

September 9, 2020

Board of County Commissioners
 Cass County Government
 211 9th St. S
 Fargo ND 58103

RECEIVED
 CASS COUNTY COMMISSION

SEP 10 2020

Finance Office

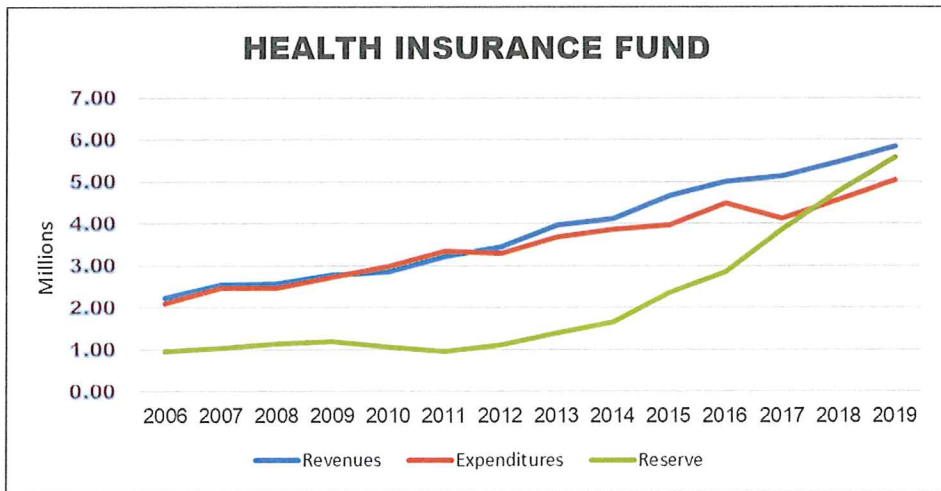
RE: Health Insurance for 2021

Michael Montplaisir, CPA
 701-241-5600
 montplaisirm@casscountynd.gov

Dear Commissioners;

For our 2021 budget we did not change the amount that we charge departments and employees for health insurance. Last year we made some big changes in health insurance in that we added a two person household. This caused a shifting of rates across the whole plan, single plans went down by \$100 (\$9 employee share), single with dependent plans went down by \$99 (\$19 employee share), the newly created plan for the two person household was a \$453 (\$106 employee share) savings, and family plans went up by \$154 (\$20 employee share). The benefits of the plan remained the same.

Our plan has been doing well, revenue has exceeded expenditures every year since 2012 and normally we are budgeting our premiums at less than the "expected costs". The chart below shows the Health Funds's performance since 2006.



The suggested funding levels for 2020 and 2021 compared to the our actual funding by plan is shown below:

PO Box 2806
 211 Ninth Street South
 Fargo, North Dakota 58108

www.casscountynd.gov

Suggested Funding Level vs Actual Funding Level				
	2020		2021	
	Suggested	Actual	Suggested	Budgeted
Single	\$ 563	\$ 552	\$ 592	\$ 552
Single and Dependent	\$ 1,069	\$ 1,048	\$ 1,124	\$ 1,048
Two Person	\$ 1,266	\$ 1,241	\$ 1,332	\$ 1,241
Family	\$ 1,885	\$ 1,848	\$ 1,982	\$ 1,848

Our Health Insurance Fund continues to do well this year, probably somewhat due to delayed or missed medical appointments due to the COVID pandemic. In computing suggested funding levels for 2021 Blue Cross Blue Shield did factor in some shifting of medical costs to later in 2020 as people make up for delayed or missed medical appointments. At this time it is very hard to predict what is going to happen with medical costs for the remainder of this year. At the current time we have expended 58% of our budgeted costs and we are through 67% of the year.

Sincerely,



Michael Montplaisir, CPA
Cass County Finance Director

SUGGETED MOTION:

Move to approve the 2021 Health Insurance Rates for 2021 and authorize the County Administrator to sign the Blue Cross Blue Shield contract for 2021.

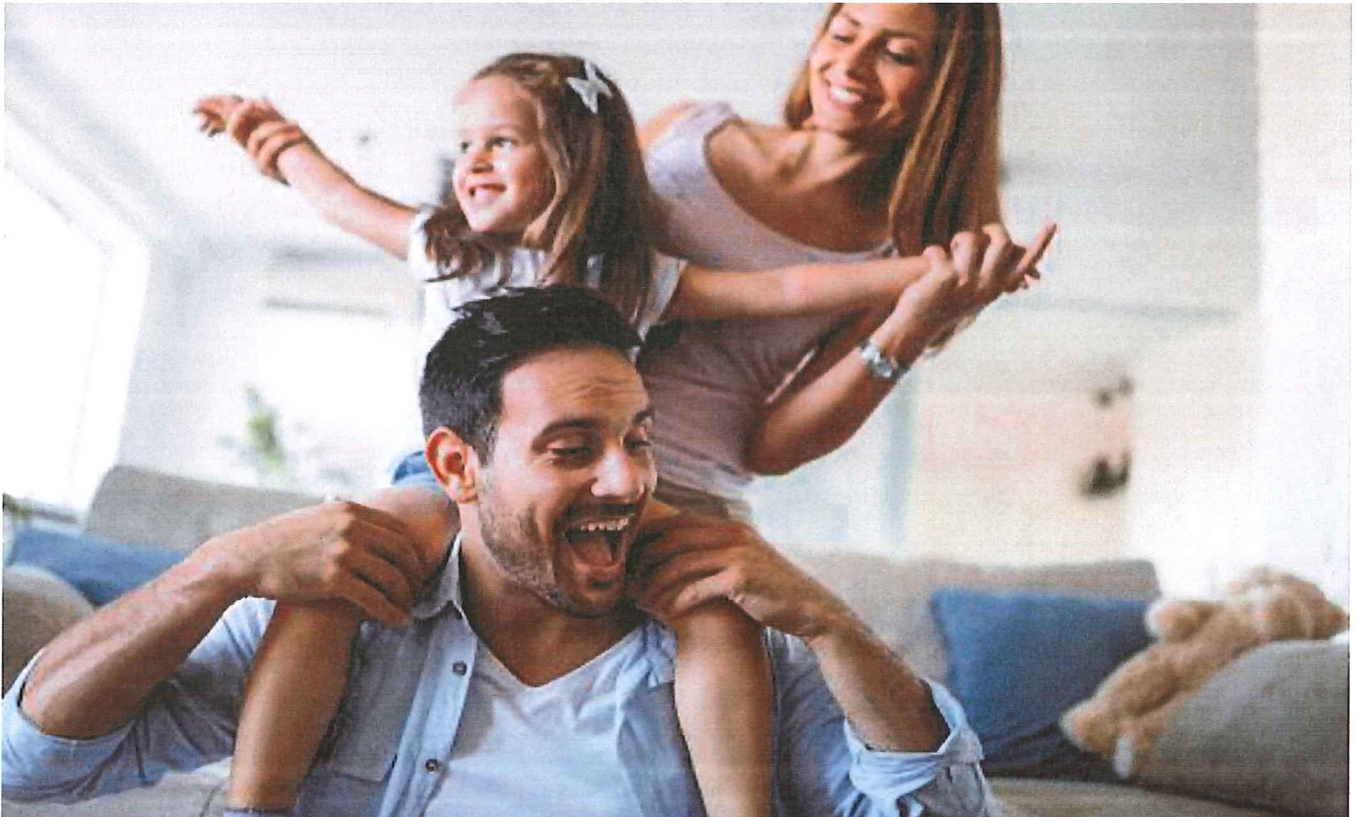
CASS COUNTY GOVERNMENT
HEALTH INSURANCE FUND

Health Insurance Trust Fund

	2006 ACTUAL	2007 ACTUAL	2008 ACTUAL	2009 ACTUAL	2010 ACTUAL	2011 ACTUAL	2012 ACTUAL	2013 ACTUAL	2014 ACTUAL	2015 ACTUAL	2016 ACTUAL	2017 ACTUAL	2018 ACTUAL	2019 ACTUAL	2020 Through 2020-08-30
HEALTH REVENUES															
Insurance Premiums	2,148,141	2,415,356	2,492,461	2,718,856	2,818,153	3,203,415	3,422,577	3,939,343	4,092,558	4,603,229	4,932,224	5,026,537	5,327,803	5,620,969	4,027,080
Interest Income	63,133	87,467	56,941	23,683	15,146	8,787	6,134	6,033	5,427	6,268	7,747	12,244	35,169	133,178	58,492
Insurance Rebate	19,313	28,686	15,245	19,663	17,740	14,316	23,416	19,979	14,794	54,778	58,959	96,566	105,367	78,317	85,036
Total Health Revenues	2,230,588	2,531,509	2,564,646	2,762,202	2,851,038	3,226,518	3,452,127	3,965,355	4,112,779	4,664,275	4,998,930	5,135,346	5,468,339	5,832,464	4,170,608
Consulting Services	-	-	-	-	-	-	5,006	14,994	20,000	20,887	21,487	21,487	21,487	-	-
Medical Services/Wellness Testing	5,100	6,270	7,648	9,236	7,206	8,674	7,818	9,929	9,441	10,398	24,986	27,628	26,229	21,321	(342)
Non Dept. Services/Admin Fees	122,506	201,295	132,618	130,859	144,526	162,218	156,621	175,047	226,415	216,869	247,779	217,935	214,806	243,243	134,059
Non Dept. Services/Blue Cross Drug Claims	667,931	779,368	692,749	818,080	952,981	1,145,041	861,255	1,350,528	1,255,907	1,109,075	1,335,548	735,504	1,013,147	638,286	370,328
Non Dept. Services/Blue Shield Claims	1,080,425	1,210,891	1,318,736	1,378,155	1,470,976	1,569,976	1,760,296	1,584,626	1,705,315	1,783,339	1,974,395	2,171,088	2,271,048	3,110,777	1,833,067
Non Dept. Services/Stop Loss Premiums	227,315	257,506	308,017	376,589	409,938	454,115	492,168	543,517	634,311	775,570	853,595	924,281	1,013,033	1,007,881	703,197
Non Dept. Services/ACA Tax Payments	-	-	-	-	-	-	-	202	1,644	54,682	40,038	25,553	2,113	2,194	2,393
Total Health Expenditures	2,103,277	2,455,330	2,459,767	2,712,919	2,985,628	3,340,025	3,283,163	3,678,843	3,853,032	3,970,819	4,497,828	4,123,476	4,561,863	5,023,702	3,042,703
Health Revenues Over (Under) Expenditures	127,311	76,179	104,879	49,284	(134,590)	(113,507)	168,964	286,512	259,747	693,456	501,103	1,011,871	906,476	808,761	1,127,905
Beginning Balance	837,737	965,048	1,041,227	1,146,106	1,195,389	1,060,800	947,293	1,116,257	1,402,769	1,662,516	2,355,971	2,857,074	3,868,945	4,775,421	5,584,182
Ending Balance	965,048	1,041,227	1,146,106	1,195,389	1,060,800	947,293	1,116,257	1,402,769	1,662,516	2,355,971	2,857,074	3,868,945	4,775,421	5,584,182	6,712,087



RENEWAL PROPOSAL FOR
CASS COUNTY GOVERNMENT



Client Number: 251247
Client Representative: Brandon Miller
Renewal Period: January 1, 2021 through December 31, 2021
Experience Period: July 1, 2018 through June 30, 2020
Date Prepared: 7/17/2020

**ND****CASS COUNTY GOVERNMENT**

Health Renewal	Current		Renewal	
Effective Date	1/1/2020		1/1/2021	
Plan Design Basics	SELECTCHOICE 100	SELECTCHOICE 100 OOA	SELECTCHOICE 100	SELECTCHOICE 100 OOA
<i>All calculations use renewal year subscriber counts</i>				
Current Subscriber Count				
Individual:	162	0	162	0
Parent and Child:	42	0	42	0
Parent and Children:	40	0	40	0
Two Person:	53	0	53	0
Family:	110	0	110	0
Current subscribers by plan design	407	0	407	0
Subscribers at time of renewal calculation	400		407	
Stop Loss Insurance				
Specific Deductible	\$65,000		\$65,000	
Aggregate Corridor	120%		120%	
Contract Basis	Paid		Paid	
Coverage Included	Health		Health	
Stop Loss Premium (Specific & Aggregate)				
Individual:	\$113.61	\$113.61	\$115.88	\$115.88
Parent and Child:	\$215.86	\$215.86	\$220.18	\$220.18
Parent and Children:	\$215.86	\$215.86	\$220.18	\$220.18
Two Person:	\$255.62	\$255.62	\$260.73	\$260.73
Family:	\$380.59	\$380.59	\$388.20	\$388.20
Annual Specific & Aggregate Premium	\$1,098,217		\$1,120,176	
Percentage Increase			2.0%	
Aggregate Stop Loss Attachment Point				
Individual:	\$506.35	\$512.08	\$536.73	\$542.75
Parent and Child:	\$962.06	\$972.96	\$1,019.77	\$1,031.22
Parent and Children:	\$962.06	\$972.96	\$1,019.77	\$1,031.22
Two Person:	\$1,139.28	\$1,152.48	\$1,207.65	\$1,221.19
Family:	\$1,696.26	\$1,715.48	\$1,798.04	\$1,818.21
Total Expected Claims	\$4,078,881		\$4,323,613	
Total Maximum Claims at Aggregate Corridor	\$4,894,657		\$5,188,335	
Percentage Increase			6.0%	
Administrative Fee				
Administrative Fee Type	Percent of Claims		Percent of Claims	
Administrative Fee	6.4%		6.4%	
Expected Administrative Fee	\$261,048		\$276,711	
Maximum Administrative Fee	\$313,258		\$332,053	
Total Expected Cost - (Equals Annual Spec & Agg Prem + Expected Claims + Admin Fees)				
	\$5,438,146		\$5,720,500	
Total Maximum Cost - (Equals Annual Spec & Agg Prem + Maximum Claims + Admin Fees)				
	\$6,306,132		\$6,640,565	
Minimum Aggregate Deductible	\$4,405,191		\$4,669,502	

**ND****CASS COUNTY GOVERNMENT**

Health Renewal	Current		Renewal	
Effective Date	1/1/2020		1/1/2021	

Plan Design Basics	SELECTCHOICE 100	SELECTCHOICE 100 OOA	SELECTCHOICE 100	SELECTCHOICE 100 OOA
--------------------	------------------	-------------------------	------------------	-------------------------

*All calculations use renewal year subscriber counts***Current Subscriber Count**

Individual:	162	0	162	0
Parent and Child:	42	0	42	0
Parent and Children:	40	0	40	0
Two Person:	53	0	53	0
Family:	110	0	110	0
Current subscribers by plan design	407	0	407	0
Subscribers at time of renewal calculation	400		407	

Stop Loss Insurance

Specific Deductible	\$65,000	\$65,000
Aggregate Corridor	120%	120%
Contract Basis	Paid	Paid
Coverage Included	Health	Health

Suggested Funding Levels based on Expected Claims*Equals Monthly Spec & Agg Prem + Monthly Expected Claims (including value-based programs, i.e. Blue Alliance) + Monthly Admin Fees broken out by tier*

Individual:	\$562.57	\$567.65	\$591.78	\$597.12
Parent and Child:	\$1,068.89	\$1,078.55	\$1,124.38	\$1,134.53
Parent and Children:	\$1,068.89	\$1,078.55	\$1,124.38	\$1,134.53
Two Person:	\$1,265.78	\$1,277.49	\$1,331.51	\$1,343.52
Family:	\$1,884.61	\$1,901.65	\$1,982.46	\$2,000.35
Annual Funding at Expected Claims	\$5,438,145		\$5,720,498	
Percentage Increase			5.2%	

Suggested Funding Levels based on Maximum Claims*Equals Monthly Spec & Agg Prem + Monthly Maximum Claims (including value-based programs, i.e. Blue Alliance) + Monthly Admin Fees broken out by tier*

Individual:	\$652.37	\$658.46	\$686.96	\$693.37
Parent and Child:	\$1,239.49	\$1,251.09	\$1,305.22	\$1,317.40
Parent and Children:	\$1,239.49	\$1,251.09	\$1,305.22	\$1,317.40
Two Person:	\$1,467.81	\$1,481.86	\$1,545.67	\$1,560.08
Family:	\$2,185.41	\$2,205.86	\$2,301.31	\$2,322.78
Annual Funding at Maximum Claims	\$6,306,134		\$6,640,562	
Percentage Increase			5.3%	
ID (Internal Use Only)			R210125124701	

BCBSND does not provide actuarial services. Any cost estimates, suggested funding levels and the like are based on a variety of assumptions and variables including, but not limited to, expected enrollment, expected claims, claims weighting, claims trend and rating factors, each of which may or may not prove accurate. You should consult with your qualified financial or actuarial professional on all aspects of funding the Plan.

Enrollment and Claims by Month

Month	Individual	Parent + Child	Parent + Children	Two Person	Family	Subscribers	Members	Claims	Claims PMPM	Stabilized PMPM*	Stabilized Claims**
7/1/2018	173	47	41	36	108	405	920	\$306,209	\$332.84	\$332.84	\$306,209
8/1/2018	174	46	37	36	109	402	911	\$401,538	\$440.77	\$440.77	\$401,538
9/1/2018	171	46	38	36	108	399	907	\$259,409	\$286.01	\$286.01	\$259,409
10/1/2018	174	45	39	37	111	406	925	\$393,944	\$425.88	\$425.88	\$393,944
11/1/2018	172	47	38	35	110	402	916	\$241,847	\$264.02	\$264.02	\$241,847
12/1/2018	174	46	39	35	110	404	919	\$332,540	\$361.85	\$361.85	\$332,540
1/1/2019	170	47	39	35	114	405	928	\$252,478	\$272.07	\$272.07	\$252,478
2/1/2019	165	43	41	37	113	399	918	\$306,809	\$334.21	\$334.21	\$306,809
3/1/2019	169	44	42	37	115	407	936	\$246,903	\$263.79	\$263.79	\$246,903
4/1/2019	168	44	45	37	116	410	946	\$325,883	\$344.48	\$344.48	\$325,883
5/1/2019	165	45	43	38	116	407	941	\$304,201	\$323.27	\$323.27	\$304,201
6/1/2019	160	45	43	37	115	400	926	\$388,823	\$419.90	\$419.90	\$388,823
Period 2 Total	2,035	545	485	436	1,345	4,846	11,093	\$3,760,584	\$339.01	\$339.01	\$3,760,584
7/1/2019	161	45	43	38	117	404	941	\$331,036	\$351.79	\$351.79	\$331,036
8/1/2019	159	45	44	39	118	405	949	\$284,542	\$299.83	\$299.83	\$284,542
9/1/2019	159	44	44	40	119	406	949	\$283,307	\$298.53	\$298.53	\$283,307
10/1/2019	158	45	45	41	117	406	949	\$318,710	\$335.84	\$335.84	\$318,710
11/1/2019	160	45	46	42	116	409	956	\$343,450	\$359.26	\$359.26	\$343,450
12/1/2019	162	44	46	42	116	410	960	\$472,580	\$492.27	\$492.27	\$472,580
1/1/2020	158	46	46	53	112	415	968	\$366,650	\$378.77	\$378.77	\$366,650
2/1/2020	157	44	43	51	109	404	936	\$244,415	\$261.13	\$261.13	\$244,415
3/1/2020	157	45	40	50	110	402	929	\$558,698	\$601.40	\$601.40	\$558,698
4/1/2020	158	45	41	51	110	405	927	\$285,332	\$307.80	\$372.01	\$344,852
5/1/2020	161	45	41	52	109	408	928	\$203,484	\$219.27	\$374.18	\$347,238
6/1/2020	162	42	40	53	110	407	925	\$322,849	\$349.03	\$376.36	\$348,134
Period 1 Total	1,912	535	519	552	1,363	4,881	11,317	\$4,015,054	\$354.78	\$374.98	\$4,243,613

**ND****CASS COUNTY GOVERNMENT**

Prior Experience Period: 07/01/2018 - 06/30/2019		Stabilized Claims*	
Paid claims		\$3,760,584	\$3,760,584
IBNR Adjustment for Growth of the Group		\$0	\$0
Adjusted Paid claims		\$3,760,584	\$3,760,584
Less all claims over \$65,000		\$316,387	\$316,387
Net paid claims		\$3,444,197	\$3,444,197
Total members per experience period		11,093	11,093
Paid claims per member per month		\$310.48	\$310.48
Benefit Adjustment to Current Benefit		100.0%	100.0%
Adjusted Paid claims per member per month		\$310.47	\$310.47
Annual historical trend factor		5.60%	5.60%
Months of trend		12	12
Applied Historical trend Period 2 to Current		5.60%	5.60%
Annual projected trend factor		7.00%	7.00%
Months of trend		18	18
Applied Projected trend		10.50%	10.50%
Projected renewal claims PMPM		\$362.29	\$362.29
Most Recent Experience Period: 07/01/2019 - 06/30/2020		Stabilized Claims*	
Paid claims		\$4,015,054	\$4,243,613
IBNR Adjustment for Growth of the Group		\$0	\$0
Adjusted Paid claims		\$4,015,054	\$4,243,613
Less all claims over \$65,000		\$113,585	\$113,585
Net paid claims		\$3,901,469	\$4,130,028
Total members per experience period		11,317	11,317
Paid claims per member per month		\$344.74	\$364.94
Benefit Adjustment to Current Benefit		100.0%	100.0%
Adjusted Paid claims per member per month		\$344.74	\$364.94
Annual projected trend factor		7.0%	7.0%
Months of trend		18	18
Applied Projected trend		10.50%	10.50%
Projected renewal claims PMPM		\$380.94	\$403.26
Claims Blending by Experience Period			
Weighting applied to Prior Experience Period: 07/01/2018 - 06/30/2019	1/3	\$120.76	\$120.76
Weighting applied to Most Recent Experience Period: 07/01/2019 - 06/30/2020	2/3	\$253.96	\$268.84
Final Claims Determination			
Current Members		925	925
Projected Claims PMPM		\$374.72	\$389.60
Projected Claims		\$4,159,434	\$4,324,577
Group's Claim Liability		Expected	Maximum
Projected PMPM		\$374.72	\$449.67
Projected Annual Claims		\$4,159,434	\$4,991,320
Current PMPM		\$367.47	\$440.96
Current Annual Claims		\$4,078,881	\$4,894,657
Needed Adjustment		2.0%	2.0%
Stabilization Adjustment		104.0%	104.0%
Needed Adjustment after Stabilization		6.0%	6.0%
Renewal Adjustment		6.0%	6.0%
Stop Loss			
Stop loss factors are developed by specific and aggregate stop loss levels based on the overall claims experience of BCBSND's stop loss pool and applied to the non-catastrophic portion of each client's benefit, claims and enrollment blend to produce a base rate. Stop loss experience and other characteristics of each client are also evaluated to determine the renewal premiums.			
Renewal Stop Loss PMPM		\$100.92	
Renewal Annual Stop Loss Premium		\$1,120,176	
Current Stop Loss PMPM		\$98.94	
Current Annual Stop Loss Premium		\$1,098,217	
Renewal Adjustment		2.0%	
BCBSND does not provide actuarial services. Any cost estimates, suggested funding levels and the like are based on a variety of assumptions and variables including, but not limited to, expected enrollment, expected claims, claims weighting, claims trend and rating factors, each of which may or may not prove accurate. You should consult with your qualified financial or actuarial professional on all aspects of funding the Plan.			

* Please refer to Enrollment & Claims information
 An independent licensee of the Blue Cross & Blue Shield Association

**ND****CASS COUNTY GOVERNMENT**

Dental Renewal	Current	Renewal
Effective Date	1/1/2020	1/1/2021
Plan Design Basics	BlueDental Elite+ 50 1000	BlueDental Elite+ 50 1000
<i>All calculations use renewal year participant counts</i>		
Current Participant Count		
Individual:	190	190
Parent and Child:	16	16
Parent and Children:	16	16
Two Person:	38	38
Family:	103	103
Participants at time of renewal calculation	374	363
Contract Basis		
Coverage Included	Incurred Dental	Incurred Dental
Total Expected Claims	\$395,944	\$336,541
Percentage Increase		-15.0%
Administrative Fee		
Administrative Fee Percent of Claims	7.4%	7.4%
Expected Administrative Fee	\$29,299.87	\$24,904.03
Expected Administrative Fee PSPM	\$6.73	\$5.72
Total Expected Cost - (Equals Expected Claims + Admin Fees + Broker Fees)		
	\$425,244	\$361,445
Suggested Funding Levels based on Expected Claims		
Equals Monthly Expected Claims + Monthly Admin Fees + Broker Fees broken out by tier		
Individual:	\$55.27	\$46.98
Parent and Child:	\$144.13	\$122.51
Parent and Children:	\$144.13	\$122.51
Two Person:	\$144.13	\$122.51
Family:	\$144.13	\$122.51
Annual Funding at Expected Claims	\$425,244	\$361,445
Percentage Increase		-15.0%



ND

Self-Funded Renewal Requirements

Group Requirements

Minimum employee participation is 70% of eligible employees

Minimum employer contribution is 50% of the employee only premium

BCBSND is the only health carrier offered

BCBSND is the only Stop-Loss Carrier allowed.

Prescription Drugs

Prime Therapeutics is the Pharmacy Benefits Manager for BCBSND

Pricing

BCBSND reserves the right to re-rate if enrollment changes +/- 15% in one month, or +/- 30% in three months during contract period.

Applicable BlueCard® fees and compensation will apply



ND

Health Attachment A

Client & Contract Information

Contract Period:	1/1/2021 - 12/31/2021	Coverage:	Health
Client Name:	CASS COUNTY GOVERNMENT	Specific/Individual Deductible:	\$65,000
Client Number:	251247	Aggregate Corridor:	120%
		Contract Basis:	Paid
			Incurring prior to 12/31/2021

Renewal Plan Design

SELECTCHOICE 100	SELECTCHOICE 100
OOA	

Grandfathered Status:	GF	GF
Rx Creditable:	YES	YES

Expected Monthly Enrollment Levels

Individual:	0	162
Parent and Child:	0	42
Parent and Children:	0	40
Two Person:	0	53
Family:	0	110
Total:	0	407

Stop Loss Insurance

Stop Loss Monthly Premium (Specific/Individual and Aggregate)

Individual:	\$115.88	\$115.88
Parent and Child:	\$220.18	\$220.18
Parent and Children:	\$220.18	\$220.18
Two Person:	\$260.73	\$260.73
Family:	\$388.20	\$388.20

Aggregate Stop Loss Attachment Point (Per Subscriber x 12 for Contract Period)

Individual:	\$542.75	\$536.73
Parent and Child:	\$1,031.22	\$1,019.77
Parent and Children:	\$1,031.22	\$1,019.77
Two Person:	\$1,221.19	\$1,207.65
Family:	\$1,818.21	\$1,798.04

Administrative Fees

Expected Administrative fees:	6.4% of claims	\$276,711
Maximum Administrative fees:	6.4% of claims	\$332,053

Summary of Estimated Maximum Contract Period Costs (At enrollment levels above)

Stop Loss Premium:	\$1,120,176
Aggregate Stop Loss Attachment Point:	\$5,188,335
Administrative fees:	\$332,053
Total Maximum Cost:	\$6,640,565
Minimum Aggregate Deductible:	\$4,669,502

The terms stated in Section V.B. of the most recently executed Administrative Service Agreement (ASA) shall continue to be in effect until a new ASA is fully executed, up to 120 days, allowing the Plan Sponsor to continue to receive PHI reports. The information and pricing data included in this Attachment A is non-binding and for evaluation purposes only and is subject to adjustment modification by the parties until execution of the ASA. The Client's review and signature below indicates the Client's desire to proceed with formation of a definitive ASA.

Client Name: CASS COUNTY GOVERNMENT

BCBSND Reviewed By: _____

By: _____

Date: _____

Title: _____

ID (Internal Use Only): R210125124701

Date: _____



Dental Attachment A

Client & Contract Information

Contract Period:	01/01/2021 - 01/01/2022	Coverage:	Dental
Client Name:	CASS COUNTY GOVERNMENT	Contract Basis:	Incurred
Client Number:	251247		

Renewal Plan Design

BlueDental Elite+ 50
1000

Expected Monthly Enrollment Levels

Individual:	190
Parent and Child:	16
Parent and Children:	16
Two Person:	38
Family:	103
Total:	363

Broker Fees

Broker Fee (Per Participant Per Month):	0
Broker Fee Type:	None

Administrative Fees

Administrative fees:	(7.4% of claims)
----------------------	------------------

The terms stated in Section V.B. of the most recently executed Administrative Service Agreement (ASA) shall continue to be in effect until a new ASA is fully executed, up to 120 days, allowing the Plan Sponsor to continue to receive PHI reports. The information and pricing data included in this Attachment A is non-binding and for evaluation purposes only and is subject to adjustment modification by the parties until execution of the ASA. The Client's review and signature below indicates the Client's desire to proceed with formation of a definitive ASA.

Client Name: CASS COUNTY GOVERNMENT

BCBSND Reviewed By: _____

By: _____

Date: _____

Title: _____

ID (Internal Use Only): _____

Date: _____

Date Printed: 07/28/2020

Note: The information provided by the Plan Sponsor/Plan Administrator on this Summary Plan Description Worksheet is not part of the Plan for purposes of the group health insurance coverage or third-party administrative services offered by BCBSND. The information is collected by BCBSND solely for purposes of assisting the Plan Administrator in drafting a Summary Plan Description and does not otherwise affect the group health insurance coverage or third-party administrative services purchased from BCBSND.

SUMMARY PLAN DESCRIPTION WORKSHEET

Client Name: Cass County Government
Address: PO Box 2806
Fargo, North Dakota 58108-2806

Client Number: 251247

The following information needs to be provided each year to support the development of a Summary Plan Description.

PLAN NAME: Cass County Government Group Benefit Plan
[Formal name used on your 5500 form]

PLAN SPONSOR NAME AND ADDRESS:

[The employer, association, committee, joint board of trustees, parent, or most significant employer of a group of employers all of which contribute to the same plan, or other similar representative of the parties that determines, maintains, modifies or terminates the plan.]

Name: Cass County Government
Address: PO Box 2806
Fargo, ND 58108-2806

PLAN SPONSOR'S IRS EMPLOYER IDENTIFICATION NUMBER: 45-6002205

PLAN NUMBER ASSIGNED BY THE PLAN SPONSOR: N/A

[The Plan Number is a classification code used for filing with the Department of Labor and the Internal Revenue Agency. This three digit number is on your 5500 form.]

PLAN ADMINISTRATOR'S NAME, BUSINESS ADDRESS AND BUSINESS TELEPHONE NUMBER:

[The association, committee, joint board of trustees, parent, or person designated under the terms of the health plan as the Plan Administrator serving in a fiduciary role in administering the terms of the health plan and, where not designated, the Plan Sponsor.]

Name: Cass County Government
Address: PO Box 2806
Fargo, North Dakota 58108-2806
701-241-5601

NAME AND ADDRESS OF AGENT FOR SERVICE OF LEGAL PROCESS:

Name: Robert Wilson
Cass County Administrator
Address: 211 9th Street South
Fargo, North Dakota 58108-2806

Date Printed: 07/28/2020

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE OF PLAN ADMINISTRATOR:

[The individual to whom the Company will communicate any notice, direction, requisition or request. This individual designates the employees authorized to receive PHI. If this individual will also receive PHI, list their name and title below in the "Name and Title of Employees Authorized to Receive Protected Health Information."]

Name: Robert Wilson Name:
Title: County Administrator Title:

NAME AND TITLE OF AUTHORIZED OFFICER:

[The individual who will sign the Service Agreement, Stop-Loss Contract and/or Amendments.]

Name: Robert Wilson Name:
Title: County Administrator Title:

NAME AND TITLE OF EMPLOYEES AUTHORIZED TO RECEIVE PROTECTED HEALTH INFORMATION:

The following employees or classes of employees or other workforce members under the control of the Plan Sponsor may be given access to members' Protected Health Information received from the Group Health Plan or a health insurance issuer or business associate servicing the Group Health Plan.

Name: Cindy Stoick Robert Wilson
Title: HR Director County Administrator
Name: Brielle Edwards Gallagher
Title: HR Assistant Consultant

This list includes every employee or class of employees or other workforce members under control of the Plan Sponsor who may receive the Member's Protected Health Information relating to payment under, health care operations of, or other matters pertaining to the Group Health Plan in the ordinary course of business.

STATEMENT OF ELIGIBILITY TO RECEIVE BENEFITS:

[When employees become eligible for plan benefits.]

30 days or 160 hours.

IF THERE ARE TRUSTEES OF THE PLAN, LIST THE NAME, TITLE, AND ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS OF EACH TRUSTEE:

Name: _____ Name: _____
Address: _____ Address: _____

Date Printed: 07/28/2020

SOURCES OF PREMIUM CONTRIBUTIONS TO THE PLAN AND THE METHOD BY WHICH THE AMOUNT OF CONTRIBUTION IS CALCULATED:

[i.e., what % of premium is paid by the Plan Sponsor.]

Individual \$38.00 (employee) \$514.00 (employer)
Parent and Children \$145.00 (employee) \$903.00 (employer)
Two Person Adult \$257.00 (employee) \$984.00 (employer)
Family \$383.00 (employee) \$1,465.00 (employer)

Individual \$11.00 (employee) \$40.00 (employer)
Family \$92.00 (employee) \$40.00 (employer)

IS THE PLAN MAINTAINED PURSUANT TO ONE OR MORE COLLECTIVE BARGAINING AGREEMENTS?

Yes No

IS THE GROUP AN INDIAN TRIBE OR TRIBAL ORGANIZATION AS DEFINED UNDER THE INDIAN HEALTH CARE IMPROVEMENT ACT OF 1992?

Yes No

IS THE GROUP PART OF AN ASSOCIATION?

Yes No

END OF THE YEAR DATE FOR PURPOSES OF MAINTAINING THE PLAN'S FISCAL RECORDS:

December 31

NAME AND TITLE OF PERSON COMPLETING THIS FORM:

Name: _____

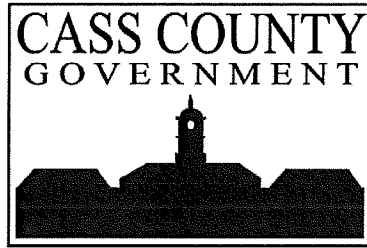
Title: _____

Information is okay as presented: Information requires changes:

DATE INFORMATION WAS COMPLETED: _____

SUMMARY PLAN DESCRIPTION COVER INFORMATION:

Date Printed: 07/28/2020





ND

Contribution And Eligibility Form

___ New ___ Existing

Client Information

Client Name:	<u>CASS COUNTY GOVERNMENT</u>	District/AE:	<u>Brandon Miller</u>
Client Number:	<u>251247</u>	Broker Name:	<u></u>
Effective Date:	<u>01/01/2021</u>	Parent Account:	<u></u>
Anniversary:	<u>January</u>	SIC Code:	<u>9111</u>
Physical Address:	<u>211 9TH ST S</u> <u>Fargo, ND 58103</u>	EIN:	<u>456002205</u>
Consortium (if applicable):	<u></u>	Tefra/Obra:	<u>OBRA</u>

Contact Information

Contract Signor:	<u>MIKE MONTPLAISIR</u>	Billing Contact:	<u>Cindy Stoick</u>
Mailing Address:	<u>211 9TH ST S FARGO ND, 58103</u>	Mailing Address:	<u>PO Box 2806 Fargo, ND 58108-2806</u>
Mark if same as client physical address:	<u></u>	Mark if same as client physical address:	<u></u>
Email:	<u>montplaisirm@casscountynd.gov</u>	Email:	<u>stoickc@casscountynd.gov</u>
Phone:	<u>7012415601</u>	Phone:	<u>7012415725</u>
Fax:	<u>7012976025</u>	Fax:	<u>7012976025</u>

Correspondence Contact:

Cindy Stoick

Mailing Address: PO Box 2806 Fargo, ND 58108-2806

Mark if same as client physical address:

Email: stoickc@casscountynd.gov

Phone: 7012415725

Fax: 7012976025

Current Contribution for Eligible Employees

Plan Type	Individual	Parent & Child	Parent & Children	Two Person	Family
Health	\$588		\$955		\$292
Dental	\$40				\$40
Vision					

Eligibility Information

Number Eligible: 402

Weekly Minimum Hour:

___ On the first or the 16th of the month following employment

___ On the first or the 16th of the month immediately following 30 days of continuous employment

Note: The probation period must be the same for all products offered. Any time a client has health coverage along with dental and/or vision, the probation period must not exceed 60 days.



ND

Contribution And Eligibility Form

Standard Measurement Period

Time period between 3 and 12 consecutive months where employer tracks on-going employees' hours of service and determines if employees work an average of 30 hours per week and are considered full-time.

Does employer utilize a standard measurement period? Yes No N/A

If yes, number of group period months: _____

Product Renewal Information

Group Number	Product	Renew As Is
10351110	BlueDental Elite+ Custom 50 1000	_____
10351111	SelectChoice Altru w/Rx IND E1D ECH FAM	_____
10351112	SelectChoice Essentia w/Rx IND E1D ECH FAM	_____
10351113	SelectChoice Heartland w/Rx IND E1D ECH FAM	_____
10351114	SelectChoice Sanford w/Rx IND E1D ECH FAM	_____
10351115	OOA SelectChoice CMM w/Rx IND E1D ECH FAM	_____

Client Changes and/or Comments




Signature

This information is gathered to ensure compliance with federal law.

_____ I certify this information is accurate. I acknowledge the continuing obligation to notify BCBSND of any changes to this information.

Client's Signature _____ Date _____

2021 Self-Funded Grandfathered Mandatory Changes

CATEGORY	SPD CHANGE	MANDATED CHANGES	REASON
Prescription Drug Route of Administration (Across the Board 01/01/2021)		Effective January 1, 2021, language has been added to clarify benefits for certain prescription medications or drugs that are subject to a route of administration exclusion. The coverage for these prescription medications or drugs under the benefit plan is available only through medical benefits and not under the outpatient prescription medication or drug retail pharmacy benefit. To obtain a list of the various categories of prescription medications or drugs and route of administration exclusions, please visit www.BCBSND.com/members/rx-tools . Benefits are available for Prescription Medication or Drugs approved by BCBSND and that are Medically Appropriate and Necessary for the treatment of a Member and dispensed on or after the effective date of coverage.	BCBSND Language Update
ASA language changes for run-out claims administration with a percent of claims administrative fee		Language in the Self-Funded Administrative Service Agreement (ASA) is revised to clarify run-out claims administration upon termination of Self-Funded Health, Dental, and Vision plans when a percent of claims administration is charged. In the event of termination of this Agreement, the Company shall complete the evaluation of all requests for benefits under the Plan which are received by the Company within 12 months after the termination of this Agreement. Administration costs will be billed in accordance with the General Administrative Fee set forth in Section VII.A of this Agreement.	BCBSND Language Update
Removal of Exclusion for Gambling or Nicotine Addiction (Across the Board 01/01/2021)		Mental health parity requires that a comparable exclusion be present for treatable medical conditions. Since both gambling and nicotine addiction are treatable conditions this language will be removed from the Exclusion Section effective January 1, 2021.	Mental Health Parity
Dental Schedule of Benefits		Dental benefits have expanded as certain preventive, diagnostic and palliative services will no longer apply to the benefit maximum. These services will be covered without reducing the benefit maximum when received in-network.	Dental
Group Name:			
Signature:			
Date:			

This information is intended to provide a summary of your Benefit Plan changes effective on your Group's anniversary.



September 9, 2020

RECEIVED
CASS COUNTY COMMISSION

SEP 9 2020

Board of County Commissioners
Cass County Government
211 9th St. S
Fargo ND 58103

Finance Office

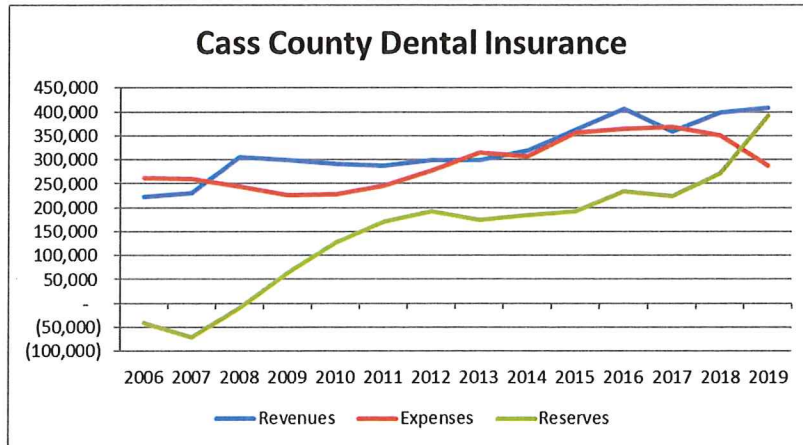
RE: Dental Plan for 2021

Michael Montplaisir, CPA
701-241-5600

Dear Commissioners:

montplaisirm@casscountynynd.gov

Our dental program was changed last year with how reimbursements were done to the dental providers. At that time we did not have a real good idea on how that would reflect in our premium costs but the expenses seem to be on down trend in 2019 and that continues in 2020. The downward trend continues in 2020 may be at least in part people putting off dental visits because of COVID. Below is a chart from 2006 through 2019 showing the revenues, expenditures, and reserves of the Dental Insurance Fund.



The suggested funding level for the Dental Plan by Blue Cross Blue Shield of North Dakota is \$46.98 for the single plan and \$122.51 for the family plan. We only offer the two levels in the Dental Program. That compares to \$51 for the single plan and \$132 for the family plan that we are currently charging. Of the total premium, the county pays a flat \$40 for each plan, a change in premium only affects the policy holder and not the county budget.

There is a change in the policy that benefits employees. The change in the Dental Insurance Policy as was explained to us by Brandon Miller from BC/BS is that the preventive dental care; exams, xrays, and cleanings, would not be counted against the \$1,000 limit on the policy. This is good news for employees because if they do need work done beyond the preventive care the insurance limit is not being taken up by the preventive care.

Sincerely,


Michael Montplaisir, CPA
Cass County Finance Director

PO Box 2806
211 Ninth Street South
Fargo, North Dakota 58108

www.casscountynynd.gov

SUGGESTED MOTION:

Move to set dental rates for 2021 at \$46 a month for single plans and \$122 for Family plans with the county paying \$40 for each plan. The employee cost would go down by \$5.00 for the single plan and \$12 for the family plan.

CASS COUNTY GOVERNMENT
DENTAL INSURANCE FUND

	2006 ACTUAL	2007 ACTUAL	2008 ACTUAL	2009 ACTUAL	2010 ACTUAL	2011 ACTUAL	2012 ACTUAL	2013 ACTUAL	2014 ACTUAL	2015 ACTUAL	2016 ACTUAL	2017 ACTUAL	2018 ACTUAL	2019 ACTUAL	2020 2020-08-30
DENTAL REVENUES															
Insurance Premiums	221,229	229,844	305,070	298,585	291,107	287,071	298,067	297,636	317,929	362,228	405,794	358,534	396,471	400,112	295,856
Interest	267	-	147	802	1,178	1,037	842	646	538	519	615	822	2,049	8,420	4,203
Insurance Rebate	-	-	-	-											
Total Dental Revenues	221,497	229,844	305,217	299,388	292,285	288,108	298,910	298,282	318,467	362,747	406,410	359,356	398,521	408,532	300,059
DENTAL EXPENDITURES															
Non Dept. Services/Admin Fees	16,915	23,210	20,918	12,627	12,734	13,666	15,406	17,604	21,378	24,554	25,113	25,456	20,449	16,844	10,621
Non Dept. Services/Blue Cross Claims	10,100										2,000			5,085	
Non Dept. Services/Blue Shield Claims	235,045	237,157	222,129	214,015	215,862	231,649	261,342	298,384	286,548	331,808	337,361	344,004	330,269	266,324	143,974
Total Dental Expenditures	262,060	260,368	243,047	226,642	228,596	245,315	276,749	315,989	307,926	356,361	364,474	369,460	350,719	288,252	154,594
DENTAL REVENUES OVER (UNDER) EXPENDITURES	(40,563)	(30,524)	62,170	72,746	63,689	42,792	22,161	(17,707)	10,541	6,386	41,935	(10,104)	47,802	120,280	145,465
BEGINNING BALANCE		(40,563)	(71,087)	(8,917)	63,829	127,518	170,310	192,471	174,765	185,305	191,691	233,626	223,522	271,324	391,605
ENDING BALANCE	(40,563)	(71,087)	(8,917)	63,829	127,518	170,310	192,471	174,765	185,305	191,691	233,626	223,522	271,324	391,605	537,069