

**BridgeHealth Savings FY19**

<b>Contact Name</b>	<b>Regionally Adjusted Average</b>	<b>BH Case Rate</b>	<b>Case Management Fee</b>	<b>Travel Expenses</b>	<b>Total MI&amp;G</b>	<b>Case Total Cost</b>	<b>Savings</b>
1	\$49,465.54	\$17,250.00	\$3,450.00	\$3,106.40	\$1,100.00	\$24,906.40	\$24,559.14
2	\$23,892.37	\$10,815.00	\$2,163.00	\$4,454.96	\$700.00	\$18,132.96	\$5,759.41
3	\$65,633.65	\$23,000.00	\$4,600.00	\$2,725.29	\$1,471.44	\$31,796.73	\$33,836.92
4	\$82,275.94	\$35,454.00	\$7,090.80	\$4,282.11	\$800.00	\$47,626.91	\$34,649.03
	<b>\$221,267.50</b>	<b>\$86,519.00</b>	<b>\$17,303.80</b>	<b>\$14,568.76</b>	<b>\$4,071.44</b>	<b>\$122,463.00</b>	<b>\$98,804.50</b>

## Stacey Cockroft

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**To:** Anne McCabe; Dave Jones; David Brighton; Elizabeth Hayes; Joel Burns; John O'Brien; Kristen Vix; Laura Wertanen; Matt Fischer; Rachel Sinclair; Robert Ernst; Stephanie Bohrsen; Vaughn Dosko  
**Subject:** Specific Stop Loss 12/31/2018

Below is the Specific Stop loss Report through 12/31/2018.

Subscriber	Total Amt	Amt over Spec	Amt Requested	Amt Reimbursed	Non Reimbursed Expenses	Amt Open
1	\$1,715,448.92	\$1,495,448.92	\$1,497,247.29	\$1,354,687.74	\$2,484.54	\$140,761.18
2	\$1,665,354.99	\$1,445,354.99	\$1,445,406.40	\$ 1,306,863.58		\$138,491.41
3	\$283,764.81	\$63,764.81	\$59,912.76	\$59,912.76		\$3,852.05
4	\$330,121.85	\$110,548.41	\$110,548.41	\$110,548.41		\$0.00
5	\$492,007.71	\$272,007.71	\$169,451.73	\$102,555.98		\$169,451.73
6	\$327,383.64	\$107,383.64	\$103,096.14	\$83,400.53		\$23,983.11
7	\$226,206.93	\$6,206.93	\$6,206.93	\$0.00		\$6,206.93
	<b>\$5,040,288.85</b>	<b>\$3,500,715.41</b>	<b>\$3,391,869.66</b>	<b>\$3,017,969.00</b>	<b>\$2,484.54</b>	<b>\$482,746.41</b>

Thank you,

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*Stacey Cockroft*

Kenai Peninsula Borough School District

*Employee Benefits Manager*

148 N. Binkley St. Soldotna, AK 99669

Phone: (907) 714-8879 Fax: (907) 262-9645

[scockroft@kpbsd.k12.ak.us](mailto:scockroft@kpbsd.k12.ak.us)



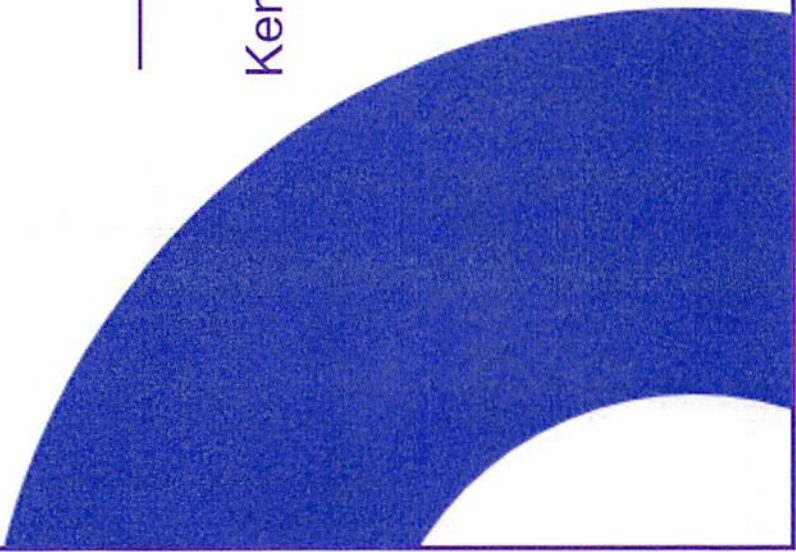
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# Utilization Report

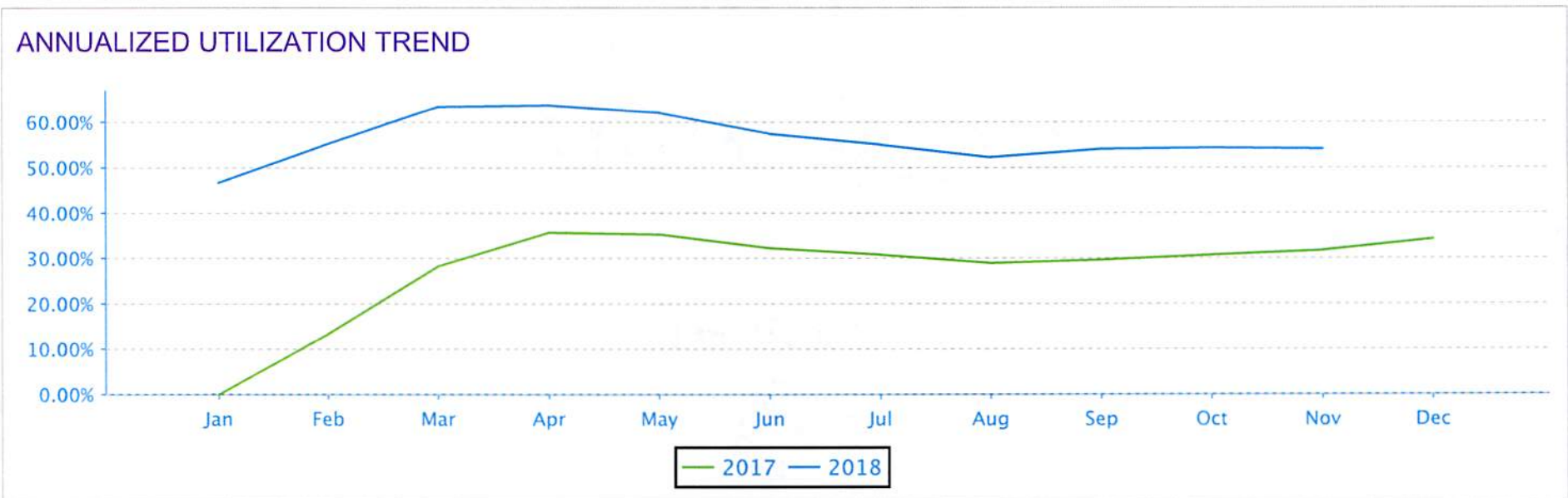
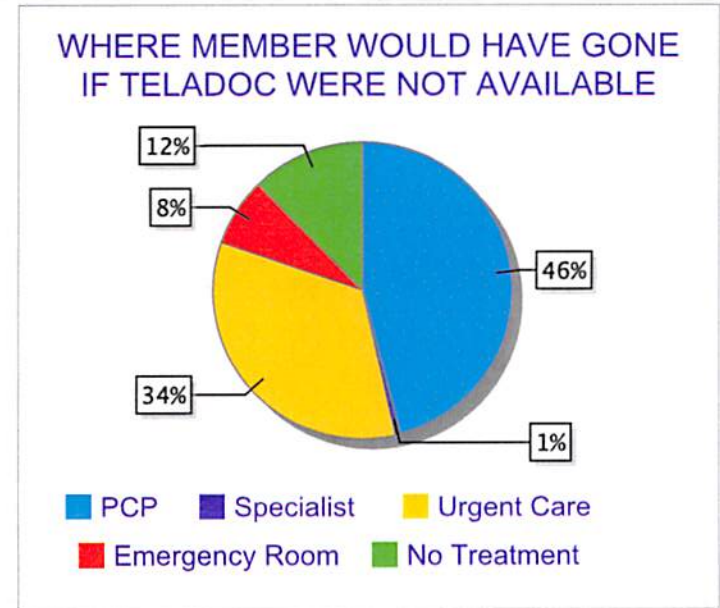
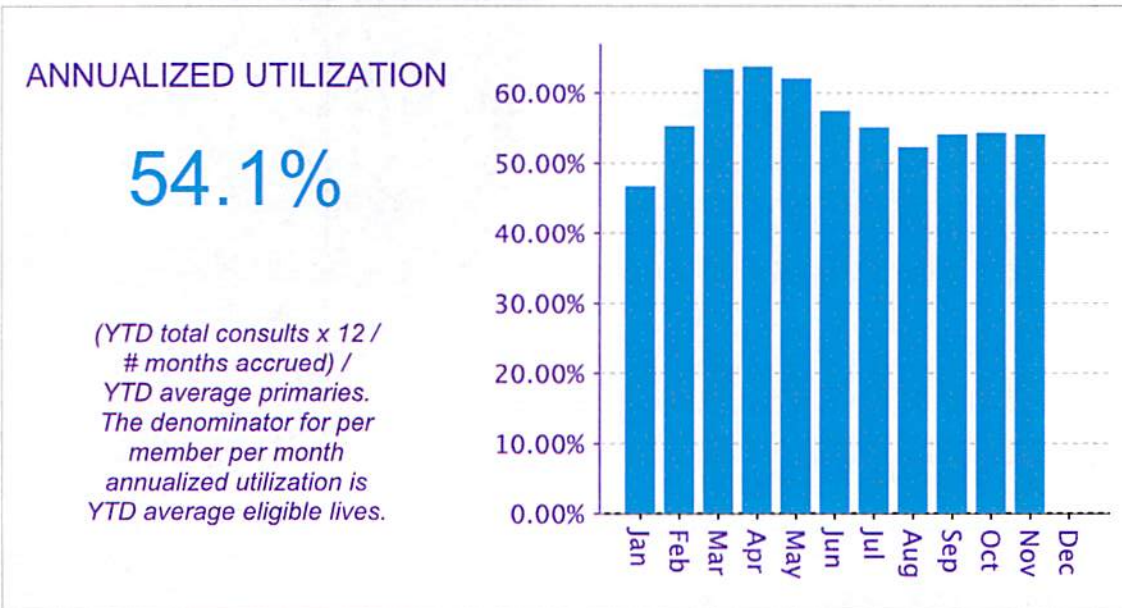
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November 2018  
Kenai Peninsula Borough School District



# CLAIMS SAVINGS & UTILIZATION

November 2018



# REDIRECTION CLAIMS SAVINGS

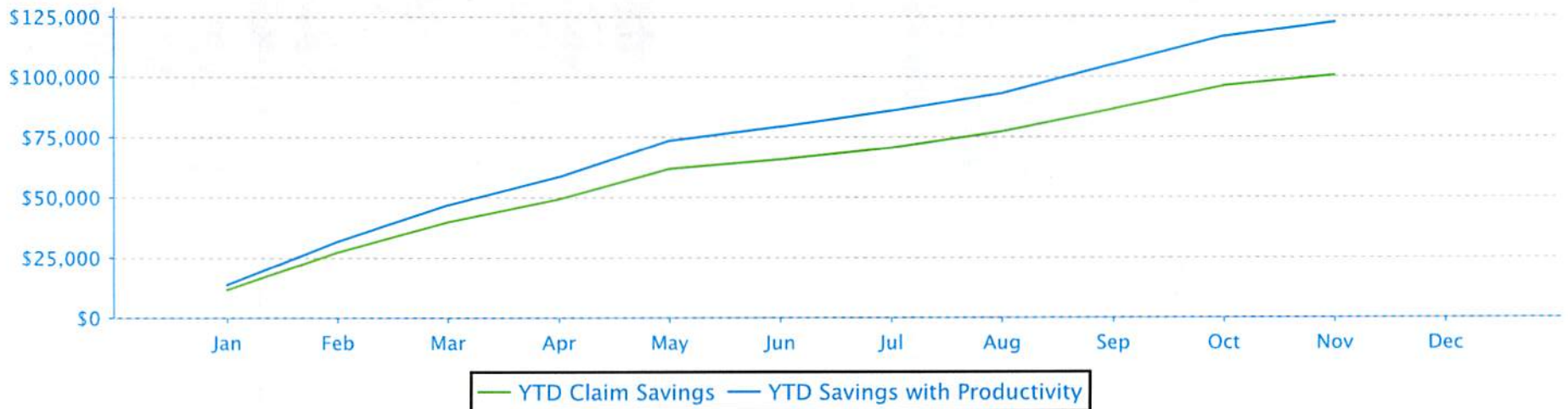
November 2018

## YTD ALTERNATIVE CARE OPTIONS

	Your YTD Consult Count	Average Industry Cost	Teladoc Consult Cost	Net Claim Savings per Consult	Total Net Claim Savings
Primary Care Physician	251	\$129	\$40	\$89	\$22,339
Specialist	3	\$193	\$40	\$153	\$459
Urgent Care Clinic	184	\$161	\$40	\$121	\$22,264
Emergency Room	41	\$1,456	\$40	\$1,416	\$58,056
No Treatment	67	\$0	\$40	\$(40)	\$(2,680)
<b>Total</b>	<b>546</b>		<b>\$40</b>		<b>\$100,438</b>

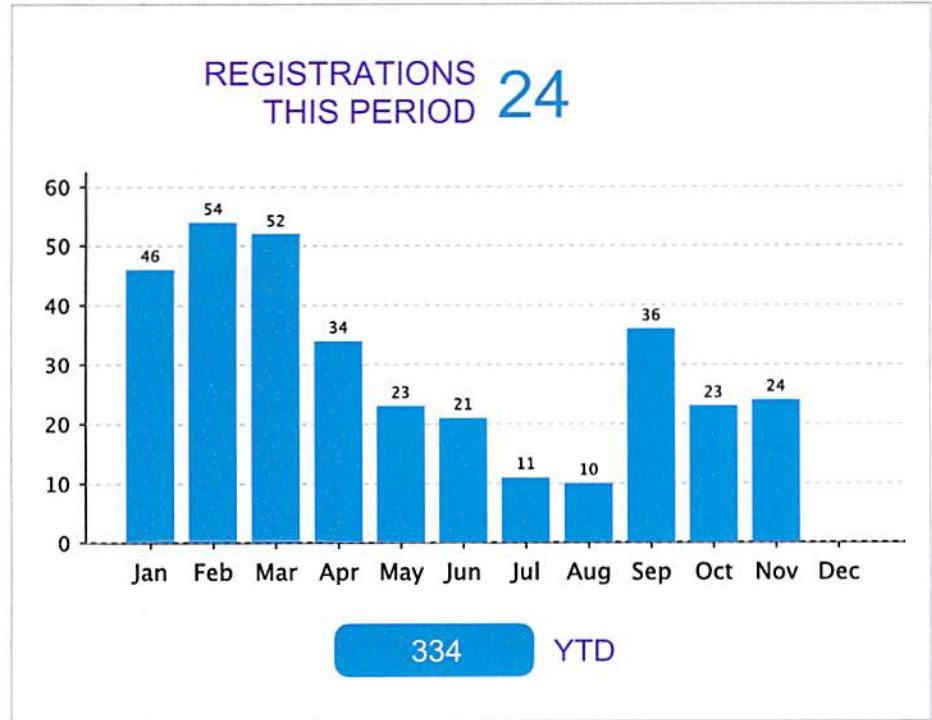
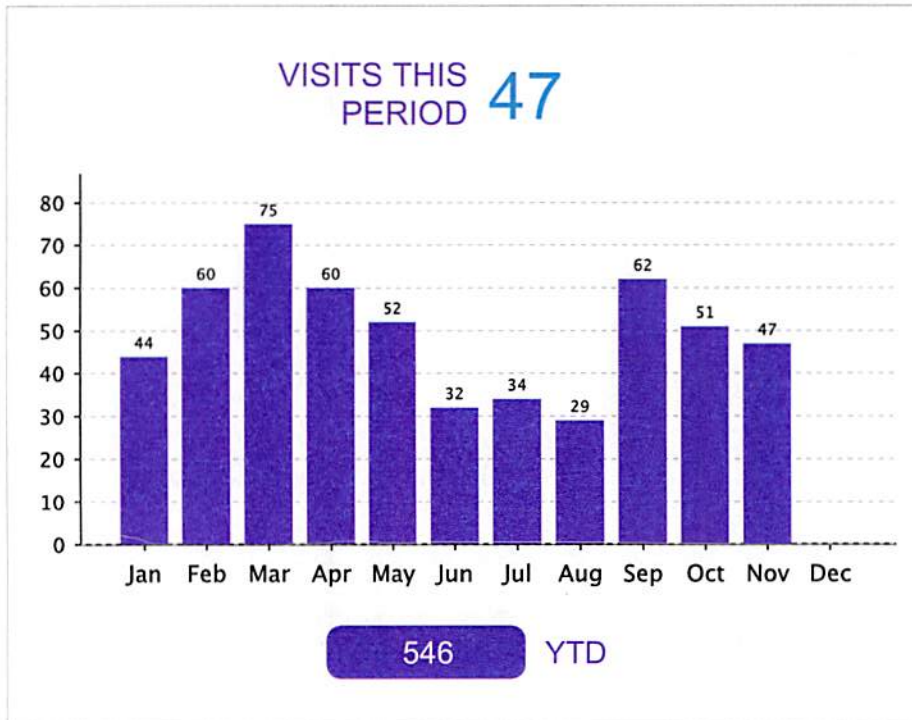
\*Savings calculation based on claims impact only using average healthcare blue book values and your specific employee redirection statistics; **does not include monthly Teladoc Administrative fees**. Please refer to your ROI statement for cost-savings analysis using your specific monthly Teladoc Administrative fees. (To obtain a current ROI statement, request through your Aetna Account Manager.)

## COST ANALYSIS ILLUSTRATION



# MEMBER ACTIVITY

November 2018

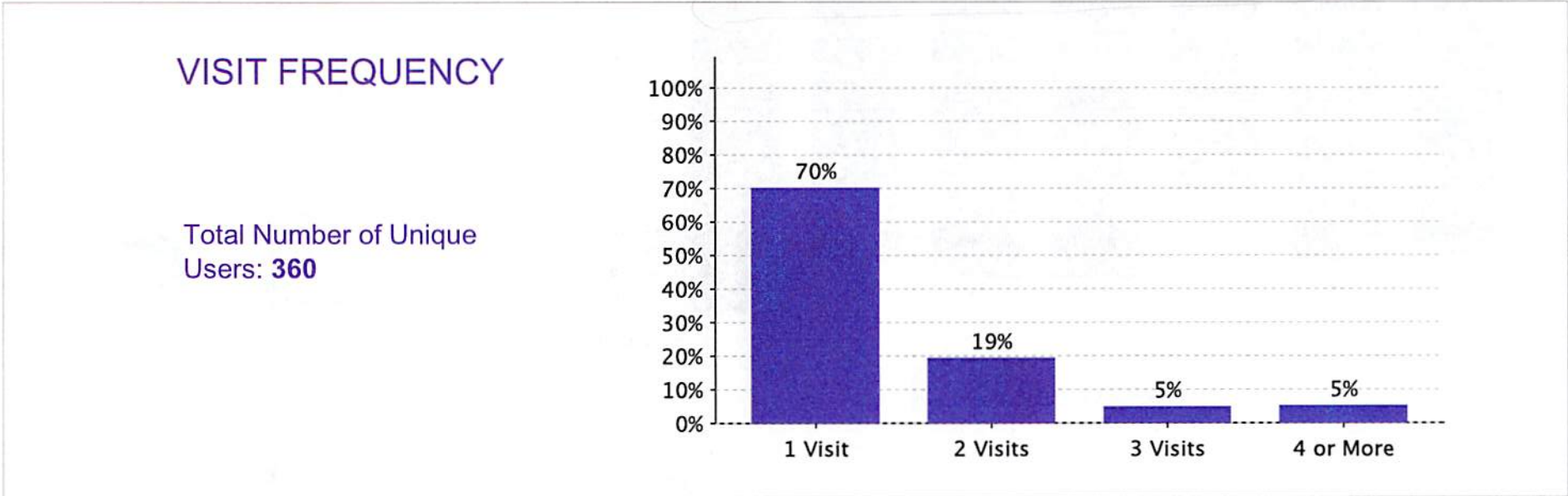
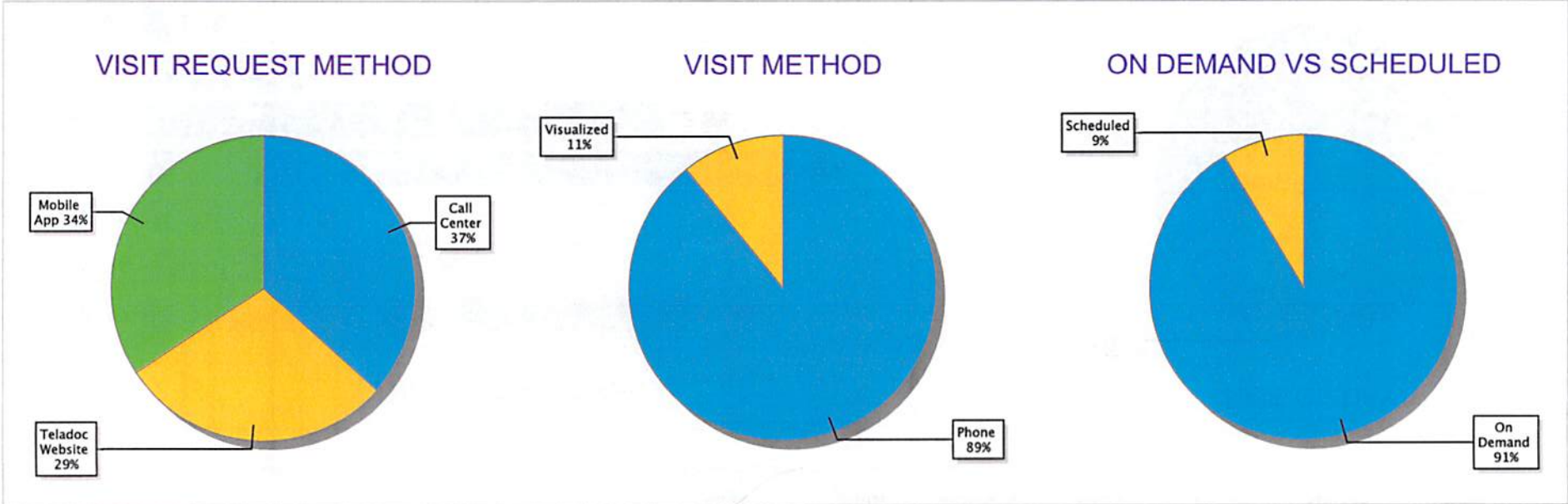


	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
<b>Primaries</b>	19	286	1,089	1,102	8	488	9	370
<b>Dependents</b>	28	260	2,214	2,261	16	369	15	328
<b>Eligible Lives</b>	47	546	3,303	3,363	24	857	24	698

*YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective.  
Eligible Lives: All members with access to the service (primaries & dependents).*

# HOW YOUR MEMBERS RECEIVED CARE YTD

November 2018



# WHO RECEIVED CARE AND WHEN YTD

November 2018

## GENDER

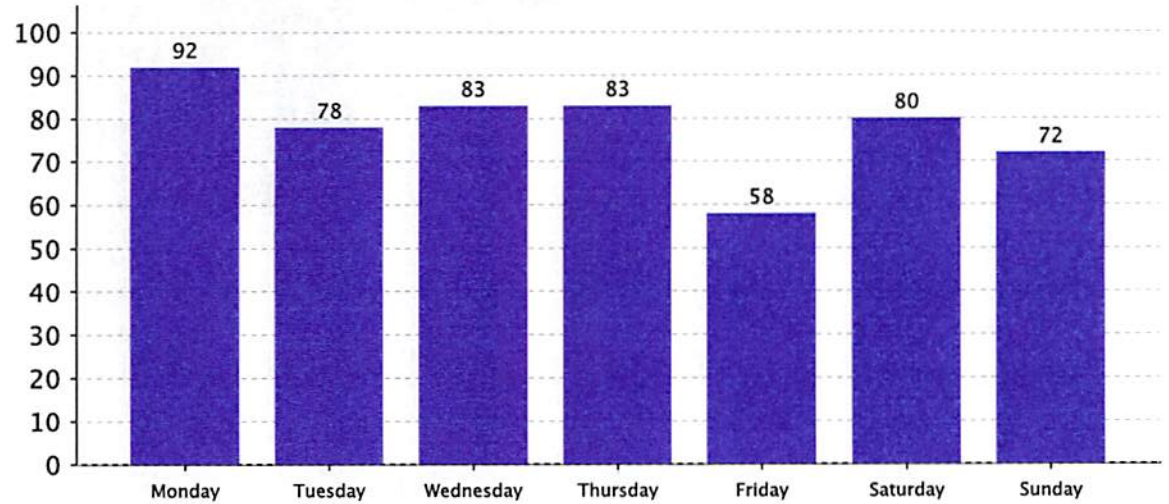


67%  
Female

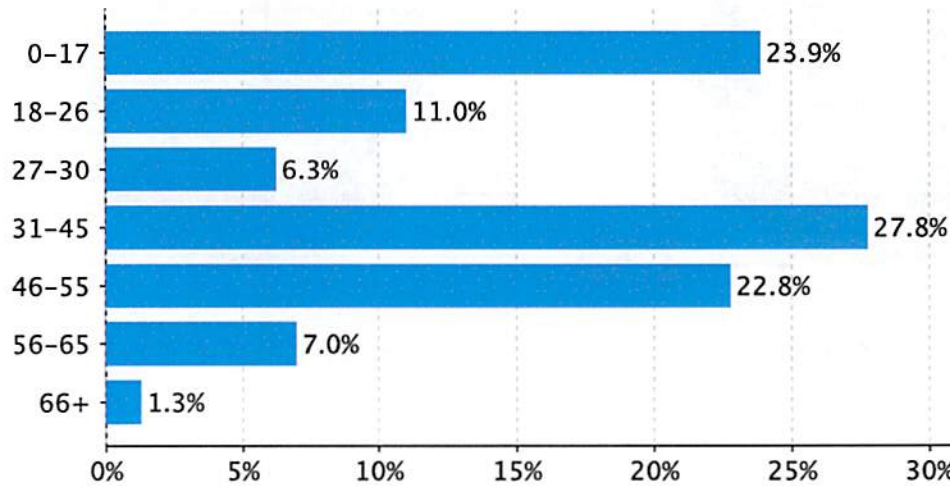


33%  
Male

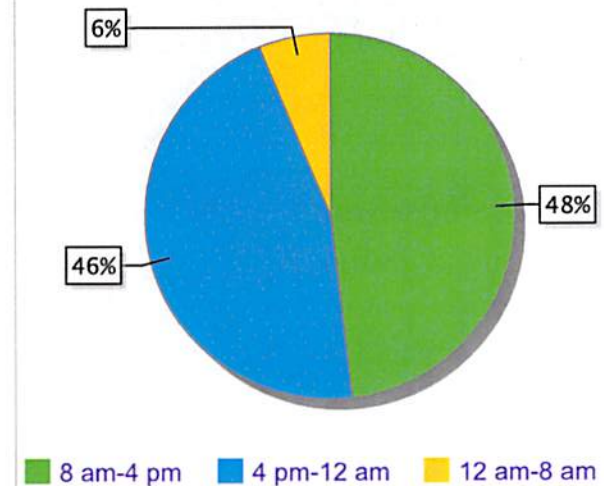
## DAY OF WEEK



## UTILIZATION BY AGE



## TIME OF DAY





# WHERE YOUR MEMBERS RECEIVED CARE YTD

November 2018

**AVERAGE RESPONSE TIME YTD**  
*The time between the visit request and when the physician contacted the member*

**14 minutes**

REPORT PERIOD

**11 min**

State	Visits	% Visits
TEXAS	2	0.4%
UTAH	2	0.4%
WASHINGTON	2	0.4%
HAWAII	1	0.2%
INDIANA	1	0.2%
NORTH DAKOTA	1	0.2%
PENNSYLVANIA	1	0.2%
WISCONSIN	1	0.2%

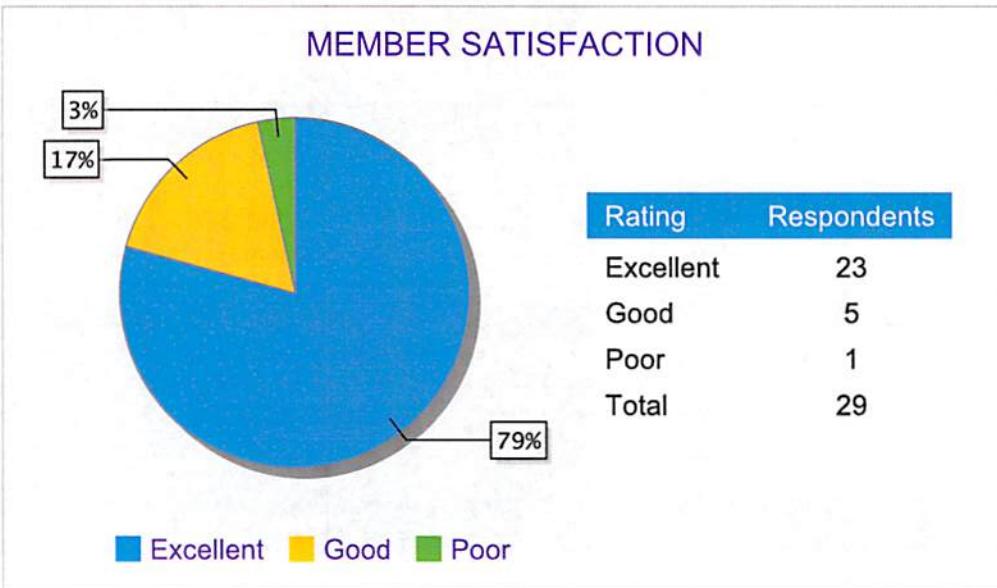
State	Visits	% Visits
ALASKA	496	90.8%
CALIFORNIA	13	2.4%
OHIO	6	1.1%
SOUTH DAKOTA	6	1.1%
OREGON	3	0.5%
WYOMING	3	0.5%
ARIZONA	2	0.4%
COLORADO	2	0.4%
ILLINOIS	2	0.4%
MINNESOTA	2	0.4%

# CLINICAL DETAILS YTD

November 2018

TOP DIAGNOSES	Frequency
Acute upper respiratory infection, unspecified	7%
Acute maxillary sinusitis, unspecified	7%
Acute sinusitis, unspecified	7%
Cough	5%
Dysuria	3%
Urinary tract infection, site not specified	3%
Acute pharyngitis, unspecified	3%
Acute bronchitis, unspecified	3%
Fever, unspecified	3%
Herpesviral infection, unspecified	3%

TOP PRESCRIPTIONS	Frequency
amoxicillin 875 mg oral tablet	6%
Tessalon Perles 100 mg oral capsule	6%
Augmentin 875 mg-125 mg oral tablet	5%
Amoxicillin 500 mg oral capsule	3%
Macrobid macrocrystals-monohydrate 100 mg oral capsule	3%
Flonase 50 mcg/inh nasal spray	3%
Tamiflu 75 mg oral capsule	3%
Amoxicillin 500 mg oral tablet	3%
Diflucan 150 mg oral tablet	3%
Azithromycin 5 Day Dose Pack 250 mg oral tablet	2%



### PRESCRIPTIONS BY VISIT

Visits with Rx:	394
Total Rx:	527
% Visits with Rx:	72%
Visits without Rx:	152
Average Rx per Visit:	1.0

## About the Teladoc Service

### How would you rate the Teladoc service overall?

Outstanding	79.31 %	Responses	23
Good	17.24 %	Responses	5
Poor	3.45 %	Responses	1

### How long have you had access to Teladoc?

Less than 6 months	10.34 %	Responses	3
Between 6 and 12 months	34.48 %	Responses	10
More than a year	48.28 %	Responses	14
Don't recall	6.90 %	Responses	2

### In that time, how many consultations with a Teladoc physician have you had?

1-3	79.31 %	Responses	23
4-6	10.34 %	Responses	3
More than 6	10.34 %	Responses	3

### Was the Teladoc medical consultation for you or for a family member?

Self	82.76 %	Responses	24
Family member	17.24 %	Responses	5

# CLIENT SATISFACTION SURVEY YTD

November 2018

**How often when you have requested a Teladoc consultation did you get a call from the Teladoc physician as soon as you thought you needed it?**

Always	82.76 %	Responses	24
Usually	13.79 %	Responses	4
Sometimes	3.45 %	Responses	1

**How often when you have requested a Teladoc consultation did the Teladoc service make it easier to get the care or treatment you thought you needed?**

Always	79.31 %	Responses	23
Usually	13.79 %	Responses	4
Sometimes	6.90 %	Responses	2

**Overall, how would you compare your experience with your Teladoc consultation to your usual face-to-face experience with doctor consultations in terms of how useful the consultation was?**

More useful	44.83 %	Responses	13
About the same	44.83 %	Responses	13
Less useful	10.34 %	Responses	3

**Overall, how would you compare your experience with your Teladoc consultation to your usual face-to-face experience with doctor consultations in terms of how much time it took away from work or other activities?**

Less time away	89.66 %	Responses	26
About the same	6.90 %	Responses	2
More time away	3.45 %	Responses	1

**Would you use the Teladoc service again?**

Yes	93.10 %	Responses	27
Unsure	6.90 %	Responses	2

# CLIENT SATISFACTION SURVEY YTD

November 2018

## Did your Teladoc consultation resolve your immediate problem?

Yes	93.10 %	Responses	27
No	6.90 %	Responses	2

## Did you get further care for the same problem during the week after your Teladoc consultation (other than filling a prescription)?

Yes	20.69 %	Responses	6
No	79.31 %	Responses	23

## How likely are you to recommend Teladoc to a friend (Where 10=Extremely Likely and 1=Not Likely At All)

10	72.41 %	Responses	21
9	17.24 %	Responses	5
8	3.45 %	Responses	1
4	3.45 %	Responses	1
3	3.45 %	Responses	1

## Access Method

### Was your call answered in a timely manner?

Yes	24.14 %	Responses	7
No answer stored	75.86 %	Responses	22

### Was the representative courteous and helpful?

Yes	24.14 %	Responses	7
No answer stored	75.86 %	Responses	22

# CLIENT SATISFACTION SURVEY YTD

November 2018

## How easy was it for you to schedule your consultation using the website?

Very easy	55.17 %	Responses	16
Fairly easy	20.69 %	Responses	6
No answer stored	24.14 %	Responses	7

## How easy was it for you to find the information you wanted on the site?

Very easy	44.83 %	Responses	13
Fairly easy	31.03 %	Responses	9
No answer stored	24.14 %	Responses	7

## Tell Us About the Teladoc Physician

### Did the physician listen and understand your problem?

Yes	89.66 %	Responses	26
Somewhat	10.34 %	Responses	3

### Did you feel comfortable asking the physician questions?

Yes	93.10 %	Responses	27
Somewhat	6.90 %	Responses	2

### Overall, how would you rate the service provided by the Teladoc physician?

Outstanding	75.86 %	Responses	22
Good	17.24 %	Responses	5
Poor	6.90 %	Responses	2

# CLIENT SATISFACTION SURVEY YTD

November 2018

## Tell Us About The Teladoc Prescription Service

### Did the pharmacy fill the prescription in a timely manner?

Yes	79.31 %	Responses	23
No	3.45 %	Responses	1
N/A	17.24 %	Responses	5

### Did you encounter any other problems filling the prescription (other than timeliness)?

No	75.86 %	Responses	22
Yes	3.45 %	Responses	1
N/A	20.69 %	Responses	6

Kenai Peninsula Borough School District	<u>Reserve Account</u>	<u>As of 6-30-17</u>	<u>As of 6-30-18</u>	<u>FY19 Monthly Contribution - Traditional</u>
	Employee Share	701,399.69	471,065.27	Employee Share *
Health Care Committee Monthly recap as of November 30, 2018	Employer Share	1,353,713.48	1,572,408.17	Employer Share
				<u>1,923.49</u>
				2,421.49

	<u>FY19 Monthly Contribution - HDHP</u>
	Employee Share *
	Employer Share
	<u>308.00</u>
	<u>1,770.47</u>
	2,078.47

This document is provided to the Health Care Committee as a work paper to recap the contributions to and expenditures from the Health Care Plan each month. It is to be used primarily as an aid in estimating costs of the plan to determine if changes should be made in employee contribution amounts. Every effort is made to provide current and accurate information, but this information is not audited until after the end of the fiscal year.

	Number of Employees	YTD Employees	Current Month Obligations	YTD Obligations	Contributions Current Month Collected	Contributions YTD Collected
<b>Employees</b>						
KPEA Employees	302	1,943	150,396.00	967,614.00	196,620.89	612,666.14
KPEA Employees - HDHP	312	1,064	96,096.00	327,712.00	139,467.12	385,772.10
KPEA Repay EE Reserve					16,972.14	50,747.37
KPESA Employees	190	1,270	94,620.00	632,460.00	124,182.13	402,992.81
KPESA Employees - HDHP	200	689	61,600.00	212,212.00	87,575.35	250,151.34
KPESA Repay EE Reserve					10,801.50	32,563.20
Administrators	21	165	10,458.00	82,170.00	13,332.15	50,166.35
Administrators - HDHP	37	122	11,396.00	37,576.00	15,848.04	44,215.64
Admin Repay EE Reserve					1,600.80	4,802.40
Board Members	1	12	498.00	5,976.00	275.00	4,520.48
Board Members - HDHP	3	13	924.00	4,004.00	861.60	3,839.99
Board Repay EE Reserve					-	476.10
Exempt Employees	8	65	3,984.00	32,370.00	4,103.28	28,802.70
Exempt Employees - HDHP	17	58	5,236.00	17,864.00	5,764.56	17,211.37
Exempt Repay EE Reserve					690.00	2,042.40
Affordable Care Act **	-	-	0.00	0.00		
ACA Empl Repay EE Reserve						
<b>Total Employees on Payroll</b>	<b>1,091</b>	<b>5,401</b>	<b>435,208.00</b>	<b>2,319,958.00</b>	<b>618,094.56</b>	<b>1,890,970.39</b>
COBRA Payers (FY19 = \$2215.88)	2	10	4,431.76	22,158.80	6,647.64	22,158.80
COBRA HD Payers (FY19 = \$1960.28)	1	5	1,960.28	9,801.40	-	9,801.40
<b>Total Employees</b>	<b>1,094</b>	<b>5,416</b>	<b>441,600.04 *</b>	<b>2,351,918.20</b>	<b>624,742.20</b>	<b>1,922,930.59</b>

\* Current month employee obligations are a calculation of "Number of Employees" eligible for health care coverage during that month times the "Employee Share" (shown in the upper right corner of the sheet).

\*\* Affordable Care Act (ACA) coverage is offered to employees once eligibility is determined. Eligibility is based on number of hours worked during the measurement period.

<b>Employer</b>						
Employer share	524	3,465	1,007,908.76	6,664,892.85	1,325,192.74	4,200,538.69
Employer share - HDHP	570	1,950	1,009,167.90	3,452,416.50	1,334,158.41	3,921,840.06
<b>Total</b>			<b>2,458,676.70</b>	<b>12,469,227.55</b>	<b>3,284,093.35</b>	<b>10,045,309.34</b>

<b>+ Employee Share Split</b>	<b>FY19 Contribution Traditional</b>	<b>498.00</b>	<b>Subtotal</b>	<b>338,513.45</b>	<b>1,099,148.48</b>
	<b>Cobra</b>	<b>2,215.88</b>	<b>Subtotal</b>	<b>6,647.64</b>	<b>22,158.80</b>
				<u>345,161.09</u>	<u>1,121,307.28</u>
	<b>FY19 Contribution HDHP</b>	<b>308.00</b>	<b>Subtotal</b>	<b>249,516.67</b>	<b>701,190.44</b>
	<b>Cobra HD</b>	<b>1,960.28</b>	<b>Subtotal</b>	<b>-</b>	<b>9,801.40</b>
				<u>249,516.67</u>	<u>710,991.84</u>
	<b>Prior Year Reserve Repayment</b>	<b>20.70</b>	<b>Subtotal</b>	<b>30,064.44</b>	<b>90,631.47</b>



## Expenditures

Since the health care plan is self-funded, both employee and employer contributions are collected and bills are paid from the accumulated funds.

Claims	TRADITIONAL		HDHP	
	Current Month	Year-To-Date	Current Month	Year-To-Date
Health Care Claims paid by TPA (Rehn)	1,324,728.40	7,252,339.54	401,873.88	935,282.45
Prescription Claims paid by Caremark	377,155.16	2,102,324.95	107,023.19	228,949.15
HRA	-	-	25,099.44	66,773.75
<b>Total Claims Paid</b>	<b>1,701,883.56</b>	<b>9,354,664.49</b>	<b>533,996.51</b>	<b>1,231,005.35</b>
<b>Administration</b>				
TPA (Rehn) fees and costs	9,627.00	112,323.34	-	-
TPA (Rehn) HRA fees and costs	-	-	11,827.58	46,583.89
Aetna Administration Fees	10,073.37	65,529.86	10,957.67	37,421.72
Consultant Fees	2,362.95	11,742.51	2,570.38	12,924.14
Stop Loss Premiums	102,501.57	665,328.13	111,499.80	383,686.76
Affordable Care Act Fee	14,680.73	46,691.32	15,969.49	20,266.51
<b>Total Administration</b>	<b>139,245.62</b>	<b>901,615.16</b>	<b>152,824.92</b>	<b>500,883.02</b>
<b>Total Claims plus Administration</b>	<b>1,841,129.18</b>	<b>10,256,279.65</b>	<b>686,821.43</b>	<b>1,731,888.37</b>
<b>Adjustments</b>				
Stop Loss reimbursements	-	(1,567,125.97)	-	-
Prescription Rebates	-	(55,739.69)	-	-
Health Care Claims refund	-	-	-	-
Claims reimbursements	(100.00)	(1,100.00)	-	-
Other adjustments	-	(24.83)	-	-
<b>Total Adjustments</b>	<b>(100.00)</b>	<b>(1,623,990.49)</b>	<b>-</b>	<b>-</b>
<b>Total Expenditures</b>	<b>1,841,029.18</b>	<b>8,632,289.16</b>	<b>686,821.43</b>	<b>1,731,888.37</b>

## Obligations/Contributions

Health care obligations and contributions provide employee and employer amounts of health care contributions using different calculation methods.

**Obligations** are estimates of funds that employees and the district will be obligated to contribute, based on the plan year (July through June).

Returning employees are covered by the health care plan for the entire plan year, meaning the 12 month period July through June; both employee and employer are obligated to pay for 12 months of coverage. New employees pay for coverage from date of hire through June, the end of the plan year. If an employee works at all during a month, both employee and employer pay for the entire month of coverage.

**Actual Contributions** made by employees and benefits paid by the employer during the payroll process are shown on the sheet in the columns labeled "Collected." The division of payments is governed by the Collective Bargaining Agreements and Memorandums of Understanding between the district and the employee groups.

Employee-paid contributions are deductions from payroll checks. Employees who work 12 months make contributions each pay period. Many school district employees do not work 12 months, so contributions are collected for those employees during the 9 month period from September through May.

For this reason, contributions are generally larger than obligations for September through May and contributions are generally smaller than obligations for June, July and August.

The "Collected" columns show what is actually available for paying health care costs. The "Obligations" show what is estimated to be available by month, based on number of employees at the current rate of contributions.

**Kenai Peninsula Borough School District  
Healthcare Expenditures Split  
as of November 30, 2018**

<b>Traditional Plan</b>				<b>HDHP</b>			
YTD Participants	3,465			YTD Participants	1,950		
Net Expenditures	8,661,266.71			Net Expenditures	1,702,187.60		
ER - Employer Cap \$1731.45	5,999,474.25			ER - Employer Cap \$1645.61	3,208,939.50		
EE - Employee Cap \$305.55	<u>1,058,730.75</u>			EE - Employee Cap \$182.85	<u>356,557.50</u>		
Total Cap Expenditure EE/ER	7,058,205.00			Total Cap Expenditure EE/ER	3,565,497.00		
Expenditures over Cap	1,603,061.71			Expenditures over Cap	-		
50/50 Split of Expenditures over Cap	801,530.86			50/50 Split of Expenditures over Cap	-		
ER Expenditures Up To Cap	5,999,474.25			ER Expenditures Up To Cap	1,531,968.84		
ER Expenditures Above Cap	<u>801,530.86</u>			ER Expenditures Above Cap	<u>-</u>		
Total ER Expenditures	6,801,005.11			Total ER Expenditures	1,531,968.84		
EE Expenditures Up To Cap	1,058,730.75			EE Expenditures Up To Cap	170,218.76		
EE Expenditures Above Cap	<u>801,530.86</u>			EE Expenditures Above Cap	<u>-</u>		
Total EE Expenditures	1,860,261.61			Total EE Expenditures	170,218.76		
Total ER & EE Expenditures	8,661,266.71			Total ER & EE Expenditures	1,702,187.60		
<b>Through November 2018</b>	<b>Traditional Summary</b>			<b>Through November 2018</b>	<b>HDHP Summary</b>		
	YTD EXP	YTD REV	REV Less EXP		YTD EXP	YTD REV	REV Less EXP
Employer	6,675,263.62	4,200,538.69	(2,474,724.93)	Employer	1,531,968.84	3,921,840.06	2,389,871.22
Employee	<u>1,986,003.09</u>	<u>1,121,307.28</u>	<u>(864,695.81)</u>	Employee	<u>170,218.76</u>	<u>710,991.84</u>	<u>540,773.08</u>
Totals	8,661,266.71	5,321,845.97	(3,339,420.74)	Totals	1,702,187.60	4,632,831.90	2,930,644.30
<b>Obligation per Employee FY19</b>	<b>Year-to-date</b>			<b>Obligation per Employee FY19</b>	<b>Year-to-date</b>		
498.00 EE/1923.49 ER Split	2,421.49	2,421.49		308.00 EE/1770.47 ER Split	2,078.47	2,078.47	
Monthly Cost per Employee - ER		1926.48		Monthly Cost per Employee - ER		785.63	
Monthly Cost per Employee - EE + Cobra		<u>573.16</u>		Monthly Cost per Employee - EE + Cobra		<u>87.29</u>	
		2499.64				872.92	
<b>Current Variance</b>		<b>(78.15)</b>		<b>Current Variance</b>		<b>1,205.55</b>	

Obligations indicate the funds that will be accumulated per employee per month. Expenditures are amounts that have been paid through the plan.

A positive number for "current variance" represents the amount per employee per month that is estimated to be collected above the amount spent year-to-date. A negative number represents the amount of expenditures (per employee per month) that are more than what is estimated to be collected for payment of those expenditures.

Kenai Peninsula Borough School District	<u>Reserve Account</u>	<u>As of 6-30-17</u>	<u>As of 6-30-18</u>	<u>FY19 Monthly Contribution - Traditional</u>
	Employee Share	701,399.69	471,065.27	Employee Share * 498.00
Health Care Committee Monthly recap as of December 31, 2018	Employer Share	1,353,713.48	1,572,408.17	Employer Share <u>1,923.49</u>
				2,421.49

	<u>FY19 Monthly Contribution - HDHP</u>
	Employee Share * 308.00
	Employer Share <u>1,770.47</u>
	2,078.47

This document is provided to the Health Care Committee as a work paper to recap the contributions to and expenditures from the Health Care Plan each month. It is to be used primarily as an aid in estimating costs of the plan to determine if changes should be made in employee contribution amounts. Every effort is made to provide current and accurate information, but this information is not audited until after the end of the fiscal year.

	Number of Employees	YTD Employees	Current Month Obligations	YTD Obligations	Contributions Current Month Collected	Contributions YTD Collected
<b>Employees</b>						
KPEA Employees	302	2,245	150,396.00	1,118,010.00	196,620.89	809,287.03
KPEA Employees - HDHP	311	1,375	95,788.00	423,500.00	138,736.16	524,508.26
KPEA Repay EE Reserve					16,944.54	67,691.91
KPESA Employees	189	1,459	94,122.00	726,582.00	122,759.30	525,752.11
KPESA Employees - HDHP	203	892	62,524.00	274,736.00	88,162.13	338,313.47
KPESA Repay EE Reserve					10,856.70	43,419.90
Administrators	21	186	10,458.00	92,628.00	13,332.15	63,498.50
Administrators - HDHP	37	159	11,396.00	48,972.00	15,848.04	60,063.68
Admin Repay EE Reserve					1,600.80	6,403.20
Board Members	1	13	498.00	6,474.00	275.00	4,795.48
Board Members - HDHP	3	16	924.00	4,928.00	825.00	4,664.99
Board Repay EE Reserve					-	476.10
Exempt Employees	8	73	3,984.00	36,354.00	4,103.28	32,905.98
Exempt Employees - HDHP	17	75	5,236.00	23,100.00	5,764.56	22,975.93
Exempt Repay EE Reserve					690.00	2,732.40
Affordable Care Act **	-	-	0.00	0.00		
ACA Empl Repay EE Reserve						
<b>Total Employees on Payroll</b>	<b>1,092</b>	<b>6,493</b>	<b>435,326.00</b>	<b>2,755,284.00</b>	<b>616,518.55</b>	<b>2,507,488.94</b>
COBRA Payers (FY19 = \$2215.88)	2	12	4,431.76	26,590.56	4,955.57	27,114.37
COBRA HD Payers (FY19 = \$1960.28)	1	6	1,960.28	11,761.68	1,886.06	11,687.46
<b>Total Employees</b>	<b>1,095</b>	<b>6,511</b>	<b>441,718.04 *</b>	<b>2,793,636.24</b>	<b>623,360.18</b>	<b>2,546,290.77</b>

\* Current month employee obligations are a calculation of "Number of Employees" eligible for health care coverage during that month times the "Employee Share" (shown in the upper right corner of the sheet).

\*\* Affordable Care Act (ACA) coverage is offered to employees once eligibility is determined. Eligibility is based on number of hours worked during the measurement period.

<b>Employer</b>						
Employer share	523	3,988	1,005,985.27	7,670,878.12	1,316,177.04	5,516,715.73
Employer share - HDHP	572	2,522	1,012,708.84	4,465,125.34	1,330,456.70	5,252,296.76
<b>Total</b>			<b>2,460,412.15</b>	<b>14,929,639.70</b>	<b>3,269,993.92</b>	<b>13,315,303.26</b>

<b>+ Employee Share Split</b>	<b>FY19 Contribution Traditional</b>	<b>498.00</b>	<b>Subtotal</b>	<b>337,090.62</b>	<b>1,436,239.10</b>
	<b>Cobra</b>	<b>2,215.88</b>	<b>Subtotal</b>	<b>4,955.57</b>	<b>27,114.37</b>
				<u>342,046.19</u>	<u>1,463,353.47</u>
	<b>FY19 Contribution HDHP</b>	<b>308.00</b>	<b>Subtotal</b>	<b>249,335.89</b>	<b>950,526.33</b>
	<b>Cobra HD</b>	<b>1,960.28</b>	<b>Subtotal</b>	<b>1,886.06</b>	<b>11,687.46</b>
				<u>251,221.95</u>	<u>962,213.79</u>
	<b>Prior Year Reserve Repayment</b>	<b>20.70</b>	<b>Subtotal</b>	<b>30,092.04</b>	<b>120,723.51</b>

**Expenditures**

Since the health care plan is self-funded, both employee and employer contributions are collected and bills are paid from the accumulated funds.

Claims	TRADITIONAL		HDHP	
	Current Month	Year-To-Date	Current Month	Year-To-Date
Health Care Claims paid by TPA (Rehn)	1,651,764.98	8,904,104.52	413,593.86	1,348,876.31
Prescription Claims paid by Caremark	433,062.08	2,535,357.03	83,944.21	312,893.36
HRA	-	-	35,476.52	102,250.27
<b>Total Claims Paid</b>	<b>2,084,827.06</b>	<b>11,439,461.55</b>	<b>533,014.59</b>	<b>1,764,019.94</b>
<b>Administration</b>				
TPA (Rehn) fees and costs	14,825.19	127,148.53	-	-
TPA (Rehn) HRA fees and costs	-	-	17,369.50	63,953.39
Aetna Administration Fees	10,054.19	75,584.05	10,996.18	48,417.90
Consultant Fees	2,356.28	14,098.79	2,577.05	15,501.19
Stop Loss Premiums	101,191.33	766,519.46	110,671.97	494,358.73
Affordable Care Act Fee	-	46,691.32	-	20,266.51
<b>Total Administration</b>	<b>128,426.99</b>	<b>1,030,042.15</b>	<b>141,614.70</b>	<b>642,497.72</b>
<b>Total Claims plus Administration</b>	<b>2,213,254.05</b>	<b>12,469,503.70</b>	<b>674,629.29</b>	<b>2,406,517.66</b>
<b>Adjustments</b>				
Stop Loss reimbursements	(767,165.05)	(2,334,291.02)	-	-
Prescription Rebates	(244,790.52)	(298,143.59)	(63,680.97)	(63,680.97)
Health Care Claims refund	-	-	-	-
Claims reimbursements	850.00	(250.00)	-	-
Other adjustments	-	(25.00)	-	-
<b>Total Adjustments</b>	<b>(1,011,105.57)</b>	<b>(2,632,709.61)</b>	<b>(63,680.97)</b>	<b>(63,680.97)</b>
<b>Total Expenditures</b>	<b>1,202,148.48</b>	<b>9,836,794.09</b>	<b>610,948.32</b>	<b>2,342,836.69</b>

**Obligations/Contributions**

Health care obligations and contributions provide employee and employer amounts of health care contributions using different calculation methods.

Obligations are estimates of funds that employees and the district will be obligated to contribute, based on the plan year (July through June).

Returning employees are covered by the health care plan for the entire plan year, meaning the 12 month period July through June; both employee and employer are obligated to pay for 12 months of coverage. New employees pay for coverage from date of hire through June, the end of the plan year. If an employee works at all during a month, both employee and employer pay for the entire month of coverage.

Actual Contributions made by employees and benefits paid by the employer during the payroll process are shown on the sheet in the columns labeled "Collected." The division of payments is governed by the Collective Bargaining Agreements and Memorandums of Understanding between the district and the employee groups.

Employee-paid contributions are deductions from payroll checks. Employees who work 12 months make contributions each pay period. Many school district employees do not work 12 months, so contributions are collected for those employees during the 9 month period from September through May.

For this reason, contributions are generally larger than obligations for September through May and contributions are generally smaller than obligations for June, July and August.

The "Collected" columns show what is actually available for paying health care costs. The "Obligations" show what is estimated to be available by month, based on number of employees at the current rate of contributions.

**Kenai Peninsula Borough School District  
Healthcare Expenditures Split  
as of December 31, 2018**

<b>Traditional Plan</b>				<b>HDHP</b>			
YTD Participants	3,988			YTD Participants	2,522		
Net Expenditures	9,856,617.37			Net Expenditures	2,323,043.58		
ER - Employer Cap \$1731.45	6,905,022.60			ER - Employer Cap \$1645.61	4,150,228.42		
EE - Employee Cap \$305.55	<u>1,218,533.40</u>			EE - Employee Cap \$182.85	<u>461,147.70</u>		
Total Cap Expenditure EE/ER	8,123,556.00			Total Cap Expenditure EE/ER	4,611,376.12		
Expenditures over Cap	1,733,061.37			Expenditures over Cap	-		
50/50 Split of Expenditures over Cap	866,530.68			50/50 Split of Expenditures over Cap	-		
ER Expenditures Up To Cap	6,905,022.60			ER Expenditures Up To Cap	2,090,739.22		
ER Expenditures Above Cap	<u>866,530.68</u>			ER Expenditures Above Cap	<u>-</u>		
Total ER Expenditures	7,771,553.29			Total ER Expenditures	2,090,739.22		
EE Expenditures Up To Cap	1,218,533.40			EE Expenditures Up To Cap	232,304.36		
EE Expenditures Above Cap	<u>866,530.68</u>			EE Expenditures Above Cap	<u>-</u>		
Total EE Expenditures	2,085,064.09			Total EE Expenditures	232,304.36		
Total ER & EE Expenditures	9,856,617.37			Total ER & EE Expenditures	2,323,043.58		
<b>Traditional Summary</b>				<b>HDHP Summary</b>			
<b>Through November 2018</b>	<u>YTD EXP</u>	<u>YTD REV</u>	<u>REV Less EXP</u>	<b>Through November 2018</b>	<u>YTD EXP</u>	<u>YTD REV</u>	<u>REV Less EXP</u>
Employer	7,644,385.90	5,516,715.73	(2,127,670.17)	Employer	2,090,739.22	5,252,296.76	3,161,557.54
Employee	<u>2,212,231.47</u>	<u>1,463,353.47</u>	<u>(748,878.00)</u>	Employee	<u>232,304.36</u>	<u>962,213.79</u>	<u>729,909.43</u>
Totals	9,856,617.37	6,980,069.20	(2,876,548.17)	Totals	2,323,043.58	6,214,510.55	3,891,466.97
<b>Obligation per Employee FY19</b>	<u>Year-to-date</u>			<b>Obligation per Employee FY19</b>	<u>Year-to-date</u>		
498.00 EE/1923.49 ER Split	2,421.49	2,421.49		308.00 EE/1770.47 ER Split	2,078.47	2,078.47	
Monthly Cost per Employee - ER		1916.85		Monthly Cost per Employee - ER		829.00	
Monthly Cost per Employee - EE + Cobra		<u>554.72</u>		Monthly Cost per Employee - EE + Cobra		<u>92.11</u>	
		2471.57				921.11	
<b>Current Variance</b>		<b>(50.08)</b>		<b>Current Variance</b>		<b>1,157.36</b>	

Obligations indicate the funds that will be accumulated per employee per month. Expenditures are amounts that have been paid through the plan.

A positive number for "current variance" represents the amount per employee per month that is estimated to be collected above the amount spent year-to-date. A negative number represents the amount of expenditures (per employee per month) that are more than what is estimated to be collected for payment of those expenditures.



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- Director of Human Resources,  
Midwest Client



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# Kenai Peninsula Borough School District

## Wellness Strategy

January 1, 2019

CONCEPT	DESCRIPTION
<u>Biometric Testing</u>	<p>This can include on site questionnaire and blood draws organized by KPBSD, or employee could have their physician complete a form on behalf of the employee. The blood panel can vary from rather basic to comprehensive.</p> <p>The data from the blood draw can be reported in aggregate to KPBSD to help gauge the overall health of the population. This data can be used to develop initiatives to target prevalent conditions and improve overall group health.</p> <p>A blood draw can detect harmful conditions that an employee (or spouse) might not be aware of, and immediate medical attention can be suggested when necessary.</p>
<u>Health Risk Assessment</u>	<p>Wellness program might include a self-reported assessment that includes questions about activities, lifestyle, and nutritional habits, just to name a few topics.</p>
<u>Incentives</u>	<p>Structuring an incentive strategy that resonates with your membership is a key component to the success of a wellness program. Upon completing certain tasks, employees can earn incentives, which might include:</p> <ol style="list-style-type: none"><li>1) Lower employee premium contribution for wellness participation</li><li>2) Cash or gift cards</li><li>3) Raffle entry upon completing tasks or reaching goals</li><li>4) Additional days off</li></ol>
<u>Nicotine Disincentives</u>	<p>KPBSD might decide to charge employees higher premiums if they use nicotine products. For example, structure the contribution rates by nicotine usage so the nicotine premium rates would be higher. This can be self-reported or determined by bloodwork.</p>
<u>Wellness Coaching</u>	<p>A wellness program might include access to coaches to help employees in areas needed to improve their health. Interaction with a coach might be a requirement in order to receive any incentive.</p>
<u>Employee Portal</u>	<p>An employee portal might be utilized to help track goals and physical activity throughout the year.</p>
<u>Wellness Vendor Partner</u>	<p>KPBSD might choose to engage with a wellness partner to develop a program that meets KPBSD's specific needs. This partner can also arrange biometric testing, health risk assessment, employee portal management, and determine employee status towards goal completion.</p>



## 2019 Healthy Choice Program Guidelines

The **Healthy Choice Program** is a voluntary premium discount program offered to Cleveland Clinic caregivers and their spouses who are enrolled in the Employee Health Plan (EHP).

**How Healthy Choice Works:** In early January, eligible Health Plan members (employee and spouse) need to log into the Healthy Choice Portal to determine what they need to do by Sept. 30 in the current year to earn the lowest premium for the following year. The requirements vary based on the member's identified health status. The three health status types are as follows:

- Identified with one or more of these chronic conditions: asthma, diabetes, hyperlipidemia, hypertension, nicotine use or overweight – **must join the applicable Coordinated Care Program(s) for the identified condition(s). Nicotine users must join an approved nicotine cessation program. Note:** If you do not agree with your diagnosis, you must appeal by March 1.
- Identified as "healthy" — meaning he or she was not diagnosed with one of the conditions listed above – **must participate by tracking physical activity (steps and/or physical activity minutes) using a plan-approved device (150,000 steps or 900 minutes per month for six months by Sept. 30), OR join an EHP approved fitness center and participate 10 times per month for six months by Sept. 30.**
- Identified with incomplete data. The plan needs more information about the member to determine the steps that he or she needs to take by Sept. 30 – **must submit a Health Visit Report form completed by your Primary Care Physician. Note: All new caregivers and those new to the health plan must have the health visit report completed.**

**Healthy Choice Portal:** The Healthy Choice Portal was exclusively designed for the Employee Health Plan to allow members to track their Healthy Choice goals and physical activity throughout the year. To view your information, you must first create an account using your medical card ID and date of birth. The portal can be accessed via our website at [www.clevelandclinic.org/healthplan](http://www.clevelandclinic.org/healthplan).

**Premiums Based on Healthy Choice Participation\*:** The plan's premium structure is a five-level structure — *Bronze, Silver, Gold, Platinum or Diamond*. The level of premium earned is based on the active participation of both the caregiver **and** their spouse. The table below illustrates the premium structure and how the steps taken determine the premium level for the following year.

2019 Premium Levels		
Premium Level	EHP members with "Employee Only" coverage who take these steps qualify for the premium at the left:	EHP members who are married and take these steps qualify for the premium at the left:
<b>Bronze (plan's standard—and highest—premium)</b>	Did not participate in at all <b>OR</b> met <b>no</b> program requirements	<ul style="list-style-type: none"> <li>•Both did not participate, <b>OR</b></li> <li>•One or both participated but met <b>no</b> program requirements.</li> </ul>
<b>Silver</b>	N/A	One or both actively participated* <b>AND</b> one met <b>some</b> program requirements but the other met <b>no</b> program requirements.
<b>Gold</b>	Participated and met <b>some</b> program requirements.	<ul style="list-style-type: none"> <li>•Both actively participated* but both met only <b>some</b> program requirements;</li> <li style="text-align: center;"><b>OR</b></li> <li>•One actively participated* and met <b>all</b> program requirements, but the other met <b>no</b> program requirements.</li> </ul>
<b>Platinum</b>	N/A	Both actively participated* <b>AND</b> one met <b>all</b> program requirements and the other met only <b>some</b> program requirements.
<b>Diamond (plan's most discounted premium)</b>	Participated and met <b>all</b> program requirements.	Both actively participated* in <b>AND</b> both met <b>all</b> program requirements.

Caregivers or spouses who have questions about Healthy Choice or their medical or prescription drug coverage can call the One HR Service Center at 216.448.2247 or toll-free at 1.877.688.2247. Option 2 **Remember:** HIPAA regulations apply to questions you ask about the members of your household covered by the Health Plan.

**\*Actively participated** - requires joining the required program(s) and includes the following: regular communication with your Care Coordinator, responding to outreach attempts, completing and sending in any required forms necessary, and actively participating in modifying lifestyle behaviors that will help you improve or maintain your health and wellbeing.