



March 14, 2022

7/1/22
BENEFITS
RENEWAL FOR
BOARD
MATERIALS



CBIZ



SECTION

1

**PRIOR YEAR RENEWAL
SUMMARY**

July 1, 2021 Renewal History

MEDICAL

- The pharmacy carve-in credit increased at renewal from \$13.00 per employee, per month to \$14.00, an annual increase of nearly \$17,000.
- Renewal continued to include wellness fund of \$40,000.
- BlueKC's initial requested increase was 8% but CBIZ was able to negotiate an overall 5% increase to be effective July 1, 2021, with no plan design changes.
- Ended 2020-2021 Plan Year with a claim surplus of approximately \$875,350 and a estimated funding surplus of \$977,860.

DENTAL

- 7/1/21 negotiated a rate hold with no change in benefits.

VISION

- 2nd year of a two-year rate guarantee.

LIFE & AD&D

- 2nd-year of a 2-year rate guarantee.



SECTION

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**2022 MEDICAL
RENEWAL**



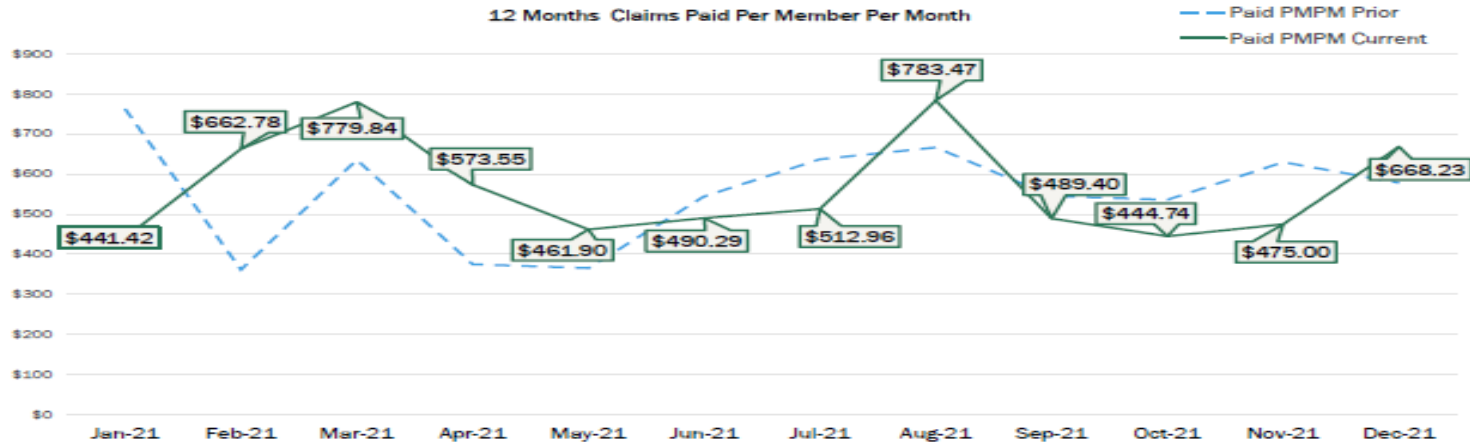
2022 Medical Plan Renewal Executive Summary

- The plan year July 1, 2020 – June 30, 2021 ended in an aggregate surplus position of \$875,351.
- The renewal rating period used in the renewal calculation was December 1, 2020 to November 30, 2021. In this timeframe, per member/per month claims have decreased by -2% on a gross basis, and -2% on a net basis (after pooling).
- The claims experience for the current plan year (July 1, 2021 – December 31, 2021) is running well, with a current aggregate surplus of \$470,276. Paid claims are 5% below your expected paid claims level, and approximately 9% below your aggregate maximum.
- The pharmacy carve-in credit will increase at renewal from \$14.00 per employee, per month to \$15.50, an annual increase of nearly \$24,912.
- Renewal continues to include wellness fund of \$40,000.
- BlueKC has requested a pass to be effective July 1, 2022, with no plan design changes.

Plan Performance - Claims Dashboard



	PRIOR 12 MONTHS January 2020 - December 2020			CURRENT 12 MONTHS January 2021 - December 2021			PMPM Trend
	Subscribers	Members	PMPM	Subscribers	Members	PMPM	
Summary	1,172	1,381	\$553	1,168	1,368	\$565	2%
Less Claims Over Pooling	1,172	1,381	\$511	1,168	1,368	\$524	3%
Active	1,105	1,300	\$496	1,107	1,299	\$519	5%
Retirees under 65	39	41	\$1,270	38	41	\$1,629	28%
Retirees 65 and Over	25	33	\$1,983	21	26	\$1,091	-45%
COBRA	2	7	\$293	3	3	\$1,659	466%
	Subscribers	Members	PMPM	Subscribers	Members	PMPM	PMPM Trend
\$1000 PPO Buy-Up PCB (5114)	20	28	\$1,410	14	20	\$800	-43%
\$1500 PPO Buy-Up PCB (5115)	44	54	\$859	43	53	\$840	-2%
\$2500 PPO Base PCB (5116)	608	729	\$609	571	681	\$532	-13%
\$2800 BlueSaver QDHP PCB (HE74)	500	570	\$410	541	614	\$570	39%



Detailed Plan Performance Reporting Period: January 2021 - December 2021					
	Medical Paid	Medical Value	Capitation	Pharmacy Paid	Total Paid
Summary	\$8,936,733	\$99,983	\$0	\$2,267,988	\$9,274,703

2022 Medical Plan Premiums



\$2,800 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

\$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	\$2800 BlueSaver QHDHP
Network	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO
Deductible Individual Family	\$1,000 \$3,000	\$1,500 \$4,500	\$2,500 \$7,500	\$2,800 \$5,600
Coinsurance (Member Pays)	20%	20%	20%	10%
Out-of-Pocket Maximum* Individual Family <i>(includes deductible, coinsurance & copays)</i>	\$5,400 \$12,750	\$5,750 \$13,100	\$6,300 \$13,200	\$4,000 \$8,000
Raytown Schools Quality Care Clinic Preventive Care Visit Preventive Medication Non-Preventive Care Visit Non-Preventive Medication Home Delivery Pharmacy Physical Therapy <i>(See pages 8-10 for details)</i>	Free Free Free Free Free \$30 per visit	Free Free Free Free Free \$30 per visit	Free Free Free Free Free \$30 per visit	Free Free \$30 per visit \$8 per medication Free \$30 per visit
Office Visit Primary Care Physician Specialist	\$35 copay \$70 copay	\$35 copay \$70 copay	\$35 copay \$70 copay	Deductible then 10% Deductible then 10%
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Diagnostics Lab and X-ray Major Diagnostics (MRI, CT, PET...)	Deductible then 20% Deductible then 20%	Deductible then 20% Deductible then 20%	Deductible then 20% Deductible then 20%	Deductible then 10% 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 Tier 2 Preferred Tier 3 Non-Preferred Mail Order (102-day supply)	\$12 \$55 \$75 \$36 / \$165 / \$225	\$12 \$55 \$75 \$36 / \$165 / \$225	\$12 \$55 \$75 \$36 / \$165 / \$225	Deductible, then \$12 \$55 \$75 Deductible, then \$36 / \$165 / \$225



SECTION

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**2022 ANCILLARY LINE
RENEWALS**



2022 Ancillary Renewals

Dental Renewal – Delta Dental (Employee Paid)

Renewing 7/1/2022 with 4.9% increase in rates and no change in benefits. Rates are guaranteed for 2 years. Next renewal will be 7/1/24.

LOW PLAN	Current	Renewal
Employee	\$22.04	\$23.12
Employee + 1	\$42.00	\$44.06
Employee + Family	\$71.78	\$75.30

HIGH PLAN	Current	Renewal
Employee	\$39.73	\$41.68
Employee + 1	\$76.81	\$80.57
Employee + Family	\$119.96	\$125.84

Vision Renewal – VSP (Employee Paid)

Renewal:

- Benefit Enhancements: \$200 Retail Frame Allowance, \$150 Elective Contact Lens Allowance (Current \$130 Retail Frame Allowance, \$130 Elective Contact Lens Allowance)
- No change in rates
- 2 year rate guarantee

	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

Life Renewals – Standard

Renewing 7/1/2022 with no increase in rates and no change in benefits. Rates are guaranteed for 3 years. Next renewal will be 7/1/25.

- Basic Life Rate: \$.11/\$1,000
- Basic AD&D Rate: \$.015/\$1,000
- Voluntary Life and AD&D Rates – see page 12



Dental Plan Summary – Low Plan

Delta Dental Low Plan (In Network)

Delta Dental PPO SM Low Plan Features	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non- Participating Dentist
	Based on applicable PPO SM Maximum Plan Allowance -- No Balance Billing	Based on applicable Premier [®] Maximum Plan Allowance -- No Balance Billing	Based on applicable Maximum Plan allowance for Non- Participating Dentist -- Dentist Balance Bills
Diagnostic and Preventive Services <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 	100%	100%	100%
Basic Services <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 	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 th birthday			

Dental Plan Summary – High Plan



Delta Dental High Plan (In Network)

Delta Dental PPO SM High Plan Features	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
	Based on applicable PPO SM Maximum Plan Allowance -- No Balance Billing	Based on applicable Premier [®] Maximum Plan Allowance -- No Balance Billing	Based on applicable Maximum Plan allowance for Non- Participating Dentist -- Dentist Balance Bills
Diagnostic and Preventive Services <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 	100%	100%	100%
Basic Services <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 	100%	80%	80%
Major Services <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 coverage¹ • Crowns, inlays and onlays when required for restorative purposes, replacements covered once every 5 years per tooth 	50%	50%	50%
Orthodontic Services <ul style="list-style-type: none"> • For dependent children to age 19 that begin treatment while covered by this plan² 	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 th birthday			

Dental Plan (Cont.)



Delta Dental Networks

DELTA DENTAL PPOSM NETWORK

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

- Accept payment based on the applicable PPOSM 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 PPOSM dentist.

DELTA DENTAL PREMIER[®] NETWORK

Comprised of over 292,000 participating dental offices nationwide, Delta Dental Premier[®] 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[®] 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[®] 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[®] 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.

Vision Plan Summary



VSP Vision Plan (In Network)

	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	\$130 \$150 20% off amount over allowance \$130
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 \$70



Life/AD&D Plan 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

Child(ren) Coverage monthly rate is \$0.90 for \$10,000 regardless of the number of eligible children covered.