SE SWCD TECHNICAL SUPPORT JPB EXECUTIVE & PERSONELL COMMITTEE MEETING SPECIAL MEETING

Tuesday, October 8, 2019 Goodhue County SWCD Office 10:00 A.M.

MINUTES

ATTENDED BY: Jim Purfeerst – JPB Executive Committee (by Conference Call), John Jaeger – JPB Executive Committee Goodhue SWCD, Daryl Buck – Personnel Committee Winona SWCD, Mark Ihlenfeld – Personnel Committee Steele SWCD, Kathryn Tesmer – Personal Committee Fillmore SWCD, Glen Roberson – Goodhue SWCD, Delane Krier – Goodhue SWCD, Kate Bruss- JPB Engineer, Pete Fryer-JPB Engineer, Chris Nelson-JPB Engineering Technician,

I. CALL MEETING TO ORDER

The meeting was called to order at 10:10 a.m. by John Jaeger (standing in for Chair Jim Gebhardt). A quorum of the Executive Committee is present. All in attendance rose and recited the Pledge of Allegiance.

Jim Gebhardt had called in prior to the meeting and delegated his Executive Committee authority to John Jaeger for this meeting as he could not attend.

Those present gathered to discuss the current Health Insurance policies and possible changes to the SE SWCD Technical Support JPB's Health Insurance plan.

II. <u>DISCUSSION AND ACTION ON JPB HEALTH INSURANCE</u>

1. Review Current Policy & 2020 Future Policy Health Insurance Contribution Formulas
Glen Roberson reviewed with those present the current & 2020 Future employee/employer Health
Insurance contribution formulas. Discussion took place concerning how the employee/employer
contribution rate could possibly be changed and the benefits and savings it would have to the JPB.

2. Review PEIP Health Insurance Renewal Terms

Motioned by Jim Purfeerst, seconded by John Jaeger to change the JPB's Health Insurance coverage with the formulas presented. The Employee will be allowed to choose between the three different options of coverage offered by the plan. The Employee Health Benefits implemented as follows:

HSA Option Plan – Single Premium Rate: 100% paid by Employer with \$3000.00 contributed per year by Employer to Employee HSA account.

Family Premium Rate: 89% paid by Employer / 11% paid by Employee with \$4500.00 contributed per year by Employer to Employee HSA account.

Value Option Plan – Single Premium Rate: 92% paid by Employer / 8% paid by Employee Family Premium Rate: 85% paid by Employer / 15% paid by Employee

High Option Plan – Single Premium Rate: 87% paid by Employer / 13% paid by Employee Family Premium Rate: 81% paid by Employer / 19% paid by Employee

No Plan – Employee waving insurance coverage will receive a monthly taxable payment equivalent to the Value Single Health Plan Premium

Voting affirmative: Purfeerst, Jaeger. Opposed: None. Motion passed.

III. OTHER

Discussed Aflac and Long Term Disability

IV. ADJOURNMENT

Motioned by Jim Purfeerst, seconded by John Jaeger to adjourn the meeting. Voting affirmative: Purfeerst, Jaeger. Opposed: None. Motion passed.

The meeting was adjourned at 11:50 a.m.

Respectfully submitted,

Jan. 28, 2020

Glen Roberson

Secretary

JPB

Employee Benefits 2020

228.02 82.58 321.53 **Employee Premium** 129.77 **Employee Premium Employee Premium** 10/8/2019 Employee Share **Employee Share** 11% 15% 13% 19% % **Employee Share** %8 HSA Plan Only - SWCD will contribute \$3,000 Single / \$4500 Family yr to employee's HSA account. Employees waiving insurance because of coverage under another group plan will receive a monthly taxable cash payment equivalent to Value Single Health Plan. Health Partners, Blue Cross Blue Shield or Preferred One 1,292.10 **Employer Premium Employer Premium** 552.62 **Employer Premium** 443.56 525.04 1,049.99 1,370.71 Selects their own coverage options on PEIP enrollment form. 100% 85% **Employer Share** 81% Employer Share **Employer Share** 95% %68 HSA, Value or High 443.56 Premium 1,520.12 Premium 635.20 1,692.24 Premium 1,179.76 570.70 **Network Carrier** Benefit Level Single & Family Single Family Single Family Single Family High Option Each Employee Cash Payment Value Option **HSA Option** Advantage Medical Plans

	Comprehensive	Premium	Employer Share	Employer Premium	Employee Share	Employee Premium
Dental	Single	38.70	%06	34.83	10%	3.87
	Family	92.24	%06	83.02	10%	9.22
	No Dental Ins Coverage	Employees will not be offered Dental Insurance / Year 2020	ffered Dental Insurance	/ Year 2020		
	Coverage			Employer Premium		Employee Premium
	Employee	SWCD will provide \$20,000 Basic Life	00 Basic Life	5.60	Per Month	\$0.00
Life	Dependent Life	SWCD will provide Dependent Life	ident Life	1.18	Per Month	\$0.00
		\$5,000 Spouse, \$2,50	0 Spouse, \$2,500 per Dependent Child			
	Supplemental Life/AD&D	Employee's Expense				Based on Age Per \$1000
	No Life Ins Coverage	Employees will not be offered Life Insurance / Year 2020	ffered Life Insurance / Y	ear 2020		
0 4 4 4	MN Public Employee Insurance Progr For information specific to each plan	MN Public Employee Insurance Program (PEIP) Documentation For information specific to each plan option, coverage, deductab	am (PEIP) Documentation			
	SE SWCD Tech Support JPB Flexible To provide participants with a choice	SWCD Tech Support JPB Flexible Benefits Plan To provide participants with a choice between cash and certain "qualified benefits" as defined in Section 125 of the Code.	and certain "qualified ben	efits" as defined in Section	125 of the Code.	