

Financial Update

Board of Trustees Meeting

July 27, 2023

Financial Results: Actual vs. Budgeted Fiscal Year to Date May 2023

Fiscal Year 2023	Actual thru MAY 2023	Projection (per Segal 09-2022)	Variance Fav/(Unfav) to Projection
Beginning Cash Balance	\$850.1m	\$791.1m	\$59.0m
Plan Revenue	\$3.684b	\$3.703b	\$(19.3m)
Net Claims Payments	\$3.608b	\$3.667b	\$59.0m
Medicare Advantage Premiums	\$15.2m	\$15.0m	(\$150k)
Net Administrative Expenses	\$113.9m	\$123.4m	\$9.5m
Total Plan Expenses	\$3.737b	\$3.805b	\$68.3m
Net Income/(Loss)	(\$53.5)	(\$102.5m)	\$49.0m
Ending Cash Balance	\$796.6m	\$688.6m	\$108.1m
Target Stabilization Reserve (TSR)	\$356.0m	\$356.0m	\$0

Financial Results: Fiscal Year to Date May 2023 [FY23/FY22]

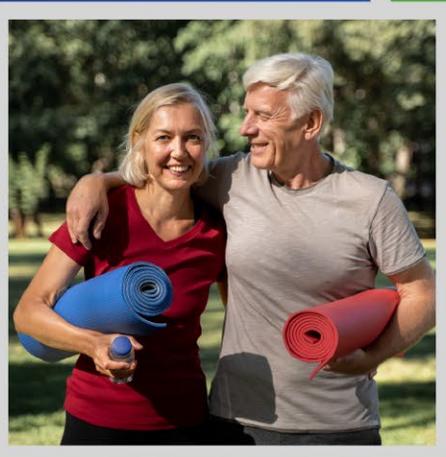
Fiscal Year 2023	Actual thru MAY 2023	Actual Thru MAY 2022	Variance Fav/(Unfav)
Beginning Cash Balance	\$850.1m	\$766.0m	\$84.2m
Plan Revenue	\$3.684b	\$3.592b	\$91.8m
Net Claims Payments	\$3.608b	\$3.492b	(\$116.5m)
Medicare Advantage Premiums	\$15.2m	\$13.5m	(\$1.6m)
Net Administrative Expenses	\$113.9m	\$134.7m	\$20.8m
Total Plan Expenses	\$3.737b	\$3.640b	(\$97.4m)
Net Income/(Loss)	(\$53.5m)	(\$48.0m)	(\$5.5m)
Non-Operating Cash Transfer	\$0	\$103.0m	\$103.0m
COVID-19 Reimbursement	N/A	\$215.0m	(\$215.0m)
Ending Cash Balance	\$796.6m	\$830.0m	(\$33.4m)
Target Stabilization Reserve (TSR)	\$356.0m	\$349.6m	\$6.5m

Financial Results: Actual vs. Budgeted Calendar Year to Date May 2023

Calendar Year 2023	Actual thru MAY 2023	Projection (per Segal 05-2022)	Variance Fav/(Unfav) to Projection
Beginning Cash Balance	\$849.1m	\$822.5m	\$26.6m
Plan Revenue	\$1.607b	\$1.656b	(\$48.8m)
Net Claims Payments	\$1.601b	\$1.557b	(\$43.5m)
Medicare Advantage Premiums	\$6.4m	\$7.5m	\$1.1m
Net Administrative Expenses	\$52.2m	\$58.7m	\$6.6m
Total Plan Expenses	\$1.659b	\$1.623b	(\$35.8m)
Net Income/(Loss)	(\$52.4m)	\$32.2m	(\$84.6m)
Ending Cash Balance	\$796.6m	\$854.7m	(\$58.1m)
Target Stabilization Reserve (TSR)	\$359.9m	\$359.9m	\$0

Financial Results: Calendar Year to Date May 2023 [CY23/CY22]

Calendar Year 2023	Actual thru MAY 2023	Actual thru MAY 2022	Variance Fav/(Unfav)
Beginning Cash Balance	\$849.1m	\$590.7b	\$258.4m
Plan Revenue	\$1.607b	\$1.592b	\$14.4m
Net Claims Payments	\$1.601b	\$1.509b	(\$91.8m)
Medicare Advantage Premiums	\$6.4m	\$6.2m	(\$188.7k)
Net Administrative Expenses	\$52.2m	\$53.1m	\$948.9k
Total Plan Expenses	\$1.659b	\$1.568b	(\$91.1m)
Net Income/(Loss)	(\$52.4m)	\$24.2m	(\$76.7m)
COVID-19 Reimbursement	N/A	\$215.00	(\$215.0m)
Ending Cash Balance	\$796.6m	\$830.0m	(\$33.4m)
Target Stabilization Reserve (TSR)	\$359.9m	\$359.9m	\$0m



DRAFT

Proposed 2024 Premium Contribution Rates

Board of Trustees Meeting
July 27, 2023



2024 Employer & Employee Premium Rates

Employer/Retirement System Contributions

- ✓ Approve of 15.3% increases in employer contributions and 4.9% decrease in Retirement System contributions for permanent employees and retirees to be consistent with HB 259 v5 Section 39.26.(d). Give authority to the executive director of the SHP to adjust employer and retiree premium rates between Continuing Resolution levels and House version of draft legislation to comply with the final appropriation law.

Enhanced PPO (80/20) and Base PPO Plan (70/30) (Self-funded)

- ✓ Approve the 2024 employee premium rates for the Enhanced PPO Plan (80/20) and Base PPO Plan (70/30) to remain flat, as described in the appendix of this presentation.

High Deductible Health Plan

- ✓ Approve of 15.3% increase in the employer premium rate and keep employee premium flat for HDHP as described in the appendix of this presentation.

Medicare Advantage Plan

- ✓ Approve 2024 employee premium rates for the MA Base and MA Enhanced plans to remain flat as included in the appendix of this presentation.

Other Member Groups (50% and 100% contributory; COBRA; National Guard, Firefighters, etc.)

- ✓ Approve premium rate policies for “other member groups,” as described in the appendix of this presentation.

2023 HB259 Draft Legislation

- Presently, the House and Senate are working through differences between the House version (HB 259 v3) and Senate version (HB 259 v5) of the budget appropriations.
- Continuing Resolution is what we will operate under until legislation is enacted.
- The Senate version (HB 259 v5) has lower increases in employer premiums. This recommendation is structured around the Senate version.

CONTINUING RESOLUTION
(no legislation)

FY Annual Contribution		
Year	2023	2024
Active	7,397	7,397
Retiree	5,118	5,118
% Increase from LY		
Active	5.4%	0.0%
Retiree	5.4%	0.0%

Monthly Subscriber Rates (\$)		
Active	584.96	647.86
Retiree	472.08	380.92
% Increase from LY		
Active	-9.7%	10.8%
Retiree	23.9%	-19.3%

HOUSE BUDGET (HB 259 v3)

FY Annual Contribution		
2023	2024	2025
7,397	7,654	8,493
5,118	5,616	5,728
% Increase from LY		
5.4%	3.5%	11.0%
5.4%	9.7%	2.0%

Monthly Subscriber Rates (\$)		
584.96	690.70	724.80
472.08	463.92	490.74
% Increase from LY		
-9.7%	18.1%	4.9%
23.9%	-1.7%	5.8%

SENATE BUDGET (HB 259 v5)

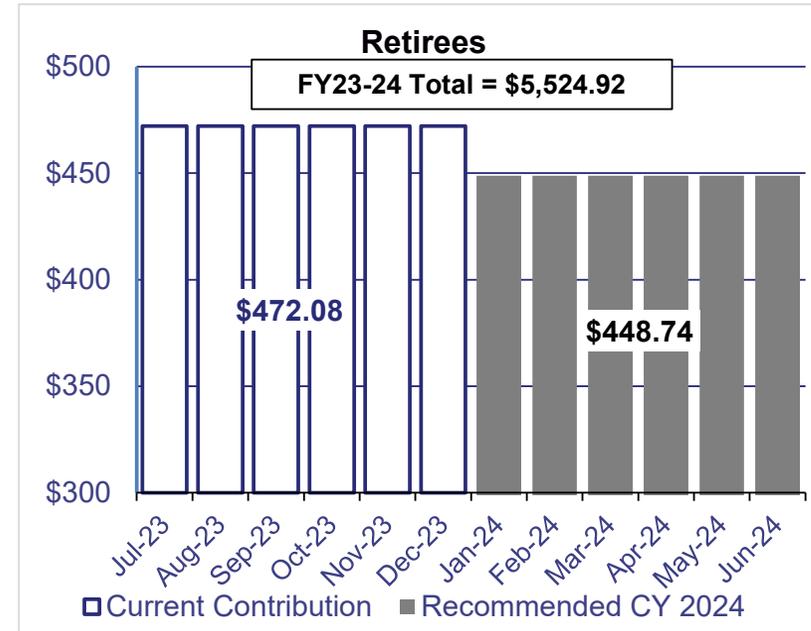
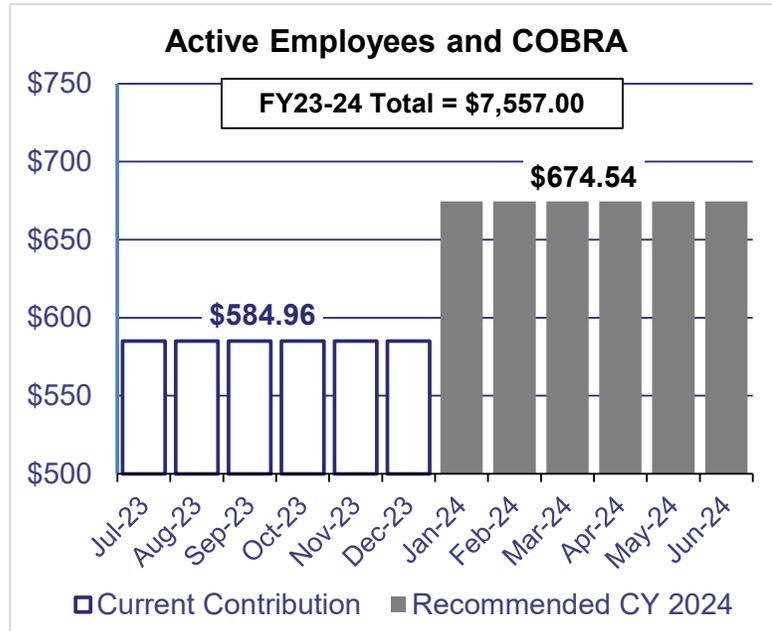
FY Annual Contribution		
2023	2024	2025
7,397	7,557	8,095
5,118	5,525	5,405
% Increase from LY		
5.4%	2.2%	7.1%
5.4%	8.0%	-2.2%

Monthly Subscriber Rates (\$)		
584.96	674.54	674.62
472.08	448.74	452.08
% Increase from LY		
-9.7%	15.3%	0.0%
23.9%	-4.9%	0.7%

- Highlighted are what we're asking the Board of Trustees to adopt.

Employer/Retirement Systems Contributions: 2024 Recommendation

- The NC Senate Passed HB259 v5 (latest version available) to appropriate money to be paid from employers or the Retiree Health Trust Fund into the Public Employee Health Benefit Fund.
 - HB259 v5 Section 39.26.(d) – FY 24 rates not to exceed 1) Active – \$7,557; 2) Retiree - \$5,525
- The fiscal year maximum is translated to monthly contribution amounts the Plan is authorized to collect for each employee, retiree, and disabled member.
- Due to the 2.2% increase on a Fiscal Year basis for Actives and an 8.0% increase for retirees, the Active premiums must increase 15.3% and Retiree premiums decrease 4.9% in 2024 from 2023 levels.
- Plan staff recommends decreases to:**
 - \$674.54/month** for the Active population
 - \$448.74/month** for the Retiree population



2024 Premium Rates – Requires Board Vote

Employer/Retirement System Contributions

- Approve of 15.3% increases in employer contributions and 4.9% decrease in Retirement System contributions for permanent employees and retirees.
- Approve of allowing the Executive Director of the State Health Plan to adjust premiums to stay within the bounds of appropriation legislation when passed. Expected premiums should be between Continuing Resolution premiums and HB 259 v3 (House Budget).

Enhanced PPO (80/20) and Base PPO (70/30) Plans (Self-funded)

- Approve the 2024 Employee premium rates for the Enhanced PPO (80/20) and Base PPO (70/30) plans as described in the appendix of this presentation.

High Deductible Health Plan

- Approve a 15.3% increase in the employer premium rate for HDHP and 2024 Employee premium rates as described in the appendix of this presentation.
- Approve of allowing the Executive Director of the State Health Plan to adjust Employer premium to stay within the bounds of appropriation legislation when passed. Percentage change in Employer premiums for HDHP will be based on percentage change in Employer premiums for all actives which is expected to be between Continuing Resolution premiums and HB 259 v3 (House Budget).

Medicare Advantage Plan

- Approve 2024 employee premium rates for the MA Base and MA Enhanced plans as described in the appendix of this presentation.

Other Member Groups (50% and 100% contributory; COBRA; National Guard, Firefighters, etc.)

- Approve premium rate policies for “other member groups,” as described the appendix of this presentation.
- Approve of allowing the Executive Director of the State Health Plan to adjust premiums to stay within the bounds of appropriation legislation when passed. Expected premiums should be between using Continuing Resolution premiums and HB 259 v3 (House Budget) for calculating contributory amounts.

Appendix: Detailed Rate Sheets

Enhanced PPO (80/20) and Base PPO (70/30) Plans: 2024 Recommendation

- **Base Premiums:**
 - Base premiums would not change for 2024.
 - Tobacco Attestation wellness surcharge kept flat at \$60.
- **Dependent Tiers:**
 - Premiums for the dependent tiers would not change for 2024.
 - The “Subscriber + Family” and “Subscriber + Children” tiers are frozen at the same level as 2018.

Coverage & Tiers	2023 Rates	2024 Rates
Enhanced PPO (80/20) Employees *		
Subscriber Only	\$50.00	\$50.00
Subscriber + Child(ren)	\$305.00	\$305.00
Subscriber + Spouse	\$700.00	\$700.00
Subscriber + Family	\$720.00	\$720.00
Enhanced PPO (80/20) Retirees / Non-Med Dependents		
Subscriber Only	\$50.00	\$50.00
Subscriber + Child(ren)	\$305.00	\$305.00
Subscriber + Spouse	\$700.00	\$700.00
Subscriber + Family	\$720.00	\$720.00

*Assumes "Yes" completion of tobacco attestation

Coverage & Tiers	2023 Rates	2024 Rates
Base PPO (70/30) Employees *		
Subscriber Only	\$25.00	\$25.00
Subscriber + Child(ren)	\$218.00	\$218.00
Subscriber + Spouse	\$590.00	\$590.00
Subscriber + Family	\$598.00	\$598.00
Base PPO (70/30) Retirees/Non-Med Dependents		
Subscriber Only	\$0.00	\$0.00
Subscriber + Child(ren)	\$218.00	\$218.00
Subscriber + Spouse	\$590.00	\$590.00
Subscriber + Family	\$598.00	\$598.00
Base PPO (70/30) Retirees/Med Dependents		
Subscriber Only	\$0.00	\$0.00
Subscriber + Child(ren)	\$155.00	\$155.00
Subscriber + Spouse	\$425.00	\$425.00
Subscriber + Family	\$444.00	\$444.00

*Assumes "Yes" completion of tobacco attestation

High Deductible Health Plan: 2024 Recommendation

- **Employer Premiums** decrease by the same percentage as non-Medicare premiums.
- **Employee Premiums** would stay the same in 2024.
- HDHP COBRA rates: COBRA participants would pay the full monthly premium (the employer and employee shares).
- Affordability Safe Harbor caps Employee only contributions at \$116.76.

Member Premium	2023 Rates	2024 Rates
HDHP		
Employee Only	\$96.00	\$96.00
Employee + Children	\$284.00	\$284.00
Employee + Spouse	\$513.00	\$513.00
Family	\$617.00	\$617.00

	2023	2024
HDHP Employer Contribution	\$159.88	\$184.36

Medicare Advantage Plans: 2024 Recommendation

- The Plan switched Medicare Advantage carriers from United Healthcare to Humana effective 1/1/2021. This resulted in a negotiated monthly premiums of \$0 for the Base plan and \$69 for Enhanced plan.
- Administration fees are included in all dependent rates and are included with the MA Enhanced Buyup option for subscribers.
- 2024 rates did not change from 2023.

	Base Plan Premium	Enhanced Plan Premium	Buyup	Admin
2023	0.00	0.00	69.00	4.00
2024	0.00	0.00	69.00	4.00

Coverage & Tiers	2023 Rates	2024 Rates
MA Base Retirees/Med Dependents		
Subscriber Only	\$0.00	\$0.00
Subscriber + Child(ren)	\$4.00	\$4.00
Subscriber + Spouse	\$4.00	\$4.00
Subscriber + Family	\$8.00	\$8.00
MA Enhanced Retirees/Med Dependents		
Subscriber Only	\$73.00	\$73.00
Subscriber + Child(ren)	\$146.00	\$146.00
Subscriber + Spouse	\$146.00	\$146.00
Subscriber + Family	\$219.00	\$219.00

Premium Rates for Other Member Groups: 2024 Recommendation

- **100% Contributory Subscribers:**
 - Employee Premium + 2023 Employer Premium + Tobacco surcharge (\$0 or \$60)
 - Vary based on Medicare status, coverage, and tier.
 - Tobacco Wellness surcharge also applies for Active, COBRA, Enhanced PPO Plan (80/20) Non-Medicare Subscribers in the Retirement Systems Group and all other non-active subscribers such as surviving dependents, former legislators, etc.
- **100% Contributory COBRA Subscribers:**
 - Same as 100% Contributory EXCEPT Limited to 2% above rate as stated in Continuing Budget Resolution (How we operate without a budget) with FY 24 = FY 23 and 2024 Monthly Employer Premium = 2022 Monthly Premium.
- **50% Contributory Subscribers:**
 - Employee Premium + (50% x 2023 Employer Premium) + Tobacco surcharge (\$0 or \$60)
 - Vary based on Medicare status, coverage, and tier.
 - Tobacco Wellness surcharge also applies for Active, COBRA, and 80/20 Non-Medicare Retirees
 - Medicare Advantage subscribers will not add more than the fully insured premium + administrative costs to the Non-contributory premiums in the same tier.
- **National Guard, Firefighters, and Emergency Medical Personnel:**
 - (Employee Premium + 2023 Employer Premium) x 120% + Tobacco surcharge (\$0 or \$60)
 - Vary based on coverage and tier.
 - The additional 20% rate factor to protect against adverse selection (See §135-48.58 NC General Statutes)
 - If the tobacco attestation is not complete, the \$60 tobacco surcharge applies.

Active Employees Recommended 2024 Premium Rates

Active Employee Group	Enhanced PPO (80/20) Tobacco Attestation Complete? *		Base PPO (70/30) Tobacco Attestation Complete? *		Employer Contribution
	Yes	No	Yes	No	
Active Employees					
Subscriber Only	\$50.00	\$110.00	\$25.00	\$85.00	\$674.54
Subscriber + Child(ren)	\$305.00	\$365.00	\$218.00	\$278.00	\$674.54
Subscriber + Spouse	\$700.00	\$760.00	\$590.00	\$650.00	\$674.54
Subscriber + Family	\$720.00	\$780.00	\$598.00	\$658.00	\$674.54
Job Share Employees (50% Contributory)					
Subscriber Only	\$387.27	\$447.27	\$362.27	\$422.27	\$337.27
Subscriber + Child(ren)	\$642.27	\$702.27	\$555.27	\$615.27	\$337.27
Subscriber + Spouse	\$1,037.27	\$1,097.27	\$927.27	\$987.27	\$337.27
Subscriber + Family	\$1,057.27	\$1,117.27	\$935.27	\$995.27	\$337.27
LOA Fully Paid & PartTime (100% Contribution)					
Subscriber Only	\$724.54	\$784.54	\$699.54	\$759.54	\$0.00
Subscriber + Child(ren)	\$979.54	\$1,039.54	\$892.54	\$952.54	\$0.00
Subscriber + Spouse	\$1,374.54	\$1,434.54	\$1,264.54	\$1,324.54	\$0.00
Subscriber + Family	\$1,394.54	\$1,454.54	\$1,272.54	\$1,332.54	\$0.00

* Tobacco Attestation:

YES = Subscriber is not a tobacco user or has agreed to participate in a cessation program.

NO = Subscriber is a tobacco user and has not agreed to participate in a cessation program.

Non-Medicare COBRA Members Recommended 2024 Premium Rates

Non-Medicare COBRA Subscribers	Enhanced PPO (80/20) Tobacco Attestation Complete? *		Base PPO (70/30) Tobacco Attestation Complete? *		Employer Contribution
	Yes	No	Yes	No	
Subscriber and All Dependents are Non-Medicare					
Subscriber Only	\$711.81	\$771.81	\$686.31	\$746.31	\$0.00
Subscriber + Child(ren)	\$971.91	\$1,031.91	\$883.17	\$943.17	\$0.00
Subscriber + Spouse	\$1,374.54	\$1,434.54	\$1,262.61	\$1,322.61	\$0.00
Subscriber + Family	\$1,394.54	\$1,454.54	\$1,270.77	\$1,330.77	\$0.00
Medicare Primary for One or More Dependent(s)					
<i>Medicare Primary Dependents on MA Base Plan</i>					
Subscriber + Child(ren)	\$715.81	\$775.81	\$690.31	\$750.31	\$0.00
Subscriber + Spouse	\$715.81	\$775.81	\$690.31	\$750.31	\$0.00
Subscriber + Family	\$719.81	\$779.81	\$694.31	\$754.31	\$0.00
<i>Medicare Primary Dependents on MA Enhanced Plan</i>					
Subscriber + Child(ren)	\$784.81	\$844.81	\$759.31	\$819.31	\$0.00
Subscriber + Spouse	\$784.81	\$844.81	\$759.31	\$819.31	\$0.00
Subscriber + Family	\$857.81	\$917.81	\$832.31	\$892.31	\$0.00
<i>Medicare Primary Dependents on 70/30 Plan</i>					
Subscriber + Child(ren)	\$869.91	\$929.91	\$844.41	\$904.41	\$0.00
Subscriber + Spouse	\$1,145.31	\$1,205.31	\$1,119.81	\$1,179.81	\$0.00
Subscriber + Family	\$1,164.69	\$1,224.69	\$1,139.19	\$1,199.19	\$0.00

* Tobacco Attestation:

YES = Subscriber is not a tobacco user **or** has agreed to participate in a cessation program.

NO = Subscriber is a tobacco user and has **not** agreed to participate in a cessation program.

Non-Medicare Retirees and Disabled Members Recommended 2024 Premium Rates

Non-Medicare Subscribers	Enhanced PPO (80/20) Tobacco Attestation Complete? *		Base PPO (70/30)	Retirement System Contribution
	Yes	No		
Subscriber and All Dependents are Non-Medicare				
Subscriber Only	\$50.00	\$110.00	\$0.00	\$448.74
Subscriber + Child(ren)	\$305.00	\$365.00	\$218.00	\$448.74
Subscriber + Spouse	\$700.00	\$760.00	\$590.00	\$448.74
Subscriber + Family	\$720.00	\$780.00	\$598.00	\$448.74
Medicare Primary for One or More Dependent(s)				
<i>Medicare Primary Dependents on MA Base Plan</i>				
Subscriber + Child(ren)	\$54.00	\$114.00	\$4.00	\$448.74
Subscriber + Spouse	\$54.00	\$114.00	\$4.00	\$448.74
Subscriber + Family	\$58.00	\$118.00	\$8.00	\$448.74
<i>Medicare Primary Dependents on MA Enhanced Plan</i>				
Subscriber + Child(ren)	\$123.00	\$183.00	\$73.00	\$448.74
Subscriber + Spouse	\$123.00	\$183.00	\$73.00	\$448.74
Subscriber + Family	\$196.00	\$256.00	\$146.00	\$448.74
<i>Medicare Primary Dependents on Base PPO (70/30) Plan</i>				
Subscriber + Child(ren)	\$205.00	\$265.00	\$155.00	\$448.74
Subscriber + Spouse	\$475.00	\$535.00	\$425.00	\$448.74
Subscriber + Family	\$494.00	\$554.00	\$444.00	\$448.74

* Tobacco Attestation:

YES = Subscriber is not a tobacco user or has agreed to participate in a cessation program.

NO = Subscriber is a tobacco user and has not agreed to participate in a cessation program.

MA = Medicare Advantage

50% Contributory Non-Medicare Retirees Recommended 2024 Premium Rates

50% Contributory Non-Medicare Subscribers	Enhanced PPO (80/20) Tobacco Attestation Complete? *		Base PPO (70/30)	Retirement System Contribution
	Yes	No		
Retiree and All Dependents are Non-Medicare				
Subscriber Only	\$274.37	\$334.37	\$224.37	\$224.37
Subscriber + Child(ren)	\$529.37	\$589.37	\$442.37	\$224.37
Subscriber + Spouse	\$924.37	\$984.37	\$814.37	\$224.37
Subscriber + Family	\$944.37	\$1,004.37	\$822.37	\$224.37
Medicare Primary for One or More Dependent(s)				
<i>Medicare Primary Dependents on MA Base Plan</i>				
Subscriber + Child(ren)	\$278.37	\$338.37	\$228.37	\$224.37
Subscriber + Spouse	\$278.37	\$338.37	\$228.37	\$224.37
Subscriber + Family	\$282.37	\$342.37	\$232.37	\$224.37
<i>Medicare Primary Dependents on MA Enhanced Plan</i>				
Subscriber + Child(ren)	\$347.37	\$407.37	\$297.37	\$224.37
Subscriber + Spouse	\$347.37	\$407.37	\$297.37	\$224.37
Subscriber + Family	\$420.37	\$480.37	\$370.37	\$224.37
<i>Medicare Primary Dependents on Base PPO (70/30) Plan</i>				
Subscriber + Child(ren)	\$429.37	\$489.37	\$379.37	\$224.37
Subscriber + Spouse	\$699.37	\$759.37	\$649.37	\$224.37
Subscriber + Family	\$718.37	\$778.37	\$668.37	\$224.37

* Tobacco Attestation:

YES = Subscriber is not a tobacco user or has agreed to participate in a cessation program.

NO = Subscriber is a tobacco user and has not agreed to participate in a cessation program.

MA = Medicare Advantage

100% Contributory Non-Medicare Retirees Recommended 2024 Premium Rates

100% Contributory Non-Medicare Subscribers	Enhanced PPO (80/20) Tobacco Attestation Complete? *		Base PPO (70/30)	Retirement System Contribution
	Yes	No		
Retiree and All Dependents are Non-Medicare				
Subscriber Only	\$498.74	\$558.74	\$448.74	\$0.00
Subscriber + Child(ren)	\$753.74	\$813.74	\$666.74	\$0.00
Subscriber + Spouse	\$1,148.74	\$1,208.74	\$1,038.74	\$0.00
Subscriber + Family	\$1,168.74	\$1,228.74	\$1,046.74	\$0.00
Medicare Primary for One or More Dependent(s)				
<i>Medicare Primary Dependents on MA Base Plan</i>				
Subscriber + Child(ren)	\$502.74	\$562.74	\$452.74	\$0.00
Subscriber + Spouse	\$502.74	\$562.74	\$452.74	\$0.00
Subscriber + Family	\$506.74	\$566.74	\$456.74	\$0.00
<i>Medicare Primary Dependents on MA Enhanced Plan</i>				
Subscriber + Child(ren)	\$571.74	\$631.74	\$521.74	\$0.00
Subscriber + Spouse	\$571.74	\$631.74	\$521.74	\$0.00
Subscriber + Family	\$644.74	\$704.74	\$594.74	\$0.00
<i>Medicare Primary Dependents on Base PPO (70/30) Plan</i>				
Subscriber + Child(ren)	\$653.74	\$713.74	\$603.74	\$0.00
Subscriber + Spouse	\$923.74	\$983.74	\$873.74	\$0.00
Subscriber + Family	\$942.74	\$1,002.74	\$892.74	\$0.00

* Tobacco Attestation:

YES = Subscriber is not a tobacco user **or** has agreed to participate in a cessation program.

NO = Subscriber is a tobacco user and has **not** agreed to participate in a cessation program.

MA = Medicare Advantage

Direct Bill, Sponsored Dependents (100%) Recommended 2024 Premium Rates

Direct Bill and Sponsored Dependents	Enhanced PPO (80/20) Tobacco Attestation Complete? *		Base PPO (70/30) Tobacco Attestation Complete? *		Employer Contribution
	Yes	No	Yes	No	
Subscriber and All Dependents are Non-Medicare					
Subscriber Only	\$724.54	\$784.54	\$699.54	\$759.54	\$0.00
Subscriber + Child(ren)	\$979.54	\$1,039.54	\$892.54	\$952.54	\$0.00
Subscriber + Spouse	\$1,374.54	\$1,434.54	\$1,264.54	\$1,324.54	\$0.00
Subscriber + Family	\$1,394.54	\$1,454.54	\$1,272.54	\$1,332.54	\$0.00
Medicare Primary for One or More Dependent(s)					
<i>Medicare Primary Dependents on MA Base Plan</i>					
Subscriber + Child(ren)	\$728.54	\$788.54	\$703.54	\$763.54	\$0.00
Subscriber + Spouse	\$728.54	\$788.54	\$703.54	\$763.54	\$0.00
Subscriber + Family	\$732.54	\$792.54	\$707.54	\$767.54	\$0.00
<i>Medicare Primary Dependents on MA Enhanced Plan</i>					
Subscriber + Child(ren)	\$797.54	\$857.54	\$772.54	\$832.54	\$0.00
Subscriber + Spouse	\$797.54	\$857.54	\$772.54	\$832.54	\$0.00
Subscriber + Family	\$870.54	\$930.54	\$845.54	\$905.54	\$0.00
<i>Medicare Primary Dependents on 70/30 Plan</i>					
Subscriber + Child(ren)	\$879.54	\$939.54	\$854.54	\$914.54	\$0.00
Subscriber + Spouse	\$1,149.54	\$1,209.54	\$1,124.54	\$1,184.54	\$0.00
Subscriber + Family	\$1,168.54	\$1,228.54	\$1,143.54	\$1,203.54	\$0.00

* Tobacco Attestation:

YES = Subscriber is not a tobacco user **or** has agreed to participate in a cessation program.

NO = Subscriber is a tobacco user and has **not** agreed to participate in a cessation program.

Medicare Primary Subscribers Recommended 2024 Premium Rates

Non-Contributory Medicare Primary Subscribers	Medicare Advantage		Medicare Base PPO (70/30)	Retirement System Contribution
	Base Plan	Enhanced Plan		
Medicare Primary for Retiree and One or More Dependents				
Subscriber Only	\$0.00	\$73.00	\$0.00	\$448.74
Subscriber + Child(ren)	\$4.00	\$146.00	\$155.00	\$448.74
Subscriber + Spouse	\$4.00	\$146.00	\$425.00	\$448.74
Subscriber + Family	\$8.00	\$219.00	\$444.00	\$448.74
Non-Medicare Primary for Dependent(s)				
<i>Dependents on Enhanced PPO (80/20) Plan</i>				
Subscriber + Child(ren)	\$255.00	\$328.00	\$255.00	\$448.74
Subscriber + Spouse	\$650.00	\$723.00	\$650.00	\$448.74
Subscriber + Family	\$670.00	\$743.00	\$670.00	\$448.74
<i>Dependents on Base PPO (70/30) Plan</i>				
Subscriber + Child(ren)	\$218.00	\$291.00	\$218.00	\$448.74
Subscriber + Spouse	\$590.00	\$663.00	\$590.00	\$448.74
Subscriber + Family	\$598.00	\$671.00	\$598.00	\$448.74

50% Contributory Medicare Primary Subscribers Recommended 2024 Premium Rates

50% Contributory Medicare Retirees	Medicare Advantage		Medicare Base PPO (70/30)	Retirement System Contribution
	Base Plan	Enhanced Plan		
Medicare Primary for Retiree and One or More Dependents				
Subscriber Only	\$4.00	\$73.00	\$224.37	\$224.37
Subscriber + Child(ren)	\$8.00	\$146.00	\$379.37	\$224.37
Subscriber + Spouse	\$8.00	\$146.00	\$649.37	\$224.37
Subscriber + Family	\$12.00	\$219.00	\$668.37	\$224.37
Non-Medicare Primary for Dependent(s)				
<i>Dependents on Enhanced PPO (80/20) Plan</i>				
Subscriber + Child(ren)	\$259.00	\$328.00	\$479.37	\$224.37
Subscriber + Spouse	\$654.00	\$723.00	\$874.37	\$224.37
Subscriber + Family	\$674.00	\$743.00	\$894.37	\$224.37
<i>Dependents on Base PPO (70/30) Plan</i>				
Subscriber + Child(ren)	\$222.00	\$291.00	\$442.37	\$224.37
Subscriber + Spouse	\$594.00	\$663.00	\$814.37	\$224.37
Subscriber + Family	\$602.00	\$671.00	\$822.37	\$224.37

100% Contributory Medicare Primary Subscribers

Recommended 2024 Premium Rates

100% Contributory Medicare Primary Subscribers	Medicare Advantage		Medicare Base PPO (70/30)	Retirement System Contribution
	Base Plan	Enhanced Plan		
Medicare Primary for Retiree and One or More Dependents				
Subscriber Only	\$4.00	\$73.00	\$448.74	\$0.00
Subscriber + Child(ren)	\$8.00	\$146.00	\$603.74	\$0.00
Subscriber + Spouse	\$8.00	\$146.00	\$873.74	\$0.00
Subscriber + Family	\$12.00	\$219.00	\$892.74	\$0.00
Non-Medicare Primary for Dependent(s)				
<i>Dependents on Enhanced PPO (80/20) Plan</i>				
Subscriber + Child(ren)	\$259.00	\$328.00	\$703.74	\$0.00
Subscriber + Spouse	\$654.00	\$723.00	\$1,098.74	\$0.00
Subscriber + Family	\$674.00	\$743.00	\$1,118.74	\$0.00
<i>Dependents on Base PPO (70/30) Plan</i>				
Subscriber + Child(ren)	\$222.00	\$291.00	\$666.74	\$0.00
Subscriber + Spouse	\$594.00	\$663.00	\$1,038.74	\$0.00
Subscriber + Family	\$602.00	\$671.00	\$1,046.74	\$0.00

Firefighters, Rescue Squad Workers, and National Guard Recommended 2024 Premium Rates

Firefighters, Rescue Squad Workers, and National Guard	Enhanced PPO (80/20) Tobacco Attestation Complete? *		Base PPO (70/30) Tobacco Attestation Complete? *		Employer Contribution
	Yes	No	Yes	No	
Subscriber Only	869.45	929.45	839.45	899.45	\$0.00
Subscriber + Child(ren)	\$1,175.45	\$1,235.45	\$1,071.05	\$1,131.05	\$0.00
Subscriber + Spouse	\$1,649.45	\$1,709.45	\$1,517.45	\$1,577.45	\$0.00
Subscriber + Family	\$1,673.45	\$1,733.45	\$1,527.05	\$1,587.05	\$0.00

* Tobacco Attestation:

YES = Subscriber is not a tobacco user **or** has agreed to participate in a cessation program.

NO = Subscriber is a tobacco user and has **not** agreed to participate in a cessation program.

Pharmacy Expenses & Rebates

Pharmacy Expense and Rebates by Year

	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Pharmacy Claims Payments	\$856,189,983	\$900,151,490	\$953,863,166	\$1,000,302,267	\$1,214,275,718	\$1,305,421,996	\$1,463,697,528
Pharmacy Claim Rebates	(106,013,894)	(216,883,904)	(220,431,041)	(279,477,846)	(340,439,236)	(394,444,438)	(510,055,393)
Pharmacy Claim Refunds/Recoveries	(2,436,328)	(2,453,833)	(2,117,247)	(12,265,814)	(823,161)	(5,919,400)	(19,857,598)
Net Pharmacy Claims Cost	\$ 747,739,761	\$ 680,813,753	\$ 731,314,878	\$ 708,558,607	\$ 873,013,321	\$ 905,058,158	\$ 933,784,537

Annual % changes	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Pharmacy Claims Payments		5.1%	6.0%	4.9%	21.4%	7.5%	12.1%
Pharmacy Claim Rebates		104.6%	1.6%	26.8%	21.8%	15.9%	29.3%
Net Pharmacy Claims Cost		-9.0%	7.4%	-3.1%	23.2%	3.7%	3.2%