	\$2,288,091.87
Prescription Drug Claims	14,780.12	14,674.83	18,723.20	15,429.21	15,765.96	19,319.22	17,148.05	16,371.51	16,371.51	16,371.51	16,371.51	16,371.51	\$130,212.10
Preventive Care Fees	\$1,447,053.52	\$1,282,065.57	\$1,528,959.39	\$1,508,450.92	\$1,343,722.98	\$1,677,884.15	\$1,808,343.67	\$1,589,142.28	\$1,589,142.28	\$1,589,142.28	\$1,589,142.28	\$1,589,142.28	\$12,203,372.62

HCR Fees	\$736.38	\$730.17	\$728.18	\$726.40	\$725.07	\$721.53	\$719.31	\$714.65	\$714.65	\$714.65	\$714.65	\$714.65	\$5,801.68
PCORI Fees	\$736.38	\$730.17	\$728.18	\$726.40	\$725.07	\$721.53	\$719.31	\$714.65	\$714.65	\$714.65	\$714.65	\$714.65	\$5,801.68

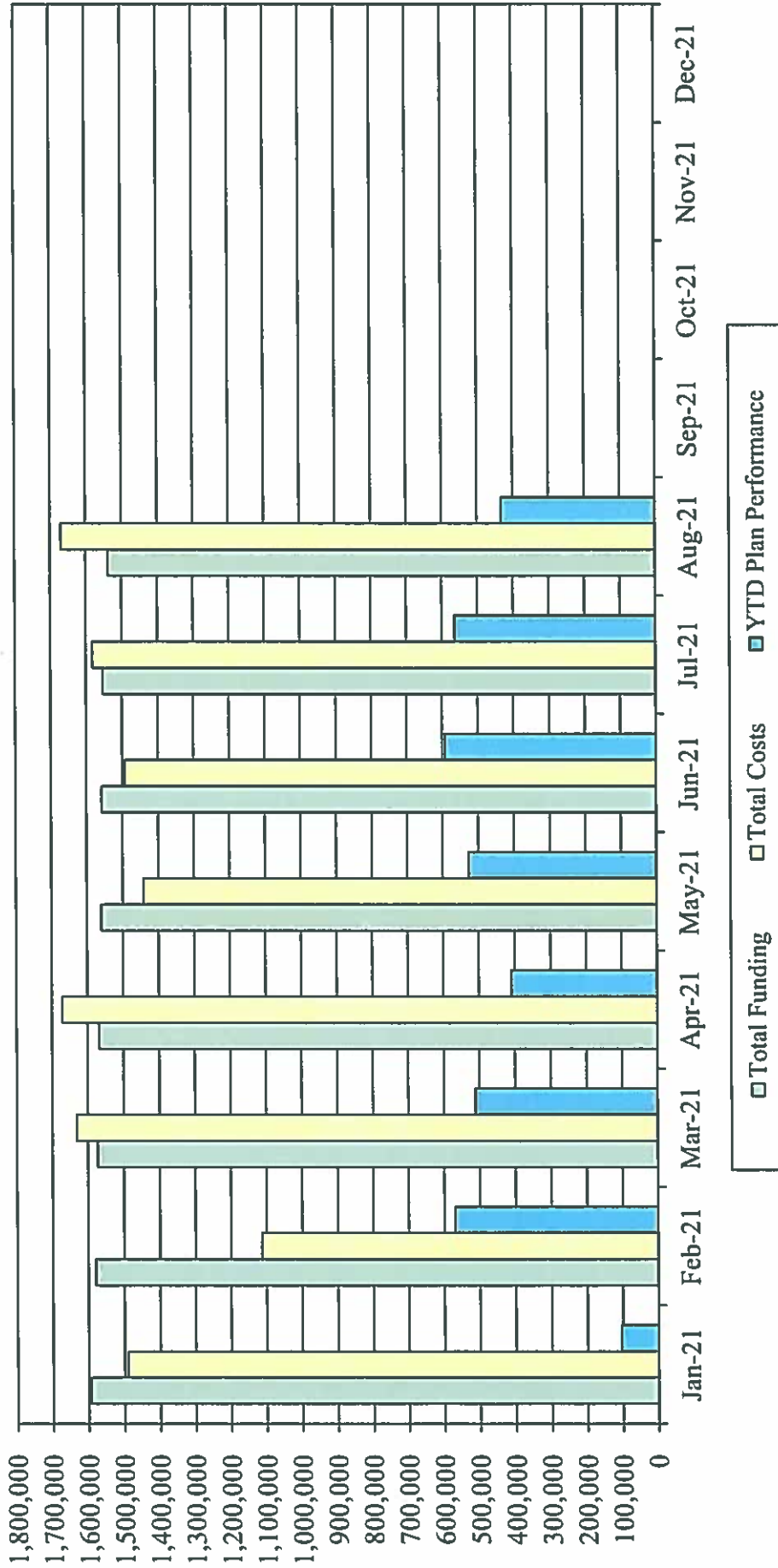
Reimbursements	(54,177.45)	(4,678.19)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$58,855.64)
Specific Excess Loss	0.00	(247,254.00)	0.00	0.00	0.00	(288,895.00)	(325,813.75)	0.00	0.00	0.00	0.00	0.00	(\$859,972.75)
Prescription Drug Rebate	(7,633.01)	0.00	0.00	0.00	(3,655.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(\$11,288.08)
J Code Rebate	(87,810.46)	(325,193.19)	0.00	0.00	(3,655.07)	(288,895.00)	(325,813.75)	0.00	0.00	0.00	0.00	0.00	(\$830,118.47)
Sum of Reimbursements	(\$149,610.92)	(\$257,007.26)	0.00	0.00	(\$3,310.07)	(\$288,895.00)	(\$325,813.75)	0.00	0.00	0.00	0.00	0.00	(\$1,924,751.84)

Total Costs	\$1,489,847.31	\$1,113,860.40	\$1,632,379.30	\$1,671,547.02	\$1,442,625.73	\$1,430,258.94	\$1,542,880.73	\$1,670,470.65	\$1,670,470.65	\$1,670,470.65	\$1,670,470.65	\$1,670,470.65	\$12,096,889.50
Funding Less Costs	\$103,164.37	\$485,340.08	(\$59,275.15)	(\$103,375.50)	\$117,458.32	\$84,455.57	(\$29,112.18)	(\$132,288.54)	(\$132,288.54)	(\$132,288.54)	(\$132,288.54)	(\$132,288.54)	\$426,304.96
YTD Plan Performance	\$103,164.37	\$485,340.08	(\$59,275.15)	(\$103,375.50)	\$117,458.32	\$84,455.57	(\$29,112.18)	(\$132,288.54)	(\$132,288.54)	(\$132,288.54)	(\$132,288.54)	(\$132,288.54)	\$426,304.96

YTD % of Total Costs to Funding	96.60%
YTD Average Monthly Cost Per Employee	\$907.76
YTD Average Monthly Cost to Funding	\$1,126.11
YTD % of Total Costs to Funding	\$1,073.25
YTD Average Monthly Cost Per Employee	\$1,124.62
YTD Average Monthly Cost to Funding	\$1,121.84
YTD % of Total Costs to Funding	\$1,139.25
YTD Average Monthly Cost Per Employee	\$1,158.82

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# Medical Summary Graph



# Brown County - Dental Funding Analysis Report

Plan Name: Dental Plan #90311  
 Prepared By: USI Insurance Services  
 Date Prepared: 09/16/21  
 Plan Year: 01/01/21 - 12/31/21

Total Monthly Funding	
Single	\$40.71
Family	\$114.82

Total Monthly Fixed Costs	
Single	\$3.40
Family	\$3.40
Sum of Total Monthly Fixed Costs	
	\$6.80

Dental Carriers:  
 Delta Dental

Administration Fee

Monthly Enrollment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	370	372	373	371	371	373	375	372	365	372	372	365	2,971
Family	788	756	750	749	743	740	740	730	725	725	725	725	5,961
<b>Total</b>	<b>1,158</b>	<b>1,128</b>	<b>1,123</b>	<b>1,120</b>	<b>1,116</b>	<b>1,115</b>	<b>1,102</b>	<b>1,099</b>	<b>1,090</b>	<b>1,097</b>	<b>1,097</b>	<b>1,090</b>	<b>8,932</b>

Total Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	15,068.40	15,147.84	15,188.56	15,107.12	15,188.56	15,270.00	15,147.84	14,862.80	14,862.80	14,862.80	14,862.80	14,862.80	\$120,979.12
Family	88,029.16	86,652.72	85,965.00	85,950.38	85,162.66	84,818.80	83,672.60	83,059.50	83,059.50	83,059.50	83,059.50	83,059.50	\$683,249.82
<b>Sum of Total Funding</b>	<b>\$103,097.56</b>	<b>\$101,800.56</b>	<b>\$101,153.56</b>	<b>\$100,957.50</b>	<b>\$100,351.22</b>	<b>\$100,088.80</b>	<b>\$98,820.44</b>	<b>\$97,962.30</b>	<b>\$97,962.30</b>	<b>\$97,962.30</b>	<b>\$97,962.30</b>	<b>\$97,962.30</b>	<b>\$804,228.94</b>

Fixed Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	1,258.00	1,264.80	1,268.20	1,281.40	1,268.20	1,275.00	1,264.80	1,241.00	1,241.00	1,241.00	1,241.00	1,241.00	\$10,101.40
Family	2,611.20	2,570.40	2,550.00	2,546.80	2,526.20	2,516.00	2,482.00	2,465.00	2,465.00	2,465.00	2,465.00	2,465.00	\$20,267.40
<b>Sum of Total Fixed Costs</b>	<b>\$3,869.20</b>	<b>\$3,835.20</b>	<b>\$3,818.20</b>	<b>\$3,828.20</b>	<b>\$3,794.40</b>	<b>\$3,791.00</b>	<b>\$3,746.80</b>	<b>\$3,706.00</b>	<b>\$3,706.00</b>	<b>\$3,706.00</b>	<b>\$3,706.00</b>	<b>\$3,706.00</b>	<b>\$30,368.80</b>

Claims Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Dental Claims	95,878.00	103,281.00	105,253.00	100,134.00	89,793.00	91,188.00	75,816.00	89,385.00	89,385.00	89,385.00	89,385.00	89,385.00	\$750,729.00
<b>Sum of Total Claims Costs</b>	<b>\$95,878.00</b>	<b>\$103,281.00</b>	<b>\$105,253.00</b>	<b>\$100,134.00</b>	<b>\$89,793.00</b>	<b>\$91,188.00</b>	<b>\$75,816.00</b>	<b>\$89,385.00</b>	<b>\$89,385.00</b>	<b>\$89,385.00</b>	<b>\$89,385.00</b>	<b>\$89,385.00</b>	<b>\$750,729.00</b>

Total Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	16,326.40	16,412.64	16,456.76	16,388.52	16,456.76	16,545.00	16,412.64	16,103.80	16,103.80	16,103.80	16,103.80	16,103.80	\$131,080.52
Family	90,642.76	88,739.88	87,706.80	87,666.38	86,880.86	86,533.80	85,388.80	84,724.50	84,724.50	84,724.50	84,724.50	84,724.50	\$692,169.30
<b>Sum of Total Costs</b>	<b>\$106,969.16</b>	<b>\$105,152.52</b>	<b>\$104,163.56</b>	<b>\$104,054.90</b>	<b>\$103,337.62</b>	<b>\$103,078.80</b>	<b>\$101,801.44</b>	<b>\$100,828.30</b>	<b>\$100,828.30</b>	<b>\$100,828.30</b>	<b>\$100,828.30</b>	<b>\$100,828.30</b>	<b>\$823,249.82</b>

Funding Less Costs	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	(\$1,068.40)	(\$1,264.80)	(\$1,539.64)	(\$1,281.40)	(\$1,268.20)	(\$1,275.00)	(\$1,264.80)	(\$1,241.00)	(\$1,241.00)	(\$1,241.00)	(\$1,241.00)	(\$1,241.00)	(\$10,101.40)
Family	(\$2,550.80)	(\$2,570.40)	(\$2,546.80)	(\$2,546.80)	(\$2,526.20)	(\$2,516.00)	(\$2,482.00)	(\$2,465.00)	(\$2,465.00)	(\$2,465.00)	(\$2,465.00)	(\$2,465.00)	(\$20,267.40)
<b>Sum of Total Funding Less Costs</b>	<b>(\$3,619.20)</b>	<b>(\$3,835.20)</b>	<b>(\$4,086.44)</b>	<b>(\$3,828.20)</b>	<b>(\$3,794.40)</b>	<b>(\$3,791.00)</b>	<b>(\$3,746.80)</b>	<b>(\$3,706.00)</b>	<b>(\$3,706.00)</b>	<b>(\$3,706.00)</b>	<b>(\$3,706.00)</b>	<b>(\$3,706.00)</b>	<b>(\$30,368.80)</b>

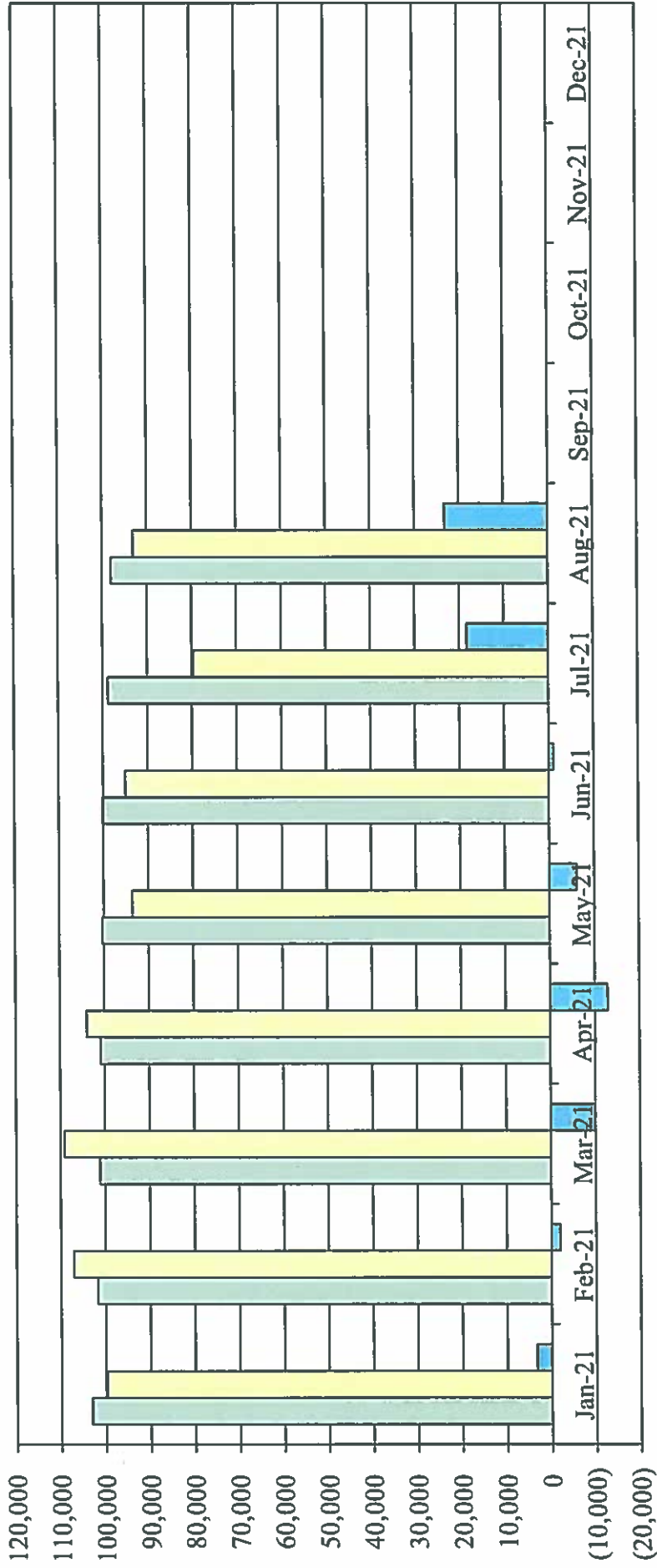
YTD Plan Performance	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	\$3,347.36	(\$1,968.28)	(\$9,685.67)	(\$12,870.42)	(\$5,108.60)	(\$967.80)	(\$18,259.84)	(\$23,131.14)	(\$23,131.14)	(\$23,131.14)	(\$23,131.14)	(\$23,131.14)	(\$23,131.14)
Family	(\$3,347.36)	(\$5,315.64)	(\$7,917.64)	(\$2,984.50)	(\$8,763.82)	(\$5,108.60)	(\$19,257.64)	(\$4,871.30)	(\$4,871.30)	(\$4,871.30)	(\$4,871.30)	(\$4,871.30)	(\$48,713.16)
<b>Sum of Total YTD Plan Performance</b>	<b>(\$0.00)</b>	<b>(\$7,283.92)</b>	<b>(\$17,603.31)</b>	<b>(\$15,854.92)</b>	<b>(\$13,872.42)</b>	<b>(\$10,217.40)</b>	<b>(\$37,517.48)</b>	<b>(\$28,002.44)</b>	<b>(\$28,002.44)</b>	<b>(\$28,002.44)</b>	<b>(\$28,002.44)</b>	<b>(\$28,002.44)</b>	<b>(\$71,844.30)</b>

YTD % of Total Costs to Funding	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%	9.7%
Family	80.3%	80.3%	80.3%	80.3%	80.3%	80.3%	80.3%	80.3%	80.3%	80.3%	80.3%	80.3%	80.3%
<b>Sum of Total YTD % of Total Costs to Funding</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>	<b>90.0%</b>

YTD Average Monthly Cost Per Employee	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
Single	\$87.65	\$91.79	\$93.22	\$93.12	\$91.28	\$90.27	\$87.73	\$87.45	\$87.45	\$87.45	\$87.45	\$87.45	\$87.45
Family	\$87.65	\$91.79	\$93.22	\$93.12	\$91.28	\$90.27	\$87.73	\$87.45	\$87.45	\$87.45	\$87.45	\$87.45	\$87.45
<b>Sum of Total YTD Average Monthly Cost Per Employee</b>	<b>\$175.30</b>	<b>\$183.58</b>	<b>\$186.44</b>	<b>\$186.24</b>	<b>\$182.56</b>	<b>\$180.54</b>	<b>\$175.46</b>	<b>\$174.90</b>	<b>\$174.90</b>	<b>\$174.90</b>	<b>\$174.90</b>	<b>\$174.90</b>	<b>\$174.90</b>

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## Dental Summary Graph



Total Funding
  Total Costs
  YTD Plan Performance

# Brown County

Updated: 9/16/2021

## Clinic Visit and Cost Summary

### Prevea Health and Wellness Center

Service	January	February	March	April	May	June	July	August	September	October	November	December	Total YTD
<b>Advanced Practice Provider (APP) Visits</b>													
APP - Employee	7	15	28	29	20	31	31	39					200
APP - Dependent	6	11	14	16	20	21	19	20					127
<b>Total APP Visits</b>	<b>13</b>	<b>26</b>	<b>42</b>	<b>45</b>	<b>40</b>	<b>52</b>	<b>50</b>	<b>59</b>					<b>327</b>
<b>Medical Assistant (MA) Visits</b>													
MA - Employee	3	7	9	6	5	9	10	15					64
MA - Dependent	1	4	1	3	2	2	0	4					17
<b>Total MA Visits</b>	<b>4</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>7</b>	<b>11</b>	<b>10</b>	<b>19</b>					<b>81</b>
<b>Total Visits</b>	<b>17</b>	<b>37</b>	<b>52</b>	<b>54</b>	<b>47</b>	<b>63</b>	<b>60</b>	<b>78</b>					<b>408</b>
<b>Total Employee Visits</b>	<b>10</b>	<b>22</b>	<b>37</b>	<b>35</b>	<b>25</b>	<b>40</b>	<b>41</b>	<b>54</b>					<b>264</b>
<b>Total Dependent Visits</b>	<b>7</b>	<b>15</b>	<b>15</b>	<b>19</b>	<b>22</b>	<b>23</b>	<b>19</b>	<b>24</b>					<b>144</b>

### On-site Billed Charges

Advanced Practice Provider (APP)	9,600.00	9,600.00	10,920.00	9,780.00	9,600.00	11,840.00	10,560.00	10,000.00					\$81,900.00
MA/PSR	3,198.00	3,165.50	3,594.50	3,445.00	3,139.50	3,399.50	3,484.00	3,406.00					\$26,832.00
Lab Services	614.07	528.42	880.44	951.78	1,197.33	1,247.54	1,234.94	817.17					\$7,471.69
Access Fee	1,083.33	1,083.33	1,083.33	1,083.33	1,083.33	1,083.33	1,083.33	1,083.33					\$8,666.64
Supplies/Drug Screens	284.72	297.58	244.93	169.10	745.80	1,748.85	785.78	1,065.11					\$5,341.87
<b>Total Cost</b>	<b>\$14,780.12</b>	<b>\$14,674.83</b>	<b>\$16,723.20</b>	<b>\$15,429.21</b>	<b>\$15,765.96</b>	<b>\$19,319.22</b>	<b>\$17,148.05</b>	<b>\$16,371.61</b>					<b>\$130,212.20</b>
<b>Average Cost/Visit</b>	<b>\$869.42</b>	<b>\$396.62</b>	<b>\$321.60</b>	<b>\$285.73</b>	<b>\$335.45</b>	<b>\$306.65</b>	<b>\$285.80</b>	<b>\$209.89</b>					<b>\$319.15</b>

### Bellin Fast Care

Service	January	February	March	April	*May	June	July	August	September	October	November	December	Total YTD
Number of Visits	3	7	7	5	4	15	12						53
<b>Total Cost</b>	<b>\$2,233.00</b>	<b>\$2,233.00</b>	<b>\$2,233.00</b>	<b>\$2,233.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>					<b>\$8,932.00</b>
<b>Average Cost/Visit</b>	<b>\$744.33</b>	<b>\$319.00</b>	<b>\$319.00</b>	<b>\$446.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>					<b>\$168.53</b>

\* As of May, Bellin is longer billing monthly fee until remaining \$5,043 is utilized in visits (~100 visits).

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# The PrudentRx Copay Program

## Frequently Asked Questions

We all know that the cost of prescription medications is rising. This is especially true of specialty medications. As part of your prescription plan, The PrudentRx Copay Program allows you to get select specialty medications at no cost to you. That means \$0 out-of-pocket (OOP) for any medications on your plan's exclusive Specialty Drug List when you fill by CVS Specialty®.

PrudentRx will work with manufacturers to get copay<sup>1</sup> card assistance<sup>2</sup>, and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program.

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications, in particular specialty medications. The PrudentRx Copay Program will help plan members get copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby OOP expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you currently take one or more medications included in your plan's exclusive Specialty Drug List, you will receive a welcome letter and phone call from PrudentRx that provides information about the program as it pertains to your medication. All eligible members will be automatically enrolled in The PrudentRx Copay Program, but you can choose to opt out of the program by calling **1-800-578-4403**.

Some manufacturers make you to sign up to take advantage of the copay assistance that they provide for their medications – in that case, you must speak to someone at PrudentRx at **1-800-578-4403** to provide any other information needed to enroll in the program. PrudentRx will also contact you if you need to enroll in the copay assistance for any medication that you take. If you choose to opt out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for the full amount of the 30% copay responsibility on eligible specialty medications<sup>2</sup>.

If you or a covered family member are not currently taking, but will start a new medication covered under The PrudentRx Copay Program, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the program.

Please note: your plan's exclusive Specialty Drug List may be updated periodically. Copayments for these medications, whether made by you, your plan, or a manufacturer's copay assistance program, will not count toward your plan deductible<sup>3</sup>.

Because certain specialty medications do not qualify as "essential health benefits" (EHB) under the Affordable Care Act (ACA)<sup>4</sup>, member cost share payments for these medications, whether made by you or a manufacturer copayment assistance program, do not count towards the Plan's maximum

# The PrudentRx Copay Program

## Frequently Asked Questions

OOP (MOOP). A list of specialty medications that are not considered to be EHB is available. An exception process is available for deciding whether a medication that is not an EHB is medically necessary for a particular individual<sup>5</sup>.

PrudentRx can be reached at 1-800-578-4403 to address any questions regarding The PrudentRx Copay Program.

### Frequently Asked Questions

#### **Q1: What is PrudentRx Copay Program?**

**A1:** The PrudentRx Copay program combines an innovative specialty copay plan design strategy and improved member experience to help optimize savings from non-needs based manufacturer copay cards and reduce member costs. The program allows members to pay \$0 OOP for all specialty medications on the plan's Exclusive Specialty drug list dispensed by CVS Specialty, regardless if a copay card is available.

#### **Q2: What is a manufacturer sponsored copay card?**

**A2:** A third-party-sponsored copay card is a direct-to-consumer incentive manufacturers offer to promote brand loyalty and the use of brand-name pharmaceutical products. The copay card can also be used to lower OOP costs for eligible patients.

#### **Q3: Are there different types of copay cards?**

**A3:** Yes. There are two types of copay card programs offered:

1. **Non-Needs Based:** This type is offered to commercially insured population. These copay cards may be used regardless of a patient's financial status and do not require any form of eligibility or qualification to get assistance.
2. **Needs-Based/Patient Assistance Program (PAP):** This type is offered by a manufacturer sponsor or independent non-profit to help patients who meet specific financial eligibility criteria. These patients may be uninsured, underinsured or may have been denied coverage by commercial plans. This type of assistance is *not* part of The PrudentRx Copay Program, but your specialty pharmacy may be able to help you if needed in connecting with these types of programs.

#### **Q4: Can I use a copay card if I am a Medicare Part D or Medicaid Plan beneficiary?**

**A4:** No. Federal law prohibits Medicare Part D, Medicaid beneficiaries and other federally funded plans from using these incentives.

#### **Q5: What happens when I enroll in a copay card program?**

**A5:** You will continue to fill prescriptions as usual. The pharmacy or PrudentRx enters the copay assistance details when submitting the claim, and the copay assistance is applied toward the member cost share by the pharmacy.

#### **Q6: What prescription drugs are offered with copay cards?**

# The PrudentRx Copay Program

## Frequently Asked Questions

**A6:** Most copay cards are designed for more expensive specialty prescription drugs. PrudentRx will be able to tell you if your medication has a copay card program.

**Q7: Why will copay card support no longer be contributed toward my accumulator totals (i.e., deductible and MOOP)?**

**A7:** Deductibles are established as a means of cost sharing with your plan sponsor while a MOOP is the most you will pay during a policy period. The help you get from a copay card is provided by the copay card sponsor and does not reflect any actual OOP cost the member pays. Given that deductibles and MOOPs are intended to capture true member costs only and not third-party assistance through a copay card (not including monthly premium payments), the update to accumulators are made to reflect only the amount a member actually pays.

**Q8: Do I need to use a copay card?**

**A8:** No. Members do not need to participate in a copay card program. However, it is strongly encouraged to help reduce a member's final OOP cost. If you opt out of using assistance or enrolling in The PrudentRx Copay Program, you are responsible for the 30% copay.

**Q9: How do I know if I'm eligible for the program?**

**A9:** While most employers will implement the program across all plans, some may only do so for individual plans offered. To see if the plan you are currently enrolled in is participating in the program, please contact your Pharmacy Benefit Manager (PBM), CVS Caremark®, at the Customer Care number on the back of your member identification card or work with your human resource representative.

**Q10: How do I get a specialty copay card and make sure it is used when I fill a prescription?**

**A10:** If you or an existing member have filled specialty medications, PrudentRx will send out a letter on behalf of the client and follow up with the member with a phone call. When a new prescription is received and processed by CVS Specialty, there is an administrative process to capture the claim and reach out to the member. From there, CVS Specialty will offer to transfer the member to PrudentRx or will provide the member with the PrudentRx contact information to enroll.

PrudentRx will help the member enroll in the manufacturer copay card program and get the necessary manufacturer copay (where applicable). This process usually takes less than ten minutes, but may take up to five to seven days depending on the manufacturer process. The member will be informed throughout the process. PrudentRx will provide CVS Specialty confirmation that the member has completed enrollment and will contact CVS Specialty to schedule delivery.

**Q11: What happens if the specialty copay card is no longer offered?**

**A11:** Specialty copay cards are monitored on a regular basis in order to quickly respond to any changes. If a specialty copay card is no longer being offered and you are enrolled in the program, your final OOP cost will remain \$0.

# The PrudentRx Copay Program

## Frequently Asked Questions

**Q12: What happens if a drug does not have a specialty copay card or the annual manufacturer assistance has been exhausted?**

**A12:** If you are enrolled in The PrudentRx Copay Program, your final OOP cost is \$0.

**Q13: What if I decide not to be enrolled in the program?**

**A13:** If you do not want to be enrolled in the program, or if you do not confirm that you are enrolled in any copay assistance as required by a manufacturer, you will need to pay the full 30% copay for specialty medications that are eligible for The PrudentRx Copay Program. You may still use available copay cards or manufacturer assistance for these medications; however, those dollars will not be applied toward your annual deductible or MOOP.

**Q14: How does The PrudentRx Copay Program handle drug categories like human immunodeficiency virus (HIV) and limited distribution drugs (LDDs) not available at CVS Specialty?**

**A14:**

For classes like HIV: these drugs will be included in the program if the plan includes them as Exclusive Specialty. If they are open network or excluded as specialty products, they will be excluded from the program, but will still be covered under the plan as they are today (with the appropriate member cost share).

For LDDs: these drugs are not available at CVS Specialty, so they will also be excluded from The PrudentRx Copay Program. However, they will still be covered under the plan as they are today (with the appropriate member cost share).

**Q15: What is the difference between EHB and Non-EHB drugs?**

**A15:** Under the ACA, non-grandfathered, self-funded plans are not required to cover EHB but they are subject to annual MOOP limits. Covered benefits that fall outside the authorized definition are deemed non-EHB and need not be counted toward a member's MOOP limit. In The PrudentRx Copay Program, non-EHB medications may still be covered by the plan; however, the 30% copay responsibility will not apply toward the MOOP.

Please note: As long as you participate in The PrudentRx Copay Program, you will have a \$0 OOP even for drugs that are deemed non-EHB.

**Q16: What if my medication requires a prior authorization (PA)?**

**A16:** You need to go through the usual PA and appeals process before the medication would be processed by CVS Specialty. While your PA is being reviewed, you can still confirm enrollment or opting out of The PrudentRx Copay Program. If your medication is not able to be approved, your doctor may be able to prescribe a different medication for you. As long as you're enrolled in the program, your cost for an eligible specialty medication prescribed by your doctor and dispensed by CVS Specialty will be \$0.

**Q17: Are there limitations around when I can enroll or opt out of the program?**

**A17:** No. Even if you originally opted out of the program, you can contact PrudentRx to confirm

# The PrudentRx Copay Program

## Frequently Asked Questions

you'd like to enroll at any time. However, only those prescriptions filled after you have enrolled in The PrudentRx Copay Program will be at a \$0 cost.

**Q18: Can I enroll my dependent on their behalf?**

**A18:** Yes. A member can enroll a minor dependent on his/her behalf.

**Q19: Will I pay \$0 OOP for all my medications?**

**A19:** No. Only specialty medications on your plan's exclusive Specialty Drug List and dispensed by CVS Specialty are eligible for the program and will have a \$0 OOP cost.

Please note: PrudentRx does not decide what medications are covered (on the formulary) by the plan. If you have questions about coverage, please call the CVS Caremark Customer Care number on the back of your member identification card.

**Q20: What if I fill my eligible prescription outside of CVS Specialty?**

**A20:** Your plan has chosen CVS Specialty as the exclusive provider to dispense most specialty medications. If you fill an exclusive specialty medication outside of CVS Specialty, it will not be covered. Please contact CVS Caremark Customer Care at the number on the back of your member identification card for assistance.

Please note: should you be allowed an override to process the medication outside of CVS Specialty, you will be responsible for the 30% copay responsibility.

**Q21: How many times should I expect to receive calls from PrudentRx?**

**A21:** Once you are enrolled, PrudentRx will only call you to start new copay card programs for your medications. You won't receive another call from PrudentRx until it is time to renew. If you have any questions, you can always call PrudentRx at 1-800-578-4403.

**Q22: What if I start a different specialty medication?**

**A22:** If you start a new specialty medication, PrudentRx will contact you to start any copay assistance available for the new medication or you can call PrudentRx at 1-800-578-4403.

**Q23: What are the PrudentRx hours of operation? What language services do are offered?**

**A23:** PrudentRx offers direct member support. Specially trained customer care advocates are available Monday through Friday from 8 AM to 8 PM ET. Spanish-speaking advocates and language services are available.

# The PrudentRx Copay Program Frequently Asked Questions

1. Copay, copayment or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.
2. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any government payor plan.
3. Only amounts paid by the member apply to the deductible. Amounts paid by manufacturers or others are not applied to the deductible
4. A self-funded Plan may define the items and services that qualify as EHB by referencing any definition authorized by the U.S. Department of Health and Human Services, including any available state benchmark plan. Your Plan utilizes the Utah Essential Health Benefit Benchmark Plan.
5. There's an exception process to decide if a medication that's not an EHB is medically necessary for a particular member.

# An Exciting New Program for our Employees who take **SPECIALTY MEDICATIONS**



## **WHO NEEDS TO READ THIS NEWSLETTER?**

If you received this newsletter, it is likely that you have been prescribed a specialty medication. This newsletter has some exciting new information about an innovative new program that will reduce your out of pocket cost to \$0 on select specialty medications. Action may be required on your part to take advantage of this new and innovative program so please read the entire newsletter and act soon!

There are over 400 Specialty medications available today and that number is rapidly growing. Rare diseases requiring specialty medication affect between 25-30 million patients. Many patients are suffering, but few and limited treatment options are available. Fortunately, specialty medication research by public and private organizations is expected to account for 65% of new drug approvals between 2019 and 2023. Additional specialty medications will provide added relief for patients with Hepatitis C, Autoimmune disorders, Oncology and Multiple Sclerosis.

Specialty medications typically cost several hundred dollars monthly as they may require unique methods of administration such as injections, infusions or nebulizers. In addition, routine patient monitoring may require lab tests, office visits, enrollment and documentation into monitoring programs, medication risk evaluation and prior authorization by insurers.

Specialty Pharmacies like CVS Specialty help the patient simplify the, sometimes complex, process of accessing and utilizing specialty medications. Specialty pharmacies assist with insurance paperwork and reimbursement services for potentially life-saving specialty medications. Importantly, they coordinate insurance benefits to save patients potentially enormous out of pocket costs. Specialty pharmacies connect patients who are ill with the medications that are prescribed for their condition by health care professionals. One of the most important services a specialty pharmacy can provide is patient care services to support patients who are facing insurance coverage and affordability reimbursement challenges.

We have partnered with PrudentRx to reduce specialty costs through an innovative copay plan design strategy. PrudentRx is integrated with CVS Specialty Pharmacy Operations as a third party to insure a seamless, premium

member experience for our employees. PrudentRx will work with you and the drug manufacturer to get copay card assistance when available and will assist you when copay cards need renewal. Even if your specialty medication has no copay card, your out of pocket cost will be \$0 as long as you are enrolled in the PrudentRx program.

The PrudentRx program, in coordination with our company, is making it possible to get your specialty medications at no out of pocket cost to our employees on any covered specialty medication on our plan's designated specialty drug list when you fill your prescription at CVS Specialty Pharmacy.

Enrollment in the PrudentRx program is an easy two-step process.

- Step One: The first step of the enrollment process is complete, and your member information is on file with PrudentRx.
- Step Two: You need to call PrudentRx at 1-800-578-4403 within the next 5-days to register for any copay assistance available from drug manufacturers.

It is essential to speak with a PrudentRx Advocate to complete step two and become fully enrolled to avoid being opted out of the program.

Some drug manufacturers require you to personally sign up via telephone to take advantage of their copay card assistance programs. To assist you with applying for a copay card with the manufacturer of your specialty medication, PrudentRx has a team of member advocates available Monday through Friday from 8 a.m. to 8 p.m. EST.

1-800-578-4403 Monday through Friday 8 a.m. to 8 p.m. EST (English and Spanish language available). Language line available for other languages.

If you do not contact the PrudentRx member advocate team, they will reach out to you via telephone. If you do not answer or return the call, and enroll in any copay card assistance program as required by manufacturer, you will be responsible for 30% of the cost of your specialty medications.

It is very important that you reach out to the PrudentRx member advocate team within 5 days of receiving this newsletter at 1-800-578-4403.



  
**1-800-578-4403**  
Monday-Friday 8AM to 8PM EST  
[prudentrx.com](http://prudentrx.com)





3820 NORTHDAL BLVD, STE 311A  
TAMPA, FL 33624

[DATE]

[PATIENT NAME]  
[ADDRESS]  
[CITY, STATE, ZIP]

Dear [PATIENT NAME],

Your Prescription Benefit Plan is collaborating with PrudentRx to offer a program that can save you money and reduce your out-of-pocket cost for covered specialty medications to \$0 effective [Month Day, Year].

### **Pay \$0 with The PrudentRx Copay Program**

As part of your prescription plan with CVS/Caremark, the PrudentRx Copay Program allows you to get any of your covered specialty medications that are on your Plan's Exclusive Specialty Drug List for \$0 out-of-pocket when you fill at CVS Specialty®.

PrudentRx will work with you and the drug manufacturers to get copay card assistance<sup>1</sup> and will manage enrollment and renewals for those copay cards on your behalf. Even if there is no copay card program for your medication, your out-of-pocket cost will be \$0 for your covered specialty medications under the PrudentRx Program.

### **Communication with PrudentRx Advocates**

Enrollment in the PrudentRx program is an easy two-step process.

- **Step One:** The first step of the enrollment process is complete, and your member information is on file with PrudentRx.
- **Step Two:** You need to call PrudentRx at 1-800-578-4403 within the next 5-days to register for any copay assistance available from drug manufacturers.

It is essential to speak with a PrudentRx Advocate to complete step two and become fully enrolled to avoid being opted out of the program.

Even if you currently have a copay card or take a medication that does not have a copay card available, you still need to speak with a PrudentRx Advocate. A PrudentRx Advocate will also attempt to reach you by phone to confirm your enrollment.

If you do not return the call, choose to opt-out of the program, or if you do not affirmatively enroll in any copay assistance program as required by a manufacturer, you will be responsible for 30% of the cost of your specialty medications. If you have any questions about the program, call PrudentRx at 1-800-578-4403, Monday through Friday from 8 a.m. to 9:30 p.m. ET, or Saturday from 9 a.m. to 6 p.m. ET.

**The cost of your specialty medication is changing.**

**Act by [Month Day, Year] to pay \$0 out of pocket**

**Please Note:** At the time of this mailing, if you have changed your Prescription Benefit Plan election to a plan that does not include the PrudentRx Program, you will not be eligible to participate in the program.

Sincerely,

The PrudentRx Team

**Please note:** Some medications in the program are listed as an "essential health benefit," which allows your out-of-pocket cost to apply to your out-of-pocket maximum. Many specialty medications are considered "non-essential health benefits."<sup>2,3</sup> For medications that are not essential health benefits, amounts paid by you, a manufacturer or a plan sponsor will not apply to your out-of-pocket maximum.<sup>4</sup>

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<sup>1</sup>Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any government payor plan.

<sup>2</sup>A self-funded Plan may define the items and services that qualify as "essential health benefits" by referencing any definition authorized by the U.S. Department of Health and Human Services, including any available state benchmark plan. Your Plan utilizes the Utah Essential Health Benefit Benchmark Plan.

<sup>3</sup>There's an exception process to decide if a medication that's not an "essential health benefit" is medically necessary for a particular plan member.

<sup>4</sup>The out-of-pocket maximum is the total amount you must pay in a plan year for certain covered services called "essential health benefits." Once the specified out-of-pocket limit is reached, your health plan will pay 100 percent of the cost of these covered services. More information on the out-of-pocket limit is available in your plan benefit materials.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. 106-51813B 050720.

CFCvs-112420

CFCvs-112420



# Saving Analysis Brown County

July 2021



# PrudentRx Program Design



Thank you for providing PrudentRx the opportunity to analyze your specialty drug spend

*PrudentRx has developed a solution for clients that are seeking an optimization program to help address the rising trends of specialty medications*



By partnering with PrudentRx to analyze specialty drug spend, redesign the current specialty drug plan tier, and proactively enroll members into assistance programs, members and clients will see significant savings.



PrudentRx's high touch seamless process identifies and assists members navigating through the various copay assistance programs available to them while constantly monitoring the specialty claims to increase client savings with minimal member disruption.



The value created from the PrudentRx program is based on medications that are exclusively dispensed by CVS Specialty Pharmacy for your members.

# Brown County Information

## The Plan Information

<b>Members</b>	3,243
<b>Customer Industry</b>	NA
<b>Specialty Copay*</b>	20% / 30% / 45%
<b>Specialty Utilizers</b>	36
<b>Specialty Scripts</b>	179
<b>Current Specialty Spend</b>	\$887,675

\*Specialty Copay information is based on your most commonly enrolled plan

# PrudentRx Savings Assumptions



A flat  
**30%**  
coinsurance for all specialty  
medications exclusively dispensed by  
CVS specialty pharmacy



Non-Essential Medications do not count towards members deductibles or maximum out of pocket expenses.



All members who enroll in the PrudentRx Copay Assistance Program will have zero-dollar member out of pocket.



Medications which are not exclusive specialty are excluded from the program and savings analysis.



Member applied deductible will be excluded from the estimated member cost savings



Client has or adopts exclusive CVS specialty with no grace fills and true accumulation



Additional plan design requirements may be required by CVS Health.

# Brown County Summary



## Saving Analysis Summary

Client Name: Brown County  
 Members: 3,243  
 Specialty Drug List Type: Exclusive Specialty Medications + Enhanced Exclusive Specialty Medications  
 Date Range: 01/01/2021 - 06/30/2021

## Opportunity Summary

Projected PrudentRx Savings\*\* \$178,268  
 Projected Member Savings\* \$53,930  
 % of Specialty Savings 20.1%  
 PrudentRx Program Fees\*\*\* \$44,567  
**Net Savings \$133,701 (15.1%)**

Current Specialty Utilization	Total Spend (Client & Member)	Member Cost Share	Current Client Spend	Scripts	Utilizers*
Total Spend	\$941,605	\$53,930	\$887,675	179	36

## Top 5 Classes by Total Gross Cost

Specialty Drug Class	Current Client Spend	Est. Savings	Utilizers**	Scripts	Savings Percentage Generated
AUTOMMUNE	\$468,928	\$86,061	17	75	18.4%
ONCOLOGY	\$182,456	\$38,857	2	15	21.3%
MULTIPLE SCLEROSIS	\$121,696	\$31,786	3	22	26.1%
HUMAN IMMUNODEFICIENCY VIRUS	\$41,625	\$8,110	3	16	19.5%
ASTHMA	\$30,432	\$5,055	3	12	16.6%
OTHER	\$42,537	\$8,398	9	39	19.7%
<b>TOTAL</b>	<b>\$887,675</b>	<b>\$178,268</b>	<b>37</b>	<b>179</b>	<b>20.1%</b>

**Implementing the PrudentRx Copay Program will have a projected savings of \$133,701 (15.1%) of current Specialty Spend**

\*Projected Member Savings includes current members copy amounts and excludes applied deductibles. True member savings may vary if the member utilizes manufacturer assistance or the plan has true accumulation or copy optimization in place. \*\*Estimated savings accounts for true accumulation, additional cost incurred for scripts with no assistance available, and is based on historical specialty spend. Actual savings may vary based on specialty drug spend, benefit plan design, member demographics, and other factors. For high-deductible health plans, savings are due to deferral of client coverage in the post deductible and post-maximum-out-of-pocket phases. \*\*\*PrudentRx fees are calculated based on a shared savings model and fees are charged only when savings are realized. † Estimated Number of unique Utilizers. †† Estimated Number of unique Utilizers by category.

# Brown County Summary – Annualized



## Client Savings Estimate – Annualized

Client Name: Brown County  
 Members: 3,243  
 Date Range: 01/01/2021 - 12/31/2021

## Opportunity Summary – Annualized

Estimated PrudentRx Savings: \$280,153  
 % of Specialty Savings: 15.6%  
 PrudentRx Program Fees: \$70,038  
 Estimated Net Savings\*\*: \$210,114 (11.7%)

	Total Spend (Client & Member)	Member Cost Share*	Current Client Spend	Scripts	Avg. Script Cost
Total	\$1,909,366	\$109,358	\$1,800,008	363	\$5,260

Implementing the PrudentRx Copay Program will have a projected annual savings of \$210,114 (11.7%) of projected annual Specialty Spend

\*Estimated gross spend is annualized based on claim data provided. \*\*Estimated Net Savings is an estimate based on utilizing a 30% cost share and member baseline cost share in underlying data. Actual savings may vary based on specialty drug spend, benefit plan design, member demographics, and other factors.



# The Member Experience



**PrudentRx Provides A Seamless Member Experience**



Contact us today  
to discuss next steps

*We look forward to partnering with our clients  
to deliver specialty benefit savings while  
providing a seamless member experience.*

 **Name**  
Dominique Nguyen PharmD  
Account Executive

 **Email**  
leads@prudentrx.com

 **Phone**  
1-800-592-1707

September 22, 2021

TO THE HONORABLE CHAIRMAN AND MEMBERS  
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

**RESOLUTION APPROVING CHANGES TO THE  
BROWN COUNTY EMPLOYEE BENEFITS PLAN**

**WHEREAS**, Human Resources is charged with planning and administering the Employee Benefits Plan, including but not limited to the Employee Health Insurance Fund and the Employee Short-and-Long Term Disability (STD/LTD) Fund, and with administering the Family and Medical Leave Act (FMLA); and

**WHEREAS**, the County's health plan benefits advisor, USI Insurance Services, Inc. (USI), is recommending: **1)** prescription plan changes to promote cost savings to both the County and its employees; and **2)** bidding out County health insurance Stop Loss coverage.

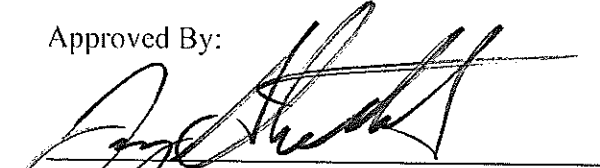
**NOW, THEREFORE, BE IT RESOLVED**, that the Brown County Board of Supervisors hereby approves of and authorizes the employee prescription plan design and plan coverage benefit changes recommended by USI, including utilizing PrudentRx with the County's current Prescription Benefits Manager (PBM), CVS Caremark through National Cooperative Rx, in order to enroll employee members who use Specialty Drugs (there are currently 36 of these) into Specialty Drug assistance programs that are expected to save the plan an estimated \$210,000 annually, while also eliminating the member coinsurance for Specialty Drug for those members who participate in the program; and

**BE IT FINALLY RESOLVED**, that Administration is authorized and directed to seek and secure USI recommended cost savings through rate negotiations that do not significantly change employee benefits, such as changing our stoploss carrier.

*Fiscal Note: This resolution is reflected in the proposed 2022 Budget.*

Respectfully submitted,  
 ADMINISTRATION COMMITTEE

Approved By:

  
 TROY STRECKENBACH  
 COUNTY EXECUTIVE

Date Signed: 9/23/2001

21-079R

Authored by: Human Resources

Approved by: Corporation Counsel

BOARD OF SUPERVISORS ROLL CALL # 8C

Motion made by Supervisor SCHADEWALD

Seconded by Supervisor SIEBER

SUPERVISORS	DIST. #	AYES	NAYS	ABSTAIN	EXCUSED
SIEBER	1	✓			
DE WANE	2				✓
CHU	3	✓			
DORFF	4	✓			
JACOBSON	5	✓			
LEFEBVRE	6	✓			
FRIBERG	7				✓
BORCHARDT	8	✓			
EVANS	9	✓			
VANDER LEEST	10	✓			
BUCKLEY	11	✓			
LANDWEHR	12				✓
DANTINNE, JR	13	✓			

SUPERVISORS	DIST. #	AYES	NAYS	ABSTAIN	EXCUSED
BRUSKY	14	✓			
MURPHY	15	✓			
KASTER	16	✓			
VAN DYCK	17				✓
HOPKINS	18	✓			
ERICKSON	19	✓			
COENEN	20	✓			
SCHULTZ	21	✓			
PETERS	22	✓			
SUENNEN	23	✓			
SCHADEWALD	24	✓			
LUND	25	✓			
DENEYS	26	✓			

Total Votes Cast 22 22-0  
 Motion: Adopted ✓ Defeated \_\_\_\_\_ Tabled \_\_\_\_\_