Self-Insurance Trust

Shannon Crosier

December 13, 2024

What Does Self-Insured Mean?

- Type of health insurance in which the company (SUSD) directly funds the costs of health care for its employees instead of an insurance company.
- Companies who are self-funded are responsible for paying out **ALL** claims.
- SUSD utilizes Kairos Health Arizona to manage our Medical Insurance.
  - Administrative Expense = 6%
  - Industry Standard = 15%

Self-Insured	VS.	Fully-Insured
The employer does not pay premium; instead, pays health care claims	Payments	The employer pays monthly premiums to insurance carrier
The employer assumes the risk	Assumption of Risk	The insurance company assumes the risk.
Employers have more control and freedom in their plan designs.	Plan Design	Employers are more limited by insurers 'plan design options.

What SUSD Offers

In Network

- PPO
  - Employee Only $2,000/$5,000
  - Employee +1 $5,000/$10,000
- $1,700 HDHP
  - Employee Only $1,700/$5,000
  - Employee Only +1 $3,400/$10,000
- $3,000 HDHP
  - Employee Only $3,000/$5,000
  - Employee Only +1 $6,000/$10,000
- $5,000 HDHP
  - Employee Only $5,000/$6,750
  - Employee Only +1 $10,000/$13,500

Out of Network

- PPO
  - Employee Only $4,000/$10,000
  - Employee +1 $10,000/$20,000
- $1,700 HDHP
  - Employee Only $3,400/$6,800
  - Employee Only+1 $10,000/$20,000
- $3,000 HDHP
  - Employee Only $5,000/$10,000
  - Employee Only+1 $10,000/$20,000
- $5,000 HDHP
  - Employee Only $10,000/$13,500
  - Employee Only +1 $30,000/$27,000

PPO Plan									
Total Premium Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	**FY24 Enrollment**
EE Only	$7,450	$7,896	$7,896	$7,896	$9,084	$11,264	51%	$3,814	330
EE+Spouse	$13,500	$14,316	$14,316	$14,316	$16,464	$20,415	51%	$6,915	17
EE+Child(ren)	$12,800	$13,572	$13,572	$13,572	$15,600	$19,344	51%	$6,544	41
EE+Family	$20,000	$21,204	$21,204	$21,204	$24,384	$30,236	51%	$10,236	21
Employee Paid Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$1,450	$1,450	$1,450	$1,450	$1,450	$1,450	0%	$0	
EE+Spouse	$7,500	$7,870	$7,870	$7,870	$7,870	$7,870	5%	$370	
EE+Child(ren)	$6,800	$7,126	$7,126	$7,126	$7,126	$7,126	5%	$326	
EE+Family	$14,000	$14,758	$14,758	$14,758	$14,758	$14,758	5%	$758	
District Paid Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$6,000	$6,446	$6,446	$6,446	$6,446	$6,446	7%	$446	
EE+Spouse	$6,000	$6,446	$6,446	$6,446	$6,446	$6,446	7%	$446	
EE+Child(ren)	$6,000	$6,446	$6,446	$6,446	$6,446	$6,446	7%	$446	
EE+Family	$6,000	$6,446	$6,446	$6,446	$6,446	$6,446	7%	$446	
Self Insurance Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$0	$0	$0	$0	$1,188	$3,368	184%	$2,180	
EE+Spouse	$0	$0	$0	$0	$2,148	$6,099	184%	$3,951	
EE+Child(ren)	$0	$0	$0	$0	$2,028	$5,772	185%	$3,744	
EE+Family	$0	$0	$0	$0	$3,180	$9,032	184%	$5,852	

HDHP $1500									
Total Premium Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	**FY24 Enrollment**
EE Only	$6,300	$6,684	$6,684	$6,684	$7,680	$9,523	51%	$3,223	567
EE+Spouse	$12,000	$12,720	$12,720	$12,720	$14,628	$18,139	51%	$6,139	21
EE+Child(ren)	$11,400	$12,084	$12,084	$12,084	$13,884	$17,216	51%	$5,816	29
EE+Family	$18,400	$19,500	$19,500	$19,500	$22,416	$27,796	51%	$9,396	11
Employee Paid Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$300	$0	$0	$0	$0	$0	-100%	-$300	
EE+Spouse	$6,000	$6,274	$6,274	$6,274	$6,274	$6,274	5%	$274	
EE+Child(ren)	$5,400	$5,638	$5,638	$5,638	$5,638	$5,638	4%	$238	
EE+Family	$12,400	$13,054	$13,054	$13,054	$13,054	$13,054	5%	$654	
District Paid Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$6,000	$6,684	$6,684	$6,684	$6,684	$6,684	11%	$684	
EE+Spouse	$6,000	$6,446	$6,446	$6,446	$6,446	$6,446	7%	$446	
EE+Child(ren)	$6,000	$6,446	$6,446	$6,446	$6,446	$6,446	7%	$446	
EE+Family	$6,000	$6,446	$6,446	$6,446	$6,446	$6,446	7%	$446	
Self Insurance Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	0	0	0	0	$996	$2,839	185%	$1,843	
EE+Spouse	0	0	0	0	$1,908	$5,419	184%	$3,511	
EE+Child(ren)	0	0	0	0	$1,800	$5,132	185%	$3,332	
EE+Family	0	0	0	0	$2,916	$8,296	185%	$5,380	
	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:			
	$1,500 H.S.A. = $0	$1,500 H.S.A. = $0	$1,500 H.S.A. = $0	$1,500 H.S.A. = $0	$1,500 H.S.A. = $0	$1,500 H.S.A. = $0			

HDHP $2700									
Total Premium Annual									
	FY2018-2019 ($2700)	**FY2019-2020 ($2700)**	**FY2020-2021 ($2800)**	**FY2021-2022 ($2800)**	**FY2022-2023 ($2800)**	**FY2023-2024 ($3000)**	**% Change**	**$ Change**	**FY24 Enrollment**
EE Only	$5,280	$5,592	$5,592	$5,592	$6,432	$7,976	51%	$2,696	565
EE+Spouse	$9,800	$10,392	$10,392	$10,392	$11,952	$14,820	51%	$5,020	35
EE+Child(ren)	$9,300	$9,864	$9,864	$9,864	$11,340	$14,062	51%	$4,762	66
EE+Family	$14,900	$15,792	$15,792	$15,792	$18,156	$22,513	51%	$7,613	36
Employee Paid Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$180	$0	$0	$0	$0	$0	-100%	-$180	
EE+Spouse	$4,700	$4,846	$4,846	$4,846	$4,846	$4,846	3%	$146	
EE+Child(ren)	$4,200	$4,318	$4,318	$4,318	$4,318	$4,318	3%	$118	
EE+Family	$9,800	$10,246	$10,246	$10,246	$10,246	$10,246	5%	$446	
District Paid Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$5,100	$5,592	$5,592	$5,592	$5,592	$5,592	10%	$492	
EE+Spouse	$5,100	$5,592	$5,592	$5,592	$5,592	$5,592	10%	$492	
EE+Child(ren)	$5,100	$5,592	$5,592	$5,592	$5,592	$5,592	10%	$492	
EE+Family	$5,100	$5,592	$5,592	$5,592	$5,592	$5,592	10%	$492	
Self Insurance Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	0	0	0	0	$840	$2,384	184%	$1,544	
EE+Spouse	0	0	0	0	$1,560	$4,428	184%	$2,868	
EE+Child(ren)	0	0	0	0	$1,476	$4,198	184%	$2,722	
EE+Family	0	0	0	0	$2,364	$6,721	184%	$4,357	
	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:			
	H.S.A. =$900	H.S.A. = $900	H.S.A. = $900	H.S.A. = $900	H.S.A. = $900	H.S.A. = $900			

HDHP $5000									
Total Premium Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	**FY24 Enrollment**
EE Only	$0.00	$4,768	$4,768	$4,768	$5,484	$6,800	43%	$2,032	56
EE+Spouse	$0.00	$8,641	$8,641	$8,641	$9,924	$12,306	42%	$3,665	19
EE+Child(ren)	$0.00	$8,193	$8,193	$8,193	$9,408	$11,666	42%	$3,473	39
EE+Family	$0.00	$12,801	$12,801	$12,801	$14,724	$18,258	43%	$5,457	38
Employee Paid Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0%	$0.00	
EE+Spouse	$0.00	$3,873	$3,873	$3,873	$3,873	$3,873	0%	$0.00	
EE+Child(ren)	$0.00	$3,425	$3,425	$3,425	$3,425	$3,425	0%	$0.00	
EE+Family	$0.00	$8,033	$8,033	$8,033	$8,033	$8,033	0%	$0.00	
District Paid Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$0.00	$4,768	$4,768	$4,768	$4,768	$4,768	0%	$0.00	
EE+Spouse	$0.00	$4,768	$4,768	$4,768	$4,768	$4,768	0%	$0.00	
EE+Child(ren)	$0.00	$4,768	$4,768	$4,768	$4,768	$4,768	0%	$0.00	
EE+Family	$0.00	$4,768	$4,768	$4,768	$4,768	$4,768	0%	$0.00	
Self Insurance Annual									
	FY18-19	**FY19-20**	**FY20-21**	**FY21-22**	**FY22-23**	**FY23-24**	**% Change**	**$ Change**	
EE Only	$0.00	$0.00	$0.00	$0.00	$716	$2,032	184%	$1,316	
EE+Spouse	$0.00	$0.00	$0.00	$0.00	$1,283	$3,665	186%	$2,382	
EE+Child(ren)	$0.00	$0.00	$0.00	$0.00	$1,215	$3,473	186%	$2,258	
EE+Family	$0.00	$0.00	$0.00	$0.00	$1,923	$5,457	184%	$3,534	
		ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:	ER HSA Contributions:			
		$5,000 H.S.A = $1000	$5,000 H.S.A = $1000	$5,000 H.S.A = $1000	$5,000 H.S.A = $1000	$5,000 H.S.A = $1000			

Insurance Plan	Coverage Level	Enrollment	Fiscal Year 2024-2025 Plans and Contributions							
			Annual Premium	Employee Annual	Total Employee	Employee HSA	District & Trust Contribution	18-Pay	19-Pay	24-Pay
PPO 1000										
	EE Only	325	**$ 11,712**	$ 2,400	$ 780,000		$ 9,312	$ 133	$ 126	$ 100
	EE+Spouse	40	**$ 21,228**	$ 12,060	$ 482,400		$ 9,168	$ 670	$ 635	$ 503
	EE+Child(ren)	21	**$ 20,124**	$ 10,956	$ 230,076		$ 9,168	$ 609	$ 577	$ 457
	EE+Family	18	**$ 31,452**	$ 22,284	$ 401,112		$ 9,168	$ 1,238	$ 1,173	$ 929
HDHP $1500										
	EE Only	529	**$ 9,900**	$ 600	$ 317,400		$ 9,300	$ 33	$ 32	$ 25
	EE+Spouse	26	**$ 18,864**	$ 9,696	$ 252,096		$ 9,168	$ 539	$ 510	$ 404
	EE+Child(ren)	19	**$ 17,904**	$ 8,700	$ 165,300		$ 9,204	$ 483	$ 458	$ 363
	EE+Family	10	**$ 28,908**	$ 19,740	$ 197,400		$ 9,168	$ 1,097	$ 1,039	$ 823
HDHP $3000										
	EE Only	519	**$ 9,665**	$ 420	$ 217,980	$ 42	$ 9,245	$ 23	$ 22	$ 18
	EE+Spouse	61	**$ 16,841**	$ 8,172	$ 498,492	$ 42	$ 8,669	$ 454	$ 430	$ 341
	EE+Child(ren)	35	**$ 16,049**	$ 7,380	$ 258,300	$ 42	$ 8,669	$ 410	$ 388	$ 308
	EE+Family	31	**$ 24,833**	$ 16,164	$ 501,084	$ 42	$ 8,669	$ 898	$ 851	$ 674
HDHP $5000										
	EE Only	55	**$ 8,156**	$ 240	$ 13,200	$ 83	$ 7,916	$ 13	$ 13	$ 10
	EE+Spouse	40	**$ 13,880**	$ 5,712	$ 228,480	$ 83	$ 8,168	$ 317	$ 301	$ 238
	EE+Child(ren)	37	**$ 13,208**	$ 5,040	$ 186,480	$ 83	$ 8,168	$ 280	$ 265	$ 210
	EE+Family	19	**$ 20,060**	$ 11,892	$ 225,948	$ 83	$ 8,168	$ 661	$ 626	$ 496
		1,785	21,249,541	4,955,748	4,955,748		16,293,793			

Total Contribution *Total Contribution* *21,249,541*

Kairos Insurance Revenue and Expenses

	FY18	FY19	FY21	FY21	FY22	FY23	FY24
Total Revenue	13,169,071	14,050,452	14,710,736	15,021,598	15,248,286	16,358,190	20,451,056
Total Expense	13,235,558	12,396,434	12,421,389	15,899,991	17,615,587	19,213,477	19,087,150
Variance	(66,487)	1,654,018	2,289,347	(878,393)	(2,367,301)	(2,855,287)	1,363,906

			Scottsdale (Kairos) Contributions				Paradise Valley (Valley Schools)		
PPO Various Deductible Plans	Coverage Level		Employee Annual Premium	Employer Annual Premium- M&O	Employer Annual Premium- SUSD Trust	Total Premium	Employee Annual Premium	Employer Annual Premium	Total Premium
	EE Only		$1,449.96	$6,446.04	$1,188.00	$9,804.00	$ 720.00	$ 7,092.00	$ 7,812.00
	EE+Spouse		$7,870.00	$6,446.04	$2,147.96	$16,464.00	$ 7,949.88	$ 9,246.12	$ 17,196.00
	EE+Child(ren)		$7,126.00	$6,446.04	$2,027.96	$15,600.00	$ 6,943.68	$ 8,296.32	$ 15,240.00
	EE+Family		$14,758.00	$6,446.04	$3,179.96	$24,384.00	$ 11,229.72	$ 12,206.28	$ 23,436.00
HDHP $1500	EE Only		$ -	$6,446.04	$1,233.96	$7,680.00	$ -	$ -	$ -
	EE+Spouse		$ 6,274.00	$6,446.04	$1,907.96	$14,628.00	$ -	$ -	$ -
	EE+Child(ren)		$ 5,638.00	$6,446.04	$1,799.96	$13,884.00	$ -	$ -	$ -
	EE+Family		$ 13,054.00	$6,446.04	$2,915.96	$22,416.00	$ -	$ -	$ -
HDHP $2800	EE Only		$ -	$5,592.00	$840.00	$6,432.00	$ -	$ 7,092.00	$ 7,092.00
	EE+Spouse		$4,846.00	$5,546.04	$1,559.96	$11,952.00	$ 6,067.80	$ 9,196.20	$ 15,264.00
	EE+Child(ren)		$4,318.00	$5,546.04	$1,475.96	$11,340.00	$ 5,303.64	$ 8,256.36	$ 13,560.00
	EE+Family		$10,246.00	$5,546.04	$2,363.96	$18,156.00	$ 8,573.04	$ 12,150.96	$ 20,724.00
HDHP $5000	EE Only		$ -	$4,767.96	$716.04	$5,484.00	$ -	$ -	$ -
	EE+Spouse		$3,873.00	$4,767.96	$1,283.04	$9,924.00	$ -	$ -	$ -
	EE+Child(ren)		$3,425.00	$4,767.96	$1,215.04	$9,408.00	$ -	$ -	$ -
	EE+Family		$8,033.00	$4,767.96	$1,923.04	$14,724.00	$ -	$ -	$ -

			Mesa Unified (Cigna)			Dysart (Blue Cross Blue Shield)			Peoria (United Health Care)		
	Coverage Level		Employee Annual Premium	Employer Annual Premium	Total Premium	Employee Annual Premium	Employer Annual Premium	Total Premium	Employee Annual Premium	Employer Annual Premium	Total Premium
PPO Various Deductible Plans	EE Only		$ 822.12	$ 8,664.00	$ 9,486.12	$ 1,827.72	$ 7,104.00	$ 8,931.72	$ 1,118.04	$ 6,804.00	$ 7,922.04
	EE+Spouse		$ 9,491.28	$ 8,664.00	$ 18,155.28	$ 11,926.32	$ 7,104.00	$ 19,030.32	$ 7,746.72	$ 6,804.00	$ 14,550.72
	EE+Child(ren)		$ 8,029.08	$ 8,664.00	$ 16,693.08	$ 8,079.84	$ 7,104.00	$ 15,183.84	$ 6,420.96	$ 6,804.00	$ 13,224.96
	EE+Family		$ 13,416.24	$ 8,664.00	$ 22,080.24	$ 16,297.56	$ 7,104.00	$ 23,401.56	$ 13,712.64	$ 6,804.00	$ 20,516.64
HDHP $1500	EE Only		$ 137.04	$ 8,664.00	$ 8,801.04	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Spouse		$ 7,413.72	$ 8,664.00	$ 16,077.72	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Child(ren)		$ 6,186.12	$ 8,664.00	$ 14,850.12	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Family		$ 10,708.44	$ 8,664.00	$ 19,372.44	$ -	$ -	$ -	$ -	$ -	$ -
HDHP $2500	EE Only		$ 137.04	$ 8,664.00	$ 8,801.04	$ 1,827.72	$ 7,104.00	$ 8,931.72	$ -	$ -	$ -
	EE+Spouse		$ 6,607.20	$ 8,664.00	$ 15,271.20	$ 11,926.32	$ 7,104.00	$ 19,030.32	$ -	$ -	$ -
	EE+Child(ren)		$ 5,515.56	$ 8,664.00	$ 14,179.56	$ 8,079.84	$ 7,104.00	$ 15,183.84	$ -	$ -	$ -
	EE+Family		$ 9,536.16	$ 8,664.00	$ 18,200.16	$ 16,297.56	$ 7,104.00	$ 23,401.56	$ -	$ -	$ -
HDHP $2800	EE Only		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,804.00	$ 6,804.00
	EE+Spouse		$ -	$ -	$ -	$ -	$ -	$ -	$ 2,538.84	$ 6,804.00	$ 9,342.84
	EE+Child(ren)		$ -	$ -	$ -	$ -	$ -	$ -	$ 2,031.12	$ 6,804.00	$ 8,835.12
	EE+Family		$ -	$ -	$ -	$ -	$ -	$ -	$ 4,823.88	$ 6,804.00	$ 11,627.88
HDHP $3000	EE Only		$ -	$ -	$ -	$ -	$ 7,104.00	$ 7,104.00	$ -	$ -	$ -
	EE+Spouse		$ -	$ -	$ -	$ 7,072.56	$ 7,104.00	$ 14,765.94	$ -	$ -	$ -
	EE+Child(ren)		$ -	$ -	$ -	$ 3,723.24	$ 7,104.00	$ 11,137.51	$ -	$ -	$ -
	EE+Family		$ -	$ -	$ -	$ 9,458.16	$ 7,104.00	$ 17,350.34	$ -	$ -	$ -

			Chandler (Kairos)			Gilbert (Blue Cross Blue Shield)			Deer Valley (Valley Schools)		
	Coverage Level		Employee Annual Premium	Employer Annual Premium	Total Premium	Employee Annual Premium	Employer Annual Premium	Total Premium	Employee Annual Premium	Employer Annual Premium	Total Premium
PPO Various Deductible Plans	EE Only		$ 1,100.00	$ 6,575.00	$ 7,675.00	$ 505.04	$ 7,108.00	$ 7,613.04	$ 1,800.00	$ 6,250.54	$ 8,050.54
	EE+Spouse		$ 10,406.00	$ 6,575.00	$ 16,981.00	$ 6,115.55	$ 7,108.00	$ 13,223.55	$ 11,268.12	$ 6,250.56	$ 17,518.68
	EE+Child(ren)		$ 7,873.00	$ 6,575.00	$ 14,448.00	$ 4,248.06	$ 7,108.00	$ 11,356.06	$ 8,112.12	$ 6,250.51	$ 14,362.63
	EE+Family		$ 14,706.00	$ 6,575.00	$ 21,281.00	$ 10,213.16	$ 7,108.00	$ 17,321.16	$ 12,057.12	$ 6,250.57	$ 18,307.69
HDHP $1500	EE Only		$ -	$ -	$ -	$ -	$ 7,108.00	$7,108.00	$ -	$ -	$ -
	EE+Spouse		$ -	$ -	$ -	$ 5,030.81	$ 7,108.00	$12,138.81	$ -	$ -	$ -
	EE+Child(ren)		$ -	$ -	$ -	$ 3,358.25	$ 7,108.00	$10,466.25	$ -	$ -	$ -
	EE+Family		$ -	$ -	$ -	$ 8,763.77	$ 7,108.00	$15,871.77	$ -	$ -	$ -
HDHP $2500	EE Only		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Spouse		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Child(ren)		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Family		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
HDHP $2800	EE Only		$ -	$ -	$ -	$ -	$ 7,108.00	$ 7,108.00	$ -	$ 6,511.15	$ 6,511.15
	EE+Spouse		$ -	$ -	$ -	$ 4,639.94	$ 7,108.00	$ 11,747.94	$ 7,650.12	$ 6,511.18	$ 14,161.30
	EE+Child(ren)		$ -	$ -	$ -	$ 3,076.46	$ 7,108.00	$ 10,184.46	$ 5,100.12	$ 6,511.13	$ 11,611.25
	EE+Family		$ -	$ -	$ -	$ 8,069.90	$ 7,108.00	$ 15,177.90	$ 8,287.68	$ 6,511.13	$ 14,798.81
HDHP $3000	EE Only		$ -	$ 6,575.00	$ 6,575.00	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Spouse		$ 6,725.94	$ 6,575.00	$ 13,300.94	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Child(ren)		$ 4,839.06	$ 6,575.00	$ 11,414.06	$ -	$ -	$ -	$ -	$ -	$ -
	EE+Family		$ 9,831.51	$ 6,575.00	$ 16,406.51	$ -	$ -	$ -	$ -	$ -	$ -

What is driving up the cost of insurance for SUSD?

- SUSD's average age is older than other districts insured by Kairos – 41 vs. 38
- SUSD is experiencing large claims and members are making choices to reject cost saving measures
  - As an example, 3 Individuals provided a choice for treatment centers and did not take advantage of savings, costing the district $300,000
- Pharmacy
  - Nearly 40% of spend vs. 27% for other districts insured by Kairos
  - Using name brand drugs vs. generic
  - Specialty drugs: Ozempic as well as others equates to 61% of plan spend
- Medical
  - 16.3% higher medical spend than the rest of Kairos
  - SUSD medical claims are 8% higher per employee per month than other districts insured by Kairos
  - 2 high-cost transplants in Fiscal Year 2022-2023 past year
  - Several cancer claims

What is being done to lower costs?

- Adjustments to pharmacy costs for employees
- Employee Wellness Committee
  - Education – Kairos School Visits
    - Employees need to understand how choices effect district and them
    - Focus on how to be healthier
      - Diagnostic screening
      - Yearly checkup
      - Physical and Mental Health
- Utilization of the Kairos Pro Nurse Navigators
  - District will provide Kairos with phone numbers for all employees
  - Nurses help members understand health issues they may be facing and identify cost saving tools for them.
  - Address Mental Health issues