

Camdenton R-III School District

Board Meeting – February 28, 2017

Market Review

1. Funding Mechanism
 - Fully-Insured
 - Self-Funded

2. Administration
 - Administrative Services Only via large carrier (Anthem/Cigna, etc.)
 - Independent Third Party Administrator (Med-Pay – current administrator)
 - Carrier-owned TPA (UMR – used to access United Healthcare’s network)

3. Network Access
 - HealthLink – Anthem’s rentable network in Missouri (Current)
 - Aetna – access through Aetna’s TPA (Meritain) or independent TPA
 - Cigna – access through ASO relationship or independent TPA
 - United Healthcare – only access through UMR
 - Other Rentable (First Health, etc.) – discounts not comparable

4. Ancillary
 - In-progress – comparing market results to ensure best pricing, benefits and networks

Future considerations:

1. Premium Funding

2. Plan Design

3. Pharmacy Benefits and Formulary

4. Stop Loss Renewal



Medical Rate Summary

Camdenton RIII School District 7/1/2017		Current Self-Funded	United Healthcare Fully-Insured
Network Utilized:		HealthLink	UHC
Plan Type:		PPO	Choice+
Plan Design:		3-Tier	GVR RX H9
Individual Deductible:	Network:	\$1,500	\$1,500
	Non-Network:	\$5,000	\$5,000
Family Deductible:	Network:	\$4,500	\$4,500
	Non-Network:	\$15,000	\$15,000
Coinsurance:	Network:	80%/70%	80%
	Non-Network:	50%	50%
Individual Out of Pocket Max* Includes Deductible	Network:	\$6,350	\$6,350
	Non-Network:	\$10,000	\$10,000
Family Out of Pocket Max* Includes Deductible	Network:	\$12,700	\$12,700
	Non-Network:	\$30,000	\$30,000
Inpatient Services:	Network:	Ded. + Coins.	Ded. + Coins.
	Non-Network:	Ded. + Coins.	Ded. + Coins.
Outpatient Services:	Network:	Ded. + Coins.	Ded. + Coins.
	Non-Network:	Ded. + Coins.	Ded. + Coins.
Office Visit Copay: Primary Care Physician	Network:	\$30	\$30
	Non-Network:	Ded. + Coins.	Ded. + Coins.
Office Visit Copay: Specialist	Network:	\$40	\$40
	Non-Network:	Ded. + Coins.	Ded. + Coins.
Prescription Copay:	Deductible:	\$0	\$0
	Tier 1:	\$10	\$10
	Tier 2:	\$30 + 20%	\$30
	Tier 3:	\$50 + 20%	\$50
	Tier 4/Specialty:	10%, max \$1,500/yr	NA
Emergency Room Copay:	Network:	Ded. + Coins.	Ded. + Coins.
	Non-Network:	Ded. + Coins.	Ded. + Coins.
Urgent Care Copay:	Network:	\$30	\$30
	Non-Network:	Ded. + Coins.	Ded. + Coins.
Approximate Annual Expected Liability		\$5,085,421	\$5,870,135
Approximate Annual Maximum Liability		\$6,356,777	\$5,870,135
First Year Estimated Claims Run-Out		NA	\$1,000,000
First Year Total Estimated Plan Cost		\$5,085,421	\$6,870,135
<p>Anthem not viable due to network; Responses from Aetna/Cigna still outstanding</p> <p><i>This is only a summary of benefits. Carrier's proposals, summaries & certificate booklets supercede this Medical Rate Summary</i></p> <p><i>*Out of Pocket Maximum includes deductibles and coinsurance</i></p> <p><i>Rates are subject to change based on underwriting and final enrollment</i></p>			

Census	
401	Employee Only
53	Employee/Child(ren)
117	Employee/Spouse
71	Family

**Camdenton R-III School District
7/01/2017 Fixed Cost Comparison**

Census: 642

	2016/2017	2017	2017	2017	2017
Third Party Administrator UR/CM Vendor Network	Current/Renewal Med-Pay Med-Pay HealthLink/PHP	Option Med-Pay Cigna Cigna	Option HealthSCOPE Benefits Cigna Cigna	Option UMR UMR United Healthcare	Option Cigna ASO Cigna Cigna
Fixed Costs					
Medical Third Party Admin	\$ 13.50	\$ 13.50	\$ 16.95	\$ 31.20	\$ 34.85
Network Access	\$ 7.00	\$ 16.75	\$ 14.07	<i>Included</i>	<i>Included</i>
Utilization Review	\$ 1.00	<i>Included</i>	\$ 2.25	<i>Included</i>	<i>Included</i>
Case Management	<i>Billed hourly</i>	<i>Billed hourly</i>	<i>Included</i>	<i>Included</i>	<i>Included</i>
COBRA/HIPAA	\$ 1.00	\$ 1.00	<i>included</i>	\$ 1.05	<i>Priced per event</i>
Broker Fee	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.00
Total Fixed Cost, per employee per month	\$ 24.50	\$ 33.25	\$ 35.27	\$ 34.25	\$ 34.85
Estimated Annual Admin	\$ 188,748	\$ 256,158	\$ 271,720	\$ 263,862	\$ 268,484
Estimated Run-Out Cost**	N/A	N/A	\$ 26,000	\$ 26,000	\$ 26,000
Total Annualized Fixed Costs (first year)	\$ 188,748	\$ 256,158	\$ 297,720	\$ 289,862	\$ 294,484

**Run-out cost estimate is inclusive of three-months administrative fees at 100% of current Med-Pay fee

This exhibit is for illustrative purposes only. Refer to the carrier proposal for all exclusions, limitations, and basis of offer.

LIFE RATE SUMMARY

COMPANY	Life Amount	RATE PER \$1,000.00			Dependent Life per EE	Voluntary Life	VOLUME	Total Monthly Premium	Total Annual Premium	Rate Guarantee
		LIFE	AD&D	TOTAL						
Guardian - Current / Renewal*	1 x Earnings/ \$150K Max.	\$0.08	\$0.02	\$0.10	\$1.57	No Change	\$25,810,350	\$2,581.04	\$30,972.42	24 Months
Anthem - Option	1 x Earnings/ \$150K Max.	\$0.08	\$0.02	\$0.10	\$1.57	Matching Current	\$25,810,350	\$2,581.04	\$30,972.42	24 Months
Sun Life - Option	1 x Earnings/ \$150K Max.	\$0.07	\$0.02	\$0.09	\$1.57	Matching Current	\$25,810,350	\$2,322.93	\$27,875.18	24 Months
*Guardian renewal requires all lines to renew for current rates + 24 month rate guarantee										
<i>These are preliminary rates only. Final rates are subject to medical underwriting and/or final enrollment.</i>										
<i>This is only a summary of benefits. Carrier's proposals, summaries & certificate booklets (when issued) preside over this Rate Summary.</i>										

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DENTAL RATE SUMMARY

Carrier: Network: Plan Option:	Guardian DentalGuard Preferred Base	Guardian DentalGuard Preferred Buy-Up	Anthem PPO Base	Anthem PPO Buy-Up	Sun Life Assurant Dental Base	Sun Life Assurant Dental Buy-Up
Coinsurance: Preventive (A):	In/Out 100%	In/Out 100% / 100%	In/Out 100%	In/Out 100%	In/Out 100%	In/Out 100%
Basic (B):	50%	90% / 80%	50%	90% / 80%	50%	90% / 80%
Major (C):	0%	60% / 50%	0%	60% / 50%	0%	60% / 50%
Orthodontia (D):	n/a	n/a	n/a	n/a	n/a	n/a
(A) (B) & (C) Calendar Year Maximum:	\$750	\$1,000	\$1,000	\$1,000	\$750	\$1,000
(D) Lifetime Maximum if applicable:	n/a	n/a	n/a	n/a	n/a	n/a
Individual Deductible:	\$50	\$50	\$50	\$50	\$50	\$50
Family Deductible:	\$150	\$150	\$150	\$150	\$150	\$150
Deductible Waived for Preventive:	Yes	Yes	Yes	Yes	Yes	Yes
Deferred Major:	N/A	No	N/A	No	N/A	12 Months
UCR:	90%	90%	90%	90%	90%	90%
Endodontics & Periodontics Coverage Level:	Not Covered	Major	Not Covered	Major	Not Covered	Major
MONTHLY RATES:	<u>Base</u>		<u>Buy-up</u>		<u>Base</u>	<u>Buy-up</u>
	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>	<u>Option</u>	<u>Option</u>
Employee Only:	\$19.93	\$19.93	\$36.21	\$36.21	\$19.32	\$35.10
Employee + 1 Dependent:	\$38.91	\$38.91	\$69.89	\$69.89	\$37.72	\$67.76
Employee + 2 or more:	\$71.49	\$71.49	\$122.44	\$122.44	\$69.31	\$118.70
Rate Guarantee	24 Months		24 Months		24 Months	24 Months
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VISION RATE SUMMARY

Carrier: Network:	Guardian VSP Choice	Guardian Davis Vision	Anthem Blue View Vision	Sun Life VSP Choice					
Examinations:	Once every 12 mos.	Once every 12 mos.	Once every 12 mos.	Once every 12 mos.					
Glasses or Contact Lenses:	Once every 12 mos.	Once every 12 mos.	Once every 12 mos.	Once every 12 mos.					
Frames:	Once every 24 mos.	Once every 24 mos.	Once every 24 mos.	Once every 24 mos.					
Exams (every 12 mo) Network:	\$10 copay	\$10 copay	\$10 copay	\$10 copay					
Non-Network:	\$10 copay	\$10 copay	Up to \$59 allowance	Up to \$52 allowance					
Glasses (Lenses & Frames):	Network:	\$25 Lenses & Frames / \$120 allowance for Frames	\$25 Lenses & Frames / \$120 allowance for Frames	\$25 copay Lenses & Frames / \$130 allowance for Frames	\$25 copay Lenses & Frames / \$130 allowance for Frames				
	Non-Network:	Reimbursement Schedule	Reimbursement Schedule	Reimbursement Schedule	Reimbursement Schedule				
Contact Lens	Network:	Up to \$120 Max.	Up to \$120 Max.	\$130 allowance	\$130 allowance				
	Non-Network:	Up to \$120 Max.	Up to \$105 Max.	\$120 allowance	\$105 allowance				
Rate Guarantee:	24 Months	24 Months	36 Months	24 Months					
MONTHLY RATES:	<i>VSP Choice</i>		<i>Davis</i>		<i>Option</i>	<i>Option</i>			
		<u>Current</u>	<u>Renewal</u>	<u>Current</u>			<u>Renewal</u>		
	Employee Only:	\$9.67	\$9.67	\$9.67			\$9.67	\$9.33	\$9.67
	Employee + 1:	\$17.44	\$17.44	\$17.44			\$17.44	\$16.83	\$17.44
Employee + 2 or more:	\$29.93	\$29.93	\$29.93	\$29.93	\$28.87	\$29.93			
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SHORT-TERM DISABILITY RATE SUMMARY

Carrier	Elimination	Duration	Weekly Benefit	Rate per \$10 of Weekly Benefit	Rate Guarantee
Guardian - Current / Renewal	8/15	13 Weeks	60% to \$500 Max.	\$0.88	24 Months
Anthem - Option	8/15	13 Weeks	60% to \$500 Max.	\$0.79	24 Months
Sun Life - Option	8/15	13 Weeks	60% to \$500 Max.	\$0.84	24 Months

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