

County Board Meeting

Items Distributed

September 21, 2017

XII. Areas of Responsibility:

A. Policy, Personnel, & Appointments

1. Adoption of Resolution No. 10132 Amending County Board Rules Regarding the Assignment of Grant Award Business to Board Committees

B. Finance

3. Memorandum - FY2018 Health Insurance Plan and Carrier Selection
5. Updated Levy/Rate Projection – FY2018 (*Hospital Properties Included*)
6. Adoption of Resolution No. 10130 Authorizing Agreement Between the Champaign County Board, Head Start Employees, & the American Federation of State, County, and Municipal Employees (AFSCME)
7. Adoption of Resolution No. 10131 Approving Agreement Between the Champaign County Board, the Sheriff, and the Illinois Fraternal Order of Police Law Enforcement and Law Enforcement Sergeants

RESOLUTION No. 10132

RESOLUTION AMENDING COUNTY BOARD RULES REGARDING THE ASSIGNMENT OF GRANT
AWARD BUSINESS TO BOARD COMMITTEES

WHEREAS, Resolution 9162, adopted March 19, 2015, established the duties and organization of the Champaign County Board; and

WHEREAS, Rule 16.E.1j of Resolution 9162 directs that the Finance Committee of the Whole shall receive and consider all grant applications and/or awards for Champaign County offices and agencies; and

WHEREAS, the Champaign County Board has determined that removal of Rule 16.E.1j would permit consideration of said grant applications and/or awards by the appropriate County Board committees having a vested interest in the grant subject matter; and

WHEREAS, the Champaign County Board seeks to implement procedures that provide for efficient and thorough consideration of the matters coming before the governing body;

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED by the Champaign County Board that all grant applications and/or awards shall be received and considered by the County Board committee most closely associated with the grant subject matter and that the County Board rules as set forth in Resolution 9162 shall be amended by deleting Rule 16.E.1j.

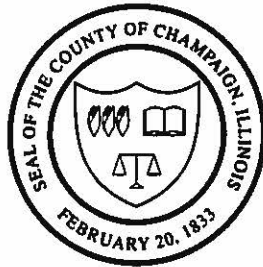
PRESENTED, ADOPTED, APPROVED and RECORDED this 21st day of September, 2017.

C. Pius Weibel, Chair
Champaign County Board

Attest:

Gordy Hulten, County Clerk and *Ex-Officio*
Clerk of the Champaign County Board

Richard S. Snider
County Administrator



Brookens Administrative Center
1776 East Washington Street
Urbana, Illinois 61802

OFFICE OF THE
COUNTY ADMINISTRATOR

7 September 2017

MEMORANDUM

TO: All County Employees

FR: Angela Lusk, Co-Chair, and Rick Snider, Co-Chair; and
Honorable Members of the Labor Management Health Insurance Committee

RE: FY2018 Health Insurance Plan and Carrier Selection

The Labor Management Health Insurance Committee voted to select BlueCross BlueShield of Illinois as the new carrier for the County's insurance plan in FY2018. The process yielded two excellent finalists so the committee used the following criteria to determine its choice:

- **Plan Deductible and Out-of-Pocket Limits:** The BlueCross plan offers the same in-network benefits as our current Health Alliance plan. BlueCross also includes new out-of-network benefits (with a higher deductible and out-of-pocket limit) in addition to the standard plan.
- **Plan Type:** Our current plan is a Health Maintenance Organization (HMO) plan. The new plan is a Preferred Provider Organization (PPO) plan and is what used to be offered by the County prior to the change to the HMO. The PPO offers a much broader network of providers that are accessible to you without a carrier or physician referral. If you or your dependent needs an advanced care facility such as Mayo Clinic or University of Chicago, they are in-network with BlueCross and the insurer will not prevent you from using them.
- **Primary Care Physician:** The PPO plan no longer requires a primary care physician designation. Christie Clinic and virtually all other providers outside of Carle are in-network with BlueCross. Carle primary care physicians in Rantoul, Monticello, Mattoon, Rossville, and Tuscola, as well as all Carle specialists in Champaign, Urbana and elsewhere are also in-network with BlueCross. However, Carle primary care physicians within Champaign, Urbana and Mahomet (family medicine, internal medicine, pediatricians) do not accept BlueCross. To maintain in-network benefits, approximately half of the members in the County pool will need to select a new in-network provider to receive in-network benefits.

This is not an uncommon occurrence as can happen from time to time with physician relocations, reassignments, and retirements. Committee data analysis determined that members visited their primary care physician about once per year so this should not have a significant impact. BlueCross has been and will continue to work with Christie Clinic to ensure that there is ample availability to physicians for any County employees switching over.

- **Net cost of insurance:** Health Alliance has proposed a renewal at \$6,824,964 and increases county costs by \$320,724, a 4.93% increase over FY2017. BlueCross has proposed its PPO plan (2000 PPO) at a cost of \$6,679,641, an increase of \$175,401 or 2.70% over FY2017, and a net savings to Champaign County of \$145,323 over the Health Alliance plan.
- **Fiscal responsibility:** As the lowest cost proposal for both employees and the County, the BlueCross plan is the fiscally responsible choice. The County has continued to fund wage increases for all employees without decreasing staff and the selection of this plan will provide important fiscal relief for the current challenges to balance the FY2018 budget.

For FY2018, Champaign County will fund 88% of premiums for non-bargaining and most represented employees in the General Fund (nursing home and RPC employees have different contribution percentages). The County's annual premium contribution is approximately \$8300 for each employee with individual coverage, and approximately \$9100 annually for each employee with dependent coverage; the remainder of the cost is borne by the employee. Premium contributions for all County employees will be consistent with terms of employment and/or their respective collective bargaining agreement. The BlueCross BlueShield Benefit Plan Summary is attached to this memorandum for your information.

The committee recognizes that some employees are concerned about change so it has taken steps to maintain benefit levels and provide better services wherever possible. However, if we start with the premise that we can never change insurance carriers, then there is zero negotiating ability for the committee to hold down costs. Recall that last year, the initial proposal from Health Alliance included a 51% premium increase, or \$2.5 million.

Members with a primary care physician not in the BlueCross network should not find it difficult to change to an in-network physician. Claims analysis of another local entity that recently switched from HAMP to BlueCross shows that 95% of claims were processed through in-network providers, indicating a high degree of acceptance.

One last note: all employees wishing to renew their health insurance for FY2018 will be required to complete a new enrollment form. We encourage participation in open enrollment meetings this year to answer your questions.



Champaign County HEALTH ALLIANCE vs. BCBS Medical Plan Comparison

	HAMP HMO 2000 Rx1 NS1 <i>No Coverage out of network</i>	BCBS Custom PPO Plan
Member Benefits	Member Responsibility	Member Responsibility
Calendar Year Deductible <i>Individual deductibles for all dependents individual minimum</i>	In-Network Single: \$2,000 Family: \$4,000	In-Network Single: \$2,000 Family: \$4,000
Calendar Year Out-of-Pocket Maximum	Single: \$2,000 Family: \$4,000	Single: \$2,000 Family: \$4,000
Preventive Services <i>Immunizations, adult and child annual physicals, mammograms, PAPs, cancer screenings and additional USPSTF items</i>	\$0 copayment <i>(deductible does not apply)</i>	\$0 copayment <i>(deductible does not apply)</i>
Primary Care Office Visit	\$25 copayment <i>(deductible does not apply)</i>	\$25 copayment <i>(deductible does not apply)</i>
Specialist Office Visit	\$50 copayment <i>(deductible does not apply)</i>	\$50 copayment <i>(deductible does not apply)</i>
Routine Prenatal Care	0% coinsurance	0% coinsurance
Outpatient and Diagnostic Testing <i>MRI, CT scan</i>	0% coinsurance	0% coinsurance
<i>X-ray, lab</i>	0% coinsurance	0% coinsurance
Outpatient Surgery/Procedures	0% coinsurance	0% coinsurance
Inpatient Hospitalization	0% coinsurance	0% coinsurance
Facility Fees		
Urgent Care Visit	\$50 copayment <i>(deductible does not apply)</i>	0% co-insurance
Emergency Department Visits	\$200 copayment <i>(deductible does not apply)</i>	\$200 copayment <i>(deductible does not apply)</i>
Emergency Ambulance	\$100 copayment <i>(deductible does not apply)</i>	\$100 copayment <i>(deductible does not apply)</i>
Spinal Manipulations <i>Referral Required</i>	50% coinsurance <i>(deductible does not apply)</i>	0% coinsurance
Prescription Rx (30 day supply)		
Tier 1 Generic	\$7 copayment	\$7 copayment
Tier 2 Brand (Preferred)	\$25 copayment	\$25 copayment
Tier 3 Brand (Non-Preferred)	\$50 copayment	\$50 copayment
Tier 4 (Specialty Preferred)	\$100 copayment	\$100 copayment
Tier 5 (Specialty Non-Preferred)	\$150 copayment	
Tier 6 (Specialty Non-Formulary)	50% coinsurance	
Monthly Premiums		
EE Only	\$805.00	\$787.68
EE + Spouse	\$1,066.00	\$1,043.40
EE + Children	\$1,006.00	\$984.87
EE + Family	\$1,739.00	\$1,702.72
		CVS is NOT covered

This is a brief summary of Health Alliance and BCBSIL benefits. Complete information is found in each carriers certificates.

PLEASE NOTE: Complete information will be available during open enrollment this fall. We encourage you to attend and learn more about benefits available to you.

What is the network that my plan uses?

Your new plan uses the BlueCross BlueShield PPO network. This is a nationwide network of providers and expands access to physicians and facilities. Under the PPO plan, BlueCross does not require referrals to in-network providers. Providers however may require a referral from your primary care physician.

Does my plan require a referral for a specialist visit?

You do not need a referral from BlueCross for a specialist visit. However, your provider may require one.

What is the deductible and how does it work?

Deductibles are not changing in 2018. The deductible is an amount that the member is responsible for paying before any insurance plan benefits are paid. For 2018, this amount is \$2,000 for someone with single coverage and \$4,000 for someone insuring dependents.

In the new BCBS plan, the deductible applies to all charges except:

- Preventive Care covered and mandated by the Affordable Care Act (immunizations, adult and child annual physicals, mammograms, PAPs, etc.)
- Office visits to your primary care physician
- Office visits to a specialist
- Emergency department visits
- Emergency ambulance transportation
- Retail and Mail Order Prescriptions

Does my plan require me to designate a Primary Care Physician?

No. However, many Carle primary care physicians do not accept BlueCross BlueShield insurance. If your doctor does not accept BlueCross, you will need to select a new provider to maintain your in-network benefits. Carle specialists are included in the BlueCross network however and you can continue to see them and receive your plan benefits. Carle Hospital is also in-network in the BCBS PPO Plan.

Where do I go for Convenient Care visits?

Christie Clinic convenient care facilities are in-network; Carle convenient care is not. However, several Carle convenient care offices are near or adjacent to Christie Clinic convenient care.

My insured child is attending college in another state. Can they see a physician in their area?

Yes. Your child should choose an in-network provider to maximize your benefits. With the Blue Cross PPO being a national network, this process should be easier than it ever has been in the past.

What is the out of pocket limit and what does it mean?

Out-of-pocket limits are not changing in 2018. The out of pocket limit is the maximum amount of eligible plan IN-NETWORK expenses that you must pay before the plan covers 100% of remaining eligible in-network expenses for the balance of the year. Only items that are eligible under the plan count toward the out of pocket limit. The out of pocket limit for 2018 is \$2,000 for someone with single coverage and \$4,000 for someone insuring dependents. Eligible plan items that accumulate to this number are doctor office co-pays, Rx co-pays, Emergency Room co-pays and annual deductible items.

What is a facility fee and how does that impact me?

The facility fee is a charge assessed by some hospitals when you see a provider located in a hospital facility. At this time, in the C-U area, the facility fee is being charged only by Carle Hospital. Under the BlueCross plan, when you go to a provider located in Carle owned facilities, you will get two bills – one from the doctor (subject to your doctor co-pay) and a second from Carle (the facility fee). This second charge will have a BlueCross discount applied to it, and then it will be applied to your deductible. Once your deductible and out of pocket limit are satisfied for the year, the facility fee will be covered at 100%.

Is there a BlueCross mobile app?

Blue Cross maintains a very robust on-line member portal. Members will be able to register for access to that portal once the plan becomes effective on January 1, 2018. In addition, a member's mobile app is available and allows members to access their plan info via a mobile device.

BCBS Discount Program

The Blue Cross Discount Program is known as Blue365. Access to the program will be available after the insurance is effective in January. There are often instant savings at health-related vendors or discounts for memberships. In addition, there are special drawings that members can take part in over the year as well. These are exclusive health and wellness deals from national retailers.

BCBS Wellness Programs

Wellness services are very extensive and are meant to be interactive. Specific condition programs are available to members with special health needs. A complete Wellness Portal called Well On Target enables members to have access to trackers and wellness tools, self-directed courses, symptom checkers and fitness devices.

**Champaign County
Levy/Rate Projection - FY2018**

Levy With Hospital Properties Included

Estimated 2017 Equalized Assessed Valuation \$ 4,100,801,621
EAV % Change from 2016 7.74%

	RY16 Rate	Projected RY17 Levy	Projected RY17 Rate	FY 2018 Property Tax Increase	RATE LIMIT	% Increase-Levy
General Corp	0.2725	\$ 11,549,743	0.2816	\$ 1,177,614		11.35%
IMRF	0.0704	\$ 2,714,385	0.0662	\$ 34,760		1.30%
Social Security	0.0433	\$ 1,664,166	0.0406	\$ 16,044		0.97%
Highway	0.0624	\$ 2,568,058	0.0626	\$ 192,935	0.2000	8.12%
County Bridge	0.0313	\$ 1,288,144	0.0314	\$ 96,777	0.2500	8.12%
Liability Insurance	0.0406	\$ 1,670,884	0.0407	\$ 125,532		8.12%
Highway Fed Match	0.0025	\$ 102,887	0.0025	\$ 7,730	0.0500	8.12%
Extension Education	0.0111	\$ 422,498	0.0103	\$ 0	0.0500	0.00%
Nursing Home	0.0317	\$ 1,304,606	0.0318	\$ 98,014	0.1000	8.12%
Health	0.0297	\$ 1,222,297	0.0298	\$ 91,830	0.1000	8.12%
TOTAL	0.5955	\$ 24,507,668	0.5976	\$ 1,841,235		8.12%
Mental Health	0.1159	\$ 4,794,340	0.1163	\$ 358,867	0.1500	8.09%
Nursing Home Bonds	0.0377	\$ 1,440,463	0.0351	\$ (2,310)		-0.16%
377 Board Levy	0.0967	\$ 4,000,110	0.0970	\$ 299,417	0.1000	8.09%
TOTAL COUNTY LEVY	0.8458	\$ 34,742,581	0.8461	\$ 2,497,209		7.74%
2016 Assessed Valuation \$3,806,286,018				Increase in Total Levy 2016 to 2017		7.74%
				Increase in Total Rate 2016 to 2017		0.04%

**Champaign County
Property Tax Levy Budget Changes**

		Draft Budget Property Tax Revenue	Proposed Change to Draft Budget	Increased Revenue		Draft Budget Expenditure	Proposed Change to Draft Budget	Increased Expenditure
General Corp	080-075	\$ 11,075,624	\$ 11,549,743	\$ 474,119	Restore Fund Balance minimum and move County towards 16.7% target.			\$ -
Highway	083-060	\$ 2,493,593	\$ 2,568,058	\$ 74,465	544.11 Road Improvements	\$ 665,000	\$ 739,465	\$ 74,465
County Bridge	084-060	\$ 1,250,793	\$ 1,288,145	\$ 37,352	Expenditures exceed Revenues			\$ -
Liability Insurance	076-075	\$ 1,622,434	\$ 1,670,884	\$ 48,450	Improve negative Fund Balance			\$ -
Highway Fed Match	103-060	\$ 99,904	\$ 102,887	\$ 2,983	Expenditures exceed Revenues			\$ -
Nursing Home	081-410	\$ 1,266,777	\$ 1,304,606	\$ 37,829	567.01 Depreciation Expense	\$ -	\$ 37,829	\$ 37,829
Health	089-000	\$ 1,186,854	\$ 1,222,297	\$ 35,443	533.07 Professional Services	\$ 910,072	\$ 945,515	\$ 35,443
Mental Health	090-053	\$ 4,656,025	\$ 4,794,340	\$ 138,315	533.92 Contributions & Grants	\$ 3,947,244	\$ 4,085,559	\$ 138,315
377 Board Levy	108-050	\$ 3,884,708	\$ 4,000,110	\$ 115,402	533.92 Contributions & Grants	\$ 3,506,993	\$ 3,622,395	\$ 115,402
Total Increase				\$ 964,358				\$ 401,454

RESOLUTION NO. 10130

RESOLUTION AUTHORIZING AGREEMENT BETWEEN THE CHAMPAIGN COUNTY BOARD (HEAD START EMPLOYEES) AND AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL EMPLOYEES (AFSCME) - MARCH 1, 2017 - FEBRUARY 29, 2020

WHEREAS, The Champaign County Board has negotiated with the American Federation of State, County and Municipal Employees, Council 31, on behalf of Local 900, the sole and exclusive bargaining agent for the Head Start bargaining unit; and

WHEREAS, The parties have completed negotiations as to the terms and conditions of employment for the Head Start employees who are members of the bargaining unit for the period from March 1, 2017 through February 29, 2020, as documented in the AFSCME Head Start Collective Bargaining Agreement;

NOW, THEREFORE, BE IT RESOLVED, by the Champaign County Board, that C. Pius Weibel, Chair of the Champaign County Board, is hereby authorized to execute the AFSCME Head Start Collective Bargaining Agreement, on behalf of the Champaign County Board.

PRESENTED, PASSED, APPROVED and RECORDED this 21st day of September A.D. 2017.

C. Pius Weibel, Chair
Champaign County Board

ATTEST:

Gordy Hulten, County Clerk and
Ex-Officio Clerk of the County Board

RESOLUTION NO. 10131

**RESOLUTION APPROVING AGREEMENT BETWEEN THE CHAMPAIGN COUNTY BOARD, THE SHERIFF, AND THE ILLINOIS FRATERNAL ORDER OF POLICE LAW ENFORCEMENT AND LAW ENFORCEMENT SERGEANTS
JANUARY 1, 2017 – DECEMBER 31, 2019**

WHEREAS, The Champaign County Board and the Sheriff have negotiated with the Illinois Fraternal Order of Police (FOP), the sole and exclusive bargaining agent for the Fraternal Order of Police Law Enforcement and Law Enforcement Sergeants; and

WHEREAS, The parties have completed negotiations as to the terms and conditions of employment for the Fraternal Order of Police Law Enforcement and Law Enforcement Sergeants employees who are members of the bargaining unit for the period from January 1, 2017 through December 31, 2019;

NOW, THEREFORE, BE IT RESOLVED, By the Champaign County Board, Champaign County, Illinois, that the Collective Bargaining Agreement for the Fraternal Order of Police Law Enforcement and Law Enforcement Sergeants Between the Champaign County Board, the Sheriff of Champaign County, and the Illinois Fraternal Order of Police is hereby approved; and

BE IT FURTHER RESOLVED, by the Champaign County Board, that C. Pius Weibel, Chair of the Champaign County Board, is hereby authorized to execute the Collective Bargaining Agreement for the Fraternal Order of Police Law Enforcement and Law Enforcement Sergeants, on behalf of the Champaign County Board.

PRESENTED, PASSED, APPROVED, AND RECORDED this 21st day of September A.D. 2017.

C. Pius Weibel, Chair
Champaign County Board

ATTEST:

Gordy Hulten, County Clerk and
Ex-Officio Clerk of the County Board