



CITY OF  
*San Luis Arizona*  
*Gateway to the Sea of Cortez*

# Employee Benefit Trust Meeting

*May 11, 2022*



SUSAN POSADA  
AGENCY

# Trust Items for Approval

- Stop Loss Final Approval
- Exclusive Mental Health – remove \$500 Copay and allow for 100% coverage to meet Mental Health Parity



# Stop Loss Coverage Elements

## Specific Coverage

- Coverage of claims per approved plan document
- Coverage Unlimited
- Specific Deductible \$50,000
- Coverage of RX

## Aggregate Coverage

- Protects for the entire group to limit overall claims cost
- 125% Corridor
- Maximum Annual Reimbursement \$1,000,000

## Projected Maximum Funding

- Calculated Monthly
- Calculation to determine Aggregate Coverage

**CITY OF SAN LUIS  
STOP LOSS AND ADMINISTRATION RENEWAL EFFECTIVE JULY 1, 2022**

STOP LOSS RENEWAL

5 / 1 / 2022

DESCRIPTION	2021-2022		2022-2023		2022-2023		2022-2023	
		Current Symetra	Renewal - Option 1 Symetra	Renewal - Option 2 Symetra	Renewal - Option 2 Symetra	Renewal -Option 3 HM Life Insurance		
<b>STOP LOSS POLICY TERMS</b>		<b>\$50,000</b>	<b>\$50,000</b>		<b>\$75,000</b>		<b>\$50,000</b>	
Specific Lifetime Maximum		Unlimited	Unlimited		Unlimited		Unlimited	
Specific Annual Reimbursement		Unlimited	Unlimited		Unlimited		Unlimited	
Specific Deductible		\$ 50,000	\$ 50,000		\$ 75,000		\$ 50,000	
Specific Contract Basis		Paid	Paid		Paid		24/12	
Specific Coverage		Medical	Medical		Medical		Medical	
Specific Run-In Limits		N/A	N/A		N/A		N/A	
Lasered Individuals		None	None		None		None	
Aggregate Maximum		\$ 1,000,000	\$ 1,000,000		\$ 1,000,000		\$ 1,000,000	
Aggregate Coverage		Medical & RX Card	Medical & RX Card		Medical & RX Card		Medical & RX Card	
Aggregate Contract Basis		Paid	Paid		Paid		Paid	
Aggregate Run-In Limits		N/A	N/A		N/A		N/A	
Corridor		25%	25%		25%		25%	
<b>STOP LOSS PREMIUM</b>								
<b>Specific Premium</b>								
Employee Rate	142	\$ 108.05	\$ 121.64	142	\$ 93.05	\$ 135.50		
Employee + Spouse Rate	0	\$ 311.46	\$ 361.21	0	\$ 276.31	\$ 386.71		
Employee + Child(ren) Rate	0	\$ 311.46	\$ 361.21	0	\$ 276.31	\$ 386.71		
Employee + Spouse & Children Rate	122	\$ 311.46	\$ 361.21	122	\$ 276.31	\$ 386.71		
<b>Projected Total Monthly Specific Premium</b>	264	\$ 53,341.22	\$ 61,340.50	264	\$ 46,922.92	\$ 66,419.62		
<b>Aggregate Rate PEPM</b>	264	\$ 3.86	\$ 4.12	264	\$ 4.47	\$ 3.09		
<b>Projected Monthly Aggregate Premium</b>		\$ 1,019.04	\$ 1,087.68		\$ 1,180.08	\$ 815.76		
<b>TOTAL PROJECTED PREMIUM</b>								
Monthly		\$ 54,360.26	\$ 62,428.18		\$ 48,103.00	\$ 67,235.38		
Annual		\$ 652,323.12	\$ 749,138.16		\$ 577,236.00	\$ 806,824.56		
<b>Percentage of increase over current</b>			<b>14.84%</b>		<b>-11.51%</b>	<b>23.68%</b>		
<b>MAXIMUM CLAIM FUNDING FACTORS</b>								
Employee	142	\$360.31	\$ 409.87	142	\$ 440.13	\$ 433.12		
Employee + Spouse	0	\$996.90	\$ 1,123.89	0	\$ 1,206.86	\$ 1,039.49		
Employee + Children	0	\$996.90	\$ 1,123.89	0	\$ 1,206.86	\$ 1,039.49		
Employee + Spouse + Child(ren)	122	\$996.90	\$ 1,123.89	122	\$ 1,206.86	\$ 1,039.49		
<b>TOTAL PROJECTED MAXIMUM FUNDING</b>	<b>264</b>			<b>264</b>				
Monthly		\$ 172,785.82	\$ 195,316.12		\$ 209,735.38	\$ 188,320.82		
Annual		\$ 2,073,429.84	\$ 2,343,793.44		\$ 2,516,824.56	\$ 2,259,849.84		

City of San Luis				
Effective 7/1/2022				
Specific Stop Loss:				
Reinsurer/Carrier:				
	Current-Symetra	Renewal-Symetra Option 1	Renewal-Symetra Option 2	HM
Deductible:	\$50,000	\$50,000	\$75,000	\$50,000
Contract Type:	Paid	Paid	Paid	24/12
Coverages Included:	Medical/RX	Medical/RX	Medical/RX	Medical/RX
Commission:	Net	Net	Net	Net
Carrier Comments:	No New Laser Provision	This offer is valid thru 5.6.22. If no decision is made by then, we will need another month of claims to re-firm. If Employee X elects COBRA, underwriting reserves the right to review for additional individual specific deductible. There will be no new lasers @ rnl.		No new laser option with a 50% cap. Will need to review updated claims.
Enrollment				
	Single	142	142	142
	Family	122	122	122
<b>Total</b>		<b>264</b>	<b>264</b>	<b>264</b>
Aggregate Stop-Loss:				
Contract Type:	Paid	Paid	Paid	Paid
Coverages Included:	Medical/RX	Medical/RX	Medical/RX	Medical/RX
Premium (Fixed Costs)				
	Single	\$108.05	\$121.64	\$93.05
	Family	\$311.46	\$361.21	\$276.31
<b>Monthly Specific Premium</b>		<b>\$53,341</b>	<b>\$61,341</b>	<b>\$46,923</b>
<b>Annual Specific Premium</b>		<b>\$640,095</b>	<b>\$736,086</b>	<b>\$563,075</b>
Aggregate Premium:		\$3.86	\$4.12	\$4.47
<b>Monthly Aggregate Premium</b>		<b>\$1,019.04</b>	<b>\$1,087.68</b>	<b>\$1,180.08</b>
<b>Annual Aggregate Premium</b>		<b>\$12,228.48</b>	<b>\$13,052.16</b>	<b>\$9,789.12</b>
<b>Total Annual Premium:</b>		<b>\$652,323</b>	<b>\$749,138</b>	<b>\$577,236</b>
Aggregate Factors (Claims Liability)				
	Single	\$360.31	\$409.87	\$440.13
	Family	\$996.90	\$1,123.89	\$1,206.86
<b>Monthly Claims Funding</b>		<b>\$172,785.82</b>	<b>\$195,316.12</b>	<b>\$209,735.38</b>
<b>Annual Claims Liability</b>		<b>\$2,073,430</b>	<b>\$2,343,793</b>	<b>\$2,516,825</b>