

City of Cincinnati Retirement System Benefits Committee

City Hall Council Chambers and via Zoom June 5, 2025 – 1:00 PM

AGENDA

Members

Tom Gamel, Chair Tom West, Vice Chair Mark Menkhaus, Jr. Bill Moller Monica Morton Aliya Riddle **CRS Staff**

Jon Salstrom

<u>Law</u>

Kevin Frank

Call to Order

Public Comment

Approval of Minutes

• March 6, 2025 (2-3)

Old Business

- Vision RFP update
- 2025 Healthcare Survey Update (4-8)

New Business

• Healthcare dashboard report (9-14)

Adjournment

Next Meeting: Thursday, September 4, 2025, 1:00 P.M. City Hall Council Chambers and via Zoom



City of Cincinnati Retirement System Benefits Committee Meeting Minutes March 6, 2025 / 1:00 P.M. City Hall – Council Chambers and remote

Board Members Present

Tom Gamel, Chair Tom West, Vice Chair

Mark Menkhaus, Jr. Bill Moller

Monica Morton

Aliya Riddle

CRS Staff

Jon Salstrom

Law

Kevin Frank

Call to Order

The meeting was called to order at 1:01 p.m. by Chair Gamel and a roll call of attendance was taken. Committee Members Gamel, West, Menkhaus, Moller, and Riddle were present. Trustee Rahtz was also in attendance and participated.

Public Comment

No public comment.

Approval of Minutes

Committee Member Moller moved, and Committee Member West seconded, to approve the minutes of the meeting of December 6, 2024. The motion to approve the minutes was approved by unanimous roll call vote.

Old Business

Vision RFP Kick Off

The formal RFP process for Eyemed is underway. The goal is to have the contract completed by August or sooner.

2025 Healthcare Survey Update

Director Salstrom provided the last survey, which is included in the packet, along with a presentation from Horan. Work will continue with Horan to adjust margins on items that have changed. Committee Member Moller highlighted that the previous response rate was 29%. To improve this, retirees should be informed about the survey before it is sent out. Horan will compare the old survey results with the new ones to identify differences.

New Business

Healthcare Dashboard Report

A draft of the Healthcare Dashboard Report is included in the packet. Director Salstrom is collaborating with Horan on the report. At the next meeting, Horan will walk committee members through the draft.

Adjournment

Following a motion to adjourn by Committee Member Moller and seconded by Committee Member Menkhaus, the Benefits Committee approved the motion by unanimous roll call vote. The meeting adjourned at 1:15pm.

Meeting video link: https://archive.org/details/crs-benefits-3-6-25

Next Meeting: Thursday, June 5, 2025, 1:00 P.M. City Hall Council Chambers and via Zoom

Secretary

Q1: What do you think of the City of Cincinnati Retirement Division's healthcare benefit plans?
Q2: When selecting your benefits, what features are most important to you? Please rank from most (1) to least (5) important.
Ability to cover my spouse and/or dependents at a low cost Freedom of choice (e.g., doctor, hospital, pharmacy, etc.) Low out of pocket costs to meet for your coverage(s) The lowest premium cost possible Other:
Q3: How would you rate the quality of information you receive about your benefit plans?
Not enough 2 3 4 5 6 7 8 9 Great Information
Q4: If you are not satisfied with the information you receive today regarding the benefit plans, what else would you like to see?
Q5: What are your preferred methods for receiving benefits communication? You can select more than one. Written Material Website Video In-Person Meetings Email I prefer a variety of modes Other:
Q6: How often have you used your health insurance in the past year?
 0-1 times per year 2-5 times per year 5 or more times per year

0 0 11:10::5
8 9 High Satisfaction
8 9 High Satisfaction
evel of understanding of how to access c.)
8 9 High Understanding
evel of understanding of how much you
8 9 High Understanding
payment process?
8 9 High Satisfaction
hat specific feedback can you provide?
otion coverages?
]

Q14: When working with your prescription drug plan and pharmacies, have you had issues obtaining the prescriptions recommended by your provider? Please explain									
Q15: How would y programs?	ou rate yo	ur under	standing	of the mer	ntal healt	h services	availab	le with t	the medical
Low Understandin	g 2	3	4	5	6	7	8	9	High Understanding
Q16: If you have u	sed the m	ental hea	alth servic	es, are the	y easy to	access?			
Q17: How would y	ou rate yo	ur satisfa	action wit	h the dent	al plan?				
Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
Q18: What change	es would y	ou like to	see with	the dental	plan?				
Q19: How would y	ou rate yo	our satisfa	action wit	h the visio	n plan?				
Low Satisfaction	2	3	4	5	6	7	8	9	High Satisfaction
Q20(a): What add	itional/oth	er chang	es would	you like to	see with	the visio	n plan?		

Q21: If needed, do you understand how to start the appeals process?
Q22: If you've been through the appeals process previously, how easy was it to navigate?
Q23: Are there any other types of voluntary benefits/programs that you'd like us to consider offering? (Check all that apply)
 □ Accident Insurance □ Critical Illness Insurance □ Cancer Insurance □ Long-Term Care Insurance □ Identity Theft Protection □ Pet Insurance □ Audio Coverage □ All-in-One Coverage (medical, Rx, dental, vision, audio in one plan option) □ Discount Programs (e.g., travel, auto and retail) □ Other:
New Questions
Q17 (a): How would you rate your satisfaction with the new dental plan option?
Low Satisfaction 2 3 4 5 6 7 8 9 High Satisfaction
Q24: You have reached the end of the survey. We appreciate your participation!
Please use the below comment box to provide feedback, ask questions or voice concerns.

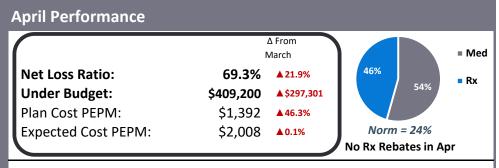
When a second vison plan is available to choose from, what would you be most interested in the buy-up acluding? (Please choose all that apply)
Increased frame allowance
Increased contact lens allowance
Retinal imaging coverage
Lower copays for progressive lenses
Coverage for two pairs of glasses per year

Reporting Period: 1/1/2025 - 4/30/2025

Monthly Summary Notes



YTD Performance Δ From ■ Med 1/25 - 3/25 44% **Net Loss Ratio: 66.3% ▲1.0%** Rx 56% **Under Budget:** \$1,818,030 **V**-\$409,200 \$1,329 1.6% Plan Cost PEPM: **Expected Cost PEPM:** \$2,005 **40.1%** Norm = 24%Rx Rebates = -\$392,994 Top 3 Claimants YTD

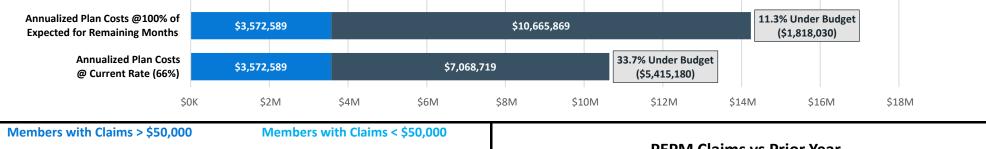


Total Paid YTD Primary Diagnosis Apr Paid 1. Congestive Heart Failure \$114,949 \$31,865 2. Spondylosis/Stenosis \$106,907 \$18,308 3. Immune Disorders \$105.456 \$43.549

Top 3 Claimants for April

Primary Diagnosis	Total Paid YTD	Apr Paid
3. Immune Disorders	\$105,456	\$43,549
1. Congestive Heart Failure	\$114,949	\$31,865
6. Rx Claims - Trikafta - Cystic Fibrosis	\$88,703	\$31,043



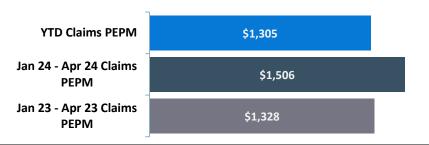


• 13 Members (1% of total)

- \$1,051,422 Total Paid (27% of total) - norm=34%
- \$187,372 total increase from prior month (21% of total Apr Claims)
- \$391 Paid PEPM

- 960 Members (99% of total)
- \$2,851,910 Total Paid (73% of total) - norm = 66%
- \$721,290 total increase from prior month (79% of total Apr Claims)
- \$1.061 Paid PEPM

PEPM Claims vs Prior Year

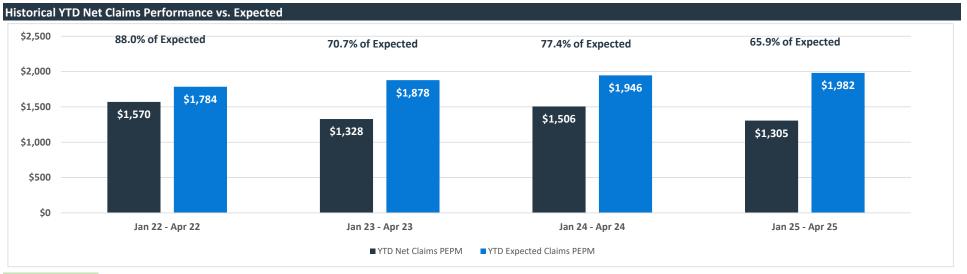


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^{*}Large Claim benchmarks are different depending on how far into the year you are

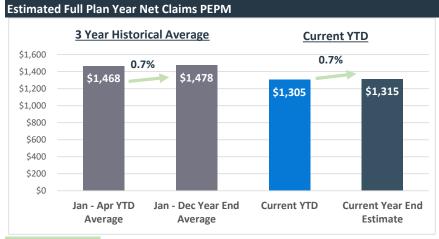
Reporting Period: 1/1/2025 - 4/30/2025 Performance vs. Recent Plan Years





Observations:

- Net Claims PEPM YTD are lower than the average Apr YTD Claims from the previous 3 years.
- 2022 YTD % of Expected is lower than each of the previous 3 years.



- **Observations:**
- Based on the previous 3 Plan Years, Claims PEPM increased .7% between this point in the year and the year end value.
- Applying the same increase to the current year would result in year end claims of about \$10.6M (claims performance would = 66.3% of expected).



- April 2025 claims lower than historical average.

- April 2025 claims PEPM higher than historical average.

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Reporting Period: 1/1/2025 - 4/30/2025

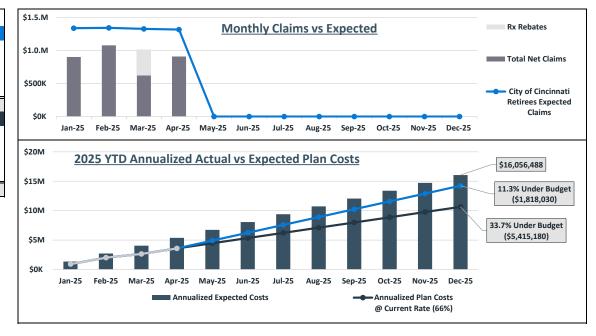
Financial Dashboard



Month	Employees	Members	Administration	Medical Paid Claims	Rx Paid Claims	Rx Rebates (paid)	Total Net Claims	City of Cincinnati Retirees	Total Plan Cost	Expected Total Plan Cost	Actual vs Expected Plan Cost (%)
			[a]	[c]	[d]	[f]	[h]=[c+d-f]	[i]	[j]=[h+a+b]	[k]=[i+a+b]	[l]=[j]/[k]
Jan-25	677	942	\$15,673	\$538,065	\$363,463	\$0	\$901,528	\$1,338,954	\$917,201	\$1,354,626	68%
Feb-25	678	941	\$15,696	\$578,669	\$499,596	\$0	\$1,078,266	\$1,343,170	\$1,093,961	\$1,358,865	81%
Mar-25	670	931	\$15,511	\$583,091	\$431,785	(\$392,994)	\$621,882	\$1,328,383	\$637,393	\$1,343,894	47%
Apr-25	664	920	\$15,372	\$494,024	\$414,639	\$0	\$908,663	\$1,317,862	\$924,034	\$1,333,234	69%
May-25											
Jun-25											
Jul-25											
Aug-25											
Sep-25											
Oct-25											
Nov-25											
Dec-25											
Total	2,689	3,734	\$62,250	\$2,193,850	\$1,709,483	(\$392,994)	\$3,510,339	\$5,328,369	\$3,572,589	\$5,390,619	66.3%
Avg. / PEPM	672	934	\$23	\$816	\$636	-\$146	\$1,305	\$1,982	\$1,329	\$2,005	66.3%

Under Claims Budget: \$1,818,030

Benefit Cost Share Analysis	
Total Employee Share (23%)	
Coinsurance Paid Amount	\$160,736
Copay Paid Amount	\$75,462
Deductible Paid Amount	\$211,993
Monthly Premiums	\$463,560
Total	\$911,751
Total Total Employer Share (77%)	\$911,751
1000	\$911,751 \$3,510,339
Total Employer Share (77%)	
Total Employer Share (77%) Net Paid Claims	\$3,510,339
Total Employer Share (77%) Net Paid Claims Fixed Costs	\$3,510,339 \$62,250



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Paid 1/1/2025 - 4/30/2025

Large Claimants Analysis

The report shows Members with claims exceeding \$50,000. In month 4 of the year Members with claims > \$50,000 are expected to make up 34% of total YTD claims paid.



Top 30 Individual Members with Claims > \$50.000

	Primary Diagnosis	Medical Paid	Rx Paid	Total Paid	Δ From Prior Month	Plan
1.	Hypertensive Heart Disease With Heart Failure	\$111,906	\$3,043	\$114,949	\$31,865	Select
2.	Spinal stenosis, lumbar region without neurogenic claud	\$106,837	\$70	\$106,907	\$18,308	Model
3.	Immunodeficiency, Unspecified	\$105,456	\$0	\$105,456	\$43,549	Model
4.	Pharmacy Claims - Tibsovo - Isocitrate Dehydrogenase-1 (IDH1) Mutation	\$0	\$103,136	\$103,136	\$15,920	Termed
5.	Nonrheumatic Aortic (valve) Stenosis	\$94,886	\$2,372	\$97,258	\$903	Model
6.	Pharmacy Claims - Trikafta - Cystic Fibrosis	\$2,784	\$85,919	\$88,703	\$31,043	Model
7.	Other Malaise	\$72,041	\$5,193	\$77,235	\$5,185	Select
8.	Peripheral Vascular Disease	\$65,984	\$9,710	\$75,694	\$2,847	Select
9.	Paroxysmal Atrial Fibrillation	\$66,823	\$1,181	\$68,004	\$89	Select
10.	Pharmacy Claims - Stelara - Psoriasis and Arthritis	\$0	\$56,281	\$56,281	\$28,140	Select
11.	Pharmacy Claims - Skyrizi On-Body - Plaque Psoriasis	\$8,778	\$45,676	\$54,454	\$8,821	Select
12.	Unilateral Primary Osteoarthritis, Right Knee	\$53,239	\$85	\$53,323	\$211	Model
13.	Sepsis, Unspecified Organism	\$49,902	\$124	\$50,026	\$490	Model
14.						
15.						
16.						
17.						
18.						
19.						
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26.						
27.						
28.						
29.						
30.						
	Total:	\$738,634	\$312,789	\$1,051,422	\$187,372	
		or Members with		\$1,051,422		

Notes:

Frequency of Large Claim Incidents

	•							
	Benchmark		Actual YTD Annualized		Actual YTD			
\$25,000	53.2		114		38			
\$50,000	28.0		39		13			
\$75,000	17.9		24		8			
\$100,000	11.9		12		4			
\$125,000	8.6		0		0			
\$150,000	6.4		0		0			
\$175,000	4.9		0		0			
\$200,000	4.1		0		0			
\$250,000	2.8		0		0			
\$300,000	1.9		0		0			
\$500,000	0.6		0		0			

Frequency of incidents table shows the annual expected number of members exceeding different specific deductibles levels compared to group's actual experience. The following is based on average enrollment of 672 employees and 934 members.



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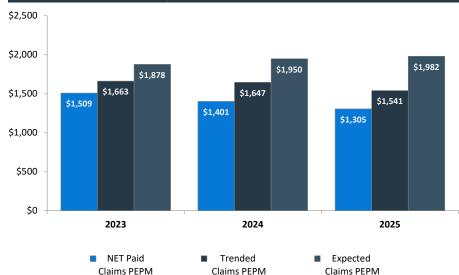
^{*}This analysis reports data on a member basis, not per contract.

^{*}There are no lasered members.

Reporting Period: 1/1/2025 - 4/30/2025 Historical Financial Plan Performance



3 Year Claims Summary & Fixed Costs

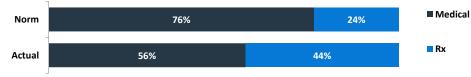


^{*}Net of claims over Individual Stop Loss

Total Paid Claims PEPM									
Plan Year	Medical Paid Claims PEPM	Drug Paid Claims PEPM	Total Claims PEPM	% of Rx Claims					
2023	\$899	\$611	\$1,509	40%					
2024	\$1,040	\$567	\$1,607	35%					
2025	\$816	\$636	\$1,452	44%					

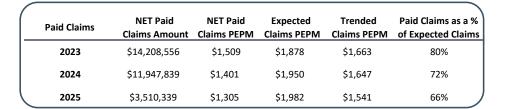
^{*}PEPM= Per Employee Per Month

Drug Spend % of Total Claims



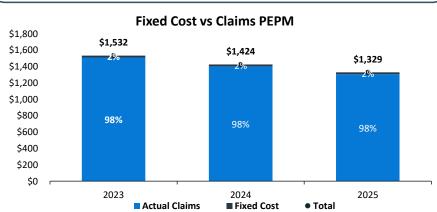
Notes:

- 1. Benchmark for Rx claims as a percentage of Total Paid Claims is 24% of total claims.
- 2. In this analysis, members with claims over the Individual Stop Loss are included.



Fixed Cost (Composite PEPM)	Admin (inc HCR fees)	Aggregate Stop Loss	Individual Stop Loss	Total Fixed Cost PEPM	Fixed Cost % of Total Cost
(\$1,000,000,000 ISL Ded)	\$23.10	\$0.00	\$0.00	\$23	1.5%
(\$1,000,000,000 ISL Ded)	\$23.13	\$0.00	\$0.00	\$23	1.6%
(\$1,000,000,000 ISL Ded)	\$23.15	\$0.00	\$0.00	\$23	1.7%

Total Cost PEPM	Fixed Cost	Claims Cost	Total Cost	% Change	Trend	
2023	\$23	\$1,509	\$1,532	-	9.2%	
2024	\$23	\$1,401	\$1,424	-7.1%	9.1%	
2025	\$23	\$1,305	\$1,329	-6.7%	10.0%	



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Reporting Period: 1/1/2025 - 4/30/2025

Data Notes



Abbreviations / Definitions

- a. EE Employee; SP Spouse
- b. ISL Individual Stop Loss; ASL Aggregating Stop Loss; YTD Year to Date; FIE Fully Insured Equivalent
- c. PEPM Per Employee Per Month; PMPY Per Member Per Year

General Notes

- a. Enrollment and Claims data is based on reporting from Cedar Gate, Reporting Period: (1/1/2025 4/30/2025).
- b. Expected Claims are based on the City of Cincinnati Retirees 2025 plan year claims projection.
- c. Expected Claims adjust on a monthly basis based on enrollment by tier by plan.
- d. Claims data is on a paid basis.
- e. Incident tables provided by Berkley, SwissRe, UNUM, QBE & Sun Life.
- f. Rx rebates are included in FIEs and are captured in report.

Administration

a. Admin Costs are based on the Anthem and CVS 2025 signed contract.

Health Care Reform Notes

- a. Estimated PCORI fee for plan years ending by 9/30/2024 is \$3.22 PMPY, and by 9/30/2025 is \$3.47 PMPY.
- b. PCORI fee is illustrated based on average membership from the prior plan year. Actual PCORI fee paid may differ based on calculations and methodology used.
- c. For this monthly report, the PCORI fee is assumed to be included in the admin fee for July.

Stop Loss

- a. The group does not buy Individual Stop Loss Insurance.
- b. The group currently has no Aggregating Stop Loss Insurance.

Employee Premiums & H.S.A/H.R.A Contributions

a. Employee Monthly Premium is an estimation based on member premiums being equal to 5% of the Select Plan and 10% of the Model Plan.

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