

HEALTH WEALTH CAREER

EVERETT SCHOOL EMPLOYEE BENEFIT TRUST

2016 RENEWAL REPORT

August 25, 2015

Sean White
Aanya Lee

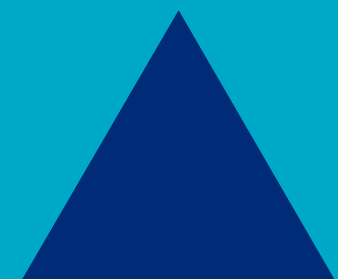
Seattle



CONTENTS

- Executive Summary
- 2016 Renewal Summary
- 2016 Renewal Results
- Excise Tax
- ESSB 5940 Update
- Experience Report
- Trust Financial Projections
- Alternate Medical Proposals
- Appendix
 - 2016 Plan Designs for All Coverages
 - Benchmarking Data
 - Experience Report Detail

EXECUTIVE SUMMARY

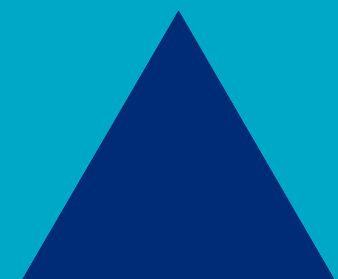


EXECUTIVE SUMMARY

INTRODUCTION

- Under the status quo (no carrier changes and no changes in contribution strategy), we are projecting a deficit for 2016 of \$1.71 million.
 - This leads to a projected year-end reserve of \$6.05 million at 12/31/2016, or 2.7 months of expenses.
 - Mercer prepared an alternate contribution scenario to reduce the projected deficit (targeting a 3 month reserve as in past years)
- Mercer received alternate proposals for:
 - Medical/Rx: Group Health provided several plan design changes to consider

2016 RENEWAL SUMMARY



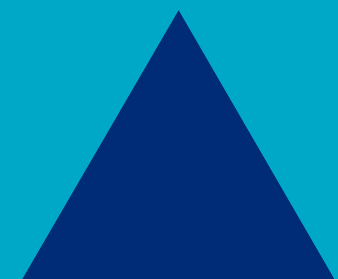
2016 RENEWAL SUMMARY

- ESEBT will offer the following health and welfare programs:

Coverage	Funding	2015 Renewal	Status Quo 2016 Renewal	Comments
Medical	Fully-Insured	UHC -1 to +3%	UHC +12%	The ratio of incurred claims to premiums billed was greater than 90%.*
Dental	Fully-Insured	WEA Delta Dental +2% WEA Willamette +0%	WEA Delta Dental -3% WEA Willamette +5%	Rates will renew effective 11/1/2015
Vision	Fully-Insured	MetLife -5%	MetLife +0%	Three-year rate guarantee through 2017
HMO Medical	Fully-Insured	GHC +12.4%	GHC +9.0%	Alternate options proposed
Basic and Supplemental Life	Fully-Insured	MetLife +0%	MetLife +0%	Second year of three-year guarantee through 2017
Basic AD&D	Fully-Insured	MetLife +0%	MetLife +0%	Second year of three-year guarantee through 2017
Long-Term Disability	Fully-Insured	MetLife -21%	MetLife +0%	Second year of three-year guarantee through 2017
Voluntary Short-Term Disability	Fully-Insured	MetLife +0.6%	MetLife +0%	Second year of three-year guarantee through 2017
EAP	Service Contract	Magellan +0%	Magellan +0%	Proposed rate pass, two-year rate guarantee through 2017
Voluntary Long Term Care	Fully-Insured	UNUM +25%	UNUM +25%	As expected, 25% renewal increase as previously filed
Health Programs	Service Contract	Alere +0%	Alere +0%	
Health Programs	Service Contract	Simply Engaged (UHC)	Simply Engaged (UHC)	Simply Engaged wellness included with UHC

* The guaranteed rate cap was 10% if the ratio of incurred claims to premiums billed is less than 90%.

2016 RENEWAL RESULTS



RENEWALS — UHC MEDICAL PLANS (FULLY-INSURED)

- 12.0% rate increase effective January 1, 2016, due to the renewal cap
- Required benefit modifications:
 - Mental health parity definition is expanded to include partial hospitalization and severe outpatient mental health
 - UHC has historically covered these benefits
 - Due to ACA requirements, the 2016 out-of-pocket maximum limit is allowed to increase to \$6,850 individual and \$13,700 total or \$6,850 embedded family
 - This modification affects the HDHP - Plan 7, which previously had an \$8,000 embedded family out-of-pocket maximum. The HDHP plan will have a \$4,000 individual and \$6,850 embedded family out-of-pocket maximum.

RENEWALS — WEA SELECT BENEFIT PLANS

DENTAL PLANS

WEA Delta Dental of WA Plan C (Fully Insured)

- 3% decrease in rate effective 11/1/15.
- No plan design changes.

WEA Willamette Dental Plan (Fully Insured)

- 5% increase in rate effective 11/1/15.
- No plan design changes.

Tier	Active Enrollment	Current Rates	2015-2016 Rates
Delta Dental of WA	1,486	\$87.15	\$84.55
Willamette	583	\$74.70	\$78.40
Total Projected Annual Cost		\$2,076,660	\$2,056,182
\$ Increase/(Decrease) Over Current			(\$20,478)
% Increase/(Decrease) Over Current			(1.0%)

RENEWALS — WEA SELECT BENEFIT PLANS METLIFE VISION PLANS (FULLY INSURED)

- Second year of three-year rate guarantee through December 31, 2017.
- No plan design changes.

	Active Enrollment	Current Rate	Proposed Rate
MetLife	2,063	\$15.92	\$15.92
Total Projected Annual Cost		\$394,116	\$394,116
\$ Increase/(Decrease) Over Current			\$0
% Increase/(Decrease) Over Current			0%

RENEWALS — OTHER PLANS

GHC MEDICAL PLANS (FULLY-INSURED)

Group Health — HMO Plan (Fully-Insured)

- Overall rate increase of 9.0%.
- No plan design changes.
- Alternately, GHC proposed has proposed two alternate PPO plans through their Access network for Everett to consider.
 - A \$350/\$1,050 deductible, 80% coinsurance, \$30 copay (\$20 GHC) – 8.6% renewal
 - A \$750/\$2,250 deductible, 70% coinsurance, \$30 copay (\$20 GHC) – 1.2% renewal

Tier/Cost	Active Enrollment	2015 Monthly Rates	Proposed 2016 Rates	Proposed \$350/\$1,050 ded	Proposed \$750/\$2,250 ded
Employee	208	\$766.77	\$835.46	\$833.09	\$775.85
Employee + Spouse	83	\$1,449.20	\$1,579.02	\$1,574.54	\$1,466.36
Employee + Child(ren)	91	\$1,058.15	\$1,152.94	\$1,149.66	\$1,070.68
Employee + Family	137	\$1,732.91	\$1,888.14	\$1,882.78	\$1,753.43
Annual Total		\$7,361,665	\$8,021,125	\$7,998,354	\$7,448,838
\$ Increase Over Current			\$659,460	\$636,689	\$87,173
% Increase Over Current			9.0%	8.6%	1.2%

RENEWALS — OTHER PLANS

GHC MEDICAL PLANS (FULLY-INSURED)

Required benefit modifications for 2016

- Cardiac and pulmonary rehabilitation is included as part of the rehabilitation benefit and the limits are revised to reflect 30 inpatient days and 45 outpatients visits per calendar year
- Post-mastectomy bras/forms are limited to 2 every 6 months with replacements within the 6 month period when medically necessary
- Prescriptive oral agents and blood test strips are covered for a 30-day or less supply per item

RENEWALS — LIFE, AD&D AND SUPPLEMENTAL LIFE

MetLife (Fully-Insured)

- Basic Life and Accidental Death & Dismemberment:
 - Second year of three-year rate guarantee through December 31, 2017.

Coverage	Enrollment	Rate (per employee)
Combined Life and AD&D Composite Rate	1,754	\$5.90 PEPM
Projected Annual Cost		\$124,183

- Supplemental Life:
 - Second year of three-year rate guarantee through December 31, 2017.

Age Range	Rate (per \$1,000)	Age Range	Rate (per \$1,000)
Under 30	\$0.06	55 – 59	\$0.63
30 – 34	\$0.08	60 – 64	\$0.84
35 – 39	\$0.09	65 – 69	\$1.29
40 – 44	\$0.13	70 – 74	\$2.06
45 – 49	\$0.22	75 and Over	\$3.34
50 – 54	\$0.37	Child(ren)	\$0.27 per employee

RENEWALS — STD & LTD

MetLife (Fully-Insured)

- Voluntary Short-Term Disability:
 - Second year of three-year rate guarantee through December 31, 2017.

Age Range	Rate per \$10 of weekly benefit	Age Range	Rate per \$10 of weekly benefit
Under 25	\$0.45	45 - 49	\$0.58
25 - 29	\$0.47	50 - 54	\$0.72
30 - 34	\$0.49	55 - 59	\$0.88
35 - 39	\$0.44	60 - 64	\$1.04
40 - 44	\$0.47	65 and Over	\$1.04

- Long-Term Disability:
 - Second year of three-year rate guarantee through December 31, 2017.

Coverage	PEPM Rate
Long-Term Disability	\$16.26

RENEWALS — OTHER PLANS

Magellan Employee Assistance Plan (Service Contract)

- Proposed two-year rate guarantee through December 31, 2017.

	PEPM Rate
EAP	\$1.65

UNUM Long Term Care Plan (Fully-Insured)

- UNUM provides LTC coverage to Trust employees on a voluntary basis.
- Rates are modified only when rates change for the rating pool and when filed with the state.
- UNUM has filed for a 25% increase in 2016. UNUM had requested a total increase of 70% over the three-year period 2015-2017, the Washington Insurance Commissioner was originally taking a “wait and see” approach before approving the 2016-2017 increases.
- Current enrollment is 16 employees. If ESEBT enrollment drops below 10, then the group coverage would terminate and those enrolled would be ported to individual coverage with the same rates.

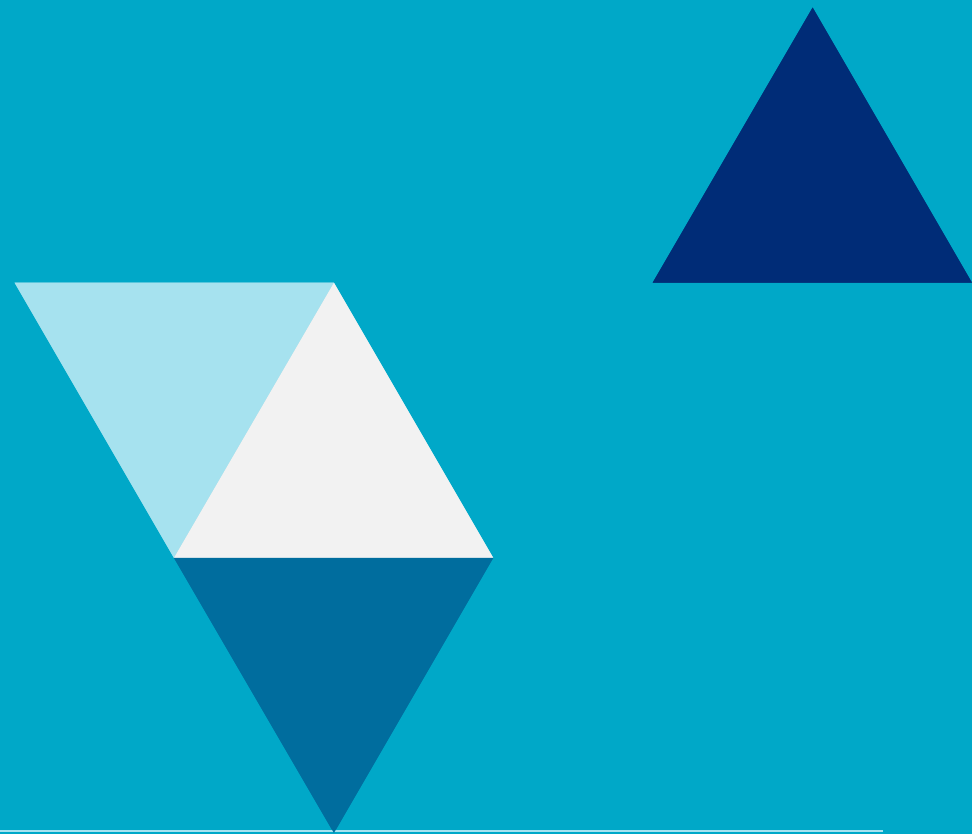
RENEWALS — OTHER PLANS

Alere Health Programs (Service Contract)

- No rate changes through December 31, 2016.

Component	Fee Per Participant
Quit for Life	\$375

EXCISE TAX



EXCISE TAX ON HIGH-COST EMPLOYER-SPONSORED HEALTH COVERAGE

- Beginning in 2018, 40% excise tax (non-deductible) will apply to “high cost employer-sponsored health coverage”. [IRC §4890I]
 - Excise tax is calculated on each employee’s/retiree’s “excess benefit” (i.e., the “aggregate cost” of “applicable employer-sponsored coverage” over the specified thresholds).
 - Employees include union employees, former employees (including retirees), surviving spouses, and other primary insureds.
- For 2018, thresholds set at \$10,200 for self-only coverage and \$27,500 for “coverage other-than-self-only” (family).
 - Higher thresholds (\$11,850/\$30,950) for retirees at least age 55 and who are not Medicare eligible, and actives in plans in which “majority” of covered employees repair or install electrical or telecommunication lines or are engaged in high-risk professions**.
 - After 2018, thresholds are indexed to CPI (for 2019 only, CPI + 1%).
 - Complex cost indexing and adjustments may increase thresholds (e.g., age and gender characteristics of employer’s workforce; higher-than-expected US “health cost adjustment percentage” prior to 2018).

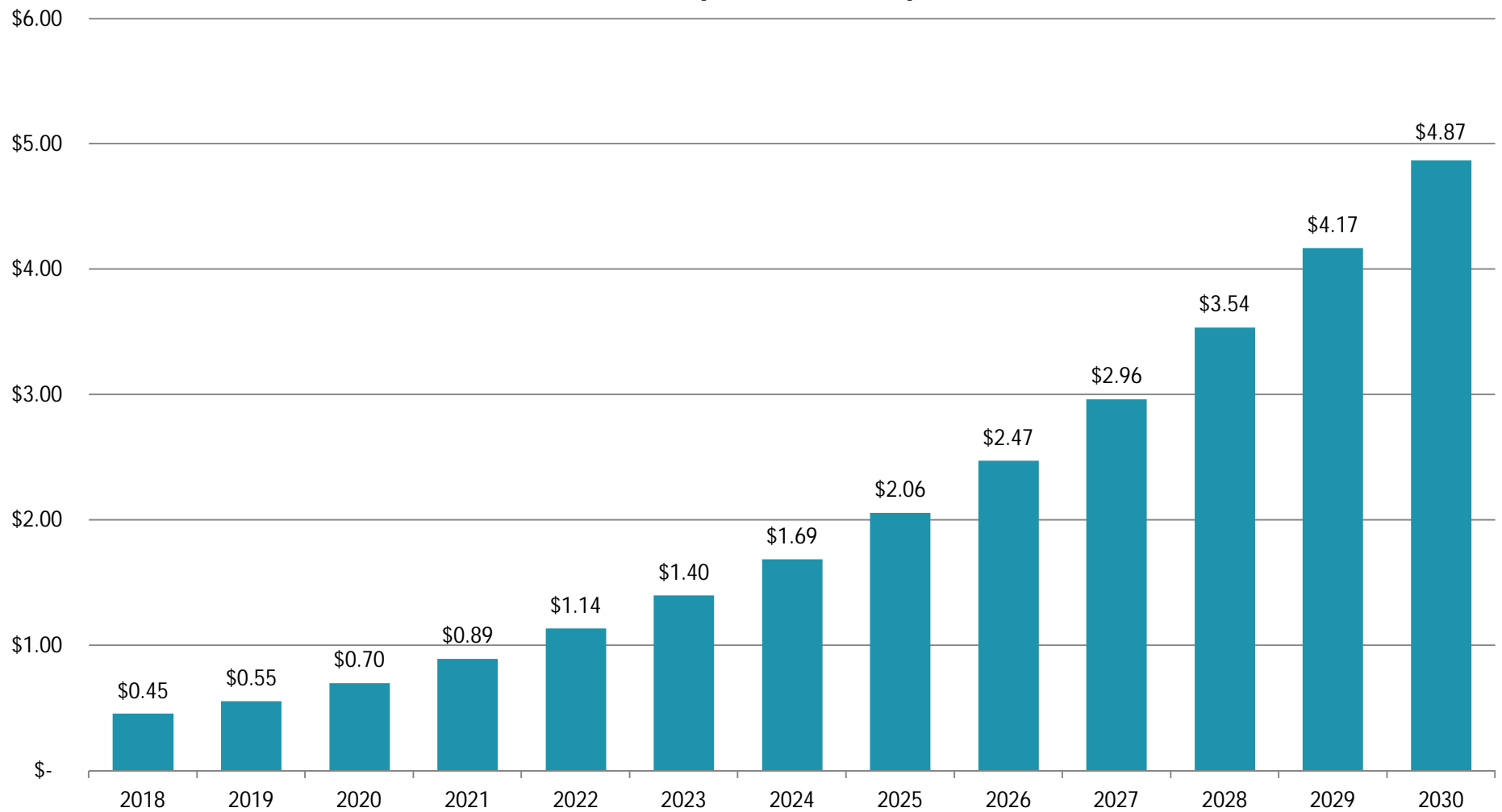
** For this purpose, “employees engaged in a high-risk profession” means: (i) law enforcement officers, (ii) employees in fire protection activities, (iii) individuals who provide out-of-hospital emergency medical care (including emergency medical technicians, paramedics, and first-responders), (iv) individuals whose primary work is longshore work, and (v) individuals engaged in the construction, mining, agriculture (not including food processing), forestry, and fishing industries. Such term includes an employee who is retired from a high-risk profession if the employee worked in the profession for at least 20 years.

EXCISE TAX ON HIGH-COST EMPLOYER-SPONSORED HEALTH COVERAGE

- “Aggregate cost” generally determined using a methodology “similar” to that used for determining COBRA applicable premium (minus 2% admin. fee).
 - Cost includes employer and employee paid portions of coverage.
 - Based on coverage in which the employee/retiree is actually enrolled, not merely eligible
 - Cost must be calculated separately for “self-only” and “other-than-self-only” coverage tiers.
 - For retiree coverage, employer may elect to value benefits of pre-65 retirees together with post-65 retirees....but how?
 - Aggregate cost does not include any costs attributable to the excise tax.
 - The excise tax is calculated on a monthly basis.
- Employers must determine aggregate cost; each “coverage provider” owes the tax on its applicable share of the excess benefit (insurers and benefit administrators will likely pass the cost of this tax on to employers).
- Coverage providers are:
 - Insurers for insured coverage.
 - “The person that administers the plan benefits” for self-insured coverage (meaning unclear).
 - Employers for employer contributions to HSA.

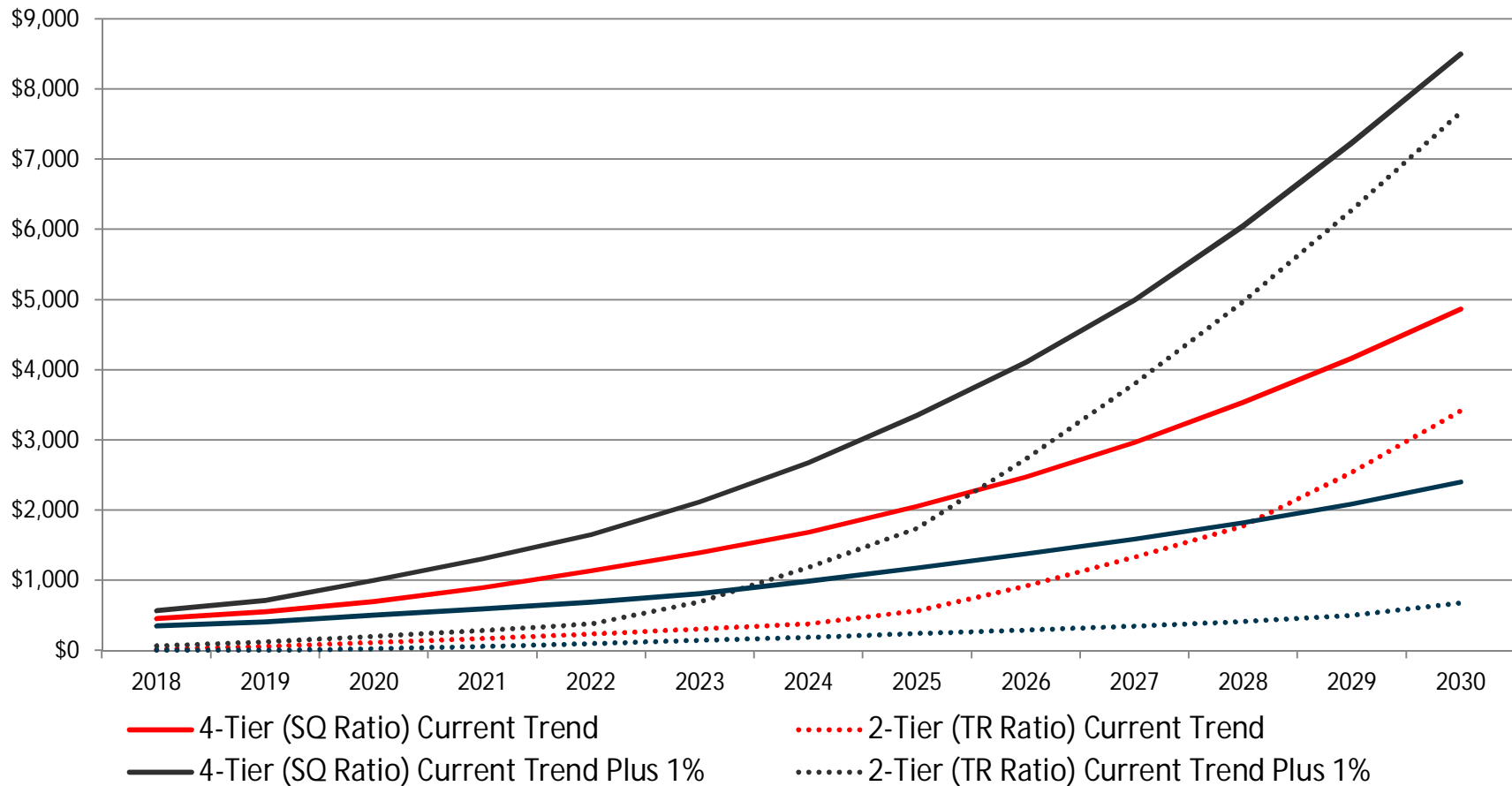
TOTAL PROJECTED EXCISE TAX

Excise Tax (In Millions)



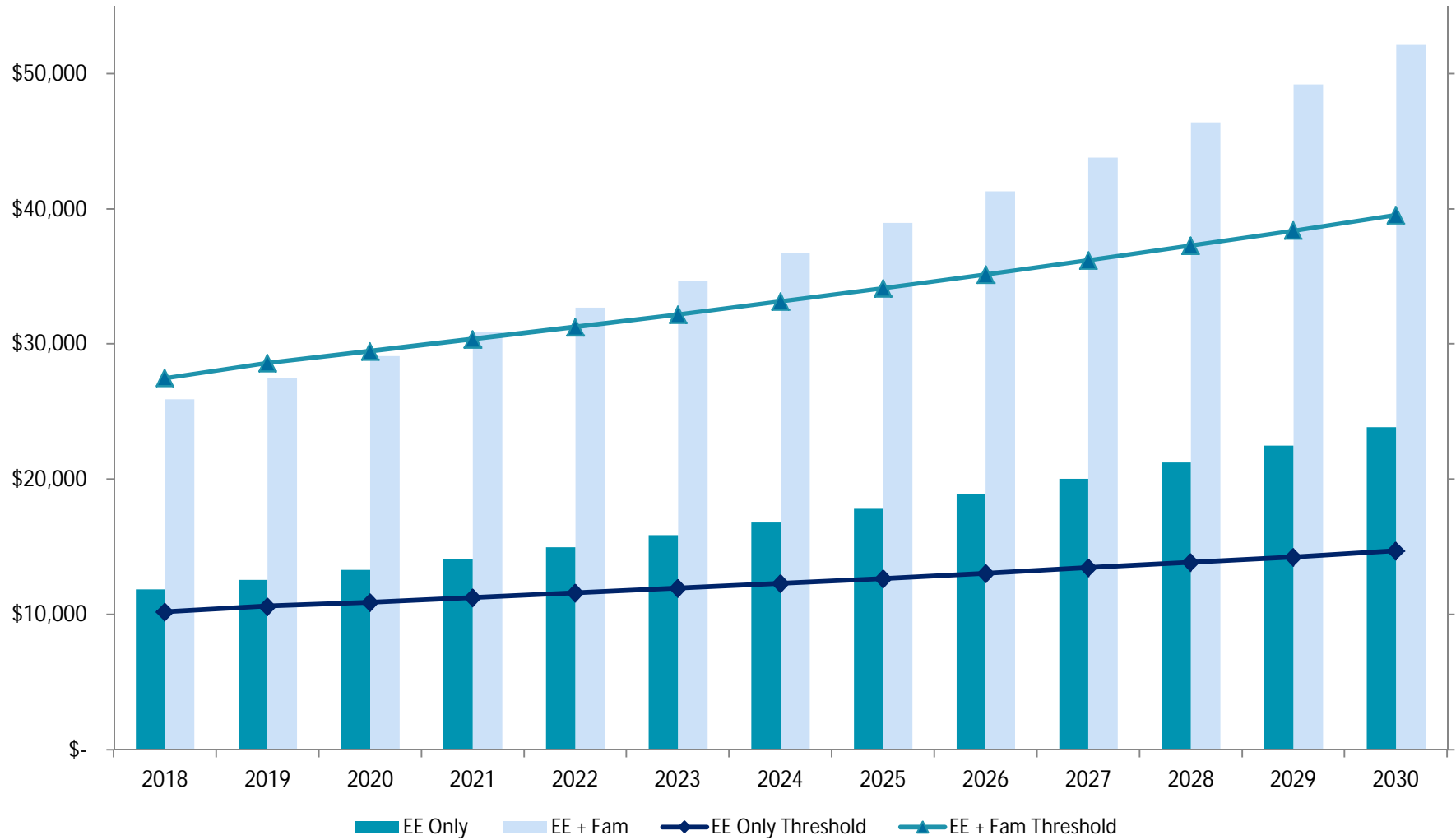
TOTAL PROJECTED TAX 4-TIER VS 2-TIER

Excise Tax by Scenario
(in \$ '000s)



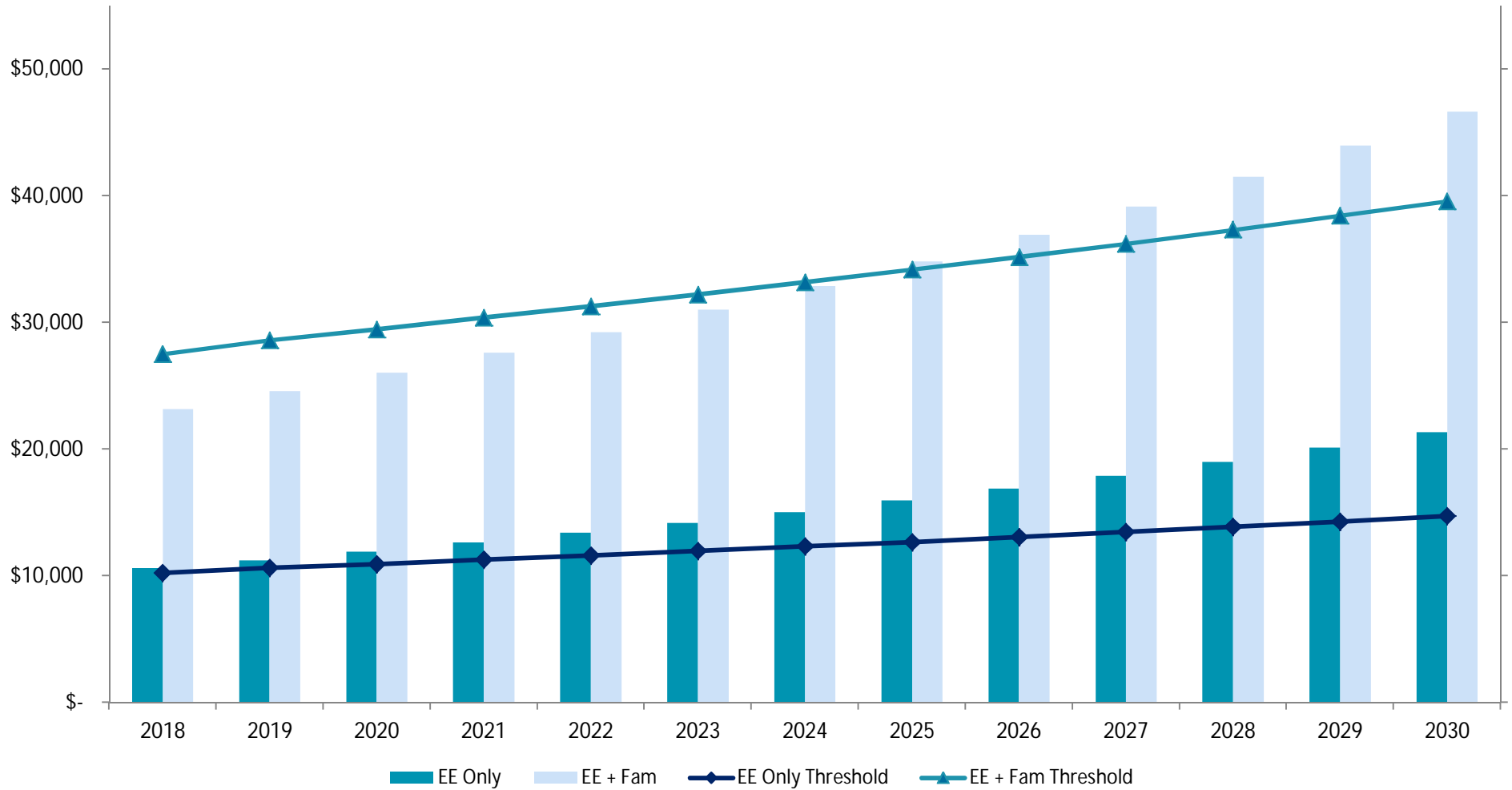
EXCISE THRESHOLD VS. PLAN COST

UHC OPTION 2 PLAN (PPO)

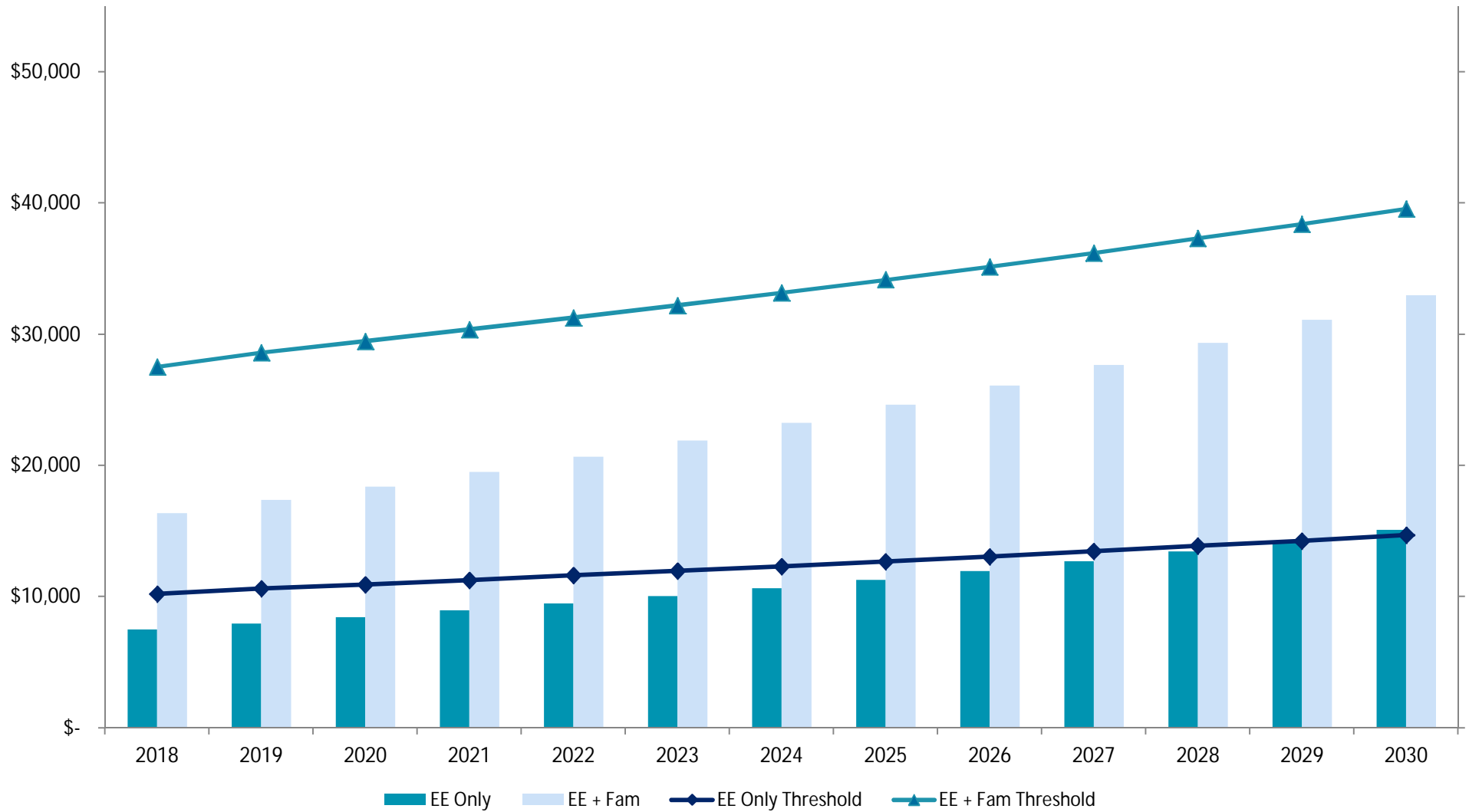


EXCISE THRESHOLD VS. PLAN COST

UHC OPTION 3 PLAN (PPO)

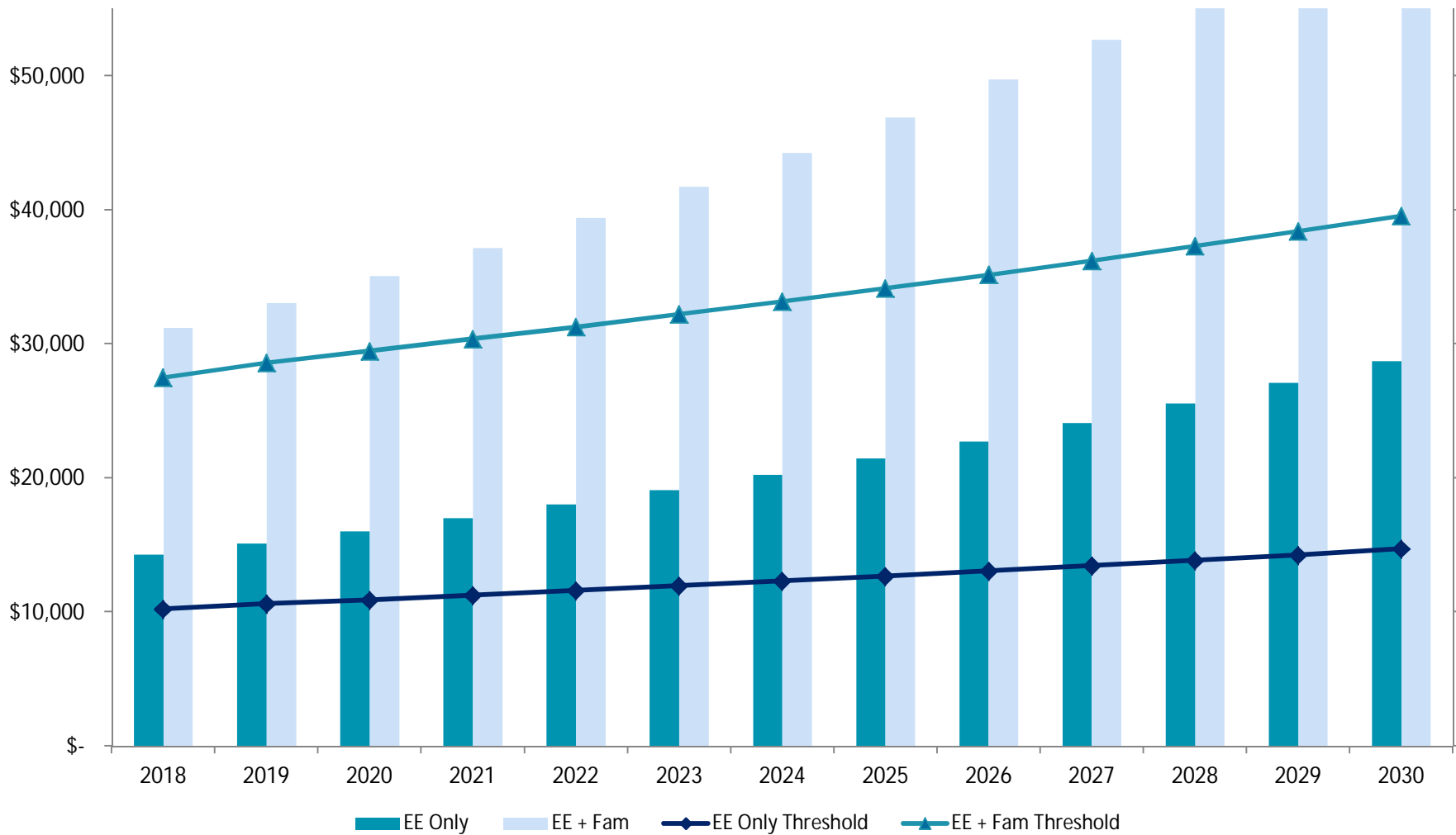


EXCISE THRESHOLD VS. PLAN COST UHC OPTION 4, 5, 6 PLANS (PPO)



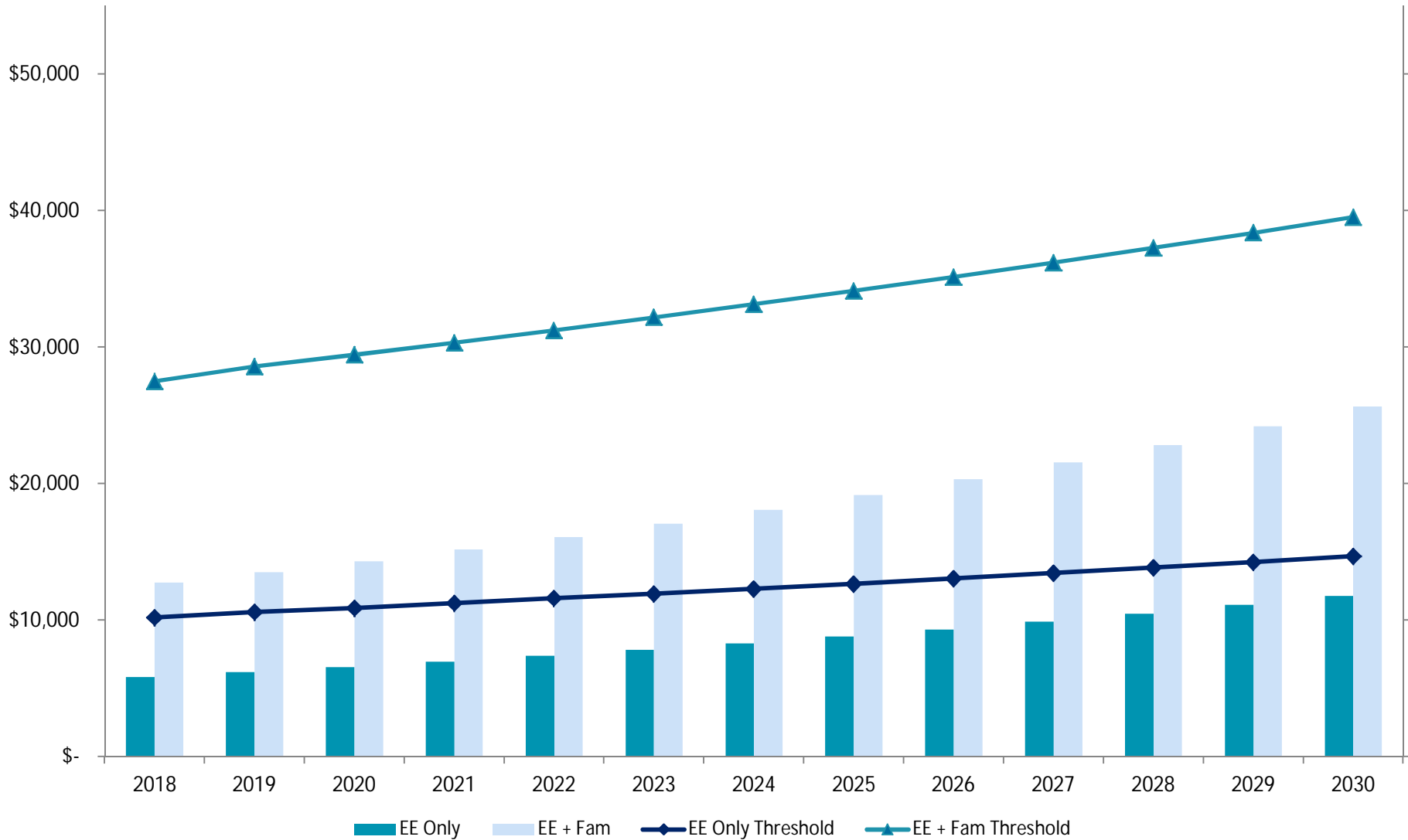
EXCISE THRESHOLD VS. PLAN COST

UHC OPTION 1 PLAN (PPO)

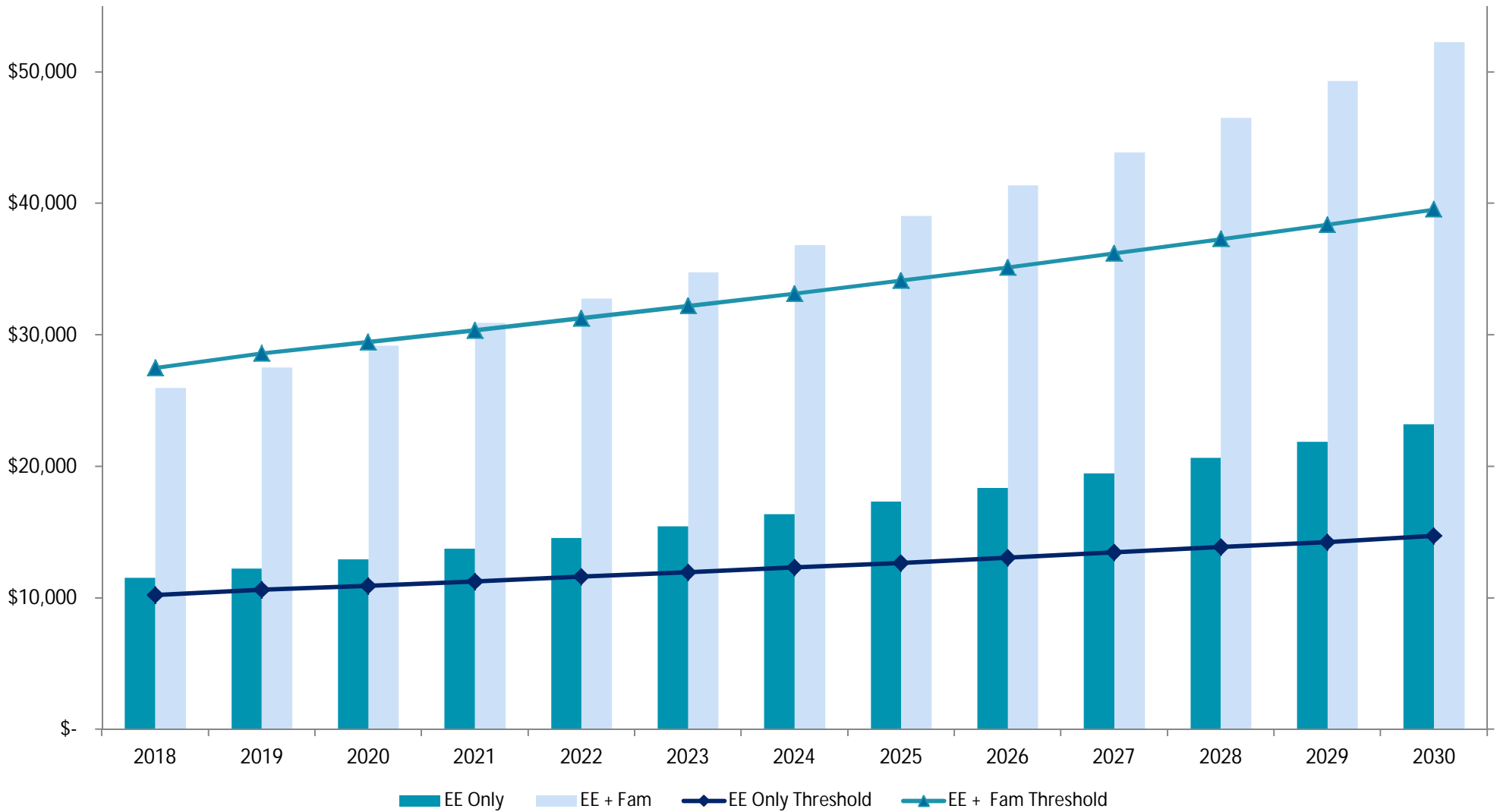


EXCISE THRESHOLD VS. PLAN COST

UHC HDHP OPTION 7 PLAN (HDHP)



EXCISE THRESHOLD VS. PLAN COST GROUP HEALTH COOPERATIVE PLAN (HMO)



WHAT'S INCLUDED?

Included in Calc.?	Types of Health Coverages	Comments
Yes	Employee and employer share of major medical cost/premium (e.g., PPO, HMO, HDHP, Rx)	<ul style="list-style-type: none"> • UHC PPO Options and HDHP • Group Health HMO
No	Self-insured dental and vision, even if HIPAA-excepted benefits	Preliminary guidance appears to indicate standalone self-insured dental plans will not be included, but final guidance has not been issued.
No	Health FSA	
No	Employer contributions to an HSA	
No	Employee pre-tax contributions to an HSA made through a cafeteria plan	Preliminary guidance appears to indicate employee pre-tax contributions to an HSA made through a cafeteria plan will be included, but final guidance has not been issued.
No	Including executive medical/physical benefits and possibly international benefits	
No	On-site primary care medical clinics	
No	Employee Assistance Programs w/counseling	
No	Medigap, TRICARE supplemental insurance, and other “similar supplemental coverage”	

ASSUMPTIONS

- Proposed trend to use in projecting benefit costs into the future.
 - Medical + Rx – 8%
 - Dental – 6%
 - Vision – 6%
 - HRA – 3%
- After 2018, the overall composite trend of medical/Rx, dental, and FSA elections is 6% unless noted otherwise. Trend increase/decrease scenarios shown are based on changes to this composite trend value.
- Tier structures vary between scenarios. Status quo calculations use the same ratios as current budget rates:

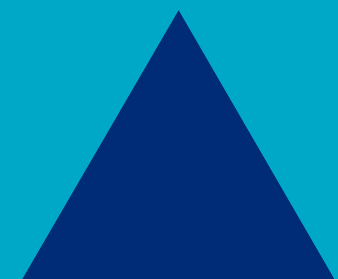
Tiers	PPO and ABP
Employee Only	1.00
Employee + Spouse	1.89
Employee + Child(ren)	1.37
Employee + Family	2.25

- Alternate Tier Ratios: The 2 tier structure uses 1.0 to 2.70, which mirrors excise tax thresholds.
- Budget rate tier ratios (as shown above) and relationships by plan are maintained to current values unless otherwise indicated.

ASSUMPTIONS (CONT.)

- Transitional reinsurance fees (\$44 PMPY in 2015) are removed from budget rate calculations.
- All scenarios assume no plan design changes.
- Enrollment by plan and tier was taken from the actives census provided by the Everett School Trust in February 2015

ESSB 5940 UPDATE

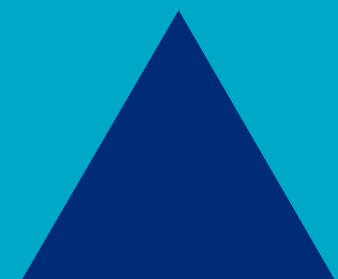


ESSB 5940 UPDATE

- The table below lists some of the primary requirements of ESSB 5940, the current status for the plans offered by ESEBT, and potential next steps.

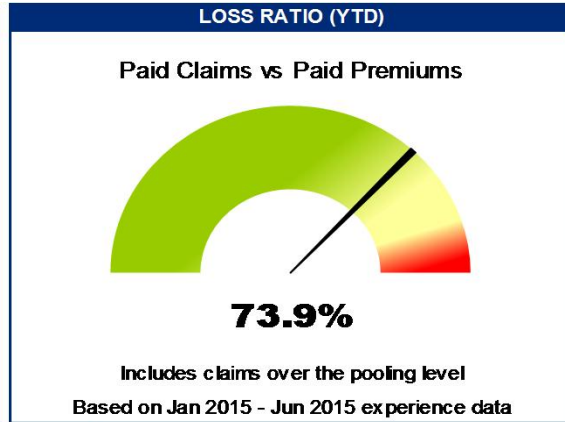
Requirement	Current Status	Next Steps
<ul style="list-style-type: none"> Offer a plan with high deductible and health savings account 	<ul style="list-style-type: none"> With the carve-out from WEA, ESEBT will continue to offer an HSA-eligible HDHP through UHC 	<ul style="list-style-type: none"> Maintain compliance
<ul style="list-style-type: none"> Offer a plan with full-time premium the same as that for state employees (15% FT contribution) 	<ul style="list-style-type: none"> The plan with the lowest employee premium cost share (GHC HMO) ranges between 18% and 22%. OSPI has not updated what the current target is. 	<ul style="list-style-type: none"> Consider this requirement when making ESEBT subsidy decisions for 2016
<ul style="list-style-type: none"> Must make progress toward more affordable full family insurance coverage; ratio of 3:1 	<ul style="list-style-type: none"> All current ratios are within the accepted range (between 2.5 & 2.85) 	<ul style="list-style-type: none"> Maintain compliance
<ul style="list-style-type: none"> Each K-12 public school employee pays a minimum premium charge 	<ul style="list-style-type: none"> All plans require a contribution 	<ul style="list-style-type: none"> Determine whether current contributions are an appropriate “minimum contribution”
<ul style="list-style-type: none"> Employee premiums are structured to ensure that employees who select richer benefit plans pay the higher premium 	<ul style="list-style-type: none"> Current contribution structure is in compliance 	<ul style="list-style-type: none"> Maintain compliance
<ul style="list-style-type: none"> Follow responsible contracting standards and open competitive bidding 	<ul style="list-style-type: none"> ESEBT conducted competitive marketing bids for their 2015 medical, dental, vision, life and disability coverages 	<ul style="list-style-type: none"> Continue to ensure that programs in place are cost effective and delivering market competitive value
<ul style="list-style-type: none"> Promote health care innovation and cost savings and significantly reduce administrative expense 	<ul style="list-style-type: none"> Wellness program can provide progress toward this requirement 	<ul style="list-style-type: none"> Consider additional means of improving health of members

EXPERIENCE REPORT



TOTAL MEDICAL YEAR-TO-DATE (YTD) JUNE 2015

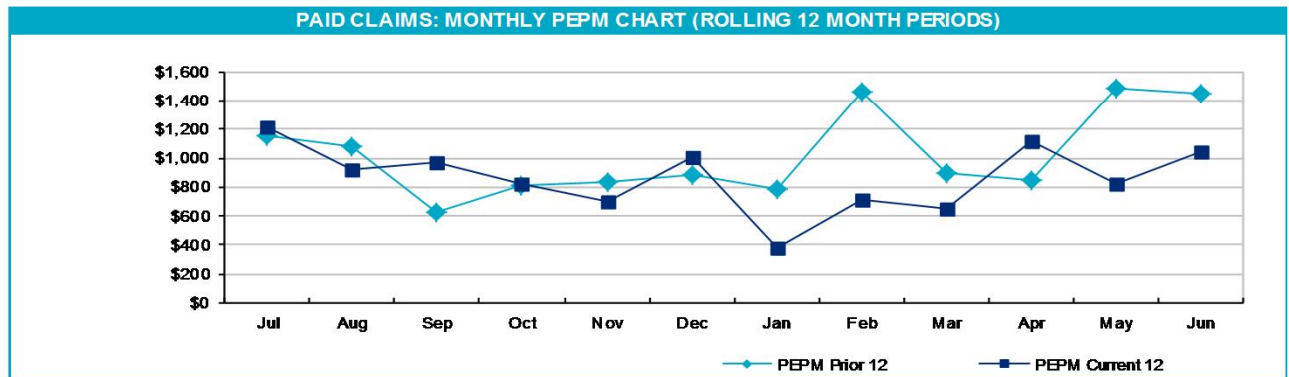
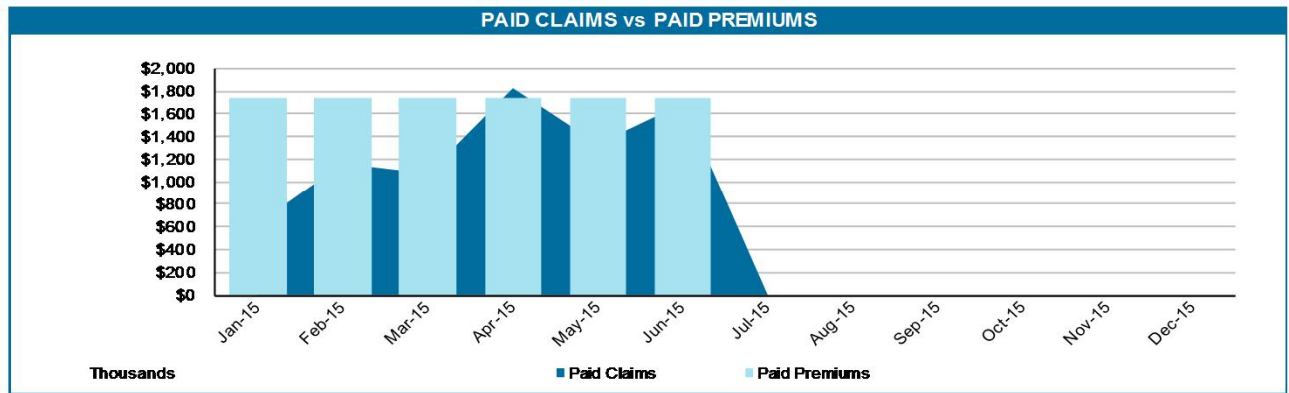
EXPERIENCE SUMMARY (YTD)	
Paid Claims	\$7,718,998
PEPM	\$786.05
Paid Premiums	\$10,448,198
PEPM	\$1,063.97



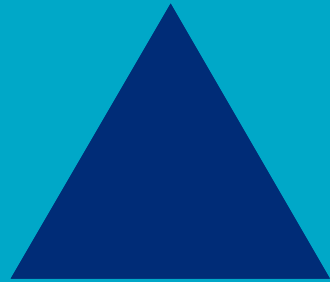
ENROLLMENT SUMMARY (YTD AVERAGE)	
EE Only	974
EE + Spouse	207
EE + Child(ren)	225
EE + Family	232
Total Employees	1,637

Legend: ■ EE Only ■ EE + Spouse ■ EE + Child(ren) ■ EE + Family

PAID CLAIMS (YTD)	
Medical	\$6,748,132 87.4%
Rx	\$970,866 12.6%
Total Gross Paid Claims	\$7,718,998



TRUST FINANCIAL PROJECTIONS



2016 BUDGET — STATUS QUO %

Financial Projections Comparison SQ Contrib strategy, UHC January 1, 2016 - December 31, 2016

Employee Dependents
UHC: 75% 66%
HMO: 80% 71%

Estimated Income

	1/1/2015 - 12/31/2015 Projection				1/1/2016 - 12/31/2016 Projection				1/1/2017 - 12/31/2017 Projection	
	PEPM or Mo. Sum	No. of Benefit FTEs	No. of Months	Estimated Total	PEPM or Mo. Sum	No. of Benefit FTEs	Number of Months	Estimated Total	Assumed % Change	Estimated Total
Employer Contributions (January through June)	\$768.00	1,973 ⁽¹⁾	6	\$9,092,556	\$780.00 ⁽²⁾	1,973 ⁽¹⁾	6	\$9,234,627	0%	\$9,234,627
Employer Contributions (July through December)	\$780.00	1,973 ⁽¹⁾	6	\$9,234,627	\$780.00 ⁽²⁾	1,973 ⁽¹⁾	6	\$9,234,627	0%	\$9,234,627
Additional Supplemental District Contribution				\$0				\$0	0%	\$0
Employee Contributions	n/a	n/a		\$5,833,234				\$6,438,402	10%	\$7,082,242
Investment Income ⁽³⁾				\$50,000				\$50,000	0%	\$50,000
Total Estimated Revenues				\$24,210,417				\$24,957,656		\$25,601,496

Estimated Expenses

	1/1/2015 - 12/31/2015 Projection				1/1/2016 - 12/31/2016 Projection				1/1/2017 - 12/31/2017 Projection	
	YTD Actual 1/1/15-6/30/15	PEPM or Mo. Sum	No. of Employees ⁽¹⁾	Estimated Total	PEPM or Mo. Sum	No. of Employees ⁽¹⁾	Number of Months	Estimated Total	Assumed % Change	Estimated Total
MetLife Life / AD&D Premiums	\$62,133	\$5.90	1,754	\$124,225	\$5.90	1,754	12	\$124,183	0%	\$124,183
MetLife Voluntary Term Life Premiums	\$91,646	\$16,415.81 ⁽⁴⁾	n/a	\$190,141	\$16,416	n/a	12	\$196,990	0%	\$196,990
Metlife Voluntary STD Premiums	\$57,365	\$9,560.92 ⁽⁴⁾	n/a	\$114,731	\$9,561	n/a	12	\$114,731	0%	\$114,731
Metlife LTD Premiums	\$182,356	\$16.26 ⁽⁴⁾	1,870	\$364,793	\$16.26	1,870	12	\$364,874	0%	\$364,874
Delta Dental Premiums	\$781,300	\$87.15 ⁽⁴⁾	1,486	\$1,550,602	\$84.55 ⁽⁵⁾	1,486	12	\$1,528,727	5%	\$1,605,164
Willamette Dental Premiums	\$259,134	\$74.70 ⁽⁴⁾	583	\$524,749	\$78.40 ⁽⁵⁾	583	12	\$553,057	5%	\$580,710
UHC Medical Premiums	\$6,740,607	n/a	1,109	\$13,401,716	n/a	1,109	12	\$15,016,483	10%	\$16,518,131
Metlife Vision	\$197,265	\$15.92 ⁽⁴⁾	2,063	\$394,322	\$15.92	2,063	12	\$398,928	0%	\$398,928
Group Health Medical Premiums ⁽⁶⁾	\$3,700,960	n/a	520	\$7,387,112	n/a	520	12	\$8,036,580	10%	\$8,840,238
UNUM Voluntary LTC Premiums	\$5,469	\$911.57	n/a	\$10,939	\$1,139	n/a	12	\$13,674	25%	\$17,093
Wellness Program Internal Support	n/a	n/a	n/a	\$32,125	n/a	n/a	n/a	\$26,250	0%	\$26,250
Magellan EAP	\$18,988	\$1.65	1,918	\$37,976	\$1.65	1,918	12	\$37,976	5%	\$39,875
Quit for Life Tobacco Cessation	n/a	n/a	n/a	\$2,250	n/a	n/a	n/a	\$2,250	0%	\$2,250
Mind & Body	n/a	n/a	n/a	\$0	n/a	n/a	n/a	\$0	0%	\$0
Weight Watchers	n/a	n/a	n/a	\$4,085.57				\$4,000	0%	\$4,000
Mercer Consulting Fee	n/a	n/a	n/a	\$85,000	n/a	n/a	n/a	\$85,000	0%	\$85,000
ESEBT Administration ⁽⁷⁾	n/a	n/a	n/a	<u>\$162,552</u>	n/a	n/a	n/a	<u>\$167,429</u>	3%	<u>\$172,451</u>
Total Estimated Expenses				\$24,387,319				\$26,671,132		\$29,090,867
Estimated Surplus / (Deficit) (based on estimated/current enrollment)				(\$176,901)				(\$1,713,476)		(\$3,489,371)
Unallocated reserve at December 31⁽⁸⁾				\$7,764,317				\$6,050,841		\$2,561,470
Months of expenses				3.8				2.7		1.1

2016 BUDGET NOTES

Notes:

- (1) Enrollment based on June 2015 summary of Payments to Carriers from ESEBT.
- (2) Allocations shown as outlined Engrossed Substitute House Bill 6052 effective 6/20/2015. Includes 0.0% increase effective for the 2016-2017 period and assumes a 0% increase in the 2017-2018 budget.
- (3) Based on investment earnings plus appreciation of market value through May 2015 with assumed interest for June from ESEBT Statement of Operations and Fund Balance.
- (4) Based on current rates and June 2015 enrollment.
- (5) Projected 2016/2017 is estimated at a 5% increase effective November 1, 2016 for dental.
- (6) Based on Group Health renewal effective January 1, 2016 (9.0% increase).
- (7) Based on administrative expenses from January through April 2015 annualized from ESEBT Statement of Operations and Fund Balance. Assumes an increase of 3% for 2016.
- (8) Based on a year end fund balance at 12/31/2014 of \$7,941,218.

SUMMARY OF CONTRIBUTION SCENARIOS EMPLOYER SUBSIDY PERCENTAGES

- **Scenario SQ %:** All EE contribution % amounts remain the same as the 2015 plan year.
- **Scenario SQ \$:** All EE contribution \$ amounts remain the same as the 2015 plan year.
- **Scenario 1:** Adjust employee contributions targeting three-month reserve at end of 2016.

	Status Quo (Flat %)	Status Quo (Flat \$)	Scenario 1 UHC 3 mo
WEA — Employee ¹	78%	80%	75%
WEA — Dependent ¹	69%	72%	66%
GHC — Employee	82%	83%	80%
GHC — Dependent	74%	76%	71%
2016 Estimated Reserve	2.7	2.5	3.0
2017 Estimated Reserve	1.1	0.5	1.6

¹ UHC Plan 3 only. Plans 2 and 5 are buy-up plans from Plan 3.

BASELINE RATE SUMMARY MEDICAL PLANS

Everett School Employees Benefit Trust 2016 Employee Contribution Exhibit - UHC Scenarios

	2015 Contributions	2016 Contribs SQ (Flat %)	Ratio to % Inc Single		2016 Contribs SQ (Flat \$)	Ratio to % Inc Single		2016 Contribs Sc. 1 UHC (3mo reserve)	Ratio to % Inc Single	
UHC Option 2										
EE	\$237.96	\$266.51	12.0%	1.00	\$237.96	0.0%	1.00	\$290.20	22.0%	1.00
EE + Spouse	\$488.16	\$546.73	12.0%	2.05	\$488.16	0.0%	2.05	\$590.09	20.9%	2.03
EE + Child(ren)	\$338.94	\$379.61	12.0%	1.42	\$338.94	0.0%	1.42	\$411.24	21.3%	1.42
EE + Family	\$597.87	\$669.61	12.0%	2.51	\$597.87	0.0%	2.51	\$721.59	20.7%	2.49
UHC Option 3										
EE	\$155.16	\$173.78	12.0%	1.00	\$155.16	0.0%	1.00	\$197.47	27.3%	1.00
EE + Spouse	\$336.63	\$377.03	12.0%	2.17	\$336.63	0.0%	2.17	\$420.39	24.9%	2.13
EE + Child(ren)	\$228.40	\$255.81	12.0%	1.47	\$228.40	0.0%	1.47	\$287.44	25.8%	1.46
EE + Family	\$416.21	\$466.16	12.0%	2.68	\$416.21	0.0%	2.68	\$518.14	24.5%	2.62
UHC Option 4/5/6										
EE	\$110.13	\$123.34	12.0%	1.00	\$110.13	0.0%	1.00	\$140.16	27.3%	1.00
EE + Spouse	\$238.94	\$267.60	12.0%	2.17	\$238.94	0.0%	2.17	\$298.39	24.9%	2.13
EE + Child(ren)	\$162.12	\$181.56	12.0%	1.47	\$162.12	0.0%	1.47	\$204.02	25.8%	1.46
EE + Family	\$295.42	\$330.87	12.0%	2.68	\$295.42	0.0%	2.68	\$367.77	24.5%	2.62
UHC Option 1										
EE	\$397.03	\$444.68	12.0%	1.00	\$397.03	0.0%	1.00	\$468.37	18.0%	1.00
EE + Spouse	\$779.26	\$872.78	12.0%	1.96	\$779.26	0.0%	1.96	\$916.14	17.6%	1.96
EE + Child(ren)	\$551.30	\$617.47	12.0%	1.39	\$551.30	0.0%	1.39	\$649.10	17.7%	1.39
EE + Family	\$946.88	\$1,060.52	12.0%	2.38	\$946.88	0.0%	2.38	\$1,112.50	17.5%	2.38
UHC Option 7										
EE	\$86.12	\$96.45	12.0%	1.00	\$86.12	0.0%	1.00	\$109.61	27.3%	1.00
EE + Spouse	\$186.85	\$209.27	12.0%	2.17	\$186.85	0.0%	2.17	\$233.34	24.9%	2.13
EE + Child(ren)	\$126.77	\$141.98	12.0%	1.47	\$126.77	0.0%	1.47	\$159.55	25.9%	1.46
EE + Family	\$231.02	\$258.74	12.0%	2.68	\$231.02	0.0%	2.68	\$287.60	24.5%	2.62
GHC										
EE	\$138.00	\$150.00	8.7%	1.00	\$138.00	0.0%	1.00	\$167.00	21.0%	1.00
EE + Spouse	\$315.00	\$343.00	8.9%	2.29	\$315.00	0.0%	2.28	\$383.00	21.6%	2.29
EE + Child(ren)	\$214.00	\$233.00	8.9%	1.55	\$214.00	0.0%	1.55	\$259.00	21.0%	1.55
EE + Family	\$389.00	\$424.00	9.0%	2.83	\$389.00	0.0%	2.82	\$472.00	21.3%	2.83

Projected reserve months at end of 2016
under each contribution scenario:

2.7

2.5

3.0

ALTERNATE MEDICAL PROPOSALS



WEA MEDICAL

- We have provided an exhibit of what it would look like to move back to the WEA.
- Enrollment is assumed to be similar to plans as of 2014 when in the WEA – but with current enrollment (as of June 2015).
- It would be an additional estimated increase of \$384,000 to move back to the WEA, from the current 2016 renewal with UHC and GHC.
- Additionally, the plan offerings through the WEA have changed since 2014. Details are highlighted in the appendix

COMPARISON OF WEA AND UHC RENEWAL RATES AND ANNUALIZED COST

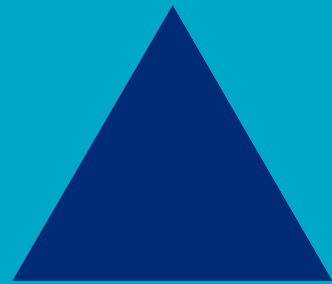
		Effective January 1, 2016			Effective November 1, 2015					
		2015 (CURRENT)	2016 (RENEWAL)			2015-2016 (ALTERNATIVE - WEA)				
		Health Plans (UHC & GHC)	Health Plans (UHC & GHC)			WEA 6% Increase for 2016/2017				
PPO Plan 2		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$200 Ded; \$25 OVC; \$1,500 OOP; 80%; \$10/\$20/\$35 Rx	\$200 Ded; \$25 OVC; \$1,500 OOP; 80%; \$10/\$20/\$35 Rx			\$200 Ded; \$25 OVC; \$1,500 OOP; 80%; \$10/\$20/\$35 Rx				
Employee Only	98	\$788.06	\$882.62	\$94.56	12.00%	\$909.05	\$120.99	\$26.43	15.35%	2.99%
Employee / Spouse	49	\$1,442.19	\$1,615.24	\$173.05	12.00%	\$1,663.62	\$221.43	\$48.38	15.35%	3.00%
Employee / Childrer	51	\$1,052.07	\$1,178.31	\$126.24	12.00%	\$1,213.62	\$161.55	\$35.31	15.36%	3.00%
Employee / Family	34	\$1,729.03	\$1,936.50	\$207.47	12.00%	\$1,994.45	\$265.42	\$57.95	15.35%	2.99%
Annualized Total	232	\$3,124,077	\$3,498,940	\$374,863	12.00%	\$3,603,720	\$479,643	\$104,780	15.35%	2.99%
PPO Plan 3		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$300 Ded; \$30 OVC; \$2,750 OOP; 80%; \$15/\$25/\$40 Rx	\$300 Ded; \$30 OVC; \$2,750 OOP; 80%; \$15/\$25/\$40 Rx			\$300 Ded; \$30 OVC; \$2,750 OOP; 80%; \$15/\$25/\$40 Rx				
Employee Only	169	\$705.26	\$789.89	\$84.63	12.00%	\$802.29	\$97.03	\$12.40	13.76%	1.57%
Employee / Spouse	98	\$1,290.66	\$1,445.54	\$154.88	12.00%	\$1,468.29	\$177.63	\$22.75	13.76%	1.57%
Employee / Childrer	103	\$941.53	\$1,054.51	\$112.98	12.00%	\$1,071.16	\$129.63	\$16.65	13.77%	1.58%
Employee / Family	96	\$1,547.37	\$1,733.05	\$185.68	12.00%	\$1,760.33	\$212.96	\$27.28	13.76%	1.57%
Annualized Total	466	\$5,894,385	\$6,601,700	\$707,315	12.00%	\$6,705,604	\$811,219	\$103,904	13.76%	1.57%
PPO Plan 1		Total	Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
		\$200 Ded; \$15 OVC; \$500 OOP; 90%; \$10/\$15/\$30 Rx	\$200 Ded; \$15 OVC; \$500 OOP; 90%; \$10/\$15/\$30 Rx			\$200 Ded; \$15 OVC; \$500 OOP; 90%; \$10/\$15/\$30 Rx				
Employee Only	48	\$947.13	\$1,060.79	\$113.66	12.00%	\$1,063.33	\$116.20	\$2.54	12.27%	0.24%
Employee / Spouse	17	\$1,733.29	\$1,941.29	\$208.00	12.00%	\$2,043.23	\$309.94	\$101.94	17.88%	5.25%
Employee / Childrer	22	\$1,264.43	\$1,416.17	\$151.74	12.00%	\$1,450.82	\$186.39	\$34.64	14.74%	2.45%
Employee / Family	15	\$2,078.04	\$2,327.41	\$249.37	12.00%	\$2,461.42	\$383.38	\$134.01	18.45%	5.76%
Annualized Total	102	\$1,606,995	\$1,799,841	\$192,846	12.00%	\$1,855,367	\$248,372	\$55,526	15.46%	3.09%

COMPARISON OF WEA AND UHC RENEWAL RATES AND ANNUALIZED COST

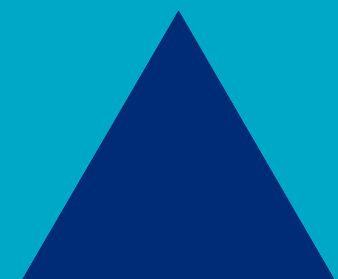
	Effective January 1, 2016					Effective November 1, 2015				
	2015 (CURRENT) Health Plans (UHC & GHC)		2016 (RENEWAL) Health Plans (UHC & GHC)			2015-2016 (ALTERNATIVE - WEA) WEA 6% Increase for 2016/2017				
PPO Plan 4, 5, 6	Total		Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
						WEA EasyChoice				
	\$1,000 Ded; \$15 OVC; \$4,000 OOP; 80%; \$500-\$0/30%/30% Rx \$750 Ded; \$30 OVC; \$3,500 OOP; 75%; \$250-\$0/\$30/\$45 Rx \$100 Ded; \$35 OVC; \$4,200 OOP; 65%; \$500-\$0/\$30/\$45 Rx		\$1,000 Ded; \$15 OVC; \$4,000 OOP; 80%; \$500-\$0/30%/30% Rx \$750 Ded; \$30 OVC; \$3,500 OOP; 75%; \$250-\$0/\$30/\$45 Rx \$100 Ded; \$35 OVC; \$4,200 OOP; 65%; \$500-\$0/\$30/\$45 Rx			Plan A: \$1,000 Ded; \$15 OVC; \$4,000 OOP; 80%; \$500-\$0/30%/30% Rx Plan B: \$750 Ded; \$30 OVC; \$3,500 OOP; 75%; \$250-\$0/\$30/\$45 Rx				
Employee Only 113	\$500.58	\$560.65	\$60.07	12.00%	\$586.20	\$85.62	\$25.55	17.10%	4.56%	
Employee / Spouse 38	\$916.09	\$1,026.02	\$109.93	12.00%	\$1,064.59	\$148.50	\$38.57	16.21%	3.76%	
Employee / Childre 47	\$668.28	\$748.47	\$80.19	12.00%	\$777.55	\$109.27	\$29.08	16.35%	3.89%	
Employee / Family 81	\$1,098.29	\$1,230.09	\$131.80	12.00%	\$1,275.48	\$177.19	\$45.39	16.13%	3.69%	
Annualized Total 279	\$2,540,971	\$2,845,891	\$304,920	12.00%	\$2,958,647	\$417,676	\$112,756	16.44%	3.96%	
PPO Plan 7 (HDHP)	Total		Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
	\$1,500 Ded; \$4,000 OOP; 80%; 20% Rx		\$1,500 Ded; \$4,000 OOP; 80%; 20% Rx			WEA QHDHP				
						\$1,500 Ded; \$4,000 OOP; 80%; 20% Rx				
Employee Only 11	\$391.46	\$438.43	\$46.97	12.00%	\$460.86	\$69.40	\$22.43	17.73%	5.12%	
Employee / Spouse 2	\$716.39	\$802.35	\$85.96	12.00%	\$835.93	\$119.54	\$33.58	16.69%	4.18%	
Employee / Childre 4	\$522.60	\$585.31	\$62.71	12.00%	\$610.90	\$88.30	\$25.59	16.90%	4.37%	
Employee / Family 6	\$858.88	\$961.93	\$103.05	12.00%	\$987.63	\$128.75	\$25.70	14.99%	2.67%	
Annualized Total 23	\$155,790	\$174,483	\$18,693	12.00%	\$181,329	\$25,538	\$6,846	16.39%	3.92%	
HMO (GHC)	Total		Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
	No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx		No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx			GHC HMO				
						No Ded; \$15 OV; \$2,000 OOP; No Coins; \$10/20/NC Rx				
Employee Only 208	\$766.77	\$835.46	\$68.69	8.96%	\$835.46	\$68.69	\$0.00	8.96%	0.00%	
Employee / Spouse 83	\$1,449.20	\$1,579.02	\$129.82	8.96%	\$1,579.02	\$129.82	\$0.00	8.96%	0.00%	
Employee / Childre 91	\$1,058.15	\$1,152.94	\$94.79	8.96%	\$1,152.94	\$94.79	\$0.00	8.96%	0.00%	
Employee / Family 137	\$1,732.91	\$1,888.14	\$155.23	8.96%	\$1,888.14	\$155.23	\$0.00	8.96%	0.00%	
Annualized Total 519	\$7,361,665	\$8,021,125	\$659,460	8.96%	\$8,021,125	\$659,460	\$0	8.96%	0.00%	
Combined Total	Total		Total	\$ Increase	% Change	Total	\$ Increase Over Current	\$ Increase Over Renewal	% Change Over Current	Over Renewal
Annualized Total 1,621	\$20,683,883	\$22,941,980	\$2,258,097	10.92%	\$23,325,791	\$2,641,908	\$383,811	12.77%	1.67%	
Annualized Increase						\$383,811				

All estimates based upon the information available at a point in time are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate.

APPENDIX



2016 PLAN DESIGN FOR ALL COVERAGES



2015-2016 MEDICAL BENEFIT CHART

2016 Medical Benefit Comparison

WEA (Eff. 11/1/2015 through 10/31/2016) & Public Employees Benefits Board (PEBB) (Eff. 1/1/2015 through 12/31/2015)

Medical	WEA Plan 2	WEA Plan 3	WEA Plan 5	WEA EasyChoice	WEA QHDHP	PEBB - Group Health Classic	PEBB - Group Health Value	PEBB – Uniform Medical Plan
Annual Deductible	\$200/person \$600/family	\$300/person \$900/family	\$200/person \$600/family Non-network \$350 per person	Plan A: \$1,000/\$3,000 in network Plan B: \$750/\$2,250 in network Pharmacy: (Per Person) Plan A - \$500; B - \$250 All Plans include non network ded.	\$1,500/person \$3,000/family	\$250/person \$750/family	\$350/person \$1,050/family	Medical: \$250/person \$750/family Pharmacy: \$100/person \$300/family
Annual out of Pocket	Medical: \$1,700/person \$5,100/family (Includes deductible & copays) OON: \$3,400/person \$10,200/family Pharmacy: \$2,000/person \$4,000/family	Medical: \$2,950/person \$8,850/family (Includes deductible & copays) OON: \$5,900/person \$17,700/family Pharmacy: \$2,000/person \$4,000/family	Medical: \$700/person \$2,100/family (Includes deductible & copays) No out-of-pocket maximum for non-network services Pharmacy: \$2,000/person \$4,000/family	Plan A: \$4,000/\$8,000 in network Plan B: \$3,500/\$7,000 in network (includes copay, coinsurance and deductible) All Plans non network: Unlimited Pharmacy A & B: \$2,500/person \$5,000/family	\$4,000/person \$8,000/family	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family	Medical: \$2,000/person \$4,000/family Pharmacy: \$2,000/person
Office Visit copays	\$25 network \$30 non-network (does not accrue towards deductible)	\$30 network \$40 non-network (does not accrue towards deductible)	\$15 network 30% non-network (does not accrue towards deductible)	Plan A: \$15 in network Plan B: \$30 in network All plans non network: 50%	80% coinsurance	\$15 copay	\$20 copay	85% coinsurance

2015-2016 MEDICAL BENEFIT CHART

Medical	WEA Plan 2	WEA Plan 3	WEA Plan 5	WEA EasyChoice	WEA QDHP	PEBB - Group Health Classic	PEBB - Group Health Value	PEBB – Uniform Medical Plan
Hospital Inpatient copay	\$150/day to \$450 maximum/ person/calendar year Deductible and coinsurance apply	\$150/day to \$450 maximum/ person/calendar year Deductible and coinsurance apply	\$150/day to \$450 maximum/ person/calendar year Deductible and coinsurance apply	None Deductible and coinsurance apply	80% coinsurance	\$150/day (\$750 max/admission)	\$200/day (\$1000 max/admission)	\$200/day (\$600 max/year per person); 85% coinsurance apply
Hospital Physician Services	80% network 60% non-network	80% network 60% non-network	90% network 70% non-network	Plan A: 80% in network Plan B: 75% in network All plans non network: 50%	80% coinsurance	\$150 copay	\$200 copay	85% coinsurance
Preventive Care	100% network 80% non-network	100% network 80% non-network	100% network 70% non-network (exams/immunizations non-network are not covered)	100% network 50% non-network (exams/immunizations non-network are not covered)	100%	100%	100%	100%

2015-2016 MEDICAL BENEFIT CHART

Medical	WEA Plan 2	WEA Plan 3	WEA Plan 5	WEA EasyChoice	WEA QHDHP	PEBB - Group Health Classic	PEBB - Group Health Value	PEBB – Uniform Medical Plan
Prescription Drug Copays	\$10 generic \$20 preferred brand \$35 non preferred brand \$50 specialty Mail order: \$15 generic \$30 preferred brand \$45 non preferred brand	\$15 generic \$25 preferred brand \$40 non preferred brand \$60 specialty Mail order: \$20 generic \$35 preferred brand \$50 non preferred brand	\$10 generic \$15 preferred brand \$30 non preferred Brand \$50 specialty Mail order: \$15 generic \$30 preferred brand \$60 non preferred brand	Retail Copays: Plan A: \$5/\$30/30% Plan B: \$5/\$30/\$45 Mail Order Copays: Plan A: \$10/25%/25% Plans B: \$10/\$75/\$112 Special Drugs All Plans: 30%	Subject to deductible and coinsurance. (Certain generics are covered at 100%; not subject to deductible)	\$5 generic \$20 preferred brand \$40 non preferred brand 50% up to \$250 specialty Mail order: \$10 generic \$40 preferred brand \$80 non preferred Brand 50% up to \$750 specialty	\$5 generic \$20 preferred brand \$40 non preferred brand 50% up to \$250 specialty Mail order: \$10 generic \$40 preferred brand \$80 non preferred brand 50% up to \$750 specialty	Retail: 5% generic (up to \$10/30-day supply) 10% preferred brand (up to \$25/ 30-day supply) 30% non preferred brand (up to \$75/30-day supply) 50% up to \$150 specialty Mail order: 5% generic (up to \$30/90-day supply) 10% preferred brand (up to \$75/90-day supply) 30% non preferred brand (up to \$225/90-day supply) 50% up to \$150 specialty
Rates ^[1]								
• EE	\$ 900.05	\$ 794.35	\$ 1,052.80	\$ 580.40	\$ 456.30	\$589.02	\$558.22	\$567.17
• EE & Spouse	\$1,647.15	\$ 1,453.75	\$ 2,023.00	\$ 1,054.05	\$ 827.65	\$1,171.91	\$1,110.30	\$1,128.21
• EE, Spouse & Child(ren)	\$1,974.70	\$ 1,742.90	\$ 2,437.05	\$ 1,262.85	\$ 977.85	\$1,609.08	\$1,524.37	\$1,548.99
• EE & Child(ren)	\$1,201.60	\$ 1,060.55	\$ 1,436.45	\$ 769.85	\$ 604.85	\$1,026.19	\$972.28	\$987.95

¹ WEA premiums shown are the 10% discounted rates.

2016 MEDICAL BENEFIT CHART

2016 Medical Benefit Comparison

Everett School Employee Benefits Trust (Effective 1/1/2016 to 12/31/2016)

Medical	UHC Option 2 (formerly WEA Plan 2)	UHC Option 3 (formerly WEA Plan 3)	UHC Option 1 (formerly WEA Plan 5)	UHC Option 4,5,6 (formerly WEA Easy Choice A,B,C)	UHC HDHP Option 7 (formerly WEA QHDHP)	GHC HMO Plan
Annual Deductible	\$200/person \$600/family	\$300/person \$900/family	\$200/person \$600/family Non-network \$350 per person	Option 4: \$1,000/\$3,000 in-network Option 5: \$750/\$2,250 in-network Option 6: \$100/\$300 in-network All Plans include out-of-network ded.	\$1,500/person \$3,000/family	No deductible
Annual out of Pocket	\$1,500/person \$4,500/family (Includes deductible & copays)	\$2,750/person \$8,250/family (Includes deductible & copays)	\$500/person \$1,500/ family (Includes deductible & copays) No out-of-pocket maximum for non-network services	Option 4: \$4,000/\$12,000 in-network Option 5: \$3,500/\$10,500 in-network Option 6: \$4,200/\$12,600 in-network (includes copay, coinsurance and deductible) All Plans out-of-network: Unlimited	\$4,000/person \$6,850/family	\$2,000/person \$4,000/family
Office Visit copays	\$25 network \$30 non-network (does not accrue towards deductible)	\$30 network \$40 non-network (does not accrue towards deductible)	\$15 network 30% non-network (after deductible)	Option 4: \$15 in / 50% out Option 5: \$30 in / 50% out Option 6: \$35 in / 50% out	80% coinsurance	\$15 copay
Hospital Inpatient copay	\$150/admission, 80% deductible applies	\$300/admission, 80% deductible applies	\$200/admission, 90% coinsurance applies	None Deductible and coinsurance apply	80% coinsurance	\$100 per day, up to three days per admission
Hospital Physician Services	80% network 60% non-network	80% network 60% non-network	90% network 70% non-network	Option 4: 80% in / 50% out Option 5: 75% in / 50% out Option 6: 65% in / 50% out	80% coinsurance	100%
Preventive Care	100% network 80% non-network	100% network 80% non-network	100% network 70% non-network (exams/immunizations non-network are not covered)	100% network 50% non-network (exams/immunizations non-network are not covered)	100% (non-network not covered)	100%

2016 MEDICAL BENEFIT CHART

Medical	UHC Option 2 (formerly WEA Plan 2)	UHC Option 3 (formerly WEA Plan 3)	UHC Option 1 (formerly WEA Plan 5)	UHC Option 4,5,6 (formerly WEA Easy Choice A,B,C)	UHC HDHP Option 7 (formerly WEA QHDHP)	GHC HMO Plan
Prescription Drug Copays	\$10 Tier 1 \$20 Tier 2 \$35 Tier 3 Mail order: \$10 Tier 1 \$20 Tier 2 \$35 Tier 3	\$15 Tier 1 \$25 Tier 2 \$40 Tier 3 Mail order: \$15 Tier 1 \$25 Tier 2 \$40 Tier 3	\$10 Tier 1 \$15 Tier 2 \$30 Tier 3 Mail order: \$10 Tier 1 \$30 Tier 2 \$60 Tier 3	CY Deductible (per person): Option 4 - \$500; Option 5 - \$250; Option 6 - \$500 CY Out of pocket ax/person: All plans - \$5,000 (Ded, OOP, copays) Retail Copays: Option 4: \$0/\$30/30% Option 5 and 6: \$0/\$30/\$45 Mail Order Copays: Option 4: \$0/25%/25% Option 5 and 6: \$0/\$75/\$112 Special Drugs All Plans: 30%	Subject to deductible and coinsurance. (Certain generics are covered at 100%; not subject to deductible)	Retail: \$10 generic \$20 preferred brand Mail order: \$20 generic \$40 preferred brand
Rates (PEPM)						
EE	\$882.62	\$789.89	\$1,060.79	\$560.65	\$438.43	\$835.46
EE & Spouse	\$1,615.24	\$1,445.54	\$1,941.29	\$1,026.02	\$802.35	\$1,579.02
EE & Child(ren)	\$1,178.31	\$1,054.51	\$1,416.17	\$748.47	\$585.31	\$1,152.94
EE & Spouse & Child(ren)	\$1,936.50	\$1,733.05	\$2,327.41	\$1,230.09	\$961.93	\$1,888.14

2016 DENTAL BENEFIT CHART

DELTA DENTAL OF WA PLAN C AND WILLAMETTE PLAN 1 (FULLY-INSURED)

Coverage	Delta Dental of WA	Willamette
Deductible	None	None
Annual Maximum	\$1,750 (\$2,000 if you see a Delta Dental PPO dentist)	Unlimited
Class I – Diagnostic & Preventive	100%	100% after \$15 copay
Class II – Restorative <ul style="list-style-type: none"> Restorations, Endodontics, Periodontics, Oral Surgery 	80%	100% after \$15 copay
Class II – Crowns & Onlays	50%	100% after \$15 copay per visit; additional \$50 copay for crowns
Class III – Major <ul style="list-style-type: none"> Dentures, Partials, Bridges, and Implants 	50%	100% after \$15 copay per visit; additional \$50 procedural copay
TMJ – Surgical and Nonsurgical <ul style="list-style-type: none"> Annual maximum Lifetime maximum 	50% \$1,000 \$5,000	100% \$1,000 \$5,000
Orthodontia	Not covered	Not covered
Rates (PEPM)	\$84.55	\$78.40

2016 VISION BENEFIT CHART

METLIFE VISION PLAN

Coverage	MetLife
Copay Amounts	\$5
<ul style="list-style-type: none"> Exam 	
Exam once every calendar year after copay	Paid in full
Eyeglass lenses (pair) once every calendar year	
<ul style="list-style-type: none"> Single vision Bifocal Trifocal Lenticular Continuous blend Lens tinting, coating, or oversize 	Paid in full Paid in full Paid in full Paid in full Paid in full after copay Paid in full after copay
Frames	Covered up to \$130 allowance (up to \$70 at Costco) Once every 12 months
Contact lenses (in lieu of frames and eyeglass lenses)	Covered up to \$130 allowance Once every 12 months
Rate (PEPM)	\$15.92

2016 OTHER BENEFIT CHARTS

Magellan (Service Contract) Employee Assistance Plan

Coverage	Benefits
Employee Assistance Plan	One to five visits (per issue) model, up to 25 hours of critical incident stress management (i.e., group sessions for affected employees following a traumatic event) and up to six training/service hours

UNUM (Fully-Insured) Long Term Care

Coverage	Benefits
Covered Benefits	\$1,000 to \$3,500 monthly benefit for nursing home care, as pre-selected by the participant, and 50% of the facility benefit for home and community-based care
Waiting Period	60 days
Benefit Maximum	Plan benefits are capped through a “pool” of dollars equivalent to three or five years (36 or 60 months) times the monthly facility benefit

2016 OTHER BENEFIT CHARTS

METLIFE (FULLY-INSURED)

Life Insurance Programs

Coverage	Benefits
Basic Life & AD&D	\$50,000 ¹
Supplemental Life	
• Employee	\$10,000 units up to five times basic annual earnings to a maximum of \$250,000
• Spouse	One-half employee supplemental life coverage
• Child(ren)	\$2,000 each

¹ The Life and AD&D benefits amounts reduce 35% at age 65, and additional 20% of the original amount at age 70, an additional 15% of the original amount at age 75 and an additional 10% of the original amount at age 80.

2016 OTHER BENEFIT CHARTS

METLIFE (FULLY-INSURED)

Long-Term Disability Coverage

Coverage	Benefits
Benefit Waiting Period	90 days of continuous total disability
LTD Benefit	66 2/3% of basic monthly earnings
Maximum LTD Benefit	\$8,000 before reduction by deductible income
Minimum LTD Benefit	\$100 or 10% of LTD benefits before reduction by deductible income, whichever is greater
Benefit Duration (based on age at beginning of total disability) <ul style="list-style-type: none"> • Under age 60 • Age 60 through Age 64 • Age 65 through Age 69 • Age 70 and over 	<ul style="list-style-type: none"> • To age 65 • 5 years • To age 70 • 1 year
Return to Work Provision	50% reduction after 12 months
Survivor Benefits	Three times monthly benefit
Limitations	24 months for mental illness, alcoholism and drug abuse

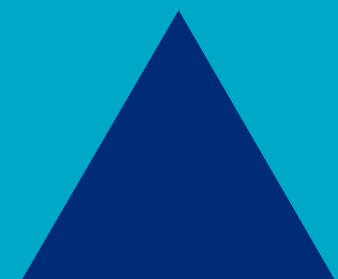
2016 OTHER BENEFIT CHARTS

METLIFE (FULLY-INSURED)

Voluntary Short-Term Disability Coverage

Coverage	Benefits
Benefit Waiting Period	14 days (other waiting periods apply if not enrolled when first eligible)
STD Benefit	66 2/3% of pre-disability earnings
Maximum STD Benefit	\$600/week
Minimum STD Benefit	\$15/week

WEA SELECT BENEFIT PLANS RENEWAL SUMMARY



WEA PLAN CHANGES

- 2013-2014
 - Moved the plan year from 10/1 to 11/1
 - Increased the in & out of network deductibles on
 - Plan 2 by \$100/\$300 to \$200/\$600 individual/family
 - Plan 3 \$100/\$300 to \$300/\$900 individual/family
 - Plan 5 \$100/\$300 (in-network) to \$200/\$600 (in-network)

- 2014-2015
 - Copayments to accrue towards OOP max
 - Removed the annual dollar limit from the QHDHP
 - TMJ covered on all plans except EasyChoice
 - Premera implemented mandatory prior authorization policy for certain planned medical services

In-Network	EasyChoice A		EasyChoice B		EasyChoice C	
Cost Shares	Current	New	Current	New	Current	New
Deductible	No change		No change		\$0	\$100
Out-of-pocket Maximum						
• Individual	\$5,000	\$4,000	\$4,000	\$3,500	\$7,500	\$4,200
• Family	\$15,000	\$12,000	\$12,000	\$10,500	\$22,500	\$12,600

WEA PLAN CHANGES

- 2015-2016
 - Eliminated Easy Choice Plan C
 - Offering a new Basic plan – a \$1,250 deductible and \$30 office visit copay and 30% coinsurance
 - Separate Rx deductible of \$500
- Pharmacy Benefit Management Programs (All Plans)
 - All plans will now include two programs that are focused on managing pharmacy benefits.
 - Specialty Pharmacy
 - The plan will now require all specialty drugs to be dispensed from one of two pharmacies, vendors—Accredo Health and Walgreens Specialty Pharmacy. (Note: Many enrollees already purchase their specialty drugs from one of these pharmacies.)

WEA PLAN CHANGES

- Premera’s Utilization Management Program will included some medications and may need to meet certain requirements before it is covered.
- Households that have at least one medication included in the program will be strongly encouraged to refill their prescription 3-4 days earlier than normal to allow time for any reviews that may need to be conducted.
- Specialty Pharmacy Copayments—New (Plans 5, 2 and 3)
 - A new specialty pharmacy copayment will be added to Plans 5, 2 and 3, as follows:
 - Generic Prescription Drugs (EasyChoice Only)
 - Generic drugs purchased at a retail pharmacy (up to 1 month supply) will be subject to a \$5 copayment or \$10 copayment when the mail order program (up to 3 month supply) is used. The prescription drug deductible will continue to be waived.
- Mail Order (Plans 5, 2 and 3)
 - The new mail order copayments are as noted below:

Plan	Plan 5	Plan 2	Plan 3
Tier 1 (Generics)	\$15	\$15	\$20
Tier 2 (Preferred Brand Name)	N/C*	\$30	\$35
Tier 3 (Nonpreferred Brand Name)	N/C*	\$45	\$5-

* N/C = No change

WEA PLAN CHANGES

- Plans 5, 2 and 3 — A separate prescription drug out-of-pocket maximum of \$2,000 for an individual and \$4,000 for a family will be added.
- EasyChoice—The in-network medical out-of-pocket maximum for families, which is currently 3 times the individual, will be reduced to 2 times the individual.
- The current \$5,000 per person prescription drug out-of-pocket maximum will be reduced to \$2,500 for an individual and \$5,000 for a family.

	EasyChoice A		EasyChoice B	
Out-of-Pocket Maximum	Current	NEW	Current	NEW
Medical In-Network				
• Individual	\$4,000 / \$12,000	N/C / \$8,000	\$3,500 / \$10,500	N/C / \$7,000
• Family		\$2,500 / \$5,000	\$5,000 per person	\$2,500 / \$5,000

BENCHMARKING



BENCHMARKING ANALYSIS

PPO

PPO Plan Design	Above Market		In Line		Below Market	
	ESEBT 2015		School boards and other institutions 500+		1,000-4,999 Employees	
% Employers Offering			88%		91%	
Average Age¹	51		43		43	
Annual PPO Cost Per Employee²	\$12,797		\$11,998		\$10,576	
Median Deductible (IN / OON)						
Individual	\$300 / \$300		\$500 / \$1,000		\$500 / \$1,000	
Family	\$900 / \$900		\$1,150 / \$2,000		\$1,250 / \$2,200	
Out-of-Pocket Maximum (IN)						
Individual	\$2,750		\$2,500		\$2,550	
Family	\$8,250		\$4,100		\$5,000	
Rates and Contributions						
Individual Coverage Contribution	\$155		\$119		\$120	
Individual Contribution as % of Premium	22%		20%		23%	
Family Coverage Contribution	\$416		\$511		\$432	
Family Contribution as % of Premium	27%		34%		30%	
Cost-sharing (IN / OON)						
Physician	\$30 / \$40 copay		\$25 / 40%		\$20 / 40%	
Specialist	\$30 / \$40 copay		\$40 / 40%		\$40 / 40%	
Lab and X-Ray/Radiology	20% / 40%		20% / 40%		20% / 40%	
Hospital	20% + \$300 copay / 40%		20% / 40%		20% / 40%	
Emergency Room Copay	\$100		\$150		\$125	
Emergency Room Coinsurance	20%		20%		20%	












¹Data taken from February 2014 Census. Age as of January 1, 2015.

²Assumes same tier election and enrollment in UHC Option 3 plan as WEA 3 plan in 2014.

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

BENCHMARKING ANALYSIS

HMO

HMO/EPO Plan Design	Above Market In Line Below Market		
	ESEBT 2015 GHC HMO	School boards and other institutions 500+	Mercer 2014 Employer Survey 1,000-4,999 Employees
% Employers Offering		43%	33%
Average Age¹	50		41
Annual HMO Cost Per Employee²	\$14,307		\$11,134
Rates and Contributions			
Individual Coverage Contribution	\$138		\$113
Individual Contribution as % of Premium	18%		20%
Family Coverage Contribution	\$389		\$502
Family Contribution as % of Premium	22%		40%
Cost-sharing			
Physician	\$15		\$20
Specialist	\$15		\$40
Inpatient	\$100		\$200
Outpatient Surgery	\$15		\$150
Emergency Room	\$100		\$100














¹Data taken from February 2014 Census. Age as of January 1, 2015.

²Assumes same tier election and enrollment in GHC HMO plan as 2014.

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

BENCHMARKING ANALYSIS

HSA

HSA	ESEBT 2015			Mercer 2014 Employer Survey	
	Plan Design	UHC HDHP Option 7		School boards and other institutions 500+	1,000-4,999 Employees
% Employers Offering				50%	48%
Average Age¹		No data available		40	41
Annual HSA Cost Per Employee²		\$6,762		\$8,776	\$8,921
HSA Employer Contribution					
% Contributing		No		65%	70%
Median Contribution - Individual		\$0		\$725	\$500
Median Contribution - Family		\$0		\$1,000	\$1,000
Median Deductible (IN / OON)					
Individual		\$1,500 / \$3,000		\$2,500 / \$3,000	\$1,500 / \$3,000
Family		\$3,000 / \$6,000		\$4,750 / \$5,500	\$3,000 / \$6,000
Out-of-Pocket Maximum (IN / OON)					
Individual		\$4,000 / unlimited		\$4,500 / \$7,250	\$3,500 / \$6,000
Family		\$8,000 / unlimited		\$9,000 / \$15,000	\$7,000 / \$12,100
Rates and Contributions					
Individual Coverage Contribution		\$86		\$72	\$72
Individual Contribution as % of Premium		22%		18%	18%
Family Coverage Contribution		\$231		\$446	\$275
Family Contribution as % of Premium		27%		41%	22%
Physician cost-sharing (IN / OON)		20% / 50%		20% / 40%	20% / 40%

¹No age data was provided for enrollees in the WEA HDHP plan in February 2014 Census.

²Assumes same tier election and enrollment in UHC HDHP Option 7 plan as WEA HDHP plan in 2014.

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans











BENCHMARKING ANALYSIS DENTAL

Dental Plan Design	Above Market		In Line		Below Market	
	ESEBT 2015		Mercer 2014 Employer Survey			
	Delta Dental Plan	Willamette Plan	School boards and other institutions 500+	1,000-4,999 Employees		
Annual Dental Cost Per Employee	\$1,046		\$896		\$687	\$830
Median Deductible (IN)						
Individual	\$0		\$0		\$50	\$50
Family	\$0		\$0		\$125	\$150
Rates and Contributions¹						
Individual Coverage Contribution	\$0.00		\$0.00		\$21	\$17
Individual Contribution as % of Premium	0%		0%		63%	48%
Family Coverage Contribution	\$0.00		\$0.00		\$58	\$54
Family Contribution as % of Premium	0%		0%		69%	52%
Annual Maximum Benefit	\$2,000		None		\$1,500	\$1,500
Orthodontic Lifetime Maximum	Not covered		Not covered		\$1,500	\$1,500
Services Covered						
Sealants	Yes		Yes		76%	83%
Implants	Yes		No		47%	62%
Adult Orthodontics	No		No		41%	42%
Treatment of TMJ	Yes		Yes		14%	21%
Posterior Composites	No		No		40%	40%

¹Contributions to dental coverage are included in the medical contributions.

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

BENCHMARKING ANALYSIS PHARMACY

Prescription Drug	Above Market		In Line		Below Market	
	ESEBT 2015		Mercer 2014 Employer Survey			
Plan Design	UHC Option 3 Plan		School boards and other institutions 500+		1,000-4,999 Employees	
Retail						
Generic	\$15		\$11	\$10		
Brand-name Formulary	\$25		\$33	\$30		
Brand-name Non-Formulary	\$40		\$52	\$52		
Mail-Order						
Generic	\$15		\$22	\$21		
Brand-name Formulary	\$25		\$63	\$64		
Brand-name Non-Formulary	\$40		\$109	\$108		
Prevalence of 3rd Tier	Yes		73%	70%		
Prevalence of 4th Tier	No		15%	15%		
Mandatory Generics with or without Physician Override	No		31%	29%		
Mandatory Mail-order	No		14%	10%		

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans











BENCHMARKING ANALYSIS VOLUNTARY PRODUCTS

Voluntary Benefits	Above Market		In Line		Below Market	
	ESEBT 2015		Mercer 2014 Employer Survey			
Coverages			School boards and other institutions 500+	1,000-4,999 Employees		
Accident	Yes		55%	58%		
Cancer / critical illness	No		56%	41%		
Disability	Yes		86%	81%		
Whole / universal life	No		58%	48%		
Vision	Yes		79%	81%		
Hospital indemnity	No		36%	14%		
Long-term care	Yes		45%	28%		
Auto / homeowners	No		13%	19%		
Telemedicine	No		15%	9%		
Health Care FSA						
% offering health care FSA	Yes		94%	89%		
Average employee participation	No data available		18%	21%		
Average annual contribution	No data available		\$1,218	\$1,341		
Dependent Care FSA						
% offering dependent care FSA	Yes		92%	88%		
Average employee participation	No data available		5%	6%		
Average annual contribution	No data available		\$3,411	\$3,389		

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

BENCHMARKING ANALYSIS

HEALTH MANAGEMENT

Health Management Programs	Above Market In Line Below Market		
	ESEBT 2015	Mercer 2014 Employer Survey	
Programs		School boards and other institutions 500+	1,000-4,999 Employees
Health Management Programs Offered			
Health assessment (HA)	Yes		86% 80%
Any disease management (DM) program	Yes		84% 79%
Face-to-face health/lifestyle coaching	No		42% 40%
Telephone or web-based health/lifestyle coaching	Yes		62% 66%
Health advocate services	No		60% 49%
Sleep disorder diagnosis and treatment program	No		33% 30%
Resiliency program	No		11% 10%
How disease / health management programs are offered			
Through the health plan -- standard services only	Yes		46% 53%
Through the health plan -- some optional services	No		30% 26%
Through one or more specialty vendor(s)	No		40% 45%
Program Participation Rates			
Health risk assessment - % of eligible employees*	No data available		38% 44%

* Program is new as of 2015.

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

BENCHMARKING ANALYSIS HEALTH MANAGEMENT (CONT.)

Health Management Programs	Above Market		In Line		Below Market	
	ESEBT 2015		Mercer 2014 Employer Survey			
Programs			School boards and other institutions 500+	1,000-4,999 Employees		
Use incentives to encourage participation in:						
Health assessment, when offered	Yes		44%	53%		
Validated biometric screening	Yes		29%	40%		
Lifestyle management program, when offered	No		24%	32%		
Type of health risk assessment incentive used						
Cash/gift cards	Yes		56%	35%		
Financial contribution to HRA, HSA, FSA	No		19%	13%		
Lower Premium Contributions	No		15%	47%		
Lower deductible, copay, or cost-sharing	No		4%	3%		
Median incentive amount	\$175		\$125.00	\$240.00		
Provide incentives for non-tobacco users						
Lower premium contributions	No		7%	21%		
Other incentive	No		1%	8%		

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

BENCHMARKING ANALYSIS

SPECIAL COVERAGE

Special Coverages	Above Market In Line Below Market		
	ESEBT 2015	Mercer 2014 Employer Survey	
Programs		School boards and other institutions 500+	1,000-4,999 Employees
Autism Coverage Provided			
Diagnostic services	Yes	70%	75%
Medication management	Yes	68%	64%
Speech, occupational and physical therapies	Yes	65%	68%
Inpatient and outpatient treatment services	Yes	53%	57%
Intensive behavioral therapies	No	43%	35%
None of the above -- autism spectrum disorders are excluded conditions	No	18%	18%
Bariatric Surgery Coverage			
Eligibility limited to those complying with behavior modification program / standards	No	43%	34%
Covered the same as other medically necessary procedures	No	14%	25%

Source: 2014 Mercer National Survey of Employer-Sponsored Health Plans

EXPERIENCE REPORT DETAIL



EXECUTIVE SUMMARY

YEAR-TO-DATE (YTD) JUNE 2015

MEDICAL

- For the time period Jan 2015 to Jun 2015, medical plan claims are running at 73.9% of paid premium. Final plan/policy year results could differ. See paragraph below for more detail.
- Medical claims for the current policy period YTD are at \$786.05 PEPM compared to \$1,047.77 PEPM for the prior policy period, a -25% change.
- Medical claims for the most recent 12 months are at \$823.08 PEPM compared to \$1,029.31 PEPM for the prior 12 months, a -20% change.
- Medical claim data includes claims over the pooling level.
- Note that 2015 YTD data includes both UHC and GHC; 2014 data includes GHC data only.

Please Note:

The loss ratios illustrated throughout this report compare actual claims to premium. The premium calculations are based off the monthly premium rates (or a similar equivalent) for the timeframe and corresponding monthly enrollment. These premium rates are typically the same for each month. Please be aware that most plans exhibit seasonality, where claims vary across the year due to the cyclical nature of utilization patterns and the effects of the plan design itself. It is critical to note that plans with higher deductibles generally tend to exhibit the effects of seasonality in a more exaggerated manner: lower claim payment patterns earlier in the year when members are in the deductible phase of the design and higher claims levels towards the end of the year when the plan is paying a higher portion of the cost. Given this, any assumptions related to the loss ratio to date should be viewed within the appropriate context.

TOTAL MEDICAL MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment	Paid Claims	Paid Premium	Loss Ratio	PEPM	
	EEs			Claims / Premium	Claims / EEs	
Jan 2014	502	\$395,617	\$530,452	74.6%	\$788.08	
Feb 2014	506	\$739,277	\$540,451	136.8%	\$1,461.02	
Mar 2014	506	\$451,363	\$535,796	84.2%	\$892.02	
Apr 2014	505	\$427,798	\$537,577	79.6%	\$847.13	
May 2014	508	\$755,741	\$535,619	141.1%	\$1,487.68	
Jun 2014	511	\$743,044	\$541,616	137.2%	\$1,454.10	
Jul 2014	509	\$622,253	\$541,275	115.0%	\$1,222.50	
Aug 2014	509	\$470,850	\$539,986	87.2%	\$925.05	
Sep 2014	510	\$494,952	\$540,859	91.5%	\$970.49	
Oct 2014	517	\$426,130	\$548,057	77.8%	\$824.24	
Nov 2014	519	\$362,109	\$546,488	66.3%	\$697.70	
Dec 2014	522	\$527,386	\$557,479	94.6%	\$1,010.32	
Prior Year Total	510	\$6,416,521	\$6,495,656	98.8%	\$1,047.77	
Jan 2015	1,646	\$629,463	\$1,747,611	36.0%	\$382.42	
Feb 2015	1,639	\$1,161,184	\$1,746,112	66.5%	\$708.47	
Mar 2015	1,636	\$1,072,726	\$1,738,996	61.7%	\$655.70	
Apr 2015	1,636	\$1,827,355	\$1,744,155	104.8%	\$1,116.97	
May 2015	1,634	\$1,336,180	\$1,734,737	77.0%	\$817.74	
Jun 2015	1,629	\$1,692,090	\$1,736,587	97.4%	\$1,038.73	
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	1,637	\$7,718,998	\$10,448,198	73.9%	\$786.05	
Change YTD	1,130	\$4,206,158	\$7,226,686		(\$370.25)	
% Change YTD	223.2%	119.7%	224.3%		-32.0%	
Prior Rolling 12	6,046	\$6,223,228	\$6,258,737		\$1,029.31	
Current Rolling 12	12,906	\$10,622,679	\$13,722,342		\$823.08	
Change	6,860	\$4,399,451	\$7,463,605		(\$206.23)	
% Change	113.5%	70.7%	119.3%		-20.0%	

TOTAL MEDICAL MEDICAL CLAIMS DETAIL

CLAIMS DETAIL			
Month	Claims		Paid Claims
	Medical	Rx	
Jan 2014	\$395,617	\$0	\$395,617
Feb 2014	\$739,277	\$0	\$739,277
Mar 2014	\$451,363	\$0	\$451,363
Apr 2014	\$427,798	\$0	\$427,798
May 2014	\$755,741	\$0	\$755,741
Jun 2014	\$743,044	\$0	\$743,044
Jul 2014	\$622,253	\$0	\$622,253
Aug 2014	\$470,850	\$0	\$470,850
Sep 2014	\$494,952	\$0	\$494,952
Oct 2014	\$426,130	\$0	\$426,130
Nov 2014	\$362,109	\$0	\$362,109
Dec 2014	\$527,386	\$0	\$527,386
Prior Year Total	\$6,416,521	\$0	\$6,416,521
% of Total	100.0%	0.0%	100.0%
Jan 2015	\$584,837	\$44,625	\$629,463
Feb 2015	\$980,741	\$180,443	\$1,161,184
Mar 2015	\$876,112	\$196,614	\$1,072,726
Apr 2015	\$1,616,101	\$211,254	\$1,827,355
May 2015	\$1,186,259	\$149,921	\$1,336,180
Jun 2015	\$1,504,082	\$188,008	\$1,692,090
Jul 2015			
Aug 2015			
Sep 2015			
Oct 2015			
Nov 2015			
Dec 2015			
YTD Total	\$6,748,132	\$970,866	\$7,718,998
% of Total	87.4%	12.6%	100.0%
Change YTD	\$3,235,292	\$970,866	\$4,206,158
% Change YTD	92.1%	0.0%	119.7%
Prior Rolling 12	\$6,223,228	\$0	\$6,223,228
% of Total	100.0%	0.0%	100.0%
Current Rolling 12	\$9,651,813	\$970,866	\$10,622,679
% of Total	90.9%	9.1%	100.0%

PLAN 1 MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment	Paid Claims	Paid Premium	Loss Ratio	PEPM	
	EEs			Claims / Premium	Claims / EEs	
Jan 2014	0	\$0	\$0			
Feb 2014	0	\$0	\$0			
Mar 2014	0	\$0	\$0			
Apr 2014	0	\$0	\$0			
May 2014	0	\$0	\$0			
Jun 2014	0	\$0	\$0			
Jul 2014	0	\$0	\$0			
Aug 2014	0	\$0	\$0			
Sep 2014	0	\$0	\$0			
Oct 2014	0	\$0	\$0			
Nov 2014	0	\$0	\$0			
Dec 2014	0	\$0	\$0			
Prior Year Total	0	\$0	\$0			
Jan 2015	106	\$17,166	\$139,250	12.3%	\$161.94	
Feb 2015	105	\$108,172	\$138,302	78.2%	\$1,030.21	
Mar 2015	105	\$114,840	\$139,116	82.5%	\$1,093.71	
Apr 2015	105	\$200,362	\$138,330	144.8%	\$1,908.21	
May 2015	105	\$110,132	\$137,544	80.1%	\$1,048.88	
Jun 2015	104	\$264,877	\$135,810	195.0%	\$2,546.89	
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	105	\$815,548	\$828,352	98.5%	\$1,294.52	
Change YTD	105	\$815,548	\$828,352		#DIV/0!	
% Change YTD	0.0%	0.0%	0.0%			
Prior Rolling 12	0	\$0	\$0			
Current Rolling 12	630	\$815,548	\$828,352		\$1,294.52	
Change	630	\$815,548	\$828,352		#VALUE!	
% Change						

PLAN 2 MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment	Paid Claims	Paid Premium	Loss Ratio	PEPM	
	EEs			Claims / Premium	Claims / EEs	
Jan 2014	0	\$0	\$0			
Feb 2014	0	\$0	\$0			
Mar 2014	0	\$0	\$0			
Apr 2014	0	\$0	\$0			
May 2014	0	\$0	\$0			
Jun 2014	0	\$0	\$0			
Jul 2014	0	\$0	\$0			
Aug 2014	0	\$0	\$0			
Sep 2014	0	\$0	\$0			
Oct 2014	0	\$0	\$0			
Nov 2014	0	\$0	\$0			
Dec 2014	0	\$0	\$0			
Prior Year Total	0	\$0	\$0			
Jan 2015	242	\$27,161	\$269,976	10.1%	\$112.23	
Feb 2015	239	\$244,580	\$268,002	91.3%	\$1,023.35	
Mar 2015	238	\$151,968	\$266,663	57.0%	\$638.52	
Apr 2015	238	\$479,692	\$266,663	179.9%	\$2,015.51	
May 2015	237	\$309,407	\$264,934	116.8%	\$1,305.51	
Jun 2015	235	\$375,234	\$263,358	142.5%	\$1,596.74	
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	238	\$1,588,041	\$1,599,597	99.3%	\$1,111.30	
Change YTD	238	\$1,588,041	\$1,599,597		#DIV/0!	
% Change YTD	0.0%	0.0%	0.0%			
Prior Rolling 12	0	\$0	\$0			
Current Rolling 12	1,429	\$1,588,041	\$1,599,597		\$1,111.30	
Change	1,429	\$1,588,041	\$1,599,597		#VALUE!	
% Change						

PLAN 3 MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment	Paid Claims	Paid Premium	Loss Ratio	PEPM	
	EEs			Claims / Premium	Claims / EEs	
Jan 2014	0	\$0	\$0			
Feb 2014	0	\$0	\$0			
Mar 2014	0	\$0	\$0			
Apr 2014	0	\$0	\$0			
May 2014	0	\$0	\$0			
Jun 2014	0	\$0	\$0			
Jul 2014	0	\$0	\$0			
Aug 2014	0	\$0	\$0			
Sep 2014	0	\$0	\$0			
Oct 2014	0	\$0	\$0			
Nov 2014	0	\$0	\$0			
Dec 2014	0	\$0	\$0			
Prior Year Total	0	\$0	\$0			
Jan 2015	470	\$40,692	\$493,650	8.2%	\$86.58	
Feb 2015	472	\$275,964	\$497,094	55.5%	\$584.67	
Mar 2015	469	\$290,040	\$493,900	58.7%	\$618.42	
Apr 2015	469	\$537,546	\$493,427	108.9%	\$1,146.15	
May 2015	469	\$312,344	\$492,729	63.4%	\$665.98	
Jun 2015	469	\$355,011	\$493,099	72.0%	\$756.95	
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	470	\$1,811,596	\$2,963,899	61.1%	\$642.87	
Change YTD	470	\$1,811,596	\$2,963,899		#DIV/0!	
% Change YTD	0.0%	0.0%	0.0%			
Prior Rolling 12	0	\$0	\$0			
Current Rolling 12	2,818	\$1,811,596	\$2,963,899		\$642.87	
Change	2,818	\$1,811,596	\$2,963,899		#VALUE!	
% Change						

PLAN 4 MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment	Paid Claims	Paid Premium	Loss Ratio	PEPM	
	EEs			Claims / Premium	Claims / EEs	
Jan 2014	0	\$0	\$0			
Feb 2014	0	\$0	\$0			
Mar 2014	0	\$0	\$0			
Apr 2014	0	\$0	\$0			
May 2014	0	\$0	\$0			
Jun 2014	0	\$0	\$0			
Jul 2014	0	\$0	\$0			
Aug 2014	0	\$0	\$0			
Sep 2014	0	\$0	\$0			
Oct 2014	0	\$0	\$0			
Nov 2014	0	\$0	\$0			
Dec 2014	0	\$0	\$0			
Prior Year Total	0	\$0	\$0			
Jan 2015	222	\$16,626	\$166,646	10.0%	\$74.89	
Feb 2015	222	\$95,154	\$165,385	57.5%	\$428.62	
Mar 2015	223	\$52,496	\$166,053	31.6%	\$235.41	
Apr 2015	223	\$152,410	\$166,053	91.8%	\$683.45	
May 2015	224	\$91,191	\$167,829	54.3%	\$407.10	
Jun 2015	222	\$146,426	\$166,646	87.9%	\$659.58	
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	223	\$554,303	\$998,612	55.5%	\$414.90	
Change YTD	223	\$554,303	\$998,612		#DIV/0!	
% Change YTD	0.0%	0.0%	0.0%			
Prior Rolling 12	0	\$0	\$0			
Current Rolling 12	1,336	\$554,303	\$998,612		\$414.90	
Change	1,336	\$554,303	\$998,612		#VALUE!	
% Change						

PLAN 5 MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment	Paid Claims	Paid Premium	Loss Ratio	PEPM	
	EEs			Claims / Premium	Claims / EEs	
Jan 2014	0	\$0	\$0			
Feb 2014	0	\$0	\$0			
Mar 2014	0	\$0	\$0			
Apr 2014	0	\$0	\$0			
May 2014	0	\$0	\$0			
Jun 2014	0	\$0	\$0			
Jul 2014	0	\$0	\$0			
Aug 2014	0	\$0	\$0			
Sep 2014	0	\$0	\$0			
Oct 2014	0	\$0	\$0			
Nov 2014	0	\$0	\$0			
Dec 2014	0	\$0	\$0			
Prior Year Total	0	\$0	\$0			
Jan 2015	36	\$1,687	\$26,929	6.3%	\$46.86	
Feb 2015	36	\$8,968	\$26,929	33.3%	\$249.10	
Mar 2015	35	\$4,936	\$26,428	18.7%	\$141.02	
Apr 2015	35	\$20,584	\$26,428	77.9%	\$588.12	
May 2015	35	\$14,508	\$26,428	54.9%	\$414.52	
Jun 2015	35	\$81,654	\$26,428	309.0%	\$2,332.96	
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	35	\$132,336	\$159,569	82.9%	\$624.23	
Change YTD	35	\$132,336	\$159,569		#DIV/0!	
% Change YTD	0.0%	0.0%	0.0%			
Prior Rolling 12	0	\$0	\$0			
Current Rolling 12	212	\$132,336	\$159,569		\$624.23	
Change	212	\$132,336	\$159,569		#VALUE!	
% Change						

PLAN 6 MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment	Paid Claims	Paid Premium	Loss Ratio	PEPM	
	EEs			Claims / Premium	Claims / EEs	
Jan 2014	0	\$0	\$0			
Feb 2014	0	\$0	\$0			
Mar 2014	0	\$0	\$0			
Apr 2014	0	\$0	\$0			
May 2014	0	\$0	\$0			
Jun 2014	0	\$0	\$0			
Jul 2014	0	\$0	\$0			
Aug 2014	0	\$0	\$0			
Sep 2014	0	\$0	\$0			
Oct 2014	0	\$0	\$0			
Nov 2014	0	\$0	\$0			
Dec 2014	0	\$0	\$0			
Prior Year Total	0	\$0	\$0			
Jan 2015	23	\$1,272	\$18,825	6.8%	\$55.30	
Feb 2015	20	\$8,259	\$18,825	43.9%	\$412.97	
Mar 2015	20	\$4,893	\$18,825	26.0%	\$244.64	
Apr 2015	20	\$12,802	\$18,825	68.0%	\$640.08	
May 2015	20	\$6,459	\$19,493	33.1%	\$322.94	
Jun 2015	20	\$10,470	\$19,493	53.7%	\$523.49	
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	21	\$44,154	\$114,284	38.6%	\$358.98	
Change YTD	21	\$44,154	\$114,284		#DIV/0!	
% Change YTD	0.0%	0.0%	0.0%			
Prior Rolling 12	0	\$0	\$0			
Current Rolling 12	123	\$44,154	\$114,284		\$358.98	
Change	123	\$44,154	\$114,284		#VALUE!	
% Change						

PLAN 7 MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment	Paid Claims	Paid Premium	Loss Ratio	PEPM	
	EEs			Claims / Premium	Claims / EEs	
Jan 2014	0	\$0	\$0			
Feb 2014	0	\$0	\$0			
Mar 2014	0	\$0	\$0			
Apr 2014	0	\$0	\$0			
May 2014	0	\$0	\$0			
Jun 2014	0	\$0	\$0			
Jul 2014	0	\$0	\$0			
Aug 2014	0	\$0	\$0			
Sep 2014	0	\$0	\$0			
Oct 2014	0	\$0	\$0			
Nov 2014	0	\$0	\$0			
Dec 2014	0	\$0	\$0			
Prior Year Total	0	\$0	\$0			
Jan 2015	23	\$654	\$12,983	5.0%	\$28.45	
Feb 2015	22	\$7,570	\$12,591	60.1%	\$344.08	
Mar 2015	23	\$2,125	\$12,983	16.4%	\$92.40	
Apr 2015	23	\$5,944	\$12,983	45.8%	\$258.45	
May 2015	23	\$15,911	\$12,983	122.6%	\$691.78	
Jun 2015	23	\$3,329	\$12,983	25.6%	\$144.75	
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	23	\$35,534	\$77,504	45.8%	\$259.37	
Change YTD	23	\$35,534	\$77,504		#DIV/0!	
% Change YTD	0.0%	0.0%	0.0%			
Prior Rolling 12	0	\$0	\$0			
Current Rolling 12	137	\$35,534	\$77,504		\$259.37	
Change	137	\$35,534	\$77,504		#VALUE!	
% Change						

GROUP HEALTH MEDICAL PLAN SUMMARY

EXPERIENCE SUMMARY						
Month	Enrollment		Paid Claims	Paid Premium	Loss Ratio	PEPM
	EEs				Claims / Premium	Claims / EEs
Jan 2014	502		\$395,617	\$530,452	74.6%	\$788.08
Feb 2014	506		\$739,277	\$540,451	136.8%	\$1,461.02
Mar 2014	506		\$451,363	\$535,796	84.2%	\$892.02
Apr 2014	505		\$427,798	\$537,577	79.6%	\$847.13
May 2014	508		\$755,741	\$535,619	141.1%	\$1,487.68
Jun 2014	511		\$743,044	\$541,616	137.2%	\$1,454.10
Jul 2014	509		\$622,253	\$541,275	115.0%	\$1,222.50
Aug 2014	509		\$470,850	\$539,986	87.2%	\$925.05
Sep 2014	510		\$494,952	\$540,859	91.5%	\$970.49
Oct 2014	517		\$426,130	\$548,057	77.8%	\$824.24
Nov 2014	519		\$362,109	\$546,488	66.3%	\$697.70
Dec 2014	522		\$527,386	\$557,479	94.6%	\$1,010.32
Prior Year Total	510		\$6,416,521	\$6,495,656	98.8%	\$1,047.77
Jan 2015	524		\$524,206	\$619,354	84.6%	\$1,000.39
Feb 2015	523		\$412,517	\$618,984	66.6%	\$788.75
Mar 2015	523		\$451,429	\$615,029	73.4%	\$863.15
Apr 2015	523		\$418,016	\$621,446	67.3%	\$799.27
May 2015	521		\$476,228	\$612,797	77.7%	\$914.07
Jun 2015	521		\$455,090	\$618,770	73.5%	\$873.49
Jul 2015						
Aug 2015						
Sep 2015						
Oct 2015						
Nov 2015						
Dec 2015						
YTD Total	523		\$2,737,485	\$3,706,381	73.9%	\$873.20
Change YTD	16		(\$775,355)	\$484,869		(\$283.10)
% Change YTD	3.2%		-22.1%	15.1%		-24.5%
Prior Rolling 12	6,046		\$6,223,228	\$6,258,737		\$1,029.31
Current Rolling 12	6,221		\$5,641,166	\$6,980,525		\$906.79
Change	175		(\$582,062)	\$721,789		(\$122.52)
% Change	2.9%		-9.4%	11.5%		-11.9%

ASSUMPTIONS AND CAVEATS

GENERAL

- All charts and graphs depict past performance and should not be interpreted as a prediction of future performance.
- Refer to additional assumptions listed on the rates and factors page.
- The data provided in this reporting serves as financial summary of plan performance, but is not necessarily an indicator of future premium renewal results.

MEDICAL

- Claims are being reported on a PAID basis.
- PAID claims information is MATURE / IMMATURE.
- Medical plan premium, claims, and enrollment data provided by ABC VENDOR(S).
- Medical claim data includes claims over the pooling level.

ASSUMPTIONS AND CAVEATS

All estimates based upon the information available at a point in time, and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. Any estimate or projection may not be used or relied upon by any other party or for any other purpose than for which it was issued by Mercer. Mercer is not responsible for the consequences of any unauthorized use.

TERMINOLOGY DEFINITIONS

- Paid Premium = actual premium paid as reported by the plan
- Calculated Premium = sum of monthly premium rates multiplied by monthly enrollment for a given time period. May vary from "Paid Premium" due to invoicing adjustments, timing of payments, etc.
- PEPM = per employee per month
- Net Employer (ER) cost = Paid Premium minus Employee Contributions
- Net Estimated ER Cost = Calculated Premium minus Employee contributions
- EE Contributions = employee premium contributions for coverage (does not include what employees pay in out of pocket costs such as deductibles, copays, and coinsurance)
- Loss Ratio = Claims (incurred or paid) divided by Paid Premium

ESEBT understands that Mercer is not engaged in the practice of law and this report, which may include commenting on legal issues or regulations, does not constitute and is not a substitute for legal advice. Accordingly, Mercer recommends that ESEBT secures the advice of competent legal counsel with respect to any legal matters related to this report or otherwise.

The information contained in this document and in any attachments is not intended by Mercer to be used, and it cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code or imposed by any legislative body on the taxpayer or plan sponsor.

MAKE  **MERCER**
TOMORROW,
TODAY