



# 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

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.

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



# 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



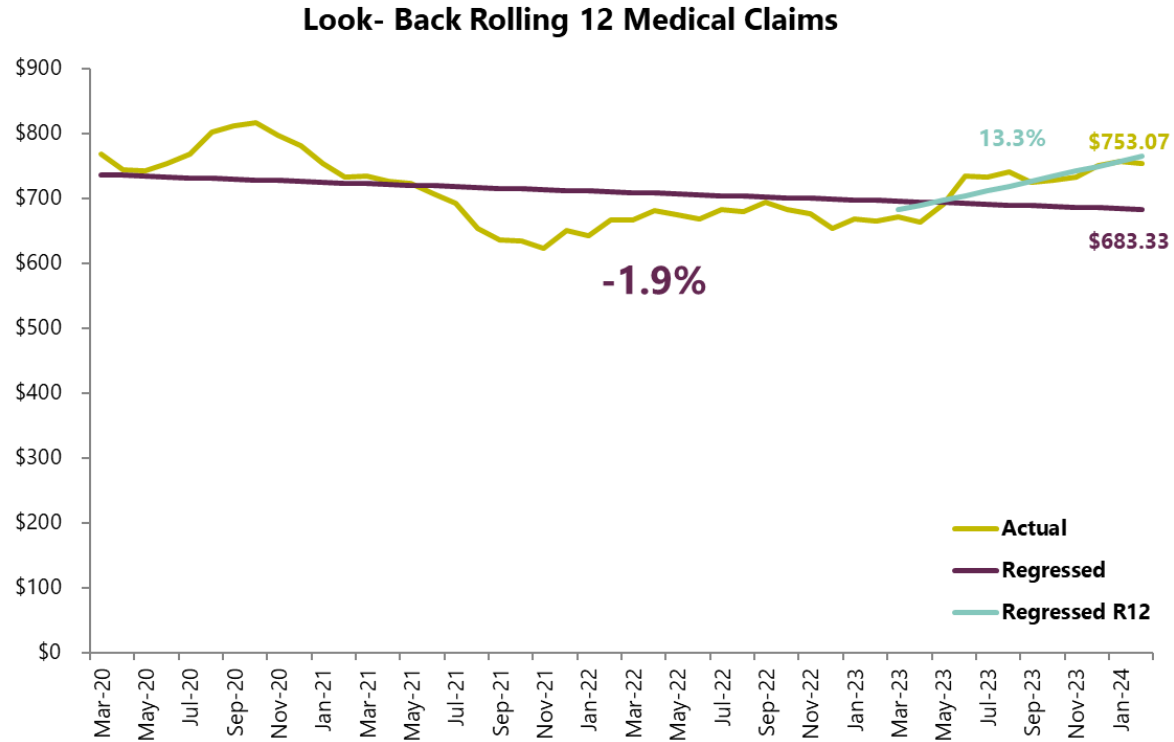
# 2025 Medical and Rx Budget Assumptions

- 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

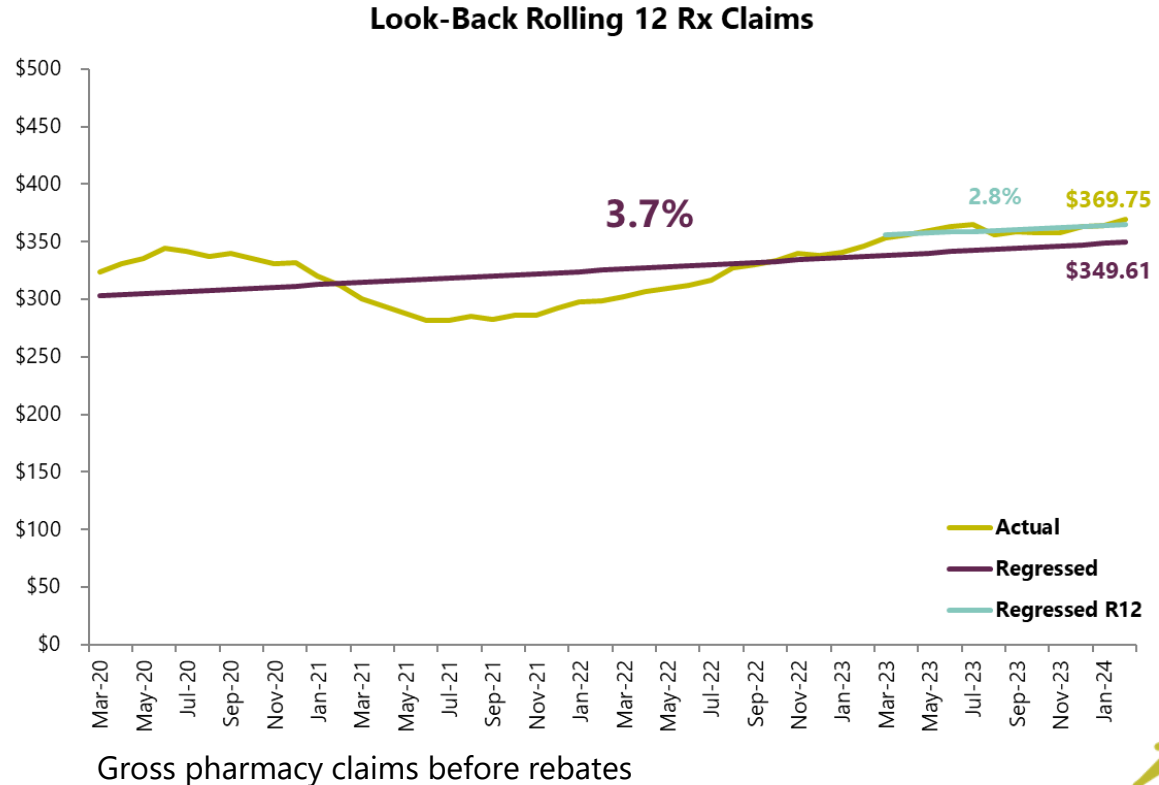


Gross medical claims before SL reimbursements



# 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	
<b><u>Medical Plan Design</u></b>					
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	
<b><u>Rx Plan Design</u></b>	<b><u>Retail</u></b> <b><u>Mail Order</u></b>	<b><u>Retail</u></b>	<b><u>Mail Order</u></b>	<b><u>Retail</u></b>	<b><u>Mail Order</u></b>
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





# 2025 Proposed Plan Design Changes

	HSA Plan	Traditional Plan Navigate Plan → Choice	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	\$2,500 / \$5,000	\$1,500 / \$3,000
Out-of-Pocket Max (Ind/Fam)	\$5,500 / \$11,000	\$5,500 / \$11,000	\$5,500 / \$11,000
<b>Medical Plan Design</b>			
Primary Office Visit	**20% Coinsurance	\$25 Copay, \$0 <19 Child	\$25 Copay, \$0 <19 Child
Specialist Office Visit	**20% Coinsurance	\$50 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
<b>Rx Plan Design</b>	<b><u>Retail</u></b> <b><u>Mail Order</u></b>	<b><u>Retail</u></b> <b><u>Mail Order</u></b>	<b><u>Retail</u></b> <b><u>Mail Order</u></b>
Generics	**20% Coinsurance	35% (\$10 Min/\$125 Max)   \$20 Copay	35% (\$10 Min/\$125 Max)   \$20 Copay
Preferred Brand Drugs	**20% Coinsurance	35% (\$40 Min/\$125 Max)   \$80 Copay	35% (\$40 Min/\$125 Max)   \$80 Copay
Non-Preferred Brand Drugs	**20% Coinsurance	35% (\$75 Min/\$125 Max)   \$100 Copay	35% (\$75 Min/\$125 Max)   \$100 Copay
Specialty High-Cost Drugs	**20% Coinsurance	\$150 Copay   \$150 Copay	\$150 Copay   \$150 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>
<b>Employee Only</b>	\$0.00	\$0.00	\$864.46	\$864.46
<b>Employee + Spouse</b>	\$88.00	\$176.00	\$1,945.01	\$2,121.01
<b>Employee + Child</b>	\$46.12	\$92.24	\$1,728.90	\$1,821.14
<b>Employee + Family</b>	\$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>
<b>Employee Only</b>	\$30.66	\$61.32	\$871.32	\$932.64
<b>Employee + Spouse</b>	\$128.12	\$256.24	\$1,066.23	\$1,322.47
<b>Employee + Child</b>	\$64.22	\$128.44	\$938.44	\$1,066.87
<b>Employee + Family</b>	\$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>
<b>Employee Only</b>	\$108.73	\$217.46	\$1,027.45	\$1,244.91
<b>Employee + Spouse</b>	\$180.50	\$361.00	\$1,170.99	\$1,531.99
<b>Employee + Child</b>	\$138.72	\$277.44	\$1,087.44	\$1,364.88
<b>Employee + Family</b>	\$208.35	\$416.70	\$1,226.70	\$1,643.40

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



Thank  
you.