



Williamson County

2025 Benefits Fund Budget –
Benefit Committee Recommendations

May 16, 2024

2024/2025 Budget Add-Ons

*LifeLine

- Wellness Week in 2025
- Estimated cost: 140 scans at \$169 per scan = \$23,660

*Heart CT Scan

- 2025 estimated 500 scans at \$75 per scan = \$37,500

Dexa

- 2025 two events estimated 6 busses at \$12,000 = \$24,000

Airrosti Benefit Change to \$0 copay

- 2024 estimated cost = \$875
- 2025 Would like to offer onsite options. This would require the Choice plan being added to the plan offerings of three (3) additional visits a total of six (6), estimating 85 members times (3) visits = \$6,375

*Will require further discussion with providers ability to apply the EE Co-payment of \$25.00 per test, one per plan year.

Additional estimated expense from above Preventive services and screenings should be considered cost neutral due to added benefits of early detection resulting in less costly current and future utilization.



2024/2025 Budget Add-Ons, Estimated add'l Costs

Maven Maternity Program

- Cost is \$925 per case – Estimated \$13,500k

Neonatal Resource Services

- Cost is \$1,700 per case – Estimated \$6,800k

Teledoc Health Chronic Condition Management

- Cost is \$69 per case, (minimum of five (5) months billed) – Estimated \$50k - \$60k

Quit4Life 12-week program

- Cost is \$455.61 per case - Estimated \$200k

Child & Family Behavior Coaching

- Cost is \$240 for month 1, \$144 for months 2+ - Estimated \$20k-\$30k



2024/2025 Budget Add-Ons, Estimated add'l Costs

\$0 copay for Childcare PCP Visits for kids under 18

- Estimated Costs \$15,000

Dental Plan Changes

- Low Plan: Increase Individual Calendar Year Max from \$750 to \$1,000
- High Plan: Increase Individual Calendar Year Max from \$1,500 to \$1,750
- High Plan: Increase Child Ortho Max from \$2,000 to \$2,500
- Estimated Increased Cost \$4.55 per employee per month



2025 Medical and Rx Budget Assumptions

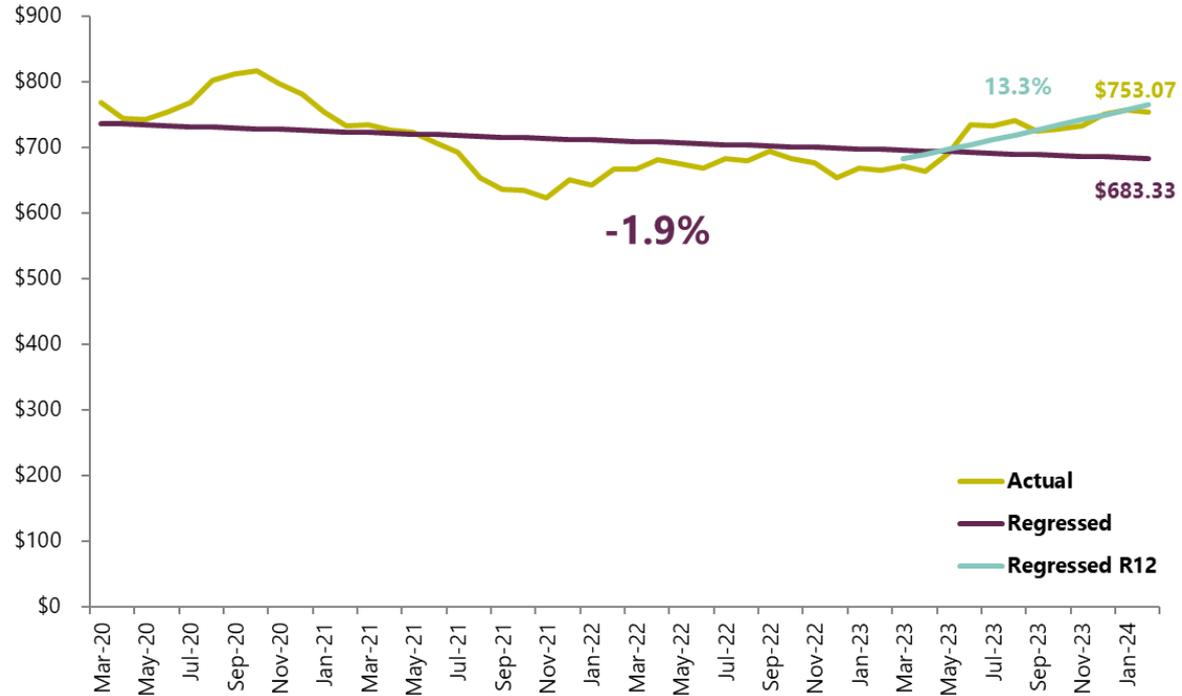
- Projected costs based on Williamson County claims experience through March 2024
- Medical trend assumption of 6.8%, and Rx trend of 9.9% based on 2024 Segal Health Plan Cost Trend Survey
- Medical Past Coverage Level (PCL) selected at 65th percentile
- Rx PCL selected at 50th percentile
- Plan Changes:
 - Change Navigate plan network to Choice+ EPO (no out-of-network benefits), Plan Name Choice
 - Increase Choice Plan Specialist copay from \$45 to \$50 & Reduce Dependent Child under age 19, Co-pay for both the Choice & Choice+ Plan \$=0
 - Increase Navigate plan deductibles from \$2,000/\$4,000 to \$2,500/\$5,000
 - Decrease Choice+ plan deductibles from \$2,000/\$4,000 to \$1,500/\$3,000
 - Increase Navigate and Choice+ plans Rx copays for tiers 1-3 from \$100 to \$125 and specialty from \$125 to \$150
- Fixed Cost Assumptions:
 - Assumes 0% increase to current admin fees
 - Assumes +20% increase to current Individual Stop Loss coverage fees, subject to final negotiation
- Assumes 2025 County budget rates will increase slightly, and Employee/Retiree contributions will remain flat in plan year 2025 except the Navigate plan rates will increase slightly



Medical Trend Rolling 12

- Since 2020 the County's medical trend has been negative 1.9% before stop loss reimbursements
- For the last 12 months the County's medical trend has been 13.3% due to inflation and higher utilization (before stop loss reimbursements)
- The County's medical trend is lower than national average

Look- Back Rolling 12 Medical Claims

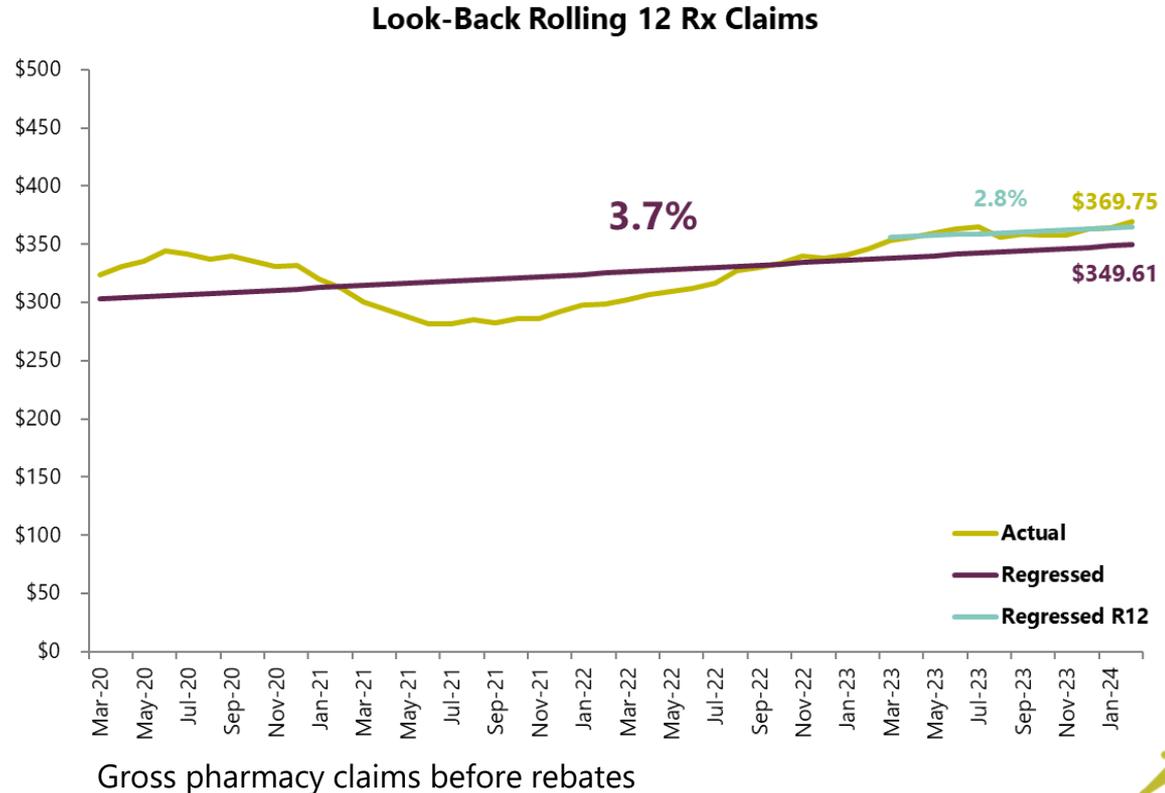


Gross medical claims before SL reimbursements



Pharmacy Trend Rolling 12

- Since 2020 the County's pharmacy trend has been 3.7% before pharmacy rebates
- For the last 12 months the County's pharmacy trend has been 2.8% (before pharmacy rebates)
- The County's pharmacy trend is lower than national average



2024 Current Plan Design

	HSA Plan		Traditional Plan Navigate Plan		Traditional Plan Choice+	
	<u>In-Network ONLY</u>		<u>In-Network ONLY</u>		<u>In-Network*</u>	
Coinsurance (Employer portion)	80%		80%		80%	
Deductible (Ind/Fam)	\$3,200 / \$6,000		\$2,000 / \$4,000		\$2,000 / \$4,000	
Out-of-Pocket Max (Ind/Fam)	\$5,500 / \$11,000		\$5,500 / \$11,000		\$5,500 / \$11,000	
Medical Plan Design						
Primary Office Visit	**20% Coinsurance		\$25 Copay		\$25 Copay	
Specialist Office Visit	**20% Coinsurance		\$45 Copay		\$50 Copay	
In Patient Hospital	**20% Coinsurance		**20% Coinsurance		**20% Coinsurance	
Emergency Room	**20% Coinsurance		\$400 Copay		\$400 Copay	
Laboratory OP/PR Services	**20% Coinsurance		**20% Coinsurance		**20% Coinsurance	
X-rays and Diagnostic Imaging	**20% Coinsurance		**20% Coinsurance		**20% Coinsurance	
Rx Plan Design						
	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>	<u>Mail Order</u>
Generics	**20% Coinsurance		35% (\$10 Min/\$100 Max)	\$20 Copay	35% (\$10 Min/\$100 Max)	\$20 Copay
Preferred Brand Drugs	**20% Coinsurance		35% (\$40 Min/\$100 Max)	\$80 Copay	35% (\$40 Min/\$100 Max)	\$80 Copay
Non-Preferred Brand Drugs	**20% Coinsurance		35% (\$75 Min/\$100 Max)	\$100 Copay	35% (\$75 Min/\$100 Max)	\$100 Copay
Specialty High-Cost Drugs	**20% Coinsurance		\$125 Copay	\$125 Copay	\$125 Copay	\$125 Copay

*Out-of-Network Benefits available but not listed

**20% Coinsurance, after deductible is met



Illustrative 2025 Active Medical Cost

(Assuming Rate adjustments are split between the County Contribution and Employee Rates, for discussion during interactive budget modeling)

	HSA Plan			
	<u>Employee Per Pay Period</u>	<u>Employee Monthly</u>	<u>Employer Monthly</u>	<u>Total Cost</u>
Employee Only	\$0.00	\$0.00	\$864.46	\$864.46
Employee + Spouse	\$88.00	\$176.00	\$1,945.01	\$2,121.01
Employee + Child	\$46.12	\$92.24	\$1,728.90	\$1,821.14
Employee + Family	\$102.29	\$204.58	\$2,809.47	\$3,014.05

	Navigate Plan → Choice Plan			
	<u>Employee Per Pay Period</u>	<u>Employee Monthly</u>	<u>Employer Monthly</u>	<u>Total Cost</u>
Employee Only	\$30.66	\$61.32	\$871.32	\$932.64
Employee + Spouse	\$128.12	\$256.24	\$1,066.23	\$1,322.47
Employee + Child	\$64.22	\$128.44	\$938.44	\$1,066.87
Employee + Family	\$134.28	\$268.56	\$1,078.55	\$1,347.11

	Choice+ Plan			
	<u>Employee Per Pay Period</u>	<u>Employee Monthly</u>	<u>Employer Monthly</u>	<u>Total Cost</u>
Employee Only	\$108.73	\$217.46	\$1,027.45	\$1,244.91
Employee + Spouse	\$180.50	\$361.00	\$1,170.99	\$1,531.99
Employee + Child	\$138.72	\$277.44	\$1,087.44	\$1,364.88
Employee + Family	\$208.35	\$416.70	\$1,226.70	\$1,643.40

Total Cost
 =
Medical & RX Claims
 +
Administration
 +
Stop Loss Coverage



Thank
you.

