

COMMITTEE: HEALTH INSURANCE TRUSTEES COMMITTEE
CHAIRMAN: James Jansen
MEMBERS PRESENT: George Bornemann, Richard Hurlbert, James Jansen, Robin Stowe and Gary Olsen.
MEMBERS ABSENT: None
OTHERS PRESENT: Chet Haatvedt and Kim Hurst.

The meeting was called to order by Chairman Jim Jansen at 10:30 p.m., on July 7, 2011, in the Law Library of the Courthouse.

Approve the minutes of the previous meeting on May 17, 2011: Motion by Bornemann, second by Hurlbert to approve the minutes of the previous meeting held on May 17, 2011, all ayes, and motion carried.

Consider plan adjustments required by new PPO Network United Healthcare Options Network:

Kim Hurst explained to the Committee that United Healthcare Options network started to require all health plans, who use their network, to have the structure of 90/10 in network and 70/30 out of network. The County's current plan design is 90/10 in network and 80/20 out of network. This is also specified in the union contracts. Because this change would require a contract change, it was suggested that the County not switch to United Healthcare Options. United Healthcare Options made this change on June 1, 2011; right after the Committee approved the switch to the new network. Kim explained that the PPO network North Central Health Alliance would actually give the County better discounts, and this network does not require the 90/10 in network and 70/30 out of network structure. Motion by Bornemann, second by Hurlbert to approve switching the County's PPO provider to North Central Health Alliance, all ayes, motion carried.

Reconsider adopted plan verbiage making it mandatory for participants to have the County's health insurance plan as the primary plan and not secondary on a spouse's plan:

Motion by Bornemann, second by Hurlbert to rescind the action taken by the Committee at their last meeting to add the following language to the County's health insurance plan, all ayes, motion carried:

Section 3 Eligibility

Add: Eligibility Requirements

You are not eligible for coverage under the plan if at the time that you are eligible for enrollment, you are covered under your spouse's medical benefit plan. Coverage under a supplemental medical benefit plan does not affect eligibility for coverage under this plan.

At time of enrollment, you are required to file documentation that you are not covered under any medical benefit plan available to your spouse. By submitting claims under this plan, you are attesting that you are not covered under any medical benefit plan available to your spouse.

If it is determined that you are not eligible for coverage under the plan because you are covered under your spouse's medical benefit plan, then you may subsequently become eligible under the Special Enrollment Rights section of this plan.

Add to Termination of Coverage

13. The end of the month following your coverage as a dependent under your spouse's medical benefit plan.

The Committee will continue to review available options to address problems associated with "secondary" coverage at a future meeting.

Review of self-funded health insurance fund. Kim Hurst distributed information to the Committee regarding a summary of the claim experience from 2006 to 2010 for the health insurance. Kim also provided the Committee with an analysis of the plan for the period January 2010 through December 2010. The Committee anticipates that County's claims experience will change once the benefits of plan changes effective 1/1/2011 are realized in future reports.

Adjourn the meeting: At 11:30 a.m. Bornemann made a motion to adjourn the meeting, second by Hurlbert, all ayes, and motion carried.

Respectfully submitted,
Gary D. Olsen, Recording Secretary