

KANDIYOHI COUNTY AND CITY OF WILLMAR ECONOMIC DEVELOPMENT COMMISSION (EDC)
JOINT POWERS BOARD OF COMMISSIONERS SPECIAL MEETING

MINUTES

November 13, 2012
EDC Office, Willmar, MN

Present: Denis Anderson, Jim Butterfield, Ron Christianson, Harlan Madsen and Dean Shuck
Staff: Steven Renquist, Executive Director
Excused: Frank Yanish and Jean Spaulding, Assistant Director
Secretarial: Nancy Birkeland, Legal & Administrative Assistants, Inc. (LAA)

Chairperson Harlan Madsen called the special meeting to order at approximately 12:00 p.m. and announced there is one item of business, employee health insurance.


NEW BUSINESS

Employee health insurance. Steve Renquist reviewed with the board the 2013 Kandiyohi County Health Plans Comparison Cost (see attached) as to health insurance options now available to the EDC through Kandiyohi County. In the past, the EDC was only offered one option, Blue Cross Blue Shield Aware Gold. Renquist stated Jean Spaulding is interested in the VEBA 860 plan. Renquist will remain with the Aware Gold plan. Due to the VEBA 860 being a high deductible plan, Kandiyohi County chose to make the one-time contribution of \$2,400 into a VEBA savings account for each employee. Renquist stated the EDC Joint Operations Board's recommendation is to provide the VEBA 860 plan to its employees and the EDC pay the \$2,400 one-time contribution. Following discussion,

IT WAS MOVED BY Ron Christianson, SECONDED BY Denis Anderson, that the Kandiyohi County and City of Willmar Economic Development Commission (EDC) allow Jean Spaulding to enroll in Kandiyohi County's VEBA 860 health insurance plan and the EDC pay \$722.50 per month toward her premium plus the one-time fee of \$2,400 for 2013. All present voted in favor by roll call.

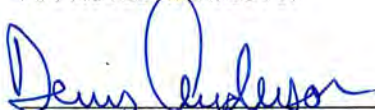
ADJOURNMENT—There being no further business, Chairperson Madsen adjourned the meeting at approximately 12:27 p.m.

NEXT MEETING—The next board meeting is the annual meeting at **11:30 a.m., Thursday, January 24, 2012**, at the EDC office.



Denis Anderson, Secretary

APPROVED 1/24/2013:



Chairperson

2013 Kandiyohi County Health Plans Comparison Cost

	Gold		CDHP/VEBA 830		CDHP/VEBA 832		CDHP-VEBA 860		CDHP-H.S.A 860	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Premium **	\$ 722.50	\$ 1,780.00	\$ 607.50	\$ 1,496.00	\$ 551.50	\$ 1,359.00	\$ 511.00	\$ 1,257.50	\$ 511.00	\$ 1,257.50
Employer cost	\$ 613.25	\$ 1,015.75	\$ 482.25	\$ 802.50	\$ 474.75	\$ 784.00	\$ 459.00	\$ 744.75	\$ 496.50	\$ 944.75
Employee cost	\$ 109.25	\$ 764.25	\$ 125.25	\$ 693.50	\$ 76.75	\$ 575.00	\$ 52.00	\$ 512.75	\$ 14.50	\$ 312.75
Employer annual	\$ 7,359.00	\$ 12,189.00	\$ 5,787.00	\$ 9,630.00	\$ 5,697.00	\$ 9,408.00	\$ 5,508.00	\$ 8,937.00	\$ 5,958.00	\$ 11,337.00
Employee annual	\$ 1,311.00	\$ 9,171.00	\$ 1,503.00	\$ 8,322.00	\$ 921.00	\$ 6,900.00	\$ 624.00	\$ 6,153.00	\$ 174.00	\$ 3,753.00
VEBA savings	\$ -	\$ -	\$ 1,200.00	\$ 2,400.00	\$ 1,200.00	\$ 2,400.00	\$ 1,200.00	\$ 2,400.00	\$ -	\$ -
Employer Paid										
H.S.A. savings									750.00	\$ -
Deductible	\$0/ co-pays	\$0/co-pays	\$ 1,200.00	\$ 2,400.00	\$ 2,250.00	\$ 4,500.00	\$ 3,125.00	\$ 6,250.00	\$ 3,125.00	\$ 6,250.00
O.P.Max	\$2,500.00	\$7,500.00	\$1,200.00	\$2,400.00	\$2,250.00	\$4,500.00	\$3,125.00	\$6,250.00	\$3,125.00	\$6,250.00
Maximum out of pocket risk including premium cost	\$3,811.00	\$16,671.00	\$1,503.00	\$8,322.00	\$1,971.00	\$9,000.00	\$2,549.00	\$10,003.00	\$2,549.00	\$10,003.00

Premium increases are paid accordingly: 1st 5% employer - 2nd 5% employee - any increase beyond is split 50/50 Base from previous year premiums

Premium cost ** & Employer annualized does not include 2013 County Contribution VEBA savings dollars \$100/month Single or \$200/month Family

CDHP-HSA860-Single-Employer pays \$37.50/month extra towards premium + \$750.00 into Savings Account (\$1,200.00/Yr)

CDHP-HSA860-Family-Employer pays \$200.00/month extra towards premium (\$2,400.00/Yr)

One time SWWC Service Coop grant \$350 Single or \$750 Family NOTE: 2013 Open Enrollment is LAST time this will be available to new VEBA/H.S.A

IRS limits for H.S.A. accounts in 2013: \$3250.00 Single or \$6450.00 Family

2013 IRS Limits - Medical Reimbursement \$2,500/Family/Yr (Note change: Past years limit was \$5,000.00) Dependent Care \$5000/Family/Yr

Covered Services	CDHP 830 In Network	CDHP 832 In Network	CDHP 860 In Network	Aware Gold
Annual Deductible	\$1,200 Single \$2,400 Family	\$2,250 Single \$4,500 Family	\$3,125 Single \$6,250 Family	\$0 In Network \$500 single/\$1000 Family Out of Network
Medical Annual Out of Pocket	\$1,200 Single \$2,400 Family	\$2,250 Single \$4,500 Family	\$3,125 Single \$6,250 Family	\$2,500 per person
Prescription Out of pocket maximum	Combined with Medical	Combined with Medical	Combined with Medical	Not applicable
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care Well baby, Prenatal	100%	100%	100%	100%
Routine Services are listed in certificate	100%	100%	100%	100%
Cancer Screening	100%	100%	100%	100%
Physician Services Office visits due to illness/injury Lab and Xray,				100% after \$30 office copay In Network; 80% after deductible out of network
In Hospital medical visits	100% after deductible	100% after deductible	100% after deductible	100% after \$30 office copay In Network; 80% after deductible extended network and no coverage for nonparticipating providers.
Chiropractic Care	100% after deductible	100% after deductible	100% after deductible	100% In Network; 80% after deductible out of network
Home Health Care	100% after deductible	100% after deductible	100% after deductible	\$500 Single deductible/\$1000 Family then 80% of the first \$5,000, then 100%
Inpatient Hospital Services - 365 days of medically necessary care in average semi-private room	100% after deductible	100% after deductible	100% after deductible	100%
Outpatient Hospital Services Scheduled outpatient surgery Non emergency, illness related visits	100% after deductible	100% after deductible	100% after deductible	100% after \$50 co-pay
Emergency Care	100% after deductible	100% after deductible	100% after deductible	80%
Ambulance Medically necessary transport to the nearest facility	100% after deductible	100% after deductible	100% after deductible	80%
Medical supplies	100% after deductible	100% after deductible	100% after deductible	80%
Prescription Drugs	31 day supply 100% after deductible Mandatory Generic No coverage for prescriptions not on our Preferred list.	31 day supply 100% after deductible Mandatory Generic No coverage for prescriptions not on our Preferred list.	31 day supply 100% after deductible Mandatory Generic No coverage for prescriptions not on our Preferred list.	34 day supply or 100 unit \$15 copay for Preferred prescriptions. No coverage for prescriptions not on our Preferred list.
	90 Day RX Mandatory Generic No coverage for prescriptions not on our Preferred list.	90 Day RX Mandatory Generic No coverage for prescriptions not on our Preferred list.	90 Day RX Mandatory Generic No coverage for prescriptions not on our Preferred list.	90 day RX \$30 copay for Preferred prescription No coverage for prescriptions not on our Preferred list.

Mandatory Generic: If generic drug is available and name brand is selected patient pays the difference between the generic price and the name brand price, plus any coinsurance.
This is only a summary and is subject to the terms of