

PLAN YEAR 2023-2024 ACTUARIAL REPORT

**OKLAHOMA PUBLIC EMPLOYEES HEALTH AND
WELFARE TRUST**

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1. Executive Summary

Purpose and Scope

The Oklahoma Public Employees Health and Welfare Plan (OPEH&W) engaged Oliver Wyman Actuarial Consulting, Inc. (Oliver Wyman) to perform a valuation of medical, drug, and dental benefits for the plan year beginning July 1, 2023. This review includes:

- Development of appropriate premiums for major medical (medical/pharmacy) and dental benefits
- Determination of incurred but not reported (IBNR) reserves
- Aggregate funding forecasts

Actuarial Findings

After several years of favorable experience, OPEH&W faced a significant loss in plan year 2020-2021 due to an increase in large claim activity and overall unfavorable morbidity of the insured membership. These losses reduced OPEH&W’s surplus from \$6.0 million as of June 30, 2020 to \$4.4 million as of June 30, 2021. In plan year 2021-2022, OPEH&W’s capital remained stable at \$4.5 million due to more favorable performance. We have developed our rates for plan year 2023-2024 without any additional charges to increase OPEH&W surplus. Our initial projections show a premium rate increase should be implemented for plan year 2023-2024. Table 1 summarizes the recommended premium rate changes from current rates in plan year 2022-2023.

Table 1 – Recommended Premium Rate Changes

Benefit Plan	Blue Choice Diamond	Blue Preferred Diamond
Medical/Pharmacy	13.8%	13.8%
Enhanced Dental	-13.5%	-13.5%
Combined	12.2%	12.1%

Note: Dental premium rates are additive in the calculation of the combined premium rate change. However, the change in dental premium rates receives greater weight under the Blue Preferred plan relative to the Blue Choice plan, producing a lower combined premium rate change for the Blue Preferred Network.

The premium rate changes shown in Table 1 reflect the Diamond medical/pharmacy plan and assume an additional coverage benefit of dental implants relative to current benefit levels for the Enhanced dental plan. We have also developed premium rates for the four additional medical/pharmacy plans offered by OPEH&W. Per the request of OPEH&W, we developed premium rates for the Standard Dental plan in two ways: one variation of the plan without the additional benefit coverage of dental implants, and one variation with the additional coverage.

The succeeding sections of this report provide greater context to the premium rate projection, including the data sources used, the methodology behind the premium rate projection, and a description of assumptions used.

2. Data

Data Received

We received information from OPEH&W, as supplied by its third-party administrator (TPA) and various vendors, including but not limited to the following:

- A summary of aggregated medical, dental, and pharmacy claim payments by month from July 2012 to November 2022 (referred to as the aggregated claim report)
- Medical claim lag reports for claims paid between July 1, 2015 and November 31, 2022
- Dental claim lag reports for claims paid between July 1, 2015 and October 31, 2022
- Shock or high-cost claimant reports for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023 with claims paid through November 2022
- Financial statements for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, and 2022-2023 through September 2022
- Detailed medical and dental census information for July 2012 through November 2022
- Current OPEH&W Briefing Book
- OPEH&W Benefit Books for each plan option offered in plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, and 2022-2023
- Plan Audit Report for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, and 2020-2021
- Medical/pharmacy and dental premium rates for plan years 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, and 2022-2023
- Benefit changes for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, and 2022-2023
- Summary of Benefits and Coverage for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, and 2022-2023
- Coverage highlights for plan years 2019-2020, 2020-2021, 2021-2022, and 2022-2023
- The medical and dental ASO renewal reports for plan year 2022-2023 and 2023-2024 as prepared by Blue Cross and Blue Shield of Oklahoma (BCBSOK)
- Analyses and reports covering recent financial and utilization metrics prepared by BCBSOK
- Pharmacy rebates paid for plan years 2017-2018, 2018-2019, 2019-2020, 2020-2021, and plan year 2021-2022 YTD as of December 2022 through reports developed by Express Scripts and Team Pharmacy Consulting
- 2023-2024 plan year vendor fees
 - Medical plan management fees:
 - \$20.00 per contract per month (a 4.7% increase from \$19.11 in 2021-2022 plan year)
 - BCBSOK medical and dental fees:
 - Medical administration fee of \$37.34 per contract per month
 - Medical rebate credit of \$2.50 per contract per month
 - Dental administration fee of \$3.12 per contract per month
 - Stop-Loss Reinsurance (with an aggregate stop-loss component) as of 12/05/2022:
 - \$35.66 per contract per month
 - Additional fees
 - \$0.52 per member per month for virtual visits
 - \$16.29 per contract per month for Health Advocacy Services (HAS)
- Stop loss contract for plan year 2020-2021

- Medical and dental paid claims by month for terminating groups between November 2021 through October 2022

The medical ASO projection for plan year 2022-2023 prepared by BCBSOK did not provide any information about the claim cost relativities between the Blue Choice and Blue Preferred networks. We have assumed the claim cost relativities will not change materially for plan year 2022-2023 relative to the estimate from BCBSOK in support of the 2017-2018 rate development.

Data Reconciliation

To assess the reasonability of the data, we performed a reconciliation on both the enrollment and paid claims data provided by OPEH&W. To determine the reasonability of the medical and dental paid claims data, we compared the data from the medical and dental lag reports, the aggregated claim report, the ASO renewal reports developed by BCBSOK, and the financial statements. We compared pharmacy claim information from the aggregated claim report to the financial statements and PBM reports to determine the reasonability of the pharmacy claims data. Pharmacy claims usually process quickly; therefore, paid pharmacy claims typically serve as a sufficient proxy for incurred pharmacy claims. Our reconciliation focused on the time period of data underlying the analysis (i.e., plan years 2020-2021, 2021-2022, and 2022-2023 year to date (YTD)). Any discrepancies outside of the time period of data underlying the analysis are not noted below.

We compared these sources to identify differences in medical, pharmacy, and dental claims. All differences through paid dates of November 2021 were considered within the realm of reasonability, if not exact to the dollar. Beginning in November 2021, we observed higher discrepancies month to month in the medical claims data between the lag report and the aggregated claim report than what had been reported in prior months. The differences between sources ranged from a -7.1% to 4.6% difference depending on the month. OPEH&W has indicated this discrepancy is due to the medical equipment and supplier vendor's costs not passing through BCBSOK's aggregate claim report. OPEH&W sent a refresh of the aggregated claims file, which fixed the reconciliation issues seen with the lag claim files.

For dental paid claims we noticed large differences in claims at the monthly level between the lag report and the aggregated claim report in November 2021, and then consistently between March 2022 through August 2022. OPEH&W has indicated that the difference is due to additional payments made to BCBSOK to make them whole from a reporting error when the Enhanced dental plan was implemented. OPEH&W provided a refresh of the aggregated report to exclude these payments, which fixed the reconciliation issue with lag report.

We did not observe any significant discrepancies in the provided pharmacy data when comparing claim amounts to financials at the plan year level. However, we note that we received incurred monthly data through a PBM report for plan year 2021-2022. We compared these amounts to the claim amounts received in the aggregated claim report. While these amounts vary month to month, we believe this is due to the PBM displaying incurred amounts, while the aggregated claims report reflects paid claims.

We also compared the paid claims data we received for the plan year 2022-2023 premium rate analysis to the paid claims data we received for the plan year 2021-2022 premium rate analysis and the claim information was consistent for overlapping months for medical and pharmacy.

To assess the reasonability of the enrollment data, we first compared the detailed contract and member enrollment data provided by OPEH&W to the BCBSOK medical and dental ASO projections and BCBSOK annual plan review. This comparison revealed growing discrepancies for plan year 2020-2021 and plan year 2021-2022 for medical membership enrollment (6,773 average monthly membership vs 6,421 reported in BCBSOK annual

plan review, a 5.5% difference in plan year 2020-2021, and 6,694 average monthly membership vs 6,302 reported in BCBSOK annual plan review, a 6.2% difference in plan year 2021-2022). The detailed medical contract enrollment shows smaller discrepancy of 2.5% relative to the BCBSOK reports for plan year 2021-2022 which is consistent with the differences in prior plan years. Additionally, we compared the plan year 2021-2022 membership with PBM Pharmacy Utilization reports containing monthly membership, which had larger range discrepancies for the period from July 2021 to February 2022. We have provided OPEH&W with detailed examples of the membership differences for further investigation. Per OPEH&W, the PBM monthly data is considered correct.

We utilized the PBM plan year 2021-2022 utilization report member months within the premium development. However, these medical/pharmacy monthly data were only available for one plan year. For the purpose of the premium development, we adjusted the monthly member months received in the enrollment data for plan year 2020-2021 to target a 1.9% decrease in membership in plan year 2021-2022, as indicated by the BCBSOK annual plan review. Dental member months for plan years 2020-2021 and 2021-2022 were adjusted based on the current medical to dental relativities seen in the enrollment data. We reviewed the calculated monthly member to contract ratios to confirm that the resulting ratios are reasonable.

3. Enrollment

This section provides a summary of groups that have terminated or been added since the plan year 2022-2023 analysis. Eleven groups have recently left OPEH&W. Given this significant change in group mix, we have reviewed the terminating group experience to estimate the impact of these group departures on the premium rate change estimates.

Terminating Groups

The groups shown in Table 2 have recently terminated health insurance coverage through OPEH&W:

Table 2 – Terminating Groups

Termination Date	Entity Name	Estimated Number of Employees ¹
5/31/2022	Woods County	87
6/30/2022	Adair County	14
6/30/2022	Cleveland, City of	17
6/30/2022	Elk City Schools	239
6/30/2022	EODD	16
6/30/2022	Garfield County	150
6/30/2022	Harper County Hospital	41
6/30/2022	Hinton, Town of	17
6/30/2022	Washita County	83
6/30/2022	Woodward County EMS	16
7/31/2022	Idabel, City of	86
	Total	766

1. Estimated based on the number of employees as of the month the group terminated

We reviewed monthly paid medical and dental claim experience for the terminating groups and compared the terminating group experience to the rest of groups still insured through OPEH&W. The dental experience for the exiting groups was consistent with the remaining block. Therefore, for the dental rate development, we assume that the change in group mix will have no effect on future experience, thus, we utilized a 1.00 adjustment in the dental rate development for plan year 2023-2024 rates.

The paid medical experience indicated that the departure of these 11 groups could worsen the morbidity of the remaining block. Additionally, in their annual plan review, BCBSOK provided historical plan experience on an incurred basis in two ways: 1) historical plan experience including the terminating groups and 2) historical plan experience without the terminating groups. We utilized this incurred-level detail to develop the adjustment utilized in the premium development of the plan year 2023-2024 medical rates (Step 13 – Demographic and Morbidity Adjustment of 1.006 for plan year 2020-2021 and 1.0372 for plan year 2021-2022) under the assumption that same adjustment applies to both the medical and pharmacy claims experience.

Demographics

In estimating plan year 2023-2024 claim costs, we have assumed the demographic composition of the block will not change materially relative to the experience used to develop the premium rates beyond the adjustment for terminating groups. This seems in line with BCBSOK estimates in the ASO medical projection. The Blue Preferred demographic factor assumed by BCBS has a modest impact on the overall rates with a value of -0.90% from experience period 11/2021 to 10/2022 to plan year 2023-2024.

4. Premium Rate Development

We utilized a rating approach that is consistent with renewal rating methods employed by insurers in the large group market. Specifically, we developed a projected claim amount per member per month (PMPM), added non-claim expenses to the projected claim amount PMPM, and converted the combined amount PMPM to a premium amount for each subscriber coverage tier (e.g., employee-only). The premium rate calculation was performed separately for medical/pharmacy benefits and dental benefits.

The projected claim amount PMPM was developed from OPEH&W experience for claims incurred between July 2020 and June 2022 and paid through November 2021 (the experience period). The experience was separated into two 12-month periods, July 2020 through June 2021 (plan year 2020-2021) and July 2021 through June 2022 (plan year 2021-2022), with each period projected independently and blended using actuarial credibility methods. The premium rate projections use incurred claims rather than paid claims as the basis for the plan year 2023-2024 premium rate projection, which is consistent with how we have developed premium rates in the past. An incurred claim basis provides a more accurate alignment of funding and claims liabilities for OPEH&W.

An adjustment was made to the medical and dental claims experience to account for IBNR claims. With five months of claim run-out, IBNR claims estimates still have an impact on the rate development. Medical claims were also adjusted to remove claims that would have otherwise been recovered through the stop loss agreement. Starting with 2020-2021 plan year, pharmacy claims have been added to the stop loss arrangement. We assume that no adjustment is needed for pharmacy claims incurred during the experience period for this reinsurance arrangement. As noted earlier, we assume paid pharmacy claims are representative of incurred pharmacy claims since there is typically an immaterial lag between when pharmacy claims are incurred and when they are paid.

Both the medical and pharmacy claims experience was trended forward to the rating period. An additional adjustment was made to medical claims to adjust the claims experience associated with members utilizing the Blue Choice network to the average claim costs associated with the Blue Preferred network. Pharmacy claims were adjusted to account for anticipated pharmacy rebates. The adjusted trended medical and pharmacy claims were combined and further adjusted to reflect changes in benefits and an adjustment for Blue Distinction center impact for plan year 2020-2021. The adjusted projected medical, pharmacy and dental claims for the two 12-month periods were blended and adjusted to include expected costs of non-benefit expenses. The initial projected rate development assumes all members will utilize the Blue Preferred network and enroll in the Diamond plan.

An adjustment factor was applied to the Blue Preferred network premium rates to develop the Blue Choice network premium rates. The adjustment factor produces the same premium rate relativity between the two network options in plan year 2023-2024 as was included in the plan year 2022-2023 premium rate development and is based on information provided by BCBSOK from the plan year 2016-2017 premium rate development. If there have been significant provider reimbursement changes for either the Blue Preferred or Blue Choice networks, this assumption may not be appropriate.

Additionally, as noted in the plan year 2022-2023 premium rate development, if access to the Blue Choice network is limited to specific geographic areas, then it is possible the medical claim cost relativity between the two provider networks could be materially different from what we are projecting. However, most members currently utilize the Blue Preferred network.

Trend Adjustments

We generated historical trend estimates based on OPEH&W's experience using, for medical, pharmacy, and dental incurred claims from September 2020 to August 2022, paid through November 2022. We utilized 24 months to remove the effect of COVID that would potentially inflate trend if utilizing a 36-month period. Medical and dental claims were adjusted to reflect IBNR claims. Pharmacy claims were not adjusted to reflect IBNR claims due to the shortened lag.

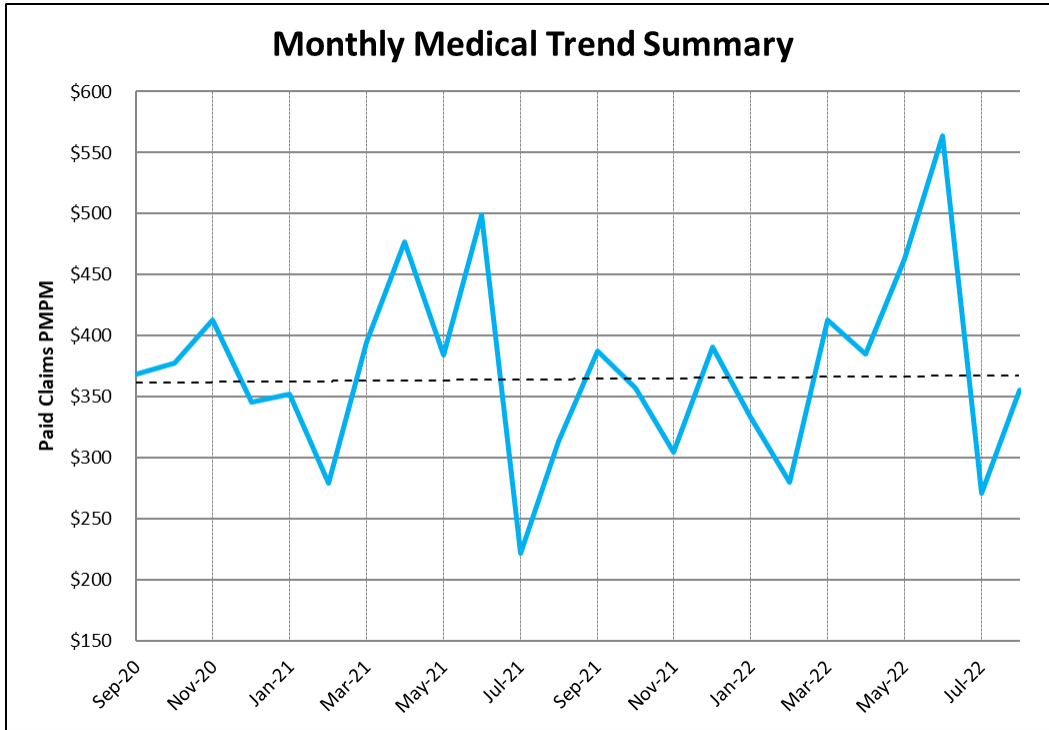
Medical, dental, and pharmacy claims were normalized to remove the impact of changes in member cost-sharing. Medical claims were further normalized to remove the impact of the changes in the membership distributions between the Blue Preferred and Blue Choice networks. Medical and pharmacy benefit relativities were developed using MarVAL™, Oliver Wyman's propriety pricing model, and dental benefit relativities were developed using an external dental relative value model.

Trends were not normalized for changes in the demographic mix of the population as we were not provided sufficient membership data to calculate average demographic factors for all time periods included in the trend analysis and BCBSOK estimates in the ASO medical projection suggest demographic changes are minimal. We have not made specific adjustment in the trend analysis for the change in morbidity or large claims, however we acknowledge that the trend for plan year experience in 2020-2021 is impacted by larger claims compared to other experience periods.

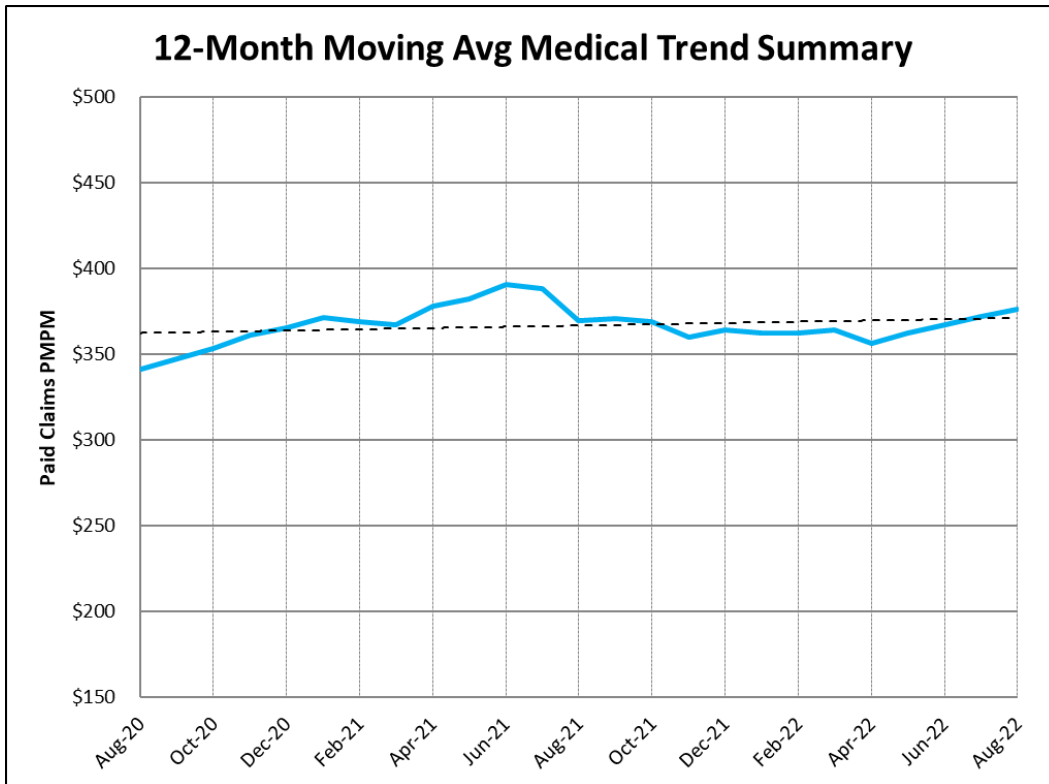
Medical Trends

OPEH&W's normalized monthly medical claims experience has exhibited volatility including the impact from large claims. However, given the size of the overall block, greater volatility should be expected. Graph 1 and Graph 2 summarize normalized medical claims PMPM on a monthly and 12-month moving average basis.

Graph 1



Graph 2



Estimating trends from actual experience is more difficult for smaller experience bases. Using various trend methodologies (e.g., linear versus exponential; monthly versus 12-month moving averages), medical trend estimates range from as low as -6.9% to as high as 8.7%. Longer range trends (i.e., using 24 months of data) using 12-month moving averages are typically a better indicator of historical trends than shorter range trends, particularly for a smaller base of insureds. However, given the recent decrease in membership and higher claims experience in plan year 2020-2021, longer range historical trends are not fully credible and may not accurately depict the true underlying change in trend.

We compared the trend estimates produced using OPEH&W’s experience to industry standards. Oliver Wyman completes a semi-annual trend survey which reflects responses from carriers and HMOs insuring 99 million group members. The most recent trend survey reflects pricing trends for July 2022. Table 3 summarizes the trend results from the July 2022 Carrier Trend Survey for group major medical PPO policies:

Table 3 – Industry Medical Group PPO Trend

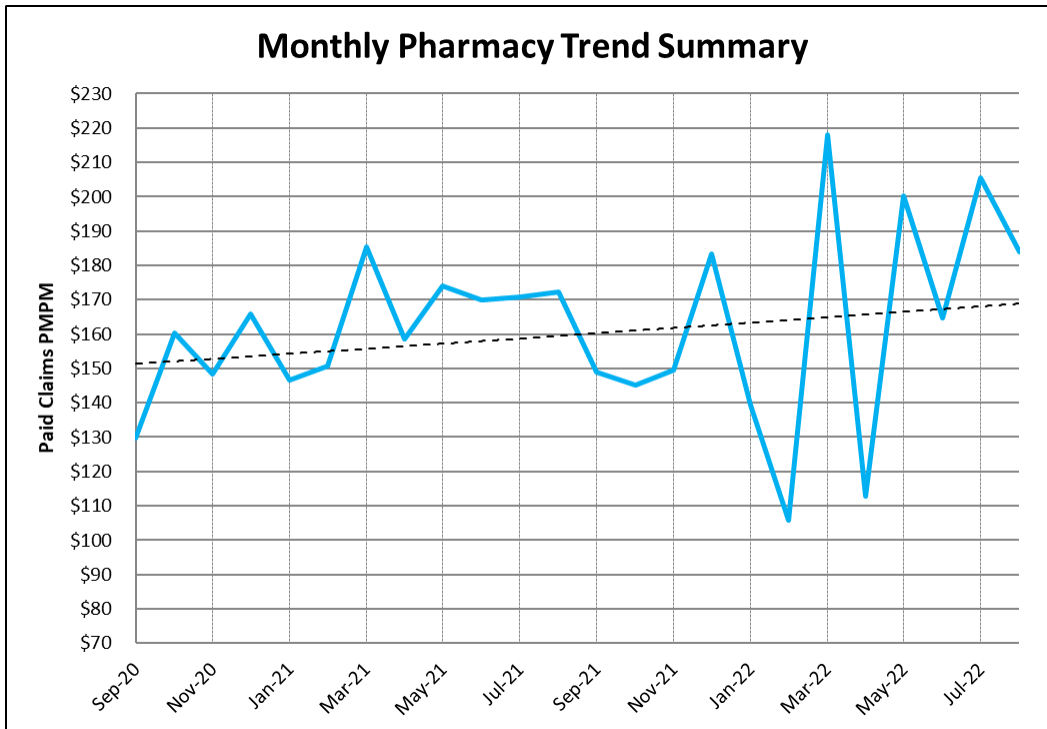
	Annual Trend Rate
Minimum	-0.8%
25 th Percentile	6.3%
Median	6.9%
75 th Percentile	7.5%
Maximum	11.0%

We have elected to use an annualized 25th percentile trend rate of 6.3% in the plan year 2023-2024 premium rate projection. This is a decrease from 6.8% assumed in our prior pricing analysis. This trend factor is within the pricing trend range observed in the market, and it is above the medical trend rate of 5.5% for OPEH&W assumed in the medical ASO projection provided by BCBSOK. Given the expected overall decrease in paid costs observed within most recent OPEH&W’s experience we believe an annualized trend at the 25th percentile is reasonable.

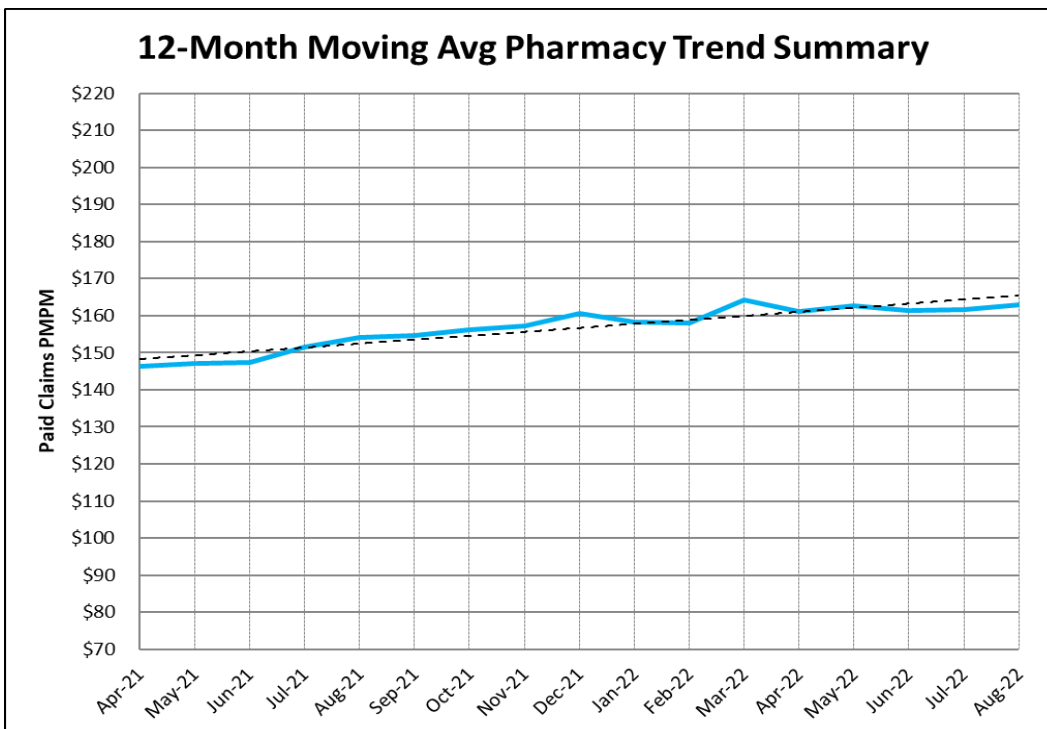
Pharmacy Trends

OPEH&W’s pharmacy claims costs, prior to pharmacy rebates, have been steadily increasing for several years. Graph 3 and Graph 4 summarize normalized pharmacy claims PMPM, prior to pharmacy rebates, on a monthly and 12-month moving average basis.

Graph 3



Graph 4



Graph 3 shows large month to month variation in pharmacy claim costs starting in February 2022. The 12-month moving average in Graph 4 show more gradual increase in claims cost. For the most recent 24-month period, pharmacy costs have increased at an annualized rate of between -1.7% and 12.1%. Express Scripts estimates that pharmacy spend trend for commercial business has increased 4.0% in 2020.¹

Table 4 summarizes the pricing trends reported from Oliver Wyman’s July 2022 Carrier Trend Survey for prescription drugs:

Table 4 – Industry Prescription Drug Trend

	Annual Trend Rate
Minimum	4.8%
25 th Percentile	8.7%
Median	9.5%
75 th Percentile	10.6%
Maximum	14.4%

Given that OPEH&W’s pharmacy claims have continued to increase over the course of the last 24 months, we believe a pharmacy trend rate that is more consistent with the July 2022 Carrier Trend Survey is appropriate. We have elected to use an annualized pharmacy trend rate of 8.7% in the plan year 2023-2024 premium rate projection, which is similar to the 25th percentile trend rate shown in Table 3 and consistent with the trend assumptions utilized in prior premium rate development.

Dental Trends

We have relied on dental trend estimates reported in the July 2022 Carrier Trend Survey. Table 5 summarizes the pricing trends reported from the July 2022 Carrier Trend Survey for group dental PPO policies:

Table 5 – Group Dental PPO Trend

	Annual Trend Rate
Minimum	1.0%
25 th Percentile	4.0%
Median	4.5%
75 th Percentile	5.0%
Maximum	8.0%

We have assumed an annualized dental claim trend rate of 4.5%, which is at the median in Table 5 and above the 4.0% assumed by BCBSOK in the ASO rate development, but the same as in our prior premium rate development.

¹ <https://www.express-scripts.com/corporate/drug-trend-report>

Additional Adjustments to Medical Claims

Medical claims from the experience period were adjusted to remove claims that would have otherwise been recovered through specific stop-loss insurance. Starting in plan year 2020-2021, the stop loss arrangement was updated to include pharmacy claims and is expected to continue under the same arrangement through the 2023-2024 plan year. We have not made an explicit adjustment to account for the pharmacy claims impact given current emerging experience has yet to include pharmacy claims crossing the stop loss attachment point.

To estimate the impact of the specific stop-loss coverage, we “discounted” the specific stop-loss attachment point to claim levels corresponding to the experience periods. For example, a \$425,000 medical claim in plan year 2023-2024 would have cost about \$376,000 in plan year 2021-2022, assuming a 6.3% medical trend (i.e., $\$425,000 \div 1.063^2 = \$376,117$). We do not anticipate any recoveries as a result of the aggregate stop-loss component in plan year 2023-2024. Using the high-cost claimant reports provided by OPEH&W, we estimate the specific stop-loss insurance recoveries shown in Table 6 would have occurred.

Table 6 – Estimated Stop-Loss Recoveries

	PY 2020-2021	PY 2021-2022
Reinsurance Attachment Point (RAP)	\$425,000	\$425,000
Trend-Adjusted RAP	\$353,826	\$376,117
Number of Members Exceeding RAP	4	0
Aggregate Dollars Exceeding RAP	\$1,022,727	\$0

As shown in Table 6, the frequency of larger claims over the attachment point and the aggregate recovery amounts in plan year 2020-2021 was much higher than what was experienced in plan year 2021-2022. Due to the relatively small size of OPEH&W’s membership base and the high stop-loss attachment point, additional variation in claim costs below the attachment point could influence the overall financial results of OPEH&W. However, such variation is often difficult to predict. We assume removing claims that would have otherwise been recovered through stop-loss coverage and adding the cost of stop-loss insurance to the premium rate development is a sufficient measure for smoothing the impact of large claims.

Additional Adjustments to Pharmacy Claims

An adjustment was made to pharmacy claims to account for the impact of pharmacy rebates. Pharmacy rebates represented approximately 18.4% of pharmacy claims paid during the plan year ending June 2021 and about 26.5% of claims paid for the plan year ending June 2022 based on financial statement information. Therefore, we reduced paid pharmacy claims for the plan year ending June 2021 by 18.4% and for the plan year ending June 2022 by 26.5% to reflect the impact of pharmacy rebates. We assume that the incurred pharmacy claims utilized in the premium rate development include any fees assessed by the PBM.

Terminating Group Adjustments

As discussed previously, the termination of 11 groups from the plan is expected to worsen the medical experience of the remaining block. Utilizing the incurred-level detail from the BCBSOK annual plan review, we assumed that the terminating groups would increase claims by 0.6% and 3.7% in plan years 2020-2021 and 2021-2022, respectively. Note, we did not have access to any pharmacy level-data for the terminating groups,

however, we would expect the pharmacy claims to also be affected by these group exits. Therefore, we applied this adjustment to both the medical and pharmacy claims.

Other Adjustments

In addition to the experience impact, we assumed that an enforced utilization of Blue Distinction providers would provide medical claims savings of \$8.41 PMPM as estimated in the BCBSOK annual review report from year-end 2021. This adjustment was applied to the claim build-up for the plan year ending in June 2021. It is assumed that the Blue Distinction benefit is in force for the plan year ending in June 2022. OPEH&W indicated that previously reduced member cost sharing for utilization of services of the Blue Distinction providers will be changed to regular benefit plan design structure. We have not made any specific benefit adjustment in our premium rate development due to the expected low impact on the actuarial value of the commonly selected Diamond and Platinum plans.

Benefit Adjustments

In developing the premium rates, we adjusted claims to account for changes in member cost-sharing that occurred relative to the experience period.

In plan year 2019-2020, OPEH&W expanded the number of plan options offered to groups: Diamond, Platinum, Gold, Silver, and Bronze. The Diamond plan is offered on both the Blue Choice and Blue Preferred networks, with the remaining plans only being offered on the Blue Preferred network. The Diamond plan most closely resembles the 2018-2019 plan with the following changes relative to the plan year 2018-2019 plan:

- The individual in-network out-of-pocket maximum decreased from \$5,000 to \$3,000
- The family in-network out-of-pocket maximum decreased from \$10,000 to \$6,000
- The individual out-of-network out-of-pocket maximum decreased from \$10,000 to \$6,000
- The family out-of-network out-of-pocket maximum decreased from \$20,000 to \$12,000
- The non-preferred brand copay increased from \$45 to \$60 for a 30-day supply and from \$112 to \$150 for a 90-day supply

In plan year 2020-2021, OPEH&W added an additional, richer dental plan option, extending the dental offering to two plans, Standard and Enhanced.

In plan year 2022-2023, OPEH&W modified the medical and pharmacy benefits with increases to deductibles, out-of-pocket maximums, primary and urgent care copays, the Diamond plan increased the pharmacy deductible, while the Diamond, Platinum, and Gold plan increased the pharmacy Out-of-Pocket maximums. The medical/pharmacy benefit designs for plan year 2022-2023 are shown in Appendix A.1. We assume no changes to the benefit plans for plan year 2023-2024.

Independent of the effect of trend, demographic changes, etc., we estimate the cumulative impact of these benefit changes noted above, in addition to projected benefit levels for plan year 2023-2024, would have resulted in a 2.83% decrease in claim costs for the experience underlying plan year 2020-2021 and a 3.00% decrease in claim costs for the experience underlying plan year 2021-2022.

In plan year 2023-2024, OPEH&W will continue to offer two dental plan options, with no expected changes to the benefit structure. However, OPEH&W intends to offer dental implants as a covered benefit. Based on industry research, we have assumed the cost of this benefit is \$2.06 PMPM. The benefit has been added to the

Enhanced plan, while the rate development for the Standard Plan has been developed both with, and without this benefit. The dental plans designs are shown in Appendix A.2.

Additional Claim Adjustments

Similar to the premium rate development of prior plan years, we have not adjusted the claims experience to reflect monies that may be recovered as a result of subrogation. As was mentioned earlier, we have not adjusted claims in the experience period for changes in demographic composition.

We have assumed the Health Advocacy Solutions program that OPEH&W continues to utilize has not yet resulted in any immediate claim savings to the plan or result in any additional claim costs to the plan. In our experience, programs similar to Health Advocacy Solutions are intended to bend the claim cost curve over the course of the long-run and will likely not reduce claim costs in the short-term.

Non-Benefit Expenses

The following non-benefit expenses have been incorporated into the medical/pharmacy premium rate projection:

- Medical ASO fees
- Plan management fees
- Stop-loss reinsurance premiums
- Health Advocacy Solution fees
- Telehealth/Virtual Visit fees
- PCORI fee

The stop-loss reinsurance premiums included in the BCBSOK ASO renewal summary have increased by 9.7% from current plan year (\$32.51 PCPM) to 2023-2024 plan year (\$35.66 PCPM). OPEH&W indicated that changes to the stop-loss reinsurance program could be implemented however we assumed that current fees and benefits will remain in place for 2023-2024 plan year. Similar to prior plan years, we did not include a contribution to surplus in the medical/pharmacy premium rates. A discussion regarding the appropriateness of surplus in the premium rate development is included in the Surplus Scenarios section of this report. Additionally, non-benefit expenses associated with other vendor services utilized by OPEH&W not listed above were assumed to be offset by any claim savings that may result. It should also be noted that the PCORI fee was reinstated through fiscal year 2029 as a result of the federal spending bill that was signed into law on December 20, 2019.²

The following non-benefit expenses have been incorporated into the dental premium rate projection:

- Dental ASO fees

Proposed Premium Rate Changes

We propose a premium rate increase of 13.8% for the Blue Preferred and Blue Choice network Diamond medical/pharmacy plans. We are proposing a premium rate decrease of 13.5% for the enhanced dental plan.

² <https://www.congress.gov/116/bills/hr1865/BILLS-116hr1865eah.pdf>

On a combined basis, the average premium rate increase is 12.1% for Blue Preferred network and 12.2% for Blue Choice network Diamond plans. The slight difference in the average combined medical/pharmacy and dental premium rate change between the Blue Preferred and Blue Choice network plans is due to differences in the proportion of total premium represented by the dental plan.

Table 7 summarizes the various components driving the projected premium rate increase for the Blue Preferred network Diamond plan. The rate change assumes no changes to benefit plan design.

Table 7 - Recommended Premium Rate Changes

	Medical/Pharmacy Premium Increase		Combined* Premium Increase	
	% Change	\$ Change	% Change	\$ Change
Claims and Benefits	6.2%	\$41.46	6.5%	\$46.97
Carry Over from Prior Analysis	6.6%	47.89	4.7%	36.47
Administrative Costs	0.5%	3.42	0.5%	3.50
Total	13.8%	\$92.77	12.1%	\$86.94

**Medical/pharmacy plan and enhanced dental plan premium rate change combined*

A portion of the projected premium rate increase is a result of an increase in claim costs relative to the plan year 2022-2023 premium rate development, but several other components also contribute to the increase. Approximately 6.6% of the medical/pharmacy premium rate increase is a “carryover” from the recommended plan year 2022-2023 premium rate increase (i.e., the rate increase that was implemented for the medical/pharmacy plans was lower relative to what Oliver Wyman recommended). When analyzing the premium rate increase on a combined basis, the magnitude of the various premium rate change components is generally similar relative to the medical/pharmacy premium rate change. However, the Carry Over from Prior Analysis component is less, mostly due to the significant premium rate decrease proposed for dental plans. We had recommended a 25.3% decrease to the enhanced dental premiums for plan year 2022-2023, whereas a 0.0% increase was implemented for the dental plan. The medical/pharmacy plans increased by 9.5% for plan year 2022-2023; we had recommended a 16.8% rate increase under the updated benefit plan designs.

Based on the member cost sharing parameters summarized in Appendix A.1, we estimate the Blue Preferred network premium rates for each plan relative to the Diamond plan will be as shown in Table 8.

Table 8 – 2023-2024 Premium Relativity of Preferred Network Plans

Benefit Plan	Premium Rate Relativity
Diamond	0.0%
Platinum	-4.1%
Gold	-9.1%
Silver	-12.8%
Bronze	-18.6%

These estimates were produced using MarVAL™ based on the cost-sharing parameters specified in the summary of benefits and coverage for each plan. It is important to note the premium relativities have not been adjusted to reflect the potential for selection that may occur. It is our understanding that each group will

only be allowed to offer one plan to its employees, which will significantly reduce the potential for selection. However, in our experience, there will likely be some level of selection between groups when choosing which plan to offer.

As mentioned in the “Benefit Adjustments” section of this report, OPEH&W has not requested any benefit changes be made to the 2022-2023 medical/pharmacy benefit plans.

A detailed development of the Diamond plan premiums for the Blue Preferred network is shown in Appendix B. As noted earlier, the premium rate development of the Blue Choice network premiums is based on the development of the Blue Preferred network premiums. Appendix C shows the detailed development of the standard dental plan premiums.

A comparison of the proposed premium rates to the current premium rates is shown in Appendix D. While we have included a stand-alone comparison of the proposed medical/pharmacy premium rates to the current medical/pharmacy premium rates, we have not included a stand-alone comparison of the proposed dental premium rates to the current dental premium rates for simplicity. Instead, we have included a comparison of the proposed medical/pharmacy and dental premium rates combined for the Standard benefit plan (assuming no change to benefits), the Standard benefit plan with the requested coverage of implant benefits, and Enhanced benefit plan with the requested coverage of implant benefits.

5. Recommended Benefit Plan Modifications

Proposed Medical Benefit Plan Designs

No benefit changes were requested for the medical plans in year 2023-2024. We are not recommending any modifications to be made at this time as the medical plans saw a change to plan benefits in plan year 2022-2023. A majority of current enrollment is in the Diamond plan and a smaller portion of enrollment is in the Platinum plan. If enrollment in the benefit plans were to become more diversified, we would recommend further updates to the benefits to maintain a consistent spread between each plan option and to help offset the impact of claim cost leveraging.

6. Surplus Scenarios

For the plan year 2023-2024 premium rate development, OPEH&W requested no contribution to surplus be built into the medical/pharmacy or dental premium rates. OPEH&W's capital position for the past six full plan years is summarized in Table 9. This information is based on the financial statements provided by OPEH&W. The capital position has remained stable in plan year 2021-2022 relative to the prior plan year.

Table 9 – OPEH&W Capital Position by Plan Year

Capital Position by Plan Year (Amounts in \$1,000)							
	Jul 2015 - Jun 2016	Jul 2016 - Jun 2017	Jul 2017 - Jun 2018	Jul 2018 - Jun 2019	Jul 2019 - Jun 2020	Jul 2020 - Jun 2021	Jul 2021 - Jun 2022
Total Capital (A)	(\$1,552)	(\$1,608)	\$1,530	\$3,645	\$6,091	\$4,437	\$4,515
Total Prem (B)	\$45,128	\$53,004	\$55,089	\$51,178	\$44,749	\$45,176	\$45,444
Active Prem	40,327	49,358	51,744	47,996	42,190	43,079	43,244
Cobra Prem	143	447	146	96	104	71	75
Retiree Prem	4,658	3,199	3,200	3,085	2,456	2,026	2,125
Capital % of Prem (A / B)	N/A	N/A	2.8%	7.1%	13.6%	9.8%	9.9%

Further actions could be considered to strengthen the capital position of the plan. We estimate that including an additional 2.0% rate increase will generate approximately \$0.92 million in surplus for plan year 2023-2024, assuming enrollment in plan year 2023-2024 is consistent with November 2022 enrollment levels.

7. Incurred But Not Reported Claim Reserves

We estimate IBNR claim reserves for the plan year ending June 30, 2022 to be approximately \$5.20 million. This estimate is based on medical, dental, and pharmacy claims incurred between July 2021 and June 2022 and paid through November 2022. Given that there are five months of claims run-out, the amount we have assumed including a margin at 15% is \$5.98 million. The estimate is lower compared to the prior report due to the lower claims estimates in plan year 2021-2022.

OPEH&W has historically requested an IBNR estimate for the current plan year as part of the annual rate review process. The current plan year spans July 1, 2022 to June 30, 2023, and consequently, some claims for the plan year have not yet been incurred or paid. There is significant uncertainty in estimating IBNR claim reserves for future valuation dates, and to do so, we made several broad assumptions:

- The claim payment pattern reflected in the most recently completed plan year (ending June 30, 2022) will be replicated for the current plan year
- The membership levels observed in November 2022 will remain constant for the next months (i.e., through June 2023)
- Claims will trend according to the annualized trends specified in the premium rate projections (e.g., 6.3% for medical)
- Claims were adjusted to reflect benefit changes, anticipated changes in benefit plan mix, and pharmacy rebates

Given these caveats, we calculated an estimated IBNR claim reserve for the plan year ending June 30, 2023 to be approximately \$4.7 million. We also recommend a margin of no less than 15% be included to reflect uncertainty associated with claim trends, membership changes, and other unknowns. The projected IBNR claim reserve for the plan year ending June 30, 2023 with margin is \$5.41 million. Please note that the estimate assumes stable enrollment, claims processing, and claims utilization end of June 30, 2023 similar to current experience. An alternative that OPEH&W may want to consider is to use a reserve on a PMPM basis for member months associated with the plan year to better reflect changes in enrollment that may occur between November 2022 and June 2023. The IBNR claim reserve estimate PMPM is \$69.67 without margin and \$80.12 with margin.

The IBNR claim reserve estimates do not consider what is often referred to as loss adjustment expenses (LAE). These expenses reflect the costs OPEH&W incurs for having the TPA process IBNR claims. Sometimes these costs are pre-negotiated with the TPA. If so, OPEH&W should use those costs as the LAE. If these have not been negotiated, then OPEH&W should set up an additional reserve to cover approximately two months of claim processing expenses. If there are any additional administrative expenses beyond TPA expenses (such as general plan expenses, PBM, etc.), OPEH&W should set up a reserve for those as well.

Please note, due to the prospective nature of the IBNR claim reserve, we cannot opine as to the adequacy of the IBNR claim reserve for the plan year ending June 30, 2023. Instead, we can only provide a general estimate based on the information available to us at this time. Our estimates will not reflect case-specific reserves that may be necessary for known large claimants. Our reserve estimate could be subject to change if the network or plan mix, or enrollment changes significantly relative to our current expectations.

8. Distribution and Use

Usage and Responsibility of Client – Oliver Wyman prepared this report for the sole use of OPEH&W for the stated purpose. This report includes important considerations, assumptions, and limitations and, as a result, is intended to be read and used only as a whole. This report may not be separated into, or distributed, in parts other than by the client to whom this report was issued, as needed, in the case of distribution to such client's directors, officers, or employees. All decisions in connection with the implementation or use of advice or recommendations contained in this report are the sole responsibility of OPEH&W.

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9. Considerations and Limitations

Data Verification – For our analysis, we relied on publicly available data and information provided by the client named herein without independent audit. Though we have reviewed the data for reasonableness and consistency, we have not audited or otherwise verified this data. Our review of data may not always reveal imperfections. We have assumed that the data provided is both accurate and complete. The results of our analysis are dependent on this assumption. If this data or information is inaccurate or incomplete, our findings and conclusions might therefore be unreliable.

Unanticipated Changes – We based our conclusions on the estimation of the outcome of many contingent events. We developed our estimates from historical experience, with adjustments for anticipated changes. Unless otherwise stated, our estimates make no provision for the emergence of new types of risks not sufficiently represented in the historical data on which we relied or which are not yet quantifiable.

Internal / External Changes – The sources of uncertainty affecting our estimates are numerous and include factors internal and external to the client named herein. Internal factors include items such as changes in provider reimbursement and claims adjudication practices. The most significant external influences include, but are not limited to, changes in the legal, social, or regulatory environment, and the potential for emerging diseases or existing COVID-19 pandemic. Uncontrollable factors such as general economic conditions also contribute to the variability.

Uncertainty Inherent in Projections – While this analysis complies with applicable Actuarial Standards of Practice, users of this analysis should recognize that our projections involve estimates of future events and are subject to economic and statistical variations from expected values. We have not anticipated any extraordinary changes to the regulatory, legal, social, or economic environment or the emergence of new diseases or catastrophes that might affect our results. For these reasons, we provide no assurance that the emergence of actual experience will correspond to the projections in this analysis.

10. Acknowledgement of Qualifications

I, Peter Kaczmarek, Senior Manager of Oliver Wyman Actuarial Consulting, Inc. (Oliver Wyman), have been engaged by Oklahoma Public Employees Health and Welfare Plan (OPEH&W) to prepare this report summarizing the premium rate development for the plan year beginning July 1, 2023. Oliver Wyman is an independent actuarial consulting firm that is not affiliated with, nor a subsidiary, nor in any way owned or controlled by a health plan, health insurer, or a trade association of health plans or insurers.

The analysis underlying the development of the premium rates included in this report is based on our interpretation of current State and Federal laws and regulations. Should these laws and/or regulations be modified our results could be subject to change. It should be noted that Oliver Wyman is an actuarial consulting firm and is not engaged in the practice of law. Therefore, nothing in this actuarial memorandum should be interpreted as legal advice.

The premium rates developed in this report reflect estimates of future contingent events; actual results will likely vary. The magnitude of differences between projections in this report and actual observed experience will depend on the extent to which actual experience in the future conforms to the assumptions made in this analysis. It is certain that actual experience will not conform exactly to the assumptions made in this filing.

This report was prepared for the sole use of OPEH&W. Oliver Wyman makes no representation or warranty to any third party regarding the content of this actuarial memorandum and no third party may rely on the information included in this actuarial memorandum that would create any legal duty by Oliver Wyman to any third party.

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Reliance

In performing the analyses outlined in this report and arriving at my opinion, I used and relied on information provided by OPEH&W. I used and relied on this information without independent investigation or audit. If this information is inaccurate, incomplete, or out of date, the findings and conclusions noted within this report may need revision. While I have relied on the data provided without independent investigation or audit, I reviewed the data for consistency and reasonableness. Where I found the data inconsistent or unreasonable, I requested clarification.

Actuarial Certification

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render this opinion. I have utilized generally accepted actuarial methodologies in reaching this opinion.

A handwritten signature in black ink, appearing to read "Peter Kaczmarek".

Peter Kaczmarek, FSA, MAAA
Senior Manager
Oliver Wyman Actuarial Consulting, Inc.

Appendix A. Benefit Designs

A.1. Medical/Pharmacy: Plan Years 2023-2024

	Diamond	Diamond	Platinum	Gold	Silver	Bronze
Medical - In-Network						
Network	Blue Preferred	Blue Choice	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred
Deductible - Individual	1,000	1,000	1,750	3,250	2,250	4,250
Deductible - Family	2,000	2,000	3,500	6,500	4,500	8,500
Max Out-of-Pocket - Individual	5,000	5,000	6,000	7,000	7,000	7,500
Max Out-of-Pocket - Family	10,000	10,000	12,000	14,000	14,000	15,000
Coinsurance (%)	80%	80%	80%	80%	50%	50%
Primary Care Office Visit	25	25	25	25	25	25
Urgent Care Office Visit	25	25	25	25	25	25
Specialist Office Visit	50	50	50	50	50	50
Medical - Out-of-Network						
Deductible - Individual	2,000	2,000	3,500	6,500	4,500	8,500
Deductible - Family	4,000	4,000	7,000	13,000	9,000	17,000
Max Out-of-Pocket - Individual	10,000	10,000	12,000	14,000	14,000	15,000
Max Out-of-Pocket - Family	20,000	20,000	24,000	28,000	28,000	30,000
Coinsurance (%)	70%	70%	70%	70%	50%	50%
Primary Care Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rx						
Brand Deductible	75	75	100	100	500	500
Max Out-of-Pocket - Individual	2,500	2,500	2,500	2,500	2,500	2,500
Max Out-of-Pocket - Family	5,000	5,000	5,000	5,000	5,000	5,000
30-Day Supply						
Generics	10	10	10	10	10	20% coinsurance up to \$20
Preferred Brands	45	45	25% coinsurance up to \$80	25% coinsurance up to \$80	25% coinsurance up to \$80	30% coinsurance up to \$100
Non-Preferred Brands	60	60	40% coinsurance up to \$120	40% coinsurance up to \$120	40% coinsurance up to \$120	50% coinsurance up to \$150
90-Day Supply						
Generics	25	25	25	25	25	20% coinsurance up to \$50
Preferred Brands	112	112	25% coinsurance up to \$200	25% coinsurance up to \$200	25% coinsurance up to \$200	30% coinsurance up to \$250
Non-Preferred Brands	150	150	40% coinsurance up to \$300	40% coinsurance up to \$300	40% coinsurance up to \$300	50% coinsurance up to \$375
Specialty - 30-Day Supply						
Generics	10	10	10	10	10	20% coinsurance up to \$50
Preferred Brands	60	60	60	60	20% coinsurance up to \$80	30% coinsurance up to \$80
Non-Preferred Brands	100	100	100	100	40% coinsurance up to \$120	50% coinsurance up to \$120

A.2. Dental Plan Year 2023-2024

	Standard	Enhanced
Individual Deductible	50	25
Plan Year Maximum Per Covered Person	1,500	2,500
Preventive & Diagnostic Services	0%	0%
Basic Services	20%	15%
Major Services	50%	40%
Orthodontic Treatment		
Deductible	0	0
Coinsurance	50%	50%
Lifetime Maximum per Child	1,500	1,500

Appendix B. Medical/Pharmacy Rate Development

**OPEH&W Health Plan
Medical/Pharmacy Experience Rating Renewal Calculation - Diamond Plan, Blue Preferred Network**

Rating Period: 7/1/2023 to 6/30/2024
Pooling Level: \$425,000

	Experience Period 1	Experience Period 2
Experience Period	7/1/2020 to 6/30/2021	7/1/2021 to 6/30/2022
Member Months	77,413	75,926
Contract Months	53,143	52,439
Number of Projection Months	36	24
Member Months/Contract	1.457	1.448

BASE PERIOD MEDICAL/PHARMACY CLAIMS		
1. Medical Claims	\$ 31,791,459	\$ 29,297,711
2. Less Reinsurance Recoveries	\$ 1,022,727	\$ -
3a. Claims Adjusted for Reinsurance Recoveries (1. - 2.)	\$ 30,768,732	\$ 29,297,711
3b. Adjustment for change in Provider Network	0.9996	0.9996
3c. Large Claim Adjustment	1.0000	1.0000
3d. Other Adjustment	1.0000	1.0000
3e. Morbidity Adjustment	1.0000	1.0000
4. Trend Factor to 01/01/2024 Effective Date @ 6.3%	x 1.2012	1.1300
5. Projected Medical Claims (3a. x 3b. x 3c. x 3d. x 3e. x 4.)	\$ 36,941,719	\$ 33,091,104
6a. Pharmacy Claims For Period	\$ 12,871,646	\$ 12,717,125
6b. PBM Adjustment	0.8165	0.7353
6c. COVID-19 Adjustment	1.0000	1.0000
6d. Large Trend Adjustment	1.0000	1.0000
7. Trend Factor to 01/01/2024 Effective Date @ 8.7%	x 1.2844	1.1816
8. Projected Pharmacy Claims (6a. x 6b. x 6c. x 6d. x 7.)	\$ 13,497,550	\$ 11,049,267
9. Projected Net Claims (5.-+ 8.)	\$ 50,439,269	\$ 44,140,371
10. Member Months	/ 77,413	75,926
11. Projected Medical and Drug Costs PMPM (9. / 10.)	\$ 651.56	\$ 581.36
12. Other Multiplicative Adjustment		
Benefit Changes	0.9717	0.9700
Demographic and Morbidity	x 1.0060	1.0372
Total	0.9775	1.0061
13. Other Additive Adjustment PMPM	+ \$ (8.41)	\$ -
14. Adjusted Trended Medical Claims (11. x 12. + 13.)	\$ 628.48	\$ 584.90

PROJECTED CLAIMS PMPM FOR 7/1/2023 to 6/30/2024		
1. Projected Medical and Pharmacy Claims Experience	\$ 628.48	\$ 584.90
2. Period Weightings	0.35	0.65
3. Contributing Claims Experience (1. x 2.)	3a. \$ 223.02	3b. \$ 377.35
4. Weighted Projected Medical and Pharmacy Claims (3a. + 3b.)	\$	\$ 600.37

ADMINISTRATIVE/EXPENSE			PMPM
1. Projected Medical and Pharmacy Claims			\$ 600.37
2. Fees			
a. BCBSOK Medical ASO Fee	PCPM	\$34.84	\$ 22.35
b. Plan Management Fee	PCPM	\$20.00	\$ 12.83
c. Health Advocacy Solutions	PCPM	\$16.29	\$ 10.45
d. Stop Loss Premium	PCPM	\$35.66	\$ 22.88
e. Telehealth Fee	PCPM	\$0.52	\$ 0.33
f. PCORI	PMPM		0.25
* Ratio of Members/Contract for Nov 2022:	1.559		\$ 69.09
			\$ 669.46
4. Contribution to Surplus			0.00%
5. Projected Claims and Contribution to Surplus (3 / (1 - 4.))			\$ 669.46

Convert Premium PMPM to Tier Rates	
Single Conversion Factor	1.146

Appendix C. Dental Rate Development

OPEH&W Health Plan Dental Experience Rating Renewal Calculation - Enhanced Dental Plan

Rating Period: 7/1/2023 to 6/30/2024

	Experience Period 1	Experience Period 2
Experience Period	7/1/2020 to 6/30/2021	7/1/2021 to 6/30/2022
Member Months	79,088	78,087
Contract Months	53,829	53,597
Number of Projection Months	36	24
Member Months/Contract	1.469	1.457

BASE PERIOD DENTAL CLAIMS		
1. Dental Claims For Period	\$ 1,987,669	\$ 2,093,427
2. Trend Factor to 01/01/2024 Effective Date @ 4.5%	x <u>1.141</u>	x <u>1.092</u>
3. Projected Net Claims (1. x 2.)	\$ 2,268,261	\$ 2,286,075
4. Member Months	/ <u>79,088</u>	/ <u>78,087</u>
5. Projected Dental Costs PMPM (3. / 4.)	\$ 28.68	\$ 29.28
6. Benefit Adjustment	1.016	1.014
7. Other Multiplicative Adjustment	1.000	1.000
8. Other Additive Adjustment PMPM	<u>\$ 2.06</u>	<u>\$ 2.06</u>
9. Adjusted Trended Dental Claims (5. x 6. x 7. + 8.)	\$ 31.18	\$ 31.74

PROJECTED CLAIMS PMPM FOR 7/1/2023 to 6/30/2024		
1. Projected Dental Claims Experience	\$ 31.18	\$ 31.74
2. Period Weightings	<u>0.35</u>	<u>0.65</u>
3. Contributing Claims Experience (1. x 2.)	3a. \$ 11.01	3b. \$ 20.53
4. Weighted Projected Dental Claims (3a. + 3b.)		\$ 31.54

ADMINISTRATIVE/EXPENSE		PMPM
1. Projected Dental Claims		\$ 31.54
2. Fees	PCPM \$3.12	\$1.98
Ratio of Members/Contract for Nov 2022	1.575	
3. Projected Claims and Expense (1. + 2b.)		\$ 33.52
4. Contribution to Surplus		0.00%
5. Projected Claims and Contribution to Surplus (3 x (1 + 4.))		\$ 33.52

Convert Premium PMPM to Tier Rates	
Single Conversion Factor	1.115

Appendix D. Premium Rate Changes

D.1. Diamond Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$766.93	\$766.93	\$782.29	\$797.49	\$797.49	\$813.46	\$799.47	\$799.47	\$815.48	\$804.30	\$804.30	\$820.40
Employee + Child	\$1,133.34	\$1,133.34	\$1,156.02	\$1,180.04	\$1,180.04	\$1,203.66	\$1,183.05	\$1,183.05	\$1,206.74	\$1,190.45	\$1,190.45	\$1,214.27
Employee + Children	\$1,363.41	\$1,363.41	\$1,390.71	\$1,419.63	\$1,419.63	\$1,448.07	\$1,423.27	\$1,423.27	\$1,451.77	\$1,432.16	\$1,432.16	\$1,460.83
Employee + Spouse	\$1,663.63	\$1,663.63	\$1,696.91	\$1,731.92	\$1,731.92	\$1,766.57	\$1,736.34	\$1,736.34	\$1,771.08	\$1,747.15	\$1,747.15	\$1,782.10
Employee + Spouse + Child	\$2,030.03	\$2,030.03	\$2,070.64	\$2,114.46	\$2,114.46	\$2,156.78	\$2,119.92	\$2,119.92	\$2,162.34	\$2,133.29	\$2,133.29	\$2,175.96
Employee + Spouse + Children	\$2,260.10	\$2,260.10	\$2,305.33	\$2,354.06	\$2,354.06	\$2,401.18	\$2,360.14	\$2,360.14	\$2,407.38	\$2,375.01	\$2,375.01	\$2,422.52

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$674.16	\$674.16	\$687.66	\$713.04	\$713.04	\$727.32	\$713.04	\$713.04	\$727.32	\$717.36	\$717.36	\$731.72
Employee + Child	\$996.24	\$996.24	\$1,016.18	\$1,055.66	\$1,055.66	\$1,076.80	\$1,055.66	\$1,055.66	\$1,076.80	\$1,062.26	\$1,062.26	\$1,083.52
Employee + Children	\$1,198.48	\$1,198.48	\$1,222.48	\$1,270.02	\$1,270.02	\$1,295.46	\$1,270.02	\$1,270.02	\$1,295.46	\$1,277.96	\$1,277.96	\$1,303.54
Employee + Spouse	\$1,462.38	\$1,462.38	\$1,491.64	\$1,549.28	\$1,549.28	\$1,580.28	\$1,549.28	\$1,549.28	\$1,580.28	\$1,558.94	\$1,558.94	\$1,590.12
Employee + Spouse + Child	\$1,784.46	\$1,784.46	\$1,820.16	\$1,891.90	\$1,891.90	\$1,929.76	\$1,891.90	\$1,891.90	\$1,929.76	\$1,903.84	\$1,903.84	\$1,941.92
Employee + Spouse + Children	\$1,986.70	\$1,986.70	\$2,026.46	\$2,106.26	\$2,106.26	\$2,148.42	\$2,106.26	\$2,106.26	\$2,148.42	\$2,119.54	\$2,119.54	\$2,161.94

Premium Rate Change

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	13.8%	13.8%	13.8%	11.8%	11.8%	11.8%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
Employee + Child	13.8%	13.8%	13.8%	11.8%	11.8%	11.8%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
Employee + Children	13.8%	13.8%	13.8%	11.8%	11.8%	11.8%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
Employee + Spouse	13.8%	13.8%	13.8%	11.8%	11.8%	11.8%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
Employee + Spouse + Child	13.8%	13.8%	13.8%	11.8%	11.8%	11.8%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%
Employee + Spouse + Children	13.8%	13.8%	13.8%	11.8%	11.8%	11.8%	12.1%	12.1%	12.1%	12.1%	12.1%	12.1%

D.2. Diamond Plan – Blue Choice Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$820.50	\$820.50	\$836.91	\$851.06	\$851.06	\$868.07	\$853.03	\$853.03	\$870.09	\$857.87	\$857.87	\$875.02
Employee + Child	\$1,212.48	\$1,212.48	\$1,236.71	\$1,259.18	\$1,259.18	\$1,284.35	\$1,262.20	\$1,262.20	\$1,287.43	\$1,269.59	\$1,269.59	\$1,294.96
Employee + Children	\$1,458.60	\$1,458.60	\$1,487.77	\$1,514.82	\$1,514.82	\$1,545.12	\$1,518.45	\$1,518.45	\$1,548.83	\$1,527.35	\$1,527.35	\$1,557.88
Employee + Spouse	\$1,779.79	\$1,779.79	\$1,815.38	\$1,848.09	\$1,848.09	\$1,885.04	\$1,852.50	\$1,852.50	\$1,889.54	\$1,863.32	\$1,863.32	\$1,900.57
Employee + Spouse + Child	\$2,171.77	\$2,171.77	\$2,215.19	\$2,256.21	\$2,256.21	\$2,301.32	\$2,261.67	\$2,261.67	\$2,306.89	\$2,275.04	\$2,275.04	\$2,320.51
Employee + Spouse + Children	\$2,417.89	\$2,417.89	\$2,466.24	\$2,511.85	\$2,511.85	\$2,562.09	\$2,517.93	\$2,517.93	\$2,568.28	\$2,532.80	\$2,532.80	\$2,583.43

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$721.24	\$721.24	\$735.66	\$760.12	\$760.12	\$775.32	\$760.12	\$760.12	\$775.32	\$764.44	\$764.44	\$779.72
Employee + Child	\$1,065.80	\$1,065.80	\$1,087.10	\$1,125.22	\$1,125.22	\$1,147.72	\$1,125.22	\$1,125.22	\$1,147.72	\$1,131.82	\$1,131.82	\$1,154.44
Employee + Children	\$1,282.14	\$1,282.14	\$1,307.78	\$1,353.68	\$1,353.68	\$1,380.76	\$1,353.68	\$1,353.68	\$1,380.76	\$1,361.62	\$1,361.62	\$1,388.84
Employee + Spouse	\$1,564.48	\$1,564.48	\$1,595.76	\$1,651.38	\$1,651.38	\$1,684.40	\$1,651.38	\$1,651.38	\$1,684.40	\$1,661.04	\$1,661.04	\$1,694.24
Employee + Spouse + Child	\$1,909.04	\$1,909.04	\$1,947.20	\$2,016.48	\$2,016.48	\$2,056.80	\$2,016.48	\$2,016.48	\$2,056.80	\$2,028.42	\$2,028.42	\$2,068.96
Employee + Spouse + Children	\$2,125.38	\$2,125.38	\$2,167.88	\$2,244.94	\$2,244.94	\$2,289.84	\$2,244.94	\$2,244.94	\$2,289.84	\$2,258.22	\$2,258.22	\$2,303.36

Premium Rate Change

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	13.8%	13.8%	13.8%	12.0%	12.0%	12.0%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%
Employee + Child	13.8%	13.8%	13.8%	11.9%	11.9%	11.9%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%
Employee + Children	13.8%	13.8%	13.8%	11.9%	11.9%	11.9%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%
Employee + Spouse	13.8%	13.8%	13.8%	11.9%	11.9%	11.9%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%
Employee + Spouse + Child	13.8%	13.8%	13.8%	11.9%	11.9%	11.9%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%
Employee + Spouse + Children	13.8%	13.8%	13.8%	11.9%	11.9%	11.9%	12.2%	12.2%	12.2%	12.2%	12.2%	12.2%

D.3. Platinum Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$735.43	\$735.43	\$750.12	\$765.98	\$765.98	\$781.29	\$767.96	\$767.96	\$783.30	\$772.80	\$772.80	\$788.23
Employee + Child	\$1,086.78	\$1,086.78	\$1,108.50	\$1,133.48	\$1,133.48	\$1,156.15	\$1,136.50	\$1,136.50	\$1,159.23	\$1,143.89	\$1,143.89	\$1,166.75
Employee + Children	\$1,307.39	\$1,307.39	\$1,333.52	\$1,363.61	\$1,363.61	\$1,390.88	\$1,367.25	\$1,367.25	\$1,394.59	\$1,376.14	\$1,376.14	\$1,403.64
Employee + Spouse	\$1,595.26	\$1,595.26	\$1,627.15	\$1,663.56	\$1,663.56	\$1,696.81	\$1,667.97	\$1,667.97	\$1,701.32	\$1,678.79	\$1,678.79	\$1,712.34
Employee + Spouse + Child	\$1,946.61	\$1,946.61	\$1,985.54	\$2,031.05	\$2,031.05	\$2,071.67	\$2,036.51	\$2,036.51	\$2,077.24	\$2,049.88	\$2,049.88	\$2,090.86
Employee + Spouse + Children	\$2,167.22	\$2,167.22	\$2,210.56	\$2,261.19	\$2,261.19	\$2,306.40	\$2,267.26	\$2,267.26	\$2,312.60	\$2,282.13	\$2,282.13	\$2,327.75

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$633.72	\$633.72	\$646.38	\$672.60	\$672.60	\$686.04	\$672.60	\$672.60	\$686.04	\$676.92	\$676.92	\$690.44
Employee + Child	\$936.48	\$936.48	\$955.20	\$995.90	\$995.90	\$1,015.82	\$995.90	\$995.90	\$1,015.82	\$1,002.50	\$1,002.50	\$1,022.54
Employee + Children	\$1,126.58	\$1,126.58	\$1,149.10	\$1,198.12	\$1,198.12	\$1,222.08	\$1,198.12	\$1,198.12	\$1,222.08	\$1,206.06	\$1,206.06	\$1,230.16
Employee + Spouse	\$1,374.64	\$1,374.64	\$1,402.12	\$1,461.54	\$1,461.54	\$1,490.76	\$1,461.54	\$1,461.54	\$1,490.76	\$1,471.20	\$1,471.20	\$1,500.60
Employee + Spouse + Child	\$1,677.40	\$1,677.40	\$1,710.94	\$1,784.84	\$1,784.84	\$1,820.54	\$1,784.84	\$1,784.84	\$1,820.54	\$1,796.78	\$1,796.78	\$1,832.70
Employee + Spouse + Children	\$1,867.50	\$1,867.50	\$1,904.84	\$1,987.06	\$1,987.06	\$2,026.80	\$1,987.06	\$1,987.06	\$2,026.80	\$2,000.34	\$2,000.34	\$2,040.32

Premium Rate Change

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	16.0%	16.0%	16.0%	13.9%	13.9%	13.9%	14.2%	14.2%	14.2%	14.2%	14.2%	14.2%
Employee + Child	16.0%	16.0%	16.0%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%
Employee + Children	16.0%	16.0%	16.0%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%
Employee + Spouse	16.0%	16.0%	16.0%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%
Employee + Spouse + Child	16.0%	16.0%	16.0%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%
Employee + Spouse + Children	16.0%	16.0%	16.0%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%

D.4. Gold Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$696.98	\$696.98	\$710.91	\$727.53	\$727.53	\$742.08	\$729.51	\$729.51	\$744.10	\$734.34	\$734.34	\$749.03
Employee + Child	\$1,029.97	\$1,029.97	\$1,050.55	\$1,076.66	\$1,076.66	\$1,098.19	\$1,079.68	\$1,079.68	\$1,101.27	\$1,087.07	\$1,087.07	\$1,108.80
Employee + Children	\$1,239.04	\$1,239.04	\$1,263.83	\$1,295.26	\$1,295.26	\$1,321.18	\$1,298.89	\$1,298.89	\$1,324.89	\$1,307.79	\$1,307.79	\$1,333.94
Employee + Spouse	\$1,511.88	\$1,511.88	\$1,542.10	\$1,580.17	\$1,580.17	\$1,611.77	\$1,584.59	\$1,584.59	\$1,616.27	\$1,595.40	\$1,595.40	\$1,627.29
Employee + Spouse + Child	\$1,844.87	\$1,844.87	\$1,881.74	\$1,929.31	\$1,929.31	\$1,967.87	\$1,934.77	\$1,934.77	\$1,973.44	\$1,948.14	\$1,948.14	\$1,987.06
Employee + Spouse + Children	\$2,053.94	\$2,053.94	\$2,095.01	\$2,147.90	\$2,147.90	\$2,190.86	\$2,153.98	\$2,153.98	\$2,197.06	\$2,168.85	\$2,168.85	\$2,212.21

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$600.00	\$600.00	\$612.00	\$638.88	\$638.88	\$651.66	\$638.88	\$638.88	\$651.66	\$643.20	\$643.20	\$656.06
Employee + Child	\$886.66	\$886.66	\$904.38	\$946.08	\$946.08	\$965.00	\$946.08	\$946.08	\$965.00	\$952.68	\$952.68	\$971.72
Employee + Children	\$1,066.64	\$1,066.64	\$1,087.98	\$1,138.18	\$1,138.18	\$1,160.96	\$1,138.18	\$1,138.18	\$1,160.96	\$1,146.12	\$1,146.12	\$1,169.04
Employee + Spouse	\$1,301.52	\$1,301.52	\$1,327.54	\$1,388.42	\$1,388.42	\$1,416.18	\$1,388.42	\$1,388.42	\$1,416.18	\$1,398.08	\$1,398.08	\$1,426.02
Employee + Spouse + Child	\$1,588.18	\$1,588.18	\$1,619.92	\$1,695.62	\$1,695.62	\$1,729.52	\$1,695.62	\$1,695.62	\$1,729.52	\$1,707.56	\$1,707.56	\$1,741.68
Employee + Spouse + Children	\$1,768.16	\$1,768.16	\$1,803.52	\$1,887.72	\$1,887.72	\$1,925.48	\$1,887.72	\$1,887.72	\$1,925.48	\$1,901.00	\$1,901.00	\$1,939.00

Premium Rate Change

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	16.2%	16.2%	16.2%	13.9%	13.9%	13.9%	14.2%	14.2%	14.2%	14.2%	14.2%	14.2%
Employee + Child	16.2%	16.2%	16.2%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%
Employee + Children	16.2%	16.2%	16.2%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%
Employee + Spouse	16.2%	16.2%	16.2%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%
Employee + Spouse + Child	16.2%	16.2%	16.2%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%
Employee + Spouse + Children	16.2%	16.2%	16.2%	13.8%	13.8%	13.8%	14.1%	14.1%	14.1%	14.1%	14.1%	14.1%

D.5. Silver Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$668.73	\$668.73	\$682.10	\$699.28	\$699.28	\$713.27	\$701.26	\$701.26	\$715.28	\$706.09	\$706.09	\$720.21
Employee + Child	\$988.20	\$988.20	\$1,007.97	\$1,034.89	\$1,034.89	\$1,055.61	\$1,037.91	\$1,037.91	\$1,058.69	\$1,045.31	\$1,045.31	\$1,066.22
Employee + Children	\$1,188.82	\$1,188.82	\$1,212.58	\$1,245.05	\$1,245.05	\$1,269.94	\$1,248.68	\$1,248.68	\$1,273.65	\$1,257.57	\$1,257.57	\$1,282.70
Employee + Spouse	\$1,450.58	\$1,450.58	\$1,479.59	\$1,518.87	\$1,518.87	\$1,549.25	\$1,523.29	\$1,523.29	\$1,553.75	\$1,534.10	\$1,534.10	\$1,564.77
Employee + Spouse + Child	\$1,770.05	\$1,770.05	\$1,805.46	\$1,854.49	\$1,854.49	\$1,891.59	\$1,859.94	\$1,859.94	\$1,897.16	\$1,873.31	\$1,873.31	\$1,910.78
Employee + Spouse + Children	\$1,970.68	\$1,970.68	\$2,010.07	\$2,064.64	\$2,064.64	\$2,105.92	\$2,070.71	\$2,070.71	\$2,112.12	\$2,085.58	\$2,085.58	\$2,127.26

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$573.04	\$573.04	\$584.50	\$611.92	\$611.92	\$624.16	\$611.92	\$611.92	\$624.16	\$616.24	\$616.24	\$628.56
Employee + Child	\$846.80	\$846.80	\$863.74	\$906.22	\$906.22	\$924.36	\$906.22	\$906.22	\$924.36	\$912.82	\$912.82	\$931.08
Employee + Children	\$1,018.72	\$1,018.72	\$1,039.08	\$1,090.26	\$1,090.26	\$1,112.06	\$1,090.26	\$1,090.26	\$1,112.06	\$1,098.20	\$1,098.20	\$1,120.14
Employee + Spouse	\$1,243.02	\$1,243.02	\$1,267.88	\$1,329.92	\$1,329.92	\$1,356.52	\$1,329.92	\$1,329.92	\$1,356.52	\$1,339.58	\$1,339.58	\$1,366.36
Employee + Spouse + Child	\$1,516.78	\$1,516.78	\$1,547.12	\$1,624.22	\$1,624.22	\$1,656.72	\$1,624.22	\$1,624.22	\$1,656.72	\$1,636.16	\$1,636.16	\$1,668.88
Employee + Spouse + Children	\$1,688.70	\$1,688.70	\$1,722.46	\$1,808.26	\$1,808.26	\$1,844.42	\$1,808.26	\$1,808.26	\$1,844.42	\$1,821.54	\$1,821.54	\$1,857.94

Premium Rate Change

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	16.7%	16.7%	16.7%	14.3%	14.3%	14.3%	14.6%	14.6%	14.6%	14.6%	14.6%	14.6%
Employee + Child	16.7%	16.7%	16.7%	14.2%	14.2%	14.2%	14.5%	14.5%	14.5%	14.5%	14.5%	14.5%
Employee + Children	16.7%	16.7%	16.7%	14.2%	14.2%	14.2%	14.5%	14.5%	14.5%	14.5%	14.5%	14.5%
Employee + Spouse	16.7%	16.7%	16.7%	14.2%	14.2%	14.2%	14.5%	14.5%	14.5%	14.5%	14.5%	14.5%
Employee + Spouse + Child	16.7%	16.7%	16.7%	14.2%	14.2%	14.2%	14.5%	14.5%	14.5%	14.5%	14.5%	14.5%
Employee + Spouse + Children	16.7%	16.7%	16.7%	14.2%	14.2%	14.2%	14.5%	14.5%	14.5%	14.5%	14.5%	14.5%

D.6. Bronze Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$624.09	\$624.09	\$636.59	\$654.65	\$654.65	\$667.76	\$656.62	\$656.62	\$669.77	\$661.46	\$661.46	\$674.70
Employee + Child	\$922.25	\$922.25	\$940.72	\$968.95	\$968.95	\$988.36	\$971.97	\$971.97	\$991.44	\$979.36	\$979.36	\$998.97
Employee + Children	\$1,109.48	\$1,109.48	\$1,131.68	\$1,165.70	\$1,165.70	\$1,189.03	\$1,169.34	\$1,169.34	\$1,192.74	\$1,178.23	\$1,178.23	\$1,201.79
Employee + Spouse	\$1,353.78	\$1,353.78	\$1,380.86	\$1,422.08	\$1,422.08	\$1,450.52	\$1,426.49	\$1,426.49	\$1,455.03	\$1,437.31	\$1,437.31	\$1,466.05
Employee + Spouse + Child	\$1,651.94	\$1,651.94	\$1,684.99	\$1,736.38	\$1,736.38	\$1,771.13	\$1,741.84	\$1,741.84	\$1,776.70	\$1,755.21	\$1,755.21	\$1,790.32
Employee + Spouse + Children	\$1,839.18	\$1,839.18	\$1,875.95	\$1,933.14	\$1,933.14	\$1,971.80	\$1,939.21	\$1,939.21	\$1,978.00	\$1,954.08	\$1,954.08	\$1,993.14

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$539.32	\$539.32	\$550.12	\$578.20	\$578.20	\$589.78	\$578.20	\$578.20	\$589.78	\$582.52	\$582.52	\$594.18
Employee + Child	\$796.98	\$796.98	\$812.94	\$856.40	\$856.40	\$873.56	\$856.40	\$856.40	\$873.56	\$863.00	\$863.00	\$880.28
Employee + Children	\$958.78	\$958.78	\$977.96	\$1,030.32	\$1,030.32	\$1,050.94	\$1,030.32	\$1,030.32	\$1,050.94	\$1,038.26	\$1,038.26	\$1,059.02
Employee + Spouse	\$1,169.90	\$1,169.90	\$1,193.30	\$1,256.80	\$1,256.80	\$1,281.94	\$1,256.80	\$1,256.80	\$1,281.94	\$1,266.46	\$1,266.46	\$1,291.78
Employee + Spouse + Child	\$1,427.56	\$1,427.56	\$1,456.12	\$1,535.00	\$1,535.00	\$1,565.72	\$1,535.00	\$1,535.00	\$1,565.72	\$1,546.94	\$1,546.94	\$1,577.88
Employee + Spouse + Children	\$1,589.36	\$1,589.36	\$1,621.14	\$1,708.92	\$1,708.92	\$1,743.10	\$1,708.92	\$1,708.92	\$1,743.10	\$1,722.20	\$1,722.20	\$1,756.62

Premium Rate Change

Tier	Medical			Medical & Standard Dental (No Dental Implant Coverage)			Medical & Standard Dental (Dental Implant Coverage)			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	15.7%	15.7%	15.7%	13.2%	13.2%	13.2%	13.6%	13.6%	13.6%	13.6%	13.6%	13.6%
Employee + Child	15.7%	15.7%	15.7%	13.1%	13.1%	13.1%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
Employee + Children	15.7%	15.7%	15.7%	13.1%	13.1%	13.1%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
Employee + Spouse	15.7%	15.7%	15.7%	13.2%	13.2%	13.2%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
Employee + Spouse + Child	15.7%	15.7%	15.7%	13.1%	13.1%	13.1%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%
Employee + Spouse + Children	15.7%	15.7%	15.7%	13.1%	13.1%	13.1%	13.5%	13.5%	13.5%	13.5%	13.5%	13.5%



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