



AAA ElderSource
Board of Directors
Finance Committee Meeting
Friday, October 28, 2022, at 1:00 PM
<https://us02web.zoom.us/j/83627584805>

- | | |
|--------------------------------|-----------------|
| 1. Welcome | Ed Salek, Chair |
| 2. Review of Minutes | Ed Salek, Chair |
| 3. CFO's Financial Report | James Lee, CFO |
| 4. Review of Employee Benefits | Tameka G. Holly |
| 5. Open Discussion | |
| 6. Adjourn | Ed Salek, Chair |

Vision: Older adults and adults with disabilities are valued and have the resources they need to live with dignity and security in an age- and ability-friendly community.

Mission: ElderSource empowers people to live and age with independence and dignity in their homes and their communities.

Inclusion Statement: ElderSource values all people – including but not limited to all nationalities, socio-economic backgrounds, abilities, races, genders, religious perspectives, sexual orientations and gender identities – in everything we do. We welcome the unique insights and perspectives of all persons in our quest to fulfill our mission.

ElderSource
Budget/Finance Committee Meeting via Zoom
<https://zoom.us/j/755470668>
Friday, August 26, 2022
1:00 PM

Present

Melissa Gilreath
Elizabeth Gunn
Juliet Williams
Ed Salek, Chair

Staff

James Lee, Chief Financial Officer
Linda Levin, Chief Executive Officer
Jessica Del Rio, Executive Administrative Assistant

Meeting Called to Order

The meeting was called to order at 1:02 PM, and a quorum was present.

Review of the Minutes

Melissa Gilreath moved to approve the minutes from June 24, 2022, as presented. Elizabeth Gunn seconded the motion. The motion was approved without opposition.

Financial Report

Ed Salek highlighted the financial reports for the date ending June 30, 2022. He stated that we are currently operating under budget due to job vacancies.

James Lee noted that our Human Resource department is searching for candidates to fill several vacancies due to turnover and that overtime has been approved for individual grants to stay current. The line-item Other Personnel expenses are up 48% due to the number of new hires' background screenings.

Motion:

Juliet Williams moved to approve the preliminary Financial reports for June 2022 as presented. Melissa Gilreath seconded the motion. Motion carried without opposition.

2023 Budget Review

James presented the 2023 Budget to the Committee. He stated that the total operating budget for 2023 is \$25,527,467.46.

The total budget includes the following:

- DOEA (Services) funding for \$3,012,542.15
- Program Revenue \$999,890.00

- Admin \$2,072,448.00
- Providers as a Pass-Through for Services \$19,442,587.31.

James reviewed each of the following sections of the budget:

- DOEA Funding CY 2023
- Program Revenue Funding CY 2023
- Admin Revenue Funding CY 2023

James noted that under Salaries/Fringes total includes a 4% increase for employee wages based on performance. Under the Operational Expenditures – the IT consultant, iVenture, accounts for \$131,000 of the Consulting & Professional Services budget. The other operational expenditures consist of standard expenses, including but not limited to: supplies, dues, subscriptions, audit fees, etc.

James noted that non-DOEA expenditures will be expensed through the parent company for the board.

James stated projections reflect a net margin of \$720,866.39 at the end of 2023 due to a profit in the Veterans Program of \$400,584.74 and an additional \$59,892.79 from the MIPPA program. This equates to \$460,477.53 that will be transferred to the parent program to provide services. The remaining \$50,205.36 will be carry-forward to the OAA Admin budget for 2023. An additional \$210,183.50 is restricted in the AAA operating account for services.

Motion:

Elizabeth Gunn moved to approve the 2023 budget as presented with one update on the Program Revenue Funding CY 2023 to show the providers section. Melissa Gilreath seconded the motion. Motion carried without opposition.

Meeting adjourned at 1:45 PM.

Minutes prepared by Jessica Del Rio, Executive Administrative Assistant



Area Agency on Aging
Budget vs. Actual Monthly
For the Month Ending August 31, 2022

DESCRIPTION	BUDGET	ACTUAL	JE PENDING	Encumber	BALANCE	PROJECTED Actual YTD	IDEAL RATE 67%
Operating Revenue							
DOEA Revenue	2,749,033.06	\$1,369,435.00	\$0.00	\$0.00	\$1,379,598.06	\$2,054,152.50	50%
Program Revenue	436,508.00	\$196,341.00	\$0.00	\$0.00	\$240,167.00	\$294,511.50	45%
Admin Revenue	\$1,339,421.00	\$1,102,298.00	\$0.00	\$0.00	\$237,123.00	\$1,653,447.00	82%
Veterans Program	500,680.00	\$347,280.00	\$0.00	\$0.00	\$153,400.00	\$520,920.00	69%
DOEA Special Project Guide House	\$239,072.73	\$204,072.72	\$0.00	\$0.00	\$35,000.01	\$204,072.72	0%
Contributions	\$0.00	\$9,576.00	\$0.00	\$0.00	(\$9,576.00)	\$9,576.00	0%
Interest Income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%
Miscellaneous	\$0.00	\$4,341.00	\$0.00	\$0.00	(\$4,341.00)	\$4,341.00	0%
Carry Forward	\$300,000.00	\$0.00	\$0.00	\$0.00	\$300,000.00	\$300,000.00	0%
In-kind					\$0.00	\$0.00	0%
Total Operating Revenue	\$5,564,714.79	\$3,233,343.72	\$0.00	\$0.00	\$2,331,371.07	\$5,041,020.72	58%
Revenue Total	\$5,564,714.79	\$3,233,343.72	\$0.00	\$0.00	\$2,331,371.07	\$5,041,020.72	58%
Operating Expense							
PERSONNEL							
Personnel Expenses	\$ 3,059,368.31	\$1,679,002.00	\$0.00	\$0.00	\$1,380,366.31	\$2,518,503.00	55%
Fringes	\$ 576,422.24	\$270,781.00	\$0.00	\$0.00	\$305,641.24	\$406,171.50	47%
Employee Benefits	\$ 251,805.70	\$180,566.00	\$0.00	\$0.00	\$71,239.70	\$270,849.00	72%
Other Personnel Expense	\$ 24,898.54	\$15,921.00	\$0.00	\$0.00	\$8,977.54	\$23,881.50	64%
TOTAL PERSONNEL COSTS	\$3,912,494.81	\$2,146,270.00	\$0.00	\$0.00	\$1,766,224.81	\$3,219,405.00	55%
OPERATIONS							
Rent	135,000.00	\$90,000.00	\$0.00	\$0.00	\$45,000.00	\$135,000.00	67%
Building Maintenances/Repair	3,500.00	\$690.00	\$0.00	\$0.00	\$2,810.00	\$1,035.00	20%
Telephone & Internet	45,380.00	\$17,639.00	\$0.00	\$0.00	\$27,741.00	\$26,458.50	39%
Office Supplies	\$25,305.66	\$14,415.00	\$0.00	\$0.00	\$10,890.66	\$21,622.50	57%
Printing & Supplies	\$53,448.51	\$7,136.00	\$0.00	\$0.00	\$46,312.51	\$10,704.00	13%
Postage & Shipping	\$29,640.00	\$9,997.00	\$0.00	\$0.00	\$19,643.00	\$14,995.50	34%
Office Equipment/Leasing	\$46,044.00	\$26,778.00	\$0.00	\$0.00	\$19,266.00	\$40,167.00	58%
Phone System	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$0.00	0%
Document Management System	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	\$0.00	0%
Other technology/equipment	\$35,500.00	\$29,068.00	\$0.00	\$0.00	\$6,432.00	\$43,602.00	82%
Other Operating	\$5,217.84	\$0.00	\$0.00	\$0.00	\$5,217.84	\$0.00	0%
Software	\$7,500.00	\$0.00	\$0.00	\$0.00	\$7,500.00	\$0.00	0%
Outreach/Marketing/Advertising	\$69,664.00	\$64,050.00	\$0.00	\$0.00	\$5,614.00	\$96,075.00	92%
Travel & Conferences	\$43,223.00	\$6,719.00	\$0.00	\$0.00	\$36,504.00	\$10,078.50	16%
Dues & Subscriptions	\$51,285.42	\$13,450.00	\$0.00	\$0.00	\$37,835.42	\$20,175.00	26%
Consulting & Professional Fees	\$676,179.00	\$501,800.00	\$0.00	\$0.00	\$174,379.00	\$752,700.00	74%
Bank Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Taxes & Licenses	\$500.00	\$37.00	\$0.00	\$0.00	\$463.00	\$55.50	7%
Property & Liability Insurance	\$19,148.00	\$6,582.00	\$0.00	\$0.00	\$12,566.00	\$9,873.00	34%
Staff Training & Recognition	\$15,000.00	\$5,461.00	\$0.00	\$0.00	\$9,539.00	\$8,191.50	36%
Volunteer Expenses	\$49,766.00	\$3,960.00	\$0.00	\$0.00	\$45,806.00	\$5,940.00	8%
Staff Uniforms	\$2,350.00	\$1,359.00	\$0.00	\$0.00	\$991.00	\$2,038.50	58%
Tuition Reimbursement	\$6,000.00	\$0.00	\$0.00	\$0.00	\$6,000.00	\$0.00	0%
Indirect Cost	\$16,046.00	\$0.00	\$0.00	\$0.00	\$16,046.00	\$0.00	0%
Non DOEA Expenses	\$11,000.00	\$142.00	\$0.00	\$0.00	\$10,858.00	\$213.00	1%
Restricted Non-DOEA			\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
In-Kind						\$0.00	
TOTAL OPERATIONS	\$1,371,997.43	\$799,283.00	\$0.00	\$0.00	\$572,714.43	\$1,198,924.50	58%
Total Operating Exp	\$5,284,492.24	\$2,945,553.00	\$0.00	\$0.00	\$2,338,939.24	\$4,418,329.50	56%
NET SURPLUS/DEFICIT	\$280,222.55	\$287,790.72	\$0.00			\$622,691.22	
YTD Intercompany Transfers		\$0.00					
YTD Net Total		\$287,790.72					

Note: Our Human Resource department is searching for candidates to fill several vacancies. OT has been approved for Individual Grants to stay current.
 Note: The Consultant and Professional Fees include Iventure/Trutech IT, Avaya Phone System, Audit, Legal Fees, and some minor expenses (no concerns)
 Note:
 Note:
 Note:
 Note: Revised budget reflect old and new amendments

Group Benefits Renewal Analysis

Eldersource

Renewal Date: 12/01/2022



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Medical Analysis

Eldersource 12/1/2022	United Healthcare		
	BXJN NHP HMO Choice NHP	BXOO NHP HMO Choice NHP	BWO7 PPO Choice Plus
	Current		
IN NETWORK			
Deductible (CYD): (Ind / Fam)	\$2,500 / \$5,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Deductible Applies to OOP Max?	Yes	Yes	Yes
Coinsurance: Carrier / Member	80% / 20%	90% / 10%	80% / 20%
Physician Services: PCP / Specialist	\$25 / \$50	\$25 / \$45	\$25 / \$50
Telemedicine / Virtual Visits	\$0	\$0	\$0
Inpatient Hospital Services	CYD + 20%	CYD + 10%	CYD + 20%
Provider Services in Hospital and ER	CYD + 20%	CYD + 10%	CYD + 20%
Independent Diagnostic Lab/X-Ray/AIS	\$0 / \$0 / CYD + 20%	CYD + 10% / CYD + 10% / \$300	\$0 / \$0 / CYD + 20%
Outpatient Surgery and Services	CYD + 20%	CYD + 10%	CYD + 20%
Emergency Room Services	\$350	CYD + 10%	\$350
Urgent Care Services	\$50	\$50	\$50
Prescription Drugs - Generic	\$10	\$10	\$10
Prescription Drugs - Brand (Pref / NonPref)	\$45 / \$85	\$45 / \$85	\$45 / \$85
Prescription Drugs - Specialty	\$10 / \$150 / \$500	\$10 / \$150 / \$500	\$10 / \$150 / \$500
Prescription Drugs - 90 day Mail Order	2.5x Retail	2.5x Retail	2.5x Retail
Mental Health (Inpatient / Outpatient)	CYD + 20% / \$50	CYD + 10% / \$45	CYD + 20% / \$50
Out of Pocket Maximum (Ind / Fam)	\$6,600 / \$13,200	\$4,500 / \$9,000	\$4,500 / \$9,000
OUT OF NETWORK			
Deductible (Individual / Family)			\$3,000 / \$6,000
Coinsurance: Carrier / Member			60% / 40%
Inpatient Hospital Services	Not Covered	Not Covered	CYD + 40%
Outpatient Surgery			CYD + 40%
Out of Pocket Maximum (Ind / Fam)			\$9,000 / \$18,000
Meets Min Value and MEC?	Yes	Yes	Yes
RATING ANALYSIS			
	EEs	EEs	EEs
Employee Only	11 \$634.98	17 \$651.42	3 \$818.87
Employee + Spouse	1 \$1,269.96	0 \$1,302.85	0 \$1,637.74
Employee + Child(ren)	2 \$1,174.72	2 \$1,205.14	1 \$1,514.92
Full Family	0 \$1,809.70	1 \$1,856.56	0 \$2,333.79
Total Monthly Premium	14 \$29,916.69	20	4
Total Annual Premium	\$359,000.28		
Gross Increase/Decrease from Current			
PREMIUM SHARING			
Company's Share (monthly)			
Employee Only	11 \$571.48	17 \$571.48	3 \$571.48
Employee + Spouse	1 \$711.18	0 \$717.76	0 \$784.73
Employee + Child(ren)	2 \$692.13	2 \$698.21	1 \$760.17
Full Family	0 \$819.13	1 \$828.50	0 \$923.94
Employee's Share (monthly)			
Employee Only - Affordable @ \$125.19	11 \$63.50	17 \$79.94	3 \$247.39
Employee + Spouse	1 \$558.78	0 \$585.09	0 \$853.01
Employee + Child(ren)	2 \$482.59	2 \$506.93	1 \$754.75
Full Family	0 \$990.57	1 \$1,028.06	0 \$1,409.85

Medical Analysis

Eldersource 12/1/2022	United Healthcare					
	BXJN NHP HMO Choice NHP	BXOO NHP HMO Choice NHP	BW07 PPO Choice Plus			
	Initial Renewal					
IN NETWORK						
Deductible (CYD): (Ind / Fam)	\$2,500 / \$5,000	\$1,500 / \$3,000	\$1,500 / \$3,000			
Deductible Applies to OOP Max?	Yes	Yes	Yes			
Coinsurance: Carrier / Member	80% / 20%	90% / 10%	80% / 20%			
Physician Services: PCP / Specialist	\$25 / \$50	\$25 / \$45	\$25 / \$50			
Telemedicine / Virtual Visits	\$0	\$0	\$0			
Inpatient Hospital Services	CYD + 20%	CYD + 10%	CYD + 20%			
Provider Services in Hospital and ER	CYD + 20%	CYD + 10%	CYD + 20%			
Independent Diagnostic Lab/X-Ray/AIS	\$0 / \$0 / CYD + 20%	CYD + 10% / CYD + 10% / \$300	\$0 / \$0 / CYD + 20%			
Outpatient Surgery and Services	CYD + 20%	CYD + 10%	CYD + 20%			
Emergency Room Services	\$350	CYD + 10%	\$350			
Urgent Care Services	\$50	\$50	\$50			
Prescription Drugs - Generic	\$10	\$10	\$10			
Prescription Drugs - Brand (Pref / NonPref)	\$45 / \$85	\$45 / \$85	\$45 / \$85			
Prescription Drugs - Specialty	\$10 / \$150 / \$500	\$10 / \$150 / \$500	\$10 / \$150 / \$500			
Prescription Drugs - 90 day Mail Order	2.5x Retail	2.5x Retail	2.5x Retail			
Mental Health (Inpatient / Outpatient)	CYD + 20% / \$50	CYD + 10% / \$45	CYD + 20% / \$50			
Out of Pocket Maximum (Ind / Fam)	\$6,600 / \$13,200	\$4,500 / \$9,000	\$4,500 / \$9,000			
OUT OF NETWORK						
Deductible (Individual / Family)			\$3,000 / \$6,000			
Coinsurance: Carrier / Member			60% / 40%			
Inpatient Hospital Services	Not Covered	Not Covered	CYD + 40%			
Outpatient Surgery			CYD + 40%			
Out of Pocket Maximum (Ind / Fam)			\$9,000 / \$18,000			
Meets Min Value and MEC?	Yes	Yes	Yes			
RATING ANALYSIS						
	EEs		EEs		EEs	
Employee Only	11	\$825.47	17	\$846.85	3	\$1,064.53
Employee + Spouse	1	\$1,650.94	0	\$1,693.71	0	\$2,129.06
Employee + Child(ren)	2	\$1,527.13	2	\$1,566.69	1	\$1,969.39
Full Family	0	\$2,352.60	1	\$2,413.54	0	\$3,033.92
Total Monthly Premium	14	\$38,891.72	20		4	
Total Annual Premium		\$466,700.64				
Gross Increase/Decrease from Current		30%				
PREMIUM SHARING						
Company's Share (monthly)						
Employee Only	11	\$742.92	17	\$742.92	3	\$742.92
Employee + Spouse	1	\$954.53	0	\$933.08	0	\$1,020.15
Employee + Child(ren)	2	\$899.76	2	\$907.68	1	\$988.22
Full Family	0	\$1,064.86	1	\$1,077.05	0	\$1,201.12
Employee's Share (monthly)						
Employee Only - Affordable @ \$125.19	11	\$82.55	17	\$103.93	3	\$321.61
Employee + Spouse	1	\$696.41	0	\$760.63	0	\$1,108.91
Employee + Child(ren)	2	\$627.37	2	\$659.01	1	\$981.17
Full Family	0	\$1,287.74	1	\$1,336.49	0	\$1,832.80

Medical Analysis

Eldersource 12/1/2022	United Healthcare					
	BXJN NHP HMO Choice NHP	BXOO NHP HMO Choice NHP	BWO7 PPO Choice Plus			
	Negotiated Renewal					
IN NETWORK						
Deductible (CYD): (Ind / Fam)	\$2,500 / \$5,000	\$1,500 / \$3,000	\$1,500 / \$3,000			
Deductible Applies to OOP Max?	Yes	Yes	Yes			
Coinsurance: Carrier / Member	80% / 20%	90% / 10%	80% / 20%			
Physician Services: PCP / Specialist	\$25 / \$50	\$25 / \$45	\$25 / \$50			
Telemedicine / Virtual Visits	\$0	\$0	\$0			
Inpatient Hospital Services	CYD + 20%	CYD + 10%	CYD + 20%			
Provider Services in Hospital and ER	CYD + 20%	CYD + 10%	CYD + 20%			
Independent Diagnostic Lab/X-Ray/AIS	\$0 / \$0 / CYD + 20%	CYD + 10% / CYD + 10% / \$300	\$0 / \$0 / CYD + 20%			
Outpatient Surgery and Services	CYD + 20%	CYD + 10%	CYD + 20%			
Emergency Room Services	\$350	CYD + 10%	\$350			
Urgent Care Services	\$50	\$50	\$50			
Prescription Drugs - Generic	\$10	\$10	\$10			
Prescription Drugs - Brand (Pref / NonPref)	\$45 / \$85	\$45 / \$85	\$45 / \$85			
Prescription Drugs - Specialty	\$10 / \$150 / \$500	\$10 / \$150 / \$500	\$10 / \$150 / \$500			
Prescription Drugs - 90 day Mail Order	2.5x Retail	2.5x Retail	2.5x Retail			
Mental Health (Inpatient / Outpatient)	CYD + 20% / \$50	CYD + 10% / \$45	CYD + 20% / \$50			
Out of Pocket Maximum (Ind / Fam)	\$6,600 / \$13,200	\$4,500 / \$9,000	\$4,500 / \$9,000			
OUT OF NETWORK						
Deductible (Individual / Family)			\$3,000 / \$6,000			
Coinsurance: Carrier / Member			60% / 40%			
Inpatient Hospital Services	Not Covered	Not Covered	CYD + 40%			
Outpatient Surgery			CYD + 40%			
Out of Pocket Maximum (Ind / Fam)			\$9,000 / \$18,000			
Meets Min Value and MEC?	Yes	Yes	Yes			
RATING ANALYSIS		EEs	EEs	EEs		
Employee Only	11	\$800.07	17	\$820.79	3	\$1,031.78
Employee + Spouse	1	\$1,600.14	0	\$1,641.59	0	\$2,063.56
Employee + Child(ren)	2	\$1,480.14	2	\$1,518.48	1	\$1,908.81
Full Family	0	\$2,280.21	1	\$2,339.27	0	\$2,940.59
Total Monthly Premium	14	\$37,695.00	20		4	
Total Annual Premium		\$452,340.00				
Gross Increase/Decrease from Current		26%				
PREMIUM SHARING						
Company's Share (monthly)						
Employee Only	11	\$720.06	17	\$720.06	3	\$720.06
Employee + Spouse	1	\$896.08	0	\$904.37	0	\$988.76
Employee + Child(ren)	2	\$872.08	2	\$879.75	1	\$957.81
Full Family	0	\$1,032.09	1	\$1,043.90	0	\$1,164.17
Employee's Share (monthly)						
Employee Only - Affordable @ \$125.19	11	\$80.01	17	\$100.73	3	\$311.72
Employee + Spouse	1	\$704.06	0	\$737.22	0	\$1,074.80
Employee + Child(ren)	2	\$608.06	2	\$638.73	1	\$951.00
Full Family	0	\$1,248.12	1	\$1,295.37	0	\$1,776.42

ElderSource - Negotiated

2022 Funding Strategy: UHC Renewing As Is

Bi-Weekly

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Benefit Plan Negotiated							Current Bronze - UHC NHP BXJN / Rx NH47 HMO 2021						Renewal Bronze - UHC NHP BXJN / Rx NHLY HMO 2022											
							Employer Contribution: EE = 90% / DEP 20%						Employer Contribution: EE = 90% / DEP 20%											
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP						
EE	11	\$634.98	\$571.48	\$0.00	\$63.50	\$29.31	11	\$800.00	\$720.00	\$0.00	\$80.00	\$36.92	11	\$800.00	\$720.00	\$0.00	\$80.00	\$36.92						
ES	1	\$1,269.96	\$711.18	\$0.00	\$558.78	\$257.90	1	\$1,600.14	\$896.03	\$0.00	\$704.11	\$324.97	1	\$1,600.14	\$896.03	\$0.00	\$704.11	\$324.97						
EC	2	\$1,174.72	\$692.13	\$0.00	\$482.59	\$222.73	2	\$1,480.14	\$872.03	\$0.00	\$608.11	\$280.67	2	\$1,480.14	\$872.03	\$0.00	\$608.11	\$280.67						
FF	0	\$1,809.70	\$819.13	\$0.00	\$990.57	\$457.19	0	\$2,280.21	\$1,032.04	\$0.00	\$1,248.17	\$576.08	0	\$2,280.21	\$1,032.04	\$0.00	\$1,248.17	\$576.08						
Totals	14	\$10,604.18	\$8,381.74	\$0.00	\$2,222.44	\$1,025.74	14	\$13,360.42	\$10,560.08	\$0.00	\$2,800.34	\$1,292.46	14	\$13,360.42	\$10,560.08	\$0.00	\$2,800.34	\$1,292.46						
Benefit Plan Negotiated							Current Silver - UHC NHP BXOO / Rx NH47 HMO 2021						Renewal Silver - UHC NHP BXOO / Rx NHLY HMO 2022											
							Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)											
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP						
EE	17	\$651.42	\$571.48	\$0.00	\$79.94	\$36.89	17	\$820.79	\$720.00	\$0.00	\$100.79	\$46.52	17	\$820.79	\$720.00	\$0.00	\$100.79	\$46.52						
ES	0	\$1,302.85	\$717.76	\$0.00	\$585.09	\$270.04	0	\$1,641.59	\$904.32	\$0.00	\$737.27	\$340.28	0	\$1,641.59	\$904.32	\$0.00	\$737.27	\$340.28						
EC	2	\$1,205.14	\$698.21	\$0.00	\$506.93	\$233.97	2	\$1,518.48	\$879.70	\$0.00	\$638.78	\$294.82	2	\$1,518.48	\$879.70	\$0.00	\$638.78	\$294.82						
FF	1	\$1,856.56	\$828.50	\$0.00	\$1,028.06	\$474.49	1	\$2,339.27	\$1,043.85	\$0.00	\$1,295.42	\$597.88	1	\$2,339.27	\$1,043.85	\$0.00	\$1,295.42	\$597.88						
Totals	20	\$15,340.98	\$11,940.12	\$0.00	\$3,400.86	\$1,569.63	20	\$19,329.66	\$15,043.25	\$0.00	\$4,286.41	\$1,978.34	20	\$19,329.66	\$15,043.25	\$0.00	\$4,286.41	\$1,978.34						
Benefit Plan Negotiated							Current Gold - UHC BWO7 / Rx D01 PPO 2021						Renewal Gold - UHC BWO7 / Rx D01Y PPO 2022											
							Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)											
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP						
EE	3	\$818.87	\$571.48	\$0.00	\$247.39	\$114.18	3	\$1,031.78	\$720.00	\$0.00	\$311.78	\$143.90	3	\$1,031.78	\$720.00	\$0.00	\$311.78	\$143.90						
ES	0	\$1,637.74	\$784.73	\$0.00	\$853.01	\$393.70	0	\$2,063.56	\$988.71	\$0.00	\$1,074.85	\$496.08	0	\$2,063.56	\$988.71	\$0.00	\$1,074.85	\$496.08						
EC	1	\$1,514.92	\$760.17	\$0.00	\$754.75	\$348.35	1	\$1,908.81	\$957.76	\$0.00	\$951.05	\$438.95	1	\$1,908.81	\$957.76	\$0.00	\$951.05	\$438.95						
FF	0	\$2,333.79	\$923.94	\$0.00	\$1,409.85	\$650.70	0	\$2,940.59	\$1,164.12	\$0.00	\$1,776.47	\$819.91	0	\$2,940.59	\$1,164.12	\$0.00	\$1,776.47	\$819.91						
Totals	4	\$3,971.53	\$2,474.62	\$0.00	\$1,496.91	\$690.88	4	\$5,004.15	\$3,117.76	\$0.00	\$1,886.39	\$870.64	4	\$5,004.15	\$3,117.76	\$0.00	\$1,886.39	\$870.64						
Benefit Plan							Current UHC PPO P8522 Dental Plan 2021						Renewal UHC PPO P8522 Dental Plan 2022											
							Employer Contribution: 90% of EE Only						Employer Contribution: 90% of EE Only											
Coverage Level	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP						
Employee Only	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42						
Employee + Sp	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62						
Employee + Ch	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28						
Family	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73						
Totals	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35						
Benefit Plan							Current UHC Voluntary S1077 Vision Plan 2021						Renewal UHC Voluntary S1077 Vision Plan 2022											
Coverage Level	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP						
EE	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72						
ES	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16						
EC	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05						
FF	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52						
Totals	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13						
Benefit Plan							Current UHC Employer Paid Baic Life & AD&D 2021						Renewal UHC Employer Paid Baic Life & AD&D 2022											
							Basic Life & AD&D						Basic Life & AD&D											
Covered Volume							\$2,565,000						\$2,565,000											
Rate Per Unit							\$0.220						\$0.220											
Unit Amount							\$1,000						\$1,000											
Total							\$564.30						\$564.30											
Benefit Plan							Current UHC Voluntary Term Life 2021						Renewal UHC Voluntary Term Life 2022											
							Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)						Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)											
Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP			Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP			Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP						
Under 20	\$0.060	\$0.060	\$0.03	\$0.03			Under 20	\$0.060	\$0.060	\$0.03	\$0.03			Under 20	\$0.060	\$0.060	\$0.03	\$0.03						
20 - 24	\$0.060	\$0.060	\$0.03	\$0.03			20 - 24	\$0.060	\$0.060	\$0.03	\$0.03			20 - 24	\$0.060	\$0.060	\$0.03	\$0.03						
25 - 29	\$0.070	\$0.070	\$0.03	\$0.03			25 - 29	\$0.070	\$0.070	\$0.03	\$0.03			25 - 29	\$0.070	\$0.070	\$0.03	\$0.03						
30 - 34	\$0.090	\$0.090	\$0.04	\$0.04			30 - 34	\$0.090	\$0.090	\$0.04	\$0.04			30 - 34	\$0.090	\$0.090	\$0.04	\$0.04						
35 - 39	\$0.100	\$0.100	\$0.05	\$0.05			35 - 39	\$0.100	\$0.100	\$0.05	\$0.05			35 - 39	\$0.100	\$0.100	\$0.05	\$0.05						
40 - 44	\$0.110	\$0.110	\$0.05	\$0.05			40 - 44	\$0.110	\$0.110	\$0.05	\$0.05			40 - 44	\$0.110	\$0.110	\$0.05	\$0.05						
45 - 49	\$0.150	\$0.150	\$0.07	\$0.07			45 - 49	\$0.150	\$0.150	\$0.07	\$0.07			45 - 49	\$0.150	\$0.150	\$0.07	\$0.07						
50 - 54	\$0.230	\$0.230	\$0.11	\$0.11			50 - 54	\$0.230	\$0.230	\$0.11	\$0.11			50 - 54	\$0.230	\$0.230	\$0.11	\$0.11						
55 - 59	\$0.410	\$0.410	\$0.19	\$0.19			55 - 59	\$0.410	\$0.410	\$0.19	\$0.19			55 - 59	\$0.410	\$0.410	\$0.19	\$0.19						
60 - 64	\$0.610	\$0.610	\$0.28	\$0.28			60 - 64	\$0.610	\$0.610	\$0.28	\$0.28			60 - 64	\$0.610	\$0.610	\$0.28	\$0.28						
65 - 69	\$1.160	\$1.160	\$0.54	\$0.54			65 - 69	\$1.160	\$1.160	\$0.54	\$0.54			65 - 69	\$1.160	\$1.160	\$0.54	\$0.54						
70 - 74	\$1.870	\$1.870	\$0.86	\$0.86			70 - 74	\$1.870	\$1.870	\$0.86	\$0.86			70 - 74	\$1.870	\$1.870	\$0.86	\$0.86						
75+	\$1.870	\$1.870	\$0.86	\$0.86			75+	\$1.870	\$1.870	\$0.86	\$0.86			75+	\$1.870	\$1.870	\$0.86	\$0.86						
Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06			Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06			Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06						
Totals	Monthly						Annually						Monthly						Annually					
Employer Cost	\$25,464.07						\$305,568.88						\$31,388.69						\$376,664.30					

ElderSource - Negotiated

2022 Funding Strategy: UHC Renewing As Is

Insurance Approved 2023 Budget vs. Quote

Company	Med Insurance	Dental	LIFE Insurance	Monthly	Annually
ElderSource AAA (Approved)	\$28,932.89	\$1,179.04	\$615.77	\$30,727.70	\$368,732.39
UHC Proposed	\$28,721.09	\$2,103.30	\$564.30	\$31,388.69	\$376,664.30
Total +/-	\$211.79	(\$924.26)	\$51.47	(\$660.99)	(\$7,931.92)
Percentage	-1%	44%	-9%	2%	2%

Note: Insurance is within the 1% margin and will offset deficit from retirement or resignation in 2023

Note: Adjustment to the 2023 budget will be based on increases from the following:

- Grant Amendment which may require new staff
- New Grant during current 2022 Budget Year (i.e. ARPA Grant)
- New Company within ElderSource Parent (i.e. MMS Executive Director etc...)

Medical Analysis

Eldersource 12/1/2022	United Healthcare					
	BXM2 NHP HMO Choice NHP	CRUJ NHP HMO Choice NHP	BWO7 PPO Choice Plus			
	Option 1					
IN NETWORK						
Deductible (CYD): (Ind / Fam)	\$2,500 / \$5,000	\$3,000 / \$6,000	\$1,500 / \$3,000			
Deductible Applies to OOP Max?	Yes	Yes	Yes			
Coinsurance: Carrier / Member	80% / 20%	70% / 30%	80% / 20%			
Physician Services: PCP / Specialist	\$25 / \$45	\$35 / \$70	\$25 / \$50			
Telemedicine / Virtual Visits	\$0	\$0	\$0			
Inpatient Hospital Services	CYD + 20%	CYD + 30%	CYD + 20%			
Provider Services in Hospital and ER	CYD + 20%	CYD + 30%	CYD + 20%			
Independent Diagnostic Lab/X-Ray/AIS	CYD + 20% *	\$0 / \$350*	\$0 / \$0 / CYD + 20%			
Outpatient Surgery and Services	CYD + 20%	CYD + 30%	CYD + 20%			
Emergency Room Services	CYD + 20%	\$500	\$350			
Urgent Care Services	\$50	\$50	\$50			
Prescription Drugs - Generic	\$10	\$10	\$10			
Prescription Drugs - Brand (Pref / NonPref)	\$45 / \$85	\$45 / \$85	\$45 / \$85			
Prescription Drugs - Specialty	\$10 / \$150 / \$500	\$10 / \$150 / \$500	\$10 / \$150 / \$500			
Prescription Drugs - 90 day Mail Order	2.5x Retail	2.5x Retail	2.5x Retail			
Mental Health (Inpatient / Outpatient)	CYD + 20% / \$45	CYD + 30% / \$70	CYD + 20% / \$50			
Out of Pocket Maximum (Ind / Fam)	\$5,500 / \$11,000	\$7,500 / \$15,000	\$4,500 / \$9,000			
OUT OF NETWORK						
Deductible (Individual / Family)			\$3,000 / \$6,000			
Coinsurance: Carrier / Member			60% / 40%			
Inpatient Hospital Services	Not Covered	Not Covered	CYD + 40%			
Outpatient Surgery			CYD + 40%			
Out of Pocket Maximum (Ind / Fam)			\$9,000 / \$18,000			
Meets Min Value and MEC?	Yes	Yes	Yes			
*As long as a Designated Network Provider is used						
RATING ANALYSIS						
Employee Only	EEs 11	\$756.35	EEs 17	\$784.19	EEs 3	\$1,011.85
Employee + Spouse	1	\$1,512.70	0	\$1,568.38	0	\$2,073.70
Employee + Child(ren)	2	\$1,399.26	2	\$1,450.76	1	\$1,871.94
Full Family	0	\$2,155.61	1	\$2,234.95	0	\$2,883.79
Total Monthly Premium	14	\$36,006.26	20		4	
Total Annual Premium		\$432,075.12				
Gross Increase/Decrease from Current		20%				
PREMIUM SHARING						
Company's Share (monthly)						
Employee Only	11	\$680.72	17	\$680.72	3	\$680.72
Employee + Spouse	1	\$847.11	0	\$858.25	0	\$959.31
Employee + Child(ren)	2	\$824.42	2	\$834.72	1	\$918.96
Full Family	0	\$975.69	1	\$991.56	0	\$1,121.33
Employee's Share (monthly)						
Employee Only - Affordable @ \$125.19	11	\$75.64	17	\$103.48	3	\$331.14
Employee + Spouse	1	\$665.59	0	\$710.13	0	\$1,114.39
Employee + Child(ren)	2	\$574.84	2	\$616.04	1	\$952.98
Full Family	0	\$1,179.92	1	\$1,243.39	0	\$1,762.46

ElderSource - Option 1

2022 Funding Strategy: UHC Renewing As Is

Bi-Weekly

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Benefit Plan Opt. 1	Current Bronze - UHC NHP BXJN / Rx NH47 HMO 2021						Renewal Bronze - UHC NHP BXJN / Rx NHLY HMO 2022					
	Employer Contribution: EE = 90% / DEP 20%						Employer Contribution: EE = 90% / DEP 20%					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	11	\$634.98	\$571.48	\$0.00	\$63.50	\$29.31	11	\$756.35	\$680.72	\$0.00	\$75.64	\$34.91
ES	1	\$1,269.96	\$711.18	\$0.00	\$558.78	\$257.90	1	\$1,512.70	\$847.11	\$0.00	\$665.59	\$307.19
EC	2	\$1,174.72	\$692.13	\$0.00	\$482.59	\$222.73	2	\$1,399.26	\$824.42	\$0.00	\$574.84	\$265.31
FF	0	\$1,809.70	\$819.13	\$0.00	\$990.57	\$457.19	0	\$2,155.61	\$975.69	\$0.00	\$1,179.92	\$544.58
Totals	14	\$10,604.18	\$8,381.74	\$0.00	\$2,222.44	\$1,025.74	14	\$12,631.07	\$9,983.83	\$0.00	\$2,647.25	\$1,221.81

Benefit Plan Opt. 1	Current Silver - UHC NHP BXOO / Rx NH47 HMO 2021						Renewal Silver - UHC NHP BXOO / Rx NHLY HMO 2022					
	Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	17	\$651.42	\$571.48	\$0.00	\$79.94	\$36.89	17	\$784.19	\$680.72	\$0.00	\$103.48	\$47.76
ES	0	\$1,302.85	\$717.76	\$0.00	\$585.09	\$270.04	0	\$1,568.38	\$858.25	\$0.00	\$710.13	\$327.75
EC	2	\$1,205.14	\$698.21	\$0.00	\$506.93	\$233.97	2	\$1,450.76	\$834.72	\$0.00	\$616.04	\$284.32
FF	1	\$1,856.56	\$828.50	\$0.00	\$1,028.06	\$474.49	1	\$2,234.95	\$991.56	\$0.00	\$1,243.39	\$573.87
Totals	20	\$15,340.98	\$11,940.12	\$0.00	\$3,400.86	\$1,569.63	20	\$18,467.70	\$14,233.17	\$0.00	\$4,234.54	\$1,954.40

Benefit Plan Opt. 1	Current Gold - UHC BWO7 / Rx D01 PPO 2021						Renewal Gold - UHC BWO7 / Rx D01Y PPO 2022					
	Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	3	\$818.87	\$571.48	\$0.00	\$247.39	\$114.18	3	\$1,011.85	\$680.72	\$0.00	\$331.14	\$152.83
ES	0	\$1,637.74	\$784.73	\$0.00	\$853.01	\$393.70	0	\$2,073.70	\$959.31	\$0.00	\$1,114.39	\$514.33
EC	1	\$1,514.92	\$760.17	\$0.00	\$754.75	\$348.35	1	\$1,871.94	\$918.96	\$0.00	\$952.98	\$439.84
FF	0	\$2,333.79	\$923.94	\$0.00	\$1,409.85	\$650.70	0	\$2,883.79	\$1,121.33	\$0.00	\$1,762.46	\$813.44
Totals	4	\$3,971.53	\$2,474.62	\$0.00	\$1,496.91	\$690.88	4	\$4,907.49	\$2,961.11	\$0.00	\$1,946.39	\$898.33

Benefit Plan	Current UHC PPO P8522 Dental Plan 2021						Renewal UHC PPO P8522 Dental Plan 2022					
	Employer Contribution: 90% of EE Only						Employer Contribution: 90% of EE Only					
Coverage Level	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP
Employee Only	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42
Employee + Sp	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62
Employee + Ch	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28
Family	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73
Totals	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35

Benefit Plan	Current UHC Voluntary S1077 Vision Plan 2021						Renewal UHC Voluntary S1077 Vision Plan 2022					
	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP
EE	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72
ES	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16
EC	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05
FF	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52
Totals	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13

Benefit Plan	Current UHC Employer Paid Baic Life & AD&D 2021						Renewal UHC Employer Paid Baic Life & AD&D 2022					
	Basic Life & AD&D						Basic Life & AD&D					
Covered Volume	\$2,565,000						\$2,565,000					
Rate Per Unit	\$0.220						\$0.220					
Unit Amount	\$1,000						\$1,000					
Total	\$564.30						\$564.30					

Benefit Plan	Current UHC Voluntary Term Life 2021					Renewal UHC Voluntary Term Life 2022				
	Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)					Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)				
Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP	Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP	
Under 20	\$0.060	\$0.060	\$0.03	\$0.03	Under 20	\$0.060	\$0.060	\$0.03	\$0.03	
20 - 24	\$0.060	\$0.060	\$0.03	\$0.03	20 - 24	\$0.060	\$0.060	\$0.03	\$0.03	
25 - 29	\$0.070	\$0.070	\$0.03	\$0.03	25 - 29	\$0.070	\$0.070	\$0.03	\$0.03	
30 - 34	\$0.090	\$0.090	\$0.04	\$0.04	30 - 34	\$0.090	\$0.090	\$0.04	\$0.04	
35 - 39	\$0.100	\$0.100	\$0.05	\$0.05	35 - 39	\$0.100	\$0.100	\$0.05	\$0.05	
40 - 44	\$0.110	\$0.110	\$0.05	\$0.05	40 - 44	\$0.110	\$0.110	\$0.05	\$0.05	
45 - 49	\$0.150	\$0.150	\$0.07	\$0.07	45 - 49	\$0.150	\$0.150	\$0.07	\$0.07	
50 - 54	\$0.230	\$0.230	\$0.11	\$0.11	50 - 54	\$0.230	\$0.230	\$0.11	\$0.11	
55 - 59	\$0.410	\$0.410	\$0.19	\$0.19	55 - 59	\$0.410	\$0.410	\$0.19	\$0.19	
60 - 64	\$0.610	\$0.610	\$0.28	\$0.28	60 - 64	\$0.610	\$0.610	\$0.28	\$0.28	
65 - 69	\$1.160	\$1.160	\$0.54	\$0.54	65 - 69	\$1.160	\$1.160	\$0.54	\$0.54	
70 - 74	\$1.870	\$1.870	\$0.86	\$0.86	70 - 74	\$1.870	\$1.870	\$0.86	\$0.86	
75+	\$1.870	\$1.870	\$0.86	\$0.86	75+	\$1.870	\$1.870	\$0.86	\$0.86	
Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06	Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06	

Totals	Monthly	Annually	Monthly	Annually
Employer Cost	\$25,464.07	\$305,568.88	\$29,845.70	\$358,148.34

ElderSource - Option 1

2022 Funding Strategy: UHC Renewing As Is

Insurance Approved 2023 Budget vs. Quote

Company	Med Insurance	Dental	LIFE Insurance	Monthly	Annually
ElderSource AAA (Approved)	\$28,932.89	\$1,179.04	\$615.77	\$30,727.70	\$368,732.39
UHC Proposed	\$27,178.10	\$2,103.30	\$564.30	\$29,845.70	\$358,148.34
Total +/-	\$1,754.79	(\$924.26)	\$51.47	\$882.00	\$10,584.05
Percentage	-6%	44%	-9%	-3%	-3%

Note: Insurance is within the 1% margin and will offset deficit from retirement or resignation in 2023

Note: Adjustment to the 2023 budget will be based on increases from the following:

- Grant Amendment which may require new staff
- New Grant during current 2022 Budget Year (i.e. ARPA Grant)
- New Company within ElderSource Parent (i.e. MMS Executive Director etc...)

Medical Analysis

Eldersource 12/1/2022	United Healthcare					
	BXM2 NHP HMO Choice NHP	CRUJ NHP HMO Choice NHP	CRY6 PPO Choice Plus			
Option 2						
IN NETWORK						
Deductible (CYD): (Ind / Fam)	\$2,500 / \$5,000	\$3,000 / \$6,000	\$2,500 / \$5,000			
Deductible Applies to OOP Max?	Yes	Yes	Yes			
Coinsurance: Carrier / Member	80% / 20%	70% / 30%	90% / 10%			
Physician Services: PCP / Specialist	\$25 / \$45	\$35 / \$70	\$30 / \$60 *			
Telemedicine / Virtual Visits	\$0	\$0	\$0			
Inpatient Hospital Services	CYD + 20%	CYD + 30%	CYD + 10%			
Provider Services in Hospital and ER	CYD + 20%	CYD + 30%	CYD + 10%			
Independent Diagnostic Lab/X-Ray/AIS	CYD + 20% *	\$0 / \$350*	\$0 * / CYD + 10% *			
Outpatient Surgery and Services	CYD + 20%	CYD + 30%	CYD + 10% (surgery center or physician office) CYD + 30% (hospital based surgery center)			
Emergency Room Services	CYD + 20%	\$500	\$350			
Urgent Care Services	\$50	\$50	\$50			
Prescription Drugs - Generic	\$10	\$10	\$10			
Prescription Drugs - Brand (Pref / NonPref)	\$45 / \$85	\$45 / \$85	\$45 / \$85			
Prescription Drugs - Specialty	\$10 / \$150 / \$500	\$10 / \$150 / \$500	\$10 / \$150 / \$500			
Prescription Drugs - 90 day Mail Order	2.5x Retail	2.5x Retail	2.5x Retail			
Mental Health (Inpatient / Outpatient)	CYD + 20% / \$45	CYD + 30% / \$70	CYD + 10% / \$60			
Out of Pocket Maximum (Ind / Fam)	\$5,500 / \$11,000	\$7,500 / \$15,000	\$7,000 / \$14,000			
OUT OF NETWORK						
Deductible (Individual / Family)			\$5,000 / \$10,000			
Coinsurance: Carrier / Member			50% / 50%			
Inpatient Hospital Services	Not Covered	Not Covered	CYD + 50%			
Outpatient Surgery			CYD + 50%			
Out of Pocket Maximum (Ind / Fam)			\$14,000 / \$28,000			
Meets Min Value and MEC?	Yes	Yes	Yes			
*As long as a Designated Network Provider is used						
RATING ANALYSIS		EEs	EEs	EEs		
Employee Only	11	\$756.35	17	\$784.19	3	\$952.75
Employee + Spouse	1	\$1,512.70	0	\$1,568.38	0	\$1,905.50
Employee + Child(ren)	2	\$1,399.26	2	\$1,450.76	1	\$1,762.60
Full Family	0	\$2,155.61	1	\$2,234.95	0	\$2,715.35
Total Monthly Premium	14	\$35,719.62	20		4	
Total Annual Premium		\$428,635.44				
Gross Increase/Decrease from Current		19%				
PREMIUM SHARING						
Company's Share (monthly)						
Employee Only	11	\$680.72	17	\$680.72	3	\$680.72
Employee + Spouse	1	\$847.11	0	\$858.25	0	\$925.67
Employee + Child(ren)	2	\$824.42	2	\$834.72	1	\$897.09
Full Family	0	\$975.69	1	\$991.56	0	\$1,087.64
Employee's Share (monthly)						
Employee Only - Affordable @ \$125.19	11	\$75.64	17	\$103.48	3	\$272.04
Employee + Spouse	1	\$665.59	0	\$710.13	0	\$979.83
Employee + Child(ren)	2	\$574.84	2	\$616.04	1	\$865.51
Full Family	0	\$1,179.92	1	\$1,243.39	0	\$1,627.71

ElderSource - Option 2

2022 Funding Strategy: UHC Renewing As Is

Bi-Weekly

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Benefit Plan Opt. 2	Current Bronze - UHC NHP BXJN / Rx NH47 HMO 2021						Renewal Bronze - UHC NHP BXJN / Rx NHLY HMO 2022					
	Employer Contribution: EE = 90% / DEP 20%						Employer Contribution: EE = 90% / DEP 20%					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	11	\$634.98	\$571.48	\$0.00	\$63.50	\$29.31	11	\$756.35	\$680.72	\$0.00	\$75.64	\$34.91
ES	1	\$1,269.96	\$711.18	\$0.00	\$558.78	\$257.90	1	\$1,512.70	\$847.11	\$0.00	\$665.59	\$307.19
EC	2	\$1,174.72	\$692.13	\$0.00	\$482.59	\$222.73	2	\$1,399.26	\$824.42	\$0.00	\$574.84	\$265.31
FF	0	\$1,809.70	\$819.13	\$0.00	\$990.57	\$457.19	0	\$2,155.61	\$975.69	\$0.00	\$1,179.92	\$544.58
Totals	14	\$10,604.18	\$8,381.74	\$0.00	\$2,222.44	\$1,025.74	14	\$12,631.07	\$9,983.83	\$0.00	\$2,647.25	\$1,221.81

Benefit Plan Opt. 2	Current Silver - UHC NHP BXOO / Rx NH47 HMO 2021						Renewal Silver - UHC NHP BXOO / Rx NHLY HMO 2022					
	Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	17	\$651.42	\$571.48	\$0.00	\$79.94	\$36.89	17	\$784.19	\$680.72	\$0.00	\$103.48	\$47.76
ES	0	\$1,302.85	\$717.76	\$0.00	\$585.09	\$270.04	0	\$1,568.38	\$858.25	\$0.00	\$710.13	\$327.75
EC	2	\$1,205.14	\$698.21	\$0.00	\$506.93	\$233.97	2	\$1,450.76	\$834.72	\$0.00	\$616.04	\$284.32
FF	1	\$1,856.56	\$828.50	\$0.00	\$1,028.06	\$474.49	1	\$2,234.95	\$991.56	\$0.00	\$1,243.39	\$573.87
Totals	20	\$15,340.98	\$11,940.12	\$0.00	\$3,400.86	\$1,569.63	20	\$18,467.70	\$14,233.17	\$0.00	\$4,234.54	\$1,954.40

Benefit Plan Opt. 2	Current Gold - UHC BWO7 / Rx D01 PPO 2021						Renewal Gold - UHC BWO7 / Rx D01Y PPO 2022					
	Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	3	\$818.87	\$571.48	\$0.00	\$247.39	\$114.18	3	\$952.75	\$680.72	\$0.00	\$272.04	\$125.55
ES	0	\$1,637.74	\$784.73	\$0.00	\$853.01	\$393.70	0	\$1,905.50	\$925.67	\$0.00	\$979.83	\$452.23
EC	1	\$1,514.92	\$760.17	\$0.00	\$754.75	\$348.35	1	\$1,762.60	\$897.09	\$0.00	\$865.51	\$399.47
FF	0	\$2,333.79	\$923.94	\$0.00	\$1,409.85	\$650.70	0	\$2,715.35	\$1,087.64	\$0.00	\$1,627.71	\$751.25
Totals	4	\$3,971.53	\$2,474.62	\$0.00	\$1,496.91	\$690.88	4	\$4,620.85	\$2,939.24	\$0.00	\$1,681.61	\$776.13

Benefit Plan	Current UHC PPO P8522 Dental Plan 2021						Renewal UHC PPO P8522 Dental Plan 2022					
	Employer Contribution: 90% of EE Only						Employer Contribution: 90% of EE Only					
Coverage Level	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP
Employee Only	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42
Employee + Sp	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62
Employee + Ch	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28
Family	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73
Totals	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35

Benefit Plan	Current UHC Voluntary S1077 Vision Plan 2021						Renewal UHC Voluntary S1077 Vision Plan 2022					
	Employer Contribution: 90% of EE Only						Employer Contribution: 90% of EE Only					
Coverage Level	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP
EE	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72
ES	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16
EC	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05
FF	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52
Totals	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13

Benefit Plan	Current UHC Employer Paid Baic Life & AD&D 2021						Renewal UHC Employer Paid Baic Life & AD&D 2022					
	Basic Life & AD&D						Basic Life & AD&D					
Covered Volume	\$2,565,000						\$2,565,000					
Rate Per Unit	\$0.220						\$0.220					
Unit Amount	\$1,000						\$1,000					
Total	\$564.30						\$564.30					

Benefit Plan	Current UHC Voluntary Term Life 2021					Renewal UHC Voluntary Term Life 2022				
	Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)					Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)				
Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP	Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP	
Under 20	\$0.060	\$0.060	\$0.03	\$0.03	Under 20	\$0.060	\$0.060	\$0.03	\$0.03	
20 - 24	\$0.060	\$0.060	\$0.03	\$0.03	20 - 24	\$0.060	\$0.060	\$0.03	\$0.03	
25 - 29	\$0.070	\$0.070	\$0.03	\$0.03	25 - 29	\$0.070	\$0.070	\$0.03	\$0.03	
30 - 34	\$0.090	\$0.090	\$0.04	\$0.04	30 - 34	\$0.090	\$0.090	\$0.04	\$0.04	
35 - 39	\$0.100	\$0.100	\$0.05	\$0.05	35 - 39	\$0.100	\$0.100	\$0.05	\$0.05	
40 - 44	\$0.110	\$0.110	\$0.05	\$0.05	40 - 44	\$0.110	\$0.110	\$0.05	\$0.05	
45 - 49	\$0.150	\$0.150	\$0.07	\$0.07	45 - 49	\$0.150	\$0.150	\$0.07	\$0.07	
50 - 54	\$0.230	\$0.230	\$0.11	\$0.11	50 - 54	\$0.230	\$0.230	\$0.11	\$0.11	
55 - 59	\$0.410	\$0.410	\$0.19	\$0.19	55 - 59	\$0.410	\$0.410	\$0.19	\$0.19	
60 - 64	\$0.610	\$0.610	\$0.28	\$0.28	60 - 64	\$0.610	\$0.610	\$0.28	\$0.28	
65 - 69	\$1.160	\$1.160	\$0.54	\$0.54	65 - 69	\$1.160	\$1.160	\$0.54	\$0.54	
70 - 74	\$1.870	\$1.870	\$0.86	\$0.86	70 - 74	\$1.870	\$1.870	\$0.86	\$0.86	
75+	\$1.870	\$1.870	\$0.86	\$0.86	75+	\$1.870	\$1.870	\$0.86	\$0.86	
Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06	Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06	

Totals	Monthly	Annually	Monthly	Annually
Employer Cost	\$25,464.07	\$305,568.88	\$29,823.83	\$357,885.92

ElderSource - Option 2

2022 Funding Strategy: UHC Renewing As Is

Insurance Approved 2023 Budget vs. Quote

Company	Med Insurance	Dental	LIFE Insurance	Monthly	Annually
ElderSource AAA (Approved)	\$28,932.89	\$1,179.04	\$615.77	\$30,727.70	\$368,732.39
UHC Proposed	\$27,156.23	\$2,103.30	\$564.30	\$29,823.83	\$357,885.92
Total +/-	\$1,776.66	(\$924.26)	\$51.47	\$903.87	\$10,846.46
Percentage	-7%	44%	-9%	-3%	-3%

Note: Insurance is within the 1% margin and will offset deficit from retirement or resignation in 2023

Note: Adjustment to the 2023 budget will be based on increases from the following:

- Grant Amendment which may require new staff
- New Grant during current 2022 Budget Year (i.e. ARPA Grant)
- New Company within ElderSource Parent (i.e. MMS Executive Director etc...)

Medical Analysis

Eldersource 12/1/2022	United Healthcare		
	BLQT NHP - HSA Choice NHP	BXOO NHP HMO Choice	BWO7 PPO Choice Plus
	Option 3		
IN NETWORK			
Deductible (CYD): (Ind / Fam)	\$4,500 / \$9,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Deductible Applies to OOP Max?	Yes	Yes	Yes
Coinsurance: Carrier / Member	90% / 10%	90% / 10%	80% / 20%
Physician Services: PCP / Specialist	CYD + 10%	\$25 / \$45	\$25 / \$50
Telemedicine / Virtual Visits	CYD + 10%	\$0	\$0
Inpatient Hospital Services	CYD + 10%	CYD + 10%	CYD + 20%
Provider Services in Hospital and ER	CYD + 10%	CYD + 10%	CYD + 20%
Independent Diagnostic Lab/X-Ray/AIS	CYD + 10% / CYD + 10% *	CYD + 10% / CYD + 10% / \$300	\$0 / \$0 / CYD + 20%
Outpatient Surgery and Services	CYD + 10%	CYD + 10%	CYD + 20%
Emergency Room Services	CYD + 10%	CYD + 10%	\$350
Urgent Care Services	CYD + 10%	\$50	\$50
Prescription Drugs - Generic	CYD + \$10	\$10	\$10
Prescription Drugs - Brand (Pref / NonPref)	CYD + \$35 / \$70	\$45 / \$85	\$45 / \$85
Prescription Drugs - Specialty	CYD + \$10 / \$150 / \$500	\$10 / \$150 / \$500	\$10 / \$150 / \$500
Prescription Drugs - 90 day Mail Order	2.5x Retail	2.5x Retail	2.5x Retail
Mental Health (Inpatient / Outpatient)	CYD + 10%	CYD + 10% / \$45	CYD + 20% / \$50
Out of Pocket Maximum (Ind / Fam)	\$6,600 / \$13,200	\$4,500 / \$9,000	\$4,500 / \$9,000
OUT OF NETWORK			
Deductible (Individual / Family)			\$3,000 / \$6,000
Coinsurance: Carrier / Member			60% / 40%
Inpatient Hospital Services	Not Covered	Not Covered	CYD + 40%
Outpatient Surgery			CYD + 40%
Out of Pocket Maximum (Ind / Fam)			\$9,000 / \$18,000
Meets Min Value and MEC?		Yes	Yes
*As long as a Designated Network Provider is used			
RATING ANALYSIS			
	EEs	EEs	EEs
Employee Only	11	17	3
Employee + Spouse	1	0	0
Employee + Child(ren)	2	2	1
Full Family	0	1	0
Total Monthly Premium	14	20	4
Total Annual Premium	\$34,699.55		
Gross Increase/Decrease from Current	16%		
PREMIUM SHARING			
Company's Share (monthly)			
Employee Only	11	17	3
Employee + Spouse	1	0	0
Employee + Child(ren)	2	2	1
Full Family	0	1	0
Employee's Share (monthly)			
Employee Only - Affordable @ \$125.19	11	17	3
Employee + Spouse	1	0	0
Employee + Child(ren)	2	2	1
Full Family	0	1	0

ElderSource - Option 3

2022 Funding Strategy: UHC Renewing As Is

Bi-Weekly

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Benefit Plan Opt. 3	Current Bronze - UHC NHP BXJN / Rx NH47 HMO 2021						Renewal Bronze - UHC NHP BXJN / Rx NHLY HMO 2022					
	Employer Contribution: EE = 90% / DEP 20%						Employer Contribution: EE = 90% / DEP 20%					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	11	\$634.98	\$571.48	\$0.00	\$63.50	\$29.31	11	\$634.91	\$571.42	\$0.00	\$63.49	\$29.30
ES	1	\$1,269.96	\$711.18	\$0.00	\$558.78	\$257.90	1	\$1,269.82	\$711.10	\$0.00	\$558.72	\$257.87
EC	2	\$1,174.72	\$692.13	\$0.00	\$482.59	\$222.73	2	\$1,174.59	\$692.05	\$0.00	\$482.54	\$222.71
FF	0	\$1,809.70	\$819.13	\$0.00	\$990.57	\$457.19	0	\$1,809.50	\$819.04	\$0.00	\$990.46	\$457.14
Totals	14	\$10,604.18	\$8,381.74	\$0.00	\$2,222.44	\$1,025.74	14	\$10,603.01	\$8,380.81	\$0.00	\$2,222.20	\$1,025.63

Benefit Plan Opt. 3	Current Silver - UHC NHP BXOO / Rx NH47 HMO 2021						Renewal Silver - UHC NHP BXOO / Rx NHLY HMO 2022					
	Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	17	\$651.42	\$571.48	\$0.00	\$79.94	\$36.89	17	\$814.82	\$571.42	\$0.00	\$243.40	\$112.34
ES	0	\$1,302.85	\$717.76	\$0.00	\$585.09	\$270.04	0	\$1,629.64	\$783.06	\$0.00	\$846.58	\$390.73
EC	2	\$1,205.14	\$698.21	\$0.00	\$506.93	\$233.97	2	\$1,507.43	\$758.62	\$0.00	\$748.81	\$345.60
FF	1	\$1,856.56	\$828.50	\$0.00	\$1,028.06	\$474.49	1	\$2,322.25	\$921.59	\$0.00	\$1,400.66	\$646.46
Totals	20	\$15,340.98	\$11,940.12	\$0.00	\$3,400.86	\$1,569.63	20	\$19,189.05	\$12,152.95	\$0.00	\$7,036.10	\$3,247.43

Benefit Plan Opt. 3	Current Gold - UHC BWO7 / Rx D01 PPO 2021						Renewal Gold - UHC BWO7 / Rx D01Y PPO 2022					
	Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	3	\$818.87	\$571.48	\$0.00	\$247.39	\$114.18	3	\$1,011.85	\$571.42	\$0.00	\$440.43	\$203.28
ES	0	\$1,637.74	\$784.73	\$0.00	\$853.01	\$393.70	0	\$2,073.70	\$871.88	\$0.00	\$1,201.82	\$554.69
EC	1	\$1,514.92	\$760.17	\$0.00	\$754.75	\$348.35	1	\$1,871.94	\$831.52	\$0.00	\$1,040.42	\$480.19
FF	0	\$2,333.79	\$923.94	\$0.00	\$1,409.85	\$650.70	0	\$2,883.79	\$1,033.89	\$0.00	\$1,849.90	\$853.80
Totals	4	\$3,971.53	\$2,474.62	\$0.00	\$1,496.91	\$690.88	4	\$4,907.49	\$2,545.78	\$0.00	\$2,361.71	\$1,090.02

Benefit Plan	Current UHC PPO P8522 Dental Plan 2021						Renewal UHC PPO P8522 Dental Plan 2022					
	Employer Contribution: 90% of EE Only						Employer Contribution: 90% of EE Only					
Coverage Level	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP
Employee Only	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42
Employee + Sp	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62
Employee + Ch	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28
Family	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73
Totals	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35

Benefit Plan	Current UHC Voluntary S1077 Vision Plan 2021						Renewal UHC Voluntary S1077 Vision Plan 2022					
	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP
EE	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72
ES	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16
EC	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05
FF	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52
Totals	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13

Benefit Plan	Current UHC Employer Paid Baic Life & AD&D 2021						Renewal UHC Employer Paid Baic Life & AD&D 2022					
	Basic Life & AD&D						Basic Life & AD&D					
Covered Volume	\$2,565,000						\$2,565,000					
Rate Per Unit	\$0.220						\$0.220					
Unit Amount	\$1,000						\$1,000					
Total	\$564.30						\$564.30					

Benefit Plan	Current UHC Voluntary Term Life 2021					Renewal UHC Voluntary Term Life 2022				
	Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)					Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)				
Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP		Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP
Under 20	\$0.060	\$0.060	\$0.03	\$0.03		Under 20	\$0.060	\$0.060	\$0.03	\$0.03
20 - 24	\$0.060	\$0.060	\$0.03	\$0.03		20 - 24	\$0.060	\$0.060	\$0.03	\$0.03
25 - 29	\$0.070	\$0.070	\$0.03	\$0.03		25 - 29	\$0.070	\$0.070	\$0.03	\$0.03
30 - 34	\$0.090	\$0.090	\$0.04	\$0.04		30 - 34	\$0.090	\$0.090	\$0.04	\$0.04
35 - 39	\$0.100	\$0.100	\$0.05	\$0.05		35 - 39	\$0.100	\$0.100	\$0.05	\$0.05
40 - 44	\$0.110	\$0.110	\$0.05	\$0.05		40 - 44	\$0.110	\$0.110	\$0.05	\$0.05
45 - 49	\$0.150	\$0.150	\$0.07	\$0.07		45 - 49	\$0.150	\$0.150	\$0.07	\$0.07
50 - 54	\$0.230	\$0.230	\$0.11	\$0.11		50 - 54	\$0.230	\$0.230	\$0.11	\$0.11
55 - 59	\$0.410	\$0.410	\$0.19	\$0.19		55 - 59	\$0.410	\$0.410	\$0.19	\$0.19
60 - 64	\$0.610	\$0.610	\$0.28	\$0.28		60 - 64	\$0.610	\$0.610	\$0.28	\$0.28
65 - 69	\$1.160	\$1.160	\$0.54	\$0.54		65 - 69	\$1.160	\$1.160	\$0.54	\$0.54
70 - 74	\$1.870	\$1.870	\$0.86	\$0.86		70 - 74	\$1.870	\$1.870	\$0.86	\$0.86
75+	\$1.870	\$1.870	\$0.86	\$0.86		75+	\$1.870	\$1.870	\$0.86	\$0.86
Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06		Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06

Totals	Monthly	Annually	Monthly	Annually
Employer Cost	\$25,464.07	\$305,568.88	\$25,747.15	\$308,965.74

ElderSource - Option 3

2022 Funding Strategy: UHC Renewing As Is

Insurance Approved 2023 Budget vs. Quote

Company	Med Insurance	Dental	LIFE Insurance	Monthly	Annually
ElderSource AAA (Approved)	\$28,932.89	\$1,179.04	\$615.77	\$30,727.70	\$368,732.39
UHC Proposed	\$23,079.55	\$2,103.30	\$564.30	\$25,747.15	\$308,965.74
Total +/-	\$5,853.34	(\$924.26)	\$51.47	\$4,980.55	\$59,766.64
Percentage	-25%	44%	-9%	-19%	-19%

Note: Insurance is within the 1% margin and will offset deficit from retirement or resignation in 2023

Note: Adjustment to the 2023 budget will be based on increases from the following:

- Grant Amendment which may require new staff
- New Grant during current 2022 Budget Year (i.e. ARPA Grant)
- New Company within ElderSource Parent (i.e. MMS Executive Director etc...)

ElderSource - HSA 85% w/ER Contribution (STAFF RECOMMENDATION)

2022 Funding Strategy: UHC Renewing As Is

Bi-Weekly

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Benefit Plan Opt. 3	Current Bronze - UHC NHP BXJN / Rx NH47 HMO 2021						Renewal Bronze - UHC NHP BXJN / Rx NHLY HMO 2022					
	Employer Contribution: EE = 90% / DEP 20%						Employer Contribution: EE = 90% / DEP 20%					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	11	\$634.98	\$571.48	\$0.00	\$63.50	\$29.31	11	\$634.91	\$571.42	\$0.00	\$63.49	\$29.30
ES	1	\$1,269.96	\$711.18	\$0.00	\$558.78	\$257.90	1	\$1,269.82	\$711.10	\$0.00	\$558.72	\$257.87
EC	2	\$1,174.72	\$692.13	\$0.00	\$482.59	\$222.73	2	\$1,174.59	\$692.05	\$0.00	\$482.54	\$222.71
FF	0	\$1,809.70	\$819.13	\$0.00	\$990.57	\$457.19	0	\$1,809.50	\$819.04	\$0.00	\$990.46	\$457.14
Totals	14	\$10,604.18	\$8,381.74	\$0.00	\$2,222.44	\$1,025.74	14	\$10,603.01	\$8,380.81	\$0.00	\$2,222.20	\$1,025.63

Benefit Plan Opt. 3	Current Silver - UHC NHP BXOO / Rx NH47 HMO 2021						Renewal Silver - UHC NHP BXOO / Rx NHLY HMO 2022					
	Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	17	\$651.42	\$571.48	\$0.00	\$79.94	\$36.89	17	\$814.82	\$692.60	\$0.00	\$122.22	\$56.41
ES	0	\$1,302.85	\$717.76	\$0.00	\$585.09	\$270.04	0	\$1,629.64	\$880.01	\$0.00	\$749.63	\$345.99
EC	2	\$1,205.14	\$698.21	\$0.00	\$506.93	\$233.97	2	\$1,507.43	\$855.56	\$0.00	\$651.87	\$300.86
FF	1	\$1,856.56	\$828.50	\$0.00	\$1,028.06	\$474.49	1	\$2,322.25	\$1,018.53	\$0.00	\$1,303.72	\$601.72
Totals	20	\$15,340.98	\$11,940.12	\$0.00	\$3,400.86	\$1,569.63	20	\$19,189.05	\$14,503.80	\$0.00	\$4,685.25	\$2,162.42

Benefit Plan Opt. 3	Current Gold - UHC BWO7 / Rx D01 PPO 2021						Renewal Gold - UHC BWO7 / Rx D01Y PPO 2022					
	Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)						Employer Contribution: Modified Buy-Up (EE = Buy-Up / 20% DEP)					
Coverage Level	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Cost/Mo	ER HSA	EE Cost/Mo	EE Cost/PP
EE	3	\$818.87	\$571.48	\$0.00	\$247.39	\$114.18	3	\$1,011.85	\$860.07	\$0.00	\$151.78	\$70.05
ES	0	\$1,637.74	\$784.73	\$0.00	\$853.01	\$393.70	0	\$2,073.70	\$1,102.80	\$0.00	\$970.90	\$448.11
EC	1	\$1,514.92	\$760.17	\$0.00	\$754.75	\$348.35	1	\$1,871.94	\$1,062.45	\$0.00	\$809.49	\$373.61
FF	0	\$2,333.79	\$923.94	\$0.00	\$1,409.85	\$650.70	0	\$2,883.79	\$1,264.82	\$0.00	\$1,618.97	\$747.22
Totals	4	\$3,971.53	\$2,474.62	\$0.00	\$1,496.91	\$690.88	4	\$4,907.49	\$3,642.66	\$0.00	\$1,264.83	\$583.77

Benefit Plan	Current UHC PPO P8522 Dental Plan 2021						Renewal UHC PPO P8522 Dental Plan 2022					
	Employer Contribution: 90% of EE Only						Employer Contribution: 90% of EE Only					
Coverage Level	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP
Employee Only	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42	35	\$30.75	\$27.68	\$27.68	\$3.08	\$1.42
Employee + Sp	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62	8	\$61.52	\$27.68	\$27.68	\$33.85	\$15.62
Employee + Ch	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28	30	\$67.29	\$27.68	\$27.68	\$39.62	\$18.28
Family	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73	3	\$102.93	\$27.68	\$27.68	\$75.26	\$34.73
Totals	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35	76	\$3,895.90	\$2,103.30	\$2,103.30	\$1,792.60	\$827.35

Benefit Plan	Current UHC Voluntary S1077 Vision Plan 2021						Renewal UHC Voluntary S1077 Vision Plan 2022					
	Employer Contribution: 90% of EE Only						Employer Contribution: 90% of EE Only					
Coverage Level	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP	Enroll	Total Cost	ER Contrib	ER Cost/Mo	EE Cost/Mo	EE Cost/PP
EE	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72	34	\$5.89	\$0.00	\$0.00	\$5.89	\$2.72
ES	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16	4	\$11.18	\$0.00	\$0.00	\$11.18	\$5.16
EC	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05	27	\$13.11	\$0.00	\$0.00	\$13.11	\$6.05
FF	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52	3	\$18.45	\$0.00	\$0.00	\$18.45	\$8.52
Totals	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13	68	\$654.30	\$0.00	\$0.00	\$0.00	\$310.13

Benefit Plan	Current UHC Employer Paid Baic Life & AD&D 2021						Renewal UHC Employer Paid Baic Life & AD&D 2022					
	Basic Life & AD&D						Basic Life & AD&D					
Covered Volume	\$2,565,000						\$2,565,000					
Rate Per Unit	\$0.220						\$0.220					
Unit Amount	\$1,000						\$1,000					
Total	\$564.30						\$564.30					

Benefit Plan	Current UHC Voluntary Term Life 2021					Renewal UHC Voluntary Term Life 2022				
	Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)					Employee & Spouse Rates (Based on Age of Employee / Includes AD&D)				
Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP	Age Band	EE/Mo	SP/Mo	EE/PP	SP/PP	
Under 20	\$0.060	\$0.060	\$0.03	\$0.03	Under 20	\$0.060	\$0.060	\$0.03	\$0.03	
20 - 24	\$0.060	\$0.060	\$0.03	\$0.03	20 - 24	\$0.060	\$0.060	\$0.03	\$0.03	
25 - 29	\$0.070	\$0.070	\$0.03	\$0.03	25 - 29	\$0.070	\$0.070	\$0.03	\$0.03	
30 - 34	\$0.090	\$0.090	\$0.04	\$0.04	30 - 34	\$0.090	\$0.090	\$0.04	\$0.04	
35 - 39	\$0.100	\$0.100	\$0.05	\$0.05	35 - 39	\$0.100	\$0.100	\$0.05	\$0.05	
40 - 44	\$0.110	\$0.110	\$0.05	\$0.05	40 - 44	\$0.110	\$0.110	\$0.05	\$0.05	
45 - 49	\$0.150	\$0.150	\$0.07	\$0.07	45 - 49	\$0.150	\$0.150	\$0.07	\$0.07	
50 - 54	\$0.230	\$0.230	\$0.11	\$0.11	50 - 54	\$0.230	\$0.230	\$0.11	\$0.11	
55 - 59	\$0.410	\$0.410	\$0.19	\$0.19	55 - 59	\$0.410	\$0.410	\$0.19	\$0.19	
60 - 64	\$0.610	\$0.610	\$0.28	\$0.28	60 - 64	\$0.610	\$0.610	\$0.28	\$0.28	
65 - 69	\$1.160	\$1.160	\$0.54	\$0.54	65 - 69	\$1.160	\$1.160	\$0.54	\$0.54	
70 - 74	\$1.870	\$1.870	\$0.86	\$0.86	70 - 74	\$1.870	\$1.870	\$0.86	\$0.86	
75+	\$1.870	\$1.870	\$0.86	\$0.86	75+	\$1.870	\$1.870	\$0.86	\$0.86	
Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06	Child(ren)	\$0.120	\$0.120	\$0.06	\$0.06	

Totals	Monthly	Annually	Monthly	Annually
Employer Cost	\$25,464.07	\$305,568.88	\$29,194.88	\$350,338.58

ElderSource - HSA 85% w/ER Contribution (STAFF REC)

2022 Funding Strategy: UHC Renewing As Is

Insurance Approved 2023 Budget vs. Quote

Company	Med Insurance	Dental	LIFE Insurance	Monthly	Annually
ElderSource AAA (Approved)	\$28,932.89	\$1,179.04	\$615.77	\$30,727.70	\$368,732.39
UHC Proposed	\$26,527.28	\$2,103.30	\$564.30	\$29,194.88	\$350,338.58
Total +/- (Saving)	\$2,405.60	(\$924.26)	\$51.47	\$1,532.82	\$18,393.81
Percentage	-9%	44%	-9%	-5%	-5%

Staff Switch to Another Plan Base on HSA and lower rates

Company	Med Insurance	Dental	LIFE Insurance	Monthly	Annually
ElderSource AAA (Approved)	\$28,932.89	\$1,179.04	\$615.77	\$30,727.70	\$368,732.39
UHC Change in Staff to HSA & Silver	\$26,527.28	\$2,103.30	\$564.30	\$29,194.88	\$350,338.58
Total +/- (Saving)	\$2,405.60	(\$924.26)	\$51.47	\$1,532.82	\$18,393.81

HSA Projection Contribution from Company

Total Staff to Bronze	14
Total Cost Savings	\$18,393.81
Projected Cost per Staff	\$1,313.84
Average Monthly Cost	\$109.49
ElderSource Monthly Contribution to HSA.	\$75.00
Annually Contribution per Staff to HSA	\$900.00
Total times 14 staff	\$12,600.00
Total Cost Savings	\$5,793.81

Dental Analysis

Eldersource Renewal Date: 12/01/2022	United Healthcare PPO Dental Contributory	United Healthcare PPO Dental Contributory
BENEFITS SUMMARY	Current	Renewal
Deductible: (Individual / Family)	\$50 Ind / \$150 Fam (Waived for Preventive)	\$50 Ind / \$150 Fam (Waived for Preventive)
Annual Maximum	\$1,000 Per Person	\$1,000 Per Person
In-Network		
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Out-of-Network		
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Out of Network (MAC or UCR)	90th percentile	90th percentile
Contract Language		
Endo/Perio Benefit Level (Basic/Major)	Basic	Basic
Orthodontia	Not Covered	Not Covered
Waiting Periods	None	None
Annual Open Enrollment (AOE)	Yes	Yes
Late Entrants Allowed	Yes	Yes
RATING ANALYSIS		
Employee Only	35	\$30.75
Employee + Spouse	8	\$61.52
Employee + Child(ren)	30	\$67.29
Full Family	3	\$102.93
Total Monthly Premium	\$3,895.90	\$4,207.45
Gross Increase/Decrease		8%
PREMIUM SHARING		
Company's Share		
Employee Only	35	\$27.68
Employee + Spouse	8	\$27.68
Employee + Child(ren)	30	\$27.68
Full Family	3	\$27.68
Employee's Share		
Employee Only	35	\$3.07
Employee + Spouse	8	\$33.84
Employee + Child(ren)	30	\$39.61
Full Family	3	\$75.25

The plans and rates in this exhibit are controlled by various insurance contracts.

Vision Analysis

Eldersource Renewal Date: 12/01/2022	United Healthcare Vision PPO Voluntary	United Healthcare Vision PPO Voluntary	
BENEFIT FREQUENCY	Current	Renewal	
Benefit Frequency (months)			
Exam	12 Months	12 Months	
Lenses	12 Months	12 Months	
Frames	24 Months	24 Months	
Contacts (in lieu of glasses)	12 Months	12 Months	
Copayments In-Network			
Exam	\$10	\$10	
Materials Co-Pay	\$25	\$25	
Frame Allowance	\$130 ; 30% discount over allowance \$125 Allowance / \$25 copay	\$130 ; 30% discount over allowance \$125 Allowance / \$25 copay	
Contact Lens Allowance			
Allowances Out-of-Network			
Exam	Up to \$40	Up to \$40	
Materials			
Frames	Up to \$70	Up to \$45	
Lenses			
Single Lens	Up to \$30	Up to \$40	
Bifocal Lens	Up to \$50	Up to \$60	
Trifocal Lens	Up to \$65	Up to \$80	
Contact Lenses	Up to \$105	Up to \$100 / Up to \$210	
RATING ANALYSIS			
Employee	34	\$5.89	\$5.89
Employee + Spouse	4	\$11.18	\$11.18
Employee + Child(ren)	27	\$13.11	\$13.11
Family	3	\$18.45	\$18.45
Total Monthly Premium		\$654.30	\$654.30
Gross Increase/Decrease			0%
PREMIUM SHARING			
Company's Share			
Employee Only	34	\$0.00	\$0.00
Employee + Spouse	4	\$0.00	\$0.00
Employee + Child(ren)	27	\$0.00	\$0.00
Full Family	3	\$0.00	\$0.00
Employee's Share			
Employee Only	34	\$5.89	\$5.89
Employee + Spouse	4	\$11.18	\$11.18
Employee + Child(ren)	27	\$13.11	\$13.11
Full Family	3	\$18.45	\$18.45

The plans and rates in this exhibit are controlled by various insurance contracts.

Life Analysis

Eldersource Renewal Date: 12/01/2022	United Healthcare Basic Life and AD&D Employer Paid	United Healthcare Basic Life and AD&D Employer Paid
BASIC BENEFIT SUMMARY	Current	Renewal
Basic Life Amount	\$50,000	\$50,000
Basic Life Maximum	\$50,000	\$50,000
Guaranteed Issue Amount	\$50,000	\$50,000
Age Reduction Schedule	35% at age 65 50% at age 70	35% at age 65 50% at age 70
Basic Life Volume	\$2,565,000	\$2,565,000
Basic Life Premium/\$1,000	\$0.200	\$0.230
AD&D Premium/\$1,000	\$0.020	\$0.020
Estimated Monthly Premium	\$564.30	\$641.25
Increase/Decrease		14%
VOLUNTARY BENEFIT SUMMARY		
Benefit	\$10,000 increments up to \$300,000	\$10,000 increments up to \$300,000
Guaranteed Issue	\$80,000	\$80,000
Spousal Benefit	\$10,000 or \$20,000	\$10,000 or \$20,000
Spousal Guaranteed Issue	\$20,000	\$20,000
Child Benefit	\$5,000 or \$10,000	\$5,000 or \$10,000
Age Reduction Schedule	35% at age 65 50% at age 70	35% at age 65 50% at age 70
RATING ANALYSIS		
Monthly Rate per \$1,000		
0-24	\$0.040	\$0.040
25-29	\$0.050	\$0.050
30-34	\$0.070	\$0.070
35-39	\$0.080	\$0.080
40-44	\$0.090	\$0.090
45-49	\$0.130	\$0.130
50-54	\$0.210	\$0.210
55-59	\$0.390	\$0.390
60-64	\$0.590	\$0.590
65-69	\$1.140	\$1.140
70-74	\$1.850	\$1.850
75+	\$1.850	\$1.850
AD&D Rate	\$0.020	\$0.020
Child Rate	\$0.100	\$0.100
Child AD&D Rate	\$0.020	\$0.020

The plans and rates in this exhibit are controlled by various insurance contracts.

STAFF RECOMMENDATION

- Option 3 – United Healthcare Plan with an 85% employer benefit to the silver and golds plans and \$75 per month employer contribution to the HAS account of bronze members.
- A policy change will need to be enacted for this option.
 - DRAFT POLICY LANGUAGE
 - *ElderSource pays 90% of the premiums for the employee's basic health insurance plan, 85% of the premiums for the employee's coverage of other offered health insurance plans, and 20% of the cost of dependent premiums. ElderSource contributes \$75 per month to the HSA account of the basic health insurance plan.*