



Tubac Fire District as part of the Public Service Health Benefits Pool

Medical Proposal

4/1/2022

Current Enrollment	<u>Employee</u>	<u>EE + SP</u>	<u>EE + Ch(ren)</u>	<u>Family</u>	<u>Total</u>	
BCBS (1500 Ded, 5500 OOP, \$25/50, 20%)	6	1	6	7	20	
BCBS (3000 Ded, 3000 OOP, 0%) HDHP	2	1	2	2	7	
Total	8	2	8	9	27	
Current Rates	<u>Employee</u>	<u>EE + SP</u>	<u>EE + Ch(ren)</u>	<u>Family</u>	<u>Annual</u>	
BCBS (1500 Ded, 5500 OOP, \$25/50, 20%)	396.43	764.87	746.44	1243.83	195,947	
BCBS (3000 Ded, 3000 OOP, 0%) HDHP	351.35	674.70	658.54	1095.06	58,615	
Total					254,562	
Renewal Rates	<u>Employee</u>	<u>EE + SP</u>	<u>EE + Ch(ren)</u>	<u>Family</u>	<u>Annual</u>	<u>% Change</u>
BCBS (1500 Ded, 5500 OOP, \$25/50, 20%)	442.50	898.45	815.55	1271.50	208,167	6.24%
BCBS (3000 Ded, 3000 OOP, 0%) HDHP	398.22	805.47	731.42	1138.67	64,105	9.37%
Total					272,272	6.96%
Benefit Option Scenarios* - Med Den Vis Bundling	<u>Employee</u>	<u>EE + SP</u>	<u>EE + Ch(ren)</u>	<u>Family</u>	<u>Annual</u>	<u>% Change</u>
A 1500 3500 80% \$25/40	406.90	854.49	773.11	1302.09	204,590	4.41%
A 3000 3000 QHDHP 100%	354.59	744.63	673.71	1134.68	60,847	3.81%
Total					265,437	4.27%

* Plans shown are for comparison purposes. Please refer to the Quote Assumptions for any plan offering limitations.

Proposed EMI Health Rates - Med Den Vis Bundling	<u>Employee</u>	<u>EE + SP</u>	<u>EE + Ch(ren)</u>	<u>Family</u>	<u>Annual</u>
A 250 1500 90% \$20/35	483.10	1014.51	917.89	1545.92	325,803
A 500 1500 90% \$20/35	468.43	983.71	890.02	1498.98	315,910
A 500 3000 80% \$20/35	454.40	954.24	863.36	1454.07	306,446
A 1000 2500 80% \$20/35	432.35	907.96	821.48	1383.56	291,583
A 1500 3500 80% \$25/40	406.90	854.49	773.11	1302.09	274,414
A 2000 4500 80% \$25/40	385.63	809.81	732.69	1233.99	260,065
A 2500 5000 80% \$30/60	370.58	778.22	704.11	1185.85	249,919
A 3000 6500 80% \$30/60	351.99	739.18	668.78	1126.38	237,383
A 4000 6600 70% \$40/75	318.65	669.17	605.44	1019.69	214,899
A 5000 7350 80% \$40/75	309.67	650.29	588.36	990.91	208,836
A 1500 1500 QHDHP 100%	408.90	858.66	776.88	1308.45	275,755
A 1500 3000 QHDHP 80%	372.10	781.42	706.99	1190.72	250,944
A 3000 3000 QHDHP 100%	354.59	744.63	673.71	1134.68	239,133
A 3000 6000 QHDHP 80%	318.83	669.54	605.77	1020.25	215,018
A 4000 6500 QHDHP 80%	288.10	604.99	547.37	921.89	194,289
A 5000 6500 QHDHP 80%	269.82	566.64	512.67	863.45	181,971

Proposed EMI Health Rates - Med Only	<u>Employee</u>	<u>EE + SP</u>	<u>EE + Ch(ren)</u>	<u>Family</u>	<u>Annual</u>
A 250 1500 90% \$20/35	492.28	1033.78	935.33	1575.29	331,993
A 500 1500 90% \$20/35	477.33	1002.40	906.93	1527.46	321,912
A 500 3000 80% \$20/35	463.04	972.37	879.76	1481.70	312,269
A 1000 2500 80% \$20/35	440.57	925.21	837.09	1409.85	297,124
A 1500 3500 80% \$25/40	414.64	870.72	787.80	1326.83	279,629
A 2000 4500 80% \$25/40	392.96	825.20	746.61	1257.44	265,007
A 2500 5000 80% \$30/60	377.62	793.00	717.49	1208.39	254,669
A 3000 6500 80% \$30/60	358.67	753.23	681.49	1147.78	241,893
A 4000 6600 70% \$40/75	324.71	681.88	616.94	1039.06	218,982
A 5000 7350 80% \$40/75	315.55	662.65	599.54	1009.74	212,804
A 1500 1500 QHDHP 100%	416.66	874.98	791.64	1333.31	280,994

A 1500 3000 QHDHP 80%	379.17	796.27	720.42	1213.35	255,713
A 3000 3000 QHDHP 100%	361.33	758.78	686.51	1156.24	243,677
A 3000 6000 QHDHP 80%	324.88	682.26	617.28	1039.63	219,102
A 4000 6500 QHDHP 80%	293.58	616.49	557.77	939.40	197,981
A 5000 6500 QHDHP 80%	274.95	577.40	522.41	879.86	185,429

Quote Assumptions

Plan Information:

- Contract Period: May 01, 2022 - June 30, 2023.
- Provider Networks: Blue Cross® Blue Shield® of Arizona in Arizona, EMI Health Care Plus in Utah and First Health outside Utah and Arizona.
- Pool will allow 3 benefit options per group.
 - *Rates may be affected by rate ranges exceeding 50% differential depending on the contribution strategy.
- Funding Type: Self Funded
 - Specific and Aggregate stop loss coverage is included with a contract basis: 12/24.
- These plans are part of a Pool.
 - All aggregate stop loss accumulations will accumulate for the entire Pool, not each group individually.
 - Claims reporting is available for the Pool as a whole, not each group individually.
- Administered by: EMI Health.
- Accumulation Period: Calendar Year.
- Rx programs included: Mandatory Generic (DAW 1), Quantity per Dispensing Event, Specialty Pharmacy Program and Smart Pre-Authorization (PDST/PDPA).
- Other programs included: EMI Health Wellness (including Biometrics) and EMI Health TeleMed \$0.

Eligibility Requirements:

- Requires 70% participation after qualified waivers and 50% participation before waivers.
- The number of out-of-state employees may not exceed 50% of the eligible employees with no more than 25% in states other than Arizona, Georgia, Texas and Utah.
 - Assumed number of out-of-state employees: 0.
- If enrollment differs by more than 15% prior to or during the contract year, EMI Health reserves the right to reevaluate rates and plans.
- The number of COBRA participants may not exceed 10% of the group enrollment.
- This quote assumes retirees will not be covered.

Contribution Requirements:

- Requires the Employer to contribute a minimum of 50% of the single rate.
- The rates assume no deductible, coinsurance or copays will be paid by the group (except as approved for HSA and HRA products). GAP plans require approval.
- For HSA plans, additional HSA fund administration will be required. The rates above are for the HDHP.

Other Requirements:

- EMI Health is the only Medical carrier.
- This quote assumes the group has a current Workers Compensation plan in place.
- Additional fees may be required due to Federal Health Care Reform. PCORI Fees will be paid by the group.

This quote is valid until the effective date. If the effective date changes, these rates are subject to reevaluation. EMI Health reserves the right to withdraw or change the bid if any of the bid information changes, including but not limited to any claims, demographic or other changes that may affect the risk of the group.