

**Brevard County Board of County Commissioners
Employee Benefits Insurance Advisory Committee Meeting Minutes**

Date and Time: May 18, 2022 from 1:00 p.m. – 3:00 p.m.

Location: 2725 Judge Fran Jamieson Way, Viera, Florida
Building C - Atlantic Conference Room

Members Present:

Staff Present: Tina Snyder, Benefits Manager and Yvette Torres, Administrative Assistant

Agenda Item	Summary/Discussion
Benefits Financial Review <i>Jerry Visco, Director</i>	<ul style="list-style-type: none"> • Our long-term goal is to keep all health insurance benefits sustainable. • Currently projecting a fiscal year deficit of \$4.3 million • UMR has not been successful in adding new members. UMR has approximately 10% of the total enrollment. • Over 95% of our members do not spend \$1,000 in claims per year. They do not meet their annual deductible. 5% of the covered members are responsible for almost 90% of our total costs.
Actuary Report <i>Jerry Visco, Director</i>	<ul style="list-style-type: none"> • Review of what happened in the 2021 plan year. There were over \$59 million in insurance claims paid in 2021. • We are currently financially sound; however, the aggregate of insurance premiums collected did not cover the cost of the claims that were processed during the year. • Reinsurance recovery for any claim that goes over \$1 million. From this point forward, any claim over one million dollars we will be getting money back. • Individual stop loss for large claims.
Other Topics of Interest to the Committee	<ul style="list-style-type: none"> • Received a letter from the State of Florida Office of Insurance Regulation confirming that our plan is in compliance with the requirements of Section 112.08, F.S. • Medical specialty pharmacy – there are a lot of high dollar prescription expenses running through our plan. • Discussion on how we can have cost containment in the pharmacy world. • Approval has been made for One Digital to conduct a preliminary audit of our pharmacy benefit program/utilization • One of the biggest issues are the coupons for brand name drugs. Prescription coupons benefits the member, but the plan (we are) still paying the full rate for those drugs
Initial discussion of 2023 plan design considerations <i>All Committee Members</i>	<ul style="list-style-type: none"> • What can we do that will have the greatest impact on cost containment? • If we stay on the current track, our reserve funds will be depleted to a projected \$216,000 in two years. To keep the plan viable for the long-term there is a need to increase the rates that employees pay for insurance coverage. • Cigna Health Management Care Program – high option enhanced care management plan. Pre-authorization – medical necessity review before getting many out-patient services. The doctor who is ordering the test needs to justify why he/she is ordering it. Also provides post-discharge follow-up help to ensure that the patient is doing well post-procedure and to determine if any follow-up care is needed.

	<ul style="list-style-type: none">• Surgery Plus - when a covered member is contemplating a surgical procedure they will link you to a health advocate who will assist with connecting you to a surgeon that has the best quality outcomes. Procedures are performed at out-placement centers. This is a voluntary benefit that is completely separate from our medical insurance plans. Actual savings will vary based on utilization.• Higher annual deductibles and out-of-pocket maximums• Recommendation to charge a \$250 co-pay plus deductible and coinsurance for emergency room visits and a \$500 co-pay plus deductible and coinsurance for hospital admissions.• Pharmacy proposals – Cigna Value Prescription Drug List, Cigna 90 Now pharmacy network program. Overall higher prescription co-pays.• Consider reducing the annual Health Reimbursement Account contribution and maximum carry-over balances. Grandfather those with account balances.
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