

2023 ANNUAL PERFORMANCE REVIEW



RAYTOWN QUALITY SCHOOLS

January 8, 2024



- I. CBIZ Account Management Team**
- II. Historical Renewals**
- III. Review of Market Schedule/Renewal Timeline**
- IV. Latest Claims Experience**

CBIZ Local Account Management Team



DAVE JOHNSON

Team Lead and Senior Benefit Consultant

816.945.5191 djohnson@cbiz.com

- Responsible for overseeing the performance of the account management team
- Executing the strategy set by the employer and consulting team members
- Reviewing financial and utilization data
- Assisting in renewal and contractual negotiations
- Regulatory compliance consulting and issue resolution
- Assisting in and monitoring day-to-day client service issues



MICHELLE CONN

Senior Account Manager

816.945.5224 mconn@cbiz.com

- Oversee administration process
- Assist with communication strategy
- Regulatory compliance assistance
- Development of open enrollment material/employee communications
- Follow up with carrier on administrative issues
- Develop bid specifications and market comparisons
- Assist in resolving billing and claim issues



ERIN EASON

National Onsite Clinic Consultant

816.945.5573 eeason@cbiz.com

- Lead national practice dedicated to all components and steps of evaluating through implementing employer-sponsored health and wellbeing solutions for employers
- Provide general clinical consulting services to employers and organizations with existing clinic services, identifying opportunities for improvement



CAITLIN KERR

Senior Account Manager, Clinical Services

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- Provide input and review client specific marketing and communication plans, materials and resources
- Facilitate data integration efforts between vendor and carrier, administrator, broker, etc.
- Analyze satisfaction surveys and provide observations and modifications as needed
- Serve as liaison between the client and vendor



LACEY BOWEN

Wellbeing Account Executive

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- Incentive design
- Gap analysis and culture assessment
- Vendor partnership
- Industry best practices
- Compliance with federal regulations governing corporate wellness programs



CHELSEA HUGGINS

Wellbeing Coordinator

913.626-9986 chelsea.huggins@cbiz.com

- Responsible for implementing the wellbeing strategy
- Responsible for creating employee engagement



ALEXANDRIA MEDINA

Account Coordinator

816.945.5563 alexandria.medina@cbiz.com

- Assist in development of employee communications and presentations
- Respond to employee claims questions
- Generate benchmarking and claims reports
- Analyze and review carrier and vendor RFPs
- Support service team with day-to-day and general administrative issues

SUMMARY OF 2023 RENEWALS

Medical Renewal	<ul style="list-style-type: none"> ▪ 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 with the above statutory change and the addition of the following: <ul style="list-style-type: none"> ▪ Copay Card Accumulator Program to QHDHP ▪ Variable Copay Solution Program to PPO Plans
Dental Renewal	<ul style="list-style-type: none"> ▪ Under rate guarantee until 7/1/24
Vision Renewal	<ul style="list-style-type: none"> ▪ Under rate guarantee until 7/1/24
Life/AD&D	<ul style="list-style-type: none"> ▪ Under rate guarantee until 7/1/25
EAP	<ul style="list-style-type: none"> ▪ Under rate guarantee until 7/1/25
Medicare Advantage Renewal (1/1/24)	<ul style="list-style-type: none"> ▪ Rates increased slightly for SC LPPO (2 retirees) and HMO (16 retirees) and either decrease or remained at \$0 for remaining retirees (93 retirees); ▪ Mandated benefit changes resulted in lowered member cost share for all plans, except for SC LPPO and MO RPPO)

Historical Renewals - Medical



Renewal Date	Summary of Medical Renewals
July 1, 2022	<ul style="list-style-type: none"> ▪ The pharmacy carve-in credit increased from \$14.00 per employee, per month to \$15.50, an annual increase of nearly \$24,912 ▪ Renewal continued to include wellness fund of \$40,000 ▪ Renewal was a rate pass, with no plan design changes ▪ Ended 2021-2022 Plan Year with a claim surplus of approximately \$1,472,509 and an estimated funding surplus of \$1,468,758
July 1, 2021	<ul style="list-style-type: none"> ▪ The pharmacy carve-in credit will increase 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
July 1, 2020	<ul style="list-style-type: none"> ▪ 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
July 1, 2019	<ul style="list-style-type: none"> ▪ Performed market analysis for July 1, 2019 renewal and received quotes back from 5 carriers ▪ Renewed with BCBS with an overall decrease of 7.4% with no change in benefits ▪ District's contribution to employee HSA was \$500 ▪ Ended 2018-2019 Plan Year with \$138,582 surplus (realized by the District) ▪ Received pooled premium refund of \$1.4 million

Historical Renewals – Dental, Vision and Life/AD&D



Renewal Date	Summary of Dental Renewals
July 1, 2022	<ul style="list-style-type: none"> Renewed with 4.9% increase in rates and no change in benefits Rates are guaranteed for 2 years
July 1, 2021	<ul style="list-style-type: none"> Negotiated a rate hold with no change in benefits
July 1, 2020	<ul style="list-style-type: none"> 2020 is the 2nd year of two-year rate guarantee. Year 3 has a 6.5% rate cap
July 1, 2019	<ul style="list-style-type: none"> Performed market analysis for July 1, 2019 renewal and received quotes back from 10 carriers Initial renewal from Delta Dental was 0% Negotiated renewal was a decrease of 8% for 2 years with a 6.5% rate cap in year three No change in benefits

Renewal Date	Summary of Vision Renewals
July 1, 2022	<ul style="list-style-type: none"> Added 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 Rates are guaranteed for 2 years
July 1, 2021	<ul style="list-style-type: none"> 2nd year of a two-year rate guarantee
July 1, 2020	<ul style="list-style-type: none"> VSP offered a renewal with no plan changes and no increase with a two-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
July 1, 2019	<ul style="list-style-type: none"> Renewed in 2017 Final renewal was 5% with a 3-year rate guarantee and no plan changes Next renewal 7/1/2020

Renewal Date	Summary of Life / AD&D Renewals
July 1, 2022	<ul style="list-style-type: none"> Renewed with no increase in rates and no change in benefit Rates are guaranteed for 3 years
July 1, 2021	<ul style="list-style-type: none"> 2nd year of a two-year rate guarantee
July 1, 2020	<ul style="list-style-type: none"> 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 two-year rate guarantee
July 1, 2019	<ul style="list-style-type: none"> Renewed in 2018 No increase in rates Next renewal 7/1/2020

Wellness Highlights:

- Completed EAP RFP & implemented Curalinc 7/1/22
- Increased focus on trauma response and mental health first aid including the addition of a behavioral health specialist at the on-site clinic
- Family Fun Day Movie night
- Propel's Districts on the Move Challenge
- Named Healthiest Employers Top 100 Workplaces in America
- Continued engagement of Wellbeing Champion network
- Champion-led wellbeing activities at each building (2 per year)
- Robust employee recognition program - champion of the month recognizes staff for exemplifying specific traits related to pillars of wellbeing, in alignment with district initiatives

Future Wellness Considerations:

- Focus on expanding mental health training opportunities
- Implement a district-wide employee engagement and wellbeing survey
- Meet with building level leadership to learn more about their goals & implement strategies to support them
- Promote district wide health & wellness challenge
- Create Wellbeing Section on RQS Website as a hub for wellness resources

Proposed Renewal Timeline 2024



Date	Renewal Action	Responsible Party
December 2023 / January	Request census information, plan detail, and carrier bills for Marketing (last time benefits were marketed was for 2019 renewal)	CBIZ
	Gather documents needed for marketing products	CBIZ
	Send Request for Proposal to Carriers (4-week process)	CBIZ / Carriers
	Respond to carrier questions	CBIZ
February	Evaluate market response	CBIZ
	Present market results to Admin team	CBIZ / RQS
March	Review recommendations with committees as required	CBIZ / RQS
	Board approval by March	CBIZ / RQS
	Open Enrollment logistics and planning	CBIZ / Benefits Direct / RQS
April	Open Enrollment logistics and planning (cont.)	CBIZ / Benefits Direct / RQS
	Benefit Guide updates and approval	CBIZ / Benefits Direct / RQS
	Benefits Direct portal updates	CBIZ / Benefits Direct / RQS
	Open Enrollment employee communications	CBIZ / Benefits Direct / RQS
	Open Enrollment begins (determine dates)	CBIZ / Benefits Direct / RQS
May/June	Close Open Enrollment	CBIZ / Benefits Direct / RQS
	Send files to carriers	CBIZ / Benefits Direct / RQS
	Post Open Enrollment Review/Clean-up	CBIZ / Benefits Direct / RQS
July	Plan Year Begins	Carriers

Comparison/Analysis Points

1. **Pricing**
 - Premium Rates
 - Single vs. Dependent Levels
 - Length of rate guarantee/rate caps
2. **Network Analysis**
 - Physicians/Hospitals available by plan vs. current usage
 - Top 50 Physicians/Hospitals
3. **Prescription Drug Plan Comparison**
 - Pharmacy Benefits Manager
 - Top 50 Drugs
4. **Funding Methods**
 - Fully Insured, Minimum Premium, Participating Contract
5. **Administrative Capabilities of the Insurance Company**
 - History of company in the local market
 - History of company's relationships with Public Entities
 - Company's relationships with other clients
 - Company's relationships with providers

Cost Plus Funding – RSD’s Current Arrangement



- Fully insured with participating feature that limits maximum exposure to 105% of total claims allowing RSD to retain surplus when claims are less than 105%
- Provides RSD with the opportunity for payment obligations to be based on claims-related costs.
 - In a favorable claims year RSD retains the surplus of premiums minus expenses
 - In a non-favorable year RSD does not pay any overages of expenses, BlueKC picks up the tab
- There are two payment components:
 - A fixed cost component payable at the beginning of the month which includes service fees and premiums for pooling coverage,
 - And a claims and network access fees component payable after the end of the month
- ACA taxes are included in the fees paid to BlueKC then BlueKC files and pays required taxes on behalf of RSD
- BlueKC completes and sends the 1095 B to participants and dependents

- **The District and CBIZ have partnered with BenefitsDirect to provide:**
 - Voluntary benefit solutions to help employees offset healthcare costs and live more securely
 - One-on-enrollment counselors to help drive program understanding and satisfaction all year long
 - Consolidated billing to help ensure accurate eligibility and premium administration
- **BenefitsDirect began the relationship with Raytown Quality Schools for the 2017 Plan year effective 7.1.17**
- **Approximately 1,316 employees are eligible to enroll in the voluntary products. The following is the current enrollment in each of the products offered**
 - MetLife Accident: 420
 - Prosperity Cancer: 208
 - Aflac Critical Illness: 291
 - MetLife Hospital Indemnity: 275
 - Trustmark Universal Life and LTC: 188
 - One America STD: 281
 - One America LTD: 226
 - MetLaw: 119
 - Identity Force Identity Theft: 169
 - Nationwide Pet Insurance: 56

Additional Resources



- 1. National Resources**
- 2. 2023 Open Enrollment Review**
- 3. Current Claims Dashboard**
- 4. School District Comparison**
- 5. Emerging Pharmacy Trends and Regulations**



POLLY THOMAS

President, CBIZ Benefits & Insurance Services of Kansas City

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- Responsible for overall Kansas City Employee
- Benefits growth initiatives
- Assist employers in strategic health and welfare plans focusing on the long-term cost containment and employee health improvement



MELODIE KELLEY

Director of Client Services

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- Responsible for overseeing the performance of the
- Kansas City Client Service teams
- Provides guidance on implementing client programs and improving performance metrics



DAVE RUBADUE

National Director of Actuarial Services

- Mitigate actuarial costs
- Specializes in Premium Rate and Reserve Adequacy Development, Reserve and Contingency Fund Assessments
- Lead the National Actuarial Practice



KAREN MCLEESE, ESQ.

Vice President – Employee Benefits Regulatory Affairs

- In-house counsel for employee benefits and insurance laws
- Writes and distributes For Your Benefit Book, At Issue, Benefit Beat and Health Reform Bulletin
- Reviews and interprets federal and state laws and regulations impacting employee benefits



MIKE ZUCARELLI, PHARM D

National Pharmacy Director

- Provide analysis and support for all Rx and PBM questions and projects
- Perform pharmacy plan evaluation, procurement, contract review, and implementation of pharmacy benefit management for self-insured plan sponsors
- Leverage PBM and carrier relationships to advocate vendor accountability and best practices on the client's behalf



ROBIN WIDDIS

Vice President of Operations

- Build strategic partnerships with clients and carriers to support customer needs
- Manage key service initiatives for clients including increased efficiencies, more expedient processes and overall better client experience



JULIE FULTON, CCWS

National Director of Wellbeing & Population Health Management

- Uses data to drive engagement strategies and the delivery of evidenced-based wellbeing solutions.
- Leads national practice focused on delivering custom multi-year wellbeing and engagement strategies.



COLE HARRIS

National Health Innovation Director

- Lead national practice to educate and train on cost containment strategies and population health management
- Leverage access to cutting-edge vendors and strategies

7-1-23 Open Enrollment Review

HEALTH PLAN SHIFT SUMMARY

Plan (Number of Subscribers)	July 2021	July 2022	July 2023
\$1,000 PPO (Closed)	13	10	8
\$1,500 PPO	45	40	41
\$2500 PPO	543	533	509
\$3000 HDHP	562	576	566
Total	1,163	1,159	1,124
% In Consumer Driven Plan	48%	50%	50%

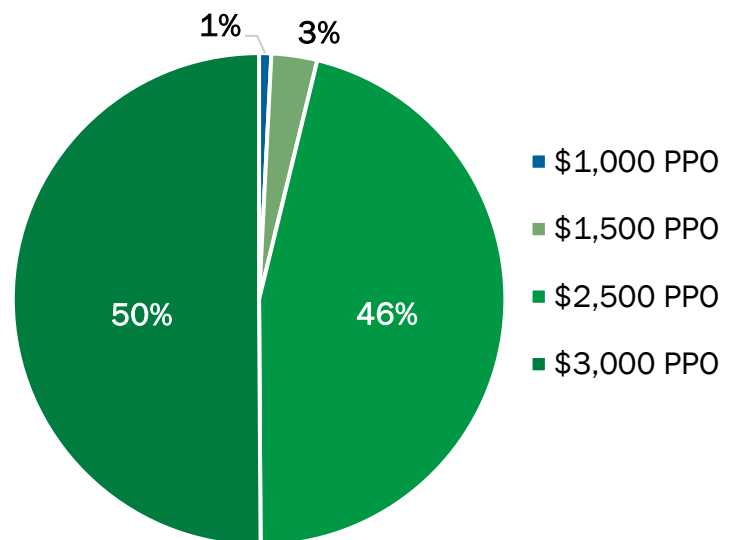
OVERALL ENROLLMENT

- Enrollment decreased by 39 or 3.4% over the last three years

ENROLLMENT BY PLAN

- The enrollment shift increased participation in consumer driven plan option by 0% and a 3-year enrollment shift of 2%

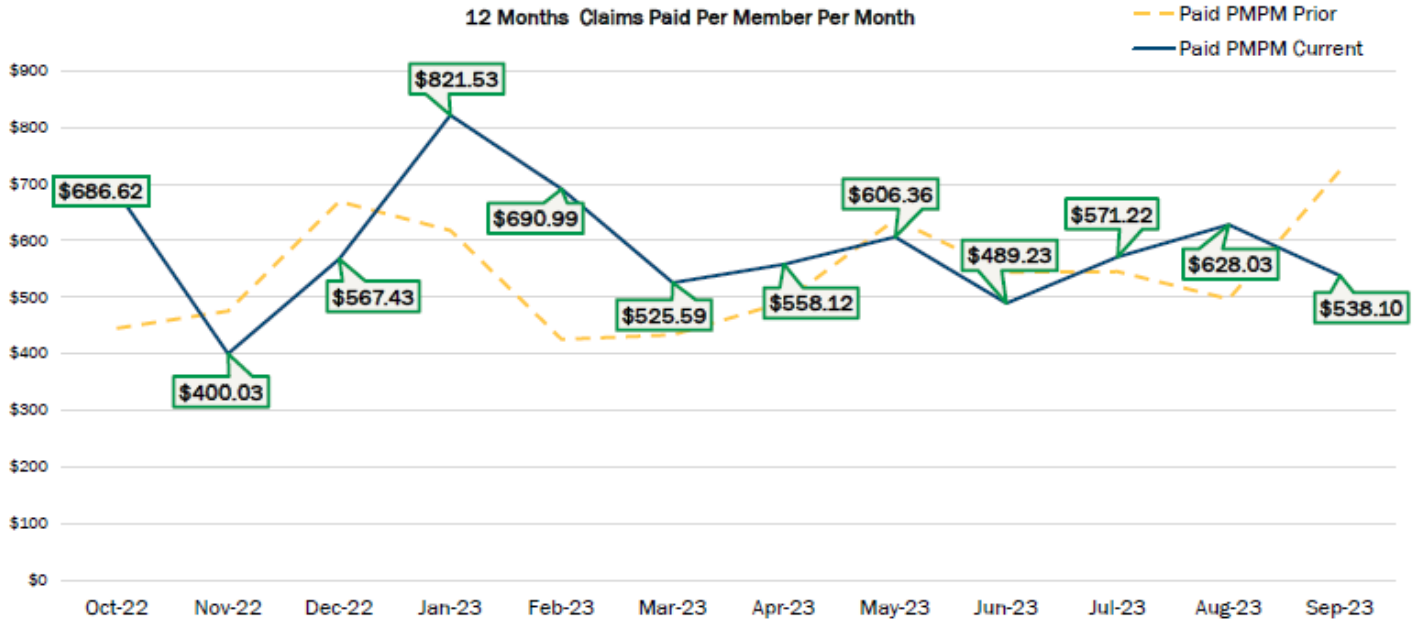
Enrollment % by Plan



Dashboard 10/1/22 through 9/30/23



	PRIOR 12 MONTHS October 2021 - September 2022			CURRENT 12 MONTHS October 2022 - September 2023			PMPM Trend
	Subscribers	Members	PMPM	Subscribers	Members	PMPM	
Summary	1,168	1,360	\$542	1,111	1,295	\$591	9%
Less Claims Over Pooling	1,168	1,360	\$522	1,111	1,295	\$550	5%
Active	1,108	1,290	\$478	1,061	1,234	\$524	10%
Retirees under 65	39	45	\$2,046	33	41	\$2,339	14%
Retirees 65 and Over	19	22	\$874	15	17	\$844	-3%
COBRA	3	3	\$3,312	2	3	\$2,555	-23%
	Subscribers	Members	PMPM	Subscribers	Members	PMPM	PMPM Trend
\$1000 PPO Buy-Up PCB (5114)	12	17	\$1,112	7	8	\$904	-19%
\$1500 PPO Buy-Up PCB (5115)	41	54	\$867	41	59	\$663	-24%
\$2500 PPO Base PCB (5116)	552	651	\$571	500	594	\$588	3%
\$2800 BlueSaver QHDHP PCB (HE74)	564	638	\$470	563	634	\$582	24%



Detailed Plan Performance Reporting Period: October 2022 - September 2023					
	Medical Paid	Medical Value Payments	Capitation	Pharmacy Paid	Total Paid
Summary	\$6,794,957	\$53,420	\$0	\$2,327,366	\$9,175,743

Dashboard 10/1/22 through 9/30/23



HIGH COST CLAIM SUMMARY October 2022 - September 2023						PREVENTIVE SCREENING SUMMARY	
Claim Band	Claimants	% of Total Claimants	Paid	% of Total Paid Claims	Total Paid Over \$250,000 (Pooling Point)	Relationship to Plan	Members with Wellness Screening
Less than \$5,000	1179	90.8%	\$879,430	9.8%	N/A	Employee	481
\$5,000 - \$49,999	250	17.1%	\$3,787,131	41.8%	N/A	Spouse	7
\$50,000 - \$99,999	21	1.4%	\$1,582,505	17.3%	N/A	Dependent	94
\$100,000 - \$149,999	6	0.4%	\$752,729	8.3%	N/A		
\$150,000 - \$199,999	3	0.2%	\$524,829	5.8%	N/A		
\$200,000-\$249,999	1	0.1%	\$208,813	2.3%	N/A		
\$250,000+	3	0.2%	\$1,378,888	15.1%	\$828,888		

LARGE CLAIMANT SUMMARY October 2022 - September 2023							
Status	Plan	Relationship to Plan	Primary Diagnosis	Paid	Total Paid Over \$250,000 (Pooling Point)	% of Overall Paid	
Active	\$2000 BlueSaver QHDHP PCB	Dependent	Congenital malformations of cardiac septa	\$887,387	\$437,387	7.5%	
Retiree under 65	\$2500 PPO Base PCB	Employee	Malignant neoplasm of breast	\$434,832	\$184,832	4.7%	
Active	\$2000 BlueSaver QHDHP PCB	Employee	Other sepsis	\$254,888	\$4,888	2.8%	
				Total Paid Over Pooling: \$826,886			

UTILIZATION BY DIAGNOSTIC CATEGORY October 2022 - September 2023						
Diagnostic Category	Prior Period Paid PMPM	Current Period Paid PMPM	Paid PMPM Trend	Prior Period Services/1,000	Current Period Services/1,000	Services/1,000 Trend
Inpatient Facility	\$108.48	\$95.01	-11%	322.77	275.88	-15%
Outpatient Facility	\$178.82	\$230.93	31%	12591.14	9207.72	-27%
Professional	\$118.18	\$111.32	-6%	23533.85	18535.91	-17%

TOP 5 HOSPITALS SUMMARY BY PAID October 2022 - September 2023					
Facility	Network	Claimants	Paid	% of Overall Paid	
University Of Kansas Hospital	In-Network	10	\$582,222	6.1%	
Childrens Mercy Hospital	In-Network	1	\$374,880	4.1%	
Lees Summit Medical Center	In-Network	4	\$180,123	1.7%	
Saint Luke East Hospital	In-Network	12	\$114,881	1.3%	
Saint Luke Hospital	In-Network	8	\$74,907	0.8%	

TOP 5 DIAGNOSTIC CATEGORIES SUMMARY BY PAID October 2022 - September 2023		
Diagnostic Category	Paid	% of Overall Paid
Diseases of the musculoskeletal system and connective tissue	\$1,580,583	17.0%
Neoplasms	\$1,457,973	15.9%
Factors influencing health status and contact with health services	\$1,417,165	15.4%
Diseases of the circulatory system	\$701,585	7.8%
Congenital malformations, deformations and chromosomal abnormalities	\$887,387	7.5%

Dashboard 10/1/22 through 9/30/23



TOP 10 DRUGS BY PAID AMOUNT SUMMARY | October 2022 - September 2023

Drug Name	Treatment Example	Number of Claimants	Total Net Paid Per Script	Total Paid	% of Total Pharmacy Paid
Mounjaro	Type II Diabetes	39	\$1,061	\$248,330	10.7%
Stelara	Psoriasis	2	\$24,186	\$217,672	9.4%
Humira(Cf) Pen	Ulcerative Colitis, Psoriasis	3	\$7,508	\$150,163	6.5%
Tukysa	RAS Wild-type HER2 Positive Colorectal Cancer	1	\$21,145	\$105,727	4.5%
Ozempic	Type II Diabetes	29	\$951	\$101,733	4.4%
Enbrel Sureclick	RA, Psoriasis	1	\$6,396	\$76,756	3.3%
Cosentyx Pen (2 Pens)	Psoriasis, Ankylosing Spondylitis and Psoriatic Arthritis	1	\$6,365	\$76,379	3.3%
Jardiance	Type II Diabetes	19	\$816	\$62,048	2.7%
Dupixent Pen	Inflammatory conditions	2	\$3,177	\$60,363	2.6%
Trulicity	Type II Diabetes	8	\$1,021	\$55,145	2.4%

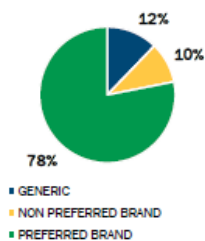
TOP 10 DRUGS BY UTILIZATION SUMMARY | October 2022 - September 2023

Drug Name	Treatment Example	Number of Claimants	Number of Scripts
Mounjaro	Type II Diabetes	39	234
Escitalopram Oxalate	Anxiety Disorder	76	228
Sertraline Hcl	Depression	57	217
Levothyroxine Sodium	Hypothyroidism	61	205
Amoxicillin-Clavulanate Potass	Bacterial Infections	165	203
Alprazolam	Anxiety Disorders, Panic Disorders	54	196
Prednisone	Associated with Inflammation	120	182
Bupropion XI	Depression, Seasonal Affective Disorder, Smoking Cessation	51	179
Rosuvastatin Calcium	High Cholesterol	58	167
Amoxicillin	Bacterial Infections	130	154

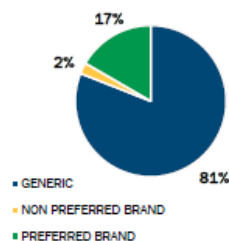
PHARMACY UTILIZATION BY DRUG TIER SUMMARY | October 2022 - September 2023

Drug Tier	Scripts Filled	% of Total Scripts Filled	Paid	% of Total Paid	Paid Per Fill	Average Member Responsibility
Generic	10,120	81.0%	\$285,588	12.2%	\$28.22	\$12.08
Preferred	2,082	16.7%	\$1,826,147	78.1%	\$877.11	\$53.46
Non-Preferred	297	2.4%	\$226,739	9.7%	\$763.43	\$93.32

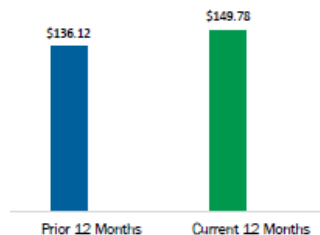
Percent of Total by Paid



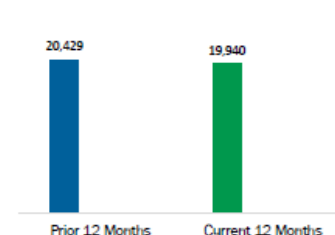
Percent of Total by Scripts Filled




Pharmacy Benefit Paid PMPM



Pharmacy Services Per 1,000



School District Benefit Comparison | Missouri 2023

	Deductible (Individual/Family)	Coinsurance %	Out-of-Pocket Maximums	Hospital Copay (Day/Admit)	Office Visit Copay	Prescriptions	Current Rates				District Contribution (Monthly)	District HSA Contribution (Monthly)	Eligibility (Hours/Week)	Wellness Requirements	Next Renewal Date
							EE Only	EE/Sp	EE/Ch	Family					
Belton School District #124 Plan	Blue Cross Blue Shield of Kansas City Cost Plus														
Blue Care HMO II Gold	None	100%	\$3,000/\$6,000	\$250 day/up to 5 copays	\$30/\$60	\$15/\$50/\$70	\$1,123	\$2,468	\$1,893	\$3,193	\$775	N/A	20 PT/30 FT	Yes	7/1/2024
Blue Care HMO I Purple	None	100%	\$6,250/\$13,200	\$600 day/up to 5 copays	\$40/\$80	\$20/\$60/\$80	\$978	\$2,149	\$1,648	\$2,779	\$775	N/A			
Preferred-Care Blue \$500 PPO	\$500/\$1000	80%	\$2,750/\$5,500	Deductible + Coinsurance	\$20	\$15/\$50/\$70	\$1,303	\$2,859	\$2,426	\$3,708	\$775	N/A			
Preferred-Care Blue \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Deductible	Deductible	Medical Plan Deductible	\$884	\$1,939	\$1,636	\$2,520	\$775	N/A			
BlueSelectPlus \$3,000 QHDHP	\$3,000/\$6,000	80%	\$5,500/\$11,000	Deductible + Coinsurance	Deductible + Coinsurance	Medical Plan Deductible, then \$20/\$60/\$80	\$775	\$1,700	\$1,434	\$2,209	\$775	N/A			
#EE's: 506															
Center School District #58 Plan	Blue Cross Blue Shield of Kansas City Fully Insured														
Preferred-Care Blue \$1,500 PPO	\$1,500/\$4,500	80%	\$4,500/\$9,000	Deductible + Coinsurance	\$20/\$40	\$12/\$40/\$65	\$1,165	\$2,271	\$2,155	\$3,844	\$753	N/A	30	Yes	7/1/2024
Preferred-Care Blue \$750 PPO	\$750/\$2,250	80%	\$3,000/\$6,000	Deductible + Coinsurance	\$15/\$30	\$12/\$40/\$65	\$1,196	\$2,331	\$2,212	\$3,945	\$753	N/A			
Preferred-Care Blue \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Deductible	Deductible	Medical Plan Deductible	\$845	\$1,647	\$1,562	\$2,787	\$753	N/A			
Preferred-Care Blue \$3,500 QHDHP	\$3,500/\$7,000	100%	\$3,500/\$7,000	Deductible	Deductible	Medical Plan Deductible	\$824	\$1,607	\$1,524	\$2,719	\$753	N/A			
Spira BlueSelect Plus \$5,000 QHDHP	\$5,000/\$10,000	100%	\$5,000/\$10,000	Deductible	Spira: \$60 fee/BSP: Deductible	Medical Plan Deductible	\$689	\$1,343	\$1,274	\$2,273	\$753	\$65			
Spira BlueSelect Plus \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Deductible	Spira: \$60 fee/BSP: Deductible	Medical Plan Deductible	\$753	\$1,469	\$1,394	\$2,486	\$753	N/A			
#EE's: 375															
Clinton County R-3 School District Plan	Blue Cross Blue Shield of Kansas City Fully Insured														
Preferred-Care Blue \$1,500 PPO	\$1,500/\$4,500	80%	\$4,500/\$9,000	Deductible + Coinsurance	\$35/\$35	\$15/\$70/\$110/\$200	\$525	\$1,129	\$1,050	\$1,460	\$519	N/A	30	None	1/1/2023
Preferred-Care Blue \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$519	\$1,116	\$1,037	\$1,442	\$519	N/A			
BlueSelect Plus \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$462	\$993	\$923	\$1,284	\$462	\$57			
#EE's: 110															
East Buchanan C-1 School District Plan	Blue Cross Blue Shield of Kansas City Fully Insured														
Preferred-Care Blue \$4,000 PPO	\$4,000/\$8,000	100%	\$4,000/\$8,000	Medical Plan Deductible	\$40/\$40	\$15/\$70/\$110/\$200	\$620	\$1,562	\$1,196	\$1,772	\$620 (EE Only)	N/A	30	None	7/1/2023
Preferred-Care Blue \$5,000 QHDHP	\$5,000/\$10,000	90%	\$6,450/\$12,900	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance	\$559	\$1,409	\$1,079	\$1,599	\$559 (EE Only)	\$90.00			
Preferred-Care Blue \$2,800 QHDHP	\$2,800/\$5,600	100%	\$2,800/\$5,600	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$650	\$1,638	\$1,254	\$1,859	\$650 (EE Only)	N/A			
#EE's: 89															
Ewing Marion Kauffman School Plan	UnitedHealthcare Fully Insured														
Choice Plus \$1,000 PPO	\$1,000/\$2,000	80%	\$3,000/\$6,000	Deductible + Coinsurance	\$25/\$40	\$10/\$35/\$60	\$959	\$1,862	\$1,552	\$2,656	\$821 - \$2,264	N/A	20	None	1/1/2024
Choice Plus \$2,800 QHDHP	\$3,000/\$6,000	90%	\$3,800/\$7,600	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible, then \$10/\$35/\$60	\$742	\$1,442	\$1,202	\$2,057	\$732 - \$1,979	N/A			
#EE's: 140															
Fort Osage R-1 School District Plan	Cigna SIPGKC Consortium														
Open Access Plus \$2,000 PPO	\$2,000/\$4,000	80%	\$4,000/\$8,000	Deductible + Coinsurance	\$25/\$25	\$10/\$35/\$55/25%	\$956	\$2,255	\$1,802	\$3,200	\$781	N/A	30	None	1/1/2024
Local Plus \$4000 HDHP	\$4,000/\$8,000	100%	\$4,000/\$8,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$657	\$1,222	\$965	\$1,760	\$657	\$124.42			
Open Access Plus \$4,000 QHDHP	\$4,000/\$8,000	100%	\$4,000/\$8,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$706	\$1,327	\$1,047	\$1,911	\$706	\$74.90			
Open Access Plus \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$781	\$1,551	\$1,225	\$2,233	\$781	N/A			
#EE's: 730															
Grandview C-4 School District Plan	Blue Cross Blue Shield of Kansas City Fully Insured														
Blue Care HMO	None	60%	\$5,500/\$11,000	Coinsurance	\$35/\$70	\$12/\$50/\$70	\$1,169	\$2,244	\$2,010	\$2,504	\$844	N/A	30	Yes	6/1/2024
Preferred-Care Blue PPO I	\$1,500/\$4,500	80%	\$5,500/\$11,000	\$40/\$80	\$40/\$80	\$12/\$50/\$70	\$1,062	\$2,038	\$1,826	\$2,274	\$844	N/A			
Preferred-Care Blue PPO II	None	85%	\$3,700/\$7,400	Deductible + Coinsurance	\$20/\$40	\$12/\$50/\$70	\$1,263	\$2,426	\$2,173	\$2,706	\$844	N/A			
Preferred-Care Blue \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Deductible	Deductible	Medical Plan Deductible	\$1,032	\$1,981	\$1,774	\$2,210	\$844	N/A			
Spira BlueSelect Plus \$3,000 QHDHP (Buy Down)	\$3,000/\$6,000	90%	\$4,500/\$9,000	Deductible + Coinsurance	Spira: \$60 fee/BSP: Deductible + Coinsurance	Medical Plan Deductible, then \$12/\$50/\$70	\$817	\$1,568	\$1,405	\$1,750	\$844	N/A			
Spira BlueSelect Plus \$3,000 QHDHP (Base)	\$3,000/\$6,000	100%	\$3,000/\$6,000	Deductible	Spira: \$60 fee/BSP: Deductible + Coinsurance	Medical Plan Deductible	\$844	\$1,620	\$1,452	\$1,808	\$844	N/A			
#EE's: 490															
Harrisonville Schools Plan	Blue Cross Blue Shield of Kansas City Fully Insured														
Blue Care HMO	None	80%	\$4,000/\$8,000	Coinsurance	\$40 / \$80	\$15/\$50/\$70	\$1,002	\$2,378	\$1,902	\$2,913	\$691	N/A	30	None	7/1/2024
Preferred-Care Blue \$2,500 PPO	\$2,500/\$5,000	80%	\$5,000/\$10,000	Deductible + Coinsurance	\$40 / \$80	\$15/\$50/\$70	\$744	\$1,815	\$1,400	\$2,282	\$691	N/A			
Preerred-Care Blue \$3,000 QHDHP	\$3,000/\$6,000	80%	\$6,000/\$12,000	Deductible + Coinsurance	Deductible + Coinsurance	Medical Plan Deductible, then \$15/\$50/\$70	\$691	\$1,685	\$1,299	\$2,118	\$691	N/A			
#EE's: 271															

School District Benefit Comparison | Missouri 2023

CBIZ	Deductible (Individual/Family)	Coinsurance %	Out-of-Pocket Maximums	Hospital Copay (Day/Admit)	Office Visit Copay	Prescriptions	Current Rates				District Contribution (Monthly)	District HSA Contribution (Monthly)	Eligibility (Hours/Week)	Wellness Requirements	Next Renewal Date
							EE Only	EE/Sp	EE/Ch	Family					
Independence School District Plan	Blue Cross Blue Shield of Kansas City Cost Plus														
BlueSelect Plus \$3,000 QHDHP	\$3,000/\$5,600	90%	\$4,000/\$8,000	Deductible + Coinsurance	Deductible + Coinsurance	Medical Plan Deductible then \$10/\$50/\$70	\$704	\$1,347	\$1,178	\$1,859	\$740	\$1,000/year	25	Yes	10/1/2024
Preferred-Care Blue \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Deductible	Deductible	Medical Plan Deductible	\$829	\$1,690	\$1,448	\$2,310	\$740	\$1,000/year			
Blue Care HMO	None	100%	\$4,000/\$10,000	\$400 a day/\$2,000 max	\$35/\$70	\$10/\$30/\$50	\$1,136	\$2,339	\$2,006	\$3,201	\$740	N/A			
BlueSelect Plus EPO	\$3,000/\$6,000	80%	\$6,000/\$12,000	\$1,000 per admit then deductible	\$50	\$10/\$50/\$70	\$704	\$1,374	\$1,178	\$1,859	\$740	N/A			
Preferred-Care Blue \$2,500 PPO	\$2,500/\$5,000	90%	\$6,000/\$12,000	\$1,000 per admit then deductible	\$50	\$10/\$50/\$70	\$829	\$1,690	\$1,448	\$2,310	\$740	N/A			
Preferred-Care Blue \$1,000 PPO	\$1,000/\$3,000	90%	\$4,500/\$9,000	\$1,000 per admit then deductible	\$35/\$70	\$10/\$30/\$50	\$1,136	\$2,339	\$2,006	\$3,201	\$740	N/A			
#EE's: 1,834															
Kansas City Public Schools Plan	Blue Cross Blue Shield of Kansas City ASO														
Blue Care HMO	None	100%	\$4,000/\$10,000	\$400day/\$2,000 max	\$30/\$35/\$70	Rx Deductible, then \$10/\$50/\$70	\$1,033	\$1,633	-	\$2,062	\$820	N/A	30	Yes	1/1/2024
BlueSelect Plus EPO	None	100%	\$4,000/\$10,000	\$400day/\$2,000 max	\$30/\$35/\$70	Rx Deductible, then \$10/\$50/\$70	\$938	\$1,482	-	\$1,871	\$820	N/A			
Preferred-Care Blue \$1,500 PPO	\$1,500/\$3,000	80%	\$4,500/\$9,000	Deductible + Coinsurance	Deductible + Coinsurance	Rx Deductible, then \$10/\$50/\$70	\$894	\$1,415	-	\$1,784	\$820	N/A			
BlueSelect Plus \$1,500 PPO	\$1,500/\$3,000	80%	\$4,500/\$9,000	Deductible + Coinsurance	Deductible + Coinsurance	Rx Deductible, then \$10/\$50/\$70	\$820	\$1,298	-	\$1,636	\$820	N/A			
Preferred-Care Blue \$3,000 QHDHP	\$3,000/\$6,000	80%	\$4,000/\$8,000	Deductible + Coinsurance	Deductible + Coinsurance	Medical Plan Deductible, then \$10/\$50/\$70	\$790	\$1,245	-	\$1,569	\$820	\$30			
BlueSelect Plus Spira \$3,000 QHDHP	\$3,000/\$6,000	80%	\$4,000/\$8,000	Deductible + Coinsurance	Deductible + Coinsurance; Spira Clinic: \$60	Medical Plan Deductible, then \$10/\$50/\$70	\$730	\$1,188	-	\$1,500	\$820	\$90			
Spira BlueSelect Plus \$1,500	\$1,500/\$3,000	100%	\$1,500/\$3,000	Medical Plan Deductible	Medical Plan Deductible; Spira Clinic: No Cost	\$15/\$50/Medical Plan Deductible	\$820	\$1,298	-	\$1,636	\$820	N/A			
#EE's: 2,372															
Lathrop R-2 School District Plan	Aetna Fully Insured														
I-35 Preferred \$5000 QHDHP EPO	\$5,000/\$10,000	100%	\$5,500/\$11,000	Deductible	Deductible	Deductible then \$10/\$50/\$90/20%	\$517	\$1,035	\$895	\$1,445	\$517	\$268.10	30	None	1/1/2024
Open Choice \$5000 QHDHP	\$5,000/\$10,000	100%	\$5,500/\$11,000	Deductible	Deductible	Deductible then \$10/\$45/\$70/20%	\$642	\$1,283	\$1,111	\$1,792	\$642	\$144			
I-35 Preferred \$3000 QHDHP EPO	\$3,000/\$6,000	100%	\$3,500/\$7,000	Deductible	Deductible	Deductible then \$10/\$50/\$90/20%	\$616	\$1,232	\$1,067	\$1,721	\$616	\$169			
Open Choice \$3000 QHDHP	\$3,000/\$6,000	100%	\$3,500/\$7,000	Deductible	Deductible	Deductible then \$10/\$45/\$70/20%	\$781	\$1,562	\$1,352	\$2,182	\$781	\$4			
Open Choice PPO	\$1,500/\$3,000	80%	\$4,500/\$9,000	Deductible + Coinsurance	\$35/\$70	\$10/\$45/\$70/Ded then 20%	\$792	\$1,584	\$1,371	\$2,212	\$785	\$0			
#EE's: 127															
Lee's Summit R-7 School District Plan	Blue Cross Blue Shield of Kansas City Cost Plus														
Preferred-Care Blue EPO	\$1,000/\$2,000	80%	\$6,500/\$13,000	Medical Plan Deductible, then 20% Coinsurance	\$40/\$80	Rx Deductible, then \$15/\$40/\$65	\$1,000	\$2,050	\$1,760	\$3,026	\$877	N/A	20	None	1/1/2024
Blue Care HMO	None	None	\$6,500/\$13,000	\$500 day/\$2,500 max	\$40/\$80	Rx Deductible, then \$15/\$40/\$65	\$1,013	\$2,073	\$1,781	\$3,060	\$877	N/A			
Preferred-Care Blue \$4,000 QHDHP	\$4,000/\$8,000	100%	\$4,000/\$8,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$760	\$1,560	\$1,337	\$2,300	\$735	\$142			
BlueSelect Plus \$4,000 QHDHP	\$4,000/\$8,000	100%	\$4,000/\$8,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$695	\$1,428	\$1,223	\$2,106	\$695	\$182			
#EE's: 2,535															
Park Hill School District Plan	Blue Cross Blue Shield of Kansas City Fully Insured														
BlueSelect Plus PPO	\$1,000/\$2,000	90%	\$6,000/\$12,000	\$500 copay, then Deductible + 25%	\$40/\$80	\$10/\$50/\$70	\$643	\$1,236	-	\$2,284	\$613	N/A	30	Yes	1/1/2024
Preferred-Care Blue PPO	\$1,000/\$2,000	90%	\$6,000/\$12,000	\$500 copay, then Deductible + 25%	\$40/\$80	\$10/\$50/\$70	\$724	\$1,392	-	\$2,575	\$613	N/A			
Preferred-Care Blue \$4,000 QHDHP	\$4,000/\$8,000	100%	\$4,000/\$8,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$613	\$1,166	-	\$2,155	\$613	\$0			
Spira \$4,000 QHDHP (BSP)	\$4,000/\$8,000	100%	\$4,000/\$8,000	Medical Plan Deductible	Medical Plan Deductible	Medical Plan Deductible	\$510	\$984	-	\$1,896	\$613	\$103			
#EE's: 1,667															
Raytown C-2 School District Plan	Blue Cross Blue Shield of Kansas City Cost Plus														
Preferred-Care Blue \$1,000 PPO	\$1,000/\$3,000	80%	\$5,400/\$12,750	Deductible + Coinsurance	\$35/\$70	\$12/\$55/\$75	\$949	\$2,182	\$1,774	\$2,989	\$723	N/A	30	Yes	7/1/2023
Preferred-Care Blue \$1,500 PPO	\$1,500/\$4,500	80%	\$5,750/\$13,100	Deductible + Coinsurance	\$35/\$70	\$12/\$55/\$75	\$888	\$2,042	\$1,661	\$2,797	\$723	N/A			
Preferred-Care Blue \$2,500 PPO	\$2,500/\$7,500	80%	\$6,300/\$13,200	Deductible + Coinsurance	\$35/\$70	\$12/\$55/\$75	\$772	\$1,774	\$1,443	\$1,430	\$723	N/A			
Preferred-Care Blue \$2,800 QHDHP	\$2,800/\$5,600	90%	\$4,000/\$8,000	Deductible + Coinsurance	Deductible + Coinsurance	Medical Plan Deductible, then \$12/\$55/\$75	\$772	\$1,774	\$1,443	\$1,430	\$772	\$750/year			
#EE's: 1,390															
Raymore-Peculiar School District Plan	Blue Cross Blue Shield of Kansas City Cost Plus														
Blue Care HMO	None	60%	\$4,000/\$8,000	Coinsurance	\$40/\$80	\$12/\$50/\$70	\$866	\$1,785	\$1,612	\$2,539	\$756	N/A	30	None	7/1/2024
Preferred-Care Blue \$750 PPO	\$750/\$2,250	70%	\$4,000/\$8,000	Deductible + Coinsurance	\$40	\$12/\$50/\$70	\$827	\$1,703	\$1,538	\$2,423	\$756	N/A			
Preferred-Care Blue \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Deductible	Deductible	Medical Plan Deductible	\$756	\$1,557	\$1,406	\$2,215	\$756	N/A			
BlueSelect Plus \$3,000 QHDHP	\$3,000/\$6,000	100%	\$3,000/\$6,000	Deductible	Deductible	Medical Plan Deductible	\$696	\$1,433	\$1,294	\$2,039	\$756	\$60			
Spira BlueSelect Plus EPO	\$1,000/\$3,000	100%	\$1,000/\$3,000	Deductible	Spira: \$0 fee/BSP: Deductible	\$15/\$50/Deductible	\$756	\$1,557	\$1,406	\$2,215	\$756	N/A			
#EE's: 756															

Current Plan Review - Medical



BlueCross BlueShield of Kansas City	\$1000 PPO Buy-Up	\$1500 PPO Buy-Up	\$2500 PPO Base	\$3000 BlueSaver QHDHP
	Employee Cost Per Month	Employee Cost Per Month	Employee Cost Per Month	Employee Cost Per Month
Employee	\$227.20	\$166.34	\$50.00	\$0.00
Employee & Spouse	\$1,459.61	\$1,319.67	\$1,052.05	\$1,002.05
Employee & Children	\$1,051.99	\$938.26	\$720.66	\$670.66
Employee & Family	\$2,265.50	\$2,073.83	\$1,707.31	\$1,657.31
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	\$3,000
Family	\$3,000	\$4,500	\$7,500	\$3,000
Coinsurance (Member Pays)	20%	20%	20%	10%
Out-of-Pocket Maximum*				
Individual	\$5,400	\$5,750	\$6,300	\$4,000
Family (includes deductible, coinsurance & copays)	\$12,750	\$13,100	\$13,200	\$8,000
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 ¹
Non-Preventive Dispensed Medication	No cost	No cost	No cost	\$8 per medication ¹
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
(See pages 7 - 9 for details)				¹ Until deductible met
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

Current Plan Review – Dental Low Plan



Delta Dental of Missouri	Employee Cost Per Month			
Employee Employee + 1 Employee + 2 or More	\$23.12 \$44.06 \$75.30			
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	
	Based on applicable PPO 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	
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.				

Current Plan Review – Dental High Plan



Delta Dental of Missouri	Employee Cost Per Month			
Employee	\$41.68			
Employee + 1	\$80.57			
Employee + 2 or More	\$125.84			
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	
	Based on applicable PPO 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 balance Bills	
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			• For dependent children to age 19 who begin treatment while covered by this plan ¹
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.

Current Plan Review – Vision Plan



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
Diabetic Eyecare Plus Program	(12 months for children under the age 18) 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	\$150
Extra Discounts	
- Additional Glasses or Sunglasses	20% - 30% off
- Laser Vision Correction	5% - 15% off

Gene Therapy

- Gene Therapies offer a way to alter or stop genes to treat or cure a disease but come with multi-million-dollar price tags. These conditions are rare and used on a very small subset of the population.
- The pipeline of potential gene therapy approvals in 2023 is robust, with several anticipated first-in-class agents, such as the first expected sickle cell disease gene therapy.
- Predictive modeling is not currently available.
- Notable gene therapies currently in the marketplace:
 - Hemgenix (Hemophilia B) - \$3.5M
 - Zolgensma (Spinal Muscular Atrophy) - \$2.1M
 - Luxterna (Mutation Induced Blindness) - \$850K



Biosimilars

- In 2023, 8-10 biosimilars for one of the most widely prescribed drugs, Humira, are expected to be introduced into the market.
- Current market uncertainty depending on FDA approval timeline, remaining patent litigation, manufacturer production, prescriber patterns, distribution, and interchangeability designations.
- Net cost decreases may not be significant initially but will deliver additional savings to plan sponsors over time.
- Placement on the PBM Formulary as of 1/2023 is noted below and will be monitored by the CBIZ Rx Team:
 - CVS Caremark: Added to the commercial formulary
 - OptumRx: Up to 3 Biosimilars will be Placed at Parity with Humira
 - Express Scripts, Inc.: Will Add Biosimilars to Preferred Status on All Formularies



High-Cost Diabetic Medications and Weight Loss

- GLP-1 agonists are used to treat type 2 diabetes in conjunction with a balanced diet and exercise program.
- Wegovy has the same active ingredient as Ozempic which helps control appetite and blood sugar levels leading to weight loss.
- Recent increase in physicians prescribing type 2 diabetes medications for off label use in weight loss.
- Costly medications can be used as a substitute for exercise and proper nutrition.
- Potential shortages of medication for those with type 2 diabetes diagnosis.
- Some management strategies may have pricing/rebate impact.



Emerging Pharmacy Regulations

There has been a recent focus around pharmacy regulations at both the state and federal levels with more legislation expected in the coming year. These laws are intended to provide PBM oversight, pricing transparency, and protections for consumers. *Unfortunately, Plan Sponsors may be indirectly impacted through program changes that may incur higher cost to the Plan.* Each law will vary by state. Work with PBM vendors to identify regulations that may impact the Plan. Information below is provided to create awareness and is not legal advice.

Anti-Steering

- Prohibits PBM's from "steering" individuals to PBM-owned or affiliated pharmacy.
- What is considered "steering" will vary per state.
- Plan designs impacted include programs such as, Exclusive Specialty, restrictive networks for retail/mail, manufacturer assistance programs, or reduced copays.
- Self-funded ERISA plans, non-government, and non-church plans are not subject to most state laws.
- PBM's are adjusting by adding a few pharmacies to network arrangements or allowing member cost shares to apply to the member's out of pocket.

Co-pay Accumulator Programs

- Regulate how a Plan Sponsor or PBM applies copay assistance to a member's cost share.
- If applicable, the member is allowed to receive the full value of the coupon.
- The impact to the Plan is higher cost since members are "meeting" the deductible / maximum out-of-pocket sooner due to the artificial inflation.
- Examples include programs such as CVS's True Accumulator Program and ESI's Out of Pocket Protection program.

PBM Contracting and Spread Pricing

- Regulate against spread pricing and improve pricing transparency.
- Spread pricing occurs when PBM's invoice Plan Sponsors the acquisition cost which is higher than the pharmacy negotiated cost with the PBM.
- Some states ban gag clauses that prevent pharmacists from sharing lower-cost alternatives.



WE LOOK FORWARD TO OUR
CONTINUED PARTNERSHIP
THANK YOU!