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From the Benefits Manager, Department of Human Resources, requesting authorization to amend Section 17.14(7) (8) and (9) of the Milwaukee County Code of General Ordinances regarding Employment Definitions and monthly employee premiums, deductibles, and other benefits for the health, dental, vision, and flexible spending account plans, in order to conform with the 2018 Adopted Budget, by recommending adoption of the following:

AN ENGROSSED RESOLUTION/ORDINANCE

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WHEREAS, the Milwaukee County Board of Supervisors adopted the 2018 Budget on November 6, 2017; and

WHEREAS, the 2018 Adopted Budget included appropriations for active and retiree fringe benefits; and

WHEREAS, the Milwaukee County Code of General Ordinances includes the monthly premiums (where applicable) for various insurance coverages, and flexible spending account matching funds provided to eligible employees; and

WHEREAS, the 2018 Adopted Budget was approved with the understanding that the ordinances would be updated to conform to the proposed employee participation amounts; and

WHEREAS, the Committee on Finance and Audit, at its meeting of March 15, 2018, recommended adoption of File No. 18-268 (vote 6-0); now, therefore,

BE IT RESOLVED, the Milwaukee County Board of Supervisors hereby amends Section 17.14(7) (8) and (9) of the Milwaukee County Code of General Ordinances by adopting the following:

AN ORDINANCE

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The County Board of Supervisors of the County of Milwaukee does ordain as follows:

SECTION 1. Section 17.14 of the Milwaukee County Code of General Ordinances is hereby amended as follows:

17.14. - Employment definitions.

(7) Milwaukee County Group Health Benefit Program.

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(a) Health benefits shall be provided for in accordance with the terms and conditions of the current plan document and the group administrative agreement for the Milwaukee County Health Plan.

- 47 (b) All health care provided shall be subject to utilization review.
- 48 (c) Eligible employees may choose health benefits for themselves and their
- 49 dependents under a preferred provider organization (county health plan or
- 50 PPO).
- 51 (d) Eligible employees enrolled in the PPO shall pay a ~~monthly~~ biweekly amount
- 52 toward the monthly cost of health insurance. The biweekly amount shall be the
- 53 monthly amount, as described below, multiplied by 12 months and divided by
- 54 the number of biweekly pay periods in the calendar year.
- 55
- 56 (1) Effective January 20178 employees enrolled in the PPO comparable plan
- 57 who would otherwise pay the premium contribution set forth in subsection
- 58 (2) and who comply with the requirements of the wellness plan shall pay the
- 59 following amounts per month toward the monthly cost of the respective
- 60 plan:
- | | |
|------------------------------|-------------------------------------|
| 61 Employee Only.... | \$91.00 <u>\$97.00</u> |
| 62 | |
| 63 Employee + Child(ren).... | \$120.00 <u>\$143.00</u> |
| 64 | |
| 65 Employee + Spouse.... | \$190.00 <u>\$226.00</u> |
| 66 | |
| 67 Employee + Family.... | \$220.00 <u>\$254.00</u> |
| 68 | |
- 69 (2) Effective January 20178 employees enrolled in the PPO comparable plan
- 70 who do not comply with the requirements of the wellness plan shall pay the
- 71 following amounts per month toward the monthly cost of the respective
- 72 plan:
- | | |
|------------------------------|-------------------------------------|
| 73 Employee Only.... | \$130.00 <u>\$138.00</u> |
| 74 | |
| 75 Employee + Child(ren).... | \$170.00 <u>\$193.00</u> |
| 76 | |
| 77 Employee + Spouse.... | \$240.00 <u>\$276.00</u> |
| 78 | |
| 79 Employee + Family.... | \$270.00 <u>\$304.00</u> |
| 80 | |
- 81 (5) The county shall establish and administer flexible spending accounts
- 82 (FSAs) for those employees who desire to pre-fund their health and
- 83 dependent care costs as governed by IRS regulations. The county retains
- 84 the right to select a third party administrator.
- 85

86 a. The county shall match the employees' annual contributions to the
87 healthcare FSA account on a dollar-for-dollar basis up to an annual
88 maximum match of one thousand ~~five hundred~~ dollars (~~\$1,500.00~~
89 \$1,000.00) for each active and enrolled eligible employee who is
90 covered by subsection 201.24(3.11) of the pension ordinance or who is
91 covered by a collective bargaining agreement that includes a
92 mandatory employee pension contribution consistent with subsection
93 201.24(3.11) of the pension ordinance.

94
95 The contributions shall be subject to and in accordance with IRS
96 regulations.

97
98 (m) Effective ~~February 1, 2015~~ January 1, 2018, all eligible employees
99 enrolled in the PPO shall have a deductible equal to the following:

100
101 (1) The in-network deductible for the PPO shall be based upon plan enrollment
102 and shall be as follows per calendar year:

103 Employee Only.... ~~\$1,000.00~~ \$1,250.00

104
105 Employee + Child(ren).... ~~1,250.00~~ \$1,500.00

106
107 Employee + Spouse.... ~~2,000.00~~ \$2,250.00

108
109 Employee + Family.... ~~2,250.00~~ \$2,500.00

110
111 (2) The out-of-network deductible for the PPO shall be based upon plan
112 enrollment and shall be as follows per calendar year:

113 Employee Only.... ~~\$2,000.00~~ \$2,250.00

114 Employee + Child(ren).... ~~2,500.00~~ \$2,750.00

115 Employee + Spouse.... ~~4,000.00~~ \$4,250.00

116 Employee + Family.... ~~4,500.00~~ \$4,750.00

117
118 (3) Co-payments do not apply towards meeting deductibles for the PPO.

119
120 (n) All eligible employees and/or their dependents enrolled in the PPO shall be
121 subject to a thirty dollar (\$30.00) in-network office visit co-payment or a sixty
122 dollar (\$60.00) out-of-network office visit for all illness or injury related office
123 visits, including chiropractic visits. A forty dollar (\$40.00) in-network or eighty
124 dollar (\$80.00) out-of-network co-payment shall be charged for office visits to a
125 specialist physician, as determined by the plan. The in-network office visit co-
126 payment shall not apply to preventative care, as determined by the plan.

127
128 (p) All eligible employees enrolled in the PPO shall be subject to the following out-
129 of-pocket maximums including any applicable deductible and percent co-
130 insurance to a calendar year maximum of:

131

- 132 (1) Three thousand dollars (\$3,000.00) in-network under a single plan.
133
- 134 (2) Six thousand dollars (\$6,000.00) in-network under an employee +
135 child(ren), an employee + spouse, or a family plan.
136
- 137 (3) Four thousand six hundred dollars (\$4,600.00) out-of-network under a
138 single plan.
139
- 140 (4) For the PPO, nine thousand two hundred dollars (\$9,200.00) out-of
141 network under an employee + child(ren), an employee + spouse, or a
142 family plan.
143
- 144 (5) Charges that are over usual and customary do not count toward the
145 calendar year out-of-pocket maximum(s).
146
- 147 (6) ~~The department of human resources shall establish a separate~~ annual
148 out-of-pocket maximum for prescription drug copayments are two
149 thousand (\$2,000.00) under a single plan and four thousand (\$4,000.00)
150 under an employee + child(ren), an employee + spouse, or a family plan in
151 accordance with the Affordable Care Act.
152
- 153 (7) Other medical benefits not described in subsections (p)(5), and (6) shall
154 be paid by the health plan at one hundred (100) percent after the calendar
155 year out-of-pocket maximum(s) has been satisfied.
156
- 157 (8) *County dental benefit plan and dental maintenance organizations.* Employees who
158 are eligible for group medical benefits under the provision of subsection 7 of this
159 section shall also be eligible to enroll in dental benefits coverage in accordance with
160 enrollment procedures established by the County, except that retired members of
161 the county retirement system shall not be eligible for dental benefit coverage.
162 Eligible employees may enroll in the County's dental benefit plan or a dental
163 maintenance organization approved by the County.
164
- 165 (a) Dental benefits shall be provided for in accordance with the terms and
166 conditions of the current plan document and the group administrative
167 agreements for the Milwaukee County Dental Plan and the approved
168 dental maintenance organization.
169
- 170 (b) Employees shall pay twenty-five dollars (~~\$20.00~~ \$25.00) per month toward
171 the cost of the single plan and ~~forty-five~~ fifty dollars (~~\$45.00~~ \$50.00) per
172 month toward the cost of a family plan. The appropriate payment shall be
173 made through a biweekly payroll deduction as outlined in subsection 7(d).
174
- 175 (c) Employees may continue their dental benefits coverage during a leave of
176 absence under the same conditions as they may continue health benefits
177 coverage.

178 (d) The County shall deduct employee's contributions to dental coverage on a
179 pre-tax basis pursuant to a Section 125 Plan.
180

181 (9) Employees who are eligible for group medical benefits under the provision of
182 subsection (7) of this section shall also be eligible to enroll in vision benefit
183 coverage in accordance with enrollment procedures established by the county,
184 except that retired members of the county retirement system shall not be eligible for
185 vision benefit coverage. Effective January 2017~~8~~ eligible employees enrolled in the
186 PPO comparable plan who through open enrollment are enrolled in the vision
187 benefit plan shall pay the following amounts per month, through a biweekly payroll
188 deduction as outlined in subsection 7(d), toward the monthly costs of the respective
189 plan:

190 (a) Employee Only..... \$2.04

191

192 (b) Employee + Child(ren).... \$4.16

193

194 (c) Employee + Spouse.... \$4.08

195

196 (d) Employee + Family.... \$6.20

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198 **SECTION 2.** The provisions of this ordinance shall become effective upon passage and
199 publication.
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jmj
03/22/18
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