CITY OF SURPRISE
Health Benefit Trust Fund Board Meeting
16000 N. Civic Center Plaza
Surprise, AZ 85374
Wednesday, February 26, 2020 @ 3:00 PM
COUNCIL CHAMBERS

A. Call To Order

B. Roll Call

C. Pledge of Allegiance

D. Current Events and Reports

E. Staff Reports

F. Health Benefits Trust Fund Board Agenda

CALL TO THE PUBLIC:

INSTRUCTIONS: In order to address the Board\Commission, you will need to fill out a Call to the Public Form available at the front counter, and then turn it in to the Secretary before the meeting begins.

Note: A.R.S. 38-431.01(H) - During this time members of the public may address the Board\Commission only on issues within the jurisdiction of the Board\Commission which are not an item on the agenda. At the conclusion of the open call, the Board\Commission may respond to criticism, may ask staff to review the matter or may ask that the matter be put on a future agenda. No discussion or action shall take place on any item raised.

CONSENT AGENDA:

1.	Citywide	Consideration and action pertaining to the approval of the December 4, 2019 Health Benefits Trust Fund Board meeting minutes.	Finance

REGULAR AGENDA ITEM - NON-PUBLIC HEARING:

2.	Citywide	Presentation and discussion pertaining to CBIZ Consulting FY2020 2nd Quarter Report.	None Lisa Angelini Finance
3.	Citywide	Presentation and discussion pertaining to the City's unaudited Employee Healthcare and Workers' Compensation Self Insurance Funds Financial Report for FY2020 2nd Quarter.	None Nick Sarpy Finance
4.	Citywide	Consideration and action pertaining to the FY2021 Health Benefit Trust Fund Budget.	None Andrea Davis Finance

Presentation pertaining to Workers Compensation Program Overview.

6.	Citywide	Consideration and action pertaining to the FY2021 Workers' Compensation Plan Funding.	Digger Oster Legal
7.	Citywide	Consideration and action pertaining to placing items on future agenda.	Finance

G. Other Business and Future Agenda Items

H. Executive Session

For information purposes: Upon a public majority vote of a quorum (“Commission”), the Commission may hold an executive session, which will not be open to the public, but for only the following purposes: discussion or consideration of records exempt by law from public inspection (A.R.S. §38-431.03(A)(2));

or discussion or consultation for legal advice with the attorney or attorneys of the public body (A.R.S. §38-431.03(A)(3)).

Confidentiality Requirements: Pursuant to A.R.S. §38-431.03(C)(D), any person receiving executive session information pursuant to A.R.S. §38-431.02 shall not disclose that information except to the Attorney General or County Attorney or by agreement of the Commission, or as otherwise ordered by a court of competent jurisdiction.

The Commission may vote to hold an executive session for the purpose of obtaining legal advice from the Commission’s attorney on any matter listed on the agenda pursuant to A.R.S. § 38-431.03(A)(3).

I. Adjournment

SHERRY ANN AGUILAR, CITY CLERK, MMC

POSTED:Feb. 19, 2020 at 9:30 AM

SPECIAL NOTE: PERSONS WITH SPECIAL ACCESSIBILITY NEEDS, INCLUDING LARGE PRINT MATERIALS OR INTERPRETER, SHOULD CONTACT THE CITY CLERK’S OFFICE @ 623.222.1200 OR TTY 623.222.1002, BY NO LATER THAN 24 HOURS IN ADVANCE OF THE REGULAR SCHEDULED MEETING TIME.

CITY OF SURPRISE
Health Benefit Trust Fund Board Meeting

Council Meeting Date: February 26, 2020
Submitting Department: Finance
Staff Recommendations:

Contact Person:
District: Citywide

Consent: Yes Regular: No Public Hearing: No Report/Discussion: No

Agenda Wording:
Consideration and action pertaining to the approval of the December 4, 2019 Health Benefits Trust Fund Board meeting minutes.

Motion:
I move to approve the December 4, 2019 Health Benefits Trust Fund Board meeting minutes.

Background:
Attached are the minutes from the December 4, 2019 meeting.

Objective Analysis:

Policy Compliant:

Financial Impact:
No financial impact.

Budget Impact:
None

FTE Impact:

ATTACHMENTS:
1. HBTF MINUTES 12.04.19 Draft

CITY OF SURPRISE

HEALTH BENEFITS TRUST FUND BOARD
16000 North Civic Center Plaza
Surprise, AZ 85374

December 4, 2019

MEETING MINUTES

CALL TO ORDER

Chair Gwen Skorupan called the Health Benefits Trust Fund Meeting to order at 4:03 p.m. at Surprise City Hall, 16000 North Civic Center Plaza, Surprise, Arizona 85374, on Wednesday, December 4, 2019.

ROLL CALL

In attendance were Chair Gwen Skorupan, Vice Chair Aaron Bacon, Board Member William Coniam, Board Member Renee Pastor, and Board Member Andrea Davis.

STAFF PRESENT:

Donna Meuse, Human Resources Manager; Lindsey Steinhoff, Human Resources Analyst – Senior; Nicholas Sarpy, Accounting Manager; Jennifer Medina, Financial Management Analyst Senior; Digger Oster, Risk Manager - Senior; Bretton Jeziorski, Workers' Comp Senior Claims Adjuster; Harold Brady, PS Legal Advisor; Laura Roybal, Administrative Services Assistant.

PLEDGE OF ALLEGIANCE

CURRENT EVENTS REPORT

None

STAFF REPORT

None

CALL TO THE PUBLIC

None

CONSENT AGENDA

Item 1: Consideration and action to approve the August 28, 2019 Health Benefits Trust Fund Board Meeting Minutes.

- Board Member Pastor made a motion to approve the minutes. Board Member Coniam seconded the motion. Motion passed.

REGULAR AGENDA ITEMS NOT REQUIRING A PUBLIC HEARING

Item 2: Presentation and discussion of CBIZ Consulting FY2020 1st Quarter Report.

- Michael Barberio presented CBIZ Consulting's 1st Quarter Report for FY2020.

Item 3: Presentation and discussion of the city's unaudited Employee Healthcare and Worker's Compensation Self Insurance Funds Financial Report for FY2020 1st Quarter.

- Nicholas Sarpy, Accounting Manager, presented the 1st Quarter Financial report for FY2020.

Item 4: Consideration and action pertaining to the Health Benefit Trust Fund Board Annual Calendar for 2020.

- Board Member Davis made a motion to approve the calendar for Health Benefits Trust Fund Board meetings for 2020. Board Member Pastor seconded the motion. Motion passed.
- Further into the meeting, a discussion was held regarding the start time of the meeting that will be held on February 26, 2020. It was suggested that the time be changed from 3:30 pm to 3:00 pm. Board Member Pastor made a motion to amend the Annual calendar to reflect this change. Vice Chair Bacon seconded the motion. Motion passed.

Item 5: Consideration and action pertaining to placing items on future agenda.

- Board member Pastor requested that we approach the topic of putting the CBIZ presentation on the consent agenda, rather than the regular agenda. The point was made that the CBIZ presentation is not an action item, and clarification was made that Board Member Pastor is suggesting that the Board just be presented with a high level summary, unless there are specific questions that arise from the information provided. A suggestion was made that an executive summary be added to the reports that are provided in advance, but the detailed reports would not be presented at the meeting.
- Board Member Pastor requested an overview of the Workers' Compensation program, and state requirements for that program, to provide a better understanding for the other board members who are not in the industry.

OTHER BUSINESS

None

ADJOURNMENT

Vice Chair Bacon made a motion to adjourn the meeting. Board Member Pastor seconded the motion. Hearing no further business, Chairperson Skorupan adjourned the Health Benefits Trust Fund meeting at 4:37 p.m.

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Gwen Skorupan, Chair
Health Benefits Trust Fund Board

CITY OF SURPRISE
Health Benefit Trust Fund Board Meeting

Council Meeting Date: February 26, 2020
Submitting Department: Finance
Staff Recommendations: None

Contact Person: Lisa Angelini, DIRECTOR - HR
District: Citywide

Consent: No   Regular: Yes   Public Hearing: No   Report/Discussion: No

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Agenda Wording:
Presentation and discussion pertaining to CBIZ Consulting FY2020 2nd Quarter Report.

Motion:
None. Discussion only.

Background:
CBIZ Consulting will present the 2nd Quarter self-funded medical, dental, and vision report for plan year FY2020 for the City. This report contains financial information and claims activity.

Objective Analysis:

Policy Compliant:

Financial Impact:
None at this time; however, topics in this presentation could lead to future actions which may have a fiscal impact on the fund's operation.

Budget Impact:
None at this time; however, topics in this presentation could lead to future actions which may have a fiscal impact on the fund's operation.

FTE Impact:

ATTACHMENTS:
1. COS Medical, Dental & Vision Experience 12 19
2. City of Surprise PBM Summary Dec 2019 Board Meeting

City of Surprise

Medical, Pharmacy, Dental & Vision Experience

Plan Year: *July 2019 – June 2020*

Month End: *December 2019*

Presented by your CBIZ Team

Mike Barberio, Ryan Comstock, Stacy Hutton & Margaret Latham

our business is growing yours.

Executive Summary

Medical and Pharmacy

For the first six months of the 2019-2020 plan year, for 767 covered employees, overall claims are performing at a very acceptable 87.8% of expected claims costs, not adjusted for lag. The PPO plan with 290 subscribers is at 67.6% of expected claims. While the HMO (373 subscribers) and EPO (104 subscribers) are running at 101.5% and 76.9% respectively. 62% of the overall claims usage is in the HMO, 28% in the PPO, with 10% in the EPO. Run out activity from the prior plan year has virtually ceased as of December 2019. Claims were $24,467 for the quarter with just $1,513 being paid in December 2019.

There are nine new claimants that are have exceeded the $50,000 claims threshold for the year. Expect several of these claims to be ongoing in nature. The three, prior existing large claimants have not had significant claims actively in the current quarter. Two of these claims can be considered closed, while one is potentially ongoing in nature, but with very little current actively. The percentage of large claimants to overall plan spend is a very low 12.5%.

On a Per Employee per Month (PEPM) basis for the current plan year which ends June 30, 2020, including full run out of claims incurred from July 1, 2019 to June 30, 2020 and paid through June 30, 2021. You can anticipate slightly lower overall medical plan (-2.9%) and pharmacy costs then in the previous plan year. These projections include an allowance for runout at the end of the current plan year and slightly immature claims as the current year is now just six months old.

Dental

Dental continues to perform very well. Even after adjusting for claims lag with the change in carriers. Expect a slight decrease of -4.5% on a year over year basis.

Vision

Vision claims have followed similar utilization patterns from prior years. Right now a 12.2% increase in plan costs is anticipated. Given the current decreased monthly utilization, you can expect this projection to get closer to a flat result by plan year end.

City of Surprise

Paid Claims and Administration

Plan Year: July 2019 to June 2020 (as of December 2019)

Incurred and Paid

BlueCross BlueShield of Arizona and Optum Rx- All Plans														Loss Ratio		PEPM Costs				
Paid Month	Subscribers	Expected Claims Liability	Maximum Claims Liability	Medical Paid Claims	Rx Paid Claims	Optum Rx Rebates & Performance Guarantees	Blue Card Claims Expense & Misc.	Capitation Fees	Value Based Services	Stop Loss Recovery	Total Paid Claims	Admin Fees	Total Paid Claims & Admin Fees	Actual Claims vs Expected Claims Liability	Actual Claims vs Maximum Claims Liability	Medical Claims Paid PEPM	Rx Claims Paid PEPM	Total Claims Paid PEPM	Total Paid Claims Net Stop Loss Reimburse-ment PEPM	Total Claims & Fees PEPM
Jul-19	748	$ 920,343	$ 1,068,869	$ 305,605	$ 169,654	$ -	$ 675	$ 6,718	$ 1,602	$ -	$ 484,255	$ 94,973	$ 579,228	52.6%	45.3%	$418.45	$226.81	$647.40	$647.40	$774.37
Aug-19	752	$ 921,496	$ 1,070,695	$ 698,774	$ 138,631	$ -	$ 2,432	$ 6,733	$ 1,526	$ -	$ 848,096	$ 95,482	$ 943,578	92.0%	79.2%	$941.41	$184.35	$1,127.79	$1,127.79	$1,254.76
Sep-19	752	$ 918,143	$ 1,066,985	$ 823,408	$ 133,900	$ -	$ 2,698	$ 6,710	$ 1,642	$ -	$ 968,358	$ 95,480	$ 1,063,838	105.5%	90.8%	$1,107.47	$178.06	$1,287.71	$1,287.71	$1,414.68
Oct-19	753	$ 916,355	$ 1,065,333	$ 875,897	$ 164,721	$ -	$ 1,351	$ 6,707	$ 1,598	$ -	$ 1,050,275	$ 95,607	$ 1,145,882	114.6%	98.6%	$1,173.91	$218.75	$1,394.79	$1,394.79	$1,521.76
Nov-19	756	$ 919,082	$ 1,068,637	$ 691,413	$ 156,481	$ -	$ 3,122	$ 6,698	$ 1,636	$ -	$ 859,349	$ 95,988	$ 955,337	93.5%	80.4%	$927.56	$206.99	$1,136.71	$1,136.71	$1,263.67
Dec-19	767	$ 928,677	$ 1,079,984	$ 458,351	$ 171,603	$ -	$ 1,325	$ 6,795	$ 1,675	$ -	$ 639,749	$ 97,384	$ 737,133	68.9%	59.2%	$608.18	$223.73	$834.09	$834.09	$961.06
Jan-20																				
Feb-20																				
Mar-20																				
Apr-20																				
May-20																				
Jun-20																				
Total	**4,528**	**$ 5,524,097**	**$ 6,420,503**	**$ 3,853,448**	**$ 934,991**	**$ -**	**$ 11,602**	**$ 40,361**	**$ 9,680**	**$ -**	**$ 4,850,081**	**$ 574,914**	**$ 5,424,995**	**87.8%**	**75.5%**	**$862.50**	**$206.49**	**$1,071.13**	**$1,071.13**	**$1,198.10**
Avg	**755**																			

Administrative Fees	PPO Plan			HMO Plan			EPO Plan		
	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family
Administration	$49.76	$49.76	$49.76	$49.76	$49.76	$49.76	$49.76	$49.76	$49.76
Specific Stoploss 12/24 $250,000 ISL	$72.45	$72.45	$72.45	$72.45	$72.45	$72.45	$72.45	$72.45	$72.45
Aggregate Stoploss (125%)	$5.10	$5.10	$5.10	$4.55	$4.55	$4.55	$4.55	$4.55	$4.55
Total Admin Fees	**$127.31**	**$127.31**	**$127.31**	**$126.76**	**$126.76**	**$126.76**	**$126.76**	**$126.76**	**$126.76**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$481.10**	**$1,089.51**	**$1,576.22**	**$502.47**	**$1,131.70**	**$1,635.12**	**$442.70**	**$1,012.16**	**$1,467.74**
Maximum Liability (ICAP)	**$656.76**	**$1,306.66**	**$1,826.57**	**$667.38**	**$1,327.94**	**$1,856.40**	**$561.92**	**$1,118.09**	**$1,563.05**

City of Surprise

Paid Claims and Administration

Plan Year: July 2019 to June 2020 (as of December 2019)

Incurred and Paid

BlueCross BlueShield of Arizona & Optum Rx - PPO Plan											Loss Ratio		PEPM Costs			
Paid Month	Subscribers	Expected Claims Liability	Maximum Claims Liability	Medical Paid Claims	Rx Paid Claims	Optum Rx Rebates	Stop Loss Recovery	Total Paid Claims	Admin Fees	Total Paid Claims and Admin Fees	Actual Claims vs Expected Claims Liability	Actual Claims vs Maximum Claims Liability	Medical Claims Paid PEPM	Rx Claims Paid PEPM	Total Claims Paid PEPM	Total Claims & Fees PEPM
Jul-19	284	$ 325,480	$ 388,247	$ 79,931	$ 41,236	$ -	$ -	$ 121,167	$ 36,156	$ 157,323	37.2%	31.2%	$281.45	$145.20	$426.65	$553.96
Aug-19	288	$ 327,891	$ 391,394	$ 221,135	$ 37,495	$ -	$ -	$ 258,630	$ 36,665	$ 295,296	78.9%	66.1%	$767.83	$130.19	$898.02	$1,025.33
Sep-19	285	$ 323,163	$ 385,915	$ 278,681	$ 40,543	$ -	$ -	$ 319,224	$ 36,283	$ 355,507	98.8%	82.7%	$977.83	$142.26	$1,120.08	$1,247.39
Oct-19	285	$ 321,459	$ 384,095	$ 191,748	$ 35,645	$ -	$ -	$ 227,393	$ 36,283	$ 263,676	70.7%	59.2%	$672.80	$125.07	$797.87	$925.18
Nov-19	286	$ 322,427	$ 385,272	$ 206,959	$ 34,789	$ -	$ -	$ 241,748	$ 36,411	$ 278,159	75.0%	62.7%	$723.63	$121.64	$845.27	$972.58
Dec-19	290	$ 325,447	$ 389,068	$ 119,700	$ 27,652	$ -	$ -	$ 147,353	$ 36,920	$ 184,272	45.3%	37.9%	$412.76	$95.35	$508.11	$635.42
Jan-20																
Feb-20																
Mar-20																
Apr-20																
May-20																
Jun-20																
Total	**1,718**	**$ 1,945,868**	**$ 2,323,991**	**$ 1,098,154**	**$ 217,361**	**$ -**	**$ -**	**$ 1,315,515**	**$ 218,719**	**$ 1,534,233**	**67.6%**	**56.6%**	**$639.20**	**$126.52**	**$765.72**	**$893.03**
Avg	**286**															

Administrative Fees	PPO Plan		
	Employee	Emp + 1 Dep	EE + Family
Administration	$49.76	$49.76	$49.76
Specific Stoploss 12/24 $250,000 ISL	$72.45	$72.45	$72.45
Aggregate Stoploss (125%)	$5.10	$5.10	$5.10
Total Admin Fees	**$127.31**	**$127.31**	**$127.31**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$481.10**	**$1,089.51**	**$1,576.22**
Maximum Liability (ICAP)	**$656.76**	**$1,306.66**	**$1,826.57**

Number of Enrollees by Month				
Month	EE	EE + 1	EE + Fam	Total
July	84	62	138	284
August	88	61	139	288
September	88	61	136	285
October	90	60	135	285
November	91	59	136	286
December	94	59	137	290
January	0	0	0	0
February	0	0	0	0
March	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
Totals	**535**	**362**	**821**	**1,718**

City of Surprise
Paid Claims and Administration
Plan Year: July 2019 to June 2020 (as of December 2019)
Incurred and Paid

BlueCross BlueShield of Arizona & Optum Rx - HMO Plan											Loss Ratio		PEPM Costs			
Paid Month	Subscribers	Expected Claims Liability	Maximum Claims Liability	Medical Paid Claims	Rx Paid Claims	Optum Rx Rebates	Stop Loss Recovery	Total Paid Claims	Admin Fees	Total Paid Claims and Admin Fees	Actual Claims vs Expected Claims Liability	Actual Claims vs Maximum Claims Liability	Medical Claims Paid PEPM	Rx Claims Paid PEPM	Total Claims Paid PEPM	Total Claims & Fees PEPM
Jul-19	368	$ 488,584	$ 564,385	$ 188,533	$ 113,801	$ -	$ -	$ 302,333	$ 46,648	$ 348,981	61.9%	53.6%	$512.32	$309.24	$821.56	$948.32
Aug-19	368	$ 487,325	$ 563,064	$ 411,300	$ 87,705	$ -	$ -	$ 499,005	$ 46,648	$ 545,652	102.4%	88.6%	$1,117.66	$238.33	$1,355.99	$1,482.75
Sep-19	369	$ 487,702	$ 563,599	$ 481,864	$ 78,455	$ -	$ -	$ 560,319	$ 46,774	$ 607,093	114.9%	99.4%	$1,305.86	$212.61	$1,518.48	$1,645.24
Oct-19	370	$ 489,211	$ 565,323	$ 616,745	$ 121,404	$ -	$ -	$ 738,148	$ 46,901	$ 785,050	150.9%	130.6%	$1,666.88	$328.12	$1,995.00	$2,121.76
Nov-19	372	$ 490,971	$ 567,451	$ 370,731	$ 101,244	$ -	$ -	$ 471,974	$ 47,155	$ 519,129	96.1%	83.2%	$996.59	$272.16	$1,268.75	$1,395.51
Dec-19	373	$ 493,865	$ 570,628	$ 296,768	$ 112,089	$ -	$ -	$ 408,857	$ 47,281	$ 456,138	82.8%	71.7%	$795.62	$300.51	$1,096.13	$1,222.89
Jan-20																
Feb-20																
Mar-20																
Apr-20																
May-20																
Jun-20																
Total	**2,220**	**$ 2,937,658**	**$ 3,394,450**	**$ 2,365,939**	**$ 614,696**	**$ -**	**$ -**	**$ 2,980,636**	**$ 281,407**	**$ 3,262,043**	**101.5%**	**87.8%**	**$1,065.74**	**$276.89**	**$1,342.63**	**$1,469.39**
Avg	**370**															

Administrative Fees	HMO Plan		
	Employee	Emp + 1 Dep	EE + Family
Administration	$49.76	$49.76	$49.76
Specific Stoploss 12/24 $250,000 ISL	$72.45	$72.45	$72.45
Aggregate Stoploss (125%)	$4.55	$4.55	$4.55
Total Admin Fees	**$126.76**	**$126.76**	**$126.76**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$502.47**	**$1,131.70**	**$1,635.12**
Maximum Liability (ICAP)	**$667.38**	**$1,327.94**	**$1,856.40**

Number of Enrollees by Month				
Month	EE	EE + 1	EE + Fam	Total
July	71	65	232	368
August	73	63	232	368
September	75	61	233	369
October	76	59	235	370
November	76	62	234	372
December	74	64	235	373
January	0	0	0	0
February	0	0	0	0
March	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
Totals	**445**	**374**	**1,401**	**2,220**

City of Surprise

Paid Claims and Administration

Plan Year: July 2019 to June 2020 (as of December 2019)

Incurred and Paid

	BlueCross BlueShield of Arizona & Optum Rx - EPO Plan										Loss Ratio		PEPM Costs			
Paid Month	Subscribers	Expected Claims Liability	Maximum Claims Liability	Medical Paid Claims	Rx Paid Claims	Optum Rx Rebates	Stop Loss Recovery	Total Paid Claims	Admin Fees	Total Paid Claims and Admin Fees	Actual Claims vs Expected Claims Liability	Actual Claims vs Maximum Claims Liability	Medical Claims Paid PEPM	Rx Claims Paid PEPM	Total Claims Paid PEPM	Total Claims & Fees PEPM
Jul-19	96	$ 106,279	$ 116,237	$ 37,142	$ 14,617	$ -	$ -	$ 51,759	$ 12,169	$ 63,928	48.7%	44.5%	$386.89	$152.27	$539.16	$665.92
Aug-19	96	$ 106,279	$ 116,237	$ 66,340	$ 13,431	$ -	$ -	$ 79,770	$ 12,169	$ 91,939	75.1%	68.6%	$691.04	$139.90	$830.94	$957.70
Sep-19	98	$ 107,279	$ 117,472	$ 62,863	$ 14,902	$ -	$ -	$ 77,765	$ 12,422	$ 90,187	72.5%	66.2%	$641.46	$152.06	$793.52	$920.28
Oct-19	98	$ 105,684	$ 115,914	$ 67,405	$ 7,673	$ -	$ -	$ 75,077	$ 12,422	$ 87,500	71.0%	64.8%	$687.80	$78.30	$766.10	$892.86
Nov-19	98	$ 105,684	$ 115,914	$ 113,723	$ 20,448	$ -	$ -	$ 134,171	$ 12,422	$ 146,594	127.0%	115.8%	$1,160.44	$208.66	$1,369.09	$1,495.85
Dec-19	104	$ 109,365	$ 120,287	$ 41,883	$ 31,862	$ -	$ -	$ 73,745	$ 13,183	$ 86,928	67.4%	61.3%	$402.73	$306.36	$709.09	$835.85
Jan-20																
Feb-20																
Mar-20																
Apr-20																
May-20																
Jun-20																
Total	**590**	**$ 640,571**	**$ 702,061**	**$ 389,355**	**$ 102,934**	**$ -**	**$ -**	**$ 492,288**	**$ 74,788**	**$ 567,077**	**76.9%**	**70.1%**	**$659.92**	**$174.46**	**$834.39**	**$961.15**
Avg	**98**															

Administrative Fees	HMO Plan		
	Employee	Emp + 1 Dep	EE + Family
Administration	$49.76	$49.76	$49.76
Specific Stoploss 12/24 $250,000 ISL	$72.45	$72.45	$72.45
Aggregate Stoploss (125%)	$4.55	$4.55	$4.55
Total Admin Fees	**$126.76**	**$126.76**	**$126.76**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$442.70**	**$1,012.16**	**$1,467.74**
Maximum Liability (ICAP)	**$561.92**	**$1,118.09**	**$1,563.05**

Number of Enrollees by Month				
Month	EE	EE + 1	EE + Fam	Total
July	28	13	55	96
August	28	13	55	96
September	29	15	54	98
October	31	14	53	98
November	31	14	53	98
December	36	14	54	104
January	0	0	0	0
February	0	0	0	0
March	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
Totals	**183**	**83**	**324**	**590**

City of Surprise
Paid Claims and Administration
Plan Year: July 2018 to June 2019 with Runout through September 2019
Incurred and Paid

BlueCross BlueShield of Arizona and Optum Rx- All Plans														Loss Ratio		PEPM Costs				
Paid Month	Subscribers	Expected Claims Liability	Maximum Claims Liability	Medical Paid Claims	Rx Paid Claims	Optum Rx Rebates & Performance Guarantees	Blue Card Claims Expense & Misc.	Capitation Fees	Value Based Services	Stop Loss Recovery	Total Paid Claims	Admin Fees	Total Paid Claims & Admin Fees	Actual Claims vs Expected Claims Liability	Actual Claims vs Maximum Claims Liability	Medical Claims Paid PEPM	Rx Claims Paid PEPM	Total Claims Paid PEPM	Total Paid Claims Net Stop Loss Reimburse-ment PEPM	Total Claims & Fees PEPM
Jul-18	710	$ 833,067	$ 971,366	$ 274,230	$ 172,399	$ -	$ 15	$ 3,610	$ 1,346	$ -	$ 451,599	$ 85,578	$ 537,177	54.2%	46.5%	$391.34	$242.82	$636.06	$636.06	$756.59
Aug-18	715	$ 838,586	$ 977,857	$ 810,047	$ 156,087	$ -	$ 148	$ 3,655	$ 1,354	$ -	$ 971,290	$ 86,182	$ 1,057,472	115.8%	99.3%	$1,138.25	$218.30	$1,358.45	$1,358.45	$1,478.98
Sep-18	715	$ 841,030	$ 980,453	$ 726,683	$ 149,875	$ -	$ 179	$ 3,703	$ 1,327	$ (75,627)	$ 806,140	$ 86,183	$ 892,323	95.9%	82.2%	$1,021.77	$209.62	$1,233.24	$1,127.47	$1,248.00
Oct-18	715	$ 839,935	$ 979,306	$ 909,571	$ 172,101	$ -	$ 400	$ 3,686	$ 1,370	$ (90,880)	$ 996,247	$ 86,184	$ 1,082,431	118.6%	101.7%	$1,277.84	$240.70	$1,520.46	$1,393.35	$1,513.89
Nov-18	714	$ 838,278	$ 977,433	$ 647,417	$ 115,033	$ -	$ (952)	$ 3,668	$ 1,469	$ (68,978)	$ 697,657	$ 86,064	$ 783,721	83.2%	71.4%	$910.55	$161.11	$1,073.72	$977.11	$1,097.65
Dec-18	713	$ 835,049	$ 973,911	$ 702,396	$ 151,891	$ -	$ 36	$ 3,667	$ 1,470	$ (3,097)	$ 856,363	$ 85,945	$ 942,308	102.6%	87.9%	$990.32	$213.03	$1,205.41	$1,201.07	$1,321.61
Jan-19	729	$ 850,754	$ 992,626	$ 602,574	$ 155,411	$ (108,496)	$ 237	$ 3,826	$ 1,449	$ -	$ 655,000	$ 87,878	$ 742,878	77.0%	66.0%	$832.15	$213.18	$898.49	$898.49	$1,019.04
Feb-19	733	$ 856,373	$ 999,093	$ 614,827	$ 154,026	$ -	$ 236	$ 3,879	$ 1,481	$ (41,559)	$ 732,890	$ 88,361	$ 821,251	85.6%	73.4%	$844.40	$210.13	$1,056.55	$999.85	$1,120.40
Mar-19	737	$ 860,686	$ 1,004,187	$ 707,830	$ 152,514	$ -	$ 1,845	$ 3,911	$ 1,421	$ (16)	$ 867,504	$ 88,845	$ 956,349	100.8%	86.4%	$968.23	$206.94	$1,177.10	$1,177.08	$1,297.62
Apr-19	737	$ 860,761	$ 1,004,273	$ 764,990	$ 157,088	$ (102,823)	$ 168	$ 3,931	$ 1,423	$ (35,830)	$ 788,948	$ 88,845	$ 877,793	91.7%	78.6%	$1,043.54	$213.15	$1,119.10	$1,070.49	$1,191.04
May-19	732	$ 856,386	$ 999,009	$ 785,314	$ 126,056	$ (53,710)	$ 379	$ 3,905	$ 1,655	$ (261,062)	$ 602,537	$ 88,243	$ 690,780	70.4%	60.3%	$1,078.69	$172.21	$1,179.78	$823.14	$943.69
Jun-19	730	$ 857,009	$ 999,413	$ 565,102	$ 134,171	$ -	$ 294	$ 3,944	$ 1,624	$ (16)	$ 705,119	$ 88,002	$ 793,121	82.3%	70.6%	$779.92	$183.80	$965.94	$965.92	$1,086.47
Total	**8,680**	**$ 10,167,914**	**$ 11,858,927**	**$ 8,110,980**	**$ 1,796,652**	**$ (265,029)**	**$ 2,983**	**$ 45,385**	**$ 17,391**	**$ (577,066)**	**$ 9,131,295**	**$ 1,046,310**	**$ 10,177,605**	**89.8%**	**77.0%**	**$940.02**	**$206.99**	**$1,118.47**	**$1,051.99**	**$1,172.54**
Avg	**723**																			

BCBS Runout							
Month	Paid Medical	Paid Rx	Optum Rx Rebates	Blue Card Claims Expense	Capitation (Chiro FFS Costs)	Stop Loss Recovery	Total Paid Claims
Jul-19	$ 266,880	$ -	$ (120,916)	$ 204	$ (3)	$ -	$ 146,165
Aug-19	$ 110,095	$ -	$ -	$ 2,031	$ (3)	$ -	$ 112,123
Sep-19	$ 17,472	$ -	$ -	$ -	$ -	$ -	$ 17,472
Oct-19	$ 15,523	$ -	$ (120,494)	$ (5)	$ -	$ -	$ (104,976)
Nov-19	$ 7,431	$ -	$ -	$ (11)	$ -	$ -	$ 7,420
Dec-19	$ 1,513	$ -	$ -	$ 17	$ -	$ -	$ 1,530
Jan-20							$ -
Feb-20							$ -
Mar-20							$ -
Apr-20							$ -
May-20							$ -
Jun-20							$ -
Total	**$ 418,913**	**$ -**	**$ (241,410)**	**$ 2,236**	**$ (6)**	**$ -**	**$ 179,733**

2018-2019 Medical Plan Costs with Runout

Total Claims Incurred for Time Period	Total Stop Loss Recovery	Total Paid Claims Net Runout	Total Admin Fees	Total Paid Claims and Admin Costs	% Actual Claims vs. Expected	% Actual Claims vs. Maximum Claim Liability	Total Paid Claims & Admin Costs PEPM
$ 9,888,095	$ (577,066)	$ 9,311,029	$ 1,046,310	$ 10,357,338	91.6%	78.5%	$ 1,193.24

Specific Stoploss 12/24 $250,000 ISL

Aggregate Stoploss (125%)

2018 BCBS Total Rebate amount YTD is $3,924.

City of Surprise

Plan Year: July 2019 to June 2020 (as of December 2019)

Annual Cost Comparison Analysis

Incurred and Paid - 2018/2019 vs. 2019/2020

Cost Categories	2018/2019 with Runout	PEPM Costs	2019/2020 Estimated Annual	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Medical Claims Costs*	$8,785,790	$1,012.19	$8,901,464	$982.94	1.32%	$115,674	-2.9%	($29.25)
Rx Claims Costs	$1,796,652	$206.99	$1,869,981	$206.49	4.08%	$73,330	-0.2%	($0.50)
Rx Rebates	($459,000)	($52.88)	($495,720)	($54.74)	8.00%	($36,720)	3.5%	($1.86)
Blue Card, Captitation Expenses, Misc and Value Based Services	$67,989	$7.83	$123,285	$13.61	81.33%	$55,296	73.8%	$5.78
Stop Loss Recoveries***	($577,066)	($66.48)	$0	$0.00	n/a	$577,066	n/a	$66.48
Admin Fees	$1,046,310	$120.54	$1,149,828	$126.97	9.89%	$103,519	5.3%	$6.43
Total Costs	**$10,660,674**	**$1,228.19**	**$11,548,839**	**$1,275.27**	**8.3%**	**$888,165**	**3.8%**	**$47.08**

PEPM Total Cost History		Increase/ Decrease
2014/2015	$1,079.93	
2015/2016	$1,160.82	7.5%
2016/2017	$1,202.07	3.6%
2017/2018	$1,151.77	-4.2%
2018/2019	$1,228.19	6.6%
2019/2020	$1,275.27	3.8%

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	8,680	9,056	4.33%	$376

*2019/2020 Medical Claims Costs includes a 5% escalator load and a 10% completion factor
***Stop Loss Recoveries are not annualized

Incurred and Paid - 2017/2018 vs. 2018/2019

Cost Categories	2017/2018 with Runout	PEPM Costs	2018/2019 with Runout	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Medical Claims Costs*	$7,146,271	$849.63	$8,785,790	$1,012.19	22.94%	$1,639,519	19.1%	$162.55
Rx Claims Costs	$1,729,232	$205.59	$1,796,652	$206.99	3.90%	$67,420	0.7%	$1.40
Rx Rebates	($206,433)	($24.54)	($459,000)	($52.88)	122.35%	($252,567)	115.5%	($28.34)
Blue Card, Captitation Expenses & Misc.	$62,469	$7.43	$67,989	$7.83	8.84%	$5,520	5.5%	$0.41
Stop Loss Recoveries***	($18,369)	($2.18)	($577,066)	($66.48)	n/a	($558,697)	n/a	($64.30)
Admin Fees	$974,352	$115.84	$1,046,310	$120.54	7.39%	$71,958	4.1%	$4.70
Total Costs	**$9,687,522**	**$1,151.77**	**$10,660,674**	**$1,228.19**	**10.0%**	**$973,152**	**6.6%**	**$76.42**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	8,411	8,680	3.20%	$269

*2018/2019 Medical Claims Costs includes a 3% completion factor

City of Surprise

Blue Cross Blue Shield - Large Claims over $50k

Plan Year: July 2019 to June 2020 (as of December 2019)

Claimant	Unique ID	Prior Year Large Claimant (Y/N)	Enrollment Status	Plan	Medical Paid Claims	Rx Paid Claims	Current YTD Paid Claims through Qtr	Previous Quarter's YTD Paid Claims	Change from Prior Quarter's Claims	% of $250K ISL Limit
1	C002	N	Active	HMO	$168,914	$411	$169,325		$169,325	67.7%
2	C001	N	Active	HMO	$161,470	$8	$161,478	$158,046	$3,432	64.6%
3	C003	N	Active	HMO	$149,288	$0	$149,288		$149,288	59.7%
4	B012	Y	Active	PPO	$126,382	$262	$126,645	$124,469	$2,176	50.7%
5	A010	Y	Active	HMO	$115,841	$510	$116,351	$107,833	$8,518	46.5%
6	C004	N	Active	T Alliance EPO	$82,562	$1	$82,563		$82,563	33.0%
7	PY 16-17 #26	Y	Active	HMO	$2,465	$74,231	$76,695		$76,695	30.7%
8	C005	N	Termed	HMO	$70,442	$1,140	$71,582		$71,582	28.6%
9	A018	Y	Active	HMO	$442	$65,551	$65,993		$65,993	26.4%
10	B003	N	Active	HMO	$60,491	$2,609	$63,100		$63,100	25.2%
11	C006	N	Active	T Alliance EPO	$25,101	$32,082	$57,184		$57,184	22.9%
12	C007	N	Active	HMO	$54,965	$0	$54,965		$54,965	22.0%
				Total	$1,018,363	$176,805	$1,195,168	$390,348	$804,820	

Percentage of Large Claims vs. Medical & Rx Claims	12.5%

Green highlight denotes new claimant in the current quarter.

City of Surprise

Blue Cross Blue Shield - Large Claims over $50k

Plan Year: July 2018 to June 2019 (as of December 2019)

Claimant	Unique ID	Prior Year Large Claimant (Y/N)	Enrollment Status	Plan	Medical Paid Claims	Rx Paid Claims	Current YTD Paid Claims through Qtr	Previous Quarter's YTD Paid Claims	Change from Prior Quarter's Claims	% of $250K ISL Limit	Stop Loss Reimbursement	Net Paid after SL Reimbursements
1	B008	N	Termed 5/1/19	PPO	$492,051	$18,455	**$510,506**	$510,506	**$0**	**100.0%**	**($260,506)**	**$250,000**
2	A021	Y	Termed 12/1/18	HMO	$487,161	$4,649	**$491,810**	$491,810	**$0**	**100.0%**	**($241,810)**	**$250,000**
3	B001	N	Active	HMO	$324,663	$88	**$324,751**	$324,751	**$0**	**100.0%**	**($74,751)**	**$250,000**
4	B005	N	Active	PPO	$170,029	$73	**$170,102**	$170,102	**$0**	**68.0%**		**$170,102**
5	B002	N	Active	PPO	$148,052	$4,725	**$152,777**	$152,777	**$0**	**61.1%**		**$152,777**
6	A017	Y	Termed 11/1/19	HMO	$148,220	$1,556	**$149,776**	$149,776	**$0**	**59.9%**		**$149,776**
7	B007	N	Active	HMO	$140,276	$0	**$140,276**	$140,276	**$0**	**56.1%**		**$140,276**
8	B003	N	Active	HMO	$132,384	$419	**$132,803**	$131,693	**$1,110**	**53.1%**		**$132,803**
9	A019	Y	Active	PPO	$124,876	$0	**$124,876**	$124,775	**$101**	**50.0%**		**$124,876**
10	A007	N	Active	PPO	$2,458	$116,829	**$119,287**	$119,287	**$0**	**47.7%**		**$119,287**
11	PY 16-17 #26	Y	Active	HMO	$18,315	$97,389	**$115,704**	$115,704	**$0**	**46.3%**		**$115,704**
12	B014	N	Active	HMO	$107,474	$1,181	**$108,655**	$108,655	**$0**	**43.5%**		**$108,655**
13	B009	N	Termed	HMO	$0	$96,190	**$96,190**	$96,190	**$0**	**38.5%**		**$96,190**
14	B006	N	Active	HMO	$82,200	$519	**$82,719**	$82,719	**$0**	**33.1%**		**$82,719**
15	B016	Y	Termed 9/1/19	PPO	$82,509	$0	**$82,509**	$82,329	**$180**	**33.0%**		**$82,509**
16	B012	N	Active	PPO	$80,269	$2,048	**$82,316**	$81,960	**$356**	**32.9%**		**$82,316**
17	A024	Y	Active	PPO	$13,309	$67,695	**$81,004**	$81,004	**$0**	**32.4%**		**$81,004**
18	B011	N	Active	PPO	$71,777	$4,323	**$76,100**	$75,946	**$154**	**30.4%**		**$76,100**
19	A013	Y	Active	HMO	$1,102	$72,645	**$73,747**	$73,747	**$0**	**29.5%**		**$73,747**
20	B010	N	Active	PPO	$54,392	$16,921	**$71,314**	$71,314	**$0**	**28.5%**		**$71,314**
21	B013	N	Active	HMO	$64,606	$2	**$64,608**	$64,608	**$0**	**25.8%**		**$64,608**
22	A018	Y	Active	HMO	$896	$61,887	**$62,783**	$62,783	**$0**	**25.1%**		**$62,783**
23	B004	N	Active	HMO	$58,746	$0	**$58,746**	$58,746	**$0**	**23.5%**		**$58,746**
24	B012	N	Active	PPO	$7,652	$47,273	**$54,925**	$54,925	**$0**	**22.0%**		**$54,925**
25	A020	Y	Active	PPO	$54,595	$11	**$54,606**	$54,606	**$0**	**21.8%**		**$54,606**

City of Surprise

Blue Cross Blue Shield - Large Claims over $50k

Plan Year: July 2018 to June 2019 (as of December 2019)

Claimant	Unique ID	Prior Year Large Claimant (Y/N)	Enrollment Status	Plan	Medical Paid Claims	Rx Paid Claims	Current YTD Paid Claims through Qtr	Previous Quarter's YTD Paid Claims	Change from Prior Quarter's Claims	% of $250K ISL Limit	Stop Loss Reimbursement	Net Paid after SL Reimbursements
26	**B015**	**N**	**Active**	**HMO**	$33,393	$17,503	**$50,897**	$50,897	**$0**	**20.4%**		**$50,897**
27	**A023**	**Y**	**Active**	**HMO**	$19,009	$31,277	**$50,286**	$50,524	**-$238**	**20.1%**		**$50,286**
					$2,920,415	**$663,658**	**$3,584,073**	**$3,582,409**	**$1,664**		**($577,066)**	**$3,007,007**

Percentage of Large Claims vs. Medical & Rx Claims	**34.7%**

Dental Reports

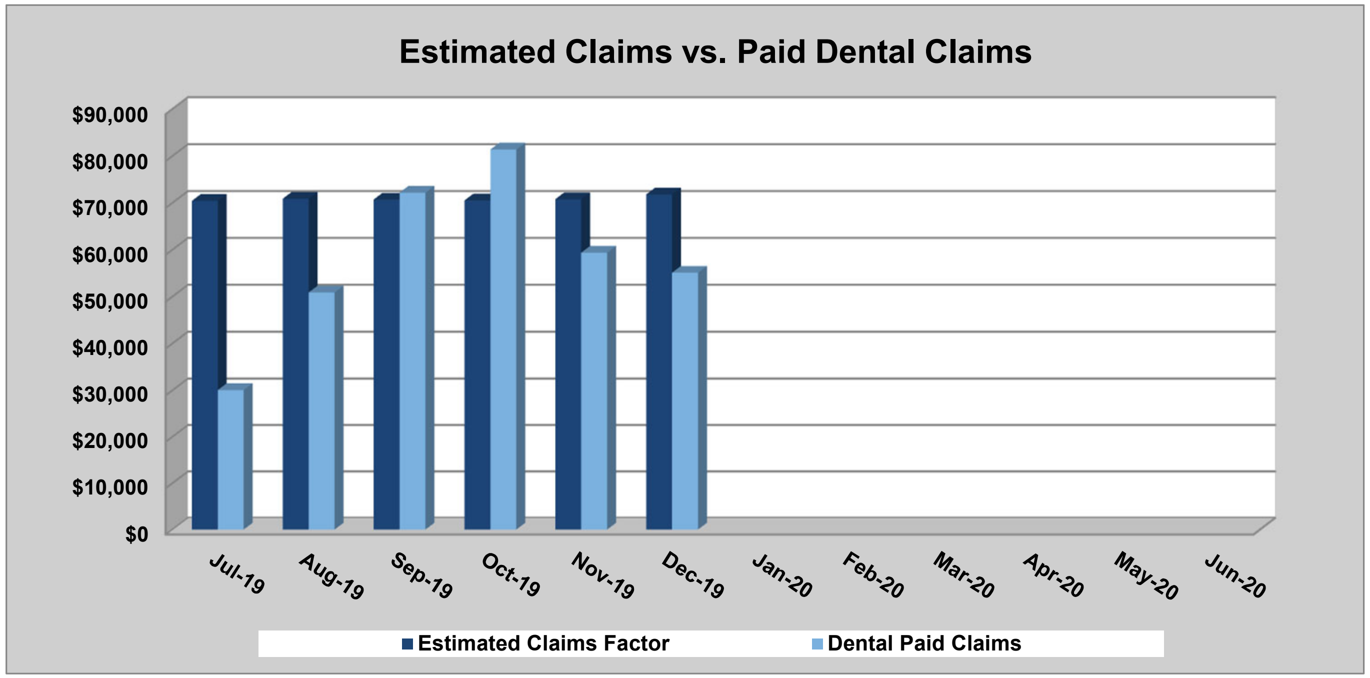
City of Surprise
Delta Dental Self Funded Paid Claims
Plan Year: July 2019 to June 2020 (as of December 2019)

Delta Dental						Loss Ratio	PEPM Costs	
Month	Enrollment	Estimated Claims Factor	Administrative Costs	Dental Paid Claims	Total Plan Costs	% Actual Claims vs. Estimated Claims Factor	Dental Paid Claims PEPM	Total Plan Costs PEPM
Jul-19	771	$70,408	$2,737	$30,048	$32,785	42.7%	$38.97	$42.52
Aug-19	776	$70,864	$2,755	$50,869	$53,624	71.8%	$65.55	$69.10
Sep-19	774	$70,682	$2,755	$72,157	$74,912	102.1%	$93.23	$96.79
Oct-19	772	$70,499	$2,748	$81,370	$84,118	115.4%	$105.40	$108.96
Nov-19	775	$70,773	$2,751	$59,360	$62,111	83.9%	$76.59	$80.14
Dec-19	786	$71,778	$2,790	$55,083	$57,873	76.7%	$70.08	$73.63
Jan-20								
Feb-20								
Mar-20								
Apr-20								
May-20								
Jun-20								
Total	4,654	$425,003	$16,536	$348,887	$365,423	82.1%	$74.96	$78.52
Avg PEPM Enrollment	776							

Admin Fees	Employee
Administration	$3.55

Claim Expenses	
Estimated Claim Factor	$91.32

Premium Equivalent Rates		
EE	EE + 1	Family
$38.80	$76.89	$124.56



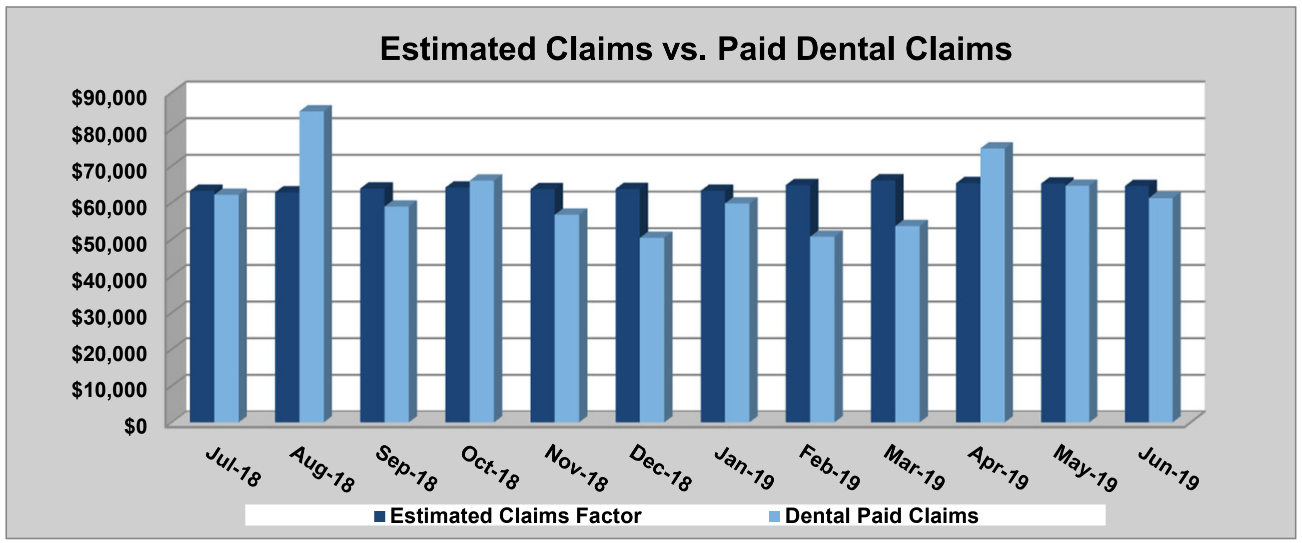
City of Surprise
Metlife Dental Self Funded Paid Claims
Plan Year: July 2018 to June 2019 with Runout (as of December 2019)

MetLife Dental						Loss Ratio	PEPM Costs	
Month	Enrollment	Estimated Claims Factor	Administrative Costs	Dental Paid Claims	Total Plan Costs	% Actual Claims vs. Estimated Claims Factor	Dental Paid Claims PEPM	Total Plan Costs PEPM
Jul-18	734	$63,219	$3,920	$62,128	$66,048	98.3%	$84.64	$89.98
Aug-18	729	$62,789	$3,893	$84,852	$88,745	135.1%	$116.39	$121.73
Sep-18	741	$63,822	$3,957	$58,892	$62,849	92.3%	$79.48	$84.82
Oct-18	744	$64,081	$3,973	$65,983	$69,956	103.0%	$88.69	$94.03
Nov-18	739	$63,650	$3,946	$56,676	$60,622	89.0%	$76.69	$82.03
Dec-18	740	$63,736	$3,952	$50,384	$54,335	79.1%	$68.09	$73.43
Jan-19	734	$63,219	$3,920	$59,755	$63,674	94.5%	$81.41	$86.75
Feb-19	752	$64,770	$4,016	$50,679	$54,694	78.2%	$67.39	$72.73
Mar-19	767	$66,062	$4,096	$53,581	$57,677	81.1%	$69.86	$75.20
Apr-19	758	$65,287	$4,048	$74,757	$78,804	114.5%	$98.62	$103.96
May-19	757	$65,200	$4,042	$64,562	$68,605	99.0%	$85.29	$90.63
Jun-19	749	$64,511	$4,000	$61,204	$65,204	94.9%	$81.71	$87.05
Total	**8,944**	**$770,347**	**$47,761**	**$743,452**	**$791,213**	**96.5%**	**$83.12**	**$88.46**
Avg PEPM Enrollment	**745**							
	Runout Claims Paid 7/2019 to 6/2020			**$28,217**				
	Totals with Runout			**$771,669**	**$819,430**		**$86.28**	**$91.62**

Admin Fees	Employee
Administration	$5.34

Claim Expenses	
Estimated Claim Factor	$86.13

Premium Equivalent Rates		
EE	EE + 1	Family
$38.48	$76.26	$123.54



City of Surprise
MetLife Dental Claims
Plan Year: July 2019 to June 2020 (as of December 2019)

Annual Cost Comparison Analysis 2018/2019 vs. 2019/2020

Cost Categories	2018/2019 Costs with Runout	PEPM Costs	2019/2020 Estimated Annual Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Dental Claims*	$771,669	$86.28	$781,507	$83.96	1.3%	$9,838	-2.7%	($2.32)
Admin Fees	$47,761	$5.34	$33,072	$3.55	-30.8%	($14,689)	-33.5%	($1.79)
Total Costs	**$819,430**	**$91.62**	**$814,579**	**$87.51**	**-0.6%**	**($4,851)**	**-4.5%**	**($4.10)**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	8,944	9,308	4.1%	364

PEPM Total Cost History		Increase/ Decrease
2014/2015	**$75.97**	
2015/2016	**$86.13**	**13.4%**
2016/2017	**$85.96**	**-0.2%**
2017/2018	**$86.59**	**0.7%**
2018/2019	**$91.62**	**5.8%**
2019/2020	**$87.51**	**-4.5%**

*2019-20 Dental claims includes a 12% escalator load for immature claims.

Annual Cost Comparison Analysis 2017/2018 vs. 2018/2019

Cost Categories	2017/2018 Costs	PEPM Costs	2018/2019 Costs with Runout	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Dental Claims	$712,298	$81.74	$771,669	$86.28	8.3%	$59,371	5.5%	$4.54
Admin Fees	$42,263	$4.85	$47,761	$5.34	13.0%	$5,498	10.1%	$0.49
Total Costs	**$754,561**	**$86.59**	**$819,430**	**$91.62**	**8.6%**	**$64,869**	**5.8%**	**$5.03**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	8,714	8,944	2.6%	230

Vision Reports

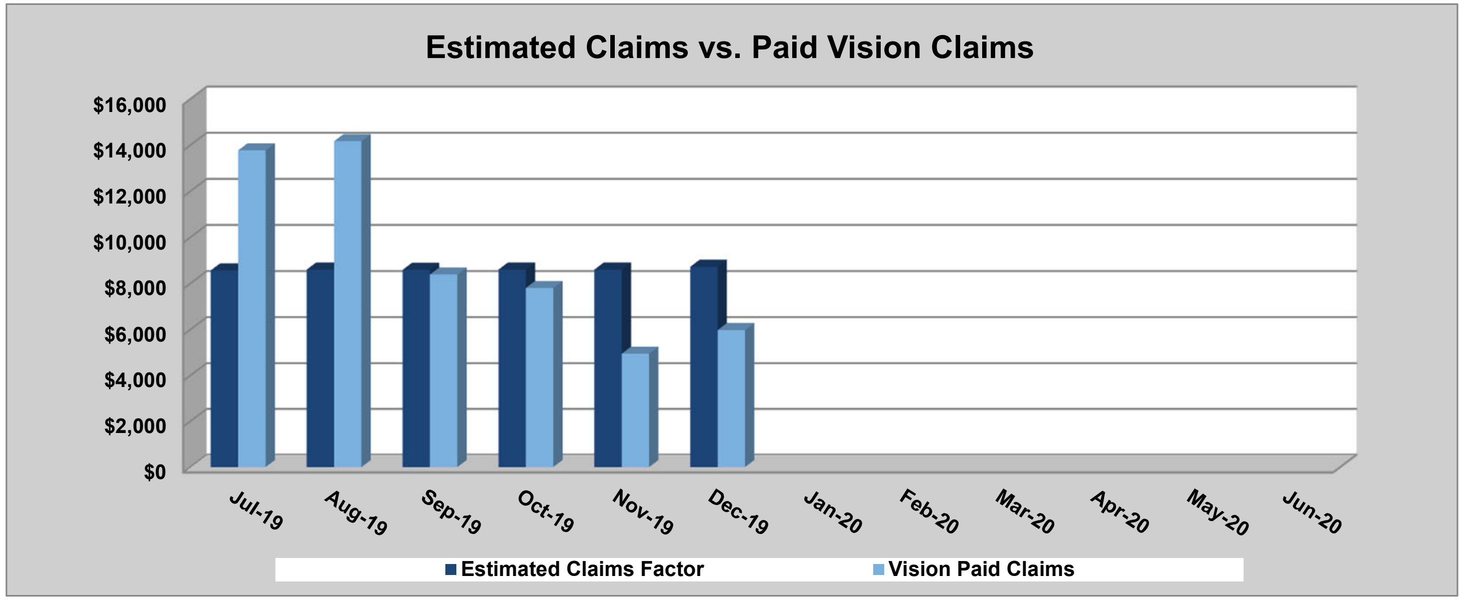
City of Surprise
Avesis Vision Self Funded Paid Claims
Plan Year: July 2019 to June 2020 (as of December 2019)

Avesis Vision						Loss Ratio	PEPM Costs	
Month	Enrollment	Estimated Claims Factor	Administrative Costs	Vision Paid Claims	Total Plan Costs	% Actual Claims vs. Estimated Claims Factor	Vision Paid Claims PEPM	Total Plan Costs PEPM
Jul-19	765	$8,568	$727	$13,776	$14,503	160.8%	$18.01	$18.96
Aug-19	768	$8,602	$730	$14,172	$14,901	164.8%	$18.45	$19.40
Sep-19	767	$8,590	$729	$8,388	$9,116	97.6%	$10.94	$11.89
Oct-19	768	$8,602	$730	$7,804	$8,533	90.7%	$10.16	$11.11
Nov-19	768	$8,602	$730	$4,952	$5,682	57.6%	$6.45	$7.40
Dec-19	779	$8,725	$740	$5,978	$6,718	68.5%	$7.67	$8.62
Jan-20								
Feb-20								
Mar-20								
Apr-20								
May-20								
Jun-20								
Total	**4,615**	**$51,688**	**$4,384**	**$55,068**	**$59,452**	**106.5%**	**$11.93**	**$12.88**
Avg Enrollment	**769**							

Admin Fees	Employee
Administration	$0.95

Claim Expenses	
Estimated Claim Factor	$11.20

Premium Equivalent Rates	
EE	Family
$5.16	$14.61



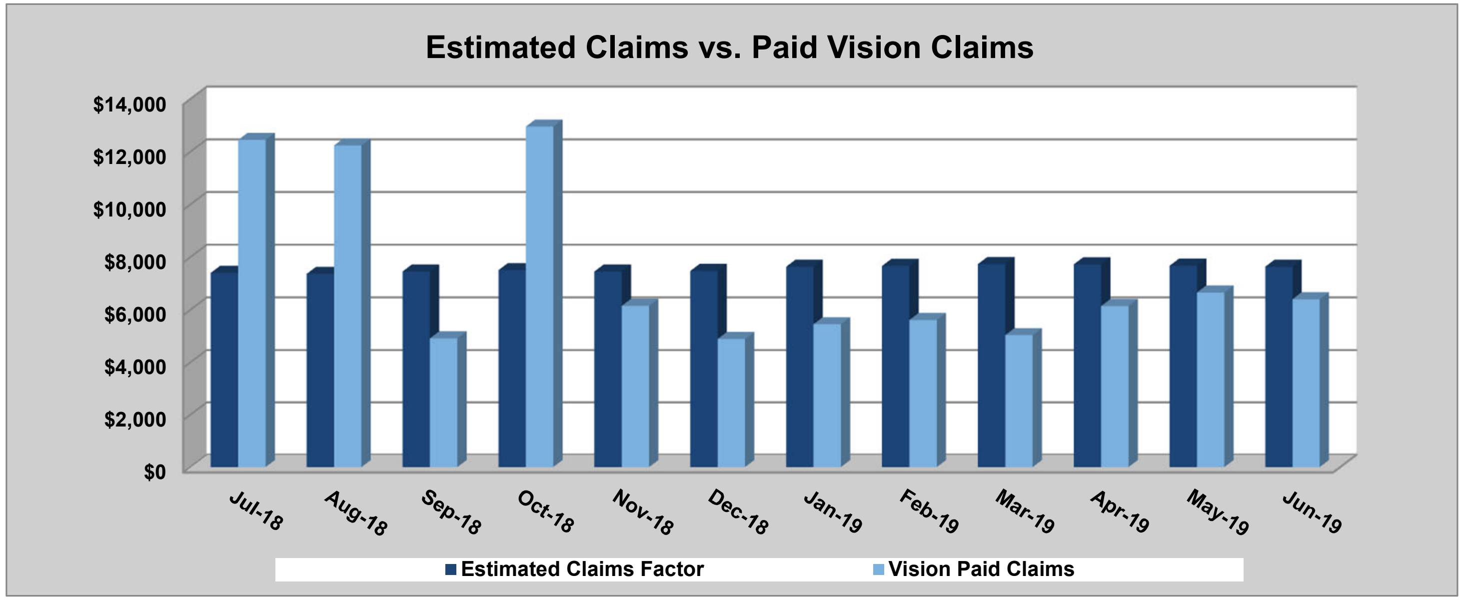
City of Surprise
Avesis Vision Self Funded Paid Claims
Plan Year: July 2018 to June 2019

Avesis Vision						Loss Ratio	PEPM Costs	
Month	Enrollment	Estimated Claims Factor	Administrative Costs	Vision Paid Claims	Total Plan Costs	% Actual Claims vs. Estimated Claims Factor	Vision Paid Claims PEPM	Total Plan Costs PEPM
Jul-18	736	$7,404	$702	$12,450	$13,152	168.1%	$16.92	$17.87
Aug-18	732	$7,364	$695	$12,241	$12,936	166.2%	$16.72	$17.67
Sep-18	741	$7,454	$713	$4,917	$5,630	66.0%	$6.64	$7.60
Oct-18	746	$7,505	$709	$12,958	$13,666	172.7%	$17.37	$18.32
Nov-18	741	$7,454	$704	$6,150	$6,853	82.5%	$8.30	$9.25
Dec-18	743	$7,475	$706	$4,891	$5,596	65.4%	$6.58	$7.53
Jan-19	759	$7,636	$721	$5,451	$6,172	71.4%	$7.18	$8.13
Feb-19	762	$7,666	$724	$5,612	$6,335	73.2%	$7.36	$8.31
Mar-19	769	$7,736	$731	$5,039	$5,769	65.1%	$6.55	$7.50
Apr-19	768	$7,726	$730	$6,142	$6,871	79.5%	$8.00	$8.95
May-19	763	$7,676	$725	$6,659	$7,384	86.8%	$8.73	$9.68
Jun-19	759	$7,636	$721	$6,403	$7,124	83.9%	$8.44	$9.39
Total	**9,019**	**$90,731**	**$8,579**	**$88,909**	**$97,488**	**98.0%**	**$9.86**	**$10.81**
Avg Enrollment	752							

Admin Fees	Employee
Administration	$0.95

Claim Expenses	
Estimated Claim Factor	$10.06

Premium Equivalent Rates	
EE	Family
$4.98	$14.10



City of Surprise

Avesis Vision Claims

Plan Year: July 2019 to June 2020 (as of December 2019)

Annual Cost Comparison Analysis 2018/2019 vs. 2019/2020

Cost Categories	2018/2019 Costs	PEPM Costs	2019/2020 Estimated Annual Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Vision Claims	$88,909	$9.86	$103,136	$11.17	16.0%	$14,228	13.4%	$1.32
Admin Fees	$8,579	$0.95	$8,769	$0.95	2.2%	$189	-0.1%	($0.00)
Total Costs	**$97,488**	**$10.81**	**$111,905**	**$12.12**	**14.8%**	**$14,417**	**12.2%**	**$1.31**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	9,019	9,230	2.3%	211

PEPM Total Cost History		Increase/ Decrease
2014/2015	**$9.09**	
2015/2016	**$10.33**	**13.6%**
2016/2017	**$10.42**	**0.9%**
2017/2018	**$10.69**	**2.6%**
2018/2019	**$10.81**	**1.1%**
2019/2020	**$12.12**	**12.2%**

Annual Cost Comparison Analysis 2017/2018 vs. 2018/2019

Cost Categories	2017/2018 Costs	PEPM Costs	2018/2019 Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Vision Claims	$86,735	$9.74	$88,909	$9.86	2.5%	$2,174	1.2%	$0.12
Admin Fees	$8,460	$0.95	$8,579	$0.95	1.4%	$120	0.1%	$0.00
Total Costs	**$95,194**	**$10.69**	**$97,488**	**$10.81**	**2.4%**	**$2,294**	**1.1%**	**$0.12**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	8,904	9,019	1.3%	115

City of Surprise PBM Summary

January 1, 2019 – December 31, 2019

Per Member Per Month Actual Cost Versus Projection (Accrued Basis)

BCBS Optum	Modeled Projection	Prior Calendar Year - 2018
$66.07	$61.67	$44.16 – Results thru March, 2018
		$54.57 – Results thru June, 2018 (includes 1st Q rebates)
		$55.73 – Results thru Sep, 2018 (includes 1st and 2nd Q rebates)
		$54.45 – Results thru Dec, 2018 (includes 1st, 2nd and 3rd Q rebates)
		$50.49 – Results thru Dec, 2018 (includes 1st, 2nd, 3rd and 4th Q rebates)

BCBS Optum	Modeled Projection	Current Calendar Year – 2019*
		$68.70 – Results thru March, 2019 (includes no rebates) $53.84 with estimated rebates
		$56.32 – Results thru June, 2019 (includes 1st Q Rebate $120,916)
		$53.35 – Results thru September, 2019 (includes 1st & 2nd Q Rebates)
		$46.71 – Results thru December, 2019 (includes 1st, 2nd & 3rd Q Rebates)

Your PMPM trend continues to be lower than the overall Optum book of business.

Projected Rebates (CY 19 - 12 months) - $451,000

Projected Rebates Per Quarter - $112,000

Actual Rebate 1st Q 2019 = $120,916

Actual Rebate 2nd Q 2019 = $120,494

Actual Rebate 3rd Q 2019 = $121,214

Changes in utilization that are unexpected may result in a variance against targets.

**Does not include $53,710 paid in May, 2019 for pricing performance guarantees.*

CITY OF SURPRISE
Health Benefit Trust Fund Board Meeting

Council Meeting Date: February 26, 2020

Contact Person: Nick Sarpy, ACCOUNTING MGR

Submitting Department: Finance

District: Citywide

Staff Recommendations: None

Consent: No | Regular: Yes | Public Hearing: No | Report/Discussion: No

Agenda Wording:

Presentation and discussion pertaining to the City's unaudited Employee Healthcare and Workers' Compensation Self Insurance Funds Financial Report for FY2020 2nd Quarter.

Motion:

None. Presentation and discussion only.

Background:

Staff will be presenting the city's unaudited Employee Healthcare Self Insurance Fund and Workers' Compensation Fund financial report for FY2020 2nd Quarter. This report contains unaudited financial activity through December 31, 2019 for the Employee Healthcare Self Insurance Fund and the Workers' Compensation Fund.

Objective Analysis:

Policy Compliant:

Financial Impact:

None at this time; however, topics covered in this presentation could lead to future actions which may have fiscal impact on the fund's operation.

Budget Impact:

None at this time; however, topics covered in this presentation could lead to future actions which may have fiscal impact on the fund's operation.

FTE Impact:

ATTACHMENTS:

1. 2nd Quarter Self Insurance Fund

City of Surprise, Arizona
Employee Healthcare Self Insurance Fund and Workers' Compensation Fund
December 31, 2019

	Employee Healthcare Trust Fund	Worker's Compensation Trust Fund
ASSETS		
Current assets:		
Cash and investments	$ 8,309,215	$ 1,886,969
Other Receivables	-	-
Prepaid services	3,321	-
Total current assets	8,312,536	1,886,969
Noncurrent assets:		
Net OPEB asset	273	187
Total noncurrent assets	273	187
Total assets	8,312,809	1,887,156
DEFERRED OUTFLOWS OF RESOURCES		
Deferred outflows of resources - pension related	17,654	12,123
Deferred outflows of resources - OPEB related	1,111	763
Total deferred outflows of resources	18,765	12,886
Total assets and deferred outflows of resources	8,331,574	1,900,042
LIABILITIES		
Current liabilities:		
Accounts payable	-	-
Accrued payroll and benefits	983	909
Compensated absences payable, due in less than one year	-	1,763
Claims payable	-	-
Claims - incurred but not reported (IBNR)	794,325	158,765
Total current liabilities	795,308	161,437
Noncurrent liabilities:		
Compensated absences payable, greater than one year	-	2,537
Net pension liability	103,773	71,259
Net OPEB liability	390	268
Total noncurrent liabilities	104,163	74,064
Total liabilities	899,471	235,501
DEFERRED INFLOWS OF RESOURCES		
Deferred inflows of resources - pension related	12,268	8,425
Deferred inflow of resources - OPEB related	834	573
Total deferred inflows of resources	13,102	8,998
Total liabilities and deferred inflows of resources	912,573	244,499
NET POSITION		
Restricted for:		
Committed - Industrial Commission Reserve	-	1,500,000
Committed - Adverse Claims Contingency Reserve	2,966,836	-
Unrestricted	4,452,165	155,543
Total net position	$ 7,419,001	$ 1,655,543

City of Surprise, Arizona - Employee Healthcare Self Insurance Fund
Schedule of Revenues, Expenditures, and Changes in Net Position -Budget and Actual
For the quarter ended December 31, 2019

	F2020 Second Quarter Budget	FY 2020 Actual	Variance favorable (unfavorable)	% Variance
OPERATING REVENUES				
Employee Contributions				
Medical	$ 1,101,730	$ 1,218,791	$ 117,061	5.0%
Dental	114,219	123,165	8,946	3.9%
Vision	13,474	16,039	2,565	9.5%
City Contributions				
Medical	4,082,981	4,844,602	761,621	9.2%
Dental	307,700	315,589	7,889	1.3%
Vision	40,146	48,728	8,582	10.6%
Cobra contributions	34,793	39,128	4,335	6.0%
Subrogation recovery	-	35,606	35,606	-
Wellness reimbursement	19,000	-	(19,000)	(50.0%)
Pharmacy rebate	-	8,494	8,494	2.0%
Premium holiday	100,000	5,000	(95,000)	(95.0%)
Interest revenue	-	28,280	28,280	-
Total operating revenues	5,814,043	6,683,422	869,379	-
OPERATING EXPENSES				
Personnel (Wages/Benefits)	52,885	48,906	3,979	3.5%
Wellness	-	5,311	(5,311)	-
Work/life balance	2,039	-	2,039	48.5%
Physical & nutritional well being	13,000	-	13,000	50.0%
Preventative Well-Being	4,650	-	4,650	50.0%
Books & subscriptions	-	-	-	-
Special event hosting	757	-	757	75.7%
Administration				
Medical	299,511	259,253	40,258	9.5%
Medical stop loss	385,217	412,205	(26,988)	(4.2%)
Dental	18,465	17,079	1,386	4.3%
Vision	4,892	4,387	505	5.9%
Claims				
Medical	3,592,019	3,866,555	(274,536)	(3.5%)
Pharmacy	874,373	764,213	110,160	5.8%
Dental	356,522	335,368	21,154	2.6%
Vision	53,264	49,819	3,445	3.5%
Professional outside services	36,669	35,550	1,119	1.5%
Travel & training	5,000	2,331	2,669	53.4%
Dues & membership	626	433	193	19.3%
Limited purpose flex spending	6,563	6,395	168	1.7%
Federal medical insurance fees	-	-	-	-
Total operating expenses	5,706,451	5,807,805	(101,354)	-
Change in net position	$ 107,592	$ 875,617	$ 768,025	

City of Surprise, Arizona - Workers' Compensation
Schedule of Revenues, Expenditures, and Changes in Net Position -Budget and Actual
For the quarter ended December 31, 2019

	FY2020 Second Quarter Budget	FY2020 Actual	Variance favorable (unfavorable)	% Variance
OPERATING REVENUES				
City Contributions				
Worker's comp	$ 508,550	$ 432,595	$ (75,955)	-7.47%
Subrogation recovery	-	3,585	3,585	-
Interest revenue	-	12,354	12,354	-
Total operating revenues	508,550	448,534	(60,016)	-5.90%
OPERATING EXPENSES				
Personnel (Wages/Benefits)	42,650	42,827	(177)	-0.21%
Administration	170,000	176,078	(6,078)	-3.58%
Claims				
Claim Settlement	92,474	62,496	29,978	7.05%
Software license	-	-	-	0.00%
Other professional services	32,811	37,334	(4,523)	-12.57%
Total operating expenses	337,934	318,735	19,199	2.56%
Operating income (loss)	170,616	129,799	(79,215)	
Income (loss) before contributions and transfers	170,616	129,799	(6,078)	-2.27%
Transfers in		10,000	10,000	-
Change in net position	$ 170,616	$ 139,799	$ 152,964	

Employee Health Care Activity

Claims History By Quarter

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2018	2,291,479	1,718,879	2,406,320	3,150,781	9,567,459
2019	3,087,680	2,846,207	2,532,388	2,694,959	11,161,234
2020	2,926,865	2,089,090			5,015,955

Net Income (loss) By Quarter

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2018	303,160	921,525	249,104	(335,885)	1,137,904
2019	(405,664)	(110,601)	533,198	586,984	603,917
2020	(115,223)	990,840			875,617

Stop Loss Credits

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2018	184,073	325	463	9,762	194,623
2019	81,233	166,349	41,167	261,062	549,811
2020	-	-			-

FY2020 IBNR
Medical, Dental and Vision Activity

	Medical	Dental	Vision	Total
July	265,288.69	34,382.10	4,894.00	304,564.79
August	114,013.56	4,955.60	265.50	119,234.66
September	17,167.77	1,873.34	-	19,041.11
October	15,720.28	837.50		16,557.78
November	7,419.52	738.50		8,158.02
December	1,530.00	3,016.50		4,546.50
January				-
February				-
March				-
April				-
May				-
June				-
Total FY 2019 Claims Run out	421,139.82	45,803.54	5,159.50	472,102.86
	756,000.00	33,600.00	4,725.00	

FY2020 IBNR	794,325.00
Total Run Out Claims FY2019	(472,102.86)
Medical Claim Adjustment - Revenue to Fund	322,222.14

CITY OF SURPRISE
Health Benefit Trust Fund Board Meeting

Council Meeting Date: February 26, 2020

Contact Person: Andrea Davis, DIRECTOR - FINANCE

Submitting Department: Finance

District: Citywide

Staff Recommendations: None

Consent: No Regular: Yes Public Hearing: No Report/Discussion: No

Agenda Wording:

Consideration and action pertaining to the FY2021 Health Benefit Trust Fund Budget.

Motion:

I move to approve the recommended FY2021 $14.04M Health Benefit Trust Fund Budget.

Background:

Pursuant to Article V, Section H of the Health Benefits Trust Agreement:"In furtherance of the purpose of the Trust, as set forth in this Trust Agreement, the Board shall:H. Provide input and recommendations to the City Council, along with City staff and consultants, regarding Trust funding levels in order to establish and maintain, from contributions or other appropriations, reserves necessary to provide stability and security of the Trust, in accordance with sound actuarial and underwriting principles."

Staff has conducted a thorough review of plan design and anticipated plan expenses for FY2021 (beginning July 1, 2020). We will highlight proposed plan design changes to maintain efficient and effective benefits for employees including wellness. We will also present the planned contribution rate strategy. Finally, we will demonstrate the effect of plan design and contribution rate changes on the financial position of the trust fund.

Objective Analysis:

Policy Compliant:

This item is compliant with the Comprehensive Financial Management Policies.

Financial Impact:

This approves the budget which is estimated to adequately fund the Health Benefits Trust Fund.

Budget Impact:

Approving this item will set a budget for the Health Benefits Trust Fund. The sources total $14.04 Million. This includes Employer Contributions for Medical of $9.75 Million, Dental $0.64 Million, and

Vision of $0.08 Million. Employee Contributions for Medical of $2.57 Million, Dental $0.24 Million, and Vision $0.03 Million. Rebates and COBRA Sources total $0.66 Million, and Wellness reimbursements and Interest totaling $0.07 Million.

The uses total $14.04 Million. This includes estimated expenses for Medical in the amount of $12.76 Million, Dental of $0.94 Million, and Vision $0.11 Million. There are also Personnel, supplies, and service uses totaling $0.23 Million.

FTE Impact:

ATTACHMENTS:

1. City of Surprise Final Funding Projection for the 2020-21 Plan Year + De...
2. Health Benefits Trust Fund Budget Presentation

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection
For a July 1, 2020 Effective Date

Completed February 11, 2020

Includes Dental Options

Presented by:
CBIZ Benefits & Insurance Services, Inc.
5450 Frantz Road, Suite 300
Dublin, OH 43016
Telephone: (614) 793-7770

Table of Contents

Section 1: Executive Summary

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Executive Summary —

Section I

1. Current Enrollment (September 2019)

	PPO	HMO	EPO	Total
Employee Only	88	76	29	193
Employee + 1	61	63	15	139
Employee + Family	136	232	54	422
Total	285	371	98	754
	38%	*49%*	*13%*	

2. Current 2019-20 Client Budget Rates

	PPO	HMO	EPO	Total
Employee Only	$608.42	$629.24	$569.46	
Employee + 1	$1,216.82	$1,258.46	$1,138.92	
Employee + Family	$1,703.54	$1,761.88	$1,594.50	
PEPM Funding:	$1,261.22	$1,444.37	$1,221.44	$1,346.17
Monthly Funding:	$359,448	$535,861	$119,701	$1,015,011
Annual Funding:	$4,313,381	$6,430,337	$1,436,414	$12,180,131

3. Forecasted Rate Action

Expected	**0.11%**
Pessimistic	5.11%
Very Pessimistic	22.60%
Optimistic	**-4.89%**
Used	**0.11%**

4. Forecasted 2020-21 Funding Rates

	PPO	HMO	EPO	Total
Employee Only	$609.08	$629.92	$570.08	
Employee + 1	$1,218.13	$1,259.82	$1,140.15	
Employee + Family	$1,705.38	$1,763.78	$1,596.22	
PEPM Funding:	$1,262.58	$1,445.93	$1,222.76	$1,347.62
Monthly Funding:	$359,837	$536,440	$119,830	$1,016,107
Annual Funding:	$4,318,040	$6,437,282	$1,437,965	$12,193,287
% Change:	0.11%	0.11%	0.11%	0.11%

5. Key Assumptions and Observations

a. Med/Rx experience period: Experience Period 1: Claims paid November 2018 through October 2019. Experience Period 2: Claims paid November 2017 through October 2018. Experience periods were weighted 80% Experience Period 1 and 20% Experience Period 2 for Medical and 80% Experience Period 1 and 20% Experience Period 2 for Rx.

b. Plan changes:

For Plan Yr Beginning 7/1/2020:

Pending Dental and Medical Plan Changes

For Plan Yr Beginning 7/1/2019:

PPO: Increase PCP copay from $15 to $20, specialist from $25 to $40, ER from $75 to $250, urgent care from $35 to $40

HMO: Increase specialist copay from $30 to $40, ER from $75 to $250, urgent care from $35 to $40

EPO: EPO has stricter network usage provisions

For Plan Yr Beginning 7/1/2018: No Plan Changes

c. Annual trend: Annual trends of 6.7% medical and 7.1% Rx. Experience Period 1 was trended 21.0 months and Experience Period 2 was trended 33.0 months (trended from midpoint of experience period to midpoint of projection period). For a slight contribution to reserves, used a one month lag. e.g., Incurred claims from November through October equal paid claims from October through September.

d. Claim margin: 0.0% medical, 0.0% Rx

e. Individual stop loss: Assumes a $250,000 ISL deductible with a 12/24 contract and no lasers. Assumes a 12.28 rate increase. Claims exceeding $250,000 on a paid basis were removed from the experience as an approximation of the 12/24 contract (both are mature contracts).

f. Fixed costs:

	2019-2020	2020-2021	ESTIMATED % Change
Administration fee	$49.76	$49.76	0.0%
EPO network fee ($2.00 PMPM)	$0.92	$0.78	-15.2%
Individual stop loss [1]	$72.45	$81.35	12.28%
Aggregate stop loss — PPO [2]	$5.10	$5.10	0.0%
Aggregate stop loss — HMO & EPO [2]	$4.55	$4.55	0.0%
Aggregate stop loss — Composite	$4.76	$4.76	0.0%
Total fixed costs — PPO	$127.31	$136.21	7.0%
Total fixed costs — HMO & EPO	$126.76	$135.66	7.0%
Total fixed costs — Composite	$126.97	$135.86	7.0%

[1] Assumes $250,000 ISL deductible, 12/24 contract and no lasers

[2] 125% aggregate corridor

g. Rebates were considered in the Rx forecast.

6. Reasonableness Test — Projected Claims Compared to Historical Claims

	PEPM	% Increase
Average Paid Claims Most Recent 12 Months *(Not adjusted for claimants > $250k)*	$1,185.28	
Final Projected Claims 2020-21 Plan Year	$1,210.98	2.2%
Average Paid Claims Most Recent 12 Months *(Adjusted for claimants > $250 & Pharmacy Rebates)*	$1,114.08	
Final Projected Claims 2020-21 Plan Year	$1,210.98	8.7%

7. **Dental**

	Enrollment	Current Premium Equivalents	Renewal Premium Equivalents
Employee Only	177	$38.80	$38.22
Employee + 1	165	$76.89	$75.74
Employee + Family	432	$124.56	$122.69
PEPM Funding:	774	$94.79	$93.36
Monthly Funding:		$73,364	$72,264
Annual Funding:		$880,372	$867,167
% Change:			-1.50%

Plan Changes

Note: The plan change cost decrement is applied to the renewal premium rates. The premium rates include an administration fee of 4% which generates a slight but not material margin in the plan change rate development,

Plan Adjustments

	Benefit Deviations	Current Benefit	Alternative	Cost Impact
a	cleanings	1 per 6 months	2 per year	-
b	flouride	1 per year	2 per year	1%
c	sealants	under age 17 on non	to age 19 molars and	0.25%
d	bitewing xrays	1 per 6 months	2 in a benefit year	-
e	implants	not covered	covered	3.2%
f	missing tooth clause	allowed	not allowed	0.75%
g	pulp capping	not covered	covered	0.01%
h	difficult cleaning	not covered	covered	0.20%
i	consultations	not covered	covered	0.15%
j	Add CUP	not covered	covered	1.43%
k	Perio maintenance	not covered	covered	1.50%
				8.49%

l	Adult ortho	2.20%
m	Mouthguards @50 (major) 1	0.25%
		2.45%

Rate if used a, b, c, d, e, f, g, h, i, j, k. = 8.49%

	Enrollment	Current Premium Equivalents	Renewal Premium Equivalents
Employee Only	177	$38.80	$41.46
Employee + 1	165	$76.89	$82.17
Employee + Family	432	$124.56	$133.11
PEPM Funding:	774	$94.79	$101.29
Monthly Funding:		$73,364	$78,399
Annual Funding:		$880,372	$940,789
% Change:			6.86%

8. Vision

	Enrollment	Current Premium Equivalents	Renewal Premium Equivalents
Employee Only	196	$5.16	$5.16
Employee + Family	572	$14.61	$14.61
PEPM Funding:	768	$12.20	$12.20
Monthly Funding:		$9,368	$9,368
Annual Funding:		$112,419	$112,419
% Change:			0.00%

Section 2: Projections to Develop Premium Equivalent Rates

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Medical Claims Projection —

1. Objective Develop funding rates which cover all medical paid claims and associated administrative expenses.

2. Assumptions

a.	Medical trend:	6.7%
b.	Months of trend:	Exp. Period 1 = 21.0, Exp. Period 2 = 33.0 (From midpoint of experience period to midpoint of projection period)
c.	Enrollment:	Lagged 1 month
d.	Experience:	Per BCBS of AZ Paid Claims Reports and CBIZ Experience Reports
e.	Pooled claims:	Removed; $250,000 ISL deductible, 12/24 contract
f.	Network change factor:	1.000
g.	Plan change factor:	Exp. Period 1 = 0.963, Exp. Period 2 = 0.950
		7/1/2019 changes from 7/1/2018
		PPO: Increase PCP copay from $15 to $20, specialist from $25 to $40, ER from $75 to $250, urgent care from $35 to $40
		HMO: Increase specialist copay from $30 to $40, ER from $75 to $250, urgent care from $35 to $40
		EPO: Added an EPO plan with stricter network protocols.
h.	Chronic $ load:	$0
	Other $ load:	
i.	Claim fluctuation margin:	0.0%
j.	Current enrollment:	754 (September 2019)

3. Algorithm

		Experience Period 1	Experience Period 2
	Paid period:	11/1/18 - 10/31/19	11/1/17 - 10/31/18
	Approx. incurred period:	10/1/18 - 9/30/19	10/1/17 - 9/30/18
	Midpoint incurred period:	4/1/2019	4/1/2018
	Average enrollment:	733	705
	Number of months:	12	12
a. Medical paid claims:		$8,672,309	$8,034,333
b. Pooled claims Estimate: Period 1 = 1 Period 1 = 2		$489,925	$814,144
c. Adjusted paid claims (a less b):		$8,182,384	$7,220,189
d. Change in reserve (lagged claims):		1.000	1.000
e. Network change factor:		1.000	1.000
f. Adjusted paid claims (c x d x e):		$8,182,384	$7,220,189
g. Trend adjustment factor:		1.120	1.195
h. Trended adjusted paid claims (f x g):		$9,165,742	$8,629,800
i. Add in individual claims to pooled level:		$250,000	$500,000
j. Plan change adjustment factor:		0.963	0.950
k. Enrollment change adjustment factor:		1.029	1.069
l. Chronic health conditions/Other adjustment:		$0	$0
m. Projected experience paid claims [(h + i) x j x k + l]:		$9,323,351	$9,272,848
n. Claim fluctuation margin:		1.000	1.000
o. Projected experience paid claims with margin (m x n):		$9,323,351	$9,272,848
p. Claim rate:	PEPM:	$1,030.43	$1,024.85
	Monthly:	$776,946	$772,737
	Annual:	$9,323,351	$9,272,848
	Credibility:	80%	20%
	PEPM Blended Rate:	$1,029.32	

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Pharmacy Claims Projection —

1. Objective Develop funding rates which cover all pharmacy paid claims and associated administrative expenses.

2. Assumptions

a.	Rx trend:	7.1%
b.	Months of trend:	Exp. Period 1 = 21.0, Exp. Period 2 = 33.0 (From midpoint of experience period to midpoint of projection period)
c.	Enrollment:	Lagged 1 month
d.	Experience:	Per OptumRx Paid Claims Reports, Optum Rx Lag Table, and CBIZ Experience Reports
e.	Pooled claims:	Removed from 'Medical Claims Projection'
f.	Network change factor:	1.000
g.	Plan change factor:	Exp. Period 1 = 1.000, Exp. Period 2 = 1.000
h.	Rx management savings Rx rebates / Other adj.:	($447,100) Exp Pd 1 ($529,400) Exp Pd 2
i.	Claim fluctuation margin:	0.0%
j.	Current enrollment:	754 (September 2019)

using an estimate of 22% of Pharmacy claims for rebates

3. Algorithm

		Experience Period 1	Experience Period 2
	Paid period:	11/1/18 - 10/31/19	11/1/17 - 10/31/18
	Approx. incurred period:	10/1/18 - 9/30/19	10/1/17 - 9/30/18
	Midpoint incurred period:	4/1/2019	4/1/2018
	Average enrollment:	733	705
	Number of months:	12	12
a. Pharmacy paid claims:		$1,752,193	$1,863,720
b. Pooled claims: Removed from 'Medical Claims Projection'		$0	$0
c. Adjusted paid claims (a less b):		$1,752,193	$1,863,720
d. Change in reserve (lagged claims):		1.000	1.000
e. Network change factor:		1.000	1.000
f. Adjusted paid claims (c x d x e):		$1,752,193	$1,863,720
g. Trend adjustment factor:		1.128	1.208
h. Trended adjusted paid claims (f x g):		$1,975,666	$2,250,617
i. Add in individual claims to pooled level:		$0	$0
j. Plan change adjustment factor:		1.000	1.000
k. Enrollment change adjustment factor:		1.029	1.069
l. Rx rebates		($447,100)	($529,400)
m. Projected experience paid claims [(h + i) x j x k + l]:		$1,585,398	$1,876,790
n. Claim fluctuation margin:		1.000	1.000
o. Projected experience paid claims with margin (m x n):		$1,585,398	$1,876,790
p. Claim rate:	PEPM:	$175.22	$207.43
	Monthly:	$132,117	$156,399
	Annual:	$1,585,398	$1,876,790
	Credibility:	80%	20%
	PEPM Blended Rate:	$181.66	

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Medical/Pharmacy Rate Change —

1. Current Enrollment (September 2019)

	PPO	HMO	EPO	Total All Plans
Employee Only	88	76	29	193
Employee + 1	61	63	15	139
Employee + Family	136	232	54	422
Total	285	371	98	754
	38%	*49%*	*13%*	

2. Current 2019-20 Client Budget Rates

	PPO	HMO	EPO
Employee Only	$608.42	$629.24	$569.46
Employee + 1	$1,216.82	$1,258.46	$1,138.92
Employee + Family	$1,703.54	$1,761.88	$1,594.50

3. Total Funding Current Structure

	PPO	HMO	EPO	Total All Plans
PEPM Funding:	$1,261.22	$1,444.37	$1,221.44	$1,346.17
Monthly Funding:	$359,448	$535,861	$119,701	$1,015,011
Annual Funding:	$4,313,381	$6,430,337	$1,436,414	$12,180,131

4. Percent Change in Funding Rates

Current PEPM Funding:	$1,346.17
Projected PEPM Funding:	$1,347.62
Calculated Rate Action:	**0.11%**
Recommended Rate Action:	**0.11%**

	Medical Claims	Pharmacy Claims	Admin	Individual Stop Loss	Aggregate Stop Loss
	$1,029.32	$181.66	$50.54	$81.35	$4.76
	$1,210.98		$136.64		
% of Total:	*89.86%*		*10.14%*		

5. Projected 2020-21 Rates

	PPO	HMO	EPO
Employee Only	$609.08	$629.92	$570.08
Employee + 1	$1,218.13	$1,259.82	$1,140.15
Employee + Family	$1,705.38	$1,763.78	$1,596.22

	PPO	HMO	EPO	Total All Plans
Renewal PEPM funding:	$1,262.58	$1,445.93	$1,222.76	$1,347.62
Renewal Monthly funding:	$359,837	$536,440	$119,830	$1,016,107
Renewal Annual funding:	$4,318,040	$6,437,282	$1,437,965	$12,193,287

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Dental Claims Projection —

1. Objective Develop funding rates which cover all dental paid claims and associated administrative expenses.

2. Assumptions

a.	Dental trend:	3.8%
b.	Months of trend:	Exp. Period 1 = 21.0, Exp. Period 2 = 33.0 (From midpoint of experience period to midpoint of projection period)
c.	Enrollment:	Lagged 1 month
d.	Experience:	Per MetLife experience reports, MetLife Dental Lag Table, and Delta Dental Paid Claims Report
e.	Pooled claims:	Not applicable
f.	Network change factor:	1.000
g.	Plan change factor:	Exp. Period 1 = 1.000, Exp. Period 2 = 1.020 (Increase OON coverage from 80% to 100% on Type B coverage 18-19 plan year)
h.	Claim fluctuation margin:	2.0%
i.	Current enrollment:	774 (October 2019)

3. Algorithm

			Experience Period 1	Experience Period 2
		Paid period:	11/1/18 - 10/31/19	11/1/17 - 10/31/18
		Approx. incurred period:	10/1/18 - 9/30/19	10/1/17 - 9/30/18
		Midpoint incurred period:	4/1/2019	4/1/2018
		Average enrollment:	755	730
		Number of months:	12	12
a.	Dental paid claims:		$728,404	$717,540
b.	Pooled claims:		$0	$0
c.	Adjusted paid claims (a less b):		$728,404	$717,540
d.	Change in reserve (lagged claims):		1.000	1.000
e.	Network change factor:		1.000	1.000
f.	Adjusted paid claims (c x d x e):		$728,404	$717,540
g.	Trend adjustment factor:		1.067	1.108
h.	Trended adjusted paid claims (f x g):		$777,531	$795,040
i.	Add in individual claims to pooled level:		$0	$0
j.	Plan change adjustment factor:		1.000	1.020
k.	Enrollment change adjustment factor:		1.025	1.060
l.	Other adjustment:		$0	$0
m.	Projected experience paid claims [(h + i) x j x k + l]:		$796,746	$859,329
n.	Claim fluctuation margin:		1.020	1.020
o.	Projected experience paid claims with margin (m x n):		$812,681	$876,515
p.	Claim rate:	PEPM:	$87.50	$94.37
		Monthly:	$67,723	$73,043
		Annual:	$812,681	$876,515
		Credibility:	80%	20%
		PEPM Blended Rate:	$88.87	

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Dental Rate Change —

1. Current Enrollment (October 2019)

	Dental	Total Dental
Employee Only	177	177
Employee + 1	165	165
Employee + Family	432	432
Total	774	774
	100%	

2. Current 2019-20 Client Budget Rates

	Dental
Employee Only	$38.80
Employee + 1	$76.89
Employee + Family	$124.56

3. Total Funding Current Structure

	Dental	Total Dental
PEPM Funding:	$94.79	$94.79
Monthly Funding:	$73,364	$73,364
Annual Funding:	$880,372	$880,372

4. Percent Change in Funding Rates

Current PEPM Funding*:	$94.79
Projected PEPM Funding:	$92.42
Calculated Rate Action:	**-2.49%**
Recommended Rate Action:	**-1.50%**

Dental Claims	Dental Admin
$88.87	$3.55
$88.87	$3.55
96%	*4%*

5. Projected 2020-21 Rates

	Dental
Employee Only	$38.22
Employee + 1	$75.74
Employee + Family	$122.69

	Dental	Total Dental
Renewal PEPM funding:	$93.36	$93.36
Renewal Monthly funding:	$72,264	$72,264
Renewal Annual funding:	$867,167	$867,167

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Vision Claims Projection —

1. Objective Develop funding rates which cover all vision paid claims and associated administrative expenses.

2. Assumptions

a.	Vision trend:	2.6%
b.	Months of trend:	Exp. Period 1 = 21.0, Exp. Period 2 = 33.0 (From midpoint of experience period to midpoint of projection period)
c.	Enrollment:	Lagged 1 month
d.	Experience:	Per Avesis claims reports
e.	Pooled claims:	Not applicable
f.	Network change factor:	1.000
g.	Plan change factor:	Exp. Period 1 = 1.000, Exp. Period 2 = 1.000 (No proposed plan changes)
h.	Claim fluctuation margin:	2.0%
i.	Current enrollment:	768 (October 2019)

3. Algorithm

			Experience Period 1	Experience Period 2
		Paid period:	11/1/18 - 10/31/19	11/1/17 - 10/31/18
		Approx. incurred period:	10/1/18 - 9/30/19	10/1/17 - 9/30/18
		Midpoint incurred period:	4/1/2019	4/1/2018
		Average enrollment:	759	739
		Number of months:	12	12
a.	Vision paid claims:		$91,503	$87,775
b.	Pooled claims:		$0	$0
c.	Adjusted paid claims (a less b):		$91,503	$87,775
d.	Change in reserve (lagged claims):		1.000	1.000
e.	Network change factor:		1.000	1.000
f.	Adjusted paid claims (c x d x e):		$91,503	$87,775
g.	Trend adjustment factor:		1.046	1.073
h.	Trended adjusted paid claims (f x g):		$95,707	$94,195
i.	Add in individual claims to pooled level:		$0	$0
j.	Plan change adjustment factor:		1.000	1.000
k.	Enrollment change adjustment factor:		1.012	1.039
l.	Other adjustment:		$0	$0
m.	Projected experience paid claims [(h + i) x j x k + l]:		$96,820	$97,902
n.	Claim fluctuation margin:		1.020	1.020
o.	Projected experience paid claims with margin (m x n):		$98,757	$99,860
p.	Claim rate:	PEPM:	$10.72	$10.84
		Monthly:	$8,230	$8,322
		Annual:	$98,757	$99,860
		Credibility:	60%	40%
		PEPM Blended Rate:	$10.76	

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Vision Rate Change —

1. Current Enrollment (October 2019)

	Vision	Total Vision
Employee Only	196	196
Employee + Family	572	572
Total	768	768
	100%	

2. Current 2019-20 Client Budget Rates

	Vision
Employee Only	$5.16
Employee + Family	$14.61

3. Total Funding Current Structure

	Vision	Total Vision
PEPM Funding:	$12.20	$12.20
Monthly Funding:	$9,368	$9,368
Annual Funding:	$112,419	$112,419

4. Percent Change in Funding Rates

Current PEPM Funding:	$12.20
Projected PEPM Funding:	$11.71
Calculated Rate Action:	**-3.97%**
Recommended Rate Action:	**0.00%**

Vision Claims	Vision Admin
$10.76	$0.95
$10.76	$0.95

5. Projected 2020-21 Rates

	Vision
Employee Only	$5.16
Employee + Family	$14.61

	Vision	Total Vision
Renewal PEPM funding:	$12.20	$12.20
Renewal Monthly funding:	$9,368	$9,368
Renewal Annual funding:	$112,419	$112,419

Section 3: Fixed Costs

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Fixed Cost Estimates —

Fixed Costs (PEPM)	2019-2020	2020-2021	% Change	Annual 2020-2021
Subscribers	754	754		
Administration fee	$49.76	$49.76	0.0%	$450,228
EPO network fee ($2.00 PMPM)	$0.92	$0.78	-15.2%	$7,056
Individual stop loss [1]	$72.45	$81.35	12.28%	$736,026
Aggregate stop loss — PPO [2]	$5.10	$5.10	0.0%	
Aggregate stop loss — HMO and EPO [2]	$4.55	$4.55	0.0%	
Aggregate stop loss — Composite	$4.76	$4.76	0.0%	$43,049
Total fixed costs — PPO	$127.31	$136.21	7.0%	
Total fixed costs — HMO and EPO	$126.76	$135.66	7.0%	
Total fixed costs — Composite	$127.89	$136.64	6.8%	$1,236,360
Dental subscribers	774	774		
Dental administration fee	$3.55	$3.55	0.0%	$32,972
Vision subscribers	768	768		
Vision administration fee	$0.95	$0.95	0.0%	$8,755

[1] Assumes $250,000 ISL deductible, 12/24 contract and no lasers

[2] 125% aggregate corridor

Section 4: Claims, Enrollment, Rebate, and Plan Adjustment Data

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2020 Effective Date

— Claims and Enrollment Data —

* Paid claims basis		Med/Rx Subs	Dental Subs	Vision Subs	Medical Claims	Pharmacy Claims	Capitation, Blue Card, Value Based Services, Other	Total Claims	Total PEPM (Lagged 1 month)	Dental Claims	Dental PEPM (Lagged 1 month)	Vision Claims	Vision PEPM (Lagged 1 month)
Oct-17	Experience Period 2	699	726	750									
Nov-17		695	724	741	$677,814	$166,342	$7,550	$851,706	$1,218	$47,591	$66	$4,825	$6
Dec-17		696	724	743	$602,204	$152,029	$5,175	$759,408	$1,093	$48,795	$67	$5,719	$8
Jan-18		702	728	737	$707,375	$207,852	$4,908	$920,134	$1,322	$53,569	$74	$4,861	$7
Feb-18		702	721	733	$417,585	$135,602	$4,710	$557,897	$795	$63,042	$87	$6,774	$9
Mar-18		706	729	736	$499,156	$127,423	$5,355	$631,935	$900	$60,628	$84	$6,012	$8
Apr-18		707	732	736	$487,462	$136,050	$5,356	$628,868	$891	$59,218	$81	$4,034	$5
May-18		708	745	741	$550,764	$150,485	$5,201	$706,450	$999	$59,374	$81	$6,633	$9
Jun-18		708	732	741	$665,436	$133,979	$5,181	$804,596	$1,136	$54,315	$73	$6,355	$9
Jul-18		710	734	736	$589,125	$171,675	$4,970	$765,770	$1,082	$66,691	$91	$12,450	$17
Aug-18		715	729	732	$924,863	$160,396	$5,156	$1,090,415	$1,536	$81,501	$111	$12,241	$17
Sep-18		715	741	741	$844,475	$150,013	$5,209	$999,697	$1,398	$59,152	$81	$4,917	$7
Oct-18	Experience Period 1	715	744	746	$1,003,847	$171,874	$5,456	$1,181,177	$1,652	$63,665	$86	$12,958	$17
Nov-18		714	739	741	$656,425	$115,324	$4,185	$775,934	$1,085	$51,793	$70	$6,150	$8
Dec-18		713	740	743	$713,909	$151,467	$5,173	$870,549	$1,219	$48,723	$66	$4,891	$7
Jan-19		729	734	759	$611,692	$155,377	$5,512	$772,581	$1,084	$58,825	$79	$5,451	$7
Feb-19		733	752	762	$633,130	$154,128	$5,596	$792,853	$1,088	$55,013	$75	$6,633	$9
Mar-19		737	767	769	$731,062	$152,415	$7,177	$890,654	$1,215	$54,128	$72	$5,039	$7
Apr-19		737	758	768	$766,354	$157,162	$5,523	$929,039	$1,261	$73,778	$96	$6,142	$8
May-19		732	757	763	$790,332	$125,952	$5,939	$922,223	$1,251	$62,930	$83	$6,659	$9
Jun-19		730	749	759	$570,032	$133,230	$5,862	$709,124	$969	$62,394	$82	$6,403	$8
Jul-19		748	771	765	$573,013	$166,066	$8,996	$748,075	$1,025	$50,624	$68	$13,776	$18
Aug-19		753	777	768	$811,453	$142,194	$10,691	$964,338	$1,289	$54,628	$71	$14,172	$19
Sep-19		754	776	767	$840,880	$133,891	$11,050	$985,821	$1,309	$73,363	$94	$8,388	$11
Oct-19			774	768	$891,623	$164,987	$6,701	$1,063,311	$1,410	$82,208	$106	$7,804	$10

	Med/Rx Subs	Dental Subs	Vision Subs	Medical Claims	Pharmacy Claims	Cap & Other Claims	Total Claims	Total PEPM	Dental Claims	Dental PEPM	Vision Claims	Vision PEPM
					* Unadjusted (Includes claimants exceeding $250K) *							
Exp. Period 2	705	730	739	$7,970,107	$1,863,720	$64,226	$9,898,053	**$1,170**	$717,540	**$82**	$87,775	**$10**
Exp. Period 1	733	755	759	$8,589,904	$1,752,193	$82,405	$10,424,502	**$1,185**	$728,404	**$80**	$91,503	**$10**
% Change	*3.9%*	*3.4%*	*2.7%*	*7.8%*	*-6.0%*	*28.3%*	*5.3%*	*1.3%*	*1.5%*	*-1.8%*	*4.2%*	*1.5%*
					** Adjusted (Claimants exceeding $250K removed) **							
Exp. Period 2	705			$7,655,963	$1,863,720	$64,226	$9,583,909	**$1,132**				
Exp. Period 1	733			$8,349,979	$1,752,193	$82,405	$10,184,577	**$1,158**				
% Change	*3.9%*			*9.1%*	*-6.0%*	*28.3%*	*6.3%*	*2.3%*				

— High Cost Claimants >$250,000 —

Experience Period 1

* Claims paid Oct 2018 through Sep 2019 — Used as a basis

	Claims	ISL Trigger	> ISL
Claimant 1	$489,925	$250,000	$239,925
Claimant 2	$193,161	$250,000	$0
Claimant 3	$159,453	$250,000	$0
Claimant 4		$250,000	$0
Claimant 5		$250,000	$0
Claimant 6		$250,000	$0
Claimant 7		$250,000	$0
Claimant 8		$250,000	$0
Total	$842,539		$239,925

Experience Period 2

* Claims paid Nov 2017 through Oct 2018 — Used as a basis

	Claims	ISL Trigger	> ISL
Claimant 1	$525,634	$250,000	$275,634
Claimant 2	$288,510	$250,000	$38,510
Claimant 3	$186,274	$250,000	$0
Claimant 4	$175,541	$250,000	$0
Claimant 5	$159,418	$250,000	$0
Claimant 6	$133,339	$250,000	$0
Claimant 7	$127,957	$250,000	$0
Claimant 8	$125,829	$250,000	$0
Total	$1,722,502		$314,144

Rx Rebates

From CBIZ Experience PBM Summary and OptumRx Reporting:	Q1 2019 OptumRx Rebates	$120,916		
	Q2 2019 OptumRx Rebates	$120,494		
		$241,410	Total Rx Rebates 2 Qrtrs	
		$482,820	Anticipated Annual Rx Rebates	
		80%	Percent used as benchmark	
		$386,256.00	Annual Rx Rebates Amnt used as benchmark	For reasonableness check: $43.92
		$1,752,193	Annual Pharmacy Claims used as basis	
		22.000%	Percent of Rx claims used in projection model for Rebate Estimation	

Plan Change Decrements

Estimated Plan Design Changes

July 1, 2019 was when the City added the EPO plan and made copay changes.

	Experience Timeframe	Estimated Decrement	# months in time period	
Exp Pd 2	10/17 - 6/18	5.0%	9	=> Claims need to normalize to EPO Addition and Copay changes.
	7/18-9/18	5.0%	3	=> Claims need to normalize to EPO Addition and Copay changes.
Exp Pd 1	10/18 -6/19	5.0%	9	=> Claims need to normalize to EPO Addition and Copay changes.
	7/1/19-9/30/19	0.0%	3	=> Claims reflect copay changes and EPO.

Current Enrollment (September 2019)

	PPO	HMO	EPO	Total
Employee Only	88	76	29	193
Employee + 1	61	63	15	139
Employee + Family	136	232	54	422
Total	285	371	98	754
Prior to 7/1/2019,	0.97	0.97	0.85	4.6%

Use (Round) 5.0%

Section 5: Supporting Documents

Renewal Rate Proposal

Name of the Group Health Plan: CITY OF SURPRISE GROUP HEALTH PLAN

Legal Name of Group: City Of Surprise

Effective Date: 07/01/2020 - 06/30/2021
Underwriter: Lourdes Armenta
Strategic Rel. Executive: Christie Thomas

Funding: 12/24 Incurred ASC with Medical and Pharmacy
Commission: $0 PEPM
Broker: Cbiz Benefits & Insurance Svs Inc

CURRENT BENEFITS	Benefit Descriptions
PPO	INET: Ded $0/$0; 90%; OOP $1,800/$3,600; OV $20/$40; ER $250 Ded+90%; UC $40; Rx Carved-Out ONET: Ded $300/$600; 70%; OOP $3,600/$7,200
HMO	INET: Ded $0/$0; 100%; OOP $2,000/$4,000; OV $20/$40; ER $250; UC $40; Rx Carved-Out
Alliance EPO	INET: Ded $0/$0; 100%; OOP $2,000/$4,000; OV $10/$30; ER $250; UC $30; Rx Carved-Out

PAID CLAIMS

MONTH PAID	Total Med Paid	Total Rx Paid
201608	$701,232.61	$105,568.89
201609	$477,081.34	$123,094.69
201610	$509,879.86	$104,966.63
201701	$633,359.88	$103,067.88
201702	$521,307.95	$147,830.88
201703	$618,010.84	$127,281.31
201704	$623,174.28	$151,177.95
201705	$605,684.77	$143,705.49
201706	$641,705.44	$150,334.32
201707	$611,976.47	$138,655.33
201708	$652,578.77	$150,433.39
201709	$597,802.89	$154,662.21
201710	$593,909.26	$133,051.34
201711	$677,814.41	$166,341.61
201712	$602,204.40	$152,028.96
201801	$707,374.64	$83,819.69
201802	$417,585.46	$30.69
201803	$499,156.16	$45.97
201804	$487,462.43	$0.00
201805	$550,764.06	$0.00
201806	$665,435.85	$0.00
201807	$589,124.75	$3,561.67
201808	$924,862.60	$0.00
201809	$844,474.84	$0.00
201810	$1,003,847.46	$0.00
201811	$656,424.87	-$295.47
201812	$713,908.71	$0.00
201901	$611,691.73	$0.00
201902	$633,129.54	$0.00
201903	$731,062.34	$0.00
201904	$766,354.40	$0.00
201905	$790,332.05	$0.00
201906	$570,031.58	$0.00
201907	$573,013.46	$0.00
201908	$811,453.03	$0.00
201909	$840,880.04	$0.00
201910	$891,622.56	$0.00

CITY OF SURPRISE MEDICAL CLAIMS LAG

Paid Month	Totals	201711	201712	201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812	201901	201902	201903	201904	201905	201906	201907	201908	201909	201910
Totals	$16,236,793	$841,617	$739,566	$555,649	$458,343	$517,045	$546,373	$600,552	$755,650	$830,178	$759,153	$864,791	$1,036,110	$529,992	$496,940	$717,859	$623,261	$971,102	$652,678	$555,349	$480,903	$707,599	$897,841	$632,859	$465,385
201711	$323,153	$323,153	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201712	$654,776	$379,458	$275,317	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201801	$760,689	$33,030	$398,743	$328,917	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201802	$406,713	$32,782	$30,413	$176,318	$167,200	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201803	$479,417	$54,588	$2,911	$32,332	$181,184	$208,401	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201804	$477,554	$1,704	$5,827	$6,080	$36,062	$193,318	$234,564	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201805	$549,610	$7,276	$1,664	$4,328	$8,297	$19,972	$212,929	$295,144	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201806	$661,957	$494	$1,919	$1,126	$4,679	$9,998	$27,780	$253,522	$362,439	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201807	$591,503	$418	$78	$1,171	$627	$2,742	$10,614	$37,146	$264,601	$274,105	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201808	$923,190	$232	$795	$883	$4,285	$76,204	$2,850	$4,315	$24,404	$513,490	$295,731	-	-	-	-	-	-	-	-	-	-	-	-	-	-
201809	$841,648	$1,994	$688	$86	$49,788	$914	$39,226	$5,707	$16,562	$19,225	$367,075	$340,383	-	-	-	-	-	-	-	-	-	-	-	-	-
201810	$1,001,481	$3,360	$447	$3,693	$2,512	$1,044	$1,192	$1,528	$78,102	$15,667	$31,150	$424,765	$438,022	-	-	-	-	-	-	-	-	-	-	-	-
201811	$656,321	$89	-$60	$390	$854	$928	$1,437	$740	$4,750	$1,614	$9,400	$21,352	$376,262	$238,564	-	-	-	-	-	-	-	-	-	-	-
201812	$711,269	-	$7,148	$317	-	$40	$200	$284	$785	$3,276	$46,370	$11,838	$97,136	$218,038	$325,837	-	-	-	-	-	-	-	-	-	-
201901	$610,105	-	$10,911	-	-	-$21	-$3,686	-$53	$255	$881	$1,431	$7,855	$29,480	$22,977	$140,305	$399,770	-	-	-	-	-	-	-	-	-
201902	$617,610	-	-	-	-	$1,753	$229	$85	$900	$269	$194	$55,433	$19,869	$5,348	$11,994	$206,561	$314,976	-	-	-	-	-	-	-	-
201903	$728,691	$952	$2,763	-	-	-	$16,423	$1,666	$550	$79	$5,083	$235	$63,507	$696	$9,361	$60,224	$258,002	$309,150	-	-	-	-	-	-	-
201904	$765,905	-	-	$8	-	$1,558	-	$469	$58	$906	-	$741	$2,572	$39,239	$5,961	$30,062	$20,376	$312,349	$351,606	-	-	-	-	-	-
201905	$790,216	$2,088	-	-	-	-	-	-	$2,217	-$52	$352	$607	$6,615	$1,732	$167	$14,538	$14,291	$326,579	$145,991	$275,090	-	-	-	-	-
201906	$568,511	-	-	-	$2,848	-	$553	-	$8	$125	-$105	$1,176	$735	$128	$1,692	$1,186	$8,319	$11,273	$122,570	$202,445	$215,557	-	-	-	-
201907	$572,941	-	-	-	-	-	-$85	-	-	$86	$1,497	$308	$1,053	$177	$275	$786	$3,172	$5,332	$12,570	$20,174	$221,992	$305,605	-	-	-
201908	$811,201	-	-	-	-	$193	$2,140	-	-	-	$561	$97	$421	$139	$1,158	$3,897	$828	$2,541	$18,122	$50,151	$32,180	$337,587	$361,187	-	-
201909	$840,880	-	-	-	-	-	-	-	-	$507	$408	-	-$337	$2,795	$189	$248	$1,691	$1,347	$1,531	$2,755	$6,338	$50,558	$371,797	$401,053	-
201910	$891,454	-	-	-	$8	-	$6	-	$20	-	$6	-	$775	$158	-	$588	$1,605	$2,531	$289	$4,734	$4,836	$13,849	$164,857	$231,806	$465,385

$8,107,804

$410,511

$8,518,314

$1,827,787

RxTrack®

CONFIDENTIAL

RXT1110DM - CAG Utilization Summary

Date Filled From January 2018 Through October 2018

Client: City of Surprise

Carrier Name	Account Name	Group Name	Date Filled Year Number	Date Filled Month Name	Avg Eligible Members	Total Utilizing Members	Total Rxs	Total Plan Paid
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	January	1,090	343	663	$62,511.27
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	February	1,078	272	567	$77,328.21
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	March	1,073	297	681	$57,344.60
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	April	1,069	300	687	$78,479.29
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	May	1,067	288	671	$88,414.15
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	June	1,066	295	655	$66,999.09
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	July	1,065	269	630	$113,559.01
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	August	1,064	298	669	$79,332.27
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	September	1,060	301	623	$98,982.34
CITY OF SURPRISE AZ	HMO	ACTIVE	2018	October	1,053	312	667	$88,506.74
					1,069	**298**	**6,513**	**$811,456.97**
CITY OF SURPRISE AZ	HMO	COBRA	2018	January	9	4	15	$1,878.46
CITY OF SURPRISE AZ	HMO	COBRA	2018	February	8	2	6	$1,698.85
CITY OF SURPRISE AZ	HMO	COBRA	2018	March	3	2	4	$2,647.36
CITY OF SURPRISE AZ	HMO	COBRA	2018	April	3	3	5	$842.88
CITY OF SURPRISE AZ	HMO	COBRA	2018	May	3	2	6	$842.21
CITY OF SURPRISE AZ	HMO	COBRA	2018	June	3	3	4	$756.05
CITY OF SURPRISE AZ	HMO	COBRA	2018	July	5	3	7	$777.11
CITY OF SURPRISE AZ	HMO	COBRA	2018	August	4	2	3	$758.99
CITY OF SURPRISE AZ	HMO	COBRA	2018	September	4	2	6	$793.29
CITY OF SURPRISE AZ	HMO	COBRA	2018	October	8	4	13	$913.60
					5	**3**	**69**	**$11,908.80**
					537	**150**	**6,582**	**$823,365.77**
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	January	1,046	291	584	$59,476.84
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	February	1,056	266	533	$53,766.55
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	March	1,071	279	518	$65,063.58
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	April	1,081	264	530	$54,936.05
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	May	1,090	271	531	$57,733.54
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	June	1,092	248	473	$63,959.22
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	July	1,119	263	521	$57,454.12
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	August	1,130	279	552	$77,741.83
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	September	1,121	275	547	$48,453.16
CITY OF SURPRISE AZ	PPO	ACTIVE	2018	October	1,122	283	589	$81,817.39
					1,093	**272**	**5,378**	**$620,402.28**
CITY OF SURPRISE AZ	PPO	COBRA	2018	January	7	2	4	$165.55
CITY OF SURPRISE AZ	PPO	COBRA	2018	February	8	3	12	$2,777.64
CITY OF SURPRISE AZ	PPO	COBRA	2018	March	8	4	15	$2,321.92
CITY OF SURPRISE AZ	PPO	COBRA	2018	April	8	3	7	$1,791.77
CITY OF SURPRISE AZ	PPO	COBRA	2018	May	7	4	14	$3,494.65
CITY OF SURPRISE AZ	PPO	COBRA	2018	June	5	5	14	$2,265.12
CITY OF SURPRISE AZ	PPO	COBRA	2018	July	3	2	5	$608.42
CITY OF SURPRISE AZ	PPO	COBRA	2018	August	6	4	11	$2,177.30
CITY OF SURPRISE AZ	PPO	COBRA	2018	September	11	2	4	$1,646.06
CITY OF SURPRISE AZ	PPO	COBRA	2018	October	8	5	8	$1,534.20
					7	**3**	**94**	**$18,782.63**
					550	**138**	**5,472**	**$639,184.91**
					2,173	**576**	**12,054**	**$1,462,550.68**

$56.08

	This report Plan Paid by Month		M Rx Pd Claim Report
2018			
Jan	$124,032	83819.69	$207,852
Feb	$135,571	30.69	$135,602
Mar	$127,377	45.97	$127,423
Apr	$136,050	0	$136,050
May	$150,485	0	$150,485
Jun	$133,979	0	$133,979
Jul	$172,399		$172,399
Aug	$160,010		$160,010
Sep	$149,875		$149,875
Oct	$172,772		$172,772
Nov			
Dec			

BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

Large Claimant Report

City of Surprise - 023348

Claims Paid Through Month: October 2019

Large Claims Threshold: $25,000

Current Policy Period - Claims Incurred 7/1/2019 - 6/30/2020

#	Group Number	Status	Member Term Date	Plan Name	Care Management	Diagnosis Description	Medical Claims	BlueCard Fees	Vendor Rx Claims	Total Paid Amount
1.	023348	Active		HMO	Case Open	[redacted]	$166,154.66	$0.00	$236.06	**$166,390.72**
2.	023348	Active		HMO	Goals Met/Issues Addressed	[redacted]	$160,969.17	$0.00	$8.35	**$160,977.52**
3.	023348	Active		PPO	Case Open	[redacted]	$125,815.82	$303.32	$90.66	**$126,209.80**
4.	023348	Active		HMO	No Mbr Response	[redacted]	$114,231.37	$6.00	$353.87	**$114,591.24**
5.	023348	Active		HMO		[redacted]	$69,703.25	$0.00	$1,139.71	**$70,842.96**
6.	023348	Active		HMO	Goals Met/Issues Addressed	[redacted]	$59,992.01	$0.00	$1,129.67	**$61,121.68**
7.	023348	Active		HMO	Case Open	[redacted]	$58,851.32	$0.00	$0.00	**$58,851.32**
8.	023348	Active		PPO		[redacted]	$47,507.02	$0.00	$46.75	**$47,553.77**
9.	023348	Active		HMO	Targeted	[redacted]	$44,476.74	$0.00	$22.10	**$44,498.84**
10.	023348	Active		HMO	No Mbr Response	[redacted]	$376.55	$0.00	$43,700.74	**$44,077.29**
11.	023348	Active		HMO	Outreach, No Issues At Time	[redacted]	$1,189.90	$0.00	$42,170.27	**$43,360.17**
12.	023348	Active		HMO	Education	[redacted]	$42,555.16	$6.13	$0.00	**$42,561.29**
13.	023348	Active		PPO		[redacted]	$40,837.65	$0.00	$51.23	**$40,888.88**
14.	023348	Active		PPO	No Mbr Response	[redacted]	$29,749.02	$0.00	$0.00	**$29,749.02**
15.	023348	Active		PPO	Education	[redacted]	$28,640.95	$0.00	$450.43	**$29,091.38**
16.	023348	Active		Alliance EPO		[redacted]	$18,183.25	$0.00	$10,207.68	**$28,390.93**
17.	023348	Active		PPO		[redacted]	$27,716.98	$0.00	$4.53	**$27,721.51**
18.	023348	Active		HMO		[redacted]	$26,569.12	$0.00	$619.47	**$27,188.59**
19.	023348	Active		HMO	Reviewed	[redacted]	$26,173.01	$0.00	$102.89	**$26,275.90**
20.	023348	Active		HMO	No Mbr Response	[redacted]	$26,077.21	$0.00	$82.70	**$26,159.91**
21.	023348	Active		HMO	No Mbr Response	[redacted]	$25,464.58	$0.00	$501.41	**$25,965.99**
22.	023348	Active		HMO		[redacted]	$0.00	$0.00	$25,771.87	**$25,771.87**
23.	023348	Active		PPO		[redacted]	$25,519.20	$0.00	$35.40	**$25,554.60**
Total							$1,166,753.94	$315.45	$126,725.79	**$1,293,795.18**

KEY

Status:

1. Active: Member is currently eligible under plan.
2. Termed: Member is no longer eligible.

Care Management:

1. DM Goals Met: Telephonic and written activities related to case management, disease management and discharge planning.
2. Member Engagement: Telephonic engagement with the member or treating provider.
3. Program Contact: E-mails, mailings and other written program communication.
4. No Member Response: Member has not responded to telephonic outreach attempts and follow-up letter.
5. Decline: Member declined participation in the program.

City Of Surprise

Medical Claims Only

Group Number(s):	023348		
Renewal Period:	07/01/2020 - 06/30/2021	**Strategic Rel. Exec.:**	Christie Thomas
Recent Period:	10/01/2018 - 09/30/2019	**Broker:**	Cbiz Benefits & Insurance Svs Inc
Previous Period:	10/01/2017 - 09/30/2018	**Underwriter:**	Lourdes Armenta

Top 40 Claimants Over $30,000 in Paid Claims

Recent 12 Months - Incurred 10/2018 through 09/2019; Paid through 09/2019

#	Status	Plan	Last Service Date	Care Management	Episode Description	Total Paid Amount
1.	Termed	PPO	4/10/2019	Expired Before Needs Evaluate	[redacted]	$489,925
2.	Active	HMO	9/18/2019	Goals Met/Issues Addressed		$193,161
3.	Active	HMO	7/12/2019	Goals Met/Issues Addressed		$159,452
4.	Active	HMO	9/6/2019	Goals Met/Issues Addressed		$139,026
5.	Active	HMO	9/26/2019	Goals Met/Issues Addressed		$134,098
6.	Active	PPO	8/21/2019			$126,562
7.	Active	HMO	9/24/2019	Disenrolled		$111,182
8.	Termed	HMO	11/5/2018	Screened, No Issues At Time		$107,785
9.	Active	HMO	9/19/2019	No Mbr Response		$104,973
10.	Active	HMO	9/17/2019	Goals Met/Issues Addressed		$98,279
11.	Termed	PPO	8/28/2019			$82,529
12.	Active	PPO	8/19/2019	No Mbr Response		$80,100
13.	Active	PPO	9/27/2019	Case Open		$79,144
14.	Active	PPO	9/26/2019	Declines to Consent to CM		$78,594
15.	Active	HMO	5/29/2019			$64,606
16.	Active	PPO	8/27/2019	No Mbr Response		$64,593
17.	Active	HMO	9/13/2019	Goals Met/Issues Addressed		$61,692

City Of Surprise

Medical Claims Only

Group Number(s):	023348		
Renewal Period:	07/01/2020 - 06/30/2021	**Strategic Rel. Exec.:**	Christie Thomas
Recent Period:	10/01/2018 - 09/30/2019	**Broker:**	Cbiz Benefits & Insurance Svs Inc
Previous Period:	10/01/2017 - 09/30/2018	**Underwriter:**	Lourdes Armenta

Top 40 Claimants Over $30,000 in Paid Claims

Previous 12 Months - Incurred 10/2017 through 09/2018; Paid through 09/2019

#	Status	Plan	Last Service Date	Care Management	Episode Description	Total Paid Amount
1.	Termed	HMO	9/28/2018	Screened, No Issues At Time	[redacted]	$503,138
2.	Active	PPO	2/1/2019	Case Open		$292,941
3.	Active	HMO	9/18/2018			$187,073
4.	Active	HMO	9/14/2018	Goals Met/Issues Addressed		$177,500
5.	Active	PPO	9/29/2018	Goals Met/Issues Addressed		$132,058
6.	Active	PPO	9/28/2018	Declines to Consent to CM		$126,242
7.	Active	PPO	6/5/2018	Education		$108,354
8.	Termed	PPO	8/27/2018	Screened, No Issues At Time		$102,227
9.	Termed	PPO	6/28/2018	Disenrolled		$102,054
10.	Active	HMO	9/7/2018	Screened, No Issues At Time		$98,319
11.	Active	PPO	9/26/2018	Declines to Consent to CM		$93,345
12.	Active	HMO	9/27/2018	No Mbr Response		$88,909
13.	Active	HMO	9/27/2018	Goals Met/Issues Addressed		$82,686
14.	Active	HMO	9/20/2018	Goals Met/Issues Addressed		$67,690
15.	Termed	HMO	5/7/2018	Disenrolled		$65,620
16.	Active	HMO	12/13/2017			$64,371
17.	Active	HMO	9/4/2018	Education		$61,406
18.	Active	PPO	9/28/2018	Education		$61,303

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Sheet **Large Claimant Report (2)** **City of Surprise Large Claimant Report Paid November 2017 - October 2018**

Selections

Field	Field Values
Account Name	City Of Surprise
Paid Month	(201810|201809|201808|201807|201806|201805|201804|201803|201802|201801|201712|201711)

Encrypted Member ID	Relationship	Gender	Age Band	Plan Enrolled Product	Currently Enrolled	Leading Clinical Category	Paid	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid
391455941-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$525,634	$281,113	$182,408	$61,398	$715
196795948-53	[redacted]			PPO 0 Broad	Yes	[redacted]	$288,510	$266,725	$8,874	$12,434	$478
995795344-56	[redacted]			HMO 0 Broad	Yes	[redacted]	$186,274	$145,009	$8,431	$28,763	$4,071
908115241-58	[redacted]			PPO 0 Broad	No	[redacted]	$175,541	$79,512	$67,215	$26,667	$2,147
998215347-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$159,418	$0	$12,354	$147,052	$13
994145348-50	[redacted]			PPO 0 Broad	Yes	[redacted]	$133,339	$101,752	$3,430	$28,158	$0
002925449-50	[redacted]			PPO 0 Broad	Yes	[redacted]	$127,957	$87,770	$9,476	$30,682	$29
504135049-59	[redacted]			HMO 0 Broad	Yes	[redacted]	$125,829	$98,503	$17,068	$10,258	$0
998265342-59	[redacted]			PPO 0 Broad	Yes	[redacted]	$108,719	$91,098	$500	$17,120	$1
998855340-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$107,414	$31,051	$9,871	$66,437	$54
995305344-50	[redacted]			PPO 0 Broad	Yes	[redacted]	$101,966	$0	$75,500	$25,897	$570
998555348-53	[redacted]			HMO 0 Broad	Yes	[redacted]	$98,966	$7,692	$78,542	$12,771	-$40
194805146-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$98,101	$28,110	$87	$69,399	$505
703025041-53	[redacted]			PPO 0 Broad	Yes	[redacted]	$97,791	$0	$0	$97,791	$0
998935347-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$67,679	$53,293	$2,619	$11,719	$48
995595346-58	[redacted]			HMO 0 Broad	Yes	[redacted]	$65,620	$57,228	$4,828	$3,520	$43
692085745-59	[redacted]			HMO 0 Broad	Yes	[redacted]	$64,371	$58,869	$0	$5,502	$0
998265342-50	[redacted]			PPO 0 Broad	Yes	[redacted]	$62,657	$35,634	$1,601	$23,201	$2,221
998765347-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$58,746	$55,251	$0	$3,495	$0
998465347-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$52,800	$0	$39,657	$12,969	$174
791475942-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$48,515	$0	$33,959	$13,485	$1,071
597585243-55	[redacted]			HMO 0 Broad	Yes	[redacted]	$48,113	$30,659	$10,913	$6,508	$32
308575048-51	[redacted]			HMO 0 Broad	Yes	[redacted]	$47,733	$40,945	$2,322	$4,465	$0
995595348-50	[redacted]			HMO 0 Broad	Yes	[redacted]	$47,295	$38,801	$0	$8,360	$134
998085349-58	[redacted]			HMO 0 Broad	Yes	[redacted]	$44,226	$19,286	$1,639	$23,277	$25
100205847-50	[redacted]			PPO 0 Broad	No	[redacted]	$44,214	$0	$39,772	$4,307	$135
107365247-50	[redacted]			PPO 0 Broad	Yes	[redacted]	$42,293	$15,839	$15,132	$11,322	$0

EMPLOYERS HEALTH

January 15, 2019

Donna Meuse
City of Surprise, Arizona
16000 N Civic Center Plz
Surprise, AZ 85374-7470

Dear Donna,

City of Surprise, Arizona's 3rd Quarter 2018 OptumRx rebates totaled $108,496.00. An ACH totaling $108,496.00 was initiated today, January 15, 2019.

City of Surprise, Arizona's rebates were calculated as follows:

Q3 2018 OptumRx Rebates – Premium						
316	Retail	3-Tier Qualifying	x	$122.00	=	$38,552.00
49	Retail 90	3-Tier Qualifying	x	$305.00	=	$14,945.00
43	Mail	3-Tier Qualifying	x	$421.00	=	$18,103.00
32	Specialty	3-Tier Qualifying	x	$1,153.00	=	$36,896.00
				Total Q3 Rebates	**=**	**$108,496.00**

EMPLOYERS HEALTH

April 23, 2019

Donna Meuse
City of Surprise, Arizona
16000 N Civic Center Plz
Surprise, AZ 85374-7470

Dear Donna,

City of Surprise, Arizona's 4th Quarter 2018 OptumRx rebates totaled $102,823.00. An ACH totaling $102,823.00 was initiated today, April 23, 2019.

City of Surprise, Arizona's rebates were calculated as follows:

Q4 2018 OptumRx Rebates – Premium						
289	Retail	3-Tier Qualifying	x	$122.00	=	$35,258.00
34	Retail 90	3-Tier Qualifying	x	$305.00	=	$10,370.00
40	Mail	3-Tier Qualifying	x	$421.00	=	$16,840.00
35	Specialty	3-Tier Qualifying	x	$1,153.00	=	$40,355.00
				Total Q4 Rebates	**=**	**$102,823.00**

Summary Report

A summary of your monthly claims, administrative fees and enrollment.

Month	Number of Claims	Paid Claims	Administrative Fees	Total Expense	Total Employees	Employees Only	Employees w/1 Dependent	Employees w/2+ Dependents
Jul 2019	177	$30,048	$2,737	$32,785	771	172	163	436
Aug 2019	288	$50,869	$2,755	$53,623	777	178	163	436
Sep 2019	327	$72,157	$2,755	$74,912	776	178	165	433
Oct 2019	408	$81,370	$2,748	$84,118	774	177	165	432
Total	**1,200**	**$234,443**	**$10,994**	**$245,438**	**3,098**	**705**	**656**	**1,737**

Enrollment figures reflect retroactive enrollment changes and therefore may not agree with the billing statement.

MetLife

URPRISE

Dental Claim Lag

Group: 120685

Dollars Paid 07/01/2017 **Thru** 10/31/2019

Summary of Dental Claim Experience

Report Group By: Customer

Customer #: 120685

Period: 7/1/2017 through 10/31/2019

ALL PROCEDURES

INCURRED DATE

Paid Date	Prior	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Jul-17	$19,521.92	$49,714.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Aug-17	$2,391.25	$12,174.40	$50,974.50	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Sep-17	$1,291.30	$2,437.00	$17,632.40	$40,012.60	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Oct-17	$990.50	$154.00	$537.00	$16,446.30	$42,815.90	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Nov-17	$869.00	$1,005.00	$684.00	$1,025.20	$13,073.30	$30,934.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Dec-17	$258.00	$0.00	$879.70	$289.00	$735.50	$12,273.90	$34,358.80	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Jan-18	$0.00	$0.00	$0.00	$447.00	$167.00	$1,434.50	$14,381.60	$37,138.44	$0.00	$0.00	$0.00	$0.00	$0.00
Feb-18	$468.20	$0.00	$1,200.60	$291.00	$0.00	$301.00	$761.00	$15,778.90	$44,240.90	$0.00	$0.00	$0.00	$0.00
Mar-18	$776.20	$0.00	$1,593.50	$79.60	$0.00	$863.00	$1,894.00	$1,783.50	$13,062.50	$40,576.00	$0.00	$0.00	$0.00
Apr-18	$0.00	$23.00	($369.40)	$1,066.00	$148.00	$0.00	$2,432.40	$820.50	$660.50	$16,088.40	$38,348.50	$0.00	$0.00
May-18	$125.00	$0.00	$166.50	$0.00	$296.00	$34.00	$0.00	$336.00	$915.80	$3,345.00	$16,118.10	$38,037.80	$0.00
Jun-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$615.30	$610.40	$790.20	$1,701.90	$10,304.90	$40,292.70
Jul-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$250.00	$218.00	$0.00	$701.90	$17,214.90
Aug-18	$767.90	$0.00	$0.00	$0.00	$0.00	$76.00	$0.00	$234.00	$60.80	$240.00	$351.20	$301.00	$3,137.90
Sep-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$23.00	($165.00)	$850.00
Oct-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$58.00	$23.00	$1,040.10	$177.00
Nov-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$319.00	$116.00	$0.00	$0.00	$73.44
Dec-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$316.50
Jan-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Feb-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$416.00	$0.00	$769.00
Mar-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Apr-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
May-19	($128.00)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Jun-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Jul-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Aug-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Sep-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Oct-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL	**$27,331.27**	**$65,507.40**	**$73,298.80**	**$59,656.70**	**$57,235.70**	**$45,916.40**	**$53,827.80**	**$56,706.64**	**$60,119.90**	**$61,431.60**	**$56,981.70**	**$50,220.70**	**$62,831.44**

Paid Date	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Total Benefits Paid
Jul-17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$69,235.92
Aug-17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$65,540.15
Sep-17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$61,373.30
Oct-17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$60,943.70
Nov-17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$47,590.50
Dec-17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$48,794.90
Jan-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$53,568.54
Feb-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$63,041.60
Mar-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$60,628.30
Apr-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$59,217.90
May-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$59,374.20
Jun-18	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$54,315.40
Jul-18	$48,305.80	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$66,690.60
Aug-18	$22,776.50	$53,556.10	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$81,501.40
Sep-18	$2,634.70	$13,167.00	$42,642.20	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$59,151.90
Oct-18	$490.20	$2,427.90	$11,117.80	$48,330.90	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$63,664.90
Nov-18	$178.00	$2,287.01	$1,695.50	$12,911.10	$34,212.69	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$51,792.74
Dec-18	$165.00	($28.00)	$143.00	$4,275.80	$12,103.30	$31,747.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$48,723.00
Jan-19	$0.00	$0.00	$184.00	$682.20	$1,647.50	$8,415.30	$47,895.60	$0.00	$0.00	$0.00	$0.00	$0.00	$58,824.60
Feb-19	$0.00	$0.00	$0.00	$119.00	$2,104.80	$864.50	$13,568.00	$37,171.30	$0.00	$0.00	$0.00	$0.00	$55,012.60
Mar-19	$0.00	$431.50	$181.00	$194.60	$417.50	$230.60	$1,297.10	$13,340.10	$38,035.30	$0.00	$0.00	$0.00	$54,127.70
Apr-19	$0.00	$0.00	$0.00	$1,496.00	$908.00	$316.00	$1,673.00	$1,980.80	$22,766.60	$44,637.40	$0.00	$0.00	$73,777.80
May-19	$0.00	$0.00	$571.00	$0.00	$0.00	$339.60	$1,146.00	$1,241.10	$823.00	$21,894.36	$37,043.00	$0.00	$62,930.06
Jun-19	$0.00	$0.00	$0.00	$0.00	$0.00	$172.80	$0.00	($325.00)	$685.50	$1,576.10	$16,220.94	$44,063.53	$62,393.87
Jul-19	$0.00	$0.00	$0.00	$41.00	$0.00	$0.00	$584.00	$128.00	$189.20	$82.00	$2,098.50	$17,453.10	$20,575.80
Aug-19	$0.00	$0.00	$0.00	$135.00	$0.00	$0.00	$1,183.00	$0.00	$0.00	$79.00	$776.00	$1,585.60	$3,758.60
Sep-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$179.00	$0.00	$373.84	$0.00	$653.00	$1,205.84
Oct-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$79.00	$0.00	$0.00	$0.00	$0.00	$758.50	$837.50
TOTAL	**$74,550.20**	**$71,841.51**	**$56,534.50**	**$68,185.60**	**$51,393.79**	**$42,086.20**	**$67,425.70**	**$53,715.30**	**$62,499.60**	**$68,642.70**	**$56,138.44**	**$64,513.73**	**$1,468,593.32**

MetLink eReporting

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11/13/2019 12:12:01 PM

runout paid in 1st Qtr 2019-2020 PY $25,540.24

Vision Enrollment

	Cardholder Count	Premium
10/31/2017	750	$ 712.50
11/30/2017	741	$ 703.95
12/31/2017	743	$ 705.85
1/31/2018	737	$ 700.15
2/28/2018	733	$ 696.35
3/31/2018	736	$ 699.20
4/30/2018	736	$ 701.10
5/31/2018	741	$ 703.95
6/30/2018	741	$ 703.95
7/31/2018	736	$ 702.05
8/31/2018	732	$ 695.40
9/30/2018	741	$ 712.50
10/31/2018	746	$ 708.70
11/30/2018	741	$ 703.95
12/31/2018	743	$ 705.85
1/31/2019	759	$ 721.05
2/28/2019	762	$ 723.90
3/31/2019	769	$ 730.55
4/30/2019	768	$ 729.60
5/31/2019	763	$ 724.85
6/30/2019	759	$ 721.05
7/31/2019	765	$ 726.75
8/31/2019	768	$ 729.60
9/30/2019	767	$ 728.65
10/31/2019	768	$ 729.60

City of Surprise Vision Claims Lag
Claims Paid Jan 2016 - Current

Group 1079-13

Month of Service	Month Paid: Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Total
Nov-17	$ 2,129.00	$ 3,669.50	$ 95.00																						$ 5,893.50
Dec-17		$ 1,739.50	$ 3,106.00																						$ 4,845.50
Jan-18			$ 1,505.00	$ 4,040.00		$ 30.00																			$ 5,575.00
Feb-18				$ 2,428.50	$ 2,023.50		$ 35.00																		$ 4,487.00
Mar-18					$ 3,988.00	$ 1,130.00	$ 278.50			$ 135.00	$ 144.00	$ 144.00													$ 5,819.50
Apr-18						$ 2,838.50	$ 1,709.00	$ 30.00								$ (190.00)									$ 4,387.50
May-18							$ 4,560.00	$ 2,457.50		$ 195.50															$ 7,213.00
Jun-18								$ 3,867.00	$ 3,561.00	$ 170.00															$ 7,598.00
Jul-18									$ 8,889.00	$ 4,029.50	$ -	$ 175.50	$ 250.00												$ 13,344.00
Aug-18										$ 7,710.50	$ 1,174.00	$ 3,695.50	$ 85.00												$ 12,665.00
Sep-18											$ 3,599.00	$ 3,739.50	$ 366.00												$ 7,704.50
Oct-18												$ 4,893.00	$ 2,024.50	$ 55.00	$ 60.00										$ 7,032.50
Nov-18													$ 3,339.00	$ 1,649.50	$ 288.00	$ 30.00									$ 5,306.50
Dec-18														$ 3,186.00	$ 2,184.00	$ 170.00	$ 30.00								$ 5,570.00
Jan-19															$ 2,918.50	$ 2,680.00		$ 58.00							$ 5,656.50
Feb-19																$ 3,942.50	$ 1,271.00	$ 647.00							$ 5,860.50
Mar-19																	$ 3,737.50	$ 2,142.50	$ 62.00	$ 260.00					$ 6,202.00
Apr-19																		$ 3,294.00	$ 3,077.00				$ 89.00		$ 6,460.00
May-19																			$ 3,520.00	$ 1,664.00	$ 30.00				$ 5,214.00
Jun-19																				$ 4,478.50	$ 4,864.00	$ 265.50			$ 9,608.00
Jul-19																					$ 8,882.00	$ 7,551.50	$ 189.00		$ 16,622.50
Aug-19																						$ 6,354.50	$ 3,175.00	$ 281.00	$ 9,810.50
Sep-19																							$ 4,934.50	$ 3,543.50	$ 8,478.00
Oct-19																								$ 3,979.00	$ 3,979.00
																									$ -
	$ 4,824.50	$ 5,719.00	$ 4,861.00	$ 6,773.50	$ 6,011.50	$ 4,033.50	$ 6,632.50	$ 6,354.50	$12,450.00	$12,240.50	$ 4,917.00	$12,957.50	$ 6,149.50	$ 4,890.50	$ 5,450.50	$ 6,632.50	$ 5,038.50	$ 6,141.50	$ 6,659.00	$ 6,402.50	$13,776.00	$14,171.50	$ 8,387.50	$ 7,803.50	$ 327,980.00
																									-
Claims Invoiced	$ 4,824.50	$ 5,719.00	$ 4,861.00	$ 6,773.50	$ 6,011.50	$ 4,033.50	$ 6,632.50	$ 6,354.50	$12,450.00	$12,240.50	$ 4,917.00	$12,957.50	$ 6,149.50	$ 4,890.50	$ 5,450.50	$ 6,632.50	$ 5,038.50	$ 6,141.50	$ 6,659.00	$ 6,402.50	$13,776.00	$14,171.50	$ 8,387.50	$ 7,803.50	$ 327,980.00
50-1079013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

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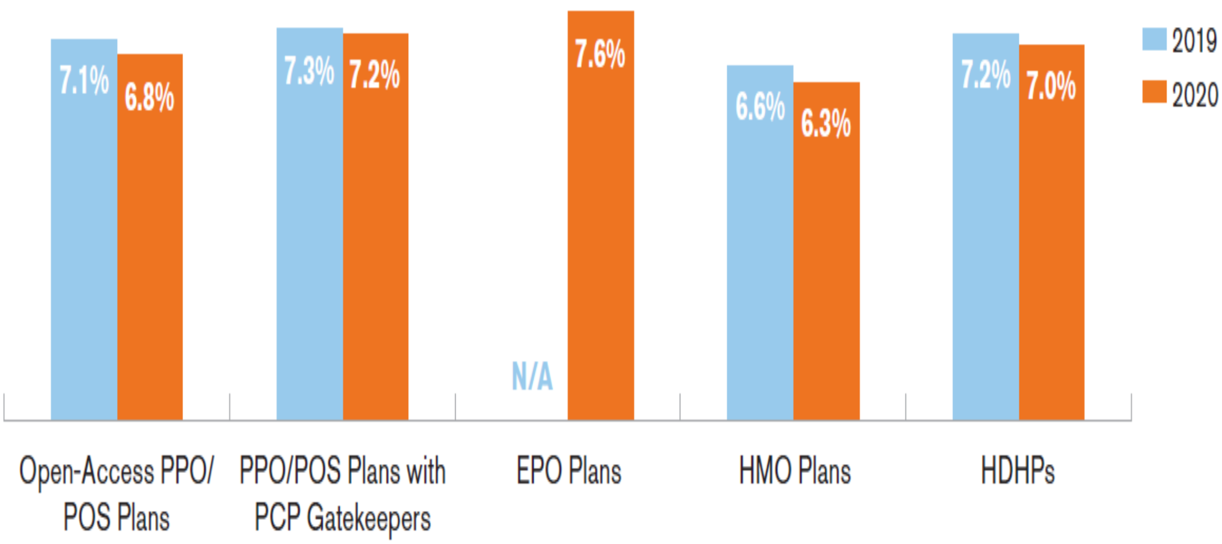
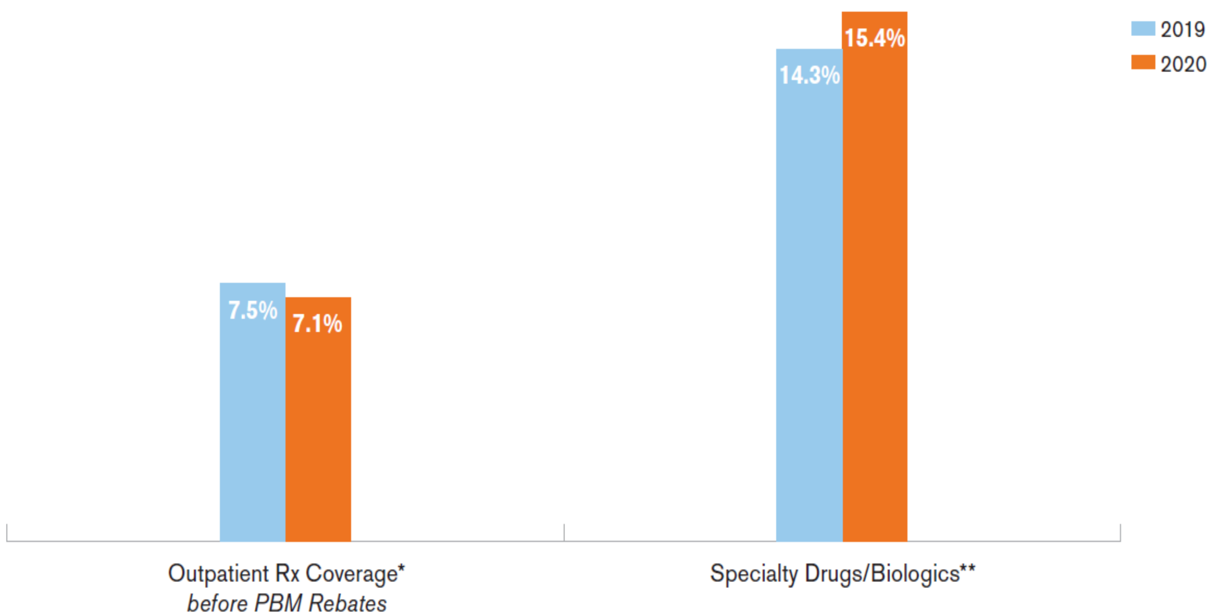
Medical Trends Projections* for 2020 Are Similar Across All Plan Types



* Projections are for actives and early retirees and exclude Rx.

Source: Segal Consulting, 2019

Outpatient Prescription Drug Trends Projected to Be Less Severe, Even as the Trend for Specialty Drugs Is Projected to Accelerate



* Outpatient Rx trend is for all prescription drugs (non-specialty and specialty drugs combined) for employer sponsored plans for actives and retirees under age 65.

** Specialty drug/biologics trend is for outpatient specialty coverage. This data is for all coverage of specialty drugs for participants of all ages.

SURPRISE
ARIZONA

FY2021
Financial Overview and Budget Recommendation

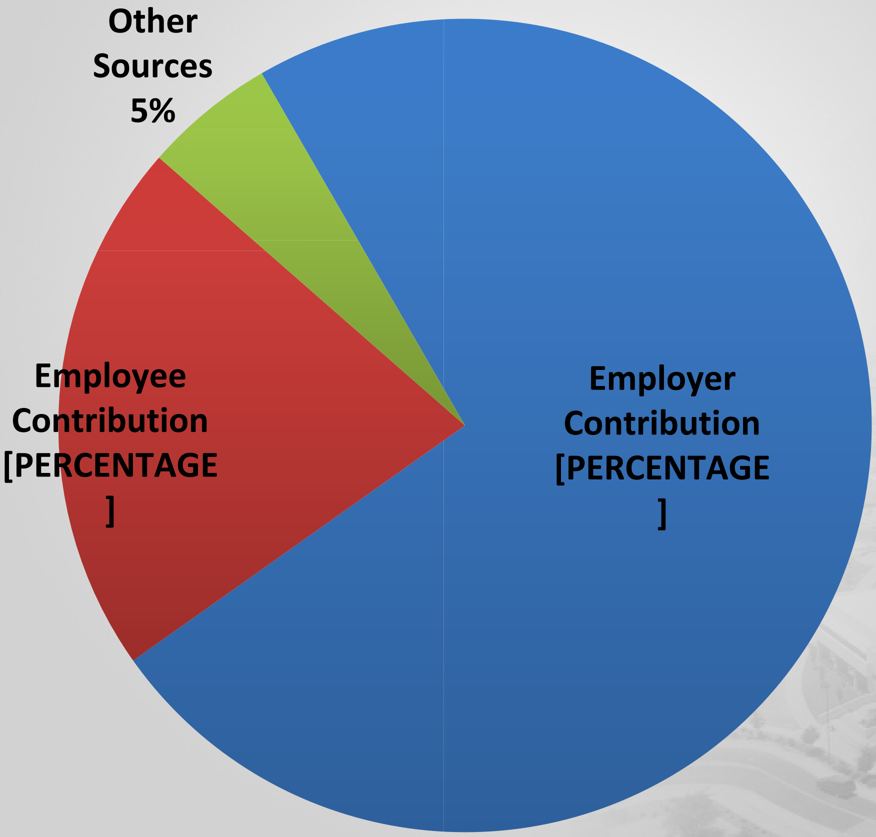
Health Benefits Trust Fund Board

February 26, 2020

Financial Overview and Budget Recommendation

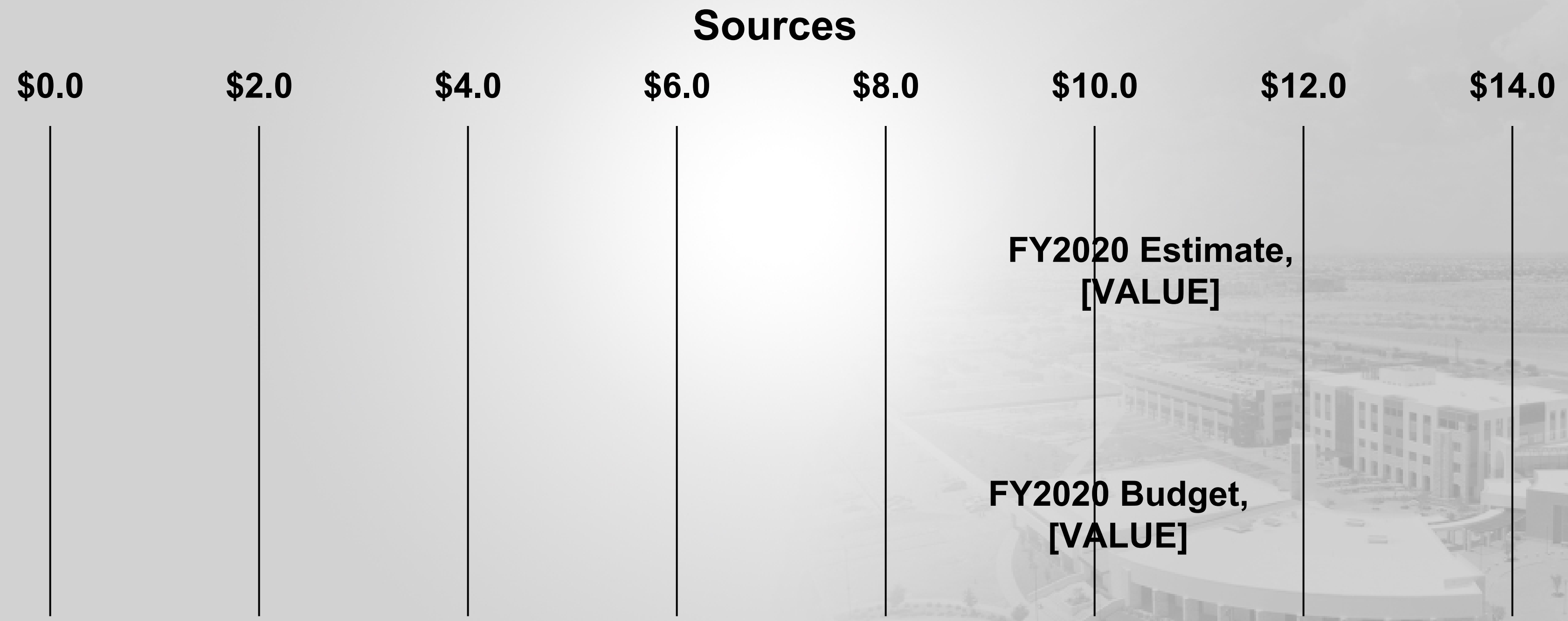
- Review financial position of the trust
- Stability of trust
- Historical medical trend
- Review FY2021 proposed budget

Financial Sources of the Trust

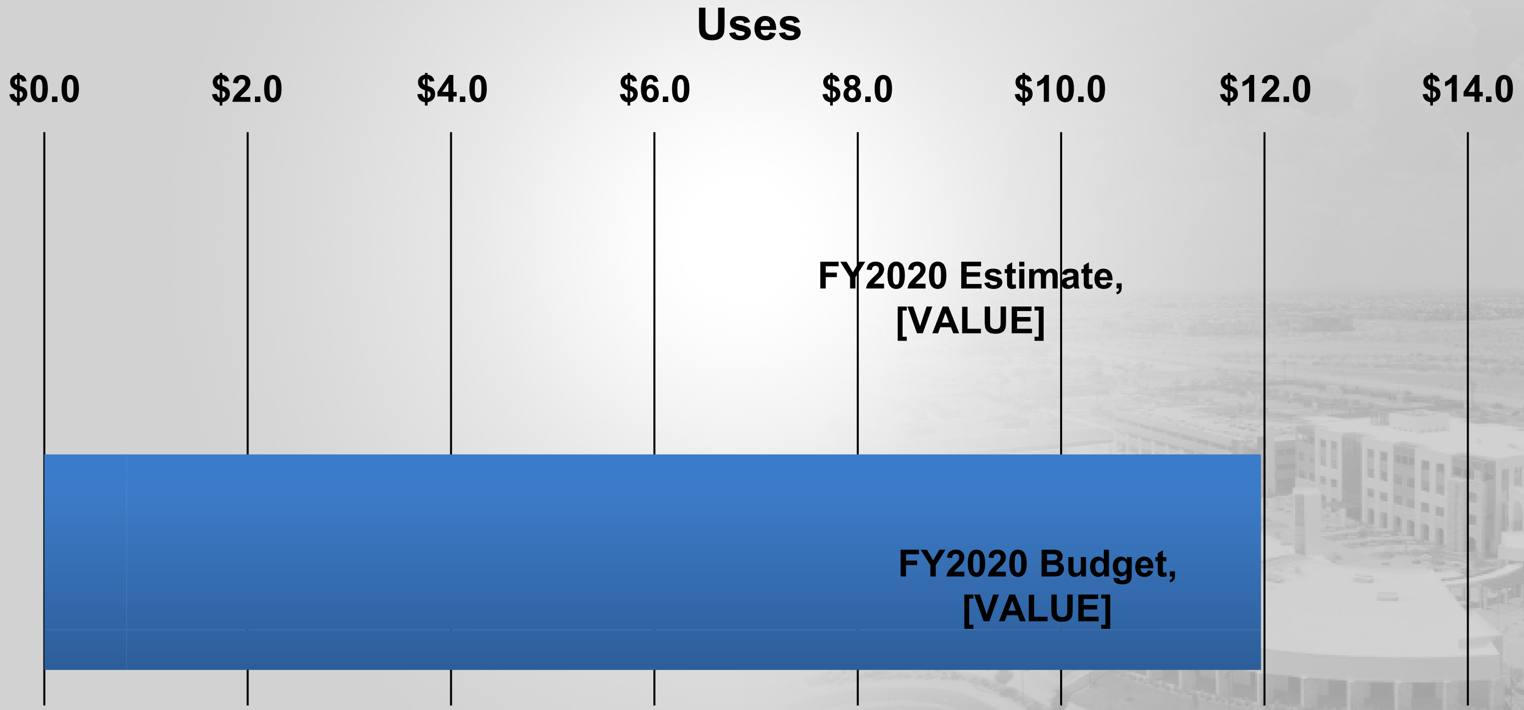


FY2020 Healthcare Fund Sources Budget Total: $12.2M

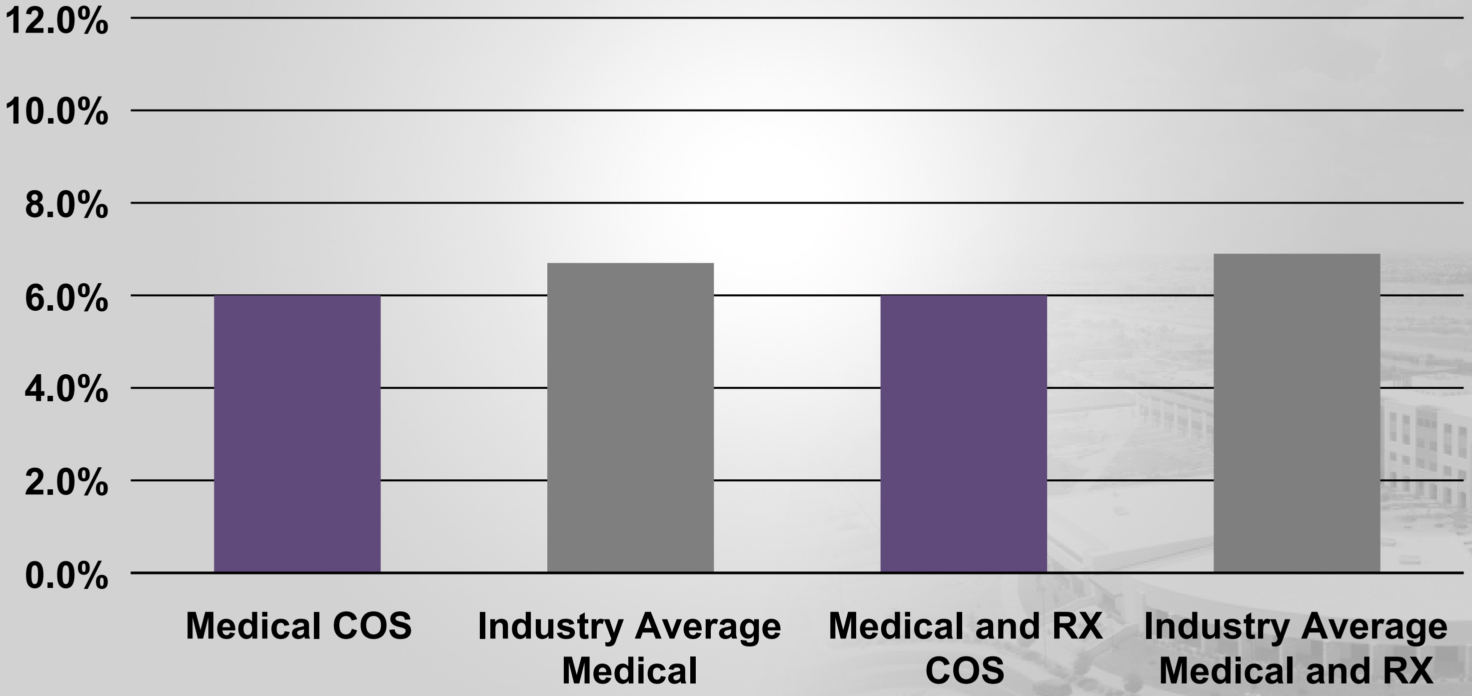
Financial Position of the Trust



Financial Position of the Trust



Historical Trend



Financial Position of the Trust

Fiscal Year	Net Income (Loss) Total
2011	(44,182)
2012	1,390,443
2013	334,578
2014	415,239
2015	1,162,170
2016	750,969
2017	816,071
2018	1,137,904
2019	729,104

Financial Position of the Trust

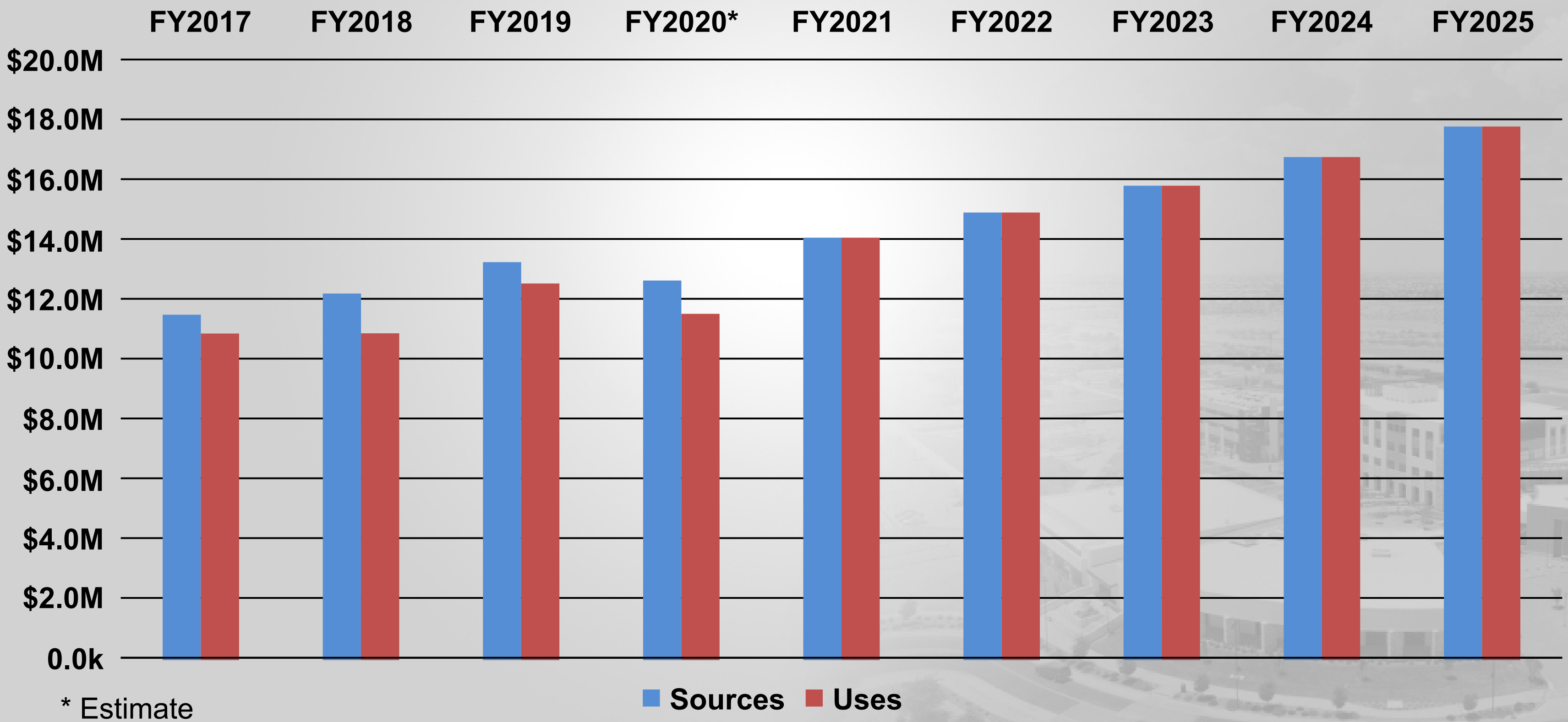
	FY2017	FY2018	FY2019	FY2020*	FY2021
Beginning Balance	$3.9M	$4.5M	$5.8M	$6.5M	$7.6M
Total Sources	11.5M	12.2M	13.2M	12.6M	14.4M
Total Uses	(10.8M)	(10.8M)	(12.5M)	(11.5M)	(14.4M)
Ending Balance	**$4.5M**	**$5.8M**	**$6.5M**	**$7.6M**	**$7.6M**
Required Reserve	2.4M	2.9M	2.8M	2.6M	3.1M
Unrestricted	$2.1M	$3.0M	$3.7M	$5.0M	$4.5M

***Estimate**

Budget Recommendation

Sources	Medical	Dental	Vision	Other	Total
Employer Contribution	9.75M	0.64M	0.08M		10.47M
Employee Contribution	2.57M	0.24M	0.03M		2.84M
Rebates/COBRA	0.66M				0.66M
Wellness/Interest				0.07M	0.07M
Total	$12.98M	$0.88M	$0.11M	$0.07M	$14.04M
Uses					
Estimated Expenses	12.76M	0.94M	0.11M		13.81M
Personnel/Supplies/Services				0.23M	0.23M
Total	$12.76M	$0.94M	$0.11M	$0.23M	$14.04M

Revenue and Expense Forecast



* Estimate

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QUESTIONS OR COMMENTS?

Thank You

CITY OF SURPRISE
Health Benefit Trust Fund Board Meeting

Council Meeting Date: February 26, 2020
Submitting Department: Legal
Staff Recommendations: None

Contact Person:
District: Citywide

Consent: No   Regular: Yes   Public Hearing: No   Report/Discussion: No

Agenda Wording:
Presentation pertaining to Workers Compensation Program Overview.

Motion:
None. Discussion only.

Background:
Digger Oster and Michelle Casciato will give an overview of our self-funded Workers' Compensation program.

Objective Analysis:

Policy Compliant:

Financial Impact:
None.

Budget Impact:
None.

FTE Impact:

ATTACHMENTS:

CITY OF SURPRISE
Health Benefit Trust Fund Board Meeting

Council Meeting Date: February 26, 2020
Submitting Department: Legal
Staff Recommendations:

Contact Person: Digger Oster
District: Citywide

Consent: No   Regular: Yes   Public Hearing: No   Report/Discussion: No

Agenda Wording:
Consideration and action pertaining to the FY2021 Workers' Compensation Plan Funding.

Motion:
I move to approve the recommended FY2021 Workers' Compensation Plan Funding.

Background:
Pursuant to Article V, Section H of the Health Benefits Trust Agreement:"In furtherance of the purpose of the Trust, as set forth in this Trust Agreement, the Board shall:H. Provide input and recommendations to the City Council, along with City staff and consultants, regarding Trust funding levels in order to establish and maintain, from contributions or other appropriations, reserves necessary to provide stability and security of the Trust, in accordance with sound actuarial and underwriting principles."

Objective Analysis:

Policy Compliant:
This item is compliant with the Comprehensive Financial Management Policies.

Financial Impact:
This approves the budget which is estimated to adequately fund the Workers Compensation Fund.

Budget Impact:
Approving this item will set a budget for the Workers Compensation Fund. The sources total $1.26 Million and is based on the number of employees hired, the employees risk code, and the salary for the employees. The uses total is $1.21 Million, this includes funding for claims, taxes, software, professional services, general insurance administration, and personnel.

FTE Impact:

ATTACHMENTS:
1. Workers Compensation Budget Presentation

SURPRISE
ARIZONA

FY2021
Workers Compensation Overview

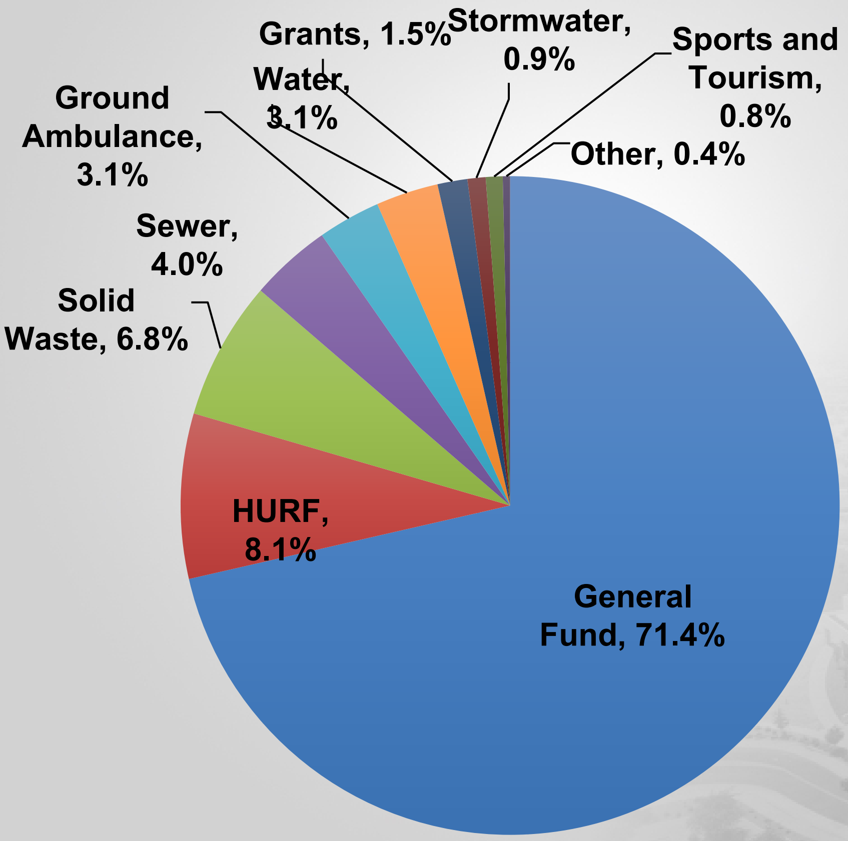
Health Benefits Trust Fund Board
February 26, 2020

Worker’s Compensation Overview

- Review financial position of the trust
- Review program performance
- Review program projections
- Review FY2021 contribution rates

Financial Position of the WC Trust

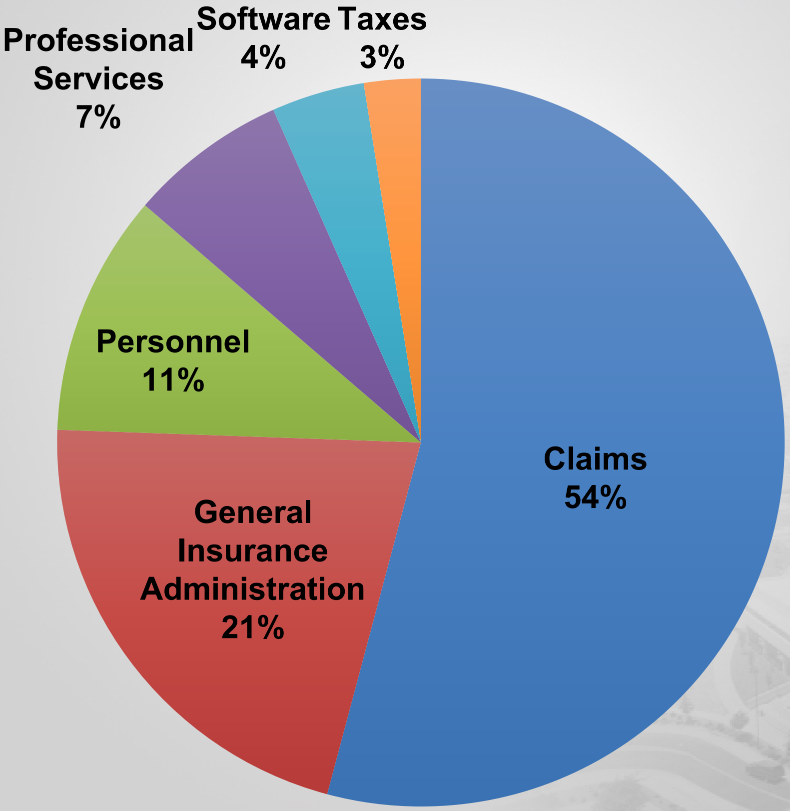
Sources



FY20 Budget of $1,017,100

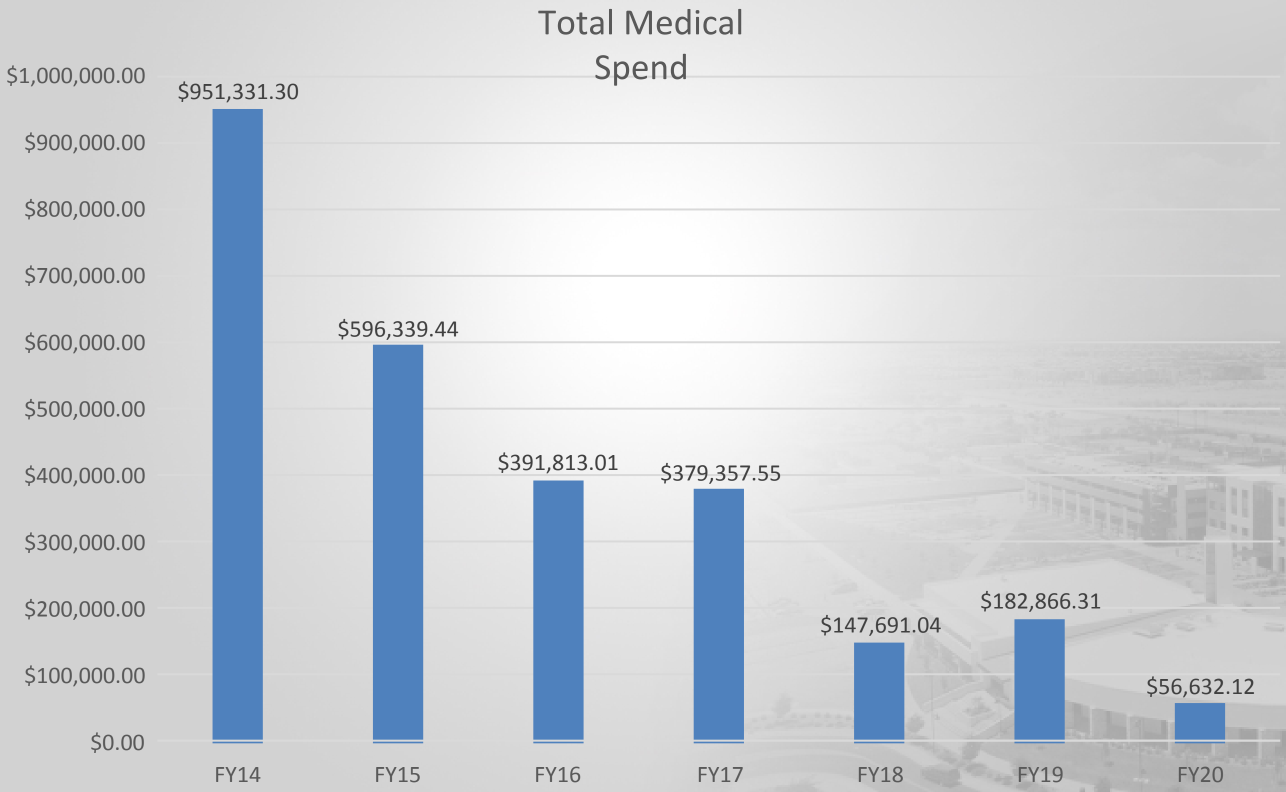
Financial Position of the WC Trust

Uses



FY20 Budget of $794,100

Review of WC Program Performance



Same period FY19 $38,041 Trending 48.9% higher

Review of WC Program Projections

- Based on year-to-date claim expenditures, Risk Management projects FY20 claims to be approximately $210,000.
- Excess insurance premiums are projected to increase to approximately $195,000 for FY21, as the program is still in an early rating phase, from an insurance underwriting perspective. Rates are currently calculated on a premium rate of $0.28 per $100 of payroll.

Review of WC Contribution Rates

- Entering the third year of the self-insured WC Program, it is recommended to assess Workers' Compensation Program premiums in the amount of $1,263,600 for FY21, using an updated departmental contribution calculation for FY21. Appropriate baseline data is being captured in hopes of assessing premiums based on departmental loss history and subsequent program impact. This is most likely at least one fiscal year away.

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ARIZONA

QUESTIONS OR COMMENTS?

Thank You

CITY OF SURPRISE
Health Benefit Trust Fund Board Meeting

Council Meeting Date: February 26, 2020
Submitting Department: Finance
Staff Recommendations:

Contact Person:
District: Citywide

Consent: No | Regular: No | Public Hearing: No | Report/Discussion: No

Agenda Wording:
Consideration and action pertaining to placing items on future agenda.

Motion:
Discussion only.

Background:
This item provides the opportunity for the board to have an open discussion on items to be placed on future agendas. Items are also added by staff as needed based on citizen, board, council and administrative requests.

Objective Analysis:

Policy Compliant:

Financial Impact:
N/A

Budget Impact:
N/A

FTE Impact:

ATTACHMENTS: