

PfISD Insurance Committee Meeting

April 16, 2025

A business of Marsh McLennan

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1. Financial Update
2. Marketing Update
3. Updates & Reminders

Agenda

Financial Update

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Current State of the Plan

- Our plan is self-funded. What does that mean?
 - BCBS & HCH process claims with funding from district and participants
 - Majority of plan costs come from claims
 - Choices participants make affect the overall cost
- Healthcare costs, including our cost, have continued to rise each year
- 2022-2024 costs ran higher than budgeted (due to unexpected level of high cost claimants)
- Adjustments were made in 2025 to bring the plan back into budget

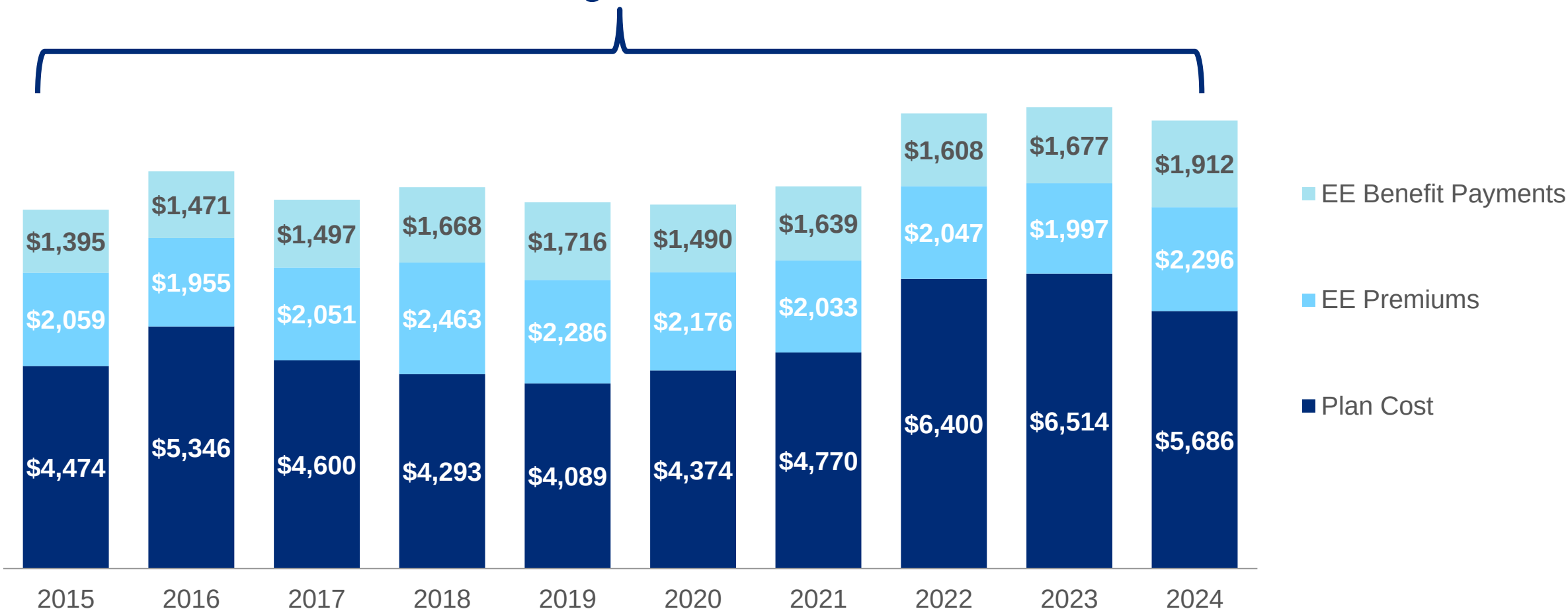
YOY Funding Summary

	2017	2018	2019	2020	2021	2022	2023	2024	2025 Projected	2026 Projected
Total Medical / Rx Paid Claims	\$14,930,418	\$15,402,745	\$15,805,169	\$17,712,740	\$18,604,136	\$21,609,970	\$22,666,339	\$21,253,076	\$20,333,349	\$22,176,162
PMPM	\$330.11	\$336.54	\$335.74	\$350.36	\$369.75	\$461.16	\$485.82	\$470.82	\$444.39	\$484.53
% Increase	-9.6%	1.9%	-0.2%	4.4%	5.5%	24.8%	5.3%	-2.8%	-5.6%	9.0%
District Funding PEPM	\$400	\$400	\$400	\$400	\$400	\$400	\$410	\$435	\$435	
High Cost Claimant Impact (\$100k+)	11 claimant \$1.73MM	16 claimants \$2.49MM	18 claimants \$3.1MM	24 claimants \$4.1MM	27 claimants \$4.83MM	38 claimants \$7.39MM	36 claimants \$8.34MM	35 claimants \$6.04MM		
Surplus/Deficit	Surplus \$555,998	Surplus \$1,276,502	Surplus \$2,112,223	Surplus \$1,383,122	Surplus \$348,659	Deficit (\$3,982,758)	Deficit (\$4,142,893)	Deficit (\$95,748)	Surplus \$2,210,422	Deficit (\$625,296)
Strategies	- Discontinued non-engaged plans - Increased deductibles/copays - Carved out Rx Added 4th tier specialty copay - Eliminated Q4 deductible carryover	- Added HDHP - Increased deductibles/copays - Removed iNGAGEDhealth	- Move to UHC with EPO/ACO plans \$0 premium plan - Removed Compass - Added CAP programs with RxB - Introduced HSA contribution	- Replaced ACO plan with EPO - Moved to new AUM & opioid program with RxB	- Consolidated Mid & High plans - Implemented Naviguard - Removed SaveonSP - HSA to half match - Increased ISL	- Moved from UHC to BCBS/HCH 5 plan designs - HSA to match only	Minor plan design changes to comply with IRS limits	- Removed BCBS HD plan - Plan design changes - Implement PAP & CAP Programs \$1MM infusion	- BCBS Low plan to Essentials - HMO Network Plan design changes \$1MM infusion	
National Medical/Rx Trend*	5.5%	5.7%	5.7%	6.0%	7.0%	6.5%	6.0%	7.0%	8.0%	

Medical & Rx Per Employee Per Year

Your Cost Versus the Districts Cost Year over Year

EE Cost = 2.5% Avg Increase Year Over Year



Marketing Update

The background of the slide features a series of overlapping, wavy lines in a teal color. These lines create a sense of movement and depth, starting from the bottom and extending upwards, becoming more sparse as they approach the top of the frame. The lines are of varying thickness and are slightly offset from each other, creating a layered effect.

Marketing Updates

Employee Assistance Program RFP

Current vendor: Optum

RFP released: March 13
RFP due date: April 3

5 responding vendors

Accident, Critical Illness, Hospital Indemnity, Whole Life RFP

Current vendors: Cigna & Trustmark

RFP released: March 13
RFP due date: April 3

6 responding vendors

Pharmacy Benefit Manager RFP

Current vendor: ESI through RxBenefits

RFP released: March 13
RFP due date: April 7

10 responding vendors

HSA, FSA, COBRA RFP

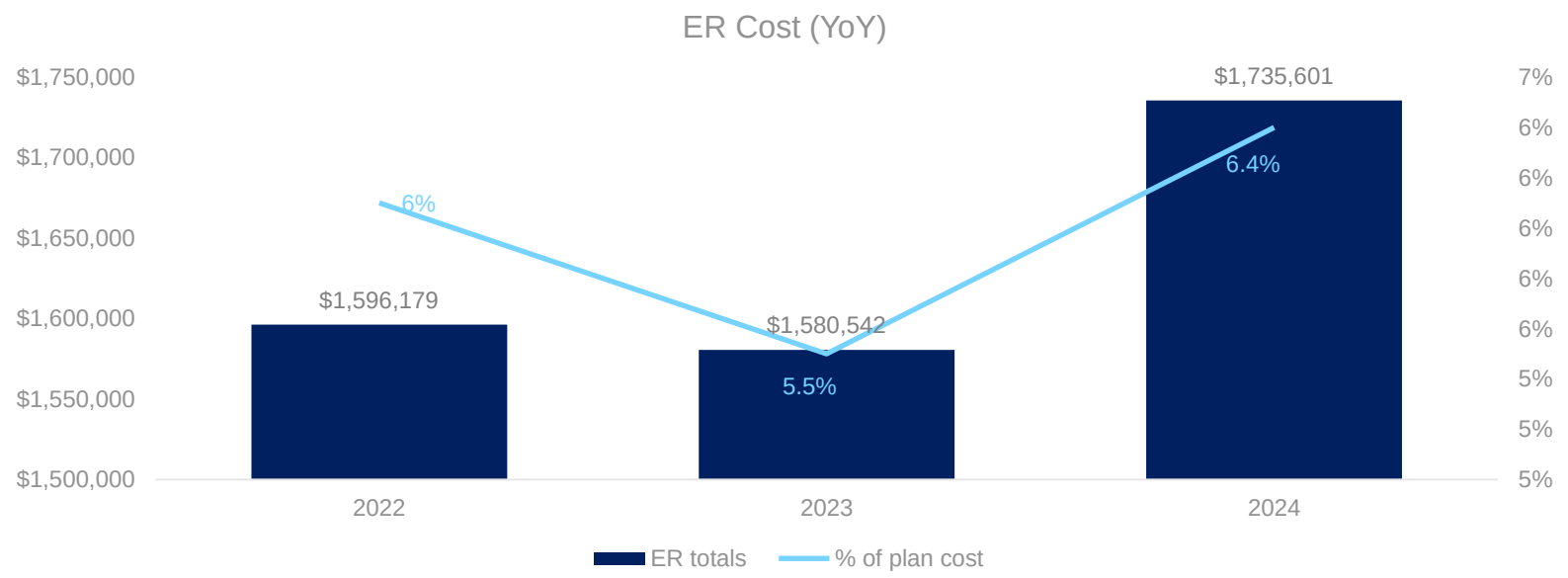
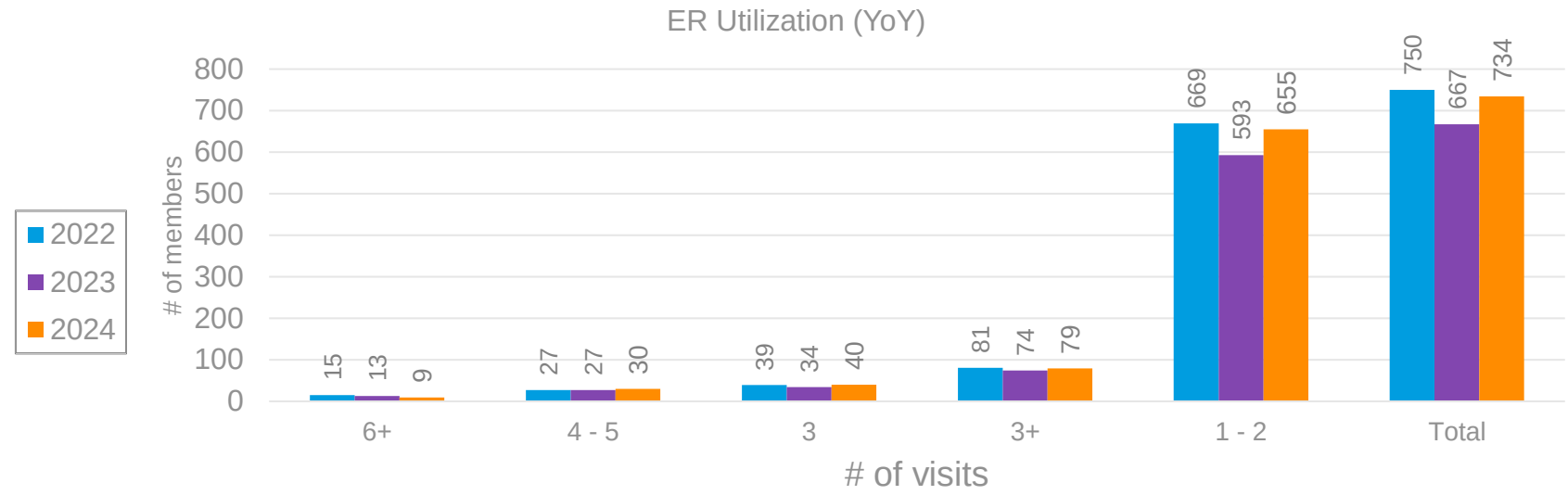
Current vendor: Inspira

RFP released: April 14
RFP due date: May 5

Updates & Reminders

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Emergency Room Utilization & Cost



Where to go for care

Know the Difference: Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but are not affiliated with a hospital. Nearly all are out of network. You could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

1. Look for “Emergency” on the building exterior.
2. Check the hours. If it’s open 24/7, it’s a freestanding ER. Urgent care centers close at night.
3. Confirm it’s not connected to a hospital.
4. Ask if it follows the copay, coinsurance and deductible payment model.

Virtual Visits

Got an itchy rash? Sinuses stopped up? Fighting a fever? Talk with a doctor — 24/7. Online appointments via MDLIVE® put care at your fingertips.

Good for: colds, flu, diarrhea, minor injuries

Wait time: short

Cost: \$



Doctor

Is your blood pressure high? Are allergies making you miserable? Can't sleep? Your go-to provider is a good place to start. Some even offer telemedicine. If you need a specialist, your doctor will tell you.

Good for: health exams, shots, cough, sore throat

Wait time: check with office

Cost: \$



Urgent Care Center

Sprain your ankle? Have a monster migraine? Can't stop coughing? These centers offer non-emergency care when your doctor's office isn't open evenings, weekends or holidays. Some may offer online booking.

Good for: back pain, vomiting, animal bite, asthma

Wait time: often less than ER

Cost: \$\$



Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? Are you coughing up blood? ER doctors and staff are trained to treat serious and life-threatening health issues 24/7.

Good for: chest pain, bleeding, broken bones

Wait time: varies

Cost: \$\$\$\$



Where to go for care

Visit for COVID & Strep test

Emergency Room

Service Description	Amount Billed	Your Responsibility
Emergency Room Services	\$ 2,100.00	\$ 170.03
Laboratory Services	\$ 500.00	\$ 40.48
Laboratory Services	\$ 820.00	\$ 66.38
Claim Totals	\$ 3,420.00	\$ 276.89

Primary Care Physician Office

Service Description	Amount Billed	Your Responsibility
Office Visit Services	\$ 250.00	\$ 40.00
Laboratory Services	\$ 120.00	\$ 0.00
Laboratory Services	\$ 230.00	\$ 0.00
Claim Totals	\$ 600.00	\$ 40.00

Next Meetings....

- May 14, 2025

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