



Willmar Schools 2021-2022 Open Enrollment

JUSTIN KROEGER | May 2021



Insurance | Risk Management | Consulting



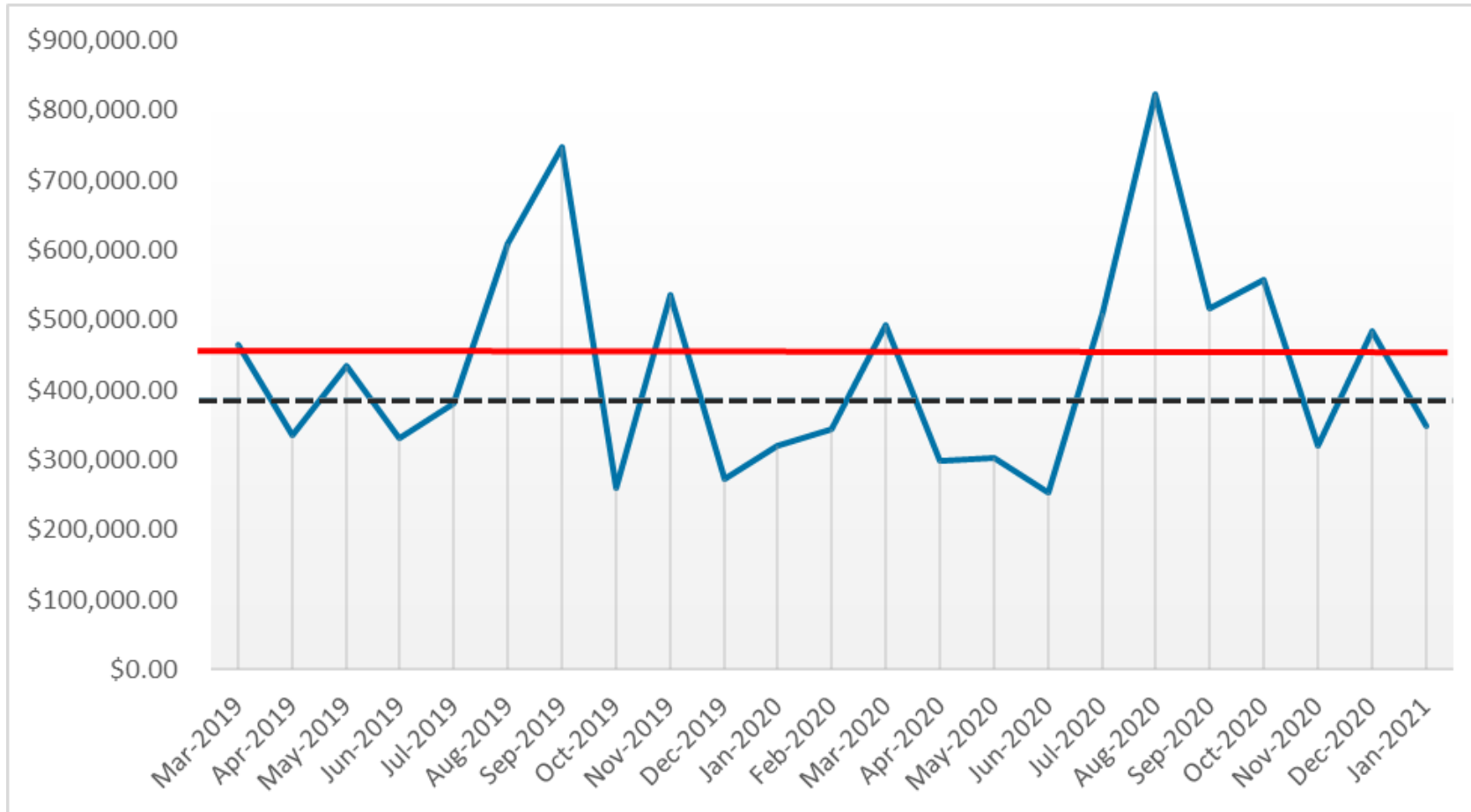
Agenda

- Claims Data
- HITA Medical Bid Results
- Medical Renewal
- Dental Plan
- Enrollment for 2021-22
- Questions





Willmar Schools Data & District Performance



2020

\$5,224,496 Paid Claims
\$1,163,881 Fixed Costs

\$6,388,377 Total Outflows
/
\$5,674,632 Premium Paid

=**112.58% Loss Ratio**
=**\$713,745** in Net Loss





2021 HITA Bid Process

- A Request for Proposal was sent to the following Carriers:

PEIP	BCBS/MHC Service Coop
BCBS	HealthPartners
Medica - DTC	PreferredOne
Sourcewell - DTC	UnitedHealthCare

- The initial quotes ranged from 4.80% to 19.34%. However not all quotes matched the current benefits or the current network.
- On their Best and Final offer **BCBS/MHC Service Coop** offered a 8.30% increase. After a review of all the quotes offered the District chose to accept the **BCBS/MHC Service Coop** bid with no benefit changes.





Updated Renewal Rates

2021 HITA Bid Results Willmar Schools

Current - SW/WC Service Coop										
Plan	Enrollment				2020 Rates				2020 Monthly Premium	2020 Annual Premium
	Single	EE+ Spouse	EE+Child(ren)	Family	Single	EE+ Spouse	EE+Child(ren)	Family	Total	Total
\$2,600, 80% / \$3500 OOP	221	10	31	2	\$ 553.00	\$ 1,170.00	\$ 899.50	\$ 1,754.00	\$ 165,305.50	\$ 1,983,666.00
\$1,200, 100% \$1200 / OOP	127	5	10	0	\$ 737.00	\$ 1,554.00	\$ 1,265.50	\$ 2,338.50	\$ 114,024.00	\$ 1,368,288.00
\$3500, 100%/\$3,500 OOP	90	13	16	3	\$ 569.00	\$ 1,201.00	\$ 926.50	\$ 1,800.00	\$ 87,047.00	\$ 1,044,564.00
\$6,350, 100%/\$6,350 OOP	84	15	23	25	\$ 454.00	\$ 974.00	\$ 712.00	\$ 1,495.50	\$ 106,509.50	\$ 1,278,114.00
Totals	522	43	80	30					\$ 472,886.00	\$ 5,674,632.00

Renewal - SW/WC Service Coop											
Plan	Enrollment				2021 Rates				2021 Monthly Premium	2021 Annual Premium	% change
	Single	EE+ Spouse	EE+Child(ren)	Family	Single	EE+ Spouse	EE+Child(ren)	Family	Total	Total	Total
\$2,600, 80% / \$3500 OOP	221	10	31	2	\$ 600.00	\$ 1,269.50	\$ 976.00	\$ 1,903.00	\$ 179,357.00	\$ 2,152,284.00	8.50%
\$1,200, 100% \$1200 / OOP	127	5	10	0	\$ 799.50	\$ 1,686.00	\$ 1,373.00	\$ 2,537.50	\$ 123,696.50	\$ 1,484,358.00	8.48%
\$3500, 100%/\$3,500 OOP	90	13	16	3	\$ 617.50	\$ 1,303.00	\$ 1,005.50	\$ 1,953.00	\$ 94,461.00	\$ 1,133,532.00	8.52%
\$6,350, 100%/\$6,350 OOP	84	15	23	25	\$ 492.50	\$ 1,057.00	\$ 772.50	\$ 1,583.50	\$ 114,580.00	\$ 1,374,960.00	7.58%
Totals	522	43	80	30					\$ 512,094.50	\$ 6,145,134.00	8.30%





Current Rates vs. Renewal Rates

Willmar Public Schools		2020 Rates	2021 Rates 8.3%
Current Plans	Rate Tier	SouthWest West Central	Central Service Cooperative
\$1,200-100%	Single	\$737.00	\$799.50
	Single + Spouse	\$1,554.00	\$1,686.00
	Single + Children	\$1,265.50	\$1,373.00
	Family	\$2,338.50	\$2,537.50
\$2,600 - 80%	Single	\$553.00	\$600.00
	Single + Spouse	\$1,170.00	\$1,269.50
	Single + Children	\$899.50	\$976.00
	Family	\$1,754.00	\$1,903.00
\$3,500 - 1000%	Single	\$569.00	\$617.50
	Single + Spouse	\$1,201.00	\$1,303.00
	Single + Children	\$926.50	\$1,005.50
	Family	\$1,800.00	\$1,953.00
\$6,350 - 100%	Single	\$454.00	\$492.50
	Single + Spouse	\$974.00	\$1,057.00
	Single + Children	\$712.00	\$772.50
	Family	\$1,459.50	\$1,583.50

Plan Designs



Blue Cross Blue Shield of MN	Plan #1	Plan #2	Plan #3	Plan #4
	\$1,200-100% VEBA	\$2,600-80% VEBA	\$3500-100% VEBA/HSA	\$6350-100%VEBA/HSA
Annual Deductible	Embedded \$1,200 Per Person \$2,400 Family	Embedded \$2,600 Per person \$5,200 Family	Embedded \$3,500 Per person \$7,000 Family	Embedded \$6,350 Per person \$13,300 Family
Annual Out of Pocket (OOP)	\$1,200 Single \$2,400 Family In-Netw ork	\$3,500 Per person \$6,500 Family In-Netw ork	\$3,500 Per person \$7,000 Family In-Netw ork	\$6,350 Per person \$12,700 Family In-Netw ork
4th Quarter Carryover	Included	Included	Included	NOT Included
Preventive Care	100% - No Deductible	100% - No Deductible	100% - No Deductible	100% - No Deductible
Physician Services Office visits due to illness/injury	100% After Deductible	80% After deductible	100% After deductible	100% After deductible
Chiropractic Care	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Home Health Care	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Inpatient Hospital Services	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Outpatient Hospital Services	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Emergency Care	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Ambulance	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Medical supplies	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible
Prescription Drugs	100% After Deductible Drug must be on Formulary List	80% After Deductible Drug must be on Formulary List	100% After Deductible Drug must be on Formulary List	100% After Deductible Drug must be on Formulary List





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willmarschools.benefithub.com

Questions about benefits or coverage? Check out the Benefits section!

Not sure which plan to choose? Use the plan comparison tool.

Looking for wellness information? Check out the recipe archive or wellness newsletters.

Need to make a change to your benefits? Get forms on here!



Questions? Please contact **Connie Jensen** in Benefits at **(320) 231-8518** or by email at **jensenc@willmar.k12.mn.us**

Dental Insurance Plan Design 2021



Partial Listing of Covered Services	Delta Dental	
	Network	Non-Network
Plan Year (PY) Deductible (single/family)	\$25 / \$75 (combined)	
Deductible Waived for Diagnostic & Preventive	Yes	
Plan Year (PY) Maximum Benefit (per person)	\$1,200 (combined)	
Preventive & Diagnostic Services	100%	100%
Oral Exam	100%	100%
Dental or Periodontal Cleaning	100%	100%
X-rays	100%	100%
Fluoride treatment (Age 18 max)	100%	100%
Space Maintainers (Age 16 max)	100%	100%
Basic Services	70%	70%
Emergency treatment for relief of pain	70%	70%
Amalgam (silver) fillings (back teeth)	70%	70%
Pre-fabricated or stainless steel crown	70%	70%
Composite (white) fillings (front teeth only)	70%	70%
Oral Surgery: non-surgical extractions	70%	70%
Periodontics: non-surgical	70%	70%
Endodontics: root canal therapy	70%	70%
Periodontics: surgical treatment	70%	70%
Major Services	50%	50%
Composite (white) fillings (back teeth)	50%	50%
Cast Restorations (crowns, onlays)	50%	50%
Repair/Re-cementing of crowns, inlays and onlays	50%	50%
Fixed Bridges	50%	50%
Dentures	50%	50%
Reline, rebase, repair and adjustments	50%	50%
Orthodontics	Not Covered	Not Covered





Dental Insurance Rates 2021

Dental Rates July 2021 - June 2022

Coverage Tiers	Current Enrollment	Dental Rates
Employee	272	\$35.00
Employee + Spouse	51	\$70.00
Employee + Child(ren)	7	\$90.00
Family	80	\$110.00



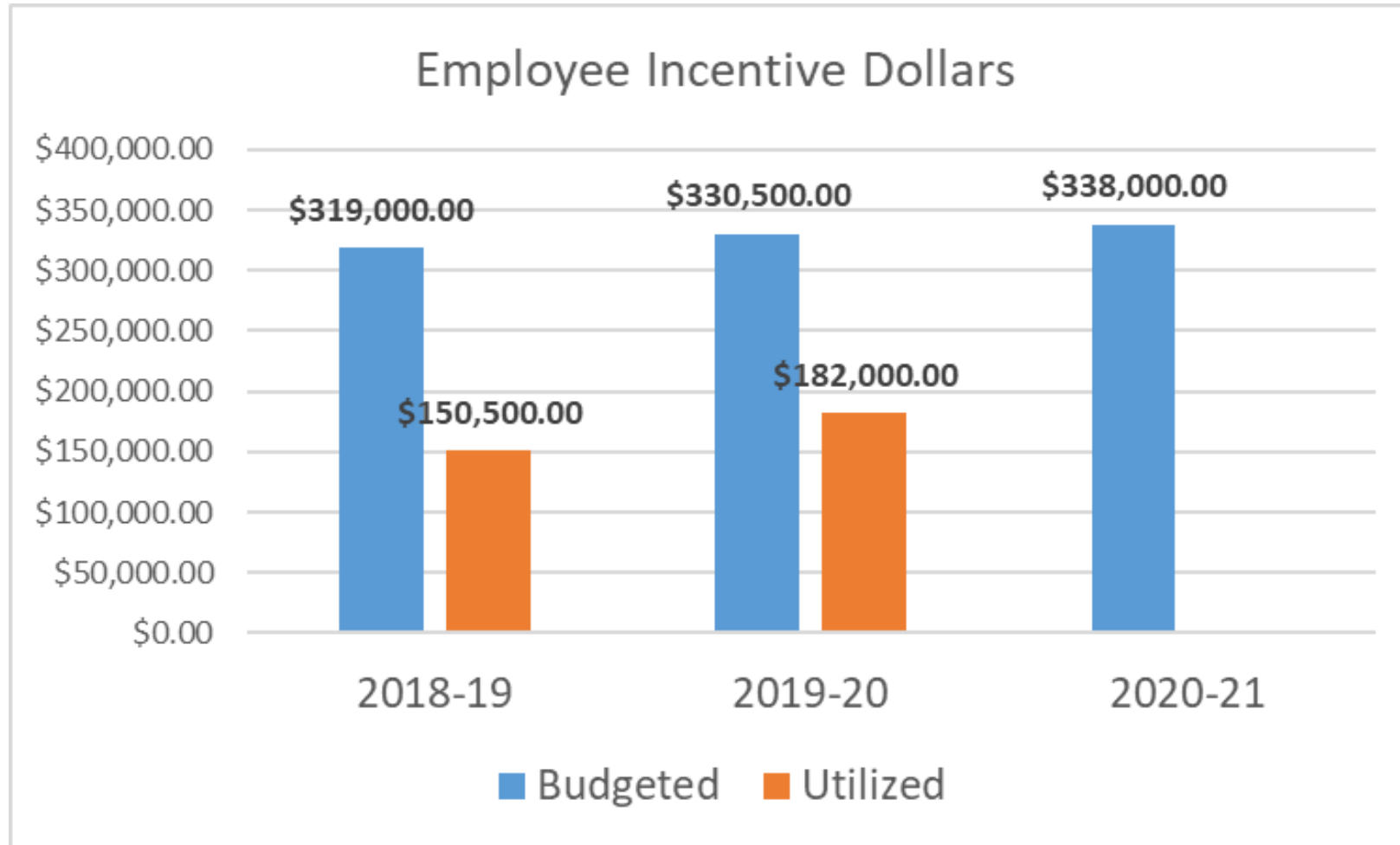
Wellness with the Coop

\$500 Wellness Incentive

1. Complete your Biometric Screening
2. Complete 3 Wellness Activities
3. Receive a \$500 Wellness Incentive



Wellness Program Statistics





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Willmar Schools Information

Benefit Plans and Details

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Wellbeing

Annual Benefit Enrollment

New Hire Info

Announcements & Upcoming Events

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How to Enroll

Home > How to Enroll

The District utilizes EaseCentral to enroll all staff in their benefit selections. Staff will use the same system to conduct all changes and open enrollment selections annually. Visit this site for online enrollment: willmar.easecentral.com



Insurance | Risk Management | Consulting



Questions ?

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