

Health Plan Renewal 2025

Monday, September 23, 2024

AASD:

- Julie King, Chief Human Resources Officer
- Holly Burr, Executive Director of Finance

Benefits Consultants:

- Megan Zimmerman
- Deborah Perez



Marsh McLennan
Agency

Topics:

1. Self-Funding Goal Alignment
2. Background information on Plan
3. Budget Review
4. Plan Performance
5. Strategic Actions to improve performance
 - Optimize high-quality care employee care
 - Mitigate cost for staff and the District
6. Renewal Rates /Recommended Adjustments





Self-Funding / Goal Alignment

Goals:

- ❑ **Mitigate rising health care costs to maintain affordability**
- ❑ **Provide a quality healthcare plan that is affordable to employees**
- ❑ **Educate staff on consumerism and maximizing benefits**

Implementation of self-funding with a Unique Healthcare Plan (goal alignment):

- ❑ Only funding strategy that supports AASD to mitigate cost and pass savings to staff
- ❑ Through \$0 best care recommendations, free primary care and partners who work on behalf of AASD to provide affordable healthcare options
- ❑ Collaborative Care and Prairie States align to ensure the best possible outcomes, excellent care, and engagement in high performance (lower net cost) options for members

BACKGROUND INFORMATION: CURRENT PLAN



2024 Benefit Summary: Prairie States (Broad HPS Network)

Benefit Provisions	In-Network (Formally Tier 2)	Out-of-Network (Formally Tier 3 - \$150% of Medicare)
Preventive Care	\$0	\$100
Teladoc Visit	\$0	N/A
Physical/Occupational/Speech Therapy per visit	\$50	\$100
Chiropractic Visit	\$25	\$50
Behavioral Health Visit	\$25	\$50
Primary Care Physician Visit	\$50 PCA/Mosaic/Kaukauna \$100 elsewhere	\$200
Pediatric Primary Care Visit	\$50	\$100
Lab Test	\$50	\$100
Specialty Office Visit	\$150	\$300
Urgent Care Visit	\$200	\$200
Emergency Room Visit	\$500	\$500
Inpatient Facility per day	\$1,500	\$3,000
Outpatient Procedures	\$1,000	\$2,000
X-ray & other low-end imaging	\$100	\$200
Imaging (CT/MRI/PET, etc.)	\$500	\$1,000
DME/Prosthetics	\$100	\$200
Maximum Medical Out-of-Pocket	\$3,000/\$6,000	\$6,000/\$12,000
Pharmacy	Generic: \$5 Brand Preferred: \$30 Brand Non-Preferred: \$90 Brand w/ Generic Available: non-preferred copay+ difference in cost between generic and brand Specialty may be available at no cost to member through ScoutRx	
Maximum Pharmacy Out-of-Pocket	\$2,000/\$4,000	

No deductible (copays only)

Health Reimbursement Account (originally to offset high deductible)

No copay options

- *Two Direct Primary Care Clinics (Connecting Care Clinic and District Health)*
- *Teladoc, Urgent and ER*
- *Imaging*
- *Physical Therapy*
- *Surgical bundles*
- *Other Services through Collaborative Care (Healthcare Navigator)*
- *lower-cost meds: \$0 Orchestra tier; District Health; Smith Pharmacy*

In the second year of District Self-Funded Health Plan

- Designated High Performance Services (formerly tier 1) – May be available for some services with a waiver of copay through Collaborative Care (healthcare navigator)
- Employee Clinic Services (Connecting Care Clinic and Menasha partnership)- No co-pay

<p>DISTRICT HEALTH EMPLOYER CLINIC</p> <p>(920) 967-4141</p> <p>145 Calumet St. Appleton, WI 54915</p> <p>Monday 7 AM – 5 PM Tuesday 7 AM – 5 PM Wednesday 7 AM – 5 PM Thursday 7 AM – 5 PM Friday 7 AM – 3 PM</p>	<p>Connecting Care Clinic</p> <p>(920) 225-1467</p> <p>3925 N. Gateway Dr. Appleton, WI 54913</p> <p><i>ThedaCare Physicians</i> Appleton Gateway</p> <p>Monday 7 AM – 5:30 PM Tuesday 7 AM – 5:30 PM Wednesday 7 AM – 6 PM Thursday 7 AM – 6 PM Friday 7 AM – 4 PM</p>	<p>URGENT CARE PHYSICIANS</p> <p>(920) 733-5900</p> <p>3329 Express Ct. Appleton, WI 54915</p> <p>Monday – Friday 8 AM – 8 PM Saturday – Sunday 8 AM – 4 PM Holidays 8 AM – 2 PM</p>	<p>GREEN BAY ER & HOSPITAL</p> <p>(920) 610-1990</p> <p>2465 Monroe Rd. Bellevue, WI 54115</p> <p>Open 24 hours every day, even holidays!</p>
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Member Spend Under District-Funded Plan

	WEA/HT (2021 Plan Year)	2023 New Health Plan
Member Cost Share % Of Allowed Charges	10.5%	8.1%
Amount Per Member (APM)	\$559.00	\$460.06

- APM includes includes medical/pharmacy co-pays and/or deductibles (excluding premiums or HRA).
- The amounts compared reflect IBNR built into the 2023 plan year data to compare mature plan year data to the 2021 WEA/HT data.
- The 2021 costs for WEA/HT do not factor in medical inflation, add an additional 12-18% to the \$559.00 to compare to 2023 plan costs.
- 2 years later our employees are paying approximately \$100 less annually as the WEA/HT amount does not include annual healthcare inflation
- WI is the 4th most expensive state for healthcare



Budget Review

Fund Balance (General Fund 10)

Ending Balance for 2022-2023 (Audited)	\$62,538,776
Restricted/Assigned	<u>\$44,062,713</u>
Unassigned	\$18,476,063
Revenues - Expenses 2023-2024	-\$8,421,543
Ending Balance for 2023-2024 (Unaudited)	\$54,117,233
Restricted/Assigned	<u>\$38,852,043</u>
Unassigned	\$15,265,190



Budget Review

	<u>Budget</u>	<u>Actual Cost</u>	<u>Shortfall</u>
2022		\$29,543,984	N/A Fully Insured
2023	\$31,610,316	\$35,747,072	\$4.1 million
	<u>Budget</u>	<u>Projected actual Cost</u>	<u>Shortfall</u>
2024	\$35,246,593	\$38,928,016	\$3.7 million



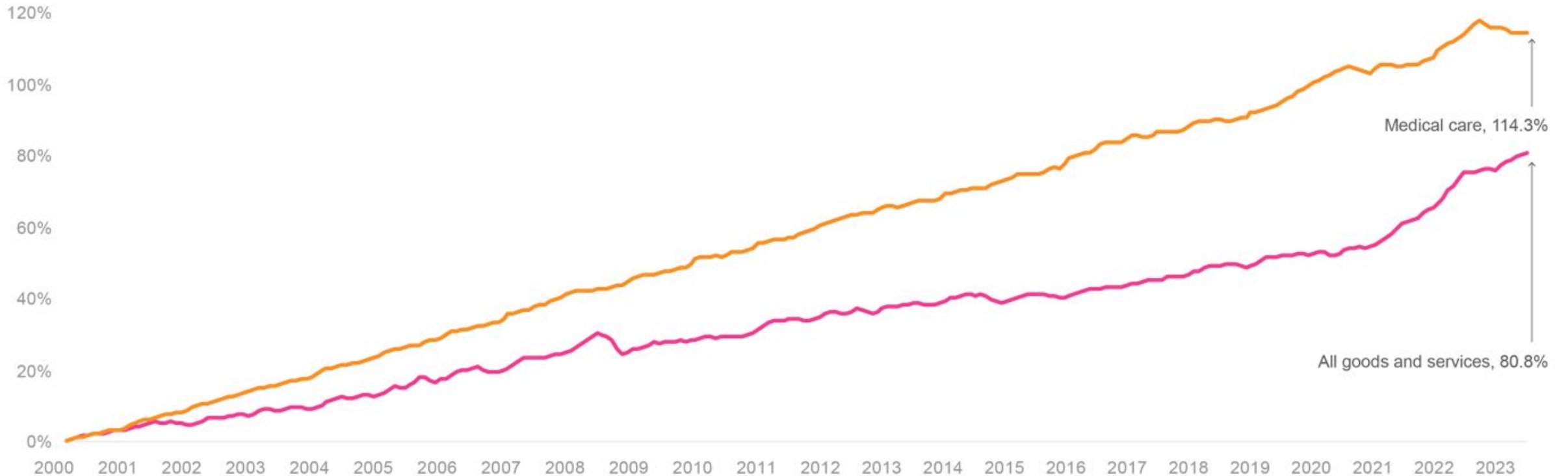
Compensation / Benefits

- Both Compensation and Benefits are paid through Fund 10 based on the same funding sources
 - Fund 10 – with increases to Fund 10 averaging 1.7% over the past 4 years while the CPI has averaged 4.5%
- Inflationary impacts to our health care costs over the same past four years have averaged 13.3%

The Problem: Healthcare Costs Continue to Rise

Impact of Decades of Medical Inflation Rising Higher than CPI

Cumulative percent change in Consumer Price Index for all urban consumers (CPI-U) for medical care and for all goods and services, January 2000 – June 2023



Note: Medical care includes medical services as well as commodities such as equipment and drugs.

Source: Peterson-KFF Health System Tracker, "How does medical inflation compare to inflation in the rest of the economy?" 2023, [Link](#)

Fast Facts: What We Know

The Healthcare Market

- There is a wide range of costs for same service
- No correlation between cost and quality in health care
- An estimated 21% of all medical care in US is potentially unnecessary
- Very little information offered to consumers

AASD Plan

- Self-Funding has worked better than fully insured for AASD
 - Despite increased costs, AASD's costs are 2.7% - 8.9% lower than they would have been under a fully insured plan.
- The health plan now includes two primary care clinics as no copay options
- Collaborative Care offers options at no cost to the employee
 - Best Care based on outcomes at a fair price to the plan
 - Bases recommendations on medical data

Prescription drugs

- Members access hundreds of no cost options through District Health, Smith Pharmacy, and ScoutRx
- Members are paying less for prescriptions and the plan is paying less

Why Are the No Cost Options Critical to Plan Performance?

From January through June 2024

- No Cost Options used 2,541 times representing \$3,827,897
 - 26.5% of medical spend
- Collaborative Care offers No Cost Options for (nearly) every procedure
- Members are Paying less by -18%
 - Spend decreased: \$2,906,800 (fully insured) to \$2,393,99 (self-funded) in 2024
- Options based on quality, best performing providers vs. lower quality providers that can lead to more costly, unnecessary care
- When members find quality care (outcomes and price) that is research based Collaborative Care and not word of mouth or advertisements, it matters! Choices in care impact premium renewals.



Self-Funding: Still The Best Path Forward

Comparison to 2023 Fully Insured Quotes Projected to 2025

2023

Actual Spend - \$34,346,234

Carrier	Annual Prem.	\$ Difference	% Difference
Network Health	\$35,831,165	\$1,484,932	4.3%
UHC	\$37,984,217	\$3,637,984	10.6%
Humana	\$40,645,081	\$6,298,848	18.3%
Anthem, WCA, WPS	DTQ	N/A	N/A

2024

Projected Spend - \$38,928,016

Carrier	Annual Prem.	\$ Difference	% Difference
Network Health	\$39,414,282	\$486,266	1.1%
UHC	\$41,782,639	\$2,854,623	6.6%
Humana	Left Market	N/A	N/A

2025

Projected Spend - \$42,952,454

Carrier	Annual Prem.	\$ Difference	% Difference
Network Health	\$43,355,710	\$403,255	0.9%
UHC	\$45,960,903	\$3,008,448	7.0%

In 2023, AASD received fully insured quotes:

- From: Network Health, UHC, and Humana
- Anthem / WPS declined to quote (DTQ) & WEA left the market.
- Quotes ranged from 4.3%-18.3% higher than AASD's actual 2023 health plan spend.

In 2024,

- Remaining carriers that provided 2023 quotes: Network Health and UHC.
- Humana left the market.
- Despite health plan costs projected to increase 13.3%, it is still a lower cost compared to what the fully insured premiums would have been in 2024 (assuming a 10% increase).

For 2025,

- Plan costs are expected to increase 10.3%.
- Due to the budget adjustment made in 2024, MMA is recommending a budget increase of 20.8% for 2025.
- Despite this, fully insured costs would still have expected to have been 0.9%-7.0% greater, based on typical fully insured trends.

From 2023-2025,

AASD will have saved an estimated \$2.37M over this 3-year span compared to the most financially-competitive fully insured quote.

Note: The annual premium for the projected fully insured quotes is assumed to increase 10% annually. Clinic costs are not included in the self-funded actual spend figures.
Marsh & McLennan Agency LLC

Year over Year Costs

Annual Health Plan Costs (January to December) * *Policy Year with runout*



Year	Carrier/TPA	Cost	Funding	Notes
2016	Network Health	\$20,803,518	Fully Insured	
2017	GHT	\$23,292,196	Fully Insured	
2018	GHT	\$25,787,859	Fully Insured	
2019	GHT	\$27,204,311	Fully Insured	
2020	GHT	\$28,836,570	Fully Insured	
2021	NeuGen	\$28,734,981	Fully Insured	Narrow Network HT Plan, Referral required
2022	NeuGen	\$29,543,984	Fully Insured	Narrow Network HT Plan, Referral required
2023	Prairie States	\$34,346,234	Self Insured	Fully insured quotes ranged from 4.3%-18.3%, higher than 2023 actual costs Broad network and \$0 copay healthcare options
2024	Prairie States	\$38,928,016	Self Insured	Broad network and \$0 copay healthcare options

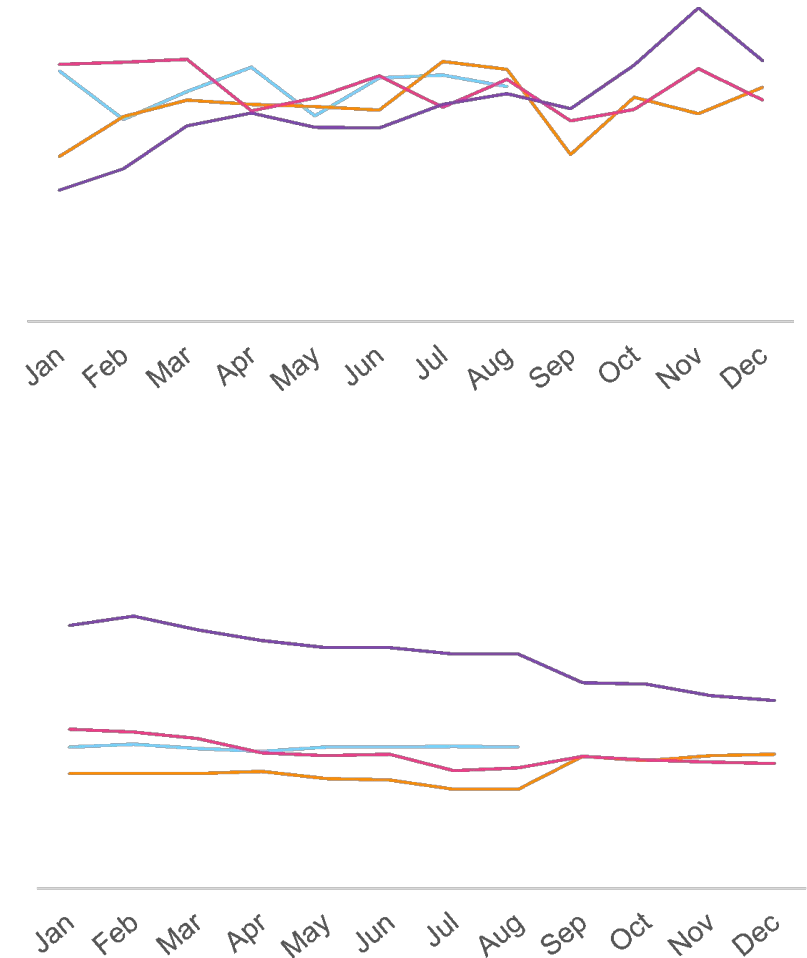
Year Over Year Analysis

Historical Cost and Membership Summary

	2021 YTD Jan - Aug	2022 YTD Jan - Aug	2023 YTD Jan - Aug	2024 YTD Jan - Aug
Total Claims	\$20,823,525	\$24,363,479	\$21,603,388	\$17,496,038
IBNR	\$0	\$0	\$0	\$5,148,669
Stop Loss Reimbursements	(\$1,583,655)	(\$1,255,853)	(\$773,870)	(\$85,915)
Net Claims	\$19,239,870	\$23,107,626	\$20,829,518	\$22,558,792
Average Contracts	1,732	1,651	1,630	1,653
Average Members	5,190	4,925	4,914	4,941
Net Claims Expense PEPM	\$1,388.66	\$1,749.65	\$1,597.36	\$1,706.03
Net Claims Trend		26.0%	(8.7%)	6.8%

+6.8%

Current Year-to-Date Net PEPM Claims Trend



2024 Calendar Year Claims Analysis

Medical Plan Cost Summary

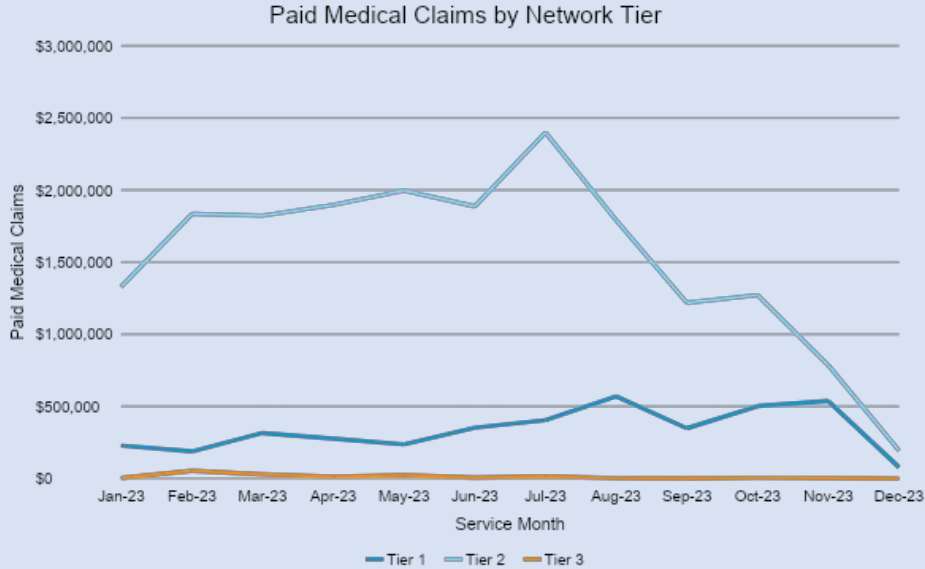
	2024 YTD Jan - Aug	2024 Projected Jan - Dec
Employer Funding	\$20,891,558	\$31,397,987
Employee Funding	\$2,560,887	\$3,848,605
Total Funding: MMA Expected - Aggressive	\$23,452,445	\$35,246,593
<i>Total Funding PEPM</i>	<i>\$1,773.61</i>	<i>\$1,776.99</i>
Incurred & Paid Medical and Rx Claims	\$17,496,038	\$29,067,218
Incurred But Not Reported (IBNR)	\$5,148,669	\$5,148,669
Laser Cost (2 members with Lasers)	\$0	\$0
Specific Stop Loss Reimbursement (\$300K Spec)	(\$85,915)	(\$85,915)
Net Claims Expense	\$22,558,792	\$34,129,972
<i>Net Claims Expense PEPM</i>	<i>\$1,706.03</i>	<i>\$1,720.69</i>
Administrative Fees	\$611,356	\$917,057
Broker Fees	\$56,667	\$85,000
Stop Loss Premiums	\$1,879,472	\$2,825,031
Rx Rebates	(\$224,791)	(\$337,195)
All Other Fees/Expenses	\$732,082	\$1,098,151
Total Fixed Costs	\$3,054,785	\$4,588,043
<i>Total Fixed Costs PEPM</i>	<i>\$231.02</i>	<i>\$231.31</i>
Carrier Expected Total Cost	\$22,723,184	\$34,149,091
MMA Expected Total Cost	\$23,703,429	\$36,807,868
Actual Total Cost	\$25,613,577	\$38,718,016
Surplus/(Deficit)	(\$2,161,132)	(\$3,471,423)

109.2%
Year-to-Date Total
Cost to Funding Ratio

(Net Claims + Fixed Cost)/Total Funding

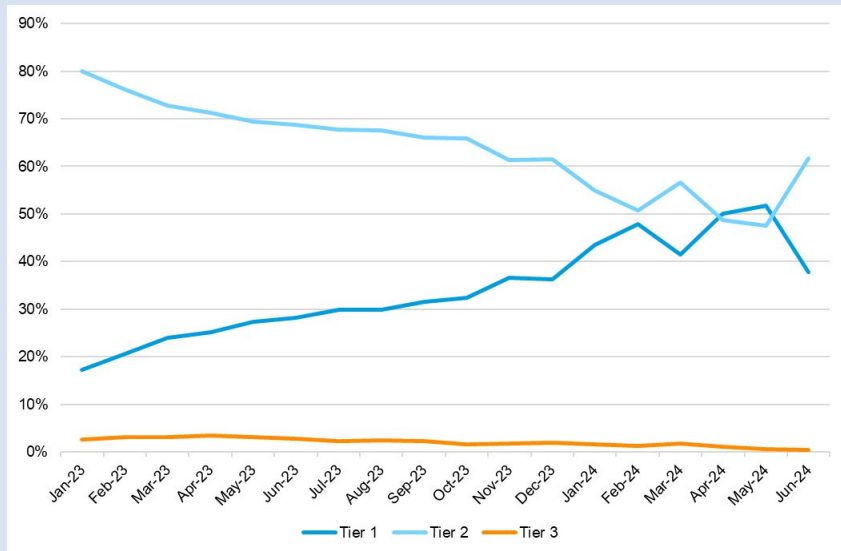


2023 Plan Year Medical Claims by Network



Good Start!

2024 Plan Year thru June Medical Claims by Network



High Performance Providers = \$0 Options In Network: HPS Out-of-Network

2023 High Performance Provider Utilization

- 2,615 Members
- 1,976 'unique'
- \$4,032,100 claims covered by plan
- 17.8% of Total Medical

How do we improve upon strategies to best align with goals?

- Increase District Health Clinic utilization
- Coordinate Consistent Communication
- Consider HRA sunseting
- Enhance PHA / Wellness Program

2023 High Performance Provider Utilization

- In January 2023, AASD saw 17% of all claimants go through a High-Performance Provider.
- By December 2023, this rose to 36%, (more were using \$0 copay options).
- Looking back two months to account for claim lag, April 2024 saw the HPP claimant percentage increase to 50%
- June began seeing a decline in HPP.

Four Areas of Plan Performance Impacting Premiums:



1. **Surgeries**
2. Imaging
3. Direct Primary Care / Labs
4. Prescriptions / Rx

Surgeries (Outpatient Examples)

Missed opportunities

Examples	AASD Paid	\$0 Option	Potential Plan Savings	Percent Savings	Potential Member Savings
Hernia	\$17,604	\$7,810	\$9,794	-56%	\$1,000
Adenoid Procedure	\$13,315	\$4,258	\$9,057	-68%	\$1,000
ENT-Nasal Septum	\$16,803	\$5,785	\$11,018	-66%	\$1,000
Foot Procedure	\$19,768	\$8,521	\$11,247	-57%	\$1,000

2024 January - June (half a year):

- 101 Outpatient Surgeries
 - 23 Choose \$0 Copay Options
 - 78 Choose standard Copay options
- Missed Savings
 - AASD Plan / future premiums **~\$532,427**
 - Member in copays / future premiums: **~\$53,332**

Four Areas of Plan Performance Impacting Premiums:



1. Surgeries
2. **Imaging**
3. Direct Primary Care / Labs
4. Prescriptions / Rx

Imaging / Labs (CT Scans and MRI Examples)

Missed opportunities

Scan	Hospital Average Paid	Office Average Paid/\$0 Option	Potential Plan Savings	Percent Savings	Potential Member Savings
MRI	\$2,605	\$1,366	\$1,239	-48%	\$500
CT	\$1,707	\$1,248	\$459	-27%	\$500

The above are averages. Individual scans can range in cost from \$600 to over \$4,000!!

2024 January - June (half a year):

- 168 MRI/CT Scans
 - 64 Choose \$0 Copay Options
 - 104 Choose standard Copay options
- Missed Savings
 - AASD Plan / future premiums ~\$83,596
 - Member in copays / future premiums: ~\$30,192

Four Areas of Plan Performance Impacting Premiums:

1. Surgeries
2. Imaging
3. **Direct Primary Care / Labs**
4. Prescriptions / Rx

Direct Primary Care/Labs (Non-Preventive Examples)

Missed opportunities

Provider Clinic	Cost thru Plan	Cost thru Quest (DH)	% Differential
Strep A Assay	\$ 72.00	\$ 22.02	227%
UR Albumin Quantitative	\$ 29.82	\$ 7.20	314%
Assay of Urine Creatinine	\$ 24.67	\$ 8.42	193%
Anticoag Mgmt of Patient (INR)	\$ 49.45	\$ 6.31	684%
Outpatient Dept.	Cost thru Plan	Cost thru Quest (DH)	% Differential
Hepatic Function Panel	\$ 62.89	\$ 4.35	1346%
CBC w/ platelets & diff	\$ 33.10	\$ 4.09	709%
Metabolic Panel Total (CMP)	\$ 32.40	\$ 5.67	471%
Assay of Ferritin	\$ 50.49	\$ 10.62	375%

2024 January - June (half a year):

Primary Care Provider Visits: 5,435

- ❖ Connecting Care Clinic: 1,976
- ❖ District Health: 187
- ❖ Other Providers: 3,272 (60%)

□ **PCP Visit Missed Savings:** *If all eligible PCP visits were done at employee clinics*

□ AASD Plan / future premiums ~\$763,015*

□ Member in copays / future premiums: ~\$200,197

□ **Lab Missed Savings:** Lab 'Episodes' at 'retail' providers: 2,569. *If all eligible labs were done at employee clinics:*

□ AASD Plan / future premiums ~\$367,653*

□ Member in copays / future premiums: ~\$62,798

* *Less clinic expenses*

Four Areas of Plan Performance Impacting Premiums:

1. Surgeries
2. Imaging
3. Direct Primary Care / Labs
4. Prescriptions / Rx



Prescription / RX (CT Scans and MRI Examples) - *High Engagement*

For Members (Employees, Spouses, and Dependents)

- No Copy - FREE to Members lower-cost meds: \$0 Orchestra tier; District Health; Smith Pharmacy
- No Copy - FREE to Members High-Cost Brands/Specialty Meds
- 1070 Free Scripts in 2023!

- Fully-Insured Plan Spend: \$6,644,220 / Projected Plan Spend 2024: \$4,561,338 (-31%)

- Plan Paid PMPM: \$80.19 (34% below benchmark*) of \$122.10
- Member Paid PMPM: \$14.74 (12% below benchmark*) of \$16.81

*Cedar Gate/Deerwalk

MMA Critical Strategies

No Cost Options = Best Care / Lowers Costs for Members & AASD



IF members,

- Use District Health and Connecting Care Clinic, when possible/appropriate
- Engage and choose more No Cost options through Collaborative Care
- Take advantage of free medication programs
- Continue using employer clinics for labs
- Consider the Samaritan Fund, if they qualify

Here's How

We **CAN** reduce our health
care spend

Adjustment: Discontinue the Health Reimbursement Account (HRA)

WHY?

- ❖ Removes some financial considerations for members making healthcare decisions.
 - Higher HRA utilization in \$500 & less reimbursements in 2023 than in total of 2022.
 - Members not accessing \$0 options as much as possible.
- ❖ HRA Lowers member engagement in their health plan decisions, Impacts care path
- ❖ Inadvertently eliminates incentive to access established high-quality, low-cost care.
 - Ex: Members opts for HRA reimbursed Primary Care needs labs, x-rays post visit and opts for more expensive facility options vs. \$0 options.
- ❖ AASD Members have lower Out Of Pocket Costs in 2023 than 2021 under new plan
- ❖ Initially HRA was designed to offset a deductible – New plan has \$0 deductible



Without HRA reimbursement of copays, it incentivizes members (employees/spouses/dependents) to access:

- Free healthcare through Employer Clinics (District Health and Connecting Care Clinic), when possible/appropriate:
 - **Shift 30%: Save ~\$458K or Shift 50%: Save ~\$763K**
- Increase choice of No Cost options (Collaborative Care) - **30% increase: Save ~\$640K or 50% increase: Save ~\$1.1M**

HOW? Ensure communications contain the right messaging, are being received and understood.

Health Reimbursement Account (HRA)

▶ Health Reimbursement Account: An account that AASD contributes to for qualified MEDICAL copay expenses (\$500 single / \$1,000 family)

2022 Plan Year Compared to 2023 Plan

- 2022 Plan Year
- Amount Reimbursed \$1,829,355.92
- Average Reimbursement Amount \$951.08

- 2023 Plan Year With Run Out
- Amount Reimbursed \$1,170,847.11
- Average Reimbursement Amount \$783.18

Average Reimbursement Amount:	\$951.08
Number of Participants Receiving Reimbursements:	1382
Reimbursement Range	Participant Count
\$0	383
\$0.01 - \$500	436
\$500.01 - \$1,000	318
\$1,000.01 - \$2,500	604
\$2,500.01 - \$5,000	24
\$5,000.01 - \$10,000	0
\$10,000.01 - \$15,000	0
\$15,000.01 +	0

Average Reimbursement Amount:	\$783.18
Number of Participants Receiving Reimbursements:	1495
Reimbursement Range	Participant Count
\$0	371
\$0.01 - \$500	583
\$500.01 - \$1,000	557
\$1,000.01 - \$2,500	337
\$2,500.01 - \$5,000	18
\$5,000.01 - \$10,000	0
\$10,000.01 - \$15,000	0
\$15,000.01 +	0

Even though 2023 total HRA reimbursements lower than 2022. Reimbursements in \$0.01 to \$1,000 range are higher than 2022 even with health plan offering many \$0 care options in this range (Primary care, lab, imaging, urgent care).

The HRA is not aligned with plan strategy for members to opt for high-quality, low-cost healthcare options.

Adjustment: Require Clinic Visit for High-Risk Members as part of PHA

WHY?

- Prior PHAs and wellness initiatives have had little to no impact on improving population health
- Helping high-risk members connect with care
- District Health assists in guiding members to appropriate care/providers through Connecting Care navigation, ensuring high risk members are receiving high-quality care and support.
- Members will optimize use of the many District Health resources
- **Per the MMA PATH Book of Business: The amt. paid per member for chronic and high-cost claimants was \$950 less for members with a PCP visit than for those without: Potential savings ~\$545K**



HOW? By incorporating the visit as a requirement for the premium incentive, a higher percentage of the staff needing care will be connected to care. It will also promote the use of District Health

Adjustment: Encourage Accessing Samaritan Fund Plan (for qualifying employee)



WHY? Members who join the SFP enjoy no-cost healthcare: premiums and out-of-pocket costs are covered by SFP sponsors. Members qualify if their healthcare needs are significant as determined by the Samaritan Fund.

HOW? Ensure communications contain the right messaging, are being received and understood

Summary Plan Design Adjustments to Mitigate Increase

2025 Medical Projections based on Current Plan Design	\$7,345,012	20.8%
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Plan Change Options and Projected Increase Adjustments	Minimal Decrement	Amount	Maximum Decrement	Amount	Recc.	Amount	
Increase medical OOP from \$3k single/\$6K family to \$3.5k/\$7k; or \$4k/\$8k	-.41%	-\$175,183	-.74%	-\$316,183	0	\$0	
Increase MRI, PET, CT from \$500 to \$750; or \$1000	-.16%	-\$68,364	-.26%	-\$111,091	0	\$0	
Increase DME, Orthotics, Prosethetics from \$100 to \$200	-.05%	-\$21,364	-.05%	-\$21,364	0	\$0	
Increase ER from \$500 to \$750	-.28%	-\$119,637	-.28%	-\$119,637	-.28%	-\$119,637	
Increase Outpatient Surgery from \$1000 to \$1500	-.13%	-\$55,546	-.13%	-\$55,546	0	\$0	
Increase PCA, Mosaic, Kaukauna Clinic from \$50 to \$100; or	-.39%	-\$166,637	-.39%	-\$166,637	-.39%	-\$166,637	
If you increase PCP visits from \$100 to \$150, raise these 3 to \$150, too	-.77%	-\$329,001	-.77%	-\$329,001	0	\$0	
Increase Specialist Visits from \$150 to \$200	-.67%	-\$286,274	-.67%	-\$286,274	0	\$0	
Increase Urgent Care from \$200 to \$250	-.06%	-\$25,636	-.06%	-\$25,636	0	\$0	
Increase Rx Copays as follows (T-1 from \$5 to \$10; T-2 from \$30 to \$40; T-3 from \$90-\$100)	-.35%	-\$149,546	-.35%	-\$149,546	-.35%	-\$149,546	
Discontinue HRA	Increase utilization of no copay options through Collaborative Care (30% or 50%)	-1.50%	-\$640,479	-2.50%	-\$1,067,466	-1.00%	-\$428,000
	Increase Primary Care Visits to Employer Clinic (30% to 50%)	-1.07%	-\$457,808	-1.79%	-\$763,014	-0.87%	-\$370,000
	Shift lab utilization to District Health (30% or 50%)	-0.52%	-\$220,592	0.86%	\$367,653	-0.33%	-\$140,000
	Increase Samaritan Fund Participation (by 2 to 5 Participants)	-0.68%	-\$290,000	-3.05%	-\$1,305,000	-0.94%	-\$400,000
	Requiring Staff with High-Risk Health (PHA) to visit District Health	-0.62%	-\$263,584	-2.34%	-\$1,000,000	-1.48%	-\$631,792
Estimated Decrease in 2025 Plan Costs from Projected Increase		-\$3,269,651		-\$5,348,743		-\$2,405,612	

Estimated 2025 Budget Increase With Changes (\$)	\$4,075,361	\$1,996,269	\$4,939,400
Estimated 2025 Budget Increase With Changes (%)	11.5%	5.6%	14.0%

2025 No HRA - payout rollover amounts (onetime cost)

\$1,000,000

***Model and amounts are based on shift in utilization

Discussion

The Adjustments Identified are estimated to mitigate the increase this year and in the future.



Strategic Actions

Mitigate/Reduce Costs & Deliver Value

- **Increase employee engagement in high performance, lower cost options:**
 - Collaborative Care communication tools to members
 - Education (HR Updates, Benefits Team, Wellness/Site Liaisons, Video clips, Wellness Events)
 - Discontinue the HRA/Auto-reimbursement also encourages members to seek \$0 options (cost effective, value options for members & district)
- **Employee Clinics (District Health Clinic / Connecting Care Clinic)**
 - Increase utilization of no copay (cost to the employee) primary care
 - Connecting Care includes PT and Wellness Coach Services
 - District Health - Convenient location with many prescribed meds available onsite (no cost) and has a close connection with Collaborative Care to seamlessly connect employees to high performance care providers and coordinate care providing no cost options.
 - *Connecting Care Clinic Utilization has been lower than other employee clinics, continuing to assess.*
- **Personal Health Assessments (PHA) / Wellness**
 - Integrate PHA's with other health services such as the employer clinics to be District Health Clinics Goal of integration with PCP clinic to align with wellness.
- **Monthly progress monitoring with partners**
 - Enhance employee-centered care including, streamlining communication, connection with direct contacts, and explore different modes to share information with employees.



Service	Conditions	Cost
Clinics	District Health Employer Clinic (920.967.4141) and Connecting Care Clinic (920.225.1467) are in the best position to provide a comprehensive plan and coordination of care for your health needs. Call to schedule an appointment. They also offer same-day appointments for acute needs. Their services are free. Other primary care physicians provide the same type of care, but their services are subject to copays. • Routine/Sports physicals • Lab work • Cold & flu • Allergies & asthma • Minor wound care • Sports injuries • Headache/Migraine • Abdominal pain • Prescriptions (District Health only)	\$0 \$0 Cost Option
Teladoc	Teladoc is a convenient and affordable option for quality care when you need care now, if you're considering the ER or urgent care for non-emergency issues, or if you're away from home. Call 1-800-Teladoc for on-demand access, day or night, to board-certified doctors. • Cold & flu • Allergies • Respiratory problems • Skin problems • Headache/Migraine • Pediatrics	\$0 \$0 Cost Option
Urgent Care	If you are unable to use an employer-sponsored clinic or see another doctor, or you are traveling, Urgent Care is a great alternative to fill this patient need. Urgent Care assists patients with many conditions that are taken care of by primary care physicians. They are also generally less expensive than an ER. • Cold, flu & fever • Allergies & asthma • Minor wound care • Sports injuries • Abdominal pain • Earaches	\$0 Urgent Care Physicians \$200 Copay - all other Urgent Care
Emergency Care	Emergency Rooms are prepared to care for patients suffering true emergencies like heart attacks, serious accidents, strokes, and other life-threatening conditions. Any accident or illness that may lead to loss of life or limb, serious medical complication, or permanent disability should be evaluated at an ER. • Heart attack & chest pain • Difficulty breathing • Severe burns & fractures • Uncontrolled bleeding • Seizures • Overdoses	\$0 Green Bay ER & Hospital \$500 Copay - all other Emergency Care

Questions



Next Steps

Given time needed for open enrollment, this topic will come forward as an time for consideration:

Tentatively: October 14th Item for Consideration - 2025 Health Plan