

**NOTICE OF OPEN MEETING & VOTE TO
CLOSE PART OF THE MEETING
A G E N D A
SPECIAL COUNCIL MEETING
City of Moberly
City Council Room – Moberly City Hall
101 West Reed Street
November 05, 2020
4:00 PM**

Posted:

Pledge of Allegiance

Roll Call

Approval of Agenda

Recognition of Visitors

Communications, Requests, Informational Items & Consent Calendar

1. Discussion of Health Insurance Renewal Report for 2021.

Anything Else to Come Before the Council

2. Consideration of a Motion to adjourn to Closed Session to discuss the status of pending personnel (MO Statute 610.021) (3)

Adjournment

We invite you to attend virtually by viewing it live on the City of Moberly You Tube Live Channel, Facebook page. A link to the City’s Channel can be found on our website’s main page at www.cityofmoberly.com. The public is invited to attend the Council meeting. Representatives of the news media may obtain copies of this notice by contacting the City Clerk. If a special accommodation is needed as addressed by the Americans with Disabilities Act, please contact the City Clerk twenty-four (24) hours in advance of the meeting.

City of Moberly City Council Agenda Summary

Agenda Number: #1.
 Department: Administration
 Date: November 5, 2020

Agenda Item: Discussion of Health Insurance Renewal Report for 2021.

Summary: USI will present the 2021 Health Insurance Renewal Report.

Recommended

Action: Discussion item.

Fund Name: N/A

Account Number: N/A

Available Budget \$: N/A

ATTACHMENTS:		Roll Call	Aye	Nay
<input type="checkbox"/> Memo	<input type="checkbox"/> Council Minutes	Mayor		
<input type="checkbox"/> Staff Report	<input type="checkbox"/> Proposed Ordinance	M___ S___ Jeffrey	___	___
<input checked="" type="checkbox"/> Correspondence	<input type="checkbox"/> Proposed Resolution	Council Member		
<input type="checkbox"/> Bid Tabulation	<input type="checkbox"/> Attorney's Report	M___ S___ Brubaker	___	___
<input type="checkbox"/> P/C Recommendation	<input type="checkbox"/> Petition	M___ S___ Kimmons	___	___
<input type="checkbox"/> P/C Minutes	<input type="checkbox"/> Contract	M___ S___ Davis	___	___
<input type="checkbox"/> Application	<input type="checkbox"/> Budget Amendment	M___ S___ Kyser	___	___
<input type="checkbox"/> Citizen	<input type="checkbox"/> Legal Notice			
<input type="checkbox"/> Consultant Report	<input type="checkbox"/> Other _____		Passed	Failed



Derek Duncan
Benefits Consultant

Terri Grace
Account Executive

Kelly Krupp
Account Manager

Jake Hurley
Benefits Analyst



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Section One

Executive Summary



Executive Summary

City of Moberly's employee benefits plans are due to renew on 1/1/2021. In preparation of this renewal, USI has received the incumbent renewals, conducted a market review, and reviewed benefit alternatives. The results of this renewal activity are summarized below and illustrated within. Also included is medical experience for the first 9 months of the 2020 plan year.

Medical Experience – Section II

The current plan year is performing at 89.5% of expected,
 This Expected to Net is a difference of \$86,958.
 September 2020 Net Claims were at 82% of Expected.
 Claims net of amounts over SSL, on a per employee basis, is -19.1% vs prior year.
 Observed Medical/Rx Trend is +7.4% to +8.3%.
 There are currently 2 claimants over the SSL deductible of \$50,000.
 Through all of prior year, there were 9 claimants over SSL.
 Rx Claims account for 28.5% of total gross claims for the plan year to date.
 USI Book of Business is approximately 21.9%.

January 01, 2021 Renewal Summary Renewal - Section III

Plan	Carrier	Current \$	Renewal \$	\$ Change	% Change
Annual Administration Premium	UMR	\$76,653	\$81,477	\$4,824	6.3%
Annual Stop Loss Premium	Sun Life	\$332,485	\$384,785	\$52,300	15.7%
Annual Total Fixed Costs		\$357,320	\$401,851	\$44,531	12.5%
<i>Annual Expected Claims Total</i>		\$1,079,876	\$1,227,190	\$147,314	13.6%
<i>Annual Maximum Claims Total</i>		\$1,344,846	\$1,528,988	\$184,142	13.7%
Annual Total Expected Costs		\$1,437,197	\$1,629,042	\$191,845	13.3%
Annual Total Maximum Costs		\$1,702,166	\$1,930,839	\$228,673	13.4%

Medical Plan – Section III

The UMR administrative renewal is coming in at an increase of 6.3%, Sun Life's initial stop loss renewal is a 15.7% increase on the stop loss rates, Sun Life is projecting a 13.6% increase on the claim factors. The overall expected increase is 13.3% or an annual increase of roughly \$191,845. Using competitive data USI was able to negotiate Sun Life down to an increase of 8.6% on the stop loss, which is roughly a \$29,000 increase in annual premium.

USI shopped to the stop loss market in search of competitive options. Of the carriers invited to submit a quote only Symetra was competitive compared to the revised Sun Life renewal. A detailed look at stop loss carriers invited to quote can be seen on the market review page. Symetra came in around 6.2% over current stop loss premiums this is about an \$8,000 annual savings compared to the revised Sun Life stop loss rates. The Symetra option has a rate cap of 60% rather than the 50% cap with Sun Life. Please see the self funded page in the medical plan section for a detailed look at the self funded options.



Section Two

Medical Experience



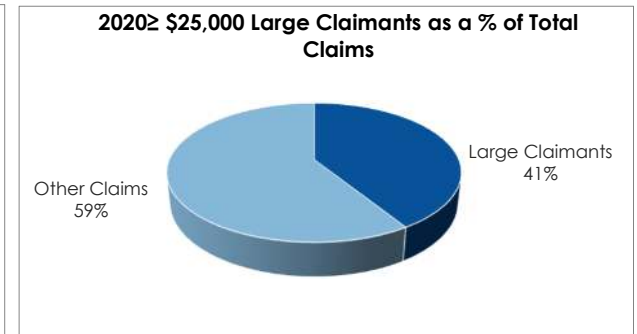
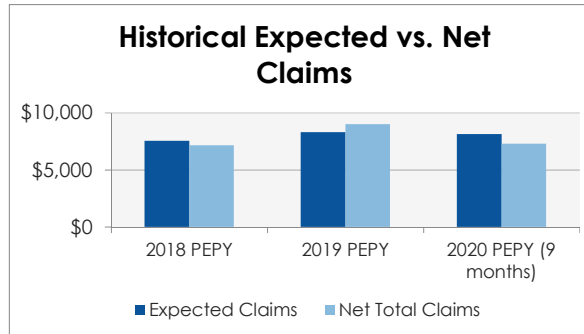
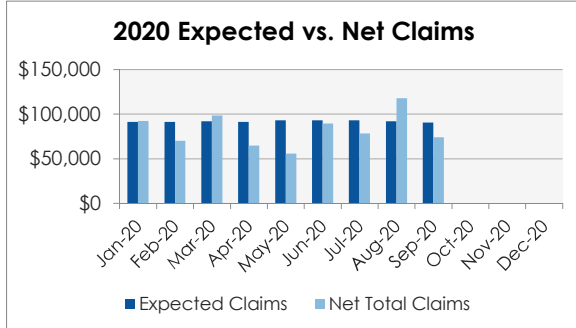
**City of Moberly
Medical/Rx Plan
Claims Experience Dashboard
Plan Year to Date (Data through September 2020)**

Experience Summary	Plan Year to Date		
	2018	2019	2020
1 Expected Claims	1,022,262	1,148,752	826,160
2 PEPY Δ from prior year	+5.6%	+10.0%	-2.0%
3 Paid Claims	968,581	1,244,926	739,202
4 Claims PEPY	7,166	9,016	7,295
5 PEPY Δ from prior year	-14.8%	+25.8%	-19.1%
6 Claims Variance to Expected	94.7%	108.4%	89.5%
7 Average Employees	135	138	135
8 Δ from prior year	-1.9%	+2.2%	-2.2%

Large Claimants	2020		
	2018	2019	2020
11 Claimants Over \$25k	8	14	6
12 Total Paid Over \$25k	336,372	774,057	331,707
13 Claimants Over SSL	3	9	2
14 Total Paid Over SSL	9,532	117,420	88,036

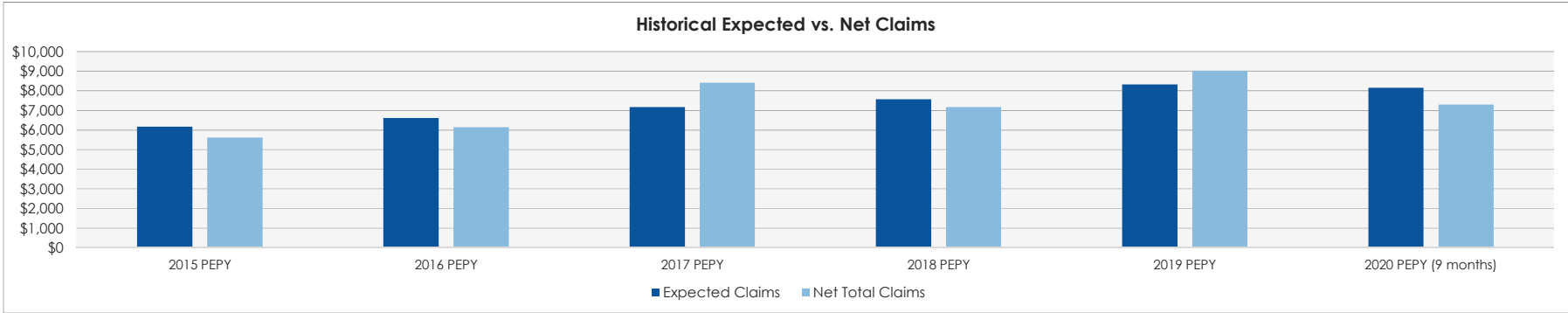
Executive Summary / Observations

- The current plan year is performing at 89.5% of expected, This Expected to Net is a difference of \$86,958.
- September 2020 Net Claims were at 82% of Expected.
- Claims net of amounts over SSL, on a per employee basis, is -19.1% vs prior year. Observed Medical/Rx Trend is +7.4% to +8.3%.
- There are currently 2 claimants over the SSL deductible of \$50,000. Through all of prior year, there were 9 claimants over SSL.
- Rx Claims account for 28.5% of total gross claims for the plan year to date. USI Book of Business is approximately 21.9%.



Notes

1. PEPY = Per Employee Per Year
2. 2020 includes 9 month(s) of data.
3. SSL = Specific Stop Loss



Time Period	Average Total Subscribers	Expected Claims	Gross Medical Claims	Gross Rx Claims	SSL Credit	Net Total Claims	Net Claims/Expected	Admin Fee	Stop Loss Premium	Total Fixed Costs	Actual Net*
2015	139	859,127	772,772	193,570	(170,192)	783,003	91%	43,916	238,218	282,135	1,065,138
2016	141	934,487	769,744	205,314	(83,679)	867,541	93%	44,520	262,965	307,485	1,175,026
2017	138	986,545	1,506,130	273,353	(602,188)	1,158,695	117%	44,218	301,998	346,216	1,504,911
2018	135	1,022,262	713,576	264,535	0	968,581	95%	75,293	271,065	346,358	1,314,939
2019	138	1,148,752	1,080,278	302,451	(117,420)	1,244,926	108%	76,918	302,468	379,386	1,624,312
2020 YTD (9 months)	135	826,160	591,627	235,631	(68,036)	739,202	89%	57,967	261,442	319,409	1,058,611

	Average Total Subscribers	Δ from prior year	Expected Claims	Δ from prior year	Gross Medical Claims	Δ from prior year	Gross Rx Claims	Δ from prior year	SSL Credit	Δ from prior year	Net Total Claims	Δ from prior year	Admin Fee	Δ from prior year	Stop Loss Premium	Δ from prior year	Total Fixed Costs	Δ from prior year	Actual Net*	Δ from prior year
2015 PEPY	139		6,162		5,543		1,388		(1,221)		5,616		315		1,709		2,024		7,640	
2016 PEPY	141	+1%	6,612	+7%	5,446	-2%	1,453	+5%	(592)	-51%	6,138	+9%	315	0%	1,861	+9%	2,176	+8%	8,314	+9%
2017 PEPY	138	-3%	7,162	+8%	10,934	+101%	1,984	+37%	(4,372)	+638%	8,412	+37%	321	+2%	2,192	+18%	2,513	+16%	10,925	+31%
2018 PEPY	135	-2%	7,563	+6%	5,279	-52%	1,957	-1%	0	-100%	7,166	-15%	557	+74%	2,005	-9%	2,562	+2%	9,728	-11%
2019 PEPY	138	+2%	8,319	+10%	7,823	+48%	2,190	+12%	(850)		9,016	+26%	557	-0%	2,190	+9%	2,748	+7%	11,763	+21%
2020 PEPY (9 months)	135	-2%	8,153	-2%	5,838	-25%	2,325	+6%	(671)	-21%	7,295	-19%	572	+3%	2,580	+18%	3,152	+15%	10,447	-11%

Notes

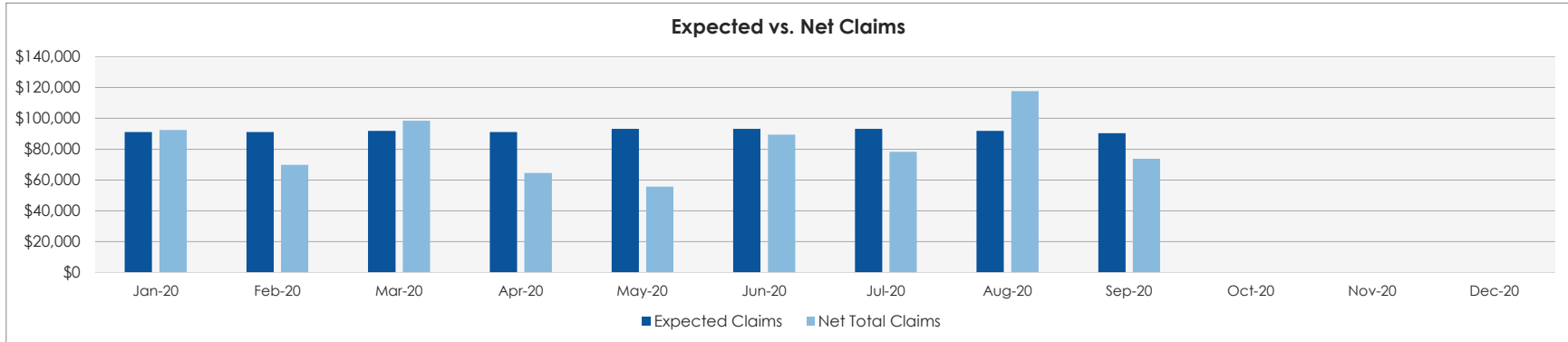
- 2020 includes 9 month(s) of data.
- PEPY = Per Employee Per Year

Actual Net includes all additional 'Other' costs from subsequent 'Cost Summary' page, not explicitly illustrated on this page.



City of Moberly
 Medical/Rx Plan - UMR
 Plan Year to Date (Data through September 2020) Cost Summary

#1.



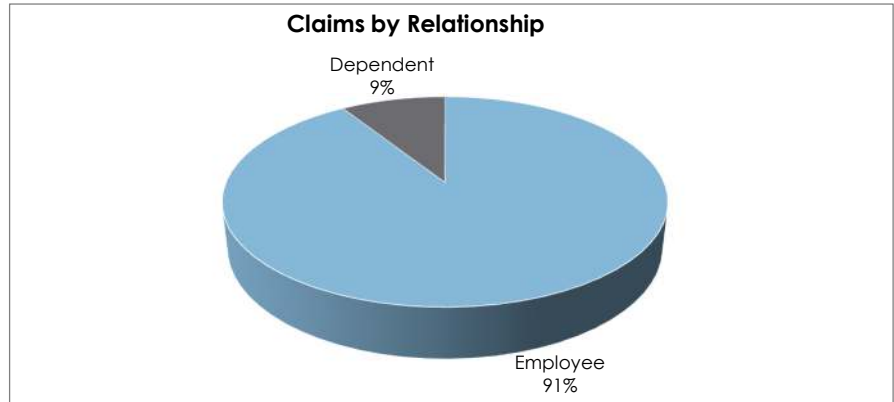
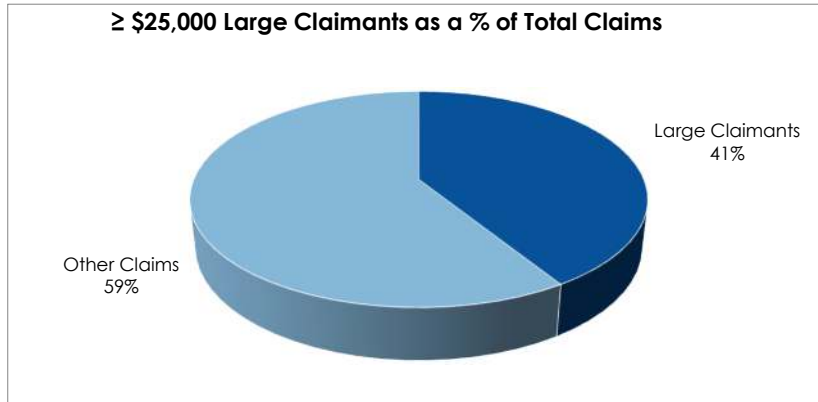
A	Enrollment		Fixed Costs			Claims							Total Plan Costs			Loss Ratio			
	F	G	H	I	J = H + I	K	L	M	N	P	Q	R = sum(M:Q)	W = J + K	X = J + L	Y = J + R	Z = R / L	AA = K - R	AB = L - R	
	Total Subscribers	Total Members	Admin Fee	Stop Loss Premium	Total Fixed Costs	Maximum Claims	Expected Claims	Gross Medical Claims	Gross Rx Claims	Non Agg Claims	SSL Credit	Net Total Claims	Maximum	Expected	Actual Net	Net Claims/Expected	Maximum to Net	Expected to Net	
Jan-20	134	272	6,388	29,227	35,614	113,801	91,041	64,010	28,286	(19)	-	92,277	149,415	126,655	127,892	101.4%	21,524	(1,236)	
Feb-20	134	271	6,388	29,410	35,797	113,801	91,041	41,855	27,966	-	-	69,821	149,598	126,838	105,618	76.7%	43,980	21,220	
Mar-20	135	270	6,435	29,195	35,630	114,650	91,720	76,272	26,559	(4,471)	-	98,361	150,281	127,350	133,991	107.2%	16,289	(6,641)	
Apr-20	134	265	6,388	28,861	35,249	113,801	91,041	105,057	19,554	(15,529)	(44,620)	64,461	149,049	126,289	99,709	70.8%	49,340	26,580	
May-20	137	268	6,531	29,314	35,845	116,349	93,079	39,917	22,204	-	(6,606)	55,515	152,194	128,924	91,360	59.6%	60,834	37,564	
Jun-20	137	269	6,531	29,314	35,845	116,349	93,079	74,721	17,099	-	(2,556)	89,264	152,194	128,924	125,110	95.9%	27,084	3,814	
Jul-20	137	268	6,531	29,131	35,662	116,349	93,079	47,860	35,186	-	(4,908)	78,138	152,011	128,741	113,800	83.9%	38,210	14,941	
Aug-20	135	265	6,435	28,646	35,082	114,650	91,720	95,947	27,328	-	(5,648)	117,628	149,732	126,802	152,710	128.2%	(2,978)	(25,908)	
Sep-20	133	263	6,340	28,344	34,684	112,952	90,361	45,987	31,450	-	(3,699)	73,738	147,635	125,045	108,421	81.6%	39,214	16,624	
Oct-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nov-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dec-20	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Totals	1,216	2,411	57,967	261,442	319,409	1,032,700	826,160	591,627	235,631	(20,019)	(68,036)	739,202	1,352,109	1,145,569	1,058,611	89.5%	293,498	86,958	
PEPY	135	268	572	2,580	3,152	10,191	8,153	5,838	2,325	(198)	(671)	7,295	13,343	11,305	10,447		2,896	858	

Notes

1. PEPY = Per Employee Per Year
2. Aggregate corridor is 125%. Specific stop loss is \$50,000.
3. Claims not covered by the aggregate include prior period voids/refunds, claims paid outside the contract, claims incurred prior to the SL contract, laser claims over the normal specific, and aggregating specific amounts.



City of Moberly
 Medical/Rx Plan - UMR
 Large Claimant Report
 Plan Year to Date (Data through September 2020)



Category	Total (\$)	% of Total
Claims > \$50k	\$188,036	23.3%
Claims \$25k-\$50k	\$143,671	17.8%
All Other Claims <\$25k	\$475,531	58.9%
Total	\$807,238	100.0%

Paid Claims > \$25,000

	Relationship	Diagnosis	Status	Δ From Prior Month	Medical Amount	Pharmacy Amount	Total Amount	Claims Over SSL (\$)
1	Employee	Ischemic Cardiomyopathy	Active	\$2,228	\$81,728	\$18,392	\$100,120	-\$50,120
2	Employee	Benign Neoplasm Of Cranial Nerves	Active	\$1,471	\$87,889	\$27	\$87,917	-\$37,917
3	Employee	Psoriasis Vulgaris	Active	\$5,735	\$106	\$45,505	\$45,611	
4	Employee	Oth Spec Malig Neoplasm Skin Lt Low Limb Incl Hip	Active	\$1,504	\$33,063	\$3,846	\$36,908	
5	Employee	Acute Kidney Failure Unspecified	Active	\$815	\$30,245	\$867	\$31,112	
6	Child	Abscess Of Bartholins Gland	Active	\$0	\$30,039	\$0	\$30,039	
Total				\$11,754	\$263,071	\$68,637	\$331,707	-\$88,036

Aggregating Specific remaining: \$0
 Total Claims over SSL: -\$68,036

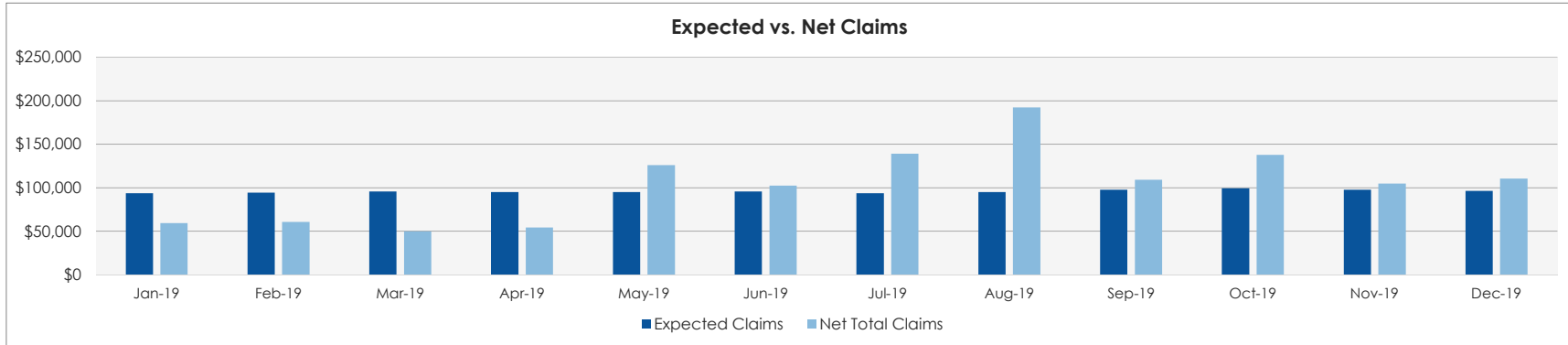
Notes

Specific stop loss is \$50,000.
 Aggregating Specific is \$20,000.



City of Moberly
 Medical/Rx Plan - UMR
 Prior Plan Year (Data through Dec 2019) Cost Summary

#1.



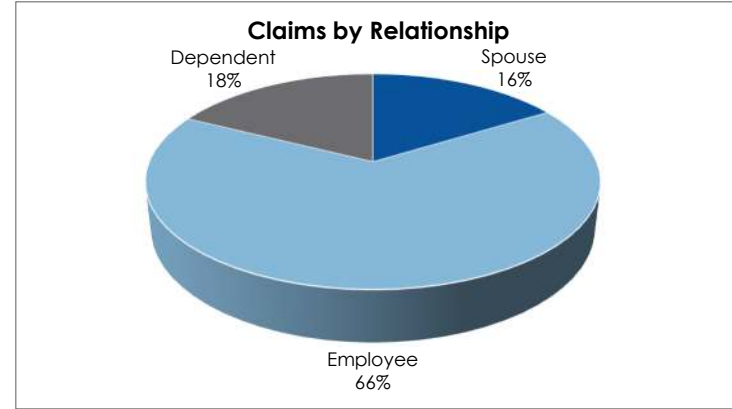
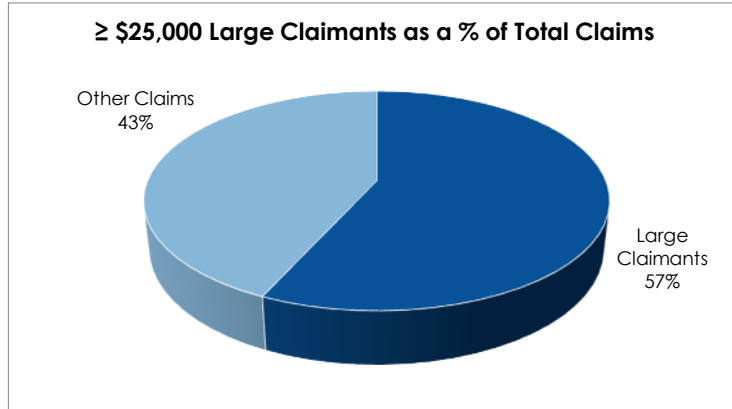
A	Enrollment		Fixed Costs			Claims						Total Plan Costs			Loss Ratio			
	F	G	H	I	J = H + I	K	L	M	N	P	Q	R = sum(M:Q)	W = J + K	X = J + L	Y = J + R	Z = R / L	AA = K - R	AB = L - R
	Total Subscribers	Total Members	Admin Fee	Stop Loss Premium	Total Fixed Costs	Maximum Claims	Expected Claims	Gross Medical Claims	Gross Rx Claims	Non Agg Claims	Claims Over SSL	Net Total Claims	Maximum	Expected	Actual Net	Net Claims/Expected	Maximum to Net	Expected to Net
Jan-19	135	267	6,267	24,425	30,692	116,990	93,592	36,111	22,983	-	-	59,094	147,681	124,283	89,786	63.1%	57,896	34,498
Feb-19	136	267	6,313	24,554	30,867	117,856	94,285	43,834	16,891	-	-	60,725	148,723	125,152	91,592	64.4%	57,131	33,560
Mar-19	138	269	6,406	24,811	31,217	119,589	95,672	36,751	13,106	-	-	49,857	150,806	126,888	81,073	52.1%	69,733	45,815
Apr-19	137	270	6,360	24,836	31,195	118,723	94,978	25,254	28,915	-	-	54,169	149,918	126,174	85,364	57.0%	64,554	40,809
May-19	137	273	6,360	24,990	31,349	118,723	94,978	94,984	31,029	-	-	126,012	150,072	126,327	157,361	132.7%	(7,290)	(31,034)
Jun-19	138	274	6,406	25,118	31,524	119,589	95,672	85,005	17,178	-	-	102,183	151,113	127,196	133,707	106.8%	17,407	(6,511)
Jul-19	135	273	6,267	24,886	31,153	116,990	93,592	116,468	31,979	(9,512)	-	138,934	148,143	124,745	170,087	148.4%	(21,945)	(45,343)
Aug-19	137	274	6,360	25,143	31,503	118,723	94,978	216,165	26,290	(10,688)	(39,647)	192,121	150,226	126,481	223,624	202.3%	(73,398)	(97,143)
Sep-19	141	279	6,545	25,811	32,356	122,189	97,751	109,478	23,586	-	(23,871)	109,193	154,546	130,108	141,550	111.7%	12,996	(11,442)
Oct-19	143	282	6,638	26,222	32,860	123,922	99,138	148,865	30,439	(184)	(41,471)	137,650	156,782	131,998	170,510	138.8%	(13,728)	(38,512)
Nov-19	141	281	6,545	25,811	32,356	122,189	97,751	78,572	35,373	-	(9,324)	104,622	154,546	130,108	136,978	107.0%	17,568	(6,870)
Dec-19	139	279	6,452	25,862	32,314	120,456	96,365	88,793	24,681	-	(3,107)	110,367	152,770	128,679	142,681	114.5%	10,089	(14,002)
Totals	1,657	3,288	76,918	302,468	379,386	1,435,940	1,148,752	1,080,278	302,451	(20,384)	(117,420)	1,244,926	1,815,326	1,528,138	1,624,312	108.4%	191,014	(96,174)
PEPY	138	274	557	2,190	2,748	10,399	8,319	7,823	2,190	(148)	(850)	9,016	13,147	11,067	11,763		1,383	(696)

Notes

1. PEPY = Per Employee Per Year
2. Aggregate corridor is 125%. Specific stop loss is \$50,000.
3. Claims not covered by the aggregate include prior period voids/refunds, claims paid outside the contract, claims incurred prior to the SL contract, laser claims over the normal specific, and aggregating specific amounts.



City of Moberly
 Medical/Rx Plan - UMR
 Large Claimant Report
 Prior Plan Year (Data through Dec 2019)



Category	Total (\$)	% of Total
Claims > \$50k	\$587,420	43.1%
Claims \$25k-\$50k	\$186,637	13.7%
All Other Claims <\$25k	\$588,288	43.2%
Total	\$1,362,345	100.0%

Paid Claims > \$25,000

	Relationship	Diagnosis	Status	Total Amount	Claims Over SSL (\$)
1	Employee	Cervical Disc D/O W/ Myelopathy High Cervical Reg	Termed	\$102,119	-\$52,119
2	Employee	St Elevation Mi Involv Oth Coronary Art Ant Wall	Active	\$72,674	-\$22,674
3	Employee	Psoriasis Vulgaris	Active	\$64,875	-\$14,875
4	Spouse	Pain In Unspecified Limb	Active	\$64,626	-\$14,626
5	Employee	Non-St Elevation Myocardial Infarction	Termed	\$61,243	-\$11,243
6	Employee	Diverticulitis Part Uns W/Perf & Absc W/O Bleed	Cobra	\$56,717	-\$6,717
7	Employee	Congenital Complete Absence Of Left Upper Limb	Active	\$56,118	-\$6,118
8	Child	Partial Traumatic Mcp Amp Lt Ring Finger Initial	Active	\$54,633	-\$4,633
9	Employee	Nonrheumatic Aortic Valve Stenosis	Termed	\$54,413	-\$4,413
10	Child	Displaced Fx Base Fifth Mc Bone Lh Init Clos Fx	Active	\$45,090	
11	Employee	Unspecified Ovarian Cyst Right Side	Active	\$43,040	
12	Child	Pyogenic Arthritis	Active	\$36,864	
13	Spouse	Oth Ia Fx Lower Rt Radius Initial Enc Clos Fx	Active	\$35,709	
14	Spouse	Unilateral Primary Osteoarthritis Right Knee	Termed	\$25,935	
Total				\$774,057	-\$137,420
				Aggregating Specific loss remaining:	\$0
				Total Claims over SSL:	-\$117,420

Notes

- 1. Specific stop loss is \$50,000.
- Aggregating Specific is \$20,000.



Section Three

Medical Plan



City of Moberly
Market Review List
January 01, 2021 Renewal

Carrier	Coverage Requested	Status	Comments	A.M. Best Rating
Anthem Blue Cross Blue Shield	Medical	Received, Presented	Fully Insured Option	A
Crum & Forster	Stop Loss	Received, Not Presented	Rates 13% over current	
HCC	Stop Loss	Received, Not Presented	Rates 10% over current	A++
HM Insurance Group	Stop Loss	Received, Not Presented	Rates 20% over current	A-
Optum (a UHC Company)	Stop Loss	Received, Not Presented	Rates 17% over current	A
Sun Life	Stop Loss	Incumbent	Stop Loss Renewal	A+
SwissRe	Stop Loss	Received, Not Presented	Rates 50% over current	A+
Symetra	Stop Loss	Received, Presented	Stop Loss Option	A
UMR	ASO	Incumbent	Administrative Renewal	Not Rated
United Healthcare	Medical	Received, Presented	Fully Insured Option	A
Voya (ING)	Stop Loss	Declined	Will not quote on less than 200 enrolled	A

Any carrier with an A.M. Best financial rating lower than A- does not meet the minimum financial requirements for USI's Errors & Omissions insurance. In the absence of a rating by A.M. Best, or in the case of an NR designation, a Standard & Poor Company rating lower than A will apply. A liability waiver must be signed by the client if insurance coverage is placed with a carrier that does not meet the required financial rating.



**City of Moberly
Medical Plan
Benefit Outline and Cost Summary
January 01, 2021 Renewal**

#1.

Benefit Outline	Current		UHC Fully Insured				Anthem Fully Insured					
	Plan 1		Plan 2		Plan 1		Plan 2		Plan 1		Plan 2	
Carrier / PBM	UMR		UMR		UHC		UHC		Anthem		Anthem	
Plan Type	PPO		PPO		PPO		PPO		PPO		PPO	
Plan Name	Base		Buy Up		Base		Buy Up		Base		Buy Up	
Network	Choice Plus		Choice Plus		Choice Plus		Choice Plus		Blue Access		Blue Access	
Deductible (Individual / Family)	\$1,500 / \$4,500		\$1,000 / \$3,000		\$1,500 / \$4,500		\$1,000 / \$3,000		\$1,500 / \$4,500		\$1,000 / \$3,000	
Deductible Type	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded	
Out-of-Pocket Maximum (Ind. / Fam.)	\$1,750 / \$5,250		\$1,750 / \$5,250		\$1,750 / \$5,250		\$1,750 / \$5,250		\$1,750 / \$3,500		\$1,750 / \$3,500	
Coinsurance (In)	80%		90%		80%		90%		80%		90%	
Wellness / Preventive Care	\$0		\$0		\$0		\$0		\$0		\$0	
Primary Care Office Visit	Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%	
Specialist Office Visit	Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%	
Walk-In / Urgent Care Visit	Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%	
Emergency Room	Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%	
Outpatient Lab / X-Ray	Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%	
Complex Imaging (MRI, CAT, PET, et.al)	Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%	
Outpatient Surgical Facility	Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%	
Inpatient Hospital Facility	Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%		Ded, 80%		Ded, 90%	
Prescription OOP Max (Ind./ Fam.)	Included in medical		Included in medical		Included in medical		Included in medical		Included in medical		Included in medical	
Retail Prescription Drug Copays	\$10 \$25 \$45		\$10 \$30 \$45		\$10 \$30 \$50		\$10 \$30 \$50		\$10 \$25 \$45		\$10 \$25 \$45	
Mail Order Prescription Drug Copays	\$20 \$50 \$90		\$20 \$60 \$90		\$25 \$75 \$125		\$25 \$75 \$125		\$20 \$50 \$90		\$20 \$50 \$90	
Specialty Prescription Drugs	\$500		\$500		N/A		N/A		25%		25%	
Non-network Deductible (Ind. / Fam.)	\$1,500 / \$4,500		\$1,000 / \$3,000		\$1,500 / \$4,500		\$1,000 / \$3,000		\$1,500 / \$4,500		\$1,000 / \$3,000	
Non-network OOP Max (Ind. / Fam.)	\$2,000 / \$6,000		\$2,000 / \$6,000		\$2,000 / \$6,000		\$2,000 / \$6,000		\$3,500 / \$7,000		\$3,500 / \$7,000	
Non-network Coinsurance	60%		70%		60%		70%		60%		70%	
Rates & Total Cost	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium	Enroll.	Premium
Employee	79		7		79	\$744.77	7	\$752.11	79	\$734.29	7	\$780.72
Employee + Spouse	4		0		4	\$1,839.58	0	\$1,857.71	4	\$1,468.58	0	\$1,561.44
Employee + Child(ren)	9		0		9	\$1,310.80	0	\$1,323.71	9	\$1,285.01	0	\$1,366.26
Employee + Spouse & Child(ren)	30		1		30	\$2,524.77	1	\$2,549.65	30	\$2,019.30	1	\$2,146.98
Total Employees = 130	122	\$0	8	\$0	122	\$1,844,825	8	\$93,773	122	\$1,632,328	8	\$91,344
<i>Estimated Run Out</i>												
<i>Admin Termination Fees (12 Mo.)</i>												
Annual Total												
<i>Change from Current</i>												
<i>Percentage Change</i>												
Notes												
1. All Coinsurance amounts after deductible, unless otherwise noted												



City of Moberly
 Medical Plan
 Benefit Outline and Cost Summary
 January 01, 2021 Renewal

#1.

Benefit Outline	Current		Option 1	
	Plan 1	Plan 2	Plan 1	Plan 2
Carrier / PBM	UMR	UMR	MIRMA Health	MIRMA Health
Plan Type	PPO	PPO	PPO	PPO
Plan Name	Base	Buy Up	Base	Buy Up
Network	Choice Plus	Choice Plus		
Deductible (Individual / Family)	\$1,500 / \$4,500	\$1,000 / \$3,000	\$1,500 / \$3,500	\$1,000 / \$2,000
Deductible Type	Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Maximum (Ind. / Fam.)	\$1,750 / \$5,250	\$1,750 / \$5,250	\$4,500 / \$9,000	\$3,500 / \$7,000
Coinsurance (In)	80%	90%	80%	90%
Wellness / Preventive Care	\$0	\$0	\$0	\$0
Primary Care Office Visit	Ded, 80%	Ded, 90%	\$25	\$25
Specialist Office Visit	Ded, 80%	Ded, 90%	\$50	\$50
Walk-In / Urgent Care Visit	Ded, 80%	Ded, 90%	\$75	\$75
Emergency Room	Ded, 80%	Ded, 90%	\$200 then 80%	\$200 then 90%
Outpatient Lab / X-Ray	Ded, 80%	Ded, 90%	Ded, 80%	Ded, 90%
Complex Imaging (MRI, CAT, PET, et.al)	Ded, 80%	Ded, 90%	Ded, 80%	Ded, 90%
Outpatient Surgical Facility	Ded, 80%	Ded, 90%	Ded, 80%	Ded, 90%
Inpatient Hospital Facility	Ded, 80%	Ded, 90%	Ded, 80%	Ded, 90%
Prescription OOP Max (Ind./ Fam.)	Included in medical	Included in medical	Included in medical	Included in medical
Retail Prescription Drug Copays	\$10 \$25 \$45	\$10 \$30 \$45	\$10 \$40 \$70	\$10 \$40 \$70
Mail Order Prescription Drug Copays	\$20 \$50 \$90	\$20 \$60 \$90	\$25 \$100 \$175	\$25 \$100 \$175
Specialty Prescription Drugs	\$500	\$500	50% up to \$100	50% up to \$100
Non-network Deductible (Ind. / Fam.)	\$1,500 / \$4,500	\$1,000 / \$3,000	\$3,000 / \$6,000	\$2,000 / \$4,000
Non-network OOP Max (Ind. / Fam.)	\$2,000 / \$6,000	\$2,000 / \$6,000	\$9,000 / \$18,000	\$7,000 / \$14,000
Non-network Coinsurance	60%	70%	60%	60%
Rates & Total Cost	Enroll. Premium	Enroll. Premium	Enroll. Premium	Enroll. Premium
Employee	79	7	79	7
Employee + Spouse	4	0	4	0
Employee + Child(ren)	9	0	9	0
Employee + Spouse & Child(ren)	30	1	30	1
Total Employees = 130	122 \$0	8 \$0	122 \$1,470,120	8 \$83,600
<i>Estimated Run Out</i>		\$1,437,197		\$168,000
<i>Admin Termination Fees (12 Mo.)</i>				\$17,435
Annual Total		\$1,437,197		\$1,739,154
<i>Change from Current</i>				\$301,957
<i>Percentage Change</i>				21.0%
Notes	1. All Coinsurance amounts after deductible, unless otherwise noted			



City of Moberly
Administrative Fees
January 01, 2021 Renewal

Stop Loss Outline	Current	Renewal
Medical Carrier/TPA	UMR	UMR
Network(s)	Choice Plus	Choice Plus
Stop Loss Carrier	Carve Out	Carve Out
Pharmacy Benefit Manager (PBM)	Optum Rx	CapRx
Per Employee Per Month Fees		
Medical Admin	43.37	43.37
Network Access Fee	Included	Included
Telemedicine	Included	Included
Utilization Management	Included	Included
Case Management	Included	Included
Dental Admin	3.25	3.25
Vision Admin	1.05	1.05
Non Preferred SL Fee	-	-
PBM Interface Fee	-	3.00
Total Cost		
	EE	
Total PEPM Fees	134	47.67
Annual Total		\$76,653
<i>Change from Current</i>		<i>4,824</i>
<i>Percentage Change</i>		<i>6.3%</i>



City of Moberly
 Medical Plan
 Self Funded Rates & Factors
 January 01, 2021 Renewal

Stop Loss Outline	Current		Initial Renewal		Revised Renewal		Option 1	
Medical Carrier/TPA	UMR		UMR		UMR		UMR	
Network(s)	Choice Plus		Choice Plus		Choice Plus		Choice Plus	
Stop Loss Carrier	Sun Life		Sun Life		Sun Life		Symetra	
Pharmacy Benefit Manager (PBM)	Optum Rx		CapRx		CapRx		CapRx	
Specific Stop Loss (SSL)	\$50,000		\$50,000		\$50,000		\$50,000	
Contract Basis	PAID		PAID		PAID		24/12	
Coverages Included	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Annual Reimbursement Max	Unlimited		Unlimited		Unlimited		Unlimited	
Laser Waiver at Renewal Included?	Included		Included		Included		Included	
Rate Cap at Renewal (amount)	50%		50%		50%		60%	
Laser Liability	None		None		None		None	
Aggregating Specific	\$20,000		\$20,000		\$20,000		\$20,000	
Advanced Specific Funding	Included		Included		Included		TBD	
Aggregate Stop Loss (ASL)	125%		125%		125%		125%	
Contract Basis	PAID		PAID		PAID		24/12	
Coverages Included	Medical & Rx		Medical & Rx		Medical & Rx		Medical & Rx	
Annual Reimbursement Max	\$1,000,000		\$1,000,000		\$1,000,000		\$1,000,000	
Minimum Attachment	\$1,324,846		\$1,508,988		\$1,553,958		\$1,478,666	
Run-in Limit	-		-		-		-	
Rates Firm with	Firm		September Claims		Firm		Firm through 11/6	
Fixed Costs	Enrollment	Premium	Enrollment	Premium	Enrollment	Premium	Enrollment	Premium
Administration (PEPM) <i>Composite</i>	130	\$47.67	130	\$50.67	130	\$50.67	130	\$50.67
Estimated Rx Rebate		\$ (49,530)		\$ (61,979)		\$ (61,979)		\$ (61,979)
Annual Administration Premium		\$24,835		\$17,066		\$17,066		\$17,066
<i>Change from Current</i>				(\$7,769)		(\$7,769)		(\$7,769)
<i>Percentage Change</i>				-31.3%		-31.3%		-31.3%
Specific SL Premium (PEPM) <i>Composite</i>	130	\$204.06	130	\$237.14	130	\$221.95	130	\$217.15
Aggregate SL Premium (PEPM) <i>Composite</i>	130	\$9.07	130	\$9.52	130	\$9.52	130	\$9.14
Annual Stop Loss Premium		\$332,485		\$384,785		\$361,089		\$353,008
<i>Change from Current</i>				\$52,300		\$28,603		\$20,523
<i>Percentage Change</i>				15.7%		8.6%		6.2%
Annual Total Fixed Costs		\$357,320		\$401,851		\$378,155		\$370,074
<i>Change from Current</i>				\$44,531		\$20,835		\$12,754
<i>Percentage Change</i>				12.5%		5.8%		3.6%
Claims Liability	Expected	Maximum	Expected	Maximum	Expected	Maximum	Expected	Maximum
Expected / Maximum Claims (PEPM) <i>Composite</i>	\$679.41	\$849.26	\$773.84	\$967.30	\$756.18	\$945.23	\$748.88	\$936.10
Annual Expected / Maximum Claims	\$1,059,876	\$1,324,846	\$1,207,190	\$1,508,988	\$1,179,647	\$1,474,559	\$1,168,251	\$1,460,314
Aggregating Specific		\$20,000		\$20,000		\$20,000		\$20,000
Annual Expected / Max Claims Total	\$1,079,876	\$1,344,846	\$1,227,190	\$1,528,988	\$1,199,647	\$1,494,559	\$1,188,251	\$1,480,314
<i>Change from Current Expected</i>				\$147,314		\$119,771		\$108,375
<i>Percentage Change</i>				13.6%		11.1%		10.0%
Total Cost	Total All Plans		Total All Plans		Total All Plans		Total All Plans	
Annual Total Expected Costs	\$1,437,197		\$1,629,042		\$1,577,802		\$1,558,326	
<i>Change from Current</i>			-\$191,845		-\$140,605		-\$121,129	
<i>Percentage Change</i>			-13.3%		-9.8%		-8.4%	
Annual Total Maximum Costs	\$1,702,166		\$1,930,839		\$1,872,714		\$1,850,388	
<i>Change from Current</i>			-\$228,673		-\$170,548		-\$148,222	
<i>Percentage Change</i>			-13.4%		-10.0%		-8.7%	



City of Moberly
Proposed Plan Funding
January 01, 2021 Renewal

Based on Sun Life Revised Renewal

Proposed Funding	Current	Initial Renewal		Option 1
	Current Plans	No Plan Changes		Addition of HDHP Plan
Projected Fixed Costs		\$378,155		\$378,155
Aggregating Specific		Included		Included
Estimated Rx Rebates		Included		Included
Laser Liability		TBD		TBD
Estimated Expected Claims		\$1,199,647		\$1,199,647
Plan Design Adjustments				
- Estimated Percent of Savings		0.00%		-2.27%
- Estimated Claims Savings		\$0		-\$27,256
Total Projected Plan Costs		\$1,577,802		\$1,550,546
<i>Funding from Reserves</i>		\$0		\$0
Total Cost for Funding		\$1,577,802		\$1,550,546
Percent of Funding Variance		5.6%		3.7%

Premium Rates	Enrollment	Current Plans	No Plan Changes	Enrollment	Addition of HDHP Plan
Core					
Employee	78	\$662.42	\$699.19	69	\$706.40
Family	43	\$1,523.57	\$1,608.14	35	\$1,624.71
Buy up					
Employee	8	\$717.14	\$756.95	0	\$764.75
Family	1	\$1,649.40	\$1,740.96	0	\$1,758.90
HDHP					
Employee				17	\$626.15
Family				9	\$1,440.15
Total Estimated Premium					
Monthly Premium	130	\$124,569	\$131,484	130	\$129,212
Annual Premium		\$1,494,825	\$1,577,802		\$1,550,546
Annual Change from Current			\$82,977		\$55,721
% Change from Current			5.6%		3.7%
Notes:					
Assumes 0% in Buy up & 20% in HDHP					



Section Four

Ancillary Plans



Section Five
Renewal Timeline
