

**GLENBROOK HIGH SCHOOLS**  
**Assistant Superintendent for Business/CSBO**  
**Regular Meeting – Monday, April 13, 2015**

**TO: Dr. Michael Riggle**

**FROM: Hillarie Siena**

**DATE: April 13, 2015**

**RE: Discussion/Action: Insurance Pre-renewal**

Per the attached insurance timeline, this packet contains data related to the annual health/dental insurance renewal. Representatives from CBC/HUB International will be in attendance to present the pre-renewal for discussion. On April 7, 2015, the District 225 Insurance Cost Containment Committee met to review initiatives implemented on September 1, 2014. The committee also reviewed preliminary rate increases and discussed strategies for continued cost containment. This packet also contains the District's internal analysis of projected cost increases based upon a budget year. Due to the large amount of data being presented, the following points provide a summary.

- 2015 Budget Projection – HUB International:
  - Provides claims/fee analysis based upon a 12-month experience window 2/1/14-1/31/15
  - Provides information relative to Affordable Care Act and other mandates
  - Provides a recommended rate increase for the plan year beginning 9/1/15
- Analysis of Calculated Premium – District 225:
  - Provides claims/fee analysis based upon the prior plan year 9/1/13-8/31/14
  - Provides a recommended rate increase for the plan year beginning 9/1/15
- Cost Containment Committee:
  - Reviewed wellness participation and discussed future rebate
  - Discussed HDPPO2 Board contribution into health savings accounts
  - Reviewed preliminary insurance renewal
  - Discussed concept of spousal surcharge and conducting audit to determine enrollment and impact
  - Reviewed pharmacy utilization and discussed strategies for cost containment
    - Reclassifying Formulary Rx to new categories:
      - Value Formulary: excludes approximately 140 brand-name drugs that do not offer a clear clinical advantage over other less costly brand or generic alternatives
      - Generic-Centric Formulary: Limits preferred formulary options to primarily generic drugs. In classes where there are few, if any, clinically sound generics, the formulary is supplemented with preferred brand drugs
    - Exclusion of certain Rx from the plan due to over the counter availability
    - Generic tier cost reduction from \$5.00 to zero

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**RE: Discussion/Action: Insurance Timeline**

**AUGUST**

- Board of Education information packet. March 1<sup>st</sup> through June 30<sup>th</sup> quarterly claims report will be placed in the information packet.

**NOVEMBER**

- Finance Committee regularly scheduled meeting. Review plan year actual claims for full plan year ending August 31<sup>st</sup>. Review plan enrollment data for new plan year beginning September 1<sup>st</sup>. Discuss topics for first Cost Containment Committee meeting in December.
- Board of Education regularly scheduled meeting. Discuss items from November Finance Committee meeting. Discuss topics for first Cost Containment Committee meeting in December.

**FEBRUARY**

- Finance Committee regularly scheduled meeting. Review September 1<sup>st</sup> through November 30<sup>th</sup> quarterly claims report. Discuss items from December Cost Containment Committee meeting.
- Board of Education regularly scheduled meeting. Discuss items from February Finance Committee meeting.

**MARCH/APRIL**

- Meet with CBC to review claims, trend data and plan design, and obtain recommendation for calculated premium increases.

**APRIL**

- **Board of Education regularly scheduled meeting. Present renewal information (includes claims data through January) with recommendations for plan changes.**
- **Present renewal information and recommended plan changes to the Cost Containment Committee.**

**MAY**

- Present renewal information and recommended plan changes to all staff.
- Begin open enrollment period.

# Glenbrook District 225

2015 Budget Projection  
Board of Education Meeting  
April 13<sup>th</sup>, 2015



# Renewal



- PPO Renewal Summary
- PPO / HMO Budget Projections
- HMO Renewal Summary
- Dental Renewal Summary
- Premium Equivalent Rates 2015
- ACA Mandates / Changes

## 2015 PPO Renewal Summary



The experience period used for the renewal projection for PPO, Rx and Dental is 2/1/14 – 1/31/15. For comparison purposes we use the same period from the prior year.

- Due to the small number of members enrolled in the HSA (HDPP02) plan, the experience was blended with the low deductible PPO (PPO1) claims.
- Total PPO Medical claims for the same period in the prior year were \$4,433,091 compared to the current medical claims of \$5,579,133 or an increase of 26%.
- Enrollment in the PPO1 plan decreased slightly from 487 lives to 468.
- Enrollment in the HSA (HDPP02) plan increased from 21 to 49.
- PPO Prescription claims in the previous period were \$1,607,628 compared to the current period of \$2,058,565 or an increase of 28%.
- PPO Prescription claims have increased significantly. 2.2% of total Rx spend is a result of Specialty Claims. Specialty claims average \$4,400 per script.
- There was one claim in excess of the Individual Stop Loss (ISL) level of \$250,00 in the current period. The total for that claim was \$323,271. There were no claims in the prior period.
- There are 11 claims in excess of \$50,000 totalling \$1,377,046. These claims represent 25% of total paid claims within the experience period. There is one claim over \$50,000 in the HSA plan which totals \$206,135.
- Symetra renewal for SSCRMP at the \$250,000 ISL level is +10% over current. BCBS provided a stop loss quote at a higher level and it does not include prescriptions.

## 2015 PPO Renewal Summary



The 2015 allocated taxes and fees for the Affordable Care Act (ACA) will reduce from \$46 per covered person to \$29.08 per covered person. The Patient-Centered Outcome Research Institute (PCORI) fee will increase from \$2.00 to \$2.08 and the Transitional Reinsurance Fee<sup>1</sup> will decrease from \$44 to \$27. These fees are included in the renewal projections. The Transitional Reinsurance fee applies to Active, COBRA and under age 65 Retirees only. The PCORI applies to all groups excluding Retirees over age 65 (Medicare supplemental insurance for IMRF employees only).

- *The projected rate action for the PPO1 plan in 2015 is +29% over the current rates. This represents additional premium of \$2,015,952.*
- *It is recommended that you increase the HSA (HDPPO2) rates proportionally. This is recommended since the rates for this plan were set at a lower level then recommended which was done to encourage participation.*
- *Under IRS rules the 2015 deductible level for the HSA (HDPPO2) embedded plans increases to \$2,600 Single and \$5,200 Family. These deductible amounts will increase as of September 1, 2015.*

<sup>1</sup>Transitional Reinsurance Fee represents the employer share of reinsurance for the health exchanges established under ACA





# 2015 PPO and HMO Budget Projection Per Employee Per Month (PEPM) Fixed Costs

Fixed Cost	2014	2015	% Change	Notes
Medical - ASO	4.9% of claims	5.2% of claims	6%	PPO
Network Access	0.63%	0.63%	0.0%	PPO
Rx Rebates	(\$9.68)	(\$9.68)	0.0%	PPO
Individual Stop Loss PPO	\$32.77	\$36.04	10%	PPO (Symetra) \$250,000
Individual Stop Loss HMO	\$41.48	\$51.98	25%	HMO (BCBSIL) \$125,000
ACA Taxes (PCORI / Transitional)	\$64.00	\$29.08	-37.00%	PPO
Medical ASO	\$40.37	\$42.56	5.00%	HMOI / BAHMO
Physician Service Fees Single	\$175.70 / \$156.45	\$176.47	2.00%	HMOI / BAHMO (New PSF will be the same for both plans)
Physician Service Fees Family	\$528.48 / \$470.57	\$531.32	2.00%	HMOI / BAHMO
HMO Managed Care Fee	\$9.59	\$10.71	12%	HMOI / BAHMO
Transitional Reinsurance Fee	\$44.00	\$27.00	-39%	\$27 per member per year fee
Prescription Rebate	(\$8.94)	(\$7.72)	-14%	HMOI / BAHMO
Allocated Taxes/Fees	\$8.27	\$10.75	30%	Health Insurer Fee for HMO only / % of Physician Service Fees



# Administrative Fee as % of Claims vs Per Employee Per Month (PEPM)

Plan Year	Admin Fee %	* Admin Fee \$	Actual Paid Claims and Admin Fee		Average Lives	** Based on PEPM
			Medical Claims	Administrative Fee		
2015 <sup>(2)</sup>	5.2%	\$ 49.35	\$ 5,887,452	\$ 306,148	517	\$ 266,755
2014 <sup>(1)</sup>	4.9%	\$ 41.81	\$ 5,458,994	\$ 266,922	532	\$ 236,794
2013	4.9%	\$ 42.73	\$ 5,075,338	\$ 246,597	505	\$ 234,830
2012	5.2%	\$ 38.21	\$ 4,409,922	\$ 230,225	512	\$ 244,573
2011	5.5%	\$ 40.23	\$ 4,422,716	\$ 244,734	507	\$ 239,257
2010	5.7%	\$ 38.68	\$ 4,014,543	\$ 228,085	516	\$ 1,222,209
				\$ 1,216,563		\$ (5,646)

(1) Annualized claims and costs based on six (6) months of claims

(2) Based on projected claims for 2015

\* Administrative fees are estimates from BCBSIL / Applicable to all groups under SSCRMP

\*\* Annual fee is derived of PEPM fee multiplied by actual monthly enrollment for each plan year





# 2015 PPO1 / HSA (HDPPO2) Budget Projection

	CURRENT 2014	PROJECTED RENEWAL 2015
<b>PPO / HSA Fixed Cost Exhibit</b>		
Projected Enrollment	508	517
PPO	487	468
HSA	21	49
Illinois Access Fee	0.63%	0.63%
Projected Illinois Facility Network Savings	\$ -	\$ -
<b>Projected Annual Access Fee</b>	<b>\$ 30,648</b>	<b>\$ 35,743</b>
Administration Fee	4.90%	5.20%
<b>Projected Annual Administration</b>	<b>\$ 267,331</b>	<b>\$ 312,723</b>
Individual Stop Loss (\$250,000) Symetra	\$ 32.77	\$ 36.04
Annual ISL Premium	\$ 199,766	\$ 223,592
Aggregate Stop Loss Premium	N/A	N/A
<b>Projected Annual Stop Loss</b>	<b>\$ 199,766</b>	<b>\$ 223,592</b>
Prescription Rebate (Credit) PCPM	\$ (9.68)	\$ (9.68)
<b>Projected Annual Rebate Credit</b>	<b>\$ (59,009)</b>	<b>\$ (60,055)</b>
Based on 1,216 lives	\$ 46.00	\$ 29.08
<b>Projected Annual Rebate Credit</b>	<b>\$ 55,936</b>	<b>\$ 35,361</b>
<b>Total Annual Fixed Cost</b>	<b>\$ 494,672</b>	<b>\$ 547,365</b>
<b>Total Annual Projected Claims</b>	<b>\$ 8,316,123</b>	<b>\$ 8,863,488</b>
<b>Combined Fixed Costs / Claims / Fees</b>	<b>\$ 6,847,536</b>	<b>\$ 7,016,876</b>
<b>Current Premium Equivalent</b>	<b>\$ 2,015,952</b>	<b>\$ 2,015,952</b>
<b>Premium Differential</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Rate Action</b>	<b>29%</b>	<b>29%</b>

# 2015 PPO Budget Projection Assumptions



	Medical	Rx
Trend	6.5%	12.5%
Stop Loss Deductible	\$250,000	
Credibility (12 Months)- Based on membership	85%	
Medical Experience Period Weighting		
2/1/2013 – 1/31/2014	15%	
2/1/2014 – 1/31/2015	85%	
Claim Margin	None	



# 2015 PPO1 / HSA (HDPPO2) Budget Projection

Experience Period	Medical	Prescription
2/1/14 - 1/31/15	\$250,000	

1	Paid Claims	\$5,578,987	\$2,058,565
2	Less Large claims ( 1 >\$250K)	<del>-\$323,271</del>	
3	Adjusted Net Paid claims	\$5,255,716	\$2,058,565
4	Annual Trend	6.8%	12.7%
5	* Mid point trend for 19 months	10.8%	20.1%
6	Trended Claims (3 x 5)	\$5,821,581	\$2,472,508
7	Plus large claims	\$250,000	
8	Total Projected Claims (6 thru 8)	\$6,071,581	
8a	Historical Plan Changes and Dependent Ratio Change (-.95%)	<del>-\$57,680</del>	
8b	Adjusted Projected Claims	<b>\$6,013,901</b>	<b>\$2,472,508</b>
	Number of lives	518	518
	Average Monthly Claim Factor	\$967	\$398
	Average Monthly Claim Factor Prior period	\$832	\$351
	Weighted 85% Current / 15% Prior	\$947	\$391
	Projected Claims (ACV x Number of Lives x 12)	<b>\$5,887,452</b>	<b>\$2,428,671</b>
	Combined Medical / RX claims	<b>\$8,316,123</b>	
9	Annual Access Fee	\$35,743	
10	Administration Fee	\$312,723	
11	ISL Fee	\$223,592	
12	ACA Fees / Taxes	\$35,361	
13	Less Rx Rebate	<del>-\$60,055</del>	
14	Total Fixed Cost	\$547,365	
15	Total Projected Cost (Projected Claims + Fixed Cost) (9 + 16)	\$8,863,488	
16	Premium at Current Rates	\$6,847,536	
17	CBC Projected Renewal Rate Action	29%	
18	Premium Differential	\$2,015,952	



## 2015 HMO Renewal Summary

The experience period used for the renewal projection for HMOI and BAHMO is 2/1/14 – 1/31/15. For comparison purposes we use the same period from the prior year.

- HMOI and BAHMO medical claims remained consistent between the two periods \$1,414,583 in the current year compared to \$1,421,702.
- Prescription claims remained consistent in each experience period. The current period is \$532,736 compared to \$532,752.
- Enrollment in HMOI decreased from 269 to 260 lives and the BAHMO increased from 32 to 37 lives.

*The blended projected increase to the HMOI and BAHMO plans is 4.63% or \$179,768 in additional premium equivalent.*

# 2015 HMO Budget Projection Assumptions



	Medical	Rx
Trend	4.0%	12.5%
Stop Loss Deductible	\$125,000	
Credibility (12 Months)- Based on membership	90%	
Medical Experience Period Weighting		
2/1/2013 – 1/31/2014	10%	
2/1/2014 – 1/31/2015	90%	
Claim Margin		None





# 2015 HMO Budget Projection

	CURRENT 2014	PROJECTED RENEWAL 2015
<b>HMOI / BAHMO FIXED COST SUMMARY</b>		
Projected Enrollment / HMOI	269	260
BAHMO	32	37
Total	301	297
<b>Physician Service Fees</b>		
HMOI		
Single	\$ 175.70	\$ 176.47
Family	\$ 528.48	\$ 531.32
BAHMO		
Single	\$ 156.45	\$ 176.47
Family	\$ 470.57	\$ 531.32
<b>Projected Annual Physician Fees</b>	<b>\$ 1,463,794</b>	<b>\$ 1,489,095</b>
Administration Fee	\$40.37	\$42.56
<b>Projected Annual Administration</b>	<b>\$ 145,816</b>	<b>\$ 151,684</b>
Individual Stop Loss (\$125,000) BCBS	\$ 41.48	\$ 51.98
Annual ISL Premium	\$ 149,826	\$ 185,257
Aggregate Stop Loss Premium	N/A	N/A
<b>Projected Annual Stop Loss</b>	<b>\$ 149,826</b>	<b>\$ 185,257</b>
HMO Managed Care Fee	\$ 9.59	\$ 10.71
<b>Projected Annual Rebate Credit</b>	<b>\$ 34,639</b>	<b>\$ 38,170</b>
Health Insurer Fee	\$ 8.27	\$ 10.75
<b>Projected ACA Fees</b>	<b>\$ 17,436</b>	<b>\$ 22,765</b>
Based on 817 lives	\$ 44.00	\$ 27.00
<b>Transitional Reinsurance Fee</b>	<b>\$ 35,948</b>	<b>\$ 22,059</b>
Prescription Rebate (Credit) PCPM	\$ (8.94)	\$ (7.72)
<b>Projected Annual Rebate Credit</b>	<b>\$ (32,291)</b>	<b>\$ (27,514)</b>
<b>Total Annual Fixed Cost</b>	<b>\$ 1,815,168</b>	<b>\$ 1,881,516</b>
<b>Total Annual Projected Claims</b>	<b>\$ 2,266,748</b>	<b>\$ 2,266,748</b>
<b>Combined Fixed Costs / Claims / Fees</b>	<b>\$ 4,148,264</b>	<b>\$ 4,148,264</b>
<b>Current Premium Equivalent</b>	<b>\$ 3,968,496</b>	<b>\$ 3,968,496</b>
<b>Premium Differential</b>	<b>\$ 179,768</b>	<b>\$ 179,768</b>
<b>Rate Action</b>		<b>4.53%</b>



# 2015 HMO Budget Projection



Experience Period	Medical	Prescription
2/1/14 - 1/31/15	\$125,000	

1	Paid Claims	\$2,012,287	\$532,736
2	Less Large claims (> \$80K)	<del>-\$582,722</del>	
3	Adjusted Net Paid claims	\$1,429,565	\$532,736
4	Annual Trend	4.0%	12.5%
5	* Mid point trend for 19 months	6.33%	19.79%
6	Trended Claims (3 x 5)	\$1,520,104	\$638,173
7	Plus large claims	<u>\$125,000</u>	
8	Total Projected Claims (6 thru 8)	\$1,645,104	\$638,173
9	<i>Combined Projected Claims</i>	<i>\$2,283,277</i>	
10	<i>BCBS Projected Claims</i>	<i>\$2,266,748</i>	
11	Physician Service Fees	\$1,489,095	
12	Administration Fee	\$151,684	
13	ISL Fee \$125,000	\$185,257	
14	HMO Managed Care Fee	\$38,170	
15	BCBS Health Insurer Fee	\$22,765	
16	Transitional Reinsurance Fee	\$22,059	
17	Less Rx Rebate	<del>-\$27,514</del>	
18	Total Fixed Cost	\$1,881,516	
19	Total Projected Cost (Projected Claims + Fixed Cost) (12 + 18+19)	\$4,148,264	
20	Premium at Current Rates	\$3,968,496	
21	Projected Renewal Rate Action	4.53%	
22	Premium Differential	<b>\$179,768</b>	

## 2015 Dental Renewal Summary



The experience period used for the renewal projection for Dental is 2/1/14 – 1/31/15. For comparison purposes we use the same period from the prior year.

- Dental claims in the current period are \$688,459 compared to \$654,731 in the prior period.
- The administrative fee remains the same for 2015.
- *The projected rate action for 2015 is 6.3%.*



# 2015 Dental Budget Projection

	CURRENT 2014	PROJECTED RENEWAL 2015	CHANGE
Dental Fixed Cost	671	671	0%
Projected Enrollment			
Administration Fee	\$3.47	\$3.47	0%
<b>Projected Annual Administration</b>	<b>\$ 27,940</b>	<b>\$ 27,940</b>	
<b>Total Annual Fixed Cost</b>	<b>\$ 27,940</b>	<b>\$ 27,940</b>	<b>\$ -</b>
<b>Total Annual Projected Claims</b>			<b>\$ 743,540</b>
<b>Combined Fixed Costs / Claims / Fees</b>			<b>\$ 771,480</b>
<b>Current Premium Equivalent</b>			<b>\$ 726,000</b>
<b>Premium Differential</b>			<b>\$ 45,480</b>
<b>Rate Action</b>			<b>6.3%</b>



# 2015 Budget Projection Premium Equivalents

	Enrollment	Monthly Premium Equivalents		% Change
		2014	2015	
<b>H21650 HMOI</b>				
EE	80	\$532.00	\$556.10	4.53%
EE_SP	0	\$0.00	\$0.00	
EE_CH	0	\$0.00	\$0.00	
Family	180	\$1,440.00	\$1,505.23	4.53%
Total	260	\$3,621,120	\$3,785,157	4.53%
<b>B21650 BAHMO</b>				
EE	14	\$426.00	\$445.30	4.53%
EE_SP	5	\$826.00	\$863.42	4.53%
EE_CH	0	\$0.00	\$0.00	
Family	17	\$1,084.00	\$1,133.11	4.53%
Medicare Single	1	\$426.00	\$445.30	4.53%
Total	37	\$347,376	\$363,112	4.53%
<b>P21650 PPO1</b>				
EE	192	\$724.00	\$933.96	29.00%
Family	271	\$1,450.00	\$1,870.50	29.00%
Medicare Single	4	\$254.00	\$327.66	29.00%
Medicare Family	0	\$490.00	\$632.10	29.00%
Total	467	\$6,395,688	\$8,250,438	29.00%
<b>P41855 HSA (HDPPO2)</b>				
EE	20	\$482.00	\$621.78	29.00%
Family	29	\$966.00	\$1,246.14	29.00%
Total	49	\$451,848	\$582,884	29.00%
<b>P21651 Dental</b>				
EE	286	\$50.00	\$53.15	6.30%
Family	385	\$120.00	\$127.56	6.30%
Total	671	\$726,000	\$771,738	6.30%
<b>Grand Total</b>		\$11,542,032	\$13,753,328	19.16%



## ACA and Other Related Benefit Mandates

In accordance with the requirements of ACA, BCBS has made the following modifications to your plan design which are also reflected in the overall renewal projections.

- All medical member cost sharing (deductibles, copays, coinsurance and Rx) must be included in the Out of Pocket Maximum.
- The 2015 maximum out of pocket is \$6,600 for single coverage and \$13,200 for family coverage.

### HSA (HDPP02) Plan:

- Deductibles will be increased to \$2,600 Single and \$5,200 Family due to IRS changes.

### PPO Active Plans:

- Dependents will be cancelled at the end of the month in which limiting age is reached instead of cancellation at birthdate.
- Newborns will be covered for the first 31 days after birth if the subscriber has family coverage regardless if the child is added to the policy unless otherwise directed by the client.



## ACA and other related Benefit Mandates

- Tobacco-cessation counseling and screening for members who use tobacco. BCBS will cover two 90-day treatment regimens for cessation medication per benefit period. There will be no cost to the member. This coverage includes a variety of FDA approved tobacco cessation medication including both prescription and over the counter medication when prescribed by a physician.
- Generic breast cancer reducing medications are provided for women with no prior diagnosis of breast cancer as a preventive service. Generic products Tamoxifen and Raloxifene are covered at 100% with no copayment for women age 35 and older. Coverage for brand products will require Prior Authorization.
- The Mental Health Parity and Addiction Equity Act prohibits health plans from applying financial requirements (e.g., copays) or treatment limits to behavioral health services that are more restrictive than those applied to medical and surgical benefits. BCBS will be covering Residential Treatment Facilities for Substance Abuse and Mental Health inpatient at the inpatient hospital facility benefit payment level, per Medical Necessity criteria. This inclusion is effective as of July 1, 2015.





*All projections prepared by Hub International are considered estimates, are based upon current information and are subject to change based on future developments. Therefore, any projection may change depending on multiple factors. Further, Health Care Reform estimates have been prepared based on current guidance and regulations and are subject to change as additional guidance is released. Lastly, our recommendations should not be regarded as tax or legal advice.*

**Glenbrook Analysis by Plan Year for Renewal Presentation**  
**Aggregate Report 09/01/2013 - 09/01/2014 CBC**

PPO1/HDPPPO2		Analysis of Calculated Premium	
Paid Claims	4,930,618	Claims (incl ACA costs)	8,111,085
Fees	274,547	Stop Loss	316,715
Stop Loss	173,014	Rx	2,263,622
Rx	1,791,425	Fees	500,635
Total	7,169,604	Total Costs	11,192,057
		Less: Current Prem	10,816,032
HMO		Current Shortfall	(376,025)
Paid Claims	2,984,505	Projected Increase	2,195,720
Fees	202,376	Projected Premium Shortfall	1,819,695
Stop Loss	128,637		
Rx	428,431	Total Projected Cost	13,011,752
Total	3,743,949	Current Premium	10,816,032
			20%
HMO-BA		Projected Cost - PPO Plans	8,863,488
Paid Claims	195,962	Current Premium - PPO Plans	6,847,536
Fees	23,712	PPO Shortfall	2,015,952
Stop Loss	15,064		
Rx	43,766	Projected Cost - HMO Plans	4,148,264
Total	278,504	Current Premium - HMO Plans	3,968,496
		HMO Shortfall	179,768
DENTAL		Total Projected Cost	13,011,752
Paid Claims	688,998		
Prior Year	708,657		
	-2.77%		
		17% Avg Increase All Plans	
		20.00% PPO1 Low Deductible Plan	
		5.00% HMO Plans	
		10.00% HDPPPO2 (HSA) Plan	

**Recommended Rate Increase FY16**

Cost Containment Committee Options  
 Plan Year 9/1/2015-8/31/2016

<b>A</b>	Cost Containment Committee Initiatives	<p>Spousal carve-out/spousal surcharge (Audit May 2015)          Rx changes:              Reclassifying Formulary drugs to new categories (value formulary/generic-centric formulary)              Proton Pump Inhibitor (PPI) exclusion (Over the counter availability)              Generic tier at zero cost</p>
<b>B</b>	Implemented 9/1/14	<p>Develop marketing/informational campaign for HDPP0 plan          Evaluate current HSA contribution levels; evaluate enrollment distribution/shifts          Work with Wellness TPA to determine eligibility criteria for next year's premium rebate; evaluate enrollment distribution          Evaluate claims history per plan; evaluate Rx utilization</p>
<b>C</b>	Deferred Items	<p>Contribution Amounts in Proportion to Base Salary              Explore compensation bands          Expand from 2-tier to 4-tier PPO/HMO/IL Plans              Need projected shift in enrollment, impact on family premium and % of spouses potentially leaving plan          Greater Employee Participation in Premium Cost Sharing              Establish cap on total claims, with shared cost on excess over cap              Establish cap on % increase, with shared cost on excess over cap</p>
<b>D</b>	Discussion Items	<p>Cadillac Tax 1/1/18          Catamaran becomes OptumRx</p>