



# Benefits Renewal for 7/1/21 Board Materials

Raytown C-2 School District

March 8, 2021



## SECTION 1

---

# 2021 MEDICAL RENEWAL

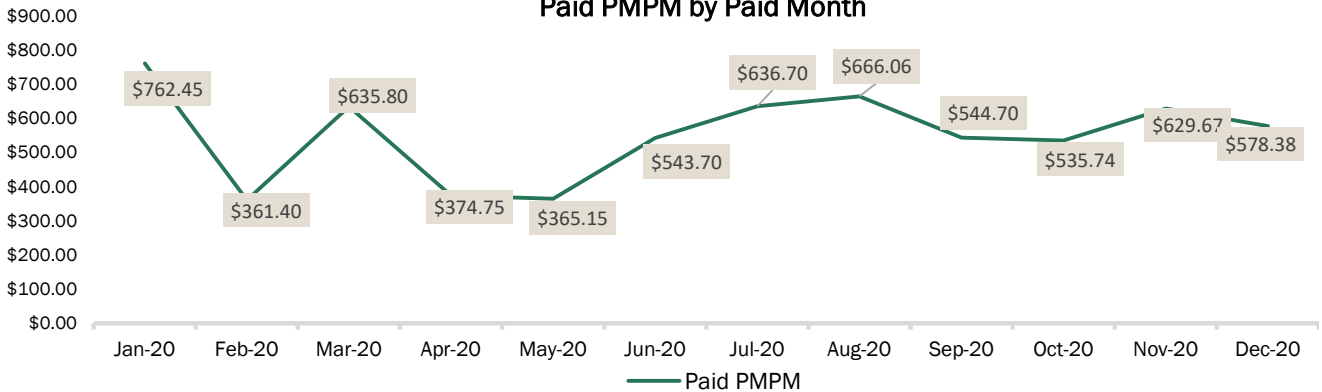
# Claims Dashboard



## Claims Dashboard – Raytown C2 School District January 2020 – December 2020

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

Paid PMPM by Paid Month



January 2020 - December 2020	Paid Medical Claims	Capitlati on	Medical Value Payments	Paid Prescriptl on Drug Claims	Total Paid Claims	Paid PMPM
<b>Summary</b>	<b>\$6,858,432</b>	<b>\$0</b>	<b>\$71,803</b>	<b>\$2,231,861</b>	<b>\$9,162,096</b>	<b>\$553</b>

### HIGH COST CLAIMANTS

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

# Medical Plan Renewal Executive Summary



- The rating period used in the renewal calculation was January 1, 2020 to December 31, 2020. In this timeframe, per member/per month claims have increased by 3% on a gross basis, and 3.6% on a net basis (after pooling)
- In the renewal calculation, BlueKC has included a “load” of 7% to medical claims to account for potential lower claims during the pandemic.
- BlueKC has begun to provide a full, Employee Assistance Program called Mindful as part of their standard package. While this program is available currently, BlueKC has yet to decide how they will charge for this program. We will provide more details as they are available.
- BlueKC’s initial requested increase was 8% but CBIZ was able to negotiate an overall 5% increase to be effective July 1, 2021, with no plan design changes.

# Renewal Maximum



## Raytown Quality Schools

July 1, 2021 Renewal - Maximum

Based on Current Contracts Rates & ACA Estimates

**Uses Enrollment Based Upon Last Month of Experience Period**

**\$250,000 Pooling Point**

<u>BlueKC</u>	<u>Current</u>	<u>Renewal Using Max Claims</u>	<u>% Change</u>	<u>\$ Change</u>	<u>Overall % Change</u>
Aggregate	\$9,770,227	\$10,248,968	4.9%	\$478,741	4.2%
Admin/Access	\$696,764	\$713,956	2.5%	\$17,192	0.2%
Pooling	\$1,095,094	\$1,206,794	10.2%	\$111,700	1.0%
Pharmacy Credit	-\$215,124	-\$231,672	7.7%	-\$16,548	-0.1%
Excise Tax	\$23,286	\$0	-100.0%	-\$23,286	-0.2%
Comparative Effectiveness Fee	\$0	\$3,744	100.0%	\$3,744	0.0%
<b>Illustrative Funding Change</b>	<b>\$11,370,247</b>	<b>\$11,941,790</b>		<b>\$571,543</b>	<b>5.0%</b>

# 2021 Medical Plan Premiums



## \$2,800 BlueSaver QHDHP\*

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

\*Employees that elect the BlueSaver QHDHP during open enrollment for a July 1, 2021 effective date will receive a one-time contribution of \$750 to their UMB Bank Health Savings Account on July 1, 2021.

## \$2,500 PPO Base

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

## \$1,500 PPO Buy-Up

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

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

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





## SECTION 2

---

# 2021 ANCILLARY RENEWALS

# 2021 Ancillary Renewals



## Dental Renewal – Delta Dental (Employee Paid)

- Renewing 7/1/2021 with no increase in rates and no change in benefits

Base	
Employee	\$22.04
Employee + 1	\$42.00
Employee + Family	\$71.78

Buy-Up	
Employee	\$39.73
Employee + 1	\$76.81
Employee + Family	\$119.96

## Vision Renewal – VSP (Employee Paid)

- 7/1/21 is the second year of a 2-year rate guarantee

	Current/Renewal
Employee	\$8.91
Employee + Spouse	\$17.82
Employee + Child(ren)	\$19.07
Employee + Family	\$30.46

## Life Renewals – Standard

- 7/1/21 is the second year of a 2-year rate guarantee
- Board paid Life rate at \$0.125 per \$1,000 of total coverage





# CURRENT PLAN SUMMARIES

# Current Plan Summaries



## BlueKC Plans (In Network)

	\$1000 PPO Base	\$1500 PPO Buy-Up	\$2500 PPO Base	\$2800 BlueSaver QHDHP
<b>Network</b>	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO	Preferred-Care Blue PPO
<b>Deductible</b>				
Individual	\$1,000	\$1,500	\$2,500	\$2,800
Family	\$3,000	\$4,500	\$7,500	\$5,600
<b>Coinsurance (Member Pays)</b>	20%	20%	20%	10%
<b>Out-of-Pocket Maximum*</b>				
Individual	\$5,400	\$5,750	\$6,300	\$4,000
Family <i>(includes deductible, coinsurance &amp; copays)</i>	\$12,750	\$13,100	\$13,200	\$8,000
<b>Raytown Schools Quality Care Clinic</b>				
Preventive Care Visit	Free	Free	Free	Free
Preventive Medication	Free	Free	Free	Free
Non-Preventive Care Visit	Free	Free	Free	\$30 per visit
Non-Preventive Medication	Free	Free	Free	\$8 per medication
Home Delivery Pharmacy	Free	Free	Free	Free
Physical Therapy <i>(See pages 8-10 for details)</i>	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
<b>Office Visit</b>				
Primary Care Physician	\$35 copay	\$35 copay	\$35 copay	Deductible then 10%
Specialist	\$70 copay	\$70 copay	\$70 copay	Deductible then 10%
<b>Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Diagnostics</b>				
Lab and X-ray	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
Major Diagnostics (MRI, CT, PET...)	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
<b>Urgent Care</b>	\$70 copay	\$70 copay	\$70 copay	Deductible then 10%
<b>Emergency Room</b>	\$200 copay then deductible then 20%	\$200 copay then deductible then 20%	\$200 copay then deductible then 20%	Deductible then 10%
<b>Outpatient Surgery</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
<b>Inpatient Hospital Services</b>	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 10%
<b>Prescription Drug</b>				
Tier 1 Generic	\$12	\$12	\$12	Deductible, then \$12
Tier 2 Preferred	\$55	\$55	\$55	\$55
Tier 3 Non-Preferred	\$75	\$75	\$75	\$75
Mail Order (102-day supply)	\$36 / \$165 / \$225	\$36 / \$165 / \$225	\$36 / \$165 / \$225	Deductible, then \$36 / \$165 / \$225

Closed plan

\* Out of Pocket Maximum now includes all copays (medical and prescription drug copays).

# Current Plan Summaries



## Delta Dental Low Dental (In Network)

Delta Dental PPO <sup>SM</sup> Low Plan Features	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non- Participating Dentist
	Based on applicable PPO <sup>SM</sup> Maximum Plan Allowance -- No Balance Billing	Based on applicable Premier <sup>®</sup> Maximum Plan Allowance -- No Balance Billing	Based on applicable Maximum Plan allowance for Non-Participating Dentist -- Dentist Balance Bills
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Bitewing x-rays, two sets per calendar year</li> <li>• Full-mouth x-rays, once in any 3 year period</li> <li>• Periapical x-rays as required</li> <li>• Oral exams (all types), twice per calendar year</li> <li>• Prophylaxis (cleanings), twice per calendar year</li> <li>• Sealants for dependent children under age 15, once per tooth every 3 years, limited to caries-free first and second permanent molars</li> <li>• Fluoride, twice per calendar year for dependents under age 19</li> <li>• Space maintainers, for dependent children under age 16, initial appliance only</li> <li>• Emergency palliative treatment</li> </ul>	100%	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings; restorative services including composite resin (white) and amalgam (silver)</li> <li>• Simple extractions</li> <li>• Surgical extractions and other oral surgery</li> <li>• Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period)</li> <li>• Stainless steel crowns</li> <li>• General anesthesia, in conjunction with a covered surgical procedure</li> </ul>	100%	80%	80%
<b>Calendar Year Deductible</b> (applies to Basic Services only)	\$50 per person / \$150 family limit		
<b>Calendar Year Benefit Maximum</b>	\$1,250 per person		
<b>Dependent Age Limit: End of month following 26<sup>th</sup> birthday</b>			

*This is intended to be a summary only. If a discrepancy occurs the Summary Plan Description will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions.*

# Current Plan Summaries



Delta Dental PPO <sup>SM</sup> High Plan Features	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non-Participating Dentist
	Based on applicable PPO <sup>SM</sup> Maximum Plan Allowance — No Balance Billing	Based on applicable Premier <sup>®</sup> Maximum Plan Allowance — No Balance Billing	Based on applicable Maximum Plan allowance for Non-Participating Dentist — Dentist Balance Bills
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Bitewing x-rays, two sets per calendar year</li> <li>• Full-mouth x-rays, once in any 3 year period</li> <li>• Periapical x-rays as required</li> <li>• Oral exams (all types), twice per calendar year</li> <li>• Prophylaxis (cleanings), twice per calendar year</li> <li>• Sealants for dependent children under age 15, once per tooth every 3 years, limited to caries-free first and second permanent molars</li> <li>• Fluoride, twice per calendar year for dependents under age 19</li> <li>• Space maintainers, for dependent children under age 16, initial appliance only</li> <li>• Emergency palliative treatment</li> </ul>	100%	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings; restorative services including composite resin (white) and amalgam (silver)</li> <li>• Simple extractions</li> <li>• Surgical extractions and other oral surgery</li> <li>• Endodontics: root canal filling and pulpal therapy (same tooth once in 24 month period)</li> <li>• Stainless steel crowns</li> <li>• General anesthesia, in conjunction with a covered surgical procedure</li> </ul>	100%	80%	80%
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Periodontal maintenance, twice per calendar year (this limit is also combined with the prophylaxis limit)</li> <li>• Periodontics: treatment for diseases of gums and bone supporting the teeth (Periodontal surgery is covered once in a 3 year period for the same site) (Scaling and root planning is limited to once in a 2 year period for the same site)</li> <li>• Prosthetics: bridges and dentures, replacements are covered once in a 5 year period but not during the first year of coverage<sup>1</sup></li> <li>• Crowns, inlays and onlays when required for restorative purposes, replacements covered once every 5 years per tooth</li> </ul>	50%	50%	50%
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• For dependent children to age 19 that begin treatment while covered by this plan<sup>2</sup></li> </ul>	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 per person / \$150 family limit		
Calendar Year Benefit Maximum	\$1,250 per person		
Orthodontic Lifetime Maximum	\$1,250 per eligible dependent		
<b>Dependent Age Limit: End of month following 26<sup>th</sup> birthday</b>			

*This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. If a discrepancy occurs the Summary Plan Description will govern.*

<sup>1</sup>The 12-month waiting period for a replacement bridge or denture is waived for all members who enroll in this plan effective 7/1/2015.

<sup>2</sup>Delta Dental will continue providing benefits for orthodontic treatment plans that were covered by the prior carrier and in progress on 7/1/2015. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.

# Current Plan Summaries



## Delta Dental Networks

### DELTA DENTAL PPO<sup>SM</sup> NETWORK

Comprised of a select panel of dentists, over 207,000 dental offices nationwide participate in the Delta Dental PPO<sup>SM</sup> program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPO<sup>SM</sup> dentist. These dentists agree to:

- Accept payment based on the applicable PPO<sup>SM</sup> Maximum Plan Allowance – under this network, fewer dollars accumulate towards your annual benefit maximum, your out-of-pocket expenses are typically less and you are protected from balance billing.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

Your out-of-pocket expenses will be lowest when you see a Delta Dental PPO<sup>SM</sup> dentist.

### DELTA DENTAL PREMIER<sup>®</sup> NETWORK

Comprised of over 292,000 participating dental offices nationwide, Delta Dental Premier<sup>®</sup> offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- Accept payment based on the applicable Premier<sup>®</sup> Maximum Plan Allowance – these dentists have agreed to accept this as payment in full which means you are protected from balance billing.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

The Delta Dental Premier<sup>®</sup> Network offers you cost control and claims filing advantages as noted above. However, your out-of-pocket expenses (deductibles and coinsurance amounts) may be higher with a Premier<sup>®</sup> dentist, based upon your plan design.

### NON-PARTICIPATING DENTIST

If you receive services from a non-participating dentist (does not participate in either Delta Dental network):

- You may be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on Delta Dental's non-participating Maximum Plan Allowance.
- You will be responsible for the difference between the dentist's charge and Delta Dental's non-participating Maximum Plan Allowance.

Your out-of-pocket expenses may be more when you use a non-participating dentist.

# Current Plan Summaries



## VSP Vision Plan (In Network)

	Vision
Network	VSP Signature
Copays - Exams - Prescription Glasses - Lenses Anti-reflective Standard progressive lenses Premium progressive lenses Custom Progressive lenses - Contacts - Diabetic Eyecare Plus Program	\$10 \$25 \$35 \$0 \$80 - \$90 \$120 - \$160 Up to \$60 \$20
Frequency Limitations Exams Lenses Frames  Diabetic Eyecare Plus Program	Every 12 months Every 12 months Every 24 months  (12 months for children under the age 18) As needed
Allowances - Frames Wide selection Featured frame brands - Contact Lenses	\$130 \$150 20% off amount over allowance \$130
Extra Discounts - Additional Glasses or Sunglasses - Laser Vision Correction - Featured Frame Brands - Costco, Walmart, Sam's Club	20 – 30% off 5 – 15% off Extra \$20 allowance \$70



# Current Plan Summaries



## Group Term Life with AD&D



The District provides a basic \$15,000 term life insurance with accidental death and dismemberment (AD&D) benefit at no cost if you are an active employee working 10 or more hours per week. Please be sure your beneficiary information is up to date for all life insurance coverage.

## Supplemental Term Life with AD&D

Employees who want to supplement their District paid basic life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. You can purchase coverage as follows:

- **Employee:** You may purchase coverage in units of \$10,000 to a maximum of \$200,000 without medical questions. Coverage over these amounts to a maximum of \$500,000 is available with medical questions. Your coverage may not exceed 6 times your annual earnings.
- **Spouse:** You may purchase coverage for your eligible spouse in units of \$5,000 to a maximum of \$25,000 without medical questions. Coverage over these amounts to a maximum of \$250,000 is available with medical questions. Spousal coverage may not exceed 100 percent of your additional life coverage.
- **Children:** You may purchase coverage for your eligible children between the ages of birth and the end of the month in which they turn 26 in the amount of \$10,000.

## Supplemental Term Life with AD&D Employee Costs

Employee Coverage

Employee's Age As of July 1, 2019	Rate (per \$1,000 of total coverage)
< 25	\$0.070
25 - 29	\$0.076
30 - 34	\$0.082
35 - 39	\$0.101
40 - 44	\$0.137
45 - 49	\$0.198
50 - 54	\$0.296
55 - 59	\$0.467
60 - 64	\$0.613
65 - 69	\$1.028
70 - 74	\$1.815
75 +	\$3.092

Spousal Coverage

Employee's Age As of July 1, 2019	Rate (per \$1,000 of total coverage)
< 25	\$0.070
25 - 29	\$0.076
30 - 34	\$0.082
35 - 39	\$0.101
40 - 44	\$0.137
45 - 49	\$0.198
50 - 54	\$0.296
55 - 59	\$0.467
60 - 64	\$0.613
65 - 69	\$1.028
70 - 74	\$1.815
75 +	\$3.092

Child(ren) Coverage monthly rate is \$0.90 for \$10,000 regardless of the number of eligible children covered.