

COUNTY COMMISSION-CALLED SESSION

OCTOBER 12, 2015

BE IT REMEMBERED THAT:

COUNTY COMMISSION MET PURSUANT TO ADJOURNMENT IN CALLED SESSION OF THE SULLIVAN COUNTY BOARD OF COMMISSIONERS THIS MONDAY MORNING, OCTOBER 12, 2015, 9:00 A.M. IN BLOUNTVILLE, TENNESSEE. PRESENT AND PRESIDING WAS HONORABLE RICHARD VENABLE, COUNTY CHAIRMAN, JEANIE GAMMON, COUNTY CLERK OF SAID BOARD OF COMMISSIONERS,

TO WIT:

The Commission was called to order by County Chairman Richard Venable. Sheriff Wayne Anderson opened the commission and Comm. Matthew Johnson gave the invocation. The pledge to the flag was led by Sheriff Wayne Anderson.

COMMISSIONERS PRESENT AND ANSWERING ROLL WERE AS FOLLOWS:

MARK BOWERY	
MICHAEL B COLE	
JOHN GARDNER	SHERRY GREENE GRUBB
	TERRY HARKLEROAD
MACK HARR	
BAXTER HOOD	DENNIS L HOUSER
MATTHEW JOHNSON	BILL KILGORE
	RANDY MORRELL
BOB NEAL	BOBBY RUSSELL, JR.
CHERYL RUSSELL	PATRICK W SHULL
	MARK VANCE
BOB WHITE	EDDIE WILLIAMS

18 PRESENT 6 ABSENT (ABSENT- CALTON, CRAWFORD, HARE, HERRON, MCGLOTHLIN, STANLEY)

The following pages indicates the action taken by the Commission on re-zoning requests, approval of notary applications and personal surety bonds, motions, resolutions and other matters subject to the approval of the Board of Commissioners.

QUESTIONS BEFORE THE COMM.

No. 111 Amended Resolutions
 Call #2 1 2

No. No. No.

NAMES OF COMMISSIONERS	No. 111		Amended		Resolutions		No. 1		No. 2		No.		No.		No.	
	Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay	Aye	Nay
Bowery	✓		✓		✓				✓							
Calton	A		A		A				A							
Cole	✓		✓		✓				✓							
Crawford	A		A		A				A							
Daguer	✓		✓		✓				✓							
Drubb	✓		✓		✓				✓							
Hare	A		A		A				A							
Hartford	✓		✓		✓				✓							
Harr	✓		✓		✓				✓							
Nerrow	A		A		A				A							
Hood	✓		✓		✓				✓							
Houser	✓		✓		✓				✓							
Johnson	✓		✓		✓				✓							
Kilgore	✓		✓		✓				✓							
McClathlin	A		A		A				A							
Marrell	✓		✓		✓		✓		✓							
Neal	✓		✓		✓		✓		✓							
Bobby Russell	✓		✓		✓		✓		✓							
Cheryl Russell	✓		✓		✓		✓		✓							
Skull	✓		✓		✓		✓		✓							
Stanley	A		A		A				A							
Vance	✓		✓		✓		✓		✓							
White	✓		✓		✓		✓		✓							
Williams	✓		✓		✓		✓		✓							
18 Present 14 Aye 7 Nay																
6 Absent 4 Aye 1 Nay																
6 Abs 6 Abs																

RESOLUTIONS ON DOCKET FOR OCTOBER 12, 2015

000293

RESOLUTIONS	ACTION
#1 TO CONSOLIDATE THE RETIREE (OVER 65) HEALTH INSURANCE BENEFITS INTO ONE PLAN	APPROVED 10-12-15
#2 AUTHORIZE SULLIVAN COUNTY TO ENTER INTO A MEMORANDUM OF UNDERSTANDING BETWEEN THE STATE OF TN FOR EMPLOYEE HEALTH INSURANCE AND AN ADDITIONAL CONTRACT FOR THE SUPPORTING GAP PLAN PROVIDED WITH THE LIMITED PLAN BEGINNING JANUARY 1, 2016	APPROVED 10-12-15



Sullivan County

Board of County Commissioners
235th Annual Session

Item 1
No. 2015-09-64

To the Honorable Richard Venable, Mayor of Sullivan County, and the Board of Sullivan County Commissioners meeting in Regular Session this 21th day of September, 2015.

RESOLUTION To Consolidate The Retiree (over 65) Health Insurance Benefits Into One Plan

WHEREAS, Sullivan County in 2010 began providing all newly enrolling retirees (over 65) a Medicare Advantage (Medicare Part C) Plan to comply with current Medicare requirements; and,

WHEREAS, those retirees enrolled in the Medicare supplemental plan before January 1, 2010 were allowed to continue in the plan they were originally enrolled in; and,

WHEREAS, Medicare supplemental plan was/is a self-insured plan managed through BlueCross BlueShield that does not meet the creditable coverage test for Medicare Part D prescription drug coverage due to a maximum prescription drug benefit of \$5,000 per year with no additional coverage for prescription drugs beyond that amount; and,

WHEREAS, retirees who are in the Medicare supplemental plan will incur a Medicare Part D late enrollment penalty that increases each year that the prescription drug coverage is not creditable; and,

WHEREAS, the Medicare Advantage plan which retirees have been enrolled in since January 1, 2010 includes creditable Medicare Part D prescription drug coverage without an annual maximum benefit; and,

WHEREAS, with the supplemental plan the retiree's must pay the cost of their prescriptions and file for reimbursements from Blue Cross / Blue Shield which creates an additional temporary financial drain on the finances of the retiree with limited income.

NOW THEREFORE BE IT RESOLVED THAT the supplemental plan for retiree's be cancelled and all the retirees (currently 99) be enrolled in the Blue Advantage Diamond Plan ~~the BlueCross-BlueShield Blue Advantage plan~~ ~~[other plans]~~ beginning in the 2016 calendar year. All cost of enrollment, including the late enrollment Part D penalty, shall be covered by Sullivan County through funds in the 2015-16 FY's budget.

WAIVER OF THE RULES

This resolution shall take effect from and after its passage. All resolutions in conflict herewith be and the same rescinded insofar as such conflict exists.

Approved this 12th day of October 2015.

Attest: Jeanie Gammon
Jeanie Gammon, County Clerk

Approved: Richard S. Venable
Richard S. Venable, County Mayor

Sponsored By: Commissioner Eddie Williams

Prime Co-Sponsor(s): Commissioner Mark Bowery

ACTIONS: 1st Reading 09-21-15;

Amendment made and accepted by Sponsor strike "the Blue Cross Shield Blue Advantage plan" in the last paragraph and replace with the words "other plans" as shown.

*Amendment #1 made by Morrell, 2nd by Harr to add the word "diamond" to "Blue Advantage Diamond". Amendment failed by roll call vote.

*Motion to put Resolution on 1st Reading made by Crawford, 2nd by Shull – Motion approved by roll call vote 09-21-15.

Amended by Sponsor Williams 10-12-15 as follows "The Insurance Committee Recommended that the Ruby Plan under the Blue Cross Plans would be the One that they Recommend to the County Commission and that Amendment Would Go On this Resolution"

Amendment #2 made by White and seconded by Vance to "Replace the Ruby Plan with the Blue Advantage Diamond Plan. Amendment approved by Roll Call Vote. (Shown in last Paragraph)

RESOLUTION APPROVED 10-12-15 As Amended 17 Aye, 1 Nay, 6 Absent.

000296

Sullivan County Insurance Policy Details			
Covered Services	Retiree Plan		Active Employees
	Blue Cross (10/1/2014)	Blue Advantage (10/1/15)	Blue Plan (10/1/15)
Deductible			
Medical	\$0	\$0	\$2,500
Outpatient Services			
Primary Care Office Visit	\$0	\$15	\$30
Specialist Office Visit	\$0	\$40	\$45
Chiropractors	\$0	\$20	\$20
Urgent Care	\$0	\$35	\$45
Hospital Emergency Room			
Inpatient	\$0	Days 1-4 \$260/day	20% After Deductible
Outpatient Services	\$0	\$260	20% After Deductible
Emergency Room	\$0	\$75	\$200
Other Covered Services			
Ambulance	\$0	\$150	20% After Deductible
Diagnostic Tests (Xray & Lab)	\$0	\$0 - \$50 Per Test	\$0 after Office Visit
Advanced Imaging & Radiology	\$0	\$150	20% After Deductible
Medical Equipment	\$0	20%	20% After Deductible
Therapy Visits	\$0	\$40	\$20
Skilled Nursing Facility	\$0	Days 1-20 \$0/Day Days 21-100 \$160/day	20% After Deductible
Home Health	\$0	\$0	20% After Deductible
Out of Pocket Maximum			
Annual Out of Pocket Maximum	N/A	\$4,800 (Medical Only)	\$3,500
Pharmacy			
Pharmacy Deductible	\$250	\$0	\$0
30-day Supply			
Tier I - Preferred Generic	Reimburse 90% after Deductible	\$3 (1st \$3,310)	\$10
Tier II - NonPreferred Generic	Reimburse 90% after Deductible	\$6 (1st \$3,310)	\$10
Tier III - Preferred Brand	Reimburse 70% after Deductible	\$30 (1st \$3,310)	\$30
Tier IV - Non-Preferred Brand	Reimburse 70% after Deductible	\$65 (1st \$3,310)	\$50
Tier V - Specialty	Reimburse 70% after Deductible	35% (1st \$3,310)	\$100
Coverage Gap (aka Doughnut Hole)		Member pays 45% of brand and 58% of generic	
Catastrophic coverage		Member pays the greater of \$2.65 for generic or 5% \$7.40 for brand or 5%	
Annual Maximum Benefit			
Annual Maximum Benefit	\$5,000	No Maximum	No Maximum
Premiums			
Monthly Premium Amount	\$246.74	\$72.00	\$522.07

	Blue Cross (8/1/14)	Blue Advantage (8/1/14)
Current Number of Participants	99	60
Annual Premium	\$293,127.12	\$94,320.00
Combined Annual Premium for Both Plans	\$387,447.12	
Cost to Insure All Participants w/ BlueAdv - Ruby		Blue Advantage - Ruby
Current Number of Participants	0	159
Monthly Premium Amount	\$246.74	\$72.00
Estimated Penalty for Coverage Transfer		\$47,520.00
Annual Premium		\$137,376.00
Combined Annual Premium with Penalty	\$184,896.00	

Sullivan County Government
(2016 Medicare Retiree Options)

Plan	Medicare Supplement	2016 BlueAdvantage Options		
	BCBS Self Funded Program	Diamond Plan	Ruby Plan	Sapphire Plan
	Medicare Retiree Prior to 1/1/2010	Medicare Retiree After 1/1/2010		
Product Type		PPO	PPO	PPO
Monthly Funding	\$ 246.74 per Retiree (Self-Insured)	\$ 139 per Retiree (Insured)	\$ 72 per Retiree (Insured)	\$ 0 per Retiree (Insured)
Deductible	None	None	None	None
Dr. Office Visit	\$ 0 / visit	\$ 15 / visit	\$ 15 / visit	\$ 10 / visit
Specialist Visit	\$ 0 / visit	\$ 30 / visit	\$ 40 / visit	\$ 40 / visit
Chiropractic Visit	\$ 0 / visit	\$ 20 / visit	\$ 20 / visit	\$ 20 / visit
Urgent Care Visit	\$ 0 / visit	\$ 35 / visit	\$ 35 / visit	\$ 45 / visit
Hospital - Inpatient	\$ 0 / admission	Days 1 - 4: \$175 Copay per Day	Days 1 - 4: \$260 Copay per Day	Days 1 - 5: \$300 Copay per Day
Outpatient	\$ 0 / visit	\$175 Copay	\$260 Copay	\$325 Copay
Emergency Room	\$ 0 / visit	\$ 75 copay	\$ 75 copay	\$ 75 copay
Amputatory Surgery Center	\$ 0 / visit	\$125 Copay	\$210 Copay	\$275 Copay
Ambulance	\$ 0 / occurrence	\$150 Copay	\$150 Copay	\$250 Copay
Diagnostic Tests (X-Rays & Lab Services)	\$ 0 copay	\$0 - \$40 Copay per Test	\$0 - \$50 Copay per Test	\$0 - \$50 Copay per Test
Advanced imaging & Technology Services	\$ 0 copay	\$150 Copay	\$175 Copay	\$200 Copay
Part B - Chemotherapy Drugs	\$ 0 copay	80 / 20 %	80 / 20%	80 / 20%
Occupational, Physical and Language Therapy	\$ 0 copay	\$ 35 copay	\$ 40 copay	\$ 40 copay
Skilled Nursing Facility	\$ 0 copay	Days 1 - 20: \$0 Copay / Day Days 21 - 100: \$135 Copay / Day	Days 1 - 20: \$0 Copay / Day Days 21 - 100: \$160 Copay / Day	Days 1 - 20: \$0 Copay / Day Days 21 - 100: \$160 Copay / Day
Maximum OOP	Not Applicable	\$ 3,700 (Network) / \$ 10,000	\$ 4,800 (Network) / \$ 10,000	\$ 6,700 (Network) / \$ 10,000
Rx Copays	\$ 250 per year	\$0	\$0	\$0
Deductible	Reimburses 90% after deductible	\$ 3 (1st \$ 3,310)	\$ 3 (1st \$ 3,310)	\$ 3 (1st \$ 3,310)
Tier 1 - Preferred Generic	Reimburses 90% after deductible	\$ 6 (1st \$ 3,310)	\$ 6 (1st \$ 3,310)	\$ 12 (1st \$ 3,310)
Tier 2 - Nonpreferred Generic	Reimburses 70% after deductible	\$ 30 (1st \$ 3,310)	\$ 30 (1st \$ 3,310)	\$ 45 (1st \$ 3,310)
Tier 3 - Preferred Brand	Reimburses 70% after deductible	\$ 50 (1st \$ 3,310)	\$ 65 (1st \$ 3,310)	\$ 90 (1st \$ 3,310)
Tier 4 - Nonpreferred Brand	Reimburses 70% after deductible	33% (1st \$ 3,310)	33% (1st \$ 3,310)	33% (1st \$ 3,310)
Tier 5 - Specialty	Reimburses 70% after deductible			
Coverage Gap (aka Doughnut hole)		Member pays 45% of brand and 58% of generic	Member pays 45% of brand and 58% of generic	Member pays 45% of brand and 58% of generic
Catastrophic Coverage *		Member pays the greater of \$ 2.65 for generic or 3% \$ 7.40 for brand name or 5%	Member pays the greater of \$ 2.65 for generic or 5% \$ 7.40 for brand name or 5%	Member pays the greater of \$ 2.65 for generic or 5% \$ 7.40 for brand name or 5%
Annual Prescription Drug Maximum	\$ 5,000 per year	No Maximum	No Maximum	No Maximum

* Once member copays/coinsurance in the initial coverage level and the full cost of the drugs during the coverage gap exceed \$ 4,850 per calendar year.



Sullivan County

*Board of County Commissioners
235th Annual Session*

Item 2
No. 2014-10-66

To the Honorable Richard S. Venable, Mayor of Sullivan County, and the Board of Sullivan County Commissioners meeting in Called Session this 31st day of October 2014.

RESOLUTION To Authorize Sullivan County to enter into a Memorandum of Understanding between the State of Tennessee for employee health insurance and an additional contract for the supporting GAP Plan provided with the Limited Plan beginning January 1, 2016

WHEREAS, the Insurance Committee has reviewed proposals to renew the employee health insurance through our current carrier CIGNA; and,

WHEREAS, a comparison of the group health insurance plans offered through the State of Tennessee with the supporting GAP Plan provided more choices for our employees within the funding levels provided by the 2015-2016 fiscal year budget; and,

WHEREAS, the Insurance Committee recommended the participation in the State health insurance plan options provided by Blue Cross/Blue Shield and CIGNA in combination with a GAP plan to complement the "Limited Plan" to our employees.

NOW THEREFORE BE IT RESOLVED that the Board of County Commissioners of Sullivan County, Tennessee, assembled in Called Session, authorize the execution of the Memorandum of Understanding between Sullivan County and the State of Tennessee for group health insurance for Sullivan County employees.

BE IT FURTHER RESOLVED that a contract be entered into with a GAP plan provider to complement the "Limited Plan" from the State for those employees selecting the plan.

BE IT FURTHER RESOLVED that those selecting the Health Savings plan receive a contribution equal to the cost of the GAP contributed to their health savings account.

This resolution shall take effect from and after its passage. All resolutions in conflict herewith be and the same rescinded insofar as such conflict exists.

Hereby approved this 12th day of October 2015.

Attest: Jeanie Gammon
Jeanie Gammon, County Clerk

Approved: Richard S. Venable
Richard S. Venable, County Mayor

**Sponsored By: Commissioner Mark Bowery
Prime Co-Sponsor(s): Commissioner Bob Neal**

**ACTIONS: *Clarification asked for by County Attorney and Sponsor Identified
That the Gap Plan Would be the "Beazley Gap Plan"
Approved by Roll Call Vote 18 Aye, 6 Absent.**

Sullivan County Insurance Plan Comparisons				
Covered Services	2015 Sullivan County CIGNA Plan	2016 State of TN Limited Plan	2016 State of TN Health Savings Plan	2016 State of TN Partnership Plan
Preventive Care				
Preventive Care Office Visits	No Charge	No Charge	No Charge	No Charge
Outpatient Services				
Primary Care Office Visit	\$30 Copay	\$35 Copay	30% Coinsurance	\$25 Copay
Specialist Office Visit	\$45 Copay	\$55 Copay	30% Coinsurance	\$45 Copay
Behavioral Health and Substance Abuse	\$15 Copay	\$35 Copay	30% Coinsurance	\$25 Copay
X-Ray, Lab and Interpret & Results (Standard)	100% after OV	100% after OV	30% Coinsurance	100% after OV
Allergy Injections	100%	100%	30% Coinsurance	100%
Allergy Injection with Office Visit	\$30 PCP Copay \$45 Specialist Copay	\$35 PCP Copay \$55 Specialist Copay	30% Coinsurance	\$25 PCP Copay \$45 Specialist Copay
Chiropractors	\$20 Copay	\$35 Copay	30% Coinsurance	\$25 Copay
Pharmacy				
30-day Supply	Generic	\$10	30% Coinsurance	\$5
	Preferred Brand	\$30	30% Coinsurance	\$35
	Non-Preferred	\$50	30% Coinsurance	\$85
90-day Supply	Generic	\$20	30% Coinsurance	\$10
	Preferred Brand	\$60	30% Coinsurance	\$65
	Non-Preferred	\$100	30% Coinsurance	\$165
90 day Network Pharmacy or Mail-Order)	Generic	N/A	20% Coins-No Deductible	\$5
	Preferred Brand	N/A	20% Coins-No Deductible	\$30
	Non-Preferred	N/A	20% Coins-No Deductible	\$160
Convenience Clinic and Urgent Care				
Convenience Clinic	N/A	\$35	30% Coinsurance	\$25
Urgent Care	\$45 Copay	\$55 Copay	30% Coinsurance	\$45 Copay
Emergency Room				
Hospital Emergency Room	\$200 Copay	\$165 Copay	30% Coinsurance	\$125 Copay
Other Covered Services				
Hospital Facility - Inpatient / Outpatient	20% Coinsurance	30% Coinsurance	30% Coinsurance	10% Coinsurance
Maternity	20% Coinsurance	30% Coinsurance	30% Coinsurance	10% Coinsurance
Home Health	20% Coinsurance	30% Coinsurance	30% Coinsurance	10% Coinsurance
Rehabilitation & Therapy	\$20 Copay	30% Coinsurance	30% Coinsurance	10% Coinsurance
Ambulance	20% Coinsurance	30% Coinsurance	30% Coinsurance	10% Coinsurance
Hospice	100%	100%	100%	100%
Equipment & Supplies	20% Coinsurance	30% Coinsurance	30% Coinsurance	10% Coinsurance
Advanced X-Rays Scans & Imaging	20% Coinsurance	30% Coinsurance	30% Coinsurance	10% Coinsurance
Deductible				
Employee Only	\$2,500	\$1,200	\$1,500	\$450
Employee + Children	\$5,000	\$1,800	\$3,000	\$700
Employee + Spouse	\$5,000	\$2,100	\$3,000	\$900
Employee + Family	\$5,000	\$2,600	\$3,000	\$1,150
Separate Pharmacy Deductible	\$0	\$100 per member	\$0	\$0
Out of Pocket Maximum				
Employee Only	\$3,500	\$6,600	\$3,800	\$2,300
Employee + Children	\$7,000	\$13,200	\$7,600	\$3,200
Employee + Spouse	\$7,000	\$13,200	\$7,600	\$3,700
Employee + Family	\$7,000	\$13,200	\$7,600	\$4,600
Premiums				
Employee Only	\$522.07	\$430.77	\$405.77	\$672.71
Employee + Children	\$991.92	\$667.70	\$628.95	\$1,042.69
Employee + Spouse	\$1,096.35	\$926.16	\$872.41	\$1,446.30
Employee + Family	\$1,566.22	\$1,163.08	\$1,095.58	\$1,816.29

Sullivan County Insurance Premium Comparisons				
Covered Services	2015 Sullivan County CIGNA Plan	2016 State of TN Limited Plan	2016 State of TN Health Savings Plan	2016 State of TN Partnership Plan
Premiums				
Employee Only	\$522	\$431	\$406	\$673
Employee + Children	\$992	\$668	\$629	\$1,043
Employee + Spouse	\$1,096	\$926	\$872	\$1,446
Employee + Family	\$1,566	\$1,163	\$1,096	\$1,816
GAP Premiums or HSA Contributions				
Employee Only		\$87	\$87	
Employee + Children		\$140	\$140	
Employee + Spouse		\$187	\$187	
Employee + Family		\$254	\$254	
Total Monthly Cost per Employee				
Employee Only	\$522	\$518	\$493	\$673
Employee + Children	\$992	\$808	\$769	\$1,043
Employee + Spouse	\$1,096	\$1,113	\$1,059	\$1,446
Employee + Family	\$1,566	\$1,417	\$1,350	\$1,816

Employee Portion of Premiums				
Monthly Premium (Employee)				
Employee Only	\$65	\$65	\$40	\$220
Employee + Children	\$124	\$101	\$62	\$336
Employee + Spouse	\$137	\$139	\$85	\$472
Employee + Family	\$196	\$177	\$110	\$576

County Portion of Premiums				
Monthly Premium (County)				
Employee Only	\$457	\$453	\$453	\$453
Employee + Children	\$868	\$707	\$707	\$707
Employee + Spouse	\$959	\$974	\$974	\$974
Employee + Family	\$1,370	\$1,240	\$1,240	\$1,240

Total Monthly Cost per Tier				
252	\$115,116	\$114,159	\$114,159	\$114,159
72	\$62,491	\$50,877	\$50,877	\$50,877
163	\$156,367	\$158,759	\$158,759	\$158,759
177	\$242,568	\$219,506	\$219,506	\$219,506
Total Monthly Cost to the County				
Total Monthly	\$576,543	\$543,301	\$543,301	\$543,301
Total Annual	\$6,918,512	\$6,519,612	\$6,519,612	\$6,519,612

\$ 7,906,870.44 \$ 7,450,985.16 \$ 7,093,633.44 \$ 9,621,921.96

AND THEREUPON COUNTY COMMISSION ADJOURNED UPON
MOTION MADE BY COMM. WHITE TO MEET AGAIN IN REGULAR
SESSION OCTOBER 19, 2015.



RICHARD VENABLE

COMMISSION CHAIRMAN