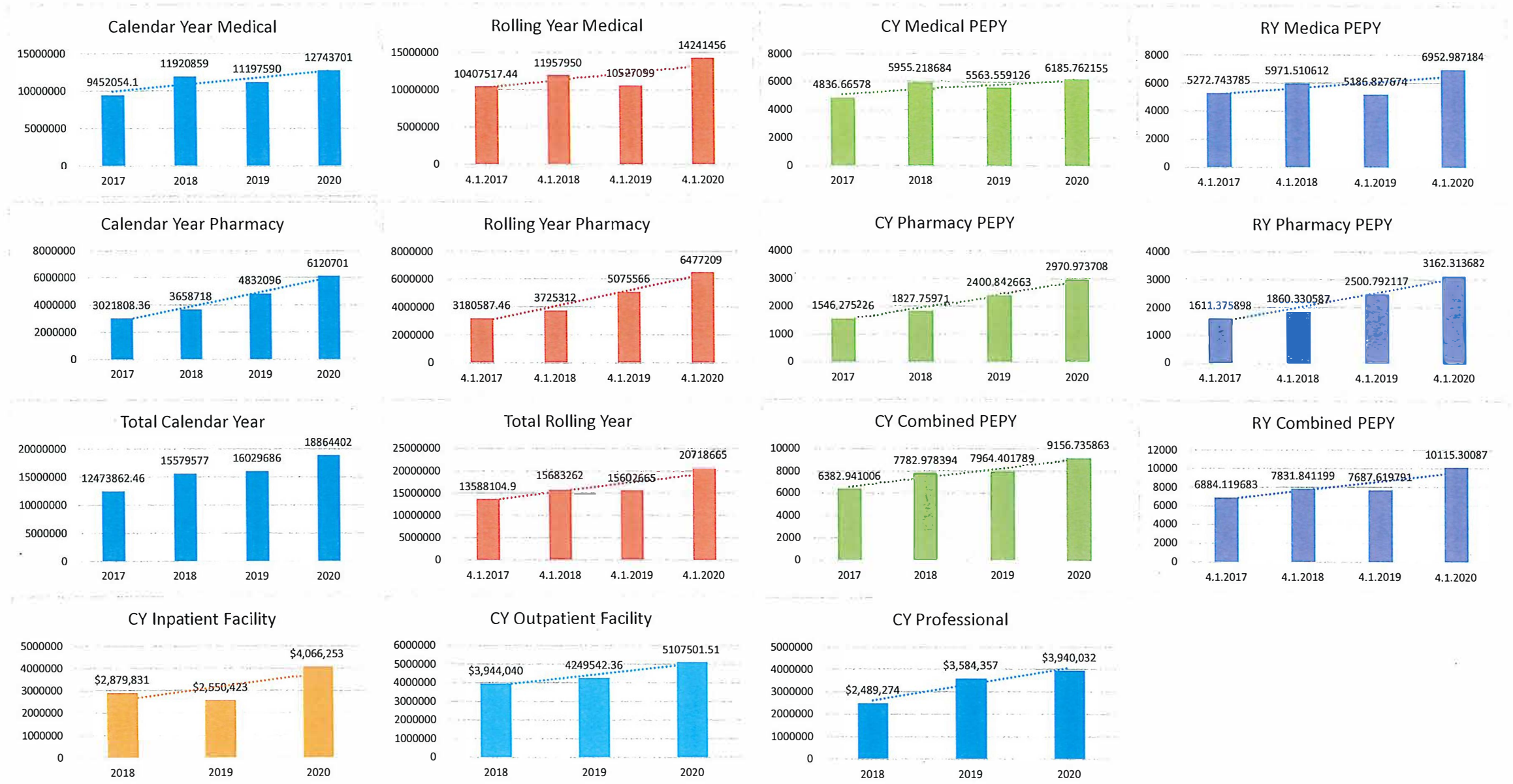


Santa Rosa District Schools Medical Trend Dashboard



2020 -2021

Company: SANTA ROSA COUNTY SCHOOL BOARD
Group: 45822
Current Service Period: From 08/2020 to 07/2021
Prior Service Period: From 08/2019 to 07/2020

	Current	Prior	Change	Change %
Payments Per Employee Per Year	\$7,803.12	\$5,884.56	\$1,918.56	32.60%
Payments Per Member Per Year	\$4,103.52	\$3,110.16	\$993.36	31.94%
Enrollment:				
Employees	2,024	2,053	(30)	-1.44%
Members	3,848	3,885	(37)	-0.94%
Payments:				
Inpatient Facility	\$4,486,262.29	\$3,816,264.19	\$669,998.10	17.56%
Outpatient Facility	\$6,540,461.91	\$4,198,311.45	\$2,342,150.46	55.79%
Total Facility	\$11,026,724.20	\$8,014,575.64	\$3,012,148.56	37.58%
Professional	\$4,574,749.98	\$3,708,598.46	\$866,151.52	23.36%
PCP	\$904,899.73	\$554,081.34	\$350,818.39	63.32%
Specialist	\$3,669,850.25	\$3,154,517.12	\$515,333.13	16.34%
Capitation	\$159,709.49	\$332,840.92	(\$173,131.43)	-52.02%
Value Based Programs	\$25,794.57	\$25,969.06	(\$174.49)	-0.67%
Pharmacy	\$0.00	\$0.00	\$0.00	0.00%
Grand Total	\$15,790,383.59	\$12,081,984.08	\$3,708,399.51	30.69%

Key Indicators

Company: SANTA ROSA COUNTY SCHOOL BOARD
Group: 45822
Current Paid Period: From 08/2019 to 07/2020
Prior Paid Period: From 08/2018 to 07/2019

	Current	Prior	Change	Change %
Payments Per Employee Per Year	\$5,814.96	\$6,799.56	(\$984.60)	-14.48%
Payments Per Member Per Year	\$3,073.32	\$3,612.60	(\$539.28)	-14.93%
Enrollment:				
Employees	2,053	2,001	53	2.63%
Members	3,885	3,766	119	3.16%
Payments:				
Inpatient Facility	\$3,586,896.13	\$3,023,354.72	\$563,541.41	18.64%
Outpatient Facility	\$4,328,505.26	\$4,546,199.03	(\$217,693.77)	-4.79%
Total Facility	\$7,915,401.39	\$7,569,553.75	\$345,847.64	4.57%
Professional	\$3,665,642.01	\$3,776,628.63	(\$110,986.62)	-2.94%
PCP	\$563,011.45	\$509,790.40	\$53,221.05	10.44%
Specialist	\$3,102,630.56	\$3,266,838.23	(\$164,207.67)	-5.03%
Capitation	\$333,015.73	\$319,210.08	\$13,805.65	4.32%
Value Based Programs	\$28,234.63	\$0.00	\$28,234.63	0.00%
Pharmacy	(\$3,118.13)	\$1,937,895.32	(\$1,941,013.45)	-100.16%
Grand Total	\$11,939,175.63	\$13,603,287.78	(\$1,664,112.15)	-12.23%

	Current	Prior	Change	Change %
Key Utilization Indicators:				
Inpatient Facility				
Inpatient Days/1000 Members	258	189	70	36.90%
Inpatient Admissions/1000 Members	66	49	17	35.14%
Average Length of Inpatient Stay	3.93	3.88	0.05	1.30%
% Facility Admissions > 10		2.65%		
Outpatient Facility				
Outpatient Visits/1000 Members	1,595	1,261	334	26.48%
Emer Rm Visits/1000 Members	197	166	31	19.01%
Other Visits/1000 Members	1,398	1,096	303	27.61%
Professional				
Professional Services/1000 Members	16,975	15,042	1,933	12.85%
PCP Services/1000 Members	4,404	2,813	1,592	56.58%
Specialist Services/1000 Members	12,571	12,230	341	2.79%

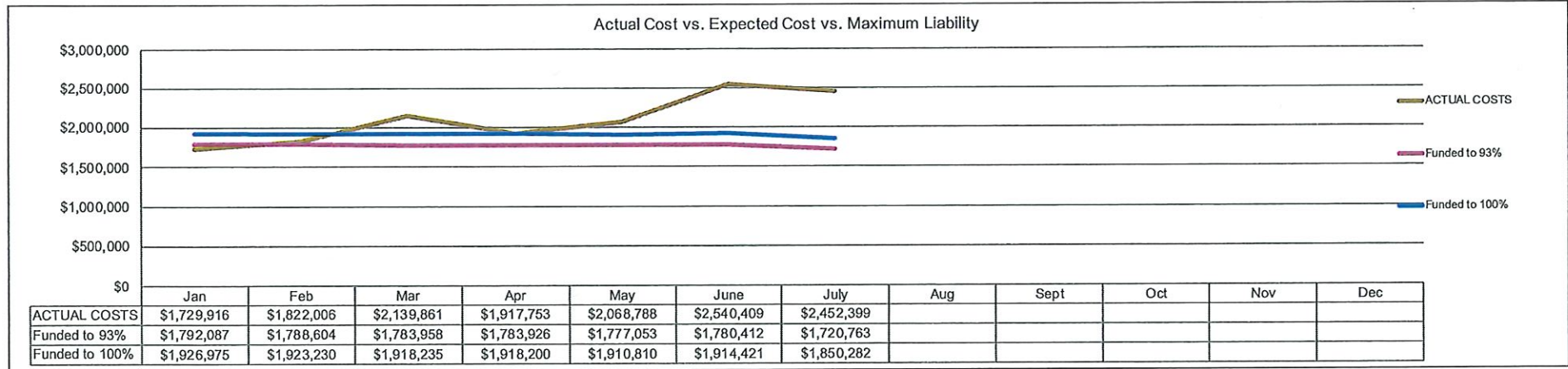
Value Based Programs line includes earned incentives for managing quality with cost efficiencies. Supplemental detail included on MBI EBP report. Included in the Valued Based Program line are CBF Care Coordination Fees and Shared Savings that members have incurred outside of Florida

	Current	Prior	Change	Change %
Key Utilization Indicators:				
Inpatient Facility				
Inpatient Days/1000 Members	165	174	(9)	-5.43%
Inpatient Admissions/1000 Members	47	47	(0)	-0.31%
Average Length of Inpatient Stay	3.54	3.73	(0.19)	-5.13%
% Facility Admissions > 10	2.76%	5.11%		
Outpatient Facility				
Outpatient Visits/1000 Members	1,291	1,332	(41)	-3.09%
Emer Rm Visits/1000 Members	168	162	7	4.09%
Other Visits/1000 Members	1,122	1,170	(48)	-4.08%
Professional				
Professional Services/1000 Members	14,251	14,477	(226)	-1.56%
PCP Services/1000 Members	2,890	2,772	118	4.27%
Specialist Services/1000 Members	11,361	11,705	(344)	-2.94%
Pharmacy Scripts/1000 Members	3	5,958	(5,955)	-99.95%

Value Based Programs line includes earned incentives for managing quality with cost efficiencies.

**All Funding Costs - Data
2021 Plan Year**

	ACTUAL COSTS									Funded to 93%		Funded to 100%		Funding Loss Ratio		
	ASO Fee	Stop Loss Premium	Capitation Fee	Medical Paid Claims	ESI Drug Paid Claims	ESI Admin Fees	Specific Claims	Net Paid Claims	Total Costs	Funding Costs	Surplus/ (Deficit)	Maximum Costs	Surplus/ Deficit	Monthly Attachment	YTD Attachment	Loss Ratio
Jan	\$111,720	\$167,575	\$3,117	\$1,103,637	\$328,403	\$15,464	\$0	\$1,432,040	\$1,729,916	\$1,792,087	\$62,170	\$1,926,975	\$197,059	\$1,629,099	\$1,629,099	90%
Feb	\$110,784	\$167,378	\$3,116	\$1,087,566	\$437,263	\$15,900	\$0	\$1,524,829	\$1,822,006	\$1,788,604	\$33,402	\$1,923,230	\$101,224	\$1,626,053	\$3,255,151	95%
Mar	\$110,192	\$167,159	\$3,112	\$1,251,041	\$592,631	\$15,726	\$0	\$1,843,672	\$2,139,861	\$1,783,958	\$355,903	\$1,918,235	\$221,627	\$1,622,046	\$4,877,197	112%
Apr	\$110,860	\$168,631	\$3,111	\$1,110,467	\$509,042	\$15,642	\$0	\$1,619,509	\$1,917,753	\$1,783,926	\$133,827	\$1,918,200	\$447	\$1,619,956	\$6,497,153	100%
May	\$110,372	\$167,897	\$3,097	\$1,135,336	\$636,428	\$15,658	\$0	\$1,771,764	\$2,068,788	\$1,777,053	\$291,734	\$1,910,810	\$157,978	\$1,613,786	\$8,110,939	108%
June	\$109,425	\$167,265	\$3,112	\$1,613,238	\$631,767	\$15,601	\$0	\$2,245,005	\$2,540,409	\$1,780,412	\$759,997	\$1,914,421	\$625,988	\$1,619,018	\$9,729,956	133%
July	\$105,866	\$167,041	\$2,992	\$1,521,157	\$664,147	\$15,000	\$23,804	\$2,161,500	\$2,452,399	\$1,720,763	\$731,636	\$1,850,282	\$602,117	\$1,559,384	\$11,289,340	133%
Aug																
Sept																
Oct																
Nov																
Dec																
Avg/Total	\$769,219	\$1,172,946	\$21,658	\$8,822,442	\$3,799,681	\$108,991	\$23,804	\$12,598,320	\$14,671,133	\$12,426,803	\$2,244,330	\$13,362,154	\$1,308,980	\$11,289,340		110%



Plan Comparison

	HDHP HSA		Standard PPO		Premier Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductibles						
Individual	\$2,500	\$10,000	\$2,000	\$6,000	\$1,000	\$3,000
Family	\$5,000	\$10,000	\$6,000	\$18,000	\$3,000	\$9,000
Coinsurance	80%	60%	70%	50%	90%	60%
Max. Out of Pocket						
Individual	\$5,000	Unlimited	\$8,700	Unlimited	\$3,000	Unlimited
Family	\$10,000	Unlimited	\$17,400	Unlimited	\$6,000	Unlimited
Facility						
Inpatient Hospital	80% after deductible	60% after deductible	70% after deductible	50% after deductible	\$100 copay days 1-5 per visit	60% after deductible
Outpatient Hospital	80% after deductible	60% after deductible	\$400 per visit	50% after deductible	\$250 per visit	60% after deductible
Ambulatory Surgical Centers	80% after deductible	60% after deductible	\$400 per visit	50% after deductible	\$250 per visit	60% after deductible
Copays						
Emergency Room	80% after deductible	60% after deductible	\$400 per visit	\$400 per visit	\$250 per visit	\$250 per visit
Urgent Care	80% after deductible	60% after deductible	\$80 per visit	50% after deductible	\$75 per visit	60% after deductible
Physician - Primary Care	80% after deductible	60% after deductible	\$40 Per Visit	50% after deductible	\$35 per visit	60% after deductible
Physician - Specialist	80% after deductible	60% after deductible	\$80 per visit	50% after deductible	\$65 per visit	60% after deductible
Rx						
	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order
Generic	80% after deductible	60% after deductible	\$15.00	\$37.50	\$5.00	\$12.50
Brand - Formulary	80% after deductible	60% after deductible	\$60.00	\$150.00	\$55.00	\$137.50
Brand - Non-Formulary	80% after deductible	60% after deductible	\$100.00	\$250.00	\$75.00	\$187.50
Specialty	80% after deductible	60% after deductible	Lessor of 50% or \$500	Lessor of 50% or \$500	Lessor of 50% or \$500	Lessor of 50% or \$500
Mental, Nervous and Substance Abuse						

2022 Budget Projections		Risk Aversion			
Metric	2021 Completion Projection	2022 Moderate-Low	2022 Low	2022 Moderate-High	2022 High
Claim Cost < Pooling Point	\$21,786,711	\$24,246,998	\$23,853,487	\$24,787,894	\$24,972,496
Stop Loss	\$1,995,571	\$2,437,200	\$2,437,200	\$2,437,200	\$2,437,200
Administrative Services Only	\$1,322,504	\$1,274,412	\$1,274,412	\$1,274,412	\$1,274,412
Total Plan Cost	\$25,104,786	\$27,958,610	\$27,565,099	\$28,499,505	\$28,684,107
EE Contribs	\$5,137,826	\$7,263,084	\$6,952,212	\$7,658,460	\$7,823,856
HRA Contributions	\$2,647,270	\$785,544	\$491,148	\$785,544	\$491,148
EE Contrib % of Rates	20%	26%	25%	27%	27%
Standard PPO Plan		667	1133	231	231
HDHP HSA	1526	1133	667	1133	667
Premier PPO Plan	504	231	231	667	1133
Santa Rosa School District*	\$22,614,230	\$21,481,069.8	\$21,104,034.7	\$21,626,589.4	\$21,351,399.4

*Includes HSA contribution

Assumptions, Conditions and Terms:

Actual funding will vary based on enrollment and claims.

Rates assume Active and Pre_65 Retirees are eligible to select either plan option.

Rates above are montly rates.

Rates are the same for Actives and Retirees

HSA funding reduced to \$500 (\$480)/individualcontract and \$1000 (\$1020)/family contract from \$1150/individual contract and \$2300/ family contract

Risk Aversion relates to the employees plan purchase decisions relative to rates and out of pokcet exposure. A high risk aversion translates to an employee choosing the plan option with the lowest out of pocket.

A low risk aversion translates to an employee choosing the plan with the lowest premium regardless of out of pocket exposure.

Final Employee versus Employer funding percentage will be based on actual enrollment results.

Blended the tier ratios of current plans

Rates					Variance
2022 Plans	Tier	Current	Proposed*		
Standard PPO Plan	EE	\$35	\$43		\$8
Standard PPO Plan	EE+Sp	\$364	\$526		\$162
Standard PPO Plan	EE+CH(s)	\$282	\$406		\$124
Standard PPO Plan	EE+Fam	\$478	\$689		\$211
HDHP HSA Plan	EE	\$35	\$107		\$72
HDHP HSA Plan	EE+Sp	\$364	\$560		\$196
HDHP HSA Plan	EE+CH(s)	\$282	\$434		\$152
HDHP HSA Plan	EE+Fam	\$478	\$735		\$257
Premier PPO Plan	EE	\$125	\$142		\$17
Premier PPO Plan	EE+Sp	\$962	\$576		-\$386
Premier PPO Plan	EE+CH(s)	\$701	\$446		-\$255
Premier PPO Plan	EE+Fam	\$1,322	\$756		-\$566

Proposed Rates for the Standard PPO plan meet contract percentages of 6% individual|35% family contribution

Moderate Low 9-13-21
Rounding

Total Contribution \$27,955,152.00

Policy Type	Total	
	Premium	Members
Standard - PPO - Single	724.00	293
Standard - PPO - Emp/Spouse	1504.00	36
Standard - PPO - Emp/Child	1159.00	61
Standard - PPO - Family	1968.00	108
Standard - PPO - 2Emp Fam	1968.00	96
HDHP/HSA - Single	767.00	697
HDHP/HSA - Emp/Spouse	1600.00	83
HDHP/HSA - Emp/Child	1239.00	136
HDHP/HSA - Family	2099.00	202
HDHP/HSA - 2Emp Fam	2099.00	15
Premier PPO - Single	788.00	157
Premier PPO - Emp/Spouse	1645.00	37
Premier PPO - Emp/Child	1275.00	0
Premier PPO - Family	2161.00	1
Premier PPO - 2Emp Fam	2161.00	15
Standard - PPO - Retire Single	724.00	59
Standard - PPO - Retire Emp/Sp	1504.00	10
Standard - PPO - Retire Emp/Ch	1159.00	3
Standard - PPO - Retire Family	1968.00	1
HDHP/HSA - Retire Single	767.00	0
HDHP/HSA - Retire Emp/Sp	1600.00	0
HDHP/HSA - Retire Emp/Ch	1239.00	0
HDHP/HSA - Retire Family	2099.00	0
Premier PPO -Retire Single	788.00	20
Premier PPO -Retire Emp/Sp	1645.00	1
Premier PPO -Retire Emp/Ch	1275.00	0
Premier PPO -Retire Family	2161.00	0
Total Count:		2031

Optimal Value plus Estimate							
	Total	Employee	Employee	Employee	School Board	School Board	
	Premium	Pays	Increase	Deduction	Increase	Contribution	Members
Standard - PPO - Single	724.00	6.00%	8.00	43.00	132.58	681.00	293
Standard - PPO - Emp/Spouse	1504.00	35.00%	162.00	526.00	300.70	978.00	36
Standard - PPO - Emp/Child	1159.00	35.00%	124.00	406.00	229.95	753.00	61
Standard - PPO - Family	1968.00	35.00%	211.00	689.00	391.89	1279.00	108
Standard - PPO - 2Emp Fam	1968.00	8.00%	48.00	157.00	554.89	1811.00	96
HDHP/HSA - Single	767.00	14.00%	72.00	107.00	111.58	660.00	697
HDHP/HSA - Emp/Spouse	1600.00	35.00%	196.00	560.00	362.70	1040.00	83
HDHP/HSA - Emp/Child	1239.00	35.00%	152.00	434.00	281.95	805.00	136
HDHP/HSA - Family	2099.00	35.00%	257.00	735.00	476.89	1364.00	202
HDHP/HSA - 2Emp Fam	2099.00	20.00%	311.00	420.00	422.89	1679.00	15
Premium PPO - Single	788.00	18.00%	16.86	142.00	1.75	646.00	157
Premium PPO - Emp/Spouse	1645.00	35.00%	-386.21	576.00	200.03	1069.00	37
Premium PPO - Emp/Child	1275.00	35.00%	-254.99	446.00	114.28	829.00	0
Premium PPO - Family	2161.00	35.00%	-565.78	756.00	326.22	1405.00	1
Premium PPO - 2Emp Fam	2161.00	28.70%	-332.78	620.00	93.22	1541.00	15
Standard - PPO - Single	724.00	100.00%	140.58	724.00	0.00	0.00	59
Standard - PPO - Emp/Spouse	1504.00	100.00%	462.70	1504.00	0.00	0.00	10
Standard - PPO - Emp/Child	1159.00	100.00%	353.95	1159.00	0.00	0.00	3
Standard - PPO - Family	1968.00	100.00%	602.89	1968.00	0.00	0.00	1
Standard - PPO - 2Emp Fam							
HDHP/HSA - Retire Single	767.00	100.00%	183.58	767.00	0.00	0.00	0
HDHP/HSA - Retire Emp/Sp	1600.00	100.00%	558.70	1600.00	0.00	0.00	0
HDHP/HSA - Retire Emp/Ch	1239.00	100.00%	433.95	1239.00	0.00	0.00	0
HDHP/HSA - Retire Family	2099.00	100.00%	733.89	2099.00	0.00	0.00	0
Premium PPO -Retire Single	788.00	100.00%	18.61	788.00	0.00	0.00	20
Premium PPO -Retire Emp/Sp	1645.00	100.00%	-186.18	1645.00	0.00	0.00	1
Premium PPO -Retire Emp/Ch	1275.00	100.00%	-140.71	1275.00	0.00	0.00	0
Premium PPO -Retire Family	2161.00	100.00%	-239.56	2161.00	0.00	0.00	0
			Based on Contract		Total Count:		2031

19% Renewal

27,955,152 2022 Est
23,560,079 Renewal 2021
21,910,873 Funding 2021 93%

* 6.04 Mil increase from Funding Level
* 4.4 Mil increase over Renewal

Premium
Plus estimate -

Per Employee 0.00

Tier Weight	
Standard - PPO - Single	1
Standard - PPO - Emp/Spouse	2.08
Standard - PPO - Emp/Child	1.61
Standard - PPO - Family	2.73
Standard - PPO - 2Emp Fam	2.73
HDHP/HSA - Single	1
HDHP/HSA - Emp/Spouse	2.08
HDHP/HSA - Emp/Child	1.61
HDHP/HSA - Family	2.73
HDHP/HSA - 2Emp Fam	2.73
Premier PPO - Single	1
Premier PPO - Emp/Spouse	2.08
Premier PPO - Emp/Child	1.61
Premier PPO - Family	2.73
Premier PPO - 2Emp Fam	2.73

Adult EQ.	
Standard - PPO - Single	352
Standard - PPO - Emp/Spouse	96
Standard - PPO - Emp/Child	103
Standard - PPO - Family	298
Standard - PPO - 2Emp Fam	262
HDHP/HSA - Single	697
HDHP/HSA - Emp/Spouse	173
HDHP/HSA - Emp/Child	219
HDHP/HSA - Family	551
HDHP/HSA - 2Emp Fam	41
Premier PPO - Single	177
Premier PPO - Emp/Spouse	79
Premier PPO - Emp/Child	0
Premier PPO - Family	11
Premier PPO - 2Emp Fam	41

Total EQ. 3,099

Annual Costs:	Total
Standard - PPO	8,861,364.00
Standard - PPO Retired	758,412.00
HDHP/HSA	15,496,632.00
HDHP/HSA - Retire	-
Premier PPO	2,629,884.00
Premier PPO -Retire	208,860.00
Total	27,955,152.00

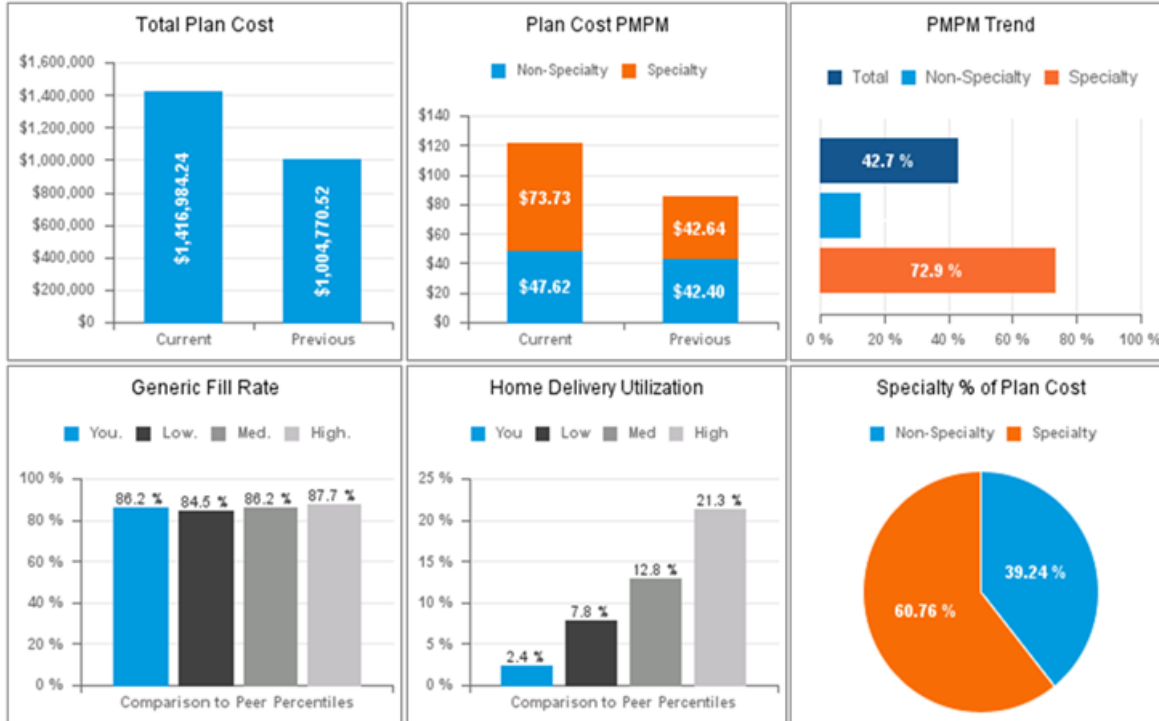
		Employee	School Board
Standard - PPO		1,749,420.00	7,111,944.00
Standard - PPO Retired		758,412.00	0.00
HDHP/HSA		4,018,236.00	11,478,396.00
HDHP/HSA Retire		-	0.00
Premier PPO		643,944.00	1,985,940.00
Premier PPO -Retire		208,860.00	0.00
		Employee	School Board
Total		7,378,872.00	20,576,280.00
		26.40%	73.60%
Total Contribution		27,955,152.00	
School Board all in w/HSA		21,355,560.00	

HSA Funding		HSA/mth	Min Board Cost
480	334,560	40.00	\$686.00
1020	84,660	85.00	\$1,154.00
1020	138,720	85.00	\$914.00
1020	206,040	85.00	\$1,490.00
1020	15,300	85.00	\$1,626.00
HSA Contribution			779,280.00

Renewal Choice - Moderate-Low									
2021 Renewal (100%)	\$23,368,079	Plan Funded	\$21,799,164	Board Fund Pre	\$16,372,979	HSA 2021	\$2,800,000	Total Board	\$19,172,979
2022 Renewal (100%)	\$27,955,152	Plan Funded	\$27,955,152	Board Fund Pre	\$20,576,280	HSA 2022	779,280.00	Total Board	\$21,355,560
								Bd Difference Renewal Cost	\$2,182,581
2022 Renewal (100%)	Board Contrib	\$20,576,280	73.6 % of Contrib	Employee Contrib	7,378,872.00	26.4 % of Employee Contrib			
2022 Renewal (100%)	Total Cost to Board Inclu HSA Funding	\$21,355,560	\$19,172,979	Renewal Increase	\$2,182,581	Renewal Increase in Premiums Only		\$4,203,301	

Key Metrics by Period

SANTA ROSA SCHOOL BOARD (Current Period 01/2021 - 03/2021 vs. Previous Period 01/2020 - 03/2020)



SANTA ROSA SCHOOL BOARD

Description	Current	Previous	Change
Average Members per Month	3,892	3,938	-1.2 %
Number of Unique Patients	2,296	2,423	-5.2 %
% of Members Utilizing	59.0 %	61.5 %	-4.1 %
Plan Cost	\$1,416,984	\$1,004,771	41.0 %
Days	485,448	483,199	0.5 %
Rxs	11,033	11,270	-2.1 %
Average Member Age	37	37	0.2 %
Plan Cost PMPM	\$121.35	\$85.04	42.7 %
Plan Cost per Day	\$2.92	\$2.08	40.4 %
Plan Cost per Rx	\$128.43	\$89.15	44.1 %
Rxs PMPM	0.94	0.95	-0.9 %
Generic Fill Rate	86.2 %	88.6 %	-2.7 %
Home Delivery Utilization	2.4 %	2.1 %	16.4 %
Member Cost Share %	29.0 %	34.9 %	-17.0 %
Specialty % of Plan Cost	60.8 %	50.1 %	21.2 %
Specialty Plan Cost PMPM	\$73.73	\$42.64	72.9 %
Non-Specialty Plan Cost PMPM	\$47.62	\$42.40	12.3 %
Formulary Compliance Rate	96.5 %	96.6 %	-0.1 %

*Peer = Commercial: Low = 25% of clients fall below, Med = Median, High = 25% of clients fall above

Peer Comparison*

Low (25)	Med (50)	High (75)
34	36	39
\$94.66	\$117.61	\$150.14
\$3.15	\$3.63	\$4.28
\$122.98	\$148.49	\$177.26
0.67	0.79	0.97
84.5 %	86.2 %	87.7 %
7.8 %	12.8 %	21.3 %
7.6 %	11.1 %	15.0 %
36.8 %	44.0 %	50.0 %
\$38.91	\$51.76	\$68.68
\$51.74	\$65.19	\$84.98
97.2 %	97.9 %	98.3 %