GROTON BOARD OF EDUCATION
SPECIAL MEETING
NOVEMBER 7, 2024 @ 6:00 P.M.
REMOTE MEETING

MEMBERS PRESENT: Jay Weitlauf - Chairperson, Beverly Washington – Vice Chairperson, Andrea Ackerman (remote), Adrian Johnson, Matthew Shulman, Ian Thomas, Michael Whitney

MEMBERS ABSENT: Dean Antipas, Jennifer White

ALSO PRESENT: Susan Austin, Anne Marie Mancini, Irene Lynch, Laurie LePine

I. CALL TO ORDER – Mr. Jay Weitlauf, Chairperson called the meeting to order at 6:09 p.m.

II. DISCUSSION RE: HEALTHCARE (Attachments 1, 2, 3, 4)

Laurie LePine introduced representatives from the MDG Benefit Solutions, Lynn Gurnham and Kelly Santavenere, who gave an overview of the PowerPoint presentations of the Groton Town & Groton Public Schools Insurance Overview:

- Reviewed Current Program, Self Funded
- Administrative Cost
- Stop-Loss Insurance
- Expected Claims
- Potential Savings
- Renewal Summary – Groton Board of Education
- Reserve Consideration
- Town & Groton Public School Combined Renewal History Actual Cost vs Budget
- Partnership 2.0 – Renewal Rates
- Groton Town & Public Schools – CT Partnership 2.0 Executive Summary
- Groton Public Schools – Allocation Rates vs CT Partnership 2.0
- Self-Funded Expected and Maximum Cost
- Self-Funded Plan – Plan Protection
- Renewal Summary – Town of Groton
- Renewal Summary – Groton Board of Education
- Reserve Consideration
- Groton Town & Public Schools Combined Renewal History Actual Cost vs Budget
- 2024 Groton Town & Public Schools Expected Cost vs CT Partnership
- Partnership 2.0 Renewal Rates
- Groton Town & Public Schools – CT Partnership 2.0 Executive Summary
- Town of Groton – Allocation Rates vs CT Partnership 2.0
- Renewal Timeline

CT Partnership Plan 2.0:

- What is Partnership 2.0
- Discover a Truly Healthy Partnership
- Benefits at a Glance
- What is Partnership 2.0
- Benefit Plan Offering
- 3 Year Commitment
- What is HEP? (Health Enhancement Plan)
- HEP Requirements
- HEP Compliance
- Benefit Plan Offering
- How to Apply
- 3 Year Commitment
- What is HEP
- HEP Requirement
- HEP Compliance
- Summary of 2019 Renewal
- Summary of 2020 Renewal
- Summary of 2021 Renewal
- Summary of 2022 Renewal
- Summary of 2023 Renewal
- Summary of 2024 Renewal

Discover a Truly Healthy Partnership

Lynn Gurnham stated that to change carrier, notification has to be given by March 3, 2025.

The Board's consensus was that it should engage in a dialog with all interested parties regarding the health insurance before negotiations.

III. ADJOURNMENT

MOTION: Shulman, Washington: To adjourn at 8:21 p.m.
PASSED UNANIMOUSLY

Attachment #1

Groton
Town & Public Schools

Insurance Overview

November 7 & 12, 2024

PRESENTED BY:

MDG
BENEFIT SOLUTIONS

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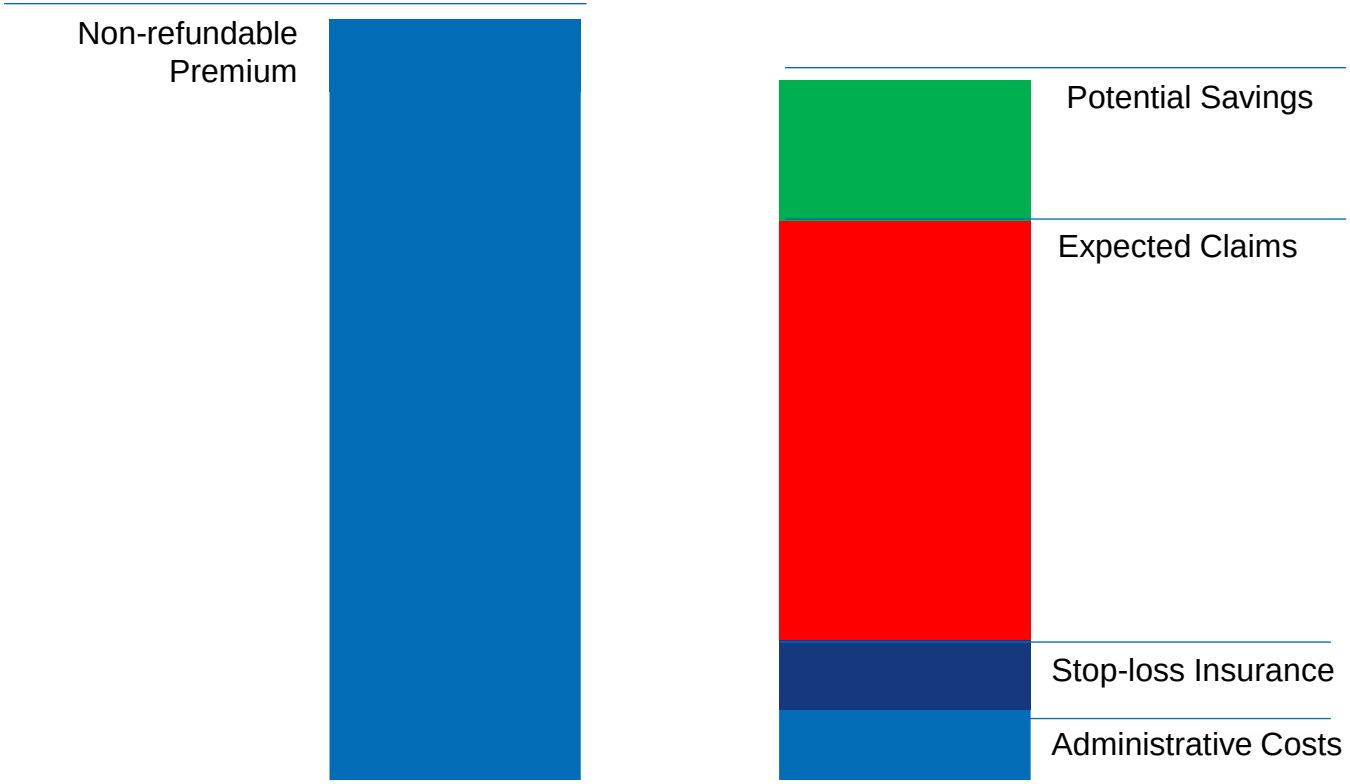
- What is Self-Funding?
- Self Funded Plan - Expected and Maximum Costs
- Self Funded – Plan Protections
- Renewal Summary – Town of Groton
- Renewal Summary – Groton Board of Education
- Reserve Considerations
- Groton Town & Public Schools Combined Renewal History – Actual Cost vs Budget
- 2024 Groton Town & Public Schools Expected Costs vs CT Partnership 2.0
- 2025 Renewal Timeline

What is Self-Funding?

What is Self-Funding?

In a self-funded health benefits plan, the employer – and not an insurance company – is responsible for the cost of providing health benefits to employees. Stop-loss insurance helps protect the employer from large unexpected claims.

Self funding means not paying non-refundable premiums to big carriers; employers pay for actual claims rather than anticipated ones.



Self Funded Plan – Expected and Maximum Costs

Self Funded Expected and Maximum Costs

Total Expected Costs

- Medical, Rx, & Dental expected claims up to $200,000 per individual
- Administrative & Network Access Fees
- Stop Loss Premium
- Gene Therapy Solution

Total Maximum Costs

- Medical, Rx, & Dental expected claims up to $200,000 per individual plus 125% Aggregate Stop Loss Corridor
- Administrative & Network Access Fees
- Stop Loss Premium
- Gene Therapy Solution

Self Funded – Plan Protections

Self Funded Plan - Plan Protections

Individual Stop Loss

- The maximum medical and Rx claims Groton will pay for one individual is $200,000 per plan year.

Aggregate Stop Loss

- The maximum claim liability for Groton is capped at 125% of total expected claims per plan year

No Stop Loss Lasers

- A laser is a separate stop loss deductible for high-risk claimants
- It caps at 3x the individual stop loss or $600,000 in Connecticut
- Anthem will not laser any claim for plan years 2024 & 2025

Gene Therapy

- Removes claims for seven specific gene therapies from experience when determining stop loss rates at renewal.
- Many of these gene therapies can be over $1,000,000

Rx Rebates

- Groton receives 100% pass back of all manufacturer Rx rebates on a quarterly basis.

Renewal Summary – Town of Groton

Renewal Summary - Town of Groton

Self Insured (Active and Retired on Active plans)	7/1/2018 Renewal 1/30/18 Claims paid through Dec 2017*	7/1/2019 Proposal 2/14/19 Claims paid through Dec 2018	7/1/2020 Renewal 3/24/20 Claims paid through Dec 2019	7/1/2021 Renewal 3/9/21 Claims paid through Nov 2020	7/1/2022 Renewal 11/23/21 Claims paid through Sept 2021	7/1/2023 Segmented Renewal 3/13/23 Claims paid through Jan 2023	7/1/2024 Segmented Renewal 2/22/2024 (.98 Adjustment*) Claims paid through Oct 2023
Exposures (Enrolled Employees)	311	318	290	281	273	266	257
Expected Medical, RX, Dental Claims (A)	$5,675,430	$5,737,003	$6,267,240	$6,260,748	$6,572,759	$6,946,817	$7,251,334
Expected Administrative Fees (B)	$134,933	$122,055	$112,227	$109,377	$119,059	$101,479	$101,690
Network Access/ Discount Share Fee (C)	$105,328	$103,337	$94,239	$91,314	$88,288	$86,024	$83,114
Estimated Stop Loss Fees (D)	$337,937	$376,955	$369,404	$339,707	$559,464	$579,463	$643,985
Total Expected Costs (A+B+C+D)	**$6,253,628**	**$6,339,350**	**$6,843,110**	**$6,801,146**	**$7,339,570**	**$7,713,784**	**$8,080,123**
Average Per Contract Annually	$20,108	$19,935	$23,597	$24,203	$26,885	$28,999	$31,440
Per Contract Change (%) Compared to Prior Year	-0.70%	-0.86%	12.10%	2.57%	11.08%	7.86%	8.42%
Prior Year Budget	**$6,054,591**	**$6,253,628**	**$6,285,120**	**$6,843,110**	**$6,801,146**	**$7,339,570**	**$7,713,784**
Change ($)	**$199,037**	**$85,722**	**$557,990**	**($41,964)**	**$538,424**	**$374,214**	**$366,339**
Change (%)	**3.3%**	**1.4%**	**8.9%**	**-0.6%**	**7.9%**	**5.1%**	**4.7%**
Self Insured - Claim Adjustments due to Plan Change	**Town**						
Exposures Effectived by Plan Change	N/A	12	N/A	N/A	N/A	N/A	N/A
Anthem Expected Claim Savings	N/A	-$54,230					
Total Expected Cost after Plan Change	**$6,253,628**	**$6,285,120**	**$6,843,110**	**$6,801,146**	**$7,339,570**	**$7,713,784**	**$8,080,123**
Total Expected Average (per ee)	**$20,108**	**$19,765**	**$23,597**	**$24,203**	**$26,885**	**$28,999**	**$31,440**
Total Maximum Cost	**$7,672,486**	**$7,773,601**	**$8,409,920**	**$8,366,333**	**$8,982,760**	**$9,450,488**	**$9,892,957**
Total Maximum Cost per employee	**$24,670**	**$24,445**	**$29,000**	**$29,773**	**$32,904**	**$35,528**	**$38,494**
Actual Cost	**$5,988,698**	**$5,627,264**	**$5,627,264**	**$6,796,221**	**$6,759,516**	**$7,057,823**	
Difference Actual vs Expected Cost	**-$264,930**	**-$657,856**	**-$1,215,846**	**-$4,925**	**-$580,054**	**-$655,961**	

Anthem Fully Insured Equivalent Premium
7/1/2024 – 6/30/2025
$9,106,213

Renewal Summary – Groton Board of Education

Renewal Summary - Groton Board of Education

Self Insured (Active and Retired on Active plans)	7/1/2018 Renewal 1/30/18 Claims paid through Dec 2017	7/1/2019 Proposal 2/14/19 Claims paid through Dec 2018	7/1/2020 Renewal 3/24/20 Claims paid through Dec 2019	7/1/2021 Renewal 3/9/21 Claims paid through Nov 2020	7/1/2022 Renewal 11/23/21 Claims paid through Sept 2021	7/1/2023 Segmented Renewal 3/13/23 Claims paid through Jan 2023	7/1/2024 Segmented Renewal 2/22/2024 (.98 Adjustment*) Claims paid through Oct 2023
Exposures (Enrolled Employees)		724	630	586	569	500	497
Expected Medical, RX, Dental Claims (A)		$10,484,409	$11,258,436	$10,812,936	$11,363,632	$10,810,864	$12,790,036
Expected Administrative Fees (B)		$267,090	$236,642	$221,296	$207,355	$186,122	$190,525
Network Access/ Discount Share Fee (C)		$235,271	$204,724	$190,427	$184,015	$161,700	$160,730
Estimated Stop Loss Fees (D)		$789,111	$751,428	$665,555	$966,954	$982,140	$1,139,005
Total Expected Costs (A+B+C+D)	**$12,369,400**	**$11,775,881**	**$12,451,230**	**$11,890,214**	**$12,721,955**	**$12,140,827**	**$14,280,296**
Average Per Contract Annually		$16,265	$19,764	$20,290	$23,784	$24,282	$28,733
Per Contract Change (%) Compared to Prior Year			21.51%	2.66%	17.22%	2.09%	18.33%
Prior Year Anthem Expected Total Cost		**$12,369,400**	**$11,775,881**	**$12,330,494**	**$11,890,214**	**$12,177,580**	**$12,140,827**
Change ($)		**($593,519)**	**$675,349**	**($440,280)**	**$831,741**	**($36,753)**	**$2,139,469**
Change (%)		**-4.8%**	**5.7%**	**-3.6%**	**7.0%**	**-0.3%**	**17.6%**
Self Insured - Claim Adjustments due to Plan Change	**Board**						
Exposures Effectived by Plan Change	N/A	350	Century 90/96 to PPO (Medicare Supplement Plan)	N/A	57	N/A	N/A
Anthem Expected Claim Savings	N/A	-$456,165	-$120,736		-$544,375		
Total Expected Cost after Plan Change	**$12,369,400**	**$11,319,716**	**$12,330,494**	**$11,890,214**	**$12,177,580**	**$12,140,827**	**$14,280,296**
Total Expected Average (per ee)		**$15,635**	**$19,572**	**$20,290**	**$21,402**	**$24,282**	**$28,733**
Total Maximum Cost		**$14,396,984**	**$15,265,839**	**$14,593,448**	**$15,562,863**	**$14,843,543**	**$17,477,805**
Total Maximum Cost per employee		**$19,885**	**$24,231**	**$24,903**	**$27,351**	**$29,687**	**$35,167**
	Budget # provided in email from Laurie						
Actual Cost	**$11,969,888**	**$10,004,890**	**$10,948,064**	**$11,772,350**	**$11,672,263**	**$12,943,971**	
Difference Actual vs Expected Cost	**-$399,512**	**-$1,314,826**	**-$1,382,430**	**-$117,864**	**-$505,317**	**$803,144**	

Anthem Fully Insured Equivalent Premium 7/1/2024 – 6/30/2025 $16,189,796

Reserve Considerations

Reserve Considerations

Reserve – Funds set aside to cover future claims

For example, claims higher than the expected budgeted claims or run out claims if moving to a fully insured plan

- **Conservative**
  - Reserve the entire aggregate claim corridor (125% of expected claims)
  - Plus three months of run out claims

- **Moderate**
  - Reserve 110-115% of the aggregate claim corridor
  - Plus two months of run out claims

- **Aggressive**
  - Reserve 105% of the aggregate claim corridor
  - Plus 45 days of run out claims

Plan Year Settlement - Completed at the end of September

MDG Recommendation - Review the IBNR (incurred but not reported) claims and reserve balance in the fall.

Groton Town & Public Schools Combined Renewal History Actual Cost vs Budget

Groton Town & Public Schools Combined Renewal History Actual Cost vs Budget

Plan Year	Anthem Expected Total Cost	Actual Total Cost from Settlement	Difference Actual vs Expected	RX Rebates Received*	Actual Total Cost less RX Rebates Received	Difference Actual vs. Expected less RX Rebates
7/1/23 - 6/30/24	$19,856,901	$20,001,794	$144,892	$1,346,802	$18,654,991	-$1,201,910
7/1/22 - 6/30/23	$19,517,150	$18,431,779	-$1,085,371	$877,020	$17,554,760	-$1,962,391
7/1/21 - 6/30/22	$18,691,358	$18,568,571	-$122,787	$781,664	$17,786,907	-$904,451
7/1/20 - 6/30/21	$19,294,341	$16,971,266	-$2,323,075	$574,674	$16,396,592	-$2,897,749
7/1/19 - 6/30/20	$18,115,232	$15,632,155	-$2,483,077		$15,632,155	-$2,483,077
7/1/18 - 6/30/19	$18,623,028	$17,958,586	-$664,442	$399,319	$17,559,267	-$1,063,761
7/1/17 - 6/30/18	$17,554,587	$16,647,561	-$907,026	$425,732	$16,221,829	-$1,332,758
7/1/16 - 6/30/17	$17,778,720	$18,865,574	$1,086,854	$262,537	$18,603,037	$824,317

*RX rebates received include quarterly rebates received plus settlement payments that include amount owed for minimum guaranteed payments in the plan (approximately 9 months after the plan year)

2024 Groton Town & Public Schools
Expected Cost vs CT Partnership

PARTNERSHIP 2.0 – RENEWAL RATES

PLAN YEAR	INCREASE
2024 / 25	2.8%
2023 / 24	7.2%
2022 / 23	10.5%
2021 / 22	1% (Comptroller initially said to expect 4-6% increase)
2020 / 21	3.0% base increase, + County Adjustment
2019 / 20	8%
2018 / 19	8%
2017 / 18	5%
2016 / 17	5%
2015 / 16	4%

PLAN YEAR	LOSS RATIO
2023-2024	97% loss ratio
2022-2023	96% loss ratio
2021-2022	106% loss ratio
2020-2021	91% loss ratio
2019-2020	94% loss ratio
2018-2019	106% loss ratio
2017-2018	106% loss ratio
2016-2017	94% loss ratio
2015-2016	85% loss ratio

Groton Town & Public Schools - CT Partnership 2.0 Executive Summary

Groton Town and Board of Education - CT Partnership 2.0 Executive Summary						
	Active Employees Allocation Rates & Retiree ASO and Fully Funded Rates	Estimated Expected RX Rebates	Expected Employer HSA Funding	**Total Expected Cost Less RX Rebates Plus HSA Funding**	**CT Partnership 2.0 HEP Medical/Rx Costs**	**CT Partnership 2.0 Non-HEP Medical/Rx Costs**
7/1/2022 - 6/30/2023	$20,319,031	**-$862,000**	$1,065,500	**$20,522,531**	**$24,618,110.40**	**$25,970,510.40**
7/1/2023 - 6/30/2024	$20,440,039	**-$1,757,840**	$1,050,000	**$19,732,199**	**$23,515,116**	**$24,545,351**
7/1/2024 - 6/30/2025	$24,034,187	**-$1,700,000**	$1,048,000	**$23,382,187**	**$23,920,297.68**	**$24,939,097.68**

7/1/2024-6/30/2025: Based on 2/22/2024 Anthem renewal release and 10/1/2023 membership

Other considerations:
Estimated run out claims: $3,246,349

Stop Loss change in Membership caveat: Anthem reserves the right to make changes to the Stop Loss Policy upon occurrence of a change in the total number of Members resulting in either an increase or decrease of 10% or more of the number of Members enrolled for coverage on the date the stop loss premium was last modified.

Partnership Premium Actual 2.8% increase for 7/1/2024

Town of Groton - Allocation Rates vs CT Partnership 2.0

Town of Groton - Summary
CT Partnership 2.0 HEP Compliant and Non-Compliant Premiums
7/1/2024 Anthem Allocation Rates vs. 7/1/2024 CT Partnership 2.0 (Medical & Rx Only)
Effective 7/1/2024
Allocation Rates

	7/1/2024 Anthem Allocation Premium	7/1/2024 HEP Compliant CT Partnership Premium	Percent Difference Anthem Allocation vs HEP Compliant CT Partnership	7/1/2024 Anthem Allocation Premium	7/1/2024 HEP Non-Compliant CT Partnership Premium	Percent Difference Anthem Allocation vs HEP Non-Compliant CT Partnership
Active Employees						
Total Active Employees (234)	**$7,179,162**	**$6,345,550**	**-11.6%**	**$7,179,162**	**$6,626,350**	**-7.7%**
HSA Funding (Active Employees)*	$378,000	$0		$378,000	$0	
Total Active Employees	**$7,557,162**	**$6,345,550**	**-16.0%**	**$7,557,162**	**$6,626,350**	**-12.3%**
Retirees in ASO Plans						
Total Retirees in ASO Plans (43)	**$1,018,182**	**$1,725,639**	**69.5%**	**$1,018,182**	**$1,806,039**	**77.4%**
Retirees in Fully Insured Plans						
Total Retirees in Fully Insured Plans (154)	**$735,004**	**$1,572,408**	**113.9%**	**$735,004**	**$1,625,208**	**121.1%**
Total ASO Medical RX with HSA & FI Retirees	**$9,310,348**	**$9,643,596**	**3.6%**	**$9,310,348**	**$10,057,596**	**8.0%**

Headcounts as of 10/1/2023 Membership
Town Active Employees ASO - 234
Town Retirees ASO - 43
Town Rx Only ASO Retirees - 24
Town Retirees Fully Insured - 154

Other Considerations:
Estimated RX Rebates expected to be $1,700,000 annually under Groton self-funded plan
Estimated run out claims: $3,246,349

Partnership Premium Actual 2.8% increase for 7/1/2024

Groton Public Schools - Allocation Rates vs CT Partnership 2.0

Groton BOE - Summary
CT Partnership 2.0 HEP Compliant and Non-Compliant Premiums
7/1/2024 Anthem Allocation Rates vs. 7/1/2024 CT Partnership 2.0 (Medical & Rx Only)
Effective 7/1/2024
Allocation Rates

	7/1/2024 Anthem Allocation Premium	7/1/2024 HEP Compliant CT Partnership Premium	Percent Difference Anthem Allocation vs HEP Compliant CT Partnership	7/1/2024 Anthem Allocation Premium	7/1/2024 HEP Non-Compliant CT Partnership Premium	Percent Difference Anthem Allocation vs HEP Non-Compliant CT Partnership
Active Employees						
Total Active Employees	**$13,156,633**	**$12,020,909**	**-8.6%**	**$13,156,633**	**$12,551,309**	**-4.6%**
HSA Funding (Active Employees)*	$670,000	$0		$670,000	$0	
Total Active Employees	**$13,826,633**	**$12,020,909**	**-13.1%**	**$13,826,633**	**$12,551,309**	**-9.2%**
Retirees in ASO Plans						
Total Retirees in ASO Plans	**$1,417,298**	**$2,022,535**	**42.7%**	**$1,417,298**	**$2,096,935**	**48.0%**
Retirees in Fully Insured Plans						
Total Retirees in Fully Insured Plans	**$527,908**	**$233,257**	**-55.8%**	**$527,908**	**$233,257**	**-55.8%**
Total ASO Medical RX with HSA & FI Retirees	**$15,771,839**	**$14,276,701**	**-9.5%**	**$15,771,839**	**$14,881,501**	**-5.6%**

Headcounts as of 10/1/2023 Membership
BOE Active Employees ASO - 433
BOE Retirees ASO - 61
BOE Rx Only ASO Retirees - 3
BOE Retirees Fully Insured - 110

Other Considerations:
Estimated RX Rebates expected to be $1,700,000 annually under Groton self-funded plan
Estimated run out claims: $3,246,349

Partnership Premium Actual 2.8% increase for 7/1/2024

Renewal Timeline

Renewal Timeline

Item/Task	Responsible Party	Target Date	Actual Completion Date	Comments
Pre-Renewal Activities				
Obtain census data from Anthem	MDG	10/1		
Review of Anthem claims and utilization data	MDG/Anthem/Groton	11/6		
Renewal Timeframe				
Expected Anthem renewal received	MDG/Anthem	11/28		
MDG Analysis of Renewal	MDG	12/9		
Expected Dental & Vision Renewals	MDG/Anthem	Dental 12/2 Vision 2/17		
Meet to review Anthem preliminary renewal with claims data through October (maybe November)	MDG/Groton	12/17		
Meet to review updated claims through December and renewal projections	MDG/Groton	1/22		
Discuss potential RFP to Stop Loss Carriers	MDG/Groton	1/22		
Meet to review updated claims through January and Final renewal projections for Anthem to provide final allocation rates based on segmented renewals	MDG/Groton	2/19		
Potentially send out RFP to Stop Loss carrier	MDG	2/24		
Review Stop Loss carrier proposals and Firm quotes	MDG/Groton	4/8		
Finalize Stop Loss carrier selection if quotes are Firm	MDG/Groton	4/16		
Installation				
MDG to provide sample of OE powerpoint to employees	MDG	April		
MDG to provide benefit guides	MDG	April		
Employee Open Election Period	Groton	May		

Discover a truly healthy partnership

CONNECTICUT PARTNERSHIP PLAN 2.0

ADMINISTERED BY Anthem

Welcome to the Connecticut Partnership Plan

Managing a group health plan can be complicated, but the Connecticut Partnership Plan can make it easier. You can count on a dedicated team at the Office of the State Comptroller to manage COBRA applications, customer service, and member communications. Your employees will enjoy world-class coverage focused on their long-term health while seeing the doctors they already know and trust. It's an exciting opportunity to support your employees, ease labor-management negotiations, and establish financial stability for health benefits.

The CT Partnership Plan is a low- or no-deductible point of service (POS) plan available to those who work for municipalities, boards of education, quasi-public agencies, public libraries, and other non-state public employers. Plan features include:

- $15 in-network office visits (average actual cost in CT: $150[1])
- $0 copay preventive care
- $5 or $10 generic drug copays for your maintenance drugs

Access to top providers in Connecticut and across the country

Your employees have the flexibility to use any doctor, hospital, or health professional they want. However, they'll pay less when using a provider in the plan network and can even earn an incentive for using certain high-quality providers for common procedures. Employees can access care in Connecticut through Anthem's robust State BlueCare POS network and across the country through Anthem's BlueCard® program.

Innovative programs and benefits to help employees live healthy lives

Help your employees feel covered, protected, and confident with personalized programs and resources that can keep them on top of their health.

- **Health Enhancement Program** (HEP) is a nationally renowned program offering employees no-cost preventive screenings, wellness visits, and chronic disease management.
- **Providers of Distinction** providers have met superior quality and patient experience standards. By using a Network of Distinction provider for common procedures, employees can even earn a cash incentive.
- **Livongo** digital health platform empowers employees who have diabetes to live better and healthier lives. It offers smart devices, expert support, and personalized coaching at no additional cost.
- **Upswing Health** is a free virtual tool to assist in at-home diagnosis and treatment of muscle or joint pain and other orthopedic issues. You can connect with a certified coach who can review your symptoms, provide therapeutic exercises and refer you to a physical therapist or an in-network specialist, as necessary.
- **Diabetes Prevention Program** (DPP) is a 12-month digital prediabetes program assisting members and adult dependents at reducing risk of developing diabetes through behavioral lifestyle changes. Health coaching, on-line challenges and other tools are included.
- **Health Navigator** is a free concierge customer service available to help answer all benefit questions for employees and their dependents.

See the **back page** for a brief snapshot of benefits.

1036131CTEENABS 09/21

Benefits at a glance

Benefit	In network	Out of network
Preventive care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	$0	20% of allowable usual, customary, and reasonable (UCR)[1] charges
Annual deductible	Individual: $350 Family: $350 per member ($1,400 maximum) **Waived for HEP-compliant members**	Individual: $300 Family: $900
Coinsurance	Not applicable	20% of allowable UCR[1] charges
Annual out-of-pocket maximum	Individual: $2,000 Family: $4,000	Individual: $2,300 (includes deductible) Family: $4,900 (includes deductible)
Primary care office visits	$15 copay ($0 copay for preferred providers)	20% of allowable UCR[1] charges
Specialist office visits	$15 copay ($0 copay for preferred providers)	20% of allowable UCR[1] charges
Urgent care and walk-in center visits	$15 copay	20% of allowable UCR[1] charges

For the entire benefit summary, visit osc.ct.gov/ctpartner.

Employees can access care, virtually anywhere

Virtual doctor visits

Your employees have the added convenience of visiting with a board-certified doctor virtually. If they need care right away and it's not an emergency,[2] they can connect with a doctor 24/7 through video or chat — no appointment needed. Doctors can assess symptoms, provide a treatment plan, and prescribe or refill medications.[3]

Mental health video visits[4]

For help with mental health concerns, employees can connect to a licensed therapist,[5] board-certified psychologist, or psychiatrist[6] through video. Appointments can be scheduled in four days or less with a therapist or psychologist and within two weeks with a psychiatrist.

CONNECTICUT PARTNERSHIP PLAN 2.0

ADMINISTERED BY Anthem

Help your employees feel confident in their care

▷ If you would like more information about the CT Partnership Plan benefits, wellness programs, and services call 860-702-3560 or scan this code:

1 You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

2 If someone believes they are having a life-threatening emergency or their health is in serious jeopardy, they should call 911 immediately.

3 Prescription availability is defined by physician judgment.

4 Online counseling is not appropriate for all kinds of problems. If someone is in crisis or has suicidal thoughts, it's important that they seek help immediately by calling 800-784-2433 (National Suicide Prevention Lifeline) or 911. LiveHealth Online does not offer emergency services. Appointments subject to availability of a therapist.

5 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online.

6 Psychiatrists on LiveHealth Online will not offer counseling or talk therapy. Appointments subject to availability.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Attachment #3



ADMINISTRATION

What is Partnership 2.0?

- Legislation (SB 913) that gives the Comptroller the authority to offer the State of Connecticut employee health plan to Municipalities and Boards of Education in the State of CT
  - ❖ Fixed monthly rates renew on July 1st each year in conjunction with the State's health benefit renewal date.
    - For groups that elect to join the plan after July 1st, monthly rates have been developed for each quarter to accommodate the off-cycle effective date. All groups will renew July 1st immediately following their effective date in the Partnership 2.0 Plan.
  - ❖ Monthly premium equivalent rates are based on the State's overall claims experience.

CONNECTICUT PARTNERSHIP PLAN 2.0

Benefit Plan Offering

- Medical
  - State of Connecticut Point of Service (POS) Plan administered by Anthem Blue Cross/Blue Shield
  - Members have access to Anthem's State BlueCare POS network in Connecticut and the BlueCard program for seamless national coverage
  - Comprehensive wellness program - Health Enhancement Program (HEP)
- Pharmacy
  - 4 Tier co-pay structure for maintenance and acute drugs
  - Pharmacy plan administered by CVS/Caremark
- Dental
  - The group can choose from 4 separate fully insured DPPO plans underwritten and administered by Cigna Healthcare *
  - A DHMO option can be offered alongside the DPPO plan option
- Vision (optional)
  - Fully-insured vision hardware rider offered by Cigna Healthcare

*For groups that need a customized dental plan, there are benefits that can be modified.

CONNECTICUT PARTNERSHIP PLAN 2.0

How to Apply

- Application can be completed online at: http://www.osc.ct.gov/ctpartner

- Applications are reviewed in two ways:
  - ❖ Full Group – entire town or board of education
    - Completed application is required; group is automatically accepted
  - ❖ Partial Group – any part of the entire town or board of education
    - Application (along with census & plan data) will be reviewed by the Health Care Cost Containment Committee (HCCCC) and a determination of acceptance into the program will be made by the HCCCC.

All groups joining the plan cannot offer their employees any another Medical/Rx plan other than Partnership.

3 Year Commitment

- Groups are required to participate in the plan for three years.
- Groups seeking to leave prior to the end of year three must submit a request in writing to the HCCCC.
- If an early exiting group's claims have exceeded the premiums paid since entering the plan, the following penalty will be assessed:
  - ❖ Exit after 1 Year: Lesser of the excess of the group's total costs over the rates they were charged since joining the plan or 5% of the total premium paid by the group in the most recent plan year.
  - ❖ Exit after 2 Years: Lesser of the excess of the group's total costs over the rates they were charged since joining the plan or 3% of the total premium paid by the group in the most recent plan year.
  - ❖ *Exit after 3 Years or Later: No Assessment*

What is HEP?

- The Health Enhancement Program (HEP) is a wellness program attached to the state employee health plan, that targets preventive care and chronic disease management.
- Preventive Care
  - ❖ The program requires members enrolled in the state health plan to get age-appropriate wellness exams and preventive screenings.
- Chronic Condition Management
  - ❖ Targets the following chronic conditions: diabetes, asthma or COPD, heart disease/heart failure, hyperlipidemia, and hypertension
  - ❖ $0 co-pay for office visits related to the targeted conditions
  - ❖ Lower co-pays for maintenance drugs used to treat the targeted conditions (3-tier $0, $5, $12.50)

HEP Requirements

2024 PREVENTIVE SCREENINGS	Dependent Requirements	Employee and Spouse Requirements				
	6-26 years	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Preventive Visit (Changing to every 2 years for all ages in 2025)		Every 3 years		Every 2 years		
Dental Cleaning	At least 1 per year	At least 1 per year				
Cholesterol Screening		Every 5 years (age 20+)				
Breast Cancer Screening (for women) (Changing to every 2 years for women age 40+ in 2025)		N/A		1 mammogram between ages 45-49	As recommended by your doctor	
Cervical Cancer Screening (for women)		Pap every 3 years (age 21+)	Pap only every 3 years or Pap/HPV combo every 5 years			N/A
Colorectal Cancer Screening		N/A		Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75		

CONNECTICUT PARTNERSHIP PLAN 2.0

HEP Compliance

- Upon a group's enrollment into the Partnership Plan, all members will automatically be enrolled in HEP.

- The HEP program is managed by Quantum Health
  - Members have access throughout the year to a dedicated customer service team, as well as the HEP web portal which shows their compliance status.

HEP Compliance

- Members have one full calendar year to become acclimated with the program and to meet the HEP requirements.
  - For example: If your group joins the Partnership plan on July 1, 2024, members have until December 31, 2025, to meet their HEP requirements.

- HEP Compliance is based on calendar year .
  - All family members enrolled in the plan must meet their age specific requirements, for the employee to be considered HEP complaint.
  - Communications and reminders are sent to members throughout the year.

HEP Compliance

- Employees that do not meet their HEP requirements will be considered “non-compliant” in the HEP Program. The following penalty is implemented:
  - Additional $100 per month billed premium that becomes part of the employee share contribution
  - $350 individual deductible (up to $1,400 per family) attached to the in – network medical plan. The deductible applies to non-copay related services
  - Once a member completes the missing requirement(s), they are automatically reinstated into the HEP program, the first of the following month.

Questions

QUESTIONS?

Appendix

Summary of 2019 Renewal

Town eliminated the Three Year Weighted average renewal to line up more closely with Anthem's segmented renewal

MDG Benefit Solutions completed full marketing of the Third Party Administration Services

- Anthem reduced their initial Administrative Fees renewed by $200,000
- Administrative Fee rate guarantee through June 30, 2021
- Administrative Fee rate cap 3% increase effective July 1. 2021
- Gene Therapy Solution

Anthem provided a wellness budget of $15,000 to be shared by the Town and BOE

Analyzed Anthem's Ingenio Rx arrangement effective July 1, 2019

- Increased annual rebate share from $428k to minimum $700k to be paid quarterly

Stop Loss marketing results supported Anthem's renewal rate

Summary of 2020 Renewal

Anthem's initial renewal based on claims and membership through October 2019, using 12 months of claims, was a 9.0% over Groton's 7/1/2019 budget.

Anthem's updated renewal using 12 months of claims through December 2019, resulted in a 6.8% increase.

Stop Loss Claims were analyzed and due to multiple large ongoing claims, an RFP was not completed. MDG negotiated the Anthem Stop Loss Renewal from 14.4% to 9.4%, resulting in a savings of $51,865.

Fixed Costs:

- Administrative Fee rate guarantee 0% change effective June 30, 2020
- Administrative Fee rate cap 3% increase effective July 1, 2021

Final Renewal based on claims and members through December 2019, removing self-funded vision and lower stop loss costs resulted in the final as noted below.

- Combined Town & BOE renewal 6.5%
- Town projected increase costs of 8%
- BOE projected increase costs of 6%

Anthem provided a wellness fund of $15,000 to be shared by the Town and BOE and approved rollover from 2019/2020 of $15,000 to 2020/2021 for a total of $30,000

MDG negotiated the Life and Long-Term Disability renewal to be no increase in premium with a 2-year rate guarantee.

Summary of 2021 Renewal

Anthem's initial renewal based on 12 months of claims and membership through September 2020, including a 10% COVID factor to the prior claims was a +1.6% PEPM over Groton's prior year budget

- ISL renewal +9%
- ASL renewal +3%

Anthem's updated renewal using 12 months of claims and membership through November 2020, including a 20% COVID factor to the prior claims +2.8% PEPM

- Town segmented renewal +2.57% PEPM
- BOE segmented renewal +2.66% PEPM

MDG negotiated the stop loss renewal with Anthem

- ISL renewal -5%
- ASL renewal 0%

Anthem agreed to provide 100% client specific RX rebates to Groton. The guaranteed rebates are estimated to be $700,000 annually, which will be reconciled and provided quarterly. The Town and BOE continued to negotiate into union contracts Exclusive Specialty Pharmacy

Anthem included a wellness bank $15,000 with the renewal

Guardian Life and LTD policies are in rate guarantee through 6/30/2022

Anthem Vision plan is in a rate guarantee through 6/30/2023

Summary of 2022 Renewal

Anthem's Initial Renewal, based on 12 months of claims and membership through September 2021 was a + 10.5% PEPM over Groton's prior year budget

- Anthem's initial renewal included a + 60% increase to the ISL and two claimants were lasered which included an additional claim liability of $822,595

MDG completed a stop loss RFP and all carriers were uncompetitive

- Anthem released an alternative ISL quote + 113% increase without any claimants being lasered

MDG reviewed the updated 12 months of claims and membership through February 2022, however, they were essentially the same as using claims through September 2021 so we did not have Anthem re-run the renewal with updated claims

- Groton accepted the renewal with two lasers and Anthem agreed to a 7/1/2023 stop loss rate cap + 50%
- Anthem improved the RX pricing discounts and RX Rebate amounts and will continue to pass through 100% of the RX Rebates to Groton

Anthem's final segmented renewal included the two stop loss lasers of additional claim liability $822,595

- Groton accepted the Anthem renewal with two lasers and Anthem agreed to a 7/1/2023 stop loss rate cap + 50%
- Anthem improved the RX pricing discounts and RX Rebate amounts and will continue to pass through 100% of the RX Rebates to Groton
- Anthem included a $100,000 premium credit to the July 2022 invoice
- Town renewal + 11.08% PEPM
- BOE renewal + 10.19% PEPM

BOE 1/1/2022 Medicare Advantage open enrollment resulted in 57 BOE retirees moving from the self funded plan to the fully insured Medicare Advantage plan which reduced expected claims by $544,375

Anthem fully insured vision plan renews 7/1/2023 with a two-year rate guarantee

Anthem dental ASO fee renewed with no change

Anthem included a $15,000 wellness fund and the 700 Wellness Program

Guardian ancillary renewal + 30% and MDG negotiated to a +10% increase including a two year rate guarantee through 7/1/2024

Summary of 2023 Renewal

Anthem's Initial Renewal, based on 12 months of claims and membership through October 2022 was +4.6% PEPM over Groton's prior year budget

- ISL renewal +25%
- ASL renewal +3.6%

MDG completed an RFP for administrative services, pharmacy management and stop loss. Groton accepted Anthem's proposal with the following:

- Flat administrative fee for three years through 6/30/2026
- $50,000 premium renewal credit
- Anthem will provide 100% of client-specific Rx rebates estimated to be $1,787,840 annually
- Anthem included specific performance guarantee metric that if not met, will provide up to $75,000 in payment.
- Anthem is providing $150,000 pharmacy allowance Groton can use towards plan communications, wellness programs, etc.

Groton accepted Anthem's renewal with updated claims through January 2023

- Anthem used medical trend of 8%, RX trend of 11.5%, and dental trend of 3.5%
- Town renewal +7.87% PEPM
- BOE renewal +2.10% PEPM
- ISL rate increase +18%
- Anthem agreed to no lasers 7/1/23 and no new lasers 7/1/24
- $2 PEPM gene therapy solution guarantees. This solution removes gene therapy claims from experience when determining stop loss renewal rates. No new lasers on any members taking four specific gene therapy meds.

Anthem fully insured vision plan renewed flat with a year two year rate guarantee. Next renewal 7/1/2025

Anthem dental ASO fee renewed flat with three year guarantee through 6/30/2026

Anthem included a $15,000 wellness fund and the Wellbeing 700 Program

Guardian ancillary plan in year two of a two-year rate guarantee. Next renewal 7/1/2024**.**

Summary of 2024 Renewal

Anthem's initial renewal based on 12 months of membership and claims through October 2023 was a +17% PEPM increase over Groton's prior year budget.

- ISL rate increase +24%
- ASL rate increase +3%

MDG completed a stop loss RFP and utilized the competitive quotes to negotiate with Anthem to reduce the stop loss premium and resulted in a $92,252 of annual savings. The stop loss renewal included No lasers effective 7/1/2024 and no new lasers for 7/1/2025 - 6/30/2026.

- ISL rate increase +17%
- ASL rate increase +3%

Anthem released an updated renewal dated 2/22/2024 and projected claims were reduced by 2%. Final renewal was +14.7% PEPM over Groton's prior year budget.

- Town budget +8.42% PEPM, BOE budget +18.34% PEPM
- Anthem's Administrative Fee was in year 2 of 3-year guarantee 7/1/2023 - 6/30/2026
- $3 PEPM gene therapy solution - removes gene therapy claims from experience when determining stop loss renewal rates.
- $15,000 wellness fund with the Anthem wellness ASO Engagement Package 700
- Anthem included specific performance guarantee metric that if not met, will provide up to $75,000 in payment

Year 2 of the 3-year pharmacy pricing and rebate guarantees through 6/30/20226

- 100% of client specific Rx rebates paid to Groton quarterly - estimated to be $1,700,000 annually
- $150,000 ongoing pharmacy allowance.

Anthem Dental ASO fee in rate guarantee through 6/30/2026

Anthem fully insured vision in rate guarantee through 6/30/2025

Guardian Life & LTD renewed flat through 6/30/2025