

MEDICAL PLAN

Experience Update and BCBSNC Renewal



February 11, 2020

2020 – 2021 Renewal Calculation



	Total Number				Stop-Loss		BCBSNC Claims
Jackson County	of Employees	Medical	Pharmacy	Dental	Credits	Net Claims	Impact
January-19	439	\$361,054.11	\$54,756.70	\$22,506.70	\$106,997.99	\$331,319.52	\$248,489.64
February-19	435	\$324,359.21	\$159,458.06	\$21,261.22	\$68,432.07	\$436,646.42	\$327,484.82
March-19	437	\$272,734.41	\$92,400.45	\$19,122.33	\$8,756.25	\$375,500.94	\$281,625.71
April-19	433	\$545,354.28	\$109,124.04	\$30,028.16	\$93,525.78	\$590,980.70	\$443,235.53
May-19	438	\$989,392.57	\$233,923.07	\$20,281.44	\$32,217.67	\$1,211,379.41	\$908,534.56
June-19	438	\$755,214.23	\$98,104.20	\$26,999.39	\$154,399.67	\$725,918.15	\$544,438.61
July-19	434	\$749,367.88	\$136,152.29	\$32,412.55	\$79,032.27	\$838,900.45	\$671,120.36
August-19	434	\$174,584.03	\$121,513.51	\$23,710.15	\$6,946.45	\$312,861.24	\$312,861.24
September-19	431	\$232,909.39	\$113,021.83	\$24,093.34	\$8,390.44	\$361,634.12	\$361,634.12
October-19	430	\$370,842.50	\$147,710.30	\$21,753.63	\$5,654.30	\$534,652.13	\$534,652.13
November-19	433	\$469,282.26	\$117,816.77	\$21,632.33	\$4,952.72	\$603,778.64	\$603,778.64
December-19	436	\$257,673.09	\$139,301.61	\$25,602.85	\$7,306.67	\$415,270.88	\$415,270.88
Total	5,218	\$5,502,767.96	\$1,523,282.83	\$289,404.09	\$576,612.28		\$5,653,126.23
Standard Renewal Calculations				***************************************	Landard Control of the Control of th		L

Standard	Renewal	Calculations
	2020 - 20	21

2020 - 2021	
Current Plan Designs	Crescent
Claims	\$5,653,126.23
Trended Claims 5.6% - 18 Months of Trend - (8.4%)	\$6,127,989
Annual Employee Count	5,218
Fixed Cost	\$817,190.98
Rebates	\$0.00
PPACA - Fee for Comparative Effectiveness Research Agency -	
7/31/20	\$1,573.82
Lasers	\$0.00
Renewal Calculation	\$6,946,753.62
County 2019 - 2020	\$6,463,954.04
2020 - 2021 Rate Action - Projection	107.47%
Dollar Change	\$482,799.58

- The Renewal Estimate has taken BCBSNC discounts into consideration.
- The calculation includes the fixed cost renewal.

FY 2020-2021 ESTIMATED REVENUE AND COST-BCBS INSURANCE PROJECTED REVENUES WITH BCBS RENEWAL OPTION 1 RATES

		N	urrent 1edical Rates	7	240	ite After 7.5% icrease		Employee / Dependent Count		Bi-Weekly Revenue	nnual Revenue or Health Plan
County		M	onthly	Bi-Weekly		lonthly	Bi-Weekly				
County		1.							١.		
Paid	Employee	\$	1,059	\$ 488.77	\$	1,138	\$ 525.43	446	\$	234,340.41	\$ 6,092,850.60
	Spouse	\$	382	\$ 176.31	\$	411	\$ 189.53	40	\$	7,581.23	\$ 197,112.00
	Child	\$	259	\$ 119.54	\$	278	\$ 128.50	21	\$	2,698.58	\$ 70,163.10
	Children	\$	382	\$ 176.31	\$	411	\$ 189.53	40	\$	7,581.23	\$ 197,112.00
	Family	\$	517	\$ 238.62	\$	556	\$ 256.51	42	\$	10,773.48	\$ 280,110.60

Total Health Plan Revenues with 7.5% increase

\$ 6,837,348.30

		D	rrent ental ates				te After 7.5% ocrease			Employee / Dependent Count	Bi-Weekly Revenue	Annual Revenue for Dental Plan		
County	*		Monthly Bi-Wee		Weekly	` Monthly			Weekly					
Paid	Employee	\$	33	\$	15.23	\$	35	\$	16.37	446	\$ 7,302.39	Ś	189,862.20	
	Spouse	\$	42	\$	19.38	\$	45	\$	20.84	40	\$ 833.54	\$	21,672.00	
	Child	\$	27	\$	12.46	\$	29	\$	13.40	21	\$ 281.32	\$	7,314.30	
	Children	\$	42	\$	19.38	\$	45	\$	20.84	40	\$ 833.54	\$	21,672.00	
	Family	\$	69	\$	31.85	\$	74	\$	34.23	42	\$ 1,437.85	\$	37,384.20	

Total Dental Plan Revenues with 7.5% increase

\$ 277,904.70

Grand Total Revenues with 7.5% increase

\$ 7,115,253.00

County Contributions Employee Contributions \$ 6,282,712.80

\$ 832,540.20

ANALYSIS OF BCBS RENEWAL OPTION 1 INCREASED COSTS BASED ON NEW RATES

		Current		Rate After				Employee /	Amount of Bi-	Annual Cost
		Medical		7.5%		Amount of		Dependent	Weekly Cost	Increases for
		Rates		Increase		Increase		Count	Increases	Health Plan
		2								
		Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly			
County										
Paid	Employee	\$ 1,059.00	\$ 488.77	\$ 1,138	\$ 525.43	\$ 79.43	\$ 36.66	446	\$ 16,349.33	\$ 425,082.60
	Spouse	\$ 382.00	\$ 176.31	\$ 411	\$ 189.53	\$ 28.65	\$ 13.22	40	\$ 528.92	\$ 13,752.00
	Child	\$ 259.00	\$ 119.54	\$ 278	\$ 128.50	\$ 19.43	\$ 8.97	21	\$ 188.27	\$ 4,895.10
	Children	\$ 382.00	\$ 176.31	\$ 411	\$ 189.53	\$ 28.65	\$ 13.22	40	\$ 528.92	\$ 13,752.00
	Family	\$ 517.00	\$ 238.62	\$ 556	\$ 256.51	\$ 38.78	\$ 17.90	42	\$ 751.64	\$ 19,542.60

Total Health Plan Cost Increases with 7.5% increase

\$ 477,024.30

		Current Dental Rates		Rate After 23.11% Increase			Amount of Increase				Employee / Dependent Count			ount of Bi- eekly Cost acreases	Annual Cost Increases for Dental Plan				
County		V	onthly	Bi-Weekly Month		onthly	Bi-Weekly			Monthly		Bi-Weekly						1	
Paid	Employee	\$	33.00	\$	15.23	Ś	35	Ś	16.37	s	2.48	Ś	1.14		446	Ś	509.47	\$	13,246.20
	Spouse	\$	42.00	\$	19.38	_	45	\$	20.84	÷		\$	1.45			\$	58.15	-	1,512.00
	Child	\$	27.00	\$	12.46	\$	29	\$	13.40	\$	2.03	\$	0.93		21	\$	19.63	\$	510.30
	Children	\$	42.00	\$	19.38	\$	45	\$	20.84	\$	3.15	\$	1.45		40	\$	58.15	\$	1,512.00
	Family	\$	69.00	\$	31.85	\$	74	\$	34.23	\$	5.18	\$	2.39		42	\$	100.32	\$	2,608.20

Total Dental Plan Cost Increases with 7.5% increase

\$ 19,388.70

Grand Total Cost Increase with 7.5% Increase

496,413.00

County Increase in Costs Employee Increase in Costs

438,328.80

\$ 58,084.20