

**To:** Dr. Charles Johns  
Board of Education

**From:** Dr. R.J. Gravel

**Date:** Monday, May 4, 2020

**Re:** Results from the Evaluation of the School District's Self-Insurance Plan

**Recommendation**

It is recommended that the Board of Education approve the administration to enter into an agreement with the Horton Group to serve as the school district's health benefits consultant and broker of record for plan year 2021 (January 1, 2021 - December 31, 2021), with the option to continue services through plan year 2023 at a cost not to exceed \$110,000 per year. Services for the remainder of the 2020 plan year (June 2020 through December 2020) will be provided at a cost not to exceed \$55,000.

**Background**

After a comprehensive Request for Proposal process, the Board of Education entered into a consulting agreement in January with Horton Group to perform an in-depth review of the school district's self-insurance healthcare plan. A series of guiding questions charted the path for the Horton team, which were anchored in the following:

- It is the objective of the Finance Committee to identify one or more external partners to conduct a comprehensive analysis and review of the school district's self-insurance health plan;
- It is the goal of the Finance Committee that this review will result in a series of actionable steps that the district can consider as part of its efforts to maintain or decrease the expense of health benefits while maintaining high-quality plans and services for our employees.

Over the past five months, the Business Services and Human Resources teams have worked closely with the Horton team to obtain and analyze historical health plan data, conduct comprehensive marketing of all health products, and outline recommendations and a three-year plan to maintain or decrease the expense of health benefits for both our employees and the school district. A central component of this review was determining the affordances and constraints of remaining in the SSCRMP Health Pool and offering a recommendation to the Board prior to May 18th, when action to withdrawal from the pool would need to be finalized. We are pleased to report that the evaluation process remained on schedule and that the Horton team has completed its final report and recommendations.

A copy of Horton's comprehensive report and marketing summary was shared with members of the Finance Committee and employee group representatives from the school district's Cost Containment Committee on Thursday, April 30, 2020. Senior members of the Horton Group also facilitated a Zoom webinar meeting with the joint group on Friday, May 2, 2020. During this meeting, members of the committee were presented with the key findings and recommendations for each section of the report and were provided an opportunity to ask questions of both the school district's leadership team and the Horton team. The feedback from the committee was very positive, and we have started the process of

scheduling follow-up meetings to further discuss our next steps in the cost containment process for the 2021 plan year.

### **Summary of Findings**

The final report from the Horton Group is divided into nine sections:

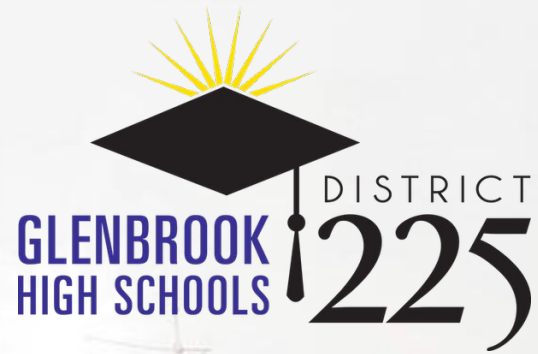
1. Plan Design Benchmarking Review (slides 7-22);
2. Medical and Prescription Claims Review (slides 23-47);
3. Stop-Loss Coverage Review (slides 48-54);
4. Premium Equivalent Rate Analysis (slides 55-60);
5. Marketing Review - Medical and Ancillary Products (slides 61-69; separate marketing packet);
6. Wellness Program (slides 70-74);
7. Affordances and Constraints of the Cooperative (slides 75-78);
8. Recommendations (slides 79-81);
9. Potential Plan Savings (82-89).

While key takeaways and recommendations have been defined within each section of the report, I have highlighted several important points below:

- After considering the affordances and constraints of remaining in the SSCRMP Health Pool, it is recommended that the Board of Education take formal action to withdrawal from the pool effective January 1, 2021.
- From a financial perspective, withdrawing from the SSCRMP Health pool, and maintaining the status quo with respect to our health and dental providers, is projected to result in a savings of \$486,660.
- From a plan design perspective, withdrawing from the SSCRMP Health Pool will provide the school district considerable flexibility to actively market each line of coverage on an annual basis and implement innovative programs. Such flexibility would result in improved employee services, reduced employee and employer premium contributions, and projected savings between \$566,893 and \$4,493,893, depending on the health providers and services implemented.
- Should the Board take action to withdraw from the pool effective January 1, 2021, the administration will need assistance to implement the three-year plan proposed by the Horton Group, and prepare for the 2021 plan year.

In advance of Monday's meeting, I encourage the Board to review the recommendations and potential plan savings sections of the Horton Group's final report (slides 79-89).

On Monday evening, Brad, Alice, Vicki, and I will present a summary of the evaluation process, our plan for the next steps, and our experience with the Horton Group. Additionally, members of the Finance Committee will also be able to share their perspectives about the formal presentation from the Horton Group last Friday, and the recommendations presented.



# Evaluation of the District's Self-Insurance Health Plan

**HORTON**

**April 2020**

# Meeting Agenda

1. Plan Design Benchmarking Review
2. Medical and Prescription Claims Review
3. Stop-Loss Coverage Review
4. Premium Equivalent Rate Analysis
5. Marketing Review - Medical and Ancillary Programs
6. Wellness Program
7. Affordances and Constraints of the Cooperative Structure
8. Recommendations
9. Potential Plan Savings

# Glossary of Insurance Terms

Term	Definition
Aggregate Stop-Loss Deductible	Limits the overall annual claims liability with reimbursement when the claims paid for the plan, as a whole, exceeds a certain preset level (limits the overall claim liability per policy year). Expressed in terms of a % of total expected claims (typically 125%).
Ancillary Coverage	Employee benefit insurance products other than medical: dental, vision, life & disability
ASO	Administrative Services Only, self funded arrangement for health insurance
Benchmarking	The practice of comparing insurance metrics to industry norms and best practices from other employer groups
Carrier	The company that holds the insurance policy
Consistent with the market	An amount equal to what is being offered by other employer groups
Contributions	The amounts paid by the employee and the employer
EC	Employee and child(ren) insurance coverage
EE	Employee only insurance coverage

# Glossary of Insurance Terms

Term	Definition
EE Counts	The number of employees (excluding dependents) receiving coverage under the designated plan
ES	Employee and spouse insurance coverage
FAM	Employee, spouse, and child(ren) insurance coverage
Individual Stop-Loss Deductible	The insurance company will reimburse claims when an individual claimant exceeds a specified deductible (limits the liability for each covered individual on the plan).
Large Claim	High cost claim (typically 50% of the stop-loss deductible)
Market	Benchmark data in comparison to the school district
Marketing	The submission of a Request for Proposal to prospective insurance carriers for the purpose of obtaining quotes
Member Counts	The number of members (includes employees and their family members) receiving coverage under the designated plan

# Glossary of Insurance Terms

Term	Definition
PBM	Prescription benefit manager; processor of prescription claims
Premiums/Premium Equivalent Rate	The amount of money paid for an insurance policy. Rates are calculated based on a reasonable estimate of the total cost of providing coverage (including fixed costs and claims)
PEPM	Per employee, per month
Plan Design	Structure (Deductible, Coinsurance, CoPays) of individual health plan
PMPM	Per member, per month (includes employees and their family members)
Reference-Based Pricing	Instead of using a traditional provider network to negotiate the cost of covered services for the plan, a fixed limit (reference-base) for how much the plan will pay is set for certain services (often based on a % of what Medicare would pay)
Reinsurance	The transfer of part of the insurance risk to another insurer; self-funded plans generally buy specific and/or aggregate stop-loss coverage to cover losses in excess of certain limits. Also termed as stop-loss

# Glossary of Insurance Terms

Term	Definition
Stop-Loss	A form of insurance that reimburses self-funded insurance plans for losses in excess of a predetermined amount



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# Plan Design Benchmarking Review

# Benchmark Reports Used

Performed a benchmark analysis using several data analysis tools, and data sets from Truven Health Analytics, Kaiser, Code SixFour, Zywave & SHRM.

- **2019 Kaiser Employer Health Benefits Survey**
  - Created by The Kaiser Family Foundation nonprofit organization and NORC at the University of Chicago (an objective non-partisan research institution that delivers reliable data and rigorous analysis to guide business decisions)
  - The annual survey provides a detailed look at trends in employer-sponsored health coverage
  - The 2019 survey included 2,012 interviews

# Benchmark Reports Used

- **Truven Health Analytics**
  - An IBM Watson Health company that offers healthcare data and analytics services
  - Provides the facts to make confident healthcare decisions
  - Survey used by Zywave Plan Advisor Reporting Tool
- **Code SixFour**
  - Benchmark Edge tool containing data specific to the industry, size, plan type & region
- **Zywave**
  - Insurance technology provider
  - Conducts an annual survey of employers
  - Ability to drill-down in the service industry to view specific educational industry benchmarks

# Benchmark Reports Used

- **SHRM**

- SHRM (The Society for Human Resource Management) is the world's largest HR professional society, representing 285,000 members
- The report is based on data derived from the SHRM Customized Benchmarking Database

# Summary of Glenbrook Plans and Contribution Levels

Type	Medical Plan*	Rx (Prescription) Plan	Contributions	
			Employee	Employer
HMO	HMO Illinois	BCBS/Prime Therapeutics	Single - 5% Family - 12%	Single - 95% Family - 88%
HMO	BlueAdvantage HMO	BCBS/Prime Therapeutics		
PPO	Glenbrook PPO	RxBenefits/Express Scripts		
PPO	High Deductible PPO	RxBenefits/Express Scripts		
PPO	High Deductible PPO - Value	RxBenefits/Express Scripts		

\* All medical plans provided by Blue Cross and Blue Shield of Illinois

# Key Takeaways - Plan Design

Performed a benchmark analysis using several data analysis tools, and data sets from Truven Health Analytics, Kaiser, Code SixFour, Zywave & SHRM.

- Both HMO plan designs are consistent with the market; premiums and contributions are below market.
- The Glenbrook PPO plan design is above average; premiums are higher than market and contributions are below.
- The High Deductible PPO plan design is consistent with the market; premiums are higher than market and contributions are below.
- The High Deductible Value PPO plan design is below average; premiums are consistent with the market and contributions are below.
- Generational Study shows more older workers versus young workers and more females are employed than males.

# Medical Premium and Contribution Observations

This dashboard summarizes the results of benchmarking Glenbrook's current health plan premium equivalent rates against the **2019 Kaiser Family Foundation Employer Health Benefits Survey** (Services Industry).

<u>Medical Premium Dashboard</u>				
Type	Plan Name	EE Premium	FAM Premium	Employee Contributions
HMO	Blue Advantage HMO	Below Market	Below Market	Below Market
HMO	HMO Illinois	Above Market	Below Market	Below Market
PPO	Glenbrook PPO	Above Market	Above Market	Below Market
PPO	High Deductible PPO	Above Market	Above Market	Below Market
PPO	High Deductible Value PPO	Average to Market	Average to Market	Below Market

# Benchmark of Employee Contributions for Services

This dashboard summarizes the results of benchmarking elements of Glenbrook's current health plans against the **2018 Zywave Employee Benefits Benchmark Report** (Educational, North Central Region, Group Size of 100+).

<u>Employee Contribution for Services</u>							
Type	Plan Name	Deductible	Out of Pocket	Co-Insurance	ER Copay	Primary Copay	Specialist Copay
HMO	Blue Advantage HMO	Below Market	Below Market	Average to Market	Average to Market	Below Market	Average to Market
HMO	HMO Illinois	Below Market	Average to Market	Average to Market	Above Market	Average to Market	Average to Market
PPO	Glenbrook PPO	Below Market	Below Market	Average to Market			
PPO	High Deductible PPO	Average to Market	Average to Market	Average to Market			
PPO	High Deductible Value PPO	Above Market	Above Market	Above Market			



# Benchmark of Overall Plan Design for All Plans

## Benchmarking – Executive Summary Insights Scorecard

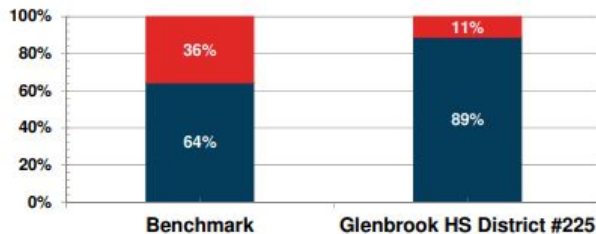
### Scope Of This Study

- Total Company Count: 10-20
- Size: 500+
- Geography: Midwest
- Included Plan Types: All Plans
- Industry: Other Services

- No Change / In-line with Best Practice
- Some Opportunity For Improvement
- Significant Opportunity For Improvement

### Medical Cost & Contributions — Insights

- Glenbrook HS District #225 PEPY of \$15,884.54 is 26% higher than benchmark (benchmark is \$12,587)
- Overall average employer funding at 89% is 24.7% higher than benchmark average



### Medical Plan Design — Insights

- On average, 35% of other plans in market benchmark have better benefits than your plans

In-Network Benefits	Average % of Plans In Market With Better Benefits Than Your Plan
Deductibles	28%
Coinsurance	39%
Primary/Specialist Copays	49%
ER/Urgent Care Copays	28%
RX Copays	43%
Out of Pocket Max	38%

### Benefits Structure & Participation — Insights

- Glenbrook HS District #225 waivers are currently 11%, which is 23% less than market average of 34%
- Glenbrook HS District #225 medical plan currently has 4 tiers, and 68% of market benchmark offers 4 tiers

\*Benchmarks from 2019 Zywave Report – Services Industry  
(Waivers are employees that waive insurance coverage from the school district.)

# Benchmark of Blue Advantage HMO Plan Design

HMO	Enrollment Tier	Kaiser Family Foundation 2019 Benchmark Study			Glenbrook HS District 225 BAHMO
		Industry: Services	Region: Midwest	Size: 200+	
Average Monthly Premium Per Employee	Single Employee	\$595.00	\$590.00	\$605.00	\$570.55
	Employee + Dep(s)	\$1,750.00	\$1,696.00	\$1,776.00	\$1,331.28
Employee Contribution	Single Employee	\$107.10	\$98.58	\$89.75	\$28.54
	% of Premium	18%	17%	15%	5%
	Employee + Dep(s)	\$595.00	\$438.42	\$381.83	\$159.76
	% of Premium	34%	26%	21%	12%
Employer Net Cost	Single Employee	\$487.90	\$491.42	\$515.25	\$542.01
	% of Premium	82%	83%	85%	95%
	Employee + Dep(s)	\$1,155.00	\$1,257.58	\$1,394.17	\$1,171.52
	% of Premium	66%	74%	79%	88%

# Benchmark of HMO Illinois Plan Design

HMO	Enrollment Tier	Kaiser Family Foundation 2019 Benchmark Study			Glenbrook HS District 225 HMOI
		Industry: Services	Region: Midwest	Size: 200+	
Average Monthly Premium Per Employee	Single Employee	\$595.00	\$590.00	\$605.00	\$588.19
	Employee + Dep(s)	\$1,750.00	\$1,696.00	\$1,776.00	\$1,372.44
Employee Contribution	Single Employee	\$107.10	\$98.58	\$89.75	\$29.42
	% of Premium	18%	17%	15%	5%
	Employee + Dep(s)	\$595.00	\$438.42	\$381.83	\$164.71
	% of Premium	34%	26%	21%	12%
Employer Net Cost	Single Employee	\$487.90	\$491.42	\$515.25	\$558.77
	% of Premium	82%	83%	85%	95%
	Employee + Dep(s)	\$1,155.00	\$1,257.58	\$1,394.17	\$1,207.74
	% of Premium	66%	74%	79%	88%

# Benchmark of Glenbrook PPO Plan Design

	Enrollment Tier	Kaiser Family Foundation 2019 Benchmark Study			Glenbrook HS District 225
		Industry: Services	Region: Midwest	Size: 200+	
Average Monthly Premium Per Employee	Single Employee	\$653.00	\$639.00	\$636.00	\$785.99
	Employee + Dep(s)	\$1,792.00	\$1,768.00	\$1,810.00	\$1,833.97
Employee Contribution	Single Employee	\$117.54	\$142.25	\$132.08	\$39.30
	% of Premium	18%	22%	21%	5%
	Employee + Dep(s)	\$609.28	\$542.58	\$502.25	\$220.08
	% of Premium	34%	31%	28%	12%
Employer Net Cost	Single Employee	\$535.46	\$496.75	\$503.92	\$746.69
	% of Premium	82%	78%	79%	95%
	Employee + Dep(s)	\$1,182.72	\$1,225.42	\$1,307.75	\$1,613.89
	% of Premium	66%	69%	72%	88%

# Benchmark of High Deductible PPO Plan Design

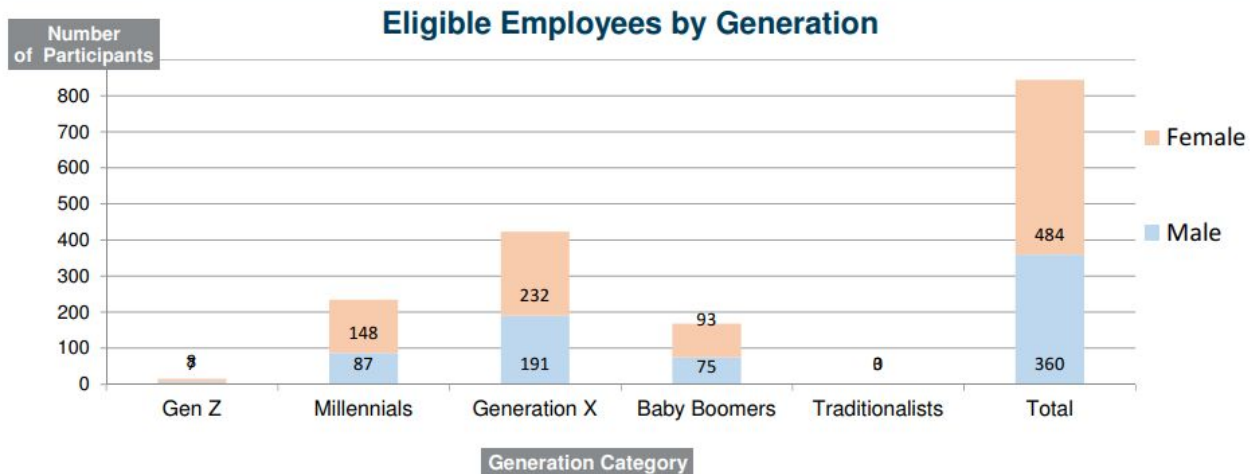
HDHP	Enrollment Tier	Kaiser Family Foundation 2019 Benchmark Study			Glenbrook HS District 225 HDHP
		Industry: Services	Region: Midwest	Size: 200+	
Average Monthly Premium Per Employee	Single Employee	\$526.00	\$533.00	\$532.00	\$680.13
	Employee + Dep(s)	\$1,545.00	\$1,531.00	\$1,575.00	\$1,586.97
Employee Contribution	Single Employee	\$94.68	\$97.08	\$94.75	\$34.02
	% of Premium	18%	18%	18%	5%
	Employee + Dep(s)	\$525.30	\$384.33	\$376.92	\$190.45
	% of Premium	34%	25%	24%	12%
Employer Net Cost	Single Employee	\$431.32	\$435.92	\$437.25	\$646.11
	% of Premium	82%	82%	82%	95%
	Employee + Dep(s)	\$1,019.70	\$1,146.67	\$1,198.08	\$1,396.52
	% of Premium	66%	75%	76%	88%

# Benchmark of High Deductible Value PPO Plan Design

HDHP Value	Enrollment Tier	Kaiser Family Foundation 2019 Benchmark Study			Glenbrook HS District 225 HDHP Value
		Industry: Services	Region: Midwest	Size: 200+	
Average Monthly Premium Per Employee	Single Employee	\$526.00	\$533.00	\$532.00	\$564.26
	Employee + Dep(s)	\$1,545.00	\$1,531.00	\$1,575.00	\$1,316.62
Employee Contribution	Single Employee	\$94.68	\$97.08	\$94.75	\$28.22
	% of Premium	18%	18%	18%	5%
	Employee + Dep(s)	\$525.30	\$384.33	\$376.92	\$158.00
	% of Premium	34%	25%	24%	12%
Employer Net Cost	Single Employee	\$431.32	\$435.92	\$437.25	\$536.04
	% of Premium	82%	82%	82%	95%
	Employee + Dep(s)	\$1,019.70	\$1,146.67	\$1,198.08	\$1,158.62
	% of Premium	66%	75%	76%	88%

# Generational Study Observations

Generation	All Employees		Employee Type				Employee Type			
	Count	Average Age	Count	Average Age	% of Male Employees	% of Total Employees	Count	Average Age	% of Female Employees	% of Total Employees
Gen Z 1996 - 2012	15	22.5	7	22.4	2%	1%	8	22.5	2%	1%
Millennials 1981 - 1995	235	31.8	87	31.7	24%	10%	148	21.1	31%	18%
Generation X 1965 - 1980	423	46.7	191	47.3	53%	23%	232	46.3	48%	27%
Baby Boomers 1946 - 1964	168	59.6	75	59.7	21%	9%	93	59.5	19%	11%
Traditionalist 1922 - 1945	3	75.7	0	0.0	0%	0%	3	75.7	1%	0%
<b>Total</b>	<b>844</b>	<b>44.8</b>	<b>360</b>	<b>45.6</b>	<b>100%</b>	<b>43%</b>	<b>484</b>	<b>44.2</b>	<b>100%</b>	<b>57%</b>



# Plan Education Recommendations

As employee benefits continue to evolve the messaging that goes along with them has to evolve as well. Different generations not only use their benefits differently but also value their benefits very differently. A strong employee benefit platform offers every segment of your population not only programs that add value but also communicates them in a way that they is clearly understood and thus allow for their efficient utilization.

Among the mediums that we recommend are:

- In-person focus group meetings;
- In-person and on-line (webinar) open enrollment;
- Targeted video;
- Monthly newsletter;
- On site posters; and a
- Mobile app.



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# Medical and Prescription Claims Review

# Key Takeaways - Medical and Prescription Claims

Performed a benchmark analysis using several data analysis tools, and data sets from Truven Health Analytics and SHRM.

- **HMO Plans**

- Medical and prescription claims are lower than the benchmark.
- Prescription mail order usage is lower than the benchmark (low utilization).
- The number of large claims are lower than the benchmark.
- The number of small claims are higher than the benchmark.

- **PPO Plans**

- Medical and prescription claims are higher than the benchmark.
- Prescription mail order usage is lower than the benchmark (low utilization).
- The number of large claims are lower than the benchmark.
- The number of small claims are higher than the benchmark.

# Medical and Prescription Claims Benchmark

This dashboard summarizes the results of benchmarking Glenbrook's current claims data to the **2018 Truven Health Analytics Report**.

<u>Plan Detailed Benchmarks</u>		
Component	HMO	PPO
Total Medical Claims	Below Market	Above Market
In-Patient Claims	Below Market	Below Market
Prescription Total Paid	Below Market	Above Market
Prescription Total Number of Scripts	Below Market	Average to Market
Prescription Paid per Script	Average to Market	Above Market
Prescription Paid per Member	Below Market	Above Market
Prescription Generic Utilization	Above Market	Average to Market
Prescription Mail Order Utilization	Below Market	Below Market

# Medical Large Claim Observations

This dashboard summarizes the results of benchmarking Glenbrook's current claims data to the **2018 Truven Health Analytics Report**.

<u>Plan Detailed Benchmarks</u>	
Component	HMO and PPO
Large Claim Dollar Amount	<b>Below Market</b>
Large Claim Dollar Amount as % of Total Claims	<b>Below Market</b>
Number of Large Claims	<b>Below Market</b>
Number of Large Claims as % of Enrollment	<b>Below Market</b>

# Medical Large Claim Observations

<u>Claimants Exceeding Individual Stop Loss Level in Total Claim Dollars</u>			
	2018	2019	SHRM Benchmark
Stop Loss Deductible	\$250,000 PPO \$125,000 HMO	\$250,000 PPO \$125,000 HMO	\$150,000
Claim 1 - Female/Spouse (PPO)	\$1,856,120		
Claim 2 - Male/Employee (PPO)	\$320,930		
Claim 3 - Male/Spouse (HMO) Claim 4 - Female/Spouse (HMO)	\$134,038	\$164,997	
Claim 5 - Female/Employee (HMO) Claim 6 - Male/Spouse (HMO)	\$132,563	\$129,991	
<b>Total Cost of Large Claims</b>	<b>\$2,443,640</b>	<b>\$294,988</b>	<b>\$122,382</b>
<b>Total Paid Medical and Prescription Claims</b>	<b>\$12,709,325</b>	<b>\$11,632,386</b>	
<b>High Cost Claimants % of Total Claims</b>	<b>19.2%</b>	<b>2.9%</b>	<b>31.0%</b>
<b>Average Enrollment</b>	<b>833</b>	<b>809</b>	
<b>High Cost Claimants % of Avg. Enrollment</b>	<b>0.5%</b>	<b>0.2%</b>	<b>1.2%</b>

Note: Will discuss recommendation for spousal evacuation strategy later in presentation

# Medical Medium Claim Observations

Medical Medium Claims (\$50,000 - \$124,999) for HMO in Plan Year 2019

Member Gender	Member Relationship	Primary Diagnosis	Paid
Male	Spouse	Diseases of the Musculoskeletal System and Connective Tissue	\$116,560
Male	Subscriber	Injury and Poisoning	\$106,039
Female	Subscriber	Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	\$97,755
Male	Subscriber	Symptoms, Signs, and Ill-Defined Conditions and Factors Influencing Health Status	\$89,845
Female	Subscriber	Symptoms, Signs, and Ill-Defined Conditions and Factors Influencing Health Status	\$81,933
Male	Spouse	Diseases of the Circulatory System	\$79,036
Male	Subscriber	Diseases of the Musculoskeletal System and Connective Tissue	\$62,225
Female	Spouse	Neoplasms	\$61,746
Male	Dependent Child	Mental Illness	\$56,927
Female	Spouse		\$55,550
Male	Spouse	Diseases of the Musculoskeletal System and Connective Tissue	\$54,781

# Medical Medium Claim Observations

Medical Medium Claims (\$50,000 - \$249,999) for PPO in Plan Year 2019

Member Gender	Member Relationship	Primary Diagnosis	Paid
Male	Spouse	Injury and Poisoning	\$214,284
Male	Spouse	Diseases of the Blood and Blood-Forming Organs	\$148,615
Female	Subscriber	Neoplasms	\$148,543
Female	Spouse	Neoplasms	\$134,637
Male	Subscriber	Infections and Parasitic Diseases	\$122,671
Female	Subscriber	Neoplasms	\$118,513
Male	Dependent Child	Certain Conditions Originating in the Prenatal Period	\$84,909
Female	Subscriber	Neoplasms	\$83,269
Male	Subscriber	Neoplasms	\$79,813
Female	Disabled Dependent	Mental Illness	\$65,564
Male	Spouse	Diseases of the Digestive System	\$63,663
Female	Subscriber	Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders	\$55,359
Female	Dependent Child	Mental Illness	\$55,190
Male	Subscriber	Diseases of the Respiratory System	\$53,093
Female	Subscriber	Diseases of the Digestive System	\$52,677

# Summary of Medium Claims

The following are the percent of medium claims (over \$50,000, below the applicable stop-loss limit) in each major diagnosis category:

- **Neoplasms (Cancer)**
  - PPO: 38.14%, HMO: 5.33%
- **Mental Illness**
  - PPO: 8.15%, HMO: 4.92%
- **Diseases of the Musculoskeletal System & Connective Tissue**
  - PPO: 0%, HMO: 33%
- **Diseases of the Circulatory System**
  - PPO: 0%, HMO: 7.17%
- **Diseases of the Digestive System**
  - PPO: 7.86%, HMO: 0%



# Summary of Medium Claims

- **Injury & Poisoning**
  - PPO: 14.47%, HMO: 9.16%
- **Endocrine; Nutritional; Metabolic Diseases and Immunity Disorders**
  - PPO 3.74%, HMO: 8.45%
- **Diseases of the Respiratory System**
  - PPO: 3.59%, HMO: 0%
- **Diseases of the Nervous System**
  - PPO: 0%, HMO: 14.26%
- **Symptoms; Signs; and Ill-Defined Conditions and Factors Influencing Health Status**
  - PPO: 0%, HMO: 15.59%

# Medical Large Claim Recommendations

- **Cancer**
  - Offer health coaching & lifestyle support
  - Consider offering onsite Cancer screenings for early detection
- **Mental Health**
  - Offer robust EAP offerings with included fact-to-face sessions
- **Musculoskeletal**
  - Consider offering direct access with onsite Physical Therapy
- **Circulatory**
  - Address co-occurring conditions such as high blood pressure/high cholesterol
  - Consider offering onsite Heart & Vascular screenings for early detection
- **Digestive**
  - Health coaching and nutrition support

# PPO Prescription Observations

- Paid Claims PMPM increased by 7.3% in 2019, while number of scripts PMPM decreased by -1.37% - the cost of each script is increasing.
- Speciality claims have decreased year-over-year - the benchmark trend is for these to increase.
- Generic Rate has remained consistent year-over-year.

All PPO Plans - Prescription Claim Data												
Monthly Exposure	EE Count	Member Count	Gross Claims	Paid Claims	Member Contribution	Gross Claims PMPM	Paid Claims PMPM	Specialty Claims PMPM	Paid Claims PMPM less Specialty	Scripts PMPM	Generic Dispensing Rate (%)	Mail Rate (%)*
January - December 2017	432	1,063	\$2,334,745.10	\$2,154,882.42	\$179,862.68	\$185.06	\$171.58	\$90.27	\$81.32	0.77	80.69%	5.71%
January - December 2018	503	1,296	\$2,525,090.28	\$2,317,658.92	\$207,431.36	\$162.15	\$148.80	\$74.46	\$74.35	0.73	80.79%	5.92%
January - December 2019	490	1,297	\$2,675,018.56	\$2,487,213.03	\$187,805.53	\$171.75	\$159.66	\$70.78	\$88.87	0.72	80.81%	6.12%
<b>Trend**</b>	<b>-2.58%</b>	<b>0.08%</b>				<b>5.92%</b>	<b>7.30%</b>	<b>-4.94%</b>	<b>19.53%</b>	<b>-1.37%</b>	<b>0.02%</b>	<b>3.38%</b>

\* Benchmark Mail Order Utilization is 10%-12% of total number of scripts

\*\* Trend is calculated by taking 2019 totals / January 2018-December - 1

\*\*\* Benchmark for paid claims PMPM is \$91.42

\*\*\*\* Total number of scripts for 2019 was 11,246

# HMO Prescription Observations

- Paid Claims PMPM decreased by -1.69% in 2019, while number of scripts PMPM increased by 1.61% - the cost of each script is decreasing.
- Speciality claims have decreased year-over-year - the benchmark trend is for these to increase.
- Generic Rate has remained consistent year-over-year.

## All HMO Plans - Prescription Claim Data

Monthly Exposure	EE Count	Member Count	Gross Claims	Paid Claims	Member Contribution	Gross Claims PMPM	Paid Claims PMPM	Specialty Claims PMPM	Paid Claims PMPM less Specialty	Scripts PMPM	Generic Dispensing Rate (%)	Mail Rate (%)*
January - December 2018	330	897	\$1,728,762.00	\$766,381.00	\$51,413.00	\$160.61	\$71.20	\$20.08	\$51.12	0.62	86.00%	0.70%
January - December 2019	330	892	\$1,770,103.00	\$749,206.53	\$51,064.00	\$165.37	\$69.99	\$16.38	\$53.61	0.63	86.40%	0.40%
<b>Trend**</b>	0.00%	-0.56%	<b>2.39%</b>	<b>-2.24%</b>	<b>-0.68%</b>	2.97%	-1.69%	-18.41%	4.87%	1.61%	0.47%	-42.86%

\* Benchmark Mail Order Utilization is 10%-12% of total number of scripts

\*\* Trend is calculated by taking 2019 totals / January 2018-December - 1

\*\*\* Benchmark for paid claims PMPM is \$87.42

\*\*\*\* Total number of scripts for 2019 was 6,894

# Benefits of Using Mail Order Prescription Services

- **Benefits of Using Mail Order Prescription for the Plan/Employer**
  - Lower dispensing fee;
  - Higher discounts;
  - Lower costs; and
  - Higher rebates.
- **Benefits of Using Mail Order Prescription for the Member**
  - Convenience: you can get a 90-day supply of each prescription delivered to your home;
  - Cost Savings: you can get a 90-day supply for the cost of a 60-day supply; and
  - Greater medication accuracy: mail-order pharmacies typically achieve greater accuracy and have less errors.

# Prescription Utilization Recommendations

- **Implement a Communication Strategy**  
Targeted employee communication campaigns around mail order.
- **Further Incentivize Use of Mail Order**  
Evaluate financial or non-financial incentives (e.g., pay for 1 fill, get 3).
- **Change Consumer Behavior Through Plan Design**  
Consider implementing a refill allowance that will limit the number of times a prescriptions can be refilled at a retail location.
- **Require Use of Mail Order**  
Consider implementing mandatory use of mail order for eligible prescriptions.
- **Evaluate the internal PBM options**

# PPO Prescription Market Perspective from Truveris

Utilized a service called TruBid Express, which is the industry's "largest online PBM marketplace to give small and mid-sized employers instant access to objective, transparent, and competitive PBM offers.



## Competitive PBM Offers

Instantly compare pre-negotiated PBM offers based on your claims data



## Comprehensive Analysis

Summary of annual savings and member impact, powered by our proprietary algorithm.



## Contract Optimization

Generate air-tight PBM contracts to streamline contracting process



## Performance Report Card

Ongoing monitoring to ensure accurate billing and expected prescription plan benefits



## Expert Support

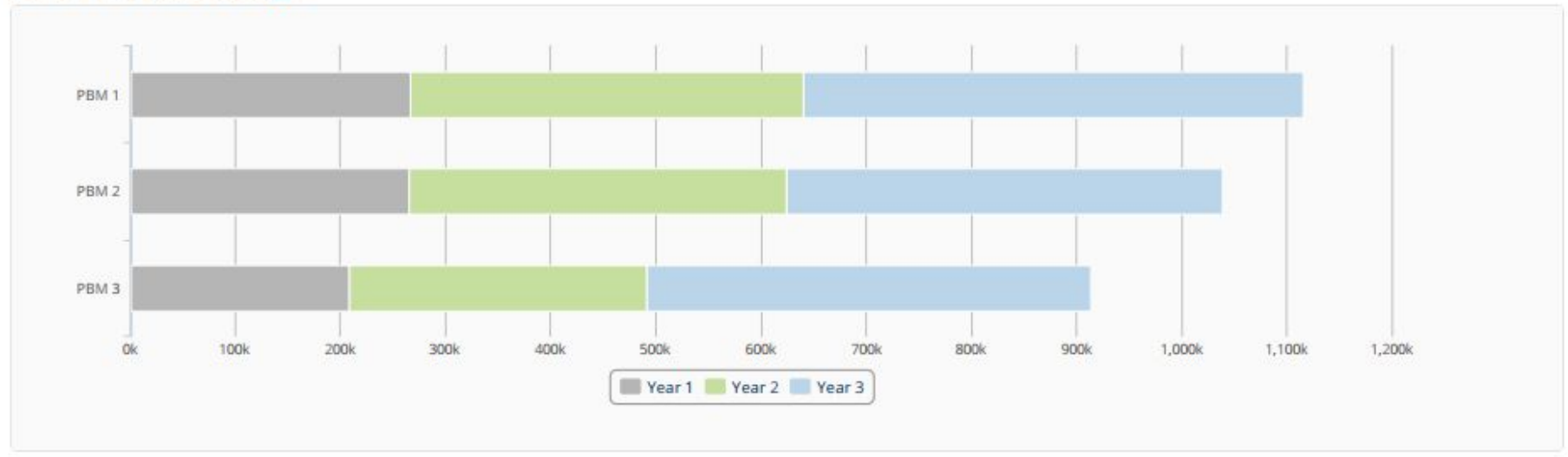
Industry experts are available for support throughout the TruBid Express process

# TruBid Express: PPO Financial Analysis

Projected savings of \$250,000 in year 1 and will grow to \$1,000,000 by year 3 based on current utilization.

PBM	Positive	Negative	None
1	↑ 873 Utilizers, 10486 Rxs	↓ 0 Utilizers, 0 Rxs	70 Utilizers, 846 Rxs
2	↑ 895 Utilizers, 10744 Rxs	↓ 0 Utilizers, 0 Rxs	49 Utilizers, 588 Rxs
3	↑ 877 Utilizers, 10532 Rxs	↓ 0 Utilizers, 0 Rxs	66 Utilizers, 800 Rxs

## Three Year Savings





# TruBid Express: Case Study

## How a mid-sized bank used TruBid Express to save on their PBM contract without switching providers

### TruBid Express Quickly Found Competitive PBM Contract Offers

A mid-sized bank with just under 1,000 lives ran a quote with their broker on the TruBid Express platform.

They were able to compare savings between six PBM offers and found that their largest savings opportunity was with a new PBM. All six PBM contract offers presented over 15% savings.



### Competitive PBM Pricing Forced Incumbent PBM to Match Savings

Knowing the bank did not want to change PBMs, the broker negotiated with the bank's incumbent PBM to make their bid more competitive. The savings in the new contract were mostly found through retail generic discounts and rebates across different drug classifications. The incumbent was able to match the competitor's savings, and the broker awarded the new PBM contract to the incumbent.



# TruGuard Service

We are recommending the addition of the TruGuard program to validate claims-level accuracy. TruGuard re-adjudicates 100% of prescription drug claims to ensure proper billing and that contract guarantees are met.



Complete pharmaceutical claims re-adjudication of submitted claims set



Review of pharmaceutical claims accuracy



Identification of claims errors and overcharges



Reports for demonstrating PBM performance and contract compliance

# TruGuard Service

INSIGHTS Claim-Level View into PBM Performance	ACTIONS PBM Corrective Actions or Improve Plan Management	RESULTS Savings and Value for Spend
Contractual non-performance (i.e., incorrect drug classification; pricing guarantees; discount performance)	PBM corrective action; reimbursement	Improve pricing performance
Inaccurately processed claims (overcharges and claim errors)	PBM corrective action; reimbursement	Save unnecessary spend
Low generic dispensing rate and correlating low copay	Increase copay differential to incentivize move to generic equivalent	Save unnecessary spend
Uncover high-cost, non-essential drugs or OTC drugs	Move "covered" drugs to excluded status where less expensive options are available	Save unnecessary spend
Uncover 30- vs 90-day supply for specialty drugs that impact rebate performance	Correct the way the PBM is processing specialty drugs	Increase rebate performance

# TruGuard Details

- TruGuard costs between \$1.25 to \$1.50 per script (can be packaged with TruBid Express).
- Savings identified by TruGuard go back to the plan, and the member will not see any change to their prescription experience.
- Reports will be generated quarterly and provide insights into: utilization, spend, non-specialty financials, specialty financials, guarantees, variance, program design and member share.

TruGuard		
Executive Summary		
Total Utilizers 22,225	Total Rx's 134,747	Total Spend \$22,462,938
Specialty Spend 43.14%	Mail Utilization 2.61%	Generic Dispensing Rate 86.70%

# TruGuard: Case Study

## CHALLENGE

PBM contracts often contain confusing or incomplete language, allowing terms to be skewed in favor of the PBM over the plan sponsor.

Issues can arise when a PBM self-reports contracted financial guarantees. Without a contract oversight service, plan sponsors often accept PBM reports without verifying their accuracy.

In this case, a marketing firm with over 3,000 employees had a PBM contract that required their PBM to review its contracted financial guarantees over the past year to see if they have overperformed or underperformed against the guarantees.

During this review, the PBM produced a report showing they had underperformed by \$67,000. The marketing firm had no way of checking their PBM's math and turned to TruGuard® to help.

## SOLUTION

TruGuard is the TruVeris solution for continuously analyzing 100% of pharmacy claims to ensure pricing and discount accuracy, making sure employers are properly charged by their PBMs.

TruGuard helped the marketing firm identify PBM pricing issues as they arise, enabling them to take action and remediate errors quickly so they wouldn't compound over time and become more difficult to resolve.

## RESULTS

The TruGuard team reviewed the PBM's report and identified an underperformance of over \$105,000, revealing \$38,000 unaccounted for by the PBM.

The TruGuard team looked for why there would be such a large difference in reported underperformance and was able to credit the discrepancy to the PBM's reported ingredient cost.

The TruGuard team raised this issue to the PBM, triggering an additional review. During this second review, the PBM ultimately calculated over \$105,000 in underperformance, aligning with the TruGuard findings.

Without TruGuard, the client would not have been aware of this issue and confusing contract language.

The marketing firm then used TruBid® to take their PBM contract out to bid and in that process, TruVeris removed the language that allowed the inaccurate ingredient cost reporting from their new contract.



**TruGuard identified  
\$38,000  
the marketing firm didn't  
know their PBM owed them**

# Sample Audit for a School District Similar in Size

## Estimated Calculated Savings and Return on Investment (ROI)

Although actual costs can vary, the estimated cost per dependent is \$3,500. This is the estimated average cost per dependent we used for this analysis:

Calculated Savings and First-Year ROI	#	Estimated Annual Cost/Dependent	Total
# of Confirmed Ineligible Dependents:	25	\$3,500.00	\$87,500.00
# of Incomplete (12) and No Response (2) Dependents:	14	\$3,500.00	\$49,000.00
Estimated First-Year Annual Savings:			\$136,500.00
Audit Fee:			\$17,800.00
Estimated First-Year ROI (Savings/Audit Fee):			766.85%

As noted above, following completion of the audit there were employees with unverified dependents who either did not respond by the audit deadline or who submitted incomplete documentation. This may mean that there was an ineligible dependent that the employee was reluctant to identify or simply chose not to comply. As a result, the final count of ineligible dependents and subsequent calculations may differ than stated above.

# Exploration of Reference-Based Pricing

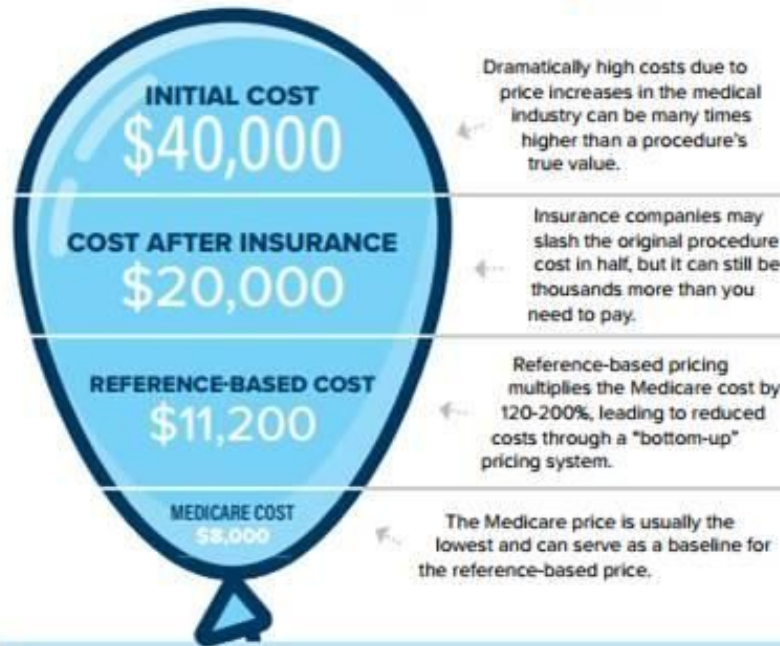
The school district requested that we review reference-based pricing service providers. We recommend further exploration of this solution, as one provider's estimate amounted to \$4M in savings in the first year.



# Exploration of Reference-Based Pricing

Artificially inflated prices are causing healthcare prices to skyrocket. Reference-based pricing, however, can help your employees' healthcare costs stay grounded.

## The True Cost Of A Joint Replacement



Through reference-based pricing, your adviser can help you negotiate a procedure cost that more accurately reflects its true value.



# General Claim Recommendations

- **Address Frequency (Number of Claims)**
  - Increase utilization of telemedicine;
  - Increase utilization of mail order prescription drug services
  - Implement Outcomes Based Wellness Program
  - Implement on-site clinic / relationship with local provider
  - Implement on-site chiropractor
  - Implement high performance networks
- **Address Severity (Cost of Claims)**
  - Increase utilization of medical care management
  - Increase utilization of disease management
  - Bundled care services (Centers of Excellence)

3

# Stop-Loss Coverage Review

# Stop-Loss Glossary of Terms

- **Individual Stop-Loss Deductible**

The insurance company will reimburse claims when an individual claimant exceeds a specified deductible (limits the liability for each covered individual on the plan).

- **Aggregate Stop-Loss**

Limits the overall annual claims liability with reimbursement when the claims paid for the plan, as a whole, exceeds a certain preset level (limits the overall claim liability per policy year). Expressed in terms of a % of total expected claims (typically 125%).

- **Incurred**

The date on which healthcare services were provided (ie date of service).

- **Paid**

The date on which the insurance company approves and processes the payment to be sent to the provider.

# Types of Stop-Loss Contracts

- **Paid (Current Contract)**

Eligible claims are those paid with the plan year regardless of when the claim was actually incurred

- **24/12**

Eligible claims are those incurred 12 months prior to the effective date through the end of the policy year and paid within the plan year (incurred and paid within the plan year plus incurred 12 months prior)

- **15/12**

Eligible claims are those incurred three months prior to the effective through the end of the policy year and paid within the plan year (incurred and paid within the plan year plus incurred 3 months prior)

# Types of Stop-Loss Contracts

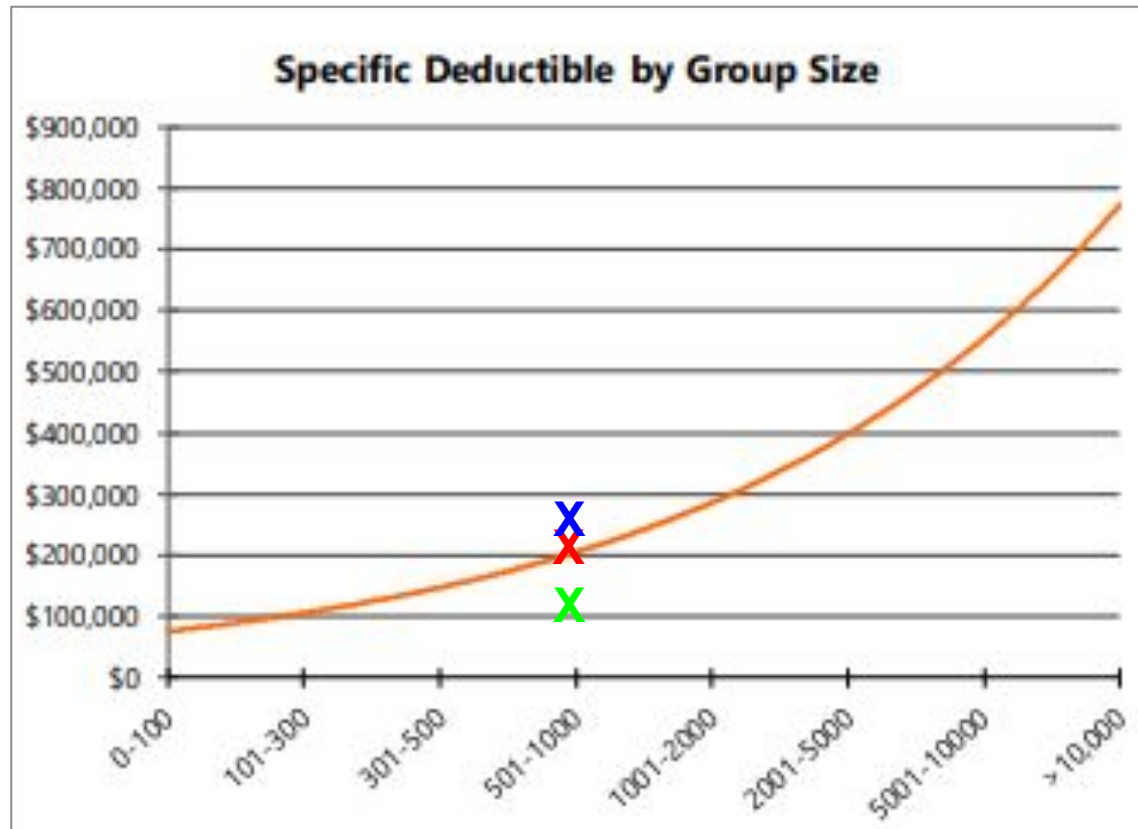
- **12/15**

Eligible claims are those incurred within the policy year and paid within fifteen months of the beginning of the policy year (incurred within the plan year and paid in the plan year plus a 3 month extension)

- **12/12**

Eligible claims are those incurred within the twelve month policy year and paid within in the plan year (Incurred and paid within in the plan year)

# Stop-Loss Benchmark



- X Benchmark Specific Deductible for a group your size is \$200,000
- X Your current PPO Specific Deductible is \$250,000
- X Your current HMO Specific Deductible is \$125,000

# Stop-Loss Review

- Specific Stop-Loss deductible level depends on your tolerance for risk.
- With a higher deductible, the stop-loss premium decreases, and the expected claims increase - usually by close to the same amount.
- Typically, if you have less than 3-4 large claims (over the stop-loss deductible), it is a cost savings to increase the specific deductible.
- Typically, if you have more than 3-4 large claims (over the stop-loss deductible), it would be a cost increase to increase the specific deductible.
- Aggregate Stop-Loss Insurance is typically very inexpensive and provides protection when the claims for the plan as a whole exceed a preset level - thus providing an extra layer of protection in case of higher than expected claims.

# Stop-Loss Recommendations

- Move to the same stop-loss deductible for all plans at a level of \$250,000.
  - There were only 2 HMO claims over the current \$125,000 stop-loss deductible in 2019 (total amount over deductible for both claims was \$45,000).
- Further evaluate premium savings of increasing stop-loss deductible to \$300,000 for all plans.
- Consider carving-out stop-loss if rates are competitive.
- Purchase aggregate stop-loss Insurance.



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# Premium Equivalent Rate Analysis

# Key Takeaways - Premium Equivalent Rate Analysis

Performed a benchmark analysis using several data analysis tools, and data sets from Truven Health Analytics, Kaiser, Code SixFour & Zywave.

- **2020 rates** have a 2% margin over expected cost – these rates are set with an appropriate amount of margin included. The margin is calculated by taking the premium generated by the rates and comparing it to the total expected cost (Projected Annual Total vs Expected Total Annual Cost)
- Rates should have a 2%-3% margin over expected cost and rates should be evaluated to see if an adjustment by plan instead of an overall unified adjustment is warranted.

# Premium Equivalent Rate Analysis

All Rates have a 2% margin over expected cost. Margin is calculated by multiplying the current rates by the current enrollment by 12 months and comparing it to the expected annual cost from the renewal.

- **2020 Actual Rates**

- The rates are unified - meaning the increase for the 2020 plan year has been distributed equally over all plans
- Rates moved to a 4-tier basis for all plans this year

# Premium Equivalent Calculation

## 2019 Plan Year - Actual Rates

Type	Plan Name	EE	ES	EC	FAM	Projected Monthly Total	Projected Annual Total	% Change	Expected Total Annual Cost	\$ Difference	% Diff.
HMO	Blue Advantage HMO	\$572.08	\$1,144.18	\$1,602.37	\$1,602.37	\$1,145,987.66	\$13,751,851.92		\$12,879,424.32	-\$872,427.80	-6.34
HMO	HMO Illinois	\$589.77	\$1,651.36	\$1,651.36	\$1,651.36						
PPO	Glenbrook PPO	\$827.67	\$2,317.48	\$2,317.48	\$2,317.48						
PPO	High Deductible PPO	\$723.28	\$2,025.47	\$2,025.47	\$2,025.47						
PPO	High Deductible Value PPO	\$594.19	\$1,188.37	\$1,782.56	\$1,782.56						

## 2020 Plan Year - Actual Rates

Type	Plan Name	EE	ES	EC	FAM	Projected Monthly Total	Projected Annual Total	% Change	Expected Total Annual Cost	\$ Difference	% Diff.
HMO	Blue Advantage HMO	\$570.55	\$1,198.15	\$1,084.04	\$1,711.64	\$1,097,297.79	\$13,167,573.48	-4.25	\$12,896,669.04	-\$270,904.44	-2.06
HMO	HMO Illinois	\$588.19	\$1,235.20	\$1,117.56	\$1,764.57						
PPO	Glenbrook PPO	\$785.99	\$1,650.57	\$1,493.37	\$2,357.96						
PPO	High Deductible PPO	\$680.13	\$1,428.27	\$1,292.25	\$2,040.39						
PPO	High Deductible Value PPO	\$564.26	\$1,184.96	\$1,072.10	\$1,692.79						

\* % Diff. column represents the difference between the annual premium generated by the rates & the expected annual cost (from renewal).

# Premium Equivalent Rate Analysis

- **2020 Rates Strictly by Plan (Horton)**
  - These rates are calculated by Horton, and are for illustration and not recommended
  - These rates are not unified and instead use the experience of each plan on its own to determine the increase/decrease to each plan
  - The experience of each plan is calculated by taking the PEPM claims cost from 2019 actual claims + fixed costs for each plan to determine the needed adjustment to current rates
  - The HSA rates include the monthly HSA administration fee
- **2020 Rates by Plan and Adjustments (Horton)**
  - These rates are calculated by Horton, and are the recommended rates
  - These rates are calculated using a combination approach - using the non-unified rates based on the experience of each plan, with a unified adjustment to make the changes not as dramatic
  - The HSA rates include the monthly HSA administration fee

# Premium Equivalent Calculation

## 2020 Plan Year - Rates Strictly by Plan - Not Recommended (Developed by Horton)

Type	Plan Name	EE	ES	EC	FAM	Projected Monthly Total	Projected Annual Total	% Change	Expected Total Annual Cost	\$ Difference	% Diff.
HMO	Blue Advantage HMO	\$453.59	\$952.53	\$861.81	\$1,360.75	\$1,097,256.31	\$13,167,075.70	-4.25	\$12,896,669.04	-\$270,406.66	-2.05
HMO	HMO Illinois	\$564.66	\$1,185.79	\$1,072.86	\$1,693.99						
PPO	Glenbrook PPO	\$797.78	\$1,675.33	\$1,515.77	\$2,393.33						
PPO	High Deductible PPO	\$784.07	\$1,644.07	\$1,487.71	\$2,347.71						
PPO	High Deductible Value PPO	\$479.62	\$1,007.22	\$911.29	\$1,438.87						
PPO	Additional HDHP Contributions	\$83.33	\$133.33	\$133.33	\$133.33		\$19,150.00				

\* % Diff. column represents the difference between the annual premium generated by the rates & the expected annual cost (from renewal).

## 2020 Plan Year - Rates by Plan & Adjusts - Recommended (Developed by Horton)

Type	Plan Name	EE	ES	EC	FAM	Projected Monthly Total	Projected Annual Total	% Change	Expected Total Annual Cost	\$ Difference	% Diff.
HMO	Blue Advantage HMO	\$523.89	\$1,100.17	\$995.39	\$1,571.67	\$1,097,534.65	\$13,170,415.80	-4.23	\$12,896,669.04	-\$273,746.76	-2.08
HMO	HMO Illinois	\$578.78	\$1,215.44	\$1,099.68	\$1,736.34						
PPO	Glenbrook PPO	\$797.78	\$1,675.33	\$1,515.77	\$2,393.33						
PPO	High Deductible PPO	\$711.84	\$1,490.14	\$1,348.62	\$2,126.93						
PPO	High Deductible Value PPO	\$527.58	\$1,107.94	\$1,002.41	\$1,582.76						
PPO	Additional HDHP Contributions	\$83.33	\$133.33	\$133.33	\$133.33		\$19,150.00				

\* % Diff. column represents the difference between the annual premium generated by the rates & the expected annual cost (from renewal).

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# Marketing Review

# Health Plan Enrollment

<u>2020 Health Plan Enrollment</u>						
Type	Plan Name	EE	ES	EC	FAM	Total
HMO	Blue Advantage HMO	33	20	10	56	119
HMO	HMO Illinois	51	23	13	96	183
PPO	Glenbrook PPO	94	20	17	142	273
PPO	High Deductible PPO	54	14	12	77	157
PPO	High Deductible Value PPO	3	1	1	3	8
		235	77	52	374	740



# Carrier Responses for Medical Coverage

The Horton Group prepared a comprehensive Request for Proposal (RFP) for all lines of coverage. The RFP was submitted to all carriers and resulted in the following responses:

- **Medical Quotes**

- Blue Cross and Blue Shield of Illinois
- Aetna
- United Health Care
- SunLife Stop Loss
- Berkley Capitive
- Allied Administration
- Trustmark / ELAP Administration

- **Medical Declines**

- Cigna
- Humana
- Optum Stop Loss
- GPA Administration

# Carrier Responses for Ancillary Coverage

- **Ancillary Quotes**

- Blue Cross and Blue Shield of Illinois
- Delta Dental
- SunLife
- MetLife
- Hartford
- Unum
- Lincoln
- Guardian - Dental & Vision

- **Ancillary Declines**

- Principal
- Mutual of Omaha
- Guardian - Life & LTD

# Key Takeaways - Marketing Review (Medical/Dental)

The Horton Group prepared a comprehensive Request for Proposal (RFP) for all lines of coverage. Based on the responses received, the following are the key takeaways from this marketing process:

- **Health Plans - Fixed Cost**

- BCBS outside the Cooperative **fixed costs** are lower than the current broker's prepared forecasted renewal with BCBS.
- Aetna outside the Cooperative **fixed costs** are much lower than the current broker's prepared forecasted renewal with BCBS.
- Aetna is offering a performance guarantee . . . . .

- **Dental Plans**

- BCBS outside the Cooperative **total costs** are lower than the current broker's prepared forecasted renewal with BCBS.
- Aetna **total costs** are lower than the current broker's prepared forecasted renewal with BCBS.
- MetLife **total costs (fully insured option)** are lower than the current broker's prepared forecasted renewal with BCBS.

# Key Takeaways - Marketing Review (Medical/Dental)

- **Health Plans - Network Discounts**
  - Network discounts with BCBS will be the same on or off the cooperative as the networks used are the same
  - The only difference in claims in the off-cooperative option will be any large claims on the HMO plan between the \$125,000 current stop-loss deductible and the new \$250,000 stop-loss deductible (would have been \$45,000 in 2019)
  - Discounts with Aetna will be similar to those with BCBS, and performance guarantees are in place on in-patient, out-patient and total discounts. Aetna also includes Illinois Preferred New Business Discount - which is an alternate discount arrangement that Aetna has arranged with Chicagoland hospitals that agree to give Aetna a deeper discount than they are currently giving to BCBS (approximately 26 hospitals that represent 75% of the market claim spend)

# Key Takeaways - Marketing Review

- Timeline for firm rates for **Medical**:

Carrier	Firm Admin Fees	Firm Stop Loss Fees / Claims
BCBS	August 1st	August 1st
Aetna	Already Firm	September 1st (earlier with approval)
UHC / UMR	August 1st	September 1st (earlier with approval)
Cigna	June 1st	September 1st (earlier with approval)
Berkley Captive	NA	September 1st
Allied Administration	Already Firm	NA
Trustmark Administration	Already Firm	NA
SunLife Stop Loss	NA	September 1st
Stealth Stop Loss Markets	NA	September 1st

- **Dental, Life & Disability** quotes are already firm.

# Key Takeaways - Marketing Review (Vision/Life/LTD)

- **Vision Plans**

- Aetna rates are lower than current.
- MetLife rates are lower than current.

- **Life/AD&D and Long-Term Disability Plans**

- MetLife rates are lower than current.
- Multiple alternative vendors are offering current rates.

# Transition to Marketing Packet

## SELF-FUNDED MEDICAL Glenbrook High Schools District 225 January 1, 2021

CARRIER / TPA	Current 2020 Rates Gallagher Cooperative BCBS	2021 Forecasted Rates Gallagher Cooperative BCBS	Original Quote Was Revealed 2021 Non-Cooperative BCBS	Revised Quote 2021 Non-Cooperative BCBS
<b>REINSURANCE DATA:</b>				
Network	BA HMO, HMO, PPO, HDHP	BA HMO, PPO	BA HMO, PPO	BA HMO, PPO
Reinsurance Center	BCBS	BCBS	BCBS	BCBS
Specific Deductible	\$250,000 PPO/HDHP \$125,000 HMO	\$250,000 PPO/HDHP \$125,000 HMO	\$250,000 PPO/HDHP/HMO	\$250,000 PPO/HDHP/HMO
Specific Contract	Paid	Paid	2412	2412
Ultimate Maximum Coverage Limit	Unlimited	Unlimited	Unlimited	Unlimited
Aggregate Contract	Unlimited	Unlimited	2412	2412
Aggregate Factor Percentage			10%	10%
Aggregate Coverage			Med, Rx	Med, Rx
Aggregating Specific				
Run-In Limit				
Annual Maximum				
<b>STOP LOSS PREMIUM (FIXED):</b>				
Specific Rate	HMO PPO/HDHP	HMO PPO	HMO PPO	HMO PPO
Aggregate Rate	\$75.96 \$97.44	\$91.69 \$108.74	\$86.87 \$97.52	\$66.87 \$97.52
			\$3.86 \$1.34	\$3.86 \$1.34
	<i>BCBS Document Code 876.01</i>			
Total Annual Premium:	\$286,325.44 \$459,584.64	\$331,559.76 \$563,001.44	\$256,326.53 \$519,808.18	\$256,326.53 \$519,808.18
PEPM Premium:	\$747,910.08	\$871,561.20	\$775,934.69	\$775,934.69
% Change	\$84.22	16.63%	\$67.26	3.75%
<b>ADMINISTRATIVE COSTS (FIXED):</b>				
Admin./Medical Claims Fee	\$43.41 \$63.02	\$44.28 \$55.23	\$44.70 \$44.70	\$50.67 \$50.67
Rx Lim Fee	\$0.04	\$0.04	\$0.00	\$0.00
BVA	\$0.00	\$0.00	\$0.00	\$0.00
MD Lim	\$0.45	\$0.45	\$0.00	\$0.00
Date Extract Fee	\$8.66	\$9.01	\$9.01	\$9.01
Allocated Taxes Fee				
Wellness Credit				
Total Annual Administration Costs:	\$188,701.61 \$265,874.72	\$193,122.95 \$314,481.36	\$194,645.04 \$248,083.20	\$216,280.32 \$279,661.52
PEPM Administration Costs:	\$65.70	\$57.16	\$49.88	\$55.83
% Change		2.63%	-10.48%	0.24%
<b>Physician Service Fees</b>				
Physician Service Fees Single HMO	\$158.19	\$164.52	\$413.54	\$413.54
Rx Lim Fee	\$13.84	\$29.39	\$413.54	\$413.54
Physician Service Fees Family HMO	\$140.19	\$145.80	\$358.95	\$358.95
Physician Service Fees Family BA HMO	\$468.81	\$468.81	\$358.95	\$358.95
Managed Care Fee	\$11.23	\$11.65	\$12.63	\$12.63
Total Annual Physician Service Fees:	\$1,477,516.32	\$1,538,516.00	\$1,466,485.56	\$1,466,485.56
PEPM Physician Service Fees:	\$166.39	\$173.03	\$165.14	\$165.14
% Change		3.99%	-0.75%	-0.75%
<b>RX Rebates</b>				
Rx Rebate	\$29.37 \$71.24	\$29.37 \$71.24	\$45.83 \$45.83	\$45.83 \$45.83
Total Annual Rx Rebates:	\$106,436.88 \$374,437.44	\$106,436.88 \$374,437.44	\$166,067.32 \$240,882.48	\$166,067.32 \$240,882.48
PEPM Rx Rebates:	\$54.15	\$54.15	\$45.83	\$45.83
% Change		0.00%	15.37%	15.37%
<b>Total Annual Fixed Costs</b>				
PEPM Fixed Costs	\$2,239,128.48	\$2,434,807.20	\$2,278,178.09	\$2,331,191.69
% Change	\$292.15	\$274.19	\$296.95	\$262.52
		6.74%	7.65%	6.11%
<b>EXPECTED CLAIMS LIABILITY:</b>				
Expected Claims	\$768.56 \$1,497.77	\$814.13 \$1,587.26	\$839.42 \$1,671.95	\$839.42 \$1,671.95
\$200 Expected Claims	\$748.60 \$1,259.62			
Aggregate Stop Loss Limit (This quote includes Aggregate coverage)			\$1,049.28 \$2,089.94	\$1,049.28 \$2,089.94
Total Annual Expected Claims	\$2,785,281.44 \$7,872,279.12	\$2,950,407.12 \$8,342,638.56	\$3,042,058.08 \$8,787,789.20	\$3,042,058.08 \$8,787,789.20
Total Expected Claim Liability:	\$10,657,940.56	\$11,293,946.89	\$11,459,827.28	\$11,829,827.28
PEPM Maximum Claim Liability:	\$1,290.17	\$1,271.74	\$1,295.19	\$1,359.18
% Change		5.96%	11.00%	11.00%
<b>Expected Plan Exposure</b>				
Expected Cost PEPM	\$12,896,669.94	\$13,727,802.88	\$14,108,005.37	\$14,161,618.87
% Change	\$1,492.53	6.44%	6.70%	7.60%

A Paid contract means that claims are covered by the Stop Loss policy no matter when they are incurred AND paid during the policy term.  
A 2412 contract means that claims are covered by the Stop Loss policy if they are incurred during the policy term or the 12 months prior AND paid during the policy term.

All quote 10200 Fixed Policies | Grand Park, IL 60147 | 708.940.3000 | 708.940.3000 Fax



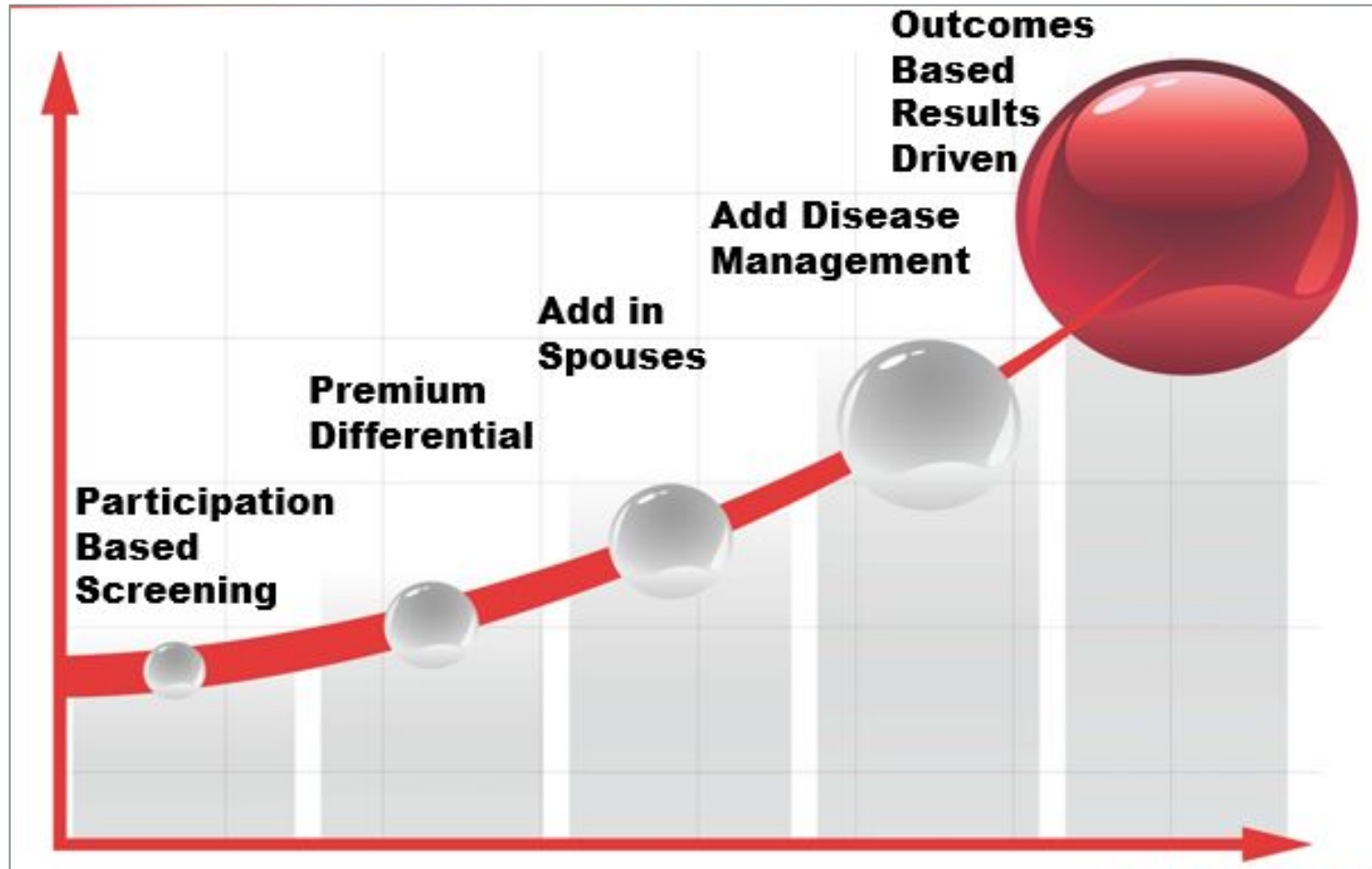
Given that the marketing data is not conducive to a slide presentation, a separate packet has been prepared with this information.

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# Wellness Program



# Outcomes Based Biometric Wellness Program



# Outcomes Based Biometric Wellness Program

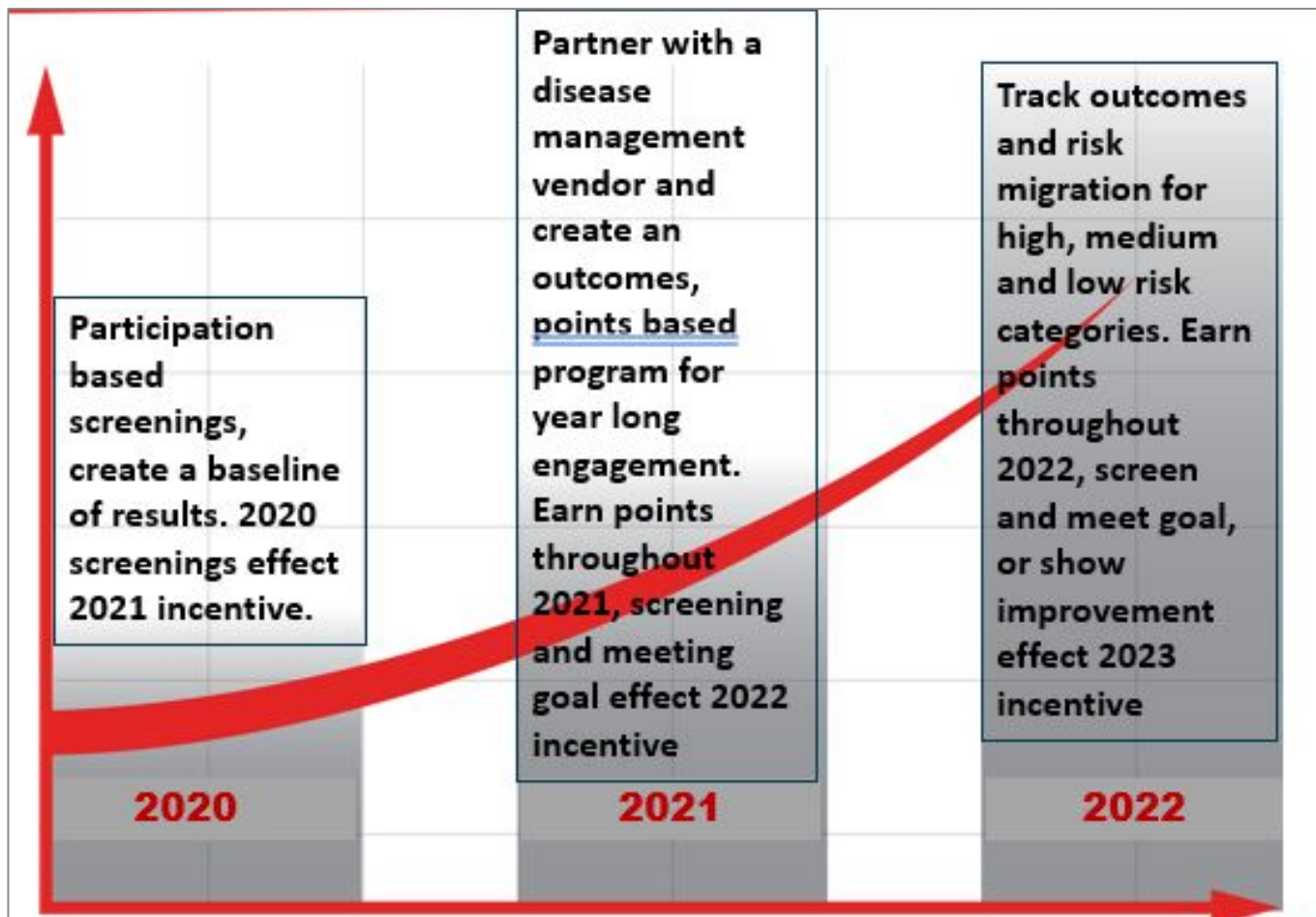
## 2020 Horton Engagement

- Evaluate current wellness offerings
  - Identify if the current screening vendor and online portal are the best fit for your needs and addressing areas of high cost claims

## 2021 Horton Engagement

- Results based screenings with an online disease management vendor
  - Connect screening and claims data into a program that drives year long participation while still addressing 100% of the high risk population
  - Incentive becomes three tier, “goal” is determined by the client
    - Screen and meet goal
    - Screen and don't meet goal
    - Choose not to screen

# Implementation Timeline



# Incentives



## The Horton Group 2020 Employee Wellness Plan

2020 activities to obtain 2021 incentive	
Incentive Period:	1/2/2020 - 12/11/2020 (appeal period 12/12/2020 - 12/21/2020)
Eligible Participants:	Benefit Eligible Employees AND Covered Spouses

2021 Incentive	
Incentives earned will be applied in January of 2021	<p>In order to be eligible for the incentives, full time, benefit eligible employees and covered spouses need to participate in the 2019 screenings. Completing the screenings unlocks your opportunity to earn incentives.</p> <p>Each activity will earn you wellness dollars to be applied as a cash bonus in January of 2021</p> <p><b>Maximum dollars earned= \$1,200 per employee and \$1,200 per covered spouse</b></p> <p>*Incentive dollars is subject to tax at the bonus tax rate. Covered spouses incentive will be applied to the employee's paycheck and is also subject to tax at the bonus tax rate.</p>
New Hires	New hires are welcome to participate! Screenings will be available via the lab until July 31 <sup>st</sup> . New hires after August 1 <sup>st</sup> will be asked to wait until the October 2020 screenings

Wellness Activities	Qualifiers	Maximum Dollars
Healthy Cholesterol Ratio	<ul style="list-style-type: none"> <li>• <math>\leq 4.5</math>,</li> <li>• OR show improvement in the fall 2020 screenings if out of range,</li> <li>• OR submit evidence to HCl of being under medical care.</li> </ul>	\$100
Healthy Glucose or HbA1C	<ul style="list-style-type: none"> <li>• Glucose <math>\leq 110</math> OR HbA1C <math>\leq 5.7</math>,</li> <li>• OR show improvement in the fall 2020 screenings if out of range,</li> <li>• OR submit evidence to HCl of being under medical care.</li> </ul>	\$100
Healthy Blood Pressure	<ul style="list-style-type: none"> <li>• <math>\leq 130/80</math>,</li> <li>• OR show improvement in the fall 2020 screenings if out of range,</li> <li>• OR submit evidence to HCl of being under medical care.</li> </ul>	\$100
Healthy Waist Circumference	<ul style="list-style-type: none"> <li>• Female <math>\leq 35</math>in; Male <math>\leq 40</math>in,</li> <li>• OR show improvement in the fall 2020 screenings if out of range,</li> <li>• OR submit evidence to HCl of being under medical care.</li> </ul>	\$100
Nicotine Negative	<ul style="list-style-type: none"> <li>• Test nicotine negative</li> </ul>	\$100
Nicotine Positive	<ul style="list-style-type: none"> <li>• Complete HCl's 7-week Nicotine Cessation Program by 12/11/20. To enroll, call the Wellness Navigators at 888-236-8581</li> </ul>	\$100

Wellness Activities	Prevention	Maximum Dollars
Preventative Services	<ul style="list-style-type: none"> <li>• Age/Gender specific wellness screenings, complete by 12/11/20</li> <li>• Not on Horton's insurance, submit a proof source to the Wellness Navigators</li> <li>• Maximum= 1</li> </ul>	\$100
Vision	<ul style="list-style-type: none"> <li>• Complete your annual vision visit by 12/11/20</li> <li>• Not on Horton's insurance, submit a proof source to the Wellness Navigators</li> <li>• Maximum= 1</li> </ul>	\$100
Dental	<ul style="list-style-type: none"> <li>• Complete your annual dental visits by 12/11/20</li> <li>• Not on Horton's insurance, submit a proof source to the Wellness Navigators</li> <li>• Maximum= 2, \$50 each</li> </ul>	\$100
Complete a Know Your Numbers call	<ul style="list-style-type: none"> <li>• Whether your screenings results are within a healthy range or not, you are welcome to schedule your KYN call from the member portal OR contact a Wellness Navigator for assistance at 888-236-8581</li> </ul>	\$100
Complete the Online Health Risk Assessment	<ul style="list-style-type: none"> <li>• Accessible in the HCl member portal</li> </ul>	\$100
Wellness Activities	Activity	Maximum Dollars
Virgin Pulse Level 3	<ul style="list-style-type: none"> <li>• Reach Level 3 in Virgin Pulse by 11/30/20. <i>VP points will be added to your HCl portal by the 15<sup>th</sup> of the following month after completion of this activity</i></li> </ul>	\$100
Virgin Pulse Level 4	<ul style="list-style-type: none"> <li>• Reach Level 4 in Virgin Pulse by 11/30/20. <i>VP points will be added to your HCl portal by the 15<sup>th</sup> of the following month after completion of this activity</i></li> </ul>	\$100
Wellness Committee Event	<ul style="list-style-type: none"> <li>• Participate in one of the office wellness committee events per quarter. Events will be specified as HCl eligible by the wellness committee.</li> <li>• Maximum= 4, \$25 event</li> </ul>	\$100
Wellness Activities	Education	Maximum Dollars
Nutritional Consultation	<ul style="list-style-type: none"> <li>• Meet with Horton's onsite Dietician, attend a cooking demo or Dietician lead seminar, or visit with a Registered Dietician of your choice by 12/11/20</li> <li>• Quarterly participation is encouraged</li> <li>• Maximum= 4, \$25 per visit</li> </ul>	\$100
Telephonic Health Coaching	<ul style="list-style-type: none"> <li>• Speak with one of HCl's Health Coaches (not including KYN call) by 12/11/20</li> <li>• Maximum= 2, \$50 per coaching</li> </ul>	\$100
Digital Health Coaching	<ul style="list-style-type: none"> <li>• Complete a digital health coaching module by 12/11/20</li> <li>• Maximum= 2, \$50 per coaching</li> </ul>	\$100
Emotional/ Behavioral Health SupportLine EAP, administered by CuraLinc Healthcare, is working directly with HCl to receive completion reports. Horton will not know any specific details of what's completed through CuraLinc. Horton wants to make sure your confidentiality and privacy are respected.	<p>Complete <u>any</u> of the following:</p> <ul style="list-style-type: none"> <li>• Within Animo, complete a self-guided session or module. Tracked via CuraLinc's internal reporting</li> <li>• Complete any flash course on the EAP web portal at <a href="http://www.supportline.com">www.supportline.com</a> and submit the course completion certificate to CuraLinc at <a href="mailto:rewards@curalinc.com">rewards@curalinc.com</a></li> <li>• Contact the SupportLine program for any of their services, including Work-Life Benefits or mental health services, send your name and case number to CuraLinc at <a href="mailto:rewards@curalinc.com">rewards@curalinc.com</a></li> <li>• Maximum= 4, \$25 per activity</li> </ul>	\$100

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# Affordances and Constraints of the Cooperative Structure

# Affordances and Constraints of the Cooperative

- **Affordances of the Cooperative**

- Law of large numbers allow for some economies of scale when purchasing stop-loss insurance;
- The ability to aggregate spend over a larger number of members offers some efficiency;
- Access to grandfathered benefits of Blue Cross and Blue Shield, such as different stop-loss levels for the HMO and PPO, carving-out PPO prescription service;
- Opportunity to share financial risk on total claims (note: not currently in place); and
- Security of being insured with other like minded groups.

# Affordances and Constraints of the Cooperative

- **Constraints of the Cooperative**
  - Constrained to one consultant;
  - Constrained to one medical insurance carrier (almost impossible to allow marketplace leverage to help drive down spend);
  - Does not allow for the evaluation of benefit enhancements from other vendors;
  - Access to health information for analysis purposes is limited, as information is for all pool participants, not just the district;
  - Limited interest in financial risk sharing on total claims within the pool;
  - Makes on-demand, individualized reporting and/or any customization of reports challenging; and
  - Moving forward cannot carve-out the PBM for the HMO plans.

# Summary of Carrier Limitations

<u>Carrier Guidelines as of April 2020</u>						
Carrier	BCBS SSCRMP	BCBS Standalone Unified	***BCBS Standalone Split-Funded	Aetna	Allied	Trustmark
Carve-out Stop Loss on PPO	No*	No	Yes	Yes	Yes	Yes
Carve-out Stop Loss on HMO	No*	No	No	Yes	NA	NA
Carve-out Rx on PPO	Yes**	No	No	Yes	Yes	Yes
Carve-out Rx on HMO	No	No	No	Yes	NA	NA
Can offer HMO	Yes	Yes	Yes	Yes	No	No
Can offer HMO Look-Alike	NA	NA	NA	NA	Yes	Yes
				Carve-out will result in additional fees		

\* As of April 2020, BCBS will no longer carve-out stop loss.

\*\* Grandfathered into existing BCBS plan.

\*\*\*BCBS will consider offering their Split Funded plans, which are not normally offered to a group of your size (reserved for larger groups) - this option offers more flexibility



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# Recommendations

# 3-Year Strategy / Roadmap to Cost Containment

As part of the engagement, the district requested a multi-year plan that would lead to long-term cost containment results. The summary chart presented offers a series of recommendations that can be further vetted by the school district's established cost containment committee.

## Year 1 2021 Plan Year

- Take action to formally separate from the SSCRMP Health Pool
- Engage as a standalone client with Aetna or Blue Cross and Blue Shield
  - Introduce reference-based pricing as a long-term cost containment strategy
  - Identify strategy for specialty and mail order prescription drugs
- Aggressively review all ancillary offerings and vendors
- Implement minor adjustments to the premium equivalent rates calculations
- Implement plan education recommendations for employees
- Implement mail order utilization recommendations
- Adjust stop-loss levels and coverage
- Implement Truveris TruGuard
- Implement ongoing eligibility audit
- Implement a results-based biometric wellness program

# 3-Year Strategy / Roadmap to Cost Containment

## Year 2 2022 Plan Year

- Adopt optimal plan options and vendors
- Alter plan benefits based on wellness program data
- Begin build-out of on-site clinic or build direct relationship with local provider
- Implement reference-based pricing as an option
- Build-in Centers of Excellence / surgical bundling centers
- Offer specialty prescription program
- Incorporate SIHRA (Spousal evacuation strategy)

## Year 3 2023 Plan Year

- Make reference-based pricing the only plan option
- Create the “Glenbrook” network
- Create a true cafeteria plan

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# Potential Plan Savings

# Potential Savings: Through Claims Management

Claims Management Strategy	Estimated Savings
PBM (Using Truveris TruBid Express) (First year savings; will be ongoing)	\$250,000
Eligibility Audit (Assuming approximately 14 dependents are identified)	\$50,000
Additional Strategies (PBM Auditing; Increased Rx Mail Order Utilization; Increased Rx Generic Utilization; Increased use of Telemedicine; Cancer, Heart & Vascular Early Detection Disease Management & Health Coaching; On-Site Clinic / Physical Therapy; Spousal Claim Evacuation)	Unknown
<b>Subtotal</b>	<b>\$300,000</b>

To Be Discussed

Reference Based Pricing	\$4,000,000
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All savings shown above are estimated and not a guarantee

# Potential Savings: Through Stop-Loss Marketing

Stop-Loss Strategy	Estimated Savings
Blue Cross and Blue Shield of Illinois <u>outside</u> of SSCRMP Health Pool Move to \$250,000 Stop-Loss Deductible for Both HMO and PPO	\$50,000

or

Blue Cross and Blue Shield of Illinois <u>outside</u> of SSCRMP Health Pool Move to \$300,000 Stop-Loss Deductible for Both HMO and PPO	\$60,000
--	----------

All savings shown above are estimated and not a guarantee

# Potential Savings: Through Health Marketing

Health Strategy	Estimated Savings
Blue Cross and Blue Shield of Illinois <u>outside</u> of SSCRMP Health Pool	\$73,000

or

Aetna <u>outside</u> of SSCRMP Health Pool	\$1,053,820
---	-------------

or

Trustmark with ELAP (RBP) <u>outside</u> of SSCRMP Health Pool	\$4,000,000
---	-------------

# Potential Savings: Through Dental Marketing

Dental Strategy	Estimated Savings
Blue Cross and Blue Shield of Illinois <u>outside</u> of SSCRMP Health Pool	\$54,863

or

Aetna <u>outside</u> of SSCRMP Health Pool	\$75,319
---	----------

or

Metlife (Fully Insured) <u>outside</u> of SSCRMP Health Pool	\$113,096
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# Potential Savings: Through Vision Marketing

Vision Strategy	Estimated Savings
Aetna <u>outside</u> of SSCRMP Health Pool	\$7,075

or

Metlife <u>outside</u> of SSCRMP Health Pool	\$15,441
---	----------

# Potential Savings: Through Life & LTD Marketing

Life & LTD Strategy	Estimated Savings
MetLife - Life <u>outside</u> of SSCRMP Health Pool	\$26,305
MetLife - Long-Term Disability <u>outside</u> of SSCRMP Health Pool	\$12,603 (Standalone) or \$14,827 (2 Products) or <b>\$17,051 (3 Products)</b>
MetLife Enrollment Credit	\$22,000
<b>Subtotal</b>	<b>\$65,356</b>

All savings shown above are estimated and not a guarantee

# Potential Savings: Summary of Potential Packages

Marketing “Packages”*	Estimated Savings	Estimated Savings Combined With Claims Management Strategies (\$300,000)**
Blue Cross and Blue Shield of Illinois Medical <u>and</u> Dental Blue Cross and Blue Shield of Illinois Stop-Loss MetLife Vision, Life, and LTD	\$186,660	\$486,660
Blue Cross and Blue Shield of Illinois Medical Blue Cross and Blue Shield of Illinois Stop-Loss MetLife Dental (Fully Insured), Vision, Life, and LTD	\$266,893	\$566,893
Aetna Medical and Dental Aetna Stop-Loss MetLife Vision, Life, and LTD	\$1,201,570	\$1,501,570
Aetna Medical Aetna Stop-Loss MetLife Dental (Fully Insured), Vision, Life, and LTD	\$1,247,713	\$1,547,713
ELAP Medical** MetLife Dental (Fully Insured), Vision, Life, and LTD	\$4,193,893	\$4,493,893

\* All packages are based on pricing outside of the SSCRMP Health Pool.

\*\* Does not include stop-loss or TPA services.

\*\*\* See slide 82.

# Discussion

# Carrier Responses

## Glenbrook High Schools District 225

January 1, 2021

### **MEDICAL QUOTES:**

BCBS  
Aetna  
UHC  
SunLife Stop Loss  
Berkley Captive  
Allied Administration  
Trustmark Administration / ELAP

### **MEDICAL DECLINES:**

Cigna  
Humana  
Optum Stop Loss  
GPA Administration  
Stealth - Stop Loss Markets

### **ANCILLARY QUOTES:**

BCBS (Dearborn)  
Delta Dental  
SunLife  
MetLife  
Hartford  
Unum  
Lincoln  
Guardian

### **ANCILLARY DECLINES:**

Principal  
Mutual of Omaha  
Guardian - Life & LTD

# Medical Quotes

# SELF-FUNDED MEDICAL - BCBS Non-Cooperative Glenbrook High Schools District 225 January 1, 2021

CARRIER / TPA	Current 2020 Rates Gallagher Cooperative BCBS		2021 Forecated Rates Gallagher Cooperative BCBS		Original Quote Was Revoked 2021 Non-Cooperative BCBS		Revised Quote 2021 Non-Cooperative BCBS	
<b>REINSURANCE DATA:</b>								
Network	BA HMO, HMOI, PPO, HDHP BCBS		BA HMO, PPO BCBS		BA HMO, PPO BCBS		BA HMO, PPO BCBS	
Reinsurance Carrier								
Specific Deductible	\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP/ <i>HMO</i>		\$250,000 PPO/HDHP/ <i>HMO</i>	
Specific Contract	Paid		Paid		<i>24/12</i>		<i>24/12</i>	
Lifetime Maximum Coverage Limit	Unlimited		Unlimited		Unlimited		Unlimited	
Aggregate Contract					<i>24/12</i>		<i>24/12</i>	
Aggregate Factor Percentage					<i>125%</i>		<i>125%</i>	
Aggregate Coverage					<i>Med, Rx</i>		<i>Med, Rx</i>	
Aggregating Specific								
Run-In Limit								
Annual Maximum								
<b>STOP LOSS PREMIUM (FIXED):</b>								
Specific Rate	HMO	PPO/HDHP	HMO	PPO	HMO	PPO	HMO	PPO
Aggregate Rate	\$79.56	\$87.44	\$91.49	\$102.74	\$66.87	\$97.52	\$66.87	\$97.52
	<i>*BCBS Document says \$76.01</i>				\$3.86	\$1.34	\$3.86	\$1.34
<b>Total Annual Premium:</b>	\$288,325.44	\$459,584.64	\$331,559.76	\$540,001.44	\$256,326.53	\$519,608.16	\$256,326.53	\$519,608.16
<b>PEPM Premium:</b>	\$747,910.08	\$84.22	\$871,561.20	\$98.15	\$775,934.69	\$87.38	\$775,934.69	\$87.38
<b>% Change</b>			16.53%		3.75%		3.75%	
<b>ADMINISTRATIVE COSTS (FIXED):</b>								
Admin./Medical Claims Fee	\$43.41	\$53.62	\$44.28	\$55.23	\$44.70	\$44.70	\$50.67	\$50.67
Rx Um Fee		\$0.54		\$0.55				
BVA		\$2.50		\$2.50		\$2.50		\$2.50
MD Live		\$0.45		\$0.45		\$0.00		\$0.00
Data Extract Fee		\$0.42		\$0.42				
Allocated Taxes Fee	\$8.66		\$9.01		\$9.01		\$9.01	
Wellness Credit								
<b>Total Annual Administration Costs:</b>	\$188,701.68	\$305,874.72	\$193,122.96	\$314,481.36	\$194,645.04	\$248,083.20	\$216,280.32	\$279,461.52
<b>PEPM Administration Costs:</b>	\$494,576.40	\$55.70	\$507,604.32	\$57.16	\$442,728.24	\$49.86	\$495,741.84	\$55.83
<b>% Change</b>			2.63%		-10.48%		0.24%	
<b>Physician Service Fees</b>								
Physician Service Fees Single HMOI	\$158.19		\$164.52		\$413.54		\$413.54	
Physician Service Fees Family HMOI	\$518.64		\$539.39		\$413.54		\$413.54	
Physician Service Fees Single BA HMO	\$140.19		\$145.80		\$358.95		\$358.95	
Physician Service Fees Family BA HMO	\$448.61		\$466.55		\$358.95		\$358.95	
Managed Care Fee	\$11.23		\$11.65		\$12.63		\$12.63	
<b>Total Annual Physician Service Fees:</b>	\$1,477,516.32		\$1,536,516.00		\$1,466,485.56		\$1,466,485.56	
<b>PEPM Physician Service Fees (HMO Only):</b>	\$407.70		\$423.98		\$404.66		\$404.66	
<b>% Change</b>			3.99%		-0.75%		-0.75%	
<b>RX Rebates</b>								
Rx Rebate	\$-29.37	\$-71.24	\$-29.37	\$-71.24	\$-45.83	\$-45.83	\$-45.83	\$-45.83
<b>Total Annual Rx Rebates:</b>	-\$106,436.88	-\$374,437.44	-\$106,436.88	-\$374,437.44	-\$166,087.92	-\$240,882.48	-\$166,087.92	-\$240,882.48
<b>PEPM Rx Rebates:</b>	-\$480,874.32	-\$54.15	-\$480,874.32	-\$54.15	-\$406,970.40	-\$45.83	-\$406,970.40	-\$45.83
<b>% Change</b>			0.00%		15.37%		15.37%	
<b>Total Annual Fixed Costs</b>	\$2,239,128.48		\$2,434,807.20		\$2,278,178.09		\$2,331,191.69	
<b>PEPM Fixed Costs</b>	\$252.15		\$274.19		\$256.55		\$262.52	
<b>% Change</b>			8.74%		1.74%		4.11%	
<b>EXPECTED CLAIMS LIABILITY:</b>								
Expected Claims	\$768.56	\$1,497.77	\$814.13	\$1,587.26	\$839.42	\$1,671.95	\$839.42	\$1,671.95
<i>BCBS Expected Claims</i>	<i>\$748.60</i>	<i>\$1,059.62</i>						
<i>Aggregate Stop Loss Limit (This quote includes Aggregate coverage)</i>					\$1,049.28	\$2,089.94	\$1,049.28	\$2,089.94
<b>Total Annual Expected Claims</b>	\$2,785,261.44	\$7,872,279.12	\$2,950,407.12	\$8,342,638.56	\$3,042,058.08	\$8,787,769.20	\$3,042,058.08	\$8,787,769.20
<b>Total Expected Claim Liability:</b>	\$10,657,540.56		\$11,293,045.68		\$11,829,827.28		\$11,829,827.28	
<b>PEPM Maximum Claim Liability:</b>	\$1,200.17		\$1,271.74		\$1,332.19		\$1,332.19	
<b>% Change</b>			5.96%		11.00%		11.00%	
<b>Expected Plan Exposure</b>	\$12,896,669.04		\$13,727,852.88		\$14,108,005.37		\$14,161,018.97	
<b>Expected Cost PEPM</b>	\$1,452.33		\$1,545.93		\$1,588.74		\$1,594.71	
<b>% Change</b>			6.44%		9.39%		9.80%	

A Paid contract means that claims are covered by the Sop Loss policy no matter when they are incurred AND paid during the policy term.

# SELF-FUNDED MEDICAL - Illustrative Carved-Out Stop Loss with BCBS

## Glenbrook High Schools District 225

January 1, 2021

CARRIER / TPA	Current 2020 Rates Gallagher Cooperative BCBS		2021 Forecated Rates Gallagher Cooperative BCBS		2021 Non-Cooperative BCBS	
<b>REINSURANCE DATA:</b>					* Illustrative only - BCBS cannot carve out Stop Loss	
Network	BA HMO, HMOI, PPO, HDHP BCBS		BA HMO, PPO BCBS		BA HMO, PPO <i>SunLife</i>	
Reinsurance Carrier						
Specific Deductible	\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP/ <i>HMO</i>	
Specific Contract	Paid		Paid		<i>24/12</i>	
Lifetime Maximum Coverage Limit	Unlimited		Unlimited		Unlimited	
Aggregate Contract					<i>24/12</i>	
Aggregate Factor Percentage					<i>125%</i>	
Aggregate Coverage					<i>Med, Rx</i>	
Aggregating Specific						
Run-In Limit						
Annual Maximum						
<b>STOP LOSS PREMIUM (FIXED):</b>	HMO	PPO/HDHP	HMO	PPO	HMO	PPO
Specific Rate	\$79.56	\$87.44	\$91.49	\$102.74	\$135.48	\$135.48
Aggregate Rate	<i>*BCBS Document says \$76.01</i>					
<b>Total Annual Premium:</b>	\$288,325.44	\$459,584.64	\$331,559.76	\$540,001.44	\$490,978.79	\$712,081.81
<b>PEPM Premium:</b>	\$747,910.08	\$84.22	\$871,561.20	\$98.15	\$1,203,060.60	\$135.48
<b>% Change</b>			16.53%		60.86%	
<b>ADMINISTRATIVE COSTS (FIXED):</b>						
Admin./Medical Claims Fee	\$43.41	\$53.62	\$44.28	\$55.23	\$50.67	\$50.67
Rx Um Fee		\$0.54		\$0.55		
BVA		\$2.50		\$2.50		\$2.50
MD Live		\$0.45		\$0.45		\$0.00
Data Extract Fee		\$0.42		\$0.42		
Allocated Taxes Fee	\$8.66		\$9.01		\$9.01	
Wellness Credit						
<b>Total Annual Administration Costs:</b>	\$188,701.68	\$305,874.72	\$193,122.96	\$314,481.36	\$216,280.32	\$279,461.52
<b>PEPM Administration Costs:</b>	\$494,576.40	\$55.70	\$507,604.32	\$57.16	\$495,741.84	\$55.83
<b>% Change</b>			2.63%		0.24%	
<b>Physician Service Fees</b>						
Physician Service Fees Single HMOI	\$158.19		\$164.52		\$413.54	
Physician Service Fees Family HMOI	\$518.64		\$539.39		\$413.54	
Physician Service Fees Single BA HMO	\$140.19		\$145.80		\$358.95	
Physician Service Fees Family BA HMO	\$448.61		\$466.55		\$358.95	
Managed Care Fee	\$11.23		\$11.65		\$12.63	
<b>Total Annual Physician Service Fees:</b>	\$1,477,516.32		\$1,536,516.00		\$1,466,485.56	
<b>PEPM Physician Service Fees:</b>	\$407.70		\$423.98		\$404.66	
<b>% Change</b>			3.99%		-0.75%	
<b>RX Rebates</b>						
Rx Rebate	-\$29.37	-\$71.24	-\$29.37	-\$71.24	-\$45.83	-\$45.83
<b>Total Annual Rx Rebates:</b>	-\$106,436.88	-\$374,437.44	-\$106,436.88	-\$374,437.44	-\$166,087.92	-\$240,882.48
<b>PEPM Rx Rebates:</b>	-\$480,874.32	-\$54.15	-\$480,874.32	-\$54.15	-\$406,970.40	-\$45.83
<b>% Change</b>			0.00%		15.37%	
<b>Total Annual Fixed Costs</b>	\$2,239,128.48		\$2,434,807.20		\$2,758,317.60	
<b>PEPM Fixed Costs</b>	\$252.15		\$274.19		\$310.62	
<b>% Change</b>			8.74%		23.19%	
<b>EXPECTED CLAIMS LIABILITY:</b>						
Expected Claims	\$768.56	\$1,497.77	\$814.13	\$1,587.26	\$839.42	\$1,671.95
<i>BCBS Expected Claims</i>	<i>\$748.60</i>	<i>\$1,059.62</i>				
<i>Aggregate Stop Loss Limit</i> <i>(This quote includes Aggregate coverage)</i>					\$1,049.28	\$2,089.94
<b>Total Annual Expected Claims</b>	\$2,785,261.44	\$7,872,279.12	\$2,950,407.12	\$8,342,638.56	\$3,042,058.08	\$8,787,769.20
<b>Total Expected Claim Liability:</b>	\$10,657,540.56		\$11,293,045.68		\$11,829,827.28	
<b>PEPM Maximum Claim Liability:</b>	\$1,200.17		\$1,271.74		\$1,332.19	
<b>% Change</b>			5.96%		11.00%	
<b>Expected Plan Exposure</b>	\$12,896,669.04		\$13,727,852.88		\$14,588,144.88	
<b>Expected Cost PEPM</b>	\$1,452.33		\$1,545.93		\$1,642.81	
<b>% Change</b>			6.44%		13.12%	

All quotes contingent upon final paid claims, shock losses, enrollment and disclosure

Please See HBS Disclaimer Page



# SELF-FUNDED MEDICAL - Aetna

## Glenbrook High Schools District 225

January 1, 2021

CARRIER / TPA	Current 2020 Rates Gallagher Cooperative BCBS		2021 Forecated Rates Gallagher Cooperative BCBS		2021 Aetna With Performance & Discount Guarantees (see attached)	
<b>REINSURANCE DATA:</b>						
Network	BA HMO, HMOI, PPO, HDHP BCBS		BA HMO, PPO BCBS		<i>OA Aetna Select, Choice POS II Aetna</i>	
Reinsurance Carrier	\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP/HMO	
Specific Deductible	Paid Unlimited		Paid Unlimited		24/12 Unlimited	
Specific Contract					24/12	
Lifetime Maximum Coverage Limit					125%	
Aggregate Contract					<i>Med, Rx</i>	
Aggregate Factor Percentage						
Aggregate Coverage						
Aggregating Specific						
Run-In Limit					\$1,751,650 (\$750,000 per participant)	
<b>STOP LOSS PREMIUM (FIXED):</b>	HMO	PPO/HDHP	HMO	PPO	HMO	PPO
Specific Rate	\$79.56	\$87.44	\$91.49	\$102.74	\$90.06	\$90.06
Aggregate Rate					\$5.82	\$5.82
	<i>*BCBS Document says \$76.01</i>					
<b>Total Annual Premium:</b>	\$288,325.44	\$459,584.64	\$331,559.76	\$540,001.44	\$347,469.12	\$503,945.28
<b>PEPM Premium:</b>	\$747,910.08	\$84.22	\$871,561.20	\$98.15	\$851,414.40	\$95.88
<b>% Change</b>			16.53%		13.84%	
<b>ADMINISTRATIVE COSTS (FIXED):</b>						
Admin./Medical Claims Fee	\$43.41	\$53.62	\$44.28	\$55.23	\$41.60	\$41.60
Rx Um Fee		\$0.54		\$0.55		
BVA		\$2.50		\$2.50		Fee Guaranteed for 3 Years
MD Live		\$0.45		\$0.45		Multi-Line Discounts Available
Data Extract Fee		\$0.42		\$0.42		
Allocated Taxes Fee	\$8.66		\$9.01			
Wellness Credit						
<b>Total Annual Administration Costs:</b>	\$188,701.68	\$305,874.72	\$193,122.96	\$314,481.36	\$150,758.40	\$218,649.60
<b>PEPM Administration Costs:</b>	\$494,576.40	\$55.70	\$507,604.32	\$57.16	\$369,408.00	\$41.60
<b>% Change</b>			2.63%		-25.31%	
<b>Physician Service Fees</b>						
Physician Service Fees Single HMOI	\$158.19		\$164.52			
Physician Service Fees Family HMOI	\$518.64		\$539.39			
Physician Service Fees Single BA HMO	\$140.19		\$145.80			
Physician Service Fees Family BA HMO	\$448.61		\$466.55			
Managed Care Fee	\$11.23		\$11.65			
<b>Total Annual Physician Service Fees:</b>	\$1,477,516.32		\$1,536,516.00		\$0.00	
<b>PEPM Physician Service Fees:</b>	\$407.70		\$423.98		\$0.00	
<b>% Change</b>			3.99%			
<b>RX Rebates</b>						
Rx Rebate	-\$29.37	-\$71.24	-\$29.37	-\$71.24	-\$16.60	-\$16.60
Estimated Additional Rx SFS Rebate					-\$86.00	-\$86.00
<b>Total Annual Rx Rebates:</b>	-\$106,436.88	-\$374,437.44	-\$106,436.88	-\$374,437.44	-\$371,822.40	-\$539,265.60
<b>PEPM Rx Rebates:</b>	-\$480,874.32	-\$54.15	-\$480,874.32	-\$54.15	-\$911,088.00	-\$102.60
<b>% Change</b>			0.00%		-89.46%	
<b>Total Annual Fixed Costs</b>	\$2,239,128.48		\$2,434,807.20		\$309,734.40	
<b>PEPM Fixed Costs</b>	\$252.15		\$274.19		\$34.88	
<b>% Change</b>			8.74%		-86.17%	
<b>EXPECTED CLAIMS LIABILITY:</b>						
Expected Claims	\$768.56	\$1,497.77	\$814.13	\$1,587.26	\$1,392.38	\$1,392.38
<i>BCBS Expected Claims</i>	<i>\$748.60</i>	<i>\$1,059.62</i>				
<i>Aggregate Stop Loss Limit (This quote includes Aggregate coverage)</i>					\$1,740.47	\$1,740.47
<b>Total Annual Expected Claims</b>	\$2,785,261.44	\$7,872,279.12	\$2,950,407.12	\$8,342,638.56	\$5,045,970.62	\$7,318,328.26
<b>Total Expected Claim Liability:</b>	\$10,657,540.56		\$11,293,045.68		\$12,364,298.88	
<b>PEPM Maximum Claim Liability:</b>	\$1,200.17		\$1,271.74		\$1,392.38	
<b>% Change</b>			5.96%		16.01%	
<b>Expected Plan Exposure</b>	\$12,896,669.04		\$13,727,852.88		\$12,674,033.28	
<b>Expected Cost PEPM</b>	\$1,452.33		\$1,545.93		\$1,427.26	
<b>% Change</b>			6.44%		-1.73%	

All quotes contingent upon final paid claims, shock losses, enrollment and disclosure

Please See HBS Disclaimer Page

# SELF-FUNDED MEDICAL - Berkley Captive

## Glenbrook High Schools District 225

January 1, 2021

CARRIER / TPA	Current 2020 Rates Gallagher Cooperative BCBS		2021 Forecated Rates Gallagher Cooperative BCBS		2021 Berkley Captive	
<b>REINSURANCE DATA:</b>						
Network	BA HMO, HMOI, PPO, HDHP BCBS		BA HMO, PPO BCBS		<b>Aetna PPO Berkley</b>	
Reinsurance Carrier						
Specific Deductible	\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP	
Specific Contract	Paid		Paid		<b>24/12</b>	
Lifetime Maximum Coverage Limit	Unlimited		Unlimited		Unlimited	
Aggregate Contract					<b>24/12</b>	
Aggregate Factor Percentage					<b>125%</b>	
Aggregate Coverage					<b>Med, Rx</b>	
Aggregating Specific						
Run-In Limit						
Annual Maximum						
<b>STOP LOSS PREMIUM (FIXED):</b>						
Specific Rate	HMO	PPO/HDHP	HMO	PPO	HMO	PPO
Aggregate Rate	\$79.56	\$87.44	\$91.49	\$102.74	\$82.89	\$82.89
	<i>*BCBS Document says \$76.01</i>					
<b>Total Annual Premium:</b>	\$288,325.44	\$459,584.64	\$331,559.76	\$540,001.44	\$300,393.36	\$435,669.84
<b>PEPM Premium:</b>	\$747,910.08		\$871,561.20		\$736,063.20	
<b>% Change</b>	\$84.22		\$98.15		\$82.89	
			16.53%		-1.58%	
<b>ADMINISTRATIVE COSTS (FIXED):</b>						
Admin./Medical Claims Fee	\$43.41	\$53.62	\$44.28	\$55.23	\$60.97	\$60.97
Rx Um Fee		\$0.54		\$0.55		
BVA		\$2.50		\$2.50		
MD Live		\$0.45		\$0.45		
Data Extract Fee		\$0.42		\$0.42		
Allocated Taxes Fee	\$8.66		\$9.01			
Wellness Credit						
<b>Total Annual Administration Costs:</b>	\$188,701.68	\$305,874.72	\$193,122.96	\$314,481.36	\$220,955.28	\$320,458.32
<b>PEPM Administration Costs:</b>	\$494,576.40		\$507,604.32		\$541,413.60	
<b>% Change</b>	\$55.70		\$57.16		\$60.97	
			2.63%		9.47%	
<b>Physician Service Fees</b>						
Physician Service Fees Single HMOI	\$158.19		\$164.52			
Physician Service Fees Family HMOI	\$518.64		\$539.39			
Physician Service Fees Single BA HMO	\$140.19		\$145.80			
Physician Service Fees Family BA HMO	\$448.61		\$466.55			
Managed Care Fee	\$11.23		\$11.65			
<b>Total Annual Physician Service Fees:</b>	\$1,477,516.32		\$1,536,516.00		\$0.00	
<b>PEPM Physician Service Fees:</b>	\$407.70		\$423.98		\$0.00	
<b>% Change</b>			3.99%			
<b>RX Rebates</b>						
Rx Rebate	\$-29.37	\$-71.24	\$-29.37	\$-71.24	\$-24.80	\$-24.80
<b>Total Annual Rx Rebates:</b>	-\$106,436.88	-\$374,437.44	-\$106,436.88	-\$374,437.44	-\$89,875.20	-\$130,348.80
<b>PEPM Rx Rebates:</b>	-\$480,874.32		-\$480,874.32		-\$220,224.00	
<b>% Change</b>	-\$54.15		-\$54.15		-\$24.80	
			0.00%		54.20%	
<b>Total Annual Fixed Costs</b>	<b>\$2,239,128.48</b>		<b>\$2,434,807.20</b>		<b>\$1,057,252.80</b>	
<b>PEPM Fixed Costs</b>	<b>\$252.15</b>		<b>\$274.19</b>		<b>\$119.06</b>	
<b>% Change</b>			<b>8.74%</b>		<b>-52.78%</b>	

All quotes contingent upon final paid claims, shock losses, enrollment and disclosure

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# SELF-FUNDED MEDICAL - Third Party Administrators

## Glenbrook High Schools District 225

January 1, 2021

CARRIER / TPA	Current 2020 Rates Gallagher Cooperative BCBS		2021 Forecated Rates Gallagher Cooperative BCBS		2021 Allied - Admin Quote		2021 Trustmark - Admin Quote ELAP	
<b>REINSURANCE DATA:</b>								
Network	BA HMO, HMOI, PPO, HDHP		BA HMO, PPO		<i>Aetna PPO (no HMO)</i>		<i>Physicians Only</i>	
Reinsurance Carrier	BCBS		BCBS					
Specific Deductible	\$250,000 PPO/HDHP \$125,000 HMO		\$250,000 PPO/HDHP \$125,000 HMO					
Specific Contract	Paid		Paid					
Lifetime Maximum Coverage Limit	Unlimited		Unlimited					
Aggregate Contract								
Aggregate Factor Percentage								
Aggregate Coverage								
Aggregating Specific								
Run-In Limit								
<b>ADMINISTRATIVE COSTS (FIXED):</b>								
Admin./Medical Claims Fee	\$43.41	\$53.62	\$44.28	\$55.23	\$50.12	\$50.12	\$27.91	\$27.91
Rx Um Fee		\$0.54		\$0.55				
BVA		\$2.50		\$2.50				
MD Live		\$0.45		\$0.45				
Data Extract Fee		\$0.42		\$0.42				
Behavioral Health					\$1.50	\$1.50		
Disease Management					\$3.35	\$3.35	\$3.60	\$3.60
Wellness Core					\$1.00	\$1.00		
Cobra Admin					\$1.50	\$1.50	\$1.25	\$1.25
Teladoc					\$3.50	\$3.50	\$2.35	\$2.35
Allocated Taxes Fee	\$8.66		\$9.01					
Wellness Credit							ELAP Fees % of Billed Charges (see attached)	
							See attached for Rx Rebate Info	
<b>Total Annual Administration Costs:</b>	\$188,701.68	\$305,874.72	\$193,122.96	\$314,481.36	\$220,940.75	\$320,437.25	\$127,238.64	\$184,538.16
<b>PEPM Administration Costs:</b>		\$494,576.40		\$507,604.32		\$541,378.00		\$311,776.80
<b>% Change</b>		\$55.70		\$57.16		\$60.97		\$35.11
			2.63%		9.46%		-36.96%	
<b>Physician Service Fees</b>								
Physician Service Fees Single HMOI	\$158.19		\$164.52					
Physician Service Fees Family HMOI	\$518.64		\$539.39					
Physician Service Fees Single BA HMO	\$140.19		\$145.80					
Physician Service Fees Family BA HMO	\$448.61		\$466.55					
Managed Care Fee	\$11.23		\$11.65					
<b>Total Annual Physician Service Fees:</b>	\$1,477,516.32		\$1,536,516.00		\$0.00		\$0.00	
<b>PEPM Physician Service Fees:</b>	\$407.70		\$423.98		\$0.00		\$0.00	
<b>% Change</b>			3.99%					
<b>RX Rebates</b>								
Rx Rebate	-\$29.37	-\$71.24	-\$29.37	-\$71.24	-\$24.80	-\$24.80	See attached for Rx Rebate Info	
<b>Total Annual Rx Rebates:</b>	-\$106,436.88	-\$374,437.44	-\$106,436.88	-\$374,437.44	-\$89,875.20	-\$130,348.80		
<b>PEPM Rx Rebates:</b>	-\$480,874.32		-\$480,874.32		-\$220,224.00			
	-\$54.15		-\$54.15		-\$24.80			
<b>% Change</b>			0.00%		54.20%			
<b>Total Annual Fixed Costs</b>	<b>\$1,491,218.40</b>		<b>\$1,563,246.00</b>		<b>\$321,154.00</b>		<b>\$311,776.80</b>	
<b>PEPM Fixed Costs</b>	<b>\$167.93</b>		<b>\$176.04</b>		<b>\$36.17</b>		<b>\$35.11</b>	
<b>% Change</b>			<b>-30.19%</b>		<b>-85.66%</b>		<b>-86.08%</b>	

All quotes contingent upon final paid claims, shock losses, enrollment and disclosure

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# FULLY INSURED MEDICAL

## Glenbrook High Schools District 225

January 1, 2021

CARRIER	Network	Plan Name	IN-NETWORK BENEFITS											RATES				MONTHLY TOTAL	ANNUAL TOTAL	% Change
			DEDUCTIBLE		COINS.	OOP MAX (including ded.)		Copays				RX DEDUCTIBLE	RX COPAYS	EE	ES	EC	FAM			
			IND	FAM		IND	FAM	PRIMARY OV	SPECIALIST OV	IP	ER									
BCBS - Gallagher Cooperative	BAHMO		\$0	\$0	100%	\$1,500	\$3,000	\$10	\$40	NC	\$100		\$0/\$35/\$50	\$570.55	\$1,198.15	\$1,084.04	\$1,711.64			
	HMOI		\$0	\$0	100%	\$1,500	\$3,000	\$30	\$40	NC	\$150		\$5/\$35/\$50	\$588.19	\$1,235.20	\$117.56	\$1,764.57			
	PPO		\$400	\$1,200	80%	\$2,900	\$8,700	Ded; Coins.	Ded; Coins.	Ded; Coins.	Ded; Coins.		\$5/\$35/\$50/10%/15%/20%	\$785.99	\$1,650.57	\$1,493.37	\$2,357.96	\$1,084,297.79	\$13,011,573.48	
	HDHP		\$2,800	\$5,600	100%	\$2,800	\$5,600	Ded; Coins.	Ded; Coins.	Ded; Coins.	Ded; Coins.	Integrated with Medical	100% after Ded.	\$680.13	\$1,428.27	\$1,292.25	\$2,040.39			
	HDHP Value		\$5,000	\$10,000	90%	\$6,750	\$13,500	Ded; Coins.	Ded; Coins.	Ded; Coins.	Ded; Coins.	Integrated with Medical	\$0/\$35/\$50 after Ded.	\$564.26	\$1,184.96	\$1,072.10	\$1,692.79			
UHC - Illustrative Rates	Navigate	BFC4	\$0	\$0	100%	\$1,500	\$3,000	\$10	\$40	NC	\$100		<b>\$10/\$40/\$75/\$125</b>	\$728.67	\$1,530.20	\$1,384.37	\$2,186.00			
	Navigate	BFC4	\$0	\$0	100%	\$1,500	\$3,000	\$30	\$40	NC	\$150		<b>\$10/\$40/\$75/\$125</b>	\$715.14	\$1,501.79	\$1,358.67	\$2,145.41			
	Choice+	BDRU	\$400	\$1,200	80%	\$2,900	\$8,700	<b>\$20</b>	<b>\$40</b>	Ded; Coins.	Ded; Coins.		<b>\$10/\$40/\$75/\$125</b>	\$843.53	\$1,771.40	\$1,602.59	\$2,530.58	\$1,228,439.51	\$14,741,274.12	13.29%
	Choice+	BDC4	\$2,800	\$5,600	100%	\$2,800	\$5,600	Ded; Coins.	Ded; Coins.	Ded; Coins.	Ded; Coins.	Integrated with Medical	100% after Ded.	\$692.77	\$1,454.81	\$1,316.17	\$2,078.30			
	Choice+	BDQM	\$5,000	\$10,000	90%	\$6,750	\$13,500	Ded; Coins.	Ded; Coins.	Ded; Coins.	Ded; Coins.	Integrated with Medical	<b>\$10/\$35/\$60 after Ded.</b>	\$499.26	\$1,048.44	\$948.52	\$1,497.77			

CENSUS	BA	HMOI	PPO	HDHP	HDHP Value	TOTAL
EE	33	51	94	54	3	235
ES	20	23	20	14	1	78
EC	10	13	17	12	1	53
FAM	56	96	142	77	3	374
<b>TOTAL</b>	<b>119</b>	<b>183</b>	<b>273</b>	<b>157</b>	<b>8</b>	<b>740</b>

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# HSA Quotes

# HSA Proposals

CARRIER / TPA	Further	Infinisource	Optum	HSA Bank
<b>Fee Per Month</b>	Waived-Premium tier option	\$2.25 PEPM	\$1.75 PEPM	\$2.25 PAPM
<b>Balance Waiver</b>	N/A	N/A	If average balance is \$3,000 or more. The fee on the account may vary, but not exceed \$1.75. The average balance to waive the monthly maintenance fee does not include investment funds.	\$3,000-This amount reflects the average daily balance that must be maintained in the account to prevent the monthly service fee from being charged.
<b>Investment Options</b>	\$0-\$2,499: 0.50% \$2,500-\$9,999: 0.75% \$10,000-\$14,999: 1% \$15,000-\$24,999: 1.15% \$25,000 or greater: 1.25%	Investment Threshold \$1,000	Investment Threshold \$2,000	Investment Threshold \$1,000
<b>Additional Features</b>	Mobile Access Online Access Customer Service- Available Mon-Fri 8am-5pm CST File Feed w/ ADP	Mobile Access Online Access Customer Service- Available Mon-Thurs 8am-8pm ET, Fri 8am-6pm File Feed w/ ADP	Mobile Access Online Access Customer Service-Available 24/7 File Feed w/ ADP	Mobile Access Online Access Customer Service-Available 24/7 File Feed w/ ADP

# Dental Quotes

**ASO DENTAL**  
**Glenbrook High Schools District 225**  
 January 1, 2021

CARRIER	Admin Fee PEPM	Projected Claims PEPM	Total Projected Cost PEPM	PPO Total Projected Cost Monthly	DHMO Total Projected Cost Monthly	Total Projected Annual Cost	% Change
<b>Current 2020 Rates BCBS</b>	\$3.57	\$102.69	\$106.26	\$58,868.04	\$2,207.93	\$732,911.64	
<b>2021 Forecated Rates BCBS</b>	\$3.61	\$107.83	\$111.44	\$61,737.76	\$2,207.93	\$767,348.28	4.70%
<b>2021 BCBS Non-Coop</b>	\$4.19	\$99.33	\$103.52	\$57,350.08	\$2,023.73	\$712,485.72	-2.79%
<b>Aetna</b>	\$3.85	\$96.10	\$99.95	\$55,372.30	\$2,296.77	\$692,028.84	-5.58%
<b>Delta Dental</b>	\$4.02	\$105.15	\$109.17	\$60,478.41	\$1,914.81	\$748,718.68	2.16%
<b>Guardian</b>	\$3.22	\$105.15	\$108.37	\$60,035.21	\$1,860.45	\$742,747.96	1.34%
<b>SunLife Fully Insured</b>				\$60,532.46	\$1,392.52	\$743,099.76	1.39%
<b>MetLife Fully Insured (High/Low)</b>				\$51,419.00	\$3,102.00	\$654,252.00	-10.73%

\* MetLife's package offer (Dental, Vision, Life & LTD) includes an enrollment credit and can also include technology credit



# **Vision Quotes**

# VOLUNTARY VISION

## Glenbrook High Schools District 225

January 1, 2021

CARRIER	Current 2020 Rates EyeMed	Aetna	MetLife	SunLife	Guardian VSP
<b>COPAYMENT EXAM</b>	\$10	\$10	\$10	\$10	\$10
<b>COPAYMENT MATERIALS</b>	\$0	\$0	\$0	\$0	\$10
<b>FREQUENCY EXAM (MONTHS)</b>	12	12	12	12	12
<b>FREQUENCY LENSES (MONTHS)</b>	12	12	12	12	12
<b>FREQUENCY FRAMES (MONTHS)</b>	24	24	24	24	24
<b>EXAMINATION</b>					
In-Network	Copay	Copay	Copay	Copay	Copay
Out-of-Network Allowance	\$40	\$30	\$45	\$45	\$39
<b>BASIC LENSES</b>					
<b>In-Network</b>					
Single	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$10 Copay
Bifocal	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$10 Copay
Trifocal	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$10 Copay
<b>Out-of-Network Allowance</b>					
Single	\$30	\$28	\$30	\$30	\$23
Bifocal	\$50	\$44	\$50	\$50	\$37
Trifocal	\$70	\$72	\$65	\$60	\$49
<b>FRAMES</b>					
In-Network	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Allowance	\$150	\$150	\$150	\$150	\$150
Out-of-Network Allowance	\$105	\$75	\$70	\$70	\$46
<b>ELECTIVE CONTACT LENSES</b>					
In-Network	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Allowance	\$150	\$150	\$150	\$150	\$150
Out-of-Network Allowance	\$150	\$120	\$105	\$105	\$100
<b>RATE GUARANTEE</b>		<b>4 Years</b>	<b>2 Years</b>	<b>2 Years</b>	<b>2 Years</b>
<b>COVERAGE TYPE</b>					
	<b>RATES</b>	<b>RATES</b>	<b>RATES</b>	<b>RATES</b>	<b>RATES</b>
EE	\$7.69	\$6.98	\$6.12	\$6.92	\$11.21
ES	\$14.62	\$13.25	\$11.64	\$13.16	\$18.87
EC	\$15.39	\$13.96	\$12.26	\$13.85	\$19.25
FAM	\$22.63	\$20.51	\$18.02	\$20.37	\$30.47
<b>MONTHLY TOTAL</b>					
	<b>\$6,314</b>	<b>\$5,724</b>	<b>\$5,027</b>	<b>\$5,683</b>	<b>\$8,528</b>
<b>ANNUAL TOTAL</b>					
	<b>\$75,768</b>	<b>\$68,694</b>	<b>\$60,328</b>	<b>\$68,197</b>	<b>\$102,331</b>
<b>% Change</b>					
		<b>-9.34%</b>	<b>-20.38%</b>	<b>-9.99%</b>	<b>35.06%</b>

CENSUS	PPO	TOTAL
Employee	153	153
Employee & Spouse	69	69
Employee & Child	33	33
Family	160	160
<b>TOTAL</b>	<b>415</b>	<b>415</b>

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# **Life and AD&D**

## **Quotes**

# LIFE AND AD&D

## Glenbrook High Schools District 225

January 1, 2021

CARRIER	BENEFIT AMOUNT	RATE GUARANTEE	RATE PER \$1,000	MONTHLY TOTAL	ANNUAL TOTAL	% CHANGE
<b>Current 2020 Rates Standard</b>	Class 1: 2 X Salary to \$500,000 Class 2: \$75,000 Class 3: \$50,000	Until 1-1-2023	\$0.140	\$9,639.21	\$115,670.53	
	Class 4: \$50,000 Class 5: \$10,000		\$0.936	\$964.08	\$11,568.96	
<b>BCBS</b>	Class 1: 2 X Salary to \$500,000 Class 2: \$75,000 Class 3: \$50,000	3 Years	\$0.119	\$8,193.33	\$98,319.95	-15.00%
<b>Hartford</b>	Class 1: 2 X Salary to \$500,000 Class 2: \$75,000 Class 3: \$50,000	2 Years	\$0.098	\$6,747.45	\$80,969.37	-30.00%
	Class 4: \$50,000 Class 5: \$10,000		\$0.936	\$964.08	\$11,568.96	0.00%
<b>MetLife</b>	Class 1: 2 X Salary to \$500,000 Class 2: \$75,000 Class 3: \$50,000	3 Years	\$0.109	\$7,504.81	\$90,057.77	-22.14%
	Class 4: \$50,000 Class 5: \$10,000		\$0.880	\$906.40	\$10,876.80	-5.98%
<b>SunLife</b>	Class 1: 2 X Salary to \$500,000 Class 2: \$75,000 Class 3: \$50,000	2 Years	\$0.110	\$7,573.67	\$90,883.99	-21.43%
<b>Unum</b>	Class 1: 2 X Salary to \$500,000 Class 2: \$75,000 Class 3: \$50,000	3 Years	\$0.135	\$9,294.95	\$111,539.44	-3.57%
	Class 4: \$50,000 Class 5: \$10,000		\$0.135	\$139.05	\$1,668.60	-85.58%
<b>Lincoln Financial</b>	Class 1: 2 X Salary to \$500,000 Class 2: \$75,000 Class 3: \$50,000	2 Years	\$0.130	\$8,950.70	\$107,408.35	-7.14%

Class 1: Administrators; Class 2: Teachers; Class 3: Full-Time Educational Personnel; Class 4: Retired Administrators; Class 5: Retired Teachers & Educational Perso

<b>VOLUME - ACTIVE</b>	<b>\$68,851,504</b>
<b>VOLUME - RETIREE</b>	<b>\$1,030,000</b>

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# VOLUNTARY LIFE

## Glenbrook High Schools District 225

January 1, 2021

CARRIER	Current 2020 Rates Standard		BCBS		Hartford		MetLife		SunLife	
	Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse
<b>MAX BENEFIT \$</b>	\$500,000	\$250,000	\$500,000	\$250,000	\$500,000	\$250,000	\$500,000	\$250,000	\$500,000	\$250,000
<b>MAX BENEFIT %</b>	5 X Salary	100% of EE	5 X Salary	100% of EE	5 X Salary	100% of EE	5 X Salary	100% of EE	5 X Salary	100% of EE
<b>GUARANTEE ISSUE</b>	\$100,000	\$50,000	\$100,000	\$50,000	\$100,000	\$50,000	\$100,000	\$50,000	\$200,000	\$50,000
<b>AGE BRACKET</b>										
<b>Rate per \$1,000 Benefit</b>										
<b>0-19</b>	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060
<b>20-24</b>	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060
<b>25-29</b>	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060	\$0.060
<b>30-34</b>	\$0.090	\$0.090	\$0.090	\$0.090	\$0.090	\$0.090	\$0.090	\$0.090	\$0.090	\$0.090
<b>35-39</b>	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110
<b>40-44</b>	\$0.200	\$0.200	\$0.200	\$0.200	\$0.200	\$0.200	\$0.200	\$0.200	\$0.200	\$0.200
<b>45-49</b>	\$0.330	\$0.330	\$0.330	\$0.330	\$0.330	\$0.330	\$0.330	\$0.330	\$0.330	\$0.330
<b>50-54</b>	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550	\$0.550
<b>55-59</b>	\$0.830	\$0.830	\$0.830	\$0.830	\$0.830	\$0.830	\$0.830	\$0.830	\$0.830	\$0.830
<b>60-64</b>	\$1.130	\$1.130	\$1.130	\$1.130	\$1.130	\$1.130	\$1.130	\$1.130	\$1.130	\$1.130
<b>65-69</b>	\$1.820	\$1.820	\$1.820	\$1.820	\$1.820	\$1.820	\$1.820	\$1.820	\$1.820	\$1.820
<b>70-74</b>	\$2.782	\$2.782	\$4.280	\$4.280	\$2.782	\$2.782	\$2.782	\$2.782	\$2.782	\$2.782
<b>75-79</b>	\$2.140	\$2.140	\$4.280	\$4.280	\$2.140	\$2.140	\$2.782	\$2.782	\$2.140	\$2.140
<b>80+</b>	\$2.140	\$2.140	\$4.280	\$4.280	\$2.140	\$2.140	\$2.782	\$2.782	\$2.140	\$2.140
<b>Child</b>	\$1.45 \$5,000 \$2.90 \$10,000 \$0.29 per \$1,000		\$0.29 per \$1,000		\$0.29 per \$1,000		\$0.24 per \$1,000		\$0.29 per \$1,000	
<b>EE AD&amp;D</b>										

PARTICIPATION REQUIRED	13%	14%	25%	20%

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# **Long-Term Disability Quotes**

# LONG-TERM DISABILITY

## Glenbrook High Schools District 225

January 1, 2021

CARRIER	ELIMINATION PERIOD (DAYS)	BENEFIT DURATION	% OF SALARY	MAXIMUM MONTHLY BENEFIT	OWN OCC PERIOD	RATE GUARANTEE	RATE PER \$100 PAYROLL	MONTHLY TOTAL	ANNUAL TOTAL	% CHANGE
<b>Current 2020 Rates Standard</b>	90	SSNRA	60%	\$10,000	2 Years	Until 1-1-23	\$0.110	\$6,795.75	\$81,548.95	
<b>BCBS</b>	90	SSNRA	60%	\$10,000	2 Years	3 Years	\$0.181	\$11,182.09	\$134,185.08	64.55%
<b>Hartford</b>	90	SSNRA	60%	\$10,000	2 Years	2 Years	\$0.163	\$10,070.06	\$120,840.71	48.18%
<b>MetLife</b>	90	SSNRA	60%	\$10,000	2 Years	3 Years	\$0.093	\$5,745.49	\$68,945.93	-15.45%
<b>MetLife - If sold with 1 Other Product</b>	90	SSNRA	60%	\$10,000	2 Years	3 Years	\$0.090	\$5,560.16	\$66,721.86	-18.18%
<b>MetLife - If sold with 2 Other Products</b>	90	SSNRA	60%	\$10,000	2 Years	3 Years	\$0.087	\$5,374.82	\$64,497.80	-20.91%
<b>SunLife</b>	90	SSNRA	60%	\$10,000	2 Years	2 Years	\$0.110	\$6,795.75	\$81,548.95	0.00%
<b>Unum</b>	90	SSNRA	60%	\$10,000	2 Years	2 Years	\$0.140	\$8,649.13	\$103,789.57	27.27%
<b>Lincoln Financial</b>	90	SSNRA	60%	\$10,000	2 Years	2 Years	\$0.109	\$6,733.97	\$80,807.59	-0.91%

**COVERED MONTHLY PAYROLL**

**\$6,177,950**

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