

Health Insurance Renewal

2017-2018 Fiscal Year

Open Session

Plan Renewal Materials
FY2018 Budget Materials

FY2018

Plan Renewal Materials



Financial Summary – Plan Year to Date

- Overall, all lines of coverage have a loss ratio (total cost/total funding) of 90.2% for the current plan year.
 - The previous plan year (9/1/15-8/31/16) ended the period with a 106.2% loss ratio
- The PPO products have an overall loss ratio of 81.9% for the current plan year. PPO PEPM paid claims data for the current plan year are \$1,018.01, down from \$1,263.42 for the previous plan year (-19.4%). Current Plan year Administrative fees on the PPO have followed paid claims, -16.9% from the previous plan year.
 - PPO Loss Ratio Plan Year to Date = 81.8%
 - PPO HDHP Loss Ratio Plan Year to Date = 82.7%
- The HMO product types have an overall loss ratio of 105.8% for the current plan year. HMO PEPM paid claims (inclusive of physician service fees) are up by 2.5% from previous plan year, \$1,081.37 PEPM versus \$1,055.23.
 - HMOI Loss Ratio Plan Year to Date = 108.9%
 - There are two enrollees on the HMOI plan that have exceeded the HMO specific stop loss limit of \$125,000 for the current plan year.
 - BA HMO Loss Ratio Plan Year to Date = 84.7%
- The Dental product has a loss ratio of 92.4% for the current plan year.

9/1/2017 Renewal Forecast

- 24 months of data have been used to forecast claims for the 9/1/2017-8/31/2018 period
 - Experience periods used in each forecast were 2/1/2015-1/31/2016 for the prior period and 2/1/2016-1/31/2017 for the current period (90% weight on most recent 12 months).
 - The same trend rates were used to forecast Medical and Rx claims on both PPO and HMO, 5.6% for Medical and 11% for Rx. Dental claims were forecasted with a 5% trend rate.
 - Trend is based on the most recent market trend study by Gallagher's Healthcare Analytics Team (in-house actuarial firm).
 - The use of market trend, not client specific trend, lessens the effect of changes in utilization year over year for smaller populations such as Glenbrook 225.
- Fixed cost adjustments used in the renewal forecasts:
 - On 3/1/2017, BCBS confirmed best rates for administrative fees. Gallagher is in the process of a medical marketing for administrative fees.
 - PPO Stop Loss marketing was done in March 2017.
- PPO Fee Adjustments
 - **Administrative Fee:** +5% PEPM (Current fee PEPM was estimated based on 7/1/2016 SSCRMP renewal projection)
 - **Individual Stop Loss Fee:** +38.4% (Munich Re Renewal)
 - **HSA Rx Rebate:** +69.2% (BCBSIL Renewal)
- HMO Fee Adjustments
 - **Administrative Fee:** +1% (BCBSIL Renewal)
 - **Physician Service Fees:** +1.5% (Blended BCBSIL Renewal)
 - **Individual Stop Loss Fee:** +8.5%. (BCBSIL Renewal)
 - **Rx Rebate:** +25% (BCBSIL Renewal)
 - **Managed Care Fee:** +3.2% (BCBSIL Renewal)
 - **Allocated Taxes Fee:** -53.7% (BCBSIL Renewal)
- Dental Fee Adjustments
 - **Administrative Fee:** +0%. (BCBSIL Renewal)

Based on projected claims and fixed cost adjustments, our suggested increase to funding rates is **+8.4%** for the PPO products and **+9.3%** for the HMO products, which results in a suggested overall increase of **+8.7%** to current medical funding. Our suggested increase to Dental funding rates is **+2.6%**.

Insurance Glossary

Medical Plan Acronyms

Glenbrook PPO = PPO

High Deductible Health Plan with Health Savings Account (HSA) = HDHP

HMO Illinois = HMOI

Blue Advantage HMO = BA HMO

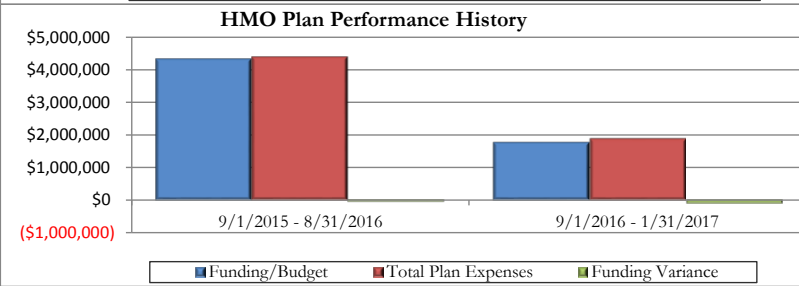
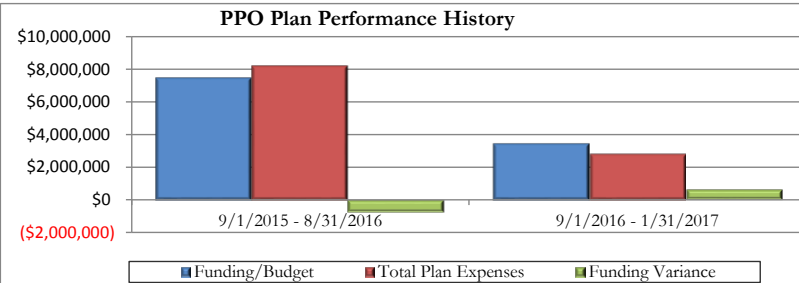
- Administrative Fee - Charged by an insurer (BCBS) to cover expenses related to record keeping
- Allocated Taxes Fee - Fee charged by BCBS for Cost Plus HMO
- Benefit Period - September through August
- Capitated (Agreement, Product) – Those services that a provider agrees to provide under a capitated contract
- Capitation Fees – A method of payment, exclusively for HMO members, where a physician's medical group is paid a fixed amount for each enrolled member for healthcare services regardless of the actual number of services provided to each individual. Hospital and certain larger facility charges are still billed as a regular claim.
- Carve-Out - When a service such as pharmacy benefits management is contracted with a separate administrator from the company providing medical benefits
- Co-insurance – A sharing of expenses between the employer-sponsored medical plan and employee. Example: 90% after deductible (Contributes towards out-of-pocket limit).
- Copay - A specified dollar amount an employee is required to pay towards covered services. Example: \$20 office visit copay. (Contributes towards out-of-pocket limit).
- Deductible – Each benefit period you must satisfy a deductible before the insurance (BCBSIL) begins to pay for benefits. Once you have claims for more than the deductible, your benefits will begin (9/1 through 8/31).
- Health Savings Account - Tax-advantaged medical savings account available to participants enrolled in a high-deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit.
- Illinois Access Fees – Fees for access to the BCBS network
- Lives – Employees only covered under the health insurance plan
- Loss Ratio - Total cost / total premium collected (funding)
- Managed Care Fees - Administrative charge for Managed care and quality improvement programs built into the HMO program

- Members - Anyone covered under a health insurance plan, an employee, spouse, or eligible dependent
- Out of Pocket Maximum - The maximum amount an employee is required to contribute towards medical plan costs during the benefit period before the carrier begins to pay at 100%. (9/1 through 8/31). This includes the medical deductible.
- PEPM – Per Employee per Month (typically represents a specific fee charged, or an average claim spend)
- PEPY – Per Employee per Year (typically represents average claim spend)
- Premium Equivalent - For self-insured plans, the cost by “tier of coverage” (*employee, employee/spouse, employee/child, or family*) that represents the amount the employer would expect to pay if the total plan costs were expressed as a monthly premium. There is a formula that blends the expected cost of claims paid, administrative costs and stop-loss premiums.
- Physician Service Fee – Capitation fee paid to BCBSIL for HMO professional services. Different fees are charged for Single and Family contracts.
- Plan Year - September through August. Period that benefits are covered under the Open Enrollment election.
- Portability - The ability of an employee to retain benefits, such as a pension plan or insurance coverage, when leaving an employer group
- Reference Based Pricing - A network pricing approach where the health plan limits certain benefits for specified procedures to a specific dollar amount. If needed, the 3rd party administrator negotiates fees on a claim by claim basis.
- Rx Rebates - Pharmacy rebate provided by PBM based on utilization of Brand Rx. In Glenbrook’s case, this is a fixed rebate paid from BCBSIL to Glenbrook per employee per month for HMO and HDHP enrollees.
 - On the Glenbrook PPO, manufacturer based upon the utilization of brand-name drugs by a covered person or purchases by a provider.
- Specific Stop Loss – A form of reinsurance that provides protection for medical expense above a certain limit. Specific stop loss limits the cost of eligible medical expenses for each covered individual.
- Stop Loss Fee – Fee for administering a stop loss contract, for Glenbrook this is only for specific/individual stop loss

**Glenbrook High School District 225
Financial Summary - Funding & Claims
Data Thru January 2017**

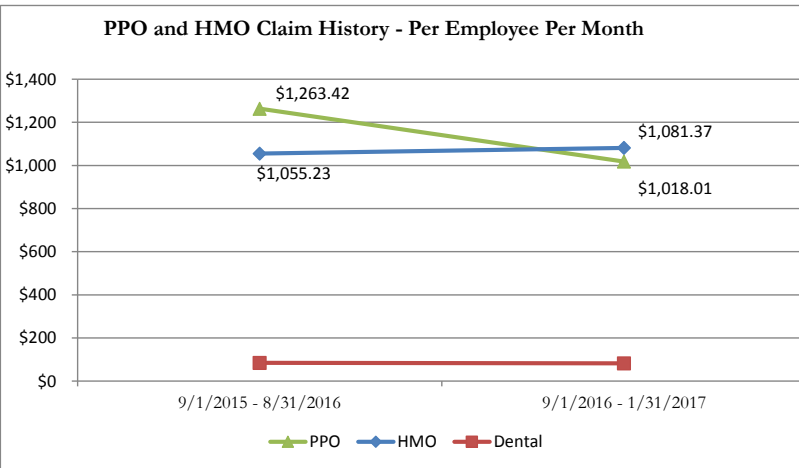
Plan Performance History

Category	9/1/2015 - 8/31/2016	9/1/2016 - 1/31/2017
PPO		
Funding/Budget	\$7,468,510	\$3,468,216
Total Plan Expenses	\$8,201,580	\$2,841,955
Funding Variance (Funding - Expenses)	(\$733,070)	\$626,261
Loss Ratio (Expenses / Funding)	109.8%	81.9%
HMO		
Funding/Budget	\$4,346,492	\$1,796,928
Total Plan Expenses	\$4,404,729	\$1,901,369
Funding Variance (Funding - Expenses)	(\$58,237)	(\$104,441)
Loss Ratio (Expenses / Funding)	101.3%	105.8%
Dental		
Funding/Budget	\$727,000	\$315,562
Total Plan Expenses	\$713,421	\$291,517
Funding Variance (Funding - Expenses)	\$13,579	\$24,045
Loss Ratio (Expenses / Funding)	98.1%	92.4%



Claim and Enrollment History

Category	9/1/2015 - 8/31/2016	9/1/2016 - 1/31/2017
PPO		
Average Monthly Employees	505	520
Net Paid Claims	\$7,660,087	\$2,648,871
Claim Cost Per Employee Per Month	\$1,263.42	\$1,018.01
HMO		
Average Monthly Employees	313	317
Net Paid Claims	\$3,966,619	\$1,716,130
Claim Cost Per Employee Per Month	\$1,055.23	\$1,081.37
Dental		
Average Monthly Employees	675	681
Net Paid Claims	\$685,476	\$279,773
Claim Cost Per Employee Per Month	\$84.63	\$82.19

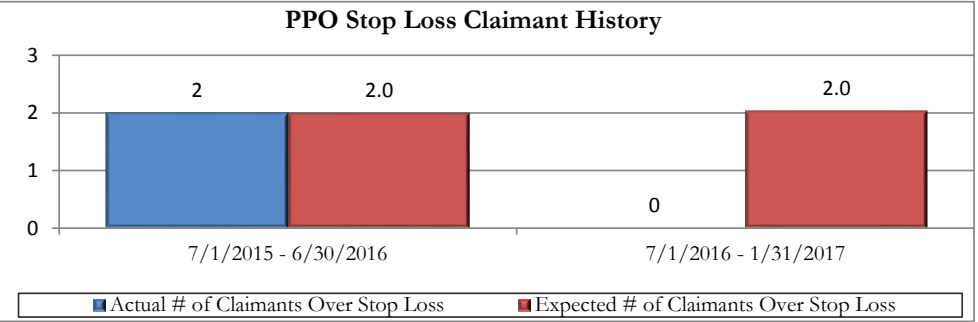


This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

**Glenbrook High School District 225
Financial Summary - Stop Loss
Data Thru January 2017**

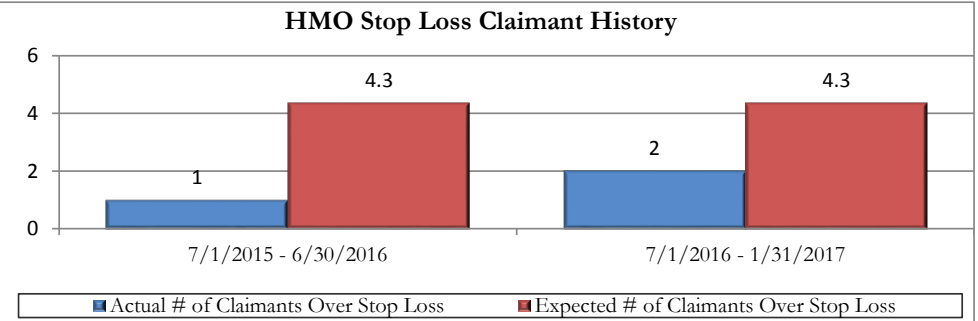
PPO Large Claim and Stop Loss History

Category	7/1/2015 - 6/30/2016	7/1/2016 - 1/31/2017
Specific Stop Loss Level	\$250,000	\$250,000
Actual # of Claimants Over Stop Loss	2	0
Expected # of Claimants Over Stop Loss	2.0	2.0
Stop Loss Reimbursements	\$336,134	\$0
Stop Loss Premium Paid	\$219,520	\$125,041
Loss Ratio (Reimbursements / Premium)	153.1%	0.0%



HMO Large Claim and Stop Loss History

Category	7/1/2015 - 6/30/2016	7/1/2016 - 1/31/2017
Specific Stop Loss Level	\$125,000	\$125,000
Actual # of Claimants Over Stop Loss	1	2
Expected # of Claimants Over Stop Loss	4.3	4.3
Stop Loss Reimbursements	\$13,589	\$175,224
Stop Loss Premium Paid	\$194,405	\$130,581
Loss Ratio (Reimbursements / Premium)	7.0%	134.2%



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Gallagher Initial Recommendations

Arthur J. Gallagher & Co (AJG) is proud to represent Glenbrook HSD225's employee benefit plans in the marketplace. This recommendation package includes information on your medical, stop loss, dental, vision, and life insurance plans.

1) PPO High Deductible Health Plan Design and Health Savings Account Contribution

The PPO High Deductible Health Plan has 100% coinsurance after the deductible is met. Since members do not have coinsurance after the deductible, the out-of-pocket amounts are the same as the deductible.

- a. Gallagher's recommendation is to change the plan to have coinsurance and a higher out-of-pocket limit. For example: 80% in-network/60% out-of-network coinsurance and a \$5200 single out-of-pocket (2x family) for in-network usage.

The Health Savings Account (HSA) contribution amounts are high (\$1,000 single/\$1600 family) in comparison to the PPO High Deductible Health Plan (\$2600 single/\$5200 family).

- b. Gallagher's recommendation is to offer a contribution that takes into account the plan design. According to the *2015 Mercer National Survey of Employer Sponsored Plans*, the median employer contribution for Midwest and Government employers are as follows: \$500 single/\$1000 family contribution with a \$2000 single/\$4800 family deductible for Midwest employers and \$972 single/\$1750 family contribution with a \$1600 single/\$3500 family deductible plan for Government employers. (Please refer to *Glenbrook Health Plan Benchmarking Report*)

2) Realignment of Rates

The current rates for the Glenbrook PPO plan and PPO High Deductible Health Plan and HMO Illinois /Blue Advantage HMO plans are not reflective of the plan value which include plan design and network access. The current differential between the PPO High Deductible Health Plan and the PPO is 39% and for the HMO Illinois and the Blue Advantage HMO is 20%.

- a. Gallagher's recommendations is for a realignment of rates taking into account the plan value and differences in network. The rate differential between the PPO's should be 13% and the difference between the HMO Illinois/Blue Advantage HMO should be about 3%.
 - i) Relative value between plans is determined by expected claims to be paid by the "plan" given the network, product, and plan design selected by an enrollee. Using our Health Rating Model (HRM) rating model (generated by Gallagher Healthcare Analytics), the difference between the PPO and H.S.A. funding should be 13%. The difference between the HMO Illinois and Blue Advantage HMO should be 3%. Funding rates should be established at actuarial differences for products to account for the expected difference in claims on different products, networks, and plan designs to mitigate migration impacts.
- b. The current tier structure (Single, Single plus One, and Family) should be consistent between the HMO Illinois/Blue Advantage HMO and the PPO plans. For example, the HMO Illinois has 2 tiers (Single and Family) while the BAHMO has three tiers (Single, Single plus One, and Family). The PPO and the PPO High Deductible Health Plan have a two tier structure of Single and Family Single meanwhile the PPO Retiree plan has a three tier structure of Single, plus One, and Family. The tiers for all plans should be consistent on either two or three tier structures.



**Glenbrook High School District 225
Renewal Equivalent Rates Re-Aligned - PPO
9/1/2017 through 8/31/2018**

PPO

Rate Tier	Employees	Current Rates - 9/1/2016 to 8/31/2017	Actuarially Re-Aligned Renewal Rates 2-TIER - 9/1/2017 to 8/31/2018	Actuarially Re-Aligned Renewal Rates 3-TIER - 9/1/2017 to 8/31/2018
Single	146	\$974.00	\$771.81	\$749.01
Single + 1	45	\$1,950.00	\$2,083.89	\$1,647.83
Family	155	\$1,950.00	\$2,083.89	\$2,247.03
Retiree Single	32	\$594.00	\$671.47	\$651.64
Retiree + 1	16	\$1,192.00	\$1,812.97	\$1,433.61
Retiree Family	6	\$1,538.00	\$1,812.97	\$1,954.92
Total Monthly	400	\$579,512	\$590,834	\$587,318
% Change from Current		-	2.0%	1.3%

HDHP

Rate Tier	Employees	Current Rates - 9/1/2016 to 8/31/2017	Actuarially Re-Aligned Renewal Rates 2-TIER - 9/1/2017 to 8/31/2018	Actuarially Re-Aligned Renewal Rates 3-TIER - 9/1/2017 to 8/31/2018
Single	45	\$594.00	\$674.56	\$654.63
Single + 1	14	\$1,192.00	\$1,821.31	\$1,440.20
Family	58	\$1,192.00	\$1,821.31	\$1,963.90
Total Monthly	117	\$112,554	\$161,490	\$163,528
% Change from Current		-	43.5%	45.3%

Total Monthly - All PPO Plans	517	\$692,066	\$752,324	\$750,846
Total Annual - All PPO Plans		\$8,304,792	\$9,027,884	\$9,010,147
Annual Change from Current		-	\$723,092	\$705,355
% Change from Current		-	8.7%	8.5%

> PPO Retiree, Retiree + 1, Retiree Family are for P21560 section 3000 only

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**Glenbrook High School District 225
Renewal Equivalent Rates Re-Aligned - HMO
9/1/2017 through 8/31/2018**

HMOI

Rate Tier	Employees	Current Rates - 9/1/2016 to 8/31/2017	Actuarially Re-Aligned Renewal Rates 2-TIER - 9/1/2017 to 8/31/2018	Actuarially Re-Aligned Renewal Rates 3-TIER - 9/1/2017 to 8/31/2018
Single	81	\$560.00	\$580.50	\$563.35
Single + 1	36	\$1,512.00	\$1,567.35	\$1,239.37
Family	140	\$1,512.00	\$1,567.35	\$1,690.05
Total Monthly	257	\$311,472	\$322,874	\$326,855
% Change from Current		-	3.7%	4.9%

BA HMO

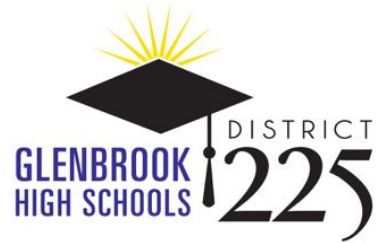
Rate Tier	Employees	Current Rates - 9/1/2016 to 8/31/2017	Actuarially Re-Aligned Renewal Rates 2-TIER - 9/1/2017 to 8/31/2018	Actuarially Re-Aligned Renewal Rates 3-TIER - 9/1/2017 to 8/31/2018
Single	21	\$448.00	\$563.08	\$546.45
Single + 1	8	\$868.00	\$1,520.32	\$1,202.19
Family	17	\$1,138.00	\$1,520.32	\$1,639.35
Retiree Single	5	\$448.00	\$563.08	\$546.45
Retiree + 1	6	\$868.00	\$1,520.32	\$1,202.19
Retiree Family	3	\$1,138.00	\$1,520.32	\$1,639.35
Total Monthly	60	\$46,560	\$66,331	\$63,825
% Change from Current		-	42.5%	37.1%

Total Monthly - All HMO Plans	317	\$358,032	\$389,205	\$390,680
Total Annual - All HMO Plans		\$4,296,384	\$4,670,459	\$4,688,163
Annual Change from Current		-	\$374,075	\$391,779
% Change from Current		-	8.7%	9.1%

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FY2018

Budget Materials



To: Dr. Mike Riggle
Board of Education

From: Dr. R.J. Gravel
Ms. Vicki Tarver

Date: April 12, 2017

Re: Employee Health Benefits Budget for FY2018

Recommendation

It is recommended that the Board of Education approve the employee health benefits budget projection as presented by Arthur J. Gallagher & Co., for the purpose of developing the FY2018 tentative budget.

Background

Each year the Business Services and Human Resources teams work together to prepare the employee compensation and health benefits budgets for inclusion into the tentative budget, which is presented to the Board of Education in July. This year we have implemented a zero-based budgeting approach for the majority of our program budgets, including employee compensation and health benefits. In accordance with this methodology we build the budget from \$0, and increase the amount by reviewing each individual position (e.g. science teacher at Glenbrook North, executive assistant for Technology Services), and assign the appropriate salary amount to the position. For positions that are presently filled, we leverage next year's salary schedules; for vacant positions, we utilize an average anticipated salary level (e.g. masters, step 3 for teachers).

With regards to health benefits, the flexible nature of open enrollment and year-round benefit changes require us to approach budgeting for health benefits differently. For this area it is customary to utilize a health benefits projection model to estimate expenses for the organization as a whole. While projection models vary in design, our historical and present models take into consideration the following key components:

- **Performance Period (Actual Claims Experience)**
This takes into consideration the actual amount of claims incurred and paid by the District within a designated period of time from two previous years. The performance period used by our District has been 24 months between February 1st and January 31st.
- **Projection Period (Used to Determine Budget)**
Using claim information from the current plan year (included in the rolling 24 months), the amount of claims for the new 12 months is projected based on current utilization. The current plan performance and projection period used to determine the health budget has historically been September 1st - August 31st.

- **Industry Trends**

When developing a health benefits projection, it is standard to take into consideration industry and regional health plan performance trends. This data combined with our District's plan performance trend provides greater stability and less volatility to the projection.

For the 2017 plan year, two separate health benefit projection models were developed. One model was developed by HUB/CBC, the other model was developed by the administration. The reason for two models was because our previous health benefits consultant, HUB/CBC, utilized a projection period that did not match our District plan year dates. Alternatively, they utilized a projection period that more closely mirrored the calendar year. This resulted in a projection that did not accurately reflect claims that would likely be paid during the plan year, requiring the District to perform a second internal analysis that achieved our budgetary needs.

Plan Year 2017 (September 1, 2016 - August 31, 2017)			
<i>Prepared by:</i>	Plan Year	Performance Period (Actual Claims Experience)	Projection Period (To Determine Budget)
HUB/CBC <i>Presented 4/2016</i>	9/1/2016 - 8/31/2017	2/1/2014 - 1/31/2016	2/1/2016 - 1/31/2017
Administration <i>Presented 5/2016</i>	9/1/2016 - 8/31/2017	2/1/2014 - 1/31/2016	9/1/2016 - 8/31/2017

For the 2018 plan year, a single health benefit projection model was developed by Arthur J. Gallagher & Co., that takes into consideration a projection period that more accurately reflects claims that are likely to be paid during FY2018 and is in alignment with our plan year. Therefore there is no longer a need to develop an internal projection as the Gallagher model can be used effectively for budgetary purposes.

Plan Year 2018 (September 1, 2017 - August 31, 2018)			
<i>Prepared by:</i>	Plan Year	Performance Period (Actual Claims Experience)	Projection Period (To Determine Budget)
Gallagher <i>Presented 3/2017</i>	9/1/2017 - 8/31/2018	2/1/2015 - 1/31/2017	9/1/2017 - 8/31/2018

By accepting Gallagher's recommendations, the following health benefits budget has been identified:

Fiscal Year 2018 Proposed Budget - Medical				
	FY 2018 Proposed Expense	FY 2017 Budgeted Expense	Projected Change	% Change
PPO	\$9,001,338	\$8,304,792	\$696,546	8.4%
HMO	\$4,696,974	\$4,296,384	\$400,590	8.9%
<i>Total</i>	\$13,698,312	\$12,601,176	\$1,097,136	8.7%

Fiscal Year 2018 Proposed Budget - Dental				
	FY 2018 Proposed Expense	FY 2017 Budgeted Expense	Projected Change	% Change
Dental	\$769,324	\$750,204	\$19,120	2.5%
<i>Total</i>	\$769,324	\$750,204	\$19,120	2.5%

One additional health benefits budget component is the consideration of a contingency budget. During the development of the FY2017 budget, the Board of Education determined that contingency amounts should be calculated in the amount of .5% (half of one percent) per fund. As a result, a total contingency budget of \$589,446 was built into the budget. However, this did not account for a contingency for health benefits. Alternatively the health benefits contingency has been built into an aggregate percentage increase which was applied to the overall health benefits budget.

Within our zero-based budgeting approach, it appropriate to budget separately for plan expenses (based on projections), as well as a contingency budget for unforeseen expenses. A contingency recommendation is presently being developed by Gallagher for FY2018. We anticipate having this information available at the April 24, 2017 Board of Education meeting.

In preparing for the tentative budget, we anticipate an increase with contingency to not exceed \$2 million. To fund this increase we plan to utilize new revenues from local property tax increases from levy year 2016, and a \$1 million anticipated increase in The Glen Make-Whole payment which will be paid in the coming fiscal year. Should anticipated revenues change due to state and/or federal legislation, we would build next year's budget with the intention of using available reserve funds. The administration would then work with school and district leadership teams to develop a budget reduction plan for the future.

Plan Renewal 2017 - As of April 5, 2017

Renewal Factors

	Historical Renewals (HUB/CBC)	Current Renewal (GALLAGHER)
Projection Period	February 1 - January 31	September 1 - August 31
Performance Period Included in Projection	Rolling 24 months based on most recent available data (Previous year: 2/1/14 - 1/31/16)	2/1/15 - 1/31/17 (Will update if data becomes available prior to Final Renewal)
Trend Factors Utilized	Annual Trend (5%) Period Weighting (10%/90%) Future Plan Changes (if any)	Annual Trend (5.6%) Dependent Ratio Adjustment (-1%) Period Weighting (10%/90% - Last 12 month rolling) Future Plan Changes (if any)

Key Point to Consider:

- PPO Renewal Projection does not include change in Pharmacy Benefit Managers from Optum to RxBenefits/Express Scripts

Performance/Loss Ratio

	PPO Combined	PPO	HDHP (HSA)	HMO Combined	HMOI	BA HMO
9/1/2015 - 8/31/2016	109.8%	101.9%	166.1%	101.3%	101.1%	103.3%
9/1/2016 - 1/31/2017 Budget projection comparison for 5 months	81.9%	81.8%	82.7%	105.8%	108.9%	84.7%

Important Notes:

- HDPPO Costs do not include HSA funds contributed by D225 (approximately \$149,400 annually, enrollment increased from 90 to 116 [effective 9/1/16])
- PPO Enrollment went down .1% in the past 2 calendar years. HMO enrollment went up 3.5% in the past 2 years.

Health Benefits Budget - Recommended Rate Adjustment/Funding

	PPO Projection				HMO Projection			
	Total Projected Plan Cost	Current Funding	Projected Change	Rate Adjustment	Total Projected Plan Cost	Current Funding	Projected Change	Rate Adjustment
9/1/2017 - 8/31/2018	\$9,001,338	\$8,304,792	\$696,546	8.4%	\$4,696,974	\$4,296,384	\$400,590	9.3%

Rate Adjustments Last Year = 19% PPO / -1.1% HMO

Important Notes:

- Overall funding (HMO and PPO) needs to be increased by 8.7% on a blended basis.
- HMO Stop Loss Experience is higher than previous years. Plan Year-to-Date already reflects 2 Large HMO Claims and 0 PPO Claims, resulting in a higher planned expense in the HMO.
- Current Gallagher Organization Trend = 8% Rate Adjustment annually

Projected Employee Premium Impact (12 Months of Coverage)*

	PPO Employee Premium Projection				HMO Employee Premium Projection				
	Glenbrook PPO Single	Glenbrook PPO Family	High Ded. PPO (HSA) Single	High Ded. PPO (HSA) Family	HMO Illinois Single	HMO Illinois Family	Blue Adv. HMO Single	Blue Adv. HMO EE+1	Blue Adv. HMO Family
9/1/2016 - 8/31/2017	\$584.40	\$2,808.00	\$356.40	\$1,716.48	\$336.00	\$2,177.28	\$268.80	\$1,249.92	\$1,638.72
9/1/2017 - 8/31/2018	\$633.41	\$3,043.51	\$386.29	\$1,860.45	\$367.33	\$2,380.29	\$293.86	\$1,3766.46	\$1791.51
Annual Amount Change	\$49.01	\$235.51	\$29.89	\$143.97	\$31.33	\$203.01	\$25.06	\$116.54	\$152.80
Monthly Amount Change	\$4.08	\$19.63	\$2.49	\$12.00	\$2.61	\$16.92	\$2.09	\$9.71	\$12.73

*Preliminary premium impact does not take into consideration fixed cost negotiations, cost containment outcomes, potential relativity study and other variables.

Enrollment Data as of 9/1/16 (Start of Current Plan Year)

Plan Option	2016 Open Enrollment Count	2015 Enrollment Count	Difference	% Change
BA HMO	58	45	13	28.89%
HMOI	254	267	-13	-4.87%
PPO	399	414	-15	-3.62%
HDHP (HSA)	116	90	26	28.89%
Dental	665	674	-9	-1.34%

Medical Plan Enrollment Shift during 9/1 Open Enrollment

New Hire Enrollment as of 9/1/16

PPO to HDHP (HSA) - 11 PPO to HMOI - 6 PPO to BA HMO - 0	HMOI to PPO - 10 HMOI to HDHP (HSA) - 3 HMOI to BA HMO - 1		PPO 19 +3 (Plan Year to Date)	HDHP (HSA) 16 +2 (Plan Year to Date)
HDHP (HSA) to PPO - 3 HDHP (HSA) to HMOI - 0 HDHP (HSA) to BA HMO - 1	BA HMO to PPO - 0 BA HMO to HDHP (HSA) - 0 BA HMO to HMOI - 2		HMOI 4 +2 (Plan Year to Date)	BA HMO 5 +3 (Plan Year to Date)
			Waived: 4 +7 (Plan Year to Date)	