

Westport BOE State Partnership Plan Rates vs. Fully Insured Marketing Cost Summary

	<u>FY 2021</u> State Plan	<u>FY 2022</u> Estimated State Plan	<u>FY 2022</u> Cigna FI Quote	<u>FY 2022</u> Anthem FI Quote	<u>FY 2022</u> UHC FI Quote	<u>FY 2022</u> Aetna FI Quote
Annual Gross Premium	\$19,236,284	\$20,775,187	\$18,845,231	\$15,457,118	\$22,295,243	\$16,809,666
HSA Seeding	-	-	\$1,333,000	\$1,333,000	\$1,333,000	\$1,333,000
HSA/HRA Admin Cost						
Total Annual Gross Cost	\$19,236,284	\$20,775,187	\$20,178,231	\$16,790,118	\$23,628,243	\$18,142,666
\$ Change	N/A	\$1,538,903	-\$596,956	-\$3,985,069	\$2,853,056	-\$2,632,521
% Change	N/A	8.0%	-2.9%	-19.2%	13.7%	-12.7%
BOE Cost Share at 80%	\$15,389,028	\$16,620,150	\$16,409,185	\$13,698,694	\$19,169,194	\$14,780,733
BOE \$ Change		\$1,231,122	-\$210,965	-\$2,921,455	\$2,549,045	-\$1,839,417
BOE % Change		8%	-1%	-18%	15%	-11%

*FY 2022 \$ and % change based on FY 2022 Estimated State Plan

Note: Cost does not account for the post 65 retirees in State Medicare Advantage Plan

Westport BOE
State Partnership Plan Rates vs. Fully Insured Marketing

Active	Enrollment	FY 2021 Rates	Estimated FY 2022 Rates*	% Inc	\$ Inc	Enrollment	Cigna Proposed HDHP/HSA Rates	% Chg	Anthem	% Chg
EE	226	\$997.52	\$1,077.32	8.0%	\$79.80	226	\$950.91	-4.7%	\$789.25	-20.9%
EE+1	146	\$2,139.07	\$2,310.20	8.0%	\$171.13	146	\$1,802.67	-15.7%	\$1,696.89	-20.7%
FAM	389	\$2,614.73	\$2,823.91	8.0%	\$209.18	389	\$2,701.76	3.3%	\$2,130.97	-18.5%
Annual Premium		\$18,658,485	\$20,151,163				\$18,348,961	-1.7%	\$15,060,765	-19.3%
Pre-65										
EE	19	\$1,240.96	\$1,340.24	8.0%	\$99.28	19	\$950.91	-23.4%	\$789.25	-36.4%
EE+1	8	\$2,664.30	\$2,877.44	8.0%	\$213.14	8	\$1,802.67	-32.3%	\$1,696.89	-36.3%
FAM	1	\$3,257.35	\$3,517.94	8.0%	\$260.59	1	\$2,701.76	-17.1%	\$2,130.97	-34.6%
Annual Premium		\$577,800	\$624,024				\$422,285	-26.9%	\$368,422	-36.2%

Total Combined Annual Premium	\$19,236,284	\$20,775,187
Combined Premium \$ Increase		\$1,538,903
Combined Premium % Increase		8.0%

\$18,771,246
-\$465,038
-2.4%

\$15,429,187
-\$3,807,097
-19.8%

BOE Share at 80% \$15,389,028 \$16,620,150

Cigna Vision Exam
\$3.52
\$6.73
\$10.94
\$73,985

HSA/HRA Admin Cost
\$27,931

*estimated increase of 6% to state plan rates plus regional rate impact for Fairfield
*rates reflect cost without HEP

\$18,845,231
-\$391,053
-1.9%

\$15,457,118
-\$3,779,166
-19.6%

HSA Seed

\$1,333,000

\$1,333,000

Gross Insured Cost

\$20,178,231
-\$596,956
-2.9%

\$16,790,118
-\$3,985,069
-19.2%

BOE Share

\$16,409,185

\$13,698,694

Cigna Proposed HDHP/HRA Rates

\$963.51
\$1,826.61
\$2,737.68

Anthem Proposed HRA Rates

795.56
1710.46
2148.02

Notes
1. Includes wellness fund of \$30k
2. Second year rate cap of 8%

Notes
1. Second year rate cap of 8%
2. Includes universal fund of \$50k
3. HRA/HSA Admin Fee of \$2.95 PEPM

Westport BOE
State Partnership Plan Rates vs. Fully Insured Marketing

Active	Enrollment	FY 2021 Rates	Estimated FY 2022 Rates*	% Inc	\$ Inc	Enrollment	UHC	% Chg	Aetna	% Chg
EE	226	\$997.52	\$1,077.32	8.0%	\$79.80	226	\$1,126.25	12.9%	\$870.05	-12.8%
EE+1	146	\$2,139.07	\$2,310.20	8.0%	\$171.13	146	\$2,172.54	1.6%	\$1,866.60	-12.7%
FAM	389	\$2,614.73	\$2,823.91	8.0%	\$209.18	389	\$3,198.55	22.3%	\$2,281.83	-12.7%
Annual Premium		\$18,658,485	\$20,151,163				\$21,791,511	16.8%	\$16,281,441	-12.7%
Pre-65										
EE	19	\$1,240.96	\$1,340.24	8.0%	\$99.28	19	\$1,126.25	-9.2%	\$1,088.45	-12.3%
EE+1	8	\$2,664.30	\$2,877.44	8.0%	\$213.14	8	\$2,172.54	-18.5%	\$2,338.03	-12.2%
FAM	1	\$3,257.35	\$3,517.94	8.0%	\$260.59	1	\$3,198.55	-1.8%	\$2,858.69	-12.2%
Annual Premium		\$577,800	\$624,024				\$503,731	-12.8%	\$506,922	-12.3%

Total Combined Annual Premium	\$19,236,284	\$20,775,187
Combined Premium \$ Increase		\$1,538,903
Combined Premium % Increase		8.0%

\$22,295,243
\$3,058,959
15.9%

\$16,788,363
-\$2,447,921
-12.7%

BOE Share at 80% \$15,389,028 \$16,620,150

HSA/HRA Admin Cost
\$21,303

*estimated increase of 6% to state plan rates plus regional rate impact for Fairfield
*rates reflect cost without HEP

\$22,295,243
\$3,058,959
15.9%

\$16,809,666
-\$2,426,618
-12.6%

HSA Seed
Gross Insured Cost

\$1,333,000
\$23,628,243
\$2,853,056
13.7%

\$1,333,000
\$18,142,666
-\$2,632,521
-12.7%

BOE Share

\$19,169,194

\$14,780,733

UHC Proposed HRA Rates

1,219.98
2,353.34
3,464.74

Aetna Proposed HRA Rates

\$907.15
\$1,946.20
\$2,379.13

Notes

Notes
1.HRA/HSA Admin Fee of \$2.25 PEPM

Westport BOE State Partnership Plan Rates vs. Anthem Cost Summary

	<u>FY 2021</u> State Plan	<u>FY 2022</u> Estimated State Plan	<u>FY 2023</u> Estimated State Plan	<u>FY 2022</u> Anthem FI Quote	<u>FY 2023</u> Anthem FI Quote
Annual Gross Premium	\$19,236,284	\$20,775,187	\$22,437,202	\$15,457,118	\$16,693,687
HSA Seeding	-	-	-	\$1,333,000	\$1,333,000
HSA/HRA Admin Cost					
Total Annual Gross Cost	\$19,236,284	\$20,775,187	\$22,437,202	\$16,790,118	\$18,026,687
\$ Change	N/A	\$1,538,903	\$1,662,015	-\$3,985,069	-\$4,410,515
% Change	N/A	8.0%	8.0%	-19.2%	-19.7%
BOE Cost Share at 80%	\$15,389,028	\$16,620,150	\$17,949,762	\$13,698,694	\$14,687,950
BOE \$ Change		\$1,231,122	\$1,329,612	-\$2,921,455	-\$3,261,812
BOE % Change		8.0%	8%	-17.6%	-18.2%

*FY 2022 \$ and % change based on FY 2022 Estimated State Plan

**FY 2023 \$ and % change based on FY 2023 Estimated State Plan

Note: Cost does not account for the post 65 retirees in State Medicare Advantage Plan

Westport BOE
Employee Cost Impact

	<u>Enrollment</u>	<u>FY 2021 Rates</u>	<u>Estimated FY 2022 Rates*</u>	<u>% Inc</u>	<u>\$ Inc</u>
Active					
EE	226	\$997.52	\$1,077.32	8.0%	\$79.80
EE+1	146	\$2,139.07	\$2,310.20	8.0%	\$171.13
FAM	389	\$2,614.73	\$2,823.91	8.0%	\$209.18
Annual Premium		\$18,658,485	\$20,151,163		
Pre-65					
EE	19	\$1,240.96	\$1,340.24	8.0%	\$99.28
EE+1	8	\$2,664.30	\$2,877.44	8.0%	\$213.14
FAM	1	\$3,257.35	\$3,517.94	8.0%	\$260.59
Annual Premium		\$577,800	\$624,024		

Employee Cost Share

	<u>FY 2021 Rates</u>		<u>Estimated FY 2022 Rates*</u>	
	<u>20%</u>	<u>Annual Cost</u>	<u>20%</u>	<u>Annual Cost</u>
Active				
EE	\$199.50	\$2,394.05	\$215.46	\$2,585.57
EE+1	\$427.81	\$5,133.77	\$462.04	\$5,544.47
FAM	<u>\$522.95</u>	\$6,275.35	<u>\$564.78</u>	\$6,777.38
	\$3,731,697		\$4,030,233	
Pre-65				
EE	\$248.19	\$2,978.30	\$268.05	\$3,216.57
EE+1	\$532.86	\$6,394.32	\$575.49	\$6,905.87
FAM	<u>\$651.47</u>	\$7,817.64	<u>\$703.59</u>	\$8,443.05
	\$115,560		\$124,805	
Annual EE Cost Share	\$3,847,257		\$4,155,037	

* Savings based on FY 2022 Rates

Westport BOE
Employee Cost Impact

Active	<u>Enrollment</u>	<u>Anthem</u>
EE	226	\$789.25
EE+1	146	\$1,696.89
FAM	389	\$2,130.97
Annual Premium		\$15,060,765

Pre-65		
EE	19	\$789.25
EE+1	8	\$1,696.89
FAM	1	\$2,130.97
Annual Premium		\$368,422

Employee Cost Share

	<u>Anthem</u>						
	<u>20%</u>	<u>Annual Cost</u>	<u>\$ Savings*</u>	<u>HSA Funding</u>	<u>Total Savings</u>	<u>Deductible</u>	<u>Net Deductible Responsibility</u>
<u>Active</u>							
EE	\$157.85	\$1,894.20	-\$691	\$1,000	-\$1,691	\$2,000	\$309
EE+1	\$339.38	\$4,072.54	-\$1,472	\$2,000	-\$3,472	\$4,000	\$528
FAM	<u>\$426.19</u>	\$5,114.33	-\$1,663	\$2,000	-\$3,663	\$4,000	\$337
	\$3,012,153						
<u>Pre-65</u>							
EE	\$157.85	\$1,894.20	-\$1,322	\$1,000	-\$2,322	\$2,000	-\$322
EE+1	\$339.38	\$4,072.54	-\$2,833	\$2,000	-\$4,833	\$4,000	-\$833
FAM	<u>\$426.19</u>	\$5,114.33	-\$3,329	\$2,000	-\$5,329	\$4,000	-\$1,329
	\$73,684						
Annual EE Cost Share		\$3,085,837					

* Savings based on FY

Westport BOE
 State Partnership Plan Benefits vs. Fully Insured Marketing

In-Network Benefits	SPP HEP Compliant In-Network	SPP Non-HEP Compliant In-Network	Anthem
Deductible (Individual/Family)	N/A	\$350 per member (\$1,400 max)	\$2,000/\$4,000
Coinsurance	0%	0%	0%
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care	No copay	No copay	No copay
PCP Office visit	\$0/15	\$0/15	0% after deductible
Specialist Office Visit	\$0/15	\$0/15	0% after deductible
Radiology (advanced & non-advanced)	0%/20%	0%/20%	0% after deductible
Outpatient Therapy	No copay	Deductible	0% after deductible
Chiropractic Care	No copay	Deductible	0% after deductible
Urgent Care	\$15	\$15	0% after deductible
Emergency Room	\$250	\$250	0% after deductible
Outpatient Hospital	No copay	Deductible	0% after deductible
Inpatient Hospital	No copay	Deductible	0% after deductible
Out-of-Pocket Max (Individual/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-Network Benefits			
Deductible (Individual/Family)	\$300/\$900	\$300/\$900	\$2,000/\$4,000
Coinsurance	20%	20%	20%
Out-of-Pocket Max (Individual/Family)	\$2,300/\$4,900	\$2,300/\$4,900	\$5,000/\$10,000
Benefit Maximum	Unlimited	Unlimited	Unlimited
In-Network Prescription Drugs			
	Retail/MOD/HEP Chronic	Retail/MOD/HEP Chronic	
Generic	\$5/\$10/\$0	\$5/\$10/\$0	\$10 after deductible
Preferred	\$25/\$25/\$5	\$25/\$25/\$5	\$30 after deductible
Non-Preferred	\$40/\$40/\$12.50	\$40/\$40/\$12.50	\$45 after deductible