



KUSD Board Meeting

**Medical Carrier Finalists – Best and Final Offer
Update and Alternative Plan Designs**

February 18, 2019

Table of Contents

- ❑ 2019-20 Financial Preview
- ❑ 2019-20 Financial Considerations
- ❑ Goal
- ❑ Medical Carrier Finalists Update
- ❑ Medical Carrier Finalists – Updated Scenarios
 - Fully-Insured Rate Summary (Current Plan Design and Scenarios 1-7)
 - Scenario overview (reference table)
 - Estimated Employee Contribution Impact
- ❑ Customer Service Statistics
- ❑ Medical Plan Design Benchmarks
- ❑ Questions
- ❑ Goal recap
- ❑ Finalist Meeting Proposed Agenda
- ❑ Current/Future Considerations

Disclaimer: Proposal summaries and financial impacts presented herein are estimates and may change, and substantially, based on continuing negotiations, plan design changes and/or many other relevant variables. Current plan designs quoted by carriers will be at least substantially similar to but may differ in some respects to the current WEA Trust plan designs. Further, self-funding estimates may change, and substantially, and are subject to updated claims reporting, disclosures and other carrier requirements. Actual carrier proposals will govern.



2019-20 Financial Preview

❑ 2019-21 State biennial budget unknown

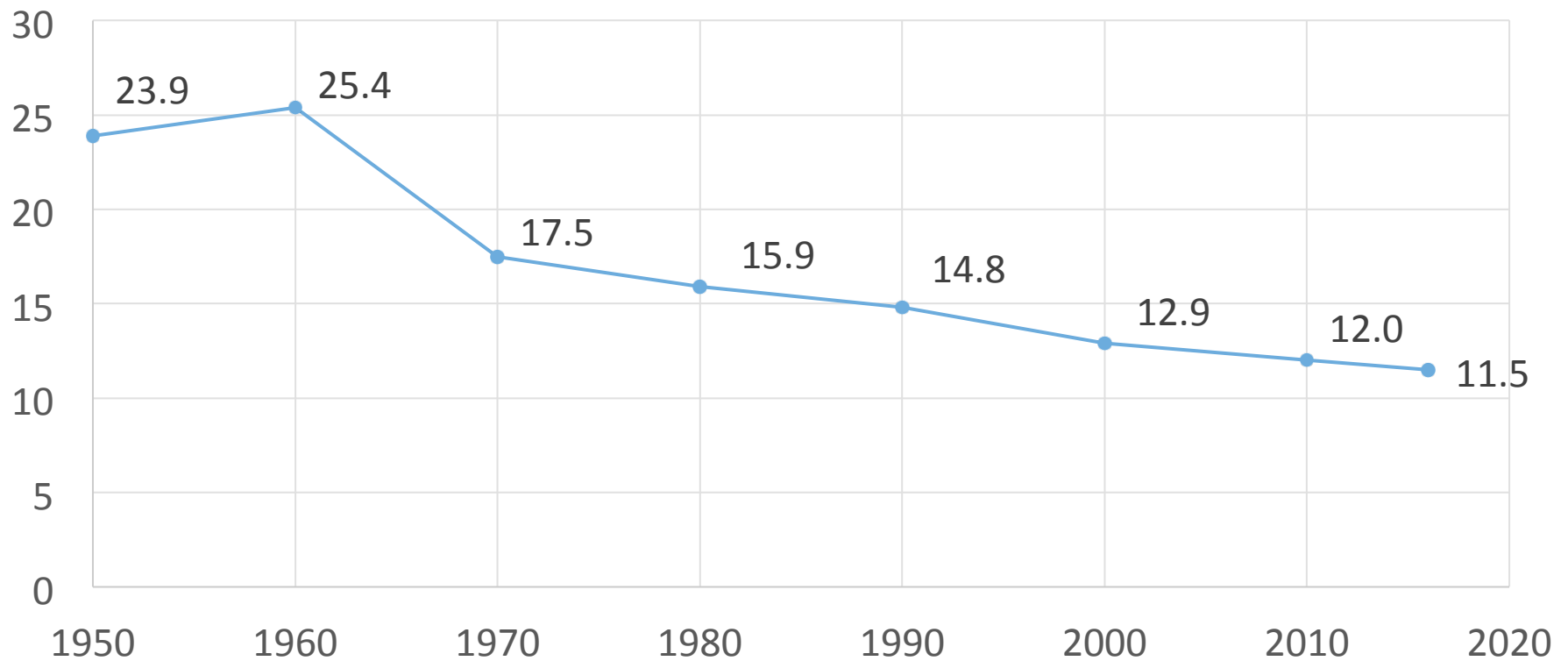
- May not be finalized until the fall of 2019
- Plan for the worst, hope for the best
- No revenue growth as of right now
 - Per Pupil Categorical Aid (PPCA) set to drop

❑ Declining enrollment

- KUSD is projected to continue the trend of declining enrollment for the foreseeable future
 - Several years of consecutive losses are adding up and will continue to reduce the District's amount of limited revenue



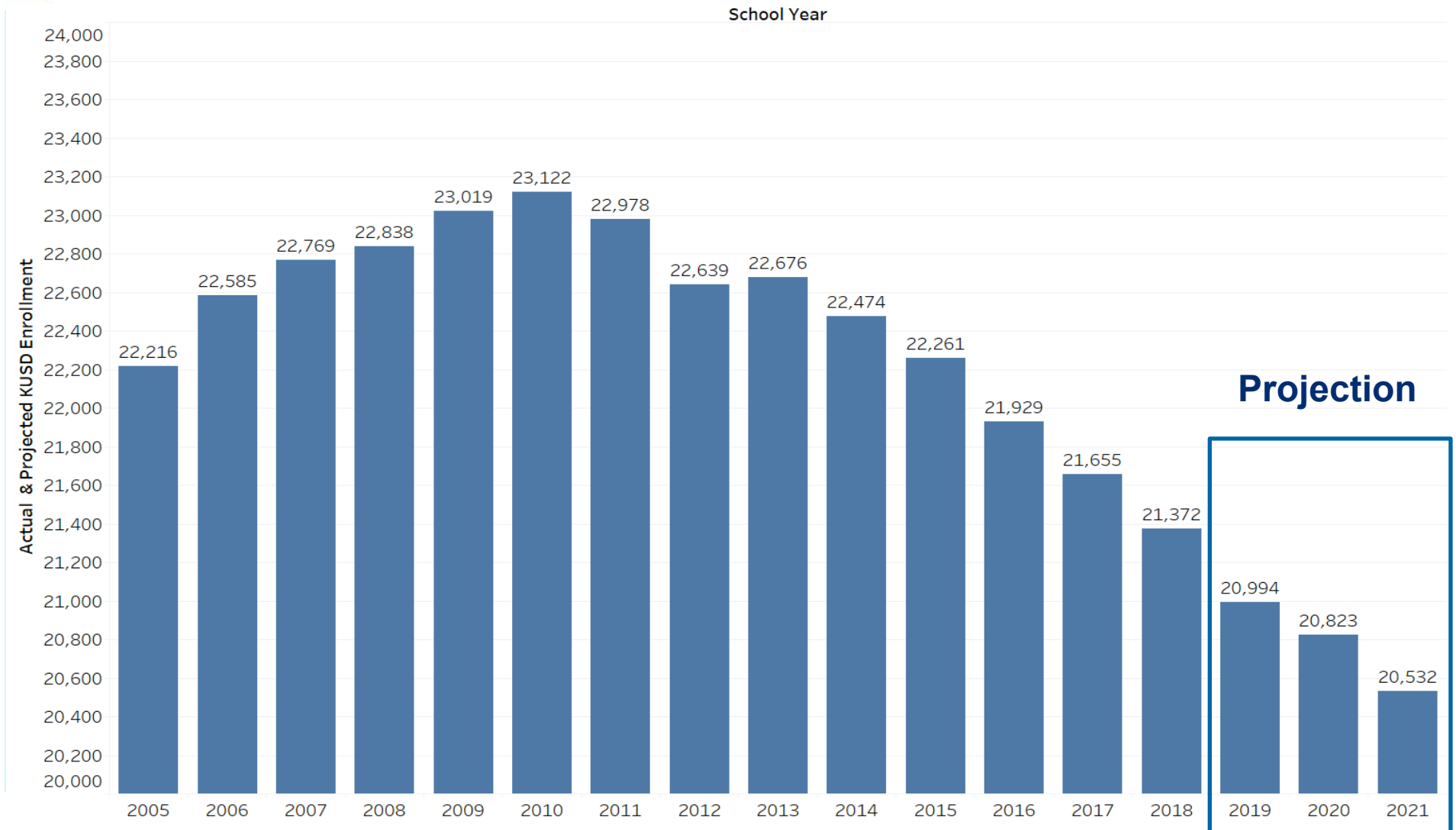
WI Birth Rate



Number of births for every 1,000 members of the population



KUSD Enrollment Trend



2019-20 Financial Considerations

- ❑ Revenues are decreasing – Estimated at **\$3.9 million decreased funding**
- ❑ Expenses are increasing – Estimated at **\$1.5 million increased expenses**
 - Salary schedule movement (levels/tiers)
 - CPI increases for all employee groups
 - Rising costs of health care
 - Other inflationary increases
- ❑ A structural deficit is being formed where KUSD will not have the income (revenue) to support expected expenses
 - Early projections presented to the Audit/Budget/Finance Committee on Feb. 12, 2019, showed a negative net position estimated to be at least **\$5.4 million before** any changes in health or dental insurance premiums are taken into account.





Goal

- ❑ **Review plan designs being considered**

- ❑ **Board considerations:**
 - District financial impact
 - Employee financial impact
 - Amount of coverage disruption employees will experience

- ❑ **Vote**
 - March 12, 2019, for carrier and plan design



Medical Carrier Finalist: WEA Trust Best and Final

❑ Network

- Broad: Trust Preferred Network

❑ Best and Final Pricing - Current Plan Design

- Final estimated cost increase of 17.1%
- Initial estimated cost increase of 17.5%

❑ Rate Cap – No Change

- Offered and can improve with plan design changes and increase in engagement for certain programs
- With no plan design changes: 11.9% and 13.9% annual increase in each of Years 2 and 3, respectively
 - With plan design changes incorporating maximum out-of-pocket limits of at least \$1,500 (single) / \$3,000 (family), 9.9% and 11.9%, Years 2 and 3, respectively
- Up to additional 1% total rate reduction if all 3 metrics achieved:
 - Amwell engagement increase of 25% in Year 1 and 25% in Year 2
 - Vitality employee engagement of 40% Year 1 and 60% Year 2
 - Kiio engagement increase of 25% in Year 1 and 25% in Year 2

❑ Wellness – No Change

- Integrated Vitality wellness platform
- Offering \$250,000 wellness funding over 3 year contract

❑ Other Important Considerations – No Change

- Did not offer funding for online benefit enrollment solution



Medical Carrier Finalist: Humana Best and Final

❑ Network Options – No Change

- Broad: Humana Preferred Network (HPN)

❑ Best and Final Pricing - Current Plan Design

- Final estimated cost increase of 4.8%
 - Initial estimated cost increase of 11%
- COBRA and Retiree Direct Bill Administration included in rates

❑ Rate Cap - Revised

- Not to exceed 9.5% annual cost increase in each of Years 2 and 3 and is not contingent on loss ratio
 - Was not to exceed 20% annual increase in each of Years 2 and 3, but was contingent on loss ratio and could be much lower

❑ Wellness – No Change

- Integrated Go365 wellness platform

❑ Other Important Considerations - Revised

- Wisconsin Specialty Surgery Center remains out-of-network at this point, but negotiations are continuing per Humana
- Offering \$100,000 annual funding for Full-time Nurse to be hired by KUSD
- Offering \$50,000 annual funding for electronic enrollment solution



Medical Carrier Finalist: UnitedHealthcare Best and Final

- ❑ **Network Options – No Change**
 - Broad: Choice Plus Network
- ❑ **Best and Final Pricing - Current Plan Design**
 - **Final estimated cost increase of 8%**
 - **Initial estimated cost increase of 8%**
 - Includes estimated COBRA and Retiree Direct Bill administration costs of about \$30K per year which were not included in premiums presented by UHC but for which UHC presented pricing
 - **Other Considerations**
 - **If chosen and implemented as a Wisconsin Filed plan estimated cost increase of 8% would be reduced by 1.4% for a total estimated cost increase of 6.6%, but would include nuances**
 - Currently, except for emergency care, no coverage on 7/1/19 in Michigan (Upper Peninsula Only), Hawaii, Alaska, North Dakota, South Dakota, U.S. Virgin Islands, Maine and Idaho
 - However, members who could potentially be impacted by this would be enrolled in the UHC standard plan to eliminate these concerns. All members would then have access to the same broad Choice Plus Network in all states
- ❑ **Rate Cap – No Change**
 - Not to exceed 9.5% annual increase in each of Years 2 and 3
- ❑ **Wellness – No Change**
 - Integrated Wellness Offerings
 - Simply Engaged, Rally Wellness and Real Appeal
 - \$350,000 in additional annual funding for wellness initiatives
- ❑ **Other Important Considerations - Revised**
 - Offering Full-time Nurse Liaison – Exclusive to KUSD, Employed by UHC
 - Digital Onboarding solution included, but has limitations
 - **\$250,000 first year implementation credit, with \$150,000/year for Years 2 and 3 which could be used for HRIS/Benefit Administration solution**



Executive Overview: Medical Carrier Finalist Updates

Proposals	WEA Trust Current	WEA Trust Renewal	Humana	UHC WI Filed	UHC
Total Annual Premium	\$60,191,460	\$70,484,033	\$63,110,678	\$64,167,657	\$64,979,557
Change (\$)	-	\$10,292,573	\$2,919,218	\$3,976,197	\$4,788,097
Change (%)	-	17.1%	4.8%	6.6%	8.0%

☐ WEA Trust

- **Current Plan Design:** 0.4% reduction from original proposal or **total of 17.1% cost increase (~\$10.3 million increase)**
- Alternate Plan Designs: 1-2% reduction from original proposal as a push to drive more consumerism

☐ Humana

- **Current Plan Design:** Estimated 6.2% reduction from original proposal or **total of 4.8% cost increase (~\$3 million increase)**
- Added 2nd and 3rd year rate cap of 9.5%
- Added \$100,000 in annual funding for Full-time Nurse to be hired by KUSD
- Added \$50,000 in annual funding for electronic enrollment solution
- Negotiating with Wisconsin Specialty Surgery Center to try and move in-network

☐ UHC

- **Current Plan Design:** No reduction from original proposal or **total of 8% cost increase (~\$4.8 million increase)**
- **NEW:** Provide rates for Wisconsin Filed Plan that avoids state premium taxes
 - Estimated **6.6% increase (~\$4 million increase)** from current
 - Currently, except for emergency care, no coverage on 7/1/19 in Michigan (Upper Peninsula Only), Hawaii, Alaska, North Dakota, South Dakota, U.S. Virgin Islands, Maine and Idaho
 - However, members who could potentially be impacted by this would be enrolled in the UHC standard plan to eliminate these concerns and all members would then have access to the same broad Choice Plus Network in all states
- Added \$250,000 implementation credit for 2019-20 and \$150,000 for the following 2 years that can be used towards HRIS/Benefit Administration solution



Fully-Insured Proposal – Current Plan Design Best and Final*

In-Network Plan Design	Base Plan	Buy-Up Plan 1	Buy-Up Plan 2
Annual Deductible	\$750 / \$1,500	\$500 / \$1,000	\$250 / \$500
Coinsurance	10%	10%	0%
Maximum Out-of-Pocket	\$1,500 / \$3,000	\$1,125 / \$2,250	\$250 / \$500
Preventive / Wellness Care	Covered at 100%	Covered at 100%	Covered at 100%
Physician/Specialist Visits	\$10/\$25 Copay	\$10/\$25 Copay	\$10/\$25 Copay
Urgent Care Visit	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance
Emergency Room Visit	\$100 Copay, then Deductible and Coinsurance	\$100 Copay, then Deductible and Coinsurance	\$100 Copay, then Deductible
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail \$10/\$30/\$60 Copay	\$10/\$30/\$60 Copay	\$10/\$30/\$60 Copay
	Mail Order \$20/\$60/\$120 Copay	\$20/\$60/\$120 Copay	\$20/\$60/\$120 Copay

Best and Final	WEA Trust Current	WEA Trust Renewal	Humana	UHC WI Filed	UHC
Total Annual Premium	\$60,191,460	\$70,484,033	\$63,110,678	\$64,167,657	\$64,979,557
Estimated Annual Employer (ER) Premium	\$50,560,826	\$59,206,588	\$53,012,970	\$53,900,832	\$54,582,828
Estimated Annual Employee (EE) Premium**	\$9,630,634	\$11,277,445	\$10,097,708	\$10,266,825	\$10,396,729
Total Change (\$)	-	\$10,292,573	\$2,919,218	\$3,976,197	\$4,788,097
Estimated ER Change (\$)	-	\$8,645,761	\$2,452,143	\$3,340,005	\$4,022,001
Estimated EE Change (\$)	-	\$1,646,812	\$467,075	\$636,192	\$766,096
Total Change (%)	-	17.1%	4.8%	6.6%	8.0%

*Current plan designs quoted by carriers will be at least substantially similar to but may differ in some respects to the current WEA Trust plan designs.

**Estimated Annual Employee (EE) Premium is the total annual premium paid by all benefit-eligible employees (16%).

Red = cost increase, green = cost savings

Note: Total premium calculations based on current plan enrollment.



Fully-Insured Proposal – Scenario 1 Best and Final

In-Network Plan Design	Base Plan	Buy-Up Plan 1	Buy-Up Plan 2
Annual Deductible	\$750 / \$1,500	\$500 / \$1,000	\$250 / \$500
Coinsurance	10%	10%	0% 10%
Maximum Out-of-Pocket	\$1,500 / \$3,000 \$3,000 / \$6,000	\$1,125 / \$2,250 \$2,000 / \$4,000	\$250 / \$500 \$1,500 / \$3,000
Preventive / Wellness Care	Covered at 100%	Covered at 100%	Covered at 100%
Physician/Specialist Visits	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay
Urgent Care Visit	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance
Emergency Room Visit	\$100 \$150 Copay, then Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail \$10/\$30/\$60/ \$100 Copay	\$10/\$30/\$60/ \$100 Copay	\$10/\$30/\$60/ \$100 Copay
	Mail Order \$20/\$60/\$120/ \$200 Copay	\$20/\$60/\$120/ \$200 Copay	\$20/\$60/\$120/ \$200 Copay

Best and Final	WEA Trust Current	WEA Trust Renewal	Humana	UHC WI Filed	UHC
Total Annual Premium	\$60,191,460	\$67,409,124	\$58,525,833	\$57,774,064	\$58,505,050
Estimated Annual Employer (ER) Premium	\$50,560,826	\$56,623,664	\$49,161,700	\$48,530,214	\$49,144,242
Estimated Annual Employee (EE) Premium*	\$9,630,634	\$10,785,460	\$9,364,133	\$9,243,850	\$9,360,808
Total Change (\$)	-	\$7,217,664	-\$1,665,627	-\$2,417,396	-\$1,686,410
Estimated ER Change (\$)	-	\$6,062,838	-\$1,399,127	-\$2,030,613	-\$1,416,584
Estimated EE Change (\$)	-	\$1,154,826	-\$266,500	-\$386,783	-\$269,826
Total Change (%)	-	12.0%	-2.8%	-4.0%	-2.8%

*Estimated Annual Employee (EE) Premium is the total annual premium paid by all benefit-eligible employees (16%).

Red = cost increase, green = cost savings

Note: Total premium calculations based on current plan enrollment.



HSA-Qualified High Deductible Health Plans (HDHPs)

- For 2019, single deductible must be at least \$1,350
- For 2019, single deductible must be at least \$2,700 to be “embedded”
 - “Embedded deductible” means that a member with family coverage would only need to meet the single deductible before the insurance company would start paying for services for that member
 - “Non-embedded deductible” means the entire family deductible must be met before the insurance company would start paying for services, even if only one member has claims
- For 2019, Maximum Out-of-Pocket limit is \$6,750 Single / \$13,500 Family
- All claims – except Preventive care – generally subject to deductible and coinsurance
- Members may not have other sources of first-dollar medical coverage (FSA, Medicare, etc.)
- Employee contributions are lower because of the higher deductible and out-of-pocket
- Favored by younger individuals who do not access care frequently
- Sometimes have employer funding towards a Health Savings Account (HSA)



Fully-Insured Proposal – Scenario 2 Best and Final

In-Network Plan Design	Non-Embedded HDHP	Buy-Up Plan 1
Annual Deductible	\$1,500 / \$3,000	\$500 / \$1,000
Coinsurance	10%	10%
Maximum Out-of-Pocket	\$3,000 / \$6,000	\$1,125 / \$2,250 \$2,000 / \$4,000
Preventive / Wellness Care	Covered at 100%	Covered at 100%
Physician/Specialist Visits	Deductible and Coinsurance	\$10/\$25 Copay \$25/\$50 Copay
Urgent Care Visit	Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance
Emergency Room Visit	Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail Deductible and Coinsurance	\$10/\$30/\$60/ \$100 Copay
	Mail Order Deductible and Coinsurance	\$20/\$60/\$120/ \$200 Copay

Best and Final	WEA Trust Current	WEA Trust Renewal	Humana	UHC WI Filed	UHC
Total Annual Premium	\$60,191,460	\$65,663,917	\$57,039,007	\$56,049,051	\$56,758,190
Estimated Annual Employer (ER) Premium	\$50,560,826	\$55,157,690	\$47,912,766	\$47,081,203	\$47,676,880
Estimated Annual Employee (EE) Premium*	\$9,630,634	\$10,506,227	\$9,126,241	\$8,967,848	\$9,081,310
Total Change (\$)	-	\$5,472,457	-\$3,152,453	-\$4,142,409	-\$3,433,270
Estimated ER Change (\$)	-	\$4,596,864	-\$2,648,061	-\$3,479,624	-\$2,883,947
Estimated EE Change (\$)	-	\$875,593	-\$504,392	-\$662,785	-\$549,323
Total Change (%)	-	9.1%	-5.2%	-6.9%	-5.7%

*Estimated Annual Employee (EE) Premium is the total annual premium paid by all benefit-eligible employees (16%).

Red = cost increase, green = cost savings

Note: Assumes 20% enrollment in the non-embedded HDHP. No Employer HSA contributions are included in this analysis.



Fully-Insured Proposal – Scenario 3 Best and Final

In-Network Plan Design	Embedded HDHP	Buy-Up Plan 1
Annual Deductible	\$2,700 / \$5,400	\$500 / \$1,000
Coinsurance	10%	10%
Maximum Out-of-Pocket	\$5,400 / \$10,800	\$1,125 / \$2,250 \$2,000 / \$4,000
Preventive / Wellness Care	Covered at 100%	Covered at 100%
Physician/Specialist Visits	Deductible and Coinsurance	\$10/\$25 Copay \$25/\$50 Copay
Urgent Care Visit	Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance
Emergency Room Visit	Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail Deductible and Coinsurance	\$10/\$30/\$60/\$100 Copay
	Mail Order Deductible and Coinsurance	\$20/\$60/\$120/\$200 Copay

Best and Final	WEA Trust Current	WEA Trust Renewal	Humana	UHC WI Filed	UHC
Total Annual Premium	\$60,191,460	\$64,368,061	\$56,330,272	\$55,062,869	\$55,759,494
Estimated Annual Employer (ER) Premium	\$50,560,826	\$54,069,171	\$47,317,428	\$46,252,810	\$46,837,975
Estimated Annual Employee (EE) Premium*	\$9,630,634	\$10,298,890	\$9,012,844	\$8,810,059	\$8,921,519
Total Change (\$)	-	\$4,176,601	-\$3,861,188	-\$5,128,591	-\$4,431,966
Estimated ER Change (\$)	-	\$3,508,345	-\$3,243,398	-\$4,308,016	-\$3,722,851
Estimated EE Change (\$)	-	\$668,256	-\$617,790	-\$820,575	-\$709,115
Total Change (%)	-	6.9%	-6.4%	-8.5%	-7.4%

*Estimated Annual Employee (EE) Premium is the total annual premium paid by all benefit-eligible employees (16%).

Red = cost increase, green = cost savings

Note: Assumes 20% enrollment in the embedded HDHP. No Employer HSA contributions are included in this analysis.



Fully-Insured Proposal – Scenario 4 Best and Final

In-Network Plan Design	Non-Embedded HDHP
Annual Deductible	\$1,500 / \$3,000
Coinsurance	10%
Maximum Out-of-Pocket	\$3,000 / \$6,000
Preventive / Wellness Care	Covered at 100%
Physician/Specialist Visits	Deductible and Coinsurance
Urgent Care Visit	Deductible and Coinsurance
Emergency Room Visit	Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance
Pharmacy Benefits	Retail Deductible and Coinsurance
	Mail Order Deductible and Coinsurance

Best and Final	WEA Trust Current	WEA Trust Renewal	Humana	UHC WI Filed	UHC
Total Annual Premium	\$60,191,460	\$59,863,220	\$51,445,971	\$41,797,674	\$42,326,476
Estimated Annual Employer (ER) Premium	\$53,570,399	\$53,278,266	\$45,786,914	\$37,199,930	\$37,670,564
Estimated Annual Employee (EE) Premium*	\$6,621,061	\$6,584,954	\$5,659,057	\$4,597,744	\$4,655,912
Total Change (\$)	-	-\$328,240	-\$8,745,489	-\$18,393,786	-\$17,864,984
Estimated ER Change (\$)	-	-\$292,134	-\$7,783,485	-\$16,370,470	-\$15,899,836
Estimated EE Change (\$)	-	-\$36,106	-\$962,004	-\$2,023,316	-\$1,965,148
Change (%)	-	-0.5%	-14.5%	-30.6%	-29.7%

*Estimated Annual Employee (EE) Premium is the total annual premium paid by all benefit-eligible employees (11%).

Red = cost increase, green = cost savings

Note: Total Annual Premium based on total enrollment. No Employer HSA contributions are included in this analysis.

FOR ILLUSTRATION PURPOSES ONLY: Estimated Employer Annual HSA Funding (\$750 single / \$1,500 Family) = \$2.9 Million

FOR ILLUSTRATION PURPOSES ONLY: Estimated HSA Administration Annual Costs = \$80,000-\$100,000



Fully-Insured Proposal – Scenario 5 Best and Final

In-Network Plan Design	Base Plan	Buy-Up Plan 1	Buy-Up Plan 2
Annual Deductible	\$750 / \$1,500	\$500 / \$1,000	\$250 / \$500
Coinsurance	10%	10%	0% 10%
Maximum Out-of-Pocket	\$1,500 / \$3,000 \$2,500 / \$5,000	\$1,125 / \$2,250 \$1,500 / \$3,000	\$250 / \$500 \$1,000 / \$2,000
Preventive / Wellness Care	Covered at 100%	Covered at 100%	Covered at 100%
Physician/Specialist Visits	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay
Urgent Care Visit	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance
Emergency Room Visit	\$100 \$150 Copay, then Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail \$10/\$30/\$60/ \$100 Copay	\$10/\$30/\$60/ \$100 Copay	\$10/\$30/\$60/ \$100 Copay
	Mail Order \$20/\$60/\$120/ \$200 Copay	\$20/\$60/\$120/ \$200 Copay	\$20/\$60/\$120/ \$200 Copay

Best and Final	WEA Trust Current	WEA Trust Renewal	Humana	UHC WI Filed	UHC
Total Annual Premium	\$60,191,460	\$67,798,112	\$59,867,646	\$60,186,952	\$60,938,907
Estimated Annual Employer (ER) Premium	\$50,560,826	\$56,950,414	\$50,288,822	\$50,557,039	\$51,188,682
Estimated Annual Employee (EE) Premium*	\$9,630,634	\$10,847,698	\$9,578,823	\$9,629,912	\$9,750,225
Total Change (\$)	-	\$7,606,652	-\$323,814	-\$4,508	\$747,447
Estimated ER Change (\$)	-	\$6,389,587	-\$272,004	-\$3,787	\$627,855
Estimated EE Change (\$)	-	\$1,217,064	-\$51,810	-\$721	\$119,592
Total Change (%)	-	12.6%	-0.5%	0.0%	1.2%

*Estimated Annual Employee (EE) Premium is the total annual premium paid by all benefit-eligible employees (16%).

Red = cost increase, green = cost savings

Note: Total premium calculations based on current plan enrollment.



Fully-Insured Proposal – Scenario 6 Best and Final

In-Network Plan Design	Base Plan	Buy-Up Plan 1
Annual Deductible	\$750 / \$1,500	\$500 / \$1,000
Coinsurance	10%	10%
Maximum Out-of-Pocket	\$1,500 / \$3,000	\$1,125 / \$2,250
Preventive / Wellness Care	Covered at 100%	Covered at 100%
Physician/Specialist Visits	\$10/\$25 Copay	\$10/\$25 Copay
Urgent Care Visit	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance
Emergency Room Visit	\$100 Copay, then Deductible and Coinsurance	\$100 Copay, then Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail \$10/\$30/\$60 Copay	\$10/\$30/\$60 Copay
	Mail Order \$20/\$60/\$120 Copay	\$20/\$60/\$120 Copay

Best and Final	WEA Trust Current	WEA Trust Renewal	Humana	UHC WI Filed	UHC
Total Annual Premium	\$60,191,460	\$66,231,860	\$61,322,363	\$62,368,861	\$63,157,938
Estimated Annual Employer (ER) Premium	\$50,560,826	\$55,634,762	\$51,510,785	\$52,389,844	\$53,052,668
Estimated Annual Employee (EE) Premium*	\$9,630,634	\$10,597,098	\$9,811,578	\$9,979,018	\$10,105,270
Total Change (\$)	-	\$6,040,400	\$1,130,903	\$2,177,401	\$2,966,478
Estimated ER Change (\$)	-	\$5,073,936	\$949,958	\$1,829,017	\$2,491,842
Estimated EE Change (\$)	-	\$966,464	\$180,944	\$348,384	\$474,637
Total Change (%)	-	10.0%	1.9%	3.6%	4.9%

*Estimated Annual Employee (EE) Premium is the total annual premium paid by all benefit-eligible employees (16%).

Red = cost increase, green = cost savings

Note: Total premium calculations assume Buy-Up Plan 2 enrollment migrates to Buy-Up Plan 1.



Fully-Insured Proposal – Scenario 7 Best and Final WEA Trust 0%

In-Network Plan Design	Scenario 7
Annual Deductible	\$1,000 / \$2,000
Coinsurance	10%
Maximum Out-of-Pocket	\$3,000 / \$6,000
Preventive / Wellness Care	Covered at 100%
Physician/Specialist Visits	\$30/\$60 Copay
Urgent Care Visit	\$50 Copay, then Subject to Deductible and Coinsurance
Emergency Room Visit	\$200 Copay, then Subject to Deductible and Coinsurance
Inpatient Hospital Care	Subject to Deductible and Coinsurance
Pharmacy Benefits	Retail \$10/\$30/\$60/\$100 Copay
	Mail Order \$20/\$60/\$120/\$200 Copay

Note: Assumes 0% Increase to current premiums. All enrollees would migrate to one plan.



Fully-Insured Proposal – Scenario 7 Best and Final Humana 0%

In-Network Plan Design	Base Plan	Buy-Up Plan 1	Buy-Up Plan 2
Annual Deductible	\$750 / \$1,500	\$500 / \$1,000	\$250 / \$500
Coinsurance	10%	10%	0% 10%
Maximum Out-of-Pocket	\$1,500 / \$3,000 \$2,500 / \$5,000	\$1,125 / \$2,250 \$1,500 / \$3,000	\$250 / \$500 \$1,000 / \$2,000
Preventive / Wellness Care	Covered at 100%	Covered at 100%	Covered at 100%
Physician/Specialist Visits	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay
Urgent Care Visit	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance
Emergency Room Visit	\$100 \$150 Copay, then Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail \$10/\$30/\$60/\$100 Copay	\$10/\$30/\$60/\$100 Copay	\$10/\$30/\$60/\$100 Copay
	Mail Order \$20/\$60/\$120/\$200 Copay	\$20/\$60/\$120/\$200 Copay	\$20/\$60/\$120/\$200 Copay

Note: Assumes 0% Increase to current premiums.



Fully-Insured Proposal – Scenario 7 Best and Final UHC WI Filed 0%

In-Network Plan Design	Base Plan	Buy-Up Plan 1	Buy-Up Plan 2
Annual Deductible	\$750 / \$1,500	\$500 / \$1,000	\$250 / \$500
Coinsurance	10%	10%	0% 10%
Maximum Out-of-Pocket	\$1,500 / \$3,000 \$2,500 / \$5,000	\$1,125 / \$2,250 \$1,500 / \$3,000	\$250 / \$500 \$1,000 / \$2,000
Preventive / Wellness Care	Covered at 100%	Covered at 100%	Covered at 100%
Physician/Specialist Visits	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay
Urgent Care Visit	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance	\$50 Copay, then Deductible and Coinsurance
Emergency Room Visit	\$100 \$150 Copay, then Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance	\$100 \$150 Copay, then Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail \$10/\$30/\$60/ \$100 Copay	Retail \$10/\$30/\$60/ \$100 Copay	Retail \$10/\$30/\$60/ \$100 Copay
	Mail Order \$20/\$60/\$120/ \$200 Copay	Mail Order \$20/\$60/\$120/ \$200 Copay	Mail Order \$20/\$60/\$120/ \$200 Copay

Note: Assumes 0% Increase to current premiums. Assumes UHC WI Filed plan premiums are used for all enrollees.



Fully-Insured Proposal – Scenario 7 Best and Final UHC 0.3%

In-Network Plan Design	Base Plan	Buy-Up Plan 1	Buy-Up Plan 2
Annual Deductible	\$750 / \$1,500	\$500 / \$1,000	\$250 / \$500
Coinsurance	10%	10%	0% 10%
Maximum Out-of-Pocket	\$1,500 / \$3,000 \$2,500 / \$5,000	\$1,125 / \$2,250 \$1,500 / \$3,000	\$250 / \$500 \$1,000 / \$2,000
Preventive / Wellness Care	Covered at 100%	Covered at 100%	Covered at 100%
Physician/Specialist Visits	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay	\$10/\$25 Copay \$25/\$50 Copay
Urgent Care Visit	\$50 \$75 Copay, then Deductible and Coinsurance	\$50 \$75 Copay, then Deductible and Coinsurance	\$50 \$75 Copay, then Deductible and Coinsurance
Emergency Room Visit	\$100 \$300 Copay, then Deductible and Coinsurance	\$100 \$300 Copay, then Deductible and Coinsurance	\$100 \$300 Copay, then Deductible and Coinsurance
Inpatient Hospital Care	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Pharmacy Benefits	Retail \$10/\$30/\$60/\$100 Copay	\$10/\$30/\$60/\$100 Copay	\$10/\$30/\$60/\$100 Copay
	Mail Order \$20/\$60/\$120/\$200 Copay	\$20/\$60/\$120/\$200 Copay	\$20/\$60/\$120/\$200 Copay

Note: Assumes 0.3% Increase to current premiums.



Fully-Insured Proposal – Scenario Overview Best and Final

Best and Final	Current Plan (Slide 12)	Scenario 1 (Slide 13)	Scenario 2 (Slide 14)	Scenario 3 (Slide 15)	Scenario 4 (Slide 16)	Scenario 5 (Slide 17)	Scenario 6 (Slide 18)	Scenario 7 (Slides 19-22)
WEA Trust	\$10.3M 17.1%	\$7.2M 12.0%	\$5.5M 9.1%	\$4.2M 6.9%	-\$328K -0.5%	\$7.6M 12.6%	\$6.0M 10.0%	\$0 0.0%
Humana	\$2.9M 4.8%	-\$1.7M -2.8%	-\$3.2M -5.2%	-\$3.9M -6.4%	-\$8.7M -14.5%	-\$324K -0.5%	\$1.1M 1.9%	\$0 0.0%
UHC WI Filed	\$4.0M 6.6%	-\$2.4M -4.0%	-\$4.1M -6.9%	-\$5.1M -8.5%	-\$18.4M -30.6%	-\$5K 0.0%	\$2.2M 3.6%	\$0 0.0%
UHC	\$4.8M 8.0%	-\$1.7M -2.8%	-\$3.4M -5.7%	-\$4.4M -7.4%	-\$17.9M -29.7%	\$747K 1.2%	\$3.0M 4.9%	\$198K 0.3%

Green = cost **savings**

Red = cost **increase**



EXAMPLE Employee Contribution Impact – WEA Trust

WEA Trust Current Plan Design vs WEA Trust Renewal of Current Plan Design

Single	PLAN	PERIOD	12%			10%			6%		
			Current	Renewal	Difference	Current	Renewal	Difference	Current	Renewal	Difference
	\$750/\$1500 Base Plan	Monthly Annually	\$ 122.52 \$ 1,470.30	\$ 143.48 \$ 1,721.72	\$ 20.95 \$ 251.42	\$ 102.10 \$ 1,225.25	\$ 119.56 \$ 1,434.77	\$ 17.46 \$ 209.52	\$ 61.26 \$ 735.15	\$ 71.74 \$ 860.86	\$ 10.48 \$ 125.71
	\$500/\$1000 Buy-Up Plan 1	Monthly Annually	\$ 157.96 \$ 1,895.58	\$ 184.98 \$ 2,219.72	\$ 27.01 \$ 324.14	\$ 137.54 \$ 1,650.53	\$ 161.06 \$ 1,932.77	\$ 23.52 \$ 282.24	\$ 96.70 \$ 1,160.43	\$ 113.24 \$ 1,358.86	\$ 16.54 \$ 198.43
	\$250/\$500 Buy-Up Plan 2	Monthly Annually	\$ 207.64 \$ 2,491.74	\$ 243.14 \$ 2,917.64	\$ 35.49 \$ 425.90	\$ 187.22 \$ 2,246.69	\$ 219.22 \$ 2,630.69	\$ 32.00 \$ 384.00	\$ 146.38 \$ 1,756.59	\$ 171.40 \$ 2,056.78	\$ 25.02 \$ 300.19

Family	PLAN	Period	12%			10%			6%		
			Current	Renewal	Difference	Current	Renewal	Difference	Current	Renewal	Difference
	\$750/\$1500 Base Plan	Monthly Annually	\$ 274.86 \$ 3,298.35	\$ 321.86 \$ 3,862.37	\$ 47.00 \$ 564.02	\$ 229.05 \$ 2,748.62	\$ 268.22 \$ 3,218.64	\$ 39.17 \$ 470.02	\$ 137.43 \$ 1,649.17	\$ 160.93 \$ 1,931.18	\$ 23.50 \$ 282.01
	\$500/\$1000 Buy-Up Plan 1	Monthly Annually	\$ 354.46 \$ 4,253.55	\$ 415.06 \$ 4,980.77	\$ 60.60 \$ 727.22	\$ 308.65 \$ 3,703.82	\$ 361.42 \$ 4,337.04	\$ 52.77 \$ 633.22	\$ 217.03 \$ 2,604.37	\$ 254.13 \$ 3,049.58	\$ 37.10 \$ 445.21
	\$250/\$500 Buy-Up Plan 2	Monthly Annually	\$ 466.00 \$ 5,592.03	\$ 545.68 \$ 6,548.21	\$ 79.68 \$ 956.18	\$ 420.19 \$ 5,042.30	\$ 492.04 \$ 5,904.48	\$ 71.85 \$ 862.18	\$ 328.57 \$ 3,942.85	\$ 384.75 \$ 4,617.02	\$ 56.18 \$ 674.17

WEA Trust Current Plan Design vs WEA Trust Scenario 1*

Single	PLAN	PERIOD	12%			10%			6%		
			Current	Renewal	Difference	Current	Renewal	Difference	Current	Renewal	Difference
	\$750/\$1500 Base Plan	Monthly Annually	\$ 122.52 \$ 1,470.30	\$ 138.03 \$ 1,656.32	\$ 15.50 \$ 186.02	\$ 102.10 \$ 1,225.25	\$ 115.02 \$ 1,380.26	\$ 12.92 \$ 155.02	\$ 61.26 \$ 735.15	\$ 69.01 \$ 828.16	\$ 7.75 \$ 93.01
	\$500/\$1000 Buy-Up Plan 1	Monthly Annually	\$ 157.96 \$ 1,895.58	\$ 188.51 \$ 2,262.08	\$ 30.54 \$ 366.50	\$ 137.54 \$ 1,650.53	\$ 165.50 \$ 1,986.02	\$ 27.96 \$ 335.50	\$ 96.70 \$ 1,160.43	\$ 119.49 \$ 1,433.92	\$ 22.79 \$ 273.49
	\$250/\$500 Buy-Up Plan 2	Monthly Annually	\$ 207.64 \$ 2,491.74	\$ 218.65 \$ 2,623.76	\$ 11.00 \$ 132.02	\$ 187.22 \$ 2,246.69	\$ 195.64 \$ 2,347.70	\$ 8.42 \$ 101.02	\$ 146.38 \$ 1,756.59	\$ 149.63 \$ 1,795.60	\$ 3.25 \$ 39.01

Family	PLAN	Period	***12%			**10%			*6%		
			Current	Renewal	Difference	Current	Renewal	Difference	Current	Renewal	Difference
	\$750/\$1500 Base Plan	Monthly Annually	\$ 274.86 \$ 3,298.35	\$ 309.64 \$ 3,715.63	\$ 34.77 \$ 417.28	\$ 229.05 \$ 2,748.62	\$ 258.03 \$ 3,096.36	\$ 28.98 \$ 347.74	\$ 137.43 \$ 1,649.17	\$ 154.82 \$ 1,857.82	\$ 17.39 \$ 208.64
	\$500/\$1000 Buy-Up Plan 1	Monthly Annually	\$ 354.46 \$ 4,253.55	\$ 423.02 \$ 5,076.19	\$ 68.55 \$ 822.64	\$ 308.65 \$ 3,703.82	\$ 371.41 \$ 4,456.92	\$ 62.76 \$ 753.10	\$ 217.03 \$ 2,604.37	\$ 268.20 \$ 3,218.38	\$ 51.17 \$ 614.00
	\$250/\$500 Buy-Up Plan 2	Monthly Annually	\$ 466.00 \$ 5,592.03	\$ 490.76 \$ 5,889.07	\$ 24.75 \$ 297.04	\$ 420.19 \$ 5,042.30	\$ 439.15 \$ 5,269.80	\$ 18.96 \$ 227.50	\$ 328.57 \$ 3,942.85	\$ 335.94 \$ 4,031.26	\$ 7.37 \$ 88.40



EXAMPLE Employee Contribution Impact – WEA Trust

WEA Trust Current Plan Design vs WEA Trust Scenario 4 Single Option Non-Embedded HDHP

	PLAN	PERIOD	12%			10%			6%		
			Current	Renewal	Difference	Current	Renewal	Difference	Current	Renewal	Difference
Single	\$750/\$1500 Base Plan	Monthly	\$ 122.52	\$ 129.02	\$ 6.50	\$ 102.10	\$ 107.52	\$ 5.42	\$ 61.26	\$ 64.51	\$ 3.25
		Annually	\$ 1,470.30	\$ 1,548.27	\$ 77.98	\$ 1,225.25	\$ 1,290.23	\$ 64.98	\$ 735.15	\$ 774.14	\$ 38.99
	\$500/\$1000 Buy-Up Plan 1	Monthly	\$ 157.96	\$ 129.02	\$ (28.94)	\$ 137.54	\$ 107.52	\$ (30.03)	\$ 96.70	\$ 64.51	\$ (32.19)
		Annually	\$ 1,895.58	\$ 1,548.27	\$ (347.30)	\$ 1,650.53	\$ 1,290.23	\$ (360.30)	\$ 1,160.43	\$ 774.14	\$ (386.29)
	\$250/\$500 Buy-Up Plan 2	Monthly	\$ 207.64	\$ 129.02	\$ (78.62)	\$ 187.22	\$ 107.52	\$ (79.71)	\$ 146.38	\$ 64.51	\$ (81.87)
		Annually	\$ 2,491.74	\$ 1,548.27	\$ (943.46)	\$ 2,246.69	\$ 1,290.23	\$ (956.46)	\$ 1,756.59	\$ 774.14	\$ (982.45)
Family	\$750/\$1500 Base Plan	Monthly	\$ 274.86	\$ 289.44	\$ 14.58	\$ 229.05	\$ 241.20	\$ 12.15	\$ 137.43	\$ 144.72	\$ 7.29
		Annually	\$ 3,298.35	\$ 3,473.27	\$ 174.92	\$ 2,748.62	\$ 2,894.39	\$ 145.76	\$ 1,649.17	\$ 1,736.63	\$ 87.46
	\$500/\$1000 Buy-Up Plan 1	Monthly	\$ 354.46	\$ 289.44	\$ (65.02)	\$ 308.65	\$ 241.20	\$ (67.45)	\$ 217.03	\$ 144.72	\$ (72.31)
		Annually	\$ 4,253.55	\$ 3,473.27	\$ (780.28)	\$ 3,703.82	\$ 2,894.39	\$ (809.44)	\$ 2,604.37	\$ 1,736.63	\$ (867.74)
	\$250/\$500 Buy-Up Plan 2	Monthly	\$ 466.00	\$ 289.44	\$ (176.56)	\$ 420.19	\$ 241.20	\$ (178.99)	\$ 328.57	\$ 144.72	\$ (183.85)
		Annually	\$ 5,592.03	\$ 3,473.27	\$ (2,118.76)	\$ 5,042.30	\$ 2,894.39	\$ (2,147.92)	\$ 3,942.85	\$ 1,736.63	\$ (2,206.22)



EXAMPLE Employee Contribution Impact – Humana

WEA Trust Current Plan Design vs Humana Scenario 4 Single Option Non-Embedded HDHP*

	PLAN	PERIOD	12%			10%			6%		
			Current	Humana	Difference	Current	Humana	Difference	Current	Humana	Difference
Single	\$750/\$1500	Monthly	\$ 122.52	\$ 128.46	\$ 5.94	\$ 102.10	\$ 107.05	\$ 4.95	\$ 61.26	\$ 64.23	\$ 2.97
	Base Plan	Annually	\$ 1,470.30	\$ 1,541.56	\$ 71.27	\$ 1,225.25	\$ 1,284.64	\$ 59.39	\$ 735.15	\$ 770.78	\$ 35.63
	\$500/\$1000	Monthly	\$ 157.96	\$ 165.65	\$ 7.69	\$ 137.54	\$ 144.24	\$ 6.70	\$ 96.70	\$ 101.42	\$ 4.72
	Buy-Up Plan 1	Annually	\$ 1,895.58	\$ 1,987.84	\$ 92.27	\$ 1,650.53	\$ 1,730.92	\$ 80.39	\$ 1,160.43	\$ 1,217.06	\$ 56.63
	\$250/\$500	Monthly	\$ 207.64	\$ 217.74	\$ 10.10	\$ 187.22	\$ 196.33	\$ 9.11	\$ 146.38	\$ 153.51	\$ 7.13
	Buy-Up Plan 2	Annually	\$ 2,491.74	\$ 2,612.92	\$ 121.19	\$ 2,246.69	\$ 2,356.00	\$ 109.31	\$ 1,756.59	\$ 1,842.14	\$ 85.55

	PLAN	Period	12%			10%			6%		
			Current	Humana	Difference	Current	Humana	Difference	Current	Humana	Difference
Family	\$750/\$1500	Monthly	\$ 274.86	\$ 288.19	\$ 13.33	\$ 229.05	\$ 240.16	\$ 11.11	\$ 137.43	\$ 144.10	\$ 6.67
	Base Plan	Annually	\$ 3,298.35	\$ 3,458.32	\$ 159.97	\$ 2,748.62	\$ 2,881.93	\$ 133.31	\$ 1,649.17	\$ 1,729.16	\$ 79.98
	\$500/\$1000	Monthly	\$ 354.46	\$ 371.65	\$ 17.19	\$ 308.65	\$ 323.62	\$ 14.97	\$ 217.03	\$ 227.56	\$ 10.53
	Buy-Up Plan 1	Annually	\$ 4,253.55	\$ 4,459.84	\$ 206.29	\$ 3,703.82	\$ 3,883.45	\$ 179.63	\$ 2,604.37	\$ 2,730.68	\$ 126.30
	\$250/\$500	Monthly	\$ 466.00	\$ 488.60	\$ 22.60	\$ 420.19	\$ 440.57	\$ 20.38	\$ 328.57	\$ 344.51	\$ 15.94
	Buy-Up Plan 2	Annually	\$ 5,592.03	\$ 5,863.24	\$ 271.21	\$ 5,042.30	\$ 5,286.85	\$ 244.55	\$ 3,942.85	\$ 4,134.08	\$ 191.22

WEA Trust Current Plan Design vs Humana Scenario 1*

	PLAN	PERIOD	12%			10%			6%		
			Current	Humana	Difference	Current	Humana	Difference	Current	Humana	Difference
Single	\$750/\$1500	Monthly	\$ 122.52	\$ 120.41	\$ (2.12)	\$ 102.10	\$ 100.34	\$ (1.76)	\$ 61.26	\$ 60.20	\$ (1.06)
	Base Plan	Annually	\$ 1,470.30	\$ 1,444.91	\$ (25.39)	\$ 1,225.25	\$ 1,204.09	\$ (21.16)	\$ 735.15	\$ 722.45	\$ (12.70)
	\$500/\$1000	Monthly	\$ 157.96	\$ 162.03	\$ 4.06	\$ 137.54	\$ 141.96	\$ 4.42	\$ 96.70	\$ 101.82	\$ 5.12
	Buy-Up Plan 1	Annually	\$ 1,895.58	\$ 1,944.33	\$ 48.76	\$ 1,650.53	\$ 1,703.52	\$ 52.99	\$ 1,160.43	\$ 1,221.88	\$ 61.45
	\$250/\$500	Monthly	\$ 207.64	\$ 183.45	\$ (24.19)	\$ 187.22	\$ 163.38	\$ (23.84)	\$ 146.38	\$ 123.25	\$ (23.14)
	Buy-Up Plan 2	Annually	\$ 2,491.74	\$ 2,201.41	\$ (290.32)	\$ 2,246.69	\$ 1,960.60	\$ (286.09)	\$ 1,756.59	\$ 1,478.96	\$ (277.63)

	PLAN	Period	12%			10%			6%		
			Current	Humana	Difference	Current	Humana	Difference	Current	Humana	Difference
Family	\$750/\$1500	Monthly	\$ 274.86	\$ 270.12	\$ (4.74)	\$ 229.05	\$ 225.10	\$ (3.95)	\$ 137.43	\$ 135.06	\$ (2.37)
	Base Plan	Annually	\$ 3,298.35	\$ 3,241.48	\$ (56.87)	\$ 2,748.62	\$ 2,701.24	\$ (47.39)	\$ 1,649.17	\$ 1,620.74	\$ (28.43)
	\$500/\$1000	Monthly	\$ 354.46	\$ 363.52	\$ 9.05	\$ 308.65	\$ 318.50	\$ 9.84	\$ 217.03	\$ 228.45	\$ 11.42
	Buy-Up Plan 1	Annually	\$ 4,253.55	\$ 4,362.19	\$ 108.64	\$ 3,703.82	\$ 3,821.94	\$ 118.12	\$ 2,604.37	\$ 2,741.45	\$ 137.07
	\$250/\$500	Monthly	\$ 466.00	\$ 411.65	\$ (54.35)	\$ 420.19	\$ 366.63	\$ (53.56)	\$ 328.57	\$ 276.59	\$ (51.98)
	Buy-Up Plan 2	Annually	\$ 5,592.03	\$ 4,939.83	\$ (652.20)	\$ 5,042.30	\$ 4,399.58	\$ (642.72)	\$ 3,942.85	\$ 3,319.09	\$ (623.77)



EXAMPLE Employee Contribution Impact – Humana

WEA Trust Current Plan Design vs Humana Scenario 4 Single Option Non-Embedded HDHP

Single	PLAN	PERIOD	12%			10%			6%		
			Current	Humana	Difference	Current	Humana	Difference	Current	Humana	Difference
	\$750/\$1500 Base Plan	Monthly Annually	\$ 122.52 \$ 1,470.30	\$ 110.88 \$ 1,330.58	\$ (11.64) \$ (139.72)	\$ 102.10 \$ 1,225.25	\$ 92.40 \$ 1,108.82	\$ (9.70) \$ (116.43)	\$ 61.26 \$ 735.15	\$ 55.44 \$ 665.29	\$ (5.82) \$ (69.86)
	\$500/\$1000 Buy-Up Plan 1	Monthly Annually	\$ 157.96 \$ 1,895.58	\$ 110.88 \$ 1,330.58	\$ (47.08) \$ (565.00)	\$ 137.54 \$ 1,650.53	\$ 92.40 \$ 1,108.82	\$ (45.14) \$ (541.71)	\$ 96.70 \$ 1,160.43	\$ 55.44 \$ 665.29	\$ (41.26) \$ (495.14)
	\$250/\$500 Buy-Up Plan 2	Monthly Annually	\$ 207.64 \$ 2,491.74	\$ 110.88 \$ 1,330.58	\$ (96.76) \$ (1,161.16)	\$ 187.22 \$ 2,246.69	\$ 92.40 \$ 1,108.82	\$ (94.82) \$ (1,137.87)	\$ 146.38 \$ 1,756.59	\$ 55.44 \$ 665.29	\$ (90.94) \$ (1,091.30)

Family	PLAN	Period	12%			10%			6%		
			Current	Humana	Difference	Current	Humana	Difference	Current	Humana	Difference
	\$750/\$1500 Base Plan	Monthly Annually	\$ 274.86 \$ 3,298.35	\$ 248.75 \$ 2,985.03	\$ (26.11) \$ (313.32)	\$ 229.05 \$ 2,748.62	\$ 207.29 \$ 2,487.52	\$ (21.76) \$ (261.10)	\$ 137.43 \$ 1,649.17	\$ 124.38 \$ 1,492.51	\$ (13.06) \$ (156.66)
	\$500/\$1000 Buy-Up Plan 1	Monthly Annually	\$ 354.46 \$ 4,253.55	\$ 248.75 \$ 2,985.03	\$ (105.71) \$ (1,268.52)	\$ 308.65 \$ 3,703.82	\$ 207.29 \$ 2,487.52	\$ (101.36) \$ (1,216.30)	\$ 217.03 \$ 2,604.37	\$ 124.38 \$ 1,492.51	\$ (92.66) \$ (1,111.86)
	\$250/\$500 Buy-Up Plan 2	Monthly Annually	\$ 466.00 \$ 5,592.03	\$ 248.75 \$ 2,985.03	\$ (217.25) \$ (2,607.00)	\$ 420.19 \$ 5,042.30	\$ 207.29 \$ 2,487.52	\$ (212.90) \$ (2,554.78)	\$ 328.57 \$ 3,942.85	\$ 124.38 \$ 1,492.51	\$ (204.20) \$ (2,450.34)



EXAMPLE Employee Contribution Impact – UHC WI Filed

WEA Trust Current Plan Design vs UHC WI Filed Estimate for Plan Similar to Current Plan Design

	PLAN	PERIOD	12%			10%			6%		
			Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference
Single	\$750/\$1500	Monthly	\$ 122.52	\$ 130.58	\$ 8.06	\$ 102.10	\$ 108.82	\$ 6.72	\$ 65.29	\$ 66.12	\$ 0.83
	Base Plan	Annually	\$ 1,470.30	\$ 1,566.99	\$ 96.70	\$ 1,225.25	\$ 1,305.83	\$ 80.58	\$ 735.15	\$ 793.41	\$ 58.26
	\$500/\$1000	Monthly	\$ 157.96	\$ 168.44	\$ 10.48	\$ 137.54	\$ 146.68	\$ 9.13	\$ 96.70	\$ 104.46	\$ 7.76
	Buy-Up Plan 1	Annually	\$ 1,895.58	\$ 2,021.31	\$ 125.74	\$ 1,650.53	\$ 1,760.15	\$ 109.62	\$ 1,160.43	\$ 1,253.49	\$ 93.06
	\$250/\$500	Monthly	\$ 207.64	\$ 220.85	\$ 13.21	\$ 187.22	\$ 199.09	\$ 11.86	\$ 146.38	\$ 157.54	\$ 11.16
	Buy-Up Plan 2	Annually	\$ 2,491.74	\$ 2,650.23	\$ 158.50	\$ 2,246.69	\$ 2,389.07	\$ 142.38	\$ 1,756.59	\$ 1,890.45	\$ 133.86

	PLAN	Period	12%			10%			6%		
			Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference
Family	\$750/\$1500	Monthly	\$ 274.86	\$ 292.96	\$ 18.10	\$ 229.05	\$ 244.13	\$ 15.08	\$ 137.43	\$ 148.33	\$ 10.90
	Base Plan	Annually	\$ 3,298.35	\$ 3,515.53	\$ 217.18	\$ 2,748.62	\$ 2,929.61	\$ 180.98	\$ 1,649.17	\$ 1,780.01	\$ 130.84
	\$500/\$1000	Monthly	\$ 354.46	\$ 377.89	\$ 23.43	\$ 308.65	\$ 329.06	\$ 20.41	\$ 217.03	\$ 234.34	\$ 17.31
	Buy-Up Plan 1	Annually	\$ 4,253.55	\$ 4,534.69	\$ 281.14	\$ 3,703.82	\$ 3,948.77	\$ 244.94	\$ 2,604.37	\$ 2,812.13	\$ 207.76
	\$250/\$500	Monthly	\$ 466.00	\$ 495.49	\$ 29.49	\$ 420.19	\$ 446.66	\$ 26.47	\$ 328.57	\$ 353.43	\$ 24.86
	Buy-Up Plan 2	Annually	\$ 5,592.03	\$ 5,945.89	\$ 353.86	\$ 5,042.30	\$ 5,359.97	\$ 317.66	\$ 3,942.85	\$ 4,241.21	\$ 298.36

WEA Trust Current Plan Design vs UHC WI Filed Scenario 1*

	PLAN	PERIOD	12%			10%			6%		
			Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference
Single	\$750/\$1500	Monthly	\$ 122.52	\$ 118.76	\$ (3.76)	\$ 102.10	\$ 98.97	\$ (3.14)	\$ 65.29	\$ 59.38	\$ (5.91)
	Base Plan	Annually	\$ 1,470.30	\$ 1,425.12	\$ (45.17)	\$ 1,225.25	\$ 1,187.60	\$ (37.64)	\$ 735.15	\$ 712.56	\$ (22.59)
	\$500/\$1000	Monthly	\$ 157.96	\$ 187.85	\$ 29.89	\$ 137.54	\$ 168.06	\$ 30.51	\$ 96.70	\$ 128.47	\$ 31.77
	Buy-Up Plan 1	Annually	\$ 1,895.58	\$ 2,254.20	\$ 358.63	\$ 1,650.53	\$ 2,016.68	\$ 366.16	\$ 1,160.43	\$ 1,541.64	\$ 381.21
	\$250/\$500	Monthly	\$ 207.64	\$ 171.72	\$ (35.92)	\$ 187.22	\$ 151.93	\$ (35.30)	\$ 146.38	\$ 112.34	\$ (34.04)
	Buy-Up Plan 2	Annually	\$ 2,491.74	\$ 2,060.64	\$ (431.09)	\$ 2,246.69	\$ 1,823.12	\$ (423.56)	\$ 1,756.59	\$ 1,348.08	\$ (408.51)

	PLAN	Period	12%			10%			6%		
			Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference
Family	\$750/\$1500	Monthly	\$ 274.86	\$ 266.44	\$ (8.42)	\$ 229.05	\$ 222.03	\$ (7.02)	\$ 137.43	\$ 133.22	\$ (4.21)
	Base Plan	Annually	\$ 3,298.35	\$ 3,197.26	\$ (101.09)	\$ 2,748.62	\$ 2,664.38	\$ (84.24)	\$ 1,649.17	\$ 1,598.63	\$ (50.54)
	\$500/\$1000	Monthly	\$ 354.46	\$ 421.43	\$ 66.97	\$ 308.65	\$ 377.02	\$ 68.37	\$ 217.03	\$ 288.21	\$ 71.18
	Buy-Up Plan 1	Annually	\$ 4,253.55	\$ 5,057.14	\$ 803.59	\$ 3,703.82	\$ 4,524.26	\$ 820.44	\$ 2,604.37	\$ 3,458.51	\$ 854.14
	\$250/\$500	Monthly	\$ 466.00	\$ 385.26	\$ (80.74)	\$ 420.19	\$ 340.85	\$ (79.34)	\$ 328.57	\$ 252.04	\$ (76.53)
	Buy-Up Plan 2	Annually	\$ 5,592.03	\$ 4,623.10	\$ (968.93)	\$ 5,042.30	\$ 4,090.22	\$ (952.08)	\$ 3,942.85	\$ 3,024.47	\$ (918.38)



EXAMPLE Employee Contribution Impact – UHC WI Filed

WEA Trust Current Plan Design vs UHC WI Filed Scenario 4 Single Option Non-Embedded HDHP

	PLAN	PERIOD	12%			10%			6%		
			Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference	Current	UHC WI Filed	Difference
Single	\$750/\$1500 Base Plan	Monthly	\$ 122.52	\$ 89.86	\$ (32.67)	\$ 102.10	\$ 74.88	\$ (27.22)	\$ 65.29	\$ 44.93	\$ (20.36)
		Annually	\$ 1,470.30	\$ 1,078.30	\$ (392.00)	\$ 1,225.25	\$ 898.58	\$ (326.66)	\$ 735.15	\$ 539.15	\$ (196.00)
	\$500/\$1000 Buy-Up Plan 1	Monthly	\$ 157.96	\$ 89.86	\$ (68.11)	\$ 137.54	\$ 74.88	\$ (62.66)	\$ 96.70	\$ 44.93	\$ (51.77)
		Annually	\$ 1,895.58	\$ 1,078.30	\$ (817.28)	\$ 1,650.53	\$ 898.58	\$ (751.94)	\$ 1,160.43	\$ 539.15	\$ (621.28)
	\$250/\$500 Buy-Up Plan 2	Monthly	\$ 207.64	\$ 89.86	\$ (117.79)	\$ 187.22	\$ 74.88	\$ (112.34)	\$ 146.38	\$ 44.93	\$ (101.45)
		Annually	\$ 2,491.74	\$ 1,078.30	\$ (1,413.44)	\$ 2,246.69	\$ 898.58	\$ (1,348.10)	\$ 1,756.59	\$ 539.15	\$ (1,217.44)
Family	\$750/\$1500 Base Plan	Monthly	\$ 274.86	\$ 201.60	\$ (73.27)	\$ 229.05	\$ 168.00	\$ (61.06)	\$ 137.43	\$ 100.80	\$ (36.63)
		Annually	\$ 3,298.35	\$ 2,419.16	\$ (879.19)	\$ 2,748.62	\$ 2,015.96	\$ (732.66)	\$ 1,649.17	\$ 1,209.58	\$ (439.60)
	\$500/\$1000 Buy-Up Plan 1	Monthly	\$ 354.46	\$ 201.60	\$ (152.87)	\$ 308.65	\$ 168.00	\$ (140.66)	\$ 217.03	\$ 100.80	\$ (116.23)
		Annually	\$ 4,253.55	\$ 2,419.16	\$ (1,834.39)	\$ 3,703.82	\$ 2,015.96	\$ (1,687.86)	\$ 2,604.37	\$ 1,209.58	\$ (1,394.80)
	\$250/\$500 Buy-Up Plan 2	Monthly	\$ 466.00	\$ 201.60	\$ (264.41)	\$ 420.19	\$ 168.00	\$ (252.20)	\$ 328.57	\$ 100.80	\$ (227.77)
		Annually	\$ 5,592.03	\$ 2,419.16	\$ (3,172.87)	\$ 5,042.30	\$ 2,015.96	\$ (3,026.34)	\$ 3,942.85	\$ 1,209.58	\$ (2,733.28)



EXAMPLE Employee Contribution Impact – UHC

WEA Trust Current Plan Design vs UHC Estimate for Plan Similar to Current Plan Design

	PLAN	PERIOD	12%			10%			6%		
			Current	UHC	Difference	Current	UHC	Difference	Current	UHC	Difference
Single	\$750/\$1500	Monthly	\$ 122.52	\$ 132.24	\$ 9.71	\$ 102.10	\$ 110.20	\$ 8.09	\$ 61.26	\$ 66.12	\$ 4.86
	Base Plan	Annually	\$ 1,470.30	\$ 1,586.82	\$ 116.52	\$ 1,225.25	\$ 1,322.35	\$ 97.10	\$ 735.15	\$ 793.41	\$ 58.26
	\$500/\$1000	Monthly	\$ 157.96	\$ 170.58	\$ 12.61	\$ 137.54	\$ 148.54	\$ 10.99	\$ 96.70	\$ 104.46	\$ 7.76
	Buy-Up Plan 1	Annually	\$ 1,895.58	\$ 2,046.90	\$ 151.32	\$ 1,650.53	\$ 1,782.43	\$ 131.90	\$ 1,160.43	\$ 1,253.49	\$ 93.06
	\$250/\$500	Monthly	\$ 207.64	\$ 223.66	\$ 16.01	\$ 187.22	\$ 201.62	\$ 14.39	\$ 146.38	\$ 157.54	\$ 11.16
	Buy-Up Plan 2	Annually	\$ 2,491.74	\$ 2,683.86	\$ 192.12	\$ 2,246.69	\$ 2,419.39	\$ 172.70	\$ 1,756.59	\$ 1,890.45	\$ 133.86

	PLAN	Period	12%			10%			6%		
			Current	UHC	Difference	Current	UHC	Difference	Current	UHC	Difference
Family	\$750/\$1500	Monthly	\$ 274.86	\$ 296.67	\$ 21.81	\$ 229.05	\$ 247.22	\$ 18.17	\$ 137.43	\$ 148.33	\$ 10.90
	Base Plan	Annually	\$ 3,298.35	\$ 3,560.03	\$ 261.68	\$ 2,748.62	\$ 2,966.69	\$ 218.06	\$ 1,649.17	\$ 1,780.01	\$ 130.84
	\$500/\$1000	Monthly	\$ 354.46	\$ 382.68	\$ 28.22	\$ 308.65	\$ 333.23	\$ 24.58	\$ 217.03	\$ 234.34	\$ 17.31
	Buy-Up Plan 1	Annually	\$ 4,253.55	\$ 4,592.15	\$ 338.60	\$ 3,703.82	\$ 3,998.81	\$ 294.98	\$ 2,604.37	\$ 2,812.13	\$ 207.76
	\$250/\$500	Monthly	\$ 466.00	\$ 501.77	\$ 35.77	\$ 420.19	\$ 452.32	\$ 32.13	\$ 328.57	\$ 353.43	\$ 24.86
	Buy-Up Plan 2	Annually	\$ 5,592.03	\$ 6,021.23	\$ 429.20	\$ 5,042.30	\$ 5,427.89	\$ 385.58	\$ 3,942.85	\$ 4,241.21	\$ 298.36

WEA Trust Current Plan Design vs UHC Scenario 1*

	PLAN	PERIOD	12%			10%			6%		
			Current	UHC	Difference	Current	UHC	Difference	Current	UHC	Difference
Single	\$750/\$1500	Monthly	\$ 122.52	\$ 120.26	\$ (2.26)	\$ 102.10	\$ 100.22	\$ (1.88)	\$ 61.26	\$ 60.13	\$ (1.13)
	Base Plan	Annually	\$ 1,470.30	\$ 1,443.17	\$ (27.13)	\$ 1,225.25	\$ 1,202.64	\$ (22.61)	\$ 735.15	\$ 721.58	\$ (13.56)
	\$500/\$1000	Monthly	\$ 157.96	\$ 190.22	\$ 32.26	\$ 137.54	\$ 170.18	\$ 32.64	\$ 96.70	\$ 130.09	\$ 33.39
	Buy-Up Plan 1	Annually	\$ 1,895.58	\$ 2,282.69	\$ 387.11	\$ 1,650.53	\$ 2,042.16	\$ 391.63	\$ 1,160.43	\$ 1,561.10	\$ 400.68
	\$250/\$500	Monthly	\$ 207.64	\$ 173.89	\$ (33.75)	\$ 187.22	\$ 153.85	\$ (33.37)	\$ 146.38	\$ 113.76	\$ (32.62)
	Buy-Up Plan 2	Annually	\$ 2,491.74	\$ 2,086.73	\$ (405.01)	\$ 2,246.69	\$ 1,846.20	\$ (400.49)	\$ 1,756.59	\$ 1,365.14	\$ (391.44)

	PLAN	Period	12%			10%			6%		
			Current	UHC	Difference	Current	UHC	Difference	Current	UHC	Difference
Family	\$750/\$1500	Monthly	\$ 274.86	\$ 269.81	\$ (5.05)	\$ 229.05	\$ 224.84	\$ (4.21)	\$ 137.43	\$ 134.91	\$ (2.53)
	Base Plan	Annually	\$ 3,298.35	\$ 3,237.74	\$ (60.61)	\$ 2,748.62	\$ 2,698.12	\$ (50.51)	\$ 1,649.17	\$ 1,618.87	\$ (30.30)
	\$500/\$1000	Monthly	\$ 354.46	\$ 426.76	\$ 72.30	\$ 308.65	\$ 381.79	\$ 73.14	\$ 217.03	\$ 291.86	\$ 74.82
	Buy-Up Plan 1	Annually	\$ 4,253.55	\$ 5,121.14	\$ 867.59	\$ 3,703.82	\$ 4,581.52	\$ 877.69	\$ 2,604.37	\$ 3,502.27	\$ 897.90
	\$250/\$500	Monthly	\$ 466.00	\$ 390.13	\$ (75.87)	\$ 420.19	\$ 345.16	\$ (75.03)	\$ 328.57	\$ 255.23	\$ (73.35)
	Buy-Up Plan 2	Annually	\$ 5,592.03	\$ 4,681.58	\$ (910.45)	\$ 5,042.30	\$ 4,141.96	\$ (900.35)	\$ 3,942.85	\$ 3,062.71	\$ (880.14)



EXAMPLE Employee Contribution Impact – UHC

WEA Trust Current Plan Design vs UHC Scenario 4 Single Option Non-Embedded HDHP

	PLAN	PERIOD	12%			10%			6%		
			Current	UHC	Difference	Current	UHC	Difference	Current	UHC	Difference
Single	\$750/\$1500 Base Plan	Monthly	\$ 122.52	\$ 91.00	\$ (31.53)	\$ 102.10	\$ 75.83	\$ (26.27)	\$ 61.26	\$ 45.50	\$ (15.76)
		Annually	\$ 1,470.30	\$ 1,091.95	\$ (378.35)	\$ 1,225.25	\$ 909.96	\$ (315.29)	\$ 735.15	\$ 545.98	\$ (189.17)
	\$500/\$1000 Buy-Up Plan 1	Monthly	\$ 157.96	\$ 91.00	\$ (66.97)	\$ 137.54	\$ 75.83	\$ (61.71)	\$ 96.70	\$ 45.50	\$ (51.20)
		Annually	\$ 1,895.58	\$ 1,091.95	\$ (803.63)	\$ 1,650.53	\$ 909.96	\$ (740.57)	\$ 1,160.43	\$ 545.98	\$ (614.45)
	\$250/\$500 Buy-Up Plan 2	Monthly	\$ 207.64	\$ 91.00	\$ (116.65)	\$ 187.22	\$ 75.83	\$ (111.39)	\$ 146.38	\$ 45.50	\$ (100.88)
		Annually	\$ 2,491.74	\$ 1,091.95	\$ (1,399.79)	\$ 2,246.69	\$ 909.96	\$ (1,336.73)	\$ 1,756.59	\$ 545.98	\$ (1,210.61)
Family	\$750/\$1500 Base Plan	Monthly	\$ 274.86	\$ 204.15	\$ (70.71)	\$ 229.05	\$ 170.12	\$ (58.93)	\$ 137.43	\$ 102.07	\$ (35.36)
		Annually	\$ 3,298.35	\$ 2,449.79	\$ (848.56)	\$ 2,748.62	\$ 2,041.49	\$ (707.14)	\$ 1,649.17	\$ 1,224.89	\$ (424.28)
	\$500/\$1000 Buy-Up Plan 1	Monthly	\$ 354.46	\$ 204.15	\$ (150.31)	\$ 308.65	\$ 170.12	\$ (138.53)	\$ 217.03	\$ 102.07	\$ (114.96)
		Annually	\$ 4,253.55	\$ 2,449.79	\$ (1,803.76)	\$ 3,703.82	\$ 2,041.49	\$ (1,662.34)	\$ 2,604.37	\$ 1,224.89	\$ (1,379.48)
	\$250/\$500 Buy-Up Plan 2	Monthly	\$ 466.00	\$ 204.15	\$ (261.85)	\$ 420.19	\$ 170.12	\$ (250.07)	\$ 328.57	\$ 102.07	\$ (226.50)
		Annually	\$ 5,592.03	\$ 2,449.79	\$ (3,142.24)	\$ 5,042.30	\$ 2,041.49	\$ (3,000.82)	\$ 3,942.85	\$ 1,224.89	\$ (2,717.96)



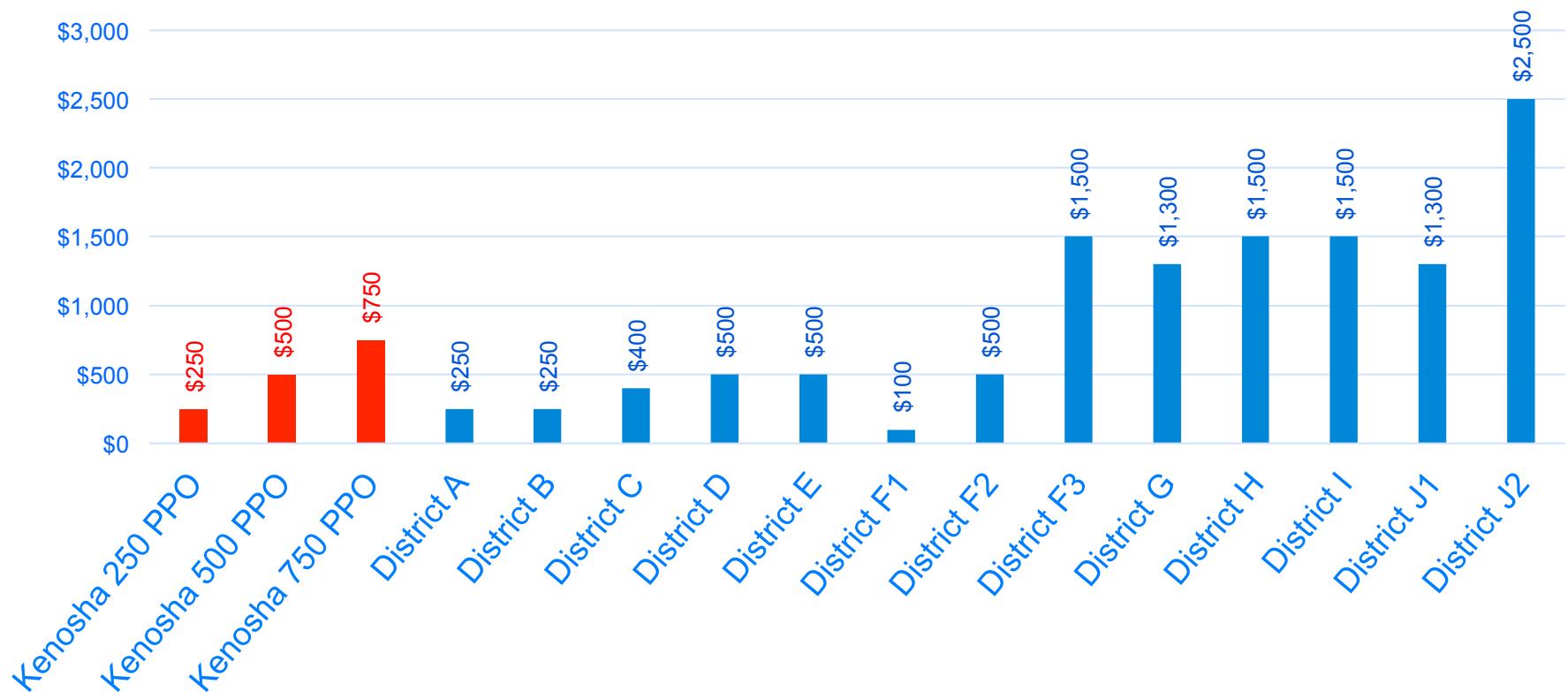
Customer Service Statistics

	WEA Trust	Humana	UHC
Average waiting time	19 Seconds	34 Seconds	17 Seconds
Percentage of calls abandoned	0.4 Percent	2.6 Percent	0.7 Percent
Average call time	496 Seconds	625 Seconds	517 Seconds
Percentage of problems resolved during first call/ contact (member does not need to call back)	91 Percent	97.2 Percent	95 Percent



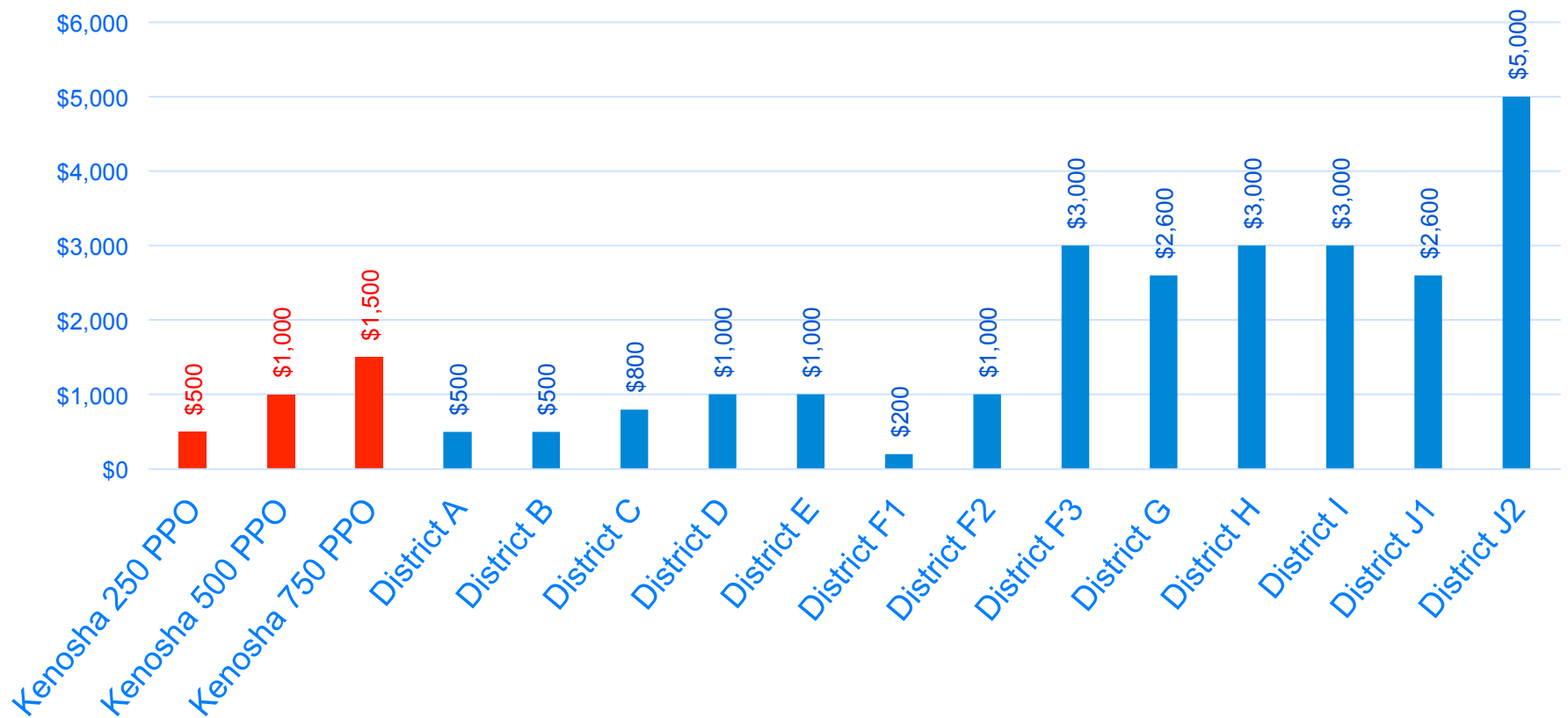
Benefit Benchmarks – Medical Plan Design

In-Network Deductible – Single



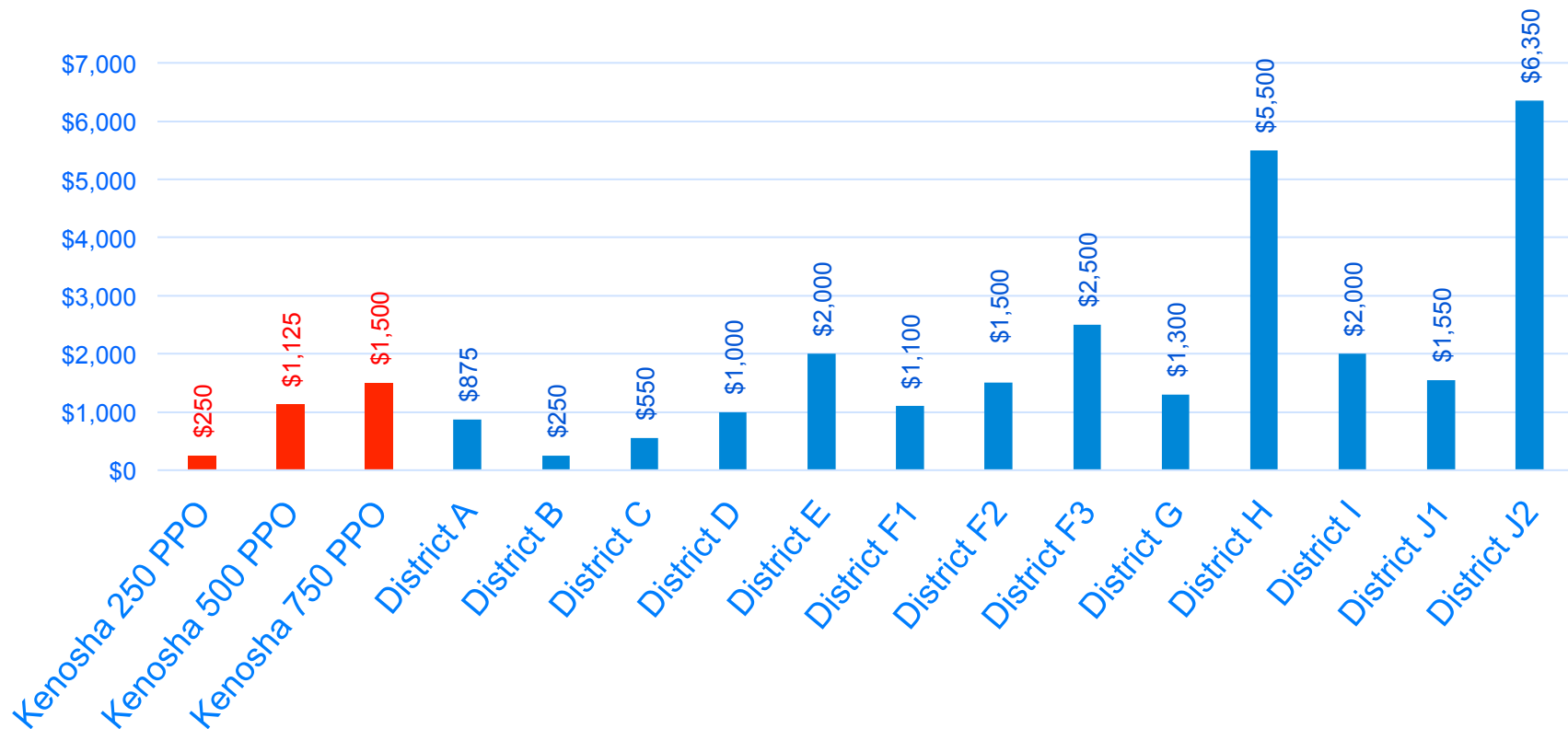
Benefit Benchmarks – Medical Plan Design

In-Network Deductible – Family



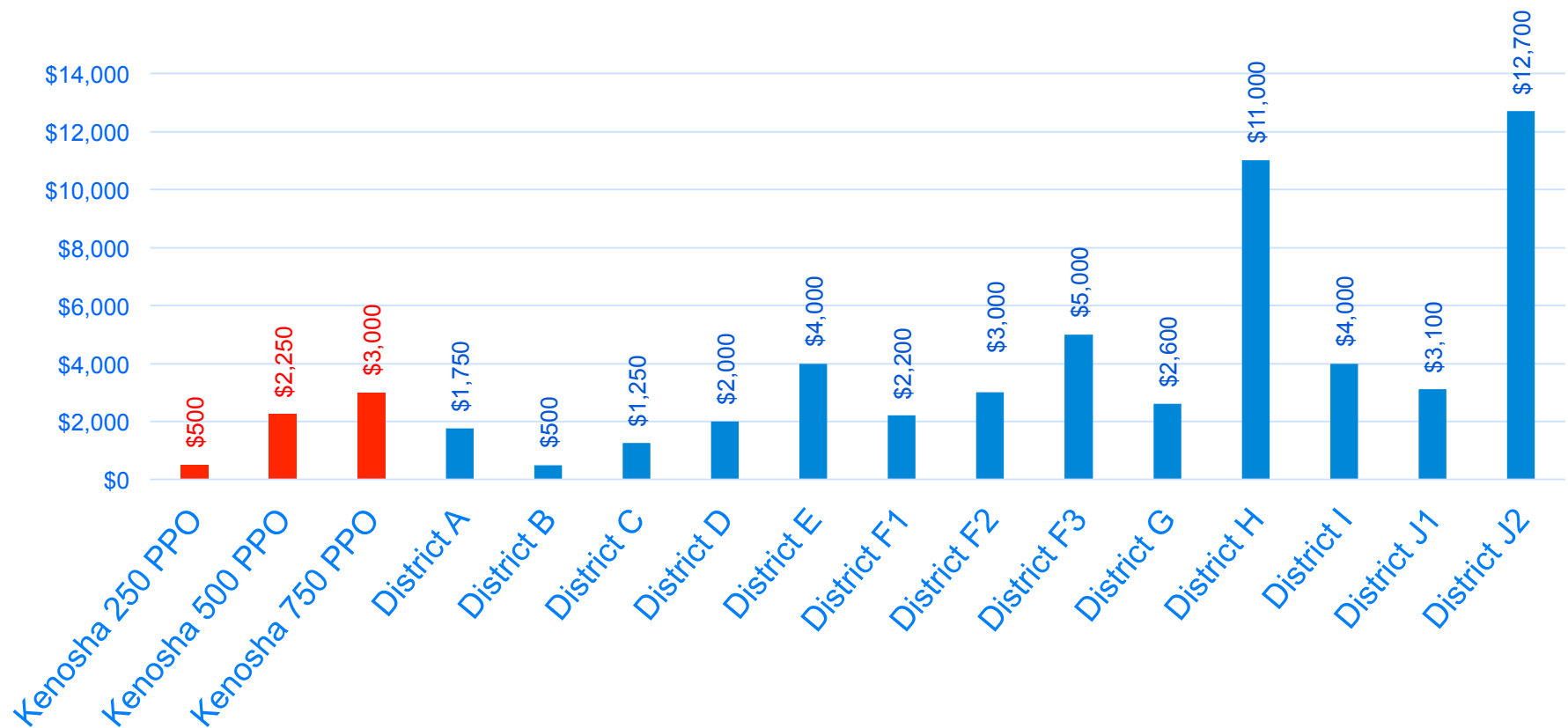
Benefit Benchmarks – Medical Plan Design

In-Network Out-of-Pocket Maximum – Single



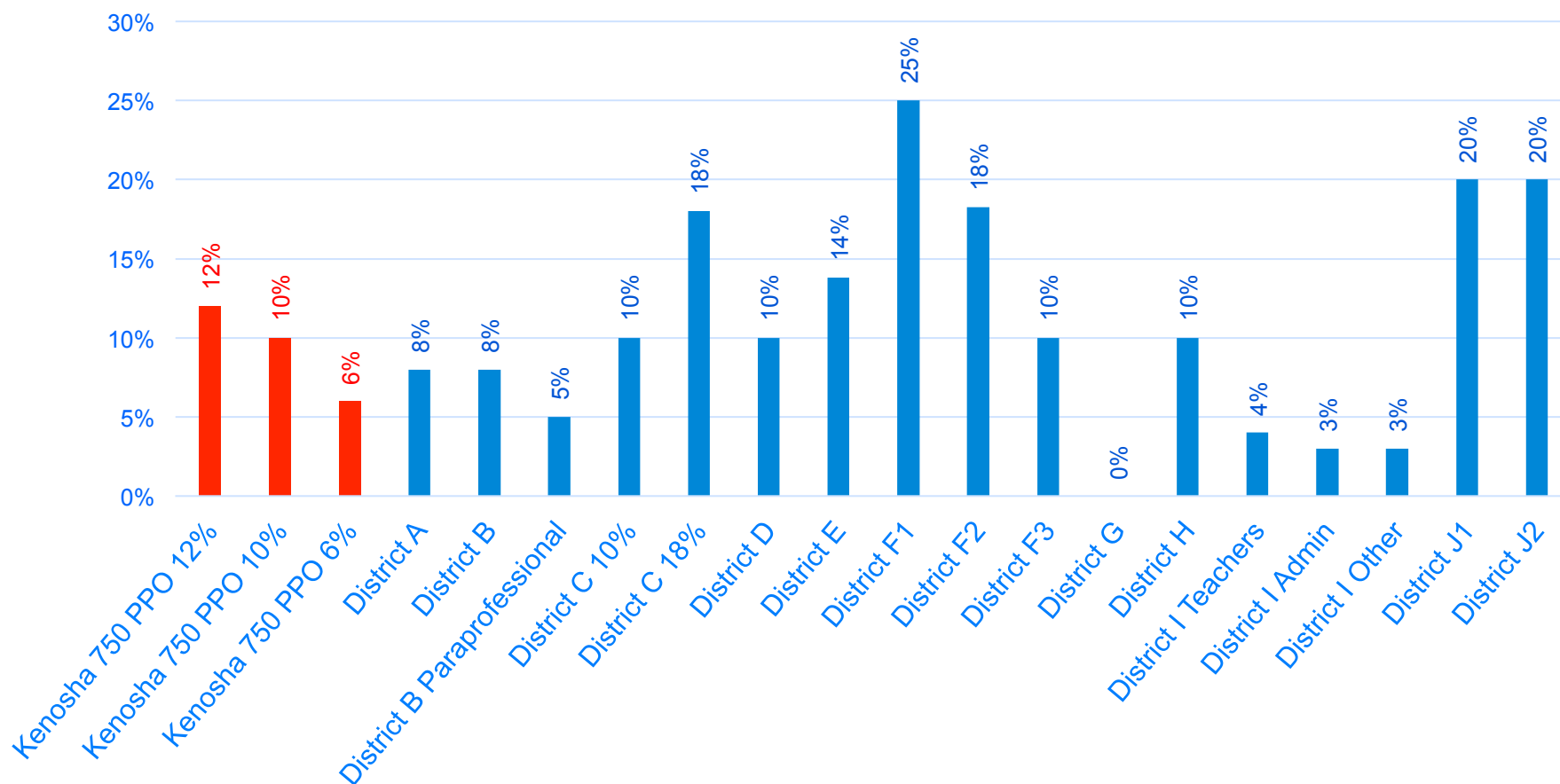
Benefit Benchmarks – Medical Plan Design

In-Network Out-of-Pocket Maximum – Family



Benefit Benchmarks – Medical Plan Design

Employee Premium Contributions – Percent of Total



*Kenosha employee contribution percentages for Buy-up 1 and 2 Plans are higher.





Questions?

- ☐ What are you wondering?
- ☐ What do you still need to know?





Goal Recap

- ❑ **Review plan designs being considered**
- ❑ **Board considerations:**
 - District financial impact
 - Employee financial impact
 - Amount of coverage disruption employees will experience
- ❑ **Vote**
 - March 12, 2019, on vendor and plan design



Finalist Meeting Proposed Agenda – Feb. 25, 2019

- ☐ **Carrier Overview (30%)**
 - Customer Service
 - Account Management
 - Performance Guarantees
 - Population Health/Care Management
 - Administration/Billing
- ☐ **Provider Network Strengths / Weaknesses (15%)**
- ☐ **Wellness Program Options (10%)**
 - Included / Not Included
- ☐ **Insured Rate Summary (10%)**
 - Rate Guarantee
- ☐ **Enrollment Capabilities/Funding (10%)**
- ☐ **Implementation (15%)**
- ☐ **Plan Design Capabilities (5%)**
- ☐ **Self-Insurance Capabilities (5%)**



Current/Future Board Considerations

- ☐ **Carrier and plan design selection AND preliminary employee premium contribution presentation – March 12**
 - 6%, 10%, 12% (budgetary impact)
 - Two tier vs. 4 tier offering (undetermined budgetary impact)
- ☐ **Employee premium contribution and plan tier vote – March 20**
 - 6%, 10%, 12% (budgetary impact)
 - Two tier vs. 4 tier offering (undetermined budgetary impact)
- ☐ **Employee benefit sessions**
 - Open enrollment = May 6 through June 7

