

Welcome to CEBT's 2023 Summer Conference

*Sonnenalp Hotel at Vail
July 16 – 19, 2023*

Network Name:

Password:



Thank you!

2023 CEBT SUMMER CONFERENCE

*Embracing Change &
Innovation*



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Housekeeping Items



- Please be mindful of the microphones and cameras
- This meeting is being recorded, including all “chats”
- The full, detailed Board Meeting packet is attached in your CEBT Community portal on the Board Meetings tab

Questions and Discussion

- The Chair will occasionally ask for questions and discussion
- Live attendees: please raise your hand and the Chair will call on you
- Virtual attendees: you are in listen-only mode, please use the “raise your hand” feature or type questions in the chat feature (send “chat” questions to everyone)



Schedule for Monday, July 17, 2023

7:00 - 8:30 am	Breakfast – Bavaria Room
8:30 - 8:40 am	Opening Remarks & Introductions – Mr. Ed VanderTook
8:40 - 9:40 am	UMR / UHC
9:45 – 10:30 am	CVS / Caremark
10:30 – 10:45 am	Break
10:45 – 11:30 am	Marathon Health, CEBT Health & Wellness Centers
11:30 – 12:30 pm	Lunch – Bavaria Room
12:30 – 1:10 pm	Kaiser Permanente
1:15 – 1:55 pm	Triad EAP
2:00 – 2:45 pm	Omada Health
3:00 – 3:45 pm	<i>CEBT Administrator Evaluation Discussion – Trustees only</i>
5:00 pm	Cocktails followed by Dinner at 6:00 pm
7:30 – 10:30 pm	Casino Party, Music & 360° Photo Booth <ul style="list-style-type: none">• Bavaria, Allgau Room, Sponsored by CEBT’s Vendor Partners

Schedule for Tuesday, July 18, 2023



7:00 - 8:30 am	Breakfast – Bavaria Room
8:30 - 9:25 am	Surest, a UHC Product
9:30 - 10:30 am	Mental / Behavioral Health Discussion
10:30 – 10:45 am	Break
10:45 – 11:30 am	Quarterly Business Meeting
11:30 – 12:30 pm	Lunch – Bavaria Room
12:30 – 2:30 pm	Quarterly Business Meeting (continued)
2:30 – 2:45 pm	Break
3:00	Quarterly Business Meeting (continued)
	<i>Executive Session – Subrogation – Trustees & select WTW colleagues only</i>
5:00 pm	Cocktails & Appetizers with Dinner Seating at 6:00 pm
	<ul style="list-style-type: none">• Ludwig’s Terrace (in Sonnenalp), Hosted by CEBT

Schedule for Wednesday, July 19, 2023



7:00 - 8:30 am

Breakfast – Bavaria Room

- Guest check out is by 11:00 am
- May bring luggage to breakfast rooms to store during meeting or inquire with front desk for storage options

8:30 - 10:15 am

Quarterly Business Meeting (continued)

Finish up remaining action items, if any

Executive Session - Administrator Performance – Trustees & WTW colleagues only

10:30 – 12:30 pm

Lunch – Prefunction Lobby (near elevators on meeting level)

- Grab-and-go

Opening Agenda items, Tuesday, July 18, 2023



- I. Call to Order
 - A. Introduction and Roll Call of Trustees

CEBT Trustees

Ed VanderTook	Misty Manchester	Angela Wurtsmith	Bob Foster
Cindy Haigler	Lorraine Haywood	Meredith Quarles	
Brian Lessman – Emeritus			
Dorothy Barnhart – Intern	Terry Kimber – Intern		

- B. Introduction of Guests

Opening Agenda items, Tuesday, July 18, 2023



C. Introduction of Trust Administrator Staff (WTW)

WTW CEBT Team

Anthony Briseño	Ben Puetz	Bobby Otte	Jim Hermann
Terry Rook	Stacy Picone	Marina Algien	Kim Rigsbee
Joe Deba	Tammi Hartley	Amy Doyle	Dani Gline
Erin Price	Kristen Kubiak	Emma Dahlin	Erin Young

D. Changes to Agenda



II. Presentations

- A. Public Comments – Use the Chat Feature to request an opportunity to speak
- B. Board Reports – Trustee Term Limits

CEBT TRUSTEE TERMS & POSITIONS

<u>Trustee Name</u>	<u>Current Term Ends</u>	<u>Term Limited to</u>
Ed VanderTook	June 30, 2023	June 30, 2026
Misty Manchester	June 30, 2024	N/A-Active
*Lorraine Haywood	June 30, 2024	N/A-Active
** Cindy Haigler	June 30, 2025	Dec 31, 2024
Bob Foster	June 30, 2025	June 30, 2025
Angela Wurtsmith	June 30, 2025	N/A-Active
Meredith Quarles	June 30, 2026	N/A-Active

<u>Executive Committee</u>	<u>Position</u>	<u>Effective</u>
Ed VanderTook	Chair	Nov 1, 2007
Misty Manchester	Treasurer	July 1, 2023
Angela Wurtsmith	Secretary	July 1, 2023
<u>Emeritus & Interns</u>	<u>Position</u>	<u>Effective</u>
Brian Lessman	Emeritus	July 1, 2023
*Terry Kimber	Intern	July 1, 2023
** Dorothy Barnhart	Intern	July 1, 2023

*(**) Potential Intern replacement

II. Presentations



C. Other Matters

D. Thank you to Trustee Brian Lessman

III. Consent Agenda



- A. Approval of Min from April 28, 2023, mtg.
- B. Follow-up Items from last Board Meeting
- C. Investment Report
- D. UMR Performance Guarantee Report
- E. Health Center Report
- F. Teladoc Report
- G. Surgery Plus Utilization & Savings Update
- H. Triad EAP Utilization Update
- I. Legislative Update (State & National)
- J. Privacy and Security Annual Review

IV. Financial Reports

A. Quarterly Financial Statements – Joe Deba *Balance Sheet as of March 31*



	2023	2022
ASSETS		
Checking/Savings	\$ 10,204	\$ 16,477
Accounts Receivable	0	2,340
Investments - PFM Fixed Maturity	39,059	39,150
Investments - PFM CSIP	19,617	0
Investments - ColoTrust	11,151	14,303
Reinsurance Recoverable	691	0
Pharmacy Rebates Receivable	4,239	3,325
Interest Receivable	264	111
Contributions Receivable	2,002	3,609
Prepaid Expenses	6	2
Security Deposits on Leases	18	18
TOTAL ASSETS	\$ 87,251	\$ 79,335

IV. Financial Reports

A. Quarterly Financial Statements

Balance Sheet as of March 31



LIABILITIES & EQUITY

Liabilities

IBNR Reserve **	\$ 30,803	\$ 26,725
Contributions Received In Advance	7,356	4,824
Dividends Payable	7,165	0
Claims Payable	6,429	4,377
Regulatory Compliance Fees Payable	99	90
Accounts Payable	1,205	303

Total Liabilities	\$ 53,057	\$ 36,319
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Members' Surplus

Members' Surplus - Beginning	\$ 41,874	\$ 46,569
Excess of Revenue / Expense	(7,680)	(3,553)

Total Members' Surplus *	34,194	43,016
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TOTAL LIABILITIES & SURPLUS	\$ 87,251	\$ 79,335
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* Total Members' Surplus	\$ 34,194	\$ 43,016
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RESTRICTED BY BOARD POLICY:

Plan Stabilization Reserve +	\$ 26,200	\$ 21,900
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TOTAL RESTRICTED BY BOARD POLICY	\$ 26,200	\$ 21,900
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Unrestricted Surplus	\$ 7,994	\$ 21,116
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IV. Financial Reports

A. Quarterly Financial Statements

Statement of Revenue & Expenses - Nine months ended March 31



	Jul '22-Mar '23		Jul '21-Mar '22		
Revenue					
Contributions	\$	209,988	\$	193,003	
Dividends		(11,674)		(6,470)	
Interest Income		1,228		360	
Capital Gain (Loss) On Sale		51		74	
Investment Adjustment to FMV		(316)		(1,940)	
Total Revenue	\$	<u>199,277</u>	\$	<u>185,027</u>	
Expenses					
Claims					
Claims - Medical, Dental, & Vision	\$	182,475	86.9%	\$ 165,025	85.5%
Reinsurance Recoveries		(905)	-0.4%	(1,541)	-0.8%
Pharmaceutical Rebates		(11,733)	-5.6%	(9,602)	-5.0%
Kaiser Permanente Premiums		11,739	5.6%	12,047	6.2%
Change in IBNR Reserve		2,705	1.3%	2,157	1.1%
Life Insurance		1,794	0.9%	1,312	0.7%
CEBT Health Centers (Operating)		3,014	1.4%	2,851	1.5%
Total Claims	\$	<u>189,089</u>	90.0%	\$ <u>172,249</u>	89.2%

IV. Financial Reports

A. Quarterly Financial Statements

Statement of Revenue & Expenses - Nine months ended March 31



Other Expenses					
◆ TPA and Network Fees	\$	6,960	3.3%	\$	6,291 3.3%
◆ WTW Administration		5,564	2.6%		5,111 2.6%
◆ Reinsurance Premium		4,078	1.9%		3,526 1.8%
Regulatory Compliance		18	-		0 -
◆ Technology		525	0.3%		620 0.3%
◆ Marketing		382	0.2%		347 0.2%
Wellness Program		114	0.1%		238 0.1%
◆ Insurance		1	-		0 -
◆ Legal Fees		20	-		26 -
◆ Investment Management Fees		29	-		29 -
◆ Board Expense		127	0.1%		90 -
◆ Accounting Fees		29	-		26 -
◆ Lobbying Fees		18	-		18 -
◆ Office Expenses		3	-		9 -
Total Other Expenses	\$	17,868	8.5%	\$	16,331 8.5%
Total Expenses	\$	206,957	98.6%	\$	188,580 97.7%
Excess of Revenue / Expense	\$	(7,680)		\$	(3,553)

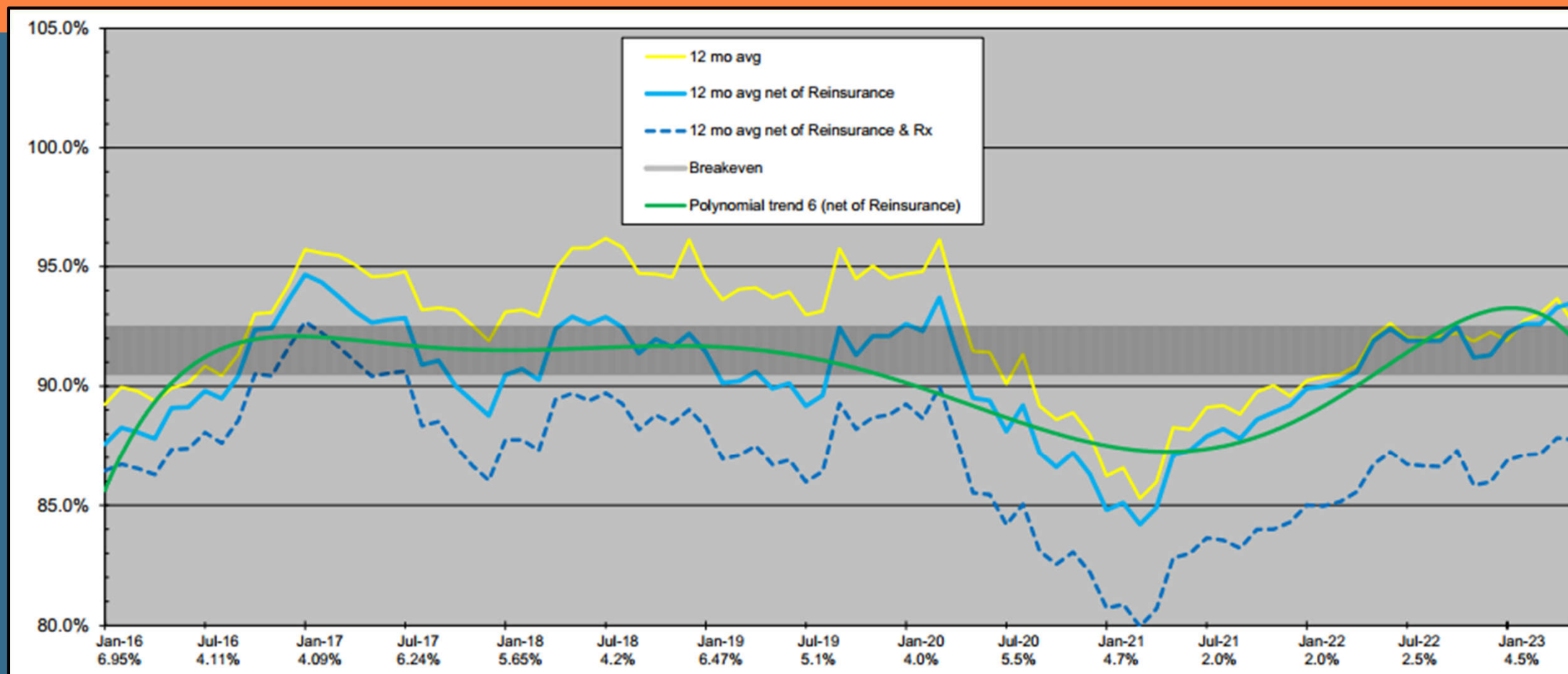
IV. Financial Reports

B. Utilization Review – Anthony Briseño

Utilization Graph through May 2023



CEBT Loss Ratio

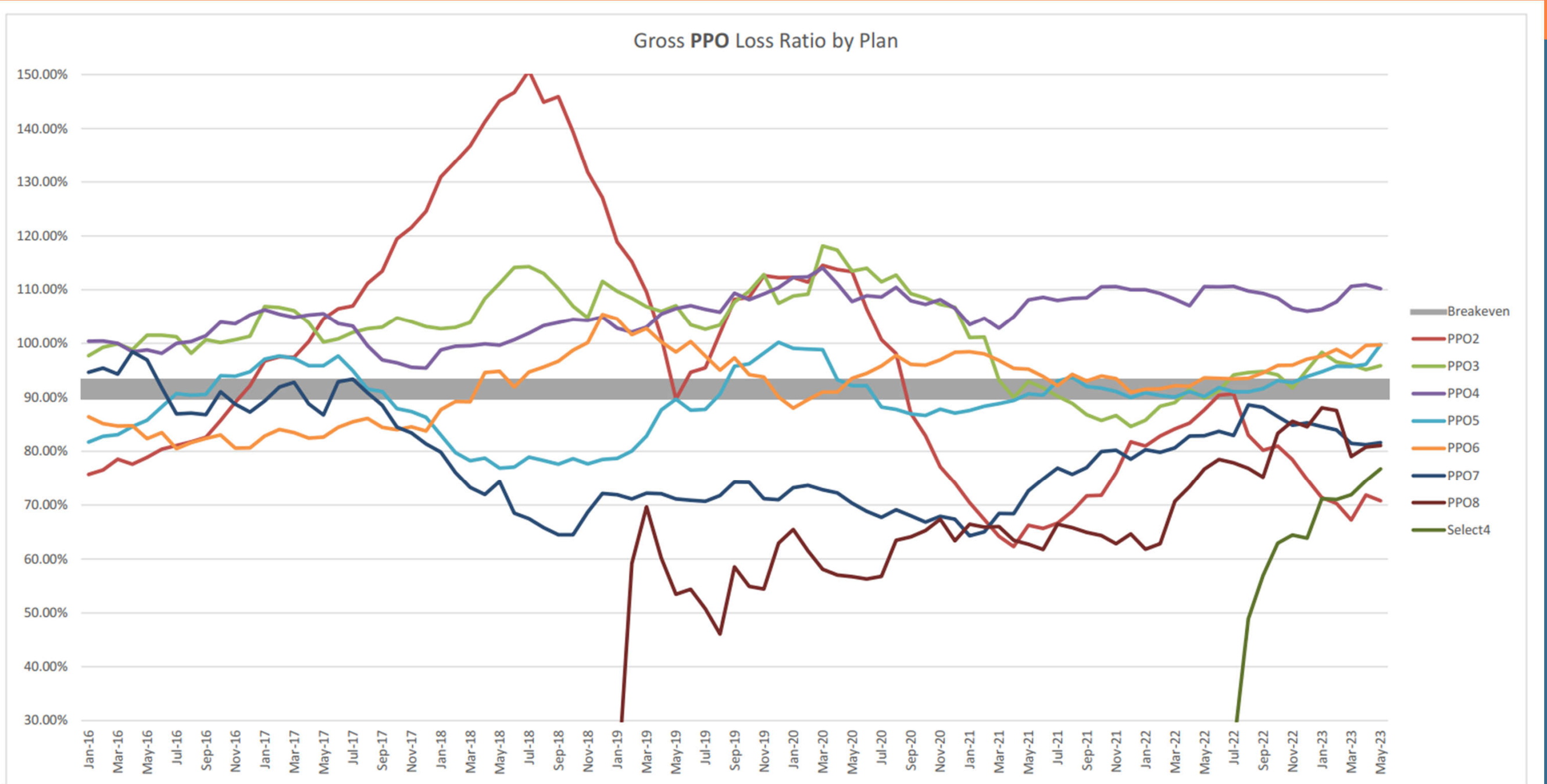


Historical Rate Increases									
Jul-23	4.5%	Jul-19	5.1%	Jul-15	7.4%	Jul-08	7.8%	Jul-00	15.0%
Jan-23	4.5%	Jan-19	6.5%	Jan-15	5.9%	Jul-07	8.3%	Jul-99	17.1%
Jul-22	2.5%	Jul-18	4.2%	Jul-14	5.2%	Jul-06	9.7%	Jul-98	8.5%
Jan-22	2.0%	Jan-18	5.7%	Jul-13	5.8%	Jul-05	4.2%	Jul-97	4.4%
Jul-21	2.0%	Jul-17	6.2%	Jul-12	9.2%	Jul-04	5.6%	Jul-96	3.7%
Jan-21	4.7%	Jan-17	4.1%	Jul-11	10.0%	Jul-03	17.4%	Jul-95	4.5%
Jul-20	5.5%	Jul-16	4.1%	Jul-10	8.3%	Jul-02	18.0%	Jul-94	5.0%
Jan-20	4.0%	Jan-16	7.0%	Jul-09	7.2%	Jul-01	28.8%	Jul-93	5.5%

IV. Financial Reports

B. Utilization Review

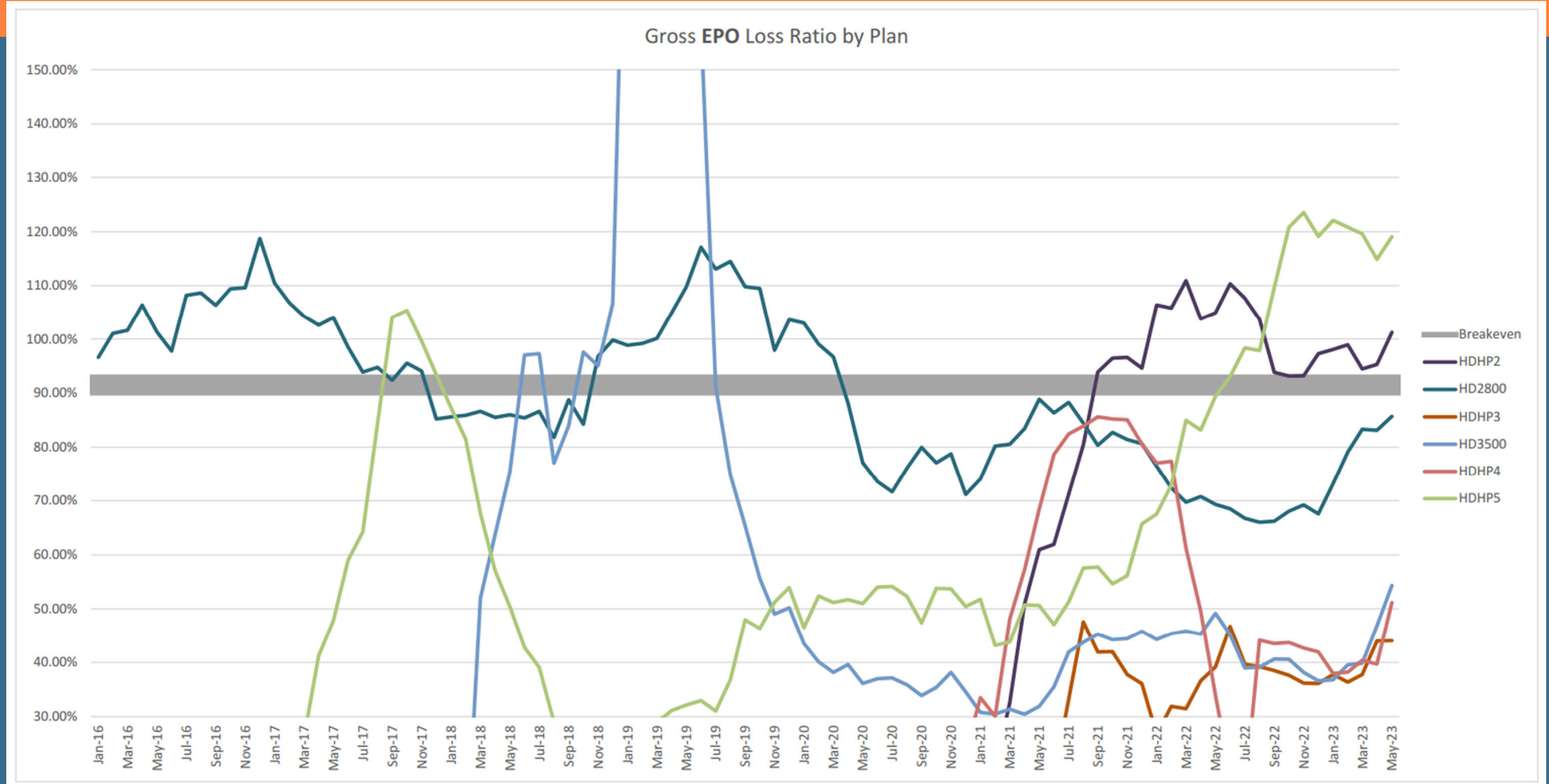
Gross PPO Loss Ratio by Plan



IV. Financial Reports

B. Utilization Review

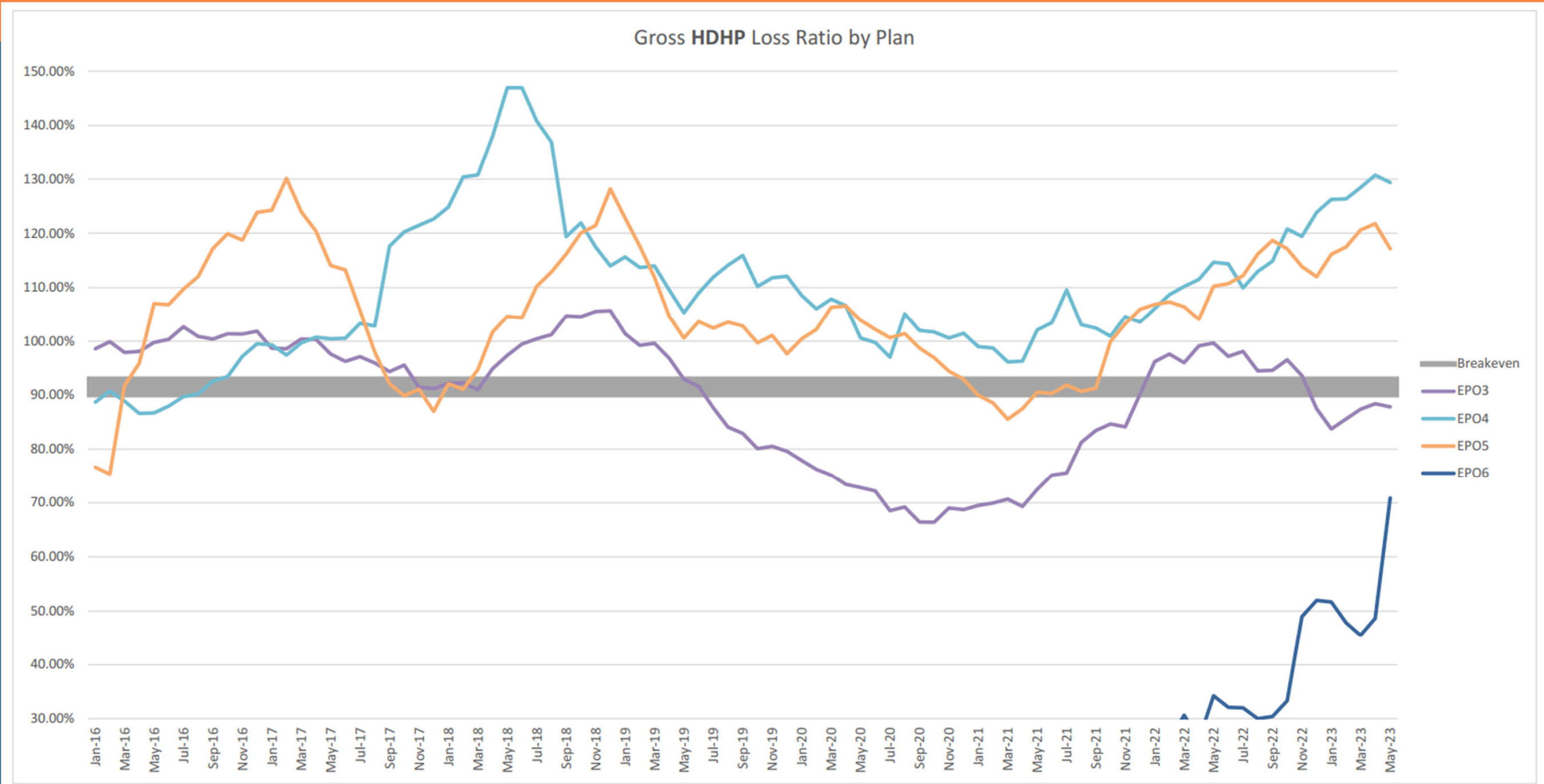
Gross EPO Loss Ratio by Plan



IV. Financial Reports

B. Utilization Review

Gross HDHP Loss Ratio by Plan



IV. Financial Reports

B. Utilization Review

Total Trust Utilization Report – June 2022 – May 2023



MONTH	MEDICAL ENROLLMENT	CONTRIBUTIONS	PAID CLAIMS	RX CLAIMS	TOTAL PAID CLAIMS	LOSS RATIO	12 MONTH ROLLING LOSS RATIO
June 2022	20,049	\$ 20,773,860	\$ 16,087,009	\$ 4,173,654	\$ 20,260,662	97.5%	93.4%
July 2022	20,557	\$ 21,383,664	\$ 13,835,184	\$ 3,549,604	\$ 17,384,788	81.3%	92.0%
August 2022	20,243	\$ 21,119,761	\$ 18,275,987	\$ 4,203,852	\$ 22,479,839	106.4%	92.0%
September 2022	20,429	\$ 21,236,743	\$ 14,000,849	\$ 3,860,888	\$ 17,861,737	84.1%	92.1%
October 2022	20,786	\$ 21,545,891	\$ 17,096,088	\$ 3,905,820	\$ 21,001,908	97.5%	92.6%
November 2022	20,757	\$ 21,505,930	\$ 13,329,154	\$ 3,941,021	\$ 17,270,176	80.3%	91.4%
December 2022	20,870	\$ 21,650,414	\$ 14,945,155	\$ 4,091,584	\$ 19,036,739	87.9%	91.4%
January 2023	20,936	\$ 22,490,599	\$ 19,579,893	\$ 4,229,662	\$ 23,809,555	105.9%	92.3%
February 2023	20,975	\$ 22,535,054	\$ 16,328,935	\$ 3,856,333	\$ 20,185,268	89.6%	92.8%
March 2023	21,088	\$ 22,565,944	\$ 16,462,904	\$ 4,610,982	\$ 21,073,886	93.4%	93.1%
April 2023	21,165	\$ 22,606,851	\$ 17,467,858	\$ 3,944,964	\$ 21,412,822	94.7%	93.8%
May 2023	21,114	\$ 22,607,750	\$ 20,208,122	\$ 4,994,943	\$ 25,203,066	111.5%	94.3%
Grand Total		\$ 262,022,462	\$ 197,617,138	\$ 49,363,307	\$ 246,980,446	94.3%	
Total Claims > \$750k					(\$- 1,952,941)		
Net Total					\$ 245,027,505	93.5%	

IV. Financial Reports

B. Utilization Review

Total Trust Utilization Report – June 2022 – May 2023



COVERAGE	AVERAGE ENROLLMENT	CONTRIBUTIONS	PAID CLAIMS	RX CLAIMS	TOTAL PAID CLAIMS	LOSS RATIO	TOTAL CLAIMS > \$750K	NET LOSS RATIO
Medical								
CEBT Select 4	1,466	\$ 14,558,933	\$ 7,575,233	\$ 3,597,765	\$ 11,172,998	76.7%	\$ 0	76.7%
PPO2	272	\$ 5,068,079	\$ 3,046,933	\$ 538,845	\$ 3,585,778	70.8%	\$ 0	70.8%
PPO3	1,402	\$ 21,557,859	\$ 16,386,125	\$ 4,289,605	\$ 20,675,730	95.9%	\$ 0	95.9%
PPO4	4,176	\$ 61,658,249	\$ 53,008,802	\$ 14,952,247	\$ 67,961,049	110.2%	(\$- 1,795,171)	107.3%
PPO5	2,650	\$ 35,189,602	\$ 27,415,780	\$ 7,672,687	\$ 35,088,467	99.7%	(\$- 63,845)	99.5%
PPO6	2,852	\$ 33,949,150	\$ 27,168,818	\$ 6,680,029	\$ 33,848,847	99.7%	\$ 0	99.7%
PPO7	1,595	\$ 16,464,820	\$ 11,037,972	\$ 2,401,601	\$ 13,439,573	81.6%	\$ 0	81.6%
PPO8	395	\$ 4,346,250	\$ 2,949,098	\$ 598,505	\$ 3,547,602	81.6%	\$ 0	81.6%
Total PPO	14,809	\$ 192,792,942	\$ 148,588,761	\$ 40,731,284	\$ 189,320,045	98.2%	(\$- 1,859,017)	97.2%
EPO3	635	\$ 9,648,095	\$ 6,985,959	\$ 1,521,147	\$ 8,507,106	88.2%	\$ 0	88.2%
EPO4	797	\$ 11,030,301	\$ 11,519,318	\$ 2,755,563	\$ 14,274,881	129.4%	(\$- 93,924)	128.6%
EPO5	687	\$ 7,546,536	\$ 6,422,164	\$ 2,417,395	\$ 8,839,559	117.1%	\$ 0	117.1%
EPO6	28	\$ 282,110	\$ 189,050	\$ 10,868	\$ 199,918	70.9%	\$ 0	70.9%
Total EPO	2,147	\$ 28,507,042	\$ 25,116,491	\$ 6,704,973	\$ 31,821,464	111.6%	(\$- 93,924)	111.3%

IV. Financial Reports

B. Utilization Review

Total Trust Utilization Report – June 2022 – May 2023



COVERAGE	AVERAGE ENROLLMENT	CONTRIBUTIONS	PAID CLAIMS	RX CLAIMS	TOTAL PAID CLAIMS	LOSS RATIO	TOTAL CLAIMS > \$750K	NET LOSS RATIO
Medical								
HD2800	226	\$ 2,814,906	\$ 1,812,873	\$ 598,752	\$ 2,411,625	85.7%	\$ 0	85.7%
HD3500	225	\$ 2,655,528	\$ 1,385,742	\$ 57,012	\$ 1,442,755	54.3%	\$ 0	54.3%
HDHP2	212	\$ 2,779,012	\$ 2,302,319	\$ 514,460	\$ 2,816,780	101.4%	\$ 0	101.4%
HDHP3	330	\$ 4,046,030	\$ 1,286,802	\$ 495,100	\$ 1,781,901	44.0%	\$ 0	44.0%
HDHP4	67	\$ 458,521	\$ 230,824	\$ 3,850	\$ 234,673	51.2%	\$ 0	51.2%
HDHP5	247	\$ 2,329,036	\$ 2,515,334	\$ 257,876	\$ 2,773,210	119.1%	\$ 0	119.1%
Total HD	1,306	\$ 15,083,033	\$ 9,533,894	\$ 1,927,050	\$ 11,460,944	76.0%	\$ 0	76.0%
HRP	2,486	\$ 8,133,950	\$ 19,497	\$ 0	\$ 19,497	0.2%	\$ 0	0.2%
Total Medical	20,747	\$ 244,516,967	\$ 183,258,642	\$ 49,363,307	\$ 232,621,949	95.1%	\$ 0	94.3%

IV. Financial Reports

B. Utilization Review

Total Trust Utilization Report – June 2022 – May 2023



COVERAGE	AVERAGE ENROLLMENT	CONTRIBUTIONS	TOTAL PAID CLAIMS	LOSS RATIO
Dental				
Dental A	11,991	\$ 9,963,153	\$ 8,220,680	82.5%
Dental B	5,574	\$ 4,010,123	\$ 3,521,978	87.8%
Dental C	1,574	\$ 1,062,599	\$ 887,236	83.5%
Total Dental	19,139	\$ 15,035,875	\$ 12,629,894	84.0%

COVERAGE	AVERAGE ENROLLMENT	CONTRIBUTIONS	TOTAL PAID CLAIMS	LOSS RATIO
Vision				
Vision A	3,076	\$ 318,456	\$ 232,695	73.1%
Vision B	9,294	\$ 1,278,238	\$ 915,459	71.6%
Vision C	4,788	\$ 872,926	\$ 580,449	66.5%
Total Vision	17,158	\$ 2,469,620	\$ 1,728,603	70.0%

COVERAGE	AVERAGE ENROLLMENT	CONTRIBUTIONS	TOTAL PAID CLAIMS	LOSS RATIO
Life				
EE Supp Life	1,269	\$ 367,749		
Life A	24,437	\$ 1,811,804		

IV. Financial Reports

B. Utilization Review

Total Trust Kaiser Report – April 2022 – March 2023



MONTH	MEDICAL ENROLLMENT	CONTRIBUTIONS	PAID CLAIMS	RX CLAIMS	TOTAL PAID CLAIMS	LOSS RATIO	12 MONTH ROLLING LOSS RATIO
April 2022	1,596	\$ 1,434,150	\$ 851,186	\$ 84,319	\$ 935,506	65.2%	75.9%
May 2022	1,585	\$ 1,420,453	\$ 1,129,081	\$ 139,455	\$ 1,268,537	89.3%	78.2%
June 2022	1,597	\$ 1,438,434	\$ 1,126,209	\$ 99,839	\$ 1,226,047	85.2%	79.2%
July 2022	1,419	\$ 1,305,657	\$ 1,207,304	\$ 114,758	\$ 1,322,062	101.3%	80.8%
August 2022	1,393	\$ 1,303,909	\$ 1,135,917	\$ 135,627	\$ 1,271,544	97.5%	82.1%
September 2022	1,446	\$ 1,332,753	\$ 791,177	\$ 122,078	\$ 913,255	68.5%	80.1%
October 2022	1,438	\$ 1,329,001	\$ 835,536	\$ 115,709	\$ 951,246	71.6%	76.7%
November 2022	1,436	\$ 1,323,805	\$ 915,648	\$ 148,960	\$ 1,064,608	80.4%	78.0%
December 2022	1,421	\$ 1,317,343	\$ 783,891	\$ 110,046	\$ 893,937	67.9%	76.4%
January 2023	1,619	\$ 1,542,160	\$ 1,042,445	\$ 97,676	\$ 1,140,121	73.9%	76.7%
February 2023	1,615	\$ 1,537,467	\$ 856,976	\$ 102,884	\$ 959,860	62.4%	76.4%
March 2023	1,619	\$ 1,540,017	\$ 844,442	\$ 131,827	\$ 976,268	63.4%	76.8%
Grand Total		\$ 16,825,149	\$ 11,519,812	\$ 1,403,178	\$ 12,922,990	76.8%	
Total Claims > \$750k					\$ 0		
Net Total					\$ 12,922,990	76.8%	

IV. Financial Reports

B. Utilization Review

Total Trust Kaiser Report – April 2022 – March 2023



COVERAGE	AVERAGE ENROLLMENT	CONTRIBUTIONS	PAID CLAIMS	RX CLAIMS	TOTAL PAID CLAIMS	LOSS RATIO	TOTAL CLAIMS > \$750K	NET LOSS RATIO
Kaiser								
KP-DHMO 0750	60	\$ 770,347	\$ 510,471	\$ 17,446	\$ 527,916	68.5%	\$ 0	68.5%
KP-DHMO 1000	66	\$ 862,229	\$ 376,688	\$ 54,017	\$ 430,705	50.0%	\$ 0	50.0%
KP-DHMO 1500	322	\$ 3,673,413	\$ 1,937,361	\$ 212,444	\$ 2,149,804	58.5%	\$ 0	58.5%
KP-DHMO 2500	24	\$ 242,952	\$ 136,249	\$ 5,565	\$ 141,814	58.4%	\$ 0	58.4%
KP-HDHP 1500	25	\$ 260,676	\$ 67,274	\$ 8,546	\$ 75,820	29.1%	\$ 0	29.1%
KP-HDHP 2500	73	\$ 824,580	\$ 798,190	\$ 39,787	\$ 837,977	101.6%	\$ 0	101.6%
KP-HMO 40	304	\$ 3,628,640	\$ 2,508,179	\$ 659,900	\$ 3,168,078	87.3%	\$ 0	87.3%
KP-HMO 45	635	\$ 6,475,752	\$ 5,166,862	\$ 404,844	\$ 5,571,706	86.0%	\$ 0	86.0%
KP-HMO 50	6	\$ 86,560	\$ 18,539	\$ 630	\$ 19,169	22.1%	\$ 0	22.1%
Total Kaiser	1,515	\$ 16,825,149	\$ 11,519,812	\$ 1,403,178	\$ 12,922,990	76.8%	\$ 0	76.8%

IV. Financial Reports

B. Utilization Review

Enrollment Report – May 2023



COVERAGE	# OF PLANS	EE ENROLLMENT	CONTRIBUTIONS
Self-Funded Medical – May 2023			
PPO2	93	269	\$433,506
PPO3	183	1,418	\$1,813,941
PPO4	88	4,271	\$5,386,914
PPO5	87	2,573	\$2,911,981
PPO6	48	2,916	\$2,924,147
PPO7	27	1,628	\$1,430,760
PPO8	5	404	\$370,673
CEBT Select 4	97	1,675	\$1,415,971
Total PPO	628	15,154	\$16,687,893
EPO3	53	575	\$749,675
EPO4	55	812	\$964,137
EPO5	29	696	\$639,644
EPO6	4	30	\$27,768
Total EPO	141	2,113	\$2,381,224
HDHP2	14	265	\$298,041
HD2800	23	65	\$58,200
HDHP3	26	511	\$543,519
HD3500	10	249	\$250,116
HDHP4	2	70	\$40,541
HDHP5	14	247	\$195,617
Total HD	89	1,407	\$1,386,034
HRP	174	2,440	\$669,900
Total Self-Funded	1,032	21,114	\$21,125,051

Kaiser Medical – March 2023			
KP-DHMO 0750	2	119	\$128,322
KP-DHMO 1000	4	68	\$78,294
KP-DHMO 1500	8	310	\$303,504
KP-DHMO 2500	1	23	\$18,221
KP-HDHP 1500	1	98	\$84,916
KP-HDHP 2500	6	71	\$70,689
KP-HMO 40	24	299	\$310,449
KP-HMO 45	23	624	\$536,696
KP-HMO 50	5	7	\$8,926
Total Kaiser	74	1,619	\$1,540,017
Total Medical	1,106	22,733	\$22,665,068
Dental – May 2023			
Dental A	231	12,569	\$855,024
Dental B	116	5,666	\$329,036
Dental C	50	1,576	\$87,049
Total Dental	397	19,811	\$1,271,109
Vision – May 2023			
Vision A	82	2,832	\$23,477
Vision B	174	9,348	\$105,813
Vision C	136	5,503	\$82,300
Total Vision	392	17,683	\$211,590
Life – May 2023			
Life A	432	25,273	\$161,609
EE Supp Life	98	1,474	\$35,294

IV. Financial Reports

B. Utilization Review

Life Insurance Summary – July 2008 – May 2023



Plan Year	Avg. Count	Avg. Volume	CEBT Life Premium			YTD Difference		Effective Rate
			Billed	Life Min Prem Paid	Claims Paid	Total Paid	(Total billed - Total Paid)	
2008-2009	17,041	548,410,333	921,329.36	(226,012.40)	(415,000.00)	(641,012.40)	280,316.96	\$ 0.0974
2009-2010	17,843	577,265,712	969,806.40	(242,451.60)	(812,227.52)	(1,054,679.12)	(84,872.72)	\$ 0.1523
2010-2011	16,461	541,542,875	942,284.60	(227,448.01)	(517,546.04)	(744,994.05)	197,290.56	\$ 0.1146
2011-2012	15,854	526,726,675	916,504.41	(221,225.20)	(485,975.00)	(707,200.20)	209,304.21	\$ 0.1119
2012-2013	15,542	522,654,350	909,418.57	(219,514.83)	(473,375.00)	(692,889.83)	216,528.74	\$ 0.1105
2013-2014	16,369	562,824,200	776,697.40	(236,386.16)	(646,950.00)	(883,336.16)	(106,638.77)	\$ 0.1308
2014-2015	17,274	606,297,159	836,690.08	(254,644.81)	(614,150.00)	(868,794.81)	(32,104.73)	\$ 0.1194
2015-2016	17,823	641,817,853	885,708.64	(269,563.50)	(1,045,800.00)	(1,315,363.50)	(429,654.86)	\$ 0.1708
2016-2017	18,408	688,880,408	950,654.96	(247,996.95)	(825,349.29)	(1,073,346.24)	(122,691.27)	\$ 0.1298
2017-2018	18,793	720,740,750	994,622.24	(259,466.67)	(747,890.71)	(1,007,357.38)	(12,735.15)	\$ 0.1165
2018-2019	19,509	778,965,083	1,074,971.82	(280,427.43)	(446,750.00)	(727,177.43)	347,794.39	\$ 0.0778
2019-2020	21,060	858,327,917	1,184,492.53	(308,998.05)	(642,750.00)	(951,748.05)	232,744.48	\$ 0.0924
2020-2021	21,944	914,088,667	1,261,442.36	(329,071.92)	(913,000.00)	(1,242,071.92)	19,370.44	\$ 0.1132
2021-2022	22,771	975,544,583	1,346,251.53	(351,196.05)	(601,000.00)	(952,196.05)	394,055.48	\$ 0.0813
2022-2023	24,527	1,081,246,727	1,367,777.11	(356,811.42)	(791,750.00)	(1,148,561.42)	219,215.69	\$ 0.0966
Grand Total			13,970,874.88	(3,674,403.57)	(9,187,763.56)	(12,862,167.13)	1,108,707.75	\$ 0.1133

V. Reports & Discussion

A. Marketing, Sales & Retention Update – Terry Rook



New Business

Account Name	Effective Date	Group Type	Member Count	Est. Annual Premium
Town of Ordway	1/1/2023	Small	6	\$41,570
South Park - Parks & Recreation District	1/1/2023	SDA	2	\$42,172
Clifton Fire Protection District	1/1/2023	SDA	20	\$261,666
Platte Valley Fire Protection District	1/1/2023	SDA	22	\$385,183
De Beque Fire Protection District	1/1/2023	SDA	11	\$200,990
Columbine Knolls Recreation District	1/1/2023	SDA	1	\$23,855
Summit Fire & EMS Fire Protection District	1/1/2023	Large	99	\$1,664,510
City of Wheat Ridge	1/1/2023	Large	250	\$2,823,712
Nederland Fire Protection District	1/1/2023	SDA	5	\$58,226
Eagle County Conservation District	1/1/2023	SDA	1	\$8,914
Town of Norwood	1/1/2023	Small	5	\$56,969
Gilpin County	1/1/2023	Large	94	\$2,427,577
Hygiene Fire Protection District	3/1/2023	SDA	1	\$9,670
Spring Canyon Water and Sanitation District	5/1/2023	SDA	4	\$57,304
Elizabeth School District	7/1/2023	Large	150	\$1,933,264
Northeast Colorado BOCES	7/1/2023	Large	35	\$328,046
Peetz Plateau School District RE 5	7/1/2023	Large	34	\$209,243
Julesburg School District	7/1/2023	Large	20	\$252,879
Town of Paonia	7/1/2023	Small	18	\$194,412
La Veta School District Re-2	7/1/2023	Small	36	\$442,998
Campo School District RE-6	7/1/2023	Small	10	\$90,844
Delta County School District	7/1/2023	Large	556	\$5,905,471
Technical College of the Rockies	7/1/2023	Large	27	\$247,531
Vision Charter Academy	7/1/2023	Large	31	\$337,802
Total			1438	\$18,004,810

V. Reports & Discussion

A. Marketing, Sales & Retention Update



Lost Business

Account Name	Term. Date	Group Type	Member Count	Est. Annual Premium
Hudson Fire Protection District	12/31/2022	SDA	27	\$244,994
Montrose Recreation District	12/31/2022	SDA	26	\$276,012
Telluride Fire Protection District	12/31/2022	SDA	25	\$328,889
Roaring Fork School District Re-1	6/30/2023	Large	717	\$8,568,274
South Central Boces	6/30/2023	Small	27	\$236,960
Total			822	\$9,655,130

V. Reports & Discussion

B. Projects & Service Review - Ben Puetz



Project / Service Performed	Terms	Next Renewal / Project Cycle
Stop Loss Renewal (WTW)	Annual	7/1/2024
CVS Contract Renewal (Performed by WTW)	3 year (7/1/2023)	7/1/2026
CVS Contract Review (Performed by WTW)	Non-Renewal Years	7/1/2024
CVS Claims Audit (Performed by WTW)	3 year (7/1/2021)	7/1/2024
Marathon On-Site Audit (Performed by WTW)	3-5 year (7/1/2020)	TBD
Marathon Contract Review (Performed by WTW)	Annual	2/7/2024
Health Center Property Lease Review	Varies by location	Varies by location
UMR Contract Review	3 year (7/1/2022)	7/1/2025
UMR Performance Review	Ongoing	Ongoing
UMR Claim Audit (WTW)	3-5 year (7/1/2018)	7/1/2023
Kaiser Contract Review	Annual	7/1/2024
Kaiser Risk Share Agreement	Annual	7/1/2024
Delta Dental Renewal	2 year (7/1/2022)	7/1/2024
VSP Renewal	3 year (7/1/2021)	7/1/2024
SurgeryPlus Renewal	3 year (7/1/2022)	7/1/2025

V. Reports & Discussion

B. Projects & Service Review



Project / Service Performed	Terms	Next Renewal / Project Cycle
Alerus-Cobra/flex Renewal	Annual (Evergreen)	4/1/2024
Standard Renewal	3 year (7/1/2021)	7/1/2024
Triad EAP Renewal	3 year (7/1/2020)	7/1/2023
Willis Towers Watson Renewal	3 year (7/1/2020-Evergreen)	7/1/2023
Actuarial Review	Biannual	1/1/2024
IBNR Calculations	Quarterly	Q3 2023
Plan Rate Relativity Review	Biannual	1/1/2024
Pricing / Reserve Review	Biannual	1/1/2024
Compliance Audit	Annual	7/1/2024
Spencer Fane	No Renewal	Hourly rate
Omada	3 year (7/1/2022)	7/1/2025
Capitol Focus	Annual (Evergreen)	7/1/2024
Liability Insurance Policies (Cyber, Fiduciary, Crime, D&O)	Annual	5/15/2024
Health Center Flood Insurance	Annual	6/21/2024
Salesforce	2 year	11/1/2024
OwnBackup	2 year	6/1/2025
Imprivata (fka FairWarning)	1-3 year	8/1/2024

V. Reports & Discussion

C. Health Plan Management Strategy – Program Dashboard

Self-Funded Health Plan Services (18,600 EEs, 33,100 members; 92% of total medical membership)

Spectrum of Health Care Needs



Solutions that Span the Spectrum	2022		2023		2022		2023		2022		2023	
	Well	At Risk	Acute Episodes	Chronic Conditions	High	Well	At Risk	Acute Episodes	Chronic Conditions	High	Well	At Risk
Broad medical network – UMR	5 / 5	5 / 5	Telemedicine – Teledoc	4 / 4	4 / 4	Price and Quality Transparency	5 / 4	5 / 4				
24 Hour Nurse Line – UMR	3 / 3	3 / 3	Health & Wellness Centers – Marathon	4 / 3	4 / 3	Care advocacy	N/A	N/A				
CEBT EAP – Triad	5 / 4	5 / 4	Rx Cost Management – CVS	4 / 4	4 / 4							
2nd Opinion Service	N/A	N/A										
Segmented Solutions												
Wellbeing – CEBT wellness subsidy	3 / 1	3 / 1	Chronic Condition Management			Case Management – UMR	3 / 4	3 / 4				
Preventive Care – UHC/Marathon	5 / 3	5 / 3	Cancer - UMR	5 / TBD	5 / TBD	Transplant COE – UMR	4 / 4	4 / 4				
			Musculoskeletal - Omada	4 / 3	4 / 3	Specialty Rx – CVS	4 / 4	4 / 4				
			Diabetes - Omada	4 / 3	4 / 3							
			Hypertension - Omada	4 / 3	4 / 3							
			Behavioral Health	N/A	N/A							
			Surgical COE – SurgeryPlus	5 / 3	5 / 3							
			Maternity Management – UMR	3 / 2	3 / 2							
			Fertility and family formation	N/A	N/A							



Scoring
Effectiveness / Engagement
(5 is high, 1 is low)

V. Reports & Discussion

C. Health Plan Management Strategy – Roadmap

Self-Funded Health Plan Services (18,600 EEs, 33,100 members; 92% of total medical membership)

	2022	2023	2024	2025
Plan Design / Provider Networks	<ul style="list-style-type: none"> ▪Further investigation into steering members to high quality care for the most efficient outcomes ▪Implement plan design changes determined for 7/1/2022 ▪Monitor CEBT Select 4 plan performance ▪Continue to assess viability of adding an Alliance plan (e.g., TCPA, VHA) 	<ul style="list-style-type: none"> ▪Further investigation into steering members to high quality care for the most efficient outcomes ▪Monitor PPO Select plan performance ▪Implement EPO Select ▪Consider adjustments to PPOs, implement changes to PPO and HDHP ▪Review Data Insight for OON claims ▪Continue to assess viability of adding an Alliance plan (e.g., TCPA, VHA) 	<ul style="list-style-type: none"> ▪Further investigation into steering members to high quality care for the most efficient outcomes ▪Continue monitoring performance of Select network plans ▪ Consider Surest plan with variable copays based on provider value 	<ul style="list-style-type: none"> ▪Further investigation into steering members to high quality care for the most efficient outcomes ▪Continue monitoring performance of Select network plans
Member Experience / Communications	<ul style="list-style-type: none"> ▪Assess mobile app and consider upgrades ▪Implement benefit advocate solution 	<ul style="list-style-type: none"> ▪ Monitor engagement of new mobile app ▪ Assess awareness and utilization of Member Benefit Advocate ▪ Review Communication Plan effectiveness 	<ul style="list-style-type: none"> ▪ Assess mobile app performance and engagement ▪ Review Communication Plan effectiveness ▪ Consider changes to benefit advocate solution to maximize engagement 	<ul style="list-style-type: none"> ▪ Review communication plan effectiveness
Health Management & Wellbeing	<ul style="list-style-type: none"> ▪Implement Omada’s chronic condition management solutions ▪Consider revising wellness subsidy program ▪Ongoing monitoring of vendor performance 	<ul style="list-style-type: none"> ▪Monitor Omada’s chronic condition management solution, utilization of UMR’s Cancer Resource Services ▪Identify solution to enhance mental health benefits 	<ul style="list-style-type: none"> ▪Monitor new mental health solution ▪Consider revising wellness subsidy program 	<ul style="list-style-type: none"> ▪Continue to monitor new mental health solution
Financial Management	<ul style="list-style-type: none"> ▪Consider PSR and IBNR adjustments 	<ul style="list-style-type: none"> ▪Monitor lowered participation requirement and phase out of HRP ▪Assess impact of rate decreases 	<ul style="list-style-type: none"> ▪Review of industry trend ▪Continue to assess impact of rate decreases ▪Continue to monitor impact of lowered participation requirement and phase out of HRP 	<ul style="list-style-type: none"> ▪Continue to assess impact of rate decreases ▪Continue to monitor impact of lowered participation requirement and phase out of HRP
Vendor Management	<ul style="list-style-type: none"> ▪ Renew PBM contract for 7/1/23 	<ul style="list-style-type: none"> ▪ Vendor summit (integration opportunities) • Review vendor performance 	<ul style="list-style-type: none"> ▪ Assess new vendor integrations ▪ Rx claims audit? ▪ Audit Medical plan claims? ▪ Review vendor performance 	<ul style="list-style-type: none"> ▪ Assess new vendor integrations ▪ Review vendor performance

V. Reports & Discussion



- D. NQTL Update (non-quantitative treatment limitations) – Jim Hermann, Amy Doyle
- E. Strategic Plan Historical Updates – Bobby Otte

V. Reports & Discussion

D. Eligibility Change for Alternative Licensure Teachers – Jim Hermann



Employee

You when you are: regularly employed by the employer; paid a salary or earnings by the employer; and actively at work. For purposes of this plan, employee does not include independent contractors or leased employees.

EMPLOYEE COVERAGE

Employee Eligibility

You are eligible for coverage under the plan if the following conditions are met:

- 1. Your employer has elected to be a member of CEBC;*
- 2. You are an employee who meets the eligibility requirements of your employer; and*
- 3. You satisfy the eligibility period as determined by your employer (not to exceed a maximum of 90 consecutive days of full-time employment); or*
- 4. You are an elected or appointed official of your employer.*

You are eligible to be covered on the completion date of your employer's chosen eligibility period. This is your eligibility date.

VI. Operational Issues



A. Annual Review of Medical Plan Lineup – Anthony Briseño *Regarding Policy: When to Consider Eliminating a Plan Offering*

- A. On July 17, 2018, the Board of Trustees established a policy of reviewing enrollment by medical plan, and review the viability of those with less than 3% of CEBT's total medical enrollment
- B. There is only one plan, PPO2, that is mature and whose enrollment has decreased to less than 3% of the total medical enrollment
 - i. Enrollment in PPO2 has now grown three years in a row
 - ii. Offered by 49 employers as of June 2023, up 3 from the prior year
 - iii. With the loss ratio down to 70.8%, PPO2 continues to run well. There no longer seems to be anti-selection in the PPO2 plan

CEBT Enrollment History by Plan

		As of June 30										2023 % of Total Medical
		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
PPO	2	1,001	635	536	470	313	267	242	247	273	274	1.2%



- WTW continues to monitor the list of plans to determine any gaps or opportunities
- Number of medical plans
 - May seem like a lot of medical plans but it is less than major competitors
 - CEBC needs to have a wide variety of plans to meet member group needs and be competitive
 - Adding plans used to diminish administrative effectiveness and efficiency but technology fixed that
 - WTW will be recommending two new plans (HD2500 and EPO Select) and adjusting several current plans to improve variety and marketability later in the meeting during the Action Items.

VI. Operational Issues

B. Long-Term IT Plan – Kim Rigsbee



▪ Year 2022-2023

- Improve/Automate Invoice Process
- Research and Plan for Accounting Integration
- Mobile App Upgrade

VI. Operational Issues

B. Long-Term IT Plan



▪ Year 2023-2024

- Online Invoice Payment Option
- Client Dashboard
- Online Renewal Option
- Ticketing Process



▪ Year 2024-2025

- Work to Add Decision Making Tool for Online Enrollment using Artificial Intelligence (AI)
- ACA Electronic Forms
- Forecast and Track Sales Pipeline

VI. Operational Issues

B. Long-Term IT Plan



▪ Year 2025-2026

- Online Enrollment System to Include Other Benefits
- Begin to Integrate with Employer's Payroll Systems



▪ 2022-2023 IT Spending

- Enghard Consulting – project for MPA and Group Admins to automate the invoice creation (\$6,000)
- Upgraded CEBC Mobile App (\$10,500)
- CEBC Sharepoint Integration (\$3,000)
- TalkDesk Support Hours (\$2,096)
- Community Enhancement Project (\$5,400)

Annual Allotted Budget = \$50,000

Spent = \$26,996

VI. Operational Issues

C. WTW Update - Ben Puetz



- Succession planning has yielded better than expected results:
 - Year-over-year consistent net growth
 - Staffing Ratio Growth > Group/Membership Growth
- Operational / Technology / Vendor improvements
- Key staff retention and workload redistribution is going well
- Group retention remains on or above the CEBT average and well above industry standards

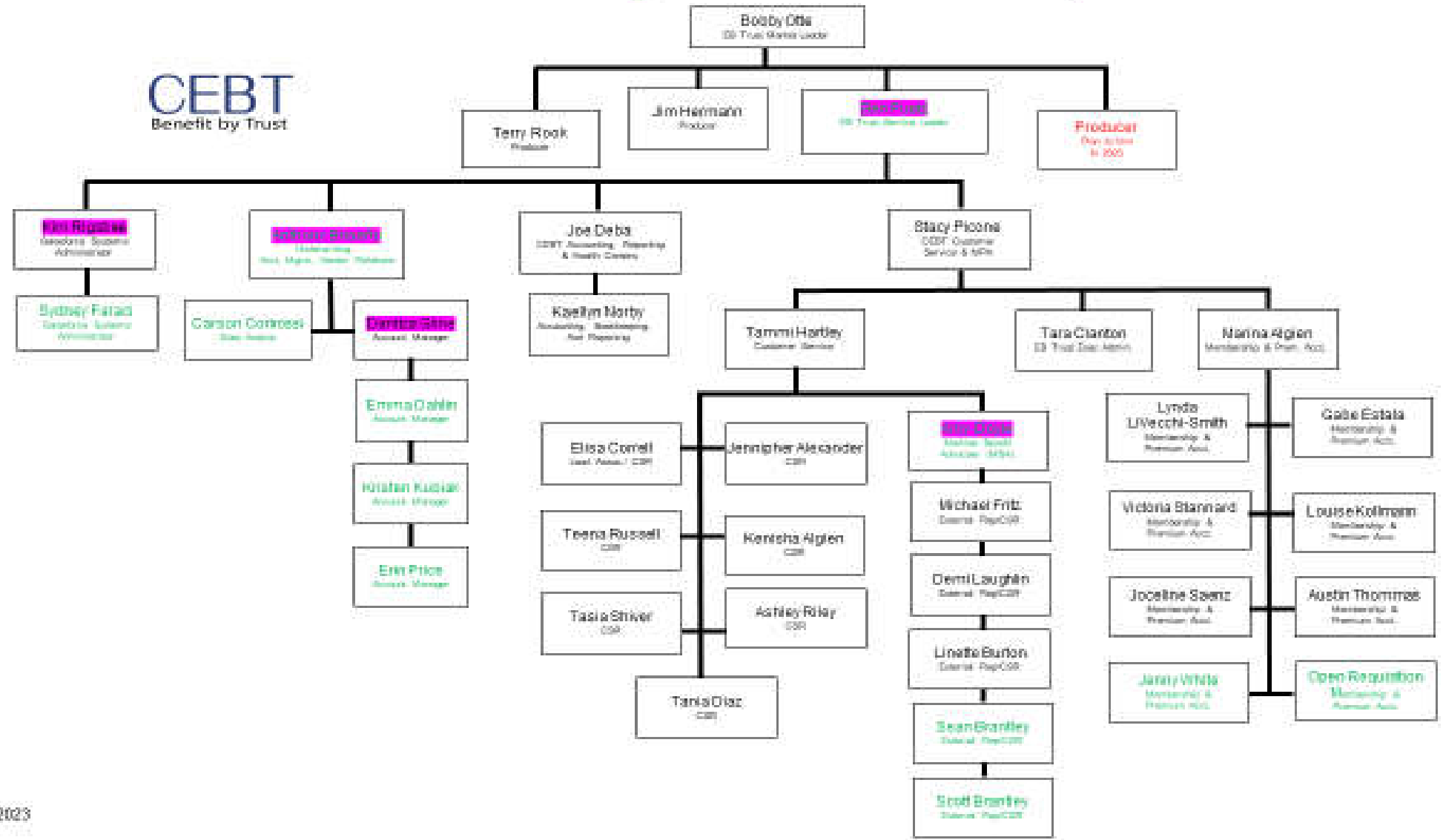
	Summer 2018			Summer 2023			% Growth (2018 vs 2023)
Group Count	338			428			21%
Enrollee Count	17,236			22,741			24%
	Per Group	Per Enrollee	Staff Count	Per Group	Per Enrollee	Staff Count	
Total Staff	12.5	638.4	27	11.0	583.1	39	31%
Service, Marketing, Consulting and Brokerage Staff	84.5	4309.0	4	71.3	3790.2	6	33%
Admin, IT, Accounting, Data Analysis/Health Centers	52.0	2651.7	6.5	42.8	2274.1	10	35%
Membership, Eligibility, and Premium Accounting	52.0	2651.7	6.5	47.6	2526.8	9	28%
External Servicing Personnel	33.8	1723.6	10	30.6	1624.4	14	29%
Total Staff			27			39	31%

VI. Operational Issues

C. WTW Update



CEBT Organizational Chart - July 2023





- Where we are focused:
 - Enhancing the member experience
 - Staying sales focused (new hire 2024)
 - Career path for staff growth and retention
 - Ready and able to support product offering enhancements
 - Sticking to our brand and what made us successful



VI. Operational Issues

D. Future Board Meetings – Ed VanderTook

- Date / Time and Place

	Full Board	Exec / Pre-Meeting
October / November 2023		
January 2024		
April 2024		
July 2024		



CEBT

VII. Action Items

A. Mental Health Benefits Enhancement

Presented by Dani Gline, Erin Young and Joe Deba

July 2023



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Disclaimer

WTW shares available medical and pharmacy research and the views of our health management practitioners in our capacity as a benefits consultant. We do not practice medicine or provide medical, drug or legal advice, and encourage our clients to consult with both their legal counsel and qualified health advisors as they consider implementing various health improvement and wellness initiatives

When implementing health improvement and wellness initiatives, clients should consider the compliance implications and discuss with their legal counsel and the applicable vendor. If the vendor's services are offered through an existing medical plan, clients should ensure the terms of the program are properly disclosed to participants in plan materials. If a client offers a HSA-qualifying high deductible health plan, then HSA-eligibility issues should also be considered. If the vendor's services are offered outside of the existing medical plan(s), then the services being provided must be evaluated to determine whether the program would on its own be considered a group health plan and therefore be required independently to comply with various applicable laws (e.g., ERISA, HIPAA, COBRA, ACA)

Today's Agenda

Executive Summary

Background

Survey Results

RFP & Recommendation

Appendix



Executive Summary

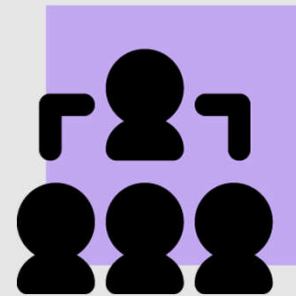
Executive summary

CEBT is interested in solving for specific mental health needs across their membership



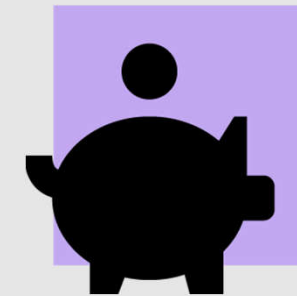
Timely access

Current wait times are long, resulting in delayed care, especially for children



Network

The current mental health provider network is strained and provider quality is difficult to validate



Affordability

Keeping costs manageable for employees and CEBT is a priority

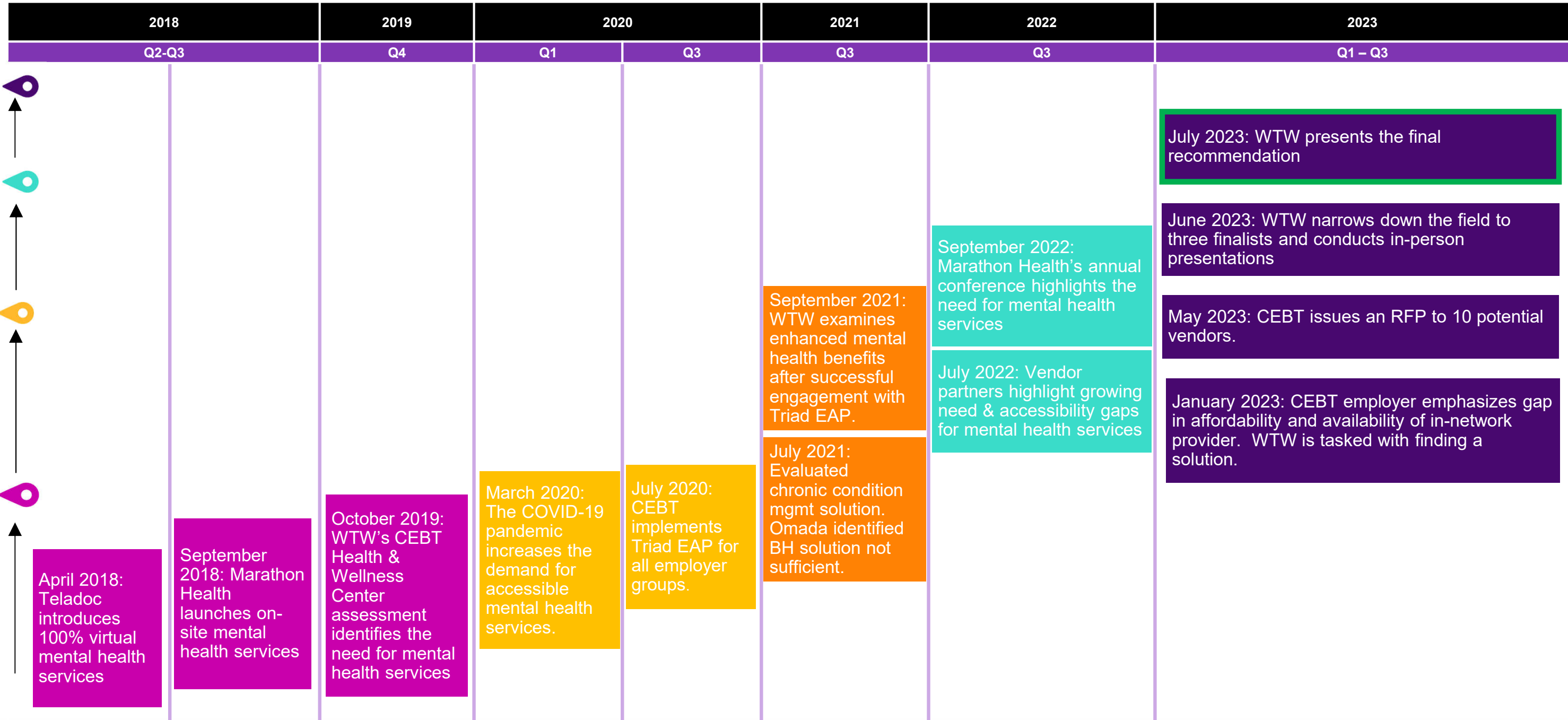
The solution:



Enhance existing CEBT program with personalized mental healthcare that offers choice, rapid access, and high-quality care across the full spectrum of outpatient mental health needs

Background

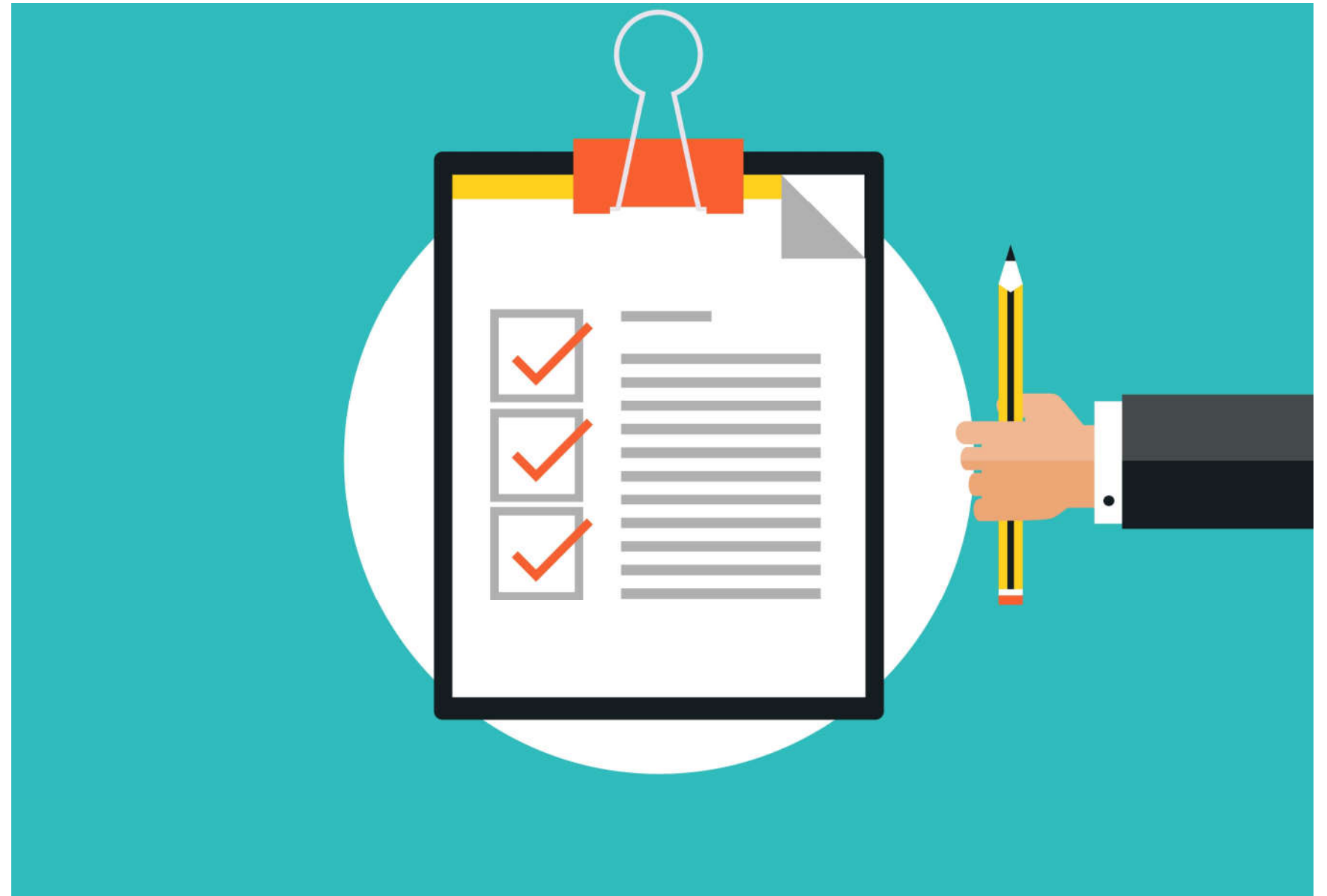
Mental Health Overview



CEBT 2023 Member Survey Results

About the Survey

- Flash Survey sent to CEBT members
- Survey dates: 5/23/23 - 5/26/23
- 10 questions
- 5 minutes to complete
- 454 responses, all anonymous



Survey Highlights

Current Mental Health Benefit Awareness:

- 53% know the services exist but haven't accessed them
- 20% didn't know they had access to mental health benefits
- 34% don't know where to go for care when needed

Challenges in Finding Mental Health Providers:

- 63% had difficulties finding a mental health provider
- Top 3 common challenges for CEBT members:
 - Unable to find a provider, especially one that fits them
 - Finding providers that are not accepting new patients
 - Finding providers that have appointments available months out

Accessing Care:

- 70% haven't accessed care through a CEBT provided option
- 32% expressed a preference against exclusive virtual care services and majority would like access to both in person and virtual services

//

It would be great if there were more sessions in Triad or other providers who had accessibility. I have to pay out of network and use telehealth

//

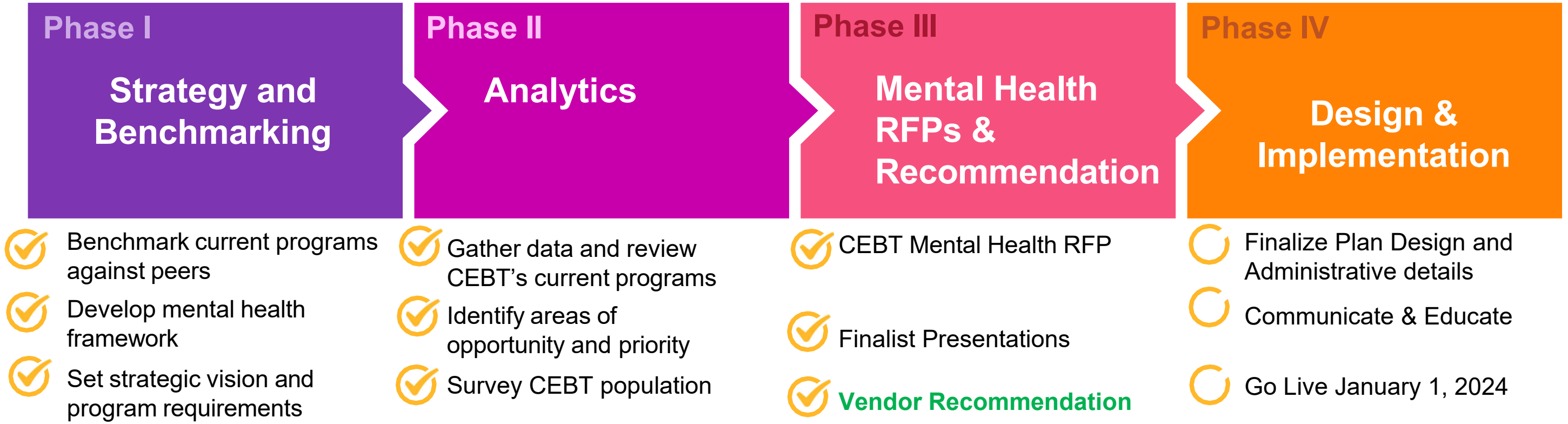
Results: Open ended comments

Please include any additional thoughts or ideas around mental health benefits.

- I think it's great that these services exist but it's also the **bare minimum** and I think overall in our workplaces our leadership needs to make this more of a priority
- Please make it easier to figure out how to **access** a mental health professional
- They are woefully inadequate especially for **children**
- I wish that there was **group therapy**, IE for grief, that someone could participate in
- **Triad EAP has been very easy to work with** and has helped me find available providers for myself and my family when incidents occurred and we needed help quickly.
- It worked well, but mental health doesn't go away and short term is not viable for people who **need ongoing help**
- I ended up going outside my plan because of **issues finding a therapist** I could connect with that was **accepting new patients**
- Mental health services should be **free** without copays or deductibles. I believe that if mental health was provided to all and easy to access. We would have far fewer other health issues.
- **I live in a small community** and finding a provider is really difficult. I reached out to a telehealth provider and that has been wonderful
- Finding mental health care in my area is really hard sometimes having to **drive an hour away** to find the right provider

RFP and Recommendation

Project Timeline



RFP Vendors



Mental health solutions are expected to address multiple gaps

A successful mental health solution addresses multiple organizational needs



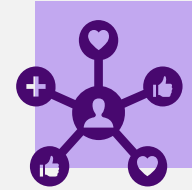
Employee listening



Access to care
across emotional
wellbeing needs



Manager support
and training



Communication
to address stigma
and educate



Peer support and
integration with
other initiatives



VOI/ROI
measurement



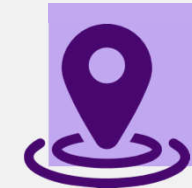
Family and
caregiving support



Leveraging/Supporting
community resources



Mental healthcare
inventory



Navigation support
and resources



Mental health culture
and stigma

Enhancing the access point to alleviate barriers and engage members in a timely manner

What does a “technology and person”-enabled solution look like?

- Multi-modal solution to all enrolled employees and their families
- Care coordinators equipped to provide information across all services, programs and clinical acuity
- Regularly updates client specific benefit information and guidance is integrated within the first touch point
- Simple, quick access following established workflows and processes that are clinically appropriate



High Level Comparison

- Above market expectations
- Meets market expectations
- Below market expectations

	Marathon	UMR	Teladoc	Triad	Meru	Lyra	Spring	Modern
Program Capabilities								
• Dependent Coverage	●	●	●	●	●	●	●	●
• Coaching: Virtual / In Person	●	●	●	●	●	●	●	●
• Therapy: Virtual / In Person	●	●	●	●	●	●	●	●
• Psychiatry: Virtual / In Person	●	●	●	●	●	●	●	●
• Care Navigation	●	●	●	●	●	●	●	●
• Medication Management	●	●	●	●	●	●	●	●
• Integrated Scheduling	●	●	●	●	●	●	●	●
• Time to Care	●	●	●	●	●	●	●	●
• Member Experience	●	●	●	●	●	●	●	●
• Technology & Innovation	●	●	●	●	●	●	●	●
• Group Offerings	●	●	●	●	●	●	●	●
• Health Plan Integration	●	●	●	●	●	●	●	●
• Provider DEI (Diversity, Equity & Inclusion)	●	●	●	●	●	●	●	●
• Training & Education	●	●	●	●	●	●	●	●
Provider Network & Access	●	●	●	●	●	●	●	●
Financials (ASO fees, discounts, credits, variable fees, PGs)	●	●	●	●	●	●	●	●
Communications & Reporting	●	●	●	●	●	●	●	●
Recommended Finalist	●	●	●	●	●	●	●	●

Program Design and Vendor Recommendation

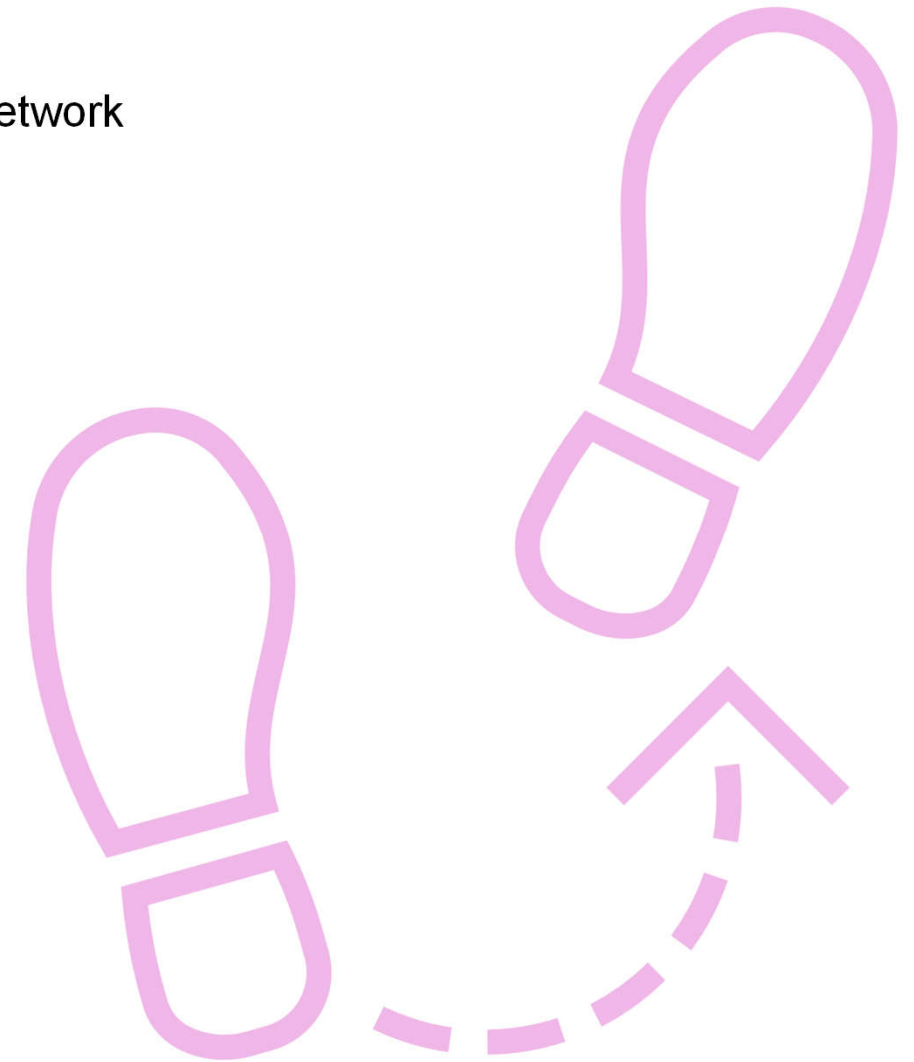


Program Design

- Targeting eight visits funded through CEBT with additional visits available at the in-network benefit level
- In-person and virtual therapy/coaching capabilities
- Digital content for self-guided use and anonymous group support

Vendor Recommendation: **Modern Health**

- Broad network to solve for timely access; average < 1 day for a virtual visit
- Therapy services available to ages 6+
- Willing to coordinate with Triad & ability to integrate with UMR
- Brings client experience with trusts
- Majority of business is supplementing existing mental health services
- Management training and topic specific group support provided through Circles
- Addresses mental health stigma within the workplace
- Three-pronged model: coaching, therapy and medication management
- Strong coaching solution, which drives high utilization (self-report of rate of 25-30%)



Innovation is bridging the gaps between traditional care objectives, providing a more complete behavioral health approach

Current State Vendor Illustration

**Severe Disruption:
Treat Conditions**



Traditional behavioral health network
**KAISER
PERMANENTE®**

**Moderate Disruption:
Prevent Escalation**

Virtual care



Modern Health

**Mild Disruption:
Maintain and Improve**

Employee Assistance
Program



**Healthy:
Enhance and Promote**

Emotional wellbeing/
Resilience

Self-administered, digital

Coach and/or therapist
virtual

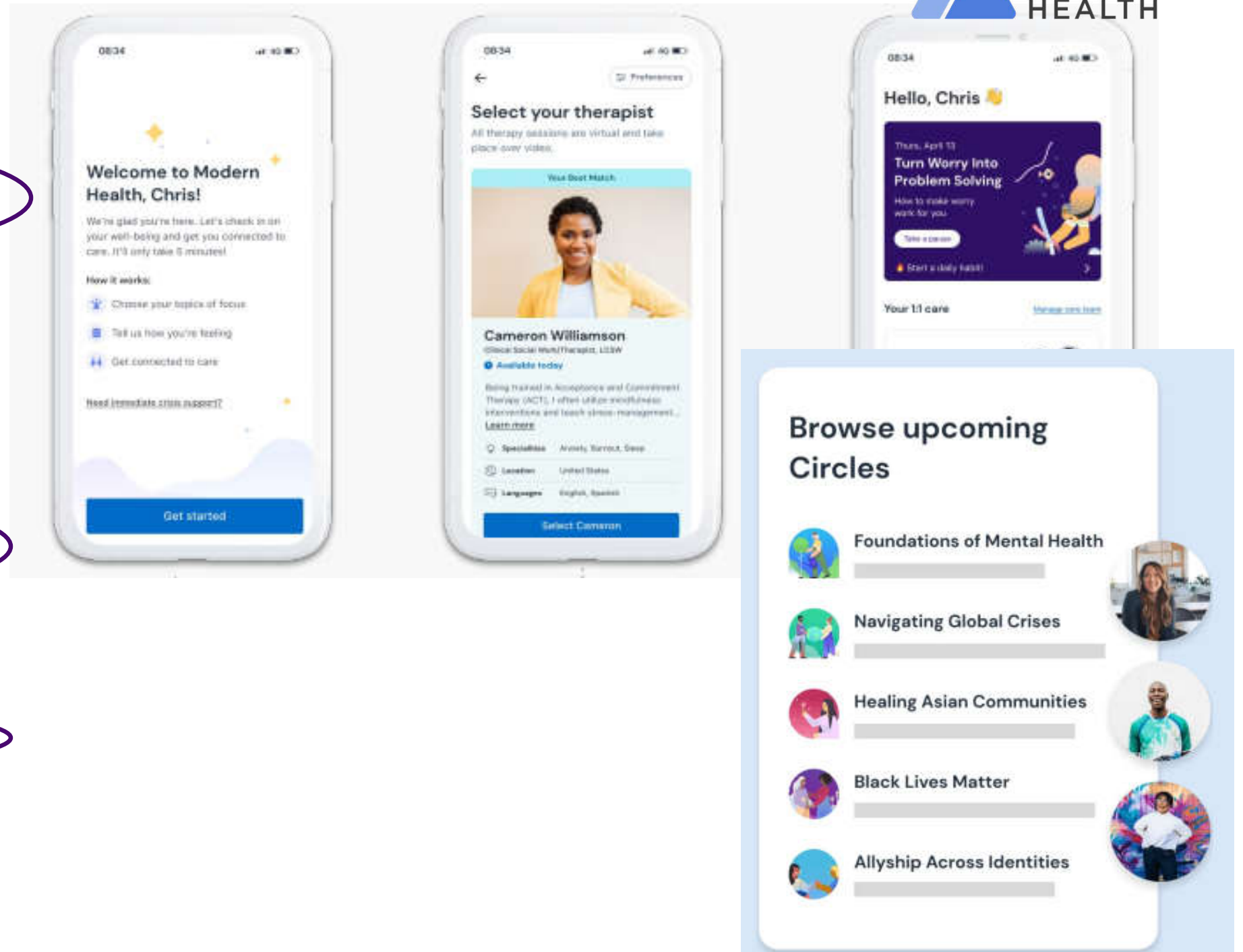
Prescriber virtual or
in-person

Facility-based care acute or intermediate
care

Clinical care

Member Experience

- Proprietary digital, clinical assessment informed by evidence-based clinical tools
- Personalized care and content recommendations
- Coaching, therapy, and psychiatry
- Live virtual group sessions led by experts – Circles
- Ongoing monitoring for positive clinical outcomes
- Easy benefits navigation
- Self-Serve digital care
- Specialized clinical condition care
- Integration of client success and care navigation for streamlined member experience



Network

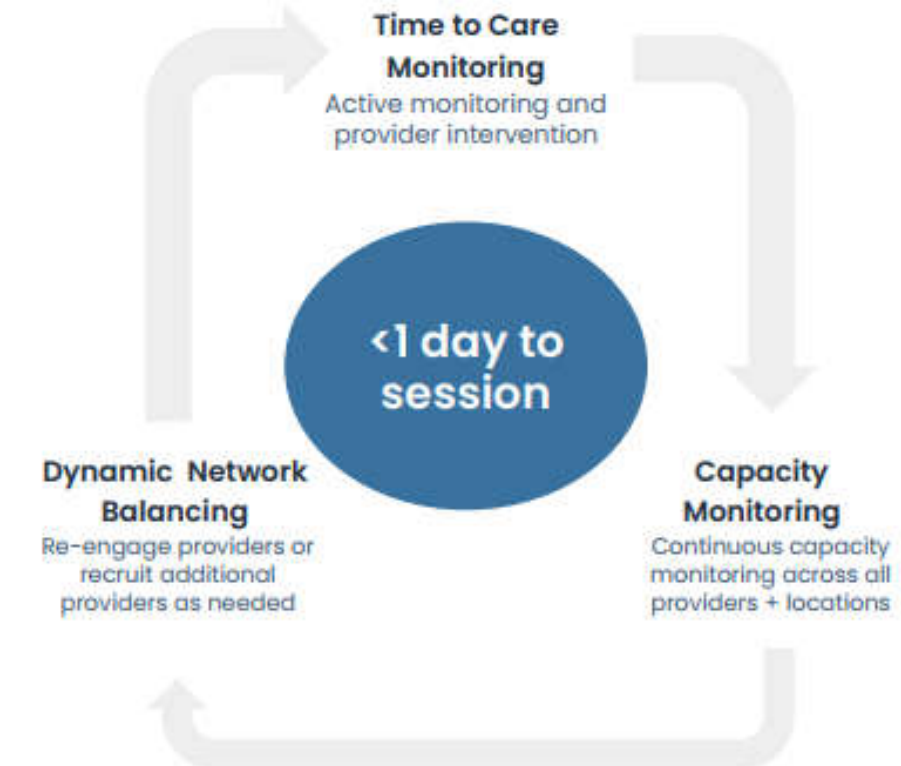
- 470 coaches available in CO
- 317 therapists available in CO
- 151 therapists available for in-person sessions
- Modern will onboard 6 additional therapists and recruit 4 new therapists prior to launch
- 21.6 avg hours to first-available appointment in US

Access to care

- Average wait time <1 day for coaching and therapy
- On average, 40% of coaches offer weekend appointments and 25% of therapists offer weekend appointments
- Care for ages 6+ in the US and 13+ internationally
- Integrated calendars and scheduling capabilities

Provider Sourcing & Recruiting Team:

Dedicated teams focused solely on provider recruiting and split into specialized units



Prevention

Addressing stigma and driving engagement through the five pillars of well-being

- Utilizing coaching as an effective engagement strategy
- Offering a variety of care options to meet individual needs
- Incorporating mental health care into daily lives and building resilience
- Balancing clinical rigor with an enjoyable user experience
- Emphasizing evidence-based digital content and group offerings

Alignment to Level of Need



5 Pillars of Well-being

Emotional
Anxiety
Depression
Trauma
Mindfulness

Professional
Burnout
Managing Career
Development

Relationships
Relationships
Parenting
Communication
Inclusion & Belonging

Physical
Diet
Physical Activity
Sleep
Substance Use

Financial
Budgeting
Saving
Debt
Investment

Care Options



One-on-One
Clinical Therapy
Mental Health Coaching
Professional Coaching
Financial Coaching



In a Group
Live and On-Demand
Circles



On my Own
Daily Pause
Courses
Programs
Meditations



Extended Care
24/7 Crisis Phone Line
Supervisory Services
Work-Life Services

Financial Summary & Performance Guarantees



Services	Fees/Rates	Projected Year 1 Costs
Modern Health Platform + Digital, Group, Extended Care Fees: Fixed PEPM: <ul style="list-style-type: none"> Proprietary Triageing Model Global Platform & Provider Network Live & On-Demand Group Circles 6 Private Group Circles Self-Guided Digital Resource Library Employer Insights Hub Portal 	Modern Health PEPM \$2.32 Implementation Fee <i>Waived</i>	Fixed PEPM Costs: \$640,000
Modern Health 1:1 Care Fees: Utilization-Based: <ul style="list-style-type: none"> Therapy sessions completed - 8 Session Coaching sessions completed - 8 Session 	Session rate: Therapy: \$165 Coaching: \$50 Admin fee per session: <i>Waived</i>	Projected Utilization-Based Costs: \$570,000 - \$724,000
		Total Projected Cost for Year 1 Projected Utilization-Based Costs + Fixed PEPM Costs: \$1.2M - 1.4M

Performance Guarantees	
Outcomes: Improvement in 50%+ of clinical population	20%
Time to Care avg < 2 days	20%
Time to Match –median 2 days	20%
Member Satisfaction	20%
Client satisfaction rating over >80%	20%
Total fees at risk	100% of fixed PEPM fee

Recommendation

- Implement Modern Health as the CEBT Enhanced Mental Health benefit program with a target effective date of January 1, 2024



VII. Action Items

B. HDHP Plan Changes - Stacy Picone

The IRS has issued the official 2024 inflation adjusted dollar amounts for health savings accounts (HSAs) and qualifying high deductible health plans (QHDHPs). These dollar adjustments will impact the CEBC HDHP3 plan as the current embedded deductible is \$3,000 and will fall below the new minimum effective January 1, 2024. In order for the HDHP3 plan to remain in compliance and HSA eligible, the plan would need to change from an embedded deductible to a non-embedded (aggregate) deductible.

Family Coverage	2023	2024	Change
Maximum annual HSA contribution	\$7,750	\$8,300	+\$550
Minimum annual deductible for HDHP	\$3,000	\$3,200	+\$200
Maximum annual out-of-pocket expense limit for HDHP	\$15,000	\$16,100	+\$1,100

Recently, the HD2800 was changed from embedded to non-embedded deductible in 2022 and the HDHP2 was also changed from embedded to non-embedded deductible and out-of-pocket for the same IRS dollar adjustment purposes. Some benefits to adding a plan option between the HDHP2 (\$2,000 deductible) and HDHP3 (\$3,000 deductible) options:

- Allow for a lower deductible option from the HD2800
- More succinct deductible variation between plans
- Provide for movement of membership off the HD2800 plan over the next one to two years eventually sunsetting this plan giving a more even distribution of deductible plan option.

VII. Action Items

B. HDHP Plan Changes



Recommendation

Change the HDHP3 plan from an embedded deductible to a non-embedded deductible and add a new HDHP25 plan option with a \$2,500 non-embedded deductible effective January 1st, 2024.



VII. Action Items

B.2. PPO and HDHP Accumulator Updates – Bobby Otte

In an effort to better compete in the market as well as address some current client needs, CEBT needs some richer PPO plans and lower out of pocket maximums (OOPM) on the higher deductible PPO and HDHP plans. The recommendation...

- Reduces these “pain points” for marketing purposes, particularly in the metro area
- Provides a larger benefit difference between PPO2, PPO3, and PPO4
- Improves benefits of a few existing plans rather than adding several new additional plans
- Addresses requests and concerns of current groups that wish CEBT had...
 - richer PPO plans
 - HDHP’s with little or no coinsurance
 - PPO7 and 8 with lower OOPM. It’s simply too much financial risk to put on their ee’s.
- Has minimal impact on the overall loss ratio (less than 1/3 of a percentage point) and the largest impact to any one plan is 2.9%.



VII. Action Items

B.2. PPO and HDHP Accumulator Updates

MEDICAL- 2023														
	Colorado Employer Benefit Trust													
Plan	PPO2	PPO 3	PPO 4	PPO 5	PPO 6	PPO 7	PPO 8	HDHP 2	HDHP2500	HDHP 2800	HDHP 3	HDHP 3500	HDHP 4	HDHP 5
Deductible Single In / Out	\$600 500 Combined	\$1,000 Combined	\$1,500 Combined	\$2,500 Combined	\$3,000 Combined	\$4,000 Combined	\$5,000 Combined	\$2,000 Non-Embedded	\$2,500 Non-Embedded	\$2,800 Non-Embedded	\$3,000 Combined Non-embedded	\$3,500 Combined	\$4,000 Combined	\$5,000 Combined
Deductible Family In / Out	\$1,200 1000 Combined	\$2,000 Combined	\$3,000 Combined	\$5,000 Combined	\$6,000 Combined	\$8,000 Combined	\$10,000 Combined	\$4,000 Non-Embedded	\$5,000 Non-Embedded	\$5,600 Non-Embedded	\$6,000 Combined Non-embedded	\$7,000 Combined	\$8,000 Combined	\$10,000 Combined
Out of Pocket Single In / Out	\$3,500 2,000 / \$7,000 4,000	\$3,750 3,000 / \$7,500 6,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$5,000 / \$10,000	\$6,000 5,000 / \$12,000 10,000	\$7,000 5,000 / \$14,000 10,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 5,000 / \$12,000 10,000	\$6,000 5,000 / \$12,000 10,000	\$6,550 5,000 / \$13,100 10,000
Out of Pocket Family In / Out	\$7,000 4,000 / \$14,000 8,000	\$7,500 6,000 / \$15,000 12,000	\$8,000 / \$16,000	\$9,000 / \$18,000	\$10,000 / \$20,000	\$12,000 10,000 / \$24,000 20,000	\$14,000 10,000 / \$28,000 20,000	\$8,000 / \$16,000	\$9,000 / \$18,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$12,000 10,000 / \$24,000 20,000	\$12,000 10,000 / \$24,000 20,000	\$13,100 10000 / \$26,200 20000
									New Plan for 1/1/24	Phase this plan out over the next few years	Change to Non-embedded deductible required to meet IRS regs to be qualified for HSA compatibility			



VII. Action Items

B.2. PPO and HDHP Accumulator Updates

The essence of the changes is to reduce the single deductible for the PPO2 from \$600 to \$500 and the single OOPM from \$3,500 to \$2,000. Family amounts would be double. For PPO3 the deductible will remain as is but the single in-network OOPM will drop from \$3,750 to \$3,000. Again, family amounts would be double. Additionally, the OOPM for all PPO and HDHP plans will be capped at \$5k single and \$10k family for in-network.

Recommendation

Effective January 1, 2024, reduce the deductible for PPO2 and reduce the Out of Pocket Maximum for PPO2 and PPO3 as presented. Reduce the in-network Out of Pocket Maximum for PPO 7 & 8 as well as HDHP35, 4, & 5 to \$5k single and \$10k family, in-network. Out of network will be \$10k and \$20k respectively.

VII. Action Items

C. EPO Select - Ben Puetz



Select Plan Summary (PPO and EPO)

- Utilizes 2 tier provider network
 - Tier 1 includes Select Providers (14 county service area)
 - Tier 2 is the remaining UHC Choice Plus PPO Network
- Rx remains the same
- Primary Care Physician selection is required
- Pricing is less than “similar” or “like” CEBT PPO and EPO medical plan

	CEBT Select Plan Benefit Highlights			
Plan	CEBT EPO Select		CEBT Select 4 PPO	
Coinsurance	Tier 1	Tier 2	Tier 1 20%	Tier 2: 50%
Office Visit	\$0 Copay	\$75 Copay	\$0	Deductible + 50% to OOP Max
Specialist Visit	\$50 Copay	\$125 Copay	\$100	Deductible + 50% to OOP Max
Preventive Visit	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Lab	\$25 Copay	\$25 Copay	\$25	\$25
X-ray	Minor: \$25 Copay	Minor: \$25 Copay	Minor: \$25	Minor: \$25
Deductible Single In / Out	Copay where indicated	Copay where indicated	\$1,500	\$3,000
Deductible Family In / Out	Copay where indicated	Copay where indicated	\$3,000	\$6,000
Out of Pocket Single In / Out	\$3,000	\$6,000	\$4,000	\$8,000
Out of Pocket Family In / Out	\$6,000	\$12,000	\$8,000	\$16,000
Telemedicine	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Imaging CT/PET/MRI	\$500 Copay Free standing \$200	\$1,250 Copay Free standing \$800	\$500	Deductible + 50% to OOP Max
Inpatient Hospital	\$1,000 Copay	\$3,000 Copay	Deductible + 20% to OOP Max	Deductible + 50% to OOP Max
Outpatient Hospital	Amb Surg Center \$250 Copay Outpatient Hospital	Amb Surg Center \$1,250 Copay Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 50% to OOP Max
Urgent Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Emergency Care	\$250 Copay	\$250 Copay	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
RX Retail	Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60
RX Mail Order	2 X Copay	2 X Copay	2 X Copay	2 X Copay

VII. Action Items

C. EPO Select



Tier 1 Provider Review and Product Availability

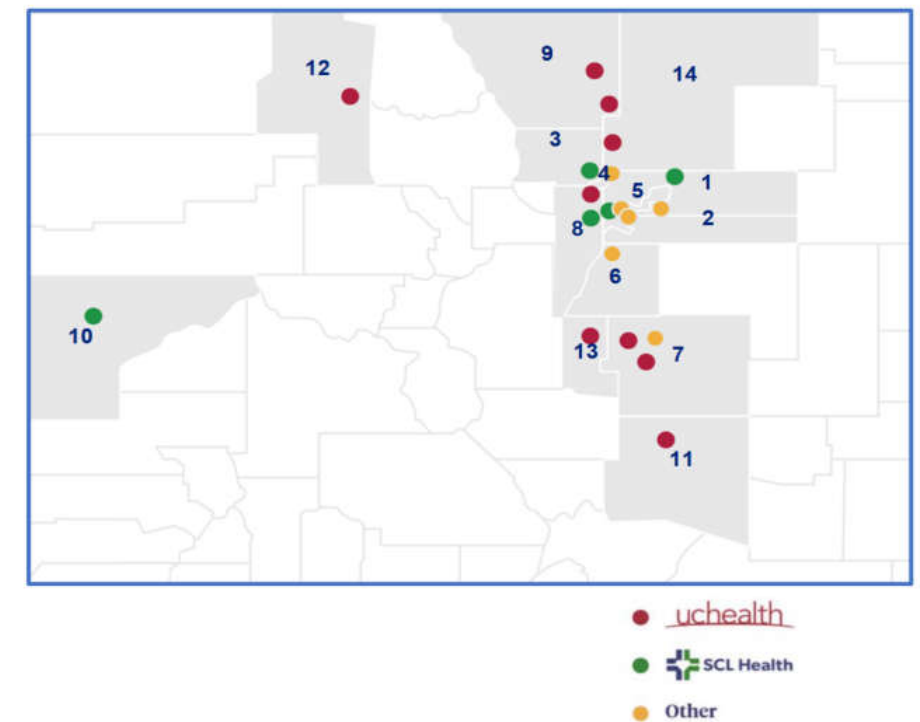


CEBT Select: 14 County Product Availability

- | | |
|---------------|--------------|
| 1. Adams | 8. Jefferson |
| 2. Arapahoe | 9. Larimer |
| 3. Boulder | 10. Mesa |
| 4. Broomfield | 11. Pueblo |
| 5. Denver | 12. Routt |
| 6. Douglas | 13. Teller |
| 7. El Paso | 14. Weld |

- Care rendered outside of the 14-county service area will be covered as Tier 1
- Eligibility is based on live or work in order to expand access
- Dependent students may be enrolled even if out of the service area.
- **PCP Selection is required during open enrollment. If a PCP is not chosen one will be assigned. The member ID card will display the PCP name**

CEBT Select Tier 1 General Hospitals





Recommendation

Add EPO Select as a medical plan option with the benefits outlined within the presentation for a 1/1/2024 effective date.

VII. Action Items

C. EPO Select - Appendix



Additional Plan Comparisons

Plan	CEBT EPO Plan Comparison		
	EPO 4	CEBT EPO Select	
Coinsurance	In Network	Tier 1	Tier 2
Office Visit	\$45 Copay	\$0 Copay	\$75 Copay
Specialist Visit	\$60 Copay	\$50 Copay	\$125 Copay
Preventive Visit	Covered 100%	Covered 100%	Covered 100%
Lab	\$45 Copay	\$25 Copay	\$25 Copay
X-ray	\$50 Copay	Minor: \$25 Copay	Minor: \$25 Copay
Deductible Single In / Out	Copay where indicated	Copay where indicated	Copay where indicated
Deductible Family In / Out	Copay where indicated	Copay where indicated	Copay where indicated
Out of Pocket Single In / Out	\$5,500	\$3,000	\$6,000
Out of Pocket Family In / Out	\$11,000	\$6,000	\$12,000
Telemedicine	Covered 100%	Covered 100%	Covered 100%
Imaging CT/PET/MRI	\$750 Copay Free standing \$400	\$500 Copay Free standing \$200	\$1,250 Copay Free standing \$800
Inpatient Hospital	\$1,500 Copay	\$1,000 Copay	\$3,000 Copay
Outpatient Hospital	Amb Surg Center \$500 Copay Outpatient Hospital	Amb Surg Center \$250 Copay Outpatient Hospital \$750	Amb Surg Center \$1,250 Copay Outpatient Hospital \$2,500
Urgent Care	\$75 Copay	\$0 Copay	\$0 Copay
Emergency Care	\$250 Copay	\$250 Copay	\$250 Copay
RX Retail	Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60
RX Mail Order	2 X Copay	2 X Copay	2 X Copay

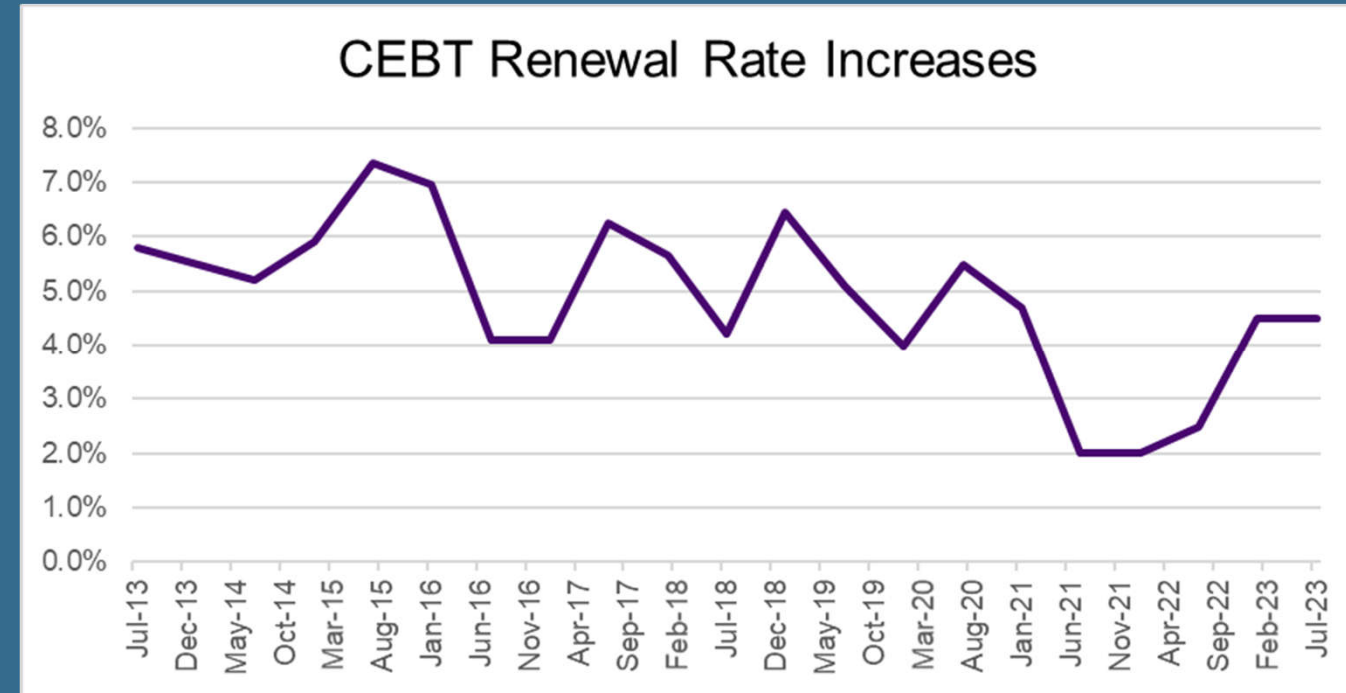
Plan	CEBT PPO Plan Comparison		
	PPO 4	CEBT Select 4 PPO	
Coinsurance	20% In / 40% Out	Tier 1 20%	Tier 2: 50%
Office Visit	\$40 Copay	\$0	Deductible + 50% to OOP Max
Specialist Visit	\$40 Copay	\$100	Deductible + 50% to OOP Max
Preventive Visit	Covered 100%	Covered 100%	Covered 100%
Lab	\$40 Copay	\$25	\$25
X-ray	\$40 copay in office setting, outpatient subject to deductible	Minor: \$25	Minor: \$25
Deductible Single In / Out	\$1,500 Combined	\$1,500	\$3,000
Deductible Family In / Out	\$3,000 Combined	\$3,000	\$6,000
Out of Pocket Single In / Out	\$4,000 / \$8,000	\$4,000	\$8,000
Out of Pocket Family In / Out	\$8,000 / \$16,000	\$8,000	\$16,000
Telemedicine	Covered 100%	Covered 100%	Covered 100%
Imaging CT/PET/MRI	Deductible + 20% to OOP Max	\$500	Deductible + 50% to OOP Max
Inpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 50% to OOP Max
Outpatient Hospital	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 50% to OOP Max
Urgent Care	\$75 Copay	\$0 Copay	\$0 Copay
Emergency Care	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max	Deductible + 20% to OOP Max
RX Retail	Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60	Generic \$20 Preferred \$40 NonPreferred \$60
RX Mail Order	2 X Copay	2 X Copay	2 X Copay

VII. Action Items

D. January 2024 Rate Renewal – Anthony Briseño Claims Analysis – Prior Rate Renewals



- CEBT renewals have returned to pre-Covid levels
- It will be prudent to maintain some conservatism in renewals but as seen in utilization and the financials, the plan continues to run well

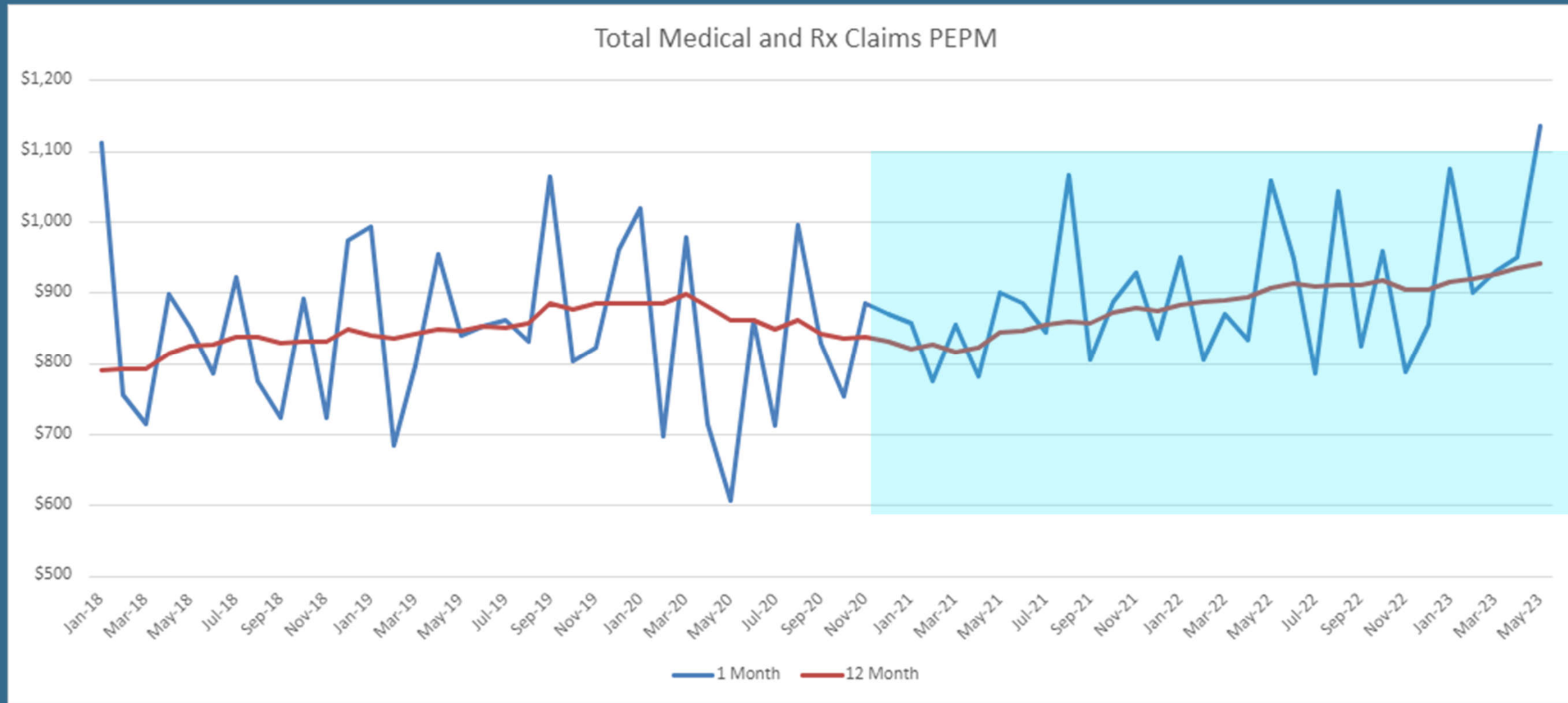


Rate Category	Jan-15	Jul-15	Jan-16	Jul-16	Jan-17	Jul-17	Jan-18	Jul-18	Jan-19	Jul-19	Jan-20	Jul-20	Jan-21	Jul-21	Jan-22	Jul-22	Jan-23	Jul-23
	5.9%	7.35%	6.95%	4.11%	4.09%	6.24%	5.65%	4.20%	6.46%	5.10%	4.00%	5.50%	4.70%	2.00%	2.00%	2.50%	4.50%	4.50%
1 0% to 77.99%	4.0%	4.50%	4.00%	1.50%	1.50%	3.50%	3.00%	2.00%	4.00%	3.50%	2.00%	3.50%	3.00%	0.00%	0.00%	0.00%	2.00%	2.00%
2 78% to 82.99%	5.0%	6.00%	5.50%	3.50%	3.50%	5.00%	4.50%	4.00%	5.00%	4.50%	3.50%	4.50%	4.50%	2.00%	2.00%	2.00%	3.00%	3.00%
3 83% to 87.99%	6.0%	7.25%	6.50%	4.50%	4.50%	6.00%	5.50%	5.00%	6.00%	5.50%	4.50%	5.50%	5.50%	3.50%	3.50%	3.50%	4.50%	4.50%
4 88% to 92.33%	7.0%	8.25%	7.50%	6.00%	6.00%	7.00%	6.50%	6.00%	7.00%	6.50%	5.50%	6.50%	6.00%	4.50%	4.50%	4.50%	6.00%	6.00%
5 93% to 97.99%	10.0%	11.25%	10.50%	8.00%	8.00%	9.50%	8.50%	8.00%	10.00%	8.50%	8.00%	8.50%	8.50%	7.50%	7.50%	7.50%	8.00%	8.00%
6 98% to 102.99%	12.0%	14.25%	13.50%	10.00%	10.00%	12.00%	11.00%	10.50%	12.50%	11.50%	11.00%	11.50%	11.00%	9.50%	9.50%	9.50%	10.00%	10.00%
7 103% and over	14.0%	17.25%	16.50%	12.00%	12.00%	14.00%	13.50%	13.00%	15.00%	14.50%	14.00%	14.50%	14.00%	11.50%	11.50%	11.50%	13.00%	13.00%

VII. Action Items

D. January 2024 Rate Renewal

Claims Analysis – Historical CEBT Medical Plan Costs



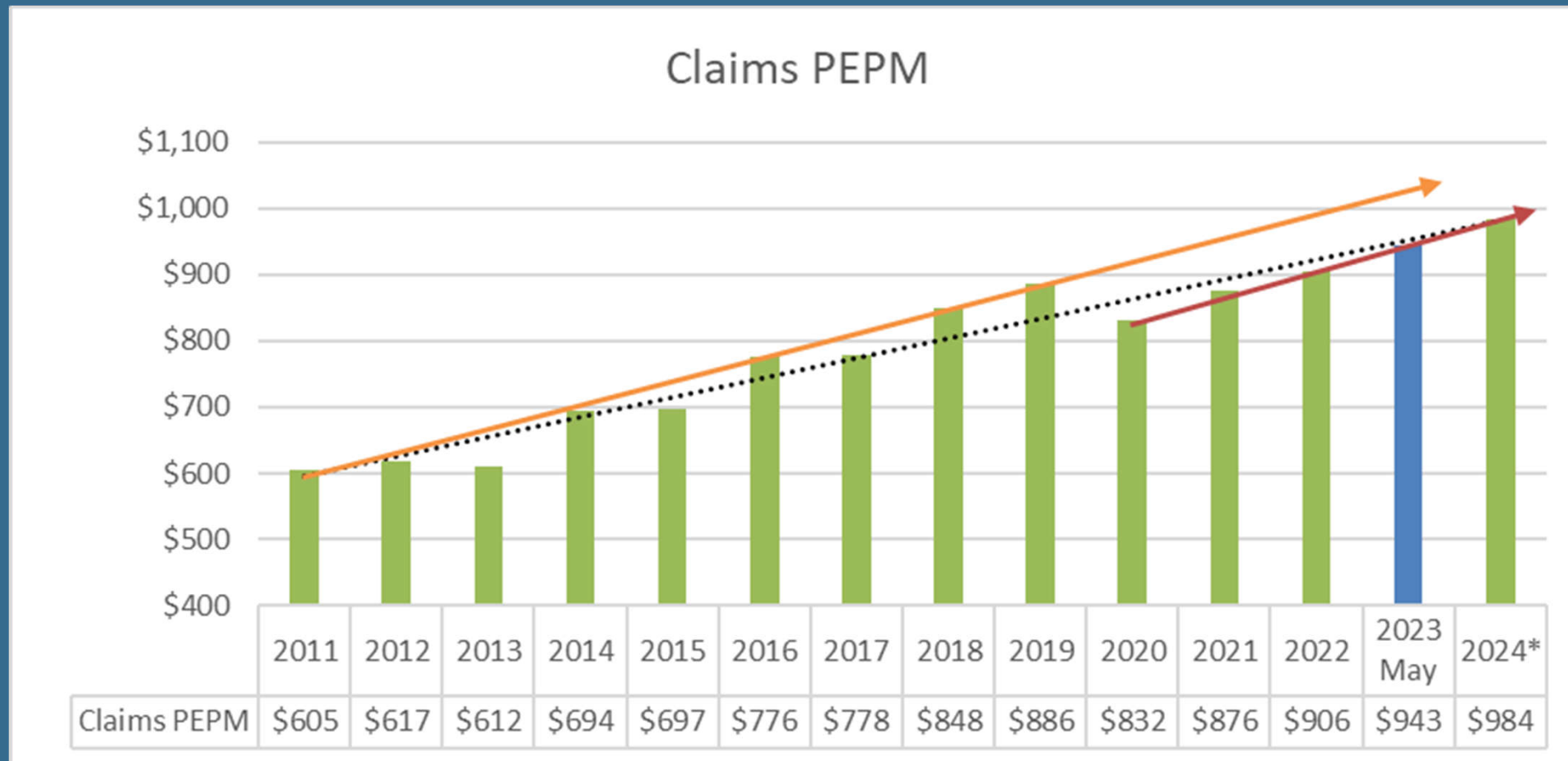
Three years of claims data is assessed when estimating future claims

- Medical/Rx claims PEPM increased approximately 19% during the above time period, but only 4% annually

VII. Action Items

D. January 2024 Rate Renewal

Claims Analysis – Historical CEBT Medical Plan Costs



* Estimate

- Average annual PEPM claims increase from 2011 through the 2024 estimate is 3.8%
- The PEPM claims appear to have two distinct trend lines. Have claims shifted to a new trend line, or will the plan return to the previous trend line? Still a relevant question.

VII. Action Items

D. January 2024 Rate Renewal

Medical Renewal



Projected for 12/31/2023	Claims	Contributions	Loss Ratio	L/R
5/31/2023	232,621,949	244,516,967	95.1%	95.1%
Self-funded Claims >\$750k	(1,952,941)			94.3%
Less: Rx Rebates	(14,000,000)			88.6%
Plus: Kaiser Plans 4/1/22-3/31/23	12,922,990	16,825,149	76.8%	87.9%
Kaiser Claims >\$750k	-			87.9%
Remove termed groups	(7,390,886)	(8,467,304)	87.3%	87.9%
Plus: IBNR for newer groups	1,378,379			88.4%
Plus: Cost of CEBT Health Centers	3,908,903			90.0%
Adjusted Loss ratio for active groups	227,488,394	252,874,812	90.0%	
12/31/2023 Projected Adjusted Loss Ratio			90.2%	

VII. Action Items

D. January 2024 Rate Renewal

Medical Renewal



12/31/2023 Projected Adjusted Loss Ratio			90.2%
Assumed Medical/Rx Trend	7.00%	X	1.070
Plan Administration Expense	6.50%		
Stop Loss Premium	1.95%		
Add for PSR and IBNR deficiency	0.0%		
Total admin, SL and reserve load	<u>8.45%</u>	/	0.9155
			105.43%
Overall rate increase for CEBT			5.43%
<u>Adjustments to the rate increase</u>			
Other Revenue Sources			
Investment income of \$1,500,000		- 0.55	
Benefit changes		<u>0.30%</u>	
		<u>5.18%</u>	
Recommended overall CEBT Rate Renewal	5.0%		

VII. Action Items

D. January 2024 Rate Renewal *Medical Renewal*



Recommended Medical Renewal Brackets

	<u>*Adjusted Loss Ratio</u>	<u>January 2024 Rate Adjustments</u>
1	77.99% or lower	2.00%
2	78% to 82.99%	3.50%
3	83% to 87.99%	5.00%
4	88% to 92.99%	6.50%
5	93% to 97.99%	8.50%
6	98% to 102.99%	10.50%
7	103% +	13.50%

- **Kaiser** - Combining the Kaiser claims and premium contributions with that of the EPO, PPO, HDHP, and HRP plans.
- **Health Centers** - Adding the proportionate share of the Health & Wellness Center annual operating costs if the group has access to one of CEBT's Health Centers.
- **Stop Loss** - Reducing claims by any dollar amounts that exceed CEBT's specific stop loss deductible of \$750,000.
- **Large Claim Credit** - Allowing a group to drop up to two loss ratio categories after reducing claims for dollar amounts exceeding \$100,000 (on any one member) up to the Stop Loss amount of \$750k.
- **Maintain HRP rates at \$275 per month for employee only coverage.**



Groups with Consistently Low Medical Loss Ratios

Similar to recent renewals, the Board of Trustees should consider allowing groups with consistently low loss ratios (before any adjustment for large claims) to receive a rate decrease.

Recommendation

For groups with 12-month gross medical loss ratios that have been below 70% in each of the most recent three years and did not already receive a rate reduction in the prior year, allow a 10% rate decrease, at the employer's discretion to decline the reduction or spread it over two years, to their January 1, 2024 medical contribution rates.

VII. Action Items

D. January 2024 Rate Renewal *Dental & Vision Renewal*



Groups enrolled in the Dental and Vision plans had been enjoying rate passes since July 2020. The overall loss ratios for Dental and Vision continue to run below the targeted breakeven of 91.5% at 84% and 70% respectively. However, several groups have high loss ratios and are due for a rate increase, which was reintroduced during the July 2023 renewal. It is recommended that only groups with the highest loss ratios receive rate increases using the same approach employed during the July 2023 renewal.

Recommended Renewal Brackets for January 2024

	<u>Loss ratio</u>	<u>Dental</u>	<u>Vision</u>
1	77.99% or lower	0.0%	0.0%
2	78% to 87.99%	0.0%	0.0%
3	88% to 92.99%	0.0%	0.0%
4	93% to 102.99%	5.0%	0.0%
5	103% +	10.0%	10.0%

VII. Action Items

D. January 2024 Rate Renewal *Dental & Vision Renewal*



Groups with Consistently Low Dental or Vision Loss Ratios

Similar to recent renewals, the Board of Trustees should consider allowing groups with consistently low loss ratios to receive a rate decrease.

Recommendation

For groups with 12-month dental loss ratios that have been below 80% in each of the most recent three years, provide a 10% rate decrease to their January 1, 2024 dental contribution rates. For groups with 12-month vision loss ratios that have been below 80% in each of the most recent three years, provide a 15% rate decrease to their January 1, 2024 vision contribution rates. Groups that received this discount at their previous renewal will not be eligible for another rate reduction until the following year

VII. Action Items

D. January 2024 Rate Renewal *Life Renewal*



- Continue the Life and AD&D rate at \$0.14 per \$1,000
 - *\$0.115 for Life and \$0.025 for AD&D*

Recommendation

Take no rate action for January 1, 2024

VIII. Executive Session



A. Subrogation – *(Trustees and select WTW only)*

IX. Recess



Agenda items, Wednesday, July 19, 2023

X. Continuation of Action Items (if needed)

XI. Executive Session

A. WTW Performance Evaluation - ***(Trustees and select WTW only)***

XII. Adjournment



*Thank you for
Attending
CEBT's
2023 Summer Conference*