

## **NOTICE OF SPECIAL MEETING**

In accordance with §38-431.02 of the Arizona Revised Statutes of the State of Arizona, notice is hereby given to the Employee Benefit Trust Board and to the general public that the Mayor and Trustees of the Employee Benefit Trust Board will hold an Employee Benefits Trust Board Meeting at 5:30 pm., Wednesday, April 13th, 2022. The meeting will take place at the City Council Chambers, located at 1090 E. Union Street, San Luis, Arizona, 85349.

In accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, the City of San Luis does not discriminate on the basis of disability in the admission of or access to, or treatment of employment in its programs, activities, or services. For information regarding rights and provisions of the ADA or Section 504, or to request reasonable accommodations for participation in City programs, activities or services contact: ADA/Section 504 Coordinator, City of San Luis Human Resources Department, 1090 East Union Street, San Luis, Arizona 85349; (928) 341-8579.

Notice is hereby given that pursuant to A.R.S. §1-602.A.9, subject to certain specified statutory exceptions, parents have a right to consent before the State or any of its political subdivisions make a video or audio recording of a minor child. Meetings of the City Council are audio and/or video recorded, and, as a result, proceedings in which children are present may be subject to such recording. Parents in order to exercise their rights may either file written consent with the City Clerk to such recording, or take personal action to ensure that their child or children are not present when a recording may be made. If a child is present at the time a recording is made, the City will assume that the rights afforded parents pursuant to A.R.S. §1-602.A.9 been waived.

THIS NOTICE IS APPROVED BY:

/s/ Mary Barajas, HR Coordinator

## **AVISO DE JUNTA ESPECIAL**

De acuerdo con los Estatutos del Estado de Arizona A.R.S. §38-431.02, se le informa a los miembros de la Junta Fiduciaria de Beneficios para Empleados y al público en general que el Presidente y la Mesa Directiva de Fondo de Beneficios Medicos de San Luis, Arizona, tendrán una Junta Regular a las 5:30 pm, el día Miercoles, 13 de Abril, 2022. La junta se llevará a cabo en la Sala del Cabildo, ubicada en el 1090 E. Union Street, San Luis, Arizona, 85349.

De acuerdo con el Acta de Americanos con discapacidades y la Sección 504 del Acta de Rehabilitación del 1973, la Ciudad de San Luis no discrimina por causa de discapacidad la admisión y acceso a sus programas, actividades, servicios o en el trato en cuanto a empleo. Para mas información referente a derechos y provisiones del Acta de Americanos con discapacidades o Sección 504, o para solicitar adaptaciones que sean razonables para la participación en programas, actividades o servicios de la ciudad, contactar al: Coordinador del Acta de Americanos con discapacidades/Sección 504, Departamento de Recursos Humanos de la Ciudad de San Luis, 1090 Este Calle Unión, San Luis, Arizona, 85349; (928) 341-8579.

Por medio de este aviso y de acuerdo con los Estatutos Revisados del Estado de Arizona, sujeto a ciertas excepciones reglamentarias, los padres de familia tienen el derecho de dar o no dar el consentimiento antes que el Estado o alguna subdivision política grabe a un menor de edad, ya sea en audio o video. Las juntas del Concilio se graban en audio y/o video y como resultado, el hecho de que haya menores presentes puede ser sujeto a que sean grabados. Para que los padres de familia puedan ejercer sus derechos pueden solicitar por escrito con la Secretaria de la Ciudad a tal grabación, o tomar acción personal para asegurarse que su hijo/hija menor no esté presente cuando la grabación se lleve a cabo. Si un menor de edad esta presente en el momento de la grabación, la Ciudad asumirá que los padres de familia están cediendo los derechos sobre una posible grabación de acuerdo con el Estatuto Revisado del Estado de Arizona §1-602.A.9.

ESTE AVISO ES APROBADO POR:

/f/ Mary Barajas, Coordinadora Recursos Humanos

**AGENDA**  
**Special Meeting**  
**City of San Luis Employee Benefit Trust**  
**Council Chambers – City Hall**  
**1090 E Union Street**  
**San Luis, AZ 85349**  
**Wednesday, April 13, 2022**  
**5:30 PM**

**NOTE: Some members of the Board of Trustees of the City of San Luis Employee Benefit Trust may attend the meeting telephonically. If authorized by majority vote of the Board of Trustees, an executive session will be held immediately following the vote in accordance with A.R.S. §38-431.03(A) and the meeting will be temporarily recessed while the Board retires to executive session which will not be open to the public.**

For the safety of the public during the COVID-19 pandemic, members of the public may attend the Employee Benefits Trust Board meeting of April 13,2022 in person if the 6-foot distance can be maintained, which is 27 people. However, members of the public may listen to the meeting's live audio stream on the City of San Luis' website <https://sanluisaz.gov/listenlive>. Recordings of the meetings will be available on the city's website <https://sanluisaz.gov/listenlive> after the meeting.

Por la seguridad del público durante la pandemia COVID-19, habrá asistencia en persona para los miembros del público en la Junta de Fideicomiso de Beneficios para Empleados del 13 de Abril,2022 si la distancia de 6 pies puede mantenerse. Sin embargo, los miembros del público pueden escuchar el audio en vivo de la reunión transmitido en el sitio web de la Ciudad de San Luis <https://sanluisaz.gov/listenlive>. Las grabaciones de las reuniones estarán disponibles en el sitio web de la ciudad <https://sanluisaz.gov/listenlive> después de la reunión.

1. CALL TO ORDER/ROLL CALL

2. CONSENT AGENDA

2. A. MINUTES OF:

Regular meeting held on January 12th, 2022.

3. DISCUSSION AND POSSIBLE ACTION ITEMS:

3. A. Discussion and possible action on any and all matters regarding claims and projection review for FY 2022-2023. **(Susan Posada, Broker and Consultant)**

3. B. Discussion and possible direction to executive advisors or broker/consultant on any and all matters regarding the stop loss quotes from Symetra Financial and other providers. Final quote will not be available until mid to late May 2022. **(Susan Posada, Broker and Consultant)**

- 3. C. Discussion and possible action on any and all matters regarding Exclusive Behavioral Health contract and amendment of the benefits plan to include it. **(Susan Posada, Broker and Consultant)**
  
- 3. D. Discussion and possible action on any and all matters regarding the employee benefit plans proposals starting July 1, 2022, for the third-party administrator, the employee assistance program, network fees, prescription management provider, and the wellness program. **(Susan Posada, Broker and Consultant, and Maria Muñoz, HR Coordinator)**
  
- 3. E. Discussion and possible action on any and all matters regarding establishing a waiver policy of pre-clearance penalty and specific request by employee for waiver of a pre-clearance penalty. **(Glenn J. Gimbut, Assistant City Attorney)**

5. **ADJOURNMENT**

**Special Employee Benefit Trust Board Meeting**

**2. A.**

Meeting Date: 04/13/2022

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Summary

**MINUTES OF:**

Regular meeting held on January 12th, 2022.

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Attachments

Minutes 01/12/2022

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Board Member Gustavo MacGrew	Aye
Board Member Maria Gonzalez	Aye
Vice Chairman Emma Torres	Aye

### **3. DISCUSSION AND POSSIBLE ACTION ITEMS:**

#### **3.A. EXECUTIVE SESSION:**

Discussion and possible action on any and all items regarding action to hold an executive session pursuant to A.R.S. § 38-431.039(A) subsections (1), (3) and (4) for discussion or consultation for legal advice with the City Attorney or attorneys in order to consider the Trustees' position and instruct the City Attorney or attorneys regarding their position regarding negotiation or settlement of the Subrogation case. **(Kay Marion Macuil, City Attorney)**

**MOTION:** Chairman Gerardo Sanchez and Board Member Gustavo MacGrew to go into Executive Session at approximately 5:44 p.m. **Motion passed unanimously.**

#### **The vote was as follows:**

Vice-Chairman Emma Torres	Aye
Board Member Gustavo MacGrew	Aye
Board Member Maria Gonzalez	Aye
Chairman Gerardo Sanchez	Aye

### **4. MOTION TO GO BACK INTO REGULAR SESSION**

**MOTION:** Chairman Gerardo Sanchez and Board Member Gustavo MacGrew to go back into Regular Session at approximately 5:59 p.m.

**Motion passed unanimously.**

#### **The vote was as follows:**

Chairman Gerardo Sanchez	Aye
Board Member Gustavo MacGrew	Aye
Board Member Maria Gonzalez	Aye
Vice-Chairman Emma Torres	Aye

### **5. DISCUSSION AND POSSIBLE ACTION ITEM:**

**5.A.** Discussion and possible action on any and all matters regarding the review and decision of open subrogation case **(Susan Posada, Broker, and Consultant)**

**MOTION:** Chairman Gerardo Sanchez and Board Member Gustavo MacGrew to approve settlement of the subrogation in the amount of \$17,500.00. **Motion passed unanimously.**

**The vote was as follows:**

Chairman Gerardo Sanchez	Aye
Board Member Gustavo MacGrew	Aye
Vice-Chairman Emma Torres	Aye
Board Member Maria Gonzalez	Aye

**ADJOURNMENT**

**MOTION:** Chairman Sanchez and Board Member Gustavo MacGrew to adjourn meeting. **Motion passed unanimously**

**The vote was as follows:**

Chairman Gerardo Sanchez	Aye
Vice-Chairman Emma Torres	Aye
Board Member Maria Gonzalez	Aye
Board Member Gustavo MacGrew	Aye

*Meeting adjourned at approximately 6:02 p.m.*

**Special Employee Benefit Trust Board Meeting**

**3. A.**

**Meeting Date:** 04/13/2022

**Department Head:** Maria Munoz, HR Benefits Coordinator, Human Resources Department

**Submitted By:** Mary Barajas Gutierrez, Human Resources Coordinator, Human Resources Department

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**ITEM:**

Discussion and possible action on any and all matters regarding claims and projection review for FY 2022-2023. **(Susan Posada, Broker and Consultant)**

**SUMMARY:**

Ms. Posada will review claims and projection for Fiscal Year 2022-2023. The Trustees are to meet and review the Trust Fund on a quarterly basis. This would ensure "sufficient funds exist to pay outstanding and future benefits, and pay for losses or claims or any combination of insurance and direct payment and any risk management consultation".

This item is informational. However, it has been put on the agenda as an action item in case there is any action the Board wishes to take.

**RECOMMENDATION / SUGGESTED MOTION:**

**No recommendation. The item was made an action item to allow the Trustees to make an actionable motion if desired.**

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**Fiscal Impact**

**Fiscal Impact:**

N/A

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**Attachments**

February 2022 Dashboard

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Medical and Dental Membership	July	August	September	October	November	December	January	February	March	April	May	June	2022 Yr to Date	2022 Monthly Avg	2022 Annualized	2021 Comparison	% Change
US & Mexico Med - Employees	142	137	133	139	135	136	135	136									
US & Mexico Med - Spouse	12	9	11	11	10	11	11	11									
US & Mexico Med - Children	38	42	43	41	40	39	42	42									
US & Mexico Med - Family	34	32	32	32	32	37	39	32									
Mexico Med - Employee	1	1	3	5	4	5	6	6									
Mexico Med - EE + Spouse	7	7	7	5	5	5	5	4									
Mexico Med - Child(ren)	9	9	6	7	7	7	7	10									
Mexico Med - Family	22	22	22	22	22	22	22	23									
Dental US & Mexico - Employees	140	136	130	138	134	140	135	138									
Dental US & Mexico - Spouse	9	6	7	8	11	9	9	9									
Dental US & Mexico - Children	33	33	32	30	29	28	28	31									
Dental US & MX - Family	26	30	28	28	28	28	32	24									
Dental Mexico Only - Employee	3	3	4	5	5	7	10	8									
Dental Mexico Only - EE + Spouse	10	10	9	7	8	8	8	7									
Dental Mexico Only - Child(ren)	15	15	13	14	15	14	15	15									
Dental Mexico Only - Family	34	34	33	33	32	34	33	35									
<b>Plan Contributions</b>																	
<b>Medical</b>																	
US & M - EE \$604.84	\$85,887.28	\$82,863.08	\$80,443.72	\$84,072.76	\$81,653.40	\$82,258.24	\$81,653.40	\$82,258.24					\$661,090.12	\$82,636.27	\$991,635.18	\$1,010,687.64	
US & M - SP \$1255.16	\$15,061.92	\$11,296.44	\$13,806.76	\$13,806.76	\$12,551.60	\$13,806.76	\$13,806.76	\$13,806.76					\$107,943.76	\$13,492.97	\$161,915.64	\$105,433.44	
US & M Child(ren) \$1255.16	\$47,696.08	\$52,716.72	\$53,971.88	\$51,461.56	\$50,206.40	\$48,951.24	\$52,716.72	\$52,716.72					\$410,437.32	\$51,304.67	\$615,655.98	\$582,394.24	
USM Sp Child(ren) \$1920.04	\$65,281.36	\$61,441.28	\$61,441.28	\$61,441.28	\$61,441.28	\$71,041.48	\$74,881.56	\$61,441.28					\$518,410.80	\$64,801.35	\$777,616.20	\$754,575.72	
Mexico Med EE \$220.40	\$220.40	\$220.40	\$661.20	\$1,102.00	\$881.60	\$1,102.00	\$1,322.40	\$1,322.40					\$6,832.40	\$854.05	\$10,248.60	\$5,730.40	
Mexico Med - SP \$457.32	\$3,201.24	\$3,201.24	\$3,201.24	\$2,286.60	\$2,286.60	\$2,286.60	\$2,286.60	\$1,829.28					\$20,579.40	\$2,572.43	\$30,869.10	\$35,213.64	
Mexico Med - Child(ren) - \$457.32	\$4,115.88	\$4,115.88	\$2,743.92	\$3,201.24	\$3,201.24	\$3,201.24	\$3,201.24	\$4,573.20					\$28,353.84	\$3,544.23	\$42,530.76	\$48,475.92	
Mexico Family - \$667.80	\$14,691.60	\$14,691.60	\$14,691.60	\$14,691.60	\$14,691.60	\$14,691.60	\$14,691.60	\$15,359.40					\$118,200.60	\$14,775.08	\$177,300.90	\$196,333.20	
<b>Dental</b>																	
Dental US & Mexico EE \$36.47	\$5,105.80	\$4,959.92	\$4,741.10	\$5,032.86	\$4,886.98	\$5,105.80	\$4,923.45	\$5,032.86					\$39,788.77	\$4,973.60	\$59,683.16	\$59,409.63	
Dental US & Mexico SP \$72.93	\$656.37	\$437.58	\$510.51	\$583.44	\$802.23	\$656.37	\$656.37	\$656.37					\$4,959.24	\$619.91	\$7,438.86	\$4,886.31	
Dental US & Mexico Ch \$72.93	\$2,406.69	\$2,406.69	\$2,333.76	\$2,187.90	\$2,114.97	\$2,042.04	\$2,042.04	\$2,260.83					\$17,794.92	\$2,224.37	\$26,692.38	\$27,494.61	
Dental US & Mexico Fam \$91.03	\$2,366.78	\$2,730.90	\$2,548.84	\$2,548.84	\$2,548.84	\$2,548.84	\$2,912.96	\$2,184.72					\$20,390.72	\$2,548.84	\$30,586.08	\$30,677.11	
Dental Mexico Only EE \$16.28	\$48.84	\$48.84	\$65.12	\$81.40	\$81.40	\$113.96	\$162.80	\$130.24					\$732.60	\$91.58	\$1,098.90	\$439.56	
Dental Mexico Only SP \$32.54	\$325.40	\$325.40	\$292.86	\$227.78	\$260.32	\$260.32	\$260.32	\$272.78					\$2,180.18	\$272.52	\$3,270.27	\$4,360.36	
Dental Mexico Only Ch \$32.54	\$488.10	\$488.10	\$423.02	\$455.56	\$488.10	\$455.56	\$488.10	\$488.10					\$3,774.64	\$471.83	\$5,661.96	\$5,694.50	
Dental Mexico Only Fam \$43.39	\$1,475.26	\$1,475.26	\$1,431.87	\$1,431.87	\$1,388.48	\$1,475.26	\$1,431.87	\$1,518.65					\$11,628.52	\$1,453.57	\$17,442.78	\$15,837.35	
<b>Actual Contributions</b>	<b>\$249,029.00</b>	<b>\$243,419.33</b>	<b>\$243,308.68</b>	<b>\$244,613.45</b>	<b>\$239,485.04</b>	<b>\$249,997.31</b>	<b>\$257,438.19</b>	<b>\$245,806.83</b>					<b>\$1,973,097.83</b>	<b>\$246,637.23</b>	<b>\$2,959,646.75</b>	<b>\$2,887,643.63</b>	
<b>Plan Distributions</b>																	
Medical Claims US & MX	-\$84,233.50	-\$107,612.95	-\$88,619.49	-\$118,790.23	-\$60,124.71	-\$100,934.18	-\$295,550.03	-\$200,671.04					-\$1,056,536.13	-\$132,067.02	-\$1,584,804.20	-\$1,203,130.09	31.72%
Medical Claims Mexico Only	-\$2,137.00	-\$8,237.23	-\$9,933.04	-\$7,474.20	-\$10,081.83	-\$12,630.57	-\$8,396.90	-\$8,100.29					-\$66,991.06	-\$8,373.88	-\$100,486.59	-\$119,760.22	-16.09%
RX US & MX	-\$16,811.95	-\$60,189.35	-\$25,402.65	-\$19,582.75	-\$33,152.54	-\$26,640.86	-\$9,449.65	-\$33,315.18					-\$224,544.93	-\$28,068.12	-\$336,817.40	-\$430,614.91	-21.78%
RX Mexico Only	-\$5,058.88	-\$8,319.28	-\$9,626.33	-\$3,761.27	-\$10,216.20	-\$7,266.47	-\$11,569.49	-\$9,418.58					-\$65,236.50	-\$8,154.56	-\$97,854.75	-\$87,193.18	
Dental US	-\$3,432.97	-\$3,075.19	-\$4,955.71	-\$3,328.27	-\$6,200.88	-\$2,626.54	-\$1,966.77	-\$7,328.14					-\$32,914.47	-\$4,114.31	-\$49,371.71	-\$43,167.22	14.37%
Dental Mexico	-\$10,435.81	-\$12,466.55	-\$12,650.00	-\$4,966.55	-\$3,205.98	-\$3,928.74	-\$3,013.72	-\$7,860.98					-\$34,676.78	-\$4,334.60	-\$52,015.17	-\$68,292.84	-23.84%
<b>Total Claims Paid</b>	<b>-\$111,674.30</b>	<b>-\$197,869.81</b>	<b>-\$139,802.22</b>	<b>-\$157,903.27</b>	<b>-\$122,982.14</b>	<b>-\$154,027.36</b>	<b>-\$329,946.56</b>	<b>-\$266,694.21</b>					<b>-\$1,480,899.87</b>	<b>-\$185,112.48</b>	<b>-\$2,221,349.81</b>	<b>-\$1,952,158.46</b>	<b>13.79%</b>
EBSO TPA Medical fee \$24.50	-\$6,492.50	-\$6,345.50	-\$6,345.50	-\$6,419.00	-\$6,272.00	-\$6,419.00	-\$6,566.00	-\$6,468.00					-\$51,327.50	-\$6,415.94	-\$76,991.25	-\$76,758.50	0.30%
EBSO Dental Admin \$3.00	-\$801.00	-\$792.00	-\$774.00	-\$789.00	-\$783.00	-\$801.00	-\$810.00	-\$801.00					-\$6,351.00	-\$793.88	-\$9,526.50	-\$9,378.00	1.58%
BCBS Network Fee \$16	-\$4,340.00	-\$4,235.00	-\$4,254.25	-\$4,312.00	-\$4,215.75	-\$4,292.75	-\$4,389.00	-\$4,254.25					-\$34,293.00	-\$4,286.63	-\$51,439.50	-\$45,972.50	11.89%
Slarmed Admin Fee \$4.25	-\$1,143.25	-\$1,130.50	-\$1,135.50	-\$1,130.50	-\$1,122.00	-\$1,147.50	-\$1,168.75	-\$1,151.75					-\$9,129.75	-\$1,141.22	-\$13,694.63	-\$13,417.25	2.07%
ACA Reporting \$3.00	-\$795.00	-\$777.00	-\$777.00	-\$786.00	-\$768.00	-\$786.00	-\$804.00	-\$792.00					-\$6,285.00	-\$785.63	-\$9,427.50	-\$9,399.00	
Stop Loss/Reinsurance Premium	-\$54,408.75	-\$53,597.30	-\$53,597.30	-\$53,322.80	-\$52,244.52	-\$53,933.03	-\$55,621.54	-\$54,563.67					-\$431,288.91	-\$53,911.11	-\$646,933.37	-\$585,724.78	10.45%
Reinsurance Fees (PPCORI)																	
Healthiest You	-\$6,682.00	-\$6,669.00	\$3,523.00	-\$3,289.00	-\$3,263.00	-\$3,341.00	-\$3,393.00	-\$3,380.00					-\$26,494.00	-\$3,311.75	-\$39,741.00	-\$24,400.00	62.87%
EAP Preferred	-\$554.04	-\$554.04	-\$554.04	-\$554.04	-\$554.04	-\$554.04	-\$554.04	-\$554.04					-\$4,432.32	-\$554.04	-\$6,648.48	-\$6,369.44	4.38%
Adjustments Prior Period																	
Other	-\$1,982.18	-\$1,265.23	-\$1,597.14	-\$1,141.60	-\$1,215.92	-\$4,150.15	-\$1,463.39	-\$1,219.44					-\$14,035.05	-\$1,754.38	-\$21,052.58	-\$11,683.18	
Consultant Comp	-\$9,415.00	-\$9,310.00	-\$9,170.00	-\$9,310.00	-\$9,240.00	-\$9,450.00	-\$9,625.00	-\$9,485.00					-\$75,005.00	-\$9,375.63	-\$112,507.50	-\$110,495.00	1.82%
<b>Total Fixed Costs</b>	<b>-\$86,613.72</b>	<b>-\$84,675.57</b>	<b>-\$74,681.73</b>	<b>-\$81,053.94</b>	<b>-\$79,678.23</b>	<b>-\$84,874.47</b>	<b>-\$84,394.72</b>	<b>-\$82,669.15</b>					<b>-\$658,641.53</b>	<b>-\$82,330.19</b>	<b>-\$987,962.30</b>	<b>-\$893,597.65</b>	<b>10.56%</b>
<b>Total Claims &amp; Fixed Costs</b>	<b>-\$198,288.02</b>	<b>-\$282,545.38</b>	<b>-\$214,483.95</b>	<b>-\$238,957.21</b>	<b>-\$202,660.37</b>	<b>-\$238,901.83</b>	<b>-\$414,341.28</b>	<b>-\$349,363.36</b>					<b>-\$2,139,541.40</b>	<b>-\$267,442.68</b>	<b>-\$3,209,312.10</b>	<b>-\$2,845,756.11</b>	<b>12.78%</b>
<b>Plan Recoveries</b>																	
Specific Stop-Loss			\$41,181.83	\$1,044.09				\$27,983.35					\$70,209.27	\$8,776.16	\$105,313.91	\$189,101.60	-44.31%
Aggregate Stop-Loss																	
Refunds, Subrogation																	#DIV/0!
Cobra				\$1,357.94	\$1,476.14	\$59.10	\$2,096.01	\$118.20					\$5,107.39	\$638.42	\$7,661.09		#DIV/0!
Plan Adjustment																	
<b>Net of Recoveries</b>				<b>\$2,402.03</b>	<b>\$1,476.14</b>	<b>\$59.10</b>	<b>\$2,096.01</b>	<b>\$28,101.55</b>					<b>\$34,134.83</b>	<b>\$4,266.85</b>	<b>\$51,202.25</b>	<b>\$113,387.44</b>	<b>-54.84%</b>
<b>Amount Over Contributions</b>	<b>\$50,740.98</b>	<b>-\$39,126.05</b>	<b>\$28,824.73</b>	<b>\$8,058.27</b>	<b>\$38,300.81</b>	<b>\$11,154.58</b>	<b>-\$154,807.08</b>	<b>-\$75,454.98</b>					<b>-\$132,308.74&lt;/</b>				

**Special Employee Benefit Trust Board Meeting**

**3. B.**

**Meeting Date:** 04/13/2022

**Department Head:** Maria Munoz, HR Benefits Coordinator, Human Resources Department

**Submitted By:** Mary Barajas Gutierrez, Human Resources Coordinator, Human Resources Department

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**ITEM:**

Discussion and possible direction to executive advisors or broker/consultant on any and all matters regarding the stop loss quotes from Symetra Financial and other providers. Final quote will not be available until mid to late May 2022. **(Susan Posada, Broker and Consultant)**

**SUMMARY:**

Ms. Posada will present the latest on the stop loss statistics and tentative quotes.

There has been a tremendous amount of large claims that have impacted the renewal cost of the Stop Loss Insurance. The estimated increase to the city could be from 12-15%. This is due to claims, increased medical cost, the additional requirements for COVID-19 testing, and vaccines etc.

**RECOMMENDATION / SUGGESTED MOTION:**

Discussion and possible direction to executive advisors or broker/consultant. No action item.

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**Fiscal Impact**

**Fiscal Impact:**

n/a


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**Attachments**

Proposal eff 070122

Proposal Summary - All carriers

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# A Renewal Proposal For City of San Luis

Effective:  
July 1, 2022

## The Right Turn for Your Benefits



**A Turn For The Better**

Formerly EBSO, Inc

# Get to Know 90 Degree Benefits, Inc

## Quick Facts

- Founded:** 1977
- Credentials:** Licensed Third-Party Administrator (TPA)
- Service Area:** National
- Offices In:** Arizona, Kentucky, Illinois, Minnesota, Ohio, Indiana, Iowa, and Wisconsin
- Clients:** Insured & Self-Funded plans, MEWAs, Brokers, Insurance Companies ranging in size from 2 employees to in the thousands
- Member:** Society of Professional Benefit Administrators (SPBA)  
Minnesota Association of Health Underwriters (MAHU)  
National Association of Health Underwriters (NAHU)  
Health Care Administrators Association (HCAA)  
National Association of Employee Benefit Administrators (NAEBA)

## Our Mission

Benefit Solutions for Every Client, Every Situation, Every Day  
90 Degree Benefits, Inc is committed to delivering innovative, cost effective benefit solutions with exemplary service. As one of the most respected and trusted benefit and risk management experts in the country, we demonstrate our passion for exceeding the unique expectations of every client, in every situation, every day.



## The 90 Degree Benefits, Inc Advantage...

### Experienced

Founded in 1977, 90 Degree Benefits, Inc has the experience and the perspective to help clients prepare, plan and manage for long-term success. With an average of 13 years of experience per employee, 90 Degree Benefits, Inc enjoys virtually very low employee turnover. 90 Degree Benefits, Inc team members are extremely knowledgeable and well informed about each plan and employer group they serve.

### Flexible

Our goal is to administer benefit plans in a way that streamlines and simplifies the process for you and your employees. Flexibility means we can administer all or any part of your benefit package through any insurance or HMO carrier – on a self-funded or fully insured basis. Your employees will have one source to depend on, from enrollment to ongoing communication and customer service.

### Dedicated

90 Degree Benefits, Inc is committed to managing your benefit programs in a manner that will simplify and clarify your current and future requirements. We meet the needs of your organization by delivering creative ideas and timely, efficient service. 90 Degree Benefits, Inc will enhance your HR processes, leaving you more time to manage and grow your business.

## What It Means to You & Your Employees...

### Accuracy

90 Degree Benefits, Inc also ensures that all our processes and procedures are SAE 16 compliant through an annual audit of our procedures from an independent auditing firm. When it comes to claim administration, we consistently achieve accuracy above the norm by averaging 99.4% procedural accuracy vs. an industry average of 95%. This means lower overall costs and the ability to track exactly where your health plan dollars are being applied.

### Efficiency

As a full service TPA and benefits solution provider, 90 Degree Benefits, Inc can do it all for our clients. We can effectively manage one benefit plan or service for your organization, or we can also manage your entire benefit program – from flexible spending accounts and group health to retirement benefits and billing services. This simplifies vendor management and allows you to maximize efficiencies between benefit offerings.

### Quality

As part of our Customer Service Model, a Plan Member Relationship Unit is assigned to provide the specific skills needed to serve your group. Dedicated Client Liaisons help members find the answers they need when they need them. While it may sound like a small thing – 96% of all phone calls are answered within 30 seconds and less than 1% of calls are abandoned.

# Medical Proposal Overview and Vendor Notes

Following is our proposal for medical administrative services. Pricing assumes the utilization of the vendors listed below.

## Third Party Administrator



A Turn For The Better

## Preferred Provider Networks



## Prescription Benefit Manager



## Utilization Review/Case Management



## Teladoc



## Subrogation



## Reporting Package



# Cost Comparison Summary

City of San Luis				
Effective 7/1/2022				
<b>Specific Stop Loss:</b>				
<b>Reinsurer/Carrier:</b>				
	<b>Current-Symetra</b>	<b>Renewal-Symetra Option 1</b>	<b>Renewal-Symetra Option 2</b>	<b>Renewal-Symetra Option 3</b>
Deductible:	\$50,000	\$50,000	\$75,000	\$100,000
Contract Type:	Paid	Paid	Paid	Paid
Coverages Included:	Medical/RX	Medical/RX	Medical/RX	Medical/RX
Commission:	Net	Net	Net	Net
Carrier Comments:	No New Laser Provision	Will need add'l claimant info on Lyn Juarez (Varela), Ariana Valdez, Alex Rivas & Marco Santana. There will be no new lasers @ rnwl.		
<b>Enrollment</b>				
	Single	142	142	142
	Family	122	122	122
<b>Total</b>		264	264	264
<b>Aggregate Stop-Loss:</b>				
Contract Type:	Paid	Paid	Paid	Paid
Coverages Included:	Medical/RX	Medical/RX	Medical/RX	Medical/RX
<b>Premium (Fixed Costs)</b>				
	Single	\$108.05	\$126.92	\$97.09
	Family	\$311.46	\$376.90	\$288.31
<b>Monthly Specific Premium</b>		\$53,341	\$64,004	\$48,961
<b>Annual Specific Premium</b>		\$640,095	\$768,053	\$587,527
<b>Aggregate Premium:</b>		\$3.86	\$4.25	\$4.61
<b>Monthly Aggregate Premium</b>		\$1,019.04	\$1,122.00	\$1,217.04
<b>Annual Aggregate Premium</b>		\$12,228.48	\$13,464.00	\$14,604.48
<b>Total Annual Premium:</b>		\$652,323	\$781,517	\$602,132
<b>Aggregate Factors (Claims Liability)</b>				
	Single	\$360.31	\$422.50	\$454.07
	Family	\$996.90	\$1,158.51	\$1,245.10
<b>Monthly Claims Funding</b>		\$172,785.82	\$201,333.22	\$216,380.14
<b>Annual Claims Liability</b>		\$2,073,430	\$2,415,999	\$2,596,562
<b>Administrative &amp; Other Fixed Costs (PEPM)</b>				
Administration Fee (Inc SBCs, UR, COBRA, Medical Helpline UR & State Surcharge)		\$24.50	\$25.50	\$25.50
ACA 1094/95 Reporting		\$3.00	\$3.00	\$3.00
Dental Administration (\$500 Minimum)		\$3.00	\$3.00	\$3.00
Agent Fee		\$35.00	\$35.00	\$35.00
90 Degree Benefits, Inc Telemedicine - Healthiest You		\$13.00	\$13.00	\$13.00
AHH UR		Inc in Admin	N/A	N/A
Medical Helpline UR to be Eff. 7.1.22 (fee inc in admin fee)		\$0.00	\$0.00	\$0.00
<b>Total without PPO Fees:</b>		\$78.50	\$79.50	\$79.50
BCBS of Arizona (US Only) (222 Employees)		\$19.25	\$21.00	\$21.00
Siarmed (All Employees) (264 Employees)		\$4.25	\$4.25	\$4.25
<b>Total PEPM Admin. Fee with PPO Fees:</b>		\$102.00	\$104.75	\$104.75
<b>Monthly Administrative &amp; Other Fixed Costs:</b>		\$26,119.50	\$26,772.00	\$26,772.00
<b>Annual Administrative &amp; Other Fixed Costs:</b>		\$313,434.00	\$321,264.00	\$321,264.00
<b>Maximum Costs (Admin., Stop Loss, Funding/Aggregate):</b>				
	Single	\$574.22	\$658.42	\$660.52
	Family	\$1,414.22	\$1,644.41	\$1,642.77
<b>Total Annual Maximum Costs:</b>		\$3,039,187	\$3,518,780	\$3,519,957
<b>Annual Costs:</b>				
Administrative & Other Fixed Costs:		\$313,434	\$321,264	\$321,264
Specific Premium		\$652,323	\$781,517	\$602,132
Fixed Costs		\$965,757	\$1,102,781	\$923,396
<b>Annual Maximum Claims Liability</b>		\$2,073,430	\$2,415,999	\$2,596,562
<b>Annual Fixed Costs/Claims Liability</b>		\$3,039,187	\$3,518,780	\$3,519,957
% Difference			15.78%	15.82%
Fixed Costs		\$965,757	\$1,102,781	\$923,396
<b>Expected Claims Liability</b>		\$1,658,744	\$1,932,799	\$2,077,249
<b>Annual Fixed Costs &amp; Expected Claims Liability</b>		\$2,624,501	\$3,035,580	\$3,000,645
% Difference			15.66%	14.33%
<b>Variable Administrative Fees and Costs</b>				
Large Case Management (LCM) Thru Medical Helpline - Hourly Rate		\$0.00	\$140/hr	\$140/hr
Large Case Management (LCM) Thru AHH - Hourly Rate		\$113/hr	\$0.00	\$0.00
Red Card (ID Card) Per Card		\$1.50	\$1.50	\$1.50
Medical Plan Summary Plan Description Printing		Actual Cost	Actual Cost	Actual Cost
Employee Meetings (Webinars no cost)		Actual Cost	Actual Cost	Actual Cost
Subrogation (% of Savings)		25% if settled, 33.33% if legal action required		
Multiplan wrap US only		25% of Savings		
Large Claim negotiation vendor fee		30% of Savings		

Please see all contingencies in the Symetra proposal.

## Attachments – Reinsurance Proposal

## Symetra Stop Loss

RENEWAL PREPARED FOR

# City of San Luis Employee Benefit Trust

July 1, 2022

IN PARTNERSHIP WITH: SUSAN POSADA

# You have challenges; we have solutions

We know you have options when choosing a stop loss carrier.

We also know that finding the right partner is important. You need to work with professionals who understand the self-funded industry, who realize the importance of building the right stop loss policy at the right price, and who deliver on their promises year after year.

When you renew with us, you'll find a seamless continuation of all the benefits you've come to expect from your Symetra stop loss policy.

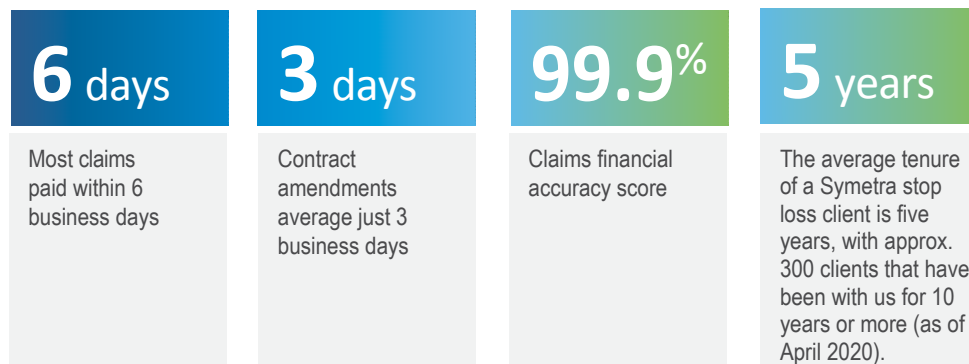
Things like:

- Fast and fair claims practices.
- Most catastrophic claims reviewed and processed within 24 hours through our Preferred ASO Claim Advance program.
- No new lasers or increase on existing lasers at renewal; laser at renewal available by request.
- Gapless option for renewal run-out contracts means claims paid outside the run-out period are still eligible for reimbursement.
- Cost containment and alternative treatment plans to help control costs without sacrificing quality of care.
- 24/7 online policy administration via Group Online (GO).
- Access to Symetra Compliance Solutions for professional support navigating the health care landscape.

## Put our expertise to work for you

Symetra has been in the stop loss business for over 45 years.<sup>1</sup> In fact, we helped pioneer it. Our experienced team continues to be available as needed to help you understand and protect your self-funded plan.

### 2020 performance highlights:<sup>2</sup>

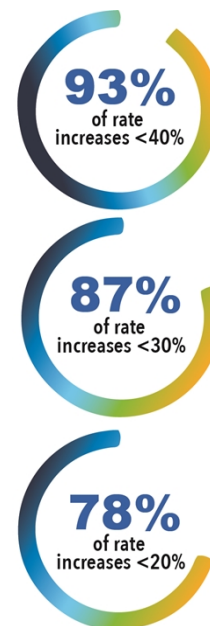


## Understanding stop loss rates

Pricing stop loss is a complex process and there are many factors that impact rates, especially at renewal. Here are some things we consider when determining the best possible price for your plan:

- **Plan design:** what services are covered; how much are employee copays, coinsurance, deductibles and/or premiums; are there wellness or other value-add programs included?
- **Group population:** how many people are covered; where do members live and/or receive care; what are the demographics of the group?
- **Managed care networks:** are provider and hospital networks helping to lower plan risk; what is the network usage rate?
- **Claims experience:** what is the claims experience history; how many claims, to date, are over the Specific deductible; how many are expected before the end of the plan year?
- **Medical trend:** how much are health care costs projected to increase?
- **Share of risk:** what is your deductible threshold and risk tolerance; how will rising medical trend impact your plan and the accompanying stop loss policy?

What does a typical Symetra renewal look like? During the last five years:



Based on Symetra renewal data from August 1, 2015 to July 1, 2020.

## Lowering premium renewal increases through deductible leveraging

Annual renewal is an opportunity to review how your plan performed over the past year, and to evaluate whether your current Specific deductible is still appropriate. This is especially true when rising medical costs are paired with higher than expected claims, as this combination typically means a rate adjustment is needed for the new plan year.

Leveraged trend or, as applied, deductible leveraging, can help mitigate higher renewal rates by sharing the impact of medical trend between the health plan and Symetra stop loss via a higher Specific deductible.

Here's how it works:

Option 1 – keeping the same deductible at renewal			
	Plan year 1	Plan year 2	Increase
Paid claim amount	\$300,000	\$330,000	10%
Specific deductible	\$150,000	\$150,000	0%
Symetra reimbursement	\$150,000	\$180,000	20%

Option 2 – raising the deductible at renewal			
	Plan year 1	Plan year 2	Increase
Paid claim amount	\$300,000	\$330,000	10%
Specific deductible	\$150,000	\$165,000	10%
Symetra reimbursement	\$150,000	\$165,000	10%

For illustrative purposes only.

With deductible leveraging, you're trading lower premiums for a higher Specific deductible due to medical trend increases. It can be an effective way to help control the impact of rising costs on your plan.

If you're interested in deductible leveraging for your renewal, talk with your Symetra stop loss professional.

Renewal Status: Preliminary

**SPECIFIC STOP LOSS COVERAGE**

Plan Description	Current	Option 1	Option 2	Option 3	
Coverages	Medical, Rx	Medical, Rx	Medical, Rx	Medical, Rx	
Contract Type	Paid	Paid	Paid	Paid	
Annual Specific Deductible per Individual	\$50,000	\$50,000	\$75,000	\$100,000	
Transplant Exclusion	No	No	No	No	
No New Laser Option	Included	Included	Included	Included	
Maximum Lifetime Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	
Maximum Policy Period Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	
Reimbursement Percentage	100%	100%	100%	100%	
Quoted Rate(s) Per Month	Enrollment				
Single	142	\$108.05	\$126.92	\$97.09	\$78.53
Family	122	\$311.46	\$376.90	\$288.31	\$244.18
Estimated Annual Premium		\$640,095	\$768,053	\$587,527	\$491,295
Quoted Rate(s) include Commission of		0.00%	0.00%	0.00%	0.00%

Renewal Status: Preliminary

**AGGREGATE STOP LOSS COVERAGE**

Plan Description		Current	Option 1	Option 2	Option 3
Coverages		Medical, Rx	Medical, Rx	Medical, Rx	Medical, Rx
Contract Type		Paid	Paid	Paid	Paid
Aggregate Corridor		125%	125%	125%	125%
Loss Limit per Individual		\$50,000	\$50,000	\$75,000	\$100,000
Maximum Annual Reimbursement		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Reimbursement Percentage		100%	100%	100%	100%
Estimated Annual Aggregate Deductible		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Minimum Aggregate Deductible		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Monthly Aggregate Claim Factors	Enrollment				
Medical, Rx Card					
Single	142	\$360.31	\$422.50	\$454.07	\$470.90
Family	122	\$996.90	\$1,158.51	\$1,245.10	\$1,291.23
Quoted Rate(s) per Month	Enrollment				
Composite	264	\$3.86	\$4.25	\$4.61	\$4.79
Estimated Annual Premium		\$12,228	\$13,478	\$14,608	\$15,159
Quoted Rate(s) include Commission of		0.00%	0.00%	0.00%	0.00%

**OVERALL COST SUMMARY**

Plan Description		Current	Option 1	Option 2	Option 3
Estimated Total Annual Fixed Cost		\$652,323	\$781,531	\$602,135	\$506,454
Aggregate Variable		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Estimated Maximum Annual Liability		\$2,725,753	\$3,197,530	\$3,198,697	\$3,199,228

Renewal Status: Preliminary

**PROPOSAL QUALIFICATIONS AND CONTINGENCIES**

The terms of this proposal are contingent upon the policyholder exercising commercially reasonable efforts to obtain and provide to Symetra all information set forth below, together with all information identified in any prior proposal for coverage for the upcoming policy period. The terms of this proposal are tentative and may change based on Symetra's review of information received. Except for the Plan Document or Plan Amendment, all requested information must be received no later than 15 days prior to the proposed effective date of coverage, otherwise we reserve the right to withdraw the proposed terms and return any premiums remitted.

Any secondary documents (i.e. "stop loss agreements", "procurement documents", "service contracts", etc.) must be disclosed to and approved by Symetra prior to the Employer's acceptance of our proposal. Subsequent undisclosed agreements may not be approved.

By delivering this proposal for coverage, the producer represents and warrants to Symetra that it and each of the persons or entities acting with or on behalf of the producer in the sale or solicitation of such coverage maintains such insurance producer licenses and appointments as are required by each state in which the coverage has been or will be solicited, and in all states in which the policy(ies) will be issued. This proposal is authorized for delivery only if the foregoing representation and warranty is true and correct.

- Updated carrier documented large claims as well as monthly paid claims and enrollment (medical, prescription, dental, etc.) as of 03/31/2022 are needed to finalize the offer. Detailed Rx report, including Rx name, dose, date of service, paid date and payment amount, from 07/01/2021 - 03/31/2022 is required to firm. Detailed claim reports for these members is required to firm, including denied and/or pended claims: Lyan Juarez (Varela) & Ariana Valdez (otherwise know as baby Alonso).
- Decision on large claimants will not be made until updated data is received and medical review completed.
- This proposal is based on the following network(s): BCBS
- Please provide details on any individual who has been hospital confined for 30 days or more in the most recent 12 months or is on an organ transplant list.
- Any unfunded or pended claims balance must be disclosed, otherwise such claims will not be considered eligible under the excess loss policy.
- For inclusion of RX coverage under the specific and/or aggregate when there is a separate PBM, we require written documentation that we are in receipt of all prescription drug experience reports. Otherwise, RX will not be a covered expense under the excess loss policy.
- This renewal/proposal reflects the continuation of the current plan of benefits.
- Terms are subject to change if final enrollment varies by more than 10% from the proposal assumptions. A current census not older than 60 days prior to the effective date will be needed for final review.
- Retirees are excluded from coverage under the Stop Loss Policy.
- Eligibility is assumed to be all full time employees working 30 hours or more per week at their normal place of business.
- COBRA participation is limited to no more than 10% of the enrolled group.
- Symetra reserves the right to revise this proposal if the incumbent administrator's claims backlog exceeds two weeks.
- In the event of early terminations (mid-policy period), Symetra will not provide coverage for run out claims.
- No producer has the authority to bind or modify the terms of this offer without the approval of Symetra.
- This quote is subject to Symetra's stop loss policy provisions, limitations and exclusions.
- Plan must have utilization review and case management.
- There will be no new lasers at renewal.

## Plan Sponsor's Plan Document

**Submission and Symetra Acceptance Required.** As stated in Symetra's Proposal for Group Stop Loss Insurance, the Plan Sponsor's Plan Document must be submitted to Symetra no later than 90 days after the proposed effective date of Stop Loss Insurance coverage. The Stop Loss Insurance policy ("Policy") requires that only eligible charges payable under the terms of the Plan Document as approved by Symetra will be covered expenses eligible for reimbursement under the Policy.

The policy will be issued after the Plan Document is received and approved by Symetra or a signed Confirmation of Medical Benefit Plan is submitted to Symetra by the prospective policyholder.

**Symetra withhold reimbursement of covered expenses prior to the receipt and acceptance of the final signed Plan Sponsor's Plan Document or amendment.**

In reviewing the Plan Document for acceptance, Symetra will consider whether the Plan Document:

1. Adequately addresses key plan components, including but not limited to eligibility rules, benefits promised, plan administration, discretionary language for court review of benefit claims, subrogation and coordination of benefits provisions.
2. Addresses the Plan's obligations under federal law, including
  - a. **ERISA (Employee Retirement Income Security Act) required provisions,**
  - b. **ACA (Affordable Care Act) required provisions;** or
  - c. **a statement of grandfathered status, if applicable.**

Symetra will have no liability for reimbursing Plan Sponsor obligations that are not clearly stated in the Plan Document whether or not the Plan remains obligated in the absence of express inclusion. It is recommended that the Plan Document include express reference to other federal mandates and laws to which Plan is subject or a "conformity with law" provision.

3. Contains typical exclusions or limitations, including but not limited to:
  - a. Experimental/investigations treatment (except as required by ACA), and
  - b. non-medically necessary treatment

The absence of or inadequate treatment of these subjects in the Plan Document may result in a superseding provision in the Stop Loss policy.

## Your partner for stop loss success

Symetra is a financially strong, well-capitalized company on the rise, as symbolized by our brand icon—the swift. Swifts are quick, hardworking and nimble—everything we aspire to be when serving our customers.

We've been in business for more than half a century with a commitment to creating employee benefit products that people need and understand. We appreciate your business and look forward to the opportunity to continue serving you with professional, informative and responsive service.



### Our guiding principles of Value, Transparency and Sustainability (VTS) are at the core of all we do.

- **Value:** Products and solutions people need at a competitive price—backed by outstanding customer service.
- **Transparency:** Clear communication so people understand what they are buying.
- **Sustainability:** Products that stand the test of time and fiscal responsibility to ensure we are there for our customers.

Financial Strength Ratings: A.M. Best: A “Excellent” (3rd highest of 16); Moody’s A1 “Good” (5th highest of 21); Standard & Poor’s: A “Strong” (6th highest of 21). Ratings are subject to change. Please refer to [www.symetra.com/ratings](http://www.symetra.com/ratings) for current information. Ratings as of July 23, 2021.

Symetra Life Insurance Company (est. 1957) is a direct subsidiary of Symetra Financial Corporation. First Symetra National Life Insurance Company of New York (est. 1990) is a direct subsidiary of Symetra Life Insurance Company and is an indirect subsidiary of Symetra Financial Corporation (collectively, “Symetra”). Neither Symetra Financial Corporation nor Symetra Life Insurance Company solicits business in the state of New York and they are not authorized to do so. Each company is responsible for its own financial obligations.

Stop loss policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policies are ELC-24000 7/19 or LGC-12000 9/06, filed as Excess Loss. In New York, stop loss policies are insured by First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124. Policy form numbers are ELC-24000/NY 7/19 or LGC-12000/NY 9/08, filed as Excess Loss. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Products are not available in any U.S. territory.

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<sup>1</sup>45 years for Symetra Life Insurance Company; 17 years for First Symetra National Life Insurance Company of New York as of 2021.

<sup>2</sup> Performance highlights based on financial and quarterly audits for 2020.



[www.symetra.com](http://www.symetra.com)  
[www.symetra.com/ny](http://www.symetra.com/ny)

Symetra® is a registered service mark of Symetra Life Insurance Company.

City of San Luis							
Effective 7/1/2022							
<b>Specific Stop Loss:</b>							
<b>Reinsurer/Carrier:</b>							
	<b>Current-Symetra</b>	<b>Renewal-Symetra Option 1</b>	<b>Renewal-Symetra Option 2</b>	<b>Renewal-Symetra Option 3</b>	<b>Fidelity Security/Gold</b>	<b>Fidelity Security/Platinum</b>	<b>HM</b>
<b>Deductible:</b>	\$50,000	\$50,000	\$75,000	\$100,000	\$50,000	\$50,000	\$50,000
<b>Contract Type:</b>	Paid	Paid	Paid	Paid	24/12	24/12	24/12
<b>Coverages Included:</b>	Medical/RX	Medical/RX	Medical/RX	Medical/RX	Medical/RX	Medical/RX	Medical/RX
<b>Commission:</b>	Net	Net	Net	Net	Net	Net	Net
<b>Carrier Comments:</b>	No New Laser Provision	Will need add'l claimant info on Lyn Juarez (Varela), Ariana Valdez, Alex Rivas & Marco Santana. There will be no new lasers @ rrw.			Not on no new laser provisions.		This is a no new laser provision with a 50% cap. Will need updated claims thru 3.31.22 for a firm proposal.
<b>Enrollment</b>							
	Single	142	142	142	142	142	142
	Family	122	122	122	122	122	122
<b>Total</b>		264	264	264	264	264	264
<b>Aggregate Stop-Loss:</b>							
<b>Contract Type:</b>	Paid	Paid	Paid	Paid	24/12	24/12	24/12
<b>Coverages Included:</b>	Medical/RX	Medical/RX	Medical/RX	Medical/RX	Medical/RX	Medical/RX	Medical/RX
<b>Premium (Fixed Costs)</b>							
	Single	\$108.05	\$126.92	\$97.09	\$78.53	\$82.87	\$92.02
	Family	\$311.46	\$376.90	\$288.31	\$244.18	\$259.67	\$291.63
<b>Monthly Specific Premium</b>		\$53,341	\$64,004	\$48,961	\$40,941	\$43,447	\$48,646
<b>Annual Specific Premium</b>		\$640,095	\$768,053	\$587,527	\$491,295	\$521,367	\$583,748
<b>Aggregate Premium:</b>		\$3.86	\$4.25	\$4.61	\$4.79	\$3.35	\$3.35
<b>Monthly Aggregate Premium</b>		\$1,019.04	\$1,122.00	\$1,217.04	\$1,264.56	\$884.40	\$884.40
<b>Annual Aggregate Premium</b>		\$12,228.48	\$13,464.00	\$14,604.48	\$15,174.72	\$10,612.80	\$10,612.80
<b>Total Annual Premium:</b>		\$652,323	\$781,517	\$602,132	\$506,469	\$531,980	\$594,361
<b>Aggregate Factors (Claims Liability)</b>							
	Single	\$360.31	\$422.50	\$454.07	\$470.90	\$425.22	\$425.22
	Family	\$996.90	\$1,158.51	\$1,245.10	\$1,291.23	\$1,380.97	\$1,380.97
<b>Aggregate Run In/Out Limited to:</b>					\$411.947	\$411.947	\$411.947
<b>Monthly Claims Funding</b>		\$172,785.82	\$201,333.22	\$216,380.14	\$224,397.86	\$228,859.58	\$228,859.58
<b>Annual Claims Liability</b>		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774	\$2,746,315	\$2,746,315
<b>Administrative &amp; Other Fixed Costs (PEPM)</b>							
Administration Fee (Inc SBC's, UR, COBRA, Med Helpline, & State Surcharge)		\$24.50	\$25.50	\$25.50	\$25.50	\$25.50	\$25.50
Matrix RMS Fees		\$0.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50
ACA 1094/95 Reporting		\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Dental Administration (\$500 Minimum)		\$3.00	\$3.00	\$3.00	\$3.00	\$3.00	\$3.00
Agent Fee		\$35.00	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
90 Degree Benefits, Inc Telemedicine - Healthiest You		\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00
AHH UR		Inc in Admin	N/A	N/A	N/A	N/A	N/A
Medical Helpline UR to be Eff. 7.1.22 (Inc in admin)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total without PPO Fees:</b>		\$78.50	\$79.50	\$79.50	\$79.50	\$87.00	\$87.00
BCBS of Arizona (US Only) (222 Employees)		\$19.25	\$21.00	\$21.00	\$21.00	\$21.00	\$21.00
StarMed (All Employees) (264 Employees)		\$4.25	\$4.25	\$4.25	\$4.25	\$4.25	\$4.25
<b>Total PEPM Admin. Fee with PPO Fees:</b>		\$102.00	\$104.75	\$104.75	\$104.75	\$112.25	\$112.25
<b>Monthly Administrative &amp; Other Fixed Costs:</b>		\$26,119.50	\$26,772.00	\$26,772.00	\$26,772.00	\$28,752.00	\$28,752.00
<b>Annual Administrative &amp; Other Fixed Costs:</b>		\$313,434.00	\$321,264.00	\$321,264.00	\$321,264.00	\$345,024.00	\$345,024.00
<b>Maximum Costs (Admin., Stop Loss, Funding/Aggregate):</b>							
	Single	\$574.22	\$658.42	\$660.52	\$658.97	\$623.69	\$632.84
	Family	\$1,414.22	\$1,644.41	\$1,642.77	\$1,644.95	\$1,756.24	\$1,788.20
<b>Total Annual Maximum Costs:</b>		\$3,039,187	\$3,518,780	\$3,519,957	\$3,520,508	\$3,623,319	\$3,685,700
<b>Annual Costs:</b>							
Administrative & Other Fixed Costs:		\$313,434	\$321,264	\$321,264	\$321,264	\$345,024	\$345,024
Specific Premium		\$652,323	\$781,517	\$602,132	\$506,469	\$531,980	\$594,361
Fixed Costs		\$965,757	\$1,102,781	\$923,396	\$827,733	\$877,004	\$939,385
<b>Annual Maximum Claims Liability</b>		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774	\$2,746,315	\$2,746,315
<b>Annual Fixed Costs/Claims Liability</b>		\$3,039,187	\$3,518,780	\$3,519,957	\$3,520,508	\$3,623,319	\$3,685,700
% Difference		15.78%	15.82%	15.82%	15.84%	19.22%	21.27%
Fixed Costs		\$965,757	\$1,102,781	\$923,396	\$827,733	\$877,004	\$939,385
<b>Expected Claims Liability</b>		\$1,658,744	\$1,932,799	\$2,077,249	\$2,154,219	\$2,197,052	\$2,197,052
Annual Fixed Costs & Expected Claims Liability		\$2,624,501	\$3,035,580	\$3,000,645	\$2,981,953	\$3,074,056	\$3,136,437
% Difference			15.66%	14.33%	13.62%	17.13%	19.51%
<b>Variable Administrative Fees and Costs</b>							
Large Case Management (LCM) Thru Medical Helpline - Hourly Rate		\$0.00	\$140/hr	\$140/hr	\$140/hr	\$140/hr	\$140/hr
Large Case Management (LCM) Thru AHH - Hourly Rate		\$113/hr	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Red Card (ID Card) Per Card		\$1.50	\$1.50	\$1.50	\$1.50	\$1.50	\$1.50
Medical Plan Summary Plan Description Printing		Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost
Employee Meetings (Webinars no cost)		Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost	Actual Cost
Subrogation (% of Savings)		25% if settled, 33.33% if legal action required					
Multiplan wrap US only		25% of Savings					
Large Claim negotiation vendor fee		30% of Savings					

## Special Employee Benefit Trust Board Meeting

3. C.

**Meeting Date:** 04/13/2022

**Department Head:** Maria Munoz, HR Benefits Coordinator, Human Resources Department

**Submitted By:** Mary Barajas Gutierrez, Human Resources Coordinator, Human Resources Department

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### ITEM:

Discussion and possible action on any and all matters regarding Exclusive Behavioral Health contract and amendment of the benefits plan to include it. **(Susan Posada, Broker and Consultant)**

### SUMMARY:

Exclusive Behavioral Health (EBH) has direct contracts with residential treatment centers across the nation. The contracted residential treatment centers have staff to provide individualized treatment and recovery.

If EBH is approved, the plan document would need to be changed.

The fee on Exhibit B of the proposed contract is as follows:

"Plan Sponsor shall pay EBH an amount equal to 23% of the total amount payable for services provided pursuant to a Single Case Agreement. Payment due to EBH shall be due and payable no later than the time of delivery of the Services. All Single Case Agreements prefer to be executed prior to any procedures being scheduled for Plan Participants. Plan Sponsor agrees to pay EBH a one-time program initiation administration fee of \$900.00 and an annual renewal fee of \$500.00 There is no Per Employee Per Monthly Fee.(PEPM)."

### RECOMMENDATION / SUGGESTED MOTION:

**I MOVE TO APPROVE THE EXCLUSIVE BEHAVIORAL HEALTH CONTRACT ACCORDING TO THE FEES SCHEDULE PRESENTED AND AMEND THE PLAN TO INCLUDE IT.**

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### Fiscal Impact

#### Fiscal Impact:

Plan Sponsor shall pay EBH an amount equal to 23% of the total amount payable for Services provided pursuant to a Single Case Agreement. Payment due to EBH shall be due and payable no later than the time of delivery of the Services. All Single Case Agreements prefer to be executed prior to any procedures being scheduled for Plan Participants. Plan Sponsor agrees to pay EBH a one time program initiation administration fee of \$900.00 and an annual renewal fee of \$500.00 There is no Per Employee Per Monthly Fee.(PEPM)

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### Attachments

EBH Contract

EBH Presentation

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# RESIDENTIAL TREATMENT PROGRAM OVERVIEW

At Exclusive Behavioral Health, (EBH) we have the direct contracts with RTC centers across the nation, and tailor the program to the needs of the individual. Our Residential Treatment Centers have Psychologists, Psychiatrists, and Counselors to value support and assist our clients and individualize treatment for recovery.



At EBH, we recognize that behavioral health and addiction issues are not classifications but represent an individual's experience of pain and suffering. This recognition allows us to individualize our treatment approach so that our clients can recover in ways specific to their experience. We promote a truly caring and nurturing framework in which each person can heal.

Clients who come to EBH are valued, supported, and recognized as unique persons who are capable of change. Our multidisciplinary team of licensed and highly skilled professionals includes psychiatrists, psychologists, medical providers, nurses, nutritionists, exercise physiologists, master-level therapists, substance use counselors, and specialty counselors.



## SUBSTANCE USE DISORDER TREATMENT

Many individuals who seek treatment do so in order to address the problematic use of mood-altering chemicals. We provide a compassionate and safe approach when individuals require detoxification from a substance. Our 9-bed detoxification unit offers a medically managed approach to detox in order to reduce the distress and discomfort associated with withdrawal.

In addition to treating substance use disorders, we also provide assessment and treatment of process addictions such as video game addiction, online gaming, compulsive gambling, non-suicidal self-injury, and eating disorders. Our approach to treating co-occurring disorders allows us to help our clients recognize patterns of addiction and manage triggers more effectively in recovery. We offer addiction education, 12-step programming, and relapse plan development.

 **EXCLUSIVE  
BEHAVIORAL  
HEALTH, LLC**

(866) 324-5206  
[esurgeries.com](http://esurgeries.com)

8671 W Union Hills Dr Ste 503, Peoria, AZ 85382



## PRIMARY MENTAL HEALTH TREATMENT

Individuals seeking treatment for primary mental health diagnoses, with or without a history of a substance use disorder, will find EBH the perfect environment in which to address such challenges. At EBH, we treat such diagnoses as anxiety, depression, bipolar disorder, PTSD, and complicated grief.

We find that many of those who enter treatment present with multiple diagnoses. Our compassionate team of expert professionals completes a thorough battery of assessments to fully understand an individual's history and treatment needs. Our empirically-based assessments are reflective of our holistic approach to treatment, allowing us to consider the health and wellness of the body, the mind, and the spirit. These specialized assessment protocols allow us to provide the highest and most comprehensive level of care possible.

# CO-OCCURRING DISORDERS TREATMENT

We have been working with co-occurring disorders for more than 20 years and have experience in the treatment of complex and difficult issues. At EBH, we strongly believe in the treatment of mind, body, and spirit. Some of the issues we address include:

- Chemical Dependency
- Depression
- Alcoholism
- Post-Traumatic Stress Disorder
- Mood Disorders/Bipolar Disorder
- Family of Origin Issues
- Compulsive Gambling
- Spending Addiction
- Sex and Love Addiction
- Co-Dependency
- Anxiety
- Grief and Loss
- Eating Disorders/Body Image Concerns
- Relationship Conflict
- Sexual Compulsivity
- Anger and Rage
- Obsessive Compulsive Disorder
- ADD/ADHD
- Video Game Addiction





# OUR COMMITMENT TO EXCELLENCE

Our commitment to excellence is evidenced by our residential treatment program, which is comprised of a variety of treatment modalities and facilitated by our skilled and compassionate staff. Each patient is facilitated by a physician, medical director, and primary counselor.

This multidisciplinary team works, together with the patient, to develop an individualized treatment plan. This plan provides a structure by which to help each patient achieve specific and meaningful treatment goals. Treatment modalities include:

- Group Therapy
- Individual Therapy
- 12-Step Meetings
- EMDR
- Equine Assisted Therapy
- Expressive Arts Groups
- Exercise
- Yoga
- Holistic Wellness
- Somatic Experiencing
- Acudetox
- Tai Chi
- Recreation Therapy
- Challenge Course
- Nutrition
- Rocks and Ropes
- Psychoeducational Lectures
- Trauma Therapy
- Experiential Therapy
- Mind-Body Therapy
- Spirituality

## Special Employee Benefit Trust Board Meeting

3. D.

**Meeting Date:** 04/13/2022

**Department Head:** Maria Munoz, HR Benefits Coordinator, Human Resources Department

**Submitted By:** Mary Barajas Gutierrez, Human Resources Coordinator, Human Resources Department

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### **ITEM:**

Discussion and possible action on any and all matters regarding the employee benefit plans proposals starting July 1, 2022, for the third-party administrator, the employee assistance program, network fees, prescription management provider, and the wellness program. **(Susan Posada, Broker and Consultant, and Maria Muñoz, HR Coordinator)**

### **SUMMARY:**

**Broker/Consultant Susan Posada will provide more information regarding the following changes:**

#### **Third-Party Administrator**

90 Degrees, formerly EBSO,

- increased its fee to administer the plans from \$24.50 to \$25.50 (\$1 more) per employee per month (PEPM),
- increased its claim management fee from \$113 per hour to \$140 per hour, and
- its contract is up for renewal.

#### **Employee Assistance Program**

Integrated Behavioral Health, Inc., doing business as Uprise Health, increased its fee from \$2.28 to \$2.39 (11¢ more) per employee per month (PEPM)

#### **Network**

Blue Cross Blue Shield increased its fee from \$19.25 to \$21.00 (\$1.75 more) per employee per month (PEPM).

#### **Prescription Medicine Management**

Change of provider from Magellan Health to Southern Scripts. Costs for the first year are \$10.00 per claim (second year \$10.25, third-year \$10.50).

#### **Telemedicine**

The Healthiest You contract for telemedicine continues without change.

**HR Coordinator Maria Muñoz will review the activities of the Wellness Program.**

#### **Wellness Program**

HR is requesting the same \$18,000 budget as last year.

The below motions are recommended. The Trustees are free to approve, deny or modify the recommendations within their fiduciary duty.

**RECOMMENDATION / SUGGESTED MOTION:**

**(1) I MOVE TO APPROVE THE INCREASES PROPOSED BY 90 DEGREES, UPRISE HEALTH, AND BLUE CROSS BLUE SHIELD AS PRESENTED.**

**(2) I MOVE TO RENEW THE 90 DEGREES CONTRACT PROPOSAL AND DIRECT THE EXECUTIVE ADVISORS AND CONSULTANT TO TAKE ALL FURTHER STEPS NECESSARY TO FINALIZE IT.**

**(3) I MOVE TO APPROVE THE PROPOSED CONTRACT WITH SOUTHERN SCRIPTS AND DIRECT THE EXECUTIVE ADVISORS AND CONSULTANT TO TAKE ALL FURTHER STEPS NECESSARY TO FINALIZE IT.**

**(4) I MOVE TO APPROVE A \$18,000 BUDGET FOR THE WELLNESS PROGRAM FROM THE TRUST RESERVES.**

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### **Fiscal Impact**

#### **Fiscal Impact:**

90 Degrees, TPA Services:

1. Increase in administrative fees from \$24.50 to \$25.50 PEPM.
2. Increase in Claims Management fee from \$113 per hour to \$140 per hour.

#### **Fiscal Impact:**

Uprise Health (employee assistance program ("EAP") fee increase from \$2.28 to \$2.39 PEPM.

#### **Fiscal Impact:**

Increase in Blue Cross Blue Shield Network fees from \$19.25 to \$21.00 PEPM (In second year of 2yr agreement).

#### **Fiscal Impact:**

Southern Scripts administrative fees

- Year 1: \$10.00 Fee Per Paid Claim
- Year 2: \$10.25 Fee Per Paid Claim
- Year 3: \$10.50 Fee Per Paid Claim

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### **Attachments**


90 Degrees TPA Services

EAP proposal

BCBS CHS Renewal

Southern Scripts

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# A Renewal Proposal For City of San Luis

Effective:  
July 1, 2022

## The Right Turn for Your Benefits



**A Turn For The Better**

Formerly EBSO, Inc

# Get to Know 90 Degree Benefits, Inc

## Quick Facts

- Founded:** 1977
- Credentials:** Licensed Third-Party Administrator (TPA)
- Service Area:** National
- Offices In:** Arizona, Kentucky, Illinois, Minnesota, Ohio, Indiana, Iowa, and Wisconsin
- Clients:** Insured & Self-Funded plans, MEWAs, Brokers, Insurance Companies ranging in size from 2 employees to in the thousands
- Member:** Society of Professional Benefit Administrators (SPBA)  
Minnesota Association of Health Underwriters (MAHU)  
National Association of Health Underwriters (NAHU)  
Health Care Administrators Association (HCAA)  
National Association of Employee Benefit Administrators (NAEBA)

## Our Mission

Benefit Solutions for Every Client, Every Situation, Every Day  
90 Degree Benefits, Inc is committed to delivering innovative, cost effective benefit solutions with exemplary service. As one of the most respected and trusted benefit and risk management experts in the country, we demonstrate our passion for exceeding the unique expectations of every client, in every situation, every day.



## The 90 Degree Benefits, Inc Advantage...

### Experienced

Founded in 1977, 90 Degree Benefits, Inc has the experience and the perspective to help clients prepare, plan and manage for long-term success. With an average of 13 years of experience per employee, 90 Degree Benefits, Inc enjoys virtually very low employee turnover. 90 Degree Benefits, Inc team members are extremely knowledgeable and well informed about each plan and employer group they serve.

### Flexible

Our goal is to administer benefit plans in a way that streamlines and simplifies the process for you and your employees. Flexibility means we can administer all or any part of your benefit package through any insurance or HMO carrier – on a self-funded or fully insured basis. Your employees will have one source to depend on, from enrollment to ongoing communication and customer service.

### Dedicated

90 Degree Benefits, Inc is committed to managing your benefit programs in a manner that will simplify and clarify your current and future requirements. We meet the needs of your organization by delivering creative ideas and timely, efficient service. 90 Degree Benefits, Inc will enhance your HR processes, leaving you more time to manage and grow your business.

## What It Means to You & Your Employees...

### Accuracy

90 Degree Benefits, Inc also ensures that all our processes and procedures are SAE 16 compliant through an annual audit of our procedures from an independent auditing firm. When it comes to claim administration, we consistently achieve accuracy above the norm by averaging 99.4% procedural accuracy vs. an industry average of 95%. This means lower overall costs and the ability to track exactly where your health plan dollars are being applied.

### Efficiency

As a full service TPA and benefits solution provider, 90 Degree Benefits, Inc can do it all for our clients. We can effectively manage one benefit plan or service for your organization, or we can also manage your entire benefit program – from flexible spending accounts and group health to retirement benefits and billing services. This simplifies vendor management and allows you to maximize efficiencies between benefit offerings.

### Quality

As part of our Customer Service Model, a Plan Member Relationship Unit is assigned to provide the specific skills needed to serve your group. Dedicated Client Liaisons help members find the answers they need when they need them. While it may sound like a small thing – 96% of all phone calls are answered within 30 seconds and less than 1% of calls are abandoned.

# Medical Proposal Overview and Vendor Notes

Following is our proposal for medical administrative services. Pricing assumes the utilization of the vendors listed below.

## Third Party Administrator



A Turn For The Better

## Preferred Provider Networks



## Prescription Benefit Manager



## Utilization Review/Case Management



## Teladoc



## Subrogation



## Reporting Package



# Cost Comparison Summary

City of San Luis				
Effective 7/1/2022				
<b>Specific Stop Loss:</b>				
<b>Reinsurer/Carrier:</b>				
	<b>Current-Symetra</b>	<b>Renewal-Symetra Option 1</b>	<b>Renewal-Symetra Option 2</b>	<b>Renewal-Symetra Option 3</b>
Deductible:	\$50,000	\$50,000	\$75,000	\$100,000
Contract Type:	Paid	Paid	Paid	Paid
Coverages Included:	Medical/RX	Medical/RX	Medical/RX	Medical/RX
Commission:	Net	Net	Net	Net
Carrier Comments:	No New Laser Provision	Will need add'l claimant info on Lyn Juarez (Varela), Ariana Valdez, Alex Rivas & Marco Santana. There will be no new lasers @ rnwl.		
<b>Enrollment</b>				
	Single	142	142	142
	Family	122	122	122
<b>Total</b>		264	264	264
<b>Aggregate Stop-Loss:</b>				
Contract Type:	Paid	Paid	Paid	Paid
Coverages Included:	Medical/RX	Medical/RX	Medical/RX	Medical/RX
<b>Premium (Fixed Costs)</b>				
	Single	\$108.05	\$126.92	\$97.09
	Family	\$311.46	\$376.90	\$288.31
<b>Monthly Specific Premium</b>		\$53,341	\$64,004	\$48,961
<b>Annual Specific Premium</b>		\$640,095	\$768,053	\$587,527
<b>Aggregate Premium:</b>		\$3.86	\$4.25	\$4.61
<b>Monthly Aggregate Premium</b>		\$1,019.04	\$1,122.00	\$1,217.04
<b>Annual Aggregate Premium</b>		\$12,228.48	\$13,464.00	\$14,604.48
<b>Total Annual Premium:</b>		\$652,323	\$781,517	\$602,132
<b>Aggregate Factors (Claims Liability)</b>				
	Single	\$360.31	\$422.50	\$454.07
	Family	\$996.90	\$1,158.51	\$1,245.10
<b>Monthly Claims Funding</b>		\$172,785.82	\$201,333.22	\$216,380.14
<b>Annual Claims Liability</b>		\$2,073,430	\$2,415,999	\$2,596,562
<b>Administrative &amp; Other Fixed Costs (PEPM)</b>				
Administration Fee (Inc SBC's, UR, COBRA, Medical Helpline UR & State Surcharge)		\$24.50	\$25.50	\$25.50
ACA 1094/95 Reporting		\$3.00	\$3.00	\$3.00
Dental Administration (\$500 Minimum)		\$3.00	\$3.00	\$3.00
Agent Fee		\$35.00	\$35.00	\$35.00
90 Degree Benefits, Inc Telemedicine - Healthiest You		\$13.00	\$13.00	\$13.00
AHH UR		Inc in Admin	N/A	N/A
Medical Helpline UR to be Eff. 7.1.22 (fee inc in admin fee)		\$0.00	\$0.00	\$0.00
<b>Total without PPO Fees:</b>		\$78.50	\$79.50	\$79.50
BCBS of Arizona (US Only) (222 Employees)		\$19.25	\$21.00	\$21.00
Siarmed (All Employees) (264 Employees)		\$4.25	\$4.25	\$4.25
<b>Total PEPM Admin. Fee with PPO Fees:</b>		\$102.00	\$104.75	\$104.75
<b>Monthly Administrative &amp; Other Fixed Costs:</b>		\$26,119.50	\$26,772.00	\$26,772.00
<b>Annual Administrative &amp; Other Fixed Costs:</b>		\$313,434.00	\$321,264.00	\$321,264.00
<b>Maximum Costs (Admin., Stop Loss, Funding/Aggregate):</b>				
	Single	\$574.22	\$658.42	\$660.52
	Family	\$1,414.22	\$1,644.41	\$1,642.77
<b>Total Annual Maximum Costs:</b>		\$3,039,187	\$3,518,780	\$3,519,957
<b>Annual Costs:</b>				
Administrative & Other Fixed Costs:		\$313,434	\$321,264	\$321,264
Specific Premium		\$652,323	\$781,517	\$602,132
Fixed Costs		\$965,757	\$1,102,781	\$923,396
<b>Annual Maximum Claims Liability</b>		\$2,073,430	\$2,415,999	\$2,596,562
<b>Annual Fixed Costs/Claims Liability</b>		\$3,039,187	\$3,518,780	\$3,519,957
% Difference			15.78%	15.82%
Fixed Costs		\$965,757	\$1,102,781	\$923,396
Expected Claims Liability		\$1,658,744	\$1,932,799	\$2,077,249
<b>Annual Fixed Costs &amp; Expected Claims Liability</b>		\$2,624,501	\$3,035,580	\$3,000,645
% Difference			15.66%	14.33%
<b>Variable Administrative Fees and Costs</b>				
Large Case Management (LCM) Thru Medical Helpline - Hourly Rate		\$0.00	\$140/hr	\$140/hr
Large Case Management (LCM) Thru AHH - Hourly Rate		\$113/hr	\$0.00	\$0.00
Red Card (ID Card) Per Card		\$1.50	\$1.50	\$1.50
Medical Plan Summary Plan Description Printing		Actual Cost	Actual Cost	Actual Cost
Employee Meetings (Webinars no cost)		Actual Cost	Actual Cost	Actual Cost
Subrogation (% of Savings)		25% if settled, 33.33% if legal action required		
Multiplan wrap US only		25% of Savings		
Large Claim negotiation vendor fee		30% of Savings		

Please see all contingencies in the Symetra proposal.

## Attachments – Reinsurance Proposal

## Symetra Stop Loss

RENEWAL PREPARED FOR

# City of San Luis Employee Benefit Trust

July 1, 2022

IN PARTNERSHIP WITH: SUSAN POSADA

# You have challenges; we have solutions

We know you have options when choosing a stop loss carrier.

We also know that finding the right partner is important. You need to work with professionals who understand the self-funded industry, who realize the importance of building the right stop loss policy at the right price, and who deliver on their promises year after year.

When you renew with us, you'll find a seamless continuation of all the benefits you've come to expect from your Symetra stop loss policy.

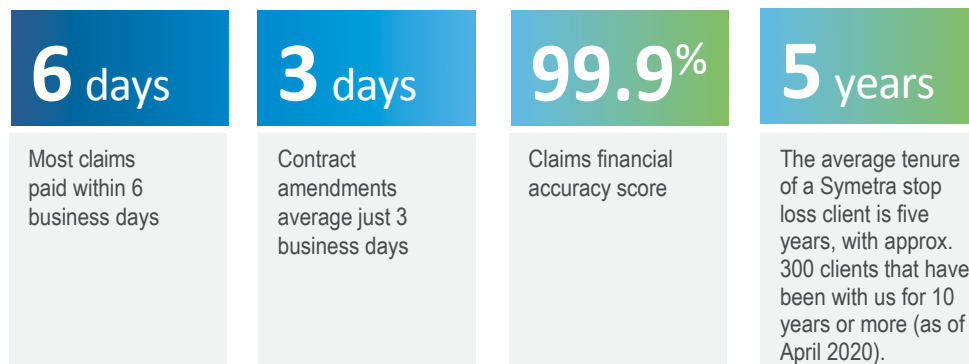
Things like:

- Fast and fair claims practices.
- Most catastrophic claims reviewed and processed within 24 hours through our Preferred ASO Claim Advance program.
- No new lasers or increase on existing lasers at renewal; laser at renewal available by request.
- Gapless option for renewal run-out contracts means claims paid outside the run-out period are still eligible for reimbursement.
- Cost containment and alternative treatment plans to help control costs without sacrificing quality of care.
- 24/7 online policy administration via Group Online (GO).
- Access to Symetra Compliance Solutions for professional support navigating the health care landscape.

## Put our expertise to work for you

Symetra has been in the stop loss business for over 45 years.<sup>1</sup> In fact, we helped pioneer it. Our experienced team continues to be available as needed to help you understand and protect your self-funded plan.

### 2020 performance highlights:<sup>2</sup>

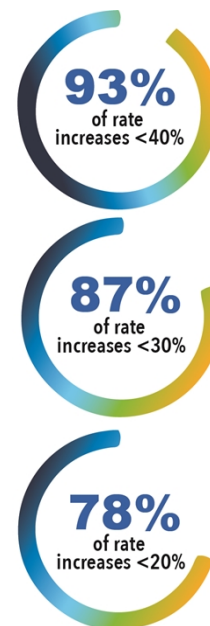


## Understanding stop loss rates

Pricing stop loss is a complex process and there are many factors that impact rates, especially at renewal. Here are some things we consider when determining the best possible price for your plan:

- **Plan design:** what services are covered; how much are employee copays, coinsurance, deductibles and/or premiums; are there wellness or other value-add programs included?
- **Group population:** how many people are covered; where do members live and/or receive care; what are the demographics of the group?
- **Managed care networks:** are provider and hospital networks helping to lower plan risk; what is the network usage rate?
- **Claims experience:** what is the claims experience history; how many claims, to date, are over the Specific deductible; how many are expected before the end of the plan year?
- **Medical trend:** how much are health care costs projected to increase?
- **Share of risk:** what is your deductible threshold and risk tolerance; how will rising medical trend impact your plan and the accompanying stop loss policy?

What does a typical Symetra renewal look like? During the last five years:



Based on Symetra renewal data from August 1, 2015 to July 1, 2020.

## Lowering premium renewal increases through deductible leveraging

Annual renewal is an opportunity to review how your plan performed over the past year, and to evaluate whether your current Specific deductible is still appropriate. This is especially true when rising medical costs are paired with higher than expected claims, as this combination typically means a rate adjustment is needed for the new plan year.

Leveraged trend or, as applied, deductible leveraging, can help mitigate higher renewal rates by sharing the impact of medical trend between the health plan and Symetra stop loss via a higher Specific deductible.

Here's how it works:

Option 1 – keeping the same deductible at renewal			
	Plan year 1	Plan year 2	Increase
Paid claim amount	\$300,000	\$330,000	10%
Specific deductible	\$150,000	\$150,000	0%
Symetra reimbursement	\$150,000	\$180,000	20%

Option 2 – raising the deductible at renewal			
	Plan year 1	Plan year 2	Increase
Paid claim amount	\$300,000	\$330,000	10%
Specific deductible	\$150,000	\$165,000	10%
Symetra reimbursement	\$150,000	\$165,000	10%

For illustrative purposes only.

With deductible leveraging, you're trading lower premiums for a higher Specific deductible due to medical trend increases. It can be an effective way to help control the impact of rising costs on your plan.

If you're interested in deductible leveraging for your renewal, talk with your Symetra stop loss professional.

Renewal Status: Preliminary

**SPECIFIC STOP LOSS COVERAGE**

Plan Description	Current	Option 1	Option 2	Option 3
Coverages	Medical, Rx	Medical, Rx	Medical, Rx	Medical, Rx
Contract Type	Paid	Paid	Paid	Paid
Annual Specific Deductible per Individual	\$50,000	\$50,000	\$75,000	\$100,000
Transplant Exclusion	No	No	No	No
No New Laser Option	Included	Included	Included	Included
Maximum Lifetime Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Maximum Policy Period Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement Percentage	100%	100%	100%	100%
Quoted Rate(s) Per Month	Enrollment			
Single	142	\$108.05	\$126.92	\$97.09
Family	122	\$311.46	\$376.90	\$288.31
Estimated Annual Premium		\$640,095	\$768,053	\$587,527
Quoted Rate(s) include Commission of		0.00%	0.00%	0.00%

Renewal Status: Preliminary

**AGGREGATE STOP LOSS COVERAGE**

Plan Description		Current	Option 1	Option 2	Option 3
Coverages		Medical, Rx	Medical, Rx	Medical, Rx	Medical, Rx
Contract Type		Paid	Paid	Paid	Paid
Aggregate Corridor		125%	125%	125%	125%
Loss Limit per Individual		\$50,000	\$50,000	\$75,000	\$100,000
Maximum Annual Reimbursement		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Reimbursement Percentage		100%	100%	100%	100%
Estimated Annual Aggregate Deductible		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Minimum Aggregate Deductible		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Monthly Aggregate Claim Factors	Enrollment				
Medical, Rx Card					
Single	142	\$360.31	\$422.50	\$454.07	\$470.90
Family	122	\$996.90	\$1,158.51	\$1,245.10	\$1,291.23
Quoted Rate(s) per Month	Enrollment				
Composite	264	\$3.86	\$4.25	\$4.61	\$4.79
Estimated Annual Premium		\$12,228	\$13,478	\$14,608	\$15,159
Quoted Rate(s) include Commission of		0.00%	0.00%	0.00%	0.00%

**OVERALL COST SUMMARY**

Plan Description		Current	Option 1	Option 2	Option 3
Estimated Total Annual Fixed Cost		\$652,323	\$781,531	\$602,135	\$506,454
Aggregate Variable		\$2,073,430	\$2,415,999	\$2,596,562	\$2,692,774
Estimated Maximum Annual Liability		\$2,725,753	\$3,197,530	\$3,198,697	\$3,199,228

Renewal Status: Preliminary

**PROPOSAL QUALIFICATIONS AND CONTINGENCIES**

The terms of this proposal are contingent upon the policyholder exercising commercially reasonable efforts to obtain and provide to Symetra all information set forth below, together with all information identified in any prior proposal for coverage for the upcoming policy period. The terms of this proposal are tentative and may change based on Symetra's review of information received. Except for the Plan Document or Plan Amendment, all requested information must be received no later than 15 days prior to the proposed effective date of coverage, otherwise we reserve the right to withdraw the proposed terms and return any premiums remitted.

Any secondary documents (i.e. "stop loss agreements", "procurement documents", "service contracts", etc.) must be disclosed to and approved by Symetra prior to the Employer's acceptance of our proposal. Subsequent undisclosed agreements may not be approved.

By delivering this proposal for coverage, the producer represents and warrants to Symetra that it and each of the persons or entities acting with or on behalf of the producer in the sale or solicitation of such coverage maintains such insurance producer licenses and appointments as are required by each state in which the coverage has been or will be solicited, and in all states in which the policy(ies) will be issued. This proposal is authorized for delivery only if the foregoing representation and warranty is true and correct.

- Updated carrier documented large claims as well as monthly paid claims and enrollment (medical, prescription, dental, etc.) as of 03/31/2022 are needed to finalize the offer. Detailed Rx report, including Rx name, dose, date of service, paid date and payment amount, from 07/01/2021 - 03/31/2022 is required to firm. Detailed claim reports for these members is required to firm, including denied and/or pended claims: Lyan Juarez (Varela) & Ariana Valdez (otherwise know as baby Alonso).
- Decision on large claimants will not be made until updated data is received and medical review completed.
- This proposal is based on the following network(s): BCBS
- Please provide details on any individual who has been hospital confined for 30 days or more in the most recent 12 months or is on an organ transplant list.
- Any unfunded or pended claims balance must be disclosed, otherwise such claims will not be considered eligible under the excess loss policy.
- For inclusion of RX coverage under the specific and/or aggregate when there is a separate PBM, we require written documentation that we are in receipt of all prescription drug experience reports. Otherwise, RX will not be a covered expense under the excess loss policy.
- This renewal/proposal reflects the continuation of the current plan of benefits.
- Terms are subject to change if final enrollment varies by more than 10% from the proposal assumptions. A current census not older than 60 days prior to the effective date will be needed for final review.
- Retirees are excluded from coverage under the Stop Loss Policy.
- Eligibility is assumed to be all full time employees working 30 hours or more per week at their normal place of business.
- COBRA participation is limited to no more than 10% of the enrolled group.
- Symetra reserves the right to revise this proposal if the incumbent administrator's claims backlog exceeds two weeks.
- In the event of early terminations (mid-policy period), Symetra will not provide coverage for run out claims.
- No producer has the authority to bind or modify the terms of this offer without the approval of Symetra.
- This quote is subject to Symetra's stop loss policy provisions, limitations and exclusions.
- Plan must have utilization review and case management.
- There will be no new lasers at renewal.

## Plan Sponsor's Plan Document

**Submission and Symetra Acceptance Required.** As stated in Symetra's Proposal for Group Stop Loss Insurance, the Plan Sponsor's Plan Document must be submitted to Symetra no later than 90 days after the proposed effective date of Stop Loss Insurance coverage. The Stop Loss Insurance policy ("Policy") requires that only eligible charges payable under the terms of the Plan Document as approved by Symetra will be covered expenses eligible for reimbursement under the Policy.

The policy will be issued after the Plan Document is received and approved by Symetra or a signed Confirmation of Medical Benefit Plan is submitted to Symetra by the prospective policyholder.

**Symetra withhold reimbursement of covered expenses prior to the receipt and acceptance of the final signed Plan Sponsor's Plan Document or amendment.**

In reviewing the Plan Document for acceptance, Symetra will consider whether the Plan Document:

1. Adequately addresses key plan components, including but not limited to eligibility rules, benefits promised, plan administration, discretionary language for court review of benefit claims, subrogation and coordination of benefits provisions.
2. Addresses the Plan's obligations under federal law, including
  - a. **ERISA (Employee Retirement Income Security Act) required provisions,**
  - b. **ACA (Affordable Care Act) required provisions;** or
  - c. **a statement of grandfathered status, if applicable.**

Symetra will have no liability for reimbursing Plan Sponsor obligations that are not clearly stated in the Plan Document whether or not the Plan remains obligated in the absence of express inclusion. It is recommended that the Plan Document include express reference to other federal mandates and laws to which Plan is subject or a "conformity with law" provision.

3. Contains typical exclusions or limitations, including but not limited to:
  - a. Experimental/investigations treatment (except as required by ACA), and
  - b. non-medically necessary treatment

The absence of or inadequate treatment of these subjects in the Plan Document may result in a superseding provision in the Stop Loss policy.

## Your partner for stop loss success

Symetra is a financially strong, well-capitalized company on the rise, as symbolized by our brand icon—the swift. Swifts are quick, hardworking and nimble—everything we aspire to be when serving our customers.

We've been in business for more than half a century with a commitment to creating employee benefit products that people need and understand. We appreciate your business and look forward to the opportunity to continue serving you with professional, informative and responsive service.



### Our guiding principles of Value, Transparency and Sustainability (VTS) are at the core of all we do.

- **Value:** Products and solutions people need at a competitive price—backed by outstanding customer service.
- **Transparency:** Clear communication so people understand what they are buying.
- **Sustainability:** Products that stand the test of time and fiscal responsibility to ensure we are there for our customers.

Financial Strength Ratings: A.M. Best: A “Excellent” (3rd highest of 16); Moody’s A1 “Good” (5th highest of 21); Standard & Poor’s: A “Strong” (6th highest of 21). Ratings are subject to change. Please refer to [www.symetra.com/ratings](http://www.symetra.com/ratings) for current information. Ratings as of July 23, 2021.

Symetra Life Insurance Company (est. 1957) is a direct subsidiary of Symetra Financial Corporation. First Symetra National Life Insurance Company of New York (est. 1990) is a direct subsidiary of Symetra Life Insurance Company and is an indirect subsidiary of Symetra Financial Corporation (collectively, “Symetra”). Neither Symetra Financial Corporation nor Symetra Life Insurance Company solicits business in the state of New York and they are not authorized to do so. Each company is responsible for its own financial obligations.

Stop loss policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policies are ELC-24000 7/19 or LGC-12000 9/06, filed as Excess Loss. In New York, stop loss policies are insured by First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124. Policy form numbers are ELC-24000/NY 7/19 or LGC-12000/NY 9/08, filed as Excess Loss. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Products are not available in any U.S. territory.

Symetra Compliance Solutions is provided by Enquiron® through Symetra and may not be available in all states. Symetra assumes no responsibility or liability for any resources or content provided by Enquiron®. Enquiron® is not affiliated with Symetra Life Insurance Company or any of its affiliates. ©2021 Enquiron®. All rights reserved.

<sup>1</sup>45 years for Symetra Life Insurance Company; 17 years for First Symetra National Life Insurance Company of New York as of 2021.

<sup>2</sup> Performance highlights based on financial and quarterly audits for 2020.



[www.symetra.com](http://www.symetra.com)  
[www.symetra.com/ny](http://www.symetra.com/ny)

Symetra® is a registered service mark of Symetra Life Insurance Company.

Uprise Health Proposal for

# Digitally Enabled EAP



Technology-driven care  
with a human touch.

Anywhere. Anytime.

A photograph of a woman with dark, curly hair, wearing a light-colored cardigan over a grey top. She is smiling and looking down at a black smartphone she is holding in both hands. The background is a blurred outdoor setting.

...  
Glad you're feeling  
better, Jane!

---

## Contact Information

SMB Client Success Team

Client Success Managers

24/7 EAP: 800.395.1616

Email: [SMB@uprisehealth.com](mailto:SMB@uprisehealth.com)

[www.uprisehealth.com](http://www.uprisehealth.com)

# About Uprise Health

## 30 Year History of Excellence

Founded in 1988, Uprise Health has **more than 30 years of experience and expertise** providing top-tier EAP and managed behavioral health solutions. We have consistently evolved with the market, growing organically and through a series of strategic acquisitions, to become a leader in population and digital health services.

Today, as one company with one vision, Uprise provides clinically driven and technologically enabled solutions that offer the unique ability to support members across the care spectrum, from the least engaged, online-only user to complex cases that require fully-coordinated care.

Our suite of holistic services combines **unparalleled accessibility and on-demand digital resources with live clinical support and highly personalized care**—resulting in a truly **effective, cost-efficient solution**.

### Key Milestones



**1988**

Founded as IBH Solutions



**Next 30 Years**

Growth via the acquisition of several well-known, marquee organizations, including Reliant Behavioral Health, Quality Health Solutions, American Behavioral Health, and EAP Preferred



**2018**

Acquisition of Inflexion, a health care data and analytics company specializing in the enhancement of care quality and patient outcomes through data-informed treatment planning



**2020**

Acquisition of Claremont EAP, an industry-leading behavioral health partner, and HMC HealthWorks, a world-class chronic condition management company, rounding out our holistic suite of services



**2021**

Acquisition of Uprise, a superior digital health platform that solidifies our position as the population health leader and the future of mental health solutions



**2021**

Rebranded as Uprise Health

# About Uprise Health

## Experience and Expertise

### Expansive Customer Base

 Serving 38,000 clients

 Covering 38,000 clients

### Our Reach & Experience

We serve any size business in any industry vertical, including:



Direct Employers



Health Plans & Carriers

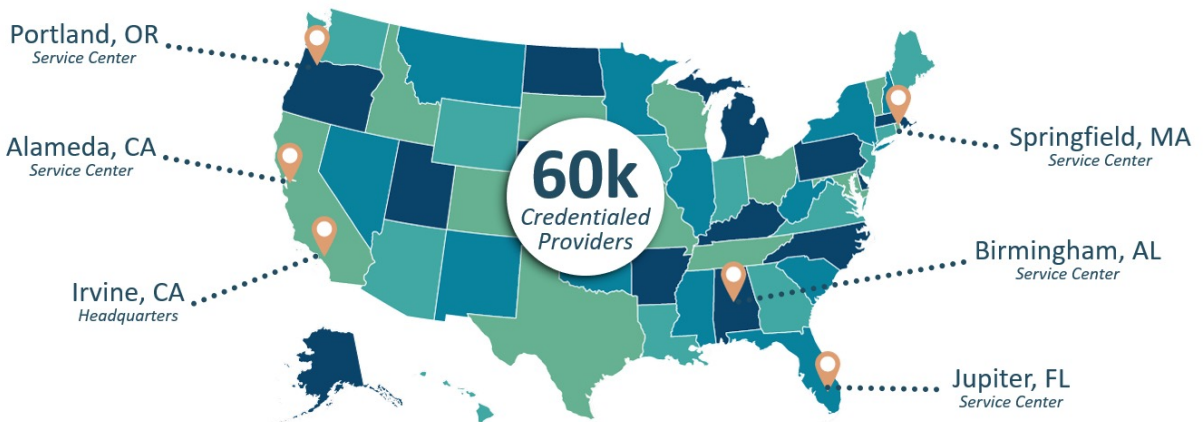


Public Sector Entities



Labor Unions & Trusts

### National Coverage, Local Expertise



### Our Services & Solutions

#### Coaching and Counseling

- Short-term, solution focused counseling
- On-demand coaching
- 24/7 service centers

#### Digital EAP Platform

- Live and AI-powered chat
- CBT-based, skill-building courses
- Mobile platform



#### Chronic Condition Management

- On-demand coaching
- Coordinated access to medical services
- Prescription management

#### Managed Behavioral Health

- Inpatient hospitalization
- Long-term hospitalization
- Fully coordinated care

# State of Mental Health Benefits

## Today: Low Access, High Demand

Uprise recognizes the impact that the COVID-19 pandemic has had on the mental health landscape and issues of accessibility. Even before the pandemic hit, a 2018 study<sup>1</sup> found that while the demand for mental health services was stronger than ever, a lack of access to care was the root cause for the mental health crisis in America. Key contributors to this lack of access included cost, limited resources, social stigma, and distance/ability to secure an appointment. When the COVID-19 pandemic hit, these issues were further exacerbated.

According to a study conducted by the CDC in August of 2020, individuals across the U.S. have reported mental health issues at nearly double the rates expected before the pandemic.<sup>2</sup>

### Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic

United States, June 2020



#### Worsening Mental Health

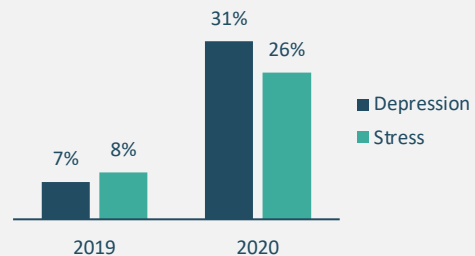
Four out of ten reported at least one adverse mental or behavioral health condition related to the COVID-19 pandemic.

#### Increased Substance Use & Suicidal Ideation

One tenth reported starting or increasing substance use or seriously considering suicide in the previous 30 days.



#### Strong Increase in Stress & Depression



Stress related symptoms were reported at about three times the rate in 2020 than in 2019. Depression related symptoms were reported at four times the rate.

#### Increase of Suicidal Ideation Among Vulnerable Populations

Those who reported having seriously considered suicide was significantly higher among:

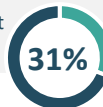
People aged 18 to 24



Minority racial/ethnic groups



Unpaid adult caregivers



Essential Workers



Sources:

1. "America's Mental Health 2018: Attitudes and Access to Care." Cohen Veterans Network and National Council for Behavioral Health, 10 Oct. 2018.

2. Czeisler, Lane, et al. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic." Centers for Disease Control and Prevention, 14 Aug. 2020.

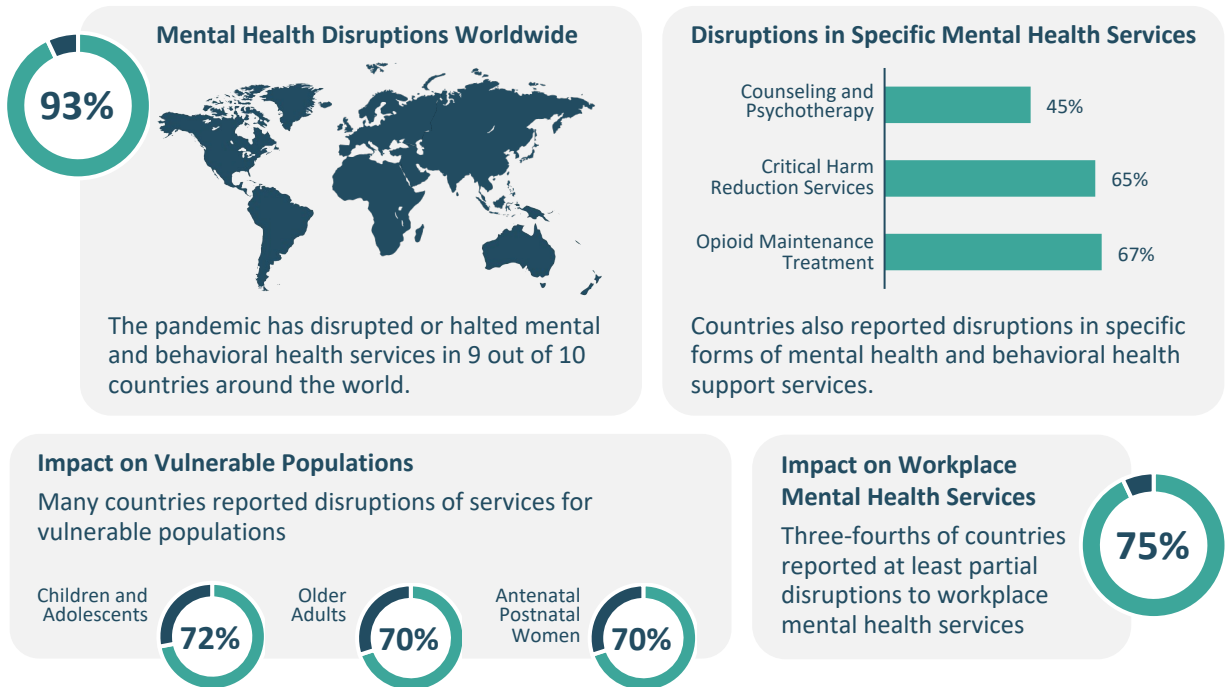
# State of Mental Health Benefits

## Today: Low Access, High Demand

Meanwhile, a report conducted by the World Health Organization in October of 2020 found that there are widespread disruptions of critical mental health services.<sup>3</sup>

### Survey Conducted by the World Health Organization

130 Countries, June to August 2020



Finally, while serving as a vital role in supporting a healthy workforce, traditional EAPs often see low utilization and are not typically adopted widely across an organization. For many organizations, it is not uncommon to use one vendor for a computerized cognitive behavioral therapy (CBT) platform, another vendor for coaching and a third vendor for EAP counseling.

This approach, however, can lead to member confusion and disengagement, ineffective “hand-offs” from vendor to vendor, administrative inefficiencies, and most importantly, a lack of continuity of care for the individual.

Sources:

3. “COVID-19 disrupting mental health services in most countries, WHO survey.” World Health Organization, 5 Oct. 2020

# State of Mental Health Benefits

## Future: Digitally Enabled Care

In response to the COVID-19 crisis and the gaps in care of traditional EAP services, **Uprise has reimagined mental health and EAP services.** By investing significantly in data science and digital therapeutics, we have been able to increase access to support while improving outcomes through highly personalized care.

The result is an innovative, holistic, and technology-based solution that:

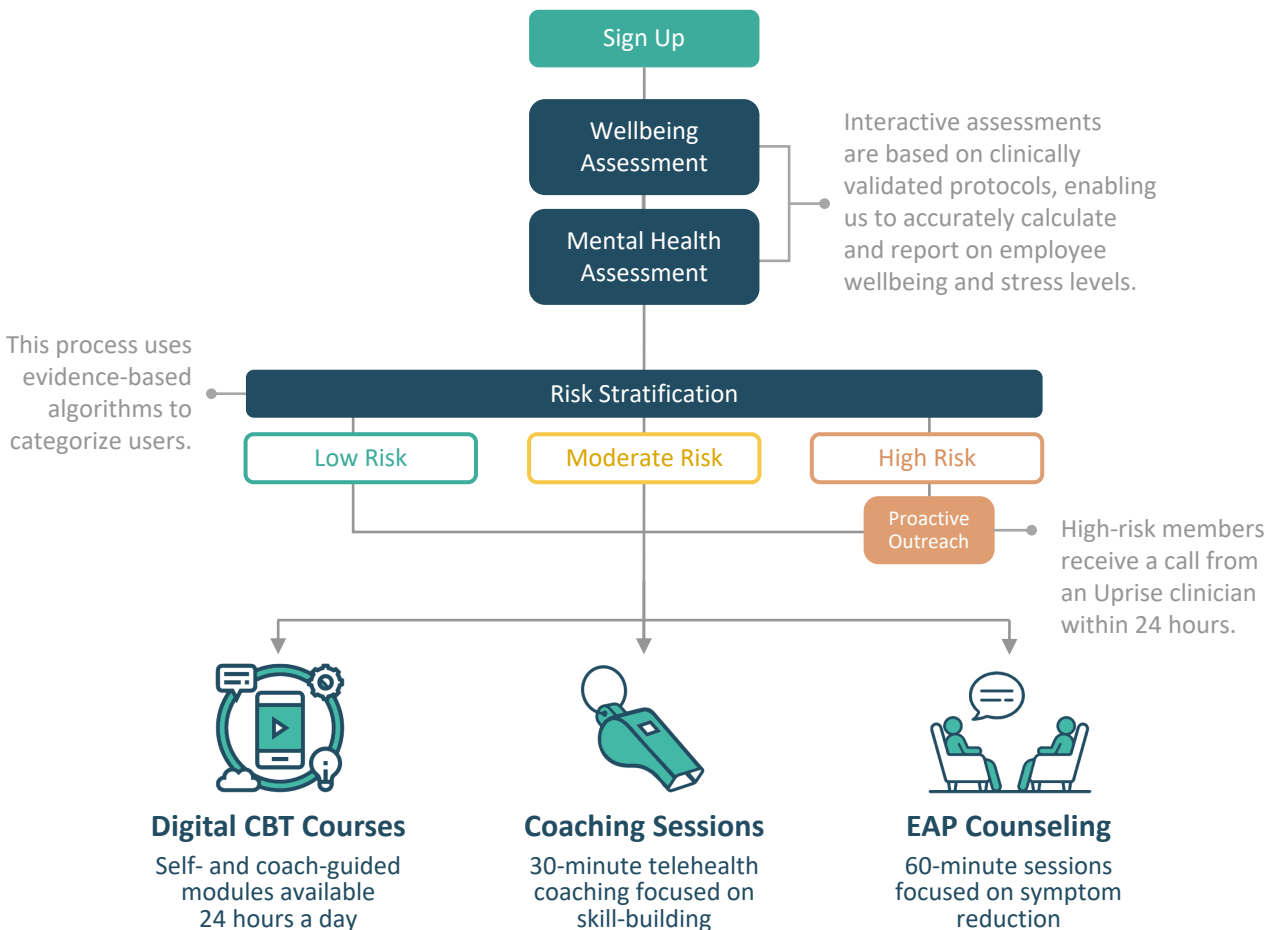
- **Enhances employee resilience** through care that is precisely titrated to each member's needs, preferences, and level of readiness to change
- **Improves individual and organizational performance** and solves risk management challenges
- **Strengthens competitive benefit packages**, resulting in greater retention of high performing employees
- **Reduces costs** by ensuring employees stay upstream of more costly and complex mental health challenges, absenteeism and healthcare disability claims



# Digital EAP Platform

## Clinically Based, Customized Care

Our digitally enabled EAP solution acts as a **digital front door to vital mental health and work-life benefits**. This engaging, easy-to-use mobile app and web-based platform utilizes AI-learning to direct users to the most appropriate level of care and prevent employees from reaching a crisis point.



### Clinically Validated and Backed by Data Science



Outcomes Measurements



Participant Satisfaction



Provider QA Tracking

## Digital CBT Courses for Skill Building

Our platform features structured, CBT-based courses that are specifically curated to each user's needs based on the Wellbeing Check. A participant can guide themselves through their recommended courses or they can work through their curriculum with one of our expert licensed coaches. Members will also have access to our full library of more than 40 courses, which cover topics including:

### Digital Courses Based on Cognitive Behavioral Therapy



#### Mindset

Cognitive restructuring, finding core beliefs, dealing with stress and guilt



#### Financial Mindset

Dealing with financial worries, mindfulness and other stress management skills



#### Mindfulness

Understanding mental threats and bringing awareness to the present



#### Pain and Fatigue

Techniques for pain/fatigue management, and dealing with worries that hold back recovery



#### Manager Training

Starting conversations, reflective listening, and dealing with troubled employees



#### Better Sleep

Basics of sleep, relaxation and mindfulness for better sleep



#### Coronavirus Anxiety

Addressing COVID-19 stress and tools to address anxiety around your health



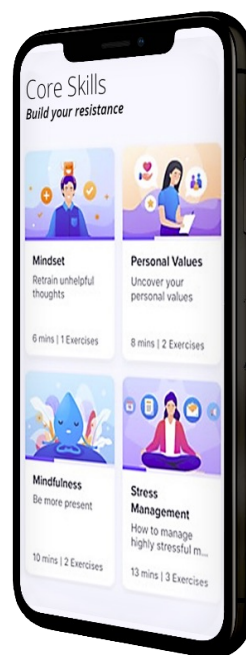
#### Alcohol & Addictions

Getting started, testing yourself, mindfulness skills, motivation and getting help, and staying on track



#### Focus, Productivity & Procrastination

Developing a focus mindset, prioritization, multitasking and self-discipline, will power and life balance, and the Maker/Manager model



These courses are **available 24 hours a day to all employees, regardless of risk level** or engagement in other Uprise services. Members identified as low-risk can access courses to **self-manage their mental health and wellbeing**, while coaches and EAP providers use these courses to supplement and augment their treatment of moderate- and high-risk individuals.

## Robust Clinical Services

# In-Person & Telehealth Counseling

For a deeper level of support, members can schedule an appointment with a local EAP counselor. Our nationwide provider network includes more than 60,000 counselors, and we can match members with the most appropriate provider, based on criteria including geography, clinical specialty, cultural background and other preferences, to ensure a perfect fit for each member.

Our digitally enabled EAP also includes coaching services. By offering coaching as a key feature of the EAP, Uprise provides easy access to skill building tools that enable members to access support via the modality that they find most comfortable, while helping them address issues at the earliest point on their journey to overall wellbeing.



### Coaching Sessions

**Focused on:** Teaching a skill and how to apply it to a current stressful situation (e.g., mindfulness, reframing unhelpful thoughts, etc.)

**Outcome:** Building and improving stress management skills

**Staffed By:** Licensed staff clinicians located within the United States

**Available Via:** 30-minute telehealth sessions, including phone and video

### Online Scheduling

available Q1 2022



### EAP Counseling

**Focused on:** Using evidence-based protocols to address mental health issues (e.g., anxiety, depression, etc.) identified through a comprehensive clinical assessment

**Outcome:** Reduction of mental health symptoms

**Staffed By:** Licensed, master's-level clinicians (or above) located in the member's local area

**Available Via:** 50- to 60- minute in-person and telehealth sessions, including phone and video

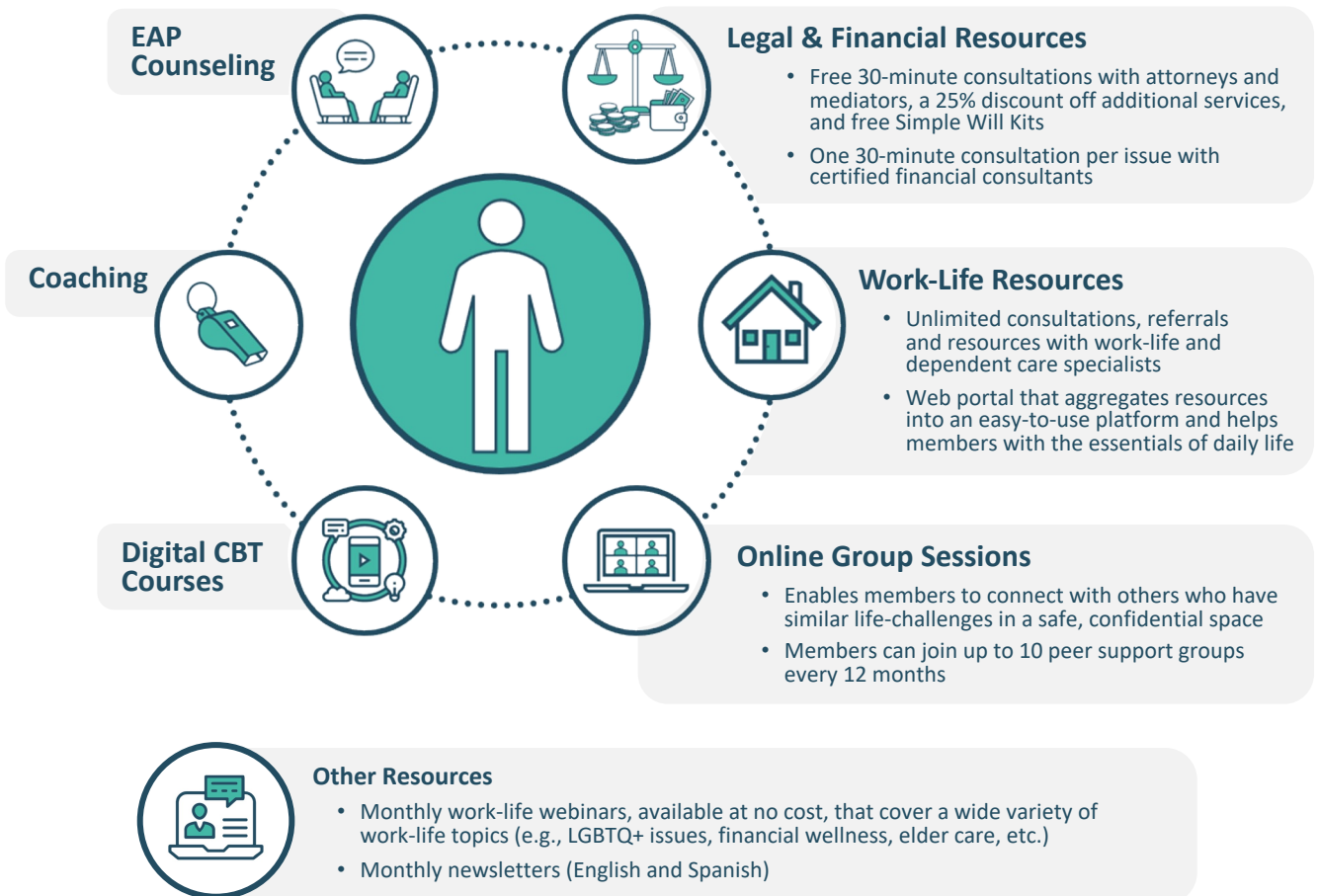
## Work-Life Resources

# Full System of Support

In addition to robust clinical services, Uprise offers a comprehensive suite of solutions that surround members with a full system of support. Our digitally enabled EAP offers resources to address any issue that may be impacting a member's mental health and their ability to be focused and productive at work.

These services also act as an easy entry point into the program. In fact, members who engage in other services available within the EAP (e.g., webinars, work-life support, online peer support groups, etc.) are often more comfortable accessing mental health support when they are in need.

### Holistic Support for Members



# Organizational Services

## Support for HR & Managers

Uprise offers the breadth and scope of a national company with the local emphasis and attention of a boutique firm. Our comprehensive support for managers, supervisors, and HR personnel includes:



### Self-Guided and Coach-Guided Courses

- Library of more than 40 CBT-based courses that help managers and supervisors address their own mental health issues
- Digital courses that help managers address employee issues with topics including starting conversations, reflective listening, dealing with troubled employees and more.



### Manager Consultations & Referrals

- Unlimited consultations and recommendations for employee performance issues
- Formal referral services, SAP/DOT-regulated evaluations and referrals, and fitness-for-duty evaluations (additional fees may apply based on scope)



### Critical Incident Response

- Expansive network of critical incident response consultants who specialize in crisis response planning and coordination
- On-site debriefings that implement a trauma-informed approach



### Robust Reporting Dashboard

- Features aggregate views on utilization, workplace perception, top presenting issues, etc.
- Provides insight into the types of stressors employees face, as well as the severity and change over time in issues such as workplace engagement, fatigue and burnout, psychological safety, and more.
- Available in real time and on-demand to ensure clients have the most up-to-date data at their fingertips



### Other Resources

- Comprehensive promotional strategy and customized communication materials
- Monthly manager/supervisor newsletters

# Digitally Enabled EAP

## Pricing Summary

The following fee structures are provided for 250 employees or less. This pricing for our proposal is valid for 3 months.

### Traditional EAP

### 6-Session

PEPM Rate ..... **\$2.39 PEPM**

#### Services Included:

- ✓ *Toll-Free Access:* 24-hour live access to intake specialists and master’s-level clinicians
- ✓ *EAP Counseling:* Short-term, solution-focused counseling via in-person and telehealth sessions, with a network of 60,000 top-tier providers and Knox-Keene license in California through our affiliate, Claremont EAP
- ✓ *Critical Incident Response:* Unlimited consultation for managers and supervisors, on-site services available for an additional fee upon request
- ✓ *Work-Life Services:* Consultations and referrals for personal and caregiver issues, as well as legal and financial challenges, with 24-hour access to the Personal Advantage work-life member portal
- ✓ *Program Administration:* Robust reporting dashboard, monthly engagement materials, monthly webinars, and technical support

### Digitally Enabled EAP

### 6-Session

Implementation (*one time only*) ..... **\$500.00**

PEPM Rate ..... **\$3.00 PEPM**

#### Services Included:

- ✓ *Toll-Free Access:* 24-hour live access to intake specialists and master’s-level clinicians
- ✓ *Digital EAP Platform:* HIPAA-compliant, app-based platform with Wellbeing Check, proactive outreach to high-risk members, and curated recommendations for self- and coach-guided digital CBT modules
- ✓ *EAP Counseling:* Short-term, solution-focused counseling via in-person and telehealth sessions, with a network of 60,000 top-tier providers and Knox-Keene license in California through our affiliate, Claremont EAP
- ✓ *Critical Incident Response:* Unlimited consultation for managers and supervisors, on-site services available for an additional fee upon request
- ✓ *Work-Life Services:* Consultations and referrals for personal and caregiver issues, as well as legal and financial challenges, with 24-hour access to the Personal Advantage work-life member portal
- ✓ *Program Administration:* Digital launch kit, robust reporting dashboard, monthly engagement materials, monthly webinars, and technical support



**CHS Renewal Rate Acceptance\***  
**(Network Access Only)**

Exhibit 2

An Independent Licensee of the  
Blue Cross Blue Shield Association

\* must be signed by a designated authorized representative  
prior to renewal effective date

Name of Trust City of San Luis Employee Benefit Trust  
 BCBSAZ Group Number SLS001  
 Effective Date 7/1/2021 to 6/30/2023  
 Number of In-State Employees 228 (Out-of-state not eligible)  
 Renewal Notice Days 120

**I. Network Requested: Medical PPO Plans & Mayo Network**

**II. Access Fees**

Medical Access Fee<sup>a</sup>: \$19.25 PEPM 07/01/2021 - 06/30/2022  
 Medical Access Fee<sup>a</sup>: \$21.00 PEPM 07/01/2022 - 06/30/2023

**III. Commission: Rates are net of commission**

**IV. Caveats**

- a) For any month in which the number of employees with access to the Blue Cross Blue Shield of Arizona (BCBSAZ) network is fewer than 100, the Medical Access Fee will be a flat monthly fee and not a per employee per month fee. The flat fee will be \$1,925 per month
- b) BCBSAZ will not act as a Stop Loss carrier under this agreement.
- c) BCBSAZ will be the sole leased medical network provider in Arizona
- d) Under this network leasing arrangement, BCBSAZ contracts only with the Trust. Under no circumstance will this agreement be between BCBSAZ and any Third-Party Administrator (TPA) or any other referring entity.
- e) The Trust is responsible for the TPA's performance as claims administrator. BCBSAZ reserves the right to decline the Trust's choice of TPA if the proposed TPA is not a TPA that currently administers claims for other BCBSAZ Employers.
- f) The Trust shall be liable for and shall either pay or cause its contracted TPA to pay BCBSAZ contracted provider medical claims no less frequently than weekly.
- g) BCBSAZ's dental provider rates and fees do not apply to any Trust that has not leased BCBSAZ's dental network, regardless of whether the dental rate and fees are visible to the Trust via the TPA Portal.
- h) The coinsurance benefit differential between the Trust's Medical PPO in-network and out-of-network must be 10% or greater.
- i) If the Trust transitions to a new Claims Administrator during the term of the Agreement, the Trust shall pay BCBSAZ a Claims Administrator Fee in an amount equal to \$5.00 per employee based upon the number of employees in the month prior to the Claims Administrator change. The Claims Administrator Fee is due the first of the month in which the change to the new Claims Administrator is effective.
- j) The stated access fees do not include any Affordable Care Act ("ACA") fees. Payment of any applicable ACA fees is the responsibility of the Employer.

BlueCross BlueShield of Arizona, Inc.,  
an Arizona Non-Profit Corporation

Employer Trust  
City of San Luis Employee Benefit Trust

By:   
(signature)  
Michael Tilton  
(printed)

By:   
(signature)  
Maria Saberi  
(printed)

Title: General Manager-Commercial Segment

Title: \_\_\_\_\_

Date: 05/07/21

Date: 3/22/21

## Pharmacy Benefit Management Proposal

# City of San Luis

March 9, 2022

**Southern Scripts, a pharmacy benefit manager that guarantees employers absolute autonomy in plan design, strives to provide positive member experiences and outcomes for everyone served with the goal of reducing total net costs.**

### **100% Transparent, Pass-Through Pricing & Rebates**

Plan sponsor is charged the exact price the pharmacy is paid. We pass all discounts and rebates that we secure at 100% to the plan sponsor.

### **All-Inclusive Administrative Fee**

No additional fees for standard PBM services, such as prior authorizations, step therapy, and data reporting.

### **Lowest Net-Cost Approach**

Our robust clinical management program and high-performance drug formularies deliver the lowest net cost to protect plans from unnecessary expenses.

### **Plug and Play Cost Containment Strategies**

Seamlessly integrated with multiple market-leading providers to maximize savings.

### **Extensive Member Tools & Resources**

Web portal and mobile applications to help your members thrive.

### **Industry Innovators: Variable Copay™**

Our industry-first, proprietary Variable Copay™ program realizes an average of 30% savings on brand/specialty drugs.

### **Preferred Network Option**

FirstChoice™ offers access to reduced prescription costs at participating FirstChoice™ pharmacies across the nation

### **Live, 24/7/365 Customer Service**

Dedicated representatives, available 24/7. Speak with a live agent immediately.

### **Best in Class Trend Management**

Southern Scripts' Book of Business Specialty Trend is 3.3157%

### **Reporting & Data Analytics**

Web portal with quarterly and ad hoc reporting.

March 9, 2022

Greetings:

Southern Scripts is focused on delivering significant savings to our clients through straightforward pricing models and maximizing plan resources through sound clinical management. We blend the power of "no spread" competitive pricing together with clinical management expertise to lower costs.

Southern Scripts places you in the driver's seat with the freedom to choose the pharmacy benefit plan that best meets the needs of your members. We work with you every step of the way to define challenges, create goals, and leverage our industry-leading claims adjudication technology to address your specific needs.

Our simple and straightforward approach, coupled with our technology and service, makes us ideal for serving self-funded groups of every shape and size. We service a diverse clientele ranging from school boards to equestrians, hospitals to shipyards, in addition to local governments and Native American tribes.

Our pharmacy management strategy is both innovative and effective. Our pass-through pricing is supported by management strategies yielding substantial savings and a foundation for cost control and healthy growth. Clients that adhere fully to suggested management strategies see significant savings which they often reinvest into their workforce. This reinvestment results in new job opportunities, employee training, expanded health care benefits, and other programs that improve employee experiences.

Specialty Pharmacy continues to be a significant pain point for most employers. Our Variable Copay™ program works to combat the ever-rising trend of specialty drug costs by offering deeper AWP discounts and using applicable manufacturer coupons. Currently, Southern Scripts' book of business specialty trend is 3.3157%.

Southern Scripts continually strives to deliver a high degree of personal service and attention to clients and their respective members. We are reworking the traditional pharmacy benefits model and offering new answers to a fundamental question, "How do we offer affordable care to our valued employees?"

We wanted a PBM that worked better, so we created one.

Sincerely,



LeAnn C. Boyd, PharmD, CEO  
Southern Scripts, LLC

## City of San Luis

07/01/2021-02/28/2022

### Pricing Summary

1,566 Rx (Claims)



### Pricing Analysis

Current PBM	Total
Current Gross Cost	\$256,979
Member Paid	-\$13,619
Plan Paid Amount	\$243,360

Southern Scripts	Total
New Gross Costs	\$237,691
Savings from  Variable Copay	-\$10,637
Savings from Clinical Management	-\$10,696
Gross Cost	\$216,359
Est Member Paid	-\$12,597
Plan Paid	\$203,762
Rebates: Core Elite Formulary	-\$50,639
SS Administration Fee	\$15,660
Net Plan Costs	\$153,122

Savings	Total
Plan Savings	\$90,238
Plan Savings Per Script	\$57.62
Rebates: Core Formulary	-\$44,352

We have identified additional savings available through our Overlay Partners. The savings are illustrative and represent a conservative capture rate. Please note that savings do not include potential rebate yield because prescriptions sourced outside of Southern Scripts are not eligible for rebates.

	2022	2023	2024
<b>Retail Pricing</b>			
<b>30 Day Supply</b>			
Brand	AWP - 18%	AWP – 18.1%	AWP – 18.2%
Generic	AWP – 83.75%	AWP – 84.0%	AWP – 84.25%
Average Dispensing Fee	\$1.25	\$1.25	\$1.25
<b>90-Day Supply</b>			
Brand	AWP - 21%	AWP – 21.1%	AWP – 21.2%
Generic	AWP – 84.75%	AWP – 85.0%	AWP – 85.25%
Average Dispensing Fee	\$0.75	\$0.75	\$0.75
<b>Mail Pricing</b>			
Brand	AWP - 24.5%	AWP - 24.5%	AWP - 24.5%
Generic	AWP - 87%	AWP – 87.25%	AWP – 87.5%
Dispensing Fee	\$0.00	\$0.00	\$0.00
<b>Specialty Pricing</b>			
Brand	AWP - 18%	AWP – 18.1%	AWP – 18.2%
Generic at Retail or Mail	AWP - 82%	AWP – 82.25%	AWP – 82.5%
Variable Copay™	AWP - 28%	AWP - 28%	AWP - 28%
Dispensing Fee	\$1.50	\$1.50	\$1.50
<p>Based on overall performance rates of the Southern Scripts block of business. Does not include regional differences or most-favored nations rates (i.e. AK, GA, HI, MA, PR, WV). Price per prescription will be the passed-through price plus any associated taxes less the member’s contribution. There will be no margin or spread pricing. The rate paid to the participating retail pharmacy will be equal to the amount billed to plan sponsor.</p>			

Channel	Core Formulary Rebates			Core Elite Formulary Rebates		
	2022	2023	2024	2022	2023	2024
Retail Brand 1-83 DS	\$204.90	\$220.30	\$231.11	\$244.80	\$263.20	\$269.67
Retail Brand ≥ 84 DS	\$388.50	\$407.90	\$434.40	\$467.40	\$490.80	\$526.43
Mail Brand	\$791.80	\$831.40	\$877.87	\$836.00	\$877.80	\$902.30
Specialty Brand	\$1,480.90	\$1,592.00	\$1,797.57	\$1,591.80	\$1,711.20	\$1,988.67

100% Rebates Passed Through from third party rebate aggregator. Based on Brand claims as defined by the rebate aggregator. Certain claims are ineligible for rebate including claims billed at 340B pharmacy. Based on 3-Tier plan design with copay differential between preferred and non-preferred brands. The Core Elite Formulary is a narrow formulary that requires absolute exclusion of certain medications from coverage under the plan. The Core Elite Formulary does not allow for grandfathering of existing utilizers for excluded drugs.

Administrative Fees		
Time Period	Fees	Type
Year 1	\$10.00	Per Paid Claim
Year 2	\$10.25	Per Paid Claim
Year 3	\$10.50	Per Paid Claim



**Variable Copay™ – Supercharge your specialty savings**

The Variable Copay™ Program is designed to combat the rising cost of specialty medications. Plan sponsors and their members can experience significant savings on high-cost brand and specialty drugs when enrolled in the Variable Copay™ Program. Maximizing the value of each applicable manufacturer coupon reduces member copays to the face value of the coupon. The plan sponsor simultaneously receives the benefit of the balance of the manufacturer coupon.



**Clinical Management – Proactive, high touch services**

Deploying a singular platform of complete pass through and transparency with one source of revenue provides clients with an intrinsic alignment with their PBM. The clinical management team works in conjunction with the plan sponsor proactively focusing on frontend management to develop strategies that yield the absolute lowest net cost. Active stakeholder engagement through multiple communication channels ensures that everyone is laser focused on a common goal of providing the patient with the right drug at the right time for the lowest cost.



**FirstChoice™ by Southern Scripts – Preferred Network Option**

The FirstChoice™ pharmacy network gives plan sponsors the opportunity to offer their members the option to proactively conserve plan dollars by simply selecting a participating pharmacy provider with the best pricing. This preferred network option provides ample access coupled with greater savings.

Additional Resources



**340B Telehealth – 100% Bolt-On Chronic Care Support Program via Telehealth**

340B Telehealth is a plug-and-play, chronic care support program with a guaranteed 20% savings to the employer health plan on all affected pharmaceuticals, in addition to any existing rebates or discounts. The 340B Telehealth Program can achieve pricing discounts up to AWP-38%.



**Reference Pricing – Maximizing patient education and increasing choice**

Utilizing reference-based pricing provides members and their providers with hands-on tools and medication options. Patient-focused education results in patients and plan sponsors achieving additional savings.



**INTL MailOrder - Providing patient choice**

Plans and patients alike will save on high-cost brand medications through our integration with the leading provider of brand medications from Tier One countries as designated by the U.S. Food and Drug Administration.



**PriceMDs – Medical Tourism**

Plans and patients can choose to save up to 50% through economic access to high-quality specialty medications. Medical Tourism provides all care treatment solutions that reduce total treatment costs to employers, patients, and plans on many high-cost maintenance medications.

## Reducing Costs. Improving Quality. Enhancing Experiences

Southern Scripts is committed to reimagining the pharmacy benefit management model by streamlining PBM contracts, refining predictability, and improving drug cost transparency for plan sponsors and members.

Headquartered in Natchitoches, Louisiana, Southern Scripts entered the pharmacy benefit management industry in 2011 with a resolve to streamline the benefit costs incurred by plan sponsors. Our single unwavering business model is one of absolute pass-through and transparency.

The sole source of revenue for Southern Scripts is the administrative fee only and we guarantee client access to all claim details at any time, throughout the life of the contract. The plan sponsor is contractually guaranteed to be billed the exact same price as the pharmacy is paid per claim.

This solid foundation accompanied by a platform for innovative cost management strategies provides the optimal environment for restoring balance between cost savings and health optimization. Continual governance by clinical pharmacists provides robust clinical management strategies that are controlled directly by our clients as applicable to their specific pharmacy benefit plan.

Southern Scripts simplifies the complexities of navigating through the nuances of the traditional PBM industry by giving the plan sponsor the voice of complete freedom and control regarding their plan structure. Our custom designed, state-of-the-art claims adjudication system paired with our open and customizable formulary, provides our clients with unique capabilities to customize plan details. Capabilities include the option to send specific point-of-sale messaging to members and pharmacies via our web portal.

We are a full service PBM, directly contracted with a broad network of nearly 60,000+ retail pharmacies. Our FirstChoice™ preferred network includes more than 30,000 pharmacies and offers members and clients even deeper discounts. The Southern Scripts specialty retail network encompasses 13,000 pharmacies providing specialized services to members. Our U.S. based call center provides live, personalized member and pharmacy support around the clock, every day of the year.

Our proof of concept lies in our Best-in-Class Trend Report:

- Southern Scripts' Book of Business Specialty Trend is 3.3157%
- High-cost brand and specialty medications dispensed through our Variable Copay™ Program averages a 30% savings to the plan, with a standard guarantee of AWP – 28%.





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To provide an accurate comparison, the claims data file was repriced using the same date of service, drug NDC, quantity, and pharmacy to illustrate the savings the plan would have achieved with Southern Scripts. The analysis compares gross costs, the plan paid amount, and member paid amounts. In addition, we also highlight savings opportunities through our Variable Copay Program™, smart clinical management strategies, and the estimated rebate yield for our Core or Core Elite formularies. We also deduct our administrative fees (our contractually warranted sole source of revenue) from the total savings.

## Special Employee Benefit Trust Board Meeting

3. E.

**Meeting Date:** 04/13/2022

**Department Head:** Kay Macuil, City Attorney, Attorney's Office

**Submitted By:** Kay Macuil, City Attorney, Attorney's Office

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### ITEM:

Discussion and possible action on any and all matters regarding establishing a waiver policy of pre-clearance penalty and specific request by employee for waiver of a pre-clearance penalty. **(Glenn J. Gimbut, Assistant City Attorney)**

### SUMMARY:

#### Background

The City of San Luis's benefits plan provides that if hospital services are to be used for preventative screening procedures, the services need to be pre-cleared through the third-party administrator. Without pre-clearance, the city's employee suffers a \$500 penalty regarding coverage.

#### Specific Situation

Only three (3) applications of penalty over the past five (5) years have come to HR's attention. A recent situation is one of the three.

The situation arose when the procedure was to be performed in the outpatient clinic, and this procedure was 100% covered by the plan. But the clinic's facilities were undergoing remodeling, so the doctor changed the location to the hospital. The use of the hospital instead of the clinic was not pre-cleared. The employee is asking for a waiver of the \$500 penalty. The Board has the power to do so under the Trust.

The policy question is: does the Board wish to consider requests for waiver? If it does, then the above request is pending, and the employee asks that the Board consider their request. As this does not appear to be a common occurrence (only the third time in 5 years), staff would ask that the Board consider hearing such requests. In the present situation, pre-clearance would not have made a difference since the third-party administrator would have granted it if the doctor had made the simple pre-clearance call. The employee thought the doctor and the clinic were making all appropriate arrangements in the current situation. In addition, the employee had actually checked directly with the third-party.

### RECOMMENDATION / SUGGESTED MOTION:

**I MOVE TO WAIVE THE \$500.00 PRE-CLEARANCE PENALTY AND FIND THE WAIVER JUSTIFIED UNDER THE CIRCUMSTANCES PRESENTED.**

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### Fiscal Impact

#### **Fiscal Impact:**

If the waiver is granted, there would be a \$500 cost to the trust, which the trust would have paid if the physician had made the call.

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