

### 2025 Employee Benefits Renewal

October 28, 2024



A Strategic Partner for Planning, Designing and Implementing Your Employee Benefits Program:





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### 2023 and 2024 Summary

### 2023

- Overall claims ran 6% higher than expected
- \$1.2M in stop loss reimbursements (10 claimants) vs. \$605K in annual premium (197% loss ratio – 65% target)
- **815K** reimbursed in December 2023 (**68%** of total reimbursements)

## 2024

- 6% overall renewal increase (firmed renewal in Oct 23)
- City changed Pharmacy Benefit Managers (claims are running 26% better than 2023)
- Added "Know The Costs" which has produced savings in imaging claim totals
- Overall claims are running 7% better than expected
- \$1.3M in stop loss reimbursements (6 claimants) thru August vs. \$788K expected in annual premium (166% loss ratio assuming no more reimbursements)

### **2025 Health Plan Renewal**

2025

FINANCIAL

2024

	2024	2025
	Current	Renewal
Third Party Administrator (TPA)	healthEZ	healthEZ
Pharmacy Benefit Manager (PBM)		
Specific Stop Loss Carrier		
Provider Network	cigna healthcare	čigna cigna
Enrolled	349	349
Annual Admin Premium Total	\$460,698	\$469,074
Contract Basis	15/12	22/12
Specific Stop Loss (SSL) Deductible	\$135,000	\$135,000
Separate Aggregating Spec Deductible	\$125,000	\$125,000
Annual SSL Premium Total	\$765,568	<b>\$1,148,305</b>
Annual Aggregate Premium Total	\$31,619	\$33,336
Total Annual Fixed Premium Cost	\$1,257,885	\$1,650,716
Excluded Laser	\$600,000	\$0
Expected Annual Claim Liability	\$6,692,796	\$6,789,165
Total Fixed + Expected Claims	\$7,950,681	<mark>\$8,439,881</mark>
Employee/Retiree Cost	-\$107,772	-\$143,772
Total Net Cost (Fixed + Expected)	<mark>\$7,842,909</mark>	<mark>\$8,296,109</mark>
Projected Cost Increase		\$453,200
Fixed Cost Increase		\$392,831
PEPY Cost	\$22,473	\$23,771

#### **Renewal Notes:**

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2%

50%

5%

31%

6%

-

- Stop Loss includes contract change to 22/12 from 15/12 (incurred claims back to March 1<sup>st</sup> of prior year would be covered through March 1<sup>st</sup> of new plan year)
- No change to HealthEZ admin fees
  - Veracity's PEPM fee is increasing from \$12 to \$14 with access to Mobile App (see following slides)
  - Voya issuing max increase (50%) no competitive proposals (see next slide)
- \$600K laser removed as member is on Medicare (reduces claim liability by \$465K compared to 2024)
- Recommended no change to employee deductions
- 60 employees currently paying working spouse surcharge (\$36,000 per year) increasing from \$25 to \$50 per pay period

### **2025 Stop Loss Marketing**

#### City of Lawrenceville - Effective : 2025-01-01

Stop-Loss Terms	Current	Renewal	Option 1	Option 2	Option 3	Option 4
Stop-Loss Market	Voya Financial	Voya Financial	Tokio Marine HCC	Swiss Re	Tokio Marine HCC	Swiss Re
Deductible	\$135,000	\$135,000	\$135,000	\$135,000	\$150,000	\$150,000
Separate Aggregating Specific Deductible	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000	\$125,000
Contract Basis	15/12	22/12	18/12	24/12	18/12	24/12
Status	Current	Firm until 9/6/24	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent
Stop-Loss Premium (Fixed Cost)						
Total Annual Premium/Fees	\$787,774	\$1,167,927	\$1,649,077	\$1,970,409	\$1,415,221	\$1,788,949
Change from Current (\$)		\$380,153	\$861,303	\$1,182,634	\$627,447	\$1,001,175
Change from Current (%)		48.26%	109.33%	150.12%	79.65%	127.09%
Stop-Loss Aggregate Claim Liability (Variabl	e Cost)					
Maximum Claim Liability (Aggregate Attachm	\$7,707,773	\$8,402,321	\$8,306,728	\$8,768,994	\$8,509,458	\$8,884,123
Change from Current (\$)		\$694,548	\$598,956	\$1,061,222	\$801,685	\$1,176,350
Change from Current (%)		9.01%	7.77%	13.77%	10.40%	15.26%
Expected Claim Liability	\$6,166,218	\$6,721,857	\$6,645,383	\$7,015,196	\$6,807,566	\$7,107,298

### **Stop-Loss Market Response Summary**

Stop-Loss Market	Market Response	
AccuRisk Solutions, LLC	Declined	Uncompetitive Rates
ATS Underwriting	Pending	
Berkley Accident and Health	Declined	Uncompetitive Rates
Berkshire Hathaway Specialty Insurance Company	Declined	Adverse Large Claims History
Crum & Forster	Declined	Adverse Large Claims History
Granular Insurance Company	Declined	Uncompetitive Rates
Intermediary Insurance Services, Inc.	Declined	Adverse Large Claims History
QBE A&H	Declined	Adverse Large Claims History
Rockport Benefits, LLC	Declined	Adverse Large Claims History
Sun Life Financial	Declined	Uncompetitive Rates
Swiss Re	<b>Quoted - Contingent</b>	
Symetra	Declined	Uncompetitive Rates
Tokio Marine HCC	<b>Quoted - Contingent</b>	
Voya Financial	Quoted - Contingent	
Wellpoint Stop Loss	Declined	Uncompetitive Rates

### **Optimizing Your Rx Benefits**

# VeracityRx Real-time Mobile App

Increase Satisfaction, Reduce Member Disruption and Lower Rx Spend

40% Monthly Active User Rate vs. 13% Industry Average



#### VeracityRx App Fee: \$2 PEPM





#### **Personalized to You**

View Medications Listing Access Patient-Specific Pricing Locate Closest Pharmacies

#### **Understand Your Options**

View Lower Cost Drug Alternatives Compare Rx Prices at Local Pharmacies Evaluate Patient Assistance Options

#### Act with One Tap

Switch Medications Change Pharmacies Receive Alerts to Save

### **Livongo Consideration**



### **Livongo Diabetic Support**

Program helps members stay on top of their health with connected devices and personalized coaching with an easy-to-use mobile app.

- Diabetes management with quick checks and unlimited
- No cost to members
- Coaches help create a custom plan that first members lifestyles (advice on health eating, exercise, and more)
- Mobile app that helps member manage ongoing condition (readings sent right to the app)
- Members can view trends and get personalized tips
- Fees are billed as a claim only for members that use the program
- Monthly reporting and communications with the HR team
- The City currently has 54 members with Diabetes
- Livongo Diabetic Program Cost: \$1,440 Per Person Per Year (PPPY)





### **2025 Health Plan Benefits and Employee Costs**

		20	25 Plan Design			
	Option A		Option B	H	IDHP w/HSA	
Deductible_						
Individual	\$800		\$1,000		\$1,650	
Individual + 1	\$1,000		\$1,250		\$3,300	
Individual + Family	\$1,500		\$2,000		\$3,300	
Deductible/OOP Max Type	Non-Embedded		Non-Embedded	l r	Non-Embedded	
Coinsurance	80%		80%		90%	
Out-of-Pocket Max						
Individual	\$1,250		\$1,450		\$1,900	
Individual + 1	\$2,000		\$2,250		\$3 <i>,</i> 800	
Individual + Family	\$3,000		\$3,250		\$3 <i>,</i> 800	
PCP Copay	Deductible + 20%	D	eductible + 20%	D	eductible + 10%	
Specialist Copay	Deductible + 20%	D	eductible + 20%	D	eductible + 10%	
Preventive Care	100%		100%		100%	
<u>Rx Copays:</u>						
Select Pharmacy Generic	\$10		\$10		Deductible + 10%	
Non-Select Pharmacy Generic	\$20		\$20		Deductible + 10%	
Preferred Brand	\$20		\$20	Deductible + 10%		
Non-Preferred Brand	\$40		\$40		Deductible + 10%	
Specialty Drugs	20% up to \$200 maximum	20% u	20% up to \$200 maximum		eductible + 10%	
HSA Compatible	No		No		Yes	
<b>City HSA Contribution</b>						
Employee	N/A		N/A			
Spouse or Adult Child	N/A		N/A		\$500	
Maximum	N/A		N/A			
	2025 Emp	loyee Se	mi-Monthly (24/yr)	Deducti	ons	
Employee Only	36 <b>15.00</b>	12	5.00	48	0.00	
Employee + 1	24 <b>21.00</b>	11	10.00	37	0.00	
Employee + Family	49 <b>25.00</b>	15	12.50	84	0.00	
Annual EE Contributions			\$63,036			
Spousal Surcharge 60			\$72,000			
Combined Annual			\$135,036			
Wellness Incentives	HRA		HRA		HSA	
Employee	\$125 per year		\$300 per year		\$800 per year	
Spouse or Adult Child	\$125 per year		\$300 per year		\$600 per year	
Maximum	\$250		\$600 \$1,400		\$1,400	

- Due to IRS regulations, the HDHP deductible will be increasing in 2025 to remain compliant
- As communicated in 2024, the Working Spouse Surcharge will increase from \$25 to \$50 per pay period
- New employees will no longer be eligible to enroll in Option A or B
- No other recommended changes in plans or employee costs

### 2025 Aetna Medicare Renewal

		2024	2025
		Current - Aetna	Renewal - Aetna
In-Network		Medicare Advantage Plan	Medicare Advantage Plan
Deductible (EE / F)		\$0	\$0
Out-of-Pocket Maximum (OOP Max) ( EE / F)		\$0	\$0
Medical Coverage			
Preventive Services		100%	100%
PCP / Specialist Office Visit		\$0	\$0
Podiatry Office Visit		\$0	\$0
Radiation Therapy / Chemotherapy		\$0	\$0
Emergency Room		\$0	\$0
Urgent Care		\$0	\$0
Inpatient / Outpatient Services		\$0 / \$0	\$0 / \$0
Skilled Nursing Facility		\$0 per day, days 1-100	\$0 per day, days 1-100
Hospice Care		\$0	\$0
Imaging		\$0	\$0
Diabetes Self-Monitoring and Supplies		\$0	\$0
Prescription Coverage (Medicare Part D)			
Prescription Deductible (EE / F)		\$0	\$0
Prescription OOP Max (EE / F)		\$0	\$0
Initial Coverage Limit (ICL)		\$5,030	\$2,000
Generic - Preferred / Standard		\$4 / \$5	\$4 / \$5
Preferred Brand		\$30	\$30
Non-Formulary/Non-Preferred Brand		\$60	\$60
Home Deliver / 90-Day Supply		2 Times 30-Day Copay	2 Times 30-Day Copay
Gap Coverage		\$8,000	10% Manufacturer Discount
Members	62	Gross Premium	Gross Premium
Member		\$503.07	\$556.07
Gross Monthly Premium		\$31,190	\$34,476
Gross Annual Premium		\$374,284	\$413,716
\$ Difference		N/A	\$39,432
% Difference		N/A	10.54%

- Premium increase is due to CMS mandates and guidelines

### Life and Disability Renewal and Option

	Current/Renewal	Increase STD Benefit
	<b>ONEAMERICA®</b>	<b>ONEAMERICA®</b>
Basic Life and AD&D Insurance		
Basic Life and AD&D Amount:	2 x Salary (\$15,000 Mayor/Council)	2 x Salary (\$15,000 Mayor/Council)
Life Rate (per \$1,000):	\$0.13	\$0.13
AD&D Rate (per \$1,000):	\$0.03	\$0.03
Maximum Life Amount:	\$200,000	\$200,000
Projected Volume:	\$40,915,600	\$40,915,600
Covered Lives:	322	322
Monthly Premium:	\$6,546	\$6,546
Annual Premium:	\$78,558	\$78,558
Group Short Term Disability		
Benefit Schedule:	60% of weekly earnings	60% of weekly earnings
Maximum Benefit:	\$500 per week	\$800 per week
Injury/Sickness Benefit Commences:	8th day	8th day
Benefit Duration:	51 Weeks	51 Weeks
Rate per \$10 Benefit:	\$0.49	\$0.49
Total Weekly Benefit:	\$158,500	\$211,193
Monthly Premium:	\$7,767	\$10,348
Annual Premium:	\$93,198	\$124,181
Group Long Term Disability		
Benefit Schedule:	60% of monthly earnings	60% of monthly earnings
Maximum Benefit:	\$3,500 per month	\$3,500 per month
Elimination Period:	360 days	360 days
Benefit Duration:	SSNRA	SSNRA
Pre-Existing Exclusion:	3/12	3/12
Monthly Covered Payroll:	\$1,407,343	\$1,407,343
Rate per \$100 Benefit:	\$0.24	\$0.24
Monthly Premium	\$3,378	\$3,378
Annual Premium:	\$40,531	\$40,531
Combined Annual Premium:	\$212,287	\$243,271
Annual Increase		\$30,983

- No change to the life and disability rates
- Recommending increasing the STD weekly benefit max from \$500 to \$800

### **Employee Assistance Program (EAP) Consideration**

Employee Assistance Program	Current - ComPsych	Alt Option - Ulliance	
Online Counseling	Unlimited	Unlimited	
Face-to-Face Counseling	6	Unlimited	
Referral Services	Unlimited	Unlimited	
Financial Consulting	Included	Included	
Legal Consulting	Included	Included	
Identity Theft Recovery and Credit Monitoring	Not Included	Included	
Critical Incident Stress Debriefing	Not Included	Unlimited	
Critical Incident Onsite Response Time	N/A	24 Hours	
24-hour Crisis Line	Not Included	Included	
Police, Fire and EMT Specialty Emphasis	Not Included	Included	
HR/Supervisor/Manager Consultation	Not Included	Included	
HR/Supervisor/Manager Onsite Training	Not Included	Included	
Employee/Supervisor Orientations	Not Included	Included	
Customized Communication Materials	Not Included	Included	
Wellbeing Portal	Not Included	Included	
Discount Program	Not Included	Included	
Designated Clinical Account Manager	Not Included	Included	
Reporting Capabilities	Not Included	Quarterly	
City EAP Annual Cost	Annual Co	Annual Cost: \$9,274	

- \$2.40 Per Employee Per Month (PEPM)
- This significantly improves the City's EAP

### **2026 Proposed Benefit Changes**

	2026 Plan Design		
	HDHP w/HSA 1	HDHP w/HSA 2	
Deductible			
Individual	\$1,650	\$2,000	
Individual + 1	\$3,300	\$4,000	
Individual + Family	\$3,300	\$4,000	
Deductible/OOP Max Type	Non-Embedded	Non-Embedded	
Coinsurance	90%	90%	
Out-of-Pocket Max			
Individual	\$2,000	\$2,500	
Individual + 1	\$4,000	\$5,000	
Individual + Family	\$4,000	\$5,000	
РСР Сорау	Deductible + 10%	Deductible + 10%	
Specialist Copay	Deductible + 10%	Deductible + 10%	
Preventive Care	100%	100%	
<u>Rx Copays:</u>			
Select Pharmacy Generic	Deductible + 10%	Deductible + 10%	
Non-Select Pharmacy Generic	Deductible + 10%	Deductible + 10%	
Preferred Brand	Deductible + 10%	Deductible + 10%	
Non-Preferred Brand	Deductible + 10%	Deductible + 10%	
Specialty Drugs	Deductible + 10%	Deductible + 10%	
HSA Compatible	Yes	Yes	
City HSA Contribution			
Employee	\$1,300	\$1,300	
Spouse or Adult Child	\$1,800	\$1,800	
Maximum			
	2026 Employee Semi-Monthly (24/yr) Deductions		
Employee Only	25.00	0.00	
Employee + 1	50.00	0.00	
Employee + Family	50.00	0.00	
Wellness Incentives	HSA	HSA	
Employee	\$800 per year	\$800 per year	
Spouse or Adult Child	\$600 per year	\$600 per year	
Maximum	\$1,400	\$1,400	

- Eliminate Option A and B
- Only offer two HDHP w/HSAs
- While Plan 2 has a higher Deductible with increased Out-of-Pocket Maximums for both Plans, a zero-cost option remains available
- Additionally, both options include a higher and very generous HSA Contribution by the City
- Deductibles, Out-of-Pocket Maximums and Employee Deductions are intended to remain the same for 2026-2028, unless the IRS mandates changes to the Deductible

#### **Additional Suggested Changes:**

- Change the HSA administration from HealthEquity/WageWorks to AdminAmerica (one vendor, local)
- Eliminate the \$500 Retiree HRA (MedCom) first offered in 2013 to help offset Rx costs when the City moved to the Medicare Advantage Plan

### 2025 and 2026 Plan Recommendations

## 2025

- Renew with HealthEZ/Veracity/Voya/Cigna
- No change to health plan or employee costs (other than IRS mandated deductible increase)
- Increase Working Spouse Surcharge to \$50 per pay period
- Add VeracityRx Mobile App
- 6% expected increase (+\$453K)
- Renew Aetna Medicare Advantage Plan with mandated changes at a 10.54% increase (+\$39K)
- Renew Life and Disability with OneAmerica and increase the weekly STD benefit max to \$800 (+\$31K)
- Change EAP to Ulliance at an annual premium of \$9,300
- No changes to Dental, Vision, Know The Costs, or Supplemental Plans

# 2026

- Implement recommended benefit and employee cost changes to the Health Plan
- Change to AdminAmerica for HSA administration
- Eliminate Retiree HRA through MedCom