

COUNTY OF MENARD)
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STATE OF ILLINOIS)

The Menard County Board of Commissioners met on Wednesday, May 18, 2011, at 6:30 p.m. in the Commissioners' Room of the Menard County Courthouse, 102 S. Seventh Street, Petersburg, Illinois. Commissioners Merle Kirby, Barb Kyes, Jeff Fore, Ed Whitcomb and Bob Lott were present to discuss the Menard County self-funded healthcare plan renewal. State's Attorney Ken Baumgarten, County Clerk Gene Treseler, County Treasurer Jackie Horn, County Coordinator Steve Duncan and various other County officials and employees, including members of the health insurance committee, were in attendance.

Chairperson Kirby called the meeting to order at 6:30 p.m.

Snedeker Risk Management representatives, Alex Snedeker & Jason Boothe, were in attendance and spent much time giving an overview of both required and recommended changes to the Menard County self-funded healthcare plan. They also spent time discussing the financial outlook for the plan (Copies of handouts are on file). There was much discussion about the new eligibility rules being proposed and the possible advantages of the maxi and medical reimbursement plan options. It was pointed out that the projected shortfall in the current plan year was not necessarily being included to be recouped in the proposed contribution rates. There was discussion about creating a plan with a high deductible, lower benefit plan that might not require a large increase in the contribution rate.

Mr. Snedeker and Mr. Boothe informed that if there are issues or concerns with the plan, said issues and concerns should be put into writing and forwarded to their office. Mr. Snedeker and Mr. Boothe informed that concerns over social security numbers being used may need to be addressed to the actual medical provider. They said they were not using social security numbers in their correspondence. Mr. Boothe stated that HIPPA did not prohibit the use of social security numbers as an identifier but that the Menard County group had taken the extra step to create a different type of identification number.

Commissioner Fore moved to enter into executive session at 8:16 p.m. to discuss employee compensation (benefits) and matters related to collective bargaining agreements as allowed by (5 ILCS 120/2)(c)(1) & (2). Commissioner Whitcomb seconded the motion. The motion carried unanimously.

The regular meeting reconvened at 8:51 p.m.

The Board informed that they would be looking to create two different plans to offer to employees: 1) A plan which would have a low deductible (\$250), richer benefits but would be more costly and another plan that would have a high deductible (\$2,500) and would not offer as many benefits. The Board informed that they would adopt all changes as outlined in the draft plan booklet (see 5/18/2011 draft plan booklet) and look at adopting recommended changes related to the following: change the out-of-network coinsurance; implement a specialty prescription drug co-pay; implement a step therapy program for prescription drugs; reduce benefits for Medicare eligible persons on IMRF coverage continuation and make the medical reimbursement plan the only available plan option in certain cases.

With no other business coming before the Board, Commissioner Whitcomb moved to adjourn the meeting at 9:02 p.m. Commissioner Fore seconded the motion. The motion carried unanimously.