

10/25/2022

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www.securityhealth.org

Greetings,

Thank you for the opportunity to provide this renewal proposal. At Security Health Plan, we strive to provide an easy-to-manage health plan that helps keep your employees as healthy and productive as your workplace. Whether your employees need access to an array of provider systems, prefer to enjoy a cost-effective network or need to gain access to coverage throughout the nation, we have them covered.

Get healthy and stay healthy

Our comprehensive health and wellness program keeps your employees healthy with a robust disease management program for individuals with chronic health conditions, and care management programs that provide support for members with serious health issues.

Perks with Security

- Security Health Plan understands that over-the-counter (OTC) items and drugs can be expensive. That's why we offer members a way to save money on these items and have them conveniently delivered to their home.
- The 24-hour Nurse Line connects members to a registered nurse who can help answer health care questions. By calling the Nurse Line, a registered nurse can provide advice for seeking care or instructions for care at home.
- Care My Way® is flexible, convenient and quick care for common health conditions. No appointments, and no visits to the doctor's office. Your employees can get care (including prescription orders) by phone or virtual visit with the Care My Way® app.
- GlobalFit is free for all Security Health Plan members. Your employees can gain access to premier fitness, weight loss and wellness brands at a discount. They can also take advantage of educational materials, resources and tools to engage and motivate them to become more active and adopt healthier behaviors.
- At Security Health Plan, we handle preventive care differently than most other insurance companies. Whether members have been previously diagnosed with an illness or not, they won't be charged for preventive services. With most other companies, if members have been diagnosed with an illness, screenings are coded as "diagnostic" and are no longer preventive.

We are proud of the partnership we have built with you and are committed to ensuring that your employees will receive the care they need, at the right price. We want you, your employees and their families to be pleased with the care and service received from Security Health Plan.

Sincerely,

Security Health Plan

Quote ID: 9007

Renewal Executive Summary

Group Name STANLEY BOYD SCHOOL DISTRICT

Parent Group Number 701915

Renewal Date January 1, 2023

Current Enrollment	Non-Medicare	Medicare	Total Enrollment
Single	27	0	27
Family	66	0	66
	93	0	93

Current Year Charges	7/1/21 - 6/30/22	
Medical		\$1,375,573
Pharmacy		\$267,134
		\$1,642,707

Total Current Year Charges

Adjustments	Other*	(\$298,732)
		\$1,343,975

Adjusted Current Year Claims

Trend	Trend Factor	1.0762
	Trended Claims	\$1,446,386
	Annual Trend Rate	5%
	Months of Trend	18

Credibility	Prior Experience Year Impact	(1.9%)	(\$27,274)
	Manual Rate Impact	12.8%	\$185,503
			\$1,604,615

Retention

Retention	\$217,358
Affordable Care Act Fee	\$771
Premium Needed	\$1,822,744

Premium at Current Rates \$1,682,942

Renewal Rate Change	8.3%
Delivered Renewal Rate Change	6.3%

*Claim completion, pooling, enrollment adjustment, demographic adjustment, and benefit adjustment

STANLEY BOYD SCHOOL DISTRICT

Parent Group: 701915

Quote ID: 9007

Renewal Date: January 1, 2023

		Current Year	Prior Year
Rating Experience Period		7/1/21 - 6/30/22	1/1/21 - 6/30/21
Paid through		8/31/22	8/31/22
Number of Months		12	6
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Current Enrollment	93		
Average Enrollment		93	90
Incurred Claims (IBNR)		\$1,664,343	\$507,596
Claims in Excess of \$60,000		\$652,962	\$78,543
Pooling Charges		\$295,488	\$137,462
Adjustment to Current:			
Enrollment Adjustment		1.0116	2.0475
Benefit Adjustment		1.0000	1.0000
Demographic Adjustment		1.0166	1.0362
Adjusted Claims		\$1,343,975	\$1,201,928
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Trend Projection		1.0762	1.0479 / 1.0762
Months of Trend		18.0	9.0 / 18.0
Trended Adjusted Claims		\$1,446,386	\$1,355,474
Period Weighting		70%	30%
Projected Net Experience Claims			\$1,419,112
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Credibility Adjustment			
Projected Experience Claims	48%	\$1,419,112	
Manual Claims	52%	\$1,775,849	
Projected Claims		\$1,604,615	
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ACA Fees		\$771	
Retention		\$217,358	
Calculated Premium		\$1,822,744	
Current Premium		\$1,682,942	
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Calculated Rate Change		8.3%	
Delivered Rate Change		6.3%	

Quote ID: 9007

701915,704172,704173,704174
701915,704172,704173,704174

	Premier/HMO HDHP Embedded							
Benefits								
Deductible (Single/Family)	\$3,250/\$6,500							
Coinsurance	80%							
Maximum Out-of-Pocket (Single/Family)	\$6,350/\$12,700							
Emergency Room Copayment	Ded/Coins/\$0							
Urgent Care Copayment	Ded/Coins/\$0							
Office Visit Copayment	Ded/Coins/\$0							
Specialist Office Visit Copayment	Ded/Coins/\$0							
Preventive Benefit	Paid at 100%*							
Laboratory/Radiology Benefit	Subject to deductible/coinsurance							
Dependent Wrap Benefit	Included							
Pharmacy Benefit	Integrated drug coverage then \$5/\$25/\$50/25% Preventive covered at 100%							
Mail Order	x 2 Copay(s)							
	Empls	Current Rates	Renewal Rates	% Change	Empls	Current Rates	Renewal Rates	% Change
EE Only	27	\$793.36	\$843.34	6.3%	0	\$0.00	\$0.00	0.0%
ES	20	\$1,800.37	\$1,913.79	6.3%	0	\$0.00	\$0.00	0.0%
EE + 1 child	2	\$1,800.37	\$1,913.79	6.3%	0	\$0.00	\$0.00	0.0%
EE + 2 or more children	2	\$1,800.37	\$1,913.79	6.3%	0	\$0.00	\$0.00	0.0%
Family	42	\$1,800.37	\$1,913.79	6.3%	0	\$0.00	\$0.00	0.0%
Medicare Single	0	\$555.35	\$590.34	6.3%	0	\$0.00	\$0.00	0.0%
Medicare Couple	0	\$1,110.70	\$1,180.68	6.3%	0	\$0.00	\$0.00	0.0%
Medicare Split	0	\$1,348.71	\$1,433.68	6.3%	0	\$0.00	\$0.00	0.0%
Total	93	\$140,245.14	\$149,080.32	6.3%	0	\$0.00	\$0.00	0.0%

*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on calendar year. Rates have been calculated for the period 1/1/2023 through 12/31/2023.

Renewal benefits and rates as provided (circle one - add comments as necessary) Yes or No

Acceptance Signature _____ Date _____

Quote ID: 9007

Product Options

Renewal Option 1
701915,704172,704173,704174
(COPY)

	SimplyOne/HMO HDHP Embedded					
Benefits						
Deductible (Single/Family)	\$3,250/\$6,500					
Coinsurance	80%					
Maximum Out-of-Pocket (Single/Family)	\$6,350/\$12,700					
Emergency Room Copayment	Ded/Coins					
Urgent Care Copayment	Ded/Coins/\$0					
Office Visit Copayment	Ded/Coins/\$0					
Specialist Office Visit Copayment	Ded/Coins/\$0					
Preventive Benefit	Paid at 100%*					
Laboratory/Radiology Benefit	Subject to deductible/coinsurance					
Dependent Wrap Benefit	Included					
Pharmacy Benefit	Integrated drug coverage then \$5/\$25/\$50/25% Preventive covered at 100%					
Mail Order	x 2 Copay(s)					
	Contracts	Rates	Contracts	Rates	Contracts	Rates
EE Only	27	\$670.58	0	\$0.00	0	\$0.00
ES	20	\$1,521.75	0	\$0.00	0	\$0.00
EE +1 child	2	\$1,521.75	0	\$0.00	0	\$0.00
EE +2 or more children	2	\$1,521.75	0	\$0.00	0	\$0.00
Family	42	\$1,521.75	0	\$0.00	0	\$0.00
Medicare Single	0	\$469.41	0	\$0.00	0	\$0.00
Medicare Couple	0	\$938.81	0	\$0.00	0	\$0.00
Medicare Split	0	\$1,139.99	0	\$0.00	0	\$0.00
Total	93	\$118,541.16	0	\$0.00	0	\$0.00

*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on calendar year. Rates have been calculated for the period 1/1/2023 through 12/31/2023.

Benefits and rates as shown (circle choice(s) - add comments as necessary)

Acceptance Signature _____ Date _____