



Williamson County

2025 Benefits Fund Budget –
Benefit Committee Recommendations

June 4, 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 buses at \$12,000 = \$24,000

Chiropractic and Physical Therapy Benefit Change to \$0 copay

- 2024 estimated cost = \$875
- 2025 increase number of outpatient visits at no member cost from 3 to 6 for the Choice and Choice + plans. Estimating 85 members times (3) visits = \$6,375; cost to add additional 3 visits.
- This will also require outpatient mental health benefits to cover the first six (6) visits at no member cost on the Choice and Choice+ plans.
- The County will also incorporate onsite visits for departments that have the space.

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

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 months billed) – Estimated \$50k - \$60k

Quit4Life 12-week program

- Cost is \$455.61 per case - Estimated \$200k
- Employees will be allowed to enroll in the program one time per calendar year
- The program will be open year-round to accommodate for new hires
- Once an employee, spouse or retiree completes the program their nicotine/tobacco surcharge will be refunded back to the beginning of the plan year or when the surcharge began for mid-year enrollments
- The program will be considered completed when the employee, spouse or retiree completes five sessions; three 1:1 sessions and two group sessions

\$10 copay for Childcare PCP Visits for kids under age 19

- Estimated Costs \$7,500



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

Medical Plan Contributions

- Employee contributions for the **Choice and Choice+** plans will remain flat in plan year 2025.
- HSA plan contributions for employee + spouse, employee + child(ren) and employee + family tiers will reduce to half of the **Choice** plan cost
- Williamson County **will increase its Health Savings Account contribution to \$2,000**
- Retiree rates will have a small increase to stay consistent with trend.

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 Lifetime Max from \$2,000 to \$2,500



2025 Medical and Rx Budget Assumptions

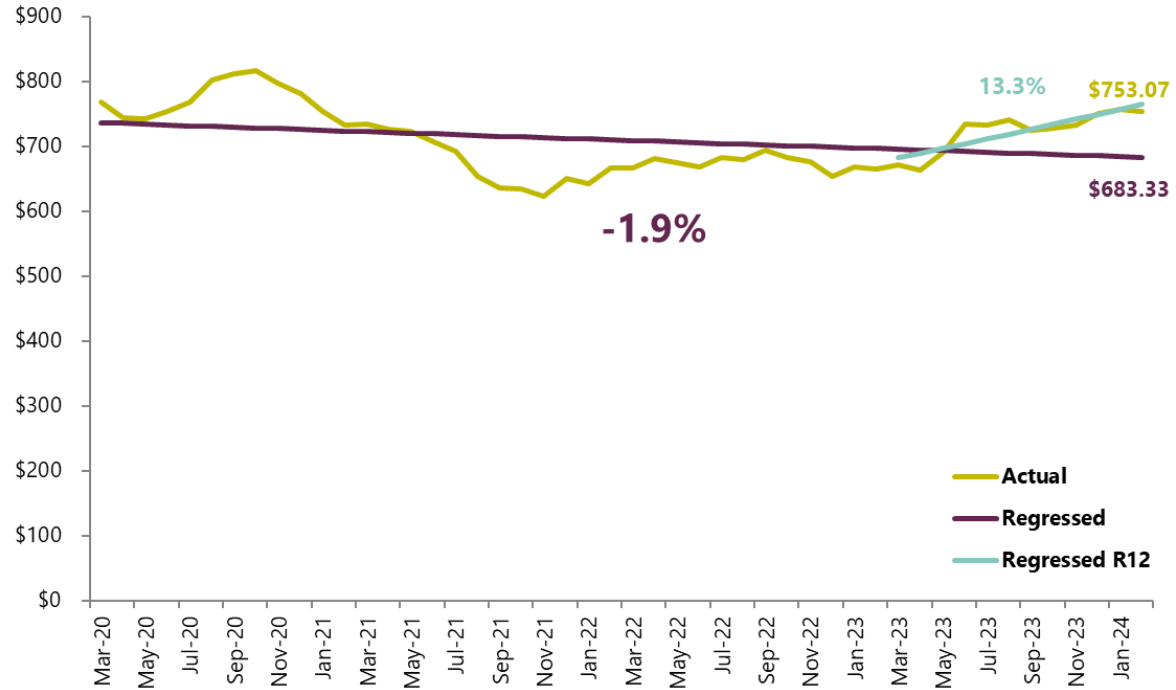
- Projected costs based on Williamson County claims experience through **March 2024**
- **Medical trend assumption of 6.8%, and Rx trend of 9.9%** based on 2024 Segal Health Plan Cost Trend Survey
- Medical Past Coverage Level (PCL) selected at 65th percentile
- Rx PCL selected at 50th percentile
- **Plan Changes:**
 - Change Navigate plan network to **Choice** plan to improve member experience (**no out-of-network benefits and no referral from PCP required**)
 - **Increase Choice Plan Specialist copay from \$45 to \$50 & Reduce Dependent Child under age 19, Co-pay for both the Choice & Choice+ Plan \$10**
 - Increase Choice plan deductibles from **\$2,000 Individual/\$4,000 Family to \$2,500 Individual/\$5,000 Family**
 - Decrease Choice+ plan deductibles from **\$2,000 Individual/\$4,000 Family to \$1,500 Individual/\$3,000 Family**
 - **Increase Choice 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



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

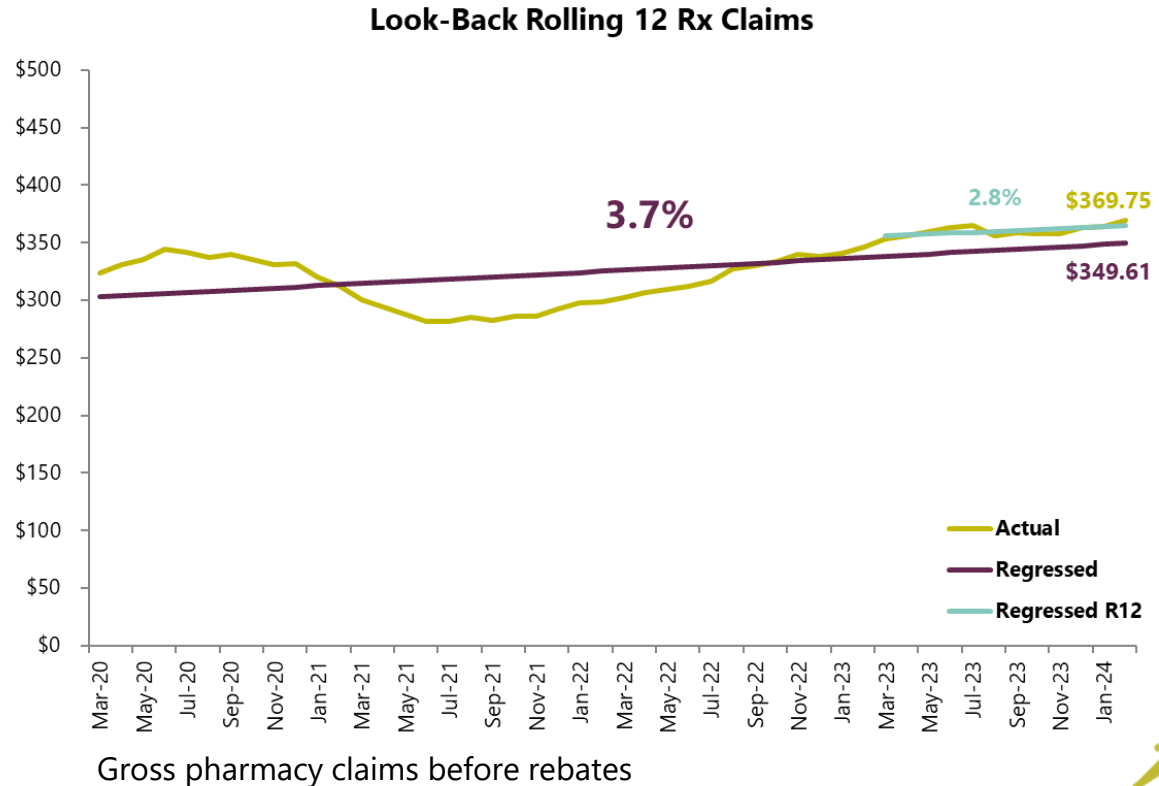


Gross medical claims before SL reimbursements



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 Medical Plan Design

	HSA Plan		Traditional Plan Navigate Plan		Traditional Plan Choice+	
	In-Network ONLY		In-Network ONLY		In-Network*	
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	
County HSA Contribution	\$1,500		N/A		N/A	
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	
Diagnostic Labs	**20% Coinsurance		No charge		No charge	
Basic X-rays and Diagnostic Imaging	**20% Coinsurance		No charge		No charge	
Rx Plan Design	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
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 Medical 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)	\$3,300 / \$6,600	\$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	
County HSA Contribution	\$2,000	N/A		N/A	
Medical Plan Design					
Primary Office Visit	**20% Coinsurance	\$25 Copay, \$10 <19 Child		\$25 Copay, \$10 <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	
Diagnostic Labs	**20% Coinsurance	No charge		No charge	
Basic X-rays and Diagnostic Imaging	**20% Coinsurance	No charge		No charge	
Rx Plan Design	Retail Mail Order	Retail	Mail Order	Retail	Mail Order
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



2025 Active Medical Cost

(Choice and Choice+ employee plan costs will not change. Reducing HSA employee plan cost on the Employee+Spouse, Employee+Child(ren) and Employee+Family coverage tiers to half of the Choice plan cost)

Active Employees				
With All Incentives				
Choice Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$27.87	\$55.75	\$657.07	\$712.82
Employee/Spouse	\$111.40	\$222.81	\$1,381.03	\$1,603.84
Employee/Child	\$58.38	\$116.76	\$1,308.87	\$1,425.63
Employee/Family	\$116.76	\$233.52	\$2,083.13	\$2,316.65

With All Incentives				
Choice Plus Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$108.73	\$217.45	\$566.65	\$784.10
Employee/Spouse	\$180.50	\$360.99	\$1,403.24	\$1,764.23
Employee/Child	\$138.72	\$277.44	\$1,290.76	\$1,568.20
Employee/Family	\$208.35	\$416.70	\$2,131.62	\$2,548.32

With All Incentives				
HSA Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$0.00	\$0.00	\$684.33	\$684.33
Employee/Spouse	\$55.70	\$111.40	\$1,428.32	\$1,539.72
Employee/Child	\$29.19	\$58.38	\$1,310.26	\$1,368.64
Employee/Family	\$58.38	\$116.76	\$2,107.29	\$2,224.05

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



2025 Retiree Medical Cost

(Increasing cost by 6.5%)

Retired Employees - Before 2/1/13			
With All Incentives			
Choice Plan	Monthly Retiree	Monthly Employer	Total Cost
Employee Only	\$59.37	\$653.45	\$712.82
Employee/Spouse	\$237.29	\$1,366.55	\$1,603.84
Employee/Child	\$124.35	\$1,301.28	\$1,425.63
Employee/Family	\$248.70	\$2,067.95	\$2,316.65

With All Incentives			
Choice Plus Plan	Monthly Retiree	Monthly Employer	Total Cost
Employee Only	\$231.58	\$552.51	\$784.10
Employee/Spouse	\$384.45	\$1,379.77	\$1,764.23
Employee/Child	\$295.47	\$1,272.73	\$1,568.20
Employee/Family	\$443.79	\$2,104.54	\$2,548.32

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



2025 Retiree Medical Cost

(Increasing cost by 6.5%)

Retired Employees - 8-15 years of Service			
With All Incentives			
Choice Plan	Monthly Retiree	Monthly Employer	Total Cost
Employee Only	\$450.98	\$261.83	\$712.82
Employee/Spouse	\$867.03	\$736.81	\$1,603.84
Employee/Child	\$706.17	\$719.46	\$1,425.63
Employee/Family	\$1,266.15	\$1,050.51	\$2,316.65

With All Incentives			
Choice Plus Plan	Monthly Retiree	Monthly Employer	Total Cost
Employee Only	\$636.58	\$147.51	\$784.10
Employee/Spouse	\$1,123.71	\$640.51	\$1,764.23
Employee/Child	\$913.80	\$654.40	\$1,568.20
Employee/Family	\$1,523.98	\$1,024.34	\$2,548.32

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



2025 Retiree Medical Cost

(Increasing cost by 6.5%)

Retired Employees - 16+ years of Service			
With All Incentives			
Choice Plan	Monthly Retiree	Monthly Employer	Total Cost
Employee Only	\$247.76	\$465.05	\$712.82
Employee/Spouse	\$499.69	\$1,104.15	\$1,603.84
Employee/Child	\$387.88	\$1,037.75	\$1,425.63
Employee/Family	\$695.91	\$1,620.74	\$2,316.65

With All Incentives			
Choice Plus Plan	Monthly Retiree	Monthly Employer	Total Cost
Employee Only	\$414.13	\$369.97	\$784.10
Employee/Spouse	\$828.24	\$935.99	\$1,764.23
Employee/Child	\$562.43	\$1,005.78	\$1,568.20
Employee/Family	\$944.85	\$1,603.47	\$2,548.32

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



2024 Current Dental Plan Design

Dental Benefits Overview	Dental Low Plan	Dental High Plan
	In-Network Benefits*	In-Network Benefits*
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum	\$750	\$1,500
Preventive Services		
Oral Exam, Cleanings, Sealants, Space maintainers, X-rays, Fluoride treatments	100%	100%
Basic Services		
Fillings	90% after ded	90% after ded
Emergency Treatment	90% after ded	90% after ded
Simple Extractions	90% after ded	90% after ded
Oral Surgery	90% after ded	90% after ded
Root Canal / Endodontics	90% after ded	90% after ded
Periodontics	90% after ded	90% after ded
Major Services		
Crowns	Not Covered	65% after ded
Dentures, Inlays/Onlays	Not Covered	65% after ded
Reapris	Not Covered	65% after ded
Orthodontic Services - Adults & Children	Not Covered	50% up to \$2,000 lifetime maximum

* Out-of-network benefits are available and are reimbursed based on usual and customary fees.



2025 Proposed Dental Plan Design

Dental Benefits Overview	Dental Low Plan	Dental High Plan
	In-Network Benefits*	In-Network Benefits*
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum	\$1,000	\$1,750
Preventive Services		
Oral Exam, Cleanings, Sealants, Space maintainers, X-rays, Fluoride treatments	100%	100%
Basic Services		
Fillings	90% after ded	90% after ded
Emergency Treatment	90% after ded	90% after ded
Simple Extractions	90% after ded	90% after ded
Oral Surgery	90% after ded	90% after ded
Root Canal / Endodontics	90% after ded	90% after ded
Periodontics	90% after ded	90% after ded
Major Services		
Crowns	Not Covered	65% after ded
Dentures, Inlays/Onlays	Not Covered	65% after ded
Reapris	Not Covered	65% after ded
Orthodontic Services - Adults & Children	Not Covered	50% up to \$2,500 lifetime maximum

* Out-of-network benefits are available and are reimbursed based on usual and customary fees.



2025 Dental Cost

(Dental plan cost increase for plan enhancements)

Active Employees				
Dental Low Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$17.50	\$35.00	\$0.00	\$35.00
Employee/Spouse	\$32.50	\$65.00	\$0.00	\$65.00
Employee/Child	\$36.00	\$72.00	\$0.00	\$72.00
Employee/Family	\$40.50	\$81.00	\$0.00	\$81.00

Dental High Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$24.00	\$48.00	\$0.00	\$48.00
Employee/Spouse	\$44.50	\$89.00	\$0.00	\$89.00
Employee/Child	\$48.50	\$97.00	\$0.00	\$97.00
Employee/Family	\$55.00	\$110.00	\$0.00	\$110.00



2025 Vision Plan Rates

(No changes to current plan designs or rates)

Active Employees				
Vision Plan Low Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$6.35	\$12.69	\$0.00	\$12.69
Employee/Spouse	\$12.69	\$25.38	\$0.00	\$25.38
Employee/Child	\$13.84	\$27.67	\$0.00	\$27.67
Employee/Family	\$19.62	\$39.23	\$0.00	\$39.23

Vision Plan High Plan	Employee Per Pay Period	Monthly Employee	Monthly Employer	Total Cost
Employee Only	\$8.68	\$17.36	\$0.00	\$17.36
Employee/Spouse	\$17.36	\$34.72	\$0.00	\$34.72
Employee/Child	\$18.92	\$37.84	\$0.00	\$37.84
Employee/Family	\$26.82	\$53.63	\$0.00	\$53.63



Thank
you.

