



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

October 17, 2024

6:30 PM

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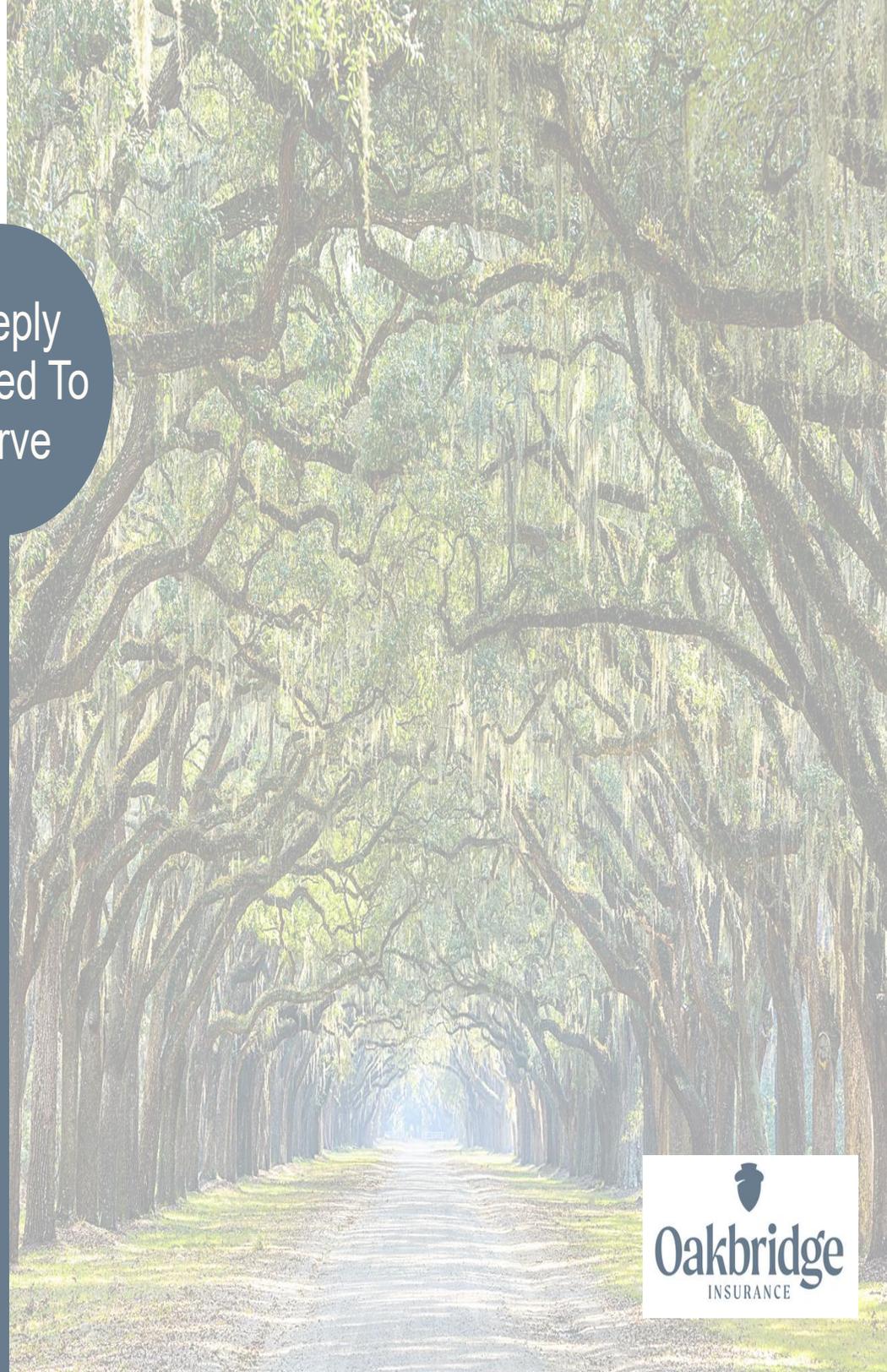
C. COW2024-075 2025 Healthcare Benefits Presentation



CITY OF SMYRNA  
GEORGIA

Deeply  
Rooted To  
Serve

# 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

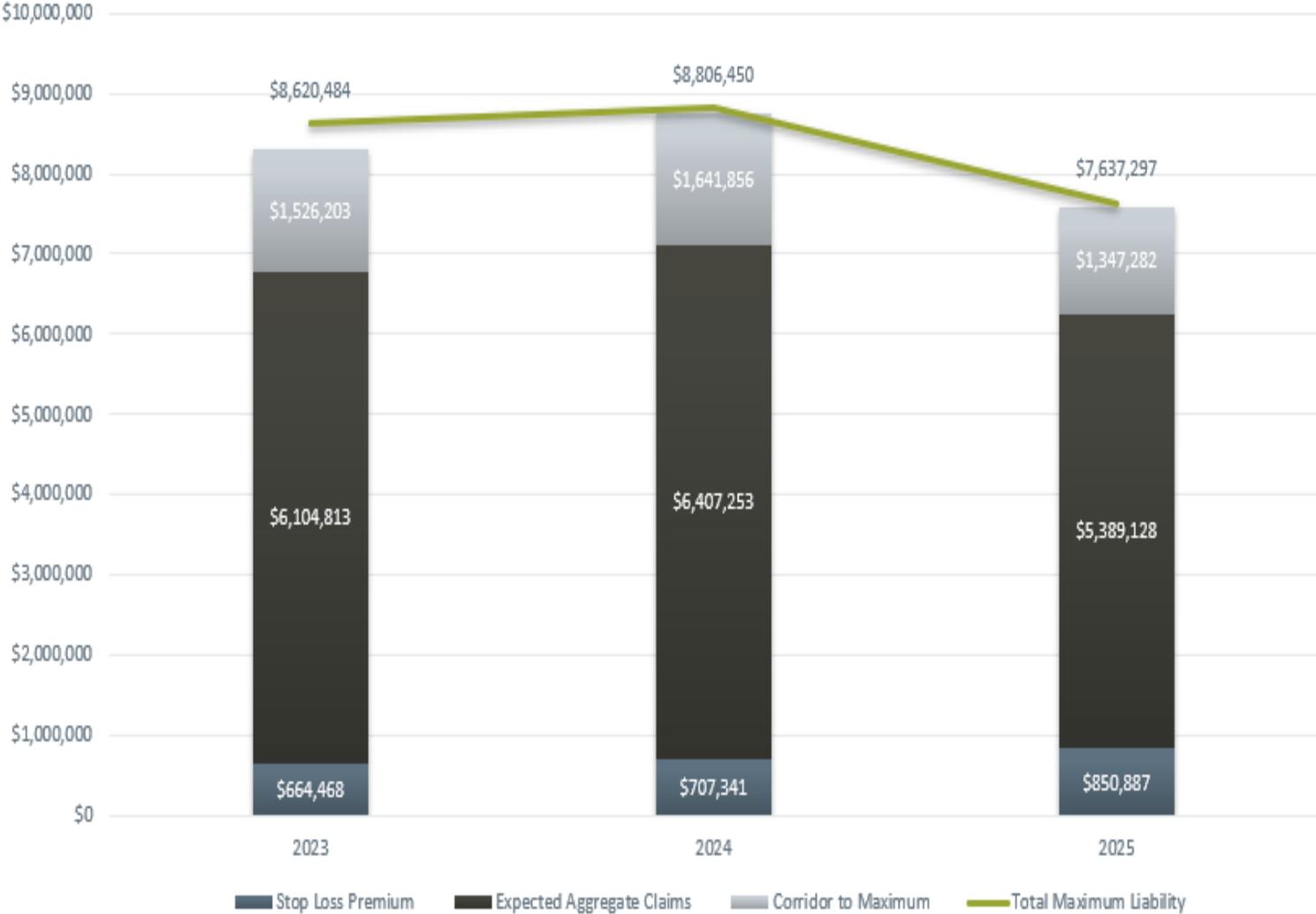
**Total Employee Count** 335

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

	Current	Renewal	CHANGE
<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>	\$275,000	\$275,000	
<b>Total Fixed &amp; Variable Costs</b>			
<i>Admin Fixed Costs</i>	\$391,260	\$414,737	\$23,477
<i>Stop Loss Premiums</i>	\$664,534	\$850,887	\$186,353
<i>Captive Capital Contribution</i>	\$70,734	N/A for year 3	-\$70,734
<i>Additional Laser Liability</i>	\$50,000	\$50,000	\$0
<i>Max Aggregate Claims Liability</i>	\$7,521,718	\$6,736,410	-\$785,308
<i>Expected Aggregate Claims Liability</i>	\$6,017,374	\$5,389,128	-\$628,246
<b>Total Maximum Liability</b>	<b>\$8,698,246</b>	<b>\$8,052,033</b>	<b>-\$646,213</b>
<b>% Change from Current</b>		<b>-7.43%</b>	
<b>Minimum Annual Aggregate Deductible</b>	<b>\$8,009,066 (2024)</b>	<b>\$6,736,410 (2025)</b>	<b>-\$1,272,596</b>

# Historical Stop Loss Renewals

3 Year Stop Loss At-a-Glance



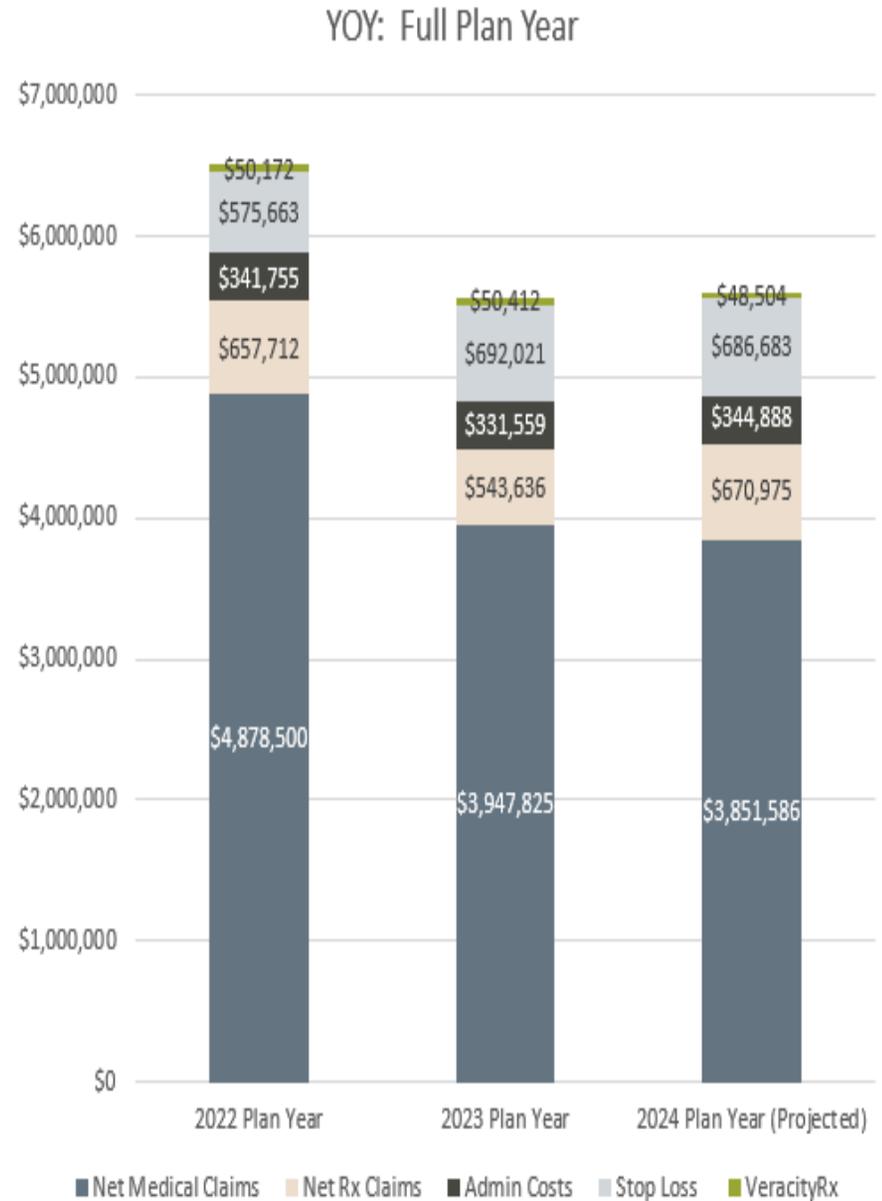
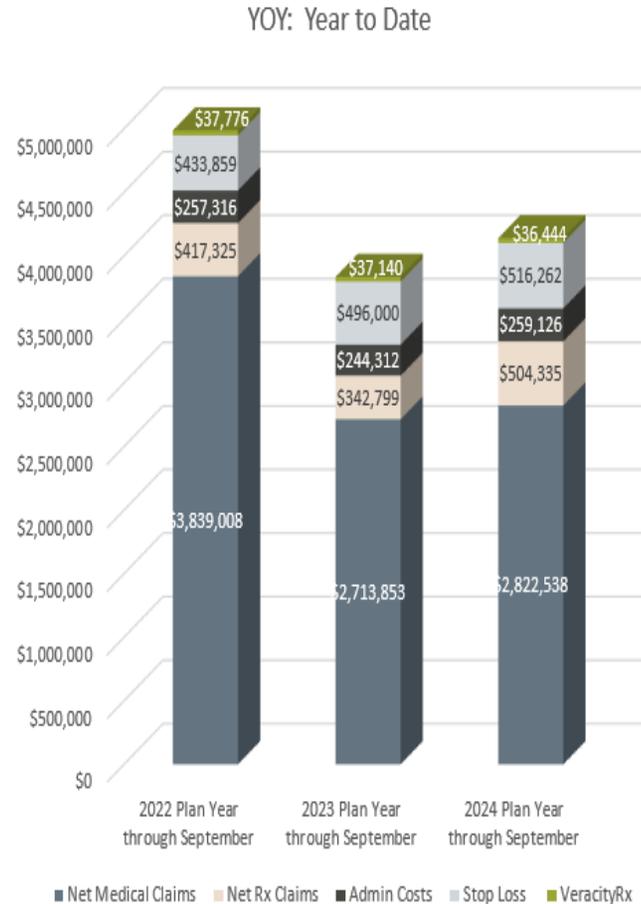
\*Excludes medical administration fixed costs & captive capital contribution

# 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>
<b>2024 Plan Year through September</b>	\$2,822,538	\$504,335	\$259,126	\$516,262	\$36,444	<b>\$4,138,705</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</b>	\$3,947,825	\$543,636	\$331,559	\$692,021	\$50,412	<b>\$5,565,453</b>
<b>2024 Plan Year (Projected)</b>	\$3,851,586	\$670,975	\$344,888	\$686,683	\$48,504	<b>\$5,602,636</b>

**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
4342568701	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
<b>2024 Totals</b>				<b>\$851,277.65</b>	<b>\$797,212.79</b>	<b>\$56,578.66</b>	<b>93.35%</b>				<b>\$9,370.02</b>

Executive Summary:

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

\*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.



# 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		\$3,300
Family		\$1,500		\$3,000		\$6,600
<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	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



## 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

# Employee Contributions

Recommended:

No change to Employee Contributions

Rates set at current Wellness Credit rate.

## 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	
<b>Monthly Rates</b>					
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	
<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		\$	2,933	\$	2,933
Total Annual Premium		\$	35,193	\$	35,193
Change		0%			

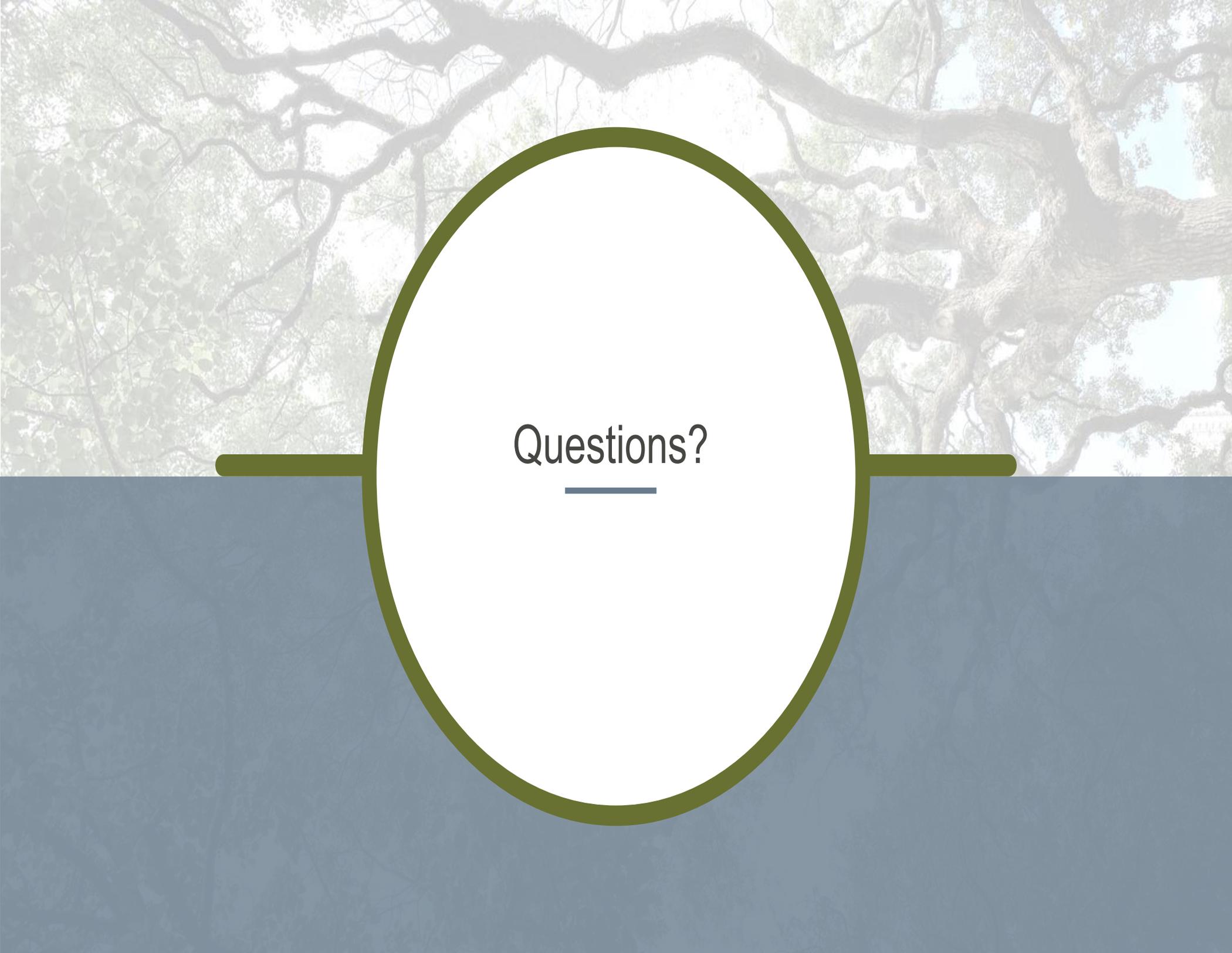
Basic Life		Guardian Current		Guardian Renewal		
Basic Life			0.445		0.600	
ADD			0.020		0.020	
Dependent Life		\$	0.52	\$	0.52	
<b>Summary</b>						
Basic Life	\$	40,008,310	\$	17,804	\$	24,005
ADD	\$	32,573,310	\$	651	\$	651
Dependent Life		230	\$	120	\$	120
Total Monthly Premium			\$	18,575	\$	24,776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

STD		Guardian Current		Guardian Renewal		
60% up to \$700			0.370		0.400	
<b>Summary</b>						
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	
<b>Summary</b>						
LTD	\$	1,929,308	\$	6,174	\$	6,174
Total Monthly Premium			\$	6,174	\$	6,174
Total Annual Premium			\$	74,085	\$	74,085
						0%

Recommended: Renew with Guardian

2025 Estimated Employer Annual Increase: \$82,675



Questions?

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