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12/03/2018

Ok Public Emp Health & Welfare

ASO Projection
for the period
July 1, 2019 - June 30, 2020

7/1/2019 OPEH&W Renewal

Presented by:

Fazila Kapadia



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Ok Public Emp Health & Welfare

ASO Projection

July 1, 2019 - June 30, 2020


7/1/2019 OPEH&W Renewal

Affordable Care Act (ACA) Disclaimer

If your existing group health plan or group health insurance coverage (each "plan") was in effect on March 23, 2010, it may be a "grandfathered health plan" as that term is defined in the Affordable Care Act and related regulations (currently 75 Fed. Reg. 34538). "

Federal regulations have been published regarding the maintenance and loss of grandfathered health plan status. We encourage you to confer with your own legal counsel to determine what benefit changes or other events may cause the loss of grandfathered health plan status and to evaluate the benefit options that are most suitable for you.

The following proposed benefit programs are not considered "grandfathered health plans".

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ASO Projection
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CLAIM EXPERIENCE SUMMARY

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Blue Choice

Blue Preferred

<u>Current</u>					<u>Current</u>				
Month	Medical	Claims Drug	Total	Enrollment Medical	Month	Medical	Claims Drug	Total	Enrollment Medical
Oct-17				470	Oct-17				5,304
Nov-17	\$119,070.94	\$0.00	\$119,070.94	465	Nov-17	\$1,890,225.15	\$0.00	\$1,890,225.15	5,317
Dec-17	\$233,441.02	\$0.00	\$233,441.02	466	Dec-17	\$2,457,834.68	\$0.00	\$2,457,834.68	5,319
Jan-18	\$192,015.24	\$0.00	\$192,015.24	467	Jan-18	\$2,263,600.64	\$0.00	\$2,263,600.64	5,188
Feb-18	\$178,646.32	\$0.00	\$178,646.32	468	Feb-18	\$2,085,041.25	\$0.00	\$2,085,041.25	5,187
Mar-18	\$164,335.65	\$0.00	\$164,335.65	467	Mar-18	\$2,407,119.77	\$0.00	\$2,407,119.77	5,100
Apr-18	\$255,513.57	\$0.00	\$255,513.57	470	Apr-18	\$2,446,835.58	\$0.00	\$2,446,835.58	5,088
May-18	\$283,722.23	\$0.00	\$283,722.23	465	May-18	\$3,219,861.77	\$0.00	\$3,219,861.77	5,099
Jun-18	\$480,293.03	\$0.00	\$480,293.03	462	Jun-18	\$2,476,096.76	\$5.04	\$2,476,101.80	5,084
Jul-18	\$192,973.05	\$0.00	\$192,973.05	462	Jul-18	\$2,593,507.35	\$0.00	\$2,593,507.35	4,716
Aug-18	\$171,493.58	\$0.00	\$171,493.58	459	Aug-18	\$2,488,503.66	\$0.00	\$2,488,503.66	4,701
Sep-18	\$153,099.92	\$0.00	\$153,099.92	464	Sep-18	\$1,888,030.44	\$0.00	\$1,888,030.44	4,698
Oct-18	\$139,814.84	\$0.00	\$139,814.84		Oct-18	\$1,865,983.87	\$0.00	\$1,865,983.87	
Total	\$2,564,419.39	\$0.00	\$2,564,419.39	5,585	Total	\$28,082,640.92	\$5.04	\$28,082,645.96	60,801
Cost PCPM	\$459.16	\$0.00	\$459.16		Cost PCPM	\$461.88	\$0.00	\$461.88	
Facility Network Savings			\$2,524,541.16		Facility Network Savings			\$39,669,984.97	
Physician and BlueCard Network Savings			\$1,373,970.74		Physician and BlueCard Network Savings			\$24,762,010.12	



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Ok Public Emp Health & Welfare

ASO Projection
July 1, 2019 - June 30, 2020
7/1/2019 OPEH&W Renewal

CLAIM PROJECTION

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Blue Choice	MEDICAL
	Current
	11/17-10/18
Net Paid Claims	\$2,564,419
Exposures	5,585
Average Claim Value (ACV) Per Contract Per Month (PCPM)	\$459.16
Annual Trend Rate	5.60%
Trend Months (midpoint method)	20
Trend Factor	9.50%
Trended ACV PCPM	\$502.78
Demographic Adjustment	1.45%
Adjusted ACV PCPM	\$510.07
Non-Pooled Large Claims PCPM	\$0.00
Projected ACV PCPM by Period	\$510.07
Experience Period Weighting	100%
Blended Experience ACV PCPM	\$510.07
Credibility	100%
Total Projected ACV PCPM	\$510.07
Projected Plan Change Adjustment	0.00%
Total Projected ACV PCPM with Projected Plan Changes	\$510.07
Projected Enrollment	466
Number of Months in Policy Period	12
Projected Net Paid Claims	\$2,852,311

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Ok Public Emp Health & Welfare

ASO Projection
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7/1/2019 OPEH&W Renewal

CLAIM PROJECTION

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Blue Preferred	MEDICAL
	Current
	11/17-10/18
Net Paid Claims	\$28,082,641
Remove Large Claims	\$1,142,398
Number of Large Claims	2
Adjusted Net Paid Claims	\$26,940,243
Exposures	60,801
Average Claim Value (ACV) Per Contract Per Month (PCPM)	\$443.09
Annual Trend Rate	5.60%
Trend Months (midpoint method)	20
Trend Factor	9.50%
Trended ACV PCPM	\$485.18
Demographic Adjustment	0.32%
Adjusted ACV PCPM	\$486.73
Non-Pooled Large Claims PCPM	\$13.98
Projected ACV PCPM by Period	\$500.71
Experience Period Weighting	100%
Blended Experience ACV PCPM	\$500.71
Credibility	100%
Total Projected ACV PCPM	\$500.71
Projected Plan Change Adjustment	0.00%
Total Projected ACV PCPM with Projected Plan Changes	\$500.71
Projected Enrollment	4,703
Number of Months in Policy Period	12
Projected Net Paid Claims	\$28,258,070

Plan Changes	Annualized Savings
\$1500 Blue Preferred	\$1,418,801
\$3000 Blue Preferred	\$3,721,390

Plan Change Assumptions:

\$1500 Blue Preferred - *In-Network Deductible: Ind. \$1,500/Fam. \$3,000. OON Deductible: Ind. \$3,000/Fam. \$6,000.
In-Network OOPM: Ind. \$5,000/Fam. \$10,000. OON OOPM: Ind. \$10,000/Fam. \$20,000.
Deductible and Coinsurance applies to Inpatient, Outpatient, ER, Office, and Specialist Visits.
Annualized savings applies to Medical savings only and assumes full replacement of current plan.*

\$3000 Blue Preferred - *In-Network Deductible: Ind. \$3,000/Fam. \$6,000. OON Deductible: Ind. \$6,000/Fam. \$12,000.
In-Network OOPM: Ind. \$5,000/Fam. \$10,000. OON OOPM: Ind. \$10,000/Fam. \$20,000.
Deductible and Coinsurance applies to Inpatient, Outpatient, ER, Office, and Specialist Visits.
Annualized savings applies to Medical savings only and assumes full replacement of current plan.*

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ASO Projection
for the period
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7/1/2019 OPEH&W Renewal

TOTAL PROJECTED COST BY ASSOCIATION Please refer to the ACA Disclaimer regarding benefits and final pricing.

Blue Choice	Fee	Total Cost	Blue Preferred	Fee	Total Cost
Projected Net Paid Claims		\$2,852,311	Projected Net Paid Claims		\$28,258,070
Individual Stop Loss (\$425,000 Level)	\$21.25	\$118,830	Individual Stop Loss (\$425,000 Level)	\$21.25	\$1,199,265
Aggregate Stop Loss 125% Attachment Point	\$0.15	\$839	Aggregate Stop Loss 125% Attachment Point	\$0.15	\$8,466
Administration Fee	\$38.92	\$217,641	Administration Fee	\$38.92	\$2,196,489
BVA	\$2.50	\$13,980	BVA	\$2.50	\$141,090
Virtual Visits (Medical + BH)	\$0.52	\$2,907	Virtual Visits (Medical + BH)	\$0.52	\$29,347
Total Projected Cost		\$3,206,508	Total Projected Cost		\$31,832,727
Change in Reserves		(\$727,743)	Change in Reserves		(\$8,785,392)
Run-Off Administration	\$53.10	\$24,745	Run-Off Administration	\$53.10	\$249,729
Run-Off Claim Liability	\$831.34	\$387,404	Run-Off Claim Liability	\$831.34	\$3,909,792
Recommended Equivalent Premium		\$2,478,765	Recommended Equivalent Premium		\$23,047,335
			TOTAL for All Associations		Total Cost
			Projected Net Paid Claims		\$31,110,381
			Individual Stop Loss		\$1,318,095
			Aggregate Stop Loss		\$9,305
			Administration Fee		\$2,414,130
			BVA		\$155,070
			Virtual Visits (Medical + BH)		\$32,254
			Total Projected Cost		\$35,039,235
			Change in Reserves		(\$9,513,135)
			Run-Off Administration		\$274,474
			Run-Off Claim Liability		\$4,297,196
			Recommended Equivalent Premium		\$25,526,100



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ASO Projection
July 1, 2019 - June 30, 2020
7/1/2019 OPEH&W Renewal

STOP LOSS

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Mature

	Blue Choice		Blue Preferred		Customer Total	
	PCPM	TOTAL	PCPM	TOTAL	PCPM	TOTAL
Projected Enrollment	466	5,592	4,703	56,436	5,169	62,028
Projected Paid Claims		\$2,852,311		\$28,258,070		\$31,110,381
Projected Average Claim Value	\$510.07	\$2,852,311	\$500.71	\$28,258,070	\$501.55	\$31,110,381
Aggregate Stop Loss Attachment Point	125%	125%	125%	125%	125%	125%
Aggregate Stop Loss Limit	\$637.59	\$3,565,389	\$625.89	\$35,322,588	\$626.94	\$38,887,976
Aggregate Stop Loss Premium	\$0.15	\$839	\$0.15	\$8,466	\$0.15	\$9,305
Individual Stop Loss Attachment Point	\$425,000	\$425,000	\$425,000	\$425,000	\$425,000	\$425,000
Individual Stop Loss Premium	\$21.25	\$118,830	\$21.25	\$1,199,265	\$21.25	\$1,318,095
Minimum Aggregate Attachment Point						\$34,999,179

Subject to and contingent upon conditions and caveats outlined in attached addendum.

□ A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association



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ASO Projection
for the period
July 1, 2019 - June 30, 2020
7/1/2019 OPEH&W Renewal

FEE COMPARISON (BY ASSOCIATION)

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Mature	Blue Choice			Blue Preferred		
	Current	Renewal	Change	Current	Renewal	Change
Projected Enrollment	482	466	-3.30%	5,309	4,703	-11.40%
Single		356			3,331	
Family		110			1,372	
Administration Fee	\$36.84	\$38.92	5.70%	\$36.84	\$38.92	5.70%
BVA	\$2.50	\$2.50	0.00%	\$2.50	\$2.50	0.00%
Virtual Visits (Medical + BH)	\$0.52	\$0.52	0.00%	\$0.52	\$0.52	0.00%
Total Administration Fee PCPM	\$39.86	\$41.94	5.20%	\$39.86	\$41.94	5.20%
Individual Stop Loss \$425,000 Level	\$18.50	\$21.25	14.90%	\$18.50	\$21.25	14.90%
Aggregate Stop Loss 125% Att. Pt.	\$0.12	\$0.15	25.00%	\$0.12	\$0.15	25.00%
Total Fixed Costs PCPM	\$58.48	\$63.34	8.30%	\$58.48	\$63.34	8.30%
Projected Average Claim Value PCPM	\$474.90	\$510.07	7.40%	\$529.50	\$500.71	-5.40%
Projected Aggregate Limit PCPM	\$593.63	\$637.59	7.40%	\$661.88	\$625.89	-5.40%
Total Projected Costs PCPM	\$533.38	\$573.41	7.50%	\$587.98	\$564.05	-4.10%



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ASO Projection
for the period
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7/1/2019 Medical Renewal

Medical Administration Guarantee

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Mature	Indemnity			7/1/2020	7/1/2021
	Current	Renewal	Change		
Projected Enrollment	5,791	5,169	-10.70%	TBD	TBD
Single		3,687			
Family		1,482			
Base Administration Fee	\$36.84	\$38.92	5.70%	\$40.09	\$41.29

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ASO Projection
July 1, 2019 - June 30, 2020
7/1/2019 OPEH&W Renewal

Demographic Adjustment

Please refer to the ACA Disclaimer regarding benefits and final pricing.

MEDICAL	Relative Cost Factors	Blue Choice		Projected	
		Current Period Contracts	Relative Cost	Contracts	Relative Cost
Non-Medicare					
Single Contracts	1	356	356	356	356
Family Contracts	2.5	108	270	110	275
Medicare					
Single Contracts	0.6	2	1	0	0
Family Contracts	1.2	0	0	0	0
Total		466	627	466	631
A. Projected Contracts vs. Experience Period		0.00%			
B. Projected Cost vs. Experience Period			0.64%		
C. Dependent Ratio Adjustment			0.64%		
C = ((1+B)/(1+A)) - 1					
D. Aging/Leveraging Adjustment			0.80%		
E. Demographic Adjustment			1.45%		

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ASO Projection
 July 1, 2019 - June 30, 2020
 7/1/2019 OPEH&W Renewal

Demographic Adjustment

Please refer to the ACA Disclaimer regarding benefits and final pricing.

MEDICAL	Relative Cost Factors	Blue Preferred		Projected	
		Current Period Contracts	Current Period Relative Cost	Projected Contracts	Projected Relative Cost
Non-Medicare					
Single Contracts	1	3,552	3,552	3,322	3,322
Family Contracts	2.5	1,501	3,753	1,371	3,428
Medicare					
Single Contracts	0.6	12	7	9	5
Family Contracts	1.2	1	1	1	1
Total		5,066	7,313	4,703	6,756
A. Projected Contracts vs. Experience Period		-7.17%			
B. Projected Cost vs. Experience Period			-7.62%		
C. Dependent Ratio Adjustment			-0.48%		
C = ((1+B)/(1+A)) - 1					
D. Aging/Leveraging Adjustment			0.80%		
E. Demographic Adjustment			0.32%		

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ASO Projection
July 1, 2019 - June 30, 2020
7/1/2019 OPEH&W Renewal

CONDITIONS AND CAVEATS

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Notwithstanding anything in the renewal or Proposal to the contrary, BCBSOK reserves the right to revise or withdraw our offer, or to change our administrative fees (and/or pass-through amounts) at any time before or during the contract period (all of which may be estimates, allocated or pro-rated amounts) if any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/implemented, which would increase projected claim costs or BCBSOK's expenses or cost of plan administration, or would otherwise require BCBSOK to pay, submit or forward, on its own behalf or on the Employer Group's behalf, any additional tax, surcharge, fee, or other amount.

NOTICE: ACA provided for the establishment of a temporary reinsurance program(s) for a three (3) year period (2014-2016), which is funded by reinsurance contributions ("Reinsurance Fees") collected from health insurance issuers and self-funded group health plans, beginning in 2014. Information as to how these fees are calculated is provided by federal and state governments. Federal regulations establish a flat, per member, per month fee.

ACA also provides that self-funded plan sponsors are responsible for the Reinsurance Fee. BCBSOK will not assist in the remittance of those fees to the federal government; however, upon request, we can make available to our self-funded/ASO customers, existing data and information that may be helpful in determining, reporting on, and remitting their Reinsurance Fee amounts.

Employers that do not use Prime Therapeutics as their pharmacy benefit manager are NOT eligible for a Rebate Credit.

HCSC's current estimate of the rebates it will receive from the PBM, for drugs covered under the medical benefit on an aggregate basis for the policy period, is approximately \$0.70 per employee per month.

Rates/fees are projected to be effective for the 12-month period beginning on the effective date indicated.

Offer assumes the contract situs will be Oklahoma.

Prescription drug claim administration is excluded from this offer.

Non-standard benefits are subject to review by, and contingent upon approval of, internal operational areas.

Unless otherwise indicated, proposal offers assume standard HCSC administration practices/contract provisions/reports/materials and renewal offers assume existing administration practices/contract provisions/reports/materials.

Offer assumes Stop Loss coverage applies to Medical claims, but excludes exception/extra-contractual payments and benefits carved out to another vendor.

The Aggregate Stop Loss benefit payment is unlimited per policy year.

Stop loss covers policy period paid claims for each covered participant in excess of the quoted SSL Attachment Point, but not to exceed a maximum SSL Attachment Point of unlimited.

Amounts in excess of the Individual Stop Loss Limit are excluded from the Aggregate Stop Loss settlement.

The minimum Aggregate Attachment Point was calculated as 90% of the ASL Limit per contract per month multiplied by the projected cumulative contracts for the period.

We reserve the right to revise or withdraw our offer if, at any time during the projected coverage period:

- The actual number of enrolled contracts (in total, by product, or by benefit plan), the Single/Family mix, or the Medicare/Non-Medicare mix varies by +/- 10% from our projections.
- The information upon which our projections were based (benefit levels, census/demographics, commissions, etc.) becomes outdated or inaccurate.

Offer includes incremental fee for Wellbeing Management (Healthcare Management program).

Commissions are excluded from the quoted rates/fees. Upon inquiry from employer groups, HCSC will provide information to the employer group regarding commissions and other compensation paid to the employer's agent by HCSC in connection with the employer's policy or contract with HCSC.


Employer will contribute a minimum of 25% toward the cost of coverage.

A minimum of 75% of eligible employees excluding waivers, or a minimum of 50% of eligible employees including waivers, enroll for coverage.

Offer is contingent upon Underwriting approval of any changes to the plan's eligibility definitions.

Please refer to the separate exhibit(s) detailing the BlueCard Access Fee arrangements that will apply to claims incurred in non-HCSC plan locations. Any applicable BlueCard Access Fees are included in claim projection.

BCBSOK requires a buy decision for stop loss within 30 days of release. If beyond 30 days, BCBSOKs reserve the right to review updated claims data and revise our offer as necessary.

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ASO Projection
July 1, 2019 - June 30, 2020
7/1/2019 OPEH&W Renewal

CONDITIONS AND CAVEATS

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Recommended funding amounts should fund expected paid claims (EPC), administration, stop loss charges, and estimated reserves. If actual claims exceed the EPC, the Employer will be required to fund all claims up to the Maximum Claim Liability. If offer does not include Aggregate Stop Loss, the Employer has no Maximum Claim Liability and will be required to continually fund claims.

This offer expires as of the effective date indicated above.

The employer is responsible for any administrative services taxes due for benefits paid under this agreement.

Costs associated with special services or custom materials provided by BCBSOK are not included in the quoted administration fee(s).

Unless otherwise indicated, offer assumes BCBSOK will be the exclusive carrier for Administration and Stop Loss.

Recommended funding amounts should fund expected paid claims (EPC), administration, stop loss charges, and estimated reserves. If the financial arrangement does not include Aggregate Stop Loss coverage, the Employer will be required to continually make funds available for payment of claims.

Upon Termination, the run-off administration fee will be multiplied times the total of all certificates actually exposed during each of the three months immediately preceding contract termination and the result will be the obligation of the Employer. If the financial arrangement does not include Aggregate Stop Loss coverage, the Run-Off claims amount is for informational purposes only and the employer will be required to continually make funds available for payment of claims through the run-off period. (The Run-Off Administration amount is due and payable whether or not BCBSOK processes the run-off claims.)

If a third party stop loss carrier is selected, an annual coordination fee will apply.


Projected Net Paid Claims for non-HMO Medical coverages on these exhibits include Estimated Value Based Care Payments and Savings.

Value Based Care payments apply to Stop Loss Coverage.

BCBSOK retains the right to recoup monetary credits provided, any remaining implementation costs, shared savings or PG incentive fees from the plan sponsor in the event of early termination of the proposed coverage or contract, either in its entirety or with respect to certain custom services or programs included in this offer.

Offer is contingent upon proposed Wellbeing Management package design. Any modifications to the proposed package will impact the Wellbeing Management fee and Administrative Fee.

Base Administration includes the Enable Wellbeing Management package. Any changes to their current programs and services may result in a change to their guaranteed administration fees.

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ASO Projection
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Wellbeing Management Detail

Please refer to the ACA Disclaimer regarding benefits and final pricing.

	Blue Choice	Blue Preferred	Total
Projected Enrollment	466	4,703	5,169
<u>WBM Package</u>	Enable BH	Enable BH	
Foundational Package Components			
Foundational Package Components			
Total Foundational and Configurable	\$4.95	\$4.95	\$4.95
Total WBM Fee	\$4.95	\$4.95	\$4.95

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Oklahoma Public Health and Welfare Plan

July 1, 2019 - June 30, 2020

Network Discount Guarantee

Medical Claims Only

Claims Paid 07/01/19 Through 06/30/20

Guaranteed Discount Percentage 50.0%

Actual Discounts		Admin Fee Penalty
50.00%	or Higher	0.00%
49.99%	or Lower	2.00%

1. The formula for the Overall Network Discount Percentage calculation is as follows:
(Eligible/Covered Claims less Allowed Claims equals the Provider Savings. The Provider Savings divided by the Eligible/Covered Claims equals the Overall Network Discount %).
2. Both In-Network and Out-of-Network claims are included in the Overall Network Discount Percentage calculation.
3. Network Discount Guarantee applies only to eligible employees and retirees who enroll in the proposed BCBS benefit plans.
4. BCBS will exclude all claims in excess of \$100,000, claims the Employer authorizes to be paid on an exception basis, Medicare claims, claims with COB, Prescription Drug claims, Specialty Rx, claims not covered/processed by BCBS, and claims for non-contracted providers paid at the in-network level of benefits.
5. BCBS reserves the right to re-evaluate and re-establish the Guaranteed Discount Percentage if participation changes by +/- 10.0%, and/or the distribution of enrolled employees between geographic areas, the single/family mix, or age/gender composition of the group changes significantly.
6. BCBS reserves the right to void this Network Discount Guarantee if there are less than 4652 employees enrolled in the plan.
7. BCBS reserves the right to re-evaluate and re-establish the Guaranteed Discount Percentage if Medicare changes its payment systems during the term of this Network Discount Guarantee.
8. BCBS reserves the right to re-evaluate and re-establish the Guaranteed Discount Percentage if there is a change in the benefit plan design.
9. BCBS reserves the right to re-evaluate and re-establish the Guaranteed Discount Percentage if a narrow or high performance network is elected.
10. Administrative Fee at Risk will be finalized upon sale of the Network Discount Guarantee.
11. Administrative Fee at Risk is the Medical Administration fee only. It does not include any additional elected services such as Fiduciary, BCC, etc.
12. Any penalty paid will be dollar for dollar up to the maximum amount at risk for each tier.
13. Guaranteed Discount Percentage is only valid for the quoted policy period.

***Amount at Risk is based on current enrollment of 5,169 HCSC Primary employees. Actual amount at risk is subject to change based on final enrollment of employees who select BCBS coverage.**