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STATE OF WISCONSIN
BEFORE THE ARBITRATOR

WISCONSIN EMPLOYMENT
RELATIONS COMMISSION

In the Matter of the Petition of

GENERAL TEAMSTERS UNION LOCAL 662

Case 174

No. 46950 INT/ARB-6229

To Initiate Arbitration
Between Said Petitioner and

Decision No. 27326

CHIPPEWA COUNTY

INTERIM AWARD

APPEARANCES:

On Behalf of the Employer: Stephen L. Weld, Attorney - Weld, Riley, Prenz
and Ricci

On Behalf of the Union: Christel Jorgensen, Business Representative

I. BACKGROUND

On September 23, 1991, the Parties exchanged their initial proposals on matters to be included in a new collective bargaining agreement to succeed the agreement which expired December 31, 1991. Thereafter, the Parties met on four occasions in efforts to reach an accord on a new collective bargaining agreement. On November 25, 1991, the Union filed a petition requesting that the Wisconsin Employment Relations Commission initiate arbitration pursuant to Sec. 111.70(4)(cm)6 of the Municipal Employment Relations Act. On February 14, 1992, a member of the Commission's staff, conducted an investigation which reflected that the Parties submitted to the Investigator their

final offers, written positions regarding authorization of inclusion of nonresidents of Wisconsin on the arbitration panel to be submitted by the Commission, as well as a stipulation on matters to be agreed upon. On June 25, 1992 the Investigator notified the Parties that the investigation was closed and advised the Commission that the Parties remain at impasse.

On July 7, 1992, the Commission ordered the Parties to select an Arbitrator to issue a final and binding Award in their dispute. The undersigned was selected and his appointment was ordered by the Commission on July 21, 1992. A hearing was scheduled and held on October 11, 1992. Post hearing briefs were filed the last of which was received November 23, 1992.

On motion of the Arbitrator, the Parties agreed to a procedure by which an Interim Award would be issued reflecting which offer was selected, with a full Opinion setting forth the rationale for selecting that offer to follow. The following constitutes the Interim Award.

AWARD

The final offer of the Union is selected.



Gil Vernon, Arbitrator

Dated this 22nd day of January, 1993.

STATE OF WISCONSIN

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BEFORE THE ARBITRATION

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RELATIONS COMMISSION

In the Matter of the Petition of

GENERAL TEAMSTERS UNION LOCAL 662

Case 174
No. 46590 INT/ARB-6229
Decision No. 27326

To Initiate Arbitration
Between Said Petitioner

and

CHIPPEWA COUNTY

APPEARANCES:

On Behalf of the Employer: Stephen L. Weld, Attorney - Weld, Riley, Prenn
and Ricci

On Behalf of the Union: Christel Jorgensen, Business Representative

I. BACKGROUND

On September 23, 1991, the Parties exchanged their initial proposals on matters to be included in a new collective bargaining agreement to succeed the agreement which expired December 31, 1991. Thereafter the Parties met on four occasions in efforts to reach an accord on a new collective bargaining agreement. On November 25, 1991, the Union filed the instant petition requesting that the Wisconsin Employment Relations Commission initiate arbitration pursuant to Sec. 111.70(4)(cm)6 of the Municipal Employment Relations Act. On February 14, 1992, a member of the Commission's staff conducted an investigation which reflected that the Parties were deadlocked in their negotiations, and, by June 18, 1992, the Parties submitted to the investigator their final offers, written positions regarding authorization of inclusion of nonresidents of Wisconsin on the arbitration panel to be submitted

by the Commission, as well as a stipulation on matters agreed upon. On June 25, 1992, the investigator notified the Parties that the investigation was closed and advised the Commission that the Parties remain at impasse.

On July 7, 1992, the Commission ordered the Parties to select an arbitrator to issue a final and binding award in their dispute. The appointment of the undersigned was ordered by the Commission on July 21, 1992. A hearing was scheduled and held on October 11, 1992. Post-hearing briefs and reply briefs were filed, the last of which was received November 23, 1992. With consent of the Parties, an Interim Award was issued January 22, 1993, with the understanding that an Opinion reflecting the rationale would follow.

II. ISSUES

In their negotiations for a three-year agreement for 1991-93, the Parties resolved all issues, including wages, except one. The unresolved issue related to health insurance, specifically Article 25, Section 1. The Union proposed no change in the language from the former contract which read as follows:

ARTICLE 25

INSURANCE

Section 1. Full time employees shall be offered the equivalent of existing group hospital/surgical/medical insurance in effect January 1, 1983 with pre-existing conditions for new employees remaining in effect. The County shall pay one hundred percent (100%) of the single and family premium of those employees electing to take such coverage who were hired before January 1, 1990. There will be an 80% employer/20% employee split of the health insurance premium for employees hired after January 1, 1990 for 24 months after date of hire. A \$100.00 per person or maximum of \$200.00 per family deductible provision to the basic health insurance program (not Major Medical), pre-existing conditions for new employees, second opinion for non-emergency surgery and same-day provisions shall be as per Health Insurance booklet.

The Employer proposed to revise Article 25, Section 1 to read as follows:

If an employee was hired before January 1, 1990, effective January 1, 1992, through June 30, 1992, the County will pay the full cost of insurance coverage. If an employee was hired before January 1, 1990, effective July 1, 1992, the County will pay a dollar amount equal to 96½% of the single and family premiums for the County's self-funded group hospital/surgical/medical insurance. If an employee was hired before January 1, 1990, effective October 1, 1993, the County will pay a dollar amount equal to 93% of the single and family premiums for the County's self-funded group hospital/surgical/medical insurance. If an employee was hired on or after January 1, 1990, the County will pay a dollar amount equal to 80% of the single and

family premiums for the County's self-funded group hospital/surgical/medical insurance. For all employees, health insurance premiums will be prorated on a per hour basis. No payment of health insurance premiums shall be earned for time off without pay. Upon termination of employment with Chippewa County, however, coverage will continue until the end of the month at no additional premium cost to the employee.

The coverage will be substantially equivalent to that which is in place or have the prior approval of the union to change. Major medical coverage shall include a \$100 per person or \$300 per family deductible (3 - \$100 deductibles in a family deductible provision). The Major medical coverage shall also have an 80/20% co-pay provision on the next \$5,000 of coverage. Pre-existing conditions for new employees, second opinion for non-emergency surgery, and same day surgery provisions (as set out in the health manual booklet) shall be available to employees. \$100 per year, per employee coverage on routine physicals and \$100 per year, per person on mammogram (including radiologist reading) shall be applied to the appropriate deductible. The County agrees to implement a Section 125 and 129 (IRC) plan.

A comparison of the old and new language demonstrates that the following changes are proposed:

| <u>Status Quo Language</u> | <u>Employer Proposed</u> |
|---|--|
| ▶ Employees hired <u>before</u> 1-1-90 have 100% premium paid by employer. | ▶ Employees hired before 1-1-90 will be entitled to 96½% paid insurance effective 1-1-92; 93% effective 10-1-93. |
| ▶ Employee hired after 1-1-90 had 80% of the premium paid for the first 24 months and 100% thereafter. | ▶ The 24-month limitation will be eliminated. Employees hired after 1-1-90 will be paid 20% of their premium. |
| ▶ \$100/\$200 deductible on basic plan benefits. | ▶ Basic benefits eliminated. |
| ▶ \$100/\$300 major medical benefit deductible (not reflected in contract language but in the terms of the plan). | ▶ Same but reflected in contract language. |
| ▶ 80/20 major medical co-pay on first \$5,000 (up to \$1,000 per family member) after satisfaction of deductible (not reflected in contract language but in the terms of the plan). | ▶ Same but reflected in contract language. |
| | ▶ Addition of routine physical coverage up to \$100 per person. |
| | ▶ Addition of mammogram coverage up to \$100 per person. |
| | ▶ Addition of Section 125 and 129 plan. |

III. ARGUMENTS OF THE PARTIES (SUMMARY)

A. The Employer

The Employer analyzes the case in the context of a four question test. These questions, in order, are (1) Is there a demonstrated need for the proposed change? (2) Does the County's proposal reasonably address the need? (3) Is there support in the comparables? and (4) Is there a quid pro quo?

First, the Employer submits that there is need to have employees pay part of the premium because of increases in premium cost. For example, in the five-year period between 1987 and 1992, the County's health insurance premiums increased 117% for single coverage (from \$64.14 to \$139.16) and 108% for family coverage (from \$164.82 to \$343.46). As of January 1993 those premiums will again increase to \$147.70 (single) and \$365.80 (family). They anticipate the Union will rely on the fact these premiums are relatively low. However, the County argues that this should not be held against them since they are self-insured and have worked hard to keep costs low.

Regarding the second question, the Employer argues that its proposal does reasonably address the need to contain cost. They have already employed many cost-saving techniques. Premium sharing is recognized as extremely effective in this regard. For instance, they suggest that the 20% premium share has reduced the number of people enrolled in the group plan because people don't take the insurance unless they really need it. They believe that many employees in the County may be covered by or have access to alternative health insurance but are maintaining coverage under the County plan because it is absolutely free. Sharing in the cost of the premium will help reduce unnecessary coverages.

With respect to the issue of comparable support, the Employer notes that the great majority of comparables have an employee contribution toward health insurance. They look at a number of groups in this regard, including (1) comparable counties where all but one of the six have premium sharing from 1 percent to 41 percent depending on the plan; (2) other public sector employees including school districts and municipalities in Chippewa County, where nearly all of them contribute to family insurance premiums; (3) area private sector employees where only 6 of 49 surveyed pay 100% of the family premium and where the employee contribution level is significantly greater; and (4) internal comparables where the Employer's proposal was accepted in the law enforcement unit and applied to non-union employees.

The County also maintains they have offered a sufficient quid pro quo for their proposed changes. They contend that their offer contains a quid pro quo in the following respects: (1) it eliminates the \$100/\$200 deductible for basic health care services, thereby providing 100% coverage for hospital/surgical expenses; (2) it added two benefits--physicals and mammograms--that may very well reduce health care costs in the long run; (3) the availability of a Section 125 plan reduces the actual cost of the premium to less than many primary comparables; and (4) the above-average wage increase of 4% versus the pattern of 3.5% helps offset the cost of premium sharing. The Employer calculates the total value of their quid pro quo to be \$1,678 to \$1,720 per employee which exceeds the three-year total cost to employees for family health insurance for all employees hired prior to 1/1/90 currently making no contribution toward the cost of health insurance as well as for those employees contributing 20% of the cost of health insurance. For instance, their offer of a quid pro quo provides extra monies--approximately \$1,300--in the pockets of the 44 unit members hired before 1/1/90 who have family coverage. The 31 employees hired before 1/1/90 with single coverage would receive the entire wage increase as well as \$900 in additional benefits.

The Employer anticipates a number of arguments from the Union. The Employer believes the Union will note that Eau Claire County pays 100% of the family and single premium. However, the Employer notes that this is primarily because their 1992 single premium increased only 86 cents and their family premium actually decreased \$2.79 due to negotiated changes in the benefit structure and coverage including elimination of the Group Health HMO and an increase in the plan's deductible--from \$100 single/\$200 family to \$200 single/\$600 family. The Employer also anticipates an argument that the comparables do not support an employee contribution for single coverage. The Employer believes that requiring an employee contribution for all employees in the group plan--single as well as family--is vital if health plan participants are to become better consumers. The Union may also contend that 20% contribution required of employees hired after 1/1/90 is a significant concern. However, the Employer notes that only ten (10) bargaining unit members (four with single coverage and six with family coverage) would continue to pay 20% of the cost of health insurance under the County's proposal. They also reject as flawed Union exhibits which compare their wage increase after deducting the cost of health insurance to other counties. They suggest the Union's argument is flawed by the fact that it does not acknowledge the savings gained with implementation of the Section 125 plan. In addition, the same discount of employee contributions to health insurance would be required for those comparable counties who have employees contributing toward the cost of health

insurance. If they are contributing toward health insurance, and nearly all employees do, their net wage gain is also going to be less.

B. The Union

The Union notes at the outset that the Parties agreed on the counties to be included in the primary comparables. However, the Union contends that the City of Chippewa Falls is a comparable simply for its location and the fact that it is in the Chippewa County labor market. Also, with respect to comparability, the Union objects to the admission of the Employer's exhibits concerning private sector and other public sector employers. They view them as inconclusive and irrelevant. They simply provide selective information without the supporting evidence as to background and total compensation for these employee groups.

The Union also argues that the Employer's proposal requires a concession that inflicts permanent pain. It also creates two groups of employees treated differently on the basis of their insurance contribution. This inequity, in their opinion, is enough to reject the final offer.

The Union also argues that the Employer's final offer is also unreasonable when the comparable communities are considered. They note wage rates and benefits for Chippewa County employees range in the middle of the comparable communities. However, insurance premiums paid by Chippewa County range at the low end among the comparable communities. The Chippewa premiums are next to the lowest premium. They submit this certainly raises the question why the Chippewa County support staff should make health insurance concessions when the County already enjoys one of the lowest premiums in the comparable counties area.

They suggest, too, that this low premium may well be the result of previous concessions made by the membership. For instance, in a voluntary settlement in July 1986 (for the 1986-88 agreement), the County premium contribution for the family plan went from 85% to 100% in exchange for a lower wage increase. Single premiums remained at the 100% County-paid level. The guaranteed \$50 deductible reimbursement was dropped. Added was a pre-existing condition limitation. During bargaining for the 1989-92 successor agreement the basic, non-major-medical deductible was increased to \$100/\$200 bringing the total deductibles to be paid to \$500/family and \$150/single. In addition, provisions were added that required employees hired

after 1/1/90 to pay 20% of the premium for a 24-month period from the date of hire. This provision applied to single as well as family coverage. During 1990 and 1991, a total of 11 employees have made or are still making these contributions (four with single coverage and seven with family coverage). In addition, there have been 15 new employees hired in 1992 that will be affected. All of these are concessions, the Union notes, that had and will have an impact on the employees' total compensation. In addition, the employees of Chippewa County, in addition to their deductibles, have a sizable co-pay obligation with \$1,000 per individual major medical co-pay. They urge the Arbitrator to give weight to these past concessions.

The Union also rejects the Employer argument that its wage offer is a quid pro quo for the additional health insurance premium dollars the employee still will have to pay. The Union contends that there is no quid pro quo since the wage increase agreed on for the Chippewa County employees falls into the pattern for the comparable communities just as the wages and benefits. They point out if the Employer's argument is upheld, it will have totally wiped out the value of any health insurance concession these employees have made over the years, as well as wages that were not received because the Parties agreed to cost the 1986 change from 85% to 100% health insurance premium paid by the County. The also reject the additional mammogram and routine physical provision as a quid pro quo. Its value cannot be determined or projected and even if it is used to the maximum, it does not provide an equalizing influence when compared with the financial burden the additional premium contributions would demand from the employees. Nor does the Union consider the Section 125 plan as a quid pro quo since the benefits to the employee in the form of lower taxes does not compensate for the loss in real earnings that the Employer's final offer dictates.

Regarding internal settlements, only one unit has accepted the Employer's proposal. However, the Employer had to make a major concession on seniority and scheduling to get this agreement. Even if the bargaining unit would have settled without the scheduling quid pro quo, the Union would argue that this settlement does not deserve to be given great weight since this only constitutes one out of five bargaining units with a total of 37 members. They suggest to let this bargaining unit set the pattern for this unit of 126 members is not reasonable.

IV. OPINION AND DISCUSSION

The Employer suggests an appropriate analytical framework for this case starting with the question of need. There is no question that, as a general matter, the cost of health care is one of the biggest problems facing employers and, indeed, the nation as a whole. Merely on general principle the Arbitrator might accept--in spite of the Employer's lower health insurance premiums--some modest form of premium sharing. However, given the Employer's relatively low health insurance cost and given the pattern and type of premium sharing schemes in the comparables, the Arbitrator must conclude that the Employer's proposal goes too far in addressing the problem of health care cost. In short, their proposal does not reasonably address the need, which in this case, is relatively limited. The particular aspects of their offer that amount to overkill is the imposition of a 20% premium sharing for all new employees and, to a lesser extent, premium sharing for single subscribers.

The Arbitrator's conclusion is based largely on the data set forth in Appendix A. A review of this data reveals a number of significant facts. First of all, in the previous year's contract (1991), this Employer did not have a health cost problem relative to other employers. Even when paying 100% of the family premium, Chippewa County had significantly lower cost than all other counties but one. Moreover, the rate of increase in Chippewa has not been out of line with other counties. The Employer's contribution in Chippewa was approximately \$40 per month lower than Barron, \$76 per month lower than Clark, \$56 per month lower than two of the three plans in Eau Claire, \$35 lower per month than Rusk, and between \$35 and \$52 lower per month than the employer contribution in Taylor County. Only Dunn County had a lower employer contribution at \$291 per month. Thus, coming off the last contract, there was no compelling need relative to other employers to make major modifications to limit the Employer contribution in Chippewa County.

The 1992 and 1993 premium data shows a similar trend, to wit, Chippewa County's premium contribution even at 100% is lower than all other employer contributions, except Dunn County in 1992. Indeed, it is significantly less than other Counties'. In 1992 Chippewa County's monthly contribution, if at 100%, would be \$57 less than Barron, \$46 less than Clark, Between \$4 and \$26 less than Eau Claire, and between \$105 and \$116 less than Taylor. It is nearly identical to Dunn and Rusk Counties' contribution where the employer is 94% at the family level. In 1993 Chippewa County's monthly contribution, if at 100%, would be \$92 less than Barron, \$91 less than Clark, between \$16 and \$40 less than Eau Claire, and between \$150 and \$163 less than Taylor County.

Indeed, in 1993 no county contributes less for employee health insurance than Chippewa County. Only Dunn County at \$371 per month has a similar contribution.

The data in Appendix A also reveals that where there is premium sharing, it does not follow the form or cut as deep as the Employer proposal here. First of all, it is noted all Employer's offer 100% paid insurance for single subscribers. In two cases, Taylor and Clark, there is a less than 100% option for single subscribers, but because there is also a 100% option, no single subscriber is forced to pay any part of their premium.

Second, it is noted that no one has the two-tier system where new employees pay 80% of the family premium. The most prevalent arrangement is a 95/5% split. No one asks any of its employees to pay 20%, except in Taylor where it is an option and the employee has a 100% paid alternative. Much the same can be said for Barron. Their employees might be required to make as much as a 15% contribution; however, there is a 95/5% option available too.

If any one thing doomed the Employer's offer, it was the proposal to lift the 24-month limit for the 80% contribution by the employees hired after 1-1-90. This is a dramatic concession since it would eventually lead to the whole unit being at the 80/20% level. It is not insignificant that there is a fair degree of turnover in this unit as evidenced by the fact that 25 of the 126 employees in this unit were hired after 1-1-90. This is approximately 20%. To the extent the Employer has offered a quid pro quo, it is insufficient for what the comparables demonstrate to be a significant concession.

The Employer argued that it shouldn't be penalized by its low premiums. The fact is that selection of the Union's final offer will not penalize them since they still have--at least for 1992 and 1993--the lowest employer contribution. There is no reason to believe that this trend won't continue in 1994, and if there is some dramatic reversal of misfortune, the damage will be limited to one year and can be addressed subsequently by the Parties. Moreover, the Employer, by virtue of its historically lower cost dating to at least 1991, would be in a good position to deal with any short-run increase.

It is actually the Employer's offer which penalizes--or perhaps more accurately doesn't reward--the employees for their efforts to keep health care cost low. In this regard, this case is quite distinguished from some cited to, and by, this Arbitrator. In many, if not most of those cases, the employees had not done anything to assist in controlling health insurance. In this case both the

Employer and the employees have engaged in what have turned out to be successful efforts to control health care cost. In 1986 a pre-existing condition limitation was added and the \$50 deductible reimbursement was eliminated. In 1989 the basic deductible was increased to \$100/200 and the 80%/24-month premium share was instituted for new employees. Moreover, there are other deductibles (\$100/300 on major medical) and a significant major medical co-pay of up to \$1,000 per family member. These are not insignificant. While premium control is a laudatory objective, the proverbial bottom line is that additional premium sharing is not needed to bring this Employer's cost into line with other comparable employers.

The Employer did discuss the fact that many employees may take insurance that they don't need because of spousal coverage. Indeed, this can be a problem. However, there is a more direct way of dealing with such a problem. Contract language is becoming more common where employees are given incentives not to enroll if they don't need insurance due to parallel coverage while guaranteeing them open enrollment if the parallel coverage ceases.

There were certainly factors weighing in favor of the Employer offer and against the Union offer. For instance, private sector and some other public sector settlements and cost of living data tend to support the Employer's offer. However, these are not as persuasive as the comparisons to similar employers (other counties). As for the internal settlement, this one settlement is not persuasive or compelling enough to be controlling. There was an important and additional quid pro quo in the form of scheduling. Moreover, premium sharing for new employees may not be as big of a concern for a police unit where turnover, as a general matter, isn't as common. Police are usually career employees.

It does militate against the Union offer that they accept the 4% which tends to be greater than the pattern, but make no corresponding concession. However, 4% doesn't exceed the pattern of 3.5% significantly. There is also one settlement higher at 4.5% for 1992 and 1993. The Employer sought to discount this because of the fact there was little or no premium increase and because the employees agreed to health insurance changes. Again it must be stated this unit has successfully engaged in cost containment efforts and their premium levels reflect it. A somewhat higher-than-justified wage increase given this favorable history isn't as unreasonable as the deeper-than-justified cuts proposed by the Employer.

In summary, the Employer's offer is more unreasonable than the Union's as it proposes substantial health insurance changes disproportionate to the demonstrated need.

AWARD

The final offer of the Union is selected.



Gil Vernon, Arbitrator

Dated this 9th day of February 1993.

APPENDIX A

1991

| <u>County</u> | <u>Premiums</u> | | <u>Employer Contribution</u> | | | |
|-------------------|-----------------|-------------|------------------------------|-------------|-------------|-------------|
| | <u>Sin.</u> | <u>Fam.</u> | <u>Sin.</u> | <u>Fam.</u> | <u>Sin.</u> | <u>Fam.</u> |
| BARRON | | | | | | |
| WPS (Stand.) | \$166.06 | \$391.89 | 100% | 85% | \$166.06 | \$333.11 |
| Midelfort (HMO) | 154.76 | 380.76 | 100% | 87% | 154.76 | 333.11 |
| Group Health | 156.76 | 384.76 | 100% | 87% | 156.76 | 333.11 |
| CLARK | | | | | | |
| Standard Plan | 165.60 | 435.20 | 100% | 85% | 165.60 | 369.92 |
| Deluxe Plan | 340.20 | 604.80 | 49% | 61% | 165.60 | 369.92 |
| DUNN | 105.75 | 306.55 | 100% | 95% | 105.75 | 291.22 |
| EAU CLAIRE | | | | | | |
| BCBS (Stand.) | 129.06 | 349.79 | 100% | 100% | 129.06 | 349.79 |
| Group Health | 127.00 | 336.00 | 100% | 100% | 127.00 | 336.00 |
| Midelfort | 130.00 | 349.00 | 99% | 100% | 129.06 | 349.00 |
| RUSK | 135.85 | 340.01 | 100% | 95% | 135.85 | 323.01 |
| TAYLOR | | | | | | |
| Full Service Plan | 199.00 | 411.00 | 80% | 80% | 159.20 | 328.80 |
| Deductible Plan | 166.00 | 345.00 | 100% | 100% | 166.00 | 345.00 |

1992

| <u>County</u> | <u>Premiums</u> | | <u>Employer Contribution</u> | | | |
|-------------------|-----------------|-------------|------------------------------|-------------|-------------|-------------|
| | <u>Sin.</u> | <u>Fam.</u> | <u>Sin.</u> | <u>Fam.</u> | <u>Sin.</u> | <u>Fam.</u> |
| BARRON | | | | | | |
| WPS (Stand.) | 199.26 | 471.74 | 100% | 85% | 199.26 | 400.38 |
| Midelfort HMO | 172.72 | 420.72 | 100% | 95% | 172.72 | 400.38 |
| Group Health | 172.72 | 428.72 | 100% | 93.5% | 172.72 | 400.38 |
| CLARK | | | | | | |
| Standard Plan | 174.57 | 458.78 | 100% | 85% | 174.57 | 389.96 |
| Deluxe Plan | 374.22 | 665.28 | 47% | 59% | 174.57 | 389.96 |
| DUNN | 122.70 | 355.60 | 100% | 95% | 122.70 | 337.82 |
| EAU CLAIRE | | | | | | |
| BCBS (Stand.) | 129.92 | 347.00 | 100% | 100% | 129.92 | 347.00 |
| Midelfort | 140.00 | 369.00 | 100% | 100% | 140.00 | 369.00 |
| RUSK | 144.55 | 361.78 | 100% | 95% | 144.55 | 343.69 |
| TAYLOR | | | | | | |
| Full Service Plan | 281.00 | 560.00 | 80% | 80% | 224.80 | 448.00 |
| Deductible Plan | 231.00 | 459.00 | 100% | 100% | 231.00 | 459.00 |

1993

| <u>County</u> | <u>Premiums</u> | | <u>Employer Contribution</u> | | | |
|-------------------|-----------------|-------------|------------------------------|-------------|-------------|-------------|
| | <u>Sin.</u> | <u>Fam.</u> | <u>Sin.</u> | <u>Fam.</u> | <u>Sin.</u> | <u>Fam.</u> |
| BARRON | | | | | | |
| WPS (Stand.) | 225.34 | 537.88 | 100% | 85% | 225.34 | 457.20 |
| Midelfort HMO | 188.06 | 464.06 | 100% | 99% | 188.06 | 457.20 |
| Group Health | 192.06 | 481.06 | 100% | 95% | 192.06 | 457.20 |
| CLARK | | | | | | |
| Standard Plan | 204.25 | 536.77 | 100% | 85% | 204.25 | 456.25 |
| Deluxe Plan | 437.84 | 778.38 | 47% | 59% | 204.25 | 456.25 |
| DUNN | 134.97 | 391.16 | 100% | 95% | 134.97 | 371.60 |
| EAU CLAIRE | | | | | | |
| BCBS (Standard) | 142.91 | 381.70 | 100% | 100% | 142.91 | 381.70 |
| Midelfort | 154.00 | 405.90 | 100% | 100% | 154.00 | 405.90 |
| RUSK | 159.01 | 397.96 | NOT SETTLED | | | |
| TAYLOR | | | | | | |
| Full Service Plan | 323.00 | 644.00 | 80% | 80% | 258.40 | 515.20 |
| Deductible Plan | 266.00 | 528.00 | 100% | 100% | 266.00 | 528.00 |