



## **Committee of the Whole Meeting - Final**

October 11, 2023

6:30 PM

---

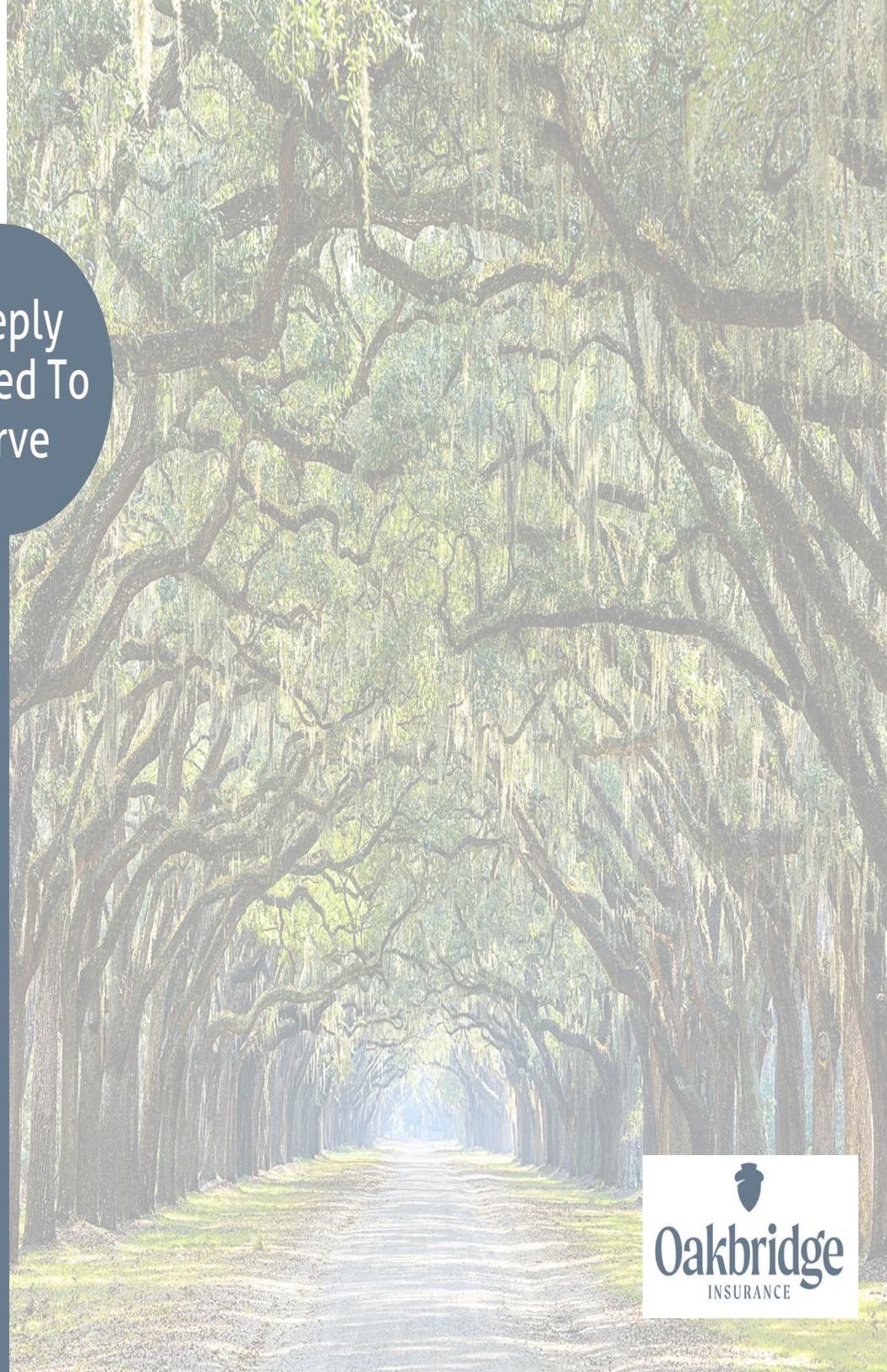
**A. COW2023-052 2024 Benefits Presentation – Carol Sicard**



CITY OF SMYRNA  
GEORGIA

Deeply  
Rooted To  
Serve

# 2024 PLAN YEAR BENEFITS RENEWAL





# Annual Enrollment: Summary of Recommendations

- Recommended: Renew with Pareto Captive (with Integrated Cost Management Platform) + Allied TPA
- VeracityRx (ProCare) – continue all existing programs
- Guardian Ancillary Lines – Renew with Guardian
- Continue Dependent Care & Health Flexible Spending Accounts with WEX
- Teladoc telemedicine benefit – add Behavioral Health Benefit



# 2024 Renewal Illustration Overview

## Executive Summary:

The Pareto Captive provides the following:

- No new Lasers
- Increase Rate cap of 30%

Under the Pareto Captive, you have reduced the additional liability from lasers from \$375,000 to \$50,000.

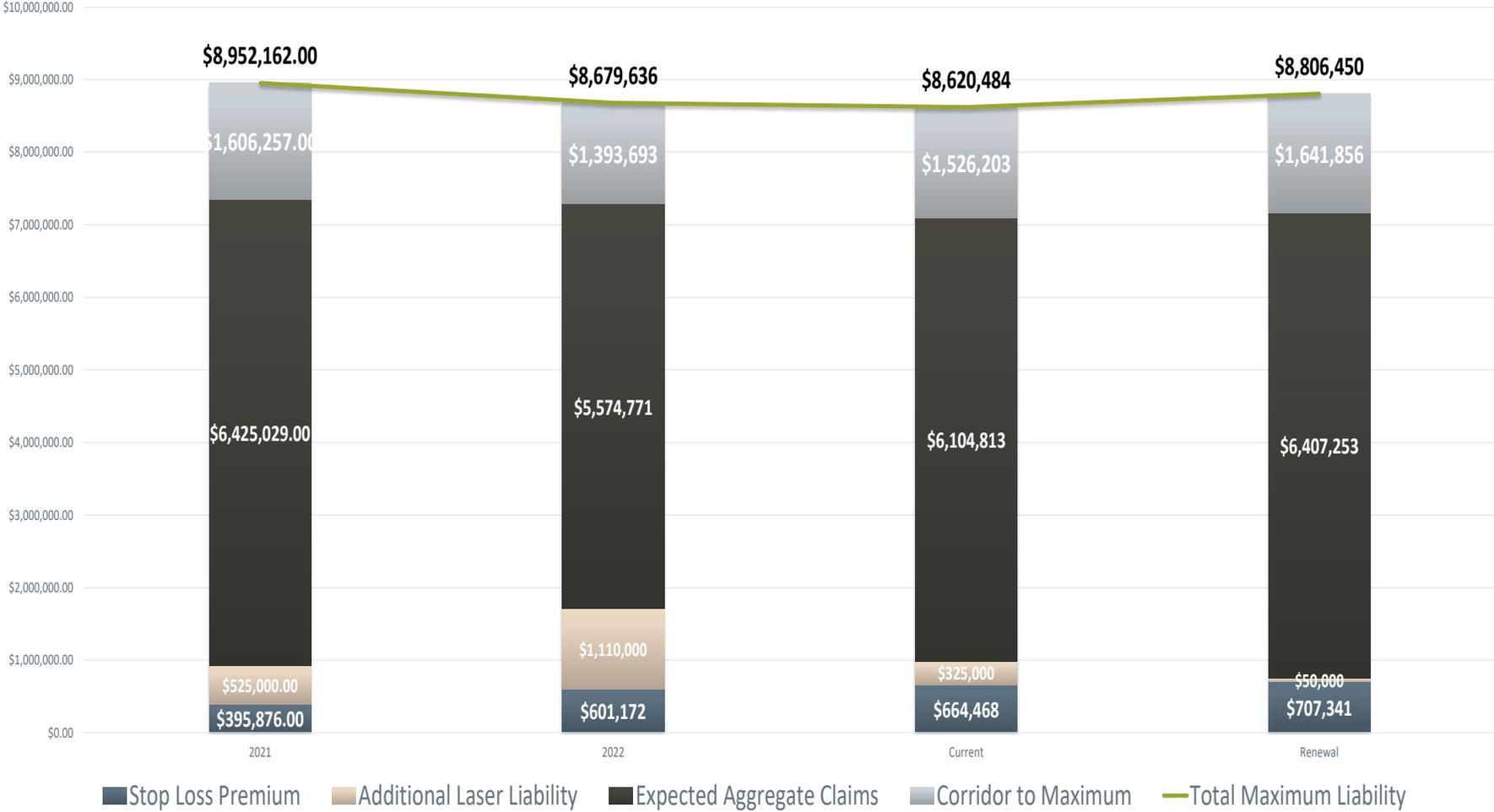
You will not have more than \$50,000 additional laser liability as long as you remain in the captive.

Employee Count	
EMP	222
FAM	135
<b>Total Employee Count</b>	<b>357</b>

	Current	RECOMMENDED Renewal - ICM	CHANGE
<b>TPA</b>	<b>Allied</b>	<b>Allied</b>	
<b>Stop Loss Carrier</b>	<b>HCC</b>	<b>HCC</b>	
<b>Network</b>	Aetna ASA	Aetna ASA	
<b>Specific Deductible</b>	\$225,000	\$225,000	
<b>Aggregating Specific Deductible</b>	n/a	n/a	
<b>Specific Contract Basis</b>	24/12	24/12	
<b>Aggregate Max Annual Reimbursement</b>	\$1,000,000	\$1,000,000	
<b>Lasers</b>	\$1,000,000	\$275,000	-\$725,000.00
<b>Total Fixed &amp; Variable Costs</b>			
<i>Admin Fixed Costs</i>	\$389,453	\$416,742	\$27,289
<i>Stop Loss Premiums</i>	\$664,468	\$707,341	\$42,873
<i>Captive Capital Contribution</i>	\$66,447	\$71,396	\$4,949
<i>Additional Laser Liability</i>	\$325,000	\$50,000	-\$275,000
<i>Max Aggregate Claims Liability</i>	\$7,631,016	\$8,009,066	\$378,050
<i>Expected Aggregate Claims Liability</i>	\$6,104,813	\$6,407,253	\$302,440
<b>Total Maximum Liability</b>	<b>\$9,076,383</b>	<b>\$9,254,545</b>	<b>\$178,162</b>
<b>% Change from Current</b>		<b>1.96%</b>	

# Historical Stop Loss Renewals

## 3 Year Stop Loss At-a-Glance

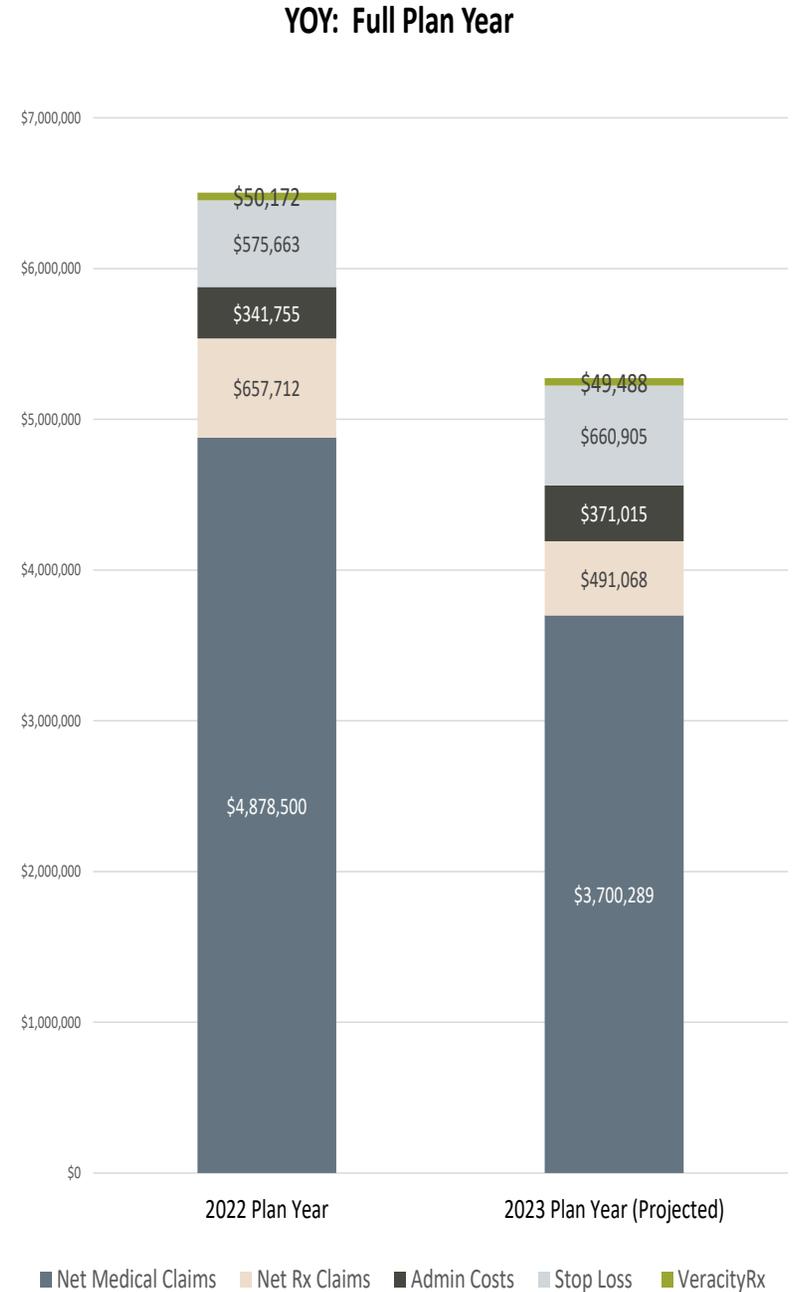


\*Excludes medical administration fixed costs & captive capital contribution

# Year Over Year Comparison

	Net Medical Claims	Net Rx Claims	Admin Costs	Stop Loss	VeracityRx	Total Costs
<b>2022 Plan Year through September</b>	\$3,839,008	\$417,325	\$257,316	\$433,859	\$37,776	<b>\$4,985,284</b>
<b>2023 Plan Year through September</b>	\$2,713,853	\$342,799	\$244,312	\$496,000	\$37,140	<b>\$3,834,104</b>
	Net Medical Claims	Net Rx Claims	Admin Costs	Stop Loss	VeracityRx	Total Costs
<b>2022 Plan Year</b>	\$4,878,500	\$657,712	\$341,755	\$575,663	\$50,172	<b>\$6,503,802</b>
<b>2023 Plan Year (Projected)</b>	\$3,700,289	\$491,068	\$371,015	\$660,905	\$49,488	<b>\$5,272,765</b>

**Projected Savings for 2023:**  
**\$1,231,037**





# Allied Advocate

## City of Smyrna

Allied Advocate

1/1/2023-9/30/2023

2023									
Claim No.	Provider	DOS	Total Charge	Allowable	Payment Amount	Savings	Payment method	AA Service	AA Fees
40502492-01	BUCKHEAD HOME TRAINING	1/1/2023	\$122,842.90	\$122,842.90	\$4,457.65	96.4%	Medicare	DCMS	\$7,598.43
40340754-01	EMORY UNIVERSITY HOSPITAL MAIN	1/9/2023	\$4,864.20	\$3,502.22	\$1,428.14	70.6%	Medicare	INFUSION	\$518.52
40055285-01	COBB HOSPITAL	1/18/2023	\$43,699.00	\$28,587.81	\$28,587.81	34.6%	PPO	INFUSION	\$0.00
40502453-01	BUCKHEAD HOME TRAINING	2/1/2023	\$108,360.00	\$108,360.00	\$3,898.72	96.4%	Medicare	DCMS	\$6,865.32
40696025-01	EMORY UNIVERSITY HOSPITAL MAIN	2/7/2023	\$5,211.20	\$3,752.06	\$1,428.14	72.6%	Medicare	OUTPATIENT	\$580.98
40370430-01	COBB HOSPITAL	2/15/2023	\$43,581.70	\$28,500.22	\$28,500.22	34.6%	PPO	INFUSION	\$0.00
40359320-01	EMORY UNIVERSITY HOSPITAL MIDTOWN	2/22/2023	\$2,171.32	\$1,563.36	\$1,563.36	28.0%	PPO	INFUSION	\$0.00
40275327-01	HEMOPHILIA OF GEORGIA	3/7/2023	\$7,706.40	\$972.00	\$972.00	87.4%	PPO	INFUSION	\$0.00
40536656-01	EMORY UNIVERSITY HOSPITAL MAIN	3/7/2023	\$4,864.20	\$3,502.22	\$1,428.14	70.6%	Medicare	OUTPATIENT	\$518.52
40559011-01	COBB HOSPITAL	3/15/2023	\$43,695.10	\$28,585.27	\$4,622.56	89.4%	Medicare	OUTPATIENT	\$3,500.00
41015477-01	BUCKHEAD HOME TRAINING	4/1/2023	\$116,100.00	\$33,600.00	\$4,177.20	96.4%	Medicare	DCMS	\$7,355.70
41017924-01	COBB HOSPITAL	4/12/2023	\$44,238.50	\$28,888.06	\$28,888.06	34.7%	Medicare	INFUSION	\$3,500.00
41030746-01	BUCKHEAD HOME TRAINING	5/1/2023	\$122,842.90	\$122,842.90	\$4,460.50	96.4%	Medicare	DCMS	\$0.00
41017837-01	EJIEKE MD, NONYELUM	5/9/2023	\$6,560.00	\$6,235.99	\$1,165.10	82.2%	Medicare	INFUSION	\$1,267.73
41231180-01	COBB HOSPITAL	5/10/2023	\$44,708.50	\$29,240.56	\$4,614.19	89.7%	Medicare	INFUSION	\$3,500.00
41153744-01	EMORY UNIVERSITY HOSPITAL MIDTOWN	5/24/2023	\$21,069.16	\$15,169.80	\$8,246.37	60.9%	Medicare	OUTPATIENT	\$1,730.86
41270485-01	BUCKHEAD HOME TRAINING	6/1/2023	\$116,100.00	\$116,100.00	\$4,177.20	96.4%	Medicare	DCMS	\$0.00
41723107-01	COBB HOSPITAL	6/7/2023	\$44,600.10	\$29,159.16	\$4,753.44	89.3%	Medicare	OUTPATIENT	\$3,500.00
41336036-01	EMORY UNIVERSITY	6/8/2023	\$4,420.20	\$3,182.54	\$1,431.72	67.6%	Medicare	INFUSION	\$437.71
41579159-01	BUCKHEAD HOME TRAINING	7/1/2023	\$119,970.00	\$119,970.00	\$4,316.44	96.4%	Medicare	DCMS	\$0.00
41723131-01	COBB HOSPITAL	7/5/2023	\$44,656.60	\$29,196.01	\$4,837.77	89.2%	Medicare	OUTPATIENT	\$3,500.00
41640640-01	EMORY UNIVERSITY	7/11/2023	\$6,056.84	\$4,360.92	\$2,089.19	65.5%	Medicare	OUTPATIENT	\$567.93
41845509-01	BUCKHEAD HOME TRAINING	8/1/2023	\$119,970.00	\$119,970.00	\$4,316.44	96.4%	Medicare	DCMS	\$0.00
41888025-01	EMORY UNIVERSITY	8/8/2023	\$6,453.84	\$1,807.08	\$1,807.08	72.0%	PPO	OUTPATIENT	\$0.00
41908744-01	CHEUVRONT FNP, JOY	9/5/2023	\$3,822.58	\$1,666.59	\$1,666.59	56.4%	PPO	INFUSION	\$0.00
2023 Totals			\$1,208,565.24	\$991,557.67	\$157,834.03	86.9%			\$44,941.70

\*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 **\$788,782.**



# Plan Design

	High Option		Middle Option		Low Option HDHP	
Plan Design: Tier Structure:	In-Network		In-Network		In-Network	
<b>Deductible</b>						
Individual	\$500		\$1,000		\$3,000	
Family	\$1,500		\$3,000		\$6,000	
<b>Coinsurance</b>	80%		80%		100%	
<b>Out-of-pocket Maximum</b>						
Individual	\$2,500		\$3,000		\$3,500	
Family	\$7,500		\$9,000		\$7,000	
<b>Office Visits</b>						
Preventive Care	100%		100%		100%	
Primary Care	\$25 copay		\$30 copay		100% after deductible	
Specialist	\$35 copay		\$40 copay		100% after deductible	
<b>Diagnostics</b>						
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	
<b>Immediate Medical Care</b>						
Emergency Room	\$250 copay		\$250 copay		100% after deductible	
Urgent Care	\$25 copay		\$30 copay		100% after deductible	
<b>InPatient Hospital</b>						
Facility	80% after deductible		80% after deductible		100% after deductible	
Physician/Surgeon	80% after deductible		80% after deductible		100% after deductible	
<b>OutPatient Hospital</b>						
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	
<b>Retail Prescription Drugs</b>	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	50% of cost (Does not apply to OOM)		50% of cost (Does not apply to OOM)		50% of cost (Does not apply to OOM)	

\*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

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

# Ancillary Lines

## Renewal Summary



### Dental

#### 6 % Increase:

- 80% loss ratio over the past 12 months.



### Vision

#### 0 % Increase:



### Basic Life/ADD Voluntary Life

#### 28 % Increase:

- Original Renewal increase of 59%.
- 249% loss ratio.



### STD & LTD

#### 14 % Increase STD

- 67% loss ratio.
- 18 paid claims.

#### 4 % Increase LTD:

- System Error reduced rate from originally sold rate of \$.40 to \$.308. Guardian to hold rate of \$.308.
- 1 active claim.



### Voluntary Benefits

Voluntary Critical Illness will remain flat with 0% Increase.

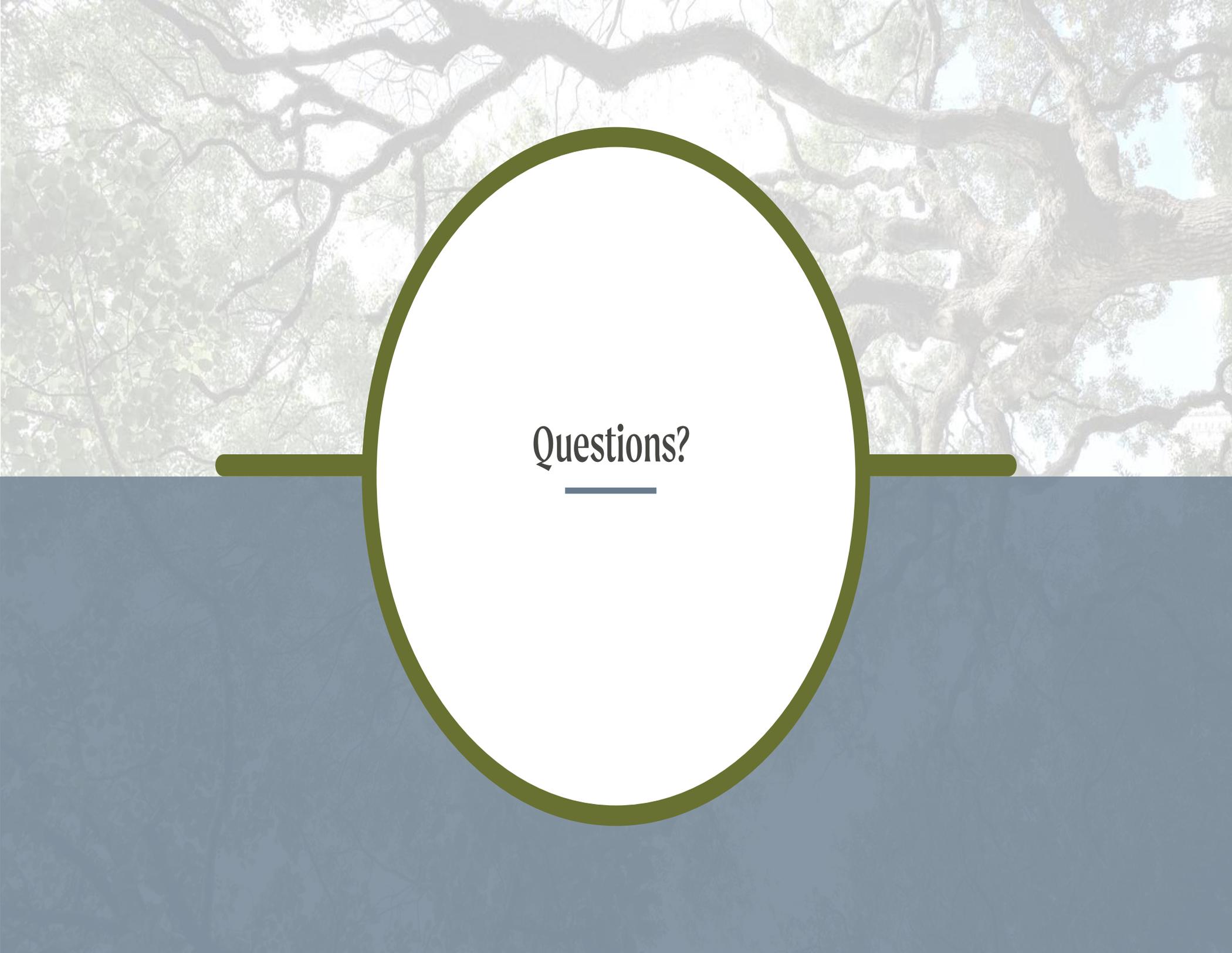
# Ancillary Lines

## Rate Summary

Dental Plan		Current	Renewal
<b>Monthly Rates</b>			
EO	158	\$31.34	\$33.22
EE+1	60	\$61.97	\$65.69
FAM	71	\$108.57	\$115.08
Total Monthly Premium		\$16,378.39	\$17,360.84
Total Annual Premium		\$196,540.68	\$208,330.08
Change			6%
2 year rate guarantee			
Vision		Current	Renewal
<b>Monthly Rates</b>			
EO	123	\$8.33	\$8.33
EE+1	52	\$16.16	\$16.16
FAM	45	\$23.73	\$23.73
Total Monthly Premium		\$2,932.76	\$2,932.76
Total Annual Premium		\$35,193.12	\$35,193.12
Change			0%
2 year rate guarantee			

Basic Life	Guardian Current	Guardian Renewal	
Basic Life	0.342	0.445	
ADD	0.020	0.020	
<b>Monthly Rates</b>			
Basic Life	\$ 36,995,905.00	\$12,652.60	\$16,463.18
ADD	\$ 36,995,905.00	\$739.92	\$739.92
Total Monthly Premium		\$13,392.52	\$17,203.10
Total Annual Premium		\$160,710.21	\$206,437.15
			28%
1 year rate guarantee			
STD	Guardian Current	Guardian Renewal	
60% up to \$700	0.324	0.370	
<b>Monthly Rates</b>			
STD	\$ 211,360.00	\$6,848.06	\$7,820.32
Total Monthly Premium		\$6,848.06	\$7,820.32
Total Annual Premium		\$82,176.77	\$93,843.84
			14%
2 year rate guarantee			
LTD	Guardian Current	Guardian Renewal	
60% up to \$4000 / \$5000	0.308	0.320	
<b>Monthly Rates</b>			
LTD	\$ 1,700,706.00	\$5,238.17	\$5,442.26
Total Monthly Premium		\$5,238.17	\$5,442.26
Total Annual Premium		\$62,858.09	\$65,307.11
			4%
1 year rate guarantee			

Recommended: Renew with Guardian



Questions?

---