



Benefits Renewal for 7/1/19 Board Materials

Raytown C-2 School District

March 11, 2019



SECTION 1

2019 MEDICAL RENEWAL

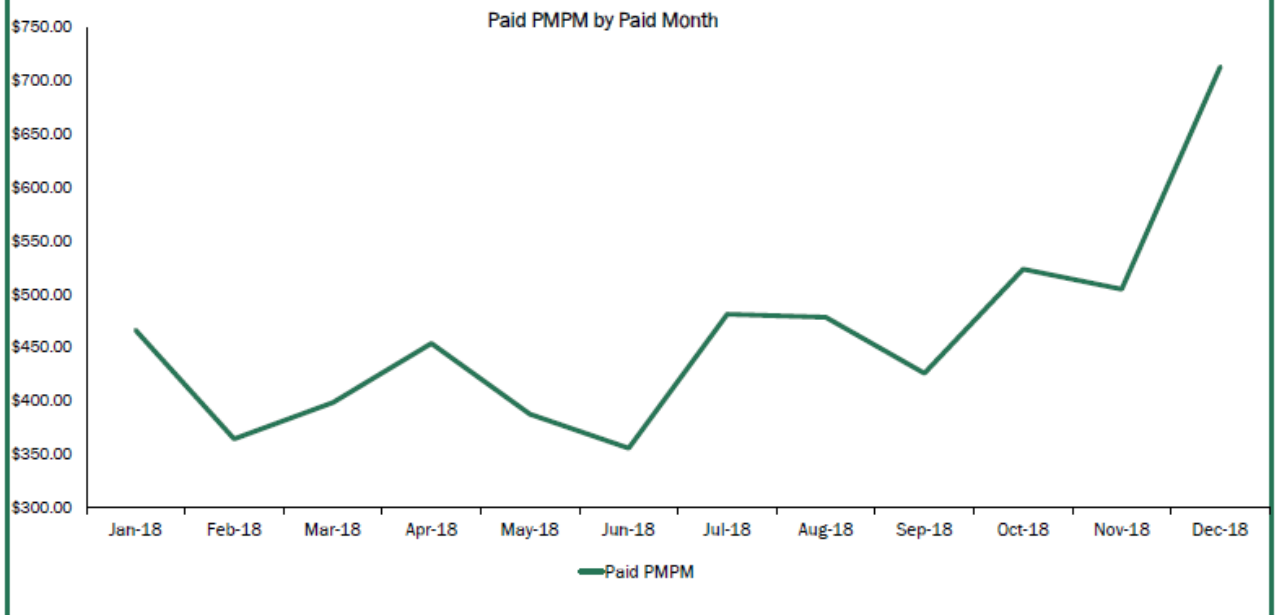
Claims Dashboard



Claims Dashboard - Raytown C-2 School District

January 2018 - December 2018

FINANCIALS							
STATUS	CURRENT 12 MONTHS			PRIOR 12 MONTHS			Annual Trend
	Subscribers	Members	Paid Claims PMPM	Subscribers	Members	Paid Claims PMPM	
Active	1,161	1,359	\$417	1,164	1,360	\$374	11.66%
Retirees Under 65	54	62	\$823	61	65	\$861	-4.48%
Retirees Over 65	29	37	\$1,535	29	37	\$1,152	33.30%
COBRA	3	3	\$594	1	1	\$3,490	-82.97%
Summary	1,247	1,461	\$463	1,255	1,463	\$442	4.75%
PLANS	Subscribers	Members	Paid Claims PMPM	Subscribers	Members	Paid Claims PMPM	Annual Trend
\$1,000 PPO (5114)	32	42	\$1,865	31	40	\$593	214.36%
\$1,500 PPO (5115)	54	66	\$634	59	71	\$618	2.62%
\$2,500 PPO (5116)	728	874	\$414	810	963	\$405	2.24%
BlueSaver QHDHP (HE74)	433	479	\$405	355	389	\$393	3.02%



January 2018 - December 2018	Paid Medical Claims	Capitation	Medical Value Payments	Paid Prescription Drug Claims	Total Paid Claims	Paid PMPM
All Plans Combined	\$5,814,613	\$0	\$62,299	\$2,155,602	\$8,032,514	\$463

HIGH COST CLAIMANTS	
# of Large Claimants Over \$250,000	Total Paid Over \$250,000 (Pooling Point)
1	\$28,346

Renewal Maximum



Raytown School District

July 1, 2019 Renewal - Maximum

Based on Current Contracts Rates & ACA Estimates

Uses Enrollment Based Upon Last Month of Experience Period
\$250,000 Pooling Point

<u>BlueKC</u>	<u>Current</u>	<u>Renewal</u> <u>Using Max Claims</u>	<u>% Change</u>	<u>\$ Change</u>	<u>Overall % Change</u>
Aggregate	\$8,364,840	\$8,774,717	4.9%	\$409,877	3.7%
Admin/Access	\$703,899	\$703,899	0.0%	\$0	0.0%
Pooling	\$2,014,847	\$973,806	-51.7%	-\$1,041,041	-9.4%
Pharmacy Credit	\$0	-\$172,320		-\$172,320	
*Excise Tax	\$46,213	\$28,521	-38.3%	-\$17,692	-0.2%
Comparative Effectiveness Fee	\$3,396	\$0	-100.0%	-\$3,396	0.0%
Illustrative Funding Change	\$11,133,195	\$10,308,623		-\$824,572	-7.4%

Please Note: Change in terminal liability not included in above rates of \$51,231 (does not include terminal admin/access fees)

*Excise tax is suspended for 2019

2019 Medical Plan Premiums



\$2,700 BlueSaver QHDHP*

	Premium	Contribution	
		Employer	Employee
Employee	\$653.14	\$653.14	\$0.00
Employee/Spouse	\$1,502.11	\$653.14	\$848.97
Employee/Children	\$1,221.33	\$653.14	\$568.19
Family	\$2,057.22	\$653.14	\$1,404.08

*Employees that elect the BlueSaver QHDHP during open enrollment for a July 1, 2019 effective date will receive a one-time contribution of \$500 to their UMB Bank Health Savings Account on July 1, 2019.

\$2,500 PPO Base

	Premium	Contribution	
		Employer	Employee
Employee	\$653.14	\$603.14	\$50.00
Employee/Spouse	\$1,502.11	\$603.14	\$898.97
Employee/Children	\$1,221.33	\$603.14	\$618.19
Family	\$2,057.22	\$603.14	\$1,454.08

\$1,500 PPO Buy-Up

	Premium	Contribution	
		Employer	Employee
Employee	\$749.23	\$603.14	\$146.09
Employee/Spouse	\$1,723.12	\$603.14	\$1,119.98
Employee/Children	\$1,401.04	\$603.14	\$797.90
Family	\$2,359.94	\$603.14	\$1,756.80

\$1,000 PPO Buy-Up

	Premium	Contribution	
		Employer	Employee
Employee	\$799.50	\$603.14	\$196.36
Employee/Spouse	\$1,838.69	\$603.14	\$1,235.55
Employee/Children	\$1,494.98	\$603.14	\$891.84
Family	\$2,518.25	\$603.14	\$1,915.11



SECTION 2

2019 ANCILLARY RENEWALS

2019 Ancillary Renewals



Dental Renewal – Delta Dental (Employee Paid)

- Initial Renewal: 0%
- Negotiated Renewal: -8% guarantee for 2 years with 6.5% rate cap in year 3

Base	Current	Renewal
Employee	\$23.96	\$22.04
Employee + 1	\$45.65	\$42.00
Employee + Family	\$78.02	\$71.78

Buy-Up	Current	Renewal
Employee	\$43.18	\$39.73
Employee + 1	\$83.49	\$76.81
Employee + Family	\$130.39	\$119.96

Vision Renewal – VSP (Employee Paid)

- Under rate guarantee. Next renewal 7/1/2020.

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

Life Renewals – Standard

- Under rate guarantee. Next renewal 7/1/2020
- Board paid Life rate at \$0.125 per \$1,000 of total coverage



CURRENT PLAN SUMMARIES

Current Plan Summaries



BlueKC Plans (In Network)

	\$1000 PPO Buy-Up	\$1500 PPO Buy-Up	\$2500 PPO Base	\$2700 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	\$2,700
- Family	\$3,000	\$4,500	\$7,500	\$5,400
Coinsurance	20%	20%	20%	10%
Out of Pocket Maximum*				
- Individual	\$5,400	\$5,750	\$6,300	\$4,000
- Family	\$12,750	\$13,100	\$13,200	\$8,000
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Physician Services				
- Primary Care Physician Office Visit	\$35	\$35	\$35	Deductible then 10%
- Specialist Office Visit	\$70	\$70	\$70	Deductible then 10%
- Diagnostic X-Ray	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
- Diagnostic Labs	\$0	\$0	\$0	Deductible then 10%
- Routine Eye Exam	\$35	\$35	\$35	Deductible then 10%
- Chiropractic Services	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Urgent Services				
- Ambulance	Deductible then 20%	Deductible then 20%	Deductible then 20%	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%
- Urgent Care	\$70 Copay	\$70 Copay	\$70 Copay	Deductible then 10%
Hospital Services				
- Inpatient Care	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
- Outpatient Surgery and Services	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
- High Tech Diagnostics	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Prescription Drugs				
- 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

* Out of Pocket Maximum now includes all copays (medical and prescription drug copays).

Current Plan Summaries



Delta Dental Low Dental (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 26th birthday			

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Description will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions.

Current Plan Summaries



Delta Dental PPOSM 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 26th birthday			

This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. If a discrepancy occurs the Summary Plan Description will govern.

¹The 12-month waiting period for a replacement bridge or denture is waived for all members who enroll in this plan effective 7/1/2015.

²Delta Dental will continue providing benefits for orthodontic treatment plans that were covered by the prior carrier and in progress on 7/1/2015. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.

Current Plan Summaries



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.

Current Plan Summaries



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 \$50 \$80 - \$90 \$120 - \$160 Up to \$60 \$20
Frequency Limitations Exams Lenses Frames Diabetic Eyecare Plus Program	Once every 12 months Once every 12 months Once every 24 months 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	20 - 30% off 5 - 15% off

Current Plan Summaries



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.