Corporate Headquarters 4200 Northcorp Parkway, Suite 185 Palm Beach Gardens, FL 33410 561.626.6797 office 800.244.3696 toll free 561.626.6970 fax

City of Clearwater

Meeting Agenda

Date: Location: June 2, 2021 9:00AM Clearwater MSB or Zoom

Items

- New Coaching Programs
 - Food Smart
 - o Omada
- Claims Experience Review
- Renewal Projection
- 2021 Rate Discussion
- Final Meeting (July)
 - Finalization of Medical Renewal
 - Dental and Vision Renewals
- Open Discussion

City of Clearwater

Medical Insurance Renewal Projection

Plan Effective Date: January 1, 2022



20 Months Trend

Proje	ection			Medical	F	Pharmacy	Total
1	Gross Paid Claims: Cigna (May 2020 - April 2021)		\$	14,334,881	\$	4,712,154	\$ 19,047,035
2	Less Capitation	-	\$	(991,207)	\$	-	\$ (991,207)
3	Less Large Claims (1 Claimants exceeding \$250,000 but less than \$350,000, 3 Claimant exceeding \$350,000)	_	\$	(2,282,705)	\$	(36,710)	\$ (2,319,415)
4	Net Medical Claims	=	\$	11,060,969	\$	4,675,444	\$ 15,736,413
5	Maturation Factor (1.5%)	х		1.0150		1.0150	1.0150
6	Total Paid Claims	=	\$	11,226,883	\$	4,745,576	\$ 15,972,459
7	Average Setback Lives	1		1,662		1,662	1,662
8	Average Claims Per Employee Per Year	, =	<u> </u>	6,755	\$	2,855	\$ 9,610
9	Current In Force (April 2021)		Y	1,653		1,653	1,653
		х			_		
10	Adjusted Projected Annual Claims	-	\$	11,166,088	\$	4,719,878	\$ 15,885,965
11	Trend Medical @ 5.5% / Pharmacy @ 12.5% / year for 20 months	X		1.093		1.217	1.130
12	Trended Claims	=	\$	12,208,298	\$	5,743,610	\$ 17,951,908
13	Credit for Plan Changes (0%)	х		1.0000		1.0000	1.0000
14	Projected Claims	=	\$	12,208,298	\$	5,743,610	\$ 17,951,908
15	Plus Account Liability (1 Claimants exceeding \$250,000 but less than \$350,000, 3 Claimant exceeding \$350,000)	+	\$	1,181,007	\$	18,993	\$ 1,200,000
16	Plus Adjusted Capitation	+	\$	985,840	\$		\$ 985,840
17	Expected Medical Claims	=	\$	14,375,146	\$	5,762,603	\$ 20,137,748
18	Less Projected Pharmacy Rebates						\$ (1,075,894)
19	Administration Costs (2% Increase)	+					\$ 981,894
20	Reinsurance Costs (10% Increase)	+					\$ 1,695,383
21	Embarc Benefit Protection Risk Sharing (\$0.99 PMPM) ⁽¹⁾	+					\$ 29,486
22	PPACA -Comparative Effectiveness Research Fee ⁽²⁾	+					\$ 6,602
23	Total Projected Annual Cost	=					\$ 21,775,220
24	Projected Premium Needed for 2022 Plan Year	=	\$				21,775,220
25	Current Program Funding*	1	\$				20,688,779
26	Estimated Amount Change for 2022 Plan Year	=	\$				1,086,440
27	Estimated Percentage Change for 2022 Plan Year	=					5.3%

^{*}Current Program Funding includes City's year end Reserve Transfer

Estimated 60 day claim reserve requirement = \$3,409,624

This projection is for illustrative purposes only. Increased plan utilization and/or catastrophic events could affect overall plan performance.

⁽¹⁾ Embarc Benefit Protection Risk Sharing - Based on current membership of 2,482

⁽²⁾PPACA - Comparative Effectiveness Research Fee is estimated for 2021. Based on current membership of 2,482

City of Clearwater

Medical Insurance - Employee/Employer Cost Breakdown

Effective Date: January 1, 2022

Current

Renewal - 5.3% Increase

GEHRING GROUP*
EMPLOYEE BENEFITS | RISK MANAGEMENT

			Current		I/C			
			Cigna - 2021			Cigna - 2022		EE \$/Per Pay Inc (
Contribution Strategy		100%/	75%/68% City Contr	ibution	100%/	75%/68% City Contr	ibution	2022
OAP Plan		Employee Contribution	Employer Contribution	Total Plan Premium	Employee Contribution	Employer Contribution	Total Plan Premium	
Employee	1,100	\$0.00	\$754.82	\$754.82	\$0.00	\$794.46	\$794.46	\$0.00
Employee + 1	208	\$323.34	\$970.02	\$1,293.36	\$340.32	\$1,020.96	\$1,361.28	\$8.49
Employee + Family	168	\$679.11	\$1,443.12	\$2,122.23	\$714.78	\$1,518.90	\$2,233.68	\$17.83
Dual Spouse w/ dep.	78	\$0.00	\$2,122.23	\$2,122.23	\$0.00	\$2,233.68	\$2,233.68	\$0.00
Active Monthly Premium	Si succession	\$181,346	\$1,440,044	\$1,621,389	\$190,869	\$1,515,665	\$1,706,534	
Active Annual Premium		\$2,176,150	\$17,280,524	\$19,456,674	\$2,290,427	\$18,187,985	\$20,478,412	
Active \$ Increase		N/A	N/A	N/A	\$114,277	\$907,461	\$1,021,738	
Active % Increase		N/A	N/A	N/A	5.3%	5.3%	5.3%	
Retiree								
Retiree	57	\$754.82	\$0.00	\$754.82	\$794.46	\$0.00	\$794.46	N/A
Retiree + 1	30	\$1,293.36	\$0.00	\$1,293.36	\$1,361.28	\$0.00	\$1,361.28	N/A
Retiree + Family	3	\$2,122.23	\$0.00	\$2,122.23	\$2,233.68	\$0.00	\$2,233.68	N/A
Retiree Monthly Premium		\$88,192	\$0	\$88,192	\$92,824	\$0	\$92,824	
Retiree Annual Premium		\$1,058,307	\$0	\$1,058,307	\$1,113,882	\$0	\$1,113,882	
Retiree \$ Increase		N/A	N/A	N/A	\$55,575	\$0	\$55,575	
Retiree % Increase		N/A	N/A	N/A	5.3%	0.0%	5.3%	
Total Monthly Premium		\$269,538	\$1,440,044	\$1,709,582	\$283,692	\$1,515,665	\$1,799,358	
Total Annual Premium		\$3,234,456	\$17,280,524	\$20,514,980	\$3,404,309	\$18,187,985	\$21,592,294	
Total \$ Increase		N/A	N/A	N/A	\$169,853	\$907,461	\$1,077,313	
Total % Increase		N/A	N/A	N/A	5.3%	5.3%	5.3%	

Analysis Excludes COBRA Enrollment

City of Clearwater Cigna - ASO Only

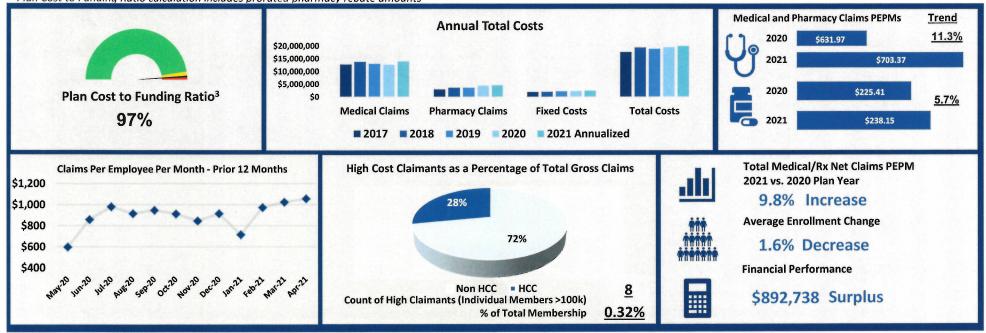
Plan Year: January 1, 2021 - December 31, 2021



Date		Total Plan Funding	Administration & Network Fees	Stop Loss Fees (\$250k/\$350k)	М	edical Claims	Pharmacy Claims		Actual Paid Claims ¹		Total Plan Cost	Res	serve Account	Total EEs		aims/ EE/ Ionth
January-21	\$	1,716,871	\$ 80,220	\$ 128,438	\$	862,194	\$ 320,747	\$	1,182,942	\$	1,391,600	\$	325,272	1,653	\$	715.63
February-21	\$	1,716,661	\$ 79,977	\$ 128,050	\$	1,104,690	\$ 497,894	\$	1,602,584	\$	1,810,611	\$	(93,950)	1,648	\$	972.44
March-21	\$	1,715,120	\$ 79,929	\$ 127,972	\$	1,340,012	\$ 345,348	\$	1,685,360	\$	1,893,260	\$	(178,141)	1,647	\$ 1,	,023.29
April-21	\$	1,716,375	\$ 80,220	\$ 128,438	\$	1,336,035	\$ 408,019	\$	1,744,053	\$	1,952,712	\$	(236,336)	1,653	\$ 1,	,055.08
May-21																
June-21																
July-21																
August-21																
September-21																
October-21																
November-21																
December-21																
	Pharmacy Rebates ² \$ 1,075,894															
Annual Total	\$	6,865,027	\$ 320,347	\$ 512,898	\$	4,642,931	\$ 1,572,008	\$	6,214,939	\$	7,048,183	\$	892,738	6,601	\$	941.51

¹ Actual claims only include claims up to the stop loss limit

³ Plan Cost to Funding Ratio calculation includes prorated pharmacy rebate amounts



² Pharmacy Rebates paid to City of Clearwater in 2021. Rebates are included in Annual Reserve Account Total

City of Clearwater Cigna - ASO Only

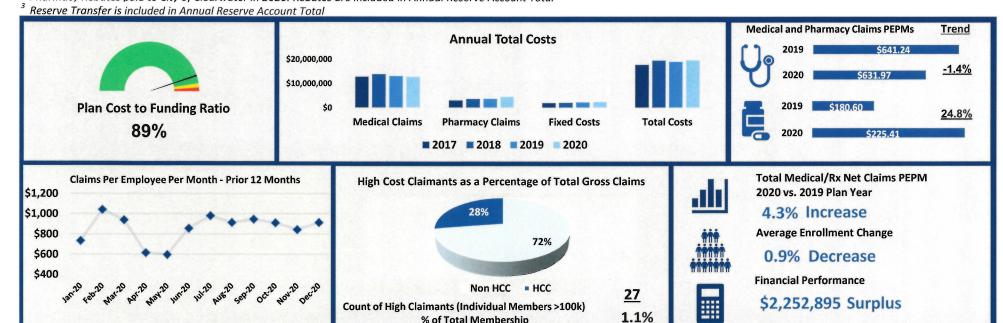
Plan Year: January 1, 2020 - December 31, 2020



Date	Total Plan Funding	Administration & Network Fees	Stop Los Fees (\$250k/\$35		M	edical Claims	Pharma	cy Claims	P	Actual Paid Claims ¹		Total Plan Cost	Reso	erve Account	Total EEs	Claims/ EE/ Month
January-20	\$ 1,760,891	\$ 80,933	\$ 119	,788	\$	902,528	\$	342,814	\$	1,245,342	\$	1,446,063	\$	314,827	1,696	\$ 734.28
February-20	\$ 1,752,582	\$ 80,599	\$ 119	,294	\$	1,503,195	\$	253,951	\$	1,757,146	\$	1,957,039	\$	(204,458)	1,689	\$ 1,040.35
March-20	\$ 1,751,034	\$ 80,742	\$ 119	,506	\$	1,208,426	\$	380,649	\$	1,589,074	\$	1,789,323	\$	(38,288)	1,692	\$ 939.17
April-20	\$ 1,756,356	\$ 80,838	\$ 119	,647	\$	627,530	\$	415,574	\$	1,043,104	\$	1,243,589	\$	512,767	1,694	\$ 615.76
May-20	\$ 1,748,844	\$ 80,551	\$ 119	,223	\$	665,959	\$	342,796	\$	1,008,755	\$	1,208,530	\$	540,314	1,688	\$ 597.60
June-20	\$ 1,736,761	\$ 79,979	\$ 118	,376	\$	1,053,841	\$	383,094	\$	1,436,936	\$	1,635,290	\$	101,471	1,676	\$ 857.36
July-20	\$ 1,727,307	\$ 79,502	\$ 117	,670	\$	1,260,804	\$	371,177	\$	1,631,981	\$	1,829,152	\$	(101,845)	1,666	\$ 979.58
August-20	\$ 1,721,881	\$ 79,072	\$ 117	,034	\$	1,167,628	\$	347,532	\$	1,515,160	\$	1,711,266	\$	10,615	1,657	\$ 914.40
September-20	\$ 1,725,403	\$ 79,072	\$ 117	,034	\$	1,158,853	\$	409,560	\$	1,568,413	\$	1,764,519	\$	(39,117)	1,657	\$ 946.54
October-20	\$ 1,731,447	\$ 79,263	\$ 117	,316	\$	1,166,530	\$	347,207	\$	1,513,737	\$	1,710,317	\$	21,130	1,661	\$ 911.34
November-20	\$ 1,734,534	\$ 79,597	\$ 117	,811	\$	937,681	\$	470,637	\$	1,408,318	\$	1,605,726	\$	128,808	1,668	\$ 844.32
December-20	\$ 1,735,395	\$ 79,549	\$ 117	,740	\$	1,056,523	\$	468,142	\$	1,524,665	\$	1,721,955	\$	13,441	1,667	\$ 914.62
										P	harr	macy Rebates ²	\$	900,950		
											Res	erve Transfer ³	\$	92,279		
Annual Total	\$ 20,882,435	\$ 959,697	\$ 1,420	,440	\$	12,709,498	\$ 4	,533,134	\$	17,242,632	\$	19,622,768	\$	2,252,895	20,111	\$ 857.37

¹ Actual claims only include claims up to the stop loss limit

² Pharmacy Rebates paid to City of Clearwater in 2020. Rebates are included in Annual Reserve Account Total



% of Total Membership

City of Clearwater High Cost Claimant Summary - Monitoring Claims over \$100,000 Tiered Stop Loss Deductible - \$250,000/\$350,000 (50% Cost Share) Claims Paid January 1, 2021 through April 30, 2021



Increase Claimant # Relationship Feb-21 Jan-21 Mar-21 Apr-21 (Prior Month) \$ \$ 964,199 \$ 967,519 \$ 1 **EMPLOYEE** 1,055,696 \$ 88,177 2 \$ \$ \$ 189,950 \$ 190,828 \$ **EMPLOYEE** 878 127,700 \$ \$ \$ \$ 124,076 \$ 3 **SPOUSE** 3,623 \$ \$ 127,099 \$ \$ 110,382 \$ 4 **CHILD** 16,717 \$ \$ \$ \$ 136,359 \$ 5 **EMPLOYEE** 136,359 6 **EMPLOYEE** \$ \$ \$ \$ 110,052 \$ 110,052 \$ \$ 7 \$ \$ 102,516 \$ **SPOUSE** 102,516 \$ \$ \$ \$ 110,498 | \$ 8 **SPOUSE** 110,498 **Monthly Total** \$ \$ 964,199 \$ 1,391,927 \$ 1,960,747 \$ 568,820 **Estimated Stop Loss** \$ \$ 664,199 \$ 667,519 \$ 755,696

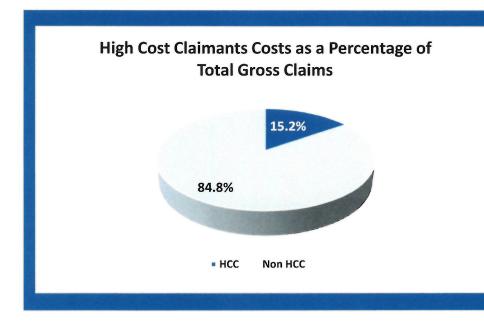
Paid Claims totals are shown cumulative from January, 2021. Note: This report contains Proprietary and Confidential Information.

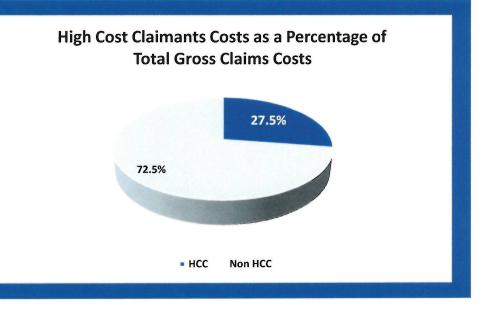
Actual Stop Loss Reimbursements may slightly vary from estimated amounts shown.

City of Clearwater High Cost Claims Summary Experience Period: January - April



		Previous Period	Current Period		
2021 vs 2020		January 2020 - April 2020	January 2021 - April 2021	Increase/(Decrease)	% Increase/(Decrease)
High Cost Claimants Analysis					
Total Gross Claims	(a)	\$5,687,034	\$7,139,570	\$1,452,537	25.5%
Total HCC over \$100k		6	8	2	33.3%
Total HCC Cost		\$861,698	\$1,960,747	\$1,099,049	127.5%
Total HCC over Stop Loss Threshold (\$250k/\$350k)		0	1	1	N/A
Total Stop Loss Recovery	(b)	\$0	\$755,696	\$755,696	N/A
Total Net Claims	(a) - (b)	\$5,687,034	\$6,383,874	\$696,841	12.3%





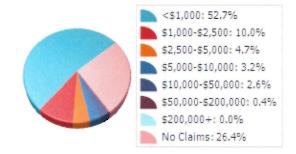
Member Cost Ranges



Company Cost

Member Count





CLAIMANT COST RANGE	PLAN PAID	MEMBER PAID	% PLAN PAID OF TOTAL PLAN PAID	# OF ENROLLED MEMBERS	% MEMBERS OF ENROLLED MEMBERS
<\$1,000	\$630,285.06	\$162,972.88	9.5%	2,126	52.74%
\$1,000-\$2,500	\$629,992.75	\$110,878.15	9.5%	402	9.97%
\$2,500-\$5,000	\$657,718.56	\$75,750.34	9.9%	189	4.69%
\$5,000-\$10,000	\$870,449.96	\$84,643.92	13.2%	128	3.18%
\$10,000-\$50,000	\$2,262,788.92	\$78,476.39	34.2°	103	2.56%
\$50,000-\$200,000	\$1,289,725.60	\$24,933.48	19.5%	17	0.42%
\$200,000+	\$271,159.05	\$2,500.00	4.1%	1	0.02%
No Claims	\$0.00	\$0.00	0.0%	1,065	26.42%
	\$6,612,119.90	\$540,155.16		4,031	

City of Clearwater Claims Per Employee Per Month (Net of ISL Reimbursements)



