

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

Weekly Claims Excluding Monthly MMO Admin Fee

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		July	August	September	October	November	December	January	February	March	April	May	June							
2,506,083.97	Premiums																			
97,064.95	Employees	(3) \$	399,218.17	\$	230,344.40	\$	257,316.20	\$	259,033.83	\$	258,109.06	\$	388,224.97	\$	259,176.29	\$	257,568.91	\$	257,092.04	\$
15,852,904.84	Vision - Emp	(5) \$	9,058.32	\$	9,131.51	\$	11,185.03	\$	11,211.79	\$	11,308.53	\$	11,365.16	\$	11,301.58	\$	11,287.35	\$	11,215.68	\$
630.94	Board of Education	(2) \$	1,505,266.03	\$	1,499,701.65	\$	1,826,022.88	\$	1,828,046.68	\$	1,839,563.50	\$	1,845,542.54	\$	1,844,591.30	\$	1,840,268.30	\$	1,829,903.96	\$
2,725.25	Vision - BOE	(4) \$	147.91	\$	107.13	\$	81.87	\$	95.25	\$	47.12	\$	53.06	\$	97.99	\$	97.99	\$	102.62	\$
	Misc	(1) \$	-										2,110.00	\$	163.92			451.33		
18,459,609.85	Total Revenue		1,853,688.43	\$	1,733,284.69	\$	2,094,605.98	\$	2,098,387.55	\$	2,109,028.21	\$	2,247,295.73	\$	2,115,331.08	\$	2,109,222.55	\$	2,098,765.63	\$
13,058,447.10	Total Expense		3,004,006.14	\$	2,792,979.10	\$	2,147,699.77	\$	1,972,199.42	\$	1,938,781.65	\$	2,036,024.90	\$	1,866,224.58	\$	1,811,365.10	\$	2,089,166.49	\$
(538,337.25)	Net/ave Gain/(Loss)		(1,150,317.71)	\$	(559,694.41)	\$	(53,093.79)	\$	(226,188.13)	\$	(170,246.56)	\$	(211,270.83)	\$	(249,106.50)	\$	(297,857.45)	\$	(9,599.14)	\$
	Claims																			
12,934,662.46	Medical	(1) \$	1,883,063.77	\$	1,667,633.88	\$	1,578,024.53	\$	1,202,709.27	\$	1,249,843.67	\$	1,488,049.52	\$	1,203,051.35	\$	1,116,249.28	\$	1,566,037.21	\$
3,672,452.92	Prescription	(2) \$	637,481.22	\$	388,158.19	\$	339,727.85	\$	417,494.83	\$	438,750.45	\$	319,998.87	\$	426,866.53	\$	447,406.67	\$	256,538.51	\$
43,681.60	Vision	(5) \$	17,886.49	\$	8,777.87	\$	9,332.58				9,657.22	\$	4,817.16	\$	5,044.49	\$	5,195.21	\$	2,970.58	\$
	Fixed Costs & Other																			
632,974.39	Administration Fee	(4) \$	104,413.81	\$	51,533.27	\$	50,979.98	\$	219,849.44	\$	(116,637.63)	\$	51,194.44	\$	50,880.71	\$	220,043.84	\$	50,677.03	\$
1,525,545.89	Stop Loss Premiums	(3) \$	345,220.35	\$	169,972.29	\$	166,430.88				337,151.65	\$	168,858.69	\$	169,230.13	\$	-	\$	168,681.90	\$
164,208.57	Consultant/Legal Fees	(6) \$	30,299.98	\$	2,771.60	\$	2,995.60	\$	31,962.38	\$	19,604.81	\$	1,905.20	\$	10,750.26	\$	22,470.10	\$	40,808.64	\$
2,023.61	Subrogation	(7) \$	206.50	\$	108.80	\$	208.30	\$	183.50	\$	411.48	\$	192.72	\$	401.31	\$		\$	310.60	\$
3,094.14	Health Fair/Wellness	(9) \$	(47.88)	\$	-		-											3,142.02	\$	
	ACA Fees	(8) \$	-		-		-													
10,083.00	Misc	(10) \$	5,041.50	\$	4,033.20	\$	-						1,008.30	\$						

Month Ending 01/31/13	Fiscal Year	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
	PT Reg. Balance (cash)	\$ 6,795,523.85	\$ 6,570,519.06	\$ 6,256,702.07	\$ 6,488,027.19	\$ 5,343,845.39	\$ 4,799,522.57	\$ 2,982,107.77	\$ 3,350,780.29	\$ 5,786,969.17	\$ 5,796,579.40	\$ 6,393,935.92
	Premiums	\$ 2,506,083.87	\$ 3,168,690.73	\$ 2,915,130.11	\$ 2,674,670.05	\$ 2,683,445.83	\$ 2,359,558.98	\$ 2,724,114.10	\$ 2,535,761.10	\$ 2,465,516.77	\$ 2,414,520.89	\$ 2,204,412.05
	Employer/Ret	\$ 97,066.53	\$ 1,225.04	\$ 1,120.21	\$ 1,023.57	\$ 994.94	\$ 1,383.55	\$ 1,767.96	\$ 2,015.56	\$ 2,293.64	\$ 2,014.23	\$ 3,566.93
	Union - Emp	\$ 15,632,948.44	\$ 20,565,037.43	\$ 19,100,884.15	\$ 17,515,914.74	\$ 17,115,079.05	\$ 17,030,980.86	\$ 17,234,978.01	\$ 15,976,119.85	\$ 15,070,084.63	\$ 15,001,485.69	\$ 13,495,594.49
	Board of Education - Mnd/Rn	\$ 102.62	\$ 138,971.35	\$ 133,865.78	\$ 116,937.79	\$ 137,462.64	\$ 142,749.73	\$ 171,423.81	\$ 160,159.71	\$ 162,082.47	\$ 162,407.73	\$ 162,488.24
	Misc	\$ 2,773.15	\$ 9,708.71	\$ 9,080.00	\$ 49,852.69	\$ 22,484.30	\$ 753,187.19	\$ 268,078.03	\$ 24,088.21	\$ 15,185.30	\$ 2,317.43	\$ 4,425.05
	Total Revenue	\$ 18,459,609.45	\$ 23,877,617.26	\$ 22,175,440.25	\$ 20,377,926.78	\$ 19,969,466.76	\$ 20,287,780.31	\$ 20,350,970.91	\$ 18,648,144.43	\$ 17,715,172.41	\$ 17,582,765.97	\$ 15,871,487.20
	Total Expense	\$ 19,028,447.10	\$ 23,753,037.47	\$ 21,751,272.26	\$ 20,689,251.90	\$ 18,865,284.96	\$ 19,743,377.49	\$ 18,574,059.11	\$ 19,016,213.95	\$ 20,151,361.69	\$ 17,592,176.20	\$ 16,529,043.72
	Reserve (only/total)	\$ (598,837.25)	\$ 124,604.73	\$ 484,148.99	\$ (31,925.12)	\$ 1,146,161.80	\$ 544,322.82	\$ 1,816,811.80	\$ (388,069.52)	\$ (2,436,188.88)	\$ 50,589.77	\$ (657,556.52)
	Claims	\$ 12,394,662.48	\$ 16,659,828.69	\$ 14,755,215.70	\$ 13,153,617.48	\$ 13,594,429.26	\$ 12,885,135.78	\$ 12,410,709.56	\$ 12,191,738.50	\$ 13,645,059.28	\$ 12,337,980.26	\$ 11,339,932.57
	Medical	\$ 3,872,422.97	\$ 4,394,392.30	\$ 4,336,612.46	\$ 4,602,388.78	\$ 4,161,413.27	\$ 5,005,947.28	\$ 4,151,398.44	\$ 4,730,458.44	\$ 4,356,953.50	\$ 3,747,170.86	\$ 3,772,849.84
	Prescription	\$ 63,481.50	\$ 100,206.56	\$ 83,993.76	\$ 202,607.72	\$ 122,284.71	\$ 113,906.54	\$ 100,990.01	\$ 129,680.55	\$ 137,137.73	\$ 145,171.58	\$ 113,597.05
	Vision											
	Fixed Costs & Other											
	Administration fee	\$ 682,324.89	\$ 633,960.30	\$ 634,399.22	\$ 635,669.15	\$ 636,916.31	\$ 649,850.50	\$ 651,483.70	\$ 677,053.00	\$ 723,097.84	\$ 693,213.67	\$ 751,186.67
	Shop Loss Premiums	\$ 1,132,545.89	\$ 1,813,794.64	\$ 1,614,497.54	\$ 1,390,000.01	\$ 1,204,448.72	\$ 1,092,355.06	\$ 996,384.92	\$ 898,407.56	\$ 812,550.39	\$ 510,777.65	\$ 462,275.96
	Contract/Legal fees	\$ 164,208.57	\$ 121,893.17	\$ 301,800.70	\$ 194,942.75	\$ 87,150.92	\$ 50,535.01	\$ 82,180.80	\$ 73,971.40	\$ 72,231.60	\$ 3,435.43	\$ 66,002.50
	Subrogation	\$ 2,021.61	\$ 5,001.98	\$ 5,159.90	\$ 4,053.44	\$ 4,531.85	\$ 5,089.16	\$ 5,823.01	\$ 4,704.83	\$ 5,814.35	\$ 18,423.50	\$ 3,871.43
	Health/Pymt/loss	\$ 3,094.14	\$ 9,391.59	\$ 10,448.48	\$ 9,222.47	\$ 8,725.92	\$ 9,018.92	\$ 13,620.00	\$ 17,719.27	\$ 15,738.00	\$ 290,477.00	\$ 20,167.75
	Accident											
	Misc	\$ 10,843.00	\$ 12,384.24	\$ 15,134.50	\$ 9,390.00	\$ 5,374.00	\$ 6,428.63	\$ 91,085.77	\$ 75,000.00	\$ 73,000.00	\$ 75,000.00	\$ 75,000.00
	Ending Balance (cash)	\$ 6,196,686.60	\$ 6,795,523.85	\$ 6,670,519.06	\$ 6,256,702.07	\$ 5,343,845.39	\$ 4,799,522.57	\$ 2,982,107.77	\$ 3,350,780.29	\$ 5,786,969.17	\$ 5,796,579.40	\$ 5,736,379.40

Health Care Committee Meeting

April 11, 2023

Tom Sigman
Tracie Collins
Ron Boynar

We See Risk So You See Opportunity

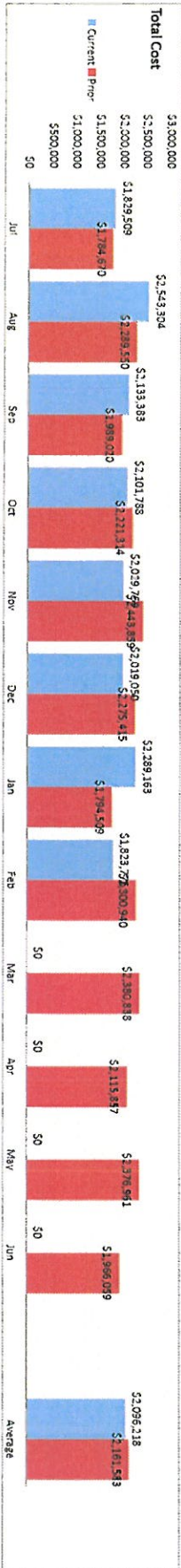


oswald

A UNISON RISK ADVISORS Company

Financial Update

Oswald Monthly Report

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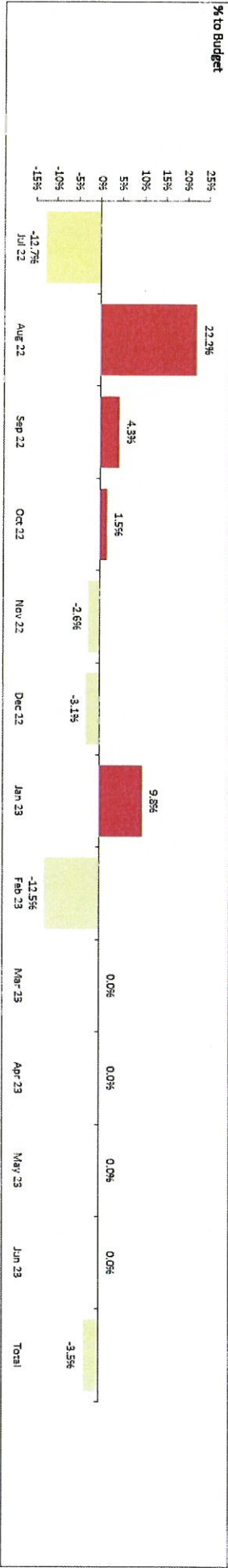
Large Claims: July 2022 - June 2023		
	Claims	Estimated Reimbursement
#1	\$649,986	(\$649,986)
#2	\$339,441	(\$139,441)
#3	\$922,939	(\$122,939)
#4	\$210,082	(\$10,082)
#5	\$182,903	
#6	\$178,254	
#7	\$163,804	
#8	\$159,628	
#9	\$184,920	
#10	\$109,822	
	\$2,445,579	(\$722,428)

Plan Information	
Insurer/Medical	MMO
Rx	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 Condition	115%

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

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

Year to Date Actual vs Budgeted Plan Cost	
Budgeted Plan Cost	Jul 22
Actual Plan Cost	Aug 22
% Actual to Budget	Sep 22
	Oct 22
	Nov 22
	Dec 22
	Jan 23
	Feb 23
	Mar 23
	Apr 23
	May 23
	Jun 23
	Total
	Average
	PEY



Dental RFP

Preliminary Results

Dental RFP | Carrier Response

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

Dental RFP | Financial Summary

	Incumbent - MetLife Current	Incumbent - MetLife Renewal	Lincoln	Unum	Guardian	Principal	Cigna	Medical Mutual (Superior Dental Care)	Delta Dental
Annual Premium	\$1,147,390	\$1,113,009	\$1,118,945	\$1,147,390	\$1,077,530	\$1,258,693	\$1,147,390	\$1,032,540	\$1,021,795
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	\$0 \$34,381	-\$69,859 -\$35,479	\$111,304 \$145,685	\$0 \$34,381	-\$114,850 -\$80,469	-\$125,595 -\$91,214

	Incumbent - MetLife Current	Incumbent - MetLife Renewal	Lincoln	Unum	Guardian	Principal	Cigna	Medical Mutual (Superior Dental Care)	Delta Dental
Total Annual Premium	\$1,147,390	\$1,113,009	\$1,118,945	\$1,147,390	\$1,077,530	\$1,258,693	\$1,147,390	\$1,032,540	\$1,021,795
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	\$0 \$34,381	-\$69,859 -\$35,479	\$111,304 \$145,685	\$0 \$34,381	-\$114,850 -\$80,469	-\$125,595 -\$91,214

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	
MetLife (Incumbent)	388	67%	\$1,390,835.71	74%	\$595,980.24	65%
Lincoln	181	31%	\$770,181.69	41%	\$347,066.52	38%
Unum	359	62%	<i>*Unable to provide</i>		\$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

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

Stop Loss RFP

Stop-Loss Terms		Current	Reimbursement	Option 1	Option 2	Option 3
Stop-Loss Market		Medical Mutual of Ohio	Medical Mutual of Ohio	Swiss Re	Swiss Re	Swiss Re
Stop-Loss Carrier and Financial Rating		Medical Mutual of Ohio	Medical Mutual of Ohio	Swiss Re Corporate Solutions America Insurance Corporation: A+	Swiss Re Corporate Solutions America Insurance Corporation: A+	Swiss Re Corporate Solutions America Insurance Corporation: A+
ASOTPA Provider Network		Medical Mutual of Ohio SuperMed Plus	Medical Mutual of Ohio SuperMed Plus	Medical Mutual of Ohio SuperMed PPO	Medical Mutual of Ohio SuperMed PPO	Medical Mutual of Ohio SuperMed PPO
Individual Stop-Loss (ISL) Terms						
Deductible		\$200,000	\$200,000	\$200,000	\$225,000	\$250,000
Deductible Accumulation		Per Individual	Per Individual	Per Individual	Per Individual	Per Individual
Separate Layer Liabilities		None	Pending Disclosure	Pending Disclosure	Pending Disclosure	Pending Disclosure
Maximum Coverage Limit		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contract Basis		12/12	12/12	24/12	24/12	24/12
Coverages Included		Medical/Prescription Drugs	Medical/Prescription Drugs	Medical/Prescription Drugs	Medical/Prescription Drugs	Medical/Prescription Drugs
Terminal Liability Option Provision		Not Included	Not Included	Not Included	Not Included	Not Included
No New Layer at Renewal Provision		Not Included	Not Included	Not Included	Not Included	Not Included
Premium Rate Cap at Renewal Provision		Not Included	Included; Subject to plan document approval	Not Included	Included; Subject to plan document approval	Included; Subject to plan document approval
Plan Mirroring Provision		Not Included	Not Included	Included	Included	Included
Advance Reimbursement Provision		Not Included	Not Included	Not Included	Not Included	Not Included
Experience Refund Provision		Not Included	Not Included	Not Included	Not Included	Not Included
Retirees Covered		No	No	No	No	No
Aggregate Stop-Loss (ASL) Terms						
Deductible Corridor		115%	115%	125%	125%	125%
Contract Basis		12/12	12/12	24/12	24/12	24/12
Annual Maximum Benefit		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Coverages Included		Medical/Prescription Drugs	Medical/Prescription Drugs	Medical/Prescription Drugs	Medical/Prescription Drugs	Medical/Prescription Drugs
Minimum Annual Attachment Point		\$28,739,436	\$29,091,315	\$31,483,287	\$32,066,946	\$32,624,474
Run-In / Run-Out Limit		\$0	\$0	\$5,037,300	\$5,130,700	\$5,219,900
Terminal Liability Option Provision		Not Included	Not Included	Not Included	Not Included	Not Included
Aggregate Accommodation		Annual	Annual	Annual	Annual	Annual
Retirees Covered		No	No	No	No	No
Status		Current	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent	Quoted - Contingent
Commission		0.00%	0.00%	0.00%	0.00%	0.00%
Stop-Loss Premium (Fixed Cost)						
Individual Stop-Loss (ISL)	Lives					
Employee Only	594	\$59.79	\$81.51	\$112.72	\$97.36	\$83.74
Family	666	\$186.44	\$271.76	\$274.53	\$242.65	\$211.51
Annual Premium Subtotal	1,230	\$1,952,367.20	\$2,291,997.60	\$2,956,932.72	\$2,589,271.20	\$2,257,142.24
Aggregate Stop-Loss (ASL)						
Employee Only	594	\$4.44	\$4.50	\$6.40	\$6.51	\$6.61
Family	666	\$11.69	\$11.85	\$6.40	\$6.51	\$6.61
Annual Premium Subtotal	1,230	\$123,476.40	\$123,161.20	\$94,464.00	\$96,087.60	\$97,563.60
Total Annual Premium/Fees		\$2,085,843.60	\$2,417,158.80	\$3,051,396.72	\$2,684,358.80	\$2,354,705.84
Change from Current (\$)			\$331,315.20	\$965,553.12	\$608,515.20	\$268,860.24
Change from Current (%)			13.88%	46.29%	29.17%	12.89%

2023 Calendar

2023 PCSD Service Calendar | Q1 & Q2



Strategy/Reporting



Compliance



Meetings

Q1 2023

Q2 2023

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Strategy/ Reporting	<ul style="list-style-type: none"> Enrollment eligibility/enrollment review Monthly financials (Nov.) MMO Meeting 	<ul style="list-style-type: none"> Monthly financials (Dec) Wellness Update w People One & Oswald 	<ul style="list-style-type: none"> Monthly financials (Jan) Preliminary FY24 projection 	<ul style="list-style-type: none"> Monthly financials (Feb) Current state assessment/strategy meeting MetLife Marketing Results 	<ul style="list-style-type: none"> Monthly financials (Mar) Revised Projection FY23 Healthcare Innovation 	<ul style="list-style-type: none"> Monthly financials (April)
Compliance			<ul style="list-style-type: none"> CMS Disclosure Due (3/1) 1095 Distribution Deadline (3/2) 1094 Filing Deadline if filing electronically (3/31) 			
Meetings	<ul style="list-style-type: none"> HC Committee 1/10 	<ul style="list-style-type: none"> HC Committee 2/14 	<ul style="list-style-type: none"> HC Committee 3/14 	<ul style="list-style-type: none"> HC Committee 4/11 	<ul style="list-style-type: none"> HC Committee 5/9 	<ul style="list-style-type: none"> HC Committee 6/13

To be refined on an ongoing basis

Appendix

Carrier Name		Current - MetLife				Lincoln				Unum				Guardian			
		Admin-Certified Employees		Classified Employees		Admin-Certified Employees		Classified Employees		Option 1		Option 2		Admin-Certified Employees		Classified Employees	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible - Calendar Year or Lifetime Annual Maximum	Individual Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
	Family Deductible	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
	Waived for Preventive	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
	Calendar Year	\$2,000		Calendar Year	\$2,500	Calendar Year	\$1,200	Calendar Year	\$2,500	Calendar Year	\$2,000	Calendar Year	\$2,500	Calendar Year	\$2,000	Calendar Year	\$2,500
	Preventive - Type 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ortho - Type 2	Basic - Type 2	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Major - Type 3	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
	Ortho - Type 4	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Ortho Age Limit	Adult & Child(ren)		Adult & Child(ren)		Adult & Child(ren)		Adult & Child(ren)		Adult & Child(ren)		Adult & Child(ren)		Adult & Child(ren)		Adult & Child(ren)		
Ortho Maximum Endodontics		\$1,000		\$750		\$1,000		\$750		\$1,000		\$750		\$1,000		\$750	
Periodontics - Non-Surgical		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Periodontics - Surgical	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Implants	60%	60%	60%	60%	Not Covered		Not Covered		60%	60%	Not Covered		60%	60%	60%	60%
Out of Network Reimbursement Maximum Releaser	90th UCR		90th UCR		90th UCR		90th UCR		90th UCR		90th UCR		90th UCR		90th UCR		
Employee Contribution	Contributory		Contributory		Contributory		Included		Included		Included		Included		100% Employer Paid		100% Employer Paid
Participation Requirement	Assumes current		Assumes current		80% of eligible employees enrolled min for 5 enrolled min for ortho		80% of eligible employees enrolled min for 5 enrolled min for ortho		50% of total eligible lives (5 enrolled in each option)		50% of total eligible lives (5 enrolled in each option)		100% of eligible employees		100% of eligible employees		100% of eligible employees
Rate Guarantee / Rate Caps	1 year		2 years: 6% rate cap Year 3		2 years: 6.99% rate cap will be applied to first renewal		2 years: 6.99% rate cap will be applied to first renewal		2 years		2 years		2 years		2 years		2 years
Rate Summary	Admin-Certified EEs	Current	Renewal	Current	Renewal	Admin-Certified Employees		Classified Employees		Option 1		Option 2		Admin-Certified Employees		Classified Employees	
Employee Only	239	\$42.49	\$41.32	\$33.31	\$32.31	\$41.44		\$32.49		\$42.49		\$33.31		\$39.94		\$31.31	
Employee & Family	511	\$108.47	\$105.22	\$99.72	\$96.73	\$105.78		\$97.24		\$108.47		\$99.72		\$101.96		\$93.36	
Monthly Premium		\$65,583	\$63,619	\$30,033	\$29,132	\$65,958		\$29,288		\$65,583		\$30,033		\$61,647		\$52,147	
	Annual Premium	\$786,999	\$763,428	\$349,380	\$349,585	\$787,493		\$351,452		\$786,999		\$340,380		\$739,767		\$337,764	
CURRENT: Total Monthly Premium		\$95,616				\$93,245				\$95,616				\$89,794			
CURRENT: Total Annual Premium		\$1,147,390				\$1,118,945				\$1,147,390				\$1,077,550			
RENEWAL: Total Monthly Premium		\$92,751															
RENEWAL: Total Annual Premium		\$1,113,009															
Continues to current contract to renew!		-3%				-2%				0%				-6%			

Dental RFP – Cont.

Carrier Name	Current - MetLife				Principal				Cigna				Medical Mutual (Superior Dental Care)				Delta Dental			
	Admin-Certified Employees		Classified Employees		Admin-Certified Employees		Classified Employees		Admin-Certified Employees		Classified Employees		Admin-Certified Employees		Classified Employees		Admin-Certified Employees		Classified Employees	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	PPD	Premier	Out of Network	PPD
Individual Deductible	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Family Deductible	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible - Calendar Year or Lifetime	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Annual Maximum	\$2,000	\$2,000	\$2,500	\$2,500	\$2,000	\$2,000	\$2,500	\$2,500	\$2,000	\$2,000	\$2,500	\$2,500	\$2,000	\$2,000	\$2,500	\$2,500	\$2,000	\$2,000	\$2,500	\$2,500
Preventive - Type 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic - Type 2	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Major - Type 3	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Ortho - Type 4	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Ortho Age Limit	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)	Adult & Child(ren)
Ortho Maximum	\$1,000	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$750	\$1,000	\$750
Endodontics	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics - Non-Surgical	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Periodontics - Surgical	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Implants	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Out of Network Reimbursement	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR	90th UCR
Maximum Reimbursement	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included	Not Included
Employer Contribution	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory	Contributory
Participation Requirement	Assumes current	Assumes current	50% participation 5 enrolled min for ortho	50% participation 5 enrolled min for ortho	200 employees or 25% enrolled	200 employees or 25% enrolled	Minimum 2 enrolled employees 10 enrolled min for ortho	Minimum 2 enrolled employees 10 enrolled min for ortho	95% or 1,090 subscribers	95% or 1,090 subscribers	100% Employer Paid	100% Employer Paid	95% or 1,090 subscribers	95% or 1,090 subscribers	100% Employer Paid	100% Employer Paid	95% or 1,090 subscribers	95% or 1,090 subscribers	100% Employer Paid	100% Employer Paid
Rate Guarantee / Rate Caps	1 year	2 years; 6% rate cap year 3	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years	2 years
Rate Summary	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees	Admin-Certified Employees	Classified Employees
Employee Only	239	240	\$42.49	\$41.22	\$33.31	\$32.31	\$42.05	\$42.92	\$42.49	\$33.31	\$40.37	\$31.64	\$37.84	\$29.66	\$37.84	\$29.66	\$37.84	\$29.66	\$37.84	\$29.66
Employee & Family	511	221	\$108.47	\$105.22	\$99.72	\$96.73	\$114.97	\$116.70	\$108.47	\$99.72	\$102.94	\$94.73	\$96.60	\$88.80	\$96.60	\$88.80	\$96.60	\$88.80	\$96.60	\$88.80
Monthly Premium	\$65,583	\$63,619	\$30,033	\$29,137	\$28,529	\$27,913	\$65,583	\$63,619	\$30,033	\$29,137	\$28,529	\$27,913	\$65,583	\$63,619	\$30,033	\$29,137	\$28,529	\$27,913	\$65,583	\$63,619
Annual Premium	\$786,999	\$763,428	\$360,390	\$349,551	\$356,595	\$343,098	\$786,999	\$763,428	\$360,390	\$356,595	\$343,098	\$786,999	\$763,428	\$360,390	\$356,595	\$343,098	\$786,999	\$763,428	\$360,390	\$356,595
CURRENT: Total Monthly Premium			\$95,616	\$92,751	\$72,751	\$70,137	\$95,616	\$92,751	\$72,751	\$70,137	\$72,751	\$70,137	\$95,616	\$92,751	\$72,751	\$70,137	\$95,616	\$92,751	\$72,751	\$70,137
CURRENT: Total Annual Premium			\$1,147,390	\$1,113,009	\$872,751	\$841,644	\$1,147,390	\$1,113,009	\$872,751	\$841,644	\$872,751	\$841,644	\$1,147,390	\$1,113,009	\$872,751	\$841,644	\$1,147,390	\$1,113,009	\$872,751	\$841,644
RENEWAL: Total Annual Premium			\$1,113,009	\$1,080,000	\$841,644	\$810,000	\$1,113,009	\$1,080,000	\$841,644	\$810,000	\$841,644	\$810,000	\$1,113,009	\$1,080,000	\$841,644	\$810,000	\$1,113,009	\$1,080,000	\$841,644	\$810,000
Variance to current			-3%				10%		0%				-5%				-11%			
Variance to renewal							13%		3%				-2%				-4%			

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.

Claims Cost and Fixed Fees Summary

Medical/Rx

PEPM Cost Summary	Current	Projected Change	Estimated Projected
Projected Claims PEPM	\$1,547.72	4.0%	\$1,609.02
Medical ASO Fees	\$38.65	0.0%	\$38.65
Chronic Condition Management	\$2.50	0.0%	\$2.50
Specific Stop Loss Fee PEPM	\$132.24	26.0%	\$166.63
Aggregate Fee PEPM	\$8.52	7.5%	\$9.16
Total Cost PEPM	\$1,729.63	5.57%	\$1,825.96

Projected Annual Cost	Current	Estimated Projected
Enrollment	1,201	1,201
Projected Claims	\$22,305,748	\$23,189,251
Total Fixed Fees	\$2,621,697	\$3,126,461
Total Budgeted/Projected Annual Cost	\$24,927,445	\$26,315,712

Projection Cont.

Premium Equivalent Rates

Medical/Rx

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

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

Thank You

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