Employee Group Insurance Benefits Advisory Comm. Agenda
March 30, 2022, 1:00 pm – 3:00 pm
Public Works Complex – Large Training Room
10500 NW 55th Street, Sunrise, FL 33351

I. CALL TO ORDER

II. WAIVE READING OF THE 7/28/2021 MINUTES

III. OPEN DISCUSSION

IV. NEW BUSINESS:

- i. 2021 Rhodes Medical Financial Workbook (discussion)
- ii. 2021 Medical 505 Fund Net Position as of 12/30/21 (discussion)
- iii. 2023 Medical Rate Projection and Rate Support – Eff. 1/1/23 (action required)
- iv. 2023 Reinsurance Stop Loss Limits $425,000 and $450,00 – Eff. 1/1/23 (action required)
- v. 2024 Benefits Management Software (action required)
- vi. 505 Fund Balance and Reserve Policy draft (action required)
- vii. MD Live Telehealth Utilization (discussion)
- viii. $0 Copays for Optum Outpatient and Telehealth Behavioral Health/Substance Abuse both HMO & POS – Eff. 1/1/23 (action required)
- ix. EAP Utilization and revising max visit cap (action required)
- x. Unum LTC – New Enrollee Rate Increase Effective 7/1/22 (discussion)

V. OLD BUSINESS:

- i. 2022 Group Life Insurance Renewal – Retire Age Band Rating Program (discussion)
- ii. AvMed Onsite Representative (introduction)

VI. COMMITTEE MEMBER REPORTS

VII. ADJOURNMENT

For additional information on any of the items listed on the agenda, please contact the Board Liaison. The City of Sunrise is committed to ensuring accessibility of its website to people with disabilities. To report an accessibility issue, request accessibility assistance regarding our website content, or to request a specific electronic format, please contact the City's ADA Coordinator at the hr@sunrisefl.gov. We will make reasonable efforts to accommodate all needs. If a person decides to appeal any decision made by the board, agency, or commission with respect to any matter considered at such meeting or hearing, he or she will need a record of the proceedings, and that, for such purpose, he or she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is based F.S.S. 286.0105.

The City does not tolerate discrimination in any of its programs, services or activities; and will not exclude participation in, deny the benefits of, or subject to discrimination anyone on the grounds of real or perceived race, color, national origin, sex, gender identity, sexual orientation, age, disability/handicap, religion, family or income status. In compliance with the ADA and F.S.S. 286.26, any individual with a disability requesting a reasonable accommodation in order to participate in a public meeting should contact the City's ADA Coordinator at least 48 hours in advance of the scheduled meeting. Requests can be directed via e-mail to hr@sunrisefl.gov or via telephone to (954) 838-4522; **Florida Relay: 711; Florida Relay (TIY/VCO): 1-800-955-8771; Florida Relay (Voice): 1-800-955-8770.** Every reasonable effort will be made to allow for meeting participation.

If you plan to distribute written documents at the meeting, please bring at least 10 copies. When possible, please email an advance copy of the handout material to riskmanagement@sunrisefl.gov.

Employee Group Insurance Benefits Advisory Comm. Agenda
July 28, 2021, 1:00 pm – 3:00 pm
Minutes
ELECTRONICALLY RECORDED

I. NEW BUSINESS:

i. 2020 Rhodes Medical Financials (discussion)
- Bill discussed key revenues and expenses recorded monthly.
- Bill explained what IBNR reserves are and why acknowledged
- Bill explained miscellaneous revenue from RX Rebates and reinruance recoveries.
- Bill explained and discussed the medical loss ratio.
- Bill reviewed the net position against the 505 calendar net position and explained why the difference due to timing of accounting entries or payroll cycles.

ii. 2020 Medical Plan Certification and 2021 Rate Adequacy (action required)
- Bill explained our filing with the State of Florida, which was accepted
- Bill also explained the general information on self-funded health benefit plans with regard to the Office of Insurance Regulation
- Bill explained how interest earned and investment income is treated on our filing.
- Bill explained medical trend factor and rate support funding.
- Bill called for a motion to approve plan certification and rate filing with State of Florida. First by Mike West, Second by John Zarkycki, Passed 5-0

iii. 2021 Medical 505 Fund as of 3/31/21 (discussion)
- Bill explained the quarterly balance sheet and profit & loss statement figures.
- Bill explained what the net position means at each accounting period.
- Bill explained what amount is left over from fund balance after you subtract IBNR and safe harbor reserves.

iv. 2022 Medical Rate Projection (discussion)
- Bill explained there would no rate increase projected for the January 1, 2022 renewal.
- Bill explained the last year the rates were increased was in 2018.
- Bill explained how the rates are kept flat my subsidizing the projected medical trend increase from fund balance reserves.
- Bill explained what percentage of the cost is covered by the City and what percentage is covered by the employee, retiree, or COBRA.

v. 2022 Reinsurance Renewal and Stop Loss Limits (action required)
- Bill explained what reinsurance is and the type we buy to protect our health plan against large losses.
- Bill reviewed the history reinsurance stop loss limits from 2015.
- Bill discussed the large loss matrix and how many large losses over specific stop loss limits the City has incurred since inception of the self-funded plan.
- Bill explained the financial position of the fund is adequate enough to support more retention by raising stop loss level in small increments.
- Bill pointed out how fixed costs in the plan can be maintained by raising the stop loss, taking the premium to claims savings, and self-insuring the additional incremental risk.
- Bill called for a motion to approve quotes with expiring $350,000 stop loss limit and Alternative quotes at $375,000 and $400,000 stop loss limits. First by Mike West, Second by Chris Arbos, Passed 5-0

vi. Staffing updates for City and AvMed Onsite (discussion)
- Bill explained the recent changes in the employee benefits specialist position.
- Bill introduced Joyce Lara as the new specialists.
- Bill reviewed the responsibilities of the specialist vs the onsite representative.

OLD BUSINESS:

i. 2022 Group Life Insurance Renewal – Retire Age Band Rating Program (action required)
- Bill went into significant discussion the City's group life insurance.
- Bill explained our history, experience and loss ratios with the Committee
- Bill outlined the breakdown of retirees and the fact that most other Cities do not offer what Sunrise offers.
- He also explained that there are no 715X issues controlling life insurance
- Bill laid out three different scenarios to carve out retirees, opting to go with option#3.
- After several questions from the Committee, a motion was made to go to Commission to lay out all three options.
- Bill called for a motion to approve life insurance program with three renewal options, take to City Commission for approval, and recommend Option #3 for retiree carve out age rate bands. First by Steven Negron, Second by Mike West, Passed
  5-0

i.

2021 Rhodes Medical Financial Workbook and Large Claim Experience (discussion)

City Of Sunrise
Self-Funded Health Plan - Experience Summary 2021

2021	Jan	Feb	Mar	Apr	May	June	July	August	September	October	November	December	Totals YTD	
Total Revenue	$1,348,406	$1,345,376	$1,347,853	$1,343,849	$1,340,252	$1,339,549	$1,346,489	$1,341,667	$1,343,935	$1,346,567	$1,349,893	$1,358,095	$16,151,931	
Medical Claims Paid	$1,006,087	$1,241,335	$817,227	$624,853	$994,046	$760,144	$750,235	$871,796	$591,936	$809,349	$1,127,276	$814,499	$10,408,782	
Reinsurance Reimbursements	$0	$0	$0	$0	$0	$0	($519,636)	($229,095)	$0	$0	$0	($75,930)	($824,661)	
Net Medical Claims	$1,006,087	$1,241,335	$817,227	$624,853	$994,046	$760,144	$230,599	$642,701	$591,936	$809,349	$1,127,276	$738,569	$9,584,121	
Pharmacy	$223,511	$249,054	$240,451	$288,987	$290,435	$321,484	$264,218	$354,705	$330,292	$247,031	$309,545	$313,288	$3,433,000	
Rx Rebates	$0	($242,235)	$0	($194,259)	$0	$0	($218,417)	$0	$0	($184,115)	$0	$0	($839,026)	
Net Pharmacy Claims	$223,511	$6,819	$240,451	$94,728	$290,435	$321,484	$45,800	$354,705	$330,292	$62,916	$309,545	$313,288	$2,593,974	
Capitation	$10,038	$9,936	$9,977	$10,022	$9,958	$10,021	$9,968	$9,042	$10,095	$10,103	$10,131	$10,190	$119,482	
Total Paid Net Med & Rx Claims Cost	$1,239,635	$1,258,090	$1,067,655	$729,603	$1,294,439	$1,091,649	$286,367	$1,006,448	$932,323	$882,368	$1,446,952	$1,062,048	$12,297,577	
Estimated Paid Medical Loss Ratio	92%	94%	79%	54%	97%	81%	21%	75%	69%	66%	107%	78%	76%	
Estimated change in IBNR	$134,841	$134,538	$134,785	$134,385	$134,025	$133,955	$134,649	$134,167	$134,394	$134,657	$134,989	$135,809	$1,615,193	*
Total Net Incurred Med & Rx Claims	$1,374,476	$1,392,627	$1,202,441	$863,988	$1,428,464	$1,225,603	$421,016	$1,140,615	$1,066,716	$1,017,025	$1,581,941	$1,197,857	$13,912,770	
Estimated Incurred Loss Ratio	102%	104%	89%	64%	107%	91%	31%	85%	79%	76%	117%	88%	86%	
Other Plan Expenses:														
ASO Fees	$42,186	$42,145	$42,267	$42,186	$42,186	$42,227	$42,390	$42,308	$42,267	$42,104	$42,145	$42,471	$506,883	
Reinsurance Premium	$73,364	$73,195	$73,325	$73,102	$72,882	$72,838	$73,222	$72,953	$73,087	$73,255	$73,444	$73,886	$878,553	
Network Savings Charge	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	
Alere Disease Management	$3,643	$790	$704	$619	$965	$967	$962	$848	$939	$1,043	$1,039	$934	$13,453	
Alere NICU Expense	$0	$0	$5,042	$0	$0	$0	$0	$0	$0	$0	$0	$0	$5,042	
Behavioral Health	$21,926	$39,849	$40,750	$29,717	$41,963	$35,770	$39,072	$22,337	$25,955	$36,579	$34,419	$30,680	$399,017	
Total Other Plan Expenses	$141,119	$155,979	$162,088	$145,624	$157,996	$151,801	$155,646	$138,446	$142,249	$152,981	$151,047	$147,971	$1,802,948	
Total Monthly Incurred Claims & Other Expenses	$1,515,595	$1,548,607	$1,364,529	$1,009,612	$1,586,460	$1,377,404	$576,662	$1,279,061	$1,208,965	$1,170,006	$1,732,989	$1,345,828	$15,715,717	
Gain/(Loss)	($167,189)	($203,231)	($16,676)	$334,236	($246,208)	($37,856)	$769,827	$62,606	$134,970	$176,561	($383,096)	$12,267	$436,213	*
Estimated Incurred Loss ratio	112.4%	115.1%	101.2%	75.1%	118.4%	102.8%	42.8%	95.3%	90.0%	86.9%	128.4%	99.1%	97.3%	

Data provided from AvMed monthly reports. IBNR change provided by Plan Actuary, Wakely Consultants.
Expenses do not include ACA fees or Professional service fees. Income does not include interest earned.

Rx Rebate 20Q2 received in February 2021 for $242,235.14
Rx Rebate 20Q3 received in April 2021 for $194,259
Rx Rebate 20Q4 received in February 2021 for $218,417.29
Rx Rebate 21Q1 received in October 2021 for $184,114.93
Rx Rebate 21Q2 received in January 2022 for $289,504.31
Reinsurance Reimbursements received in November 2020 of $54,450.14
Reinsurance Reimbursements received in July 2021 of $519,636.16 (ACH # 0011770622)
Reinsurance Reimbursements received in August 2021 of $229,094.84 (ACH # 0011770590)
Reinsurance Reimbursements received in December 2021 of $75,929.58 (ACH # 0011998452)

Prepared by The Rhodes Insurance Group
1/25/2022

High Cost Claimants

City of Sunrise
All Groups Combined

Incurred: 1/1/2021 to 12/31/2021
Paid: 1/1/2021 to 12/31/2021
Members with total plan year claims ≥ $50,000

Reinsurance Carrier: Reliastar Life Ins. Co. (Voya)
Specific Contract Terms: Incurred 1/1/2021 to 12/31/2021
Paid 1/1/2021 to 6/30/2022
Specific Stop Loss Amount: $350,000

Mbr #	Group/ Division ID	EE/DEP	Most Costly ICD-9 Diagnosis	% of Indv Stop Loss	Medical Claims Paid	Pharmacy Claims Paid	Total Paid	Over Spec Amount	Amount Received	Amount Pending Reimbursement
6	1222011222	EE	I27.21 - SECONDARY PULMONARY ARTERIAL HYPERTENSION	134.8%	$1,717.67	$469,935.11	$471,652.78	$121,652.78	$75,929.58	$45,723.20
43	1222011222	EE	A41.02 - SEPSIS D/T METHICILLIN RSIST STAPH	116.5%	$407,349.47	$439.40	$407,788.87	$57,788.87	$0.00	$57,788.87
33	1222011222	DEP	P27.1 - BRONCHOPULMONARY DYSPLASIA ORIG PERINTAL PERIOD	82.9%	$290,262.61	$0.00	$290,262.61	$0.00		
5	1222011222	DEP	M79.644 - PAIN IN RIGHT FINGERS	73.3%	$5,112.84	$251,493.47	$256,606.31	$0.00		
3	1222011222	EE	C79.31 - SECONDARY MALIGNANT NEOPLASM OF BRAIN	62.0%	$214,809.04	$2,100.24	$216,909.28	$0.00		
2	1222011222	EE	C91.90 - LYMPHOID LEUKEMIA UNS NOT HAVING ACHIEVED REMISS	45.4%	$12,637.99	$146,175.29	$158,813.28	$0.00		
9	1222011222	EE	Z43.2 - ENCOUNTER FOR ATTENTION TO ILEOSTOMY	36.1%	$39,283.71	$87,090.08	$126,373.79	$0.00		
15	1222011222	EE	Q23.1 - CONGENITAL INSUFFICIENCY OF AORTIC VALVE	33.4%	$116,179.48	$867.34	$117,046.82	$0.00		
42	1222011222	DEP	Q23.1 - CONGENITAL INSUFFICIENCY OF AORTIC VALVE	28.3%	$98,941.76	$187.35	$99,129.11	$0.00		
7	1222011222	EE	R19.7 - DIARRHEA UNSPECIFIED	26.9%	$8,273.58	$85,771.01	$94,044.59	$0.00		
13	1222011222	DEP	K50.80 - CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	26.2%	$91,531.69	$302.71	$91,834.40	$0.00		
14	1222011222	DEP	N84.1 - POLYP OF CERVIX UTERI	24.4%	$24,005.23	$61,485.74	$85,490.97	$0.00		
10	1222011222	EE	M06.9 - RHEUMATOID ARTHRITIS UNSPECIFIED	23.6%	$80,996.00	$1,605.86	$82,601.86	$0.00		
16	1222011222	EE	N18.6 - END STAGE RENAL DISEASE	22.0%	$74,406.77	$2,538.25	$76,945.02	$0.00		
38	1222011222	EE	U07.1 - COVID-19, virus identified is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing	21.7%	$75,419.97	$480.04	$75,900.01	$0.00	$75,900.00	
20	1222011222	EE	L57.0 - ACTINIC KERATOSIS	20.8%	$4,941.53	$67,750.04	$72,691.57	$0.00		
19	1222011222	DEP	K20.80 - Other esophagitis without bleeding	20.3%	$6,102.70	$64,776.53	$70,879.23	$0.00		
46	1222011222	EE	L40.0 - PSORIASIS VULGARIS	20.1%	$2,440.92	$67,995.07	$70,435.99	$0.00		
17	1222011222	EE	R94.31 - ABNORMAL ELECTROCARDIOGRAM	20.1%	$645.00	$69,790.15	$70,435.15	$0.00		
40	1222011222	EE	U07.1 - COVID-19, virus identified is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing	19.8%	$66,620.46	$2,530.44	$69,150.90	$0.00	$69,150.00	
21	1222011222	DEP	Z00.00 - ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	19.7%	$463.40	$68,507.34	$68,970.74	$0.00		
18	1222011222	EE	M62.838 - OTHER MUSCLE SPASM	19.7%	$3,778.98	$65,033.50	$68,812.48	$0.00		
29	1222011222	DEP	F84.0 - AUTISTIC DISORDER	19.1%	$66,538.04	$257.48	$66,795.52	$0.00		
11	1222011222	DEP	M50.122 - CERVICAL DISC DISORDER C5-C6 LEVEL RADICULOPATHY	18.8%	$65,974.90	$0.00	$65,974.90	$0.00		
30	1222011222	DEP	F32.89 - OTHER SPECIFIED DEPRESSIVE EPISODES	18.8%	$4,757.12	$61,160.91	$65,918.03	$0.00		
37	1222011222	DEP	L40.0 - PSORIASIS VULGARIS	18.5%	$88.73	$64,726.44	$64,815.17	$0.00		
39	1222011222	DEP	U07.1 - COVID-19, virus identified is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing	18.5%	$64,562.39	$94.91	$64,657.30	$0.00	$64,657.00	
41	1222011222	DEP	M17.12 - UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	18.3%	$64,111.20	$81.57	$64,192.77	$0.00		
12	1222011222	EE	C50.411 - MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	17.7%	$61,936.41	$0.00	$61,936.41	$0.00		
4	1222011222	EE	M51.16 - INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	17.6%	$61,588.44	$0.00	$61,588.44	$0.00		
45	1222011222	EE	Z51.0 - ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY	17.2%	$60,019.66	$120.13	$60,139.79	$0.00		
49	1222011222	EE	U07.1 - COVID-19, virus identified is assigned to a disease diagnosis of COVID-19 confirmed by laboratory testing	16.9%	$59,201.11	$0.00	$59,201.11	$0.00	$59,201.00	
8	1222011222	DEP	N80.0 - ENDOMETRIOSIS OF UTERUS	15.8%	$55,297.41	$158.25	$55,455.66	$0.00		
47	1222011222	DEP	I48.19 - OTHER PERSISTENT ATRIAL FIBRILLATION	14.7%	$33,605.98	$17,941.86	$51,547.84	$0.00		
27	1222011222	DEP	M47.817 - SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	14.7%	$38,358.76	$12,962.82	$51,321.58	$0.00		
48	1222011222	EE	O40.3XX0 - POLYHYDRAMNIOS THIRD TRIMESTER NA/UNS	14.6%	$31,861.74	$19,281.57	$51,143.31	$0.00		
25	1222011222	EE	M47.817 - SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	14.5%	$49,643.71	$995.56	$50,639.27	$0.00		
44	1222011222	DEP	K62.5 - HEMORRHAGE OF ANUS AND RECTUM	14.4%	$9,195.85	$41,155.61	$50,351.46	$0.00		
							$4,088,454.32		$268,908.00	

NOTE: Capitation payments are excluded from this report.

The information included in this document is proprietary business information, exempted from disclosure by section 815.045, Florida Statutes.

0.065772534

ii.

2021 Medical 505 Fund Net Position as of 12/30/21 (discussion)

BALANCE SHEET
AS OF DECEMBER 31, 2021

Assets	**Debits**	**Credits**	
Assets/Equity in Pooled Cash	$ 15,810,532		
Accounts Receivable/Retiree Insurance	165,168		
Total Assets	15,975,700		**$ 15,975,700**
Liabilities			
Vouchers Payable		$ -	
Total Liabilities		-	
Net Position			
Retained Earnings		$ 15,975,700	
Total Net Position		15,975,700	
Total Liability & Net Position			**$ 15,975,700**

P&L
FOR THE PERIOD ENDING DECEMBER 31, 2021

Revenue	Debits	Credits
Employer Contributions - Health		12,623,156
Employee Contributions - Health		1,932,130
Retiree/Cobra		1,334,957
Interest Earnings		14,233
Investment Income		19,168
RX Rebates		839,026
Reinsurance Reimbursement		824,661
Total Revenue		17,587,330
Expenditures		
Professional Services	53,016	
Banking Services	3,600	
Misc. Contract Services	22,203	
Administrative Costs	518,795	
Affordable Care Act Cost	4,591	
Stop/Loss Premiums	870,687	
Medical Claims	14,541,368	
Total Expenditures	16,014,260	
Excess (deficiency) of revenues over (under) expenditures		**$ 1,573,070**

iii.

2023 Medical Rate Projection and Rate Support – Eff. 1.1.23 (action required)

EMPLOYEE ONLY CENSUS

1/1/2023 ACTUARIAL FORECASTED RATES - 0% INCREASE

CITY OF SUNRISE

HMO OPEN ACCESS & NPOS PLANS - FINANCIAL COST ANALYSIS - SELF-FUNDED

UPDATED CENSUS AS OF MARCH 2022

Type of Coverage	Census	Total Monthly City/Emp Contribution	City's Bi-Weekly Contribution	Employee Bi-Weekly Contribution	Total Bi-Weekly Contribution	City Bi-Weekly Contribution All Employees	Employee's Bi-Weekly Contribution All Employees	Total City/Emp Contribution		
NPOS Open Access										
Single	3	$ 923.54	$ 333.59	$ 92.66	$ 426.25	$1,000.77	$277.98	$1,278.75	Excl. Retirees - 2	Cobra - 0
Family	1	$ 2,377.13	$ 683.65	$ 413.49	$ 1,097.14	$683.65	$413.49	$1,097.14	Excl. Retirees - 1	Cobra - 0
Single - Management	0	$ 923.54	$ 333.59	$ 92.66	$ 426.25	$0.00	$0.00	$0.00		
Family - Management	0	$ 2,377.13	$ 858.66	$ 238.48	$ 1,097.14	$0.00	$0.00	$0.00		
PPO Bi-Weekly Cost	4					$1,684.42	$691.47	$2,375.89		
PPO Monthly Cost						$3,649.58	$1,498.19	$5,147.76		
PPO Annual Cost						$43,794.96	$17,978.28	$61,773.12		
HMO Premier										
Single	452	$ 722.77	$ 333.59	$ -	$ 333.59	$150,782.68	$0.00	$150,782.68	Excl. Retirees - 69	Cobra - 4
Family	432	$ 1,860.43	$ 683.65	$ 175.01	$ 858.66	$295,336.80	$75,604.32	$370,941.12	Excl. Retirees - 38	Cobra - 0
Single - Management	11	$ 727.77	$ 333.59	$ -	$ 333.59	$3,669.49	$0.00	$3,669.49		
Family - Management	51	$ 1,860.43	$ 858.66	$ -	$ 858.66	$43,791.66	$0.00	$43,791.66		
HMO Bi-Weekly Cost	946					$493,580.63	$75,604.32	$569,184.95		
HMO Monthly Cost						$1,069,424.70	$163,809.36	$1,233,234.06		
HMO Annual Cost						$12,833,096.40	$1,965,712.32	$14,798,808.72		
Total Census	950									
Total Bi-Weekly Cost						$495,265.05	$76,295.79	$571,560.84		
Total Monthly Cost						$1,073,074.28	$165,307.55	$1,238,381.82		
Total Annual Cost						$12,876,891.36	$1,983,690.60	**$14,860,581.84** *	0.866513	

Plan Type / Tier

City's Total Cost

Employee's Total Cost

Total Cost

Prepared 3/15/22

***114 Retirees / COBRA members are not included as there is no contribution by City.**

114

Total Subscribers 1064

	Retirees	COBRA
Single POS	2	0
Family POS	1	0
Single HMO	69	4
Family HMO	38	0
	110	4

iv.

2023 Reinsurance Renewal and Stop Loss Limits $425,000 and $450,00 – Eff. 1.1.23 (action required)

City of Sunrise Group Health Plan
Large Claim Stratification & History

	Number of Claims											
Reinsurance Plan Year	$150,000 - $200,000	$200,000 - $225,000	$225,000 - $250,000	$250,000 275,000	275,000 - $300,000	$300,000 - $325,000	$325,000 - $350,000	$350,000 - $375,000	$375,000 - $400,000	$400,000 +	**Total**	**Total > SL**
2015 $225,000 SL Level	3	1	0	0	2	0	0	0	0	1	**7**	**3**
2016 $225,000 SL Level	2	1	0	0	0	1	0	1	0	2	**7**	**4**
2017 $250,000 SL Level	3	1	0	0	0	0	0	0	0	1	**5**	**1**
2018 $275,000 SL Level	3	0	0	2	0	1	1	0	0	2	**9**	**4**
2019 $300,000 SL Level	2	0	0	0	0	2	0	0	0	4	**8**	**6**
2020 $325,000 SL Level	2	2	2	1	0	0	0	0	0	2	**9**	**2**
2021 thru August $350,000 SL Level	2	1	0	0	1	0	0	0	0	0	**4**	**0**

Total above $400,000	12	Avg above SL	3

Reinsurance Policy based on claims incurred in 12 months and paid in 18.
Symetra: 2015 - 2019
Voya: 2020-2021

Prepared by the Rhodes Insurance Group
10/19/2021

City of Sunrise
Specific Reinsurance Renewal for Self-Funded Group Health Plan - Final
January 1, 2022 Effective Date

Reinsurance Company	**Voya**			
Specific Reinsurance	**Current**	**Renewal Option 1**	**Renewal Option 2**	**Renewal Option 3**
Specific Stop Loss Level	$350,000	$350,000	$375,000	$400,000
Maximum Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Contract Type	12/18	12/18	12/18	12/18
Specific Reinsurance Premium				
Employee Only	$37.66	$49.19	$43.13	$37.66
Family	$103.21	$133.94	$117.46	$103.21
Total Monthly Premium	$71,685	$93,191	$81,721	$71,684.71
Estimated Annual Premium	**$860,217**	**$1,118,295**	**$980,652**	**$860,217**
Annual Premium Change Over Current		**$258,078**	**$120,436**	**$0**
Percentage Change		**30.00%**	**14.00%**	**0.00%**

Premium Savings for Increased SL Level			**$137,642**	**$258,078**
Claims to Savings			**5.51**	**5.16**

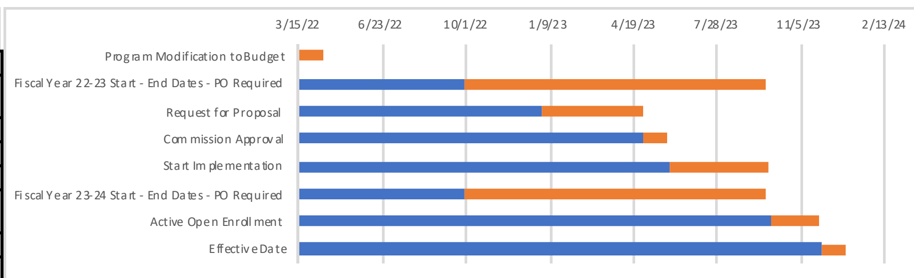
Total Enrollment	
Employee Only	514
Family	507
Total	1,021

Voya initial effective date was 1/1/20.
Enrollment is based on Voya renewal data supplied by AvMed.
Proposal is firm until 12/15/21
Prepared by The Rhodes Insurance Group
10/20/2021

v.
2024 Benefits Management Software (action required)

START DATE	END DATE	DESCRIPTION	DURATION (days)
3/15/22	4/15/22	Program Modification to	30
10/1/22	9/30/23	Fiscal Year 22-23 Start - End Dates - PO Required	359
11/1/22	2/28/23	Request for Proposal	117
3/1/23	3/30/23	Commission Approval	29
4/1/23	9/30/23	Start Implementation	179
10/1/22	9/30/23	Fiscal Year 23-24 Start - End Dates - PO Required	359
10/1/23	11/30/23	Active Open Enrollment	59
12/1/23	1/1/24	Effective Date	30

Benefits Administrative Software Gannt Chart



vi.

505 Fund Balance and Reserve Policy draft (action required)

SELF-FUNDED HEALTH 505 FUND BALANCE AND RESERVE POLICY

Risk Manager:_________________________
Date Issued:___________________________

I. PURPOSE

The primary purpose of the Self-funded health 505 Fund Balance and Reserve Policy ("Policy") is to provide guidelines for the City Commission and Staff to use while making prudent and sound decisions regarding loss reserving, rate adequacy, benefit design levels and reinsurance that achieve established Policy goals herein for the Plans. The secondary purpose will be assisting the City Commission and Staff with engendering public and employee confidence, and providing continuity over time as City Commissioners and Staff members change. While this Policy may be amended periodically, it will provide the basic foundation and framework for addressing financial issues and decisions with the management of healthcare costs for the City.

II. RESERVE DEFINITIONS

505 Fund Balance Reserves means an accumulation of self-funded health Plans' total revenues minus plan total expenditures in the City's Self-Insured Health 505 fund ("505 Fund"). It is the amount remaining after the Plans' total assets have been used to meet its current Plans' total liabilities at the end of each Plans' calendar year. This amount is often referred to as the "net position" of the 505 Fund in any given year. The revenue used to establish these reserves includes the City contributions, employee and retiree contributions. The employee and retiree contributions cannot be redirected for any other purpose other than providing health or wellness benefits. For example, the 505 Fund's net position for Plans' year ending 12/31/20 was $14,402,631. This amount is calculated from the "Balance Sheet As of December 31, 2020" financial report provided by the Finance Department. This amount is monitored annually by Staff.

Incurred But Not Reported Reserves ("IBNR") means funds that necessary to cover the expenses of claims that have been incurred but not paid in a given Plans' year or claims that have adversely developed over the life of the Plans. These reserves are calculated by subtracting claim reserves at the end of the prior Plans' year from the claims reserves at the end of the current Plans' year. For example, for the Plans' year ending 12/31/20 the IBNR claim reserves – End of Prior year were $2,908,804 and IBNR claim reserves – End of Current Year were $1,821,084, or an approximate $1,087,720 reduction in IBNR for that period. Reductions in IBNR (assets) are added to the net position of the 505 Fund and increases in the IBNR (liabilities) are subtracted from the net position of the 505 Fund. IBNR levels are determined by the City's actuary based on our plan design and claims experience. This amount is monitored annually by Staff.

Safe Harbor Reserves ("SHR") mean the amount of funds that represents the average claims paid for sixty (60) days under the Plans as calculated in the State of Florida, Office of Insurance Regulations ("FLOIR"), Form OIR-B2-572 Annual Report. For example, for the plan year Annual Report ending 12/31/20 the claims paid were $13,785,477; therefore, sixty (60) days of claims paid

would be approximately $2,266,106 ($13,785,477 / 365 X 60) for purposes of calculating Safe Harbor. Safe Harbor funding is a form of rainy-day or emergency funding. In the event the SHR funding fall below FLOIR's minimum funding requirement, the City would be required to provide the State with a contingency fund letter pledging the amount and the availability of unrestricted General Fund reserves to cover the SHR requirement. This amount is monitored annually by Staff.

Minimum Plan Reserves ("MPR") means the amount of funds that represent the sum of both the incurred but not reported reserves (IBNR) and the safe harbor Reserve (SHR) at the end of any given Plans' year. These two reserve amounts represent the minimal funding required by the FLOIR. The IBNR and Safe Harbor reserves represent the minimal funding resources necessary to maintain a sufficient cash flow to always meet daily financial operating needs of the Plans, satisfy FLOIR's financial responsibility funding requirements, and to maintain liquidity to cover unforeseen large fluctuations in claims experience. For example, for Plans' year ending 12/31/20 the MPR was calculated at $4,087,190 (IBNR of $1,821,084 + SHR of $2,266,106). This amount is monitored annually by Staff.

Claims & Expense Fluctuation Reserves ("CEFR") These specific reserves are not required by the FLOIR. They represent reserves established by an employer through contributions from the employer, employee and retirees to safeguard against medical trend, increased administrative expenses, or unforeseen claims that may otherwise cause undesired fluctuations in either contributions or benefit design levels. Maintaining a CEFR is a prudent approach to managing a successful self-funded plan. For example, the CEFR for Plans' year ending 12/31/20 was $10,315,441. This amount is calculated by subtracting the MPR from the 505 Fund Balance Reserves ($14,402,631 - $4,087,190 = $10,315,441). This amount is monitored annually by Staff.

III. OTHER DEFINITIONS

Administrative Service Organization ("ASO") means the health insurance carrier (i.e. AvMed) the City has chosen to administer the city's health plans.

Cost Shares mean co-pays, deductibles and coinsurance percentages, and/or out-of-pocket maximum limits as set forth in the Plans' level of benefits.

Plans mean the Health Maintenance Organization ("HMO") insurance plan and Point of Service ("POS") insurance plan under the City's self-funded health program. The Plans run on a calendar year basis.

Plan Design Levels means types of plans (i.e. HMO, POS, or PPO), tiers of coverage (i.e. Single, Employee+1, Family), levels of benefits, and contribution formulas. Contribution formulas are determined by either state law, federal law, ordinance, employment contracts, or collective bargaining agreements.

Rate Support means utilizing CEFR Plan Reserves to offset projected actuarial projected increases in premium rates, in whole or in part, caused by medical / pharmacy cost trends or unforeseen fluctuations in claim experience. Conservative estimates of additional revenues from prescription drug rebates and investment income shall be determined by the City's actuary when calculating the amount of additional Rate Support necessary.

DRAFT

Specific Stop-Loss Reinsurance ("Stop-Loss") means reinsurance designed to protect the Plans from individual catastrophic large claims by transferring the financial responsibility of claims above a specific dollar threshold to a reinsurer. For example, the Stop-Loss level for claims incurred in the Plans' year ending 12/31/20 was $325,000. In this example that would mean the Plans are responsible for all individual claims up to $325,000, and either seek reimbursement or advance funding from a reinsurer for claims over the Stop-Loss level. A higher Stop-loss level will result in lower annual reinsurance premiums, but a higher assumption of risk with large claims, and vice versa.

Staff means Risk Manager, Assistant Risk Manager, Finance Director and/or City Manager's Office.

IV. GENERAL POLICY

The Policy aims to achieve the following goals:

- Ensure the City maintains adequate funding to mitigate current and future healthcare costs for members of the Plans.
- Ensure reasonable rates and competitive benefits over time for the City and members under the Plans.
- Satisfy regulatory financial responsibility compliance required by the FLOIR.
- Utilize reserves prudently to offset annual medical and prescription drug trend increases.
- Provide adequate reserve funds for unforeseen large expenditures, such as those related to widespread pandemics or public health disasters.
- Improve financial information provided to decision makers at all levels. This includes City Commission as they contemplate Policy decisions that affect the City's healthcare plans on a long-term basis or annual budgeting process, and City staff as they implement Policy on a day-to-day basis within any given Plans' year.
- Maintain a spirit of openness and transparency to the City Commission, employees and retirees for the financial stability and level of benefits for the Plans.

Staff, with guidance from the City Manager's Office and Finance, may use CEFR funds upon review and unanimous support from the Employee Insurance Advisory Committee to cover Plans' expenditures for the following:

- Increased Plans' cost arising from voluntary Cost Shares reductions (i.e. lowering copays or lowering deductibles);
- Increased Plans' arising cost from Rate Support in order to maintain flat rates, or nominal increases to rates. Nominal increases would be any percentage less than current medical and pharmacy cost trends combined;
- Increased Plans' cost arising from additional retention of claims under the Plans, after premium-savings, resulting from increased Stop-Loss levels; and
- Increased Plans' cost arising from design level enhancements mutually beneficial to both employer, employees or retirees (i.e. adding new covered benefits such as behavioral health under telemedicine, or amending limitations such as a number of visits cap for specific benefits).

Prior to utilizing the CEFR to cover added expenditures, Staff will perform a financial analysis of the forecasted impact to the Plans with assistance from the City's employee benefits consultant, ASO and/or actuary.

DRAFT

CEFR funds utilized for any other expenditure not listed herein shall require City Commission approval, or City Commission approval through the annual budget process.

In the event CEFR are exhausted, the MPR funds may be used to cover increased costs to the Plans arising from changes to Cost Shares, premium subsidization under Rate Support, Stop-Loss level changes under Reinsurance, or enhancements to Plan Design, but only upon City Commission approval or City Commission approval through the annual budget process. Additionally, Staff with assistance from the City's employee benefits consultant and actuary will provide the City Manager's Office with strategies to increase revenues or decrease expenditures in order to rebuild the CEFR through the annual budget process over a period not exceeding five (5) years.

In the event IBNR funding reserves are insufficient, Staff may prepare a corrective action plan through the Finance Director to the State of Florida, Department of Insurance ("FLOIR") with specific steps the City will take in order to replenish the IBNR over a period not to exceed three (3) years. Assistance with preparing the corrective action plan would be provided by the City's benefit consultant, actuary, and/or benefits legal counsel.

Staff and Finance Director may provide the FLOIR with a contingency fund letter in the event Safe Harbor Reserves are inadequate to satisfy the State funding requirement. This letter will attest the City has an adequate unrestricted general fund balance to provide the necessary security to address any significant fluctuation for claims in reserves to our self-funded health Plans, and funds will be transferred in the event of a shortage in funding for the self-funded Plans, subject to a budget amendment approved by the City Commission.

Staff will ensure regulatory compliance with both State and Federal laws when utilizing CCFR funds to enhance plan designs, or developing new wellness incentives and programs. Regulatory compliance may be accomplished with assistance with the City's benefit consultant, benefit's actuary, ASO's legal compliance department, and/or City's benefits legal counsel.

V. ACCOUNTING, AUDITING AND FINANCIAL CONTROLS

Staff will review and monitor financial performance with quarterly financial reports prepared by Finance. These reports will provide a balance sheet of assets, liabilities, and net position on a calendar year, and provide a profit and loss statement for each ending cumulative quarter for revenue, expenditures and excess (deficiency) of revenues over (under) expenditures. Copies of these reports shall be provided to the City's employee benefits consultant, employee group insurance benefits advisory committee, and actuary.

Staff will review and monitor monthly financial claims experience and large claims reports provided by the City's employee benefits consultant and ASO (i.e. AvMed) for the Plans. These reports will be monitored by Staff and provided to the City's actuary.

Staff and Finance will review and monitor weekly funding requests provided by the Plans' ASO detailing medical claims paid, prescription drugs claims paid, disease management fees, behavioral health claims paid and capitation fees paid. Weekly funding requests will be accompanied by a check register by group detail report, pharmacy benefits manager claim report, behavioral health claim report, and disease management claim report. These funding requests shall also be provided to the City's benefits consultant.

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Electronic financial systems will be maintained to monitor Plans' revenues, expenditures, and program performance on an ongoing basis.

The City will establish and maintain a high standard of internal controls and accounting procedures. Self-audits will be performed on a monthly basis by Staff through peer review and cross-training to ensure plan continuity and accuracy with work flow processes.

Staff will ensure at the end of any given Plan's year end the City's actuary will file an annual actuarial certification, Form (OIR-B2-570, OIR-B2-572, OIOR-B2-573, and OIR-B2-574) Annual Report in accordance with §112.08, Florida Statutes to the State of Florida, Office of Insurance Regulations. This report will be provided to the City's Finance Director, Controller, City's benefits consultant and external auditors.

Staff will procure an actuarial rate-adequacy study annually within 180 days after each the Plans' year end, and will take a conservative approach when establishing the amount of reserves required. A copy of the rate adequacy study will be provided to the Finance Director and Budget Manager for the annual budget process.

Plan's revenues may include employer contributions, employee contributions, retiree contributions, COBRA premiums, interest earnings, investment income, fair value investment changes, prescription drug rebates and reinsurance reimbursements.

Plans' expenditures may include, but not limited to, banking service fees; miscellaneous contract services for professional consultant, actuarial services, Patient Protection and Affordable Care Act eligibility monitoring and IRS reporting, claims auditing services, nondiscrimination testing services, benefits legal counsel; ASO claims administration costs, Affordable Care Act (PCORI Fee) costs, Specific Stop-Loss Reinsurance premiums; Employee Assistance Program; and medical claims, disease management fees and prescription drug claims.

Staff may not use one-time revenue (i.e. investment income, interest earned or reinsurance recoveries) to exclusively support new on-going expenditure under the Plans without City Commission approval, or City Commission approval through the annual budget process.

All reserves, revenues and expenditure will be presented in the City's annual budget. The Plans will be classified as an internal service fund in the City's annual financial statements, and conform to Generally Accepted Accounting Principles (GAAP) and be in the form of a Comprehensive Annual Financial Report as recommended bythe Government Finance Officers Association.

VI. AUTHORITY

The Risk Manager, or Assistant Risk Manager, shall have primary responsibility for enforcing and carrying out this Policy in consultation with the City Manager's Office, Finance Director, Employee Group Insurance Benefits Committee, City's benefits consultant, actuary, and/or benefits legal counsel.

VII. EFFECTIVE DATE

The policy shall take effect immediately upon its adoption and approval by the City Commission.

vii. MD Live Telehealth Utilization (discussion)

Medical Visits and Activation

MDLIVE

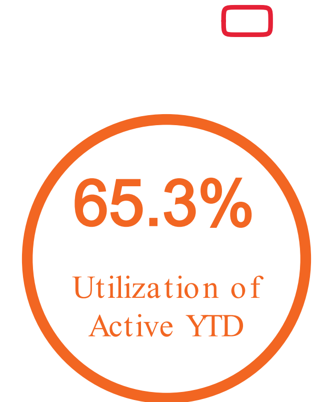
There were

40 visits

in Dec2021

357 visits

in 2021 YTD



There were

9

Activations in Dec-21

There were

547

Activations since Inception

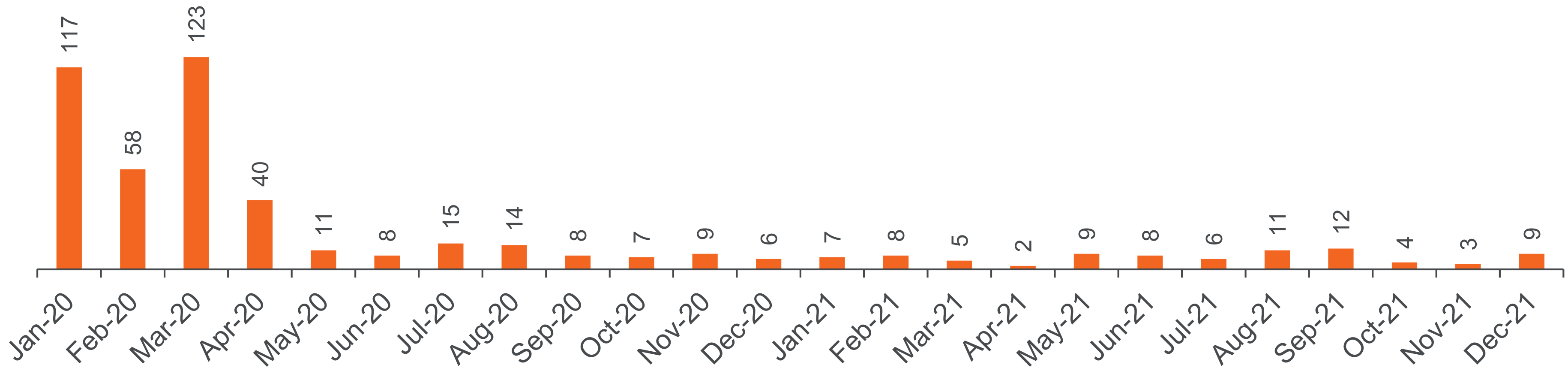
Utilization of Registered: (Total Visits / Currently Eligible Activated Users)

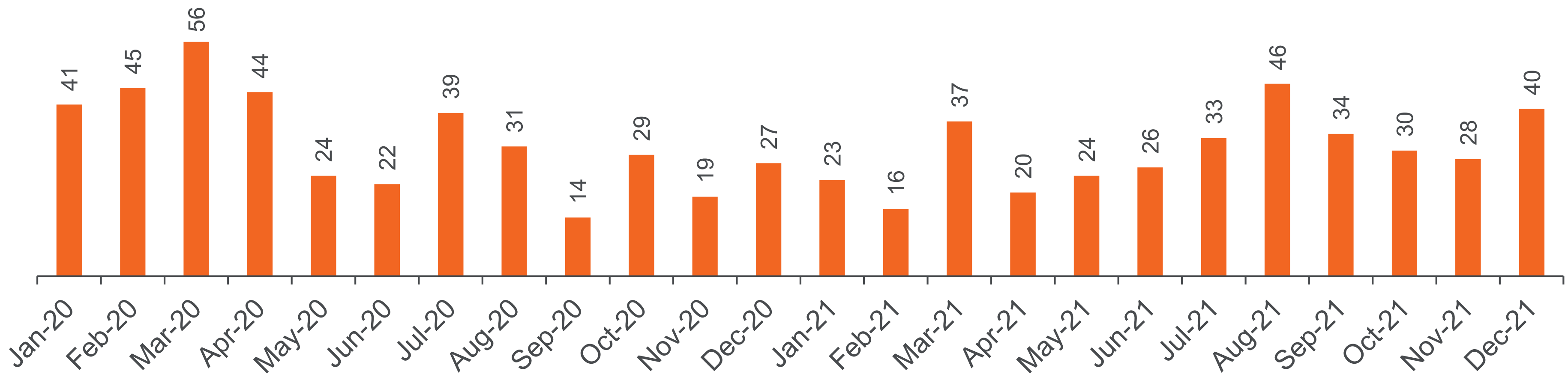
Activation: Individuals that have created and activated the MDLIVE benefit

*Utilization rates reported in the MCR is intended for directional insight; these numbers are not contract specific and do not count utilization the same way in all reports, see definitions for calculation detail. If your organization has a utilization calculation in your agreement, please contact your account manager to discuss.

Trending Activity

MDLIVE®





Activation: A user who creates an MDLIVE account and activates their benefit.

Encounter: A completed visit between a MDLIVE patient and an MDLIVE provider

Trending: Data will display the last 24 months when available

Cost Savings

MDLIVE

UCC is $301
PCP is $116
ER is $1750
Plan cost est $7500
Direct telemend medical is $16,000
Redirected medical $91,000
Cost + Claims = $22,000
Net savings $69,000

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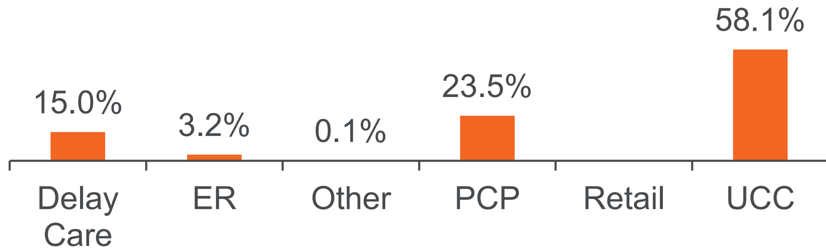


Potential Savings – YTD			
Redirection Percentage	YTD Visits	Cost per Instance	YTD Savings
UCC	207	$240	$49,778
PCP	84	$251	$21,077
ER	11	$2,123	$24,354
Retail	0	$100	$0
Other/Delay Care	54	$0	$0

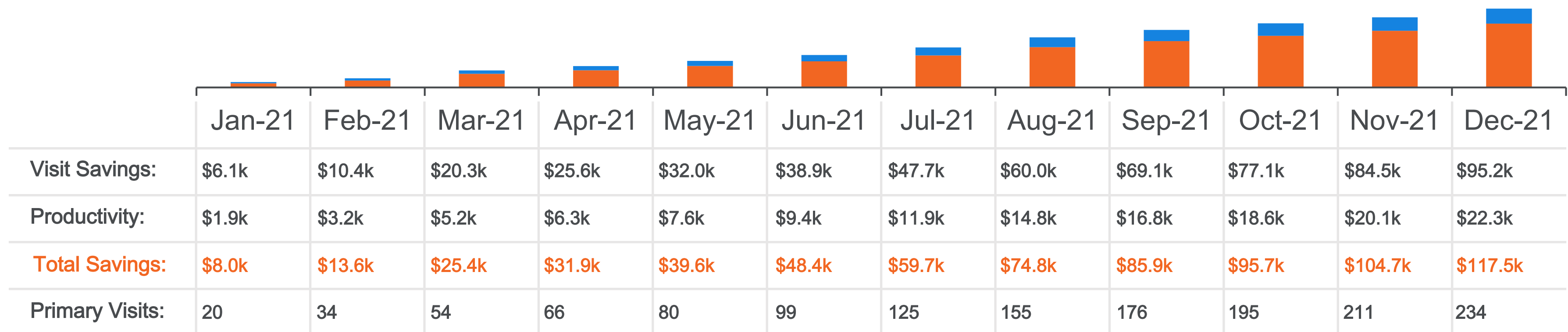
Visit Savings YTD: $95,209 Total Savings YTD: $117,543

Visit Redirection sourced from visit & member surveys since inception. Starting April 2018, Other has been removed as an option from redirection surveys.

Cost per Instance sourced from market benchmarks or custom from client

YTD Visits: rounded value, for display, of the number of visits YTD associated to the redirection

YTD Potential Savings by Month



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Visit Savings:	$6.1k	$10.4k	$20.3k	$25.6k	$32.0k	$38.9k	$47.7k	$60.0k	$69.1k	$77.1k	$84.5k	$95.2k
Productivity:	$1.9k	$3.2k	$5.2k	$6.3k	$7.6k	$9.4k	$11.9k	$14.8k	$16.8k	$18.6k	$20.1k	$22.3k
Total Savings:	$8.0k	$13.6k	$25.4k	$31.9k	$39.6k	$48.4k	$59.7k	$74.8k	$85.9k	$95.7k	$104.7k	$117.5k
Primary Visits:	20	34	54	66	80	99	125	155	176	195	211	234

Productivity Savings: Primary Visits * National Average Wage ($23.86: BLS 2016) * 4 Hours Saved

Medical Analytics

MDLIVE

Top 5 Diagnosis - YTD
Acute sinusitis, unspecified [J01.90] (31)
Acute upper respiratory infection, unspecified [J06.9] (26)
Contact with and (suspected) exposure to other viral communicable diseases [Z20.828] (17)
ICD: U07.1 (14) COVID
Urinary Tract Infection [N39.0] (12)

Top 5 Prescriptions - YTD
Zithromax z-pak (44) (antibiotics
Promethazine-dm (21) cough med
Polytrim (15) pink eye
Doxycycline hyclate (15) antibiotics
Zofran (12) anti-nausea

Encounters with Rx:

Dec-21: 72%

2021 YTD: 61%

Total Number of Rx:

Dec-21: 49

2021 YTD: 293

Encounters without Rx:

Dec-21: 28%

2021 YTD: 39%

AVG Rx/Encounter:

Dec-21: 1.2

2021 YTD: 0.8

Medical Treatment: Prescription and Diagnosis data is sourced from the MDLIVE platform during the treatment of patients

viii. $0 Copays for Optum Outpatient and Telehealth Behavioral Health/Substance Abuse both HMO & POS – Eff. 1.1.2013 (action required)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an AvMed Network Provider (You will pay the least)	an Our of Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$200 copay/ visit	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need immediate medical attention	Emergency room care	$200 copay/ visit	$200 copay/ visit	AvMed must be notified within 24-hours of impatient admission following emergency services, or as soon as reasonably possible. Charges are waived if admitted.
	Emergency medical transportation	No Charge	No Charge	---------------------None---------------------
	Urgent care	$30 copay/ visit at urgent care facilities; $30 copay/ visit at retail clinics	$60 copay/ visit at urgent care facilities or retail clinics	---------------------None---------------------
If you have a hospital stay	Facility fee (e.g., hospital room)	$100 copay/ day for the first 3 days per admission	Not Covered	Prior authorization required.
	Physician/surgeon fees	No Charge	Not Covered	Prior authorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$15 copay/ visit	Not Covered	---------------------None---------------------
	Inpatient services	Hospital stay: $100 copay/ day for the first 3 days per admission Residential stay: No Charge	Not Covered	Prior authorization required. Residential stay is limited to 100 days per calendar year.
If you are pregnant	Office visits	Routine OB & Midwife services: $15 copay/ visit	Not Covered	---------------------None---------------------
	Childbirth/delivery professional services	No Charge	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	Hospital stay: $100 copay/ day for the first 3 days per admission Birthing center: Same as Routine OB	Not Covered	Prior authorization required.

ix.
EAP Utilization and revising max visit cap (action required)

Employee Assistance Program - Top 5 Presentation & Assessment Profile

CITY OF SUNRISE EAP DIV - ALL

Presentation Profile Top 5

	Q1 Current	Q2 Current	Q3 Current	Q4 Current	YTD	Base	BOB Norm
Stress/Anxiety	55.6%(15)	30.8%(4)	21.4%(3)	7.7%(1)	34.3%(23)	23.3%	34.7%
Marital/Partner	7.4%(2)	15.4%(2)	21.4%(3)	7.7%(1)	11.9%(8)	21.9%	9.3%
Information/Inquiries	7.4%(2)	15.4%(2)	14.3%(2)	7.7%(1)	10.4%(7)	4.1%	12.5%
Family Concerns	14.8%(4)	0.0%(0)	14.3%(2)	7.7%(1)	10.4%(7)	9.6%	6.5%
Grief & Loss	3.7%(1)	15.4%(2)	7.1%(1)	7.7%(1)	7.5%(5)	4.1%	4.6%

Assessment Profile Top 5

	Q1 Current	Q2 Current	Q3 Current	Q4 Current	YTD	Base	BOB Norm
Adjustment Disorder	50.0%(5)	75.0%(6)	37.5%(6)	30.0%(3)	45.5%(20)	37.8%	26.6%
Anxiety Disorder	20.0%(2)	25.0%(2)	31.3%(5)	10.0%(1)	22.7%(10)	18.9%	19.5%
Mood Disorder	10.0%(1)	0.0%(0)	12.5%(2)	20.0%(2)	11.4%(5)	2.7%	11.8%
Stress	0.0%(0)	0.0%(0)	18.8%(3)	0.0%(0)	6.8%(3)	8.1%	8.0%
Legal	0.0%(0)	0.0%(0)	0.0%(0)	20.0%(2)	4.5%(2)	10.8%	9.0%

Current Period reflects claims incurred between Jan. 2021 and Dec. 2021, paid through Dec. 2021
Base Period reflects claims incurred between Jan. 2020 and Dec. 2020, paid through Dec. 2021

Employee Assistance Program - Closed Cases and Referral Recommendations

CITY OF SUNRISE EAP DIV - ALL

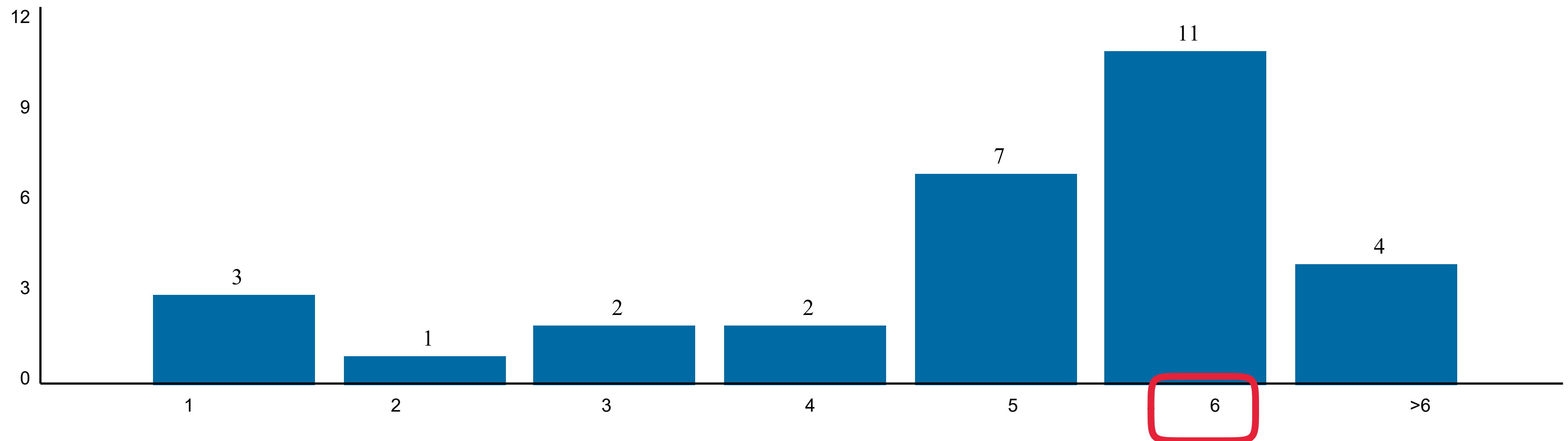
Closed cases and referral recommendations

	Q1 Current	Q2 Current	Q3 Current	Q4 Current	YTD	Base	BOB Norm
Resolved by EAP	100.0%(9)	100.0%(8)	100.0%(16)	100.0%(10)	100.0%(43)	97.1%	90.8%
Resolved through face-to-face EAP and Work/Life	100.0%(9)	100.0%(8)	93.8%(15)	100.0%(10)	97.7%(42)	94.3%	79.5%
Management consultation	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	2.7%
Resolved by telephonic consultation	0.0%(0)	0.0%(0)	6.3%(1)	0.0%(0)	2.3%(1)	2.9%	8.6%
Referrals on Assessed closed cases	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	2.9%	9.2%
Inpatient mental health	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	0.0%
Inpatient substance abuse	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	2.9%	0.0%
Outpatient Mental Health	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	3.7%
Outpatient substance abuse	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	0.1%
Partial Hospitalization	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	0.1%
Telephone Consult referred to face-to-face EAP	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	5.0%
Medical referral	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	0.1%
Telephone consult referred to treatment	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	0.0%
Client did not complete EAP Assessment	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	0.0%
All Others	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%(0)	0.0%	0.2%

Employee Assistance Program - Session Frequency

CITY OF SUNRISE EAP DIV - ALL

EAP session counts based on closed cases



EAP Visits

Comments

- To date, 50.0% of clients used full EAP session benefits of 6 or more sessions
- 5.1 sessions per unique customer
- Number of unique EAP customers: 30
- Total number of paid YTD EAP sessions: 152
- Book of business norm: 5.3 per unique customer

Please note there is always a lag with closed case submissions by EAP providers. At mid-year, this presents an incomplete picture