

City of West Allis



Prepared for:



December 7, 2020

Agenda

City of West Allis - December 7, 2020



- Renewal Updates
 - Medical Budget
 - Rates
- Family Savings Plan Reporting
- Go365 Utilization Update

City of West Allis

Medical Renewal Projection for 3/1/2021, Entire Group

3/1/2021 Entire Group

Medical & Rx

Medical/Rx Paid Claims 11/1/2018 - 10/31/2019	\$11,945,338	Fixed Costs:			
Less Claims over Specific and Rx Rebates	-\$1,747,656	Medical Administration WCIC	649	\$70.73	\$45,904
Claims Less Reimbursements	\$10,197,682	Medical Administration Anthem	12	\$71.52	\$858
Trend 29 months at 10% Annually	1.142	Rx Administration Fees			\$6,278
Weight	20%	Specific Stop Loss	661	\$123.49	\$81,627
Weighted Claims Less Reimbursements	\$2,328,471	Aggregate Stop Loss	661	\$3.66	\$2,422
Medical/Rx Paid Claims 11/1/2019 - 10/31/2020	\$10,211,978	PCORI (Annual)	1,749	\$2.54	\$53,310
Less Claims over Specific and Rx Rebates	-\$1,098,331	Total Fixed Fees (Monthly)			\$141,532
Claims Less Reimbursements	\$9,113,647	Total Fixed Fees (Annual)			\$1,698,382
Trend 17 months at 5% Annually	1.071	<i>Firm Increases: +2.5% Medical, Rx Administration 0%; Initial Increases: +8.9% Specific Stop Loss, +5% Aggregate Stop Loss</i>			
Weight	80%	Health Plan Funding:			
Weighted Claims Less Reimbursements	\$7,807,357	Actives			\$774,291
24 Months Total Claims Experience	\$10,135,828	Retirees			\$359,796
Plan Change Factor Adjustment (-5% 10/1/2019-9/30/2020)	-\$390,368	Total Annual Funding			\$13,609,044
COVID Adjustment (+7.5% 10/1/2019-9/30/2020)	\$585,552				
Stop Loss and Admin Fixed Costs	\$1,698,382				
Additional Fixed Fees:	\$334,000				
Healthcare Reform, HSA Contributions, Wellness Labor/Benefits, Health Risk Assessments, Medical Supplies, Other Expenses, etc.					
HealthJoy	\$54,000				
Estimated Claims plus Expenses	\$12,417,394				
Income at Current Rates	\$13,609,044				
Percent of Change	-8.76%				
Dollar change	-\$1,191,650				

Last Updated 12/1/2020

Notes and Assumptions:

Current budget numbers do not account for plan design changes and the impact to claims.

Additional fixed fees have not been increased from the 2020 calculation. Fixed fees for Go365 and its rewards are not included in the additional fixed fees total.

Enrollment totals used to calculate plan income/funding and monthly fixed fees are based on October 2020 enrollments by plan and tier provided by Teemwurk.

City of West Allis

March 1, 2021 Employer/Employee Contributions - 0.0% Increase to Medical, Dental, & Vision Rates

Preliminary

Last Updated: 12/01/2020

HEALTH INSURANCE RATES - MONTHLY BY TIER		2021 Monthly Premium	Employee Premium Share- FT	Employee Premium Share - .5 FTE	Employee Premium Share - .6 FTE	Employee Premium Share - .7 FTE	Employee Premium Share - .75 FTE	Employee Premium Share - .8 FTE	Employee Premium Share - .9 FTE	Employee Premium Share - .95 FTE
2020 PPO w/ HRA 12% - All Except Police	12%			0.5	0.6	0.7	0.75	0.8	0.9	0.95
Employee Only		\$762.00	\$91.44	\$426.72	\$359.66	\$292.61	\$259.08	\$225.55	\$158.50	\$124.97
Employee + 1		\$1,492.00	\$179.04	\$835.52	\$704.22	\$572.93	\$507.28	\$441.63	\$310.34	\$244.69
Family		\$2,186.00	\$262.32	\$1,224.16	\$1,031.79	\$839.42	\$743.24	\$647.06	\$454.69	\$358.50
2020 PPO w/ HRA 14%-Police	14%									
Employee Only		\$762.00	\$106.68	\$434.34	\$368.81	\$303.28	\$270.51	\$237.74	\$172.21	\$139.45
Employee + 1		\$1,492.00	\$208.88	\$850.44	\$722.13	\$593.82	\$529.66	\$465.50	\$337.19	\$273.04
Family		\$2,186.00	\$306.04	\$1,246.02	\$1,058.02	\$870.03	\$776.03	\$682.03	\$494.04	\$400.04
2020 PPO w/o HRA 20%	20%									
Employee Only		\$762.00	\$152.40	\$457.20	\$396.24	\$335.28	\$304.80	\$274.32	\$213.36	\$182.88
Employee + 1		\$1,492.00	\$298.40	\$895.20	\$775.84	\$656.48	\$596.80	\$537.12	\$417.76	\$358.08
Family		\$2,186.00	\$437.20	\$1,311.60	\$1,136.72	\$961.84	\$874.40	\$786.96	\$612.08	\$524.64
2020 HDHP w/ HRA 12% - All Except Police	12%									
Employee Only		\$973.00	\$116.76	\$544.88	\$459.26	\$373.63	\$330.82	\$288.01	\$202.38	\$159.57
Employee + 1		\$1,908.00	\$228.96	\$1,068.48	\$900.58	\$732.67	\$648.72	\$564.77	\$396.86	\$312.91
Family		\$2,792.00	\$335.04	\$1,563.52	\$1,317.82	\$1,072.13	\$949.28	\$826.43	\$580.74	\$457.89
2020 HDHP w/ HRA 14% - Police	14%									
Employee Only		\$973.00	\$136.22	\$554.61	\$470.93	\$387.25	\$345.42	\$303.58	\$219.90	\$178.06
Employee + 1		\$1,908.00	\$267.12	\$1,087.56	\$923.47	\$759.38	\$677.34	\$595.30	\$431.21	\$349.16
Family		\$2,792.00	\$390.88	\$1,591.44	\$1,351.33	\$1,111.22	\$991.16	\$871.10	\$630.99	\$510.94
2020 HDHP w/o HRA 20%	20%									
Employee Only		\$973.00	\$194.60	\$583.80	\$505.96	\$428.12	\$389.20	\$350.28	\$272.44	\$233.52
Employee + 1		\$1,908.00	\$381.60	\$1,144.80	\$992.16	\$839.52	\$763.20	\$686.88	\$534.24	\$457.92
Family		\$2,792.00	\$558.40	\$1,675.20	\$1,451.84	\$1,228.48	\$1,116.80	\$1,005.12	\$781.76	\$670.08
DENTAL INSURANCE RATES-MONTHLY										
		2021 Monthly Premium	Employee Premium Share- FT	Employee Premium Share - .5 FTE	Employee Premium Share - .6 FTE	Employee Premium Share - .7 FTE	Employee Premium Share - .75 FTE	Employee Premium Share - .8 FTE	Employee Premium Share - .9 FTE	Employee Premium Share - .95 FTE
Standard - Anthem				0.5	0.6	0.7	0.75	0.8	0.9	0.95
Employee		\$37.00	\$0.00	\$18.50	\$14.80	\$11.10	\$9.25	\$7.40	\$3.70	\$1.85
Family		\$105.00	\$0.00	\$52.50	\$42.00	\$31.50	\$26.25	\$21.00	\$10.50	\$5.25
Care Plus										
Employee		\$35.96	\$0.00	\$17.98	\$14.38	\$10.79	\$8.99	\$7.19	\$3.60	\$1.80
Family		\$110.62	\$0.00	\$55.31	\$44.25	\$33.19	\$27.66	\$22.12	\$11.06	\$5.53
VISION INSURANCE RATES-MONTHLY										
		2021 Monthly Premium	Employee Premium Share- FT	Employee Premium Share - .5 FTE	Employee Premium Share - .6 FTE	Employee Premium Share - .7 FTE	Employee Premium Share - .75 FTE	Employee Premium Share - .8 FTE	Employee Premium Share - .9 FTE	Employee Premium Share - .95 FTE
Superior - Employer Sponsored/Employee Paid				0.5	0.6	0.7	0.75	0.8	0.9	0.95
Employee		\$5.95	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95	\$5.95
Family		\$16.21	\$16.21	\$16.21	\$16.21	\$16.21	\$16.21	\$16.21	\$16.21	\$16.21

City of West Allis

Family Savings Plan Savings Summary

Family Savings Plan Savings Summary	
March - August 2020	
Actives	
Total Subscribers	14
Total Enrollees	53
Premium Equivalent Savings	\$139,658
Family Savings Plan Costs	\$37,979
Net Savings	\$101,679
Shared Savings Fee	\$35,588
Total Savings Actives	\$66,091
Avoid Claims	\$94,031
Retirees	
Total Subscribers	4
Total Enrollees	9
Premium Equivalent Savings	\$41,975
Family Savings Plan Costs	\$831
Net Savings	\$41,144
Shared Savings Fee	\$14,400
Total Savings Retirees	\$26,744
Avoided Claims	\$3,168
Actives & Retirees	
Total Subscribers	18
Total Enrollees	62
Premium Equivalent Savings	\$181,633
Family Savings Plan Costs	\$38,810
Net Savings	\$142,823
Shared Savings Fee	\$49,988
Overall Savings Entire Group	\$92,835
Total Avoided Claims	\$97,199

March 1, 2021 - Renewal Update

Per Employee Per Month (PEPM) Fee of \$25 & Shared Savings Fee of 35% guaranteed until 2/28/2022

City of West Allis

Go365 Engagement Calculations

November 30, 2020 Go365 Engagement

Go365 Engagement Thresholds		
Current Total Subscribers	326	
Current Subs BLUE	52	16%
Current Subs BRONZE	91	28%
Current Subs SILVER	81	25%
Current Subs GOLD	39	12%
Current Subs PLATINUM	63	19%

Key Program Completion		
Health Assessment Completion	244	75%
Biometric Screening Completion	201	62%

March 1, 2021 - Renewal Update

Per Member Per Month (PMPM) Fee Decreasing \$0.05 PMPM

2020 - \$4.04

2021 - \$3.99



HORTON