

2021 RENEWAL PRESENTATION

*Raytown School District
Benefit Committee*

February 24, 2021





July 1, 2020 Renewal History

MEDICAL

- Renewal for medical was 14.5% increase at \$250,000 pooling point.
- Looked at the possibility of changing pooling point from \$250,000 to \$175,000. A Monte Carlo analysis was completed and it was determined that there was no significant benefit for Raytown to move to a \$175,000 pooling point.
- Increased the deductible on the HDHP Plan from \$2,700/\$5,400 to \$2,800/\$5,600 in order for the plan to be embedded. The out of pocket maximum did not change.
- Increased the HSA employer contribution from \$500 to \$750.
- Ended 2019-2020 Plan Year with \$29,145 deficit.

DENTAL

- 2020 is the 2nd year of 2 year rate guarantee. Year 3 has a 6.5% rate cap.

VISION

- VSP offered a renewal with no plan changes and no increase with a 2 year rate guarantee.
- Added retail chains to the current plan with no change in rates. Frame allowance at Walmart/Sam's Club and Costco is \$70 due to the lower cost frames.

LIFE & AD&D

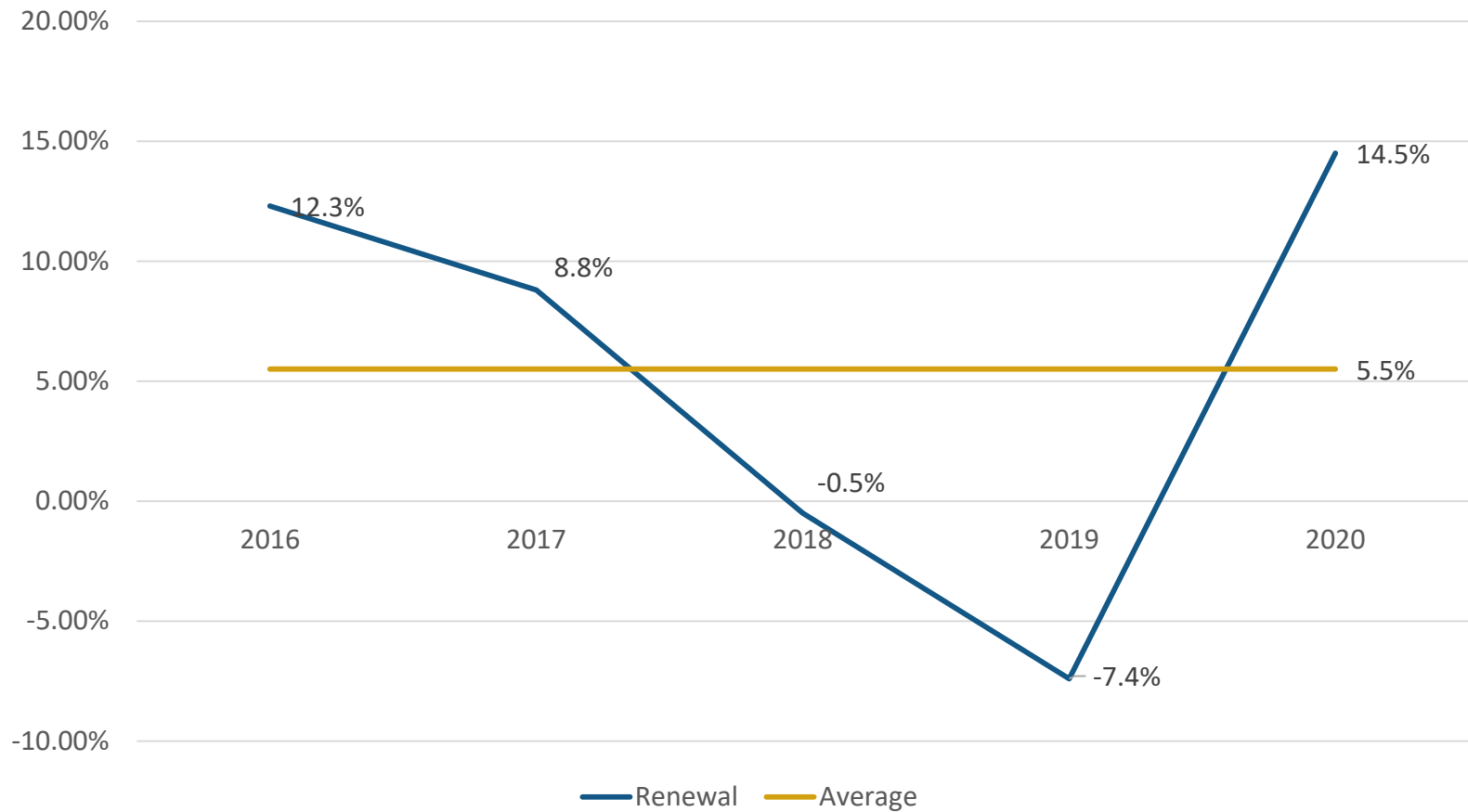
- Standard renewed Basic Life/AD&D and Voluntary Life with AD&D with no increase in rate and no change in benefits. This included a 2-year rate guarantee.

Summary of Current Programs and Renewal Dates



| COVERAGE | CARRIER | RENEWAL DATE | Notes |
|--------------------------------------|--------------------------|--------------|--|
| Dental | Delta Dental of Missouri | 7/1/21 | Renewing 7/1/21 with no increase in rates and no plan design changes |
| Vision | VSP | 7/1/22 | Under rate guarantee until 7/1/22 |
| Basic Life and AD&D / Voluntary Life | Standard | 7/1/22 | Under rate guarantee until 7/1/22 |
| EAP | New Directions | 7/1/22 | Under rate guarantee until 7/1/22 |

Medical Renewal History



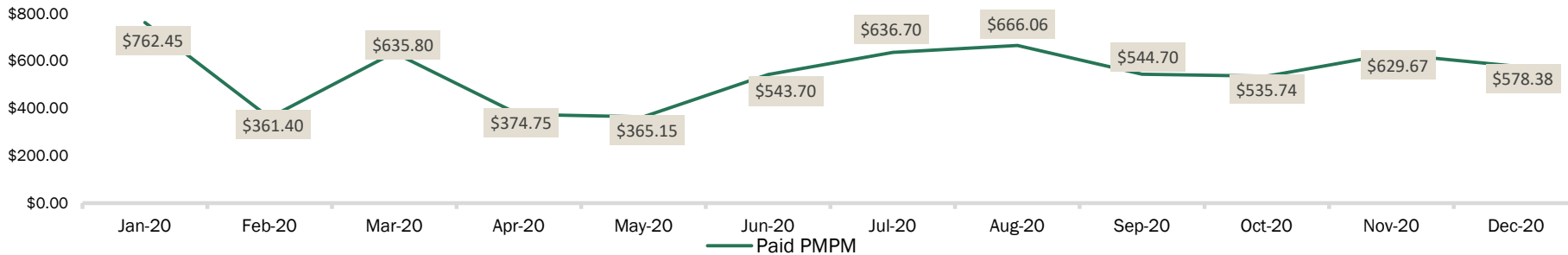
Claims Dashboard – 1/1/2020 through 12/31/2020



FINANCIALS

| STATUS | PRIOR 12 MONTHS | | | CURRENT 12 MONTHS | | | Annual Trend |
|-----------------------------------|-----------------|--------------|------------------|-------------------|--------------|------------------|--------------|
| | Subscribers | Members | Paid Claims PMPM | Subscribers | Members | Paid Claims PMPM | |
| Active | 1,122 | 1,327 | \$491 | 1,106 | 1,301 | \$496 | 0.9% |
| Retirees Under 65 | 47 | 52 | \$1,012 | 39 | 41 | \$1,270 | 25.5% |
| Retirees 65 and Over | 26 | 34 | \$1,673 | 25 | 33 | \$1,973 | 17.9% |
| COBRA | 3 | 4 | \$196 | 2 | 7 | \$293 | 49.5% |
| Summary (Gross Average) | 1,198 | 1,417 | \$537 | 1,173 | 1,381 | \$553 | 2.9% |
| Summary (Net Average) | 1,198 | 1,417 | \$493 | 1,173 | 1,381 | \$511 | 3.6% |
| PLANS | Subscribers | Members | Paid Claims PMPM | Subscribers | Members | Paid Claims PMPM | Annual Trend |
| \$1000 PPO Buy-Up PCB (5114) | 25 | 36 | \$1,410 | 20 | 28 | \$1,410 | -0.1% |
| \$1500 PPO Buy-Up PCB (5115) | 46 | 56 | \$639 | 44 | 54 | \$859 | 34.5% |
| \$2500 PPO Base PCB (5116) | 672 | 812 | \$532 | 609 | 729 | \$609 | 14.4% |
| \$2800 BlueSaver QHDHP PCB (HE74) | 455 | 512 | \$472 | 500 | 571 | \$409 | -13.3% |

Paid PMPM by Paid Month



| January 2020 - December 2020 | Paid Medical Claims | Capitation | Medical Value Payments | Paid Prescription Drug Claims | Total Paid Claims | Paid PMPM |
|------------------------------|---------------------|------------|------------------------|-------------------------------|--------------------|--------------|
| Summary | \$6,858,432 | \$0 | \$71,803 | \$2,231,861 | \$9,162,096 | \$553 |

HIGH COST CLAIMANTS

| | |
|-------------------------------------|---|
| # of Large Claimants Over \$250,000 | Total Paid Over \$250,000 (Pooling Point) |
| 6 | \$700,003 |

Claims Dashboard - 1/1/2020 through 12/31/2020

UTILIZATION

Top 6 Drugs By Paid Amount

1. IBRANCE (Breast Cancer) 3. GILOTRIF (Small-Cell Lung Cancer) 5. COSENTYX (Inflammation, Psoriasis)
 2. HUMIRA PEN (RA) 4. OZEMPIC (Type II Diabetes) 6. ENBREL SURECLICK (RA, Psoriasis)

Average Member Responsibility Per Script

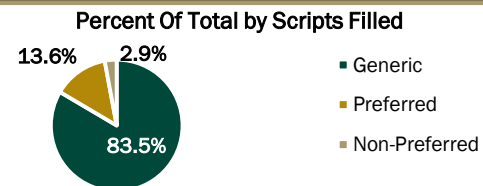
| | |
|-----------------------|---------|
| Tier 1: Generic | \$7.76 |
| Tier 2: Preferred | \$54.15 |
| Tier 3: Non-Preferred | \$56.90 |

Additional Information

| Top Diagnostic Categories | Top In Patient Facilities |
|--|---------------------------|
| Neoplasms | Saint Lukes East Hospital |
| Factors influencing health status and contact with health services | Childrens Mercy Hospital |
| Diseases of the musculoskeletal system and connective tissue | Saint Lukes Hospital |

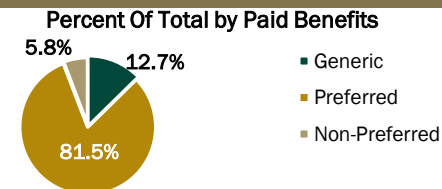
Drug Use By Tier - Scripts Filled

| | |
|-----------------------|--------|
| Tier 1: Generic | 14,986 |
| Tier 2: Preferred | 2,440 |
| Tier 3: Non-Preferred | 525 |



Drug Use By Tier - Paid Benefits

| | |
|-----------------------|-------------|
| Tier 1: Generic | \$282,829 |
| Tier 2: Preferred | \$1,823,023 |
| Tier 3: Non-Preferred | \$129,655 |

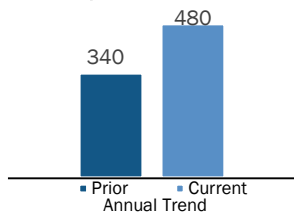


YEAR OVER YEAR UTILIZATION

Current Period: January 2020 - December 2020 | Prior Period: January 2019 - December 2019

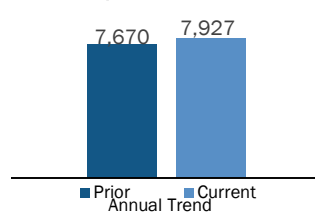
Number of Services Per 1,000

Inpatient Services



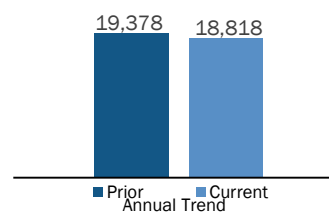
41.30%

Outpatient Services



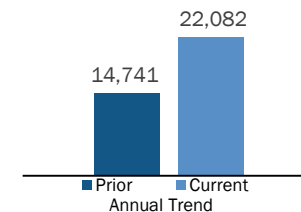
3.36%

Professional Services



-2.89%

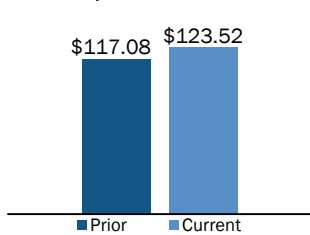
Prescription Drugs



49.80%

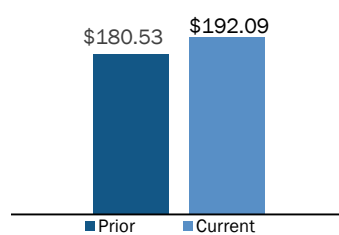
Paid Per Member Per Month

Inpatient Services



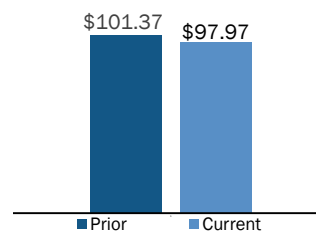
5.50%

Outpatient Services



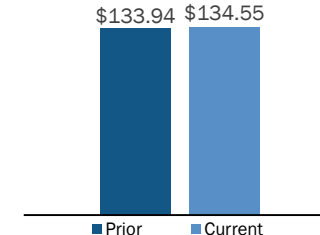
6.41%

Professional Services



-3.35%

Prescription Drugs



0.46%

Large Claims – 1/1/2020 through 12/31/2020



| Encrypted Member ID | Claimants | Paid |
|---------------------|-----------|-----------|
| VJIJdVJJUJJ | 1 | \$421,344 |
| aE9EHF4E4Ea | 1 | \$397,828 |
| fPIDP0yRTDD | 1 | \$390,924 |
| aE9EHD44aEE | 1 | \$376,241 |
| aE9EHFnDaEE | 1 | \$350,986 |
| MgvOgMM5Mgg | 1 | \$262,680 |
| HDMHDD6YIDD | 1 | \$188,817 |
| LdU9NIKKN99 | 1 | \$169,222 |
| aE9EHFFncEE | 1 | \$168,985 |
| dhY5QQh3d55 | 1 | \$154,571 |
| fDIDPfURBDD | 1 | \$150,399 |
| xVqxuxUx1dd | 1 | \$148,235 |
| aE9EHFMFnEE | 1 | \$127,051 |
| yy8YhixdxYY | 1 | \$126,338 |
| z5Y530i3i55 | 1 | \$116,214 |
| LNU9N9QHI99 | 1 | \$115,985 |
| aE9EHDnH4EE | 1 | \$102,460 |
| yy8YhhhixYY | 1 | \$99,432 |
| cjSHcbjRjHH | 1 | \$98,277 |
| aE9EHFEF4EE | 1 | \$97,950 |
| dQYd3dhik55 | 1 | \$91,867 |
| aE9EHFBaDEE | 1 | \$87,280 |
| aE9EHDB4EEE | 1 | \$84,184 |
| aE9EHFHMbEE | 1 | \$75,696 |
| LdULNKzHd99 | 1 | \$72,582 |
| aE9EHFHnEEE | 1 | \$71,005 |
| c4Shchj3bHH | 1 | \$68,668 |
| mKvmxmYmexx | 1 | \$63,465 |
| aE9EHcEFaEc | 1 | \$61,786 |

| Encrypted Member ID | Claimants | Paid |
|---------------------|-----------|--------------------|
| aD9EHDDMcEE | 1 | \$58,757 |
| aE9EHFcDMEE | 1 | \$57,415 |
| LdULNKzdN99 | 1 | \$55,483 |
| HDMHDD6Y1DD | 1 | \$54,998 |
| HDMDDD6HoDD | 1 | \$54,005 |
| aM9EH44HaEE | 1 | \$52,641 |
| LNU9NLQNN99 | 1 | \$52,256 |
| aE9EHcEDnEM | 1 | \$51,860 |
| aE9EHFHncEE | 1 | \$51,596 |
| aE9EHFnMHEE | 1 | \$50,396 |
| YsaXuuuvuuu | 1 | \$50,201 |
| aE9EHF4M4Ea | 1 | \$49,908 |
| aE9EHFEFFEE | 1 | \$48,040 |
| dfY53iQhi55 | 1 | \$46,940 |
| dzY5Q3if555 | 1 | \$45,667 |
| cEOcEEExTcEE | 1 | \$43,136 |
| xPqxuVuuddd | 1 | \$39,534 |
| aE9EHFEFDDEE | 1 | \$37,956 |
| aE9EHFnFMEE | 1 | \$37,194 |
| aE9EHFcFDEE | 1 | \$37,085 |
| d5Y53hhh055 | 1 | \$36,988 |
| aE9EHFacEEE | 1 | \$36,252 |
| c3Sccc55HHH | 1 | \$36,059 |
| MgvNgMMOMgg | 1 | \$35,952 |
| aE9EHFEaDEE | 1 | \$34,901 |
| yn8OhyEEdYY | 1 | \$30,835 |
| HDM0DDYI1DD | 1 | \$30,784 |
| Summary | 56 | \$5,957,308 |

| Encrypted Member ID | Claimants | Paid |
|---------------------|-----------|------------------|
| VJIJdVJJUJJ | 1 | \$171,344 |
| aE9EHF4E4Ea | 1 | \$147,828 |
| fPIDP0yRTDD | 1 | \$140,924 |
| aE9EHD44aEE | 1 | \$126,241 |
| aE9EHFnDaEE | 1 | \$100,986 |
| MgvOgMM5Mgg | 1 | \$12,680 |
| Summary | 6 | \$700,003 |

Medical Plan Renewal Executive Summary

- The rating period used in the renewal calculation was January 1, 2020 to December 31, 2020. In this timeframe, per member/per month claims have increased by 3% on a gross basis, and 3.6% on a net basis (after pooling)
- In the renewal calculation, BlueKC has included a “load” of 7% to medical claims to account for potential lower claims during the pandemic.
- BlueKC has begun to provide a full, Employee Assistance Program called Mindful as part of their standard package. While this program is available currently, BlueKC has yet to decide how they will charge for this program. We will provide more details as they are available.
- 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.



Medical Plan Spreadsheets (BlueKC)

| | \$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 | \$1,000 | \$1,500 | \$2,500 | \$2,800 |
| Family | \$3,000 | \$4,500 | \$7,500 | \$5,600 |
| Coinsurance (Member Pays) | 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 |
| <i>(includes deductible, coinsurance & copays)</i> | | | | |
| Raytown Schools Quality Care Clinic | | | | |
| 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 |
| 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 at100% | Covered at100% | Covered at100% | Covered at100% |
| 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 |

2021 Medical Plan Premiums



\$2,800 BlueSaver QHDHP

| | Premium | Contribution | |
|-------------------|------------|--------------|------------|
| | | Employer | Employee |
| Employee | \$771.55 | \$771.55 | \$0.00 |
| Employee/Spouse | \$1,774.42 | \$771.55 | \$1,002.87 |
| Employee/Children | \$1,442.76 | \$771.55 | \$671.21 |
| Family | \$2,430.21 | \$771.55 | \$1,658.66 |

\$2,500 PPO Base

| | Premium | Contribution | |
|-------------------|------------|--------------|------------|
| | | Employer | Employee |
| Employee | \$771.55 | \$721.55 | \$50.00 |
| Employee/Spouse | \$1,774.42 | \$721.55 | \$1,052.87 |
| Employee/Children | \$1,442.76 | \$721.55 | \$721.21 |
| Family | \$2,430.21 | \$721.55 | \$1,708.66 |

\$1,500 PPO Buy-Up

| | Premium | Contribution | |
|-------------------|------------|--------------|------------|
| | | Employer | Employee |
| Employee | \$888.00 | \$721.55 | \$166.45 |
| Employee/Spouse | \$2,042.30 | \$721.55 | \$1,320.75 |
| Employee/Children | \$1,660.56 | \$721.55 | \$939.01 |
| Family | \$2,797.08 | \$721.55 | \$2,075.53 |

\$1,000 PPO Buy-Up (Closed Plan)

| | Premium | Contribution | |
|-------------------|------------|--------------|------------|
| | | Employer | Employee |
| Employee | \$948.92 | \$721.55 | \$227.37 |
| Employee/Spouse | \$2,182.37 | \$721.55 | \$1,460.82 |
| Employee/Children | \$1,774.41 | \$721.55 | \$1,052.86 |
| Family | \$2,988.94 | \$721.55 | \$2,267.39 |