

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 Thursday May 20, 2021 at 1:30pm via a Webex Virtual Meeting.

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

EXCUSED: Jill Bomkamp and Megan Borchardt

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 or modify agenda**

Erik Pritzl made a motion to approve the agenda, seconded by Matt Heyroth. All in favor, motion carried unanimously

4. **Review and approve or modify minutes from April 27, 2021**

Small modification made to change the spelling of Razz to RAS. Motion then made by Chad Weininger to approve minutes, seconded by John Vanderleest. All in favor, motion carried unanimously.

5. **Update on Medical Funding Analysis from USI**

Updated provided by Jan – see attached for detail. Discussion had on how we could better promote near sight, Bellin Fast Care and Teledoc. Motion made to receive and place this information on file by Erik Pritzl. Seconded by Jeff Flynt. All in favor, motion carried unanimously.

6. **Discuss benefits, recommendations for USI, potential changes**

Erik went over an area they have at the new CTC building that could potentially be used as a nurse's station to add another near sight clinic location. Aside from this Chad isn't predicting any changes to be made at this point.

7. **Schedule next meeting**

Thursday June 17th at 1:30pm

8. **Adjourn**

Motion made by Samantha Nikodem to Adjourn meeting at 2:20pm seconded by Erik Pritzl. All in favor, 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	29									79
APP - Dependent	6	11	14	16									47
Total APP Visits	13	26	42	45									126
Medical Assistant (MA) Visits													
MA - Employee	3	7	9	6									25
MA - Dependent	1	4	1	3									9
Total MA Visits	4	11	10	9									34
Total Visits	17	37	52	54									160
Total Employee Visits	10	22	37	35									104
Total Dependent Visits	7	15	15	19									56

On-site Billed Charges

Advanced Practice Provider (APP)	9,600.00	9,600.00	10,920.00	9,780.00									\$39,900.00
MA/PSR	3,198.00	3,165.50	3,594.50	3,445.00									\$13,403.00
Lab Services	614.07	528.42	880.44	951.78									\$2,974.71
Access Fee	1,083.33	1,083.33	1,083.33	1,083.33									\$4,333.32
Supplies/Drug Screens	284.72	297.58	244.93	169.10									\$996.33
Total Cost	\$14,780.12	\$14,674.83	\$16,723.20	\$15,429.21									\$61,607.36
Average Cost/Visit	\$869.42	\$396.62	\$321.60	\$285.73									\$385.05

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									22
Total Cost	\$2,233.00	\$2,233.00	\$2,233.00	\$2,233.00									\$8,932.00
Average Cost/Visit	\$744.33	\$319.00	\$319.00	\$446.60									\$406.00

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Brown County - Medical Funding Analysis Report

Plan Name:

Medical Plan

Prepared By: USI Insurance Services

Date Prepared: 05/14/21

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

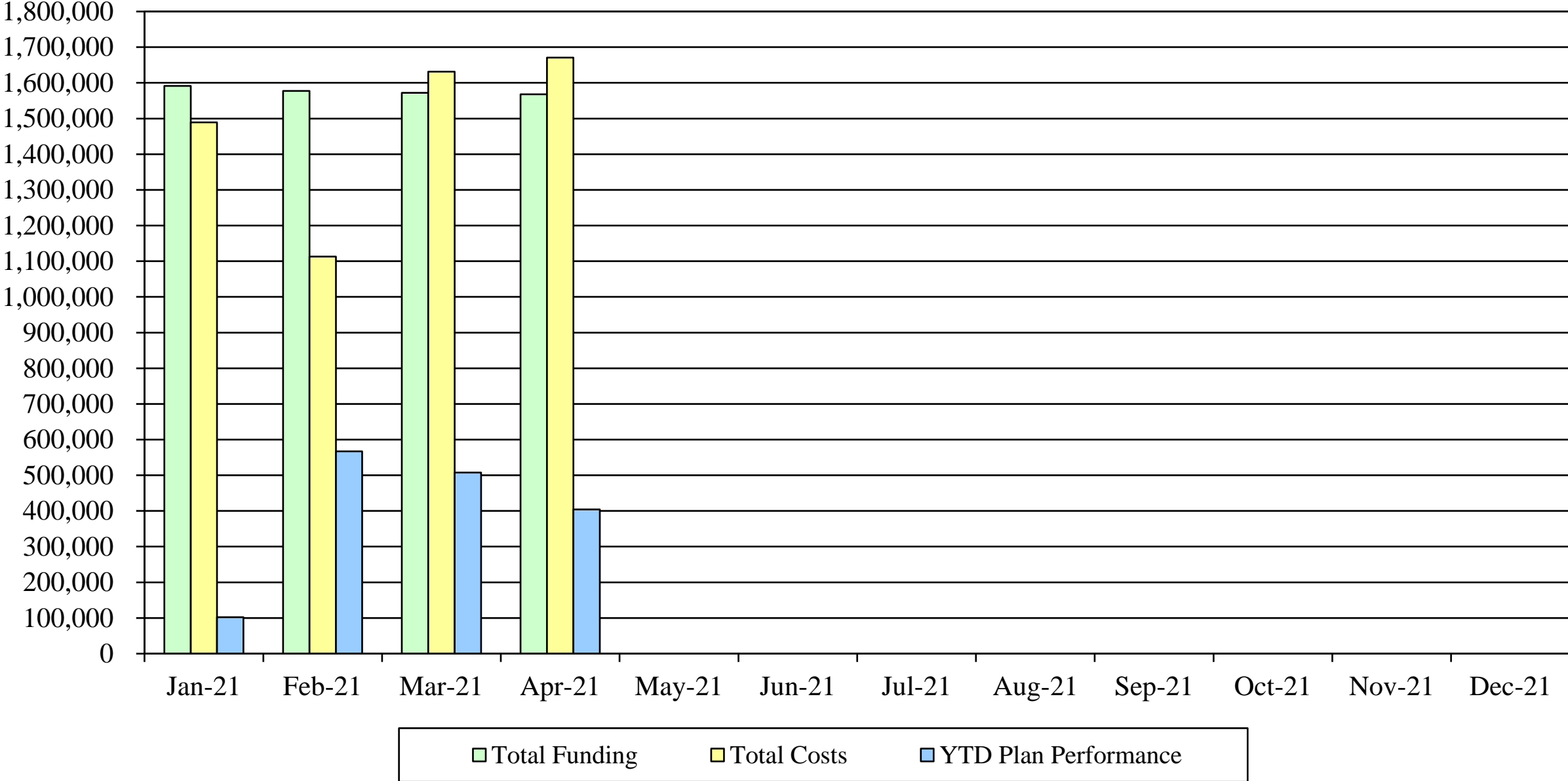
	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$18.56	\$18.56
Specific Stop Loss (HCC Life -\$400,000)	\$12.04	\$48.78
UM Fee	\$2.15	\$2.15
Care Fee (CM/MM/NL)	\$1.62	\$1.62
PPO Access Fee	\$16.87	\$16.87
Plan Advisor Fee	\$2.10	\$2.10
Teledoc Fee	\$1.27	\$1.27
PBM External Billing Fee	\$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	500	504	502									2,008
Family	820	812	807	805									3,244
Total	1,322	1,312	1,311	1,307									5,252
Monthly Membership	3,320	3,292	3,284	3,277									13,173
Total Funding													
Single	297,148.86	295,965.00	298,332.72	297,148.86									\$1,188,595.44
Family	1,294,304.40	1,281,677.04	1,273,784.94	1,270,628.10									\$5,120,394.48
Sum of Total Funding	\$1,591,453.26	\$1,577,642.04	\$1,572,117.66	\$1,567,776.96									\$6,308,989.92
Fixed Costs													
Single	27,966.42	27,855.00	28,077.84	27,966.42									\$111,865.68
Family	75,809.00	75,069.40	74,607.15	74,422.25									\$299,907.80
Sum of Total Fixed Costs	\$103,775.42	\$102,924.40	\$102,684.99	\$102,388.67									\$411,773.48
Claims Costs													
Medical Claims	1,215,705.17	1,013,983.08	1,267,833.12	1,232,039.98									\$4,729,561.35
Prescription Drug Claims	216,568.23	233,407.66	244,373.07	320,981.73									\$1,015,330.69
Prevea Clinic Fees	14,780.12	14,674.83	16,723.20	15,429.21									\$61,607.36
Sum of Total Claims Costs	\$1,447,053.52	\$1,262,065.57	\$1,528,929.39	\$1,568,450.92									\$5,806,499.40
HCR Fees													
PCORI Fees	\$735.93	\$729.73	\$727.95	\$726.40									\$2,920.02
Sum of Total HCR Fees	\$735.93	\$729.73	\$727.95	\$726.40									\$2,920.02
Reimbursements													
Specific Excess Loss	(54,177.45)	(4,678.19)	0.00	0.00									(\$58,855.64)
Prescription Drug Rebate	0.00	(247,254.00)	0.00	0.00									(\$247,254.00)
J Code Rebate	(7,633.01)	0.00	0.00	0.00									(\$7,633.01)
Sum of Reimbursements	(\$61,810.46)	(\$251,932.19)	\$0.00	\$0.00									(\$313,742.65)
Total Costs	\$1,489,754.41	\$1,113,787.51	\$1,632,342.33	\$1,671,565.99									\$5,907,450.25
Funding Less Costs	\$101,698.85	\$463,854.53	(\$60,224.67)	(\$103,789.03)									\$401,539.68
YTD Plan Performance	\$101,698.85	\$565,553.38	\$505,328.71	\$401,539.68									
YTD % of Total Costs to Funding													93.64%
YTD Average Monthly Cost Per Employee	\$1,126.89	\$988.44	\$1,073.73	\$1,124.80									\$1,124.80

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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: 05/14/21
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	368	370	372	372									1,482
Family	768	756	750	749									3,023
Total	1,136	1,126	1,122	1,121									4,505

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	14,984.96	15,066.40	15,147.84	15,147.84									\$60,347.04
Family	88,028.16	86,652.72	85,965.00	85,850.38									\$346,496.26
Sum of Total Funding	\$103,013.12	\$101,719.12	\$101,112.84	\$100,998.22									\$406,843.30

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	1,251.20	1,258.00	1,264.80	1,264.80									\$5,038.80
Family	2,611.20	2,570.40	2,550.00	2,546.60									\$10,278.20
Sum of Total Fixed Costs	\$3,862.40	\$3,828.40	\$3,814.80	\$3,811.40									\$15,317.00

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									\$404,546.00
Sum of Total Claims Costs	\$95,878.00	\$103,281.00	\$105,253.00	\$100,134.00									\$404,546.00

Total Costs	\$99,740.40	\$107,109.40	\$109,067.80	\$103,945.40									\$419,863.00
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Funding Less Costs	\$3,272.72	(\$5,390.28)	(\$7,954.96)	(\$2,947.18)									(\$13,019.70)
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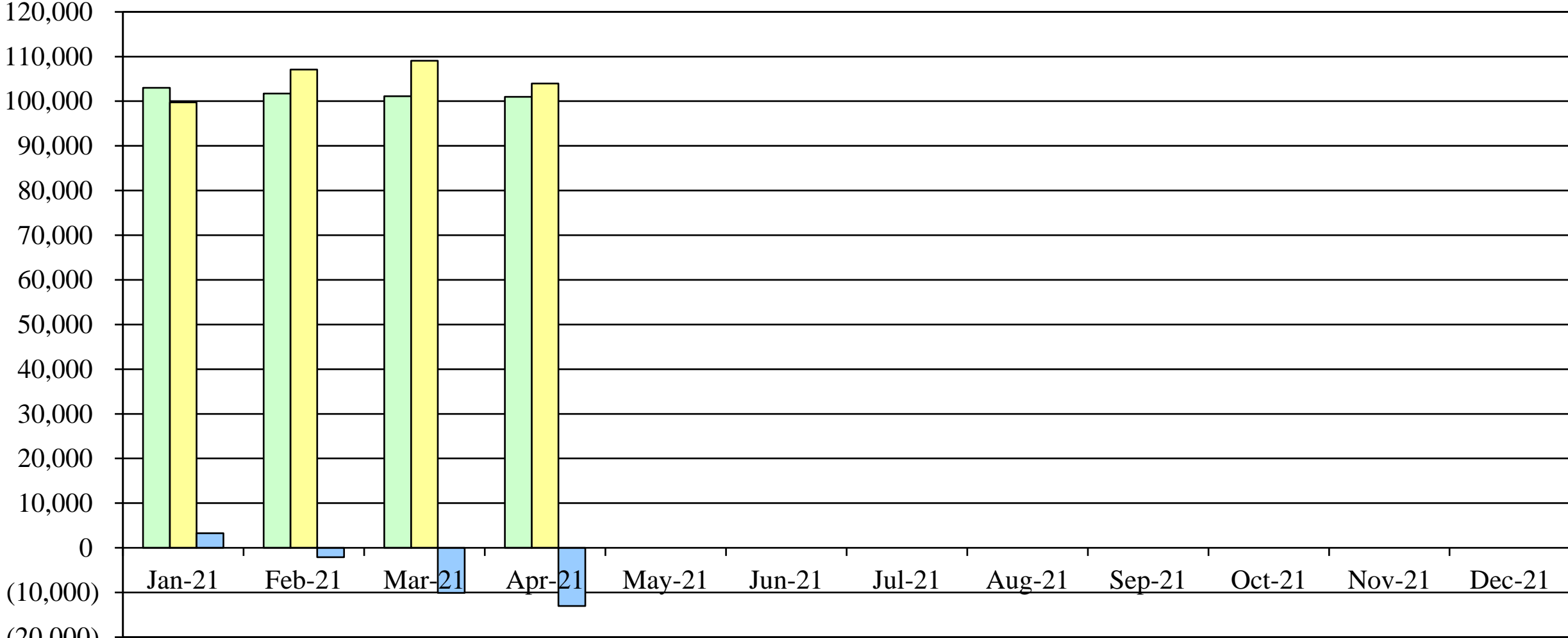
YTD Plan Performance	\$3,272.72	(\$2,117.56)	(\$10,072.52)	(\$13,019.70)									
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YTD % of Total Costs to Funding													103.20%
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YTD Average Monthly Cost Per Employee	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
	\$87.80	\$91.45	\$93.36	\$93.20									\$93.20

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Dental Summary Graph



Total Funding
 Total Costs
 YTD Plan Performance