

2.6.24

Health/Dental Insurance Renewal for 2024:

Reminder that last year the city switched to LEVEL FUNDING health insurance through Blue Cross and Blue Shield. This is a Partial Self-Funded option that creates the same savings as Self-Funded with less risk to the city. In fact, under level funding BCBS assumes all risk for un-paid claims that came in over the estimated premium coverage. The following is a summary of the renewal:

1. Overall, the Level Funding Pool is having a difficult claims experience. Meaning claims are coming in higher than anticipated. The City of Anthony claims faired pretty well with an estimated \$174,364 versus actual claims at \$191,679, this is only about a 10% increase. However, when in a funding pool it's the totality of the claims that affects premiums, not just ours. This means:
 - a. We are not going to be "kicked out" of the pool as was one of the risks in joining.
 - b. We are not going to get a refund of claims, since we used more than we estimated. Not a concern either since we were cautioned never to really expect this.
 - c. To remain in the pool, the city will have a 40% premium increase. To Return to BCBS standard plan that we had prior to level funding, would be a 67% increase.

2. I have attached the Plan Benefit Summary pages of which I will review at the meeting. Until then, I have listed the budget review of what this will look like if we renew at the 40% increase:

	Emp. Ben.	Water	Water	Water	Electric	Electric	Electric	Sewer	Sewer		
	10-01-1200	2-30-1200	2-32-1200	2-33-1200	3-31-1200	3-32-1200	3-33-1200	5-33-1200	5-34-1200		
2024 Expected Premium:	\$ 96,776.00	\$19,577.00	\$ 46,765.00	\$ 15,785.00	\$ 43,019.00	\$ 73,207.00	\$ 21,739.00	\$ 2,068.00	\$ 37,073.00		
2024 Budget w/caution:	\$ 115,500.00	\$20,000.00	\$ 50,000.00	\$ 20,000.00	\$ 69,000.00	\$ 80,150.00	\$ 26,000.00	\$ 4,400.00	\$ 40,000.00		
Monthly Current Premiums:	\$ 7,623.21	\$ 1,326.39	\$ 2,310.37	\$ 1,143.84	\$ 3,117.35	\$ 4,615.63	\$ 1,575.32	\$ 149.88	\$ 2,310.35		
2023 Annual Premiums:	\$ 91,478.52	\$15,916.68	\$ 27,724.44	\$ 13,726.08	\$ 37,408.20	\$ 55,387.56	\$ 18,903.84	\$ 1,798.56	\$ 27,724.20		
Monthly Renewal Premiums:	\$ 10,411.14	\$ 1,818.76	\$ 3,782.57	\$ 1,758.63	\$ 4,258.64	\$ 6,932.87	\$ 2,405.28	\$ 293.13	\$ 3,156.94		
2024 Annual Premiums:	\$ 124,933.68	\$21,825.12	\$ 45,390.84	\$ 21,103.56	\$ 51,103.68	\$ 83,194.44	\$ 28,863.36	\$ 3,517.56	\$ 37,883.28		
Difference from Exp. Prem.:	\$ (28,157.68)	\$ (2,248.12)	\$ 1,374.16	\$ (5,318.56)	\$ (8,084.68)	\$ (9,987.44)	\$ (7,124.36)	\$ (1,449.56)	\$ (810.28)		
Difference from Budget w/c:	\$ (9,433.68)	\$ (1,825.12)	\$ 4,609.16	\$ (1,103.56)	\$ 17,896.32	\$ (3,044.44)	\$ (2,863.36)	\$ 882.44	\$ 2,116.72		
			Total Emp Ben Overage:	\$ (9,433.68)	Cash Forward for Empl Benefit 2024 is \$280,122						
			Total Water Balance:	\$ 1,680.48							
			Total Electric Balance:	\$ 11,988.52							
			Total Sewer Balance:	\$ 2,999.16							

As you can see, the last two rows indicate what we anticipated the premium to be when we set the 2024 budget "Difference from Exp. Prem" and what I budgeted using all of the possible health premium reserve I had built in to help aid inflation over the next few years "Difference from Budget w/c". We are short. Moreso, we are going to use up the cushion I had in the fund to help us through the next few years as premiums increase. This does not mean we cannot fund the increase. We can, I will just have to reduce the overage from cash forward in Employee Benefit and shift some funding around in the remaining utility funds. We will discuss this and other options more at the meeting.



City of Anthony
 Medical Plan Benefit Summary
 April 1, 2024

		PremierSGChoice	GoldSG 1500/25	Blue Cross Blue Shield KS CMZCC		GoldSG 1500/25			
MEDICAL BENEFITS		2023 - Current	2023 - Renewal	2023 SOLD Option	2023 SOLD Option using 2024 Contract Counts **	2024 Renewal	2024 Option		
Deductible									
Single					\$1,500				
Family					\$3,000				
Coinsurance					80% / 20%				
Single Maximum					See Out of Pocket Maximum				
Family Maximum					See Out of Pocket Maximum				
Out-of-Pocket Maximum					<i>Out of Pocket Maximum includes Copays, Coinsurance and Deductibles</i>				
Single		\$4,500	\$4,950		\$6,350		\$4,950		
Family		\$9,000	\$9,900		\$12,700		\$9,900		
Accumulation Period					Plan Year				
Preventive Care					100%				
Primary Care Office Visit		1st 5 visits: \$25 Copay; all other visits subject to Deductible & Coinsurance			\$35 copay		1st 5 visits: \$25 Copay; all other visits subject to Deductible & Coinsurance		
Telehealth					\$35 copay				
Specialist Office Visit			\$50 copay		\$70 copay		\$50 copay		
Outpatient Lab/Imaging Benefits		Subject to Deductible & Coinsurance			1st \$300 paid at 100%; overage subject to Deductible & Coinsurance		Subject to Deductible & Coinsurance		
Complex Imaging Services					Subject to Office Copay				
Urgent Care					\$250 copay then subject to Deductible & Coinsurance		\$300 copay then subject to Deductible & Coinsurance		
Emergency Room		\$300 copay then subject to Deductible & Coinsurance			\$250 copay then subject to Deductible & Coinsurance		\$300 copay then subject to Deductible & Coinsurance		
Hospital Benefits					Subject to Deductible & Coinsurance				
Accident Benefits					Subject to Plan Provisions				
Prescription Drugs					<i>Deductible does not apply</i>				
Prescription Drug List (PDL)					ResultsRx				
Retail - Tier 1		\$20 copay	\$15 copay / \$35 copay		\$15 copay		\$10 copay		
Retail - Tier 2			\$65 copay		\$50 copay		\$30 copay		
Retail - Tier 3			\$100 copay		\$75 copay		\$65 copay		
Retail - Tier 4			\$200 copay		\$150 copay		\$100 copay		
Retail - Tier 5			25% up to \$300		20% up to \$250		25% up to \$500		
Mail Order					2.5 x Retail				
RATES		2023	2024	2023 - Current	2023 - Renewal	2023 SOLD Option	2023 SOLD Option using 2024 Contract Counts **	2024 Renewal	2024 Option
Employee Only		12	9			\$426.32	\$426.32	\$583.00	
Employee + Spouse		1	2	Age Banded	Age Banded	\$835.10	\$835.10	\$1,169.52	Age Banded
Employee + Child(ren)		3	3			\$791.13	\$791.13	\$1,106.42	
Family		10	12			\$1,199.91	\$1,199.91	\$1,692.93	
Total Monthly Premium				\$26,555.61	\$29,792.94	\$20,323.43	\$22,279.39	\$31,220.46	\$36,115.64
Total Annual Premium				\$318,667.32	\$357,515.28	\$243,881.16	\$267,352.68	\$374,645.52	\$433,387.68
Change from 2023 Current					12.2% \$38,847.96	-23.5% -\$74,756.16	N/A	19.8% \$62,974.20	42.7% \$136,009.80
Change from 2023 Renewal						-31.8% -\$113,634.12	N/A	6.7% \$24,126.24	27.2% \$97,161.84
Change from 2024 Current					N/A	N/A	N/A	40.1% \$109,173.00	66.9% \$182,208.60

1/25/2024

NOTE: 2023 Current, Renewal and Sold Option totals based on 2023 headcount. 2024 Current, Renewal and Option are based on 2024 headcount.

**Due to shift in contact counts compared to April 2023, increased monthly premium \$2382.28.

IMPORTANT: This summary is for illustration purposes only. Please see the Disclosures page for additional information.



City of Anthony
 Medical Plan Benefit Summary
 April 1, 2024

MEDICAL BENEFITS	Blue Cross Blue Shield of Kansas Level Funded					United Healthcare Fully Insured
	CMZCC	CMZDC	CMZEC	H182A	DHU5 / K93S	
	Current	Renewal	Option	Option	Option	Option
Deductible						
Single	\$1,500		\$2,500	\$3,500	\$5,000	\$1,500
Family	\$3,000		\$5,000	\$7,000	\$10,000	\$3,000
Coinsurance	80% / 20%				100% / 0%	80% / 20%
Single Maximum	See Out of Pocket Maximum					See Out of Pocket Maximum
Family Maximum	See Out of Pocket Maximum					See Out of Pocket Maximum
Out-of-Pocket Maximum	Out of Pocket Maximum includes Copays, Coinsurance and Deductibles					Out of Pocket Maximum includes Copays, Coinsurance and Deductibles
Single	\$6,350					\$8,600
Family	\$12,700					\$17,200
Accumulation Period	Plan Year					Plan Year
Preventive Care	100%					100%
Primary Care Office Visit	\$35 copay			Subject to Deductible		< 19 \$0 copay; all others \$30 copay
Telehealth	\$35 copay			Subject to Deductible		\$0 copay
Specialist Office Visit	\$70 copay			Subject to Deductible		\$30 Designated Network copay / \$60 Network copay
Outpatient Lab/Imaging Benefits	1st \$300 paid at 100%; overage subject to Deductible & Coinsurance			Subject to Deductible		\$40 copay
Complex Imaging Services						\$400 copay
Urgent Care	Subject to Office Visit Copay			Subject to Deductible		\$50 copay
Emergency Room	\$250 copay then subject to Deductible & Coinsurance			Subject to Deductible		\$700 copay then Deductible & Coinsurance
Hospital Benefits	Subject to Deductible & Coinsurance			Subject to Deductible		Subject to Deductible & Coinsurance
Accident Benefits	Subject to Plan Provisions			Subject to Deductible		Subject to Plan Provisions
Prescription Drugs	Deductible does not apply			Subject to Deductible then:		Deductible does not apply
Prescription Drug List (PDL)	ResultsRx					National/Essential w/ SMCS Drugs
Retail - Tier 1	\$15 copay					\$10 copay
Retail - Tier 2	\$50 copay					\$40 copay
Retail - Tier 3	\$75 copay					\$105 copay
Retail - Tier 4	\$150 copay					\$250 copay / \$500 Preferred Specialty copay
Retail - Tier 5	20% up to \$250					N/A
Mail Order	2.5 x Retail					3 x Retail
RATES						
Employee Only	9	\$426.32	\$583.00	\$563.04	\$549.73	\$509.02
Employee + Spouse	2	\$835.10	\$1,169.52	\$1,126.60	\$1,098.00	\$1,010.46
Employee + Child(ren)	3	\$791.13	\$1,105.42	\$1,065.99	\$1,039.03	\$956.54
Family	12	\$1,199.91	\$1,692.93	\$1,629.55	\$1,587.29	\$1,457.98
Total Monthly Premium		\$22,279.39	\$31,220.46	\$30,073.13	\$29,308.14	\$26,967.48
Total Annual Premium		\$267,352.68	\$374,645.52	\$360,877.56	\$351,697.68	\$323,609.76
% Change from Current			40.1%	35.0%	31.5%	21.0%

1/25/2024

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City of Anthony
Dental Benefit/Cost Summary
April 1, 2024

BENEFITS	Blue Cross Blue Shield	
	Current	Renewal
Deductible		
Individual	\$25	
Family	\$75	
Benefit Maximum	\$1,500	
Benefit Accumulation Period	Plan Year	
Out of Network Reimbursement	Non-Network Maximum Plan Allowance	
Diagnostic	100% Deductible Waived	
Preventive	100% Deductible Waived, Unlimited Cleanings	
Basic		
Oral Surgery	80%	
Regular Restorative	80%	
Endodontics	80%	
Periodontics - Non Surgical	80%	
Periodontics - Surgical	50%	
Major		
Waiting Period	N/A	
Inlays/Onlays/Crowns	Inlays 80% / Onlays & Crowns 50%	
Prosthodontics	50%	
Implants	50% \$1,000 lifetime maximum per arch	
Orthodontics	100% up to a 3-year maximum of \$1,500 (children under age 21)	
Dependents	To age 26	
RATES	Current	Renewal
8 Employee	\$38.25	\$38.12
3 Employee/Spouse	\$82.04	\$81.77
3 Employee/Child(ren)	\$83.13	\$82.62
12 Family	\$126.48	\$125.83
Monthly Premium	\$2,319.27	\$2,308.09
Annual Premium	\$27,831.24	\$27,697.08
% Change over Current		-0.5%

1/25/2024

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