

To: Andrew Rome, Donna Pashman,

GROUP UTILIZATION REPORT

EARLY FINAL

1. Group Name: CITY OF ARKANSAS CITY

MPN: 07888

*** HCR Grandfathered: Y ***

	Health/RX Contracts				
	EMP	ECH	ESP	FAM	Total
Option A:	7	7	7	19	40
Option B:	17	2	5	17	41
Option C:	14	0	5	8	27
	38	9	17	44	108

2. Experience Period: 07/01/2021 - 06/30/2022
Renewal Period: 01/01/2023 - 12/31/2023

ESTIMATED RESERVES	POTENTIAL REFUND	DIVISIBLE SURPLUS CODE
-\$387,566.91	No	50% Final Refund

	Administration Expense	Estimated IBNR	Annual Trend
3. Factors			
A. Blue Cross	2.00%	15.0%	4.7
B. Blue Shield	2.00%	9.0%	3.0
C. Dental			
D. Drug	0.70%	2.0%	9.0

Retention	Group Reserve Factor	Desired Loss Ratio	Credibility Factor
10.76%	5.0%	84.24	50.0
10.76%	5.0%	84.24	50.0
6.90%	5.0%	88.10	50.0

	***** HEALTH *****		
	Billed Charges	Allowed Charges	Payments
4. Incurred & Paid Claims	\$ 2,555,366.21	\$ 999,893.46	\$ 865,861.20

	***** DENTAL *****			***** DRUGS *****		
	Billed Charges	Allowed Charges	Payments	Billed Charges	Allowed Charges	Payments
	\$ 0.00	\$ 0.00	\$ 0.00	\$ 869,480.87	\$ 422,367.94	\$ 377,878.38

	Actual	Factor	Adjusted
5. Premium	\$ 1,165,131.30	1.065	\$ 1,240,701.95

	Actual	Factor	Adjusted	Actual	Factor	Adjusted
	\$ 0.00		\$ 0.00	\$ 510,128.69	1.060	\$ 540,786.03

	Estimated	Trend Factor	Projected
6. Claims Expense (Integrated RX reported with Health)	\$ 991,280.90	1.077	\$ 1,067,823.36

	Estimated	Factor	Projected	Estimated	Factor	Projected
	\$ 0.00		\$ 0.00	\$ 388,451.66	1.148	\$ 446,036.51

7. Projected Loss Ratio (Claims Expense/Premium) 86.07%

82.48%

8. Current Monthly Premium \$104,206.41

\$0.00

\$45,407.72

9. Current Monthly Premium Including Mental Hlth Vendor Admin \$104,318.73

\$0.00

\$45,407.72

10. Credibility Computation		
A. Monthly Premiums to Cover Anticipated Claims Expense	\$89,690.46	\$0.00
B. Credibility Factor	50.00%	\$0.00
C. Sub-Total (A x B)	\$44,845.23	\$0.00

\$37,452.29

50.00%

\$18,726.15

D. Current Monthly Premiums Trended w/o Retention \$92,760.85

\$0.00

\$44,004.62

E. 1.00 Minus Credibility 50.00%

\$0.00

\$22,002.31

F. Sub-Total (D x E) \$46,380.43

\$0.00

\$40,728.46

G. Needed Monthly Premiums w/o Retention (C+F) \$91,225.66

\$0.00

\$46,229.81

H. Needed Monthly Premium with Retention \$108,292.57

Rate Adjustment Factor
Z.ZZZ

\$108,427.42

Rate Adjustment Factor

\$0.00

Rate Adjustment Factor
Z.ZZZ

\$46,241.57

I. Final Monthly Premium

J. Percent of Change +3.9%

+1.8%

Composite RAF used to quote Non-Grandfathered Benefits 0.986

CLASSIFIED: CORPORATE

**BlueCross
BlueShield
of Kansas**

An Independent Licensee of the
Blue Cross and Blue Shield
Association

07/21/2022

GUR SUPPLEMENT

Master Policy Number: 07888

Grandfather Status: Y

Effective: 01/01/2023

Group Name: CITY OF ARKANSAS CITY

Meets Minimum Value = Y

EARLY FINAL

CURRENT RATES

	EMP	ECH	ESP	FAM	Rate Structure Code = 4
Health	460.95	932.95	989.84	1461.84	
Drugs	198.48	388.08	426.72	616.33	
Total	659.43	1321.03	1416.56	2078.17	

Option A

RENEWAL RATES

					Rate Adjustment Factor	Rate Method
HEALTH - Comprehensive Major Medical - Blue Choice						
\$200/400 Ded, 80% Coins to \$1000/\$2000, \$25 OVC	478.24	969.06	1028.21	1519.03	Z.ZZZ	MERIT
Dependents to Age 26	—	—	—	—		
Utilization Management Services	1.04	1.04	1.04	1.04		
Blue Choice	—	—	—	—		
Phys Med/Rehab Benefits Rider	—	—	—	—		
\$100 Emergency Room Copay	—	—	—	—		
Home Social Work Visits/Hospice Unlimited @ 100%	0.00	0.00	0.00	0.00		
OB Benefits Available All Females	—	—	—	—		
Autism Coverage	—	—	—	—		
Telemedicine	—	—	—	—		
Total Health	479.28	970.10	1029.25	1520.07		
DRUGS						
BlueRx Card \$15/\$30/\$45 Copay with Oral Contraceptives	202.12	395.21	434.56	627.65	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	—	—	—	—		
Dependents to Age 26	—	—	—	—		
BlueRx Mail \$37.50/\$75.00/\$112.50 Copay with Oral Contraceptives	—	—	—	—		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTL List	—	—	—	—		
Total Drugs	202.12	395.21	434.56	627.65		
Grand Total	681.40	1365.31	1463.81	2147.72		
Total Rate Adjustments	21.97	44.28	47.25	69.55		
Percentage Increase/Decrease	+3.3%	+3.4%	+3.3%	+3.3%		

****Rates subject to change due to 2023 benefit and retention changes****

SIGNED BY: _____ DATE SIGNED: _____ EFFECTIVE DATE: _____
Plan Administrator Representative or Plan Sponsor Representative

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BCBSKS Representative

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CURRENT RATES

	EMP	ECH	ESP	FAM	Rate Structure Code = 4
Health	447.90	906.51	961.80	1420.41	
Drugs	198.48	388.08	426.72	616.33	
Total	646.38	1294.59	1388.52	2036.74	

RENEWAL RATES

Option B

HEALTH - Comprehensive Major Medical - Blue Choice

					Rate Adjustment Factor	Rate Method
\$500/1000 Ded, 80% Coins to \$1000/\$2000, \$25 OVC	463.57	939.33	996.67	1472.43	Z.ZZZ	MERIT
Dependents to Age 26	—	—	—	—		
Utilization Management Services	1.04	1.04	1.04	1.04		
Blue Choice	—	—	—	—		
Phys Med/Rehab Benefits Rider	—	—	—	—		
\$100 Emergency Room Copay	—	—	—	—		
Home Social Work Visits/Hospice Unlimited @ 100%	0.00	0.00	0.00	0.00		
OB Benefits Available All Females	—	—	—	—		
Autism Coverage	—	—	—	—		
Telemedicine	—	—	—	—		
Total Health	464.61	940.37	997.71	1473.47		

DRUGS

BlueRx Card \$15/\$30/\$45 Copay with Oral Contraceptives	202.12	395.21	434.56	627.65	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	—	—	—	—		
Dependents to Age 26	—	—	—	—		
BlueRx Mail \$37.50/\$75.00/\$112.50 Copay with Oral Contraceptives	—	—	—	—		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTL List	—	—	—	—		
Total Drugs	202.12	395.21	434.56	627.65		

Grand Total

Total Rate Adjustments	20.35	40.99	43.75	64.38		
Percentage Increase/Decrease	+3.1%	+3.2%	+3.2%	+3.2%		

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CURRENT RATES

	EMP	ECH	ESP	FAM
Health	428.59	867.40	920.28	1359.08
Drugs	198.48	388.08	426.72	616.33
Total	627.07	1255.48	1347.00	1975.41

Rate Structure Code = 4

RENEWAL RATES

Option C

HEALTH - Comprehensive Major Medical - Blue Choice

	EMP	ECH	ESP	FAM	Rate Adjustment Factor	Rate Method
\$1000/2000 Ded, 80% Coins to \$1000/\$2000, \$25 OVC	445.59	902.89	958.01	1415.33	Z.ZZZ	MERIT
Dependents to Age 26	—	—	—	—		
Utilization Management Services	1.04	1.04	1.04	1.04		
Blue Choice	—	—	—	—		
Phys Med/Rehab Benefits Rider	—	—	—	—		
\$100 Emergency Room Copay	—	—	—	—		
Home Social Work Visits/Hospice Unlimited @ 100%	0.00	0.00	0.00	0.00		
OB Benefits Available All Females	—	—	—	—		
Autism Coverage	—	—	—	—		
Telemedicine	—	—	—	—		
Total Health	446.63	903.93	959.05	1416.37		

DRUGS

BlueRx Card \$15/\$30/\$45 Copay with Oral Contraceptives	202.12	395.21	434.56	627.65	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	—	—	—	—		
Dependents to Age 26	—	—	—	—		
BlueRx Mail \$37.50/\$75.00/\$112.50 Copay with Oral Contraceptives	—	—	—	—		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTL List	—	—	—	—		
Total Drugs	202.12	395.21	434.56	627.65		

Grand Total

Total Rate Adjustments	21.68	43.66	46.61	68.61		
Percentage Increase/Decrease	+3.5%	+3.5%	+3.5%	+3.5%		

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