

A Self-Funded Evaluation

PREPARED EXCLUSIVELY FOR:

OKHEEI

January 1, 2024 - December 31, 2024

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Plan Evaluation: OKHEEL

Medical & Pharmacy Self-Funded Status Quo Renewal Plan Year: 1/1/2024 - 12/31/2024

Carrier(s): BCBS OK

Specific Deductible: \$300,000

Feb-21		Members	Medical	Pharmacy	Total Claims
	3,522	4,948			
Mar-21	3,516	4,947	\$1,672,028	\$697,330	\$2,369,358
Apr-21	3,514	4,935	\$1,746,221	\$799,175	\$2,545,396
May-21	3,494	4,919	\$1,506,002	\$680,013	\$2,186,015
Jun-21	3,453	4,860	\$1,714,637	\$618,963	\$2,333,600
Jul-21	3,412	4,803	\$1,656,294	\$787,164	\$2,443,457
Aug-21	3,358	4,703	\$1,824,073	\$669,672	\$2,493,745
Sep-21	3,449	4,808	\$1,817,899	\$659,586	\$2,477,485
Oct-21	3,466	4,825	\$1,696,089	\$839,901	\$2,535,990
Nov-21	3,466	4,819	\$2,325,648	\$642,211	\$2,967,858
Dec-21	3,472	4,827	\$2,079,267	\$893,363	\$2,972,630
Jan-22	3,398	4,698	\$1,996,232	\$630,938	\$2,627,171
Feb-22	3,390	4,686	\$1,552,682	\$741,373	\$2,294,055
Mar-22	3,392	4,693	\$2,114,928	\$627,018	\$2,741,946
Apr-22	3,374	4,673	\$1,411,109	\$855,946	\$2,267,055
May-22	3,361	4,661	\$1,682,563	\$767,676	\$2,450,239
Jun-22	3,324	4,603	\$1,684,605	\$690,201	\$2,374,806
Jul-22	3,297	4,568	\$1,804,401	\$779,694	\$2,584,094
Aug-22	3,268	4,519	\$1,948,635	\$729,381	\$2,678,015
Sep-22	3,350	4,630	\$1,843,831	\$916,377	\$2,760,208
Oct-22	3,364	4,653	\$1,686,347	\$856,822	\$2,543,168
Nov-22	3,360	4,640	\$1,667,115	\$856,177	\$2,523,292
Dec-22	3,350	4,615	\$1,761,599	\$964,753	\$2,726,352
Jan-23	3,001	4,161	\$1,627,193	\$737,701	\$2,364,894
Feb-23	3,032	4,203	\$1,413,636	\$627,884	\$2,041,520
Prior R12	41,520	58,092	\$21,587,072	\$8,659,689	\$30,246,761
Prior R12 PEPM			\$519.92	\$208.57	\$728.49
Prior R12 PMPM			\$371.60	\$149.07	\$520.67
Current R12	39,831	55,102	\$20,645,961	\$9,409,630	\$30,055,591
Current R12 PEPM			\$518.34	\$236.24	\$754.58
Current R12 PMPM			\$374.69	\$170.77	\$545.45

[†]This analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage © 2020 GALLAGHER BENEFIT SERVICES, INC.

provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.

Claim Development: OKHEEI

Medical & Pharmacy Self-Funded Status Quo Renewal Plan Year: 1/1/2024 - 12/31/2024

Carrier(s): BCBS OK

Specific Deductible: \$300,000

Medical Pharmacy Sp.40,630 Maministrative Fee \$3.0.33 \$2.024 \$2.025 \$2.042,957 \$7,698,233 \$19,695,139 \$8,747,899 MSL Premium \$52.59 MSL Premium \$1.04 MSL Premium \$1.0		3/1/2021 -	- 2/28/2022	3/1/2022	2 - 2/28/2023	Fixed Cost Estimates PEPM	Current	Change (9/)	Renewal 2024
Pharmacy Rebates (\$427,387) (\$192,102) Zero Card Fee \$8.29		Medical	Pharmacy	Medical	Pharmacy	Fixed Cost Estimates PEPIVI	2023	Change (%)	Renewal 2024
Claims over Specific Deductible (\$644,115) (\$534,069) (\$950,822) (\$469,629) ISL Premium \$52.59	Gross Paid Claims	\$21,587,072	\$8,659,689	\$20,645,961	\$9,409,630	Administrative Fee	-\$30.33	48.5%	-\$45.03
Total Net Paid Claims Subscriber Months \$10,44 \$1,520 \$41,388 \$39,831 \$39,473 \$221.62 \$3.62	Pharmacy Rebates		(\$427,387)		(\$192,102)	Zero Card Fee	\$8.29	4.3%	\$8.65
Subscriber Months 41,520 41,388 39,831 39,473 Consulting Fee \$3.62 Average Claim Value Experience Midpoint Projection Midpoint Projection Midpoint Trend Months 9/1/2021 9/1/2022 9/1/2022 9/1/2024 Total Fixed Costs PEPM \$35.21 Claims Adjusted Trend Rate Trend Factor Tend Factor Change in Reserve Adjustment Contract Size Adjustment Experienced Incurred Claims PEPM 1.006 1.000 1.006 1.000 1.000 1.000 Current Budgeting Rate PEPM Projected Premium Equivalent (Exp) Combined Experienced Incurred Claims PEPM Adjusted Incurred Claims PEPM Add Large Claimants FEPM Experienced Incurred Claims PEPM Add Large Claimants Sel.68 \$851.85 \$829.56 Calculated Rate Action (%) Total Experienced Incurred Claims PEPM Sel.658 \$854.98 \$854.98 Total Experience Weighting 5% 95%	Claims over Specific Deductible	(\$644,115)	(\$534,069)	(\$950,822)	(\$469,629)	ISL Premium	\$52.59	7.5%	\$56.51
Average Claim Value Experience Midpoint Projection Midpoint Projection Midpoint T/1/2024 7/1/	Total Net Paid Claims	\$20,942,957	\$7,698,233	\$19,695,139	\$8,747,899	ASL Premium	\$1.04	0.00%	\$1.04
Experience Midpoint 9/1/2021 9/1/2022 9/1/2022 9/1/2022 Total Fixed Costs PEPM \$35.21	Subscriber Months	41,520	41,388	39,831	39,473	Consulting Fee	\$3.62	0.00%	\$3.57
Projection Midpoint 7/1/2024 22 24 22 25 25	Average Claim Value	\$504.41	\$186.00	\$494.47	\$221.62				
Trend Months 34 34 22 22 22	Experience Midpoint	9/1/2021	9/1/2021	9/1/2022	9/1/2022	Total Fixed Costs PEPM	\$35.21	-29.7%	\$24.74
Claims Adjusted Trend Rate	Projection Midpoint	7/1/2024	7/1/2024	7/1/2024	7/1/2024				
Trend Factor 1.215 1.310 1.134 1.191 Renewal Summar	Trend Months	34	34	22	22				
Change in Reserve Adjustment Contract Size Adjustment Experienced Incurred Claims PEPM COWID19 Impact Adjusted Incurred Claims PEPM Add Large Claimants Total Experienced Weighting Contract Size Adjustment 1.006 1.000 1.002 1.002 2 Current Budgeting Rate PEPM \$610.43 \$241.42 \$565.09 \$264.47 \$Projected Premium Equivalent (Exp) \$829.56 Calculated Rate Action (%) \$832.39 \$4d Large Claimants \$21.68 \$22.60 \$565.09 \$832.39 \$610.43 \$854.90 \$854.90 \$854.90 \$854.90 \$854.90 \$854.90 \$854.90 \$95%	Claims Adjusted Trend Rate	7.1%	10.0%	7.1%	10.0%				
Contract Size Adjustment Experienced Incurred Claims PEPM Experienced Incurred Claims PEPM Combined Experienced Incurred Claims PEPM COVID19 Impact Adjusted Incurred Claims PEPM Add Large Claimants Total Experienced Incurred Claims PEPM Experienced Weighting Contract Size Adjustment 0.991 0.991 1.002 \$565.09 \$264.47 Projected Premium Equivalent (Exp) \$829.56 Calculated Rate Action (%)	Trend Factor	1.215	1.310	1.134	1.191	Renewal Summary			
Experienced Incurred Claims PEPM Combined Experienced Incurred Claims PEPM COVID19 Impact Adjusted Incurred Claims PEPM Add Large Claimants Total Experienced Uncurred Claims PEPM Experienced Weighting \$610.43 \$241.42 \$565.09 \$264.47 \$829.56 \$829.56 \$829.56 Calculated Rate Action (%) \$832.39 \$241.42 \$565.09 \$264.47 Projected Premium Equivalent (Exp) \$829.56 Calculated Rate Action (%) \$8565.09 \$264.47 \$829.56 Calculated Rate Action (%) \$8565.09 \$264.47 \$829.56 Calculated Rate Action (%) \$8565.09 \$264.47 Projected Premium Equivalent (Exp) \$8565.09 \$264.47 Projected Premium Equivalent (Exp)	Change in Reserve Adjustment	1.006	1.000	1.006	1.000				
Combined Experienced Incurred Claims PEPM \$851.85 \$829.56 Calculated Rate Action (%) COVID19 Impact 1.004 1.003 Adjusted Incurred Claims PEPM \$854.90 \$832.39 Add Large Claimants \$21.68 \$22.60 Total Experienced Incurred Claims PEPM \$876.58 \$854.98 Experience Weighting 5% 95%	Contract Size Adjustment	0.991	0.991	1.002	1.002	Current Budgeting	Rate PEPM	\$85	2.80
COVID19 Impact 1.004 1.003 Adjusted Incurred Claims PEPM \$854.90 \$832.39 Add Large Claimants \$21.68 \$22.60 Total Experienced Incurred Claims PEPM \$876.58 \$854.98 Experience Weighting 5% 95%	Experienced Incurred Claims PEPM	\$610.43	\$241.42	\$565.09	\$264.47	Projected Premium Equiv	alent (Exp)	\$85	0.09
Adjusted Incurred Claims PEPM Add Large Claimants S21.68 S22.60 Total Experienced Incurred Claims PEPM Experience Weighting S854.90 \$832.39 \$22.60 \$22.60 \$854.98 \$95%	Combined Experienced Incurred Claims PEPM	\$85	1.85	\$8	29.56	Calculated Rate	Action (%)	-0	.3%
Add Large Claimants \$21.68 \$22.60 Total Experienced Incurred Claims PEPM \$876.58 \$854.98 Experience Weighting 5% 95%	COVID19 Impact	1.0	004	1	1.003				
Total Experienced Incurred Claims PEPM \$876.58 \$854.98 Experience Weighting 5% 95%	Adjusted Incurred Claims PEPM	\$85	4.90	\$8	32.39				
Experience Weighting 5% 95%	Add Large Claimants	\$2:	1.68	\$.	22.60				
	Total Experienced Incurred Claims PEPM	\$87	6.58	\$8	54.98				
Projected Incurred Claims PEPM \$856.06	Experience Weighting	5	5%	!	95%				
1.10/00000 11.001100 12.111	Projected Incurred Claims PEPM		\$8	356.06					
Rx Negotiations (\$30.71)	Rx Negotiations		(\$	(\$30.71)					
Total Projected Incurred Claims PEPM (Exp) \$825.35	Total Projected Incurred Claims PEPM (Exp)		\$8	325.35					

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Current Plan Designs

Plan Highlights	Plan A	Plan B	Plan C	Plan F
Network	Blue Preferred	Blue Preferred & Blue Choice	Blue Preferred	Blue Choice
General Plan Information	PPO (traditional) Plan	PPO (traditional) Plan	PPO (traditional) Plan	High Deductible Health Plan
Calendar Year Deductible (CYD)	\$750 Ind / \$2,250 Family	\$1,250 Ind / \$3,750 Family	\$1,500 Ind / \$4,000 Family	\$3,000 Ind / \$6,000 Family
Calendar Year Out of Pocket Max Includes deductibles and pharmacy/medical copays	\$3,000 Ind / \$9,000 Family	\$3,500 Ind / \$10,500 Family BP \$4,000 Ind / \$12,000 Family BC	\$4,000 Ind / \$12,000 Family	\$6,650 Ind / \$1,3000 Family
Member Coinsurance	20% after CYD	20% after CYD BP; 30% after CYD BC	20% after CYD	20% after CYD
Primary Care Office Visit	\$20 Copay	\$25 BP / \$35 BC Copay	\$35 Copay	20% after CYD
Specialty Care Office Visit	\$40 Copay	\$40 BP / \$50 BC Copay	\$50 Copay	20% after CYD
Preventive Care Visits	No Charge	No Charge	No Charge	No Charge
Diagnostics Lab & X-Ray	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD
In-Patient Hospitalization & Out-Patient Surgery	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD
Emergency Room	\$100 Copay, then 20% after CYD	\$150 Copay, then 20% after CYD	\$150 Copay, then 20% after CYD	20% after CYD
Urgent Care	\$40 Copay	\$40 BP / \$50 BC Copay	\$50 Copay	20% after CYD

Mental Health Substance Abuse	Plan A	Plan B	Plan C	Plan F
In-Patient	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD
Out-Patient	\$20 Office Visit Copay	\$25 BP / \$35 BC Copay	\$35 Office Visit Copay	20% after CYD
	20% after CYD for other services	20% / 30% after CYD for other services	20% after CYD for other services	

Plan Highlights (continued)	Plan A	Plan B	Plan C	Plan F
Networks	Blue Preferred	Blue Preferred & Blue Choice	Blue Preferred	Blue Choice
Rehabilitation Services (outpatient):				
Separate 60 visit limits per benefit period	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
for speech and occupational therapies.				
Rehabilitation Services (Inpatient):	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
30 day limit per benefit period. PA required.				
Physical and Chiropractic Therapy (combined limited to 60 visits per CY)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Durable Medical Equipment (DME)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Skilled Nursing Facility (100 days per CY)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Home Health Care (100 days per CY)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD
Hospice (PA Required)	20% after CYD	20% BP / 30% BC after CYD	20% after CYD	20% after CYD

Suggested Plan Changes (highlighed in yellow)

Plan A	Plan B	Plan C	Plan F	
Blue Preferred	Blue Preferred & Blue Choice	Blue Preferred	Blue Choice	
PPO (traditional) Plan	PPO (traditional) Plan	PPO (traditional) Plan	High Deductible Health Plan	
\$750 Ind / \$2,250 Family	\$1,250 Ind / \$3,750 Family	\$2,500 Ind / \$5,000 Family	\$3,500 Ind / \$7,000 Family	
\$3,000 Ind / \$9,000 Family	\$3,500 Ind / \$10,500 Family BP \$3,500 Ind / \$10,500 Family BC	\$5,000 Ind / \$15,000 Family	\$6,650 Ind / \$1,3000 Family	
20% after CYD	20% after CYD BP; 20% after CYD BC	20% after CYD	20% after CYD	
\$20 Copay	\$25 BP / \$25 BC Copay	\$35 Copay		
\$40 Copay	\$40 BP / \$40 BC Copay	\$50 Copay	20% after CYD	
No Charge	No Charge	No Charge	No Charge	
20% after CYD	20% after CYD BP 20% after CYD BC	20% after CYD	20% after CYD	
20% after CYD	20% after CYD BP 20% after CYD BC	20% after CYD	20% after CYD	
\$100 Copay, then 20% after CYD	\$150 Copay, then 20% after CYD	\$150 Copay, then 20% after CYD	20% after CYD	
\$40 Copay	\$40 BP / \$40 BC Copay	\$50 Copay	20% after CYD	

Plan A	Plan B	Plan C	Plan F
20% after CYD	20% after CYD BP	20% after CYD	20% after CYD
20% after CYD	20% after CYD BC	20% after CYD	20% after CYD
\$20 Office Visit Copay	\$25 BP / \$25 BC Copay	\$35 Office Visit Copay	
20% after CYD for other	20% / 20% after CYD for	20% after CYD for other	20% after CYD
services	other services	services	

Plan A	Plan B	Plan C	Plan F
Blue Preferred	Blue Preferred & Blue Choice	Blue Preferred	Blue Choice
20% after CYD	20% BP / 20% BC after CYD	20% after CYD	20% after CYD
20% after CYD	20% BP / 20% BC after CYD	20% after CYD	20% after CYD
20% after CYD	20% BP / 20% BC after CYD	20% after CYD	20% after CYD
20% after CYD	20% BP / 20% BC after CYD	20% after CYD	20% after CYD
20% after CYD	20% BP / 20% BC after CYD	20% after CYD	20% after CYD
20% after CYD	20% BP / 20% BC after CYD	20% after CYD	20% after CYD
20% after CYD	20% BP / 20% BC after CYD	20% after CYD	20% after CYD

Rate Development: OKHEEI

Medical & Pharmacy Renewal Plan Year: 1/1/2024 - 12/31/2024

Self-Funded Carrier(s): BCBS OK

Specific Deductible: \$300,000

		Current Plan Year 2023	Renewal Plan Year		
Coverage Tier	Enrollment	Total Rates	No Plan Changes	Plan Changes	Plan Changes, and remove Zero on Therapy and Heart Hospital
Plan A				No Change	
Employee	793	\$851.83	\$849.13	\$849.13	\$844.91
Employee + Spouse	10	\$1,658.30	\$1,653.04	\$1,653.04	\$1,644.82
Employee + Child	58	\$1,088.55	\$1,085.10	\$1,085.10	\$1,079.70
Employee + Children	10	\$1,471.27	\$1,466.61	\$1,466.61	\$1,459.31
Employee + Family	3	\$2,124.66	\$2,117.93	\$2,117.93	\$2,107.39
Pl P				D. DD/DG	
Plan B	057	¢742.75	Ċ741 20	Remove BP/BC tiers	¢727.70
Employee	957	\$743.75	\$741.39	\$741.39	\$737.70
Employee + Spouse	63	\$1,347.70	\$1,343.43	\$1,343.43	\$1,336.75
Employee + Child	83	\$955.69	\$952.66	\$952.66	\$947.92
Employee + Children	50	\$1,298.34	\$1,294.22	\$1,294.22	\$1,287.78
Employee + Family	42	\$1,765.21	\$1,759.62	\$1,759.62	\$1,750.87
Plan C				Increase Deductible and OOP Max	
Employee	580	\$631.39	\$629.39	\$607.11	\$604.09
Employee + Spouse	51	\$1,214.92	\$1,211.07	\$1168.19	\$1,162.38
Employee + Child	137	\$837.28	\$834.63	\$805.08	\$801.07
Employee + Children	69	\$1,170.13	\$1,166.42	\$1125.13	\$1,119.53
Employee + Family	86	\$1,620.50	\$1,615.36	\$1558.17	\$1,550.42
Diam 5				D 1 (7)	
Plan F	0.5	4507.05	4505.00	Increase Deductible	4
Employee	26	\$637.95	\$635.93	\$579.95	\$577.07
Employee + Spouse	3	\$1,200.91	\$1,197.10	\$1091.74	\$1,086.30
Employee + Child	6	\$813.89	\$811.31	\$739.90	\$736.22
Employee + Children	4	\$1,152.98	\$1,149.33	\$1048.16	\$1,042.95
Employee + Family	1	\$1,655.48	\$1,650.23	\$1504.98	\$1,497.49

Plan Cost Composite PEPM	3,032	\$852.80	\$850.09	\$840.30	\$836.12
PCORI Fees		\$0.37	\$0.40	\$0.40	\$0.40
Annual		\$31,041,596	\$30,944,281	\$30,588,161	\$30,436,053
Change From Current (\$)			-\$97,314	-\$453,435	-\$605,543
Change From Current (%)			-0.3%	-1.5%	-2.0%

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