BALTIMORE COUNTY
FISCAL YEAR 2014 RECOMMENDED BUDGET

INSURANCE CONTRIBUTIONS (043)

BUDGET SUMMARY

$ in Thousands

PROPOSED CHANGE		GENERAL		SPECIAL		TOTAL	% Change Prior Year
FY 2013 - 2014 Change	$	8,646.9		-	$	8,646.9	9.4%
Recommended Reduction		**2,021.7**		**-**		**2,021.7**	
BUDGET TRENDS							
FY 2012 Actual	$	66,838.2	$	-	$	66,838.2	
FY 2013 Approp.		92,433.6		-		92,433.6	38.3%
FY 2014 Request		101,080.5		-		101,080.5	9.4%
Recommended	**$**	**99,058.8**		**-**	**$**	**99,058.8**	**7.2%**

PERSONNEL

No Personnel

INSURANCE CONTRIBUTIONS (043)

BUDGET SUMMARY:

The proposed FY 2014 General Fund budget for General Government's Insurance Contributions totals $101.1 million, an increase of $8.6 million, or 9.4%, over the FY 2013 appropriation. The increase is primarily attributable to funding for health insurance for both active employees and Other Post-Employment Benefits (OPEB). Other significant factors include a decrease in workers' compensation contributions and an increase in general and automobile liability insurance contributions. **See Exhibit 1 for additional detail.**

Exhibit 1
FY 2014 Proposed Budget ($ in 000's)

How it Grows:	Health Insurance	OPEB Contrib.	Other	Total
2013 Appropriation	$49,103	$29,000	$14,331	$ 92,434
2014 Request	55,298	32,500	13,282	101,080
$ Increase/(Decrease)	$ 6,195	$ 3,500	$(1,049)	$ 8,646
% Increase/(Decrease)	12.6%	12.1%	-7.3%	9.4%

Why it Changes:

Insurance Contributions:	
Employee Health Insurance	$6,195
OPEB Contribution	3,500
Liability Insurance	2,616
Employee Life Insurance	356
Professional Services (Primarily due to Health Clinic and Evaluations)	322
Workers' Compensation	(4,343)
Total:	$8,646

INSURANCE CONTRIBUTIONS (043)

RECOMMENDED BUDGET REDUCTIONS

1. Reduce Contribution to Health Insurance Reserve $2,021,715

The proposed FY 2014 budget includes $55,298,174 for active employee health insurance, excluding the component units and including reimbursements from the Gifts and Grants and Metropolitan District Funds. The proposed budget increases $6.2 million, or 12.6% over FY 2013. The driving factor behind this increase is a recommendation from the County's health consultant to increase premiums, which are paid by both the County and its employees, due to expected increases in health care costs. For the upcoming plan year beginning January 1, 2014, premiums for the County and its General Government employees are expected to increase by approximately 10.5% and 8.7% for the self-insured CIGNA HMO and PPO plans, respectively, while the cost of the Kaiser HMO plan will increase by 6.5% (see Table A). Premiums in the current 2013 plans grew on average by 8.6% over 2012.

The Office of Budget and Finance did not provide any supporting documentation for the proposed increase. Given that the General Government workforce is not increasing, but rather is decreasing in FY 2014, the increase is not attributable to enrollment growth. Another factor that could justify an increase is recent claims history; however, the Health Insurance Reserve grew in recent years, which would indicate that revenue from premiums is growing faster than expenses from claims. At the end of FY 2011 the reserve was $61.3 million, but by the end of FY 2012 it had grown to $75.8 million. It is only decreasing in FY 2013 because $25 million was transferred to the OPEB Trust Fund. (Further, the County's actuarial valuation for the OPEB Trust Fund recently noted positive health insurance claims experience.) The final factor that could justify an increase in FY 2014 is a projection that health care costs are going to increase in the future. Health care costs are expected to increase at a faster rate than they have in the recent past, due in part to the effects of national health care reform. For CY 2014 the Office of the Actuary at the federal government's Centers for Medicare and Medicaid Services projects 7.4% growth in health care spending, which includes new costs related to national health care reform.

INSURANCE CONTRIBUTIONS (043)

The recommended reduction of $2,021,715 reflects an increase in active employee health insurance of 8.5% instead of the proposed 12.6%. The 8.5% increase would exceed the federal government's estimate of rising health care costs by more than one percentage point in order to provide flexibility to the County. Additional flexibility would be provided in the Health Insurance Reserve account, which the Office estimates will total $50.8 million at FY 2013 end. This balance is $20.6 million higher than the consultant recommended reserve of $30.2 million for FY 2014, and as previously mentioned, it accounts for the $25.0 million transferred to the OPEB Trust Fund in FY 2013. See related issue #3.

SIGNIFICANT PROGRAM/POLICY INITIATIVES AND/OR CHANGES

2. OPEB Funding $(15.4 million)

Effective for Baltimore County in FY 2008, Governmental Accounting Standards Board (GASB) accounting standards require state and local governments to recognize the cost of current and future other post-employment benefits (OPEB) obligations when they are earned throughout the employee's career (similar to the accounting treatment for pensions) rather than when they are paid after the employee retires. The County began pre-funding this obligation in FY 2007 and established a separate Trust Fund to account for OPEB costs and accrued liability, similar to the Pension Trust Fund. Both retiree Pay-As-You-Go (PAYGO) contributions for retirees' current expenses, as well as active employee and retiree accrued liability contributions, flow from the Insurance Contributions operating budget program (4302) to the OPEB Trust Fund (017). Additionally, contributions flow from component unit (Baltimore County Public Schools (BCPS), Community College of Baltimore County (CCBC), and Baltimore County Public Library (BCPL)) budgets to the OPEB Trust Fund.

The proposed FY 2014 General Fund budget for OPEB contributions (including component unit contributions) totals $111.9 million, a decrease of $15.4 million from the FY 2013 adjusted contribution. (The budgeted contribution was recently augmented by $34 million, with the supplemental appropriation of $9 million of General Funds and the transfer of $25 million unspent Health Insurance Reserve funds.)

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Agency	FY 2013 ($ millions)		FY 2014	Incr.
Ins. (Gen.Gov.) (043)	$ 54.000	*	$ 32.500	$ (21.500)
BCPS (035)	65.173		71.311	6.138
CCBC (033)	7.066		7.066	0
BCPL (037)	1.012		1.012	0
General Fund Total	$ 127.251		$ 111.889	$(15.362)

* Includes a $9.0 million supplemental appropriation and $25.0 million transfer from the Health Insurance Reserve to the OPEB Trust for Gen. Govt.

In FY 2011, the Office implemented a change that extended the phase-in period of meeting the OPEB Annual Required Contribution (ARC) from 5 years (FY 2008 – FY 2012) to 10 years (FY 2008 – FY 2017). At that time, the Office estimated that the FY 2017 ARC would be $176.7 million, which would be fully funded. The ARCs for FY 2012 and FY 2013 were estimated at $149.0 million and $154.3 million, respectively, with anticipated contributions in those same years of $103.4 million and $119.2 million, respectively. The great recession, however, greatly reduced the County's ability to contribute to OPEB. Budgeted contributions, which were $110.5 million in FY 2010, fell to $63.6 million in FY 2011 and remained at that level for FY 2012. By the end of FY 2012, the ARC was $234.4 million and the Unfunded Actuarial Accrued Liability (UAAL) topped $3.0 billion.

The FY 2013 adopted budget increased the OPEB contribution to $93.3 million. On April 1, 2013 the Council approved Bill 16-13, a supplemental appropriation of $9.0 million from General Fund surplus to the OPEB Trust Fund. The Administration also transferred an additional $25.0 from the Health Insurance Reserve to the OPEB Trust Fund, resulting in total contributions of $127.3 million for FY 2013. This increased level of funding, along with favorable claims experience and a new prescription drug plan for retirees over age 65, resulted in a FY 2013 projected ARC of $119.9 million and a UAAL of $1.5 billion. While the additional funds provided in FY 2013 exceeded the revised ARC by $7.3 million, the proposed FY 2014 OPEB contribution of $111.9 million is $4.2 million less than the projected FY 2014 ARC of $116.1 million.

INSURANCE CONTRIBUTIONS (043)

	($ millions)	
	FY 2013	FY 2014
ARC	$ 119.921	$ 116.096
Contributions	127.251	111.889
Over/(Under)	$ 7.330	$ (4.207)

Even with the increased level of funding and corresponding reductions in the ARC and UAAL, there are still some concerns. In FY 2014 the proposed General Government contribution of $32.5 million is $19.2 million less than the $51.7 million the Office estimates for the PAYGO expense or current-year retiree costs. (The PAYGO expense has increased in recent years, largely due to an increase in the number of individuals that retired under the Retirement Incentive Program.) As funding fails to keep up with the current-year expense, asset levels are reduced and future ARCs increase. The contributions from BCPS and CCBC exceed their current-year costs, which result in the total OPEB Trust meeting its PAYGO expense; however, eventually this disparity between participating entities will need to be addressed.

The Office has advised that it plans to meet the FY 2015 OPEB ARC, which is expected to be approximately $120.0 million. The Office further advised that it expects to exceed the FY 2016 ARC by $35.0 million for a total contribution of $155.0, and then to increase funding again in FY 2017 by another $35.0 million for a total contribution of $190.0 million.

The Office should be prepared to discuss:

- ***The reasons for, in effect, relying on the OPEB Trust Fund balance to pay a significant portion of the ongoing General Government retiree PAYGO costs in FY 2014;***
- ***Expected future growth of health insurance costs for retirees vs. active employees;***
- ***The effect on the ARC and UAAL if the new plan is funded as proposed through FY 2017; and***
- ***Any other changes being considered, including any changes in actuarial assumptions or benefits.***

INSURANCE CONTRIBUTIONS (043)

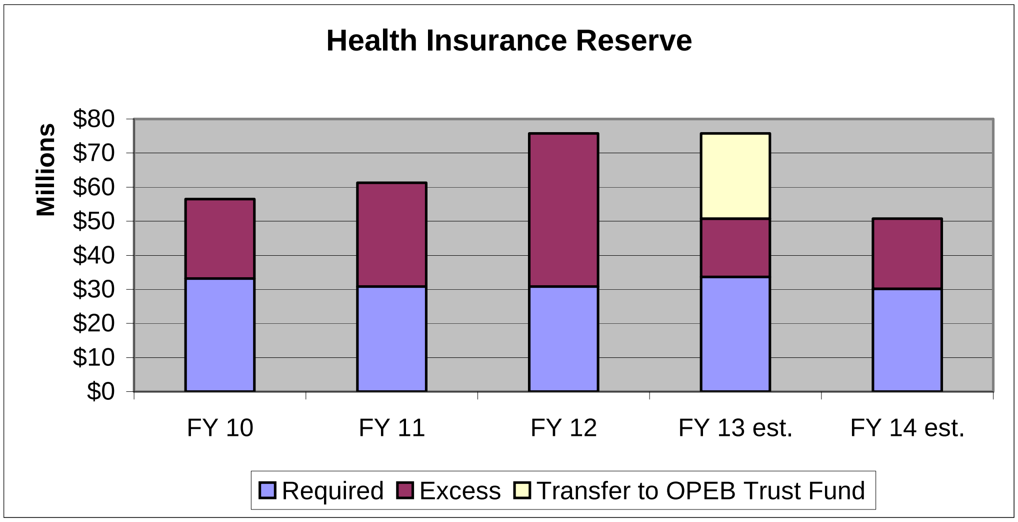
3. Health Insurance Reserve Fund Experience

The Office plans no reversion of unexpended health insurance funds to the FY 2013 General Fund balance. Based on information provided by the Office, the estimated Health Insurance Reserve fund balance as of June 30, 2013 will total approximately $50.8 million, after accounting for the $25.0 million transfer to the OPEB Trust Fund. This amount is $20.6 million more than the “incurred but not reported” (IBNR) requirement recommended by the County’s consultant.

	Health Insurance Reserve ($ millions)
Est. Balance at June 30, 2012	$ 75.8
Transfer to the OPEB Trust	(25.0)
Est. Balance at June 30, 2013	50.8
IBNR Requirement (per consultant)	(30.2)
Est. Excess at June 30, 2014	**$ 20.6**

The chart below shows a five-year trend of the Health Insurance Reserve starting in FY 2010, which was the year the County reverted $40.0 million from the Reserve to the General Fund. Without that transfer the reserve would have been $96.5 million. With the transfer the actual reserve was $56.5 million. Since that time the reserve grew to $61.3 million in FY 2011 and $75.8 million in FY 2012 despite other significant reversions to the General Fund. In FY 2013 the reserve is expected to drop to $50.8 million, but only due to the transfer of $25 million to the OPEB Trust Fund. Without the transfer the reserve would have been maintained at $75.8 million. The IBNR requirement over the five-year period has fluctuated between $30.2 million and $33.7 million.

INSURANCE CONTRIBUTIONS (043)



The Office should be prepared to discuss:

- ***The relationships between premium amounts, claims costs, and reserve balances;***
- ***The plan for managing the Health Insurance Reserve over the next few years, and if there is a target for the size of the fund balance beyond the IBNR requirement; and***
- ***Any planned transfers to the OPEB Trust Fund or any other funds.***

Other Issues:

4. Benefit Plan and Premium Changes

Effective January 1, 2013, the County no longer offered CareFirst Triple Choice to active employees and retirees. Triple Choice combined the features of preferred provider and point-of-service plans. As of March 1, 2012 there were 9,176 active employees and 2,703 retirees enrolled in this plan, inclusive of General Government, BCPS, CCBC, and BCPL. Accordingly, such individuals were required to select another plan for the 2013 plan year.

The CIGNA Open Access Preferred Provider Option (PPO) plan, which has been offered since January 2011, is considered the replacement for the Triple Choice plan. The Office previously advised that the ending of Triple Choice should help curtail price escalation for both employees and the County, while the remaining plans will continue to meet employee needs.

Beginning with the health insurance plan year that ended August 31, 2008, the County initiated a 5-year plan to reduce the health care subsidy provided to General Government employees hired prior to July 1, 2007. Employees hired on or after July 1, 2007 receive the reduced County subsidy without the 5-year phase-in. Before the change, the County's subsidy for CareFirst, Kaiser, and Optimum Choice (changed to UnitedHealthcare in September 2007) was 85%, 98%, and 97%, respectively. With FY 2012 being the final year of the scheduled subsidy phase-in, the subsidies are now 80% for the CIGNA PPO plan and 90% for each of the two HMO plans (CIGNA and Kaiser).

Subsidies among the component units have been reduced over the past few years, including a reduction by BCPS for the 2013 plan by 2% for its PPO plan and 1% for its HMO plans, but a discrepancy remains between General Government, BCPS, and CCBC, particularly in the most expensive PPO plan, as illustrated in the chart below. The Office has advised that negotiations between BCPS and its labor organizations have resulted in the reduction of the subsidy amounts to be in line with General Government by FY 2017.

	CIGNA PPO	CIGNA Open Access In-Network	Kaiser
Gen. Govt	80%	90%	90%
BCPS	88%	89%	89%
CCBC	85%	90%	90%
BCPL (1)	80%	90%	90%

(1) BCPL was on the same 5-year phase-in plan as General Government to reduce the subsidy percentage for employees hired before 7/1/2007.

Due in part to subsidy changes and growth in the total premium costs estimated by the County's consultant, employee premiums for the County's self-insured medical plans have risen significantly in recent years. For the upcoming plan year beginning January 1, 2014, premiums for the County and its General Government employees are expected to increase by approximately 10.5% and 8.7% for the self-insured CIGNA HMO and PPO plans, respectively, while the cost of the Kaiser HMO plan will increase by 6.5% (see Table A). The annual increase in cost for an employee enrolled in the self-insured CIGNA plans will range from $66.96 for an individual in the HMO plan to $431.04 for a family in the PPO plan.

In June 2012 the Administration announced that further reduction in subsidies will occur for General Government beginning in FY 2015 and continuing through FY 2017. Subsidies will be reduced by 1% in FY 2015 and an additional 2% in both FY 2016 and FY 2017. By FY 2017 the County will pay for 75% of the PPO plan premium and 85% of the HMO plans premiums. In FY 2014 the estimated combined (employer and employee) total premium cost for General Government's active and retired employees is $137.9 million. Each 1% of premium cost, therefore, equates to approximately $1.4 million. Based on current costs and assuming that the subsidy reduction would affect both active and retired employees, a 5% change in the subsidy would shift $7 million in annual health care costs from the County to its employees.

The Office should be prepared to discuss:

- ***Growth in General Government employee premiums compared to growth in claims;***
- ***Estimated annual savings to be realized due to the elimination of CareFirst Triple Choice, and how the current estimate compares to the $13 million to $16 million estimate provided to the Council last year; and***
- ***The efforts to achieve the same subsidy rates among General Government and the component units and estimates for potential savings.***

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TABLE A									
Health Insurance Rates Per Pay (24 Pays):									
General Government and BCPL Employees Hired Prior to July 1, 2007									
		Employee Premium							Projected
						Increase	Proposed	(2)	Increase
		Effective		Effective		(Decrease)	Effective		(Decrease)
Plan		**1/1/12-12/31/12**		**1/1/13-12/31/13**		**1/1/12-12/31/13**	**1/1/14-12/31/14**		**1/1/13-12/31/14**
CFBCBS Triple		20%	(1)	N/A	(1)	N/A	N/A		
Choice	IND	70.30		N/A		N/A	N/A		N/A
	P/C	103.17		N/A		N/A	N/A		N/A
	H/W	150.01		N/A		N/A	N/A		N/A
	FAM	214.12		N/A		N/A	N/A		N/A
CIGNA Open Access Plus		10%	(1)	10%	(1)		10%	(1)	
In- Network	IND	24.43		26.51		$2.09	29.30		$2.79
	P/C	35.46		38.48		$3.03	42.53		$4.05
	H/W	52.29		56.76		$4.47	62.73		$5.97
	FAM	73.84		80.15		$6.31	88.58		$8.43
CIGNA Open Access Plus		20%		20%	(1)		20%	(1)	
PPO	IND	62.63		67.51		$4.89	73.41		$5.90
	P/C	91.91		99.07		$7.16	107.73		$8.66
	H/W	133.64		144.06		$10.42	156.64		$12.58
	FAM	190.75		205.62		$14.88	223.58		$17.96
Kaiser HMO		10%	(1)	10%	(1)		10%	(1)	
	IND	27.69		27.68		($0.00)	29.48		$1.80
	P/C	41.53		41.52		($0.01)	44.23		$2.71
	H/W	55.37		55.37		$0.00	58.97		$3.60
	FAM	83.06		83.05		($0.01)	88.45		$5.40
Traditional Dental		25%	(1)	25%	(1)		25%	(1)	
Carefirst	IND	4.02		4.12		$0.11	4.13		$0.00
	P/C	6.02		6.17		$0.15	6.18		$0.00
	H/W	8.03		8.24		$0.21	8.25		$0.00
	FAM	12.05		12.36		$0.31	12.37		$0.01
		25%	(1)	25%	(1)		25%	(1)	
Carefirst Preferred Dental PPO	IND	3.25		3.33		$0.08	3.34		$0.00
	P/C	4.61		4.73		$0.12	4.74		$0.01
	H/W	6.15		6.31		$0.16	6.32		$0.01
	FAM	9.23		9.47		$0.24	9.47		$0.00
		25%	(1)	25%	(1)		25%	(1)	
CIGNA Dental HMO	IND	2.03		2.16		$0.14	2.17		$0.01
	P/C	3.66		3.91		$0.26	3.91		$0.00
	H/W	4.05		4.33		$0.28	4.34		$0.00
	FAM	6.10		6.53		$0.43	6.53		$0.00
CFBCBS Vision		10%	(1)	10%	(1)		10%	(1)	
	IND	0.12		0.13		$0.02	0.14		$0.01
	P/C	0.18		0.19		$0.02	0.21		$0.02
	H/W	0.24		0.26		$0.03	0.28		$0.02
	FAM	0.35		0.39		$0.04	0.42		$0.03

(1) Employee share of cost
(2) Based on consultant's projection. Actual premiums may vary.

Provided by: Office of Budget and Finance

5. National Healthcare Reform

In March 2010, President Obama signed the Patient Protection and Affordable Care Act, commonly referred to as the health care reform law. This law vastly expands coverage for the uninsured, prohibits discrimination in the purchase of insurance based on pre-existing conditions, and prevents insurance plans from imposing lifetime limits on coverage. In addition, the new law mandates that individuals and employers purchase health insurance in state-created exchanges by CY 2014. Individuals who earn between 133% and 400% of the federal poverty level ($20,123 to $60,520 for a family of two in CY 2012) will be eligible for subsidies that will help them purchase insurance in a state exchange.

Baltimore County's health plans currently have "grandfather" status, which means that the County may make routine changes to its policies, such as cost adjustments to keep pace with inflation, add new benefits, or make modest adjustments to existing benefits without having to adhere to some of the provisions, which impose new benefits requirements, such as prohibiting cost sharing for prevention services and guaranteeing access to OB-GYNs and pediatricians. The County would lose its status if it were to make significant changes that would reduce benefits or increase costs. The Office previously estimated the annual benefit of this status is $420,000.

Effective January 1, 2014 employers will be required to automatically enroll their employees in employer health insurance plans, although an employee may choose to opt out of their plans. Employers will face a penalty of $2,000 per full-time employee who seeks coverage through a state health exchange and receives a credit. Under the law a full-time employee is defined as working at least 30 hours per week. Many local governments have expressed concern over this requirement, as a significant portion of their workforce would be classified as full-time under this provision, including seasonal workers. The Office advised that Baltimore County Government and its component units already provide coverage to individuals at the 30-hour threshold, nor would it expect any eligible employee to seek coverage from a state health exchange; therefore, it does not expect to be subject to the penalty.

INSURANCE CONTRIBUTIONS (043)

The Office should be prepared to discuss:

- ***The eligibility of seasonal and other temporary workers employed by the County or the component units for at least 30-hours per week to receive employer provided health insurance;***
- ***Cost pressures from the health care requirement/penalty on vendors the County uses, particularly in labor-intensive operations such as mowing, custodial service and refuse hauling;***
- ***If the County will maintain its "grandfather" status in 2014; and***
- ***Any new fiscal and operational costs for complying with health care reform in FY 2014.***

6. Wellness Initiatives

Baltimore County Government and its insurance providers offer an extensive wellness program for the purpose of preventing illness, promoting health, and reducing costs. Programs include health fairs, weight management, nutrition, tobacco cessation, stress management, health assessments, and biometric screenings (evaluations intended to identify past, current, and potential medical problems). Services are provided in numerous ways, including one-on-one, groups, on the phone, and on-line.

The Office should be prepared to discuss:

- ***The number of employees participating in the wellness initiatives;***
- ***The cost of the wellness initiatives to both the County and its employees;***
- ***Cost savings to health insurance associated with wellness initiatives; and***
- ***New programs or services planned for the upcoming year.***

7. Adequacy of Funding for Liability Claims

The Self-Insurance Fund (Fund 028) was established in 1988 to pay for all liabilities expected to occur in the upcoming fiscal year and for at least a portion of the unpaid outstanding liability. The purpose of this fund is two-fold: to self-insure the County as required by the Maryland

Workers' Compensation Act and pay for the defense and coverage of workers' compensation claims; and to provide for liability coverage of all employees of the County not in excess of $200,000 per individual claim and $500,000 per total claims that arise from the same occurrence, for damages resulting from tortuous acts or omissions of the County government, a participating governing agency, or an employee. This coverage includes general and automobile liability claims that the County may become legally obligated to pay on behalf of an employee, including personal injury or property damage claims.

The responsibility of managing the fund is shared. The Director of Budget and Finance is responsible for recommending the appropriations to the fund; selecting an actuary; overseeing investments; determining if excess insurance coverage is needed and available at a reasonable cost; and making disbursements against claims that are approved by the County Attorney. The County Attorney is responsible for the approval of claims payments and awards; settlement or trial of all claims; and processing and investigating all claims.

AMI Risk Consultants, Inc. performed the Actuarial Review of the Self-Insurance Fund as of June 30, 2012. Estimated reserves needed to cover unpaid claims incurred for 2012 and prior years total $32.9 million. The fund balance at June 30, 2012 was $30.9 million, leaving a deficit fund balance of $2.0 million. The funding levels recommended necessary to pay claim amounts arising in FY 2013 and FY 2014 are $12.0 million and $12.1 million, respectively. Annually, the County seeks to appropriate and pay to the fund an amount that will satisfy all liabilities expected to occur in the upcoming fiscal year. The proposed FY 2014 budget includes $11.8 million, which is $0.3 million less than the recommended funding requirement. This amount includes $8.6 million for General Government, $2.2 million for Baltimore County Public Schools (BCPS), $0.6 million for the Metropolitan District, and $0.4 million for the Community College of Baltimore County (CCBC).

On May 23, 2013 the Council is scheduled to vote on Bill 30-13, which allows BCPS and CCBC to continue membership in the County's Self-insurance Fund based upon mutual agreement that membership is in the best interest of the County. Currently, CCBC participates in the Fund for its general and automobile liability and its workers' compensation and BCPS participates for its workers' compensation.

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The Office should be prepared to discuss:

- ***Why total funding in FY 2014 appears to be less than the recommended level;***
- ***Why General Government funding exceeds its recommended level, while the school system's funding is less than its recommended level;***
- ***The increase in funding for General Government liability insurance and the decrease in funding for workers' compensation;***
- ***Efforts the County is taking to minimize claims;***
- ***Realized savings from transferring the administration of workers' compensation from the County to CorVel Enterprise Comp; and***
- ***Any planned changes in the Self-Insurance Fund, particularly regarding the participation of CCBC and BCPS.***

BALTIMORE COUNTY
FISCAL YEAR 2014 RECOMMENDED BUDGET

INSURANCE CONTRIBUTIONS (043)

APPROPRIATION DETAIL

	FY 2012 ACTUAL	FY 2013 APPROP	FY 2014 REQUEST	NET CHANGE AMOUNT	NET CHANGE %
4302 Insurance Contributions	$ 66,838,200	$ 92,433,585	$ 101,080,474	$ 8,646,889	9.4%

INSURANCE CONTRIBUTIONS (043)

PERSONNEL DETAIL

	FY 2012 ACTUAL		FY 2013 APPROP		FY 2014 REQUEST		NET CHANGE	
	FULL	PART	FULL	PART	FULL	PART	FULL	PART
4302 Insurance Contributions	--	--	--	--	--	--	--	--