

MINUTES

Health & Wellness Committee

Wednesday, May 14, 2025, at 9:00am

3rd Floor Conference Room - City Hall – 212 SW 9th Street

The agenda for the regular meeting was posted on the bulletin board at City Hall in compliance with the Oklahoma Open Meeting Act. Meeting was called to order at 9:23 am.

I. Roll Call

Members Present:

Charlotte Brown
Wade Lewis
Kaitlin Golden
Christy James
John Schwenk
Heath Want
Megan Loftis
Kristen Fitzpatrick
Tanya Organ

Members Absent:

Charles Criger*
Chad Meyer**
David Wood **
Ashley Glaze-Lyle**
Clay Houseman **
David Raynor **
Jackie Somerlott **
Tiffany Bechtel *
DaLynna Wood *

* Excused

** Unexcused

Others Present:

Jennifer Schulz
Lindsay Neal
Dustin Brand

II. Approve Minutes from the Special Meeting on March 28,2025.

Wade Lewis made motion to approve. Kaitlin Golden made motion to second.

III. Old Business

IV. New Business

- a. Discuss Incentive Program updates- Kaitlin Golden (take action as needed)

Kaitlin – Not a lot of updates, collected 17 folders so far but expected more. Intends to send out a reminder email about deadline but only sending emails to participants so it doesn't get lost in an "all employee email". I want to do a survey or in the reminder email ask for feedback about changes or complaints. I think it has gone well, and I haven't had many complaints.

Charlotte – I have had some complaints on how hard it was to keep track of the folder and points. Someone turned in their folder and didn't fill out the tracker so I filled it out for her, she only had 7 points so I gave it back to her to see if she can get her extra points. Some are having issues filling out the tracker.

Kaitlin – I haven't gotten a chance to go through all mine but the ones I have gone through were fine. Some turned in theirs early so we can check them to make sure they were good. Any ideas on how to make it more efficient and easier? Any feedback please email me, I have notes running on it. Last count we had 70 something participants still working here but don't know how many have kept up with it.

Charlotte – A couple of admins from public utilities said it just kind of died with them and stopped doing it.

Kaitlin – I think the folders were great and I don't know if we can do it electronically like an app because it is too expensive.

Megan – Could we do like a split year? Split it in like months that way it's not so long?

Kaitlin – Half and half isn't a bad idea then people that missed the first half and new employees could jump in, and we do the pot half and half.

Charlotte – Ok, so we will put an item on the agenda for next month to discuss the new plan for FY26. I don't think any action is needed on that. Comments or communications? Open enrollment has started, Jennifer sent out the link yesterday. Does anybody have anything else?

Lindsay – We just wanted to go over tracking and monthly losses.

Kaitlin – Is open enrollment always going to be in person sign ups or is it ever going to be on a link online?

Lindsay – It's possible but it's Taressa's desire to do it the way we do it as a part of their filling system and reconciliation. It is something we've talked about and can again mid-year. The answer is maybe, and the capability is there.

Dustin – This is a year-to-date snapshot, and the reporting period is July 1, 2024, through the end of March 2025. The 99.7% is your premium vs your total medical and pharmacy claim pay loss ratio. The plan, so far, has paid about 4.5 million in premiums and running at about 4.5 million in claims and costs and that is medical, and pharmacy combined. The year claims cost per employee per month is \$837. You do have 64 claimants over \$50,000 high-cost claim report threshold with a number of those being more than \$100,000 total paid claims per person. That is doing to run about 68.4% of your overall plan claims cost. Average member now with quarter 1 2025 reporting 601 enrolled with 1022 bellybuttons enrolled in the plan. On the mid-tier with loss ration 89.4% versus last year you ended at 99.73% versus the rolling 12 at 96.54%.

Christy – What is the ideal gross loss ration?

Dustin – A group of your size is going to be around the 80% range. One thing that is not accounted for is BCBS's administration costs. The carrier profit margin you need about 5% so you need to add about 10% to 15% on just for their cost of doing business.

The next page is looking at a full 12-month period with the span of April 2024 to March 2025. 96.5% loss ratio is the rolling 12 number for medical and prescription plan cost. Here is where you're going to see the month-to-month loss. If you look at the last month reported of March 2025 you had a 99% loss ratio and look back on the last few months you're running at almost 100%. October 2024 you exceeded your premium by 18.5% so you had a 118.5% loss ratio that month. The 96.5% loss ratio comes from the 3.8 million in paid medical claims and the 1.8 million in paid pharmacy claims totaling the 5.7 million paid total compared to the 5.8 million in collected premiums. Hopefully those are just some of the high-cost plans trending and hope to see improvement as we move into this new benefit plan.

You can see on the next page on how these costs are being fueled. Claimant 1 went \$294 thousand over the \$50 thousand pooling point; that's \$344 thousand in claims that that one person has had provided. The first top 6 highest cost claims are more than 6 figures. Number 5 did fall off your plan so that is not a recurring high claimant in the new year, but the City's plan does have some higher on-going costs and that's what is really fueling the loss ratio. We don't get a lot of data on what the projected number is for the new year but hopefully we will have some improvements in claims.

Christy – Enrolled on the list where it says 'no', obviously at some point they were enrolled so what makes them 'no'?

Dustin – If they have terminated and/or are no longer enrolled in the plan. You have a couple more 'nos' at the bottom. That's a wrap up of the snapshot of how the plan is performing and some of the ongoing things we are hoping to overcome next plan year. We did, as a reminder, change from and mitigate some of the cost increase for the plan and hopefully that new contract with Advantage PPO will yield better results as far as claim reimbursement numbers.

Charlotte – Any questions? Any other comments or communications?

Wade – I have something to just throw out there. There is a lot of our employees that are veteran and have never signed up for their veteran benefits. If we had a way, either at the health fair or private event, for the veterans that have these benefits but never took advantage of it to sign up. Over half the guys I work with are veteran and most have it but also have our insurance because for appointments it's quicker and easier to use ours but for bigger things they go to the VA that way they would have no out of pocket costs. But some have never signed up for it all though they are veterans and can get the benefits. If we can get them signed up maybe it can help some of these higher claim costs.

Christy – So maybe if we made it easier, they would potentially be interested?

Wade – Sure, there's probably over 10% of our people that qualify for VA benefits. My wife's clinic can find help that will help offset costs through the drug companies.

Christy – I like the idea of having it available at the health fair. With the high percentage of people, we do have that would be a great vendor to have.

Charlotte – I agree with Christy, that would be something good we could offer at the health fair or maybe you guys (Dustin and Linsay) could help us put some information together to pass out.

It was brought to my attention that the senate passed the bill for firefighters and first responders for cancer diagnosis for it to be free. The cancer center in Lawton offers those screenings. It's a way to help catch those cancers early that firefighters are prone to get.

Wade – Some of the cancers that they have found are ones that normal insurance wait until you are 40 or 50 years old, and these guys are getting it at 28 so when you got this cancer earlier detection its better treatment. You can be a volunteer firefighter and get the screening.

Charlotte – That is something we need to look at pushing out the information to the firefighters and get with your wife on additional information.

Wade – We need to push it out to general employees also because a lot of them qualify for this screening.

Charlotte – If you can have her get us some more information we will get it passed out.

V. Comments/Communication

Next Meeting scheduled for July 9th at 9:00am 3rd Floor Conference Room.

VI. Adjournment

Wade Lewis made motion to adjourn at 9:23 am, Kaitlin Golden made motion to second.