Employee Benefits Insurance Advisory Committee Meeting
February 28, 2024
9 A.M.

Attendees: Ryan Barrack, Cecilia Burke, Carol Richardson, Amanda Elmore, Ron Forknall, Peter Fusscas, Kika Golan, Jill Hayes, Karen Hirschmiller, Maria Mair, Gregory Pelham, Janette Gianella, Adrienne Schmadeke, Melissa Powers, Brett Carman, Lisa Gillis, Lynne Grissinger, Darcie McGee, Ruth Rowe, Bonnie Urbano, Roxanne Van Camp, Jan Busch, Gina Liccini, Rebecca Acosta, MaryAnna Draper, Chad Horne.

Public
Attendee: Jerry Visco

RobinsonBush distributed handouts.

Ms. Powers opened the meeting at 9:00 A.M. by welcoming everyone to the meeting and asked for everyone to go around the room to introduce themselves.

Ms. Powers opened the meeting with a slide short presentation with the 2023 Benefit Plan Financial Review. See PowerPoint presentation attached.

Slide 3 – Group Health – Demographics
This side is broken down by entity, employees, dependents, and total enrolled. There are 17 entities, 4162 employees, 3559 dependents, 7721 total enrolled.

Slide 4 – Employer Group Health Plan Contribution Rate History
The history refers 2017 – 2024. In 2017 (PEMP) rates were from $978.60 reducing to $900.00 for the next four years and in 2022 the cost was $918.00, steadily increasing in 2023 to $991.44, and finally in 2024 is $1071.00.

Slide 5 – Group Health 5 Year History
ARPA Reimbursement 1 time not reoccurring $3.6 million.

Slide 6 – Health Plan Trend Rolling 12 Month Basis Medical and RX
The graph depicts members, premium less admin $574 PMPM, Med/Rx claims, 2% claims trend line. See the attached graph. As of December 2023, overall, 2% trend, which is generally pretty good. Pharmacy is driving the trend, especially specialty pharmacies. The gap between claims and premiums is closing which is good.

Slide 7 – Group Health Plan Financial Summary
This information comes for the actuary report which is in draft stage. Jan Bush indicated it is due by March 31, per state requirement. Ms. Powers indicated the last quarter of 2023, were very expensive with high claims which is reflected in CY 2023. Also, the $2.6 million in loss is consistent with what we have been seeing with claims. In the calendar year 2022, that is the with an influx of claims. The Organization has been fortunate enough to have reserves, but in

2019 and to present, those reserves have been depleted, we are getting closer to the required reserve amount.

Slide 8 – Sustainability
The scope of this meeting is to look for potential ideas for the sustainability of the benefits. The discussion of was brought up about changing the rate of dependents over 26 years of age. As the current rate for a surcharge is $100.00, possibly this rate could go up. Also, compressing the PPO and the PPO Preferred. MedFast is a $30.00 co-pay, Surgery+ has certain approved surgeries that members can have with no out-of-pocket, HingePT is an online virtual PT program, MD Live virtual care through Cigna and UMR has their online virtual care as well. Jewett Ortho is a specialty program, SaveOn Rx is an online pharmacy, Out-Patient Surgery and Diagnostic Imaging as we have partnered with throughout the County.

Slide 9 – Simplification
The County is trying to find ways to simplify the program, as there have been challenges with their cards. Also, trying to educate the employees to understand the network's availability to them, while letting the employees know about networks with less of out-of-pocket. Another idea would be to move the wellness incentive dollars from the HRA to FSA and eliminating the HRA. Another option to look at is creating a flat co-pay for the pharmacies.

Ms. Powers indicated after the Budget Workshop on Thursday, 2/29/2024, there would be more direction for increases.

After the presentation the floor was opened for discussion regarding the PowerPoint presentation.

Jan indicated that the dependent age can be from ages 27-30 under certain terms. At the present time they are being charged the child rate but could be charged up to the adult rate. This would be a policy change if you allowed the over age dependents on the plan. Jan further indicated that spousal surcharges, perhaps go up on the spousal surcharges. Jan did indicate these changes are not going to make a huge difference, but they will make some.

There were discussions about a charter cap, other entities with spousal coverage, dependent coverage, and how much over age dependent is costing. Jan indicated the pharmacy drugs are wonderful and lifesaving, but they are expensive. That is where the Wellness process comes in to play, with screenings, taking care of themselves, doctor visits, etc.

The discussion was made about Marketplace begins November 1 and we do open enrollment in October. Thus, the employees are not certain what to pick. But if open enrollment were in November, there are many moving parts, including Administrative, and including payroll deductions for the premium one month in advance. This is the employee's December paycheck, which could be difficult on the employee(s).

More discussion was brought up regarding the HRA and FSA. It is important for the employees to be educated with an FSA account. If they do not use the funds that is being put into the account, they will lose the money at the end of the year. Regarding the HRA, more than 90 employees have more than $8000.00 in their accounts, while 3 employees have more than

$14,000.00 in their accounts. More discussion about the using the balance by a certain date and limited amount of money in a year.

Jan indicated the Florida Statue 112.08 which indicates that every year it must have an Actuary certified financial account of the Plan since we are self-funded, handout OIR-B2-572. (Handout attached) Jan stated this is a required exhibit, which is in draft form, that the state requires, as she took time to go over and explain the report. Also on the reverse side, Jan explains that the current year projection for the Current Year, 2024; Plan Year 1, 2025; Plan Year 2, 2026 how the losses drop each year; as well as, dipping below Surplus End of Year. Jan explained to the group that the State requires to have 60 days of reserves to keep in the plan. The State may accept the plan with lower reserves, but they want to see an active plan to address the financial stability.

A few comments/questions were made about the following:
The County has 5 health plans to choose from.
If merging the PPO & PPO Preferred would save money?
Having a set deductible for pharmacy. Minimum pay plus 10%.
Pharmacy is really driving the claims.
Educate employees to reduce the out-of-pocket.
Previous years of high-cost claims.
Stop loss does not include pharmacy.

A few recommendations were made:
Look at pharmacy plans/program that are more flexible.
Educating employees about wellness, places for infusions, as most employees depend on the doctors to give them guidance and where to go for treatments.
Reconvene at a later date with suggestions and a plan design.

Meeting adjourned at 10:59 A.M.