

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 Tuesday April 27, 2021 at 1:30pm via Virtual Webex meeting.

PRESENT: Jill Bomkamp, Jan Stage, Janelle Walton, Jason Petrella, Jeff Flynt, Lana Hitner, Matt Heyroth, Samantha Nikodem, Megan Borchardt, Erik Pritzl, John Vanderleest

EXCUSED: None

Others Present: Chad Weininger, Director of Administration

1. **Call meeting to order.**

The meeting was called to order by Janelle Walton at 1:30pm

2. **Roll Call.**

Roll call was taken.

3. **Approve/Modify Agenda**

Motion made by Erik Pritzl to approve and seconded by Jill Bomkamp. Motion carried unanimously

4. **Approve or Modify Agenda from October 2, 2020 Meeting**

Motion made by Megan Borchardt and seconded by Jason Petrella to approve. Motion carried unanimously

5. **Updates from USI**

Reviewed first quarter numbers – see attached for detail. Also looked at the new near sight clinic and how many people were utilizing. Questions asked about Teledoc numbers which will be provided at the next meeting

6. **Direction/focus of committee for 2021**

Discussion on the FSA's, PHA's and RAS programs. What insurance benefits can we look at/change
Additional agenda items are to be sent to Janelle by the 12th of May

Motion made by John Vanderleest and seconded by Megan Borchardt to add these items to our future agendas.

Motion carried unanimously

7. **Schedule Next Meeting**

Next meeting scheduled for Thursday May 20, 2021 at 1:30PM

8. **Adjourn**

Motion made by John Vanderleest to adjourn meeting at 2:30pm seconded by Megan Borchardt. All approved,
Motion carried unanimously.

Respectfully submitted,

Samantha Nikodem
Secretary

Brown County

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
Advanced Practice Provider (APP) Visits													
APP - Employee	7	15	28										50
APP - Dependent	6	11	14										31
Total APP Visits	13	26	42										81
Medical Assistant (MA) Visits													
MA - Employee	3	7	9										19
MA - Dependent	1	4	1										6
Total MA Visits	4	11	10										25
Total Visits	17	37	52										106
Total Employee Visits	10	19	29										58
Total Dependent Visits	7	15	15										37

On-site Billed Charges

Advanced Practice Provider (APP)	\$9,600.00	\$9,600.00	\$10,920.00										\$30,120.00
MA/PSR	\$3,198.00	\$3,165.50	\$3,594.50										\$9,958.00
Lab Services	\$614.07	\$528.42	\$880.44										\$2,022.93
Access Fee	\$1,083.33	\$1,083.33	\$1,083.33										\$3,249.99
Supplies/Drug Screens	\$284.72	\$297.58	\$244.93										\$827.23
Total Cost	\$14,780.12	\$14,674.83	\$16,723.20										\$46,178.15
Average Cost/Visit	\$869.42	\$396.62	\$321.60										\$435.64

Bellin Fast Care

Service	January	February	March	April	May	June	July	August	September	October	November	December	Total YTD
Number of Visits	3	7	7										17
Total Cost	\$2,233.00	\$2,233.00	\$2,233.00										\$6,699.00
Average Cost/Visit	\$744.33	\$319.00	\$319.00										\$394.06

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Brown County - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: USI Insurance Services

Date Prepared: 04/19/21

Plan Year: 01/01/21 - 12/31/21

Medical & Rx Carriers:

UMR & CVS Caremark

Total Monthly Funding	
Single	Family
\$591.93	\$1,578.42

HCR Fees
PCORI
\$2.66 Per Member Per Year

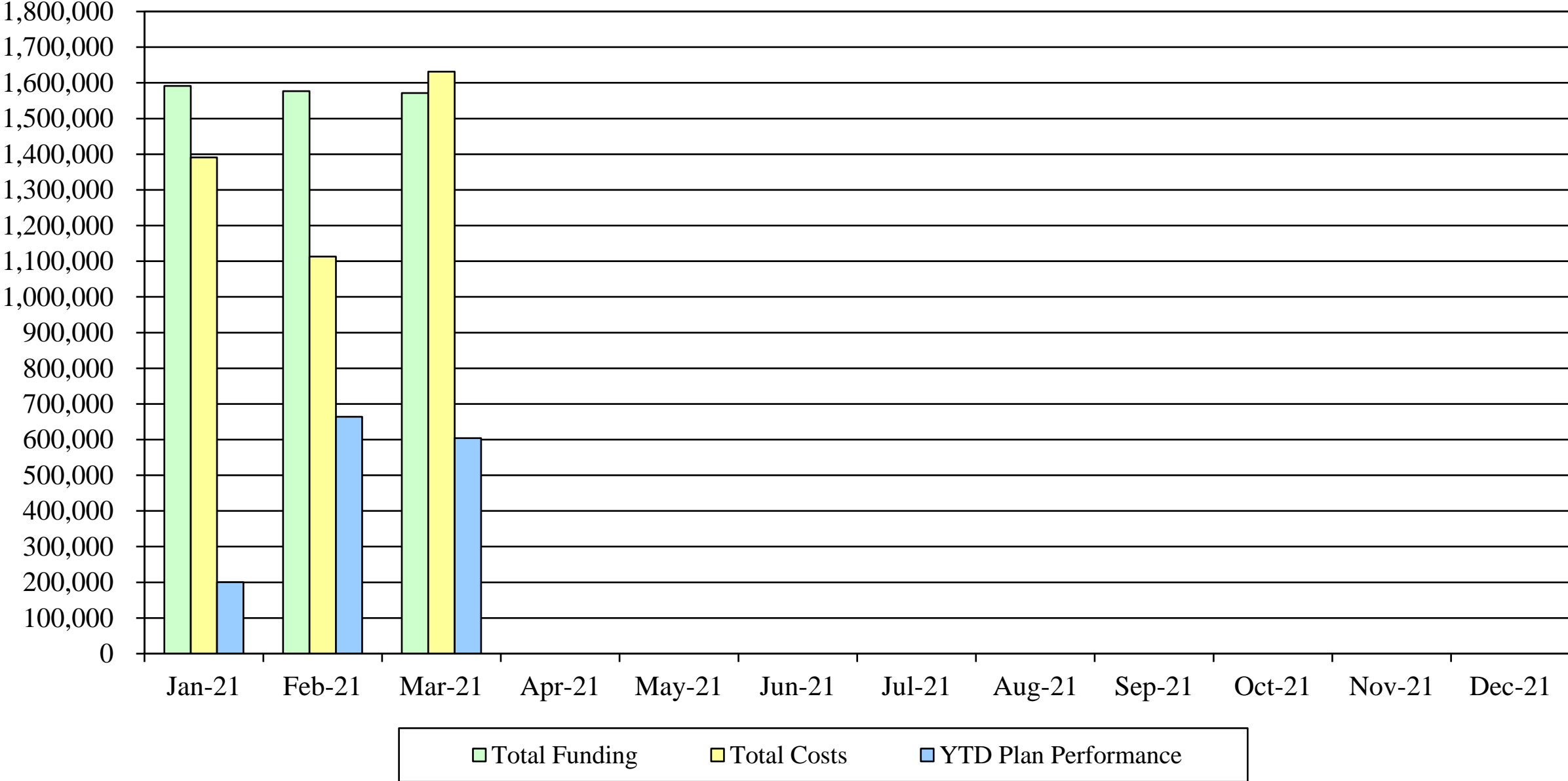
	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$18.56	\$18.56
Specific Stop Loss (HCC Life -\$400,000)	\$12.04	\$48.78
UM Fee	\$2.15	\$2.15
Care Fee (CM/MM/NL)	\$1.62	\$1.62
PPO Access Fee	\$16.87	\$16.87
Plan Advisor Fee	\$2.10	\$2.10
Teledoc Fee	\$1.27	\$1.27
PBM External Billing Fee	\$0.10	\$0.10
PBM Carveout Fee	\$0.50	\$0.50
NCRx Membership Fee	\$0.50	\$0.50
Sum of Total Monthly Fixed Costs	\$55.71	\$92.45

	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
Monthly Enrollment													
Single	502	499	503										1,504
Family	820	812	807										2,439
Total	1,322	1,311	1,310										3,943
Monthly Membership	3,320	3,291	3,283										9,894
Total Funding													
Single	297,148.86	295,373.07	297,740.79										\$890,262.72
Family	1,294,304.40	1,281,677.04	1,273,784.94										\$3,849,766.38
Sum of Total Funding	\$1,591,453.26	\$1,577,050.11	\$1,571,525.73										\$4,740,029.10
Fixed Costs													
Single	27,966.42	27,799.29	28,022.13										\$83,787.84
Family	75,809.00	75,069.40	74,607.15										\$225,485.55
Sum of Total Fixed Costs	\$103,775.42	\$102,868.69	\$102,629.28										\$309,273.39
Claims Costs													
Medical Claims	1,215,705.17	1,013,983.08	1,267,833.12										\$3,497,521.37
Prescription Drug Claims	118,871.57	233,407.66	244,373.07										\$596,652.30
Prevea Clinic Fees	14,780.12	14,674.83	16,723.20										\$46,178.15
Sum of Total Claims Costs	\$1,349,356.86	\$1,262,065.57	\$1,528,929.39										\$4,140,351.82
HCR Fees													
PCORI Fees	\$735.93	\$729.51	\$727.73										\$2,193.17
Sum of Total HCR Fees	\$735.93	\$729.51	\$727.73										\$2,193.17
Reimbursements													
Specific Excess Loss	(54,177.45)	(4,678.19)	0.00										(\$58,855.64)
Prescription Drug Rebate	0.00	(247,254.00)	0.00										(\$247,254.00)
J Code Rebate	(7,633.01)	0.00	0.00										(\$7,633.01)
Sum of Reimbursements	(\$61,810.46)	(\$251,932.19)	\$0.00										(\$313,742.65)
Total Costs	\$1,392,057.75	\$1,113,731.58	\$1,632,286.40										\$4,138,075.73
Funding Less Costs	\$199,395.51	\$463,318.54	(\$60,760.67)										\$601,953.37
YTD Plan Performance	\$199,395.51	\$662,714.04	\$601,953.37										
YTD % of Total Costs to Funding													87.30%
YTD Average Monthly Cost Per Employee	\$1,052.99	\$951.69	\$1,049.47										\$1,049.47

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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: 04/19/21
Plan Year: 01/01/21 - 12/31/21

Dental Carriers:
Delta Dental

Total Monthly Funding	
Single	Family
\$40.72	\$114.62

Total Monthly Fixed Costs	
Single	Family
\$3.40	\$3.40
\$3.40	\$3.40

Administration Fee
Sum of Total Monthly Fixed Costs

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	367	369	371										1,107
Family	768	756	750										2,274
Total	1,135	1,125	1,121										3,381

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	14,944.24	15,025.68	15,107.12										\$45,077.04
Family	88,028.16	86,652.72	85,965.00										\$260,645.88
Sum of Total Funding	\$102,972.40	\$101,678.40	\$101,072.12										\$305,722.92

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	1,247.80	1,254.60	1,261.40										\$3,763.80
Family	2,611.20	2,570.40	2,550.00										\$7,731.60
Sum of Total Fixed Costs	\$3,859.00	\$3,825.00	\$3,811.40										\$11,495.40

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										\$304,412.00
Sum of Total Claims Costs	\$95,878.00	\$103,281.00	\$105,253.00										\$304,412.00

Total Costs	\$99,737.00	\$107,106.00	\$109,064.40										\$315,907.40
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Funding Less Costs	\$3,235.40	(\$5,427.60)	(\$7,992.28)										(\$10,184.48)
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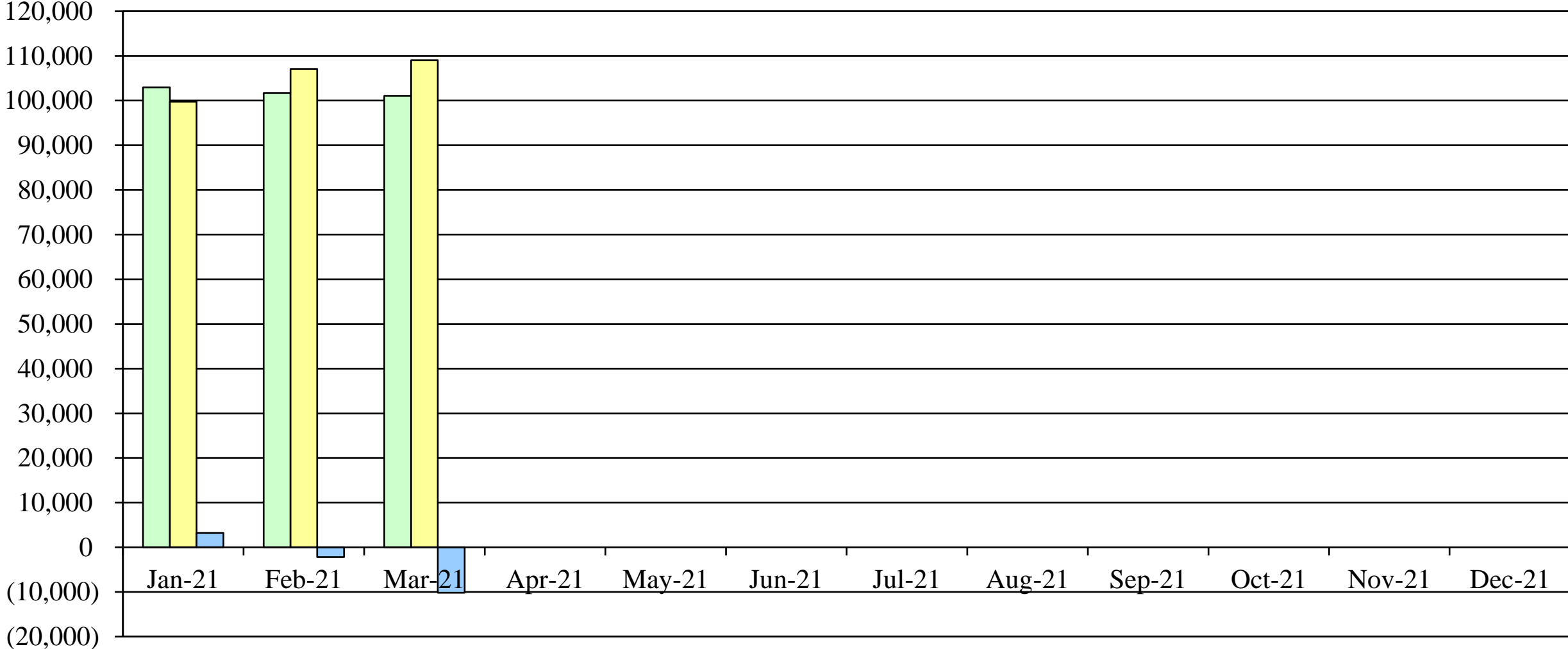
YTD Plan Performance	\$3,235.40	(\$2,192.20)	(\$10,184.48)										
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YTD % of Total Costs to Funding													103.33%
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YTD Average Monthly Cost Per Employee	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$87.87	\$91.52	\$93.44										\$93.44

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Dental Summary Graph



Total Funding
 Total Costs
 YTD Plan Performance

Brown County

Group ID: UMR.76010143

Transaction Date: 1/1/2020 through 12/31/2020 (366 days) (Paid Data)



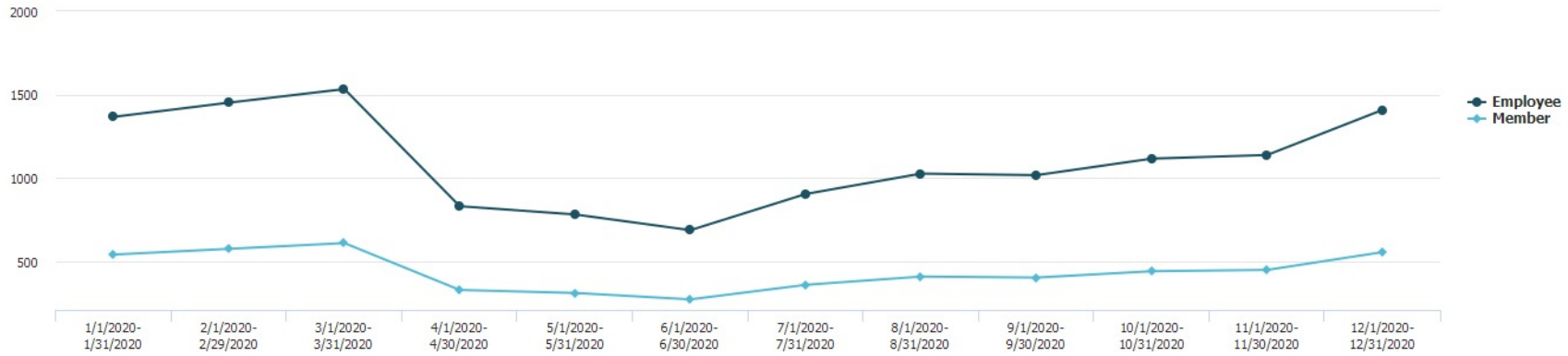
Claim Summary for Overall

Date Range	1/1/2020 1/31/2020	2/1/2020 2/29/2020	3/1/2020 3/31/2020	4/1/2020 4/30/2020	5/1/2020 5/31/2020	6/1/2020 6/30/2020	7/1/2020 7/31/2020	8/1/2020 8/31/2020	9/1/2020 9/30/2020	10/1/2020 10/31/2020	11/1/2020 11/30/2020	12/1/2020 12/31/2020	Average/ Total
Total Charges	\$4,073,919.71	\$4,851,365.42	\$4,686,010.24	\$2,674,574.86	\$2,865,868.23	\$2,192,906.87	\$2,421,443.36	\$2,454,813.72	\$3,099,459.83	\$3,787,331.02	\$3,861,459.11	\$4,224,452.59	\$41,193,604.96
Provider Reductions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Responsibility	\$299,882.13	\$398,932.53	\$408,835.95	\$181,737.84	\$178,544.45	\$256,655.54	\$199,964.89	\$238,106.25	\$216,490.88	\$244,295.70	\$176,805.38	\$221,920.83	\$3,022,172.37
Other Insurance	\$11,050.23	\$18,813.99	\$39,798.60	\$50,407.18	\$103,683.93	\$5,543.47	\$4,292.60	\$14,801.22	\$11,688.80	\$17,487.59	\$3,931.41	\$35,215.49	\$316,714.51
Plan Payment	\$1,692,463.04	\$1,797,281.84	\$2,016,278.76	\$1,268,392.54	\$938,797.10	\$1,088,297.48	\$1,099,405.58	\$1,259,532.94	\$1,241,224.52	\$1,632,602.21	\$1,484,607.71	\$1,756,574.53	\$17,275,458.25
% of Charges	41.54 %	37.05 %	43.03 %	47.42 %	32.76 %	49.63 %	45.40 %	51.31 %	40.05 %	43.11 %	38.45 %	41.58 %	42.61 %
Spec Stop Loss Reimb	\$0.00	\$0.00	\$95,560.13	\$0.00	\$0.00	\$0.00	\$0.00	\$5,616.31	\$5,400.63	\$7,986.66	\$94,192.85	\$5,534.97	\$214,291.55
Claims Cost - Total	\$1,692,463.04	\$1,797,281.84	\$1,920,718.63	\$1,268,392.54	\$938,797.10	\$1,088,297.48	\$1,099,405.58	\$1,253,916.63	\$1,235,823.89	\$1,624,615.55	\$1,390,414.86	\$1,751,039.56	\$17,061,166.70
Employee	\$689,307.30	\$657,269.09	\$774,663.13	\$466,496.54	\$483,029.41	\$553,022.64	\$573,921.55	\$576,762.77	\$651,625.02	\$755,454.27	\$773,509.00	\$908,018.48	\$7,863,079.20
Spouse	\$501,936.43	\$462,255.75	\$566,745.23	\$331,077.55	\$238,017.31	\$309,039.99	\$291,135.84	\$414,553.71	\$338,237.12	\$517,120.52	\$416,707.81	\$559,334.33	\$4,946,161.59
Dependent	\$501,219.31	\$677,757.00	\$674,870.40	\$470,818.45	\$217,750.38	\$226,234.85	\$234,348.19	\$268,216.46	\$251,362.38	\$360,027.42	\$294,390.90	\$289,221.72	\$4,466,217.46
Total Employees	1,308	1,304	1,316	1,311	1,324	1,318	1,322	1,315	1,309	1,305	1,306	1,312	1,313
Employee Only	483	486	497	494	504	498	501	498	490	483	481	485	492
Family	825	818	819	817	820	820	821	817	819	822	825	827	821
Cost Per Employee	\$1,293.93	\$1,378.28	\$1,532.13	\$967.50	\$709.06	\$825.72	\$831.62	\$957.82	\$948.22	\$1,251.04	\$1,136.76	\$1,338.85	\$1,097.58
Claims Processed	6,165	5,675	6,163	3,939	4,064	5,027	5,164	5,221	5,170	6,227	5,237	6,184	64,236
Average Claim Cost	\$274.53	\$316.70	\$311.65	\$322.01	\$231.00	\$216.49	\$212.90	\$240.17	\$239.04	\$260.90	\$265.50	\$283.16	\$264.50
Services Processed	9,635	8,505	9,274	5,238	5,894	7,021	7,289	7,617	7,646	10,262	7,783	9,704	95,868
Average Service Cost	\$175.66	\$211.32	\$207.11	\$242.15	\$159.28	\$155.01	\$150.83	\$164.62	\$161.63	\$158.31	\$178.65	\$180.45	\$178.75

Total Cost Summary for Overall

Date Range	1/1/2020 1/31/2020	2/1/2020 2/29/2020	3/1/2020 3/31/2020	4/1/2020 4/30/2020	5/1/2020 5/31/2020	6/1/2020 6/30/2020	7/1/2020 7/31/2020	8/1/2020 8/31/2020	9/1/2020 9/30/2020	10/1/2020 10/31/2020	11/1/2020 11/30/2020	12/1/2020 12/31/2020	Average/ Total
Plan Payment	\$1,692,463.04	\$1,797,281.84	\$2,016,278.76	\$1,268,392.54	\$938,797.10	\$1,088,297.48	\$1,099,405.58	\$1,259,532.94	\$1,241,224.52	\$1,632,602.21	\$1,484,607.71	\$1,756,574.53	\$17,275,458.25
Medical Plan Payment	\$1,447,999.77	\$1,531,012.27	\$1,713,722.20	\$977,332.40	\$644,220.02	\$771,230.20	\$756,496.18	\$954,877.65	\$887,214.90	\$1,303,517.94	\$1,115,462.65	\$1,353,876.41	\$13,456,962.59
Rx Plan Payment	\$244,463.27	\$266,269.57	\$302,556.56	\$291,060.14	\$294,577.08	\$317,067.28	\$342,909.40	\$304,655.29	\$354,009.62	\$329,084.27	\$369,145.06	\$402,698.12	\$3,818,495.66
Other Expenses	\$97,302.96	\$96,852.64	\$97,521.20	\$97,188.61	\$97,978.28	\$97,661.06	\$97,906.66	\$97,400.09	\$97,151.11	\$97,041.99	\$97,163.10	\$97,548.56	\$1,168,716.26
Administration Fees	\$54,661.32	\$54,494.16	\$54,995.64	\$54,786.69	\$55,329.96	\$55,079.22	\$55,246.38	\$54,953.85	\$54,703.11	\$54,535.95	\$54,577.74	\$54,828.48	\$658,192.50
Specific Premium	\$42,641.64	\$42,358.48	\$42,525.56	\$42,401.92	\$42,648.32	\$42,581.84	\$42,660.28	\$42,446.24	\$42,448.00	\$42,506.04	\$42,585.36	\$42,720.08	\$510,523.76
Spec Stop Loss Reimb	\$0.00	\$0.00	\$95,560.13	\$0.00	\$0.00	\$0.00	\$0.00	\$5,616.31	\$5,400.63	\$7,986.66	\$94,192.85	\$5,534.97	\$214,291.55
RX Rebate	\$1,189.42	\$0.00	\$0.00	\$274,272.00	\$0.00	\$277,772.00	\$0.00	\$0.00	\$0.00	\$263,485.00	\$0.00	\$0.00	\$816,718.42
Total Plan Cost	\$1,788,576.58	\$1,894,134.48	\$2,018,239.83	\$1,091,309.15	\$1,036,775.38	\$908,186.54	\$1,197,312.24	\$1,351,316.72	\$1,332,975.00	\$1,458,172.54	\$1,487,577.96	\$1,848,588.12	\$17,413,164.54
Total Cost Per Employee	\$1,367.41	\$1,452.56	\$1,533.62	\$832.42	\$783.06	\$689.06	\$905.68	\$1,027.62	\$1,018.32	\$1,117.37	\$1,139.03	\$1,408.98	\$1,106.26
Total Cost Per Member	\$542.98	\$577.30	\$611.59	\$331.10	\$312.94	\$274.71	\$361.73	\$411.23	\$405.28	\$443.21	\$451.05	\$557.48	\$440.05

Per Employee/Member Trend



Budget to Actual Summary for Overall

Date Range	1/1/2020 1/31/2020	2/1/2020 2/29/2020	3/1/2020 3/31/2020	4/1/2020 4/30/2020	5/1/2020 5/31/2020	6/1/2020 6/30/2020	7/1/2020 7/31/2020	8/1/2020 8/31/2020	9/1/2020 9/30/2020	10/1/2020 10/31/2020	11/1/2020 11/30/2020	12/1/2020 12/31/2020	Average/ Total
Total Plan Cost	\$1,788,576.58	\$1,894,134.48	\$2,018,239.83	\$1,091,309.15	\$1,036,775.38	\$908,186.54	\$1,197,312.24	\$1,351,316.72	\$1,332,975.00	\$1,458,172.54	\$1,487,577.96	\$1,848,588.12	\$17,413,164.54
Plan Budget	\$1,588,098.69	\$1,578,825.54	\$1,586,915.19	\$1,581,982.56	\$1,592,637.12	\$1,589,085.54	\$1,592,439.75	\$1,584,350.28	\$1,582,771.68	\$1,583,363.43	\$1,585,928.34	\$1,591,452.90	\$19,037,851.02
Plan Cost Percent of Budget	112.62 %	119.97 %	127.18 %	68.98 %	65.10 %	57.15 %	75.19 %	85.29 %	84.22 %	92.09 %	93.80 %	116.16 %	91.48 %



This report can only be as accurate and complete as the data provided by your insurance companies/TPAs, as some insurance companies/TPAs may not provide data to populate all of the sections of this report. The results can also be impacted by any changes you make to your insurance companies/TPAs during the date range covered by this report, since the first company/TPA may provide different data sets than the second company/TPA. As a result, you should exercise caution in interpreting the report's results, and our legal duty to you is limited to making a good faith effort to follow whatever instructions you give us based on your interpretation of the report.