CITY OF SURPRISE
Health Benefits Trust Fund Board
16000 N. Civic Center Plaza
Surprise, AZ 85374
Wednesday, March 3, 2021 @ 3:00 PM
COUNCIL CHAMBERS

NOTICE: In an effort to protect health and safety of city employees, residents, and visitors, the Council Chambers will be closed to the public during this meeting. The public may access the meeting by viewing a live stream or broadcast of the meeting. To watch live, please visit www.surpriseaz.gov/surprisetv, the Surprise City Gov Facebook page at www.facebook.com/cityofsurprise. Cox channel 11 and Century Link channel 8513 will also carry the meeting live.

For instructions on how to comment on agenda items and public hearings, please go to https://bit.ly/3fCT6gv

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:

Public comment will be taken through email or via phone. To submit email comments, including Call to the Public for non-agenda items, please email publiccomments@surpriseaz.gov. Comments for Call to the Public must be submitted prior to the start of the meeting.

To comment on agenda items, emails must be submitted prior to the time(s) designated for public comment by the Board Chair during the meeting or before the agenda item has otherwise concluded. To comment live by phone for Call to the Public for non-agenda items or for agenda items, please call 623.222.1821 prior to, or during, the meeting to have your name placed on a callback list. If you reach voicemail, please leave your name and phone number. The Board Liaison will call those wishing to comment from the dais during the meeting, and the call will be streamed through the Council Chamber audio system. Only calls received before Call to the Public for non-agenda items or before or during the time(s) designated for public comment by the Board Chair during the meeting on the subject agenda item will be accepted and streamed. No calls will be accepted after the time(s) designated by the Board Chair for public comment or after an agenda item has otherwise concluded.

CONSENT AGENDA:

1.	Citywide	Consideration and action pertaining to the approval of the December 2, 2020 and January 14, 2021 Health Benefits Trust Fund Board meeting minutes.	Finance

REGULAR AGENDA ITEM - NON-PUBLIC HEARING:

2.	Citywide	Presentation and discussion pertaining to CBIZ Consulting FY2021 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 FY2021 2nd Quarter.	None Andrea Davis Finance
4.	Citywide	Consideration and action pertaining approval of the recommended the FY2022 Health Benefit Trust Fund Budget.	Andrea Davis Finance
5.	Citywide	Consideration an action pertaining to the FY2022 Workers' Compensation Plan Budget.	Digger Oster Legal
6.	Citywide	Discussion regarding electronic attendance for future board meetings.	None Andrea Davis 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:February 25, 2021 at 1:05 PM

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 Benefits Trust Fund Board

Council Meeting Date: March 3, 2021
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 2, 2020 and January 14, 2021 Health Benefits Trust Fund Board meeting minutes.

Motion:
I move to approve the December 2, 2020 and the January 14, 2021 Health Benefits Trust Fund Board meeting minutes.

Background:
Attached are the minutes from the December 2, 2020 and January 14, 2021 meetings.

Objective Analysis:

Policy Compliant:

Financial Impact:
No financial impact.

Budget Impact:
None.

FTE Impact:

ATTACHMENTS:
1. HBTF MINUTES 12.02.20 Draft
2. HBTF MINUTES 01.14.21 Draft

CITY OF SURPRISE

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

December 2, 2020

MEETING MINUTES

CALL TO ORDER

Vice Chair Aaron Bacon called the Health Benefits Trust Fund Meeting to order at 4:04 p.m. at Surprise City Hall, 16000 North Civic Center Plaza, Surprise, Arizona 85374, on Wednesday, December 2, 2020.

ROLL CALL

In attendance were Vice Chair Aaron Bacon, Board Member William Coniam, Board Member Candice Rachal, Board Member Renee Pastor (electronic), and Board Member Andrea Davis,

STAFF PRESENT:

Paige Gearheart, Human Resources Manager; Lisa Angelini, Human Resources Director; Julie Ralls, Accountant – Senior; 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 February 26, 2020 Health Benefits Trust Fund Board Meeting Minutes.

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

REGULAR AGENDA ITEMS NOT REQUIRING A PUBLIC HEARING

Item 2: Presentation and discussion pertaining to CBIZ Consulting FY2020 3rd Quarter, FY2020 4th Quarter, and FY2021 1st Quarter Reports.

- Michael Barberio presented CBIZ Consulting's 3rd and 4th Quarter Report for FY2020, as well as the FY2021 1st Quarter Report.

Item 3: Presentation and discussion pertaining to the City's unaudited Employee Healthcare and Worker's Compensation Self Insurance Funds Financial Report for end of FY2020, and FY2021 1st Quarter

- Andrea Davis, Finance Director, presented the End of FY2020 Financial Report, as well as the FY2021 1st Quarter Report.

Item 4: Consideration and action pertaining to the Health Benefit Trust Fund Annual Calendar for 2021.

- A request was made to amend the calendar to change the February 24th meeting to March 3, 2021.
- Board Member Davis made a motion to approve the Health Benefits Trust Fund Annual Calendar for 2021, as amended. Board Member Coniam seconded the motion. Motion passed.

Item 5: Consideration and action to elect a Chairperson and Vice-Chairperson for the Health Benefits Trust Fund Board

- Board Member Coniam nominated Aaron Bacon as Chair of the Health Benefits trust Fund Board. Board Member Davis seconded the nomination.
- Board Member Pastor nominated herself as Vice Chair. Board Member Davis seconded the nomination.

Item 6: Consideration and action pertaining to placing items on future agenda.

- Board Member Pastor requested a discussion and overview of the Workers' Comp Actuarial Report. This discussion will be arranged for the May 26th meeting.
- Board Member Pastor requested a discussion regarding electronic attendance for future board meetings.

OTHER BUSINESS

None

ADJOURNMENT

Vice Chair Pastor made a motion to adjourn the meeting. Board Member Rachal seconded the motion. Hearing no further business, Chair Aaron Bacon adjourned the Health Benefits Trust Fund meeting at 5:35 p.m.

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Aaron Bacon, Chair
Health Benefits Trust Fund Board

CITY OF SURPRISE

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

January 14, 2021

MEETING MINUTES

CALL TO ORDER

Vice Chair Renee Pastor called the Health Benefits Trust Fund Meeting to order at 4:16 p.m. at Surprise City Hall, 16000 North Civic Center Plaza, Surprise, Arizona 85374, on Thursday, January 14, 2021

ROLL CALL

In attendance were Vice Chair Renee Pastor, Board Member William Coniam, Board Member Candice Rachal, Board Member Andrea Davis, and Chair Aaron Bacon (telephone).

STAFF PRESENT:

Robert Wingo, City Attorney; Digger Oster, Risk Manager - Senior; Thomas Partin, Workers' Comp Senior Claims Adjuster; Laura Roybal, Administrative Services Assistant.

PLEDGE OF ALLEGIANCE

CURRENT EVENTS REPORT

None

STAFF REPORT

None

CALL TO THE PUBLIC

None

CONSENT AGENDA

None

REGULAR AGENDA ITEMS NOT REQUIRING A PUBLIC HEARING

Item 1: Consideration and action pertaining to approval of a waiver of liens in the amount of $37,708.26 to facilitate a Legal Workers' Compensation Settlement with Rachael Tidd.

- Digger Oster presented information to the board requesting approval of the waiver of liens to facilitate a Workers' Compensation settlement agreement with Rachael Tidd.
- Board Member Davis made a motion to approve the waiver of liens. Vice Chair Pastor seconded the motion. Motion passed unanimously.

OTHER BUSINESS

None

ADJOURNMENT

Vice Chair Pastor made a motion to adjourn the meeting. Board Member Davis seconded the motion. Hearing no further business, Vice Chair Pastor adjourned the Health Benefits Trust Fund meeting at 4:21 p.m.

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Aaron Bacon, Chair
Health Benefits Trust Fund Board

CITY OF SURPRISE
Health Benefits Trust Fund Board

Council Meeting Date: March 3, 2021
Submitting Department: Finance
Staff Recommendations: None

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

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

Agenda Wording:
Presentation and discussion pertaining to CBIZ Consulting FY2021 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 FY2021 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. City of Surprise Medical, Dental & Vision Experience 12 20
2. City of Surprise PBM Summary thru Dec 2020

City of Surprise

Medical, Pharmacy, Dental & Vision Experience

Plan Year: *July 2020 – June 2021*

Month End: *December 2020*

Presented by your CBIZ Team

Mike Barberio, Melissa Barbakoff & Margaret Latham

our business is growing yours.

Executive Summary

Medical and Pharmacy

For the first two quarters of the 2020-2021 plan year, claims are performing at an acceptable rate of 77.4% (with lag) of expected claims cost and 60.7% of maximum claims cost. Pharmacy claims are much higher than in 2019-2020. The average pharmacy claim month in 2019-2020 was $163,170. The average pharmacy claim month through the first six months has increased to $238,635. Specialty drug utilization (including one very large, prescription that should be non-reoccurring) is driving this increase in pharmacy claims cost. On a positive note, pharmacy claims for November ($209,716) and December (182,483) were the two lowest months of the plan year to date.

Higher pharmacy claims have been offset by much lower medical claims. For the first six months of the prior plan year, medical claims averaged $641,891 per month. For the first half of the current plan year medical claims have averaged just $482,406 per month. This despite the plan covering an average of thirteen more employees on a monthly basis. Some of the reduction in costs can be attributable to COVID-19, as some medical services have been either postponed/delayed. You can expect some “pend up demand” for medical proceedures to release during the remainder of the plan year.

Gross run out claims through December were $992,240, after rebates and Stop Loss recoveries that amount drops to $454,956. With run out claims for the prior plan year mostly complete, the 2019-2020 plan year is finishing at 88.5% of expected costs which is just .03% above the prior year as costs are essentially flat on a year over year basis.

Claim spend by individual plan design was:

- **HMO represents 61%**
- **PPO represents 29%**
- **EPO represents 10%**

There are four new large claimants that have emerged in the second quarter that have exceeded the $50,000 claims threshold. No claims have exceeded the $250,000 Individual Stop Loss (ISL) level as of December 31, 2020. The large claimants represent 24.6% of overall claims. Of the four new large claimants, two claimants are driven by specialty medications and are not expected to exceed the Stop Loss level.

Dental

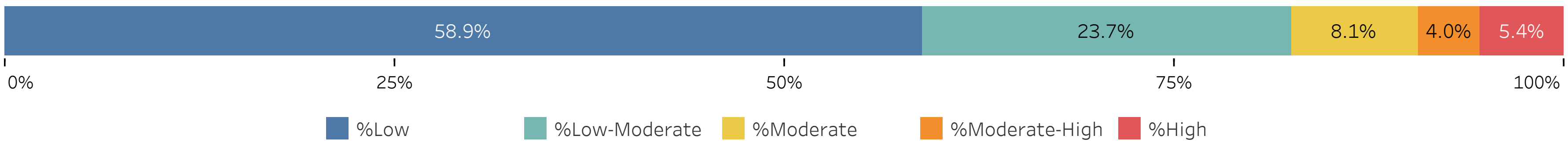
Dental is running higher through the second quarter. The current loss ratio is 100% with six months of claims. The loss ratio for the 2019/2020 plan year was 71.5%, which was a 24.9% reduction from the prior year. Much of the reduced costs are COVID- related as dental offices were either closed, only accepting emergency patients or members did not seek care out of fear of contracting the virus. The Per Employee Per Month (PEPM) total cost for 2019/2020 was $68.80. The PEPM total cost with claims through September for 2020/2021 is at $92.45, an increase of 34.4% which is right in line with budgetary projections.

Vision

Vision claims have followed similar utilization patterns from prior years. Your vision claims are typically high the first two months of the plan year and then they become more stable. The overall vision loss ratio through December is 106.3%.

City Of Surprise
(3/8/2020 thru 2/14/2021)

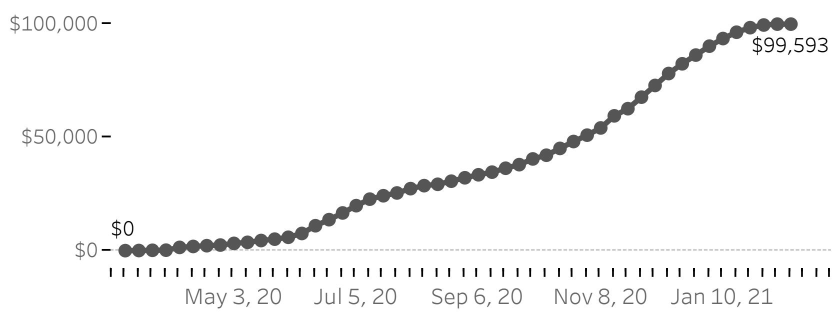
Certain factors, such as age, comorbid conditions, and recent utilization patterns can increase our risk for COVID-19 and its known complications. Early on, BCBSAZ identified these members through risk stratification methods. Your distribution of membership by risk category is as follows:



Allowed
Paid

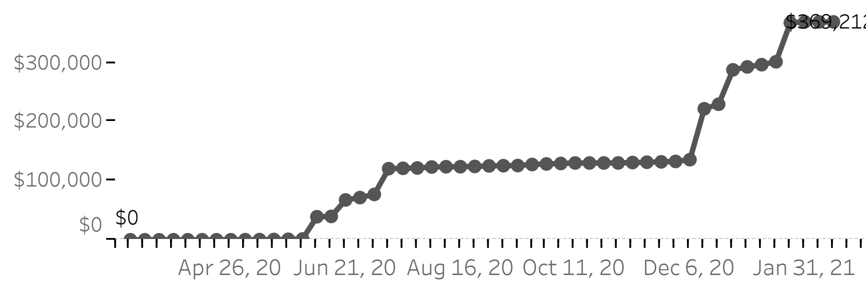
COVID-19 Live Virus Testing

937	1,654	$99,593
Total Members Tested	Total Claims Tested	Tested_AllowedOrPaid



COVID-19 Confirmed Diagnoses

235	425	$369,212
Total Members Confirmed	Total Claims Confirmed	Confirmed_AllowedOrPaid



NOTES:

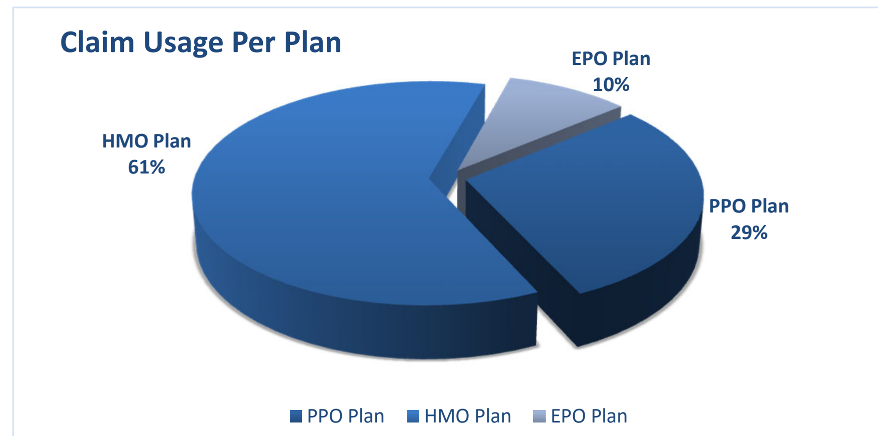
1) This report summarizes claims and lab result experience received to date.
2) Industry available codes are used to identify and summarize COVID-19 specific claim lines, and are subject to change at any time:
   Lab: U0001, U0002, U0003, U0004, 87635, G2023, and G2024 (high throughput and antibody testing codes will be added when available)
   Diagnosis: U07.1
3) "COVID-19 Testing" represents total members and claims with a known test for COVID-19, based on lab and medical data. Total dollars for testing are based on medical claims specifically for the test and exclude other services, such as an office visit.
4) "COVID-19 Confirmed" represents total members and claims with either a positive lab test or confirmation of COVID-19 through medical claims. Total dollars for treatment are based on medical claims, and excluding testing.

City of Surprise
Paid Claims and Administration
Plan Year: July 2020 to June 2021 (as of December 2020)
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-20	776	$ 942,700	$ 1,201,885	$ 298,418	$ 206,976	$ -	$ 760	$ 6,988	$ 1,846	$ -	$ 514,988	$ 105,420	$ 620,408	54.6%	42.8%	$396.92	$266.72	$663.64	$663.64	$799.49
Aug-20	774	$ 938,912	$ 1,197,241	$ 636,574	$ 216,421	$ -	$ 1,026	$ 6,968	$ 1,783	$ -	$ 862,771	$ 105,148	$ 967,919	91.9%	72.1%	$835.08	$279.61	$1,114.69	$1,114.69	$1,250.54
Sep-20	782	$ 944,205	$ 1,204,302	$ 439,084	$ 338,591	$ -	$ 1,444	$ 6,979	$ 1,771	$ -	$ 787,868	$ 106,235	$ 894,103	83.4%	65.4%	$574.52	$432.98	$1,007.50	$1,007.50	$1,143.35
Oct-20	781	$ 943,305	$ 1,203,191	$ 461,606	$ 277,626	$ -	$ 1,097	$ 6,982	$ 1,755	$ -	$ 749,066	$ 106,101	$ 855,167	79.4%	62.3%	$603.64	$355.47	$959.11	$959.11	$1,094.96
Nov-20	780	$ 946,776	$ 1,206,512	$ 460,565	$ 209,716	$ -	$ 1,088	$ 7,032	$ 1,758	$ -	$ 680,159	$ 105,962	$ 786,122	71.8%	56.4%	$603.13	$268.87	$872.00	$872.00	$1,007.85
Dec-20	782	$ 948,480	$ 1,208,638	$ 598,192	$ 182,483	$ -	$ 1,167	$ 7,041	$ 1,737	$ -	$ 790,621	$ 106,234	$ 896,854	83.4%	65.4%	$777.67	$233.35	$1,011.02	$1,011.02	$1,146.87
Jan-21																				
Feb-21																				
Mar-21																				
Apr-21																				
May-21																				
Jun-21																				
Total	**4,675**	**$ 5,664,377**	**$ 7,221,768**	**$ 2,894,439**	**$ 1,431,813**	**$ -**	**$ 6,581**	**$ 41,990**	**$ 10,650**	**$ -**	**$ 4,385,473**	**$ 635,099**	**$ 5,020,573**	**77.4%**	**60.7%**	**$631.80**	**$306.27**	**$938.07**	**$938.07**	**$1,073.92**
Avg	**779**																			

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	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35
Aggregate Stoploss (125%)	$5.10	$5.10	$5.10	$4.55	$4.55	$4.55	$4.55	$4.55	$4.55
Total Admin Fees	**$136.21**	**$136.21**	**$136.21**	**$135.66**	**$135.66**	**$135.66**	**$135.66**	**$135.66**	**$135.66**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$472.87**	**$1,081.92**	**$1,569.17**	**$494.26**	**$1,124.16**	**$1,628.12**	**$433.64**	**$1,003.71**	**$1,459.78**
Maximum Liability (ICAP)	**$717.77**	**$1,428.05**	**$1,996.26**	**$729.38**	**$1,451.31**	**$2,028.86**	**$614.12**	**$1,221.96**	**$1,708.26**



City of Surprise

Paid Claims and Administration

Plan Year: July 2020 to June 2021 (as of December 2020)

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-20	268	$ 303,233	$ 398,200	$ 87,529	$ 57,296	$ -	$ -	$ 144,824	$ 36,504	$ 181,328	47.8%	36.4%	$326.60	$213.79	$540.39	$676.60
Aug-20	268	$ 302,137	$ 396,921	$ 199,802	$ 52,462	$ -	$ -	$ 252,264	$ 36,504	$ 288,769	83.5%	63.6%	$745.53	$195.75	$941.29	$1,077.50
Sep-20	270	$ 304,179	$ 399,635	$ 178,507	$ 108,719	$ -	$ -	$ 287,227	$ 36,777	$ 324,003	94.4%	71.9%	$661.14	$402.66	$1,063.80	$1,200.01
Oct-20	274	$ 309,968	$ 407,052	$ 122,983	$ 63,245	$ -	$ -	$ 186,228	$ 37,322	$ 223,549	60.1%	45.8%	$448.84	$230.82	$679.66	$815.87
Nov-20	268	$ 305,426	$ 400,757	$ 153,943	$ 42,548	$ -	$ -	$ 196,491	$ 36,504	$ 232,996	64.3%	49.0%	$574.41	$158.76	$733.18	$869.39
Dec-20	268	$ 306,888	$ 402,461	$ 161,171	$ 35,963	$ -	$ -	$ 197,134	$ 36,504	$ 233,639	64.2%	49.0%	$601.39	$134.19	$735.58	$871.79
Jan-21																
Feb-21																
Mar-21																
Apr-21																
May-21																
Jun-21																
Total	**1,616**	**$ 1,831,831**	**$ 2,405,026**	**$ 903,936**	**$ 360,233**	**$ -**	**$ -**	**$ 1,264,168**	**$ 220,115**	**$ 1,484,284**	**69.0%**	**52.6%**	**$559.37**	**$222.92**	**$782.28**	**$918.49**
Avg	**269**															

Administrative Fees	PPO Plan		
	Employee	Emp + 1 Dep	EE + Family
Administration	$49.76	$49.76	$49.76
Specific Stoploss 12/24 $250,000 ISL	$81.35	$81.35	$81.35
Aggregate Stoploss (125%)	$5.10	$5.10	$5.10
Total Admin Fees	**$136.21**	**$136.21**	**$136.21**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$472.87**	**$1,081.92**	**$1,569.17**
Maximum Liability (ICAP)	**$717.77**	**$1,428.05**	**$1,996.26**

Number of Enrollees by Month				
Month	EE	EE + 1	EE + Fam	Total
July	83	54	131	268
August	84	54	130	268
September	85	54	131	270
October	85	55	134	274
November	81	54	133	268
December	81	51	136	268
January				
February				
March				
April				
May				
June				
Totals	**499**	**322**	**795**	**1,616**

City of Surprise
Paid Claims and Administration
Plan Year: July 2020 to June 2021 (as of December 2020)
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-20	387	$ 506,616	$ 643,670	$ 179,914	$ 113,141	$ -	$ -	$ 293,055	$ 52,500	$ 345,555	57.8%	45.5%	$464.89	$292.35	$757.25	$892.91
Aug-20	385	$ 504,494	$ 640,911	$ 394,299	$ 147,647	$ -	$ -	$ 541,946	$ 52,229	$ 594,175	107.4%	84.6%	$1,024.15	$383.50	$1,407.65	$1,543.31
Sep-20	386	$ 503,980	$ 640,486	$ 218,239	$ 191,857	$ -	$ -	$ 410,096	$ 52,365	$ 462,461	81.4%	64.0%	$565.39	$497.04	$1,062.42	$1,198.08
Oct-20	380	$ 496,857	$ 631,345	$ 311,243	$ 202,645	$ -	$ -	$ 513,888	$ 51,551	$ 565,439	103.4%	81.4%	$819.06	$533.28	$1,352.34	$1,488.00
Nov-20	382	$ 500,491	$ 635,836	$ 278,023	$ 127,064	$ -	$ -	$ 405,087	$ 51,822	$ 456,909	80.9%	63.7%	$727.81	$332.63	$1,060.44	$1,196.10
Dec-20	381	$ 498,863	$ 633,807	$ 374,789	$ 104,434	$ -	$ -	$ 479,223	$ 51,686	$ 530,909	96.1%	75.6%	$983.70	$274.10	$1,257.80	$1,393.46
Jan-21																
Feb-21																
Mar-21																
Apr-21																
May-21																
Jun-21																
Total	**2,301**	**$ 3,011,301**	**$ 3,826,054**	**$ 1,756,508**	**$ 886,787**	**$ -**	**$ -**	**$ 2,643,295**	**$ 312,154**	**$ 2,955,448**	**87.8%**	**69.1%**	**$763.37**	**$385.39**	**$1,148.76**	**$1,284.42**
Avg	**384**															

Administrative Fees	HMO Plan		
	Employee	Emp + 1 Dep	EE + Family
Administration	$49.76	$49.76	$49.76
Specific Stoploss 12/24 $250,000 ISL	$81.35	$81.35	$81.35
Aggregate Stoploss (125%)	$4.55	$4.55	$4.55
Total Admin Fees	**$135.66**	**$135.66**	**$135.66**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$494.26**	**$1,124.16**	**$1,628.12**
Maximum Liability (ICAP)	**$729.38**	**$1,451.31**	**$2,028.86**

Number of Enrollees by Month				
Month	EE	EE + 1	EE + Fam	Total
July	76	74	237	387
August	75	74	236	385
September	76	76	234	386
October	75	73	232	380
November	76	70	236	382
December	76	70	235	381
January				
February				
March				
April				
May				
June				
Totals	**454**	**437**	**1,410**	**2,301**

City of Surprise

Paid Claims and Administration

Plan Year: July 2020 to June 2021 (as of December 2020)

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-20	121	$ 132,851	$ 160,016	$ 30,976	$ 36,539	$ -	$ -	$ 67,515	$ 16,415	$ 83,930	50.8%	42.2%	$256.00	$301.98	$557.98	$693.64
Aug-20	121	$ 132,281	$ 159,408	$ 42,473	$ 16,312	$ -	$ -	$ 58,785	$ 16,415	$ 75,200	44.4%	36.9%	$351.01	$134.81	$485.83	$621.49
Sep-20	126	$ 136,046	$ 164,181	$ 42,337	$ 38,015	$ -	$ -	$ 80,352	$ 17,093	$ 97,445	59.1%	48.9%	$336.01	$301.70	$637.71	$773.37
Oct-20	127	$ 136,479	$ 164,795	$ 27,379	$ 11,736	$ -	$ -	$ 39,116	$ 17,229	$ 56,345	28.7%	23.7%	$215.59	$92.41	$308.00	$443.66
Nov-20	130	$ 140,859	$ 169,920	$ 28,599	$ 40,104	$ -	$ -	$ 68,703	$ 17,636	$ 86,339	48.8%	40.4%	$219.99	$308.49	$528.48	$664.14
Dec-20	133	$ 142,730	$ 172,370	$ 62,232	$ 42,087	$ -	$ -	$ 104,318	$ 18,043	$ 122,361	73.1%	60.5%	$467.91	$316.44	$784.35	$920.01
Jan-21																
Feb-21																
Mar-21																
Apr-21																
May-21																
Jun-21																
Total	**758**	**$ 821,246**	**$ 990,689**	**$ 233,996**	**$ 184,794**	**$ -**	**$ -**	**$ 418,789**	**$ 102,830**	**$ 521,620**	**51.0%**	**42.3%**	**$308.70**	**$243.79**	**$552.49**	**$688.15**
Avg	**126**															

Administrative Fees	HMO Plan		
	Employee	Emp + 1 Dep	EE + Family
Administration	$49.76	$49.76	$49.76
Specific Stoploss 12/24 $250,000 ISL	$81.35	$81.35	$81.35
Aggregate Stoploss (125%)	$4.55	$4.55	$4.55
Total Admin Fees	**$135.66**	**$135.66**	**$135.66**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$433.64**	**$1,003.71**	**$1,459.78**
Maximum Liability (ICAP)	**$614.12**	**$1,221.96**	**$1,708.26**

Number of Enrollees by Month				
Month	EE	EE + 1	EE + Fam	Total
July	36	15	70	121
August	37	14	70	121
September	40	15	71	126
October	41	15	71	127
November	41	15	74	130
December	43	16	74	133
January				
February				
March				
April				
May				
June				
Totals	**238**	**90**	**430**	**758**

City of Surprise

Paid Claims and Administration

Plan Year: July 2019 to June 2020 with Runout through September 2020

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%	$420.59	$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%	$943.44	$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%	$1,109.65	$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%	$1,176.03	$218.75	$1,394.79	$1,394.79	$1,521.76
Nov-19	756	$ 919,082	$ 1,068,637	$ 689,363	$ 156,481	$ -	$ 3,122	$ 6,698	$ 1,636	$ -	$ 857,299	$ 95,988	$ 953,287	93.3%	80.2%	$927.01	$206.99	$1,133.99	$1,133.99	$1,260.96
Dec-19	767	$ 928,677	$ 1,079,984	$ 458,303	$ 171,603	$ -	$ 1,325	$ 6,795	$ 1,675	$ -	$ 639,700	$ 97,384	$ 737,085	68.9%	59.2%	$610.30	$223.73	$834.03	$834.03	$961.00
Jan-20	770	$ 934,615	$ 1,085,407	$ 578,058	$ 143,787	$ (121,214)	$ 1,100	$ 6,862	$ 1,732	$ -	$ 610,326	$ 97,762	$ 708,087	65.3%	56.2%	$763.31	$186.74	$792.63	$792.63	$919.59
Feb-20	772	$ 938,090	$ 1,089,060	$ 519,729	$ 163,398	$ -	$ 1,091	$ 6,859	$ 1,727	$ -	$ 692,804	$ 98,016	$ 790,820	73.9%	63.6%	$685.76	$211.66	$897.41	$897.41	$1,024.38
Mar-20	779	$ 943,887	$ 1,095,601	$ 722,066	$ 197,839	$ -	$ 1,761	$ 6,941	$ 1,757	$ -	$ 930,364	$ 98,903	$ 1,029,267	98.6%	84.9%	$940.34	$253.97	$1,194.31	$1,194.31	$1,321.27
Apr-20	783	$ 948,043	$ 1,100,437	$ 416,339	$ 166,705	$ (121,784)	$ 1,795	$ 6,976	$ 1,770	$ -	$ 471,801	$ 99,410	$ 571,211	49.8%	42.9%	$545.19	$212.90	$602.56	$602.56	$729.52
May-20	782	$ 950,224	$ 1,102,574	$ 559,598	$ 157,398	$ -	$ 923	$ 6,970	$ 1,773	$ -	$ 726,663	$ 99,283	$ 825,946	76.5%	65.9%	$727.96	$201.28	$929.24	$929.24	$1,056.20
Jun-20	776	$ 943,557	$ 1,094,981	$ 954,914	$ 193,933	$ -	$ 997	$ 6,935	$ 1,804	$ -	$ 1,158,583	$ 98,523	$ 1,257,106	122.8%	105.8%	$1,243.11	$249.91	$1,493.02	$1,493.02	$1,619.98
Total	**9,190**	**$ 11,182,513**	**$ 12,988,563**	**$ 7,602,054**	**$ 1,958,050**	**$ (242,998)**	**$ 19,270**	**$ 81,905**	**$ 20,243**	**$ -**	**$ 9,438,523**	**$ 1,166,811**	**$ 10,605,334**	**84.4%**	**72.7%**	**$840.42**	**$213.06**	**$1,027.04**	**$1,027.04**	**$1,154.01**
Avg	**766**																			

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-20	$ 865,602	$ -	$ (131,400)	$ 132	$ 9	$ (285,464)	$ 448,879
Aug-20	$ 72,039	$ -	$ -	$ 9	$ 3	$ (313)	$ 71,738
Sep-20	$ 26,672	$ -	$ -	$ 12	$ -	$ -	$ 26,684
Oct-20	$ 15,864	$ -	$ (120,281)	$ -	$ -	$ -	$ (104,417)
Nov-20	$ 7,564	$ -	$ -	$ 3	$ -	$ -	$ 7,567
Dec-20	$ 4,500	$ -	$ -	$ 6	$ -	$ -	$ 4,506
Jan-21							
Feb-21							
Mar-21							
Apr-21							
May-21							
Jun-21							
Total	**$ 992,240**	**$ -**	**$ (251,681)**	**$ 163**	**$ 12**	**$ (285,777)**	**$ 454,956**

Specific Stoploss 12/24 $250,000 ISL

Aggregate Stoploss (125%)

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

2019-2020 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
$10,179,256	**$ (285,777)**	**$ 9,893,479**	**$ 1,166,811**	**$ 11,060,290**	**88.5%**	**76.2%**	**$ 1,203.51**

City of Surprise

Plan Year: July 2020 to June 2021 (as of December 2020)

Annual Cost Comparison Analysis

Incurred and Paid - 2019/2020 vs. 2020/2021

Cost Categories	2019/2020 with Runout	PEPM Costs	2020/2021 Estimated Annual*	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Medical Claims Costs*	$8,594,294	$935.18	$7,991,546	$854.71	-7.01%	($602,748)	-8.6%	($80.47)
Rx Claims Costs	$1,958,050	$213.06	$2,863,626	$306.27	46.25%	$905,577	43.7%	$93.21
Rx Rebates	($494,679)	($53.83)	($529,400)	($56.62)	7.02%	($34,721)	5.2%	($2.79)
Blue Card, Captitation Expenses, Misc and Value Based Services	$121,591	$13.23	$118,442	$12.67	-2.59%	($3,149)	-4.3%	($0.56)
Stop Loss Recoveries***	($285,777)	($31.10)	$0	$0.00	n/a	$285,777	n/a	$31.10
Admin Fees	$1,166,811	$126.97	$1,270,199	$135.85	8.86%	$103,388	7.0%	$8.88
Total Costs	**$11,060,290**	**$1,203.51**	**$11,714,414**	**$1,252.88**	**5.9%**	**$654,124**	**4.1%**	**$49.36**

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	**$1,200.23**	**4.2%**
2019/2020	**$1,203.51**	**0.3%**
2020/2021	**$1,252.88**	**4.1%**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	9,190	9,350	1.74%	$160

*2020/2021 Medical Claims Costs includes a 20% escalator load and a 10% completion factor
***Stop Loss Recoveries are not annualized

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

Cost Categories	2018/2019 with Runout	PEPM Costs	2019/2020 with Runout	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Medical Claims Costs*	$8,542,692	$984.18	$8,594,294	$935.18	0.60%	$51,602	-5.0%	($49.00)
Rx Claims Costs	$1,796,652	$206.99	$1,958,050	$213.06	8.98%	$161,398	2.9%	$6.08
Rx Rebates	($459,000)	($52.88)	($494,679)	($53.83)	7.77%	($35,679)	1.8%	($0.95)
Blue Card, Captitation Expenses, Misc and Value Based Services	$68,397	$7.88	$121,591	$13.23	77.77%	$53,194	67.9%	$5.35
Stop Loss Recoveries***	($577,066)	($66.48)	($285,777)	($31.10)	n/a	$291,289	n/a	$35.39
Admin Fees	$1,046,310	$120.54	$1,166,811	$126.97	11.52%	$120,501	5.3%	$6.42
Total Costs	**$10,417,984**	**$1,200.23**	**$11,060,290**	**$1,203.51**	**6.2%**	**$642,306**	**0.3%**	**$3.29**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	8,680	9,190	5.88%	$510

*2019/2020 Medical Claims Costs includes a 2% completion factor
***Stop Loss Recoveries are not annualized

City of Surprise

Blue Cross Blue Shield - Large Claims over $50k

Plan Year: July 2020 to June 2021 (as of December 2020)

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	D002	N	Active	PPO	$962	$208,559	**$209,520**	**$103,945**	**$105,575**	**83.8%**
2	C018	Y	Active	HMO	$188,930	$6,073	**$195,004**	**$0**	**$195,004**	**78.0%**
3	A010	Y	Active	HMO	$155,791	$10,861	**$166,652**	**$154,590**	**$12,063**	**66.7%**
4	D003	N	Active	PPO	$1,391	$92,581	**$93,973**	**$62,412**	**$31,561**	**37.6%**
5	C006	Y	Active	T Alliance EPO	$334	$90,398	**$90,732**	**$0**	**$90,732**	**36.3%**
6	D001	N	Termed	HMO	$76,058	$36	**$76,094**	**$76,074**	**$20**	**30.4%**
7	PY 16-17 #26	Y	Active	HMO	$5,328	$67,726	**$73,053**	**$0**	**$73,053**	**29.2%**
8	D004	N	Active	PPO	$54,479	$167	**$54,645**	**$52,020**	**$2,625**	**21.9%**
9	D006	N	Active	HMO	$53,770	$99	**$53,869**	**$0**	**$53,869**	**21.5%**
10	D005	N	Active	PPO	$53,591	$133	**$53,724**	**$53,159**	**$565**	**21.5%**

Total	**$590,633**	**$476,632**	**$1,067,266**	**$502,199**	**$565,066**

Percentage of Large Claims vs. Medical & Rx Claims	**24.6%**

City of Surprise

Blue Cross Blue Shield - Large Claims over $50k

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

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
1	C023	N	Active	PPO	$535,777	$0	$535,777	$535,777	$0	100.0%	($285,777)	$250,000
2	B014	Y	Active	HMO	$212,696	$954	$213,650	$213,650	$0	85.5%		$213,650
3	C002	N	Active	HMO	$176,211	$751	$176,962	$176,962	$0	70.8%		$176,962
4	C013	N	Active	PPO	$172,748	$972	$173,720	$173,720	$0	69.5%		$173,720
5	C015	N	Active	PPO	$172,797	$601	$173,399	$173,334	$64	69.4%		$173,399
6	C001	N	Active	HMO	$163,679	$8	$163,687	$163,687	$0	65.5%		$163,687
7	C003	N	Active	HMO	$153,020	$0	$153,020	$153,020	$0	61.2%		$153,020
8	PY 16-17 #26	Y	Active	HMO	$3,066	$141,839	$144,905	$144,905	$0	58.0%		$144,905
9	C016	N	Active	T Alliance EPO	$138,910	$28	$138,939	$138,885	$54	55.6%		$138,939
10	A010	Y	Active	HMO	$126,900	$1,403	$128,303	$128,303	$0	51.3%		$128,303
11	B012	Y	Active	PPO	$127,374	$518	$127,892	$127,892	$0	51.2%		$127,892
12	C006	N	Active	T Alliance EPO	$27,439	$99,987	$127,427	$127,390	$36	51.0%		$127,427
13	C017	N	Active	HMO	$124,474	$69	$124,543	$124,543	$0	49.8%		$124,543
14	C018	N	Active	HMO	$113,623	$3,897	$117,521	$113,327	$4,194	47.0%		$117,521
15	C014	N	Active	HMO	$83	$111,456	$111,539	$111,539	$0	44.6%		$111,539
16	C008	N	Active	T Alliance EPO	$101,194	$215	$101,409	$101,409	$0	40.6%		$101,409
17	A023	Y	Active	HMO	$38,952	$48,463	$87,415	$87,415	$0	35.0%		$87,415
18	C004	N	Active	T Alliance EPO	$83,484	$1	$83,485	$83,485	$0	33.4%		$83,485
19	C005	N	Termed	HMO	$70,442	$1,140	$71,582	$71,582	$0	28.6%		$71,582
20	C011		Active	HMO	$62,871	$8,110	$70,981	$70,981	$0	28.4%		$70,981
21	C007	N	Active	HMO	$69,941	$0	$69,941	$69,941	$0	28.0%		$69,941
22	C019	N	Active	T Alliance EPO	$21,238	$48,231	$69,469	$69,381	$0	27.8%		$69,469
23	A018	Y	Active	HMO	$717	$65,753	$66,471	$66,471	$0	26.6%		$66,471
24	B003	N	Active	HMO	$62,927	$2,837	$65,763	$65,763	$0	26.3%		$65,763

City of Surprise

Blue Cross Blue Shield - Large Claims over $50k

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

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
25	C010	N	Active	T Alliance EPO	$58,355	$6,612	$64,967	$64,967	$0	26.0%		$64,967
26	C020	N	Active	HMO	$62,912	$0	$62,912	$62,912	$0	25.2%		$62,912
27	B015	Y	Active	HMO	$3,203	$58,770	$61,973	$61,973	$0	24.8%		$61,973
28	C012	N	Active	HMO	$59,854	$180	$60,034	$60,034	$0	24.0%		$60,034
29	C024	N	Termed	HMO	$57,639	$0	$57,639	$0	$57,639	23.1%		$57,639
30	A024	Y	Active	PPO	$994	$54,948	$55,942	$55,942	$0	22.4%		$55,942
31	C021	N	Active	PPO	$52,548	$174	$52,722	$52,722	$0	21.1%		$52,722
32	C009	N	Active	HMO	$50,971	$957	$51,928	$51,928	$0	20.8%		$51,928
33	C022	N	Active	HMO	$39,302	$12,123	$51,425	$51,425	$0	20.6%		$51,425
				Total	$3,146,342	$670,999	$3,817,340	$3,755,265	$61,988		($285,777)	$3,531,563

Percentage of Large Claims vs. Medical & Rx Claims	36.1%

Green highlight denotes new claimant in the current quarter.

Dental Reports

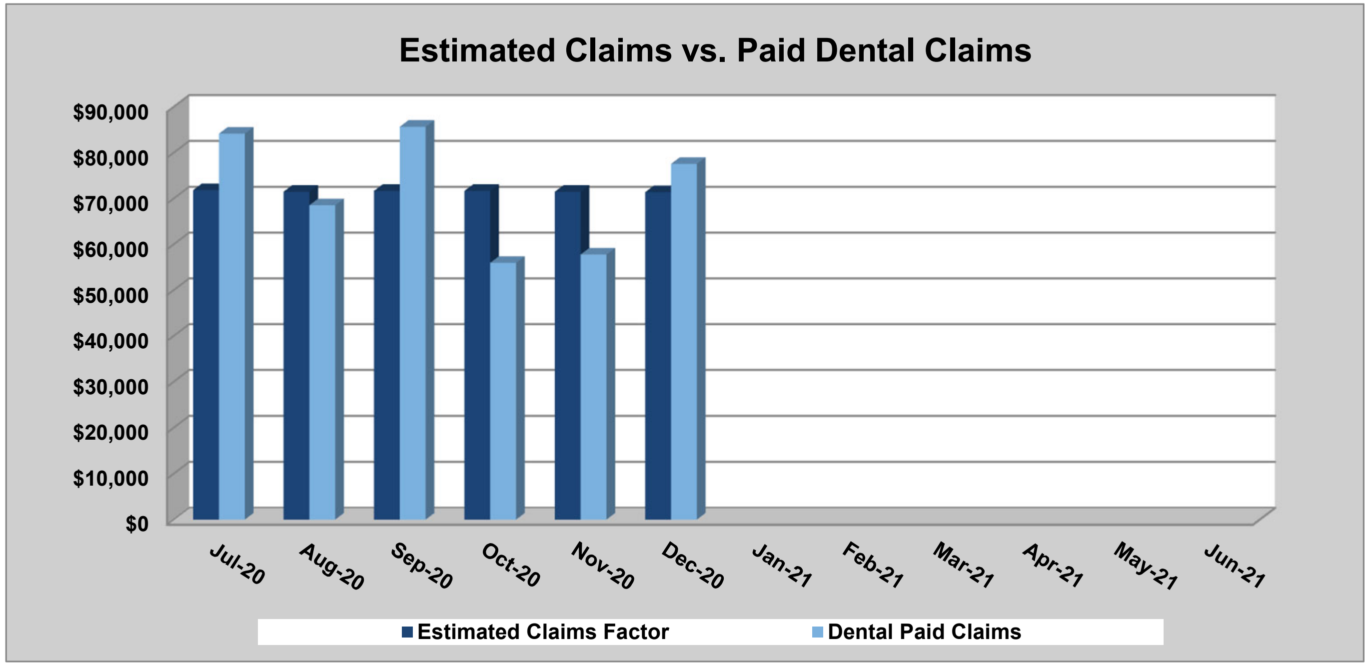
City of Surprise
Delta Dental Self Funded Paid Claims
Plan Year: July 2020 to June 2021 (as of December 2020)

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-20	808	$71,807	$2,865	$84,137	$87,002	117.2%	$104.13	$107.68
Aug-20	804	$71,451	$2,854	$68,500	$71,354	95.9%	$85.20	$88.75
Sep-20	806	$71,629	$2,861	$85,645	$88,506	119.6%	$106.26	$109.81
Oct-20	806	$71,629	$2,858	$55,925	$58,783	78.1%	$69.39	$72.93
Nov-20	804	$71,451	$2,854	$57,744	$60,598	80.8%	$71.82	$75.37
Dec-20	803	$71,363	$2,854	$77,532	$80,386	108.6%	$96.55	$100.11
Jan-21								
Feb-21								
Mar-21								
Apr-21								
May-21								
Jun-21								
Total	**4,831**	**$429,331**	**$17,146**	**$429,483**	**$446,629**	**100.0%**	**$88.90**	**$92.45**
Avg PEPM Enrollment	**805**							

Admin Fees	Employee
Administration	$3.55

Claim Expenses	
Estimated Claim Factor	$88.87

Premium Equivalent Rates		
EE	EE + 1	Family
$38.22	$75.74	$122.69



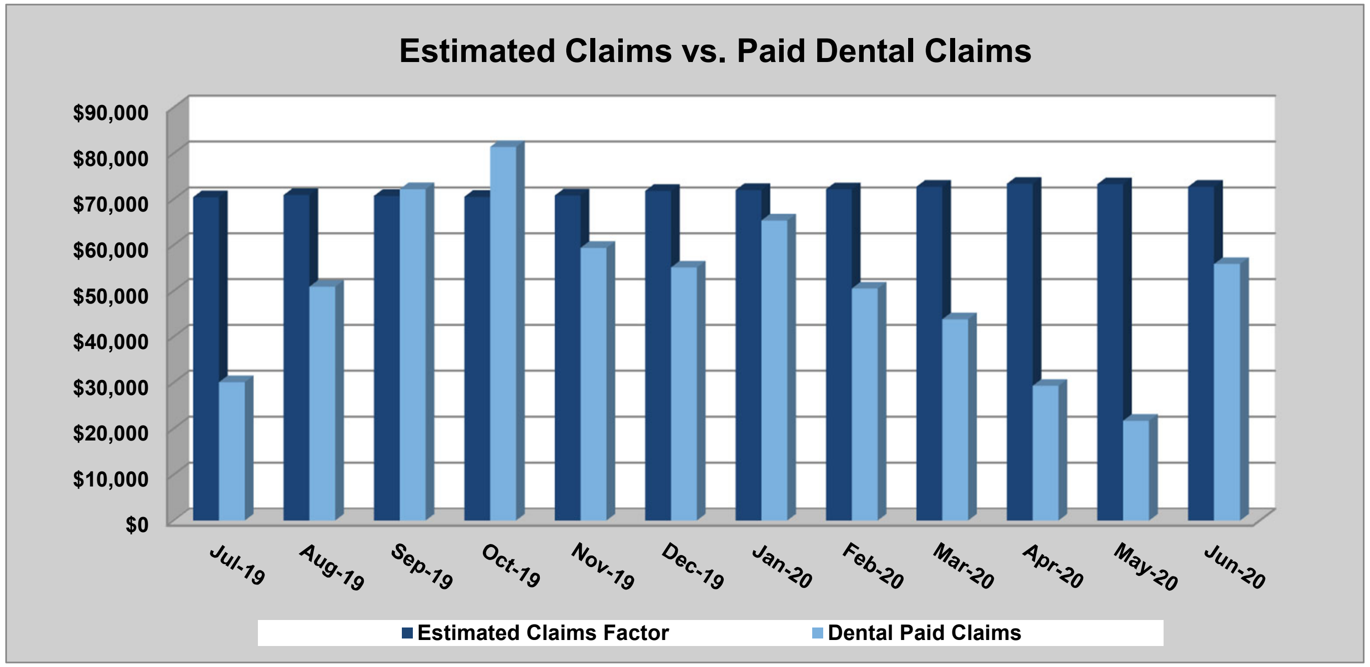
City of Surprise
Delta Dental Self Funded Paid Claims
Plan Year: July 2019 to June 2020

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	788	$71,960	$2,797	$65,325	$68,122	90.8%	$82.90	$86.45
Feb-20	790	$72,143	$2,805	$50,487	$53,292	70.0%	$63.91	$67.46
Mar-20	796	$72,691	$2,822	$43,759	$46,581	60.2%	$54.97	$58.52
Apr-20	803	$73,330	$2,851	$29,262	$32,113	39.9%	$36.44	$39.99
May-20	802	$73,239	$2,847	$21,671	$24,518	29.6%	$27.02	$30.57
Jun-20	796	$72,691	$2,826	$55,834	$58,660	76.8%	$70.14	$73.69
Total	**9,429**	**$861,056**	**$33,484**	**$615,225**	**$648,709**	**71.5%**	**$65.25**	**$68.80**
Avg PEPM Enrollment	**786**							

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 Claims
Plan Year: July 2020 to June 2021 (as of December 2020)

Annual Cost Comparison Analysis 2019/2020 vs. 2020/2021

Cost Categories	2019/2020 Annual Costs	PEPM Costs	2020/2021 Estimated Annual Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Dental Claims*	$615,225	$65.25	$858,966	$88.90	39.6%	$243,741	36.3%	$23.65
Admin Fees	$33,484	$3.55	$34,292	$3.55	2.4%	$808	-0.1%	($0.00)
Total Costs	**$648,709**	**$68.80**	**$893,258**	**$92.45**	**37.7%**	**$244,549**	**34.4%**	**$23.65**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	9,429	9,662	2.5%	233

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	**$68.80**	**-24.9%**
2020/2021	**$92.45**	**34.4%**

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

Cost Categories	2018/2019 Costs with Runout	PEPM Costs	2019/2020 Annual Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Dental Claims*	$771,669	$86.28	$615,225	$65.25	-20.3%	($156,444)	-24.4%	($21.03)
Admin Fees	$47,761	$5.34	$33,484	$3.55	-29.9%	($14,277)	-33.5%	($1.79)
Total Costs	**$819,430**	**$91.62**	**$648,709**	**$68.80**	**-20.8%**	**($170,721)**	**-24.9%**	**($22.82)**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	8,944	9,429	5.4%	485

Vision Reports

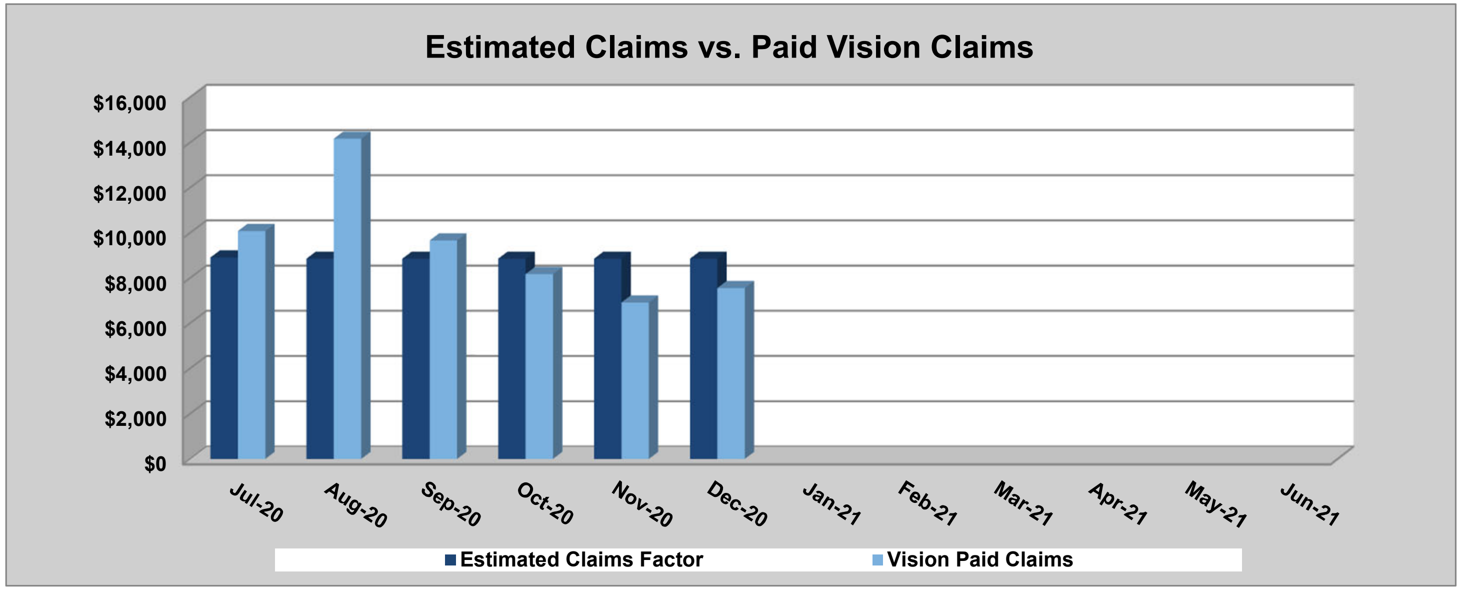
City of Surprise
Avesis Vision Self Funded Paid Claims
Plan Year: July 2020 to June 2021 (as of December 2020)

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-20	792	$8,910	$752	$10,080	$10,832	113.1%	$12.73	$13.68
Aug-20	787	$8,854	$748	$14,170	$14,917	160.0%	$18.00	$18.95
Sep-20	787	$8,854	$748	$9,663	$10,410	109.1%	$12.28	$13.23
Oct-20	787	$8,854	$748	$8,172	$8,920	92.3%	$10.38	$11.33
Nov-20	787	$8,854	$748	$6,916	$7,664	78.1%	$8.79	$9.74
Dec-20	787	$8,854	$748	$7,554	$8,302	85.3%	$9.60	$10.55
Jan-21								
Feb-21								
Mar-21								
Apr-21								
May-21								
Jun-21								
Total	4,727	$53,179	$4,491	$56,554	$61,044	106.3%	$11.96	$12.91
Avg Enrollment	788							

Admin Fees	Employee
Administration	$0.95

Claim Expenses	
Estimated Claim Factor	$11.25

Premium Equivalent Rates	
EE	Family
$5.16	$14.61



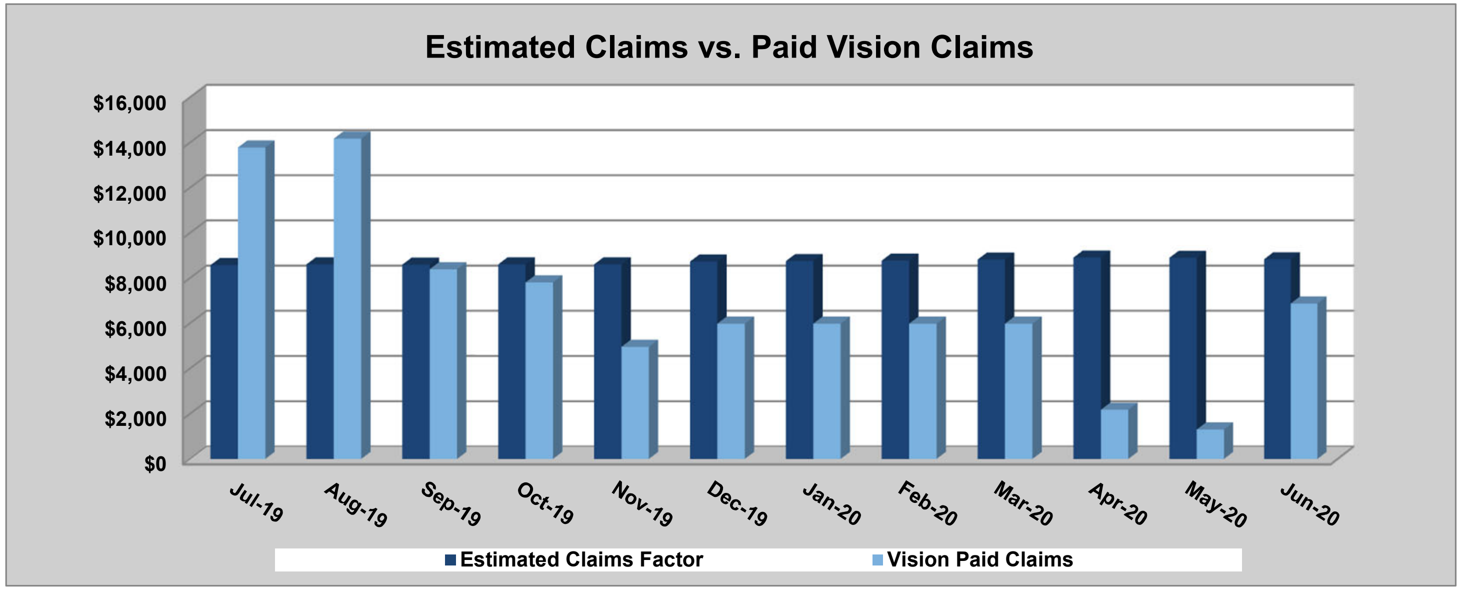
City of Surprise
Avesis Vision Self Funded Paid Claims
Plan Year: July 2019 to June 2020

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	781	$8,747	$742	$5,978	$6,719	68.3%	$7.65	$8.60
Feb-20	783	$8,770	$744	$5,978	$6,721	68.2%	$7.63	$8.58
Mar-20	787	$8,814	$748	$5,978	$6,725	67.8%	$7.60	$8.55
Apr-20	795	$8,904	$755	$2,174	$2,929	24.4%	$2.73	$3.68
May-20	794	$8,893	$754	$1,301	$2,055	14.6%	$1.64	$2.59
Jun-20	788	$8,826	$749	$6,868	$7,617	77.8%	$8.72	$9.67
Total	**9,343**	**$104,642**	**$8,876**	**$83,343**	**$92,219**	**79.6%**	**$8.92**	**$9.87**
Avg Enrollment	**779**							

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 Claims
Plan Year: July 2020 to June 2021 (as of December 2020)

Annual Cost Comparison Analysis 2019/2020 vs. 2020/2021

Cost Categories	2019/2020 Costs	PEPM Costs	2020/2021 Estimated Annual Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Vision Claims	$83,343	$8.92	$113,107	$11.96	35.7%	$29,764	34.1%	$3.04
Admin Fees	$8,876	$0.95	$8,981	$0.95	1.2%	$105	0.0%	$0.00
Total Costs	**$92,219**	**$9.87**	**$122,088**	**$12.91**	**32.4%**	**$29,869**	**30.8%**	**$3.04**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	9,343	9,454	1.2%	111

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	**$9.87**	**-8.7%**
2020/2021	**$12.91**	**30.8%**

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

Cost Categories	2018/2019 Costs	PEPM Costs	2019/2020 Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Vision Claims	$88,909	$9.86	$83,343	$8.92	-6.3%	($5,566)	-9.5%	($0.94)
Admin Fees	$8,579	$0.95	$8,876	$0.95	3.5%	$296	-0.1%	($0.00)
Total Costs	**$97,488**	**$10.81**	**$92,219**	**$9.87**	**-5.4%**	**($5,269)**	**-8.7%**	**($0.94)**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	9,019	9,343	3.6%	324

City of Surprise PBM Summary

January 1, 2020 – December 31, 2020

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**	**Prior 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)
		$66.75 – Results thru December, 2019 (includes 1st, 2nd, 3rd & 4th Q Rebates)
BCBS Optum	**Modeled Projection**	**Current Calendar Year – 2020**
		$53.28 – Results thru March, 2020 (includes 1st Q rebate of $131,400)
		$56.32 – Results thru June, 2020 (includes 1st Q & 2nd Q rebates of $120,281)
		$87.85** – Results thru September, 2020 (includes 1st, 2nd & 3rd Q rebates of $132,089)
		$74.73 – Results thru December, 2020 (includes $125,000 estimated rebate)

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

Projected Rebates (CY 20 - 12 months) - $480,000

Projected Rebates Per Quarter - $125,000

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.*

***The $30 spike from Q2 to Q3 was mostly due to specialty drugs.*

CITY OF SURPRISE
Health Benefits Trust Fund Board

Council Meeting Date: March 3, 2021

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:
Presentation and discussion pertaining to the City's unaudited Employee Healthcare and Workers' Compensation Self Insurance Funds Financial Report for FY2021 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 FY2021 2nd Quarter. This report contains unaudited financial activity through December 31, 2020 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, 2020

	Employee Healthcare Trust Fund	Worker's Compensation Trust Fund
ASSETS		
Current assets:		
Cash and investments	$ 9,091,793	$ 3,439,089
Other Receivables	-	-
Prepaid services	3,311	-
Total current assets	9,095,104	3,439,089
Noncurrent assets:		
Net OPEB asset	212	154
Total noncurrent assets	212	154
Total assets	9,095,316	3,439,243
DEFERRED OUTFLOWS OF RESOURCES		
Deferred outflows of resources - pension related	15,344	11,166
Deferred outflows of resources - OPEB related	1,078	785
Total deferred outflows of resources	16,422	11,951
Total assets and deferred outflows of resources	9,111,738	3,451,194
LIABILITIES		
Current liabilities:		
Accounts payable	-	100
Accrued payroll and benefits	682	(7)
Compensated absences payable, due in less than one year	2,406	3,372
Claims payable	-	-
Claims - incurred but not reported (IBNR)	782,150	153,210
Total current liabilities	785,238	156,675
Noncurrent liabilities:		
Compensated absences payable, greater than one year	3,610	5,059
Net pension liability	109,046	79,356
Net OPEB liability	495	360
Total noncurrent liabilities	113,151	84,775
Total liabilities	898,389	241,450
DEFERRED INFLOWS OF RESOURCES		
Deferred inflows of resources - pension related	6,814	4,959
Deferred inflow of resources - OPEB related	540	393
Total deferred inflows of resources	7,354	5,352
Total liabilities and deferred inflows of resources	905,743	246,802
NET POSITION		
Restricted for:		
Committed - Industrial Commission Reserve	-	1,500,000
Committed - Adverse Claims Contingency Reserve	3,254,591	-
Unrestricted	4,951,404	1,704,392
Total net position	$ 8,205,995	$ 3,204,392

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, 2020

	F2021 Second Quarter Budget	FY 2021 Actual	Variance favorable (unfavorable)	% Variance
OPERATING REVENUES				
Employee Contributions				
Medical	$ 1,236,700	$ 1,460,380	$ 842,030	68.1%
Dental	119,000	144,487	84,987.00	71.4%
Vision	14,100	21,720	14,670.00	104.0%
City Contributions			-	-
Medical	4,916,850	5,833,347	3,374,922.00	68.6%
Dental	321,150	388,128	227,553.00	70.9%
Vision	42,150	50,519	29,444.00	69.9%
Cobra contributions	50,000	43,935	18,934.81	37.9%
Subrogation recovery	-	5,783	5,783.00	-
Wellness reimbursement	38,000	-	(38,000.00)	(100.0%)
Pharmacy rebate	281,400	157,195	16,495.00	5.9%
Miscellaneous Revenue		5,753	5,753.00	-
Interest revenue	17,250	11,270	2,645.00	15.3%
Total operating revenues	7,036,600	8,122,517	4,585,217	65.2%
OPERATING EXPENSES				
Personnel (Wages/Benefits)	51,000	63,821	(38,321)	(75.1%)
Wellness				
Work/life balance	3,050	-	1,525	50.0%
Physical & nutritional well being	10,550	-	5,275	50.0%
Preventative Well-Being	6,150	4,923	(1,848)	(30.0%)
Books & subscriptions	1,000	559	441	44.1%
Special event hosting	1,000	-	1,000	100.0%
Administration				
Medical	226,900	337,303	(223,853)	(98.7%)
Medical stop loss	392,650	611,062	(414,737)	(105.6%)
Dental	16,500	20,011	(11,761)	(71.3%)
Vision	4,400	5,987	(3,787)	(86.1%)
Claims				
Medical	4,699,100	4,279,776	(1,930,226)	(41.1%)
Pharmacy	1,062,000	1,638,351	(1,107,351)	(104.3%)
Dental	453,400	467,435	(240,735)	(53.1%)
Vision	49,600	63,778	(38,978)	(78.6%)
Professional outside services	36,650	50,199	(31,874)	(87.0%)
Travel & training	2,500	100	1,150	46.0%
Dues & membership	500	-	250	50.0%
Limited purpose flex spending	6,050	8,132	(5,107)	(84.4%)
Federal medical insurance fees	-	-	-	-
Total operating expenses	7,023,000	7,551,437	(4,038,937)	(57.5%)
Change in net position	$ 13,600	$ 571,080	$ 546,280	

City of Surprise, Arizona - Workers' Compensation
Schedule of Revenues, Expenditures, and Changes in Net Position -Budget and Actual
For the quarter ended December 31, 2020

	FY2021 Second Quarter Budget	FY 2021 Actual	Variance favorable (unfavorable)	% Variance
OPERATING REVENUES				
City Contributions				
Worker's comp	$ 631,800	$ 741,606	$ 425,706	67.38%
Subrogation recovery	-	6,073	6,073	-
Interest revenue	-	6,858	6,858.00	-
Total operating revenues	631,800	754,537	438,637	69.43%
OPERATING EXPENSES				
Personnel (Wages/Benefits)	42,500	50,806	(29,556)	-69.54%
Administration	85,000	209,520	(167,020)	-196.49%
Claims			-	-
Claim Settlement	402,500	285,803	(84,553)	-21.01%
Software license	-	-	-	-
Taxes Chages Service Fees	22,500	7,341	3,909	17.37%
Other professional services	49,000	41,708	(17,208)	-35.12%
Total operating expenses	601,500	595,178	(294,428)	-48.95%
Operating income (loss)	30,300	159,359	144,209	
Income (loss) before contributions and transfers	30,300	159,359	144,209	
Transfers in		1,300,000	1,300,000	
Change in net position	$ 30,300	$ 1,459,359	$ 1,444,209	

Employee Health Care Activity

Claims History By Quarter

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2019	3,087,680	2,846,207	2,532,388	2,694,959	11,161,234
2020	2,926,865	2,089,090	1,538,628	4,616,374	11,170,957
2021	3,935,628	2,513,712			6,449,340

Net Income (loss) By Quarter

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2019	(405,664)	(110,601)	533,198	586,984	603,917
2020	(115,223)	990,840	(493,804)	(226,908)	154,905
2021	25,559	545,521			571,080

Stop Loss Credits

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2019	81,233	166,349	41,167	261,062	549,811
2020	-	-	-	-	-
2021	-	-			-

CITY OF SURPRISE
Health Benefits Trust Fund Board

Council Meeting Date: March 3, 2021

Contact Person: Andrea Davis, DIRECTOR - FINANCE

Submitting Department: Finance

District: Citywide

Staff Recommendations:

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

Agenda Wording:

Consideration and action pertaining approval of the recommended the FY2022 Health Benefit Trust Fund Budget.

Motion:

I move to approve the recommended FY2022 $14.91 Million Health Benefit Trust Fund Budget for both sources and uses.

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 FY2022 (beginning July 1, 2021). We will present the planned contribution strategy. We will also demonstrate the effect of the contribution 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 $14.91 Million. This includes Employer Contributions for Medical of $10.67 Million, Dental $0.66 Million, and Vision of $0.09 Million. Employee Contributions for Medical of $2.63 Million, Dental $0.25 Million, and Vision $0.03 Million. Rebates and COBRA Sources total $0.49 Million, and Wellness reimbursements and Interest totaling $0.09 Million.

The uses total $14.9 Million. This includes estimated expenses for Medical in the amount of $13.67 Million, Dental of $0.90 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 Funding Projection for the 2021-22 Plan Year V6 MB
2. 2021.03.03 Health Benefits

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection
For a July 1, 2021 Effective Date

Completed January 11, 2021

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

Table of Contents

CBIZ

Section 1: Executive Summary

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 Effective Date

— Executive Summary —

Section I

1. Current Enrollment (October 2020)

	PPO	HMO	EPO	Total
Employee Only	84	75	40	199
Employee + 1	55	73	15	143
Employee + Family	134	232	71	437
Total	273	380	126	779
	35%	*49%*	*16%*	

2. Current 2020-21 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:	$1,268.52	$1,441.62	$1,214.85	$1,344.28
Monthly Funding:	$346,307	$547,817	$153,072	$1,047,195
Annual Funding:	$4,155,681	$6,573,801	$1,836,860	$12,566,342

3. Forecasted Rate Action

Expected	**6.10%**
Pessimistic	11.10%
Very Pessimistic	30.05%
Optimistic	**1.10%**
Used	**6.10%**

4. Projected 2021-22 Rates

	PPO	HMO	EPO	Total
Employee Only	$645.51	$667.60	$604.17	
Employee + 1	$1,291.00	$1,335.18	$1,208.35	
Employee + Family	$1,807.39	$1,869.28	$1,691.70	
PEPM Funding:	$1,345.85	$1,529.50	$1,288.91	$1,426.23
Monthly Funding:	$367,417	$581,211	$162,403	$1,111,032
Annual Funding:	$4,409,009	$6,974,536	$1,948,834	$13,332,380
% Change:	6.10%	6.10%	6.10%	6.10%

5. Key Assumptions and Observations

a. Med/Rx experience period: Experience Period 1: Claims paid November 2019 through October 2020. Experience Period 2: Claims paid November 2018 through October 2019.

		Weighting by Plan Year			
Med experience weighting:	Considered Covid in Period 1 and Period 2:	Period 1:	50%	Period 2:	50%
Rx experience weighting:	Considered Covid in Period 1 and Period 2:	Period 1:	70%	Period 2:	30%

b. Plan changes:

For Plan Yr Beginning 7/1/2021: No Plan Changes

For Plan Yr Beginning 7/1/2020: No 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

c. Annual trend: Annual trends of 7.1% medical and 7.3% 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: 3.0% medical, 3.0% Rx. 1% is an adjustment for COVID - the rest is for Claim fluctuation.

e. Individual stop loss: Assumes a $250,000 ISL deductible with a 12/24 contract and no lasers. Claims exceeding $250,000 on an incurred basis were removed from the experience as an approximation of the 12/24 contract.

f. Fixed costs:

	2020-2021	2021-2022	ESTIMATED % Change
Administration fee	$49.76	$51.25	3.0%
EPO network fee ($2.00 PMPM)	$0.78	$0.99	27.1%
Individual stop loss [1]	$81.35	$81.35	0.00%
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	$4.74	$4.74	0.0%
Total fixed costs — PPO	$136.21	$137.70	1.1%
Total fixed costs — HMO & EPO	$135.66	$137.15	1.1%
Total fixed costs — Composite	$136.63	$138.33	1.2%

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

[2] 125% aggregate corridor

g. Rebates were considered in the Rx forecast.

h. PCORI Fee Not Incorporated, deemed not subject to ERISA.

6. Reasonableness Test — Projected Claims Compared to Historical Claims

	PEPM	% Increase
Average Paid Claims Most Recent 12 Months *(Not adjusted for claimants > $250k)*	$1,104.49	
Final Projected Claims 2020-21 Plan Year	$1,287.89	16.6%
Average Paid Claims Most Recent 12 Months *(Adjusted for claimants > $250k)*	$1,072.93	
Final Projected Claims 2020-21 Plan Year	$1,287.89	20.0%

7. Dental

Dental experience period: Experience Period 1: Claims paid November 2019 through October 2020. Experience Period 2: Claims paid November 2018 through October 2019.

Dental experience weighting: Did not use Period 1 as COVID effect was presumably large:

Weighting by Plan Year			
Period 1:	0%	Period 2:	100%

Rate Action:

Calculated Rate Action: -3.621%

Recommended Rate Action: 0.000%

	Enrollment	Current Premium Equivalents	Renewal Premium Equivalents
Employee Only	182	$38.80	$38.80
Employee + 1	172	$76.88	$76.88
Employee + Family	451	$124.56	$124.56
PEPM Funding:	805	$94.98	$94.98
Monthly Funding:		$76,462	$76,462
Annual Funding:		$917,538	$917,538
% Change:			0.00%

8. **Vision**

Vision experience period: Experience Period 1: Claims paid November 2019 through October 2020. Experience Period 2: Claims paid November 2018 through October 2019.

Weighting by Plan Year

Vision experience weighting: Did not use Period 1 as COVID effect was presumably large:

Period 1:	0%	Period 2:	100%

Rate Action:

Calculated Rate Action:	-5.163%
Recommended Rate Action:	**0.000%**

	Enrollment	Current Premium Equivalents	Renewal Premium Equivalents
Employee Only	195	$5.16	$5.16
Employee + Family	594	$14.62	$14.62
PEPM Funding:	789	$12.28	$12.28
Monthly Funding:		$9,690	$9,690
Annual Funding:		$116,286	$116,286
% 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, 2021 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:	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 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 = 1.000, Exp. Period 2 = 0.963
		<u>7/1/2021 changes from 7/1/2019</u>
		None
		<u>7/1/2019 changes from 7/1/2018</u>
		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:	3.0%
j.	Current enrollment:	779 (October 2020)

3. Algorithm

			Experience Period 1	Experience Period 2
		Paid period:	11/1/19 - 10/31/20	11/1/18 - 10/31/19
		Approx. incurred period:	10/1/19 - 9/30/20	10/1/18 - 9/30/19
		Midpoint incurred period:	4/1/2020	4/1/2019
		Average enrollment:	772	733
		Number of months:	12	12
a.	Medical paid claims:		$7,852,428	$8,672,865
b.	Pooled claims Estimate: Period 1 = 1 Period 1 = 1		<u>$542,519</u>	<u>$472,495</u>
c.	Adjusted paid claims (a less b):		$7,309,909	$8,200,370
d.	Change in reserve (lagged claims):		1.000	1.000
e.	<u>Normalize to Current Plan Year (Combined below)</u>		1.000	1.000
	Plan Mix or Change Adj. Factor		1.000	1.000
	Network Change Adj. To Normalize to Current Plan		1.000	1.000
	Demographic Change Adjustment		1.000	1.000
	COVID Pent Up Demand Adj. to Normalize to Current Plan		1.000	1.000
f.	Adjusted paid claims (c x d x e):		$7,309,909	$8,200,370
g.	Trend adjustment factor:		<u>1.128</u>	<u>1.208</u>
h.	Trended adjusted paid claims (f x g):		$8,242,208	$9,902,720
i.	Add in individual claims to pooled level:		$250,000	$250,000
j.	<u>Prospective Adjustment to Current Plan (Combined below)</u>		<u>1.025</u>	<u>1.023</u>
	Prospective Plan Change Adjustment Factor (See Assumption g)		1.000	0.963
	Enrollment Change Adjustment Factor		1.009	1.063
	Prospective Demographic change adjustment factor		1.000	1.000
	COVID Pent Up Demand Adjustment factor		1.016	1.000
k.	Chronic health conditions/Other adjustment:		<u>$0</u>	<u>$0</u>
l.	Projected experience paid claims [(h + i) x j+ k]:		$8,701,357	$10,389,968
m.	Claim Fluctuation Margin (2%) + COVID Margin (1%):		<u>1.030</u>	<u>1.030</u>
n.	Projected experience paid claims with margin (l x m):		$8,962,398	$10,701,667
o.	Claim rate:	PEPM:	$958.75	$1,144.81
		Monthly:	$746,866	$891,806
		Annual:	$8,962,398	$10,701,667
		Credibility:	50%	50%
		PEPM Blended Rate:	$1,051.78	

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 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:	7.3%
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.:	($462,300) Exp Pd 1 ($384,400) Exp Pd 2 *using an estimate of 17% of Pharmacy claims for rebates*
i.	Claim fluctuation margin:	3.0%
j.	Current enrollment:	779 (October 2020)

3. **Algorithm**

			Experience Period 1	Experience Period 2
		Paid period:	11/1/19 - 10/31/20	11/1/18 - 10/31/19
		Approx. incurred period:	10/1/19 - 9/30/20	10/1/18 - 9/30/19
		Midpoint incurred period:	4/1/2020	4/1/2019
		Average enrollment:	772	733
		Number of months:	12	12
a.	Pharmacy paid claims:		$2,382,894	$1,752,303
b.	Pooled claims: Removed from 'Medical Claims Projection'		$0	$0
c.	Adjusted paid claims (a less b):		$2,382,894	$1,752,303
d.	Change in reserve (lagged claims):		1.000	1.000
e.	Normalize to Current Plan Year (Combined below)		1.000	1.000
	Plan Mix or Change Adj. Factor		1.000	1.000
	Network Change Adj. To Normalize to Current Plan		1.000	1.000
	Demographic Change Adjustment		1.000	1.000
	COVID Pent Up Demand Adj. to Normalize to Current Plan		1.000	1.000
f.	Adjusted paid claims (c x d x e):		$2,382,894	$1,752,303
g.	Trend adjustment factor:		1.131	1.214
h.	Trended adjusted paid claims (f x g):		$2,695,592	$2,126,956
i.	Add in individual claims to pooled level:		$0	$0
j.	Prospective Adjustment to Current Plan (Combined below)		1.009	1.063
	Prospective Plan Change Adjustment Factor (See Assumption g)		1.000	1.000
	Enrollment Change Adjustment Factor		1.009	1.063
	Prospective Demographic change adjustment factor		1.000	1.000
	COVID Pent Up Demand Adjustment factor		1.000	1.000
k.	Rx rebates		($462,300)	($384,400)
l.	Projected experience paid claims [(h + i) x j + kl]:		$2,256,853	$1,877,063
m.	Claim Fluctuation Margin (2%) + COVID Margin (1%):		1.030	1.030
n.	Adj. Projected experience claims (l x m):		$2,324,559	$1,933,375
o.	Claim rate:	PEPM:	$248.67	$206.82
		Monthly:	$193,713	$161,115
		Annual:	$2,324,559	$1,933,375
		Credibility:	70%	30%
		PEPM Blended Rate:	$236.12	

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 Effective Date

— Medical/Pharmacy Rate Change —

1. Current Enrollment (October 2020)

	PPO	HMO	EPO	Total All Plans
Employee Only	84	75	40	199
Employee + 1	55	73	15	143
Employee + Family	134	232	71	437
Total	273	380	126	779
	35%	*49%*	*16%*	

2. Current 2020-21 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:	$1,268.52	$1,441.62	$1,214.85	$1,344.28
Monthly Funding:	$346,307	$547,817	$153,072	$1,047,195
Annual Funding:	$4,155,681	$6,573,801	$1,836,860	$12,566,342

4. Percent Change in Funding Rates

Current PEPM Funding:	$1,344.28
Projected PEPM Funding:	$1,426.23
Calculated Rate Action:	**6.10%**
Recommended Rate Action:	**6.10%**

	Medical Claims	Pharmacy Claims	Admin	Individual Stop Loss	Aggregate Stop Loss
	$1,051.78	$236.12	$52.24	$81.35	$4.74
	$1,287.89		$138.33		
% of Total:	*90.30%*		*9.70%*		

5. Projected 2021-22 Rates

	PPO	HMO	EPO
Employee Only	$645.51	$667.60	$604.17
Employee + 1	$1,291.00	$1,335.18	$1,208.35
Employee + Family	$1,807.39	$1,869.28	$1,691.70

	PPO	HMO	EPO	Total All Plans
Renewal PEPM funding:	$1,345.85	$1,529.50	$1,288.91	$1,426.23
Renewal Monthly funding:	$367,417	$581,211	$162,403	$1,111,032
Renewal Annual funding:	$4,409,009	$6,974,536	$1,948,834	$13,332,380

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 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:	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 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 = 1.000
h.	Claim fluctuation margin:	2.0%
i.	Current enrollment:	805 (October 2020)

3. Algorithm

		Experience Period 1	Experience Period 2
	Paid period:	11/1/19 - 10/31/20	11/1/18 - 10/31/19
	Approx. incurred period:	10/1/19 - 9/30/20	10/1/18 - 9/30/19
	Midpoint incurred period:	4/1/2020	4/1/2019
	Average enrollment:	794	755
	Number of months:	12	12
a.	Dental paid claims:	$673,969	$728,404
b.	Pooled claims:	$0	$0
c.	Adjusted paid claims (a less b):	$673,969	$728,404
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):	$673,969	$728,404
g.	Trend adjustment factor:	1.046	1.073
h.	Trended adjusted paid claims (f x g):	$704,933	$781,678
i.	Add in individual claims to pooled level:	$0	$0
j.	Plan change adjustment factor:	1.000	1.000
k.	Enrollment change adjustment factor:	1.014	1.066
l.	Other adjustment:	$0	$0
m.	Projected experience paid claims [(h + i) x j x k + l]:	$714,849	$833,352
n.	Claim fluctuation margin:	1.020	1.020
o.	Projected experience paid claims with margin (m x n):	$729,146	$850,019
p.	Claim rate: PEPM:	$75.48	$87.99
	Monthly:	$60,762	$70,835
	Annual:	$729,146	$850,019
	Credibility:	0%	100%
	PEPM Blended Rate:	$87.99	

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 Effective Date

— Dental Rate Change —

1. Current Enrollment (October 2020)

	Dental	Total Dental
Employee Only	182	182
Employee + 1	172	172
Employee + Family	451	451
Total	805	805
	100%	

2. Current 2020-21 Client Budget Rates

	Dental
Employee Only	$38.80
Employee + 1	$76.88
Employee + Family	$124.56

3. Total Funding Current Structure

	Dental	Total Dental
PEPM Funding:	$94.98	$94.98
Monthly Funding:	$76,462	$76,462
Annual Funding:	$917,538	$917,538

4. Percent Change in Funding Rates

Current PEPM Funding*:	$94.98
Projected PEPM Funding:	$91.54
Calculated Rate Action:	**-3.62%**
Recommended Rate Action:	**0.00%**

Dental Claims	Dental Admin
$87.99	$3.55
$87.99	$3.55
96%	*4%*

5. Projected 2021-22 Rates

	Dental
Employee Only	$38.80
Employee + 1	$76.88
Employee + Family	$124.56

	Dental	Total Dental
Renewal PEPM funding:	$94.98	$94.98
Renewal Monthly funding:	$76,462	$76,462
Renewal Annual funding:	$917,538	$917,538

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 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:	2.0%
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:	789 (October 2020)

3. Algorithm

			Experience Period 1	Experience Period 2
		Paid period:	11/1/19 - 10/31/20	11/1/18 - 10/31/19
		Approx. incurred period:	10/1/19 - 9/30/20	10/1/18 - 9/30/19
		Midpoint incurred period:	4/1/2020	4/1/2019
		Average enrollment:	784	759
		Number of months:	12	12
a.	Vision paid claims:		$81,288	$90,482
b.	Pooled claims:		$0	$0
c.	Adjusted paid claims (a less b):		$81,288	$90,482
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):		$81,288	$90,482
g.	Trend adjustment factor:		1.035	1.056
h.	Trended adjusted paid claims (f x g):		$84,154	$95,546
i.	Add in individual claims to pooled level:		$0	$0
j.	Plan change adjustment factor:		1.000	1.000
k.	Enrollment change adjustment factor:		1.006	1.039
l.	Other adjustment:		$0	$0
m.	Projected experience paid claims [(h + i) x j x k + l]:		$84,682	$99,301
n.	Claim fluctuation margin:		1.020	1.020
o.	Projected experience paid claims with margin (m x n):		$86,376	$101,287
p.	Claim rate:	PEPM:	$9.12	$10.70
		Monthly:	$7,198	$8,441
		Annual:	$86,376	$101,287
		Credibility:	0%	100%
		PEPM Blended Rate:	$10.70	

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 Effective Date

— Vision Rate Change —

1. Current Enrollment (October 2020)

	Vision	Total Vision
Employee Only	195	195
Employee + Family	594	594
Total	789	789
	100%	

2. Current 2020-21 Client Budget Rates

	Vision
Employee Only	$5.16
Employee + Family	$14.62

3. Total Funding Current Structure

	Vision	Total Vision
PEPM Funding:	$12.28	$12.28
Monthly Funding:	$9,690	$9,690
Annual Funding:	$116,286	$116,286

4. Percent Change in Funding Rates

Current PEPM Funding:	$12.28
Projected PEPM Funding:	$11.65
Calculated Rate Action:	**-5.16%**
Recommended Rate Action:	**0.00%**

Vision Claims	Vision Admin
$10.70	$0.95
$10.70	$0.95

5. Projected 2021-22 Rates

	Vision
Employee Only	$5.16
Employee + Family	$14.62

	Vision	Total Vision
Renewal PEPM funding:	$12.28	$12.28
Renewal Monthly funding:	$9,690	$9,690
Renewal Annual funding:	$116,286	$116,286

Section 3: Fixed Costs (Did not Incorporate PCORI Fee)

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 Effective Date

— Fixed Cost Estimates —

Fixed Costs (PEPM)	2020-2021	2021-2022	% Change	Annual 2021-2022
Subscribers	779	779		
Administration fee	$49.76	$51.25	3.0%	$479,085
EPO network fee ($2.00 PMPM)	$0.78	$0.99	27.1%	$9,264
Individual stop loss - PPO [1]	$81.35	$81.35	0.0%	
Individual stop loss - HMO and EPO [1]	$81.35	$81.35	0.0%	
Individual stop loss - Composite	$81.35	$81.35	0.0%	$760,460
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	$4.74	$4.74	0.0%	$44,335
Total fixed costs — PPO	$136.21	$137.70	1.1%	
Total fixed costs — HMO and EPO	$135.66	$137.15	1.1%	
Total fixed costs — Composite	$136.63	$138.33	1.2%	$1,293,144
Dental subscribers	805	805		
Dental administration fee	$3.55	$3.55	0.0%	$34,293
Vision subscribers	789	789		
Vision administration fee	$0.95	$0.95	0.0%	$8,995

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

2 125% aggregate corridor

*** Assumes plan is not governed by ERISA - hence no adjustment for the PCORI fee.

Section 4: Claims and Enrollment Data Plus COVID Adjustment Support for Medical

City of Surprise

Final Medical, Pharmacy, Dental and Vision Funding Rate Projection For a July 1, 2021 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-18		715	744	746									
Nov-18	Experience Period 2	714	739	741	$656,425	$115,149	$4,185	$775,759	$1,085	$51,793	$70	$6,150	$8
Dec-18		713	740	743	$713,909	$151,337	$5,173	$870,419	$1,219	$48,723	$66	$4,891	$7
Jan-19		729	734	759	$611,692	$155,438	$5,512	$772,642	$1,084	$58,825	$79	$5,451	$7
Feb-19		733	752	762	$632,892	$154,228	$5,596	$792,716	$1,087	$55,013	$75	$5,612	$7
Mar-19		737	767	769	$731,062	$152,465	$7,177	$890,704	$1,215	$54,128	$72	$5,039	$7
Apr-19		737	758	768	$764,797	$157,088	$5,523	$927,408	$1,258	$73,778	$96	$6,142	$8
May-19		732	757	763	$790,332	$126,071	$5,939	$922,342	$1,251	$62,930	$83	$6,659	$9
Jun-19		730	749	759	$570,032	$133,108	$5,862	$709,002	$969	$62,394	$82	$6,403	$8
Jul-19		748	771	765	$572,473	$170,065	$8,996	$751,533	$1,029	$50,624	$68	$13,776	$18
Aug-19		752	776	768	$811,453	$138,699	$10,691	$960,843	$1,285	$54,628	$71	$14,172	$19
Sep-19		752	774	767	$840,817	$133,934	$11,050	$985,801	$1,311	$73,363	$95	$8,388	$11
Oct-19	Experience Period 1	753	772	768	$891,623	$164,721	$9,656	$1,066,000	$1,418	$82,208	$106	$7,804	$10
Nov-19		756	775	768	$699,384	$156,481	$11,456	$867,320	$1,152	$61,199	$79	$4,952	$6
Dec-19		767	786	779	$464,825	$166,886	$9,794	$641,506	$849	$55,083	$71	$5,978	$8
Jan-20		770	788	781	$581,017	$143,789	$9,695	$734,501	$958	$65,325	$83	$5,978	$8
Feb-20		772	790	783	$522,087	$163,398	$9,676	$695,161	$903	$50,487	$64	$5,978	$8
Mar-20		779	796	787	$722,368	$197,751	$10,459	$930,578	$1,205	$43,759	$55	$5,978	$8
Apr-20		783	803	795	$415,915	$166,645	$10,541	$593,101	$761	$29,262	$37	$2,174	$3
May-20		782	802	794	$558,951	$157,402	$9,667	$726,020	$927	$21,671	$27	$1,301	$2
Jun-20		776	796	788	$956,229	$191,112	$9,736	$1,157,077	$1,480	$55,834	$70	$6,868	$9
Jul-20		776	808	792	$1,166,160	$206,914	$9,594	$1,382,667	$1,782	$84,137	$106	$10,080	$13
Aug-20		773	804	787	$704,501	$216,352	$10,194	$931,047	$1,200	$68,500	$85	$14,170	$18
Sep-20		780	806	787	$466,091	$338,533	$9,776	$814,400	$1,054	$85,645	$107	$9,663	$12
Oct-20		779	805	789	$477,323	$277,632	$6,988	$761,943	$977	$53,067	$66	$8,172	$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	733	755	759	$8,587,505	$1,752,303	$85,360	$10,425,168	**$1,186**	$728,404	**$80**	$90,482	**$10**
Exp. Period 1	772	794	784	$7,734,852	$2,382,894	$117,576	$10,235,322	**$1,104**	$673,969	**$71**	$81,288	**$9**
% Change	*5.4%*	*5.1%*	*3.3%*	*-9.9%*	*36.0%*	*37.7%*	*-1.8%*	*-6.9%*	*-7.5%*	*-12.0%*	*-10.2%*	*-13.0%*
					** Adjusted (Claimants exceeding $250K removed) **							
Exp. Period 2	733			$8,365,010	$1,752,303	$85,360	$10,202,673	**$1,160**				
Exp. Period 1	772			$7,442,333	$2,382,894	$117,576	$9,942,803	**$1,073**				
% Change	*5.4%*			*-11.0%*	*36.0%*	*37.7%*	*-2.5%*	*-7.5%*				

— High Cost Claimants >$250,000 —

Experience Period 1

* Claims incurred Nov 2019 through Oct 2020 — paid through Oct 2020

** NOT mature

	Claims	ISL Trigger	> ISL
Claimant 1	$542,519	$250,000	$292,519
Claimant 2	$212,934	$250,000	$0
Claimant 3	$191,348	$250,000	$0
Claimant 4	$186,769	$250,000	$0
Claimant 5	$175,446	$250,000	$0
Claimant 6	$167,419	$250,000	$0
Claimant 7	$139,432	$250,000	$0
Claimant 8	$125,658	$250,000	$0
Total	$1,741,526		$292,519

Experience Period 2

* Claims incurred Nov 2018 through Oct 2019 — paid through Oct 2020

	Claims	ISL Trigger	> ISL
Claimant 1	$472,495	$250,000	$222,495
Claimant 2	$198,048	$250,000	$0
Claimant 3	$197,439	$250,000	$0
Claimant 4	$163,238	$250,000	$0
Claimant 5	$130,220	$250,000	$0
Claimant 6	$127,410	$250,000	$0
Claimant 7	$118,326	$250,000	$0
Claimant 8	$111,138	$250,000	$0
Total	$1,518,314		$222,495

Rx Rebates

From CBIZ Experience PBM Summary and OptumRx Reporting:	Q1 2020 OptumRx Rebates	$131,400	
	Q2 2020 OptumRx Rebates	$120,281	
		$251,681	Total Rx Rebates 2 Qrtrs
		$503,362	Anticipated Annual Rx Rebates
		80%	Percent used as benchmark
		$402,689.60	Annual Rx Rebates Amnt used as benchmark
		$2,382,894	Annual Pharmacy Claims used as basis
		17.000%	Percent of Rx claims used in projection model for Rebate Estimation

For reasonableness check $43.45

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	10/18 - 6/19	5.0%	9	=> Claims need to normalize to EPO Addition and Copay changes.
	7/19 - 9/19	0.0%	3	=> Claims reflect copay changes and EPO.
Exp Pd 1	10/19 - 6/20	0.0%	9	
	7/20 - 10/20	0.0%	3	

Current Enrollment (October 2020)

	PPO	HMO	EPO	Total
Employee Only	84	75	40	199
Employee + 1	55	73	15	143
Employee + Family	134	232	71	437
Total	273	380	126	779
Prior to 7/1/2019	0.97	0.97	0.85	4.9%

Use (Round) 5.0%

CBIZ
COVID
— Executive Summary —

What follows is a summary supporting the Margin incorporated within the funding model for COVID plan expenses. Such expenses include Tests, Vaccines, and Treatment.

COVID + Fluctuation Margins:
- Medical = 3%
- Pharmacy = 3%

1% COVID + 2% Fluctuation Margin

Part 1: COVID Tests, Treatment, and Vaccine Cost Impact

		Additional Claims For COVID					
		Optimistic	**Base Line**				
	Adjustment to Claims	No Adjustment for COVID But Includes a 2% Claim Fluctuation Margin	1%	2%	3%	0%	5%
a.	Claim Rate PEPM:	$1,275.14	$1,287.89	$1,300.65	$1,313.40	$1,275.14	$1,338.90
b.	Enrollment:	779	779	779	779	779	779
c. = a x b	Monthly Claims:	$993,336	$1,003,270	$1,013,203	$1,023,136	$993,336	$1,043,003
d. = c x 12	Annual Claims:	$11,920,035	$12,039,236	$12,158,436	$12,277,636	$11,920,035	$12,516,037
e.	Annual Added COVID 19 Cost:	$0	$119,200	$238,401	$357,601	$0	$596,002
	Added Cost PEPM	$0	$12.75	$25.50	$38.25	$0.00	$63.76
f. = e /l	Est. # of Hospitalizations Removing Central Tests & Vaccine Costs	0.00	1.02	5.78	10.55	-3.75	20.09
g.	Total Est. Members	2,233	2,233	2,233	2,233	2,233	2,233
h. = f /g	Hospital Frequency:[1]	0.00%	0.05%	0.26%	0.47%	-0.17%	0.90%
	Per 100,000	0.0	45.53	259.1	472.6	-168.0	899.6
i. (Difference in Annual Added cost relative to Base Line)	Est. Premium Shortfall or (Overstatement)	**-$119,200**	**$0**	**$119,200**	**$238,401**	**-$119,200**	**$476,801**
j.	Current Premium Rate PEPM	$1,064.74	$1,064.74	$1,064.74	$1,064.74	$1,064.74	$1,064.74
k.	Est. Premium Shortfall Percentage Relative to Base Line	-1.20%	0.00%	1.20%	2.40%	-1.20%	4.79%

		Low (Under 5 Days)	Central (5 - 10 Days)	High (ICU)	
	Cost of Hospitalization and Other Services	**$15,000**	**$30,000**	**$175,000**	=> High could be much higher
l.	Input Base Line Hospital Cost Estimate[2]		$25,000		

1 The frequency of a hospitalization is a function age, location, co-morbidities, and other factors. This is being assessed by CBIZ actuarial. The benchmark associated hospitalization using national data to date is in the range of 50 to 300 admissions per 100,000. No adjustments were made based on the demographics and other information associated with the valuation group.

2 The charges depend on the severity of the condition. At the low end, a benchmark is $15,000. The Central is $30,0000. The High End (ICU) is $175,000.

Part 2: Tests & Vaccines

Vaccines

2021

	Members	Vaccines Frequency	Avg. Cost Est.	Annual Total	Premium Impact
Central	2,233	35%	$45.00	$35,170	0.35%
Low	2,233	15%	$45.00	$15,073	0.15%
High	2,233	50%	$45.00	$50,243	0.50%

Testing

2021

	Members	Testing Frequency	Avg. Cost Est.	Annual Total	Premium Impact
Central	2,233	35%	$75.00	$58,616	0.59%
Low	2,233	15%	$75.00	$25,121	0.25%
High	2,233	50%	$75.00	$83,738	0.84%

Part 3: Delay in Non Emergency Services

The delay in non-emergency services, including wellness and diagnosis screenings, is due in part to limited health care resources coupled with the fear of contracting the COVID 19 virus. This pent up demand will eventually be released possibly later in 2020 or into 2021. The plan year being evaluated is important. See the next page for the assessment of the impact of this delay.

Delay in Services See Next Page

Monthly Claims Exhibit and Expected Impact Due to Service Delays and Releases (Medical)

This page explains the impact of claims that we consider "pent-up demand". These are claims that would have happened during the COVID outbreak, but did not due to fear of infection, being classified as non-emergency, etc. CBIZ accounts for these delays and then the subsequent release of the delay occurring into 2021, with some not occuring at all and some becoming more expensive as the delay in care made their treatable condition more serious.

0%	Adjustment Made to the 7/2020 Renewal (Rate Action Very Low)

Months Until FIFO Begins:	5.000
Portion of Delay Released:	0.900
Complexity:	1.050

	Incurred Month	Developed Budgeted Medical Claim Rate	Seasonality Factors	Developed Budgeted Medical Claim Rate	Enter Service Delay Factors in Medical	Delay Factor (Applied)	Release of Delay (FIFO Process)	Release Factor	COVID Delay Amount Relative to Budget	Recovery of Delay	
1	**Oct-19**	$1,029	1.00	$1,029.00	1.00	0.00	1.00	0.00	$0.00	$0.00	Current Experience Period
2	**Nov-19**	$1,029	1.00	$1,029.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
3	**Dec-19**	$1,029	1.00	$1,029.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
4	**Jan-20**	$1,029	1.00	$1,029.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
5	**Feb-20**	$1,029	1.00	$1,029.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
6	**Mar-20**	$1,029	1.00	$1,029.00	0.95	0.05	1.00	0.00	$51.45	$0.00	
7	**Apr-20**	$1,029	1.00	$1,029.00	0.60	0.40	1.00	0.00	$411.60	$0.00	
8	**May-20**	$1,029	1.00	$1,029.00	0.80	0.20	1.00	0.00	$205.80	$0.00	
9	**Jun-20**	$1,029	1.00	$1,029.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
10	**Jul-20**	$1,029	1.00	$1,029.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
11	**Aug-20**	$1,029	1.00	$1,029.00	1.00	0.00	1.05	0.05	$0.00	$48.62	
12	**Sep-20**	$1,029	1.00	$1,029.00	1.00	0.00	1.38	0.38	$0.00	$388.96	
13	**Oct-20**	$1,029		$0.00	1.00	0.00	1.19	0.19	$0.00	$194.48	Prospective Period
14	**Nov-20**	$1,029		$0.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
15	**Dec-20**	$1,029		$0.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
16	**Jan-21**	$1,029		$0.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
17	**Feb-21**	$1,029		$0.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
18	**Mar-21**	$1,029		$0.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
19	**Apr-21**	$1,029		$0.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
20	**May-21**	$1,029		$0.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
21	**Jun-21**	$1,029		$0.00	1.00	0.00	1.00	0.00	$0.00	$0.00	
22	**Jul-21**										
23	**Aug-21**										
24	**Sep-21**										
	Current Exp Period Budget.	**$12,348**	(Annual)	**$12,348**	(Annual)						

CURRENT EXPERIENCE PERIOD RESULTS:	$669	$438		
PROSPECTIVE EXPERIENCE PERIOD RESULTS:	$0	$194		
			Adjusted Budget	Net Factor
TOTAL RESULTS:	$669	$632	$12,311.21	-0.003

	Exp. Period Budget	Delay	Release	CY Reduction	CY Increase	Net
EXPERIENCE PERIOD NET DELAY (INHERENT IN CLAIMS):	$12,348	$669	$438	-0.054	0.035	**-0.019**
						Net
PROSPECTIVE EXPERIENCE PERIOD ADJUSTMENT:		$0	$194	0.000	0.016	**0.016**

Section 5: Supporting Documents

BlueCross BlueShield of Arizona

COVID-19 Risk Modeling and Tracking

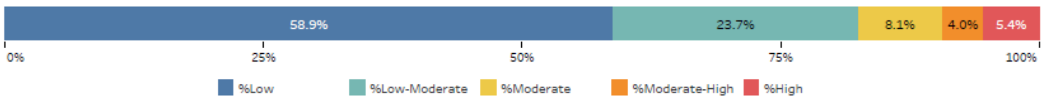
Opportunities to Inspire Health

EMPLOYER 023348 - CITY OF SURPRISE

DATE RANGE To November 29, 2020 and Null values

CITY OF SURPRISE
(3/8/2020 thru 11/29/2020)

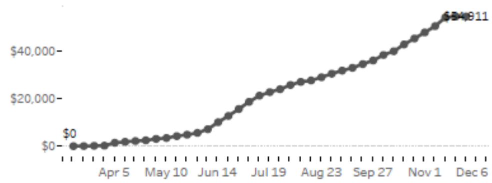
Certain factors, such as age, comorbid conditions, and recent utilization patterns can increase our risk for COVID-19 and its known complications. Early on, BCBSAZ identified these members through risk stratification methods. Your distribution of membership by risk category is as follows:



Allowed
Paid

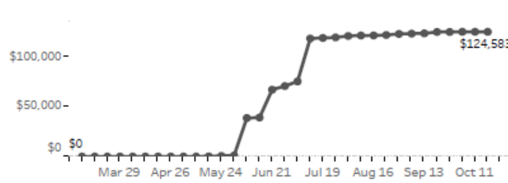
COVID-19 Live Virus Testing

595	850	$54,911
Total Members Tested	Total Claims Tested	Tested_AllowedOrPaid



COVID-19 Confirmed Diagnoses

103	169	$125,373
Total Members Confirmed	Total Claims Confirmed	Confirmed_AllowedOrPaid



NOTES:
1) This report summarizes claims and lab result experience received to date.
2) Industry available codes are used to identify and summarize COVID-19 specific claim lines, and are subject to change at any time:
   Lab: U0001, U0002, 87635, G2023, and G2024 (high throughput and antibody testing codes will be added when available)
   Diagnosis: U07.1
3) "COVID-19 Testing" represents total members and claims with a known test for COVID-19, based on lab and medical data. Total dollars for testing are based on medical claims specifically for the test and exclude other services, such as an office visit.
4) "COVID-19 Confirmed" represents total members and claims with either a positive lab test or confirmation of COVID-19 through medical claims. Total dollars for treatment are based on medical claims, and excluding testing.

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	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35
Aggregate Stoploss (125%)	$5.10	$5.10	$5.10	$4.55	$4.55	$4.55	$4.55	$4.55	$4.55
Total Admin Fees	**$136.21**	**$136.21**	**$136.21**	**$135.66**	**$135.66**	**$135.66**	**$135.66**	**$135.66**	**$135.66**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$472.87**	**$1,081.92**	**$1,569.17**	**$494.26**	**$1,124.16**	**$1,628.12**	**$433.64**	**$1,003.71**	**$1,459.78**
Maximum Liability (ICAP)	**$717.77**	**$1,428.05**	**$1,996.26**	**$729.38**	**$1,451.31**	**$2,028.86**	**$614.12**	**$1,221.96**	**$1,708.26**

Client Budget	Employee	Emp + 1 Dep	EE + Family
PPO Plan	**$556.52**	**$1,113.03**	**$1,558.23**
HMO Plan	**$575.57**	**$1,151.11**	**$1,611.59**
EPO Plan	**$520.89**	**$1,041.00**	**$1,458.49**

Client Budget	PPO Plan	HMO Plan	EPO Plan
Employee	**$556.52**	**$575.57**	**$520.89**
Emp + 1 Dep	**$1,113.03**	**$1,151.11**	**$1,041.00**
EE + Family	**$1,558.23**	**$1,611.59**	**$1,458.49**

MEDICAL

BlueCross/BlueShield		Employee Only	Employee + 1	Employee + Family
EPO	**Employee Pay Period Cost**	**$26.00**	**$98.00**	**$154.00**
	Employee Monthly Cost	$52.00	$196.00	$308.00
	Employer Monthly Cost	$517.46	$942.92	$1,286.50
	Total Monthly Cost	$569.46	$1,138.92	$1,594.50
HMO	**Employee Pay Period Cost**	**$32.50**	**$122.50**	**$192.50**
	Employee Monthly Cost	$65.00	$245.00	$385.00
	Employer Monthly Cost	$564.24	$1,013.46	$1,376.88
	Total Monthly Cost	$629.24	$1,258.46	$1,761.88
PPO	**Employee Pay Period Cost**	**$32.50**	**$122.50**	**$192.50**
	Employee Monthly Cost	$65.00	$245.00	$385.00
	Employer Monthly Cost	$543.42	$971.82	$1,318.54
	Total Monthly Cost	$608.42	$1,216.82	$1,703.54

DENTAL

Delta Dental		Employee Only	Employee + 1	Employee + Family
PPO	**Employee Pay Period Cost**	**$2.59**	**$8.81**	**$18.53**
	Employee Monthly Cost	$5.18	$17.62	$37.06
	Employer Monthly Cost	$33.62	$59.26	$87.50
	Total Monthly Cost	$38.80	$76.88	$124.56

VISION

Avesis		Employee Only	Employee + Family
PPO	**Employee Pay Period Cost**	**$0.50**	**$1.88**
	Employee Monthly Cost	$1.00	$3.76
	Employer Monthly Cost	$4.16	$10.86
	Total Monthly Cost	$5.16	$14.62

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

NOTE: The above listed benefits are a general outline for each plan. Please refer to the Medical Summary of Benefits for a complete detailed listing of benefits by plan. The Medical Summary of Benefits take precedent over any other Medical benefit outline.

Renewal Rates Effective 07/01/2021*

PPO	Enrollment	Admin	SSL $250K	ASL 125%	Commission	Other	Fixed	ICAP	Exp Liab	Max Liab
Employee	84	$51.25	$94.02	$5.10	$0.00	$0.00	$150.38	$750.29	$750.61	$900.66
Employee + 1	54	$51.25	$94.02	$5.10	$0.00	$0.00	$150.38	$1,492.74	$1,344.57	$1,643.11
Employee + 2	131	$51.25	$94.02	$5.10	$0.00	$0.00	$150.38	$2,086.69	$1,819.73	$2,237.06
Total Plan 1	**269**	**$13,787**	**$25,292**	**$1,372**	**$0**	**$0**	**$40,451**	**$416,988**	**$374,042**	**$457,439**

HMO	Enrollment	Admin	SSL $250K	ASL 125%	Commission	Other	Fixed	ICAP	Exp Liab	Max Liab
Employee	75	$51.25	$94.03	$4.55	$0.00	$0.00	$149.83	$762.42	$759.77	$912.25
Employee + 1	75	$51.25	$94.03	$4.55	$0.00	$0.00	$149.83	$1,517.05	$1,363.47	$1,666.88
Employee + 2	232	$51.25	$94.03	$4.55	$0.00	$0.00	$149.83	$2,120.77	$1,846.44	$2,270.60
Total Plan 2	**382**	**$19,579**	**$35,918**	**$1,738**	**$0**	**$0**	**$57,235**	**$662,979**	**$587,618**	**$720,213**

Alliance EPO	Enrollment	Admin	SSL $250K	ASL 125%	Commission	Other	Fixed	ICAP	Exp Liab	Max Liab
Employee	37	$51.25	$94.03	$4.55	$0.00	$0.00	$149.83	$641.94	$663.38	$791.77
Employee + 1	15	$51.25	$94.03	$4.55	$0.00	$0.00	$149.83	$1,277.31	$1,171.68	$1,427.14
Employee + 2	71	$51.25	$94.03	$4.55	$0.00	$0.00	$149.83	$1,785.64	$1,578.34	$1,935.47
Total Plan 3	**123**	**$6,304**	**$11,565**	**$560**	**$0**	**$0**	**$18,429**	**$169,692**	**$154,183**	**$188,121**

CURRENT PLANS SUMMARY	Enrollment	Admin	SSL $250K	ASL 125%	Commission	Other	Fixed	ICAP	Exp Liab	Max Liab
Total / Annual	774	$462,171	$755,579	$44,036	$0	$0	$1,261,785	$14,346,036	$12,738,564	$15,607,804
PEPM Basis		$49.76	$81.35	$4.74	$0.00	$0.00	$135.85	$1,544.58	$1,371.51	$1,680.43

RENEWAL PLANS SUMMARY	Enrollment	Admin	SSL $250K	ASL 125%	Commission	Other	Fixed	ICAP	Exp Liab	Max Liab
Total / Annual	774	$476,036	$873,306	$44,036	$0	$0	$1,393,378	$14,995,911	$13,390,107	$16,389,289
PEPM Basis		$51.25	$94.03	$4.74	$0.00	$0.00	$150.02	$1,614.55	$1,441.66	$1,764.57

INCREASE										
		3.00%	**15.58%**	**0.00%**	**0.00%**	**0.00%**	**10.43%**	**4.53%**	**5.11%**	**5.01%**

An Independent Licensee of the Blue Cross Blue Shield Association

Enrollment Exhibit

City of Surprise - 023348

Claims Paid Month: October 2020

Current Policy Period: 7/1/2020 - 6/30/2021

Paid Month	Employee	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family	Total Contracts	Total Members	ICAP
PPO								
ICAP Rates	$717.77	$1,428.50	$1,428.05	$1,996.26	$1,996.26			
7/1/2020	83	46	8	13	118	268	750	$398,220
8/1/2020	83	46	8	15	115	267	738	$396,224
9/1/2020	84	46	8	15	116	269	747	$398,938
10/1/2020	84	47	8	15	119	273	761	$406,355
Total	334	185	32	58	468	1,077	2,996	$1,599,738
HMO								
ICAP Rates	$729.38	$1,451.31	$1,451.31	$2,028.86	$2,028.86			
7/1/2020	76	55	19	13	224	387	1,262	$643,670
8/1/2020	75	55	19	15	221	385	1,261	$640,911
9/1/2020	76	57	19	15	219	386	1,254	$640,486
10/1/2020	75	55	18	15	217	380	1,238	$631,345
Total	302	222	75	58	881	1,538	5,015	$2,556,411
T Alliance EPO								
ICAP Rates	$614.12	$1,221.96	$1,221.96	$1,708.26	$1,708.26			
7/1/2020	36	13	2	9	61	121	376	$160,016
8/1/2020	37	13	1	10	60	121	375	$159,408
9/1/2020	39	13	2	10	61	125	380	$163,567
10/1/2020	40	13	2	8	63	126	386	$164,181
Total	152	52	7	37	245	493	1,517	$647,171

An Independent Licensee of the Blue Cross Blue Shield Association

Claims Exhibit

City of Surprise - 023348

Claims Paid Month: October 2020

11/6/2020

Current Policy Period - Claims Incurred 7/1/2020 - 6/30/2021

Minimum Monthly Attachment Point: $1,041,469

Paid Month	Employees	Members	Paid Claims and Fees Inc. in CURRENT Policy Period[1]	Vendor Rx Claims	Capitated Service Charge	Prior Period Adjustments[2]	Specific Stop Loss Credit	Net Claims	Aggregate Stop Loss Carryover / Credit	Monthly Claim Liability	Cumulative Claim Liability	ICAP	Cumulative ICAP
07/2020	776	2,388	$301,024	$218,726	$6,988	$0	$0	$526,739	$0	$526,739	$526,739	$1,201,906	$1,201,906
08/2020	773	2,374	$639,383	$212,356	$6,959	$9	$0	$858,706	$0	$858,706	$1,385,444	$1,196,544	$2,398,450
09/2020	780	2,381	$442,298	$343,237	$6,982	($3)	$0	$792,514	$0	$792,514	$2,177,958	$1,202,990	$3,601,440
10/2020	779	2,385	$464,458	$0	$6,988	($6)	$0	$471,440	$0	$471,440	$2,649,398	$1,201,881	$4,803,321
Total	3,108	9,528	$1,847,162	$774,318	$27,917	$0	$0	$2,649,398	$0	$2,649,398		$4,803,321	

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

Paid Month	Paid Claims and Fees Inc. in PRIOR Policy Period[1]	Vendor Rx Claims	Prior Period Adjustments[2]	Specific Stop Loss Credit	Net Claims	Aggregate Stop Loss Carryover / Credit	Monthly Claim Liability	Cumulative Claim Liability	Cumulative ICAP	Attachment Point
Prior	$7,725,758	$2,004,727	$0	$0	$9,730,486	$0	$9,730,486	$9,730,486	$12,988,563	$12,988,563
07/2020	$867,512	($14,230)	$9	($285,464)	$567,827	$0	$567,827	$10,298,313	$12,988,563	$12,988,563
08/2020	$66,007	($38,942)	$3	($313)	$26,755	$0	$26,755	$10,325,067	$12,988,563	$12,988,563
09/2020	$27,020	$602	$0	$0	$27,622	$0	$27,622	$10,352,689	$12,988,563	$12,988,563
10/2020	$15,722	$0	$0	$0	$15,722	$0	$15,722	$10,368,411	$12,988,563	$12,988,563
Total	$8,702,019	$1,952,157	$12	($285,777)	$10,368,411	$0	$10,368,411			

HCCs Incurred 2019-2020

Row Labels	Sum of Paid
195805143-58	$100,824
498195243-50	$51,907
500475646-50	$125,658
503605242-59	$139,432
708815240-50	$59,035
805425846-53	$53,745
993575549-58	$54,943
995595347-50	$175,446
995995346-53	$542,519
998035343-50	$186,769
998225345-50	$77,455
998415348-50	$167,419
998685345-58	$191,348
998725349-58	$68,687
998785349-50	$60,263
998865340-58	$212,934
Grand Total	**$2,268,385**

Row Label	Sum of Paid
995995346	$542,519
998865340	$212,934
998685345	$191,348
998035343	$186,769
995595347	$175,446
998415348	$167,419
503605242	$139,432
500475646	$125,658
195805143	$100,824
998225345	$77,455
998725349	$68,687
998785349	$60,263
708815240	$59,035
993575549	$54,943
805425846	$53,745
498195243	$51,907

HCCs Incurred 2018-2019

Row Labels	**Sum of Paid**
095965944-50	$50,275
192555942-58	$71,393
194575242-59	$198,048
196795948-53	$89,581
306905445-58	$54,090
498995240-50	$197,439
592075948-50	$51,231
691305743-58	$82,173
707375446-59	$84,043
792965248-58	$62,598
793925942-50	$64,449
799815243-58	$472,495
897115341-50	$83,619
897115341-58	$127,410
994145348-50	$58,171
995725345-53	$163,238
998215347-50	$107,704
998415348-50	$118,326
998465347-58	$63,838
998625344-50	$57,256
998815340-50	$71,725
998855340-50	$111,138
998865340-58	$105,616
998935347-50	$130,220
Grand Total	**$2,676,077**

Row Label	Sum of Paid
Row Label	Sum of Paid
79981524:	$472,495
19457524:	$198,048
49899524(	$197,439
99572534!	$163,238
99893534	$130,220
89711534:	$127,410
99841534(	$118,326
99885534(	$111,138
99821534	$107,704
99886534(	$105,616
19679594(	$89,581
70737544(	$84,043
89711534:	$83,619
69130574:	$82,173
99881534(	$71,725
19255594:	$71,393
79392594:	$64,449
99846534	$63,838
79296524(	$62,598
99414534(	$58,171
99862534	$57,256
30690544!	$54,090
59207594(	$51,231
09596594	$50,275

City of Surprise Rx Rebate Tracker

2017-2018 - Optum Rx - Employers Health (moved to PBM Mid Year Eff 1/2018)

Plan Quarter	Paid Date	Amount
1/1/18-3/31/18	7/1/2018	$107,496.00
4/1/18-6/30-18	10/1/2018	$98,937.00

2018-2019 - Optum Rx - Employers Health

Plan Quarter	Paid Date	Amount
7/1/18-9/30/18	1/1/2019	$108,496.00
10/1/18-12/31/18	4/23/2019	$102,823.00
performance guarantee	5/23/2019	$53,710.00
1/1/19-3/31/19	7/29/2019	$120,916.00
4/1/19-6/30/19	10/28/2019	$120,494.00

Plan Quarter	Paid Date	Amount
7/1/19-9/30/19	1/1/2020	$121,214.00
10/1/19-12/31/19	4/1/2020	$121,784.00
1/1/20-3/31/20	7/1/2020	$131,400.00
4/1/20-6/30/20	10/1/2020	$120,281.00

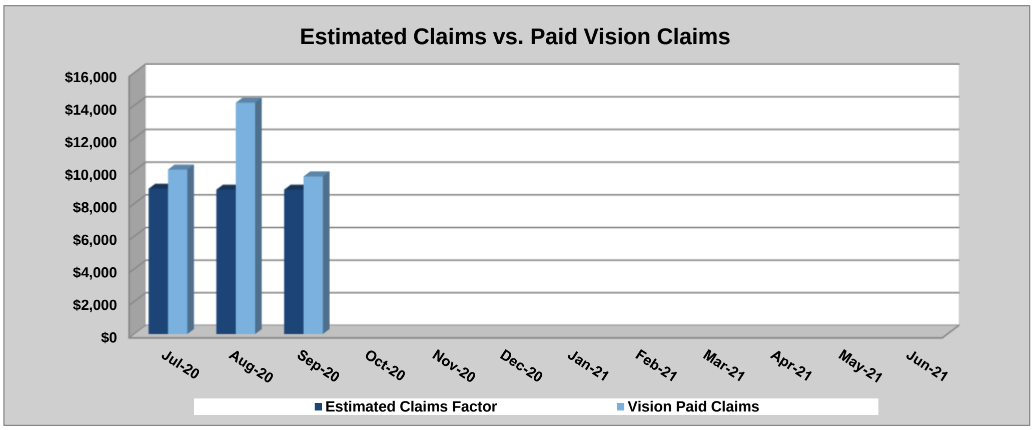
City of Surprise
Avesis Vision Self Funded Paid Claims
Plan Year: July 2020 to June 2021 (as of September 2020)

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-20	792	$8,910	$752	$10,080	$10,832	113.1%	$12.73	$13.68
Aug-20	787	$8,854	$748	$14,170	$14,917	160.0%	$18.00	$18.95
Sep-20	787	$8,854	$748	$9,663	$10,410	109.1%	$12.28	$13.23
Oct-20								
Nov-20								
Dec-20								
Jan-21								
Feb-21								
Mar-21								
Apr-21								
May-21								
Jun-21								
Total	**2,366**	**$26,618**	**$2,248**	**$33,912**	**$36,159**	**127.4%**	**$14.33**	**$15.28**
Avg Enrollment	789							

Admin Fees	Employee
Administration	$0.95

Claim Expenses	
Estimated Claim Factor	$11.25

Premium Equivalent Rates	
EE	Family
$5.16	$14.61



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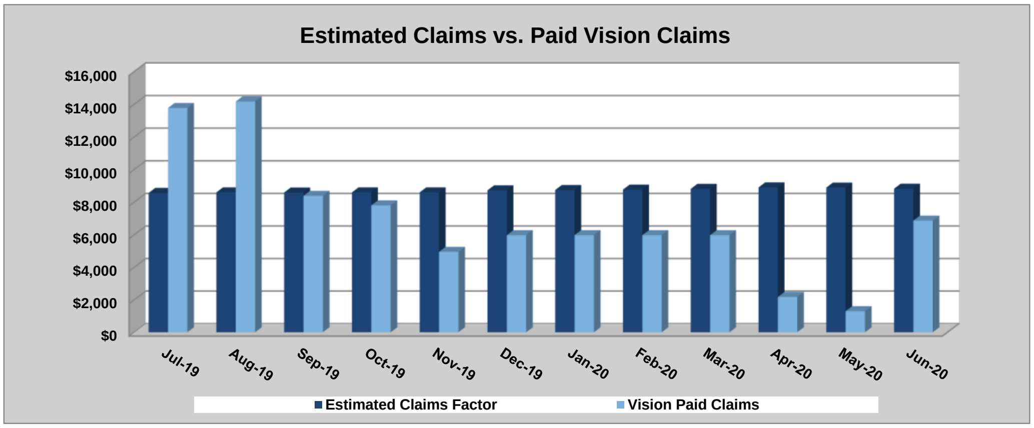
City of Surprise
Avesis Vision Self Funded Paid Claims
Plan Year: July 2019 to June 2020

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	781	$8,747	$742	$5,978	$6,719	68.3%	$7.65	$8.60
Feb-20	783	$8,770	$744	$5,978	$6,721	68.2%	$7.63	$8.58
Mar-20	787	$8,814	$748	$5,978	$6,725	67.8%	$7.60	$8.55
Apr-20	795	$8,904	$755	$2,174	$2,929	24.4%	$2.73	$3.68
May-20	794	$8,893	$754	$1,301	$2,055	14.6%	$1.64	$2.59
Jun-20	788	$8,826	$749	$6,868	$7,617	77.8%	$8.72	$9.67
Total	**9,343**	**$104,642**	**$8,876**	**$83,343**	**$92,219**	**79.6%**	**$8.92**	**$9.87**
Avg Enrollment	779							

Admin Fees	Employee
Administration	$0.95

Claim Expenses	
Estimated Claim Factor	$11.20

Premium Equivalent Rates	
EE	Family
$5.16	$14.61



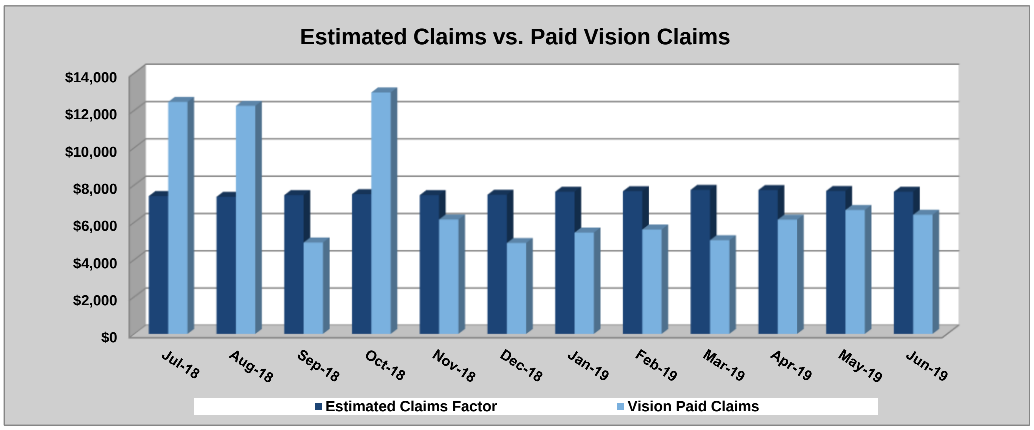
City of Surprise
Avesis Vision Self Funded Paid Claims
Plan Year: July 2018 to June 2019

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 Vision Claims Lag
Claims Paid Jan 2016 - Current

Group 1079-13

	Month Paid																				
Month of Service	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Total**
Oct-18																					$ 7,032.50
Nov-18																					$ 5,306.50
Dec-18	$ 30.00																				$ 5,570.00
Jan-19		$ 58.00																			$ 5,656.50
Feb-19	$ 1,271.00	$ 647.00																			$ 5,860.50
Mar-19	$ 3,737.50	$ 2,142.50	$ 62.00	$ 260.00								$ 85.00									$ 6,287.00
Apr-19		$ 3,294.00	$ 3,077.00				$ 89.00			$ 105.00		$ 170.00									$ 6,735.00
May-19			$ 3,520.00	$ 1,664.00	$ 30.00																$ 5,214.00
Jun-19				$ 4,478.50	$ 4,864.00	$ 265.50						$ 85.00									$ 9,693.00
Jul-19					$ 8,882.00	$ 7,551.50	$ 189.00		$ 353.00			$ 305.00									$ 17,280.50
Aug-19						$ 6,354.50	$ 3,175.00	$ 281.00	$ 124.00	$ 130.00		$ 85.00	$ 50.00								$ 10,199.50
Sep-19							$ 4,934.50	$ 3,543.50	$ 77.00			$ 220.00									$ 8,775.00
Oct-19								$ 3,979.00	$ 1,396.50	$ 102.00			$ 140.00								$ 5,617.50
Nov-19									$ 3,001.50	$ 2,152.00	$ 130.00		$ 90.00								$ 5,373.50
Dec-19										$ 3,488.50	$ 2,522.50	$ 175.00	$ 35.00							$ 130.00	$ 6,351.00
Jan-20											$ 6,009.00	$ 2,485.50									$ 8,494.50
Feb-20												$ 5,489.50	$ 1,614.00	$ 124.00							$ 7,227.50
Mar-20													$ 3,451.50	$ 1,286.00		$ 130.00					$ 4,867.50
Apr-20														$ 763.50	$ 607.00		$ 130.00				$ 1,500.50
May-20															$ 694.00	$ 1,731.00					$ 2,425.00
Jun-20																$ 5,007.00	$ 4,492.00	$ 165.00			$ 9,664.00
Jul-20																	$ 5,457.50	$ 5,034.00	$ 45.00	$ 260.00	$ 10,796.50
Aug-20																		$ 8,970.50	$ 4,246.00	$ 273.00	$ 13,489.50
Sep-20																			$ 5,371.50	$ 3,806.50	$ 9,178.00
Oct-20																				$ 3,702.50	$ 3,702.50
	$ 5,038.50	$ 6,141.50	$ 6,659.00	$ 6,402.50	$ 13,776.00	$ 14,171.50	$ 8,387.50	$ 7,803.50	$ 4,952.00	$ 5,977.50	$ 8,661.50	$ 9,100.00	$ 5,380.50	$ 2,173.50	$ 1,301.00	$ 6,868.00	$ 10,079.50	$ 14,169.50	$ 9,662.50	$ 8,172.00	$ 414,477.50
																					-
Claims Invoiced	$ 5,038.50	$ 6,141.50	$ 6,659.00	$ 6,402.50	$ 13,776.00	$ 14,171.50	$ 8,387.50	$ 7,803.50	$ 4,952.00	$ 5,977.50	$ 8,661.50	$ 9,100.00	$ 5,380.50	$ 2,173.50	$ 1,301.00	$ 6,868.00	$ 10,079.50	$ 14,169.50	$ 9,662.50	$ 8,172.00	$ 414,477.50
50-1079013	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

City of Surprise

Avesis Vision Claims

Plan Year: July 2020 to June 2021 (as of September 2020)

Annual Cost Comparison Analysis 2019/2020 vs. 2020/2021

Cost Categories	2019/2020 Costs	PEPM Costs	2020/2021 Estimated Annual Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Vision Claims	$83,343	$8.92	$104,646	$11.06	25.6%	$21,303	24.0%	$2.14
Admin Fees	$8,876	$0.95	$8,991	$0.95	1.3%	$115	0.0%	$0.00
Total Costs	**$92,219**	**$9.87**	**$113,637**	**$12.01**	**23.2%**	**$21,418**	**21.6%**	**$2.14**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	9,343	9,464	1.3%	121

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	**$9.87**	**-8.7%**
2020/2021	**$12.01**	**21.6%**

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

Cost Categories	2018/2019 Costs	PEPM Costs	2019/2020 Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Vision Claims	$88,909	$9.86	$83,343	$8.92	-6.3%	($5,566)	-9.5%	($0.94)
Admin Fees	$8,579	$0.95	$8,876	$0.95	3.5%	$296	-0.1%	($0.00)
Total Costs	**$97,488**	**$10.81**	**$92,219**	**$9.87**	**-5.4%**	**($5,269)**	**-8.7%**	**($0.94)**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	9,019	9,343	3.6%	324

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	776	178	162	436
Sep 2019	327	$72,157	$2,755	$74,912	774	178	163	433
Oct 2019	408	$81,370	$2,748	$84,118	772	177	163	432
Nov 2019	285	$59,360	$2,751	$62,111	775	176	166	433
Dec 2019	275	$55,083	$2,790	$57,873	786	182	168	436
Jan 2020	366	$65,325	$2,797	$68,122	788	180	170	438
Feb 2020	321	$50,487	$2,805	$53,291	790	180	169	441
Mar 2020	296	$43,759	$2,822	$46,582	796	182	173	441
Apr 2020	145	$29,262	$2,851	$32,113	803	185	173	445
May 2020	156	$21,671	$2,847	$24,518	802	182	173	447
Jun 2020	300	$55,834	$2,826	$58,659	798	182	172	444
Total	**3,344**	**$615,224**	**$33,484**	**$648,707**	**9,431**	**2,154**	**2,015**	**5,262**
Jul 2020	415	$84,137	$2,865	$87,002	808	178	173	457
Aug 2020	375	$68,500	$2,854	$71,354	804	178	171	455
Sep 2020	424	$85,645	$2,861	$88,506	806	181	173	452
Oct 2020	268	$53,067	$2,858	$55,925	805	182	172	451
Total	**1,482**	**$291,350**	**$11,438**	**$302,788**	**3,223**	**719**	**689**	**1,815**

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

CITY OF SURPRISE
05284 * Master *

DELTA DENTAL

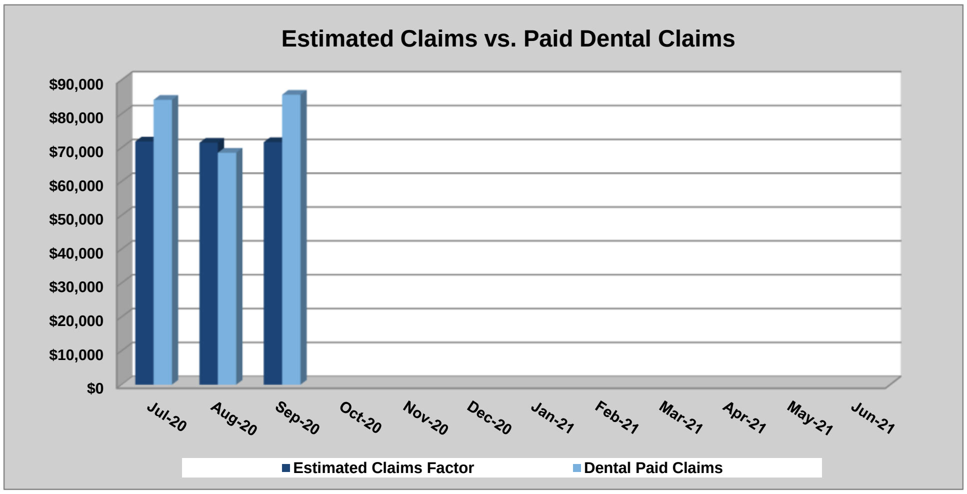
City of Surprise
Delta Dental Self Funded Paid Claims
Plan Year: July 2020 to June 2021 (as of September 2020)

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-20	808	$71,807	$2,865	$84,137	$87,002	117.2%	$104.13	$107.68
Aug-20	804	$71,451	$2,854	$68,500	$71,354	95.9%	$85.20	$88.75
Sep-20	806	$71,629	$2,861	$85,645	$88,506	119.6%	$106.26	$109.81
Oct-20								
Nov-20								
Dec-20								
Jan-21								
Feb-21								
Mar-21								
Apr-21								
May-21								
Jun-21								
Total	2,418	$214,888	$8,580	$238,282	$246,862	110.9%	$98.55	$102.09
Avg PEPM Enrollment	806							

Admin Fees	Employee
Administration	$3.55

Claim Expenses	
Estimated Claim Factor	$88.87

Premium Equivalent Rates		
EE	EE + 1	Family
$38.22	$75.74	$122.69



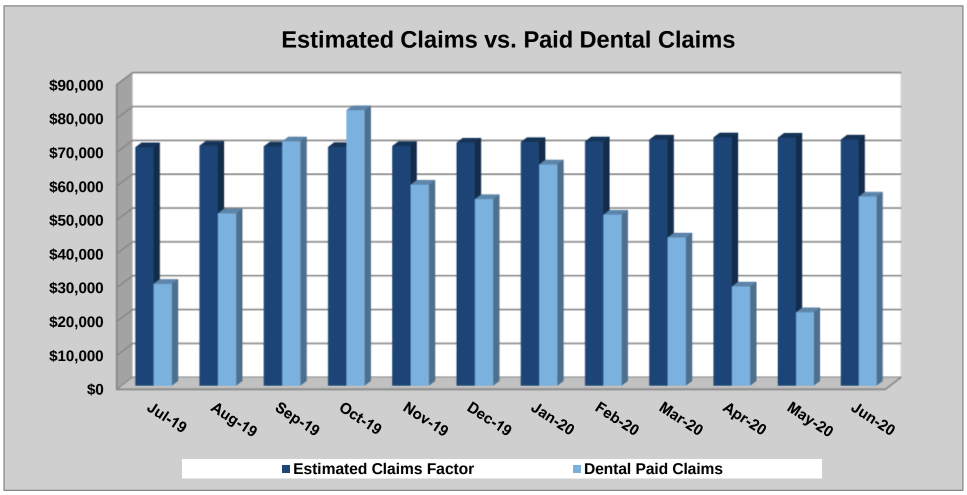
City of Surprise
Delta Dental Self Funded Paid Claims
Plan Year: July 2019 to June 2020

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	788	$71,960	$2,797	$65,325	$68,122	90.8%	$82.90	$86.45
Feb-20	790	$72,143	$2,805	$50,487	$53,292	70.0%	$63.91	$67.46
Mar-20	796	$72,691	$2,822	$43,759	$46,581	60.2%	$54.97	$58.52
Apr-20	803	$73,330	$2,851	$29,262	$32,113	39.9%	$36.44	$39.99
May-20	802	$73,239	$2,847	$21,671	$24,518	29.6%	$27.02	$30.57
Jun-20	796	$72,691	$2,826	$55,834	$58,660	76.8%	$70.14	$73.69
Total	**9,429**	**$861,056**	**$33,484**	**$615,225**	**$648,709**	**71.5%**	**$65.25**	**$68.80**
Avg PEPM Enrollment	**786**							

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



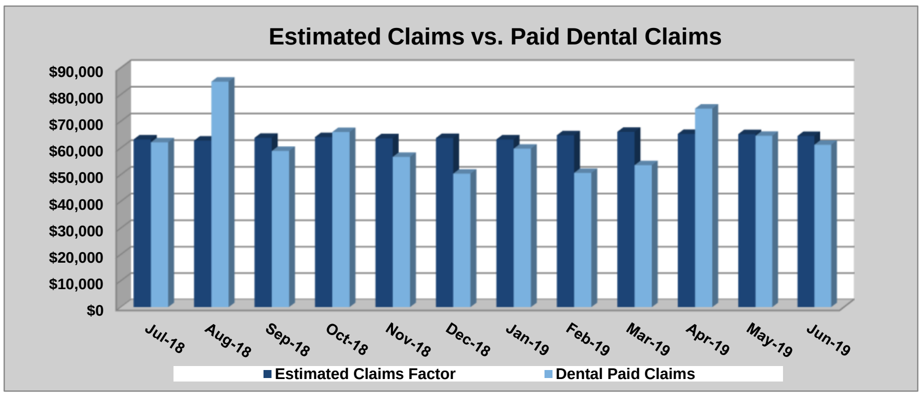
City of Surprise
Metlife Dental Self Funded Paid Claims
Plan Year: July 2018 to June 2019 with Runout (as of December 2019)

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



SURPRISE

Group: 120685

Sumr

Report Group By: Customer

Period: 1/1/2016 through 11/30/2019

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
Jan-16	$53,913.60	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Feb-16	$42,815.50	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mar-16	$56,720.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Apr-16	$51,498.48	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
May-16	$49,530.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Jun-16	$62,945.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Jul-16	$72,608.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Aug-16	$71,623.88	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Sep-16	$59,222.80	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Oct-16	$60,667.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Nov-16	$48,611.20	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Dec-16	$52,832.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Jan-17	$55,660.25	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Feb-17	$43,833.33	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mar-17	$56,463.94	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Apr-17	$46,997.40	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
May-17	$50,142.79	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Jun-17	$55,977.71	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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
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
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
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
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
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
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
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
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
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
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
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
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
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
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)
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
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
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
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
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
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
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
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
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
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
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
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
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
Nov-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
TOTAL	**$1,019,396.50**	**$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**

MetLink eReporting

12/20/2019 3:11:03 PM

MetLife

Dental Claim Lag

Group: 12(**Dollars Paid** 01/01/2016 **Thru** 11/30/2019

nary of Dental Claim Experience

Report Gr(**Customer #: 120685**

Period: 1/1

ALL PROCEDURES

INCURRED DATE

Paid Date	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	Total Benefits Paid	Cumulative Benefits Paid
Jan-16	$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	$53,913.60	$53,913.60
Feb-16	$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	$42,815.50	$96,729.10
Mar-16	$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	$56,720.75	$153,449.85
Apr-16	$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	$51,498.48	$204,948.33
May-16	$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	$49,530.40	$254,478.73
Jun-16	$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	$62,945.00	$317,423.73
Jul-16	$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	$72,608.40	$390,032.13
Aug-16	$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	$71,623.88	$461,656.01
Sep-16	$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	$59,222.80	$520,878.81
Oct-16	$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	$60,667.40	$581,546.21
Nov-16	$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	$48,611.20	$630,157.41
Dec-16	$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	$52,832.40	$682,989.81
Jan-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	$0.00	$55,660.25	$738,650.06
Feb-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	$0.00	$43,833.33	$782,483.39
Mar-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	$0.00	$56,463.94	$838,947.33
Apr-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	$0.00	$46,997.40	$885,944.73
May-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	$0.00	$50,142.79	$936,087.52
Jun-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	$0.00	$55,977.71	$992,065.23
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	$0.00	$69,235.92	$1,061,301.15
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	$0.00	$65,540.15	$1,126,841.30
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	$0.00	$61,373.30	$1,188,214.60
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	$0.00	$60,943.70	$1,249,158.30
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	$0.00	$47,590.50	$1,296,748.80
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	$0.00	$48,794.90	$1,345,543.70
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	$0.00	$53,568.54	$1,399,112.24
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	$0.00	$63,041.60	$1,462,153.84
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	$0.00	$60,628.30	$1,522,782.14
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	$0.00	$59,217.90	$1,582,000.04
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	$0.00	$59,374.20	$1,641,374.24
Jun-18	$40,292.70	$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	$1,695,689.64
Jul-18	$17,214.90	$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	$1,762,380.24
Aug-18	$3,137.90	$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	$1,843,881.64
Sep-18	$850.00	$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	$1,903,033.54
Oct-18	$177.00	$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	$1,966,698.44
Nov-18	$73.44	$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	$2,018,491.18
Dec-18	$316.50	$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	$2,067,214.18
Jan-19	$0.00	$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	$2,126,038.78
Feb-19	$769.00	$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	$2,181,051.38
Mar-19	$0.00	$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	$2,235,179.08
Apr-19	$0.00	$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	$2,308,956.88
May-19	$0.00	$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	$2,371,886.94
Jun-19	$0.00	$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	$2,434,280.81
Jul-19	$0.00	$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	$2,454,856.61
Aug-19	$0.00	$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	$2,458,615.21
Sep-19	$0.00	$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	$2,459,821.05
Oct-19	$0.00	$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	$2,460,658.55
Nov-19	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$422.50	$0.00	$0.00	$1,296.50	$0.00	$120.00	$1,839.00	$2,462,497.55
TOTAL	**$62,831.44**	**$74,550.20**	**$71,841.51**	**$56,534.50**	**$68,185.60**	**$51,393.79**	**$42,086.20**	**$67,848.20**	**$53,715.30**	**$62,499.60**	**$69,939.20**	**$56,138.44**	**$64,633.73**	**$2,462,497.55**	**$2,462,497.55**

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City of Surprise
MetLife Dental Claims
Plan Year: July 2020 to June 2021 (as of September 2020)

Annual Cost Comparison Analysis 2019/2020 vs. 2020/2021

Cost Categories	2019/2020 Annual Costs	PEPM Costs	2020/2021 Estimated Annual Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Dental Claims*	$615,225	$65.25	$859,128	$88.83	39.6%	$243,903	36.1%	$23.58
Admin Fees	$33,484	$3.55	$34,320	$3.55	2.5%	$836	-0.1%	($0.00)
Total Costs	**$648,709**	**$68.80**	**$893,448**	**$92.37**	**37.7%**	**$244,739**	**34.3%**	**$23.58**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	9,429	9,672	2.6%	243

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	$68.80	-24.9%
2019/2021	$92.37	34.3%

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

Cost Categories	2018/2019 Costs with Runout	PEPM Costs	2019/2020 Annual Costs	PEPM Costs	% Cost Change	$ Cost Change	% PEPM Change	$ PEPM Change
Dental Claims*	$771,669	$86.28	$615,225	$65.25	-20.3%	($156,444)	-24.4%	($21.03)
Admin Fees	$47,761	$5.34	$33,484	$3.55	-29.9%	($14,277)	-33.5%	($1.79)
Total Costs	**$819,430**	**$91.62**	**$648,709**	**$68.80**	**-20.8%**	**($170,721)**	**-24.9%**	**($22.82)**

	Annual	Annualized	% Enrollment Change	# Enrollment Change
Enrollment	8,944	9,429	5.4%	485

RxTrack®

CONFIDENTIAL

RXT1232DM - Claims Lag Report

Date Filled From 11/1/18 Through 10/31/20

Client: City of Surprise

Date Submitted YYYYMM	Date Filled YYYYMM														
	201811	201812	201901	201902	201903	201904	201905	201906	201907	201908	201909	201910	201911	201912	202001
201811	1,181														
	$114,897.14	$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	$0.00
201812	4	1,273													
	$135.87	$151,331.52	$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
201901		3	1,408												
	$0.00	$0.00	$155,309.36	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
201902			6	1,219											
	$0.00	$0.00	$101.29	$154,026.21	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
201903					1,378										
	$0.00	$0.00	$0.00	$0.00	$152,365.95	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
201904					5	1,287									
	$0.00	$0.00	$0.00	$0.00	$98.95	$157,063.34	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
201905				1		1	1,242								
	$0.00	$0.00	$0.00	$0.00	$0.00	$24.85	$125,926.75	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
201906					1		2	1,155							
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$129.44	$133,100.51	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
201907								2	1,279						
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$166,066.04	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
201908									8	1,219					
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$3,561.18	$138,629.03	$0.00	$0.00	$0.00	$0.00	$0.00
201909										3	1,263				
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$2.15	$133,888.42	$0.00	$0.00	$0.00	$0.00
201910	1			1			1			1	3	1,431			
	$69.17	$0.00	$0.00	$139.60	$0.00	$0.00	$9.04	$0.00	$0.00	$0.00	$11.27	$164,233.64	$0.00	$0.00	$0.00
201911	2	1	3	1				1	1			8	1,273		
	$46.92	$5.56	$7.08	$7.08	$0.00	$0.00	$0.00	$0.00	$27.16	$0.00	$0.00	$487.82	$154,793.90	$0.00	$0.00
201912													2	1,442	
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$1,687.18	$164,600.07	$0.00
202001														3	1,441
	$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	$2,285.96	$143,758.03
202002															6
	$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	$0.00	$28.94
202003															
	$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	$0.00	$0.00
202004															
	$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	$0.00	$0.00
202005															
	$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	$0.00	$0.00
202006										1					
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$25.51	$0.00	$0.00	$0.00	$0.00	$0.00
202007															
	$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	$0.00	$0.00
202008															
	$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	$0.00	$0.00
202009									3	2	2	1			1
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$407.36	$42.26	$34.27	$0.00	$0.00	$0.00	$1.72
202010			3	3		2	1	3	3						
	$0.00	$0.00	$20.02	$55.38	$0.00	$0.16	$5.56	$7.32	$2.80	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
202011															
	$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	$0.00	$0.00
Total Rxs	**1,188**	**1,277**	**1,420**	**1,225**	**1,384**	**1,290**	**1,246**	**1,161**	**1,294**	**1,226**	**1,268**	**1,440**	**1,275**	**1,445**	**1,448**
Total Plan Paid	**$115,149.10**	**$151,337.08**	**$155,437.75**	**$154,228.27**	**$152,464.90**	**$157,088.35**	**$126,070.79**	**$133,107.83**	**$170,064.54**	**$138,698.95**	**$133,933.96**	**$164,721.46**	**$156,481.08**	**$166,886.03**	**$143,788.69**

RxTrack

Nov 9, 2020

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Date Submitted YYYYMM

	202002	202003	202004	202005	202006	202007	202008	202009	202010	Total Rxs Total Plan Paid
										1,181
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$114,897.14**
										1,277
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$151,467.39**
										1,411
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$155,309.36**
										1,225
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$154,127.50**
										1,378
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$152,365.95**
										1,292
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$157,162.29**
										1,244
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$125,951.60**
										1,158
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$133,229.95**
										1,281
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$166,066.04**
										1,227
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$142,190.21**
										1,266
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$133,890.57**
										1,438
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$164,462.72**
										1,290
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$155,375.52**
										1,444
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$166,287.25**
										1,444
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$146,043.99**
	1,319									**1,325**
	$163,396.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$163,424.95**
	2	1,537								**1,539**
	$2.00	$197,332.56	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$197,334.56**
		5	1,148	1						**1,154**
	$0.00	$374.97	$163,264.35	$7.62	$0.00	$0.00	$0.00	$0.00	$0.00	**$163,646.94**
			4	1,172						**1,176**
	$0.00	$0.00	$3,345.89	$157,273.47	$0.00	$0.00	$0.00	$0.00	$0.00	**$160,619.36**
				4	1,300					**1,305**
	$0.00	$0.00	$0.00	$116.53	$190,808.99	$0.00	$0.00	$0.00	$0.00	**$190,951.03**
					1	1,257				**1,258**
	$0.00	$0.00	$0.00	$0.00	$246.30	$202,056.27	$0.00	$0.00	$0.00	**$202,302.57**
						1	1,193			**1,194**
	$0.00	$0.00	$0.00	$0.00	$0.00	$1,251.02	$204,837.84	$0.00	$0.00	**$206,088.86**
		2	1	2	5	2	24	1,262		**1,307**
	$0.00	$43.69	$11.80	$4.32	$56.54	$81.36	$11,171.91	$338,173.90	$0.00	**$350,029.13**
		1	2			7	6	9	1,285	**1,325**
	$0.00	$0.00	$23.02	$0.00	$0.00	$3,518.78	$335.67	$358.70	$269,979.73	**$274,307.14**
						1	1		4	**6**
	$0.00	$0.00	$0.00	$0.00	$0.00	$6.20	$6.20	$0.00	$7,652.06	**$7,664.46**
	1,321	**1,545**	**1,155**	**1,179**	**1,306**	**1,268**	**1,224**	**1,271**	**1,289**	**31,145**
	$163,398.01	**$197,751.22**	**$166,645.06**	**$157,401.94**	**$191,111.83**	**$206,913.63**	**$216,351.62**	**$338,532.60**	**$277,631.79**	**$4,135,196.48**

RXT1232DM - Claims Lag Report

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City of Surprise

Paid Claims and Administration

Plan Year: July 2020 to June 2021 (as of September 2020)

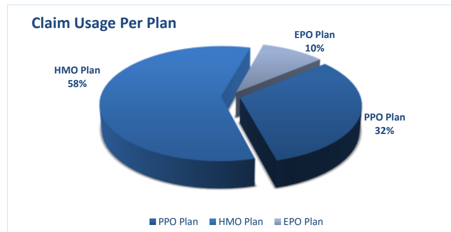
Incurred and Paid

BlueCross BlueShield of Arizona and Optum Rx- All Plans													
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
Jul-20	748	$ 914,710	$ 1,168,167	$ 298,418	$ 206,595	$ -	$ 760	$ 6,988	$ 1,846	$ -	$ 514,607	$ 101,630	$ 616,237
Aug-20	752	$ 915,829	$ 1,170,163	$ 636,574	$ 216,010	$ -	$ 1,444	$ 6,979	$ 1,771	$ -	$ 862,778	$ 102,175	$ 964,952
Sep-20	752	$ 912,471	$ 1,166,109	$ 439,084	$ 342,884	$ -	$ 1,026	$ 1,783	$ 6,968	$ -	$ 791,744	$ 102,173	$ 893,917
Oct-20													
Nov-20													
Dec-20													
Jan-21													
Feb-21													
Mar-21													
Apr-21													
May-21													
Jun-21													
Total	**2,252**	**$ 2,743,011**	**$ 3,504,439**	**$ 1,374,076**	**$ 765,489**	**$ -**	**$ 3,229**	**$ 15,750**	**$ 10,584**	**$ -**	**$ 2,169,129**	**$ 305,978**	**$ 2,475,106**
Avg	**751**												

	Loss Ratio		PEPM Costs				
Paid Month	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-20	56.3%	44.1%	$409.31	$276.20	$687.98	$687.98	$823.85
Aug-20	94.2%	73.7%	$857.71	$287.25	$1,147.31	$1,147.31	$1,283.18
Sep-20	86.8%	67.9%	$587.62	$455.96	$1,052.85	$1,052.85	$1,188.72
Oct-20							
Nov-20							
Dec-20							
Jan-21							
Feb-21							
Mar-21							
Apr-21							
May-21							
Jun-21							
Total	**79.1%**	**61.9%**	**$618.59**	**$339.92**	**$963.20**	**$963.20**	**$1,099.07**

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	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35	$81.35
Aggregate Stoploss (125%)	$5.10	$5.10	$5.10	$4.55	$4.55	$4.55	$4.55	$4.55	$4.55
Total Admin Fees	**$136.21**	**$136.21**	**$136.21**	**$135.66**	**$135.66**	**$135.66**	**$135.66**	**$135.66**	**$135.66**

Claim Expenses	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family	Employee	Emp + 1 Dep	EE + Family
Expected Liability	**$472.87**	**$1,081.92**	**$1,569.17**	**$494.26**	**$1,124.16**	**$1,628.12**	**$433.64**	**$1,003.71**	**$1,459.78**
Maximum Liability (ICAP)	**$717.77**	**$1,428.05**	**$1,996.26**	**$729.38**	**$1,451.31**	**$2,028.86**	**$614.12**	**$1,221.96**	**$1,708.26**



City of Surprise

Paid Claims and Administration

Plan Year: July 2019 to June 2020 with Runout through September 2020

Incurred and Paid

BlueCross BlueShield of Arizona and Optum Rx- All Plans

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
Jul-19	748	$ 920,343	$ 1,068,869	$ 305,605	$ 169,654	$ -	$ 675	$ 6,718	$ 1,602	$ -	$ 484,255	$ 94,973	$ 579,228
Aug-19	752	$ 921,496	$ 1,070,695	$ 698,774	$ 138,631	$ -	$ 2,432	$ 6,733	$ 1,526	$ -	$ 848,096	$ 95,482	$ 943,578
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
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
Nov-19	756	$ 919,082	$ 1,068,637	$ 689,363	$ 156,481	$ -	$ 3,122	$ 6,698	$ 1,636	$ -	$ 857,299	$ 95,988	$ 953,287
Dec-19	767	$ 928,677	$ 1,079,984	$ 458,303	$ 171,603	$ -	$ 1,325	$ 6,795	$ 1,675	$ -	$ 639,700	$ 97,384	$ 737,085
Jan-20	770	$ 934,615	$ 1,085,407	$ 578,058	$ 143,787	$ (121,214)	$ 1,100	$ 6,862	$ 1,732	$ -	$ 610,326	$ 97,762	$ 708,087
Feb-20	772	$ 938,090	$ 1,089,060	$ 519,729	$ 163,398	$ -	$ 1,091	$ 6,859	$ 1,727	$ -	$ 692,804	$ 98,016	$ 790,820
Mar-20	779	$ 943,887	$ 1,095,601	$ 722,066	$ 197,839	$ -	$ 1,761	$ 6,941	$ 1,757	$ -	$ 930,364	$ 98,903	$ 1,029,267
Apr-20	783	$ 948,043	$ 1,100,437	$ 416,339	$ 166,705	$ (121,784)	$ 1,795	$ 6,976	$ 1,770	$ -	$ 471,801	$ 99,410	$ 571,211
May-20	782	$ 950,224	$ 1,102,574	$ 559,598	$ 157,398	$ -	$ 923	$ 6,970	$ 1,773	$ -	$ 726,663	$ 99,283	$ 825,946
Jun-20	776	$ 943,557	$ 1,094,981	$ 954,914	$ 193,933	$ -	$ 997	$ 6,935	$ 1,804	$ -	$ 1,158,583	$ 98,523	$ 1,257,106
Total	**9,190**	**$ 11,182,513**	**$ 12,988,563**	**$ 7,602,054**	**$ 1,958,050**	**$ (242,998)**	**$ 19,270**	**$ 81,905**	**$ 20,243**	**$ -**	**$ 9,438,523**	**$ 1,166,811**	**$ 10,605,334**
Avg	**766**												

Loss Ratio / **PEPM Costs**

Paid Month	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	52.6%	45.3%	$418.45	$226.81	$647.40	$647.40	$774.37
Aug-19	92.0%	79.2%	$941.41	$184.35	$1,127.79	$1,127.79	$1,254.76
Sep-19	105.5%	90.8%	$1,107.47	$178.06	$1,287.71	$1,287.71	$1,414.68
Oct-19	114.6%	98.6%	$1,173.91	$218.75	$1,394.79	$1,394.79	$1,521.76
Nov-19	93.3%	80.2%	$924.84	$206.99	$1,133.99	$1,133.99	$1,260.96
Dec-19	68.9%	59.2%	$608.11	$223.73	$834.03	$834.03	$961.00
Jan-20	65.3%	56.2%	$761.07	$186.74	$792.63	$792.63	$919.59
Feb-20	73.9%	63.6%	$683.52	$211.66	$897.41	$897.41	$1,024.38
Mar-20	98.6%	84.9%	$938.09	$253.97	$1,194.31	$1,194.31	$1,321.27
Apr-20	49.8%	42.9%	$542.93	$212.90	$602.56	$602.56	$729.52
May-20	76.5%	65.9%	$725.69	$201.28	$929.24	$929.24	$1,056.20
Jun-20	122.8%	105.8%	$1,240.78	$249.91	$1,493.02	$1,493.02	$1,619.98
Total	**84.4%**	**72.7%**	**$838.22**	**$213.06**	**$1,027.04**	**$1,027.04**	**$1,154.01**

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-20	$ 865,602	$ -	$ (131,400)	$ 132	$ 9	$ (285,464)	$ 448,879
Aug-20	$ 72,039	$ -	$ -	$ 9	$ 3	$ (313)	$ 71,738
Sep-20	$ 26,672	$ -	$ -	$ 12	$ -	$ -	$ 26,684
Oct-20							
Nov-20							
Dec-20							
Jan-21							
Feb-21							
Mar-21							
Apr-21							
May-21							
Jun-21							
Total	**$ 964,313**	**$ -**	**$ (131,400)**	**$ 153**	**$ 12**	**$ (285,777)**	**$ 547,301**

Specific Stoploss 12/24 $250,000 ISL

Aggregate Stoploss (125%)

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

2019-2020 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
$10,271,601	**$ (285,777)**	**$ 9,985,823**	**$ 1,166,811**	**$ 11,152,634**	**89.3%**	**76.9%**	**$ 1,213.56**

Med Claims

Month	Total Paid
201708	$652,578.77
201709	$597,494.21
201710	$593,909.26
201711	$677,814.41
201712	$602,204.40
201801	$707,374.64
201802	$417,585.46
201803	$494,384.56
201804	$487,462.43
201805	$550,764.06
201806	$665,435.85
201807	$589,124.75
201808	$924,862.60
201809	$844,474.84
201810	$1,003,565.44
201811	$656,424.87
201812	$713,908.71
201901	$611,691.73
201902	$632,891.54
201903	$731,062.34
201904	$764,796.90
201905	$790,332.05
201906	$570,031.58
201907	$572,472.71
201908	$811,453.03
201909	$840,816.98
201910	$891,622.56
201911	$699,383.83
201912	$464,825.49
202001	$581,017.45
202002	$522,086.56
202003	$722,367.79
202004	$415,915.09
202005	$558,951.13
202006	$956,229.43
202007	$1,166,159.82
202008	$704,501.43
202009	$466,091.46
202010	$477,322.92
202011	#N/A
202012	#N/A

SURPRISE

ARIZONA

Health Benefits Trust Fund

March 3, 2021

SELF INSURED PROGRAM

Established by City Council May 2010

- How insurance program is funded, not level of benefits offered
- Medical, dental, vision paid by employee and employer premiums

SELF INSURED PROGRAM

Health Benefits Trust

- Established by City Council August 2011
  - Board of Trustees
  - Accounts for activity of the self insured program
  - Restricted for - medical, dental, vision, and wellness
  - Adverse claims reserve
    - 25% of expected claims

BACKGROUND

- Benefits Consultant
    - Provides actuarial assumptions – claim projections
    - Review claim activity in accordance with insurance plan
- Blue Cross Blue Shield – Insurance network and administers claims processing and payments
- City Staff
    - HR and Finance
    - Budget, accounting, establish rates, etc.
    - Level of benefits offered
- Trust Fund Board
    - Ensure Financial Stability

CURRENT PROCESS

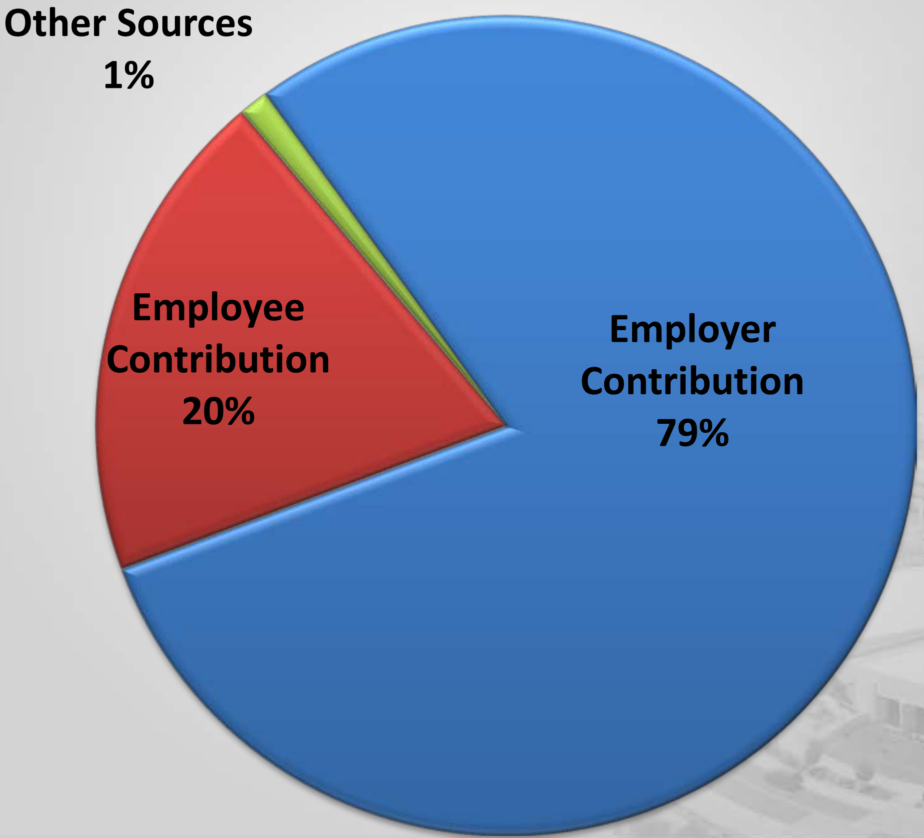
Budget “appropriated” amount - transfer only what is needed to pay claims incurred

- $14.9M budget - $13M transferred

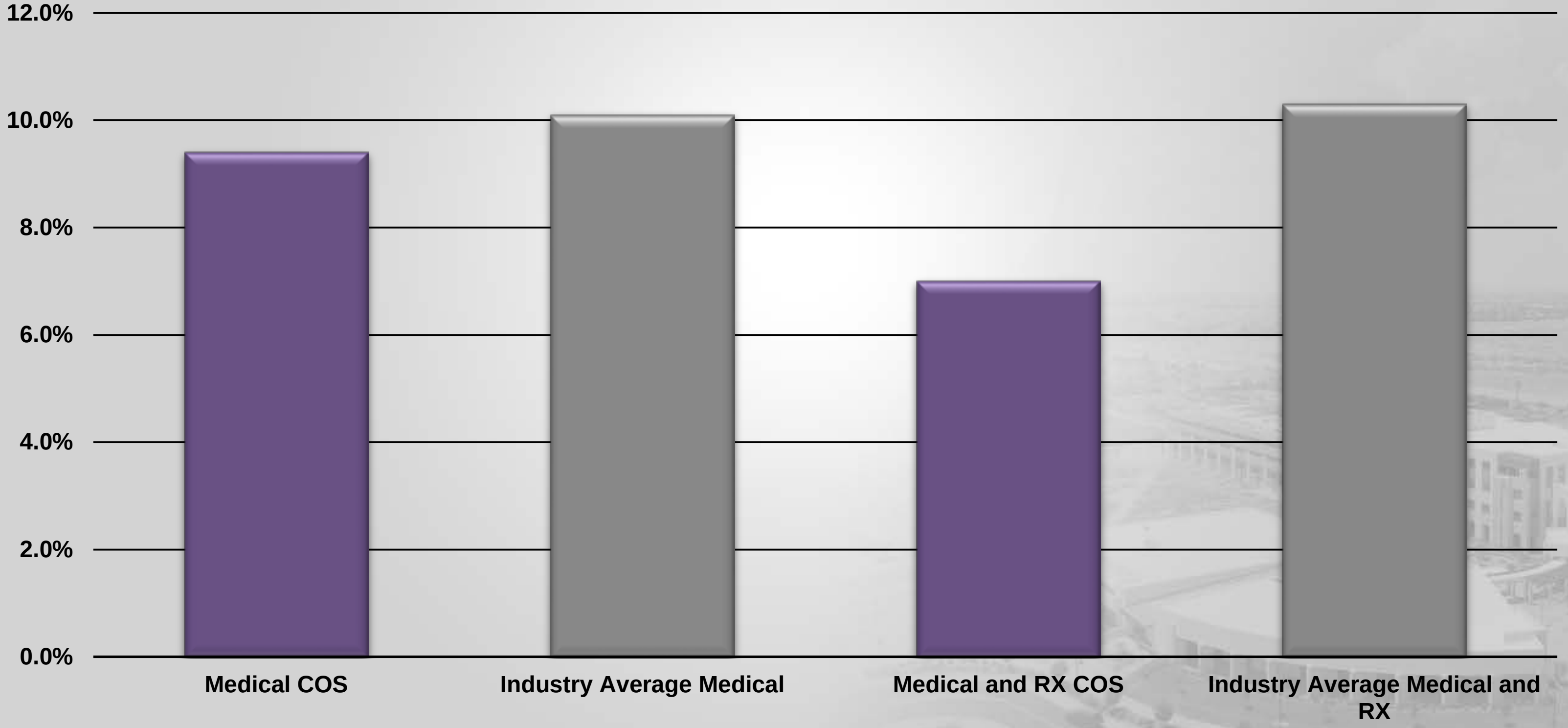
Goal: Maintain fund balance
“Break even” each year

100% of employee contributions will be transferred

Financial Sources of the Trust



Historical Trend



Budget Assumptions

- 6.1% Increase for Medical Expenses
- 0% Increase for Dental Expenses
- 0% Increase for Vision Expenses
- Other Revenue
  - Pharmacy Rebates
  - COBRA Reimbursements
  - Interest

Financial Position of the Trust

	FY2018	FY2019	FY2020	FY2021*	FY2022
Beginning Balance	$4.5M	$5.8M	$6.5M	$6.8M	$6.9M
Total Sources	12.2M	13.2M	12.8M	14.6M	14.9M
Total Uses	(10.8M)	(12.5M)	(12.3M)	(14.5M)	(14.9M)
Ending Balance	**$5.9M**	**$6.5M**	**$6.8M**	**$6.9M**	**$6.9M**
Required Reserve	2.9M	2.9M	2.7M	3.1M	3.3M
Unrestricted	$3.0M	$3.6M	$4.3M	$3.8M	$3.6M

***Estimate**

SURPRISE
ARIZONA

QUESTIONS OR COMMENTS?

Thank You

CITY OF SURPRISE
Health Benefits Trust Fund Board

Council Meeting Date: March 3, 2021
Submitting Department: Legal
Staff Recommendations:

Contact Person: Digger Oster
District: Citywide

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

Agenda Wording:
Consideration an action pertaining to the FY2022 Workers' Compensation Plan Budget.

Motion:
I move to approve the recommended FY2022 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 $1,497,500 and is based on the number of employees hired, the employees risk code, and the salary for the employees. The uses total is $1,497,500, this includes funding for claims, taxes, software, professional services, general insurance administration, and personnel.

FTE Impact:

ATTACHMENTS:
1. March 2021 WC Budget Setting

SURPRISE
ARIZONA

FY2022
Workers Compensation Overview

Health Benefits Trust Fund Board

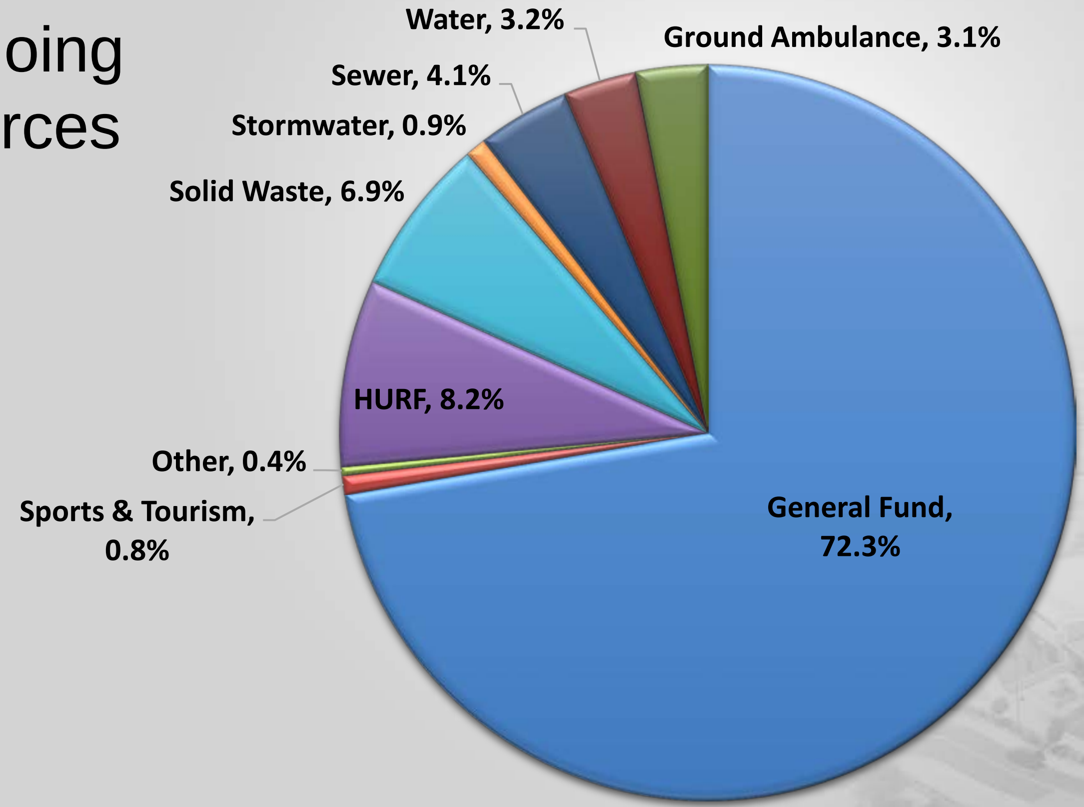
March 3, 2021

Worker's Compensation Overview

- Review financial position of the trust
- Review program performance
- Review program projections
- Review FY2022 contribution rates

Financial Position of the WC Trust

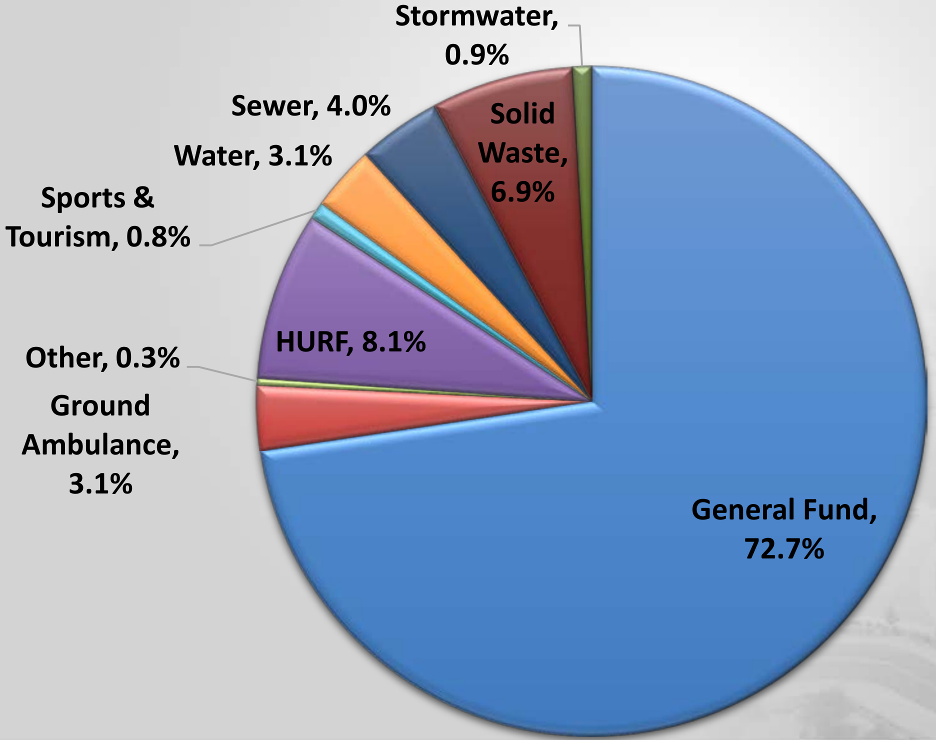
Ongoing Sources



FY21 Budget of $1,263,600

Financial Position of the WC Trust

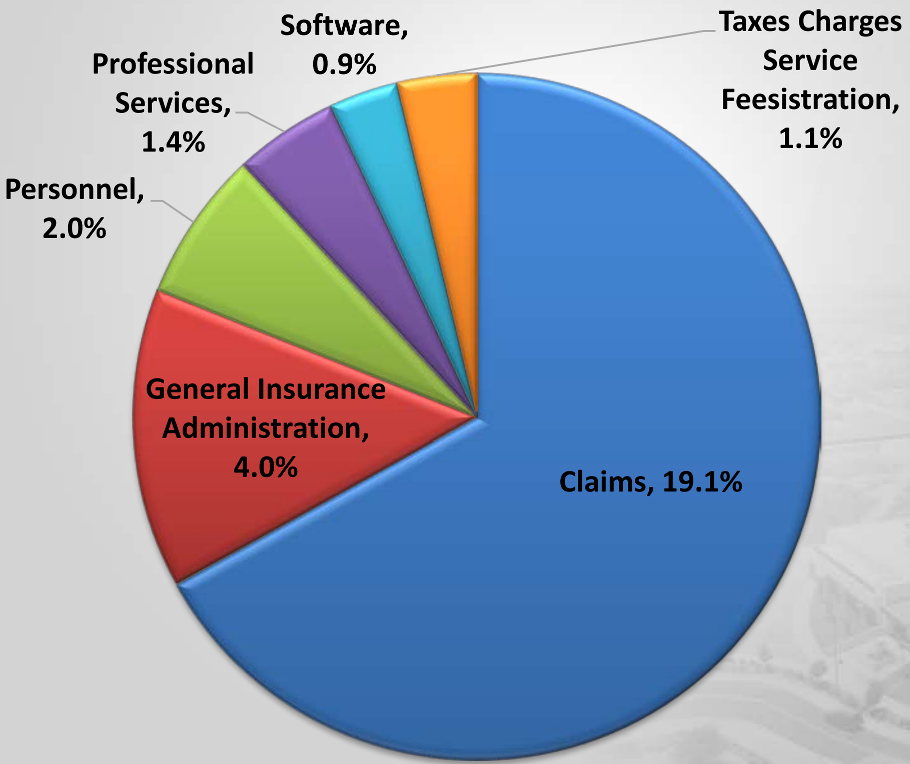
Sources including One-Time Transfers



FY21 Budget of $2,763,600

Financial Position of the WC Trust

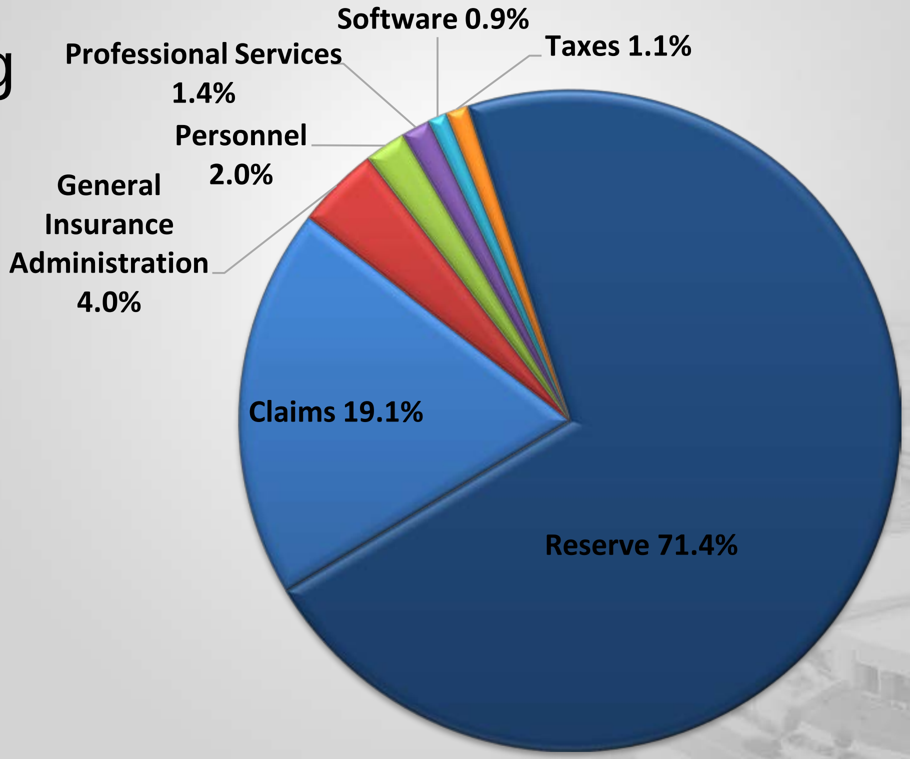
Ongoing Uses



FY21 Budget of $1,203,000

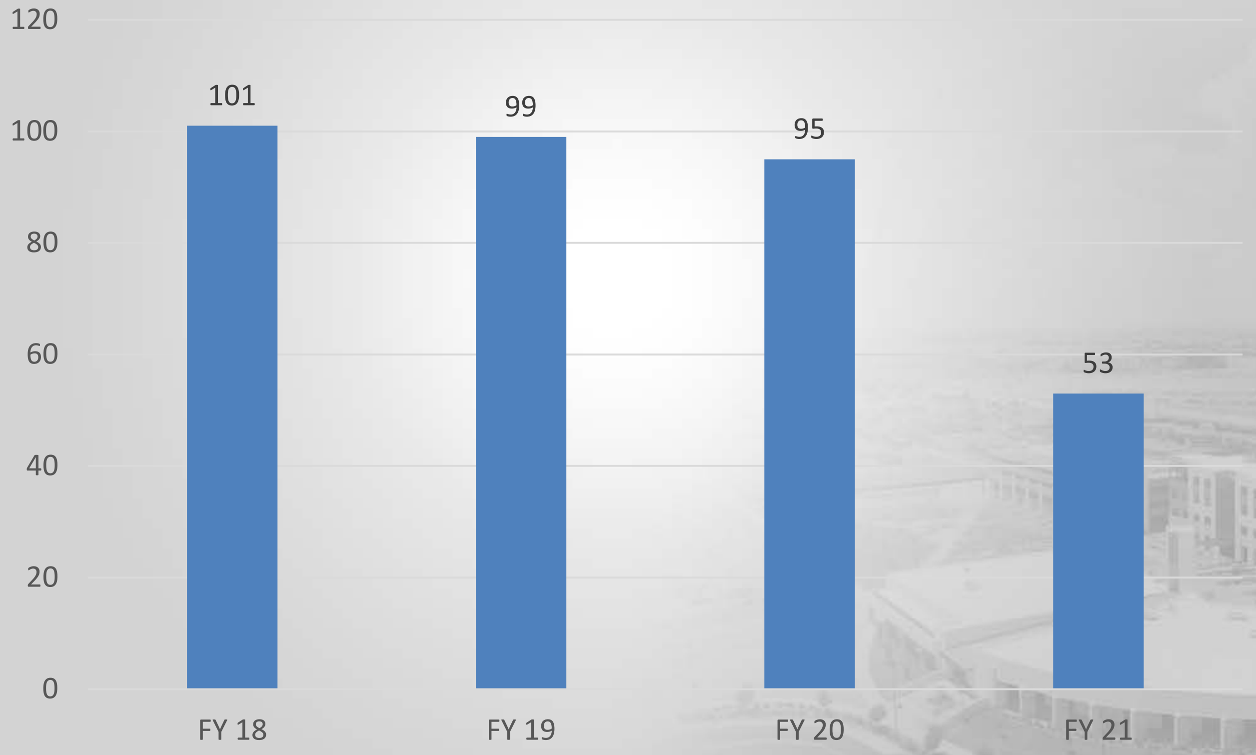
Financial Position of the WC Trust

Uses including Contingency



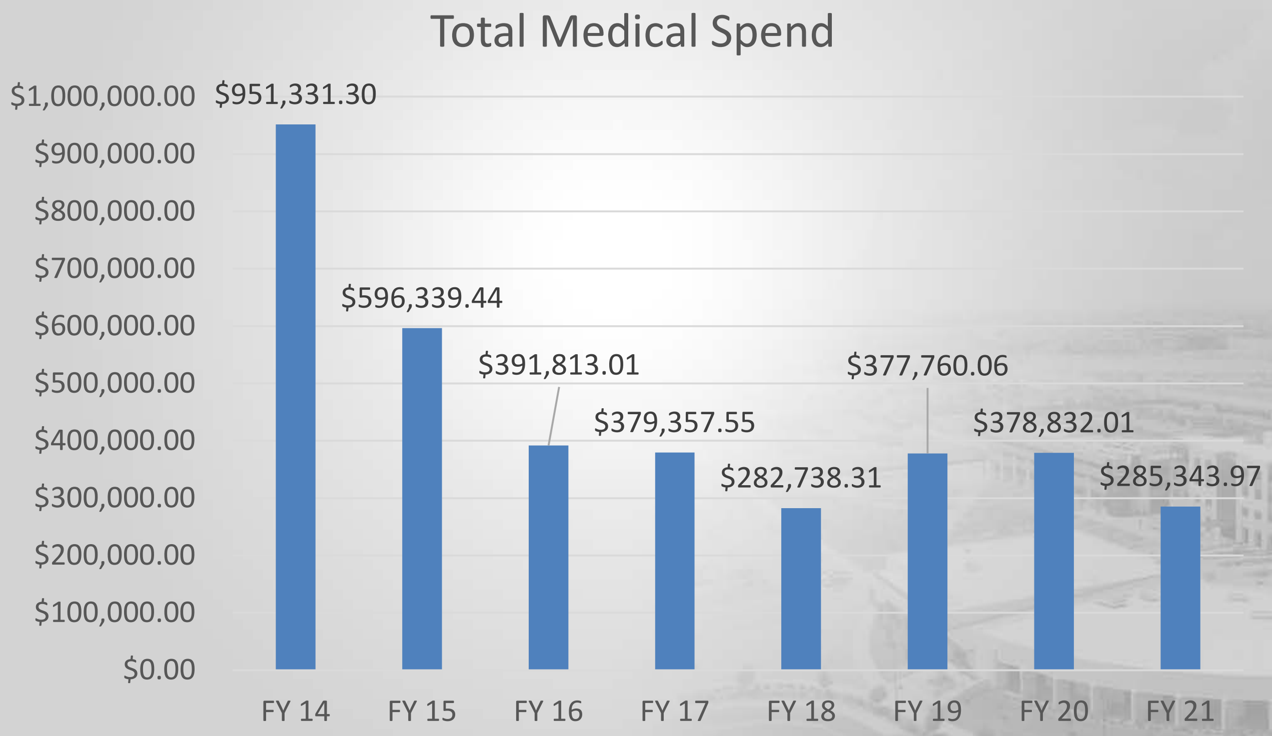
FY21 Budget of $4,205,600

Claims Experience



Same period FY20 57 Claims Trending 7.0% lower

Review of WC Program Performance



Same period FY19 $105,741 Trending 169.9% higher

Review of WC Program Projections

- Based on year-to-date claim expenditures, Risk Management projects FY21 claims to be approximately $320,000.
- Excess insurance premiums are projected to increase to approximately $275,000 for FY22, as the program is still in an early rating phase, from an insurance underwriting perspective. Excess rates are currently calculated on a premium rate of $0.28 per $100 of payroll but the City will see an increased premium rate for FY22.

Review of WC Contribution Rates

- Entering the fourth year of the self-insured WC Program, it is recommended to assess Workers’ Compensation Program premiums in the amount of $1,497,500 for FY22, using an updated departmental contribution calculation for FY22. Appropriate baseline data is being captured in hopes of assessing premiums based on departmental loss history and subsequent program impact.

QUESTIONS OR COMMENTS?

Thank You

CITY OF SURPRISE
Health Benefits Trust Fund Board

Council Meeting Date: March 3, 2021

Submitting Department: Finance
Staff Recommendations: None

Contact Person: Andrea Davis, DIRECTOR - FINANCE
District: Citywide

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

Agenda Wording:
Discussion regarding electronic attendance for future board meetings.

Motion:
None. Discussion only.

Background:
This item is being brought forward to discuss electronic attendance for future board meetings. Per the Boards and Commissions Handbook page 13, "Attendance is very important and must be in person. Calling in (by phone, Skype, Face Time, or otherwise) is not permitted."

Objective Analysis:

Policy Compliant:

Financial Impact:
This item has no financial impact.

Budget Impact:
This item has no budgetary impact.
FTE Impact:

ATTACHMENTS: