



April 10, 2023

**2023**

**RENEWAL**

**PRESENTATION**

**Raytown C-2 School  
District**





**SECTION**

**1**

**PRIOR PLAN YEAR REVIEW**

# July 1, 2022 Renewal Review

## MEDICAL

- Renewal continued to include wellness fund of \$40,000.
- CBIZ negotiated rate pass with no plan design changes.

## DENTAL

- Renewed with a 4.9% increase in rates and no change in benefits.
- 2-year rate guarantee. Next renewal 7/1/24.

## VISION

- Renewed with no increase in rates.
- 2-year rate guarantee. Next renewal 7/1/24.
- Benefit Enhancements: \$200 Retail Frame Allowance, \$150 Elective Contact Lens Allowance (Prior - \$130 Retail Frame Allowance, \$130 Elective Contact Lens Allowance).

## LIFE & AD&D

- Renewed with no increase in rates and no change in benefits.
- 3-year rate guarantee. Next renewal 7/1/25.
- Basic Life Rate: \$.11/\$1,000
- Basic AD&D Rate: \$.015/\$1,000
- Voluntary Life and AD&D Rates Included in Exhibits.



SECTION

# 2

2023 Medical Renewal



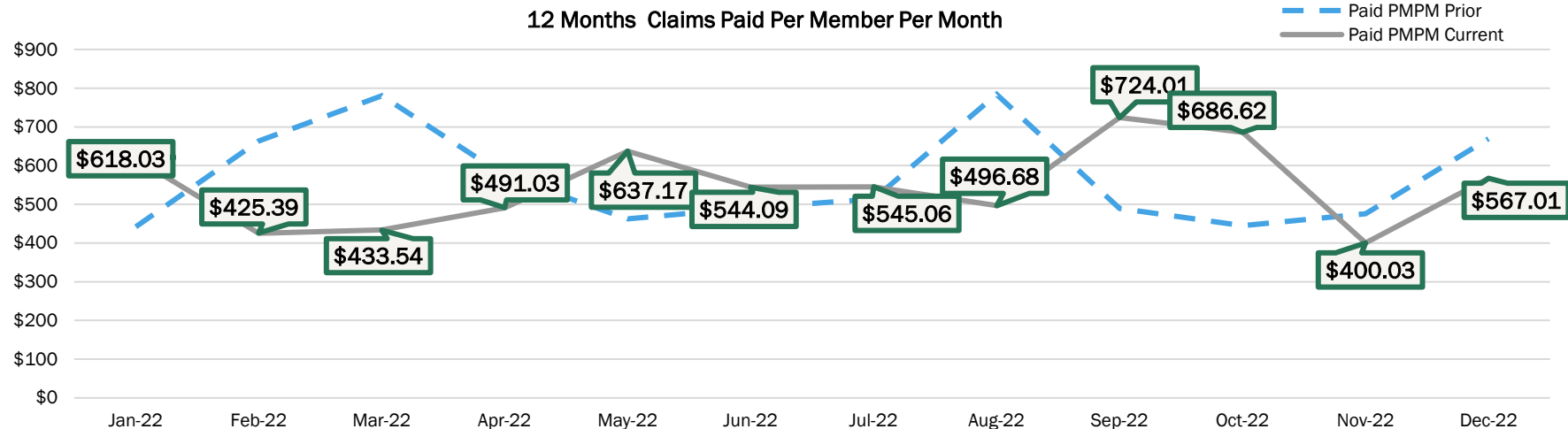


# Medical Plan Renewal Executive Summary

- The renewal rating period used in the renewal calculation was January 1, 2022 to December 31, 2022. In this timeframe, per member/per month claims have decreased by -3% on a gross basis, and -1% on a net basis (after pooling).
- The claims experience for the current plan year (July 1, 2022 – December 31, 2022) is running well. Paid claims are 4% below your expected paid claims level, and approximately 9% below your aggregate maximum.
- Renewal continues to include wellness fund of \$40,000.
- The QHDHP will have 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 to be effective July 1, 2023, with the above statutory change and the addition of the following:
  - Copay Card Accumulator Program to QHDHP
  - Variable Copay Solution Program to PPO Plans

# Claims Dashboard

	PRIOR 12 MONTHS January 2021 - December 2021			CURRENT 12 MONTHS January 2022 - December 2022			PMPM Trend
	Subscribers	Members	PMPM	Subscribers	Members	PMPM	
<b>Summary</b>	1,167	1,367	\$565	1,157	1,348	\$547	-3%
<b>Less Claims Over Pooling</b>	1,167	1,367	\$524	1,157	1,348	\$521	-1%
Active	1,106	1,298	\$520	1,099	1,280	\$475	-9%
Retirees under 65	38	41	\$1,588	38	45	\$2,246	41%
Retirees 65 and Over	21	26	\$1,091	18	21	\$902	-17%
COBRA	3	3	\$1,659	3	3	\$3,786	128%
	Subscribers	Members	PMPM	Subscribers	Members	PMPM	PMPM Trend
\$1000 PPO Buy-Up PCB (5114)	14	20	\$800	11	15	\$1,307	63%
\$1500 PPO Buy-Up PCB (5115)	43	53	\$840	41	55	\$794	-5%
\$2500 PPO Base PCB (5116)	569	680	\$532	542	639	\$554	4%
\$2800 BlueSaver QHDHP PCB (HE74)	541	614	\$570	564	640	\$500	-12%



Detailed Plan Performance   Reporting Period: January 2022 - December 2022					
	Medical Paid	Medical Value Payments	Capitation	Pharmacy Paid	Total Paid
<b>Summary</b>	\$6,633,362	\$60,321	\$0	\$2,153,286	\$8,846,970

# COPAY DRUG PROGRAMS

## Copay Card Accumulator Adjustment Program (CCAA)

- Provides real-time solution to prevent copay card dollars from being included in members' accumulators (deductibles and out-of-pocket maximums)
- Amount of copay assistance varies by drug. Some copay cards will cover as much as \$32K a year.
- No cost to add
- 12 utilizers impacted (60 impacted scripts); projected plan savings of \$21K
- *Please note: The program is only applicable to Specialty claims that are filled with OptumRx pharmacy. Specialty claims filled at Children's Mercy, St. Luke's, and University of Kansas Hospital would not be applicable for this program.*

## Variable Copay Solution (VCS)

- CCAA program will prevent the dollars from being applied to the member's deductibles and out of pocket maximum. While VCS, on the other hand, can bring actual savings to the Plan by maximizing the available copay assistance.
- CCAA coupon dollars avoided should not be added to the total VCS estimated savings.
- Approximately 200 medications are currently on the VCS drug list.
- This is a buy-up program and requires CCAA implementation at the same time.
- This program only applies to RSD's PPO plan options (plans that have a Rx copay).
  - Preferred-Care Blue \$1000 PPO Plan
  - Preferred-Care Blue \$1500 PPO Plan
  - Preferred-Care Blue \$2500 PPO Plan
- 6 utilizers impacted (29 impacted scripts); projected plan savings of \$21,000
- *Please note: The program is only applicable to Specialty claims that are filled with OptumRx pharmacy. Specialty claims filled at Children's Mercy, St. Luke's, and University of Kansas Hospital would not be applicable for this program.*

# 7-1-23 Medical Plan Premiums

## \$3,000 BlueSaver QHDHP

	Premium	Contribution	
		Employer	Employee
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

	Premium	Contribution	
		Employer	Employee
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



# 7-1-23 Medical Plan Premiums (cont.)

## \$1,500 PPO Buy-Up

	Premium	Contribution	
		Employer	Employee
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 (Closed Plan)

	Premium	Contribution	
		Employer	Employee
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



# Medical Plan Summary

	\$1000 PPO Base	\$1500 PPO Buy-Up	\$2500 PPO Base	\$3000 BlueSaver QHDHP
<b>Network</b>	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO
<b>Deductible</b>				
Individual	\$1,000	\$1,500	\$2,500	\$3,000 (currently \$2,800)
Family	\$3,000	\$4,500	\$7,500	\$6,000 (currently \$5,600)
<b>Coinsurance</b> (Member Pays)	20%	20%	20%	10%
<b>Out-of-Pocket Maximum*</b>				
Individual	\$5,400	\$5,750	\$6,300	\$4,300 (currently \$4,000)
Family	\$12,750	\$13,100	\$13,200	\$8,600 (currently \$8,000)
<i>(includes deductible, coinsurance &amp; copays)</i>				
<b>Raytown Schools Quality Care Clinic</b>				
Preventive Care Visit	Free	Free	Free	Free
Preventive Medication	Free	Free	Free	Free
Non-Preventive Care Visit	Free	Free	Free	\$30 per visit
Non-Preventive Medication	Free	Free	Free	\$8 per medication
Home Delivery Pharmacy	Free	Free	Free	Free
Physical Therapy	Free	Free	Free	Free
(See pages 8-10 for details)	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
<b>Office Visit</b>				
Primary Care Physician	\$35 copay	\$35 copay	\$35 copay	Deductible then 10%
Specialist	\$70 copay	\$70 copay	\$70 copay	Deductible then 10%
<b>Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Diagnostics</b>				
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%
<b>Urgent Care</b>	\$70 copay	\$70 copay	\$70 copay	Deductible then 10%
<b>Emergency Room</b>	\$200 copay then deductible then 20%	\$200 copay then deductible then 20%	\$200 copay then deductible then 20%	Deductible then 10%
<b>Outpatient Surgery</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
<b>Inpatient Hospital Services</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
<b>Prescription Drug</b>				
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



**SECTION**

**3**

**Exhibits**



# 2023 Dental Plan Summary – Low Plan

Delta Dental PPO <sup>SM</sup> Low Plan Features	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non- Participating Dentist
	Based on applicable PPO <sup>SM</sup> Maximum Plan Allowance – No Balance Billing	Based on applicable Premier <sup>®</sup> Maximum Plan Allowance – No Balance Billing	Based on applicable Maximum Plan allowance for Non- Participating Dentist – Dentist Balance Bills
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Bitewing x-rays, two sets per calendar year</li> <li>• Full-mouth x-rays, once in any 3 year period</li> <li>• Periapical x-rays as required</li> <li>• Oral exams (all types), twice per calendar year</li> <li>• Prophylaxis (cleanings), twice per calendar year</li> <li>• Sealants for dependent children under age 15, once per tooth every 3 years, limited to caries-free first and second permanent molars</li> <li>• Fluoride, twice per calendar year for dependents under age 19</li> <li>• Space maintainers, for dependent children under age 16, initial appliance only</li> <li>• Emergency palliative treatment</li> </ul>	100%	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings; restorative services including composite resin (white) and amalgam (silver)</li> <li>• Simple extractions</li> <li>• Surgical extractions and other oral surgery</li> <li>• Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period)</li> <li>• Stainless steel crowns</li> <li>• General anesthesia, in conjunction with a covered surgical procedure</li> </ul>	100%	80%	80%
Calendar Year Deductible (applies to Basic Services only)	\$50 per person / \$150 family limit		
Calendar Year Benefit Maximum	\$1,250 per person		
Dependent Age Limit: End of month following 26 <sup>th</sup> birthday			

# 2023 Dental Plan Summary – High Plan

Delta Dental PPO <sup>SM</sup> High Plan Features	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non-Participating Dentist
	Based on applicable PPO <sup>SM</sup> Maximum Plan Allowance – No Balance Billing	Based on applicable Premier <sup>®</sup> Maximum Plan Allowance – No Balance Billing	Based on applicable Maximum Plan allowance for Non-Participating Dentist – Dentist Balance Bills
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Bitewing x-rays, two sets per calendar year</li> <li>• Full-mouth x-rays, once in any 3 year period</li> <li>• Periapical x-rays as required</li> <li>• Oral exams (all types), twice per calendar year</li> <li>• Prophylaxis (cleanings), twice per calendar year</li> <li>• Sealants for dependent children under age 15, once per tooth every 3 years, limited to caries-free first and second permanent molars</li> <li>• Fluoride, twice per calendar year for dependents under age 19</li> <li>• Space maintainers, for dependent children under age 16, initial appliance only</li> <li>• Emergency palliative treatment</li> </ul>	100%	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings; restorative services including composite resin (white) and amalgam (silver)</li> <li>• Simple extractions</li> <li>• Surgical extractions and other oral surgery</li> <li>• Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period)</li> <li>• Stainless steel crowns</li> <li>• General anesthesia, in conjunction with a covered surgical procedure</li> </ul>	100%	80%	80%
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Periodontal maintenance, twice per calendar year (this limit is also combined with the prophylaxis limit)</li> <li>• 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)</li> <li>• Prosthetics: bridges and dentures, replacements are covered once in a 5 year period but not during the first year of coverage<sup>1</sup></li> <li>• Crowns, inlays and onlays when required for restorative purposes, replacements covered once every 5 years per tooth</li> </ul>	50%	50%	50%
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• For dependent children to age 19 that begin treatment while covered by this plan<sup>2</sup></li> </ul>	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 per person / \$150 family limit		
Calendar Year Benefit Maximum	\$1,250 per person		
Orthodontic Lifetime Maximum	\$1,250 per eligible dependent		
Dependent Age Limit: End of month following 26 <sup>th</sup> birthday			



# 2023 Dental Plan Summary

## DELTA DENTAL PPO<sup>SM</sup> NETWORK

Comprised of a select panel of dentists, over 207,000 dental offices nationwide participate in the Delta Dental PPO<sup>SM</sup> program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPO<sup>SM</sup> dentist. These dentists agree to:

- Accept payment based on the applicable PPO<sup>SM</sup> Maximum Plan Allowance – under this network, fewer dollars accumulate towards your annual benefit maximum, your out-of-pocket expenses are typically less and you are protected from balance billing.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

Your out-of-pocket expenses will be lowest when you see a Delta Dental PPO<sup>SM</sup> dentist.

## DELTA DENTAL PREMIER<sup>®</sup> NETWORK

Comprised of over 292,000 participating dental offices nationwide, Delta Dental Premier<sup>®</sup> offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- Accept payment based on the applicable Premier<sup>®</sup> Maximum Plan Allowance – these dentists have agreed to accept this as payment in full which means you are protected from balance billing.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

The Delta Dental Premier<sup>®</sup> Network offers you cost control and claims filing advantages as noted above. However, your out-of-pocket expenses (deductibles and coinsurance amounts) may be higher with a Premier<sup>®</sup> dentist, based upon your plan design.

## NON-PARTICIPATING DENTIST

If you receive services from a non-participating dentist (does not participate in either Delta Dental network):

- You may be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on Delta Dental's non-participating Maximum Plan Allowance.
- You will be responsible for the difference between the dentist's charge and Delta Dental's non-participating Maximum Plan Allowance.

Your out-of-pocket expenses may be more when you use a non-participating dentist.



# 2023 Vision Plan Summary

Vision	
Network	VSP Signature
Copays - Exams - Prescription Glasses - Lenses Anti-reflective Standard progressive lenses Premium progressive lenses Custom Progressive lenses - Contacts - Diabetic Eyecare Plus Program	\$10 \$25 \$35 \$0 \$80 - \$90 \$120 - \$160 Up to \$60 \$20
Frequency Limitations Exams Lenses Frames  Diabetic Eyecare Plus Program	Every 12 months Every 12 months Every 24 months  (12 months for children under the age 18) As needed
Allowances - Frames Wide selection Featured frame brands - Contact Lenses	\$200 \$220 20% off amount over allowance \$150
Extra Discounts - Additional Glasses or Sunglasses - Laser Vision Correction - Featured Frame Brands - Costco, Walmart, Sam's Club	20 - 30% off 5 - 15% off Extra \$20 allowance \$200

# 2023 Life & AD&D Summary

## Group Term Life with AD&D



The District provides a basic \$15,000 term life insurance with accidental death and dismemberment (AD&D) benefit at no cost if you are an active employee working 10 or more hours per week. Please be sure your beneficiary information is up to date for all life insurance coverage.

## Supplemental Term Life with AD&D

Employees who want to supplement their District paid basic life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase coverage as follows:

- **Employee:** You may purchase coverage in units of \$10,000 to a maximum of \$200,000 without medical questions. Coverage over these amounts to a maximum of \$500,000 is available with medical questions. Your coverage may not exceed 6 times your annual earnings.
- **Spouse:** You may purchase coverage for your eligible spouse in units of \$5,000 to a maximum of \$25,000 without medical questions. Coverage over these amounts to a maximum of \$250,000 is available with medical questions. Spousal coverage may not exceed 100 percent of your additional life coverage.
- **Children:** You may purchase coverage for your eligible children between the ages of birth and the end of the month in which they turn 26 in the amount of \$10,000.

## Supplemental Term Life with AD&D Employee Costs

Employee Coverage

Employee's Age As of July 1, 2019	Rate (per \$1,000 of total coverage)
< 25	\$0.070
25 - 29	\$0.076
30 - 34	\$0.082
35 - 39	\$0.101
40 - 44	\$0.137
45 - 49	\$0.198
50 - 54	\$0.296
55 - 59	\$0.467
60 - 64	\$0.613
65 - 69	\$1.028
70 - 74	\$1.815
75 +	\$3.092

Spousal Coverage

Employee's Age As of July 1, 2019	Rate (per \$1,000 of total coverage)
< 25	\$0.070
25 - 29	\$0.076
30 - 34	\$0.082
35 - 39	\$0.101
40 - 44	\$0.137
45 - 49	\$0.198
50 - 54	\$0.296
55 - 59	\$0.467
60 - 64	\$0.613
65 - 69	\$1.028
70 - 74	\$1.815
75 +	\$3.092