

Health Plan Cost and Budget Projection

Projection Period: 1/1/2021 through 12/31/2021



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The calculations and/or projections utilized in this model are based upon standard actuarial and underwriting principles. Claims trends, fees and other factors are based upon industry standard and carrier/TPA specific information when available. Projected claims, fees and other costs are based upon current trends, enrollment and utilization patterns. Any deviation in these factors may cause variations when compared to actual results.

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Medical and Pharmacy Claims Projection Projection Period: 1/1/2021 through 12/31/2021



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I ENDOLLMENT	
I - ENROLLMENT	
Ending Enrollment Data as of:	9/30/2020

Number of Employees 315 **Number of Members** 794 Member to Employee Ratio 2.52

	1 Year Prior Period	Current Period
10/1/2017 - 9/30/2018	10/1/2018 - 9/30/2019	10/1/2019 - 9/30/2020
\$2,112,030	\$2,282,576	\$2,466,036
-\$80,917	-\$6,612	\$0
-\$3,522	-\$1,201	-\$6,257
\$2,027,591	\$2,274,763	\$2,459,779
4.62%	4.62%	4.62%
39	27	15
1.157	1.105	1.055
\$2,346,366	\$2,513,770	\$2,595,731
3,572	3,688	3,729
\$656.88	\$681.61	\$696.09
	\$2,112,030 -\$80,917 -\$3,522 \$2,027,591 4.62% 39 1.157 \$2,346,366 3,572	\$2,112,030 \$2,282,576 -\$80,917 -\$6,612 -\$3,522 -\$1,201 \$2,027,591 \$2,274,763 4.62% 4.62% 39 27 1.157 1.105 \$2,346,366 \$2,513,770 3,572 3,688

III - PHARMACY (PROJECTED CLAIMS)

Paid Claims Period	10/1/2017 - 9/30/2018	10/1/2018 - 9/30/2019	10/1/2019 - 9/30/2020
Paid Pharmacy Claims	\$792,240	\$896,676	\$1,186,490
(-) Pharmacy Rebates	-\$218,342	-\$219,271	-\$246,749
=) Net Paid Claims	\$573,898	\$677,406	\$939,740
Annual Trend	4.62%	4.62%	4.62%
Trend Months	39	27	15
x) Compound Trend Factor	1.157	1.105	1.055
=) Trended Claims	\$664,125	\$748,580	\$991,680
/) Total Enrollment	3,572	3,688	3,729
=) Trended Claims (PEPM)	\$185.93	\$202.98	\$265.94

IV - TOTAL (PROJECTED CLAIMS)

Total Projected Claims	\$3,010,491.22	\$3,262,349.96	\$3,587,410.34
Total Projected Claims (PEPM)	\$842.80	\$884.59	\$962.03
V - PERIOD BLENDING	10%	30%	60%
Weighted Total Projected Claims (PEPM)	\$84.28	\$265.38	\$577.22
Weighted Total Projected Claims	\$318,579	\$1,003,120	\$2,181,884
Total Projected Subscribers		3,780	
Blended Total Projected Claims (PEPM)		\$926.87	
Blended Total Projected Claims		\$3,503,583	

Fixed Costs | Administration, Stop Loss and PPACA



Projection Period: 1/1/2021 through 12/31/2021

	Enrollment	Current	Renewal	Change
ADMINISTRATION FEES (DEDM)	Enrollment			Change
ADMINISTRATION FEES (PEPM)		1/1/2020 - 12/31/2020	1/1/2021 - 12/31/2021	
Medical Admin Fee (PEPM)		\$68.65	\$68.65	0.0%
Pharmacy Admin Fee (PEPM)		\$3.00	\$3.00	0.0%
COBRA Admin Fee (PEPM)		\$0.00	\$0.00	0.0%
Network Fee (PEPM)		\$0.00	\$0.00	0.0%
Administration Fees Sub-Total		\$71.65	\$71.65	0.0%
Administration Fees Monthly Total	315	\$22,569.75	\$22,569.75	0.0%
STOP LOSS (PEPM)				
Specific Reinsurance Cost		\$153.43	\$153.43	0.0%
Aggregate Reinsurance Premium		\$4.81	\$5.05	5.0%
Stop Loss Sub-Total		\$158.24	\$158.48	0.2%
Stop Loss Monthly Total	315	\$49,844.25	\$49,919.85	0.2%
OTHER FEES (PEPM)				
Other Fee 1 (PEPM)		\$0.00	\$0.00	0.0%
Other Fee 2 (PEPM)		\$0.00	\$0.00	0.0%
Other Fees (OON % Claims,Rx Fee/Claim,	etc.)	\$2.81	\$2.81	0.0%
Other Fees Sub-Total		\$2.81	\$2.81	0.0%
Other Fees Monthly Total	315	\$885.07	\$885.07	0.0%
- TOTAL MONTHLY FIXED COSTS	315	\$73,299.07	\$73,374.67	0.1%
- TOTAL ANNUAL FIXED COSTS		\$879,588.89	\$880,496.09	0.1%



Projection Period: 1/1/2021 through 12/31/2021

I - ENROLLMENT	
Ending Enrollment Data as of:	9/30/2020
Number of Employees	315
Number of Members	794
Member to Employee Ratio	2.52
	Blended Claims
II - MEDICAL and PHARMACY (PROJECTED CLAIMS)	
Paid Claims Period	10/1/2017 - 9/30/2020
Trended Medical Claims	\$2,599,982
Trended Pharmacy Claims	\$903,602
Total Trended Claims*	\$3,503,583
Projected Subscribers	3,780
Total Projected Claims (PEPM)	\$926.87
III FIVED COCTS	
III - FIXED COSTS	
Medical Admin Fee (PEPM)	\$68.65
Pharmacy Admin Fee (PEPM)	\$3.00
COBRA Admin Fee (PEPM)	\$0.00
Network Fee (PEPM)	\$0.00
Specific Reinsurance Cost	\$153.43
Aggregate Reinsurance Premium	\$5.05
Other Fee 1 (PEPM)	\$0.00
Other Fee 2 (PEPM)	\$0.00
Other Fees (OON % Claims,Rx Fee/Claim, etc.)	\$2.81
Total Fixed Costs (PEPM)	\$232.94
Total Fixed Costs	\$880,496.09
IV - RENEWAL RATE ACTION	
Total Projected Plan Costs	\$4,384,079
Total Projected Plan Costs (PEPM)	\$1,159.81
Funding at Current Rates	\$4,178,197
Funding at Current Rates (PEPM)	\$1,105.34
Final Renewal Rate Action	4.9%

^{*} The Concurrent Model accounts for the reinsurance reimbursements as they become eligible based upon claim payments.



Rates Exhibit | Self-Funded Premium Equivalent and COBRA Rates (Plan 1)

Projection Period: 1/1/2021 through 12/31/2021

I - ENROLLMEN	T ASSUMPTIONS	City of Foley 2020 PPO	Total (All Plans)
	Employee Only	114	114
	Employee + Family	201	201
	Total Enrollment	315	315
II - CURRENT RA	ATES	Premium Equivalents	COBRA Rates
	Employee Only	\$643.56	\$656.43
	Employee + Family	\$1,367.25	\$1,394.60
	Monthly Total	\$348,183	\$355,147
	Annual Total	\$4,178,197	\$4,261,761
III - RENEWAL R	ATES	Premium Equivalents	COBRA Rates
	Employee Only	\$675.27	\$688.78
	Employee + Family	\$1,434.62	\$1,463.31
	Monthly Total	\$365,340	\$372,647
	Annual Total	\$4,384,079	\$4,471,761
	Annual Change (\$)	\$205,882	\$210,000
	Annual Change (%)	4.9%	4.9%
	Total Medical/Rx Plan Costs (Projected)	\$4,38	4,079

Current | Renewal Benefits (Medical & Rx)(Plan 1)



Projection Period: 1/1/2021 through 12/31/2021

Medical Care	City of Foley 2	020 PPO		
Name of Medical Network	BCBSAL			
Grandfathered Status	Grandfathe	ered		
	In-Network	Out-of-Network		
Routine Services				
PCP Office Visit	\$25 Copay	Ded/Coins		
Specialist Office Visit	\$25 Copay	Ded/Coins		
Preventive Care	Plan pays 100%; deductible waived	Ded/Coins		
(as outlined by the U.S. Task Force guidelines)	• •	·		
Annual Deductible				
Per Individual	\$200			
Maximum Per Family	\$600			
Deductible: Calendar Year or Plan Year	Calendar Y	'ear		
Coinsurance				
Employer Coinsurance	80%	80%		
Annual Out-of-Pocket Maximum				
Individual	\$400			
Family	\$400/Indivi	dual		
Deductible & Copays Included in OOP Maximum	No No	dddi		
Lifetime Maximum	Unlimited	Unlimited		
mergency Care	Offinitied	Ommitted		
Emergency (Professional Services Included)	\$100 Cop	nav.		
ER Copay Waived if Admitted	Yes	Yes		
Urgent Care	\$25 Copay	Ded/Coins		
Hospital Services - Inpatient	323 сорау	Ded/Coms		
Facility Services	\$100 Copay	\$200 +Coins		
·	Ded/Coins	Ded/Coins		
Physician Services	·	•		
Inpatient X-Ray and Lab Tests	Ded/Coins	Ded/Coins		
lospital Services - Outpatient	Ć100 Carray	Dod/Coins		
Facility Services	\$100 Copay	Ded/Coins		
Physician Services	Ded/Coins	Ded/Coins		
Outpatient X-Ray and Lab Tests	Ded/Coins	Ded/Coins		
MRI, CT, PET scans	Ded/Coins	Ded/Coins		
herapy Services				
Occupational, Physical, and Speech Therapy	Ded/Coins	Ded/Coins		
Chiropractic Care	Ded/Coins	Ded/Coins		
Mental Health/Substance Abuse				
Inpatient Services	\$100 Copay	\$200 +Coins		
Outpatient Services	Ded/Coins	Ded/Coins		
rescription Drugs - Retail Pharmacy				
Deductible	N/A	N/A		
Out-of-Pocket Maximum	N/A	N/A		
Tier 1 (Generic)	\$10 Copay	N/A		
Tier 2 (Preferred Brand Name)	\$20 Copay	N/A		
Tier 3 (Non-Preferred Brand Name)	\$35 Copay	N/A		
Tier 4 (Specialty/Injectables)	\$10/\$20/\$35 Copay	N/A		
Number of Days Supply	34 Days	N/A		
Actuarial Values	City of Foley 2	020 PPO		
Actuarial Value		96.3%		
Relativity	0.963			