

City of Hastings

2024 Renewal Discussion

September 11, 2023



Gallagher

Insurance | Risk Management | Consulting

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Agenda

- Medical Plan Claims
- 2024 Medical Plan Renewal
- Next Steps

Medical Claims

January – June 2023

1/1/2023 through 12/31/2023

		Funding/Budget					Total Net Paid Claims				Total Gross Plan Costs		Funding Variance		
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$200k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jan-23	132	\$168,143	\$1,273.81	\$1,019,266	\$91,644	(\$752,412)	\$358,498	\$2,715.89	\$19,334	\$0	\$377,832	\$2,862.36	(\$209,689)	(\$1,588.55)	224.7%
Feb-23	132	\$168,143	\$1,273.81	\$5,513	\$80,868	(\$141)	\$86,240	\$653.33	\$19,334	\$0	\$105,574	\$799.81	\$62,568	\$474.00	62.8%
Mar-23	132	\$168,143	\$1,273.81	\$204,832	\$77,909	(\$21)	\$282,720	\$2,141.82	\$19,334	\$0	\$302,054	\$2,288.29	(\$133,911)	(\$1,014.48)	179.6%
Apr-23	132	\$168,222	\$1,274.41	\$183,228	\$58,827	(\$110)	\$241,945	\$1,832.91	\$19,334	\$0	\$261,279	\$1,979.39	(\$93,057)	(\$704.98)	155.3%
May-23	131	\$168,095	\$1,283.16	\$67,147	\$70,879	(\$140)	\$137,885	\$1,052.56	\$19,223	\$0	\$157,108	\$1,199.30	\$10,987	\$83.87	93.5%
Jun-23	131	\$168,096	\$1,283.17	\$122,215	\$60,743	(\$11,172)	\$171,787	\$1,311.35	\$19,345	\$0	\$191,132	\$1,459.02	(\$23,036)	(\$175.85)	113.7%
Jul-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Aug-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Sep-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Oct-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Nov-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Dec-23	0	\$0	\$0.00	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	\$0	\$0.00	\$0	\$0.00	0.0%
Total	790	\$1,008,841	\$1,277.01	\$1,602,200	\$440,870	(\$763,996)	\$1,279,074	\$1,619.08	\$115,905	\$0	\$1,394,979	\$1,765.80	(\$386,138)	(\$488.78)	138.3%

Medical Claims

January – December 2022

1/1/2022 through 12/31/2022

		Funding/Budget					Total Net Paid Claims			Total Gross Plan Costs		Funding Variance			
Month	Employees	\$	PEPM	Paid Medical Claims	Paid Rx Claims	Claims over \$200k Stop Loss Level	\$	PEPM	Admin and Stop Loss Expenses	HealthCare Reform Expenses	\$	PEPM	\$	PEPM	Loss Ratio
Jan-22	125	\$147,163	\$1,177.30	\$32,016	\$38,944	\$0	\$70,959	\$567.67	\$18,357	\$47	\$89,363	\$714.91	\$57,799	\$462.40	60.7%
Feb-22	127	\$149,632	\$1,178.21	\$61,388	\$64,075	\$0	\$125,462	\$987.89	\$18,681	\$48	\$144,192	\$1,135.37	\$5,441	\$42.84	96.4%
Mar-22	127	\$151,127	\$1,189.97	\$67,780	\$47,162	\$0	\$114,942	\$905.06	\$18,774	\$48	\$133,765	\$1,053.27	\$17,362	\$136.71	88.5%
Apr-22	128	\$151,869	\$1,186.47	\$65,695	\$66,590	\$0	\$132,285	\$1,033.48	\$18,890	\$49	\$151,223	\$1,181.43	\$645	\$5.04	99.6%
May-22	129	\$152,691	\$1,183.65	\$70,823	\$66,536	\$0	\$137,359	\$1,064.80	\$19,006	\$49	\$156,414	\$1,212.51	(\$3,723)	(\$28.86)	102.4%
Jun-22	130	\$155,323	\$1,194.79	\$56,939	\$64,626	(\$6,411)	\$115,153	\$885.80	\$19,214	\$50	\$134,417	\$1,033.98	\$20,906	\$160.81	86.5%
Jul-22	130	\$154,721	\$1,190.16	\$102,632	\$40,603	(\$10,851)	\$132,384	\$1,018.34	\$18,653	\$49	\$151,087	\$1,162.20	\$3,634	\$27.96	97.7%
Aug-22	130	\$154,784	\$1,190.64	\$383,527	\$88,897	(\$117,208)	\$355,216	\$2,732.43	\$18,653	\$49	\$373,918	\$2,876.29	(\$219,134)	(\$1,685.65)	241.6%
Sep-22	130	\$154,784	\$1,190.64	\$91,708	\$69,941	(\$34,279)	\$127,370	\$979.77	\$18,653	\$49	\$146,073	\$1,123.64	\$8,711	\$67.01	94.4%
Oct-22	130	\$157,298	\$1,209.98	\$45,742	\$127,815	(\$69,437)	\$104,120	\$800.92	\$18,809	\$50	\$122,978	\$945.99	\$34,320	\$264.00	78.2%
Nov-22	131	\$159,678	\$1,218.91	\$75,751	\$53,682	(\$23,324)	\$106,109	\$809.99	\$18,955	\$51	\$125,114	\$955.07	\$34,564	\$263.84	78.4%
Dec-22	131	\$158,045	\$1,206.45	\$196,408	\$60,759	(\$35,236)	\$221,931	\$1,694.13	\$18,862	\$50	\$240,843	\$1,838.50	(\$82,798)	(\$632.05)	152.4%
Total	1,548	\$1,847,113	\$1,193.23	\$1,250,410	\$789,628	(\$296,748)	\$1,743,291	\$1,126.16	\$225,508	\$589	\$1,969,387	\$1,272.21	(\$122,274)	(\$78.99)	106.6%

2024 Medical Renewal – MHC/SCSC

Executive Summary

- Hastings’ Medical Renewal
 - Medical Renewal delivered = 23.3% increase
- Minnesota Healthcare Consortium Renewal
 - Median Increase = 16.8%
 - Minimum increase = 0%
 - Maximum increase = 30%
 - No rate caps
 - Move to 13 rate tiers (6 above / 6 below median)

Plan Year	Loss Ratio	Final Renewal
2019	95.9%	0%
2020	86.4%	0%
2021	104.1%	9.6%*
2022	89.1%	5%
2023 (thru June)	138.3%	7.5%
2024		23.3%

* Received initial renewal of 14%

2024 Medical Renewal – MHC/SCSC

COST ANALYSIS					CURRENT				RENEWAL			
PEPM Rates - Enrollment per Renewal 2023	Plan 1	Plan 2	Plan 3	Plan 4	Choice Passport ASO \$3000-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$200-30-20%	Choice Passport ASO 0%-15	Choice Passport ASO \$3200-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$200-30-20%	Choice Passport ASO 0%-15
Employee (EE) Only	44	25	14	2	\$723.81	\$803.01	\$890.12	\$952.35	\$891.50	\$994.92	\$1,094.60	\$1,166.70
EE + Spouse	4	5	2	1	\$1,629.49	\$1,807.78	\$2,003.89	\$2,143.98	\$2,007.02	\$2,239.82	\$2,464.26	\$2,626.58
EE + Child(ren)	0	2	2	1	\$1,520.54	\$1,686.91	\$1,869.91	\$2,000.63	\$1,872.82	\$2,090.06	\$2,299.48	\$2,450.96
EE + Family	14	8	6	1	\$2,316.86	\$2,570.35	\$2,849.19	\$3,048.37	\$2,853.64	\$3,184.64	\$3,503.74	\$3,734.54
Total Enrollment	62	40	24	5								
Estimated Annual Premium					\$849,620	\$636,609	\$447,653	\$109,172	\$1,046,460	\$788,752	\$550,492	\$133,746
Dollar Difference from Current									\$196,841	\$152,143	\$102,839	\$24,574
Percent Change from Current									23.17%	23.90%	22.97%	22.51%
Total Combined Annual Cost												
					CURRENT				RENEWAL			
Estimated Annual Premium					\$2,043,054				\$2,519,450			
Dollar Difference from Current									\$476,396			
Percent Change from Current									23.32%			

Carrier Name	CURRENT				RENEWAL			
	Medica				Medica			
Plan Name	Choice Passport ASO \$3000-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$200-30-20%	Choice Passport ASO 0%-15	Choice Passport ASO \$3200-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$200-30-20%	Choice Passport ASO 0%-15
PLAN DESIGN*								
In-Network Benefits	Choice Passport	Choice Passport	Choice Passport	Choice Passport	Choice Passport	Choice Passport	Choice Passport	Choice Passport
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)	\$3,000 / \$6,000	\$1,500 / \$3,000	\$200 / \$600	\$0 / \$0	\$3,200 / \$6,400	\$1,500 / \$3,000	\$200 / \$600	\$0 / \$0
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$3,000 / \$6,000	\$2,250 / \$4,000	\$1,200 / \$2,400	\$500 / \$1,000	\$3,200 / \$6,400	\$2,250 / \$4,000	\$1,200 / \$2,400	\$500 / \$1,000
Coinurance (member pays after deductible)	0%	0%	20%	0%	0%	0%	20%	0%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay
Specialist Visit	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay
Telehealth	0% after deductible	0% after deductible	\$15 Copay	\$15 Copay	0% after deductible	0% after deductible	\$15 Copay	\$15 Copay
Urgent Care	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay
Emergency Room	0% after deductible	0% after deductible	\$75 Copay	\$40 Copay	0% after deductible	0% after deductible	\$75 Copay	\$40 Copay
Inpatient Hospital	0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%
Outpatient Surgery	0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%
Chiropractic (visit limits may apply)	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay
Phys/Occ/Speech Therapy (visit limits may apply)	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay	0% after deductible	0% after deductible	\$30 Copay	\$15 Copay
Diagnostic Test (X-ray, blood work)	0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%
Imaging (CT/PET scan, MRI)	0% after deductible	0% after deductible	20% after deductible	Covered 100%	0% after deductible	0% after deductible	20% after deductible	Covered 100%
Prescription Drug Benefit								
Out-of-Pocket Maximum (Individual / Family)	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days	Combined with medical 31 Days
Retail	0% after deductible	\$20 / \$20 / \$20	\$11 / \$11 / \$35	\$8 / \$8 / \$23	0% after deductible	\$20 / \$20 / \$20	\$11 / \$11 / \$35	\$8 / \$8 / \$23
Tier I / Tier II / Tier III								
Specialty	0% after deductible	20% to max \$200 / 40%	20% to max \$200 / 40%	20% to max \$200 / 40%	0% after deductible	20% to max \$200 / 40%	20% to max \$200 / 40%	20% to max \$200 / 40%
Mail Order	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days	93 Days
Tier I / Tier II / Tier III	0% after deductible	\$40 / \$40 / \$40	\$22 / \$22 / \$70	\$16 / \$16 / \$46	0% after deductible	\$40 / \$40 / \$40	\$22 / \$22 / \$70	\$16 / \$16 / \$46

Network Alternatives

RENEWAL				
Carrier Name	Medica			
Plan Name	\$3200-0% HSA			
PLAN DESIGN*				
ALTERNATIVE NETWORKS	Choice Passport	Elect	Park Nicollet HP First/ Vantage Plus	Medica Complete Health
PEPM Rates -				
Employee (EE) Only	\$891.50	\$780.06	\$757.78	\$864.76
EE + Spouse	\$2,007.02	\$1,756.14	\$1,705.96	\$1,946.82
EE + Child(ren)	\$1,872.82	\$1,638.72	\$1,591.90	\$1,816.64
EE + Family	\$2,853.64	\$2,496.94	\$2,425.60	\$2,768.04
Rate Difference from Choice Passport		-12.5%	-15.0%	-3.0%

RENEWAL				
Carrier Name	Medica			
Plan Name	\$1500-0% HRA			
PLAN DESIGN*				
ALTERNATIVE NETWORKS	Choice Passport	Elect	Park Nicollet HP First/ Vantage Plus	Medica Complete Health
PEPM Rates -				
Employee (EE) Only	\$994.92	\$870.54	\$845.68	\$965.06
EE + Spouse	\$2,239.82	\$1,959.84	\$1,903.84	\$2,172.62
EE + Child(ren)	\$2,090.06	\$1,828.80	\$1,776.54	\$2,027.36
EE + Family	\$3,184.64	\$2,786.50	\$2,706.94	\$3,089.10
Rate Difference from Choice Passport		-12.5%	-15.0%	-3.0%
Employees with Access (2 in 15 miles)			PNF 56%, VPL 84%	24%

Network Alternatives

Learn More

- www.Medica.com/Members > *Employer Provided Plans*
- Elect
 - Select Primary Care Clinic, to see a provider outside your care system, you'll need a referral first
- VantagePlus
 - MHealth Fairview and North Memorial
- Park Nicollet and HealthPartners Medical Group First
 - Park Nicollet and Methodist Hospital
- Medica CompleteHealth
 - Mayo Clinic Health System and Primary Care, Northfield Hospital, Winona Health



HealthPartners[®]
Park Nicollet[®]

Plan Alternatives

Carrier Name	RENEWAL		ALTERNATIVE PLANS	
	Medica		Medica	
Plan Name	Choice Passport ASO \$3200-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$3,200- 20% HSA	Choice Passport ASO \$2000-50/100-20%
PLAN DESIGN*				
In-Network Benefits	Choice Passport	Choice Passport	Choice Passport	Choice Passport
Deductible Type	Embedded	Embedded	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)	\$3,200 / \$6,400	\$1,500 / \$3,000	\$3,200 / \$6,400	\$2,000 / \$4,000
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$3,200 / \$6,400	\$2,250 / \$4,000	\$6,400 / \$12,800	\$4,000 / \$8,000
Coinsurance (member pays after deductible)	0%	0%	20%	20%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	0% after deductible	0% after deductible	20% after deductible	\$50 copay
Specialist Visit	0% after deductible	0% after deductible	20% after deductible	\$100 copay
Telehealth	0% after deductible	0% after deductible	20% after deductible	\$20 copay
Urgent Care	0% after deductible	0% after deductible	20% after deductible	\$50 copay
Emergency Room	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Inpatient Hospital	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	0% after deductible	0% after deductible	20% after deductible	20% after deductible
Chiropractic (visit limits may apply)	0% after deductible	0% after deductible	20% after deductible	\$50 copay
Phys/Occ/Speech Therapy (visit limits may apply)	0% after deductible	0% after deductible	20% after deductible	\$50 copay
Diagnostic Test (X-ray, blood work)	0% after deductible	0% after deductible	20% after deductible	\$100 copay
Imaging (CT/PET scan, MRI)	0% after deductible	0% after deductible	20% after deductible	\$500 copay
Prescription Drug Benefit				
Out-of-Pocket Maximum (Individual / Family)	Combined with medical	Combined with medical	Combined with medical	Combined with medical
Retail	31 Days	31 Days	31 Days	31 Days
Tier I / Tier II / Tier III	0% after deductible	\$20 / \$20 / \$20	20% after deductible	\$10 / \$40 / \$75
Specialty	0% after deductible	20% to max \$200 / 40%	20% after deductible	20% to max \$200
Mail Order	93 Days	93 Days	93 Days	93 Days
Tier I / Tier II / Tier III	0% after deductible	\$40 / \$40 / \$40	20% after deductible	\$20 / \$80 / \$150
Out-of-Network Benefits				
Deductible Type	Embedded	Embedded	Embedded	Embedded
CY Deductible (Individual / Family)	\$3,200 / \$6,400	\$1,500 / \$3,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$3,700 / \$7,400	\$2,250 / \$4,000	\$12,500 / \$25,000	\$12,500 / \$25,000
Coinsurance (member pays after deductible)	20%	0%	50%	0%

Plan Alternatives

2000-50/100-20% Plan

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Specialist copayment	\$100
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	25%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$20
Coinsurance	\$1,600
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$3,680

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist copayment	\$100
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$800
Copayments	\$800
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$1,600

Mia's Simple fracture (in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist copayment	\$100
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,800
Copayments	\$500
Coinsurance	\$70
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,370

Plan Alternatives

3200-20% Plan

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ The plan's overall deductible	\$3,200
■ Specialist coinsurance	20%
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	25%

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,200
Copayments	\$0
Coinsurance	\$1,300
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$4,560

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
■ The plan's overall deductible	\$3,200
■ Specialist coinsurance	20%
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,200
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$2,200

Mia's Simple fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$3,200
■ Specialist coinsurance	20%
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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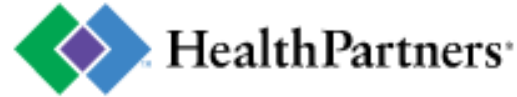
In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,800

2024 Medical Renewal – MHC/SCSC

COST ANALYSIS				
PEPM Rates - Enrollment per Renewal 2023	Choice Passport ASO \$3200-0% HSA	Choice Passport ASO \$1500-0% HRA	Choice Passport ASO \$3,200- 20% HSA	Choice Passport ASO \$2000-50/100-20%
Employee (EE) Only	\$891.50	\$994.92	\$782.42	\$927.08
EE + Spouse	\$2,007.02	\$2,239.82	\$1,761.44	\$2,087.12
EE + Child(ren)	\$1,872.82	\$2,090.06	\$1,643.68	\$1,947.56
EE + Family	\$2,853.64	\$3,184.64	\$2,504.48	\$2,967.51
Total Enrollment			Difference from \$3200-0% -12%	Difference from \$1500-0% -7%

Public Sector Insurance Options



PEIP Overview

Plan / Network Options

- Three Plan Levels
 - High: highest coverage and highest cost
 - Value: middle coverage and middle cost
 - HSA Compatible: highest deductible and lowest cost
- Two network/carrier options
 - BlueCross BlueShield
 - HealthPartners



Primary Care Clinic (PCC) Model

- Each family member chooses their PCC
 - All family members must enroll with the same plan level and network
 - Coordinate care through primary care clinic
 - Referrals required for outside care system (except urgent and ER)
 - Self-refer to specialists for:
 - OBGYN, Mental Health, Chemical Dependency, Chiropractic
 - Each primary care clinic assigned a “**cost level**” 1-4

PEIP Overview

Benefits are determined based on PCC cost level



Allina Hastings Clinic = Cost Level 2 with BlueCross Cost Level 3 with HealthPartners

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
A. Preventive Care Services <ul style="list-style-type: none"> Routine medical exams, cancer screening Child health preventive services, routine immunizations Prenatal and postnatal care and exams Adult immunizations Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible * Combined Medical/Pharmacy (single coverage)	\$1,500	\$2,000	\$3,000	\$4,000
Combined Medical/Pharmacy (family coverage)	\$2,800 per family member \$3,000 per family	\$3,200 per family member \$4,000 per family	\$4,800 per family member \$6,000 per family	\$6,400 per family member \$8,000 per family
N. Plan Maximum Out-of-Pocket Expense** (including prescription drugs) Single Coverage	\$3,000	\$3,000	\$4,000	\$5,000
Family Coverage	\$5,000 per family member \$6,000 per family	\$5,000 per family member \$6,000 per family	\$6,900 per family member \$8,000 per family	\$6,900 per family member \$10,000 per family

- This chart applies to employees temporarily residing outside of the service area and college students. Members with permanent residence outside of the PEIP service area subject to additional \$1,500 single for \$3,000 family deductible and 30% coinsurance (must request).
- Cost levels reviewed annually (subject to change), typically released mid-October
- Pharmacy - Separate ID card for pharmacy benefits through CVS Caremark

Questions

Thank You!

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