

BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
WORKSHOP
July 13, 2017
Brevard County Government Center, Florida Room, Building C
2725 Judge Fran Jamieson Way, Viera, Florida

1:00 P.M.

I. Staff Presentation

A. Group Health Insurance Program Review/Update

II. Board Discussion

III. Public Comments

IV. Other Business

VI. Public Comments

VII. Reports

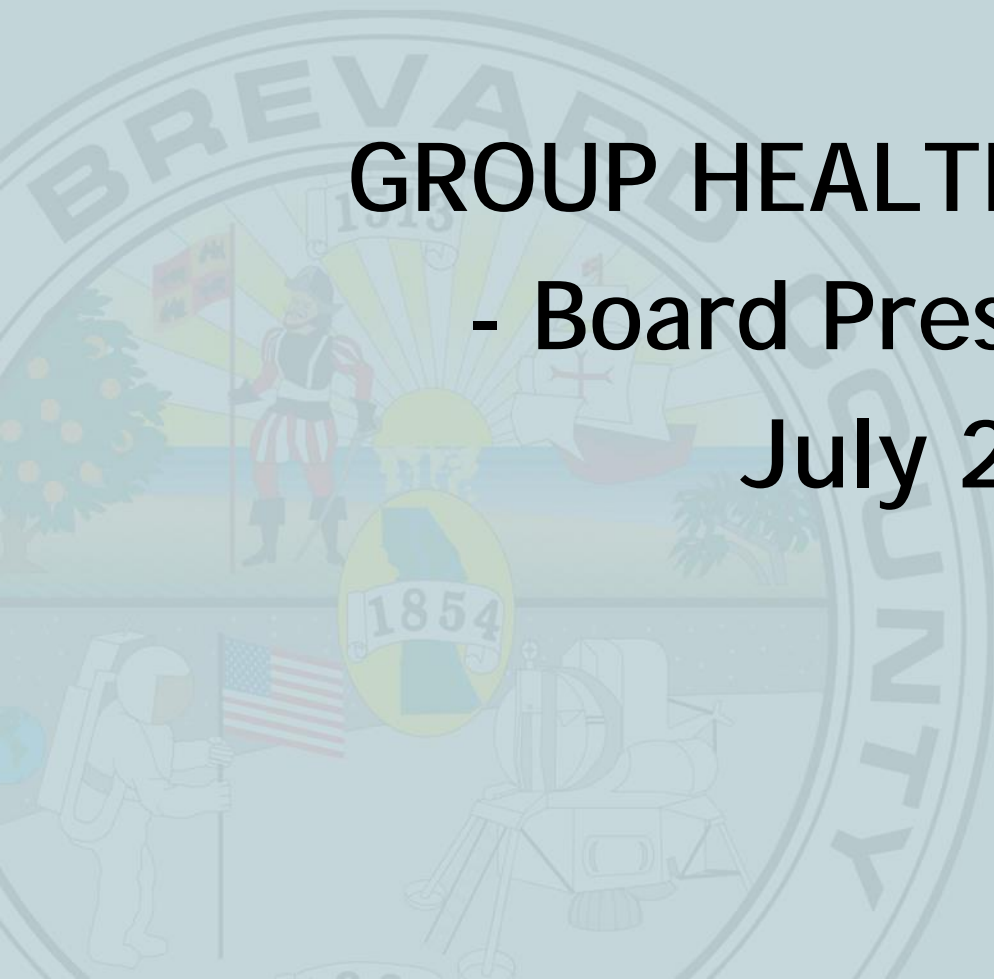
- A. Frank Abbate, Interim County Manager
- B. Scott Knox, County Attorney
- C. Rita Pritchett, District 1 Commissioner / Vice Chair
- D. Jim Barfield, District 2 Commissioner
- E. John Tobia, District 3 Commissioner
- F. Kristine Isnardi, District 5 Commissioner
- G. Curt Smith, District 4 Commissioner / Chairman

VIII. Adjournment

In accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons needing special accommodations or an interpreter to participate in the proceedings, please notify the County Manager's Office no later than 48 hours prior to the meeting at (321) 633-2010. Assisted listening system receivers are available for the hearing impaired and can be obtained from the Sound Technician at the meeting. We respectfully request that ALL ELECTRONIC ITEMS and CELL PHONES REMAIN OFF while the County Commission is in session. Thank you. This meeting will be broadcast live on Space Coast Government Television (SCGTV) on Bright House Networks Cable Channel 199, **Comcast (North Brevard) Channel 51, and Comcast (South Brevard) Channel 13**, on the internet at www.brevardcounty.us. SCGTV will also replay this meeting during the coming month on its 24-hour video server nights, weekends, and holidays. Check the SCGTV website for daily program updates at <http://www.brevardcounty.us/scgtv>. The Advanced Agenda may be viewed at: www.brevardclerk.us

Office of Human Resources

GROUP HEALTH INSURANCE - Board Presentation - July 2017



Participating Employer Groups

<u>Member</u>	<u>Beginning</u>	<u>Ending</u>
BOCC	1967	
Sup. of Elections	1967	
TPO	10/1/10	
Court Admin	1/1/73	
TICO	1/1/73	
Clerk of Court	1/1/78	1/1/12
	1/1/14	
Sheriff.	12/1/80	
Tax Collector.	10/1/83	
Property Appraiser.	11/1/83	
Melbourne-Tillman.	7/1/90	
Sebastian Inlet Tax	7/1/90	
EDC	1/1/91	1/1/15
Port Canaveral	8/1/67	1/1/10

Group Health - Demographics

(as of January 2017)

Entity	Employees	Dependents	Total Enrolled
BOCC	1676	1842	3518
TPO	6	2	8
Sheriff	1133	1270	2403
Clerk of Courts	244	246	490
Tax Collector	168	142	310
Property Appraiser	88	101	189
Court Administration	7	4	11
Supervisor of Elections	13	15	28
Melbourne-Tillman	18	26	44
TICO	13	10	23
Sebastian Inlet Tax	3	2	5
Retiree's Under 65	259	379	638
Surviving Dependent	84	5	89
COBRA	4	2	6
Retiree's 65+	613	140	753
Vested	2	3	5
TOTAL	4331	4189	8520

Overview of County Health Plans

(as of January 2017)

Plan	Subscribers	%
Cigna EPO	275	7.4 %
Cigna HRA	1,616	43.5 %
Cigna PPO	682	18.3 %
TOTAL	2,573	69.2 %
HFHP EPO	395	10.6 %
HFHP HRA	552	14.8 %
HFHP PPO	198	5.4 %
TOTAL	1,145	30.8 %
GRAND TOTAL	3,718	100 %

Group Health - Interlocal Agreements

- Executed by all participating entities
 - Approved by BOCC 9/30/08
- Interlocal agreement highlights:
 - Agency obligations and responsibilities
 - Employer Funding Methodology
 - Terms and Conditions for entity participation and termination from the program
 - Addresses plan financial obligations including GASB and individual employer obligations for their retirees

Group Health - Interlocal Agreements

- The Interlocal Agreement provides that the EBIAC (Employee Benefits Insurance Advisory Committee):
 - Will participate in benefit vendor selections
 - Will review benefit plan designs / premiums and make recommendations to the BOCC
- All final decision making authority with respect to the program shall remain with the Board of County Commissioners

Group Health - Interlocal Agreements

- The Interlocal Agreement contractually establishes EBIAC Voting membership:
 - One representative from HR serving as Chairperson;
 - One representative appointed by each BOCC District Office;
 - One representative from each participating employer group (alternates may be appointed at the participant's discretion);
 - One representative from each of the following Offices:
 - CMO / Budget / EAC / IAFF / Retiree
 - **Staff recommends adding a Representative from CBRC**

Plan Evolution

➔ Indemnity (Self Insured)

➔ HMO/PPO (Fully Insured)

➔ HMO/EPO/PPO (BPP / Self Insured)

➔ High Deductible / Consumer Driven
HRA & Traditional PPO (Self Insured)

➔ High Deductible / Consumer
Driven HRA / EPO & Traditional
PPO (Self Insured)

Plan Evolution

YEAR	Carrier / Plan Type	Deductible	Office Visit	In-Patient Hospital	Co-Insurance	Annual OOP Max	Lifetime Max
1989-94	Gallagher Basset Indemnity	\$150 Individual \$350 Family	80%/20%	\$80/20%	80%/20%	\$800/yr Individual \$2,400/yr Family (In-network)	\$500,000
1995-96	Humana HMO	None	\$5 PCP \$15 Specialist	None	None	None	None
	Humana PPO	\$100 indiv \$300 family	90%/10% (in network)	90%/10% (in network)	90%/10% (in network)	\$700 indiv \$2100 Family	\$1 million
1997-99	Aetna HMO	None	\$5	None	None	\$1500/\$3000	None
	Aetna PPO	In-network: \$150 indiv, \$300 family; out-of-network: \$250 indiv, \$500 family	\$10	\$0	90%/10%	\$1000/\$2000 (in network) \$2000/\$4000 (OON)	None
	United POS	\$500 indiv, \$1000 family	\$5	\$0	70%/30%	\$3000/\$6000	\$2 million
2000-03	Aetna & HFHP HMO BPP/EPO	None	\$15 PCP \$15 Specialist	None	None	\$1500/yr Individual \$3,000/yr Family (In-Network)	\$1 million

Plan Evolution

YEAR	Carrier / Plan Type	Deductible	Office Visit	In-Patient Hospital	Co-Insurance	Annual OOP Max	Lifetime Max
2000-03	BPP PPO	\$300/yr. Indiv \$600/yr. Family	\$20 PCP or Specialist	85% after deductible (In-network)	85%/15% (In-network)	\$2000/yr Individual \$4,000/yr. Family (In-Network)	\$1 million
2004-06	Cigna /PPO	\$300/yr. Indiv \$600/yr. Family	\$15 PCP or \$20 Specialist	85% after deductible (In-network)	85%/15% (In-network)	\$2000/yr Individual \$4,000/yr. Family (In-Network)	\$1 million
	Cigna EPO Aetna & HFHP HMO	None	\$15 PCP \$15 Specialist	None	None	\$1500/yr Individual \$3,000/yr Family (In-Network)	\$1 million
2007-10	BCBSFL HMO Cigna EPO	\$1,500/yr Individual, \$3,000/yr Family (In-network)	\$30 PCP or \$15 Specialist	\$200 per day (3 day max \$600 per admission)	None	\$1500/yr Individual \$3,000/yr Family (In-Network)	\$1 million
	BCBSFL & Cigna PPO	\$1,500/yr Individual, \$3,000/yr Family (In-network)	\$15 PCP or \$25 Specialist	None	85%/15% In-network 70%/30% Out-of- network	In-network: \$2000 Indiv. \$4000 family out-of-network \$4000 Invid. \$8000 family	\$1 million

Plan Evolution

YEAR	Carrier / Plan Type	Deductible	Office Visit	In-Patient Hospital	Co-Insurance	Annual OOP Max	Lifetime Max
2010-14	Cigna & HFHP PPO	\$500/yr Individual, \$1,000/yr Family (In-network)	\$30 PCP or Specialist	80%, after deductible (In-network)	80%/20% (In-network)	\$2,000/yr Individual, \$4,000/yr Family (In-network)	\$1 million (An Max)
	Cigna & HFHP HRA Plan	\$1,500/yr Individual, \$3,000/yr Family (In-network)	80%, after deductible (In-network)	80%, after deductible (In-network)	80%/20% (In-network)	\$3,000/yr Individual, \$6,000/yr Family (In-network)	\$1 million (An Max)
2015-17	Cigna HRA & HFHP HRA / EPO Plans	\$1,500/yr Individual, \$3,000/yr Family (In-network)	80%, after deductible (In-network)	80%, after deductible (In-network)	80%/20% (In-network)	\$3,000/yr Individual, \$6,000/yr Family (In-network)	None
	Cigna & HFHP PPO	\$600/yr Individual, \$1,200/yr Family (In-network)	\$30 PCP or Specialist	80%, after deductible (In-network)	80%/20% (In-network)	\$2,000/yr Individual, \$4,000/yr Family (In-network)	None
2016-17			\$30 Urgent Care (MedFast & HF Now)	90/10 Local Option Wuesthoff/Parrish			

Adopted Strategic Initiatives

FY 2000-2006

- Partnership with Brevard County School Board
- Initiated retiree premium year of service model:
 - Retiree health insurance premiums for employees hired after 01/01/06 based upon years of service
 - 4% of any employer subsidy provided earned for each year of service up to 25 years of service

Adopted Strategic Initiatives

FY 2006-2010

- Health and wellness initiatives:
 - Worksite biometric screenings
 - Health and wellness communications
 - Health fairs
 - Weight management/smoking cessation programs
- Implemented incremental retiree premium increases @1.5X medical trend
- Plan design/co-pay increases adopted

Adopted Strategic Initiatives

FY 2006-2010 (cont.)

- **Initiated Working Spouse Premium Surcharge:**
 - Cost: \$100.00/m Current Working Spouses: 177
- **Implemented High Deductible Consumer Driven Plan for 2010 with HRA based on salary tiers**
- **Eliminated Stop Loss Insurance beginning PY 2010**
 - Saved approximately \$259,266 (premiums compared to eligible reimbursements) in 2010

2010-2013 Stop Loss Performance Analysis

Year	Total Eligible	Eligible After Aggregating Deductible	Estimated Fixed Premium	Net Plan Saved
2010	\$488,194	\$293,194	\$552,460	\$259,266
2011	\$452,708	\$257,708	\$500,266	\$242,558
2012	\$365,722	\$170,722	\$471,425	\$300,703
2013	\$1,006,614	\$811,614	\$514,046	(\$297,568)
Total Net Plan Savings				\$504,959

Fully-Insured Plan Option

<i>Based on current HRA/PPO plan designs</i>				
HRA	Cigna Fully Insured	HFHP Fully Insured	Self-funded Projections*	Actual Self-funded Expenses**
Year 1 Annual Total (2015)	\$71,045,939	\$61,643,716	\$62,494,000	\$48,254,753
Year 2 Annual Total (2016)	\$71,045,939	\$69,657,399	\$66,562,000	\$51,303,006
Total Years 1 & 2	\$142,091,878	\$131,301,114	\$129,056,000	\$99,557,759
Estimated HRA Expense Year 1	\$3,537,000		Included	Included
Estimated HRA Expense Year 2	\$3,537,000			
2 Year Total with HRA Expense	\$149,165,878	\$138,375,114		
\$ Increase over Self-funded	\$20,109,878	\$9,319,114		
% Increase over Self-funded Projections	15.6%	7.2%	\$129,056,000	\$99,557,759
% Increase over Self-funded Actual Expenses	49.8%	39.0%		

*Projections per 2013 Plan Year 112.08 filing prepared by Wakely Consulting 4/19/2014.

**Per 112.08 filing prepared by Wakely Consulting.

Adopted Strategic Initiatives

PY 2010

Increase Pharmacy copayments by \$10 for retail brand and \$20 mail order prescriptions; Pharmacy RFP and adopted cost containment strategies

	Actual
Impact to Claims Expense*	\$6,032,000

**Per Member Per Month Medical and Rx Cost Reduction 2009 vs. 2010*

Adopted Strategic Initiatives

FY 2011-2015

- Health Plan RFP in conjunction with Brevard Schools for 2011 (Cigna and Health First Health Plan)
- RFP for Fully Insured Medicare Retiree Plans for 2012 (Health First Health Plan and United Healthcare)
- Pharmacy Benefit Manager RFP for August 2014 (Cigna)
- RFP for Fully Insured Health Plans for 2015 (no award due to cost)
- RFP for Health Plan Services seeking innovative solutions for 2016 (Cigna and Health First Health Plan)

Adopted Strategic Initiatives

FY 2011-2015 (cont.)

- Reinstated Stop Loss Insurance beginning PY 2014 due to no annual limits imposed by ACA
- Full-time, Onsite Health Educator added through Cigna
- Added new EPO option through Cigna
- 30% Active Employee/Dependent premium increase for 2015
- 30% Retiree premium increase for 2015
- Increase PPO deductible to \$600/\$1,200
- RFP for Fully Insured Retiree Plans for 2016

Adopted Strategic Initiatives

PY 2015 (cont.)

- \$250/\$500 deductible then HRA
- Increased Rx copays and added 10% coinsurance to brands, Specialty copay to \$150
- \$100 Deductible Brand Rx

Impact to Claims Expense*

<u>Projected</u>	<u>Actual</u>
\$4,332,000	\$5,175,088

*Per Member Per Month Medical and Rx Cost Reduction 2014 vs. 2015

Brevard County Health Insurance Plan Historical Balances

PLAN YEAR	1999	2000	2001	2002	2003	2004	2005
REVENUE		19,314,151.00	21,890,192.00	25,485,822.00	29,052,631.00	31,831,169.00	35,950,123.00
EXPENSES		18,005,081.00	21,122,338.00	23,742,735.00	29,216,547.00	30,450,939.00	35,849,934.00
BAL FWD	1,120,179.00	1,309,070.00	767,854.00	1,743,087.00	(163,916.00)	1,380,230.00	100,189.00

PLAN YEAR	2006	2007	2008	2009	2010	2011	2012
REVENUE	42,283,826.00	48,070,992.00	51,887,484.00	52,457,309.00	46,605,265.00	45,483,388.00	43,464,771.00
EXPENSES	39,749,113.00	44,912,341.00	48,759,951.00	50,740,857.00	45,630,575.00	42,127,777.00	41,326,781.00
IBNR	1,637,729.00	1,144,031.00	(632,661.18)	734,237.18	1,577,281.00	(378,136.00)	(2,141,543.72)
BAL FWD	896,984.00	2,014,620.00	3,760,194.18	982,214.82	(602,591.00)	3,733,747.00	4,279,533.72

PLAN YEAR	2013	2014	2015	2016		
REVENUE	43,075,208.00	50,004,284.57	56,248,401.05	57,813,829.77	Reserve at the end of CY 2016	28,634,681.70
EXPENSES	47,672,679.00	54,320,656.20	47,710,563.61	49,860,086.74	FY 2006 Aetna Expenses adjustment	(1,000,000.00)
IBNR	220,352.07	1,342,726.78	(310,194.10)	\$(988,432.89)	2000-2007 SAP Revenue adjustment	1,945,781.00
BAL FWD	(4,817,823.07)	(5,659,098.41)	8,848,031.54	8,942,175.92	Transfer from Fund 5050 in FY 2014	3,000,000.00
					Adjusted Health Ins Reserves	\$ 32,580,462.70

Other Financial Impacts

- Pharmacy Rebates:
 - 2014-2016 \$3,438,533
- Retiree Drug Subsidy:
 - 2006-2016 \$4,098,747
- Early Retirement Reimbursement:
 - 2010-2011 \$141,370
- ACA Cost:
 - 2014-2016 **-\$1,015,272**

Adopted Strategic Initiatives

FY 2016-2017

- Added Preferred Urgent Care Network to all plans with a \$30 per visit copay
- Implemented Wellness Program requirements to receive HRA and PPO incentives
- Discontinued option for Medicare Eligible Retirees to remain on self-funded plan
 - Reduced plan expenses \$955,000 in 2016
- Reduced Employer Funding 4% effective October 1, 2016
 - Reduced Employer Expenses by: \$1.9M

Expanded Wellness Based Adherence Program

Brevard County Government Multi-Year Adherence Matrix

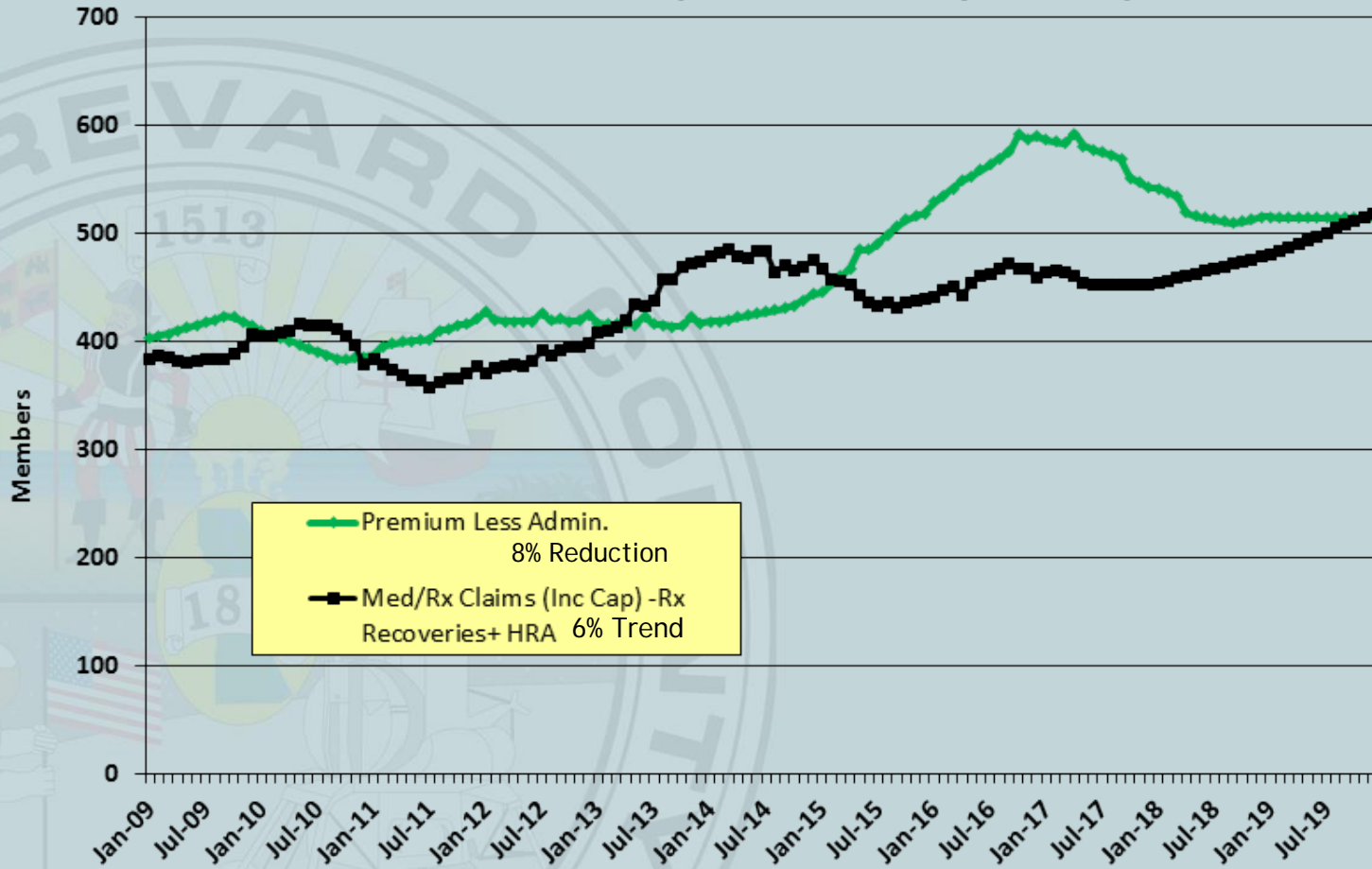
WELLNESS REQUIREMENTS								
Requirement	Description	Year 1 2016 for 2017	Year 2 2017 for 2018	Year 3 2018 for 2019	Year 4 2019 for 2020	Year 5 2020 for 2021	EPO/HRA Incentive	PPO Incentive
Health Risk Assessment	Complete on-line health assessment through Cigna or HFHP	X	X	X	X	X	Annual HRA Contribution \$500/\$750/\$1,000 for EE \$1,000/\$1,500/\$2,000 for	Annual Deductible \$600/\$1,200 (in-network) if activities completed or \$1,000/\$2,000 (in-network) if not completed applying to upcoming plan year
Biometric Screenings Completed at wellness events provided through Cigna	Metrics: - Body Mass Index (BMI) of less than or equal to <=30 or 5% improvement in weight - Blood Pressure of less than or equal to <=139/89 or improve blood pressure to a healthier level - Fasting Blood Sugar of <100 mg/dl - Total cholesterol of <=239 mg/dl	X Participation for baseline data	Screenings plus movement toward achieving optimal outcome in 1 of 4 metrics: - OR - Complete one of the PPACA Required Biometric Outcomes Alternatives: • Work with Cigna/HFHP Health Coach to meet a health goal • Complete an online Lifestyle Management Program • Submit a physician waiver or work with your physician on an alternative activity - Alternative/waiver form will be available online - Forms will need to be signed by healthcare professional	Screenings plus movement toward achieving optimal outcome in 2 of 4 metrics: - OR - Complete one of the PPACA Required Biometric Outcomes Alternatives: • Work with Cigna/HFHP Health Coach to meet a health goal • Complete an online Lifestyle Management Program • Submit a physician waiver or work with your physician on an alternative activity - Alternative/waiver form will be available online - Forms will need to be signed by healthcare professional	Screenings plus movement toward achieving optimal outcome in 3 of 4 metrics: - OR - Complete one of the PPACA Required Biometric Outcomes Alternatives: • Work with Cigna/HFHP Health Coach to meet a health goal • Complete an online Lifestyle Management Program • Submit a physician waiver or work with your physician on an alternative activity - Alternative/waiver form will be available online - Forms will need to be signed by healthcare professional	Screenings plus movement toward achieving optimal outcome in 4 of 4 metrics: - OR - Complete one of the PPACA Required Biometric Outcomes Alternatives: • Work with Cigna/HFHP Health Coach to meet a health goal • Complete an online Lifestyle Management Program • Submit a physician waiver or work with your physician on an alternative activity - Alternative/waiver form will be available online - Forms will need to be signed by healthcare professional	Family applied to upcoming plan year	Annual Deductible \$600/\$1,200 (in-network) if activities completed or \$1,000/\$2,000 (in-network) if not completed applying to upcoming plan year

Health Plan Trend

Rolling 12 Month Basis

Brevard County Government
Medical & Rx (Less Recoveries/Rebates)

Amount Per Member Per Month (\$\$)



Employer Contribution Rate History

Plan Year	Employer Paid Contribution Rate (PEPM)	% Change From Prior Year	Plan / National Trend	Plan Year	Employer Paid Contribution Rate (PEPM)	% Change From Prior Year	Plan / National Trend
2001	\$447.55	11.00%		2010	\$783.59	-13.61%	-9.4% /11.00%
2002	\$495.71	10.76%	16% /11.1%	2011	\$822.77	5.00%	-1.6% /10.5%
2003	\$555.20	12.00%	13%/13.1%	2012	\$822.77	0.00%	7.4% /9.8%
2004	\$587.12	5.75%	5%/13.7%	2013	\$822.77	0.00%	13.1% / 8.6%
2005	\$633.02	7.82%	9.4%/12.4%	2014	\$859.80	4.50%	8.2% /8.1%
2006	\$708.98	12.00%	7.8%/12%	2015	\$980.17	14%	8.1% / 8.1%
2007	\$790.52	11.50%	11.3%/11.3%	2016	\$1,019.38	4.00%	6.2%/8.0%
2008	\$855.72	8.25%	6.7%/10.7%	2017	\$978.60	-4.00%	6.2%/8.5%
2009	\$907.08	6.00%	3.8% /10%	Pending 2018	\$900.31	-8.00%	

2017 Projected Revenue

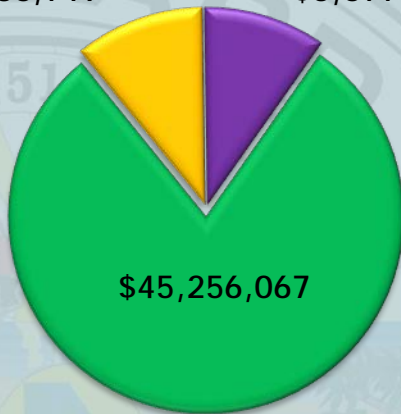
Source of Revenue	Revenue
Employer Premium	\$ 45,616,460
Employee Premium	\$ 1,071,673
Employee + Dependent(s)	\$ 4,195,773
Employees with Surcharge	\$ 204,000
Retiree Premium/Dependent Only	\$ 2,575,420
Vested/COBRA Premium	\$ 59,623
TOTAL REVENUE	\$ 53,722,949

Plan Cost Allocation

■ Member Premium

■ Member OOP/COB

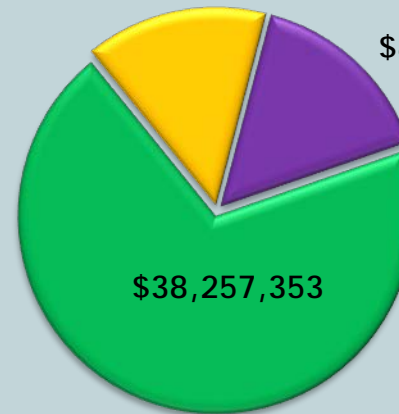
\$6,036,719 \$5,677,262



2009 Allocation
Employer: \$45.3M (79.4%)
Member/COB: \$11.7M (20.6%)
Total \$60.0M

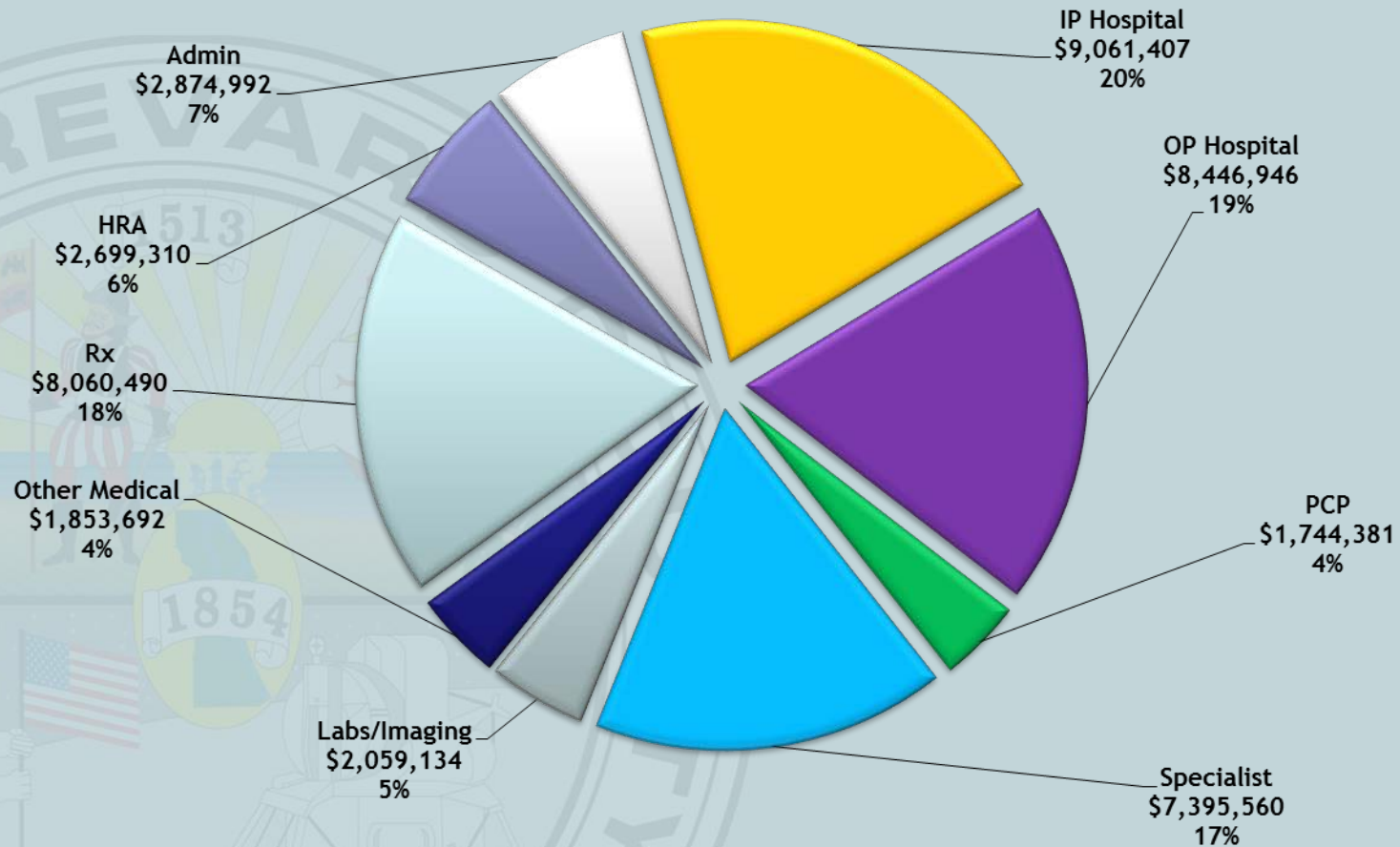
\$8,219,338

\$8,598,189



2016 Allocation
Employer: \$38.3M (69.5%)
Member/COB: \$16.8M (30.5%)
Total \$55.1M

Allocation of Plan Costs PY 2016



Medical Claims Comparison

(excludes pharm.)

Medical Claims Expense by Payment Size

Paid Dates: 01/01/16 - 12/31/16

Dollar (\$\$) Threshold	Number of Claimants	% of Claimants	Payments	% of Payments
No Claims	520	6.72%	\$0	0.00%
< \$500	3,792	49.06%	\$628,338	2.05%
\$500 - \$999	930	12.03%	\$657,750	2.14%
\$1,000 - \$2,499	968	12.52%	\$1,569,217	5.11%
\$2,500 - \$9,999	952	12.32%	\$4,669,783	15.20%
\$10,000 - \$49,999	451	5.84%	\$9,833,053	32.01%
\$50,000 - \$99,999	77	1.00%	\$5,425,627	17.67%
> \$100,000	39	0.50%	\$7,930,172	25.82%
TOTAL	7,729	100%	\$30,713,940	100%

FY 16/17

Average Cost Per Service Comparison

Service Type	Service Location	Average Allowance
Outpatient Surgery	Hospital	\$7,468
	Free-Standing	\$2,661
Emergent	ER	\$2,476
	Urgent Care	\$119
CT/MRI	Hospital	\$1,274
	Free-Standing	\$459
Other Radiology	Hospital	\$772
	Free-Standing	\$163
Prescription Drugs/Script (non-Specialty)	Generic	\$41
	Brand	\$406

GASB Statement No. 45

- Issued by Government Accounting Standards Board (GASB) in June 2004
- Requires Accrual Accounting for Other Post Employment Benefits (OPEB)
 - Health Plan Benefits
 - Life and Disability Benefits
- Calculation of Present Employer Liability for Current and Future OPEB Obligations
- Disclosure Requirements

GASB Valuation

(as of 09/30/16)

BOCC

Only

	2008	2010	2012	2014	2016	2017
ARC	\$7,087,276	\$ 3,758,852	\$ 3,898,983	\$ 2,028,207	\$ 898,266	\$ 905,047
AAL	\$81,065,787	\$ 57,478,399	\$ 67,732,875	\$ 35,395,845	\$ 6,734,449	\$ 7,144,490

Total Plan Liability

ARC	\$12,625,899	\$ 6,451,164	\$ 6,188,220	\$ 3,702,078	\$ 2,171,785	\$ 2,230,805
AAL	\$141,852,243	\$ 96,612,239	\$ 112,105,850	\$ 63,128,399	\$ 18,920,086	\$ 20,072,071

ARC - Annual Required Contribution

AAL - Actuarial Accrued Liability

Executive Summary (Environmental Influence)

- Diseases of the Musculoskeletal System and Connective Tissue represents the top diagnoses category.
- Spouse cost is 54% higher than the cost of a Subscriber in 2016 while Dependent cost was about 46% less than Subscriber.
- Outpatient Surgery utilization decreased 17%; the average cost per outpatient surgery increased 40%

Executive Summary (Plan Design Influence)

- Medical costs decreased \$6.63 Per Member Per Month (PMPM).
- Emergency Room utilization has decreased 10%; Urgent Care utilization has increased 116%.
- The number of inpatient admissions decreased 22%; the average cost per admission increased 20%.
- Pharmacy cost decreased \$13.63 PMPM.
- Shift from brand to generics from an 82% generic fill rate to 84%.

Future of Health Care

- Network in Network Options
 - Ambulatory Surgery Centers
 - Radiology
 - Urgent Care
- Smartphone App.
 - Improve Overall Communication Strategy
 - Quick Access/Simplify Communication
 - Reach Target Audience
- Expand Adherence Based Wellness Program
 - Wellness Targets- Based on Biometric Screens
 - Spouses/Retirees

Group Health - Financials

	CY 2016	Projected CY 2017	Projected CY 2018
Calendar Year Expenses	\$51.3M	\$50.7M	\$54.2M
Annual Plan Rev. vs. Exp.	\$8.3M	\$4.7M	\$1.2M
Required Reserve (60 day claims + IBNR)	\$10.9M	\$11.2M	\$11.7M
GASB 45 Liability (Projected FY15/FY16)	\$18.9M	\$20.0M	\$21.2M
Ending Reserve Balance	\$31.1M	\$35.8M	\$36.9M**
Medical Trend (12 Month)	6.2%	7.3%	7.3%

**** 8% ER Premium Reduction-Reduces Reserve to \$33.3M**
Source: PY 2016 112.08 Actuarial Certification

FY 16/17

Employer Funding Strategy

Employer Funding based on Benefits Eligible vs Enrolled Members	Employee Count	Current Funding/Mo	Annual Funding
Total Benefits Eligible	3,894	\$978.60	
Enrolled in Medical Plan	3,455	\$1,102.94	\$45,728,020
Waiving Medical	439		
FY 17/18	3894	\$900.31	\$42,069,685