



CITY OF SMYRNA
GEORGIA

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2025 PLAN YEAR BENEFITS RENEWAL





Annual Enrollment: Summary of Recommendations

- Recommended: Renew with Pareto Captive (ICM) + Allied TPA
- VeracityRx (ProCare) – continue all existing programs
- Guardian Ancillary Lines – Renew with Guardian
- Continue Dependent Care & Health Flexible Spending Accounts with WEX
- Continue Teladoc benefit



2025 Renewal Overview

Executive Summary:

The Pareto Captive provides the following:

- No new lasers
- Stop Loss Renewal Rate cap of 30%

No more than \$50,000 additional laser liability as long as you remain in the captive.

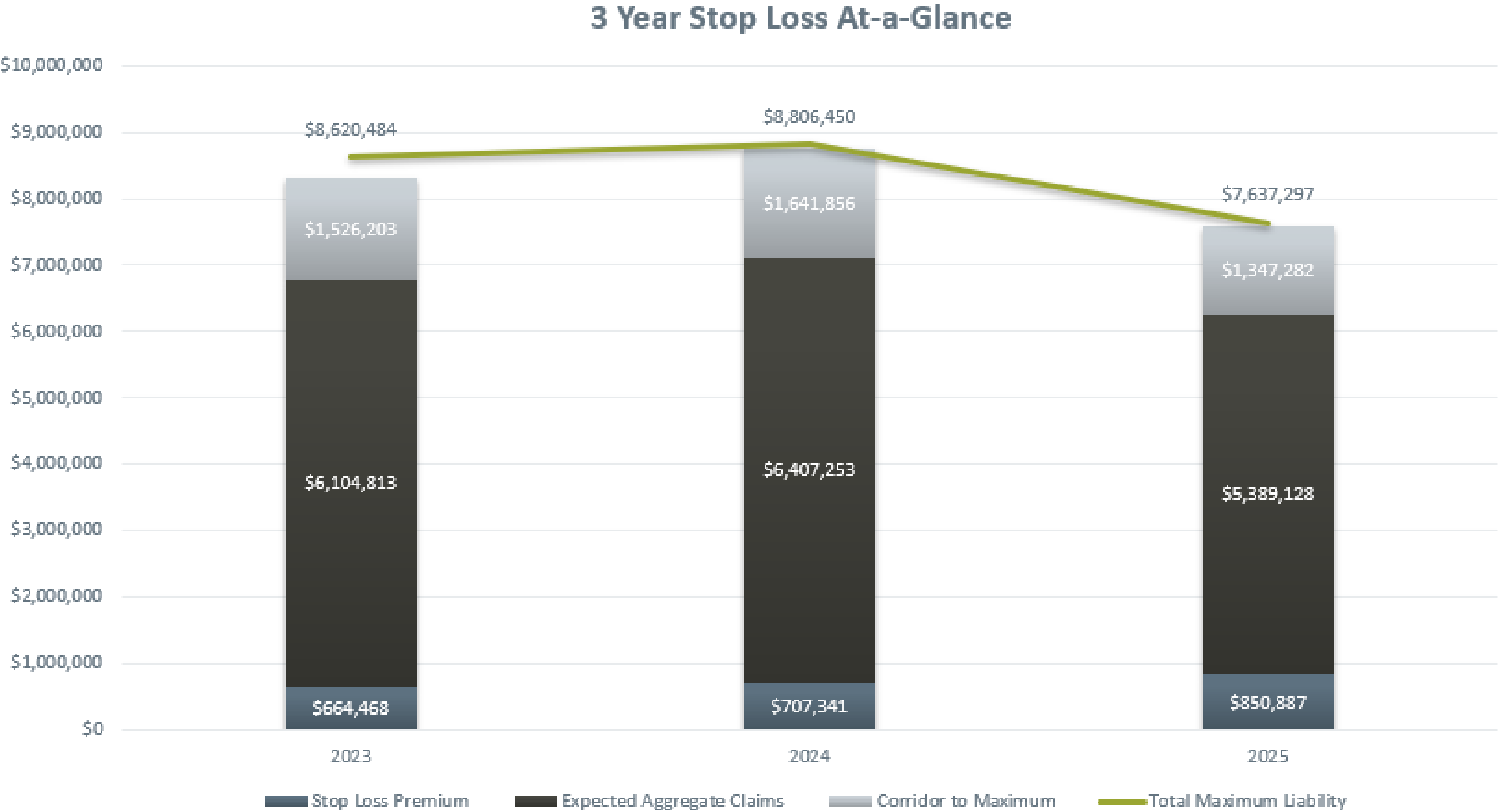
- The current captive loss ratio for 2024 is 194%.
- 2 members have breached the \$220k spec breach as of 09/2024 with a combined total of \$905k over spec.

EMP	208
FAM	127
Total Employee Count	335

* For comparison purposes 2024 totals are based on current census.

	Current	Renewal	CHANGE
TPA	Allied	Allied	
Stop Loss Carrier	HCC	HCC	
Network	Aetna ASA	Aetna ASA	
Specific Deductible	\$225,000	\$225,000	
Aggregating Specific Deductible	n/a	n/a	
Specific Contract Basis	24/12	24/12	
Aggregate Max Annual Reimbursement	\$1,000,000	\$1,000,000	
Lasers	\$275,000	\$275,000	
Total Fixed & Variable Costs			
Admin Fixed Costs	\$391,260	\$414,737	\$23,477
Stop Loss Premiums	\$664,534	\$850,887	\$186,353
Captive Capital Contribution	\$70,734	N/A for year 3	-\$70,734
Additional Laser Liability	\$50,000	\$50,000	\$0
Max Aggregate Claims Liability	\$7,521,718	\$6,736,410	-\$785,308
Expected Aggregate Claims Liability	\$6,017,374	\$5,389,128	-\$628,246
Total Maximum Liability	\$8,698,246	\$8,052,033	-\$646,213
% Change from Current		-7.43%	
Minimum Annual Aggregate Deductible	\$8,009,066 (2024)	\$6,736,410 (2025)	-\$1,272,596

Historical Stop Loss Renewals



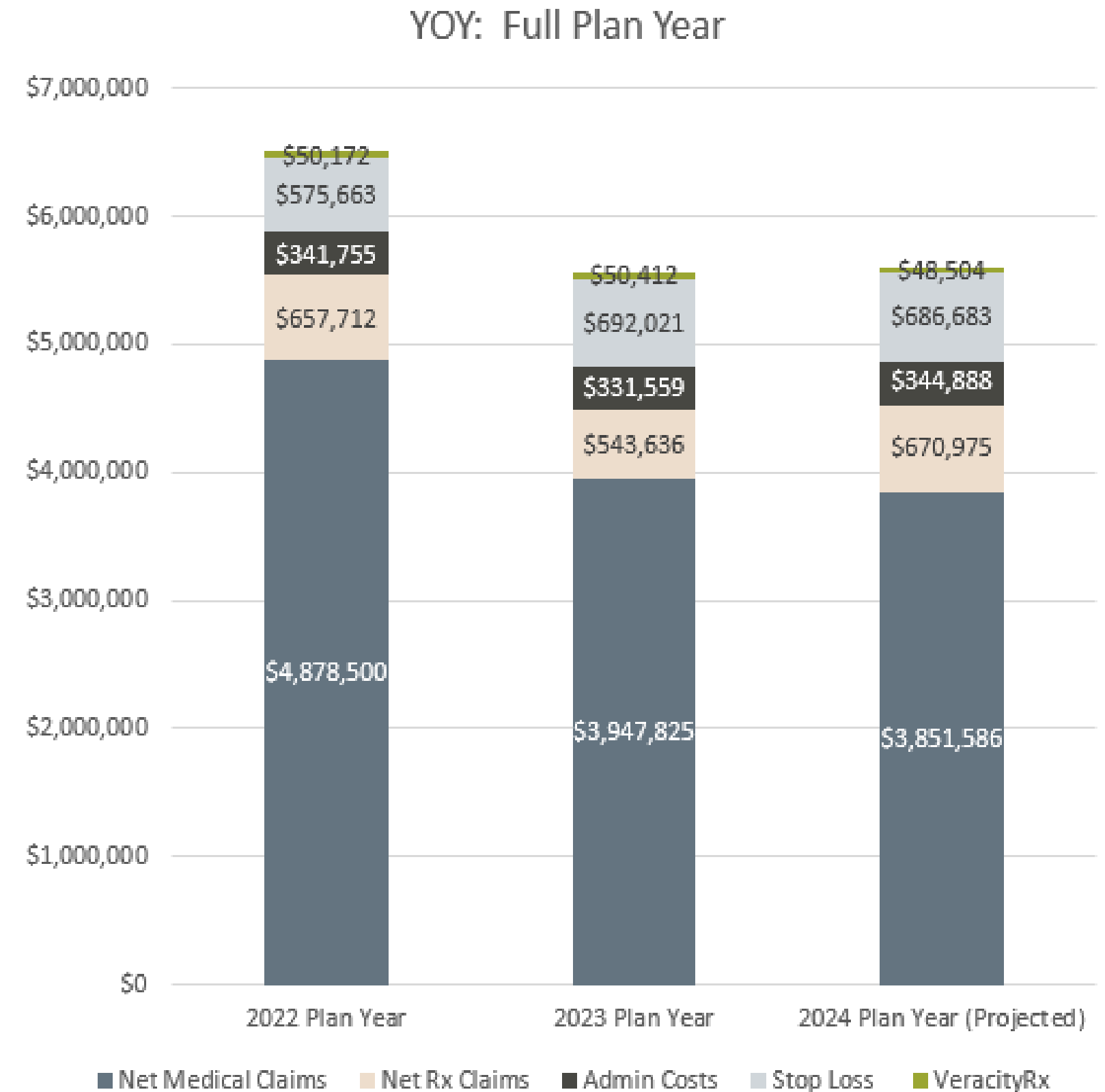
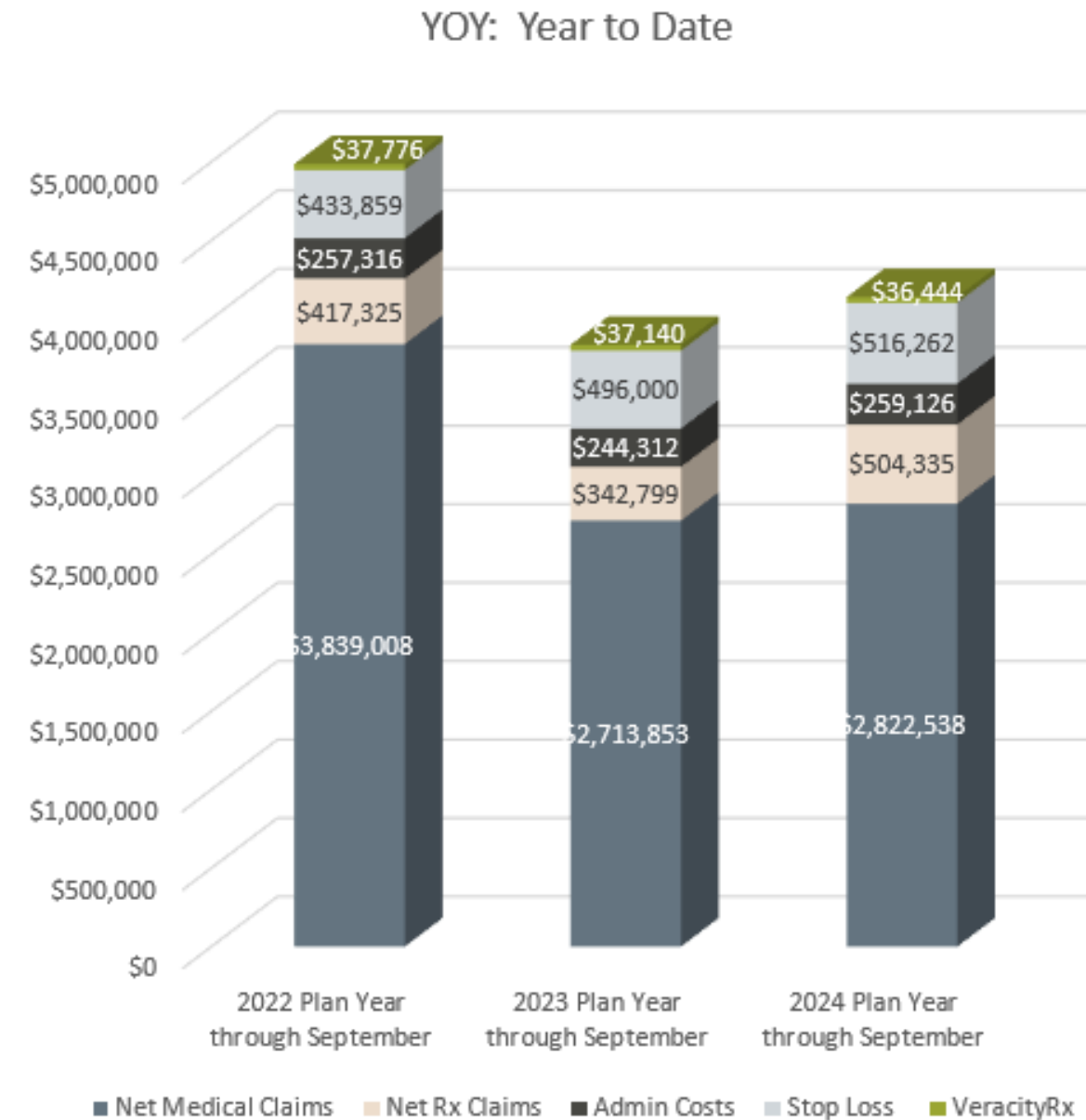
*Excludes medical administration fixed costs & captive capital contribution

Year Over Year Comparison

	Net Medical Claims	Net Rx Claims	Admin Costs	Stop Loss	VeracityRx	Total Costs
2022 Plan Year through September	\$3,839,008	\$417,325	\$257,316	\$433,859	\$37,776	\$4,985,284
2023 Plan Year through September	\$2,713,853	\$342,799	\$244,312	\$496,000	\$37,140	\$3,834,104
2024 Plan Year through September	\$2,822,538	\$504,335	\$259,126	\$516,262	\$36,444	\$4,138,705
	Net Medical Claims	Net Rx Claims	Admin Costs	Stop Loss	VeracityRx	Total Costs
2022 Plan Year	\$4,878,500	\$657,712	\$341,755	\$575,663	\$50,172	\$6,503,802
2023 Plan Year	\$3,947,825	\$543,636	\$331,559	\$692,021	\$50,412	\$5,565,453
2024 Plan Year (Projected)	\$3,851,586	\$670,975	\$344,888	\$686,683	\$48,504	\$5,602,636

**Projected 2024
Increase over
2023 spend:**

\$37,183





Allied Advocate

City of Smyrna											
Allied Advocate											
2024 Through August 31, 2024											
Claim#	Member Type	Providers	DOS	Charges	Allowable	Paid	Savings Pct	Claim State	Payment Method	AAService	AA Fees
4315831201	Enrollee	EMORY UNIVERSITY HOSPITA	1/9/2024	\$7,447.44	\$5,362.16	\$2,139.15	71.28%	Closed	Medicare	Infusion	\$805.75
4342569701	Enrollee	ATLANTA DIALYSIS	1/1/2024	\$101,600.00	\$101,600.00	\$3,481.00	96.58%	Closed	Medicare	Dialysis	\$0.00
4343218801	Enrollee	LORING HEIGHTS DIALYSIS	1/29/2024	\$12,192.00	\$12,192.00	\$417.72	96.58%	Closed	Medicare	Dialysis	\$0.00
4346886001	Enrollee	GEORGIA UROLOGY PA	2/6/2024	\$1,610.00	\$1,587.41	\$1,587.41	1.41%	Closed	PPO	Infusion	\$0.00
4364138601	Enrollee	EMORY UNIVERSITY HOSPITA	2/6/2024	\$6,115.44	\$4,403.12	\$2,139.15	65.03%	Closed	Medicare	Infusion	\$565.99
4399107501	Spouse	AMERITA SOUTH ATLANTIC LLC	3/11/2024	\$12,787.37	\$1,094.56	\$1,094.56	91.45%	Closed	PPO	Infusion	\$0.00
4399414601	Enrollee	DVA RENAL HEALTHCARE INC	3/1/2024	\$125,984.00	\$125,966.00	\$4,316.44	96.58%	Closed	Medicare	Dialysis	\$0.00
4399414901	Enrollee	DVA RENAL HEALTHCARE INC	2/1/2024	\$117,856.00	\$117,856.00	\$4,037.96	96.58%	Closed	Medicare	Dialysis	\$0.00
4404034001	Spouse	AMERITA SOUTH ATLANTIC LLC	3/30/2024	\$6,443.08	\$674.52	\$674.52	89.54%	Closed	PPO	Infusion	\$0.00
4418426101	Enrollee	EYE CONSULTANTS OF ATLANTA PC	4/19/2024	\$5,217.74	\$3,439.01	\$1,835.02	64.84%	Closed	Medicare	Infusion	\$401.00
4444712101	Enrollee	EMORY UNIVERSITY HOSPITA	4/9/2024	\$5,570.44	\$4,010.72	\$2,137.15	61.64%	Closed	Medicare	Infusion	\$468.39
4449000001	Enrollee	DVA RENAL HEALTHCARE INC	4/1/2024	\$121,920.00	\$121,920.00	\$4,177.20	96.58%	Closed	Medicare	Dialysis	\$0.00
4452719201	Enrollee	EYE CONSULTANTS OF ATLANTA PC	3/8/2024	\$5,321.85	\$3,516.41	\$3,516.41	33.93%	Closed	PPO	Infusion	\$0.00
4464880701	Enrollee	EYE CONSULTANTS OF ATLANTA PC	5/24/2024	\$5,217.74	\$3,439.01	\$3,439.01	34.10%	Closed	PPO	Infusion	\$0.00
4469203001	Enrollee	DVA RENAL HEALTHCARE INC	5/1/2024	\$125,984.00	\$125,984.00	\$4,316.44	96.58%	Closed	Medicare	Dialysis	\$0.00
4484610801	Enrollee	EMORY UNIVERSITY HOSPITA	5/8/2024	\$6,520.44	\$4,694.72	\$2,150.54	67.02%	Closed	Medicare	Infusion	\$636.05
4487026401	Enrollee	EMORY UNIVERSITY HOSPITA	3/5/2024	\$5,570.44	\$4,010.72	\$2,139.15	61.60%	Closed	Medicare	Infusion	\$467.89
4516678901	Enrollee	DVA RENAL HEALTHCARE INC	6/1/2024	\$121,920.00	\$121,920.00	\$4,177.20	96.58%	Closed	Medicare	Dialysis	\$0.00
4529699801	Enrollee	EYE CONSULTANTS OF ATLANTA PC	7/22/2024	\$5,189.10	\$3,418.03	\$3,418.03	34.14%	Closed	PPO	Infusion	\$0.00
4539442801	Enrollee	EMORY UNIVERSITY HOSPITA	6/10/2024	\$4,241.04	\$3,053.55	\$1,459.90	65.58%	Closed	Medicare	Infusion	\$398.41
4545712901	Enrollee	HAMILTON MEDICAL C	7/10/2024	\$11,363.07	\$6,397.41	\$888.66	92.18%	Closed	Medicare	Infusion	\$1,377.19
4560885401	Enrollee	EMORY UNIVERSITY HOSPITA	7/9/2024	\$5,428.04	\$3,908.19	\$1,330.82	75.49%	Closed	Medicare	Infusion	\$644.34
4573692001	Enrollee	HAMILTON MEDICAL C	8/1/2024	\$29,778.42	\$16,765.25	\$1,705.22	94.28%	Closed	Medicare	Infusion	\$3,605.00
2024 Totals				\$851,277.65	\$797,212.79	\$56,578.66	93.35%				\$9,370.02

*The information contained in this document, entitled “Allied Advocate Activity,” is a snapshot of data that may change and/or evolve based on additional claim processing and/or negotiation activity. As such, the data presented is fluid and subject to change beyond this snapshot in time. Note 2019-2020 savings data may incorporate additional claims associated with the claim identifier’s date of service.

Executive Summary:

Year To Date, the
Allied Advocate
program has saved
the plan **\$785,329.**



Plan Design

Plan Design: Tier Structure:	High Option		Middle Option		Low Option HDHP	
	In-Network		In-Network		In-Network	
Deductible						
Individual	\$500		\$1,000		\$3,300	
Family	\$1,500		\$3,000		\$6,600	
Coinsurance	80%		80%		100%	
Out-of-pocket Maximum						
Individual	\$2,500		\$3,000		\$3,500	
Family	\$7,500		\$9,000		\$7,000	
Office Visits						
Preventive Care	100%		100%		100%	
Primary Care	\$25 copay		\$30 copay		100% after deductible	
Specialist	\$35 copay		\$40 copay		100% after deductible	
Diagnostics						
Lab (Outpatient)	100%, deductible waived		100%, deductible waived		100% after deductible	
X-Ray (Outpatient)	100%, deductible waived		100%, deductible waived		100% after deductible	
Major Diagnostics (MRI, CAT, PET)	\$250 copay; \$0 with Kisx Card		\$250 copay; \$0 with KisxCard		100% after deductible	
Immediate Medical Care						
Emergency Room	\$250 copay		\$250 copay		100% after deductible	
Urgent Care	\$25 copay		\$30 copay		100% after deductible	
InPatient Hospital						
Facility	80% after deductible		80% after deductible		100% after deductible	
Physician/Surgeon	80% after deductible		80% after deductible		100% after deductible	
OutPatient Hospital						
Hospital	80% after deductible		80% after deductible		100% after deductible	
Freestanding Facility	80% after deductible		80% after deductible		100% after deductible	
Physician/Surgeon	80% after deductible		80% after deductible		100% after deductible	
Retail Prescription Drugs	Select Pharmacy	Non-Select Pharmacy	Select Pharmacy	Non-Select Pharmacy	Select Pharmacy	Non-Select Pharmacy
Rx OOP Max	\$3,000 ind / \$6,000 fam		\$3,000 ind / \$6,000 fam		N/A	
Rx Deductible	N/A		N/A		Medical Deductible applied before Copays:	
Type 1: Generics	\$15 copay	\$40 copay	\$15 copay	\$40 copay	\$15 copay	\$40 copay
Type 2: Preferred Brand	\$40 copay	\$65 copay	\$40 copay	\$65 copay	\$40 copay	\$65 copay
Type 3: Non-Preferred Brand	\$70 copay	\$95 copay	\$70 copay	\$95 copay	\$70 copay	\$95 copay
Tier 4: International Formulary	Use of International Program = \$0 cost to employee		Use of International Program = \$0 cost to employee		Use of International Program = \$0 cost to employee	

*Specialty Drugs are not covered. The VeracityRx Specialty Team assists in offsetting financial responsibility with required documentation



Employee Contributions

Recommended:

No change to Employee Contributions

Rates set at current Wellness Credit rate.

2024 – Current Employee Payroll Deductions:

Plan	Tier	Non-Smoker	Smoker	Non-Smoker with Wellness Credit	Smoker with Wellness Credit
		Employee Per Pay Period	Employee Per Pay Period	Employee Per Pay Period	Employee Per Pay Period
High Option	Employee	\$126.94	\$150.02	\$78.48	\$101.56
	Employee + One	\$249.74	\$272.82	\$185.12	\$208.20
	Family	\$361.83	\$384.90	\$287.98	\$311.06
Middle Option	Employee	\$113.46	\$136.54	\$65.00	\$88.07
	Employee + One	\$225.48	\$248.55	\$160.86	\$183.94
	Family	\$324.08	\$347.15	\$250.23	\$273.31
Low Option HDHP	Employee	\$94.01	\$117.08	\$45.54	\$68.62
	Employee + One	\$182.33	\$205.41	\$117.72	\$140.79
	Family	\$247.33	\$270.41	\$173.49	\$196.56

2025 Employee Payroll Deductions:

Plan	Tier	Non-Smoker	Smoker
		Employee Per Pay Period	Employee Per Pay Period
High Option	Employee	\$78.48	\$101.56
	Employee + One	\$185.12	\$208.20
	Family	\$287.98	\$311.06
Middle Option	Employee	\$65.00	\$88.07
	Employee + One	\$160.86	\$183.94
	Family	\$250.23	\$273.31
Low Option HDHP	Employee	\$45.54	\$68.62
	Employee + One	\$117.72	\$140.79
	Family	\$173.49	\$196.56

Ancillary Lines

2025 Renewal Summary



Dental

0% Increase:

- 73% loss ratio over the past 12 months.



Vision

0% Increase:

- 52% loss ratio over past 12 months.



Basic Life/ADD Voluntary Life

33% Increase:

- As of 08/24 – claims totaling \$494,300
- 249% loss ratio in 2023 plan year.



STD & LTD

8% Increase STD

- 65% loss ratio over past 12 months.
- 18 paid claims with 3 open claims as of 08/24.

0% Increase LTD:

- 2 active on-going claims



Voluntary Benefits

Voluntary Life, Critical Illness, and Accident will remain flat with 0% Increase.

Ancillary Lines

2025 Renewal Rate Summary

Dental Plan		Current		Renewal	
Monthly Rates					
EO	158	\$	33.22	\$	33.22
EE+1	60	\$	65.69	\$	65.69
FAM	71	\$	115.08	\$	115.08
Total Monthly Premium		\$	17,361	\$	17,361
Total Annual Premium		\$	208,330	\$	208,330
Change					0%

Vision		Current		Renewal	
Monthly Rates					
EO	123	\$	8.33	\$	8.33
EE+1	52	\$	16.16	\$	16.16
FAM	45	\$	23.73	\$	23.73
Total Monthly Premium		\$	2,933	\$	2,933
Total Annual Premium		\$	35,193	\$	35,193
Change					0%

Recommended: Renew with Guardian

2025 Estimated Employer Annual Increase: \$82,675

Basic Life			Guardian Current		Guardian Renewal	
Basic Life				0.445		0.600
ADD				0.020		0.020
Dependent Life			\$	0.52	\$	0.52
Basic Life	\$	40,008,310	\$	17,804	\$	24,005
ADD	\$	32,573,310	\$	651	\$	651
Dependent Life		230	\$	120	\$	120
Total Monthly Premium			\$	18,575	\$	24,776
Total Annual Premium			\$	222,897	\$	297,313
						33%

STD		Guardian Current		Guardian Renewal		
60% up to \$700		0.370		0.400		
STD	\$	239,495	\$	8,861	\$	9,580
Total Monthly Premium			\$	8,861	\$	9,580
Total Annual Premium			\$	106,336	\$	114,958
						8%

LTD		Guardian Current		Guardian Renewal			
60% up to \$4000 / \$5000		0.32		0.320			
LTD	\$	1,929,308	\$	6,174	\$	6,174	
Total Monthly Premium		\$		6,174	\$		6,174
Total Annual Premium		\$		74,085	\$		74,085
						0%	

The background features a low-angle shot of a large, mature tree with thick, gnarled branches and dense green foliage against a bright sky. A large, white circle with a thick dark green border is centered on the page. A horizontal dark green line passes through the middle of the circle, extending to the left and right edges of the frame. Below the word "Questions?", there is a short, dark blue horizontal line.

Questions?