



2022 Renewal Report
SCHOOL DISTRICT OF BELOIT TURNER

February 25, 2022

Submitted by:

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Benefit & Renewal Summary



School District of Beloit Turner

Renewal Rate Summary 2022

Benefit	Carrier	Renewal Date	Monthly Rates/Fees			
			Tier / Benefit	Current	Renewal	Increase
Medical	Quartz	7/1/2022	Beloit One Network			
			Single	\$642.10	\$661.36	+3.0%
			Family	\$1,476.82	\$1,521.12	
			Quartz Network			
			Single	\$827.63	\$893.84	+8.0%
			Family	\$1,903.54	\$2,055.82	
Dental	Delta Dental	7/1/2022	Admin Fee	\$4.56 PEPM	\$4.76 PEPM	+4.4%
*Delta recommends no increase to funding rates						
Life/AD&D	NIS	7/1/2022	Life AD&D	\$0.100 \$0.015	Expected May-22	
			Per \$1,000 of benefit			
Voluntary Short- Term Disability	NIS	7/1/2022		See rate table by benefit amount in the following pages	Expected May-22	
Long-Term Disability	NIS	7/1/2022	Per\$100 of Covered Payroll	\$0.340	Expected May-22	



Corporate Headquarters
 250 South Executive Drive
 Suite 300
 Brookfield, WI 53005

Indiana Office
 9100 Meridian Square
 50 East 91st Street
 Suite 315
 Indianapolis, IN 46240

Michigan Offices
 310 East Michigan Avenue
 Suite 503
 Kalamazoo, MI 49007

43120 Utica Road
 Suite 400
 Sterling Heights, MI 48314

120 East Liberty
 Suite 220
 Ann Arbor, MI 48104

Minnesota Office
 14852 Scenic Heights Road
 Suite 210
 Eden Prairie, MN 55344

Nebraska Office
 9202 West Dodge Road
 Suite 302
 Omaha, NE 68114

Pennsylvania Office
 375 Southpointe Blvd
 Suite 220
 Canonsburg, PA 15317

March 2021

Brad Boll
 Director of Business Services
 Beloit Turner School District
 1237 Inman Parkway
 Beloit, WI 53511-1723

RE: Insurance Renewal for Beloit Turner School District, Group # 016064
 Short-Term Disability, Kansas City Life Insurance Company
 Carrier Policy # 0820-0003052, NIS Policy # 12476

Dear Mr. Boll:

The Short-Term Disability Insurance renews July 1, 2021. I am pleased to inform you that Kansas City Life Insurance Company has determined that a rate adjustment is not needed. Your renewal rates are as follows:

Short-Term Disability

Class #	Class Title	Current Rate Per Person Per Month	Renewal Rate Per Person Per Month	Impact
01	ALL ELIGIBLE EMPLOYEES			
	Option 1	\$10.08	\$10.08	Pass
	Option 2	\$11.76	\$11.76	Pass
	Option 3	\$15.10	\$15.10	Pass
	Option 4	\$18.48	\$18.48	Pass
	Option 5	\$20.16	\$20.16	Pass
	Option 6	\$24.08	\$24.08	Pass
	Option 7	\$28.00	\$28.00	Pass
	Option 8	\$30.80	\$30.80	Pass
	Option 9	\$33.60	\$33.60	Pass

These rates are guaranteed for 1 Year until July 1, 2022, assuming no changes to the current benefit structure.

We believe our level of commitment to you is most evident in our ongoing efforts to secure both competitive pricing and extended rate guarantees. We truly appreciate your business and the opportunity to continue negotiating on your behalf. By signing below, you are acknowledging your reciprocal 1 Year commitment to National Insurance Services.

Please complete the bottom portion and return a copy to National Insurance Services as indication of your acceptance of the renewal. Thank you for your continued business.

Company Name - School District of Beloit Turner



GROUP MEDICAL INSURANCE

Effective Date: July 1, 2022

Year	2021		2022	
Carrier	Quartz		Quartz	
Platform / Network	Beloit One	Quartz	Beloit One	Quartz
Plan	HSA	HSA	HSA	HRA

Medical Benefits Comparison

COVERAGE BASICS	2021		2022	
In-Network Deductible (Single / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Coinsurance (In)	100%	100%	100%	100%
In-Network Out-of-Pocket Maximum (Single / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000

In-Network Benefits

For more details please refer to the Summary of Benefits & Coverage

ADDITIONAL COVERAGE DETAILS	2021		2022	
Primary Care / Specialist Care Office Visit	Ded, 100% Coinsurance	Ded, 100% Coinsurance	Ded, 100% Coinsurance	Ded, 100% Coinsurance
Urgent Care / Emergency Room	Ded, 100% Coinsurance	Ded, 100% Coinsurance	Ded, 100% Coinsurance	Ded, 100% Coinsurance
Prescription Drugs Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5	Ded, 100% Coinsurance	Ded, 100% Coinsurance	Ded, 100% Coinsurance	Ded, 100% Coinsurance

	Current Dual Option Census			Renewal Dual Option Census	
	Full Census				
Covered Employees					
Employee Only	32	7	39		
Family Coverage	45	33	78		
Total Employees	77	40	117		
Monthly Premiums					
Employee Only		642.10	827.63	661.36	893.84
Family Coverage		1,476.82	1,903.54	1,521.12	2,055.82
Total Monthly Premium Cost		\$87,004.10	\$68,610.23	\$89,613.92	\$74,098.94
Total Annual Premium Cost		\$1,044,049.20	\$823,322.76	\$1,075,367.04	\$889,187.28
Percentage Change				5.20%	
Employer Premium Contribution Percentages					
Employee Only		88.00%	85.25%	88.00%	85.25%
Family Coverage		88.00%	85.25%	88.00%	85.25%
Employer Monthly Premium Contributions					
Employee Only		565.05	705.55	582.00	762.00
Family Coverage		1,299.60	1,622.77	1,338.59	1,752.59
Total Monthly Employer Premium Contribution		\$76,563.61	\$58,490.22	\$78,860.25	\$63,169.35
Total Annual Employer Premium Contribution		\$918,763.32	\$701,882.64	\$946,323.00	\$758,036.52
Percentage Change				5.17%	
Maximum HSA Contributions					
Maximum Annual Contribution for Employee Only		2133.00	2133.00	2133.00	2133.00
Maximum Annual Contribution for Family Coverage		4266.00	4266.00	4266.00	4266.00
Maximum Total Annual HRA Contributions		\$260,226.00	\$155,709.00	\$260,226.00	\$155,709.00
Maximum Total Monthly Employer Cost		\$98,249.11	\$71,465.97	\$100,545.75	\$76,145.10
Maximum Total Annual Employer Cost		\$1,178,989.32	\$857,591.64	\$1,206,549.00	\$913,026.12
Percentage Change				4.11%	
Employee Monthly Premium Contributions					
Employee Only		77.05	122.08	79.36	131.84
Family Coverage		177.22	280.77	182.53	303.23
Total Monthly Employee Premium Contribution		\$10,440.49	\$10,120.01	\$10,753.67	\$10,929.59
Total Annual Employee Premium Contribution		\$125,285.88	\$121,440.12	\$129,044.04	\$131,155.08
Percentage Change				5.46%	

Plan information shown is for comparison purposes only and does not represent all features or limitations. If any discrepancy exists between benefits shown and carriers' proposals, the carrier proposal controls. Final rates and acceptance subject to actual enrollment and effective date.

Unless specifically otherwise provided in a written agreement created between the parties, USI's standard of care and legal duty to its clients to provide insurance products and services is: to follow the instructions of the insured, in good faith.

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SCHOOL DISTRICT OF BELOIT TURNER
 Proposal Rate Options
 Effective Date: 07/01/2022

Renewal Offering	
HMO1-1	
Beloit One Network	
Annual Deductible (Single/Family)	\$3,000 / \$6,000
Coinsurance	0%
Max Out-of-Pocket (Single/Family)	\$3,000 / \$6,000
<i>Deductible Type:</i>	<i>Embedded</i>
Physician Services	
Office Visit	Ded & Coins
Specialist Visit	Ded & Coins
Emergency Services	
Urgent Care	Ded & Coins
Emergency Room	Ded & Coins
Hospital Services	
Inpatient Services	Ded & Coins
Delivery & Newborn Charges	Ded & Coins
Outpatient Services	Ded & Coins
Diagnostic Services	
Lab & X-Ray	Ded & Coins
MR/PET/CAT Scan	Ded & Coins
Behavioral Health	
Inpatient	Ded & Coins
Transitional	Ded & Coins
Outpatient	Ded & Coins
Other Services	
Durable Medical Equipment	Ded & Coins
Therapy Services	Ded & Coins
Oral Surgery	Ded & Coins
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	Ded & Coins
Max Out-of-Pocket (Single/Family)	Subject to Medical Max Out-of-Pocket
Additional Benefits	
Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Out of Area Dependent Rider; This is an HSA qualified health plan.	
Health Care Reform	
Preventive Services	Unlimited
Annual Maximum	Unlimited
Lifetime Maximum	Unlimited

Large: To view the Summary of Benefits and Coverage (SBC), go to QuartzBenefits.com/sbclookup and enter the tracking number for each plan. You may also call 1-800-362-3310 to request a free paper copy. This proposal includes coverage for state and federally mandated benefits. Please Note: 0.04% of the quoted rates are due to required fees as part of the Patient Centered Outcomes Research Institute Fee. Benefit year plans. Number of plans offered subject to underwriting approval, depending on enrollment.

Coverage Type	Contracts	Rates
Single	32	\$661.36
Family	45	\$1,521.12
Medicare Single	0	\$529.09
Medicare Family	0	\$1,058.18
Medicare Split	0	\$1,190.45

Total Monthly Premium **\$89,613.92**

Change From Current Premium **3.00%**

Line of Business Code 9000009
 Payor State WI
 SBC Tracking IDs: OWIYHIE
 SOB Tracking IDs: OWIYHIE



SCHOOL DISTRICT OF БЕЛОIT TURNER
 Proposal Rate Options
 Effective Date: 07/01/2022

	Renewal Offering
	HMO2-1
	Quartz Network
Annual Deductible (Single/Family)	\$3,000 / \$6,000
Coinsurance	0%
Max Out-of-Pocket (Single/Family)	\$3,000 / \$6,000
<i>Deductible Type:</i>	<i>Embedded</i>
Physician Services	
Office Visit	Ded & Coins
Specialist Visit	Ded & Coins
Emergency Services	
Urgent Care	Ded & Coins
Emergency Room	Ded & Coins
Hospital Services	
Inpatient Services	Ded & Coins
Delivery & Newborn Charges	Ded & Coins
Outpatient Services	Ded & Coins
Diagnostic Services	
Lab & X-Ray	Ded & Coins
MR/PET/CAT Scan	Ded & Coins
Behavioral Health	
Inpatient	Ded & Coins
Transitional	Ded & Coins
Outpatient	Ded & Coins
Other Services	
Durable Medical Equipment	Ded & Coins
Therapy Services	Ded & Coins
Oral Surgery	Ded & Coins
Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	Ded & Coins
Max Out-of-Pocket (Single/Family)	Subject to Medical Max Out-of-Pocket
Additional Benefits	
	Evisits - Subject to Deductible, then 100% Coverage; Artificial Insemination; Out of Area Dependent Rider; This is an HSA qualified health plan.
Health Care Reform	
Preventive Services	Unlimited
Annual Maximum	Unlimited
Lifetime Maximum	Unlimited

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Coverage Type	Contracts	Rates
Single	7	\$893.84
Family	33	\$2,055.82
Medicare Single	0	\$715.07
Medicare Family	0	\$1,430.14
Medicare Split	0	\$1,608.91

Total Monthly Premium \$74,098.94

Change From Current Premium 8.00%

Line of Business Code 9000009
 Payor State WI
 SBC Tracking IDs: X6YS4DPB
 SOB Tracking IDs: X6YS4DPB



FINAL RATES
ACCEPTANCE FORM

The final rates offered to: **SCHOOL DISTRICT OF BELOIT TURNER**
by Quartz, effective **07/01/2022** are:

Renewal Offering?	YES	YES
	<u>HMO1-1</u>	<u>HMO2-1</u>
Single	\$661.36	\$893.84
Family	\$1,521.12	\$2,055.82
Medicare Single	\$529.09	\$715.07
Medicare Family	\$1,058.18	\$1,430.14
Medicare Split	\$1,190.45	\$1,608.91

We accept the following plan(s):

SBC Tracking IDs: OWIYHIESBC X6YS4DPBSBC
SOB Tracking IDs: OWIYHIESOB X6YS4DPBSOB

Please review the above final adjusted rates. If these rates are acceptable to you, please execute the Acceptance Certification provided below. If your group has any changes within 60 days of the effective date that we determine will affect the rates listed above, we reserve the right to adjust the listed rates. Premium rate discrepancies must be reported to Quartz within 60 days of the renewal date.

Please keep a copy of this certification form for your records, and return the signed original to your Sales Representative or Agent.

SCHOOL DISTRICT OF BELOIT TURNER understands that Quartz, in its sole discretion, may provide summary health information for our use. I request, on behalf of SCHOOL DISTRICT OF BELOIT TURNER, that SCHOOL DISTRICT OF BELOIT TURNER receives this summary health information for the purposes of 1) modifying, amending, or terminating the group health plan; or, 2) obtaining premium bids from health plans for providing health insurance coverage under the group health plan. I certify that I am authorized to sign on behalf of SCHOOL DISTRICT OF BELOIT TURNER.

Acceptance Certification

As an authorized representative of this Employer, I have reviewed the above, and the notice form, and accept the quoted rates on behalf of SCHOOL DISTRICT OF BELOIT TURNER. I further attest and certify that all the statements included herein are true and correct to the best of my knowledge.

SCHOOL DISTRICT OF BELOIT TURNER

Printed Name of Group Representative

Date

Signature of Group Representative

Position/Title of Group Representative

Please send the completed form to:
Ron Sebranek
Quartz
840 Carolina Street
Sauk City, WI 53583



**RENEWAL/BENEFIT CHANGE
NOTICES**

Group Name: SCHOOL DISTRICT OF BELOIT TURNER
Effective Date: 07/01/2022
Group Number(s): 9023402, 9023403, 9023408, 9023410, 9023402, 9023408

- These rates are based upon the Medical Benefits and demographic information listed on the Proposal Rate Options page. Any changes to the Medical Benefits listed on the Proposal Rate Options page or demographic information may result in a change to the monthly premiums listed. If you believe your coverage or demographic information is different in any respect, please contact your sales representative or agent immediately.

- Dependent coverage ceases the end of the calendar month the dependent turns the age indicated.

- If a group selects an option from the renewal/benefit change acceptance letter, then this notice form, the renewal/benefit change acceptance letter, and the Rate Options page needs to be completed and signed by the group representative.

- When the PPO plan is selected for out-of-area employees, there may be no more than 20% of employees enrolled in the PPO without underwriting approval.

For groups over 6 contracts requesting benefit changes, see your sales representative.

Any benefit change must be submitted to Quartz 30 days prior to the renewal date.

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Highly Compensated Employees

Section 2716 of the Public Health Service (PHS) Act prohibits fully insured group health plans from discriminating in favor of highly compensated individuals. Employers that fail to comply with these requirements may be subject to civil monetary penalties up to \$100 per individual discriminated against per day the plan does not comply with the requirement.

We are not responsible for and do not conduct this discrimination testing. It is the employer's responsibility to ensure compliance with PHS Act Section 2716. Employers should consult their tax advisors and legal counsel to determine if their plan is compliant. Please contact your Quartz Sales Representative if any plan changes are necessary.

Please keep a copy of this certification form for your records.

SCHEDULE 6.1

SCHEDULE OF ADMINISTRATIVE FEES

96413 - 0 - 02102022

To be attached to, and made part of, the Third-Party Administrative Agreement, Article VI – Administrative Fees.

IT IS HEREBY AGREED, that the Administrative Fees, payable on a monthly basis from School District Beloit Turner to Delta Dental of Wisconsin, shall be the following, and shall be valid starting on July 1, 2022, and ending on June 30, 2025.

Monthly Administrative Fee:

Per Employee

\$4.76

Renewal Summary

A review of experience results, administrative fee for your renewal period, and COBRA rate analysis.

Experience Results

	Experience Period February 2021 - January 2022
Paid Claims	\$146,287
Administrative Fees	\$9,029
Total Cost	\$155,316
Number of Claims	828
Average Claims per Employee	5.02
Average Paid Claim	\$176.68
Average Enrollment	165

Administrative Fee For Renewal Period July 2022 - June 2023

	Per Employee Per Month
Present Rate	\$4.56
Renewal Rate	\$4.76
Percent Change	4.4%

COBRA Rate Projections For Renewal Period

Revenue Generated at Current COBRA Rates	\$182,372
Projected Total Cost	\$159,851
Calculated Adjustment to Rates	-12.3%
Experience Credibility Factor	51.0%

COBRA Rate Recommendation*

	Current Rates	Renewal Rates	Rate Change
Employees Only	\$43.27	\$43.27	0.0%
Employees w/Family	\$111.85	\$111.85	0.0%

* The recommended rates do not include the plan sponsor's 2% administrative allowance.

SCHOOL DISTRICT BELOIT TURNER
96413-0000



Plan Year Performance





Group Name
 Company Number
 Effective Date
 Current Annual Trend

SCHOOL DISTRICT OF BELOIT TURNER
904148
07/01/2022
7.72%

	Prior Base Period	Current Base Period
	12/01/2019 - 11/30/2020	12/01/2020 - 11/30/2021
<u>BASE PERIOD EXPERIENCE</u>		
Premium	\$1,791,665	\$1,855,948
Paid Claims	\$1,793,951	\$1,741,500
Medical Loss Ratio	100.1%	93.8%
<u>ENROLLMENT</u>		
1. Member Months	3,743	3,648
2. Average Membership	312	304
3. Most Recent Month's Members	298	298
<u>CALCULATION OF EXPECTED CLAIMS</u>		
4. Paid-to-Date	\$479.28	\$477.38
5. Large Claims (\$100,000 Pooling Point)	(14.80)	(22.32)
6. Average Pooling Charge	\$23.87	\$27.81
7. Adjusted Paid Claims (4. + 5. + 6.)	\$488.35	\$482.88
8. Incurred Claims	\$488.39	\$490.28
9. Months Trend	31.0	19.0
10. Trend Applied	1.29	1.12
11. Claims Trended to Renewal Period	\$632.21	\$551.55
11a. Benefit Adjustment	1.00	1.00
11b. Prior Claims Adjustment due to Covid-19	1.07	1.00
Base Period Weights	35%	65%
12. Two Year Combined Claims (Experience-Based Renewal Period Claims)		\$579.78
13. Manual Expected Incurred Claims for Renewal Period		\$476.67
14. Experience & Manual Blended Claims	Experience Credibility 70.01%	\$548.86
	Target Loss Ratio	90.5%
<u>DETERMINATION OF PREMIUM NEEDED</u>		
15. Administrative Charge		\$57.50
16. Patient Protection and Affordable Care Act Fees (PCORI Fee)		\$0.22
17. Total Required Premium (14. + 15. + 16.)		\$606.58
18. Current Premium		\$522.20
19. Calculated Increase		16.16%
20. Released Increase	Beloit One Network	3.00%
	Quartz Network	8.00%
*Current Annual Trend Breakout		
Medical Trend:	6.96%	
RX Trend:	12.20%	


SCHOOL DISTRICT OF BELOIT TURNER

Corporation # 904148

Dates of Service 11/1/2020 to 10/31/2021

Paid Claims Through 2/1/2022

MLR Report

Month	Member Months	Subscriber Months	Total Premium	Total Medical Paid	Total Rx Paid	Total Claims Paid	MLR
Nov-20	302	119	\$150,849	\$56,492	\$24,614	\$81,107	53.8%
Dec-20	302	119	\$150,849	\$125,211	\$37,084	\$162,296	107.6%
Jan-21	301	119	\$150,849	\$88,436	\$25,632	\$114,068	75.6%
Feb-21	298	118	\$149,422	\$107,104	\$23,781	\$130,885	87.6%
Mar-21	298	118	\$149,422	\$173,725	\$23,928	\$197,653	132.3%
Apr-21	299	118	\$150,228	\$98,360	\$21,692	\$120,052	79.9%
May-21	300	119	\$151,655	\$188,473	\$21,244	\$209,717	138.3%
Jun-21	304	120	\$153,082	\$286,286	\$28,941	\$315,227	205.9%
Jul-21	311	122	\$160,402	\$63,181	\$9,330	\$72,511	45.2%
Aug-21	312	121	\$160,872	\$35,695	\$14,963	\$50,658	31.5%
Sep-21	311	124	\$161,352	\$120,807	\$20,659	\$141,467	87.7%
Oct-21	308	123	\$159,875	\$82,583	\$13,518	\$96,101	60.1%
Total	3,646	1,440	\$1,848,855	\$1,426,355	\$265,386	\$1,691,741	91.5%

Pharmacy Utilization Report

Type	# Scripts	Total Paid	Paid per Script	Paid PMPM	% Total Paid	Paid PMPM (Benchmark)
Brand	342	\$184,271	\$538.80	\$50.54	69.4%	\$89.63
Generic	1,920	\$81,115	\$42.25	\$22.25	30.6%	\$18.23
Total	2,262	\$265,386	\$117.32	\$72.79	100.0%	\$107.86

Large Claim Report (Top 10 by Total Claims Paid)

Member	Total Medical Paid	Total Rx Paid	Total Claims Paid	Effective Today	Diagnosis
1	\$182,747	\$228	\$182,975	No	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY
2	\$23,357	\$56,136	\$79,493	Yes	ORENCIA Rx; ARTERITIS, UNSPECIFIED
3	\$68,351	\$186	\$68,538	Yes	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP
4	\$63,766	\$516	\$64,282	Yes	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
5	\$12,791	\$48,845	\$61,637	No	CIMZIA PREFILLED Rx; OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION
6	\$53,322	\$2,858	\$56,181	Yes	LEAKAGE OF HEART VALVE PROSTHESIS, INITIAL ENCOUNTER
7	\$53,419	\$141	\$53,560	No	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE
8	\$3,083	\$44,475	\$47,559	Yes	DIMETHYL FUMARATE Rx; ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS
9	\$47,319	\$48	\$47,367	Yes	MULTIPLE SCLEROSIS
10	\$40,417	\$1,185	\$41,602	Yes	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING CHILDBIRTH
Top 10 Total	\$548,573	\$154,620	\$703,193		
% of Total	38.5%	58.3%	41.6%		

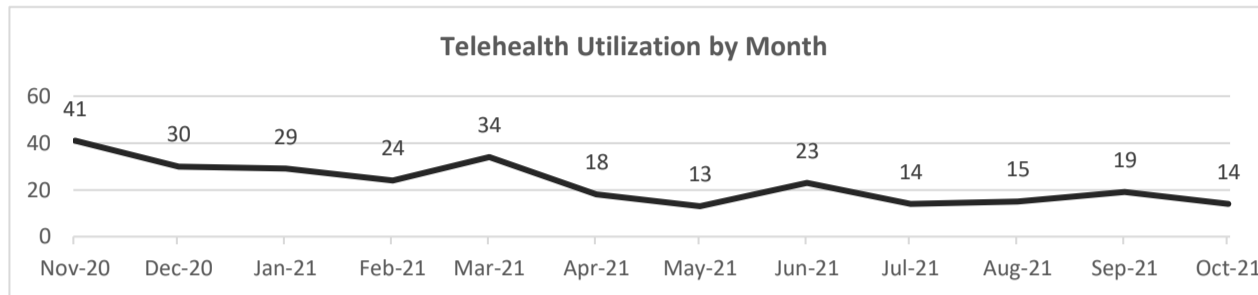


SCHOOL DISTRICT OF BELOIT TURNER
 Corporation # 904148
 Dates of Service 11/1/2020 to 10/31/2021
 Paid Claims Through 2/1/2022

Telehealth Utilization

	Virtual Visits	Telehealth	Total
Count of Claims	10	264	274
Total Allowed Amount*	\$609	\$42,168	\$42,777
Allowed per Claim	\$61	\$160	\$156

61 of 348 members have a Telehealth claim (17.5%)



Allowed amount - represents the contractual amount for the services

Telehealth – Means use of interactive audio and video telecommunications system that permits real-time communication between the provider site and patient’s home.

Virtual Visits – Means brief technology-based communication initiated by patient. May include use of audio/visual equipment, but it is not required.

Telephone, audio/video, secure text messaging, email or portal.

Captured video or images sent to a physician for evaluation.

MyChart Engagement

Year	1/1/2019	1/1/2020	1/1/2021	Current
% Subscribers Active	44.1%	52.1%	63.0%	59.8%
% Members Active	30.3%	35.9%	42.9%	42.9%



SCHOOL DISTRICT OF BELOIT TURNER
 Corporation # 904148
 Dates of Service 11/1/2020 to 10/31/2021
 Paid Claims Through 2/3/2022

MLR Report

Month	Member Months	Subscriber Months	Total Premium	Total Medical Paid	Total Rx Paid	Total Claims Paid	MLR
Nov-20	137	63	\$65,699	\$17,172	\$4,070	\$21,242	32.3%
Dec-20	137	63	\$65,699	\$85,173	\$5,908	\$91,082	138.6%
Jan-21	137	63	\$65,699	\$16,869	\$5,339	\$22,209	33.8%
Feb-21	134	62	\$64,272	\$28,686	\$2,204	\$30,890	48.1%
Mar-21	134	62	\$64,272	\$68,241	\$4,050	\$72,291	112.5%
Apr-21	135	62	\$65,079	\$20,518	\$2,521	\$23,039	35.4%
May-21	137	63	\$66,506	\$16,189	\$3,116	\$19,305	29.0%
Jun-21	141	64	\$67,932	\$85,265	\$7,351	\$92,617	136.3%
Jul-21	175	78	\$88,481	\$24,550	\$6,002	\$30,552	34.5%
Aug-21	179	80	\$91,435	\$17,647	\$12,975	\$30,622	33.5%
Sep-21	186	85	\$94,645	\$52,868	\$17,400	\$70,268	74.2%
Oct-21	182	84	\$93,168	\$24,542	\$8,677	\$33,219	35.7%
Total	1,814	829	\$892,887	\$457,720	\$79,615	\$537,335	60.2%

Pharmacy Utilization Report

Type	# Scripts	Total Paid	Paid per Script	Paid PMPM	% Total Paid	Paid PMPM (Benchmark)
Brand	155	\$64,578	\$416.63	\$35.60	81.1%	\$89.63
Generic	911	\$15,036	\$16.51	\$8.29	18.9%	\$18.23
Total	1,066	\$79,615	\$74.69	\$43.89	100.0%	\$107.86

Large Claim Report (Top 10 by Total Claims Paid)

Member	Total Medical Paid	Total Rx Paid	Total Claims Paid	Effective Today	Diagnosis
1	\$67,676	\$186	\$67,863	Yes	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP
2	\$46,981	\$48	\$47,029	Yes	MULTIPLE SCLEROSIS
3	\$45,628	\$141	\$45,770	No	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE
4	\$26,112	\$57	\$26,169	Yes	VALGUS DEFORMITY, NOT ELSEWHERE CLASSIFIED, RIGHT ELBOW
5	\$9,017	\$16,883	\$25,900	Yes	ORENCIA Rx; ARTERITIS, UNSPECIFIED
6	\$20,266	\$0	\$20,266	No	FIRST DEGREE PERINEAL LACERATION DURING DELIVERY
7	\$17,953	\$9	\$17,962	Yes	SYNCOPE AND COLLAPSE
8	\$17,374	\$298	\$17,673	Yes	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB
9	\$16,381	\$51	\$16,431	Yes	CHRONIC CHOLECYSTITIS
10	\$12,780	\$1,455	\$14,235	No	BENIGN NEOPLASM OF DESCENDING COLON
Top 10 Total	\$280,168	\$19,129	\$299,297		
% of Total	61.2%	24.0%	55.7%		

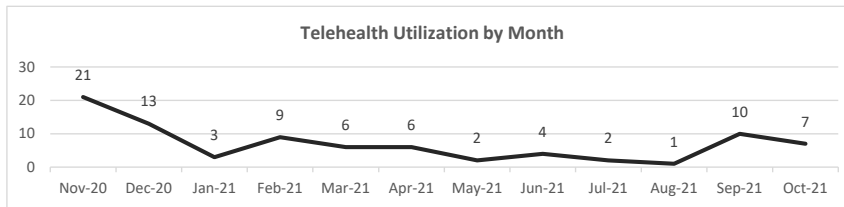


SCHOOL DISTRICT OF BELOIT TURNER
 Corporation # 904148
 Dates of Service 11/1/2020 to 10/31/2021
 Paid Claims Through 2/3/2022

Telehealth Utilization

	Virtual Visits	Telehealth	Total
Count of Claims	1	83	84
Total Allowed Amount*	\$54	\$11,688	\$11,741
Allowed per Claim	\$54	\$141	\$140

20 of 205 members have a Telehealth claim (9.8%)



Allowed amount - represents the contractual amount for the services

Telehealth – Means use of interactive audio and video telecommunications system that permits real-time communication between the provider site and patient’s home.

Virtual Visits – Means brief technology-based communication initiated by patient. May include use of audio/visual equipment, but it is not required.

Telephone, audio/video, secure text messaging, email or portal.

Captured video or images sent to a physician for evaluation.

MyChart Engagement

Year	1/1/2019	1/1/2020	1/1/2021	Current
% Subscribers Active	44.1%	52.1%	63.0%	59.8%
% Members Active	30.3%	35.9%	42.9%	42.9%



SCHOOL DISTRICT OF BELOIT TURNER
 Corporation # 904148
 Dates of Service 11/1/2020 to 10/31/2021
 Paid Claims Through 2/3/2022

MLR Report

Month	Member Months	Subscriber Months	Total Premium	Total Medical Paid	Total Rx Paid	Total Claims Paid	MLR
Nov-20	165	56	\$85,150	\$39,320	\$20,544	\$59,864	70.3%
Dec-20	165	56	\$85,150	\$40,038	\$31,176	\$71,214	83.6%
Jan-21	164	56	\$85,150	\$64,232	\$20,293	\$84,524	99.3%
Feb-21	164	56	\$85,150	\$63,089	\$21,577	\$84,666	99.4%
Mar-21	164	56	\$85,150	\$82,136	\$19,878	\$102,014	119.8%
Apr-21	164	56	\$85,150	\$58,461	\$19,171	\$77,632	91.2%
May-21	163	56	\$85,150	\$155,658	\$18,127	\$173,785	204.1%
Jun-21	163	56	\$85,150	\$161,104	\$21,590	\$182,693	214.6%
Jul-21	136	44	\$71,921	\$33,462	\$3,328	\$36,790	51.2%
Aug-21	133	41	\$69,438	\$11,637	\$1,987	\$13,625	19.6%
Sep-21	125	39	\$66,707	\$56,412	\$3,259	\$59,671	89.5%
Oct-21	126	39	\$66,707	\$50,477	\$4,840	\$55,317	82.9%
Total	1,832	611	\$955,968	\$816,025	\$185,771	\$1,001,796	104.8%

Pharmacy Utilization Report

Type	# Scripts	Total Paid	Paid per Script	Paid PMPM	% Total Paid	Paid PMPM (Benchmark)
Brand	187	\$119,693	\$640.07	\$65.33	64.4%	\$89.63
Generic	1,009	\$66,078	\$65.49	\$36.07	35.6%	\$18.23
Total	1,196	\$185,771	\$155.33	\$101.40	100.0%	\$107.86

Large Claim Report (Top 10 by Total Claims Paid)

Member	Total Medical Paid	Total Rx Paid	Total Claims Paid	Effective Today	Diagnosis
1	\$159,395	\$228	\$159,624	No	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY
2	\$63,766	\$516	\$64,282	Yes	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
3	\$53,322	\$2,858	\$56,181	Yes	LEAKAGE OF HEART VALVE PROSTHESIS, INITIAL ENCOUNTER
4	\$12,276	\$39,253	\$51,529	Yes	ORENCIA Rx; DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR GANGRENE
5	\$2,290	\$44,475	\$46,765	Yes	DIMETHYL FUMARATE Rx; ENCOUNTER FOR GENERAL ADULT MEDICAL EXAMINATION WITHOUT ABNORMAL FINDINGS
6	\$7,413	\$37,590	\$45,003	No	CIMZIA PREFILLED Rx; OTHER INTESTINAL OBSTRUCTION UNSPECIFIED AS TO PARTIAL VERSUS COMPLETE OBSTRUCTION
7	\$40,417	\$1,185	\$41,602	Yes	OTHER DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS AND CERTAIN DISORDERS INVOLVING THE IMMUNE MECHANISM COMPLICATING CHILDBIRTH
8	\$36,534	\$202	\$36,736	Yes	CHRONIC SINUSITIS, UNSPECIFIED
9	\$33,036	\$138	\$33,174	Yes	HALLUX VALGUS (ACQUIRED), RIGHT FOOT
10	\$28,415	\$532	\$28,948	Yes	OTHER CHEST PAIN
Top 10 Total	\$436,865	\$126,978	\$563,842		
% of Total	53.5%	68.4%	56.3%		

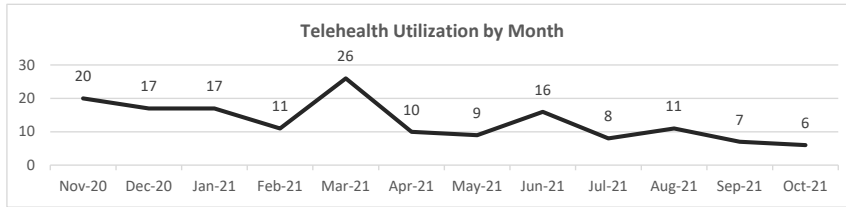


SCHOOL DISTRICT OF BELOIT TURNER
Corporation # 904148
Dates of Service 11/1/2020 to 10/31/2021
Paid Claims Through 2/3/2022

Telehealth Utilization

	Virtual Visits	Telehealth	Total
Count of Claims	8	150	158
Total Allowed Amount*	\$526	\$25,631	\$26,156
Allowed per Claim	\$66	\$171	\$166

38 of 172 members have a Telehealth claim (22.1%)



Allowed amount - represents the contractual amount for the services

Telehealth – Means use of interactive audio and video telecommunications system that permits real-time communication between the provider site and patient’s home.

Virtual Visits – Means brief technology-based communication initiated by patient. May include use of audio/visual equipment, but it is not required.

Telephone, audio/video, secure text messaging, email or portal.

Captured video or images sent to a physician for evaluation.

MyChart Engagement

Year	1/1/2019	1/1/2020	1/1/2021	Current
% Subscribers Active	44.1%	52.1%	63.0%	59.8%
% Members Active	30.3%	35.9%	42.9%	42.9%



USI Scorecard - School District of Beloit Turner

Claims Utilization (Service Dates 11/1/2020 - 10/31/2021)

Measure	Total
Total Claims Paid	\$1,694,319
Total Premium Paid	\$1,846,094
Medical Loss Ratio	91.8%

Measure	Utilization	Utilization/1000	Paid/Util	Quartz LG Benchmark	
				Utilization/1000	Paid/Util
Pharmacy - Generic	2,109	6,941.3	\$40.10	6,841.5	\$31.97
Pharmacy - Brand	252	829.4	\$717.49	986.9	\$1,089.86
Emergency Room Visits	47	154.7	\$1,517.08	156.0	\$1,671.42
Urgent Care Visits	53	174.4	\$101.66	157.4	\$152.99

Telehealth Utilization (Service Dates 1/1/2020 through previous month)

Measure	Virtual Check-In	Telehealth
# of Claims	30	426
Total Allowed	\$2,402	\$71,295
Allowed/Claim	\$80.06	\$167.36

88 of 348 members have a Telehealth claim (25%)

MyChart Activation

Measure	1/1/2019	1/1/2020	1/1/2021	Current
% Subscribers	44%	52%	63%	60%
% Members	30%	36%	43%	43%

Quartz Large Group Benchmark: 60% Member Average, 69% Subscriber Average

Preventive Care

Measure	2020	2021	Quartz Benchmark
Adult BMI Assessment	18.71%	17.86%	11.84%
Breast Cancer Screening	77.78%	88.89%	73.63%
Cervical Cancer Screening	58.97%	55.26%	72.57%
Colorectal Cancer Screening	48.33%	45.76%	52.86%

Quartz Well

Redeemed Rewards 2021	Employees	Spouses	Total	Payout
Level 1	23	11	34	\$850
Level 2	22	8	30	\$750
Level 3	17	7	24	\$600
Level 4	13	4	17	\$425
Total	75	30	105	\$2,625

Redeemed Rewards 2022	Employees	Spouses	Total	Payout
Level 1	8	2	10	\$250
Level 2	8	2	10	\$250
Level 3	1	0	1	\$25
Level 4	0	0	0	\$0
Total	17	4	21	\$525

Participation 2021	Employees	Spouses	Total
Total Members Logged In	90	39	129
Total Eligible Members	-	-	185
Average Points Per Member	2,122	2,054	2,101
Members With Points But No Payout	30	12	42

Participation 2022	Employees	Spouses	Total
Total Members Logged In	33	11	44
Total Eligible Members	-	-	185
Average Points Per Member	1,491	1,826	1,575
Members With Points But No Payout	14	2	16

School District of Beloit Turner - Dental Funding Analysis Report

Plan Name:
Dental

Prepared By: USI Insurance Services
Date Prepared: 01/04/22
Plan Year: 07/01/21 - 06/30/22

Dental Carriers:
Delta Dental - 15709

Total Monthly Funding	
Single	Family
\$43.27	\$111.85

	Total Monthly Fixed Costs	
	Single	Family
Administration Fee	\$4.56	\$4.56
Sum of Total Monthly Fixed Costs	\$4.56	\$4.56

Monthly Enrollment	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Single	45	43	52	50	49	48							287
Family	117	118	122	122	121	119							719
Total	162	161	174	172	170	167							1,006

Total Funding	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Single	1,947.15	1,860.61	2,250.04	2,163.50	2,120.23	2,076.96							\$12,418.49
Family	13,086.45	13,198.30	13,645.70	13,645.70	13,533.85	13,310.15							\$80,420.15
Sum of Total Funding	\$15,033.60	\$15,058.91	\$15,895.74	\$15,809.20	\$15,654.08	\$15,387.11							\$92,838.64

Fixed Costs	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Single	205.20	196.08	237.12	228.00	223.44	218.88							\$1,308.72
Family	533.52	538.08	556.32	556.32	551.76	542.64							\$3,278.64
Sum of Total Fixed Costs	\$738.72	\$734.16	\$793.44	\$784.32	\$775.20	\$761.52							\$4,587.36

Claims Costs	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Dental Claims	13,794.00	10,810.00	15,930.00	8,047.00	10,005.00	12,086.00							\$70,672.00
Sum of Total Claims Costs	\$13,794.00	\$10,810.00	\$15,930.00	\$8,047.00	\$10,005.00	\$12,086.00							\$70,672.00

Total Costs	\$14,532.72	\$11,544.16	\$16,723.44	\$8,831.32	\$10,780.20	\$12,847.52							\$75,259.36
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Funding Less Costs	\$500.88	\$3,514.75	(\$827.70)	\$6,977.88	\$4,873.88	\$2,539.59							\$17,579.28
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YTD Plan Performance	\$500.88	\$4,015.63	\$3,187.93	\$10,165.81	\$15,039.69	\$17,579.28							
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YTD % of Total Costs to Funding													81.06%
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YTD Average Monthly Cost	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Per Employee	\$89.71	\$80.73	\$86.12	\$77.18	\$74.39	\$74.81							\$74.81

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School District of Beloit Turner - Dental Funding Analysis Report

Plan Name:
Dental

Prepared By: USI Insurance Services
Date Prepared: 01/04/22
Plan Year: 07/01/20 - 06/30/21

Dental Carriers:
Delta Dental - 15709

Total Monthly Funding	
Single	Family
\$43.27	\$111.85

Total Monthly Fixed Costs	
Single	Family
Administration Fee \$4.56	\$4.56
Sum of Total Monthly Fixed Costs \$4.56	\$4.56

Monthly Enrollment	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total
Single	39	39	44	45	45	45	45	47	47	47	47	47	537
Family	121	121	116	117	117	116	116	114	114	114	115	115	1,396
Total	160	160	160	162	162	161	161	161	161	161	162	162	1,933
Total Funding													
Single	1,687.53	1,687.53	1,903.88	1,947.15	1,947.15	1,947.15	1,947.15	2,033.69	2,033.69	2,033.69	2,033.69	2,033.69	\$23,235.99
Family	13,533.85	13,533.85	12,974.60	13,086.45	13,086.45	12,974.60	12,974.60	12,750.90	12,750.90	12,750.90	12,862.75	12,862.75	\$156,142.60
Sum of Total Funding	\$15,221.38	\$15,221.38	\$14,878.48	\$15,033.60	\$15,033.60	\$14,921.75	\$14,921.75	\$14,784.59	\$14,784.59	\$14,784.59	\$14,896.44	\$14,896.44	\$179,378.59
Fixed Costs													
Single	177.84	177.84	200.64	205.20	205.20	205.20	205.20	214.32	214.32	214.32	214.32	214.32	\$2,448.72
Family	551.76	551.76	528.96	533.52	533.52	528.96	528.96	519.84	519.84	519.84	524.40	524.40	\$6,365.76
Sum of Total Fixed Costs	\$729.60	\$729.60	\$729.60	\$738.72	\$738.72	\$734.16	\$734.16	\$734.16	\$734.16	\$734.16	\$738.72	\$738.72	\$8,814.48
Claims Costs													
Dental Claims	19,303.00	13,214.00	14,210.00	12,118.00	10,644.00	14,762.00	10,645.00	16,366.00	10,730.00	11,591.00	8,021.00	12,013.00	\$153,617.00
Sum of Total Claims Costs	\$19,303.00	\$13,214.00	\$14,210.00	\$12,118.00	\$10,644.00	\$14,762.00	\$10,645.00	\$16,366.00	\$10,730.00	\$11,591.00	\$8,021.00	\$12,013.00	\$153,617.00
Total Costs	\$20,032.60	\$13,943.60	\$14,939.60	\$12,856.72	\$11,382.72	\$15,496.16	\$11,379.16	\$17,100.16	\$11,464.16	\$12,325.16	\$8,759.72	\$12,751.72	\$162,431.48
Funding Less Costs	(\$4,811.22)	\$1,277.78	(\$61.12)	\$2,176.88	\$3,650.88	(\$574.41)	\$3,542.59	(\$2,315.57)	\$3,320.43	\$2,459.43	\$6,136.72	\$2,144.72	\$16,947.11
YTD Plan Performance	(\$4,811.22)	(\$3,533.44)	(\$3,594.56)	(\$1,417.68)	\$2,233.20	\$1,658.79	\$5,201.38	\$2,885.81	\$6,206.24	\$8,665.67	\$14,802.39	\$16,947.11	
YTD % of Total Costs to Funding													90.55%
YTD Average Monthly Cost Per Employee	\$125.20	\$106.18	\$101.91	\$96.22	\$90.99	\$91.87	\$88.84	\$91.01	\$88.81	\$87.58	\$84.52	\$84.03	\$84.03

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Renewal Calculations





Group Name
 Company Number
 Effective Date
 Current Annual Trend

SCHOOL DISTRICT OF BELOIT TURNER
904148
07/01/2022
7.72%

	Prior Base Period	Current Base Period
	12/01/2019 - 11/30/2020	12/01/2020 - 11/30/2021
<u>BASE PERIOD EXPERIENCE</u>		
Premium	\$1,791,665	\$1,855,948
Paid Claims	\$1,793,951	\$1,741,500
Medical Loss Ratio	100.1%	93.8%
<u>ENROLLMENT</u>		
1. Member Months	3,743	3,648
2. Average Membership	312	304
3. Most Recent Month's Members	298	298
<u>CALCULATION OF EXPECTED CLAIMS</u>		
4. Paid-to-Date	\$479.28	\$477.38
5. Large Claims (\$100,000 Pooling Point)	(14.80)	(22.32)
6. Average Pooling Charge	\$23.87	\$27.81
7. Adjusted Paid Claims (4. + 5. + 6.)	\$488.35	\$482.88
8. Incurred Claims	\$488.39	\$490.28
9. Months Trend	31.0	19.0
10. Trend Applied	1.29	1.12
11. Claims Trended to Renewal Period	\$632.21	\$551.55
11a. Benefit Adjustment	1.00	1.00
11b. Prior Claims Adjustment due to Covid-19	1.07	1.00
Base Period Weights	35%	65%
12. Two Year Combined Claims (Experience-Based Renewal Period Claims)		\$579.78
13. Manual Expected Incurred Claims for Renewal Period		\$476.67
14. Experience & Manual Blended Claims	Experience Credibility 70.01%	\$548.86
	Target Loss Ratio	90.5%
<u>DETERMINATION OF PREMIUM NEEDED</u>		
15. Administrative Charge		\$57.50
16. Patient Protection and Affordable Care Act Fees (PCORI Fee)		\$0.22
17. Total Required Premium (14. + 15. + 16.)		\$606.58
18. Current Premium		\$522.20
19. Calculated Increase		16.16%
20. Released Increase	Beloit One Network	3.00%
	Quartz Network	8.00%
*Current Annual Trend Breakout		
Medical Trend:	6.96%	
RX Trend:	12.20%	

Benchmark Resources



Renewal Data

School District	Plan Type	% Credible	Prior Year / Current Year Loss Ratio	Renewal Increase (Decrease)	Rate Caps	Current Year / Renewal Year Premium PMPM	Prior Year / Current Year Total Claims PMPM	Prior Year / Current Year Rx Claims PMPM	Prior Year / Current Year CAT Claims Credit PMPM	Prior Year / Current Year Age/Gender Adjustment	Trend Applied Prior / Current	COVID-19 Adjustment Prior / Current	Admin PMPM
Albany*	Dean HMO HDHP with H.S.A.	....	....	0.0%	None for 2021	\$400.91 / \$400.91	....	....	....	....	....	....	....
Beloit Turner	Quartz(Unity) HMO HDHP with H.S.A.	71%	109.8% / 100.0%	Initial Beloit One - 7% Comm - 10% Final Beloit One - 3.5% Comm - 7.5%	Beloit One - 4.5% for 2022	\$499.74 / ~\$517.23	\$491.09 / \$478.60 EGR \$573.04 / 469.26	\$72.16 / \$80.51	\$0 / (\$14.80)	....	1.20 / 1.22	1.00 / 1.10	\$62.42
Brodhead	Dean POS/HMO HDHP with H.S.A.	64%	114% / 92%	Initial - 4.9% Revised - 2.3%	6.5% for 2022	\$412.55 / \$432.77	\$436.71 / 367.14	\$34.05 / \$36.15	(\$181.76) / (\$54.08)	1.0472 / 1.0242	1.1484 / 1.0885	NA	\$50.67
Brodhead*	Mercy POS?HMO HDHP with H.S.A.	....	....	2.3%	None for 2022	....	....	....	....	....	....	....	....
Clinton	Dean HMO HDHP with HRA	60%	66% / 51%	0.00%	4.0% for 2022	\$410.97 / \$410.97	\$274.31 / \$207.63	\$36.18 / \$19.66	\$0 / \$0	0.9713 / 0.9813	1.1484 / 1.0885	NA	\$50.93
Edgerton	Dean HMO HDHP with H.S.A.	91%	91% / 77%	1.9%	3.5% for 2022	\$384.61 / \$391.92	\$324.22 / \$286.18	\$31.88 / \$45.48	\$0 / \$0	1.0090 / 0.9952	1.1484 / 1.0885	NA	\$50.91
Evansville	Dean HMO HDHP with HSA Dean HMO HRA	79%	110% / 103%	9.9%	None for 2022	\$467.04 / \$513.29	\$480.46 / \$465.39	\$49.71 / \$74.71	(\$94.91) / (\$52.77)	0.9842 / 0.9795	1.1484 / 1.0885	NA	\$50.90
Juda*	Dean HMO HDHP with H.S.A.	....	....	0.0%	None for 2022	\$397.83 / \$397.83	....	....	....	....	....	....	....
Milton	Dean POS with HRA Dean HMO with HRA	100%	85% / 78%	0.0%	2022 3.9% for HMO None for POS	\$464.41 / \$464.41	\$399.15 / \$360.45	\$80.78 / \$87.96	(\$3.45) / (\$0.61)	0.9980 / 1.0065	1.1484 / 1.0885	NA	\$51.17
Monticello	Dean HMO HDHP with H.S.A.	47%	40% / 89%	0.0%	None for 2022	\$334.31 / \$334.31	\$137.34 / \$303.05	\$4.79 / \$9.98	\$0.00 / (\$13.31)	0.9867 / 0.9690	1.1484 / 1.0885	NA	\$50.91
New Glarus	Dean HMO HDHP with H.S.A.	60%	97% / 80%	0.0%	5.5% for 2022	\$357.51 / \$357.49	\$325.76 / \$269.05	\$82.74 / \$85.23	(\$6.86) / \$0.00	1.0297 / 1.0208	1.1484 / 1.0885	NA	\$50.90
Parkview	Quartz(Unity) HMO HDHP with H.S.A.	....	101% / 69%	Initial - 5.0% Revised - 3.0%	4.5% for 2022	....	\$472.41 / \$552.98	\$34.03 / \$60.06	....	....	....	....	....
Whitewater	Dean HMO HDHP with HRA	69%	86% / 64%	(-2.0%)	3.5% for 2022 5.0% for 2023	\$373.66 / \$366.19	\$333.19 / \$238.37	\$21.33 / \$36.13	(\$21.45) / \$0.00	0.9873 / 1.0040	1.1484 / 1.0885	NA	\$50.90
Whitewater	Mercy HMO HDHP with HRA	....	?? / 84%	(-2.0%)	0.0% for 2022	\$407.00 / \$399.00	\$441.31 / \$340	\$37.96 / \$39.00	....	....	....	....	\$67.00

Most data provided via rate calculation worksheet from 2021 renewal. Rx PMPM pulled from EGR for 19-20 plan year.

*Designates group with less than 50 subscribers and therefore, no reporting information is available.

Green-Rock County School Districts

2021-2022 Dental Plan Year

Renewal Data

School District	Plan Type	Dental Loss Ratio	Self Funded Admin Fee	Renewal Calculation	Single/Family Renewal Rate	Individual Annual Max	Check Up Plus	EBICP	Implants Covered
Albany*	Fully Insured	92.20%	N/A	0.0%	\$45.43 / \$117.40	\$1,000	No	Yes	Yes
Beloit Turner	Self-Funded	97.60%	\$4.56 PEPM (0%)	0.0%	\$43.27 / \$111.85	\$1,500	No	No	No
Brodhead	Self-Funded	122.05%	\$5.64 PEPM (+3.7%)	0.0% (suggested)	\$56.15 / \$145.11	\$2,000	No	Yes	Yes
Clinton	Self-Funded	97.63%	\$4.48 PEPM (0%)	0.0%	\$37.05 / \$105.42	\$1,000	No	No	No
Edgerton	Self-Funded	92.05%	\$5.64 PEPM (+3.7%)	0.0%	\$41.03 / \$105.64	\$1,000	No	Yes	No
Evansville	Self-Funded	95.19%	\$5.64 PEPM (3.7%)	0.0%	\$64.45 / \$166.56	\$2,000	No	No	Yes
Juda*	Fully Insured	....	N/A	0.0%	\$48.65 / \$125.75	\$1,000	No	Yes	Yes
Milton	Fully Insured	85.00%	N/A	-3.0%	\$47.40 / \$131.09	\$2,000	No (3% to add)	Yes	Yes
Monticello	Fully Insured	90.10%	N/A	0.0%	\$52.06 / \$134.47	\$1,000	No	No	Yes
New Glarus	Fully Insured	87.60%	N/A	0.0%	\$51.59 / \$155.44	\$1,000	Yes	Yes	Yes
Parkview	Self-Funded	71.61%	\$6.53 PEPM (+3.2%)	0.0%	\$54.27 / \$139.71	\$2,000	No	Yes	No
Whitewater	Self-Funded	82.44%	\$5.64 PEPM (+3.7%)	0.0%	\$54.77 / \$153.57	\$2,000	Yes	No	Yes

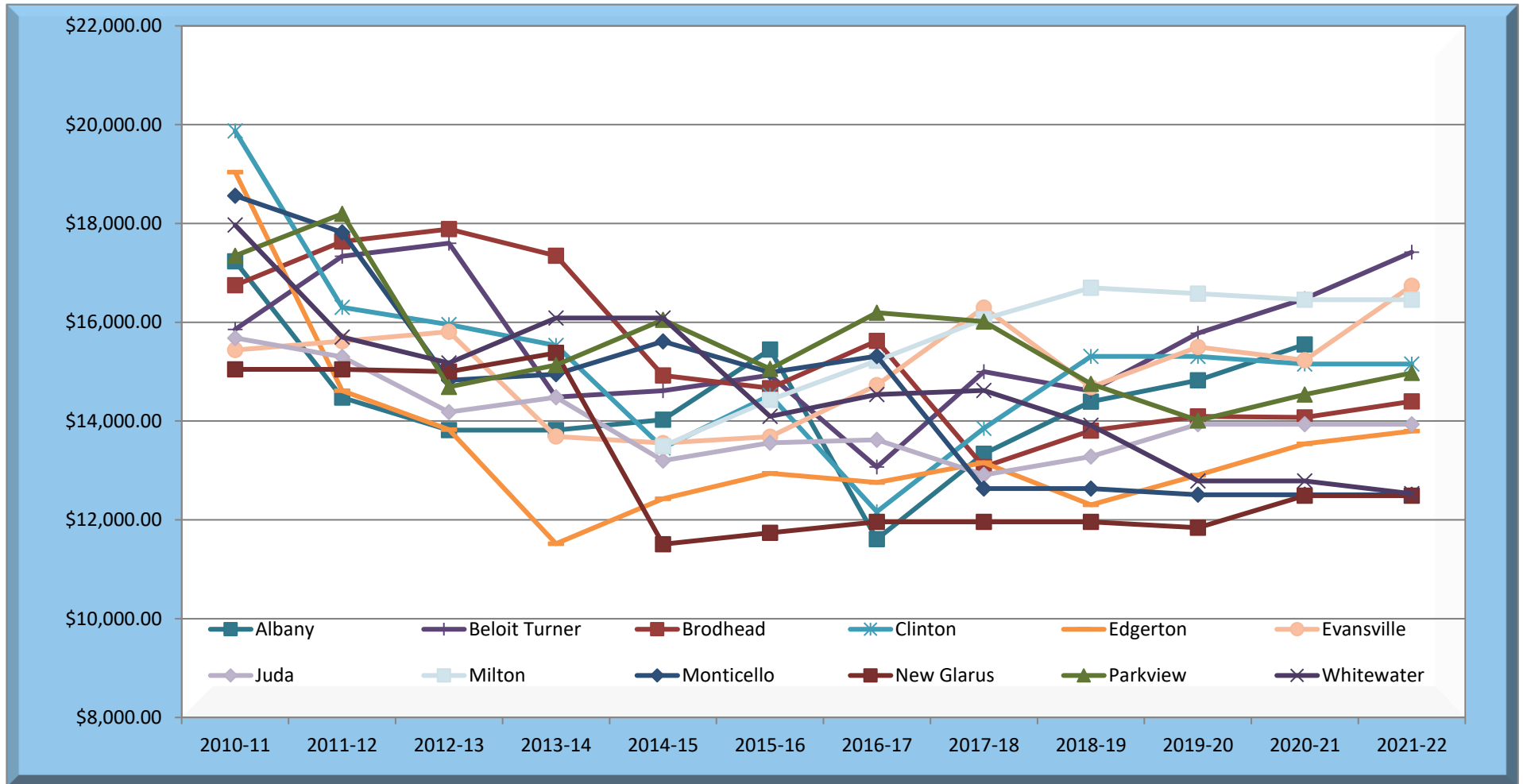
Whitewater

*Designates group with less than 50 subscribers and therefore, no reporting information is available.

Green/Rock 2020	Albany	Albany	Beloit Turner	Beloit Turner	Brodhead	Brodhead	Brodhead	Brodhead	Clinton	Clinton	Edgerton	Edgerton	Evansville	Evansville	Juda	Juda	Milton	Milton	Monticello			
Plan Year	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022			
Health Coverage	HMO HSA	POS/PPO HSA	Beloit One HMO/HSA	Commerical HMO/HSA	POS/PPO HSA	HMO HSA	PPO HSA	HMO HSA	HMO HRA	POS/PPO HRA	HMO HSA	POS/PPO HSA	HMO HRA	HMO HDHP	HMO HDHP	POS, PPO HDHP	POS/PPO HRA	POS HSA	HMO HSA			
Carrier / TPA	Dean	Dean	Quartz	Quartz	Dean	Dean	Mercy	Mercy	Dean	Dean	Dean	Dean	Dean	Dean	Dean	Dean	Dean	Dean	Dean			
HRA/H.S.A. Contribution (Single/Family)	\$1,875/\$3,750	\$1,875/\$3,750	\$2,133/\$4,266	\$2,133/\$4,266	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,220/\$5,090	\$2,220/\$5,090	\$1,450/\$2,900	\$2,600/\$5,200	\$1,825 / \$3,650	\$1,825 / \$3,650	\$1,900/\$3,800	\$2,750/\$5,500	\$2,500/\$5,000			
Deductible (Single/Family)																						
In-Network	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000		
Out-of-Network	N/A	\$6,000/\$12,000	N/A	N/A	\$6,000/\$12,000	N/A	\$6,000/\$12,000	N/A	N/A	\$6,000/12,000	N/A	\$6,000/12,000	N/A	N/A	N/A	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	N/A			
Coinsurance																						
In-Network	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Out-of-Network	N/A	80%	N/A	N/A	80%	N/A	80%	N/A	N/A	80%	N/A	80%	N/A	N/A	N/A	80%	80%	80%	N/A			
Ded/Coins Limit (Single/Family)																						
In-Network	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000			\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,000/\$4,000	\$3,000/\$6,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000		
Out-of-Network	N/A	\$6,000/\$12,000	N/A	N/A	\$12,000/\$24,000	N/A			N/A	\$12,000/24,000	N/A	\$12,000/\$24,000	N/A	N/A	N/A	N/A	\$8,000/\$16,000	\$8,000/\$16,000	\$12,000/\$24,000	N/A		
Max OOP (with copays) (Single/Family)																						
In-Network	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$7,150/\$14,300	\$3,000/\$6,000	\$2,000/\$4,000	\$2,000/\$4,000			\$7,150/\$14,300	\$7,150/\$14,300	\$3,000/\$6,000	
Out-of-Network	N/A	\$12,000/\$24,000	N/A	NN/A	\$12,000/\$24,000	N/A	\$12,000/\$24,000	N/A	N/A	\$12,000/24,000	N/A	\$12,000/\$24,000	N/A	N/A	N/A	\$8,000/\$16,000	\$14,300/\$28,600	\$14,300/\$28,600		\$14,300/\$28,600	\$14,300/\$28,600	N/A
Office Visits																						
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	
Out-of-Network	Not covered	Ded, Coins	N/A	N/A	Ded, Coins	N/A	Ded, Coins	N/A	N/A	Ded, Coins	N/A	Ded, Coins	N/A	N/A	N/A	Ded, Coins	Ded, Coins	Ded, Coins	Not covered			
Preventive Care																						
In-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage	
Out-of-Network	Not covered	Ded, Coins	N/A	N/A	Ded, Coins	N/A	Ded, Coins	N/A	N/A	Ded, Coins	N/A	Ded, Coins	N/A	N/A	N/A	Ded, Coins	Ded, Coins	Ded, Coins	Not covered			
Inpatient Hospital Services																						
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins		
Out-of-Network	Not covered	Ded, Coins	N/A	N/A	Ded, Coins	N/A	Ded, Coins	N/A	N/A	Ded, Coins	N/A	Ded, Coins	N/A	N/A	N/A	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins			
Outpatient Hospital Services																						
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, 100% Coins	Ded, 100% Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins		
Out-of-Network	Not covered	Ded, Coins	N/A	N/A	Ded, Coins	N/A	Ded, Coins	N/A	N/A	Ded, Coins	N/A	Ded, Coins	N/A	N/A	N/A	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins			
Urgent Care																						
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins		
Out-of-Network	Ded, Coins	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois			
Emergency Room																						
In-Network	Ded, Coins	IN Ded, IN Cois	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	\$150 Copay	Ded, Coins	Ded, Coins	Ded, Coins	\$100 copay	IN Ded, IN Cois	Ded, Coins		
Out-of-Network	Ded, Coins	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	\$150 Copay	In Ded, IN Cois	IN Ded, IN Cois	IN Ded, IN Cois	\$100 copay	IN Ded, IN Cois	IN Ded, IN Cois		
Retail Prescription Drugs																						
Tier 1 / Tier 2 / Tier 3... Value Tier	Ded, Coins Ded, Coins	Ded, Coins Ded, Coins	Ded, Coins Ded, Coins	Ded, Coins Ded, Coins	Ded, Coins N/A	Ded, Coins N/A	Ded, Coins N/A	Ded, Coins N/A	Ded, Coins IN Ded, IN Cois	Ded, Coins IN Ded, IN Cois	Ded, Coins N/A	Ded, Coins Ded, Coins	Ded, Coins Ded, Coins	\$10/\$30/\$50/50% N/A	Ded, Coins N/A	Ded, Coins N/A	Ded, Coins N/A	\$10/\$20/\$50	Ded, Coins N/A	Ded, Coins N/A		
Monthly Premium																						
Single Limited Family	\$604.51	\$639.01	\$642.10	\$827.63	\$638.81	\$620.92	\$668.70	\$595.20	\$565.82	\$598.49	\$519.60	\$531.67	\$1,011.98	\$693.10	\$518.29	\$531.02	\$681.48	\$519.99	\$525.86			
Family	\$1,390.37	\$1,469.72	\$1,476.82	\$1,903.54	\$1,450.10	\$1,409.49	\$1,518.00	\$1,351.00	\$1,471.13	\$1,556.07	\$1,350.96	\$1,382.34	\$2,378.15	\$1,628.78	\$1,347.55	\$1,380.65	\$1,601.48	\$1,221.89	\$1,209.48			
Employer Contribution						Teachers and Admin. - 87.4% Support Staff as follows: 1700 + hours - 90% 1350-1699 hours - 80% 1215-1349 - 75% 900-1214 - 65%	Buy-Up from HMO	Teachers and Admin. - 87.4% Support Staff as follows: 1700 + hours - 90% 1350-1699 hours - 80% 1215-1349 - 75% 900-1214 - 65%	88% for FT/contract staff 68% for 30 to 39 hr. staff	88% for FT/contract staff 68% for 30 to 39 hr. staff	Single \$xx Family \$xx	Single \$xx Family \$xx	85.00%	85.00%	88.0%	Dollar Equivalent from 88% of HMO, EE pays difference for POS buy up	Support Staff -94%; All others- 88%	Support Staff -94%; All others- 88%	Teachers / FTFY Staff - 88% if assessment, 85% if no assessment FTSY Staff /Bus Drivers - 83% with assessment, 80% if no assessment ER Contribution without Health			
Employee Contribution						Teachers and Admin. - 12.6% Support Staff as follows: 1700 + hours - 10% 1350-1699 hours - 20% 1215-1349 - 25% 900-1214 - 35%	Buy-Up from HMO	Teachers and Admin. - 12.6% Support Staff as follows: 1700 + hours - 10% 1350-1699 hours - 20% 1215-1349 - 25% 900-1214 - 35%	12% for FT/contract staff 32% for 30 to 39 hr. staff	12% for FT/contract staff 32% for 30 to 39 hr. staff	Single \$xx Family \$xx	Single \$xx Family \$xx	15.00%	15.00%	12.0%	See above	Support Staff -6%; All others - 12%	Support Staff -6%; All others - 12%	Teachers/FTFY Staff - 12% if assessment and 15% if no assessment FTSY Staff /Bus Drivers- 17% with assessment, 20% if no assessment			
Cash-in-Lieu Amount	\$3,000	\$3,000	\$3,694	\$3,694	\$0	\$0	\$0	\$0	\$5,000	\$5,000	\$2,100	\$2,100	\$3,500	\$3,500	\$0	\$0	\$0	\$0	\$0			

Green/Rock 2020	Monticello	New Glarus	Parkview	Whitewater	Whitewater
Plan Year	2021/2022	2021/2022	2021/2022	2021/2022	2021/2022
Health Coverage	POS/PPO HSA	HMO/HSA	HMO HSA	HMO HDHP	HMO HDHP
Carrier / TPA	Dean	Dean	Quartz	Mercy	Dean
HRA/H.S.A. Contribution (Single/Family)	\$2,500/\$5,000	\$2,250/\$4,500	\$1,000/\$2,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Deductible (Single/Family)					
In-Network	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-Network	\$6,000/\$12,000	N/A	N/A	N/A	N/A
Coinsurance					
In-Network	100%	100%	100%	100%	100%
Out-of-Network	80%	N/A	N/A	N/A	N/A
Ded/Coins Limit (Single/Family)					
In-Network	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-Network	\$6,000/\$12,000	N/A	N/A	N/A	N/A
Max OOP (with copays) (Single/Family)					
In-Network	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-Network	\$12,000/\$24,000	N/A	N/A	N/A	N/A
Office Visits					
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins
Out-of-Network	Ded, 80% Coins	N/A	N/A	N/A	N/A
Preventive Care					
In-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	Ded, Coins	N/A	N/A	N/A	N/A
Inpatient Hospital Services					
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins
Out-of-Network	Ded, Coins	N/A	N/A	N/A	N/A
Outpatient Hospital Services					
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins
Out-of-Network	Ded, Coins	N/A	N/A	N/A	N/A
Urgent Care					
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins
Out-of-Network	IN Ded, IN Coins	IN Ded, IN Coins	IN Ded, IN Coins	IN Ded, IN Coins	IN Ded, IN Coins
Emergency Room					
In-Network	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins
Out-of-Network	IN Ded, IN Coins	IN Ded, IN Coins	IN Ded, IN Coins	IN Ded, IN Coins	IN Ded, IN Coins
Retail Prescription Drugs					
Tier 1 / Tier 2 / Tier 3... Value Tier	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins	Ded, Coins
Value Tier	N/A	N/A	N/A	N/A	N/A
Monthly Premium					
Single Limited Family	\$531.29	\$527.06	\$629.49	\$598.60	\$523.74
Family	\$1,221.97	\$1,212.24	\$1,454.12	\$1,358.80	\$1,188.89
Employer Contribution	Teachers / FTFY Staff - 88% if assessment, 85% if no assessment FTSY Staff /Bus Drivers - 83% with assessment, 80% if no assessment ER Contribution without Health	85.0%	87% with Health Assessment, 85% without	87.4%	87.4%
Employee Contribution	Teachers/FTFY Staff - 12% if assessment and 15% if no assessment FTSY Staff /Bus Drivers - 17% with assessment, 20% if no assessment	15.0%	13% with Health Assessment, 15% without	12.6%	12.6%
Cash-in-Lieu Amount	\$0	\$2,400	\$4,500	\$3,600	\$3,600

Green Rock Medical Cost History



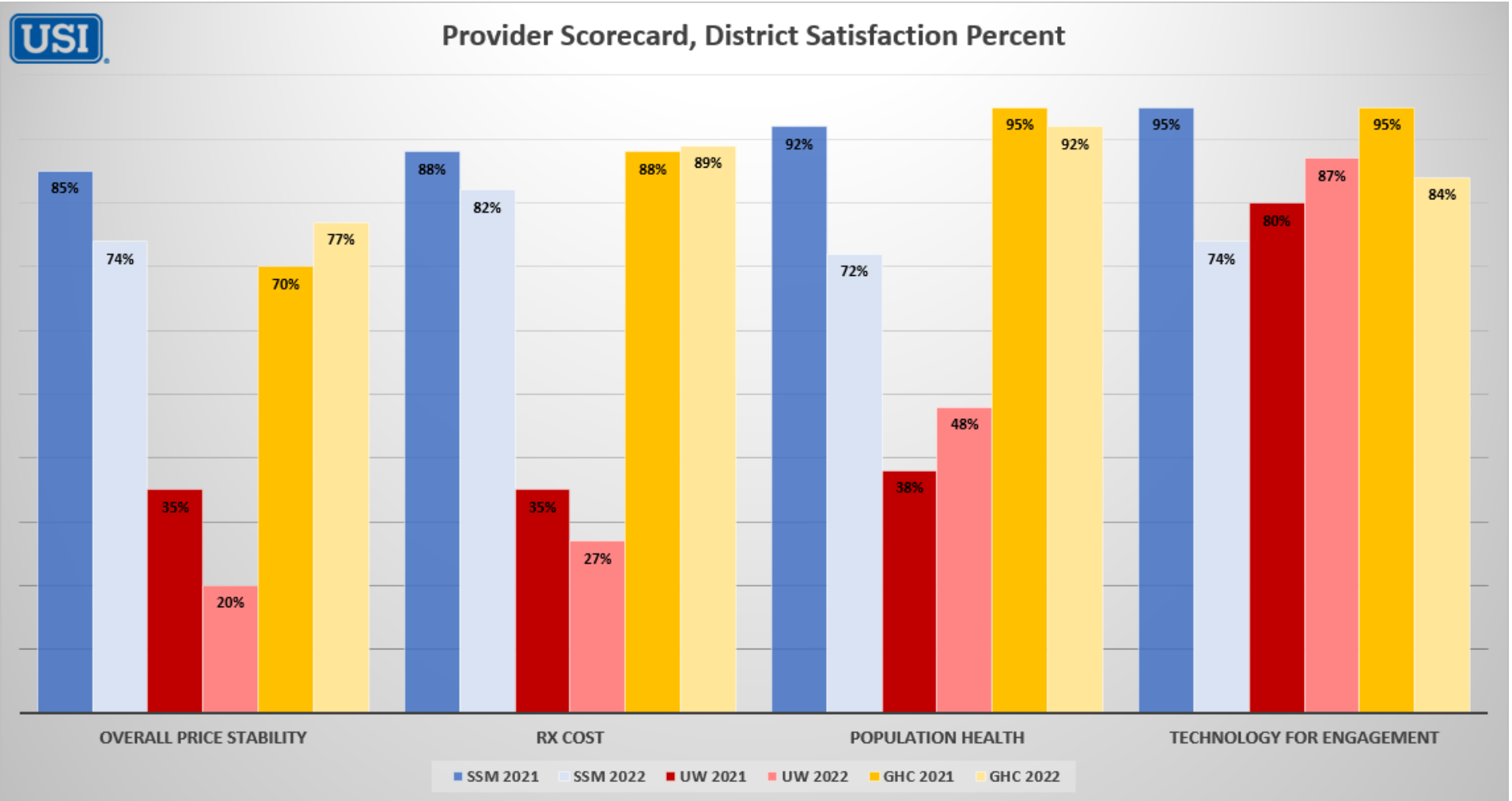
Graph is a weighted average (25% single and 75% family) of the annual premiums.

Districts with 2 carriers -the premiums shown above are a weighted average of the two carriers.

For the calendar year plans, cost information is based on calendar year basis.

Miscellaneous





The above was a result of feedback from districts on Subject: 30 Second Response tally of below 4 categories we are working to align health systems with district needs:

I. Satisfaction Categories

- Behavioral / Population Health: current status and evolution / direction **favorable or unfavorable**
- Pricing / Stability / Projections moving forward and strategy to stabilize **favorable or unfavorable**
- RX management: Updates on approaches and outcomes to manage compliance and cost **favorable or unfavorable**
- Technology updates on engagement / most effective outcomes **favorable or unfavorable**

- **Feedback**

GHC: Districts appreciate the direct engagement with staff and the medical professionals and lack of layers to promote the engagement (not putting stuff on the admin lap but promoting staff to work directly with primary care) / no logistical nor other administrative burdens.

- Quartz: Moving away from what was a heavy health plan wellness that had a lot of admin burden and layer between staff and providers to a more direct engagement with providers and staff to move the needle in an efficient manner that moves the needle vs. “wellness fluff” that didn’t move the needle and was more work for the district. **Still concerned on pricing.**
- Dean: Appreciated evolution over years with direct to employer clinics and enhanced primary care models, along with the HTC option for the specific behavioral health potential, new enrollment.... Statement that while well prepared, trends feel like there is a growing push to put a layer in the middle between medical providers and staff.... . Why not just give the direct opportunity with a familiar medical professional like the new types of employer clinic vs another health plan person... **employers and staff are getting overwhelmed with layers.** Keep focus on medical professionals and not on website... distractions that don’t move needle of pricing.

**School District Employee Satisfaction Health/Wellness Survey
2022 Aggregate Results**

Q1. Do you participate in the District's health insurance? Please indicate your insurance enrollment status.

Answer Choices	Responses	
Single coverage	19.00%	252
Single + child(ren)	2.26%	30
Single + spouse	6.49%	86
Family coverage	53.92%	715
Do not take the school district's insurance coverage	18.33%	243
Answered		1,326
Skipped		0

Q2. Please indicate age group:

Answer Choices	Responses	
Under 25	1.66%	22
25 – 34	16.89%	224
35-44	28.28%	375
45-54	31.15%	413
54-64	20.21%	268
64+	1.81%	24
Answered		1,326
Skipped		0

Q3. Please identify your gender:

Answer Choices	Responses	
Female	76.40%	1013
Male	23.00%	305
Prefer not to answer	0.60%	8
Answered		1,326
Skipped		0

Q4. Which classification do you fall under?

Answer Choices	Responses	
Teacher	61.39%	814
Support Staff	26.40%	350
Administrator	5.66%	75
Director	1.13%	15
Other (please specify)	5.43%	72 *
Answered		1,326
Skipped		0

Other responses on individual tabs.

Q5. Please rate your overall satisfaction with your health insurance plan/carrier.

Answer Choices	Responses	
Very Satisfied	27.98%	371
Satisfied	52.41%	695
Unsatisfied	5.81%	77
I don't take the school district insurance	13.80%	183
Answered		1,326
Skipped		0

**School District Employee Satisfaction Health/Wellness Survey
2022 Aggregate Results**

Respondents	Response Date	Other (please list)
Q6. What is the rating you choose for question 5 based on? (you may pick up to three)		
Answer Choices	Responses	
Not understanding the plan details	9.65%	128
Poor Customer Service	2.41%	32
Great Customer Service	27.30%	362
Multiple Claim issues	5.51%	73
Carrier Website is helpful (member portal)	18.85%	250
Wellness Resources	21.79%	289
Great Value-Added Programs	6.64%	88
Easy to understand	28.58%	379
Other (please specify)	38.01%	504 *
Answered		1,326
Skipped		0

Other responses on individual tabs.

Respondents	Response Date	Other (please list)
Q7. Indicate which health provider you and your family use for your Primary Care Physician (PCP). You may choose more than one if on a family plan:		
Answer Choices	Responses	
U.W. Health	16.37%	217
GHC	5.81%	77
SSM / Dean	50.30%	667
Mercy	7.39%	98
Aurora	9.35%	124
Other (please list)	20.74%	275 *
Answered		1,326
Skipped		0

Other responses on individual tabs.

Respondents	Response Date	Other (please list)
Q8. Please rate your overall satisfaction with your health provider		
Answer Choices	Responses	
Very Satisfied	45.63%	605
Satisfied	51.21%	679
Unsatisfied	3.17%	42
Answered		1,326
Skipped		0

Respondents	Response Date	Other (please list)
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Respondents	Response Date	Other (please list)
Q9. What is the rating you choose for question 8 based on? (you may pick up to three)		
Answer Choices	Responses	
Access to Behavioral Health Services	7.24%	96
They have many Wellness Resources available	7.24%	96
They do not offer Wellness programs that fit my needs	1.06%	14
Their technology resources are very user friendly	16.97%	225
They do not offer technology resources that fit my needs	0.75%	10
Access for Primary Care Providers is difficult	7.16%	95
Access for Specialty Care is difficult	5.35%	71
Do not understand programs available for Disease Management	0.45%	6
They do not help coordinate my appointments	1.43%	19
They are very helpful with helping me coordinate my appointments	25.57%	339
I am happy with my physicians and their team	69.08%	916
I feel I understand the programs available through my provider	10.41%	138
I get timely response to my questions	35.52%	471
Very friendly Customer Service	17.72%	235
Other (please list)	11.46%	152 *
Answered		1,326
Skipped		0

Other responses on individual tabs.

**School District Employee Satisfaction Health/Wellness Survey
2022 Aggregate Results**

Q10. How often do you and/or your family members seek medical care?

Answer Choices	Responses	
Never = 0	1.28%	17
Rarely = 1-2 times/year average per family member	39.14%	519
Occasionally = 3-4 times/year average per family member	42.99%	570
Often = 5+ times/year average per family member	16.59%	220
Answered		1,326
Skipped		0

Q11. Do you use technology to communicate with your provider (i.e. Member portal through the provider)?

Answer Choices	Responses	
Yes	83.86%	1112
No	16.14%	214
Answered		1,326
Skipped		0

Q12. If yes, what do you use it for? (please check all that apply)

Answer Choices	Responses	
Check on appointments	82.96%	915
Review medical records / physicians notes	78.24%	863
Check lab results	89.21%	984
Ask your physician a question?	78.06%	861
Wellness Programs	16.32%	180
Check EOB	16.41%	181
Virtual Care (Medical or Behavioral Health)	30.01%	331
Check Account Balance	43.97%	485
Prescription Drug information	23.39%	258
Other (please specify)	2.09%	23 *
Answered		1,103
Skipped		223

Other responses on individual tabs.

Respondents Response Date her (please speci Tags

Q13. What is your comfort level with using Virtual Care Services? This could be through the carrier or provider.

Answer Choices	Responses	
Not Comfortable	16.63%	217
Somewhat Comfortable	51.26%	669
Very Comfortable	32.11%	419
Answered		1,305
Skipped		21

**School District Employee Satisfaction Health/Wellness Survey
2022 Aggregate Results**

Q14. What wellness programs would you like more resources / information?
(please check all that apply)

Answer Choices	Responses	
Stress Management	29.35%	383
Behavioral Health	16.25%	212
Weight Management	28.81%	376
Blood Pressure Control	8.12%	106
Diabetes Programs	5.21%	68
Controlling your cholesterol	6.28%	82
Tobacco Cessation	0.77%	10
Financial Wellness	14.94%	195
Not interested in any	45.36%	592
Other (please specify)	3.22%	42 *
Answered		1,305
Skipped		21

Other responses on individual tabs.

Q15. I believe the compensation systems in my school district are clearly communicated.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Weighted Average
	2.22%	12	12.41%	67	28.70%	155	48.15%
						260	8.52%
						46	
						540	3.47
Answered							540
Skipped							24

Q16. I understand the compensation systems in my school district.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Weighted Average
	2.78%	15	11.48%	62	27.22%	147	50.37%
						272	8.15%
						44	
						540	3.49
Answered							540
Skipped							24

Q17. I believe the wage system in my school district provides competitive compensation for the work that I do relative to other regional school districts.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Weighted Average
	12.41%	67	30.37%	164	27.04%	146	24.44%
						132	5.74%
						31	
						540	2.89
Answered							540
Skipped							24

Q18. I believe the wage compensation systems in my school district reward exemplary employees.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Weighted Average
	17.78%	96	35.37%	191	34.81%	188	9.44%
						51	2.59%
						14	
						540	2.47
Answered							540
Skipped							24

Q19. I am aware of employees that have left my district due to wages and/or compensation systems.

Answer Choices	Responses	
Yes	54.63%	295
No	45.37%	245
If you answered yes, please explain.		171
Answered		540
Skipped		24

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

Q1. Do you participate in the District's health insurance? Please indicate your insurance enrollment status.

Answer Choices	Responses	
Single coverage	21.69%	18
Single + child(ren)	6.02%	5
Single + spouse	8.43%	7
Family coverage	37.35%	31
Do not take the school district's insurance coverage	26.51%	22
	Answered	83
	Skipped	0

Q2. Please indicate age group:

Answer Choices	Responses	
Under 25	1.20%	1
25-34	21.69%	18
35-44	33.73%	28
45-54	26.51%	22
54-64	16.87%	14
64+	0.00%	0
	Answered	83
	Skipped	0

Q3. Please identify your gender:

Answer Choices	Responses	
Female	73.49%	61
Male	25.30%	21
Prefer not to answer	1.20%	1
	Answered	83
	Skipped	0

Q4. Which classification do you fall under?

Answer Choices	Responses	
Teacher	59.04%	49
Support Staff	30.12%	25

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

Administrator	6.02%	5
Director	2.41%	2
Other (please list)	2.41%	2
Answered		83
Skipped		0

Respondents	Response Date	Other (please list)
1	Jan 27 2022 09:14 AM	Custodian
2	Jan 26 2022 09:01 AM	Pupil Services

Q5. Please rate your overall satisfaction with your health insurance plan/carrier.

Answer Choices	Responses	
Very Satisfied	12.05%	10
Satisfied	56.63%	47
Unsatisfied	6.02%	5
I don't take the school district insurance	25.30%	21
Answered		83
Skipped		0

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

Q6. What is the rating you choose for question 5 based on? (you may pick up to three)

Answer Choices	Responses	
Not understanding the plan details	14.46%	12
Poor Customer Service	1.20%	1
Great Customer Service	27.71%	23
Multiple Claim issues	6.02%	5
Carrier Website is helpful (member portal)	20.48%	17
Wellness Resources	19.28%	16
Great Value-Added Programs	4.82%	4
Easy to understand	24.10%	20
Other (please specify)	38.55%	32
	Answered	83
	Skipped	0

Respondents	Response Date	Other (please specify)
1	Jan 27 2022 07:43 AM	deductible issues
2	Jan 26 2022 08:14 PM	Don't take the district insurance
3	Jan 26 2022 04:20 PM	N/A
4	Jan 26 2022 03:47 PM	can be hard to contact for myself and my provider; had some claim issues
5	Jan 26 2022 03:31 PM	Alternative health care is not covered.
6	Jan 26 2022 02:06 PM	I don't carry the insurance
7	Jan 26 2022 12:41 PM	Do not use except for additional dental coverage/braces
8	Jan 26 2022 12:28 PM	SSM not included

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

9	Jan 26 2022 12:25 PM	Don not take insurance
10	Jan 26 2022 11:51 AM	Don't take insurance
11	Jan 26 2022 11:14 AM	To expensive. Number of providers are too limited within reasonable driving distance that are in network and too expensive to get other insurance that gives more options.
12	Jan 26 2022 11:04 AM	I do not use the insurance
13	Jan 26 2022 11:04 AM	N/A
14	Jan 26 2022 10:48 AM	Still on family plan for other insurance
15	Jan 26 2022 10:45 AM	The plan costs too much!
16	Jan 26 2022 10:10 AM	I like my other insurance better
17	Jan 26 2022 10:04 AM	doesn't work where my kids live. Other than that it is fine
18	Jan 26 2022 09:50 AM	N/A
19	Jan 26 2022 09:47 AM	Has doctors in Janesville.
20	Jan 26 2022 09:43 AM	

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

			behavioral health/mental health services not covered unless in emergency situations, shouldn't have to be hospitalized for a suicide attempt in order for mental health to be covered
21	Jan 26 2022 09:37 AM		Lack of wellness support
22	Jan 26 2022 09:32 AM		better coverage through spouse
23	Jan 26 2022 09:31 AM		I just signed up, but don't fully understand the benefits or how to use them
24	Jan 26 2022 09:31 AM		Good coverage. I love UW Health. I would be happier with a lower deductible.
25	Jan 26 2022 09:30 AM		Generally satisfied
26	Jan 26 2022 09:28 AM		Cash in lieu option
27	Jan 26 2022 09:28 AM		Lack of prescription coverage until the deductible is met.
28	Jan 26 2022 09:25 AM		other
29	Jan 26 2022 09:04 AM		Didn't take insurance (Sorry required question)
30	Jan 26 2022 09:04 AM		Coverage/costs for labs and prescriptions
31	Jan 26 2022 09:01 AM		Not on insurance
32	Jan 26 2022 09:00 AM		

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

Q7. Indicate which health provider you and your family use for your Primary Care Physician (PCP). You may choose more than one if on a family plan:

Answer Choices	Responses	
U.W. Health	18.07%	15
GHC	0.00%	0
SSM / Dean	16.87%	14
Mercy	30.12%	25
Aurora	0.00%	0
Other (please specify)	43.37%	36
Answered		83
Skipped		0

Respondents	Response Date	Other (please specify)
	1 Jan 27 2022 06:13 PM	Beloit Health System
	2 Jan 27 2022 02:46 PM	Beloit
	3 Jan 27 2022 09:14 AM	Beloit Clinic
	4 Jan 27 2022 07:43 AM	Beloit Health System
	5 Jan 26 2022 08:14 PM	Beloit health system
	6 Jan 26 2022 03:47 PM	Beloit One
	7 Jan 26 2022 03:25 PM	Beloit Health System
	8 Jan 26 2022 03:16 PM	BHS
	9 Jan 26 2022 02:43 PM	Beloit Health System
	10 Jan 26 2022 02:06 PM	N/A
	11 Jan 26 2022 12:25 PM	Beloit Health System
	12 Jan 26 2022 11:51 AM	Union clinic
	13 Jan 26 2022 11:29 AM	Beloit Health System
	14 Jan 26 2022 11:11 AM	Beloit Health System
	15 Jan 26 2022 11:04 AM	United Health through my spouse
	16 Jan 26 2022 11:04 AM	Beloit One
	17 Jan 26 2022 10:48 AM	N/A
	18 Jan 26 2022 10:45 AM	I do not know
	19 Jan 26 2022 10:25 AM	Beloit Clinic
	20 Jan 26 2022 10:19 AM	Beloit Health

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

21	Jan 26 2022 09:50 AM	Quartz
22	Jan 26 2022 09:47 AM	N/A
23	Jan 26 2022 09:32 AM	Beloit Health I don't know if I have
24	Jan 26 2022 09:31 AM	one
25	Jan 26 2022 09:30 AM	Beloit
26	Jan 26 2022 09:28 AM	Beloit Health System
27	Jan 26 2022 09:25 AM	Beloit Health
28	Jan 26 2022 09:24 AM	Beloit Health System
29	Jan 26 2022 09:16 AM	Beloit Heath System
30	Jan 26 2022 09:16 AM	Beloit Clinic
31	Jan 26 2022 09:14 AM	Beloit One
32	Jan 26 2022 09:10 AM	Beloit Health System
33	Jan 26 2022 09:09 AM	Beloit Health System
34	Jan 26 2022 09:04 AM	BCBS
35	Jan 26 2022 09:03 AM	Beloit Health system
36	Jan 26 2022 09:00 AM	Beloit Health System

Q8. Please rate your overall satisfaction with your health provider

Answer Choices	Responses	
Very Satisfied	33.73%	28
Satisfied	65.06%	54
Unsatisfied	1.20%	1
	Answered	83
	Skipped	0

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

Q9. What is the rating you choose for question 8 based on? (you may pick up to three)

Answer Choices	Responses	
Access to Behavioral Health Services	3.61%	3
They have many Wellness Resources available	6.02%	5
They do not offer Wellness programs that fit my needs	1.20%	1
Their technology resources are very user friendly	15.66%	13
They do not offer technology resources that fit my needs	2.41%	2
Access for Primary Care Providers is difficult	7.23%	6
Access for Specialty Care is difficult	4.82%	4
Do not understand programs available for Disease Management	0.00%	0
They do not help coordinate my appointments	2.41%	2
They are very helpful with helping me coordinate my appointments	24.10%	20
I am happy with my physicians and their team	66.27%	55
I feel I understand the programs available through my provider	10.84%	9
I get timely response to my questions	33.73%	28
Very friendly Customer Service	13.25%	11
Other (please specify)	13.25%	11
	Answered	83
	Skipped	0

Respondents	Response Date	Other (please specify)
1	Jan 27 2022 07:43 AM	Terrible billing Do not take the insurance
2	Jan 26 2022 04:20 PM	Poor customer relations, poor cleaning protocols, over-charging for services rendered, miscommunication between departments, etc.
3	Jan 26 2022 03:31 PM	

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

		I like my primary doctor and one of my specialist, but for other surgery things I don't have a comfort level here.
4	Jan 26 2022 03:16 PM	
5	Jan 26 2022 02:06 PM	N/A
		Some times billing takes a long time and/or is coded incorrectly.
6	Jan 26 2022 11:29 AM	
7	Jan 26 2022 11:04 AM	I do not take insurance
8	Jan 26 2022 10:48 AM	N/A
9	Jan 26 2022 09:54 AM	I like the incentives!
10	Jan 26 2022 09:47 AM	N/A
11	Jan 26 2022 09:31 AM	I don't know if I have a health provider

Q10. How often do you and/or your family members seek medical care?

Answer Choices	Responses	
Never = 0	1.20%	1
Rarely = 1-2 times/year average per family member	40.96%	34
Occasionally = 3-4 times/year average per family member	39.76%	33
Often = 5+ times/year average per family member	18.07%	15
	Answered	83
	Skipped	0

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

Q11. Do you use technology to communicate with your provider (i.e. Member portal through the provider)?

Answer Choices	Responses	
Yes	73.49%	61
No	26.51%	22
Answered		83
Skipped		0

Q12. What do you use it for? (you can check multiple)

Answer Choices	Responses	
Check on appointments	80.00%	48
Review medical records / physicians notes	76.67%	46
Check lab results	85.00%	51
Ask your physician a question?	71.67%	43
Wellness Programs	20.00%	12
Check EOB	25.00%	15
Virtual Care (Medical or Behavioral Health)	18.33%	11
Check Account Balance	41.67%	25
Prescription Drug information	30.00%	18
Other (please specify)	5.00%	3
Answered		60
Skipped		23

Respondents	Response Date	Other (please specify)
	1 Jan 26 2022 02:07 PM	It would nice if it would skip questions that don't pertain to me.
	2 Jan 26 2022 11:04 AM	I do not take insurance
	3 Jan 26 2022 09:52 AM	Accessing account information.

Beloit Turner School District
Employee Satisfaction Health/Wellness Survey
2022 - District Results

Q13. What is your comfort level with using Virtual Care Services? This could be through the insurance carrier or provider.

Answer Choices	Responses	
Not Comfortable	18.52%	15
Somewhat Comfortable	58.02%	47
Very Comfortable	23.46%	19
Answered		81
Skipped		2

Q14. What wellness programs would you like more resources / information? (you may check multiple)

Answer Choices	Responses	
Stress Management	41.98%	34
Behavioral Health	22.22%	18
Weight Management	44.44%	36
Blood Pressure Control	12.35%	10
Diabetes Programs	9.88%	8
Controlling your cholesterol	9.88%	8
Tobacco Cessation	3.70%	3
Financial Wellness	25.93%	21
Not interested in any	30.86%	25
Other (please specify)	3.70%	3
Answered		81
Skipped		2

Respondents	Response Date	Other (please specify)
		Alternative medicine options/plans (true health and wellness approaches instead of "sick care".
1	Jan 26 2022 03:34 PM	
2	Jan 26 2022 02:46 PM	Exercise program
		How to use my insurance / what benefits I have
3	Jan 26 2022 09:31 AM	