## AGENDA ENGLEWOOD WATER DISTRICT EMPLOYEE BENEFITS COMMITTEE 201 SELMA AVE, ENGLEWOOD, FL 34223 WEDNESDAY, JUNE 21, 2023 – 8:30 AM BOARD ROOM

Committee: Taylor Meals, Board Member Ray Burroughs, Administrator Heather Bagshaw, Human Resource Manager Lisa Hawkins, Finance Director Dakota Johnson, Distribution Maintenance Technical Keith R. Ledford, Jr., P.E., Technical Support Manager Austin Moriarty, Chemist Amy Reif, Utility Billing

- 1. ROLL CALL
- 2. PUBLIC INPUT
- MEETING MINUTES
   a. Minutes dated June 7, 2023
- 4. DISCUSSION
  - a. Selection of Florida Blue Healthcare Plans
  - b. Preliminary Discussion of Pay Additive
- 5. ADJOURN

## MINUTES ENGLEWOOD WATER DISTRICT EMPLOYEE BENEFITS COMMITTEE 201 SELMA AVE, ENGLEWOOD, FL 34223 WEDNESDAY, JUNE 7, 2023 – 8:30 AM BOARD ROOM

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1. ROLL CALL – Amy was absent.

2. PUBLIC INPUT – None

3. MEETING MINUTES – Heather called for approval of the meeting minutes dated April 5, 2023. Lisa moved, "**to accept the minutes of the last meeting**," seconded by Taylor.

## Unanimous

4. DISCUSSION

a. Benefit Comparison – Heather opened the discussion outlining each of the 3 pages. Page 1 was a side-by-side comparison of current plans and comparable plans offered by PRM, page 2 was all plans offered and page 3 was a comparison of vision and dental plans.

Discussion ensued to include:

- The advantages and disadvantages of an HMO vs. a PPO;
- The advantages and disadvantages of a HSA, how it works and what it can be used for;
- How contracted rates, co-pays and deductibles are applied for HSAs and PPOs;
- How much time EWD has until we commit to PRM, (Dave Wampler from Wampler/Varner still wanted to submit numbers to compete with PRM);

Lengthy discussion continued of the timeline needed to either continue moving forward with PRM or waiting for Wampler/Varner Insurance to submit numbers that would not be available until the July 13<sup>th</sup> board meeting. Waiting would delay the budget because true

insurance costs and the pay additive discussion would be postponed. It was noted that with the PRM plans the insurance costs are decreased by 30+%.

Additional discussion included;

- PRM's ability to receive renewal rates quickly;
- How next year's renewal rates will be calculated when a claims history is known and how it will affect the coming year's rates.

Discussion then moved on covering the dental and vision plans. Heather reminded the committee that the ancillary plans can either be provided by Florida Blue or the current plans could still be used.

- The rates given are very comparable to the current plans at approximately half the cost with the exception of unlimited benefit on the dental plan not being offered;
- The savings on the ancillary plans with Florida Blue would be approximately \$10,000;

It was noted that the people EWD polled who are using PRM were all very happy with the plans offered and services they have been provided. Additionally, moving to PRM would save approximately \$10,000 annually on group life, and short term/long term disability which is covered 100% by EWD.

Discussion then returned to delaying the decision until Wampler/Varner Insurance had a chance to submit renewal rates, how long Wampler would be given to provide those rates and how the committee moves forward without a decision being made today. It was reiterated that the goal of the committee is to offer the best plans at the best rates to insure families and reduce the out-of-pocket expense for them.

b. Committee Meeting Progression – Keith suggested a timeline of looking at all the plans, picking the best plans that would be the best as a whole for EWD, followed by how to structure the pay additive. The next meeting would be picking the plans, and structure of the pay additive would be at the July 5<sup>th</sup> meeting with the committee recommendation taking place at the July 13<sup>th</sup> board meeting.

Heather reminded the committee that to move forward with PRM the by-laws would need to be signed. This would turn everything over to them to execute the agent of record with Florida Blue so they can start working on getting us into their system. This would remove Wampler's ability to negotiate with Florida Blue. It was then asked if waiting until July to sign the by-laws would be too late?

A recess was called at 9:16 am so a phone call to PRM could be made to determine the timeline. Meeting reconvened at 9:23 am with Heather reporting that delaying a decision until after July 13<sup>th</sup> would be possible but it takes 8 to 10 weeks to build out the system, get EWD added to their group, and have everything on PRM's side ready for their open

enrollment by mid-August. If there were any issues with process it could delay open enrollment for EWD which needs to take place by 10/1. Waiting could potentially cause a lot of problems.

The committee moved on to ancillary insurances and what to do them. Discussion ensued to include:

- Only moving the health insurance and waiting on the ancillaries until Wampler can give a quote;
- The advantage of having all the insurances provided by 1 entity;
- The direct \$10K savings to EWD, fiscally it makes sense to move it all;
- An EWD appointee would attend PRM's quarterly board meeting;
- The time constraints of being prepared for open enrollment 10/1 if we wait another month to make a decision.

Since the committee was in agreement, Heather called for a motion. Keith moved, "to make a recommendation to the Board that as a committee we decided it would be in our best interest to move forward with PRM noting that the timeline to sign up was June 1<sup>st</sup> and if we delay any longer than that we risk there being speedbumps along the way," seconded by Lisa.

## Unanimous

The decision will be presented to the Board tomorrow.

c. Preliminary Review of Offered Plans – Heather asked that the committee review the 11 plans that are offered to pick the best ones for the employees and have an idea of how to move forward with the pay additive.

5. ADJOURNED @ 9:48 am

Heather Bagshaw, Chair

/tlh

Benefit Overview							
Pla	Plan Designs						
Calendar Year Deductible	e (In-Network/Out-of-Network)						
Individual							
Family (Aggregate)	In-Network						
Individual / Family	Out-of-Network						
Coinsurance							
	In-Network						
	Out-of-Network						
Out of Pocket Maximum (In	-Network/Out-of-Network)						
	Individual						
	Family						
Office Services							
	In-Network Family Physician						
	In-Network Specialist						
	Out-of-Network Providers						
Hospital Services (In-Netwo	rk/Out-of-Network)						
	Inpatient						
	Outpatient						
Emergency Room Services (	In-Network/Out-of-Network)						
	In-Network						
	Out-of-Network						
Urgent Care Centers							
Durante de la chie	In-Network						
Preventive Health	to Mathematic						
In-Network							
Durantiation Dura Consum	Out-of-Network						
Prescription Drug Copays:							
Deductible							
Generic							
Brand							
	n-formulary						
Mail Order Prescriptions (90	Day Supply)						

Employee Only Emp + Spouse Emp + Child(ren)

Family

EWD Current Plans				
PPO 3748	PPO 3559			
\$0.00	\$500.00			
\$0.00	\$1,500.00			
\$500/\$1500	\$750/\$1250			
100%	80%			
60%	60%			
\$1500/\$3000	\$2500/\$5000			
\$3000/\$6000	\$5000/\$10000			
\$10 Copay	\$20 Copay			
\$25 Copay	\$40 Copay			
DED + 50% Coins	DED + 50% Coins			
\$250/\$500	\$600/\$1000			
\$750.00	DED + Coins			
\$100 Copay	\$100 Copay			
\$100 Copay	\$100 Copay			
\$30 Copay	\$45 Copay			
100%	100%			
N/A	N/A			
\$0	\$0			
\$10	\$10			
\$30	\$30			
\$50	\$50			
\$25/\$75/\$125	\$25/\$75/\$125			
\$1,055.30	\$927.23			
\$2,511.61	\$2,206.79			
\$1,941.76	\$1,706.07			
\$3,292.54	\$2,892.87			

PRM Plans					
PPO 3748	PPO 3559				
\$0.00	\$750.00				
\$0.00	\$2,250.00				
\$500/\$1500	\$750/\$2250				
100%	80%				
60%	60%				
\$1500/\$3000	\$3000/\$6000				
\$3000/\$6000	\$3000/\$6000				
\$10 Copay	\$20 Copay				
\$20 Copay	\$35 Copay				
DED + Coins	DED + Coins				
\$10/\$250	\$750/\$1000				
DED + Coins	DED + Coins				
\$50 Copay	\$100 Copay				
\$50 Copay	\$100 Copay				
\$20 Copay	\$35 Copay				
100%	100%				
N/A	N/A				
\$0	\$0				
\$10	\$10				
\$25	\$25				
\$60	\$60				
\$20/\$50/\$120	\$20/\$50/\$120				
\$707.15	\$599.28				
\$1,520.37	\$1,288.45				
\$1,414.30	\$1,198.56				
\$2,121.45	\$1,797.84				

EWD Current Plans					
HMO 50	HMO 56				
\$2,000.00	\$0.00				
\$6,000.00	\$0.00				
N/A	N/A				
70%	90%				
N/A	N/A				
\$6,350.00	\$2,500.00				
\$12,700.00	\$7,500.00				
\$35 Copay	\$15 Copay				
\$65 Copay	\$35 Copay				
N/A	N/A				
\$100	\$200/day - \$1,000				
PAD+DED+COINS	Max				
N/A	N/A				
\$300 Copay	\$100 Copay				
\$300 Copay	\$100 Copay				
1.5.5					
\$70 Copay	\$35 Copay				
100%	100%				
N/A	N/A				
1.0	4.5				
\$0	\$0				
\$10	\$10				
\$60	\$30				
\$100	\$50				
\$25/\$150/\$250	\$25/\$75/\$125				
\$584.91	\$758.80				
\$1,392.16	\$1,805.99				
\$1,076.30 \$1,396.22					
\$1,825.01	\$2,367.49				

PRM Plans
HMO 55
\$0.00
\$0.00
N/A
100%
N/A
\$1,500.00
\$3,000.00
\$10 Copay
\$10 Copay
N/A
\$250.00
N/A
\$50 Copay
\$50 Copay
\$10 Copay
100%
N/A
\$0
\$5
\$25
\$25
\$10/\$50/\$50
\$677.18
\$1,455.94
\$1,354.36
\$2,031.54

Benefit Overview						
Plan Designs Calendar Year Deductible (In-Network/Out-of-Network)						
Individual In-Network						
Family (Aggregate)	In-Network					
Individual / Family	Out-of-Network					
Coinsurance						
	In-Network					
	Out-of-Network					
Out of Pocket Maximum (In-N	etwork/Out-of-Network)					
<b>``</b>	Individual					
	Family					
Office Services	· · · · ·					
	In-Network Family Physician					
	In-Network Specialist					
	Out-of-Network Providers					
Hospital Services (In-Network)	/Out-of-Network)					
	Inpatient					
	Outpatient					
Emergency Room Services (In-						
	In-Network					
	Out-of-Network					
Urgent Care Centers	-					
	In-Network					
Preventive Health						
	In-Network					
	Out-of-Network					
Prescription Drug Copays:						
	luctible					
	eneric					
	rand					
	ormulary					
Mail Order Prescriptions (90 D	ay Supply)					
Per Month	Employee Only Emp + Spouse Emp + Child(ren) Family					
Per Pay	Employee Only Emp + Spouse Emp + Child(ren) Family					

					PRM Plans					
HMO 55	HSA 5172	HSA 5180	HSA 5168	PPO 5787	PPO 5901	PPO 5904	PPO 5360	PPO 3559	PPO 0727	PPO 3748
	Non-Embedded	Non-Embedded	Non-Embedded							
\$0.00	\$5,000.00	\$2,500.00	\$1,500.00	\$7,350.00	\$2,000.00	\$2,500.00	\$1,500.00	\$750.00	\$500.00	\$0.00
\$0.00	\$10,000.00	\$5,000.00	\$3,000.00	\$14,700.00	\$2,000.00	\$5,000.00	\$4,500.00	\$2,250.00	\$1,500.00	\$0.00
N/A	\$10000/\$20000	\$5000/\$10000	\$3000/\$6000	\$14700/\$29400	\$6,000.00	\$5000/\$10000	\$3000/\$9000	\$750/\$2250	\$500/\$1500	\$500/\$1500
100%	90%	100%	100%	100%	50%	80%	80%	80%	80%	100%
N/A	80%	80%	80%	50%	50%	60%	60%	60%	60%	60%
\$1,500.00	\$6550/\$13100	\$2500/\$5000	\$1500/\$3000	\$7350/\$14700	\$6350/\$12700	\$6000/\$12000	\$3000/\$6000	\$3000/\$6000	\$1500/\$4500	\$1500/\$3000
\$3,000.00	\$10000/\$20000	\$5000/\$10000	\$3000/\$6000	\$15700/\$30400	\$12800/\$25600	\$8000/\$20000	\$5000/\$10000	\$3000/\$6000	\$1500/\$4500	\$3000/\$6000
\$10 Copay	DED + Coins	DED	DED	\$45 Copay	\$35 Copay	\$35 Copay	\$25 Copay	\$20 Copay	\$15 Copay	\$10 Copay
\$10 Copay	DED + Coins	DED	DED	\$90 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$35 Copay	\$15 Copay	\$20 Copay
N/A	DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Coins
\$250.00		DED	DED	DED	\$2000/\$3000 Copay	DED + Coins		\$750/\$1000	DED + Coins	\$10/\$250
\$230.00 N/A	DED + Coins			DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Coins		DED + Coins
N/A	DED + Coins	DED + Coins	DED + Coins	DED + Collis	DED + Collis	DED + Collis	DED + Coins	DED + COIIIS	DED + Coins	DED + COINS
ÉEO Copoy	DED + Coins	DED	DED	DED	DED + Coins	DED + Coins	DED + Coins	\$100 Coppy	DED + Coins	ÉEO Copoy
\$50 Copay						DED + Coins		\$100 Copay		\$50 Copay
\$50 Copay	DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Coins	DED + Collis	DED + Coins	\$100 Copay	DED + Coins	\$50 Copay
\$10 Copay	DED + Coins	DED	DED	\$90 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$35 Copay	\$15 Copay	\$20 Copay
Şiû Cupay	DED + COIIIS		DED	390 Copay	\$75 Copay	373 сорау	\$75 Copay	555 Copay	Ş15 Copay	Ş20 Copay
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
N/A	DED + Coins	DED + Coins	DED + Coins	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	DED + COIII3	DED + Collis	DED + COINS		17/7	N/A	17/7			N/A
\$0	DED + Coins	100% after DED	100% after DED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$5	DED + Coins	100% after DED	100% after DED	\$10	\$10	\$10	\$10	\$10	\$5	\$10
\$25	DED + Coins	100% after DED	100% after DED	\$60	\$60	\$50	\$35	\$25	\$35	\$25
\$25	DED + Coins	100% after DED	100% after DED	\$100	\$100	\$80	\$70	\$60	\$35	\$60
\$10/\$50/\$50	DED + Coins	100% after DED	100% after DED	\$30/\$180/\$300	\$30/\$180/\$300	\$20/\$100/\$160	\$20/\$70/\$140	\$20/\$50/\$120	\$10/\$70/\$70	\$20/\$50/\$120
				, , , ,	, , , , + , +	,	,	, , , , , + 0		, , , , - , , 0
\$677.18	\$443.47	\$539.35	\$611.26	\$467.44	\$497.40	\$515.38	\$581.30	\$599.28	\$641.23	\$707.15
\$1,455.94	\$953.46	\$1,159.60	\$1,314.21	\$1,005.00	\$1,069.41	\$1,108.07	\$1,249.80	\$1,288.45	\$1,378.64	\$1,520.37
\$1,354.36	\$886.94	\$1,078.70	\$1,222.52	\$934.88	\$994.80	\$1,030.76	\$1,162.60	\$1,198.56	\$1,282.46	\$1,414.30
\$2,031.54	\$1,330.41	\$1,618.05	\$1,833.78	\$1,402.32	\$1,492.20	\$1,546.14	\$1,743.90	\$1,797.84	\$1,923.69	\$2,121.45
\$312.54	\$204.68	\$248.93	\$282.12	\$215.74	\$229.57	\$237.87	\$268.29	\$276.59	\$295.95	\$326.38
\$671.97	\$440.06	\$535.20	\$606.56	\$463.85	\$493.57	\$511.42	\$576.83	\$594.67	\$636.30	\$701.71
\$625.09	\$409.36	\$497.86	\$564.24	\$431.48	\$459.14	\$475.74	\$536.58	\$553.18	\$591.90	\$652.75
\$937.63	\$614.04	\$746.79	\$846.36	\$647.22	\$688.71	\$713.60	\$804.88	\$829.77	\$887.86	\$979.13

medical expenses until the entire family deductible has been met.

Non-embedded deductible plans do not begin to pay for

Dental	EV	VD	PRM		
Plan Designs	High Plan	Low Plan	High Plan	Low Plan	
Calendar Year Deductible					
Individual	\$50.00	\$50.00	\$50.00	\$50.00	
Family	\$150.00	\$150.00	\$100.00	\$100.00	
Coinsurance					
Preventative	100%	100%	100%	100%	
Basic	90%	100%	80%	80%	
Major	60%	60%	50%	50%	
Calendar Year Maximum					
Per Person	Unlimited	Unlimited	\$3,000.00	\$2,000.00	
Office Services					
Orthodontia	50% up to \$1500	50% up to \$1500	50% up to \$1500	50% up to \$100	
Employee	\$52.34	\$40.72	\$31.97	\$25.66	
Employee + Spouse	\$104.68	\$81.45	\$63.94	\$50.88	
Employee + Child(ren)	\$142.72	\$113.10	\$57.73	\$45.97	
Family	\$197.06	\$155.82	\$102.64	\$82.11	
			Adult coverage for Orthodontia		

Vision	EWD	PRM	
Plan Designs		NVA	VSP
Eye Exam			
Once every 12 months	\$10 Copay	\$10 Copay	\$10 Copay
Frames			
Allowance	\$160	\$130	\$140/\$120/\$65
Discount over Allowance	20%	20%	20%
Every 24 months			
Lenses			
Single	\$10 Copay	\$15.00	\$0.00
Bifocal	\$10 Copay	\$15.00	\$0.00
Trifocal or above	\$10 Copay	\$15.00	\$0.00
Every 12 months			
Contacts			
Allowance	\$160	\$130	\$120
Every 12 months			
Employee	\$6.89	\$5.24	\$6.05
Employee + Spouse	\$13.78	\$9.83	\$12.09
Employee + Child(ren)	\$13.09	\$8.18	\$12.93
Family	\$20.56	\$16.19	\$20.66

Vision rates will be slightly cheaper if 100% employer paid

Group Life, Short-Term, and Long-Term Disability are comparable in cost. Potential savings of ~\$800 per month or \$9600 per year.