

# Wyandot Crawford Health Benefits Fund

## APPROVED FUNDING FACTORS

*Effective January 1, 2022 – December 31, 2022*

*Meeting Date:  
August 26, 2021*

*Presented by:*  
Kimberly Bond | Benefit Consultant



# Wyandot Crawford Health Benefits Consortium

## Self Funded Medical Cost Analysis

October 1, 2021 Renewal

		Current Medical Mutual of Ohio SunLife	Renewal Medical Mutual of Ohio SunLife	Renewal - <b>Revised</b> Medical Mutual of Ohio SunLife
Administration Fees				
Single or Family	759	\$41.90	\$42.53	\$42.53
MMO Reporting Fee	759	\$3.00	\$3.00	\$3.00
PBM Fees	669	\$1.75	\$2.50	\$2.50
Disease Management	759	\$2.50	\$2.50	\$2.50
Matrix EAP - Moving to ESI EAP	759	\$3.00	\$1.77	\$1.77
Monthly Administration Costs		\$39,424.35	\$39,470.70	\$39,470.70
<b>Total Annual Administration Costs</b>		<b>\$473,092.20</b>	<b>\$473,648.40</b>	<b>\$473,648.40</b>
Percentage Change From Current		0%	0%	0%
Specific Stop Loss Deductible		<b>\$200,000</b>	<b>\$200,000</b>	<b>\$200,000</b>
Lifetime Maximum		Unlimited	Unlimited	Unlimited
Contract Type		Paid	Paid	Paid
Run-In Limit		N/A	N/A	N/A
Includes		Medical & RX	Medical & RX	Medical & RX
Laser(s)		No Laser Contract w / 50% Rate Cap	No Laser Contract w / 50% Rate Cap	No Laser Contract w / 50% Rate Cap
Specific Premium				
Single	155	\$89.14	\$119.89	\$91.81
Family	604	\$242.37	\$325.98	\$249.64
Monthly Specific Premium		\$160,208.18	\$215,474.87	\$165,013.11
<b>Annual Specific Premium</b>		<b>\$1,922,498.16</b>	<b>\$2,585,698.44</b>	<b>\$1,980,157.32</b>
Aggregate Premium				
Composite	759	\$5.19	\$5.45	\$5.45
Monthly Aggregate Premium		\$3,939.21	\$4,136.55	\$4,136.55
Annual Aggregate Premium		\$47,270.52	\$49,638.60	\$49,638.60
Percentage Change From Current		0%	34%	3%
<b>Total Annual Stop Loss Costs</b>		<b>\$1,969,768.68</b>	<b>\$2,635,337.04</b>	<b>\$2,029,795.92</b>
<b>Total Annual Fixed Costs</b>		<b>\$2,442,860.88</b>	<b>\$3,108,985.44</b>	<b>\$2,503,444.32</b>
Percentage Change From Current		0.0%	27.3%	2.5%
Contract Type		Paid	Paid	Paid
Estimated Aggregate Corridor		120%	120%	120%
Includes		Medical	Medical	Medical
Run-In Limit		N/A	N/A	N/A
Aggregate Factors				
Single	155	\$1,508.10	\$1,726.92	\$1,726.92
Family	604	\$1,508.10	\$1,726.92	\$1,726.92
Monthly Aggregate Factors		<b>\$1,144,647.90</b>	<b>\$1,310,732.28</b>	<b>\$1,310,732.28</b>
Annual Aggregate Factors		<b>\$13,735,774.80</b>	<b>\$15,728,787.36</b>	<b>\$15,728,787.36</b>
Expected Claims		<b>\$11,446,479.00</b>	<b>\$13,107,322.80</b>	<b>\$13,107,322.80</b>
<b>Total Annualized Maximum Costs</b>		<b>\$16,178,635.68</b>	<b>\$18,837,772.80</b>	<b>\$18,232,231.68</b>
<b>Total Annualized Expected Costs</b>		<b>\$13,889,339.88</b>	<b>\$16,216,308.24</b>	<b>\$15,610,767.12</b>
Percentage Change From Current		0.00%	16.75%	12.39%

\*All rates are firm. Please refer to carrier proposals for plan details.

Wyandot-Crawford

APPROVED Rates - Medical & Rx

Experience Period: October 1, 2020 through July 31, 2021

Rating Period: January 1, 2022 through December 31, 2022

Sun Life Stop Loss

\$200,000 Specific Deductible

	Sun Life Stop Loss		Medical and Rx	
	Medical includes Rx under Major Med	Rx	Average Census	\$200K Specific Deductible Sun Life
Current Premium				
Single			155	
Family			604	
Current Revenue			759	\$ 16,537,133
				\$ 1,816
Paid Medical Claims	\$ 12,982,014	\$ 2,774,092		\$ 15,756,106
Less Claims over Specific	\$ 1,329,088	\$ -		\$ 1,329,088
Net Paid Medical Claims	\$ 11,652,926	\$ 2,774,092		\$ 14,427,018
Major Med Rx Claims Included in Medical	\$ -			
Trend	9.5%	8.4%		
16 months	12.7%	11.2%		
Total Projected Claims	\$ 13,128,964	\$ 3,084,790		\$ 16,538,029 **
Projected Fixed Costs		\$200,000 Specific Deductible	\$ 286.73	\$ 2,611,537
Less Rebates		\$ -	\$ 52.71	\$ 480,090
Projected PCORI			\$0.46	\$ 4,190
Total Projected Costs				\$ 18,673,665
				\$ 2,050
Rate Increase Proposed				12.9%

Experience/Renewal Increase Projection	12.9% Increase	\$ 2,136,532
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Proposed Rate Increase	6.5% Increase	\$ 1,074,914
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Equity Reserve to be utilized to offset projected increase	6.4% Increase	\$ 1,061,619
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Wyandot Crawford School Consortium  
Equity Calculation as of 7-31-2021 - 2020 - 2019 for Rates 1-1-2022 Plan Year  
Rate Increases utilizing Reserves to offset APPROVED increase

	6.5% Increase 1/1/2022	3% Increase 1/1/2021	2019
Trust Equity as of 7-31-2021	\$ 5,799,379	\$ 6,124,915	\$ 4,885,985
Buy down rate Utilizing Equity (Reserves)	\$ (1,061,619)	\$ (1,000,000)	
Equity Balance Estimated	\$ 4,737,760	\$ 5,124,915	\$ 4,885,985

COVID-19 and variants may impact costs during the upcoming plan year for medical, dental and vision treatment.  
It is recommended to increase rates minimally to potentially avoid a higher increase next year and still maintain equity for the future.

Wyandot Crawford Health Benefit Fund						
Health Insurance Rates						
\$200K Specific Deductible Amount						
Proposed Medical & Rx Rates effective 1-1-2022						
	4.8%	8.0%	11.0%	5.45%	3.0%	6.5%
	Prior	Prior	Prior	Approved Rates	Approved Rates	Approved Rates
2 Tier Rates	1/1/2017	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022
Common Plan A						
Single	\$566.50	\$611.82	\$679.12	\$716.13	\$737.61	\$785.56
Family	\$1,546.53	\$1,670.25	\$1,853.98	\$1,955.02	\$2,013.67	\$2,144.56
Common Plan B						
Single	\$502.25	\$542.43	\$602.10	\$634.91	\$653.96	\$696.47
Family	\$1,371.13	\$1,480.82	\$1,643.71	\$1,733.29	\$1,785.29	\$1,901.34
Common Plan C						
Single	\$472.64	\$510.45	\$566.59	\$597.47	\$615.40	\$655.40
Family	\$1,290.30	\$1,393.52	\$1,546.81	\$1,631.11	\$1,680.04	\$1,789.25
3 Tier Rates						
Common Plan A						
Single	\$566.50	\$611.82	\$679.12	\$716.13	\$737.61	\$785.56
2 Party	\$1,291.63	\$1,394.96	\$1,548.40	\$1,632.79	\$1,681.77	\$1,791.09
Family	\$1,804.88	\$1,949.27	\$2,163.69	\$2,281.61	\$2,350.05	\$2,502.81
Common Plan B						
Single	\$502.25	\$542.43	\$602.10	\$634.91	\$653.96	\$696.47
2 Party	\$1,145.14	\$1,236.75	\$1,372.80	\$1,447.61	\$1,491.04	\$1,587.96
Family	\$1,600.18	\$1,728.20	\$1,918.30	\$2,022.85	\$2,083.53	\$2,218.96
Common Plan C						
Single	\$472.64	\$510.45	\$566.59	\$597.47	\$615.40	\$655.40
2 Party	\$1,077.62	\$1,163.83	\$1,291.85	\$1,362.26	\$1,403.12	\$1,494.33
Family	\$1,505.83	\$1,626.29	\$1,805.19	\$1,903.57	\$1,960.68	\$2,088.12

Wyandot Crawford Consortium

APPROVED - Dental Rates

Experience Period: August 1, 2020 through July 31, 2021

Rating Period: January 1, 2022 through December 31, 2022

Dental Rates	

Current Rates		Proposed -7% Decrease	
Single	Family	Single	Family
\$ 46.95	\$ 102.22	\$ 43.66	\$ 95.06

Current Rates		APPROVED No Change	
Single	Family	Single	Family
\$ 46.95	\$ 102.22	\$ 46.95	\$ 102.22

**Wyandot Crawford Schools Consortium****VSP****Approved Vision Rates effective 1-1-2022****Admin Fees - Guaranteed 3 years to 1-1-2025**

Approved moving to self-funded plan eff. 1-1-17, keeping same plans, and will maintain separate vision trust activity since not all districts offer vision

		<u>Plan B</u>	<u>Plan C</u>
<b>Design</b>		12/12/24	12/12/12
	Exam	\$10	\$0
	Materials	\$25	\$0
<b>Two-tier Rates</b>			
<b>Current 1-1-2021</b>	Single	\$ 9.18	\$ 14.54
	Family	\$ 25.40	\$ 40.08
<b>Proposed Renewal 1/1/2022</b>	<b>Single</b>	<b>\$ 9.18</b>	<b>\$ 14.54</b>
	<b>Family</b>	<b>\$ 25.40</b>	<b>\$ 40.08</b>
<b>Three-tier Rates</b>			
<b>Current 1-1-2021</b>	Single	\$ 9.18	\$ 14.54
	EE + 1	\$ 18.41	\$ 29.04
	Family	\$ 29.62	\$ 46.79
<b>Proposed Renewal 1/1/2022</b>	<b>Single</b>	<b>\$ 9.18</b>	<b>\$ 14.54</b>
	<b>EE + 1</b>	<b>\$ 18.41</b>	<b>\$ 29.04</b>
	<b>Family</b>	<b>\$ 29.62</b>	<b>\$ 46.79</b>