

AGENDA

State and Public School Life and Health Insurance Board

June 17, 2014

1:00 p.m.

EBD Board Room - 501 Building, Suite 500

I.	Call to OrderDr. John Kirtley, Chairman
II.	Approval of May 22, 2014 MinutesDr. John Kirtley, Chairman
III.	ASE-PSE Financials May, 2014Marla Wallace, EBD Chief Fiscal Officer
IV.	EBD ReportDoug Shackelford, EBD Deputy Director
V.	Benefits Sub-Committee Report . Shelby McCook, Benefits Comm. Vice-Chairman
VI.	2015 Projections John Colberg, Cheiron
VII.	Director's ReportBob Alexander, EBD Executive Director

Upcoming Meetings

July 15th

NOTE: All material for this meeting will be available by electronic means only asepse-board@dfa.arkansas.gov

Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as "Members and Staff only"

State and Public School Life And Health Insurance Board Minutes June 17, 2014

The 138th meeting of the State and Public School Life and Health Insurance Board (hereinafter called the Board), met on June 17, 2014 at 1:00 p.m. in the EBD Board Room, 501 Woodlane, Suite 500, Little Rock, AR 72201.

MEMBERS PRESENT

MEMBERS ABSENT

Renee Mallory
Robert Boyd
Lori Freno-Engman
Dr. Andrew Kumpuris
Angela Avery
Shelby McCook
Dr. Tony Thurman
Janis Harrison
Dan Honey
Dr. John Kirtley, Chairman
Dr. Joseph Thompson
Carla Wooley-Haugen Vice-Chairman

Katrina Burnett

Bob Alexander, Executive Director, Employee Benefits Division

OTHERS PRESENT:

Dwight Davis, David Keisner, UAMS; Doug Shackelford, Michele Hazelett, Janna Keathley, Kristi Jackson, Stella Greene, Ethel Whittaker, Marla Wallace, Lori Eden, Sherry Bryant, Tammy McGill, Leslie Smith, EBD; Sylvia Landers, Eileen Wilden, Minnesota Life; Pam Lawrence, AHH; Mike Meadors, BYSI; Larry Dickerson, Wayne Whitley, Ronda Walthall, AR Highway & Transportation Dept; Diann Shoptaw, USAble; Peggy Nabors, AEA; Andy Davis, Arkansas Democrat; Takisha Sanders, Kathy Ryan, Kanita Collins, Martha Carlson, Jim Bailey, Health Advantage; Ro Summers, ACHI; Andra Kaufman, B.J. Himes, QualChoice; Susan Walker, Datapath; Marc Watts, Danny James, ASEA; Warren Tayes, Merck; Mark Chambers, Compsych; Treg long, ACR; Jennifer Smith, ASU; Brian Strickland, Gilead; Lisa Bamburg, Insurance Advantage; Felicia McCoy, Camden Fairview; Neil Rose, ASBP; Jackie Beau, ASP; John Colberg, Cheiron; Steve Althoff, MTI; Martha Hill, Mitchell Williams, Shelly Smith, Teacher; Bill Clary, H & H; Marlo James, AEA; Angie Robertson, Cabot Schools; Connie Bennett, Catamaran; Andrea Barksdale, BLR; Skip Robertson

Page | 1 Board Meeting June 17, 2014

CALL TO ORDER:

Meeting was called to order by John Kirtley, Chairman

APPROVAL OF MINUTES: by John Kirtley, Chairman

The request was made by Kirtley to approve the May 22, 2014 minutes.

Harrison made the motion to approve the minutes, Wooley-Haugen seconded; all were in favor.

Minutes approved

Dr. Kirtley reported on the drug sovaldi. The drug is excluded until the DUEC committee vote to approve coverage for the drug. The Committee is reviewing additional research.

FINANCIALS: by Marla Wallace, CFO EBD

Wallace reported for May 2014 for PSE & ASE. For PSE, there were five (5) weeks of claims. There was a gain of \$1 million for the month and \$23 million year-to-date. The pharmacy IBNR decreased by \$400,000. There are net assets of \$9.4 million. May of 2013 there was five (5) weeks with \$5 million loss for the month and the year-to-date loss was \$9 million.

ASE also had five (5) weeks of claims showing a loss for the month. The 5th week of claims was 4.4 million. The year-to-date gain is \$9.7 million. There was a change in the IBNR. The medical was increased by \$1.5 million, and pharmacy decreased \$600,000. The total increase was \$900,000. The Net assets available are \$12 million.

EBD REPORT: by Doug Shackelford, EBD Deputy Director

Shackelford reported the monthly meetings with the State and School Insurance Representatives are continuing with an increase in attendance.

The first part of the wellness program will be implemented in the next few days. The information will be listed in the EBD Buzz for communication.

Shackelford reported June 20, 2014 will be his last day of employment with EBD.

Alexander reported the procedure manual with all the details and the process of the wellness program is completed. Letters will be sent to every member regarding the requirements. There is a need for input on all the tools before they are implemented.

Alexander reported there is discussion of a special session. There are two (2) bills for discussion. They are as follows:

- To increase the board membership with one (1) additional member and remove the term "teacher" and replace it with "public school employee". Add an additional public school employee to the Benefits Sub-committee and the DUEC Committee.
- The Board shall require a Participant in a consumer driven health plan offered under the program to establish a HSA health savings account.
- The Public Schools must reimburse to the plan the FICA savings associated with employee deductions for health insurance. The Board will set the policy on how to verify dependents.
- Amended the definition of dependent to include spouse. The spouse must have coverage by another plan equal to the requirements of the ACA.
- Bariatric Surgery would have a limit of \$3 million annually. That includes the diagnosis and treatment of obesity.
- Limit the PSE eligibility of employees who work thirty (30) hours weekly.

The projected net savings could be as much at \$10 - \$15 million.

BENEFITS SUB-COMMITTEE REPORT: by, Shelby McCook, Vice-Chairman Benefits Sub-Committee

The following report resulted from a meeting of the Benefits Sub-Committee from June 6, 2014 with Shelby McCook presiding.

Topics Discussed:

1. 2015 Projections

Colberg presented a report for 2015 Projections. Topics discussed are:

- 2015 Benefit Options
- Employee Contribution Strategy
- Risk Adjusted vs. Non-risk Adjusted rates
- Strategy Comparison
- Preliminary Rates

Colberg reported on Preliminary projections for CY 2015 Rates for PSE and ASE. There were several scenarios discussed with rates:

- Updated financial information based on processing benefit changes on actual claim data.
- Premium Alternative 3 modified to keep generic co-pay at \$15 (instead of reducing to \$10) in order for value to be the same as Alternative 2.
- The following are interchangeable designs for 2015 employee contributions:
 - ✓ Premium Alternative 2 & 3
 - ✓ Classic Alternative 1 & 2
 - ✓ Basic Alternative 3 & 4
- Projected Year-End 2014 net assets:
 - ✓ ASE \$18 Million
 - ✓ PSE None (\$8 Million in catastrophic reserves)

The Committee adopted the risk adjusted Rates for both ASE Actives and ASE Retirees.

PRELIMINARY PROJECTIONS FOR CY 2015 RATES: by John Colberg, Cheiron

There are three (3) alternatives for recommendation. The options include \$500.00, \$1000.00, & \$2500.00 deductibles. There is a medical and prescription out-of-pocket-max.

Co-pays for hospital Inpatient and Outpatient have been eliminated, as well as high tech radiology. There is no out-of-pocket-max for all alternatives for out-of-network Premium Plan.

The following are the recommendations for the 2015 Plans:

Yellow highlight means the coverage is changed Actuarial Value (per MV Calculator) Monthly Plan HSA	2014 Gold 83.7% n/a	2014 Silver 78.5% n/a	2014 Bronze 71.3% n/a	Recommend ed Premium 82.3% n/a	Recommend ed Classic 70.0% \$25/\$50	Recommend ed Basic 60.6% \$25/\$50
In-Network:						
Deductible - Individual	\$0.00	\$1000	\$2000	<mark>\$500</mark>	\$2500	<mark>\$6600</mark>
Co-Insurance Limit- Indv (after deductible)	\$2500	\$3000	\$4350	\$2500	<mark>\$4100</mark>	n/a

		Τ	Т	1	T	<u> </u>
Med. Out-of-pocket						
max – (Ded + Co-Ins	\$2500	\$4000	\$6350	\$3000	\$6600	<mark>\$6600</mark>
+ Med. Co-Pay)	·	•	· ·	<u> </u>		
Deductible - Family	\$0.00	\$2000	\$3000	<mark>\$1000</mark>	\$5000	<mark>\$13200</mark>
Co-Insurance Limit-						
Family (after						
deductible)	\$5000	\$6000	\$6525	\$5000	<mark>\$8200</mark>	<mark>n/a</mark>
Med. Out-of-pocket						
Max (Ded. +Co-Ins.						
+ Med. Co-Pay)	\$5000	\$8000	\$9525	<mark>\$6000</mark>	<mark>\$13200</mark>	<mark>\$13200</mark>
Coinsurance Rate	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	100%/0%
Physician Office						
Visit – Prim Care–						
Co-pay	\$35	\$35		<mark>\$25</mark>		
Physician Office						
Visit – Specialist –						
Co-Pay	\$70	\$70		\$50		
Rx-Deductible	* -	* -		<u> </u>		
Kx-Deductible	None	None	Incl. w/Med.	None	Incl. w/Med.	Incl. w/Med.
Rx- Tier 1 – Generic	\$15	\$15	moi. W/Mea.	\$10	mci. Wivied.	moi. W/Mea.
RX- Tier 1 – Generic RX- Tier 2 –	ΨΙΟ	Ψίδ		ΨΙΟ		
Preferred Brand	\$40	\$40		\$40		
	ΨτΟ	Ψτο		Ψτο		
Rx- Tier 3 Non-	\$80	\$80		\$80	Not covered	Not covered
Preferred Brand	<u> </u>	•		•	ivot covered	Not covered
RX- Specialty	\$100	\$100		\$100		
RX-Out of Pocket	,	,		***		
Max Ind/Fam	n/a	n/a		\$3100/\$620 0		
Hospital/Facility-						
Inpatient & SNF –						
Co-PayPer Admin *	\$250	\$300		<mark>\$0.00</mark>		
Hospital/Facility-						
Outpatient-Co-Pay						
*	\$100	\$150		\$0.00		
Urgent Care Visit	\$100	\$100		\$100		
Emergency Room	Ψισσ	Ψ100		Ψίου		
Visit	\$250	\$300		\$250		
	Ψ200	ΨΟΟΟ		Ψ200		
Emergency						
Transportation-	\$50	\$50		\$50		
Ambulance	ΨΟΟ	ΨΟΟ		ΨΟΟ		
High Tech Radiology						
– Co-Pay (1 st Procedure Only) *	\$250	300		\$0.00		
Rehab/Therapy-	ΨΖΟΟ	300		Ψ0.00		
Outpatient-						
Physical/Speech/Occup	\$35	\$35		\$25		
Rehab/Therapy-	\$35	\$35		\$25		
Outpatient-Co-Pay	ΨΟΟ	Ψ00		ΨΖΟ		
Out-of-Network:				1		
Deductible –				<u> </u>		
Deduction -		I	1	1	I	l

Individual/Family	\$1000/\$2000	\$1500/\$3000	\$3000/\$6000	\$2000/\$400	Not covered	Not covered
				<mark>0</mark>		
Co-Insurance	60%/40%	60%/40%	60%/40%	60%/40%	Not covered	Not covered
Co-Insurance Limit-						
Individual/Family						
(after Deductible)	\$5000/\$10000	\$5000\$/10000	\$5000/\$10000	None None	Not covered	Not covered
Max. Out-of-Pocket						
(Deductible + Co-						
Insurance)	\$6000/\$12000	\$5000/\$10000	\$8000/\$16000	None None	Not covered	Not covered
* Deductible & Co-						
Insurance also applies						

McCook motioned to adopt the recommendations of the Benefits Sub-committee recommending the benefits and rates of the risk adjustment plan as shown for ASE. Honey seconded.

Boyd would like to amend the motion to include PSE. PSE will be reviewed at an appropriate time.

Harrison would like to amend the motion to recommend the individual deductible at \$500.00, family deductible \$1000.00, \$3000.00 for individual medical out-of-pocket, \$6000.00 for family medical out-of-pocket, and the rates are set with the actuarial value with the possibility of reducing the increase in rates for ASE actives and retirees. Wooley-Haugen seconded.

The board requested new amounts from Colberg. The cost could be as much at \$3 million for the change in deductible.

Harrison withdrew the amended motion.

Harrison would like to make another amended motion to set the individual deductible at \$500.00, \$2500.00 co-insurance for individual, the family deductible \$1000.00, \$5000.00 co-insurance for family, \$3000.00 for individual medical out-of-pocket, \$6000.00 for family medical out-of-pocket, and the generic tier 1 meds remain at \$15.00 co-pay. Honey seconded.

McCook called for questions on the amendment.

Motion approved with two (2) members voting no.

After further discussion Dr. Thompson amended the amended motion to include that the intent is the board will consider the previous model for the deductibles, out-of-pocket, and the original rates for 2016. Boyd seconded. All were in favor.

Motioned Approved

Dr. Thurman would like to compare both plans before making decisions.

The original motion is as follows: to adopt the recommendations of the Benefits Sub-committee risk adjustment plan with the benefits design and rates, to increase the tier 1 co-pay \$5.00, and reduce the retirees under 65 deductible to \$500.00. All except one (1) was in favor.

Motion approved with Dr. Thurman voting no.

DIRECTOR'S REPORT: by Bob Alexander, EBD Executive Director

Alexander reported on the voluntary product. The vendors will be limited to four. The products will have limitations also. The open enrollment process will be internet based. Open enrollment will be sixty (60) days for voluntary products.

McCook inquired about the administrative cost. McCook would like to review the administrative cost for the various accounts.

Alexander advised the board of a complaint letter and provided a copy.

Kirtley opened the floor for the audience to speak. Marc Watts thanked Janis Harrison for her assistance in keeping the cost down for ASE.

Meeting Adjourn

1 2 3 1 0 1 0 0	Gold	Silver	Bro	onze		Total
Actives	45,565	2,166	51	3,478		51,209
Retirees	3,342	36		77		3,455
Medicare	10,338					10,338
Total	59,245	2,202		3,555		65,002
Revenues & Expendit	tures					
				Current		Year to Date
<u>Funding</u>				Month		(5 months)
State Contribution			\$	13,531,738	\$	67,694,192
Employee Contribution	1		\$	7,206,263	\$	36,119,452
Other			\$	1,038,710	\$	2,028,225
Allocation for Active/R	etiree Plan Year 2013		\$	2,236,667	\$	11,183,333
Total Funding			\$	24,013,378	\$	117,025,203
<u>Expenses</u>						
Medical Expenses						
Claims Expense			\$	18,075,631	\$	82,174,561.06
Claims IBNR			\$	-	\$	-
Medical Admin Fees			\$	1,076,096	\$	5,391,507
Refunds			\$	6,107	\$	56,697
Employee Assistance P	rogram (EAP)		\$	56,545	\$	282,504
Life Insurance	•		\$	54,954	\$	274,559
Pharmacy Expenses						
RX Claims			\$	7,843,989	\$	36,349,883
RX IBNR			\$	-		
RX Admin			\$	247,654	\$	1,087,690
Plan Administration			\$	313,645	\$	1,481,854
Total Expenses			\$	27,674,621	\$	127,099,254
Net Income/(Loss)			\$	(3,661,243)	\$	(10,074,051)
Balance Sheet						
<u>Assets</u>						
Bank Account					\$	3,691,897
State Treasury					\$	80,485,891
Due from Cafeteria Pla Due from PSE	ın				\$	613,980
Receivable from Provid	Var				\$ \$	151,089
Accounts Receivable	301				Ψ \$	131,067
Total Assets					\$	85,076,039
				:		
<u>Liabilities</u>					œ.	0.050
Accounts Payable Deferred Revenues					\$	2,353
Deterred Revenues Due to Cafeteria					\$ \$	87,461 751
Due to PSE					\$ \$	450
Health IBNR					\$ \$	21,100,000
RX IBNR					\$	3,200,000
Total Liabilities				•	\$	24,391,014
Net Assets				:	\$	60,685,024
Less Reserves Allocate	d:					
	u. ıms for Plan Year 1/1/13 - 12/31/13	3 (\$11,190.000 + \$1	5,650.0001		\$	(15,656,667)
	ims for Plan Year 1/1/14 - 12/31/14				\$	(16,850,000)
	ıms for Plan Year 1/1/15 - 12/31/15	• • • • • • • • • • • • • • • • • • • •	,		\$	(6,260,000)
Catastrophic Reserve		•			\$	(10,000,000)
Net Assets Available				•	\$	11,918,357
	Lala de 65.1/1.070			:		

Arkansas State Employees (ASE) Financials - January 1, 2013 through May 31, 2013

Fifth week of claims totaled: \$5,161,979

	Arkansas State Employees (ASE) Financials - January 1, 2014 through May 31, 2014											
	G	OLD	SI	ILVER	BR	ONZE	GRAND	TOTALS				
	Employee Only	Plus Dependents	Employee Only	Plus Dependents	Employee Only	Plus Dependents	Employee Only	Plus Dependents				
Actives	24132	44292	1564	2895	2347	4552	28043	51739				
Retirees	2460	3427	22	34	57	103	2539	3564				
Medicare	8203	10869					8203	10869				
TOTAL	34795	58588	1586	2929	2404	4655	38785	66172				

DELICALLIES O EVOENDITURES					
REVENUES & EXPENDITURES					· · · · · ·
e			Current Month		Year to Date (5 months)
Funding				Φ.	
State Contribution	9		14,317,578	\$	71,589,754
Employee Contribution Other	9		7,612,606	\$	38,138,591
Allocation for Actives - Plan Year 2014			490,573	\$	2,943,587
Total Funding	9		2,154,167 24,574,924	\$ \$	10,770,833 123,442,765
Torum onumg	<u> </u>	<u>, </u>	24,374,724	Ą	123,442,765
<u>Expenses</u>					
Medical Expenses					
Claims Expense	9	5	17,694,349	\$	75,245,794
Claims IBNR	9	5	1,500,000	\$	1,500,000
Medical Administration Fees	9	}	1,246,105	\$	5,659,013
Refunds	9	\$	16,243	\$	61,256
Employee Assistance Program (EAP)	9	\$	56,164	\$	281,094
Life Insurance	9	\$	54,699	\$	273,581
Pharmacy Expenses					
RX Claims	9		6,506,023	\$	28,222,930
RX IBNR		}	(600,000)	\$	(600,000)
RX Administration	4	5	276,111	\$	1,292,869
Plan Administration			328,524	\$	1,756,102
Total Expenses	<u> </u>	}	27,078,219	\$	113,692,640
Net Income/(Loss)	\$	\$	(2,503,294)	\$	9,750,125
BALANCE SHEET					
<u>Assets</u>					
Bank Account				\$	6,685,483
State Treasury				\$	71,528,707
Due from Cafeteria Plan				\$	668,305
Due from PSE				\$	-
Receivable from Provider				\$	-
Accounts Receivable				\$	621,353
Total Assets			;	\$	79,503,848
<u>Liabilities</u>					
Accounts Payable				\$	2,903
Deferred Revenues				\$	3,690
Due to Cafeteria				\$	-
Due to PSE				\$	_
Health IBNR				\$	24,700,000
RX IBNR				\$	1,800,000
Total Liabilities			•	\$	26,506,593
Net Assets			:	\$	52,997,255
Less Reserves Allocated:					
Premiums for Plan Year 1/1/14 - 12/31/14	(\$7,460,000 + \$9,390,000 + \$9,000,00	0)		\$	(15,079,167)
Premiums for Plan Year 1/1/15 - 12/31/15	(\$6,260,000 + \$5,400,000)	- /		\$	(11,660,000)
Premiums for Plan Year 1/1/16 - 12/31/16	(\$3,600,000)			\$	(3,600,000)
Catastrophic Reserve	11			\$	(10,600,000)
Net Assets Available			•	\$	12,058,088
Fifth Week of claims totaled: \$4.417.656				•	

	Gold	Silver	Bro	nze		Total
Actives	37,336	7,618		26,270		71,22
Retirees	2,454	39		920		3,41
Medicare	8,541	3,		720		8,54
Total	48,331	7,657		27,190		83,17
Revenues & Expe		7,007		27,170		00,17
kevenues & Expe	naliures			C: um a sal		Very le Date
				Current		Year to Date
<u>Funding</u>				Month	_	(5 months)
District Contribution			\$	8,133,572	\$	40,839,03
Employee Contribu			\$	10,904,489	\$	55,178,09
Dept of Ed \$35,000	,000 & \$15,000,000		\$	3,181,818	\$	23,409,09
Other			\$ \$ \$	33,163	\$	563,48
Allocation for Activ	e/Retiree Premiums for Plan	Year 2013	\$	750,000	\$	3,750,00
Total Funding			\$	23,003,042	\$	123,739,69
_						
<u>Expenses</u>						
Medical Expenses:						
Claims Expense			\$	19,891,762	\$	91,792,13
Claims IBNR			\$	-	\$	-
Medical Admin Fee	es		\$	1,581,790	\$	7,938,68
Refunds			\$	23,272	\$	89,75
Employee Assistanc	ce Program (EAP)		\$	81,514	\$	409,40
Pharmacy Expense	es:					
RX Claims			\$	5,948,178	\$	28,026,91
RX IBNR				_	\$	_
RX Admin			\$	324,702	\$	1,421,53
Plan Administration			\$ \$	390,154	\$	1,915,15
Total Expenses			\$ \$ \$	28,241,372	\$	131,593,58
Net Income/(Loss)			\$	(5,238,330)		(7,853,88
Balance Sheet						
Assets						
Bank Account					Ф	11,869,73
					\$	
State Treasury					\$	20,074,09
Receivable from Pr					\$	208,60
Accounts Receival	ole				\$	4,647,42
Due from ASE					\$	45
Total Assets				:	\$	36,800,30
<u>Liabilities</u>						
Accounts Payable					¢	94
Due to ASE					\$ •	74
Due 10 ASE Deferred Revenue:	_				Φ Φ	- 1 7/7 /0
					\$	1,767,63
Health IBNR					\$ \$	24,700,00
RX IBNR				•	\$	2,600,00
Total Liabilities				:	\$	29,068,58
Net Assets					\$	7,731,72
Less Reserves Alloc						
Active/Retiree Pre	emiums for Plan Year 01/01/	13 - 12/31/13 (\$9,000,000)			\$	(5,250,00
Active/Retiree Pre	emiums for Plan Year 01/01/	14 - 12/31/14 (\$3,600,000)			\$	-
Catastrophic Rese	erve (2013 - \$11,100,000)	•			\$	(2,481,72
Net Assets ['] Availab	•			•	\$	()
				:	т	\

	Public School Employees (PSE) Financials - January 1, 2014 through May 31, 2014										
	G	OLD	SI	LVER	BR	ONZE	GRAND	TOTALS			
	Employee Only	Plus Dependents	Employee Only	Plus Dependents	Employee Only	Plus Dependents	Employee Only	Plus Dependents			
Actives	18382	22328	5019	7848	23170	42011	46571	72187			
Retirees	1780	2073	95	98	1181	1472	3056	3643			
Medicare	8976	9832			·		8976	9832			
TOTAL	29138	34233	5114	7946	24351	43483	58603 85662				

REVENUES & EXPENDITURES		
,	Current	Year to Date
Funding	Month	(5 months)
Per Participating Employee Funding (PPE Funding)	\$ 8,470,705	\$ 42,421,884
Employee Contribution	\$ 10,033,506	\$ 50,713,648
Department of Education \$35,000.000 & \$15,000,000	\$ 3,181,818	\$ 23,409,091
Other	\$ 43,864	\$ 647,867
Allocation for Actives - Plan Year 2014	\$ 3,583,333	\$ 17,916,667
Total Funding	\$ 25,313,226	\$ 135,109,157
<u>Expenses</u>		
Medical Expenses		
Claims Expense	\$ 17,773,520	\$ 81,141,930
Claims IBNR	\$ -	\$ -
Medical Administration Fees	\$ 1,730,179	\$ 8,128,892
Refunds	\$ 28,197	\$ 95,803
Employee Assistance Program (EAP)	\$ 80,566	\$ 404,204
Pharmacy Expenses		
RX Claims	\$ 4,317,725	\$ 19,418,025
RX IBNR	\$ (400,000)	(400,000)
RX Administration	\$ 332,073	\$ 1,664,973
Plan Administration	\$ 370,848	\$ 1,639,362
Total Expenses	\$ 24,233,108	\$ 112,093,189
Net Income/(Loss)	\$ 1,080,118	\$ 23,015,968
BALANCE SHEET		
<u>Assets</u>		
Bank Account		\$ 22,825,694
State Treasury		\$ 49,149,355
Receivable from Provider		\$ -
Accounts Receivable		\$ 3,060,385
Due from ASE		\$ -
Total Assets	;	\$ 75,035,434
<u>Liabilities</u>		
Accounts Payable		\$ 3,629
Due to ASE		\$ -
Deferred Revenues		\$ -
Health IBNR		\$ 28,000,000
RX IBNR		\$ 1,400,000
Total Liabilities	:	\$ 29,403,629
Net Assets		\$ 45,631,806
Less Reserves Allocated:		
Premiums for Plan Year 1/1/14 - 12/31/14 (\$43,000,000)		\$ (25,083,334)
Catastrophic Reserve (2014 - \$11,100,000)		\$ (11,100,000)
Net Assets Available	<u> </u>	\$ 9,448,472

Fifth Week of claims totaled: \$4,363,367



Arkansas State Employees & Public School Employees Life & Health Insurance Board

Preliminary Rates for CY 2015



June 17, 2014 John Colberg, FSA, MAAA Gaelle Gravot, FSA, MAAA



Topics

- 1. Comments
- 2. 2015 Recommended Benefit Options
- 3. Employee Contribution Strategy
 - a. Risk Adjusted vs. Non-Risk Adjusted rates
 - b. Strategy Comparison
- 4. Preliminary Rates
 - a. ASE (Recommended by Benefits Committee)
 - b. PSE (using same method as ASE Recommended)

Appendices

- A. Current Benefit Structure
- B. Rating Worksheets
- C. Assumptions and Disclosures





Comments

- Figures changed from May 22
 presentation as a result of processing benefit changes on actual claims data.
- Projected Year-End 2014 net assets:
 - ASE: \$18 Million
 - PSE: None (\$8 Million in catastrophic reserves)
- Rates shown are projected to have same net assets at end of 2015.





2015 Benefit Options Recommended for ASE

Yellow highlight means the coverage is changed	2014	2014	2014	Recommended	Recommended	Recommended
	Gold	Silver	Bronze	Premium	Classic	Basic
Actuarial Value (per MV Calculator)	83.7%	78.5%	71.3%	82.3%	70.0%	60.6%
Monthly Plan HSA Contribution (Ind./Family)	n/a	n/a	\$0	n/a	\$25/\$50	\$25/\$50
In-Network:			·			
Deductible - Individual	\$0	\$1,000	\$2,000	\$1,000	\$2,500	\$6,600
Co-Insurance Limit - Individual (after Deductible)	\$2,500	\$3,000	\$4,350	\$2,500	\$4,100	n/a
Med. Out-of-Pocket Max (Ded. + Co-Ins. + Med. Co-Pay)	\$2,500	\$4,000	\$6,350	\$3,500	\$6,600	\$6,600
Deductible - Family	\$0	\$2,000	\$3,000	\$2,000	\$5,000	\$13,200
Co-Insurance Limit - Family (after Deductible)	\$5,000	\$6,000	\$6,525	\$5,000	\$8,200	n/a
Med. Out-of-Pocket Max (Ded. + Co-Ins. + Med. Co-Pay)	\$5,000	\$8,000	\$9,525	\$7,000	\$13,200	\$13,200
Coinsurance Rate	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	100%/0%
Physician Office Visit - Primary Care - Co-Pay	\$35	\$35	0070/2070	\$25	0070/2070	10070/070
Physician Office Visit - Specialist - Co-Pay	\$33 \$70	\$33 \$70		\$50		
Rx - Deductible	None	None	Incl. w/ Med.	None	Incl. w/ Med.	Incl. w/ Med.
Rx - Tier 1 - Generic	\$15	\$15		\$10		
Rx - Tier 2 - Preferred Brand	\$40	\$40		\$40		
Rx - Tier 3 - Non-Preferred Brand	\$80	\$80		\$80	not covered	not covered
Rx - Specialty	\$100	\$100		\$100		
Rx - Out of Pocket Maximum (Individual/Family)	n/a	n/a		\$3,100/\$6,200		
Hospital / Facility - Inpatient & SNF - Co-Pay Per Admission*	\$250	\$300		\$0		
Hospital / Facility - Outpatient - Co-Pay*	\$100	\$150		\$0		
Urgent Care Visit	\$100	\$100		\$100		
Emergency Room Visit	\$250	\$300		\$250		
Emergency Transportation - Ambulance	\$50	\$50		\$50		
High Tech Radiology - Co-Pay (1st Procedure Only)*	\$250	\$300		\$0		
Rehab / Therapy - Outpatient - Physical/Speech/Occup	\$35	\$35		\$25		
Rehab / Therapy - Outpatient - Chiropractic - Co-Pay	\$35	\$35		\$25		
Out-of-Network:						
Deductible - Individual/Family	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000	not covered	not covered
Co-Insurance	60%/40%	60%/40%	60%/40%	60%/40%	not covered	not covered
Co-Insurance Limit - Individual/Family (after Deductible)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	None	not covered	not covered
Max. Out-of-Pocket (Deductible + Co-Insurance)	\$6,000/\$12,000	\$6,500/\$13,000	\$8,000/\$16,000	None	not covered	not covered

^{*}Deductible & Co-Insurance also applies





Employee Contribution Strategy

Unadjusted Rates

- Past Practice
- Plan is heavily exposed to selection risk

Risk Adjusted Rates

- Best Practice
- Employee contributions set based on a "base" plan
- Employee buys up/down into more expensive/cheaper plan based on benefit differential cost
- Insulates plan from migration/selection

Change of methodology can lead to significant changes in employee contribution for some employees





Strategy Comparison

(Illustration uses PSE rates)

	Baseline P	opulation	8,000 Migrate from Premium % Difference				
Actives	Unadjusted Total Rate	Risk Adjusted Total Rate	Unadjusted Total Rate	Risk Adjusted Total Rate		Unadjusted Total Rate	Risk Adjusted Total Rate
Premium							
Employee Only	\$577.04	\$421.66	\$666.68	\$417.12		16%	-1%
Employee & Spouse	1,302.90	933.04	1,516.46	922.44		16%	-1%
Employee & Child(ren)	1,067.52	767.20	1,240.88	758.58		16%	-1%
Family	1,793.38	1,278.56	2,090.68	1,263.90		17%	-1%
Est. Monthly Total (\$mil)	\$15.8	\$11.5	\$12.1	\$7.5		-23%	-35%
Classic							
Employee Only	\$262.38	\$366.08	\$272.20	\$362.40		4%	-1%
Employee & Spouse	541.62	803.52	564.90	794.64		4%	-1%
Employee & Child(ren)	459.18	661.66	478.08	654.46		4%	-1%
Family	713.42	1,099.08	745.80	1,086.72		5%	-1%
Est. Monthly Total (\$mil)	\$7.0	\$10.2	\$9.3	\$12.7		32%	25%
Basic							
Employee Only	\$144.28	\$322.12	\$148.12	\$318.92		3%	-1%
Employee & Spouse	260.32	698.66	269.40	691.00		3%	-1%
Employee & Child(ren)	230.80	576.54	238.16	570.34		3%	-1%
Family	321.84	953.08	334.44	942.42		4%	-1%
Est. Monthly Total (\$mil)	\$0.9	\$2.2	\$1.2	\$2.8		33%	25%
Total (Monthly) (\$ mil)	\$23.7	\$23.9	\$22.6	\$23.0		-5%	-4%
Est Annual Total (\$ mil)	\$284.5	\$286.5	\$270.8	\$276.3		-5%	-4%
Total Actives & Retirees	\$325.1	\$325.1	\$314.7	\$314.7		-3%	-3%





ASE Preliminary Active Rates Risk Adjusted

Actives	Risk Adjusted Total Rate	State Contrib.	Reserve Used / (Added)		ee Cost with & ellness Visit	2014 Employee Cost	Change in E	E Cost (\$/%) w Visi	vith & without it	Wellness	Assumed Enrollment
Premium				with	without*	2014 Gold	wit	th	witho	out	
Employee Only	\$431.08	\$305.75	\$20.55	\$104.78	\$179.78	\$96.68	\$8.10	8%	\$83.10	86%	14,304
Employee & Spouse	968.92	552.69	37.15	379.08	454.08	371.24	7.84	2%	82.84	22%	3,155
Employee & Child(ren)	723.48	481.10	32.34	210.04	285.04	195.48	14.56	7%	89.56	46%	4,970
Family	1,261.32	728.04	48.94	484.34	559.34	423.60	60.74	14%		32%	3,403
Est. Monthly Total (\$mil)	\$17.1	\$11.0	\$0.7	\$5.4	\$0.2	\$5.0	\$0.4	8%	\$0.2	47%	25,832
Classic						2014 Bronze					
Employee Only	\$372.78	\$305.75	\$20.55	\$46.48	\$121.48	\$0.00	\$46.48	n/a	\$121.48	n/a	952
Employee & Spouse	832.86	552.69	37.15	243.02	318.02	77.96	165.06	212%	240.06	308%	280
Employee & Child(ren)	622.90	481.10	32.34	109.46	184.46	28.10	81.36	290%	156.36	556%	249
Family	1,082.96	728.02	48.94	306.00	381.00	93.08	212.92	229%	287.92	309%	346
Est. Monthly Total (\$mil)	\$1.1	\$0.8	\$0.1	\$0.2	\$0.0	\$0.1	\$0.2	302%	\$0.0	527%	1,827
Basic						2014 Bronze					
Employee Only	\$326.30	\$305.75	\$20.55	\$0.00	\$75.00	\$0.00	\$0.00	n/a	\$75.00	n/a	238
Employee & Spouse	722.32	552.69	37.15	132.48	207.48	77.96	54.52	70%	129.52	166%	70
Employee & Child(ren)	541.60	481.10	32.34	28.16	103.16	28.10	0.06	0%	75.06	267%	62
Family	937.62	728.04	48.94	160.64	235.64	93.08	67.56	73%	142.56	153%	86
Est. Monthly Total (\$mil)	\$0.2	\$0.2	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	63%	\$0.0	288%	457
Total (Monthly) (\$ mil)	\$18.5	\$12.0	\$0.8	\$5.7	\$0.2	\$5 <i>.0</i>	\$0.6/		12%1		28,115
Est Annual Total (\$ mil)	\$221.7	\$144.1	\$9.7	\$67.9	\$2.5	\$60.5	\$7.4/		12%1		
vs 2014 plan elections - with/without wellness			\$9.7	\$67.9	\$2.5	\$65.1	\$2.8/	\$5.3	4%8	3%	
Total Active & Ret (\$ mil)	\$291.3	\$173.3	\$11.6	\$106.3	\$2.5	\$94.8	\$11.6	12%	\$14.1	15%	39,574
*Already subtracted from Total Pates											

*Already subtracted from Total Rates

Assumes 90% of population pays discounted rates. If assume 100%, increase all rates by \$7.50. If less, reduce rates by \$7.50 for each 10%.

-CHEIRON



ASE Preliminary Retiree Rates Risk adjusted

NIME Defines	Risk Adjusted Total Rate	State Contrib.	Reserve Used / (Added)	2015 Retiree Cost	2014 Total Retiree Cost	Change in Betin	C+ (#/0/)	Assumed
NME Retirees	Total Rate	Contrib.	(Added)	COSL		Change in Retir	ee Cost (\$/%)	Enrollment
Premium	A 10 1 00	* * * * * * * * * *	A 40.00	40.50	2014 Gold	***	-01	1 222
Retiree Only	\$431.08	\$161.58	\$10.86	\$258.64	\$237.98	\$20.66	9%	1,900
Retiree & NME SP	968.92	287.57	19.33	662.02	581.36	80.66	14%	606
Retiree & Child(ren)	723.48	230.08	15.46	477.94	444.02	33.92	8%	104
Retiree & NME SP&CH	1,261.32	356.07	23.93	881.32	925.42	(44.10)	-5%	39
Retiree & ME SP	790.98	272.86	18.34	499.78	405.36	94.42	23%	251
Retiree & MESP & CH	1,083.38	341.36	22.94	719.08	612.54	106.54	17%	9
Est. Monthly Total (\$mil)	\$1.7	\$0.6	\$0.0	\$1.1	\$1.0	\$0.1	12%	2,909
Classic					2014 Bronze			
Employee Only	\$372.78	\$161.58	\$10.86	\$200.34	\$147.86	\$52.48	35%	27
Employee & Spouse	832.86	287.57	19.33	525.96	303.78	222.18	73%	18
Employee & Child(ren)	622.90	230.08	15.46	377.36	204.06	173.30	85%	4
Family	1,082.96	356.05	23.93	702.98	334.02	368.96	110%	12
Est. Monthly Total (\$mil)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	74%	60
Basic					2014 Bronze			
Employee Only	\$326.30	\$161.58	\$10.86	\$153.86	\$147.86	\$6.00	4%	3
Employee & Spouse	722.32	287.57	19.33	415.42	303.78	111.64	37%	2
Employee & Child(ren)	541.60	230.08	15.46	296.06	204.06	92.00	45%	0
Family	937.62	356.07	23.93	557.62	334.02	223.60	67%	1
Est. Monthly Total (\$mil)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	37%	7
Total (Monthly) (\$ mil)	\$1.8	\$0.6	\$0.0	\$1.1	\$1.0	\$0.1	12%	2,975
Est Annual Total (\$ mil)	\$21.4	\$7.3	\$0.5	\$13.6	\$12.1	\$1.5		
Medicare Eligible								
Retiree Only	\$359.90	\$185.48	\$12.46	\$161.96	\$148.10	\$13.86	9%	5,797
Retiree & NME SP	790.99	211.44	14.21	565.34	480.82	84.52	18%	399
Retiree & Child(ren)	692.50	291.64	19.60	381.26	347.70	33.56	10%	62
Retiree & NME SP&CH	1,190.13	379.95	25.54	784.64	680.46	104.18	15%	34
Retiree & ME SP	697.31	289.81	19.48	388.02	340.86	47.16	14%	2,170
Retiree & ME SP & CH	1,029.90	395.97	26.61	607.32	540.48	66.84	12%	21
Est. Monthly Total (\$mil)	\$4.0	\$1.8	\$0.1	\$2.1	\$1.8	\$0.2	12%	8,483
Total (Est. Annual)	\$48.2	\$21.9	\$1.5	\$24.8	\$22.2	\$2.7		





PSE Preliminary Active Rates (Unadjusted – 8,000 Migrate)

Actives	Unadjusted Total Rate	Direct State Contrib.	Reserve Used / (Added)	School District Contrib.		ee Cost with & ellness Visit	2014 Employee Cost	Change in E	E Cost (\$/%) w Visi	vith & without	Wellness	Assumed Enrollment
Premium			,		with	without*	2014 Silver	wit	h	with	out	
	¢666 60	\$200.46	\$10.04	¢452.00							61%	12 201
Employee Only	\$666.68	\$299.46	\$10.04	\$153.00	\$204.18	\$279.18	\$173.32	\$30.86		\$105.86		13,281
Employee & Spouse	1,516.46	424.22	14.22	153.00	925.02	1,000.02	785.24	139.78	18%	214.78	27%	313
Employee & Child(ren)	1,240.88	545.94	18.30	153.00	523.64	598.64	444.52	79.12	18%	154.12	35%	1,473
Family	2,090.68	977.39	32.77	153.00	927.52	1,002.52	787.36	140.16	18%	215.16	27%	466
Est. Monthly Total (\$mil)	\$12.1	\$5.4	\$0.2	\$2.4	\$4.2	\$0.1	\$3.6	\$0.6	18%	\$0.1	50%	15,533
Classic							2014 Bronze					
Employee Only	\$272.20	\$57.28	\$1.92	\$153.00	\$60.00	\$135.00	\$11.00	\$49.00	445%	\$124.00	1127%	17,063
Employee & Spouse	564.90	0.00	(28.18)	153.00	440.08	515.08	266.72	173.36	65%	248.36	93%	1,276
Employee & Child(ren)	478.08	124.29	4.17	153.00	196.62	271.62	119.16	77.46	65%	152.46	128%	3,743
Family	745.80	143.31	4.81	153.00	444.68	519.68	269.50	175.18	65%	250.18	93%	2,820
Est. Monthly Total (\$mil)	\$9.3	\$1.8	\$0.0	\$3.8	\$3.6	\$0.2	\$1.7	\$1.8	106%	\$0.2	214%	24,902
Basic							2014 Bronze					
Employee Only	\$148.12	\$0.00	(\$15.88)	\$153.00	\$11.00	\$86.00	\$11.00	\$0.00	0%	\$75.00	682%	4,266
Employee & Spouse	269.40	0.00	(150.32)	153.00	266.72	341.72	266.72	0.00	0%	75.00	28%	319
Employee & Child(ren)	238.16	0.00	(34.00)	153.00	119.16	194.16	119.16	0.00	0%	75.00	63%	936
Family	334.44	0.00	(88.06)	153.00	269.50	344.50	269.50	0.00	0%	75.00	28%	705
Est. Monthly Total (\$mil)	\$1.2	\$0.0	(\$0.2)	\$1.0	\$0.4	\$0.0	\$0.4	\$0.0	0%	\$0.0	108%	6,225
Total (Monthly) (\$ mil)	\$22.6	\$7.2	(\$0.0)	\$7.1	\$8.2	\$0.3	\$5.7	\$2.5/		43%4		46,661
Est Annual Total (\$ mil)	\$270.8	\$86.6	(\$0.0)	\$85.7	\$98.6	\$4.2	\$68.8	\$29.7/	•	43%4		
vs 2014 plan elections (minimu	m District) - with/	without wellness	3	\$85.7	\$98.6	\$4.2	\$108.1	-\$9.5/-	•	-9%-		
vs 2014 plan elections (estimate	ed District) - with	/without wellnes	s	\$103.3	\$80.9	\$4.2	\$90.4	-\$9.5/-	-\$5.3	-11%	-6%	
Total Active & Ret (\$ mil)	\$314.7	\$86.6	\$0.0	\$85.7	\$142.4	\$4.2	\$102.3	\$40.1	39%	\$44.3	43%	60,827
*Already subtracted from Total	Detec											

^{*}Already subtracted from Total Rates

Assumes 90% of population pays discounted rates. If assume 100%, increase all rates by \$7.50. If less, reduce rates by \$7.50 for each 10%.

Note: The figures presented are preliminary and subject to change.





PSE Preliminary Active Rates (Risk Adjusted – 8,000 Migrate)

Actives	Risk Adjusted Total Rate	Direct State Contrib.	Reserve Used / (Added)	School District Contrib.		ee Cost with & ellness Visit	2014 Employee Cost	Change in El	E Cost (\$/%) w Vis	vith & without it	: Wellness	Assumed Enrollment
Premium					with	without*	2014 Silver	wit	h	with	out	
Employee Only	\$417.12	\$125.74	\$0.00	\$153.00	\$138.38	\$213.38	\$173.32	(\$34.94)	-20%	\$40.06	23%	13,281
Employee & Spouse	922.44	138.32	0.00	153.00	631.12	706.12	785.24	(154.12)	-20%	(79.12)	-10%	313
Employee & Child(ren)	758.58	251.48	0.00	153.00	354.10	429.10	444.52	(90.42)	-20%	(15.42)	-3%	1,473
Family	1,263.90	264.06	0.00	153.00	846.84	921.84	787.36	59.48	8%	134.48	17%	466
Est. Monthly Total (\$mil)	\$7.5	\$2.2	\$0.0	\$2.4	\$3.0	\$0.1	\$3.6	(\$0.6)	-17%	\$0.1	15%	15,533
Classic							2014 Bronze					
Employee Only	\$362.40	\$125.74	\$0.00	\$153.00	\$83.66	\$158.66	\$11.00	\$72.66	661%	\$147.66	1342%	17,063
Employee & Spouse	794.64	138.32	0.00	153.00	503.32	578.32	266.72	236.60	89%	311.60	117%	1,276
Employee & Child(ren)	654.46	251.48	0.00	153.00	249.98	324.98	119.16	130.82	110%	205.82	173%	3,743
Family	1,086.72	264.06	0.00	153.00	669.66	744.66	269.50	400.16	148%	475.16	176%	2,820
Est. Monthly Total (\$mil)	\$12.7	\$4.0	\$0.0	\$3.8	\$4.9	\$0.2	\$1.7	\$3.2	182%	\$0.2	290%	24,902
Basic							2014 Bronze					
Employee Only	\$318.92	\$125.74	\$0.00	\$153.00	\$40.18	\$115.18	\$11.00	\$29.18	265%	\$104.18	947%	4,266
Employee & Spouse	691.00	138.32	0.00	153.00	399.68	474.68	266.72	132.96	50%	207.96	78%	319
Employee & Child(ren)	570.34	251.48	0.00	153.00	165.86	240.86	119.16	46.70	39%	121.70	102%	936
Family	942.42	264.06	0.00	153.00	525.36	600.36	269.50	255.86	95%	330.86	123%	705
Est. Monthly Total (\$mil)	\$2.8	\$1.0	\$0.0	\$1.0	\$0.8	\$0.0	\$0.4	\$0.4	90%	\$0.0	198%	6,225
Total (Monthly) (\$ mil)	\$23.0	\$7.2	\$0.0	\$7.1	\$8.7	\$0.3	<i>\$5.7</i>	\$2.9/	\$3.3	51%	57%	46,661
Est Annual Total (\$ mil)	\$276.3	\$86.6	\$0.0	\$85.7	\$104.0	\$4.2	\$68.8	\$35.2/	\$39.4	51%	57%	
vs 2014 plan elections (minimum	n District) - with/v	vithout wellness	3	\$85.7	\$104.0	<i>\$4.2</i>	\$108.1	-\$4.0/	\$0.2	-4%	0%	
vs 2014 plan elections (estimate	ed District) - with/	without wellnes	s	\$103.3	\$86.4	\$4.2	\$90.4	-\$4.0/	\$0.2	-4%	0%	
Total Active & Ret (\$ mil)	\$314.7	\$86.6	\$0.0	\$85.7	\$142.4	\$4.2	\$102.3	\$40.1	39%	\$44.3	43%	60,827

^{*}Already subtracted from Total Rates

Assumes 90% of population pays discounted rates. If assume 100%, increase all rates by \$7.50. If less, reduce rates by \$7.50 for each 10%.

-CHEIRON



PSE Preliminary Active Rates (Blended – 8,000 Migrate)

Actives	Unadj Rate: Employee Cost	25% Risk Adj Employee Cost	50% Risk Adj Employee Cost	75% Risk Adj Employee Cost	Risk Adj Rate: Ee Cost	2014 Employee Cost		Assumed Enrollment
Premium						2014 Gold	2014 Silver	
Employee Only	\$204.18	\$187.73	\$171.28	\$154.83	\$138.38	\$249.38	\$173.32	13,281
Employee & Spouse	925.02	851.55	778.07	704.60	631.12	1,129.92	785.24	313
Employee & Child(ren)	523.64	481.26	438.87	396.49	354.10	639.62	444.52	1,473
Family	927.52	907.35	887.18	867.01	846.84	1,132.96	787.36	466
	\$4.2	\$3.9	\$3.6	\$3.3	\$3.0			15,533
Classic						2014 Bronze		
Employee Only	\$60.00	\$65.92	\$71.83	\$77.75	\$83.66	\$11.00		17,063
Employee & Spouse	440.08	455.89	471.70	487.51	503.32	266.72		1,276
Employee & Child(ren)	196.62	209.96	223.30	236.64	249.98	119.16		3,743
Family	444.68	500.93	557.17	613.42	669.66	269.50		2,820
	\$3.6	\$3.9	\$4.2	\$4.6	\$4.9			24,902
Basic						2014 Bronze		
Employee Only	\$11.00	\$18.30	\$25.59	\$32.89	\$40.18	\$11.00		4,266
Employee & Spouse	266.72	299.96	333.20	366.44	399.68	266.72		319
Employee & Child(ren)	119.16	130.84	142.51	154.19	165.86	119.16		936
Family	269.50	333.47	397.43	461.40	525.36	269.50		705
	\$0.4	\$0.5	\$0.6	\$0.7	\$0.8			6,225
Total (Monthly) (\$ mil)	\$8.2	\$8.3	\$8.4	\$8.6	\$8.7			46,661
Est Annual Total (\$ mil)	\$98.6	\$99.9	\$101.3	\$102.7	\$104.0			

Assumes 90% of population pays discounted rates. If assume 100%, increase all rates by \$7.50. If less, reduce rates by \$7.50 for each 10%.

-CHEIRON



PSE Preliminary Retiree Rates (Blended – 8,000 Actives Migrate)

					Risk Adj			Assumed
NME Retirees	Unadj Rate: Retiree Cost	25% Risk Adj Retiree Cost	50% Risk Adj Retiree Cost	75% Risk Adj Retiree Cost	Rate: Ret. Cost	2014 Pos	tiree Cost	Enrollment
Premium	Retiree Gost	rtetiree oost	recirce cost	rearee cost	COSC	2014 Rei	2014 Silver	
	\$666.68	\$604.29	\$541.90	\$479.51	\$417.12	\$566.72	\$426.54	2,056
Retiree Only	1,516.46	1,367.96	1,219.45	1,070.95	922.44	1,360.06	1,107.40	143
Retiree & NME SP	1,240.88	1,120.31	999.73	879.16	758.58	1,048.24	779.76	21
Retiree & Child(ren)	•	1,883.99	1,677.29	1,470.60		1,841.60	1,363.04	15
Retiree & NME SP&CH	2,090.68	773.39	•		1,263.90 586.22		1,303.04	156
Retiree & ME SP	835.78		711.00	648.61		720.18		156
Retiree & ME SP & CH	1,409.98	1,289.41	1,168.83	1,048.26	927.68	1,201.70		-
Est. Monthly Total (\$mil)	\$1.8	\$1.6	\$1.4	\$1.3	\$1.1			2,391
Classic	4.0-0.00	4001-5	A 2 1 = 2 2	4000		2014 Bronze		
Employee Only	\$272.20	\$294.75	\$317.30	\$339.85	\$362.40	\$267.66		1,254
Employee & Spouse	564.90	622.34	679.77	737.21	794.64	600.98		243
Employee & Child(ren)	478.08	522.18	566.27	610.37	654.46	468.20		32
Family	745.80	831.03	916.26	1,001.49	1,086.72	801.52		43
Est. Monthly Total (\$mil)	\$0.5	\$0.6	\$0.6	\$0.7	\$0.7			1,571
Basic						2014 Bronze		
Employee Only	\$148.12	\$190.82	\$233.52	\$276.22	\$318.92	\$267.66		139
Employee & Spouse	269.40	374.80	480.20	585.60	691.00	600.98		27
Employee & Child(ren)	238.16	321.21	404.25	487.30	570.34	468.20		4
Family	334.44	486.44	638.43	790.43	942.42	801.52		5
Est. Monthly Total (\$mil)	\$0.0	\$0.0	\$0.0	\$0.1	\$0.1			175
Total (Monthly) (\$ mil)	\$2.3	\$2.2	\$2.1	\$2.0	\$1.9			4,137
Est Annual Total (\$ mil)	\$28.0	\$26.7	\$25.4	\$24.1	\$22.8			
Medicare Eligible								
Retiree Only	\$109.23	\$109.23	\$109.23	\$109.23	\$109.23	\$81.68		9,090
Retiree & NME SP	824.58	762.19	699.81	637.42	575.03	708.98		96
Retiree & Child(ren)	794.36	735.04	675.71	616.39	557.06	665.66		17
Retiree & NME SP&CH	1,593.10	1,448.79	1,304.48	1,160.17	1,015.87	1,310.62		1
Retiree & ME SP	285.78	285.78	285.78	285.78	285.78	271.04		825
Retiree & ME SP & CH	940.96	881.64	822.32	762.99	703.67	788.44		-
Est. Monthly Total (\$mil)	\$1.3	\$1.3	\$1.3	\$1.3	\$1.3			10,030
Total (Est. Annual)	\$15.9	\$15.8	\$15.7	\$15.6	\$15.5			





PSE Preliminary Active Rates excluding Part Time and Bariatric Surgery (Blended - 8,000 Migrate)

			,					
Actives	Unadj Rate: Employee Cost	25% Risk Adj Employee Cost	50% Risk Adj Employee Cost	75% Risk Adj Employee Cost	Risk Adj Rate: Ee Cost	2014 Empl	oyee Cost	Assumed Enrollment
Premium						2014 Gold	2014 Silver	
Employee Only	\$192.38	\$175.59	\$158.80	\$142.01	\$125.22	\$249.38	\$173.32	12,142
Employee & Spouse	871.62	807.22	742.82	678.42	614.02	1,129.92	785.24	287
Employee & Child(ren)	493.42	451.89	410.35	368.82	327.28	639.62	444.52	1,347
Family	873.96	859.49	845.02	830.55	816.08	1,132.96	787.36	427
	\$3.6	\$3.3	\$3.1	\$2.8	\$2.5			14,203
Classic						2014 Bronze		
Employee Only	\$50.00	\$55.20	\$60.39	\$65.59	\$70.78	\$11.00		15,601
Employee & Spouse	373.40	401.78	430.16	458.54	486.92	266.72		1,166
Employee & Child(ren)	166.82	181.05	195.28	209.51	223.74	119.16		3,422
Family	377.30	442.95	508.59	574.24	639.88	269.50		2,578
	\$2.8	\$3.1	\$3.4	\$3.8	\$4.1			22,767
Basic						2014 Bronze		
Employee Only	\$11.00	\$15.14	\$19.28	\$23.42	\$27.56	\$11.00		3,900
Employee & Spouse	266.72	296.00	325.28	354.56	383.84	266.72		292
Employee & Child(ren)	119.16	124.39	129.62	134.85	140.08	119.16		856
Family	269.50	326.22	382.94	439.66	496.38	269.50		645
	\$0.4	\$0.5	\$0.5	\$0.6	\$0.7			5,692
Total (Monthly) (\$ mil)	\$6.8	\$6.9	\$7.0	\$7.1	\$7.2			42,662
Est Annual Total (\$ mil)	\$81.3	\$82.7	\$84.1	<i>\$85.4</i>	\$86.8			
	_							

Assumes 90% of population pays discounted rates. If assume 100%, increase all rates by \$7.50. If less, reduce rates by \$7.50 for each 10%.





PSE Preliminary Retiree Rates excluding Part Time and Bariatric Surgery (8,000 Actives Migrate)

	Unadj Rate:	25% Risk Adj	50% Risk Adj	75% Risk Adj	Risk Adj Rate: Ret.			Assumed
NME Retirees	Retiree Cost	Retiree Cost	Retiree Cost	Retiree Cost	Cost	2014 Re	tiree Cost	Enrollment
Premium						2014 Gold	2014 Silver	
Retiree Only	\$662.52	\$600.83	\$539.13	\$477.44	\$415.74	\$566.72	\$426.54	2,056
Retiree & NME SP	1,505.76	1,358.90	1,212.03	1,065.17	918.30	1,360.06	1,107.40	143
Retiree & Child(ren)	1,232.30	1,113.06	993.81	874.57	755.32	1,048.24	779.76	21
Retiree & NME SP&CH	2,075.54	1,871.13	1,666.71	1,462.30	1,257.88	1,841.60	1,363.04	15
Retiree & ME SP	831.62	769.93	708.23	646.54	584.84	720.18		156
Retiree & MESP & CH	1,401.40	1,282.16	1,162.91	1,043.67	924.42	1,201.70		-
Est. Monthly Total (\$mil)	\$1.8	\$1.6	\$1.4	\$1.3	\$1.1			2,391
Classic						2014 Bronze		
Employee Only	\$270.98	\$293.56	\$316.14	\$338.72	\$361.30	\$267.66		1,254
Employee & Spouse	561.16	618.67	676.18	733.69	791.20	600.98		243
Employee & Child(ren)	475.16	519.32	563.47	607.63	651.78	468.20		32
Family	740.34	825.68	911.01	996.35	1,081.68	801.52		43
Est. Monthly Total (\$mil)	\$0.5	\$0.6	\$0.6	\$0.7	\$0.7			1,571
Basic						2014 Bronze		
Employee Only	\$149.40	\$191.57	\$233.74	\$275.91	\$318.08	\$267.66		139
Employee & Spouse	271.56	375.70	479.84	583.98	688.12	600.98		27
Employee & Child(ren)	240.04	322.06	404.08	486.10	568.12	468.20		4
Family	337.22	487.46	637.70	787.94	938.18	801.52		5
Est. Monthly Total (\$mil)	\$0.0	\$0.0	\$0.0	\$0.1	\$0.1			175
Total (Monthly) (\$ mil)	\$2.3	\$2.2	\$2.1	\$2.0	\$1.9			4,137
Est Annual Total (\$ mil)	\$27.8	\$26.5	\$25.3	\$24.0	\$22.7			
Medicare Eligible								
Retiree Only	\$113.94	\$113.94	\$113.94	\$113.94	\$113.94	\$81.68		9,090
Retiree & NME SP	820.43	758.73	697.03	635.33	573.63	708.98		96
Retiree & Child(ren)	790.53	731.85	673.17	614.49	555.81	665.66		17
Retiree & NME SP&CH	1,582.11	1,439.40	1,296.68	1,153.96	1,011.25	1,310.62		1
Retiree & ME SP	288.13	288.13	288.13	288.13	288.13	271.04		825
Retiree & MESP & CH	937.13	878.46	819.78	761.10	702.42	788.44		-
Est. Monthly Total (\$mil)	\$1.4	\$1.4	\$1.4	\$1.3	\$1.3			10,030
Total (Est. Annual)	\$16.4	\$16.3	\$16.2	\$16.2	\$16.1			





HEIRON

Classic Values, Innovative Advice





Appendix A – Current Benefit Summary

Benefit Option Name:	Gold	Silver	Bronze
Last Modified:	1/1/2014	1/1/2014	1/1/2014
Provider Network:	Health Advantage	QualChoice	Health Advantage
In-Network (INN) Benefits			
Deductible (Individual / Family)	None / None	\$1000 / \$2000	\$2000 / \$3000
Coinsurance	20%	20%	20%
Copays			
Office Visit - Primary Care (PCP)	\$35	\$35	Ded. & Coins.
OV - Specialist Care Provider (SCP)	\$70	\$70	Ded. & Coins.
Urgent Care (UC)	\$100	\$150	Ded. & Coins.
Emergency Room (ER) Non-admitted	\$250	\$300	Ded. & Coins.
Outpatient Surgery	\$100 then Ded. & Coins.	\$150 then Ded. & Coins.	Ded. & Coins.
Hospital Inpatient	\$250 then Ded. & Coins.	\$300 then Ded. & Coins.	Ded. & Coins.
Out-of-Pocket Max (Individual / Family)	\$2500 / \$5000	\$4000 / \$8000	\$6350 / \$9525
Out-of-Network (OON) Benefits ¹			
Deductible (Individual / Family)	\$1000 / \$2000	\$2000 / \$4000	\$4000 / \$8000
Coinsurance	40%	40%	40%
Out-of-Pocket Max (Individual / Family)	\$6000 / \$12000	\$8000 / \$16000	\$12700 / \$19000
Annual Maximum INN / OON	Unlimited	Unlimited	Unlimited
Prescription Drugs			
Separate Deductible then the following Copays:			
Retail (31 Days) - Generic/Formulary /Non-Form./ Specialty	\$15 / \$40 / \$80 / \$100	\$15 / \$40 / \$80 / \$100	Ded. & Coins.
Mail Order (93 Days) - Generic/Form. /Non-Form.	\$45 / \$120/ \$240	\$45 / \$120 / \$240	Ded. & Coins.
Selected Detail Benefits			
Emergency Transportation - Ambulance	INN: \$50 Copay;	INN: \$50 Copay;	
Energency Transportation - Ambulance	OON: Ded & Coins.	OON: Ded & Coins.	
Psychiatry	INN: \$25 Copay; OON: Ded & Coins.	INN: \$25 Copay; OON: Ded & Coins.	Ded. & Coins.
	INN: \$35 Copay;	INN: \$35 Copay;	Deu. & Coms.
Rehabilitation (i.e., speech, occup. physical):	OON: Ded. & Coins.	OON: Ded. & Coins.	Ded. & Coins.
	INN: \$35;	INN: \$50;	Dea. & Comb.
Chiropractors:	OON: Ded & Coins.	OON: Ded & Coins.	Ded. & Coins.
Hearing Aids:	No Cost; Limit of \$1400 per	No Cost; Limit of \$1400 per	
	ear every 3 years	ear every 3 years	Ded. & Coins.
Durable Medical Equipment (DME):	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Preventive Care:	INN: No Cost; OON: Coins. except immun. no cost	INN: No Cost; OON: Coins. except immun. no cost	INN: No Cost; OON: Coins. except immun. no cost

¹When an in-network provider is not available within 50 miles for a hospital and 25 miles for all other providers, then in-network benefits apply.





(8,000 actives migrate)

PSE ACTIVE & NME RATE DEVELOPMENT for CY2015

PSE ACTIVE & NIVIE RATE DEVELOPMENT for C12013									
Plan:	Premiun	n (from Gol	d/Silver)	Class	ic (from Bro	onze)	Basic	c (from Bro	nze)
Benefit:	<u>Medical</u>	Pharmacy	<u>Total</u>	<u>Medical</u>	Pharmacy	<u>Total</u>	<u>Medical</u>	Pharmacy	<u>Total</u>
Experience Period - Service (Incurred) Dates	4/13 - 3/14	4/13 - 3/14		4/13 - 3/14	4/13 - 3/14		4/13 - 3/14	4/13 - 3/14	
Experience Period - Processed (Paid) Dates	4/13 - 4/14	4/13 - 4/14		4/13 - 4/14	4/13 - 4/14		4/13 - 4/14	4/13 - 4/14	
	<u>A</u>	<u>B</u>	<u>c</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	<u>I</u>
1 Total Incurred Medical & Rx Claims (Experience Period)	\$139,796,219	\$48,388,928	\$188,185,147	\$55,314,558	\$10,667,044	\$65,981,603	\$55,314,558	\$10,667,044	\$65,981,603
2 Less High Cost Claims Above (Med/Rx) \$125,000 \$25,000	<u>\$11,149,280</u>	\$6,457,853	\$17,607,134	<u>\$1,420,064</u>	\$675,739	\$2,095,804	<u>\$1,420,064</u>	\$675,739	\$2,095,804
3 Net Incurred Claims below Pooling Point [1 - 2]	\$128,646,939	\$41,931,075	\$170,578,014	\$53,894,494	\$9,991,305	\$63,885,799	\$53,894,494	\$9,991,305	\$63,885,799
4 Person Months for Experience Period	424,456	424,456	424,456	478,463	478,463	478,463	478,463	478,463	478,463
5 Net Incurred Claims Per Person Per Month (PPPM) [3 / 4]	\$303.09	\$98.79	\$401.88	\$112.64	\$20.88	\$133.52	\$112.64	\$20.88	\$133.52
6 Change in Benefits & Network/Contract During Experience Period	0.9903	0.8632		0.9263	0.8534		0.9263	0.8534	
7 Change in Demographics or Illness Burden During Experience Period	1.0602	1.0608		1.0068	1.0103		1.0068	1.0103	
8 Change in Geographic During Experience Period	1.0043	1.0000		<u>1.0016</u>	1.0004		<u>1.0016</u>	1.0004	
9 a) Annual Trend Rate	6.0%	6.0%		6.0%	6.0%		6.0%	6.0%	
b) Months to Trend	21	21		21	21		21	21	
c) Trend Adjustment	1.1074	1.1074		1.1074	1.1074		1.1074	1.1074	
10 Adjusted Claims Charged PPPM [5 x 6 x 7 x 8 x 9c]	\$353.87	\$100.18	\$454.05	\$116.51	\$19.94	\$136.45	\$116.51	\$19.94	\$136.45
11 Charge for Claims above Pooling Point PPPM	<u>\$26.51</u>	<u>\$14.10</u>	<u>\$40.61</u>	\$8.89	<u>\$2.78</u>	<u>\$11.66</u>	\$8.89	<u>\$2.78</u>	<u>\$11.66</u>
12 Total Claims Charged PPPM [10 + 11]	\$380.39	\$114.27	\$494.66	\$125.39	\$22.72	\$148.12	\$125.39	\$22.72	\$148.12
13 Change in Future Benefits & Networks/Contracts	0.9469	1.0488		0.8966	0.8966		0.6890	0.6890	
14 Change in Future Demographics (Age/Gender/Family) or Illness Burden		1.1899		1.2431	1.2418		0.5396	0.5234	
15 Change in Future Geographic	<u>1.0000</u>	<u>1.0000</u>		<u>1.0000</u>	<u>1.0000</u>		<u>1.0000</u>	<u>1.0000</u>	
16 Rating Incurred Claim PPPM [13 x 14 x 15]	\$423.03	\$142.62	\$565.64	\$139.75	\$25.30	\$165.05	\$46.62	\$8.19	\$54.82
17 ACA Transitional Reinsurance Fee & ARK PCMH PPPM			\$6.67			\$6.67			\$6.67
18 Projected Persons Months	273,354	273,354	273,354	524,682	524,682	524,682	127,898	127,898	127,898
19 Projected Total Incurred Claims & Fee [(16 + 17) x 18]	\$115,636,853	\$38,984,571	\$156,443,785	\$73,325,750	\$13,272,201	\$90,095,829	\$5,963,080	\$1,047,998	\$7,863,728
20 PEPM Expenses and Other Costs			\$39.86			\$38.05			\$38.17
21 Retiree Subsidy / Holdback PEPM			\$11.20			\$11.20			\$11.20
22 Projected Expense Loaded Cost [19 + (20+21) x 23]			\$167,496,018			\$105,742,710			\$11,655,084
23 Conversion to Rating Tiers [19 x rating tier x counts]	x tier	Projected		x tier	Projected		x tier	Projected	
Method: Person	factor	Ee Months	<u>PEPM</u>	factor	Ee Months	PEPM	factor	Ee Months	<u>PEPM</u>
a) Employee Only	1.08	187,060	\$666.68	1.13	219,796	\$243.19	1.13	52,859	\$119.11
b) Employee & Spouse	2.56	5,482	\$1,516.47	2.69	18,219	\$510.91	2.70	4,150	\$215.39
c) Employee & Child(ren)	2.08	17,949	\$1,240.88	2.18	45,301	\$424.09	2.19	11,272	\$184.17
d) Family	3.56	5,774	\$2,090.67	3.74	34,359	\$ <u>691.80</u>	3.76	8,518	\$ <u>280.45</u>
e) Child(ren) of Medicare Retirees	1.00	208	\$ <u>625.26</u>						
24 Rates Balance Confirmation		216,473	\$167,496,018		317,675	\$105,742,710		76,800	\$11,655,084

Rates shown are prior to risk adjustment and do not include HSA contributions or HSA vendor expenses.





(8,000 actives migrate)

PSE MEDICARE RETIREE RATE DEVELOPMENT for CY2015

Plan:		Medicare
Benefit:	Medical	Total
Experience Period - Service (Incurred) Dates	4/13 - 3/14	
Experience Period - Processed (Paid) Dates	4/13 - 4/14	
1 Total Incurred Medical & Rx Claims	\$14,297,045	\$14,297,045
2 Less High Cost Claims Above (Med/Rx) \$125,000 \$25,000	\$95,364	<u>\$95,364</u>
3 Net Incurred Claims below Pooling Point [1 - 2]	\$14,201,681	\$14,201,681
4 Person Months for Experience Period	106,868	106,868
5 Net Incurred Claims Per Person Per Month (PPPM) [3 / 4]	\$132.89	\$132.89
6 Change in Benefits & Network/Contract During Experience Period	1.0000	
7 Change in Demographics or Risk During Experience Period	1.0038	
8 Change in Geographic During Experience Period	1.0000	
9 a) Annual Trend Rate	5.0%	
b) Months to Trend	21	
c) Trend Adjustment	<u>1.0891</u>	
10 Adjusted Claims Charged PPPM [5 x 6 x 7 x 8 x 9c]	\$145.28	\$145.28
11 Charge for Claims above Pooling Point PPPM	<u>\$4.03</u>	<u>\$4.03</u>
12 Total Claims Charged PPPM [10 + 11]	\$149.31	\$149.31
13 Change in Future Benefits & Networks/Contracts	1.0000	
14 Change in Future Demographics (Age/Gender/Family) or Illness Burden	0.9819	
15 Change in Future Geographic	<u>1.0000</u>	
16 Projected Incurred Claim PPPM [13 x 14 x15]	\$146.60	\$146.60
17 Projected Person Months	132,129	132,129
18 Allocated Expenses	\$22.50	\$22.50
19 Projected ME Retiree Months	120,355	120,355
20 Projected Total Incurred Claims & Exp [16 x 17 + 18 x 19]	\$22,078,412	\$22,078,412





Appendix B – Rating Worksheets (8,000 actives migrate)

PSE PREMIUM RETIREE RATE DEVELOPMENT for CY2015

21 Conversion to Rating Tiers from PPPM [16]

Method: Person

- a) NME Retiree
- b) NME Retiree & NME Spouse
- c) NME Retiree & Child(ren)
- d) NME Retiree & NME Spouse & Child(ren)
- e) NME Retiree & ME Spouse
- f) NME Retiree & ME Spouse & Child(ren)
- g) ME Retiree
- h) ME Retiree & NME Spouse
- i) ME Retiree & Child(ren)
- j) ME Retiree & NME Spouse & Child(ren)
- k) ME Retiree & ME Spouse
- I) ME Retiree & ME Spouse & Child(ren)
- 22 Rates Balance Confirmation

x Non-Med.	Non-Med.	x Medicare	<u>Medicare</u>	<u>Projected</u>	<u>TOTAL</u>
tier factor	<u>PEPM</u>	tier factor	<u>PEPM</u>	Ret Months	<u>PEPM</u>
1.08	\$666.68	-	\$0.00	23,311	\$666.68
2.56	\$1,516.47	-	\$0.00	1,694	\$1,516.47
2.08	\$1,240.88	-	\$0.00	242	\$1,240.88
3.56	\$2,090.67	-	\$0.00	180	\$2,090.67
1.08	\$666.68	1.00	\$146.60	1,871	\$813.28
2.08	\$1,240.88	1.00	\$146.60	-	\$1,387.48
	\$0.00	1.00	\$169.10	109,076	\$169.10
1.08	\$655.48	1.00	\$169.10	1,154	\$824.58
1.00	\$614.06	1.00	\$169.10	208	\$783.16
2.49	\$1,423.99	1.00	\$169.10	14	\$1,593.10
	\$0.00	2.00	\$315.71	9,903	\$315.71
1.00	\$614.06	2.00	\$315.71		\$929.76
	\$20,938,416		\$22,078,412	-	\$43,016,827





ASE ACTIVE & NME RATE DEVELOPMENT for CY2015

Plan:	Premium	(from Gold	d/Silver)	Classic (from Bronze)			Basic (from Bronze)		
Benefit:	Medical	Pharmacy	<u>Total</u>	Medical	Pharmacy	Total	Medical	<u>Pharmacy</u>	Total
Experience Period - Service (Incurred) Dates	4/13 - 3/14	4/13 - 3/14		4/13 - 3/14	4/13 - 3/14		4/13 - 3/14	4/13 - 3/14	
Experience Period - Processed (Paid) Dates	4/13 - 4/14	4/13 - 4/14		4/13 - 4/14	4/13 - 4/14		4/13 - 4/14	4/13 - 4/14	
	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	<u>H</u>	Ī
1 Total Incurred Medical & Rx Claims (Experience Period)	\$163,531,148	\$50,765,092	\$214,296,240	\$4,224,267	\$529,194	\$4,753,460	\$4,224,267	\$529,194	\$4,753,460
2 Less High Cost Claims Above (Med/Rx) \$125,000 \$25,000	<u>\$11,567,451</u>	\$4,502,192	\$16,069,644	<u>\$52,314</u>	\$16,250	\$68,565	<u>\$52,314</u>	\$16,250	\$68,565
3 Net Incurred Claims below Pooling Point [1 - 2]	\$151,963,696	\$46,262,900	\$198,226,596	\$4,171,952	\$512,943	\$4,684,896	\$4,171,952	\$512,943	\$4,684,896
4 Person Months for Experience Period	615,788	615,788	615,788	49,208	49,208	49,208	49,208	49,208	49,208
5 Net Incurred Claims Per Person Per Month (PPPM) [3 / 4]	\$246.78	\$75.13	\$321.91	\$84.78	\$10.42	\$95.20	\$84.78	\$10.42	\$95.20
6 Change in Benefits & Network/Contract During Experience Period	0.9878	0.8646		0.9563	0.8376		0.9563	0.8376	
7 Change in Demographics or Illness Burden During Experience Period	0.9823	0.9772		0.9946	0.9922		0.9946	0.9922	
8 Change in Geographic During Experience Period	0.9997	1.0000		0.9945	0.9993		0.9945	0.9993	
9 a) Annual Trend Rate	6.0%	6.0%		6.0%	6.0%		6.0%	6.0%	
b) Months to Trend	21	21		21	21		21	21	
c) Trend Adjustment	<u>1.1074</u>	<u>1.1074</u>		<u>1.1074</u>	<u>1.1074</u>		<u>1.1074</u>	<u>1.1074</u>	
10 Adjusted Claims Charged PPPM [5 x 6 x 7 x 8 x 9c]	\$265.08	\$70.29	\$335.38	\$88.80	\$9.58	\$98.38	\$88.80	\$9.58	\$98.38
11 Charge for Claims above Pooling Point PPPM	<u>\$19.53</u>	<u>\$7.88</u>	<u>\$27.41</u>	<u>\$6.09</u>	<u>\$0.96</u>	<u>\$7.06</u>	<u>\$6.09</u>	<u>\$0.96</u>	<u>\$7.06</u>
12 Total Claims Charged PPPM [10 + 11]	\$284.61	\$78.17	\$362.78	\$94.89	\$10.54	\$105.43	\$94.89	\$10.54	\$105.43
13 Change in Future Benefits & Networks/Contracts	0.9427	1.0535		0.8954	0.8954		0.7354	0.7354	
14 Change in Future Demographics (Age/Gender/Family) or Illness Burden	1.0028	1.0011		1.1362	1.1607		0.5036	0.4995	
15 Change in Future Geographic	<u>1.0000</u>	1.0000		<u>1.0000</u>	1.0000		<u>1.0000</u>	1.0000	
16 Rating Incurred Claim PPPM [13 x 14 x 15]	\$269.05	\$82.44	\$351.49	\$96.53	\$10.96	\$107.49	\$35.15	\$3.87	\$39.02
17 ACA Transitional Reinsurance Fee & ARK PCMH PPPM			\$6.67			\$6.67			\$6.67
18 Projected Persons Months	621,701	621,701	621,701	44,051	44,051	44,051	10,827	10,827	10,827
19 Projected Total Incurred Claims & Fee [(16 + 17) x 18]	\$167,265,900	\$51,253,959	\$222,664,530	\$4,252,339	\$482,645	\$5,028,660	\$380,514	\$41,936	\$494,627
20 PEPM Expenses and Other Costs			\$40.20			\$38.42			\$38.48
21 Projected Expense Loaded Cost [19 + (20+21) x 23]			\$236,767,766			\$5,898,437			\$708,573
22 Conversion to Rating Tiers [19 x rating tier x counts]	x tier	Projected		x tier	Projected		x tier	Projected	
Method: Person	factor	Ee Months	<u>PEPM</u>	factor	Ee Months	PEPM	factor	Ee Months	PEPM
a) Employee Only	1.14	202,240	\$447.72	1.13	11,744	\$167.55	1.13	2,891	\$90.28
b) Employee & Spouse	2.70	45,131	\$1,008.45	2.69	3,577	\$345.23	2.69	865	\$161.56
c) Employee & Child(ren)	1.99	61,408	\$752.55	1.98	3,028	\$264.14	1.98	751	\$129.03
d) Family	3.55	41,300	\$1,313.28	3.53	4,292	\$ <u>441.82</u>	3.54	1,053	\$ <u>200.30</u>
e) Child(ren) of Medicare Retirees	0.85	744	\$ <u>345.03</u>						
23 Rates Balance Confirmation		350,824	\$236,767,766		22,641	\$5,898,437		5,560	\$708,573

Rates shown are prior to risk adjustment and do not include HSA contributions or HSA vendor expenses.





ASE MEDICARE RETIREE RATE DEVELOPMENT for CY2015

AGE MEDICARE RETIREE RATE DEVELOT		2010		
Plan:	Medicare			
Benefit:	Medical	Pharmacy	Total	
Experience Period - Service (Incurred) Dates	4/13 - 3/14	4/13 - 3/14		
Experience Period - Processed (Paid) Dates	4/13 - 4/14	4/13 - 4/14		
1 Total Incurred Medical & Rx Claims *	\$17,795,528	\$20,746,773	\$38,542,301	
2 Less High Cost Claims Above (Med/Rx) \$125,000 \$25,000	\$260,444	\$2,626,086	\$2,886,530	
3 Net Incurred Claims below Pooling Point [1 - 2]	\$17,535,084	\$18,120,687	\$35,655,771	
4 Person Months for Experience Period	119,851	119,851	119,851	
5 Net Incurred Claims Per Person Per Month (PPPM) [3 / 4]	\$146.31	\$151.19	\$297.50	
6 Change in Benefits/Network During Experience Period	1.0000	0.8653		
7 Change in Demographics or Risk During Experience Period	1.0015	1.0015		
8 Change in Geographic During Experience Period	1.0000	1.0000		
9 a) Annual Trend Rate	5.0%	6.0%		
b) Months to Trend	21	21		
c) Trend Adjustment	<u>1.0891</u>	<u>1.1074</u>		
10 Adjusted Claims Charged PPPM [5 x 6 x 7 x 8 x 9c]	\$159.59	\$145.09	\$304.68	
11 Charge for Claims above Pooling Point PPPM	<u>\$2.17</u>	<u>\$21.91</u>	\$24.08	
12 Total Claims Charged PPPM [10 + 11]	\$161.76	\$167.00	\$328.76	
13 Change in Future Benefits (Level/Mgt/Discounts)	1.0000	1.0536		
14 Change in Future Demographics (Age/Gender/Family) or Risk	0.9975	1.0005		
15 Change in Future Geographic	<u>1.0000</u>	1.0000		
16 Projected Incurred Claim PPPM [13 x 14 x15]	\$161.37	\$176.04	\$337.40	
17 Projected Person Months	131,225	131,225	131,225	
18 Allocated Expenses	\$22.50		\$22.50	
19 Projected ME Retiree Months	101,800		101,800	
20 Projected Total Incurred Claims & Exp [16 x 17 + 18 x 19]	\$23,465,673	\$23,100,614	\$46,566,287	

^{*} Pharmacy Cost for Medicare has subtracted the RDS Subsidy.





ASE PREMIUM RETIREE RATE DEVELOPMENT for CY2015

21 Conversion to Rating Tiers from PPPM [16]

Method:

Person

- a) NME Retiree
- b) NME Retiree & NME Spouse
- c) NME Retiree & Child(ren)
- d) NME Retiree & NME Spouse & Child(ren)
- e) NME Retiree & ME Spouse
- f) NME Retiree & ME Spouse & Child(ren)
- g) ME Retiree
- h) ME Retiree & NME Spouse
- i) ME Retiree & Child(ren)
- j) ME Retiree & NME Spouse & Child(ren)
- k) ME Retiree & ME Spouse
- I) ME Retiree & ME Spouse & Child(ren)

22 Rates Balance Confirmation

x Non-Med.	Non-Med.	x Medicare	<u>Medicare</u>	<u>Projected</u>	<u>TOTAL</u>
tier factor	<u>PEPM</u>	tier factor	<u>PEPM</u>	Ee Months	<u>PEPM</u>
1.14	\$447.72	-	\$0.00	22,582	\$447.72
2.70	\$1,008.45	-	\$0.00	7,168	\$1,008.45
1.99	\$752.55	-	\$0.00	1,214	\$752.55
3.55	\$1,313.28	-	\$0.00	450	\$1,313.28
1.14	\$447.72	1.00	\$337.40	3,013	\$785.12
1.99	\$752.55	1.00	\$337.40	110	\$1,089.95
-	\$0.00	1.00	\$359.90	69,560	\$359.90
1.14	\$447.72	1.00	\$359.90	4,784	\$807.62
0.85	\$345.03	1.00	\$359.90	744	\$704.93
2.42	\$865.56	1.00	\$359.90	411	\$1,225.46
-	\$0.00	2.00	\$697.31	26,045	\$697.31
0.85	\$345.03	2.00	\$697.31	257	\$1,042.34
	\$23,117,207		\$46,566,287	•	\$69,683,494





Appendix C – Assumptions & Disclosures

- Plan Election:
 - For ASE and PSE overall Non-Medicare Eligible plan election will be similar to 2014.
 - Increases in Medicare eligible retirees (to 8,500 for ASE and 10,000 for PSE, approximately).
 - Silver and Gold are assumed to move to the Premium plan.
 - 20% of Bronze Active participants are assumed to elect the Basic plan and 80% the Classic plan. 10% of Bronze Retiree participants are assumed to elect the Basic plan and 90% the Classic plan.
 - For selected PSE Scenarios, 8,000 participants migrate from Premium to Classic/Basic
- Experience period: April 2013 through March 2014. Claims are paid through April 2014, adjusted for savings generated by reference pricing changes implemented on or before January 1, 2014.
- Trend assumption: 6% annually for medical (Non-Medicare) and Rx, 5% for medical Medicare.
- Additional details about the assumptions and methods will be provided in follow-up documentation.
- In preparing the information in this presentation, we relied without audit, on information (some oral and some written) supplied by the EBD and the Plan's vendors. This information includes, but is not limited to, the plan provisions, employee eligibility data, financial information and claims data. We performed an informal examination of the obvious characteristics of the data for reasonableness and consistency in accordance with Actuarial Standard of Practice #23.
- Cheiron's analysis was prepared exclusively for the Employee Benefits Division of the State of Arkansas for the specific purpose of providing projections and options to the Arkansas State and Public School Life and Health Insurance Board and/or Benefits Committee. Our analysis is not intended to benefit any third party, and Cheiron assumes no duty or liability to any such party.
- The figures in this presentation are preliminary and subject to change or modification as more detailed information is gathered and depending upon decisions made by the Board.

