



2024 Health Plan Strategy

October 2023

Historical Plan Costs and Trends

2018 Average Cost Per Employee Per Year (PEPY): \$20,026

2019 Average Cost Per Employee Per Year (PEPY): \$18,529

2020 Average Cost Per Employee Per Year (PEPY): \$18,636

2021 Average Cost Per Employee Per Year (PEPY): \$18,159

2022 Average Cost Per Employee Per Year (PEPY): \$19,117

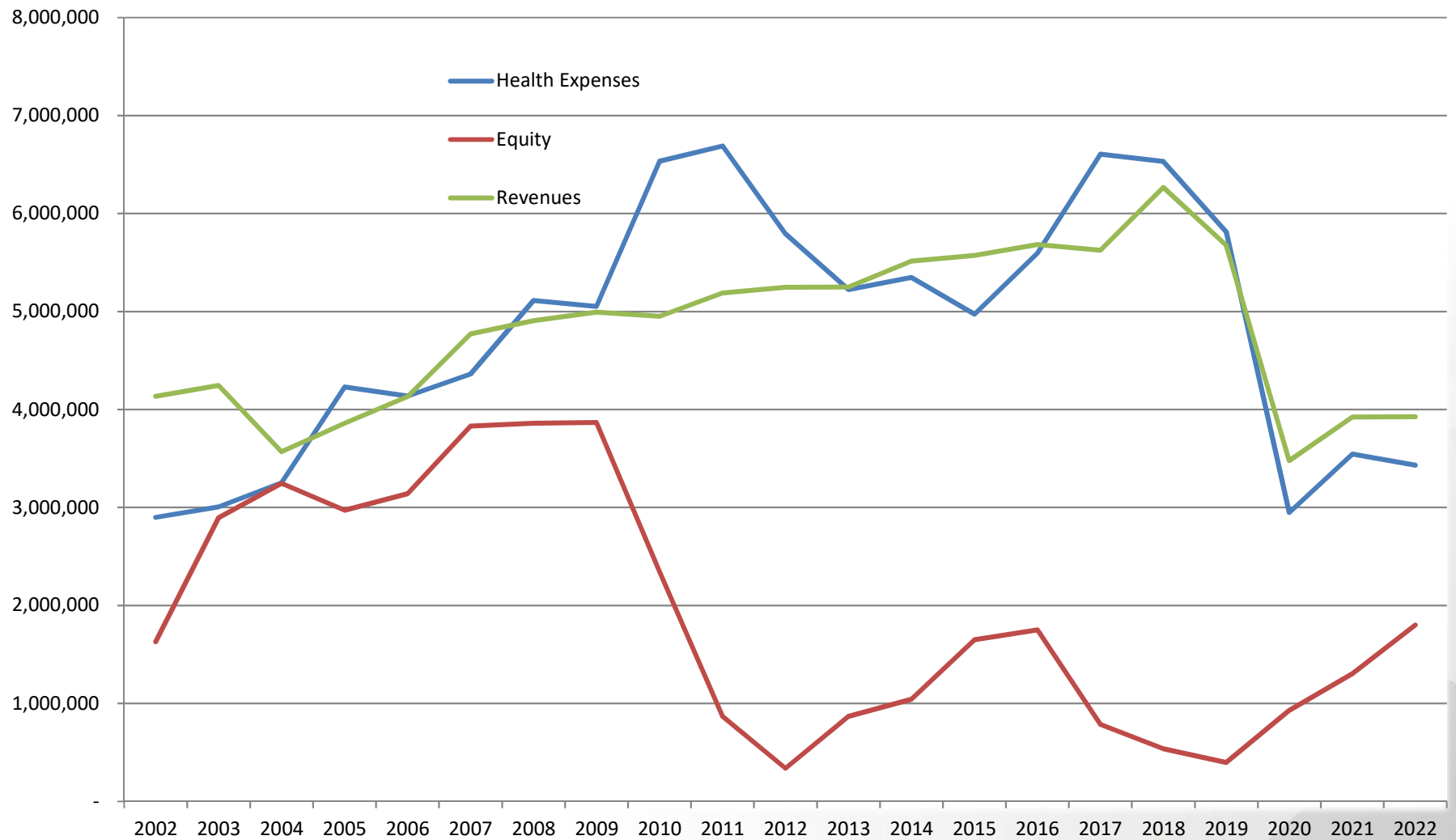
2023 Average Cost Per Employee Per Year (PEPY): \$23,535*

**1.1.22 - 8.31.22 YTD*

2023 Health Plan Strategy

- No Changes to Plan Design or Network
 - No Change to Employee Contribution
 - 5% Increase to County Funding Contribution
 - Continue to Build Health Insurance Fund Reserve

Lincoln County Health Plan Reserve Fund



*\$1.2M owed back to general fund from borrowing in 2013 & 2018

2024 Funding Projections

Projected 2024 Plan Cost	\$3,798,326
Projected Funding with Current Rates	<u>\$4,095,672</u>
2023 Projected Funding Surplus	\$297,346

2024 Recommendation:

- 1) Increase County Funding Budget by 5%
- 2) No Increase to employee contributions
- 3) Increase deductible on HDHP plan to meet IRS Guidelines
 - Current HDHP Plan has a \$3,000 Single and \$6,000 Family Deductible
 - For 2024 IRS increased the minimum deductible to \$3,200 Single and \$6,400 Family to continue HSA contributions

No Changes for 2024

MEDICAL & DRUG BENEFITS	Option 1 - Traditional Health Plan (Embedded)		
	In-Network Aspirus Health Plan	Out-of-Network	
Deductible	\$1,500 per Individual	You pay 100% of all charges.	
Your Responsibility After Meeting Your Deductible (Coinsurance)	You pay 20% of any medical claims up to an additional \$1,500 per person, not to exceed \$3,000	You pay 100% of all charges.	
Maximum Out-of-Pocket Cost (Includes Deductible)	\$3,000 per Individual \$6,000 Max per Family	You pay 100% of all charges.	
Office Visit	You pay a \$30 Copay until your Maximum Out-of-Pocket cost is met, then covered in full.	You pay 100% of all charges.	
Preventive Care	You pay \$0 . Refer to Frequency Limits and Benefit Summary for a list of covered services.	You pay 100% of all charges.	
Hospitalization	You pay full cost of Hospitalization until your Deductible is met; then you pay 20% of any additional costs until your Maximum Out-Of-Pocket cost is met, then covered in full.	You pay 100% of all charges, except for emergency room services (as outlined below) or with an approved referral from Aspirus Health Plan.	
Prescription Drugs	Retail (30 day Supply)	Specialty*	Retail 90 and Home Delivery (90 day supply)
	<p>Tier 1-Most Generics = \$5 Copay</p> <p>Tier 2-Preferred Brand = \$20 Copay</p> <p>Tier 3-Non-Preferred Brand = \$35 Copay</p> <p>Certain Preventive Drugs may be covered at no cost to you. See the Aspirus Health Plan Option 1 - \$0 Drug List for details.</p>	<p>You pay 25% of the full cost of the Prescription (Coinsurance) until your Maximum Out-of-Pocket cost of \$1,000 is met. This is a separate \$1,000 (additional) Maximum Out-of-Pocket in addition to the Medical Maximum Out-of-Pocket cost.</p>	<p>For maintenance medications, your prescriptions cost the retail monthly amount times two (2 Copays)</p> <p>Contact Navitus at 844-268-9789 or visit www.navitus.com for information.</p>

MEDICAL & DRUG BENEFITS	Option 2 - Qualified HDHP (Embedded)		
	In-Network Aspirus Health Plan		Out-of-Network
Deductible	\$3,000 per Individual		You pay 100% of all charges.
Your Responsibility After Meeting Your Deductible (Coinsurance)	You pay 20% of any medical claims up to an additional \$1,000 per person, not to exceed \$2,000		You pay 100% of all charges.
Maximum Out-of-Pocket Cost (Includes Deductible)	\$4,000 per Individual \$8,000 Max per Family		You pay 100% of all charges.
Office Visit	Deductible & Coinsurance		You pay 100% of all charges.
Preventive Care	You pay \$0. Refer to Frequency Limits and Benefit Summary for a list of covered services.		You pay 100% of all charges.
Hospitalization	Deductible & Coinsurance		You pay 100% of all charges, except for emergency room services (as outlined below) or with an approved referral from Aspirus Health Plan.
Prescription Drugs	Retail (30 day Supply)	Specialty*	Retail 90 and Home Delivery (90 day supply)
	<p>You pay full cost of your prescription(s) until your Deductible is met. After Deductible is met, the following applies until Maximum Out-of-Pocket is met:</p> <p style="text-align: center;"><u>Retail 30 Day Supply</u> Tier 1-Most Generic Drugs = \$5 Copay Tier 2-Preferred Brand = \$20 Copay Tier 3-Non-Preferred Brand = \$35 Copay</p> <p>For maintenance medications under the Retail 90 and Home Delivery 90 day supply, your prescriptions cost the retail monthly amount times 2 copays.</p> <p>Specialty - Full cost applies until Maximum Out-of-Pocket is met</p> <p>Certain Preventive Drugs may be covered at no cost to you. See the Aspirus Health Plan Option 2 - \$0 Drug List for details.</p>		

IRS Required Deductible Change:

As a HDHP the regulations are governed by the IRS. They set the annual requirements to keep HDHP status and allow for HSA contributions.

For 2024, the minimum deductible for an embedded HDHP plan was increased to \$3,200

Recommendation to increase Deductible to \$3,200 for Single and \$6,400 for Family Coverage.

Out-of-Pocket Maximum to remain at \$4,000 Single and \$8,000 Family

2022 LINCOLN COUNTY HEALTH INSURANCE PREMIUMS - 5% County Premium Increase

Option 1 - Traditional Plan 9.23%

Employees Only	Employee Premium		Employer Premium		Total Premium		
	Per Month	Per Paycheck	Per Month	Per Paycheck	Per Month	Per Paycheck	Annually
%							
75-100	\$ 90.00	\$ 45.00	\$ 885.00	\$ 442.50	\$ 975.00	\$ 487.50	\$ 11,700.00

Option 1 - Traditional Plan 9.11%

Family	Employee Premium		Employer Premium		Total Premium		
	Per Month	Per Paycheck	Per Month	Per Paycheck	Per Month	Per Paycheck	Annually
%							
75-100	\$ 222.00	\$ 111.00	\$ 2,215.00	\$ 1,107.50	\$ 2,437.00	\$ 1,218.50	\$ 29,244.00

Option 2 - HDHP Plan 4.01%

Employees Only	Employee Premium		Employer Premium		Total Premium		
	Per Month	Per Paycheck	Per Month	Per Paycheck	Per Month	Per Paycheck	Annually
%							
75-100	\$ 37.00	\$ 18.50	\$ 885.00	\$ 442.50	\$ 922.00	\$ 461.00	\$ 11,064.00

Option 2 - HDHP Plan 3.99%

Family	Employee Premium		Employer Premium		Total Premium		
	Per Month	Per Paycheck	Per Month	Per Paycheck	Per Month	Per Paycheck	Annually
%							
75-100	\$ 92.00	\$ 46.00	\$ 2,215.00	\$ 1,107.50	\$ 2,307.00	\$ 1,153.50	\$ 27,684.00

(Option 2 Only) Lincoln County will deposit \$300 for an Employee Only Plan and \$600 for a Family Plan into your qualified Health Savings Account (HSA) set up by you at the bank of your choice by the first week in January. **Retirees not eligible for this benefit.**



Retiree Coverage/COBRA Coverage/HSA Contributions

Retiree/Cobra

Opt. #1 Single

Opt. #1 Family

Retiree/COBRA	COBRA + 2%
\$975.00	\$994.50
\$2,437.00	\$2,485.74

Opt. #2 Single

Opt. #2 Family

Retiree/COBRA	COBRA + 2%
\$922.00	\$940.44
\$2,307.00	\$2,353.14

Thank You!