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Genesee County

Medical Plan Procurement – Board of Commissioners Presentation

August 19, 2020 (updated version 3.5)



Agenda

- Baseline For Comparison
- Executive Summary
- Summary of Financial Results and Recommendations
- Express Scripts – Commercial and EGWP
- Medicare Retirees
- Actives and Pre-Medicare Retirees
- Point Solutions
- Open Discussion and Next Steps
- Appendix
 - Plan Design Mapping



Baseline For Comparison



Baseline for Comparison

The County currently sponsors the following benefit plans for active and retiree health care

Arrangement	Carrier	Plan Type	Population Type
Fully-Insured Medical	HAP	PPO & HMO	Actives and Pre-Medicare Retirees, Medicare Retirees
Fully-Insured MAPD	HAP	HMO	Medicare Retirees
Self-Insured Medical	BCBSM	PPO & CMM	Actives, Pre-Medicare Retirees, Medicare Retirees
Stop-Loss (medical claims only)	BCBSM	Specific @ \$170k	Actives, Pre-Medicare Retiree, Medicare Retirees
Self-Insured Rx	Express Scripts (ESI)	Open Formulary	Actives and Pre-Medicare Retirees
Self-Insured EGWP (Rx)	Benistar (ESI)	Medicare Part D	Medicare Retirees



Baseline for Comparison

The following are costs of the County's current plans for the in-force benefit arrangements using current rate and enrollment information

Type	Carrier(s)	Cost
Fully-Insured Premiums	HAP	\$5,830,365
Administrative Fees	BCBSM	\$1,098,004
Stop-Loss Premiums	BCBSM	\$1,006,168
Medical Claims (mature)	BCBSM	\$9,779,466
Rx costs*	ESI	\$6,155,090
EGWP Rx costs*	Benistar/ESI	\$3,823,944
Call Center	44North	\$84,000
Net Consulting Fees**	PMGBA	\$91,698
TOTAL		\$27,868,735

*Net costs after applying estimated Rx rebates and any federal subsidies

**After application of available commissions



Baseline for Comparison

The following summarizes the County's estimated costs for calendar year 2021 – used so that all bids can be evaluated using pricing for the same time

Type	Carrier(s)	Cost
Fully-Insured Premiums	HAP	\$6,092,731
Administrative Fees	BCBSM	\$1,108,984
Stop-Loss Premiums	BCBSM	\$1,076,599
Medical Claims (mature)	BCBSM	\$10,121,747
Rx costs*	ESI	\$6,585,946
EGWP Rx costs*	Benistar/ESI	\$3,938,662
Call Center	44North	\$84,000
Net Consulting Fees**	PMGBA	\$35,298
TOTAL		\$29,043,969

*Net costs after applying estimated Rx rebates and any federal subsidies

**After application of available commissions



Executive Summary of Findings & Recommendations



Executive Summary

Findings and Recommendations

- Conducting the formal RFP for actives, pre-65s, and Medicare participants has yielded extremely favorable results – financially, plan design, administratively, and improvements in participant services
- After preliminary meetings with finance and HR, we are narrowing the field of vendors to either Meritain/Aetna or an all Blue Cross Blue Shield of MI (BCBSM) solution
- No changes in the vendor relationship for Rx – Benistar/ESI
- Financial comparison for actives, pre-65 retirees and Medicare retirees are shown below (details on following pages)

Description	CY2021	Meritain/Aetna	BCBSM
Total Cost Estimates	\$29,043,969	\$22,202,247	\$23,076,585
\$ savings	n.a.	(\$6,841,722)	(\$5,967,384)
% savings	n.a.	(23.6%)	(20.5%)



Executive Summary

Plans and Operational Comments

- Recommending shift from HAP/BCBSM to Meritain/Aetna solution
 - Offers the right balance of savings, networks, administration, and improved participant services
- No changes to active plan designs
- Maintaining all RX relationships, cost to change was too great and opportunity for vendor improvement is virtually non-existent
- Pre-65 and Medicare retirees (post-65) consolidating to two plans with total benefit value change of 1% to 3%
- Adopting improvements in pharmacy formulary, specialty drug fulfillment, and specialty savings program (\$0 refills and access to manufacturer assistance programs for actives and pre-65 retirees)
- Medicare participants to have step therapy, prior authorization, and quantity limits as per contemporary standard Rx plan administrative guidelines
- Medicare participants to have \$5 penalty for out of network use – not a network change



Executive Summary

Plans and Operational Comments

- Actives and pre-65 retirees will receive additional support services including:
 - Quantum Health for new services (not yet available with BCBSM) for member medical support services, medical management, and care coordination
 - Prescription drug integration with Express Scripts resulting in a single ID card
 - Consolidated Medical and Rx billing
 - Virtual primary care through 98point6
 - Livongo – diabetes care support services (current)
 - Direct contract and bundle-priced services through KISx or Everyone Health – results in no out-of-pocket costs when used
 - EAP services – up to 6 visits at no added cost to the County
- Strong network match/overlap for Aetna networks vs. combined HAP/BC
 - Aetna National POS-II network has all MI hospitals and strong PPO provider match
 - Aetna High Performance PPO network provided as replacement for HMOs – McLaren based in Flint with other area hospitals



Summary of Financial Results and Recommendations



Summary of Financial Results and Recommendations

Identified objectives:

- Conduct medical procurement for active and retiree populations
- Improve costs of retiree health care while limiting plan design changes to 1-3% (actuarial value)
- Leave active benefit levels unchanged
- Identify prescription drug opportunities while not terminating Express Scripts/Confidio/Benistar contracts



Summary of Financial Results and Recommendations

The following summarizes the financial results of the procurement process utilizing the best combination of solutions

	Status Quo CY2021	BCBSM	Flume + Aetna MA*	HAP*	Meritain + Aetna MA*	Trustmark + Aetna MA*
Premium	\$6,092,731	\$0	\$0	\$958,860	\$0	\$0
Admin Fees	\$1,108,984	\$839,916	\$845,950	\$645,269	\$968,570	\$913,706
Stop-Loss	\$1,076,599	\$1,359,061	\$976,169	\$1,250,408	\$927,907	\$1,021,651
Medical Claims	\$10,121,747	\$12,363,241	\$11,911,988	\$12,363,241	\$11,990,825	\$11,971,548
Rx Costs	\$6,585,946	\$5,385,946	\$5,385,946	\$5,385,946	\$5,385,946	\$5,385,946
EGWP Costs	\$3,938,662	\$2,950,388	\$2,950,388	\$2,950,388	\$2,950,388	\$2,950,388
Start Up Fees	\$0	\$0	\$11,950	\$2,500	\$45,000	\$45,000
Credits	\$0	\$0	\$0	\$0	(\$207,989)	\$0
44N Call Center	\$84,000	\$84,000	\$0	\$84,000	\$0	\$0
PMGBA Fees	\$35,298	\$94,033	\$141,600	\$141,600	\$141,600	\$141,600
Total	\$29,043,969	\$23,076,585	\$22,223,991	\$23,782,213	\$22,202,247	\$22,429,840
\$ Change		(\$5,967,384)	(\$6,819,978)	(\$5,261,756)	(\$6,841,722)	(\$6,614,129)
% Change		-20.5%	-23.5%	-18.1%	-23.6%	-22.8%

*County's costs will be approximately \$250,000 more due to run out administration of current BCBSM arrangement



Summary of Financial Results and Recommendations

Summary Recommendations:

- Maintain existing benefit plan levels for active employees
- Consolidate all retirees into one of three medical plan designs based on minimizing benefit level changes
- Implement prescription drug cost management programs for actives, pre-Medicare retirees, and Medicare retirees
- Purchase Medicare Advantage plans from Aetna
- Select Meritain as the County's plan administrator for active employees and pre-Medicare retirees



Express Scripts – Commercial and EGWP



Express Scripts

Due to contracts currently in place, and the penalties for early termination, the County has chosen not to terminate the current Rx plans through Express Scripts –

Commercial (actives and pre-65s), and

EGWP (Employer Group Waiver Plan for Medicare population) through Benistar/Confidio

The following pages identify the recommended changes for January 1 to both Commercial and EGWP programs that are meant to drive cost savings while limiting disruption



Commercial Rx

No changes to active employee plan designs

All pre-Medicare retirees will be moved into a plan that has one of two levels of Rx copays:

- \$2 generics, \$5 preferred brands, \$5 non-preferred brands (actuarial value change less than 1% in all cases)
- \$5 generics, \$20 preferred brands, \$40 non-preferred brands (minimal actuarial value change)

Implement the National Preferred Formulary - ~211 individuals impacted by copay level change or need to switch to another medication

Exclude medications that have over-the-counter alternatives – ~14 individuals impacted



Commercial Rx

Implement the Specialty Savings program which leverages manufacturer assistance programs resulting in \$0 fills for members and lower claims for the County - ~47 individuals impacted

Specialty medications must be filled through the Accredo specialty pharmacy - ~25 individuals impacted

The combination of all of these changes yields approximate annual savings of \$1.2 million



EGWP

All Medicare retirees will be moved into one of the two levels of Rx copays previously outlined

Implement a \$5 copay “penalty” for use of non-preferred pharmacies (out-of-network)

Introduce step therapy, prior authorizations, and quantity limits – all standard controls in modern Rx plans

The combination of all of these changes yields approximate annual savings of \$1.0 million



Medicare Retirees



Medicare Retirees

Under the current arrangements, the County is paying approximately \$6.84 million annually for Medicare retirees

- \$3.02 million for medical
- \$3.82 million for Rx (EGWP)

The County is paying approximately \$501k in stop-loss premiums for Medicare retirees in the BCBSM plans

- Stop-loss coverage for the Medicare retirees is not necessary because Medicare is the primary payer for facility and professional services
- These stop-loss premiums will be shifted to actives and pre-Medicare retirees where the risk exists
 - Reduces long-term costs for Medicare retirees by eliminating stop-loss price inflation



Medicare Retirees

The following carriers provided proposals for the Medicare retiree population

- ADN + Humana Individual MA
- Aetna
- BCBSM
- HAP
- The Hartford
- Humana

The total proposed savings ranged from 28.8% - 58.3%

We recommend Aetna based on cost, benefits, nationally recognizable Medicare Advantage leader, and administration

Aetna Medicare Advantage plan uses a passive PPO platform (same benefits in and out-of-network, eliminates higher out of network costs under some current plans)

Reminder - Because BCBSM will not administer “split programs” applicable to pre-Medicare retirees and Medicare retirees, selecting Aetna eliminates BCBSM from consideration for ongoing pre-Medicare retirees



Medicare Retirees

The following exhibit compares the CY2021 costs under the current benefits arrangements and the recommended solution with Aetna

Description	Current CY2021	Aetna Proposed (Recommended)	BCBSM* Proposed
Premium	\$357,310	\$0	\$0
Admin Fees	\$552,428	\$0	\$0
Stop-Loss	\$536,268	\$0	\$0
Medical Claims	\$1,687,937	\$0	\$0
EGWP (Rx)	\$3,938,662	\$2,950,388	\$2,950,388
Total	\$7,072,605	\$2,950,388	\$2,950,388
\$ Change	n.a.	(\$4,122,217)	(\$4,122,217)
% Change	n.a.	(58.3%)	(58.3%)

*\$0 MA premium assumes BCBSM is a single source solution for actives, pre-65 and MA retirees



Actives and Pre-Medicare Retirees



Actives and Pre-Medicare Retirees

The following carriers/TPAs provided administrative proposals for the actives and pre-Medicare retirees

- BCBSM/BCN
- HAP/ASR
- Meritain
- Trustmark
- Flume

Each carrier/TPA listed above was also asked to provide stop loss quotes from their preferred stop loss partners/providers

- At this time, all stop loss quotes are illustrative and updated data through September 2020 are required to confirm CY2021 rates



Actives and Pre-Medicare Retirees

In addition to stop loss quotes provided by the TPAs, we obtained additional proposals from the following carriers that can be paired with any of the TPA/network combination considered/chosen

- Partners MGU
- Pareto Underwriting Partners
- Sun Life
- American Fidelity
- HCC – Declined to quote

Quotes were provided at the \$170k (current) and \$200k (recommended) specific deductible levels

- Quotes assume covering both medical and prescription drug claims
- Stop loss quotes are illustrative only and are subject to change upon receipt of data through September 2020



Actives and Pre-Medicare Retirees

The following summarizes the recommended solution:

- TPA/plan administration services through Meritain (national vendor owned by Aetna)
- Aetna's Choice POS II network to replace existing PPO
- Aetna's Premier Care Network (APCN) to replace existing HMO
- Stop-Loss insurance through Partners MGU (subject to final review once data through September are provided)
 - Covers individual claims above \$200,000
 - Covers medical and Rx claims
- Quantum to provide customer service, medical management, and patient advocacy/navigation



Actives and Pre-Medicare Retirees

Recommended solution includes:

- Prescription drug integration with Express Scripts resulting in a single ID card
- Consolidated Medical and Rx billing
- Virtual primary care through 98point6
- Direct contract and bundle-priced services through KISx or Everyone Health – results in no out-of-pocket costs when used
- EAP services – up to 6 visits at no added cost (this service to be provided to all County employees regardless of health coverage)



Actives and Pre-Medicare Retirees

Description	CY2020 - Current	Meritain + Quantum (Recommended)	BCBSM
Premium	\$5,735,422	\$0	\$0
Admin Fees	\$566,553	\$968,570	\$839,916
Stop-Loss	\$540,301	\$927,907	\$1,359,061
Medical Claims	\$8,422,810	\$11,990,825	\$12,363,241
Rx Costs	\$6,585,946	\$5,385,946	\$5,385,946
Start Up Fees	\$0	\$45,000	\$0
Vendor Credits	\$0	(\$207,989)	\$0
Current Call Center	\$84,000	Included in Admin	\$84,000
PMGBA Fees	\$35,298*	\$141,600	\$94,033
Total	\$21,971,331	\$19,251,859	\$20,126,197
\$ Change	n.a.	(\$2,719,472)	(\$1,845,134)
% Change	n.a.	(12.4%)	(8.4%)

* A portion of the current PMGBA fees are embedded in the premiums

**BCBSM expected to charge runout administration fees of \$250,000



Actives and Pre-Medicare Retirees

For active employees, the existing plan designs will be matched with plan administration through Meritain

Summary of Active, pre-Medicare retirees, and Medicare retiree plan mapping is in the appendix of this report



Point Solutions

Applicable to Actives and Pre-Medicare Retirees Only



Point Solutions

In order to provide long-term, improved results, our recommended approach includes some specialized support solutions to:

- Ease administration
- Assist membership in navigating the complex health care market and provider networks
- Introduce alternative approaches that can lower costs for both the participant and the County

We refer to such support services as Point solutions

The following pages identify and describe the point solutions that are recommended for actives and pre-Medicare retirees

The cost analysis on prior pages includes any costs for the implementation of the recommended point solutions where ever applicable

In most situations, use of the point solutions actually lowers benefit plan costs by an amount that exceeds any fixed costs



Point Solutions – Quantum

Concierge member support, medical management, and care coordination services

Quantum becomes the initial contact for patient and provider instead of the administrator – ID cards will prominently feature Quantum

- Patients can be reminded of benefits and programs before the medical procedure – instead of after
- Doctor requests will trigger patient outreach so they can receive appropriate care solutions, steerage to higher quality/lower cost providers, and general advice regarding their procedures

Nurses engage with patients and their providers to holistically manage the health care experience

Support specialists help with claims issues, scheduling appointments, eligibility and benefits questions



Point Solutions – Quantum

Quantum has successfully helped employers reduce year-over-year cost trends

- Market average = 6.3%
- Quantum = 2.3%

Reducing cost trend also:

- Helps total costs track closer to the PA152 hard cap inflationary rates, favorably impacting any contributions
- Better controls OPEB liabilities
- Decreases the likelihood that the County will need to redo this analysis 2-3 years from now to address retiree cost pressures

Solution to be used with Meritain

- Annual cost of approximately \$400,000 (as noted, already included in the cost summary)



Point Solutions – KISx or Everyone Health

The recommended proposal includes working with either KISx or Everyone Health

Both vendors provide access to bundled prices and direct provider contracts for specific procedures

- Schedulable surgeries (i.e., knee replacement)
- Imaging (MRIs, CT scans)
- Labs

Patients receive care at zero cost and County pays providers less than normal PPO reimbursement levels – lower claim costs

Access is procedure-based rather than location-based

We believe better results are available with KISx and at an administrative fee that is ~\$40,000 less than Everyone Health



Point Solutions – 98point6

Virtual primary care program

Covered participants can initiate a virtual doctor consult using text messaging that can then transition to phone or video, if necessary

- Consults are provided at no cost to the patient
- Scripts can be written by attending doctor

Doctors are employed by 98point6 allowing for better continuity of care for those frequently using this service

Compliments traditional, in-office, care delivery

- Cost is approximately \$40,000/year for two years (already included in cost summary)



Point Solutions - Livongo

Currently in place

Diabetes management program utilizing smart glucose meters and clinical outreach

- Participants also receive testing supplies at no cost

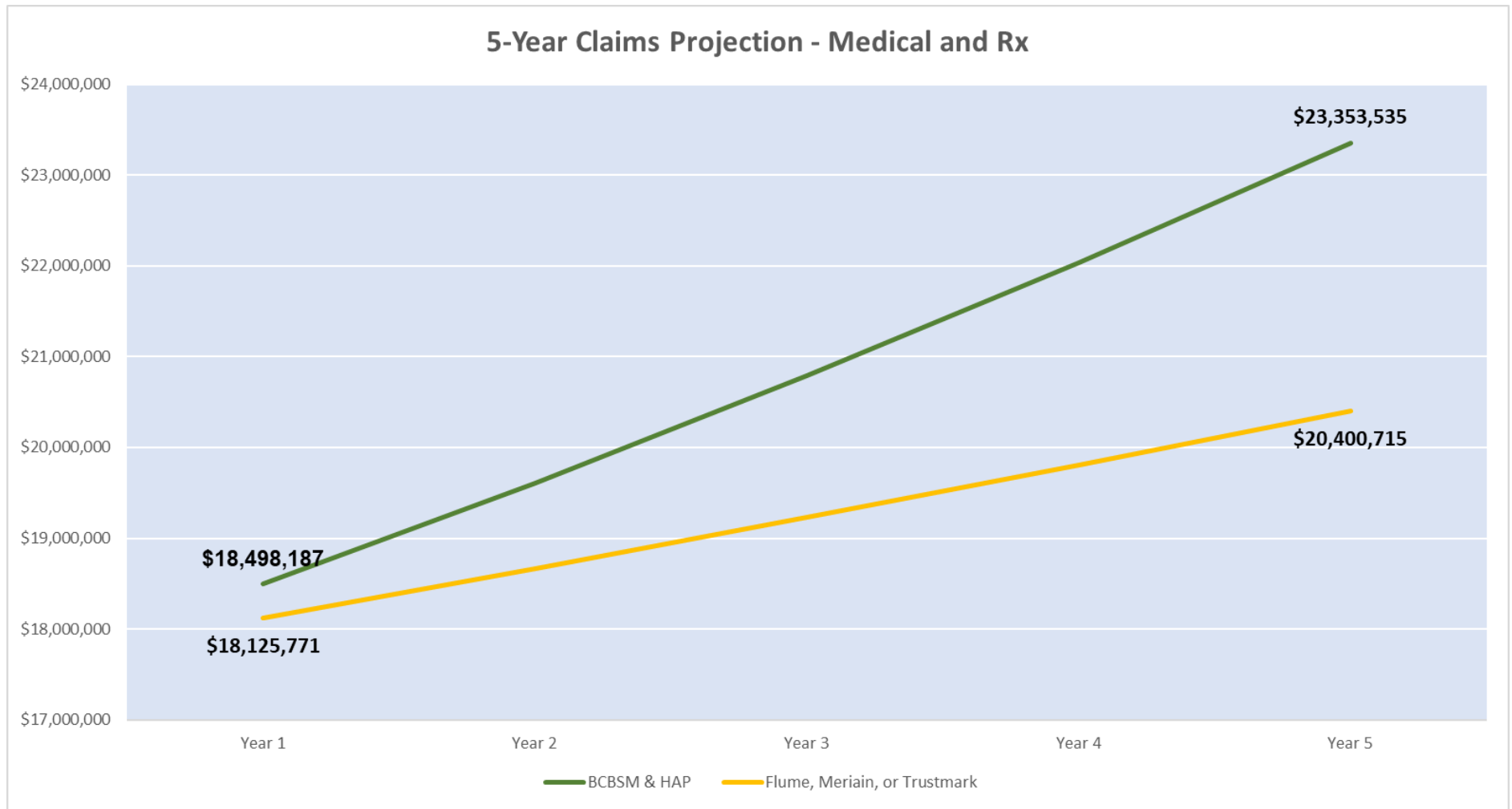
Costs of program are charged as claims and only when a diabetic enrolls in the program

Program is frequently utilized by the recommended plan administrator



5-Year Projections

The following is a 5-year claims projection highlighting why managing claims via point solutions is critical





Open Discussion and Next Steps



Open Discussion and Next Steps

Finalize carrier selection for all population cohorts

- Actives
- Pre-Medicare retirees
- Medicare retirees

Confirm vendor selection with vendors by September 10, 2020

Begin implementation and change management

Obtain firm and final stop-loss proposals from all competitive carriers (preliminary recommendation is with Partners MGU)



Appendix

Plan Design Mapping



Active Plan Mapping

Active Suffix/Division	Current Plans	New Plan
	BCBSM	Recommended
019	PPO \$250 ded. Plan \$5/20/40Rx	Meritain/Aetna PPO: Choice POS II - \$250 Ded. Plan \$5/20/40 Rx
	HAP	Recommended
1000, 1002	PPO \$250 ded. Plan \$5/20/40Rx	Meritain/Aetna PPO: Choice POS II - \$250 Ded. Plan \$5/20/40 Rx
1000, 1003	HMO \$250 ded. Plan \$5/20/40Rx	Meritain/Aetna PPO: APCN - \$250 Ded. Plan \$5/20/40 Rx



Pre-Medicare Retiree Plan Mapping

Retiree Suffix/Division	Current Plans	New Plan
BCBSM		Recommended
002	CMM \$100 Ded. Plan, \$5/5/5 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
003	CMM \$50 Ded. Plan, \$2/2/2 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
004	CMM \$50 Ded. Plan, \$2/2/2 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
005	CMM \$100 Ded. Plan, \$5/5/10 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$5/20/40 Rx
006	PPO \$0 Ded. Plan, \$5/5/25 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$5/20/40 Rx
007	PPO \$0 Ded. Plan, \$5/15/25 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$5/20/40 Rx
008	CMM \$100 Ded. Plan, \$5/15/25 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$5/20/40 Rx
009	CMM \$100 Ded. Plan, \$5/5/5 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
010	CMM \$100 Ded. Plan, \$5/5/5 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
011	CMM \$100 Ded. Plan, \$5/5/5 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
012	CMM \$100 Ded. Plan, \$5/5/5 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
013	CMM \$100 Ded. Plan, \$5/5/10 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$5/20/40 Rx
015	CMM PPO \$100 Ded. Plan, \$5/5/5 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
016	CMM PPO \$100 Ded. Plan, \$5/5/5 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
017	CMM PPO \$100 Ded. Plan, \$5/5/5 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
018	CMM PPO \$100 Ded. Plan, \$5/5/10 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$5/20/40 Rx
021	PPO \$250 Ded. Plan, \$5/20/40 Rx	Meritain/Aetna PPO: Choice POS II - \$250 Ded. Plan \$5/20/40 Rx
022	CMM \$50 Ded. Plan, \$2/2/2 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
HAP		Recommended
1001	HMO \$250 Ded. Plan, \$5/20/40 Rx	Meritain/Aetna PPO: Choice POS II - \$250 Ded. Plan \$5/20/40 Rx
1101	HMO \$0 Ded. Plan, \$5/15/25 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$5/20/40 Rx
1201	HMO \$0 Ded. Plan, \$3/3/3 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
1301	HMO \$0 Ded. Plan, \$3/3/3 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
1401	HMO \$0 Ded. Plan, \$3/3/3 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$2/5/5 Rx
1501	HMO \$0 Ded. Plan, \$5/15/25 Rx	Meritain/Aetna PPO: Choice POS II - \$100 Ded. Plan, \$5/20/40 Rx
1001	PPO \$250 Ded. Plan, \$5/20/40 Rx	Meritain/Aetna PPO: Choice POS II - \$250 Ded. Plan \$5/20/40 Rx



Medicare Retiree Plan Mapping

Retiree Suffix/Division	Current Plans	New Plan
BCBSM		Recommended
002	CMM \$100 Ded. Plan, \$5/5/5 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
003	CMM \$50 Ded. Plan, \$2/2/2 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
004	CMM \$50 Ded. Plan, \$2/2/2 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
005	CMM \$100 Ded. Plan, \$5/5/10 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$5/20/40 Rx
006	PPO \$0 Ded. Plan, \$5/5/25 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$5/20/40 Rx
007	PPO \$0 Ded. Plan, \$5/15/25 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$5/20/40 Rx
008	CMM \$100 Ded. Plan, \$5/15/25 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$5/20/40 Rx
009	CMM \$100 Ded. Plan, \$5/5/5 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
010	CMM \$100 Ded. Plan, \$5/5/5 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
011	CMM \$100 Ded. Plan, \$5/5/5 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
012	CMM \$100 Ded. Plan, \$5/5/5 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
013	CMM \$100 Ded. Plan, \$5/5/10 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$5/20/40 Rx
015	CMM PPO \$100 Ded. Plan, \$5/5/5 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
016	CMM PPO \$100 Ded. Plan, \$5/5/5 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
017	CMM PPO \$100 Ded. Plan, \$5/5/5 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
018	CMM PPO \$100 Ded. Plan, \$5/5/10 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$5/20/40 Rx
021	PPO \$250 Ded. Plan, \$5/20/40 Rx	Aetna Medicare Advantage Passive PPO - \$250 Ded. Plan, EGWP \$5/20/40 Rx
022	CMM \$50 Ded. Plan, \$2/2/2 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
HAP		Recommended
1001	HMO \$250 Ded. Plan, \$5/20/40 Rx	Aetna Medicare Advantage Passive PPO - \$250 Ded. Plan, EGWP \$5/20/40 Rx
1101	HMO \$0 Ded. Plan, \$5/15/25 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$5/20/40 Rx
1201	HMO \$0 Ded. Plan, \$3/3/3 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
1301	HMO \$0 Ded. Plan, \$3/3/3 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
1401	HMO \$0 Ded. Plan, \$3/3/3 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
1501	HMO \$0 Ded. Plan, \$5/15/25 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$5/20/40 Rx
1001	PPO \$250 Ded. Plan, \$5/20/40 Rx	Aetna Medicare Advantage Passive PPO - \$250 Ded. Plan, EGWP \$5/20/40 Rx
1206	MA \$0 Ded. Plan, \$0/0/0 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx
1606	MA \$0 Ded. Plan, \$0/0/0 Rx	Aetna Medicare Advantage Passive PPO - \$100 Ded. Plan, EGWP \$2/5/5 Rx



Thank You

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