PARMA CITY SCHOOLS DISTRICT

MINUTES

INSURANCE COMMITTEE MEETING

04-11-2023

Meeting called to order at 1:30 p.m.

Financials

 Sean discussed the Financials for the Insurance Fund. The fund balance as of 2/28/2023 was \$6,196.686.60

Wellness

• Cheryl Meriwether discussed the different wellness programs held during the week.

Oswald

• Oswald provided their monthly financial update. They recommended switching to Delta Dental for dental coverage. Also, they discussed stop loss options for next year.

Meeting was adjourned at 1:50 p.m.

Next meeting: 05/09/2023

Insurance Fund Balances at the End of the Month

·	FY2023	FY2022	FY 2021	FY 2020
July	5,645,206.14	5,558,392.85	5,573,815.38	5,433,836.70
August	5,085,511.73	5,191,023.25	5,147,981.24	4,854,018.56
September	5,032,417.99	5,316,651.75	4,994,762.70	4,913,615.37
October	5,258,602.12	4,825,201.69	4,874,579.62	4,931,366.00
November	5,428,852.68	4,767,091.73	5,197,410.84	4,581,131.85
December	5,640,123.51	4,895,542.80	5,606,006.57	4,383,919.56
January	5,889,230.01	5,150,539.91	5,637,525.80	4,694,488.51
February	6,187,087.46	5,425,134.16	6,234,559.58	4,729,110.00
March	6,196,686.60	5,491,269.67	6,312,470.98	4,611,370.67
April		5,197,783.64	5,644,422.93	4,804,538.54
May		5,737,002.57	5,627,511.97	5,539,052.32
June		6,795,523.85	6,670,919.06	6,256,702.07

We	ekly Claims Excluding	Monthly MMO Admin F	ee
Week Ending	Medical Mutual	Express Scripts	Weekly Total
04/07/23	302,278.74	94,976.49	397,255.23
03/31/23	353,851.69	96,260.21	450,111.90
03/24/23	285,937.59	114,106.20	400,043.79
03/17/23	278,294.82	69,273.34	347,568.16
03/10/23	289,017.21	98,689.65	387,706.86
03/03/23	361,906.48	152,103.61	514,010.09
02/24/23	250,183.70	108,806.36	358,990.06
02/17/23	281,289.49	121,727.16	403,016.65
02/10/23	274,623.99	65,307.03	339,931.02
02/03/23	305,062.31	111,496.28	416,558.59
01/27/23	219,821.74	158,301.16	378,122.90
01/20/23	323,070.61	111,869.77	434,940.38
01/13/23	307,321.91	109,054.73	416,376.64
01/06/23	342,396.90	47,929.77	390,326.67
12/30/22	290,633.36	116,657.56	407,290.92
12/23/22	225,319.65	107,275.84	332,595.49
12/16/22	332,336.52	98,621.62	430,958.14
12/09/22	349,391.20	88,079.10	437,470.30
12/02/22	274,615.95	160,824.04	435,439.99
11/25/22	256,512.73	128,176.67	384,689.40
11/18/22	394,792.54	94,562.10	489,354.64
11/11/22	272,835.21	81,038.45	353,873.66
11/04/22	335,360.41	113,100.29	448,460.70
10/28/22	245,711.26	145,120.38	390,831.64
10/21/22	420,609.63	82,201.71	502,811.34
10/14/22	261,303.70	62,514.18	323,817.88
10/07/22	275,084.68	120,119.94	395,204.62

Total FYTD

		7
682.934.89 1,525.545.89 164.208.57 2,023-61 3,094.14 10,083.00	(598,837.25) 12,934,662.48 3,672,422.92 63,481.60	Total FYTD 2,506,083.97 97,064.95 15,352.904.84 2,725.25 18,459,609.85 19,058,447.10
Fixed Costs & Other Administration fee Stop Loss Premiums Consultant/Legal Fees Subrogation Health Fair/Wellness ACA Fees Misc	(598,837.25) Reserve Gainf(Loss) Claims (,934,662.48 Medical (,672,422.92 Prescription (53.481.60 Vision	Premiums Employees Vision - Emp Board of Education Vision - BOE Misc Total Revenue
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\$ 6,670,919.06 \$ 6,256,702.07 \$ 6,489,027.19 \$ 5,348,945.39 \$ 4,789,522.57 \$ 2,982,710.77 \$ 3,350,780.19 \$ 5,786,969.17 \$ 5,796,379.40 \$																ums	Premiums	
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2021 2020 2019 2019	2014		2015	2016		2017	2018	2019	2020		2021	1	2022	1	2023	rear	HSCal Year	02/28/23
Page 1			Page 1													1	•	

Health Care Committee Meeting

April 11, 2023

Tom Sigman Tracie Collins Ron Boynar

We See Risk So You See Opportunity



oswald

A UNISON RISK ADVISORS Company

-inancia Update



Oswald Monthly Report

(\$1,69)	\$1 988 167	(\$2,080,990)													Grand Total
\$21,169	\$2,161,585	\$25,938,993	\$1,966,059	\$2,376,961	\$2,115,857	\$2,380,838	\$2,300,940	\$1,794,509	\$2,275,415	\$2,443,859	\$2,721,314	\$1,989,020	\$2,289,550	51,784,670	(lotal cost
\$1.	\$201,295	\$2,415,546	\$202,015	\$201,879	\$201,562	\$200,927	\$202,106	\$202,285	\$202,332	\$202,558	\$201,424	\$200,971	\$197,974	\$199,513	Fees/Premium
\$19,1	\$1,960,287	\$23,523,447	\$1,764,045	\$2,175,082	\$1,914,295	\$2,179,910	\$2,098,834	\$1,592,224	\$2,073,084	\$2,241,300	\$2,019,891	\$1,788,049	\$2,091,576	\$1,585,157	Total Claims
50	(\$83,420)	(\$1,001,040)	(594, 134)	(594,134)	(\$94,134)	(587,443)	(\$87,443)	(587,443)	(\$62,197)	(562,197)	(562,197)	(\$39,906)	(309 685)	(309,685)	RX Rebates
\$4.	\$444,173	\$5,330,079	\$434,807	\$505,117	\$366,738	\$457,706	\$454,543	\$393,150	\$519,702	\$461,037	\$415,848	\$455,414	\$439,425	\$426,594	Prescription Claims
\$15.0	\$1,599,534	\$19,194,408	\$1,423,372	\$1,764,099	\$1,641,691	\$1,809,647	\$1,731,735	\$1,286,517	\$1,615,579	\$1,842,460	\$1,666,240	\$1,422,541	\$1,742,057	51,248,470	Medical Claims
	Average	Total	Jun 22	May 22	Apr 22	Mar 22	Feb 22	Jan 22	Dec 21	Nov 21	Oct 21	Sep 21	Aug 21	Jul 21	

Subscribers Medical/Rx	1,208	1,200	1,224	1,226	1,234	1,233	1,231	1,232	1,225	1,229	1,231	1,231	14,704	1,225	
Medical/Rx Claim PEPM	\$1,312.22	\$1,742.98	\$1,460.82	\$1,647.55	\$1,816.29	\$1,681.33	\$1,293,44	\$1,703,60	\$1,779.52	\$1,557.60	\$1,766.92	\$1,433.02		\$1,600	\$19,198
		9													
Claims Experience - Current Year	rent Year														
	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Total	Average	PE
Medical Claims	\$1,304,600	\$1,912,095	\$1,553,556	\$1,445,212	\$1,297,010	\$1,393,691	\$1,562,052	\$1,159,747					\$11,627,963	\$1,453,495	\$14.567
Prescription Claims	\$400,384	\$509,000	\$461,854	\$439,359	\$514,833	\$407,282	\$508,632	\$445,701					\$3,687,045	\$460.881	54.61
Rx Rebates	(\$96,971)	(17.6 965)	(596,971)										(\$290 914)	1570 265	3536
Total Claims	\$1,608,012	52,324,124	\$1,918,439	\$1,884,571	\$1,811,843	51,800,973	\$2,070,684	\$1,605,448					\$15,024,094	\$1,817,405	518.82
Fees/Premium	\$221,497	5219,180	\$214,945	\$217,217	\$217,926	\$218,076	\$218,479	5218,328					\$1,745,648	\$218,206	52,18
Total Cost	\$1,829,509	\$2,543,304	\$2,133,383	\$2,101,788	\$2,029,769	\$2,019,050	\$2,289,163	\$1,823,776					\$16,769,742	\$2,096,218	\$21.00
Reimbursed Claims Grand Total													[\$722,448] \$16,047,294	\$2,005.912	(5905 520,103

				Current Prior		tal Cost		edical/lox claim PERM	bscribers Medical/Rx
	50	\$500,000	51,000,000	51,500,000	\$2,000,000 \$1,829,509	\$2,500,000	\$3,000,000	YES	I/R×
Jut				\$1,784,670	\$1,829,509			\$1,532.24	1,207
Aug					\$2,289,550		20 673 904	\$1,938,39	7 1,199
Sep				\$2,989,020		\$2,133,383	eriadihireanananinganji Borboroa Paah	\$1,628.56	1,178
Oct					221,3	\$2 101 788	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	\$1,579,69	1,193
Nov					4 12,019,75% 443,839,2,019,05			\$3,509.87	1,200
Dec					\$2,275,415		THE RESERVE OF THE PERSON NAMED IN CO.	\$3,500.81	1,200
Jan				\$1,794,509	SI.	\$2,289,163	PRINCIPLE DISTRICT PRODUCTION AND ADDRESS OF THE PRINCIPLE AND ADDRESS OF	\$1,724,13	1,201
Feb					\$1,823,757,300,940		***************************************	\$1,336.76	1,201
Mar	SO				\$2,380,838				
Apr	\$0			on an alpha	<>> 116.847				
Ve/V	50				\$2,376,961		desident desident desident per Martin desident des desident deside		
Jun	50			520,886,15			and the second of the Police of the second or the second		
Average					25,030,210	22005	All deliberations and the constitution of the	\$1,569	9,579 1,197
							- Bernard and the second section of the second seco	\$18,821	



Oswald Monthly Report (cont.)



Plan Information	
Insurer/Medical	OWW
R.	ESI
Contract Type	Self-Insured
Specific Stop-Loss Coverage	Medical/Rx
Specific Stop-Loss Deductible	\$200,000
Aggregate Stop-Loss Coverage	Medical/Rx
Aggregate Stop-Loss Corridor	115%

Due to reporting limitations, reimbursements are shown on medical claims only. The stop loss contract covers both medical and Rx claims so accord reimbursements may differ.

Year to Date Actual vs Budgeted Plan Cost	geted Plan Cost														
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Total	Average	Yead
Budget Plan Cost	\$2,095,738	\$2,081,848	\$2,045,385	\$2,071,430	\$2,085,584	\$2,083,584	\$2,085,320	\$2,085,320					\$16,632,209	\$2.079.026	\$20.836
Actual Plan Cost	\$1,829,509	\$2,543,304	\$2,133,383	\$2,101,788	\$2,029,769	\$2,019,050	\$2,289,163	\$1,823,776					\$16,047,294	\$2,096,218	\$20,103
% Actual to Budget	87.3%	122.2%	104.3%	101.5%	97.4%	96.9%	109.8%	87.5%					96.5%	,	
% to Budget 25%	<i>3</i> 7	22.2%						The state of the s	and and the states of the stat	and the part of their sector s					
20%	*														****
15%	3K														
10%	3₹ 						9.8%								
5%	34		4.3%	1 5%											
95	is.								0.0%	6.0%	940.0	0.0%			-
-5%	34				-2.6%	-3.1%							9 257		
-10%	K												-		
-15%	* -12.7% Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 29	-12.5% Feb 23	Mar 13	PC 24	May 72	- - - - -	d i		
		-							and the second s				- 1		



Dental RFP

Preliminary Results



Dental RFP | Carrier Response

Complete	×	Delta Dental
Complete	×	Medical Mutual
Complete	×	Cigna
Complete	×	Principal
Complete	×	Guardian
Incumbent	×	MetLife
Complete	×	Unum
Complete	×	Lincoln
Response	Dental	Carrier



Dental RFP | Financial Summary

Dollar Savings to current [renewal	Variance to current/renewal	Annual Premium	Dental
		\$1,147,390	Incumbent - MetLife Incumbent - MetLife Current Renewal
-\$34,381	-3%	\$1,113,009	Incumbent - MetLife Renewal
-\$28,445 \$5,936 \$0 \$34,381 -\$69,859 -\$35,479 \$111,304 \$145,685 \$0 \$34,381 -\$114,850 -\$80,469 -\$125,595 -\$91,214	-2%	\$1,118,945	Linco
\$5,936	1%	945	5
Şo	0%	\$1,147,390	Uni
\$34,381	3%	7,390	ā
-\$69,859	-6%	\$1,077,530	Guard
-\$35,479	-3%	,530	lian
\$111,304	10%	\$1,258,693	Princ
\$145,685	13%	,693	ipal
\$0	0%	\$1,147,390	Cigna
\$34,381	3%	7,390	na
-\$114,850	-10%	\$1,032,540	Medical Mutual (Superior Dental Care
-\$80,469	-7%	,540	Mutual ental Care)
-\$125,595	-11%	\$1,021,795	Delta Denta
-\$91.214	-8%	1,795	Dental

Total	Incumbent - MetLife Incumbent - MetLife Current Renewal	Incumbent - MetLife Renewal	Lincoln	oln	Ę	Unum	Guardiar	dian	Prin	Principal	Ð	Cigna	Medical Mutua (Superior Dental C	Medical Mutual (Superior Dental Care)	Delta Denta	Dental
Total Annual Premium	\$1,147,390	\$1,113,009	\$1,118,945	3,945	\$1,14	\$1,147,390	\$1,077,530	7,530	\$1,25	\$1,258,693	\$1,14	\$1,147,390	\$1,032,540	2,540	\$1,021,795	1,795
Variance to current renewal		-3%	-2%	1%	0%	3%	-6%	-3%	10%	13%	0%	3%	-10%	-7%	-11%	-8%
Dollar Savings to current/renewal		-\$34,381	-\$28,445 \$5,936	\$5,936	\$0	\$0 \$34,381	-\$69,859	-\$35,479	\$111,304	\$111,304 \$145,685 \$0 \$34,381 -\$114,850 -\$80,469 -\$125,595 -\$91,214	\$0	\$34,381	-\$114,850	-\$80.469	-\$125.595	-\$91



Disruption – Network Overview

Carrier/Network	# of Providers	% of Total	Billed Claims	% of Total	Paid Claims	% of Total
Totals	581		\$1,883,483		\$923,468.64	
Met ifo (Inclimbent)	2000	670/	¢1 200 02E 71	7007	¢ 000 01	O TOY
lincoln	181	31%	\$770 181 GO	110%	\$377 066 57	7005
Unum	359	62%	*I Inable to provide	rovide	\$536,862,16	58%
Guardian	439	76%	\$1,498,843.09	80%	\$677,774.14	73%
Principal	421	72%	\$1,440,376.89	76%	\$634,239.25	69%
Cigna	409	70%	\$1,421,399.60	75%	\$662,156.89	72%
Medical Mutual	383	66%	\$1,366,865.89	73%	\$595,117.97	64%
Delta Dental PPO	383	66%	\$1,192,135.83	63%	\$534,281.98	58%
Delta Dental Premier	198	34%	\$389,332.97	21%	\$246,141.85	27%



Stop Loss RFP

Preliminary Results



Stop Loss RFP | Carrier Response

Not An Approved TPA/Network	Declined	Wellpoint Stop Loss
Uncompetitive Rates	Declined	Voya Financial
Adverse Large Claims History	Declined	Tokio Marine HCC
Uncompetitive Rates	Declined	Symetra
	Quoted - Contingent	Swiss Re
Uncompetitive Rates	Declined	Sun Life Financial
Adverse Large Claims History	Declined	QBE A&H
Uncompetitive Rates	Declined	Optum
Uncompetitive Rates	Declined	ISU, a division of Companion Life Insurance Company
Uncompetitive Rates	Declined	Granular Insurance Company
Adverse Large Claims History	Declined	Berkshire Hathaway Specialty Insurance Company
Insufficient Experience Available	Declined	Berkley Accident and Health
Uncompetitive Rates	Declined	AccuRisk Solutions, LLC
Response	Dental	Carrier



Stop Loss RFP

Total Annual Premium/Fees Change from Current (\$) Change from Current (%)	Aggregate Stop-Loss (ASL) En Fa An	Individual Stop-Loss (ISL) En Fa An	Commission Stop-Loss Premium (Fixed Cost)	Status	Aggregate Accommodation Retirees Covered	Terminal Liability Option Provision	Minimum Annual Attachment Point Run-In / Run-Out Limit	Coverages Included	Contract Basis	Deductible Corridor	Angregate Stop-I oss (ASI) Terms	Retirees Covered	Experience Refund Provision		Plan Mirroring Provision	Premium Rate Cap at Renewal Provision	Terminal Liability Option Provision	Coverages included	Contract Basis	Separate Laser Liabilities	Deductible Accumulation	Individual Stop-Loss (ISL) Terms Deductible	ASO/TPA Provider Network	Stop-Loss Cerrier and Financial Rating	Stop-Loss Market	Stan Logo Tormo
	Employee Only 564 Family 666 Annual Premium Subtotal 1,230	Employee Only 564 Family 666 Annual Premium Subtotal 1,230	Lives													on .										
\$2,085,843.60	564 \$4.44 666 \$11.69 ,230 \$123,476.40	564 \$69.79 666 \$186.44 ,230 \$1,962,367.20	0.00%	Current	No	Not Included	\$28,739,436 \$0	Medical;Prescription Drugs	12/12	115%		No	Not included		Not included	Not included	Not included	Medical;Prescription Drugs	12/12	Unlimited	Per Individual	\$200,000	Medical Mutual of Ohio SuperMed Plus	Medical Mutual of Ohio:	Medical Mutual of Ohio	Correct
\$2,417,158.80 \$331,315.20 15.88%	\$4.50 \$11.85 \$125,161.20	\$81.51 \$217.76 \$2,291,997.60	0.00%	Quoted - Contingent	Annual	Not Included	\$29,091,315 \$0	Medical;Prescription Drugs	12/12	115%		No	Not included	document approval	included; Subject to plan	Not included	Not included	Medical; Prescription Drugs	12/12	rending Disclosure	Per Individual	\$200,000	Medical Mutual of Ohio SuperMed Plus	Medical Mutual of Ohio:	Medical Mutual of Ohio	Description
\$3,051,396.72 \$965,553.12 46.29%	\$6.40 \$6.40 \$94,464.00	\$112.72 \$274.53 \$2,956,932.72	0.00%	Quoted - Contingent	Annuai No	Not Included	\$31,483,297 \$5,037,300	Medical;Prescription Drugs	24/12	125%		No	Not included	document approval	Included; Subject to plan	Not included	Not included	Medical;Prescription Drugs	24/12	Pending Disclosure	Per Individual	\$200,000	Medical Mutual of Ohio SuperMed PPO	Swiss Re Corporate Solutions America Insurance Corporation: A+	Swiss Re	Ordina 4
\$2,694,358.80 \$608,515.20 29,17%	\$6.51 \$6.51 \$96,087.60	\$97.36 \$242.66 \$2,598,271.20	0.00%	Quoted - Contingent	Annual No	Not included	\$32,066,946 \$5,130,700	Medical; Prescription Drugs	24/12	125%		No	Not Included	document approval	Included; Subject to plan	Not included	Not included	Medical; Prescription Drugs	24/12	Pending Disclosure	Per Individual	\$225,000	Medical Mutual of Ohio SuperMed PPO	Swiss Re Corporate Solutions America Insurance Corporation: A+	Swiss Re	Option 9
\$2,354,703.84 \$288,860.24 12.89%	\$6.61 \$6.61 \$97,563.60	\$83.74 \$211.51 \$2,257,140.24	0.00%	Quoted - Contingent	No	Not included	\$32,624,474 \$5,219,900	Medical;Prescription Drugs	\$1,000,000	125%		No	Not Included	document approval	included; Subject to plan	Not Included	Not included	Medical; Prescription Drugs	24/12	Pending Disclosure	Per Individual	\$250,000	Medical Mutual of Ohio SuperMed PPO	Swiss Re Corporate Solutions America Insurance Corporation: A+	Swiss Re	Ortion 3



2023 Calenda



2023 PCSD Service Calendar | Q1 & Q2



Q1 2023			Q2 2023		
JANUARY	FEBRUARY	MARCH	APRIL	MAY	NUL
• Enrollment	 Monthly financials (Dec) 	 Monthly financials (Jan) 	 Monthly financials (Feb) 	 Monthly financials (Mar) 	• 7
eligibility/enrollment review	 Wellness Update w People One Oswald 	Preliminary FY24 projection	Current state	Revised Projection FY23	

Meetings	Compliance	Strategy/ Reporting	
HC Committee 1/10		 Enrollment eligibility/enrollment review Monthly financials (Nov.) MMO Meeting 	JANUARY
HC Committee 2/14		 Monthly financials (Dec) Wellness Update w People One & Oswald 	FEBRUARY
• HC Committee 3/14	 CMS Disclosure Due (3/1) 1095 Distribution Deadline (3/2) 1094 Filing Deadline if filing electronically (3/31) 	 Monthly financials (Jan) Preliminary FY24 projection 	MARCH
 HC Committee 4/11 		 Monthly financials (Feb) Current state assessment/strategy meeting MetLife Marketing Results 	APRIL
• HC Committee 5/9		 Monthly financials (Mar) Revised Projection FY23 Healthcare Innovation 	MAY
HC Committee 6/13		 Monthly financials (April) 	JUNE

To be refined on an ongoing basis



Appendix



Dental RFP

Variance to current Variance to renewal	RENEWA	RENEWA	2000	CHRREN			Employee & Family	Employee Only	Rate Summary	2	70			Out of				9									Deductible -						
nt val	RENEWAL: Total Annual Premium	RENEWAL Total Monthly Premium		CHRRENT: Total Annual Premium	Annu	Month		1	Admin- ary Certified EEs	Rate Guarantee / Rate Caps	Participation Requirement	Employer	Maxim	Out of Network Reimbursement			Periodoni	Periodontics - Non-Surgical		Orth	Ort	0	3		Preven	Annu	Deductible - Calendar Year or Lifetime	Walved fo	Famil	Individua			c
	al Premium	hly Premium	al Figure	Premium	Annual Premium	Monthly Premium	221	240	Classified EEs	/ Rate Caps	equirement	Employer Contribution	Maximum Rollover	nbursement	Implants	Oral Surgery	Periodontics - Surgical	Non-Surgical	Endodontics	Ortho Maximum	Ortho Age Limit	Ortho - Type 4	Major - Type 3	Basic - Type 2	Preventive - Type 1	Annual Maximum	r or Lifetime	Walved for Preventive	Family Deductible	Individual Deductible			Carrier Name
				-	\$786,999	\$65,583	\$108.47	\$42.49	Current	1 year	Assume	Contributory	Not in	90th UCR	60%	80%	80%	80%	80%	\$1,	Adult & (60%	60%	80%	100%	\$2	Caleno		\$75	\$25	In Network	Admin- Emp	
	\$1,113,009	\$92,751	065'741'TE	919'565	\$763,428 \$360,390	\$63,519	\$105.22	\$41.22	Renewal	ear	Assumes current	butory	Not included	UCR	60%	80%	80%	80%	80%	\$1,000	Adult & Child(ren)	60%	60%	80%	100%	\$2,000	Calendar Year	Yes	\$75		Out of Network	Admin-Certified Employees	Current
-3%	3,009	751	7,290	919	\$360,390	\$30,033	\$99.72	\$33.31	Current	2 years; 6% rate cap year 3	Assumes	Contributory	Not included	90th UCR	60%	80%	80%	80%	80%	\$750	Adult & C	60%	60%	80%	100%	\$2,	Calend	0.1	\$75	\$25	In Network	Clas Empl	Current - MetLife
3 K				-	\$349,581	\$29,132	\$96.73	\$32,31	Renewal	ars; ap year 3	Assumes current	butory	cluded	UCR	60%	80%	80%	80%	80%	50	Adult & Child(ren)	60%	60%	80%	100%	\$2,500	Calendar Year	ݜ .	\$75	\$25	Out of Network	Classified Employees	
		PAR AN		-	\$767,493	\$63,958	\$105.78	\$41.44	Admin-Certified Employees	2 years; 6.99% rate cap will be applied to first renewal	80% of eligible employees 5 enrolled min for ortho	Contributory	Included	90th UCR	Not Covered	80%	80%	80%	80%	\$1,000	Adult & Child(ren)	60%	60%	80%	100%	\$2,000	Calendar Year	Yes	\$75	\$25	ln Network	Admin-Certified Employees	
-2%			\$1,118,945	\$93,245	493	58	78	44	1000	rs; cap will d to first wal	ligible yees I min for	utory	ded	UCR.	vered	80%	80%	80%	80%	8	hild(ren)	60%	60%	80%	100%	8	r Year		\$75	\$25	Out of Network	ertified oyees	Lincoln
			,945	45	\$351,452	\$29,288	\$97.24	\$32.49	Classified Employees	2 years; 6.99% rate cap will be applied to first renewal	80% of eligible employees 5 enrolled min for ortho	Contributory	Included	90th UCR	Cove		+	+	80% 80%	\$750	Adult & Child(ren)		-		100% 100%	\$2,500	Calendar Year	Ř	+	\$25 \$25	In Out of Network Network	Classified Employees	coln
					\$788	\$65,583	\$10	\$4	s Option 1	2 years	STATE OF THE PARTY	Contri	Incl	406	60%	80%	80%	80%	80%	\$1	SIA SECTION	60%	60%	80%	100%	\$2	Color		675	$\overline{}$	f in	op Op	
%0 %0			\$1,147,390	\$95,616	\$786,999	,583	\$108.47	\$42.49	ion 1	ears	50% of total eligible lives (5 enrolled in each option)	Contributory	Included	90th UCR	60%	80%	80%	80%	80%	\$1,000	Adult & Child(ren)	60%	60%	80%	100%	\$2,000	Calendar Vear	Yes VII	675	\$25	Out of Network	Option 1	
			7,390	616	\$360,390	\$30,033	\$99.72	\$33.31	Option 2	2 years	50% of total eligible lives (5 enrolled in each option)	Contributory	Included	90th UCR	Cove		-	-	80% 80%	\$750	Adult & Child(ren)	-	- 1	80% 80%	- 1	\$2.500	Colondar Vaar	Yes 233	1		In Out of Network Network	Option 2	Unum
		STATE OF THE PARTY	\$1,0	\$8	\$739,767	\$61,647	\$101.96	\$39.94	Admin-Certified Employees	2 years	100% of eligible employees	100% Employer Paid	Not included	-		-			80% 80%	\$1,000	Adult & Child(ren)	-		80% 80%	13	\$2,000	Calandar Van	Yes	-	-	in Out of	Admin-Certified Employees	9
-6%			\$1,077,530	\$89,794	\$337,764	\$28,147	\$93.36	\$31.31	Classified Employees	2 years	100% of eligible employees	d 100% Employer Paid	Notincluded	th uc	+	-		+	80% 80%	\$750) Adult & Child(ren)	-	-1	80% 80%	2000	\$2 500	Colonidar Van	Yes	+	\$25	f in Out of	d Classified Employees	Guardian



Dental RFP - Cont.

riance to current	DENEMA	RENEWAL	CURRENT	CURRENT:		•	mployee & Family	Employee Only	Rate Summary	Rate	Pa			Out of No		4.46	7									Deductible - C					
to current	Total Annual Program	RENEWAL: Total Monthly Premium	CURRENT: Total Annual Promium	CURRENT: Total Monthly Premium	Annual Premium	Monthly Premium	у 511 221	у 239 240	Admin- y Certified EEs EEs	Rate Guarantee / Rate Caps	Participation Requirement	Employer Contribution	Maximum Rollover	Out of Network Reimbursement	Implants	Oral Surgery	Periodontics - Surgical	Endodontics	Ortho Maximum	Ortho Age Limit	Ortho - Type 4	Major - Type 3	Basic - Type 2	Preventive - Type 1	Annual Maximum	Deductible - Calendar Year or I Ifetime	Waived for Preventing	Individual Deductible	THE SECOND		
					\$786,999 \$763	\$65,583 \$63,	\$108.47 \$10	\$42.49 \$41	Current Ren	1 year	Assumes current	Contributory	Not included	90th UCR			80%	+	\$1,000	Adult & Child(ren)	60% 6	60% 6		100% 10	\$2,000	Calendar Ve		\$25 \$	in Or Network Net	Admin-Certified Employees	No. of the last of
%E- 600'5TT'T&	Yerrae	\$97.751	\$1,147,390	\$95,616	\$763,428 \$360,390 \$34	\$63,619 \$30,033 \$2	\$105.22 \$99.72 \$1	\$41.22 \$33.31 \$	Renewal Current Re	2 years; 6% rate cap year 3	ent Assumes current	Contributory	Not Included	90th UCR	60%	80%	80% 80%	80%	\$750	ren) Adult & Child(ren)	60% 60%		80%	100% 100%	\$2,500	-		\$25 \$25	Out of in (fied Classified s Employees	
					\$349,581 \$825,595	\$29,132 \$68,800	\$96.73 \$114.97	\$32.31 \$42.05	Admin-Certified Employees	ear 3 2 years	50% participation rent 5 enrolled min for ortho	ry Contributory	ed Not Included	90th UK	60%	80% 80% 80%	80%	80% 80% 80%	\$1,000	l(ren) Adult & Child(ren)	-	60%	80% 80% 8	Jones .	\$2,000	+		\$25 \$25 \$	Out of In Ot Network Network Net	es Employees	The state of the s
10%			\$1.258.693	\$104,891	\$433,098	\$36,092	\$116.70	\$42.92	ed Classified Employees	2 years	tion 50% participation for 5 enrolled min for ortho	Contributory	Notincluded	90th U	60%	80% 80% 80% 80%	80%	80% 80%	\$750	ren) Adult & Child(ren)	80%	60%	80% 80% 80%	1000	ar Calendar tear	NG - VIII	\$75 \$75 \$75	\$25 \$25 \$25	Out of In Out of Network Network	fied Classified Employees	
		-	\$1 147 990	\$95,616	\$786,999	\$65,583	\$108.47	\$42.49	Admin-Certified Employees	2 years	200 employees or 25% enrolled	Contributory	Notincluded	TH C	+	80% 80%	+	80% 80%	\$1,000	Adult & Child(ren)			80% %08	13	calendar Year	Yes	\$75 \$75	\$25 \$25	In Out of k Network Network	Admin-Certified Employees	
		1000	7 400	. 91	\$360,390	\$30,033	\$99.72	\$33.31	Classified Employees	2 years	200 employees or 25% enrolled	Contributory	Notincluded	# U	60% 60%	80% 80%	÷	80% 80%	\$750	Adult & Child(ren)		-	%08 %08	- 1	Calendar Year	Ŕ	\$75 \$75	\$25 \$25	In Out of Network Network	Classified Employees	· ·
		occieon'te	80.13	\$90.780	\$747,009	\$62,251	\$102.94	\$40.37	Admin-Certified Employees	2 years; 5% rate cap year 3	Minimum 2 enrolled Minimum 2 enrolled employees 10 enrolled min for 10 enrolled min for ortho	Contributory	Not included	C A	60% 60%	-	-	80% 80%	\$1,000	Adult & Child(ren)	-	-	80% 80%	2,00	Calendar Year	Yes	\$75 \$75	\$25 \$25	In Out of Network Network	Admin-Certified Employees	(Superior I
		0,200	356	-	\$342,347	\$28,529	\$94.73	\$31.64	Classified Employees	2 years; 5% rate cap year 3	Minimum 2 enrolled employees 10 enrolled min for ortho	Contributory	Not included	H U	60% 60%	+	-	80% 80%	\$750	Adult & Child(ren)		-	80% 80%	1,0	Calendar Year	Yes	\$75 \$75		In Out of Network Network	Classified Employees	(Superior Dental Care)
			-	Notice of the second	\$70	\$58	\$9	£\$	Admin-Certif	2 Y	95% or 1,09	100% Em	Notir	+	80%	+	-	80% 8	\$1	Adult &	-		80%	-1	Calen		\$75	\$25	PPO Pr	Admin-Certi	
		20,16	200		\$700.876	\$58,406	\$96.60	\$37.84	Admin-Certified Employees	2 years	95% or 1,090 subscribers	100% Employer Paid	Not Included	1	60% 60%		-	80% 80%	\$1,000	Adult & Child(ren)	-	-	100% 100%	1	Calendar Year	Yes	\$75 \$75	\$25 \$25	Premier Out of Network	Admin-Certified Employees	Dela
		CE/'120'TE	100	\$85 150	\$370	\$26	\$88	\$29	Classified	2 y	95% or 1,09	100% Emp	Notin		60%		H	80% 8	ş	Adult &	+	÷	100% 1	1	Calen		\$75 \$	\$25	ppo		Delia Delial
					\$320.918	\$26,743	\$88.80	\$29.66	Classified Employees	2 years	95% ar 1,090 subscribers	100% Employer Paid	Notincluded	-	80%	111	-	80% 80%	\$750	Adult & Child(ren)		-	100% 100%	-	Calendar Year	Yes	\$75 \$75	\$25 \$25	Premier Out of Network	Classified Employees	



Network Discount Overview

Carrier	In-Network Average Discount	In-Network Utilization	Net Effective Discount
MetLife (Incumbent)	-48%	65%	-31%
Lincoln	-36%	38%	-14%
Unum	-43%	58%	-25%
Guardian	-41%	73%	-30%
Principal	-40%	69%	-28%
Cigna	-41%	72%	-30%
Medical Mutual	-35%	64%	-22%
Delta Dental PPO	-41%	58%	-24%
Delta Dental Premier	-26%	27%	-7%

^{*}Discounts sourced from average network discounts on a national basis;
Unum's average discount is based on most populated zip code



Projection



Projection Cont.

\$26,315,712	5.57%	\$24,927,445	Total Budgeted/Projected Annual Cost
1,201 \$23,189,251 \$3.126.461	4.0% 19.3%	1,201 \$22,305,748 \$2.621.697	Enrollment Projected Claims Total Fixed Fees
Estimated Projected		Current	Projected Annual Cost
\$1,825.96	5.57%	\$1,729.63	Total Cost PEPIM
\$9.16	7.5%	\$8.52	Aggregate Fee PEPM
\$166.63	26.0%	\$132.24	Specific Stop Loss Fee PEPM
\$2.50	0.0%	\$2.50	Chronic Condition Management
\$38.65	0.0%	\$38.65	Medical ASO Fees
\$1,609.02	4.0%	\$1,547.72	Projected Claims PEPIM
Estimated Projected	Projected Change	Current	PEPM Cost Summary
Medical/Rx			Claims Cost and Fixed Fees Summary



Projection Cont.

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Medical/Rx

Premium Equivalent Rates

Total Annual Cost	Bronze Employee Only Employee + Family	SMP500 Employee Only Employee + Family	OAPSE SMP PPO Employee Only Employee + Family	PEA SMP PPO Employee Only Employee + Family	Plan & Tier
1,201	11 1	53 48	275 167	219 427	Current
\$24,927,445	\$604.91 \$1,615.03	\$832.37 \$2,221.99	\$959.80 \$2,562.54	\$902.69 \$2,409.06	ent Medical and Drug Rates
\$26,315,712	\$638.60 \$1,704.97	\$878.73 \$2,345.74	\$1,013.25 \$2,705.25	\$952.96 \$2,543.23	Medical and Drug Rates
5.57%	5.57% 5.57%	5.57% 5.57%	5.57% 5.57%	5.57% 5.57%	Projected Medical and Drug Rates Rate Change
	\$651.37 \$1,739.07	\$896.30 \$2,392.65	\$1,033.52 \$2,759.36	\$972.02 \$2,594.09	COBRA Rates

Exhibit includes ASO fees and stop loss premium but does not include PCORI fees.



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