



EXHIBIT C

Department of Transformation and Shared Services

Governor Asa Hutchinson

Secretary Amy Fecher

Director Jake Bleed

June 7, 2022

Sen. Jason Rapert, Co-Chair
Rep. Deborah Ferguson, Co-Chair
Arkansas Legislative Council
Room A, MAC
Little Rock, AR 72201

Dear Chairs,

Pursuant to Act 1004 of 2021, Sec. 1 (e)(3), the following actions of the Board of Finance are submitted for the approval of the Arkansas Legislative Council.

The Board of Finance (Board) voted to approve proposed policy changes to the development of monthly premiums for employees and employers and to approve the proposed contract for the provision of Medicare Advantage services for retirees of the state and public schools. Both provisions will be implemented for the plan year beginning Jan. 1, 2023.

Both measures were adopted by the board on June 3, 2022, which was a Friday. As a result, the agency was unable to submit these items prior to the ten-day submission deadline established under the subcommittee's rules.

Both the creation of rates and establishment of the Medicare Advantage program will require time to effectively communicate and implement prior to the start of the next calendar year. Pursuant to the subcommittee's rules, I ask that the subcommittee consider these items for the June 15 meeting in order to avoid delay in implementation of rate-making announcements and creation of the Medicare Advantage Program.

Sincerely,

A handwritten signature in cursive script that reads "Jake Bleed".

Jake Bleed
Director, TSS-EBD

Employee Benefits Division

501 Woodlane Street, Suite 500 * Little Rock, AR 72201 * 501.682.9656

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Department of Transformation and Shared Services

Governor Asa Hutchinson

Secretary Amy Fecher

Director Jake Bleed

Memorandum

To: Arkansas State Board of Finance
From: Jake Bleed, Director, Employee Benefits Division, Department of Transformation and Shared Services
CC: Amy Fecher, Secretary
Date: June 6, 2022

Subject: Proposed Contract for the provision of Medicare Advantage services through UnitedHealthcare Insurance Company

The purpose of this memorandum is to summarize a proposed contract with UnitedHealthcare for Group Medicare Advantage with Prescription Drug coverage for eligible retirees of Arkansas state and public schools. Under the proposed contract with UnitedHealthcare:

- The State of Arkansas will contract with UnitedHealthcare to offer Medicare Advantage services to eligible retirees for calendar years 2023, 2024 and 2025. Additional years can be added upon conclusion of the initial three-year term.
- Retirees who are 65 or older, or who are otherwise eligible for Medicare, will be automatically enrolled in the Medicare Advantage program. All will be given the opportunity to opt out of Medicare Advantage and retain existing benefits.
- Benefits offered under the Medicare Advantage program will mirror existing benefits but with additional services which are not currently offered to retirees. These benefits include coverage for vision, dental and hearing, as well as other benefits.
- UnitedHealthcare will work statewide to educate retirees and healthcare providers on the program and ensure all have an opportunity to make an informed decision prior to enrollment.
- The Medicare Advantage program will offer significant savings to both retirees and the state.
- The contract will be governed by stringent performance guarantees which the Employee Benefits Division will oversee through the life of the contract. In addition, the contract stipulates minimum amounts the vendor must spend in providing benefits to members.

If approved by the Board of Finance, this contract will be forwarded to the Arkansas Legislative Council for final approval.

Employee Benefits Division - ARBenefits

P.O. Box 15610 * Little Rock, AR 72231 * 877.815.1017

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UnitedHealthcare Group Medicare Advantage (PPO)

State of Arkansas - Department of Finance and Administration Employee Benefits Division

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
Annual Medical Deductible	None	None
Annual Medical Out-of-Pocket Maximum	\$0	\$0
Is Annual Medical Out-of-Pocket Maximum combined for IN and OUT of network?	Yes	
Physician Services		
Primary Care Physician Office Visit (includes Non-MD office visits)	\$0	\$0
Specialist Office Visit	\$0	\$0
Virtual Office Visit	\$0	\$0
- with Providers: AmWell, Doctor on Demand, or Teladoc	\$0	
Telemedicine	\$0	\$0
Annual Routine Physical Exam	\$0	\$0
Inpatient Services		
Inpatient Hospital Stay	\$0 Per Admit	\$0 Per Admit
Skilled Nursing Facility Care - Prior hospital stay requirement waived	Yes	Yes
Skilled Nursing Facility Care - Benefit Period	100 Days	
Skilled Nursing Facility Care	\$0 Per Day Days 1 - 100	\$0 Per Day Days 1 - 100
Inpatient Mental Health Lifetime Maximum	Unlimited	
Inpatient Mental Health/ Substance Abuse in a Psychiatric Hospital	\$0 Per Admit	\$0 Per Admit
Outpatient Services		
Outpatient Surgery	\$0	\$0
Outpatient Hospital Services	\$0	\$0
Outpatient Mental Health/Substance Abuse - Individual Visit	\$0	\$0
Outpatient Mental Health/Substance Abuse - Group Visit	\$0	\$0
Partial Hospitalization (Mental Health Day Treatment) per day	\$0	\$0
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$0	\$0
Occupational Therapy	\$0	\$0
Physical Therapy and Speech/Language Therapy	\$0	\$0
Cardiac/Intensive Cardiac/Pulmonary Rehabilitation/SET	\$0	\$0
Intensive Cardiac Rehabilitation	\$0	\$0
Pulmonary Rehabilitation	\$0	\$0
Supervised Exercise Therapy (SET) for Symptomatic peripheral artery disease (PAD)	\$0	\$0
Kidney Dialysis	\$0	\$0
Medicare Covered Services		
Chiropractic Visit	\$0	\$0
Podiatry Visit	\$0	\$0
Eye Exam	\$0	\$0
Eyewear (Frames and Lenses after cataract surgery)	\$0	\$0
Hearing Exam	\$0	\$0
Dental Services	\$0	\$0

Medical Coverage		
Benefit Name	In Network Services	Out of Network Services
Ambulance/Emergency Room/Urgent Care		
Ambulance Services	\$0	\$0
Ambulance Copay Waived if Admitted	No	No
Emergency Room (includes Worldwide coverage)	\$0	\$0
Emergency Room Copay Waived if Admitted within 24 hours	Yes	Yes
Urgent Care (Includes Worldwide Coverage)	\$0	\$0
Urgent Care Copay Waived if Admitted within 24 hours	Yes	Yes
Part B Drugs And Blood		
Part B Drugs	\$0	\$0
Part B Chemotherapy Drugs	\$0	\$0
Blood (3 pint deductible waived)	\$0	\$0
Durable Medical Equipment (DME) And Supplies		
Durable Medical Equipment	\$0	\$0
Prosthetics	\$0	\$0
Orthotics	\$0	\$0
Diabetic Shoes and Inserts	\$0	\$0
Medical Supplies	\$0	\$0
Diabetic Monitoring Supplies	\$0	\$0
Insulin Pumps and Supplies	\$0	\$0
Home Healthcare Agency & Hospice		
Home Health Services	\$0	\$0
Hospice (Medicare-covered)	\$0	\$0
Procedures		
Clinical Laboratory Services	\$0	\$0
Outpatient X-ray Services	\$0	\$0
Diagnostic Procedure/Test (includes non-radiological diagnostic services)	\$0	\$0
Diagnostic Radiology Service	\$0	\$0
Therapeutic Radiology Service	\$0	\$0
Preventive Services (Medicare-Covered)		
Cardiovascular Screenings	\$0	\$0
Immunizations (Flu, Pneumococcal, Hepatitis B)	\$0	\$0
Pap Smears and Pelvic Exams	\$0	\$0
Prostate Cancer Screening	\$0	\$0
Colorectal Cancer Screenings	\$0	\$0
Bone Mass Measurement (Bone Density)	\$0	\$0
Mammography	\$0	\$0
Diabetes - Self-Management Training	\$0	\$0
Medical Nutrition Therapy and Counseling	\$0	\$0
Annual Wellness Exam and One-time Welcome-to-Medicare Exam	\$0	\$0
Smoking Cessation Visit	\$0	\$0
Abdominal Aortic Aneurysm (AAA) Screenings	\$0	\$0
Diabetes Screening	\$0	\$0

Medical Coverage

Benefit Name	In Network Services	Out of Network Services
HIV Screening	\$0	\$0
Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse	\$0	\$0
Screening for Depression in Adults	\$0	\$0
Screening for Sexually Transmitted Infections (STIs) and high intensity Behavioral Counseling to prevent STIs	\$0	\$0
Intensive Behavioral Therapy to reduce Cardiovascular Disease Risk	\$0	\$0
Screening and Counseling for Obesity	\$0	\$0
Glaucoma Screening	\$0	\$0
Kidney Disease Education	\$0	\$0
Dialysis Training	\$0	\$0
Hepatitis C Screening	\$0	\$0
Lung Cancer Screening	\$0	\$0

Additional Benefits/Non-Medicare Covered Services

Routine Podiatry

Routine Podiatry	\$0	\$0
Routine Podiatry - Number of visits per year	6 Visits	

Routine Chiropractic

Routine Chiropractic	\$0	\$0
Routine Chiropractic - Number of Visits	15 Visits	
Routine Chiropractic - Benefit Period	1 Year	

Routine Vision

Routine Eye Exam Refraction - every 12 months	\$0	\$0
Vision Hardware - Allowance for Eyeglasses - OR - Contact Lenses (in lieu of Eyeglasses)	\$150	
Vision Hardware - Benefit Period	Every 12 Months	

Routine Hearing

Routine Hearing Exam for Hearing Aids	\$0	\$0
Routine Hearing Exam - Number of Visits	1 Visit	
Routine Hearing Exam - Benefit Period	1 Year	
Routine Hearing Aid - Allowance Per Ear or Combined	Combined	
Routine Hearing Aid - Number of Devices	Unlimited	
Routine Hearing Aid - Benefit Period	3 Years	
Routine Hearing Aid - Device Allowance	\$2,800	

TMJ Disorder Treatment

Allowance per Calendar Year	\$1,000	
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Wellness/Clinical Programs

UHC Healthy At Home - Post-Discharge Program, following each discharge: - 12 non-emergency medical rides - 28 home delivered meals - 6 hours in-home personal care	Included	
Fitness Program	Included	
Personal Emergency Response System - Benefit includes a lightweight device (worn on the wrist or as a pendant) that provides 24/7 access to emergency care.	Included	
HouseCalls Program	Included	
Preferred Diabetic Supply Program	Included	

Wellness/Clinical Programs

Rally Coach:

- **Wellness Coaching** blended model of personal coaching, self-paced online learning and digital support across a variety of wellbeing topics such as healthy eating, sleep management, and more.
- **Quit For Life tobacco cessation program** using an evidence-based combination of physical, psychological and behavioral strategies to help members overcome their addiction to tobacco.
- **Real Appeal:** two digital weight loss programs: Real Appeal Weight Loss Support and Real Appeal Diabetes Prevention.

Included

Case and Disease Management, including:

- High Risk Members
- Heart Failure
- Respiratory Illness
- Kidney Disease
- Diabetes
- Behavioral Health
- Nurse Support - 24/7

Included

UHC Hearing Aid Discount Program

- Note: Available services and offerings may be limited in the U.S. Territories

Included

Outpatient Prescription Drug Coverage

Prescription Drug Plan

Custom

Part D Fund Type

Fully-insured

Formulary

Standard Formulary H
(Group Select Formulary)

Bonus Drug List(s)

List U

ACA Drug List

Formulary Edits (step therapy, quantity limits, prior authorization)

Standard: Edits On

Benefit Name**In Network Services****Part D Gap Coverage**

Part D Gap Coverage

Full Coverage

Custom OOP, ICL, Catastrophic

Initial Coverage Limit

\$4,430

True Out of Pocket Threshold (TrOOP)

\$7,050

Catastrophic Coverage over TrOOP

Lesser of ICL

Member's cost share is lesser of CMS Standard
benefit (as shown below) or ICL cost shares

Copay for generics

\$3.95

Copay for all other drugs

\$9.85

- OR - Coinsurance

5%

Day Supply Information**Note: 90 day retail supply is available for 3x copay amount**

Retail Day Supply (Tiers 1-4)

31

Mail Order Day Supply (Tiers 1-4)

93

Part D Retail Copay

Tier 1: Generic

\$15

Tier 2: Preferred Brand

\$40

Tier 3: Non-Preferred Brand

\$80

Tier 4: Specialty Tier

\$100

Part D Mail Order Copay

Tier 1: Generic

\$30

Tier 2: Preferred Brand

\$80

Tier 3: Non-Preferred Brand

\$160

Tier 4: Specialty Tier

\$200

Year	Group	Adjusted MAPDPMPM	Annual PM cost	Projected MAPD Costs	Projected Post 65 Retiree Costs Under Existing Benefits	Projected Savings with 50% Enrollment
2023	ASE Retirees	\$ 165.31	\$ 1,983.72	\$13,886,040.00	\$ 39,613,053.52	\$ 25,727,013.52
	PSE Retirees	\$ 85.31	\$ 1,023.72	\$ 8,189,760.00	\$ 17,577,392.93	\$ 9,387,632.93
2024	ASE Retirees	\$ 170.31	\$ 2,043.72	\$14,306,040.00	\$ 42,275,207.11	\$ 27,969,167.11
	PSE Retirees	\$ 90.31	\$ 1,083.72	\$ 8,669,760.00	\$ 18,502,378.90	\$ 9,832,618.90
2025	ASE Retirees	\$ 175.31	\$ 2,103.72	\$14,726,040.00	\$ 45,129,405.02	\$ 30,403,365.02
	PSE Retirees	\$ 95.31	\$ 1,143.72	\$ 9,149,760.00	\$ 19,482,864.04	\$ 10,333,104.04

PSE Retiree Only Costs	Base Premium	State Pays	Retiree Pays	Annualized
Current Benefits 2021	\$ 231.98	\$ 131.20	\$ 100.78	\$ 1,209.36
Medicare Advantage	\$ 85.31	\$ 76.78	\$ 8.53	\$ 102.37
Difference	\$ 146.67	\$ 54.42	\$ 92.25	\$ 1,106.99

ASE Retiree Only Costs	Base Premium	State Pays	Retiree Pays	Annualized
Current Benefits 2021	\$ 450.49	\$ 257.37	\$ 193.12	\$ 2,317.44
Medicare Advantage	\$ 165.31	\$ 148.78	\$ 16.53	\$ 198.37
	\$ 285.18	\$ 108.59	\$ 176.59	\$ 2,119.07

Memorandum

To: Arkansas State Board of Finance
From: Jake Bleed, Director, Employee Benefits Division, Department of Transformation and Shared Services
CC: Amy Fecher, Secretary
Date: May 25, 2022

Subject: Proposed Adjustments to Rate Calculations and Cost Allocation at Employee Benefits Division

Attachments: Projected rate change analysis for PSE and ASE plans, 2022 to 2028; Projected Financials for ASE and PSE Plans, 2022 to 2028.

The purpose of this memo is to establish policy in setting rates for Arkansas State Employees (ASE) and Public School Employee (PSE) health insurance.

Summary: If adopted, the proposed policy will set best practices for EBD in line with other large group employers. The proposed policy will more fairly and accurately spread the increased cost of health insurance across members and the state. If implemented correctly, the proposed policy will prevent future fiscal crises and meet the annual challenge of funding employee health insurance in a planned, organized manner.

Background:

EBD currently manages separate health insurance plans for ASE and PSE members. Both plans are composed of qualified active employees, retirees, and dependents. The plans have separate rate structures for member only, member and spouse, and member and family rate (class tier). The plans also sets rates based on Premium, Classic, and Basic benefit structure tiers (benefit tier).

The plans are funded by state and employee contributions. While employee funding can be adjusted annually by modifying premium rates, the state's contributions are dictated by statute. Historically, state funding was relatively static and in some cases could not be modified without legislation.

Traditionally, EBD approached annual funding challenges by addressing the immediate bottom-line needs of the plan. The adjustment process typically involved weighing all available options – premium rate increases on individual groups, reductions in specific benefits, requests for lump sum funding from the state, etc. Decision making for the plan rested with the former EBD board, whose members included representatives for members, retirees and others with a direct interest in the decisions of the board. As a result, rate increase decisions were difficult and highly political.

The former board did not have a policy on how the cost of premium rates should be divided between the state (employer) and the member (employee). On average, the state pays about 65 percent of premium rates for its employees. The amount of subsidization varies across the plans, with some employees benefiting more than others. This is the lowest subsidization of premium rates among surrounding states, some of which contribute 90 percent of premium rates. Other states provide uniform lump sum payments towards premium rates, regardless of an employee's status or plan. The ASE and PSE plans do not have a mechanism for regular, planned increases in funding from the state.

In addition, rates were not actuarially risk adjusted to reflect the actual cost of providing insurance to different classes of members. Instead, the amounts paid by specific members bore little to no relation to claims costs.

Appropriate funding is a common problem for health insurance plans nationally. Healthcare costs rise at a steady and actuarially predictable rate. In the case of EBD, this rate varies between 6 percent and 8 percent annually. Unlike other plans, EBD lacks an organized approach to increasing revenue to meet these rising costs.

Proposal:

Following the guidance of EBD's actuarial firm, Milliman, Inc., the Department of Transformation and Shared Services identified two major policy initiatives which will help the state plan for and respond to predicted increases in the cost of healthcare.

The initiatives are:

- Adjusting premium rates to reflect the actuarial risk that individual members impose on the plans. Actuarial risk reflects the potential costs which the plan could incur by offering coverage to members of the plan. Shifting premium rates to reflect actuarial risk will improve fairness, increase the accuracy of funding projections, and allow the plan to more effectively manage future risks.
- Ensuring that state contributions are uniformly allocated across plans. Currently, the state contributes unevenly across benefit and class tiers. This process inadvertently creates risk to the plan by inducing members to enroll in benefit tiers with higher state contributions and lower member contributions. The state's contributions should be adjusted to bring uniformity to benefit and class tiers or, in the alternative, should be set based on policy decisions that seek to influence participation in desired benefit and class tiers.

EBD's adoption of these policies will "level set" rate making. Rates will be more uniform and policy based. The employee and state contributions will have a direct, calculable connection with plan costs. As a result, as costs increase, rates can be adjusted uniformly and fairly to meet the needs of the plan.

In addition, adoption of these processes will allow the Board of Finance and the General Assembly to consider and agree up front on how increasing costs will be spread across the plan. Planned premium rate increases can be uniform, fair and agreed-to up front. This advance planning will hopefully avoid some of the politically charged and difficult decisions which crippled the old EBD board.

Once fully implemented, adoption of these policies will allow the EBD to increase premium rates annually on a fair, flat and uniform basis. Increases in rates will reflect actual (and hopefully modest) increases in healthcare costs. The policies will enable EBD and the Board of Finance to adopt premium rate increases after within the context of the state's budget, employee salaries and the needs of the plan. EBD and the Board of Finance would have the ability to integrate plan funding requests into the state's budgeting process, including educational adequacy. Using this process, EBD and the Board could float funding to adjust to rising costs.

Failure to adopt these policies will result in the state continuing its existing strategies for funding. Premium rates would likely stay flat for the short term. Plan funding is sufficient for the short term and the plans will be able to operate for several years with the additional support provided by the General Assembly. However, without additional increases in revenue, the PSE plan will begin deficit spending by 2025 and will eliminate reserves by 2028. More importantly, the plan will remain vulnerable to unanticipated and expensive funding crises.

Adoption of these policies will not be immediate. Premium rates paid by members – particularly on the PSE plan – are not actuarially adjusted and immediately shifting to rates based on actuarial risk adjustment would cause significant increases or decreases in costs for members. In addition, the state's share of costs is not consistent across the plans and are comparatively low to our neighboring states. If the state adopts a higher, uniform rate – 80 percent of the premium rate, for example – the state will need some time to accommodate the resulting increase in state funding

Instead, EBD would recommend that these policies be integrated over a period of years. During this transition, premium rates would gradually be actuarially risk adjusted while state funding is leveled to uniform amounts across all benefit and class tiers. At the conclusion of the transition period, premium rates could then “float” with costs as the state adopts a process for modest, uniform rate increases.

Premium rate adjustment timing is an important consideration. Typically, EBD publishes premium rates for the coming calendar year in June. While this schedule is not mandated, EBD typically publishes rates well in advance of October 1st, when open enrollment begins.

Employees are unlikely to see dramatic changes in their premium rates under this proposal. Instead – with some exceptions – most employees will see gradual changes, with many seeing a decrease in costs. Most active employees will see rates flatten out

or decrease for the foreseeable future. Others, including retirees who are under the age of 65, are likely to see increases in premium rates. A detailed description is attached.

Finally, EBD recommends eliminating the monthly wellness credit currently offered to members. This credit currently amounts to \$50 monthly. Instead, EBD recommends that all employees begin transitioning to new premium rates as described above as if they received the wellness bonus. In other words, the minority of employees who do not meet wellness and are paying the additional \$50 fee would no longer be required to pay the penalty in 2023. While this would impose an additional cost on the plan, this cost will be less than the cost of wellness testing and will greatly simplify enrollment and eliminate bureaucracy for our members.

EBD Recommendations:

- Adopt goals of establishing actuarially risk adjusted premium rates for ASE and PSE plans
- Adopt goal of establishing uniform rates of employer contribution for ASE and PSE plans
- Establish 5-year implementation plan for ASE and PSE plans
- Eliminate \$50 wellness credit

DRAFT

ASE Member Rates 2022-2028 Projected

[illegible]

PSE Member Rates 2022-2028 Projected
With Actuarial Adjustment, Employer Share at 80%

Plan	2022	2022	2023		2024		2025		2026		2027		2028	
	EE Count	EE Cont	EE Cont	% Change	EE Cont	% Change	EE Cont	% Change	EE Cont	% Change	EE Cont	% Change	EE Cont	% Change
Actives with Wellness														
Premium														
Employee Only	9,600	\$233.46	\$220.52	-5.5%	\$207.58	-5.9%	\$194.64	-6.2%	\$181.70	-6.6%	\$168.76	-7.1%	\$179.23	6.2%
Employee + Spouse	170	\$881.20	\$805.01	-8.6%	\$728.81	-9.5%	\$652.62	-10.5%	\$576.43	-11.7%	\$500.24	-13.2%	\$531.29	6.2%
Employee + Child(ren)	1,777	\$520.54	\$495.64	-4.8%	\$470.74	-5.0%	\$445.84	-5.3%	\$420.93	-5.6%	\$396.03	-5.9%	\$420.62	6.2%
Family	328	\$883.44	\$846.38	-4.2%	\$809.32	-4.4%	\$772.26	-4.6%	\$735.21	-4.8%	\$698.15	-5.0%	\$741.49	6.2%
Classic														
Employee Only	12,498	\$96.02	\$94.53	-1.6%	\$93.04	-1.6%	\$91.55	-1.6%	\$90.06	-1.6%	\$88.57	-1.7%	\$94.06	6.2%
Employee + Spouse	1,264	\$404.62	\$386.05	-4.6%	\$367.49	-4.8%	\$348.92	-5.1%	\$330.36	-5.3%	\$311.79	-5.6%	\$331.15	6.2%
Employee + Child(ren)	5,604	\$208.42	\$214.67	3.0%	\$220.92	2.9%	\$227.17	2.8%	\$233.41	2.8%	\$239.66	2.7%	\$254.54	6.2%
Family	2,630	\$408.32	\$413.36	1.2%	\$418.40	1.2%	\$423.44	1.2%	\$428.48	1.2%	\$433.52	1.2%	\$460.43	6.2%
Basic														
Employee Only	3,135	\$61.26	\$54.19	-11.5%	\$47.12	-13.0%	\$40.05	-15.0%	\$32.98	-17.7%	\$25.91	-21.4%	\$27.51	6.2%
Employee + Spouse	192	\$322.78	\$291.13	-9.8%	\$259.48	-10.9%	\$227.84	-12.2%	\$196.19	-13.9%	\$164.54	-16.1%	\$174.75	6.2%
Employee + Child(ren)	508	\$171.86	\$160.98	-6.3%	\$150.11	-6.8%	\$139.23	-7.2%	\$128.35	-7.8%	\$117.48	-8.5%	\$124.77	6.2%
Family	278	\$325.62	\$305.84	-6.1%	\$286.07	-6.5%	\$266.29	-6.9%	\$246.52	-7.4%	\$226.74	-8.0%	\$240.82	6.2%
Actives without Wellness														
Premium														
Employee Only	2,620	\$283.46	\$220.52	-22.2%	\$207.58	-5.9%	\$194.64	-6.2%	\$181.70	-6.6%	\$168.76	-7.1%	\$179.23	6.2%
Employee + Spouse	84	\$931.20	\$805.01	-13.6%	\$728.81	-9.5%	\$652.62	-10.5%	\$576.43	-11.7%	\$500.24	-13.2%	\$531.29	6.2%
Employee + Child(ren)	430	\$570.54	\$495.64	-13.1%	\$470.74	-5.0%	\$445.84	-5.3%	\$420.93	-5.6%	\$396.03	-5.9%	\$420.62	6.2%
Family	184	\$933.44	\$846.38	-9.3%	\$809.32	-4.4%	\$772.26	-4.6%	\$735.21	-4.8%	\$698.15	-5.0%	\$741.49	6.2%
Classic														
Employee Only	2,728	\$146.02	\$94.53	-35.3%	\$93.04	-1.6%	\$91.55	-1.6%	\$90.06	-1.6%	\$88.57	-1.7%	\$94.06	6.2%
Employee + Spouse	436	\$454.62	\$386.05	-15.1%	\$367.49	-4.8%	\$348.92	-5.1%	\$330.36	-5.3%	\$311.79	-5.6%	\$331.15	6.2%
Employee + Child(ren)	1,006	\$258.42	\$214.67	-16.9%	\$220.92	2.9%	\$227.17	2.8%	\$233.41	2.8%	\$239.66	2.7%	\$254.54	6.2%
Family	1,154	\$458.32	\$413.36	-9.8%	\$418.40	1.2%	\$423.44	1.2%	\$428.48	1.2%	\$433.52	1.2%	\$460.43	6.2%
Basic														
Employee Only	952	\$111.26	\$54.19	-51.3%	\$47.12	-13.0%	\$40.05	-15.0%	\$32.98	-17.7%	\$25.91	-21.4%	\$27.51	6.2%
Employee + Spouse	90	\$372.78	\$291.13	-21.9%	\$259.48	-10.9%	\$227.84	-12.2%	\$196.19	-13.9%	\$164.54	-16.1%	\$174.75	6.2%
Employee + Child(ren)	134	\$221.86	\$160.98	-27.4%	\$150.11	-6.8%	\$139.23	-7.2%	\$128.35	-7.8%	\$117.48	-8.5%	\$124.77	6.2%
Family	162	\$375.62	\$305.84	-18.6%	\$286.07	-6.5%	\$266.29	-6.9%	\$246.52	-7.4%	\$226.74	-8.0%	\$240.82	6.2%

PSE Member Rates 2022-2028 Projected
With Actuarial Adjustment, Employer Share at 80%

Non-Medicare Eligible (NME) Retirees													
Premium													
Retiree Only	316	\$641.14	\$599.72	-6.5%	\$558.30	-6.9%	\$516.88	-7.4%	\$475.46	-8.0%	\$434.04	-8.7%	\$460.98 6.2%
Retiree + NME Spouse	15	\$1,457.18	\$1,380.44	-5.3%	\$1,303.70	-5.6%	\$1,226.96	-5.9%	\$1,150.22	-6.3%	\$1,073.48	-6.7%	\$1,140.12 6.2%
Retiree + Child(ren)	6	\$1,192.60	\$1,102.04	-7.6%	\$1,011.48	-8.2%	\$920.91	-9.0%	\$830.35	-9.8%	\$739.79	-10.9%	\$785.72 6.2%
Retiree + NME Spouse + Child(ren)	1	\$2,008.64	\$1,866.33	-7.1%	\$1,724.02	-7.6%	\$1,581.71	-8.3%	\$1,439.40	-9.0%	\$1,297.09	-9.9%	\$1,377.61 6.2%
Retiree + ME Spouse	62	\$795.12	\$761.98	-4.2%	\$720.56	-5.4%	\$679.14	-5.7%	\$637.72	-6.1%	\$596.30	-6.5%	\$632.49 6.1%
Retiree + ME Spouse + Child(ren)	3	\$1,346.58	\$1,264.30	-6.1%	\$1,173.74	-7.2%	\$1,083.17	-7.7%	\$992.61	-8.4%	\$902.05	-9.1%	\$957.22 6.1%
Classic													
Retiree Only	2,052	\$273.30	\$276.58	1.2%	\$279.86	1.2%	\$283.14	1.2%	\$286.42	1.2%	\$289.70	1.1%	\$307.68 6.2%
Retiree + NME Spouse	313	\$565.78	\$609.58	7.7%	\$653.39	7.2%	\$697.19	6.7%	\$740.99	6.3%	\$784.79	5.9%	\$833.51 6.2%
Retiree + Child(ren)	68	\$469.82	\$484.04	3.0%	\$498.26	2.9%	\$512.48	2.9%	\$526.70	2.8%	\$540.92	2.7%	\$574.50 6.2%
Retiree + NME Spouse + Child(ren)	49	\$746.20	\$787.74	5.6%	\$829.27	5.3%	\$870.81	5.0%	\$912.34	4.8%	\$953.88	4.6%	\$1,013.09 6.2%
Basic													
Retiree Only	457	\$148.50	\$154.18	3.8%	\$159.86	3.7%	\$165.55	3.6%	\$171.23	3.4%	\$176.91	3.3%	\$187.89 6.2%
Retiree + NME Spouse	67	\$269.72	\$327.62	21.5%	\$385.52	17.7%	\$443.42	15.0%	\$501.32	13.1%	\$559.22	11.5%	\$593.93 6.2%
Retiree + Child(ren)	19	\$238.52	\$267.92	12.3%	\$297.32	11.0%	\$326.72	9.9%	\$356.12	9.0%	\$385.52	8.3%	\$409.46 6.2%
Retiree + NME Spouse + Child(ren)	18	\$335.72	\$405.71	20.8%	\$475.71	17.3%	\$545.70	14.7%	\$615.70	12.8%	\$685.69	11.4%	\$728.26 6.2%
Medicare Eligible (ME) Retirees¹													
Primary													
Retiree Only	13,903	\$100.78	\$100.78	0.0%	\$100.78	0.0%	\$100.78	0.0%	\$100.78	0.0%	\$100.78	0.0%	\$106.52 5.7%
Retiree + NME Spouse	90	\$783.92	\$783.92	0.0%	\$783.92	0.0%	\$783.92	0.0%	\$783.92	0.0%	\$783.92	0.0%	\$831.74 6.1%
Retiree + Child(ren)	10	\$757.10	\$757.10	0.0%	\$757.10	0.0%	\$757.10	0.0%	\$757.10	0.0%	\$757.10	0.0%	\$802.50 6.0%
Retiree + NME Spouse + Child(ren)	5	\$1,521.48	\$1,521.48	0.0%	\$1,521.48	0.0%	\$1,521.48	0.0%	\$1,521.48	0.0%	\$1,521.48	0.0%	\$1,614.67 6.1%
Retiree + ME Spouse	1,220	\$263.04	\$263.04	0.0%	\$263.04	0.0%	\$263.04	0.0%	\$263.04	0.0%	\$263.04	0.0%	\$278.03 5.7%
Retiree + ME Spouse + Child(ren)	4	\$888.58	\$888.58	0.0%	\$888.58	0.0%	\$888.58	0.0%	\$888.58	0.0%	\$888.58	0.0%	\$941.09 5.9%