

Walton County

2022 Benefits Renewal

Presentation By:
MSI Benefits Group
May 3, 2022



2019-2020 Aggregate Report

Contract Period: 7/1/2019 - 6/30/2020

Specific Deductible: \$150,000

Aggregated Specific Deductible: \$75,000

Incurred/Paid: 60+/12

Minimum Attachment Point: \$8,015,616

Employee Emp/Sp

Emp/Ch

Family

| Aggregate Factors: | \$675.64 | \$1,689.09 | \$1,689.09 | \$1,689.09 | | | | | | | | | | |
|--------------------|----------|------------|------------|------------|-------|----|-------------------|----|-----------|---------------------|----|------------------|----------------------------|----------------------|
| | Emp | Emp/SP | Emp/Ch | Family | Total | | Estir Atta chm | | | Claims Paid this | | Less Specific | Total Claims Paid Under | Cumulative Claims |
| | | | | | | Ν | /lonthly | С | umulative | Month * | R | Reimburse | Agg. Coverage | Paid |
| July | 170 | 81 | 91 | 212 | 554 | \$ | 763,875 | \$ | 763,875 | \$ 663,546 | | | \$ 663,546 | \$ 663,546 |
| August | 173 | 81 | 88 | 212 | 554 | \$ | 760,429 | \$ | 1,524,304 | \$ 447,523 | | | \$ 447,523 | \$ 1,111,069 |
| September | 172 | 80 | 87 | 211 | 550 | \$ | 753,909 | \$ | 2,278,213 | \$ 482,111 | | | \$ 482,111 | \$ 1,593,180 |
| October | 167 | 79 | 87 | 208 | 542 | \$ | 745,497 | \$ | 3,023,710 | \$ 853,368 | \$ | 82,982 | \$ 770,386 | \$ 2,363,566 |
| November | 174 | 78 | 86 | 210 | 548 | \$ | 749,281 | \$ | 3,772,991 | \$ 646,972 | \$ | 16,012 | \$ 630,960 | \$ 2,994,526 |
| December | 174 | 79 | 86 | 214 | 553 | \$ | 757,726 | \$ | 4,530,718 | \$ 813,578 | \$ | 98,021 | \$ 715,557 | \$ 3,710,082 |
| January | 178 | 81 | 89 | 216 | 564 | \$ | 772,253 | \$ | 5,302,970 | \$ 600,323 | \$ | 170,175 | \$ 430,148 | \$ 4,140,230 |
| February | 177 | 81 | 89 | 215 | 562 | \$ | 769,888 | \$ | 6,072,858 | \$ 594,092 | \$ | 115,427 | \$ 478,665 | \$ 4,618,895 |
| March | 179 | 77 | 85 | 217 | 558 | \$ | 761,105 | \$ | 6,833,963 | \$ 696,894 | \$ | 160,195 | \$ 536,699 | \$ 5,155,594 |
| April | 181 | 75 | 85 | 216 | 557 | \$ | 757,389 | \$ | 7,591,352 | \$ 589,291 | \$ | 14,221 | \$ 575,070 | \$ 5,730,664 |
| May | 179 | 76 | 83 | 217 | 555 | \$ | 756,037 | \$ | 8,347,389 | \$ 613,125 | \$ | 213,362 | \$ 399,764 | \$ 6,130,428 |
| June | 177 | 80 | 84 | 216 | 557 | \$ | 761,105 | \$ | 9,108,494 | \$ 455,065 | \$ | 16,599 | \$ 438,466 | \$ 6,568,894 |
| WGS Adjustment | -10 | -6 | -2 | -12 | -30 | \$ | (40,471) | \$ | 9,068,023 | | | | \$ - | \$ 6,568,894 |
| Total | | | | | | | | \$ | 9,068,023 | \$ 7,455,889 | \$ | 886,994 | | \$ 6,568,894 |

| 1. | Total Claims Paid Under Aggregate Coverage: | \$ 6,568,8 | 94 |
|----|---|------------|----|
| 2. | Cumulative Estimated Attachment Point: | \$ 9,068,0 | 23 |
| 3. | Loss Ratio (1/2): | 72.4 | 4% |
| 4. | Dollar Claims Exceeding Attachment Point: \$0 | \$ - | |

| Administrative Charges | \$ 1,012,689 |
|------------------------|-----------------|
| Total Cost | \$ 7,581,583 |

2020-2021 Aggregate Report

Contract Period: 7/1/2020 - 6/30/2021

Specific Deductible: \$150,000

Aggregated Specific Deductible: \$75,000

Incurred/Paid: 60+/12

Minimum Attachment Point: \$9,084,595

Employee Emp/Sp

Emp/Ch

Family

| Aggregate Factors: | \$741.44 | \$1,853.61 | \$1,853.61 | \$1,853.61 | | | | | | | | | |
|--------------------|----------|------------|------------|------------|-------|----|------------------|----|------------|---------------------|------------------|----------------------------|----------------------|
| | Emp | Emp/SP | Emp/Ch | Family | Total | | Estii Attachn | | | Claims Paid this | Less Specific | Total Claims Paid Under | Cumulative Claims |
| | | | | | | ı | /lonthly | (| Cumulative | Month * | Reimburse | Agg. Coverage | Paid |
| July | 175 | 83 | 87 | 212 | 557 | \$ | 837,831 | \$ | 837,831 | \$ 886,318 | \$ 38,772 | \$ 847,546 | \$ 847,546 |
| August | 168 | 84 | 85 | 211 | 548 | \$ | 829,008 | \$ | 1,666,839 | \$ 507,549 | \$ (942) | \$ 508,491 | \$ 1,356,037 |
| September | 169 | 87 | 86 | 212 | 554 | \$ | 838,943 | \$ | 2,505,782 | \$ 1,022,579 | \$ 124,873 | \$ 897,707 | \$ 2,253,744 |
| October | 178 | 88 | 87 | 215 | 568 | \$ | 854,884 | \$ | 3,360,666 | \$ 604,569 | \$ 2,818 | \$ 601,752 | \$ 2,855,495 |
| November | 172 | 90 | 86 | 209 | 557 | \$ | 841,538 | \$ | 4,202,205 | \$ 693,307 | \$ 136,766 | \$ 556,542 | \$ 3,412,037 |
| December | 173 | 89 | 87 | 205 | 554 | \$ | 835,236 | \$ | 5,037,441 | \$ 836,033 | \$ 74,274 | \$ 761,759 | \$ 4,173,796 |
| January | 174 | 88 | 86 | 205 | 553 | \$ | 831,529 | \$ | 5,868,969 | \$ 606,700 | \$ 10,472 | \$ 596,228 | \$ 4,770,024 |
| February | 175 | 92 | 87 | 206 | 560 | \$ | 843,392 | \$ | 6,712,361 | \$ 653,797 | \$ 4,737 | \$ 649,060 | \$ 5,419,083 |
| March | 181 | 94 | 81 | 207 | 563 | \$ | 842,280 | \$ | 7,554,641 | \$ 577,805 | \$ 10,408 | \$ 567,397 | \$ 5,986,480 |
| April | 186 | 93 | 81 | 211 | 571 | \$ | 851,548 | \$ | 8,406,188 | \$ 753,354 | \$ 112,202 | \$ 641,152 | \$ 6,627,632 |
| May | 188 | 92 | 79 | 210 | 569 | \$ | 845,987 | \$ | 9,252,175 | \$ 864,307 | \$ 253,087 | \$ 611,220 | \$ 7,238,852 |
| June | 194 | 93 | 77 | 211 | 575 | \$ | 850,065 | \$ | 10,102,240 | \$ 1,223,293 | \$ 318,919 | \$ 904,374 | \$ 8,143,226 |
| WGS Adjustment | -13 | -1 | -7 | -4 | | \$ | (30,436) | \$ | 10,071,804 | \$ 151,983 | \$ 2,919 | \$ 149,064 | \$ 8,292,291 |
| Total | | | | | | | | \$ | 10,071,804 | \$ 9,381,595 | \$ 1,089,304 | | \$ 8,292,291 |

| 1. Total Claims Paid Under Aggregate Coverage: | \$ 8,292,291 |
|--|------------------|
| 2. Cumulative Estimated Attachment Point: | \$ 10,071,804 |
| 3. Loss Ratio (1/2): | 82.33% |
| 4. Dollar Claims Exceeding Attachment Point: \$0 | \$ - |

| Administrative Charges | \$ 1,383,626 |
|------------------------|-----------------|
| RX Rebates | \$ 517,672 |
| Total Cost | \$ 9,158,245 |

2021-2022 Aggregate Report

Contract Period: 7/1/2021 - 6/30/2022

Specific Deductible: \$175,000

Aggregated Specific Deductible: \$75,000

Incurred/Paid: 24/12 Minimum Attachment Point:

Employee Family

Aggregate Factors: \$1,527.55 \$1,527.55

| | Emp | Family | Total | At | Estin tta chm | | ed : Point | RX Cla | ims Paid | Total Paid | l | Less ecific | | Less pecific | | tal Claims aid Under | (| Cumulative Claims |
|------------|-----|--------|-------|--------|------------------|----|---------------|--------|-----------|-----------------|-----|----------------|-----|-----------------|-----|-------------------------|----|----------------------|
| | - | • | | Montl | hly | С | umulative | | | | Ded | luctible | Rei | mburse | Agg | g. Coverage | | Paid |
| July | 184 | 387 | 571 | \$ 872 | 2,231 | \$ | 872,231 | \$ | 21,106 | \$ 48,616 | | | | | \$ | 48,616 | \$ | 48,616 |
| August | 179 | 379 | 558 | \$ 852 | 2,373 | \$ | 1,724,604 | \$ | 81,932 | \$ 303,346 | | | | | \$ | 303,346 | \$ | 351,962 |
| September | 178 | 386 | 564 | \$ 861 | 1,538 | \$ | 2,586,142 | \$ | 138,169 | \$ 1,177,141 | \$ | 75,000 | \$ | 14,510 | \$ | 1,087,632 | \$ | 1,439,594 |
| October | 180 | 382 | 562 | \$ 858 | 8,483 | \$ | 3,444,625 | \$ | 129,508 | \$ 637,704 | | | \$ | 4,199 | \$ | 633,505 | \$ | 2,073,099 |
| November | 181 | 378 | 559 | \$ 853 | 3,900 | \$ | 4,298,526 | \$ | 141,619 | \$ 770,672 | | | \$ | 42,617 | \$ | 728,055 | \$ | 2,801,154 |
| December | 176 | 381 | 557 | \$ 850 | 0,845 | \$ | 5,149,371 | \$ | 120,136 | \$ 764,934 | | | \$ | 112,560 | \$ | 652,374 | \$ | 3,453,529 |
| January | 180 | 383 | 563 | \$ 860 | 0,011 | \$ | 6,009,382 | \$ | 164,774 | \$ 753,082 | | | \$ | 42,860 | \$ | 709,618 | \$ | 4,163,147 |
| February | 178 | 383 | 561 | \$ 856 | 6,956 | \$ | 6,866,337 | \$ | 290,114 | \$ 877,692 | | | \$ | 78,416 | \$ | 796,795 | \$ | 4,959,942 |
| March | 180 | 383 | 563 | \$ 860 | 0,011 | \$ | 7,726,348 | \$ | 246,417 | \$ 1,096,126 | | | \$ | 110,403 | \$ | 985,723 | \$ | 5,945,665 |
| April | | | 0 | \$ | - | \$ | 7,726,348 | | | | | | | | \$ | - | \$ | 5,945,665 |
| May | | | 0 | \$ | - | \$ | 7,726,348 | | | | | | | | \$ | - | \$ | 5,945,665 |
| June | | | 0 | \$ | - | \$ | 7,726,348 | | | _ | | | | | \$ | - | \$ | 5,945,665 |
| Adjustment | | | | \$ | - | \$ | 7,726,348 | | | | | | | | \$ | - | \$ | 5,945,665 |
| Total | | | | | | \$ | 7,726,348 | \$ | 1,333,773 | \$ 6,429,314 | | | \$ | 405,564 | | | \$ | 5,945,665 |

1. Total Claims Paid Under Age \$ 6,514,623

2. Cumulative Estimated Attacl \$ 7,726,348

3. Loss Ratio (1/2): 84.32%

4. Dollar Claims Exceeding Att \$ -

| Administrative Charges | \$ 960,116 |
|------------------------|-----------------|
| RX Rebates (Anthem) | \$ 306,305 |
| Anthem Run Out | \$568,958 |
| Total Cost | \$ 7,168,434 |

Veracity - Prescription Drugs

The 5 buckets that help employers achieve maximum savings:



The Contract

Look at putting the Employer in charge to eliminate spread pricing (transparent, pass-through and auditable).



Preferred/Non-Preferred Networks

Consider charging members a \$15-\$20 higher copay on generic drugs when filled at CVS, Target, Walgreens, Walmart, Sam's Club and Rite-Aid (generic medications are on average \$15-\$20 higher at these retail locations).



Formulary Management

Consider adding lower cost therapeutic drugs to the formulary instead of higher cost drugs that maximize rebates (eliminate drugs that are priced to yield profits for PBMs and drug manufacturers)



International Pharmacy

Consider allowing members access to international medications that save members at least 50% off costs. 3 types of drugs can be imported from Canada: Insulin-like drugs, GLP-1 and HIV medications.



Manufacturers' Assistance Plans for Specialty Drugs

Considering allowing members access to expensive specialty medications with programs that offer huge savings for the employee and employer by going directly to the drug manufacturer.

| RX Savings Proposal | Estim | nated Savings |
|---|-------|---------------|
| The Contract | \$ | 69,035 |
| Preferred/Non-Preferrd Network | \$ | 134,618 |
| Formulary Management | \$ | 44,424 |
| International Pharmacy | \$ | 100,000 |
| Manufacturers' Assistance Plans for Specialty Drugs | \$ | 500,000 |
| Total Estimated Savings | \$ | 848,077 |

Prescription Drugs

Current venders US RX Care for PBM services and ScriptSourcing for MAP/International Mail Order

- Pharmacy scripts written between July 2021 and December 2022 were 6,046 compared to 7,050 the previous year with Anthem
- Cost per script increased from \$104.70 to \$109.31
- US RX Care administrative fees were \$59,772 (\$7.75 per script + \$45 PA)
- Proposing Veracity powered through ProCare Gainesville Georgia. Administrative fees for same time period \$4.50 per script and includes PA's. Estimated cost for same time period under \$26,000
- ProCare projects \$135,000 savings on preferred pharmacy for generics. This will be local pharmacies, grocery stores (Not Walmart, CVS, Walgreens, Target)
- ProCare projects \$113,000 savings on formulary management
- ScriptSourcing has set up 30 scripts for a total quarterly savings \$11,289. Fee was \$3,052 (20% of savings)
- Veracity has identified 745 scripts for MAP and 720 Scripts for International Mail order with projected savings of \$600,000.
- **Proposing Veracity powered through ProCare**. Total annual fee estimated at \$80,000. Same prescriptions through ScriptSourcing estimated fee \$120,000



Plan Design

| IN-NETWORK |
|---|
| Individual Calendar Year Deductible |
| Family Calendar Year Deductible |
| Coinsurance |
| |
| Individual Out-of-Pocket Maximum |
| (includes deductible) |
| Family Out-of-Pocket Maximum |
| (includes deductible) |
| Primary Care Physician Co-pay |
| Specialist Physician Co-pay |
| Preventive Care (not subject to deductible) |
| Live Health Online (Online Physician Visit) |
| Urgent Care Center Co-pay |
| Emergency Room Co-pay (waived if admitted) |

| Current |
|-----------------|
| |
| \$500 |
| \$1,500 |
| Member Pays 20% |
| Plan pays 80% |
| \$3,000 |
| \$9,000 |
| \$25 |
| \$50 |
| \$0 |
| \$0 |
| \$35 |
| \$350 |

| Proposed |
|-----------------|
| |
| \$500 |
| \$1,500 |
| Member Pays 20% |
| Plan pays 80% |
| \$3,000 |
| \$9,000 |
| \$25 |
| \$50 |
| \$0 |
| \$0 |
| \$35 |
| \$350 |

| • | Prescriptions available |
|---|-------------------------|
| | through International |
| | Mail Order covered at |
| | 50% if purchased |
| | elsewhere |
| | |

| OUI-OF-NETWORK | |
|--|--|
| Individual Calendar Deductible | |
| Family Calendar Deductible | |
| Coinsurance | |
| Individual Out-of-Pocket (includes deductible) | |
| Family Out-of-Pocket (includes deductible) | |

| \$1,000 |
|-----------------|
| \$3,000 |
| Member Pays 40% |
| Plan pays 60% |
| \$9,000 |
| \$27,000 |
| |

| \$1,000 | \$1,000 |
|-----------------|--------------------|
| \$3,000 | \$3,000 |
| lember Pays 40% | Member Pays 40% |
| Plan pays 60% | Plan pays 60% |
| \$9,000 | \$9,000 |
| \$27,000 | \$27,000 |
| | |
| | Veracity / ProCare |
| \$5 | \$5 / \$20 |
| \$45 | \$45 |
| ĊOO | ¢00 |

| PRESCRIPTION DRUG CO-PAYMENTS | |
|---------------------------------------|--|
| Retail Drugs – Tier 1 | |
| Retail Drugs – Tier 2 | |
| Retail Drugs – Tier 3 | |
| Retail Drugs – Tier 4 | |
| Mail Order Maintenance Drugs – Tier 1 | |
| Mail Order Maintenance Drugs – Tier 2 | |
| Mail Order Maintenance Drugs – Tier 3 | |
| | |

Employee Only 176

Employee + Spouse Employee + Children Employee + Family 210

| \$5 | | \$5 / \$20 |
|----------------------------|----------|----------------------------|
| \$45 | | \$45 |
| \$90 | | \$90 |
| 25% up to \$450 | | Included in Tier 3 |
| \$5 | | Retail 90 days X 2 |
| \$90 | | Retail 90 days X 2 |
| \$270 | | Retail 90 days X 2 |
| Employee Deductions | | Employee Deductions |
| (26 per year) | | (26 per year) |
| \$30.33 | 176 | 400.00 |
| | 1/0 | \$30.33 |
| \$85.59 | 94 | \$30.33 \$85.59 |
| \$85.59 \$78.06 | — | , |
| · · | 94 | \$85.59 |

| 74 Waired Coverage |
|--------------------|
| 74 Waived Coverage |

Summary ASO Details

| | Cur | rent | Renewal - I | FIRM till 5/13 | | Option -F | irm till 5/5 | | Option - F | irm till 5/12 | |
|---|--------------|--------------|---------------|-----------------------------|---------|------------------------------------|--------------|---------|--------------|---------------|---------|
| Medical Plan Third Party Administrator | Trustr | | | | | Trustmark benefits beyond benefits | | | Anthem. | | |
| Provider Network | *Ci | Cigna. | | Cigna. | | Cigna | | | Anthem. | | |
| | Monthly PEPM | Annual | Monthly PEPM | 141 A \$4,000 P (49,000 CO) | | Monthly PEPM | Annual | | Monthly PEPM | Annual | |
| Administrative Charges | \$57.07 | \$386,250 | \$62.42 | \$422,459 | 9.37% | \$62.42 | \$422,459 | 9.37% | \$85.91 | \$581,439 | 50.53% |
| Trustmark | | | | | | | | | | | |
| Network Access | \$9.00 | \$60,912 | \$7.18 | \$48,594 | -20.22% | \$7.18 | \$48,594 | -20.22% | | \$0 | |
| Cigna | | | | | | | | | | | |
| Dental Administration | \$3.48 | \$23,553 | \$3.58 | \$24,229 | 2.87% | \$3.58 | \$24,229 | 2.87% | \$3.58 | \$24,229 | 2.87% |
| Anthem | 25 | | | * | | | | | | | ŀ |
| Vision Administration | \$1.79 | \$12,115 | \$1.79 | \$12,115 | 0.00% | \$1.79 | \$12,115 | 0.00% | \$1.79 | \$12,115 | 0.00% |
| Anthem | | | | | | | | | | | I |
| TeleHealth Service | \$2.25 | \$15,228 | \$2.25 | \$15,228 | 0.00% | \$2.25 | \$15,228 | 0.00% | | \$0 | |
| Specific Stop-loss | \$114.06 | \$771,958 | \$147.28 | \$996,791 | 29.13% | \$114.30 | \$773,582 | 0.21% | \$148.14 | \$1,002,612 | 29.88% |
| \$175,000 w /\$75,000 aggregating ded | 24/12 CIGNA | | Paid/12 CIGNA | | | 24/12 Skyw ard | | | 24/12 Anthem | | l |
| Aggregate | \$5.64 | \$38,172 | \$6.47 | \$43,789 | 14.72% | \$6.14 | \$41,556 | 8.87% | \$4.83 | \$32,689 | -14.36% |
| Expected Claim Liability | \$1,272.96 | \$8,615,382 | \$1,496.10 | \$10,125,578 | 17.53% | \$1,521.06 | \$10,294,507 | 19.49% | \$1,348.23 | \$9,124,821 | 5.91% |
| Max Claim Liability | \$1,527.55 | \$10,338,458 | \$1,870.12 | \$12,656,972 | 22.43% | \$1,901.32 | \$12,868,134 | 24.47% | \$1,685.29 | \$11,406,043 | 10.33% |
| Laser | | None | | None | | | YES | | 1 | None | |

- Trustmark \$50,000 wellness credit
- NAF billed in error in current year (Should have been \$7 billed \$9) refund due County
- Skyward offer has 3 members with limited run-in and lasers of \$325K & \$225k
- Anthem is providing a \$75,000 Universal Credit fund



Summary Medical Cost

| | Current | Renewal - FIRM till 5/13 | Renewal - FIRM till 5/5 | Renewal -FIRM till 5/12 |
|-------------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------|
| Third Party Administrator | Trustmark benefits beyond benefits | Trustmark benefits beyond benefits | Trustmark benefits beyond benefits | Anthem. |
| Provider Network | Cigna | Cigna | Cigna | Anthem. |
| Reinsurance | CIGNA | CIGNA | SKYWARD | Anthem |
| Specific Deductible | \$175,000 | \$175,000 | \$175,000 | \$175,000 |
| Aggregating Deductible | \$75,000 | \$75,000 | \$75,000 | \$75,000 |
| Fixed Cost | \$188.02 | \$225.60 | \$192.29 | \$238.88 |
| Expected Cost | \$1,272.96 | \$1,496.10 | \$1,521.06 | \$1,348.23 |
| Aggregate | \$1,527.55 | \$1,870.12 | \$1,901.32 | \$1,685.29 |
| Covered Members | 564 | 564 | 564 | 564 |
| Annual Medical Fixed Cost | \$1,272,519 | \$1,526,861 | \$1,301,419 | \$1,616,740 |
| Annual Expected Claims | \$8,615,382 | \$10,125,578 | \$10,294,507 | \$9,124,821 |
| Annual Fixed + Maximum Claim | \$11,610,978 | \$14,183,833 | \$14,169,552 | \$13,022,783 |
| Exp. Pharmacy Rebates/Saving | | \$848,077 \$848,077 | | \$848,077 |
| Administrative Credits | | | | |
| Annual Fixed + Expected Claim | \$9,887,901 | \$10,804,362 | \$10,747,849 | \$9,893,483 |
| Lasers | None | None | YES | None |

- Plan is running as expected for current plan year
- FSA administration handled by Trustmark



Dental Summary

| | Current Self - Insured | | | |
|---------------------------------|------------------------|-----------|--|--|
| Employees on coverage: 565 | Anth | em. | | |
| | Current | Renewal | | |
| Adminstrative Fee PEPM | \$3.48 | \$3.58 | | |
| Total Annual Admin Fee | \$23,594 | \$24,272 | | |
| Expected Annual Claims | \$454,909 | \$401,621 | | |
| Actual Annual Claims | \$378,888 | | | |
| Employee Annual Deductions | \$135,554 | \$135,554 | | |
| County Net Cost | \$266,928 | \$290,340 | | |
| Expected Annual Cost Difference | | \$23,411 | | |
| | | 8.77% | | |

| | Bi | Bi-weekly Deductions (26 per year) | | | |
|----------------------------|-----|------------------------------------|--------|-------|--|
| | | BASE | BUY UP | | |
| Employee Only | 113 | 2.71 | 69 | 6.74 | |
| Employee + Spouse | 63 | 5.41 | 40 | 14.52 | |
| Employee + Children | 33 | 5.14 | 27 | 14.25 | |
| Employee + Family | 97 | 97 8.39 123 17.50 | | | |
| Combined Annual Deductions | | \$13 | 5,554 | | |

| 48 Waived Coverage | Summary of Benefits | | | |
|----------------------------------|---------------------|--------------|--|--|
| | BASE | BUY UP | | |
| Deductible (Individual / Family) | \$50 / \$150 | \$50 / \$150 | | |
| Preventive | 100% | 100% | | |
| Basic | 80% | 80% | | |
| Major | 50% | 50% | | |
| Annual Maximum Benefit | \$1,000 | \$2,000 | | |
| Fillings | 80% | 80% | | |
| Simple Extractions | 80% | 80% | | |
| Oral Surgery | 80% | 80% | | |
| Periodontics | 80% | 80% | | |
| Endodontics (Root Canals) | 80% | 80% | | |
| Crowns | 50% | 50% | | |
| Dentures / Bridges | 50% | 50% | | |

- Actual claims are lower than anticipated
- Dental claims are expected to trend 6% annually



Vision Summary

Current Self - Insured

| | | current se | II - IIIsureu | |
|--|-----|-----------------------|--------------------|--|
| Employees on coverage: | 534 | Anthem. | | |
| | | Current | Renewal | |
| Admin Fee (PEPM) | | \$1.79 | \$1.79 | |
| Total Annual Admin | | \$11,470.32 | \$11,470.32 | |
| Annual Expected Claims | | \$55,557.17 | \$48,855.99 | |
| Actual Claims | | \$47,433.00 | | |
| Total | | \$58,903.32 | \$60,326.31 | |
| Total Annual Fully Insured Prem | ium | | | |
| Annual Employee Cost | | \$33,254.26 | \$33,254.26 | |
| County Expected Net Cost | | \$25,649.06 | \$27,072.05 | |
| | | | 5.55% | |
| | | Employee Deduct | ions (26 per year) | |
| Employee Only | 173 | 1. | 16 | |
| Employee + Spouse | 109 | 2.32 | | |
| Employee + Children | 57 | 2.20 | | |
| Employee + Family | 195 | 3.59 | | |
| 74 Waived Coverage | 534 | | | |
| IN-NETWORK | | | | |
| Routine Eye Exam | | \$10 copay | | |
| | | (every 12 | 2 months) | |
| Eyeglass Frames | | \$130 al | lowance | |
| | | | I months) | |
| Eyeglass Lenses | | | 71 | |
| Standard Plastic Single | | \$20 copay | | |
| Standard Plastic Bifocal | | \$20 copay | | |
| Standard Plastic Trifocal | | \$20 0 | \$20 copay | |
| | | (every 12 months) | | |
| Contact Lenses | | | | |
| | | \$130 allowance | | |
| Elective Conventional Lenses | | \$150 allowance | | |
| Elective Disposable Lenses | | \$130 allowance | | |
| | | (every 12 | 2 months) | |
| <u>OUT-OF-NETWORK</u> | | 4000 | | |
| Routine Eye Exam | | 5, 5, c. | owance | |
| Eyeglass Lenses | | \$25 - \$55 allowance | | |
| Contact Lenses - Elective | | A | lowance | |
| Frames | | \$45 all | owance | |

- Actual claims are lower than anticipated
- Vision claims are expected to trend 3% annually

Medical, Dental and Vision Deductions

| R A | | | Λ | |
|-----|---|-----|---|---|
| M | ь | ונו | Д | L |

| | _ |
|-----------------------|-----|
| Employee | 180 |
| Employee + Spouse | 101 |
| Employee + Child(ren) | 69 |
| Employee + Family | 208 |
| 72 \\/-! | =' |

73 Waive

| Current | % of cost paid by employee |
|----------|-------------------------------|
| \$30.33 | 9.19% |
| \$85.59 | 12.89% |
| \$78.06 | 12.63% |
| \$133.32 | 14.00% |

558

\$1,227,738

DENTAL

| BASE PLAN | |
|-----------------------|-----|
| Employee | 113 |
| Employee + Spouse | 63 |
| Employee + Child(ren) | 33 |
| Employee + Family | 97 |

BUY UP PLAN

| | i. |
|-----------------------|-----|
| Employee | 69 |
| Employee + Spouse | 40 |
| Employee + Child(ren) | 27 |
| Employee + Family | 123 |

66 Waive

| ψ_,σσσ , | |
|----------|--------|
| \$2.71 | 10.47% |
| \$5.41 | 11.87% |
| \$5.14 | 8.98% |
| \$8.39 | 10.30% |

\$2,000 Annual Max

| 72,000 Militaal Wax | | |
|---------------------|--|--|
| \$6.74 | | |
| \$14.52 | | |
| \$14.25 | | |
| \$17.50 | | |

\$135,530

565

VISION

| Employee | 173 |
|-----------------------|-----|
| Employee + Spouse | 109 |
| Employee + Child(ren) | 57 |
| Employee + Family | 195 |
| | • |

97 Waive

| \$1.16 | 22.92% |
|--------|--------|
| \$2.32 | 27.39% |
| \$2.20 | 23.94% |
| \$3.59 | 25.59% |

534 \$33,254

Annual Payroll Deductions

\$1,396,523



Critical Illness

Critical Illness Employee Coverage Levels: Spouse Coverage Levels: Child(ren) Coverage Levels: Reduction Schedule: Wellness / Health Screening Covered Illnesses (Percent Paid of Face Amount) Alzheimer's Disease Parkinson's Disease (Advanced) **Heart Attack** Stroke Major Organ Transplant Renal Failure (End Stage) Internal Cancer Coma Severe Burns Paralysis Loss of Sight, Hearing or Speech Additional 25% coverage Portable **Monthly Premium Employee Monthly Cost:** Age 18 - 24 / \$10,000

Age 25 - 29 / \$10,000

Age 30 - 34 / \$10,000

Age 35 - 39 / \$10,000

Age 40 - 44 / \$10,000

Age 45 - 49 / \$10,000

Age 50 - 54 / \$10,000

Age 55 - 59 / \$10,000

\$5,000 up to \$50,000 50% of employee 50% of Employee at no additional cost (0 - 26) No Age Reduction \$50 / Calendar Year 0% 0% 0% 100% 100% 100% 100% 100% 100% 100% 100% 100% Coronary Artery Bypass Surgery, Non-Invasive Cancer Yes Uni-Tobacco Rates 6.05 6.05 9.75 9.75

Current

19.35 19.35 32.96 32.96

Anthem 🚭 🛡 \$5,000 up to \$30,000 50% of employee 50% of Employee No Age Reduction \$50 / Calendar Year 100% 100% 100% 100% 100% 100% 100% 100% 100% 0% 100% 100% Coronary Artery Bypass Surgery, Non-Invasive Cancer, Skin Cancer \$250 Yes (main contract must remain in force) Uni-Tobacco Rates 3.33 4.08 4.60 5.80 7.77 11.39 15.69 21.66

Proposal

Proposal Trustmark benefits beyond benefits \$25,000 50% of employee 50% of Employee No Age Reduction \$50 / Calendar Year Benefits Paid for Early identification and Early-stage diagnosis 100% 50% 50% 100% 100% 100% 100% 100% 10% 0% 100% 100% Loss of Hearing 50% - Lupus, Central nervous infection of the brain, MS, Huntington's Disease; 10% - Stem cell/bone marrow transplant, Acute Respiratory Distress Syndrome, Epilepsy, Rheumatoid Arthritis, Type 1 Diabetes Yes (main contract must remain in force)

| Non - Tobacco Rates | Tobacco Rates |
|---------------------|---------------|
| 10.05 | 11.16 |
| 10.05 | 11.16 |
| 10.05 | 11.16 |
| 14.17 | 17.77 |
| 18.57 | 26.07 |
| 24.16 | 37.27 |
| 30.27 | 50.66 |
| 39.76 | 71.26 |

No pre-ex condition exclusion

6 months re-occurrence benefit

Issue Age Rates

No pre-ex condition exclusion

Re-occurrence benefit - 30 day separation period If both conditions are Vascular or both are Cancer. Attained Age Rates

Pre-ex condition applies for Late Entrants only

No reoccurrence limitations or separation periods

Issue Age Rates



Accident Coverage

| - | | _ | | _ | 4 |
|---|---|---|----|---|---|
| C | u | r | re | n | ι |

| | Current |
|---------------------------------|--------------------------------------|
| | Afrac. |
| Accident Insurance | 24-Hour Coverage |
| Hospital Admission | \$1,000 (Once per covered accident) |
| Hospital Confinement | \$300/Day (365 Day max per accident) |
| Hospital Intensive Care | \$600/Day (30 Day max per accident) |
| Accidental Death | \$50,000 |
| Accidental Common Carrier Death | \$10,000 |
| Wellness | \$50 / Calendar Year |
| Specific Injury Benefits: | |
| Complete Fractures: | |
| Hip/Thigh | \$3,000 |
| Pelvis | \$2,400 |
| Skull (Non - Depressed) | \$1,050 |
| Leg | \$1,800 |
| Hand/Foot/Ankle/Knee Cap | \$1,500 |
| Shoulder Blade/Collar Bone | \$1,200 |
| Lower Jaw | \$1,200 |
| Facial Bones | \$900 |
| Rib/Finger/Toe | \$240 |
| Complete Dislocation: | *** 500 |
| Hip | \$2,500 |
| Knee | \$1,625 |
| Shoulder | \$1,250 \$4,000 |
| Foot/Ankle | \$1,000 |
| Hand Wrist | \$875 \$625 |
| | |
| Finger/Toe | \$200 |
| Monthly Premium | 040.07 |
| Employee Only | 11. |
| Employee + Spouse | Companies and |
| Employee + Child(ren) | |
| Employee + Family | \$42.01 |

| Anthem. |
|--|
| 24-Hour Coverage |
| \$1,500 (Once/accident within 90 days) |
| \$300/Day (365 Day max Lifetime) \$600/Day (30 days/accident; 365 days/lifetime) |
| \$50,000 \$150,000 |
| \$50 / Calendar Year |
| |
| \$3,000 \$2,700 |
| \$480 |
| \$1,650 |
| \$1,350 |
| \$1,350 |
| \$1,050 |
| \$480 \$240 |
| |
| \$2,500 |
| \$1,350 |
| \$1,050 \$1,050 |
| \$1,050 \$480 |
| \$1,050 |
| \$240 |
| |
| \$12.35 |
| \$19.68 |
| \$20.81 |
| \$32.75 |

| Trustmark benefits beyond benefits |
|---|
| 24-Hour Coverage |
| \$1,000 |
| \$300/Day (365 Day max) |
| \$600/Day (15 days/accident) |
| \$50,000 \$150,000 |
| \$50 / Calendar Year |
| |
| \$3,000 \$2,400 \$1,050 \$1,800 \$1,500 \$1,200 \$900 \$250 \$2,500 \$1,625 \$1,000 \$1,250 \$875 \$625 \$250 |
| \$13.00 \$20.45 |
| \$24.92 |

\$34.23



Recommendations

- Accept the ACCG Anthem medical insurance offer and change insurance administrator and reinsurance from Trustmark/CIGNA to Anthem.
 Rationale: Trustmark projected to increase \$1.7M. Changing to Anthem would keep expected increase at \$850K
- Change pharmacy benefit manager to Veracity powered by ProCare at a projected savings to County of \$850K.
 Rationale: Would keep county's net cost for medical insurance unchanged
- 3. Anthem is offering a \$75,000 universal credit fund which can be used to cover COBRA cost, FSA administrative cost and wellness initiatives
- 4. Change the voluntary group critical illness and accident plans from AFLAC to Anthem.
 - Rationale: Lower cost and automatic claim notification process
- 5. Change Flexible Spending Account (FSA) from Trustmark to Anthem. Rationale: Medical, dental and vision claims integration to reduce manual filing of claim receipts

