

Board of Selectman  
October 20, 2011

THESE MINUTES ARE SUBJECT TO APPROVAL BY EMPLOYEE MEDICAL BENEFITS BOARD

The Employee Medical Benefits Board held a special meeting Thursday, October 20, 2011 in the Council Chamber of the Municipal Center, 3 Primrose Street, Newtown. Finance Director Robert Tait called the meeting to order at 6:20pm.

**PRESENT:** Dan McAloon, Mark Mattioli, Donna Van Waalwijk and James Loring.

**ALSO PRESENT:** Finance Director Robert Tait, Business Director Ron Bienkowski and Employee Medical Benefits Consultant Joe Spurgeon.

Mr. Tait opened the meeting by introducing Mr. Bienkowski and Mr. Spurgeon to the board members and handing out the committee ordinance (Att. A). Mr. Tait also passed out an unaudited document of past experience (Att. B). The calculation for this year's budget is a 25/75 split between the municipal side and the education side. Mr. Spurgeon explained he is a resource for the board and he will take direction from the board. He distributed and discussed the Self Insurance Plan Summary (att. C). An RFP Discussion Outline (Att. D) was discussed which included RFP's, carriers/vendors, 3<sup>rd</sup> party RX vendors and Town/BOE purchasing requirements.

The meeting concluded with discussion about holding a future meeting on Nov. 14<sup>th</sup>.

**ANNOUNCEMENTS:** none.

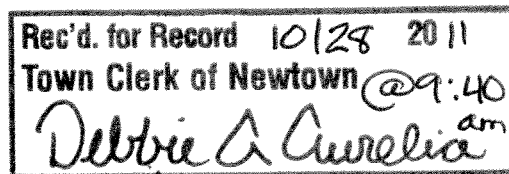
**ADJOURNMENT:** Having no further business Employee Medical Benefits Board adjourned their special meeting at 7:35pm.

Respectfully submitted,



Susan Marcinek, Clerk

- Att. A: Self Insurance Fund and Committee Ordinance
- Att. B: Unaudited, past experience
- Att. C: Self Insurance Plan Summary
- Att. D: RFP Discussion Outline



## SELF-FUNDED HEALTH INSURANCE FUND AND COMMITTEE ORDINANCE

## § 1 Title

This article shall be known and may be cited as the “Self-Funded Health Insurance Fund and Committee Ordinance”.

## § 2 Creation of Fund and Committee

The Town of Newtown, hereinafter referred to as the “Town”, by this Ordinance, authorizes the creation of the “Self-Funded Health Insurance Fund,” hereinafter referred to as the “Fund,” whose purpose is described below; and also authorizes the creation of the “Self-funded Health Insurance Fund Committee,” hereinafter referred to as the “Committee” whose responsibilities are described below.

## § 3 Purpose of Fund

The purpose of this Fund is to hold funds to pay claims made by municipal and School District employees of the Town as required in fulfilling employee health insurance obligations of the Town of Newtown, and other such liabilities relating to those claims and obligations.

## § 4 Partner or Partners

For the purposes of this Ordinance it is the intention of the Town of Newtown to have the Board of Selectman and Board of Education, work collaboratively as “partner” or “partners,” in connection with the Fund and the benefits paid by the Fund pursuant to the above paragraph.

## § 5 Responsibilities of the Committee

The Committee Shall:

- a. Serve the interests of the Municipal and Education departments of the Town.
- b. Recommend the level of annual or other contributions to the Fund by the Town and apportionment to each of the Partners, in consultation with the insurance consultant in his work with the insurance provider.
- c. Serve as an information bridge between the town insurance consultant and the Partners.
- d. Work with the Town and the insurance consultant as needed in any matters pertaining to health benefits.

## § 6 Members of Committee; Appointment; Terms of Office

- a. There shall be three volunteer members of the Committee, with a preference for those who have relevant expertise and knowledge in finance, healthcare, and/or insurance.
- b. Members shall be appointed by the First Selectman with the approval of the Board of Selectmen to serve a three year term. Initially, the First Selectman shall appoint one member for a one year term, one member for a two year term and one member for a three-year term.
- c. There shall be two alternates each appointed for a two-year term. The term of the alternates shall run from January 1 of the even year through December 31 of the ensuing year. If a regular member of the Committee is absent, the Chairman of the Committee shall designate an alternate to act in the absent

## SELF-FUNDED HEALTH INSURANCE FUND AND COMMITTEE ORDINANCE

member's place, choosing the alternates in rotation so that they shall act as nearly equal a number of times as possible.

### § 7 Chairman; Clerk.

- a. The Committee shall elect a Chairman, to serve for a term of one year.
- b. The Chairman shall preside at meetings and public hearings.
- c. The Committee shall utilize a clerk whose responsibility is the taking of minutes at all meetings, typing and filing the same, and performing all other clerical or recording services for the Committee.

### § 8 Meetings

- a. The Committee shall meet quarterly and at other times as the Chairman deems necessary.
- b. The Chairman shall prepare an agenda prior to each meeting and distribute a copy to each Committee member.

### § 9 Self-Funded Health Insurance Fund

- a. The Fund exists only to pay healthcare claims and related expenses of the plan and shall not be used for any other purpose.
- b. The Fund will build a reasonable (not to exceed three months of payments) balance to ensure that claims of covered employees can be paid during a high claim year.
- c. Investments of the Fund balance will be made in accordance with the Town's investment policy.
- d. In the event the Fund is terminated, any balance shall revert back to the general fund of the Town (after all self insurance claims have been paid) and shall be used to defray the Partners' future health insurance costs and obligations.
- e. The Fund shall continue year to year without lapsing unless terminated by the Town.

### § 10 Severability

The provisions of this ordinance are declared to be severable and the invalidity of any portion thereof shall not affect the validity of the remainder.

Adopted by the Legislative Council January 19, 2011

UNAUDITED

**SCHEDULE 8**

**TOWN OF NEWTOWN, CONNECTICUT**

INTERNAL SERVICE FUNDS  
 COMBINING STATEMENT OF REVENUES, EXPENSES AND CHANGES IN FUND NET ASSETS  
 FOR THE YEAR ENDED JUNE 30, 2011

	BOE DENTAL	MEDICAL INSURANCE	TOTAL
OPERATING REVENUES:			
Charges for services	\$ 542,216	\$ 1,272,920	13,267,136
OPERATING EXPENSES:			
Claims incurred	444,783	10,124,823	10,569,606
Administration	152	846,965	847,117
TOTAL OPERATING EXPENSES	444,935	10,971,788	11,416,723
OPERATING INCOME (LOSS)	97,281	1,753,132	1,850,413
NONOPERATING REVENUES (EXPENSES):			
Investment income		3,935	3,935
NET CHANGE IN NET ASSETS	97,281	1,757,067	1,854,348
TOTAL NET ASSETS - JULY 1, 2010	81,665	-	81,665
TOTAL NET ASSETS - JUNE 30, 2011	178,946	1,757,067	1,936,013

**TOWN OF NEWTOWN  
MEDICAL SELF INSURANCE COST CALCULATION (BY TOWN)  
FOR 2011-12**

ESTIMATED A 10% INCREASE  
OVER PRIOR YEAR

\*\*\* 2010-11 ESTIMATED CLAIMS 10,787,112

A	2011-12 ESTIMATED CLAIMS <small>(2010-11 times 1.10)</small>	11,865,823	
B	2011-12 RETENTION & STOP LOSS	816,589	
A + B	2011-12 ESTIMATED TOTAL COST	12,682,412	
	SAY	12,500,000	

TOWN ACTUALLY USED 12,800,000 AS AN  
ESTIMATED TOTAL COST FOR 2011 2012  
(SEE BREAKDOWN ON NEXT PAGE)

\*\*\* From 2010-11 Medical Self-Insurance Expenditures

2011-2012

**MUNICIPAL:**

TOTAL ESTIMATED COST	A	3,315,200	25.9%
(Includes incurred claims and all retention components)			
TOTAL ESTIMATED EMPLOYEE COST SHARE		(248,357)	
TOTAL ESTIMATED AGENCY COST SHARE		(257,895)	
TOTAL ESTIMATED RETIREE COST SHARE		(12,359)	
CONSULTING FEE (50%)		25,000	
MUNICIPAL CONTRIBUTION TO MEDICAL SELF INSURANCE FUND		<u>2,821,589</u>	

BUDGETED IN  
TOWN BUDGET

**EDUCATION:**

TOTAL ESTIMATED COST	A	9,484,800	74.1%
TOTAL ESTIMATED EMPLOYEE COST SHARE		(1,513,845)	
TOTAL ESTIMATED RETIREE/COBRA COST SHARE		(516,508)	
CONSULTING FEE (50%)		25,000	
HSA EMPLOYER CONTRIBUTION		60,000	
EARLY RETIREMENT COST		21,368	
EDUCATION CONTRIBUTION TO MEDICAL SELF INSURANCE FUND		<u>7,560,815</u>	

BUDGETED IN  
BOE BUDGET

Note: Sum of the A's = 12,800,000

TOTAL COST ESTIMATE USED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

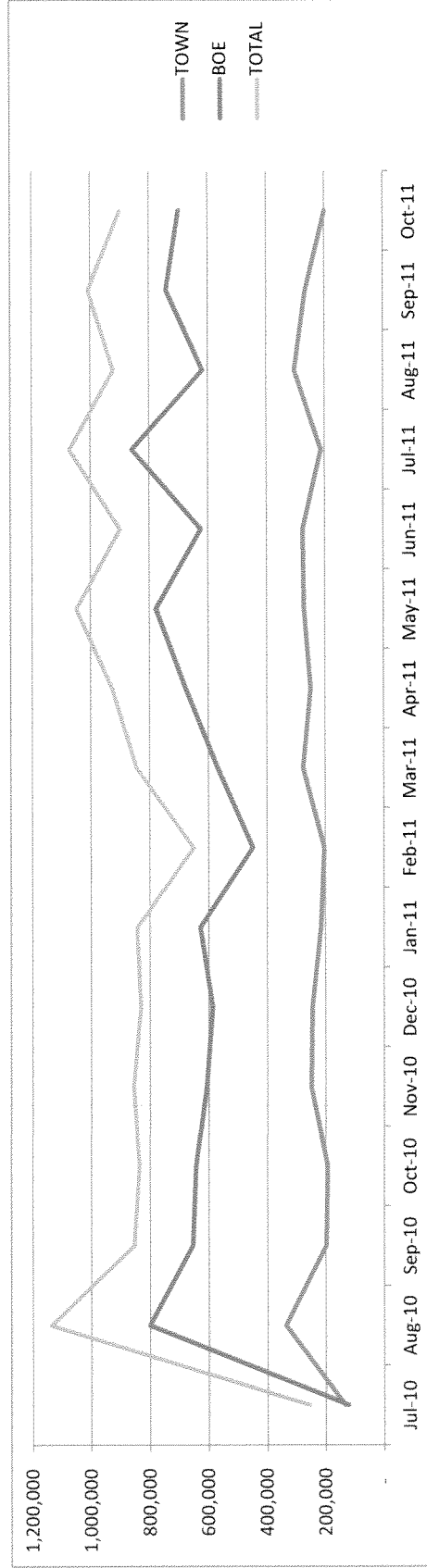
TOWN OF NEWTOWN CLAIMS ANALYSIS  
 JULY, 2010 TO OCT 2011

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11
TOWN	133,272	336,479	198,468	193,055	249,209	245,316	215,386	203,833	276,559	249,334	271,046	275,926	212,976	303,893	265,630	200,000
BOE	122,595	801,249	655,306	643,778	606,973	586,840	628,365	447,667	568,246	677,682	778,406	624,341	859,557	618,206	741,549	700,000
TOTAL	255,867	1,137,728	853,774	836,833	856,182	832,156	843,751	651,500	844,805	927,016	1,049,452	900,267	1,072,533	922,099	1,007,179	900,000

MEDICAL CLAIMS

EST

INITIAL PROJECTION WOULD BRING  
 TOTAL COST TO AROUND 12,500,000



**NEWTOWN TOWN & BOE**

**Self Insurance Plan Summary**

**For the Contract Year Beginning Jul-2011  
Claims Billed Through Sep-2011**

**This report will NOT show manual adjustments made to a group's account.**

**This report shows claims which were BILLED to the group during each month. The amounts subsequently PAID by the group or DRAWN from the group's account may not coincide with the month the claims were billed.**

In Connecticut, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. In Maine, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc. In New York, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New York, Inc. In North Carolina, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of North Carolina, Inc. In Pennsylvania, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Pennsylvania, Inc. In Virginia, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. In Washington, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Washington, Inc. In Wisconsin, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Wisconsin, Inc. In all other states, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of the United States, Inc. This report contains proprietary, confidential and/or otherwise restricted information. It is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, you should not disseminate, distribute or copy this information. If you have received this message in error, please immediately notify the sender by e-mail and delete the original message.

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Cover Page

10/11/2011

**Anthem.**  Health Insights  
DataView Direct



# NEWTOWN TOWN & BOE

## Rolling 12 Months Medical Contract Count Summary

### Restated Membership From Oct-2010 through Sep-2011

Period	Medical Contracts	Medical Members	Subscriber only	Subscriber & spouse	Subscriber, spouse & child	Subscriber & many children	Subscriber & one child
Oct-10	823	2,130	246	180	346	23	28
Nov-10	823	2,122	248	182	343	24	26
Dec-10	822	2,120	249	181	343	24	25
Jan-11	821	2,121	247	182	342	24	26
Feb-11	825	2,125	252	183	338	25	27
Mar-11	822	2,114	252	182	336	25	27
Apr-11	822	2,113	255	178	337	26	26
May-11	821	2,115	254	175	340	26	26
Jun-11	820	2,119	251	177	340	26	26
Jul-11	829	2,155	246	184	344	27	28
Aug-11	787	2,045	240	168	329	27	23
Sep-11	810	2,088	253	172	336	26	23
<b>TOTAL</b>	<b>9,825</b>	<b>25,367</b>	<b>2,993</b>	<b>2,144</b>	<b>4,074</b>	<b>303</b>	<b>311</b>
<b>AVERAGE</b>	<b>819</b>	<b>2,114</b>	<b>249</b>	<b>179</b>	<b>340</b>	<b>25</b>	<b>26</b>

Current Month Contract Count Report



- Contract and Member counts are for Medical Coverage
- Membership is restated to reflect retroactive adjustments
- This report is not meant to replace the contract year settlement

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**NEWTOWN TOWN & BOE**  
**Claims Lag Table**

**Billed Claims From Oct-2010 through Sep-2011**

**Medical**

Claims Only	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Total Incurred
Prior	\$295,300	\$32,400	\$25,658	\$2,895	\$1,528	\$2,526	\$2,380	\$808	-\$236	\$204	-\$483	\$2,072	\$385,051
Oct-10	\$332,546	\$321,336	\$42,105	\$21,017	\$2,713	\$5,559	-\$590	\$539	\$303	\$298	-\$666	\$184	\$725,346
Nov-10	\$0	\$384,246	\$301,844	\$18,663	\$5,598	\$2,396	\$1,442	-\$89	\$42	\$131	\$31	\$229	\$714,533
Dec-10	\$0	\$0	\$354,507	\$272,475	\$17,067	\$7,053	\$2,093	\$2,717	\$549	\$124	\$40	\$663	\$657,287
Jan-11	\$0	\$0	\$0	\$369,116	\$176,710	\$12,584	\$3,420	\$589	\$2,833	\$4,070	\$0	\$457	\$569,778
Feb-11	\$0	\$0	\$0	\$0	\$310,686	\$197,962	\$56,169	\$2,056	\$4,362	\$13,204	\$1,232	-\$115	\$585,576
Mar-11	\$0	\$0	\$0	\$0	\$0	\$472,197	\$219,761	\$40,922	\$16,750	\$116,274	\$137	\$2,006	\$868,047
Apr-11	\$0	\$0	\$0	\$0	\$0	\$0	\$476,355	\$345,140	\$70,186	\$3,371	-\$16,265	\$3,661	\$882,447
May-11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$524,469	\$258,968	\$121,737	\$44,423	\$39,254	\$988,850
Jun-11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$417,127	\$223,351	\$865	\$27,913	\$669,255
Jul-11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$366,478	\$278,113	\$24,151	\$668,742
Aug-11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$424,788	\$239,368	\$664,156
Sep-11	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$416,268	\$416,268
<b>Total Paid</b>	<b>\$627,845</b>	<b>\$737,983</b>	<b>\$724,115</b>	<b>\$684,165</b>	<b>\$514,303</b>	<b>\$700,297</b>	<b>\$761,030</b>	<b>\$917,152</b>	<b>\$770,883</b>	<b>\$849,240</b>	<b>\$732,213</b>	<b>\$756,110</b>	<b>\$8,775,337</b>

- Medical Claims Only: excludes Prescription Drug and Dental claims.
- Prescription Drugs: includes only those claims billed through a retail pharmacy using a drug card.
- This report is not meant to replace the contract year settlement.

**Health Insights**  
**DataView Direct**

Claims Lag  
 4. A.1  
 10/11/2011

In Connecticut, Anthem Blue Cross and Blue Shield, the trade name of Anthem Health Plans of Maine, Inc. in New Hampshire, Anthem Blue Cross and Blue Shield in the state of New Jersey, Anthem Blue Cross and Blue Shield of New York, and Anthem Blue Cross and Blue Shield of Virginia, are members of the Anthem Health Plans Association, a not-for-profit association. This report is based on a detailed or projected level of performance as it is intended to be used to measure actual performance against a target level of performance. The report is intended only for the use of the individual or entity to whom this information is provided. If you are a member of the Association, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on this information, is strictly prohibited. If you have received this message in error, please immediately notify the sender by e-mail and delete the original message.







## Glossary of Terms

**Actual vs Expected Claims:** "Actual Paid Claims" divided by "Expected Claims". Similar to a Loss Ratio. A value of 100% indicates the group's claims are as projected by Underwriting.

**ASL:** Aggregate Stop Loss, insurance to protect against excessive total group claims. This is a percentage of claims amount in excess of the expected claims amount.

**Average:** The average monthly amount - Claims divided by the number of months for the contract year-to-date (YTD).

**Claims over ISL:** Claims in excess of the Individual Stop Loss (ISL). If the group has ISL coverage through Anthem dollar amounts in this column will reflect claim dollars for members in excess of the ISL. These excess dollars were not billed to the group. If the group does not have ISL through Anthem, there will be no dollar amounts in this column.

**Contracts:** Medical contract counts (Subscribers/Employees). Amounts are restated to reflect retroactive membership adjustments.

**Dental:** Dental coverage under a separate (stand alone) policy. Does not include dental claims covered through the medical plan.

**Expected Claims:** This amount is determined in Underwriting. It is the projected claims amount for the contract period. The monthly value is 1/12 the annual amount determined by Underwriting. If a group does not have Aggregate Stop Loss (ASL) through Anthem, the Expected Claims amount may be \$0.

**Institutional:** Claims billed through a facility (typically hospitals) on a UB92 claim form.

**ISL:** Individual Stop Loss, insurance to protect against excessive individual member claims.

**Local Discount Savings:** The in-state Anthem network savings. The difference between the claim CHARGE amount and the ALLOWED amount. Local Discount Savings does not include savings from Anthem's Blue Card (out of state) network or Retail Prescription Drug network. A group's Local Network Access Fee (NAF) may be calculated based on the Local Discount Savings.

**Local NAF Fee:** Network Access Fee (NAF) is a fee paid by the group to gain access to Anthem's local (in-state) provider network. This fee may be a percentage of the Local Discount Savings (LDS) amount. Some groups may be charged a per member/per contract amount to gain access to Anthem's Local provider network. Per member/per contract amounts ARE NOT shown in this report. Only NAF fees as a percentage of LDS are included in this report.

**Major Med:** Can include claims for Durable Medical Equipment (DME), Drug claims paid under the medical benefit, or other specially classified services.

**Maximum Aggregate:** The ASL % multiplied by the Expected Claims amount. For groups who do not have ASL coverage through Anthem, this amount may be \$0.

**Med/Surg:** Claims billed through a physician's office on a HCFA 1500 claim form. This category also includes Vision claims.

**Member Status:** "Active" means the member is enrolled in the group's Medical plan. "Inactive" means the member is NOT enrolled in the group's Medical plan.

**Members:** (Employees and Dependents) are medical member counts. Amounts are restated to reflect retroactive membership adjustments.

**Newborn Ind:** Indicates if the member is a newborn baby. Occasionally, the newborn baby's claims will be combined with the parent's claims until the baby has its own member ID.

**Other Fees:** (Year-to-Date Fees Summary report): These are New Hampshire Behavioral Health Network (BHN) capitation fees or miscellaneous fees based on a percentage of claims. Other than BHN capitation fees, no per member/per contract fees are shown on this report.

**PEPM:** Per Employee Per Month - Claims per Employee per Month (for annual amounts multiply by 12).

**PMPM:** Per Member Per Month - Claims per Member per Month (for annual amounts multiply by 12).

**Prescription Drug:** Claims billed through a retail pharmacy using a prescription drug card.

**SIP Rel Cd:** The group's code used by finance (billing). A group could have more than one SIP Rel Cd depending on how the group is administered by Finance or Underwriting. Ex: A Town and a Board of Education could have separate SIP Rel Cds.

**SIP Retention Fee:** For groups with Administrative Fees based on a percentage of claims. Administrative Fees based on per member/per contract amounts ARE NOT shown on this report.

**Vision:** Vision coverage under a separate (stand alone) policy. The associated claims are included in the Med/Surg claims category.

**Year-to-Date (YTD):** The time period reflects months in the current contract plan year.

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**Newtown: Town and BOE  
Reserve Modeling**

<b>Reserve Model: Carrier IBNR/ 50% ASO Corridor</b>		8.00% Approx 1 Month (Standard Anthem Factor)
Medical IBNR:		12.50% 1/2 Corridor to 125%
ASO Claim Corridor:		5.00% Margin
Budget Stabilization:		
<b>Fiscal Year Ending June 30</b>	<b>2011</b>	<b>2012</b>
Total Actual/Expected Claims	\$ 12,002,724	\$ 11,820,024
Claim IBNR:	\$ 960,218	\$ 945,602
ASO Corridor:	\$ 1,500,341	\$ 1,477,503
Stabilization:	\$ 600,136	\$ 591,001
<b>Combined Reserve:</b>	<b>\$ 3,060,695</b>	<b>\$ 3,014,106</b>

LRI/CBMD

Created: 2/22/2011  
Updated: 4/27/2011



**Newtown: Town and BOE  
RFP Discussion Outline  
October 20, 2011**

- I. LRI typically recommends RFP/Market Studies once every 3 years
  - a. Funding Alternatives
    - i. Self Funded
    - ii. Fully Insured
    - iii. Minimum Premium
    - iv. Participating
  - b. Stop Loss Alternatives
  - c. LRI Fee
    - i. \$20,000 for study, analysis, reporting, and council/board/union meetings
    - ii. Vendor change fee not to exceed \$12,500
  - d. Wellness Programs
    - i. Carrier Based
    - ii. 3<sup>rd</sup> Party
  
- II. Carrier/Vendors
  - a. Anthem-lost several public sector client for July 2010, and a few more in 2011. With some early 2012 activity they seem to be aggressively fighting to retain business that is out to market (but it's early in the cycle)
  
  - b. Aetna-trying to positioning itself in the Public Sector
    - i. They picked up the City of Middletown and RSD 1 a couple of years ago
    - ii. Groups over 500 lives part of a dedicated (CT based) Public Sector service team
    - iii. They had some problems in the past with Fully Insured pricing but the Self Funded pricing looked pretty good.
    - iv. They have some issues with plan design matching and stop loss limitations.
  
  - c. Cigna- seems to be positioning itself as Anthem's biggest competition.
    - i. They picked up 10 to 12 municipalities for the July 1, 2010 cycle and a few more in 2011. The majority of those were taken from Anthem.
    - ii. Cigna position is:
      1. Claim savings between 3-6% over Anthem based on:
        - a. Cigna Reported Provider Discount Advantage
        - b. Cigna Reported Clinical Management Advantage
      2. Lower Admin Fees and Multi Year Fees Guarantees
      3. Flexible funding arrangements
      4. Ability to match plan designs
  
  - d. ConnectiCare-
    - i. In the Public Sector they have primarily served as an optional HMO plan, but looking to expand.
    - ii. I believe they are sole carrier in Stratford.



- iii. Members/employees love them.
    - iv. They have had some issues in the past with plan design and out-of-state network.
    - v. Hired an Anthem VP who was heavily involved in the Public Sector
  - e. United Health/Oxford-Have not had much luck/traction in the Public Sector. We have had some issues with their responses as far as consistency in their responses and RFP compliance. They claim they are very interested in the Public Sector.
- III. 3<sup>rd</sup> Party RX vendors
- a. One issue here is that you have RX maximums which tend to create a bit of an issue for members when you have a separate RX vendor.
  - b. Municipal Purchasing Coalition thru Medco. The Municipal Coalition will be getting improved pricing for January 2012 after bidding and staying with Medco.
  - c. State Plan thru Caremark. The State will now offer their contract pricing with Caremark to municipal clients. Caremark/State did participate in the Municipal Coalition RFP and according to Segal the deals was not as strong as Medco (data is subject to a confidentiality agreement)
- IV. We should start to find out if any union contracts (City and BOE) have restrictive language on carrier change.
- V. Town/BOE Purchasing Requirements-
- a. RFP be subject to any purchasing rules and postings?
  - b. Most clients allow us to send and receive the RFPs and do not requiring purchasing involvement, some allow us to do the sending and receiving but their purchasing area simply posts something in the paper saying there is an RFP, other require everything to go through purchasing.
- VI. Timing-We typically like to give the vendors 3-4 weeks to respond and we need a couple of weeks to analyze. So we need to back into when you would need the results and then start the process 5 to 6 weeks prior.
- VII. You may want to consider informing the unions ahead of time. We typically find the process goes well/better if we inform them of the process prior to the RFP and then provide them with some review afterwards.

