

COUNTY FIRST PROPOSAL
For 2021 Health Insurance Premium Cost Sharing

Washington County and All Bargaining Units
October 2, 2020

1) MEDICAL INSURANCE

The employer agrees to offer participation in a group medical plan for each eligible employee.

Employee Only plans:

HSA \$3500 Plan: County pays 99% of the premium

HSA \$2800 PLAN: County pays 98% of the premium

COPAY Plan: County pays 90% of the premium

Employee + and Family Plans:

HSA \$3500 Plan: County pays 84% of the premium

HSA \$2800 PLAN: County pays 80% of the premium

COPAY Plan: County pays 66% of the premium

Reminder: The 2020 County contributions apply until the Collective Bargaining Agreement for 2021 is settled.

The Employer reserves the right to add, delete, withdraw or modify this proposal at any time during negotiations.

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EMPLOYEE ONLY			
	COPAY Plan Tier 1	HDHP \$2800 – 90%	HDHP \$3500 – 90%
Premium	\$825.57	\$715.16	\$680.99
County Contribution	\$740.00	\$697.41	\$673.99
Employee Cost	\$85.57	\$17.75	\$7.00
EMPLOYEE + CHILD(REN)			
	COPAY Plan Tier 1	HDHP \$2800 – 90%	HDHP \$3500 – 90%
Premium	\$1,406.53	\$1,218.42	\$1,160.22
County Contribution	\$925.00	\$975.00	\$975.00
Employee Cost	\$481.53	\$243.42	\$185.22
EMPLOYEE + SPOUSE			
	COPAY Plan Tier 1	HDHP \$2800 – 90%	HDHP \$3500 – 90%
Premium	\$1,902.59	\$1,648.13	\$1,569.40
County Contribution	\$1,248.00	\$1,315.00	\$1,315.00
Employee Cost	\$654.59	\$333.13	\$254.40
FAMILY			
	COPAY Plan Tier 1	HDHP \$2800 – 90%	HDHP \$3500 – 90%
Premium	\$2,234.01	\$1,935.22	\$1,842.78
County Contribution	\$1,465.00	\$1,539.00	\$1,539.00
Employee Cost	\$769.01	\$396.22	\$303.78

County proposal effective 10/2/2020

The Employer reserves the right to add, delete, withdraw or modify this proposal at any time during negotiations.

Washington County
2021 Medical Plan Comparison Net Exposure

Employee	Tier 1 Copay	H.S.A. \$2800	H.S.A. \$3500
Monthly Premium	\$825.57	\$715.16	\$680.99
Monthly ER Premium Contribution	\$740.00	\$697.41	\$673.99
Monthly EE Premium Contribution	\$85.57	\$17.75	\$7.00
Annual EE Premium	\$1,026.84	\$213.00	\$84.00
Deductible	\$1,800.00	\$2,800.00	\$3,500.00
OOP Max	\$3,000.00	\$3,800.00	\$4,500.00
ER H.S.A. Contribution		\$1,300.00	\$1,300.00
Net Exposure (EE Premium + OOP - ER HSA)	\$4,026.84	\$2,713.00	\$3,284.00
EE Premium + Deductible (- ER HSA)	\$2,826.84	\$1,713.00	\$2,284.00

Employee + Child(ren)	Tier 1 Copay	H.S.A. \$2800	H.S.A. \$3500
Monthly Premium	\$1,406.53	\$1,218.42	\$1,160.22
Monthly ER Premium Contribution	\$925.00	\$975.00	\$975.00
Monthly EE Premium Contribution	\$481.53	\$243.42	\$185.22
Annual EE Premium	\$5,778.36	\$2,921.04	\$2,222.64
Deductible	\$3,600.00	\$5,600.00	\$7,000.00
OOP Max	\$6,000.00	\$7,600.00	\$9,000.00
ER H.S.A. Contribution		\$1,700.00	\$1,700.00
Net Exposure (EE Premium + OOP - ER HSA)	\$11,778.36	\$8,821.04	\$9,522.64
EE Premium + Deductible (- ER HSA)	\$9,378.36	\$6,821.04	\$7,522.64

Employee + Spouse	Tier 1 Copay	H.S.A. \$2800	H.S.A. \$3500
Monthly Premium	\$1,902.59	\$1,648.13	\$1,569.40
Monthly ER Premium Contribution	\$1,248.00	\$1,315.00	\$1,315.00
Monthly EE Premium Contribution	\$654.59	\$333.13	\$254.40
Annual EE Premium	\$7,855.08	\$3,997.56	\$3,052.80
Deductible	\$3,600.00	\$5,600.00	\$7,000.00
OOP Max	\$6,000.00	\$7,600.00	\$9,000.00
ER H.S.A. Contribution		\$1,700.00	\$1,700.00
Net Exposure (EE Premium + OOP - ER HSA)	\$13,855.08	\$9,897.56	\$10,352.80
EE Premium + Deductible (- ER HSA)	\$11,455.08	\$7,897.56	\$8,352.80

Family	Tier 1 Copay	H.S.A. \$2800	H.S.A. \$3500
Monthly Premium	\$2,234.01	\$1,935.22	\$1,842.78
Monthly ER Premium Contribution	\$1,465.00	\$1,539.00	\$1,539.00
Monthly EE Premium Contribution	\$769.01	\$396.22	\$303.78
Annual EE Premium	\$9,228.12	\$4,754.64	\$3,645.36
Deductible	\$3,600.00	\$5,600.00	\$7,000.00
OOP Max	\$6,000.00	\$7,600.00	\$9,000.00
ER H.S.A. Contribution		\$1,700.00	\$1,700.00
Net Exposure (EE Premium + OOP - ER HSA)	\$15,228.12	\$10,654.64	\$10,945.36
EE Premium + Deductible (- ER HSA)	\$12,828.12	\$8,654.64	\$8,945.36

FULL TIME 100%									
2020 CURRENT PLAN					2021 PROPOSED PLAN				
	\$35 Copay Tiered	\$900 Plan	HDHP \$2800 - 90%	HDHP \$3500 - 90%		Copay Tier 1	HDHP \$2800 - 90%	HDHP \$3500 - 90%	
EMPLOYEE ONLY					EMPLOYEE ONLY				
PREMIUM	\$793.14	\$702.34	\$651.99	\$619.69	PREMIUM	\$825.57	\$715.16	\$680.99	
Employee \$	\$79.99	\$56.34	\$15.99	\$5.00	Employee \$	\$85.57	\$17.75	\$7.00	
Employer \$	\$713.15	\$646.00	\$636.00	\$614.69	Employer \$	\$740.00	\$697.41	\$673.99	
# in plan	268	21	225	95	# in plan	286	228	95	
Monthly cost	\$191,124	\$13,566	\$143,100	\$58,396	Monthly cost	\$211,640	\$159,009	\$64,029	
Annual Cost	\$2,293,490	\$162,792	\$1,717,200	\$700,747	Annual Cost	\$2,539,680	\$1,908,114	\$768,349	
EE % of Prem	10%	8%	2%	1%	EE % of Prem	10%	2%	1%	
ER % Prem	90%	92%	98%	99%	ER % of Prem	90%	98%	99%	
					EE \$ Incr	\$6	\$2	\$2	
					ER \$ Incr	\$27	\$61	\$59	
					EE % \$ Incr	7%	11%	40%	
					ER % \$ Incr	4%	10%	10%	
					EE % of Prem Incr	17%	3%	3%	
					ER % of Prem Incr	83%	97%	97%	
2020 CURRENT PLAN					2021 PROPOSED PLAN				
	\$35 Copay Tiered	\$900 Plan	HDHP \$2800 - 90%	HDHP \$3500 - 90%		Copay Tier 1	HDHP \$2800 - 90%	HDHP \$3500 - 90%	
EMPLOYEE + CHILD(REN)					EMPLOYEE + CHILD(REN)				
PREMIUM	\$1,351.29	\$1,196.58	\$1,110.80	\$1,055.78	PREMIUM	\$1,406.53	\$1,218.42	\$1,160.22	
Employee \$	\$473.29	\$318.58	\$232.80	\$177.78	Employee \$	\$481.53	\$243.42	\$185.22	
Employer \$	\$878.00	\$878.00	\$878.00	\$878.00	Employer \$	\$925.00	\$975.00	\$975.00	
# in plan	45	7	49	49	# in plan	51	50	49	
Monthly cost	\$39,510	\$6,146	\$43,022	\$43,022	Monthly cost	\$47,175	\$48,750	\$47,775	
Annual Cost	\$474,120	\$73,752	\$516,264	\$516,264	Annual Cost	\$566,100	\$585,000	\$573,300	
EE % of Prem	35%	27%	21%	17%	EE % of Prem	34%	20%	16%	
ER % Prem	65%	73%	79%	83%	ER % of Prem	66%	80%	84%	
					EE \$ Incr	\$8	\$11	\$7	
					ER \$ Incr	\$47	\$97	\$97	
					EE % \$ Incr	2%	5%	4%	
					ER % \$ Incr	5%	11%	11%	
					EE % of Prem Incr	15%	10%	7%	
					ER % of Prem Incr	85%	90%	93%	
2020 CURRENT PLAN					2021 PROPOSED PLAN				
	\$35 Copay Tiered	\$900 Plan	HDHP \$2800 - 90%	HDHP \$3500 - 90%		Copay Tier 1	HDHP \$2800 - 90%	HDHP \$3500 - 90%	
EMPLOYEE + SPOUSE					EMPLOYEE + SPOUSE				
PREMIUM	\$1,827.87	\$1,618.59	\$1,502.56	\$1,428.13	PREMIUM	\$1,902.59	\$1,648.13	\$1,569.40	
Employee \$	\$640.87	\$431.59	\$315.56	\$241.13	Employee \$	\$654.59	\$333.13	\$254.40	
Employer \$	\$1,187.00	\$1,187.00	\$1,187.00	\$1,187.00	Employer \$	\$1,248.00	\$1,315.00	\$1,315.00	
# in plan	37	5	26	22	# in plan	41	27	22	
Monthly cost	\$43,919	\$5,935	\$30,862	\$26,114	Monthly cost	\$51,168	\$35,505	\$28,930	
Annual Cost	\$527,028	\$71,220	\$370,344	\$313,368	Annual Cost	\$614,016	\$426,060	\$347,160	
EE % of Prem	35%	27%	21%	17%	EE % of Prem	34%	20%	16%	
ER % Prem	65%	73%	79%	83%	ER % of Prem	66%	80%	84%	
					EE \$ Incr	\$14	\$18	\$13	
					ER \$ Incr	\$61	\$128	\$128	
					EE % \$ Incr	2%	6%	6%	
					ER % \$ Incr	5%	11%	11%	
					EE % of Prem Incr	18%	12%	9%	
					ER % of Prem Incr	82%	88%	91%	
2020 CURRENT PLAN					2021 PROPOSED PLAN				
	\$35 Copay Tiered	\$900 Plan	HDHP \$2800 - 90%	HDHP \$3500 - 90%		Copay Tier 1	HDHP \$2800 - 90%	HDHP \$3500 - 90%	
FAMILY					FAMILY				
PREMIUM	\$2,146.26	\$1,900.53	\$1,764.29	\$1,676.90	PREMIUM	\$2,234.01	\$1,935.22	\$1,842.78	
Employee \$	\$752.26	\$506.53	\$370.29	\$282.90	Employee \$	\$769.01	\$396.22	\$303.78	
Employer \$	\$1,394.00	\$1,394.00	\$1,394.00	\$1,394.00	Employer \$	\$1,465.00	\$1,539.00	\$1,539.00	
# in plan	59	2	84	86	# in plan	61	84	86	
Monthly cost	\$82,246	\$2,788	\$117,096	\$119,884	Monthly cost	\$89,365	\$129,276	\$132,354	
Annual Cost	\$986,952	\$33,456	\$1,405,152	\$1,438,608	Annual Cost	\$1,072,380	\$1,551,312	\$1,588,248	
EE % of Prem	35%	27%	21%	17%	EE % of Prem	34%	20%	16%	
ER % Prem	65%	73%	79%	83%	ER % of Prem	66%	80%	84%	
					EE \$ Incr	\$17	\$26	\$21	
					ER \$ Incr	\$71	\$145	\$145	
					EE % \$ Incr	2%	7%	7%	
					ER % \$ Incr	5%	10%	10%	
					EE % of Prem Incr	19%	15%	13%	
					ER % of Prem Incr	81%	85%	87%	
EMPLOYER Total Monthly:	\$966,730				EMPLOYER Total Monthly:	\$1,044,977			
Total Annual:	\$11,600,757				Total Annual:	\$12,539,718			
					Increase/Decrease:	\$938,961			
EMPLOYEE Total Monthly:	\$171,729				EMPLOYEE Total Monthly:	\$222,737			
Total Annual:	\$2,060,748				Total Annual:	\$2,672,838			
					Increase:	\$612,090			
Total Premiums	\$14,127,351		82%		Total Premiums	\$15,212,556		82%	