

July 1, 2024

RENEWAL PRESENTATION



Raytown Quality Schools

March 11, 2024





SECTION 1

Prior Plan Year Review & Reporting/Financials

Prior Year Renewal History



MEDICAL – Blue KC Fully Insured

- Renewal included wellness fund of \$40,000.
- The QHDHP included a statutory change to the in-network deductible from \$2,800/\$5,600 to \$3,000/\$6,000 in order to keep the family deductible embedded.
- CBIZ negotiated a rate pass (no increase) with the above statutory change and the addition of the following:
 - Copay Card Accumulator Program to QHDHP
 - Variable Copay Solution Program to PPO Plans

DENTAL – Delta Dental

- Under rate guarantee until 7/1/24

VISION - VSP

- Under rate guarantee until 7/1/24

LIFE/AD&D, Voluntary Life,

- Under rate guarantee until 7/1/25

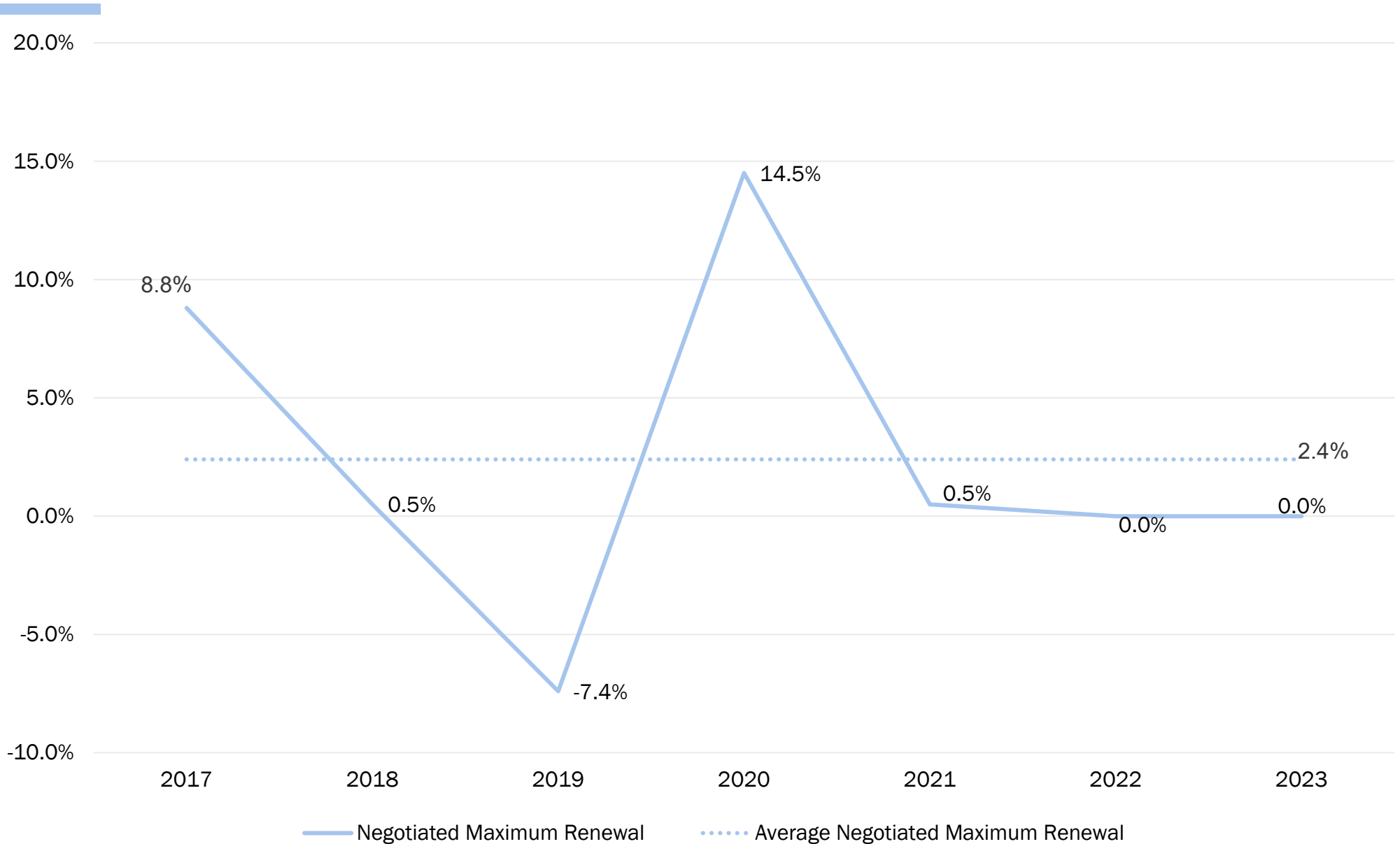
Employee Assistance Program - CuraLinc

- Under rate guarantee until January 2024

Section 125 Administration, COBRA Administration, & Retiree Billing – Tri-Star

- Evergreen Contract

Renewal History

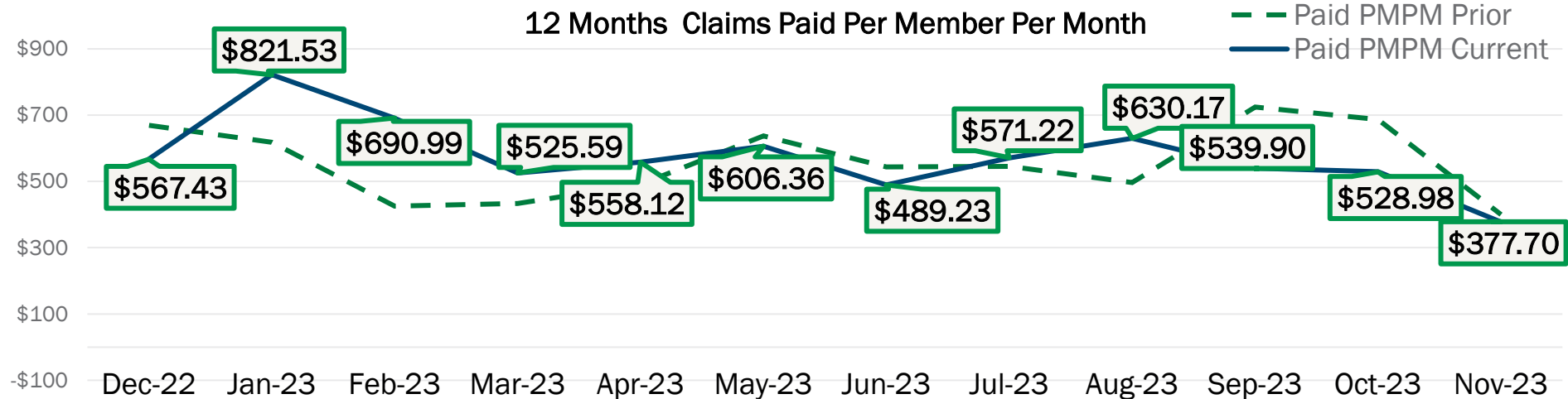


RQS average renewal over the past 7 years has been 2.4% which is well below the Blue KC trend of 9.3%

Claims Dashboard (12/1/22 through 11/30/23)



	PRIOR 12 MONTHS			CURRENT 12 MONTHS			PMPM Trend
	December 2021 - November 2022			December 2022 - November 2023			
	Subscribers	Members	PMPM	Subscribers	Members	PMPM	
Summary	1,161	1,352	\$556	1,095	1,275	\$577	4%
Less Claims Over Pooling	1,161	1,352	\$529	1,095	1,275	\$542	3%
Active	1,102	1,283	\$486	1,047	1,217	\$518	6%
Retirees under 65	38	45	\$2,194	33	41	\$2,114	-4%
Retirees 65 and Over	18	21	\$915	14	16	\$949	4%
COBRA	3	3	\$3,672	2	2	\$2,986	-19%
	Subscribers	Members	PMPM	Subscribers	Members	PMPM	PMPM Trend
\$1000 PPO Buy-Up PCB (5114)	11	16	\$1,237	6	7	\$1,197	-3%
\$1500 PPO Buy-Up PCB (5115)	41	55	\$784	42	58	\$668	-15%
\$2500 PPO Base PCB (5116)	545	643	\$583	491	585	\$595	2%
\$3000 BlueSaver QHDHP PCB (HE74)	564	639	\$492	556	626	\$546	11%



Detailed Plan Performance Reporting Period: December 2022 - November 2023					
	Medical Paid	Medical Value Payments	Capitation	Pharmacy Paid	Total Paid
Summary	\$6,428,182	\$54,326	\$0	\$2,355,331	\$8,837,839



SECTION 2

2024 Medical Renewal / Bid Results

Medical Plan Bid Results



Bid Results

- Sent RFP to 4 Carriers – Blue KC, Aetna, CIGNA, UnitedHealthCare
- 3 carriers responded (Blue KC, Aetna and CIGNA)
- UHC declined - could not offer a participating contract

Blue KC

Rate Increase Over Current: (1) Current Plans with change to Premium Formulary: 0% (no increase); (2) Option: offering smaller I-35 corridor network with lower pricing than current Preferred Care Blue network

Funding: Cost Plus (current funding); client retains 100% of any developed surplus

Benefits: PPO Plans – no change; HDHP – statutory change in Deductible and Out-of-Pocket Maximum: IN Deductible from \$3000/\$6000 to \$3200/\$6400; IN Out-of-Pocket Maximum from \$4000/\$8000 to \$4300/\$8600

Rate Guarantee: 2.5% rate cap on Admin and Access fees for 7/1/25 renewal

Aetna

Rate Increase Over Current: 0%; offering smaller I-35 corridor network with lower pricing than their broad network

Funding: Fully Insured with no participating feature

Benefits: Matching current PPO benefits and matching statutory change requirements to HDHP plan

CIGNA

Rate Increase Over Current: 1.01 % increase over current

Funding: Fully Insured with participating feature (insurance company will release up to 50% of developed surplus after year end)

Benefits: Matching current PPO benefits and matching statutory change requirements to HDHP plan

Medical Plan Renewal Executive Summary



- The renewal rating period used in the renewal calculation was December 1, 2022 to November 30, 2023. In this timeframe, per member/per month claims have increased by 4% on a gross basis, and 3% on a net basis (after pooling).
- Renewal continues to include wellness fund which will increase from \$40,000 to \$45,000.
- The QHDHP will have a statutory change to the in-network deductible \$3,000/\$6,000 to \$3,200/\$6,400 in order to keep the family deductible embedded.
- Initial renewal from BCBS was 5.6% over current to be effective July 1, 2024, with no plan design changes, except as required for the HDHP.
- BCBS offered a 0% overall increase if RQS would make the following changes:
 - Prescription Drug List Change: from current “Preferred Formulary” prescription drug list to the “Premium Formulary” drug list.
- BCBS offered 2 additional plan options which utilize the BlueSelect Plus network, offering affordability by using a smaller, high performance network of hospitals and physicians. The plan benefits mirror the \$2500 PPO and the QHDHP Plans while offering lower cost options for employees and their covered family members.

These two plans would be added to the existing medical plans as options and not replacement plans. Employees would be able to choose to enroll in one of these new plans or keep the plan they have.

BlueSelect Plus Network Information



The BlueSelect Plus Network

- BSP network hospitals are located in the 7-county Kansas City metropolitan area, which includes Clay, Jackson, Platte, Clinton and Johnson counties in Missouri, and Johnson and Wyandotte counties in Kansas.
- BSP is best for those who live in one of the twelve counties - Missouri: Clay, Jackson, Platte, Cass, Clinton, DeKalb, Johnson, Lafayette, Ray, Caldwell and in Kansas: Johnson, Wyandotte.
- When traveling outside the 32-county Blue KC service area, BlueSelect Plus members are covered under the BlueCard PPO network.

NETWORK HOSPITALS

Children's Mercy Hospital (Hospital Hill and South)

Liberty Hospital

North Kansas City Hospital

Olathe Health - Olathe Medical Center

Truman Medical Center (Lakewood and Hospital Hill)

AdventHealth Shawnee Mission

The University of Kansas Health System

Cameron Regional Medical Center

Providence Medical Center

St. Joseph Medical Center

St. Mary's Medical Center

Western Missouri Medical Center

7-1-24 Premiums and Contributions – Current Plans

\$3,200 QHDHP Plan	Premium	Employer Contribution	Employee Contribution
Employee	\$770.92	\$770.92	\$0.00*
Employee/Spouse	\$1,772.97	\$770.92	\$1,002.05
Employee/Children	\$1,441.58	\$770.92	\$670.66
Family	\$2,428.23	\$770.92	\$1,657.31
\$2,500 PPO Base Plan	Premium	Employer Contribution	Employee Contribution
Employee	\$770.92	\$720.92	\$50.00
Employee/Spouse	\$1,772.97	\$720.92	\$1,052.05
Employee/Children	\$1,441.58	\$720.92	\$720.66
Family	\$2,428.23	\$720.92	\$1,707.31
\$1,500 PPO Buy-Up Plan	Premium	Employer Contribution	Employee Contribution
Employee	\$887.26	\$720.92	\$166.34
Employee/Spouse	\$2,040.59	\$720.92	\$1,319.67
Employee/Children	\$1,659.18	\$720.92	\$938.26
Family	\$2,794.75	\$720.92	\$2,073.83
\$1,000 PPO Buy-Up Plan (Closed)	Premium	Employer Contribution	Employee Contribution
Employee	\$948.12	\$720.92	\$227.20
Employee/Spouse	\$2,180.53	\$720.92	\$1,459.61
Employee/Children	\$1,772.91	\$720.92	\$1,051.99
Family	\$2,986.42	\$720.92	\$2,265.50
\$3,200 QHDHP Plan <i>BlueSelect Plus Network</i>	Premium	Employer Contribution	Employee Contribution
Employee	\$704.25	\$770.92	\$0.00**
Employee/Spouse	\$1,616.95	\$770.92	\$846.03
Employee/Children	\$1,314.72	\$770.92	\$543.80
Family	\$2,214.55	\$770.92	\$1,443.63
\$2,500 PPO Base Plan <i>BlueSelect Plus Network</i>	Premium	Employer Contribution	Employee Contribution
Employee	\$720.92	\$720.92	\$0.00
Employee/Spouse	\$1,616.95	\$720.92	\$896.03
Employee/Children	\$1,314.72	\$720.92	\$593.80
Family	\$2,214.55	\$720.92	\$1,493.63

*The District will continue to contribute \$750 the Health Savings Account for those enrolled in the \$3,200 Preferred-Care Blue QHDHP.

**The District will contribute an additional \$800 for a total of \$1550 towards the Health Savings Account for those enrolled in the \$3,200 BlueSelect Plus QHDHP.

BCBS Medical Spreadsheet – Current Medical Plan Options available 7/1/24



BlueCross BlueShield of Kansas City	\$1000 PPO Buy-Up (Closed)	\$1500 PPO Buy-Up	\$2500 PPO Base	\$3200 BlueSaver QHDHP
Network	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO
Deductible				
Individual	\$1,000	\$1,500	\$2,500	\$3,200
Family	\$3,000	\$4,500	\$7,500	\$6,400
Coinsurance (Member Pays)	20%	20%	20%	10%
Out-of-Pocket Maximum*				
Individual	\$5,400	\$5,750	\$6,300	\$4,300
Family	\$12,750	\$13,100	\$13,200	\$8,600
<i>(includes deductible, coinsurance & copays)</i>				
Raytown Schools Quality Care Clinic				
Preventive Care Visit	No cost	No cost	No cost	No cost
Preventive Dispensed Medication	No cost	No cost	No cost	No cost
Non-Preventive Care Visit	No cost	No cost	No cost	\$30 per visit
Non-Preventive Dispensed Medication	No cost	No cost	No cost	\$8 per medication
Home Delivery Pharmacy	No cost	No cost	No cost	No cost
Behavioral Health Counseling	No cost	No cost	No cost	\$30 per visit
Physical Therapy	No cost	No cost	No cost	\$30 per visit
Office Visit				
Primary Care Physician	\$35 copay	\$35 copay	\$35 copay	Deductible then 10%
Specialist	\$70 copay	\$70 copay	\$70 copay	Deductible then 10%
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Diagnostics				
Lab and X-ray	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Major Diagnostics (MRI, CT, PET...)	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Urgent Care	\$70 copay	\$70 copay	\$70 copay	Deductible then 10%
Emergency Room	\$200 copay then deductible then 20%	\$200 copay then deductible then 20%	\$200 copay then deductible then 20%	Deductible then 10%
Outpatient Surgery	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Inpatient Hospital Services	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Prescription Drug				
Tier 1 Generic	\$12	\$12	\$12	Deductible, then \$12
Tier 2 Preferred	\$55	\$55	\$55	\$55
Tier 3 Non-Preferred	\$75	\$75	\$75	\$75
Mail Order (102-day supply)	\$36 / \$165 / \$225	\$36 / \$165 / \$225	\$36 / \$165 / \$225	Deductible, then \$36 / \$165 / \$225

BCBS Medical Spreadsheet – NEW Medical Plan Options available 7/1/24



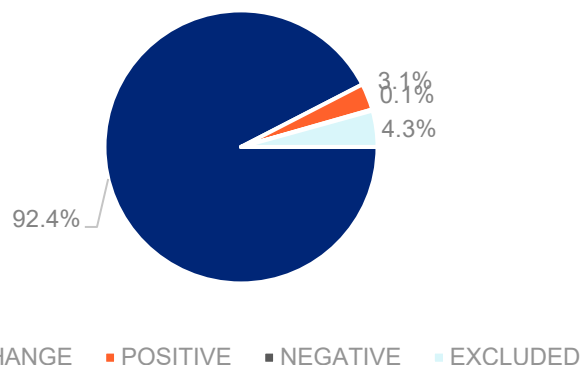
BlueCross BlueShield of Kansas City	\$2500 PPO Base	\$3200 BlueSaver QHDHP
Network	BlueSelect Plus PPO	BlueSelect Plus Blue PPO
Deductible		
Individual	\$2,500	\$3,200
Family	\$7,500	\$6,400
Coinsurance (Member Pays)	20%	10%
Out-of-Pocket Maximum*		
Individual	\$6,300	\$4,300
Family	\$13,200	\$8,600
<i>(includes deductible, coinsurance & copays)</i>		
Raytown Schools Quality Care Clinic		
Preventive Care Visit	No cost	No cost
Preventive Dispensed Medication	No cost	No cost
Non-Preventive Care Visit	No cost	\$30 per visit
Non-Preventive Dispensed Medication	No cost	\$8 per medication
Home Delivery Pharmacy	No cost	No cost
Behavioral Health Counseling	No cost	\$30 per visit
Physical Therapy	No cost	\$30 per visit
Office Visit		
Primary Care Physician	\$35 copay	Deductible then 10%
Specialist	\$70 copay	Deductible then 10%
Preventive Care	Covered at 100%	Covered at 100%
Diagnostics		
Lab and X-ray	Deductible then 20%	Deductible then 10%
Major Diagnostics (MRI, CT, PET...)	Deductible then 20%	Deductible then 10%
Urgent Care	\$70 copay	Deductible then 10%
Emergency Room	\$200 copay then deductible then 20%	Deductible then 10%
Outpatient Surgery	Deductible then 20%	Deductible then 10%
Inpatient Hospital Services	Deductible then 20%	Deductible then 10%
Prescription Drug		
Tier 1 Generic	\$12	Deductible, then \$12
Tier 2 Preferred	\$55	\$55
Tier 3 Non-Preferred	\$75	\$75
Mail Order (102-day supply)	\$36 / \$165 / \$225	Deductible, then \$36 / \$165 / \$225

Blue KC Formulary Option



Disruption Type	Utilizers	Rxs	Pct of Total Rxs
NO CHANGE	1,017	9,913	92.4%
POSITIVE	86	337	3.1%
NEGATIVE	10	15	0.1%
EXCLUDED	109	460	4.3%
Total	1,222	10,725	100.0%

Percent of Impacted Rxs



Negative Member Impact			
Impacted Drugs	Utilizers	% of Utilizers	% of Rxs
1 Drug	91	78.4%	59.5%
2 Drugs	18	15.5%	23.5%
3+ Drugs	7	6.0%	17.0%
	116	100.0%	100.0%

Current Ingredient Cost	New Ingredient Cost	% of Savings	Savings Amount
\$2,411,887	\$2,315,240	4.0%	\$96,647

Blue KC Formulary Option Con't.



Premium Formulary Disruption Type:

- **Positive** means the utilized drug is going to lower tier (less cost to member)
- **Negative** means the utilized drug is going to a higher tier (more cost to member)
- **Excluded** means the drug is not on the new formulary

Every excluded product has at least one if not several lower-costing products approved to perform clinically the same

If a member wins a formulary exclusion appeal, typically they will pay the non-preferred brand copay

A member is welcome to continue use of the excluded drug but this would not process through insurance so it would be at pharmacy cost and not apply to deductible/out of pocket maximum

With a few exceptions, Blue KC Rx team is willing to grandfather in a specific drug if there is concern from group

There are 1,017 members with 9,913 (92.4%) scripts who will experience no change

Positive means the utilized drug is going to lower tier (less cost to member)

- RQS has **86 members with 337 (3.1%) scripts** who would pay less for their current medication on the new formulary

Negative means the utilized drug is going to a higher tier (more cost to member)

- RQS has **10 members with 15 (0.1%) scripts** who would pay more for their medication if they do not choose an alternative medication on the new formulary in that therapeutic class

Excluded means the drug is not on the new formulary

- RQS has **109 members with 460 (4.3%) scripts** who are currently taking a drug that would be excluded on the new formulary; if they continue taking the medication the cost will not be discounted and will not go towards their deductible or out of pocket maximum; a covered alternative drug in the therapeutic category will be available on the new formulary

There are 116 members who will experience a negative impact:

There are 91 members (78.4%) who will experience a negative impact on 1 medication

There are 18 members (15.5%) who will experience a negative impact on 2 medications

There are 7 members (6%) who will experience a negative impact on 3 or more medications

Negative Impact = Up Tier or Exclusion

Blue KC Formulary Option Con't.



Medications in the Excluded category will have an alternative medication in Tier 1, 2 or 3; for example:

- Ibuprofen/Famotidine = famotidine, ibuprofen
- Onetouch Verio Test Strips = Ascencia (Contour, Contour Next)
- Plenvu = Gavilyte, peg 3350, Clenpig, Suprep
- Fluticasone Propionate / Salmeterol FHA = Trelegy Ellipta, Nucala, Fasenra
- Metaxalone = Baclofen, Chlorzoxazone, Dantrium
- Freestyle Libre = Dexcom
- Levemir Flextouch = Lantus, Toujeo

The following are some examples of excluded medications that have a generic equivalent

- Vyvanse
- Flovent HFA
- Adderall XR
- Mydayis
- Synthroid



SECTION 3

2024 Ancillary Renewals

Delta Dental – Dental Renewal



Dental Renewal – Delta Dental (Employee Paid)

- Renewing 7/1/2024 with 0% increase in rates and no change in benefits. Rates are guaranteed for 2 years. Next renewal will be 7/1/26.
- Current Enrollment:
 - Low Plan: 514 Employees
 - High Plan: 537 Employees

Low Plan	Current	Renewal
Employee	\$23.12	\$23.12
Employee + 1	\$44.06	\$44.06
Employee + Family	\$75.30	\$75.30

High	Current	Renewal
Employee	\$41.68	\$41.68
Employee + 1	\$80.57	\$80.57
Employee + Family	\$125.84	\$125.84

VSP Vision Renewal



Vision Renewal – VSP (Employee Paid)

- No change in rates
- Benefits:
 - Increase in contact allowance from \$150 to \$180
 - Add VSP Light Care (ready made sunglasses or blue light filtering glasses for members get an eye exam but do not need a prescription). Can be ordered through Eyeconic online store as well as purchased through a VSP provider.
- 4-year rate guarantee; Next Renewal 7/1/28

	Current	Renewal
Employee	\$8.91	\$8.91
Employee + Spouse	\$17.82	\$17.82
Employee + Child(ren)	\$19.07	\$19.07
Employee + Family	\$30.46	\$30.46

A photograph of a business meeting in a modern office. Two people are seated at a white table, looking at documents and a smartphone. The background shows a large window with a view of a city skyline. The image is overlaid with a green triangle on the left and a dark blue triangle on the right.

SECTION

Exhibits

Delta Dental Benefits – Low Plan



	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	
Deductible Individual / Family	\$50 / \$150			Applies to Basic Services only
Calendar Year Benefit Maximum	\$1,250 per person			Applied to Basic Services only
Diagnostic and Preventive Services	100%	100%	100%	<ul style="list-style-type: none"> • Bitewing x-rays, two sets per calendar year • Full-mouth x-rays, once in any 3 year period • Periapical x-rays as required • Oral exams (all types), twice per calendar year • Prophylaxis (cleanings), twice per calendar year • Sealants for dependent children under age 15, once per tooth every 3 years, limited to caries-free first and second permanent molars • Fluoride, twice per calendar year for dependents under age 19 • Space maintainers, for dependent children under age 16, initial appliance only • Emergency palliative treatment
Basic Services	100%	80%	80%	<ul style="list-style-type: none"> • Fillings; restorative services including composite resin (white) and amalgam (silver) • Simple extractions • Surgical extractions and other oral surgery • Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period) • Stainless steel crowns • General anesthesia, in conjunction with a covered surgical procedure
Dependent children are eligible until the end of the month in which they turn age 26.				

Delta Dental Benefits – High Plan



	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	
Calendar Year Deductible Individual / Family	\$50 / \$150			Applies to Basic and Major Services only ¹
Calendar Year Benefit Maximum	\$1,250 per person			Applies to Basic and Major Services only ¹
Orthodontic Lifetime Maximum	\$1,250 per eligible dependent			<ul style="list-style-type: none"> • For dependent children to age 19 who begin treatment while covered by this plan¹
Diagnostic and Preventive Services	100%	100%	100%	<ul style="list-style-type: none"> • Bitewing x-rays, two sets per calendar year • Full-mouth x-rays, once in any 3 year period • Periapical x-rays as required • Oral exams (all types), twice per calendar year • Prophylaxis (cleanings), twice per calendar year • Sealants for dependent children under age 15, once per tooth every 3 years, limited to caries-free first and second permanent molars • Fluoride, twice per calendar year for dependents under age 19 • Space maintainers, for dependent children under age 16, initial appliance only • Emergency palliative treatment
Basic Services	100%	80%	80%	<ul style="list-style-type: none"> • Fillings; restorative services including composite resin (white) and amalgam (silver) • Simple extractions • Surgical extractions and other oral surgery • Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period) • Stainless steel crowns • General anesthesia, in conjunction with a covered surgical procedure
Major Services	50%	50%	50%	<ul style="list-style-type: none"> • Periodontal maintenance, twice per calendar year (this limit is also combined with the prophylaxis limit) • Periodontics: treatment for diseases of gums and bone supporting the teeth (Periodontal surgery is covered once in a 3 year period for the same site) (Scaling and root planning is limited to once in a 2 year period for the same site) • Prosthetics: bridges and dentures, replacements are covered once in a 5 year period but not during the first year of coverage² • Crowns, inlays and onlays when required for restorative purposes, replacements covered once every 5 years per tooth
Orthodontic Services	50%	50%	50%	
Dependent children are eligible until the end of the month in which they turn age 26.				

VSP Vision Benefits



VSP	Employee Cost Per Month
Employee	\$8.91
Employee & Spouse	\$17.82
Employee & Child(ren)	\$19.07
Employee & Family	\$30.46
	Cost for Services when using VSP Providers:
Examination Copays	
- Exams	\$10
- Prescription Glasses	\$25
- Lenses	
Anti-Reflective	\$35
Standard progressive lenses	\$0
Premium progressive lenses	\$80-\$90
Custom Progressive lenses	\$120-\$160
- Contact Lens Fitting and Evaluation	Up to \$60
- Diabetic Eyecare Plus Program	\$20
Frequency of Service	
Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
	(12 months for children under the age 18)
Diabetic Eyecare Plus Program	As needed
Allowances	
- Frames	
VSP Doctors and Retail Chains	\$200, plus 20% off over allowance
Costco Optical	\$110
Walmart Optical and Sam's Club Optical	\$200
- Contact Lenses	\$180
Extra Discounts	
- Additional Glasses or Sunglasses	20% - 30% off
- Laser Vision Correction	5% - 15% off