DEPARTMENT OF HUMAN RESOURCES

BENEFITS/INSURANCE BUDGET HEARING AUGUST 2023

ROD. K. OLIVER

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BENEFITS ADMINISTRATOR

CITY OF JACKSON

FUNCTIONS

- The Benefits division is responsible for:
- Directing and planning the day to day operations of COJ group benefit plan (group health, dental, FS accounts, and life insurance, for active (30 or more hours) and retirement plan (10 or more years).
- Providing excellent customer service and quality benefits plans
- Investigating new benefits programs and improving existing programs supervise; and monitoring benefits administration
- Designing employee benefits plans and providing analytical and technical support in the delivery of the City of Jackson Self-Insured benefit programs.



ENROLLED MEMBER ACTIVE COUNT

	SINGLE	FAMILY	TOTALS			
ACTIVE	476	221	697	Dental Group summary		
RETIREE	34	16	50			
FIRE	121	123	244	EE Only	920	
POLICE	181	102	283	EE + Spouse	201	
RETIRED FIRE	17	12	29	Family	223	
RETIRED				EE + 1 Child	114	
POLICE	19	4	23			(
COBRA	4	1	5	EE + Children	52	
	852	479	1331	Total	1510	
	noted Propose	Promium Doduct	ion Collection 20	22 \$1 E70 200 64 Estimated Dranasad		

Estimated Proposed Premium Deduction Collection 2023 **\$1,579,399.64.** Estimated Proposed Premium Deduction Collection 2022 **\$2,888,199.04** if we kept the exact same enrollments. However, with the drastic decrease in enrollment to single or dropped coverage, our generated revenue will fluctuate.

INSURANCE RATES

ACTIVE

FAMILY- 3

<u>Health Premiums</u>	
	MONTHL
SINGLE	No Cost
FAMILY-2 PARTY	\$62 - \$120
FAMILY- 3 OR MORE	\$184 - 240
DENTAL PREMIUMS	
	MONTHLY
SINGLE	\$26.08
FAMILY-2 PARTY	\$52.16

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\$74.78

RETIREE

Health Premiums

Monthly SINGLE \$554 FAMILY 2 \$1054.00 3 OR MORE \$2154.00 DENTAL PREMIUMS

<u>Monthly</u>

Single	\$26
Family 2	\$52
Family 3	\$82

Life Insurance Monthly \$2000 Life Policy \$5000 Life Policy \$23.70

\$9.48 <65 YO \$9.20 <65YO

^O HEALTH PLAN-UNITED HEALTHCARE

United Healthcare

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CITY OF JACKSON - MS

	Plan 1 Current Plan	Plan 2 Current Plan	Plan 3 Current Plan	Plan 4 Current Plan
Plan Name	Choice + Platinum	Choice + Gold	Choice + Silver	Choice + Bronze
Product	Choice +	Choice +	Choice +	Choice +
Multiple Option with:	Plans 2, 3, 4	Plans 1, 3, 4	Plans 1, 2, 4	Plans 1, 2, 3
HRA or HSA	No	No	No	No
	Network	Network	Network	Network
Office Copay (PCP/SPC)	PCP \$20, SPC \$30	PCP \$20, SPC \$30	PCP \$20, SPC \$30	PCP \$20, SPC \$30
Other Copays (IP/UC/ER)	UC D&C, ER D&C	UC D&C, ER D&C	UC D&C, ER D&C	UC D&C, ER D&C
Deductible (Indiv/Fam)	\$400/\$1,200	\$1,000/\$2,000	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance	75%	75%	75%	75%
Out-of-Pocket (Indiv/Fam)	\$5,000 per covered person	\$5,000/\$10,000	\$5,000/\$10,000	\$9,100/\$18,200
Pharmacy Plan	UHC: \$50 Ded, \$10/\$25/\$50, 2.0	UHC: \$50 Ded, \$10/\$25/\$50, 2.0 MO (Trad		
	MO (Trad PDL), Nati	PDL), Nati	MO (Trad PDL), Nati	MO (Trad PDL), Natl
	Out of Network	Out of Network	Out of Network	Out of Network
Deductible (Indiv/Fam)	\$400/\$1,200	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	65%	65%	65%	50%
Out-of-Pocket (Indiv/Fam)	\$5,000 per covered person	\$15,800/\$31,600	\$15,800/\$31,600	\$15,800/\$31,600
	Projected Claims	Projected Claims	Projected Claims	Projected Claims
Assumed Enrollment	1292	26	1	3
Expected Claims	\$967.27	\$967.27	\$967.27	\$967.27

United Healthcare

CITY OF JACKSON - MS

			Proposed Option
		Subscribers	1322
		Members	2283
		Wembers	2205
	Administration		
	Composite Adminis	stration Fee - PEPM	\$14.38
		Monthly Fees	\$19,011
		Annual Fees	\$228,137
		Constitute (management)	(500 000)
		Credits (annual)	(\$60,000)
	Annua	al Net Administration	\$168,137
	Claims		
	_		0007.07
	EX	pected Claims - PEPM	\$967.27
		al Expected - Monthly	\$1,278,731
/	То	tal Expected - Annual	\$15,344,771
	Total Cost Summary		
		Expected Annual	\$15,512,908
/	Imprest Balance		
		Current Req. Deposit	Required Medical Deposit*
	Imprest Balance	\$467,000	\$467,000
	Option	Weekly ACH #	# Weekly ACH
	Frequency	6 6	6

CO-PAYMENTS

Office Visit

- \$ 20.00 for Primary Care Physician
- \$ 30.00 for Specialist

Prescription Drug.... Deductible of \$50.00 per person annually

- \$ 10.00 Generic
- \$ 25.00 Preferred Brand
- \$ 50.00 Non Preferred Brand

DENTAL PLAN – DELTA DENTAL (FULLY FUNDED PLAN)

100% paid by the employee

 If you decide not to elect the Dental Plan during a qualifying event or within your grace period, you can only pick it up during Open Enrollment.

DENTAL PLAN

- Preventative & Diagnostic Plan Provides 100% of the allowable charge (No Deductible and No waiting period)
- Basic Benefit- Plan Provides 80% of the allowable charge, No waiting period.
- Major Benefit Plan Provides 80% of the allowable charge, 6 Month waiting period.
- Orthodontics Benefit Plan Provides 80% of the allowable charge. 12 Month waiting period. <u>Children</u> ONLY

DENTAL PLAN Preventative and Diagnostic, Basic and Major:

 Calendar Year Maximum - Plan provides \$1,500.00 per family member.

Orthodontics:

 Lifetime Maximum - Plan provides \$1,000.00 per eligible child up to age 19.

Calendar Year Deductible -

 $oldsymbol{\Theta}$ \$50.00 Per individual (3 Deductible per family)

DENTAL PLAN

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Plan Benefit Highlights for: City of Jackson - MS

Fian Denent Highlights for. C	-	5							
Group No: 18	3151								
Eligibility	Primary enrollee, month dependent	spouse and eligible of t turns age 26	dependent children	to the end of the					
Deductibles	\$50 per person / \$150 per family each calendar year								
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	Yes								
Maximums		r person each calend) per person each cal							
D & P counts toward maximum?	Silver: Yes Platinum: No								
Waiting Period(s)	Basic Services	Major Services	Prosthodontics	Orthodontics					
Silver	None	6 Months	6 Months	N/A					
Platinum	Basic Services None	Major Services 12 Months	Prosthodontics 12 Months	Orthodontics 12 Months					
<u> </u>		ilver		inum					
Benefits and	Delta Dental	Non-Delta Dental	Delta Dental	Non-Delta Dental					
Covered Services*	PPO dentists [†]	PPO dentists [†]	PPO dentists [†]	PPO dentists [†]					
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %					
Basic Benefits Fillings	80 %	80 %	80 %	80 %					
Endodontics (root canals) Covered Under Major Services	25 %	25 %	80 %	80 %					
Periodontics (gum treatment) Covered Under Major Services	25 %	25 %	80 %	80 %					
Oral Surgery Covered Under Major Services	25 %	25 %	80 %	80 %					
Simple Extractions	50 %	50 %	80 %	80 %					
Major Benefits Crowns, inlays, onlays and cast restorations	25 %	25 %	80 %	80 %					
Prosthodontics Bridges, dentures and implants	25 %	25 %	80 %	80 %					
Orthodontic Benefits Dependent children	0 %	0 %	50 %	50 %					
Orthodontic Maximums	N/A	N/A	\$1,000 Lifetime	\$1,000 Lifetime					

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on

Delta Dental contract allowances and not necessarily each dentist's actual fees. Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

	Rat	tes		
Effective	e Dates (01/	01/2021-12/31/2021)	
Silver		Plati	num	
Enrollee only	\$18.22	Enrollee only	\$25.88	
Enrollee + 1 Dependent	\$39.72	Enrollee + 1 Dep	pendent \$56.51	
Family	\$56.92	Family	\$81.01	
surance Company Parkway, Suite 600 80009		ner Service 521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 3	

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative http://www.action.com/actions/a **BENEFIT HIGHLIGHTS**

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LIFE & A D & D POLICY-METLIFE

Who is covered...

• All Full-Time employees who works 30 hours or more

• Employees enrolled in COJ's Medical Plan.

Active – (Life and AD&D coverage

\$10,000.00 (AD&D – doubles to \$20,000.00) Retired Employees (Life Only) can keep Maximum: \$ 5,000.00 A D & D HAZARDOUS POLICY \$ 25,000 Policy (Police & Public Works) \$100,000 Policy (Firefighters Only) This benefit is paid 100% by the COJ

Who would receive this policy....

Uniform Fire & Police

Public Works Employee in Hazardous Duty positions.

Sanvello Meditation & Mindfulness

ON-DEMAND HELP FOR STRE

n their mental health anytime, anywhere. Individuals can relieve symptoms and build life skills to help your employees reduce potential high-cost interventions through:

- Daily mood tracking
- Personalized progress
- Guided journeys
- Community support



Results

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5x more often in an additional metabox alone



lo decreases symptoms of depression and anxiety over

nne Moberg, Christine & Niles, Andrea & Beamann, Dale, 12019). Golded Self-Melo Works: A Randomized Walifist Controlled Trial of Pacifica, a Mobile App Integrating CBT and Mindfulness for Stress, Anxiety, and Depression ernet Res 2019;21(6):e12556, https://www.jmin.org/2019/6/a12556/.

e Sanvello Mobile Application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained in the Sanvello Mebile Application for educational purposes only; it is not intended to diagnose problems or provide treatment, and should not be used as a substitute for your provider's care. Please discuss with your doctor how the information provided nay be right for u. Arailable to all UnitedHealthcare members at no additional cost as part of their benefit plan. Participation in the program is voluntary and subject to the terms of use contained in the Application.

MENTAL HEALTH AWARENESS

Our goal is to create a culture that supports mental health in the workplace. The purpose of Mental Health Week was to increase awareness to employees about the importance of behavioral/mental health disorders that exist in the workplace. Workplace support is key to maintaining positive mental health. These trainings allowed local Mental Health professionals the platform to educate managers and supervisors on how to recognize signs and promote wellness resources to assist employees. These resources can help reduce stigma, increase wellness, and improve workplace psychological health and safety.

America's Health Rankings

Mississippi Snapshot



Source: 2021 America's Health Rankings, United Health Foundation. americashealthrankings.org/explore/annual/state/ALL

Real Appeal: City of Jackson Results

89						Enro	llmen	t by Y	'ear						
03		Total	PRIOR	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Total Enrolled	Enrolled	89	75	1	1	4		1	2	1	1		1		
(since inception)	At-Risk	85	71	1	1	4		1	2	1	1		1		
	Not At-Risk	4	4	0	0	0		0	0	0	0		0		
85	Enrol	-				0	At-			ber P		m Pro			
	Enrol	lee C	Chara				At-			ber P 4+	rogra	9+	gres	16+	
	Enrol • 84% • 89%	lee C emplo femal	Chara byees e					-Risk	Mem	ber P 4+ Sessio	rogra	9+ Session	gres	16+ Sessio	n
85 At-Risk Enrolled	Enrol • 84% • 89% • 96%	lee C emplo femal at-risł	Chara byees e	cteri	stics		At- City of J	-Risk acksor	Mem	ber P 4+	ns	9+	o gres	16+	b

At-Risk Members With Weight Loss

32 At-Risk Members

with Weight Loss

Data through 03/31/22

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*Limited to at-risk members who lost weight and attended 4+ sessions

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435

Total Pounds Lost



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Have Achieved 5%+ Weight Loss*

Catastrophic Cases

	\$			
16.0	\$134,869	44%	67%	83%
Catastrophic Cases per 1,000	Average Total Paid per Case	of Medical Paid was for Catastrophics	of Catastrophic Cases Engaged	of Catastrophic Medical Spend Impacted
Prior 19.5 ▼-17.9% Norm 14.5 ▲10.3%	Prior \$136,787 ▼-1.4% Norm \$140,091 ▼-3.7%	Prior 55% ▼-11pts Norm 40% ▲4pts	Prior 69% ▼-2pts Norm 69% ▼-2pts	Prior 81% ▲2pts Norm 75% ▲8pts
46 individuals 1.6% of the population	\$6,203,996 Total Paid 42% of Overall Total Paid	37% for Pharmacy 58% for Behavioral		
				Medical Payments by Month Incurred

Case	Top Diagnosis Category	Medical Paid	Rx Paid	Total Paid	Previous* Total Paid Relationship	Length of Enrollment	Clinical Engage- ment	2021 Jan	_		2021 Apr 2021 May		2021 Jul	-	-	2021 0ct 2021 Nov	-
1	Viral infection	\$497,465	\$0	\$497,465	\$833 Subscriber	2+ years	Engaged										
2	Chronic kidney disease	\$319,576	\$11,001	\$330,577	\$194,204 + Subscriber	2+ years	Engaged										
3	Multiple myeloma	\$311,593	\$189,632	\$501,225	\$183,941 + Spouse	2+ years	Engaged										
4	Complica devic; implant/ graft	\$303,245	\$8,239	\$311,484	\$76,862 + Spouse	2+ years	None										
5	Chronic kidney disease	\$218,464	\$40,692	\$259,156	\$161,750 + Subscriber	2+ years	Engaged										
6	Immunity disorders	\$178,527	\$10,136	\$188,663	\$198,967 + Spouse	2+ years	Engaged										
7	Cancer of breast	\$168,058	\$138	\$168,196	\$261,396 + Subscriber	2+ years	Engaged										
8	Viral infection	\$142,733	\$0	\$142,733	\$0 Subscriber	2+ years	Engaged										
9	Cancer of bronchus; lung	\$140,759	\$864	\$141,623	\$0 Spouse	1 - 2 years	Engaged										
10	Gastrointestinal hemorrhage	\$133,660	\$3,042	\$136,702	\$216,463 + Dependent/Other	2+ years	Engaged										
	e members are no longer enrolled Inited HealthCare Services, Inc. All Rights Re	eserved.	no	o claims inc	urred up to \$10,000	0 🔳 \$10,	000 - \$50,000	D		\$50,	000	- \$1	100,	000		\$1	00,00