



**NOTICE OF SPECIAL VILLAGE BOARD MEETING**

**Monday, July 20, 2020 at 5:00 p.m.  
Caledonia Village Hall – 5043 Chester Lane**

**THIS WILL BE AN IN-PERSON MEETING – MAX NUMBER OF CITIZEN ATTENDEES 16**

**AUDIO & VIDEO CONFERENCE VIA ZOOM**

**ACCESS VIA DIAL-IN NUMBER IS: 1-(312) 626-6799; ACCESS CODE IS: 885 2535 0374 OR**

**ACCESS VIA ONE-TOUCH TELEPHONE IS: tel: +13126266799,,88525350374# OR**

**ACCESS VIA INTERNET IS: <https://us02web.zoom.us/j/88525350374>**

1. Call to Order.
2. Presentation from Alex Beaudry from Horton on 2021 health insurance outlook.
3. Adjournment.

Dated July 17, 2020

Karie Pope  
Village Clerk

# Village of Caledonia



Prepared for:



July 20, 2020



# Agenda

Village of Caledonia– July 20, 2020



- **Medical Rate History**
- **Medical Reporting**
  - Premiums Vs Claims
  - Large Claims
- **HRA Utilization**

# Village of Caledonia

2017-2020 Medical Rate History

	2017 UHC	2018 Humana	2019 Humana	2020 Humana
	AH2U Rx0I	PPO 16 COPAYF/9060	PPO 16 COPAYF/9060	PPO 16 COPAYF/9060
<b>Plan</b>	S/F In: \$3,000 / \$6,000 S/F Out: \$3,000 / \$6,000 Coinsurance In / Out: 90/70	S/F In: \$3,000 / \$6,000 S/F Out: \$9,000 / \$18,000 Coinsurance In / Out: 90/60	S/F In: \$3,000 / \$6,000 S/F Out: \$9,000 / \$18,000 Coinsurance In / Out: 90/60	S/F In: \$3,000 / \$6,000 S/F Out: \$9,000 / \$18,000 Coinsurance In / Out: 90/60
<b>Employee</b>	\$710.61	\$739.97	\$739.61	\$739.61
<b>Employee + Spouse</b>	\$1,421.20	\$1,480.31	\$1,479.95	\$1,479.95
<b>Employee + Child(ren)</b>	\$1,421.20	\$1,480.31	\$1,479.95	\$1,479.95
<b>Family</b>	\$1,847.48	\$1,924.51	\$1,924.15	\$1,924.15
<b>Initial Renewal %</b>		28.12%	6.73%	2.00%
<b>Final Renewal %</b>		4.16%	0.00%	0.00%

Moved to Humana 1/1/2018

Network Change

# Village of Caledonia

## Medical Premium vs. Claims Report

Incurred 1/1/2017 - 12/31/2018, Paid 1/1/2017 - 6/30/2019

2017: UHC												
Month	EE Enrollment	EE+SP Enrollment	EE+CH Enrollment	FAM Enrollment	Subscriber Enrollment	Member Enrollment	Medical Paid Claims	Rx Paid Claims	Total Paid Claims	Paid Claims PEPM	Premium	Loss Ratio
January					140	368	\$104,194	\$19,480	\$123,673	\$883	\$192,000	64.4%
February	---	---	---	---	141	370	\$242,075	\$24,088	\$266,163	\$1,888	\$193,847	137.3%
March	---	---	---	---	142	373	\$101,672	\$28,362	\$130,034	\$916	\$194,984	66.7%
April	---	---	---	---	145	383	\$200,073	\$23,445	\$223,518	\$1,542	\$197,542	113.1%
May	---	---	---	---	145	381	\$174,256	\$27,838	\$202,094	\$1,394	\$198,253	101.9%
June	---	---	---	---	144	379	\$57,116	\$25,044	\$82,160	\$571	\$196,832	41.7%
July	---	---	---	---	146	383	\$139,784	\$22,562	\$162,346	\$1,112	\$197,542	82.2%
August	---	---	---	---	146	377	\$150,824	\$26,245	\$177,069	\$1,213	\$197,543	89.6%
September	---	---	---	---	147	378	\$81,876	\$20,436	\$102,311	\$696	\$197,827	51.7%
October	---	---	---	---	152	396	\$97,786	\$21,626	\$119,413	\$786	\$202,801	58.9%
November	---	---	---	---	152	394	\$109,820	\$26,704	\$136,524	\$898	\$203,075	67.2%
December	---	---	---	---	152	394	\$109,556	\$19,453	\$129,010	\$849	\$201,806	63.9%
<b>2017 Totals</b>	---	---	---	---	<b>1752</b>	<b>4576</b>	<b>\$1,569,031</b>	<b>\$285,283</b>	<b>\$1,854,314</b>	<b>\$1,058</b>	<b>\$2,374,053</b>	<b>78.1%</b>

Note: Medical paid claims include UHC capitation payments.

Incurred 1/1/2018 - 12/31/2018, Paid 1/1/2018 - 4/30/2020

2018: Humana												
Month	EE Enrollment	EE+SP Enrollment	EE+CH Enrollment	FAM Enrollment	Subscriber Enrollment	Member Enrollment	Medical Paid Claims	Rx Paid Claims	Total Paid Claims	Paid Claims PEPM	Premium	Loss Ratio
January	54	24	11	63	152	394	\$142,584	\$13,999	\$156,583	\$1,030	\$213,013	73.5%
February	54	25	11	63	153	398	\$175,857	\$16,852	\$192,709	\$1,260	\$214,494	89.8%
March	53	26	11	61	151	390	\$89,620	\$19,281	\$108,901	\$721	\$211,385	51.5%
April	54	26	12	61	153	393	\$94,288	\$29,063	\$123,351	\$806	\$213,605	57.7%
May	55	26	13	60	154	393	\$164,205	\$31,142	\$195,347	\$1,268	\$213,901	91.3%
June	53	26	14	59	152	388	\$135,088	\$34,932	\$170,020	\$1,119	\$210,496	80.8%
July	52	27	14	59	152	389	\$171,138	\$33,750	\$204,888	\$1,348	\$212,718	96.3%
August	51	27	14	59	151	388	\$189,319	\$39,063	\$228,382	\$1,512	\$211,978	107.7%
September	51	26	14	59	150	386	\$144,633	\$30,950	\$175,583	\$1,171	\$210,497	83.4%
October	50	26	14	59	149	385	\$174,648	\$35,820	\$210,468	\$1,413	\$209,757	100.3%
November	49	27	13	60	149	387	\$227,686	\$21,330	\$249,016	\$1,671	\$210,942	118.0%
December	49	27	14	60	150	390	\$133,967	\$34,482	\$168,449	\$1,123	\$210,942	79.9%
<b>2018 Totals</b>	<b>625</b>	<b>313</b>	<b>155</b>	<b>723</b>	<b>1816</b>	<b>4681</b>	<b>\$1,843,033</b>	<b>\$340,664</b>	<b>\$2,183,697</b>	<b>\$1,202</b>	<b>\$2,543,728</b>	<b>85.8%</b>

# Village of Caledonia

## Medical Premium vs. Claims Report

Incurred 1/1/2019 - 12/31/2019, Paid 1/1/2019 - 4/30/2020

2019: Humana												
Month	EE Enrollment	EE+SP Enrollment	EE+CH Enrollment	FAM Enrollment	Subscriber Enrollment	Member Enrollment	Medical Paid Claims	Rx Paid Claims	Total Paid Claims	Paid Claims PEPM	Premium	Loss Ratio
January	50	26	14	62	152	398	\$200,470	\$29,394	\$229,864	\$1,512	\$214,790	107.0%
February	50	25	14	62	151	394	\$110,880	\$21,185	\$132,065	\$875	\$213,606	61.8%
March	49	25	14	62	150	393	\$144,760	\$27,478	\$172,238	\$1,148	\$213,310	80.7%
April	50	24	15	61	150	390	\$151,783	\$24,097	\$175,880	\$1,173	\$212,126	82.9%
May	49	26	15	59	149	387	\$121,958	\$24,258	\$146,216	\$981	\$210,497	69.5%
June	49	26	15	60	150	391	\$126,010	\$29,407	\$155,417	\$1,036	\$211,682	73.4%
July	52	26	15	60	153	395	\$138,972	\$24,057	\$163,029	\$1,066	\$214,642	76.0%
August	51	25	15	60	151	392	\$191,100	\$31,393	\$222,493	\$1,473	\$212,421	104.7%
September	52	25	14	60	151	389	\$274,748	\$25,048	\$299,796	\$1,985	\$211,681	141.6%
October	52	25	13	60	150	387	\$215,603	\$24,669	\$240,272	\$1,602	\$210,201	114.3%
November	52	25	13	59	149	384	\$142,858	\$26,108	\$168,966	\$1,134	\$208,276	81.1%
December	51	25	13	59	148	383	\$300,662	\$28,992	\$329,654	\$2,227	\$207,536	158.8%
<b>2019 Totals</b>	<b>607</b>	<b>303</b>	<b>170</b>	<b>724</b>	<b>1804</b>	<b>4683</b>	<b>\$2,119,804</b>	<b>\$316,086</b>	<b>\$2,435,890</b>	<b>\$1,350</b>	<b>\$2,540,768</b>	<b>95.9%</b>

Incurred 1/1/2020 - 3/31/2020, Paid 1/1/2020 - 5/31/2020

2020: Humana												
Month	EE Enrollment	EE+SP Enrollment	EE+CH Enrollment	FAM Enrollment	Subscriber Enrollment	Member Enrollment	Medical Paid Claims	Rx Paid Claims	Total Paid Claims	Paid Claims PEPM	Premium	Loss Ratio
January	54	25	12	56	147	367	\$152,847	\$25,413	\$178,260	\$1,213	\$202,507	88.0%
February	54	24	12	56	146	365	\$170,377	\$22,572	\$192,949	\$1,322	\$201,026	96.0%
March	60	23	12	57	152	374	\$196,861	\$35,634	\$232,495	\$1,530	\$205,911	112.9%
<b>2020 Totals</b>	<b>168</b>	<b>72</b>	<b>36</b>	<b>169</b>	<b>445</b>	<b>1106</b>	<b>\$520,085</b>	<b>\$83,619</b>	<b>\$603,704</b>	<b>\$1,357</b>	<b>\$609,444</b>	<b>99.1%</b>

Last 12 Months	626	299	164	707	1796	4604	\$2,183,779	\$321,648	\$2,505,427	\$1,395	\$2,508,506	99.9%
Last 24 Months	1239	613	328	1429	3609	9288	\$4,074,861	\$690,237	\$4,765,098	\$1,320	\$5,055,048	94.3%

# Village of Caledonia

Large Claimants Over \$25,000

Incurred 1/1/2018 - 12/31/2018, Paid 1/1/2018 - 6/30/2019

Member Number	Status	Primary Diagnosis	Medical Paid	Rx Paid	Total Paid
1	Active	COMPLICATIONS OF STEM CELL TRANSPLANT	\$460,428	\$84,603	\$545,031
2	Active	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	\$96,744	\$13,968	\$110,712
3	Active	ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS	\$102,440	\$239	\$102,679
4	Active	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST	\$88,077	\$181	\$88,259
5	Active	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	\$73,958	\$5,401	\$79,359
6	Active	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING THE PUERPERIUM	\$62,179	\$0	\$62,179
7	Active	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	\$51,000	\$1,459	\$52,459
8	Active	OTHER CONDITIONS ASSOCIATED WITH LYME DISEASE	\$37,575	\$0	\$37,575
9	Active	RARE DISEASES	\$770	\$34,329	\$35,100
10	Active	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	\$27,506	\$107	\$27,613
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# Village of Caledonia

## Large Claimants Over \$25,000

Incurred 1/1/2019 - 12/31/2019, Paid 1/1/2019 - 2/29/2020

Member Number	Primary Diagnosis	Medical Paid	Rx Paid	Total Paid
1	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	\$355,920	\$1,278	\$357,197
2	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	\$199,942	\$1,702	\$201,644
3	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	\$196,709	\$1,309	\$198,018
4	DISORDERS OF DIAPHRAGM	\$102,232	\$555	\$102,788
5	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	\$71,278	\$5,474	\$76,752
6	RARE DISEASES	\$302	\$72,630	\$72,932
7	UNSPECIFIED FRACTURE OF UPPER END OF LEFT HUMERUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE	\$54,696	\$1,325	\$56,021
8	COMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	\$39,846	\$461	\$40,307
9	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	\$35,259	\$173	\$35,433
10	DIZZINESS AND GIDDINESS	\$33,894	\$196	\$34,090
11	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING	\$28,259	\$5,706	\$33,966
12	SPONDYLOSIS WITHOUT MYELOPATHY OR RADICULOPATHY, LUMBAR REGION	\$33,473	\$249	\$33,722
13	HYDRONEPHROSIS WITH RENAL AND URETERAL CALCULOUS OBSTRUCTION	\$31,061	\$31	\$31,092
14	UTEROVAGINAL PROLAPSE, UNSPECIFIED	\$28,440	\$679	\$29,119
15	NONTOXIC SINGLE THYROID NODULE	\$17,853	\$7,317	\$25,171
---	---	<b>\$1,229,165</b>	<b>\$99,087</b>	<b>\$1,328,252</b>

# Village of Caledonia

Large Claimants Over \$25,000

Paid 1/1/2020 - 5/31/2020

Member Number	Status	Primary Diagnosis	Medical Paid	Rx Paid	Total Paid
1	Active	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	\$259,830	\$35	\$259,865
2	Active	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	\$251,096	\$383	\$251,479
3	Active	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING	\$48,708	\$525	\$49,232
4	Active	PULMONARY FIBROSIS, UNSPECIFIED	\$48,053	\$1	\$48,054
5	Active	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED	\$30,188	\$1,929	\$32,118
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# Village of Caledonia

## HRA Utilization

### Village of Caledonia

Program Year 1/1/2019 - 12/31/2019

Health Reimbursement Arrangement Utilization Report

	Employee Count	<sup>1</sup> Maximum Plan Liability	Amount Reimbursed	Plan Balance	% Utilization
<sup>2</sup> Active Participant Totals:	148	\$612,500.00	\$111,109.26	\$501,390.74	18.14 %
<sup>3</sup> Inactive Participant Totals:	14	\$50,000.00	\$5,805.99	\$44,194.01	11.61 %
<b>Active/Inactive Participant Totals:</b>	<b>162</b>	<b>\$662,500.00</b>	<b>\$116,915.25</b>	<b>\$545,584.75</b>	<b>17.65 %</b>

#### Active Participant Plan Type/Coverage Enrollment Counts

All Employees H9 In/Out Network Deductible (01/01/2019 - 12/31/2019)

Single	51
Employee +1	32
Family	65
<b>Total:</b>	<b>148</b>

Average Reimbursement Amount: \$2,087.77  
 Number of Participants Receiving Reimbursements: 56

Reimbursement Range	Participant Count
\$0	106
\$0.01 - \$500	7
\$500.01 - \$1,000	3
\$1,000.01 - \$2,500	35
\$2,500.01 - \$5,000	11
\$5,000.01 - \$10,000	0
\$10,000.01 - \$15,000	0
\$15,000.01 +	0

<sup>1</sup> Maximum Plan Liability is the maximum amount that could be reimbursed to participants during the entire plan year. It accounts for changes in coverage type as well as partial year participants. The Maximum Plan Liability includes Employer Funding, Rollover and Wellness.

<sup>2</sup> For purposes of the Utilization Report, Active Participants include active participants, termed participants in the run-out period and active COBRA participants (if applicable).

<sup>3</sup> For purposes of the Utilization Report, Inactive Participants include termed participants who are past the termination run-out period and can no longer submit claims.

# Village of Caledonia

## HRA Utilization

### Village of Caledonia

Program Year 1/1/2020 - 12/31/2020

Health Reimbursement Arrangement Utilization Report

	Employee Count	<sup>1</sup> Maximum Plan Liability	Amount Reimbursed	Plan Balance	% Utilization
<sup>2</sup> Active Participant Totals:	162	\$635,000.00	\$34,282.68	\$600,717.32	5.40 %
<sup>3</sup> Inactive Participant Totals:	3	\$10,000.00	\$0.00	\$10,000.00	0.00 %
<b>Active/Inactive Participant Totals:</b>	<b>165</b>	<b>\$645,000.00</b>	<b>\$34,282.68</b>	<b>\$610,717.32</b>	<b>5.32 %</b>

#### Active Participant Plan Type/Coverage Enrollment Counts

All Employees H9 In/Out Network Deductible (01/01/2020 - 12/31/2020)

Single	62
Employee +1	30
Family	67
<b>Total:</b>	<b>159</b>

**Average Reimbursement Amount:** \$2,142.67  
**Number of Participants Receiving Reimbursements:** 16

Reimbursement Range	Participant Count
\$0	149
\$0.01 - \$500	3
\$500.01 - \$1,000	0
\$1,000.01 - \$2,500	10
\$2,500.01 - \$5,000	3
\$5,000.01 - \$10,000	0
\$10,000.01 - \$15,000	0
\$15,000.01 +	0

<sup>1</sup> Maximum Plan Liability is the maximum amount that could be reimbursed to participants during the entire plan year. It accounts for changes in coverage type as well as partial year participants. The Maximum Plan Liability includes Employer Funding, Rollover and Wellness.

<sup>2</sup> For purposes of the Utilization Report, Active Participants include active participants, termed participants in the run-out period and active COBRA participants (if applicable).

<sup>3</sup> For purposes of the Utilization Report, Inactive Participants include termed participants who are past the termination run-out period and can no longer submit claims.





**HORTON**