

Presented at 9.22.15 Board Meeting

Santa Rosa County Schools

Example - Claim Scenario - TPA & Stop Loss - \$150,000 Specific Premium

ASO - Administrative Services Only Arrangement

Scenario Date 1/1/2015 to 12/31/2015

Based on: 1851 lives

Blue Cross Blue Shield - Fully Insured

1/1/2015 to 12/31/2015

Total Fully Insured Cost	\$15,617,549	\$15,617,549	\$15,617,549	\$15,617,549	\$15,617,549
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Based on: 1851 lives

Self-Funded - TPA & Stop Loss

\$150,000 Specific Premium

1/1/2015 to 12/31/2015

Claims Rate	Low - 60%	ACTUAL - 70.76%	Expected - 80%	High - 90%	Max - 100%
Fixed Medical Admin	\$1,032,858	\$1,032,858	\$1,032,858	\$1,032,858	\$1,032,858
Health Care Reform	\$164,000	\$164,000	\$164,000	\$164,000	\$164,000
Fixed Stop Loss Costs	\$1,445,469	\$1,445,469	\$1,445,469	\$1,445,469	\$1,445,469
Variable Claims Costs	\$6,895,066	\$8,131,581	\$9,193,421	\$10,342,598	\$11,491,776
Total Self-Funded Costs	\$9,537,393	\$10,773,908	\$11,835,748	\$12,984,925	\$14,134,103
Total Savings					
Self-Funded vs Fully Insured	\$6,080,156	\$4,843,641	\$3,781,801	\$2,632,624	\$1,483,446
Savings Versus Fully Insured	38.93%	31.01%	24.22%	16.86%	9.50%

The above projections are based on final enrollment and plan changes made through the benefit year!

Aggregate Stop Loss Report



GROUP NAME: SANTA ROSA COUNTY SCHOOL BOARD
 GROUP NUMBER: 45822
 SUFFIXES: ALL PLANS
 PRODUCT: Medical and RX
 DATES OF SERVICE: ED Jan 01, 2015

CONTRACT BASIS	STOP LOSS BEGIN DATE	STOP LOSS END DATE	SPECIFIC STOP LOSS	ATTACHMENT POINT	MINIMUM ATTACHMENT POINT	MEDICAL ATTACHMENT FACTORS			
						SINGLE	FAMILY	EMPLOYEE SPOUSE	EMPLOYEE CHILDREN
12/15	1/1/2015	12/31/2015	\$150,000.00	\$11,850,031.00	\$10,665,028.00	\$325.40	\$943.65	\$650.80	\$536.91

MEDICAL CONTRACT COUNT						MEDICAL PAYMENT AND ATTACHMENT SUMMARY							
PAID MONTH	SINGLE	FAMILY	EMPLOYEE SPOUSE	EMPLOYEE CHILDREN	TOTAL	MEDICAL PAID CLAIMS	DRUG PAID CLAIMS	TOTAL PAID CLAIMS	AMOUNT OVER		ADJUSTED PAID CLAIMS	MONTHLY	
									MONTHLY SPEC.	STOP LOSS LIMIT**		MEDICAL ATTACHMENT	CUM YTD ATTACHMENT %
January-15	1,112	410	195	154	1,871	\$181,083.15	\$91,736.62	\$272,819.77	\$0.00	\$272,819.77	\$958,331.44	28.47%	28.47%
February-15	1,108	410	197	157	1,872	\$485,885.09	\$139,034.66	\$624,919.75	\$0.00	\$624,919.75	\$959,942.17	65.10%	46.80%
March-15	1,116	412	194	159	1,881	\$720,858.23	\$174,448.78	\$895,307.01	\$5,653.81	\$889,653.20	\$963,554.09	92.33%	62.02%
April-15	1,116	414	193	162	1,885	\$628,997.77	\$218,618.03	\$847,615.80	\$44,454.16	\$803,161.64	\$966,401.32	83.11%	67.32%
May-15	1,120	415	192	161	1,888	\$799,059.27	\$205,011.01	\$1,004,070.28	\$20,420.91	\$983,649.37	\$967,458.86	101.67%	74.22%
June-15	1,121	414	190	162	1,887	\$1,081,985.96	\$218,311.54	\$1,300,297.50	\$133,488.12	\$1,166,809.38	\$966,075.92	120.78%	82.00%
July-15	1,075	406	182	162	1,825	\$1,120,068.62	\$281,015.13	\$1,401,083.75	\$40,048.46	\$1,361,035.29	\$938,351.92	145.05%	90.80%
YTD TOTAL	7,768	2,881	1,343	1,117	13,109	\$5,017,938.09	\$1,328,175.77	\$6,346,113.86	\$244,065.46	\$6,102,048.40	\$6,720,115.72		

THIS REPORT IS AN ESTIMATE, MANUAL ADJUSTMENTS ARE NOT INCLUDED.

**SPECIFIC STOP LOSS UTILIZES MEDICAL AND DRUG COVERAGE ONLY AND DOES NOT NECESSARILY REPRESENT REIMBURSED DOLLARS.

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Santa Rosa County School 1/1/2016	L. Blue / Highmark - CURREN	L. Blue / Highmark - RENEWA
TPA	BCBS of Florida	BCBS of Florida
Network	BCBS Florida and Blue Card	BCBS Florida and Blue Card
Plan Design	HSA/PPO	HSA/PPO
Specific Deductible	\$150,000	\$150,000
Specific Contract Basis	12/15	12/24
Aggregate Contract	12/12	24/12
Stop Loss Funding	ASO	ASO
Fixed Costs (approx)		
Employee	\$46.50	\$47.75
Employee + Spouse	\$46.50	\$47.75
Employee + Child(ren)	\$46.50	\$47.75
Family	\$46.50	\$47.75
Total Monthly	\$87,746	\$90,104
Total Annual	\$1,052,946	\$1,081,251
Increase		2.69%
Health Care Reform		
Yearly Cost	\$160,800	\$160,800
Stop Loss Premium		
Specific Premium		
Employee	\$37.84	\$40.14
Employee + Spouse	\$81.06	\$85.89
Employee + Child(ren)	\$69.24	\$73.30
Family	\$112.46	\$119.05
Aggregate Premium		
Composite	\$3.16	\$2.74
Stop Loss Premium		
Total Monthly	\$121,829	\$127,935
Total Annual	\$1,461,953	\$1,535,218
Increase		5.01%
Variable Costs		
Expected Claims Cost	Includes Medical and Rx	Includes Medical and Rx
Employee	\$260.32	\$299.00
Employee + Spouse	\$520.64	\$598.01
Employee + Child(ren)	\$429.53	\$493.35
Family	\$754.92	\$867.11
Total Monthly	\$774,449	\$889,532
Total Annual	\$9,293,384	\$10,674,382
Aggregate Claims Cost		
Employee	\$325.40	\$373.75
Employee + Spouse	\$650.80	\$747.51
Employee + Child(ren)	\$536.91	\$616.69
Family	\$943.65	\$1,083.89
Total Monthly	\$968,061	\$1,111,915
Total Annual	\$11,616,730	\$13,342,978
Increase		14.86%
Enrollment		
Employee	1114	1114
Employee + Spouse	198	198
Employee + Child(ren)	162	162
Family	413	413
Total	1887	1887
First Year Expected		
Medical Administration	\$1,052,946	\$1,081,251
Health Care Reform	\$160,800	\$160,800
Stop Loss Premium	\$1,461,953	\$1,535,218
Expected Claims	\$9,293,384	\$10,674,382
Total First Year	\$11,969,083	\$13,451,651
First Year Maximum		
Medical Administration	\$1,052,946	\$1,081,251
Health Care Reform	\$160,800	\$160,800
Stop Loss Premium	\$1,461,953	\$1,535,218
Maximum Claims	\$11,616,730	\$13,342,978
Total First Year	\$14,292,429	\$16,120,247
Increase		12.79%

The above projections are based on final enrollment and plan changes throughout the benefit year!

1) Aggregate Accommodation & TLO are included.

Santa Rosa County Schools

Example - Claim Scenario - Florida Blue & HM - \$150,000 Specific Premium

ASO - Administrative Services Only

Scenario Date 1/1/2016 to 12/31/2016

Based on: 1887 lives

Florida Blue - Self Funded

1/1/2016 to 12/31/2016

Maximum Liability	\$16,120,247	\$16,120,247	\$16,120,247	\$16,120,247	\$16,120,247
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\$150,000 Specific Premium

Claims Rate

Lower - 60%

Low - 70%

Expected - 80%

High - 90%

Max - 100%

Fixed Medical Admin

\$1,032,858

\$1,032,858

\$1,032,858

\$1,032,858

\$1,081,251

Health Care Reform

\$160,800

\$160,800

\$160,800

\$160,800

\$160,800

Fixed Stop Loss Costs

\$1,535,218

\$1,535,218

\$1,535,218

\$1,535,218

\$1,535,218

Variable Claims Costs

\$8,005,787

\$9,441,491

\$10,674,382

\$12,008,680

\$13,342,978

Total Self-Funded Costs -

\$10,734,663

\$12,170,367

\$13,403,258

\$14,737,556

\$16,120,247

Total Savings

\$5,385,584

\$3,949,880

\$2,716,989

\$1,382,691

\$0

33.41%

24.50%

16.85%

8.58%

0.00%

The above projections are subject to change based on enrollment and plan changes during the benefit year