

2022 - 2023 Total Spend Analysis

Paid Date	Medical/Rx Enrollment	Fixed Costs		Attachment Point	Gross Claims	
Month	Employees	Admin/Network Fees	Stop Loss Premium	Total Fixed Cost	Max Claims Liability	Total Medical/Rx
July 2022	559	\$48,041	\$85,541	\$133,582	\$947,145	\$163,081
August 2022	555	\$47,714	\$84,960	\$132,674	\$940,709	\$652,807
September 2022	568	\$48,831	\$86,948	\$135,779	\$962,728	\$660,256
October 2022	570	\$48,952	\$87,162	\$136,114	\$965,099	\$654,034
November 2022	579	\$49,699	\$88,493	\$138,192	\$979,834	\$864,736
December 2022	582	\$50,017	\$89,059	\$139,076	\$986,101	\$931,309
January 2023	575	\$49,355	\$87,881	\$137,237	\$973,059	\$804,504
February 2023	575	\$49,415	\$87,988	\$137,404	\$974,245	\$590,961
March 2023	578	\$49,673	\$88,447	\$138,120	\$979,326	\$1,010,702
April 2023	0	\$0	\$0	\$0	\$0	\$0
May 2023	0	\$0	\$0	\$0	\$0	\$0
June 2023	0	\$0	\$0	\$0	\$0	\$0
Totals: Avg:	5,141 571	\$441,698 \$49,078	\$786,480 \$87,387	\$1,228,178 \$136,464	\$8,708,246 \$967,583	\$6,332,390 \$703,599

Average Costs	PEPM	PEPY
Admin. Fees	\$85.91	\$773.19
Stop Loss Premium	\$152.97	\$1,376.73
Total Fixed Costs	\$238.88	\$2,866.56
Total Net Agg Paid Claims	\$1,275.07	\$15,300.88
Gross Costs	\$1,514	\$18,167
Total Fixed Costs	\$238.88	\$2,866.56
Total Net Paid Claims	\$1,289.66	\$15,475.92
Gross Costs	\$1,529	\$18,342

Adjustments and Out of Agg Claims:	-\$604,448
Spec Claims:	\$381,178
Total Net Agg Paid Claims:	\$6,555,660
Max Claims Liability:	\$8,708,246
Max Loss Ratio:	75.28%
Total Net Agg Paid Claims:	\$6,555,660
Expected Claims Liability:	\$6,966,597
Expected Loss Ratio:	94.10%
Total Net Agg Paid Claims:	\$6,555,660
Agg Spec Deductible:	\$75,000
Total Net Paid Claims:	\$6,630,660

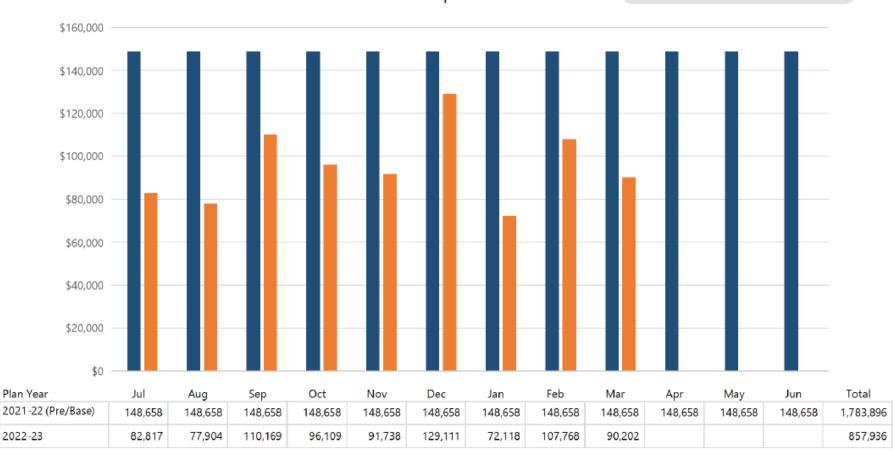
Veracity - Rx Savings



WALTON COUNTY
Prescription Drug Spend
YOY Comparison

Jul 21-Mar 22Jul 22-Mar 23

\$1,337,922 \$857,936



Medical Renewal Options

		Option 1		Option 2	
FIXED COST	2022 Current	2023 Renewal		Alternate	
Third Party Administrator	Anthem. BlueCross	Anthem. BlueCross		Anthem. BlueCross	
Stop-Loss Carrier	Anthem. BlueCross	Anthem. BlueCross		TOKIO MARINE HCC	
Total Enrolled	588	588		588	
Stop Loss Premium	\$148.14	\$202.50	36.70%	181.83	22.74%
Specific Stop Loss Dedcutible	\$175,000	\$175,000		\$175,000	
Aggregating Stop Loss Dedcutible	\$75,000	\$75,000		\$75,000.00	
Annual Fixed Cost	\$1,723,428	\$2,119,128	22.96%	\$2,001,576	16.14%
		\$395,700	-"	\$278,148	_
CLAIMS			ī		•
Contract	24/12	24/12		24/12	
Provider Network	Anthem. BlueCross	Anthem. BlueCross		Anthem. BlueCross	
Pharmacy Benefit Manager	* VERACITY	* VERACITY		* VERACITY BENEFITS'	
Expected Claim Factor	\$1,355.00	\$1,488.31		\$1,685.24	
Total Expected Claim Liability	\$9,560,880	\$10,501,515	9.84%	\$11,891,053	24.37%
Maximum Claim Liability	\$11,951,100	\$13,126,912	-"	\$14,863,817	_
TOTAL COST			_		_
Employee/Retirees Annual Cost	\$1,272,817	\$1,272,817		\$1,272,817	
County Anticipated Annual Net Spend	\$10,011,491	\$11,347,827		\$12,619,812]
Percentage of Change		13%		26%	
Total Budget Change	\$0	\$1,336,336		\$2,608,321	
County Net PEPY	\$17,026	\$19,299		\$21,462	

Option 2 was the most competition proposals from all stop-loss markets – still under review with firm and final expected prior to the scheduled BOC meeting

Medical Plan Design

	С	urren Plan
IN-NETWORK		Anthem
Individual Calendar Year Deductible	\$500	
Family Calendar Year Deductible	\$1,500	
Coinsurance	Member Pays 20% Plan pays 80%	
Individual Out-of-Pocket Maximum		\$3,000
Family Out-of-Pocket Maximum	\$9,000	
Primary Care Physician Co-pay	\$25	
Specialist Physician Co-pay	\$50	
Preventive Care (not subject to deductible)	\$0	
Live Health Online (Online Physician Visit)	\$0/\$50	
Urgent Care Center Co-pay	\$35	
Emergency Room Co-pay (waived if admitted)	\$350	
PRESCRIPTION DRUG CO-PAYMENTS	Veracity /ProCare	
Retail Drugs – Tier 1	\$5 / \$20	
Retail Drugs – Tier 2	\$45	
Retail Drugs – Tier 3	\$90	
	Bi-Weekly	
Employee Only	197	\$30.33
Employee + Spouse	106	\$85.59
Employee + Children	74	\$78.06
Employee + Family	211	\$133.32
	588	\$1,272,817

Pr	oposed Plan		
	Anthem		
	\$500		
	\$1,500		
Member Pays 20% Plan pays 80%			
\$3,000			
\$9,000			
	\$35		
	\$50		
\$0			
\$0/\$0			
\$50			
\$350			
Veracity /ProCare			
	\$5 / \$20		
	\$45		
	\$90		
E	Bi-Weekly		
197	\$30.33		
106	\$85.59		
74	\$78.06		
211	\$133.32		
588	\$1,272,817		

 The plan changes being recommended is intended to help with utilization towards the new Employee Health Clinic



Dental Renewal

	Current Self - Insured		
Employees on coverage: 591	Anthem.		
	Current	Renewal	
Adminstrative Fee PEPM	\$3.58	\$3.76	
Total Annual Admin Fee	\$25,389	\$26,666	
Expected Annual Claims	\$401,621	\$478,790	
Actual Annual Claims	\$447,229		
Employee Annual Deductions	\$141,133	\$141,133	
County Net Cost	\$331,486	\$364,323	
Expected Annual Cost Difference		\$32,838	
		9.91%	

	Bi	Bi-weekly Deductions (26 per year)		
		BASE		BUY UP
Employee Only	119	2.71	78	6.74
Employee + Spouse	74	5.41	33	14.52
Employee + Children	28	5.14	34	14.25
Employee + Family	95	8.39	130	17.50
Combined Applied Deductions \$1/1 122				

66 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%		
Orthodontia Coverage	Not Co	Not Covered		
1 Year Rate Guard		e Guarantee		
Notes	80th Pe	ercentile		
	Implants I	Not Covered		

- Dental claims slightly higher than projected
- Dental claims are expected to trend 6% annually

Vision Renewal

Current Renewal
Admin Fee (PEPM) \$1.79 \$1.79 Total Annual Admin \$11,899.92 \$11,899.92 Annual Expected Claims \$48,856.00 \$44,715.39 Actual Claims \$43,413.00 Total \$55,312.92 \$56,615.31 Total Annual Fully Insured Premium Annual Employee Cost \$34,345.22 \$34,345.22 County Expected Net Cost \$20,967.70 \$22,270.09 6.21% Employee Deductions (26 per year) Employee Only 181 1.16 Employee + Spouse 115 2.32 Employee + Children 59 2.20 Employee + Family 199 3.59 79 Waived Coverage IN-NETWORK
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IN-NETWORK
Routine Eye Exam \$10 copay
(every 12 months)
Eyeglass Frames \$130 allowance
Eyeglass Frames \$130 allowance (every 24 months)
Eyeglass Lenses
Standard Plastic Single \$20 copay
Standard Plastic Bifocal \$20 copay
Standard Plastic Trifocal \$20 copay
(every 12 months)
Contact Lenses
\$130 allowance
Elective Disposable Lenses \$130 allowance
(every 12 months)
OUT-OF-NETWORK
Routine Eye Exam \$30 allowance
Eyeglass Lenses \$25 - \$55 allowance
Contact Lenses - Elective \$105 allowance
Frames \$45 allowance

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

Basic Life

Basic Life and AD&D Insurance
Basic Life / AD&D Amount
Reduction Schedule:
Life Rate:
AD&D Rate:
Projected Volume:
Covered Lives:
Basic Life Monthly Premium:
Annual Cost:
Rate Guarantee:

ONEAMERICA®
\$25,000
35% at age 65, 50% at age 70,
terminates at retirement
0.145
0.020
\$16,160,000
553
\$2,666.40
\$31,996.80
7/1/2024

No change

Recommendation

Medical

Renew with Anthem and make suggested plan changes – no employee deduction changes

Dental/Vision

- Renew with Anthem with no changes in benefits or deductions

Basic Life Insurance

Renew with OneAmerica