



The School District of Osceola County Employee Benefits Committee Meeting

Agenda

April 19, 2023

- I. **Welcome (2 minutes)**
 - a. Speaking order volunteer
 - b. Timekeeper volunteer
- II. **Health Services Plan 2023 (40 minutes)**
- III. **Member concerns, tracking, and brainstorming solutions (25 minutes)**
- IV. **Other concerns and updates (18 minutes)**

The next meeting will be held on **May 17, 2023** at **4:30 pm** in the **Multipurpose Room** located at The Center for Employee Health 831 Simpson Road, in Kissimmee.

Employee Benefits Committee Meeting

2022-2023 Membership

OCEA

Judi Crowell – St Cloud HS (v)
Kim Castro-Stevens – HTES(v)
Janet Moody -- NCES (v)
Ruth Nelson – Osceola HS (v)
Lare Allen – OCEA/ESP Pres (v)
Vacant (Alternate)

Teamsters

Vacant (v)
Carlos Martinez – Teamsters (v)

Provider Representatives

Kelly Johnson – Lincoln Financial Group
Mark Tafuri- VSP
Belinda Gonzalez – Humana (Dental)
Tom Remus - MetLife Life Ins.
Cindy McCormick -- EBMS
Mike Trent -- EBMS
Jennifer Pabon -- EBMS
Jay Weingart – Trustmark

Risk & Benefits Management/SDOC

Lauren M. Haddox – Director
LaTasha Aponte – Employee Benefits Supervisor
Megan Arencibia – Wellness Specialist
Vacant – Benefits Education Specialist
Iris Hernandez - Secretary
Sarah Graber – Chief Business & Finance Officer
John Boyd – Chief Negotiator
Scott Knoebel – Chief Negotiator

Prof. Support Council

Felicia Smith – School Operations (v)

ESP

Barb Gleason – OCSA (v)
Susan Compton – Custodial Servs. (v)

Retirees

Ray Lackey – Retired Teacher

Benefits Consultant

Ashley Bacot - RosenSure
Carolyn Grant - RosenSure
Barry Murphy – RosenSure

Center for Employee Health

Kenneth Aldridge - RosenCare

Health Center Only Plan No Show Policy

1. Employees shall call the Center for Employee Health main telephone number (407-483-5757) or complete the required information at <http://www.sdocemployeehealthcenter.net/> in order to cancel a scheduled appointment no later than twenty-four (24) hours before the scheduled appointment time.
2. A missed appointment or "no show" shall be defined as:
 - failing to keep or to cancel a scheduled appointment at the Center for Employee Health or
 - arriving more than fifteen (15) minutes late after the scheduled appointment time at the Center for Employee Health.
3. Arriving more than fifteen (15) minutes late after the scheduled appointment time at the Center for Employee Health may result in the rescheduling of the appointment.
4. The Osceola County School Board shall take the following actions for missed appointments or "no shows":
 - **First Occurrence:** Issue a warning letter to the employee.
 - **Second Occurrence within a six (6) month period:** Charge the employee a \$25 fee through payroll deduction.
 - **Third Occurrence within a six (6) month period:** Charge the employee a \$50 fee through payroll deduction.
 - **Fourth Occurrence within a six (6) month period:** Charge the employee a \$75 fee through payroll deduction.
 - **Fifth (or greater) Occurrence within a six (6) month period:** Charge the employee a \$100 fee through payroll deduction.
5. The Department of Risk & Benefits Management shall notify the employee prior to any fee deduction.

Proposed 03/22/2023

Health Plan Analysis 04/03/2023

Summary

Plan	ENROLLMENT	TALLIES	Total	%
Healthy Essentials	1604	7775		20.63%
Healthy Essentials Wellness	1991	7775		25.61%
Healthy Advantage Plus	1115	7775		14.34%
Healthy Advantage Plus Wellness	1999	7775		25.71%
Opt Out Credit Plan	1065	7775		13.70%

PROJECTED REVENUE BASED ON CURRENT ENROLLMENT MINUS ADMIN FEES

Board Paid	\$52,474,875.00
Employee Premium	\$7,545,900.00
Retiree Premium	\$739,727.04
SubTotal	\$60,760,502.04
Administration Fees	(5,572,789.32)
Total	55,187,712.72

DESCRIPTION	OPTION	TALLIES	Board Share			Employee Premium			Retiree Premium		
			Per Pay	Per Year	Per Pay	Per Year	Per Month	Per Year			
Healthy Advantage Plus	1	876	341.30	298,978.80	5,979,576.00	50.00	43,800.00	876,000.00			
Healthy Advantage Plus	2	23	341.30	7,849.90	156,998.00	435.00	10,005.00	200,100.00			
Healthy Advantage Plus	3	131	341.30	44,710.30	894,206.00	245.00	32,095.00	641,900.00			
Healthy Advantage Plus	4	29	341.30	9,897.70	197,954.00	580.00	16,820.00	336,400.00			
Healthy Advantage Plus	5	28	341.30	9,556.40	191,128.00	220.00	6,160.00	123,200.00			
Healthy Advantage Plus	6	28	341.30	9,556.40	191,128.00	0.00	0.00	0.00			
Healthy Advantage Plus Wellness	1	1496	341.30	510,584.80	10,211,696.00	25.00	37,400.00	748,000.00			
Healthy Advantage Plus Wellness	2	43	341.30	14,675.90	293,518.00	385.00	16,555.00	331,100.00			
Healthy Advantage Plus Wellness	3	212	341.30	72,355.60	1,447,112.00	195.00	41,340.00	826,800.00			
Healthy Advantage Plus Wellness	4	39	341.30	13,310.70	266,214.00	530.00	20,670.00	413,400.00			
Healthy Advantage Plus Wellness	5	64	341.30	21,843.20	436,864.00	170.00	10,880.00	217,600.00			
Healthy Advantage Plus Wellness	6	64	341.30	21,843.20	436,864.00	0.00	0.00	0.00			
Healthy Advantage Plus Wellness	7	8	341.30	2,730.40	54,608.00	385.00	3,080.00	61,600.00			
Healthy Advantage Plus Wellness	8	2	341.30	682.60	13,652.00	530.00	1,060.00	21,200.00			
Healthy Advantage Plus Wellness (JS)	1	0	170.65	0.00	0.00	195.65	0.00	0.00			
Healthy Advantage Plus Wellness Retiree	1	63							629.83	39,679.29	476,151.48
Healthy Advantage Plus Wellness Retiree	2	6							1,322.58	7,935.48	95,225.76
Healthy Advantage Plus Wellness Retiree	3	1							973.85	973.85	11,686.20
Healthy Advantage Plus Wellness Retiree	4	1							1,703.64	1,703.64	20,443.68
Healthy Essentials Wellness	1	1586	341.30	541,301.80	10,826,036.00	0.00	0.00	0.00			
Healthy Essentials Wellness	2	31	341.30	10,580.30	211,606.00	325.00	10,075.00	201,500.00			
Healthy Essentials Wellness	3	165	341.30	56,314.50	1,126,290.00	152.00	25,080.00	501,600.00			
Healthy Essentials Wellness	4	54	341.30	18,430.20	368,604.00	452.00	24,408.00	488,160.00			
Healthy Essentials Wellness	5	67	341.30	22,867.10	457,342.00	20.00	1,340.00	26,800.00			
Healthy Essentials Wellness	6	67	341.30	22,867.10	457,342.00	0.00	0.00	0.00			
Healthy Essentials Wellness	7	5	341.30	1,706.50	34,130.00	325.00	1,625.00	32,500.00			
Healthy Essentials	1	1382	341.30	471,676.60	9,433,532.00	25.00	34,550.00	691,000.00			
Healthy Essentials	2	22	341.30	7,508.60	150,172.00	375.00	8,250.00	165,000.00			
Healthy Essentials	3	110	341.30	37,543.00	750,860.00	202.00	22,220.00	444,400.00			
Healthy Essentials	4	16	341.30	5,460.80	109,216.00	502.00	8,032.00	160,640.00			
Healthy Essentials	5	37	341.30	12,628.10	252,562.00	50.00	1,850.00	37,000.00			
Healthy Essentials	6	37	341.30	12,628.10	252,562.00	0.00	0.00	0.00			
Healthy Essentials Wellness Retiree	1	13							588.17	7,646.21	91,754.52
Healthy Essentials Wellness Retiree	2	3							1,235.15	3,705.45	44,465.40
Healthy Essentials Wellness Retiree	3	0							906.57	0.00	0.00
Opt Out Credit Plan	1	1065	341.30	363,484.50	7,269,690.00	0.00	0.00	0.00			
Job Share Declined Benefits	0	1	170.65	170.65	3,413.00						
FSA Extra \$250	1	1182	250.00		295,500.00						
Total Employees and Retirees		7775		2,623,743.75	52,474,875.00		377,295.00	7,545,900.00	61,643.92	739,727.04	

Option Legend	
Single	1
Spouse	2
Child(ren)	3
Family	4
Half Family Primary	5
Half Family Secondary	6
Domestic Partner	7
Child(ren) +DP	8
DP +DP Child(ren)	9
Child(ren) + DP + DP Child(ren)	10

Revenue Totals Per Year

Board Paid	\$52,474,875.00
Employee Premium	\$7,545,900.00
Retiree Premium	\$739,727.04
Total	\$60,760,502.04

**School District of Osceola County
Plan Design Options for 10-1-2023**

	PLAN 1	PLAN 2			PLAN 3		
	<i>Health Center Plan with Tiers 1&2 Only</i>	<i>Proposed Essential Plan</i>			<i>Proposed Advantage Plan</i>		
		<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>Tier 3</i>
PCP - Health Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Telemedicine	\$0	\$0	\$0	Not Covered	\$0	\$0	Not Covered
PCP	N/A	\$20	\$40	Ded/Co-Ins	\$15	\$25	\$30
Specialist	\$30	\$40	\$80	Ded/Co-Ins	\$40	\$50	\$60
Referral Needed to Specialist?	Yes	No	No	No	No	No	No
Urgent Care	\$45	\$45	\$45	Ded/Co-Ins	\$45	\$45	Ded/Co-Ins
Emergency Room	\$400 copay (waived if admitted)	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
	any facility	any facility	any facility	any facility	any facility	any facility	any facility
Labwork at independent lab	\$0 (Health Center, Quest or LabCorp only)	\$10 (Ex. Quest Diagnostics)	30% no Deductible	30% no Deductible	\$5 (Ex. Quest Diagnostics)	25% no Deductible	25% no Deductible
Labwork all other facilities	80% No Deductible	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
Advanced Imaging	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins	Ded/Co-Ins
Advanced Imaging through Green Imaging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Deductible	\$500 / \$1,000	\$900 / \$1,800	\$1,250/\$2,500	\$1,250/\$2,500	\$600/\$1,200	\$950/\$1,900	\$950/\$1,900
Co-Insurance	20%	30%	30%	30%	25%	25%	25%
Maximum Out of Pocket	\$4,000/\$8,000	\$5,000/\$10,000	\$6,300/\$13,600	\$6,300/\$13,600	\$4,000/\$8,000	\$6,700 / \$12,400	\$6,700 / \$12,400
RX	Prescriptions Unlimited Only	Preferred Pharmacy	Non-Preferred Pharmacy		Preferred Pharmacy	Non-Preferred Pharmacy	
Deductible	No Deductible	No Deductible	\$300 waived for preferred generics		No Deductible	\$75 waived for preferred generics	
Generics Obtained at Health Center	\$0	\$0	\$0		\$0	\$0	
Preferred Generic	\$0	\$6	\$10		\$5	\$10	
Preferred Brand	\$45	\$45	20% up to \$75		\$40	20% up to \$50	
Non-Preferred Brand	50% up to \$150	50% up to \$150	50% up to \$200		50% up to \$125	50% up to \$150	
Specialty	\$75	50% up to \$200	Not Covered		50% up to \$200	Not Covered	
International Program with Elect Rx	\$0	\$0	\$0		\$0	\$0	

Remove Advent Health from Tier 3 RBP for all plans

Center for Employee Health and Advisor **Update**

**Benefits Committee
Monthly Update
March 2023**

Plan year: 10/1/2022 – 9/30/2023



People Helping People

Every Child, Every Chance, Every Day!



Every Child, Every Chance, Every Day!



Advisor / Financial Update

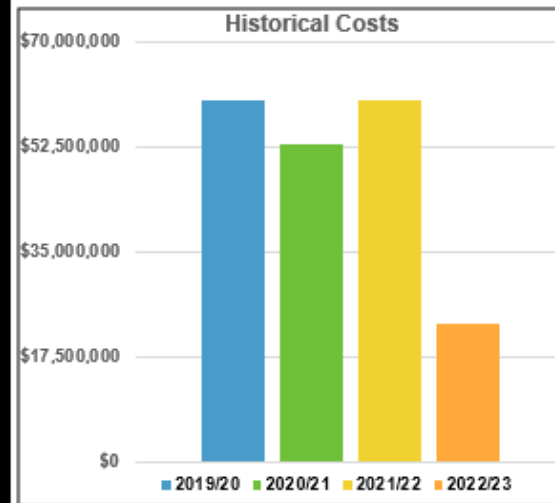
Financial Dashboard as of 2-28-2023



Historical Costs / Plan Year School District of Osceola County

Oct 22 - Feb 23
(5 months)

Date Range:	10/1/19 to 9/30/20	10/1/20 to 9/30/21	10/1/21 to 9/30/22	10/1/22 to 2/27/23
Cost Component	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan
Medical Claims	\$41,566,112	\$33,140,969	\$41,500,297	\$15,519,095
Rx Claims	\$11,049,021	\$9,844,133	\$8,966,174	\$3,223,531
Health Center	\$4,835,823	\$4,916,176	\$5,507,701	\$2,237,152
Fixed Costs	\$2,860,047	\$5,347,984	\$4,321,131	\$2,271,786
Claims over Specific Stop Loss	(\$1,418,812)	(\$212)	(\$62,006)	\$0
Total Expenses	\$58,992,191	\$53,249,050	\$60,233,297	\$23,251,564
Average Medical Enrollment	6,464	6,330	6,182	6,401
PEPM Total Expenses	\$761	\$701	\$812	\$726
PEPM Claims vs Previous Year	N/A	92%	116%	89%
Medical Claims PEPM	\$536	\$436	\$559	\$485
Rx Claims PEPM	\$142	\$130	\$121	\$101
Health Center PEPM	\$62	\$65	\$74	\$70
Fixed Costs PEPM	\$37	\$70	\$58	\$71
Total Funding	\$60,116,719	\$58,205,032	\$58,041,431	\$24,888,166
Difference	\$1,124,528	\$4,955,982	-\$2,191,866	\$1,636,602
Additional Funded - COVID Relief	N/A	\$2,765,331	\$2,497,405	N/A
Additional Funding Needed	\$0	\$0	\$3,000,000	



LEGEND:

Medical Claims

- Medical claims from TPA
- Green Imaging Claims

Rx / Prescription Claims

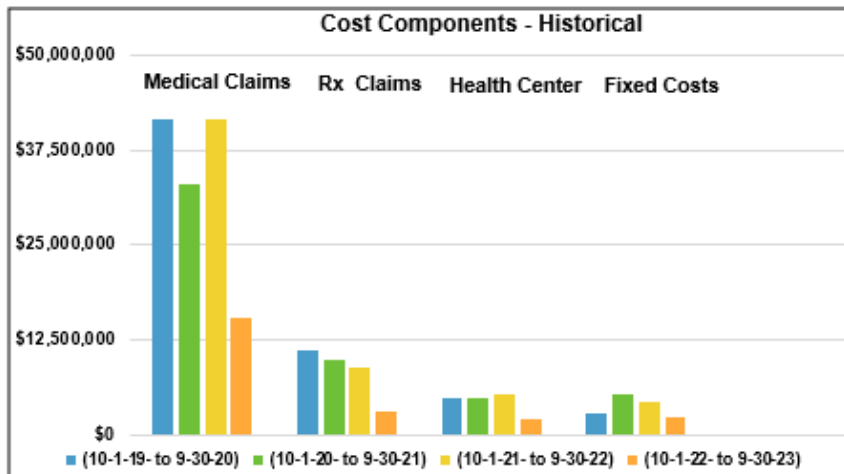
- Prescription Drug claims from PBM
- International Pharmacy Claims

Health Center Claims

- Cost of operating the SDOC Health Center (labor, supplies, management)

Fixed Costs

- TPA administration
- Stop loss insurance
- Network
- Medical Management (pre-cert, case mgmt.)
- Nurse Navigation



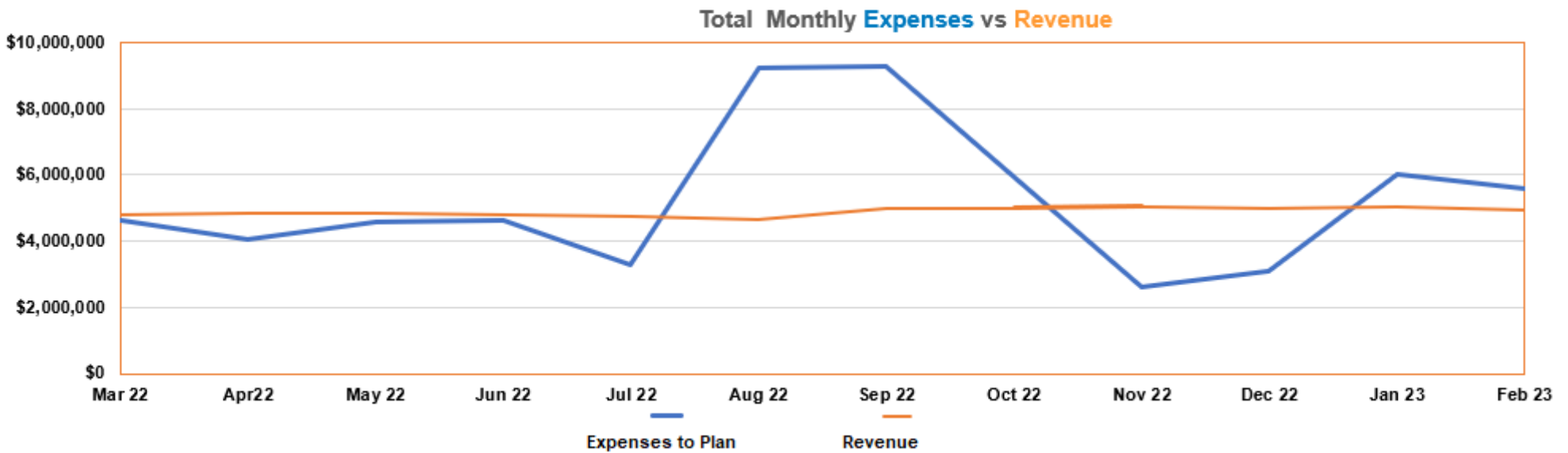


School District of Osceola County Health Plan

Rolling 12 months: Expenses vs Revenue

Plan Years: 10/1/2021 – 9/30/2022 and 10/1/2022 – 9/30/2023

School District of Osceola County												
Health Plan - Expenses to Revenue Rolling 12 Months												
2021/2022 and 2022/2023 Plan Years												
Month	Enrolled Employees and Retirees	Medical Claims (A)	Rx Claims (B)	Health Center (C)	Paid Claims (D: Sum A-C)	Fixed Costs (E)	Total Expenses (F: Sum A-D)	Monthly Revenue to the Plan (G: Sum H-J)	Board Contribution (H)	Opt out Subsidy (I)	Employee and Retiree Contribution (J)	Budget Ratio F / G
Mar-22	6,198	\$3,005,485	\$782,994	\$458,927	\$4,247,406	\$364,758	\$4,612,164	\$4,797,776	\$3,621,763	\$513,657	\$662,356	96%
Apr-22	6,274	\$2,470,770	\$791,908	\$446,817	\$3,709,495	\$365,927	\$4,075,422	\$4,840,291	\$3,655,323	\$523,895	\$661,073	84%
May-22	6,273	\$2,995,091	\$744,468	\$457,393	\$4,196,952	\$359,972	\$4,556,924	\$4,836,094	\$3,658,735	\$524,465	\$652,894	94%
Jun-22	6,218	\$3,056,966	\$698,102	\$495,038	\$4,250,106	\$364,469	\$4,614,575	\$4,799,305	\$3,627,450	\$525,601	\$646,254	96%
Jul-22	6,066	\$1,638,012	\$804,939	\$469,226	\$2,912,177	\$358,668	\$3,270,845	\$4,725,148	\$3,543,832	\$524,464	\$656,852	69%
Aug-22	5,900	\$7,664,029	\$764,735	\$471,657	\$8,900,421	\$343,790	\$9,244,211	\$4,650,659	\$3,448,268	\$523,896	\$678,495	199%
Sep-22	6,433	\$7,664,029	\$768,963	\$497,415	\$8,930,407	\$350,017	\$9,280,424	\$4,966,960	\$3,773,822	\$541,529	\$651,609	187%
Oct-22	6,405	\$4,342,470	\$675,383	\$468,314	\$5,486,167	\$451,072	\$5,937,239	\$4,992,376	\$3,702,821	\$604,670	\$684,885	119%
Nov-22	6,488	\$1,176,936	\$671,640	\$351,347	\$2,199,923	\$431,859	\$2,631,782	\$5,055,322	\$3,744,345	\$606,945	\$705,032	52%
Dec-22	6,437	\$1,586,122	\$600,906	\$455,453	\$2,642,481	\$444,062	\$3,086,543	\$4,965,941	\$3,716,473	\$610,359	\$639,109	62%
Jan-23	6,318	\$4,350,752	\$670,010	\$487,862	\$5,508,624	\$494,406	\$6,003,030	\$5,017,239	\$3,708,509	\$695,528	\$613,202	120%
Feb-23	6,359	\$4,062,815	\$605,592	\$474,176	\$5,142,583	\$450,387	\$5,592,970	\$4,957,288	\$3,660,141	\$610,944	\$686,203	113%
YTD	69,010	\$44,013,477	\$8,579,640	\$5,533,625	\$58,126,742	\$4,347,528	\$58,293,965	\$53,806,623	\$43,861,482	\$6,805,953	\$7,232,932	108%



School District of Osceola County Health Plan

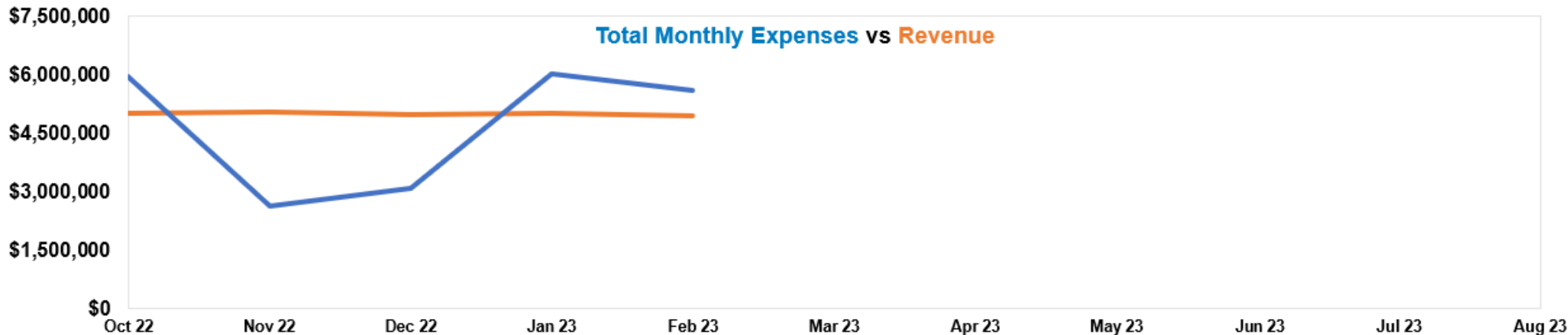
Medical Plan PAID Expenses vs Budget/Revenue – Plan Year to Date

Plan Year: 2022-2023



School District of Osceola County Medical Plan - Expenses to Revenue 2022-2023 Plan Year to Date

Month	Enrolled Employees and Retirees	Medical Claims	Rx Claims	Health Center	Paid Claims	Fixed Costs	Total Costs / Expenses	Monthly Revenue to the Plan	Board Contribution	Opt out Subsidy	Employee and Retiree Contribution	Budget Ratio
Oct-22	6,405	\$4,342,470	\$675,383	\$468,314	\$5,486,167	\$451,072	\$5,937,239	\$4,992,376	\$3,702,821	\$604,670	\$684,885	119%
Nov-22	6,488	\$1,176,936	\$671,640	\$351,347	\$2,199,923	\$431,859	\$2,631,782	\$5,055,322	\$3,744,345	\$605,945	\$705,032	52%
Dec-22	6,437	\$1,586,122	\$600,906	\$455,453	\$2,642,481	\$444,062	\$3,086,543	\$4,965,941	\$3,716,473	\$610,359	\$639,109	62%
Jan-23	6,318	\$4,350,752	\$670,010	\$487,862	\$5,508,624	\$494,406	\$6,003,030	\$5,017,239	\$3,708,509	\$695,528	\$613,202	120%
Feb-23	6,359	\$4,062,815	\$605,592	\$474,176	\$5,142,583	\$450,387	\$5,592,970	\$4,957,288	\$3,660,141	\$610,944	\$686,203	113%
YTD	32,007	\$15,519,095	\$3,223,531	\$2,237,152	\$20,979,778	\$2,271,786	\$23,251,564	\$24,988,166	\$18,532,289	\$3,127,446	\$3,328,431	93%



School District of Osceola County Health Plan

Large Claims \$200,000– Plan Year to Date

Plan Year: 2022-2023



Number	Relationship	Description	Paid Plan Year to Date
Claimant 1	Employee	Acute embolism and thrombosis of left iliac vein	\$ 358,160
Claimant 2	Employee	Sepsis, unspecified organism	\$ 472,880
Claimant 3	Employee	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm	\$ 332,977
Claimant 4	Child	Hereditary factor IX deficiency	\$ 227,596

Every Child, Every Chance, Every Day!



Questions / Comments