# 2021 EMPLOYEE BENEFITS PLAN



COLLEEN SAVOIEACCOUNTSHELLY TUTTLEACCOUNTBARBRA FREEMANANALYST

ACCOUNT EXECUTIVE ACCOUNT MANAGER ANALYST

# City of Valdez 2021 Employee Benefits Plan: **Marketing Study**



### April 1, 2021 Renewal

Stop Loss Market	Results	Comments	
Sun Life	-6.70%	Incumbent Plan, negotiated rate decrease	
HCC	-14.30%	Competitive, see marketing results	
Optum	12.0%	Not Competitive	
QBE	10.30%	Not Competitive	
Swiss Re	28.8%	Not Competitive	
Symetra	Declined	Not Competitive	
Ullico	-10.20%	Competitive, see marketing results	
Voya	-14.10%	Competitive, see marketing results	

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## City of Valdez 2021 Employee Benefits Plan: **Total Cost**



#### April 1, 2021 Renewal

		Current Meritain/SunLife	Actual Cost YTD Meritain/SunLife	Negotiated Renewal Meritain/SunLife	HCC Option Meritain/HCC
		Current Budget	Actual Cost Annualized	Projected Costs	Projected Costs
ndividual Stop Loss (ISL) Dedu	uctible	\$175,000	\$175,000	\$175,000	\$175,000
Fixed Costs	132	\$323.26	\$336.53	\$304.92	\$283.98
Broker Fee	132	\$19.77	\$20.79	\$20.36	\$20.36
Total Fixed Fees		\$343.03	\$357.32	\$325.28	\$304.34
% Change from Current			4.2%	-5.2%	-11.3%
Expected Costs					
Medical/RX	132	\$1,821.38	\$1,228.64	\$1,846.43	\$1,846.43
Dental Claims	132	\$146.81	\$109.45	\$139.15	\$139.15
Vision Claims	132	\$36.49	\$30.29	\$39.75	\$39.75
Total Expected Costs		\$2,347.71	\$1,725.70	\$2,350.61	\$2,329.67
			-26.5%	0.1%	-0.8%
				[	
Maximum Costs	100	<b>*</b> 0.011.10	<b>60 011 10</b>	00.011.10	<b>AA A A A A</b>
Medical/RX	132	\$2,211.40	\$2,211.40	\$2,211.40	\$2,118.88
Dental Claims Vision Claims	132 132	\$146.81 \$36.49	\$109.45 \$30.29	\$139.15 \$39.75	\$139.15 \$39.75
	132		\$30.29	\$39.75	\$39.75
Total Maximum Costs		\$2,737.73	\$2,708.46 -1.1%	\$∠,715.58 -0.8%	\$2,602.12 -5.0%
			-1.1%	-0.8%	-5.0%
Total Monthly Expected Cost		\$309,897	\$227,792	\$310,281	\$307,516
Total Annual Expected Cost		\$3,718,767	\$2,733,509	\$3,723,366	\$3,690,197
% Change from Current		, ., .	-26.5%	0.1%	-0.8%
Total Monthly Maximum Liab	ility	\$361,380	\$357,517	\$358,457	\$343,480
Total Annual Maximum Liabi		\$4,336,558	\$4,290,201	\$4,301,479	\$4,121,758
% Change from Current			-1.1%	-0.8%	-5.0%

#### Notes

1. Expected claims based on claim projection blending current and prior years.

2. Actual Cost based on net costs from April 2020 thru January 2021, annualized.

3. Broker fee based on current fee of \$58,350 with a 3% increase per year, shared between City of Valdez and Valdez City Schools.

# City of Valdez 2021 Employee Benefits Plan: **Third Party Administrator**



## April 1, 2021 Renewal

		Current	Renewal
dministration Fees		Meritain	Meritain
Medical/Rx	132	\$25.50	\$25.75
Dental	132	\$2.20	\$2.20
Vision	132	\$0.80	\$0.80
Network Fees			
Aetna Network		15% of Savings	15% of Savings
The Alaska Preferred Provider Network		25% of Savings	25% of Savings
Utilization Management	132	\$2.55	\$2.55
Case Management	132	\$155 / hour	\$160 / hour
TeleDoc	132	\$3.10	\$3.10
COBRA Administration	132	\$1.40	\$1.40
PBM Interface Fee	132	\$2.00	\$2.00
Health Merits	132	\$4.45	\$4.45
Biometric Screening	132	\$200.40 / screening	\$200.40 / screening
EAP	132	\$1.25	\$1.25
BridgeHealth	132	\$2.70	\$2.70
stimated Total PEPM	132	\$45.95	\$46.20
nnual Fixed Costs		\$72,785	\$73,181
Change			\$396
Change			0.5%

Additional Charges		
SBC Preparation	\$250 per year	\$250 per year
Independent Review	via Medical Rehabilitaion	via Medical Rehabilitaion
	Consultants	Consultants

Notes		
PPO Network - Alaska	Aetna Choice PPO	Aetna Choice PPO
Wrap Network	The Alaska Preferred Provider Network	The Alaska Preferred Provider Network
PBM	Caremark via National Cooperative RX	Caremark via National Cooperative RX
Rx Rebates	100% Pass Thru	100% Pass Thru
Additional Notes	Broker Commission not included	Broker Commission not included

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#### April 1, 2021 Renewal

			Firm until 3/1	Firm until 2/26	Firm until 2/24
		Current	Negotiated Renewal	Option 1	Option 2
		SunLife	SunLife	нсс	Ullico
		ISL Level \$175,000	ISL Level \$175,000	ISL Level \$175,000	ISL Level \$175,000
ndividual Stop Loss Featu	ires				
ndividual Stop Loss (ISL) Dedu		\$175,000	\$175,000	\$175,000	\$175,000
Annual Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Contract Type		Paid	Paid	Paid	24/12
Benefits covered		Medical/RX	Medical/RX	Medical/RX	Medical/RX
No New Laser @ Renewal		Included	Included	Included	Included
Rate Cap		50%	50%	45%	50%
SL Advancement		Included	Included	Included	Included
Experience Refunding		Not Included	Not Included	Not Included	Not Included
_aser(s)		None	None	None	1 Term'd member
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Stop Loss Rates					
SL Premium					
Employee	38	\$265.55	\$246.96	\$226.22	\$241.15
Family	94	\$265.55	\$246.96	\$226.22	\$241.15
Aggregate Premium	1				
Composite	132	\$11.76	\$11.76	\$11.56	\$7.77
Monthly Stop Loss Premiums		\$36,605	\$34,151	\$31,387	\$32,857
Fotal Annual Stop Loss Costs	;	\$439,259	\$409,812	\$376,644	\$394,289
% Change From Current		-	-6.7%	-14.3%	-10.2%
	•		++		
Aggregate Stop Loss Fact	ors				
Contract Type		Paid	Paid	Paid	24/12
Aggregate Corridor		125%	125%	125%	125%
Benefits covered		Medical/RX	Medical/RX	Medical/RX	Medical/RX
Run-In Limit		N/A	N/A	\$934,424	\$1,068,100
Monthly Accommodation		Not Included	Not Included	Not Included	Not Included
Annual Reimbursement Maximu	ım	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Plan Mirroring		Included	Included	Included	Not included
Minimum Attachment Point		90%	90%	90%	100%
Aggregate Factors				/0	
Employee	38	\$2,211.40	\$2,211.40	\$2,118.88	\$2,422.10
Family	94	\$2,211.40	\$2,211.40	\$2,118.88	\$2,422.10
Monthly Aggregate Factors		\$291,905	\$291,905	\$279,692	\$319,717
Annual Maximum Claims		\$3,502,858	\$3,502,858	\$3,356,306	\$3,836,606
% Change From Current		-	0.0%	-4.2%	9.5%
Annual Expected Claims		\$2,885,066	\$2,924,745	\$2,924,745	\$2,924,745
% Change From Current		_	1.4%	1.4%	1.4%
<b>Dental Expected Claims</b>					
PEPM Expected Claims	132	\$146.81	\$139.15	\$139.15	\$139.15
Nonthly		\$19,379	\$18,368	\$18,368	\$18,368
Annual		\$232,547	\$220,414	\$220,414	\$220,414
Vision Expected Claims					
PEPM Expected Claims	132	\$36.49	\$39.75	\$39.75	\$39.75
Monthly		\$4,817	\$5,247	\$5,247	\$5,247
Annual		\$57,800	\$62,964	\$62,964	\$62,964



#### April 1, 2021 Renewal

			Firm until 2/26	Firm until 3/1	Firm until 3/1
		Current	Option 3	Option 4	Option 5
		SunLife	Voya	SunLife	SunLife
		ISL Level \$175,000	ISL Level \$175,000	ISL Level \$200,000	ISL Level \$225,000
ndividual Stop Loss Featu	res				
dividual Stop Loss (ISL) Deduc	tible	\$175,000	\$175,000	\$200,000	\$225,000
nnual Maximum		Unlimited	Unlimited	Unlimited	Unlimited
Contract Type		Paid	24/12	Paid	Paid
enefits covered		Medical/RX	Medical/RX	Medical/RX	Medical/RX
lo New Laser @ Renewal		Included	Included	Included	Included
ate Cap		50%	45%	50%	50%
SL Advancement		Included	Included	Included	Included
Experience Refunding		Not Included	Not Included	Not Included	Not Included
aser(s)		None	None	None	None
top Loss Rates					
SL Premium					<b>AA</b> ( <b>A A A A A A A A A A</b>
Employee	38	\$265.55	\$227.84	\$226.07	\$214.74
Family	94	\$265.55	\$227.84	\$226.07	\$214.74
Aggregate Premium					
Composite	132	\$11.76	\$10.50	\$11.76	\$11.76
Ionthly Stop Loss Premiums		\$36,605	\$31,461	\$31,394	\$29,898
otal Annual Stop Loss Costs		\$439,259	\$377,531	\$376,723	\$358,776
6 Change From Current		•	-14.1%	-14.2%	-18.3%
Aggregate Stop Loss Facto	re				
Contract Type	<i>л</i> з	Paid	24/12	Paid	Paid
		125%	125%	125%	125%
Aggregate Corridor Benefits covered		Medical/RX	Medical/RX	Medical/RX	Medical/RX
Run-In Limit		N/A	None	N/A	N/A
Monthly Accommodation		Not Included	Not Included	Not Included	Not Included
Annual Reimbursement Maximu	m	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Plan Mirroring		Included	Included	Included	Included
Animum Attachment Point		90%	85%	90%	90%
Aggregate Factors	22	<b>*</b> 0.011.10	<b>*</b> 0 000 0 <del>7</del>	<b>*</b> 0.050.77	<b>*</b> 0.000.74
Employee Family	38 94	\$2,211.40 \$2,211.40	\$2,200.27 \$2,200.27	\$2,253.77	\$2,280.74 \$2,280.74
Nonthly Aggregate Factors	94	\$2,211.40	\$2,200.27 \$290,436	\$2,253.77 \$297,498	\$2,280.74
Annual Maximum Claims		\$3,502,858	\$3,485,228	\$3,569,972	\$3,612,692
6 Change From Current		-	-0.5%	\$3,569,972 1.9%	3.1%
Annual Expected Claims		\$2,885,066	\$2,924,745	\$2,980,783	\$3,016,453
% Change From Current		-	1.4%	3.3%	4.6%
o ondrige i form ourrent			1.470	0.070	4.070
Dental Expected Claims					
PEPM Expected Claims	132	\$146.81	\$139.15	\$139.15	\$139.15
Ionthly		\$19,379	\$18,368	\$18,368	\$18,368
Annual		\$232,547	\$220,414	\$220,414	\$220,414
/ision Expected Claims					
PEPM Expected Claims	132	\$36.49	\$39.75	\$39.75	\$39.75
lonthly		\$4,817	\$5,247	\$5,247	\$5,247
Annual		\$57,800	\$62,964	\$62,964	\$62,964



#### April 1, 2021 Renewal

		Firm until 3/1	Firm until 2/26	Firm until 2/24
	Current SunLife ISL Level \$175,000	Negotiated Renewal SunLife ISL Level \$175,000	Option 1 HCC ISL Level \$175,000	Option 2 Ullico ISL Level \$175,000
Projected Cost Analysis TPA	Meritain	Meritain	Meritain	Meritain
Annual Fixed Costs				
Total Administration Fees Stop Loss Premiums	\$72,785 \$439,259	\$73,181 \$409,812	\$73,181 \$376,644	\$73,181 \$394,289
Total Est. Fixed Costs	\$512,044	\$482,993	\$449,824	\$467,470
% Change From Current		-5.7%	-12.2%	-8.7%
	\$323.26			
Total Projected Claims				
Total Maximum Claims	\$3,793,205	\$3,786,235	\$3,639,684	\$4,119,984
Total Expected Claims	\$3,175,413	\$3,208,123	\$3,208,123	\$3,208,123
Total Liability				
Annual Total at Maximum	\$4,305,249	\$4,269,228	\$4,089,508	\$4,587,454
\$ Change From Current	-	(\$36,020)	(\$215,741)	\$282,205
% Change From Current		-0.8%	-5.0%	6.6%
Annual Total at Expected	\$3,687,457	\$3,691,116	\$3,657,947	\$3,675,593
\$ Change From Current	-	\$3,659	(\$29,510)	(\$11,864)
% Change From Current	-	0.1%	-0.8%	-0.3%

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#### April 1, 2021 Renewal

		Firm until 2/26	Firm until 3/1	Firm until 3/1
	Current SunLife ISL Level \$175,000	Option 3 Voya ISL Level \$175,000	Option 4 SunLife ISL Level \$200,000	Option 5 SunLife ISL Level \$225,000
Projected Cost Analysis TF	PA Meritain	Meritain	Meritain	Meritain
Annual Fixed Costs				
Total Administration Fees Stop Loss Premiums	\$72,785 \$439,259	\$73,181 \$377,531	\$73,181 \$376,723	\$73,181 \$358,776
Total Est. Fixed Costs	\$512,044	\$450,711	\$449,904	\$431,957
% Change From Current		-12.0%	-12.1%	-15.6%
	\$323.26			
Total Projected Claims				
Total Maximum Claims	\$3,793,205	\$3,768,605	\$3,853,349	\$3,896,070
Total Expected Claims	\$3,175,413	\$3,208,123	\$3,264,160	\$3,299,830
Total Liability				
Annual Total at Maximum	\$4,305,249	\$4,219,317	\$4,303,253	\$4,328,027
Change From Current		(\$85,932)	(\$1,996)	\$22,778
% Change From Current	-	-2.0%	0.0%	0.5%
Annual Total at Expected	\$3,687,457	\$3,658,834	\$3,714,064	\$3,731,787
\$ Change From Current	-	(\$28,623)	\$26,607	\$44,330
% Change From Current	-	-0.8%	0.7%	1.2%

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#### April 1, 2021 Renewal

	ISL Deductible	ISL Stoploss Premium	Dollar Change From Current	Claim Breakeven Point
Current - \$175,000 ISL	\$175,000	\$391,185	-	-
Option 1 - \$200,000 ISL	\$200,000	\$358,095	(\$33,090)	1.3
Option 2 - \$225,000 ISL	\$225,000	\$340,148	(\$51,036)	1.0
	2017-2018	2018-2019	2019-2020	2020-2021
Large Claims Over ISL per Plan Year	\$0	\$179,492	\$422,147 \$230,208	\$0

Option 1 - \$200,000 ISL				
Additional Claim Liability	\$0	\$4,492	\$50,000	\$0
Premium Dollar Change From Current	(\$33,090)	(\$33,090)	(\$33,090)	(\$33,090)
Total Illustrative Cost Difference	(\$33,090)	(\$28,598)	\$16,910	(\$33,090)
Option 2 - \$225,000 ISL				
Additional Claim Liability	\$0	\$4,492	\$100,000	\$0
Premium Dollar Change From Current	(\$51,036)	(\$51,036)	(\$51,036)	(\$51,036)
Total Illustrative Cost Difference	(\$51,036)	(\$46,544)	\$48,964	(\$51,036)

#### Notes

1. 2020-21 large claims are plan year to date (April 2020 -December 2020).

2. Stoploss premiums for plan years 2017-2020 are assumed to be equivalent to the 2020-2021 premiums for illustration purposes.