Clay County Renewal 12-2022

	AD&D Insurance - Zurich		Life Insurance BCBS		Child(ren) + Spouse	Spouse	Child(ren)	Child	Employee Only		Non-Formulary	Brand	Generic	Deductible	RX	ER Copay	Office Visit Copay	Coinsurance Limit	Coinsurance	Deductible	,			
78 x \$3.7	\$3.75 per empl	78 x \$5.44	currently at \$5.44 and will not change - coverage \$20,000	78 x \$83.80 = \$	\$1,747.78	\$1,139.58	\$540.18	\$245.66	\$1,289.32	Current												1100		
78 x \$3.75 = \$3,510 annually	\$3.75 per employee for \$50,000 coverage	78 x \$5.44 = \$5,091.84 annually	\$20,000	78 x \$83.80 = \$78,436.80Annual Increase	\$1,861.38	\$1,213.66	\$575.30	\$261.62	\$1,373.12	Renewali	\$35	\$20	\$10			\$150	\$25	\$3,000	80%	\$750		100-NG / RX-3A-NG	Plan	
ually) coverage	nually	ige - coverage	al Increase	\$113.60	\$74.08	\$35.12	\$15.96	\$83.80	increase 6.5%														
				78 x \$53.62 = \$50,188 Annual Increase	\$1,819.64	\$1,186.44	\$562.40	\$255.76	\$1,342.94		\$35	\$20	\$10			\$150	\$30	\$3,000	80%	\$1,000		1200NG / RX-3A-NG	Plan	Alternate
				50,188.32 rease	\$71.86	\$46.86	\$22.22	\$10.10	\$53.62													3A-NG		Ф
				78 x \$2.12 = \$1,984.32 Annual Increase	\$1,748.34			\$245.72			\$35	\$20	\$10			\$150	\$30	\$3,500	80%	\$1,500		1300NG / RX-3A-NG	Plan	Alternate
				=	\$0.56	\$0.36	\$0.18	\$0.06	\$2.12	ļ						<u> </u>		 				-NG		
				78 x -\$-46.46 = \$-43,486.56 Annual decrease	\$1,681.12	\$1,096.12	\$519.58	\$236.28	\$1,242.86		\$35	\$20	\$10			\$150	\$35	\$4,000	80%	\$2,000		1400NG / RX-3A-NG	Plan	Alternate
				13,486.56 ase	-\$66.66	-\$43.46	-\$20.60	-\$9.38	-\$46.46													A-NG		
				78 x -\$5.03 = \$4,736.16 Annual increase	\$1,752.40	\$1,142.60	\$541.62	\$246.30	\$1,294.38		n/a	n/a	n/a			n/a	n/a	\$3,000	100%	\$3,000		HSA 2000	Plan	Alternate
				\$4,736.16 rease	\$4.62	\$3.02	\$1.44	\$0.64	\$5.06									0) 		te

Pool overall ran OK this year - COVID Claims were High

Clay County surplus (UNKNOWN) Based on longevity

TAC has stayed **BELOW** the national average for health plan rate increases. TAC took a **5.9% rate increase** Overall projections for Texas for groups is between 9.8% and 13.8% (my groups your size are higher rate increases)

Renewal based on claims over the past 12 - 36 months, average member age and geographic area Total Paid Premium \$1,114,092.42
Total Paid Claims \$1,226,124.07

TAC offering Vision with BCBS and the network is not good in our area Same for the dental plan that is offered

Clay County - Claims vs Premiums paid

will receive in 2023	\$112,031.65	6.50%	\$1,226,124.07	\$1,114,092.42	2022
not received yet	\$177,588.22	7.50%	\$1,225,432.04	\$1,047,843.82	2021
\$4,357.00	\$325,357.09	3%	\$1,318,075.83	\$992,718.74	2020
\$10,701.76	\$333,115.87	5.50%	\$1,279,224.37	\$946,108.50	2019
\$3,106.89	\$288,653.20	5.50%	\$1,231,986.38	\$943,333.18	2018
\$2,702.61	\$618,209.36	10.25%	\$1,492,302.18	\$874,092.82	2017
Surplus distributed to Clay County	Difference between claims paid and premium paid to TAC	Rate increase	Claims Paid	Premiums Paid	

12 Month Medical Report

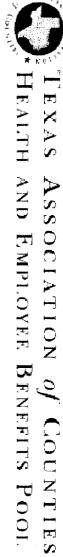
Post Date: Mar 2022

Metrics: (Average Members, Average Subscribers, Total Contribution, Medical Paid, Pharmacy Paid, Paid) **Rows**: (Paid Date)

Columns : (Metrics)
Paid Date : Last 12 Months

Coverage Type : (Medical)
Group : (015919 - CLAY COUNTY/TAC)

Said Date	Average	Average	Total	Medical	Pharmacy	Pald
	Subscribers	Members	Cont	Paid	Paid	
Apr 2021	69	91	\$94,005.08	\$94,005.08 \$112,350.92	\$28,528.03	\$140,878.95
May 2021	70	92	\$95,259.36	\$95,259.36 \$52,133.73	\$16,346.53	\$68,480.26
Jun 2021	67	89	\$91,496.52	\$91,496.52 \$236,469.21	\$24,240.97	\$260,710.18
Jul 2021	67	88	\$90,003.06	\$61,671.45	\$22,721.90	\$84,393.35
Aug 2021	69	90	\$93,765.90	\$42,234.00	\$30,516.95	\$72,750.95
Sep 2021	65	83	\$88,222.84	\$86,791.13	\$20,032.24	\$106,823.37
Oct 2021	63	77	\$85,188.34	\$28,516.76	\$21,064.10	\$49,580.86
Nov 2021	64	77	\$86,203.44	\$79,643.84	\$16,109.79	\$95,753.63
Dec 2021	68	81	\$93,401.16	\$80,862.36	\$20,637.06	\$101,499.42
Jan 2022	70	85	\$96,519.98	\$93,093.96	\$20,667.79	\$113,761.75
Feb 2022	71	86	\$97,809.30	\$20,698.30	\$20,587.84	\$41,286.14
Mar 2022	74	91	\$102,217.44	\$102,217.44 \$72,591.87 \$17,613.34	\$17,613.34	\$90,205.21
Total: Selected Filter(s)	98	86	86 \$1,114,092.42 \$967,057.53 \$259,066.54 \$1,226,124.07	\$967,057.53	\$259,066.54	\$1,226,124.07



HCC - No PHI

Post Date: Mar 2022

Service Category: Total (Inpatient Facility, Outpatient Facility, Pharmacy, Professional)

Metrics: (Paid)
Claim Type: (MEDICAL, PHARMACY)
Coverage Type: (Medical)
Group: (015919 - CLAY COUNTY/TAC)
Paid Month: Last 12 Months

Paid: greater or equal 10000.00

Paid: (descending)

\$219,112.55 \$1,068,447.81		\$849,335.26		Query Totals: 13
\$10,710.71	\$9,758.98	\$951.73	Active	19190440286
\$13,014.69	\$5,090.39	\$7,924.30	Active	20000453677
\$13,471.82	\$437.06	\$13,034.76	Active	3058423194
\$14,519.94	\$74.00	\$14,445.94	Active	17460309757
\$20,361.15	\$8,577.40	\$11,783.75	Active	3040604533
\$21,255.60	\$3,899.82	\$17,355.78	Active	3630229823
\$21,371.53	\$4,435.82	\$16,935.71	Active	19800533407
\$26,605.52	\$6.87	\$26,598.65	Active	18920051811
\$57,930.38	\$51,954.11	\$5,976.27	Active	18240576910
\$63,568.17	\$0.00	\$63,568.17	Active	19440140569
\$108,336.45	\$9,594.10	\$98,742.35	Active	3040604555
\$204,693.41	\$125,284.00	\$79,409.41	Active	3070002417
\$492,608.44	\$0.00	\$492,608.44	Active	17430191588
Paid	Pharmacy Paid	Medical Paid	Member Status	Encrypted Member ID Member Status

2022 - 2023 Alternate Plan Proposal

Group: 15919 - Clay County Effective Date: 12/01/2022

	Current Plan Year	Renewal Rates	Option 1	Option 2
Plan:	1100-NG	1100-NG	1200-NG	1300-NG
Option:	RX-3A-NG	RX-3A-NG	RX-3A-NG	RX-3A-NG
Rates				
Employee Only	\$1,289.32	\$1,373.12	\$1,342.94	\$1,291.44
Employee + Child	\$1,534.98	\$1,634.74	\$1,598.70	\$1,537.16
Employee + Child(ren)	\$1,829.50	\$1,948.42	\$1,905.34	\$1,831.80
Employee + Spouse	\$2,428.90	\$2,586.78	\$2,529.38	\$2,431.38
Employee + Family	\$3,037.10	\$3,234.50	\$3,162.58	\$3,039.78
Medical Plan				
Deductible In/Out Network	\$750/1000	\$750/1000	\$1000/3000	\$1500/4500
Co-Insurance % In/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$3000/6000	\$3500/7000
Office Visit	\$25	\$25	\$30.	\$30
Specialist Visit				
Emergency Room Hospital	\$150	\$150	\$150	\$150
Prescription Plan				
Prescription Card Co-Pay	10/20/35	10/20/35	10/20/35	10/20/35
Deductible	\$0	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 09/08/2022 in order to avoid a delay in implementation of benefits and/or late processing fees.

Signature	Date	
Fax the signed document to 1-512-481-8481.		
Please indicate the selected plan here	*	